Investigators
UPDATE
A quarterly bulletin from the REACH Registry
www.reachregistry.org

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Newsflash!

- Patrice Cacoub’s paper “Cardiovascular risk factor control and outcomes in peripheral artery disease patients in the REduction of Atherothrombosis for Continued Health (REACH) Registry” has been published online in *Atherosclerosis*.
- Franz Aichner and Raffi Topakian’s paper “High cardiovascular event rates in patients with asymptomatic carotid stenosis: the REACH Registry” has been accepted for publication by the *European Journal of Neurology*.
- 7 abstracts reporting region-specific REACH data submitted to the 2009 European Society of Cardiology (ESC) Congress, August 29 to September 2 in Barcelona, Spain.

HIGHLIGHTS

Presentation at International Stroke Congress 2009, February 17–20, San Diego, CA, USA


- 2-year outcomes data from the REACH Registry were used to assess whether patients with diabetes mellitus and risk-factor-only patients only had an equal risk for stroke, compared with nondiabetic patients with prior vascular disease.
- The study included data from 53,609 symptomatic and 11,828 risk-factor-only patients enrolled in REACH.
- Diabetes mellitus appears to be associated with higher rates for the composite endpoint of stroke, myocardial infarction, or cardiovascular death, but is not a risk equivalent for stroke in risk-factor-only patients without prior vascular disease.

<table>
<thead>
<tr>
<th>Outcome event rate*, % (95% CI)</th>
<th>Diabetic patients</th>
<th>Nondiabetic patients</th>
<th>p value</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Symptomatic patients</strong></td>
<td>n = 33,752</td>
<td>n = 19,857</td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td>4.37 (3.90–4.83)</td>
<td>3.29 (2.92–3.65)</td>
<td>&lt; 0.0001</td>
</tr>
<tr>
<td>CV death</td>
<td>5.72 (4.92–6.52)</td>
<td>2.93 (2.61–3.25)</td>
<td>&lt; 0.0001</td>
</tr>
<tr>
<td>Stroke/MI/CV death</td>
<td>10.94 (10.10–11.77)</td>
<td>7.37 (6.79–7.94)</td>
<td>&lt; 0.0001</td>
</tr>
<tr>
<td><strong>Risk-factor-only patients</strong></td>
<td>n = 2,985</td>
<td>n = 8,843</td>
<td></td>
</tr>
<tr>
<td>Stroke</td>
<td>1.90 (1.41–2.38)</td>
<td>2.05 (0.88–3.19)</td>
<td>0.23</td>
</tr>
<tr>
<td>CV death</td>
<td>1.81 (1.29–2.33)</td>
<td>1.17 (0.72–1.62)</td>
<td>0.08</td>
</tr>
<tr>
<td>Stroke/MI/CV death</td>
<td>5.08 (4.06–6.08)</td>
<td>3.80 (2.53–5.05)</td>
<td>0.01</td>
</tr>
</tbody>
</table>

*Age- and gender-adjusted. CI = confidence interval; CV = cardiovascular; MI = myocardial infarction.

Table 1. Outcomes in diabetic and nondiabetic patients.
INVESTIGATOR’S CORNER


- This study was performed to assess the impact of achieving secondary prevention treatment goals for cardiovascular risk factors on 1-year cardiovascular outcomes in patients who have undergone coronary artery bypass graft surgery.
- 1-year event rates of all cardiovascular events assessed were inversely correlated with the percentage of risk factors that were at goal at baseline (Figure 1).


- Outcomes data for 15,605 patients within REACH who experienced a stroke or transient ischemic attack and had 1-year follow-up data available, were used to validate the Essen Stroke Risk Score (ESRS) originally developed from the Clopidogrel versus Aspirin in Patients at Risk of Ischemic Events (CAPRIE) trial dataset (Lancet. 1996;348:1329-39) for the prediction of secondary events in patients with cerebrovascular disease. Patients with atrial fibrillation were excluded from the analysis.
- The overall event rates for nonfatal or fatal stroke, and combined cardiovascular events (nonfatal stroke, nonfatal myocardial infarction, and cardiovascular death) were 4.01% and 6.05%, respectively, in the included REACH cohort.
- When patients were stratified according to ESRS, event rates at 1 year for both recurrent nonfatal or fatal stroke, and combined cardiovascular events increased according to increasing ESRS scores (Figure 2).
- ESRS appears to provide useful prognostic data regarding the risk for secondary events in patients who experience stroke or a transient ischemic attack.


- This study investigated the differences in risk factor management between REACH Registry-enrolled patients with peripheral artery disease (PAD) and those without PAD but diagnosed with coronary artery disease or cerebrovascular disease.
- Risk factor control was significantly increased in coronary artery disease or cerebrovascular disease patients without PAD, compared with patients with PAD (Figure 3).

CALL FOR PROPOSALS

- As a reminder for all proposals, every REACH publication should include at least 2 members of the REACH Publications Committee as co-authors.
- To build on the continuing interest in the publication of region-specific REACH Registry data, we welcome all proposals for developing congress abstracts/manuscripts.
- The procedure for submitting proposals and the required proposal forms are available to download on the REACH website www.reachregistry.org.