TCT-31
Impact of Hospital vs. Home call for Fellows and Cath Lab Team on Door to Balloon Times
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Background: For patients presenting with ST segment elevation myocardial infarction (STEMI), door-to-balloon (or first device) time (D2B) is effected by multiple patient and system-based factors. We hypothesized that fellow and/or catheterization (cath) team in-hospital call would result in decreased D2B time.

Methods: We collected data from our hospital’s STEMI database and the electronic medical record. Patients were divided into two groups based on whether the fellow was taking home or in-hospital call. A subgroup analysis included whether the cath lab team was in-hospital or at home. The mean difference in D2B between the groups was calculated using independent T test and one-way ANOVA test.

Results: From June 1, 2009 to June 30, 2013, a total of 313 patients presented with STEMI and underwent emergency coronary angiography: 186 presented when the fellow was taking home call, and 127 presented while the fellow was taking in-hospital call. Mean D2B was significantly lower (44 min vs. 56 min, p< 0.01) when the fellow was taking in-hospital call (Figure 1). In a subgroup analysis, D2B times were highest when the fellow and cath team were home, and lowest when both the fellow and the cath lab team were in-hospital (69 min vs. 52 min vs 40 min) (Figure 2).

Conclusions: D2B times may be improved with a 24 hour in-hospital call team. Whether this translates into better clinical outcomes needs to be addressed.

TCT-32
Lack of mortality benefit of Renin-Angiotensin-Aldosterone system inhibitors in patients without left ventricular dysfunction following primary percutaneous intervention for ST segment elevation myocardial infarction
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Background: There is a paucity of evidence on the impact of angiotensin converting enzyme inhibitors (ACEI) and angiotensin receptor blockers (ARB) on long-term mortality in patients discharged on ACEi/ARB compared to those who were not discharged on these medications. In addition, multivariable Cox proportional hazard modeling (figure) failed to demonstrate any beneficial effect of ACEI/ARB similar to Kaplan-Meir analysis (HR (95%CI): 0.88 (0.57-1.36)).

Results: A total of 988 patients were included. The median follow up duration was 4.6 years. Kaplan-Meier analysis showed no significant difference in long-term mortality in patients discharged on ACEi/ARB compared to those who were not discharged on these medications. In addition, multivariable Cox proportional hazard modeling failed to demonstrate any beneficial effect of ACEI/ARB similar to Kaplan-Meir analysis.

Conclusions: We found no significant benefit in long-term mortality with the use of ACEi/ARB in patients with LVEF>40% after pPCI for STEMI.