Patients on Warfarin Undergoing PCI: Construct for TRI Trials

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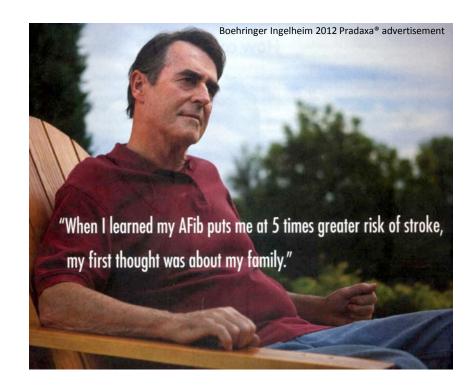
Warfarin Contraindication

TABLE 1.2. Relative contraindications to cardiac catheterization and angiography

- 1. Uncontrolled ventricular irritability: the risk of ventricular tachycardia/fibrillation during catheterization is increased if ventricular irritability is uncontrolled
- 2. Uncorrected hypokalemia or digitalis toxicity
- 3. Uncorrected hypertension: predisposes to 6. Anticoagulated Prothrombijor time longer than 18 seconds
 - angiography
 - 4. Intercurrent febrile illness
 - 5. Decompensated heart failure: especially acute pulmonary edema, unless catheterization can be done with the patient sitting up
 - 6. Anticoagulated state: prothrombin time longer than 18 seconds
 - 7. Severe allergy to radiographic contrast agent
 - 8. Severe renal insufficiency and/or anuria: unless dialysis is planned to remove fluid and radiographic contrast load

Expanding Population

- Atrial fibrillation
- Veno-embolic Disease
- Mechanical valves
- Cardiomyopathy

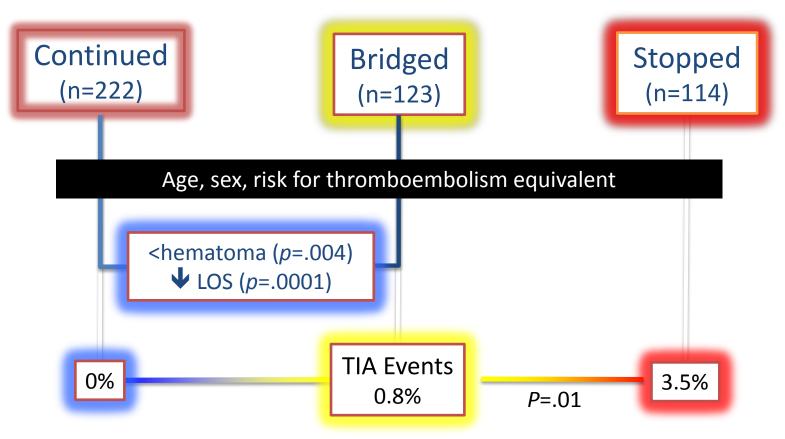


Expanding need for oral anticoagulation

Increased awareness by patients

Warfarin: Stop, Bridge or Continue

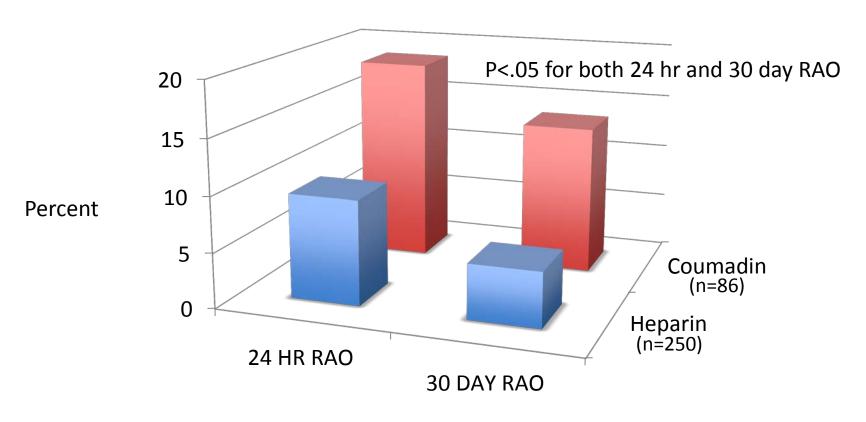
EP study of Device Implantation (N=459)



Heparin or Warfarin

(are they the same for transradial)

Association of heparin 50 U/kg or warfarin INR>2.0 with early/late radial artery occlusion after transradial cardiac catheterization.



Ahmed et al. Catheter Cardiovasc Intervent 2012;79;SCAI 2012 abstract, S103

Warfarin & IV Anticoagulation

| | Warfarin | |
|--------------------|--------------------------|------------------------|
| | Interrupted INR<2 (N=44) | Continued INR>2 (N=73) |
| IV Heparin Added | 90% | 30% |
| Time to Hemostasis | 177±77 minutes | 154±82 minutes |
| Radial Occlusion | 4% | 20% |

No differences in hematoma formation or procedural outcome

Tizon-Marcos, et al. Poster ESC 2009

Trials?

Registry (NCDR): Signals

- Short term events, only
- Mechanism to also track newer oral anticoagulants

Mechanistic Trial: Radial Occlusion

- Coumadin +/- heparin/LMWH/Xa Inhibitor/bivalirudin
- Should IV anticoagulant be dose-adjusted for INR?

Outcomes Trial: Thrombotic/Bleeding Events

— On a back ground of optimal antiplatelet therapy, does a dosing regimen have an advantage?

Discussion

