HAS THE USE OF AD HOC PCI BEEN INFORMED BY SYNTAX

Oral Contributions
West, Room 3006
Sunday, March 10, 2013, Noon-12:15 p.m.

Session Title: How Outcomes Research Impacts Care
Abstract Category: 28. Quality of Care and Outcomes Assessment
Presentation Number: 929-8

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Background: SYNTAX (2009) revealed important information about the competing risks of CABG v PCI for the treatment for patients with multi-vessel coronary disease. We hypothesized that following publication of SYNTAX the incidence of Ad Hoc PCI would decrease as physicians more routinely engaged patients in a process of informed decision making following diagnostic cardiac catheterization.

Methods: We examined 2005-2011 data from northern New England of consecutive PCIs, excluding emergent procedures and patients with prior CABG. We report temporal trends (p(trend)) in the use of Ad Hoc PCI and after stratifying by number of diseased vessels.

Results: Among 32,180 PCIs the incidence of Ad Hoc PCI increased from 74.0% in 2005 to 77.5% in 2011, p(trend)<0.001. In 2005 the use of Ad Hoc procedures was 75.8% in 1 VD patients, 71.9% in 2 VD patients, and 64.3% in 3VD patients (Figure). This pattern remained stable over time, p(trend)<0.001. In 2011 there was less of a difference in the use of Ad Hoc PCI by severity of underlying CAD, decreasing from 79.0% in 1 VD patients to 73.8% in 3 VD patients. These patterns were seen when the analysis was restricted to elective PCI.

Conclusions: In our regional experience the publication of SYNTAX had little influence on the use of Ad Hoc PCI, even among patients with multi-vessel coronary disease. To the extent that these patients benefit from more fully discussing treatment options with a surgeon and an interventionist, our finding represent an opportunity to improve quality of care.