



AMIS Plus Newsletter No. 53 – July 2017

Dear AMIS Plus Participants & Sponsors

We hope you are enjoying the summer and have a little more time on your hands for reading. We would like to bring you the latest news from AMIS Plus.

AMIS Plus at SSC

In June, we were pleased to be provided with a main session slot at the Swiss Society of Cardiology Congress in Baden to present 20 years of AMIS Plus, which was chaired by Professors Paul Erne, Giovanni Pedrazzini and Osmund Bertel.



We told the story of AMIS Plus, its achievements, the highlights as well as the challenges facing us now and in the future.

Industry Partners Meeting at AMIS Plus Data Center

For the first time, industry partners were invited to visit the AMIS Plus Data Center in Zurich on June 13 in order to discuss the importance of future support for the AMIS Plus Foundation.

Follow ups

We are very happy to report that we now have over 10,500 follow ups and look forward to reaching our next milestone of 15,000! We would like to especially thank all hospitals who contribute by diligently collecting the signed informed consent forms from their patients, a difficult and time consuming task. However, follow ups provide essential quality indicators for hospitals on patient outcomes.

AMIS Plus Highlight Box



A recent AMIS study examined differences in presentation, treatment and outcomes between 13,829 type 2 myocardial infarction (T2MI) patients and 1091 type 1 MI (T1MI) patients as no specific diagnosis criteria for T2MI have been established until now. Patients with T2MI were older, often female, with more risk factors and comorbidities, and less ST-segment elevation. T2MI patients less often presented with typical chest pain but more frequently with atrial fibrillation and anemia, and these differences persisted after propensity score matching. Patients who suffered a T2MI had less typical symptoms, were less aggressively treated with anticoagulants, platelet inhibitors or percutaneous coronary interventions but had similar complications and no differences were found in in-hospital and 1-year mortality. T2MI patients are a heterogeneous group that requires further investigation to better define optimal therapeutic approaches. Radovanovic et al. J Cardiovasc Med 2017; 18:341-7.

To complement your holiday reading, please find enclosed a paper entitled "Left bundle-branch block in patients with acute myocardial infarction: presentation, treatment, and trends in outcome from 1997 to 2016 in routine clinical practice" by Erne P et al. Am Heart J 2017; 184:106-13.

Yours sincerely

For the Steering Committee:

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Prof. Hans Rickli, MD President

For the Data Center:

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Dragana Radovanovic, MD Head of the Data Center