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Publishing Title: Clopidogrel With Aspirin in Acute Minor Stroke or Transient Ischemic Attack and Intracranial Artery Stenosis: Subgroup-analysis of Chance

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Abstract Body:

Background: In Clopidogrel in High-risk patients with Acute Non-disabling Cerebrovascular Events (CHANCE) trial, clopidogrel plus aspirin reduced the risk of recurrent stroke for those Chinese patients with acute minor stroke or TIA at high risk for recurrence, we aim to investigate whether the efficacy and safety of clopidogrel plus aspirin is consistent among the subgroups of patients with and without intracranial artery stenosis (ICAS).

Methods: In this substudy we assessed the interaction of the treatment effects of clopidogrel plus aspirin among patients with and without ICAS which evaluated by 3D-TOF MRA. Efficacy analyses were by intention to treat and safety analyses were done in the on treatment population.

Results: 5170 patients were enrolled in CHANCE trial. Of those, 1089 subjects in 45 centers participated in imaging sub-analysis. 608(55.83%) patients with ICAS and 481(44.17%) without. patients with ICAS had higher rate of recurrent (12.47% vs 5.43%, P<0.0001)) and poor outcome (mRS 0-2) (89.1% vs 97.02%, P<0.0001) at 90 days than the group without ICAS. The number of events for the primary endpoint in patient treated with combination compared with aspirin only was consistant among patients with ICAS ( 11.26% dual vs 13.60% aspirin; hazard ratio [HR] 0.79 , 95% CI 0.47- 1.32) and those without ICAS ( 5.33% dual vs 5.52% aspirin;HR1.12, 95% CI 0.56- 2.25; interaction p=0.5224). The number of any clinically relevant bleeding events in patients treated with dual compared with aspirin only was consistent among patients with ICAS ( 3.03 % dual vs 0.80% aspirin; HR 2.83, 95% CI 0.57- 14.11) and those without ( 5.33% dual vs 5.52% aspirin; HR 1.02, 95% CI 0.35- 2.97; interaction p=0.2769).

Conclusions: These evidence indicate the higher rate of recurrent stroke in minor stroke or high risk TIA patients who had intracranial artery stenosis. but no significant difference in the response to the dual anti-platelet treatment compare with aspirin only between patients who had ICAS and those without. Further analysis should be done to classify the mechanisms and efficacy of different treatments.<!--EndFragment-->