THE BET PROTEIN INHIBITOR APABETALONE REDUCES CONGESTIVE HEART FAILURE INCIDENCE IN PATIENTS WITH ACUTE CORONARY SYNDROME AND DIABETES: RESULTS FROM THE BETONMACE TRIAL

Poster Contributions
Posters Hall_Hall A
Sunday, March 29, 2020, 12:30 p.m.-1:15 p.m.

Session Title: Acute and Stable Ischemic Heart Disease: Clinical 5
Abstract Category: 02. Acute and Stable Ischemic Heart Disease: Clinical
Presentation Number: 1315-168

Authors: Michael Sweeney, Stephen J. Nicholls, Kausik Kumar Ray, Kevin Buhr, Henry Ginsberg, Jan Johansson, Kamyar Kalantar-Zadeh, Ewelina Kulikowski, Peter Toth, Norman Wong, Gregory G. Schwartz, Imperial College, London, United Kingdom, Resverlogix Corp, Calgary, Canada

Background: Apabetalone (ABP) is a selective inhibitor of bromodomain and extra-terminal (BET) proteins, epigenetic regulators of gene expression. ABP reduces cardiac fibrosis in cellular models and profibrotic markers in patients (pts), effects that might favorably modify risk of congestive heart failure (CHF).

Methods: BETonMACE was a randomized, double-blind, comparison of cardiovascular (CV) effects of apabetalone (ABP) vs placebo (PBO) in 2425 pts with type 2 diabetes (T2D) and recent acute coronary syndrome (ACS). Here we report the effects of ABP vs PBO on hospitalization for CHF, a prespecified and adjudicated secondary outcome.

Results: Baseline characteristics: median age 62 years, 25.6% female, 87.6% white, 90% high intensity statin use, mean LDL-C 70.3 and HDL-C 33.3 mg/dl, median HbA1c 7.3%. ABP reduced first hospitalization for CHF [ABP 2.4% vs PBO 4.0%; HR 0.59; 95% CI 0.38-0.94; p=0.03]. APB reduced total (first or recurrent) hospitalization for CHF [HR 0.47; 95% CI 0.27-0.83; p=0.01] and the composite of CV death or hospitalization for CHF (Figure).

Conclusion: ABP significantly reduced CHF hospitalizations alone and combined with CV death in patients with T2DM and recent ACS.