



AMIS Plus Newsletter Nr. 50 - July 2016

Dear AMIS Plus Participants & Sponsors

Before everyone leaves for their summer vacation we would like to bring you the latest news from the AMIS Plus Project.

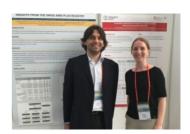
Future of the AMIS Plus Project

At the last AMIS Plus Steering Committee Meeting on 16 June 2016 in Lausanne, it was unanimously decided that the future legal form of AMIS Plus should be a foundation. Preparations to establish the foundation are ongoing and should be completed by the end of the year.

AMIS Plus at the Joint SGK-SGHC Congress, 15 – 17 June 2016, Lausanne

AMIS Plus presented three topics:

- Immediate treatment and outcome of cancer patients with acute myocardial infarction. Witassek F et al
- Incidence, presentation, treatment and outcome of patients with myocardial infarction type 2 in routine clinical practice. Radovanovic D et al
- Impact of new onset atrial fibrillation in ACS patients: insights from the Swiss AMIS Plus registry. *Biasco L et al*



REMINDER - AMIS Plus 20th Anniversary

AMIS Plus will hold a symposium in Berne to celebrate its 20th anniversary.

When: 9 March 2017 Time: 13:45 -17:15 Where: Bellevue Palace

Please mark this date in your calendar. The program will follow later.

AMIS Plus Highlight Box



A recent AMIS Plus study was conducted to evaluate the impact of prior myocardial infarction (MI) on therapies and outcomes in patients who presented with ST-elevation MI (STEMI). From 19,665 STEMI patients, 2845 (14%) had recurrent MI and were older (70y vs. 64y), more frequently male, with more risk factors (hypertension, dyslipidemia) and more comorbidities. They presented 25min earlier than those with first MI, were more frequently decompensated at admission and were less likely to receive guideline-recommended therapy (aspirin, P2Y12 inhibitors or statins), or undergo primary percutaneous coronary intervention. Prior MI was an independent predictor of in-hospital (OR 1.27; 95%CI 1.05-1.53) and 1-year mortality (OR 1.68, 95%CI 1.14-2.47). Although patients with recurrent MI are high-risk patients, they were less likely to receive recommended treatment and had worse in-hospital and 1-year outcomes compared to patients with first MI. *Radovanovic et al. J Cardiol 2016*

Please find enclosed a paper entitled "Temporal trends in the treatment and outcomes of elderly patients with acute coronary syndrome" by Schoenenberger et al. *Eur Heart J 2016; 37:1304-11.*

We wish you all a wonderful summer!

Yours sincerely

For the Steering Committee:

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