Clopidogrel plus aspirin good for noncarriers of CYP2C19 variants

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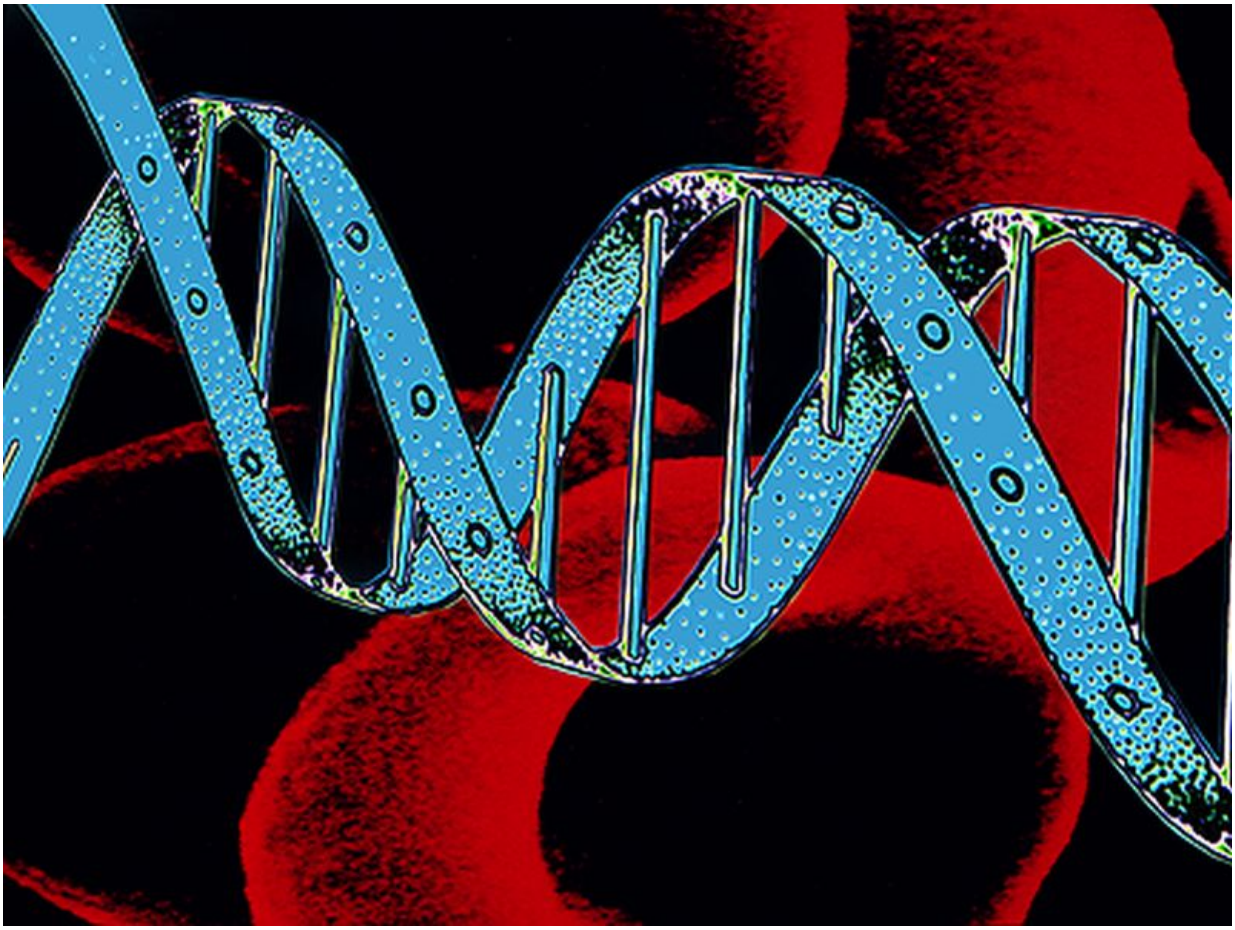

(HealthDay)—For patients with minor ischemic stroke or transient

ischemic attack, the risk of new stroke is reduced with use of clopidogrel plus aspirin versus aspirin alone among those who are not carriers of the *CYP2C19* loss-of-function alleles, according to a study published online June 23 in the *Journal of the American Medical Association*. The research was published to coincide with the Second Annual Scientific Session of the Chinese Stroke Association and the Tiantan International Stroke Conference, held from June 24 to 26 in Beijing.

Yilong Wang, M.D., Ph.D., from the Capital Medical University in Beijing, and colleagues examined the correlation between *CYP2C19* gene variants and clinical outcomes of clopidogrel-treated patients. A total of 2,933 patients with acute minor ischemic stroke or transient ischemic attack were randomized to clopidogrel combined with aspirin or aspirin alone. Participants underwent genotyping for three *CYP2C19* major alleles.

The researchers found that 41.2 percent of patients were noncarriers and 58.8 percent were carriers of loss-of-function mutations (*CYP2C19*2* and **3*). Noncarriers, but not carriers, of the loss-of-function alleles had a reduced rate of new stroke with clopidogrel-aspirin after 90-day follow-up (P = 0.02 for interaction). Similar results were seen for the secondary composite efficacy outcome of new composite vascular events. There was no variation for carriers versus noncarriers in the effect of treatment assignment on bleeding (P = 0.78 for interaction).

"These findings support a role of *CYP2C19* genotype in the efficacy of this treatment," the authors write.

One author disclosed financial ties to Sanofi and AstraZeneca.

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