

AQUATIC

Évaluation randomisée de l'ajout d'aspirine à un traitement anticoagulant chez des patients coronariens chroniques stentés



AQUATIC

Assessment of **Q**uitting versus **U**sing **A**spirin **T**herapy **I**n patients with stabilized **C**oronary artery disease after stenting who require long-term oral anticoagulation



Investigator-driven, randomized, double-blind, placebo-controlled, multicenter trial

Martine Gilard* coordinator, Guillaume Cayla & Gilles Lemesle co-coordinators
on behalf of the AQUATIC investigators
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TOGETHER WITH
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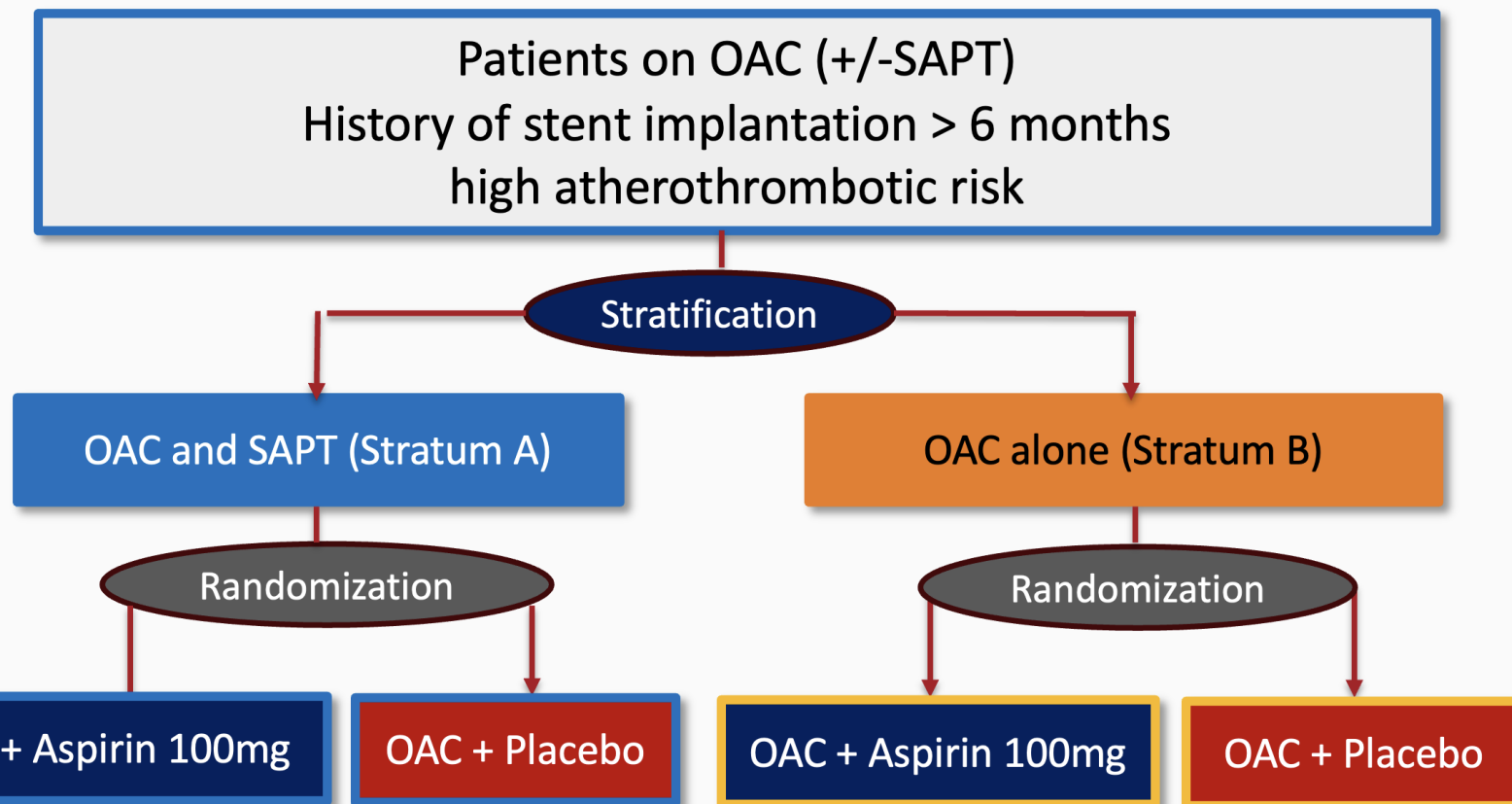
ORIGINAL ARTICLE

Aspirin in Patients with Chronic Coronary Syndrome Receiving Oral Anticoagulation

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D'après la présentation de Martine Gilard « AQUATIC - Assessment of Quitting versus Using Aspirin Therapy In patients with stabilized Coronary artery disease after stenting who require long-term oral anticoagulation » durant les Hot Lines de l'ESC 2025

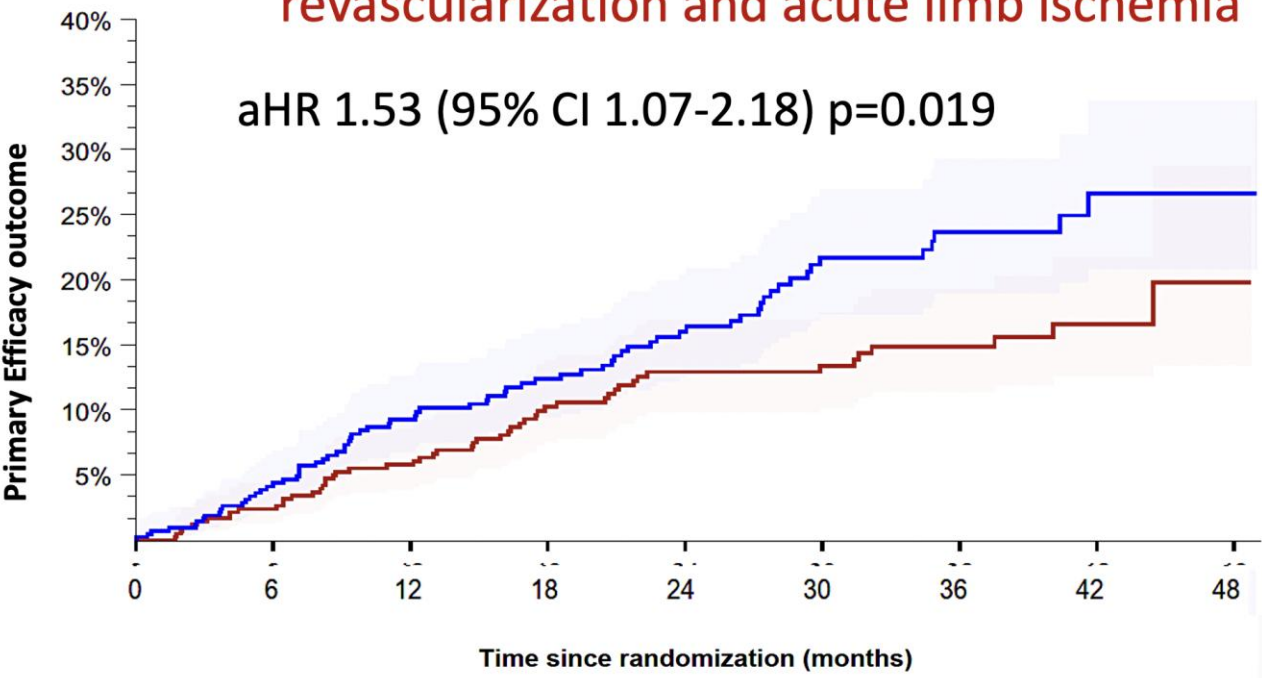
Méthodologie de l'étude



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Primary efficacy outcome
CV death, MI, stroke, systemic embolism, any coronary revascularization and acute limb ischemia

aHR 1.53 (95% CI 1.07-2.18) p=0.019

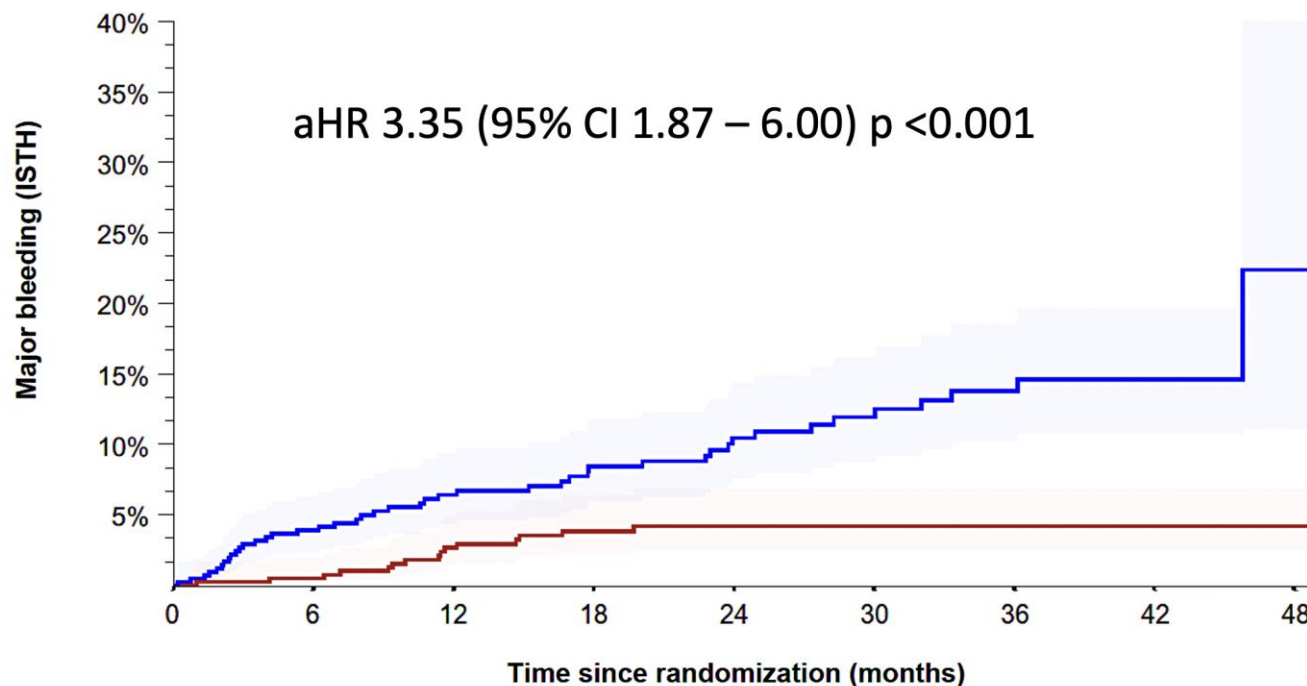


OAC + Aspirin
OAC + Placebo

No. at Risk									
OAC and placebo	439	386	340	278	238	183	129	58	2
OAC and aspirin	433	373	311	257	206	145	109	39	4

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Secondary safety outcome: ISTH major bleeding



No. at Risk

OAC and placebo 437
OAC and aspirin 429

387

367

345

307

289

257

248

206

192

149

139

109

64

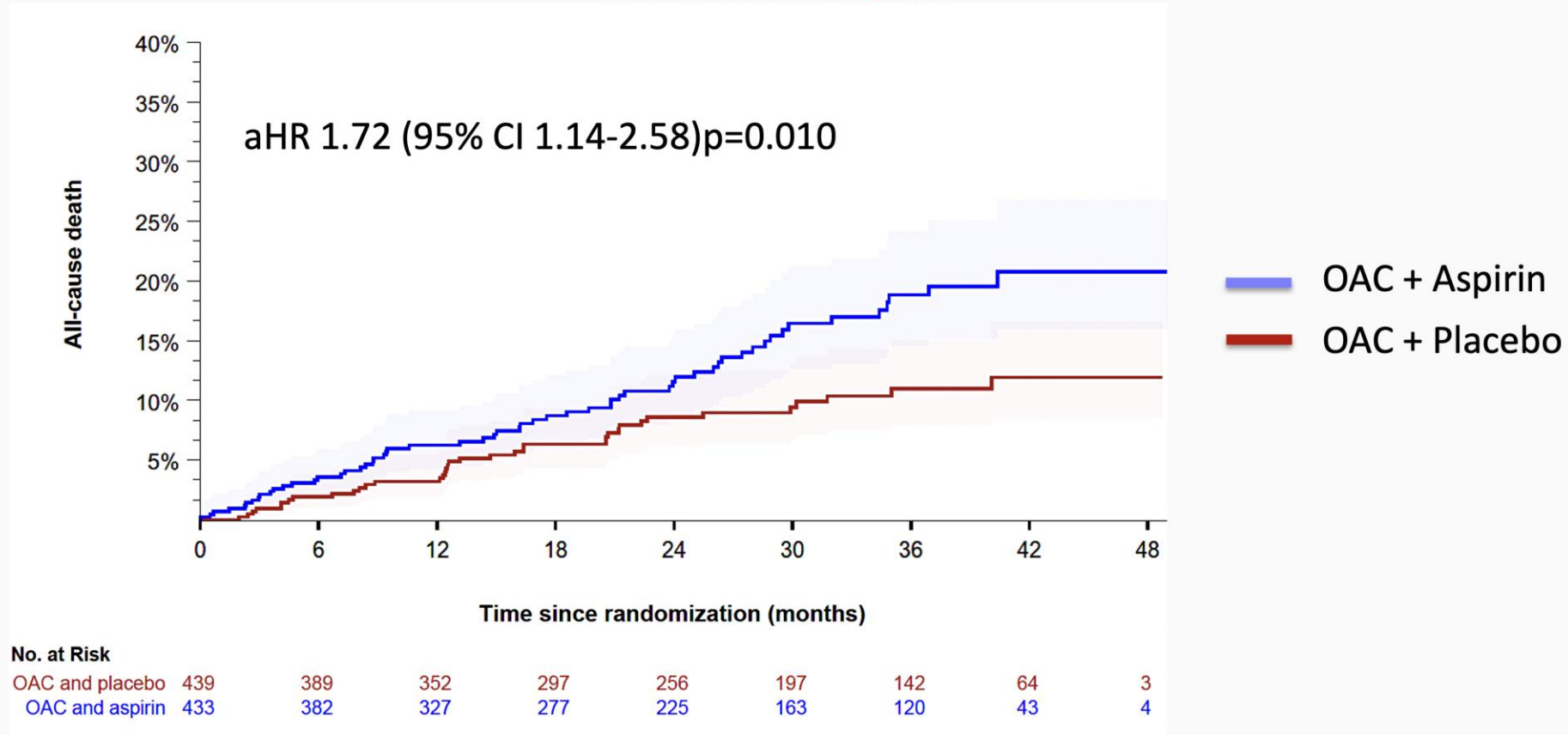
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All cause death



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