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FASTTRACK
ESC HOT LINE

Unprotected left main revascularization in patients with acute coronary syndromes

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Background

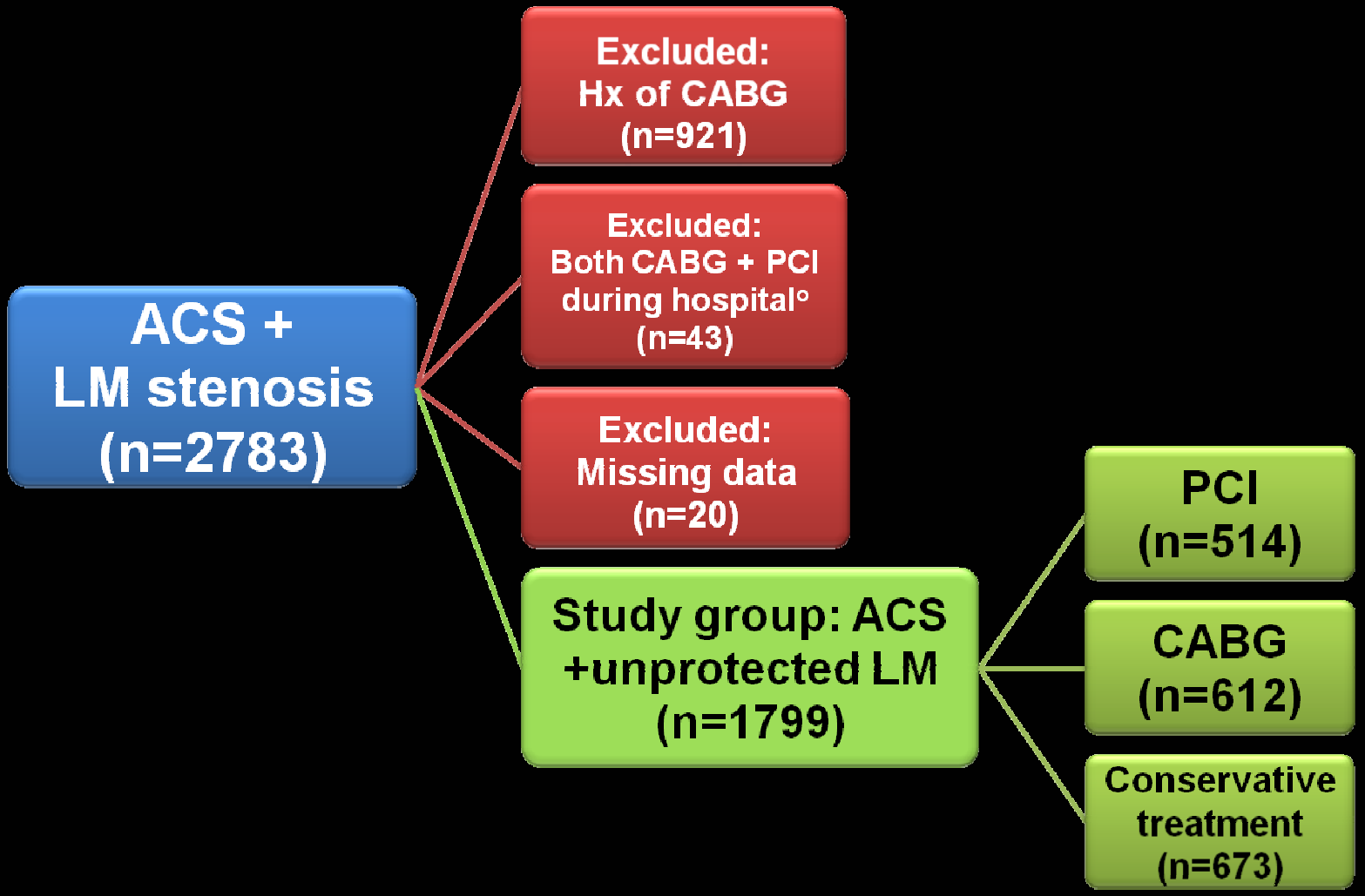
- Limited information on revascularization for unprotected left main coronary disease (ULMCD) :
  - → a few randomized studies performed in stable patients
  - → a limited number of small observational studies

- We explored the treatment strategies applied to ULMCD in:
  - → Unstable patients (ACS)
  - → Emergency (e.g. STEMI)
  - → Serious cases (e.g. shock, cardiac arrest)

- GRACE registry: Data from 106 hospitals in 14 countries in North and South America, Europe, Australia, and New Zealand, between 2000 and 2007 (www.outcomes.org/grace)

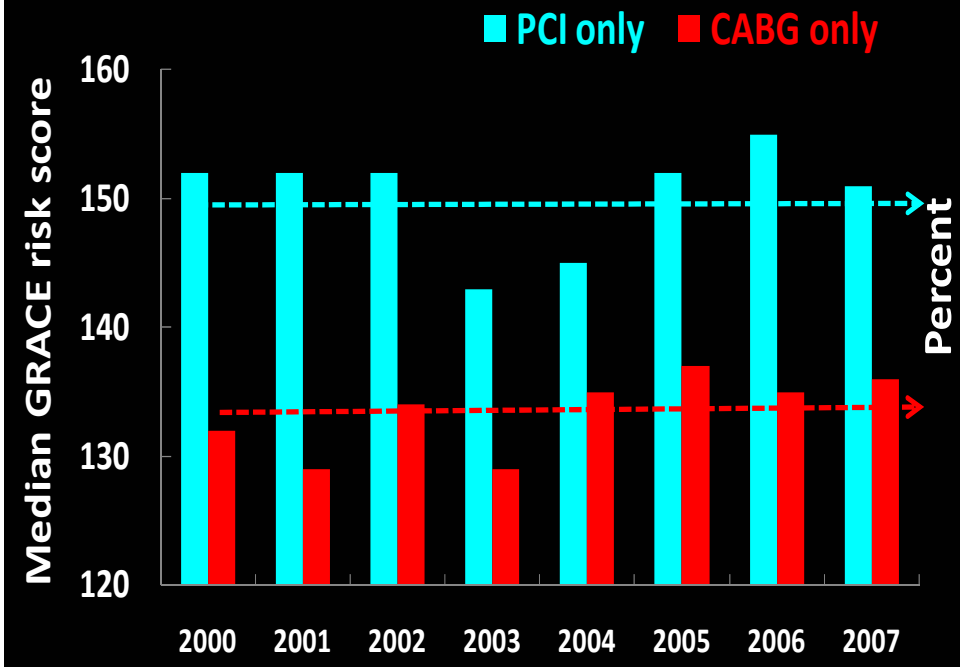
Study Flow Diagram

Analysis based on 43 018 patients

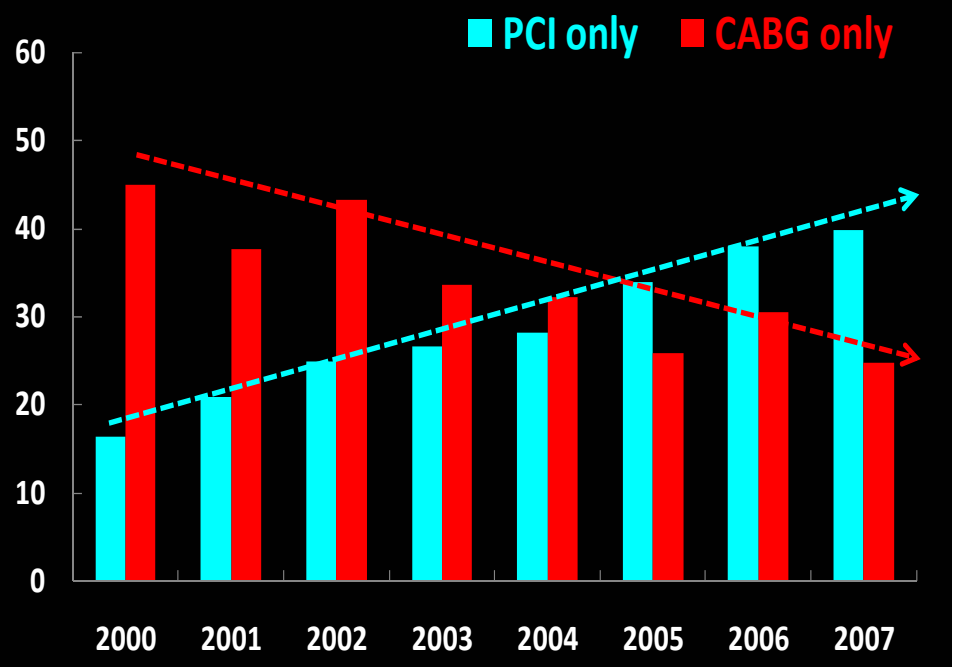


ULMCD Revascularization in ACS

Temporal Trends in Severity of ACS

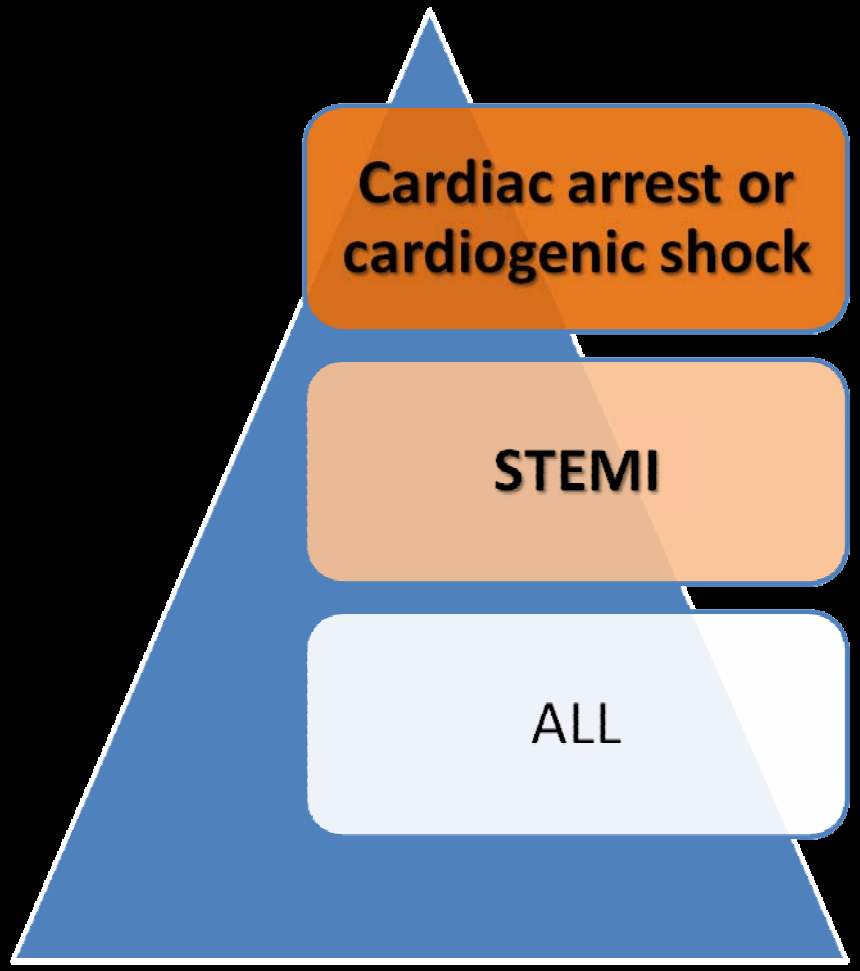


Temporal Trends in Type of Revascularization



p<.001 using Mantel-Haenszel linear trend test

In-Hospital Mortality



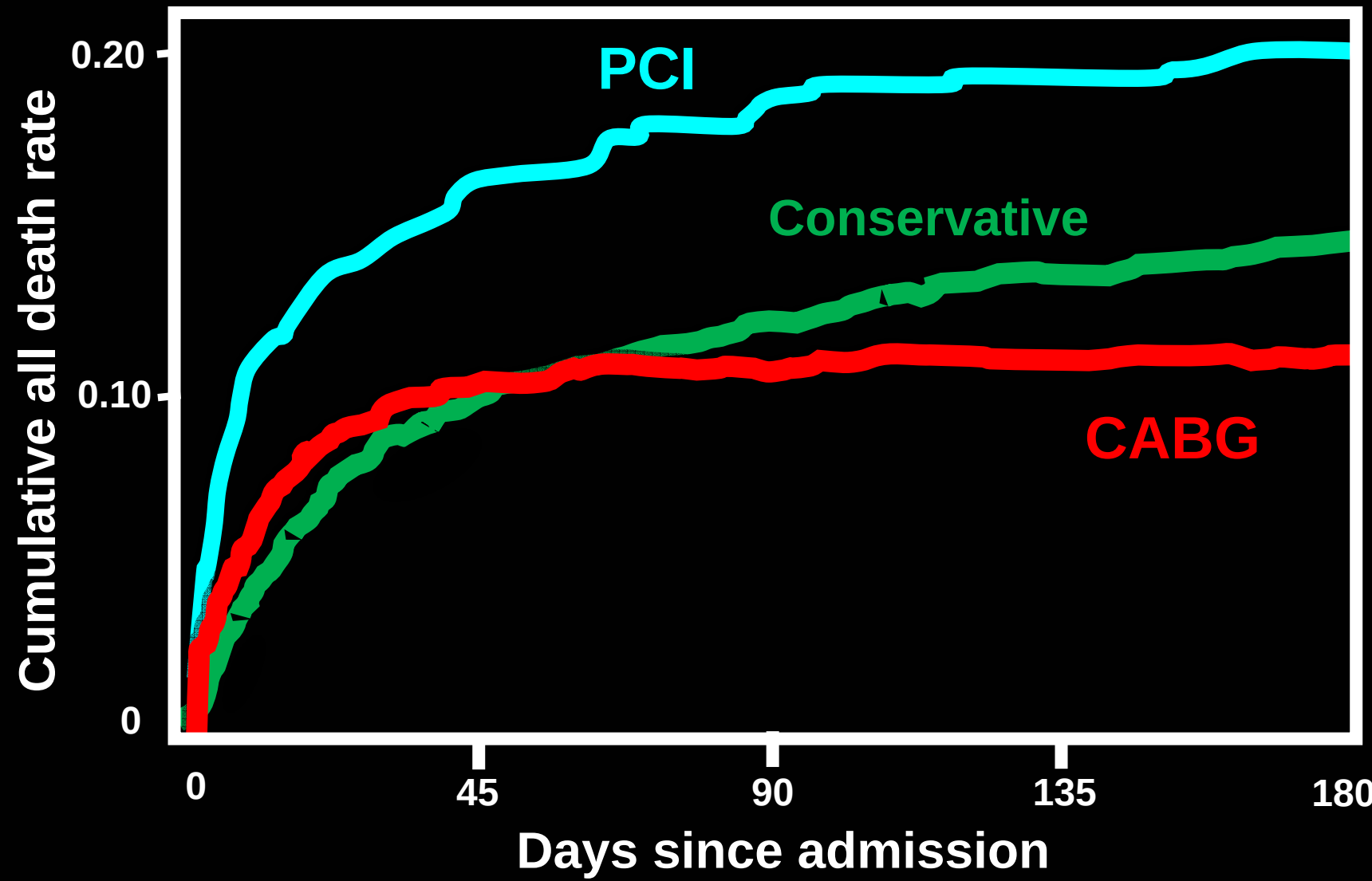
34 %

11 %

7.7 %

14% at 6 months

Cumulative Death Rate by Revascularization Group as a Time-Varying Covariate



Cox Regression Model for Death

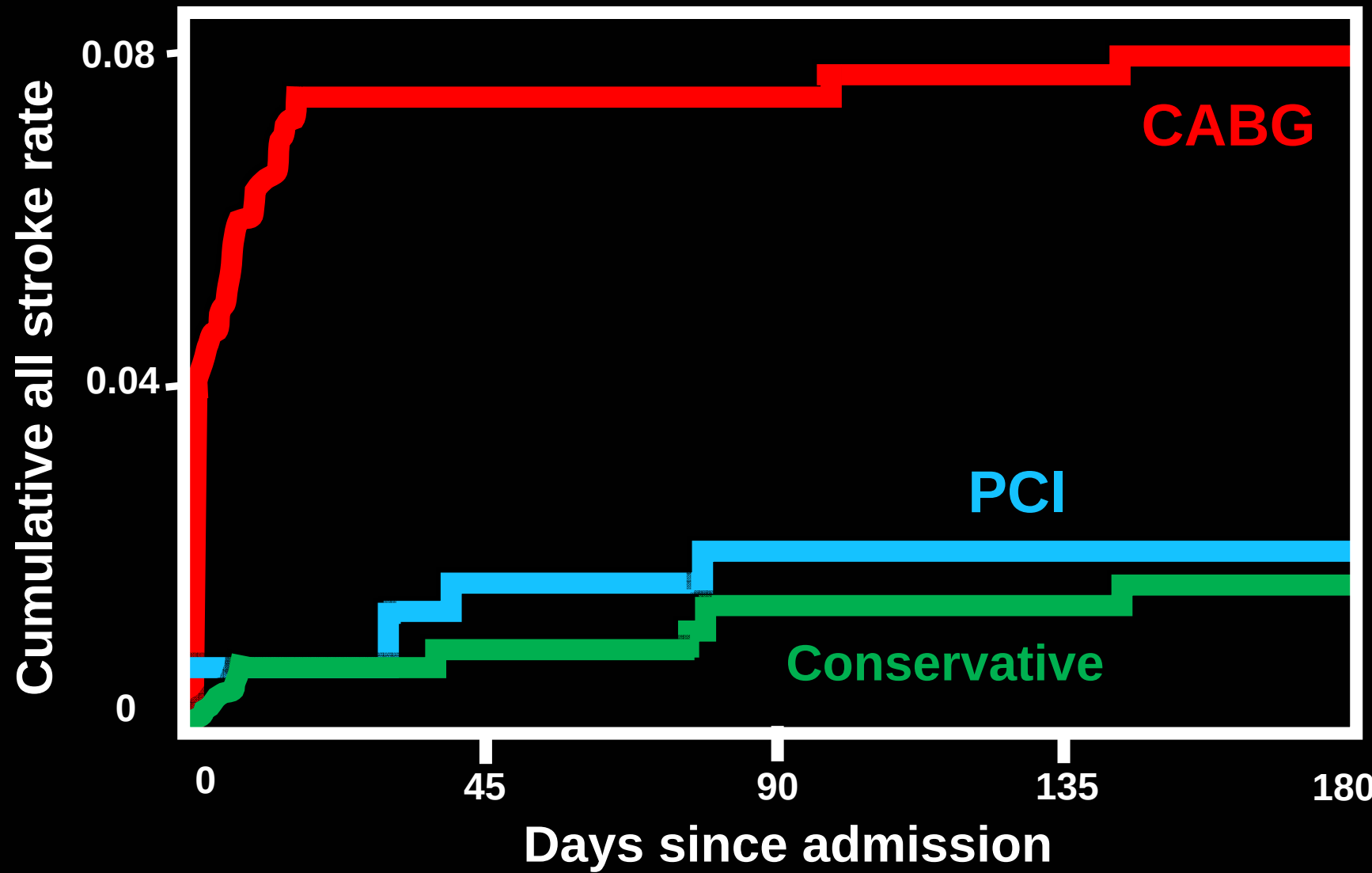
Hospital stay
→ early hazard of revascularization

PCI vs. Conservative: HR 2.60 (95% CI 1.62-4.18)
CABG vs. Conservative: HR 1.26 (95% CI 0.72-2.22)

From Discharge to 6 months
→ improved survival of revascularization

PCI vs. Conservative: HR 0.45 (95% CI 0.23-0.85)
CABG vs. Conservative: HR 0.11 (95% CI 0.04-0.28)

Cumulative Rate of Stroke by Revascularization Group as a Time-Varying Covariate



Conclusion

- **ULMCD in ACS is a rare situation (4%)**
- **ULMCD in ACS is a serious situation (in-hospital mortality of 7.7%)**
- **PCI has become the most common strategy of revascularization (is preferred in emergent/serious cases)**
- **CABG is associated with good survival (is performed in lower-risk patients)**
- **The 2 modes of revascularization appear complementary**