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Safety and Efficacy of Supraflex Cruz DES in HBR patients receiving PCI and short DAPT regimen: the EARTH-HBR study

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Potential conflicts of interest

Speaker's name : Valeria Paradies

I have the following potential conflicts of interest to declare:

Receipt of grants / research support: Abbott, SMT, Terumo to the Institution

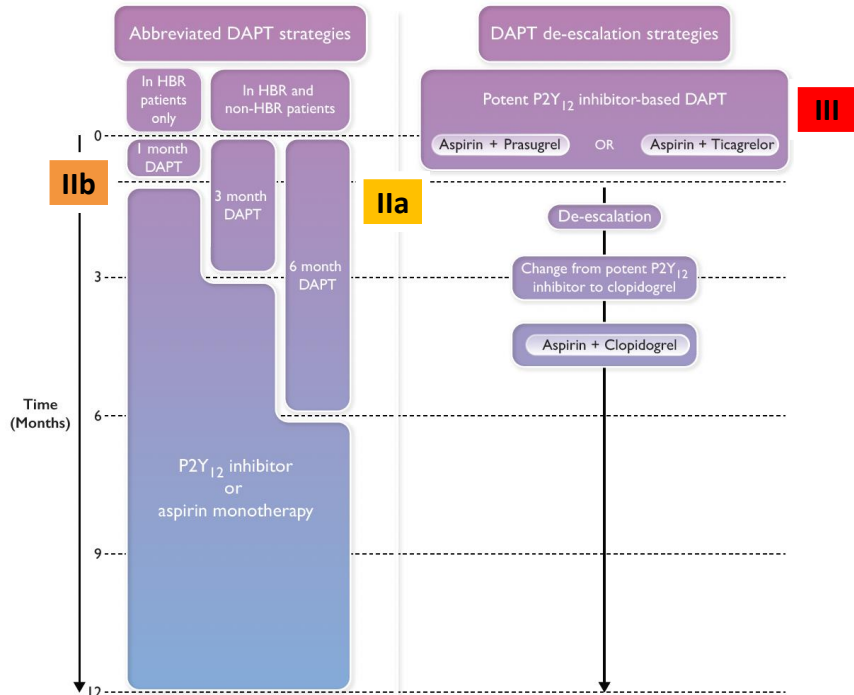
Receipt of honoraria or consultation fees: Abbott, Boston Scientific, Lithix, Novo Nordisk

Why this study?

Ultrathin struts stents (<70µm)

- Less thrombogenic
- Less traumatic to vessel wall
- More rapid endothelialisation

Antiplatelet strategies to reduce bleeding risk in the first 12 months after ACS



Why this study?

Objective

- To investigate whether short DAPT (≤ 1 month) in high bleeding risk (HBR) undergoing PCI with Supraflex Cruz was safe and effective

What did we study?

FIRE TRIAL

- RCT Complete vs Culprit
- 75+ years, MI, MVD
- Supraflex Cruz

COMPARE 60-80

- RCT Supraflex vs Ultimaster
- HBR

CRUZ HBR

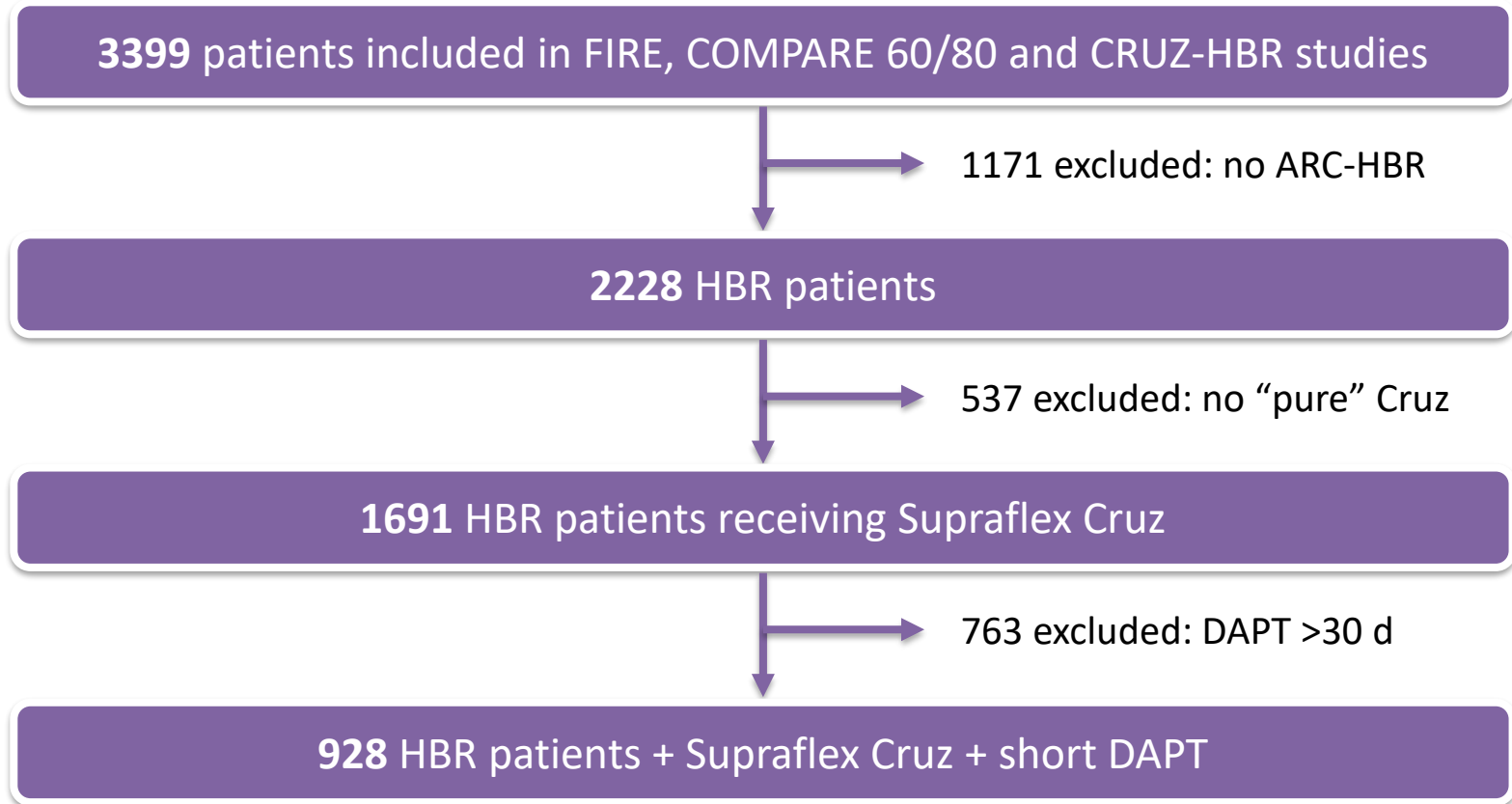
- Prospective registry
- HBR
- Supraflex Cruz

Patient-level analysis (PROSPERO registration CRD42024524208)

Aim 1: safety and efficacy of short DAPT regimen in HBR patients receiving Supraflex Cruz

Aim 2: comparison between short DAPT and long DAPT (DOCE & BARC)

How was the study executed?



What are the essential results?

	HBR short DAPT (n=928)	HBR long DAPT (n=763)	p
Age	79±9	78±9	0.46
Female	342 (37%)	258 (34%)	0.20
Diabetes	268 (29%)	263 (34%)	0.01
STEMI	207 (22%)	77 (10%)	<0.01
NSTEMI	462 (50%)	271 (36%)	<0.01
LM-LAD	602 (65%)	357 (47%)	<0.01
LVEF	49±11	48±11	0.51
Major criteria 2+	104 (11%)	62 (8%)	0.03
Minor criteria 3+	180 (19%)	139 (18%)	0.54

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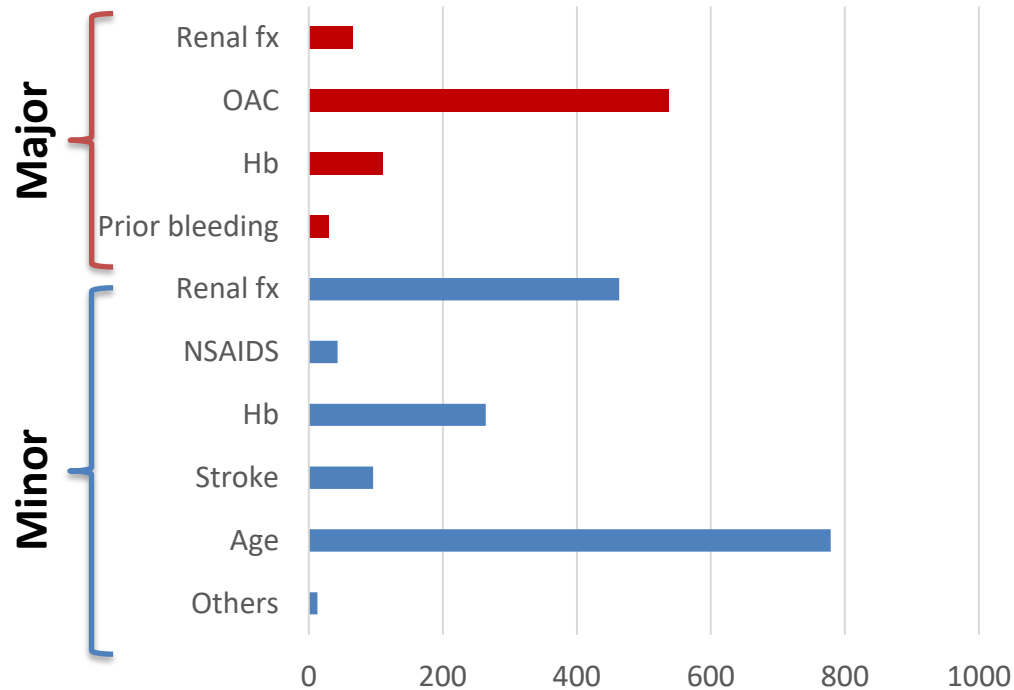
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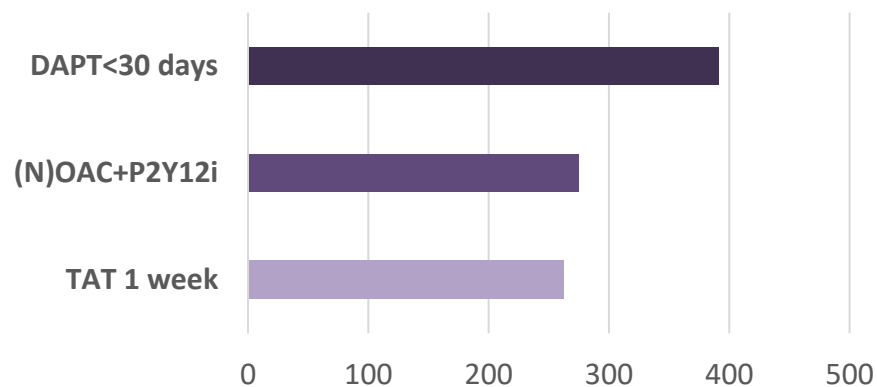
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ARC-HBR Criteria in patients treated with Supraflex Cruz and receiving short DAPT

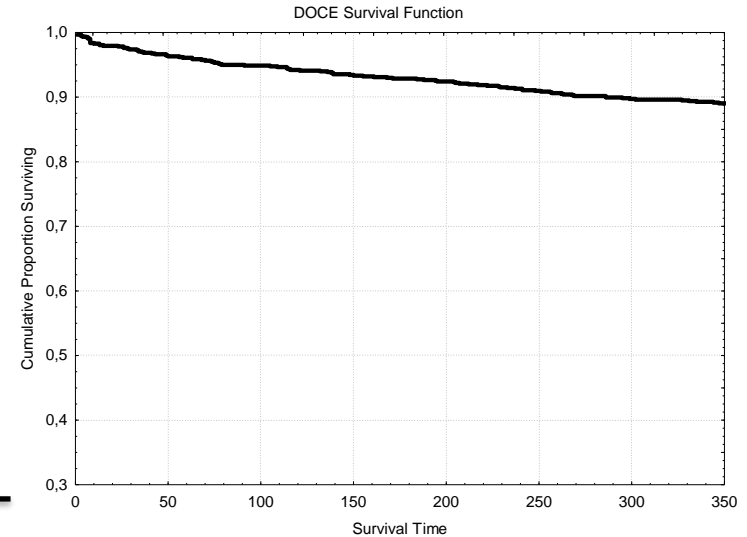
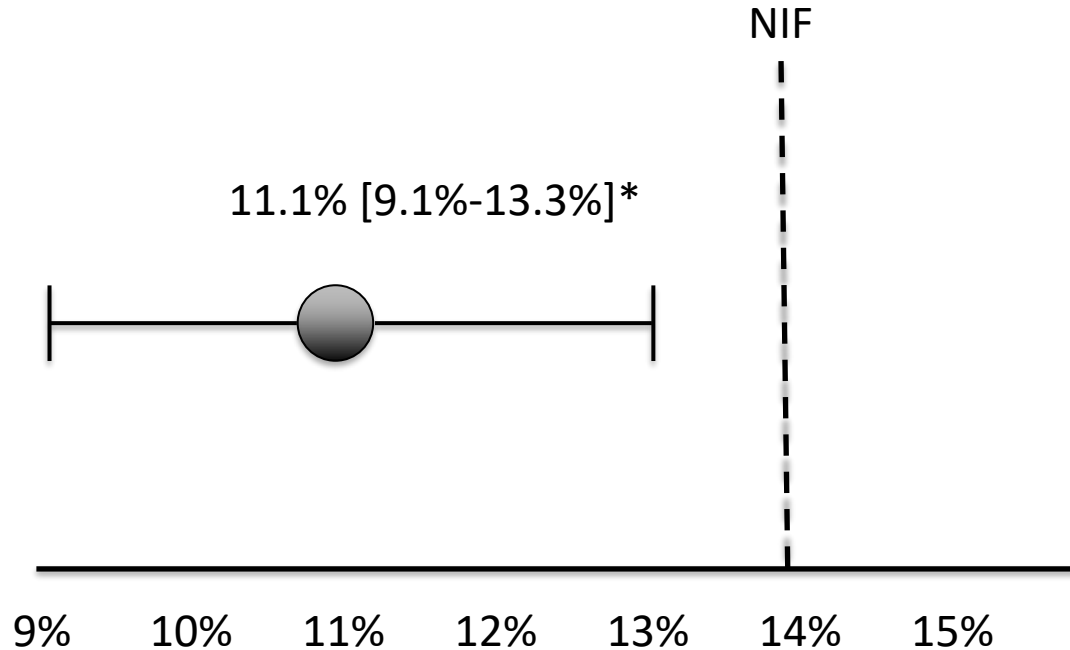


Short DAPT regimens (n=928)



What are the essential results?

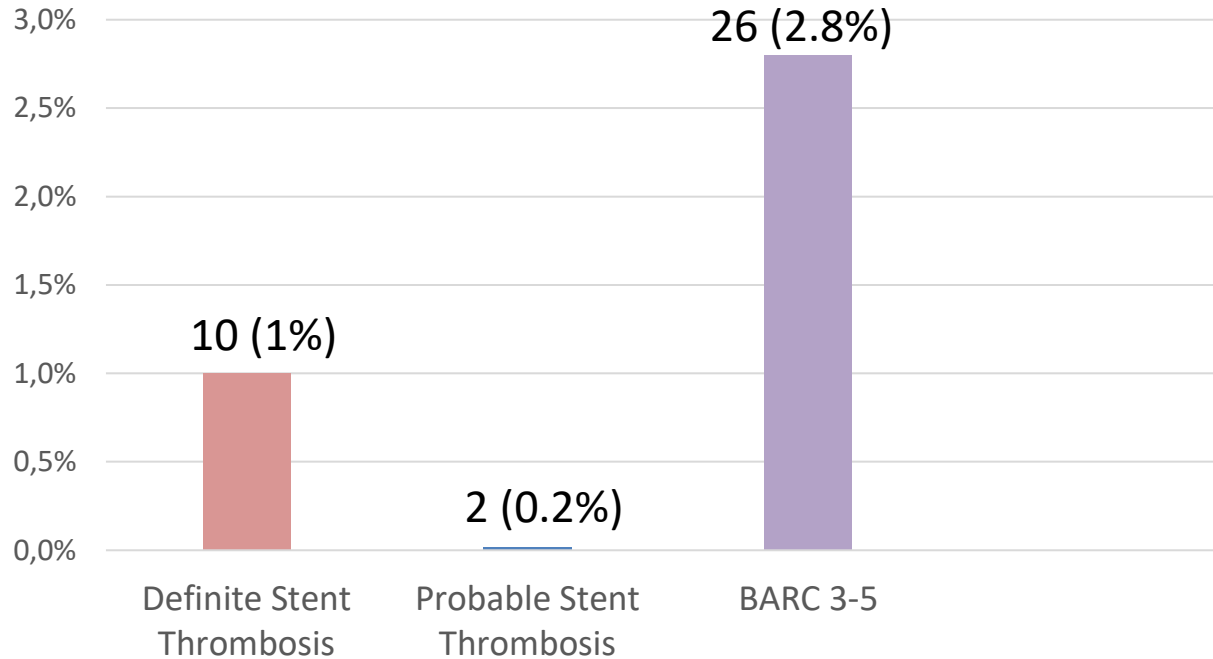
- Primary endpoint: DOCE at 1 year



*patient-level, no discrimination between treated and non-treated vessel events

What are the essential results?

- Stent thrombosis & Bleeding



What are the essential results?



- Earth-HBR in context

High dual risk, more complex patients population: low ST, comparable DOCE*

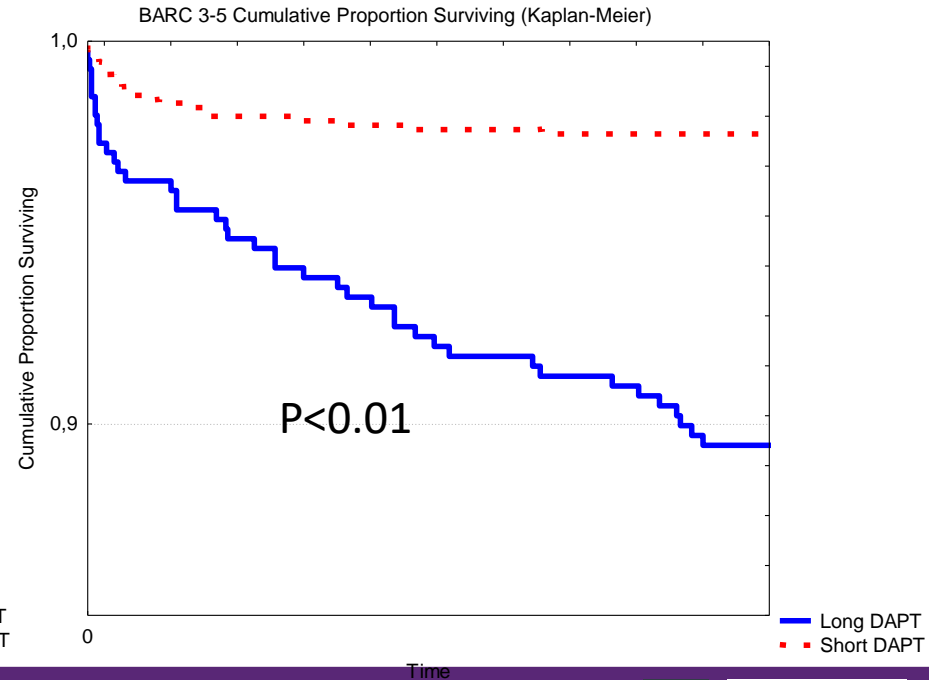
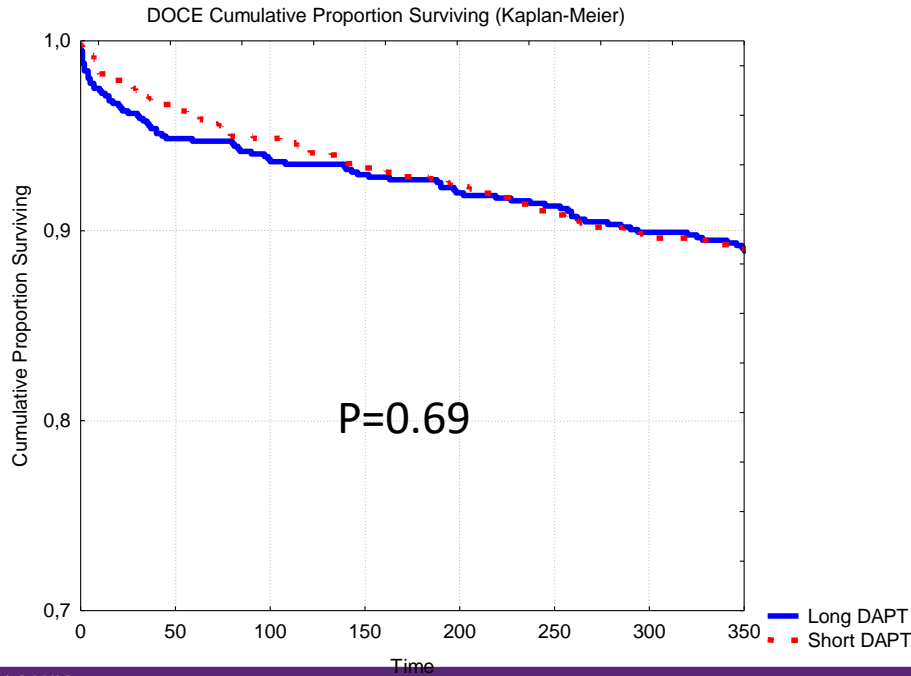
	Age	STEMI	NSTEMI	ST	DOCE
EARTH-HBR	79	22%	50%	1.1%	11.1%*
ONYX ONE	74	6%	27%	1.3%	17.9% (TVF)
LEADERS FREE	76	5%	22%	2%	9.4% (TVF)
XIENCE 28	75	0%	17%	0.3%	5.1% (TLF)
BIOFLOW DAPT	75	2%	19%	0.8%	4.7% (TVF)

Event free at
30 days

*crude rate of events at the patient level including non-treated vessel related events

What are the essential results?

- Second aim: adjusted comparison



Conclusions

- **WHY**

To investigate whether short DAPT (≤ 1 month) was safe in HBR patients treated with sirolimus-eluting biodegradable-polymer ultrathin struts stent

- **WHAT**

Patient-level analysis of short vs long DAPT in HBR patients from Compare HBR 60/80 RCT, FIRE RCT and Cruz HBR registry

- **RESULTS**

Primary endpoint of DOCE at 1 year was met

↓ BARC 3-5 bleeding events

- **WHY is IMPORTANT?**

It provides evidence for safety and effectiveness of short DAPT in HBR patients receiving Supraflex Cruz

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Thank you

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