

ENDOLMB

ROSARIO 2023

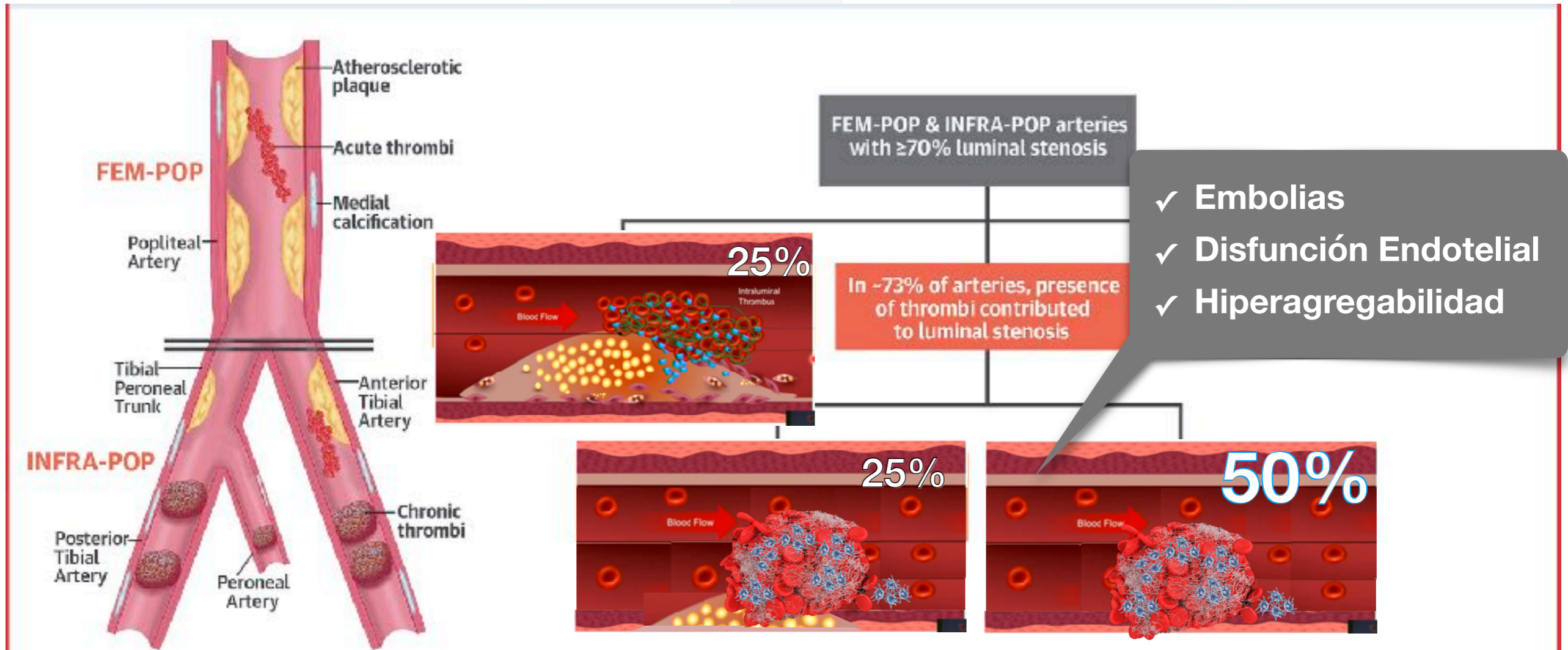
Tratamiento Antitrombótico post ATPP

Dr Martín Najenson

Subjefe Servicio de Hemodinamia y Cardiología Intervencionista Hospital Centenario
Staff Servicio Cardiología y Tratamientos Endovasculares Hospital Privado de Rosario

Racionalidad

“Atero-Trombo-Embolismo”

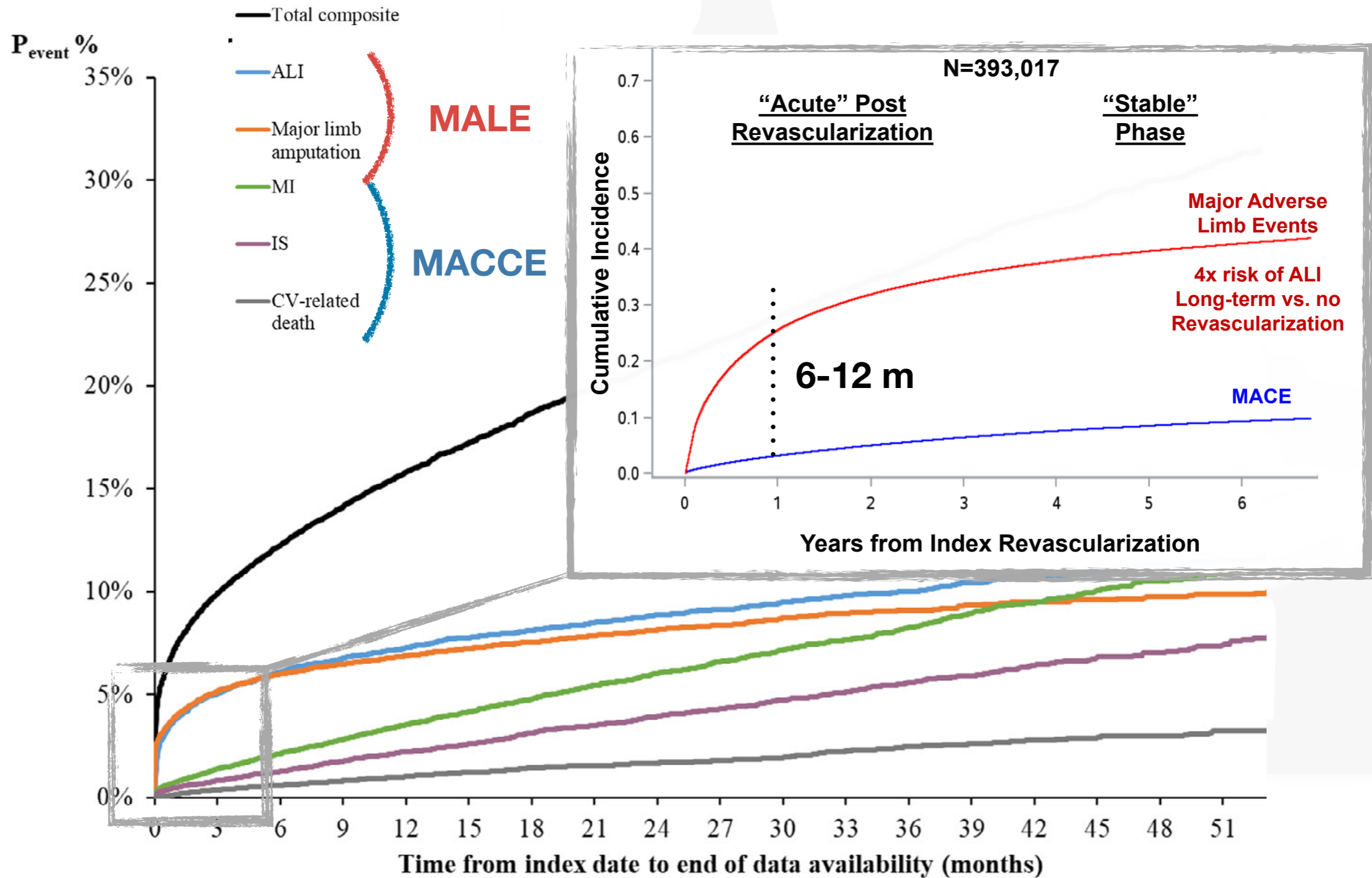


- ✓ Embolias
- ✓ Disfunción Endotelial
- ✓ Hiperagregabilidad

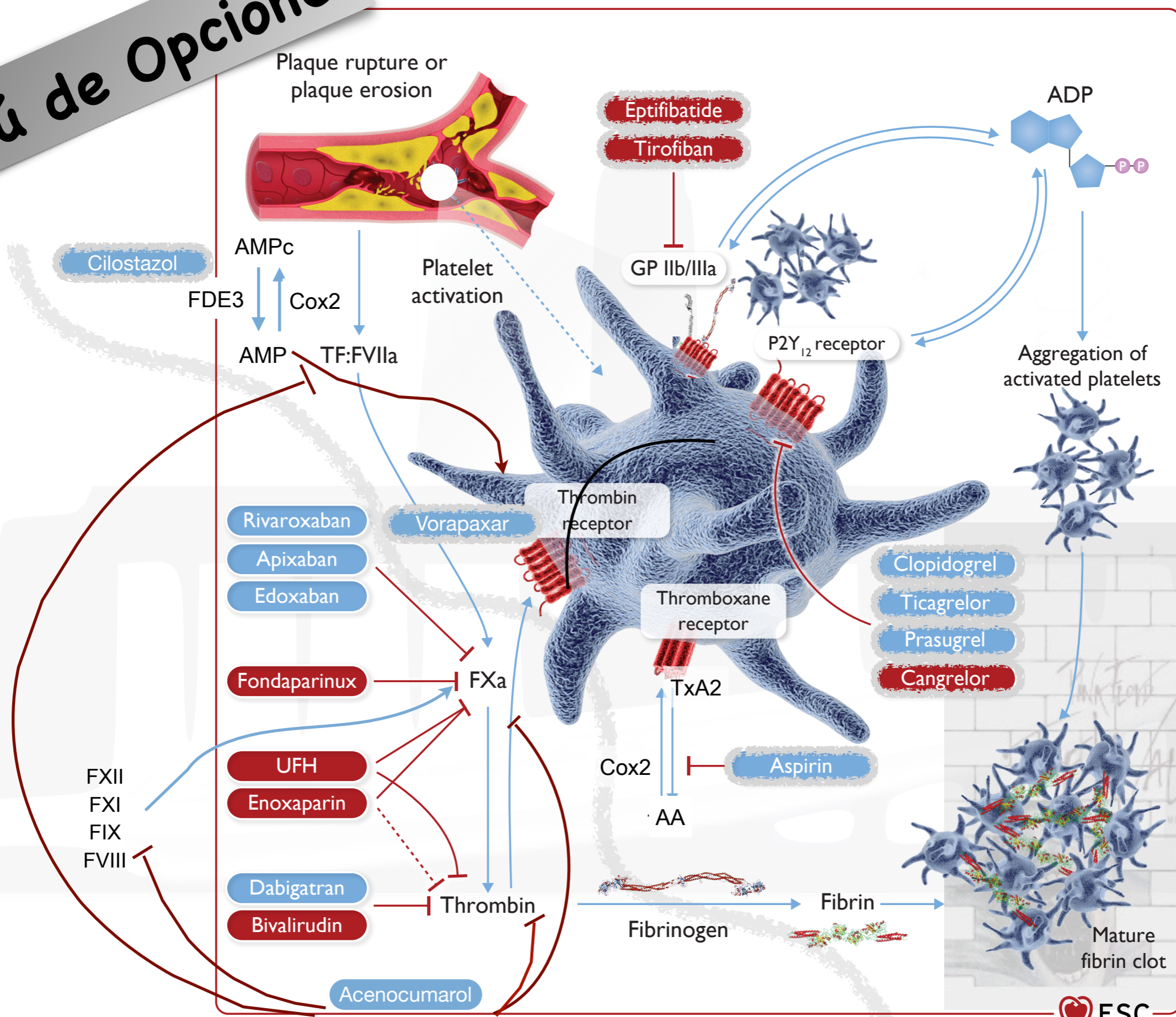
121 especímenes 95 pacientes Isquemia Crítica

Racionalidad

“Fenómeno Sistémico”



Menú de Opciones



- AP EV
- AC EV
- AP VO
- AC VO

Menú de Opciones

SAPT

Terapia Antiagregante Simple

DAPT

Terapia Antiagregante Doble

ACO

Anticoagulación a dosis plena

DPI

Inhibición de dos vías (AA + Aco)

TAT

Triple Terapia Antitrombótica (DAPT + Aco)

Evidencia

Placebo

SAPT (AAS)

DAPT (AAS clopi)

DPI

SAPT

Terapia Antiagregante Simple

MAC(C)E

MALE

"Permeabilidad"

DAPT

Terapia Antiagregante Doble

Beneficio significativo importante
Beneficio marginal / condicional
Beneficio posiblemente significativo
Ausencia de beneficio
Perjuicio

ACO

Anticoagulación a dosis plena

Perjuicio
Perjuicio parcial
No perjudicial

DPI

Inhibición de dos vías (AA + Aco)

< 100
100 - 500
500 - 1000
> 1000

TAT

Triple Terapia Antitrombótica (DAPT + Aco)

Evidencia

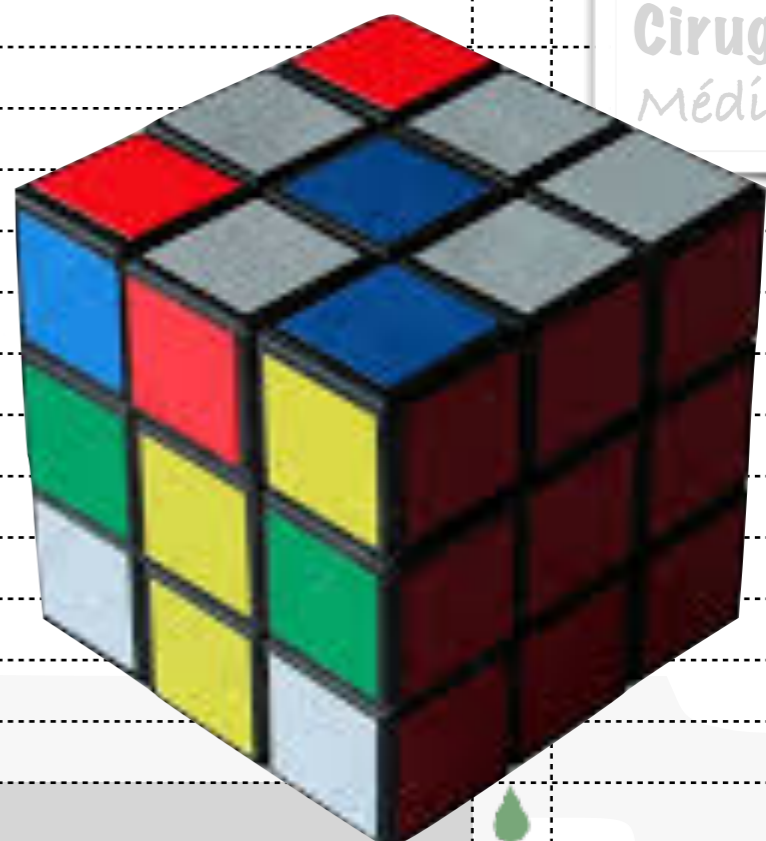
Despite known relationships between PAD, platelet activity, and CAD, large-scale trials investigating the benefits of antiplatelet therapy in patients with PAD were decades behind those

| | | Placebo | SAPT (AAS) | DAPT (AAS c |
|-------------|--------------------|-------------------------|---|-------------------------------------|
| | | ATT MA 2002 | nd | |
| SAPT | AAS | RevCochrane 2012 | nd | |
| | Dipiridamol | RevCochrane 2012 | nd | |
| | Clopi | | | |
| | Tica | | | |
| DAPT | AAS + Dipi | RevCochrane 2012 | nd | |
| | AAS + Clopi | | MIRROR | |
| | AAS + Cilost | | Soga 2009 STOP IC 2013 | Ida 2008 (vs AAS + Ticlo) |
| | AAS Ticagrelor | | | |
| | AAS Vorapaxar | | | |
| ACO | AVK | | | Dai-Do Do 1994 vs AAS + Dipi |
| DPI | AAS + AVK | | | |
| | AAS + Edoxaban | | | ePAD 2018 |
| TTA | AAS + Rivaroxaban | | Voyager PAD 2020 | |
| | AAS + Clopi + Riva | | | Voyager PAD Clopi |

Evidencia

| | | Placebo ATT MA 2002 | SAPT (AAS) | DAPT (AAS clopi) | DPI |
|---------------|------------------------|------------------------|------------------------|------------------|------------------------------|
| SAPT | AAS | ATT MA 2002 | nd | | |
| | | ATT MA 2002 | nd | | |
| | | ATT MA 2002 | nd | | |
| | | ATT MA 2002 | nd | | |
| | | RevCochrane 2012 | nd | | |
| | Bedenis MA 2015 | nd | | | |
| | CLIPS | nd | | | |
| | Dipiridamol | RevCochrane 2012 | nd | | |
| | Clopi | | Caprie 1996 | | |
| | Tica | | Euclid 2017 vs Clopi | | |
| DAPT | AAS + Dipi | RevCochrane 2012 | nd | | |
| | | | MIRROR | | |
| | | | Voyager PAD Clopi?? | | |
| | AAS + Clopi | | Charisma PAD | | |
| | | | Gaspar (2010 prótesis) | | |
| | | | PRODIGY (PAD) 2016 | | |
| | | | Soga 2009 | | Ida 2008 (vs AAS + Ticlo) |
| | AAS + Cilost | | STOP IC 2013 | | |
| | | | Pegasus (PAD) 2015 | | PLATO 2009 (PAD) |
| | AAS Ticagrelor | | Themis (PAD) 2019 | | |
| AAS Vorapaxar | | TRA2P (PAD/PAD) | | | |
| ACO | AVK | | BOA 2000 (BPS) | | Dai-Do Do 1994 vs AAS + Dipi |
| | | | Sarac / Johnson | | |
| DPI | AAS + AVK | | WAVE | | |
| | AAS + Edoxaban | | | ePAD 2018 | |
| | AAS + Rivaroxaban | | Voyager PAD 2020 | | |
| TTA | | | Compass suban PAD | | |
| | AAS + Clopi + Riva | | Voyager PAD 2020 Qx | | Voyager PAD Clopi |

ATPP
Cirugía
Médico



Voyager PAD Clopi

Guías

| | SVS 2015 | | AHA / ACC 2016 | | ESC 2017 | | Canadiense 2022 | |
|------|----------|----|----------------|----|----------|----|-----------------|----|
| | REC | NE | REC | NE | REC | NE | REC | NE |
| SAPT | | | | | | | | |

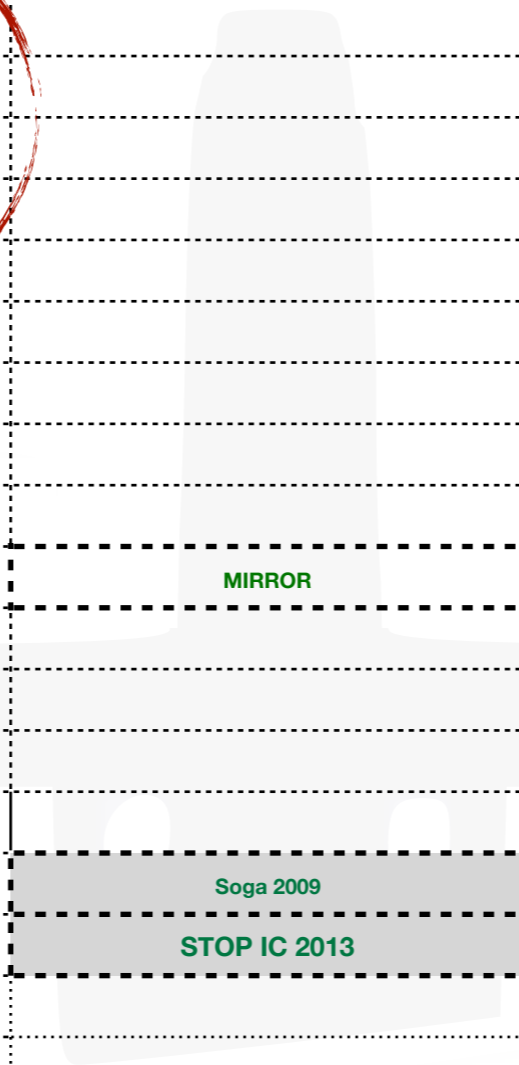
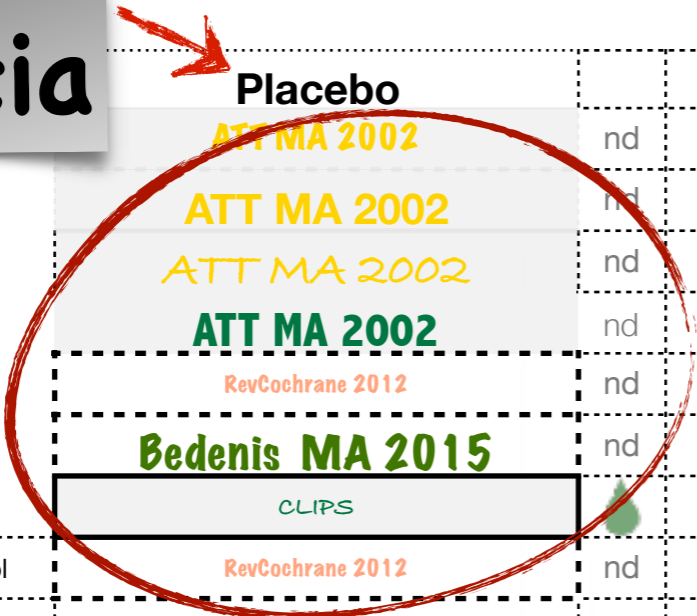


Evidencia

| | | Placebo | SAPT (AAS) | DAPT (AAS clopi) | DPI |
|------|--------------------|------------------|------------------|------------------------------|---------------------------|
| | | ATT MA 2002 | | | |
| SAPT | AAS | RevCochrane 2012 | nd | | |
| | Dipiridamol | RevCochrane 2012 | nd | | |
| | Clopi Tica | | | | |
| DAPT | AAS + Dipi | RevCochrane 2012 | nd | MIRROR | |
| | AAS + Clopi | | | | |
| | AAS + Cilost | | Soga 2009 | STOP IC 2013 | Ida 2008 (vs AAS + Ticlo) |
| | AAS Ticagrelor | | | | |
| | AAS Vorapaxar | | | | |
| ACO | AVK | | | Dai-Do Do 1994 vs AAS + Dipi | |
| DPI | AAS + AVK | | | | |
| | AAS + Edoxaban | | | ePAD 2018 | |
| TTA | AAS + Rivaroxaban | | Voyager PAD 2020 | | |
| | AAS + Clopi + Riva | | | | Voyager PAD Clopi |

Evidencia

| | | Placebo | SAPT (AAS) | DAPT (AAS clopi) | DPI |
|------|--------------------|--|---------------------------|------------------------------|-------------------|
| SAPT | AAS | ATT MA 2002 ATT MA 2002 ATT MA 2002 ATT MA 2002 RevCochrane 2012 Bedenis MA 2015 CLIPS | nd | | |
| | Dipiridamol | RevCochrane 2012 | nd | | |
| | Clopi | | | | |
| | Tica | | | | |
| | AAS + Dipi | RevCochrane 2012 | nd | | |
| | AAS + Clopi | | | MIRROR | |
| DAPT | AAS + Cilost | | Soga 2009 STOP IC 2013 | Ida 2008 (vs AAS + Ticlo) | |
| | AAS Ticagrelor | | | | |
| | AAS Vorapaxar | | | | |
| | AVK | | | Dai-Do Do 1994 vs AAS + Dipi | |
| ACO | AAS + AVK | | | | |
| | AAS + Edoxaban | | | ePAD 2018 | |
| DPI | AAS + Rivaroxaban | | Voyager PAD 2020 | | |
| | AAS + Clopi + Riva | | | | Voyager PAD Clopi |

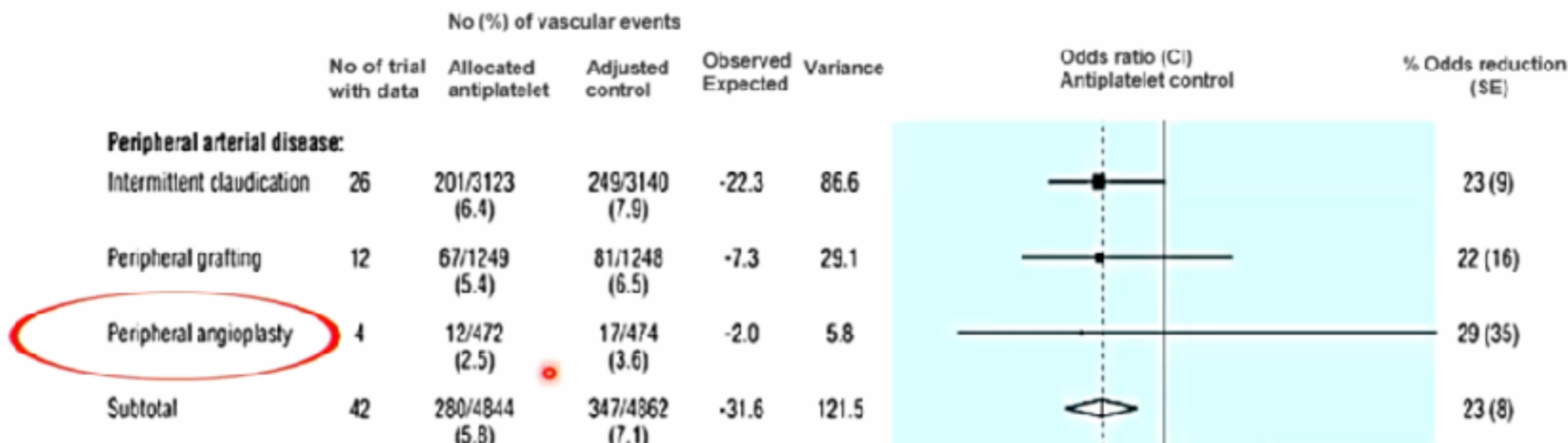


Evidencia

Metaanálisis ATT

287 estudios
n135000
7000 PAD
946 ATPP

PF1 MACCE



| Droga | Estudio/Eficacia | Seg |
|-------|--------------------|-----|
| AAS | ATT MA 2002 | nd |

RRR 29% (pns)
RRA 1,1%(2,5 vs 3,6)

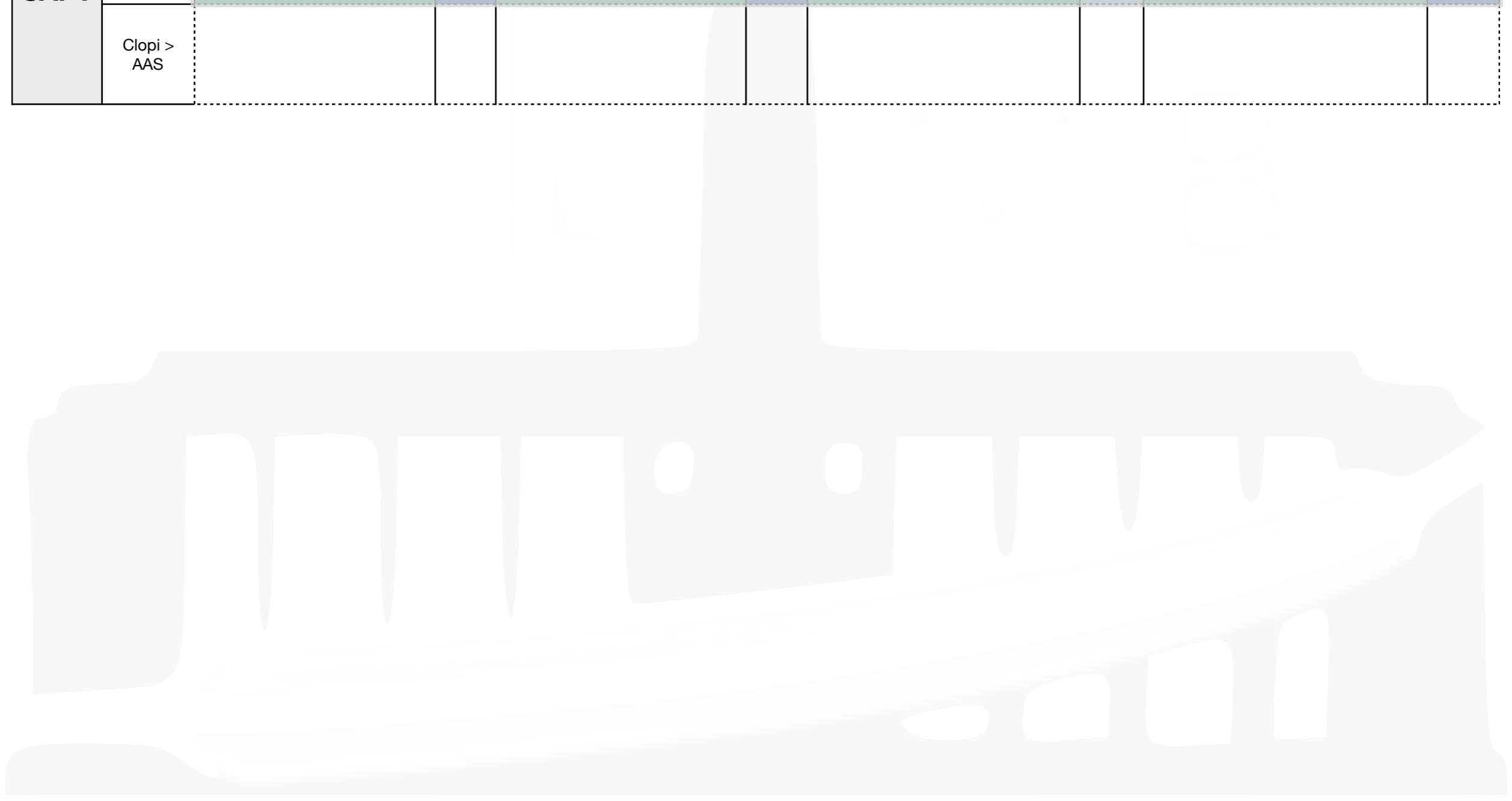
Guías

| | | SVS 2015 | | AHA / ACC 2016 | | ESC 2017 | | Canadiense 2022 | |
|------|-------------|---------------------------|----------|---------------------------|----------|--------------------------------------|----------|---|----------|
| | | REC | NE | REC | NE | REC | NE | REC | NE |
| SAPT | AAS / Clopi | 1 75-325 Sintom | E | I 75-325 Sintom | E | I Sintom NEA Revasc NEC | C | Fuerte "sintomáticos" de mínima (con alto riesgo de sangrado) | E |



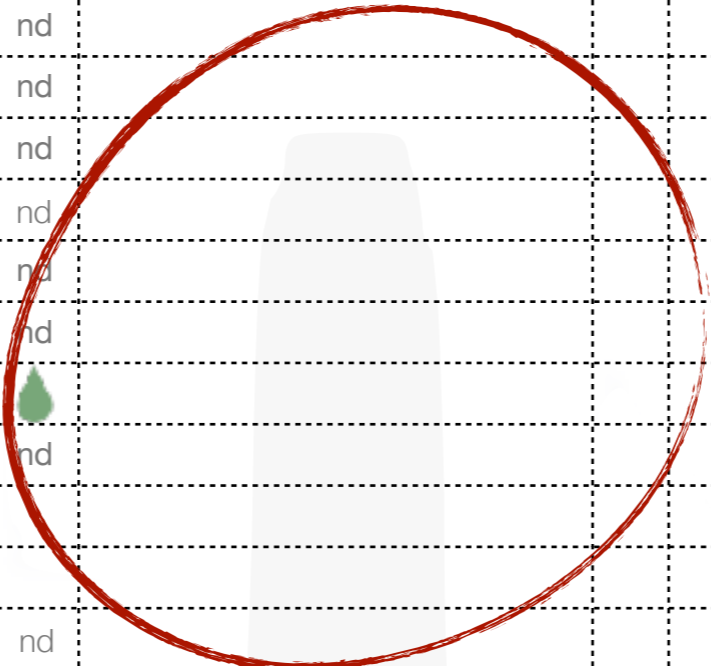
Guías

| | | SVS 2015 | | AHA / ACC 2016 | | ESC 2017 | | Canadiense 2022 | |
|------|-------------|--------------------|----|--------------------|----|-------------------------------|----|--|----|
| | | REC | NE | REC | NE | REC | NE | REC | NE |
| SAPT | AAS / Clopi | 1 75-325 Sintom | E | I 75-325 Sintom | E | I Sintom NEA Revasc NEC | C | Fuerte "sintomáticos" de mínima (con alto riesgo de sangrado) | E |
| | Clopi > AAS | | | | | | | | |



Evidencia

| | | Placebo | SAPT (AAS) | DAPT (AAS clopi) | DPI |
|------|-------------------|------------------------------|------------------------|------------------------------------|-------------------------|
| SAPT | AAS | ATT MA 2002 nd | MIRRORED | | |
| | | ATT MA 2002 nd | | | |
| | | ATT MA 2002 nd | | | |
| | | ATT MA 2002 nd | | | |
| | | RevCochrane 2012 nd | | | |
| | | Bedenis MA 2015 nd | | | |
| | Dipiridamol | CLIPS nd | | | |
| | Clopi | RevCochrane 2012 | | | |
| | Tica | | | | |
| DAPT | AAS + Dipi | RevCochrane 2012 nd | | | |
| | AAS + Clopi | | MIRROR nd | | |
| | AAS + Cilost | | Soga 2009 nd | Ida 2008 (vs AAS + Ticlo) nd | |
| | AAS Ticagrelor | | STOP IC 2013 nd | | |
| | AAS Vorapaxar | | | | |
| ACO | AVK | | | Dai-Do Do 1994 vs AAS + Dipi nd | |
| DPI | AAS + AVK | | | | |
| | AAS + Edoxaban | | | ePAD 2018 nd | |
| DPI | AAS + Rivaroxaban | | Voyager PAD 2020 nd | | |
| | TTA | AAS + Clopi + Riva | | | Voyager PAD Clopi nd |



SAPT

DAPT

ACO

DPI

TTA

Bedenis MA 2015

MIRROR

Soga 2009

STOP IC 2013

Ida 2008 (vs AAS + Ticlo)

Dai-Do Do 1994 vs AAS + Dipi

ePAD 2018

Voyager PAD 2020

Voyager PAD Clopi


Evidencia

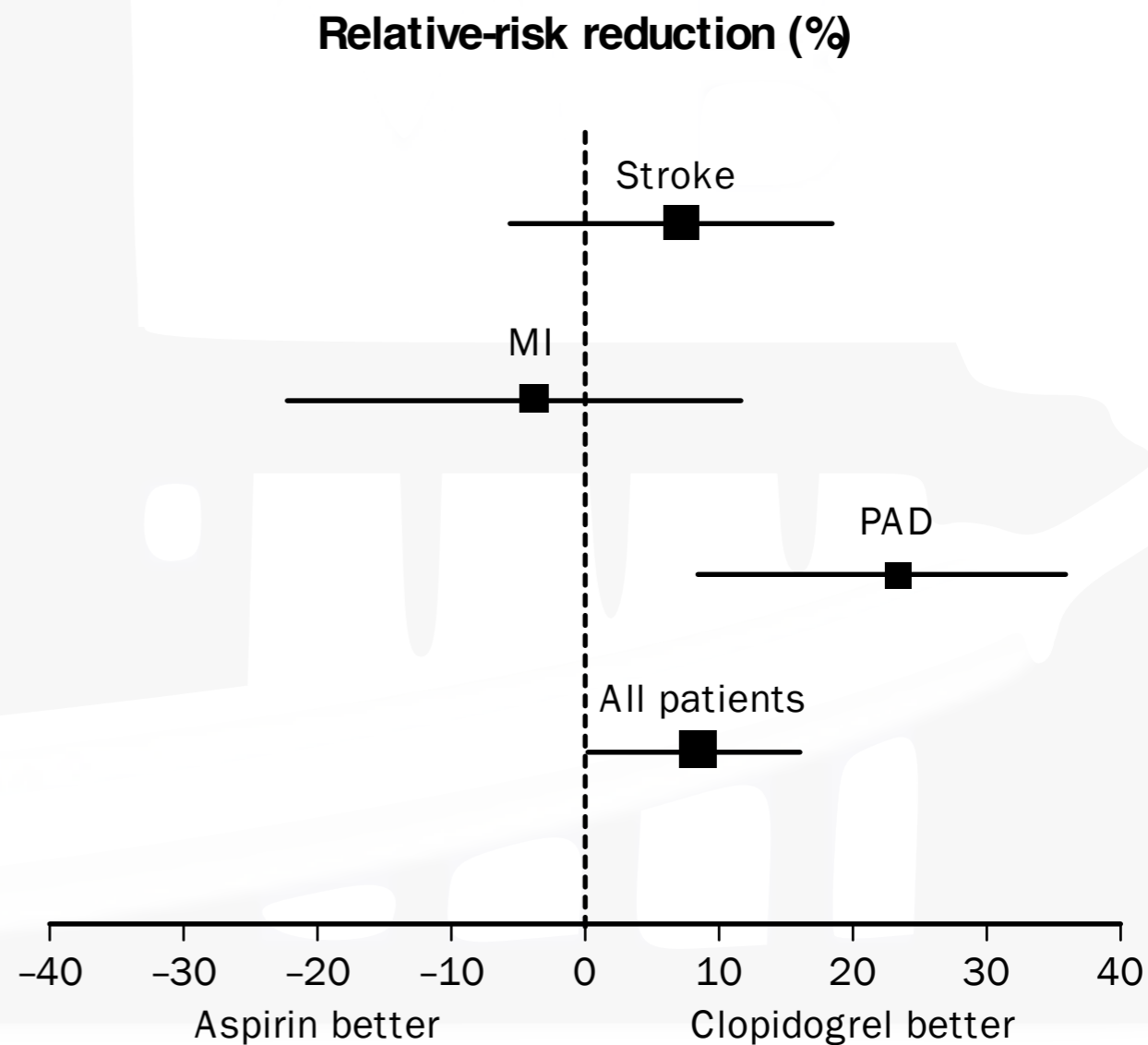
| | | Placebo ATT MA 2002 | SAPT (AAS) | DAPT (AAS clopi) | DPI |
|------|--------------------|---------------------------------|----------------------|------------------------------|-------------------|
| SAPT | AAS | ATT MA 2002 RevCochrane 2012 | nd | | |
| | | ATT MA 2002 | nd | | |
| | | ATT MA 2002 | nd | | |
| | | ATT MA 2002 | nd | | |
| | | RevCochrane 2012 | nd | | |
| | | Bedenis MA 2015 CLIPS | nd | | |
| DAPT | Dipiridamol | RevCochrane 2012 | nd | | |
| | Clopi | | Caprie 1996 | | |
| | Tica | | Euclid 2017 vs Clopi | | |
| | AAS + Dipi | RevCochrane 2012 | nd | | |
| | | | MIRROR | | |
| | AAS + Clopi | | | | |
| | | | Soga 2009 | Ida 2008 (vs AAS + Ticlo) | |
| | AAS + Cilost | | STOP IC 2013 | | |
| | AAS Ticagrelor | | | | |
| | AAS Vorapaxar | | | | |
| ACO | AVK | | | Dai-Do Do 1994 vs AAS + Dipi | |
| DPI | AAS + AVK | | | | |
| | AAS + Edoxaban | | | ePAD 2018 | |
| TTA | AAS + Rivaroxaban | | Voyager PAD 2020 | | |
| | AAS + Clopi + Riva | | | | Voyager PAD Clopi |

Evidencia

Estudio Caprie

n 19185
(PAD sint 5795)

| Droga | Estudio/Eficacia | Seg |
|-------|--------------------------|---|
| Clopi | Caprie 1996 Subgrupo PAD |  |



Guías

| | | SVS 2015 | | AHA / ACC 2016 | | ESC 2017 | | Canadiense 2022 | |
|------|-------------|---------------------------|----------|---------------------------|----------|--------------------------------------|----------|---|------------|
| | | REC | NE | REC | NE | REC | NE | REC | NE |
| SAPT | AAS / Clopi | 1 75-325 Sintom | E | I 75-325 Sintom | E | I Sintom NEA Revasc NEC | C | Fuerte "sintomáticos" de mínima (con alto riesgo de sangrado) | E |
| | Clopi > AAS | - | - | - | - | IIb | B | Débil | mod |



Guías

| | | SVS 2015 | | AHA / ACC 2016 | | ESC 2017 | | Canadiense 2022 | |
|------|-------------|---------------------------|----------|---------------------------|----------|--------------------------------------|----------|---|------------|
| | | REC | NE | REC | NE | REC | NE | REC | NE |
| SAPT | AAS / Clopi | 1 75-325 Sintom | E | I 75-325 Sintom | E | I Sintom NEA Revasc NEC | C | Fuerte "sintomáticos" de mínima (con alto riesgo de sangrado) | E |
| | Clopi > AAS | - | - | - | - | IIb | B | Débil | mod |
| DAPT | AAS + Copi | | | | | | | | |

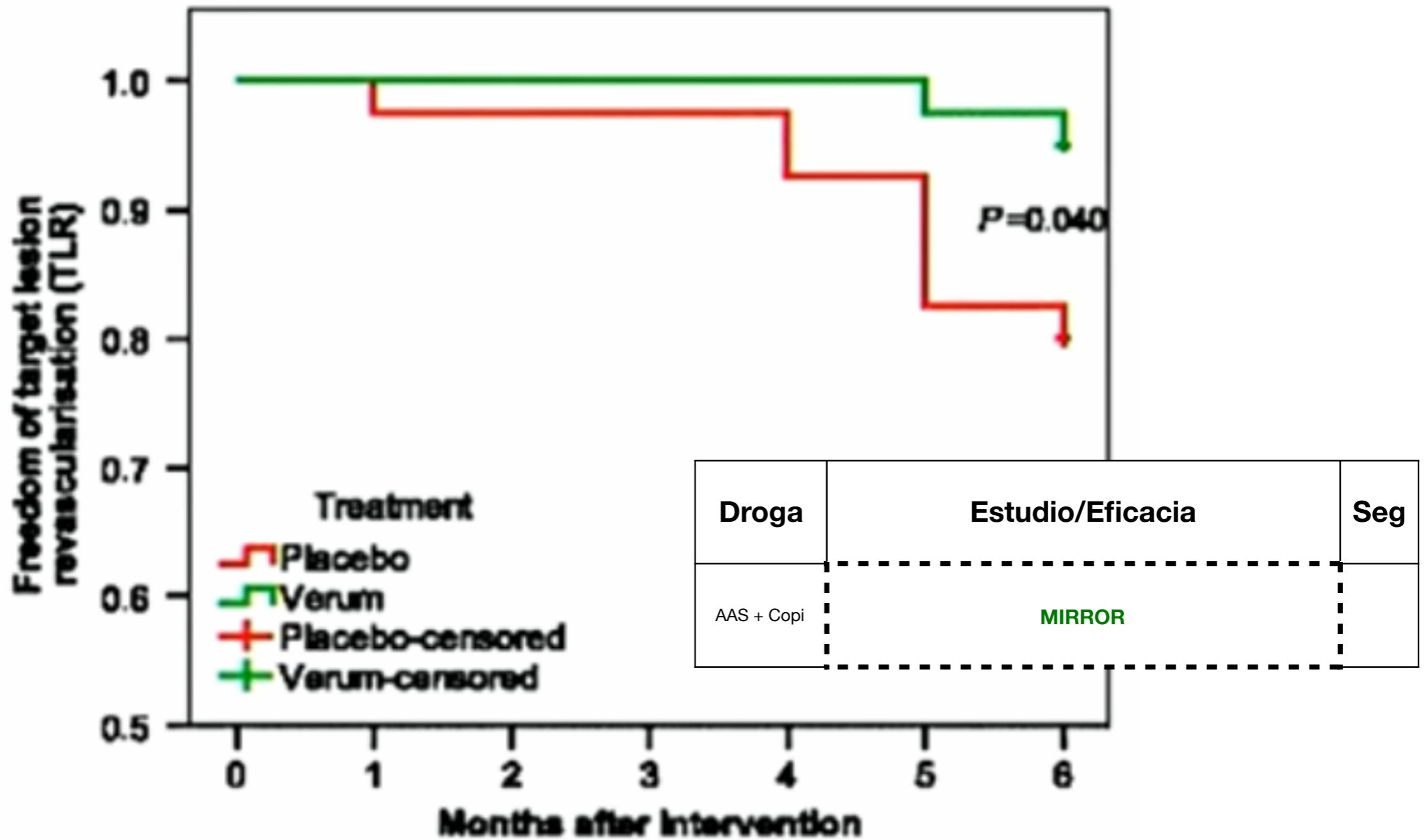


Evidencia

| | Placebo ATT MA 2002 | | SAPT (AAS) | | DAPT (AAS clopi) | | DPI |
|----------------|------------------------|------------------|------------|----------------------|------------------------------|---------------------------|-----|
| SAPT | AAS | nd | | | | | |
| | | ATT MA 2002 | nd | | | | |
| | | ATT MA 2002 | nd | | | | |
| | | ATT MA 2002 | nd | | | | |
| | | ATT MA 2002 | nd | | | | |
| | RevCochrane 2012 | nd | | | | | |
| | Bedenis MA 2015 | nd | | | | | |
| | CLIPS | 🟢 | | | | | |
| | Dipiridamol | RevCochrane 2012 | nd | | | | |
| | Clopi | | | Caprie 1996 | 🟢 | | |
| | Tica | | | Euclid 2017 vs Clopi | 🟡 | | |
| DAPT | AAS + Dipi | RevCochrane 2012 | nd | | | | |
| | | | | MIRROR | 🟢 | | |
| | AAS + Clopi | | | | | | |
| | | | | Soga 2009 | 🟢 | Ida 2008 (vs AAS + Ticlo) | 🟢 |
| | AAS + Cilost | | | STOP IC 2013 | 🟡 | | |
| AAS Ticagrelor | | | | | | | |
| AAS Vorapaxar | | | | | | | |
| ACO | AVK | | | | Dai-Do Do 1994 vs AAS + Dipi | 🔴 | |
| | AAS + AVK | | | | | | |
| | AAS + Edoxaban | | | | ePAD 2018 | 🟢 | |
| DPI | AAS + Rivaroxaban | | | Voyager PAD 2020 | 🟡 | | |
| TTA | AAS + Clopi + Riva | | | | | Voyager PAD Clopi | |

Estudio Mirror

n 80



Guías

| | | SVS 2015 | | AHA / ACC 2016 | | ESC 2017 | | Canadiense 2022 | |
|------|-------------|---------------------------|----------|---------------------------|------------|--------------------------------------|----------|---|---------------------|
| | | REC | NE | REC | NE | REC | NE | REC | NE |
| SAPT | AAS / Clopi | 1 75-325 Sintom | E | I 75-325 Sintom | E | I Sintom NEA Revasc NEC | C | Fuerte "sintomáticos" de mínima (con alto riesgo de sangrado) | E |
| | Clopi > AAS | - | - | - | - | IIb | B | Débil | mod |
| DAPT | AAS + Copi | - | - | IIb | CLD | IIa >= 1 MES | C | Débil Si no pueden recibir riva | Mod Muy bajo |



Guías

| | | SVS 2015 | | AHA / ACC 2016 | | ESC 2017 | | Canadiense 2022 | |
|------|-------------------|---------------------------|----------|---------------------------|------------|--------------------------------------|----------|---|-----------------|
| | | REC | NE | REC | NE | REC | NE | REC | NE |
| SAPT | AAS / Clopi | 1 75-325 Sintom | E | I 75-325 Sintom | E | I Sintom NEA Revasc NEC | C | Fuerte "sintomáticos" de mínima (con alto riesgo de sangrado) | E |
| | Clopi > AAS | - | - | - | - | IIb | B | Débil | mod |
| DAPT | AAS + Clopi | - | - | IIb | CLD | IIa >= 1 MES | C | Débil si no pueden recibir riva | muy bajo |
| | AAS Ticagrelor | | | | | | | | |



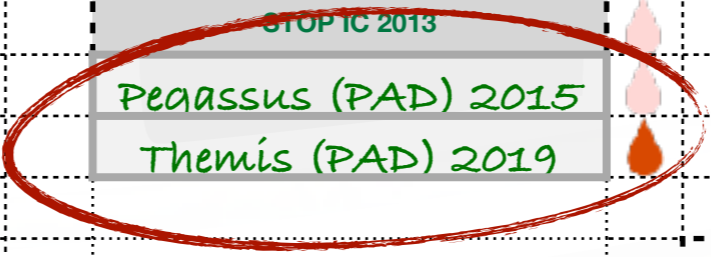
Evidencia

| | | Placebo ATT MA 2002 | SAPT (AAS) | DAPT (AAS clopi) | DPI |
|------|--------------------|--|--|------------------------------|-------------------|
| SAPT | AAS | ATT MA 2002 ATT MA 2002 ATT MA 2002 ATT MA 2002 | nd | | |
| | | RevCochrane 2012 | nd | | |
| | | Bedenis MA 2015 | nd | | |
| | | CLIPS | nd | | |
| | Dipiridamol | RevCochrane 2012 | nd | | |
| | Clopi | | | Caprie 1996 | |
| DAPT | Tica | | Euclid 2017 vs Clopi | | |
| | AAS + Dipi | RevCochrane 2012 | nd | | |
| | | | MIRROR | | |
| | AAS + Clopi | | Charisma PAD Caspar (2010 prótesis) | | |
| | AAS + Cilost | | Soga 2009 STOP IC 2013 | Ida 2008 (vs AAS + Ticlo) | |
| | AAS Ticagrelor | | | | |
| ACO | AAS Vorapaxar | | | | |
| | AVK | | | Dai-Do Do 1994 vs AAS + Dipi | |
| | AAS + AVK | | | | |
| DPI | AAS + Edoxaban | | | ePAD 2018 | |
| | AAS + Rivaroxaban | | Voyager PAD 2020 | | |
| TTA | AAS + Clopi + Riva | | | | Voyager PAD Clopi |



Evidencia

| | | Placebo ATT MA 2002 | SAPT (AAS) | DAPT (AAS clopi) | DPI |
|---------------|--------------------|---------------------------------|--|------------------------------|-------------------|
| SAPT | AAS | ATT MA 2002 RevCochrane 2012 | nd | | |
| | | ATT MA 2002 | nd | | |
| | | ATT MA 2002 | nd | | |
| | | ATT MA 2002 | nd | | |
| | | RevCochrane 2012 | nd | | |
| | | Bedenis MA 2015 | nd | | |
| | Dipiridamol | CLIPS RevCochrane 2012 | nd | | |
| | Clopi | | Caprie 1996 | | |
| | Tica | | Euclid 2017 vs Clopi | | |
| DAPT | AAS + Dipi | RevCochrane 2012 | nd | | |
| | | | MIRROR | | |
| | AAS + Clopi | | Charisma PAD Caspar (2010 prótesis) | | |
| | | | Soga 2009 | Ida 2008 (vs AAS + Ticlo) | |
| | AAS + Cilost | | STOPIC 2013 | | |
| | AAS Ticagrelor | | Pegassus (PAD) 2015 Themis (PAD) 2019 | | |
| AAS Vorapaxar | | | | | |
| ACO | AVK | | | Dai-Do Do 1994 vs AAS + Dipi | |
| | AAS + AVK | | | | |
| | AAS + Edoxaban | | | ePAD 2018 | |
| DPI | AAS + Rivaroxaban | | Voyager PAD 2020 | | |
| TTA | AAS + Clopi + Riva | | | | Voyager PAD Clopi |



Guías

| | | SVS 2015 | | AHA / ACC 2016 | | ESC 2017 | | Canadiense 2022 | |
|------|-------------------|---------------------------|----------|---------------------------|------------|--------------------------------------|----------|---|-----------------|
| | | REC | NE | REC | NE | REC | NE | REC | NE |
| SAPT | AAS / Clopi | 1 75-325 Sintom | E | I 75-325 Sintom | E | I Sintom NEA Revasc NEC | C | Fuerte "sintomáticos" de mínima (con alto riesgo de sangrado) | E |
| | Clopi > AAS | - | - | - | - | IIb | B | Débil Preferible a AAS | mod |
| DAPT | AAS + Clopi | - | - | IIb | CLD | IIa >= 1 MES | C | Débil si no pueden recibir riva | muy bajo |
| | AAS Ticagrelor | - | - | - | - | - | - | Débil si no pueden recibir riva | mod |



Evidencia

| | Placebo ATT MA 2002 | nd | SAPT (AAS) | DAPT (AAS clopi) | DPI | |
|------|------------------------|------------------------|------------------------|------------------|------------------------------|---|
| SAPT | ATT MA 2002 | nd | | | | |
| | ATT MA 2002 | nd | | | | |
| | ATT MA 2002 | nd | | | | |
| | AAS | ATT MA 2002 | nd | | | |
| | | RevCochrane 2012 | nd | | | |
| | | Bedenis MA 2015 | nd | | | |
| | CLIPS | 🟢 | | | | |
| | Dipiridamol | RevCochrane 2012 | nd | | | |
| | Clopi | | Caprie 1996 | 🟢 | | |
| | Tica | | Euclid 2017 vs Clopi | 🟡 | | |
| DAPT | AAS + Dipi | RevCochrane 2012 | nd | | | |
| | | | MIRROR | 🟢 | | |
| | AAS + Clopi | | Charisma PAD | 🟡 | | |
| | | | Caspar (2010 prótesis) | 🟡 | | |
| | | | Soga 2009 | 🟢 | Ida 2008 (vs AAS + Ticlo) | 🟢 |
| | AAS + Cilost | | STOP IC 2013 | 🟡 | | |
| | AAS Ticagrelor | | Pegassus (PAD) 2015 | 🟡 | PLATO 2009 (PAD) | |
| | | | Themis (PAD) 2019 | 🔴 | | |
| | AAS Vorapaxar | | | | | |
| | ACO | AVK | | | Dai-Do Do 1994 vs AAS + Dipi | 🔴 |
| | AAS + AVK | | | | | |
| | AAS + Edoxaban | | | ePAD 2018 | 🟢 | |
| DPI | | | Voyager PAD 2020 | 🟡 | | |
| | AAS + Rivaroxaban | | | | | |
| TTA | AAS + Clopi + Riva | | | | Voyager PAD Clopi | |

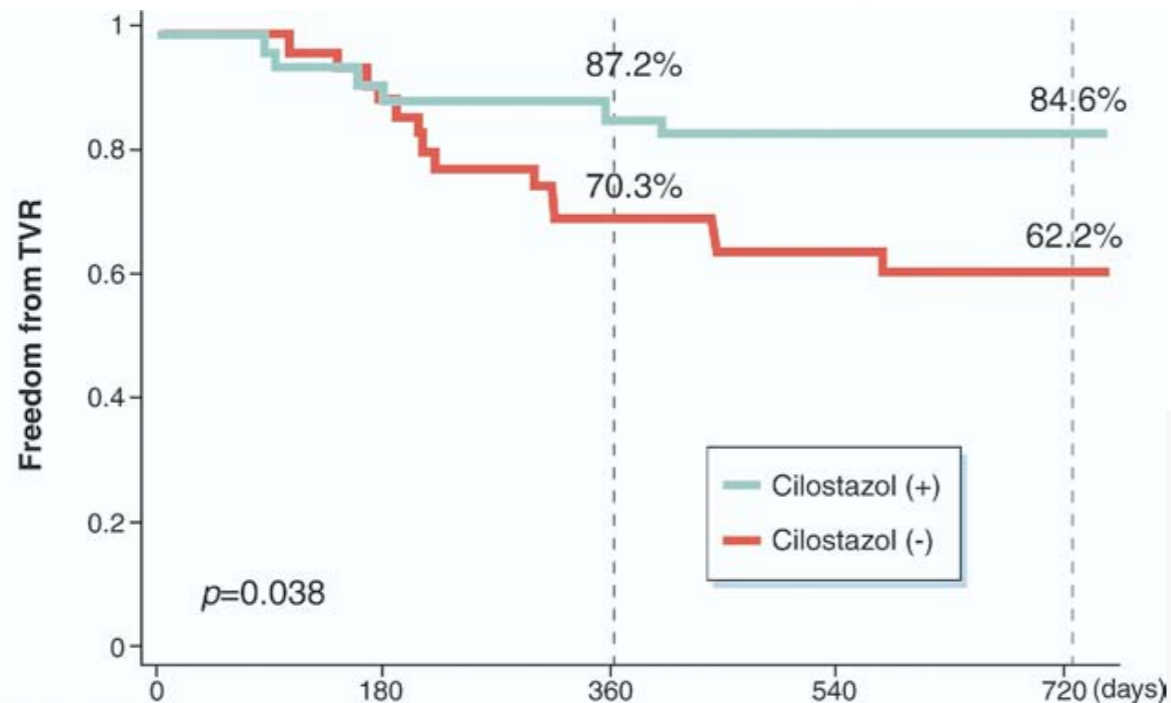


Evidencia

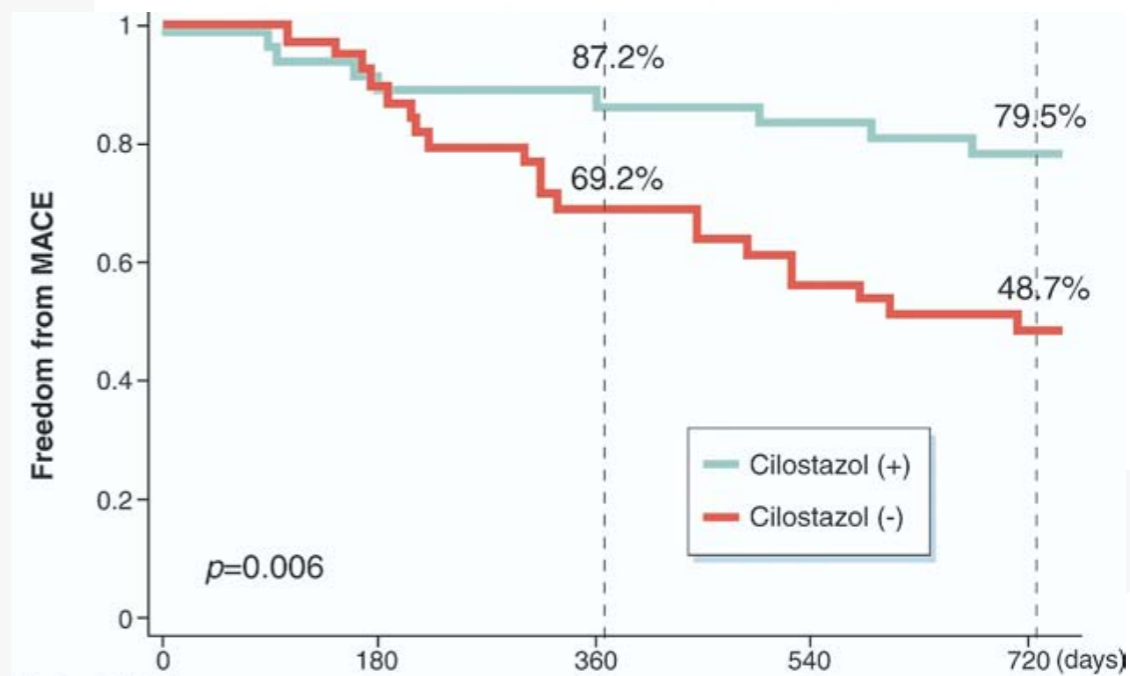
Estudio Soga et al

n 78

PF1 TVR 2 a



PF2 MACE 2 a



| Estudio/Eficacia | Seg |
|------------------|---|
| Soga 2009 |  |
| StopIC 2013 |  |

Guías

| | | SVS 2015 | | AHA / ACC 2016 | | ESC 2017 | | Canadiense 2022 | |
|------|-------------------|--|----------|-----------------------------|------------|--------------------------------------|----------|---|-----------------|
| | | REC | NE | REC | NE | REC | NE | REC | NE |
| SAPT | AAS / Clopi | 1 75-325 Sintom | E | I 75-325 Sintom | E | I Sintom NEA Revasc NEC | C | Fuerte "sintomáticos" de mínima (con alto riesgo de sangrado) | E |
| | Clopi > AAS | - | - | - | - | IIb | B | Débil Preferible a AAS | mod |
| DAPT | AAS + Clopi | - | - | IIb | CLD | IIa >= 1 MES | C | Débil si no pueden recibir riva | muy bajo |
| | AAS Ticagrelor | - | - | - | - | - | - | Débil alto riesgo eventos vasculares y CI rivaroxaban | mod |
| | AAS + Cilost | NO REC Nombra trabajos de permeabilidad 2A para claudic | ? | IA Para claudicación | | - | | - No disponible en Canadá | |

Evidencia

| | Placebo ATT MA 2002 | nd | SAPT (AAS) | DAPT (AAS clopi) | DPI |
|---------------|------------------------|------------------|------------------------|---------------------------|------------------------------|
| SAPT | AAS | nd | nd | nd | nd |
| | | ATT MA 2002 | | | |
| | | ATT MA 2002 | | | |
| | | ATT MA 2002 | | | |
| | | ATT MA 2002 | | | |
| | | RevCochrane 2012 | | | |
| | Bedenis MA 2015 | nd | | | |
| | CLIPS | nd | | | |
| | Dipiridamol | nd | | | |
| | | | Caprie 1996 | | |
| | | | Euclid 2017 vs Clopi | | |
| DAPT | AAS + Dipi | nd | | | |
| | | RevCochrane 2012 | | | |
| | | | MIRROR | | |
| | AAS + Clopi | | Charisma PAD | | |
| | | | Caspar (2010 prótesis) | | |
| | | | | Ida 2008 (vs AAS + Ticlo) | |
| | AAS + Cilost | | Soga 2009 | | |
| | | | STOP IC 2013 | | |
| | AAS Ticagrelor | | Pegassus (PAD) 2015 | | PLATO 2009 (PAD) |
| | | | Themis (PAD) 2019 | | |
| AAS Vorapaxar | | | | | |
| ACO | AVK | | BOA 2000 (BPS) | | Dai-Do Do 1994 vs AAS + Dipi |
| | | | Sarac / Johnson | | |
| | AAS + AVK | | WAVE | | |
| | AAS + Edoxaban | | | ePAD 2018 | |
| DPI | AAS + Rivaroxaban 5 | | Voyager PAD 2020 | | |
| TTA | AAS + Clopi + Riva | | | | Voyager PAD Clopi |

Guías

| | | SVS 2015 | | AHA / ACC 2016 | | ESC 2017 | | Canadiense 2022 | |
|-----------------|----------------|--|----------|---------------------------|------------|--------------------------------------|----------|---|-----------------|
| | | REC | NE | REC | NE | REC | NE | REC | NE |
| SAPT | AAS / Clopi | 1 75-325 Sintom | E | I 75-325 Sintom | E | I Sintom NEA Revasc NEC | C | Fuerte "sintomáticos" de mínima (con alto riesgo de sangrado) | E |
| | Clopi > AAS | - | - | - | - | IIb | B | Débil Preferible a AAS | mod |
| DAPT | AAS + Clopi | - | - | IIb | CLD | IIa >= 1 MES | C | Débil si no pueden recibir riva | muy bajo |
| | AAS Ticagrelor | - | - | - | - | - | - | Débil alto riesgo eventos vasculares y CI rivaroxaban | mod |
| | AAS + Cilost | NO REC Nombra trabajos de permeabilidad 2A para claudic | ? | IA Para claudicación | | - | | - No disponible en Canadá | |
| ACO Full | AVK | 1 (en contra) | C | III daño | A | - | - | - | - |

Guías

| | | SVS 2015 | | AHA / ACC 2016 | | ESC 2017 | | Canadiense 2022 | |
|----------|----------------|---|----------|---------------------------|------------|--------------------------------------|----------|---|-----------------|
| | | REC | NE | REC | NE | REC | NE | REC | NE |
| SAPT | AAS / Clopi | 1 75-325 Sintom | E | I 75-325 Sintom | E | I Sintom NEA Revasc NEC | C | Fuerte "sintomáticos" de mínima (con alto riesgo de sangrado) | E |
| | Clopi > AAS | - | - | - | - | IIb | B | Débil Preferible a AAS | mod |
| DAPT | AAS + Clopi | - | - | IIb | CLD | IIa >= 1 MES | C | Débil si no pueden recibir riva | muy bajo |
| | AAS Ticagrelor | - | - | - | - | - | - | Débil alto riesgo eventos vasculares y CI rivaroxaban | mod |
| | AAS + Cilost | NO REC Nombra trabajos de permeabilidad 2A para claudic | ? | IA Para claudicación | | - | - | - No disponible en Canadá | |
| ACO Full | AVK | 1 (en contra) | C | III daño | A | - | - | - | |
| DPI | AAS + ACo full | - | | - | | - | - | Fuerte No usar en estables | alto |

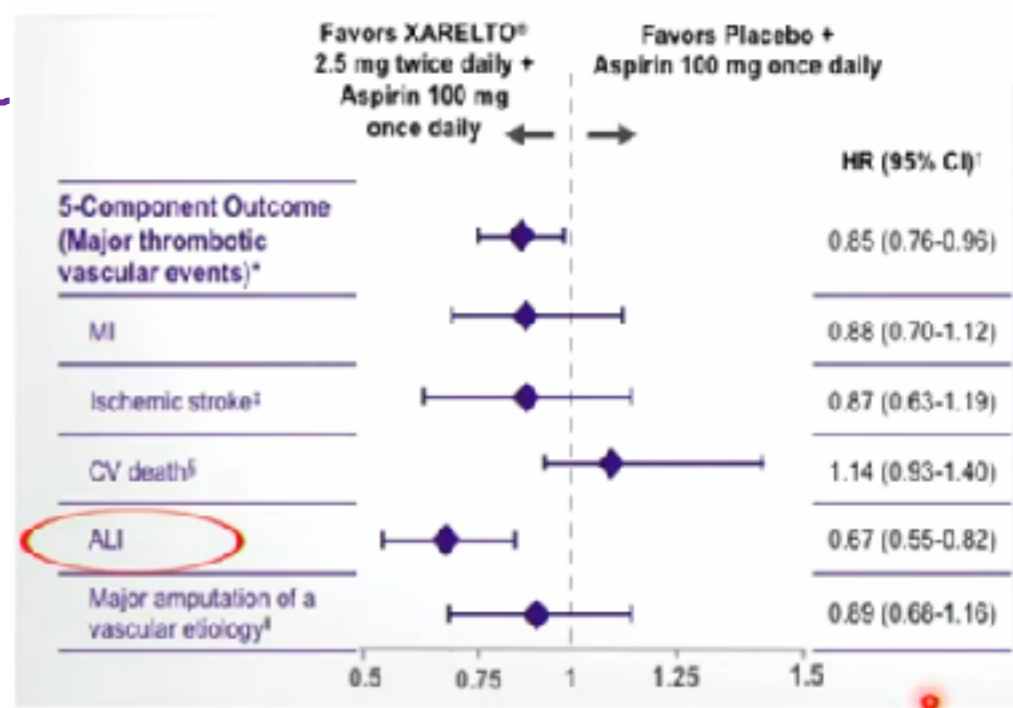
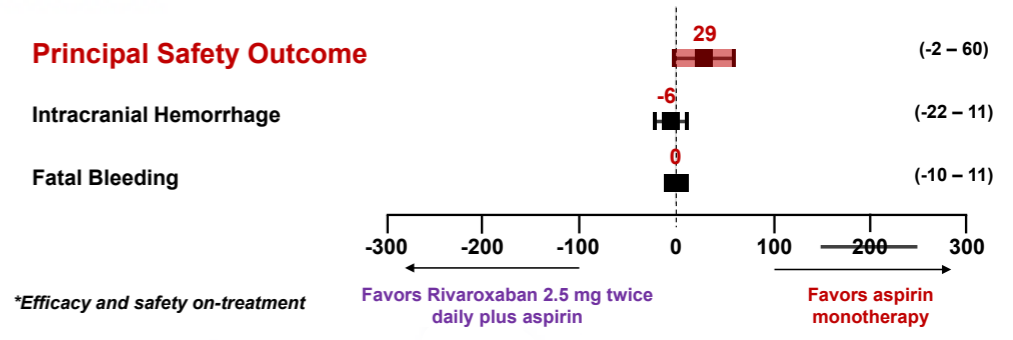
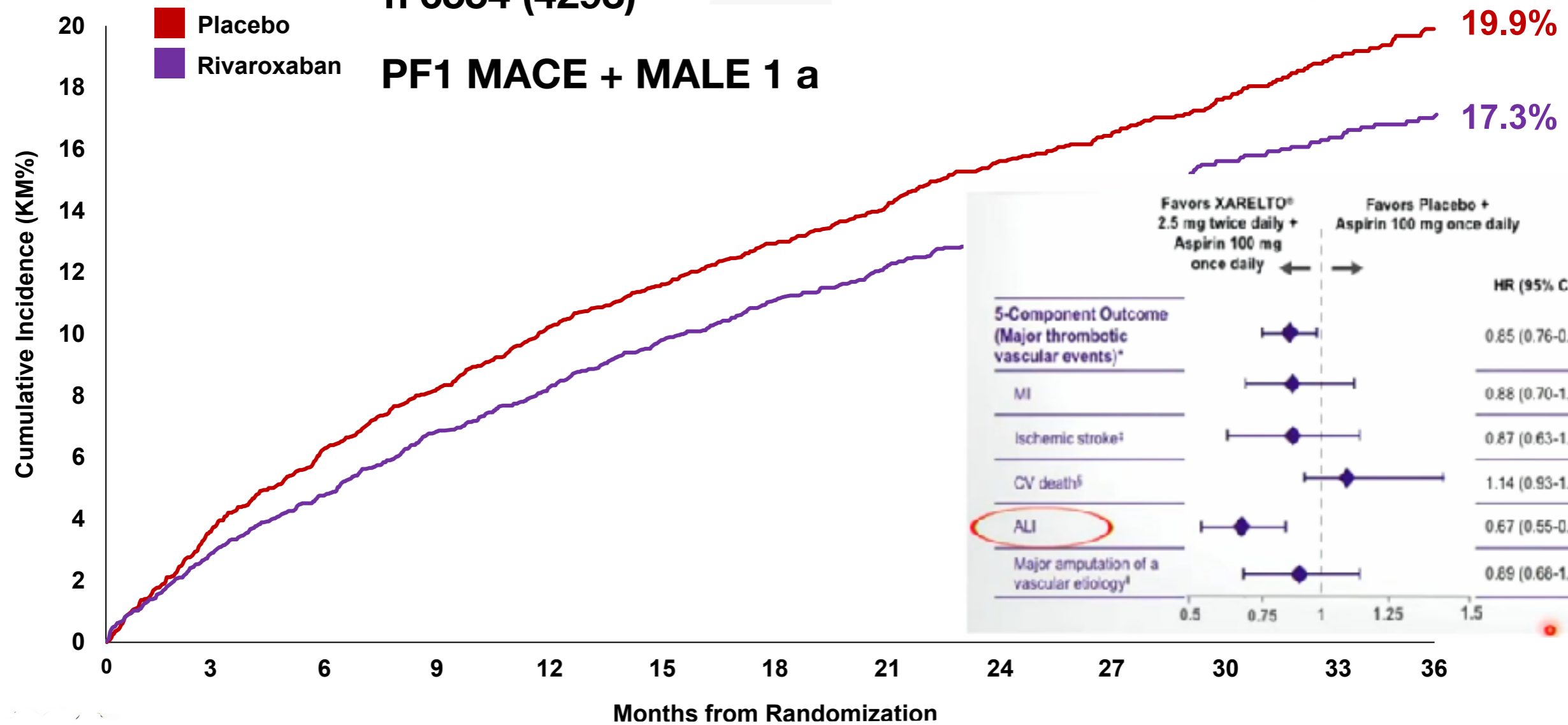
Evidencia

| | Placebo ATT MA 2002 | nd | SAPT (AAS) ATT MA 2002 | | DAPT (AAS clopi) | | DPI |
|------|------------------------|-------------------|---------------------------|----|------------------|------------------------------|-------------------|
| SAPT | AAS | nd | nd | | | | |
| | | nd | nd | | | | |
| | | nd | nd | | | | |
| | | nd | nd | | | | |
| | | nd | nd | | | | |
| | RevCochrane 2012 | nd | | | | | |
| | Bedenis MA 2015 | nd | | | | | |
| | CLIPS | nd | | | | | |
| | Dipiridamol | nd | | | | | |
| | RevCochrane 2012 | nd | | | | | |
| | Clopi | | Caprie 1996 | nd | | | |
| | Tica | | Euclid 2017 vs Clopi | nd | | | |
| | AAS + Dipi | RevCochrane 2012 | nd | | | | |
| | | | MIRROR | nd | | | |
| DAPT | AAS + Clopi | | Charisma PAD | nd | | | |
| | | | Caspar (2010 prótesis) | nd | | | |
| | | | Soga 2009 | nd | | Ida 2008 (vs AAS + Ticlo) | nd |
| | AAS + Cilost | | STOP IC 2013 | nd | | | |
| | AAS Ticagrelor | | Pegasus (PAD) 2015 | nd | | PLATO 2009 (PAD) | |
| | | Themis (PAD) 2019 | nd | | | | |
| | AAS Vorapaxar | | | | | | |
| ACO | AVK | | BOA 2000 (BPS) | nd | | Dai-Do Do 1994 vs AAS + Dipi | nd |
| | | | Sarac / Johnson | nd | | | |
| | AAS + AVK | | WAVE | nd | | | |
| | AAS + Edoxaban | | | | | ePAD 2018 | nd |
| DPI | AAS + Rivaroxaban 5 | | Voyager PAD 2020 | nd | | | |
| TTA | AAS + Clopi + Riva | | | | | | Voyager PAD Clopi |

Evidencia

AAS + Rivaroxaban (2.5 c/12h) o Placebo

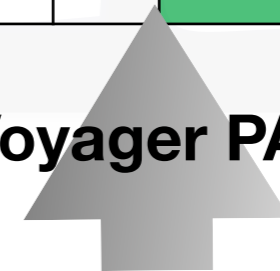
n 6554 (4293)
PF1 MACE + MALE 1 a



Guías

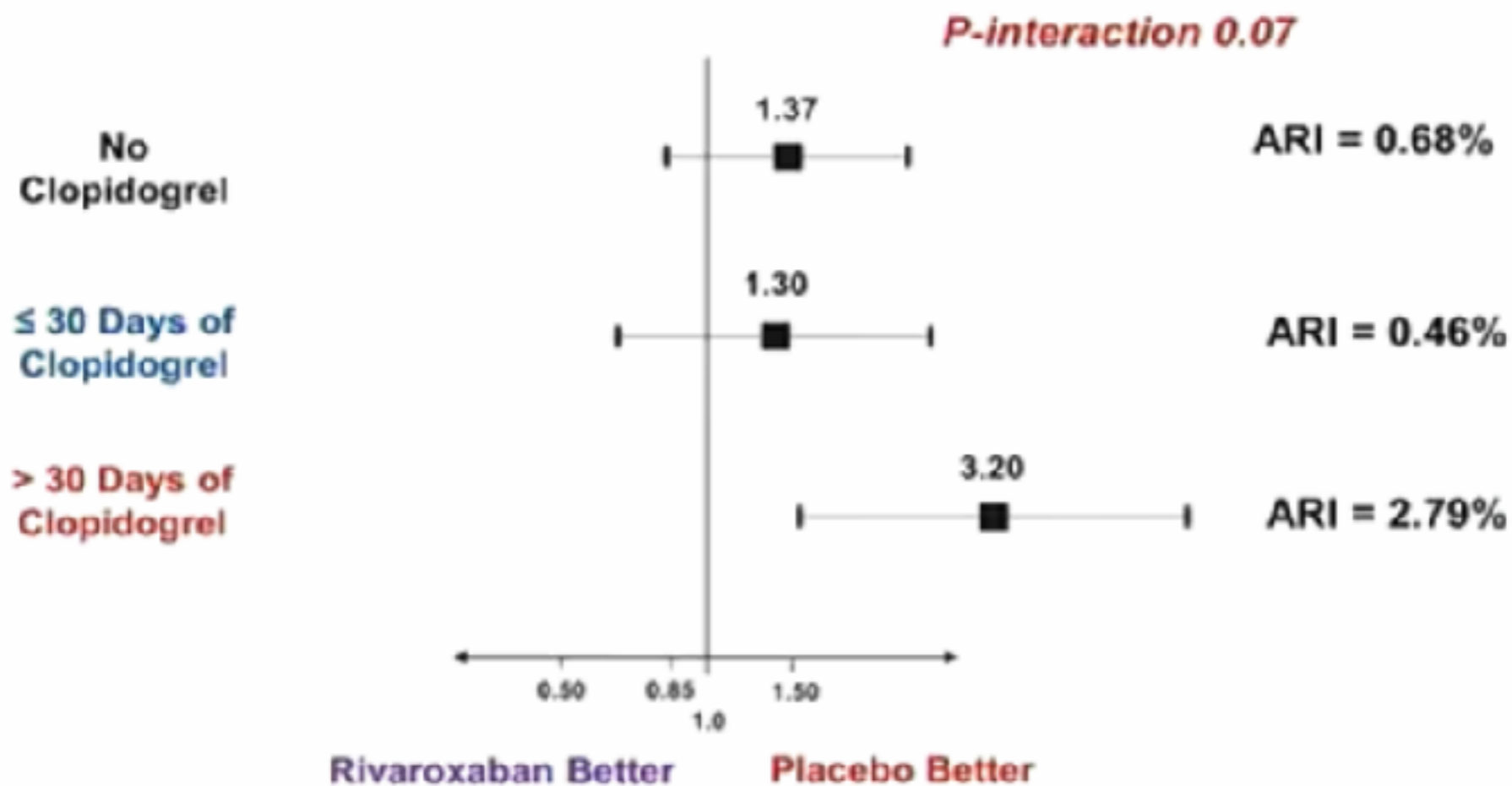
| | | SVS 2015 | | AHA / ACC 2016 | | ESC 2017 | | Canadiense 2022 | |
|----------|---------------------|---|----------|---------------------------|----------|--------------------------------------|----------|--|----------|
| | | REC | NE | REC | NE | REC | NE | REC | NE |
| SAPT | AAS / Clopi | 1 75-325 Sintom | E | I 75-325 Sintom | E | I Sintom NEA Revasc NEC | C | Fuerte "sintomáticos" de mínima (con alto riesgo de sangrado) | E |
| | Clopi > AAS | - | - | - | - | IIb | B | Débil Preferible a AAS | mod |
| DAPT | AAS + Clopi | - | - | IIb | CLD | IIa >= 1 MES | C | Débil si no pueden recibir riva | muy bajo |
| | AAS Ticagrelor | - | - | - | - | - | - | Débil alto riesgo eventos vasculares y CI rivaroxaban | mod |
| | AAS + Cilost | NO REC Nombra trabajos de permeabilidad 2A para claudic | ? | IA Para claudicación | | - | - | - No disponible en Canadá | |
| ACO Full | AVK etc | 1 (en contra) | C | III daño | A | - | - | - | - |
| DPI | AAS + ACo full | - | | - | | - | - | Fuerte No usar en estables | alto |
| | AAS + Rivaroxaban 5 | - | - | - | - | - | - | Fuerte Seguir a largo plazo si no s/t pero no excl si alto riesgo isq local o sist | alto |

Voyager PAD



Evidencia

n 3234 (50,5%)
Mediana 31 d (< 6 m)



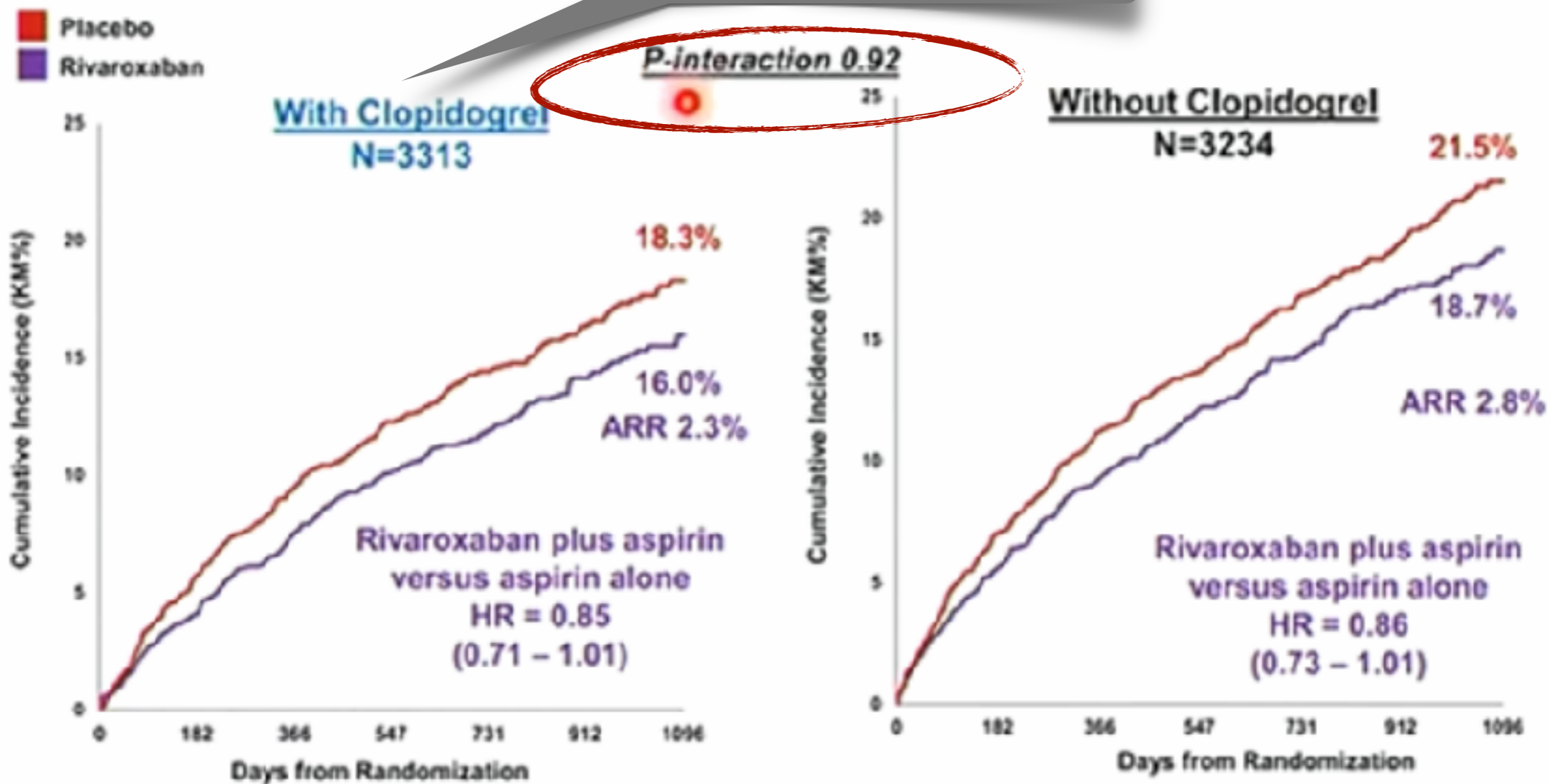
ISTH Major bleeding within 365 days

Evidencia

n 3234 (50,5%)
Mediana 31 d (< 6 m)

- ✓ > DBT
- ✓ > EAC
- ✓ > Revasc Previo
- ✓ > Complejidad

P interac no sign: EL BENEFICIO DE LA COMBINACIÓN RIVAROXABÁN + ASPIRINA SOBRE ASPIRINA SOLA FUE



Primary endpoint

Guías

| | | SVS 2015 | | AHA / ACC 2016 | | ESC 2017 | | Canadiense 2022 | |
|----------|---------------------|---|----------|---------------------------|------------|--------------------------------------|----------|--|-----------------|
| | | REC | NE | REC | NE | REC | NE | REC | NE |
| SAPT | AAS / Clopi | 1 75-325 Sintom | E | I 75-325 Sintom | E | I Sintom NEA Revasc NEC | C | Fuerte "sintomáticos" de mínima (con alto riesgo de sangrado) | E |
| | Clopi > AAS | - | - | - | - | IIb | B | Débil Preferible a AAS | mod |
| DAPT | AAS + Clopi | - | - | IIb | CLD | IIa >= 1 MES | C | Débil si no pueden recibir riva | muy bajo |
| | AAS Ticagrelor | - | - | - | - | - | - | Débil alto riesgo eventos vasculares y CI rivaroxaban | mod |
| | AAS + Cilost | NO REC Nombra trabajos de permeabilidad 2A para claudic | ? | IA Para claudicación | | - | | - No disponible en Canadá | |
| ACO Full | AVK | 1 (en contra) | C | III daño | A | - | - | - | |
| DPI | AAS + ACo full | - | | - | | - | - | Fuerte No usar en estables | alto |
| | AAS + Rivaroxaban 5 | - | - | - | - | - | - | Fuerte Seguir a largo plazo si no s/t pero no excl si alto riesgo isq local o sist | alto |
| TAT | AAS + Clopi + Riva | - | | - | | - | | x 30 ds Considerar si stenting complejo | Tip |

Guías

| | | SVS 2015 | | AHA / ACC 2016 | | ESC 2017 | | Canadiense 2022 | |
|----------|--------------------------|--|----------|---------------------------|------------|--------------------------------------|----------|---|-----------------|
| | | REC | NE | REC | NE | REC | NE | REC | NE |
| SAPT | AAS / Clopi | 1 75-325 Sintom | E | I 75-325 Sintom | E | I Sintom NEA Revasc NEC | C | Fuerte "sintomáticos" de mínima (con alto riesgo de sangrado) | E |
| | Clopi > AAS | - | - | - | - | IIb | B | Débil Preferible a AAS | mod |
| DAPT | AAS + Clopi | - | - | IIb | CLD | IIa >= 1 MES | C | Débil si no pueden recibir riva | muy bajo |
| | AAS Ticagrelor | - | - | - | - | - | - | Débil alto riesgo eventos vasculares y CI rivaroxaban | mod |
| | AAS + Cilost | NO REC Nombra trabajos de permeabilidad 2A para claudic | ? | IA Para claudicación | | - | | - No disponible en Canadá | |
| ACO Full | AVK | 1 (en contra) | C | III daño | A | - | - | - | - |
| DPI | AAS + ACo full | - | | - | | - | - | Fuerte No usar en estables | alto |
| | AAS + Rivaroxaban n 5 | - | - | - | - | - | - | Fuerte Seguir a largo plazo si no s/t pero no excl si alto riesgo isq local o sist | alto |
| TAT | AAS + Clopi + Riva | - | | - | | - | | x 30 ds Considerar si stenting complejo | Tip |

Conclusiones

- **Atero Trombo Embolismo**
- **Sistémico: RR MALE (1er año) y MACCE**
- **Amplia disponibilidad de fármacos y combinaciones**
- **Escasa evidencia específica y útil**
- **Extrapolación de ECA de otros territorios**

Tto "in a nutshell"

🔊 Al menos un AA a largo plazo

🔊 clopi > AAS? - Cilostazol????

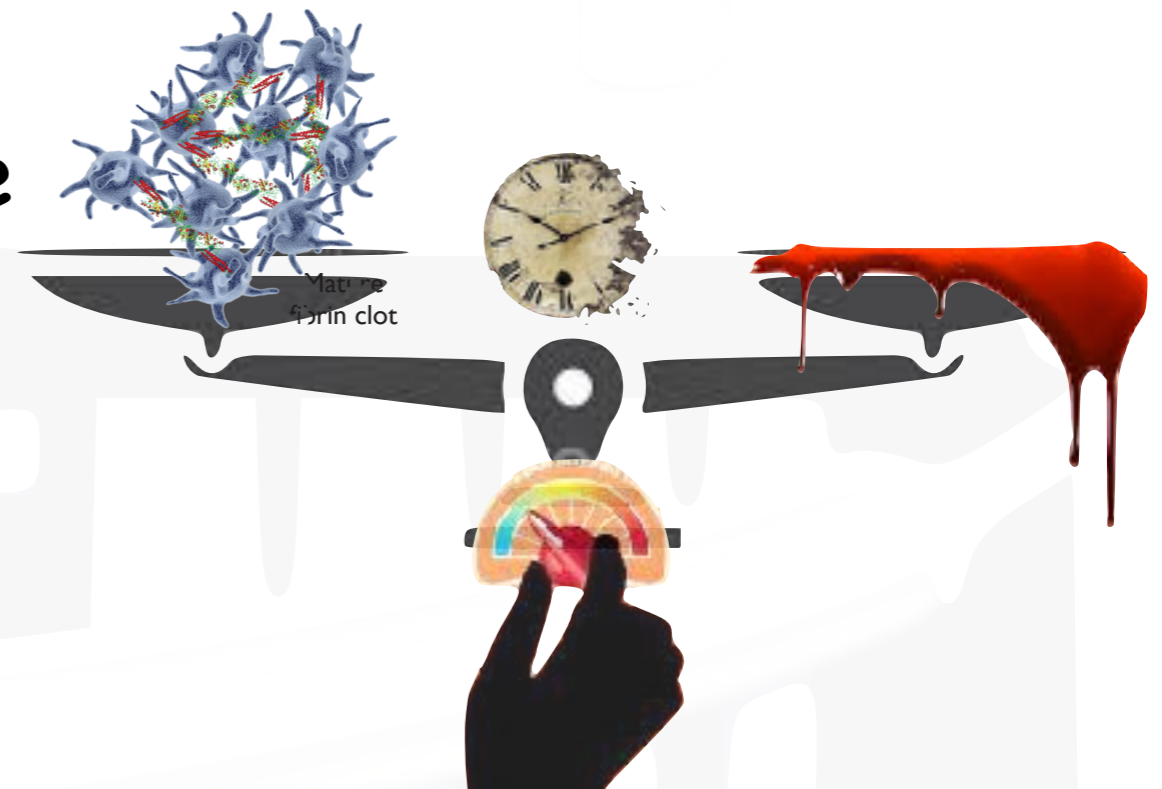
🔊 #1 DPI (riva) recomendable

🔊 #2 DAPT alternativa

🔊 TAT si stenting complejo

🔊 ACO Full CI solos o asociados

🔊 Poblaciones especiales: Coronarios, ACO, Isq. Aguda



Muchas Gracias



ENDO L MB

ROSARIO 2023

www.hemodinamiahpc.com.ar

mnajenson@gmail.com