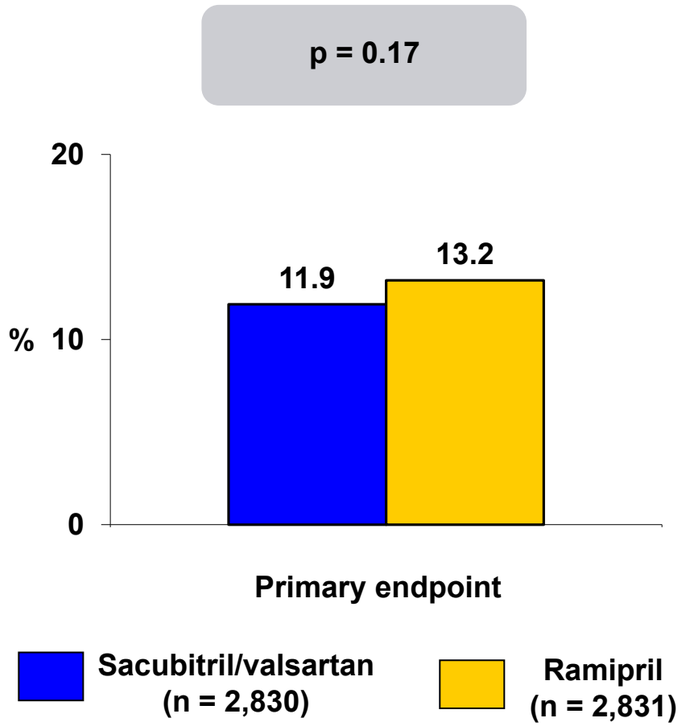
PARADISE-MI

#ACC21

AMERICAN COLLEGE of CARDIOLOGY

Trial Description: Patients with AMI presentation and newly diagnosed LVEF ≤40% were randomized in a 1:1 fashion to either sacubitril/valsartan (target dose 97/103 mg BID) or ramipril (target dose 5 mg BID). Patients were followed for a median of 23 months.



RESULTS

- Primary endpoint of CV death, first HF hospitalization, or outpatient HF event for sacubitril/valsartan vs. ramipril: 11.9% vs. 13.2% (p = 0.17)
- CV death: 5.9% vs 6.7% (p = 0.20)
- HF hospitalization: 6% vs 6.9% (p = 0.17)
- All-cause mortality: 7.5% vs 8.5% (p = 0.16)
- Total HF hospitalization, outpatient HF events, and CV mortality: 8.4 vs. 10.1/100 patient-years (p = 0.02)

CONCLUSIONS

- Combination sacubitril/valsartan did not reduce the primary endpoint in a contemporary enriched AMI population compared with ramipril
- Rates were numerically lower in the sacubitril/valsartan arm, and composite endpoint including all HF events showed benefit with sacubitril/valsartan

Presented by Dr. Marc Pfeffer at ACC.21

Developed by Dr. Neil Keshvani in collaboration with the *ACC.org* Editorial Board