

After 3 Years, Benefits of Off-Pump CABG Fade

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MUNICH — Off-pump coronary artery bypass graft surgery produced shorter surgery times and quicker hospital discharges, but it also resulted in worse long-term patient outcomes, based on results from a randomized study with about 280 patients done at one center in Brazil.

Performing coronary bypass surgery on pump in 144 patients led to about a 5%

composite rate of myocardial infarction, death, or need for new intervention during an average follow-up of 3 years, Dr. Neuza Lopes and his associates reported in a poster at the annual congress the European Society of Cardiology. In contrast, off-pump surgery in 142 patients resulted in a combined adverse event rate during 3 years of 13%, a statistically significant difference between the two groups reported Dr. Lopes, a cardiac surgeon at the University of São Paulo, Brazil, and his associates.

The 3-year mortality rate was about 1% in the patients treated on pump, and about 2% in those treated off pump, a difference that was not statistically significant.

The study randomized patients who were suitable for either on- or off-pump surgery. Their average age was about 60, about 80% were men, and about three-quarters had triple-vessel coronary disease; the other 25% had two-vessel disease. Their average left ventricular ejection fraction was about 65%.

Off-pump surgery had many advantages during initial surgery and hospitalization. Average time spent in the ICU was 20 hours for off-pump patients and 38 hours for those with on-pump surgery. Intubation time averaged 6 hours off pump and 10 hours on pump. Total hospital stay averaged almost 6 days off pump and 8 days on pump. Off-pump patients also needed an average of about a third less blood during surgery, and total surgical time was reduced by an average of about 100 minutes. All of these short-term differences were statistically significant.

But off-pump surgery was also associated with one short-term disadvantage: The incidence of atrial fibrillation was 29% in the off-pump patients, compared with a 4% rate in the on-pump patients, a statistically significant difference. ■

LETAIRIS® (amisentan) 5 mg and 10 mg Tablets

Brief summary of full prescribing information. See full prescribing information. Rx only.

WARNING: POTENTIAL LIVER INJURY

LETAIRIS (amisentan) can cause elevation of liver aminotransferases (ALT and AST) to at least 3 times the upper limit of normal (ULN). LETAIRIS treatment was associated with aminotransferase elevations $>3\times$ ULN in 0.8% of patients in 12-week trials and 2.8% of patients including long-term open-label trials out to one year. One case of aminotransferase elevations $>3\times$ ULN has been accompanied by bilirubin elevations $>2\times$ ULN. Because these changes are a marker for potentially serious liver injury, serum aminotransferase levels (and bilirubin if aminotransferase levels are elevated) must be measured prior to initiation of treatment and then monthly. In the post-marketing period with another endothelin receptor antagonist (ERA), bosentan, rare cases of unexplained hepatic cirrhosis were reported after prolonged (>12 months) therapy. In at least one case with bosentan, a late presentation (after >20 months of treatment) included pronounced elevations in aminotransferases and bilirubin levels accompanied by non-specific symptoms, all of which resolved slowly over time after discontinuation of the suspect drug. This case reinforces the importance of strict adherence to the monthly monitoring schedule for the duration of treatment. Elevations in aminotransferases require close attention. LETAIRIS should generally be avoided in patients with elevated aminotransferases ($>3\times$ ULN) at baseline because monitoring liver injury may be more difficult. If liver aminotransferase elevations are accompanied by clinical symptoms of liver injury (such as nausea, vomiting, fever, abdominal pain, jaundice, or unusual lethargy or fatigue) or increases in bilirubin $>2\times$ ULN, treatment should be stopped. There is no experience with the re-introduction of LETAIRIS in these circumstances.

CONTRAINDICATION: PREGNANCY

LETAIRIS is very likely to produce serious birth defects if used by pregnant women, as this effect has been seen consistently when it is administered to animals [see Contraindications (4.1)]. Pregnancy must therefore be excluded before the initiation of treatment with LETAIRIS and prevented thereafter by the use of at least two reliable methods of contraception unless the patient has had a tubal sterilization or Copper T 380A IUD or LNG 20 IUD inserted, in which case no other contraception is needed. Obtain monthly pregnancy tests. Because of the risks of liver injury and birth defects, LETAIRIS is available only through a special restricted distribution program called the LETAIRIS Education and Access Program (LEAP), by calling 1-866-664-LEAP (5327). Only prescribers and pharmacies registered with LEAP may prescribe and distribute LETAIRIS. In addition, LETAIRIS may be dispensed only to patients who are enrolled in and meet all conditions of LEAP [see WARNINGS, Prescribing and Distribution Program for LETAIRIS].

INDICATIONS AND USAGE: LETAIRIS is indicated for the treatment of pulmonary arterial hypertension (WHO Group 1) in patients with WHO class II or III symptoms to improve exercise capacity and delay clinical worsening.

DOSAGE AND ADMINISTRATION: Adult Dosage: Initiate treatment at 5 mg once daily with or without food, and consider increasing the dose to 10 mg once daily if 5 mg is tolerated. Tablets may be administered with or without food. Tablets should not be split, crushed, or chewed. Doses higher than 10 mg once daily have not been studied in patients with pulmonary arterial hypertension (PAH). Liver function tests should be measured prior to initiation and during treatment with LETAIRIS [see Warnings and Precautions (5.1)]. **Women of Childbearing Potential:** Pregnancy tests should be obtained monthly in women of childbearing potential taking LETAIRIS [see Contraindications (4.1)]. **Pre-existing Hepatic Impairment:** LETAIRIS is not recommended in patients with moderate or severe hepatic impairment [see Special Populations (8.7)].

CONTRAINDICATIONS: Pregnancy Category X: Teratogenicity is a class effect of endothelin receptor antagonists. There are no data on the use of LETAIRIS in pregnant women. LETAIRIS is contraindicated in women who are or may become pregnant. If this drug is used during pregnancy, or if the patient becomes pregnant while taking this drug, the patient should be apprised of the potential hazard to a fetus.

WARNINGS AND PRECAUTIONS: Potential Liver Injury (see BOXED WARNING): Treatment with endothelin receptor antagonists has been associated with dose-dependent liver injury manifested primarily by elevation of serum aminotransferases (ALT or AST), but sometimes accompanied by abnormal liver function (elevated bilirubin). The combination of aminotransferases greater than 3-times the upper limit of normal ($>3\times$ ULN) and total bilirubin $>2\times$ ULN is a marker for potentially serious hepatic injury. Liver function tests were closely monitored in all clinical studies with LETAIRIS. For all LETAIRIS-treated patients (N=483), the 12-week incidence of aminotransferases $>3\times$ ULN was 0.8% and $>8\times$ ULN was 0.2%. Liver chemistries must be measured prior to initiation of LETAIRIS and at least every month thereafter. If there are aminotransferase elevations $>3\times$ ULN and $\leq 5\times$ ULN, they should be re-measured. If the confirmed level is $>3\times$ ULN and $\leq 5\times$ ULN, reduce the daily dose or interrupt treatment and continue to monitor every two weeks until the levels are $<3\times$ ULN. If there are aminotransferase elevations $>5\times$ ULN and $\leq 8\times$ ULN, LETAIRIS should be discontinued and monitoring should continue until the levels are $<3\times$ ULN. LETAIRIS can then be re-initiated with more frequent measurement of aminotransferase levels. If there are aminotransferase elevations $>8\times$ ULN, treatment should be stopped and re-initiation should not be considered. If aminotransferase elevations are accompanied by clinical symptoms of liver injury (such as anorexia, nausea, vomiting, fever, malaise, fatigue, right upper quadrant abdominal discomfort, itching, or jaundice) or increases in bilirubin $>2\times$ ULN, LETAIRIS treatment should be stopped. **Hematological Changes:** Decreases in hemoglobin concentration and hematocrit have followed administration of other endothelin receptor antagonists and were observed in clinical studies with LETAIRIS. These decreases were observed within the first few weeks of treatment with LETAIRIS, and stabilized thereafter. The mean decrease in hemoglobin from baseline to end of treatment for those patients receiving LETAIRIS in the 12-week placebo-controlled studies was 0.8 g/dL. Marked decreases in hemoglobin ($>15\%$ decrease from baseline resulting in a value below the lower limit of normal) were observed in 7% of all patients receiving LETAIRIS (and 10% of patients receiving 10 mg) compared to 4% of patients receiving placebo. The cause of the decrease in hemoglobin is unknown, but it does not appear to result from hemorrhage or hemolysis. Hemoglobin must be measured prior to initiation of LETAIRIS and should be measured at one month and periodically thereafter. If a clinically significant decrease in hemoglobin is observed and other causes have been excluded, discontinuation of treatment should be considered. **Peripheral Edema:** Peripheral edema is a known class effect of endothelin receptor antagonists. In addition, there have been post-marketing reports of fluid retention occurring within weeks after starting LETAIRIS which required intervention with a diuretic, fluid management, or, in some cases, hospitalization for decompensating heart failure. **Co-administration of LETAIRIS and Cyclosporine A:** Cyclosporine A is a strong inhibitor of P-glycoprotein (P-gp), Organic Anion Transport Protein (OATP), and CYP3A4. *In vitro* data indicate amisentan is a substrate of P-gp, OATP and CYP3A. Therefore, use caution when LETAIRIS is co-administered with cyclosporine A because cyclosporine A may cause increased exposure to LETAIRIS [see Drug Interactions (7)]. **Co-administration of LETAIRIS and Strong CYP3A and 2C19 Inhibitors:** Use caution when LETAIRIS is co-administered with strong CYP3A-inhibitors (e.g., ketoconazole) and CYP2C19-inhibitors (e.g., omeprazole) [see Drug Interactions (7)]. **Prescribing and Distribution Program for LETAIRIS:** Because of the risks of liver injury and birth defects, LETAIRIS is available only through a special restricted distribution program called the LETAIRIS Education and Access Program (LEAP). Only prescribers and pharmacies registered with LEAP may prescribe and distribute LETAIRIS. In addition,

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ADVERSE REACTIONS: Clinical Trials Experience: Safety data for LETAIRIS were obtained from two 12-week, placebo-controlled studies in patients with PAH (ARIES-1 and ARIES-2) and four nonplacebo-controlled studies in 483 patients with PAH who were treated with doses of 1, 2.5, 5, or 10 mg once daily. The exposure to LETAIRIS in these studies ranged from 1 day to 4 years (N=418 for at least 6 months and N=343 for at least 1 year). In ARIES-1 and ARIES-2, a total of 261 patients received LETAIRIS at doses of 2.5, 5, or 10 mg once daily and 132 patients received placebo. The adverse events that occurred in $>3\%$ of the patients receiving LETAIRIS and were more frequent on LETAIRIS than placebo are shown in Table 1.

Table 1 Adverse Events in $>3\%$ of PAH Patients Receiving LETAIRIS and More Frequent than Placebo

Adverse event	LETAIRIS (N=261)	
	Placebo (N=132)	n (%) Placebo-adjusted (%)
Peripheral edema	14 (11)	45 (17) 6
Nasal congestion	2 (2)	15 (6) 4
Sinusitis	0 (0)	8 (3) 3
Flushing	1 (1)	10 (4) 3
Palpitations	3 (2)	12 (5) 3
Nasopharyngitis	1 (1)	9 (3) 2
Abdominal pain	1 (1)	8 (3) 2
Constipation	2 (2)	10 (4) 2
Dyspnea	4 (3)	11 (4) 1
Headache	18 (14)	38 (15) 1

Note: This table includes all adverse events $>3\%$ incidence in the combined LETAIRIS treatment group and more frequent than in the placebo group, with a difference of $\geq 1\%$ between the LETAIRIS and placebo groups.

Most adverse drug reactions were mild to moderate and only nasal congestion was dose-dependent. Fewer patients receiving LETAIRIS had adverse events related to liver function tests compared to placebo. Peripheral edema was similar in younger patients (<65 years) receiving LETAIRIS (14%; 29/205) or placebo (13%; 13/104), and was greater in elderly patients (≥ 65 years) receiving LETAIRIS (29%; 16/56) compared to placebo (4%; 1/28).

DRUG INTERACTIONS: The drug interaction potential of amisentan is not well characterized because *in vivo* drug interaction studies were not conducted with the following types of drugs: strong inhibitors of CYP3A4 (atazanavir, clarithromycin, indinavir, itraconazole, ketoconazole, nefazodone, nelfinavir, ritonavir, saquinavir, telithromycin), and CYP2C19 (omeprazole), strong inducers of CYP3A and 2C19 (rifampin), strong inhibitors of the transporters P-gp (cyclosporine A) and OATP (cyclosporine A, rifampin); and inducers of CYPs, UGTs and P-gp (rifampin). The impact of co-administration of such drugs on amisentan exposure is therefore unknown. **Cyclosporine A:** Use caution when LETAIRIS is co-administered with cyclosporine A [see Warnings and Precautions (5.4)]. **Strong CYP3A or 2C19 Inhibitors:** Use caution when LETAIRIS is co-administered with strong CYP3A-inhibitors (e.g., ketoconazole) or CYP2C19-inhibitors (e.g., omeprazole) [see Warnings and Precautions (5.5)]. **Inducers of P-gp, CYPs, and UGTs:** Use caution when LETAIRIS is co-administered with inducers of P-gp, CYPs, and UGTs. **Warfarin:** In healthy volunteers receiving warfarin, daily doses of LETAIRIS (10 mg once daily) did not have a clinically significant effect on prothrombin time (PT), International Normalized Ratio (INR), or the pharmacokinetics of S-warfarin (CYP2C9 substrate) or R-warfarin (CYP3A4 substrate). In patients with PAH receiving warfarin-type anticoagulants, concomitant administration of LETAIRIS did not result in a clinically relevant change in PT, INR or anticoagulant dose. **Sildenafil:** In healthy volunteers receiving a single dose of sildenafil (20 mg), daily doses of LETAIRIS (10 mg once daily) did not have a clinically relevant effect on the pharmacokinetics of sildenafil or the active metabolite, n-desmethyl sildenafil. Similarly, daily doses of sildenafil (20 mg tid) did not have a clinically relevant effect on the pharmacokinetics of a single dose of LETAIRIS (10 mg).

USE IN SPECIFIC POPULATIONS: Nursing Mothers: It is not known whether amisentan is excreted in human milk. Breastfeeding while receiving LETAIRIS is not recommended. **Pediatric Use:** Safety and effectiveness of LETAIRIS in pediatric patients have not been established. **Geriatric Use:** In the two placebo-controlled clinical studies of LETAIRIS, 21% of patients were ≥ 65 years old and 5% were ≥ 75 years old. The elderly (age ≥ 65 years) showed less improvement in walk distances with LETAIRIS than younger patients did, but the results of such subgroup analyses must be interpreted cautiously. Peripheral edema was more common in the elderly than in younger patients. **Renal Impairment:** The impact of renal impairment on the pharmacokinetics of amisentan has been examined using a population pharmacokinetic approach in PAH patients with creatinine clearances ranging between 20 and 150 mL/min. There was no significant impact of mild or moderate renal impairment on exposure to amisentan [see Clinical Pharmacology (12.3)]. Dose adjustment of LETAIRIS in patients with mild or moderate renal impairment is therefore not required. The impact of hemodialysis on the disposition of amisentan has not been investigated. **Hepatic Impairment:** LETAIRIS is not recommended in patients with moderate or severe hepatic impairment. Use caution when administering LETAIRIS to patients with mild pre-existing impaired liver function who may require reduced doses of LETAIRIS [see Dosage and Administration (2.3)]. **NONCLINICAL TOXICOLOGY: Impairment of Fertility:** The development of testicular tubular atrophy and impaired fertility has been linked to the chronic administration of endothelin receptor antagonists in rodents. Effects on sperm count, sperm morphology, mating performance and fertility were observed in fertility studies in which male rats were treated with amisentan at oral doses of 300 mg/kg/day (236-fold MRHD). There are insufficient data on the effects of amisentan or other endothelin receptor antagonists on testicular function in man.

INFORMATION FOR PATIENTS: Importance of Preventing Pregnancy: Patients should be advised that LETAIRIS may cause fetal harm. LETAIRIS treatment should only be initiated in women of childbearing potential following a negative pregnancy test. Women of childbearing potential should be informed of the importance of monthly pregnancy tests and the need to use two different forms of contraception including at least one primary form simultaneously during LETAIRIS treatment and for one month following treatment discontinuation. **Adverse Liver Effects:** Patients should be advised of the importance of monthly liver function testing and instructed to immediately report any symptoms of potential liver injury (such as anorexia, nausea, vomiting, fever, malaise, fatigue, right upper quadrant abdominal discomfort, jaundice, dark urine or itching) to their physician. GS22-081-001

For detailed information, please see full prescribing information. To learn more: call 1-800-GILEAD-5 (Option 2) or visit www.letairis.com.

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Bariatric Surgery Shortens QTc in Obese Patients

PHOENIX — Weight loss following bariatric bypass surgery lowered heart rates and resolved most QTc abnormalities in the electrocardiograms of 100 patients in a retrospective study presented at the annual scientific meeting of the Obesity Society.

Dr. Philippe Gilbert reported men and women had significantly slower heart rates at 22 months of follow-up. In men, greater weight loss correlated with reductions in QTc interval. Although women also had shorter QTc intervals as a group after surgery, this did not correlate with weight loss.

Bariatric surgery is associated with improvements in comorbidities associated with metabolic syndrome. Dr. Gilbert, a cardiologist at Hôpital Laval in Quebec City, said he and his coinvestigators decided to look at its impact on electrocardiographic (ECG) abnormalities because obese patients have “a 1.6-fold increase of sudden death caused by cardiac arrhythmias.”

They reviewed 100 consecutive patients who underwent biliopancreatic diversion with a duodenal switch from January 2000 to July 2001. The population comprised 32 men and 68 women, who were on average aged 40 and 43 years, respectively, at baseline. Changes in weight, body mass index, heart rate, and QTc before and after surgery were statistically significant for both genders.

Among the men, heart rate went from 83 to 62 beats per minute and QTc fell from 428 to 411 milliseconds. Among the women, heart rate went from 79 to 62 beats per minute, and QTc from 430 to 410 milliseconds.

The reductions in QTc correlated with the amount of weight loss in men, but not in women. In each sex, Dr. Gilbert noted, only one patient did not have a normal QTc after surgery.

Dr. Gilbert and his coinvestigators said they have no conflicts of interest.

—Jane Salodof MacNeil