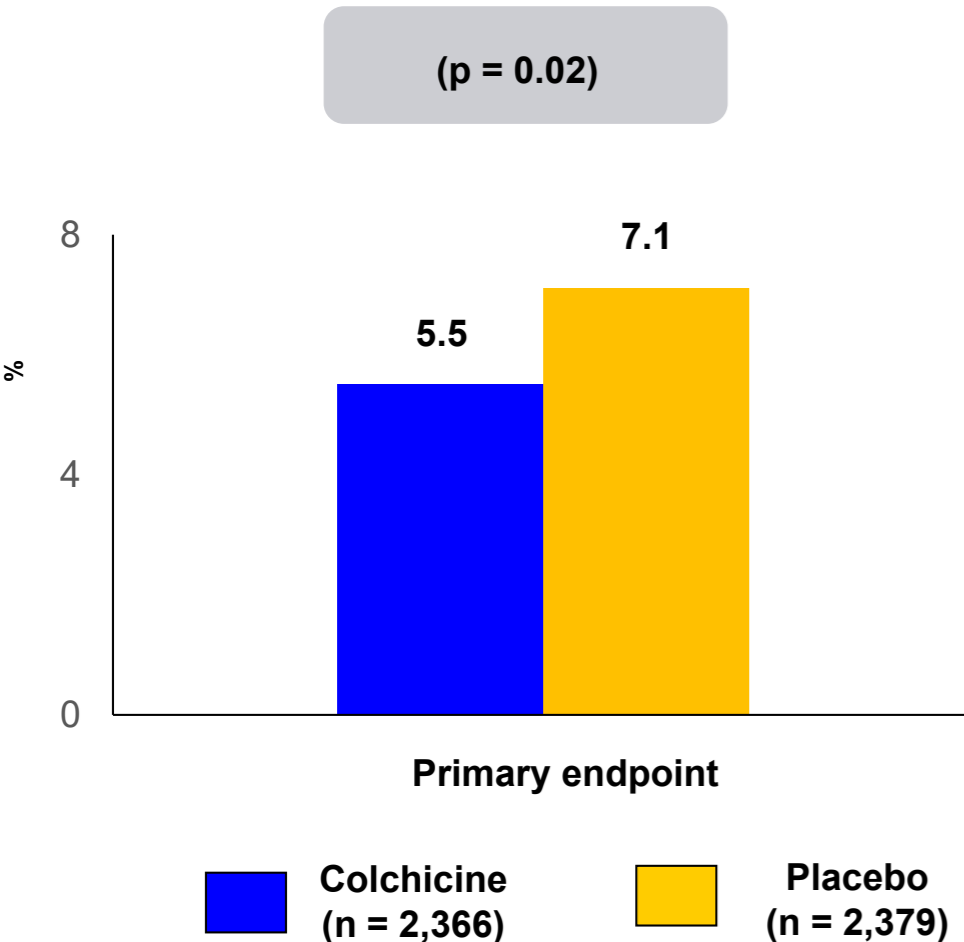


Trial Description: Patients who suffered a myocardial infarction within the last 30 days were randomized to colchicine 0.5 mg daily vs. placebo.



RESULTS

- Primary efficacy endpoint: CV death, MI, stroke, resuscitated cardiac arrest, or urgent hospitalization for unstable angina leading to revascularization at 22.6 months, occurred in 5.5% of the colchicine group vs. 7.1% of the placebo group (p = 0.02)
- Stroke: 0.2% of the colchicine group vs. 0.8% of the placebo group (p < 0.05)
- Urgent hospitalization for unstable angina leading to revascularization: 1.1% of the colchicine group vs. 2.1% of the placebo group (p < 0.05)

CONCLUSIONS

- Among patients who suffered a recent myocardial infarction, low-dose colchicine was effective at preventing major adverse cardiovascular events compared with placebo; benefit was primarily due to a reduction in the incidence of stroke and urgent hospitalization for unstable angina leading to revascularization