OUTCOMES OF PATIENTS WITH ACUTE CORONARY SYNDROMES AND PRIOR CORONARY ARTERY BYPASS GRAFTING: ANALYSIS FROM THE ACUITY TRIAL

i2 Poster Contributions
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Background - Pts with acute coronary syndromes (ACS) and prior CABG pose an important clinical problem. Optimal antithrombotic therapy for this pts is not known. We assessed outcomes of pts with prior CABG as well as safety and efficacy of different antithrombotic regimens in the treatment of pts with prior CABG enrolled in the Acute Catheterization and Urgent Intervention Triage strategY (ACUITY) trial.

Methods and Results - History of prior CABG was reported by 2465 of 13774 pts with ACS (17.9%), and was associated with older age, more comorbidities, higher TIMI risk score and lower LVEF. At 30 days pts with vs. without prior CABG had significantly higher rates of composite ischemia (9.3% vs 7.4%, p=0.001) due to higher occurrence of death (1.8% vs 1.5%, p=0.18), MI (5.9% vs 5.0%, p=0.04) and unplanned revascularization (3.0% vs 2.4%, p=0.13). The main 30-day outcomes of pts with prior CABG treated with different antithrombotic regimens are presented in the Figure. By multivariable analysis, 30-day mortality in pts with prior CABG was independently predicted by lower LVEF, anemia, ST segment deviation ≥1 mm and older age, but not by antithrombotic regimen (all p≤0.01).

Conclusions - Pts with ACS and a history of CABG have worse prognosis than pts without prior CABG. None of the 3 assessed adjunctive antithrombotic therapies in patients with prior CABG and ACS showed benefit in reduction of outcomes in this high-risk population.