Indication and clinical use: BRLINTA (ticagrelor), co-administered with acetylsalicylic acid (ASA), is indicated for the secondary prevention of atherothrombotic events in patients with Acute Coronary Syndromes (ACS), unstable angina (UA), non-ST elevation myocardial infarction (NSTEMI) or ST elevation myocardial infarction (STEMI) who are to be managed medically, and those who are to be managed with percutaneous coronary intervention (PCI) (with or without stent) and/or coronary artery bypass graft (CABG). Based on a relationship observed in PLATO between maintenance ASA dose and relative efficacy of BRLINTA compared to clopidogrel, BRLINTA is recommended to be co-administered with low maintenance dose ASA (75-150 mg daily). The safety and efficacy of BRLINTA in pediatric patients below the age of 18 have not been established. Therefore, BRLINTA is not recommended in this population.

Contraindications:
- Patients with active pathological bleeding (e.g., peptic ulcer or intracranial hemorrhage)
- Patients with a history of intracranial hemorrhage
- Patients with moderate to severe hepatic impairment
- Patients who are also taking strong CYP3A4 inhibitors

Most serious warnings and precautions: Bleeding risk: BRLINTA should be used with caution in patients with a propensity to bleed (e.g., due to recent trauma, recent surgery, active or recent gastrointestinal bleeding, or moderate hepatic impairment) and in patients requiring oral anticoagulants (e.g., warfarin) and/or fibrinolytics agents (within 24 hours of BRLINTA dosing). Caution should also be used in patients with concomitant administration of medicinal products that may increase the risk of bleeding (e.g., non-steroidal anti-inflammatory drugs [NSAIDs]).

Maintenance dose ASA: Co-administration of BRLINTA and high maintenance dose ASA (>150 mg daily) is not recommended.

Other relevant warnings and precautions:
- Cardiac events in discontinued patients
- Bradycardic events
- Hypersensitivity, including angioedema
- Dizziness and confusion
- Discontinuation prior to surgery
- Dyspnea
- Pregnant or nursing woman
- Possible increase in creatinine levels
- Uric acid increase

For more information: Consult the Product Monograph at azlinfo.ca/brlinta or 274 for important information regarding adverse reactions, drug interactions and dosing information not discussed in this piece. The Product Monograph is also available by calling AstraZeneca Canada at 1-800-666-6000.


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Ethical approval for all studies involving human participants. CMAJ encourages authors of any study involving human participants to show that their study was judged as ethical before the study was started.
J. Fletcher

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Old meets new: identifying founder mutations in genetic disease. Founder mutations are often responsible for the high prevalence of rare genetic disorders in specific populations.
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Controversial sodium guidelines: Scientific solution or perpetual debate? Definitive randomized controlled trials that show that reduced sodium consumption is linked to lowered incidence of cardiovascular events have yet to be performed.
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Effect of human papillomavirus (HPV) vaccination on clinical indicators of sexual behaviour among adolescent girls: the Ontario Grade 8 HPV Vaccine Cohort Study. Strong evidence suggests that HPV vaccination does not have any significant effect on clinical indicators of sexual behaviour among adolescent girls.

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