Question

- Which of the following is incorrect regarding secondary prevention therapy options for patients with established peripheral artery disease (PAD)?
  a. Vorapaxar is a novel antagonist of protease-activated receptor-1 (PAR1), the primary receptor for thrombin on human platelets that is also present on vascular endothelium and smooth muscle
  b. Vorapaxar is now approved and indicated for use in patients with established PAD
  c. Vorapaxar has been shown to reduce the risk of cardiovascular death, myocardial infarction, or stroke in patients with peripheral artery disease
  d. Vorapaxar significantly reduces acute limb ischemia and peripheral revascularization in patients with qualifying PAD

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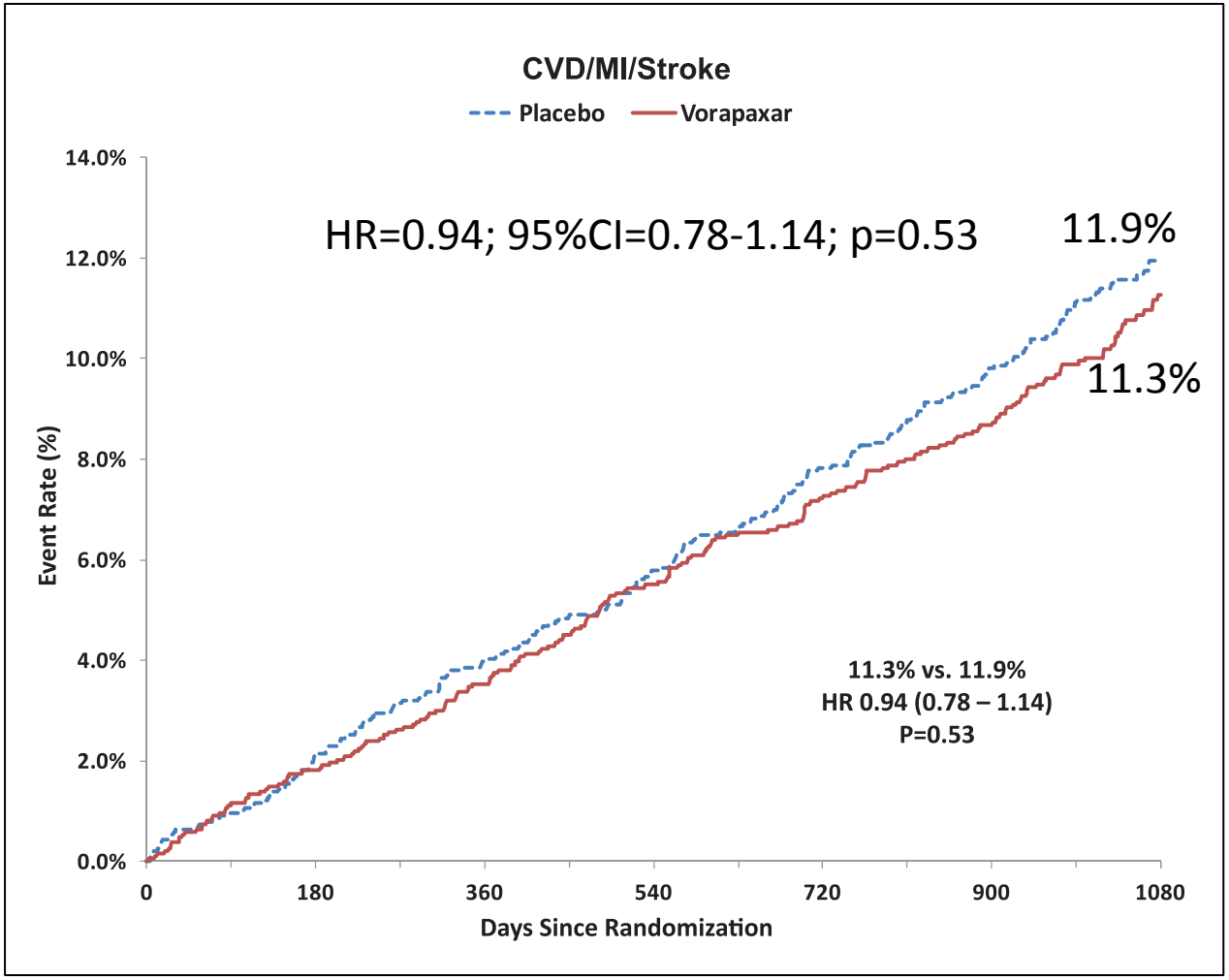
Vorapaxar in Patients With PAD: Results From TRA2°P-TIMI 50

Major efficacy endpoints



Testing for a difference in the effect of vorapaxar in the PAD stratum compared with that observed in the remainder of the trial cohort was not significant (*p* interaction=0.35), including comparison with the MI group alone, in which there was a clear benefit of vorapaxar (p interaction=0.16)

Bonaca *et al*. Circulation. 2013;127:1522-1529

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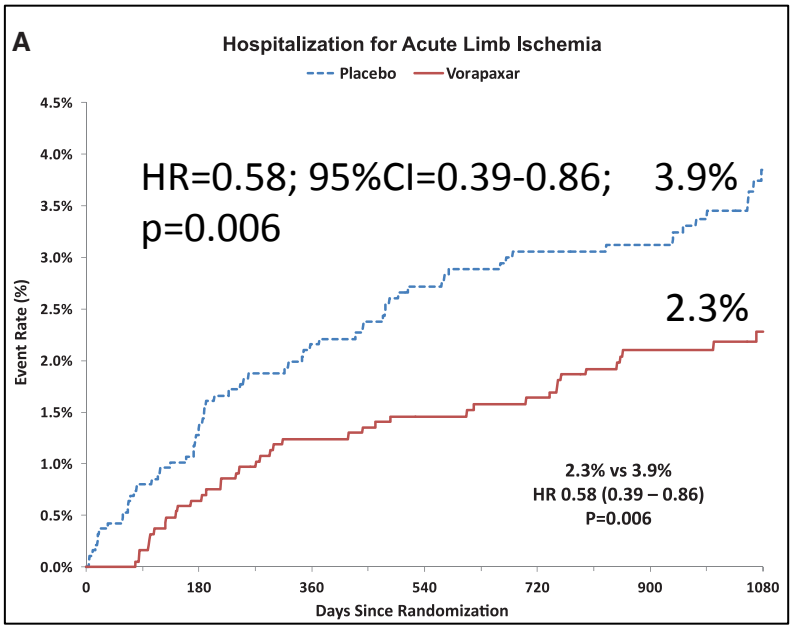
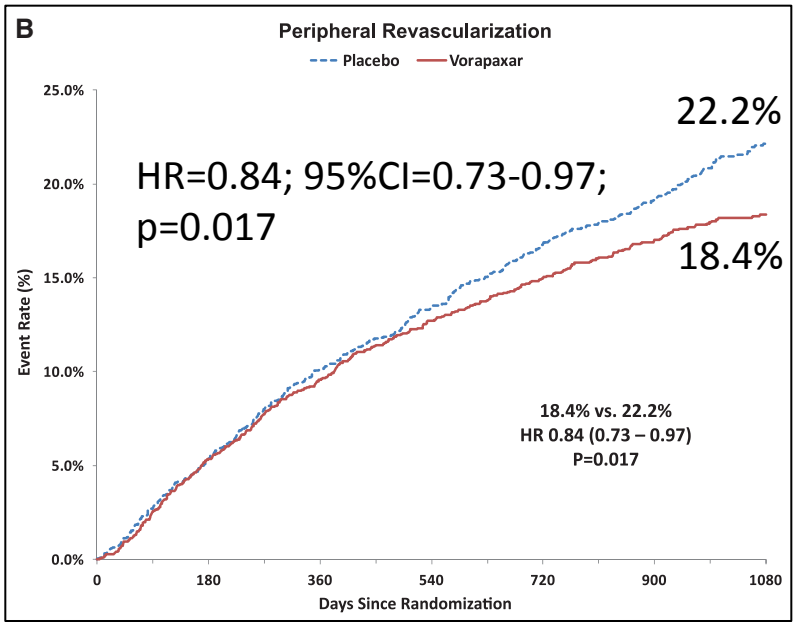
Hospitalization for acute limb ischemia



Peripheral revascularization



The reduction in acute limb ischemia was evident by 30 days (0% versus 0.4%; *P*=0.008) and continued throughout the duration of follow-up (2.3% versus 3.7%; HR, 0.62; 95% CI, 0.42–0.92). In contrast, the reduction in peripheral revascularization became apparent later in follow-up

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