

The STOP-or-NOT trial

Exploring the best strategy for the management of Renin-angiotensin system inhibitors before surgery

Sources of funding: French Ministry of Health

Declaration of Interest: consulting fees from La Jolla, Viatrix, Alexion, Radiometer

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29 august 2024

Declaration of interest

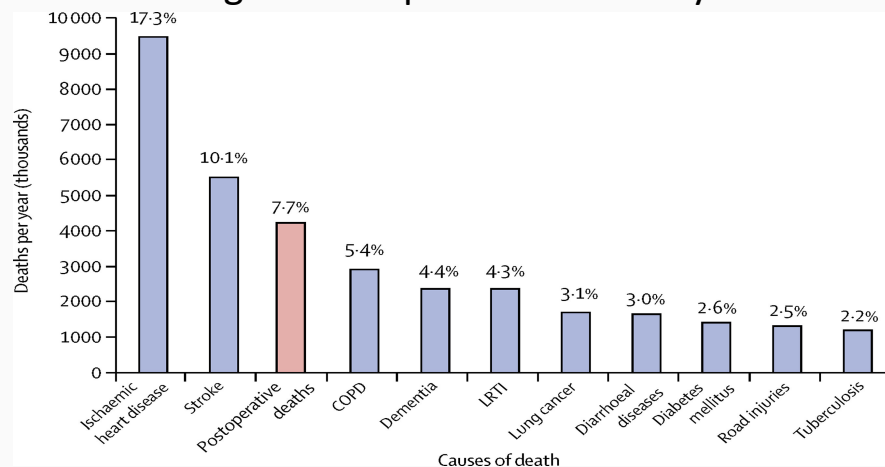
- Consulting/Royalties/Owner/ Stockholder of a healthcare company : Alexion, Viatris, La Jolla, Radiometer

The STOP-or-NOT trial

In this multicenter RCT, a **continuation strategy of renin-angiotensin system inhibitors (RASi) medications** before major non-cardiac surgery **was not associated with a higher rate of postoperative complications** than a discontinuation strategy – making both strategies acceptable.

Purpose and key points about methods

More than 300 million noncardiac surgeries are performed each year – 3rd cause of death



>50 % have a chronic treatment with renin-angiotensin system inhibitors (RASIs, i.e. angiotensin-converting enzyme inhibitors, or angiotensin receptor blockers)

Continuation vs discontinuation of these medications before surgery may have an impact on outcome but the best strategy is unknown

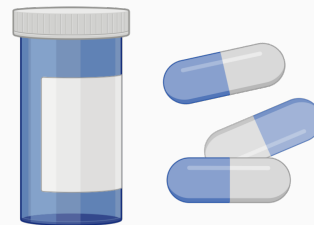
The Lancet 2019 393DOI: (10.1016/S0140-6736(18)33139-8)

Results - primary outcome (all-cause mortality and major postoperative complications within 28 days after surgery)

2222 randomized

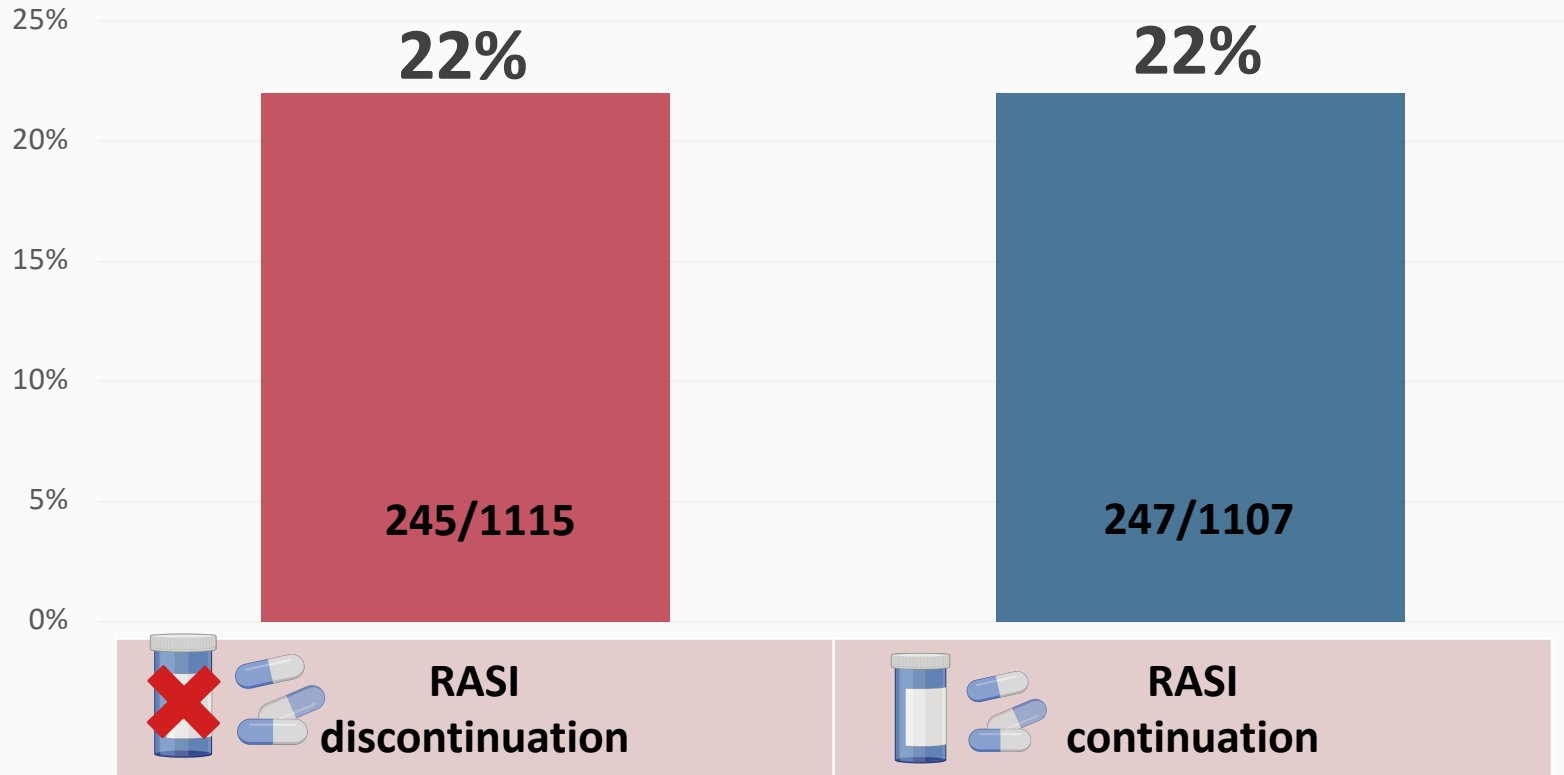


1115 had RASIs **discontinuation** 48 hours prior
(i.e. last dose 3 days before surgery)



1107 had RASI **continuation**
(until the day of surgery)

Results – Primary outcome (all-cause mortality and major postoperative complications within 28 days after surgery)



Key messages

- In the STOP-or-NOT multicenter (n=40) randomized trial in France, a RASI continuation strategy before major non-cardiac surgery **was not associated with a higher rate of postoperative complications** than a discontinuation strategy.
- Both strategies appear to be acceptable
- Based on these results Clinicians have greater flexibility in managing RASI therapy based on individual patient factors and the specifics of the surgery or the patient's preference.