

# Results of the ARCTIC-INTERRUPTION trial presented

31 October 2013

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According to a new study, patients that do not experience a major cardiac event in the first year after receiving drug-eluting stent (DES) may not need to receive prolonged dual antiplatelet therapy (DAPT). Results from the ARCTIC-INTERRUPTION trial were presented today at the 25th annual Transcatheter Cardiovascular Therapeutics (TCT) scientific symposium.

Sponsored by the Cardiovascular Research Foundation (CRF), TCT is the world's premier educational meeting specializing in interventional cardiovascular medicine.

The optimal length of time for DAPT after coronary stenting remains uncertain with an unknown safety to efficacy ratio of prolonged therapy. Currently there are discrepancies between international guidelines and high variability in routine practice. The ARCTIC-INTERRUPTION study was a prospective randomized trial that examined the benefit of the continuation of DAPT for up to two years.

ARCTIC-INTERRUPTION randomly assigned 1,259 [patients](#) without major events within the first year after coronary stenting to either a strategy of interruption of DAPT (n=624), or a strategy of continuation for an additional year (n=635). The primary endpoint was the composite of death, myocardial infarction, [stent thrombosis](#), stroke, or urgent revascularization after one year.

The primary endpoint occurred in 3.8 percent of patients in the continuation group, as compared to 4.3 percent in the interruption group. The main secondary endpoint of stent thrombosis or any urgent revascularization occurred in 1.3 percent of patients in the continuation group and 1.6 percent of those in the interruption group. The rate of major bleeding events occurred in 1.1 percent of the patients in the continuation group compared to 0.2 percent in the interruption group.

"The ARCTIC-INTERRUPTION study suggests no

ischemic benefit of DAPT continuation beyond one year after stenting in patients that do not experience an adverse event within the first year," said lead investigator Gilles Montalescot, MD, PhD. Dr. Montalescot is Professor of Cardiology at Centre Hospitalier Universitaire Pitié-Salpêtrière in Paris, France.

"Further, the study found significantly more major and minor bleeding events with DAPT continuation."

Provided by Cardiovascular Research Foundation

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