

Invasive strategy improves long-term survival after NSTEMI

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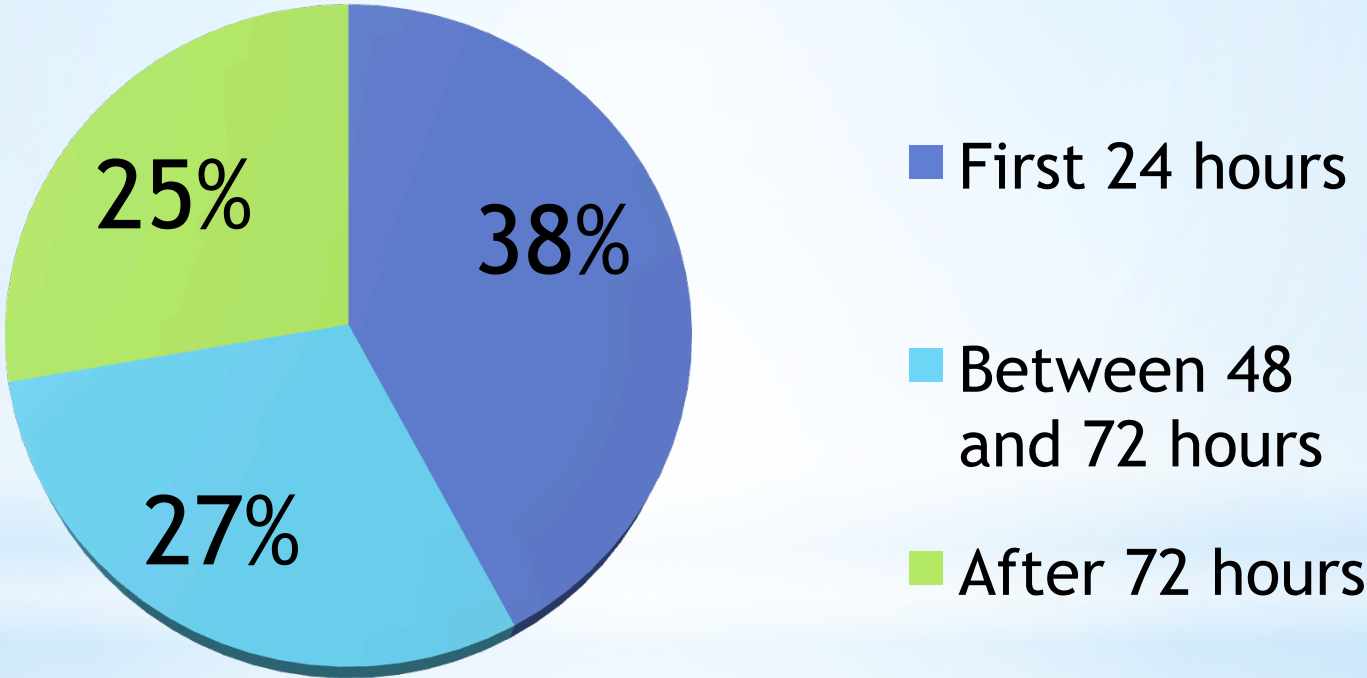
Clinical

Last Updated: 2012-09-19 13:30:06 -0400 (Reuters Health)

By Will Boggs, MD

Dr. Puymirat and colleagues analyzed data on 1,645 NSTEMI patients enrolled in the French Registry of Acute Coronary Syndrome. Four-fifths were managed with an invasive strategy.

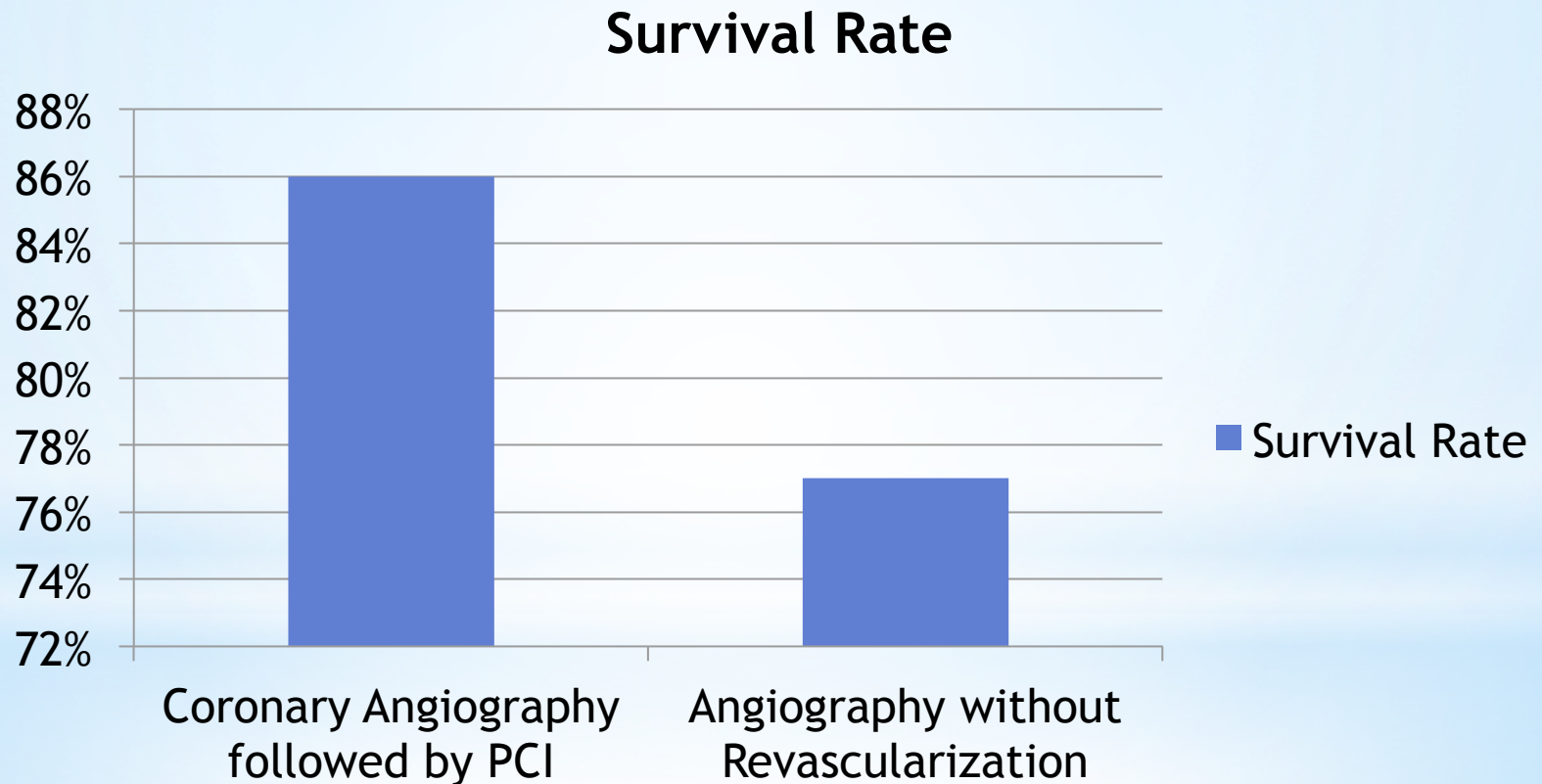
Patients received coronary angiography at different time:



- * 65% had percutaneous coronary intervention (PCI)
71% had either PCI or coronary artery bypass graft
- * In-hospital deaths and blood transfusions were significantly more frequent in conservatively managed patients, but major and minor bleeding did not differ significantly between the two strategies.

- * Three years later, the invasive strategy was associated with
- * 56% lower risk of death,
- * 63% reduction in cardiovascular death
- * 50% reduction in the combined endpoint of death or nonfatal myocardial infarction, a 46% reduction in major adverse cardiac events (MACE), and a 39% reduction in MACE or revascularization.
- * All of these findings were statistically significant.

In the invasive strategy group, survival was significantly higher when patients had coronary angiography followed by PCI.



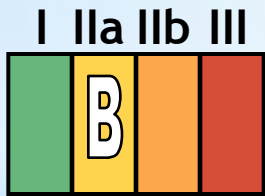
2011 ACCF/AHA/SCAI Guideline for Percutaneous Coronary Intervention

A Report of the American College of Cardiology Foundation/American Heart Association Task Force on Practice Guidelines and the Society for Cardiovascular Angiography and Interventions

Heart Team Approach to Revascularization Decisions



A Heart Team approach to revascularization is recommended in patients with unprotected left main or complex CAD.



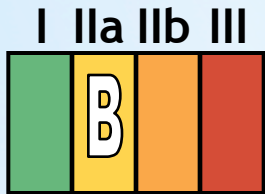
Calculation of the STS and SYNTAX scores is reasonable in patients with unprotected left main and complex CAD.

Diagram... left main
Triple vessels..... Complex CAD

Revascularization to Improve Survival: Left Main CAD Revascularization

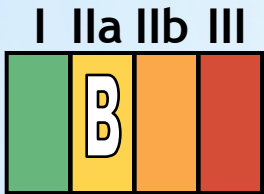


CABG to improve survival is recommended for patients with significant ($\geq 50\%$ diameter stenosis) left main CAD.

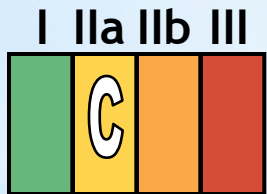


PCI to improve survival is reasonable as an alternative to CABG in selected stable patients with significant ($\geq 50\%$ diameter stenosis) unprotected left main CAD with: 1) anatomic conditions associated with a low risk of PCI procedural complications and a high likelihood of a good long-term outcome (e.g., a low SYNTAX score [≤ 22], ostial or trunk left main CAD); and 2) clinical characteristics that predict a significantly increased risk of adverse surgical outcomes (e.g., STS-predicted risk of operative mortality $\geq 5\%$).

Revascularization to Improve Survival: Left Main CAD Revascularization



PCI to improve survival is reasonable in patients with UA/NSTEMI when an unprotected left main coronary artery is the culprit lesion and the patient is not a candidate for CABG.



PCI to improve survival is reasonable in patients with acute STEMI when an unprotected left main coronary artery is the culprit lesion, distal coronary flow is TIMI (Thrombolysis In Myocardial Infarction) grade <3, and PCI can be performed more rapidly and safely than CABG.