

## Prasugrel内服患者とクロピドグレル内服患者の虚血に関する予後は同等である

TRILOGY ACS サブスタディ：抗血小板薬の比較の結果、血小板反応性には差が認められたが臨床上の予後は同等であった

TRILOGY ACS Substudy : Comparison of antiplatelet agents finds differences in platelet reactivity but similar clinical outcomes

ST上昇のない急性冠症候群(ACS)に対し血行再建術を施行されなかった患者において、prasugrelはクロピドグレルよりも、年齢、体重、および用量に関係なく血小板反応性を低下させた。しかし、血小板反応性と虚血に関するアウトカム発現には有意な相関を認めなかったとのLate Breaking Clinical Trialの結果が2012年American Heart Association学会で発表され、同時にJAMAオンライン版に掲載された。研究者らは、Targeted Platelet Inhibition to Clarify the Optimal Strategy to Medically Manage Acute Coronary Syndromes (TRILOGY ACS) トライアルにおいて大規模な経時的血小板機能サブスタディを施行した。TRILOGY ACSの参加者9,326人中、27.5%がこのサブスタディに組み入れられ、1,286人はprasugrelを1,278人はクロピドグレルを投与された。患者はアスピリンとprasugrel (10または15mg/d)またはクロピドグレル(75mg/d)のいずれかを併用する群に無作為に割り付けられた。Prasugrelは年齢、体重および用量に関係なくクロピドグレルよりも血小板反応性を低下させた。30か月間の一次有効性エンドポイント(心臓死、心臓発作、または脳卒中)発現率に関し、prasugrelとクロピドグレルの間に有意差はなく、血小板反応性と虚血性アウトカム発現との間に有意な相関は認められなかった。

### Full Text

Among patients with acute coronary syndromes (ACS) without ST-segment elevation who were treated without revascularization, prasugrel was associated with lower platelet reactivity than clopidogrel, irrespective of age, weight, and dose. However, no significant difference was seen between platelet reactivity and occurrence of ischemic outcomes according to a study presented during a Late Breaking Clinical Trials session at the American Heart Association's Scientific Sessions 2012 and simultaneously published Online First in JAMA.

Paul A. Gurbel, M.D., of the Sinai Center for Thrombosis Research, Baltimore, and colleagues conducted a study to examine the differences in platelet reactivity and clinical outcomes among patients with acute coronary syndromes (ACS) being treated by the antiplatelet agents clopidogrel or prasugrel.

The investigators conducted a large serial platelet function substudy within the Targeted Platelet Inhibition to Clarify the Optimal Strategy to Medically Manage Acute Coronary Syndromes (TRILOGY ACS) trial. It was a randomized, double-blind, active control, event-driven trial comparing prasugrel vs. clopidogrel therapy in patient with unstable angina or non-ST-segment elevation myocardial infarction who were management medically without planned revascularization.

The objectives of the study were to characterize differences in platelet reactivity between treatment groups over time, to delineate the relationship of platelet reactivity with ischemic end point occurrence, and to determine a threshold for high platelet reactivity that optimizes the ability to discriminate between patients with and without ischemic event occurrence.

From 2008 to 2011, patients with medically managed unstable angina or non-ST-segment elevation myocardial infarction (NSTEMI) were enrolled in the TRILOGY ACS trial comparing clopidogrel vs. prasugrel. Of 9,326 participants, 27.5 percent were included in a platelet function substudy, including 1,286 who received prasugrel and 1,278 who received clopidogrel. Patients were randomized to receive aspirin with either prasugrel (10 or 5 mg/d) or clopidogrel (75 mg/d); those 75 years or older or younger than 75 years but who weighed less than 132 lbs. received a 5-mg prasugrel maintenance dose.

The researchers found that "among patients with ACS without ST-segment elevation and initially managed without revascularization, prasugrel was associated with lower platelet reactivity than clopidogrel, irrespective of age, weight, and dose. Among those in the platelet substudy, no significant differences existed between prasugrel vs. clopidogrel in the occurrence of the primary efficacy end point [composite of cardiovascular death, heart attack, or stroke] through 30 months and no significant association existed between platelet reactivity and occurrence of ischemic outcomes."

The TRILOGY ACS study was funded by Eli Lilly and Daiichi Sankyo. Author disclosures are in the manuscript.

## Cardiology特集

AHA2012 (第85回米国心臓病協会)

### トピックス一覧

#### [News01]

Prasugrel内服患者とクロピドグレル内服患者の虚血に関する予後は同等である

#### [News02]

魚油は術後心房細動減少に有効でない

#### [News03]

新たなデバイスが心臓の拍動によりペースメーカーを充電する可能性がある

#### [News04]

他人の方が家族よりもCPRを用いた対応を行う確率が高い

#### [News05]

若年成人は心臓関連の胸痛を認識する確率が低い

#### [News06]

HDL注入はコレステロールを迅速に血管外へ移動させる

#### [News07]

糖尿病患者においてCABGは薬剤溶出ステントよりも優れている

#### [News08]

HDLコレステロール薬は心疾患患者のリスクを低下させない

#### [News09]

キレート療法はMI後患者において有望である

#### [News10]

1日1回のマルチビタミン摂取は男性の心血管疾患を予防しない

#### [News11]

患者やドナーからの幹細胞は病的心の治療に役立つ可能性がある

#### [News12]

心臓幹細胞は心不全治療に役立つ可能性がある

#### [News13]

新薬は心不全治療において有望である

#### [News14]

心停止後の低体温療法は生存率を改善する

#### [News15]

合剤の心疾患治療薬の方が患者の内服する確率が高い

#### [News16]

バックアップ手術の有無による血管形成術のコストの比較

#### [News17]

気候に関係なく心臓関連死は冬に多い

#### [News18]

薬剤トリオががん治療の有効性を改善し心臓を保護した