



AMIS Plus Newsletter Nr. 35 – July/August 2011

Dear Current & Potential AMIS Plus Participants & Sponsors

We would like to take this opportunity to express our grateful thanks to all sponsors for your financial support enabling continuation of this unique project. Your help is very much appreciated.

AMIS Plus News (Inclusion Criteria and Questionnaire Changes)

At the last AMIS Plus Steering Committee Meeting on February 24, 2011, it was decided that inclusion criteria for enrollment in the registry should be restricted to acute myocardial infarction (STEMI/NSTEMI) and no longer include unstable angina. Unstable angina patients were underrepresented due to the limited resources available in participating hospitals. Additionally, minor but important revisions to the AMIS Plus Questionnaire will include new drugs now available as well as the new standardized bleeding definitions (BARC) just published. The changeover will first take place in autumn and all participants will be informed in detail well ahead of time.

AMIS Plus at SSC Congress

AMIS Plus was represented with 2 oral presentations and 1 moderated poster at the Annual Meeting of the Swiss Society of Cardiology in Basle from June 8-10, 2011.



- Trends in pre-hospital delay and door-to-balloon time in patients with ST-elevation myocardial infarction undergoing percutaneous coronary intervention in Switzerland 2000-2010. Radovanovic D. et al.
- Use of glycoprotein IIb/IIIa inhibitors might be associated with increased mortality in patients with non-ST-elevation ACS. Cuculi F. et al.
- Adherence of vitamin K-antagonist guidelines in patients with acute coronary syndromes. Süttsch G. et al.

AMIS Plus Highlights Box



The latest AMIS Plus study assessed outcomes in 348 patients with ST-segment elevation myocardial infarction undergoing primary PCI for unprotected left main disease (LM). In comparison with the 6,666 non-LM PCI patients, these 348 patients had a higher rate of cardiogenic shock (12.2% vs. 3.5%; $p < 0.001$), cardiac arrest (10.6% vs. 6.3%; $p < 0.01$) and major adverse cardiac events (12.4% vs. 5.0%; $p < 0.001$). Concurrent LM and non-LM PCI had worse outcomes than isolated LM PCI. LM disease independently predicted in-hospital death (OR 2.36; 95%CI 1.34-4.17). However, emergent LM PCI in the context of STEMI appears to have a remarkably high in-hospital survival of 89%. *Pedrazzini G. et al. JACC: Cardiovascular Interventions: 2011; 4(6):627-33.*

AMIS Plus Publication

Please find attached the AMIS Plus manuscript "Acute coronary syndromes in young patients: Presentation, treatment and outcome" published in the International Journal of Cardiology 2011; 148:300-304.

We wish you all a lovely summer!

Sincerely yours

For the Steering Committee:

Prof. Paul Erne, MD
President

For the Data Center:

Dragana Radovanovic, MD
Head of the Data Center