ACC.11
60th Annual Scientific Session & Expo

E1050
JACC April 5, 2011
Volume 57, Issue 14

MYOCARDIAL ISCHEMIA AND INFARCTION

RANOLAZINE REFRACTORY ANGINA REGISTRY TRIAL: 1-YEAR RESULTS

ACC Poster Contributions
Ernest N. Morial Convention Center, Hall F
Monday, April 04, 2011, 9:30 a.m.-10:45 a.m.

Session Title: Stable Ischemic Syndrome: Clinical Treatments
Abstract Category: 5. Stable Ischemic Syndrome
Session-Poster Board Number: 1074-362

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Background: As the population ages and the mortality of coronary artery disease decreases, an increasing number of pts have severe myocardial ischemia not amenable for revascularization. Pts with refractory angina (RA) have limited therapeutic options and significant limitations in their quality of life. Ranolazine is approved for pts with chronic stable angina but has not been studied in RA. The Ranolazine RA Registry Trial was designed to evaluate the safety, tolerability and effectiveness in RA patients.

Methods: 100 consecutive RA patients were enrolled as part of an extensive ongoing prospective RA registry. Angina class, medications, MACE/death, myocardial infarction, and revascularization were obtained at 1, 6 and 12 months.

Results: Table 1 shows patients' one year angina improvement and clinical outcomes. At one year, 59% patients remained on ranolazine (91.4% 500 mg BID), and 56% had at least a 2 class improvement in angina. In the 41 patients who discontinued, reasons include: side effects (N=15), MACE (N=7), cost (N=5), ineffective (N=6), cost and ineffective (N=3), death (N=2), unknown (N=2).

Conclusions: Ranolazine is an effective anti-anginal therapy in pts with refractory angina, still at one year only 59% of pts remained on ranolazine due to side effects, cost, suboptimal effectiveness or progression of disease.

	Continued Ranolazine	Discontinued Ranolazine	P-value
Angina class change			
No change	5.2%	48.8%	<0.001
1 class, %	37.9%	26.8 %	
2 classes, %	46.6%	22.0%	
3 classes, %	10.3%	2.4%	
Death, %	0%	5.0%	0.16
MI, %	1.7%	5.0%	0.57
PCI/CABG, %	15.5%	35.0%	0.031
Angina hospitalization, %	32.8%	32.5%	1.000