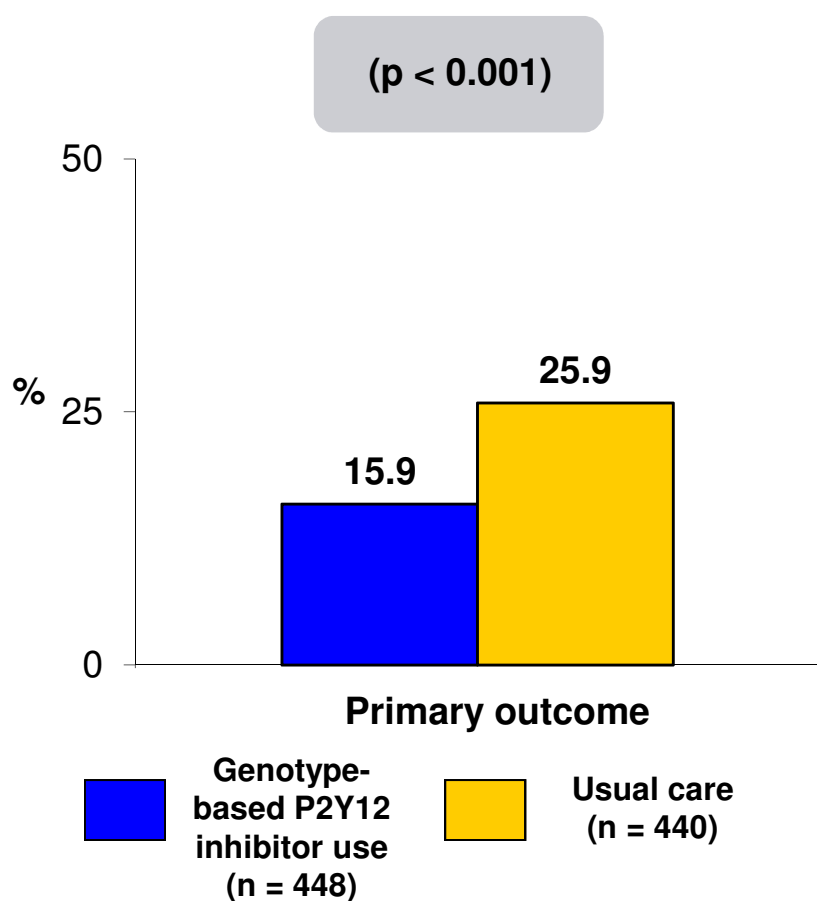


PHARMCLO

Trial design: Patients presenting with ACS were randomized to genotyping-based P2Y12 inhibitor use or usual care. Patients were followed for 48 months. The trial was terminated early.



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Results

- Primary outcome, CV death/MI/stroke/BARC 3-5 major bleeding at 12 months: genotype-guided vs. usual care: 15.9% vs. 25.9%, p < 0.001
- CV death: 6.3% vs. 7.7%; major bleeding: 3.8% vs. 5.9%
- Among clopidogrel-treated patients, MACE: 24.7% vs. 35.4%, p = 0.03

Conclusions

- Use of point-of-care genotype testing for identifying intermediate or poor clopidogrel metabolizers influenced providers' choice of P2Y12 inhibitor post-PCI, with fewer ischemic and bleeding events
- Magnitude of benefit in current trial seems large, especially since it was terminated with <25% of its planned enrollment and differences in clopidogrel use between the two arms was comparatively small

Notarangelo FM, et al. J Am Coll Cardiol 2018;Mar 11:[Epub]