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Ischemic and bleeding risk after an acute coronary syndrome in patients with prior history of cancer treated with dual antiplatelet therapy

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Introduction: Very few patients with history of cancer are included in clinical trials. With this study from real-life patients, we try to analyze the ischemic and bleeding risk of patients with history of cancer who were treated with dual antiplatelet therapy (DAPT) after an acute coronary syndrome (ACS) undergoing percutaneous coronary intervention (PCI).

Methods: The data analyzed in this study were obtained from the fusion of 3 clinical registries of ACS patients: BleeMACS (2004–2013), CardioCHUVI/ARRIXACA (2010–2016) and RENAMI (2013–2016). All 3 registries include consecutive patients discharged after an ACS with DAPT and undergoing PCI. The merged data set contain 26,076 patients. A propensity-matched analysis was performed to match the baseline characteristics of patients with and without previous history of recent cancer. The impact of prior cancer in the ischemic and bleeding risk was assessed by a competitive risk analysis, using a Fine and Gray regression model, with death being the competitive event. For ischemic risk we have considered a new acute myocardial infarction (AMI), whereas for bleeding risk we have considered major bleeding (MB) defined as bleeding requiring hospital admission. All events occurred with DAPT, as follow-up time was censored by DAPT suspension/withdrawal.

Results: From the 26,076 ACS patients, 1,661 have prior history of cancer (6.4%). Patients with cancer were older, and with more cardiovascular risk factors. DAPT with prasugrel/ticagrelor was less frequently prescribed in patients with cancer in comparison with the rest of the population (14.5% vs 22.4%, $p < 0.001$). During a mean follow-up of 12.2 ± 4.8 months, 964 patients died (3.7%), and 640 AMI (2.5%) and 685 MB (2.6%) were reported. The unadjusted cumulative incidences of AMI and MB were higher in patients with prior cancer (5.1 and 5.2 per 100 patients/year, respectively) than in those with prior cancer (2.4 and 2.6 per 100 patients/year, respectively). After propensity-score matching, we obtained two matched groups of 1,656 patients. Patients with prior cancer showed a significant higher risk of AMI (sHR 1.44, 95% CI 1.01–2.04, $p=0.044$), but not higher risk of MB (sHR 1.21, 95% CI 0.88–1.68, $p=0.248$), in comparison with those without prior cancer.

Conclusions: In ACS patients discharged with DAPT after PCI, prior history of cancer is an independent factor of higher ischemic risk – in terms of AMI, but it is not an independent predictor of increased hemorrhagic risk.

