

## PREtreatment with CLOpidogrel in LOW Doses in Stable Angina Pectoris Patient Before Elective Coronary Angiography ± ad hoc Percutaneous Coronary Intervention PRECLOD Trial

Alexander Feldman, Avi Sabanchiev, Zsafrir Or, Limor Ilan Bushari, Khalid Suleiman, Yoav Turgeman

*Heart Institute, HaEmek Hospital, Afula, Israel*

**Introduction:** Pretreatment (Pretr) with 300mg Clopidogrel (Clop)  $\geq 6$  h before planned PCI in stable AP patients (pts) is strongly recommended by ECS and ACC/AHA/SCAI Guidelines. Pretr with 600mg Clop before elective coronary angiography (ECAG) with optional immediate percutaneous coronary intervention (PCI) increased bleeding complications.

**Aim:** We studied efficacy and safety of 300 mg Clop pretreatment for all ECAG candidates.

**Methods:** In retrospective manner we compared outcome in 2 groups of pts underwent ECAG $\pm$ PCI in 2007-2008: Group A – without Clop Pretr (100 pts) and Group B with Clop 300mg Pretr 4-6 h before the procedure (102 pts).

**Patients' characteristics:** 202 consecutive stable AP pts at mean age  $60\pm 10$ , 68% males. There were significantly more pts with hypertension, hyperlipidemia and NYHA class II-III in group B without significant differences in other baseline characteristics.

**Results:** ECAG $\pm$ PCI    ECAG $\pm$ PCI    ECAG only    ECAG only

Variable	No Plavix (Group A)	Plavix (Group B)	P	No Plavix	Plavix	P
Number of patients	100	102		63	49	
Referred or CABG	4.0%	7.8%	.23	6.3%	14.2%	.15
Periprocedural MI	1.0 %	1.9 %	NS	0.0 %	0.0 %	----
In hospital MACE	2.0 %	1.9%	NS	0.0 %	0.0%	----
Major Bleeding	1.0 %	0.0 %	.49	0.0 %	0.0%	----
Port entry bleeding	1.0 %	2.9 %	.62	0 %	4.08%	.11
MACE 180 d	5.0 %	1.9%	.27	4.76%	0.0%	.12
Chest pain hosp 180d	10.0%	6.8%	.24	6.3%	2.0%	.08

**Conclusions:** Pretreatment with 300mg Clopidogrel 4-6 hours before ECAG  $\pm$  ad hoc PCI is reasonable and safe.