ACCOAST

A Comparison of prasugrel at the time of percutaneous Coronary intervention Or as pretreatment At the time of diagnosis in patients with non-ST-elevation MI

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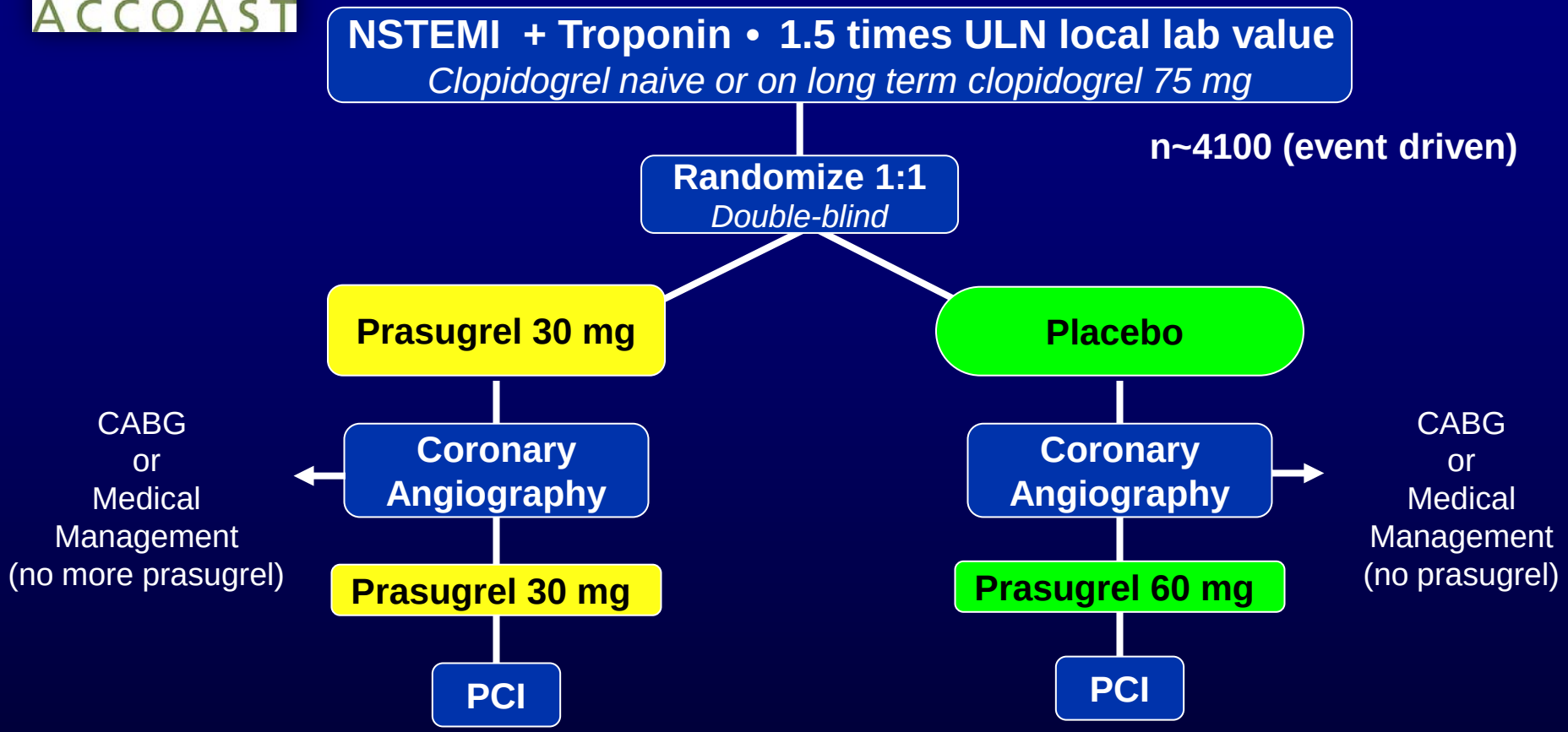
COI DISCLOSURE FOR DR. MONTALESCOT are availalble @ http://www.action-coeur.org

P2Y12 Pre-treatment ESC Recommendations

Title	Citation		Class	LOE
2011 ESC guidelines for the management of acute coronary syndromes in patients presenting without persistent ST-segment elevation	European Heart Journal 2011;32:2999–3054	"A $P2Y_{12}$ inhibitor **as soon as possible"** Clopidogrel 600mg Ticagrelor	**I** **I** **I**	A B B
2010 ESC/EACTS guidelines on myocardial revascularization	European Heart Journal 2010;31:20:2501–2555	"Clopidogrel 600mg **as soon as possible**"	**I**	C

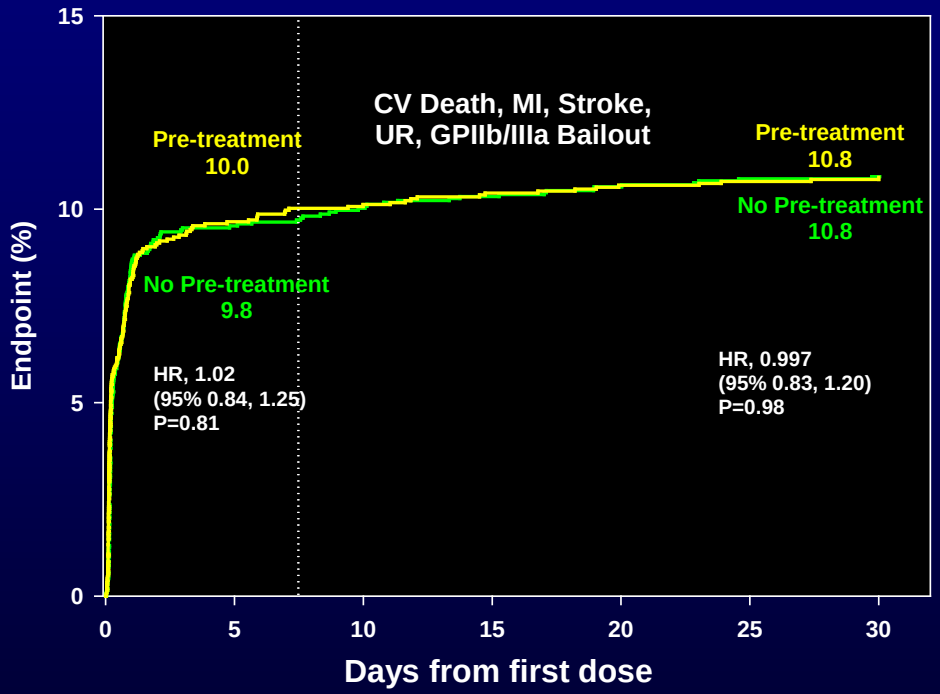
ACCOAST design

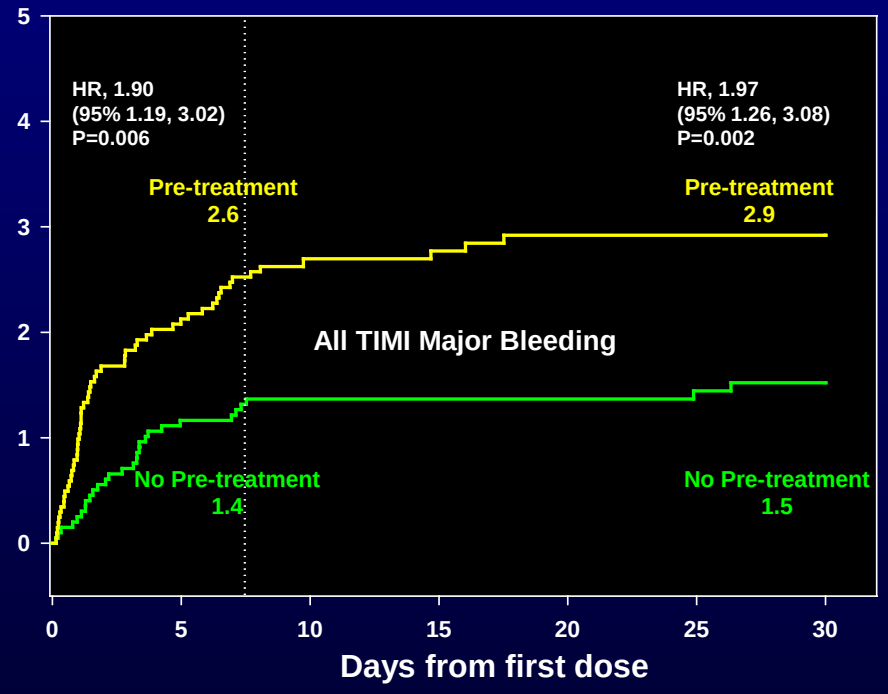


1° Endpoint: CV Death, MI, Stroke, Urg Revasc, GP IIb/IIIa inh. Bailout, at 7 days

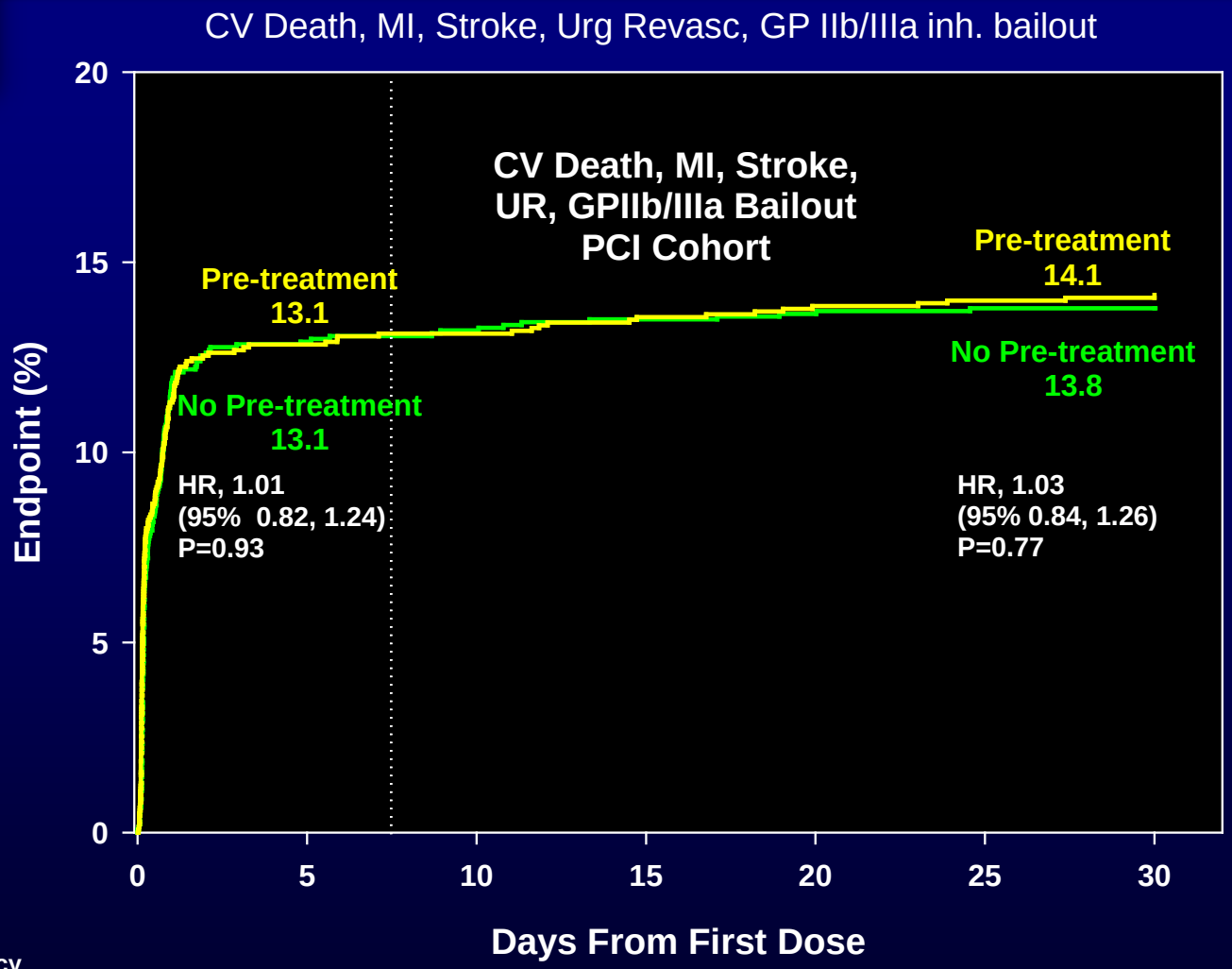
Montalescot G et al. *Am Heart J* 2011;161:650-656

Primary Efficacy and Safety Endpoints (All Patients)



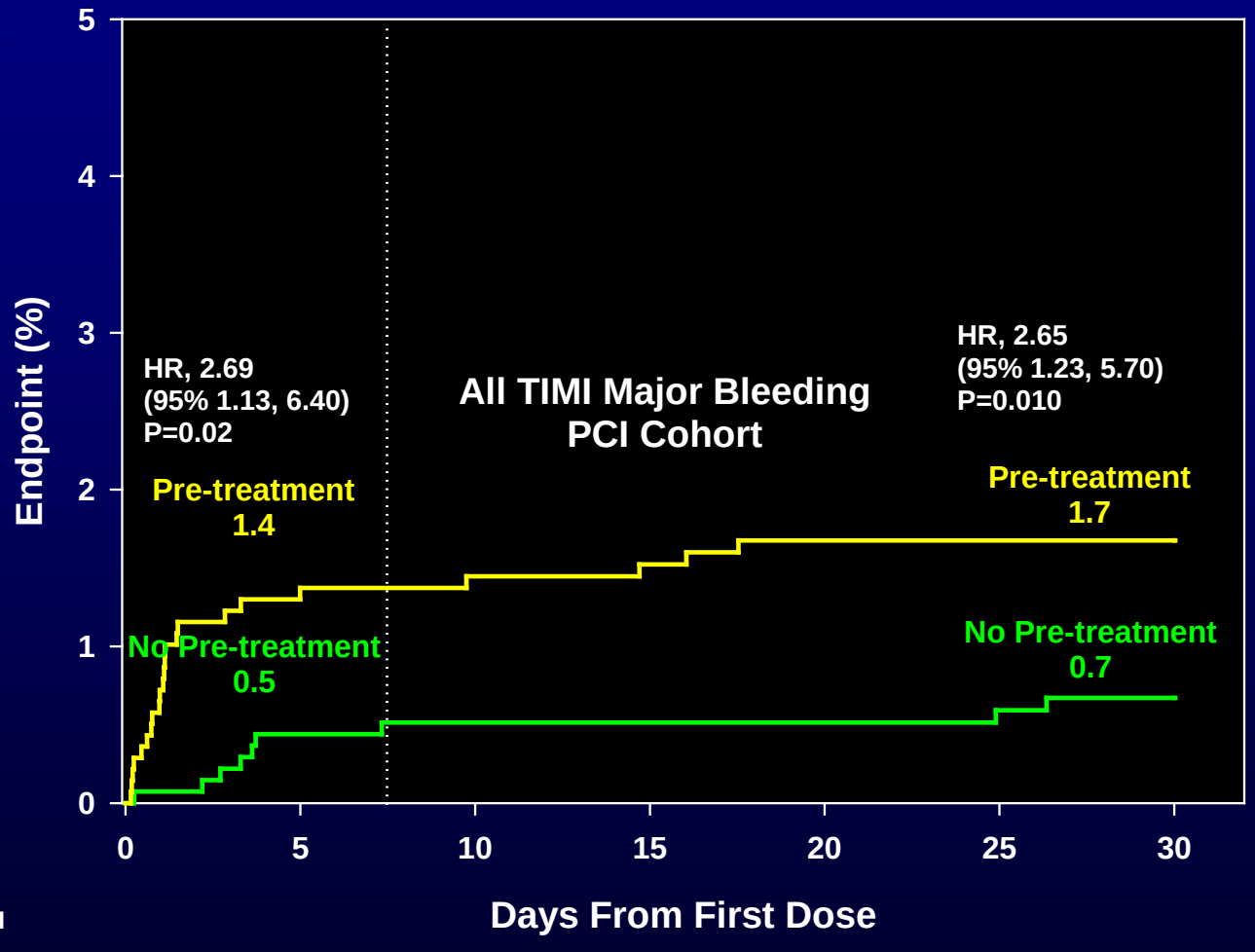


1° Efficacy Endpoint (PCI Patients)



No. at Risk, Efficacy End Point:							
No pre-treatment	1372	1191	1187	1183	1179	1177	1177
Pre-treatment	1389	1206	1202	1194	1189	1186	1172

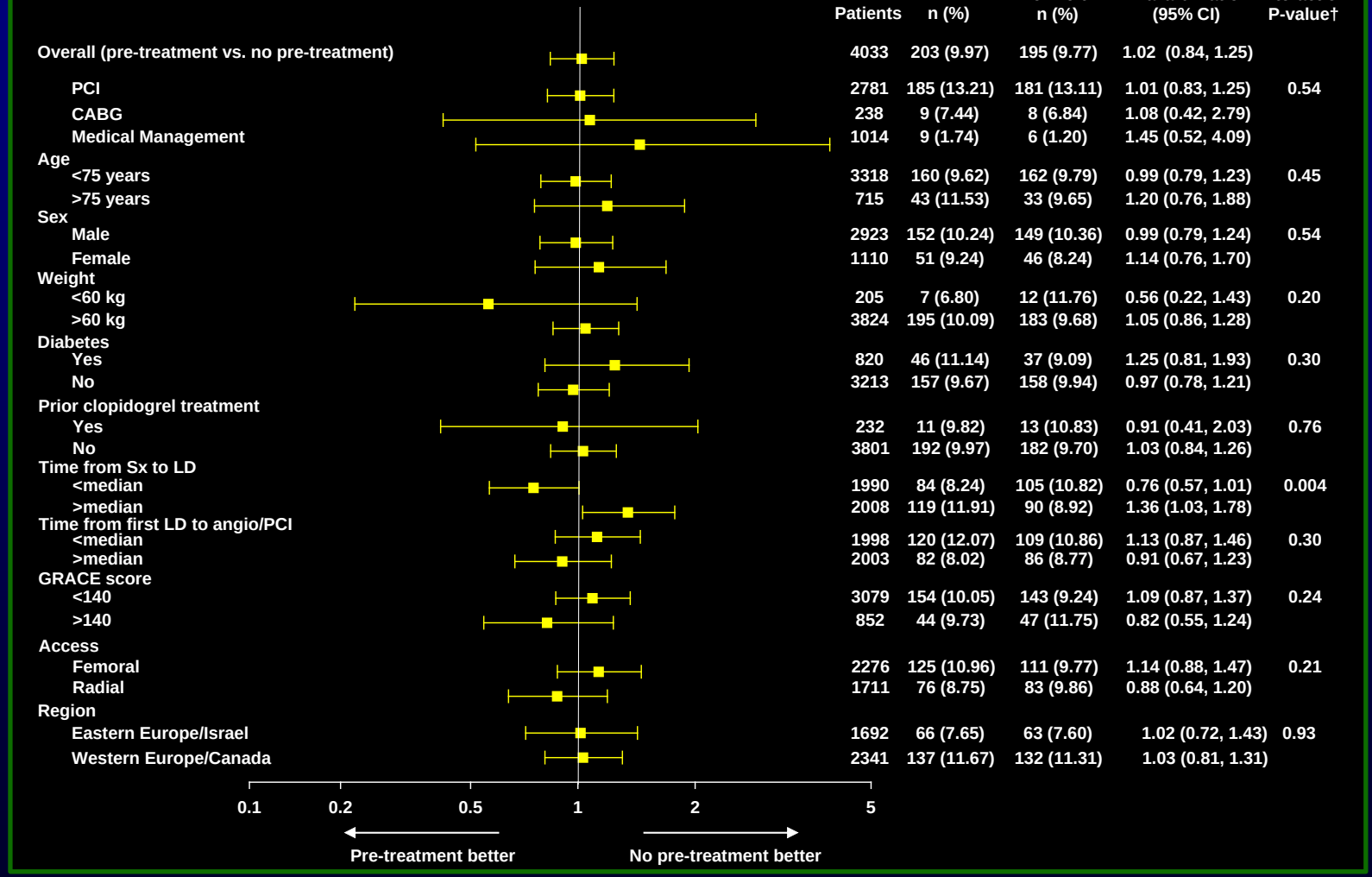
All TIMI (CABG or Non-CABG) Major Bleeding (PCI Patients)



No. at Risk, All TIMI Major Bleeding:

No pre-treatment	1372	1356	1302	1280	1272	1268	1249
Pre-treatment	1389	1364	1314	1293	1282	1280	1269

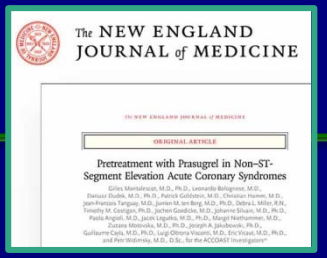
1° Efficacy Endpoint Through 7 Days for Prespecified Subgroups (All Patients)



	Total Patients	Pre-tx n (%)	No Pre-tx n (%)	Hazard Ratio (95% CI)	Interaction P-value†
Overall (pre-treatment vs. no pre-treatment)	4033	203 (9.97)	195 (9.77)	1.02 (0.84, 1.25)	
PCI	2781	185 (13.21)	181 (13.11)	1.01 (0.83, 1.25)	0.54
CABG	238	9 (7.44)	8 (6.84)	1.08 (0.42, 2.79)	
Medical Management	1014	9 (1.74)	6 (1.20)	1.45 (0.52, 4.09)	
Age					
<75 years	3318	160 (9.62)	162 (9.79)	0.99 (0.79, 1.23)	0.45
>75 years	715	43 (11.53)	33 (9.65)	1.20 (0.76, 1.88)	
Sex					
Male	2923	152 (10.24)	149 (10.36)	0.99 (0.79, 1.24)	0.54
Female	1110	51 (9.24)	46 (8.24)	1.14 (0.76, 1.70)	
Weight					
<60 kg	205	7 (6.80)	12 (11.76)	0.56 (0.22, 1.43)	0.20
>60 kg	3824	195 (10.09)	183 (9.68)	1.05 (0.86, 1.28)	
Diabetes					
Yes	820	46 (11.14)	37 (9.09)	1.25 (0.81, 1.93)	0.30
No	3213	157 (9.67)	158 (9.94)	0.97 (0.78, 1.21)	
Prior clopidogrel treatment					
Yes	232	11 (9.82)	13 (10.83)	0.91 (0.41, 2.03)	0.76
No	3801	192 (9.97)	182 (9.70)	1.03 (0.84, 1.26)	
Time from Sx to LD					
<median	1990	84 (8.24)	105 (10.82)	0.76 (0.57, 1.01)	0.004
>median	2008	119 (11.91)	90 (8.92)	1.36 (1.03, 1.78)	
Time from first LD to angio/PCI					
<median	1998	120 (12.07)	109 (10.86)	1.13 (0.87, 1.46)	0.30
>median	2003	82 (8.02)	86 (8.77)	0.91 (0.67, 1.23)	
GRACE score					
<140	3079	154 (10.05)	143 (9.24)	1.09 (0.87, 1.37)	0.24
>140	852	44 (9.73)	47 (11.75)	0.82 (0.55, 1.24)	
Access					
Femoral	2276	125 (10.96)	111 (9.77)	1.14 (0.88, 1.47)	0.21
Radial	1711	76 (8.75)	83 (9.86)	0.88 (0.64, 1.20)	
Region					
Eastern Europe/Israel	1692	66 (7.65)	63 (7.60)	1.02 (0.72, 1.43)	0.93
Western Europe/Canada	2341	137 (11.67)	132 (11.31)	1.03 (0.81, 1.31)	

*Hazard ratio not evaluated for <10 events.
†Interaction p-value is from a Cox proportional hazards model with treatment, subgroup, and the treatment-by-subgroup interaction as fixed effects; PCI includes 11 patients with PCI + CABG.

Conclusions



- In NSTE-ACS patients managed invasively within 48 hours of admission, pre-treatment with prasugrel does not reduce major ischemic events through 30 days but increases major bleeding complications.
- The results are consistent among patients undergoing PCI supporting treatment with prasugrel once the coronary anatomy has been defined.
- No subgroup appears to have a favorable risk/benefit ratio of pre-treatment.
- Reappraisal of routine pre-treatment strategies in NSTE-ACS is needed.