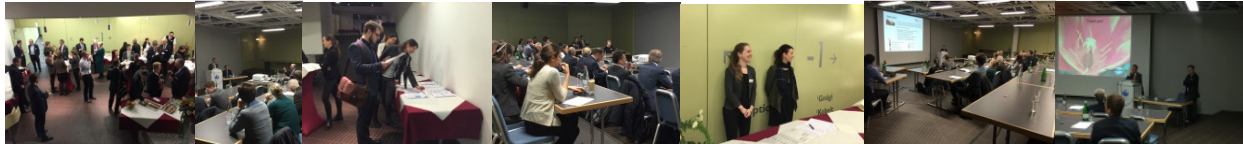




## AMIS Plus Newsletter Nr. 46 – March 2015

Dear AMIS Plus Participants & Sponsors

We would first like to thank all of you who were able to take the time to join us for our Sponsors and Participants' Meeting in Berne for coming. It is always a pleasure to bring our sponsors up to date with our latest data analyses and at the same time provide our hospital participants with the opportunity of seeing what happens with the data. The feedback was very positive.



### Follow ups

Once again, we would like to emphasize the importance of the follow ups in order for the AMIS Plus Registry to do an even better job and gain more recognition. Please don't forget to ask the patients for their consent.

### A new era

At the end of 2017, we will be resigning as Steering Committee President and Head of the Data Center, respectively. Once the documentation entailing the requirements needed for these positions has been completed, applications can be submitted until February 24, 2016. Certain information will be placed on the website. The Steering Committee will be responsible for selecting the successors who will then be trained so that they will be ready to start on their own from January 2018.

### AMIS Plus Highlights Box



A recent AMIS Plus study investigated patients enrolled from 2010-2013, who were treated with prasugrel or clopidogrel after percutaneous coronary intervention (PCI). From 7621 patients, 2891 received prasugrel (38%) and 4730 clopidogrel (62%). Using propensity score matching (2301 patients per group), the primary endpoint was significantly lower in prasugrel-treated patients (3.0% vs. 4.3%;  $p=0.022$ ) while bleeding events were more frequent (4.1% vs. 3.0%;  $p=0.048$ ). In-hospital mortality was significantly reduced (1.8% vs. 3.1%;  $p=0.004$ ) but no significant differences were observed in rates of recurrent infarction (0.8% vs. 0.7%;  $p=1.00$ ) or stroke (0.5% vs. 0.6%;  $p=0.85$ ). In a predefined subset of matched patients with 1-year follow-up ( $n=1226$ ), mortality between discharge and 1 year was not significantly reduced in prasugrel-treated patients (1.3% vs. 1.9%,  $p=0.38$ ). Therefore, prasugrel use was associated with reduced in-hospital mortality, despite a significant increase in bleeding complications. These results suggest that prasugrel improves early outcomes when used in appropriately selected ACS patients treated with PCI.

*Kurz D.J. et al. EHJ ACC 2015; DOI: 10.1177/2048872614566946.*

Please find enclosed the AMIS Plus publication entitled "Outcome of patients admitted with acute coronary syndrome on palliative treatment: insights from the nationwide AMIS Plus Registry 1997-2014. *Erne et al. BMJ Open 2015; 5:e006218.*

Yours sincerely

For the Steering Committee:

Prof. Paul Erne, MD  
President

For the Data Center:

Dragana Radovanovic, MD  
Head of the Data Center