Ticagrelor, prasugrel compared in ACS treated with PCI

July 6 2021

(HealthDay)—For patients presenting with acute coronary syndrome

(ACS) who undergo percutaneous coronary intervention (PCI), a postrandomization subgroup analysis suggests that a prasugrel-based strategy is superior to a ticagrelor-based strategy, according to a study published online June 30 in *JAMA Cardiology*.

J.J. Coughlan, M.B., B.Ch., from Technische Universität München in Germany, and colleagues assessed the safety and efficacy of ticagrelor (1,676 patients) versus prasugrel (1,701 patients) in a postrandomization subgroup of 3,377 patients with ACS treated with PCI.

The researchers found that the primary end point (a composite of all-cause death, myocardial infarction, or stroke at 12 months) occurred in 9.8 percent of patients in the ticagrelor group and 7.1 percent of patients in the prasugrel group (hazard ratio, 1.41; 95 percent confidence interval, 1.11 to 1.78; P = 0.005). Specifically, myocardial infarction occurred in 5.3 percent in the ticagrelor group versus 3.8 percent in the prasugrel group (hazard ratio, 1.67; 95 percent confidence interval, 1.19 to 2.34; P = 0.003). Bleeding Academic Research Consortium type 3 to 5 bleeding occurred in 5.3 percent of those treated with ticagrelor and 4.9 percent treated with prasugrel (hazard ratio, 1.10; 95 percent confidence interval, 0.81 to 1.50; P = 0.54).

"These results suggest that, for patients with acute coronary syndrome who undergo percutaneous coronary intervention, a prasugrel-based strategy is superior to a ticagrelor-based strategy," the authors write. "Because these observations are based on a postrandomization subgroup, these findings should be regarded as hypothesis-generating and dedicated randomized clinical trials may be warranted to confirm these findings."

Several authors disclosed financial ties to the pharmaceutical industry.

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