

# MERLIN – TIMI 36

*Metabolic Efficiency with Ranolazine for Less Ischemia in  
Non-ST Elevation Acute Coronary Syndromes*

N = 6560

**UA/NSTEMI**

Follow-up  
Q4 mo  
(Avg 8-12 mo)

**Ranolazine  
IV to PO**

**RANDOMIZE (1:1)  
Double-blind**

**Placebo  
Matched IV/PO**

**Holter at enrollment x 7d**

**Follow-up Visits:  
Day 14, Month 4,  
Q4 Months**

**ETT Month 8**

**Final Visit**

**Primary Endpoint: CV death, MI or Recurrent Ischemia**

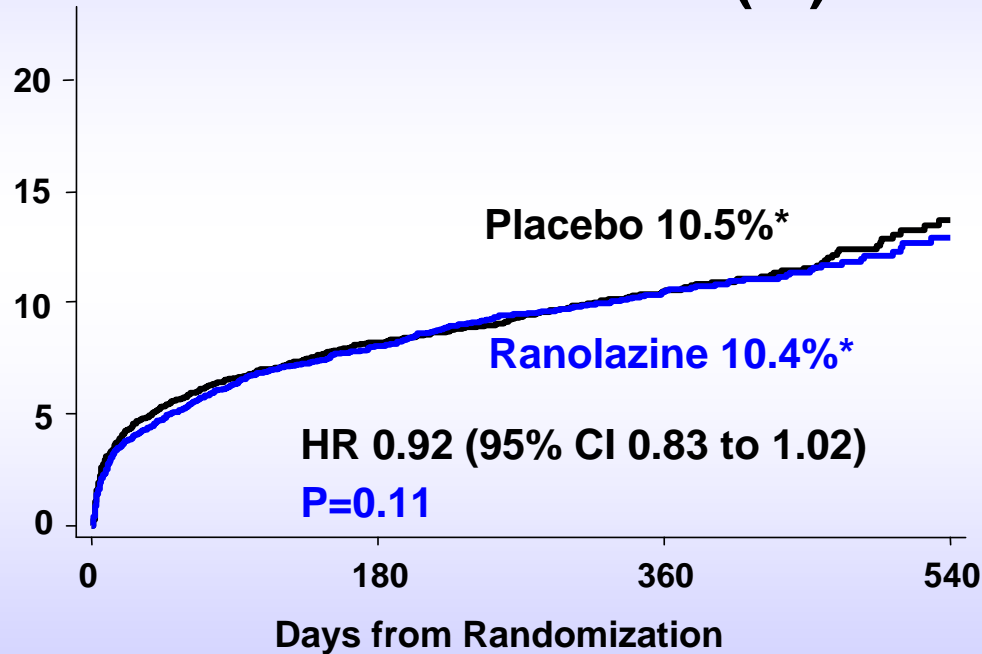


**Primary Endpoint - CV Death, MI, or Recurrent Ischemia**

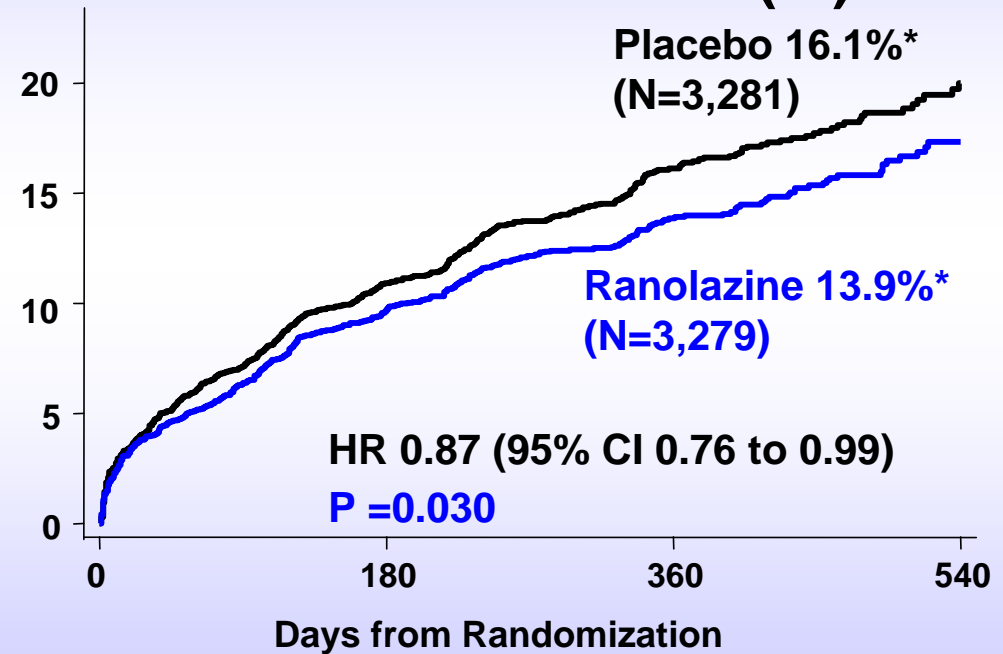
**21.8% for Ranolazine vs. 23.5% for Placebo**

**HR 0.92 (95% CI 0.83 to 1.02), P = 0.11**

## CV Death or MI (%)



## Recurrent Ischemia (%)

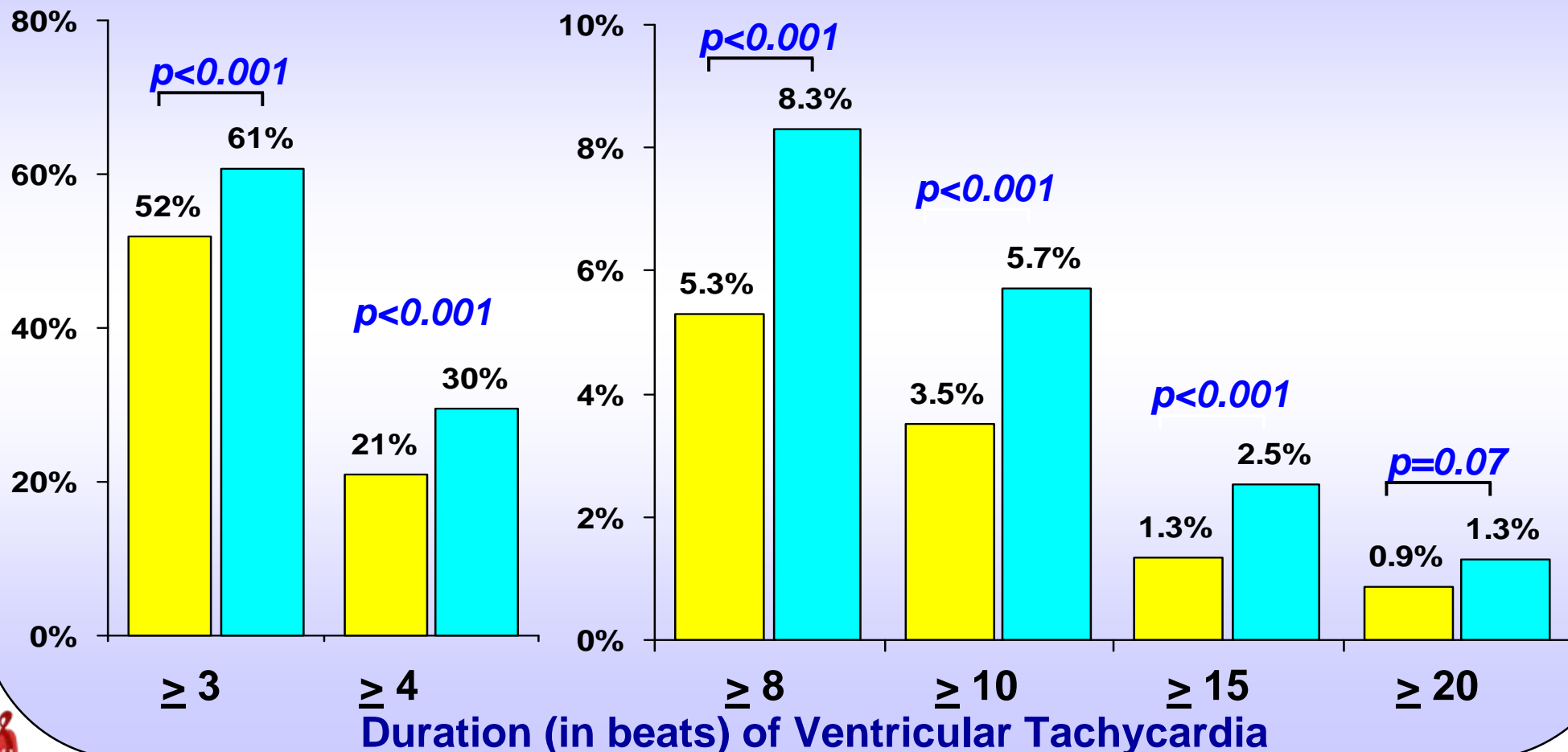


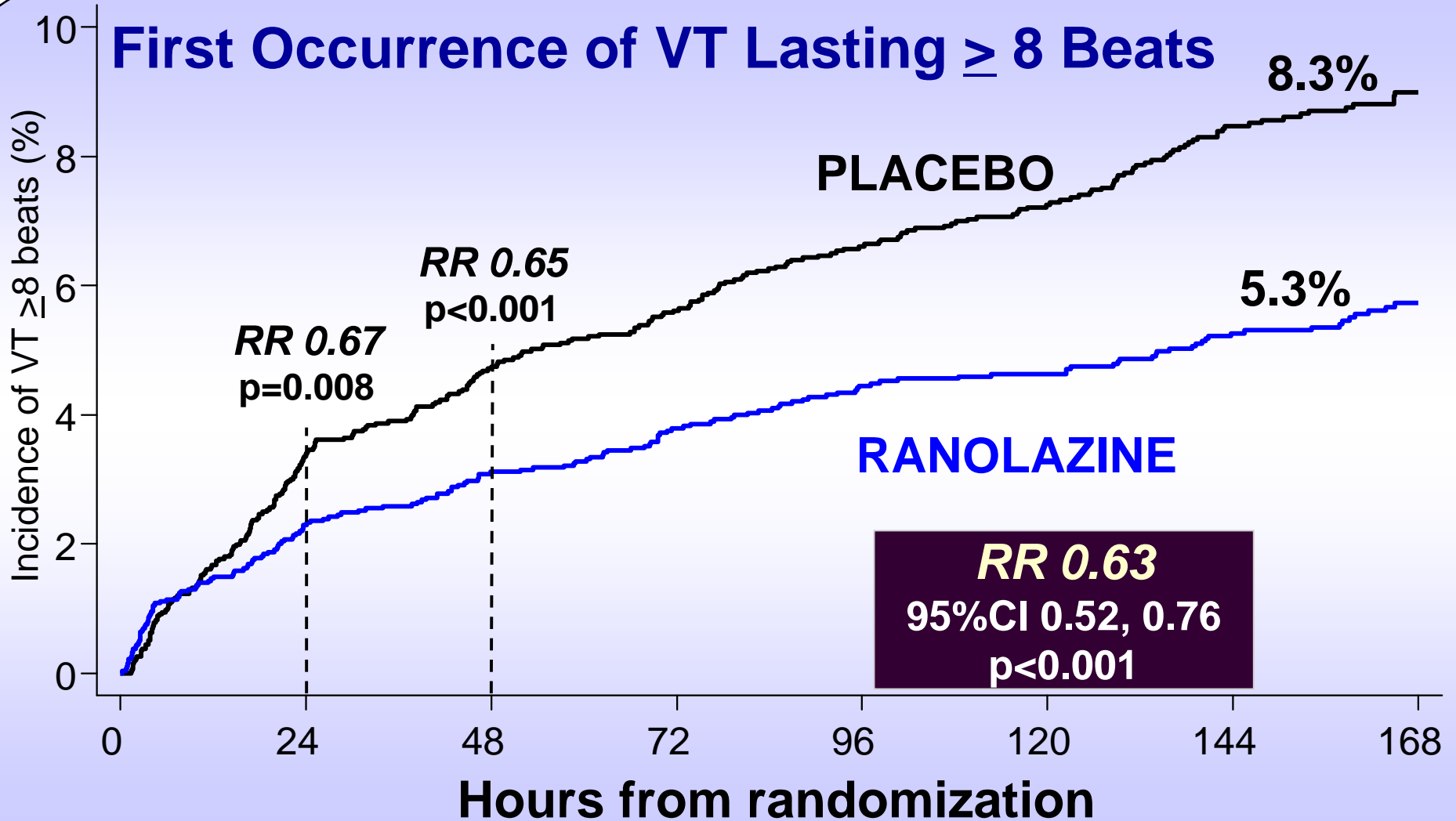
\*KM Cumulative Incidence (%) at 12 months



## Ventricular Arrhythmias

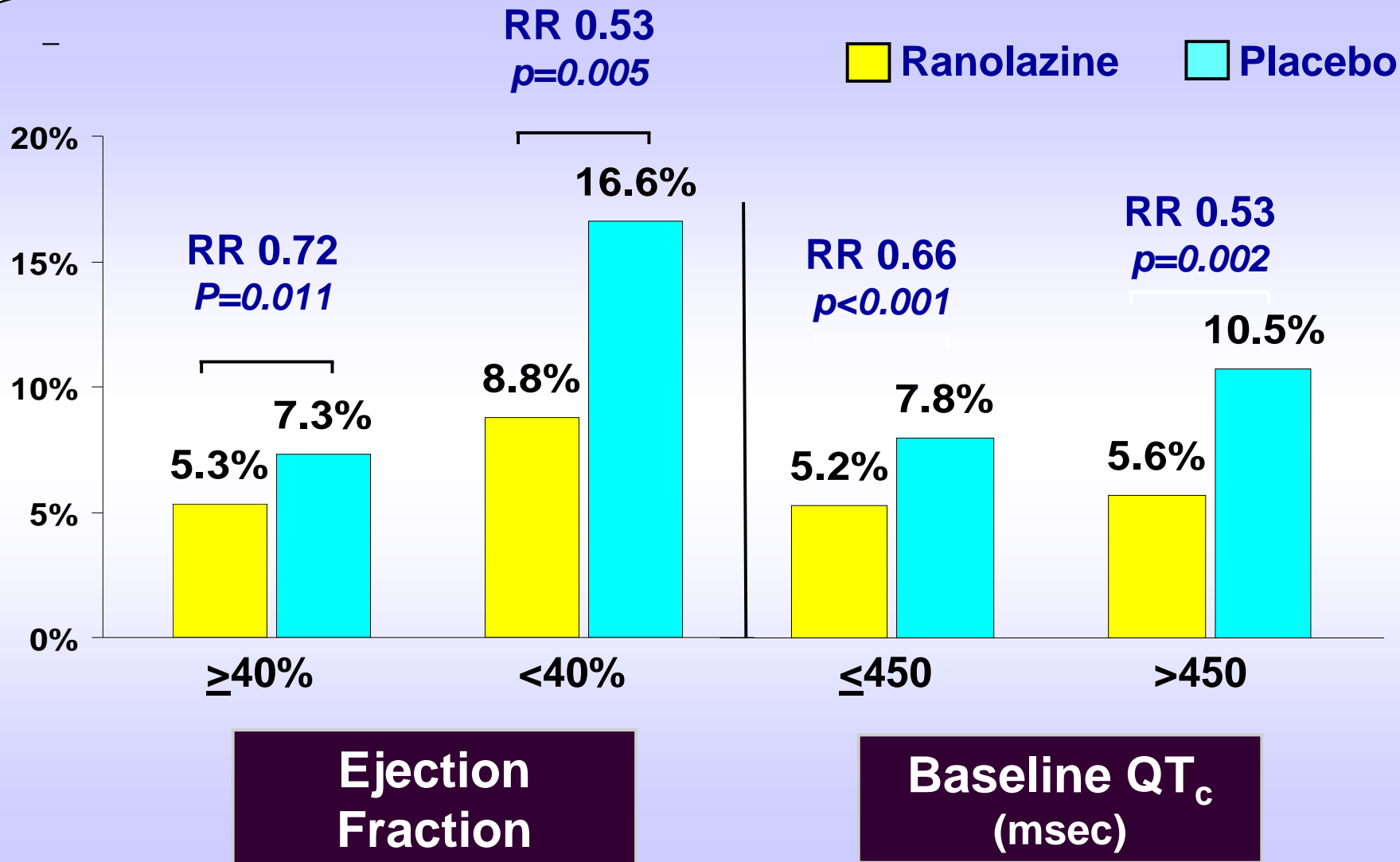
■ Ranolazine    ■ Placebo





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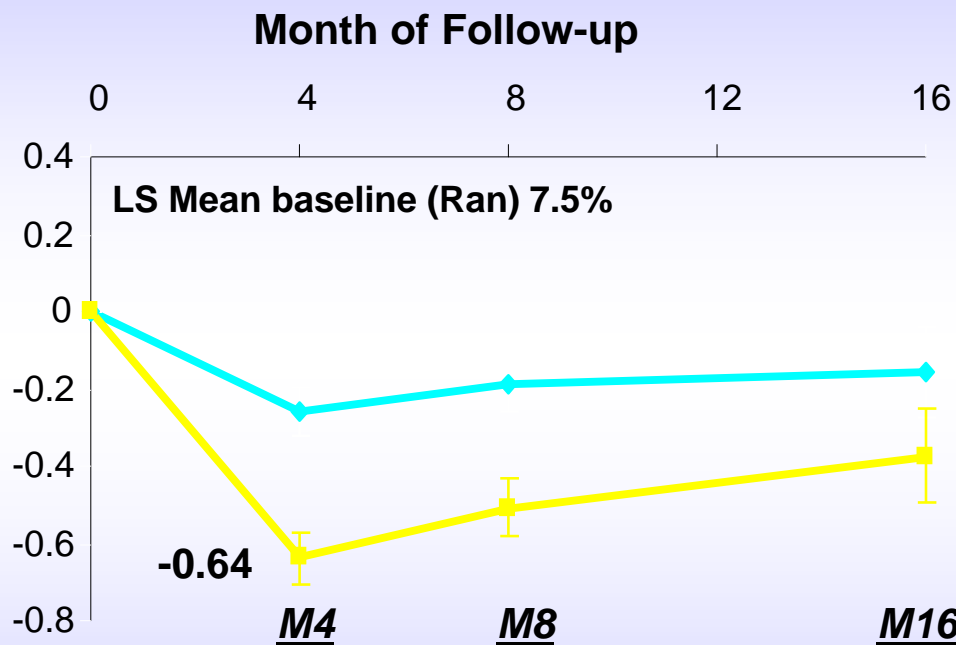
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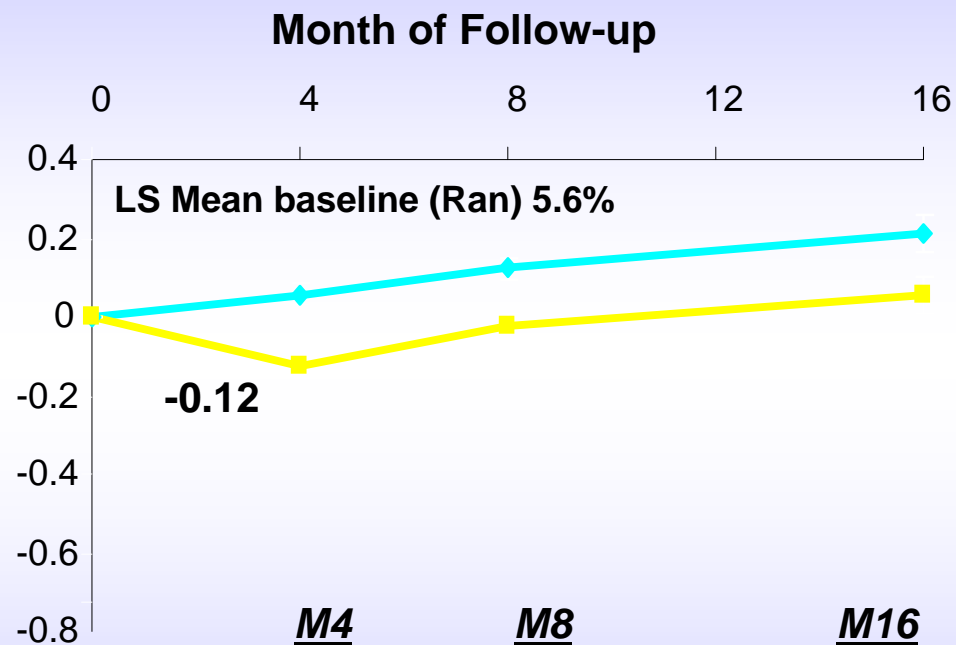
## Change in HbA1c (%) Stratified by Diabetes Status

### Patients with Diabetes Mellitus

### No Diabetes Mellitus



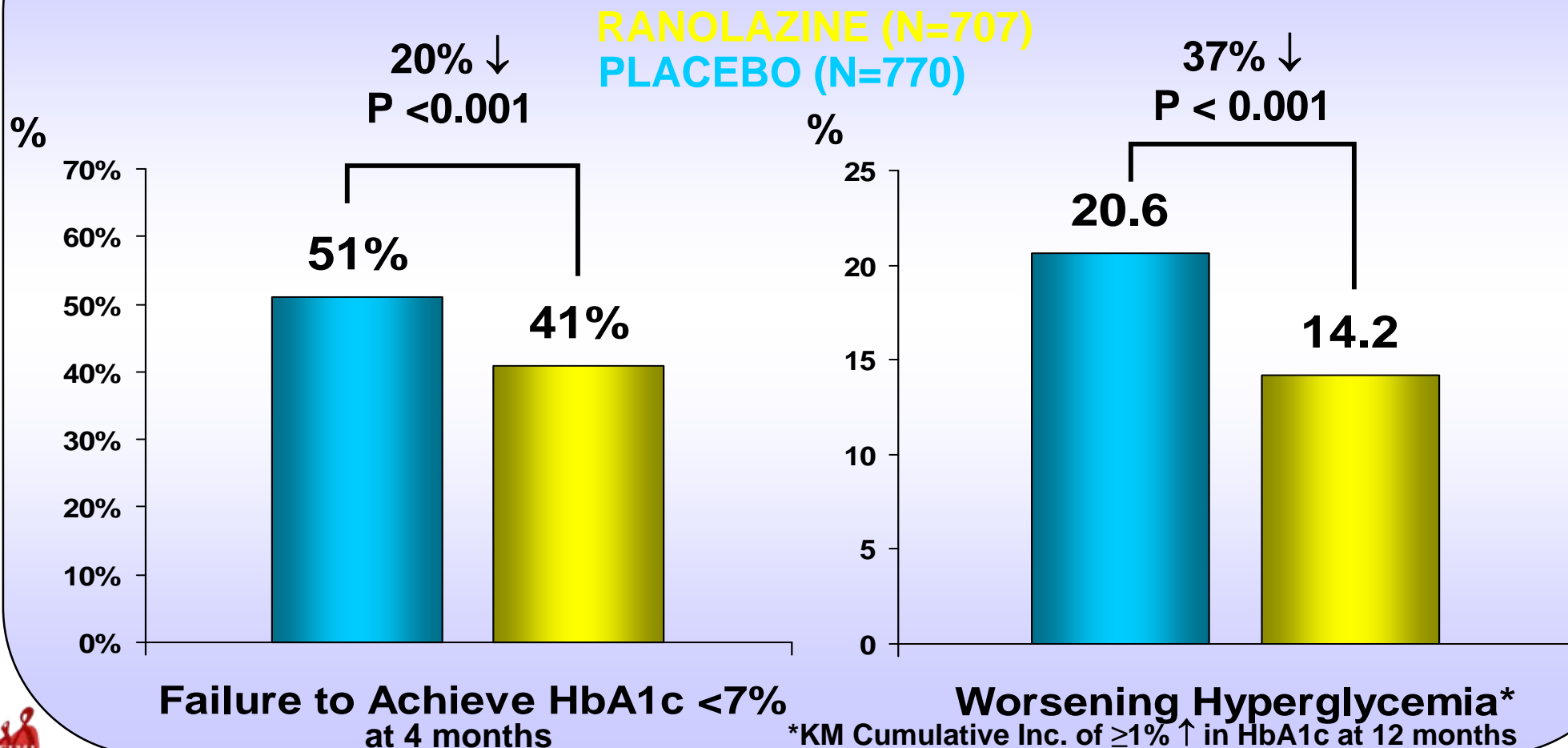
	<u>M4</u>	<u>M8</u>	<u>M16</u>
Placebo	N = 770	N = 598	N = 122
Ranolazine	N = 707	N = 535	N = 112
P-value	<0.001	<0.001	= 0.13



	<u>M4</u>	<u>M8</u>	<u>M16</u>
Placebo	N = 1428	N = 1113	N = 260
Ranolazine	N = 1401	N = 1113	N = 266
P-value	<0.001	= 0.002	= 0.025



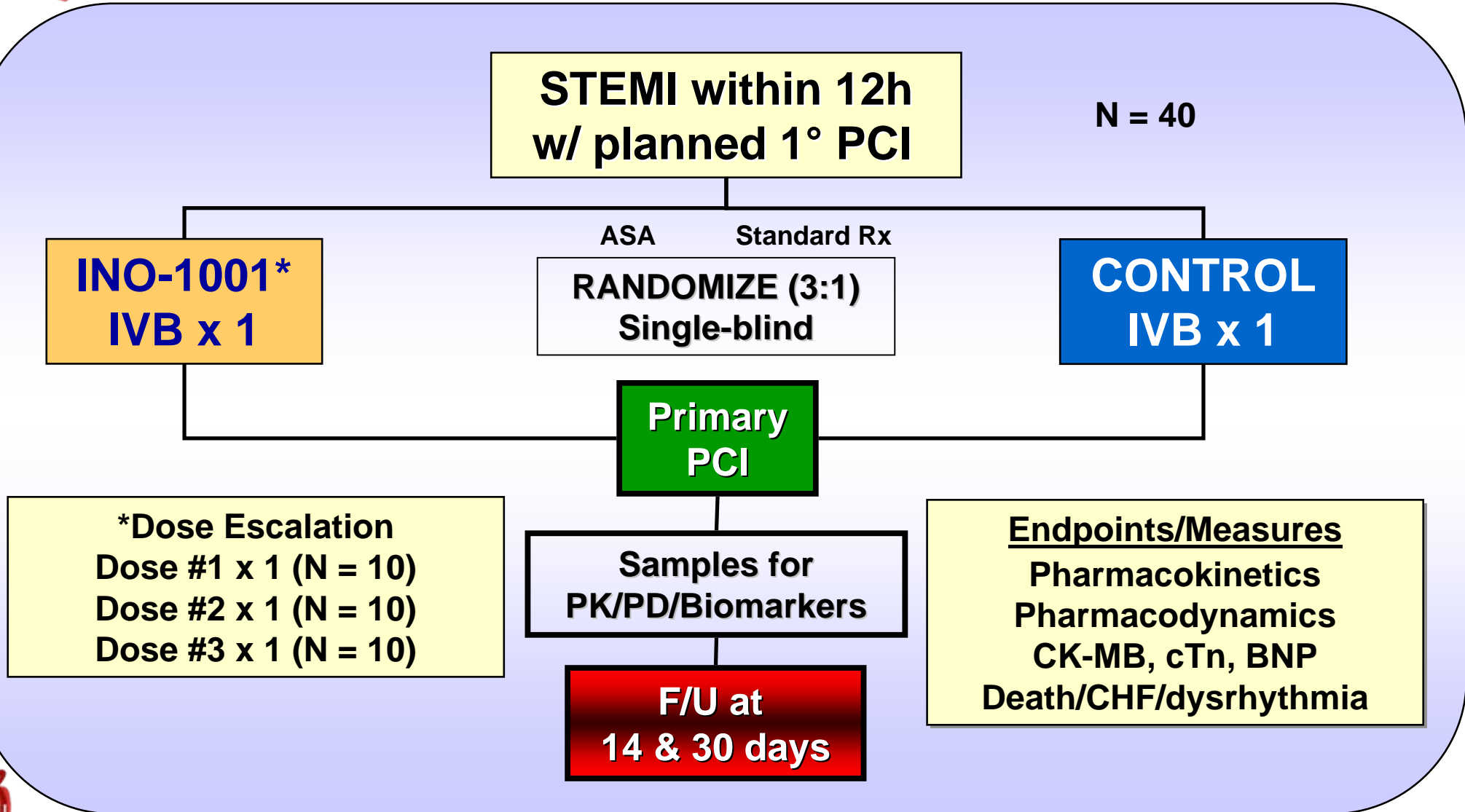
## Effect of Ranolazine on HbA1c in Patients with DM





# TIMI 37A

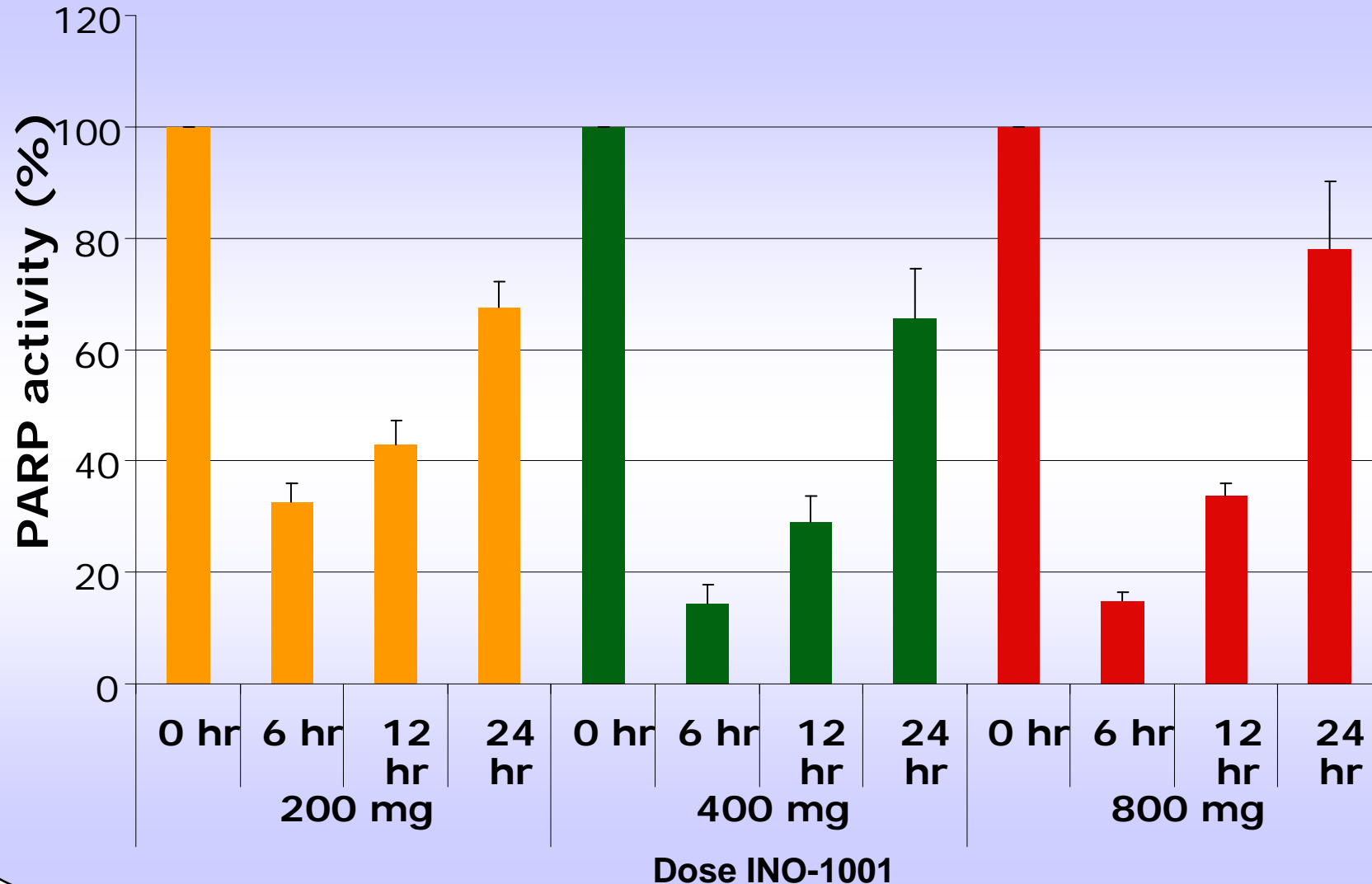
*A Dose Ranging Trial of the Poly (ADP-ribose) Polymerase (PARP) Inhibitor INO-1001 to Reduce Reperfusion Injury After Primary PCI*





# TIMI 37A

*A Dose Ranging Trial of the Poly (ADP-ribose) Polymerase (PARP) Inhibitor INO-1001 to Reduce Reperfusion Injury After Primary PCI*



# TRITON – TIMI 38

*A Comparison of Prasugrel and Clopidogrel in Acute Coronary Syndrome Patients Who Are To Undergo Percutaneous Coronary Intervention*

**ACS (STEMI or UA/NSTEMI) & Planned PCI**

**ASA** ↓

**N= 13,608**

**Double-blind**

**PRASUGREL**

**CLOPIDOGREL**

**Median duration of therapy - 12 months**

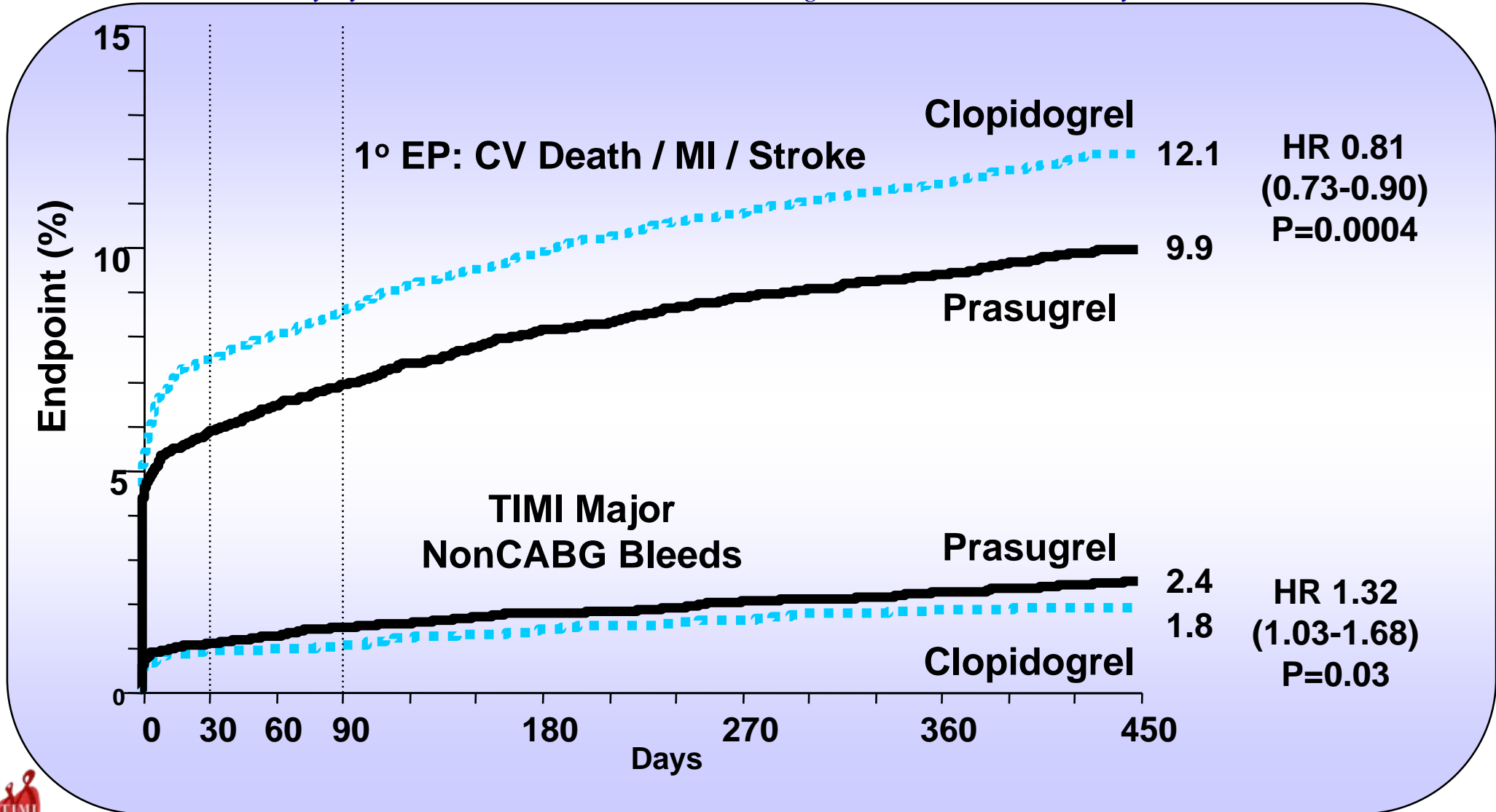
**1° endpoint: CV death, MI, Stroke**  
**2° endpoints: CV death, MI, Stroke, Re-ischemia**  
**CV death, MI, UTVR**



# TRITON – TIMI 38

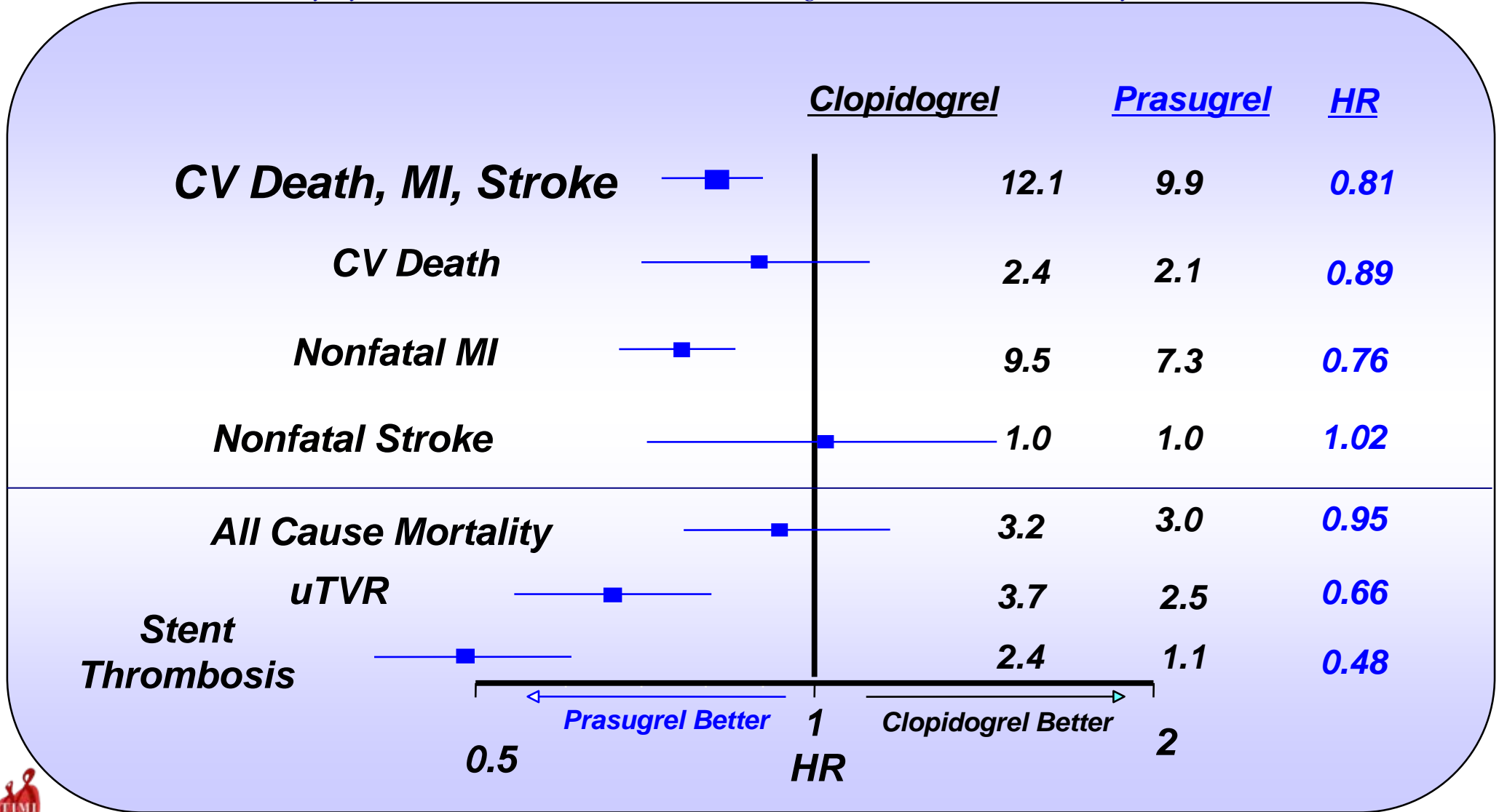
*A Comparison of Prasugrel and Clopidogrel in Acute*

*Coronary Syndrome Patients Who Are To Undergo Percutaneous Coronary Intervention*



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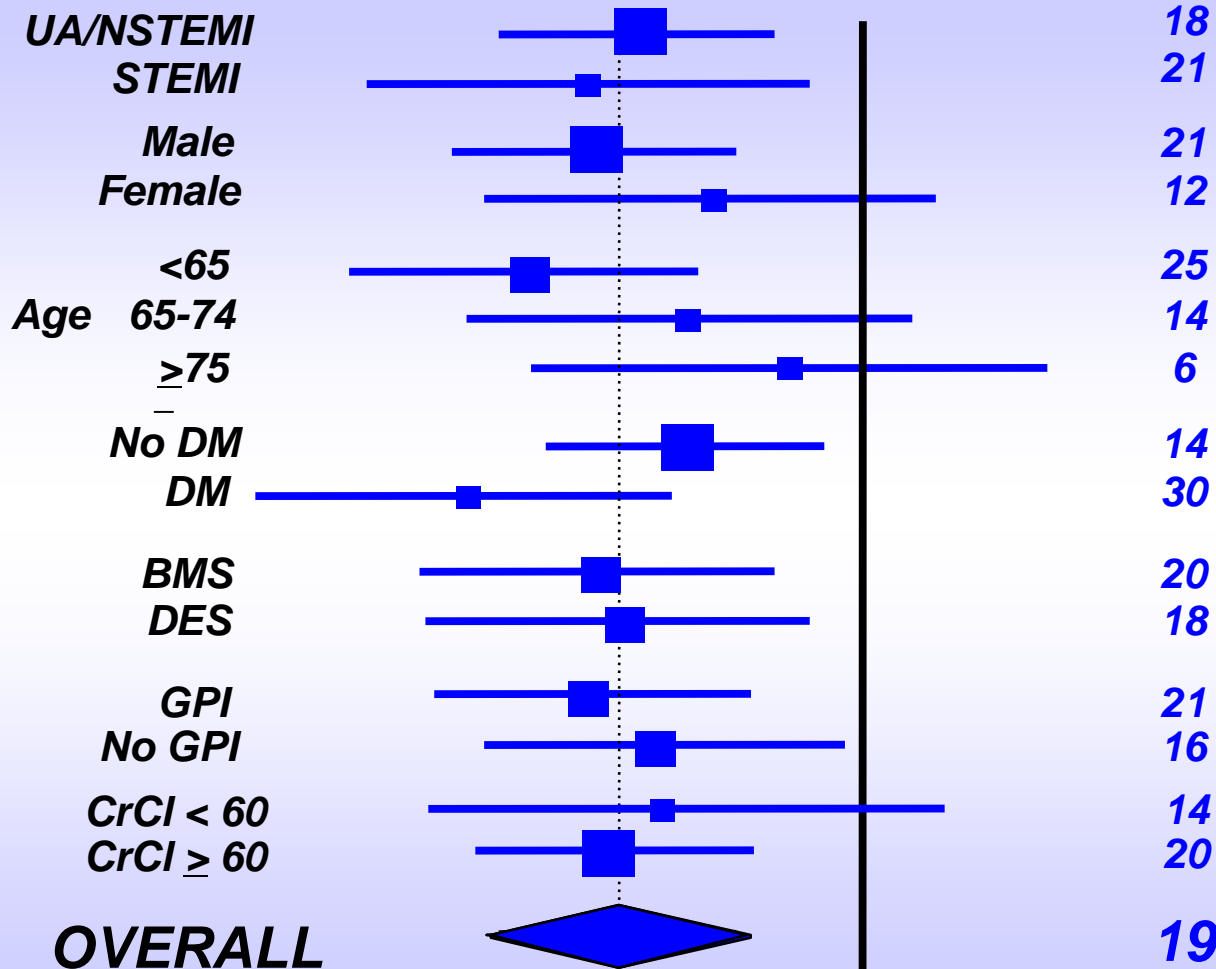


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*A Comparison of Prasugrel and Clopidogrel in Acute*

*Coronary Syndrome Patients Who Are To Undergo Percutaneous Coronary Intervention*

**Reduction in risk (%)**



**CV Death, MI,  
Stroke  
Major  
Subgroups**

$P_{inter} = NS$

0.5

Prasugrel Better

HR

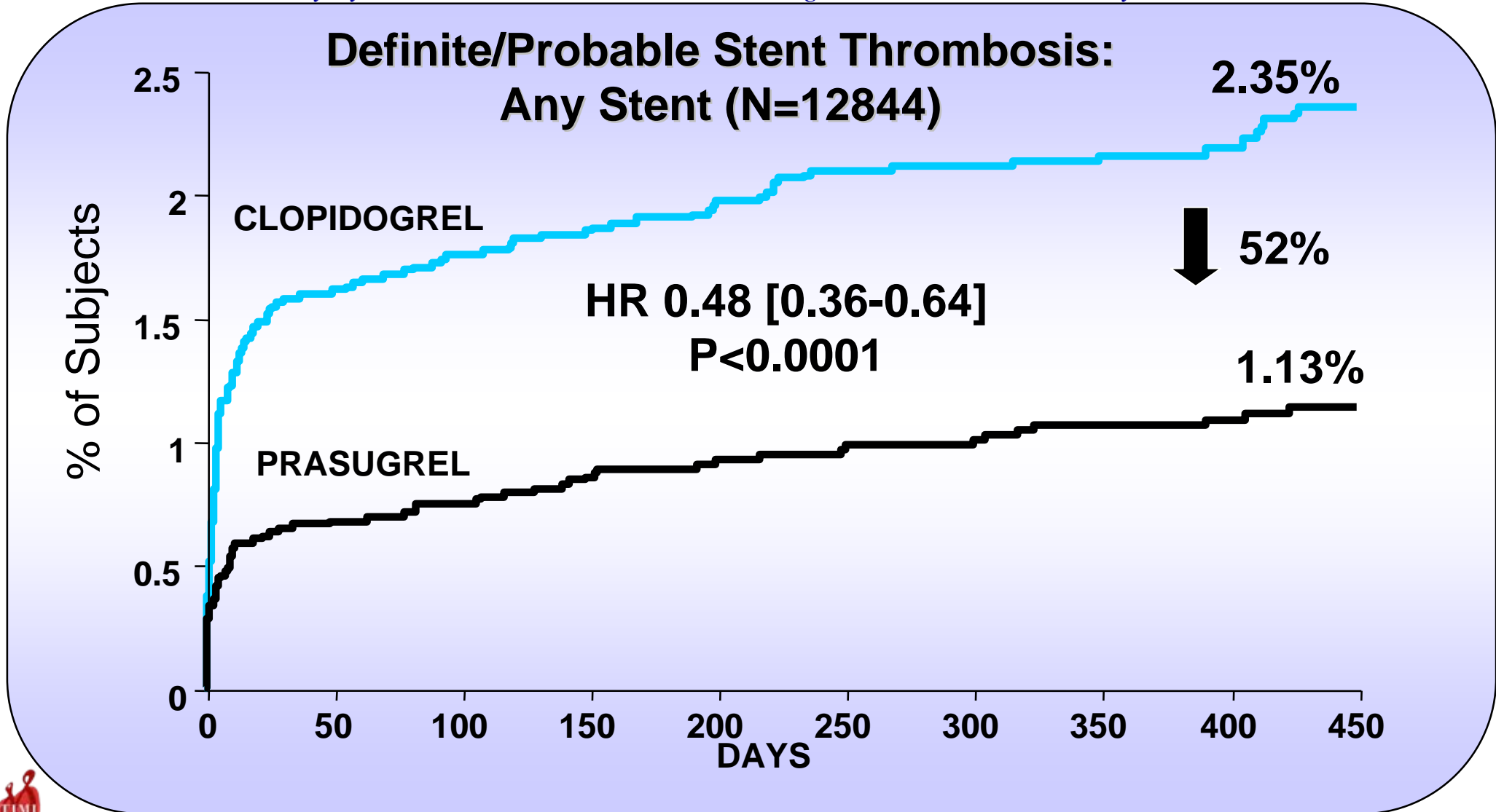
Clopidogrel Better

2



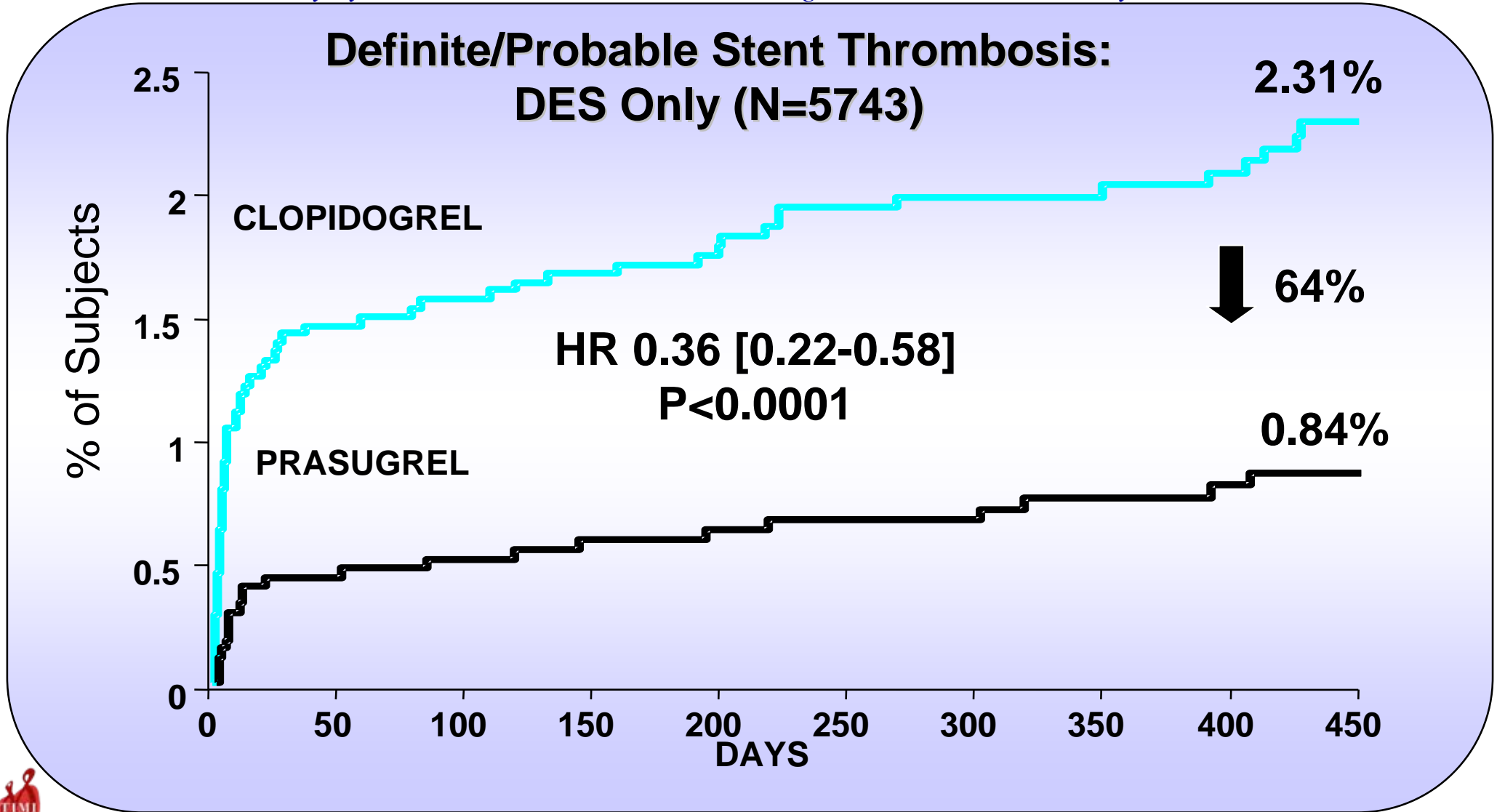
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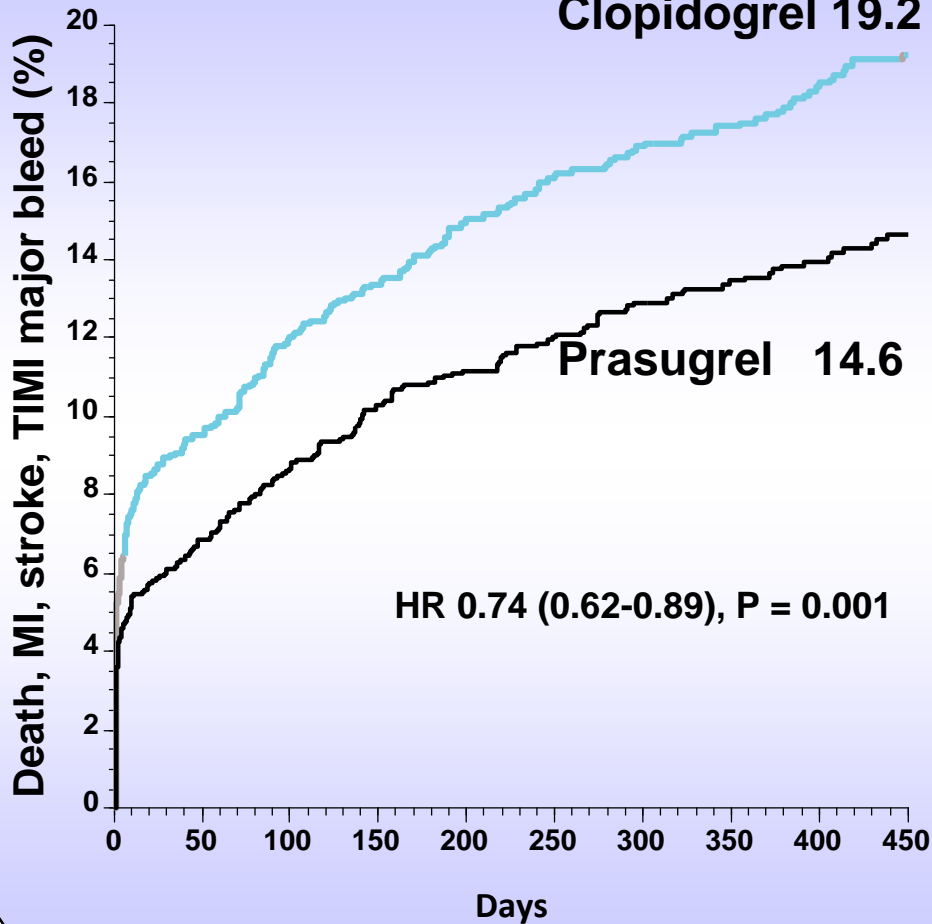


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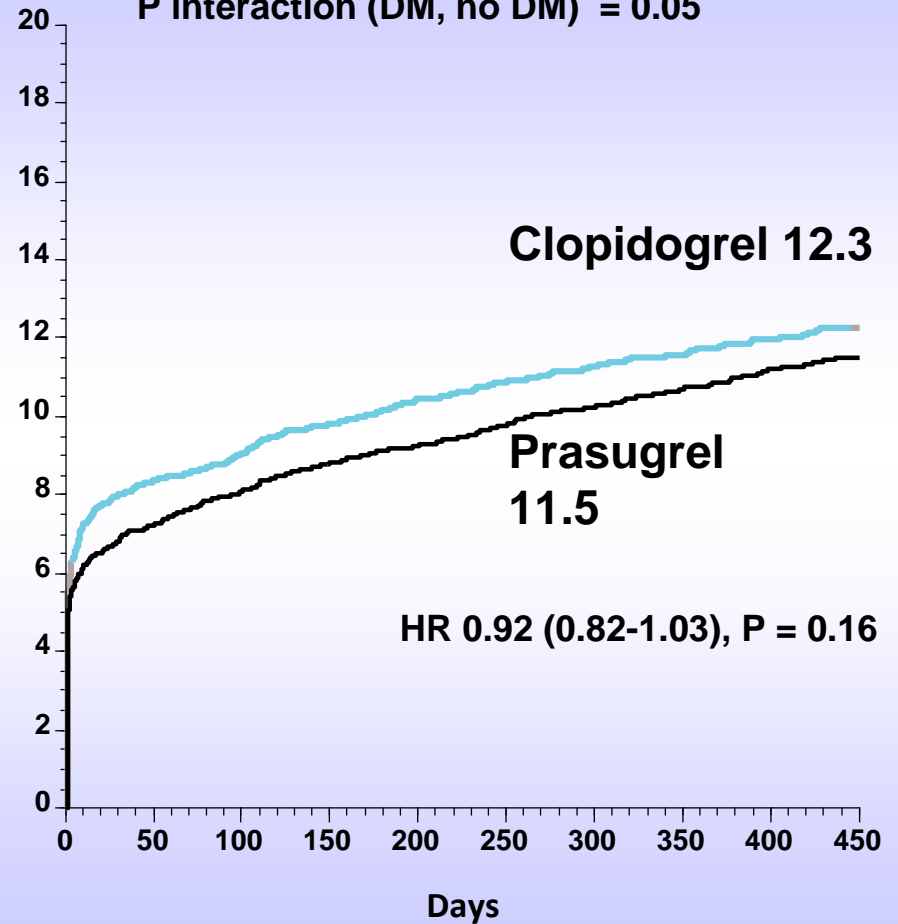
*A Comparison of Prasugrel and Clopidogrel in Acute*

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**Diabetes Mellitus (n=3,146)**  
**Clopidogrel 19.2**



**No Diabetes Mellitus (n=10,462)**  
P interaction (DM, no DM) = 0.05





# PRINCIPLE – TIMI 44

*Phase I: Loading*

n = 201 randomized

**Planned Elective PCI  
Aggregometry and Biomarkers**

Clopidogrel-naive  
Planned GP IIb/IIIa  
prohibited

**Clopidogrel  
600 mg**

ASA

**Prasugrel  
60 mg**

**0.5 hour post-LD  
Aggregometry and biomarkers**

**Diagnostic catheterization anatomy suitable for PCI  
Post cath aggregometry**

**PCI**

**Post-PCI aggregometry,  
biomarkers**

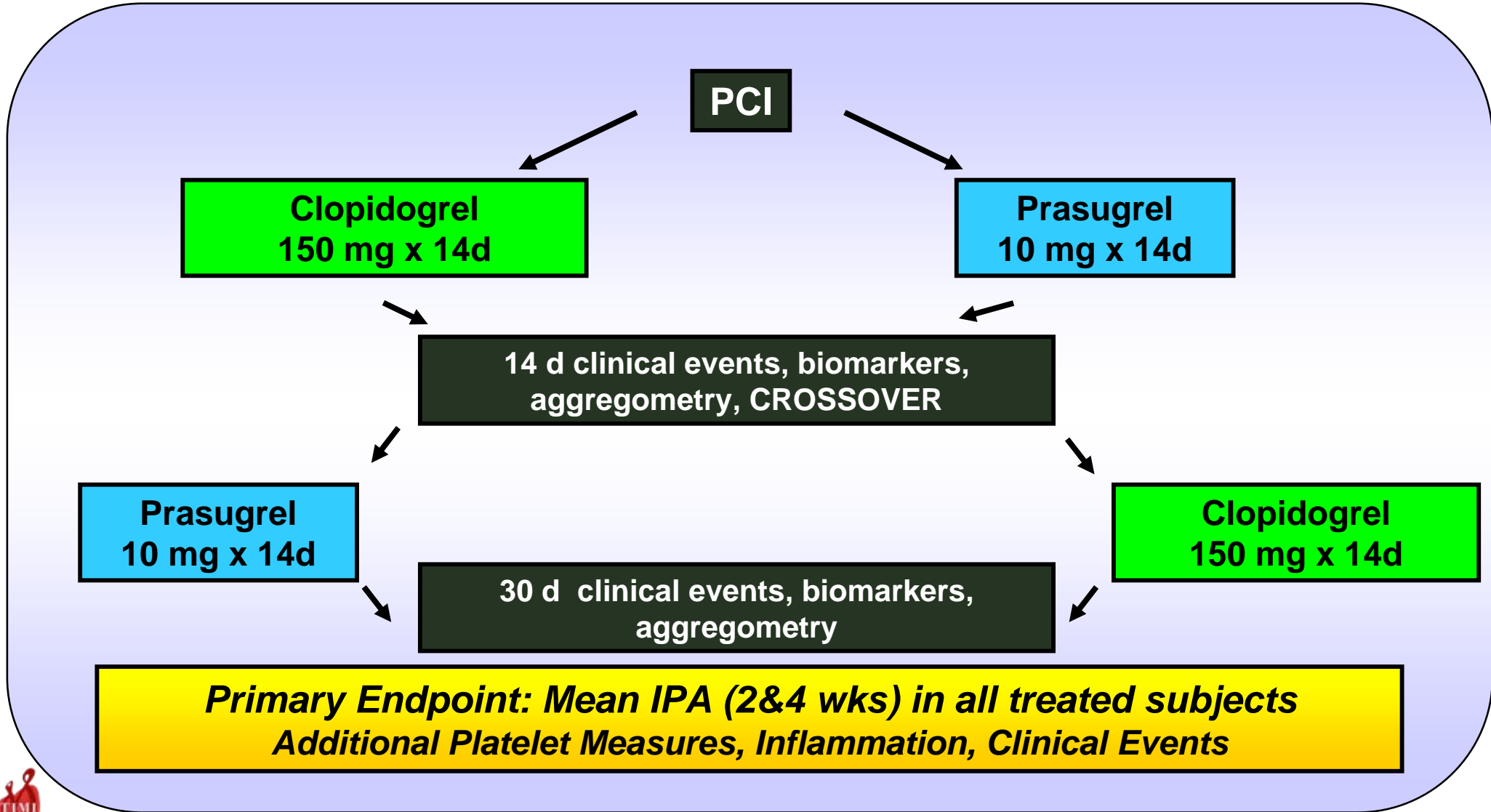
***Primary Endpoint: Mean IPA (6h) in all treated subjects  
Additional Platelet Measures, Myonecrosis, Inflammation***





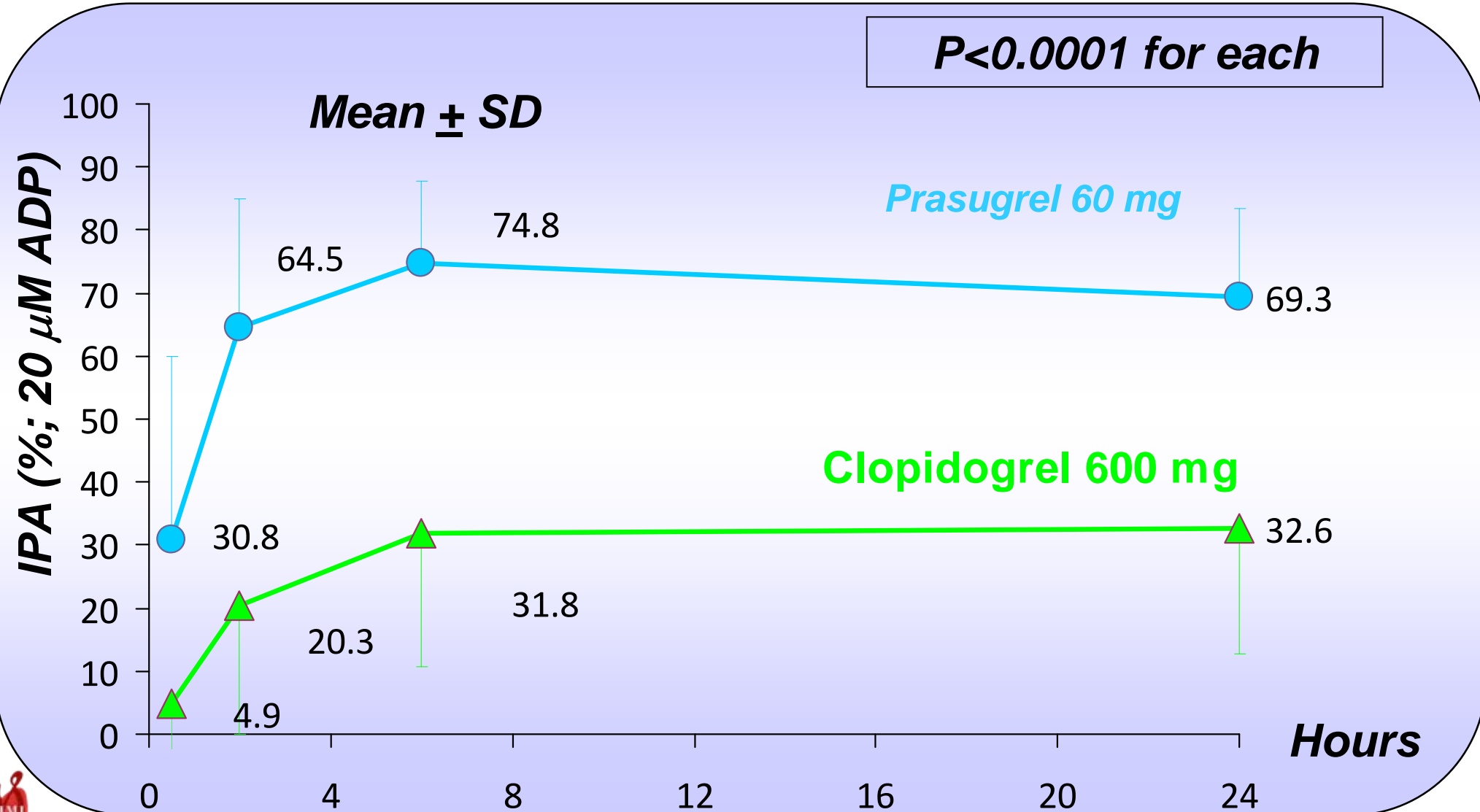
# PRINCIPLE – TIMI 44

*Phase II: Maintenance*





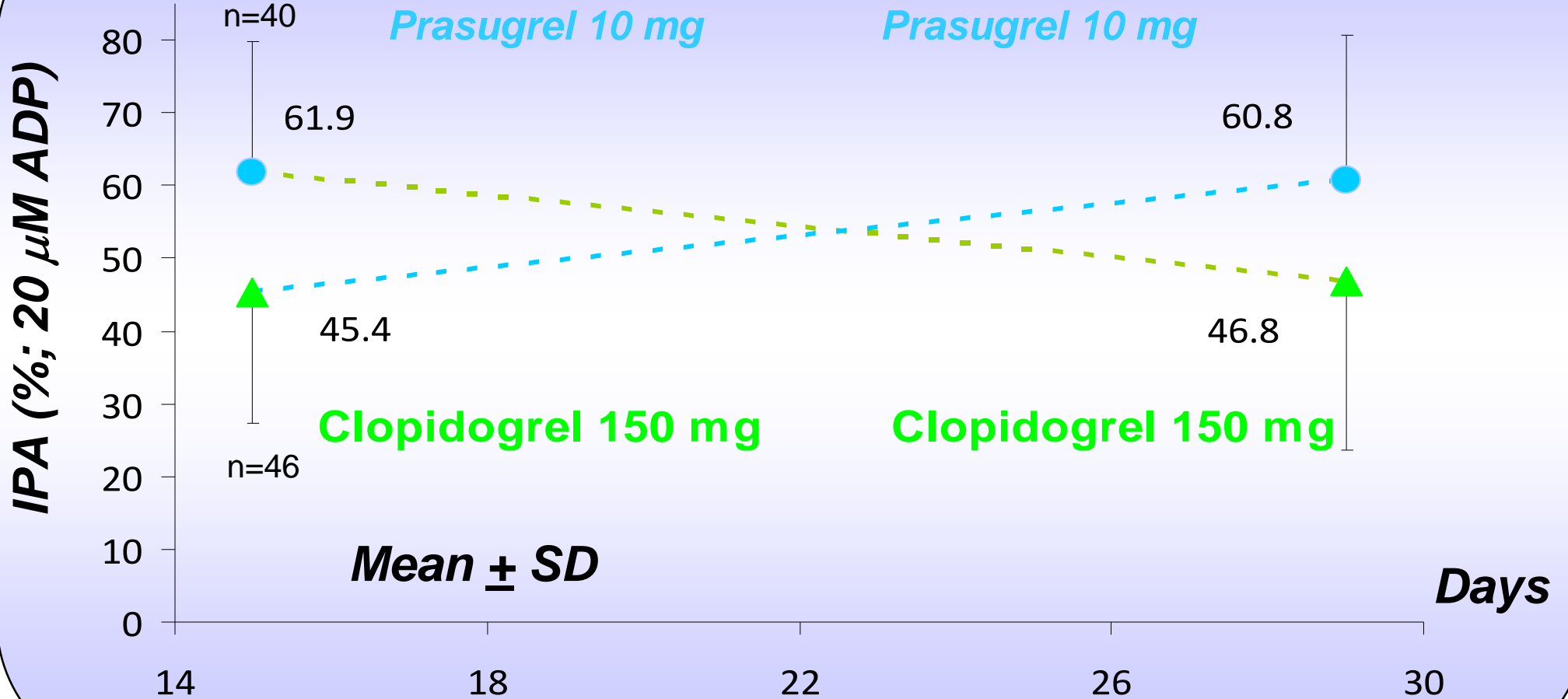
# PRIMARY EP Loading Phase: IPA 20 $\mu$ M ADP





# PRIMARY EP Maintenance Phase: IPA 20 $\mu$ M ADP

**Difference Between Treatments: 14.9 [95% CI 10.6 – 19.3],  $P < 0.0001^*$**



**\*ANCOVA factors for treatment, phase, order, site, baseline MPA**

