No GIB case was fatal (BARC 5a or b). In univariate analyses, current smoking (OR 1.9, 95%CI 1.1 – 3.9, p=0.02), anemia at admission (OR 1.9, 95%CI 1.05 – 3.5, p=0.035), and history of malignancy (OR 2.4, 95% CI 1.2 – 5.0, p=0.02) were predictors of GIB. In multivariate analyses, history of malignancy emerged as the only independent predictor of GIB (OR 2.3, 95% CI 1.0-5.1, p=0.049).
Conclusion: In this unselected PCI cohort, one third of all bleedings were gastrointestinal with a frequency of 1% at one year. History of malignancy emerged as the only independent predictor of GIB.
Disclosure of Interest: None declared

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Safety and efficacy of concurrent administration of clopidogrel and prasugrel loading doses among patients with acute myocardial infarction undergoing primary percutaneous coronary intervention

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Introduction: Current STEMI guidelines recommend the use of prasugrel in clopidogrel-naïve patients. We assessed the safety and efficacy of the concurrent administration of a clopidogrel and prasugrel loading dose (LD) among patients with acute STEMI undergoing primary PCI.
Method: Between September 2009 and October 2012, 2,025 STEMI patients were enrolled into the randomized COMFORTABLE AMI trial and the SPUM ACS cohort study. Patients were divided into three groups according to type of peri-procedural antiplatelet loading: (1) clopidogrel and subsequent prasugrel LD [CP], (2) prasugrel LD [P] (3) clopidogrel LD [C]. Safety was assessed by the composite of BARC type 3, 4, and_5 bleeding and efficacy by the composite of cardiac death, nonfatal MI and stroke, both at 30 days.
Results: Out of 2,025 patients, 428 (21.1%) had received CP, 447 (22.1%) P, and 1,150 (56.8%) C. At 30 days, the safety endpoint was observed in 1.9% of CP, 3.1% of P, and 2.9% of C patients (CP vs C adjusted HR_0.91; 95% CI 0.40-2.03), CP vs P adjusted_HR 0.60; 95% CI 0.24-1.49). The efficacy endpoint tended to occur less frequent among CP compared with C patients (1.9% vs. 5.0%, adjusted_HR_0.46; 95% CI 0.20-1.06) and no difference was observed between CP and P patients (1.9% vs 2.9%, adjusted HR 0.55; 95% CI 0.21-1.43).

Picture / graph:

Figure 1A.

Kaplan Meier curves for primary safety endpoint BARC 3,4, and 5

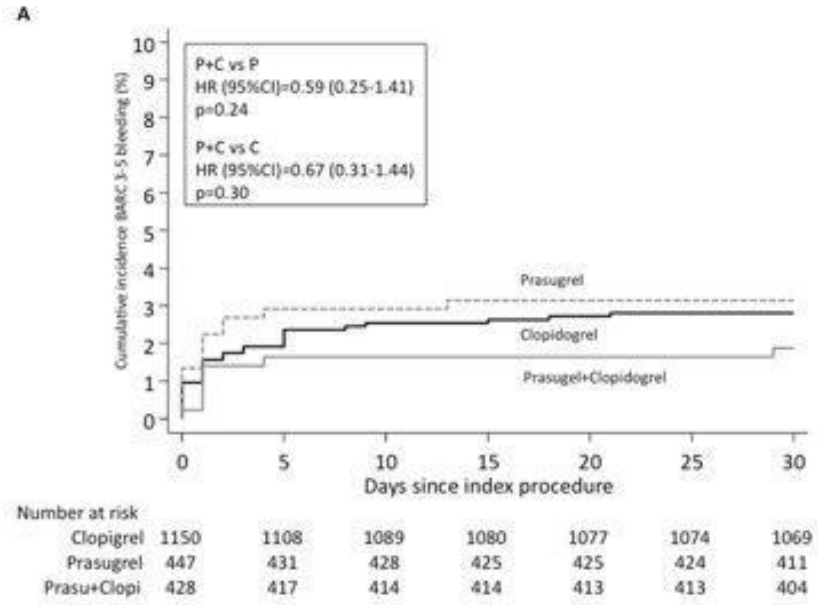
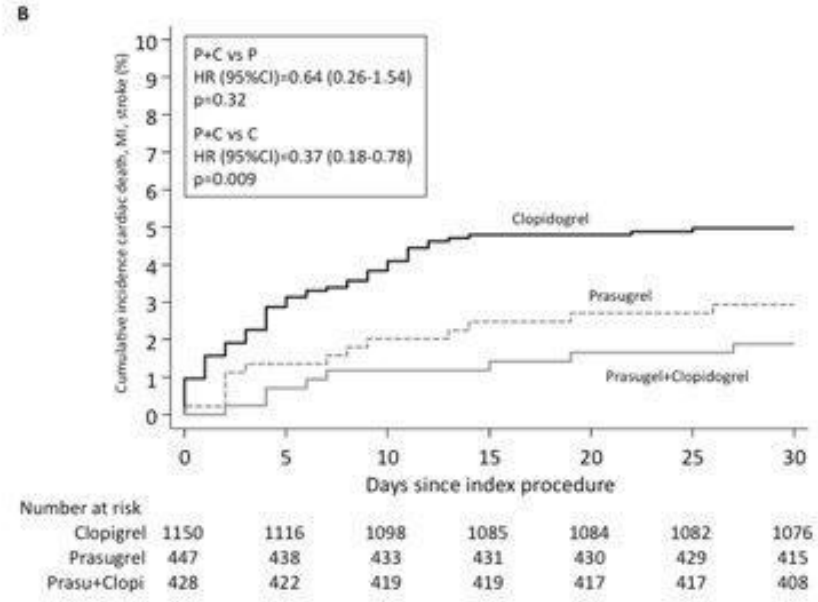


Figure 1B

Kaplan Meier curves for primary efficacy endpoint cardiac death, non-fatal MI, and non-fatal stroke.



Picture / graph - 2:

Figure 1A.
Kaplan Meier curves for definite stent thrombosis throughout 30 days

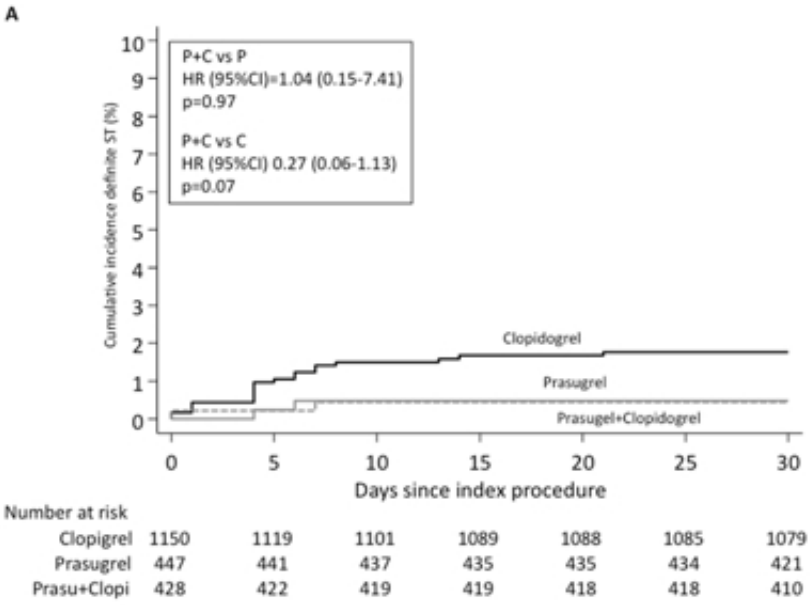
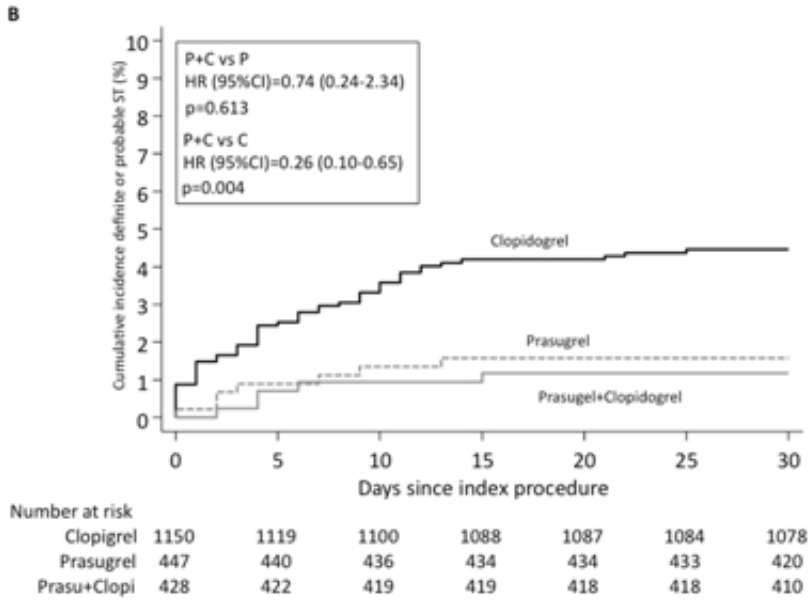


Figure 1A.
Kaplan Meier curves for definite or probable stent thrombosis throughout 30 days



Conclusion: Among STEMI patients pretreated with a clopidogrel and undergoing primary PCI, the concurrent loading with prasugrel appears to be safe and potentially more effective than loading with clopidogrel alone.
Disclosure of Interest: None declared