**BIVALIRUDIN USE AND SHORT TERM OUTCOME IN THE ERA OF NOVEL P2Y12 INHIBITORS IN REAL-LIFE PATIENTS WITH ACUTE CORONARY SYNDROME: INSIGHTS FROM THE GREEK ANTIPLATELET (GRAPE) REGISTRY**

Poster Contributions
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**Background:** Few data exist on bivalirudin’s clinical safety and efficacy in the context of contemporary antiplatelet treatment.

**Methods:** We monitored in-hospital and 30-day bleeding events (Bleeding Academic Research Consortium -BARC classification) and major adverse cardiovascular events (MACEs) in the context of a prospective multi-centre, observational study in patients with acute coronary syndrome (ACS) subjected to percutaneous coronary intervention (PCI) in Greece.

**Results:** Out of 2047 patients registered, 480 (23.4%) were treated with bivalirudin and 1708 were used for outcomes assessment (Figure). In multivariate analysis (C-statistic 0.76, 0.74-0.79 95%CIs, p=0.01) primary PCI, prior bleeding and use of novel P2Y12 inhibitor favored bivalirudin use whereas IIb/IIIa inhibitor use did not [OR(95%CI) = 3.34(2.6-4.3), 1.42(1.008-2), 1.54(1.2-1.9) and 0.32(0.2-0.5) respectively, all p<0.001]. Regional trends also affected choice of bivalirudin. Among 371 propensity matched pairs of patients MACEs, BARC1, BARC2 and BARC3 bleeding events did not differ significantly between bivalirudin and no bivalirudin-treated individuals (3.8% vs 4.3%, 20.2% vs 19.9%, 3.8% vs 2.4% and 3.5% vs 3.5%, all p>0.1).

**Conclusions:** In a real-world ACS population subjected to PCI and receiving contemporary antiplatelet therapy, bivalirudin use was not associated with lower risk of bleeding events.

![Diagram](image.png)