

including a large cohort of more than 8200 patients examined in a retrospective manner over a 3-year period, had suggested a possible negative interaction between the 2 classes of medication resulting in reduced efficacy of platelet inhibition, a clinically important scenario because many patients with cardiovascular disease who are receiving dual-antiplatelet therapy are receiving concomitant proton pump inhibitor therapy.<sup>5</sup> The results strongly demonstrated a lack of interaction between the 2 medications as demonstrated by equivalent survival and rates of major adverse cardiac events, suggesting no reduction in clinical efficacy of clopidogrel in patients receiving omeprazole. Gastrointestinal end points were significantly increased in the group receiving clopidogrel and placebo compared with those receiving clopidogrel and omeprazole.<sup>6</sup>

Shamir Mehta, MD, presented results of the CURRENT-STEMI PCI study on behalf of the CURRENT investigators. This study was designed to examine the effects of double-dose clopidogrel (600 mg load, 150 mg daily for 6 days, then 75 mg daily ongoing) compared with standard clopidogrel dosing (300 mg load, then 75 mg ongoing) in patients undergoing primary PCI for ST-elevation myocardial infarction (STEMI). This strategy had already been validated in CURRENT-OASIS 7 as significantly reducing ischemic events and stent thrombosis rates in patients with ACS who are undergoing percutaneous intervention.<sup>7</sup> Of the

diabetic patients, patient profiling using operative risk scores such as EUROSCORE and SYNTAX can be useful tools to orient the clinician as to the optimal revascularization strategy, because diabetic patients with low-risk profiles can be adequately and effectively revascularized by both percutaneous and surgical means.<sup>10,11</sup>

Hybrid interventional and surgical coronary revascularization was the topic of significant discussion during the Transcatheter Cardiovascular Therapeutics meeting. The cost-effectiveness of hybrid revascularization was explored and reported demonstrative advantage for hybrid revascularization, particularly in the setting of high-risk patients with high SYNTAX scores.<sup>12</sup> Many questions remain about the proper sequencing of a hybrid procedure (surgery first, PCI first, or simultaneous procedure), particularly as it relates to antithrombotic and antiplatelet strategies, and multiple presentations were made addressing this issue. Robert Poston, MD, presented single-center consecutive patient observational data of 55 patients undergoing hybrid CABG demonstrating that regardless of the order of the procedure, hybrid bypass/PCI was safe and effective. There was no difference in bleeding outcomes regardless of the sequence as measured by chest tube output and TIMI major bleeding score, even in the simultaneous procedures or the PCI-first procedures, for which all patients received preprocedural clopidogrel loading doses.<sup>13</sup>

