Transcript: SECURE Commentary – Clyde Yancy, MD, FAHA

This is Clyde Yancy, former president of the American Heart Association and national spokesperson for the American Heart Association, reporting to you the results of the late-breaking clinical trial session from ESC 2022.

Delighted to share with you that one of the most important trials has already been released. It is the SECURE trial, Secondary Prevention of Cardiovascular Disease in the Elderly. This was a decidedly positive trial with top-line findings that may change practice literally as we speak.

In a targeted population of those experiencing myocardial infarction, currently we understand this happens to older individuals, men, mid 60s, women, early 70s. The necessity for secondary prevention cannot be overemphasized. Yet as it stands, it requires multiple different agents taken longitudinally with questions about adherence and sustainability of that regimen.

Enter the polypill. Under investigation now for almost 20 years, this is no longer a new concept, but this is one of the most well-executed applications of that concept we've yet seen.

A polypill with aspirin, an ACE inhibitor and a statin given to patients after myocardial infarction, randomized against standard of care, indicated therapies demonstrated a decided advantage on a composite endpoint that included cardiovascular death and recurrent myocardial infarction.

That composite endpoint was substantially positive, with 24% relative risk reduction in favor of the polypill even though the parameters that we follow most closely -- for example, the efficacy of lipid lowering -- were the same between the two groups.

What might explain this difference? Perhaps it's better adherence with the polypill. We've always assumed that's the case, but maybe it's the pleiotropic effects of the agents in aggregate, that is the ACE inhibitor plus the aspirin plus the statin may derive benefits that we've not yet identified but that were sufficient to change outcomes.

This is exciting information. A new way to accomplish secondary prevention in a very important patient population. A new idea of what might happen when we bring drugs together rather than give them individually, not only improving implementation but improving outcomes.

This really prompts us to investigate polypills further for other indications and look for ways that we can take these incredible findings and apply them to other disease states. I really applaud the investigators for bringing the secure data forward and hope that the future shows us more applications for the polypill.

Again, this is Clyde Yancy reporting to you the late-breaking clinical trials from ESC 2022. Thank you for your attention.