

# Colchicine for Post-operative Pericardial Effusion (POPE):

The Post-Operative Pericardial Effusion-2 (POPE-2) Study.

A Multicenter, double-blind, randomized Trial

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#### **Disclosures**

- ✓ Concerning this study: no conflict of interest
  - All the authors/investigators worked for free
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  - Mayoly-Spindler company provided the sudy's drug and placebo
- Other relationships with pharmaceutical companies:
  - Consultant for Servier
  - Research grant: Daïchi Sankyo



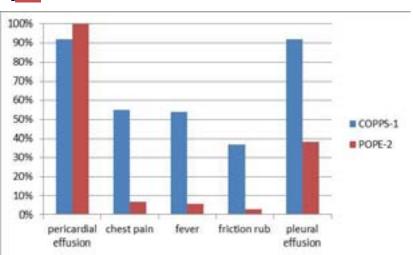
# Background: Post Operative Pericardial Diseases after day 7: PPS(post pericardiotomy syndrom) and POPEs are very different

Symptoms:

PPS: yes

POPES:

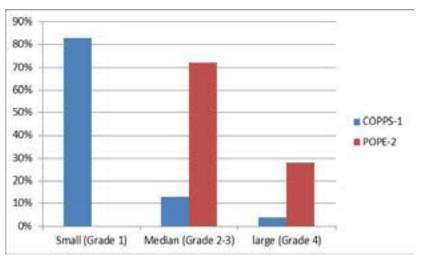


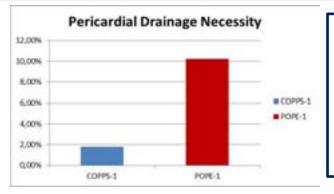




PPS: no or small

POPES: yes, larger





#### To sum-up:

- PPS: acute pericarditis but low Tamponade Risk
- POPES: initially asymptomatic but high Tamponade Risk

1- Meurin et al.POPE-1 Study. Ann Intern Med 2010. 2- Imazio et al.COPPS-1 Study. Eur Heart J 2010. 3- Imazio et al Am J Cardiol. 2011



## POPE-2 Study: methods (1)

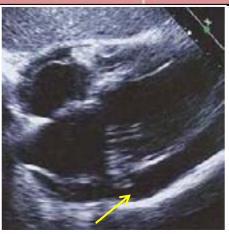
- ✓ Objective: to assess whether colchicine was effective in reducing post operative pericardial effusion (POPE) volume.
- ✓ Design: multicenter, randomized, double-blind, placebocontrolled study
- ✓ Setting: Ten post operative cardiac rehabilitation centers (POCRC).
- ✓ Patients: 197 patients at high risk of tamponade: i.e with a POPE of Grade 2,3 or 4.
- Treatment administration: followers (coolinations on 1 mg place bo)
   Pts < 70 kg 1 mg per day without a loading dose

# Methods (2): why did we include only patients with Grade 2,3 or 4 POPEs ?

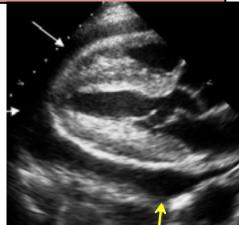
Echocardiographic classification 1, 2

Grade at Day 15 (8-29)	Loculated	Circumferential	Estimated Late Tamponade Risk at Day 30
0	0	0	0
1- Small	< 10 mm	0	0
2-Moderate	10-14 mm	< 10 mm	2-7%
3-Medium	15-19 mm	10-14 mm	15% = 10%
4-Large	≥ 20 mm	≥ 15 mm	25-45%





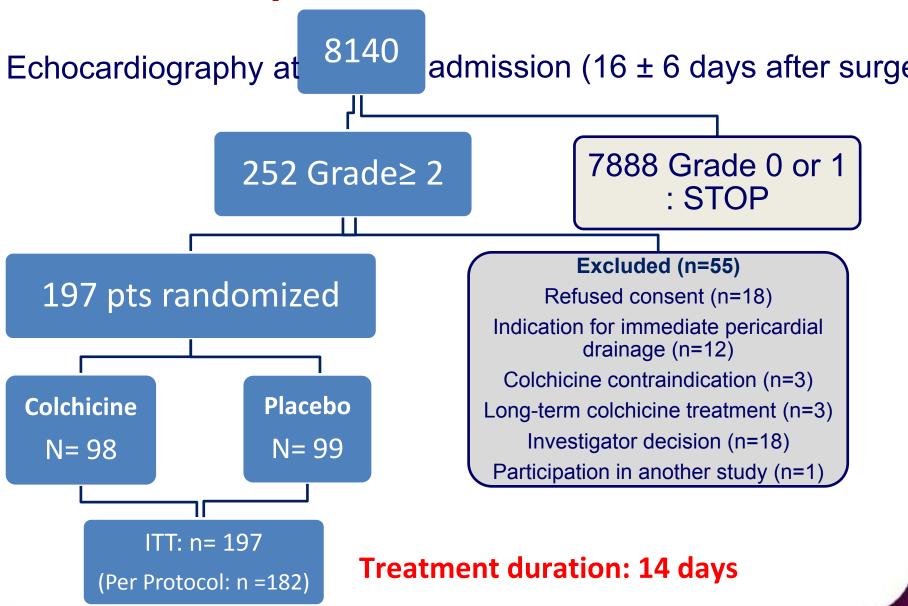




1- Meurin P, Weber H, Renaud N et al. Chest 2004;125:2182-87. 2- Meurin et al. POPE-1 Study. Ann Intern Med 2010



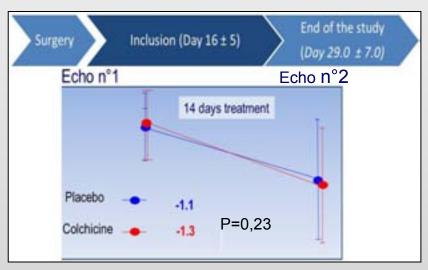
#### From April 2011 to March 2013



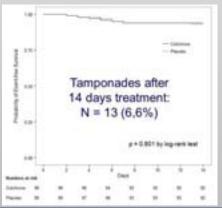


#### Results

### Primary Endpoint: Mean Pericardial Effusion Grade Decrease



#### **Secondary Endpoint: Cardiac Tamponades**



#### Conclusion

Moderate to large persisting (> 7 days) post-operative pericardial effusion: What does this study add?

- 1°) High risk patients: 11,5 % reoperation within 6 months:
  - 6.6 % tamponades in the 2 following weeks
  - Another 5 % will require pericardial drainages within 6 months
- 2°) Colchicine administration seems to be useless