# Clopidogrel And Aspirin Versus Aspirin Alone After Coronary Bypass Surgery

# The Clopidogrel After Surgery For Coronary Artery Disease (CASCADE) Randomized Controlled Trial

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#### **Presenter Disclosure Information**

#### **Financial Disclosures**

- Michel Le May Sanofi Aventis Canada and Bristol Myers Squibb Canada, Research Grant
- Marc Ruel Bristol Myers Squibb Sanofi Canada Partnership, Research Grant
- Alexander Kulik None
- Pierre Voisine None
- Jean-Claude Tardif None
- Robert De Larocheliere None
- Sarika Naidoo None
- George A. Wells None
- Thierry G. Mesana None

#### Unlabeled/Unapproved Uses Disclosure

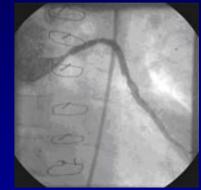
 Use of clopidogrel after coronary artery bypass graft surgery is investigational



### Background

- CABG is an effective treatment of ischemic heart disease
- Long-term results compromised by vein graft disease
- Within 1 year
  - Up to 15% of vein grafts occluded
- By 10 years after surgery
  - Only 60% of grafts are patent
- Patients at high risk of subsequent events

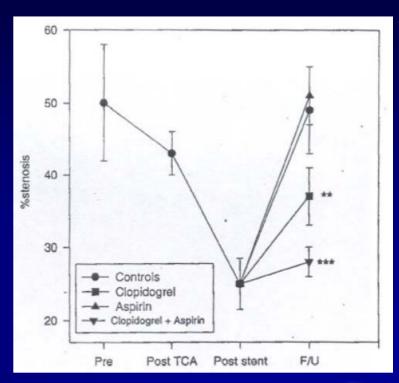
Fitzgibbon GM et al. JACC 1996;28:616-26 Motwani JG et al. Circulation 1998;97:916-31



### Background

- Saphenous vein graft disease is composed of 3 overlapping stages
  - Early thrombosis
  - Intimal hyperplasia
  - Atherosclerosis
- Intimal hyperplasia represents the foundation for graft atheroma
- Intimal hyperplasia is inhibited by clopidogrel, but not aspirin
  - Cell culture experiments
  - Animal models of thrombosis

Hermann A et al. Thromb Res 2002;105:173-5 Herbert JM et al. Arterioscler Thromb 1993;13:1171-9 Harker LA et al. Circulation 1998;98:2461-9





#### **CASCADE** Trial

**Clopidogrel After Surgery For Coronary Artery Disease** 

Hypothesis: Clopidogrel plus aspirin will inhibit SVG intimal hyperplasia

Multicenter, double-blind, placebo-controlled trial

Patients undergoing CABG with at least 2 SVG's





Aspirin 162 mg daily Clopidogrel 75 mg daily

Aspirin 162 mg daily Placebo

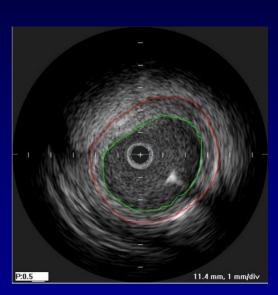
Starting on day of surgery when chest tube drainage ≤ 50 cc/hr for 2 hours

1 year duration

Coronary angiogram and intravascular ultrasound at 1 year

### **Primary Outcome**

- Vein graft intimal hyperplasia by intravascular ultrasound
- Intimal area measured circumferentially in the proximal 40 mm of a randomly selected vein graft
- 40 MHz imaging catheter
- Digitized study images were reviewed in a core laboratory





#### **Secondary Outcomes**

- Vein graft patency
- Major adverse cardiovascular events
  - Cardiovascular death, myocardial infarction, stroke, readmission for coronary ischemia
- Bleeding events
  - Perioperative
  - Major
  - Minor



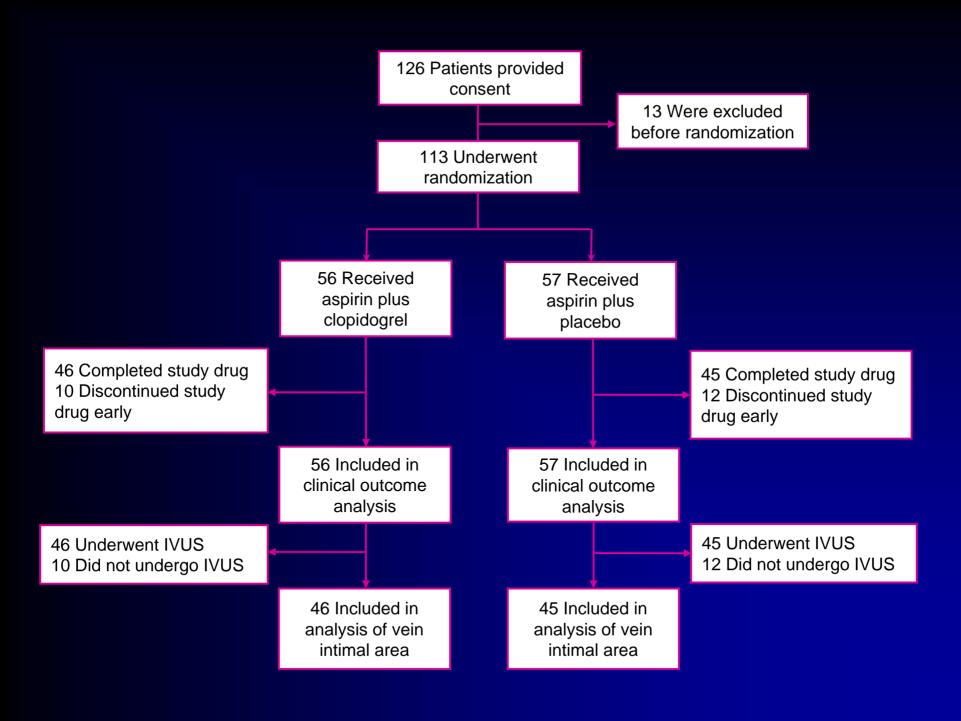
#### Sample Size

Intimal area of normal SVG at 1 year
 5.26 ± 1.38 mm<sup>2</sup>

Hozumi T et al. Heart 1996;76:317-20

- 20% clinically relevant reduction with clopidogrel
- $+ \alpha$  level 0.05 and power 0.90
- Drop out up to 35%
- Total 100 patients required





# Table 1

	Aspirin-Clopidogrel	Aspirin-Placebo	
	(N=56)	(N=57)	
Age (years)	$64.9 \pm 7.5$	68.1 ± 7.4 *	
Male (%)	51 (91.1%)	50 (87.7%)	
Diabetes (%)	14 (25.0%)	19 (33.3%)	
Smoker (%)	6 (10.7%)	9 (15.8%)	
Recent MI (%)	10 (17.9%)	11 (19.3%)	
Cross-clamp time (min)	$66.2 \pm 22.4$	$62.9 \pm 17.7$	
Cardiopulmonary bypass time (min)	$91.5 \pm 28.1$	$88.7 \pm 20.9$	
Off-pump CABG (%)	3 (5.4%)	1 (1.8%)	
Number of bypasses	$3.6 \pm 0.8$	$3.4 \pm 0.6$	
Left internal mammary graft (%)	56 (100%)	56 (98.2%)	
ICU length of stay (days)	1.6 ± 1.2	$1.3 \pm 0.7$	
Hospital length of stay (days)	$9.2 \pm 6.8$	8.1 ± 4.5	
Postoperative statin (%)	51 (91.1%)	52 (91.2%)	
Postoperative beta-blocker (%)	53 (94.6%)	52 (91.2%)	

# **Primary Outcome**

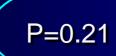


## **Primary Outcome**

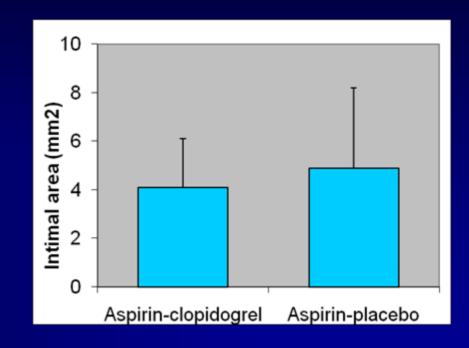
Vein graft intimal hyperplasia assessed by IVUS in 90 patients

Vein graft intimal area at 1 year

- Aspirin-clopidogrel
   4.1 ± 2.0 mm²
- Aspirin-placebo
   4.9 ± 3.3 mm²



14.8% reduction in intimal area (95% CI -38.1%, 8.5%)





# Secondary Outcomes



# 1 Year Graft Patency

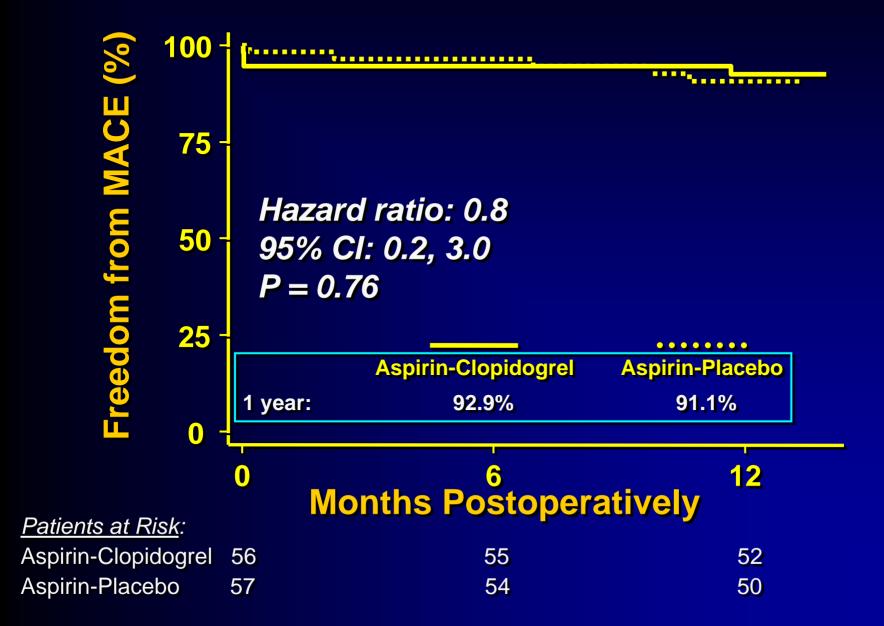
	Aspirin- Clopidogrel (N=56)	Aspirin- Placebo (N=57)	P Value
Overall patency (%)	95.2%	95.5%	1.00
ITA patency (%)	96.6%	100%	0.50
SVG patency (%)	94.3%	93.2%	0.78



#### **Major Adverse Cardiovascular Events**

	Aspirin- Clopidogrel (N=56)	Aspirin- Placebo (N=57)	P Value
Overall death (%)	0 (0%)	1 (1.8%)	1.00
Cardiovascular death (%)	0 (0%)	1 (1.8%)	1.00
Myocardial infarction (%)	4 (7.1%)	1 (1.8%)	0.21
Stroke (%)	0 (0%)	2 (3.5%)	0.50
Hospitalization for coronary ischemia (%)	1 (1.8%)	3 (5.3%)	0.62
Need for coronary intervention (%)	1 (1.8%)	2 (3.5%)	1.00
Any MACE (%)	4 (7.1%)	5 (8.8%)	1.00

#### **Major Adverse Cardiovascular Events**



#### Bleeding

- Postoperative chest tube drainage after study drug administration
  - Aspirin-clopidogrel
  - Aspirin-placebo

- $451 \pm 301 \, mL$
- $324 \pm 247 \text{ mL}$

P=0.02

- Major bleeding
  - Aspirin-clopidogrel
  - Aspirin-placebo

- 2 patients (3.6%)
- 0 patients (0%)

P = 0.24

- Minor bleeding
  - Aspirin-clopidogrel
  - Aspirin-placebo

- 3 patients (5.4%)
- 3 patients (5.3%)

P=1.00

#### Discussion

- The addition of clopidogrel to aspirin did not lead to a significant reduction in vein graft intimal hyperplasia
- Vein graft patency rates did not differ between the two groups
- The incidence of major adverse cardiovascular events were similar
- Our results do not support the use of dual antiplatelet therapy for the prevention of vein graft disease after CABG

#### **Potential Limitations**

- Powered for the vein graft intimal hyperplasia
  - Marker of vein graft disease
  - Surrogate for angiographic or clinical outcomes
- Not powered for vein graft patency
- Angiography rate of 81%
  - Compares favorably with RAPS and PREVENT IV

Desai ND et al. NEJM 2004;351:2302-9 Alexander JH et al. JAMA 2005;294:2446-54

- Extent of platelet inhibition not assessed
- No bolus of clopidogrel
- Long-term vein graft patency unknown



#### Conclusions

 We did not find a significant difference in the process of SVG intimal hyperplasia when aspirin plus clopidogrel was compared to aspirin monotherapy after CABG



### Acknowledgments

- Surgeons
  - Dr. P.J. Bédard
  - Dr. E. Charbonneau
  - Dr. W.G. Goldstein
  - ◆ Dr. P.J. Hendry
  - Dr. B.K. Lam
  - Dr. R.G. Masters
  - Dr. P. Mattieu
  - Dr. T.G. Mesana
  - Dr. M. Ruel
  - Dr. P. Voisine
- Data analysis
  - → Dr. G.A. Wells
  - K. Williams, MS

- Research grants
  - Physicians' Services Incorporated Foundation
  - Boston Scientific Inc.
  - Bristol-Myers Squibb Sanofi Canada Partnership
- Research Nurses
  - S. Naidoo, RN
  - M. Poirier, RN
- Intravascular ultrasound
  - Dr. R. de Larocheliere
  - Dr. M. Le May
  - Dr. J.C. Tardif



# Thank You

