Angina and Quality of Life Following PCI with Incomplete Revascularization: Results From the Ranolazine for Incomplete Vessel Revascularization (RIVER-PCI) Trial


Aims: Angina pectoris persists in up to 20% of patients following percutaneous coronary intervention (PCI). Incomplete revascularization may increase this risk for recurrent symptoms and worse health status. Adjunctive pharmacotherapy with ranolazine, an inhibitor of the late sodium current with anti-ischemic properties, may be effective in reducing angina and improving quality of life in patients with incomplete revascularization after PCI.

Methods and Results: RIVER-PCI randomized 2,651 subjects with a history of angina and incomplete revascularization after PCI to ranolazine or placebo, with a primary composite endpoint of ischemia-driven hospitalization or revascularization during 1 year or longer follow-up. Secondary quality of life (QOL) outcomes include Seattle Angina Questionnaire (SAQ) angina frequency (AF) and angina treatment satisfaction (TS) scales; and the Duke Activity Status Index (DASI), which were assessed at baseline, 1 month, 6 months, and 12 months. The QOL analysis population included 2,389 subjects (20% female; age 63 ±10.2 years). Baseline SAQ AF was 68.5 ± 24.3, SAQ TS was 83.9 ± 17.1, and DASI was 18.7±14.6. QOL follow up data was available in 96%. Quality of life analyses will be performed as intention-to-treat using a repeated-measures mixed model adjusted for baseline score, ACS indication for index PCI, and history of diabetes mellitus (DM). Pre-specified subgroups include age, sex, DM, heart failure, weekly angina at baseline, and indication for index PCI (ACS vs non-ACS). Multiple imputation to account for missing data and sensitivity analyses for death as lowest value will be performed.

Conclusions: The ability of ranolazine to reduce angina and improve quality of life in the long-term medical management of patients with incomplete revascularization post-PCI will be reported overall, and among key subgroups of interest.

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