HealthManagement.org
Promoting Management and Leadership

SENIOR trial: Synergy stent with shorter DAPT better than bare-metal stent

Elderly patients undergoing percutaneous coronary intervention (PCI) often receive bare-metal stents (BMS) instead of drug-eluting stents (DES) to shorten the duration of dual antiplatelet therapy (DAPT) and reduce bleeding risk. A new randomised trial ("SENIOR"), which compared outcomes between these two types of stents with shorter DAPT, shows that the Synergy bioabsorbable polymer DES leads to less adverse events without increasing bleeding risk.

“The SENIOR trial shows that among elderly patients who undergo PCI, a DES and a short duration of DAPT is superior to BMS with respect to the occurrence of all-cause mortality, myocardial infarction, stroke, and ischaemia-driven target lesion revascularisation. Therefore, BMS should no longer be used as a strategy to reduce DAPT duration in these patients,” said principal investigator Olivier Varenne, MD, PhD, with the Cardiology Department at Cochin Hospital in Paris, France. The findings, presented at the 29th annual Transcatheter Cardiovascular Therapeutics (TCT) scientific symposium, are also published in The Lancet.

Prior to randomisation, 1,200 patients aged 75 and older underwent pre-specification of a tailored DAPT strategy: one month for patients with stable angina or silent ischaemia, and six months for patients with acute coronary syndrome (including myocardial infarction). Approximately half of patients were in each category based upon clinical presentation. After the intended duration of DAPT was recorded, 596 were assigned to DES and 604 were assigned to BMS. The stent procedure was successful in 98.1% and 97.6% (P=0.561) leading to a complete revascularisation at baseline in 85.7% and 86.1% (P=0.860) of DES and BMS-treated patients, respectively. DAPT utilisation was similar in both study arms, with approximately half of patients continuing DAPT beyond one month, and only 20% of patients (in both groups) continuing DAPT beyond six months.

The primary endpoint of all-cause mortality, myocardial infarction, stroke, or ischemia-driven target lesion revascularization occurred in 68 patients (11.6%) in the DES group (N=584) and in 98 patients (16.4%) in the BMS group (N=592). This was mainly driven by ischaemia driven target-lesion revascularisation which was reported in 10 patients (1.7%) in the DES group and in 35 patients (5.9%) in the BMS group. Bleeding complications (26 [5%] in the DES group vs. 29 [5%] in the BMS group) and stent thrombosis (three [1%] vs. eight [1%]) at one year were infrequent in both groups.

The results of this trial show that avoidance of repeat revascularisations with use of a modern-era DES followed by a bleeding-averse strategy of short DAPT, traditionally reserved for BMS, can be safely and successfully implemented in elderly patients who have PCI.

Source: Cardiovascular Research Foundation; The Lancet

Image Credit: Pixabay

Published on : Tue, 7 Nov 2017