sponse pattern was obtained. There was no decremental conduction over the retrograde FP with V stimulation.

**Conclusions:** 1) The reentrant circuit of AVNRT can be reset from multiple sites. 2) The circuit as a whole demonstrates partial excitability with heterogeneity of conduction over individual pathways. 3) A difference in the measured excitable gap > 20 msec dependent on stimulation site was seen in 5/8 patients and suggests a functionally determined circuit and anisotropic reentry.

**725- Early MI Intervention — Long-Term Outcome**

**Monday, March 20, 1995, 4:00 p.m.—5:30 p.m.**

Ernest N. Morial Convention Center, Room 58

**04:00**

**725-1 Long-term Impact of a Patent Infarct-related Artery: 1-Year Survival in the GUSTO Trial**


The “open-artery” hypothesis has been validated in the acute phase of coronary occlusion. Controversy remains regarding long-term survival and the need for revascularization. To examine the long-term impact of a patent infarct-related artery in the GUSTO trial, we evaluated prospectively collected data on 41,021 patients treated with thrombolytic therapy for acute infarction. Patent data were available in 12,664 patients undergoing their first post-infarction angiogram who had no prior history of PTCA or CABG and who were not enrolled in the angiographic substudy. The infarct-related artery was open in 8,810 and closed in 4,054 patients. In the open artery cohort, 50% were treated medically, 38% with PTCA, and 12% with CABG. The corresponding percentages in the closed artery cohort were 45, 41 and 14, respectively.

Baseline demographics, risk factor profiles, extent of disease and time to treatment were similar for both groups. Patients with a closed artery had a slightly higher incidence of Killip Class III and IV than the open artery cohort (2% vs. 1%). As expected, patients treated medically and with PTCA in both groups had a preponderance of 1 and 2 vessel disease and patients treated with CABG had a preponderance of 2 and 3 vessel disease. Time to treatment is an important predictor of hospital mortality but does not affect the likelihood of survival in the years after discharge.

**725-2 Long Term Outcome After Early Prehospital Initiated Thrombolysis**

Marc A. Brouwer, Jenny S. Martin, Mark J. Winkus, Charles C. Maynard, Paul E. Lilien, Freek W.A. Verheugt, W. Douglas Weaver, MITI Pre-Hospital Study Investigators. University of Washington, Seattle, WA

In order to determine the long-term effects of very early thrombolytic treatment on outcome after myocardial infarction, patients (pts) in the MITI prehospital thrombolysis trial were assessed for cardiac events (death, admission on outcome after myocardial infarction) patients (pts) in the MITI prehospital thrombolysis trial were assessed for cardiac events (death, admission on outcome after myocardial infarction). In an ECG substudy on all German patients of the INJECT TRIAL (Multicentre study aimed to compare the efficiency of 1.5 MIU Streptokinase with 2 x 10 MIU r-PA (Replasokin) injection in 6000 patients), the prognostic power of these ECG markers shall be assessed prospectively in all patients and in the two treatment groups. From an overall interim analysis (still blinded to treatment group) on 1118 patients, number of patients (n) and percentages of deaths at 3 month follow up for the three groups of ST elevation resolution are shown in the table:

<table>
<thead>
<tr>
<th>ST Resolution</th>
<th>Mortality</th>
</tr>
</thead>
<tbody>
<tr>
<td>97% (165)</td>
<td>&lt;70% (198)</td>
</tr>
<tr>
<td>4.2% (7)</td>
<td>5.6% (11)</td>
</tr>
<tr>
<td>&lt;30% (168)</td>
<td>17.3% (29)</td>
</tr>
</tbody>
</table>

**Conclusion:** Infarct-related artery patency confers a survival advantage at 1-year across all thrombolytic treatment strategies in patients with acute myocardial infarction.

**04:15**

**725-3 Extent of Early ST Segment Elevation Resolution: Not Only a Strong Predictor of Outcome in Patients with Acute Myocardial Infarction but Also a Sensitive Measure to Prove the Superiority of a Thrombolytic Agent?**

Rolf Schröder, Karl Wegscheider, INJECT TRIAL Group. Free University Berlin, Germany

Data from small prospective studies and a retrospective analysis of 1516 patients of the ISAM study showed that applying two cutoff points with ST elevation resolution of 1) ≥70%, 2) >70-30%, 3) <30—0% 3 hours after start of thrombolysis is most efficient to predict infarct size, left ventricular function, and survival with follow up 6 years regardless of whether patients have had streptokinase or placebo treatment. A beneficial effect of thrombolytic therapy was related to a larger proportion of patients with ≥70% ST resolution and less <30% ST resolution (p = 0.0001). In multivariate analysis, ST resolution <30% was the most powerful independent predictor of early mortality (JACC 1994; 24: 384). In an ECG substudy on all German patients of the INJECT TRIAL (Multicentre study aimed to compare the efficiency of 1.5 MIU Streptokinase with 2 x 10 MIU r-PA (Replasokin) injection in 6000 patients), the prognostic power of these ECG markers shall be assessed prospectively in all patients and in the two treatment groups. From an overall interim analysis (still blinded to treatment group) on 1118 patients, number of patients (n) and percentages of deaths at 3 month follow up for the three groups of ST elevation resolution are shown in the table:

<table>
<thead>
<tr>
<th>Anterior MI (No = 531)</th>
</tr>
</thead>
<tbody>
<tr>
<td>ST Resolution</td>
</tr>
<tr>
<td>≥70% (165)</td>
</tr>
<tr>
<td>4.2% (7)</td>
</tr>
<tr>
<td>&lt;30% (168)</td>
</tr>
</tbody>
</table>

**Conclusion:** This data exclude even a long-term superiority of an invasive approach to patients with fibrinolytic treated acute myocardial infarction. A detailed stratification to identify patients who will benefit from coronary intervention is needed.

**04:45**

**725-4 Late Survival Following Early Coronary Intervention After Fibrinolytic Therapy with Streptokinase in Acute Myocardial Infarction (Results of a randomized trial: SIAM—I)**

Bernd Hammer, Cem Özok, Armin Heisels, Wolfgang Bay, Gunther Berg, Benno Hennen, Klaus-Dieter Helb, Markus Höhn, Hauke Täger, Hermann Schieffer, SIAM Study Group. Medizinische Universitätsklinik Homburg/Saar, Germany

324 pts with acute myocardial infarction were treated with intravenous Streptokinase ≤4 hrs after onset of symptoms. 1,500,000 U/hr in 13 acute care hospitals and were centrally randomized by phone call to the university hospital in two groups during fibrinolysis.

**Group A:** (invasive strategy) CA with PTCA/CABG 14 to 48 hours after start of treatment and predischarge control CA.

**Group B:** (control group) no CA within the first 21 days, unless there is evidence for ischemia and predischarge control CA.

In Gr-A 14/158 (=9%) pts, in Gr-B 10/166 (=6%) pts died before hospital discharge (n.s.). In a follow-up period of at least 24 months (Median 35 months) 131/144 (=9%) pts of Gr-A and 14/156 (=9%) pts of Gr-B died (n.s.). All other patients (n = 273; Gr-A: 131, Gr-B: 142) were followed for a median time of 76 months (30—89 months, 1723 patient years). In Gr-A 20/131 (=15%) pts and in Gr-B 7/142 (=5%) pts died during this period (p = 0.008).

**Conclusion:** This data exclude even a long-term superiority of an invasive approach to patients with fibrinolytic treated acute myocardial infarction. A detailed stratification to identify patients who will benefit from coronary intervention is needed.