

# STEMI-RADIAL

## A Prospective Randomized Trial of Radial vs. Femoral Access in Patients with ST-Segment Elevation Myocardial Infarction

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# Disclosure Statement of Financial Interest

I, **Ivo Bernat** DO NOT have a financial interest/arrangement or affiliation with one or more organizations that could be perceived as a real or apparent conflict of interest in the context of the subject of this presentation.

# RIVAL *versus* RIFLE-STEACS

Characteristics	RIVAL (STEMI) n=1958	RIFLE-STEACS n=1001
Sites	158	4
Substudy	RIVAL / OASIS 7	no
Primary PCI	74%	92%
Fibrinolytics	12%	7.6%
GPI IIb/IIIa	1/3	2/3
Shock patients	no	yes
Radial experience	variable	large
Cross-over	7.6%	9.6%
IABP	1%	8.0%

Jolly et al. *Lancet* 2011;377:1409-20

Romagnoli et al. *JACC* 2012 online

# STEMI-RADIAL - objectives

**To compare radial vs femoral approach in  
primary PCI for patients with STEMI < 12 hours  
in very high volume radial centers  
> 80% radial primary PCI**

# STEMI-RADIAL - **sample size**

- **Superiority of radial approach compared to femoral in terms of major bleeding and access site complication**
- **The trial has 80% power to detect 70% relative reduction in major bleeding and access site complications with radial approach compared to femoral approach with an alpha level of 0.05 assuming a reference rate of 6.5%.**

# STEMI-RADIAL **end-points**

- **Primary**
  - HORIZONS-AMI bleeding and access site complication \*
- **Secondary**
  - MACE (death, MI, stroke)
  - NACE
    - crossover
    - angiographic success
    - contrast volume
    - procedural and fluoroscopic times
    - ICU stay

\* Hematoma  $\geq 15$ cm

# STEMI-RADIAL - study criteria

## Inclusion criteria:

- age over 18 years
- admission for STEMI **<12 hours** after onset of symptoms
- ability to sign written informed consent

## Exclusion criteria :

- Killip IV class or unconsciousness
- Patient refusal
- prior aortobifemoral bypass
- no radial or femoral artery pulse
- participation in another clinical trial
- negative Allen's test or Barbeau test type D
- treatment with oral anticoagulants

# STEMI RADIAL - Study design:

707 STEMI patients between October 2009 and February 2012 in 4 PCI centers (24/7)

*written inform consent in the cathlab*

electronic randomization to femoral or radial approach

*(www.fnplzen.cz/radial)*

*immediate CAG + pPCI*

radial approach  
(n=348)

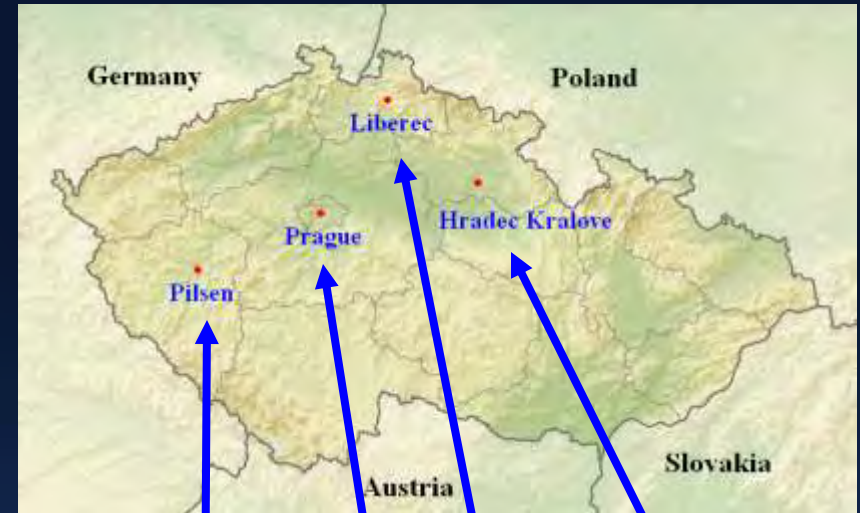
femoral approach  
(n=359)

*Intention to treat*

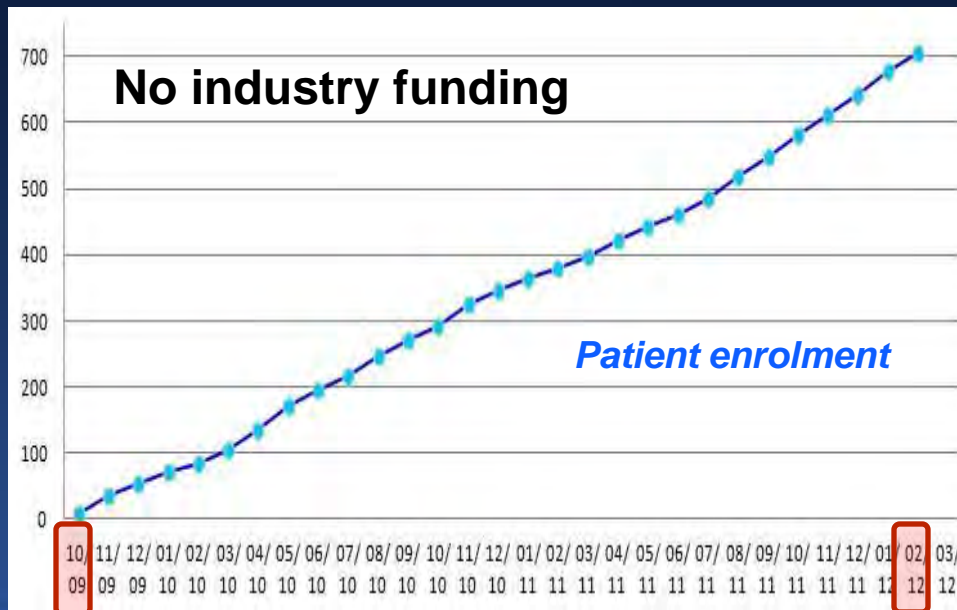
Clinical follow-up at 30 days  
(100%)



# Four study centers in the Czech Republic



- *University Hospital Pilsen*
- *Regional Hospital Liberec*
- *University Hospital Hradec Kralove*
- *Na Homolce Hospital Prague*



# STEMI RADIAL - baseline characteristics I.

	overall (n=707)	Radial (n=348)	Femoral (n=359)	p value
Age (years)	62±11	62±11	61±11	0.16
Male gender	77%	75%	79%	0.24
Weight (kg)	84±15	85±16	83±14	0.056
Hypertension	61%	65%	57%	0.037
Diabetes	21%	22%	19%	0.27
Smoking	51%	48%	55%	0.06
Stroke	4.4%	4.9%	3.9%	0.58
Dyslipidemia	38%	38%	38%	1.00

# STEMI RADIAL - baseline characteristics II.

	overall (n=707)	Radial (n=348)	Femoral (n=359)	p value
Prior MI	10.6%	9.2%	12%	0.27
Prior PCI	7.2%	7.8%	6.7%	0.66
Prior CABG	0.85%	0.9%	0.8%	1.0
Anterior MI	41%	40%	42%	0.7
Inferior MI	47%	47%	47%	0.88
Lateral MI	13%	14%	13%	0.66
Symptoms to balloon (min)	213(155-296)	215(157-301)	210(150-293)	0.28

# STEMI RADIAL - procedural characteristics I.

	<b>Radial</b> (n=348)	<b>Femoral</b> (n=359)	<b>p</b> <b>value</b>
<b>Vessel disease</b>			<b>0.93</b>
<b>0</b>	<b>3.7%</b>	<b>3.6%</b>	
<b>1</b>	<b>50%</b>	<b>50%</b>	
<b>2</b>	<b>31%</b>	<b>30%</b>	
<b>3</b>	<b>15%</b>	<b>17%</b>	
<b>Killip class</b>			<b>0.14</b>
<b>I.</b>	<b>85%</b>	<b>90%</b>	
<b>II.</b>	<b>12%</b>	<b>7.8%</b>	
<b>III.</b>	<b>3.4%</b>	<b>2.2%</b>	

	<b>Radial</b> (n=348)	<b>Femoral</b> (n=359)	<b>p</b> <b>value</b>
<b>Initial TIMI</b>			<b>0.55</b>
<b>0</b>	<b>52%</b>	<b>52%</b>	
<b>1</b>	<b>13%</b>	<b>13%</b>	
<b>2</b>	<b>18%</b>	<b>21%</b>	
<b>3</b>	<b>17%</b>	<b>14%</b>	
<b>Sheath</b>			<b>0.20</b>
<b>5 F</b>	<b>25%</b>	<b>27%</b>	
<b>6 F</b>	<b>75%</b>	<b>72%</b>	
<b>7 F</b>	<b>0%</b>	<b>0.8%</b>	

# STEMI RADIAL - procedural characteristics II.

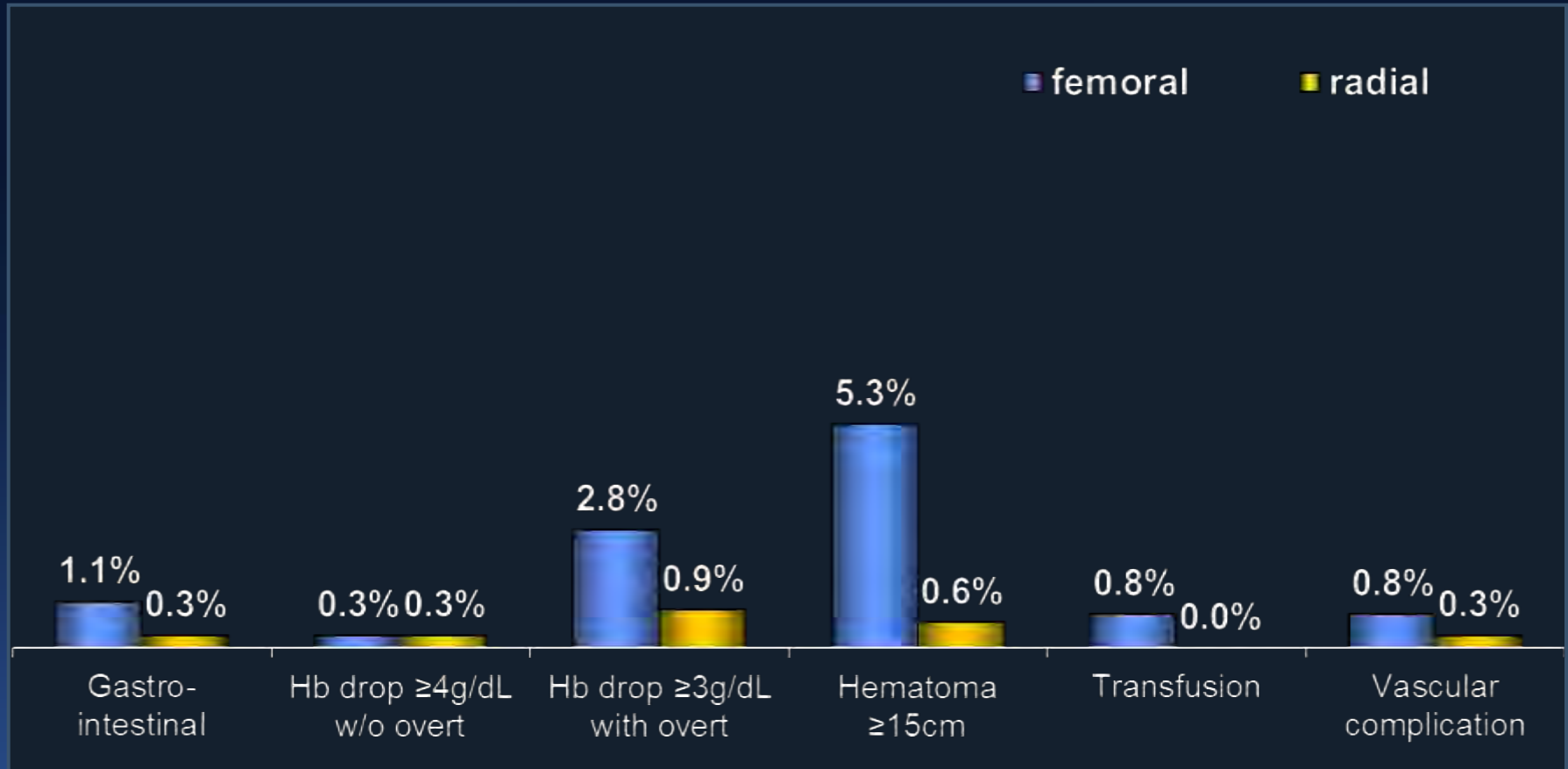
	overall (n=707)	Radial (n=348)	Femoral (n=359)	p value
Crossover	2.1%	3.7%	0.6%	0.003
GPI IIb/IIIa	45%	45%	45%	0.88
Thromboaspiration	28%	26%	30%	0.32
UFH dose (IU/kg)	104±32	103±34	105±31	0.41
ASA	99%	99%	99%	0.68
Clopidogrel	99%	99%	98%	0.51
Procedural time (min)	49±19	49±20	49±18	1.0
Fluoroscopy time (min)	8.0±5.1	7.9±4.7	8.0±5.5	0.76

# STEMI RADIAL - procedural characteristics III.

	overall (n=707)	Radial (n=348)	Femoral (n=359)	p value
Angiographic success	91%	91%	91%	0.79
Contrast volume (ml)	176±66	170±71	182±60	0.01
ICU stay (day)	2.8±2.4	2.5±1.7	3.0±2.9	0.0016
Final TIMI				0.62
0	1.3%	1.7%	0.8%	
1	1.0%	1.1%	0.8%	
2	5.5%	4.9%	6.1%	
3	92%	92%	92%	

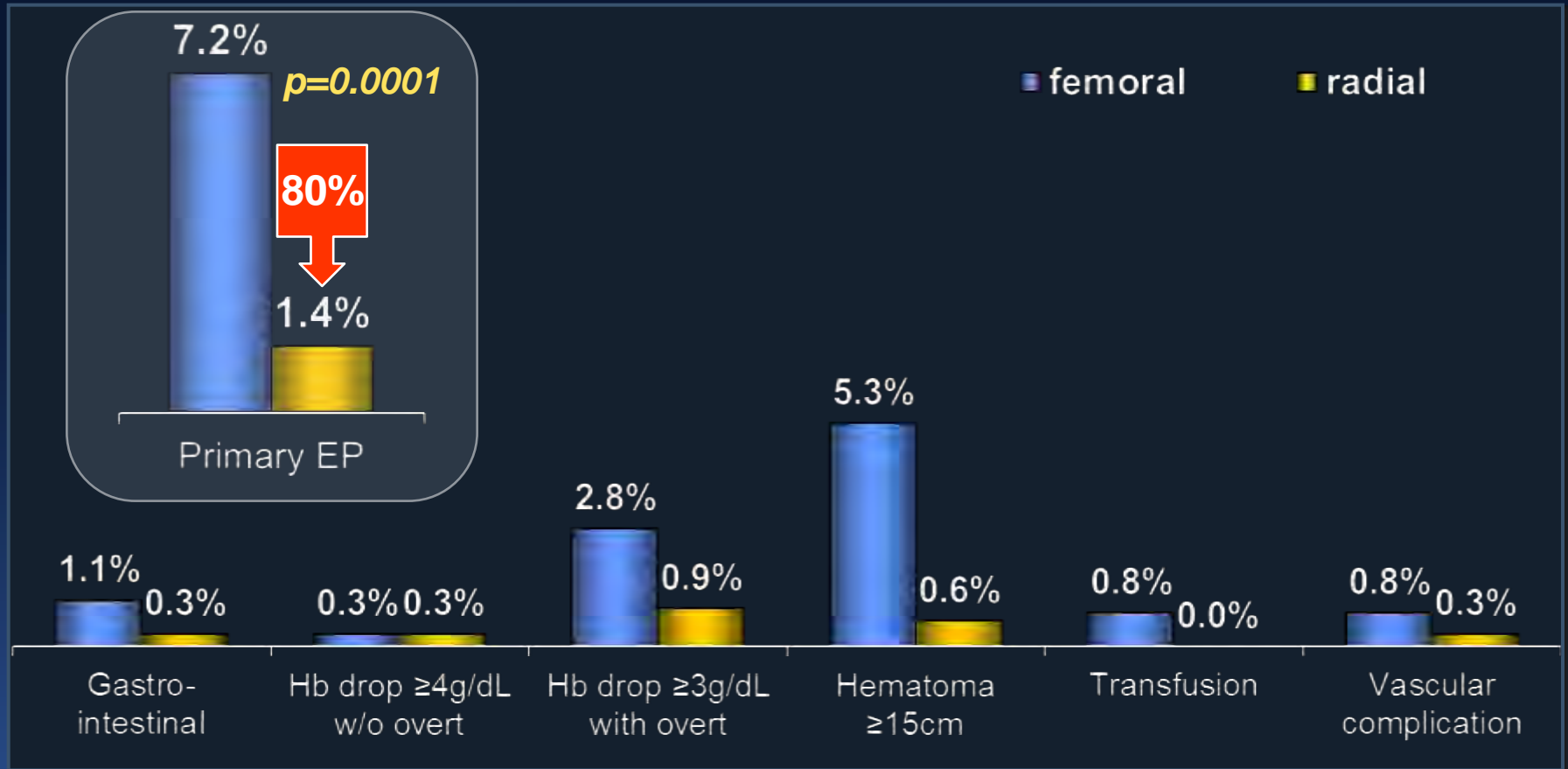
# STEMI RADIAL - results

*30-day bleeding and access site compl.*



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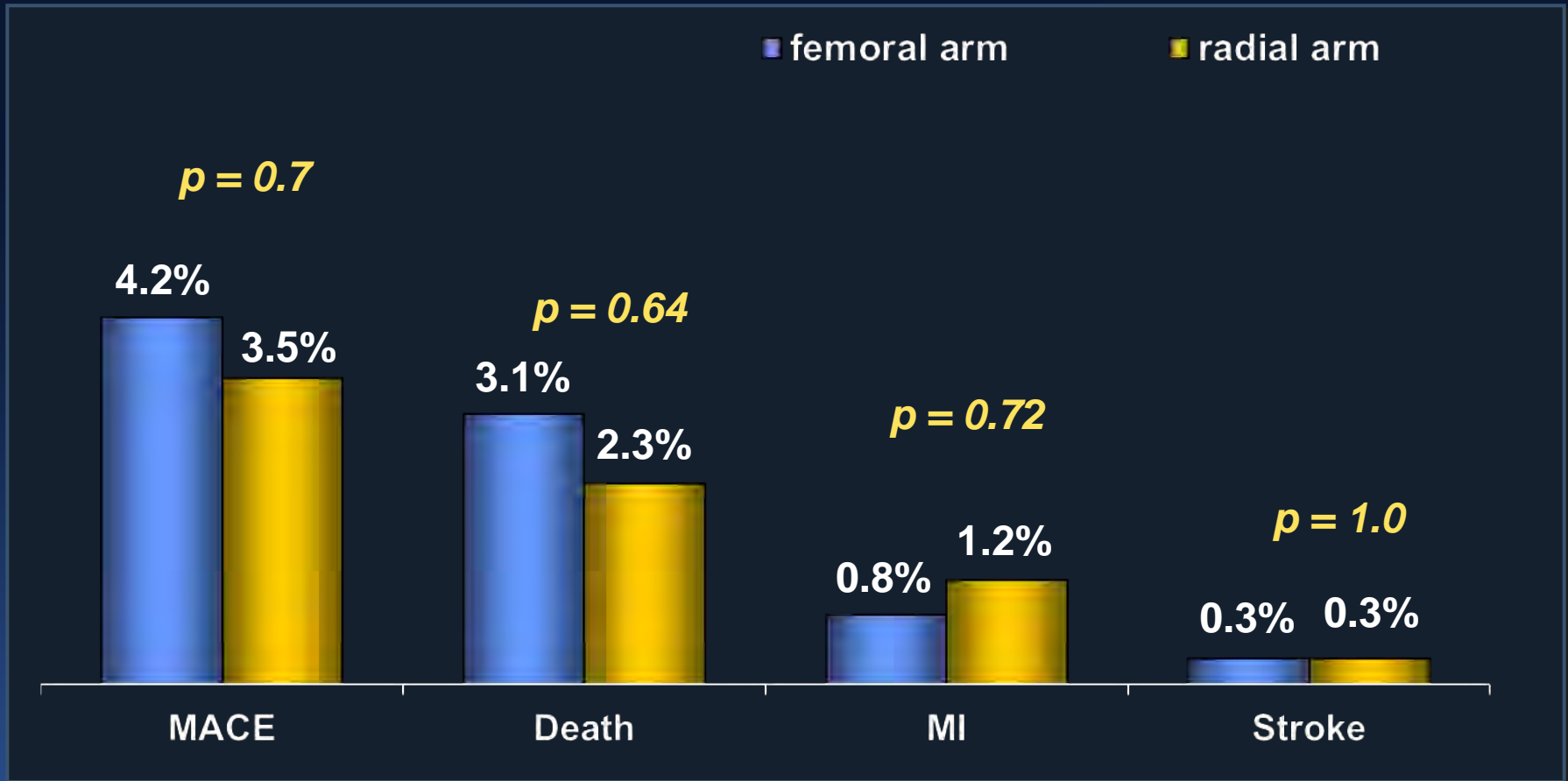
## 30-day bleeding and access site compl.





# STEMI RADIAL - results

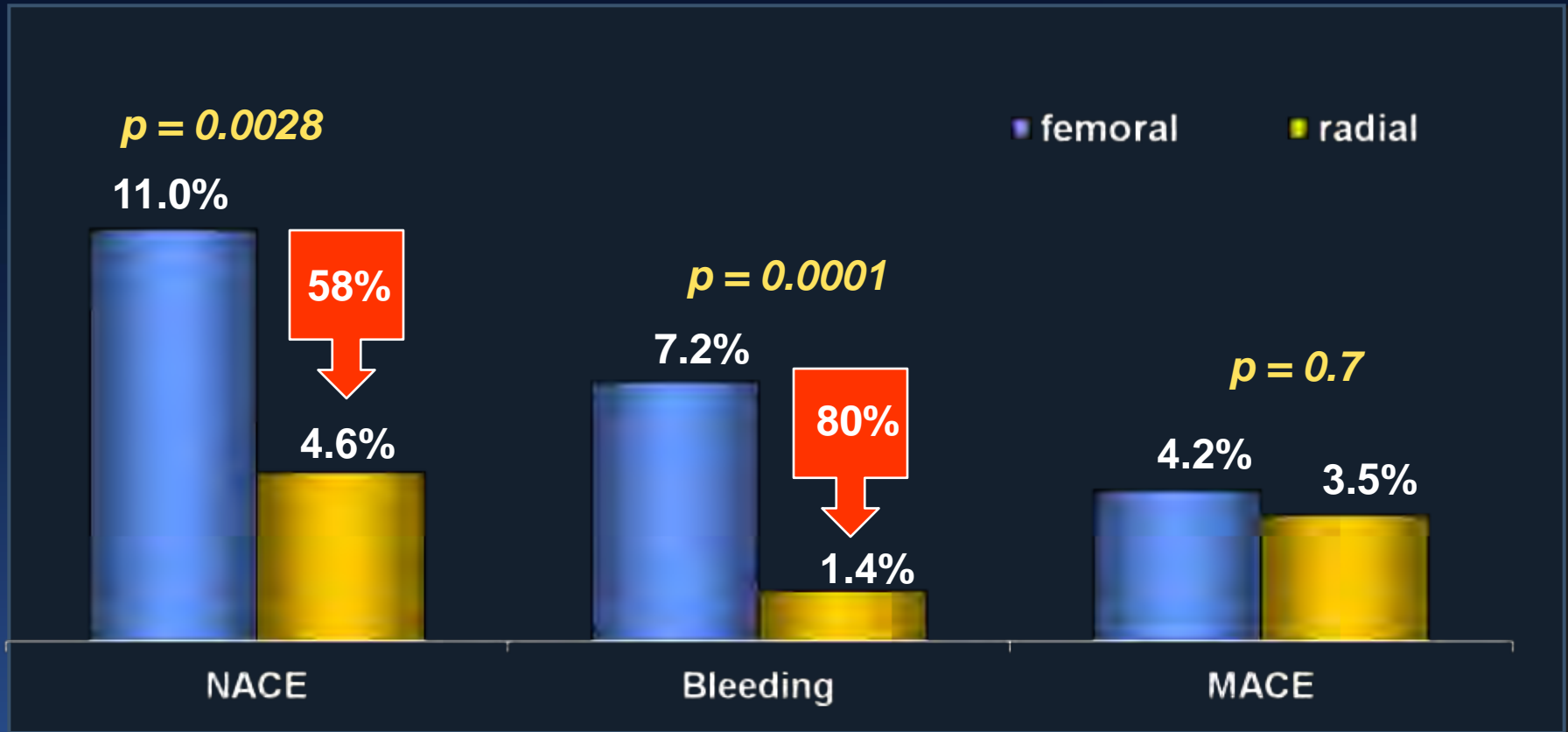
## 30-day MACE



MACE = composite of death, myocardial infarction and stroke

# STEMI RADIAL - results

## 30-day NACE



Net Adverse Clinical Event (NACE) = MACE + major bleeding  
MACE = composite of death, myocardial infarction and stroke

# Conclusion

- In patients with STEMI <12 hrs, radial approach was associated with a significant lower incidence of major bleeding and access site complications and a significant better net clinical benefit.
- Moreover radial approach reduced significantly ICU stay and contrast volume compared to femoral approach.
- Our results support the use of radial approach in primary PCI in high volume centers as a first choice.

**80-year old man from the STEMI-RADIAL trial :**

**Radial PCI one week after randomization to femoral primary PCI**

