

Risks, benefits of cangrelor consistent in angina, ACS

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(HealthDay)—For patients with stable angina (SA) or acute coronary

syndrome (ACS), the benefits and risks of cangrelor are consistent, according to a study published in the Sept. 26 issue of *JACC: Cardiovascular Interventions*.

Jérémie Abtan, M.D., from the Hôpital Bichat in Paris, and colleagues examined the safety and efficacy of cangrelor in patients with SA or ACS. A total of 10,942 patients were included in the modified intention to treat population (6,358 patients had SA and 4,584 had ACS) and were randomized to periprocedural administration of cangrelor or clopidogrel.

The researchers found that cangrelor consistently reduced the primary end point (composite of death, myocardial infarction, ischemia-driven revascularization, or stent thrombosis at 48 hours) in SA and ACS (odds ratios, 0.83 [95 percent confidence interval (CI), 0.67 to 1.01] and 0.71 [95 percent CI, 0.52 to 0.96], respectively). Cangrelor also consistently reduced [stent thrombosis](#) (odds ratios, 0.55 [95 percent CI, 0.30 to 1.01] in SA and 0.67 [95 percent CI, 0.42 to 1.06] in ACS). Cangrelor had a similar impact on Global Utilization of Streptokinase and Tissue Plasminogen Activator for Occluded Coronary Arteries severe-moderate bleeding (odds ratios, 1.49 [95 percent CI, 0.67 to 3.33] and 1.79 [95 percent CI, 0.79 to 4.07], respectively).

"The benefits and risks of cangrelor were consistent in patients with SA and ACS," the authors write.

Several authors disclosed financial ties to the pharmaceutical and medical device industries.

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