

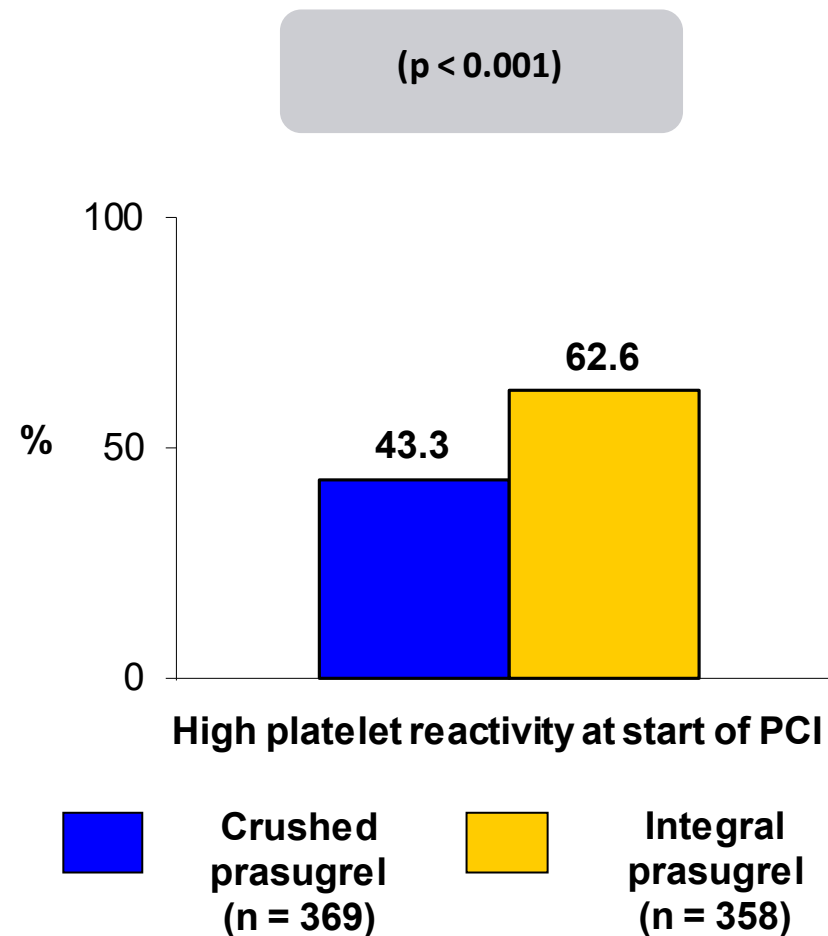
# COMPARE CRUSH

#TCT2020



AMERICAN  
COLLEGE of  
CARDIOLOGY

**Trial Description:** STEMI patients being considered for primary PCI (PPCI) were randomized in a 1:1 fashion to either crushed or integral tablets of 60 mg prasugrel in the ambulance. Patients were followed for 48 hours.



## RESULTS

- Primary endpoint, TIMI 3 flow in the infarct-related artery at first angiography: crushed vs. integral prasugrel: 31.0% vs. 32.7% ( $p = 0.64$ )
- High platelet reactivity at start of PCI (P2Y12 inhibitor reactivity units  $>208$ ): 43.3% crushed vs. 62.6% integral ( $p < 0.01$ )
- Stent thrombosis: 0.6% crushed vs. 0.7% integral ( $p = 1.0$ )

## CONCLUSIONS

- Crushed prasugrel did not improve TIMI 3 flow at first angiography or complete ST-segment resolution at 1 hour post-PCI compared with integral prasugrel, both administered as a 60 mg load in the ambulance prior to PPCI for STEMI
- Platelet reactivity was lower in the crushed prasugrel arm, but this did not translate into lower stent thrombosis events or need for less frequent bailout GPI

Vlachoianis G, et al. *Circulation* 2020;Oct 14:[Epub]