ATPCI: Trimetazidine in Angina Patients with Recent Successful Percutaneous Coronary Intervention: a Randomized, Double-Blind, Placebo-Controlled Trial

Purpose: Assess the efficacy and safety of Trimetazidine added to standard, guideline recommended medical therapy in patients who had recent successful PCI (elective or urgent) for stable angina or non-ST elevated myocardial infarction.

Trial Design: N=6007, Phase 3, international, multi-center (365 sites, 27 countries), randomized, double-blind, placebo-controlled trial, event driven study design.

Primary Endpoints: Composite of cardiac death, hospitalization for cardiac events, recurrent/persistent angina leading to adding, switching or increasing the dose of anti-anginal therapies or to coronary angiography.

	Trimetazidine (n=2998) Number of events (%)	Placebo (n=3009) Number of events (%)	HR (95% CI)	P value
Primary composite outcome	700 (23.3%)	714 (23.7%)	0.98 (0.88-1.09)	0.73
Components of primary endpoint analyzed individually				
Cardiac Death	64 (2.1%)	79 (2.6%)	0.81 (0.58-1.13)	0.7644
Hospitalization for cardiac event	402 (13.4%)	402 (13.4%)	1.01 (0.88-1.16)	0.3089
Angina leading to coronary angiography	508 (16.9%)	499 (16.6%)	1.02 (0.90-1.15)	0.4314
Angina leading to treatment change	392 (13.1%)	389 (12.9%)	1.01 (0.88-1.17)	0.2745

Results: The prophylactic use of Trimetazidine added to optimal medical therapy did not improve the outcome in patients who had recent successful elective or urgent PCI. There was no difference in the primary outcome according to elective or urgent PCI. No Trimetazidine-related safety issues were identified.