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## **Management of Atherothrombosis with Clopidogrel in High-Risk Patients with Recent Transient Ischemic Attack or Ischemic Stroke (MATCH): Rationale, Methodology and Baseline Demographic Data**

Hans-Christoph Diener, MATCH Steering Committee, University of Essen, Essen D45122, Germany; AA.

The CAPRIE trial demonstrated the superiority of the ADP-receptor antagonist clopidogrel over acetylsalicylic acid (ASA) for the prevention of major atherothrombotic events in patients with recent myocardial infarction (MI), recent ischemic stroke (IS), or established peripheral arterial disease (PAD). More recently, CURE has demonstrated the sustained, incremental benefit of adding clopidogrel to standard therapy including ASA in patients with unstable and non-Q-wave MI. MATCH (Steering Committee Chairman: Hans-Christoph Diener, MD) is an ongoing, randomized, double-blind, placebo-controlled trial that tests the hypothesis that clopidogrel on top of ASA is superior to clopidogrel alone in high-risk patients with recent cerebrovascular manifestations of atherothrombosis (dedicated website for MATCH investigators: <https://sec.parexel.net/pxt22107>). Inclusion criteria are recent transient ischemic attack or recent IS, and the presence of least one additional risk factor (prior IS, MI, angina pectoris, diabetes or symptomatic PAD). Major exclusion criteria are: age < 40 years; severe comorbid conditions; increased risk of bleeding; planned major surgery or vascular surgery; and contraindication for ASA or clopidogrel. Patients are randomized to receive ASA 75 mg/day or placebo; both groups receive clopidogrel 75 mg/day as part of standard therapy. All patients are being treated and followed for 18 months after randomization. The primary endpoint for efficacy is a composite of IS, MI, vascular death or rehospitalization for acute ischemia during the treatment period. Safety endpoints include the incidence of life-threatening and major bleeding and of all bleeding events. Enrolment was completed in April 2002, with a total of 7,601 patients recruited at 507 centres in 28 countries. The mean age at randomization was 66 years (range, 40—92 years); 63% of patients are male. The qualifying event was IS in 78% of patients and transient ischemic attack in 22%. More than two-thirds (68%) of patients had a history of diabetes at randomization, 33% had suffered a previous IS, 16% had a history of angina pectoris, 14% had had a previous MI, and 12% had a prior history of symptomatic PAD. The follow-up period is ongoing. Conclusion: MATCH is a major international trial that will provide important data on the benefit of clopidogrel on top of ASA in patients with recent transient ischemic attack or IS who are at high risk of atherothrombotic recurrence. Initial results are expected in 2004.