

Bivalirudin: Is It Standard of Care in the Cath Lab? No, Heparin with GPI is Still a Viable Option

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Disclosure Statement of Financial Interest

Within the past 12 months, I or my spouse/partner have had a financial interest/arrangement or affiliation with the organization(s) listed below.

Affiliation/Financial Relationship

- **Grant/Research Support to Institution**
- **Consulting Fees/Honoraria**

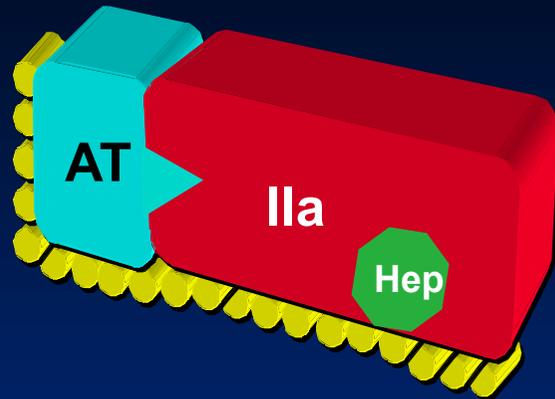
Company

- Sanofi/BMS- Significant
- The Medicines Company
- Astra Zeneca, Abbott Vascular, Regado Biosciences, Janssen

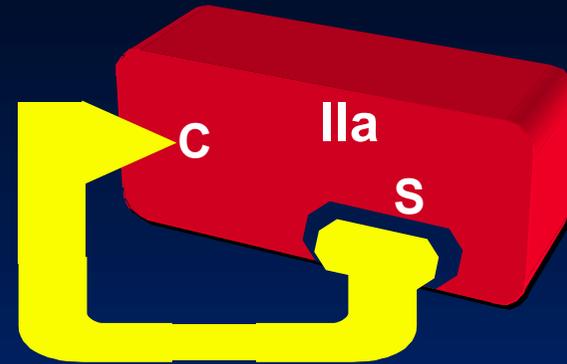
Disclosure Statement

I have led the Clinical Coordinating Center for the HORIZONS AMI study and a *strong believer* for the use of Bivalirudin in all cases!!!

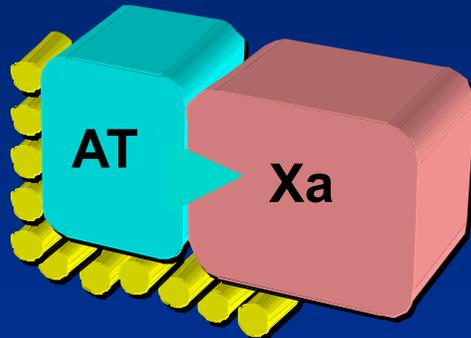
Four Anticoagulant Choices



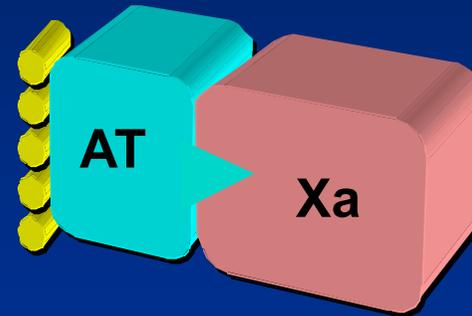
UFH



Direct antithrombin



LMWH



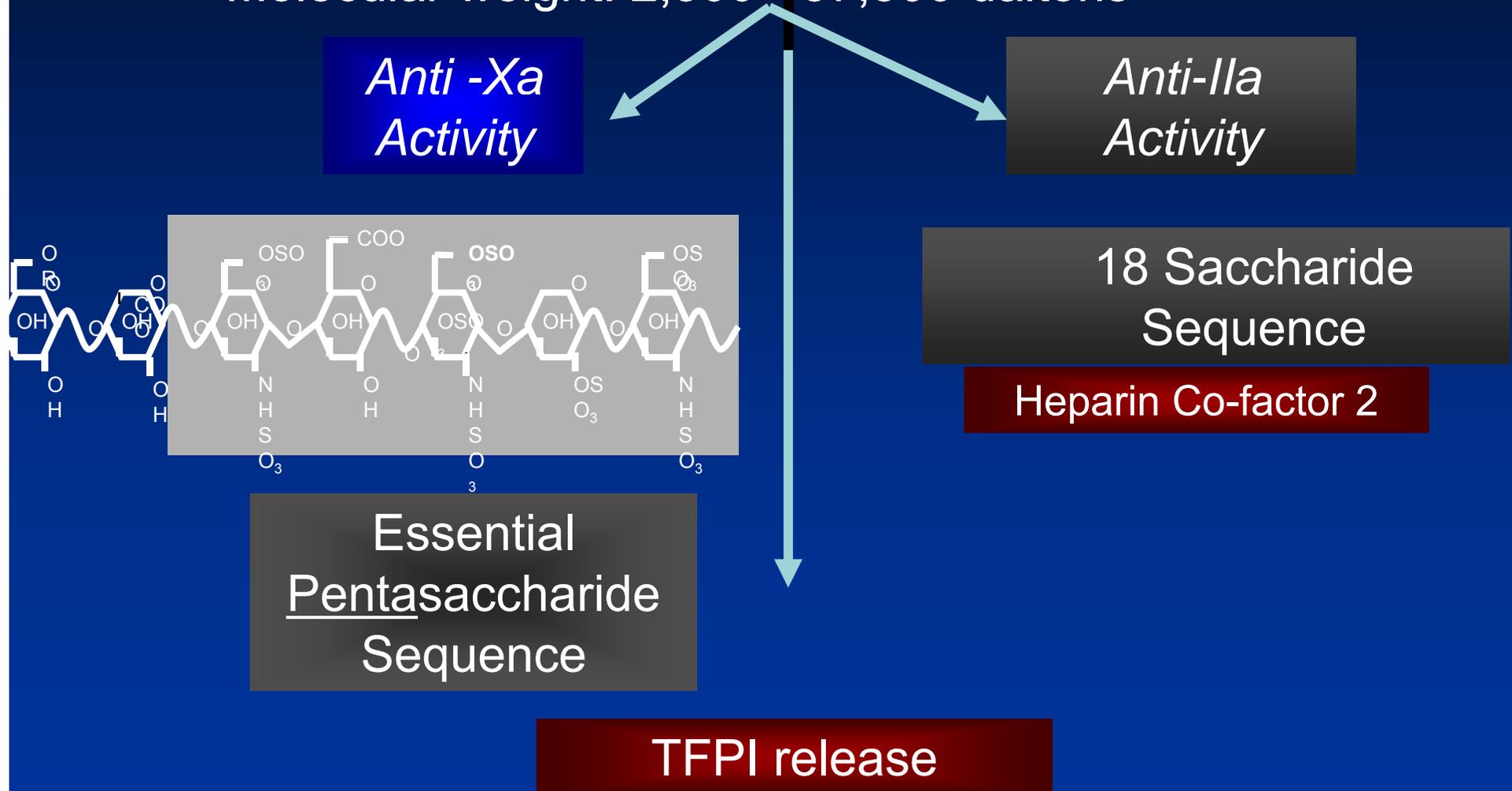
Pentasaccharide

Konkle BA, Schafer AI. In: Zipes DP, Libby P, Bonow RO, Braunwald E, eds. *Braunwald's Heart Disease*. Vol 2. 7th ed. Philadelphia: Elsevier Saunders; 2005:2067-2092.

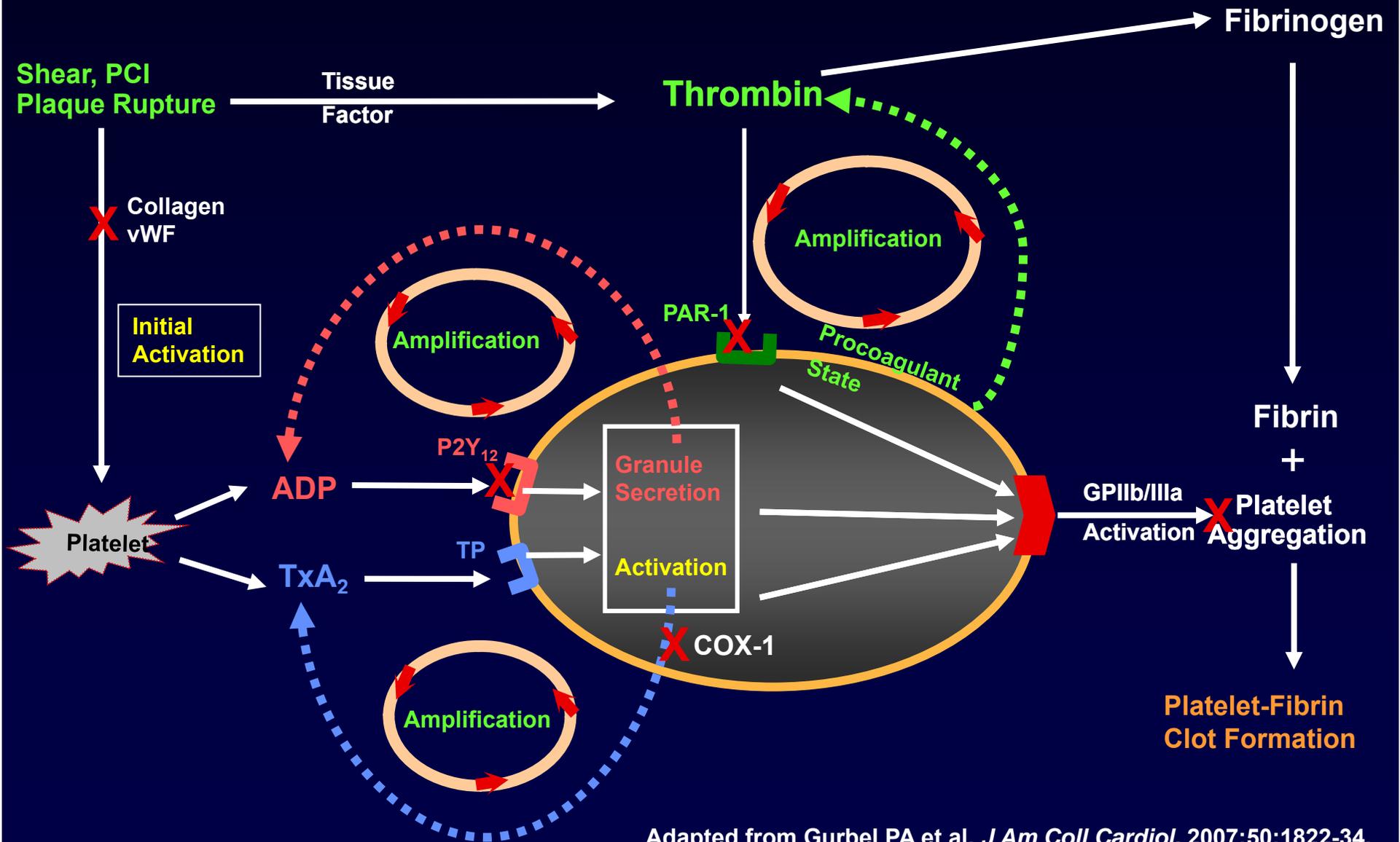
 = saccharide unit.

Unfractionated Heparin

- Complete structure remains unknown
 - Unbranched heteropolysaccharide chain
- Molecular weight: 2,500 - 57,500 daltons



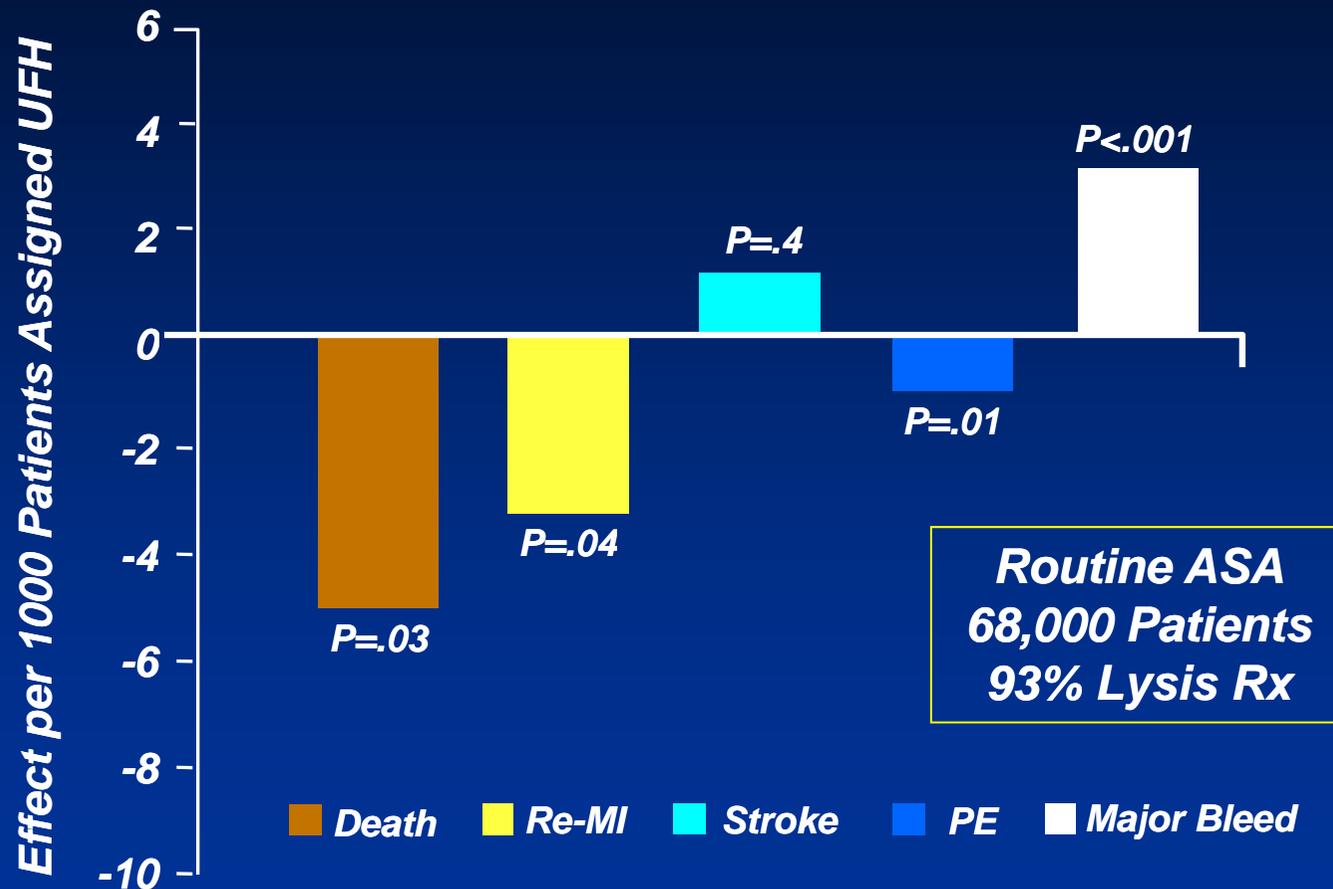
Central Role of Platelets and Interaction with Coagulation in the Genesis of Thrombosis



Adapted from Gurbel PA et al. *J Am Coll Cardiol.* 2007;50:1822-34.

UFH Is Superior to Placebo for Reducing Mortality and Reinfarction in STEMI

Meta-Analysis of 26 Randomized Trials

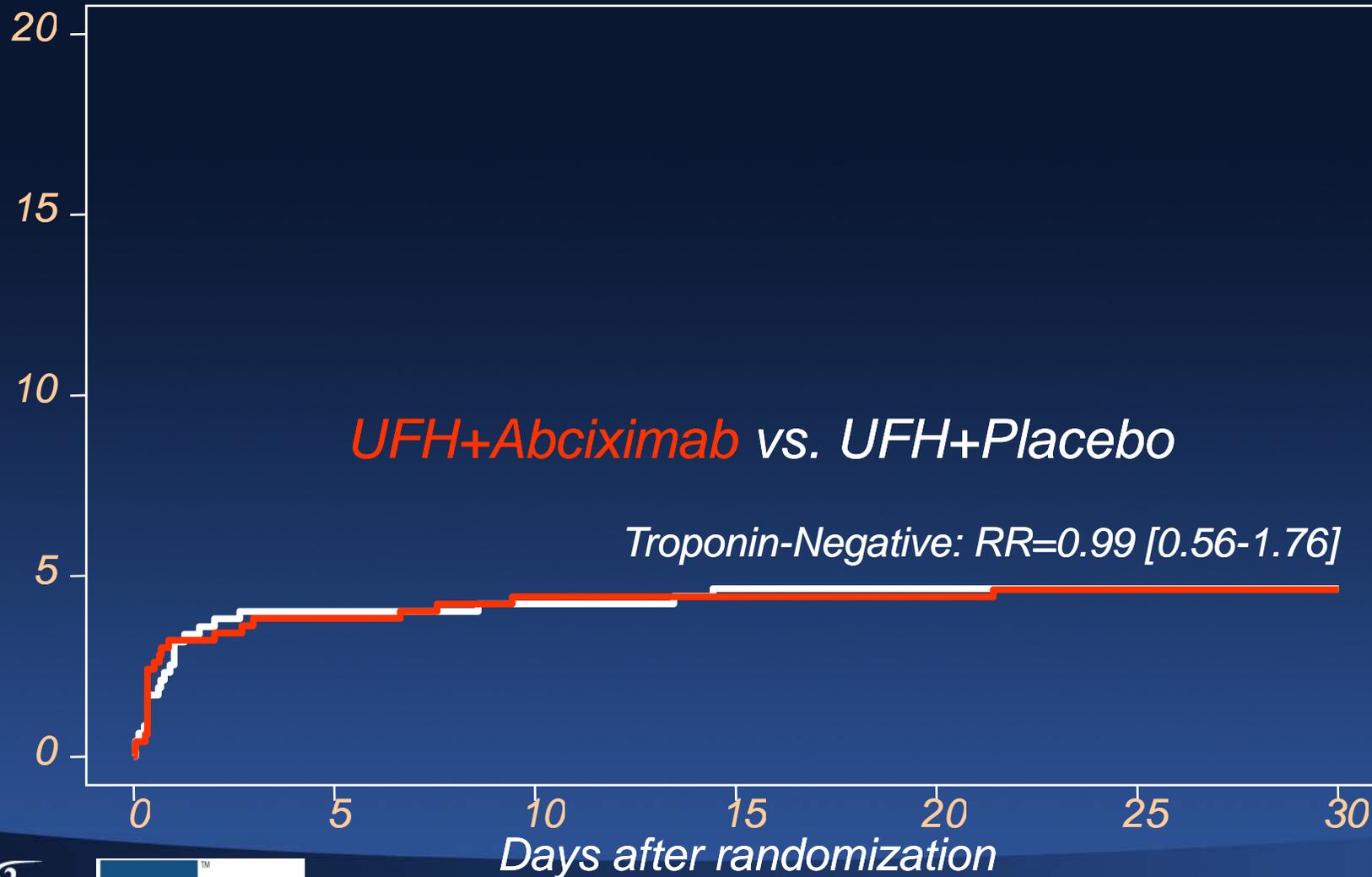


Collins R, et al. N Engl J Med. 1997;336:847-860.

Patients with Unstable Angina Heparin alone or with GPI

Death/MI/urg. TVR, %

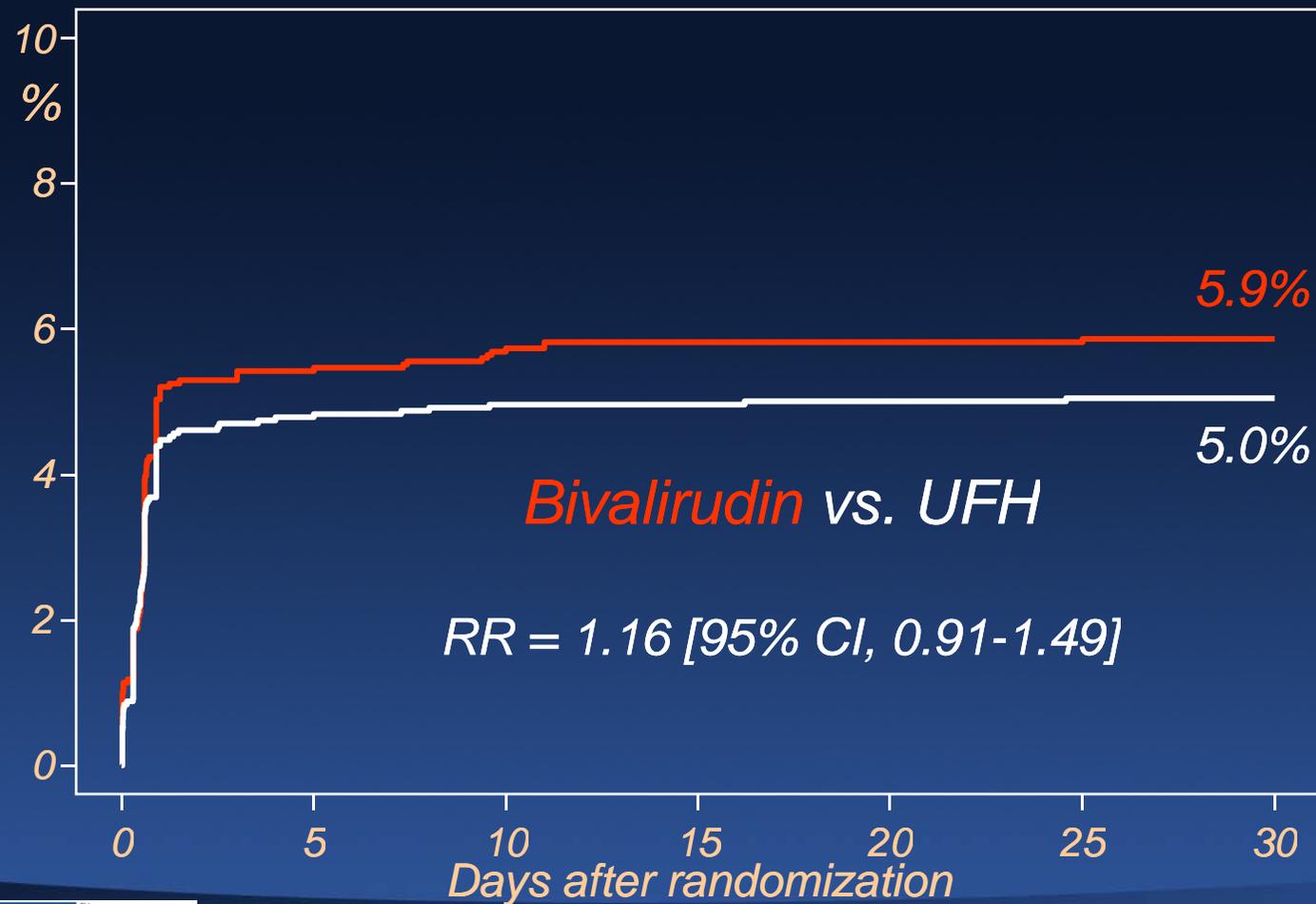
ISAR-REACT 2



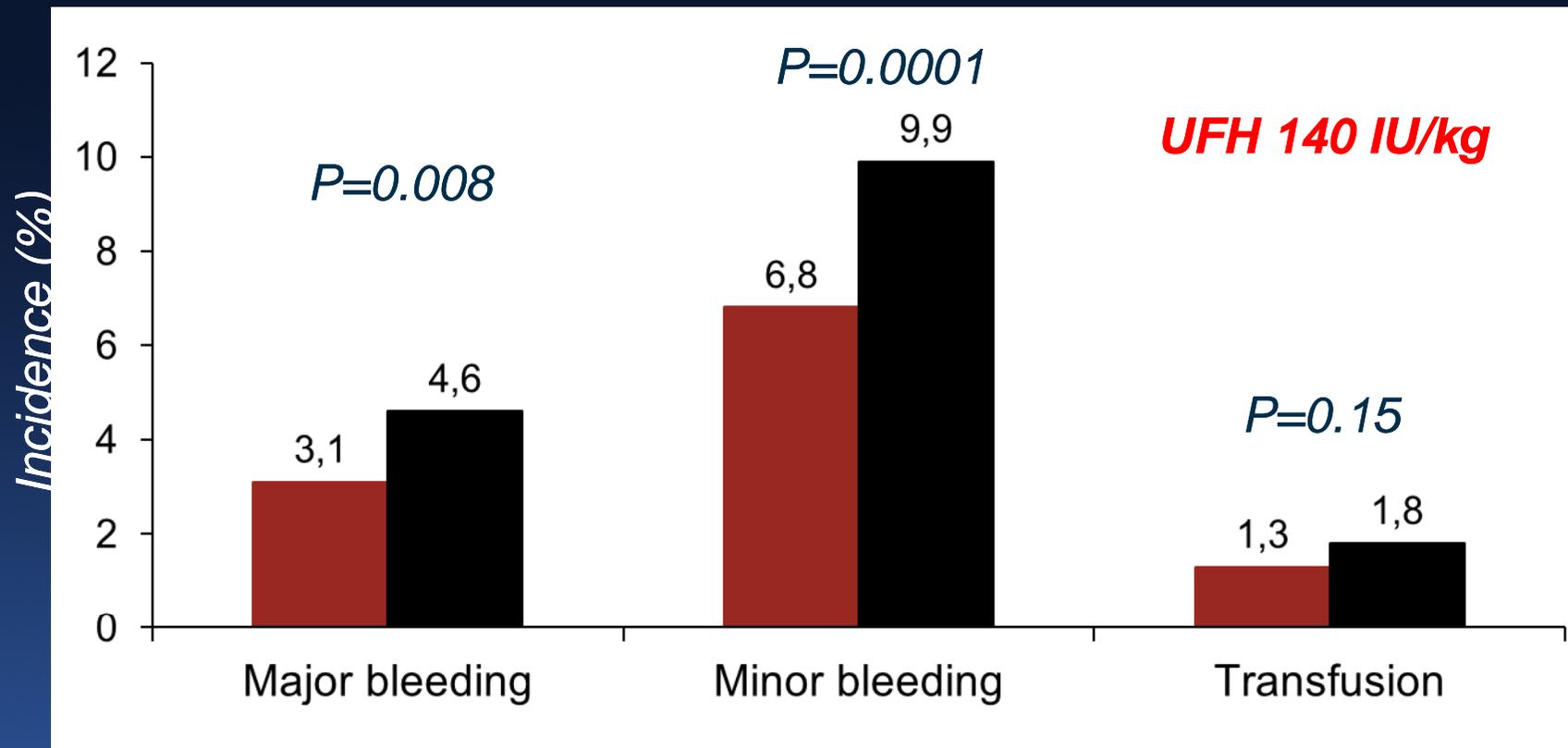
Patients with Stable/Unstable Angina Heparin alone or Bivalirudin

Death/MI/urgTVR

ISAR-REACT 3 n= 4570



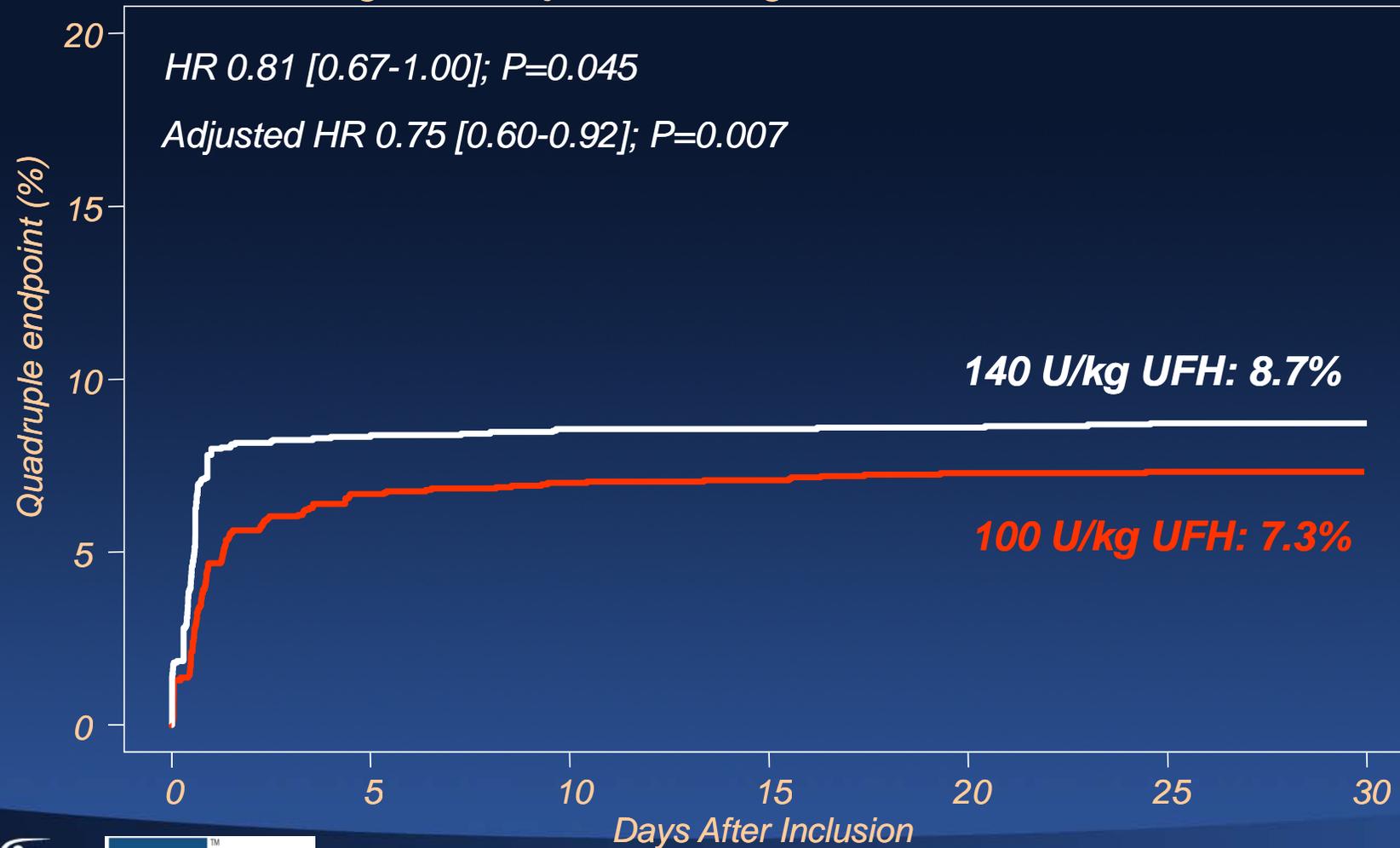
Patients with Stable/Unstable Angina Heparin alone or Bivalirudin



Patients with Stable/Unstable Angina High or Low Dose Heparin

Death,MI,urgTVR,major Bleeding

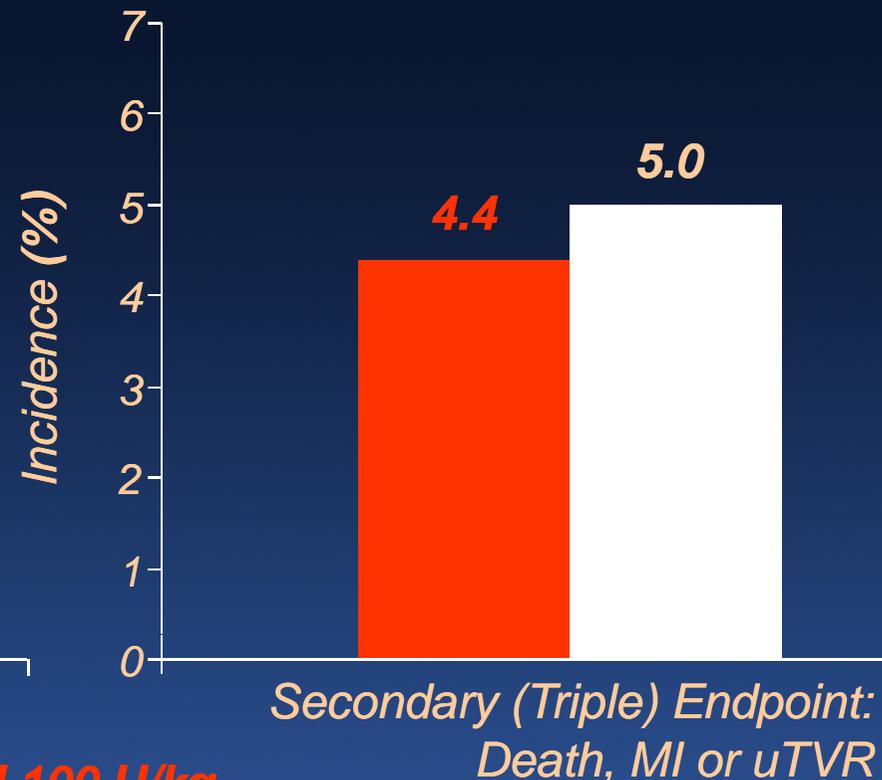
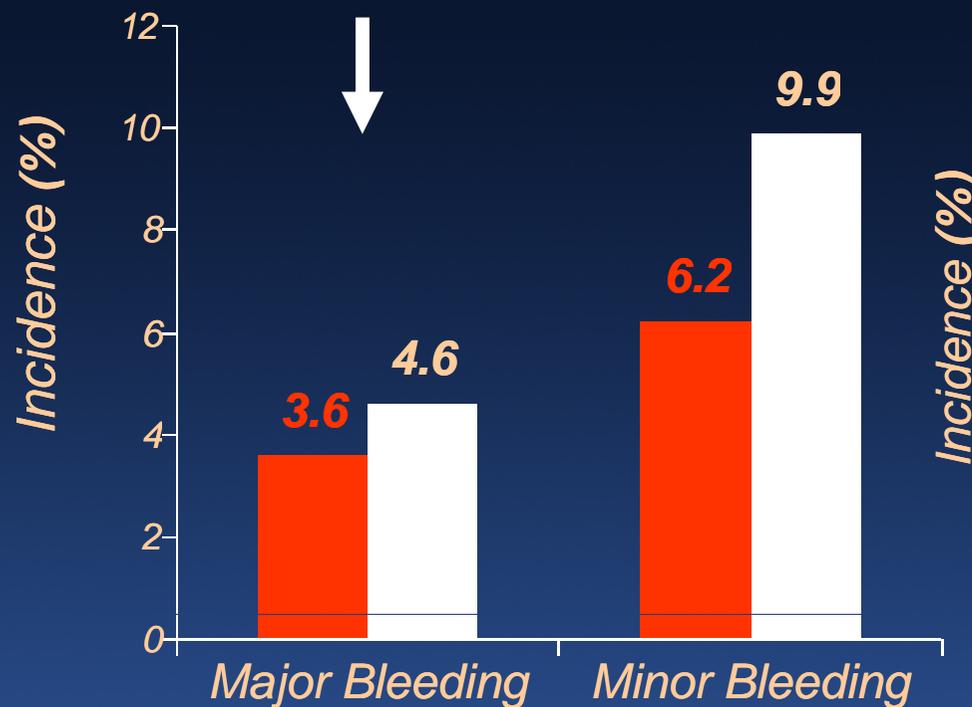
ISAR-REACT 3A n= 4786



Patients with Stable/Unstable Angina High or Low Dose Heparin

HR 0.79 [0.59-1.05]; P=0.11
Adjusted HR 0.71 [0.53-0.97]; P=0.03

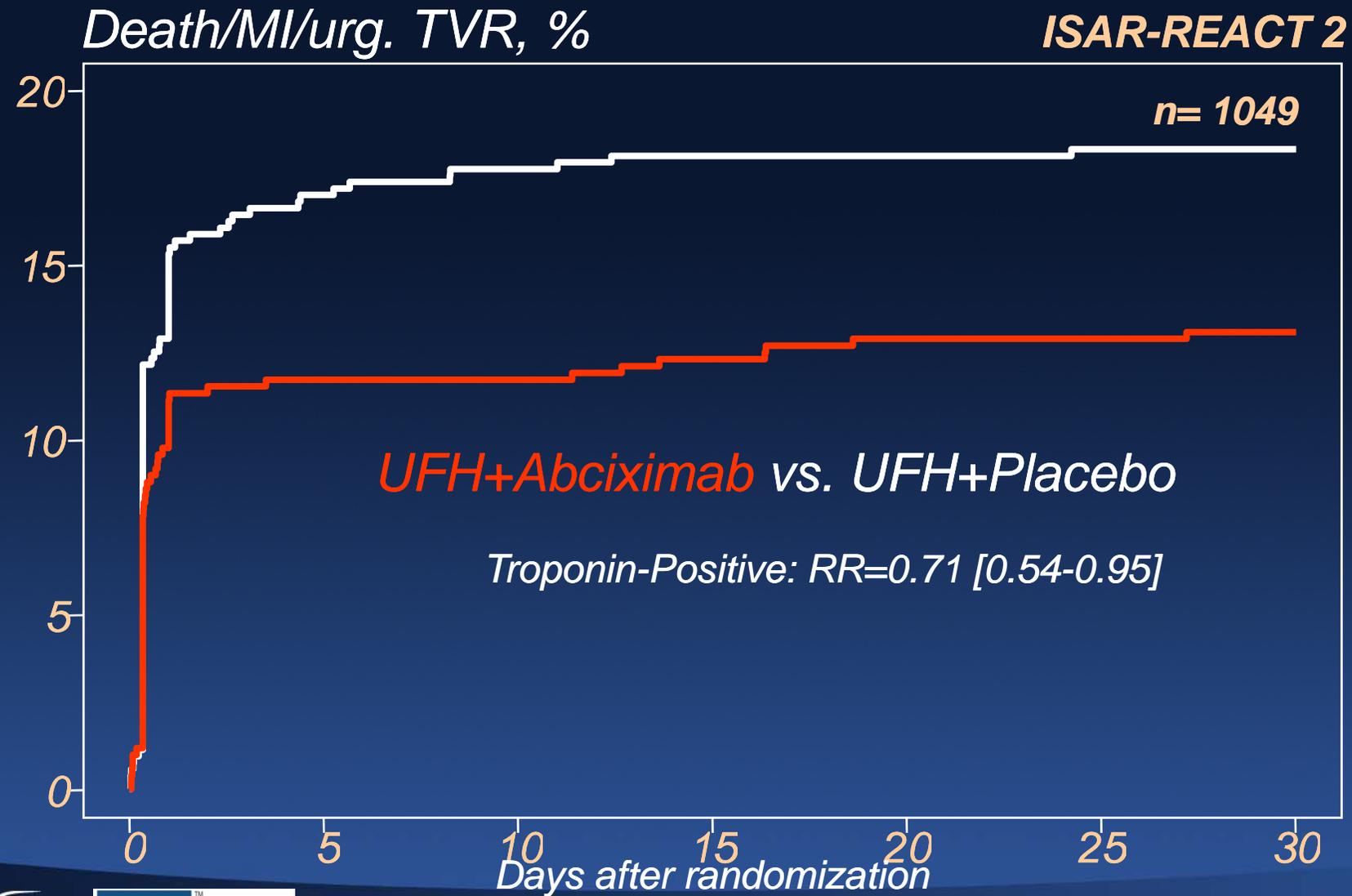
HR 0.87 [0.67-1.13]; P=0.29
Adjusted HR 0.82 [0.62-1.08]; P=0.15



■ **UFH 100 U/kg**
■ **UFH 140 U/kg**

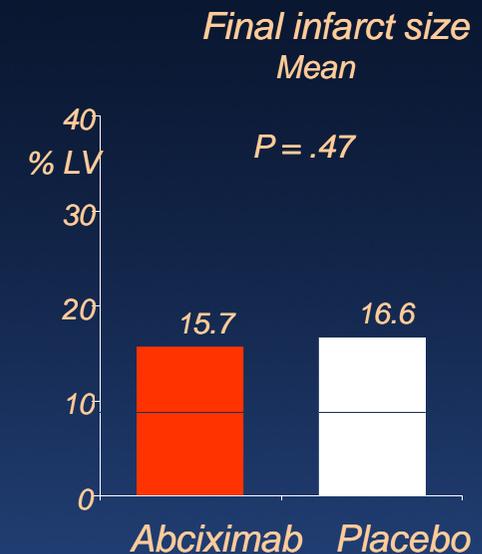
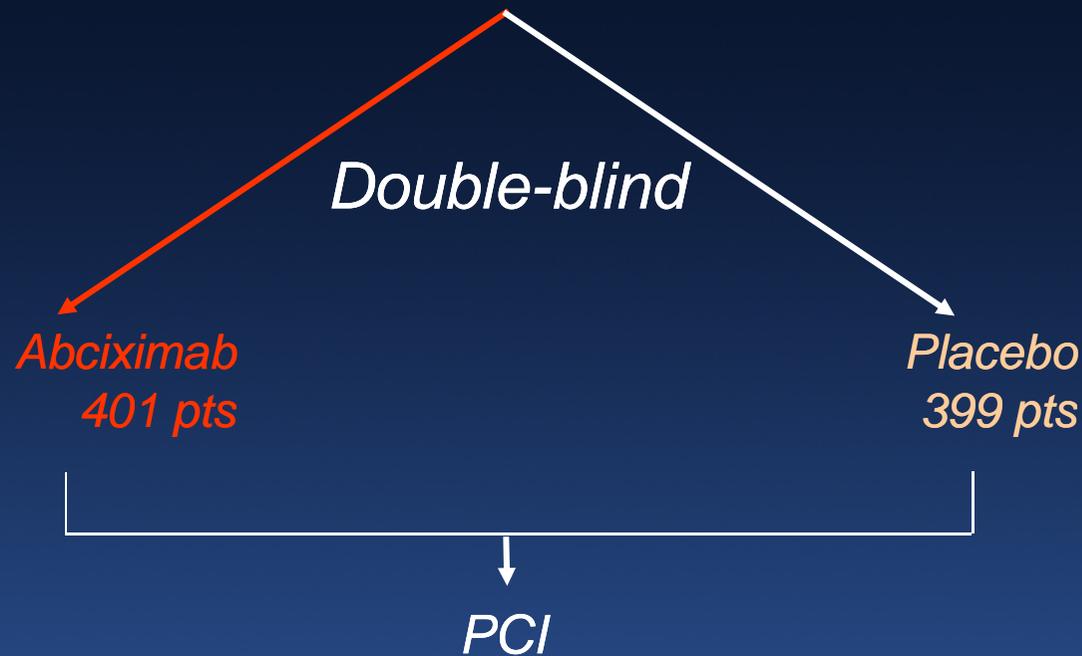
Patients with NSTEMI

Heparin alone or with GPI

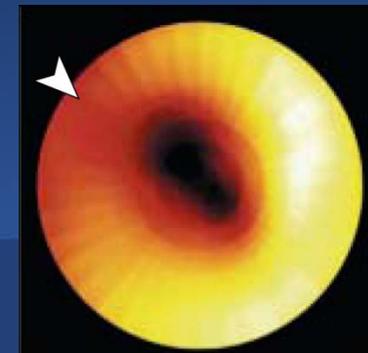


Patients with STEMI Heparin alone or with GPI

800 Patients with STEMI
Pretreatment with 600 mg of clopidogrel

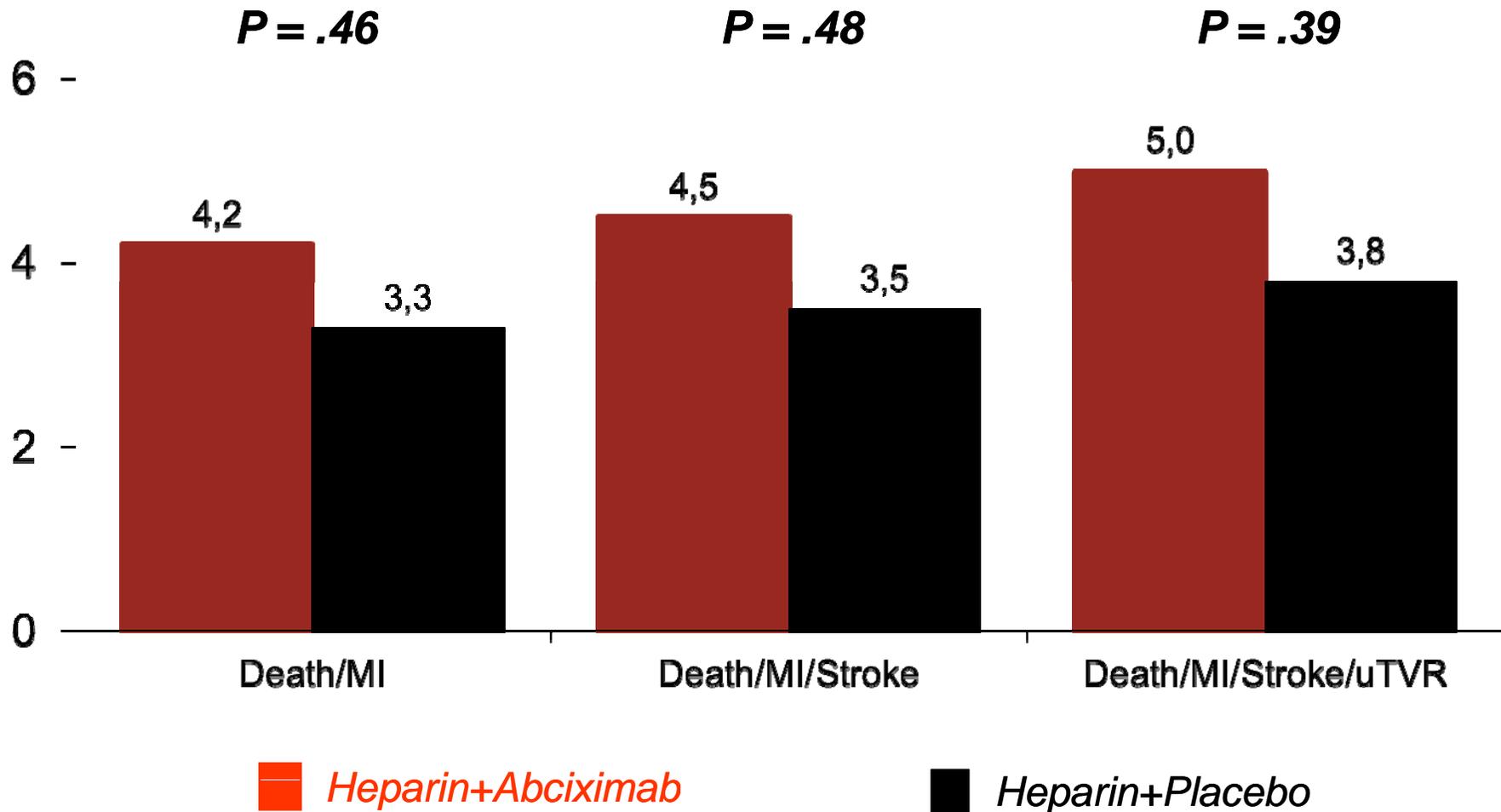


Primary endpoint: Scintigraphic final infarct size



Patients with STEMI

Heparin alone or with GPI



For primary PCI



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IIb/IIIa antagonists



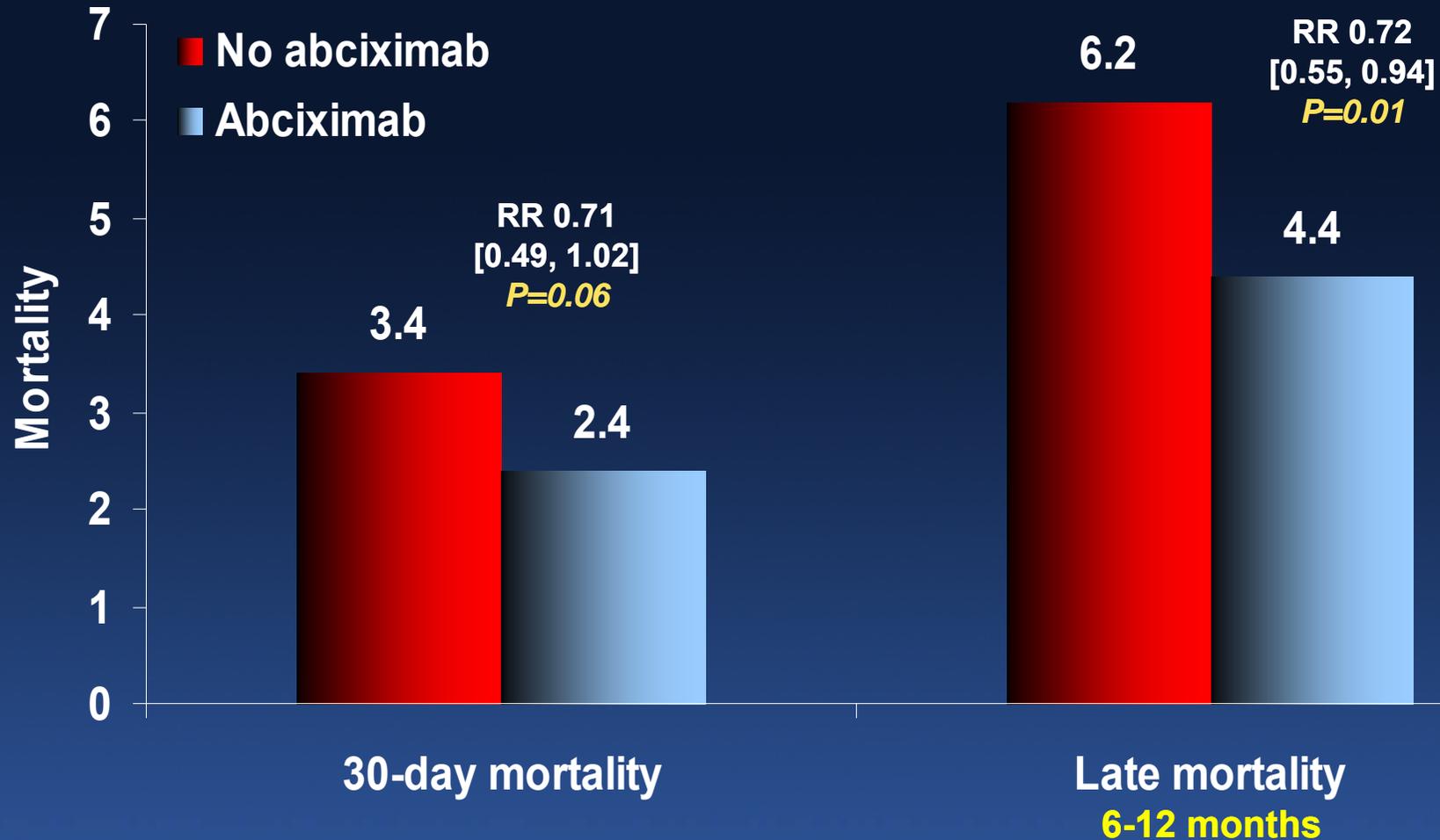
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Abciximab in primary PCI meta-analysis

8 RCTs – 3,949 patients with AMI w/ 12° undergoing primary (7) or rescue (1) PCI randomized to abciximab vs. placebo or control



Bivalirudin

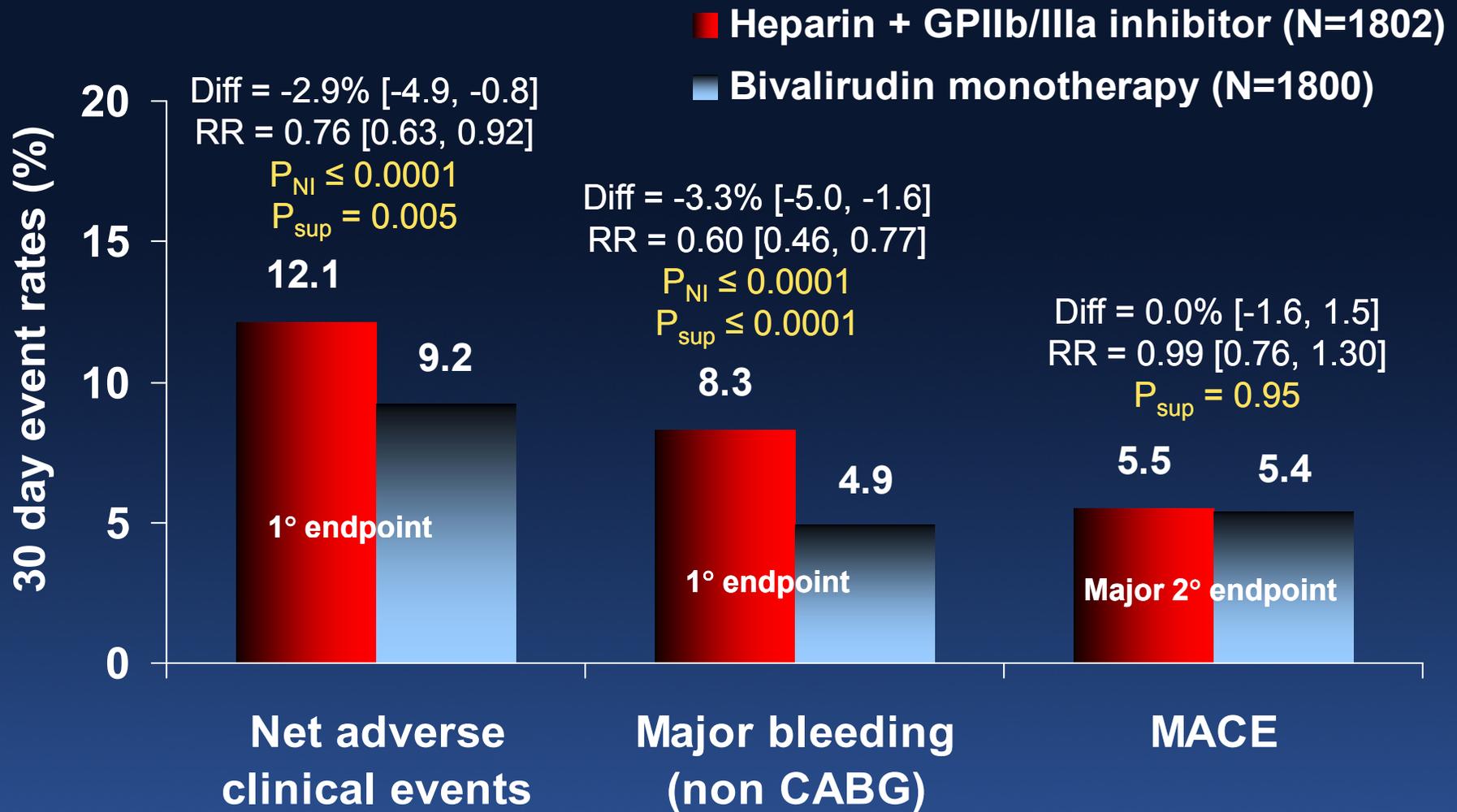


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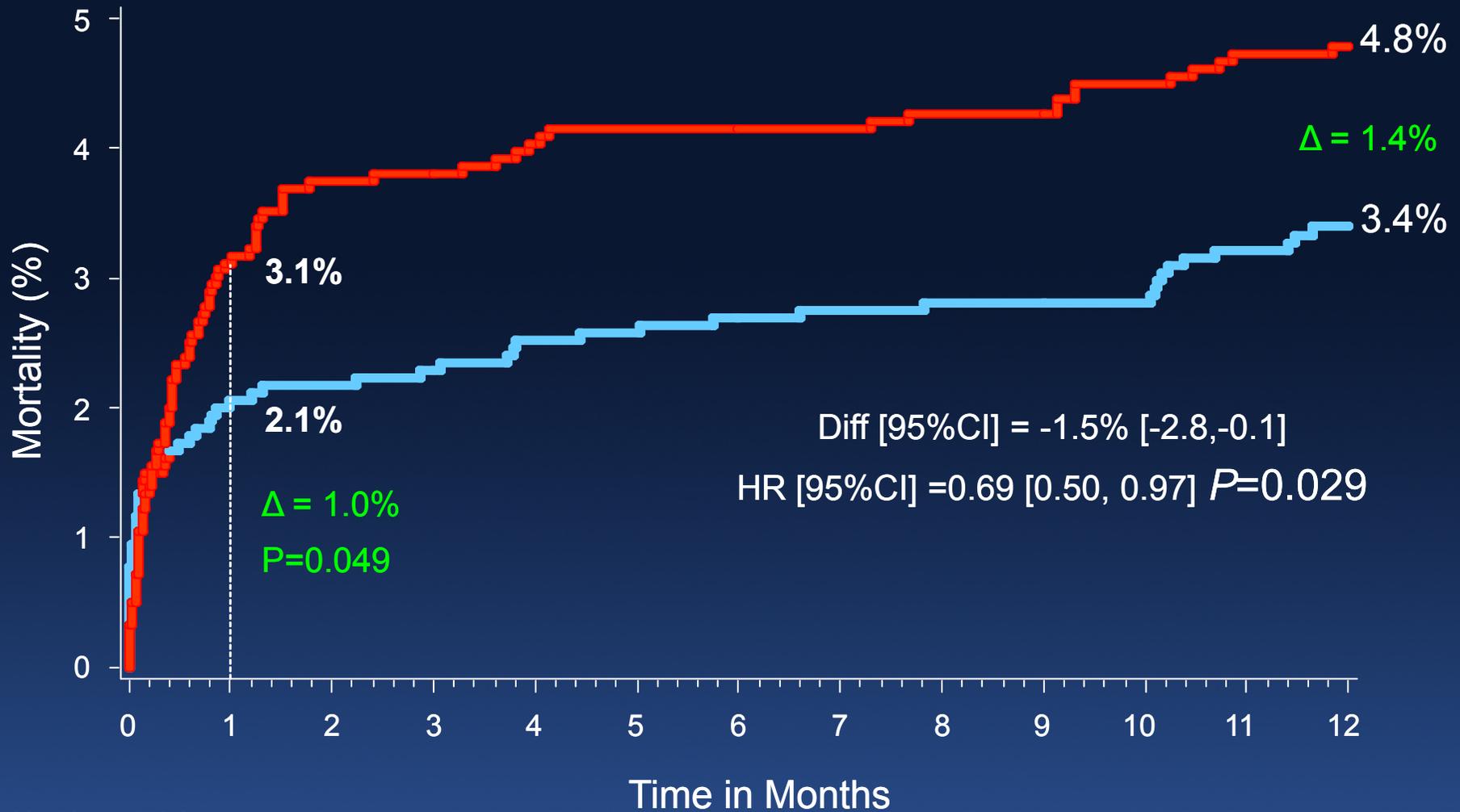

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Primary endpoints at 30-days



1-year All-cause mortality



Number at risk

Bivalirudin alone	1800	1705	1684	1669	1520
Heparin + IIb/IIIa	1802	1678	1663	1646	1486

30 Day Stent Thrombosis

	UFH + GP IIb/IIIa (1553)	Bivalirudin (1571)	P
ARC 30d definite or probable stent thrombosis*	1.9%	2.5%	0.30
- definite	1.4%	2.2%	0.09
- probable	0.5%	0.3%	0.24
- acute (≤24 hrs)	0.3%	1.3%	0.0007

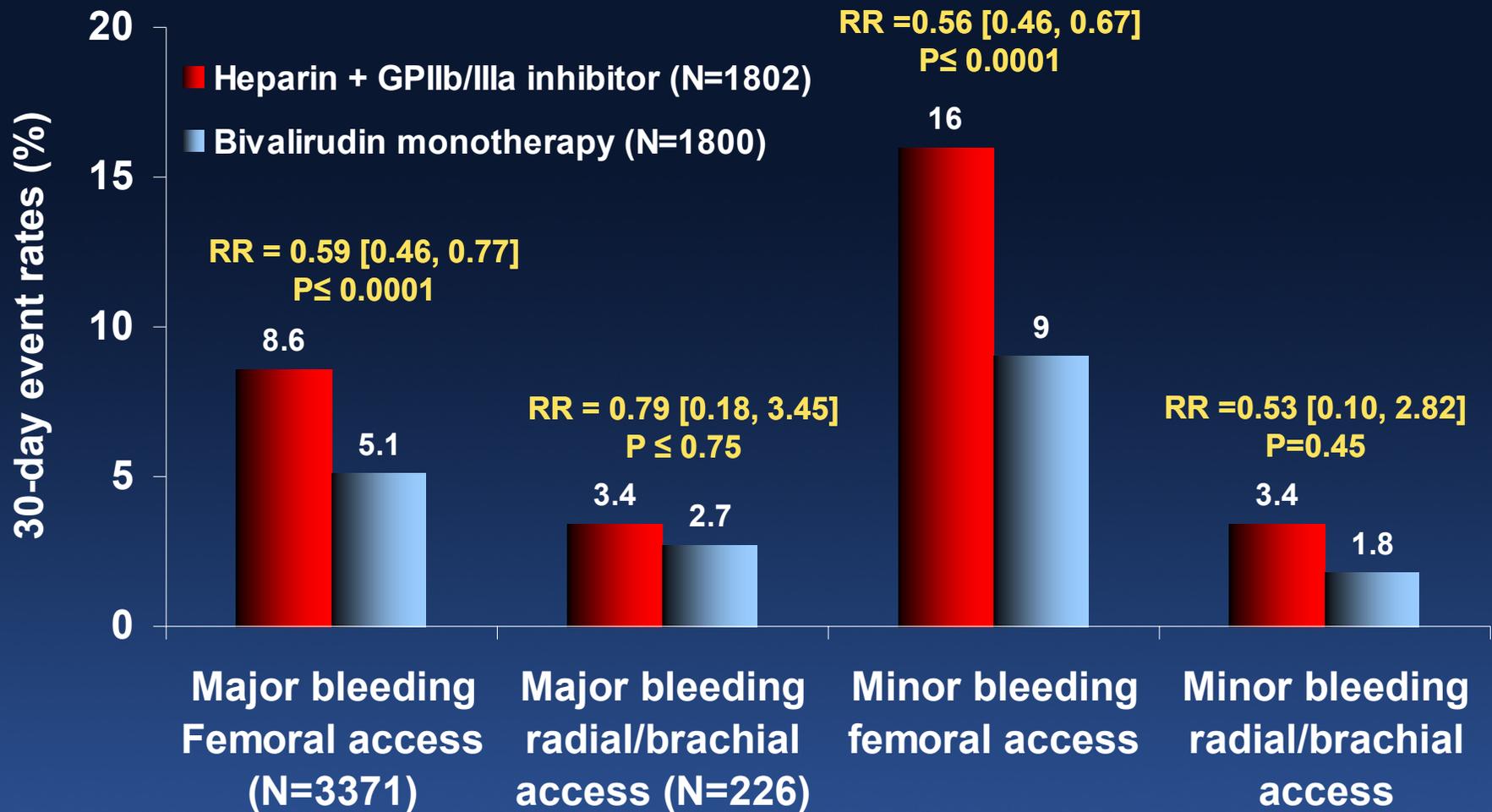
*Protocol definition of stent thrombosis, CEC adjudicated

BIV group: 30 Day Stent Thrombosis

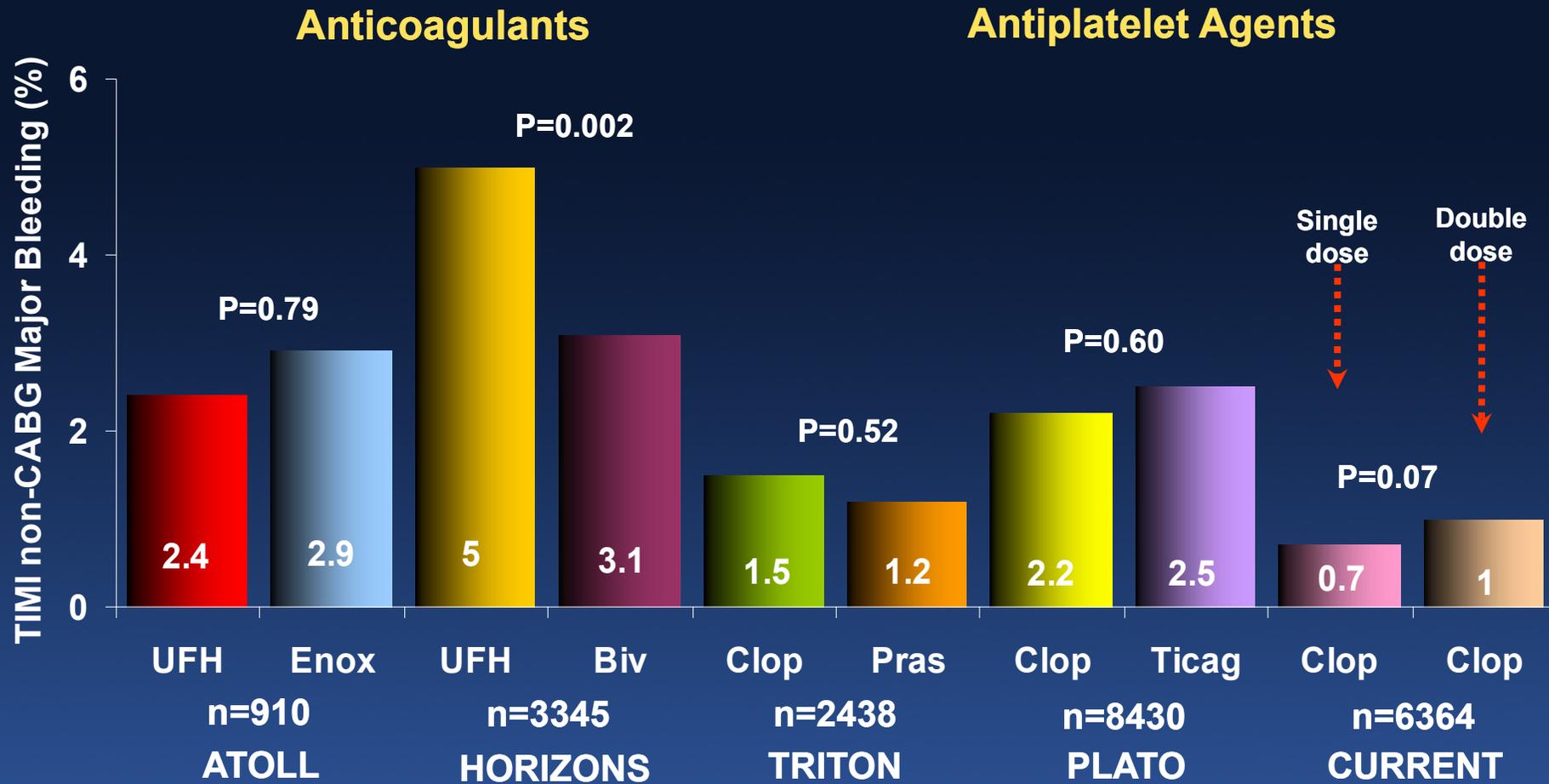
	300 mg LD	600 mg LD	P-value
ARC definite or probable*	3.5%	1.7%	0.03
- definite	3.1%	1.5%	0.04
- Probable	0.4%	0.2%	0.61
- acute (≤ 24 hrs)	1.6%	0.9%	0.26
- subacute (> 24 hrs – 30d)	2.1%	0.8%	0.03

*Protocol definition of stent thrombosis, CEC adjudicated

Arterial access site and 30-day non-CABG major or minor bleeding

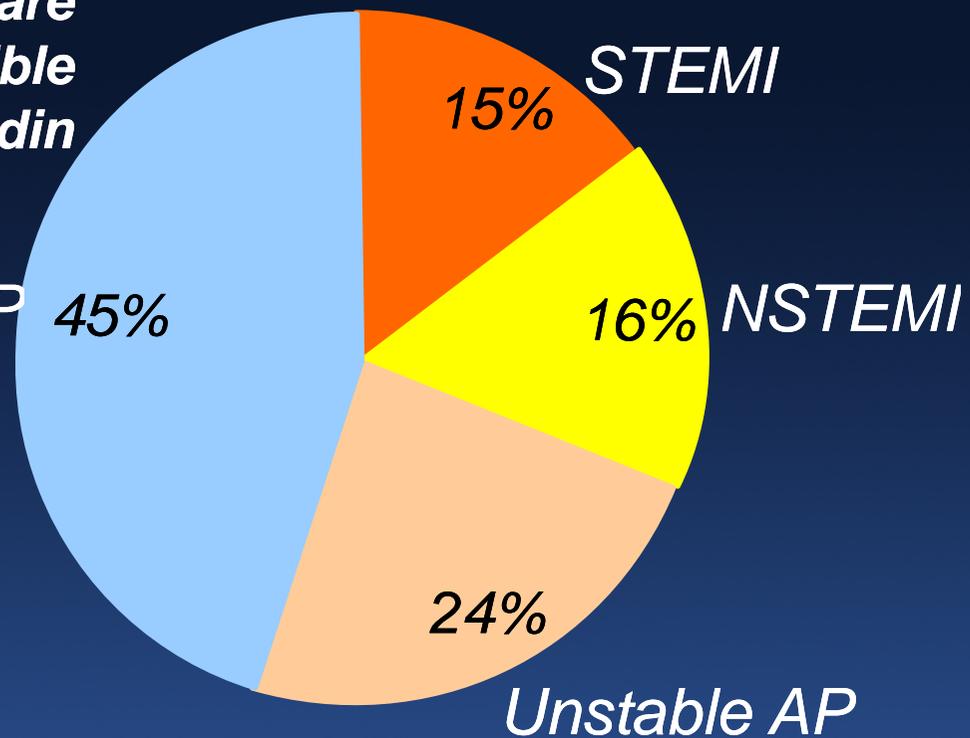
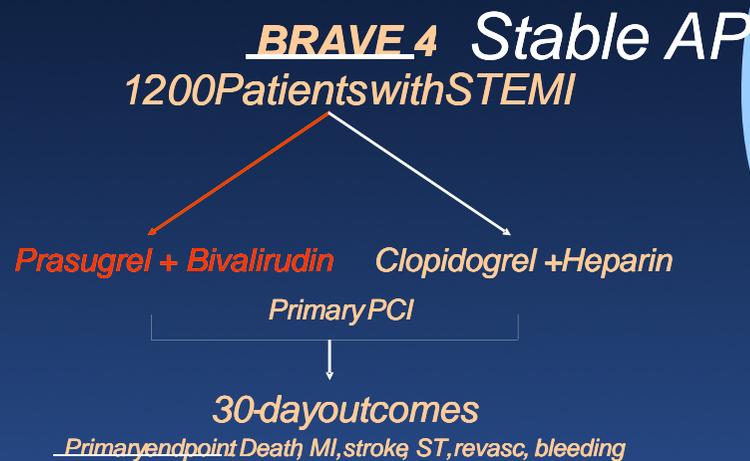


Bleeding rates with anticoagulants and antiplatelet agents in primary PCI



Heparin for all?

Both heparin and bivalirudin are good options, with a possible advantage for bivalirudin



Balancing Safety and Efficacy

