

# Acute Versus Subacute Angioplasty in Patients With NON-ST-Elevation Myocardial Infarction (NONSTEMI)

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### **Potential conflicts of interest**

#### Speaker's name: Carsten Stengaard

#### ☑ I have the following potential conflicts of interest to report:

Honorarium: Roche Diagnostics GmbH Institutional grant/research support: Roche Diagnostics GmbH

# **PCR** Acute angiography in NSTEMI?



#### Methods

- Patients: Acute chest pain
- Enrolement
  - Prehospital
  - <1h after hospital admission</li>
- Randomisation
  - Acute angiography
  - Conventional therapy with angiography < 72h</li>
- Feasibility: 250 patients
- Endpoints
  - NSTEMI
  - Coronary revascularisation
  - Admission duration



## **Baseline characteristics**

	Acute angiography 122	Conventional therapy 128	p-value
Age	64.5	65.9	0.18
Male	79 (65%)	84 (66%)	0.88
Diabetes	17 (14%)	22 (17%)	0.48
Smoking, previous or current	88 (72%)	94 (73%)	0.82
Hypertension	51 (42%)	66 (52%)	0.12
Previous AMI	17 (14%)	15 (12%)	0.60
Previous revascularisation	19 (16%)	19 (15%)	0.87
Previous heart failure	7 (6%)	5 (4%)	0.51

## **PCR 2015** Results: Inclusion characteristics

Inclusion criteria	Acute angiography 122	Conventional treatment 128	Total 250
Elevated POCT Troponin T	62 (51%)	65 (51%)	127 (51%)
ST-segment depression	40 (33%)	41 (32%)	81 (32%)
Both elevated POCT Troponin T and ST-segment depression	20 (16%)	22 (17%)	42 (17%)

Place of enrolement	Acute angiography	Conventional treatment	Total
Prehospital, patient still in the ambulance	71 (58%)	77 (60%)	148 (59%)
Hospital, <1 hour after admission	51 (42%)	51 (40%)	102 (41%)



# **Results: Diagnosis**

		Acute angiography	Conventional treatment	Total	
		122	128	250	P-value
ACS	NSTEMI	84 (69%)	75 (59%)	159 (64%)	0.09
	STEMI	9 (8%)	12 (9%)	21 (8%)	0.6
	STEMI developed after inclusion	2 (2%)	6 (5%)	8 (3%)	0.17
	Unstable angina pectoris	11 (9%)	16 (13%)	27 (11%)	0.38
Not ACS	Myocardial injury	11 (9%)	12 (9%)	23 (9%)	0.92
	Other	5 (4%)	7 (6%)	12 (5%)	0.61

## **PCR Results:** Revascularisation

	Conventional			
	Acute angiography 122	therapy 128	Total	p-value
Angiography performed	120 (98%)	111 (87%)	231 (92%)	0.001
Culprit lesion	95 (78%)	96 (75%)	191 (76%)	0.59
Revascularisation performed	79 (65%)	82 (64%)	161 (64%)	0.91
PCI alone	65 (53%)	61 (48%)	126 (50%)	0.37
CABG alone	8 (7%)	18 (14%)	26 (10%)	0.05
Hybrid	6 (5%)	3 (2%)	9 (4%)	0.28
Culprit lesion, medical treatment	16 (13%)	14 (11%)	30 (12%)	0.6
Accelerated angiography before planned		22 (17%)		

PCR 2015

# **Results: Timing data**



### PCR 2015

# Conclusions

- Acute angiography in patients with NSTEMI: *Feasible* ✓
- ACS: 86%, NSTEMI 64%
- *Culprit* 76%, *Revascularisation* rate: 64%
- Acute angiography
  - Reduced CABG rate
  - Faster revascularisation
  - 16% *reduction* in admission time
  - Increased angiography rate
- Conventional therapy
  - 17% experience need for an *accelerated* procedure
  - 5% progress to STEMI