



AMIS Plus Newsletter Nr. 43 – May 2014

Dear Current & Potential AMIS Plus Participants & Sponsors

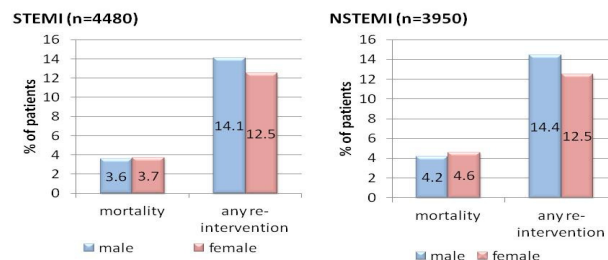
Follow ups of patients with acute myocardial infarction are becoming increasingly important in the AMIS Plus Project. Nowadays, information on events occurring during 1-year after discharge from the patients' perspectives contributes to a better depiction of treatment quality and the ensuing consequences in the "real world".

Although financial difficulties forced us to drop the 3-month follow ups at the beginning of this year, it also opened up the opportunity to introduce more data on lifestyle modifications as well as obtain information on compliance, which will, amongst other things, enable more thorough studies on the effects of new therapies. These enhancements to the AMIS Plus Project were just approved by the Ethics Commission of the Canton of Zurich (KEK-Stv-Nr. 05/05).

In the AMIS Plus register there are now 8430 patients with a mean follow-up of 369 days (± 91 days).

Recruitment of patients for participation in follow ups in an acute situation such as acute myocardial infarction combined with the relatively short length of stay is extremely hard. Of all available patients, 53% have been asked to participate up till now. Despite these difficulties, we would like to appeal to our participants once again to ask as many patients as possible for their consent to take part in the study.

Outcome of the patients admitted for acute myocardial infarction 1-year after discharge



AMIS Plus Highlights Box



An AMIS Plus study published recently investigated whether the optimal strategy for percutaneous coronary intervention (PCI) of ST-segment elevation myocardial infarction (STEMI) patients with multi-vessel disease (MVD) is multi-vessel PCI (MV-PCI) or PCI of the infarct-related artery only (IRA-PCI). Between 2005 and 2012, 8330 STEMI patients were identified and from these, 1-year follow-up data were available for 1909 patients with MVD. 442 received MV-PCI and 1467 IRA-PCI. All cause mortality was similar in both groups, however, major adverse cardiovascular and cerebrovascular events (MACCE) were significantly lower after MV-PCI vs. IR-PCI (15.6% vs. 20.0%, $p=0.038$). Patients undergoing MV-PCI with drug-eluting stents had lower rates of all-cause mortality and MACCE compared with those receiving bare-metal stents. Complete revascularization may be beneficial in STEMI patients with MVD regarding MACCE, particularly when drug-eluting stents are used. *Jeger R. et al. Int J Cardiology 2014; 172:76-81.*

Please find enclosed the AMIS Plus publication entitled "Multivessel versus culprit vessel percutaneous coronary intervention in ST-elevation myocardial infarction: is more worse?" *Jaguszewski et al. EuroIntervention 2013; 9:909-15.*

Yours sincerely

For the Steering Committee:

For the Data Center:

Prof. Paul Erne, MD
President

Dragana Radovanovic, MD
Head of the Data Center