

# Aterosclerosi coronarica e periferica: implicazioni prognostiche e terapeutiche. dati dal registro START-Antiplatelet

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Bologna, 25-26 Gennaio 2018

## Peripheral Arterial Disease-Epidemiology

- Prevalence: over 55 years 6-18%, ~20% over 70 years, up to 60% over 85 years
- Patients with PAD have a 2-3 fold increased risk of MI, Stroke or vascular death (annual rate ~5%) (risk higher than patients with CHD)
- ~10-15% PAD patients undergo bypass grafting

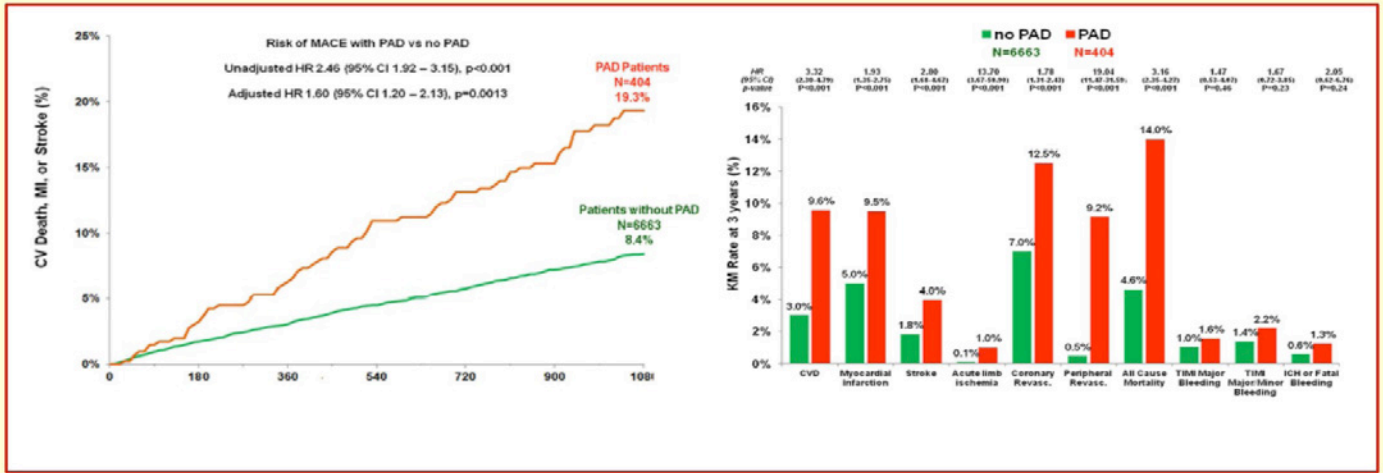
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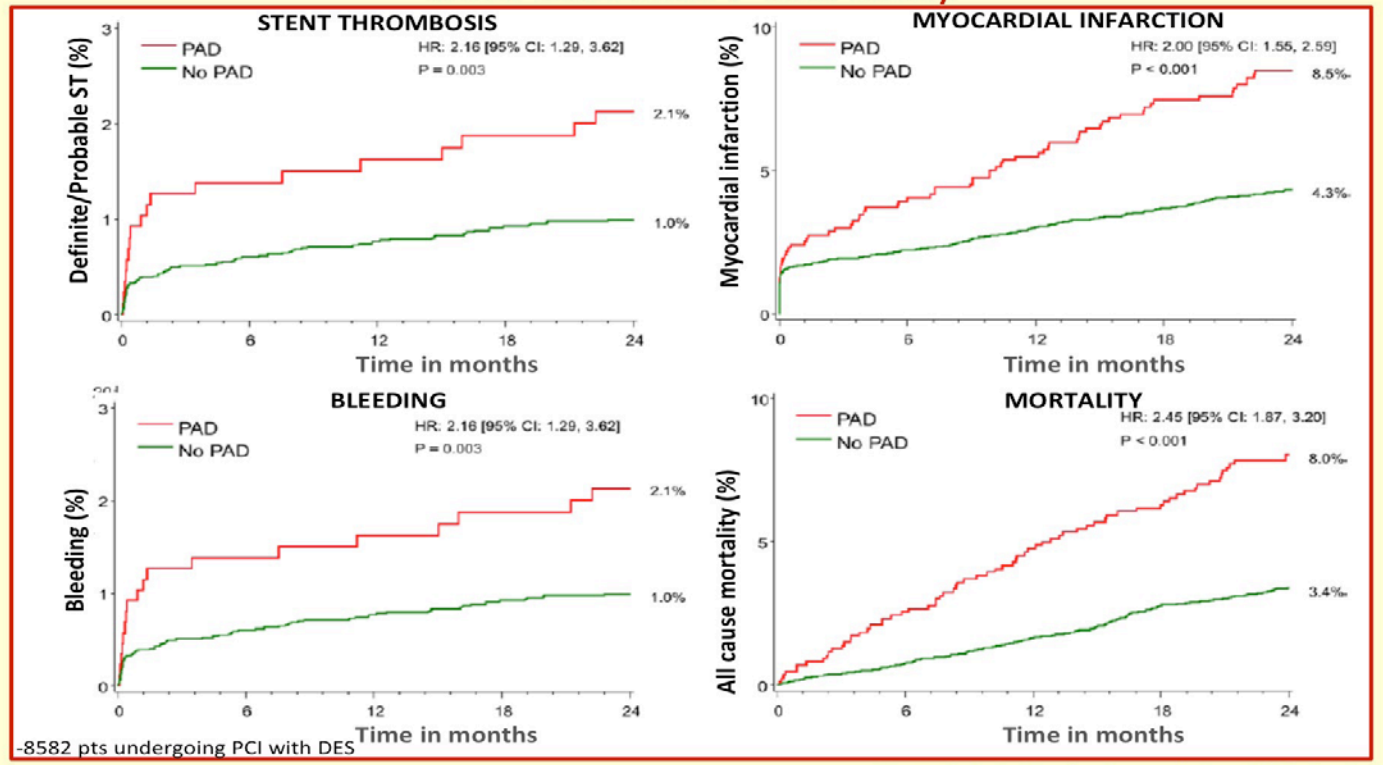
## Concomitant PAD in stable patients with prior MI is associated with heightened ischemic risk from the PEGASUS-TIMI 54 Trial



Bonaca MP et al., JACC 2016, 67:2719

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## A history of PAD is associated with higher adverse outcomes in ACS patients treated with DES from the ADAPT-DES study



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Gupta R et al., Circ Cardiovasc Interv 2017, Epub

## Major outcomes by PAD status in ACS patients from the PLATO trial

	Overall KM% (n)	No PAD KM% (n)	PAD KM% (n)	Hazard ratio (95% CI) <sup>a</sup>	P value
<b>Efficacy outcomes</b>					
Death from vascular cause, MI or stroke	10.8 (1871)	10.2 (1663)	19.3 (208)	1.975 (1.710–2.281)	<0.0001
MI	6.4 (1095)	6.1 (973)	11.7 (122)	1.976 (1.637–2.385)	<0.0001
Stroke	1.4 (228)	1.3 (202)	2.5 (26)	1.981 (1.317–2.979)	0.0010
Definite stent thrombosis	1.7 (176)	1.6 (160)	3.0 (16)	1.877 (1.123–3.138)	0.0163
<b>Safety outcomes</b>					
Major bleeding, study criteria	11.4 (1868)	11.1 (1723)	16.4 (163)	1.515 (1.290–1.778)	<0.0001

- 18,624 patients with ACS
- 1,144 with PAD

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Patel MR et al., Eur J Prev Cardiol 2015, 22:734



## AIMS

- To assess the impact of concomitant PAD on cardiovascular outcome in patients with ACS
- To assess the impact of statin treatment of cardiovascular outcome in patients with ACS in a real life setting in Italy

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## MATERIALI e METODI

- **Registro START-Antiplatelet:** studio di coorte, dinamico, osservazionale e multicentrico che include gli adulti consecutivi con ACS
- **DATI all'arruolamento e DATI di follow up:** registrati dai partecipanti al registro online.
- **Endpoint di efficacia (MACE):** morte cardiovascolare, IMA non fatale, ictus non fatale, o rivascolarizzazione del vaso target.
- **Endpoint di sicurezza:** sanguinamenti maggiori (ISTH).
- **Mortalità** per ogni causa e per endpoint.

## START ANTIPLATELET REGISTRY

### Characteristics of the study population

n (%)	NO PAD	PAD	P
	1083 (92.5)	88 (7.5)	
Sex F (n. %)	295 (27.2)	29 (33)	0.249
Age yrs (mean, sd)	66.0 (13.05)	72.4 (10.9)	<0.0001
Hypertension	738 (68.1)	79 (89.8)	0.651
Hypercholesterolemia	553 (51.1)	57 (64.8)	0.013
Diabetes	263 (24.3)	46 (52.3)	<0.0001
Obesity (BMI≥30)	230 (18.7)	25 (28.4)	0.028
Smoke	515 (47.6)	44 (50)	0.659
CVD Familiarity	316 (29.2)	19 (21.6)	0.13
Previous IMA	193 (17.8)	20 (22.7)	0.251
Previous PCI	210 (19.4)	21 (23.9)	0.311
Previous TIA	27 (2.5)	8 (9.1)	0.003
Prev. Ischemic Stroke	33 (3)	11 (12.5)	0.0005
Prev. Major Emorrh.	27 (2.5)	1 (1.1)	0.423



## START ANTIPLATELET REGISTRY

### Clinical presentation and type of intervention

		NO PAD	PAD	
N (%)		1083 (92.5)	88 (7.5)	p
NSTEMI		266 (31.7)	24 (38.7)	0.44
STEMI		484 (57.6)	22 (35.5)	<b>0.08</b>
UA		90 (10.7)	16 (25.8)	0.32
CABG	CABG n (%)	30 (2.8)	5 (5.6)	0.29
	CABG Multivessel n (%)	12 (40)	2 (40)	0.43
PCI	PCI n (%)	897 (96.3)	66 (93.9)	0.51
	PCI + STENT n (%)	840 (93.6)	62 (93.9)	0.9
Stent	BMS n (%)	36 (4.3)	3 (4.8)	0.15
	DES n (%)	804 (95.7)	59 (95.2)	0.9

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## START ANTIPLATELET REGISTRY

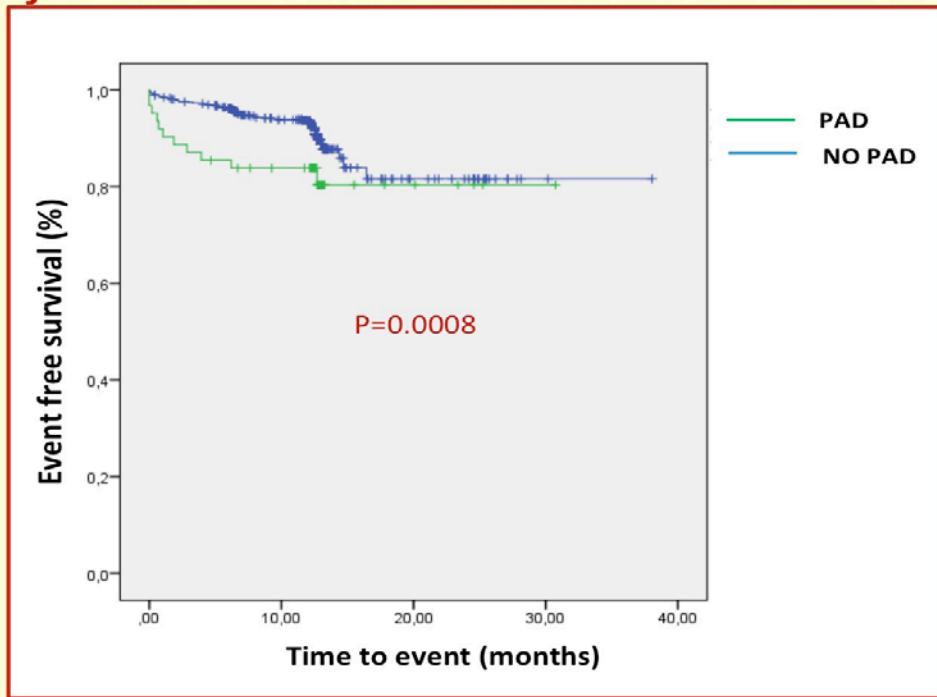
### Treatment at hospital discharge

		NO PAD	PAD	
N (%)		1083 (92.5)	88 (7.5)	p
Antiplatelet	DAPT	993 (91.7)	75 (85.2)	<b>0.09</b>
	SAPT	82 (7.6)	11 (12.5)	0.15
	ASA-CLOP	351 (32.4)	37 (42)	<b>0.08</b>
	ASA-PRAS	152 (14)	4 (4.5)	<b>0.02</b>
	ASA-TICA	490 (45.2)	34 (38.6)	0.28
Concurrent	STATINS	1040 (96)	81 (92)	<b>0.075</b>
	ACE-I/ARB	699 (64.5)	52 (59.7)	0.30
	BETA BLOCK	778 (81.8)	64 (72.7)	0.85
	NITRATES	116 (10.7)	14 (15.9)	0.136
	DIURETICS	322 (29.7)	38 (43.2)	<b>0.009</b>

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# START ANTIPLATELET REGISTRY

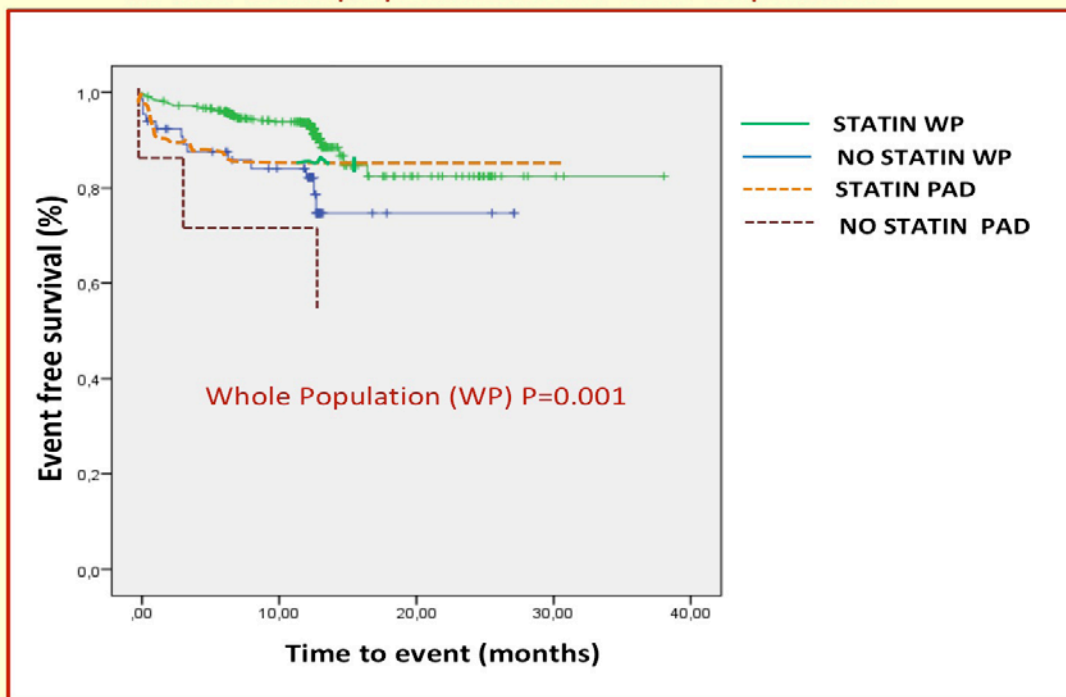
## Major cardiovascular events at follow-up



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# START ANTIPLATELET REGISTRY

## Effect of statins on CV events in the total population and in PAD patients



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# Conclusions

- The concomitant presence of PAD in patients presenting with an ACS identifies a subgroup of subjects at higher cardiovascular risk
- Coronary artery disease (CAD) patients with PAD tend to be older, to have more risk factors, and to have more frequently a previous history of CV events
- CAD patients with PAD tend to be undertreated compared with patients without PAD
- Statins exert a beneficial effect, particularly evident in PAD patients