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LONG-TERM THIENOPYRIDINE THERAPY AND OUTCOMES IN PATIENTS WITH ACS TREATED WITH CORONARY STENTING: THE PRIMARY RESULTS OF THE TIMI-38 CORONARY STENT REGISTRY

ACC Oral Contributions
Ernest N. Morial Convention Center, Room 238
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Session Title: Unstable Ischemic Syndromes: Acute Therapy and Long-Term Outcomes
Abstract Category: 4. Unstable Ischemic Syndrome/Long-Term Outcome
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Background: Optimal duration of thienopyridine therapy in pts with ACS and coronary stenting is uncertain. We examined the long-term use of thienopyridines and outcomes in such a population following TRITON-TIMI 38.

Methods: The TIMI-38 Coronary Stent Registry (CSR) followed pts after TRITON-TIMI 38 (≥6 months post ACS & PCI) who received a stent for their index ACS, and were alive and free of MI or stent thrombosis (ST). The primary endpoint was ST and the key clinical endpoint was death, MI, or ST. HRs were adjusted using a propensity score for the continuation of thienopyridine.

Results: The CSR enrolled 2110 pts (1679 ≥ 12 months from index ACS) and followed for a median 2.13 yrs. Pts continued on thienopyridine were more likely to have hx of MI (20% vs 16%, p=0.036), hx of CABG (11% vs 7%, p=0.0045), enrolled in North America (64% vs 22%, p<0.001), and index DES (77% vs 46%, p<0.001). There was no difference in rand. group (prasugrel vs clopidogrel, p=0.80). There was no difference in rates of ST (p=0.30 adj) or clinical events (figure A) in pts continued on thienopyridine at 2 yrs. When stratified by stent there tended to be a lower risk of ST (0.8% vs 1.6%, P=0.16 adj) and clinical events with thienopyridine in the DES group (figure A) but higher in the BMS group (p inter. = 0.0024). There was numerically more bleeding with DAPT (figure B).

Conclusion: In ACS pts receiving stents, prolonged thienopyridine was not associated with lower thrombotic events; however, there was a tendency toward lower rates in those with DES.