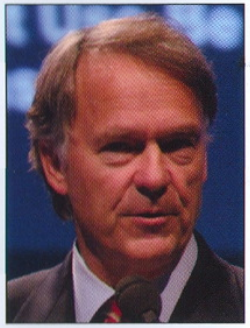
Should U.S. Adopt European Clopidogrel Dosing Standards?

Two clinicians presented opposing views on this issue in the TCT Debate of the Day.

The TCT Debate of the Day on Monday focused on whether drug-eluting stents should be used more conservatively due to increased safety concerns and whether the European practice of extended, post-procedure clopidogrel therapy should be considered by U.S. surgeons.

In this discussion, **David P. Faxon, MD,** argued that the use of drug-eluting stents should be curtailed while **Sigmund Silber, MD,** countered that drug-eluting stents remain an important innovation.



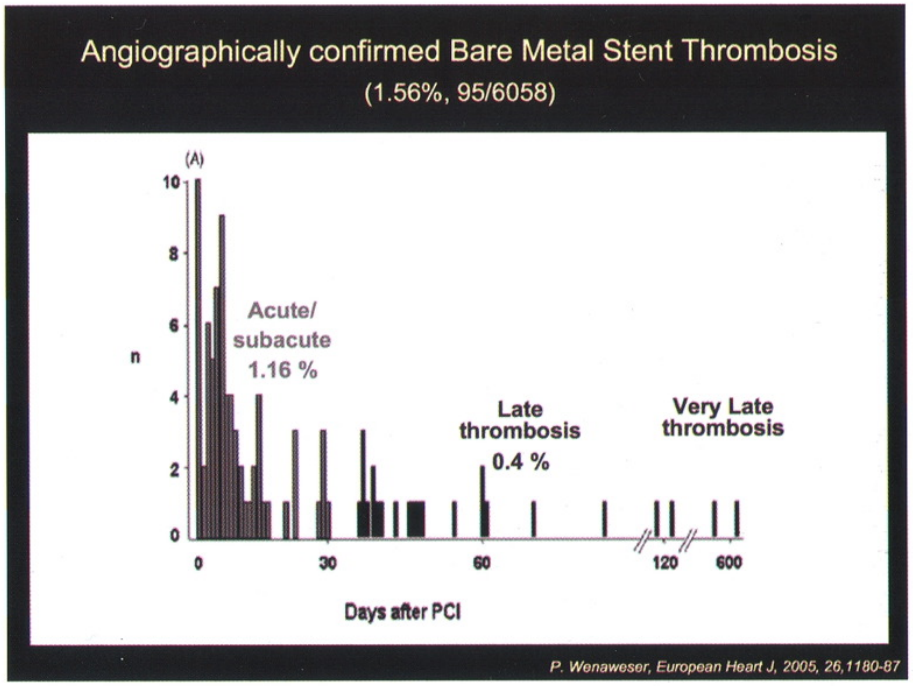
David P. Faxon, MD

Sigmund Silber, MD

"There's probably been no subject in interventional cardiology that included death in 32% of patients, myocardial infarction (MI) in 53% and angina in 15%.

Faxon cited a study that indicated that drug-eluting stents provide incomplete neointimal coverage after three to six months. "It appears that incomplete coverage was the norm with the drug-eluting stents, whereas complete coverage was the norm with bare-metal stents. Complete coverage is achieved within a month or so for the vast majority of bare-metal stent patients."

The BASKET-LATE trial demonstrated a significant increase in MI and death in the drug-eluting stent group. Noncardiac



compared with those in the United States. He said patients should be given clopidogrel for at least six months after a drug-eluting stent; the U.S. recommendation is three months. By extending the duration of

Silber also addressed the noncardiac mortality rates among patients with cancer who received a drug-eluting stent, pointing out that the cancer was a pre-existing condition. "How can you say this was