ACC.12
61st Annual Scientific Session & Expo
ACC-i2 with TCT innovation in intervention

E1404
JACC March 27, 2012
Volume 59, Issue 13

Chronic CAD/Stable Ischemic Heart Disease

NO LEGACY EFFECT OF SIX MONTHS' TREATMENT OF CILOSTAZOL ON THE LONG-TERM PROGNOSIS OF PATIENTS WHO UNDERWENT DRUG-ELUTING STENT IMPLANTATION: 2-YEAR FOLLOW-UP OF THE CILON-T TRIAL

ACC Moderated Poster Contributions
McCormick Place South, Hall A
Monday, March 26, 2012, 9:30 a.m.-10:30 a.m.

Session Title: How to Pick Your Antiplatelet Therapy
Abstract Category: 2. Chronic CAD/Stable Ischemic Heart Disease: Clinical
Presentation Number: 1197-38

Authors: *Hack-Lyoung Kim, Jung-Won Suh, Seng-Pyo Lee, Ii-Young Oh, Hyun-Jae Kang, Bon-Kwon Koo, Young-Seok Cho, Tae-Jin Youn, In-Ho Chae, Dong-Ju Choi, Taek-Geun Kwon, Jang-Ho Bae, Seung-Woon Rha, Jang-Whan Bae, Myoung-Chan Cho, Hyo-Soo Kim, Seoul National University Hospital, Seoul, South Korea*

Background: Recent studies suggested that high post-treatment platelet reactivity (PPR) after percutaneous coronary intervention (PCI) was associated with long-term ischemic complications of patients. Cilostazol is reported to improve PPR in patients who underwent PCI. In this study, we investigated the effect of six months' cilostazol treatment on long-term prognosis of patients who underwent drug-eluting stent (DES) implantation.

Methods: Among 960 patients who enrolled for CILON-T trial, 915 with successful DES implantation were randomly assigned to triple antiplatelet therapy (TAT: aspirin, clopidogrel and cilostazol, n = 457) and dual antiplatelet therapy (DAT: aspirin and clopidogrel, n = 458). Cilostazol was administered on top of DAT for 6 months to TAT group. P2Y12 reaction unit (PRU) was measured with the VerifyNow P2Y12 assay (Accumetrics, San Diego, California) at discharge after index procedure. Two-year ischemic events including cardiac death, non-fatal myocardial infarction, ischemic stroke and target lesion revascularization (TLR) were evaluated.

Results: The 2 groups had similar baseline clinical and angiographic characteristics. Two-year follow-up was completed in 907 patients (99.1%) (n = 456 in TAT [99.7%] and n = 451 in DAT [98.4%]). At 2 years, there was no significant difference in ischemic events between the 2 groups (10.7% in TAT vs. 12.1% in DAT, p = 0.520). The individual risk of all-cause death, cardiac death, non-fatal myocardial infarction, ischemic stroke and TLR were not significantly different. Multivariate analysis showed that longer lesion length (≥28 mm, hazard ration [HR]: 1.92, 95% confidence interval [CI]: 1.18 to 3.12) was the only predictor of ischemic events, but not the use of cilostazol (HR: 0.77, 95% CI: 0.46 to 1.27). Both groups had similar bleeding events (1.7% in TAT vs. 0.7% in DAT, p = 0.224). There was a trend toward high rates of ischemic events in high PRU value groups, which did not reach the statistical significance (9.8% in the highest vs. 12.8% in the middle vs. 14.0% in the lowest, p = 0.202).

Conclusions: Six months' treatment of cilostazol on top of dual antiplatelet regimen did not have legacy effect on the 2- year clinical outcomes.