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IN BRIEF

INTERVENTIONAL CARDIOLOGY

TASTE shows no mortality reduction with routine thrombus aspiration before PCI in patients with STEMI

In a prospective, open-label, multicentre, randomized, controlled trial of 7,244 patients with STEMI undergoing PCI, manual thrombus aspiration before PCI was not associated with a reduced rate of death at 30 days (2.8% vs 3.0% for PCI alone; $P=0.63$). Over the same period, rates of stent thrombosis (0.2% vs 0.5%; $P=0.06$) and hospitalization for recurrent MI (0.5% vs 0.9%; $P=0.09$) were not significantly different between the two groups. Moreover, rates of stroke or neurological complications at time of hospital discharge did not vary between the two groups (0.5% vs 0.5%; $P=0.87$). "We believe that TASTE questions the usefulness of thrombus aspiration as a routine adjunct, and the recommendation for its general use in international guidelines should probably be down-graded," says TASTE investigator Ole Fröbert.

Original article Fröbert, O. *et al*. Thrombus aspiration during ST-segment elevation myocardial infarction. *N. Engl. J. Med.* doi:10.1056/NEJMoa1308789

ANTIPLATELET THERAPY

Prasugrel administration before angiography associated with increased bleeding risk and no benefit in NSTE-ACS patients

In ACCOAST, 4,033 patients with NTSE-ACS and an elevated troponin level were randomly assigned to receive 30 mg prasugrel or placebo before angiography. After a median of 4.3 h, prasugrel (30 mg in patients pretreated with prasugrel and 60 mg in controls) was administered at the time of PCI in patients confirmed to have an indication for the intervention (68.7%). At day 7, first occurrence of cardiovascular death, myocardial infarction, stroke, urgent revascularization, or glycoprotein IIb/IIIa bailout did not significantly differ between the two groups (10.0% with pretreatment vs 9.8% in controls; $P=0.81$). However, TIMI major bleeding occurred significantly more often in the patients pretreated with prasugrel (2.6% vs 1.4%; $P=0.006$). "Our findings suggest use of prasugrel should be considered only after the coronary anatomy has been defined," says ACCOAST investigator Gilles Montalescot.

Original article Montalescot, G. *et al*. Pretreatment with prasugrel in non-ST-segment elevation acute coronary syndromes. *N. Engl. J. Med.* doi:10.1056/NEJMoa1308075

CORONARY ARTERY DISEASE

AQUARIUS findings do not support the use of aliskiren in patients with CAD and prehypertension

The double-blind, multicentre, randomized, controlled trial AQUARIUS was designed to assess the effects of aliskiren in patients with CAD, systolic blood pressure in the range of 125–139 mmHg, and two additional cardiovascular risk factors. Coronary IVUS imaging data were available for 458 participants who had received either 300 mg of aliskiren or placebo for ≥72 weeks. "Although greater blood pressure lowering was observed in the aliskiren treatment group," says Stephen Nicholls, one of the AQUARIUS investigators, "we did not observe significant slowing of disease progression." Mean change in percent atheroma volume was –0.33% in the aliskerin group and 0.11% in the controls ($P=0.08$), and the proportion of patients who showed atheroma regression was also not significantly different between the two groups.

Original article Nicholls, S. J. *et al*. Effect of aliskiren on progression of coronary disease in patients with prehypertension: the AQUARIUS randomized clinical trial. *JAMA* doi:10.1001/jama.2013.277169