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IN BRIEF

HEART FAILURE

No time to RELAX for investigators researching potential therapies for patients with HFpEF

Results of the multicenter, randomized, controlled trial RELAX were presented at the 2013 ACC Scientific Sessions in San Francisco, USA in early March and simultaneously published online in *JAMA*. In 216 stable outpatients with heart failure and preserved ejection fraction who were randomly assigned to receive sildenafil or placebo for 24 weeks, the phosphodiesterase-5 inhibitor was not associated with improved peak oxygen consumption (0.20 ml/kg/min reduction for both sildenafil and placebo, $P=0.90$), 6-min walk distance (5 m increase for sildenafil vs 15 m increase for placebo, $P=0.92$), or clinical status score (94.2 for sildenafil vs 95.8 for placebo, $P=0.85$).

Original article Redfield. M. M. *et al.* Effect of phosphodiesterase-5 inhibition on exercise capacity and clinical status in heart failure with preserved ejection fraction: a randomized clinical trial (RELAX). *JAMA* doi:10.1001/jama.2013.2024

HEART FAILURE

Aliskiren will not 'take off' as a new additional therapy for patients hospitalized for HFrEF

Stable patients hospitalized for heart failure with reduced ejection fraction do not significantly benefit from the addition of aliskiren to their standard therapy, according to the ASTRONAUT investigators. Their findings were presented at the 2013 ACC Scientific Sessions and published online in *JAMA* in early March. Aliskiren was not associated with a reduction in the primary composite end point of cardiovascular death or rehospitalization for heart failure at 6-month (HR 0.92, 95% CI 0.76–1.12, $P=0.41$) or 1-year (HR 0.93, 95% CI 0.79–1.09, $P=0.36$) follow-up, but was associated with increased risk of hyperkalaemia, hypotension, and renal impairment or failure compared with placebo.

Original article Gheorghiade, M. *et al*. Effect of aliskiren on postdischarge mortality and heart failure readmissions among patients hospitalized for heart failure: the ASTRONAUT randomized trial. *JAMA* doi:10.1001/jama.2013.1954

ACUTE CORONARY SYNDROMES

Inclacumab might one day be SELECTed to reduce PCI-associated myocardial damage in patients with NSTEMI

Results of a small phase II trial presented at the 2013 ACC Scientific Sessions and published simultaneously in the *Journal of the American College of Cardiology* have been received with cautious enthusiasm. In this early study, 322 patients with non-ST-segment elevation myocardial infarction received a preprocedural infusion of inclacumab —a recombinant monoclonal antibody against P-selectin— or placebo before undergoing percutaneous coronary intervention (PCI). Markers of myocardial damage were assessed at intervals after PCI. Compared with placebo, inclacumab 20 mg/kg was associated with a marginally significant ($P=0.05$) reduction in troponin I levels and a trend ($P=0.06$) towards a reduction in CK-MB levels 24 h after PCI, but was not associated with significantly different rates of adverse events. No effect was seen for the 5 mg/kg dose of inclacumab.

Original article Tardif, J. C. *et al*. Effects of the P-selectin antagonist inclacumab on myocardial damage after percutaneous coronary intervention for non-ST elevation myocardial infarction: results of the SELECT-ACS trial. *J. Am. Coll. Cardiol.* doi:10.1016/j.jacc.2013.03.003