

Aspirin as main therapy for CV disease? Absolutely YES!!!



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ANTITHROMBOTIC DRUGS USED IN ACS/PCI

What's Your Cocktail?



NSTEMI: The Role of GP IIb/IIIa inhibitors in the era of clopidogrel and direct thrombin inhibitors

Shifting the paradigm !!

“IIb or not IIb?”

Major Considerations:

- 1) Trials performed in the “*good old days*”**
 - Less experience; not all with stents; devices
- 2) Antiplatelet therapy**
 - 1st generation thienopyridine (ticlopidine)
- 3) Anticoagulant therapy**
 - indirect thrombin inhibitors



**William Shakespeare
(1564- 1616)**

WHY WE ARE DEBATING???

Lack of synergy data for antithrombotics;

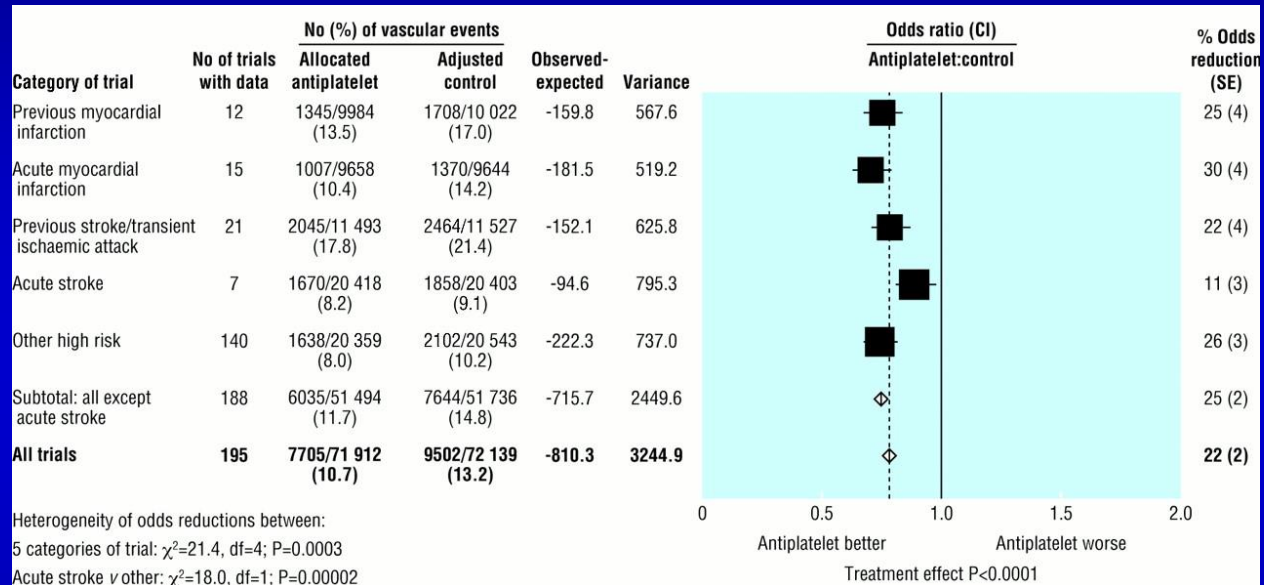
Growing number of patients with both CAD and atrial fibrillation;

Benefit of antiplatelets for CAD, but NOAC's for stroke prevention;

Both drug classes are heavily driven by industry; and triple therapy is too much;

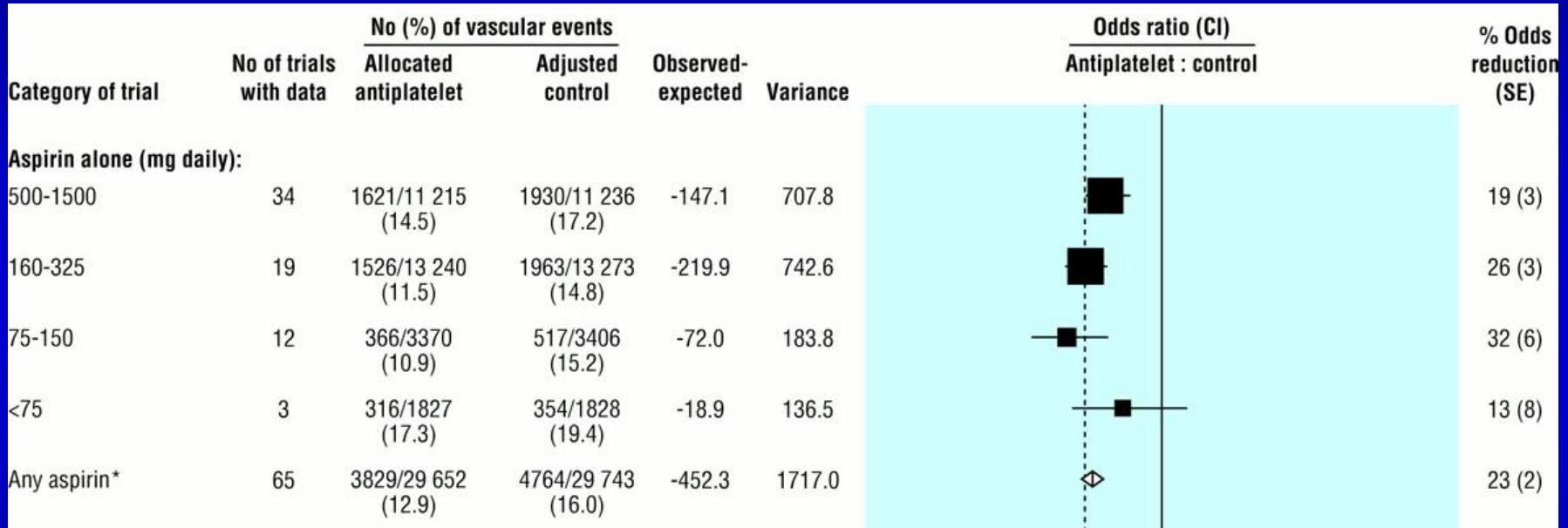
Aspirin is a “weak” spot

Underlying vascular events and outcomes in aspirin trials



Antithrombotic Trialists Collaboration; Brit Med J; 2002

Meta-analyses of aspirin doses and vascular outcomes

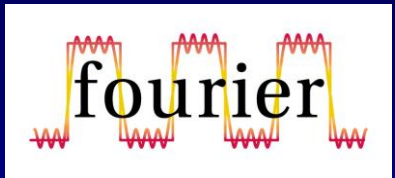


Antithrombotic Trialists Collaboration; Brit Med J; 2002

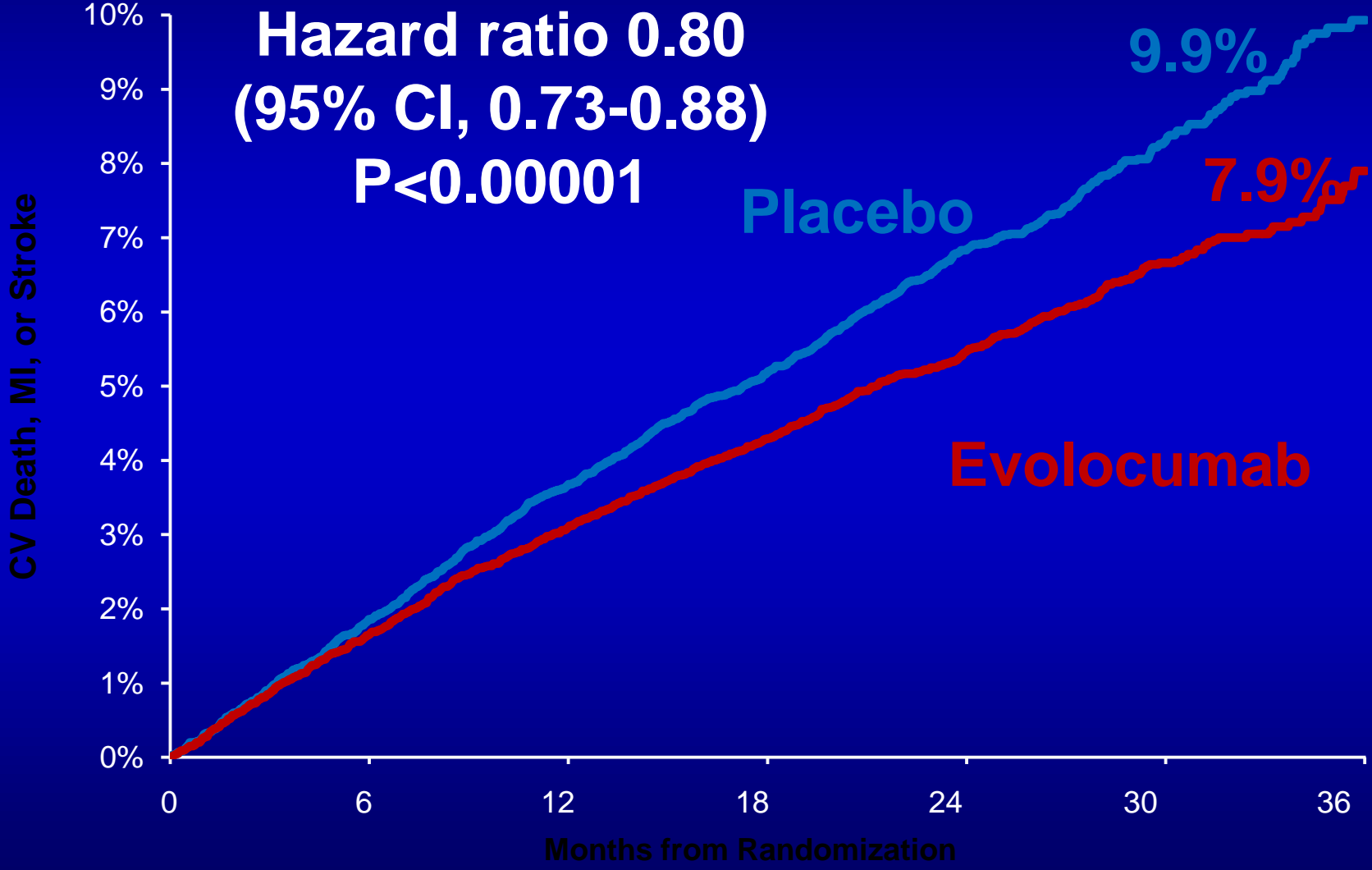
Aspirin in primary prevention- definite benefit for non-fatal MI

Trial Name	Aspirin			Control		
	Non-Fatal MI	Important Vascular Events	No. of Subjects	Non-Fatal MI	Important Vascular Events	No. of Subjects
PHS	129	307	11,037	213	370	11,034
BDT	80	289	3429*	41	147	1710*
TPT	94	228	2545	137	260	2540
HOT	-	315	-	-	368	-
PPP	15	47	2226	22	71	2269
Total	318	1186	19,237	413	1216	17,553

Antithrombotic Trialists Collaboration; Brit Med J; 2002



Key Secondary Endpoint



WHAT IF WE REMOVE ASPIRIN ???

Impossible to justify such change;

Ignore over 100!!! trials, based on what?;

Aspirin trials are less biased than new ones;

Price burden;

What to do with colon cancer reduction?

Aspirin will stay !