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IMPACT OF P2Y12 INHIBITOR CHOICE ON 30-DAY OUTCOMES AFTER PRIMARY PCI: AN ANALYSIS FROM THE EUROMAX TRIAL

Poster Contributions
Hall C
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Background: We examined the impact of P2Y12 choice on 30-day outcomes, including stent thrombosis (ST), after primary PCI in the EUROMAX trial.

Methods: Of 2198 patients, 98% received a loading dose and 89% were placed on maintenance therapy with clopidogrel (CLOP), prasugrel (PRAS) or ticagrelor (TIC) per institutional choice. We compared PRAS or TIC to CLOP and examined 30-day outcomes by maintenance therapy, and acute ST rates by loading dose. Logistic regression was used to adjust for baseline characteristics.

Results: Maintenance therapy was CLOP in 41% of patients and PRAS or TIC in 59%. Patients on CLOP were higher risk: age (65 vs. 59 years), female sex (29.9 vs. 19.9%), and rates of PCI (92.1 vs. 96.7%) or conservative treatment (6.98 vs. 3.2%), all p-values <0.0001. In an unadjusted comparison, PRAS or TIC were associated with lower rates of death and stroke, but increased major/minor bleeding vs. CLOP (Table). Primary and key secondary outcomes of EUROMAX as well as MACE or NACE were not different. Rates of ST either at 24 hours or 30 days were similar. After multivariate adjustment, only bleeding was significant in favor of CLOP (0.57, 0.34-0.94, p=0.03).

Conclusion: Institutional choice for P2Y12 inhibitors in STEMI is variable, but appears that CLOP is favored in higher risk patients. Following adjustment, 30-day outcomes (including acute and 30-day ST) appear comparable between CLOP and PRAS or TIC with the exception of increased bleeding with the new agents.

	PRAS or TIC (n=1135) no. (%)	Clopidogrel (n=784)no. (%)	Relative risk(95% CI)	P Value
Death or major bleed	63 (5.6)	47 (6.0)	0.93 (0.64-1.34)	0.68
Death, myocardial infarction or major bleed	77 (6.8)	56 (7.1)	0.95 (0.68-1.32)	0.76
Death	15 (1.3)	21 (2.7)	0.49 (0.26-0.95)	0.03
Cardiac death	14 (1.2)	18 (2.3)	0.54 (0.27-1.07)	0.07
Myocardial infarction	15 (1.3)	11 (1.4)	0.94 (0.43-2.04)	0.88
Cardiac death or myocardial infarction	29 (2.6)	28 (3.6)	0.72 (0.43-1.19)	0.20
Protocol major bleeding (non-CABG)	53 (4.7)	30 (3.8)	1.22 (0.79-1.89)	0.37
Protocol major/minor bleeding (non-CABG)	141 (12.4)	73 (9.3)	1.33 (1.02-1.74)	0.03
TIMI bleeding, major (non-CABG)	19 (1.7)	15 (1.9)	0.87 (0.45-1.71)	0.70
TIMI bleeding, major or minor (non-CABG)	140 (12.3)	71 (9.1)	1.36 (1.04-1.79)	0.02
Stent thrombosis (ARC at 30 days)	13 (1.1)	8 (1.0)	1.12 (0.47-2.70)	0.80
Acute stent thrombosis (≤24 hours)	9 (0.8)	3 (0.4)	2.07 (0.56-7.63)	0.38
Any stroke	3 (0.3)	9 (1.1)	0.23 (0.06-0.85)	0.02
MACE	44 (3.9)	43 (5.5)	0.71 (0.47-1.07)	0.10
NACE	90 (7.9)	66 (8.4)	0.94 (0.69-1.28)	0.70

MACE: Death, reinfarction, ischemia-driven revascularization or stroke; NACE: Death, reinfarction, ischemia-driven revascularization, stroke, or non-CABG major bleeding