2剤併用抗血小板療法を1年以上行うことの有効性 (Abstract 400-18)

PEGASUS-TIMI 54：長期ticagrelor投与は心筋梗塞後のイベントを軽減する

PEGASUS-TIMI 54: Long-term ticagrelor cuts risk of future events after myocardial infarction

心筋梗塞（MI）後の長期治療として抗血小板薬ticagrelorをアスピリンと併用することでその後の心血管疾患死亡率は有意に低下し、この有効性は約3年続くようである、と第64回American College of Cardiology年次集会で発表され、同時に*New England Journal of Medicine*オンライン版に掲載された。二重盲検PEGASUS-TIMI 54トライアルは、過去1～3年間のMI既往患者21,162人を組み入れた。それぞれの患者が、年齢や糖尿病などのMI再発リスクファクターを他にも有していた。31か国1,144施設のこれらの患者が、ticagrelor 90mg、ticagrelor 60mgまたはプラセボの1日2回投与群にランダムに割り付けられた。Ticagrelorの両方の用量群もスタディの一次エンドポイントである心血管死（MIまたは脳卒中）の確率を減少させ、プラセボ群に対し90mgでは15%の減少、60mg群では16%の減少であった。Ticagrelor投与中止につながる出血は治験薬群の7%に発現し、また治験薬投与中止につながる呼吸困難は5%に発現した。

Full Text

Adding the antiplatelet drug ticagrelor to aspirin as long-term therapy after a myocardial infarction significantly reduced the rate of subsequent death from cardiovascular causes, myocardial infarction (MI) or stroke, with the benefit appearing to accrue for nearly three years, according to a study presented at the American College of Cardiology's 64th Annual Scientific Session.

The double blind PEGASUS-TIMI 54 trial recruited 21,162 patients who had experienced a myocardial infarction in the previous one to three years. Each had another factor, such as age or diabetes that put them at risk for a second heart attack. The patients, from 1,144 sites in 31 countries, were randomly assigned to a twice-daily regimen of ticagrelor at 90 mg, ticagrelor at 60 mg or placebo.

Both ticagrelor doses reduced the chances of cardiovascular death, heart attack or stroke, the study's primary endpoint, with a 15 percent reduction in the 90-mg group and a 16 percent reduction in the 60-mg group compared to the placebo group.

"The benefit we saw was remarkably consistent across the individual components of the endpoint and in all the major subgroups of patients," said Marc S. Sabatine, M.D., M.P.H., chair of the TIMI Study Group, a senior physician in the Cardiovascular Division at Brigham and Women's Hospital and Harvard Medical School in Boston, and the study's principal investigator. "Moreover, we followed patients for an average of just under three years, and our event curves continue to spread out over time, suggesting that the benefit continues to accrue over time."

After a myocardial infarction, standard practice calls for putting patients on a lifetime regimen of daily aspirin to reduce the chance of another MI. Previous studies have shown a benefit in adding a second antiplatelet drug like ticagrelor, from a class called P2Y12 inhibitors, but they investigated the additional therapy for only a year, leaving unanswered the question of whether patients would benefit from continuing this treatment longer.

The twice-daily 90-mg dose of ticagrelor is already approved for patients with acute coronary syndrome. Researchers included a lower dose in this study, to study whether platelet inhibition needed two years after a myocardial infarction might be different from what is needed two hours after a myocardial infarction. Findings from a pharmacokinetic and pharmacodynamic substudy comparing the two dose levels will be presented at a later date.

With blood thinners such as ticagrelor, bleeding is the major side effect, and excess bleeding was seen in both treatment arms, though bleeding into the brain and fatal bleeding were not more common with ticagrelor, Sabatine said. Dyspnea was more common with ticagrelor than placebo. Bleeding led to discontinuation of ticagrelor in about 7 percent of patients on the study drug, and dyspnea led to discontinuation of the study drug in about 5 percent of patients on the drug.

"Efficacy was virtually identical with both ticagrelor doses," Sabatine said. "Risk of bleeding and dyspnea tended to be, as predicted, a bit more with the 90-mg than the 60-mg dose, but the trial wasn't designed to compare those two dose levels."

"Now that we have the evidence, when faced with a patient who has had a myocardial infarction, based on these data, I would continue treatment with ticagrelor as long as the patient tolerated it," Sabatine said.

AstraZeneca sponsored the trial and provided a grant to Brigham and Women's Hospital. Sabatine has received honoraria from the company.

ACC2015特集