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## Acute Coronary Syndromes

# PERSONALISED ANTIPLATELET TREATMENT STRATEGY AND OUTCOMES FOLLOWING PRIMARY PCI FOR STEMI (PASTOR STUDY)

Poster Contributions
Poster Hall B1
Monday, March 16, 2015, 9:45 a.m.-10:30 a.m.

Session Title: Conquering the Platelet and More for Better Outcomes
Abstract Category: 2. Acute Coronary Syndromes: Clinical
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**Aims:** We aimed to investigate whether an individualized antithrombotic treatment strategy based on platelet reactivity assessment (PRU) would be applicable to patients with STEMI treated with primary PCI.

**Methods and Results:** We studied a prospective cohort of 175 STEMI patients (mean age 63 years) undergoing primary PCI. Patients were loaded with 600mg clopidogrel prior the index PCI procedure. Verify Now platelet function testing was performed the following morning. 46 patients were found to be clopidogrel non-responders according to platelet reactivity measurements (cut-off PRU>235) and were treated with novel ADP inhibitors (44 with prasugrel, 4 with ticgarelor). Patients were followed for a median of 1.9 years. MACE among the 129 patients with PRU<235 treated with clopidogrel was 11.6% compared to 10.9% in the 46 patients with PRU>235 treated with novel ADP inhibitors (p=NS).

**Conclusion:** Following primary PCI for STEMI, patients with sufficient platelet ADP receptor blockade with clopidogrel show similar outcomes compared to patients switched to novel ADP receptor inhibitors due to impaired platelet blockade with clopidogrel. Platelet reactivity testing could be useful for individualization of antiplatelet therapy in patients with STEMI treated by primary PCI.