New class of platelet blockers proves effective in phase III trial

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Adding vorapaxar, an investigational platelet blocker, to standard antiplatelet therapy significantly reduces the risk of recurrent cardiovascular events in patients with known atherosclerosis, a hardening and narrowing of the arteries, according to research presented today at the American College of Cardiology's 61st Annual Scientific Session. The Scientific Session, the premier cardiovascular medical meeting, brings cardiovascular professionals together to further advances in the field.

Each year, more than a million Americans suffer a heart attack. For those who survive, doctors routinely prescribe aspirin therapy to help prevent blood clot formation in the arteries that can lead to another heart attack. Other platelet blockers, such as clopidogrel, are often added for as long as a year but it is unclear whether adding any platelet blocker to aspirin beyond this timeframe is useful. Despite such therapies, survivors of heart attack have an almost 15 percent chance of having another atherosclerosis-related event that brings them to the hospital within a year.

Now, researchers led by the TIMI Study Group at Brigham & Women's Hospital in Boston, Mass. have shown, for the first time, that adding a new antiplatelet agent on top of standard therapy, including aspirin, is effective for long-term secondary prevention in stable patients with a prior heart attack. When used with aspirin and other standard antiplatelet therapy in a broad group of patients with previous heart attack, stroke or peripheral arterial disease, vorapaxar reduced the risk of cardiovascular

death, heart attack or stroke by an additional 13 percent (9.3 vs. 10.5 percent at three years, p