

LoDoCo2 Low-Dose Colchicine in Coronary Disease

Purpose: This trial is initiated as a result of the LoDoCo (Low Dose Colchicine) pilot trial, which showed that the anti-inflammatory drug colchicine 0.5 mg once daily appears safe and effective for secondary prevention of cardiovascular disease (CVD). Colchicine's low cost and long-term safety suggest that if its efficacy can be confirmed in a rigorous trial, repurposing it for secondary prevention of CVD would have the potential to impact the global burden of CVD.

Trial Design: N = 5522; Investigator-initiated, international, multicentre, double-blind, placebo-controlled trial

Primary and Secondary Endpoints: Primary composite end point in this study included CV death, myocardial infarction, ischemic stroke, or ischemia-driven coronary revascularization. The secondary composite end point included CV death, myocardial infarction, or ischemic stroke. The study have a 90% power to detect a 30% reduction in the composite primary endpoint: cardiovascular death, myocardial infarction, ischemic stroke and ischemia-driven coronary revascularization. Adverse events potentially related to the use of colchicine will also be collected, including late gastrointestinal intolerance, neuropathy, myopathy, myositis, and neutropenia.

Conclusion: LoDoCo2 provides strong evidence to support repurposing colchicine for routine secondary prevention in patients with chronic coronary disease, and may be considered as an addition to the routine medication therapy. Colchicine is efficacious and safe anti-inflammatory for atherosclerotic plaque. Caution should be monitor for potential side effects and interactions (ie: statins) and monitor blood tests.

Primary end point : Cardiovascular death, Myocardial infarction, Ischemic stroke or Ischemia-driven coronary revascularization

