



Global collaborative research through OHDSI
network:

Net Clinical Benefit of Ticagrelor compared to Clopidogrel in patients with Acute Coronary Syndrome following Percutaneous Coronary Intervention

Seng Chan You¹; Yeunsook Rho²; Jiwoo Kim²; Anastasios Siapos³; Ajit Londhe⁴; Jaehyeong Cho⁵; Jimyung Park⁵; Martijn Schuemie⁴; Marc A Suchard, MD, PhD^{6,7}; David Madigan PhD⁸; George Hripcsak MD⁹; Christian G. Reich³; Patrick B. Ryan⁴; Rae Woong Park, MD, PhD^{1,5}; Harlan M. Krumholz, MD¹⁰

¹Department of Biomedical Informatics, Ajou University School of Medicine, Suwon, Korea; ²Health Insurance Review and Assessment Service, Wonju, Korea; ³IQVIA, Durham, USA; ⁴Janssen Research and Development, Titusville, USA; ⁵Department of Biomedical Sciences, Ajou University Graduate School of Medicine, Suwon, Korea; ⁶Department of Biostatistics, Fielding School of Public Health, University of California, Los Angeles, CA, USA; ⁷Department of Biomathematics, David Geffen School of Medicine at UCLA, University of California, Los Angeles, CA, USA; ⁸Department of Statistics, Columbia University, New York, NY, USA; ⁹Medical Informatics Services, New York-Presbyterian Hospital, New York, NY, USA; ¹⁰Yale University School of Medicine, USA

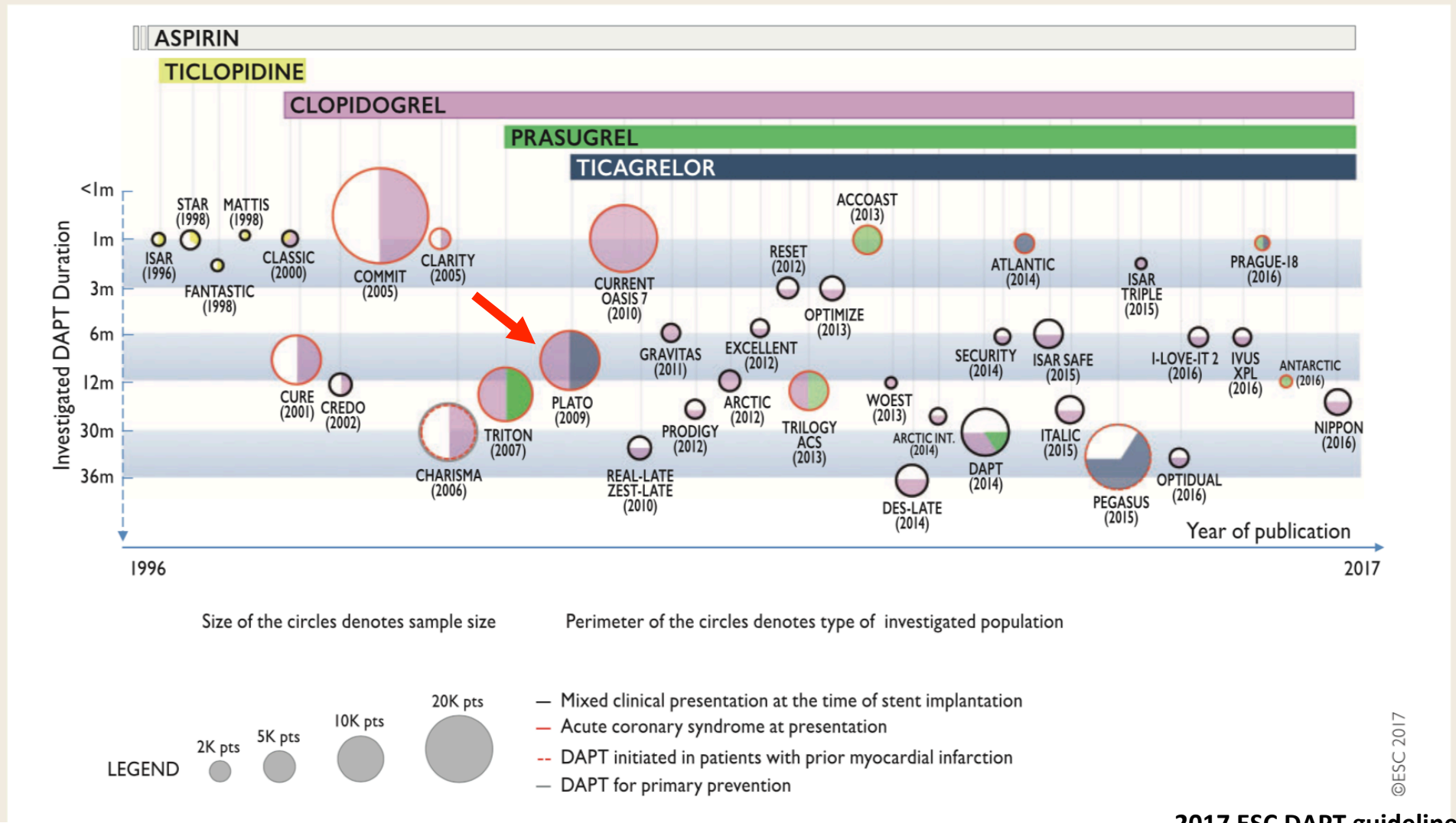


Disclosures

- Potential Conflict of interests
 - Dr. Ryan, Dr. Schuemie, and Ajit Londhe are employees of Janssen Research & Development, a subsidiary of Johnson & Johnson. Dr. Reich and Mr. Siapos are employees of IQVIA. Neither Janssen nor IQVIA had input in the design, execution, interpretation of results or decision to publish.
- Source of Funding
 - This work was supported by the Bio Industrial Strategic Technology Development Program (20001234) funded By the Ministry of Trade, Industry & Energy (MOTIE, Korea) and a grant from the Korea Health Technology R&D Project through the Korea Health Industry Development Institute (KHIDI), funded by the Ministry of Health & Welfare, Republic of Korea [grant number: HI16C0992]

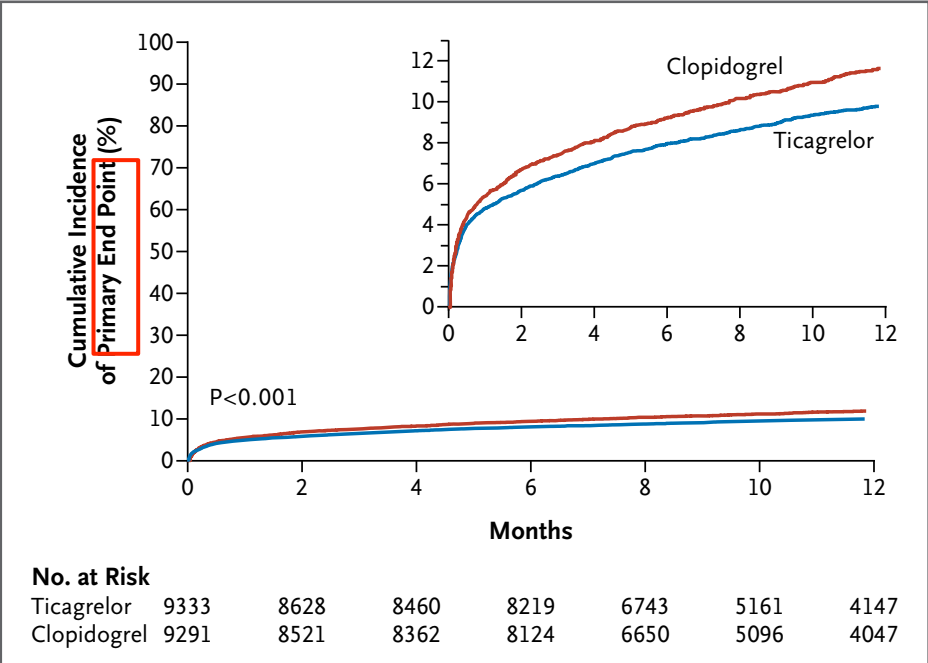


History of Dual AntiPlatelet Therapy (DAPT) in patients with coronary artery disease





PLATelet inhibition and patient Outcomes (PLATO) Trial



End Point	Ticagrelor Group	Clopidogrel Group	Hazard or Odds Ratio for Ticagrelor Group (95% CI) [†]	P Value
Primary safety end points — no./total no. (%)				
Major bleeding, study criteria	961/9235 (11.6)	929/9186 (11.2)	1.04 (0.95–1.13)	0.43
Major bleeding, TIMI criteria‡	657/9235 (7.9)	638/9186 (7.7)	1.03 (0.93–1.15)	0.57
Bleeding requiring red-cell transfusion	818/9235 (8.9)	809/9186 (8.9)	1.00 (0.91–1.11)	0.96
Life-threatening or fatal bleeding, study criteria	491/9235 (5.8)	480/9186 (5.8)	1.03 (0.90–1.16)	0.70
Fatal bleeding	20/9235 (0.3)	23/9186 (0.3)	0.87 (0.48–1.59)	0.66
Nonintracranial fatal bleeding	9/9235 (0.1)	21/9186 (0.3)		0.03
Intracranial bleeding	26/9235 (0.3)	14/9186 (0.2)	1.87 (0.98–3.58)	0.06
Fatal	11/9235 (0.1)	1/9186 (0.01)		0.02
Nonfatal	15/9235 (0.2)	13/9186 (0.2)		0.69
Secondary safety end points — no./total no. (%)				
Non-CABG-related major bleeding, study criteria	362/9235 (4.5)	306/9186 (3.8)	1.19 (1.02–1.38)	0.03
Non-CABG-related major bleeding, TIMI criteria	221/9235 (2.8)	177/9186 (2.2)	1.25 (1.03, 1.53)	0.03
CABG-related major bleeding, study criteria	619/9235 (7.4)	654/9186 (7.9)	0.95 (0.85–1.06)	0.32
CABG-related major bleeding, TIMI criteria	446/9235 (5.3)	476/9186 (5.8)	0.94 (0.82–1.07)	0.32
Major or minor bleeding, study criteria	1339/9235 (16.1)	1215/9186 (14.6)	1.11 (1.03–1.20)	0.008
Major or minor bleeding, TIMI criteria‡	946/9235 (11.4)	906/9186 (10.9)	1.05 (0.96–1.15)	0.33
Dyspnea — no./total no. (%)				
Any	1270/9235 (13.8)	721/9186 (7.8)	1.84 (1.68–2.02)	<0.001
Requiring discontinuation of study treatment	79/9235 (0.9)	13/9186 (0.1)	6.12 (3.41–11.01)	<0.001

Primary End Point: Vascular death, myocardial infarction and stroke

Wallentin et al., *NEJM*, 2009



Current clinical guideline for DAPT in ACS solely based on PLATO trial

Recommendations	Class ^a	Level ^b
In <u>patients with ACS</u> , ticagrelor (180 mg loading dose, 90 mg twice daily) on top of aspirin ^c is recommended, regardless of initial treatment strategy, including patients pre-treated with clopidogrel (which should be discontinued when ticagrelor is commenced) unless there are contraindications. ²⁰	I	B

2017 ESC/EACTS DAPT guideline

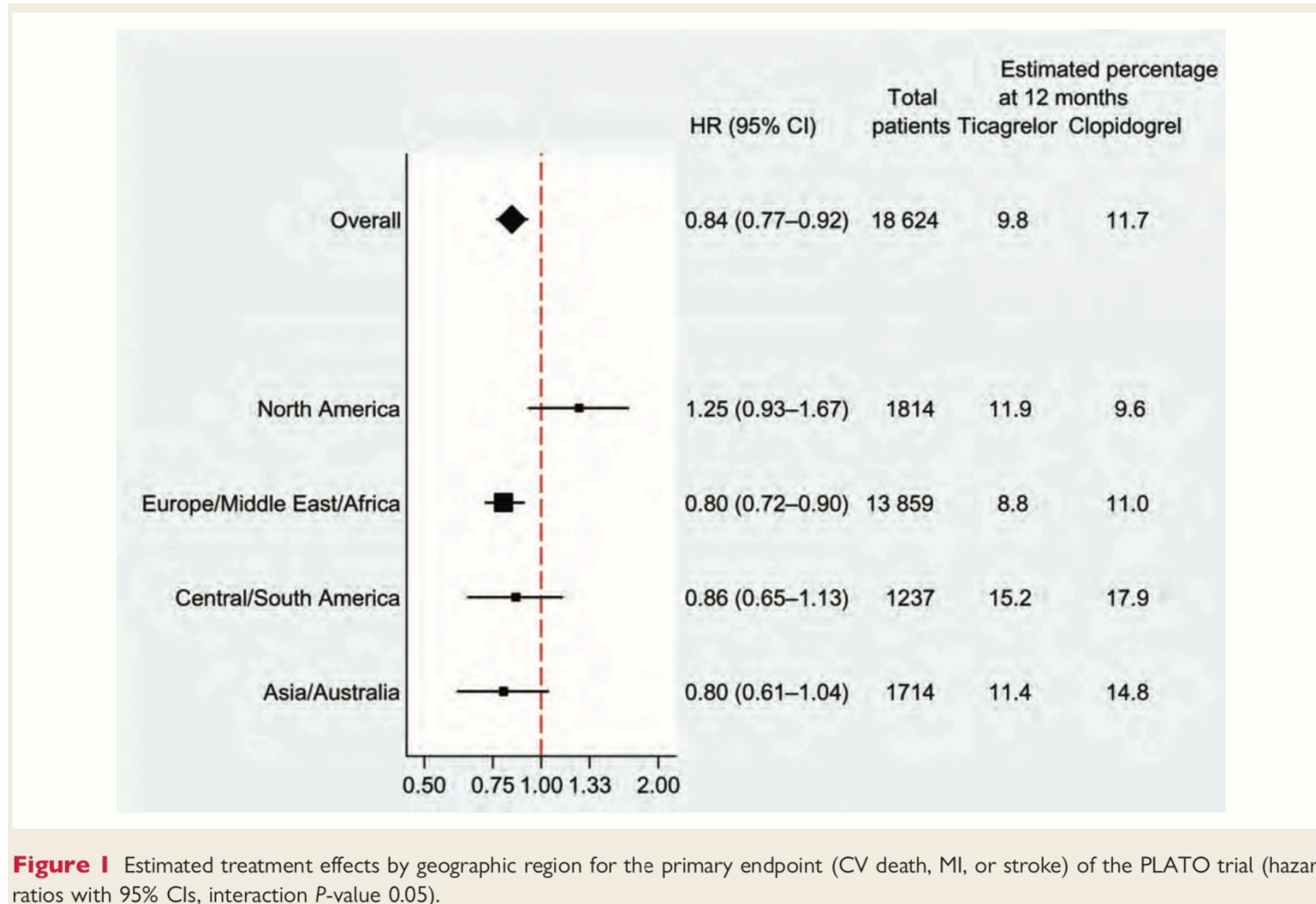
Recommendations for Specific P2Y₁₂ Inhibitors

COR	LOE	RECOMMENDATIONS
Ila	B-R	<u>In patients with ACS (NSTEMI-ACS or STEMI) treated with DAPT after coronary stent implantation and in patients with NSTEMI-ACS treated with medical therapy alone (without revascularization), it is reasonable to use ticagrelor in preference to clopidogrel for maintenance P2Y₁₂ inhibitor therapy (53,71,72).</u>

2016 ACC/AHA DAPT guideline



PLATO trial did not demonstrate superiority of Ticagrelor in North America and Asia





Objectives

- Compare risk of **net adverse clinical event (NACE)** between ticagrelor and clopidogrel in patients with Acute Coronary Syndrome (ACS) following percutaneous coronary intervention (PCI) through OHDSI network.



Method: Study Population

- Inclusion Criteria
 - Adults (≥ 20 yrs) who initiated ticagrelor or clopidogrel due to acute coronary syndrome (ACS) and undertook percutaneous coronary intervention (PCI)
- Exclusion Criteria
 - Prior history of stroke or gastrointestinal bleeding
 - Use of prasugrel or opposing drug within previous 30 days from index date



Method: Outcome

Primary endpoint: Net Adverse Clinical Event (NACE)

- Composite of recurrent myocardial infarction, any revascularization, ischemic stroke, intracranial hemorrhage, or gastrointestinal bleeding

Secondary endpoint

- Ischemic Event
 - Recurrent myocardial infarction
 - Any revascularization (PCI + CABG)
 - Ischemic stroke
- Hemorrhagic Event (major bleeding)
 - Intracranial hemorrhage
 - Gastrointestinal bleeding
- Overall death
- Dyspnea (Positive control)



Method: Statistical Analysis

- Primary analysis
 - Time windows: From 1 day to 365 days after the index date
 - Unconditioned Cox regression after 1-to-1 PS matching
- Sensitivity analyses
 - Time windows
 - On-treatment
 - 5-year
 - Statistical analysis
 - 1-to-1 PS matching with blanking period of outcome (28 days)
 - Variable-ratio PS matching
 - PS stratification
- Assessment of systemic errors
 - 96 Negative controls



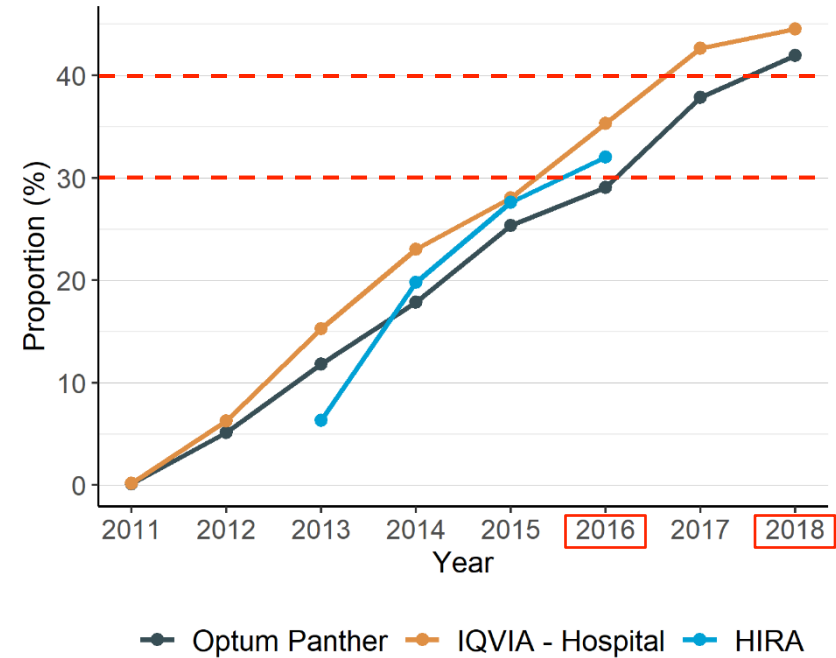
Method

- Data source
 - Optum Pan-Therapeutics (PanTher) : USA, EHR (86M)
 - IQVIA's Hospital data : USA, EHR (85M)
 - HIRA: South Korea, Nationwide Claim for patients undertaking PCI (0.4M)

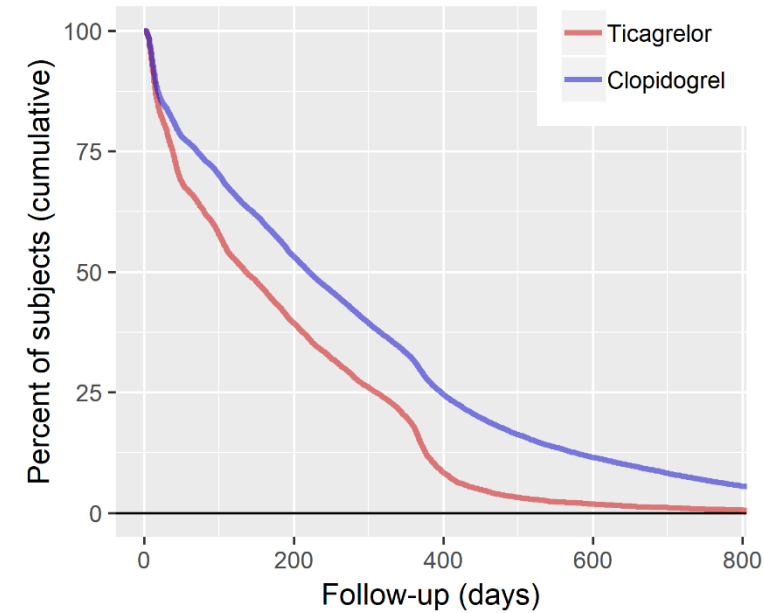


Proportion of ticagrelor across years and drug adherence in Korea

Proportion of Ticagrelor user among whole study population



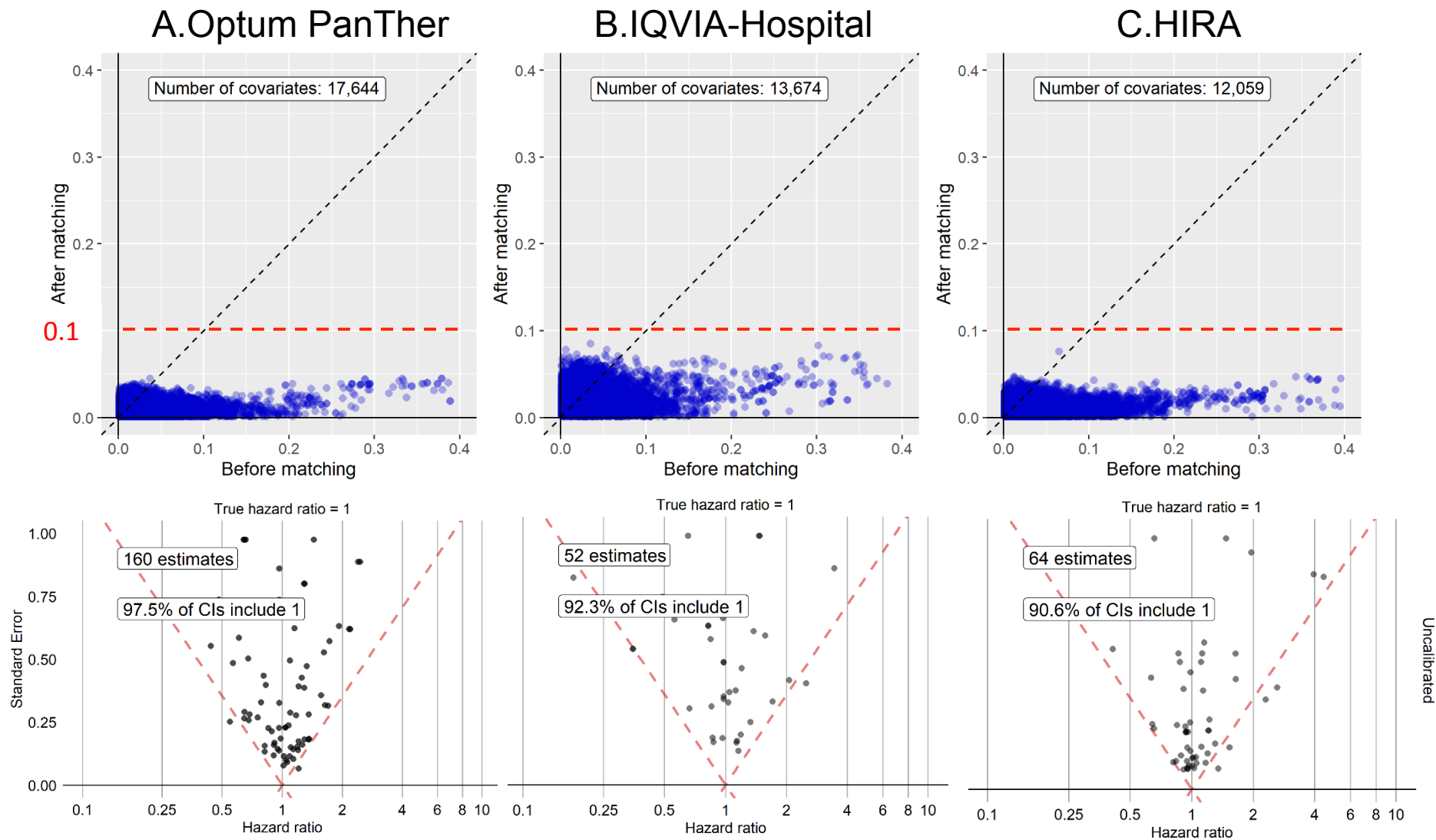
Days of continuation of ticagrelor and clopidogrel



Days of Drug Continuation	1Q	Median	3Q
Ticagrelor	38	132	363
Clopidogrel	78	232	566

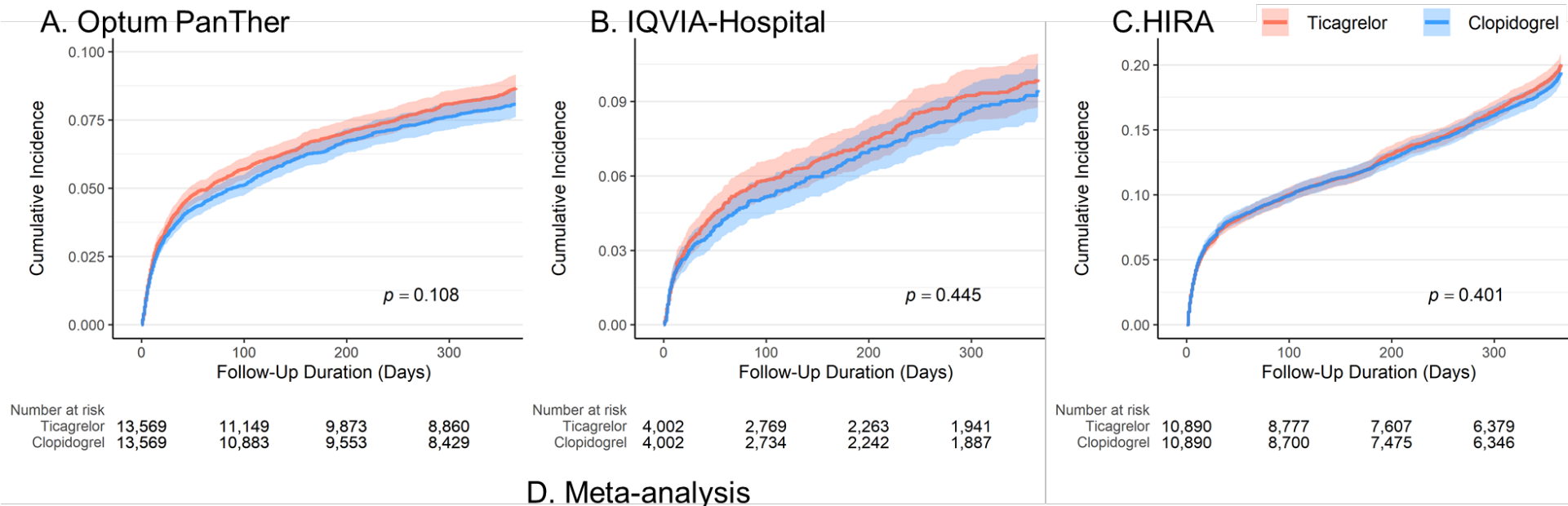


Balance before and after PS matching and Systematic error control

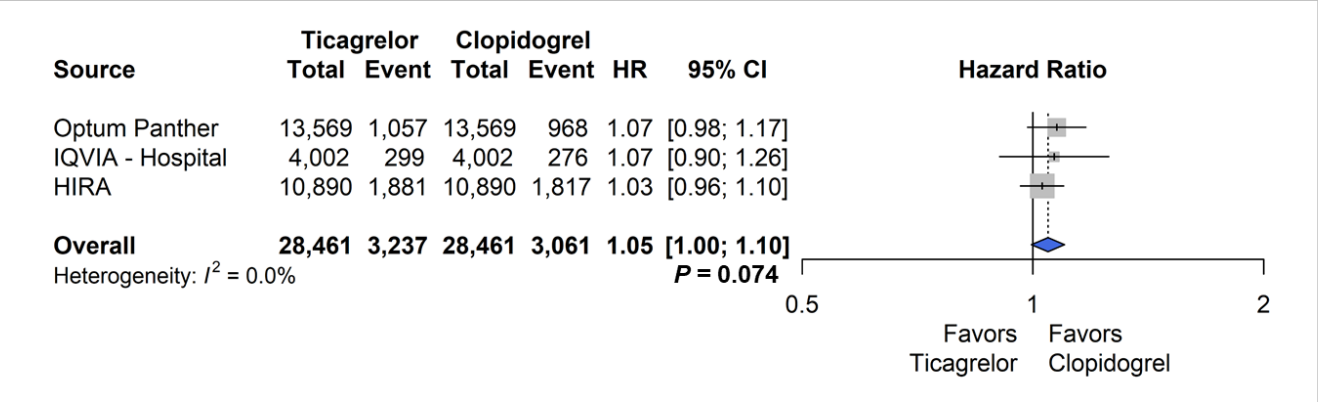




Primary endpoint: 1-year NACE

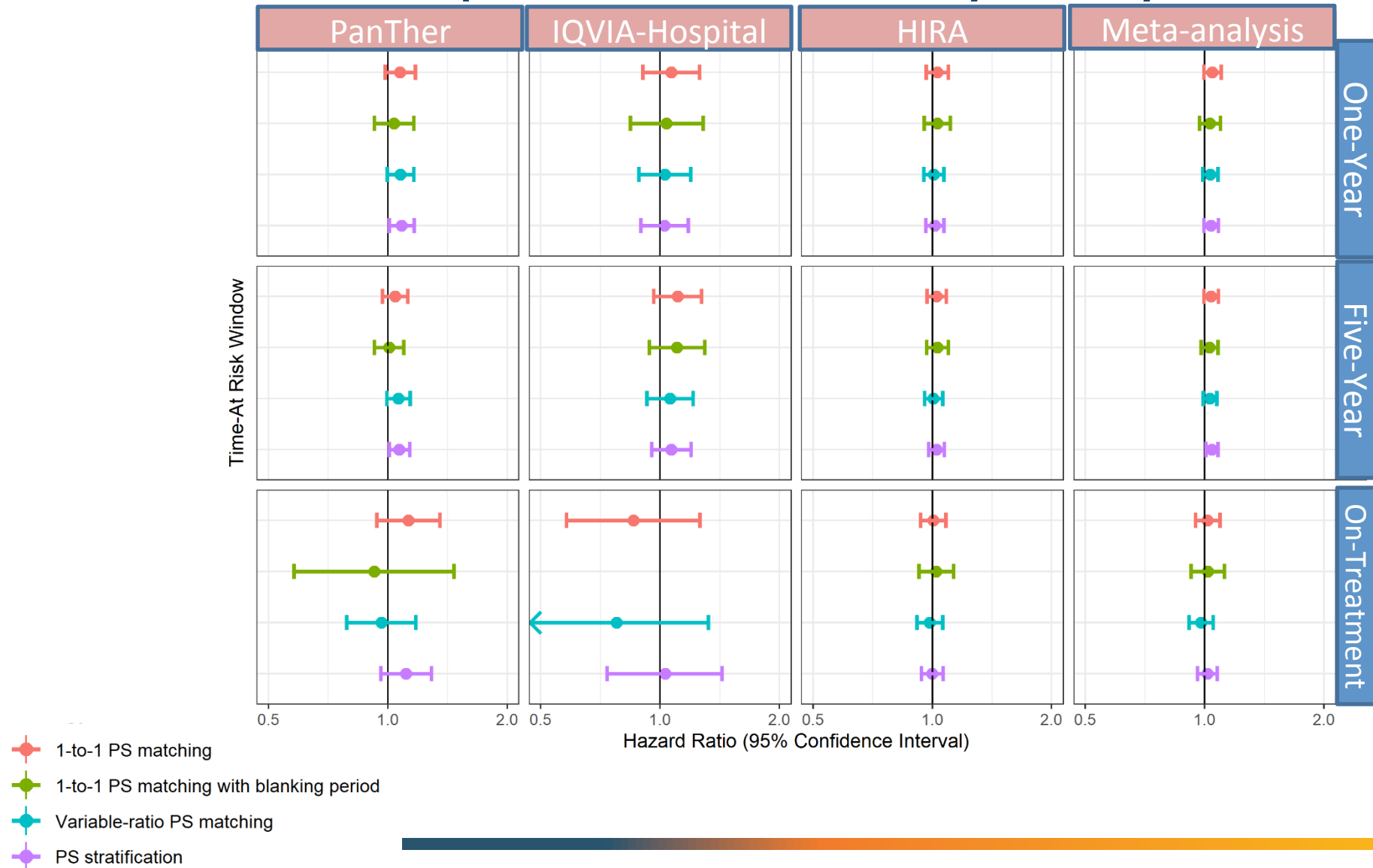


D. Meta-analysis



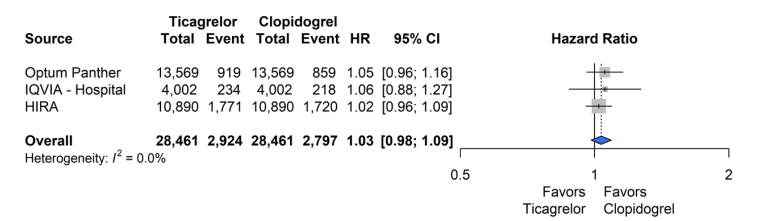


Consistency in the results of the primary endpoint in sensitivity analyses

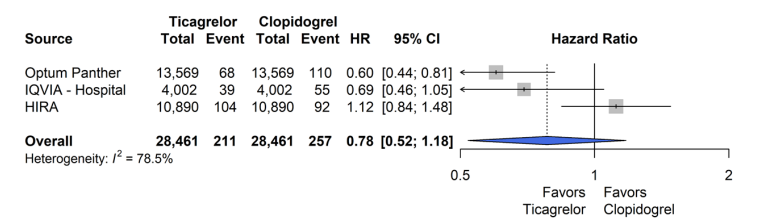




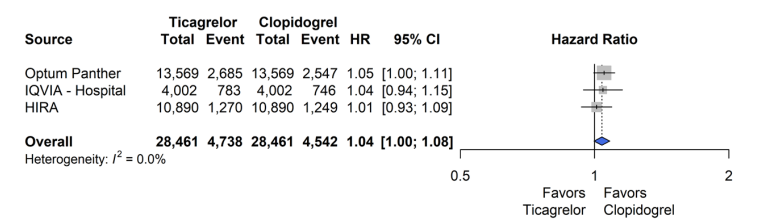
A. Ischemic event



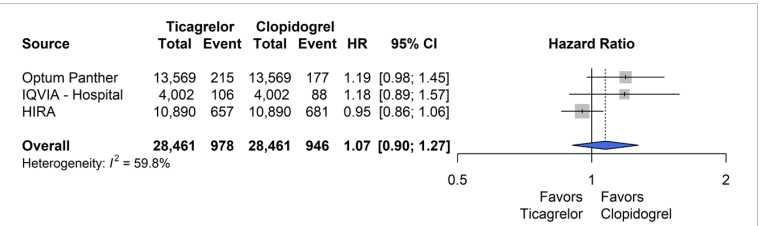
B. Ischemic stroke



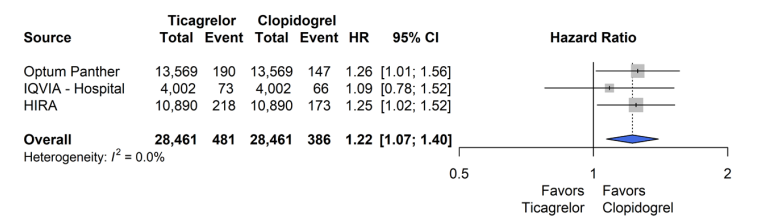
C. Recurrent acute MI



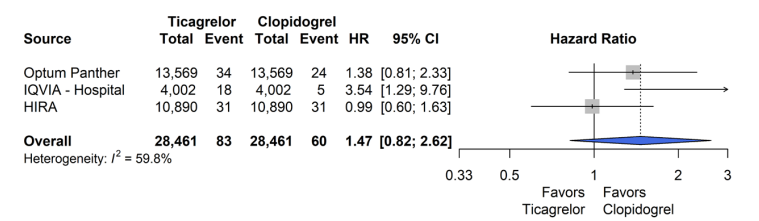
D. Any revascularization



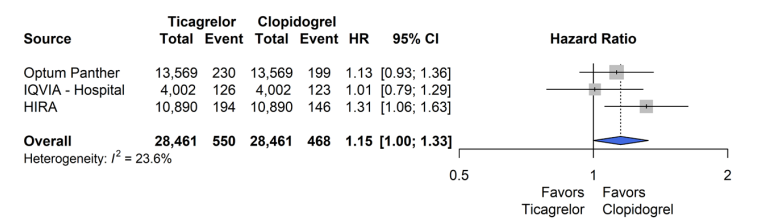
E. Hemorrhagic event



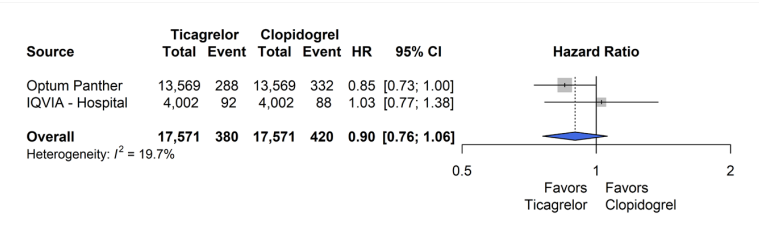
F. Hemorrhagic stroke



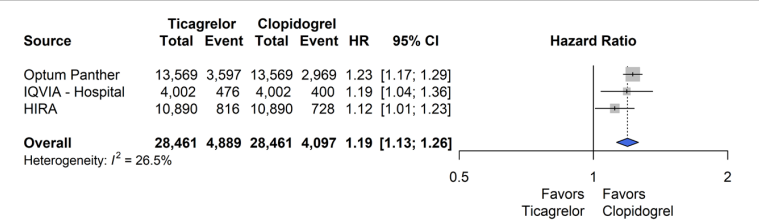
G. GI bleeding



H. Overall death

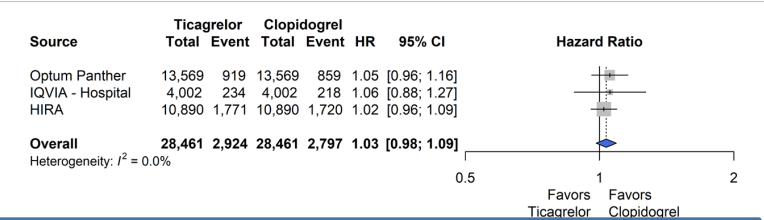


I. Dyspnea

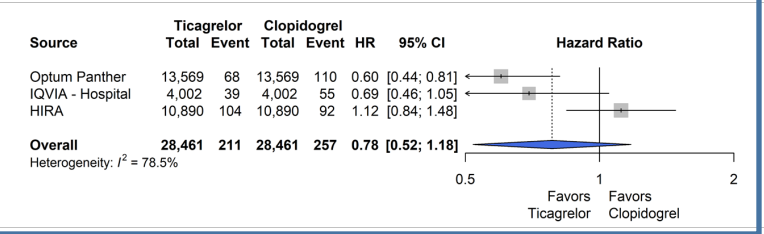




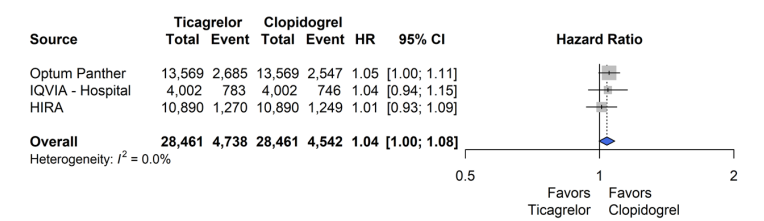
A. Ischemic event



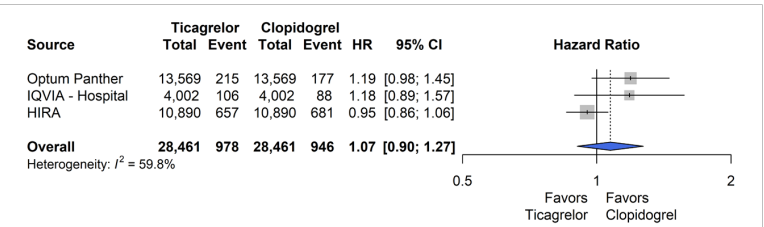
B. Ischemic stroke



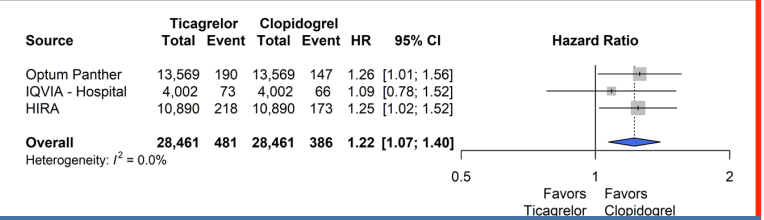
C. Recurrent acute MI



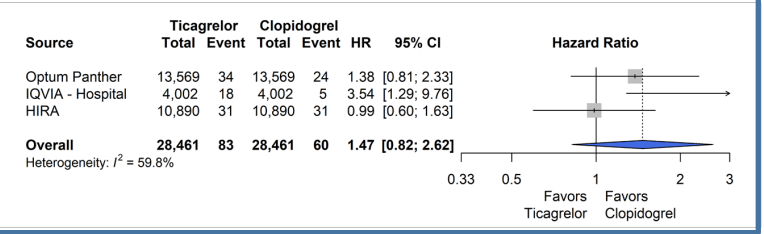
D. Any revascularization



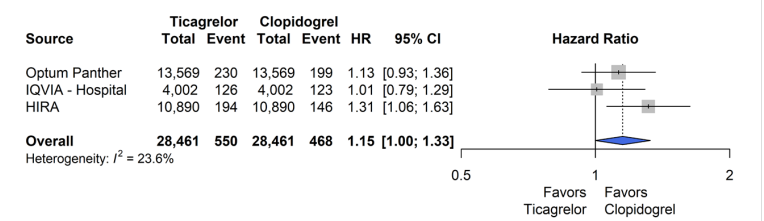
E. Hemorrhagic event



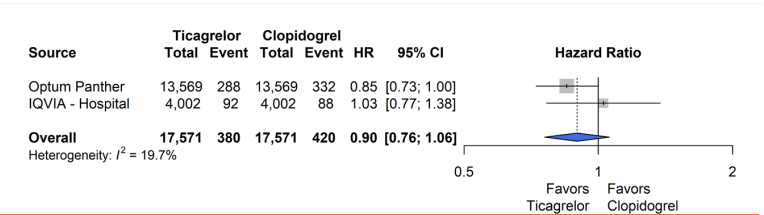
F. Hemorrhagic stroke



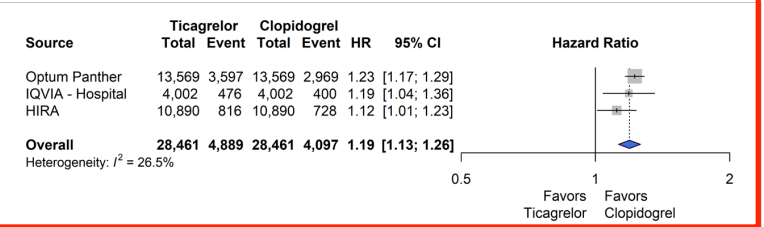
G. GI bleeding



H. Overall death



I. Dyspnea





Summary

- There appears to be **no significant difference** in **1-year NACE risk between ticagrelor and clopidogrel** users with ACS following PCI
- The findings for primary endpoint were consistent across sensitivity analyses
- **Ticagrelor** is associated with **higher risk of hemorrhagic events and dyspnea.**



*Thank
You*
for your time