Trial Description: Patients with stable coronary disease undergoing elective PCI were randomized to loading with prasugrel vs. clopidogrel. After PCI, all patients were maintained on clopidogrel.

RESULTS
- Primary outcome, all-cause death, any MI, definite/probable stent thrombosis, stroke, or urgent vessel revascularization at 30 days, occurred in 17.3% in the prasugrel group compared with 18.6% of the clopidogrel group (p = 0.64)
- Any MI: 16.2% in the prasugrel group compared with 17.5% of the clopidogrel group (p = 0.64)
- BARC ≥2 bleeding: 4.2% in the prasugrel group compared with 4.8% of the clopidogrel group (p = 0.70)

CONCLUSIONS
- Among stable patients undergoing elective PCI, loading with prasugrel was not superior to loading with clopidogrel

Presented by Dr. Julinda Mehilli at ESC Congress 2019