**ORALS**

**19th Cardiovascular Summit: TCTAP 2014**

**A Prospective, Observational, Multicenter Study Comparing Tenecteplase Facilitated PCI Versus Primary PCI in Indian Patients with STEMI (TCTAP A-010)**

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**Background:** Primary PCI in STEMI is the preferred treatment, but not a feasible option for many and pharmacoinvasive therapy might be a practical solution in the Indian context. The objective of this study is to assess the efficacy of pharmacoinvasive strategy in STEMI patients versus primary PCI.

**Methods:** This is an observational, multicenter study that prospectively enrolled 200 patients with STEMI. Patients who were fibrinolysed (n=45) formed arm ‘A’ and underwent CAG within 3-24 hours with coronary intervention as appropriate. Arm ‘B’ consisted of patients who opted for primary PCI (n=155). Primary endpoint was composite of death, cardiogenic shock, reinfarction, repeat revascularization or congestive heart failure up to 1 year.

**Results:** The IRA patency at angiogram was 82.2% in arm A and 22.6% in arm B (p<0.001). PCI was performed in 73.3% Vs 100 % (p<0.001), thrombus was present 75% Vs 63.2% (p<0.001) in arms A & B respectively. Significantly more number of patients in arm A had TIMI 3 flow in the culprit vessel at angiogram than arm B, 27.9% Vs 4.5% (p< 0.001). Failed fibrinolysis occurred in 12.1%. Total ischemic time was 245 minutes (185-395) for arm A and 260 minutes (385-390) for arm B. There was no difference in bleeding risk. Primary end point occurred in 13.3% in arm A and 9% in arm B, p=0.40, (RR 0.64; 95% CI 0.24-1.79).

**Conclusion:** Pharmacoinvasive strategy resulted in comparable outcomes as primary PCI at 1 year. Larger RCTs are required to confirm these findings.

**TCTAP A-011**

**Prognostic Importance of Killip Classification in Modern Pharmacoinvasive Treatment Era for the Patients with Acute Myocardial Infarction (Report from Mic ACS Registry)**

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**Background:** During the last decades, as the treatment for acute myocardial infarction (AMI) has been improved, in-hospital mortality of AMI has been decreased. Accordingly, the purpose of this study was to ensure and reassess the importance of Killip classification in modern pharmacoinvasive treatment era compared with other common prognostic variables.

**Methods:** From January 2013 to July 2013, we analyzed information from 200 patients with AMI in Mic CU registry data. Mic CU network was established for the early pre-hospital care of patients with AMI and consecutive AMI patients were registered at Mic CU registry data. They were categorized to Killip 1, 2/3 (heart failure) and 4 (shock status). Multivariate Cox proportional hazard models were developed to determine the prognostic importance of Killip classification in comparison with other variables. The primary end point of this study is defined as all cause in-hospital mortality.

**Results:** Overall in-hospital mortality was 11.4%. Higher Killip classification was associated with higher in-hospital mortality (2.1% in Killip 1, 6.8% in 2/3, 45.9% in 4; P<0.0001. See figure). According to the multivariate analysis, Killip classification, serum-creatinine and postprocedural TIMI flow were independent predictor for in-hospital mortality. In addition, Killip classification is the strongest independent predictor with hazard ratio of 7.3 compared to other factors.

**Conclusion:** Killip classification is still powerful independent predictor for in-hospital mortality. In comparison with the studies for the last several decades, in-hospital mortality in patients with Killip 1 and 2/3 at modern treatment era was lower.

**Kaplan-Meier curve for in-hospital 30 days mortality according to the Killip classification**

**TCTAP A-012**

**The Protective Effect of Aspiration Thrombectomy on Side Branch Compromise and Twelve Months Clinical Outcomes in AMI with Bifurcation Lesion Undergoing Primary PCI**

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**Background:** Bifurcation lesions (BF) remains a challenging lesion subset, often associated with lower success rates. Side branch (SB) compromise in bifurcation lesions is a major determinant of adverse procedural success rates and adverse outcomes. Aspiration thrombectomy (AT) prevent distal embolization in acute myocardial infarction (AMI). The aim of this study is to evaluate the protective effect of AT on SB compromise in BF lesions and twelve months clinical outcomes in AMI patients undergoing primary percutaneous coronary intervention (PCI).

**Methods:** A total of 201 AMI patients with bifurcation lesion undergoing PCI were analyzed between 2007 and 2011. The patients were divided into two groups according to use of AT (AT group: n=74, non AT group:n=127).

We compared Thrombolysis In Myocardial Infarction (TIMI) of main and side branch in 12 months clinical outcomes including mortality, reinfarction, target lesion revascularization (TLR), and major adverse cardiac event (MACE) including mortality, reinfarction, and TLR.

**Results:** Baseline clinical characteristics were similar between two groups. Angiographic characteristics showed that LAD lesion was higher in non AT group (39.2% vs 54.8%, p=0.04) and RCA lesion was higher in AT group (45.9% vs 31.7%, p=0.050). Visible thrombus (94.6% vs 65.3%, p=0.001) and the use of GP IIb/IIIa inhibitor (45.2% vs 27.6%, p=0.030) was higher in AT group. PreTIMI was similar between two groups. However, post TIMI 3 flow was higher in AT group (94.4% vs 80.2%, p=0.033). However, there were no difference of 12 months clinical outcomes including mortality (5.4% vs 9.1%, p=0.708), reinfarction (5.4% vs 12.1%, p=0.324), TLR (0.0% vs 3.0%, p=0.535), and MACE (13.5% vs 28.8%, p=0.093). Kaplan-Meier curve showed that the cumulative incidence of MACE was similar between two groups (Log rank=0.196).

**Conclusion:** In the present study, AT is related to post TIMI 3 flow in AMI patients with BF lesion undergoing primary PCI. However, cumulative incidence of MACE was similar between two groups.

**TCTAP A-013**

**Prognostic Impact of Bundle Branch Block in Diabetic Patients with Acute Myocardial Infarction**

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**Background:** The presence of bundle branch block (BBB) has been associated with poor clinical outcome in patients with acute myocardial infarction (MI). BBB, particularly left BBB, in diabetes mellitus (DM) may signify advanced cardiovascular