

Macstrak Quarterly

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July, August & September 2004

ACS Early Invasive Therapy

Early invasive therapy has been documented to improve outcomes in the ACS's. Best practice requires aggressive medical therapy to reduce early occlusion events followed by early coronary angiography and coronary angioplasty (PCI). The highest risk for new events is in the first few hours after presentation. A new report provided this quarter considers the early use of aggressive medical therapy and intervention over the early hours post presentation.

Trials have confirmed that high risk patients benefit most from intensive medical therapy such as GP 2b3a inhibitors (ie. abciximab, eptifibatide, tirofiban) and early invasive intervention. How many of our CCU ACS

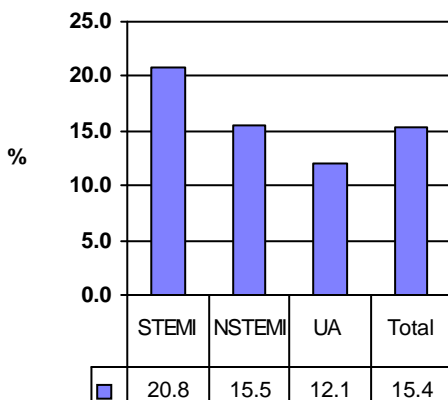
patients are high risk? Of patients admitted with a diagnosis of Non STEMI, almost 80% have a positive troponin, and of the Unstable Angina patients over 30% have a positive troponin.

Despite a high risk profile, the use of GP 2b3a inhibitors remains remarkably low at 15%. There is some difference in use across risk groups but many patients, including the high risk patients, are being left at a greater risk of events while awaiting definitive therapy.

Although we can decrease the risk of early events with medical intervention, patients remain at risk until either the ruptured plaque heals (a few months) or angioplasty. A variety of strategies are used to offer our patients early angioplasty including opening more interventional centres, early transfer to a tertiary centre, or angioplasty from the home centre as a "flyer". By 48 hours only 6% have had angioplasty, and 4% have been transferred to tertiary centres for an intervention rate of less than 10%.

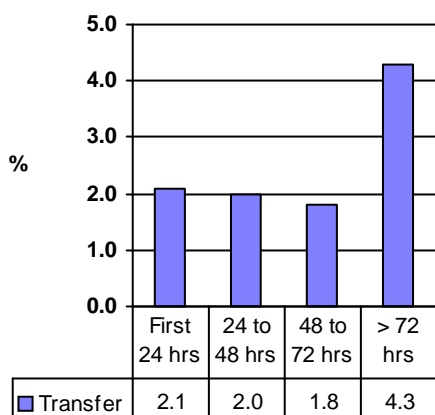
As a group there is clearly much work to be done. How is your centre doing? Is your hospital aware of your access issues, and are your regional tertiary centres aware of your access issues?

GP2b3a ACS Groups National 03Yr

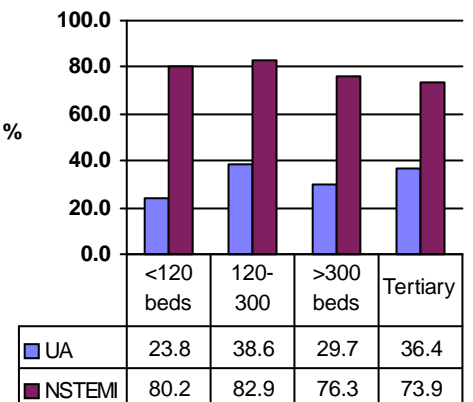


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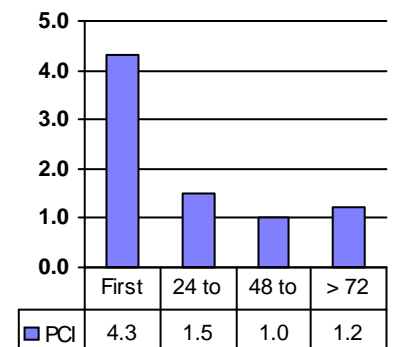
Transfer to Tertiary Hosp National 03Yr



Troponin (+ve) - ACS by Hosp Category 03Yr



Early Angioplasty - ACS National 03Yr



Please Help Us To Help You!

In an effort to maintain more consistent and accurate contact with each of you, we are asking you to complete the following questionnaire and return it via fax (416)595-1614 or 1-800-661-6107:

Hospital Name: _____ Centre Number: _____

Number of Hospital Acute Care Beds (if known): _____

Co-ordinator Name: _____

Co-ordinator Phone: _____ Co-ordinator Fax: _____

Co-ordinator Email: _____

Location (i.e. room number or unit): _____

To whom should reports be sent?

1. _____

2. _____

Does your centre have access to (please circle appropriate option):

PCI: Yes/No If yes \longrightarrow On-site / or Flyer to other hospital

Cardiac Cath: Yes/No If yes \longrightarrow On-site / or Flyer to other hospital

Cardiac Surgery: Yes/No

Thank you for providing us with this information.

Just a Reminder!

If you find that your supplies are running low through the quarter please contact the Project Office. Please allow five to ten days for the supplies to arrive as they are sent by regular mail.

Trying to reach us?

Try our email address: macstrak@sympatico.ca

The MACSTRAK Project Office

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Important Dates

Please keep in mind the following deadlines for Third Quarter 2004:

September 7, 2004 Supply mailout.

October 8, 2004 All 3rd quarter forms to be at Project Office.

October 27, 2004 Data Clarification deadline.

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Data Consultants
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Do you have any topics that you would like to see covered in the newsletter? Give us a call or write us an email and we will answer any requests we can!