INPLASY PROTOCOL

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Support: **Brand discipline.**

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Conflicts of interest:
None declared.

Efficacy and safety of monotherapy after short-term dual antiplatelet therapy compared with standard therapy in the post-PCI population - a systematic review and network META analysis

Zheng, N[1]; Zhong, JY[2]; Jiang, LF[3].

Review question / Objective: **The goal of this study was to evaluate the safety and efficacy of short-term dual antiplatelet therapy after switching to antiplatelet drug monotherapy, compared with conventional therapy, in the population after pci. And an evaluation and comparison of the effect of antiplatelet drug types and use time of monotherapy was carried out.**
Condition being studied: **Several RCTs have examined this question, but the results remain inconclusive, with some studies suggesting that monotherapy is effective and others not. And the drugs used in the treatment are different, and the final results are also different. There are also some meta-analyses that summarize this issue, but they are not perfect. There are currently no studies on the type of monotherapy.**

INPLASY registration number: This protocol was registered with the International Platform of Registered Systematic Review and Meta-Analysis Protocols (INPLASY) on 09 March 2022 and was last updated on 09 March 2022 (registration number INPLASY202230039).

INTRODUCTION

Review question / Objective: **The goal of this study was to evaluate the safety and efficacy of short-term dual antiplatelet therapy after switching to antiplatelet drug monotherapy, compared with conventional therapy, in the population after pci. And an evaluation and comparison of the effect of antiplatelet drug types and use time of monotherapy was carried out.**

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METHODS

Participant or population: Population after Percutaneous coronary intervention.

Intervention: Single-agent therapy after short-term dual antiplatelet therapy.

Comparator: Conventional dual antiplatelet therapy.

Study designs to be included: Randomized controlled trials. 1. Change to ticagrelor monotherapy after 1 month of dual antiplatelet therapy.2. Change to ticagrelor monotherapy after 3 months of dual antiplatelet therapy.3. Change to clopidogrel monotherapy after 1 month of dual antiplatelet therapy.4. Change to clopidogrel monotherapy after 3 months of dual antiplatelet therapy.5. Change to prasugrel monotherapy after 1 month of dual antiplatelet therapy.6. Change to prasugrel monotherapy after 3 months of dual antiplatelet therapy.7. Change to aspirin monotherapy after 1 month of dual antiplatelet therapy.8. Change to aspirin monotherapy.

Eligibility criteria: Studies were included if:1.They compared short-term DAPT followed by monotherapy with 12-month DAPT followed by 12-month aspirin monotherapy following PCI.2.They reported adverse clinical outcomes (assessing efficacy or safety) during 1 or 2 years follow-up period after PCI.3.Study type: randomized controlled trial.

Information sources: We plan to search PubMed, Embase, and the Cochrane library databases, web of science, ovid, scopus and other databases, as well as related registered clinical trials, unpublished papers, conference papers, etc.

Main outcome(s): Primary outcomes assessed efficacy included: All-cause death; Stroke; Myocardial infarction (MI); Stent thrombosis; NEW-Q Wave; Death from cardiovascular; Revascularization.

Quality assessment / Risk of bias analysis: We plan to have two independent researchers evaluate the quality of all included studies, and if there are disagreements, they will be resolved by a third researcher. All bias analyses were performed by revman et al.

Strategy of data synthesis: All data were analyzed for bias and heterogeneity using Revman software, the corresponding studies were excluded, and the final studies were selected for analysis. All data are aggregated and entered into the software for final analysis.

Subgroup analysis: We plan to divide the included population into multiple subgroups for further analysis based on age, gender, presence or absence of hypertension, diabetes mellitus, atrial fibrillation, and history of previous bleeding.

Sensitivity analysis: Finally, a sensitivity analysis is planned to evaluate the authenticity and reliability of this META analysis. If not, use the following methods: change inclusion criteria (especially controversial studies), exclude low-quality studies, use different statistical methods/ models to analyze the same data.

Language: No restriction.

Country(ies) involved: China.

Keywords: Percutaneous Coronary Intervention, monotherapy, Dual Anti-Platelet Therapy.

Contributions of each author:
Author 1 - Nan Zheng.
Author 2 - Jinyan Zhong.
Author 3 - Longfu Jiang.