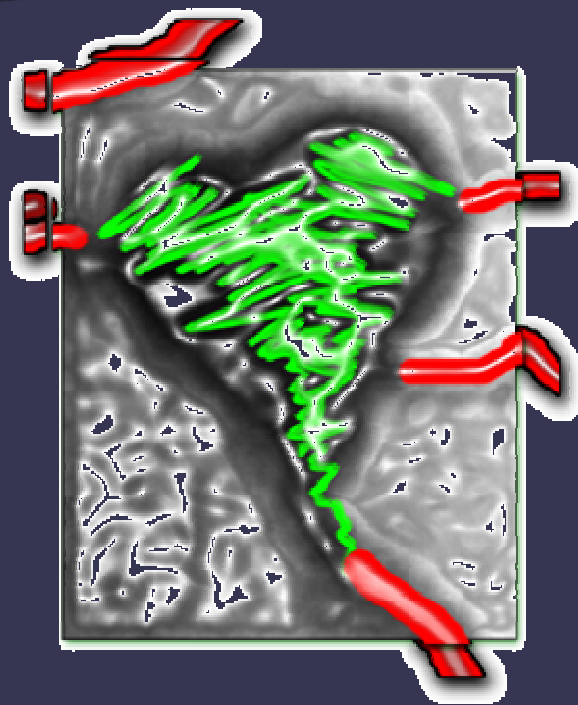


# ESC Congress 2007



**Three-year clinical follow-up  
after SES vs. BMS implantation  
assisted by systematic  
GP IIb/IIIa inhibitor infusion  
in patients with MI**

M. Valgimigli, MD, PhD  
University of Ferrara  
Italy

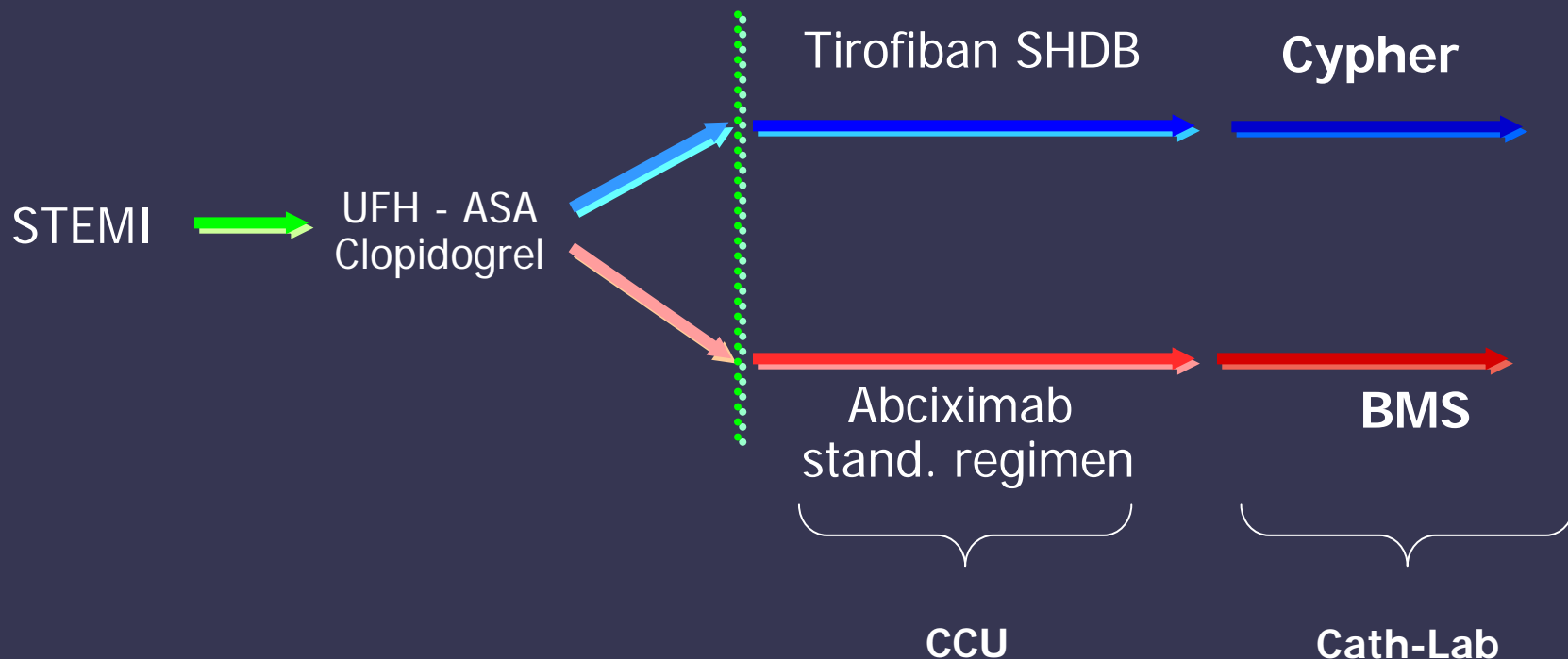
Vienna 2nd, September 07

# Potential Conflicts of interest

- Speaker's bureau: Merck, USA
- Research grant: Merck, USA

# Study design

- **Inclusion Criteria:** STEMI all comers: shock, elderly included
- **Exclusion Criteria:** Contraindications to Gp IIb/IIIa



BMS and abciximab display a synergistic role in primary PCI setting and...

*"should be currently regarded as the gold standard for STEMI"*

Journal of the American College of Cardiology  
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Published by Elsevier Inc.

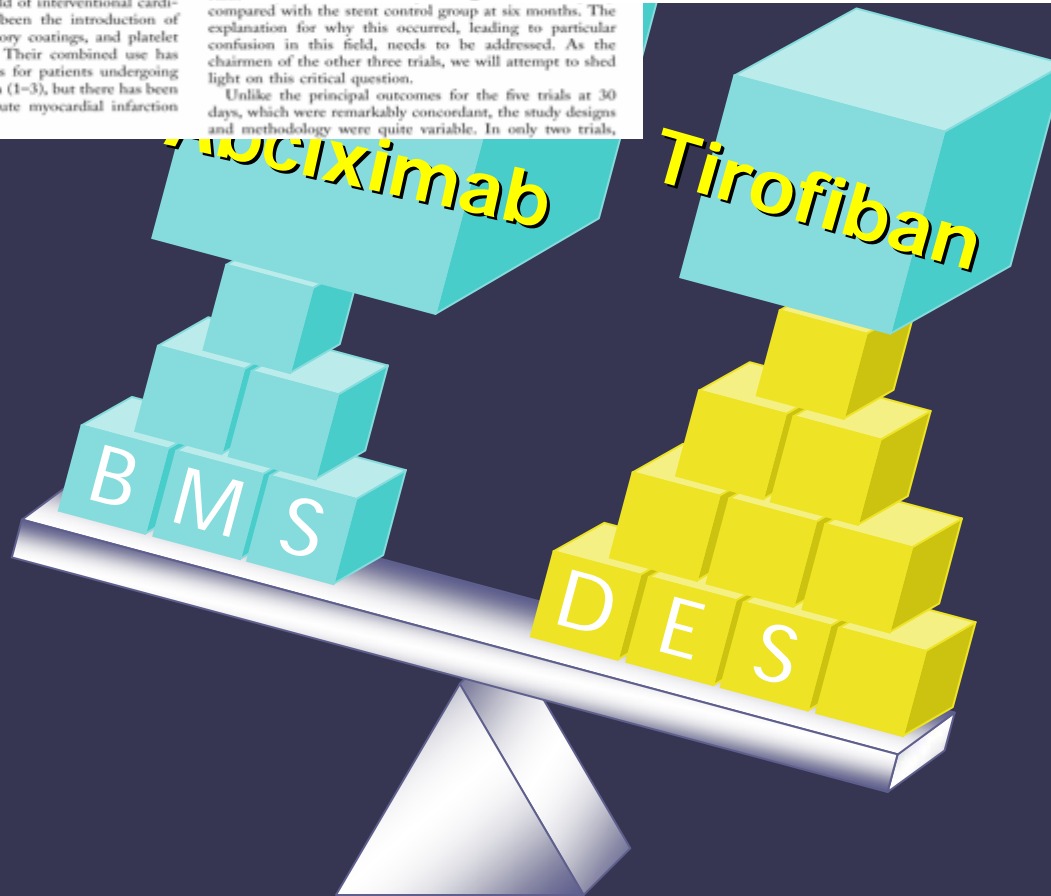
EDITORIAL COMMENT

**A Preferred Reperfusion Strategy for Acute Myocardial Infarction\***

Eric J. Topol, MD, FACC, FESC,†  
Franz-Josef Neumann, MD, FACC, FESC,‡  
Gilles Montalescot, MD, PhD§  
Cleveland, Ohio; Bad Krozingen, Germany;  
and Paris, France

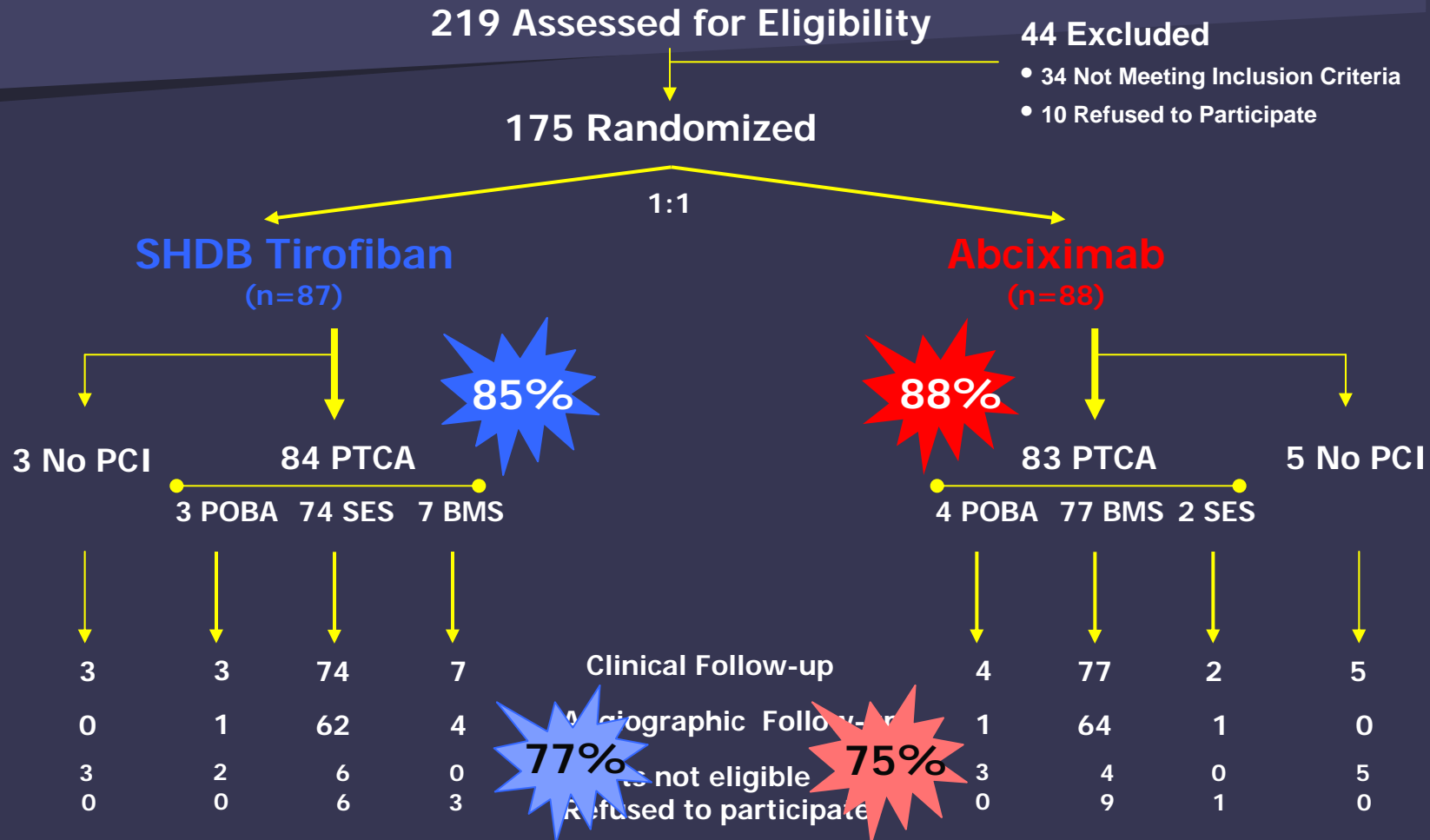
The major innovations in the field of interventional cardiology in the past decade have been the introduction of stents, now with anti-inflammatory coatings, and platelet glycoprotein IIb/IIIa inhibitors. Their combined use has been validated in dedicated trials for patients undergoing elective coronary revascularization (1-3), but there has been controversy in the setting of acute myocardial infarction (MI).

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compared with the stent control group at six months. The explanation for why this occurred, leading to particular confusion in this field, needs to be addressed. As the chairmen of the other three trials, we will attempt to shed light on this critical question.  
Unlike the principal outcomes for the five trials at 30 days, which were remarkably concordant, the study designs and methodology were quite variable. In only two trials,



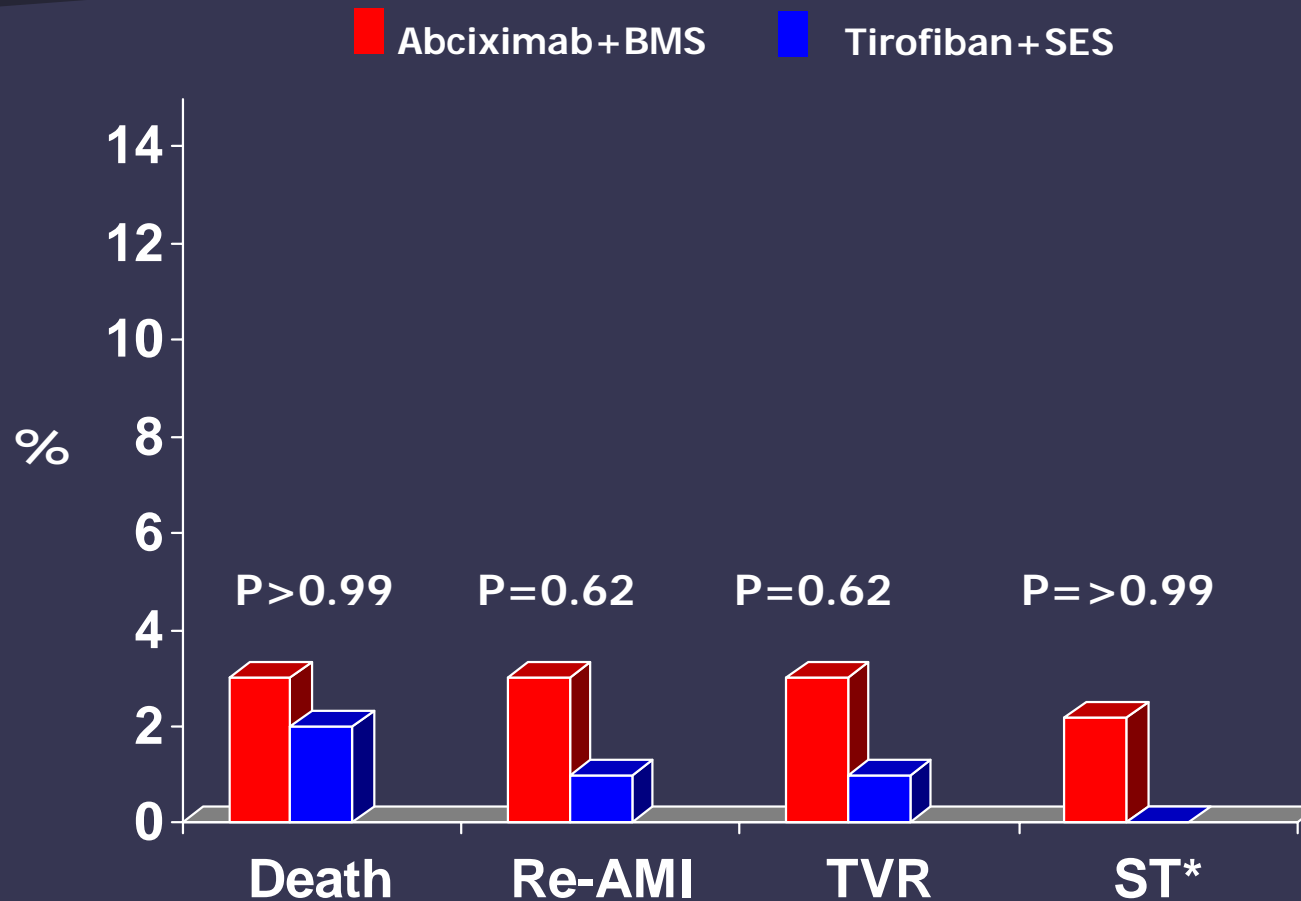
Medical Costs

# Study Profile



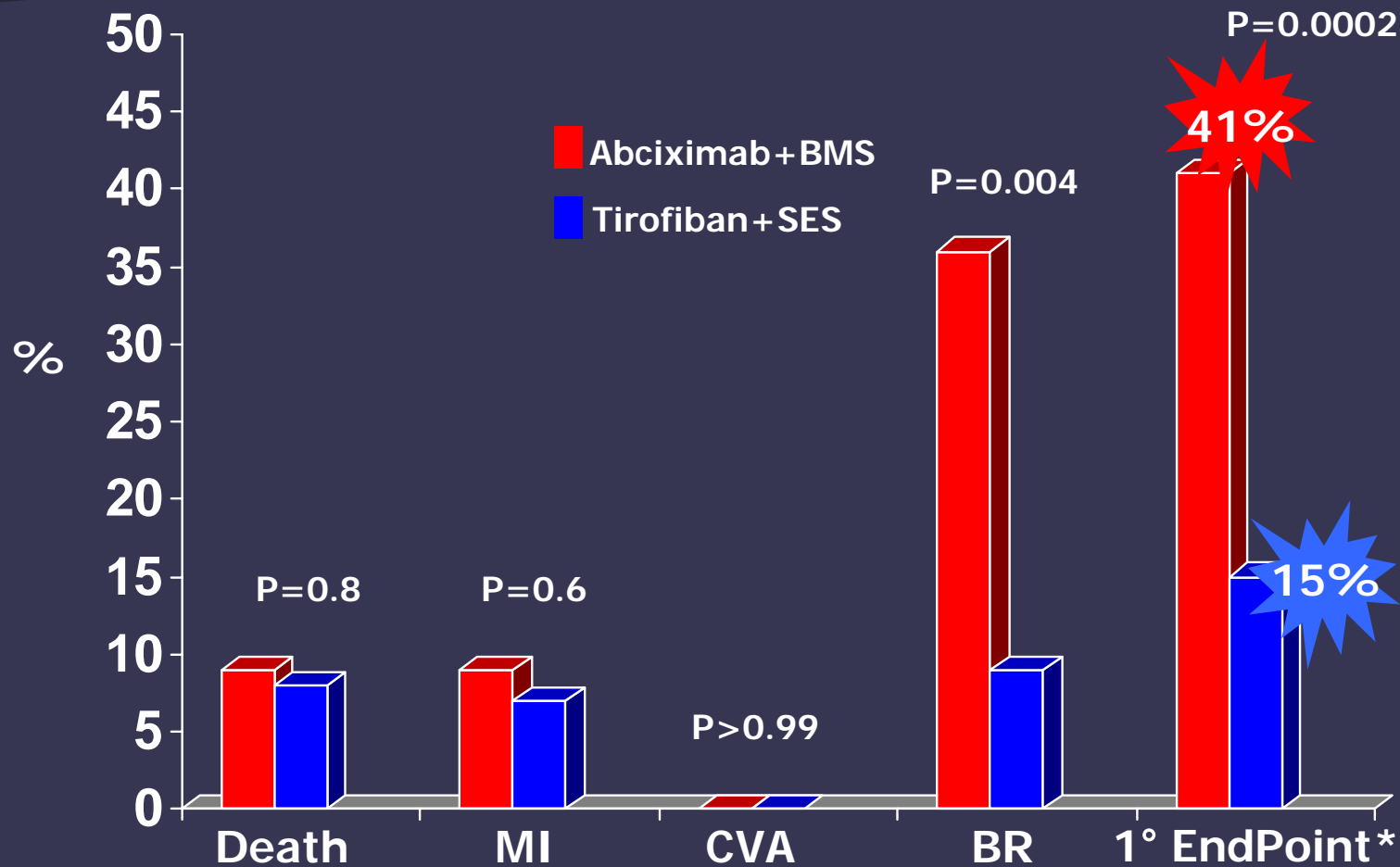
# 30-Day Outcome

n=175

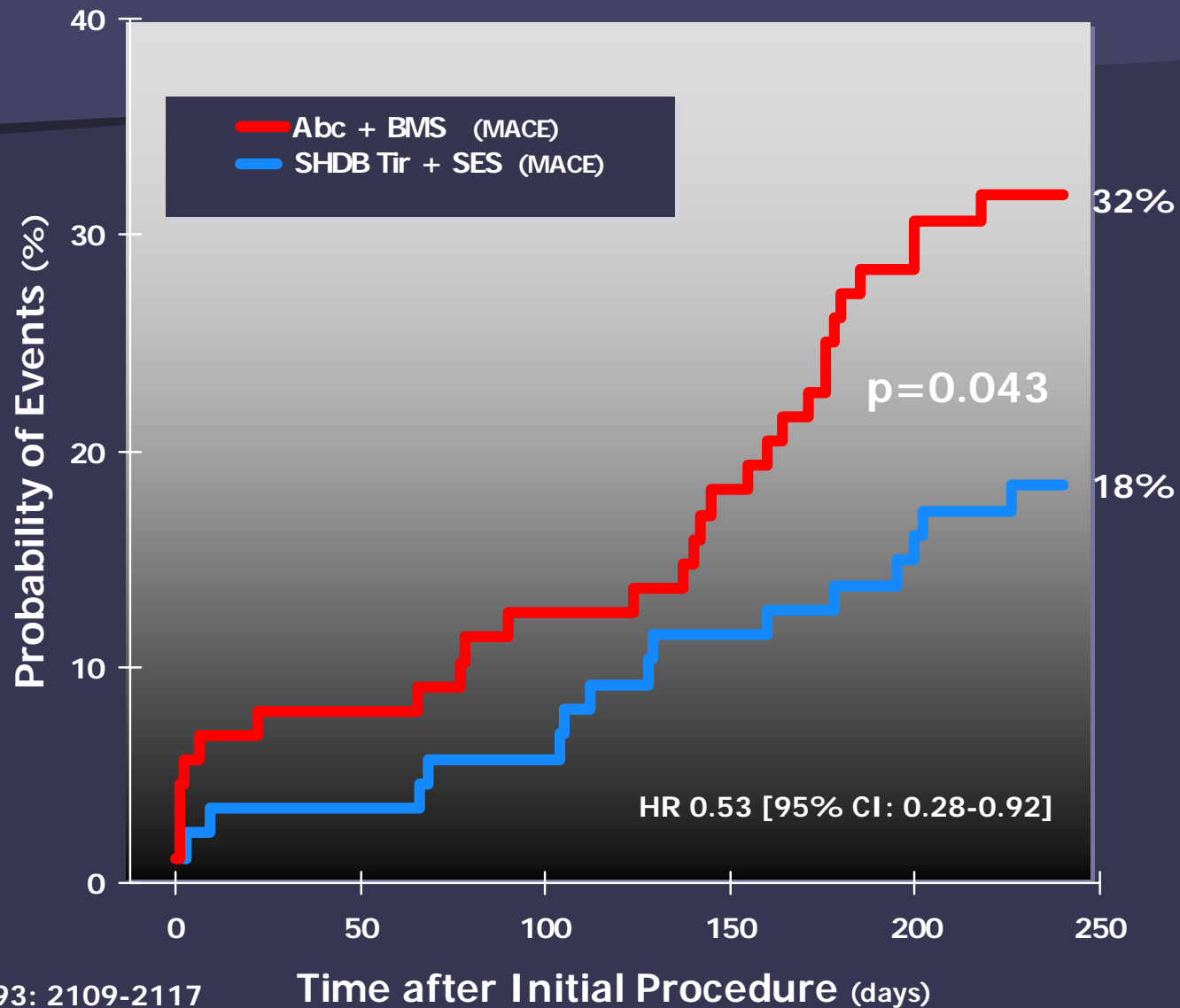


# 8-Month Outcome

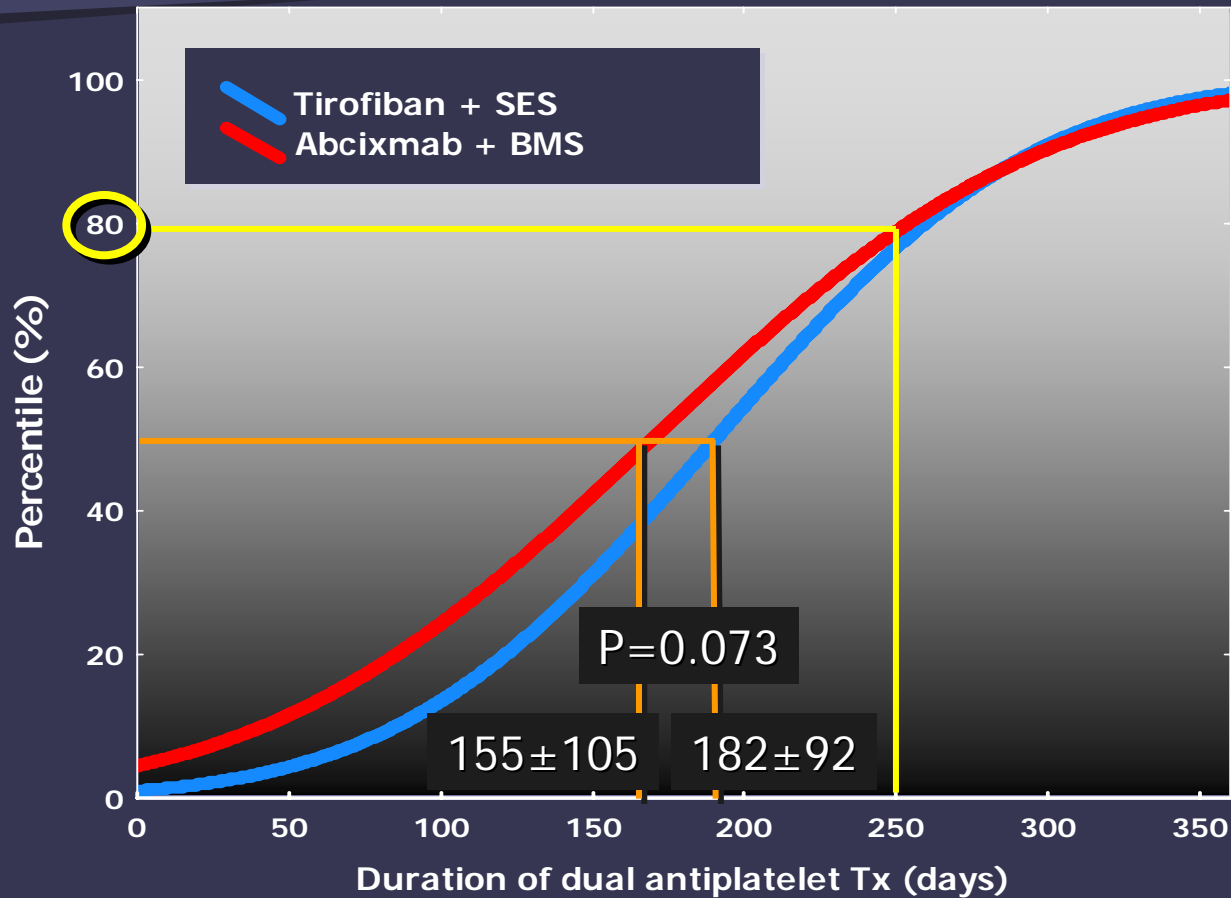
n=175



# Death/MI/TVR at 8 Months



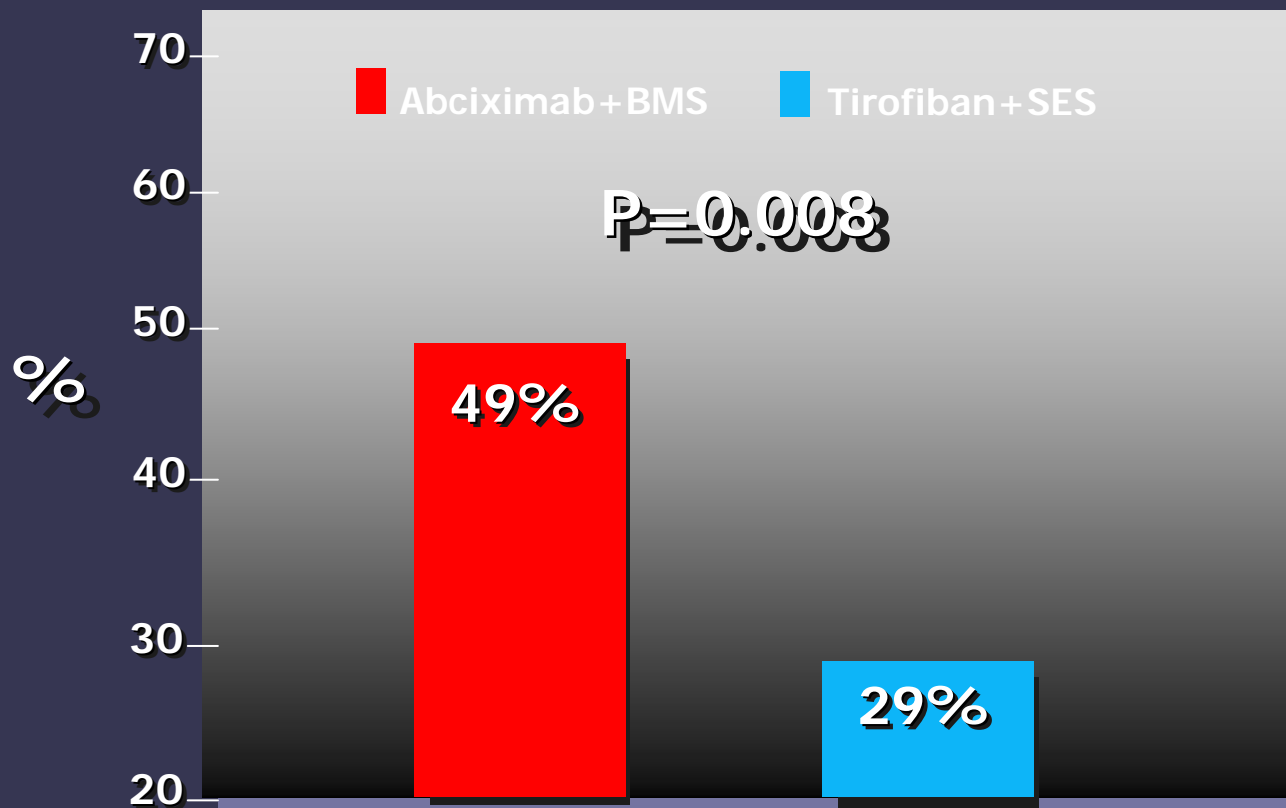
# Duration of dual antiplatelet Tx



● 5 pts (4 tirofiban+SES) re-started clopidogrel beyond the 2 year f-up

# Primary EP at 3 years\*

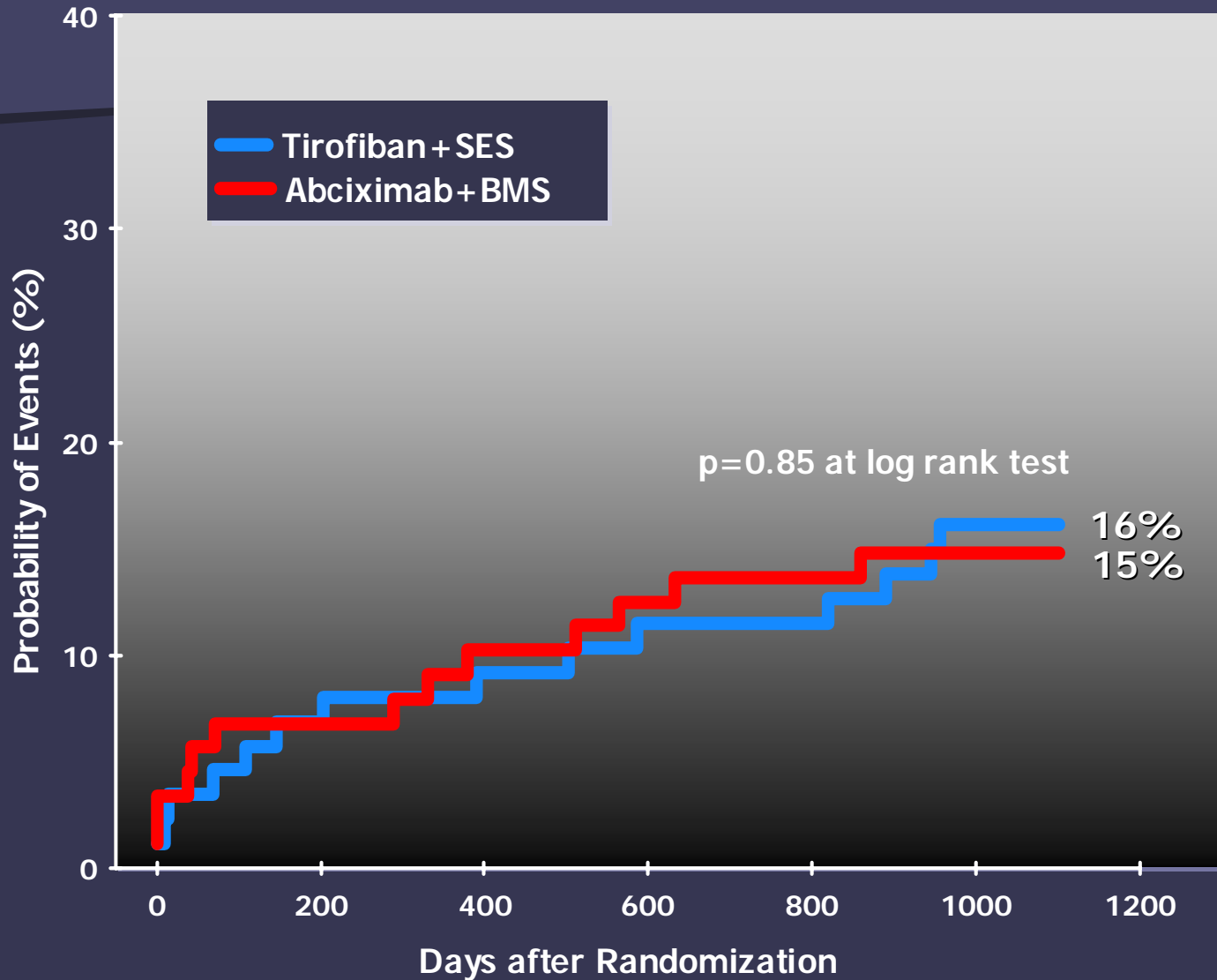
No lost to Follow-up



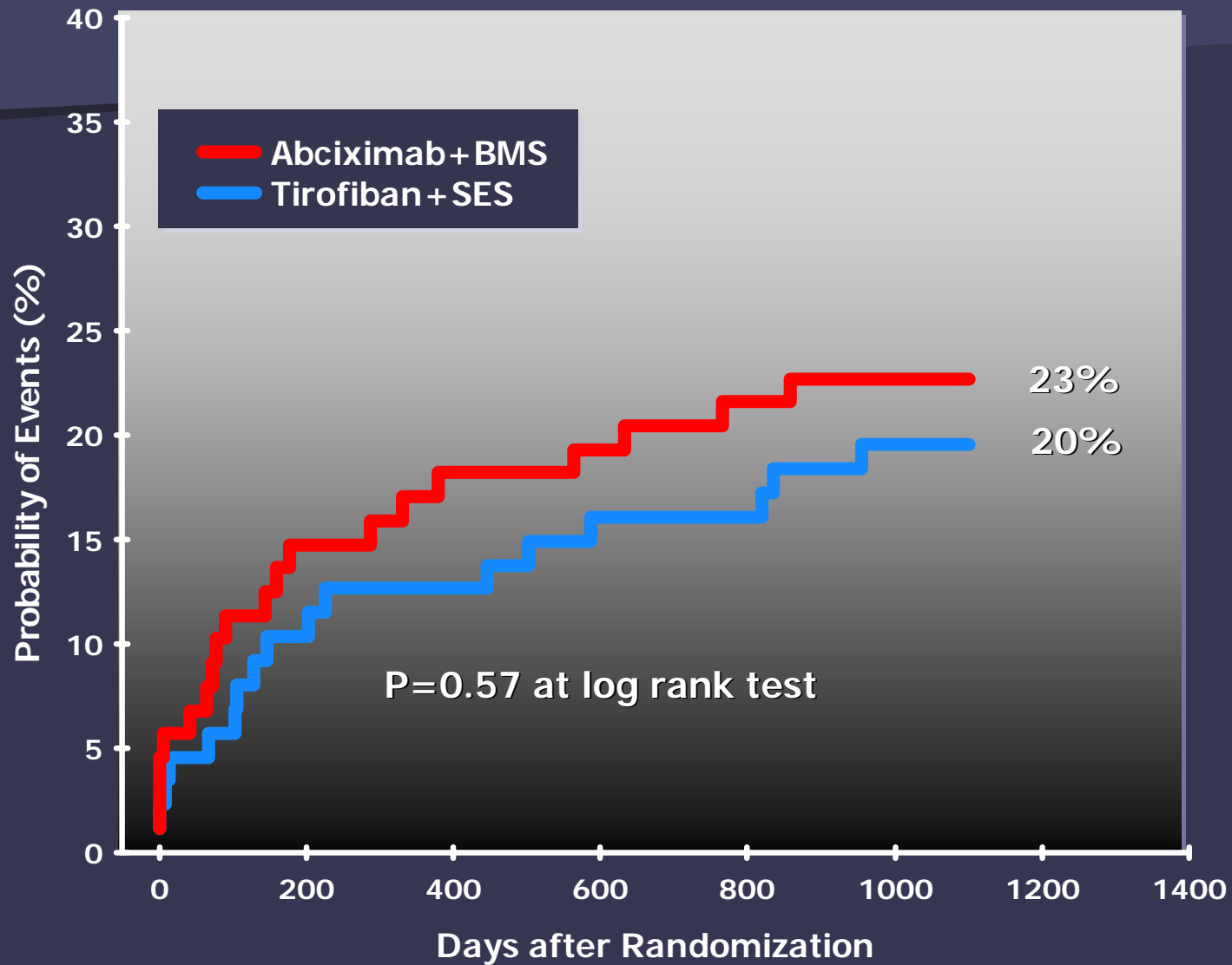
1° EP: composite of death, MI, CVA and binary restenosis

\*: in all recruited patients

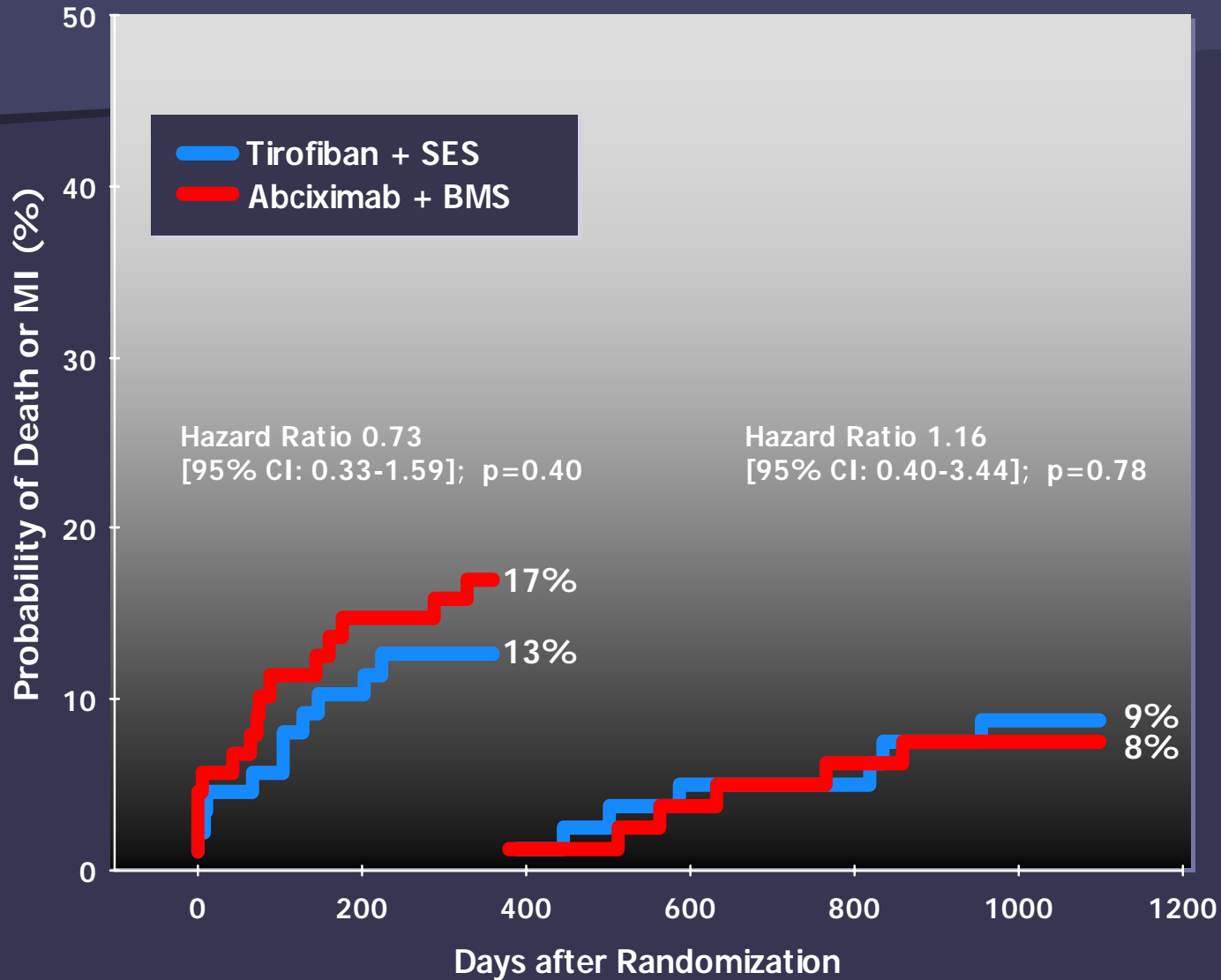
# All cause mortality at 3 years



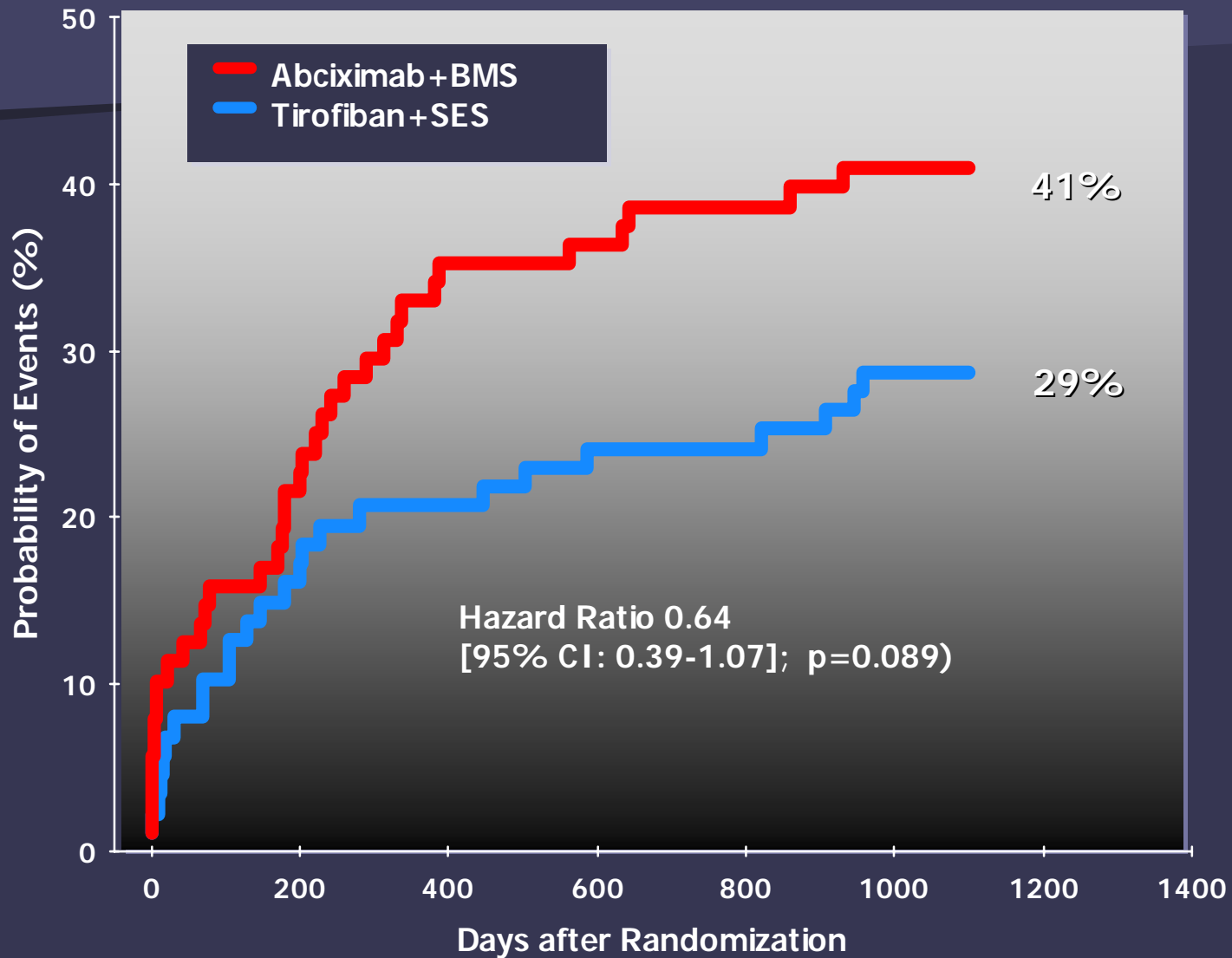
# Death/MI at 3 years



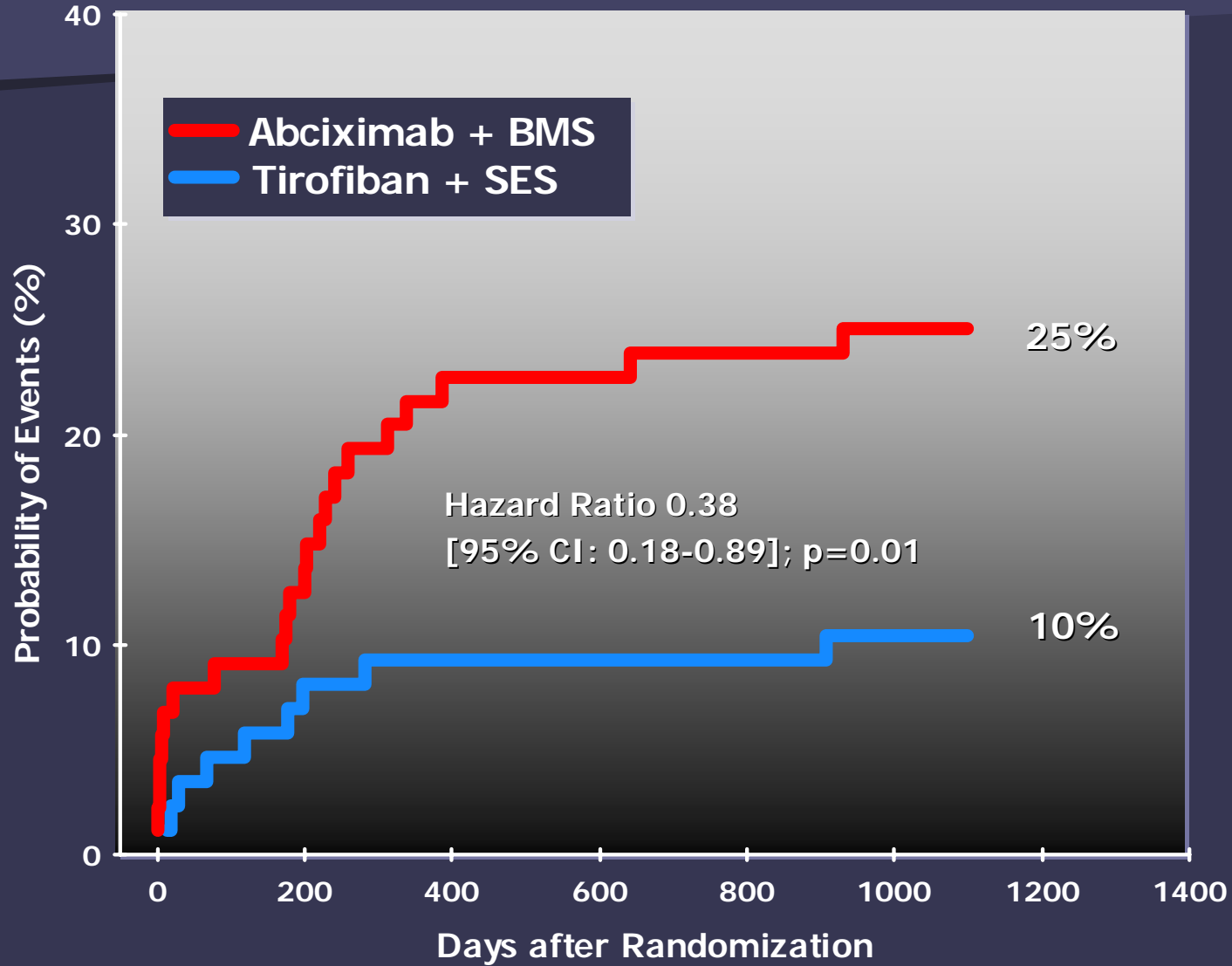
# Death/MI Landmark Analysis



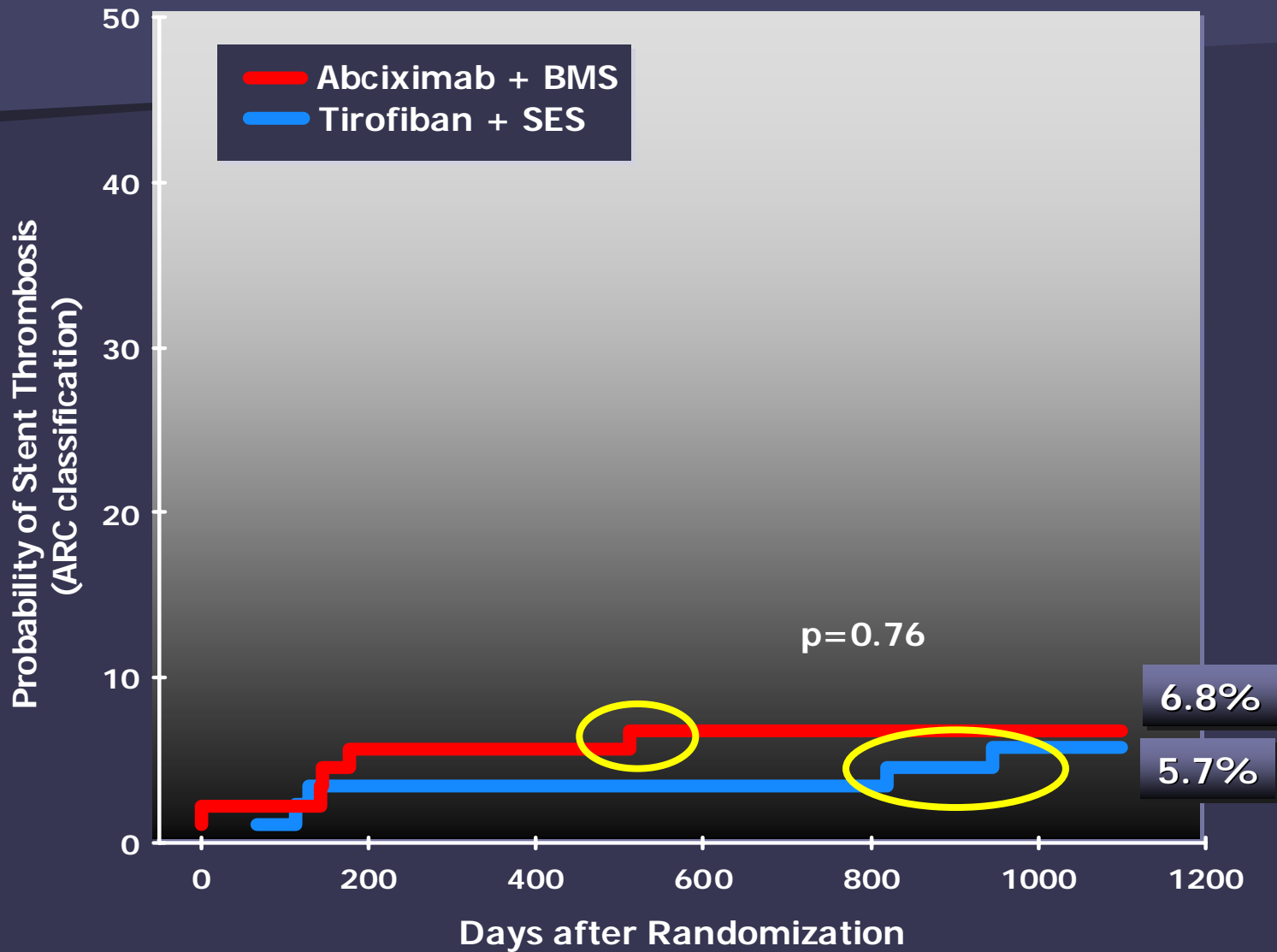
# MACE rate at 3 years



# TVR at 3 years



# Stent Thrombosis at 3 years



# Conclusions

- At 3 year Follow-up the composite of death MI CVA and BR was lower in tirofiban+SES arm
- This difference was driven by an improvement in angiographic outcome leading to lower TVR
- There was no difference in terms of death, MI or cumulative probability of stent thrombosis according to ARC classification

# Study Limitations

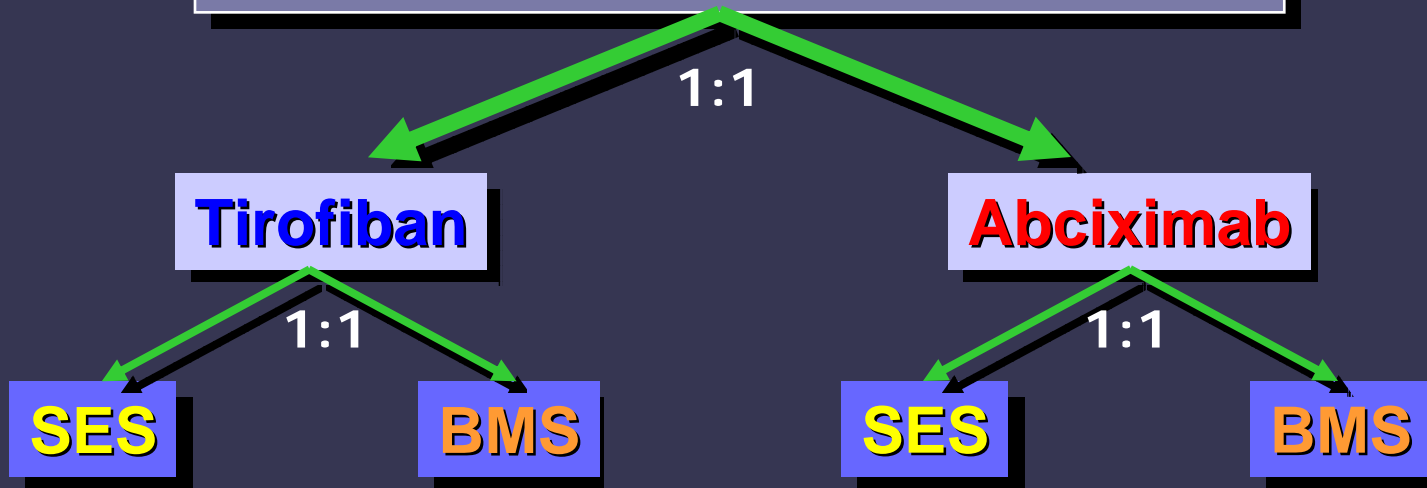
- Single center
- Systematic angiographic follow-up
- Surrogate endpoints with small sample size
- Two “rigid” combinations between stents and GP IIb/IIIa inhibitors were compared



# MULTI-STRATEGY Trial Design



**STEMI All Comer Patients**  
**Aspirin + Clopidogrel + UFH**  
**Intent-to-stent**  
**N = 744**



**Clinical follow-up only**



# MULTISTRATEGY Enrollment

—▲— Randomized Pts

