AKC 13. Milli Konqresi, 13-14 Dekabr 2024, Bakı

Dərman müalicələri çağ atlayıb,

hər kəsin damarına müdaxilə şərt deyil.

Fuad Səmədov

ORBITA 2

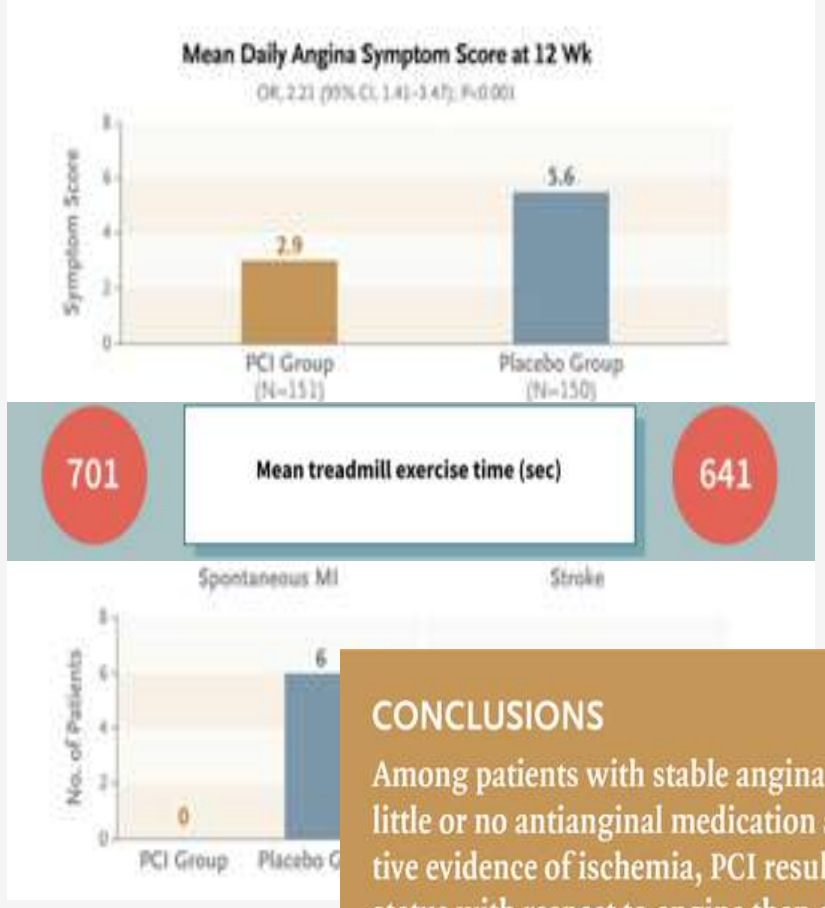
A Placebo-Controlled Trial of Percutaneous Coronary Intervention for Stable Angina

Rajkumar CA et al. DOI: 10.1056/NEJMoa2310610

301 patients

Inclusion criteria: Patients suitable for PCI, with angina or equivalent symptoms, anatomical evidence of significant coronary stenosis in ≥1 vessel, either: a. Invasive angiogram indicating ≥ 70% stenosis b. CT coronary angiography indicating ≥ 90% stenosis, and evidence of ischemia.

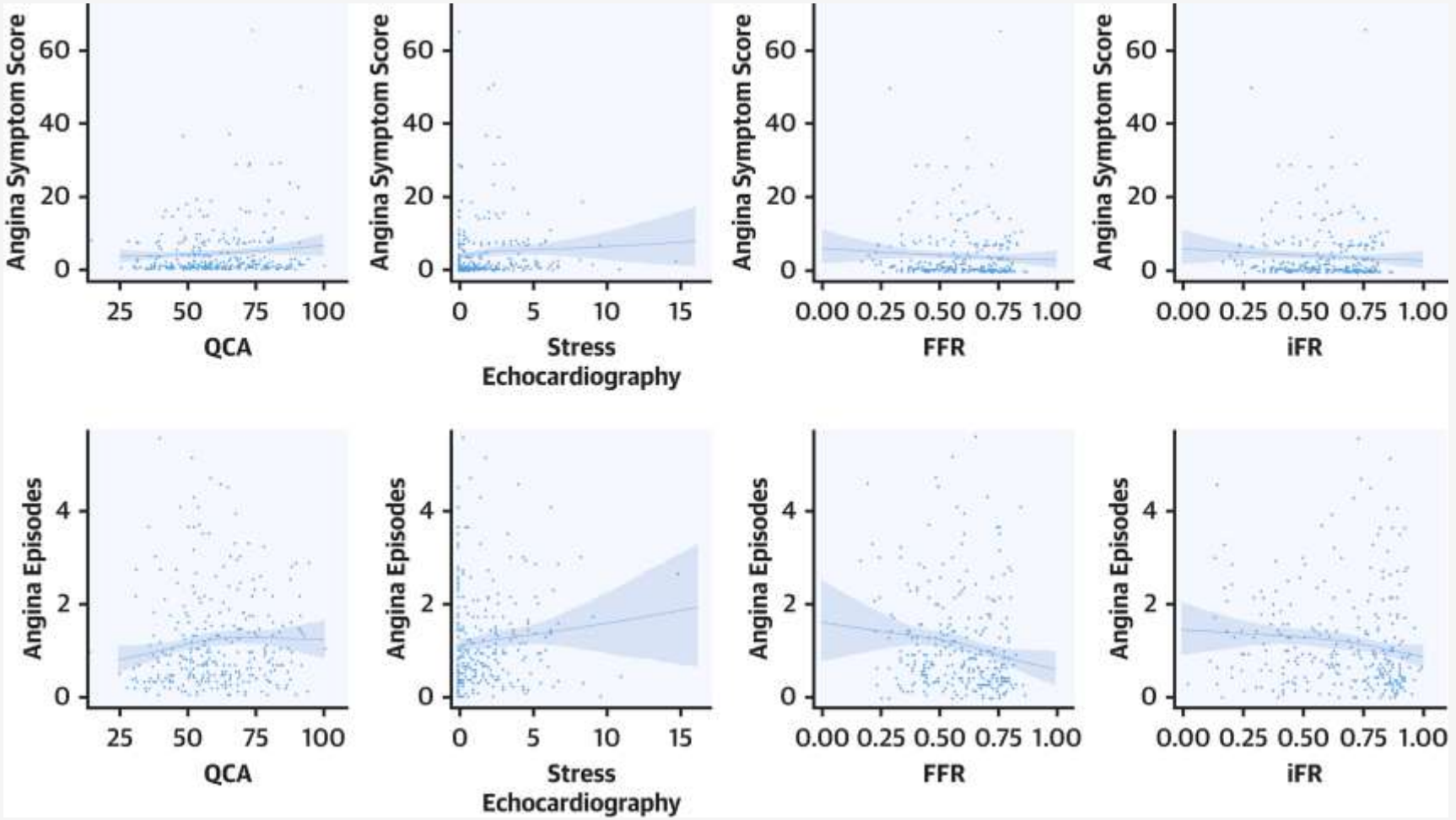
PCI group (n=151) **VS.** **placebo procedure (n=150)**



CONCLUSIONS

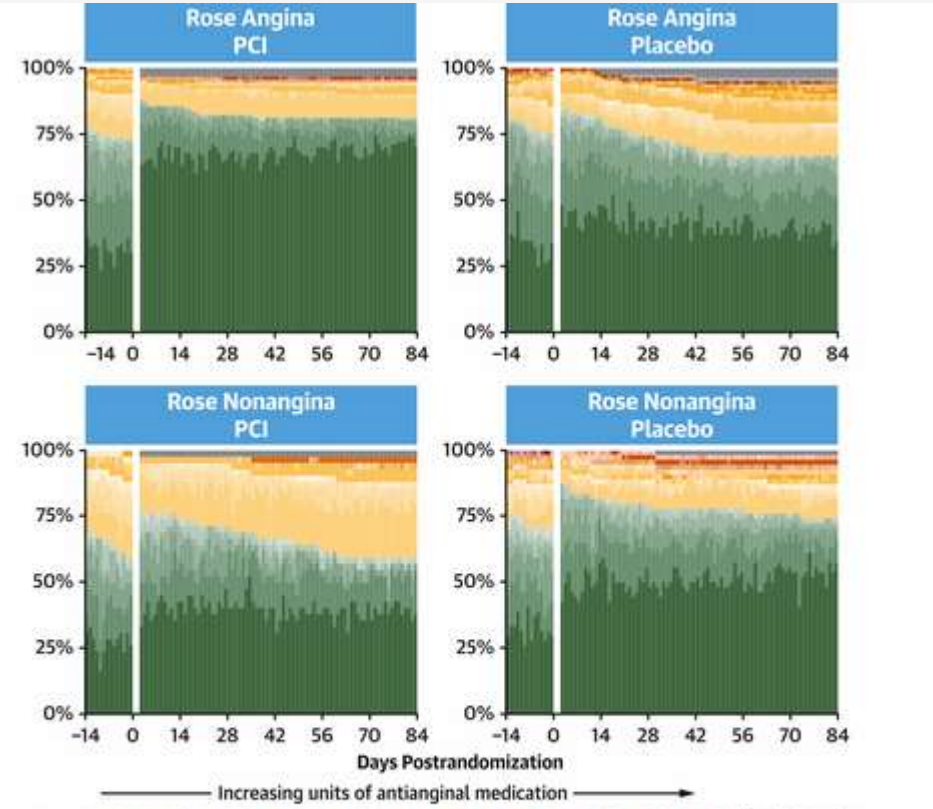
Among patients with stable angina who were receiving little or no antianginal medication and who had objective evidence of ischemia, PCI resulted in a better health status with respect to angina than a placebo procedure at 12 weeks.

ORBITA 2 substudy – simptom/lezyon asılılığı

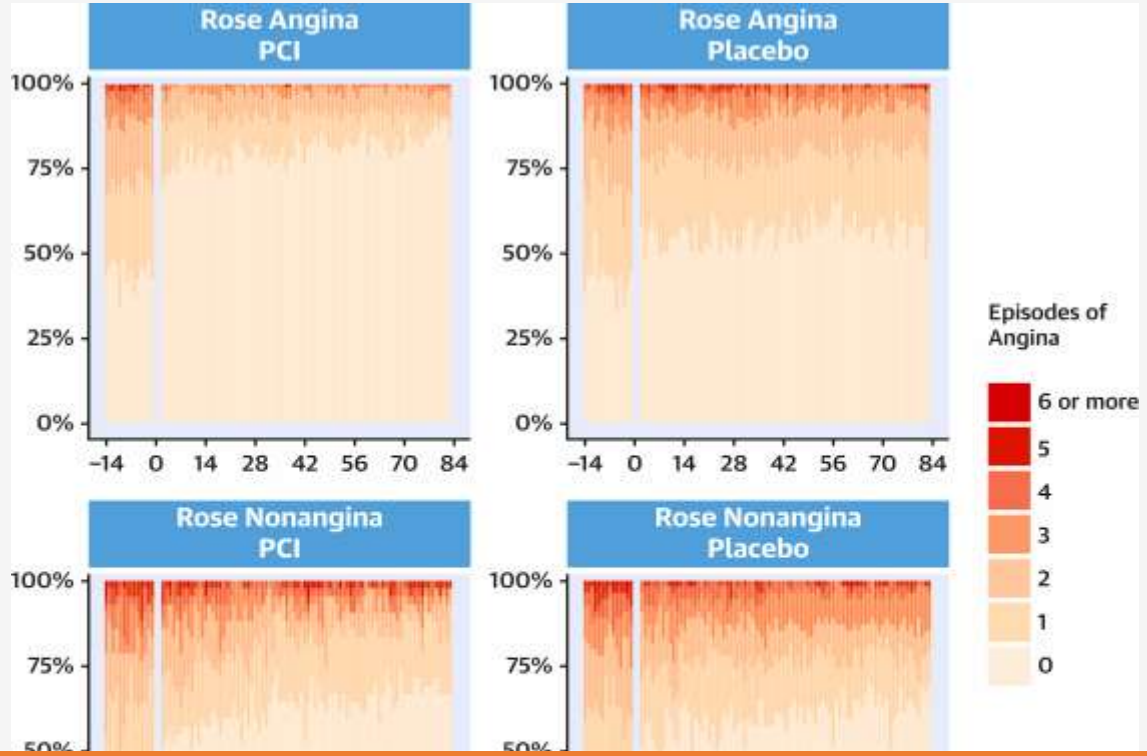


Simader, F, et al.*JACC.* 2024 Jul, 84 (1) 13–24.

ORBITA 2 substudy – Rose Angina score



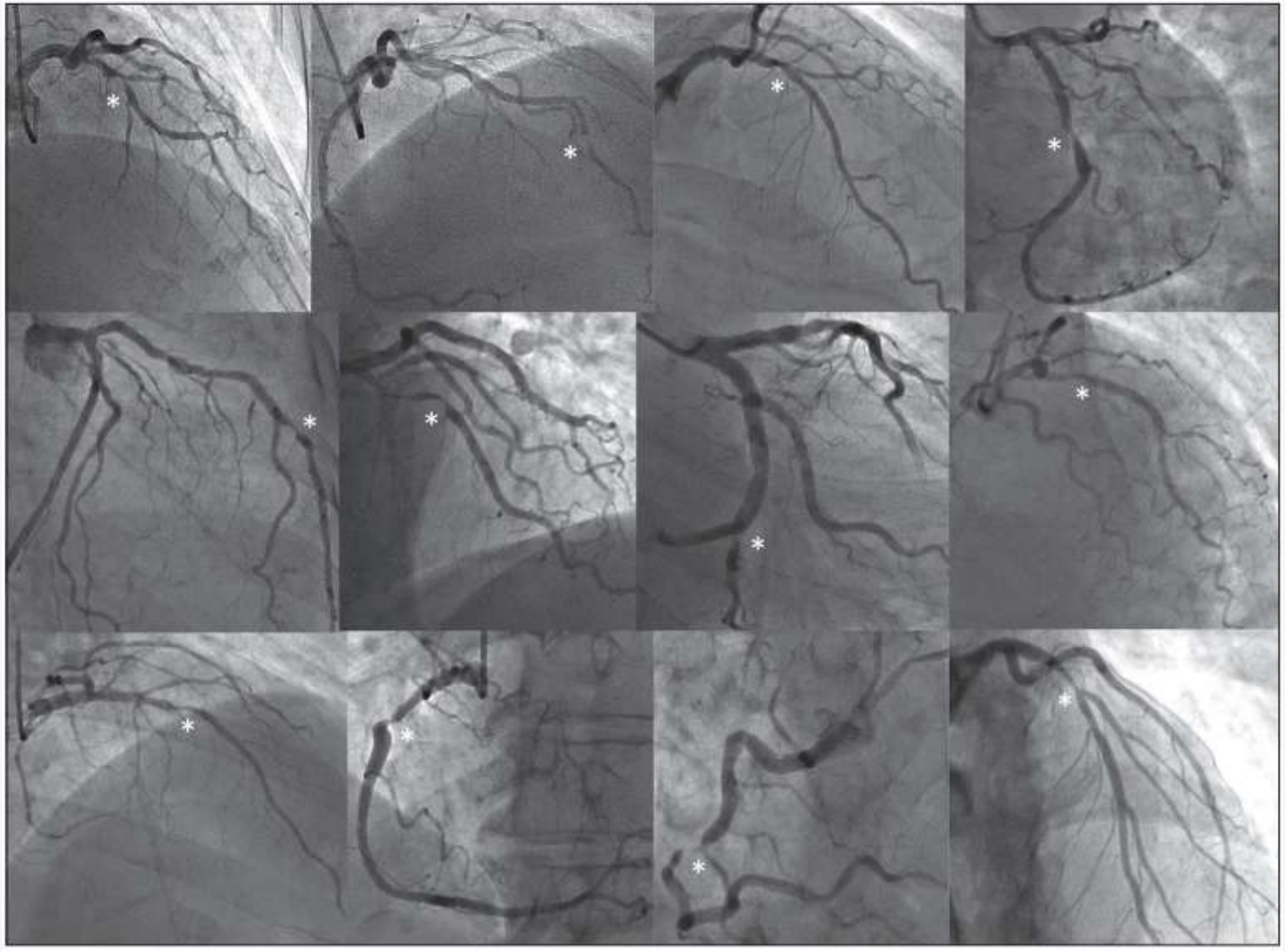
Patients with more severe angina were more likely to achieve (odds ratio [OR] = 4.3) a better placebo-controlled "health state."



Patients who met criteria for Rose angina (vs those who did not) were more likely (OR 1.9) to have a placebo-controlled benefit from PCI on the angina symptom score and the number of angina episodes.

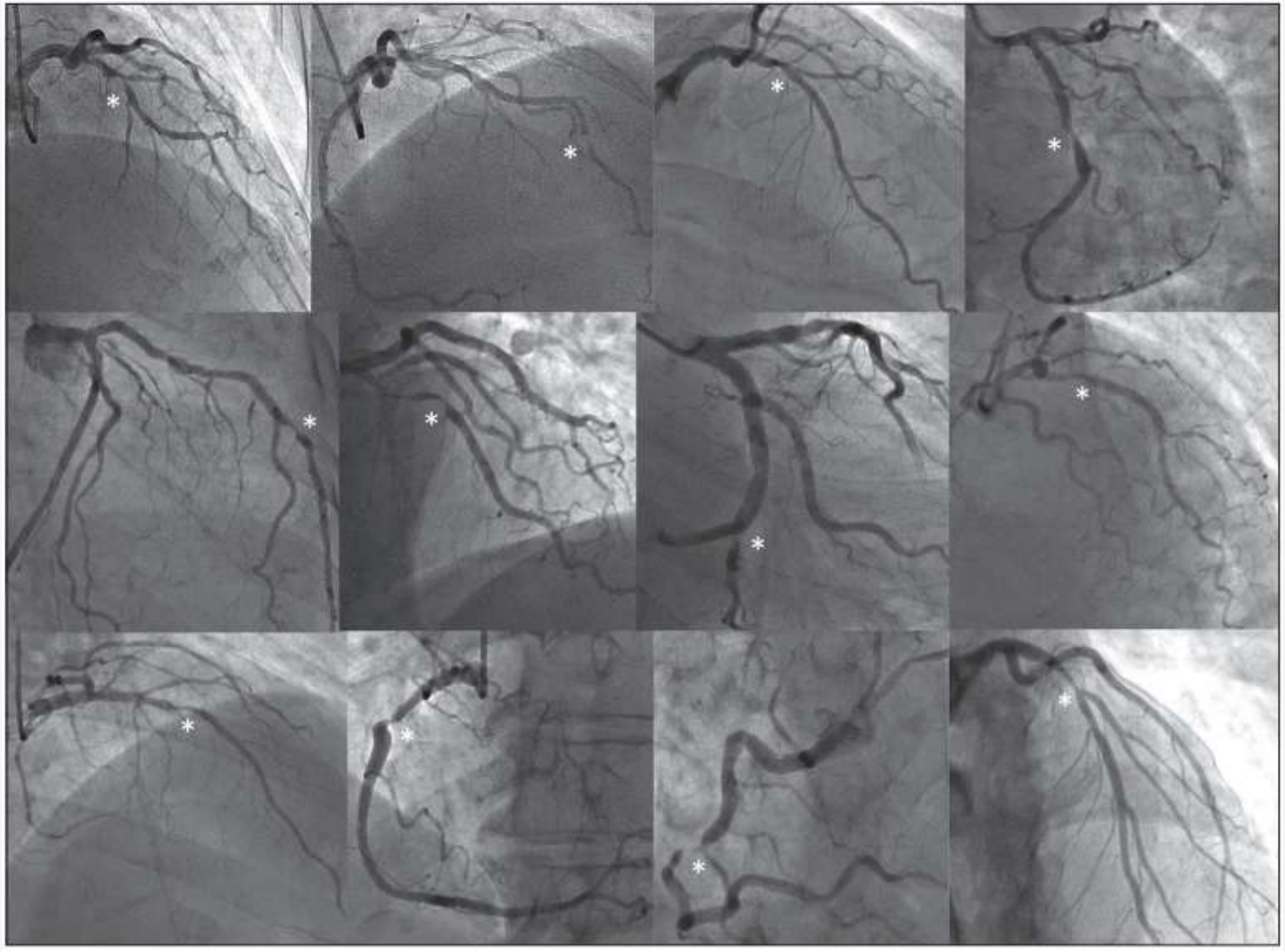
Simader, F, et al.*JACC.* 2024 Jul, 84 (1) 13–24.

???



Al-Lamee, et al (2018). The Lancet, 391(10115), 31–40.

??? - ORBITA tədqiqatı – ilk 12 pasientin angioqramı



Al-Lamee, et al (2018). The Lancet, 391(10115), 31–40.

- ✓ ORBITA-2 : PCI qrupunda işemiya ortadan qalxsa da 60% pasientin simptomları davam etmişdir.
- ✓ Angioqrafiya göstərişləri? KAX skrininqi?
- ✓ Gündəlik həyatda bu ehtimal necədir?
- ✓ Tənliyi həll etməyə biz həkimlər istəmədən mane oluruq?

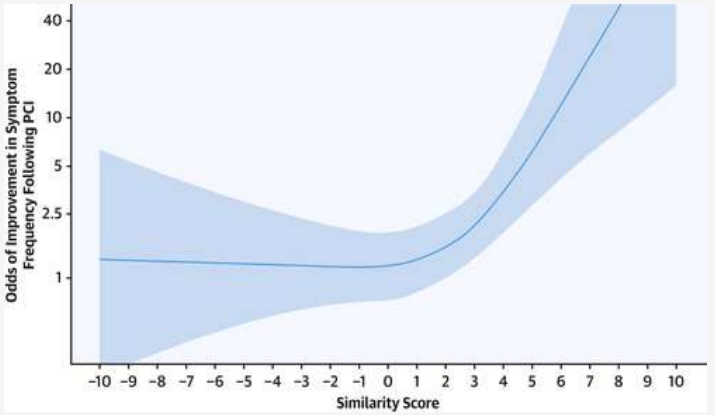
ORBITA -STAR

- Tək damar KAX – 51 xəstə.
- Kat lab – stenoz bölgəsində 4 dəfə 60sn-lik balon
- 4 plasebo və ya sham balon şişmə
- Balon okkluziyadan sonra simptomlar bənzərliyi ?
- Gündəlik həyatdakı simptom – balon okkluziyada simptom bənzərliyi
- Bu bənzərliyin PCI sonrası simptomlarda azalmanı prediktə edə bilməsi

Simptom skoru -10 ilə +10 arasında dəyişib.
10 - - - plasebo balon istifadəsində balon okkluziya ilə eyni simptomlar
+ 10 - - - balon okkluziyası ilə gündəlik simptomlar eynidir.

Median bənzərlik skoru

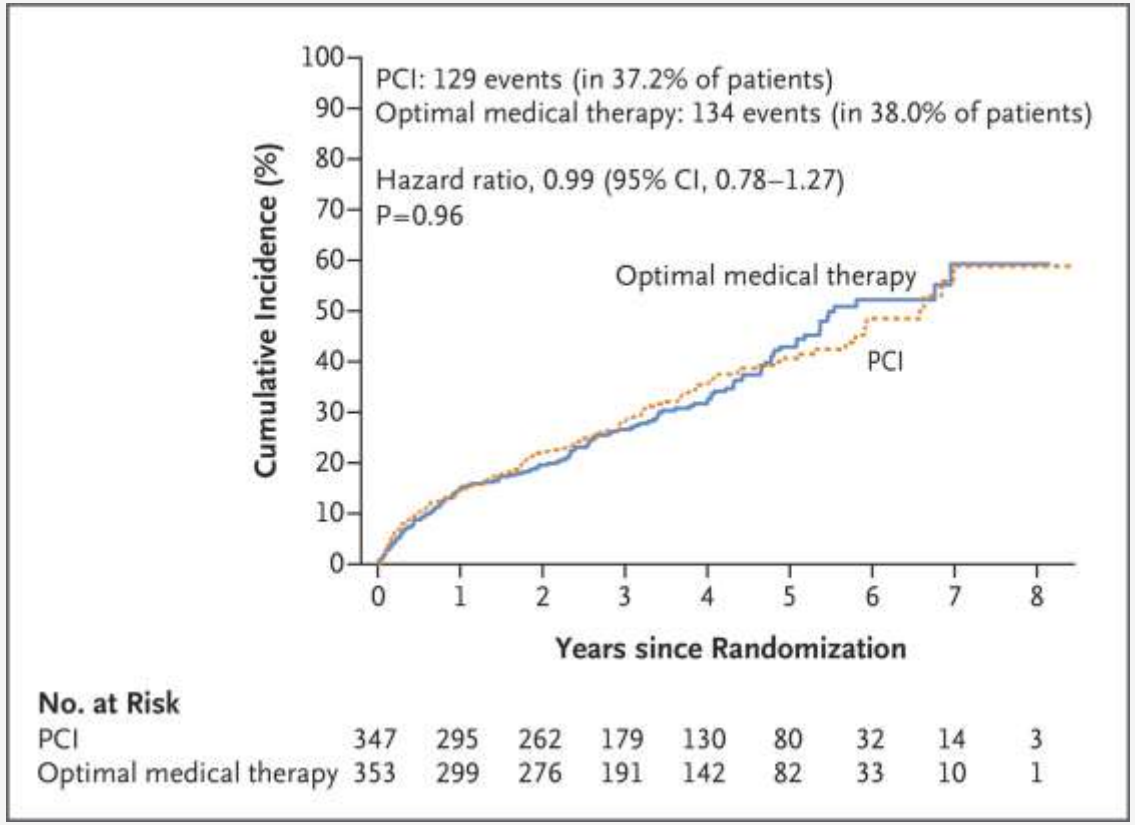
3



Rajkumar, C. Et al. JACC. 2024 Jul, 84 (1) 1–12

REVIVED-BCIS

- ✓ LV disfunksiya + PCI uyğun KAX + canlı miokard
- ✓ PCI vs medikal müalicə
- ✓ 3.4 il təqib
- ✓ Ölüm və ya ÜÇ hospitalizasiyasında fərq olmamışdır.
- ✓ LVEF-də yaxşılaşma olmamışdır.
- ✓ İşemik LV disfunksiyasında PCI müalicəsinin medikamentoz müalicədən üstün olduğu altqrup olmamışdır.
- ✓ Tam revaskularizasiya qrupunda belə dərmanla fərq olmamışdır. (HR 0.90, CI 0.62-1.32).



Perera D, et al. N Engl J Med 2022;387:1351-1360

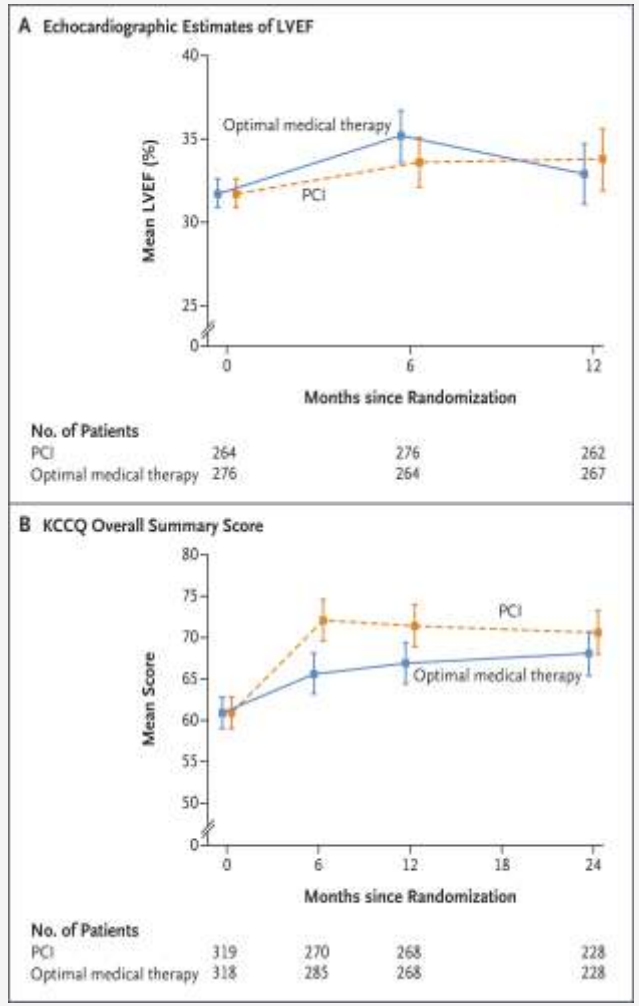
REVIVED-BCIS

✓PCI – stent və ya prosedurun texnikası illər ərzində çox təkmilləşib. Problem hardadır?
Problem – sistemik xəstəliyi fokal metodlarla həllindən çox şeylər gözləməyimizdir.

✓ **İşemik KMP qrupu pasientlər 3 qrup müalicədən faydalanır:**

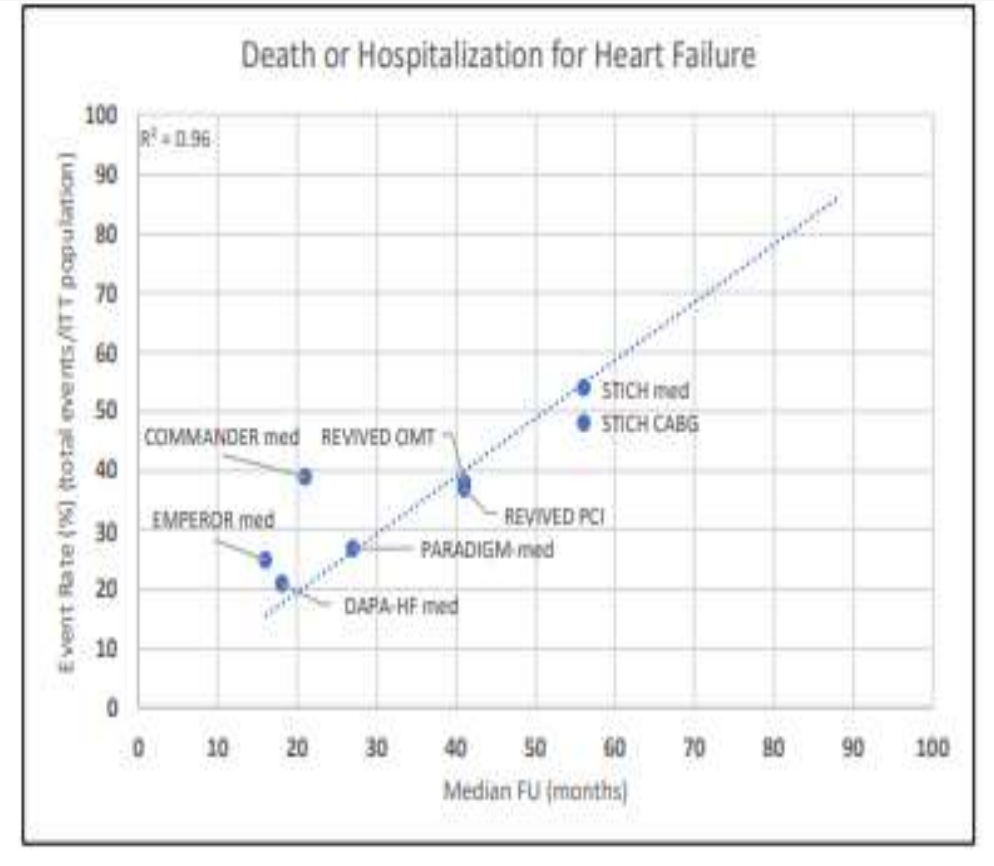
- ✓ **Yüksək effektivlikli statinlər + antiplatelet müalicə**
- ✓ **Ürək çatışmazlığının 4-lü müalicəsi**
- ✓ **ICD (CRT)**

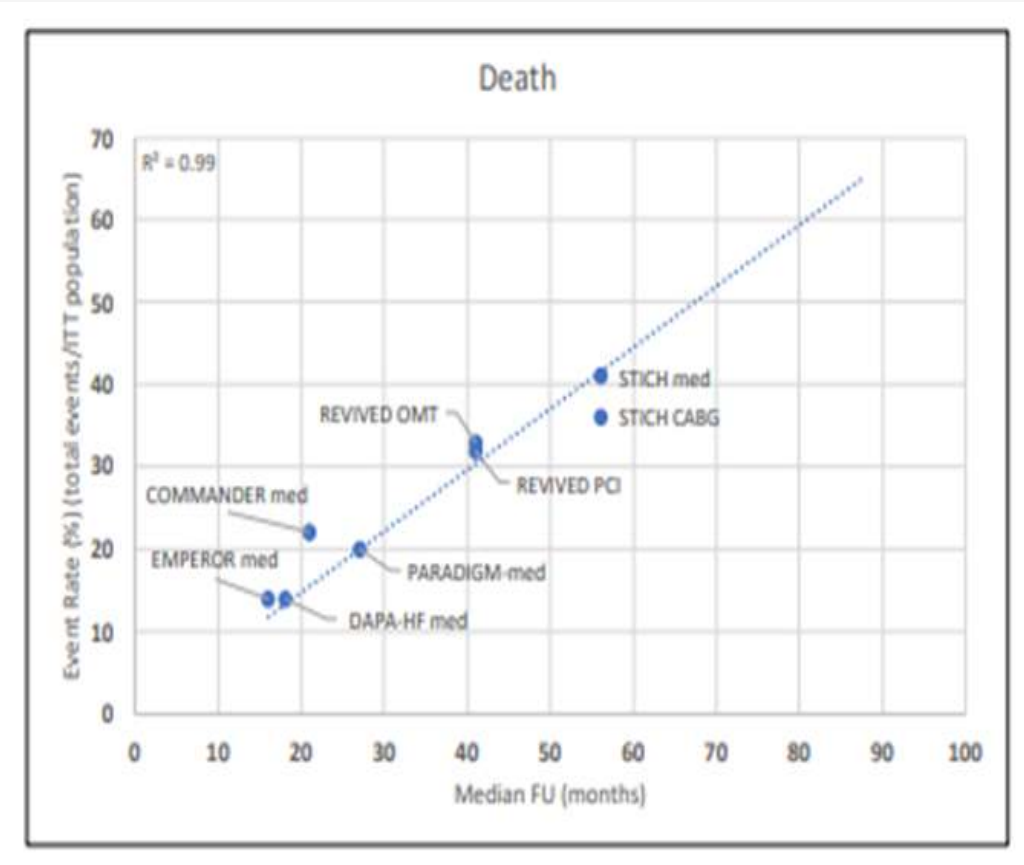
NYHA functional class — no./total no. (%)§		
I or II	265/345 (77)	248/350 (71)
III or IV	80/345 (23)	102/350 (29)
CCS angina class — no./total no. (%)¶		
No angina	228/346 (66)	236/351 (67)
I or II	111/346 (32)	107/351 (30)
III	7/346 (2)	8/351 (2)
Left ventricular ejection fraction — %‖	27.0±6.6	27.0±6.9



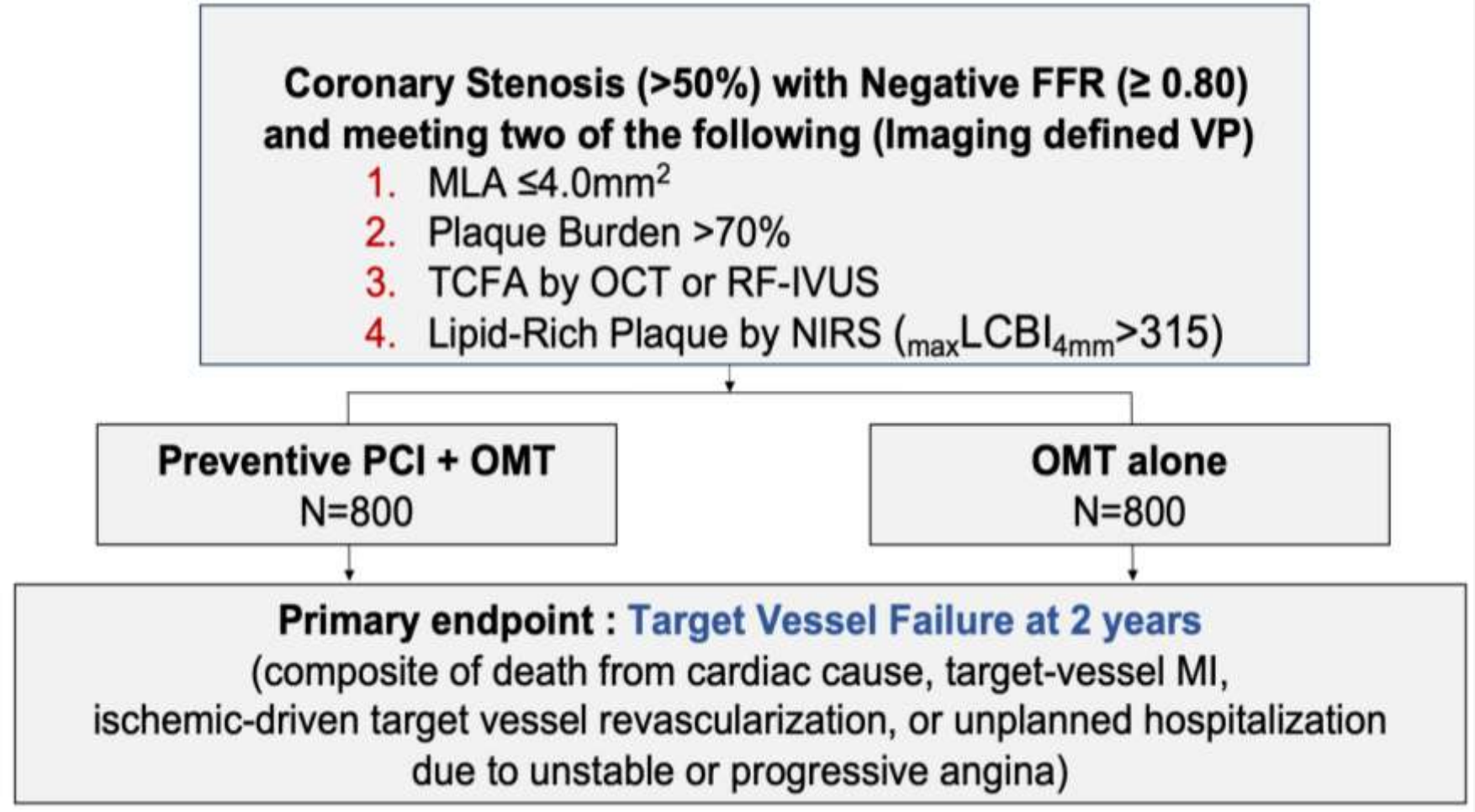
Perera D, et al. N Engl J Med 2022;387:1351-1360

REVIVED-BCIS vs digər tədqiqatlar





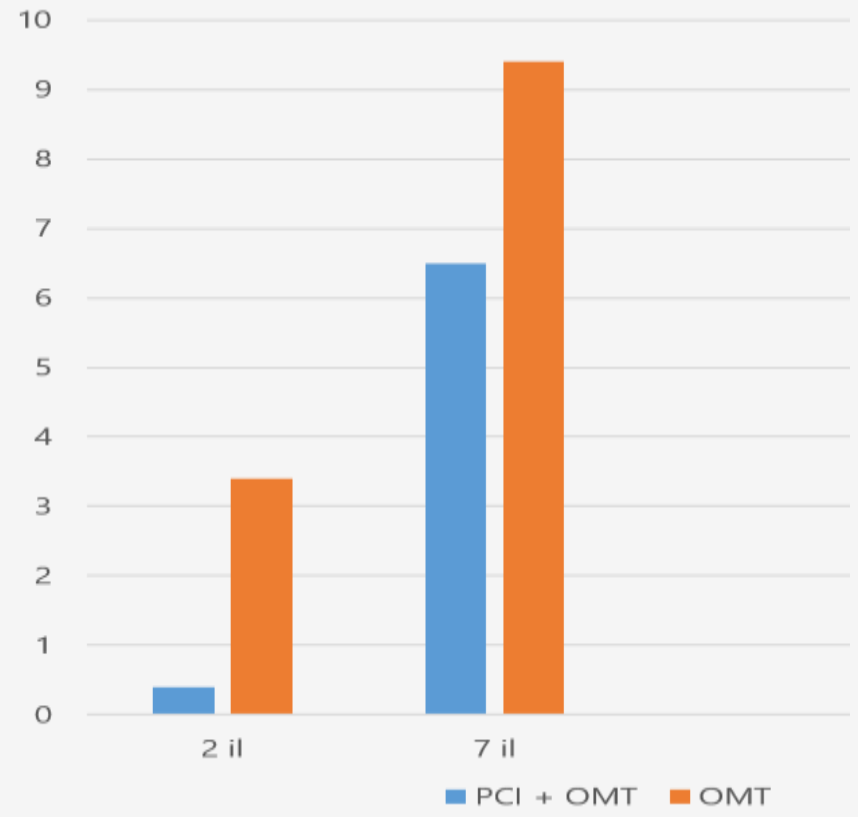
PREVENT tədqiqatı



Park, S.-J, et al. Lancet 2024, 403, 1753–1765.

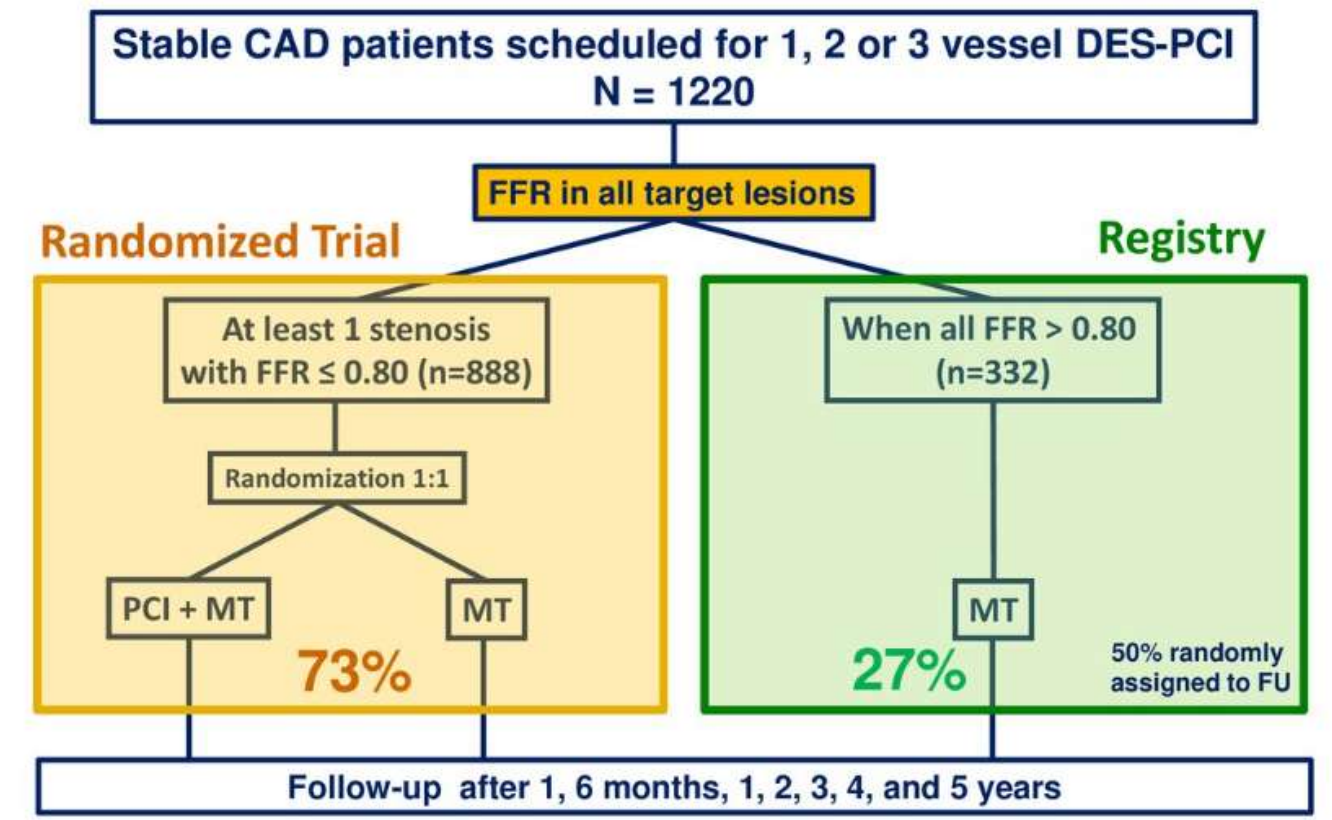
PREVENT tədqiqatı

Birincili sonlanma nöqtəsi
2 ildə hədəf damarla əlaqədar ağırlaşmaların cəmi
- ✓ **kardiak səbəbli ölüm**
- ✓ **hədəf damarla əlaqədar MI (TV-MI)**
- ✓ **İşemiya səbəbli hədəf damar müdaxiləsi (ID-TLR)**
- ✓ **USAP/proqressiv angina səbəbli hospitalizasiya**

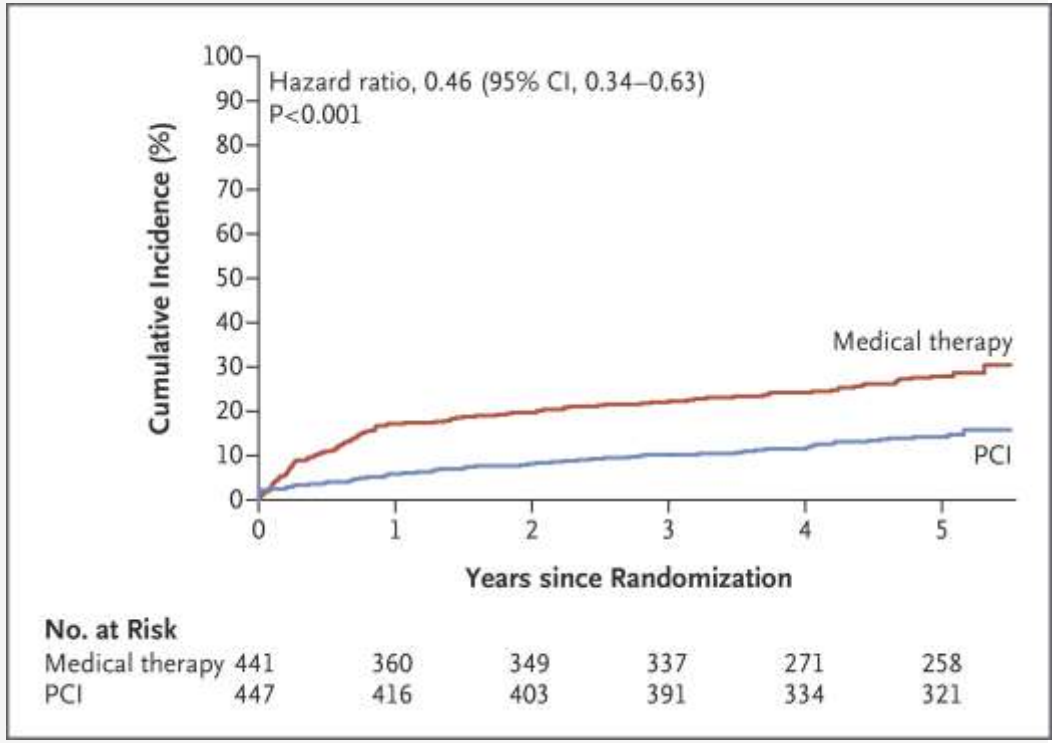


Park, S.-J, et al. Lancet 2024, 403, 1753–1765.

FAME 2

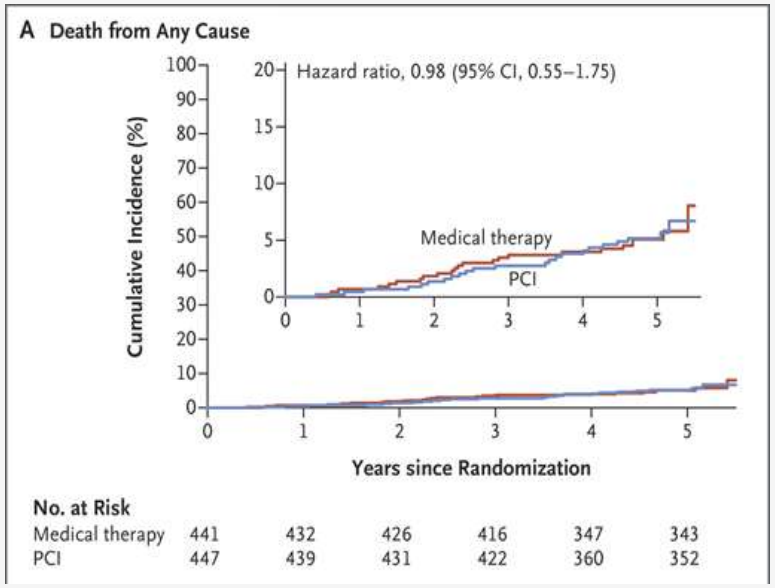


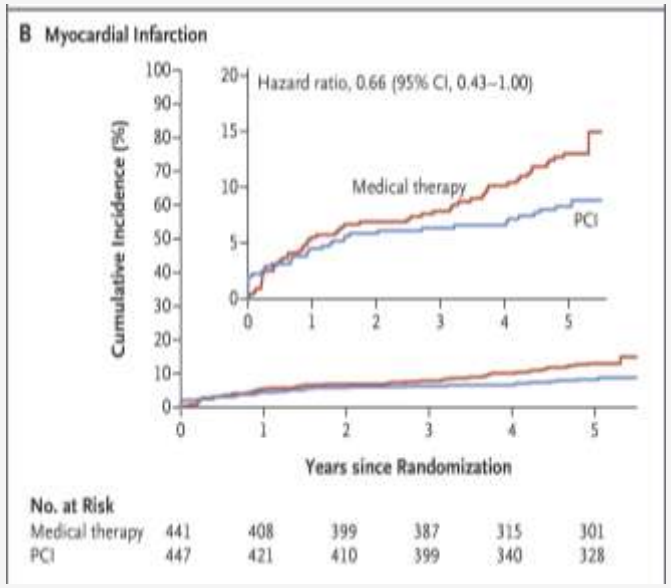
•MACE
(death, MI, unplanned hospitalization leading to revascularization) at 24 months)

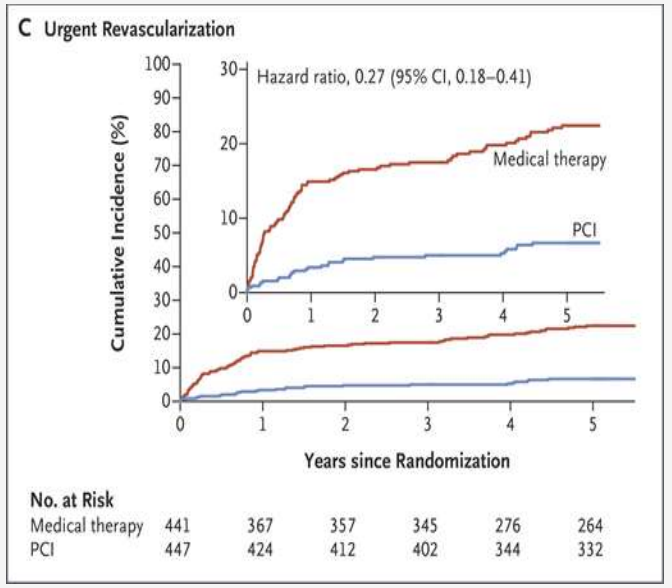


Xaplanteris et al. NEJM,
Volume 379 • Number 3 • July 19, 2018

FAME 2



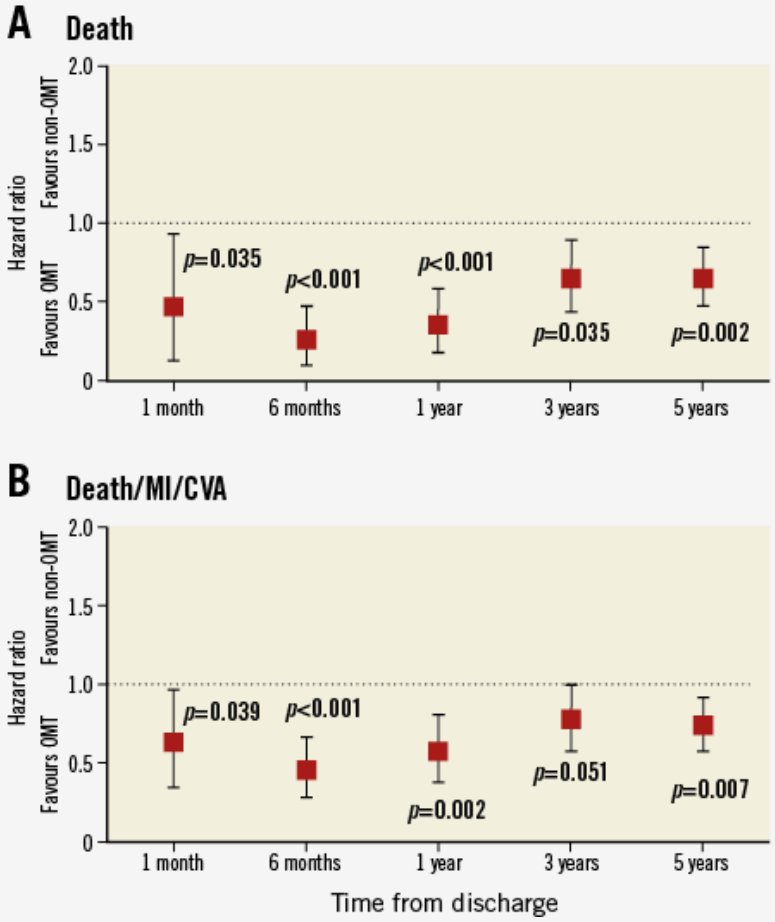




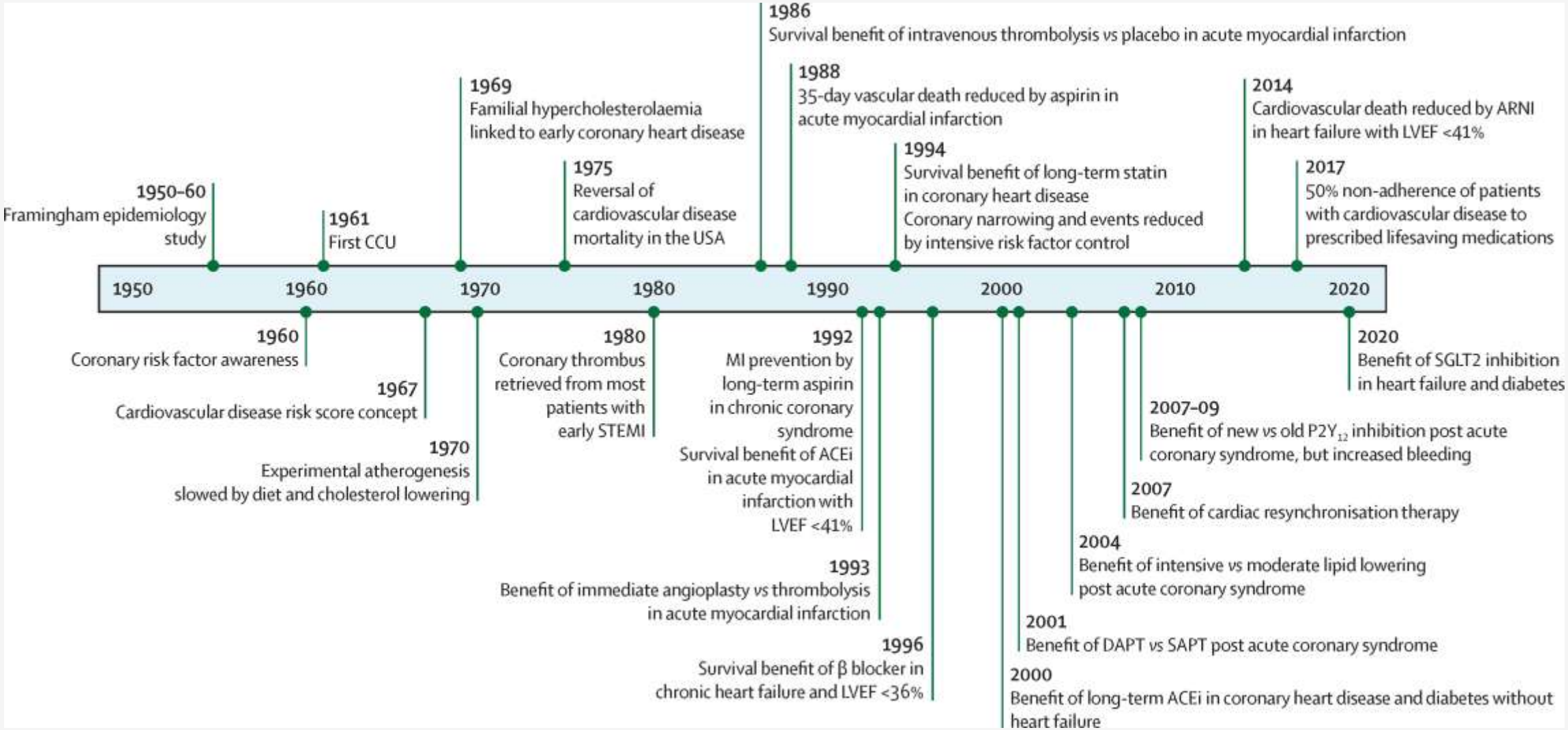
Xaplanteris et al. NEJM,
Volume 379 • Number 3 • July 19, 2018

Revaskularizasiya sonrası OMT ?

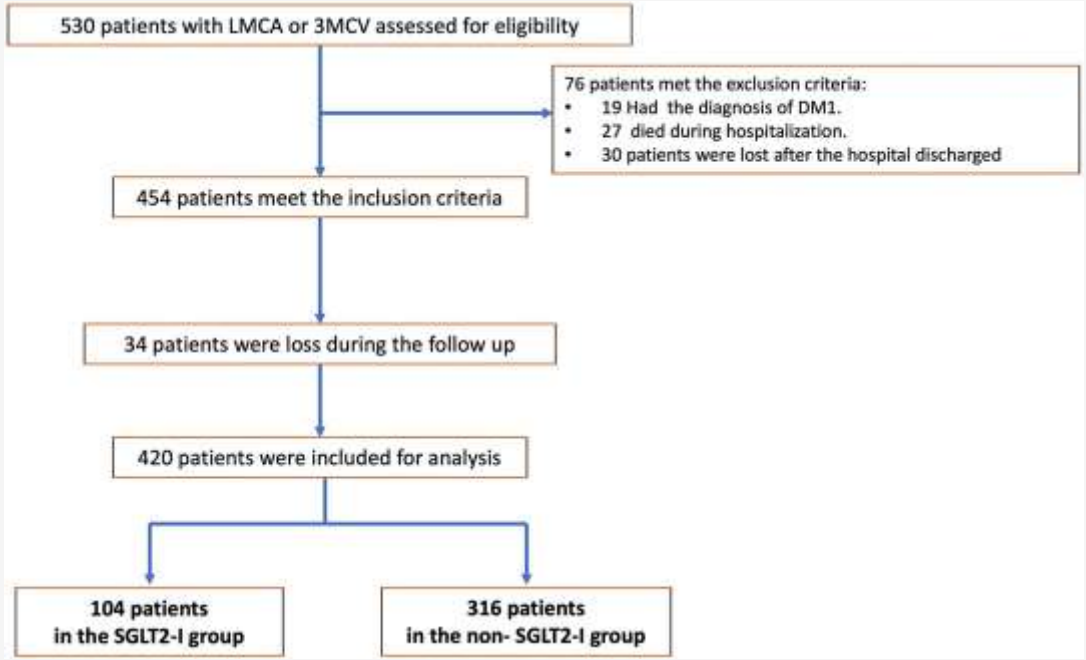
- ✓ **SYNTAX tədqiqatının *post hoc* analizi**
  - ✓ **Evə yazılarkən 41% xəstə OMT alıb**
  - ✓ **OMT – antiplatelet + bb + statin + ace inh**
  - ✓ **5 il sonra PCI qolunda bu göstərici 40%, CABG 36%**

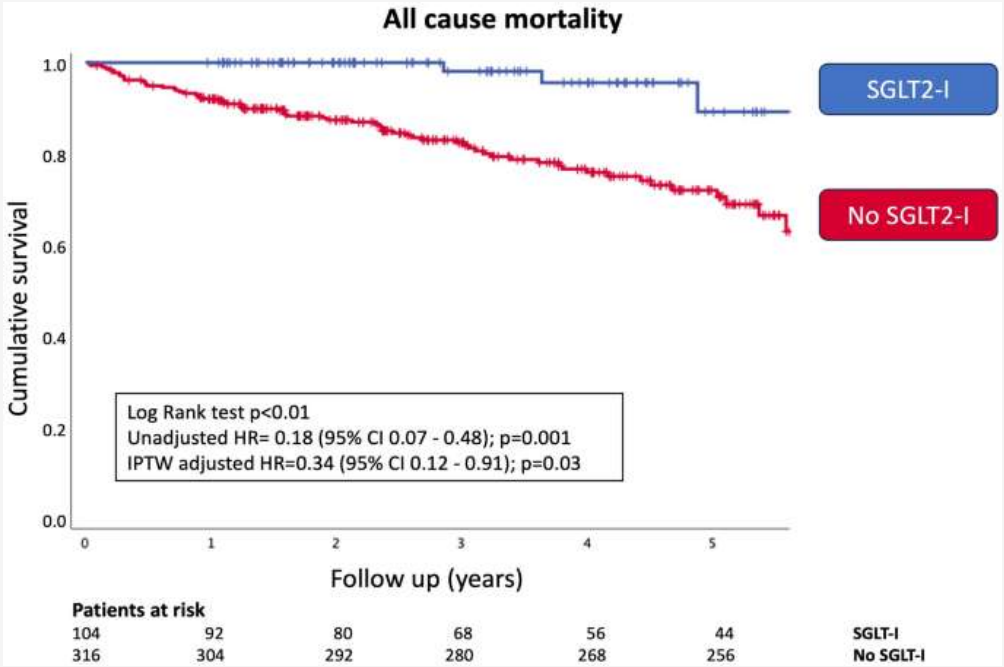


Iqbal J, et al.Circulation. 2015;131:1269-77


1950–60
Framingham epidemiology study
1960
Coronary risk factor awareness
1961
First CCU
1967
Cardiovascular disease risk score concept
1969
Familial hypercholesterolaemia linked to early coronary heart disease
1970
Experimental atherogenesis slowed by diet and cholesterol lowering
1975
Reversal of cardiovascular disease mortality in the USA
1980
Coronary thrombus retrieved from most patients with early STEMI
1986
Survival benefit of intravenous thrombolysis vs placebo in acute myocardial infarction
1988
35-day vascular death reduced by aspirin in acute myocardial infarction
1992
MI prevention by long-term aspirin in chronic coronary syndrome
Survival benefit of ACEi in acute myocardial infarction with LVEF <41%
1993
Benefit of immediate angioplasty vs thrombolysis in acute myocardial infarction
1994
Survival benefit of long-term statin in coronary heart disease
Coronary narrowing and events reduced by intensive risk factor control
1996
Survival benefit of β blocker in chronic heart failure and LVEF <36%
2000
Benefit of long-term ACEi in coronary heart disease and diabetes without heart failure
2001
Benefit of DAPT vs SAPT post acute coronary syndrome
2004
Benefit of intensive vs moderate lipid lowering post acute coronary syndrome
2007
Benefit of cardiac resynchronisation therapy
2007–09
Benefit of new vs old P2Y12 inhibition post acute coronary syndrome, but increased bleeding
2014
Cardiovascular death reduced by ARNI in heart failure with LVEF <41%
2017
50% non-adherence of patients with cardiovascular disease to prescribed lifesaving medications
2020
Benefit of SGLT2 inhibition in heart failure and diabetes
1950
1960
1970
1980
1990
2000
2010
2020

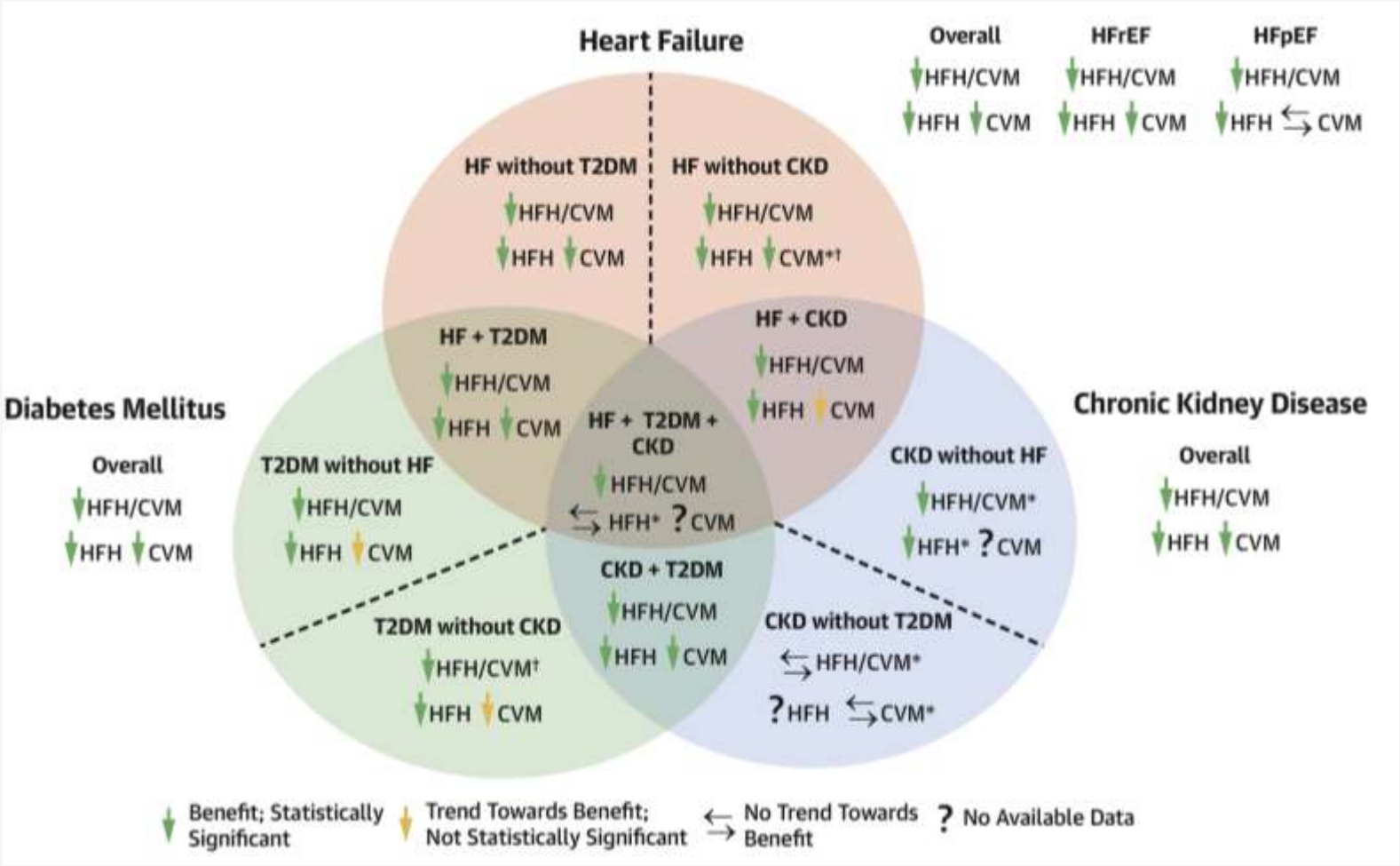
Treatment with SGLT2 Inhibitors in Patients with Diabetes Mellitus and Extensive Coronary Artery Disease: Mortality and Cardiovascular Outcomes





	All patients n = 420	SGLT2-I n = 104	Non-SGLT2-I n = 316	p
Clinical presentation				
ACS	44.3%	47.1%	43.4%	0.503
CCS	55.7%	52.9%	56.6%	
Revascularization strategy				
PCI + OMT	48.3%	37.3%	50.6%	0.193
CABG + OMT	39.8%	47.1%	37.3%	
OMT only	11.9%	11.5%	12%	
Complete revascularization (yes)	28.8%	31.7%	27.8%	0.448

Chipayo-Gonzales, D et al. Diabetes Ther 14, 1853–1865 (2023).



Usman, M, et al. JACC. 2023 Jun, 81 (25) 2377–2387.

SELECT tədqiqatı

Semaglutide effects on cardiovascular outcomes in people with overweight or obesity
SELECT Cardiovascular Outcomes Trial

Semaglutide 2.4 mg

SELECT is a Phase 3b, multinational, randomized, double-blind, placebo controlled, event-driven superiority trial that evaluated the effect of semaglutide 2.4 mg vs placebo, both in addition to SoC for CVD, in patients with established CVD and overweight or obesity on CV outcomes.[1]

Key Eligibility Criteria[2]

- Adults (age ≥45 years) with a BMI ≥27 kg/m²
- A1C <6.5%, and no history of type 1 or 2 diabetes
- Established CVD, defined as prior MI, prior stroke (ischemic or hemorrhagic) or symptomatic PAD (as evidenced by ≥1 of the following; intermittent claudication with ABI <0.85 at rest, history of peripheral arterial revascularization or amputation due to atherosclerotic disease
- Key exclusion criteria: history of either type 1 or type 2 diabetes, A1C ≥6.5% at screening or treatment with glucose-lowering agents or GLP-1 RAs within previous 90 days, NYHA Class IV HF, a CV or neurological event within previous 60 days, or ESRD or hemodialysis (chronic or intermittent) or peritoneal dialysis.

Study Design[2]

Patients were randomized (1:1) to semaglutide 2.4 mg or placebo, both in addition to SoC for CVD.