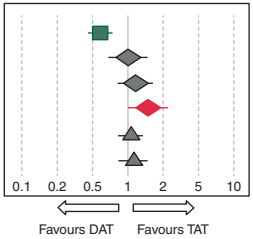
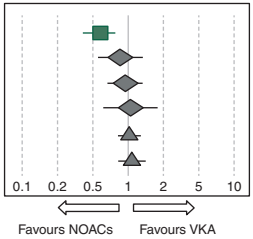
DAT vs. TAT

	Odds ratio	Lower limit	Upper limit
ISTH major bleeding	0.598	0.491	0.727
Stroke	1.010	0.675	1.512
Myocardial infarction	1.211	0.955	1.535
Stent thrombosis	1.672	1.022	2.733
All-cause death	1.053	0.827	1.341
CV death	1.125	0.813	1.559



NOAC-based treatment vs. VKA-based treatment

	Odds ratio	Lower limit	Upper limit
ISTH major bleeding	0.577	0.477	0.698
Stroke	0.844	0.557	1.281
Myocardial infarction	0.984	0.777	1.246
Stent thrombosis	1.095	0.676	1.773
All-cause death	1.022	0.802	1.301
CV death	1.111	0.798	1.548



Management of patients with AF and a recent ACS or elective PCI

Use a NOAC in preference to VKA within any combined antithrombotic regimen

Unless the drug-labelling dose reduction criteria are met, Dabigatran 150mg, Apixaban 5mg or Rivaroxaban 15mg should be used (adequate NOAC dosing is crucial for optimal treatment effects of the studied antithrombotic regimens)

Prevailing concerns about increased bleeding risk	Average (acceptable) bleeding risk or prevailing concerns about increased ischaemic risk
Consider DAT without aspirin early post index event, with a very short initial course of TAT	Initial course of TAT, then a DAT regimen as soon as appropriate

In combined treatment regimens, use clopidogrel in preference to other P2Y12 inhibitors (available data about combined treatments mostly pertain to clopidogrel)

Remaining questions

- Optimal timing of aspirin cessation post an ACS or elective PCI (i.e., optimal TAT duration).
- Optimal P2Y12 inhibitor in different antithrombotic regimens in specific settings (i.e., ACS or elective PCI).
- The role of DAT consisting of OAC plus aspirin in different clinical settings.
- Time trends in recurrent coronary ischemic events with DAT vs TAT.
- Risk difference with DAT vs TAT in specific clinical settings (e.g., ACS vs elective PCI, primary PCI vs conservative treatment in ACS).

Figure 5 Take home figure. ACS, acute coronary syndrome; AF, atrial fibrillation; CI, confidence interval; CV, cardiovascular; DAT, dual antithrombotic therapy; ISTH, International Society on Thrombosis and Haemostasis bleeding categorization; NOAC, non vitamin K antagonist oral anticoagulant; PCI, percutaneous coronary intervention; TAT, triple antithrombotic therapy; VKA, vitamin K antagonist.