

## Game Changers in Focus

### A Quiz on landmark trials of 2024:

1)

What was the outcome of switching to ticagrelor monotherapy after one month of DAPT following percutaneous coronary intervention in patients with acute coronary syndromes in the ULTIMATE-DAPT trial?

- A. Reduced bleeding at the cost of increased ischemic events
- B. Reduced bleeding without an increase in ischemic events
- C. Increased ischemic events with no change in major bleeding events
- D. No significant difference in outcomes

Answer: B

2)

What was the outcome of long-term beta-blocker use after myocardial infarction in patients with preserved LVEF in the REDUCE-AMI trial?

- A. Decreased all-cause mortality
- B. Decreased risk of heart failure
- C. No significant difference in all-cause mortality or future AMI
- D. Decreased risk of future MI

Answer: C

3)

Which timing of once-daily antihypertensive medication showed the greatest benefit based on the BedMed and BedMed-Frail trials?

- A. Bedtime
- B. Morning
- C. Divided doses are preferred regardless
- D. No difference—patients should take it at the time that best suits their schedule and routine.

Answer: D

4)

What was the impact of enalapril treatment on anthracycline cardiotoxicity in the PROACT trial?

- A. No significant change in cardiotoxicity
- B. Terminated prematurely due to futility
- C. Significant reduction in the incidence of cardiotoxicity
- D. Terminated prematurely due to significant adverse effects

Answer: A

5)

What was the result of TAVI treatment in the DEDICATE-DZHK6 trial for patients with low-risk, severe symptomatic aortic stenosis?

- A. TAVI was non-inferior to SAVR in terms of the primary outcome
- B. Higher rate of atrial fibrillation compared to SAVR
- C. Higher all-cause mortality compared to SAVR
- D. Higher rate of major bleeding compared to SAVR

Answer: A

6)

What was the result of beta-blocker interruption in the ABYSS trial in patients with AMI and LVEF greater than 40%?

- A. Increased reduction in all-cause mortality
- B. No significant difference in the composite outcome of death, non-fatal MI, stroke, and CV hospitalization compared to continuation
- C. Increase in nonfatal myocardial infarctions
- D. Increased recurrent ischemic events

Answer: B

7)

What was the result of OCT-guided PCI compared with angiography-guided PCI in the OCCUPI trial in complex lesions?

- A. OCT-guided PCI resulted in a lower incidence of major adverse cardiac events (MACE).
- B. There was no difference in MACE between the two groups.
- C. Stroke and bleeding events were more prevalent in the angiography-guided PCI group.
- D. OCT-guided PCI was associated with less contrast use and shorter procedural duration.

Answer: A

8)

What was the primary goal of the EPIC-CAD trial?

- A. To evaluate the efficacy of edoxaban added to aspirin in patients with high-risk stable angina
- B. To assess the safety and efficacy of edoxaban monotherapy compared with dual antithrombotic therapy in patients with high-risk atrial fibrillation and stable coronary artery disease
- C. To compare the outcomes of edoxaban with warfarin in patients with AF and CAD
- D. To determine the optimal duration of dual antithrombotic therapy with edoxaban and aspirin in patients with atrial fibrillation and coronary artery disease

Answer: B

9)

Which one is correct about the findings of the NOTION-3 trial regarding PCI in stable CAD patients undergoing TAVI?

- A. There was no difference in bleeding events between the TAVI-alone and TAVI-plus-PCI groups.
- B. The primary endpoint of the trial was a reduction in disabling stroke.
- C. TAVI plus PCI resulted in a significant reduction in the composite outcome of death from any cause, MI, or urgent revascularization.
- D. The results suggest avoiding PCI in TAVI patients.

Answer: C

10)

Which statement correctly describes the findings of the Stop-or-Not trial regarding renin-angiotensin system inhibitors (RASIs) before non-cardiac surgeries?

- A. Continuing RASIs before major non-cardiac surgery significantly reduces post-operative complications.
- B. There was no significant difference in the rates of major post-operative complications between continuation and discontinuation of RASIs.
- C. Episodes of hypotension during surgery were more frequent in the continuation group and led to more complications.
- D. The results suggest discontinuing RASIs before surgery in all patients.

Answer: B

11)

Which one is NOT correct about the findings of the RESHAPE-HF2 trial regarding transcatheter valve repair in heart failure with moderate to severe mitral regurgitation?

- A. Mitral transcatheter edge-to-edge repair (M-TEER) significantly reduced cardiovascular death and HF-related hospitalizations compared to optimal medical therapy alone.
- B. Patients receiving M-TEER showed improved health status, as measured by the Kansas City Cardiomyopathy Questionnaire (KCCQ) overall score.
- C. The M-TEER procedure was associated with no significant safety concerns.
- D. M-TEER was found to be less effective than optimal medical therapy alone in reducing symptoms of heart failure.

Answer: D

12)

What was the primary benefit of complete revascularization in older patients with STEMI and multivessel disease according to the EARTH-STEMI meta-analysis?

- A. Reduced hospital stay
- B. Reduced cardiovascular events
- C. Improved exercise capacity
- D. No benefit was observed; instead, more major complications occurred.

Answer: B

**13)**

Which one is correct about the findings of the POPular PAUSE TAVI trial regarding continuation versus interruption of oral anticoagulation during TAVI?

- A. Continuing OACs significantly reduced thromboembolic events compared to interrupting them before TAVI but at the expense of increased bleeding.
- B. Interrupting OACs before TAVI increased the risk of stroke but not MI.
- C. Continuing OACs provided no significant benefit in reducing thromboembolic events compared to interrupting them.
- D. Interrupting OACs before TAVI led to a significantly lower incidence of bleeding complications but a higher risk of stroke and MI.

Answer: C

**14)**

What did the results of the FINEARTS-HF trial show about finerenone in patients with LVEF  $\geq 40\%$ ?

- A. Finerenone significantly reduced the composite rate of worsening heart failure events and cardiovascular death compared to placebo.
- B. The reduction in heart failure events and cardiovascular death was similar in both women and men.
- C. Finerenone was well tolerated, with a safety profile comparable to placebo.
- D. All of the above.

Answer: D

15)

What was confirmed about the safety and efficacy of semaglutide in patients with diabetes and chronic kidney disease (CKD) in the FLOW trial?

- A. Semaglutide was not safe enough for patients with chronic kidney disease.
- B. Semaglutide had no effect on heart failure outcomes in patients with diabetes and CKD.
- C. Semaglutide was safe and effective in reducing death from cardiovascular causes in patients with diabetes and CKD.
- D. Semaglutide was safe in patients with diabetes and CKD but had a neutral effect on cardiovascular events.

Answer: C

16)

What was the effect of colchicine in the CLEAR SYNERGY trial on patients with acute myocardial infarction undergoing PCI?

- A. Significant reduction in cardiovascular death
- B. Significant reduction in recurrent myocardial infarction
- C. Significant reduction in revascularization
- D. No significant reduction in major adverse cardiovascular events

Answer: D

17)

Which statement is NOT correct about the findings of the SUMMIT trial for tirzepatide in patients with HFpEF and obesity?

- A. Tirzepatide significantly reduced the combined risk of worsening heart failure events and cardiovascular death compared to placebo.
- B. Patients treated with tirzepatide showed significant improvements in health status, as measured by the Kansas City Cardiomyopathy Questionnaire (KCCQ).
- C. Tirzepatide failed to increase exercise tolerance, as measured by the 6-minute walk distance (6MWD).
- D. Tirzepatide led to a greater reduction in body weight and high-sensitivity C-reactive protein compared to placebo.

Answer: C

18)

Which statement is correct about the findings of the TRIM-AF trial?

- A. Adding metformin significantly reduced AF burden or progression compared to standard care.
- B. Diet and exercise counseling did not significantly improve AF symptom scores.
- C. Even the standard care group, which received educational materials on healthy lifestyle, saw decreases in AF burden over time.
- D. There were safety concerns about the use of metformin in the study population.

Answer: C

**19)**

Which statement is correct about the findings of the KRAKEN trial on muvalaplin?

- A. Muvalaplin significantly reduced Lp(a) levels by up to 85.8%.
- B. The reductions in Lp(a) levels were dose-dependent, with the highest dose (240 mg) showing the greatest reduction.
- C. Muvalaplin was well tolerated, with no significant safety or tolerability concerns reported.
- D. All of the above.

Answer: D

**20)**

Which statement is true about the findings of the SARAH trial on the role of ARNI (sacubitril/valsartan) in the prevention of cardiotoxicity in high-risk patients undergoing anthracycline chemotherapy?

- A. Sacubitril/valsartan significantly reduced the risk of cardiotoxicity compared to placebo.
- B. The sacubitril/valsartan group did not show any improvement in global longitudinal strain (GLS).
- C. The safety profile of sacubitril/valsartan was worse than placebo.
- D. The study was terminated due to safety concerns in the treatment arm, and the benefit was neutral.

Answer: A