Effects of Additional Sarpogrelate HCL (ANPLAG) on Platelet Inhibition in Patients Underwent Percutaneous Coronary Intervention

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INTRODUCTION

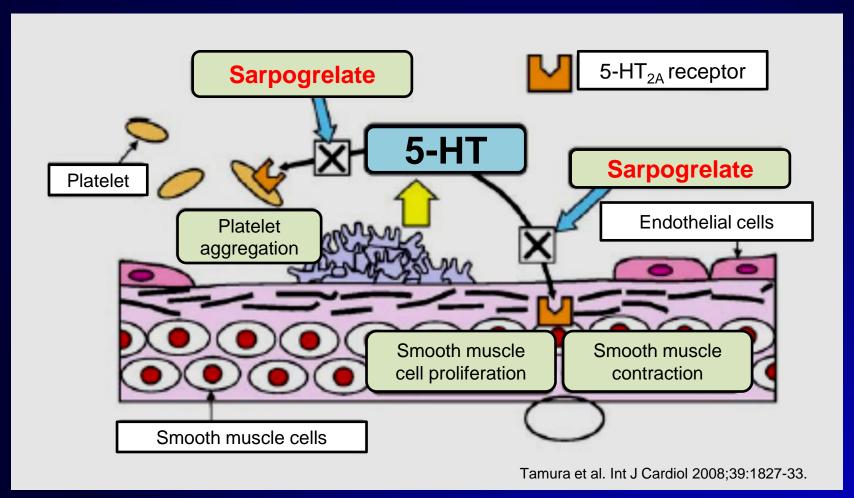


Fig. 1. A diagram of pharmacological actions of sarpogrelate (Anplag™) as a selective 5-hydroxytryptamine (HT) subtype 2A receptor antagonist.

INTRODUCTION

Previous studies and results

- Coronary stenting induces a greater release of 5-HT into the coronary circulation. It may contribute to subacute stent thrombosis and restenosis.
- High plasma 5-HT are associated with occurrence of cardiac events.
- Sarpogrelate in addition to aspirin and ticlopidine significantly decreased the restenosis rate.



OBJECTIVES

- To assess effects of sarpogrelate in addition to aspirin and clopidogrel on post-treatment platelet reactivity in patients underwent DES implantation.
- To find clinical evidences for large scale trial of sarpogrelate.

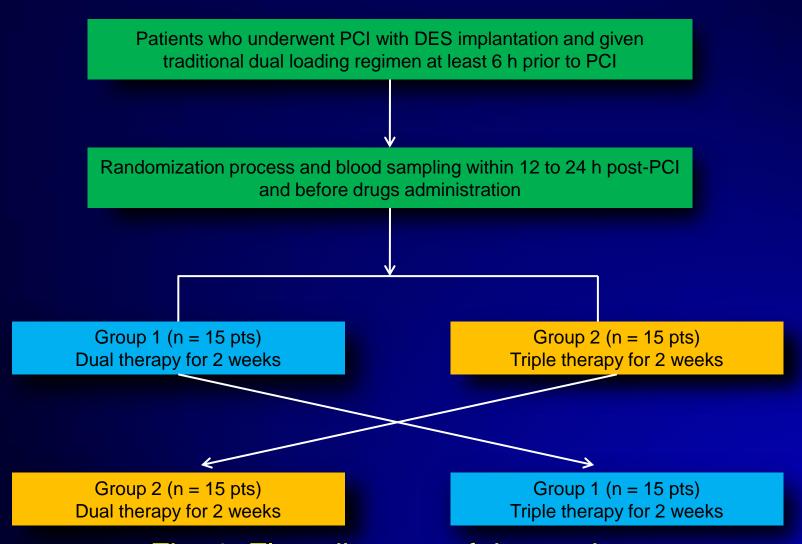


Fig. 1. Flow diagram of the study





Inclusion Criteria

- Age of ≥18 years;
- ② Acute coronary syndrome or stable angina with ≥ 3 risk factors;
- ③ Underwent PCI with DES implantation after receiving dual loading therapy at least 6 h prior to PCI (300 mg aspirin and 300~600 mg clopidogrel).

Exclusion Criteria

- Age of ≥80 years;
- ② Who implanted with bare metal stents (BMS);
- 3 Use of GP 2b/3a inhibitors during PCI procedure;
- 4 History of ISR or CABG or stroke within 6 months prior to screening;
- Active internal bleeding;
- 6 Need for oral anticoagulation;
- Intolerance to antiplatelet agents (aspirin, etc.)
- Severe renal failure (serum creatinine >2.5 mg/dl);
- ① Thrombocytopenia (PLT count <80,000/L) or anemia (Hb <8.0 g/dL);</p>
- 11) Left ejection fraction less than 40%;
- Who has received any investigational drug within 2 months prior to screening.



Medication

- Dual maintenance dose therapy
 Aspirin 100 mg/d plus clopidogrel 75 mg/d
- Triple maintenance dose therapy
 Aspirin 100 mg/d plus clopidogrel 75 mg/d plus sarpogrelate 100 mg TID

- Light transmittance aggregometry (LTA)
 - 0.5 mM arachidonic acid
 - 10 µM adenosine diphosphate
 - 2 µg/mL collagen



- Multiple electrode aggregometry (MEA)
 - ADPtest
 - ASPItest
 - COLtest



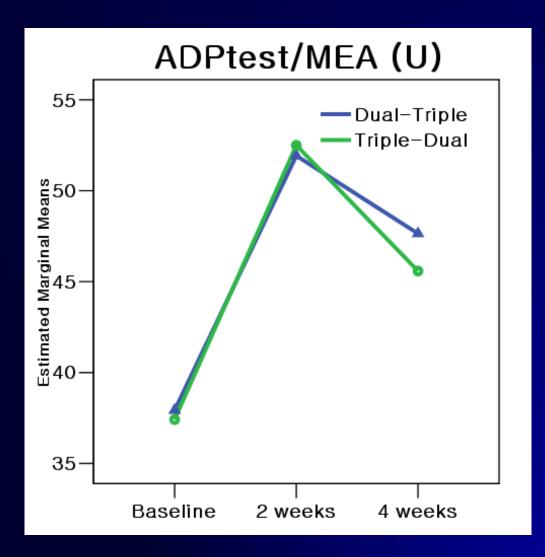
Statistical Analysis

- Two-way Repeated-Measures ANOVA => To assess effects of treatment, period and treatments*period and calculate carryover effects.
- A p-value of <0.05 was considered as statistical significance.
- SPSS version 14.0 (SPSS Inc. Chicago, USA)



Variables	Group 1 (n=14) (From dual to triple)	Group 2 (n =12) (From Triple to dual)	p-value
Age (years)	67.2 ± 8.0	62.1 ± 10.4	0.168
Gender (Male/Female)	8/6	8/4	0.701
Diagnosis, n (%) Stable angina (SA) Unstable angina (UA) NSTEMI STEMI	1/14 (7.1%) 10/14 (71.4%) 3/14 (21.4%) 0	1/12 (8.3%) 9/12 (75.0%) 2/12 (16.7%) 0	0.952
Risk factor, n (%) Diabetes Mellitus Hypertension Active Smoker Hyperlipidemia	4/14 (28.6%) 9/14 (64.3%) 0/14 1/14 (7.1%)	4/12 (33.3%) 5/12 (41.7%) 1/12 (8.3%) 1/12 (8.3%)	0.793 0.249 0.462 0.910
Pre-PCI, n (%)	2/14 (14.3%)	5/12 (41.7%)	0.190
Pre-MI, n (%)	3/14 (21.4%)	3/12 (25.0%)	0.829
Pre-stroke, n (%)	0	0	NS
Hemoglobin (g/dL)	13.0 ± 2.0	12.7 ± 1.6	0.742
WBC count (10 ³ /µL)	7.20 ± 1.91	7.00 ± 2.13	0.806
Platelet count (10 ³ /µL)	207.7 ± 47.6	227.7 ± 45.9	0.289

Variables	Group 1 (n=14) (From dual to triple)	Group 2 (n =12) (From Triple to dual)	p-value
Angiographic diagnosis			0.763
1-VD, n (%)	5/14 (35.7%)	6/12 (50.0%)	
2-VD, n (%)	6/14 (42.9%)	4/12 (33.3%)	
3-VD, n (%)	3/14 (21.4%)	2/12 (16.7%)	
Target lesion LAD, n (%) LCx, n (%) RCA, n (%)			0.420
	6/14 (42.9%)	5/12 (41.7%)	
	5/14 (35.7%)	2/12 (16.7%)	
	3/14 (21.4%)	5/12 (41.7%)	



1. Two-way ANOVA

- Multivariate Tests:
 Period: p = 0.007;
 Treatment*period: p = 0.926.
- Mauchly's Test of Sphericity: P = 0.333.

Period: p = 0.002; Treatment*period: p = 0.944.

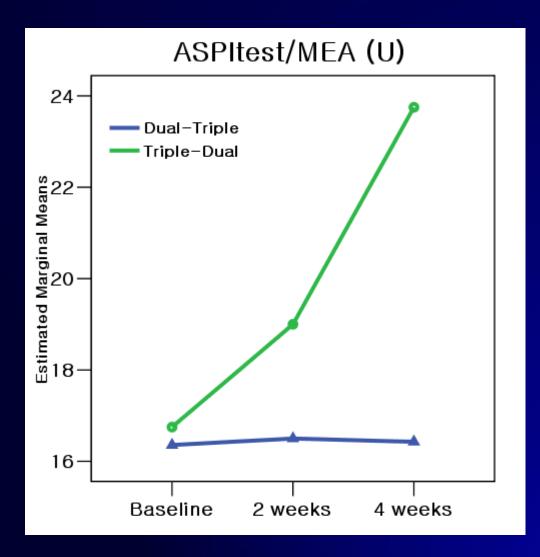
- Tests of between subjects effects: p = 0.902.
- 2. One-way ANOVA

Dual-Triple group: p = 0.034; Triple-Dual group: p = 0.057.

3. Paired Samples test

Baseline & 2 weeks: p = 0.050, in the triple-dual group.





1. Two-way ANOVA

- Multivariate Tests:
 Period: p = 0.445;
 Treatment*period: p = 0.441.
- Mauchly's Test of Sphericity: P = 0.074.

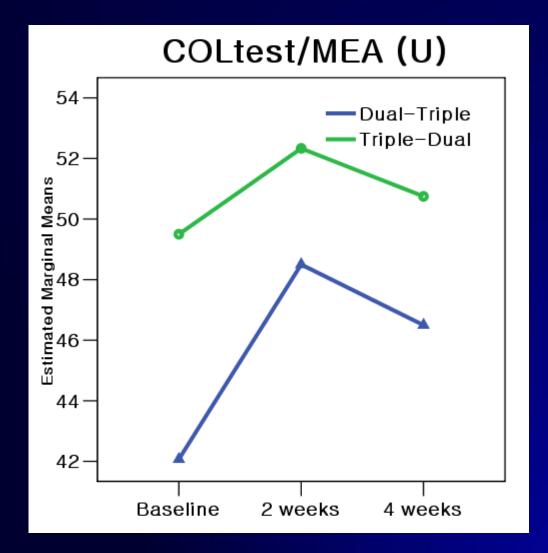
Period: p = 0.404; Treatment*period: p = 0.413.

- Tests of between subjects effects: p = 0.362.
- 2. One-way ANOVA

Dual-Triple group: p = 0.999; Triple-Dual group: p = 0.327.

3. Paired Samples test





1. Two-way ANOVA

- Multivariate Tests:
 Period: p = 0.341;
 Treatment*period: p = 0.872.
- Mauchly's Test of Sphericity: P = 0.016.

Period: p = 0.377; (Greenhouse-Geisser) Treatment*period: p = 0.790.

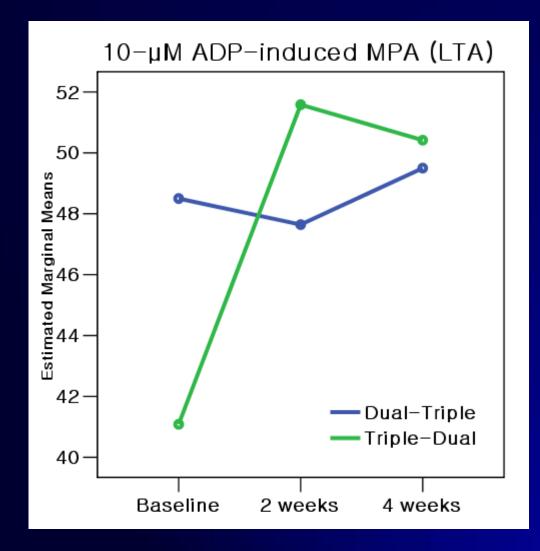
Tests of between subjects effects: p = 0.301.

2. One-way ANOVA

Dual-Triple group: p = 0.464; Triple-Dual group: p = 0.365.

3. Paired Samples test





1. Two-way ANOVA

- Multivariate Tests:Period: p = 0.106;Treatment*period: p = 0.062.
- Mauchly's Test of Sphericity: P = 0.163.

Period: p = 0.123; Treatment*period: p = 0.114.

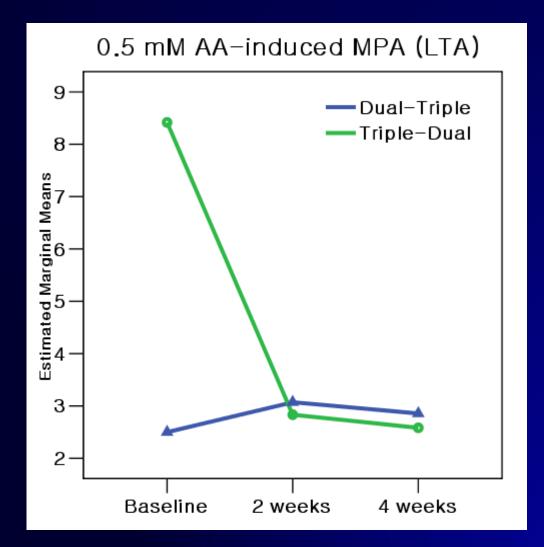
- Tests of between subjects effects: p = 0.851.
- 2. One-way ANOVA

Dual-Triple group: p = 0.866; Triple-Dual group: p = 0.051.

3. Paired Samples test

Baseline & 2 weeks: p = 0.050, in the triple-dual group.





1. Two-way ANOVA

- Multivariate Tests: Period: p = 0.556; Treatment*period: p = 0.561.
- Mauchly's Test of Sphericity: P = 0.000.

Period: p = 0.358; (Greenhouse-Geisser) Treatment*period: p = 0.281.

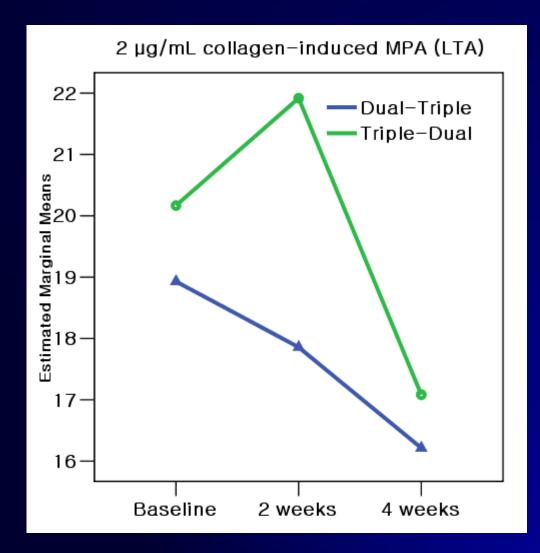
Tests of between subjects effects: p = 0.341.

2. One-way ANOVA

Dual-Triple group: p = 0.866; Triple-Dual group: p = 0.051.

3. Paired Samples test





1. Two-way ANOVA

- Multivariate Tests:
 Period: p = 0.518;
 Treatment*period: p = 0.880.
- Mauchly's Test of Sphericity: P = 0.464.

Period: p = 0.594; Treatment*period: p = 0.881.

- Tests of between subjects effects: p = 0.612.
- 2. One-way ANOVA

Dual-Triple group: p = 0.853; Triple-Dual group: p = 0.618.

3. Paired Samples test



LIMITATION

- Total number of eligible patients: small (26 patients).
- Insensitive of LTA and MEA to detect small platelet aggregates by 5-HT.
- Negative Lab results did not absolutely concern with clinical effects of sarpogrelate.



CONCLUSION

The adjunctive sarpogrelate to aspirin and clopidogrel did not benefit in reduction of post-treatment platelet reactivity in patients with DES implantation based on this study.