ANTITHROMBOTIC THERAPY AROUND PCI — Key Sources

Companion reference · every name links to the primary publication via doi.org · checked 6 Oct 2026

GUIDELINES, CONSENSUS AND DEFINITIONS

1. ACC/AHA 2025 ACS guideline — Rao SV et al., J Am Coll Cardiol 2025;85:2135. Joint STEMI/NSTE-ACS guideline; Class of each 2025 row on the sheet is taken from the AHA's own slide set (no Level of Evidence printed there).

2. ACC/AHA/SCAI 2021 revascularization guideline — Lawton JS et al., J Am Coll Cardiol 2022;79:e21. Procedural antithrombotic rows with Class and Level (AHA slide set); UFH dosing table; aspirin 162–325 mg load.

3. AHA/ACC 2023 chronic coronary disease guideline — Virani SS et al., Circulation 2023;148:e9. DAPT 6 months after elective PCI; 1–3 months then P2Y12 monotherapy (2a); OAC + PCI rows (AHA slide set, read twice).

4. ACC/AHA/ACCP/HRS 2023 AF guideline — Joglar JA et al., Circulation 2024;149:e1. AF + PCI and AF + chronic coronary disease rows, read from the open full text (PMC11095842).

5. ARC-HBR definition — Urban P et al., Circulation 2019;140:240. High bleeding risk = ≥1 major or ≥2 minor criteria (BARC 3/5 ≥4% or ICH ≥1% at 1 year).

6. 2026 ACC Scientific Statement on antiplatelet therapy — Kumbhani DJ et al., J Am Coll Cardiol 2026;88:1284. Consensus statement, not a COR/LOE guideline; full text not read for this build.

CHOOSING AND LOADING THE P2Y12 INHIBITOR

7. CURE — Yusuf S et al., N Engl J Med 2001;345:494. Clopidogrel + aspirin in NSTE-ACS: CV death/MI/stroke 9.3% vs 11.4%, RR 0.80; more major bleeding.

8. CREDO — Steinhubl SR et al., JAMA 2002;288:2411. Clopidogrel load + 12 months after PCI: 1-year RRR 26.9%; 28-day pretreatment effect not significant.

9. TRITON-TIMI 38 — Wiviott SD et al., N Engl J Med 2007;357:2001. Prasugrel vs clopidogrel in ACS-PCI: HR 0.81 for CV death/MI/stroke; TIMI major bleeding HR 1.32, fatal bleeding up.

10. PLATO — Wallentin L et al., N Engl J Med 2009;361:1045. Ticagrelor vs clopidogrel in ACS: HR 0.84; all-cause death 4.5% vs 5.9%.

11. ISAR-REACT 5 — Schüpke S et al., N Engl J Med 2019;381:1524. Open-label ticagrelor vs prasugrel in ACS: death/MI/stroke 9.3% vs 6.9%, HR 1.36, favouring prasugrel.

12. SWITCH SWEDEHEART — Omerovic E et al., N Engl J Med 2026 (epub 29 Aug). Regional stepped-wedge switch of the default drug, n=17,095: prasugrel vs ticagrelor ischemic OR 0.90 (NS), major bleeding OR 0.80.

13. ACCOAST — Montalescot G et al., N Engl J Med 2013;369:999. Prasugrel pretreatment in NSTEMI: no ischemic benefit (HR 1.02); TIMI major bleeding through day 7 HR 1.90.

14. ATLANTIC — Montalescot G et al., N Engl J Med 2014;371:1016. Prehospital vs in-lab ticagrelor in STEMI: co-primary endpoints neutral; less definite stent thrombosis.

15. ADAPTABLE — Jones WS et al., N Engl J Med 2021;384:1981. Aspirin 81 vs 325 mg in ASCVD: no difference in death/MI/stroke (HR 1.02) or major bleeding.

IN THE LAB — IV ANTIPLATELETS AND ANTICOAGULANTS

16. CHAMPION PHOENIX — Bhatt DL et al., N Engl J Med 2013;368:1303. Cangrelor vs clopidogrel at PCI: OR 0.78 for periprocedural events; stent thrombosis OR 0.62.

17. HORIZONS-AMI — Stone GW et al., N Engl J Med 2008;358:2218. Bivalirudin vs UFH + GPI in STEMI: NACE RR 0.76, less bleeding, lower cardiac death; more acute stent thrombosis.

18. EUROMAX — Steg PG et al., N Engl J Med 2013;369:2207. Prehospital bivalirudin in STEMI: death/major bleeding RR 0.60; acute stent thrombosis 1.1% vs 0.2%.

19. HEAT-PPCI — Shahzad A et al., Lancet 2014;384:1849. Single-centre UFH vs bivalirudin in primary PCI: efficacy composite favoured heparin (RR 1.52).

20. VALIDATE-SWEDEHEART — Erlinge D et al., N Engl J Med 2017;377:1132. Bivalirudin vs UFH in MI, mostly radial, potent P2Y12: death/MI/major bleeding HR 0.96.

21. BRIGHT-4 — Li Y et al., Lancet 2022;400:1847. Bivalirudin with high-dose post-PCI infusion vs UFH in STEMI: death/BARC 3–5 HR 0.69; less stent thrombosis.

22. ATOLL — Montalescot G et al., Lancet 2011;378:693. IV enoxaparin vs UFH in primary PCI: primary endpoint RR 0.83, P=0.06.

23. OASIS-5 PCI — Mehta SR et al., J Am Coll Cardiol 2007;50:1742. Fondaparinux vs enoxaparin at PCI: catheter thrombus 0.9% vs 0.4%, prevented by UFH at PCI.

24. FUTURA/OASIS-8 — Steg PG et al., JAMA 2010;304:1339. After fondaparinux, low-dose adjunct UFH did not reduce bleeding: use standard-dose UFH at PCI.

SHORTER DAPT AND DE-ESCALATION

25. TWILIGHT — Mehran R et al., N Engl J Med 2019;381:2032. Ticagrelor alone after 3 months: BARC 2/3/5 HR 0.56; no rise in death/MI/stroke.

26. TICO — Kim BK et al., JAMA 2020;323:2407. Ticagrelor alone after 3 months in ACS: NACE HR 0.66.

27. T-PASS — Hong SJ et al., Circulation 2024;149:562. Ticagrelor alone after <1 month in ACS: NACE HR 0.54.

28. ULTIMATE-DAPT — Ge Z et al., Lancet 2024;403:1866. Placebo-controlled aspirin withdrawal months 1–12 on ticagrelor: bleeding HR 0.45; MACCE non-inferior.

29. TARGET-FIRST — Tarantini G et al., N Engl J Med 2025;393:2083. P2Y12 alone after 1 month in low-risk, fully revascularized AMI: NACE non-inferior; bleeding HR 0.46.

30. STOPDAPT-2 — Watanabe H et al., JAMA 2019;321:2414. 1 month DAPT then clopidogrel: net composite HR 0.64.

31. STOPDAPT-2 ACS — Watanabe H et al., JAMA Cardiol 2022;7:407. Same strategy in ACS: non-inferiority not met (HR 1.14); CV events HR 1.50.

32. MASTER DAPT — Valgimigli M et al., N Engl J Med 2021;385:1643. High bleeding risk, abbreviated therapy after 1 month: NACE non-inferior, less clinically relevant bleeding.

33. TOPIC — Cuisset T et al., Eur Heart J 2017;38:3070. Unguided switch to clopidogrel at 1 month (single centre): composite HR 0.48.

34. TROPICAL-ACS — Sibbing D et al., Lancet 2017;390:1747. Platelet-function-guided de-escalation: non-inferior (HR 0.81).

35. POPular Genetics — Claassens DMF et al., N Engl J Med 2019;381:1621. CYP2C19-guided P2Y12 choice in primary PCI: non-inferior, less bleeding (HR 0.78).

36. TAILOR-PCI — Pereira NL et al., JAMA 2020;324:761. Genotype-guided vs conventional clopidogrel: HR 0.66, P=0.06 — not significant.

ASPIRIN-FREE FROM THE START

37. STOPDAPT-3 — Natsuaki M et al., Circulation 2024;149:585. Prasugrel 3.75 mg alone from PCI: bleeding not reduced; subacute stent thrombosis HR 3.40.

38. NEO-MINDSET — Guimarães PO et al., N Engl J Med 2025;393:2095. Potent P2Y12 alone early after ACS: non-inferiority not met for ischemic events; less bleeding.

39. PREMIUM — Takahashi K et al., N Engl J Med 2026 (epub 29 Aug). Aspirin omission at primary PCI with low-dose prasugrel: HR 1.34 (1.02–1.75), not non-inferior.

40. LEGACY (design) — van der Sangen NMR et al., Am Heart J 2023;265:114. Design paper only; no results found as of 6 Oct 2026. Cited for the design, never for an outcome.

BEYOND 12 MONTHS

41. DAPT — Mauri L et al., N Engl J Med 2014;371:2155. Thienopyridine months 12–30: stent thrombosis and MACCE down; bleeding up; death HR 1.36.

42. PEGASUS-TIMI 54 — Bonaca MP et al., N Engl J Med 2015;372:1791. Ticagrelor 60/90 bid 1–3 years after MI: HR 0.84/0.85; more TIMI major bleeding.

43. DAPT-MVD — Tian J et al., N Engl J Med 2026;395:233. Extended clopidogrel + aspirin in multivessel DES: HR 0.82 for CV death/MI/stroke; bleeding not significantly increased.

44. A-CLOSE — Lee SJ et al., N Engl J Med 2026 (epub 29 Aug). Clopidogrel alone vs DAPT beyond 12 months at high ischemic risk: NACE non-inferior, ischemic events HR 2.33, bleeding HR 0.43.

45. HOST-EXAM — Koo BK et al., Lancet 2021;397:2487. Clopidogrel vs aspirin chronic monotherapy: HR 0.73 at 24 months.

46. HOST-EXAM 10-year — Kang J et al., Lancet 2026;407:1439. Benefit persisted at 10.5 years: HR 0.86.

47. SMART-CHOICE 3 — Choi KH et al., Lancet 2025;405:1252. Clopidogrel vs aspirin after DAPT in high-ischemic-risk PCI: HR 0.71.

48. Clopidogrel vs aspirin IPD meta-analysis — Valgimigli M et al., Lancet 2025;406:1091. Seven RCTs, 28,982 patients: MACCE HR 0.86 with clopidogrel; major bleeding not increased.

ORAL ANTICOAGULANT PLUS PCI

49. WOEST — Dewilde WJM et al., Lancet 2013;381:1107. VKA + clopidogrel without aspirin: any bleeding 19.4% vs 44.4%.

50. PIONEER AF-PCI — Gibson CM et al., N Engl J Med 2016;375:2423. Rivaroxaban-based regimens vs VKA triple: less clinically significant bleeding.

51. RE-DUAL PCI — Cannon CP et al., N Engl J Med 2017;377:1513. Dabigatran dual therapy vs warfarin triple: less bleeding; thrombotic events non-inferior.

52. AUGUSTUS — Lopes RD et al., N Engl J Med 2019;380:1509. Apixaban beat VKA for bleeding (HR 0.69); aspirin added bleeding (HR 1.89).

53. ENTRUST-AF PCI — Vranckx P et al., Lancet 2019;394:1335. Edoxaban dual therapy: non-inferior for bleeding (HR 0.83), not superior.

54. EPIDAURUS — Rizas KD et al., Nat Med 2026 (epub 29 Aug). AF + ACS: DOAC + potent P2Y12 stopped early for safety — more bleeding, no ischemic benefit.

55. AFIRE — Yasuda S et al., N Engl J Med 2019;381:1103. AF + stable CAD: rivaroxaban alone non-inferior, less bleeding; combination arm had higher mortality.

56. EPIC-CAD — Cho MS et al., N Engl J Med 2024;391:2075. Edoxaban alone vs + antiplatelet in AF + stable CAD: NACE HR 0.44.

57. AQUATIC — Lemesle G et al., N Engl J Med 2025;393:1578. Aspirin vs placebo on top of OAC in chronic coronary disease: more ischemic events, deaths and major bleeding.

OTHER

58. COGENT — Bhatt DL et al., N Engl J Med 2010;363:1909. Omeprazole on DAPT: GI events HR 0.34; CV events HR 0.99.

59. LIBREXIA-ACS — Gibson CM et al., N Engl J Med 2026 (epub 29 Aug). Milvexian added to antiplatelet therapy after ACS: HR 1.05; stopped for futility.

Every DOI resolved in PubMed and its title read back (6 Oct 2026). 2026 papers marked 'epub' had no volume or pages assigned yet.