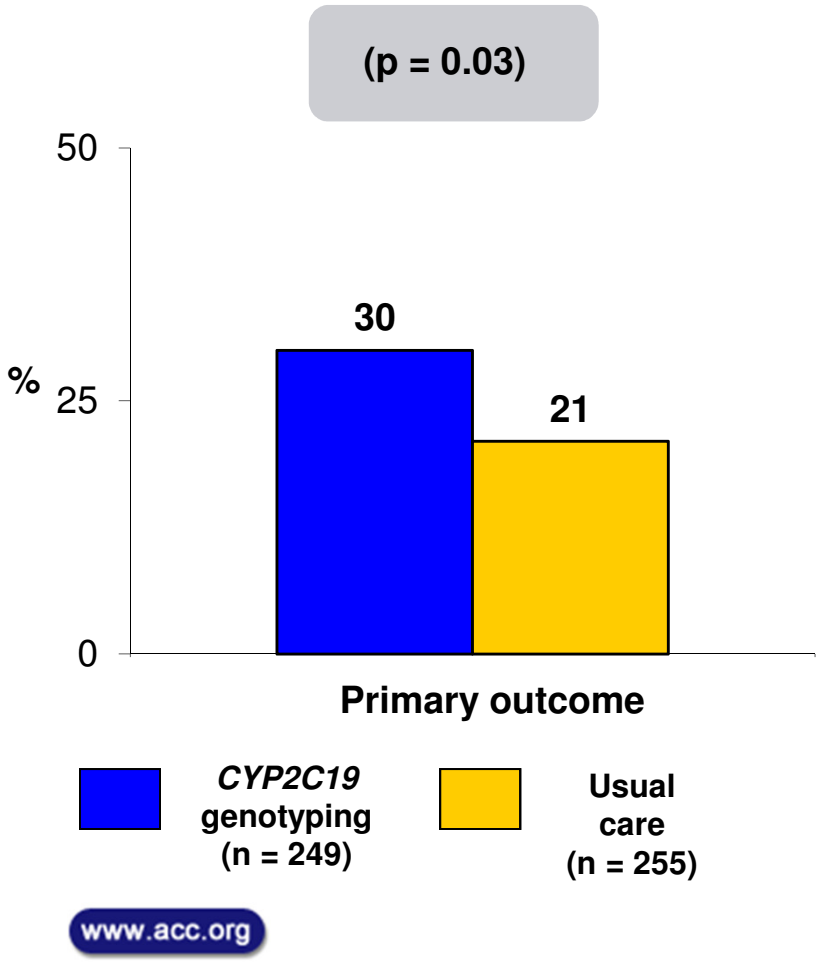
ADAPT-PCI

Trial design: Patients undergoing PCI were randomized to *CYP2C19* genotyping via buccal swab or usual care. Patients were followed for 48 months.



Results

- Primary outcome, prescription of ticagrelor/prasugrel: genotyping vs. usual care: 30% vs. 21%, p = 0.03; among loss of function carriers: 53% vs. 21%, p < 0.01
- MACE: 13.7% vs. 10.2%, p = 0.27
- BARC 3 or 5 bleed: 2.4% vs. 3.1%, p = 1.0

Conclusions

- Use of point-of-care genotype testing for *CYP2C19* significantly influenced providers' choice of *P2Y12* inhibitor post-PCI; nearly half of all patients with loss-of-function mutation (suggestive of intermediate or poor metabolizer of clopidogrel) were prescribed either prasugrel or ticagrelor
- Small but interesting trial; impact on clinical outcomes is unclear

Presented by Dr. Sony Tuteja at ACC 2018