

**The SCAI Annual Scientific Sessions**  
in Partnership with **ACC i2 Summit**  
**March 29 - April 1, 2008 • CHICAGO**



EMBARGOED FOR RELEASE  
Sunday, March 30, 8:00 AM CDT  
Presentation Number: 2404-7

CONTACT:  
Kathy Boyd David  
SCAI  
Cell: 717-422-1181  
[pr@scai.org](mailto:pr@scai.org)

Amy Murphy  
ACC  
Direct: 202-375-6476  
Cell: 240-328-4549  
[amurphy@acc.org](mailto:amurphy@acc.org)

**BRAVE-3 QUESTIONS VALUE OF ABCIXIMAB IN PCI FOR HEART ATTACK**  
*With high-dose clopidogrel, the intravenous anti-platelet drug appears unnecessary*

**CHICAGO, Ill. (March 30, 2008)** — Over the years, interventional cardiologists have made many improvements in percutaneous coronary intervention (PCI) for patients with heart attack, among the most important, refinements in the selection and administration of drugs that prevent unwanted blood clotting. Now a new study has found that high loading doses of clopidogrel, an oral medication that inhibits blood clots by preventing platelets from clumping together, can eliminate the need for intravenous abciximab, a standard cath-lab drug that also interferes with platelets, but through a different pathway.

The BRAVE-3 study is the first to test the influence of high-dose clopidogrel on the value of abciximab exclusively in patients with ST-elevation myocardial infarction (STEMI), a serious form of heart attack. The study is being reported today in a Late-Breaking Clinical Trials session at the SCAI Annual Scientific Sessions in Partnership with ACC i2 Summit (SCAI-ACCi2) in Chicago. SCAI-ACCi2 is a scientific meeting for practicing cardiovascular interventionalists sponsored by the Society for Cardiovascular Angiography and Interventions (SCAI) in partnership with the American College of Cardiology (ACC).

“Acute myocardial infarction is a major medical problem, and the present study will help to define the optimal treatment strategy,” said Julinda Mehilli, MD, an associate professor and staff cardiologist at Deutsches Herzzentrum, Technical University, Munich, Germany. “Therapy without abciximab would certainly be more cost-effective and reduce the risk of bleeding complications.”

For the study Dr. Mehilli and colleagues recruited 800 patients with STEMI who were undergoing PCI. All patients were pretreated with 600 mg of clopidogrel and then randomly assigned to receive intravenous abciximab or a placebo during the procedure.

The study was designed primarily to compare how the two treatment strategies affected the final amount of heart attack damage, as gauged by blood flow in the heart muscle on a nuclear scan five to 10 days later. The researchers found no difference between the two groups: The damage involved 10 percent of the left ventricle, on average, in the abciximab group and 9 percent of the left ventricle in the placebo group. In addition, the 30-day combined rates of death, heart attack, stroke and urgent repeat coronary procedures were similar in the two groups (5 percent and 3.8 percent, respectively).

“For patients with acute ST-elevation myocardial infarction undergoing primary coronary intervention after pre-treatment with a 600-mg loading dose of clopidogrel, the additional use of abciximab is not associated with any measurable benefit after 30 days,” Dr. Mehilli said.

*Dr. Mehilli will present the results of the BRAVE-3 study on Sunday, March 30 at 8:30 a.m. CDT in the Grand Ballroom, S100.*

###

#### **About SCAI**

Headquartered in Washington, DC, the Society for Cardiovascular Angiography and Interventions is a 4,000-member professional organization representing invasive and interventional cardiologists in over 60 nations. SCAI's mission is to promote excellence in invasive and interventional cardiovascular medicine through physician education and representation, and advancement of quality standards to enhance patient care. SCAI's annual meeting has become the leading venue for education, discussion, and debate about the latest developments in this dynamic medical specialty.

#### **About ACC**

The American College of Cardiology is leading the way to optimal cardiovascular care and disease prevention. The College is a 34,000-member nonprofit medical society and bestows the credential Fellow of the American College of Cardiology upon physicians who meet its stringent qualifications. The College is a leader in the formulation of health policy, standards and guidelines, and is a staunch supporter of cardiovascular research. The ACC provides professional education and operates national registries for the measurement and improvement of quality care.