

Con il Patrocinio di



Malattia coronarica cronica in paziente già sottoposto a PCI: dallo studio Compass alla pratica clinica

Strategie vincenti nella gestione
della terapia antitrombotica nel paziente
con cardiopatia ischemica cronica

Caso Clinico 4

"Paziente diabetico con coronaropatia stabile multivasale e pregressa PCI."

Andrea Santarelli
U.O. Cardiologia Rimini

Key Baseline Characteristics Compass Trial

Characteristic	Rivaroxaban 2.5 mg bid + aspirin 100 mg N=9152	Rivaroxaban 5 mg bid N=9117	Aspirin 100 mg N=9126
Age, years	68	68	68
Blood pressure, mmHg	136/77	136/78	136/78
Total cholesterol, mmol/L	4.2	4.2	4.2
CAD, %	91	90	90
PAD, %	27	27	27
Diabetes, %	38	38	38
Lipid-lowering drugs, %	90	90	89
ACE inhibitors/ARB, %	71	72	71

ACE, angiotensin-converting enzyme; ARB, angiotensin receptor blocker

*Excluding <7 days before randomization

Eikelboom JW *et al.* *N Engl J Med* 2017; DOI: 10.1056/NEJMoa1709118

COMPASS Enrolled over 24,000 Patients with Advanced, Chronic CAD

CAD definition	Number of patients (% of CAD population) ¹
All patients with CAD	24,824
Prior MI	17,028 (69%)
<1 year	1238 (5%)
1–<2 years	2341 (9%)
2–<5 years	4893 (20%)
≥5 years	8520 (34%)
Multivessel coronary disease*	15,469 (62%)
Prior PCI	14,862 (60%)
Prior CABG	7845 (32%)

Half of all previous MIs occurred ≥5 years prior to enrolment in COMPASS¹

*Refers to stenosis of ≥50% in 2 or more coronary arteries, confirmed using invasive coronary angiography, or non-invasive imaging or stress studies suggestive of significant ischaemia in ≥2 coronary territories; or in 1 coronary territory if at least 1 other territory has been revascularized²

1. Connolly SJ *et al*, *Lancet* 2017; doi:10.1016/S0140-6736(17)32816-7;

2. Bosch J *et al*, *Can J Cardiol* 2017;33:1027–1035

S.A. Maschio, 08.01.1943

Diabete I.D., Ipertensione Arteriosa, Dislipidemia, Fumatore
Pregressa spleno-pancreasectomia per Ca Mucinoso pancreatico. F.U. con TAC
addome, ultima nel 2013.

2015 Maggio: accesso alle h 08.05 in PS Rimini con mezzo proprio per dolore
toracico e dispnea .

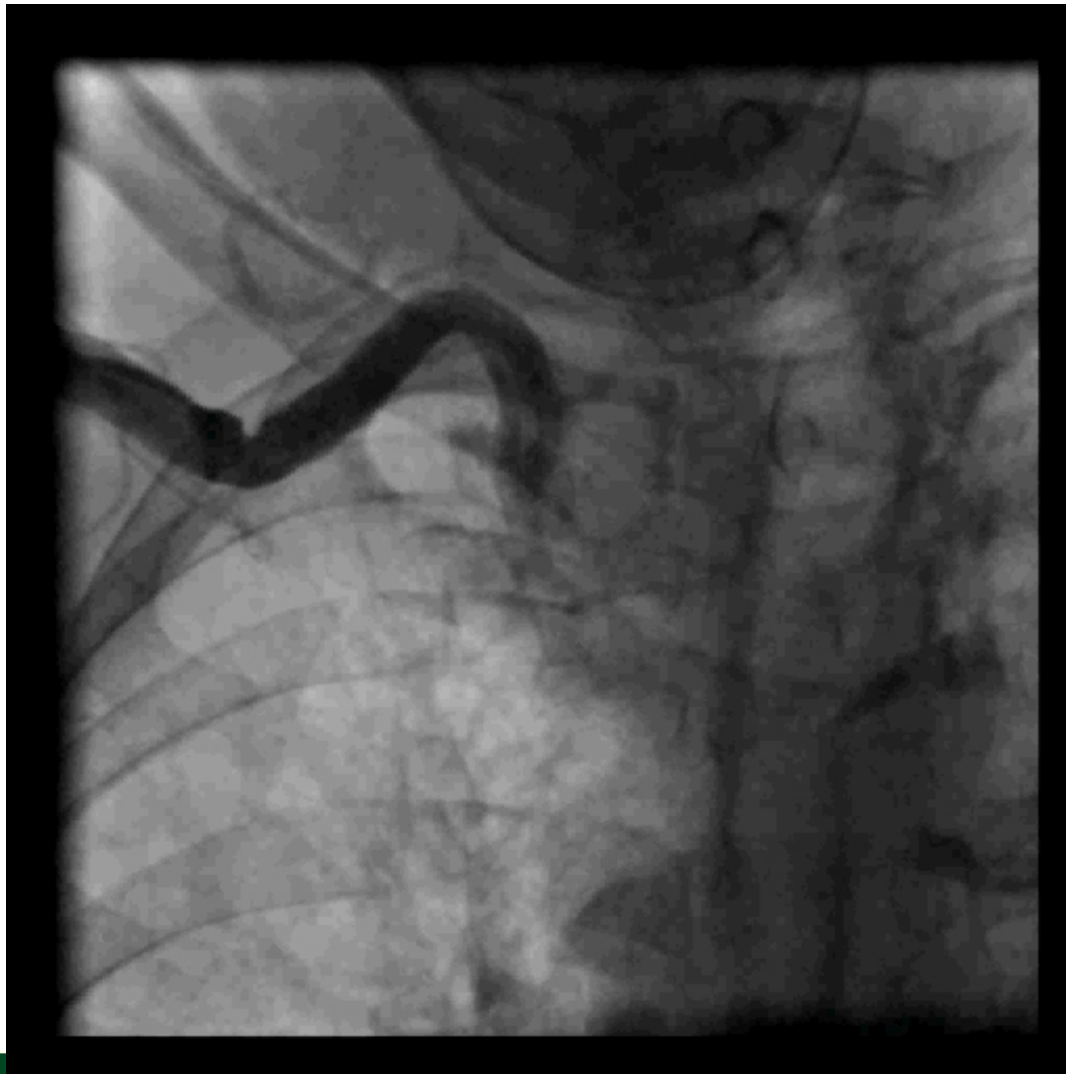
All'ECG STEMI inferiore

All'Eco Fast acinesia a parete conservata della parete inferiore. FE 50%

Coronarografia in emergenza

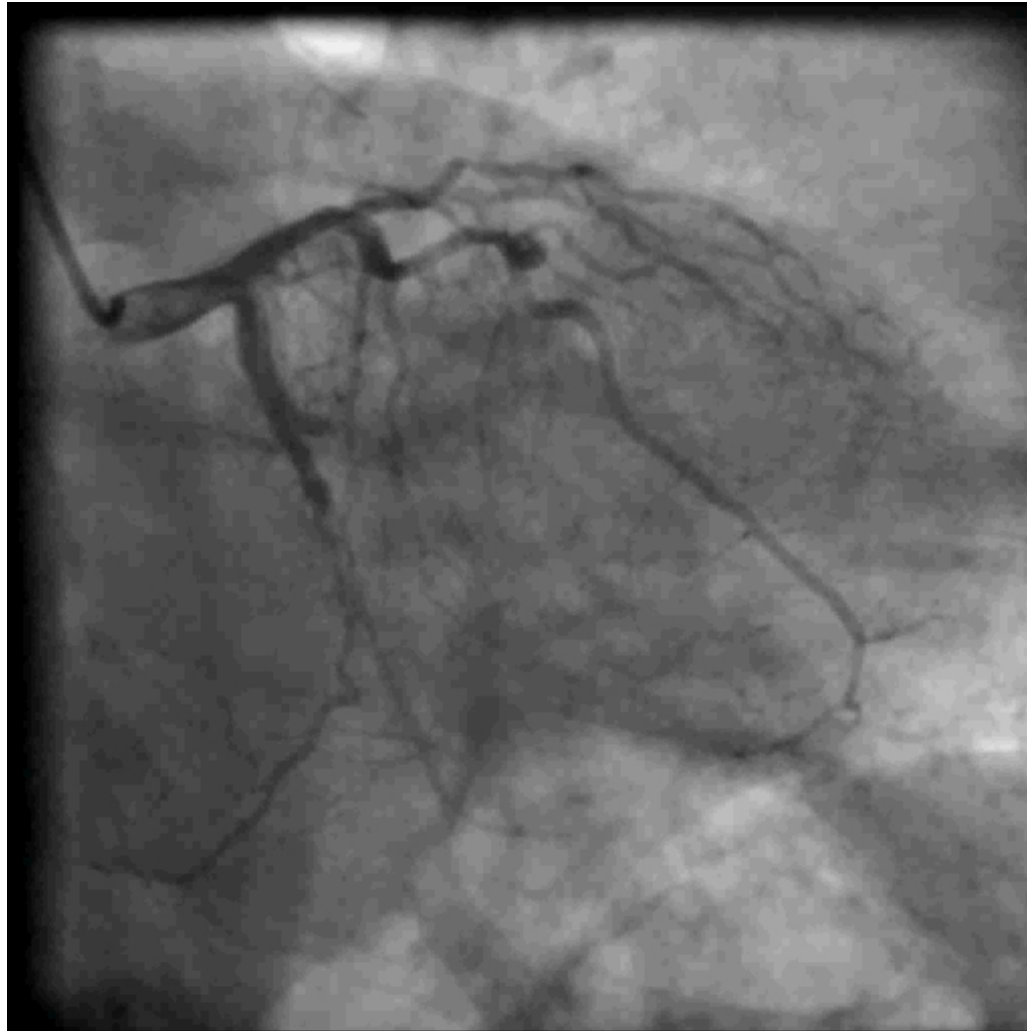
S.A. Maschio, 08.01.1943

Calcificazione asse brachio-cefalico destro



S.A. Maschio, 08.01.1943

Occlusione MO e Cx



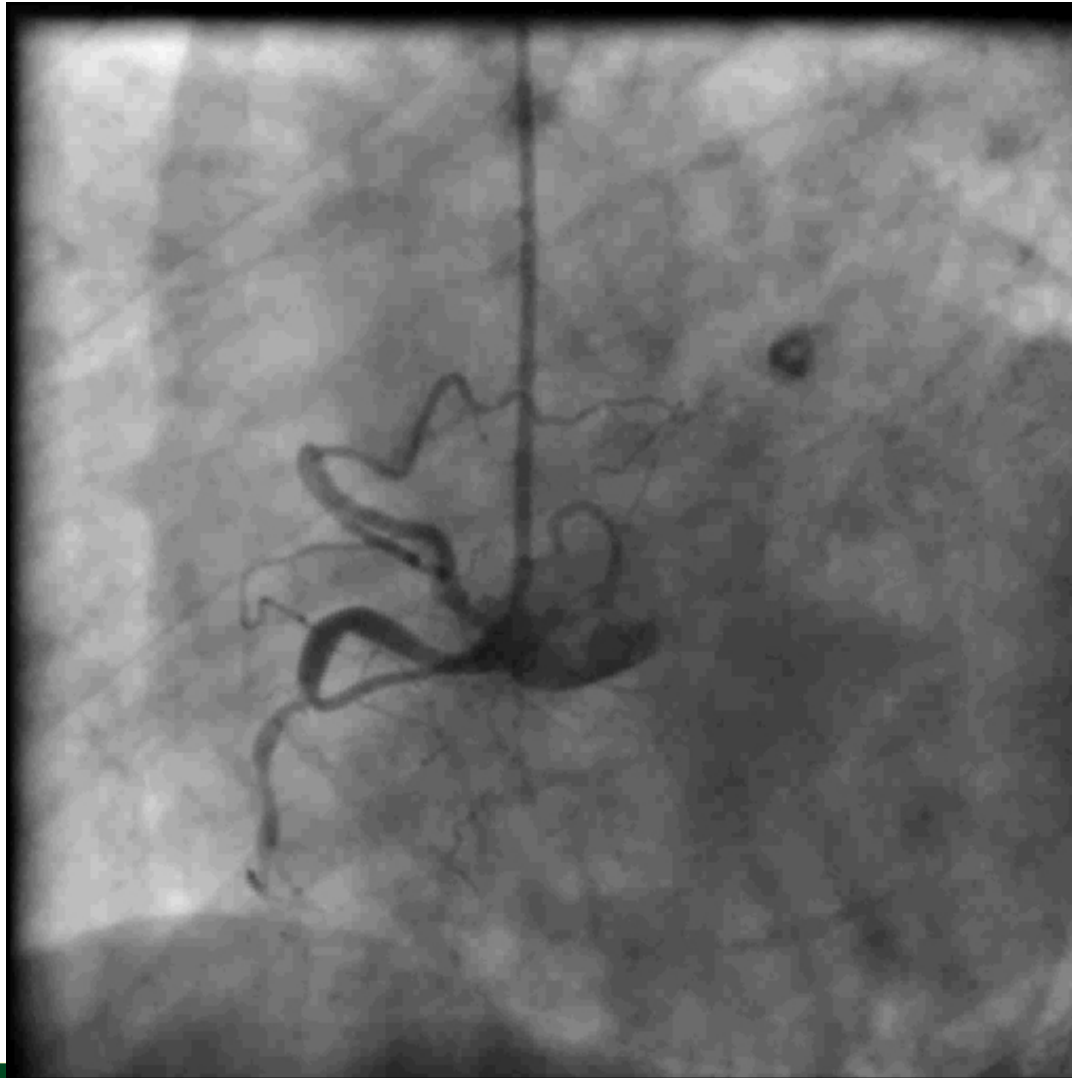
S.A. Maschio, 08.01.1943

Patologia subcritica DA e severa ostiale Dg



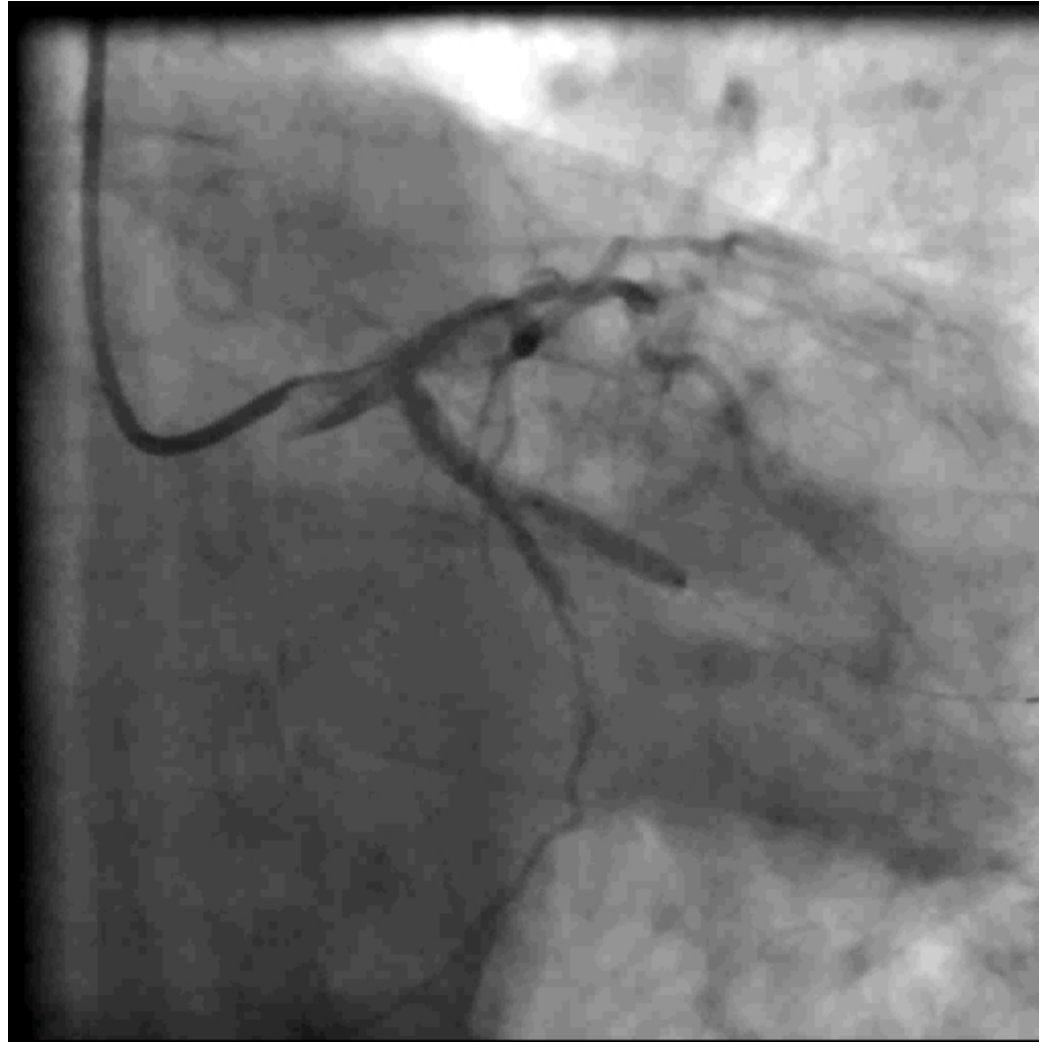
S.A. Maschio, 08.01.1943

CTO collateralizzata C.Dx



S.A. Maschio, 08.01.1943

Disostruzione MO con DES 2.75 x 18 a 16 atm



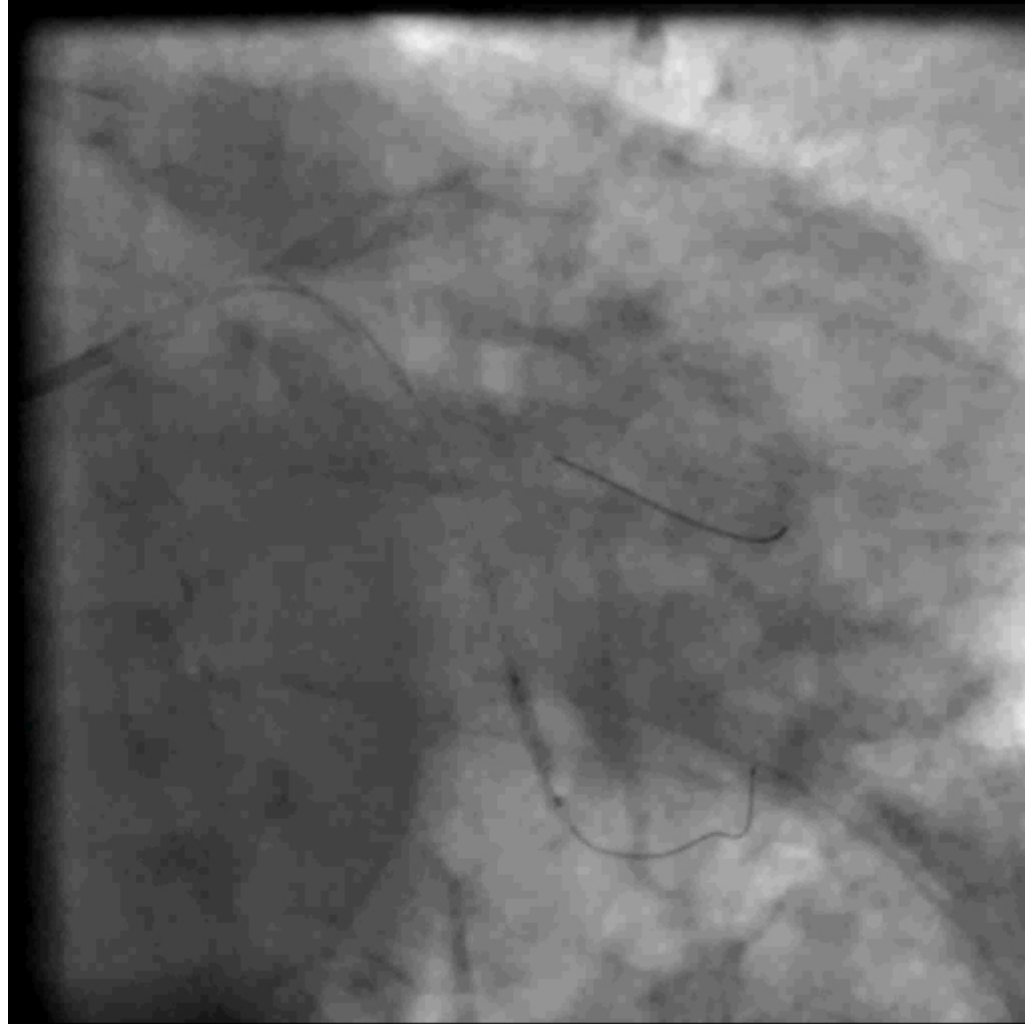
Malattia coronarica cronica in paziente già sottoposto a PCI: dallo studio Compass alla pratica clinica

S.A. Maschio, 08.01.1943



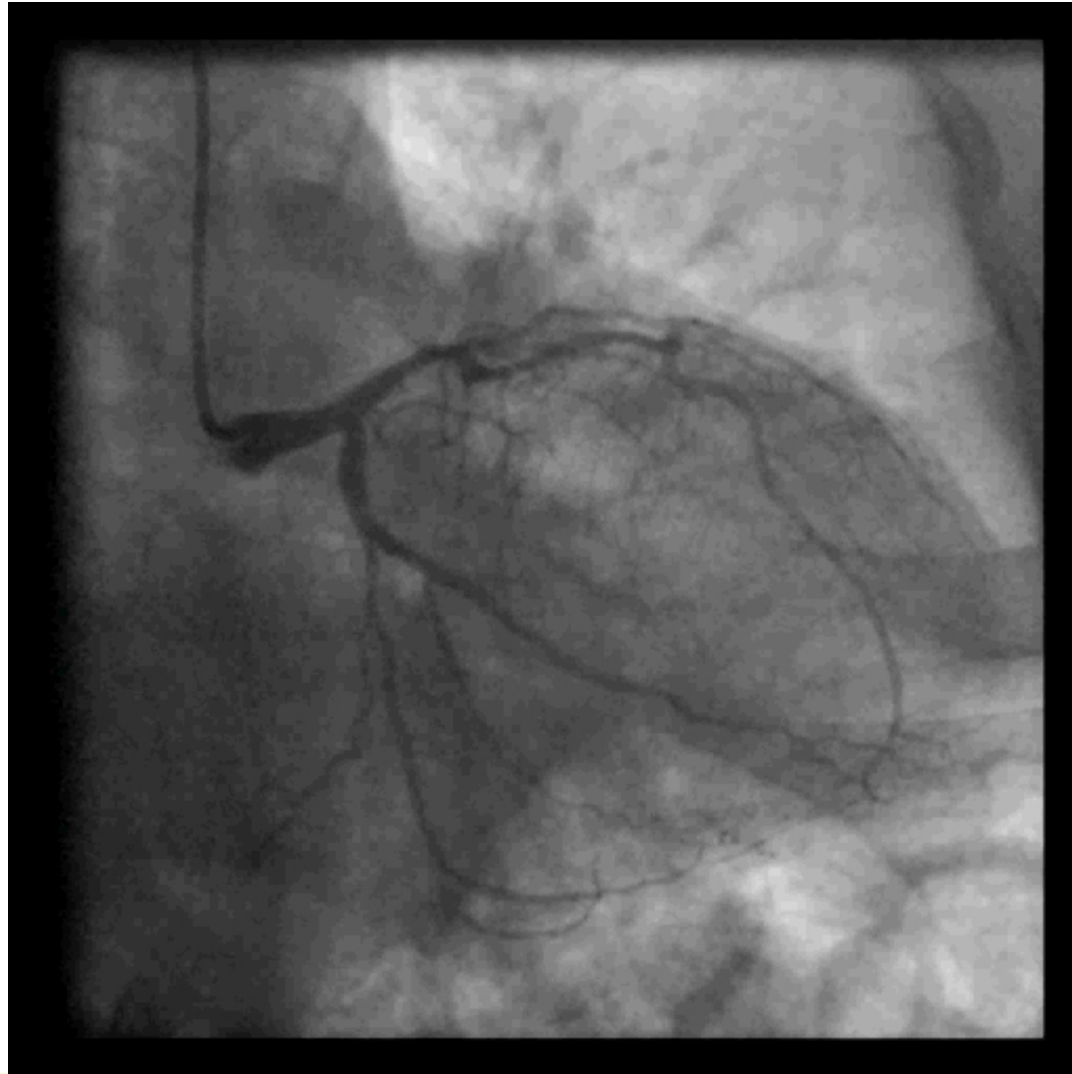
S.A. Maschio, 08.01.1943

Disostruzione Cx con solo POBA: multiple (n 16) dilatazioni
con palloncini 1.25, 2.0 e 2.5 mm di diametro



S.A. Maschio, 08.01.1943

Risultato Finale (Cx solo POBA)



S.A. Maschio, 08.01.1943

Con quale inibitore del P2Y12 avreste trattato il paziente?

1) Clopidogrel

2) Prasugrel

3) Ticagrelor

S.A. Maschio, 08.01.1943

Decorso regolare senza complicanze

Picco Troponina T hs: 1518

Ecocardio Pre-Dimissione: FE 48%, IM moderata mista,
SIAO lieve

Terapia:

- Cardioaspirin
- Prasugrel 10 mg/die
- Metoprololo 50 mg x 2
- Ramipril 2,5 mg x 2
- Atorvastatina 80 mg
- Furosemide 25 mg
- Pantoprazolo 40 mg
- Tp Insulinica

S.A. Maschio, 08.01.1943

F.U. ambulatoriale a 4 mesi:

"saltuari episodi di angina da sforzo (carichi elevati)"

"due episodi di modesta rettorragia" (Hb stabile)

LDL a target: 55 mg/dl

Confermata terapia della dimissione

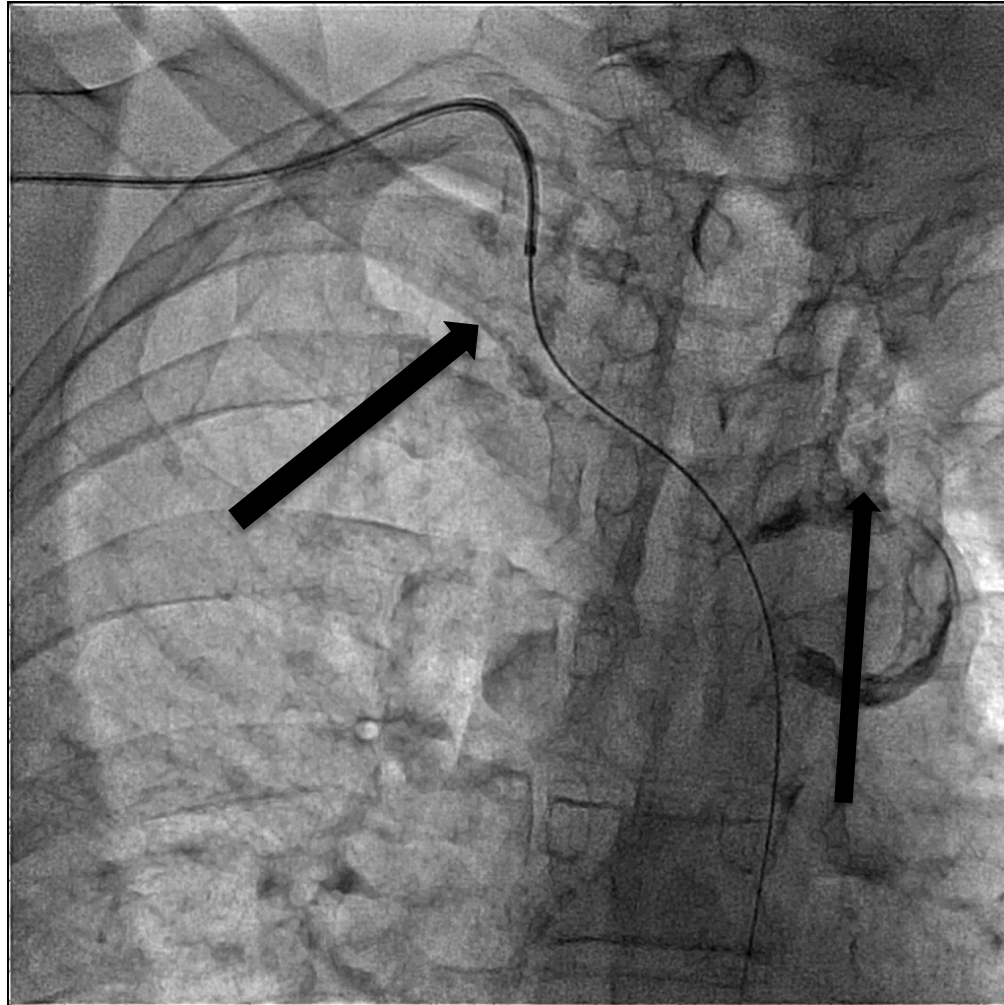
S.A. Maschio, 08.01.1943

2017 Settembre:

Angina da sforzo stabile + Test Ergometrico positivo per carichio medi: posta indicazione a coronarografia

S.A. Maschio, 08.01.1943

Severe ostruzioni assi brachio-cefalici



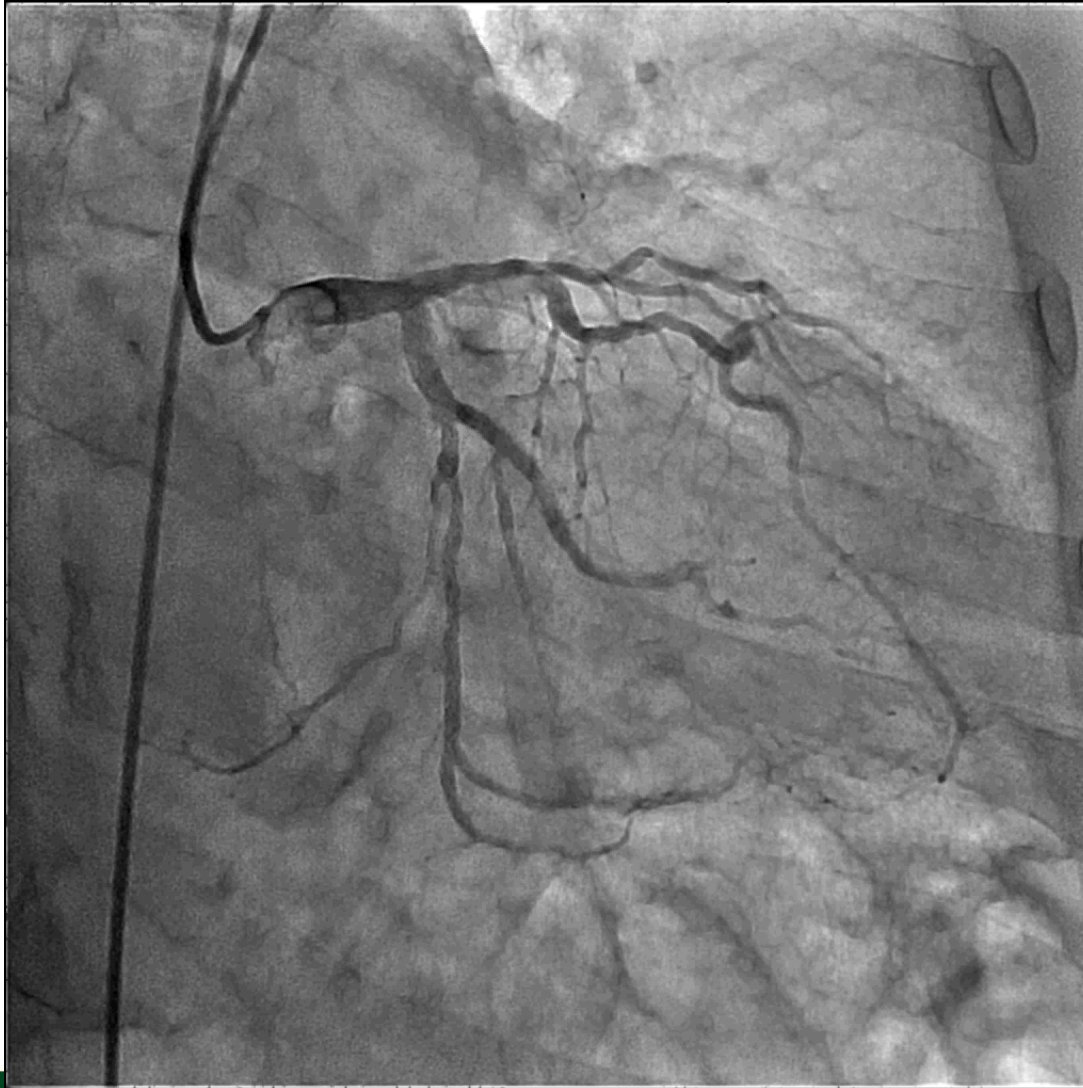
S.A. Maschio, 08.01.1943

Accesso Femorale Destro



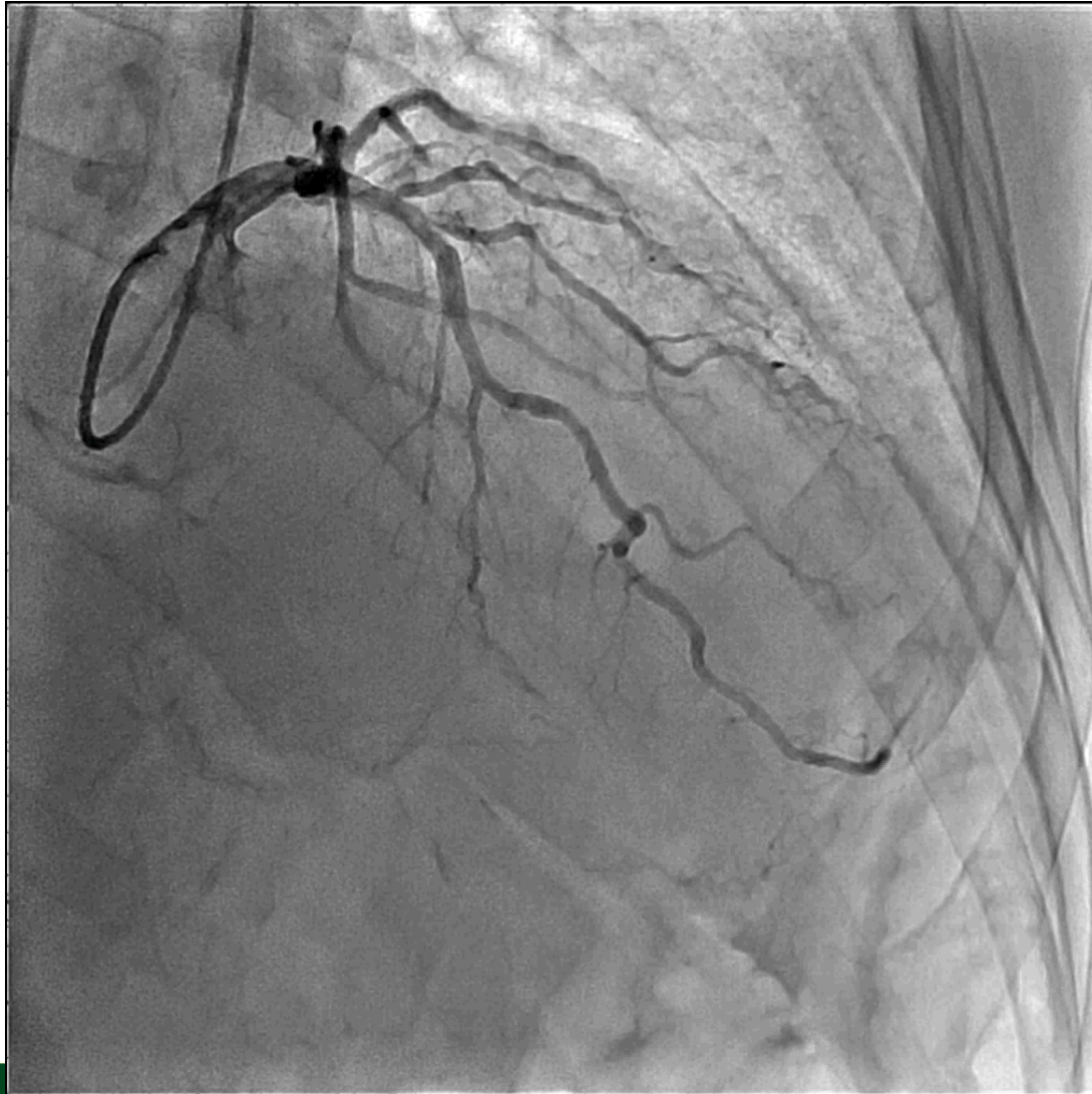
S.A. Maschio, 08.01.1943

Persistenza di buon risultato pregresse PTCA



S.A. Maschio, 08.01.1943

Quadro angiografico invariato



Malattia coronarica cronica in paziente già sottoposto a PCI: dallo studio Compass alla pratica clinica

S.A. Maschio, 08.01.1943



S.A. Maschio, 08.01.1943

Fractional Flow Reserve su DA



S.A. Maschio, 08.01.1943

Ecocardiio:

"Cardiomiopatia ischemica con dimensioni VSx nei limiti, EF 45%.
Acinesia scar della parete inferiore e posteriore. IM moderata (++) da tethering del lembo posteriore, lembi fibrocalcifici.
Sclero-calcificazione della valvola aortica con steno-insufficienza di grado lieve (+). Pressione polmonare ai limiti superiori PAPs 35 mmHg, Aorta ascendente con pareti calcifiche."

S.A. Maschio, 08.01.1943

P.A. invasiva 189/52 mm Hg

Alle braccia valori inferiori:

- 80 mm Hg a sx e - 20 mm Hg a dx.

Raccomandato controllo P.A. a dx

Posta indicazione a trattamento con tp medica:

- Aumentato metoprololo a 100 mg x 2
- Aumentato ramipril a 5 mg x 2
- Introdotta amlodipina 5 mg
- Introdotto nitrato TD 10 mg

Beneficio con scomparsa dell'angina.

Successiva sospensione del nitrato per intolleranza (cefalea)

S.A. Maschio, 08.01.1943

Quale altra terapia?

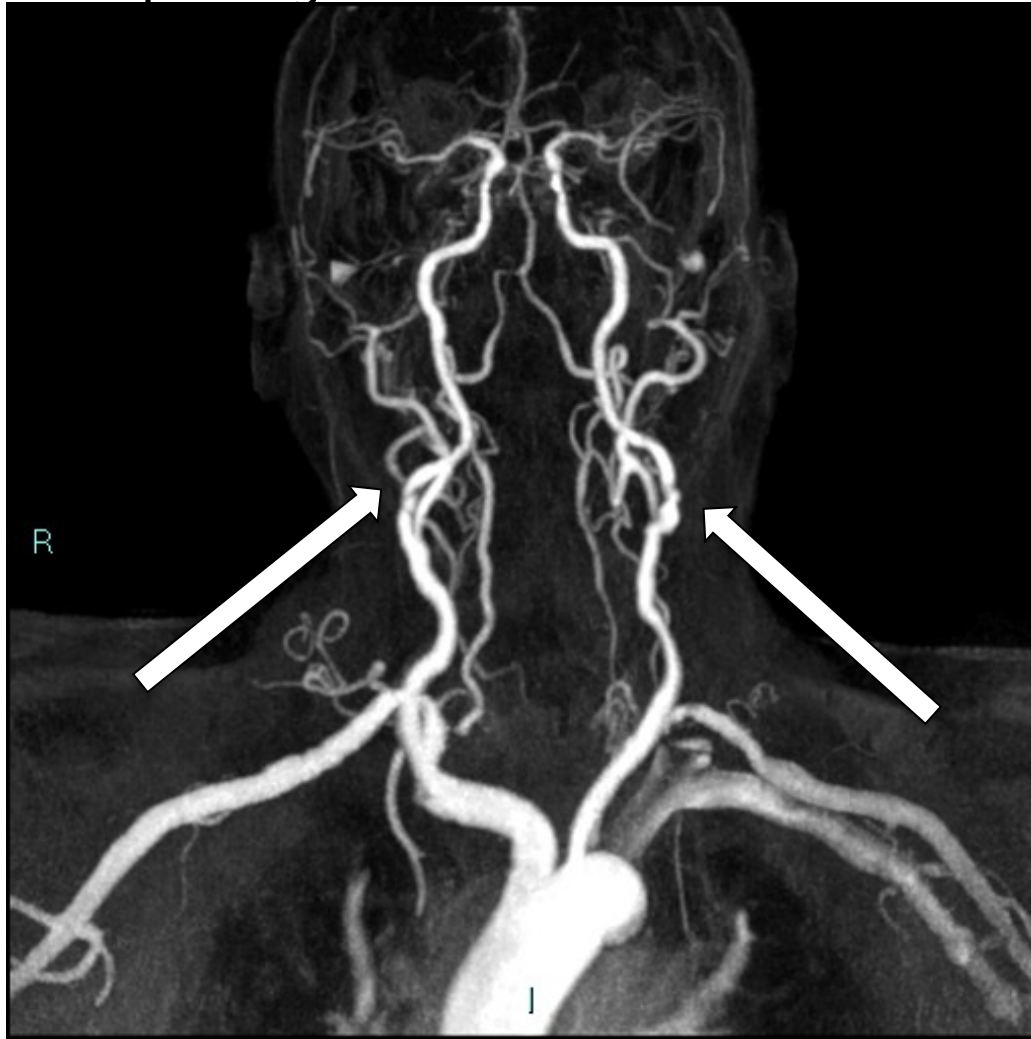
- 1) ASA
- 2) Ticagrelor 60 mg x 2 + ASA
- 3) Rivaroxaban 2,5 mg x 2 + ASA

S.A. Maschio, 08.01.1943

2018 Gennaio: asintomatico, riscontro di patologia stenotica dei TSA all'eco-doppler.
Visto da chirurgo vascolare: indicazione ad Angio RM

S.A. Maschio, 08.01.1943

Severa patologia stenosante carotidi bilaterale



S.A. Maschio, 08.01.1943

2018 Marzo: Visita Cardio: Pz asintomatico per angina.
Confermata terapia

Maggio: TEA carotide Sx con patch in dacron

Agosto: TEA carotide Dx con patch in dacron

2019 Marzo: intervista telefonica, paziente asintomatico per angina, riferita claudicatio a 100 metri circa.
Già prenotato eco-doppler AAI

Trial eligibility_CAD:

Coronary artery disease, defined as:

- Myocardial infarction within the last 20 years, or
- Multi-vessel coronary disease* with symptoms or with history of stable or unstable angina, or
- Multi-vessel percutaneous coronary intervention (PCI), or
- Multi-vessel CABG surgery

*Refers to stenosis of greater than or equal to 50% in 2 or more coronary arteries, confirmed by invasive coronary angiography, or non-invasive imaging or stress studies (e.g. exercise or pharmacologic) suggestive of significant ischemia in 2 or more coronary territories; or in 1 coronary territory if at least one other territory has been revascularized.

Trial eligibility_PAD:

Peripheral arterial disease, defined as:

- Previous aorto-femoral bypass surgery, limb bypass surgery, or percutaneous transluminal angioplasty revascularization of the iliac, or infra-inguinal arteries, or
 - Previous limb or foot amputation for arterial vascular disease, or
 - History of intermittent claudication and one or more of the following:
 - 1) an ankle/arm blood pressure (BP) ratio < 0.90 , or
 - 2) significant peripheral artery stenosis ($\geq 50\%$) documented by angiography, or by duplex ultrasound, or
- Previous carotid revascularization or asymptomatic carotid artery stenosis $\geq 50\%$ as diagnosed by duplex ultrasound or angiography.

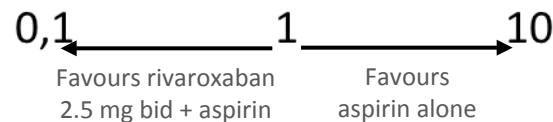
S.A. Maschio, 08.01.1943

Quale altra terapia?

- 1) ASA
- 2) Ticagrelor 60 mg x 2 + ASA
- 3) Rivaroxaban 2,5 mg x 2 + ASA

Malattia coronarica cronica in paziente già sottoposto a PCI: dallo studio Compass alla pratica clinica

Subgroup	Rivaroxaban 2.5 mg bid + aspirin n/N (%)	Aspirin alone n/N (%)	HR (95% CI)	HR (95% CI)	p-value
All participants	379/9152 (4.1)	496/9126 (5.4)		0.76 (0.66–0.86)	
Age					0.20
<65 years	79/2150 (3.7)	126/2184 (5.8)		0.63 (0.48–0.84)	
65–75 years	179/5078 (3.5)	238/5045 (4.7)		0.74 (0.61–0.90)	
≥75 years	121/1924 (6.3)	132/1897 (7)		0.89 (0.69–1.14)	
Sex					0.75
Male	300/7093 (4.2)	393/7137 (5.5)		0.76 (0.66–0.89)	
Female	79/2059 (3.8)	103/1989 (5.2)		0.72 (0.54–0.97)	
Body weight					0.64
≤60 kg	41/901 (4.6)	45/836 (5.4)		0.83 (0.55–1.27)	
>60 kg	335/8241 (4.1)	448/8285 (5.4)		0.75 (0.65–0.86)	
Estimated GFR					0.95
<60 mL/min	132/2054 (6.4)	177/2114 (8.4)		0.75 (0.60–0.94)	
>60 mL/min	247/7094 (3.5)	319/7012 (4.5)		0.76 (0.64–0.90)	
CAD					0.47
Yes	347/8313 (4.2)	460/8261 (5.6)		0.74 (0.65–0.86)	
No	32/839 (3.8)	36/865 (4.2)		0.89 (0.55–1.43)	
PAD					0.61
Yes	126/2492 (5.1)	174/2504 (6.9)		0.72 (0.57–0.90)	
No	253/6660 (3.8)	322/6622 (4.9)		0.77 (0.66–0.91)	



Malattia coronarica cronica in paziente già sottoposto a PCI: dallo studio Compass alla pratica clinica

Subgroup	Rivaroxaban 2.5 mg bid + aspirin n/N (%)	Aspirin alone n/N (%)	HR (95% CI)	HR (95% CI)	p-value
Geographic Region					0.56
North America	63/1304 (4.8)	80/1309 (6.1)		0.78 (0.56–1.08)	
South America	93/2054 (4.5)	111/2054 (5.4)		0.84 (0.63–1.10)	
Western Europe	117/2855 (4.1)	141/2855 (4.9)		0.82 (0.64–1.05)	
Eastern Europe	59/1607 (3.7)	90/1604 (5.6)		0.65 (0.46–0.90)	
Asia-Pacific	47/1332 (3.5)	74/1304 (5.7)		0.62 (0.43–0.89)	
Race or ethnic group					0.37
White	235/5673 (4.1)	306/5682 (5.4)		0.76 (0.64–0.90)	
Black	2/76 (2.6)	8/92 (8.7)		0.30 (0.06–1.46)	
Asian	54/1451 (3.7)	81/1397 (5.8)		0.64 (0.45–0.90)	
Other	88/1952 (4.5)	101/1955 (5.2)		0.87 (0.65–1.16)	
Tobacco use					0.29
Yes	80/1944 (4.1)	122/1972 (6.2)		0.66 (0.50–0.88)	
No	299/7208 (4.1)	374/7154 (5.2)		0.79 (0.68–0.92)	
Diabetes					0.77
Yes	179/3448 (5.2)	239/3474 (6.9)		0.74 (0.61–0.90)	
No	200/5704 (3.5)	257/5652 (4.5)		0.77 (0.64–0.93)	
Hypertension					0.68
Yes	317/6907 (4.6)	409/6877 (5.9)		0.76 (0.66–0.89)	
No	62/2245 (2.8)	87/2249 (3.9)		0.71 (0.51–0.98)	
Dyslipidemia					0.47
Yes	325/8239 (3.9)	428/8158 (5.2)		0.74 (0.64–0.86)	
No	54/913 (5.9)	68/968 (7)		0.85 (0.60–1.22)	

0,1 ← 1,0 → 10,0

Favours rivaroxaban
2.5 mg bid + aspirin

Favours
aspirin alone

Rivaroxaban 2.5 mg bid plus Aspirin Significantly Reduced the Risk of MACE in Patients with CAD and Diabetes

Incidence of the primary efficacy and safety outcomes according to the presence or absence of diabetes in COMPASS (subgroup analysis)

