

TIMACS – An Early Invasive Versus Delayed Invasive Strategy

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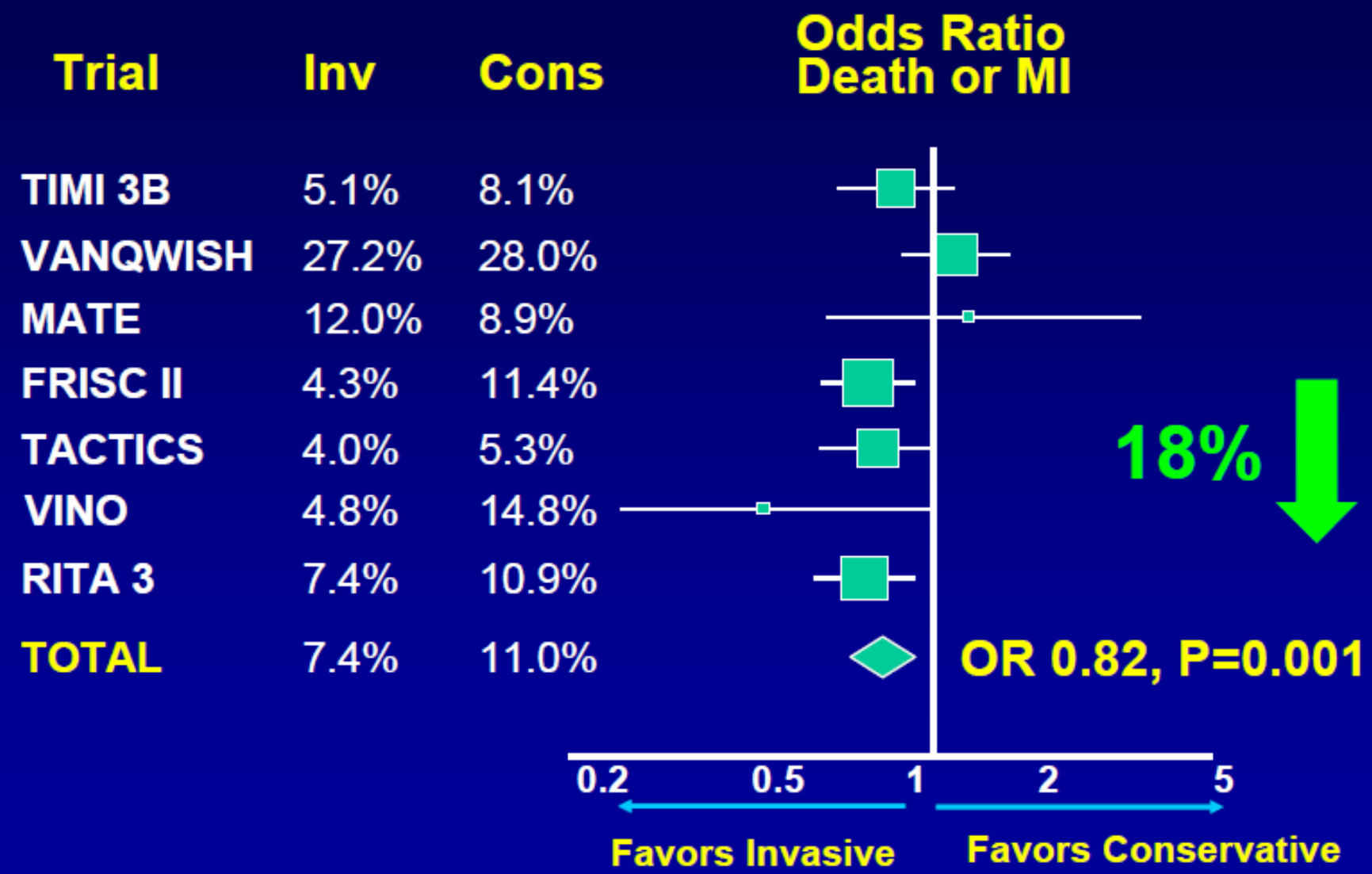
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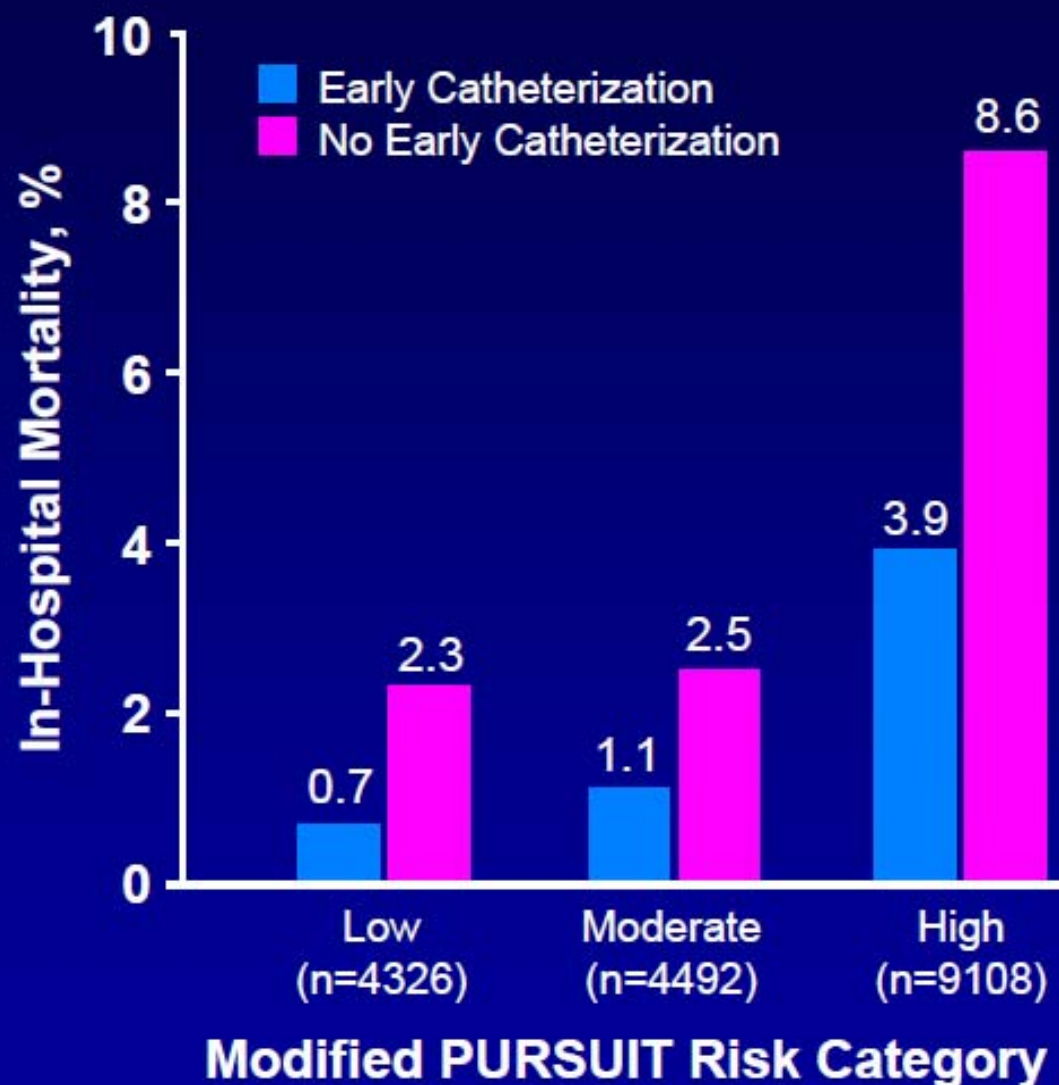
Invasive Management of UA/NSTEMI

Meta-analysis: ↓ Death/MI at 17 mo. F/U

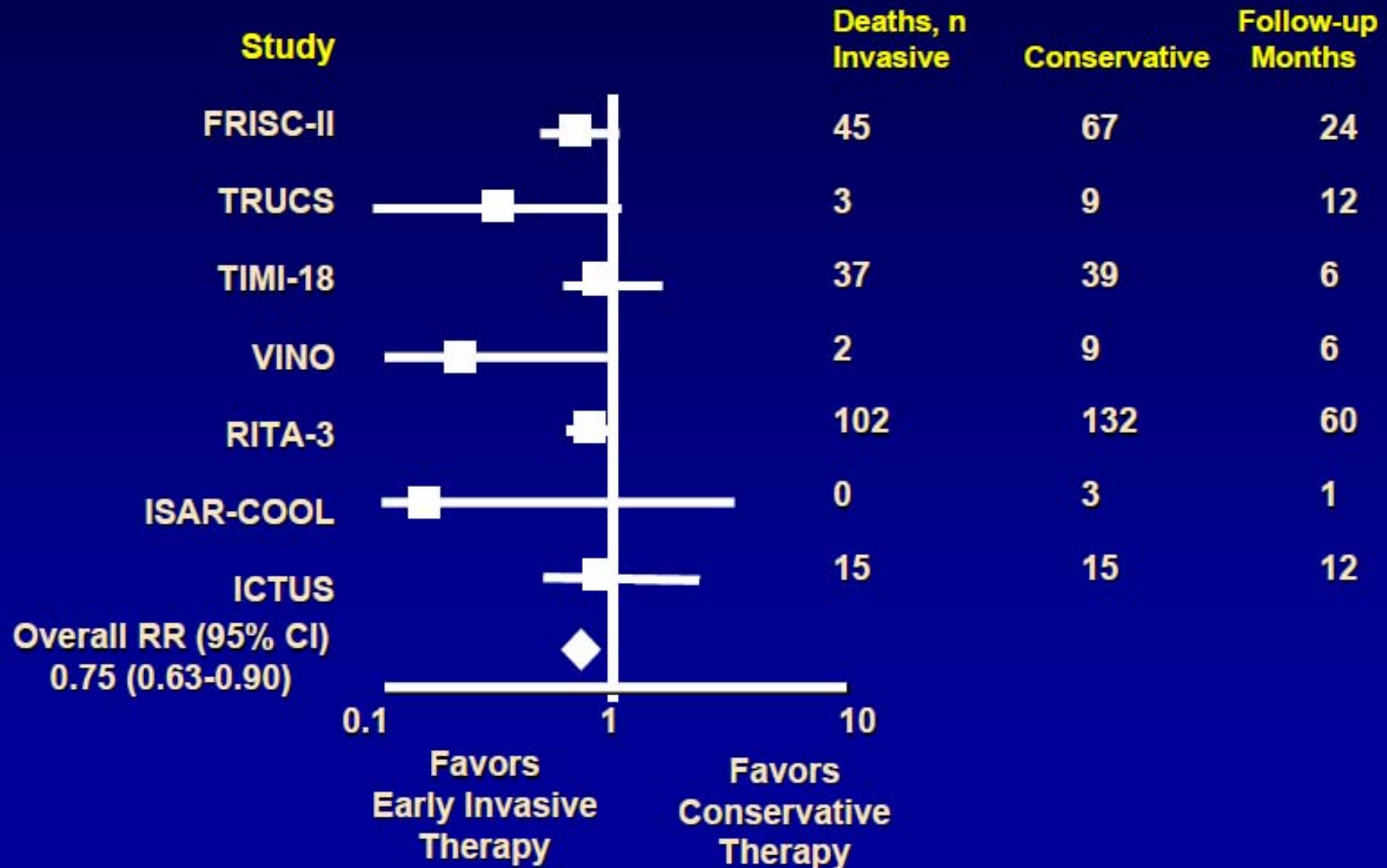


Mehta SR, Cannon CP, Fox KA, et al. *JAMA* 2005;293:2908-17.

Mortality Rates by Early Catheterization



Updated Meta-Analysis: Mortality



Primary and Secondary Outcomes

	Early N=1,593	Delayed N=1,438	HR	95% CI	P
Death, MI, Stroke	9.7%	11.4%	0.85	0.68-1.06	0.15
Death, MI, refractory ischemia	9.6	13.1	0.72	0.58-0.89	0.002
Death, MI, Stroke, refractory ischemia + repeat intervention	16.7	19.7	0.84	0.71-0.99	0.039
Death	4.9	6.0	0.81	0.60-1.11	0.19
MI	4.8	5.8	0.83	0.61-1.14	0.25
Stroke	1.3	1.4	0.90	0.48-1.68	0.74
Ref. Ischemia	1.0	3.3	0.30	0.17-0.53	<0.00001
Rep. Intervention	8.8	8.6	1.04	0.82-1.34	0.73

Conclusions

- **No statistically significant difference in primary endpoint**
- **Therefore, hospitals that cath within first few days of index hospitalization can continue to do so and if recurrent ischemia cath right away – still consistent with evidence based medicine**
- **Strong suggestion, though, that earlier is better – esp if high risk**
- **In addition, shorter length of stay, presumably lower cost as well**
- **From a patient's perspective better to go to cath earlier – nothing to lose, potential to gain – so if it were me, take me early!**