

2022

PRETRATAMIENTO EN LOS SICASTNE: Fin de una estrategia conocida?

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2022



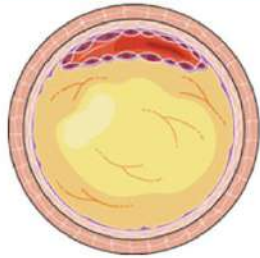
2022

• Qué Sabíamos?

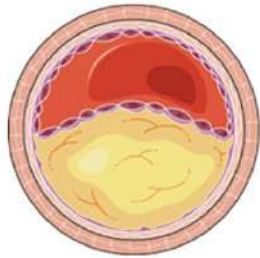




Coronary Vessel

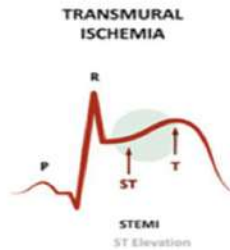


Total occlusion

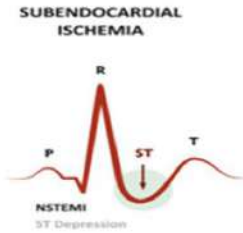


Partial occlusion

ECG

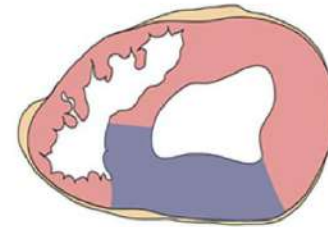


ST elevation

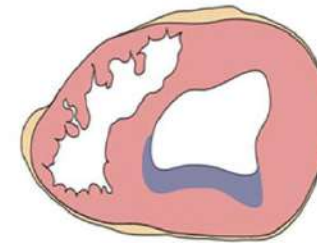


non-ST elevation

Myocardium



Transmural ischemia



non- Transmural ischemia

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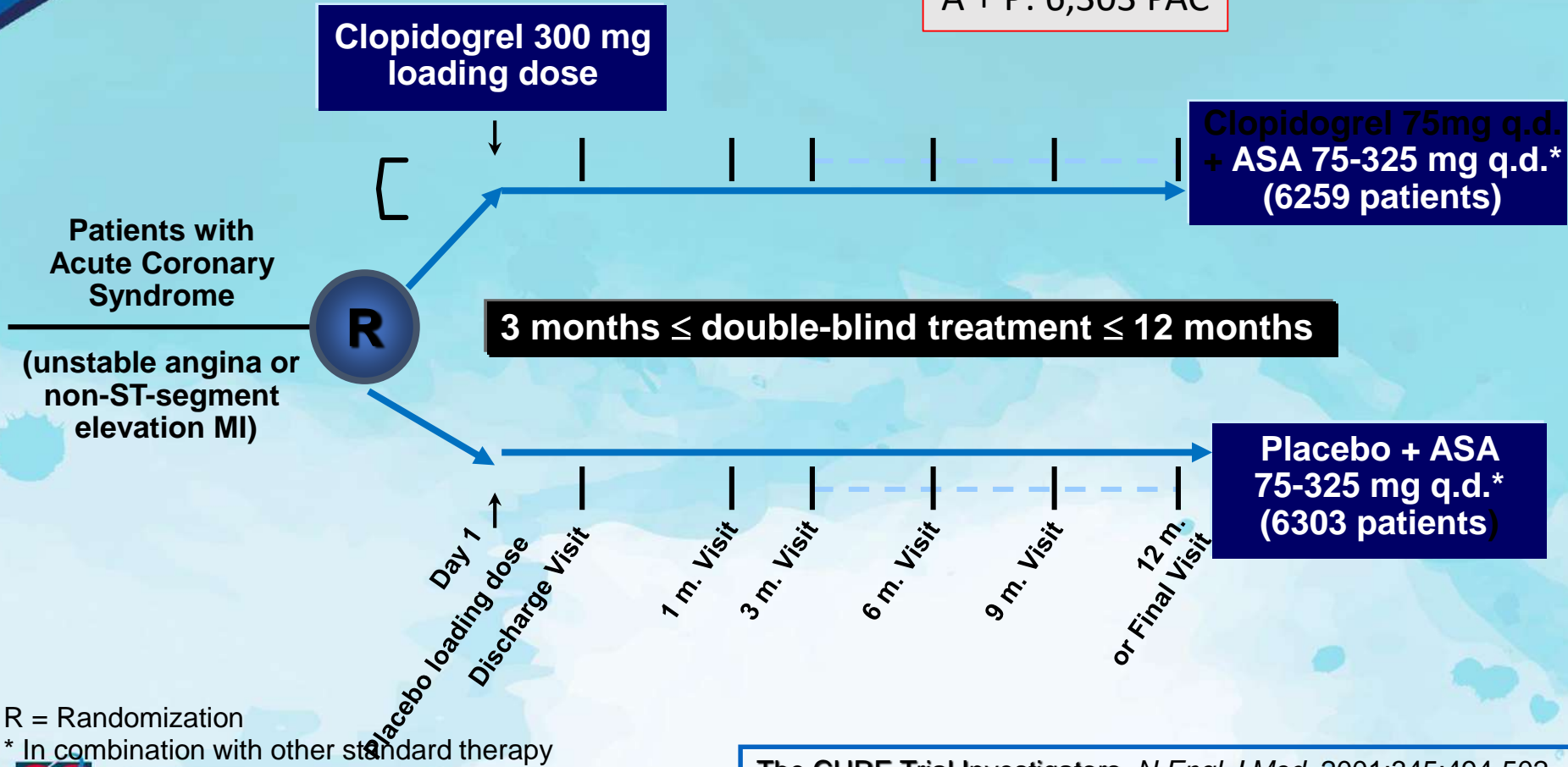
CURE

Clopidogrel in **U**nstable Angina
to Prevent **R**ecurrent **E**vents



Study Design

12,562 PAC.
A + C: 6,529 PAC
A + P: 6,303 PAC



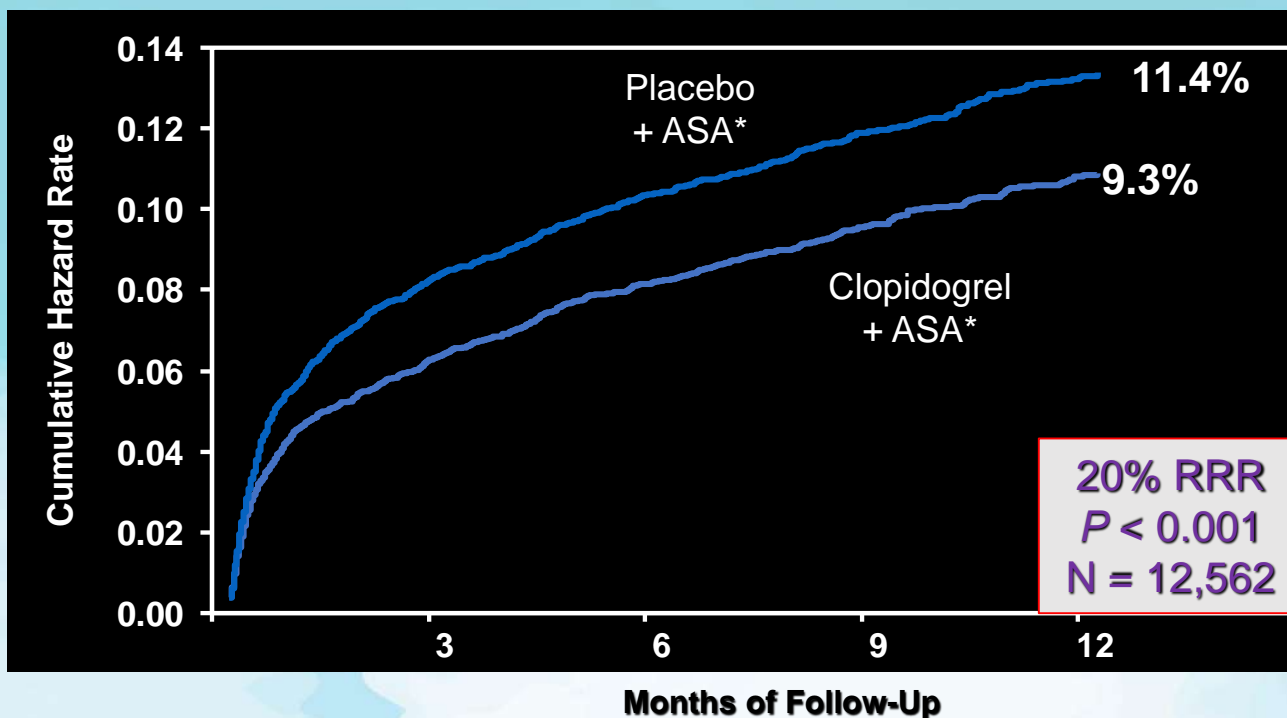
R = Randomization

* In combination with other standard therapy

The CURE Trial Investigators. *N Engl J Med.* 2001;345:494-502.



Primary End Point - MI/Stroke/CV Death

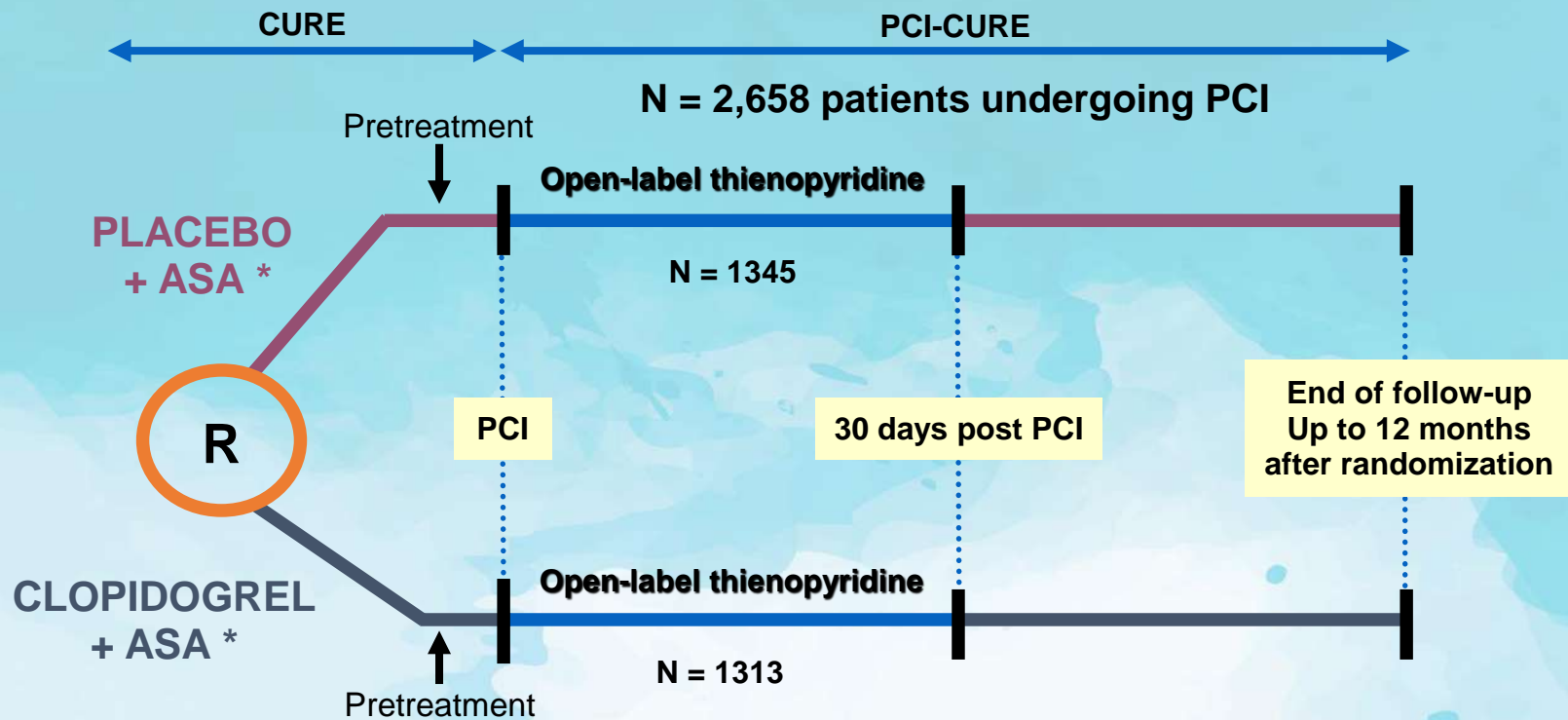


* In combination with standard therapy

The CURE Trial Investigators. *N Engl J Med.* 2001;345:494-502.

PCI-CURE

Study Design

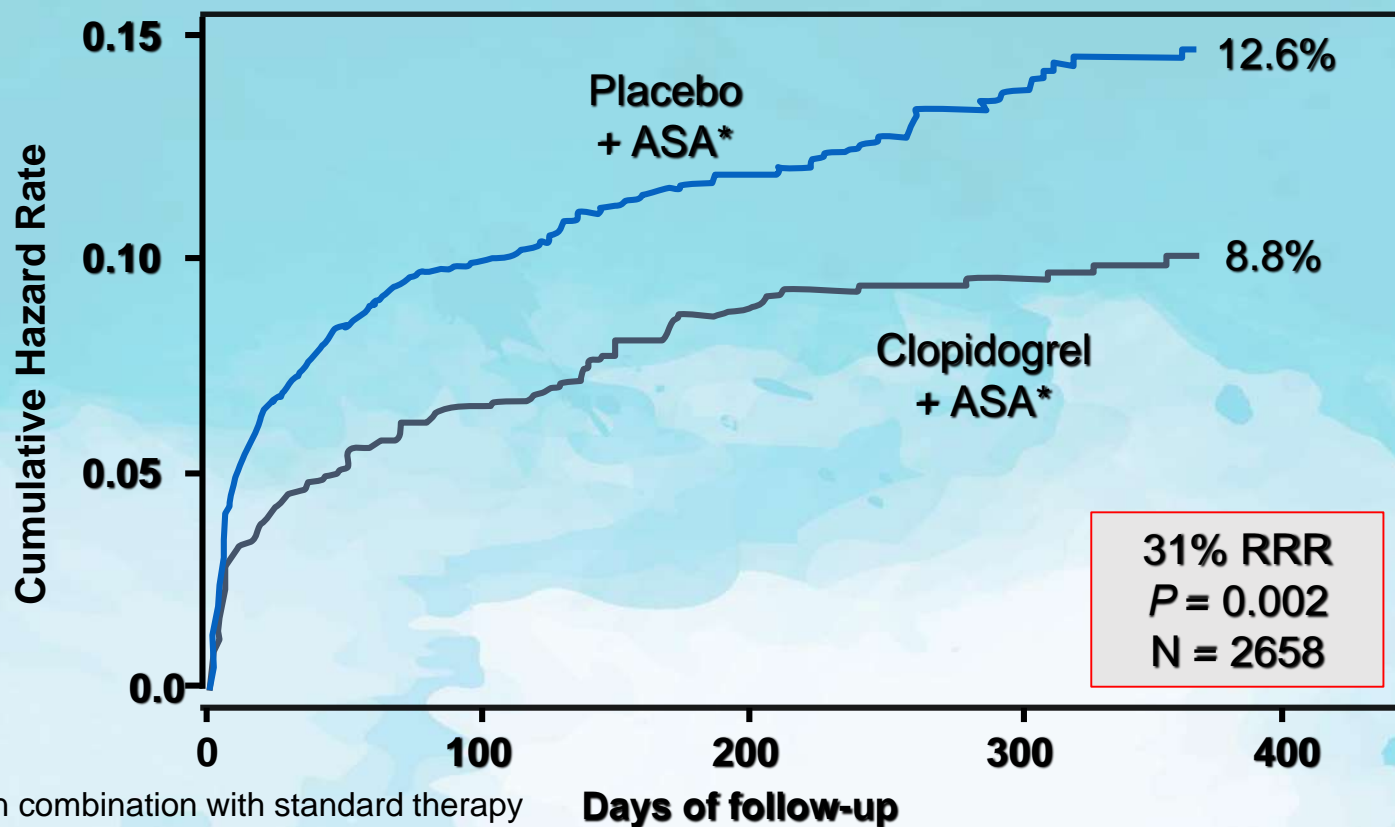


* In combination with standard therapy

Mehta, SR. et al for the CURE Trial Investigators. *N Engl J Med.* 2001;345:494-502.

Overall Long-Term Results

Composite of cardiovascular death or MI from randomization to end of follow-up



* In combination with standard therapy

Days of follow-up

Mehta, SR. et al for the CURE Trial Investigators. *Lancet*. August 2001.



Scan for Author
Audio Interview

Association of Clopidogrel Pretreatment With Mortality, Cardiovascular Events, and Major Bleeding Among Patients Undergoing Percutaneous Coronary Intervention

A Systematic Review and Meta-analysis

Anne Bellemain-Appaix, MD
Stephen A. O'Connor, MD
Johanne Silvain, MD, PhD
Michel Cucherat, MD, PhD
Farzin Beygui, MD, PhD
Olivier Barthélémy, MD

Context Clopidogrel pretreatment is recommended for patients with acute coronary syndromes (ACS) and stable coronary artery disease who are scheduled for percutaneous coronary intervention (PCI), but whether using clopidogrel as a pretreatment for PCI is associated with positive clinical outcomes has not been established.

Objective To evaluate the association of clopidogrel pretreatment vs no treatment with mortality and major bleeding after PCI.

Data Sources MEDLINE, EMBASE, Cochrane Controlled Trials Register databases.

Conclusiones: 37,814pac.

Entre los pacientes programados para ICP, el pretratamiento con clopidogrel no se asoció con un menor riesgo de mortalidad, pero se asoció con un menor número de eventos coronarios Mayores.

JAMA, December 19, 2012

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Prehospital Ticagrelor in ST-Segment Elevation Myocardial Infarction

Gilles Montalescot, M.D., Ph.D., Arnoud W. van 't Hof, M.D., Ph.D.,
Frédéric Lapostolle, M.D., Ph.D., Johanne Silvain, M.D., Ph.D.,
Jens Flentjed Lassen, M.D., Ph.D., Leonardo Bolognese, M.D.,
Warren J. Cantor, M.D., Ángel Cequier, M.D., Ph.D., Mohamed Chettibi, M.D., Ph.D.,
Shaun G. Goodman, M.D., Christopher J. Hammitt, M.B., Ch.B., M.D., Kurt Huber, M.D.,
Magnus Janzon, M.D., Ph.D., Béla Merkely, M.D., Ph.D., Robert F. Storey, M.D., D.M.,
Uwe Zeymer, M.D., Olivier Stibbe, M.D., Patrick Ecollan, M.D.,
Wim M.J.M. Heutz, M.D., Eva Swahn, M.D., Ph.D., Jean-Philippe Collet, M.D., Ph.D.,
Frank F. Willems, M.D., Ph.D., Caroline Baradat, M.Sc., Muriel Licour, M.Sc.,
Anne Tsatsaris, M.D., Eric Vicaut, M.D., Ph.D., and Christian W. Hamm, M.D., Ph.D.,
for the ATLANTIC Investigators*

CONCLUSIONES

1,862 pac: PreH: 909. In-H: 953
Administración Prehospitalaria de Ticagrelor en pacientes con STEMI, parece ser seguro, pero no mejora la reperfusión coronaria dado Pre-PCI.

NEJM, September 1, 2014

Para el Pretratamiento en SICASTNE que van a someterse a ICP, debe considerarse la administración de Ticarelor (dosis carga 180mg, 90mg/12h) o Clopidogrel (carga 600mg, 75mg/día) si el ticagrelor no es una opción, tan pronto como se establezca el diagnóstico

Ila C

No se recomienda la administración de Prasugrel a pacientes cuya anatomía coronaria se desconoce

III B

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- **Qué dicen
las
Guías
Actualmente:**





ESC

European Society
of CardiologyEuropean Heart Journal (2021) 42, 1289–1367
doi:10.1093/eurheartj/ehaa575

ESC GUIDELINES

2020 ESC Guidelines for the management of acute coronary syndromes in patients presenting without persistent ST-segment elevation

The Task Force for the management of acute coronary syndromes in patients presenting without persistent ST-segment elevation of the European Society of Cardiology (ESC)

No se recomienda la administración sistemática de pretratamiento con un inhibidor del P2Y₁₂ para pacientes con anatomía coronaria desconocida cuando se planifica una estrategia invasiva temprana^{174,177,178,190,191}

III

A

2022



XLIV Jornadas SOLACI

2022

The NEW ENGLAND JOURNAL of MEDICINE

ORIGINAL ARTICLE

Ticagrelor or Prasugrel in Patients with Acute Coronary Syndromes

S. Schüpke, F.-J. Neumann, M. Menichelli, K. Mayer, I. Bernlochner, J. Wöhrle, G. Richardt, C. Liebetrau, B. Witzenbichler, D. Antoniucci, I. Akin, L. Bott-Flügel, M. Fischer, U. Landmesser, H.A. Katus, D. Sibbing, M. Seyfarth, M. Janisch, D. Boncompagni, R. Hilz, W. Rottbauer, R. Okrojek, H. Möllmann, W. Hochholzer, A. Migliorini, S. Cassese, P. Mollo, E. Xhepa, S. Kufner, A. Strehle, S. Leggewie, A. Allali, G. Ndrepepa, H. Schühlen, D.J. Angiolillo, C.W. Hamm, A. Hapfelmeier, R. Tölg, D. Trenk, H. Schunkert, K.-L. Laugwitz, and A. Kastrati, for the ISAR-REACT 5 Trial Investigators*

The NEW ENGLAND JOURNAL of MEDICINE

ESTABLISHED IN 1812

SEPTEMBER 12, 2013

VOL. 369 NO. 11

Pretreatment with Prasugrel in Non-ST-Segment Elevation Acute Coronary Syndromes

Gilles Montalescot, M.D., Ph.D., Leonardo Bolognese, M.D., Dariusz Dudek, M.D., Ph.D., Patrick Goldstein, M.D., Christian Hamm, M.D., Jean-Francois Tanguay, M.D., Jurrien M. ten Berg, M.D., Ph.D., Debra L. Miller, R.N., Timothy M. Costigan, Ph.D., Jochen Goedicke, M.D., Johanne Silvain, M.D., Ph.D., Paolo Angiolillo, M.D., Jacek Legutko, M.D., Ph.D., Margit Niethammer, M.D., Zuzana Motovska, M.D., Ph.D., Joseph A. Jakubowski, Ph.D., Guillaume Cayla, M.D., Ph.D., Luigi Oltrona Visconti, M.D., Eric Vicaut, M.D., Ph.D., and Petr Widimsky, M.D., D.Sc., for the ACCOAST Investigators*

ABSTRACT

CONCLUSIONES

4,018 pac. T: 2,012 y P: 2,006

Entre los pacientes que presentaron SICASTE y SICASTNE, la incidencia de Muerte, IMA o Stroke fue significativamente menor en los pac que recibieron Prasugrel que los que recibieron Ticagrelor, y no hubo diferencias significativas En la incidencia de sangrado mayor entre los 2 grupos.

NEJM, October 17, 2019

4,033 pac

Grupo Pretratamiento: 2,037

Grupo Estándar: 1,996

No Hubo disminución Isquemia Incrementó Sangrado

NEJM, September 12, 2013



Original Investigation | Cardiology

Association of Pretreatment With P2Y12 Receptor Antagonists Preceding Percutaneous Coronary Intervention in Non-ST-Segment Elevation Acute Coronary Syndromes With Outcomes

Christian Dworkin, MD, PhD; Björn Redfors, MD, PhD; Oskar Angerås, MD, PhD; Inger Haraldsson, MD, PhD; Jacob Odenstedt, MD, PhD; Dan Ioanes, MD; Petur Petursson, MD, PhD; Sebastian Volz, MD, PhD; Jonas Persson, MD, PhD; Sasha Koul, MD, PhD; Dimitrios Venetsanos, MD, PhD; Anders Ulvenstam, MD; Robin Hofmann, MD, PhD; Jens Jensen, MD, PhD; Per Albertsson, MD, PhD; Truls Råmunddal, MD, PhD; Anders Jeppsson, MD, PhD; David Erlinge, MD, PhD; Elmír Omerović, MD, PhD

Abstract

IMPORTANCE Pretreatment of patients with non-ST-segment elevation acute coronary syndrome (NSTEMI-ACS) with P2Y12 receptor antagonists is a common practice despite the lack of definite evidence for its benefit.

OBJECTIVE To investigate the association of P2Y12 receptor antagonist pretreatment vs no pretreatment with mortality, stent thrombosis, and in-hospital bleeding in patients with NSTEMI-ACS undergoing percutaneous coronary intervention (PCI).

Key Points

Question Is a pretreatment strategy with P2Y12 receptor antagonists associated with better outcomes vs no pretreatment in patients with non-ST-segment elevation acute coronary syndrome undergoing percutaneous coronary intervention?

ORIGINAL CONTRIBUTION

JAMA-EXPRESS

Early and Sustained Dual Oral Antiplatelet Therapy Following Percutaneous Coronary Intervention A Randomized Controlled Trial

Steven R. Steinhubl, MD
Peter B. Berger, MD
J. Tiffl Mann III, MD
Edward T. A. Fry, MD
Augustin DeLago, MD
Charles Wilmer, MD
Eric J. Topol, MD
for the CREDO Investigators

Context Following percutaneous coronary intervention (PCI), short-term clopidogrel therapy in addition to aspirin leads to greater protection from thrombotic complications than aspirin alone. However, the optimal duration of combination oral antiplatelet therapy is unknown. Also, although current clinical data suggest a benefit for beginning therapy with a clopidogrel loading dose prior to PCI, the practical application of this therapy has not been prospectively studied.

Objectives To evaluate the benefit of long-term (12-month) treatment with clopidogrel after PCI and to determine the benefit of initiating clopidogrel with a pre-procedure loading dose, both in addition to aspirin therapy.

Design, Setting, and Participants The Clopidogrel for the Reduction of Events

Registro SCAAR

Registro Sueco de PCI

2010-2018

64,857 pac.

No fué asociado a mejor sobrevida

No disminución de Trombosis de Stent.

Incremento de Sangrado

JAMA, October 1, 2020

Conclusiones:

CREDO: 2,116 pac (C:1,053. P:1,063)

Después de la ICP, clopidogrel a largo plazo (1 año) redujo significativamente el riesgo de eventos isquémicos adversos. Una dosis de carga de clopidogrel administrada al menos 3 horas antes del procedimiento no redujo los eventos a los 28 días, pero los análisis de subgrupos sugieren que los intervalos más prolongados entre la dosis de carga y la ICP pueden reducir los eventos

JAMA, 2002;288:2411-2420

2022



European Heart Journal (2008) 29, 1495–1503
doi:10.1093/eurheartj/ehh169

CLINICAL RESEARCH
Coronary heart disease

Clopidogrel pre-treatment in stable angina: for all patients >6 h before elective coronary angiography or only for angiographically selected patients a few minutes before PCI? A randomized multicentre trial PRAGUE-8

Petr Widimský^{1*}, Zuzana Motovská¹, Stanislav Šimek², Petr Kala⁴, Radek Pudíl³, František Holm⁵, Robert Petr¹, Dana Bilková¹, Hana Skalická², Petr Kuchynka², Martin Poloczek⁴, Roman Míklík⁴, Marek Malý⁴, and Michael Aschermann²
on behalf of the PRAGUE-8 trial Investigators

¹Third Medical Faculty and University Hospital Kralovské Vinohrady, Cardiocentre, Charles University, Štrobárova 50, 100 34 Praha 10, Prague, Czech Republic; ²First Medical Faculty and General University Hospital, Cardiocentre, Charles University, Prague, Czech Republic; ³Medical Faculty and University Hospital Hradec Králové, Cardiocentre, Charles University, Hradec Králové, Czech Republic; ⁴Department of Interventional Cardiology, University Hospital Brno, Brno, Czech Republic; ⁵Department of Cardiology, University Hospital Pilsen, Pilsen, Czech Republic

Conclusión: 1,028 pac. No selec: 513. Selec: 515. Altas dosis de carga de Clopidogrel (600mgg) Antes de CCG selectiva incrementa en riesgo de sangrado menor, el beneficio de infarto peri-procedimiento no fue significativo. Clopidogrel puede ser dado con seguridad entre El CCG y PCI. En pac. Enf. Crónica estable.

Eur Heart J (2008)29:1495-1501



ESC

European Society
of Cardiology

European Heart Journal (2021) 42, 2607–2608
doi:10.1093/eurheartj/ehaa861

DISCUSSION FORUM

Lesson learnt from the new 2020 ESC guidelines on non-ST-segment elevation acute coronary syndrome: when clinical judgement precedes and overpasses weak recommendations. 2020 non-ST-segment elevation acute coronary syndrome guidelines on pre-treatment: primum non nocere!

Jean-Philippe Collet^{1*} and Holger Thiele^{2*}

¹Sorbonne Université, ACTION Study Group, INSERM UMRS 1166, Institut de Cardiologie, Hôpital Pitié-Salpêtrière (Assistance Publique-Hôpitaux de Paris) (AP-HP), 83, boulevard de l'Hôpital, Paris 75013, France; and ²Department of Internal Medicine/Cardiology, Heart Center Leipzig at University of Leipzig, Strumpelstr. 39, Leipzig 04289, Germany

**Eur Heart J
2021;42:2607-2608**



XLIV Jornadas SOLACI

Timing of Oral P2Y₁₂ Inhibitor Administration in Patients With Non-ST-Segment Elevation Acute Coronary Syndrome



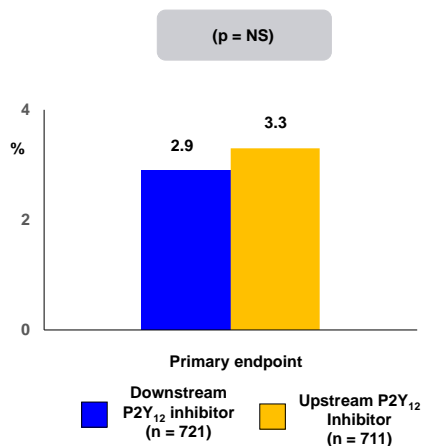
Giuseppe Tarantini, MD, PhD,^{1,*} Marco Mojoli, MD,^{1,b} Ferdinando...
 Stefano Rigattieri, MD,^c Giuseppe Andò, MD, PhD,^f Plinio...
 Andrea Santarelli, MD,¹ Paolo Sganzerla, MD,¹ Luisa Cacciav...
 Nicoletta De Cesare, MD,⁶ Ugo Limbruno, MD,¹ Alberto Mas...
 Flavia Belloni, MD,² Carlo Cernetti, MD,² Luca Favero, MD,²
 Giulia Masiero, MD,² Loris Roncon, MD,² Valeria Gasparetto...
 Roberta Rossini, MD, PhD,² Paolo Canova, MD,² Daniela Tra...
 Vincenzo Guiducci, MD,⁷ Carlo Penzo, MD,⁷ Fabio Tarantini...
 Giovanni Esposito, MD, PhD,⁸ Alfredo Marchese, MD,^{8,d} Serg...
 Danila Azzolina, MS,⁹ Dario Gregori, PhD,⁹ Dominick J. Ang...
 for the DUBIUS Investigators, on behalf of the Italian Societ...

JACC, Vol 76. No 21. 2020

DUBIUS #ESCCongress



Trial Description: Patients with non-ST-elevation (NSTEMI)-ACS undergoing coronary angiography were randomized to downstream P2Y₁₂ inhibitor versus upstream P2Y₁₂ inhibitor.



RESULTS

- Primary endpoint, death due to vascular cause, myocardial infarction, stroke, or Bleeding Academic Research Consortium (BARC) 3, 4, 5 bleeding at 30 days, occurred in 2.9% of the downstream group compared with 3.3% of the upstream group (p = nonsignificant)

CONCLUSIONS

- Among patients with NSTEMI-ACS, downstream P2Y₁₂ inhibitor administration was not superior to upstream administration

Tarantini G, et al. J Am Coll Cardiol 2020;Aug 21:[Epub]

FOCUS ON ACUTE CORONARY SYNDROME

Optimal Timing of Intervention in NSTEMI-ACS Without Pre-Treatment

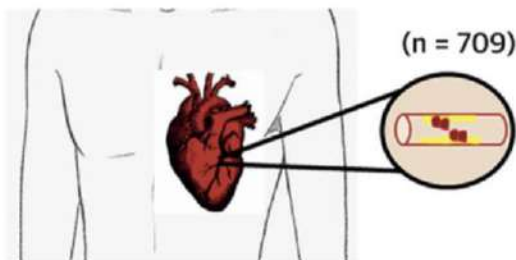
The EARLY Randomized Trial

Gilles Lemesle, MD, PhD,^{a,b,c,d} Marc Laine, MD,^{e,f,g} Mathieu Pankert, MD,^h Ziad Boueri, MD,ⁱ Pascal Motreff, MD, PhD,^j Franck Paganelli, MD,^{e,f,g} Karine Baumstarck, MD, PhD,^k Antoine Roch, MD, PhD,^{l,m} François Kerbaul, MD, PhD,ⁿ Etienne Puymirat, MD, PhD,^{o,p} Laurent Bonello, MD, PhD^{r,s}

CENTRAL ILLUSTRATION: Overview of the Design and Main Results of the EARLY Trial

EARLY: Prospective Randomized Multicenter Controlled Open-Label Trial

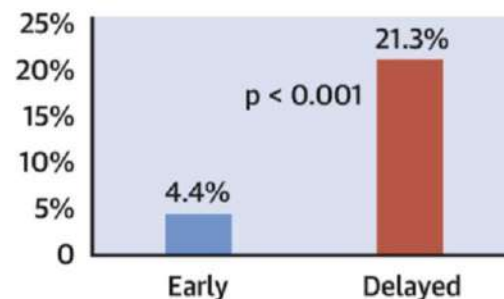
Patients with high-or intermediate-risk NSTEMI-ACS
 without P2Y₁₂-ADP-receptor antagonist pretreatment



Early invasive strategy: <2 h

Delayed invasive strategy: 12-72 h

Primary Endpoint: CV Death and Recurrent Ischemic Events at 1 Month



Lemesle, G. et al. J Am Coll Cardiol Intv. 2020;13(8):907-17.

CONCLUSIONES

- 1.- El Pretratamiento con inhibidores P2Y12 según las Guías actuales en el SICASTNE, **NO ESTA RECOMENDADO: III A**
- 2.- FIN DE UNA ESTRATEGIA CONOCIDA: PODRIA SER.
- 3.-Falta aún las modificaciones en las Guías de Revascularización. Y
- 4.- Estudios que avalen esta recomendación en pac con SICASTNE de Muy Alto Riesgo.

2022

GRACIAS



ORIGINAL ARTICLE

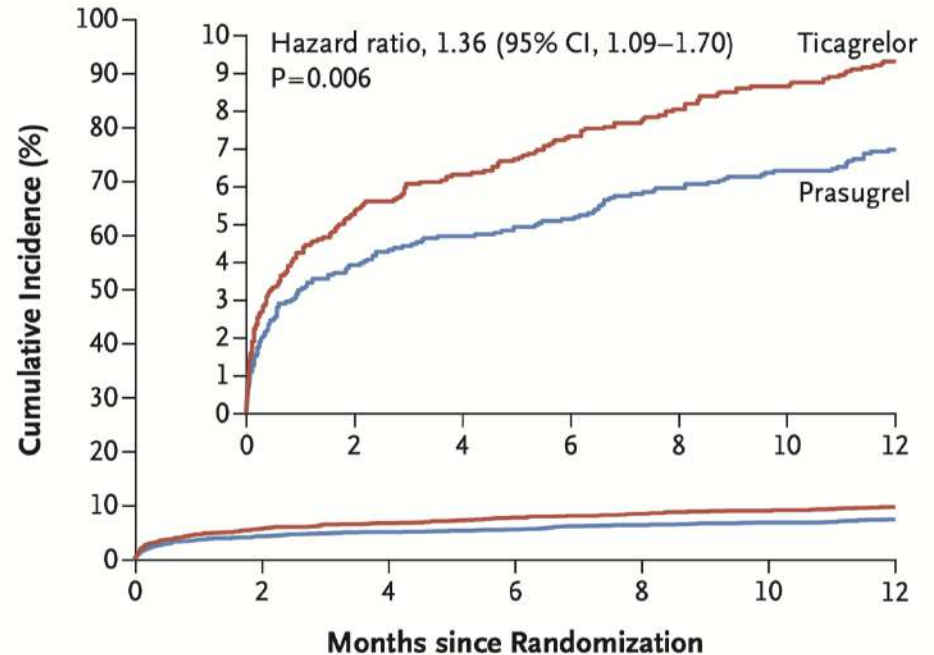
Ticagrelor or Prasugrel in Patients with Acute Coronary Syndromes

S. Schüpke, F.-J. Neumann, M. Menichelli, K. Mayer, I. Bernlochner, J. G. Richardt, C. Liebetrau, B. Witzenbichler, D. Antoniucci, I. Akin, L. Bo M. Fischer, U. Landmesser, H.A. Katus, D. Sibbing, M. Seyfarth, M. J. D. Boncompagni, R. Hiltz, W. Rottbauer, R. Okrojek, H. Möllmar W. Hochholzer, A. Migliorini, S. Cassese, P. Mollo, E. Xhepa, S. Ku A. Strehle, S. Leggewie, A. Allali, G. Ndrepepa, H. Schühlen, D.J. Ang C.W. Hamm, A. Hapfelmeier, R. Tölg, D. Trenk, H. Schunkert, K.-L. La and A. Kastrati, for the ISAR-REACT 5 Trial Investigators*

ABSTRACT

NEJM. October 17, 2019

4,018 pacientes
 Ticagrelor : 9,3%
 Prasugrel : 6,9%



No. at Risk

Ticagrelor	2012	1877	1857	1835	1815	1801	1722
Prasugrel	2006	1892	1877	1862	1839	1829	1803

ORIGINAL RESEARCH ARTICLE

**Prasugrel Versus Ticagrelor in Patients With Acute Myocardial Infarction Treated With Primary Percutaneous Coronary Intervention**

Multicenter Randomized PRAGUE-18 Study

ORIGINAL RESEARCH ARTICLE

Editorial, see p 1613

Zuzana Motovska, MD, PhD
Ota Hlinomaz, MD, CSc**BACKGROUND:** No randomized head-to-head comparison of the efficacy

Coronary artery disease



OPEN ACCESS

Original research

Prasugrel versus ticagrelor in patients with myocardial infarction undergoing percutaneous coronary interventionDimitrios Venetsanos ,¹ Erik Träff,² David Erlinge,³ Emil Hagström,^{4,5} Johan Nilsson,⁶ Liyew Desta,¹ Bertil Lindahl,⁴ Linda Mellbin,¹ Elmira Omerovic,⁷ Karolina Elisabeth Szummer ,⁸ Sammy Zwackman,² Tomas Jernberg,⁹ Joakim Alfredsson²► Additional material is published online only. To view please visit the journal online (<http://dx.doi.org/10.1136/heartjnl-2020-318694>).**ABSTRACT****Objective** The comparative efficacy and safety of prasugrel and ticagrelor in patients with myocardial infarction (MI) treated with percutaneous coronary intervention (PCI) remain unclear. We aimed toof major adverse cardiac events, but at the expense of a higher bleeding rate.^{1,2}Prasugrel is a third-generation thienopyridine, binding irreversibly to the P2Y₁₂ receptors.³ Ticagrelor binds reversibly to P2Y₁₂ receptors, without

1,230 pac. P: 634 y T: 596

Resultados similares entre ambos.

Detenido precozmente por futilidad.

SWEDEHEART: 2010-2016

37,990 pac: T: 35,917 y P: 2,073

Conclusión:

En pacientes con IM tratados con PCI, Prasugrel y Ticagrelor fueron asociados con similar eficacia y seguridad durante 1 año follow-up.

BMJ. 2021;107:1145–1151