

CLEAR SYNERGY (OASIS 9)

CoLchicine and spironolactone in patients with myocardial infarction

Sanjit Jolly, on behalf of CLEAR investigators

Disclosures

- Grant support from Boston Scientific
- Grant support from Canadian Institutes of Health Research (CIHR)
- Grant support from ACT

CLEAR SYNERGY OASIS 9 Trial

7000 patients diagnosed with Acute Myocardial Infarction (MI) referred for PCI

SYNERGY stent recommended for use when available*

Randomized within 72 hours of PCI 2x2 Factorial

Colchicine

Placebo

Randomized

Spironolactone

Placebo

Spironolactone

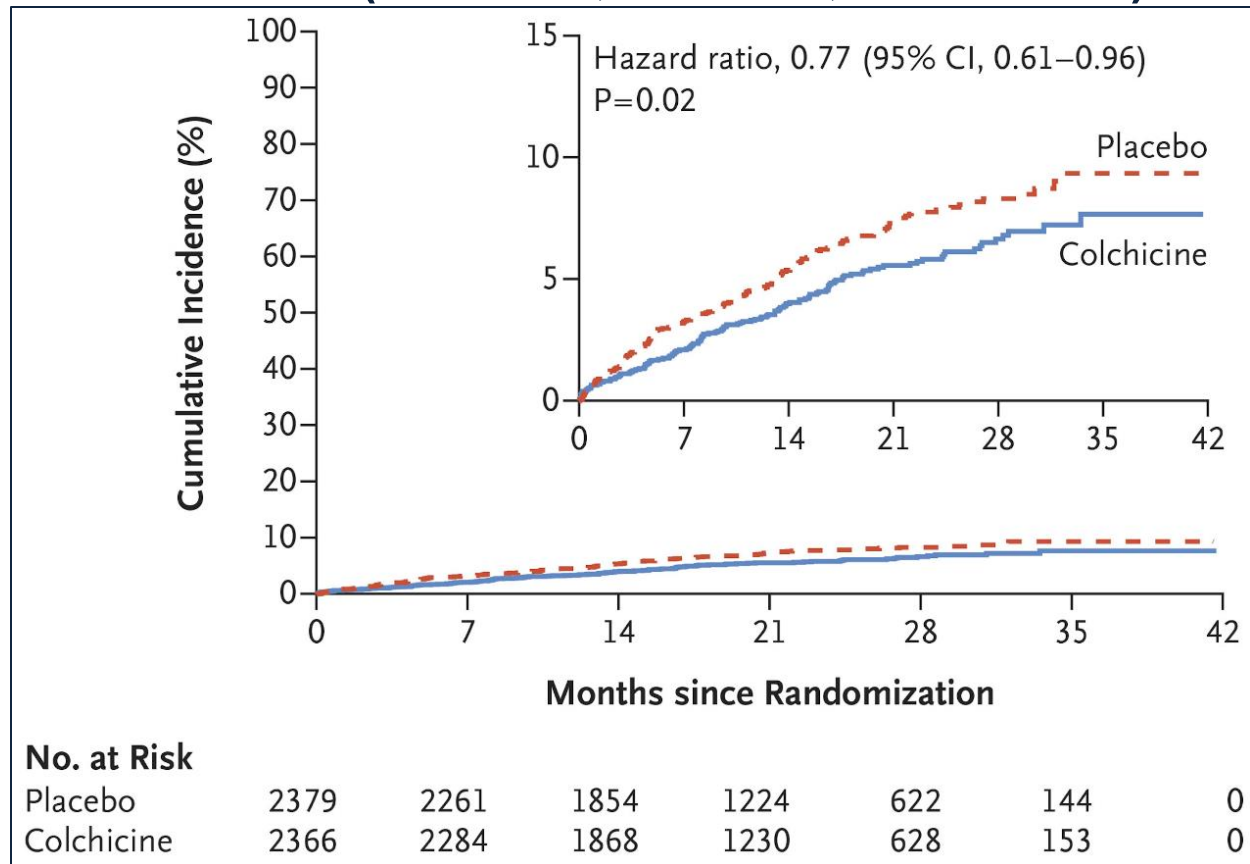
Placebo

Primary Outcome

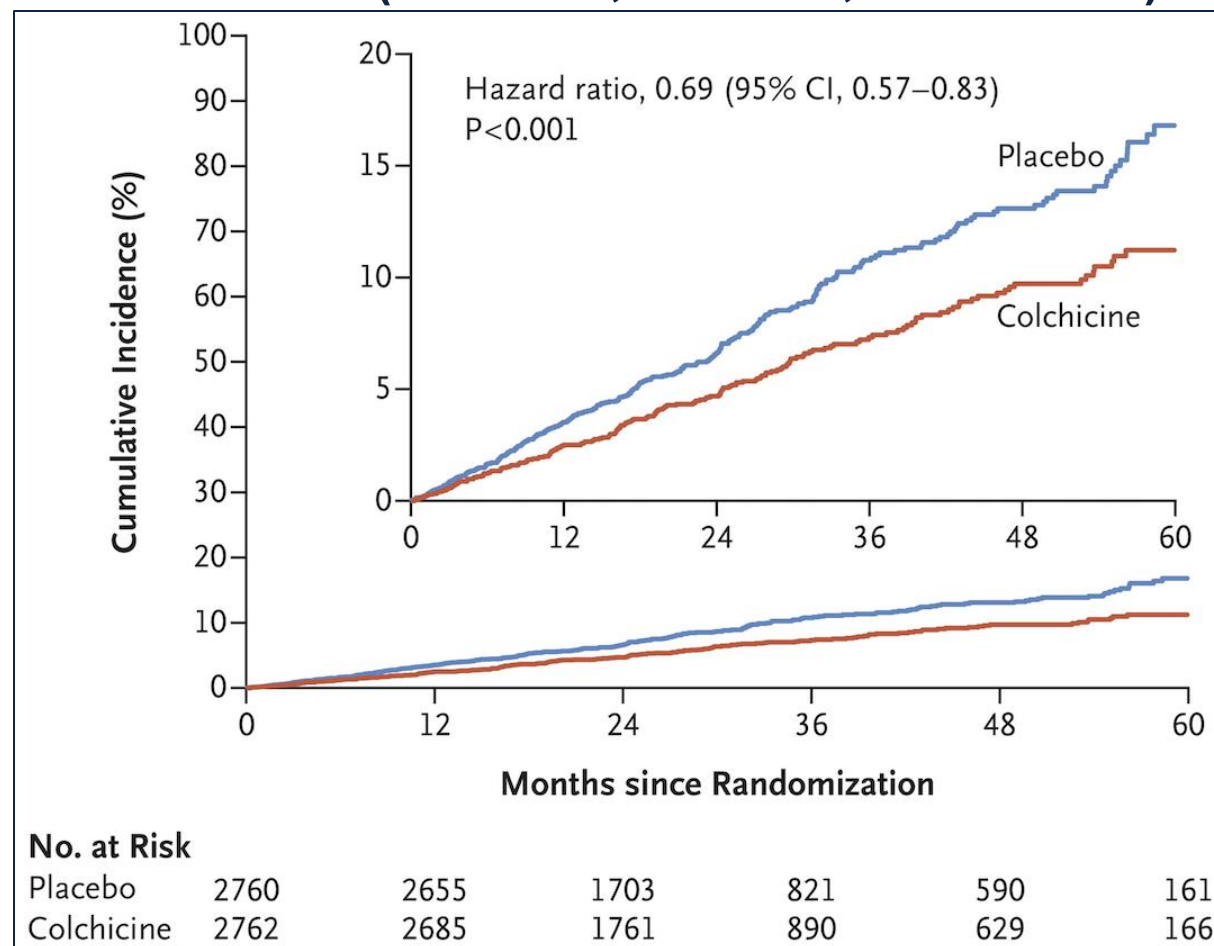
Colchicine vs. placebo: Composite of CV death, MI, stroke or IDR

Background: Acute and Chronic CAD

COLCOT (N = 4745, MACE +, 301 events)

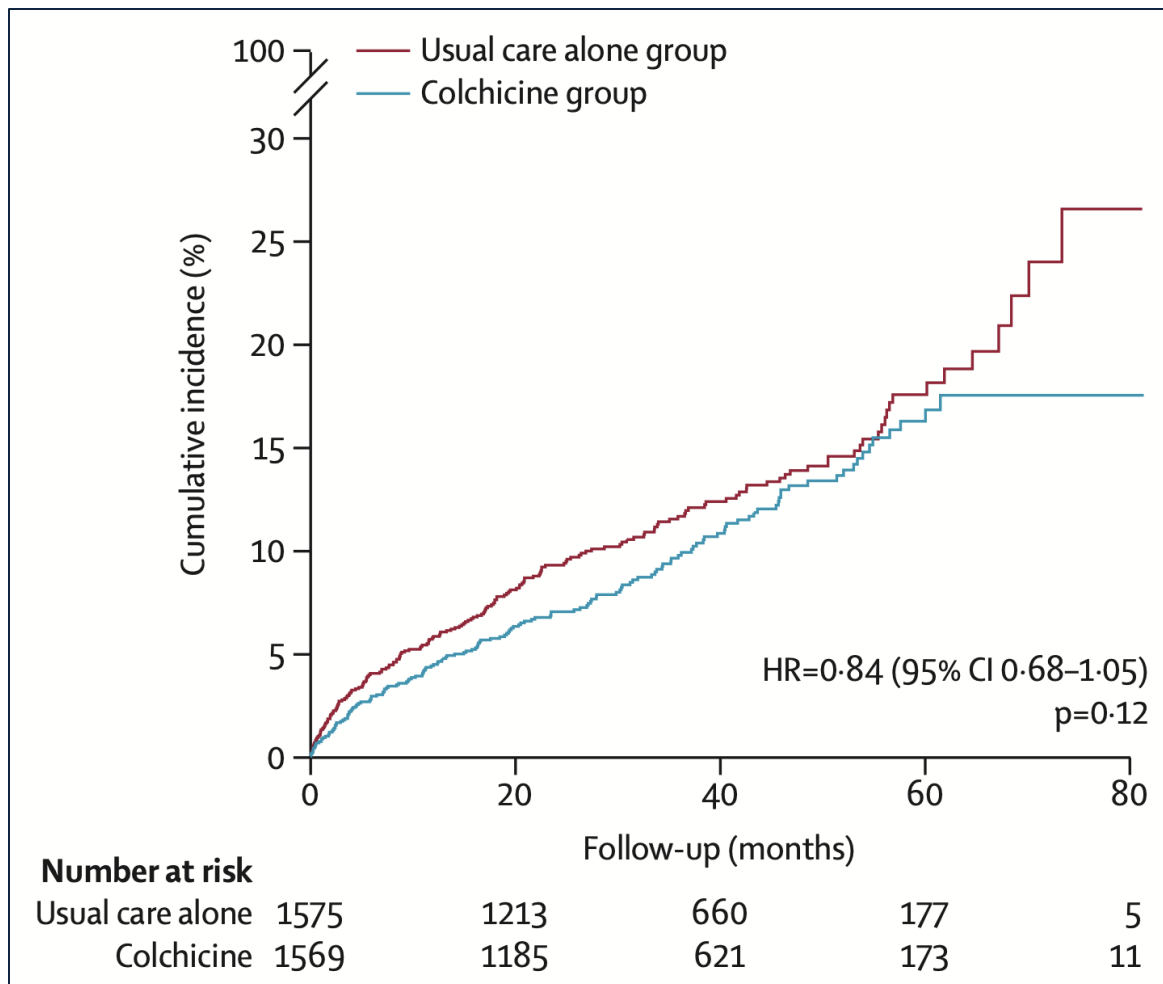


LODOCO2 (N = 5522, MACE +, 451 events)

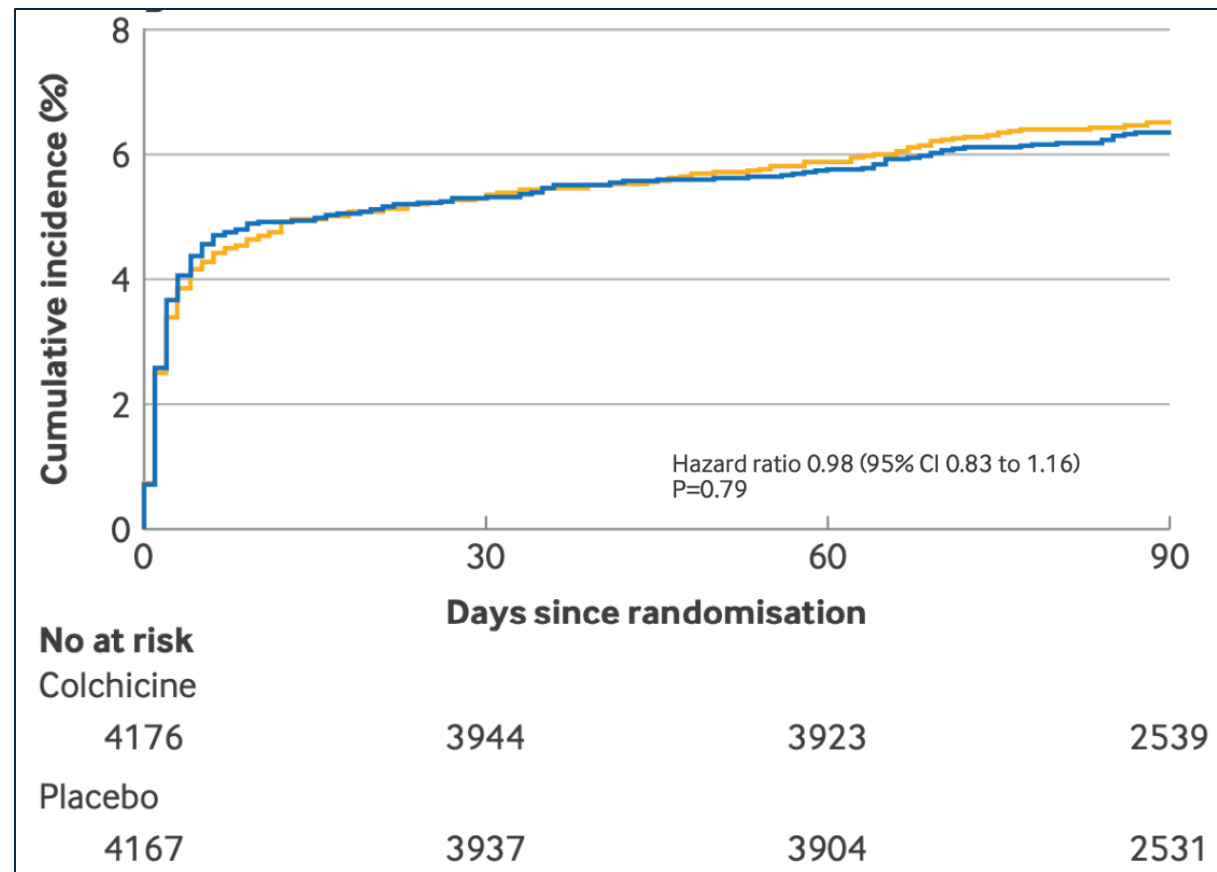


Background: Cerebrovascular Disease

CONVINCE (N = 3154, MACE+, 338 events)



CHANCE3 (N = 8343, all stroke, 534 events)

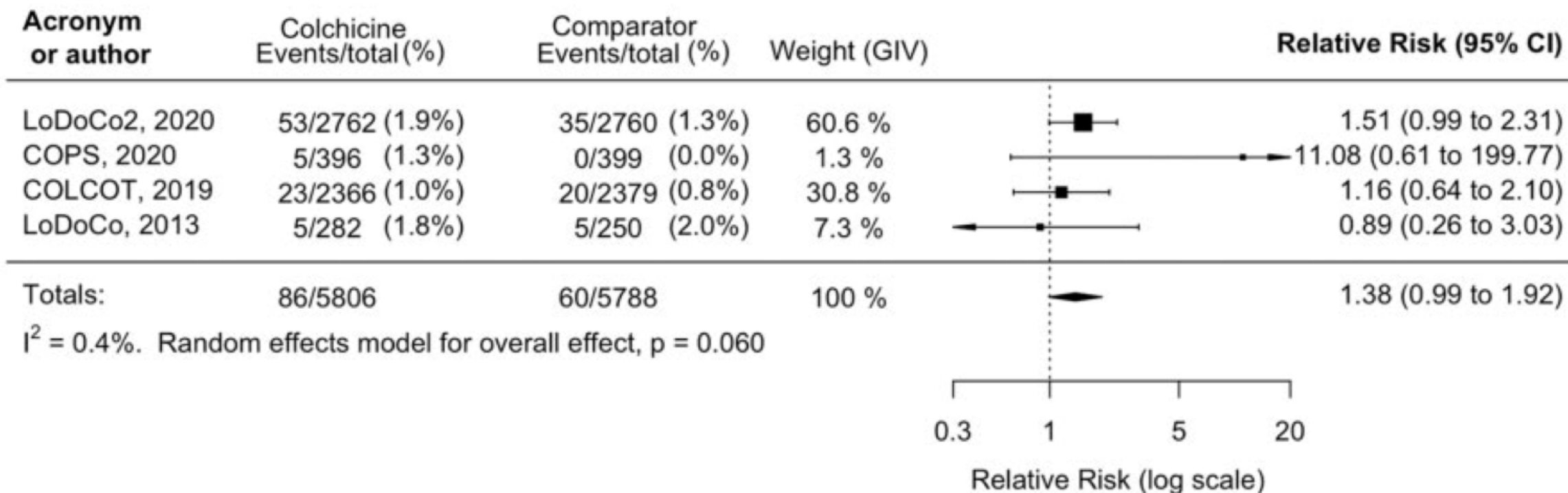


CV death, stroke or MI: HR 0.96 (95%CI 0.82 – 1.13)

Does Colchicine Increase Non-CV Death?

Meta-analysis

Non-cardiovascular death



Rationale

- CLEAR started before the results of COLCOT
- Larger confirmatory trial with more power
- Replications of prior results are important for Class 1 indications in guidelines

Primary Objective

In patients with STEMI or large NSTEMI:

Does routine low-dose colchicine, compared to placebo, reduce the composite of CV death, myocardial infarction, stroke, or ischemia driven revascularization?

Baseline Characteristics

	Colchicine N=3528	Placebo N=3534
Mean Age	60.6	60.7
Female	20.5%	20.2%
STEMI	95.3%	94.8%
NSTEMI	4.7%	5.2%
Diabetes	18.7%	18.3%
Prior MI	8.8%	9.2%

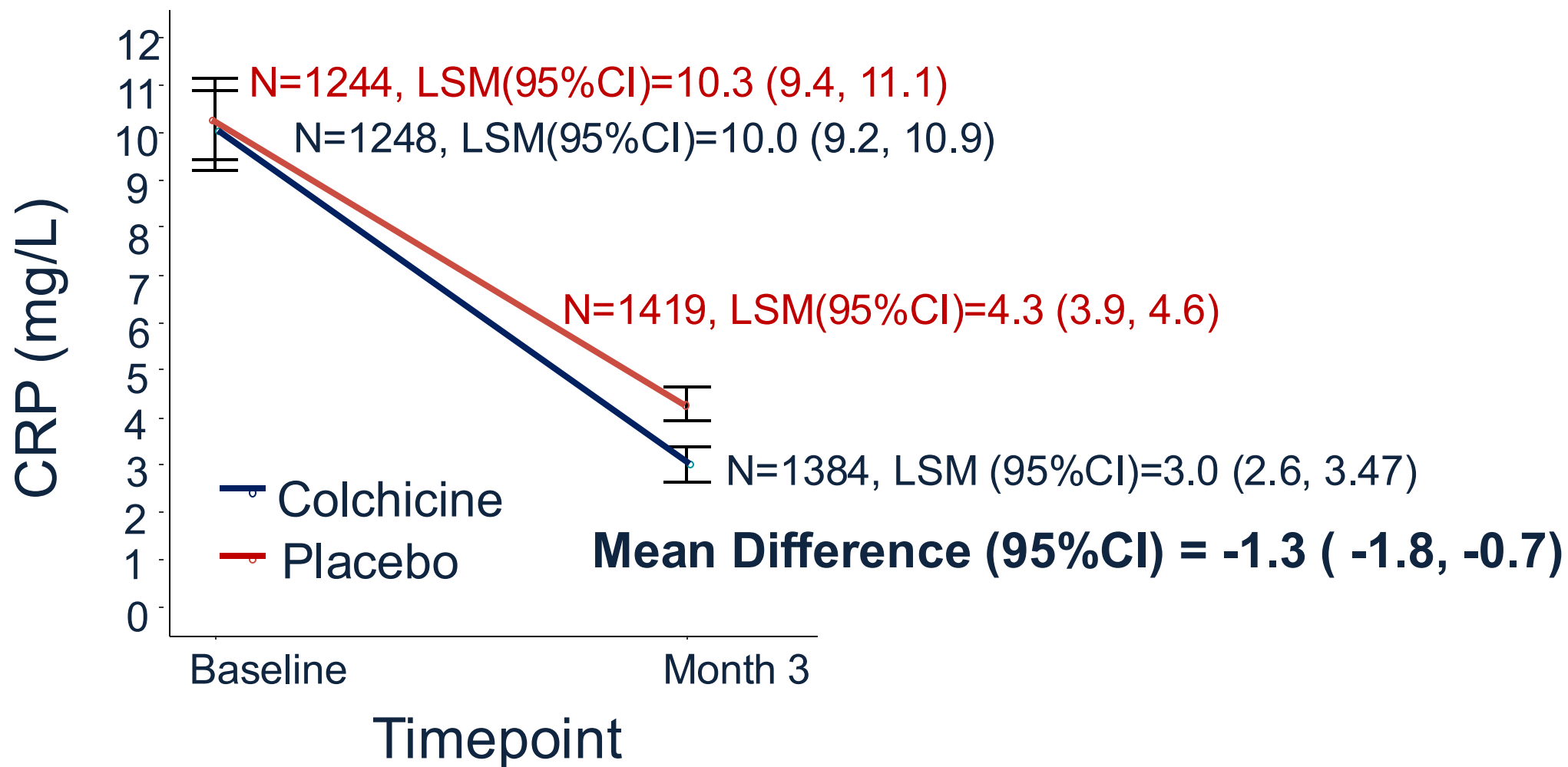
Medications at Discharge

	Colchicine N=3528	Placebo N=3534
Aspirin	97.2%	96.3%
Clopidogrel	41.9%	42.4%
Ticagrelor	45.7%	44.5%
Prasugrel	10.8%	11.7%
ACE or ARB	77.9%	78.3%
Statin	96.6%	96.7%
SLGT2 inhibitor	3.1%	2.9%

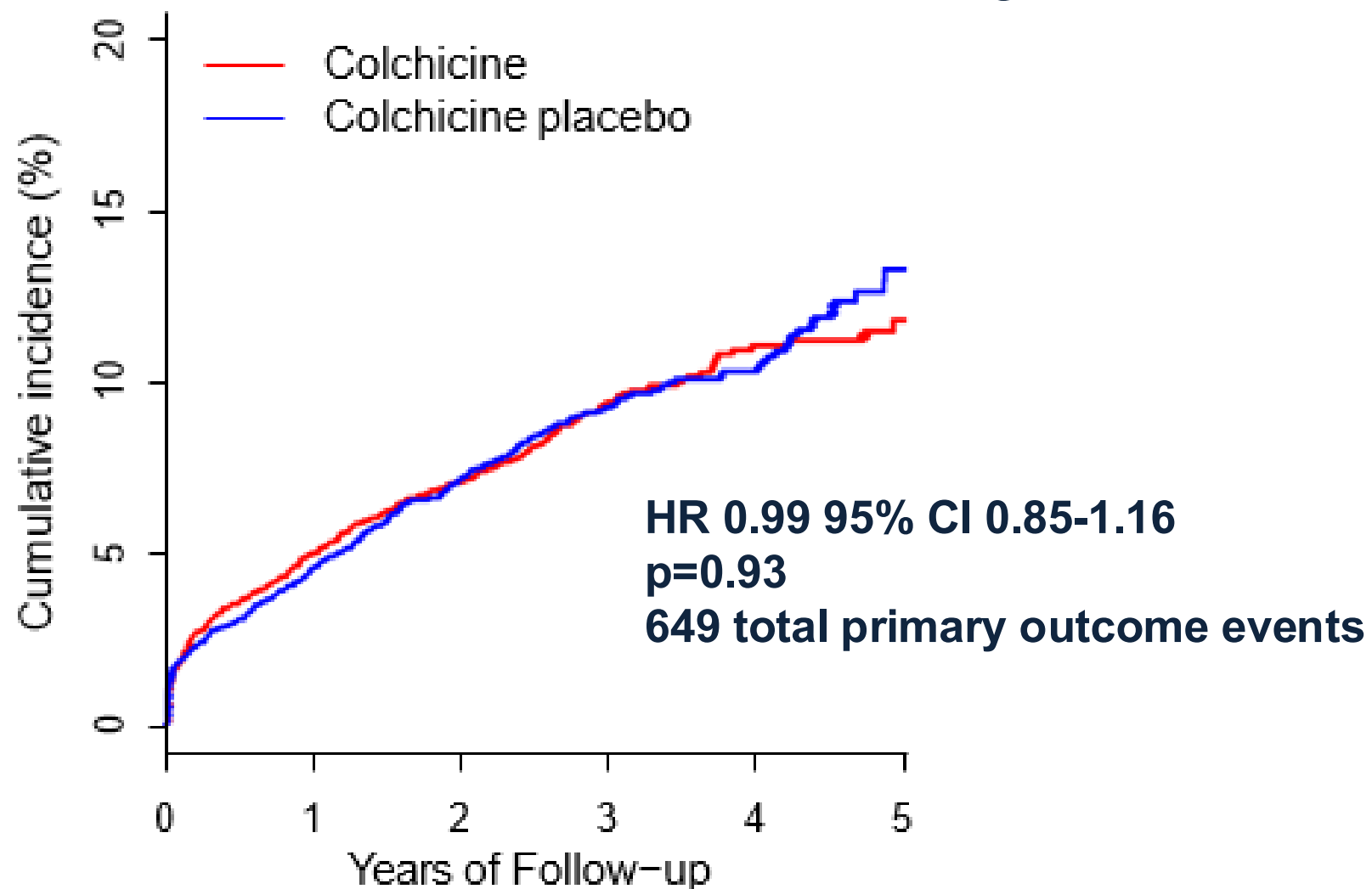
Initial PCI Procedure

	Colchicine N=3528	Placebo N=3534
Bare metal stent	0.3%	0.2%
Drug-eluting stent	96.3%	95.8%
Angioplasty only	3.0%	3.4%
Number of stents (median)	1.0	1.0
Stent length (mm) mean	23.8	23.8
Stent diameter (mm) mean	3.2	3.1
Multivessel coronary disease	49.2%	49.3%

CRP was Reduced with Colchicine



Primary Outcome of CV Death, MI, Stroke or Ischemia Driven Revascularization



No. at Risk						
Colchicine	3528	3329	2688	1686	697	183
Placebo	3534	3349	2683	1674	659	163

Results – Intention to Treat

	Colchicine (N=3528) (%)	Placebo (N=3534) (%)	HR	95% CI	p
CV death, MI, stroke or ischemia driven revascularization	9.1%	9.3%	0.99	0.85-1.16	0.93
CV death	3.3%	3.2%	1.03	0.80-1.34	
MI	2.9%	3.1%	0.88	0.66-1.17	
Stroke	1.4%	1.2%	1.15	0.72-1.84	
Ischemia driven revascularization	4.6%	4.7%	1.01	0.81-1.17	
CV death, MI or stroke	6.8%	7.1%	0.98	0.82-1.17	
All cause death	4.6%	5.1%	0.90	0.73-1.12	
Non-CV death	1.3%	1.9%	0.68	0.46-0.99	

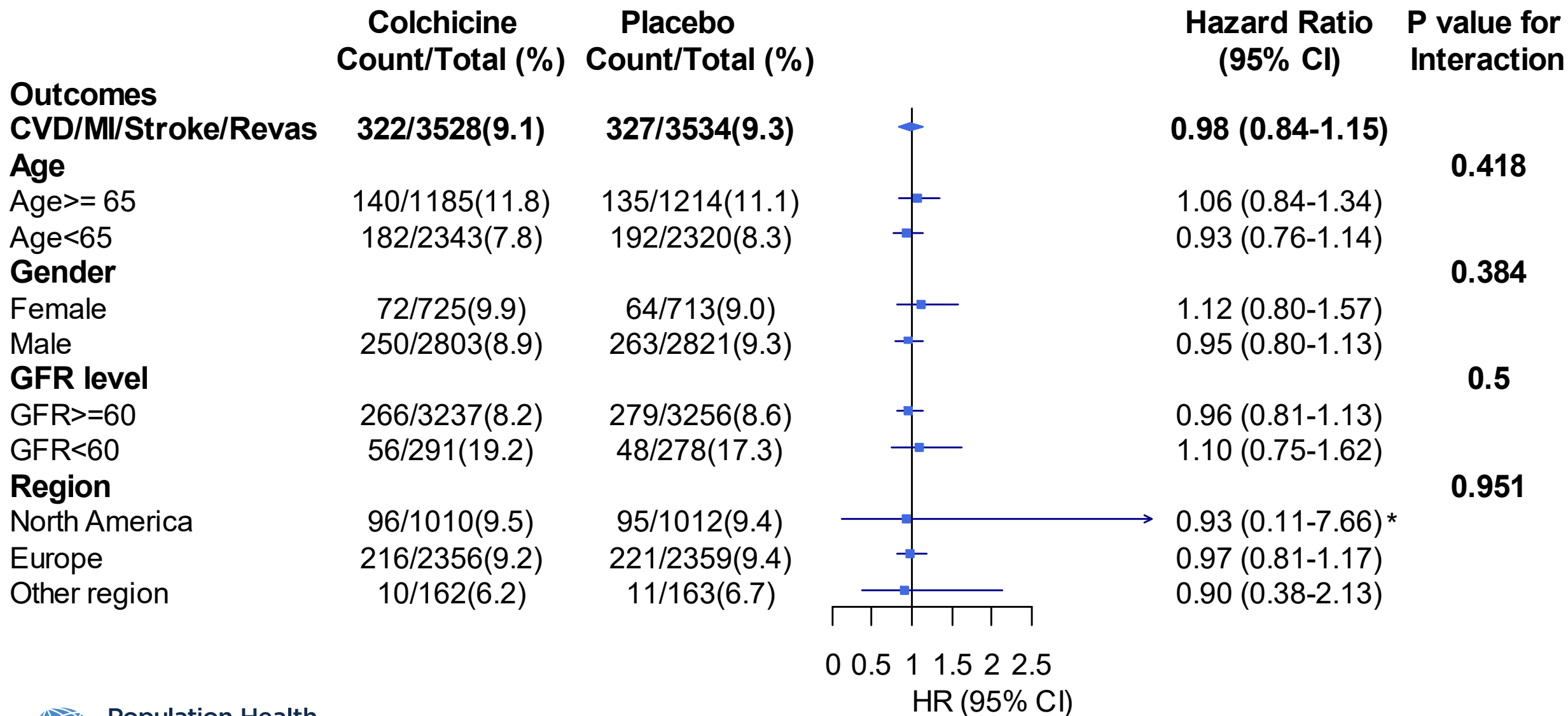
Results – On Treatment

	Colchicine (N=3488) (%)	Placebo (N=3492) (%)	HR	95% CI	p
CV death, MI, stroke or ischemia driven revascularization	7.5%	7.5%	0.99	0.85-1.16	0.93
CV death	2.7%	2.5%	1.04	0.80-1.35	
MI	2.3%	2.4%	0.89	0.67-1.18	
Stroke	1.1%	1.0%	1.09	0.68-1.75	
Ischemia driven revascularization	3.9%	3.8%	1.03	0.82-1.29	
CV death, MI or stroke	5.5%	5.7%	0.97	0.81-1.16	
All cause death	3.4%	3.8%	0.90	0.70-1.15	
Non-CV death	0.7%	1.3%	0.71	0.49-1.04	

Adverse Events

	Colchicine (N=3528) (%)	Placebo (N=3534) (%)	p
Serious Adverse Events	6.7%	7.4%	0.22
Adverse Events	31.9%	31.7%	0.86
Serious Infection	2.5%	2.9%	0.85
Diarrhea	10.2%	6.6%	<0.001

Forest plot of Primary Outcome in pre-specified subgroups (I)



*HR at 1 year using a time-dependent Cox Model to account for the PH assumption violation.

Forest plot of Primary Outcome in pre-specified subgroups (II)

	Colchicine Count/Total (%)	Placebo Count/Total (%)	Hazard Ratio (95% CI)	P value for Interaction
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Outcomes

CVD/MI/Stroke/Revas

322/3528(9.1)

327/3534(9.3)

0.98 (0.84-1.15)

Diabetes

0.432

Yes

79/658(12.0)

85/645(13.2)

0.88 (0.65-1.20)

No

243/2870(8.5)

242/2889(8.4)

1.01 (0.85-1.21)

Single/Multi-vessel status

0.745

Multi

192/1735(11.1)

200/1742(11.5)

0.97 (0.79-1.18)

Single

130/1793(7.3)

127/1792(7.1)

1.02 (0.80-1.30)

MI Type

0.741

STEMI

310/3363(9.2)

315/3350(9.4)

0.98 (0.84-1.15)

NSTEMI

12/165(7.3)

12/184(6.5)

1.13 (0.51-2.52)

Dosing

0.054

Once daily (<70Kg)

74/721(10.3)

72/697(10.3)

1.01 (0.73-1.40)

Twice daily (>=70kg)

110/1161(9.5)

136/1137(12.0)

0.78 (0.61-1.00)

Once daily (>=70kg)

138/1646(8.4)

119/1700(7.0)

1.20 (0.94-1.54)

Covid Phase

0.098

Pre-covid

100/998(10.0)

125/991(12.6)

0.78 (0.60-1.02)

During covid

170/1773(9.6)

159/1799(8.8)

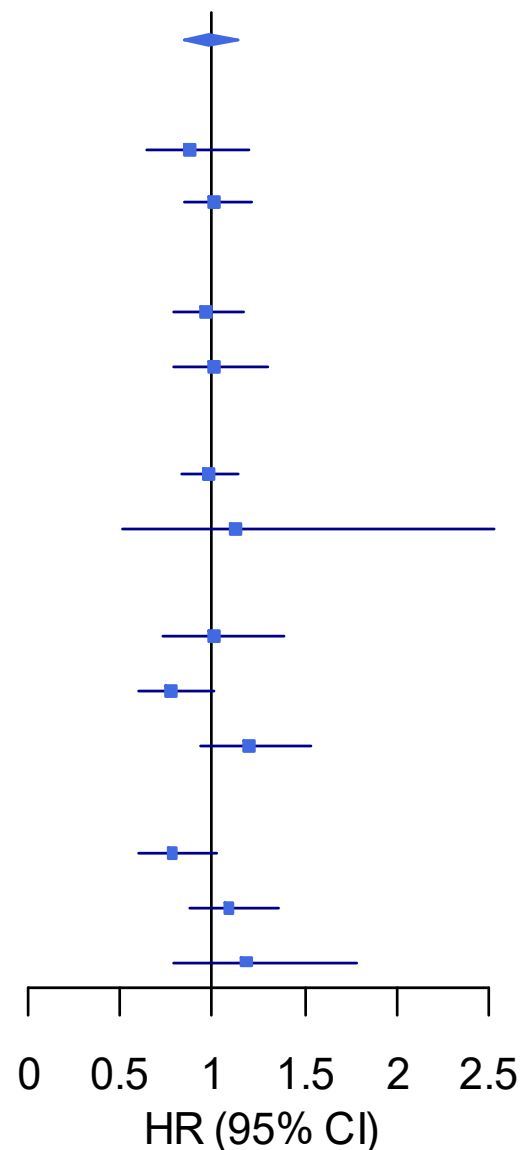
1.09 (0.88-1.35)

Post- covid

52/757(6.9)

43/744(5.8)

1.19 (0.79-1.78)



Conclusions

- Acute and long term colchicine did not reduce composite of CV death, MI, stroke or ischemia driven revascularization
- Colchicine was associated with an increase in diarrhea
- CLEAR is the largest trial of colchicine in acute MI with substantially more events than prior trials

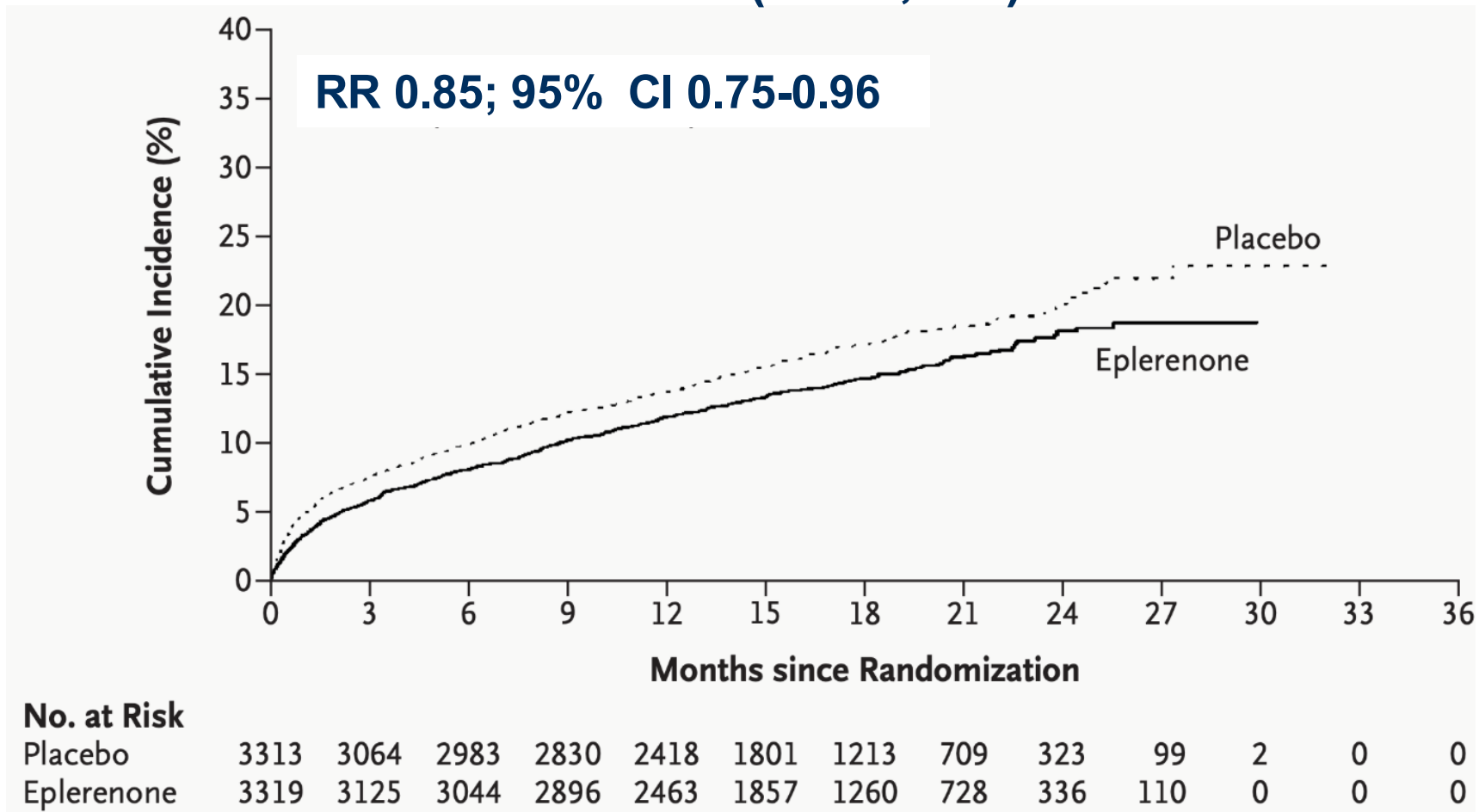
Implications

- The role of colchicine post myocardial infarction long term is uncertain

Spironolactone Factorial

In Patients With MI and CHF, Eplerenone Beneficial

EPHESUS (N = 6,632)

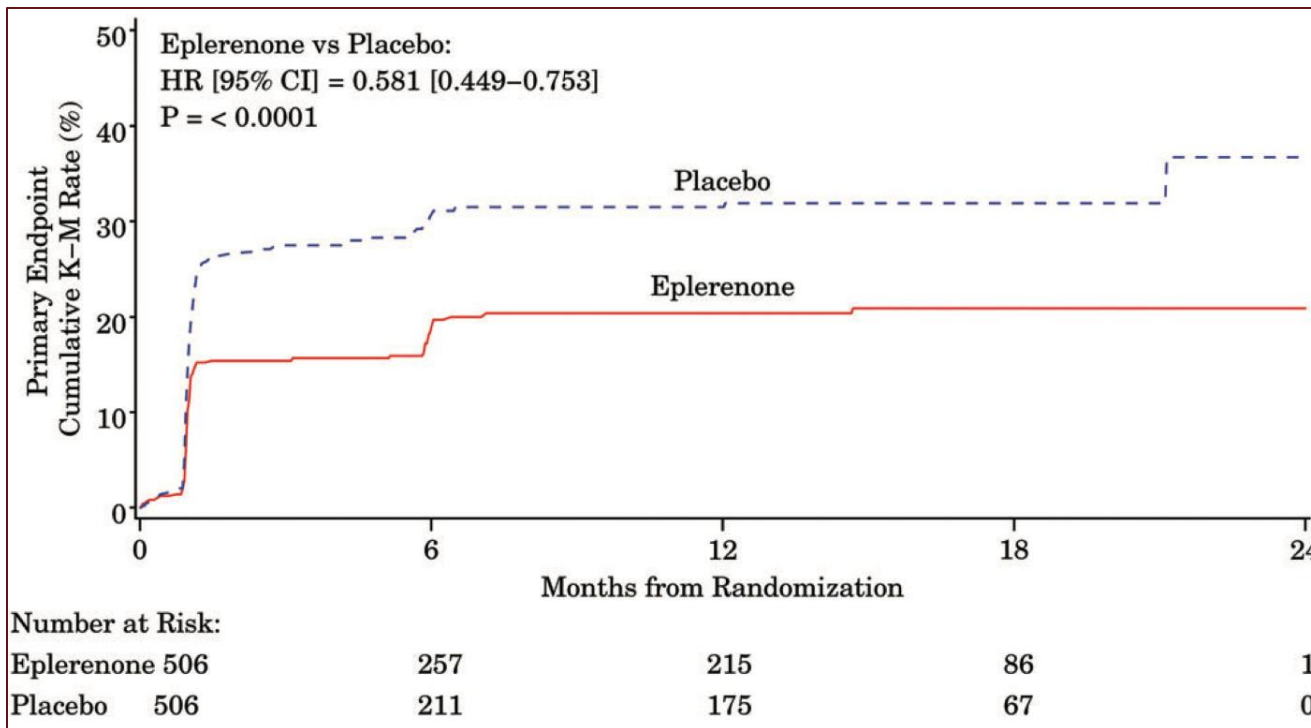


**All-cause mortality
(1,032 events)**

Pitt B et al. NEJM 2019.

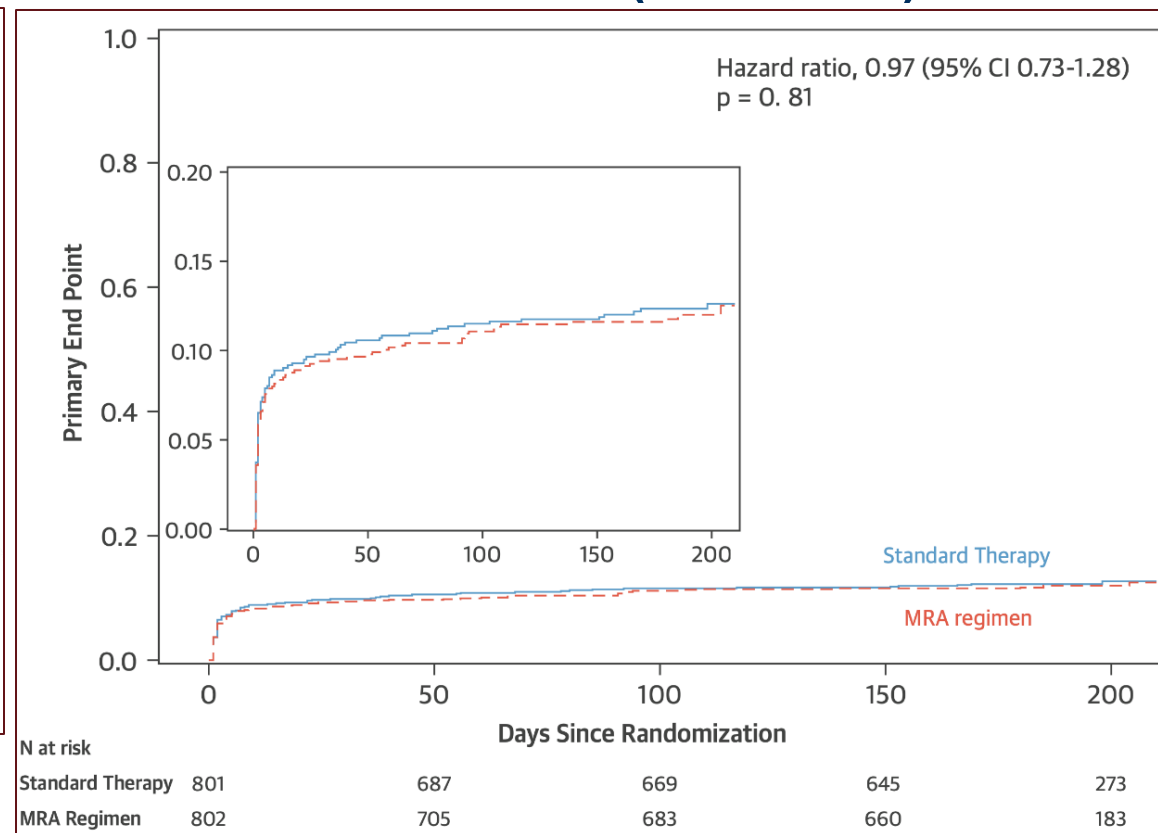
Unclear if Routine MRA Beneficial Post-MI

REMINDER (N = 1,012)



**CV death, HF, VT/VF, EF < 40%
or elevated BNP (241 events)**

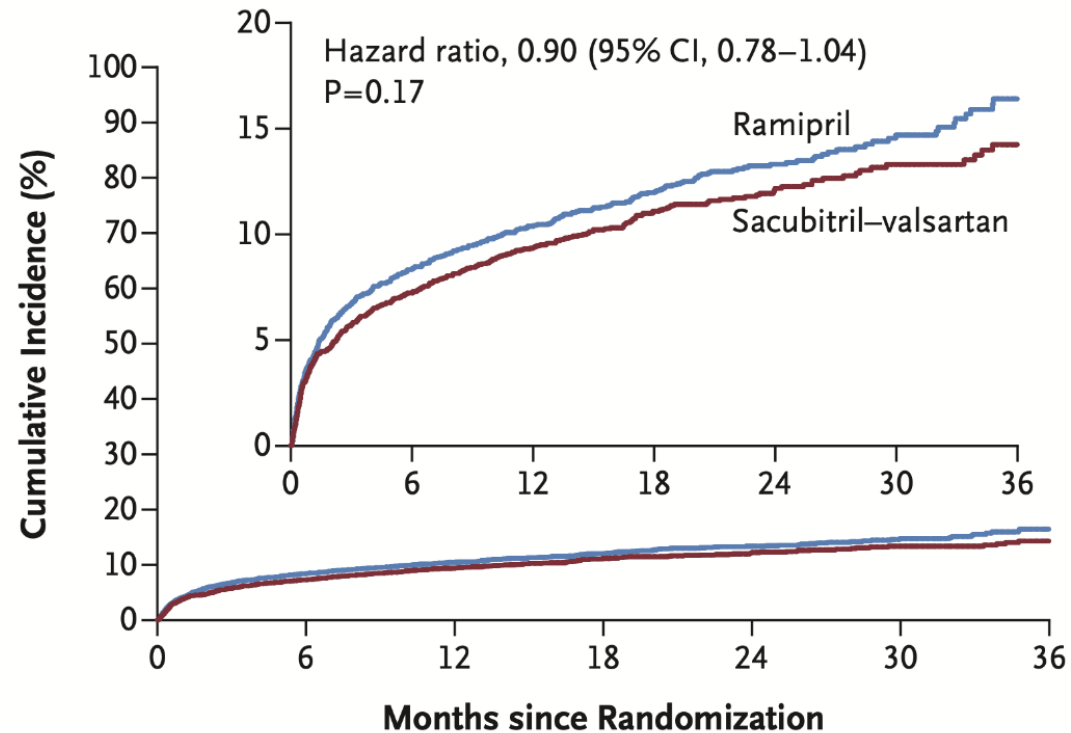
ALBATROSS (N = 1,603)



**Death, cardiac arrest, VT/VF, ICD
implantation, HF (193 events)**

Background

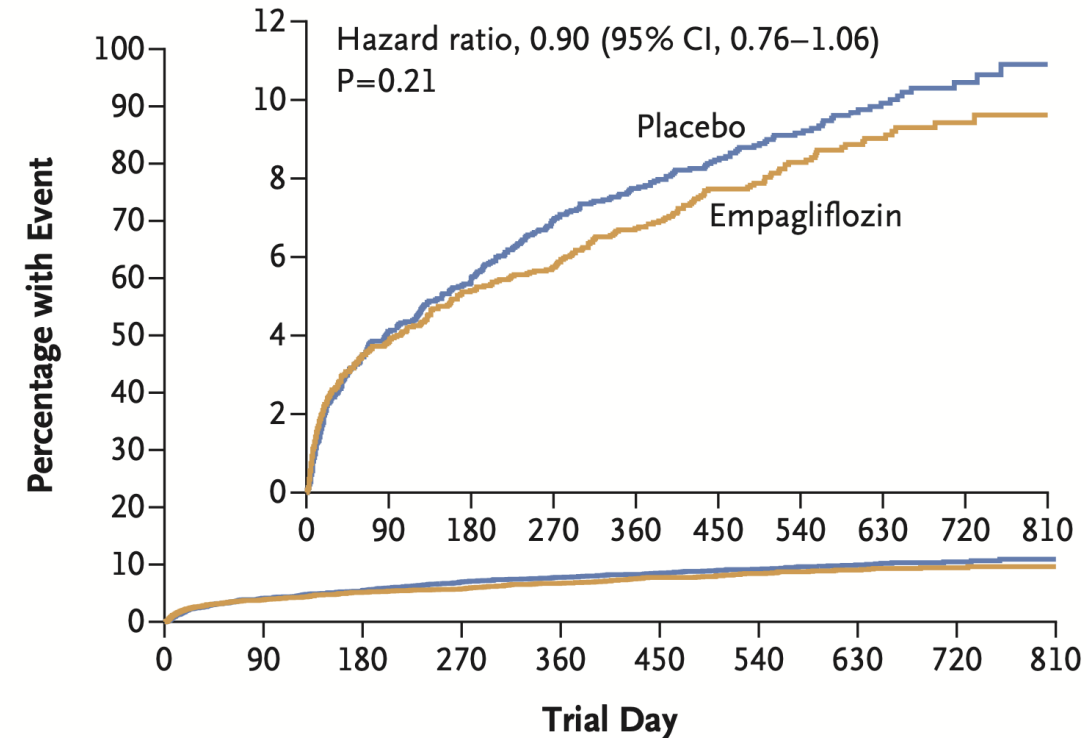
PARADISE-MI (N = 5661, CV death or HF)



No. at Risk							
Ramipril	2831	2577	2318	1725	1091	570	278
Sacubitril-valsartan	2830	2614	2342	1732	1101	568	280

EMPACT-MI (N = 6522, death or HF)

A First Hospitalization for Heart Failure or Death from Any Cause



No. at Risk										
Placebo	3262	3092	3044	2832	2486	2071	1556	1040	551	137
Empagliflozin	3260	3111	3060	2881	2532	2107	1566	1048	531	134

CLEAR SYNERGY OASIS 9 Trial

7000 patients diagnosed with Acute Myocardial Infarction (MI) referred for PCI

SYNERGY stent recommended for use when available*

Randomized within 72 hours of PCI 2x2 Factorial

Colchicine

Placebo

Randomized

Spironolactone

Placebo

Spironolactone

Placebo

Primary Outcomes

- Spironolactone vs. placebo:*** 1) Co-primary 1. Composite of CV death or HF (total events)
2) Co-primary 2. Composite of CV death, HF, stroke or MI

Primary Objective

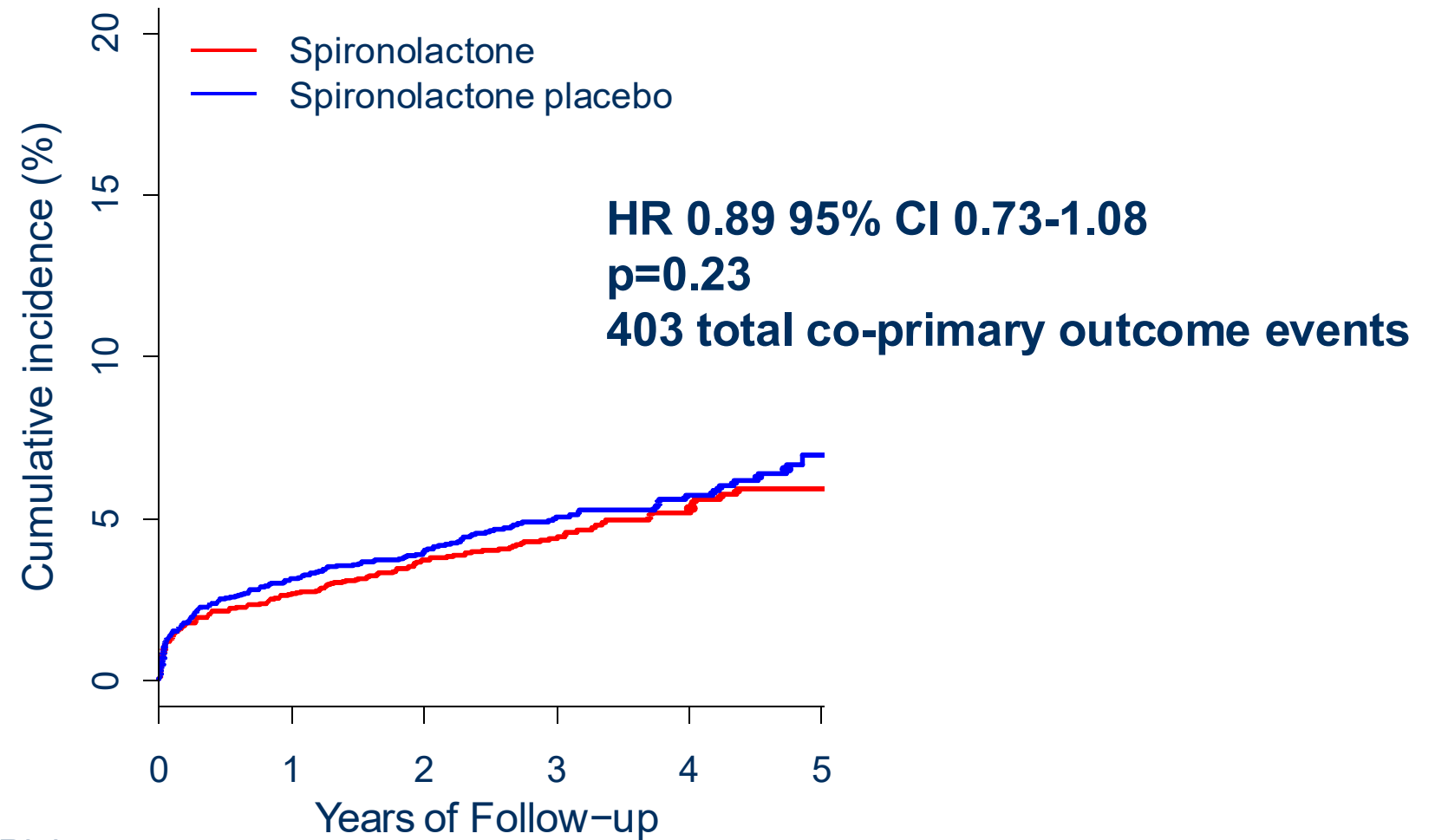
In patients with STEMI or large NSTEMI:

Does a routine spironolactone compared to placebo long term reduce i) CV death or new or worsening heart failure and ii) CV death, MI, stroke or new worsening heart failure

Baseline Characteristics

	Spironolactone N=3537	Placebo N=3525
Mean Age (years)	60.9	60.4
Female	21.5%	19.2%
STEMI	95.3%	94.9%
Killip ≥ 2 at presentation	0.7%	0.7%
Anterior STEMI	39.0%	39.3%
Previous heart failure	0.7%	1.0%

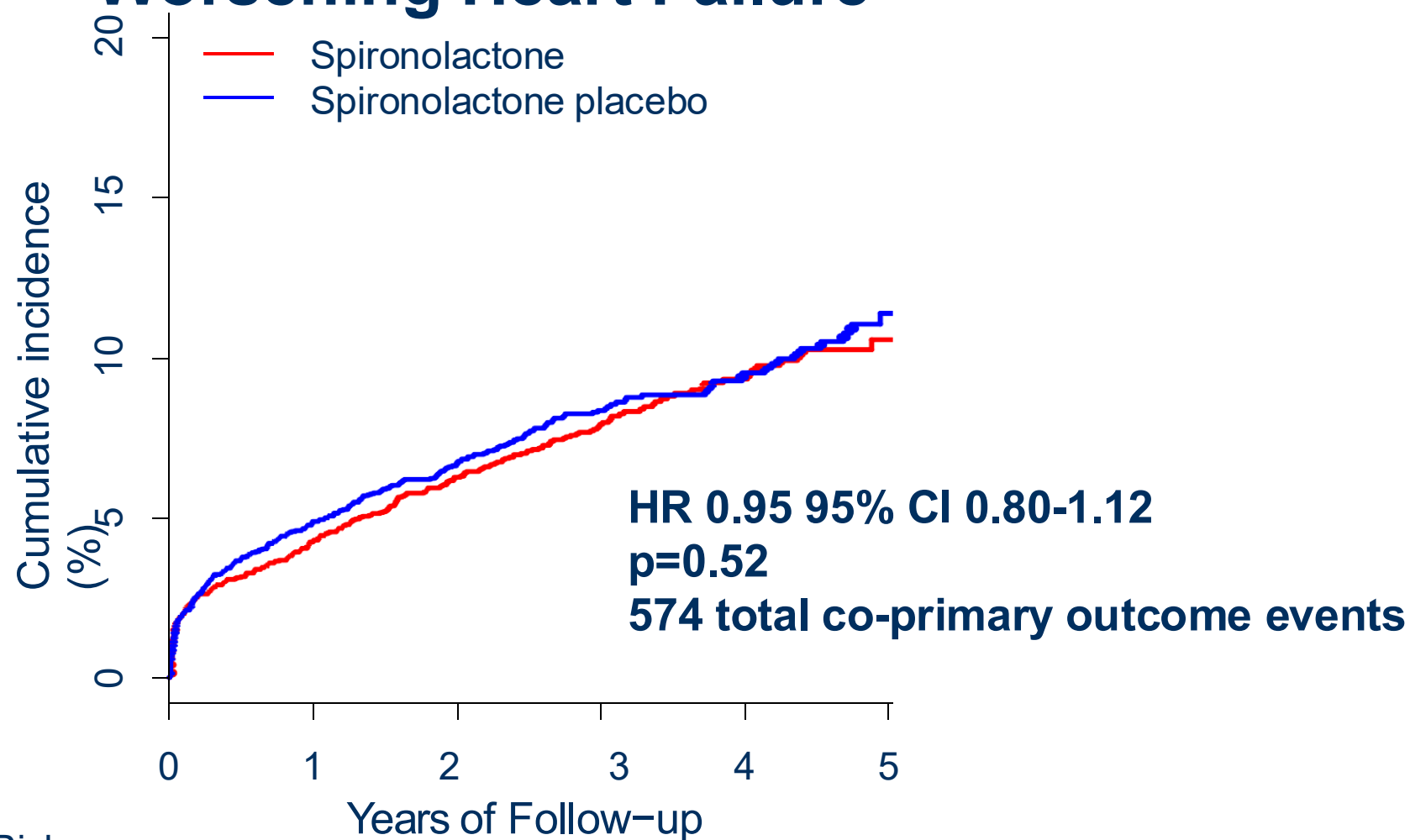
Co-Primary 1 Outcome of CV Death or New or Worsening Heart Failure



No. at Risk						
Spironolactone	3537	3422	2788	1778	704	183
Placebo	3525	3392	2785	1754	735	194



Co-Primary 2 Outcome of CV Death, MI, Stroke or New or Worsening Heart Failure



No. at Risk						
Spironolactone	3537	3365	2712	1721	681	173
Placebo	3525	3331	2707	1695	707	184

Results - Intention to Treat

	Spironolactone (N=3537) (%)	Placebo (N=3525) (%)	HR	95% CI	p
Co – primary 1: CV death or new or worsening heart failure	1.7%	2.1%	0.89	0.73-1.08	0.23
Co – primary 2: CV death, MI, stroke or new or worsening heart failure	7.9%	8.3%	0.95	0.80-1.12	0.52
CV death	3.2%	3.3%	0.98	0.76-1.27	
Recurrent MI	3.0%	3.0%	0.99	0.75-1.29	
Stroke	1.4%	1.2%	1.21	0.81-1.83	
New or worsening heart failure	1.6%	2.4%	0.69	0.49-0.96	
Significant arrhythmia	0.6%	0.5%	1.18	0.62-2.24	

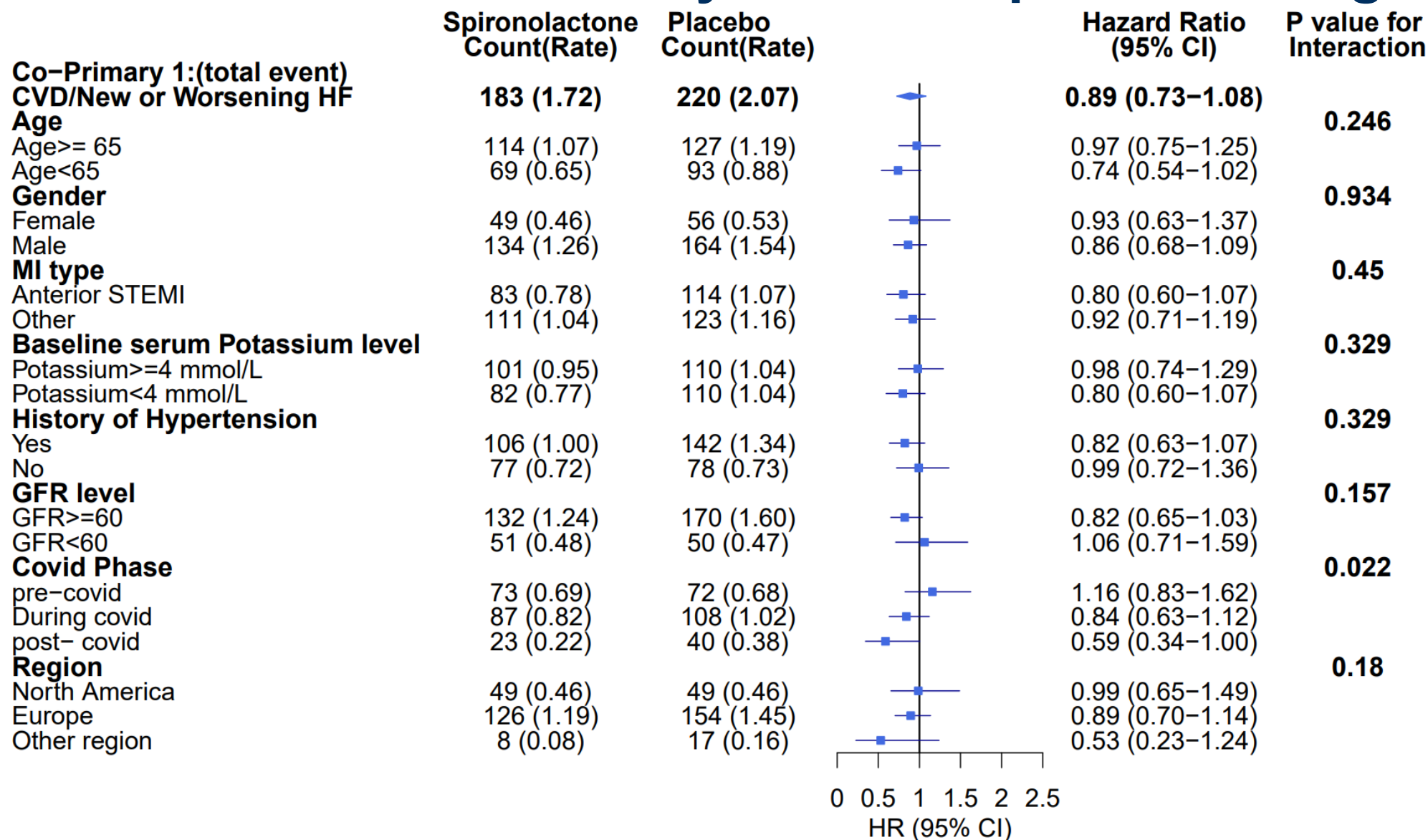
Results - On Treatment

	Spironolactone (N=3497) (%)	Placebo (N=3483) (%)	HR	95% CI	p
Co – primary 1: CV death or new or worsening heart failure	1.5%	2.0%	0.79	0.63-1.00	0.047
Co – primary 2: CV death, MI, stroke or new or worsening heart failure	5.8%	7.2%	0.83	0.69-1.00	0.046
CV death	2.3%	2.9%	0.84	0.62-1.12	
Recurrent MI	2.0%	2.6%	0.80	0.58-1.09	
Stroke	1.0%	1.0%	1.06	0.66-1.68	
New or worsening heart failure	1.3%	2.0%	0.67	0.46-0.98	
Significant arrhythmia	0.5%	0.5%	1.15	0.57-2.29	

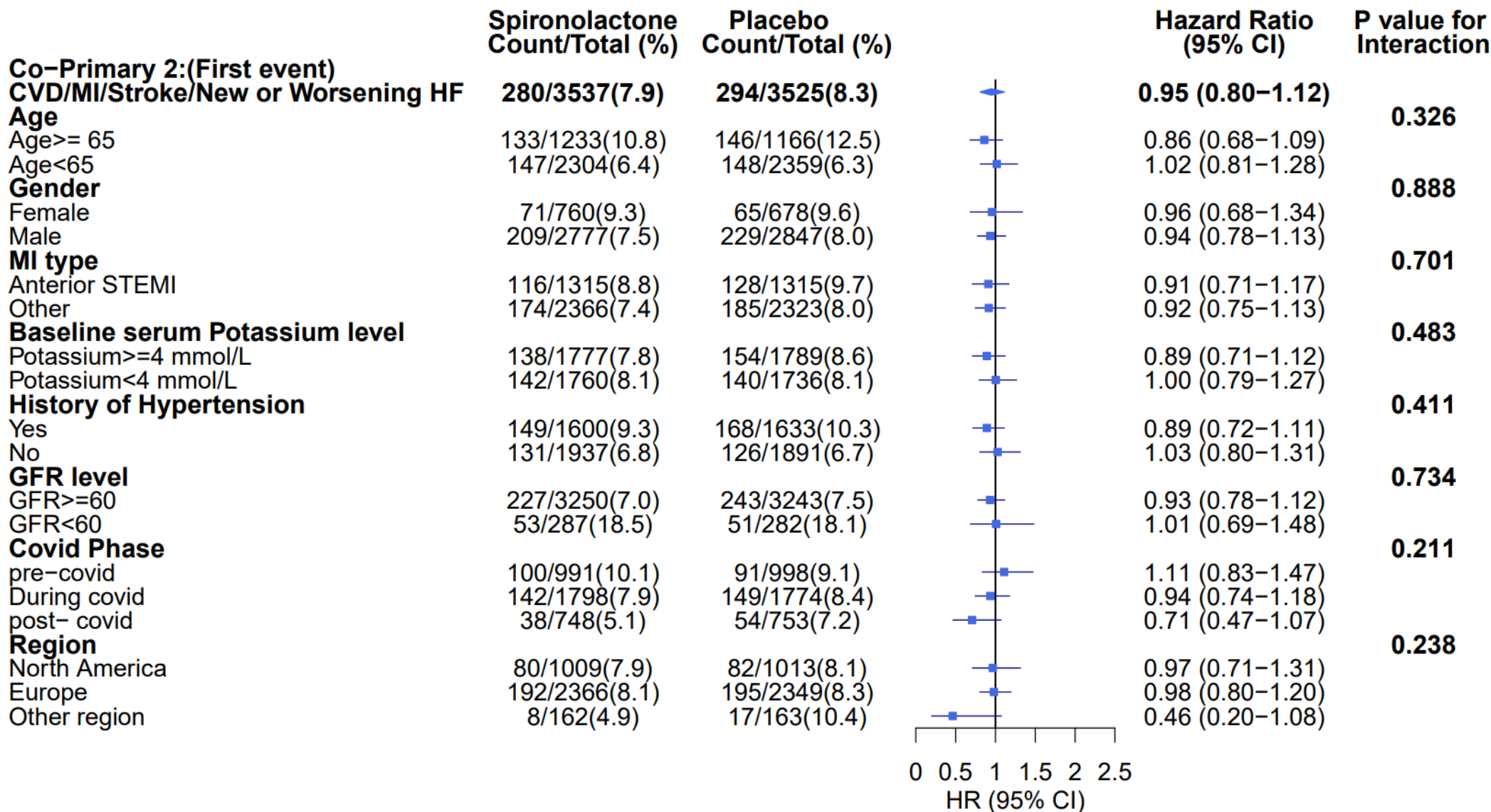
Adverse Events

	Spironolactone (N=3537) (%)	Placebo (N=3525) (%)	p
Serious Adverse Events	7.2%	6.8%	0.54
HyperK+ leading to study drug discontinuation	1.1%	0.05%	0.01
Gynecomastia	2.3%	0.5%	<0.001

Forest Plot of Co-Primary 1 in Pre-Specified Subgroups



Forest Plot of Co-Primary 2 in Pre-Specified Subgroups



Conclusion

- Routine spironolactone post MI did not reduce either co-primary outcome
- There was a reduction in heart failure
- On treatment analysis suggests potential benefit
- Outcomes have improved remarkably over the last 20 years

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