



AMERICAN
COLLEGE of
CARDIOLOGY®

PREVENT

Preventive Percutaneous Coronary Intervention (PCI) vs. Optimal Medical Therapy (OMT) Alone For the Treatment of Vulnerable Atherosclerotic Coronary Plaques

Investigator-Initiated, Multicenter, Open-Label, Randomized, Controlled Trial

OBJECTIVE: To evaluate the effects of preventive PCI with OMT vs. OMT alone on major adverse cardiovascular events in patients with non-flow-limiting, high-risk, vulnerable plaques.

1,606
PATIENTS

INCLUSION CRITERIA:

Adults with non-flow limiting (fractional flow reserve >0.80) vulnerable coronary plaques identified by intracoronary imaging.



PCI + OMT
(N=803)



OMT
(N=803)

PRIMARY ENDPOINT

COMPOSITE OF DEATH FROM CARDIAC CAUSES, TARGET-VESSEL MYOCARDIAL INFARCTION (MI), ISCHEMIA-DRIVEN TARGET-VESSEL REVASCULARIZATION, OR HOSPITALIZATION FOR UNSTABLE OR PROGRESSIVE ANGINA ASSESSED AT TWO YEARS.

3 PATIENTS (0.4% IN PCI GROUP) vs. 27 PATIENTS (3.4% IN OMT GROUP)

SECONDARY ENDPOINT

**DEATH FROM ANY CAUSE:
HAZARD RATIO (HR), 0.61 (95% CI, 0.35-1.06)**

**COMBINED DEATH FROM ANY CAUSE, ALL MIs,
ANY REVASCULARIZATION: HR, 0.69 (95% CI, 0.50-0.95)**

CONCLUSION

In patients with non-flow limiting vulnerable coronary plaques, preventive PCI reduced major adverse cardiac events arising from high-risk vulnerable plaques compared with OMT alone.

Park S-J, Ahn J-M, Kang D-Y, et al. Preventive Percutaneous Coronary Intervention Versus Optimal Medical Therapy Alone For The Treatment Of Vulnerable Atherosclerotic Coronary Plaques (PREVENT): A Multicentre, Open-Label, Randomised Controlled Trial. Presented at ACC.24.

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