Colchicine does not significantly reduce perioperative atrial fibrillation (AF) or myocardial injury after non-cardiac surgery (MINS) in patients undergoing major non-cardiac thoracic surgery.

Despite no significant reduction in the co-primary outcomes with colchicine and an increased risk of non-infectious diarrhoea, several results provided an encouraging signal of benefit for colchicine to reduce the incidence of adverse CV outcomes in these patients.

The COP-AF trial tested the hypothesis that colchicine reduces the incidence of clinically important perioperative AF and MINS in patients undergoing major non-cardiac thoracic surgery.

**Study population**
- **Patients**
  - aged ≥55 years
  - were undergoing major non-cardiac thoracic surgery.

**Where?**
- 11 countries
- 45 sites

**Co-primary outcomes**
- **Clinically important perioperative AF**
  - Rate%: 6.4% vs 7.5%
  - Hazard ratio 0.85; 95% CI 0.65 to 1.10
  - Absolute risk reduction (ARR) 1.1%; 95% CI -0.7 to 2.8, p=0.22
- **MINS**
  - Rate%: 18.3% vs 20.3%
  - Hazard ratio 0.89; 95% CI 0.76 to 1.05
  - ARR 2.0%; 95% CI -0.8 to 4.7, p=0.16

**Post-hoc analyses**
- **Composite outcome of clinically important perioperative AF or MINS**
  - Rate%: 22.4% vs 25.9%
  - Hazard ratio 0.84; 95% CI 0.73 to 0.97
- **Composite outcome of vascular mortality, nonfatal MINS, nonfatal stroke or clinically important perioperative AF**
  - Rate%: 22.6% vs 26.4%
  - Hazard ratio 0.83; 95% CI, 0.72 to 0.96

**Study objectives**
- The COP-AF trial tested the hypothesis that colchicine reduces the incidence of clinically important perioperative AF and MINS in patients undergoing major non-cardiac thoracic surgery.

**Conclusion**
- Colchicine does not significantly reduce perioperative atrial fibrillation (AF) or myocardial injury after non-cardiac surgery (MINS) in patients undergoing major non-cardiac thoracic surgery.

**Impact on clinical practice**
- Despite no significant reduction in the co-primary outcomes with colchicine and an increased risk of non-infectious diarrhoea, several results provided an encouraging signal of benefit for colchicine to reduce the incidence of adverse CV outcomes in these patients.