

## Triple versus Dual Antiplatelet Therapy in Chronic Stable Angina Patients undergoing Elective Percutaneous Coronary Intervention with Drug-eluting Stent

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**Background:** Data of triple antiplatelet therapy in chronic stable angina pts undergoing elective percutaneous coronary intervention (PCI) with drug-eluting stent (DES) in real-world clinical practice is limited. **Method:** Study population consisted of 1158 consecutive pts. Cilostazol was administered by 200mg post-loading and then 100mg bid for at least one month. Clinical and angiographic outcomes at 6 months was seen. **Results:** Out of 1158 pts, 435 pts (37.57%) received adjunctive Cilostazol. Pts in Triple group had more bifurcation (36.3% vs. 29.2%; P=0.002), left main (8% vs. 2.4%; P<0.001), Diffuse long (30.8% vs. 24.9%; P=0.004), Ostial lesions (22.1% vs. 13.8%; P<0.001) and trend toward longer stent ( $24.75\pm 6.59$  vs.  $24.02\pm 6.25$ ; P=0.073) implantation in the triple group. Despite the higher risk subset of pts in Cilostazol group, major clinical hard endpoints, incidence of stent thrombosis and angiographic outcomes were similar between the two groups. (Table). **Conclusion:** Despite of worse baseline characteristics, Triple antiplatelet therapy provided similar midterm clinical and angiographic outcomes compared with those of dual antiplatelet therapy group.

**Table. 6-month Clinical and Angiographic Outcomes**

Variables, N (%)	Dual Group (N=723 pts)	Triple Group (N=435 pts)	P-Value	OR (95%CI)
Mortality	16 (2.2)	10 (2.3)	0.441	0.67 (0.24-1.86)
MI	2 (0.3)	0 (0.0)	--	--
TLR	23 (3.2)	16 (3.7)	0.973	0.99 (0.48-2.02)
TVR	36 (4.1)	17 (3.9)	0.473	1.28 (0.65-2.48)
MACE	37 (5.1)	26 (6.0)	0.958	0.98 (0.56-1.73)
Stent Thrombosis	6 (0.9)	1 (0.2)	0.530	2.25 (0.18-4.67)
Subacute	2 (0.3)	1 (0.2)	--	--
Late	4 (0.6)	0 (0.0)	--	--
Binary Restenosis	72 (10.0)	47 (10.8)	0.741	1.08 (0.69-1.69)
Restenosis (%)	23.87±19.98	24.53±23.90	0.714	
Late Loss	0.81±0.66	0.86±0.70	0.265	