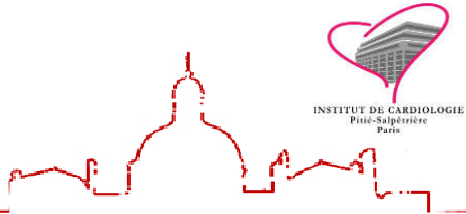


Arrêtez de pré-traiter les SCA !



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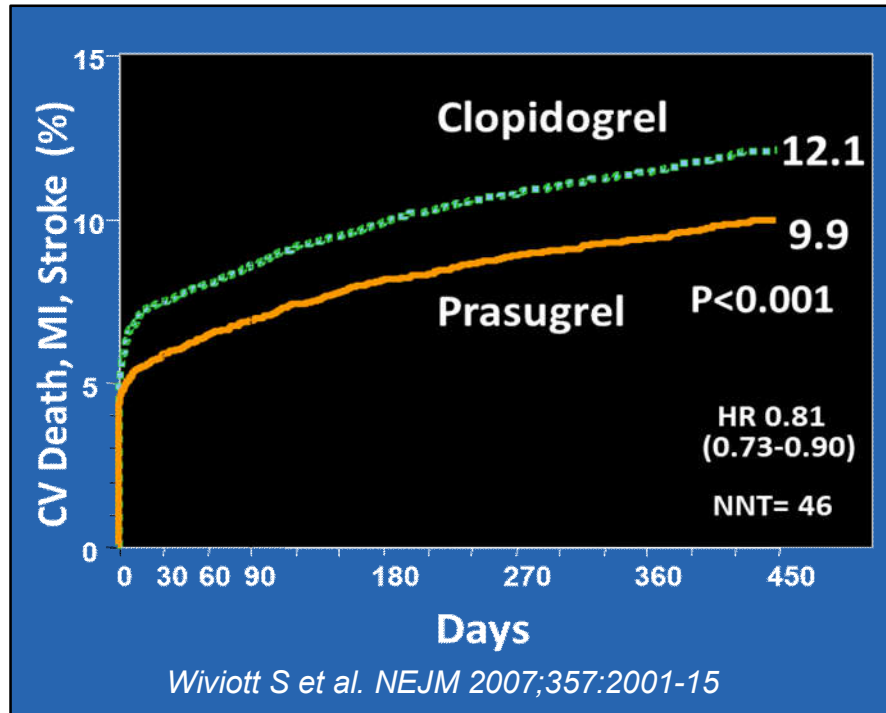
www.action-groupe.org



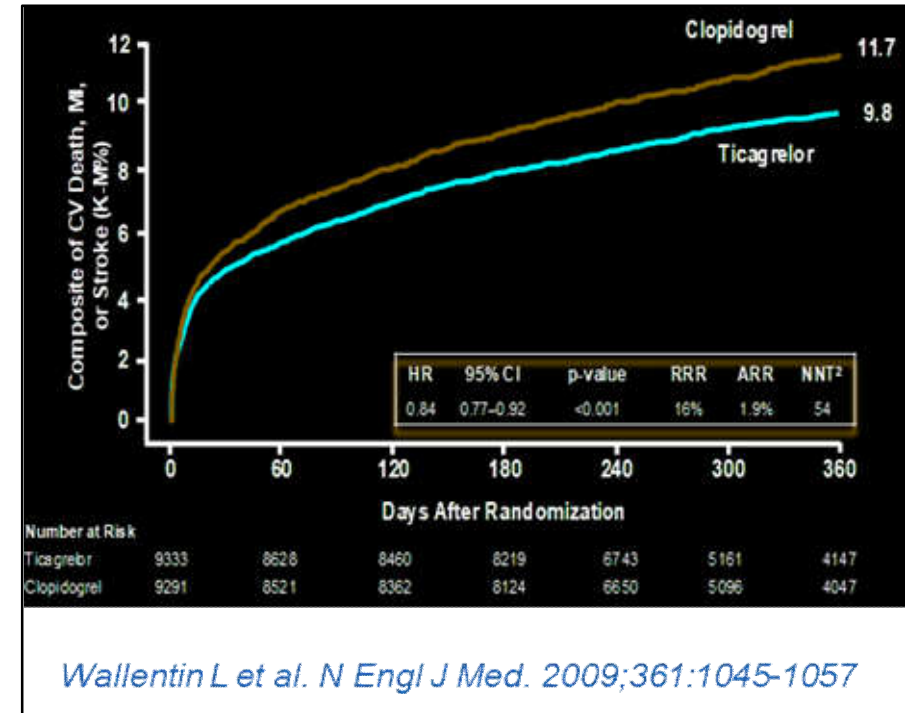
2nd generation P2Y12 antagonists



TRITON



PLATO

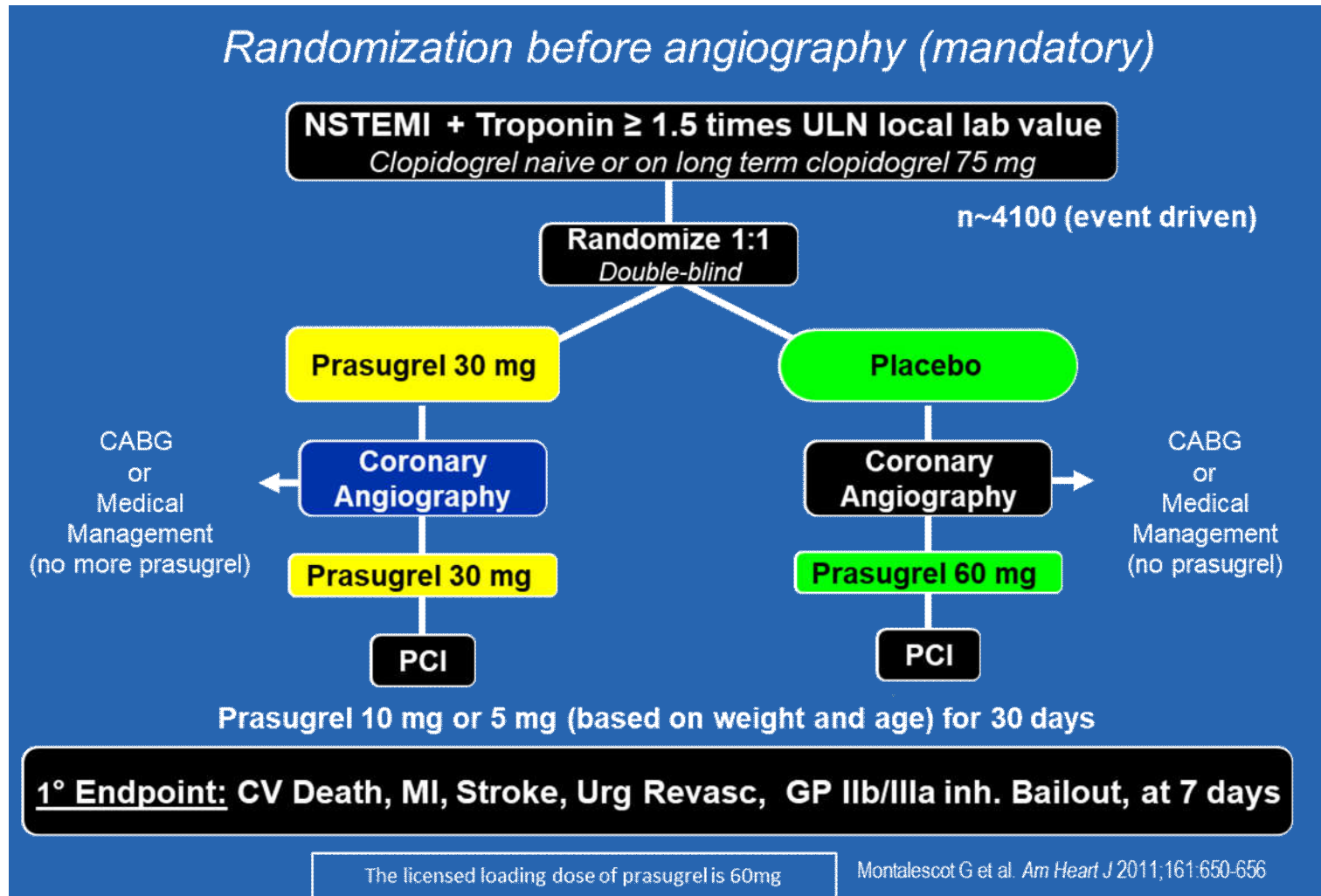


Pre-treatment definition

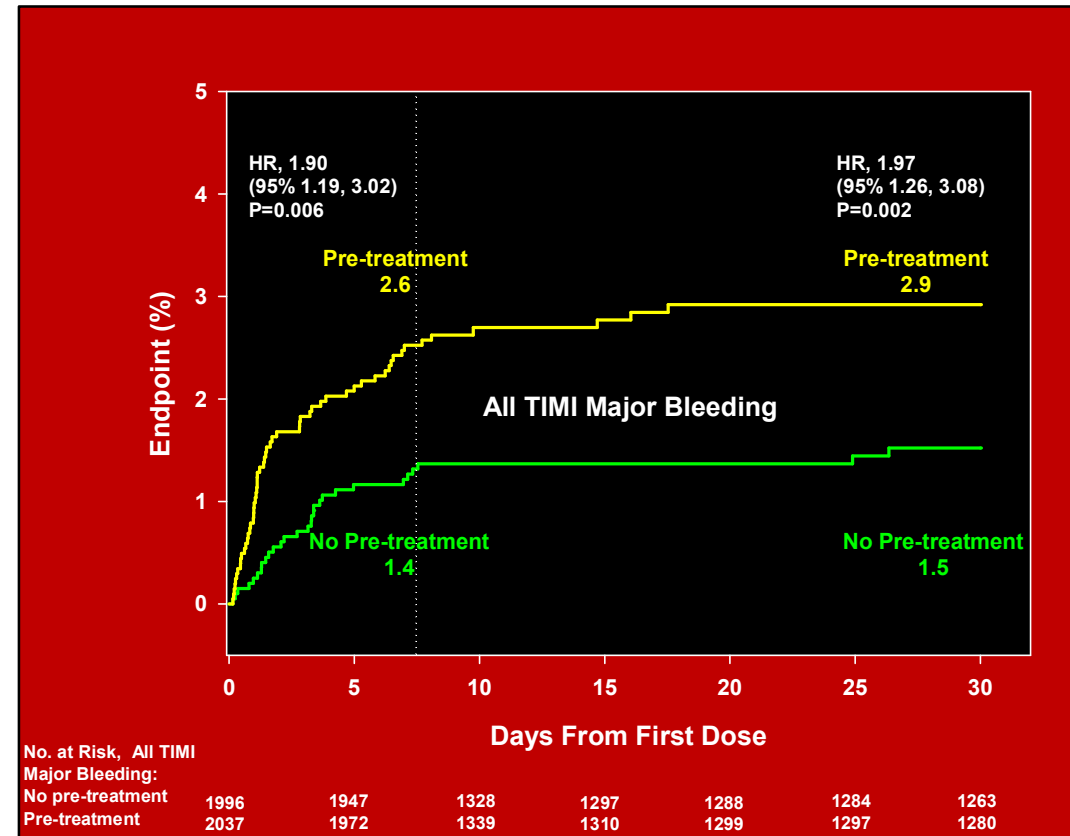
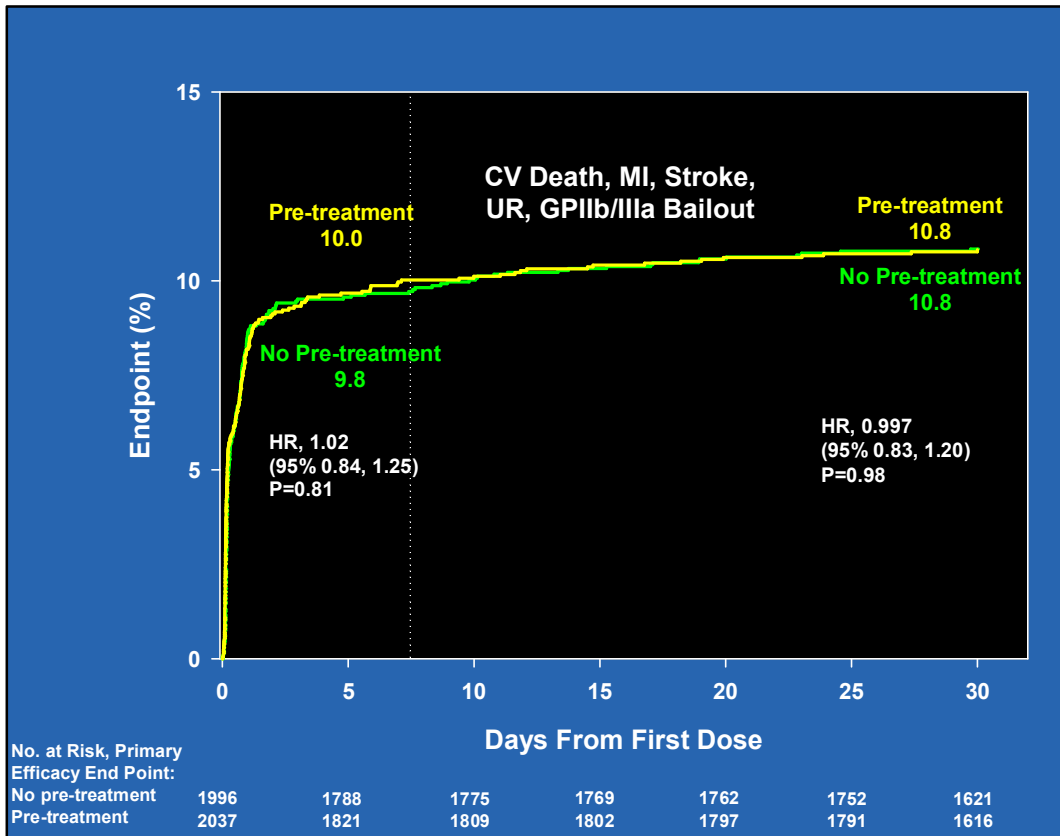


*The term “pretreatment” refers to the **initiation** of a treatment (P2Y₁₂ inhibitor) **prior to the definition of coronary anatomy.**”*

ACCOAST

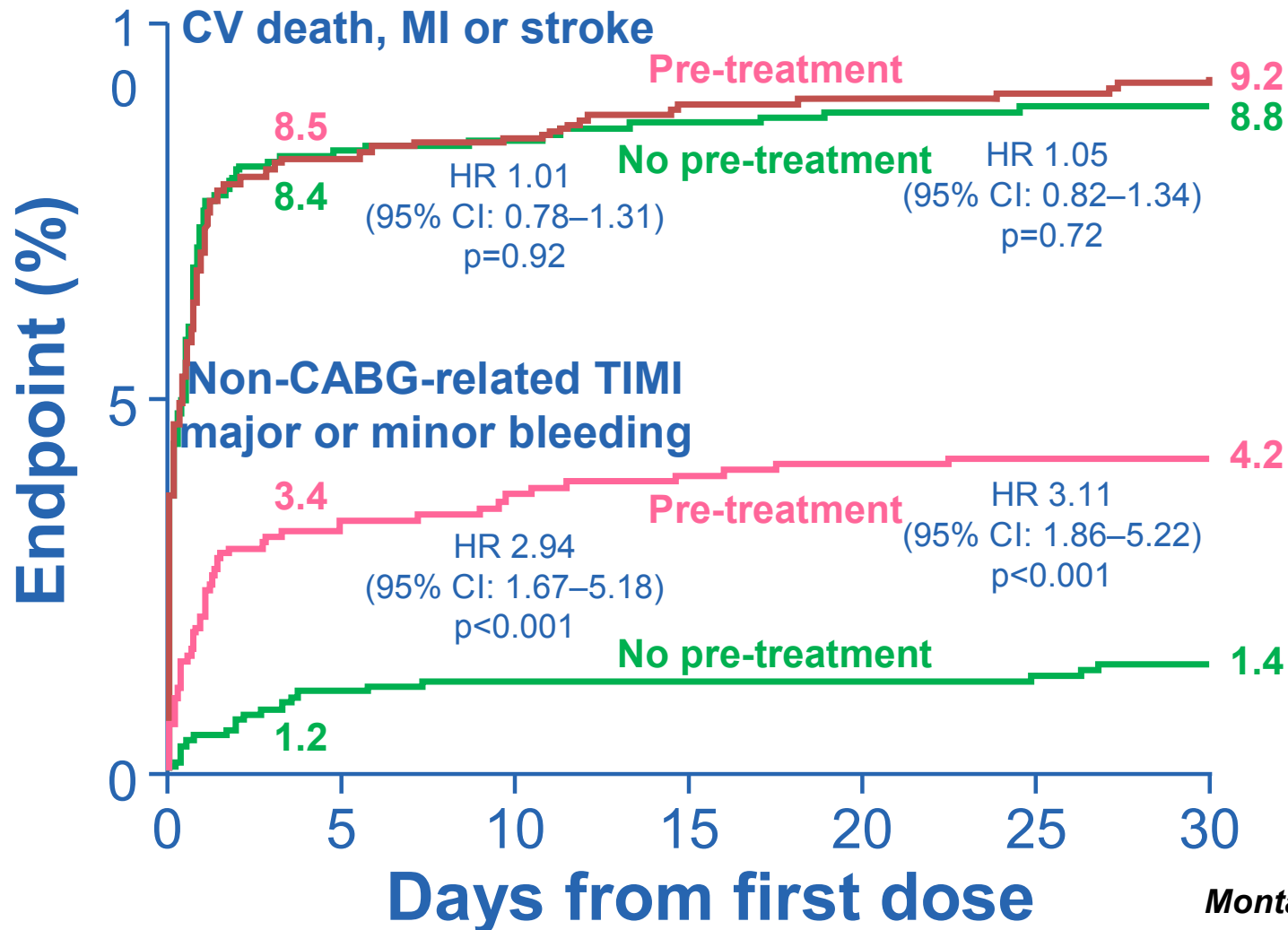


ACCOAST Primary Efficacy and Safety Endpoints

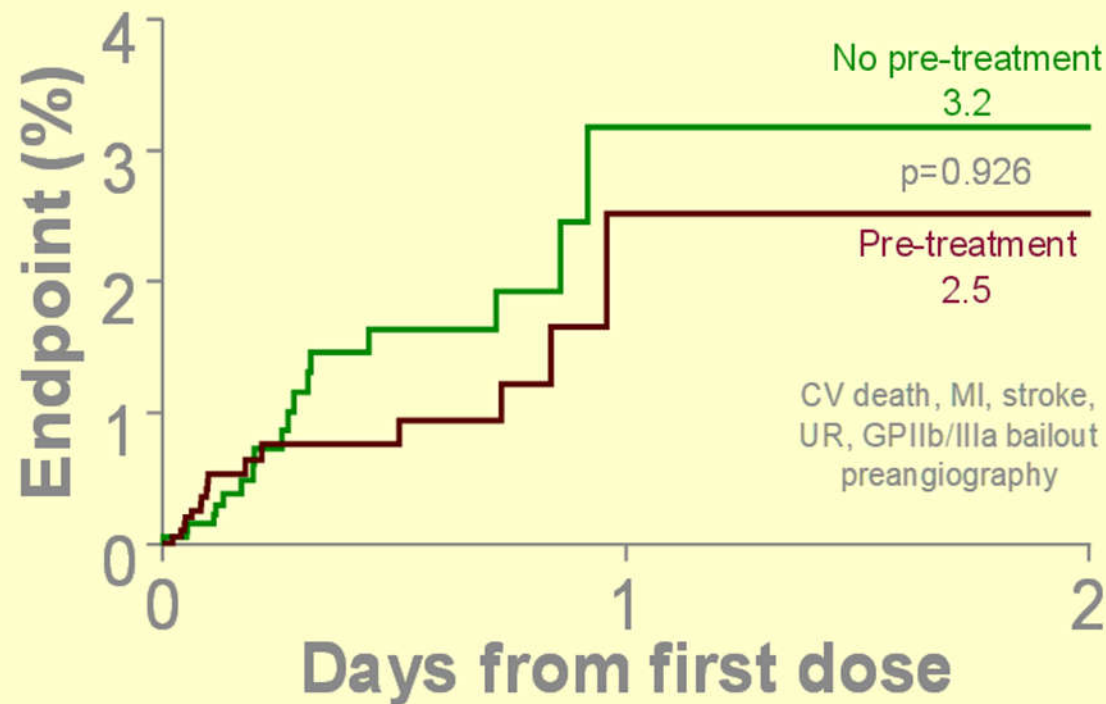


Montalescot G et al. N Engl J Med.2013;369:999-1010

Pre-treatment in NSTEMI/PCI



Risk of waiting in NSTEMI



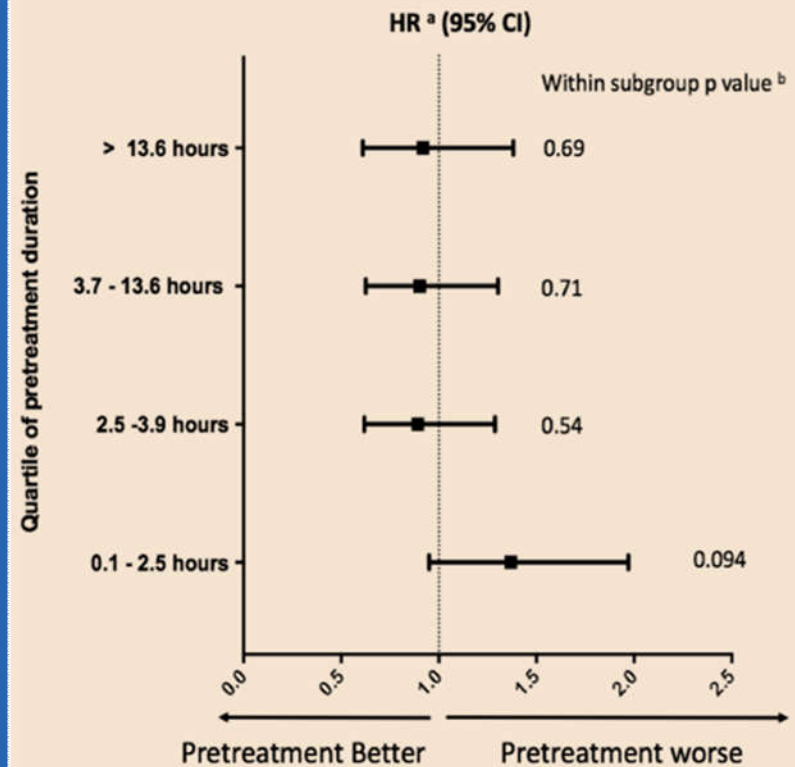
No. at risk:

No pre-treatment	1981	134	134
Pre-treatment	2014	113	113

Montalescot et al. *N Engl J Med* 2013;369:999-1010

1° endpoint

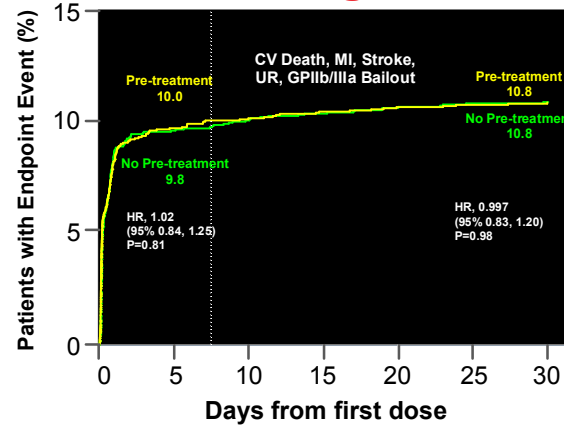
p value ^c for interaction 0.17



Silvain et al. *ACCOAST-timing, JACC* 2018

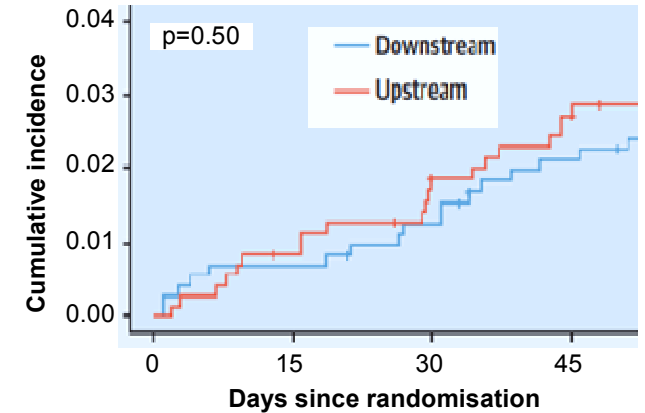
Early P2Y12 inhibition

Prasugrel



Montalescot G, et al. N Engl J Med. 2013;369:999-1010

Ticagrelor

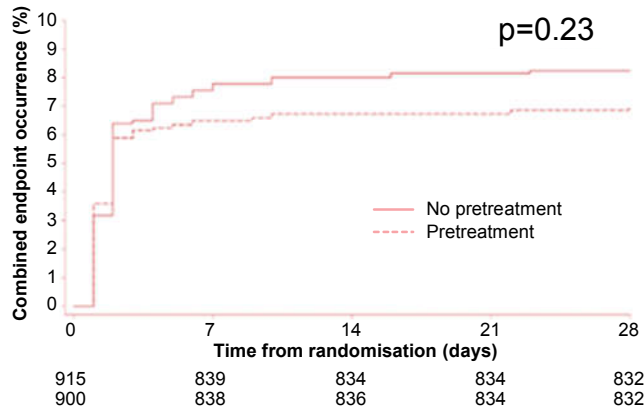


Tarantini G, et al. J Am Coll Cardiol. 2020;76:2450-9

Clopidogrel

67% ACS

CREDO



Steinhubl S, et al. JAMA. 2002;288:2411-20

13% ACS

PRAGUE-8

Death/MI/stroke/re-intervention within 7 days

p=0.75

0.8%

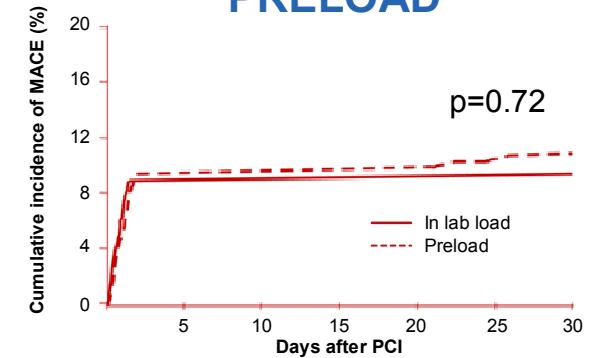
1.0%



Widimski P, et al. Eur Heart J. 2008;29:1495-503

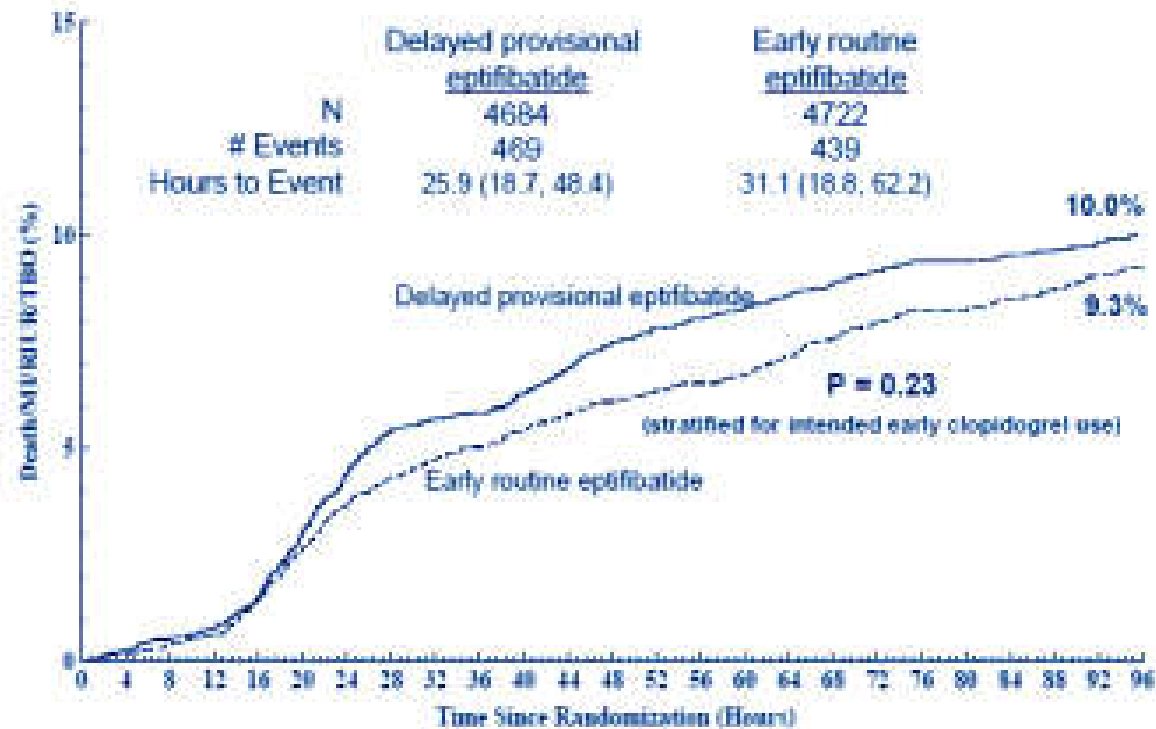
100% ACS

ARMYDA-5 PRELOAD



Di Sciascio G, et al. J Am Coll Cardiol. 2010;56:550-7

Early GPI in NSTEMI



TIMI major hemorrhage (2.6% vs.1.8%, P=0.02)

How to treat in cathlab?

- Crushed prasugrel
- Orodispersible ticagrelor
- Cangrelor
- GPI (High risk or BO)

Game over for pretreatment!



EDITORIAL COMMENT

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VOL. 76, NO. 21, 2020

Non-ST-Segment Elevation Acute Coronary Syndrome

The Last Nail in the Coffin of Pre-Treatment*

Gilles Montalescot, MD, PhD

DOES PRE-TREATMENT REALLY BENEFIT NSTE-ACS PATIENTS UNDERGOING PCI?

DOES PRE-TREATMENT REALLY HARM NSTE-ACS PATIENTS NOT UNDERGOING PCI?

WHAT IS THE ISCHEMIC RISK OF WAITING WITHOUT PRE-TREATMENT?

WHAT DO THE GUIDELINES SAY?

ARE REAL-LIFE DATA DIFFERENT?

WHAT SHALL WE DO?

ESC Guidelines 2020

Treatment with GP IIb/IIIa antagonists in patients in whom coronary anatomy is not known is not recommended.^{188,189}

III

A

It is not recommended to administer routine pre-treatment with a P2Y₁₂ receptor inhibitor in patients in whom coronary anatomy is not known and an early invasive management is planned.^{174,177,178,190,191}

III

A

Conclusions

- 01 In NSTEMI, pre-treatment = over-treatment
- 02 In NSTEMI, single antiplatelet therapy before early angiogram
- 03 In NSTEMI, double antiplatelet therapy if conservative strategy or long wait for cathlab