

Transradial Versus Transfemoral Access In Patients With Acute Coronary Syndromes Undergoing Invasive Management: Results From The Minimizing Adverse Haemorrhagic Events By Transradial Access Site And Systemic Implementation Of Angiox (matrix) Access Site Program

Purpose: To compare outcomes with the use of trans-radial vs. trans-femoral access in patients with acute coronary syndrome (ACS) scheduled to have coronary angiography and PCI. .

Trial Design: Phase 3, interventional, randomized safety/efficacy study. 30 day f/u. To determine if trans-radial access vs. trans-femoral access results in lower rates of the composite endpoint. N=8404

Primary Endpoint: 30-day outcomes: Major adverse cardiovascular events [MACE] (death, myocardial infarction, stroke) and net adverse clinical events (MACE or major bleeding not related to CABG).

Trial Results	Radial Access	Femoral Access	P value
MACE	8.8%	10.3%	0.0307
Net adverse clinical events - major bleeding	9.8%	11.7%	0.0092
Major bleeding	1.6%	2.3%	
Death	1.6%	2.2%	

Conclusions: Radial access significantly reduced major bleeding and mortality compared to femoral access in ACS patients having a coronary angiogram.