

Thrombus Aspiration in ST- Elevation myocardial infarction in Scandinavia (**TASTE** trial)

trial hypothesis

“Aspiration of the blood clot or ‘thrombus’ that causes a heart attack, before balloon dilatation and stenting, improves survival”

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DECLARATION OF INTEREST

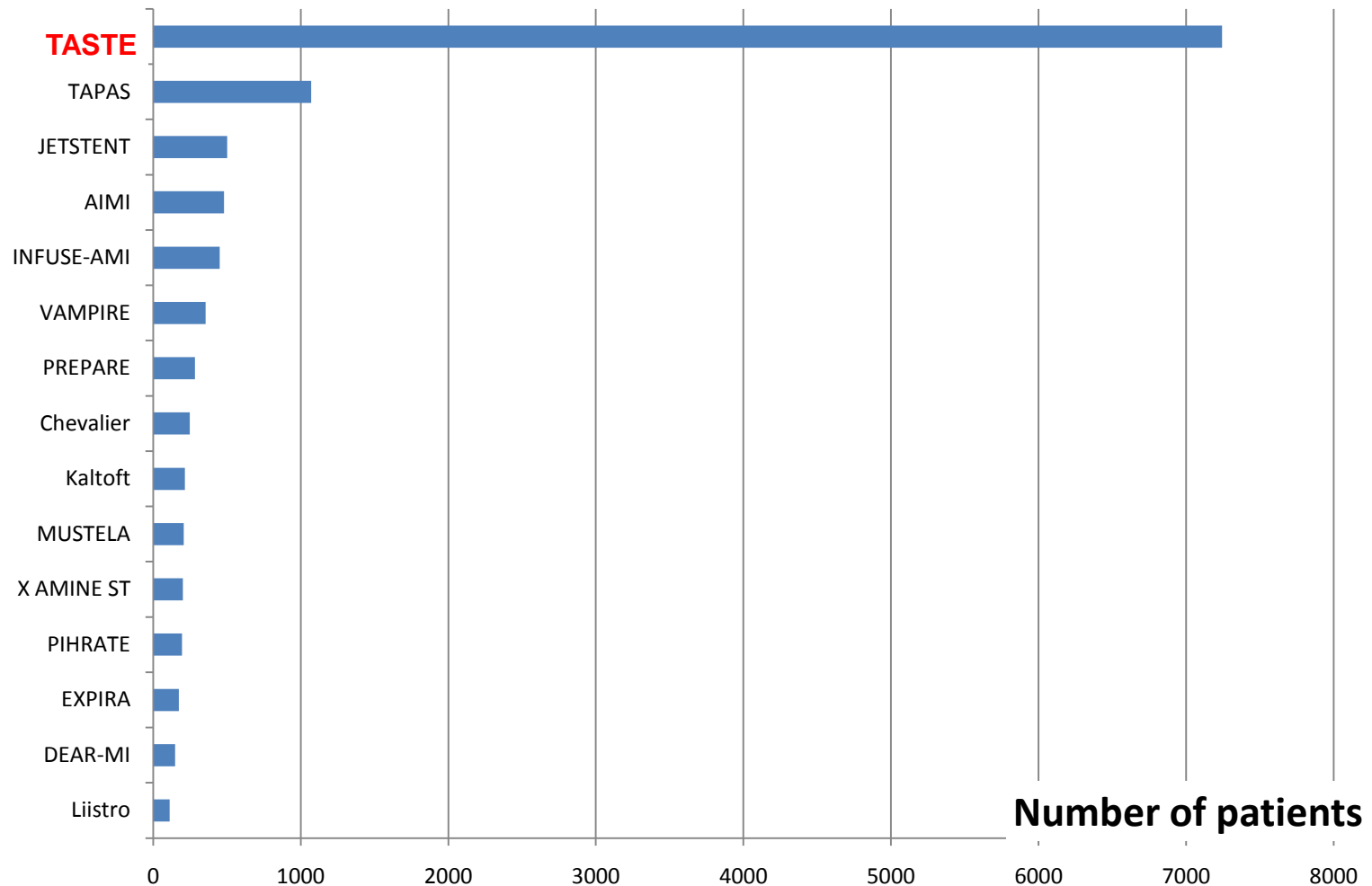
- Consulting/Royalties/Owner/ Stockholder of a healthcare company

Methods



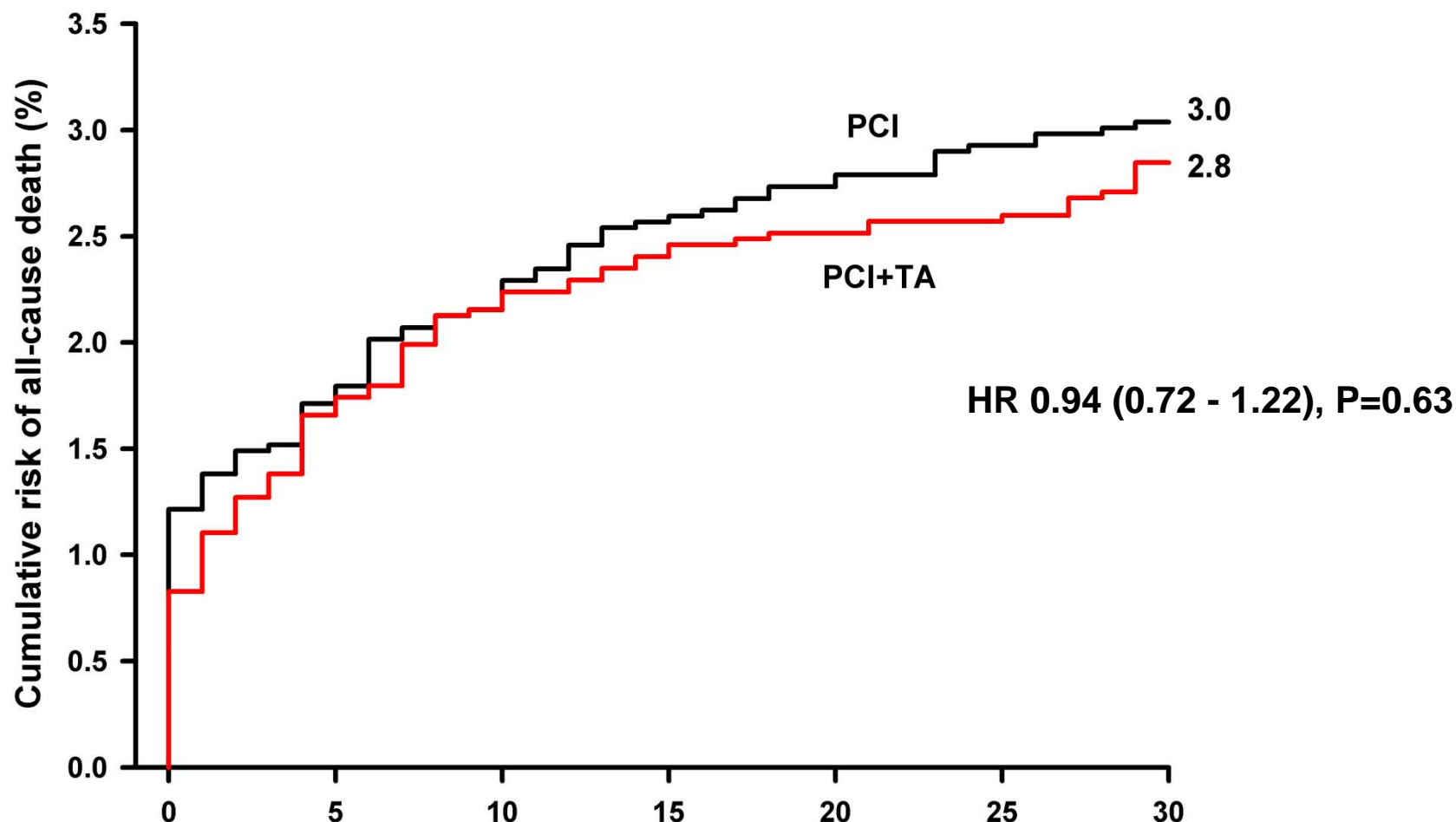
- 29 Swedish, 1 Danish and 1 Icelandic hospital
- Multicenter, prospective, randomized, controlled open-label trial enrolling 7244 patients who had a diagnosis of ST-elevation myocardial infarction (STEMI)
- Novel Registry-Based Randomized Clinical Trial concept: national heart registries served as platforms for randomization, case reports and follow-up
 - no patients lost to follow-up
 - powerful tool to capture outcome data with a high degree of fidelity
 - inexpensive
- Half of the patients were assigned to balloon treatment only (known as percutaneous coronary intervention, or PCI) and the other half had their blood clot aspirated before PCI

TASTE and previous studies on thrombus aspiration



TASTE

All-cause mortality at 30 days



No. at Risk

PCI+TA	3621	3568	3540	3532	3526	3524	3519
PCI	3623	3567	3545	3530	3523	3517	3513

TASTE

- No difference between the two groups for secondary endpoints including risk of new heart attack, stent thrombosis, stroke and complications related to the treatment
- Even high risk groups such as smokers, patients with diabetes or patients with large clots had similar mortality with either approach
- Our results do not support a role for clot aspiration as a routine future treatment
- The study's unique Registry-Based Randomized Clinical Trial concept is a new, efficient and inexpensive way to assess treatments in large patient populations