

Clopidogrel will be Obsolete in Five Years: Opposition

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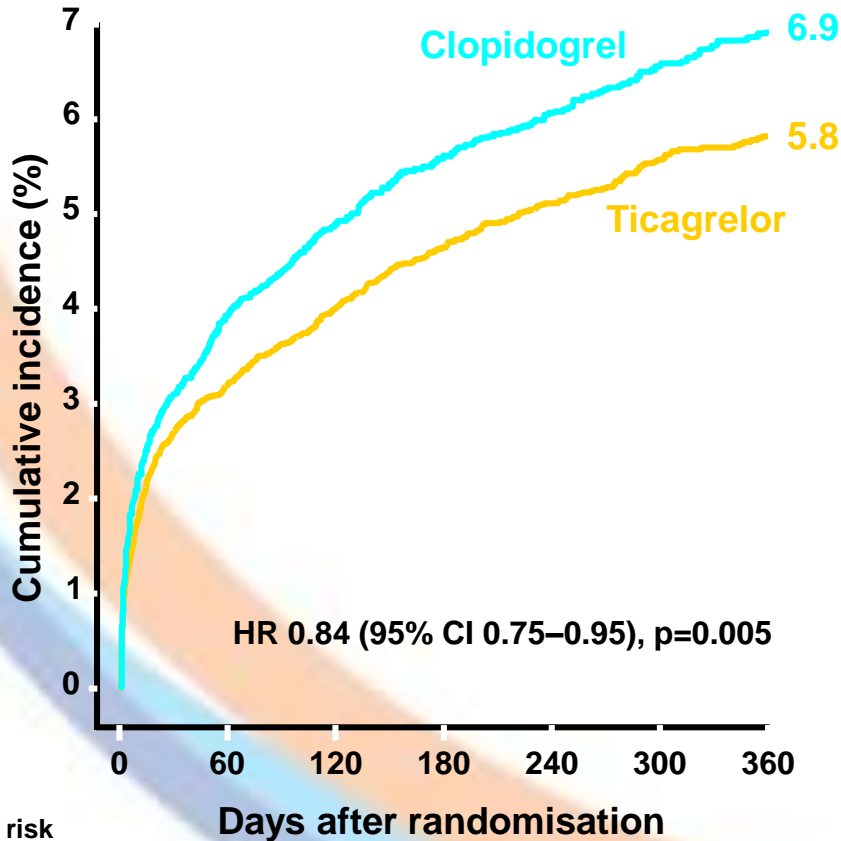
Disclosures

- Consulting – Eli-Lilly, Astra-Zeneca, Bayer Healthcare, Sanofi
- Research grants – Eli-Lilly, Astra-Zeneca, Bayer Healthcare

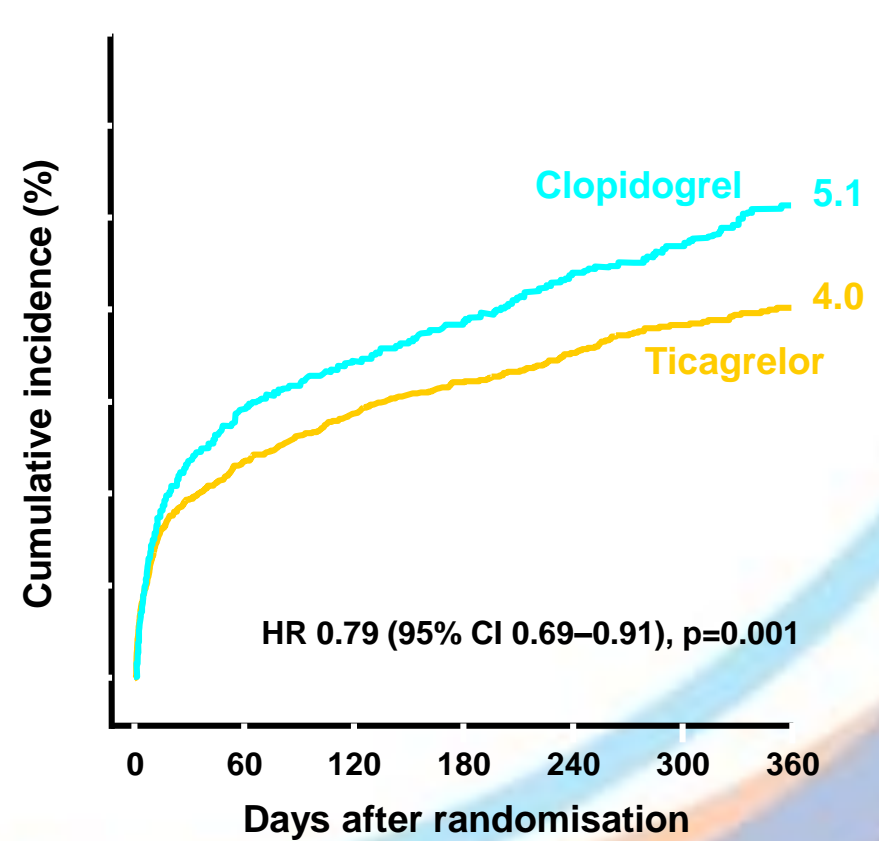


PLATO: Secondary efficacy endpoints over time

Myocardial infarction



Cardiovascular death

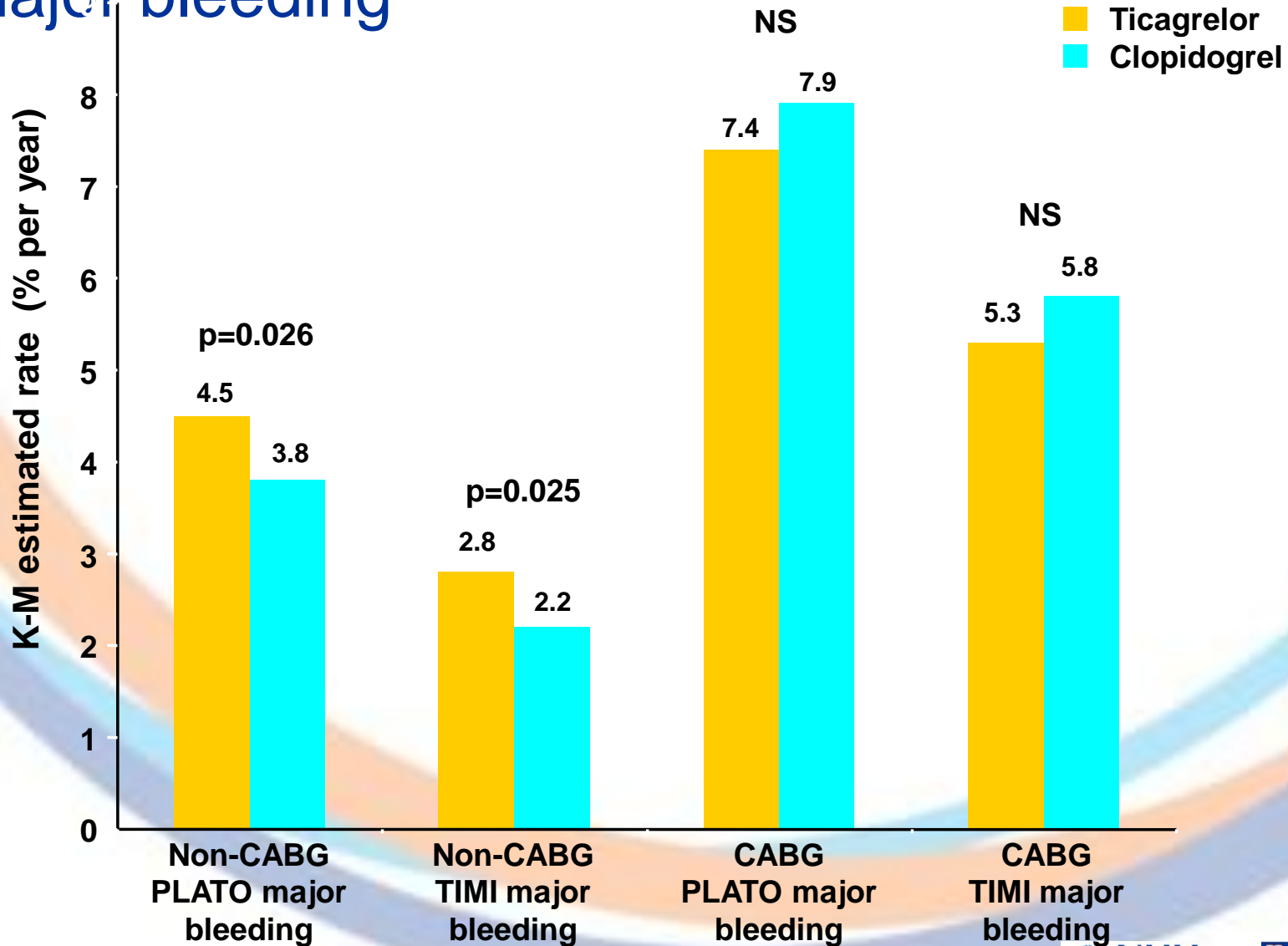


No. at risk

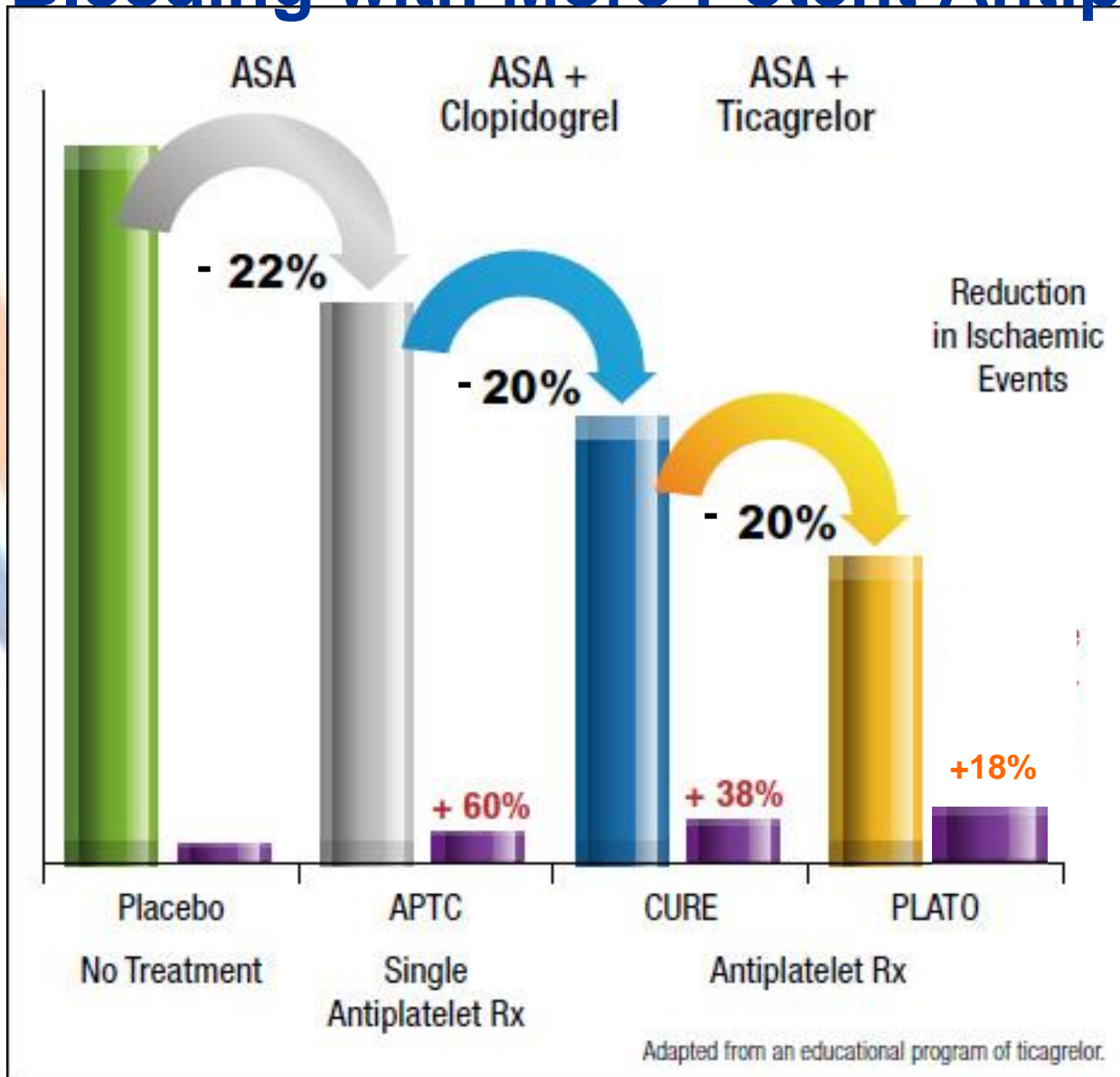
	0	60	120	180	240	300	360
Ticagrelor	9,333	8,678	8,520	8,279	6,796	5,210	4,191
Clopidogrel	9,291	8,560	8,405	8,177	6,703	5,136	4,109

	0	60	120	180	240	300	360
Ticagrelor	9,333	8,294	8,822	8,626	7,119	5,482	4,419
Clopidogrel	9,291	8,865	8,780	8,589	7,079	5,441	4,364

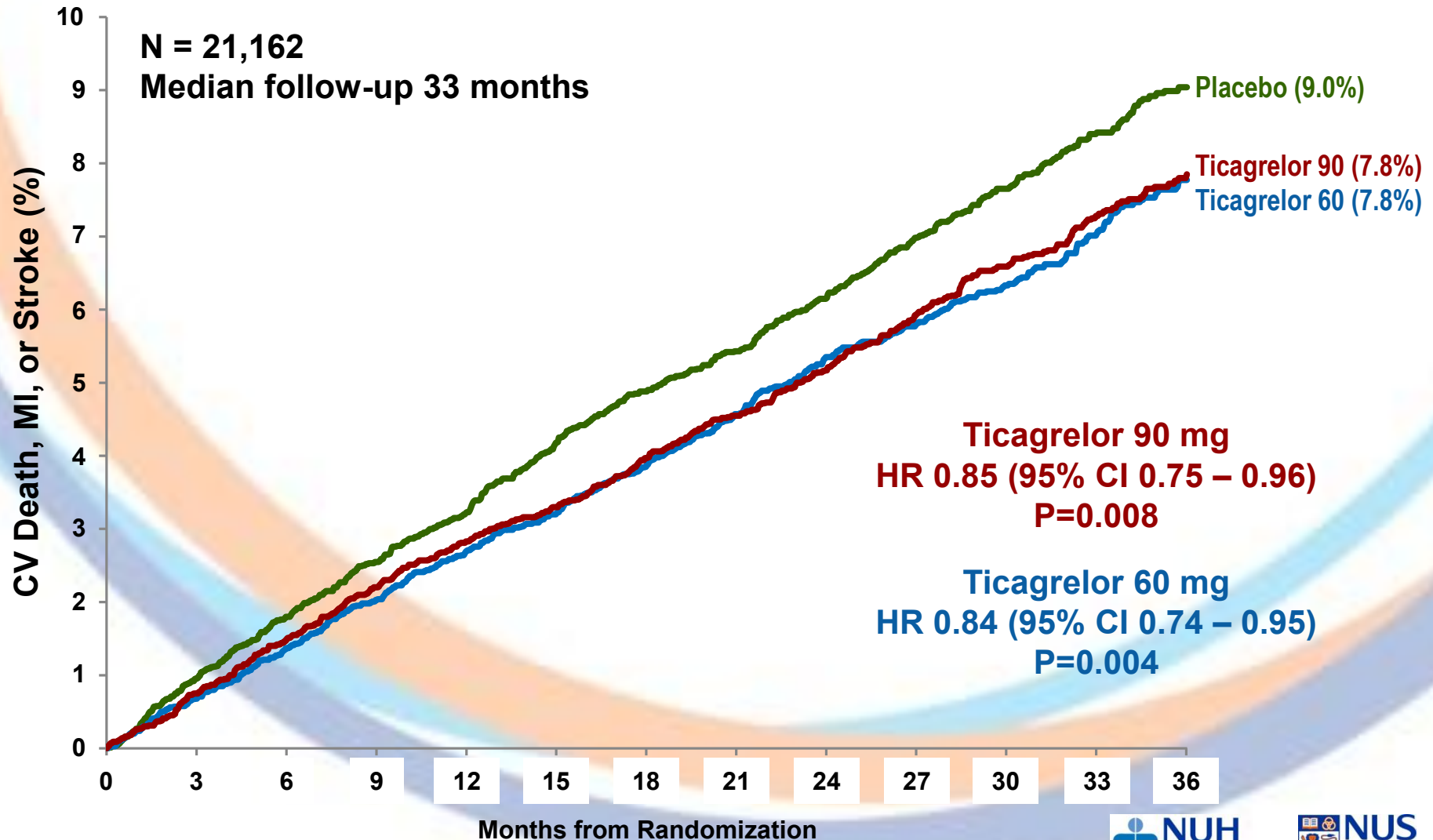
PLATO: Non-CABG and CABG-related major bleeding



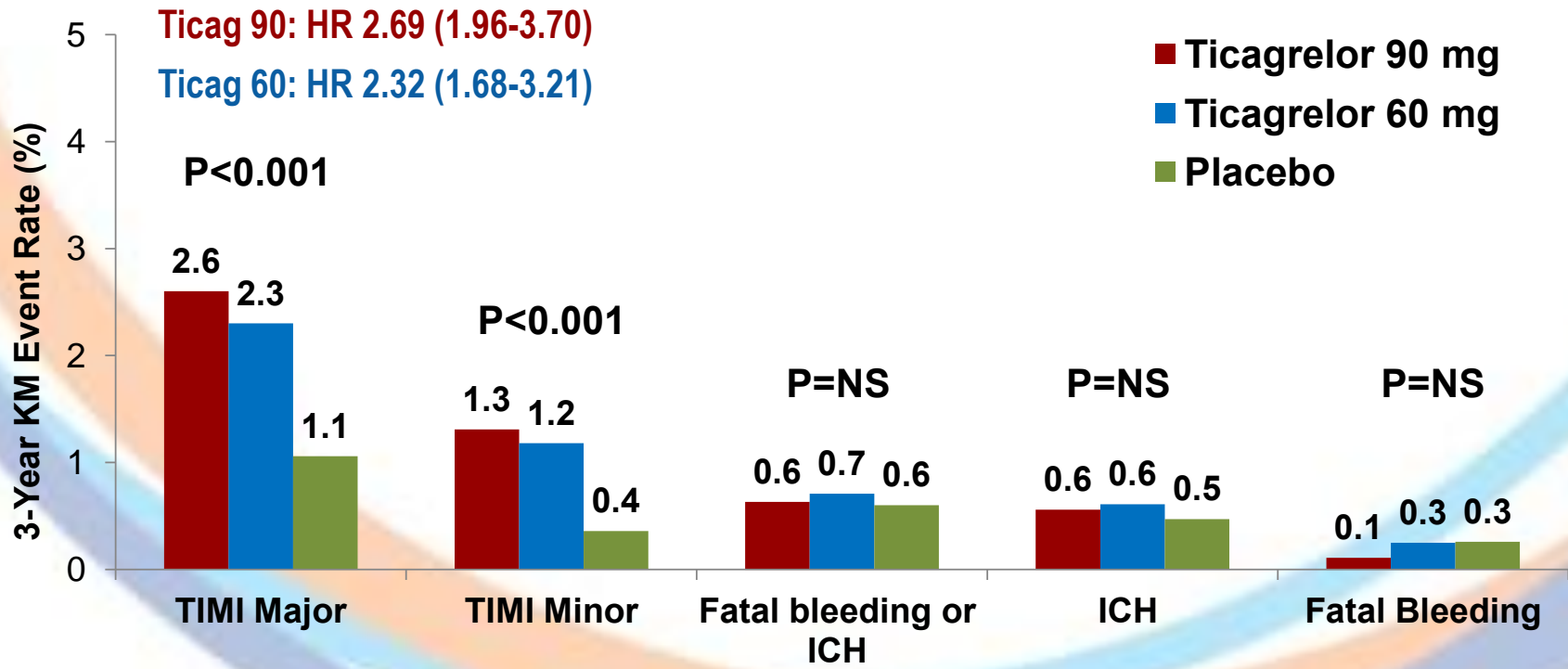
NSTE-ACS: Less Ischemic Events, More Bleeding with More Potent Antiplatelet Rx



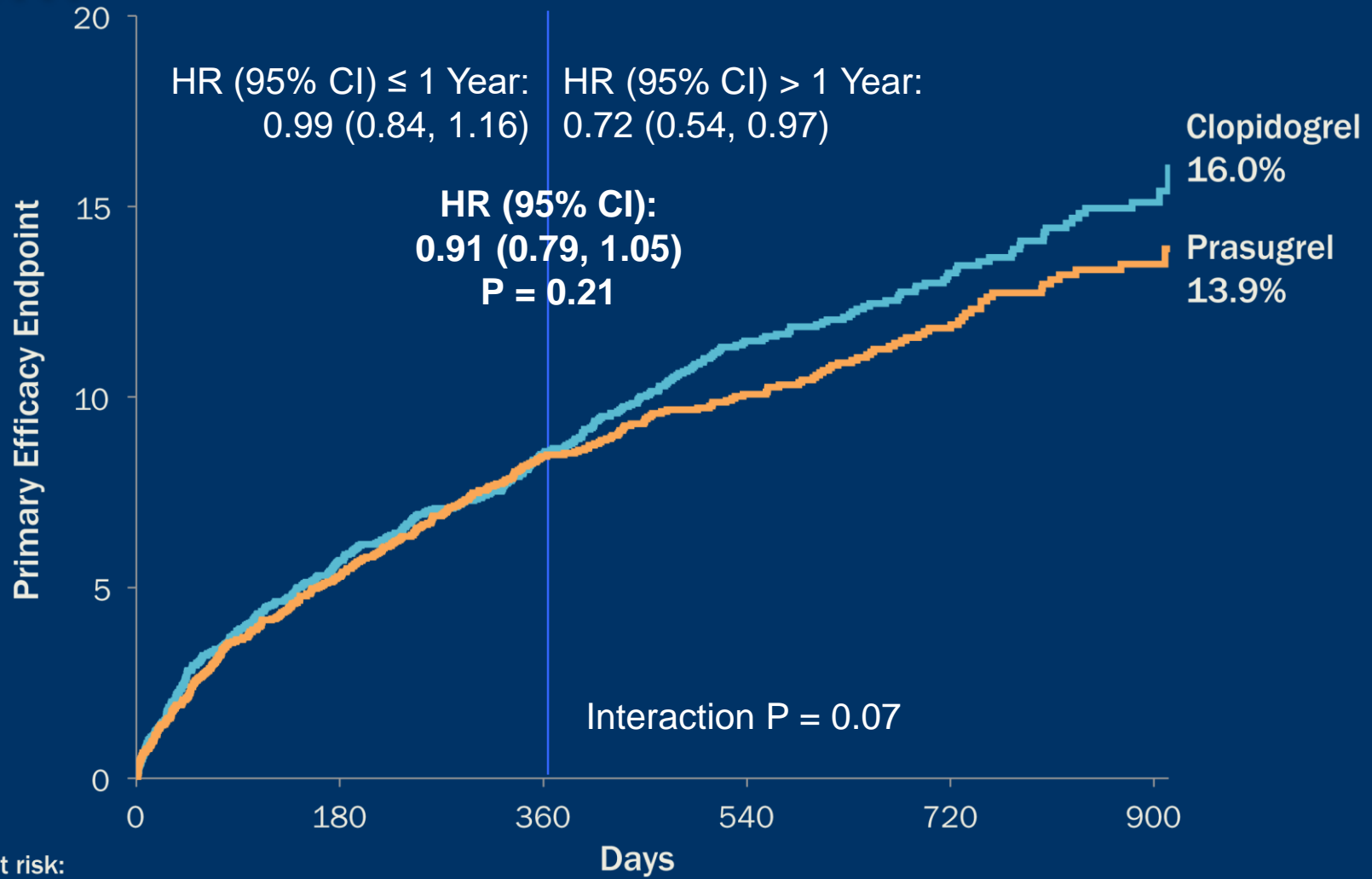
Primary Endpoint



Bleeding



Primary Efficacy Endpoint to 30 Months (Age < 75 years)

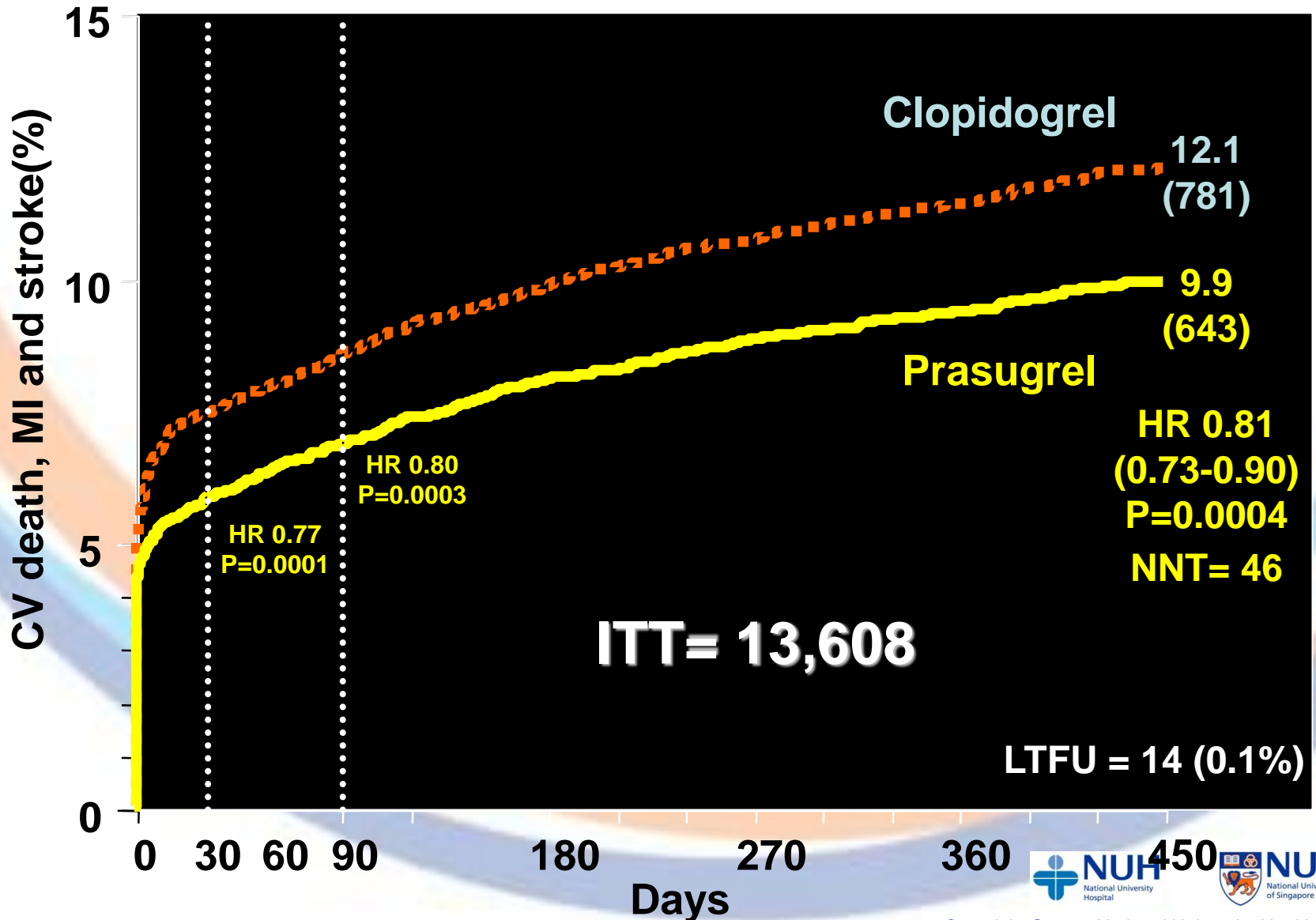


No. at risk:

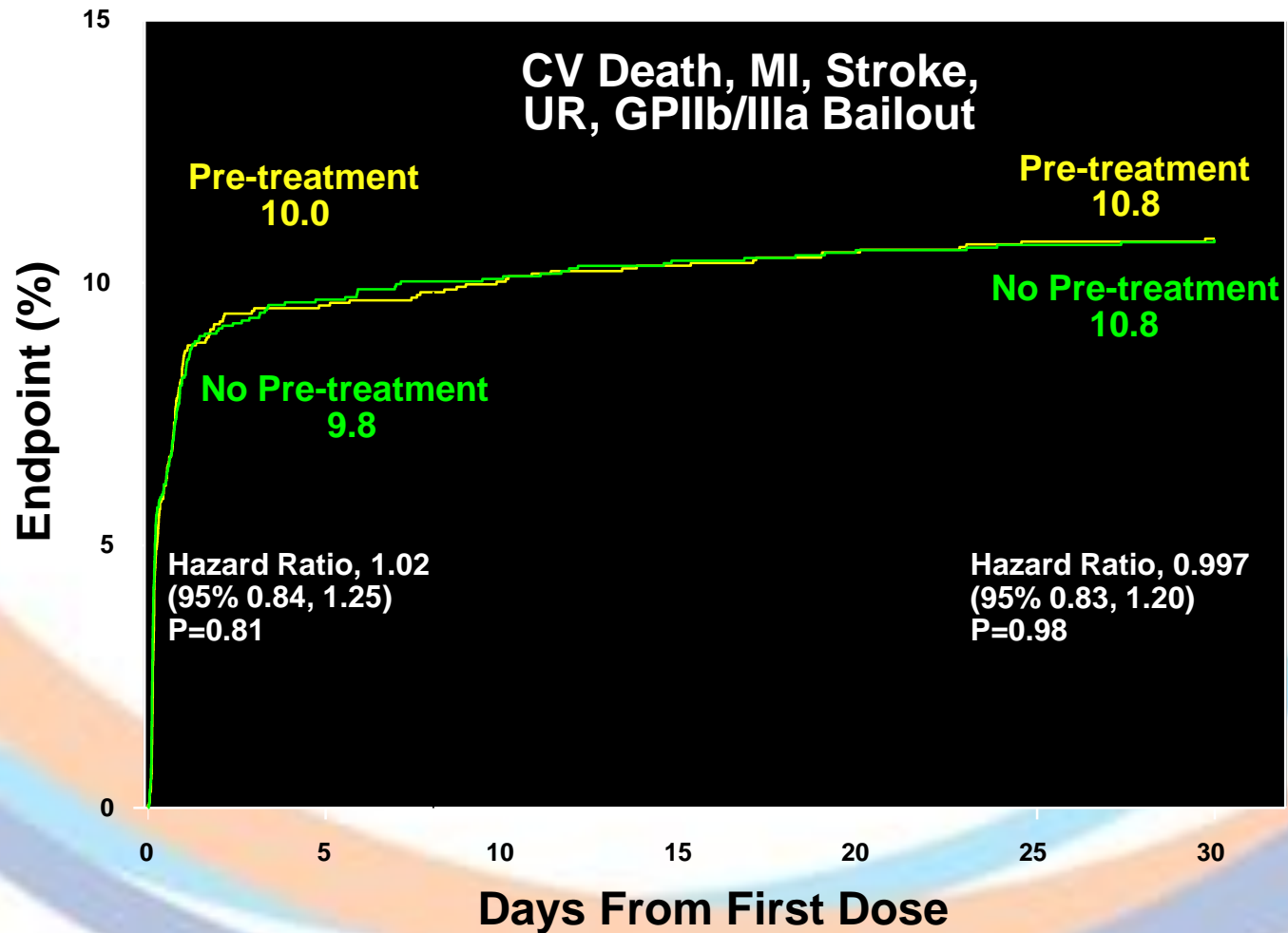
	0	180	360	540	720	900
Prasugrel:	3620	3248	2359	1611	953	389
Clopidogrel:	3623	3244	2390	1596	946	399

TRITON: No pretreatment before NUHS angiography in NSTEMACS

National University Health System



ACCOAST: Prasugrel before angiography vs. prasugrel after angiography in NSTEACS

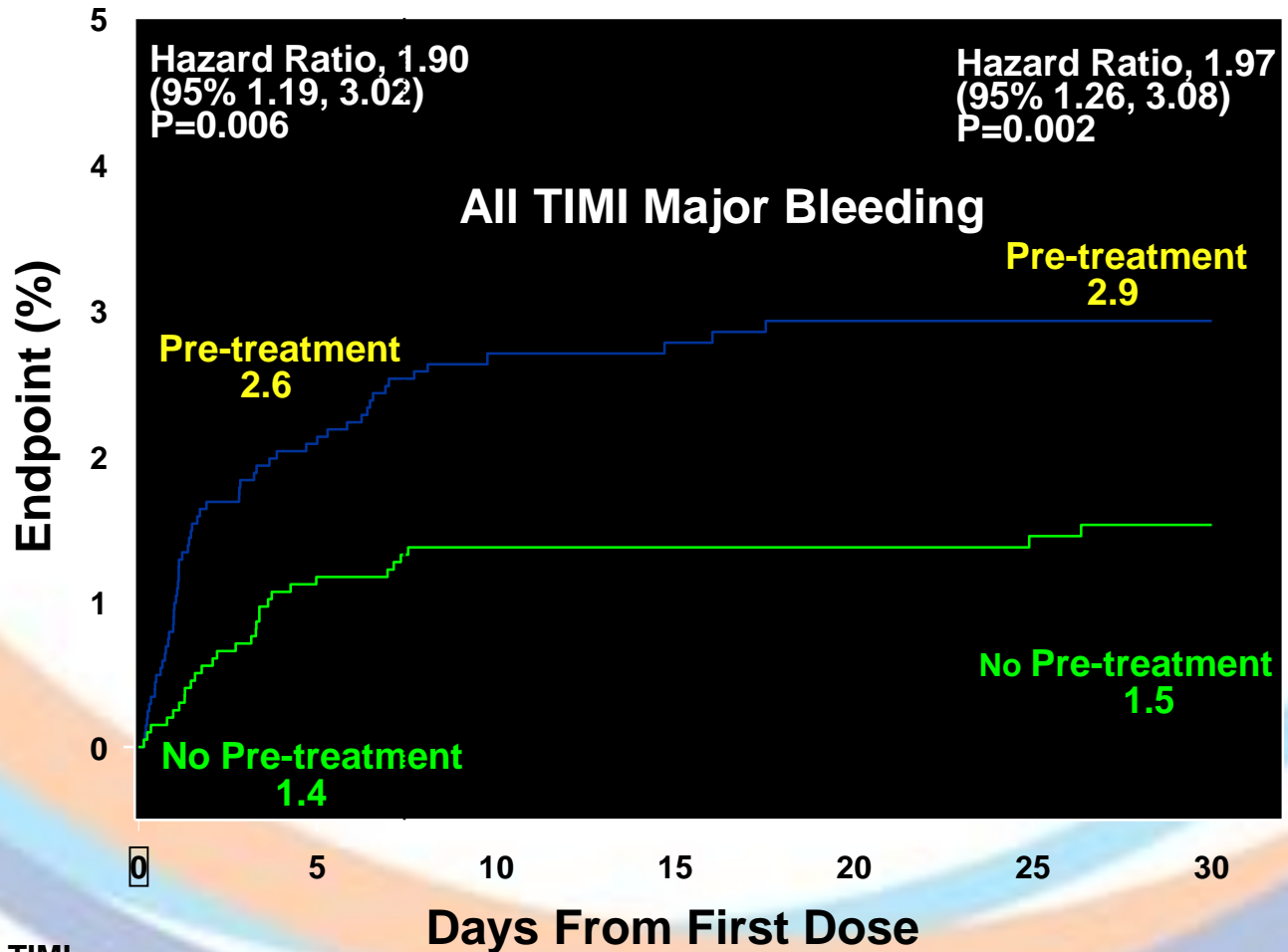


No. at Risk, Primary
Efficacy End Point:
No pre-treatment

1996	1788	1775	1769	1762
2037	1821	1809	1802	1797

1752	1621
1791	1616

ACCOAST: Prasugrel before angiography vs. prasugrel after angiography in NSTEMI/ACS



No. at Risk, All TIMI Major Bleeding:
No pre-treatment
Pre-treatment

	1996	1947	1328	1297	1288	1284	1263
No pre-treatment	2037	1972	1339	1310	1299	1297	1280



Summary

- Aspirin+ticagrelor reduces mortality compared with aspirin+clopidogrel but with further risk of major bleeding in ACS
- Avoid prasugrel pretreatment in NSTEACS
- There is no free lunch – more potent antiplatelet therapy comes with more bleeding

If you are brave enough to debate with the big boss

- Be prepared to lose bigly
- But if happen to win.....

On Monday....



