GW23-e0454

COMPARE ISOEFFECTS AND SAFETY OF ISODOSE DOMESTIC CLOPIDOGREL AND IMPORTED CLOPIDOGREL ON PCI PATIENTS

doi:10.1136/heartjnl-2012-302920l.39

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Objectives To compare the efficacy and safety of Talcom and Plavix on PCI.

Methods 1798 patients with CAD to undergo CAG+PCI were divided to two groups, including Talcom group (n=1104), Plavix group (n=694). 300 mg loading dose clopidogrel was oral before PCI and 75 mg/d foreword 1 year. There were follow-up 3–28 month to survey the incidence rate of MACE of combination end point of acute, subacute, late stage, very late stage stent thrombus and AMI, cardiac death, stroke and correlated adverse reaction of bleed, major bleed, gastrointestinal complaint, and etc.

Results There were no significant differences in the incidence of target vessel revascularisation and combination end point between Talcom group and Plavix group (2.2% vs 3.3%, 2.6% vs 4.2%, X^2 value 2.176, 3.287, p value 0.140, 0.070, respectively). There were no significant differences in the incidence of stent thrombus and cardiac death between Talcom group and Plavix group by Fisher's exact probability (0.3% vs 0.6%, 0 vs 2 patients, p value 0.440, 0.149, respectively). There were no significant differences in the incidence of bleed and major bleed between Talcom group and Plavix group (1.6% vs 2.9%, 0.2% vs 0.4%, p value 0.072 and 0.380, respectively). The incidence of degression of WBC in Talcom group is fewer than Plavix group (0.9% vs 2.4%, X^2=6.866, p=0.009); There were no significant differences in survival without event and accumulation MACE hazard analysed by Kaplan-Meier survival analysis (X^2 3.438 and 1.076, p=0.064 and 0.300).

Conclusions Effects and safety of isodose Talcom used in underwent PCI patients are similar to those of Plavix.