

5TH UMBRELLA

FOCUSED CARDIOLOGY FORUMS

THE ART OF
**ANTITHROMBOTIC
THERAPY**

IN DAILY CARDIOVASCULAR PRACTICE

2nd Panel

Antithrombotic therapy in CCS

Panelist Experts

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Learning Objectives

- Antiplatelet Therapy in CCS
 - SAPT
 - DAPT
 - DPI (Dual pathway inhibition)
 - SAPT vs DAPT vs DPI
- Risk Stratification for Antithrombotic Therapy
 - Ischemic Risk vs. Bleeding Risk (e.g., HAS-BLED, DAPT Score)
 - Individualizing Therapy Based on Age, Renal Function, and Comorbidities
 - Deprescribing considerations in stable patients

Learning Objectives (cont.)

- Duration and De-escalation Strategies
 - Short-term vs. long-term DAPT in CCS
 - De-escalation strategies based on bleeding risk (e.g., STOPDAPT, TWILIGHT trials)
 - Role of platelet function testing and genetic testing in therapy selection
- Antithrombotic therapy in Special Populations
 - CCS patients with high bleeding risk (HBR)
 - Patients with Atrial Fibrillation and CCS
 - Patients with Chronic Kidney Disease (CKD), Diabetes, and Stroke
 - Management in elderly and frail patients

Learning Objectives (cont.)

- Novel and Emerging Therapies
 - Role of colchicine and other anti-inflammatory agents in CCS
 - Role of GLP1RA and other metabolic agents in CCS
- Personalized medicine approaches to antithrombotic therapy

Case Vignette 1:

- 68/M S/P Primary PCI of LAD 2y ago, asymptomatic with good functional class, on routine follow-up.
- PMH:
 - T2DM 10 years
 - HTN 10ys
 - CS (20PY)

Case Vignette 1 (cont.) :

- Drug History:
 - ASA 80 Daily
 - Ticagrelor 60 BID
 - Atorvastatin 20 Daily
 - Metoprolol 25 BID
 - Sacubitril-valsartan 100 BID
 - Empagliflozin 10 OD
 - Metformin 2000 Daily

Case Vignette 1 (cont.) :

- Ph. Exam
 - BP:124/78
 - HR:62 bpm
 - BMI:29.3
 - Normal Heart & lung examination
- ECG: NSR, TWI in anterior leads, Poor R-wave progression
- Echo: EF=40%, Anterior WMA, Mild LVH, Moderate MR, severe LA enlargement
- Lab test: FBS=145, HbA1c= 8.3%, LDL=88, TG=235, HDL= 30, AST= 33, ALT=54, Cr=0.9, UA: NL

Questions of Case 1:

- Choice of antithrombotic therapy?
Who is high ischemic / high bleeding risk?
- Risk stratification by ischemic and bleeding risk?
- Duration of Antithrombotic therapy?

(Continued)

Questions of Case 1 (cont.):

- De-escalation protocol?
- Do you recommend Colchicine for this patient?
- Do you recommend GLP1RA for this patient?

Case Vignette 2:

- 60/F with history of frequent stress-induced retrosternal chest pain,
- PMH:
 - HTN 15 ys
 - DLP 5ys
- Family Hx: +ve for HTN/ CAD (father 60s)
- Drug history:
 - Rosuvastatin 20 OD
 - Valsartan/Amlodipine 5-160 OD

Case Vignette 2 (cont.) :

- Ph. Exam: BP:124/78, HR:72 bpm, BMI:31, Normal Heart & lung examination
- ECG: NSR, No ST-T change
- Echo: EF=55%, Mild LVH, Mild MR, G1DD, $e/e' = 12$
- Exercise Stress Test: intermediate risk EST (Duke score=-2)
- Lab test: FBS=113, HbA1c=6.2%, Cr=1.1, LDL=143, HDL=35, TG=225
- CCTA: CAC=489, Severe proximal LAD lesion, mild proximal LAD, RCA lesion,
- PCI on LAD is done.

Questions of Case 2:

- Choice of antithrombotic therapy?
SAPT vs DAPT vs DPI?
- Duration of Antithrombotic therapy?
- De-escalation protocol?
- Antithrombotic therapy in Special Populations?

PANEL DISCUSSION

Stay tuned for the 5th Umbrella

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