

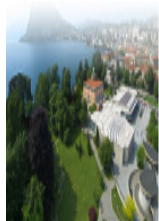


## AMIS Plus Newsletter Nr. 42 – February 2014

Dear Current & Potential AMIS Plus Participants & Sponsors

2013 saw a turbulent year for AMIS Plus but first of all let's look at the positives starting with the AMIS Plus Sponsors and Participants' Meeting through to the successful presentations at national and international conferences.

Thanks to the immense pool of AMIS Plus data we have worked on many topics, such as the impact of anemia, resuscitation and comorbidities on outcome, temporal trends in therapy and outcome in diabetic patients, 15-year trends in stroke (a feared complication), and the use of anticoagulants in atrial fibrillation patients.



In addition, analyses were performed on bare-metal stents versus drug-eluting stents and multivessel percutaneous coronary interventions (PCI) versus culprit-vessel PCI in patients with multivessel disease.

These AMIS Plus works were presented at congresses in Lugano (SSC), Madrid (ACC), and in Amsterdam (ESC) where no less than 5 AMIS Plus contributions were accepted.

Alas, there was no time to bask in the success as the grave financial situation and uncertain future led to workforce reductions in the AMIS Plus Data Center team. Thanks to the financial support of 17 AMIS Plus hospitals and our sponsors we were able to avoid any further cutbacks.

### AMIS Plus Highlights Box



A recent AMIS Plus study examined which STEMI patients were likely to undergo multivessel PCI (MPCI) and whether MPCI led to better or worse outcomes compared to those who underwent single-vessel PCI (SPCI). 4941 patients with multivessel disease were included. Of these patients, 3833 underwent SPCI and 1108 MPCI. Rates of MPCI were greatest among high-risk patients (those with out-of-hospital cardiac arrest, Killip III/IV or left main involvement). Overall, crude in-hospital mortality after MPCI was higher when compared with SPCI (7.3% vs. 4.4%;  $p < 0.001$ ) but after patients were stratified by risk, in-hospital mortality for MPCI vs. SPCI was 2.0% vs. 2.0% ( $p = 1.00$ ) in low-risk patients and 22.2% vs. 21.7% ( $p = 1.00$ ) in high risk patients. Thus, after risk stratification, STEMI patients who underwent MPCI do not appear to have worse outcomes than those who underwent SPCI. *Jaguszewski et al. EuroIntervention 2013; 9:909-15.*

Please find enclosed the latest AMIS Plus publication entitled "Validity of Charlson Comorbidity Index in patients hospitalised with acute coronary syndrome. Insights from the nationwide AMIS Plus registry 2002-2012". *Radovanovic et al. Heart 2014; 100:288-94.*

Yours sincerely

For the Steering Committee:

For the Data Center:

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