

Transcript Details

This is a transcript of an educational program. Details about the program and additional media formats for the program are accessible by visiting: <https://reachmd.com/clinical-practice/cardiology/adapt-af-des-antithrombotic-strategies-beyond-12-months-for-patients-with-af-treated-with-drug-eluting-stents/48694/>

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ADAPT AF-DES: Antithrombotic Strategies Beyond 12 Months for Patients With AF Treated With Drug-Eluting-Stents

Announcer:

Welcome to DataPulse from AHA 2025 Scientific Sessions on ReachMD. This activity, titled "ADAPT AF-DES: Antithrombotic Strategies Beyond 12 Months for Patients With AF Treated With Drug-Eluting-Stents" is provided by Medcon International.

Dr. Kim:

Hello, from AHA 2025 here in New Orleans. I'm Jong Seung Kim from Seoul South Korea University, South Korea. And I'm here to share key findings from the ADAPT AF-DES trial. This study was designed to compare 2 separate strategies. One is NOAC monotherapy, and the other one was NOAC plus clopidogrel.

We tried to evaluate the noninferiority of NOAC monotherapy compared to NOAC plus clopidogrel in this trial. So what is the key finding of this study? At 12 months, we tested NACE, net clinical adverse event. So NOAC monotherapy was not just inferior and actually superior, especially for the net adverse clinical event at 12 months. So that means NOAC monotherapy is superior than NOAC plus clopidogrel at 12 months in patients with A-fib and drug-related stent implantation.

So what is the clinical implication of this study? Previously, I think we, especially for the interventionalists and EP specialists, they have some concern to drop the antiplatelet agent. So especially for the interventionalist, clopidogrel is usually superior to the aspirin. So I think one of the important points is we tested clopidogrel rather than aspirin as an antiplatelet therapy in this trial.

The other one is compared to the previous trial, we just included the patient with drug-eluting stents. So I think that this trial supports to drop the antiplatelet agent after 1 year in patients with A-fib and drug-eluting stent implantation.

So final take-home message, I think that we can have more data and we can safely drop the anti-platelet agent 1 year after drug-eluting stent implantation in atrial fibrillation patients. So the NOAC monotherapy is safer than dual antithrombotic plus clopidogrel therapy in patients with A-fib with the drug-eluting stent implantation.

So from AHA 2025, I'm Jong Seung Kim. Thank you for watching.

Announcer:

Thank you for listening to this DataPulse from AHA 2025 Scientific Sessions on ReachMD. This activity is provided by Medcon International. Thank you for listening.