i2 SUMMIT

PROGNOSTIC UTILITY OF THE SYNTAX SCORE IN PATIENTS WITH SINGLE VS. MULTIVESSEL DISEASE UNDERGOING PERCUTANEOUS CORONARY INTERVENTION: INSIGHTS FROM THE ACUITY TRIAL

i2 Poster Contributions
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Background: The SYNTAX score (SS) has been shown to be an effective angiographic predictor of major adverse cardiovascular events in pts with multivessel disease undergoing percutaneous coronary intervention (PCI). However, whether the SS is a useful risk score to predict clinical events in pts with single vessel disease has never been investigated.

Methods: In ACUITY, SS was determined in 2,690 pts with moderate and-high-risk non ST-segment elevation acute coronary syndromes (NSTEACS) undergoing PCI. Stepwise Cox multivariable regression analyses were performed to assess the association between the SS and 1-year all-cause mortality, cardiac mortality, myocardial infarction (MI) and target vessel revascularization (TVR) in pts with single vessel and multivessel disease.

Results: In patients with multivessel disease (n=1182), SS independently predicted 1-year all-cause death (HR=1.03, 95%CI 1.00-1.07; p=0.04), cardiac death (HR=1.05, 95%CI 1.01-1.08; p=0.01), MI (HR=1.02, 95% CI 1.00- 1.04; p=0.03) and TVR (HR=1.02, 95%CI 1.00-1.03; p=0.03). In patients with single vessel disease (n=1474), SS independently predicted 1-year MI (HR=1.04, 95%CI 1.02-1.07; p=0.002) and TVR (HR=1.03, 95%CI 1.00-1.06)

Conclusions: In multivessel disease pts with moderate and high-risk NSTEACS undergoing PCI, the SS is a useful tool for risk prediction of 1-year all cause death, cardiac death, MI and TVR. In pts with single vessel disease (in whom mortality is lower), the SS is a useful tool for risk prediction of 1-year MI and TVR.