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JACC March 21, 2017
Volume 69, Issue 11

Acute and Stable Ischemic Heart Disease

EARLY VERSUS LATE CARDIOVASCULAR EVENTS IN PATIENTS WITH TYPE 2 DIABETES MELLITUS AND ACUTE CORONARY SYNDROME: INSIGHTS FROM THE EXAMINE TRIAL

Poster Contributions
Poster Hall, Hall C
Saturday, March 18, 2017, 9:45 a.m.-10:30 a.m.

Session Title: Cardiac Arrest, Diabetes, and Other High Risk Features of Patients With Acute Coronary Syndrome
Abstract Category: 2. Acute and Stable Ischemic Heart Disease: Clinical
Presentation Number: 1204-340

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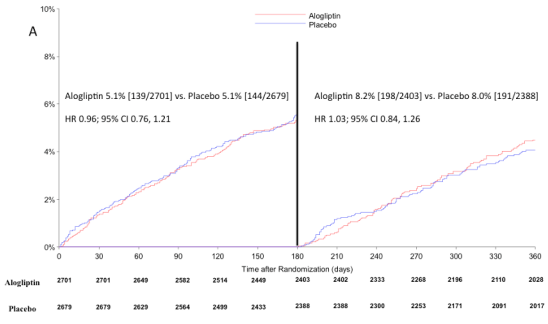
Background: The EXAMINE trial was conducted to evaluate the CV safety of alogliptin in patients with type 2 diabetes and a recent acute coronary syndrome (ACS). It is known that the 6 months following an ACS is a particularly high risk period for CV and hospitalized heart failure (HHF) events. We sought to study the safety of alogliptin in this high risk period.

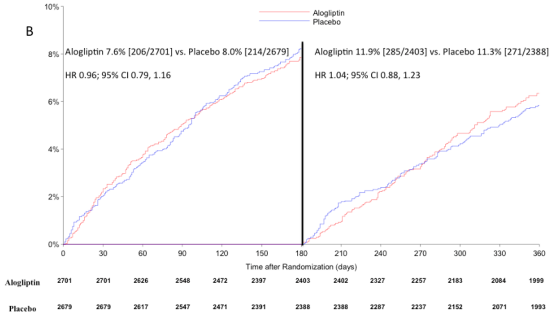
Methods: The trial randomized 5380 patients who had had an ACS within 15-90 days of randomization (median, 45 days) to alogliptin or placebo; median follow-up was 18 months. We compared alogliptin and placebo on the risk of CV (CV death, non-fatal myocardial infarction, and non-fatal stroke) and HF (CVD or HHF) events in the high risk period (0 to ≤ 6 months) and used a landmark analysis > 6 months.

Results: Of the total 672 CV events, 42% (283) occurred within the first 6 months. Furthermore, 40% of CV death (97/242), 44% of CV death or HHF (191/426), and 47% of HHF (103/217) occurred within the first 6 months. CV outcomes were comparable on alogliptin vs placebo (HR 0.96 95% CI 0.76, 1.21; Figure 1a) in the early high risk period. Similar results were seen with a composite that included CVD and HHF (Figure 1b).

Conclusions: For patients with type 2 diabetes who have had a recent ACS, a substantial number of secondary CV and HF events occur within the first 6 months. Alogliptin does not increase the risk of CV or HF events in this high risk period, confirming its safety in these patients.



Cumulative incidence of the composite of cardiovascular death, nonfatal myocardial infarction, or nonfatal stroke. A landmark analysis was performed starting at day 180 to the end of follow-up. The cumulative incidence curve is truncated at one year.



Cumulative incidence of the composite of all-cause mortality, non-fatal myocardial infarction, non-fatal stroke, urgent revascularisation due to unstable angina, or heart failure hospitalization