

PRAGUE-8 Study

**Clopidogrel > 6 hours before elective CAG
vs. a few minutes before PCI ?**

**P Widimský, Z Mot'ovská, S Šimek, P Kala
& PRAGUE-8 trial Investigators**

*Charles University Prague (Third Medical Faculty, First Medical Faculty, Medical Faculty Hradec
Kralové), University Hospital Brno and Regional Hospital Liberec.*

Open, randomized multicenter trial.

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Background.

Clonidogrel pre-treatment before planned PCI reduces periprocedural complications.

Current practice: very few „planned“ PCI's (i.e. separate procedures from CAG), but rather „ad-hoc“ PCI's (unplanned, indicated and performed immediately after CAG).

ESC guidelines for PCI: Clonidogrel pre-treatment to all elective CAG's (to achieve therapeutic levels at the time of possible ad-hoc PCI). *Is this valid ??*

Randomization on the day before CAG

Group A „nonselective“

(n = 513)

**clopidogrel 600 mg > 6
hours before each CAG**

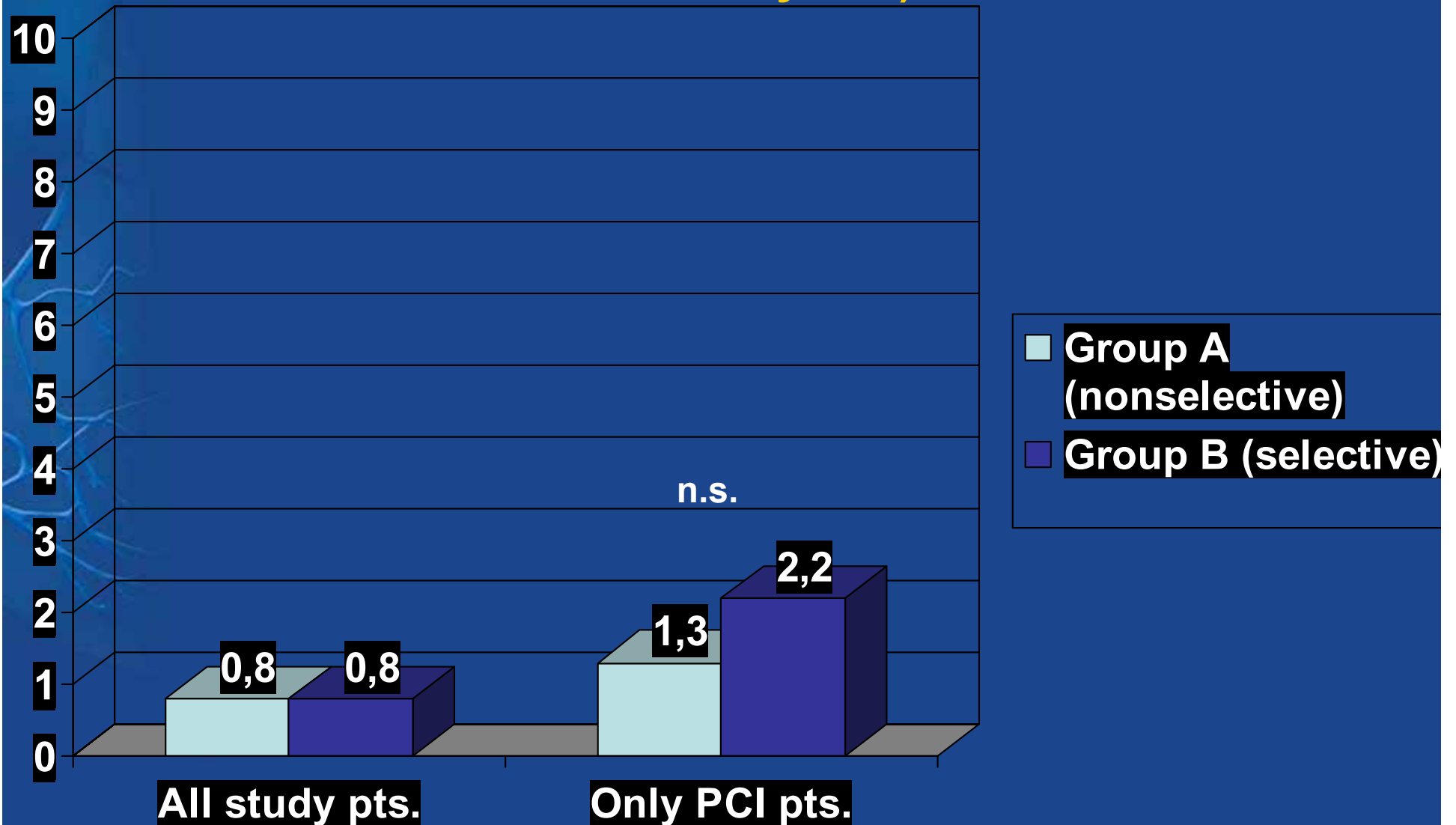
Group B „selective“

(n = 515)

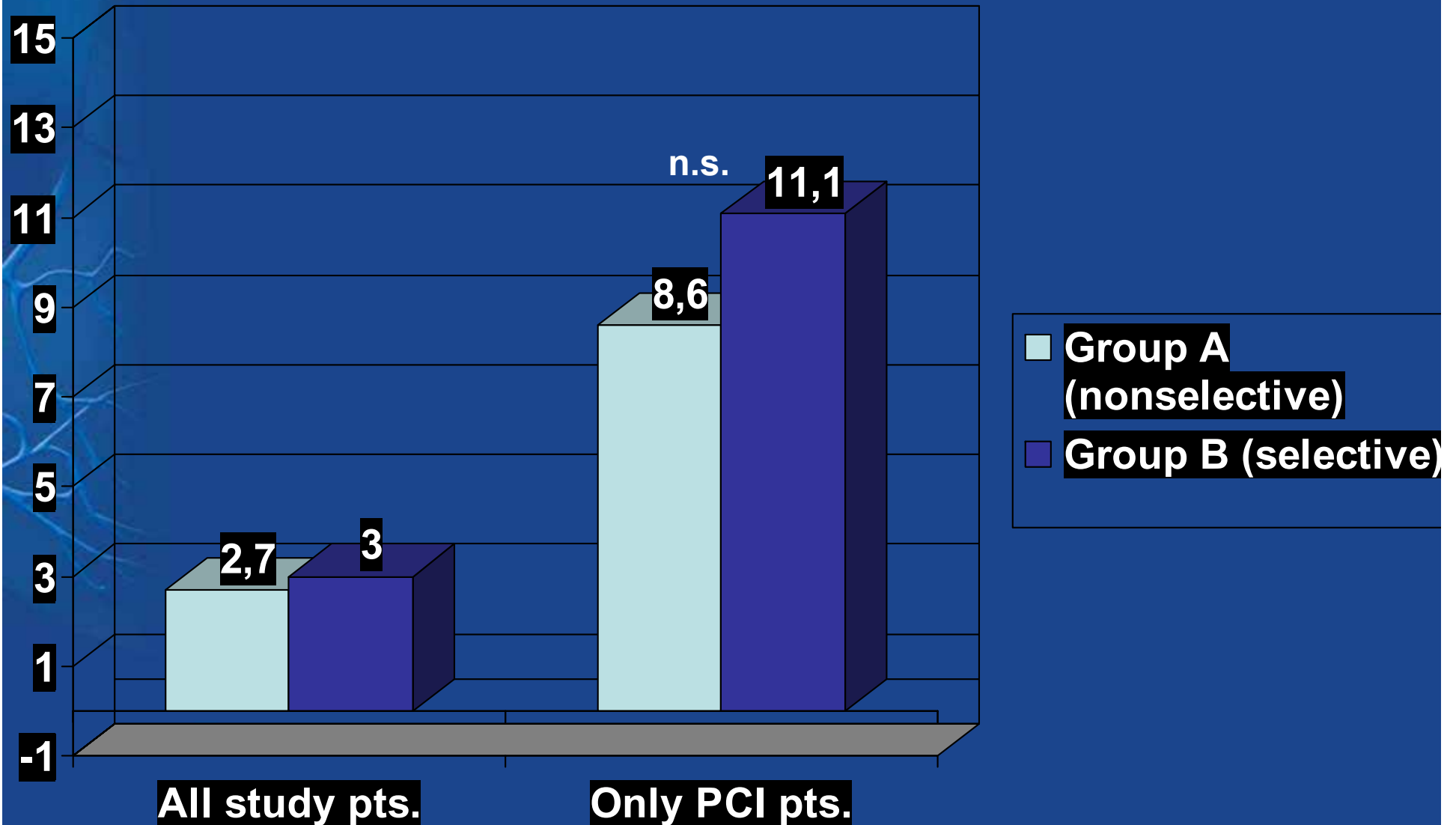
**clopidogrel 600 mg in the
cath-lab after CAG, only
to patients, undergoing
subsequent PCI**

Primary end-point

(death / periprocedural MI / stroke or TIA / re-intervention within 7 days, %)

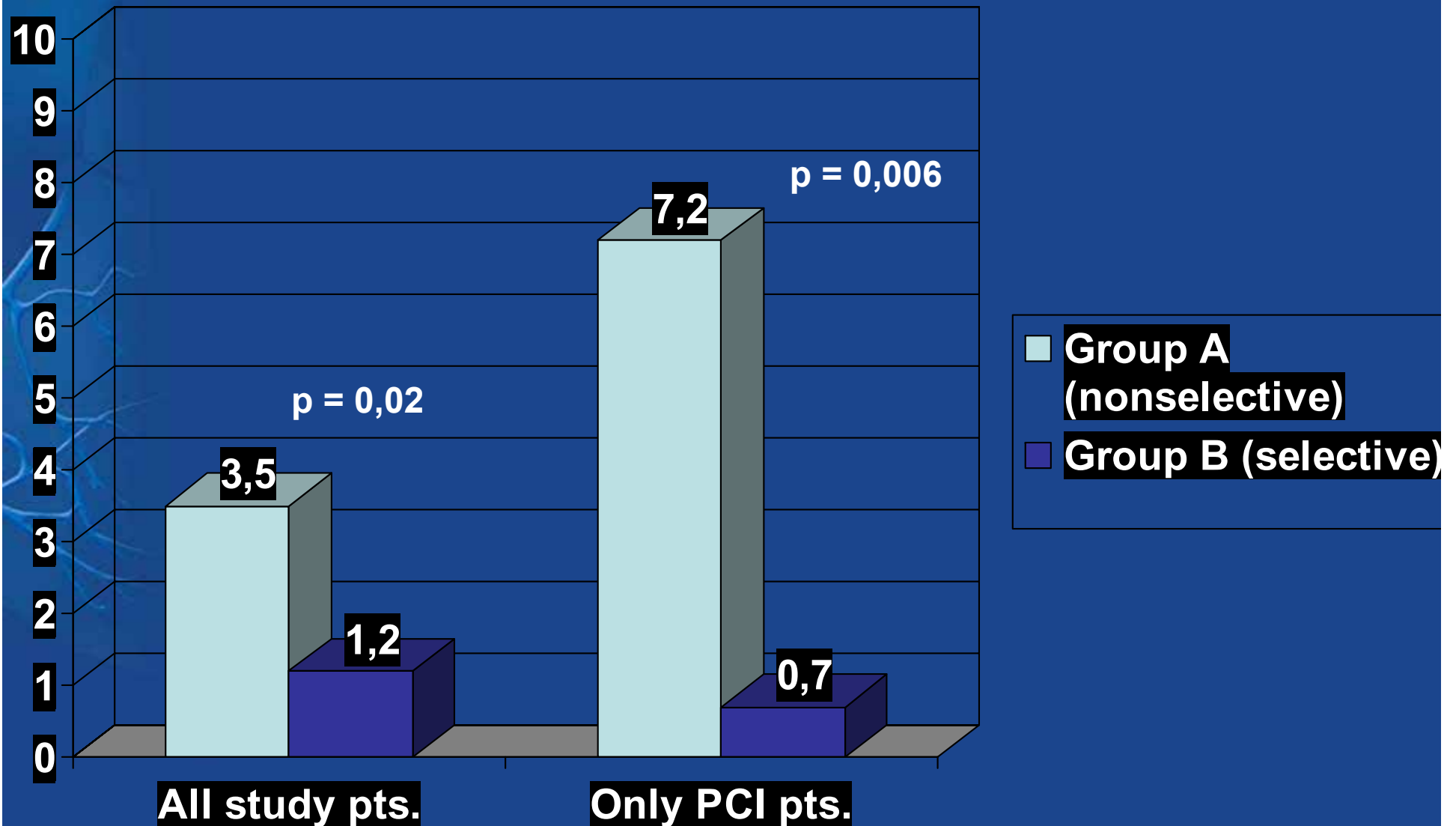


Periprocedural troponin elevation (% of pts. with >3x ULN after intervention)



Bleeding complications

(clinically significant, major & minor, %)



Conclusion.

Routine clopidogrel pretreatment before elective CAG in stable coronary artery disease is not justified.

It increased the risk of bleeding complications, while the benefit on ischemic periprocedural complications was not significant.

Clopidogrel should be given only to patients with known CAG who undergo PCI and this can be done safely in the catheterization laboratory between the two procedures.