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Control/Tracking Number: 07-LBCT-354458-ACC

Activity: Late-Breaking Clinical Trials

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The French Acute ST-elevation Myocardial Infarction (FAST-MI) Registry: Major Improvement in Early and 6-month Mortality Over the Past 10 Years and its Relation With Early Use of Recommended Medications and Reperfusion Therapy

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Abstract: Background: assess evolution of early and 6-month mortality in 3 French nationwide registries. Methods: USIC 1995, USIC 2000 and FAST-MI are 3 registries conducted with a similar methodology in patients admitted to ICUs (> 60% of all ICUs) for AMI over a 1-month period in November 1995, 2000, and 2005.

Results: 4987 STEMI patients <48 hrs of onset: 1536 in 1995, 1844 in 2000 and 1607 in 2005. Baseline characteristics: age: 66±14, 65±15, 64±15 years; women 28%, 27%, 30%; diabetes: 16%, 20%, 19%; anterior location: 41%, 40%, 40%. Reperfusion therapy increased from 49% to 53% and 63% (p<0.001), with a shift from thrombolysis (37%, 30%, 29%) to primary PCI (12%, 23%, 34%). Medications used during the 1st 48 hours were recorded in 2000 and 2005; there was a significant increase for GP IIb/IIIa blockers (19% to 37%), LMWH (27% to 57%), ACE-I (41% to 49%) and statins (46% to 78%) but no change for antiplatelet agents and beta-blockers.

Five-day mortality decreased by 53%, from 8.6% in 1995 to 4.0% in 2005. Six-month mortality decreased from 17% to 13% to 10% (-44%, p=0.001) in the whole population (13% to 7% for primary PCI; 10% to 5% for thrombolysis; 23% to 16% in pts without reperfusion). In 2005, 6-month mortality was 4.3% for pre-hospital lysis, 7.2% for in-hospital lysis, 6.9% for primary PCI and 15.6% for patients without reperfusion (p<0.001).

Cox multivariate analysis showed that study period was an independent predictor of 6-month mortality (OR for 2005 vs 1995: 0.57; 95% CI: 0.46-0.70).

To take into account the role of medications used in the 1st 48 hours, Cox multivariate analysis was used on the combined 2000 and 2005 cohorts. Early use of statins (OR: 0.66; 95% CI: 0.51-0.85) and beta-blockers (OR: 0.53, 95% CI: 0.41-0.69) was associated with improved 6-month survival, a correlation which persisted after excluding patients dying within 2 days of admission.

Conclusion: A dramatic decrease in STEMI mortality was observed over the past 10 years, concomitantly with an increased use of reperfusion therapy and marked increase in early use of recommended medications, particularly statins. In the real world setting in France, pre-hospital thrombolysis yields results which are at least as good as those of primary PCI.

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Category (Complete): Myocardial Ischemia and Infarction

Keyword (Complete): Myocardial infarction, treatment ; Outcomes assessment ; Reperfusion

Description (Complete):

Trial Type : Multicenter observational study

Drug : True

Strategy : True

Other: : Real-world registry

Number of patients enrolled. (Enter a whole number without a comma)

: 4987

Enrollment Start Date (MM/DD/YR)

: 1995

Enrollment Completed?

: Yes

Analysis Completed

: Yes

Responsible Individual at Data Coordinating Center

: Nicolas DANCHIN

Data Coordinating Center(s)

: French Society of Cardiology

Institution

: French Society of Cardiology

If you are summarizing your research in a few sentences, what would you stress?

: Nationwide real-world data

If your analysis is completed: What is the most important finding?

: Reduction of mortality over 10 years with increased use of primary PCI and pre-hospital thrombolysis and increased very early use of statins

Published Acronym (if applicable)

: FAST-MI

Payment (Complete): Your credit card order has been processed on Thursday 4 January 2007 at 4:58 PM.

Status: Complete

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