# Top 5 de la littérature en médecine vasculaire

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# Divulgation de conflits d’intérêts

- Paiements/honoraires reçus de *Novo Nordisk*
- Paiements/honoraires reçus de *Amgen*

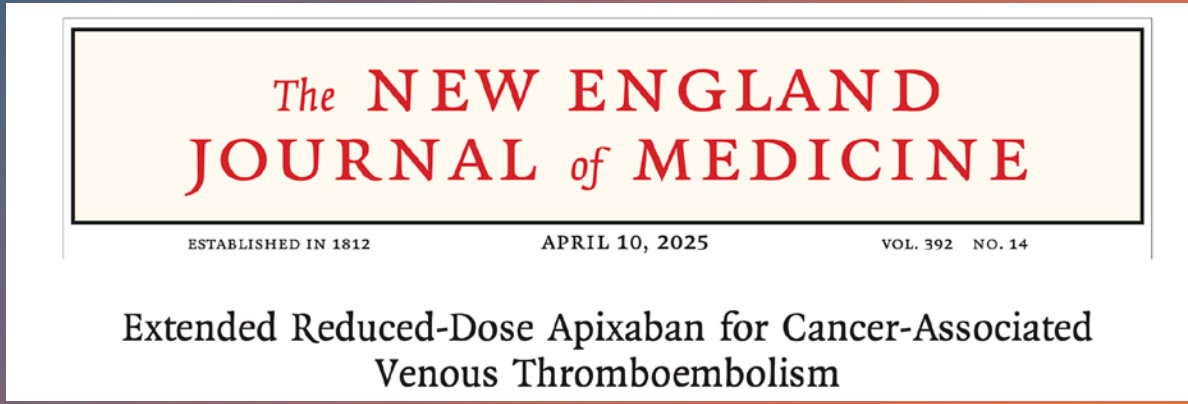
# OBJECTIFS D’APPRENTISSAGE

À la fin de cette présentation, vous serez en mesure de :

- Maîtriser l’interprétation d’études pertinentes en médecine vasculaire en 2025.
- Intégrer de nouvelles approches thérapeutiques fondées sur des données récemment publiées dans votre pratique.
- Présenter et/ou analyser des études ou des articles récents en médecine vasculaire.

# Études Discutées

- API-CAT
- HI-PRO
- Aquatic
- REBOOT-CNIC
- OCEAN




**Conception** : Essai international, randomisé, à double insu, de non-infériorité

**Population** : Patients atteints d'un cancer actif ayant complété ≥ 6 mois d'anticoagulation pour une TVP proximale et/ou une EP

**Intervention** : Apixaban 2,5 mg BID vs 5 mg BID pendant 12 mois

**Issue principale d'efficacité** : Récidive de MTEV symptomatique ou découverte fortuitement

**Issue principale de sécurité** : Saignement cliniquement pertinent (composite de majeur + non majeur cliniquement pertinent selon ISTH)

**Objectif** : Déterminer si la dose réduite d'apixaban maintient l'efficacité de la prévention de la MTEV tout en réduisant le risque hémorragique dans la thrombose associée au cancer

**Table 2. Clinical Outcomes during the Trial Period.***

| Outcome | Reduced-Dose Apixaban (N=866) | Full-Dose Apixaban (N=900) | Treatment Effect (95% CI) | P Value |
|---|---|---|---|---|
| | *number (percent)* | | | |
| Primary efficacy outcome: recurrent venous thromboembolism† | 18 (2.1) | 24 (2.8) | 0.76 (0.41–1.41) | 0.001 |
| Recurrent symptomatic venous thromboembolism | 17 (2.0) | 18 (2.1) | 0.97 (0.50–1.88) | — |
| Lower-limb deep-vein thrombosis‡ | 8 (0.9) | 6 (0.7) | — | |
| Pulmonary embolism | 9 (1.1) | 10 (1.2) | — | |
| Fatal pulmonary embolism | 0 | 0 | — | |
| Unexplained sudden death§ | 3 (0.4) | 2 (0.3) | — | |
| Upper-limb deep-vein thrombosis | 1 (0.1) | 3 (0.4) | — | |
| Central venous catheter–related thrombosis | 1 (0.1) | 2 (0.2) | — | |
| Incidental venous thromboembolism¶ | 1 (0.1) | 6 (0.7) | — | |
| Recurrent major venous thromboembolism‖ | 17 (2.0) | 21 (2.4) | 0.83 (0.44–1.57) | — |
| Key secondary safety outcome: major or clinically relevant nonmajor bleeding** | 102 (12.1) | 136 (15.6) | 0.75 (0.58–0.97) | 0.03 |
| Major bleeding | 24 (2.9) | 37 (4.3) | 0.66 (0.40–1.10) | — |
| Fatal bleeding | 2 (0.2) | 2 (0.2) | — | |
| Major gastrointestinal bleeding | 12 (1.4) | 25 (2.9) | — | |
| Upper gastrointestinal bleeding | 6 (0.7) | 13 (1.5) | — | |
| Lower gastrointestinal bleeding | 7 (0.8) | 13 (1.5) | — | |
| Clinically relevant nonmajor bleeding | 84 (10.0) | 107 (12.3) | 0.79 (0.59–1.05) | |
| Other secondary outcomes | | | | |
| Death from any cause | 148 (17.7) | 168 (19.6) | 0.96 (0.86–1.06) | — |
| Recurrent symptomatic venous thromboembolism, major bleeding, or death from any cause†† | 167 (19.9) | 191 (22.1) | 0.96 (0.87–1.07) | — |
| Major venous thromboembolism or major bleeding‡‡ | 41 (5.2) | 55 (6.8) | 0.96 (0.87–1.06) | — |

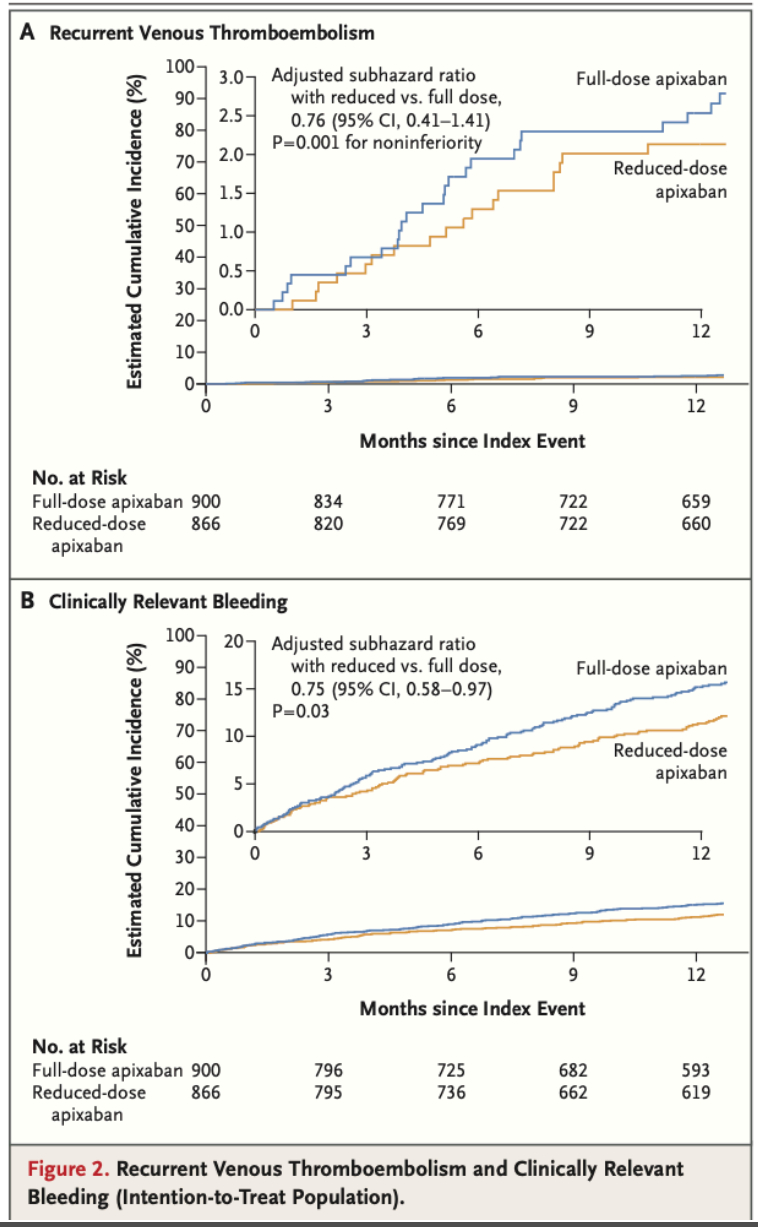



**Figure 2. Recurrent Venous Thromboembolism and Clinically Relevant Bleeding (Intention-to-Treat Population).**



**Étude qui change la pratique:**

- ✓ Oui
- ☐ Non
- ☐ À voir

**Faisabilité:**

- ✓ Oui
- ☐ No
- ☐ À voir

ORIGINAL ARTICLE

# Apixaban for Extended Treatment of Provoked Venous Thromboembolism

**Conception :** Essai randomisé, à double insu, avec placebo, réalisé dans un seul centre

**Population :** Patients avec TVP ou EP provoquée ayant complété ≥ 3 mois d'anticoagulation et présentant ≥ 1 facteur de risque persistant

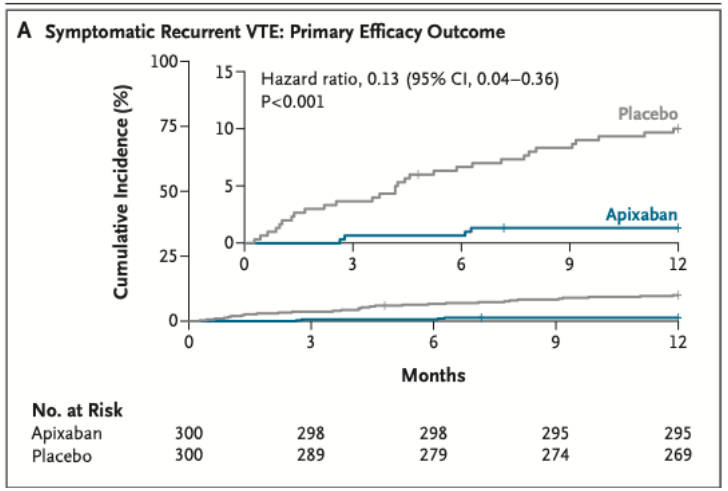
**Intervention :**

- Apixaban 2,5 mg BID vs placebo pendant 12 mois

**Issue principale d'efficacité :** Récidive symptomatique de MTEV à 12 mois

**Issues secondaires :** composite de décès cardiovasculaire, infarctus du myocarde, AVC, embolie systémique, et événements ischémiques ou vasculaires périphériques majeurs

**Objectif :** Déterminer si un traitement prolongé par apixaban à faible dose peut réduire les récidives de MTEV et les événements cardiovasculaires chez les patients ayant une MTEV provoquée avec facteurs de risque persistants, sans augmenter le risque de saignement majeur



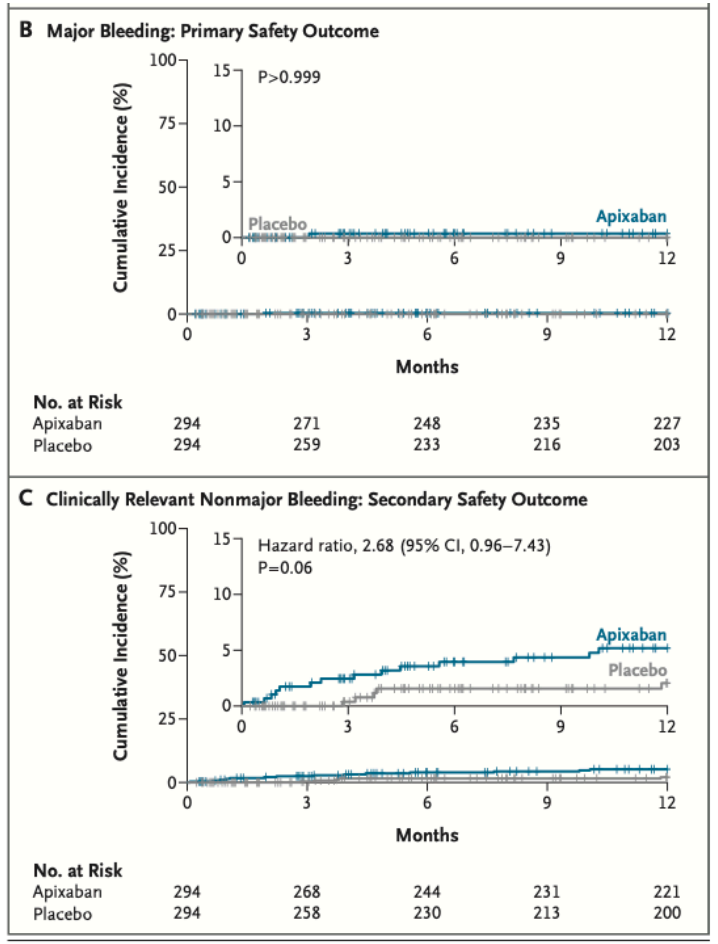




**Table 2. Characteristics of Venous Thromboembolic (VTE) Events and Risk Factors (Intention-to-Treat Population).***

| Characteristic | Total (N=600) | Apixaban (N=300) | Placebo (N=300) | Standardized Difference |
|---|---|---|---|---|
| | | | | % |
| VTE diagnosis for eligibility — no. (%) | | | | |
| Only deep-vein thrombosis | 288 (48.0) | 142 (47.3) | 146 (48.7) | 2.7 |
| Isolated calf deep-vein thrombosis | 119 (19.8) | 48 (16.0) | 71 (23.7) | 19.3 |
| Only pulmonary embolism | 140 (23.3) | 77 (25.7) | 63 (21.0) | 11.1 |
| Right ventricular dysfunction | 80 (13.3) | 38 (12.7) | 42 (14.0) | 3.9 |
| Both pulmonary embolism and deep-vein thrombosis | 172 (28.7) | 81 (27.0) | 91 (30.3) | 7.4 |
| Provoking factors for VTE — no. (%)† | | | | |
| Acute medical illness‡ | 110 (18.3) | 56 (18.7) | 54 (18.0) | 1.7 |
| Surgery | 201 (33.5) | 102 (34.0) | 99 (33.0) | 2.1 |
| Trauma | 115 (19.2) | 62 (20.7) | 53 (17.7) | 7.6 |
| Pregnancy | 11 (1.8) | 7 (2.3) | 4 (1.3) | 7.5 |
| Infection | 99 (16.5) | 45 (15.0) | 54 (18.0) | 8.1 |
| Hormonal contraceptive or replacement therapy | 69 (11.5) | 42 (14.0) | 27 (9.0) | 15.7 |
| Hospitalization ≤3 mo before the VTE event | 56 (9.3) | 25 (8.3) | 31 (10.3) | 6.9 |
| Immobility | 188 (31.3) | 81 (27.0) | 107 (35.7) | 18.8 |
| Blood transfusion§ | 2 (0.3) | 1 (0.3) | 1 (0.3) | 0 |
| Coronavirus disease 2019§ | 49 (8.2) | 23 (7.7) | 26 (8.7) | 3.7 |
| Long-haul travel§ | 100 (16.7) | 46 (15.3) | 54 (18.0) | 7.2 |
| Other factor¶ | 53 (8.8) | 26 (8.7) | 27 (9.0) | 1.2 |
| Enduring risk factors for VTE — no. (%)† | | | | |
| Persistent immobility | 39 (6.5) | 15 (5.0) | 24 (8.0) | 12.2 |
| Obesity: BMI ≥30 | 289 (48.2) | 141 (47.0) | 148 (49.3) | 4.7 |
| Heart failure | 15 (2.5) | 10 (3.3) | 5 (1.7) | 10.7 |
| Chronic lung disease | 134 (22.3) | 78 (26.0) | 56 (18.7) | 17.7 |
| Chronic inflammatory or autoimmune disorder | 313 (52.2) | 152 (50.7) | 161 (53.7) | 6.0 |
| Atherosclerotic cardiovascular disease | 176 (29.3) | 86 (28.7) | 90 (30.0) | 2.9 |
| Chronic kidney disease | 64 (10.7) | 32 (10.7) | 32 (10.7) | 0 |
| Chronic liver disease | 23 (3.8) | 10 (3.3) | 13 (4.3) | 5.2 |
| Median duration of anticoagulant treatment before randomization — mo (IQR) | 6.6 (3.7–35.3) | 7.6 (3.9–39.6) | 5.9 (3.5–32.5) | 6.9 |



**Étude qui change la pratique :**

- ✓ Oui
- ☐ Non
- ☐ À voir

**Faisabilité:**

- ✓ Oui
- ☐ Non
- ☐ Difficile

ORIGINAL ARTICLE

# Beta-Blockers after Myocardial Infarction without Reduced Ejection Fraction

**Conception :** Essai pragmatique, prospectif, randomisé, ouvert, avec évaluation des événements à l'insu

**Sites :** 109 centres en Espagne et en Italie

**Population :** Adultes ayant subi un infarctus du myocarde récent et présentant une FEVG préservée (>40%) après revascularisation

**Intervention :** Poursuite du traitement par bêta-bloquant vs arrêt du bêta-bloquant après l'infarctus

**Issue principale :** composite : décès cardiovasculaire, infarctus non fatal ou hospitalisation pour insuffisance cardiaque (MACE)

**Objectif principal :** Déterminer si la poursuite du traitement par bêta-bloquant procure un bénéfice clinique chez les patients post-infarctus sans dysfonction systolique

| Subgroup | Beta-Blocker | No Beta-Blocker | Hazard Ratio (95% CI) |
|---|---|---|---|
| | *no. of patients with event/ total no. (event rate per 1000 patient-yr)* | | |
| Overall | 316/4207 (22.5) | 307/4231 (21.7) | 1.04 (0.89–1.22) |
| Sex | | | |
| Male | 233/3391 (20.6) | 250/3420 (21.8) | 0.94 (0.79–1.13) |
| Female | 83/816 (30.4) | 57/811 (21.0) | 1.45 (1.04–2.03) |
| Age | | | |
| <75 yr | 213/3629 (17.4) | 218/3664 (17.5) | 1.00 (0.83–1.20) |
| ≥75 yr | 103/578 (57.3) | 89/567 (53.2) | 1.08 (0.81–1.44) |
| Country | | | |
| Spain | 238/3260 (21.6) | 235/3283 (21.1) | 1.03 (0.86–1.23) |
| Italy | 78/947 (25.8) | 72/948 (23.9) | 1.08 (0.79–1.49) |
| Infarction type during index hospitalization | | | |
| STEMI | 149/2146 (20.8) | 119/2150 (16.3) | 1.27 (1.00–1.62) |
| NSTEMI | 167/2061 (24.3) | 188/2081 (27.4) | 0.89 (0.72–1.10) |
| Revascularization | | | |
| Incomplete | 47/471 (28.2) | 51/456 (31.5) | 0.90 (0.61–1.34) |
| Complete | 242/3464 (21.3) | 225/3484 (19.7) | 1.08 (0.90–1.30) |
| AMI lesions | | | |
| MINOCA | 6/101 (19.0) | 10/112 (28.8) | 0.66 (0.24–1.81) |
| Obstructive lesions | 306/4093 (22.4) | 297/4103 (21.6) | 1.04 (0.88–1.22) |
| Left ventricular ejection fraction | | | |
| ≥50% | 277/3692 (22.3) | 259/3767 (20.4) | 1.09 (0.92–1.29) |
| <50% | 39/515 (24.4) | 48/464 (32.6) | 0.75 (0.49–1.14) |
| Rhythm at discharge | | | |
| Sinus | 258/3577 (21.8) | 240/3568 (20.4) | 1.07 (0.90–1.28) |
| Atrial fibrillation | 10/36 (93.8) | 7/28 (92.0) | 1.03 (0.39–2.72) |
| Previous therapy with beta-blocker | | | |
| No | 244/3682 (19.9) | 237/3700 (19.2) | 1.04 (0.87–1.24) |
| Yes | 71/510 (40.9) | 68/509 (39.3) | 1.04 (0.74–1.45) |
| Arterial hypertension | | | |
| No | 110/2018 (16.3) | 101/2029 (14.5) | 1.12 (0.85–1.47) |
| Yes | 206/2182 (28.4) | 205/2185 (28.7) | 0.99 (0.82–1.20) |
| Diabetes mellitus | | | |
| No | 211/3290 (19.2) | 192/3307 (17.2) | 1.11 (0.92–1.35) |
| Yes | 103/901 (34.8) | 113/893 (39.0) | 0.89 (0.68–1.16) |
| COPD | | | |
| No | 288/4059 (21.2) | 287/4085 (20.9) | 1.01 (0.86–1.19) |
| Yes | 28/145 (66.3) | 20/133 (49.0) | 1.35 (0.76–2.40) |

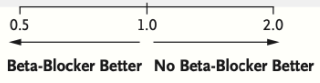



**Figure 2. Subgroup Analysis of the Primary Outcome.**

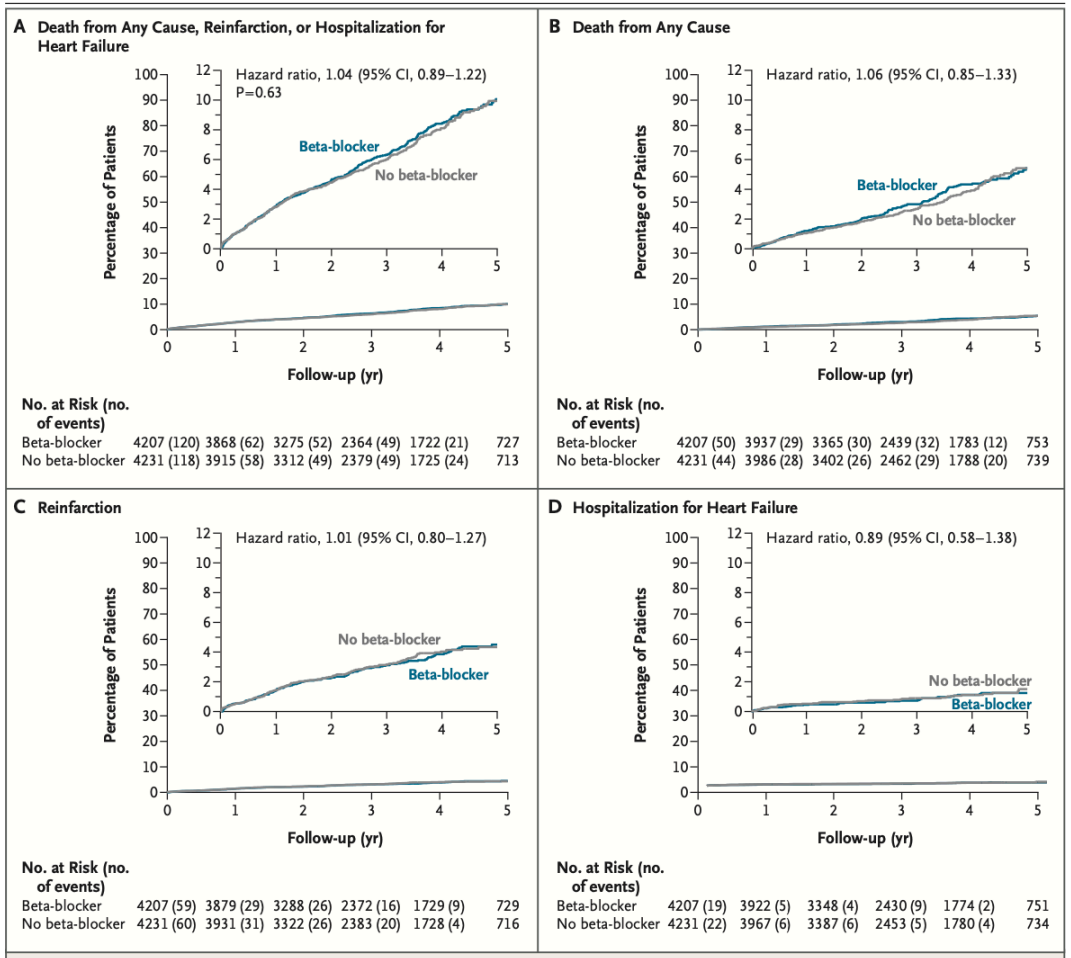



**Figure 1. Kaplan–Meier Curves for the Primary Outcome and Its Components.**

Panel A shows the incidence of death from any cause, reinfarction, or hospitalization for heart failure (primary composite outcome). Panels B, C, and D show the incidence of the individual components of the primary outcome. The insets show the same data on an expanded y axis. Hazard ratios and 95% confidence intervals were estimated with the use of Cox proportional-hazards models. The widths of the confidence intervals in Panels B, C, and D have not been adjusted for multiple comparisons and should not be interpreted as formal tests of significance.



**Étude qui change la pratique :**

- ✓ Oui
- ☐ Non
- ☐ À voir

**Faisabilité:**

- ✓ Oui
- ☐ Non
- ☐ Difficile

# Antithrombotic Therapy after Successful Catheter Ablation for Atrial Fibrillation

**Authors**: Atul Verma, M.D. , David H. Birnie, M.D., Chenyang Jiang, M.D., Ph.D., Hein Heidbüchel, M.D., Gerhard Hindricks, M.D., Paulus Kirchhof, M.D., D.Sc., Jeff S. Healey, M.D. , +22 , for the OCEAN Investigators* Author Info & Affiliations

**Conception :** Essai prospectif, ouvert, randomisé, avec évaluation des issues à l'aveugle.

**Population :** Adultes avec fibrillation auriculaire et ≥ 1 facteur de risque d'AVC (score $CHA_2DS_2$-VASc ≥ 1), sans récidive de FA depuis ≥ 12 mois après une ablation réussie

**Intervention :** Rivaroxaban 15 mg DIE vs aspirine 75–160 mg DIE

**Issue principale :** Critère composite comprenant l'AVC clinique, l'embolie systémique et l'AVC occulte détecté à l'IRM

**Issues secondaires :** Saignement majeur, hémorragie intracrânienne, AIT, fonction neurocognitive et qualité de vie

**Objectif :** Déterminer la stratégie antithrombotique optimale à long terme après une ablation de FA chez des patients présentant un risque persistant d'AVC mais sans récidive d'arythmie

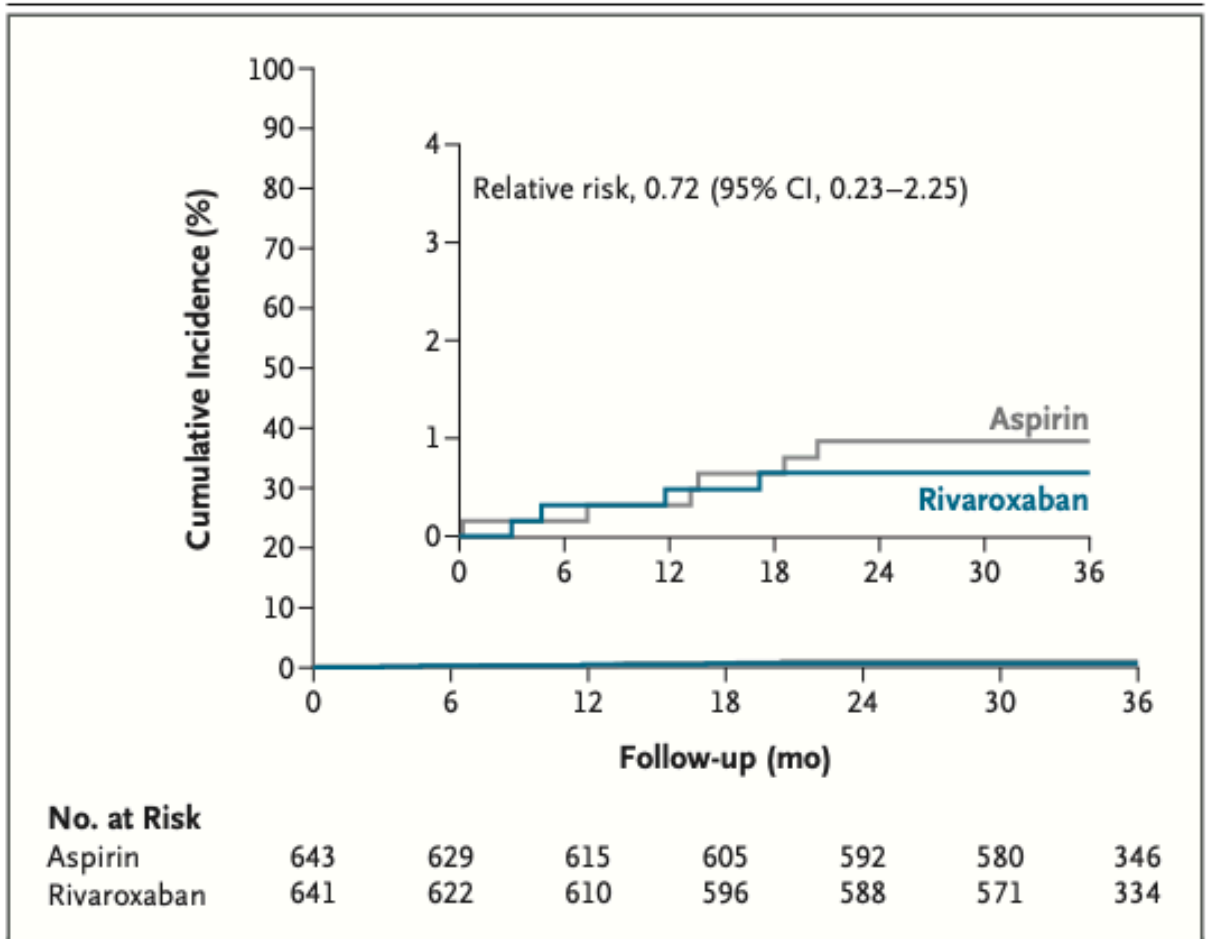



**Figure 2. Cumulative Incidence of Stroke or Systemic Embolism.**

The inset shows the same data on an expanded y axis.

**Table 2. Primary and Secondary Efficacy Outcomes.***

| Outcome | Rivaroxaban (N=641) | Aspirin (N=643) | Relative Risk (95% CI) | Absolute Risk Difference (95% CI)† |
|---|---|---|---|---|
| Primary composite outcome: stroke, systemic embolism, or new covert embolic stroke | | | | |
| No. of patients (%) | 5 (0.8) | 9 (1.4) | 0.56 (0.19 to 1.65) | −0.6 (−1.8 to 0.5)‡ |
| Annualized rate — events per 100 patient-yr | 0.31 | 0.66 | — | — |
| Components of primary outcome | | | | |
| All stroke | | | | |
| No. of patients (%) | 5 (0.8) | 7 (1.1) | 0.72 (0.23 to 2.25) | −0.3 (−1.4 to 0.7) |
| Annualized rate — events per 100 patient-yr | 0.31 | 0.58 | — | — |
| Systemic embolism | | | | |
| No. of patients (%) | 0 | 0 | — | — |
| Annualized rate — events per 100 patient-yr | 0 | 0 | — | — |
| New covert embolic stroke | | | | |
| No. of patients (%) | 0 | 2 (0.3) | 0 | −0.3 (−0.7 to 0.1) |
| Annualized rate — events per 100 patient-yr | 0 | 0.08 | — | — |
| Other secondary outcomes | | | | |
| All stroke or systemic embolism | | | | |
| No. of patients (%) | 5 (0.8) | 7 (1.1) | 0.72 (0.23 to 2.25) | −0.3 (−1.4 to 0.7) |
| Annualized rate — events per 100 patient-yr | 0.29 | 0.58 | — | — |
| Transient ischemic attack | | | | |
| No. of patients (%) | 1 (0.2) | 5 (0.8) | 0.20 (0.02 to 1.71) | −0.6 (−1.4 to 0.1) |
| Annualized rate — events per 100 patient-yr | 0.05 | 0.26 | — | — |

* The widths of the confidence intervals for the components of the primary outcome and secondary outcomes have not been adjusted for multiplicity and should not be used to infer a treatment effect.
† Differences are expressed as percentage points.
‡ P=0.28.

**Table 3. Safety Outcomes.***

| Outcome | Rivaroxaban (N=641) | Aspirin (N=643) | Hazard Ratio (95% CI) |
|---|---|---|---|
| | *no. of patients (%)* | | |
| Primary composite safety outcome: fatal bleeding or major bleeding | 10 (1.6) | 4 (0.6) | 2.51 (0.79–7.95) |
| Secondary safety outcomes | | | |
| Fatal bleeding | 0 | 0 | — |
| Major bleeding | 10 (1.6) | 4 (0.6) | 2.51 (0.79–7.95) |
| Intracranial bleeding | 5 (0.8) | 1 (0.2) | 5.02 (0.59–42.81) |
| Gastrointestinal bleeding | 3 (0.5) | 2 (0.3) | 1.50 (0.25–8.97) |
| Other major bleeding | 2 (0.3) | 1 (0.2) | 2.01 (0.18–22.07) |
| Minor bleeding | 74 (11.5) | 20 (3.1) | 3.71 (2.29–6.01) |
| Clinically relevant nonmajor bleeding | 35 (5.5) | 10 (1.6) | 3.51 (1.75–7.03) |
| Composite of major bleeding or minor bleeding | 83 (12.9) | 23 (3.6) | 3.62 (2.31–5.67) |
| Death from any cause | 10 (1.6) | 7 (1.1) | 1.43 (0.55–3.74) |

* The widths of the confidence intervals for the primary and secondary safety outcomes have not been adjusted for multiplicity and should not be used to infer a treatment effect.



**Étude qui change la pratique :**

- ☐ Oui
- ☐ Non
- ✓ À voir

**Faisabilité:**

- ✓ Oui
- ☐ Non
- ☐ Difficile




**Conception :** Essai prospectif, à double insu, randomisé, avec placebo

**Sites :** 51 centres en France

**Population :** Adultes atteints d'un syndrome coronarien chronique déjà sous anticoagulant oral

**Intervention :** Aspirine vs placebo en association à l'anticoagulation

**Issue principale :** Critère composite d'événements cardiovasculaires majeurs (MACE)

**Issue de sécurité :** Événements hémorragiques (majeurs et non majeurs cliniquement significatifs)

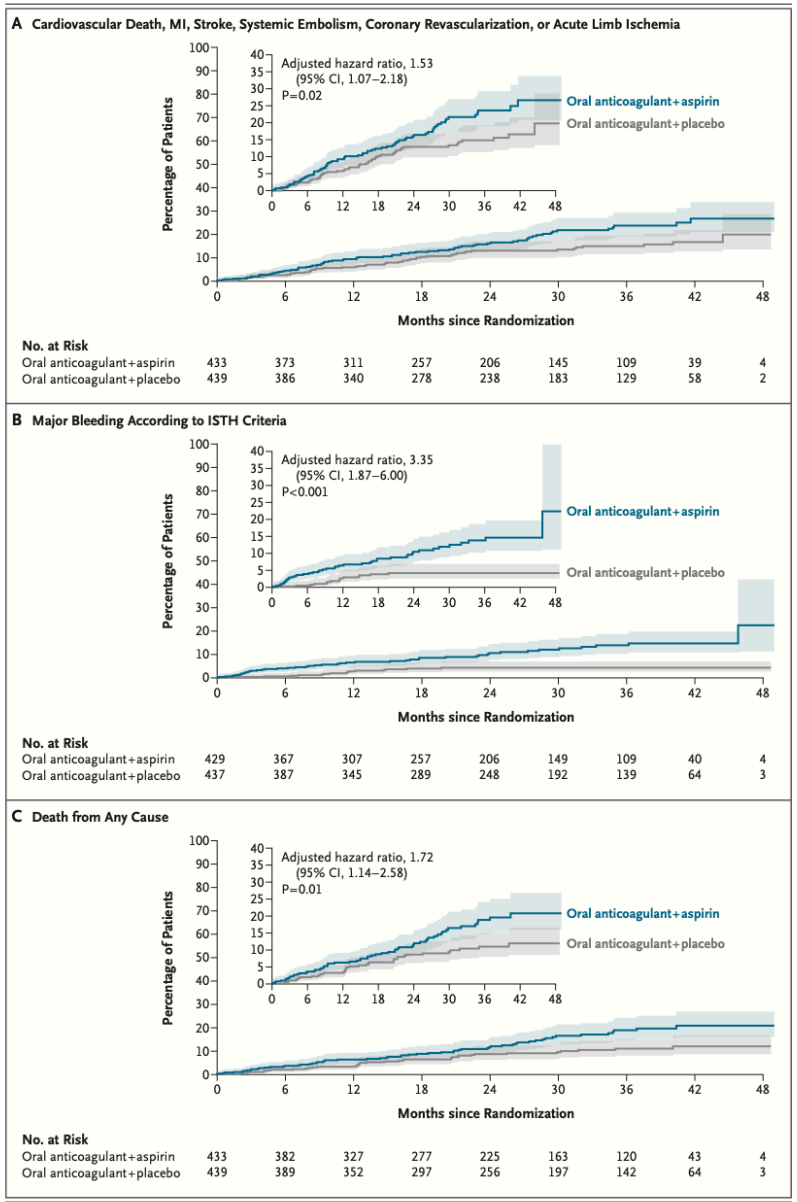
**Objectif :** Déterminer si l'ajout d'aspirine à l'anticoagulation améliore les issues cardiovasculaires ou augmente principalement le risque de saignement chez les patients atteints de coronaropathie stable

Table 1. Demographic and Clinical Characteristics of the Patients at Baseline.*

| Characteristic | Total Population (N=872) | Oral Anticoagulant + Aspirin (N=433) | Oral Anticoagulant + Placebo (N=439) |
|---|---|---|---|
| **Demographic data** | | | |
| Age — yr | 71.7±9.5 | 72.3±9.3 | 71.1±9.6 |
| Male sex — no. (%) | 744 (85.3) | 370 (85.5) | 374 (85.2) |
| **Cardiovascular risk** | | | |
| Body-mass index† | | | |
| Patients with data | 857 | 425 | 432 |
| Mean | 28.4±5.1 | 28.3±5.3 | 28.5±4.9 |
| Diabetes — no./total no. (%) | 326/871 (37.4) | 164/432 (38.0) | 162/439 (36.9) |
| Current receipt of insulin therapy — no./total no. (%) | 107/326 (32.8) | 55/164 (33.5) | 52/162 (32.1) |
| History of hypertension — no. /total no. (%) | 599/871 (68.8) | 303/432 (70.1) | 296/439 (67.4) |
| History of dyslipidemia — no./total no. (%) | 615/871 (70.6) | 303/432 (70.1) | 312/439 (71.1) |
| Current smoker — no./total no. (%) | 93/871 (10.7) | 45/432 (10.4) | 48/439 (10.9) |
| **Medical history** | | | |
| History of CABG — no./total no. (%) | 89/871 (10.2) | 43/432 (10.0) | 46/439 (10.5) |
| Time since last CABG | | | |
| Patients with data | 89 | 43 | 46 |
| Median (IQR) — yr | 9.0 (4.0–18.0) | 9.0 (4.0–17.0) | 8.5 (4.0–20.0) |
| History of PCI — no./total no. (%) | 871/871 (100.0) | 432/432 (100.0) | 439/439 (100.0) |
| Time since last PCI | | | |
| Patients with data | 844 | 420 | 424 |
| Median (IQR) — yr | 3.0 (1.0–6.0) | 3.0 (1.0–6.0) | 3.0 (1.0–6.0) |
| Last PCI between 6 and 12 mo before enrollment — no./total no. (%) | 234/844 (27.7) | 118/420 (28.1) | 116/424 (27.4) |
| History of MI — no./total no. (%) | 628/871 (72.1) | 309/432 (71.5) | 319/439 (72.7) |
| Time since last MI — yr | | | |
| Patients with data | 589 | 288 | 301 |
| Median (IQR) — yr | 3.0 (2.0–8.0) | 3.0 (2.0–8.0) | 3.0 (1.0–8.0) |
| History of stroke — no./total no. (%) | 93/871 (10.7) | 39/432 (9.0) | 54/439 (12.3) |
| History of atrial fibrillation — no./total no. (%) | 775/871 (89.0) | 384/432 (88.9) | 391/439 (89.1) |
| Median CHA$_2$DS$_2$-VASc score (IQR)‡ | 4.0 (3.0–5.0) | 4.0 (3.0–5.0) | 4.0 (3.0–5.0) |
| History of PAD — no. /total no. (%) | 125/871 (14.4) | 69/432 (16.0) | 56/439 (12.8) |
| History of heart failure — no./total no. (%) | 231/871 (26.5) | 117/432 (27.1) | 114/439 (26.0) |
| **Laboratory value** | | | |
| Hemoglobin | | | |
| Patients with data | 782 | 393 | 389 |
| Mean — g/dl | 13.9±1.8 | 13.8±1.9 | 14.1±1.8 |
| Creatinine clearance | | | |
| Patients with data | 742 | 380 | 362 |
| Mean — ml/min | 71.4±26.7 | 70.6±26.8 | 72.3±26.6 |

Table 2. Primary and Secondary Outcomes.*

| Outcome | Total Population (N=872) | Oral Anticoagulant + Aspirin (N=433) | Oral Anticoagulant + Placebo (N=439) | Adjusted Hazard Ratio (95% CI)†‡ | P Value§ |
|---|---|---|---|---|---|
| | | *number (percent)* | | | |
| **Primary efficacy outcome** | | | | | |
| Composite of cardiovascular death, MI, stroke, coronary revascularization, systemic embolism, or acute limb ischemia | 126 (14.4) | 73 (16.9) | 53 (12.1) | 1.53 (1.07–2.18)¶ | 0.02 |
| **Secondary efficacy outcome** | | | | | |
| Net adverse clinical event‖ | 200 (22.9) | 124 (28.6) | 76 (17.3) | 1.85 (1.39 to 2.46) | <0.001 |
| Death from any cause | 95 (10.9) | 58 (13.4) | 37 (8.4) | 1.72 (1.14 to 2.58) | 0.01 |
| Composite of cardiovascular death, MI, or stroke | 80 (9.2) | 46 (10.6) | 34 (7.7) | 1.45 (0.93 to 2.26)¶ | 0.10 |
| Cardiovascular death | 52 (6.0) | 33 (7.6) | 19 (4.3) | 1.90 (1.07 to 3.35)¶ | — |
| Atherothrombotic cardiovascular event** | 86 (9.9) | 46 (10.6) | 40 (9.1) | 1.27 (0.83 to 1.95)†† | — |
| Coronary revascularization | 51 (5.8) | 29 (6.7) | 22 (5.0) | 1.49 (0.86 to 2.60)†† | — |
| MI | 22 (2.5) | 13 (3.0) | 9 (2.1) | 1.56 (0.67 to 3.62)†† | — |
| Stroke | 17 (1.9) | 6 (1.4) | 11 (2.5) | 0.57 (0.21 to 1.54)†† | — |
| Stent thrombosis | 2 (0.2) | 1 (0.2) | 1 (0.2) | 0.74 (0.08 to 7.22)†† | — |
| Systemic embolism | 0 | 0 | 0 | — | — |
| Acute limb ischemia | 7 (0.8) | 6 (1.4) | 1 (0.2) | 4.15 (0.69 to 25.01)†† | — |
| **Key secondary safety outcome** | | | | | |
| Major bleeding according to ISTH criteria | 59 (6.8) | 44 (10.2) | 15 (3.4) | 3.35 (1.87 to 6.00)‡‡ | <0.001 |
| **Other secondary safety outcome** | | | | | |
| Any bleeding according to ISTH criteria | 111 (12.7) | 70 (16.2) | 41 (9.3) | 1.97 (1.34 to 2.89)‡‡ | <0.001 |
| Major or clinically relevant nonmajor bleeding according to ISTH criteria | 101 (11.6) | 65 (15.0) | 36 (8.2) | 2.06 (1.36 to 3.11)‡‡ | <0.001 |
| Major bleeding according to TIMI criteria | 30 (3.4) | 23 (5.3) | 7 (1.6) | 3.68 (1.55 to 8.75)‡‡ | 0.003 |
| Major bleeding: BARC type 3 or higher§§ | 52 (6.0) | 40 (9.2) | 12 (2.7) | 3.78 (1.98 to 7.21)‡‡ | <0.001 |





**Étude qui change la pratique :**

- ✓ Oui
- ☐ Non
- ☐ À voir

**Faisabilité:**

- ☐ Oui
- ☐ Non
- ✓ Difficile

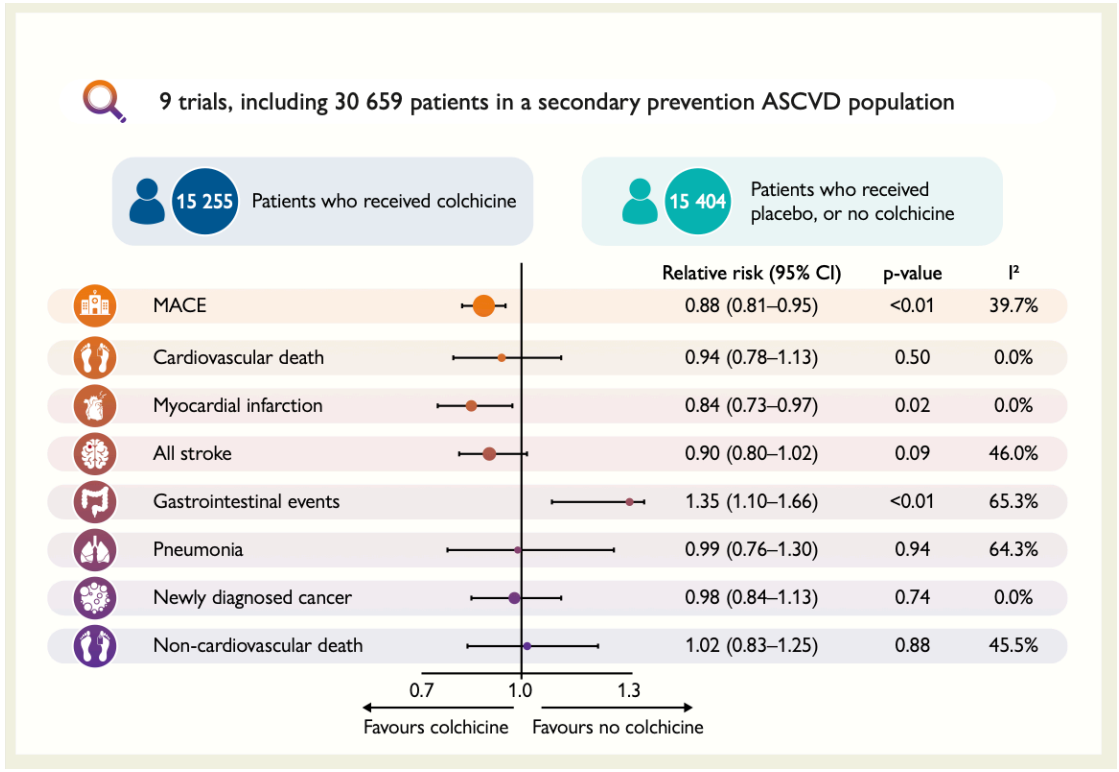
# Colchicine for secondary prevention of vascular events: a meta-analysis of trials

Marc-André d'Entremont [1,2,3,†], Michiel H.F. Poorthuis[4], Aernoud T.L. Fiolet[5,6], Pierre Amarenco[1,7], Kevin Emery Boczar[8], Ian Buysschaert[9], Noel C. Chan [10], Jan H. Cornel[6,11,12], Jalina Jannink[13], Shirley Jansen[14], Sasko Kedev[15], Anthony C. Keech[16,17], Jamie Layland[18], Nathan Mewton[19], Gilles Montalescot[20], Domingo A. Pascual-Figal[21,22], Alfredo E. Rodriguez[23], Binita Shah[24,25], Martin Teraa [26], Aimee van Zelm[26], Yongjun Wang[27], Arend Mosterd [6,13], Peter Kelly[28,29], John Eikelboom[1,30], and Sanjit S. Jolly[1,2,*]; on behalf of the Colchicine Cardiovascular Trialists Collaboration

**Conception :** Revue systématique et méta-analyse portant sur 9 essais randomisés

**Population :** 30 659 patients atteints d'une coronaropathie établie ou ayant des antécédents d'AVC

**Issue principale :** Critère composite : décès cardiovasculaire, infarctus du myocarde ou AVC



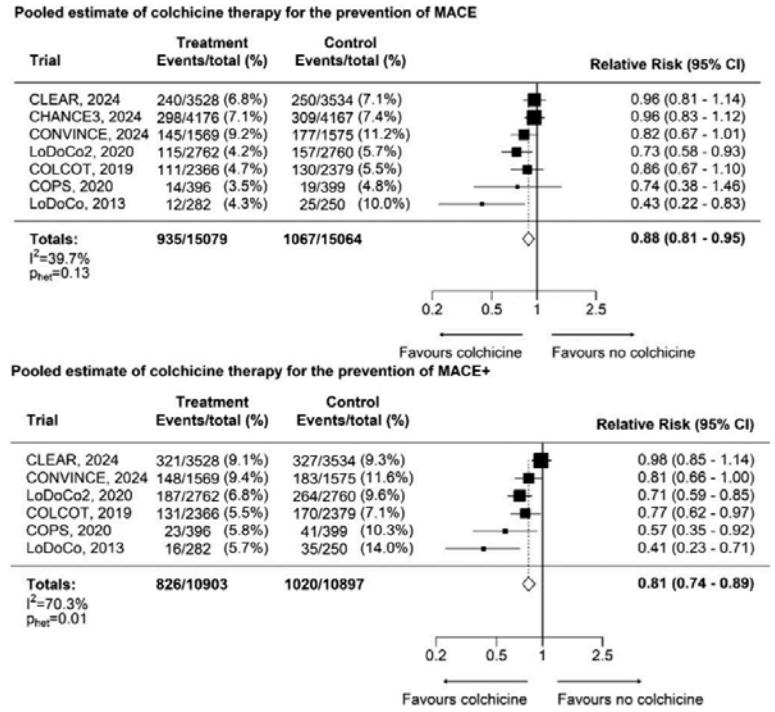




**Figure 2** Primary outcome of major adverse cardiovascular events (composite of cardiovascular death, myocardial infarction, or stroke) and MACE+ (composite of cardiovascular death, myocardial infarction, stroke, or coronary revascularization). MACE, major adverse cardiovascular events



**Étude qui change la pratique :**

- ☐ Oui
- ✓ Non
- ☐ Too early

**Faisabilité:**

- ✓ Oui
- ☐ Non
- ☐ Difficile

# Études Principales

- API-CAT
- HI-PRO
- Aquatic
- REBOOT-CNIC
- OCEAN

# Questions