



AMIS Plus Newsletter No. 61 - June 2020

Dear AMIS Plus Participants & Sponsors

We hope you have all been keeping safe and well during these extraordinary corona times, which have forced us all to make many adjustments. The AMIS Data Center team has also been working from home but now we are slowly transitioning back to the Data Center and are happy to be able to send you our latest newsletter.

65,000th Milestone



We are very happy to announce that we have hit the 65,000 cases mark! A big thank you goes out to all our study nurses and doctors in the hospitals for their invaluable work especially during the past few months.

Twitter

AMIS Plus is now on twitter [@AMIS_Swiss](https://twitter.com/AMIS_Swiss)

Latest AMIS Plus Publications

3 papers have already been published this year covering such topics as differences in presentation and clinical outcomes between left or right bundle branch block and ST-segment elevation, temporal trends in in-hospital complications of acute coronary syndromes as well as a European collaboration on the comparison of P2Y₁₂ receptor inhibitors in patients with ST-elevation myocardial infarction in clinical practice.

AMIS Plus Highlight Box



Lack of temporal trends on patients experiencing ST-segment elevation myocardial infarction (STEMI) presenting late prompted this study. 27 231 STEMI patients included in the AMIS Plus registry from January 1997 to December 2017 were classified as early or latecomers (> 12hours), respectively. During the study period, the prevalence of late presentation decreased from 22% to 12.3% (P <.001). In latecomer STEMI patients, there was a gradual uptake of evidence-based pharmacological treatments (rate of P2Y₁₂ inhibitors at discharge, from 6% to 90.6%, P <.001) and a marked increase in the use of percutaneous coronary intervention (PCI), particularly in 12- to 48-hour latecomers (from 11.9%-87.9%; P <.001). In-hospital mortality was reduced from 12.4% to 4.5% (P <.001). Multivariate analysis showed that PCI had a strong independent protective effect on in-hospital mortality in 12- to 48-hour latecomers (OR, 0.29; 95%CI, 0.15-0.55). *Roberto et al. Rev Esp Cardiol (Engl Ed). 2019 Dec 3. pii: S1885-5857(19)30323-8. doi: 10.1016/j.rec.2019.10.001*

Please find enclosed a paper entitled "Comparison of P₂Y₁₂ receptor inhibitors in patients with ST-elevation myocardial infarction in clinical practice: a propensity score analysis of five contemporary European registries" by de Luca Meyer et al. *Eur Heart J Cardiovasc Pharmacother*
<https://doi.org/10.1093/ehjcvp/pvaa002>

Yours sincerely

For the Steering Committee:

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President

For the Data Center:

Dragana Radovanovic, MD
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