## Population Health Research Institute



# Steroids In caRdiac Surgery (SIRS) Trial

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On behalf of the SIRS Investigators

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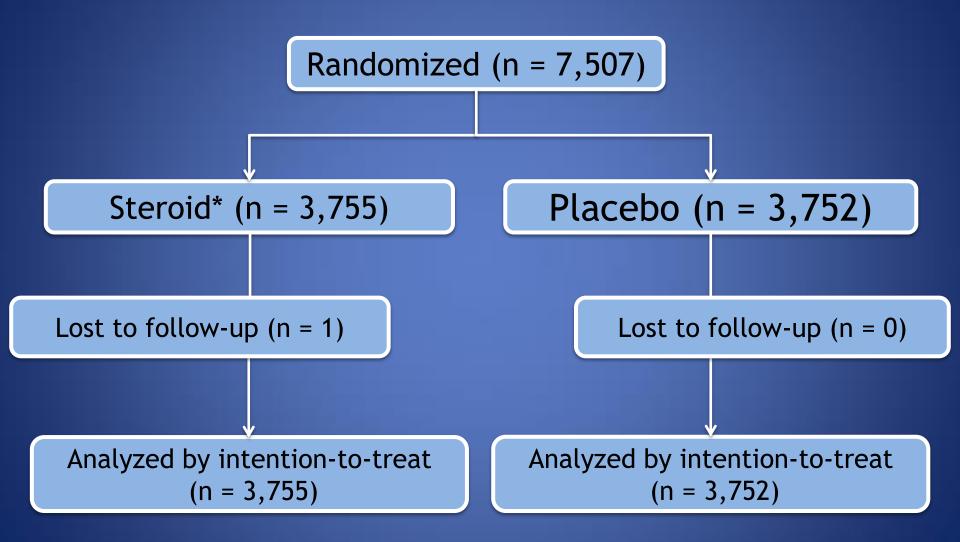
#### Rationale

- Cardiopulmonary bypass results in an inflammatory response which is associated with adverse outcomes
- Prophylactic steroids attenuate this response, but clinical benefits are unclear
- Meta-analysis of small trials suggest clinical benefit of steroids
- DECS trial (n=4494) suggests clinical benefit in a prespecified subgroup of EuroSCORE ≥ 5

## SIRS Hypotheses

 Methylprednisolone compared to placebo would reduce death and major morbidities at 30 days in high-risk patients undergoing cardiac surgery with the use of CPB

#### Trial Flow Diagram



\*500 mg IV Methylprednisolone given intra-operatively

#### Patient Population (1)

#### **Inclusions:**

- 1) Age  $\geq$  18 years of age
- 2) Require CPB for any cardiac surgical procedure
- 3) EuroScore  $\geq$  6

Note: For sites in China, Hong Kong and India, the following criteria applied:

- a) EuroScore  $\geq$  4 if undergoing a valve procedure
- b) EuroScore ≥ 6 if undergoing any other cardiac surgery procedure
- 4) Provide written informed consent

#### Patient Population (2)

#### **Exclusions:**

- 1) Planned use of perioperative systemic steroids
- History of bacterial or fungal infection in the last 30 days
- 3) Allergy or intolerance to corticosteroids
- 4) Planned use of Aprotinin
- 5) Previous participation in this study

#### **Primary Study Outcomes**

#### 1st Co-Primary Outcome:

Total mortality within 30 days

#### 2<sup>nd</sup> Co-Primary Outcome:

 Composite of total mortality, MI, stroke, renal failure, or respiratory failure within 30 days

### 2° Study Outcomes: Efficacy

- First 24 hours
  - Transfusions

- Length of ICU and hospital stay
- 30 days
  - Components of composite
  - Death or MI

#### 2° Study Outcomes: Safety

- First 24 hours
  - Post-operative insulin use, peak blood glucose
- Day 3
  - Delirium

- 30 days
  - Infection, wound complication, GI hemorrhage/perforation

#### SIRS Early-MI Definition

	Activity Assay	Mass Assay
Isolated CABG Procedure	≥40 U/L	≥6 x ULN
Other Cardiac Surgery Procedure	≥120 U/L	≥15 x ULN

NOTE: In patients with elevated baseline CK-MB (greater than reported ULN) → An absolute increase in CK-MB measurement as per the above definition is required

#### Baseline Characteristics

	Steroid (N=3,755)	Placebo (n=3,752)
Age (SD)	67.5 (±13.6)	67.3 (±13.8)
Male (%)	60.1	60.8
Previous MI (%)	26.2	24.7
Previous stroke (%)	8.1	8.4
Congestive heart failure (%)	26.8	27.2
Diabetes (%)	26.2	26.4
EuroSCORE (SD)	7.1 (±2.0)	7.1 (±2.0)
Procedure i. Any valve procedure (%) ii. Any CABG (%) iii. Isolated valve (%) iv. Isolated CABG (%)	2646 (70.4) 1838 (48.4) 1206 (32.1) 826 (22.0)	2723 (72.6) 1796 (47.9) 1228 (32.7) 762 (20.3)

### Co-Primary Outcomes (30 days)

30-Day Outcome	Steroid (%) N=3755	Placebo (%) N=3752	RR (95% CI)	p-value
First Co-Primary - Death	155 (4.1)	176 (4.7)	0.88 (0.71-1.09)	0.23
Second Co-Primary - Composite death, MI, stroke, new renal failure, respiratory failure	908 (24.2)	869 (23.2)	1.04 (0.96-1.13)	0.30

#### Composite Components (30 days)

30-Day Outcome	Steroid (%) N=3755	Placebo (%) N=3752	RR (95% CI)	p-value		
Components of Composite	Components of Composite					
MI	500 (13.3)	408 (10.9)	1.22 (1.08-1.38)	0.001		
Stroke	72 (1.9)	80 (2.1)	0.90 (0.66-1.23)	0.51		
New Renal Failure	105 (2.8)	114 (3.0)	0.92 (0.71-1.20)	0.53		
Respiratory Failure	343 (9.1)	375 (10.0)	0.91 (0.79-1.05)	0.21		

#### Secondary Outcomes: Efficacy

Outcomes	Steroid N=3755	Placebo N=3752	RR (95% CI)	p-value
Death or MI (%)	620 (16.5)	536 (14.3)	1.16(1.04-1.29)	0.008
New atrial fibrillation (%)	821 (21.9)	846 (22.5)	0.97(0.89-1.06)	0.53
Any transfusion (%)	1832 (48.8)	1865 (49.7)	0.98 (0.94-1.03)	0.43
Length of ICU stay (hrs)	46.0 (23.0-90.0)	47.0 (24.0-91.0)		0.05
Length of hospital stay (days)	9.0 (7.0-13.0)	9.0 (7.0-13.0)		0.06

#### Secondary Outcomes: Safety

Outcomes	Steroid N=3755	Placebo N=3752	RR (95% CI)	p-value
Infection (%)	464 (12.4)	494 (13.2)	0.94 (0.83-1.06)	0.29
Delirium (%)	295 (8.4)	290 (8.3)	1.01 (0.87-1.19)	0.84
Surgical site infection (%)	150 (4.0)	150 (4.0)	1.00(0.80-1.25)	0.99
GI perforation or hemorrhage (%)	55 (1.5)	46 (1.2)	1.19 (0.81-1.76)	0.37
Peak blood glucose (mmol/L)	12.7 (±7.2)	12.1 (±18.7)		0.04
Post-operative Insulin (u)	50.3 (±66.3)	32.6 (±52.9)		<0.00001

#### Subgroup Analysis

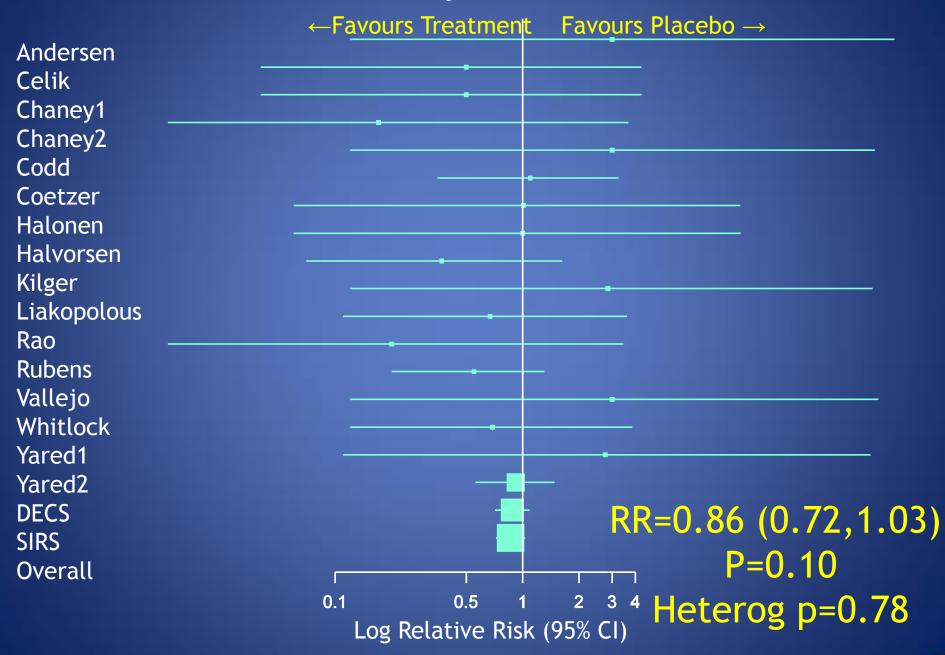
- Co-primary and MI results were consistent across 6 subgroups of:
  - Gender
  - Diabetic status
  - Age
  - EuroSCORE
  - Surgery type
  - CPB duration

#### Conclusions

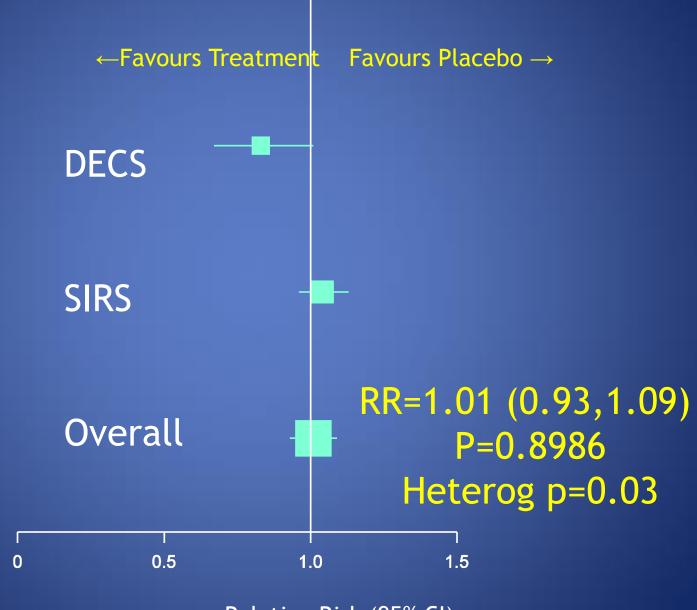
- 1. Methylprednisolone does not reduce death or major morbidity at 30 days for high-risk patients undergoing cardiac surgery with the use of cardiopulmonary bypass.
- 2. Methylprednisolone increases the risk of early post-operative myocardial infarction
- 3. Methylprednisolone should not be administered prophylactically to high-risk patients undergoing cardiac surgery with the use of cardiopulmonary bypass.

#### Additional slides

#### Meta Analysis - Death



#### Meta Analysis - Co Primary



Relative Risk (95% CI)

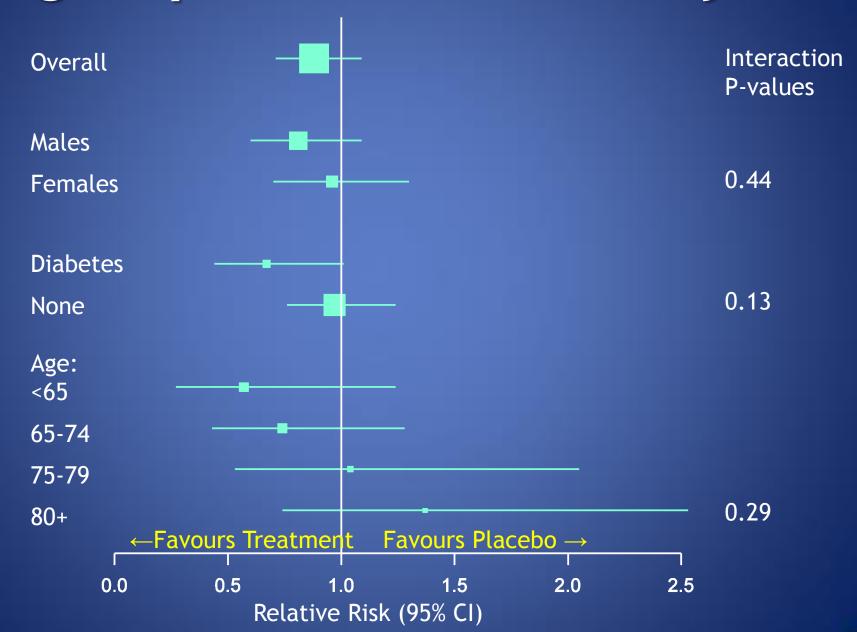
## Types of MI

	Steroid (%) N=3755	Placebo (%) N=3752	RR (95% CI)	P-value
Any MI	13.3	10.9	1.22 (1.07-1.37)	0.001
MI ≤72 hours	13.3	10.8	1.23 (1.09-1.39)	0.001
Q-wave	0.6	0.6	0.87 (0.49-1.57)	0.65
Non Q-wave	12.7	10.2	1.25 (1.10-1.42)	<0.001
CK-MB 5-10 x ULN	3.1	2.6	1.19 (0.92-1.56)	0.19
CK-MB >10 x ULN	7.7	6.1	1.26 (1.07-1.49)	0.006

## Mortality CK-MB Thresholds by Treatment

	Above Threshold		Below Threshold		Above vs. Below	
	N	Death (%)	N	Death (%)	RR (95% CI)	P-value
Steroid	537	37 (6.9)	3218	118 (3.7)	1.88 (1.31-2.69)	<0.0001
Placebo	430	47 (10.9)	3322	129 (3.9)	2.81 (2.05-3.87)	<0.0001
All	967	84 (8.7)	6540	247 (3.8)	2.30 (1.81-2.92)	<0.0001

#### Subgroups 1 - Death at Day 30



### Subgroups 2 - Death at Day 30

