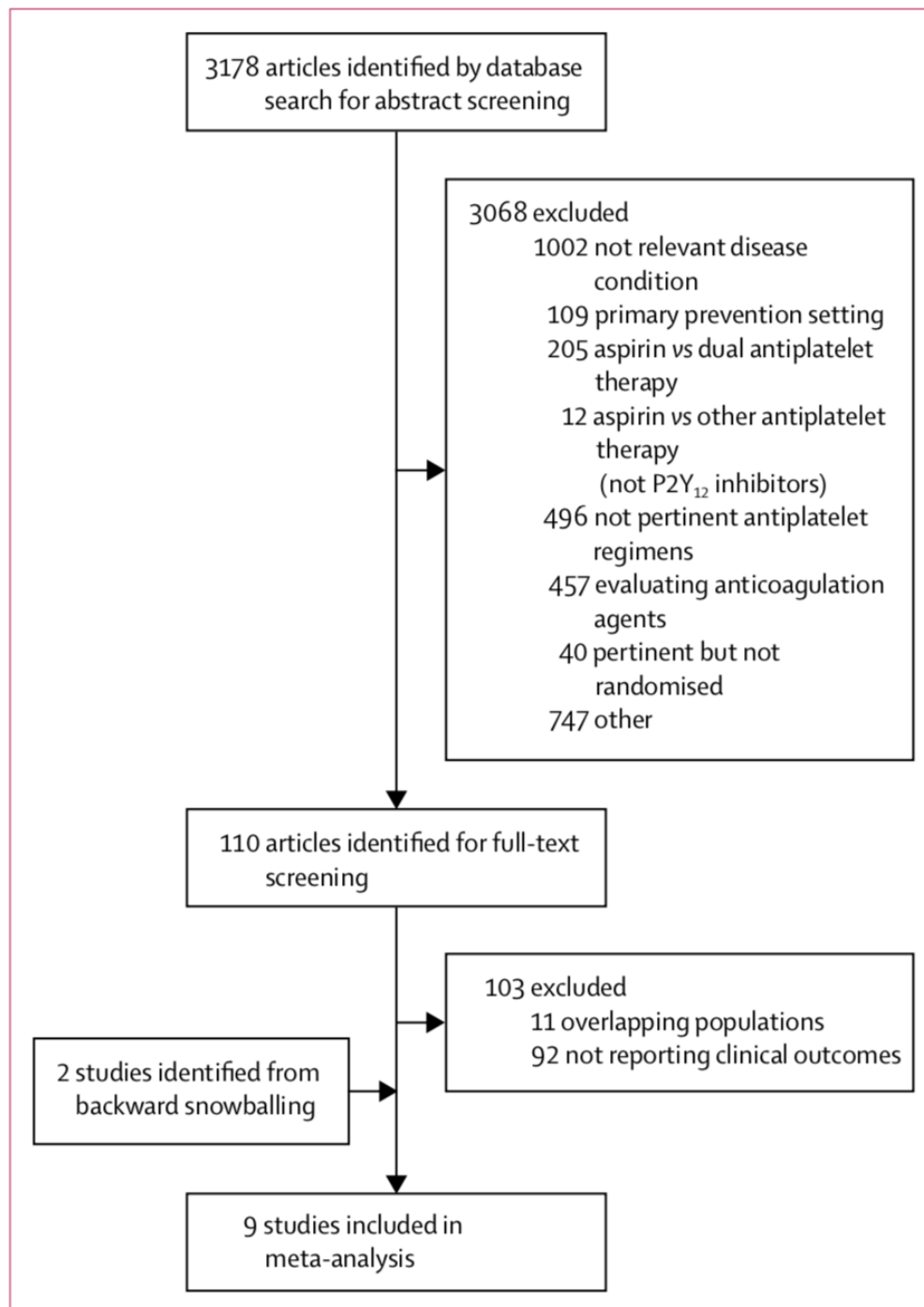


# Monotherapy with a P2Y<sub>12</sub> inhibitor or aspirin for secondary prevention in patients with established atherosclerosis: a systematic review and meta-analysis

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	Qualifying event	Year of publication	Number of patients			P2Y <sub>12</sub> inhibitor	P2Y <sub>12</sub> inhibitor dosage	Aspirin dosage	Multicentre	Follow-up
			Overall	P2Y <sub>12</sub> inhibitor	Aspirin					
TASS <sup>17</sup>	Cerebrovascular disease	1989	3069	1529	1540	Ticlopidine	250 mg twice daily	650 mg twice daily	Yes	36 months
CAPRIE <sup>9</sup>	Cerebrovascular, coronary, and peripheral artery disease	1996	19185	9599	9586	Clopidogrel	75 mg once daily	325 mg once daily	Yes	36 months
STAMI <sup>15</sup>	Coronary artery disease	2001	1470	734	736	Ticlopidine	250 mg twice daily	80 mg twice daily	Yes	6 months
AAASPS <sup>10</sup>	Cerebrovascular disease	2003	1809	902	907	Ticlopidine	250 mg twice daily	325 mg twice daily	Yes	24 months
CADET <sup>16</sup>	Coronary artery disease	2004	184	94	90	Clopidogrel	75 mg once daily	75 mg once daily	Yes	6 months
ASCET <sup>13</sup>	Coronary artery disease	2012	1001	499	502	Clopidogrel	75 mg once daily	75 mg once daily	No	24 months
SOCRATES <sup>11</sup>	Cerebrovascular disease	2016	13199	6589	6610	Ticagrelor	90 mg twice daily	100 mg once daily	Yes	3 months
DACAB <sup>14</sup>	Coronary artery disease	2018	332	166	166	Ticagrelor	90 mg twice daily	100 mg once daily	Yes	12 months
TiCAB <sup>18</sup>	Coronary artery disease	2019	1859	931	928	Ticagrelor	90 mg twice daily	100 mg once daily	Yes	12 months

**Table 1: Key study features**

	Mean age (years)	Female (%)	Male (%)	Diabetes (%)	Hypertension (%)	Dyslipidaemia (%)	Prior cerebrovascular accident (%)	Prior myocardial infarction (%)	Chronic coronary syndromes (%)	Peripheral artery disease (%)
TASS <sup>17</sup>	62.9	35.3%	64.7%	19.4%	39.2%	36.5%	100%	16.7%	18.0%	14.6%
CAPRIE <sup>9</sup>	62.5	28.1%	71.9%	20.0%	51.5%	41.0%	40.0%	44.0%	14.0%	38.0%
STAMI <sup>15</sup>	59.2	16.2%	83.8%	14.9%	33.6%	36.0%	2.1%	100%	33.6%	5.9%
AAASPS <sup>10</sup>	61.3	53.5%	46.5%	40.7%	85%	38.5%	100%	9.6%	10.6%	4.0%
CADET <sup>16</sup>	62.6	19.1%	80.9%	..	..	..	..	100%	..	..
ASCET <sup>13</sup>	62.4	21.8%	78.2%	19.9%	55.4%	..	..	43.7%	100%	5.4%
SOCRATES <sup>11</sup>	65.8	41.6%	58.4%	24.3%	73.7%	38.0%	100%	4.1%	8.6%	..
DACAB <sup>14</sup>	63.6	17.2%	82.8%	42.7%	72.8%	73.1%	10.5%	31.0%	34.0%	16.9%
TiCAB <sup>18</sup>	66.7	15.1%	84.9%	35.9%	89.9%	81.7%	8.9%	22.7%	69.2%	9.1%
Overall	63.6	32.6%	67.4%	22.9%	60.4%	40.6%	36.3%	28.4%	21.5%	28.6%

**Table 2: Baseline clinical characteristics of patients included in our analyses**

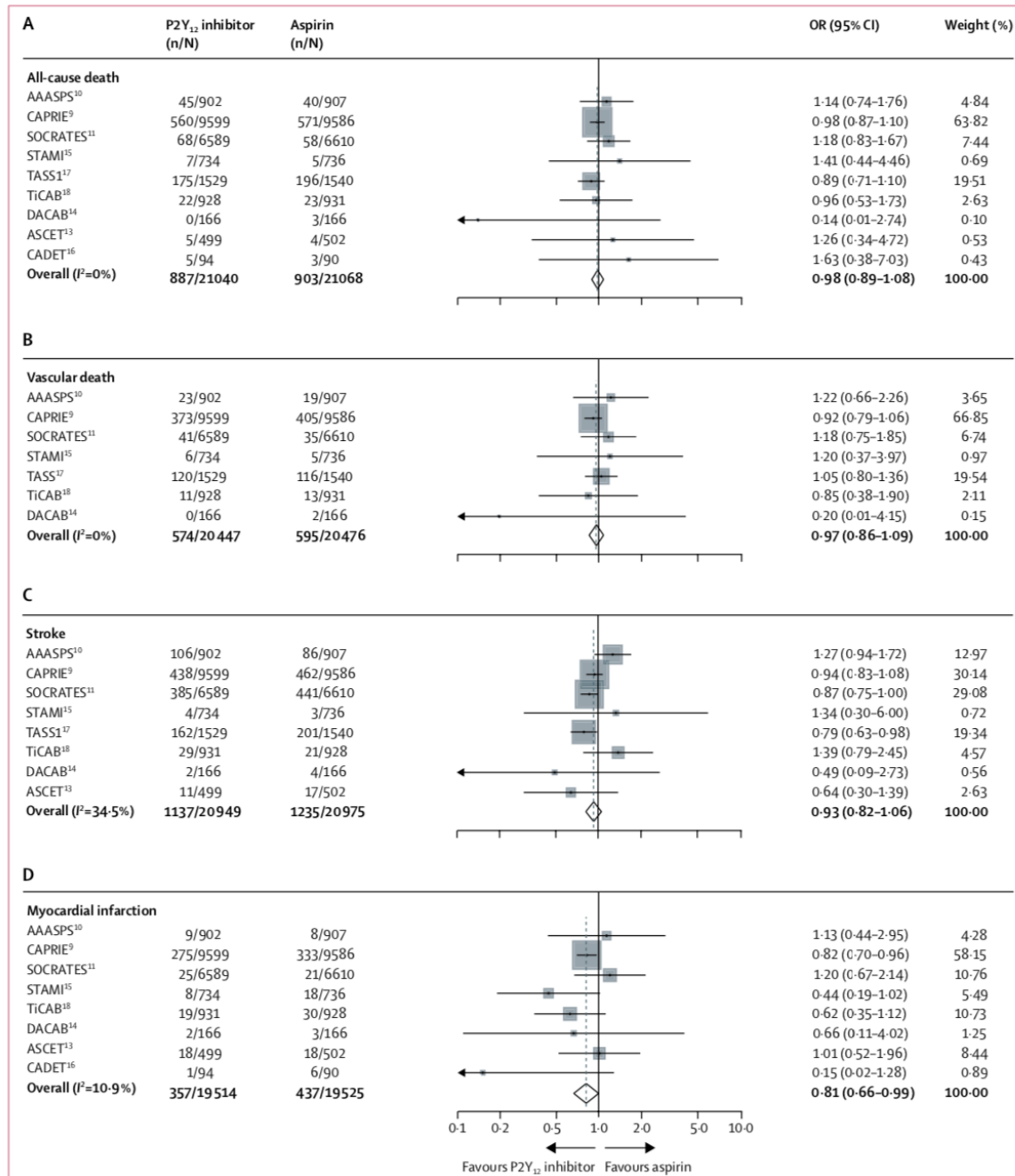
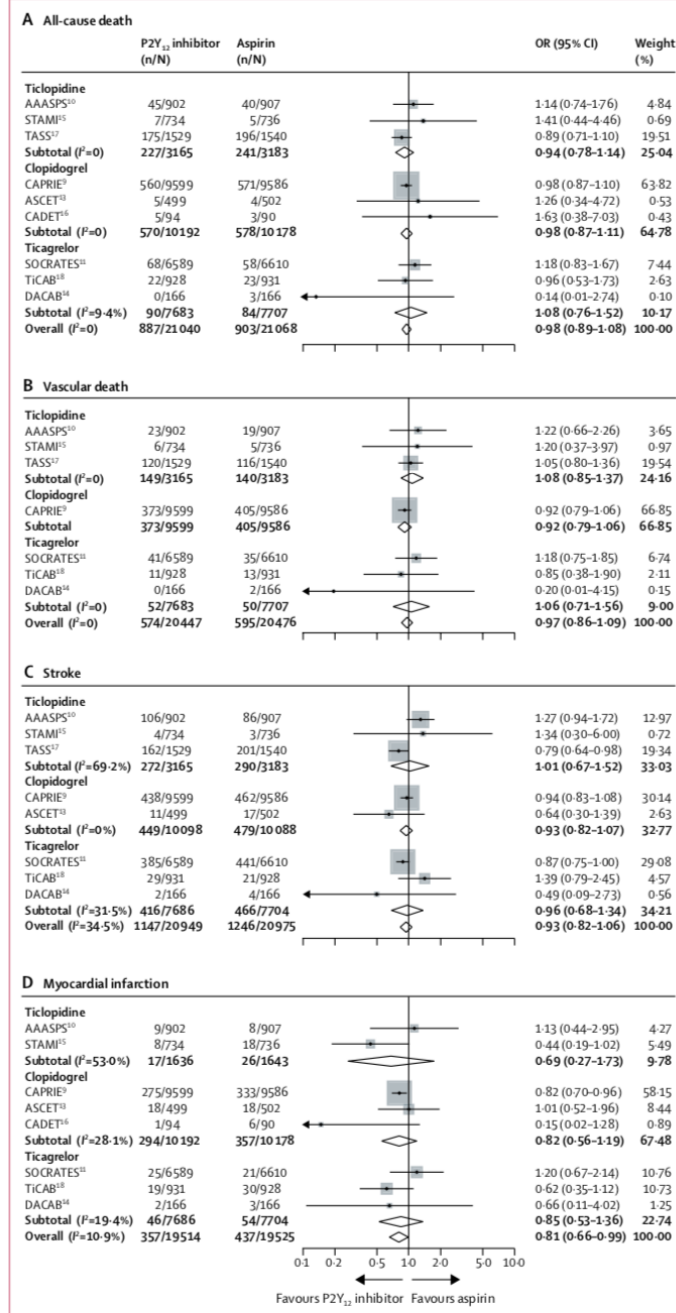


Figure 2: Ischaemic outcomes in patients with established atherosclerosis receiving a P2Y<sub>12</sub> inhibitor compared with aspirin

Dotted lines indicate the pooled OR. (A) All-cause death. (B) Vascular death. (C) Stroke. (D) Myocardial infarction. Only studies that reported outcomes are included. Weights are from random effects analysis. OR=odds ratio.



**Figure 3: Ischaemic outcomes in patients with established atherosclerosis stratified by P2Y<sub>12</sub> inhibitor type received**

Dotted lines indicate the pooled OR. (A) All-cause death. (B) Vascular death. (C) Stroke. (D) Myocardial infarction. Only studies that reported outcomes are included. Weights are from random effects analysis. OR=odds ratio.