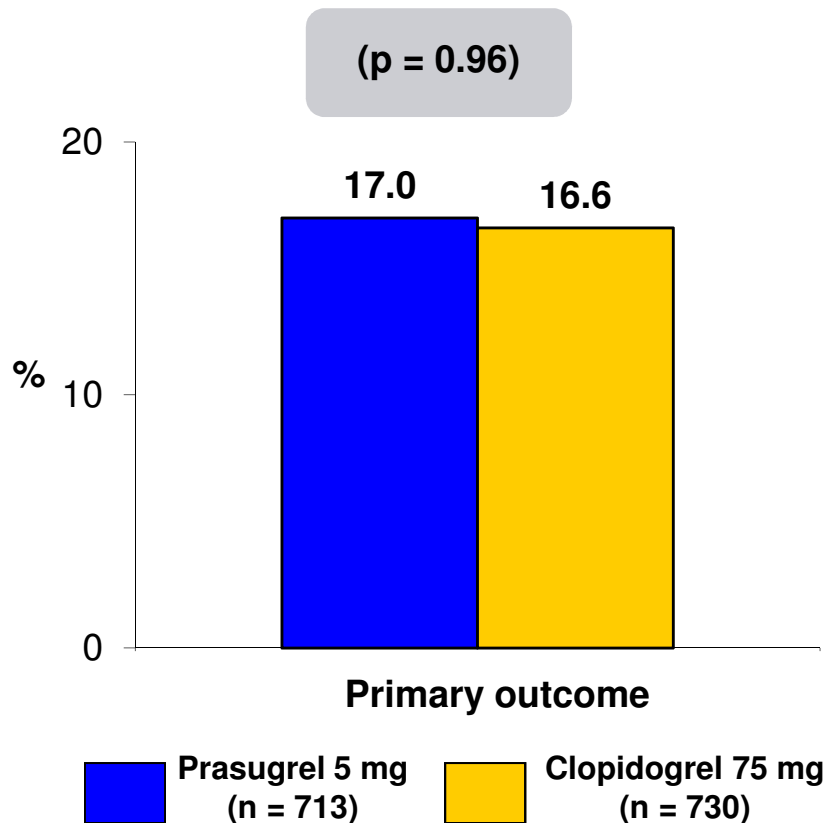


Elderly ACS-2

Trial design: Patients >74 years of age presenting with AMI and undergoing PCI were randomized in a 1:1 fashion to either prasugrel 5 mg daily or clopidogrel 75 mg daily. Patients were followed for 12.1 months.



Results

- Primary endpoint: Death/MI/stroke/CV rehospitalization/bleeding: prasugrel vs. clopidogrel: 17.0% vs. 16.6%, p = 0.96
- Stent thrombosis: 0.7% vs. 1.9%, p = 0.06
- All BARC 2, 3, 5 bleeding: 4.1% vs. 2.7%, p = 0.18

Conclusions

- Half-dose prasugrel is not superior to regular-dose clopidogrel in reducing ischemic events among elderly (age >74 years; mean 80.6 years) patients undergoing PCI for ACS
- The trial was terminated early due to futility