

Acute Coronary Syndromes

SEX-RELATED EFFECTIVENESS OF BIVALIRUDIN VERSUS ABCIXIMAB AND HEPARIN IN NSTEMI: LESSONS FROM THE INTRACORONARY STENTING AND ANTITHROMBOTIC REGIME: RAPID EARLY ACTION FOR CORONARY TREATMENT (ISAR-REACT-4) TRIAL

Oral Contributions
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Background: Female sex independently predicts the risk of bleeding after percutaneous coronary intervention (PCI). Given that bivalirudin (B) has been shown safer than and as effective as abciximab plus heparin (A) in patients presenting with non-ST-segment elevation myocardial infarction (NSTEMI), a greater benefit in women at short- and long-term follow-up might be expected.

Methods: We performed a sex-based analysis of 1721 NSTEMI patients (399 women) enrolled in the ISAR-REACT 4 trial and randomized to receive B or A during PCI.

Results: The 30-day composite of death, large recurrent myocardial infarction (MI), urgent target vessel revascularization (TVR), or major bleeding - primary endpoint of ISAR-REACT 4 trial - was similar in both treatment groups among women, HR 0.81 (95% CI 0.48-1.37) and among men, HR 0.90 (95% CI 0.37-2.22). Similar at 1-year the incidence of death, MI or TVR was 24.1% in the B versus 28.7% in the A group among women, HR 0.80 (95% CI 0.55-1.17), while among men 20.6% and 19.0% respectively, HR 1.10 (95% CI 0.86-1.40). Regarding the risk of bleeding, female and male patients treated with bivalirudin experienced less frequently bleeds than the ones treated with A. (Figure). For none of the events was a sex*treatment interaction observed.

Conclusion: Despite a higher peri-PCI bleeding risk in women, both sexes experienced a comparable reduction in incidence of bleeding with bivalirudin compared to abciximab plus heparin.

