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Questions & Answers with Dr. Andrew Yan

New clinical trials that impact on your practice

1. What types of stroke patients were enrolled in this study?

Answer: In the treat stroke to target trial, eligible patients had to have ischemic stroke within the past 30 days with no significant disability (score of 0 to 3 on the modified Rankin scale) or TIA within the past 15 days. They were screened with the use of noninvasive imaging of the cervical vessels (carotid duplex, CT angiography, and MR angiography) as part of the routine evaluation of TIA or ischemic stroke. To be enrolled in the trial, patients had to have atherosclerotic disease on imaging (stenosis of an extracranial or intracranial cerebral artery, atherosclerotic plaques of the aortic arch or a known history of coronary artery disease).

2. All types of stroke (including AF patients?)

Answer: The trial excluded patients with "Ischemic stroke/TIA due to cerebral artery dissection (as documented following the judgment of the investigator) or to a cardiac source of embolism (as documented following the judgment of the investigator) without atherosclerotic disease being present (e.g., mitral stenosis, endomyocardial fibrosis)." They did not specifically exclude patients with AF, if they otherwise fulfilled the inclusion criteria (as above).

The main publication did not report the prevalence of AF. It appears that any workup to "rule out" a cardiac source of embolism was left to the discretion of the treating physician (eg Holter was not mandated as part of the protocol).

3. Is routine colchicine following MI for 2 years ready for prime time? Are there any specific patient populations we should be considering this in at this time?

Answer: Although the double-blind COLCOT trial achieved a significant p value of 0.02 for the composite primary endpoint, it is the first and only large outcome randomized controlled for post-MI patients. The previous randomized trial (LoDoCo) enrolled patients with stable CAD and was not placebo-controlled. While colchicine appeared to be generally well tolerated and relatively inexpensive, it seems prudent to wait for confirmatory data from an ongoing trial (CLEAR-SYNERGY).

The pre-specified subgroup analyses of COLCOT can be found in the supplementary table. The p for heterogeneity were not reported, and it appears that the treatment effects were generally consistent across the pre-specified subgroups. If the cardiovascular benefits of colchicine are mediated by its anti-inflammatory effects, one might postulate that patients with more severe inflammation might benefit more. However, in COLCOT, C-reactive protein was only measured in about 200 subjects, and it decreased in both the colchicine and placebo groups from baseline to 6 months (and not significantly different between the 2 groups). Therefore, there is no evidence to support targeting colchicine to any subgroup of patients at this time.