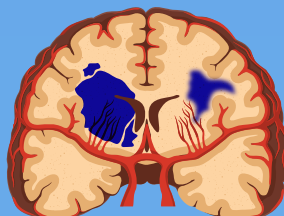


Analyzing the Risk and Benefit of Ticagrelor and Aspirin in Stroke

Dual antiplatelet therapy (DAPT) is an important therapeutic strategy to reduce risk of subsequent stroke in patients with minor ischemic stroke (IS) or transient ischemic attack (TIA)



However, concerns related to increased risk of hemorrhage with DAPT still remain

What is the risk to benefit profile of ticagrelor with aspirin DAPT in patients with mild-moderate IS or high-risk TIA?

Exploratory analysis of the THALES* trial

* The Acute Stroke or TIA Treated with Ticagrelor and ASA for Prevention of Stroke and Death

Ticagrelor with aspirin (TA) group



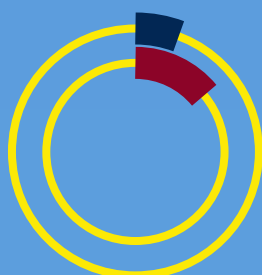
n = 5,523

Only aspirin group



n = 5,493

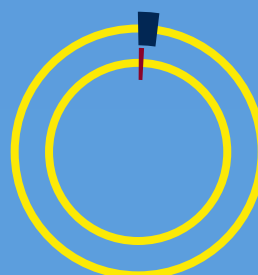
Reduction of major ischemic events in the first week, which remained throughout the 30-day treatment period



TA group
4.1%
Aspirin group
5.3%

Absolute risk reduction based on time course analysis = 1.15%,
95% CI = 0.36%–1.94%

Major hemorrhagic events occurring within 30-day treatment period



TA group
0.4%
Aspirin group
0.1%

Absolute risk increase = approximately 0.3%

Net clinical impact, representing a composite of ischemic stroke, intracranial hemorrhage, fatal bleeding, and death, was favorable for TA



Absolute risk reduction of net clinical impact based on time course analysis = 0.97%,
95% CI = 0.17%–1.77%

The benefit of ticagrelor-aspirin combination outweighs the risk of major hemorrhage throughout the treatment period