



AMIS Plus Newsletter Nr. 32 – July 2010

Dear Current & Potential AMIS Plus Participants & Sponsors

This time we have great news to share with you!

AMIS Plus in HEART

HEART is currently publishing a series of articles on the most important registries of patients with acute coronary syndrome and we are proud to announce that AMIS Plus is one of them! (*AMIS Plus: Swiss registry of acute coronary syndrome. Radovanovic D, Erne P. Heart 2010; 96:917-21.*)

Many thanks to all our participants for making this possible!

AMIS Plus at SSC

AMIS Plus presented two moderated posters plus an oral presentation at the Annual Meeting of the Swiss Society of Cardiology from June 9-11, 2010 in St. Gallen:

- Unprotected left main PCI in acute coronary syndrome: the AMIS Plus experience. *Pedrazzini G et al.*
- Switzerland versus World or AMIS Plus versus GRACE. *Radovanovic D et al.*
- Outcome of patients with acute coronary syndrome in hospitals of different sizes in Switzerland. A report from the AMIS Plus registry. *Radovanovic D et al.*



AMIS Plus Online Analysis will be reactivated

At the last AMIS Plus Steering Committee Meeting it was decided to reactivate online analysis as requested by many participants. The new software needed to support the ensuing new technology will therefore be purchased despite the precarious financial situation of AMIS Plus.



To assess the impact of admission to hospitals of different sizes on early (N=31,010) and 1-year (n=3747) outcomes in patients with acute coronary syndrome, AMIS Plus hospitals were divided into type A (large, academic institutions) and type B (smaller, regional) hospitals. The results showed that ACS patients initially admitted to smaller hospitals were older, had more severe comorbidities, more NSTEMI-ACS, received less intensive treatment and had higher crude in-hospital and 1-year mortality (7.4% vs. 6.2%; 4.7% vs. 2.8%, respectively). However, after correcting for baseline inequalities, early and mid-term outcomes were similar regardless of hospital size. Hospital type was neither an independent predictor for in-hospital (OR 0.98, 95% CI 0.82-1.17) nor for 1-year MACE (OR 1.06, 95% CI 0.85-1.33). Appropriate early referral of selected patients probably partly explains this finding. AMIS Plus data suggest that Swiss hospitals have been functioning as an efficient network for the past 12 years. (*Radovanovic D et al. Swiss Med Wkly 2010; 140(21-22):314-22.*)

For some interesting holiday reading...

Please find attached the AMIS Plus manuscript "Impact of comorbidities on clinical presentation, management and outcome of patients with acute coronary syndrome" published in Cardiovascular Medicine 2010; 13(5):155-61. We wish you all a brilliant summer!

Sincerely yours

For the Steering Committee:

Prof. Paul Erne, MD
President

For the Data Center:

Dragana Radovanovic, MD
Head of the Data Center