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Comparisons of Two Different Platelet Glycoprotein IIb/IIIa Receptor Blockers Clotinab and ReoPro in Patients with Acute Myocardial Infarction

Reopro (abciximab) is the Fab fragment of the chimeric human monoclonal antibody 7E3. Clotinab (abciximab) was produced by inserting anti-platelet glycoprotein (GP) IIb/IIIa DNA into a Chinese hamster's ovary cell and is expected to have same efficacy with Reopro. Although the increasing use of intravenous GP IIb/IIIa receptor blocker in the treatment of acute myocardial infarction (AMI), there is a paucity of data on the differences in clinical outcomes between Clotinab and ReoPro in AMI patients (pts) undergoing percutaneous coronary intervention (PCI). Methods Among 12,431 pts enrolled in the Korea AMI Registry, eligible 1,314 pts used GP IIb/IIIa receptor blockers were classified into two groups; 1) Clotinab group (n = 1,016) and 2) ReoPro group (n = 298). Primary endpoint was major adverse cardiovascular events (MACE) defined as the composite of total death (TD), myocardial infarction (MI), and target vessel revascularization (TVR). Clotinab group showed higher prevalence of dyslipidemia and lower prevalence of previous MI and multi-vessel disease than ReoPro group. At 1 year, the incidence of MACE did not differ between Clotinab and ReoPro group in crude population. Also, in 3:1 propensity-score matched analysis, there was no significant difference in the incidence of MACE between the two groups. Individual major clinical outcomes including TD, MI, and TVR, no differences were observed between the two groups in both crude and matched population. Clotinab was associated with similarly favorable 1-year clinical outcomes that were comparable to ReoPro for AMI pts undergoing PCI in a series of large Asian AMI population.