

MACSTRAK QUARTERLY

VOLUME 15 ISSUE 4

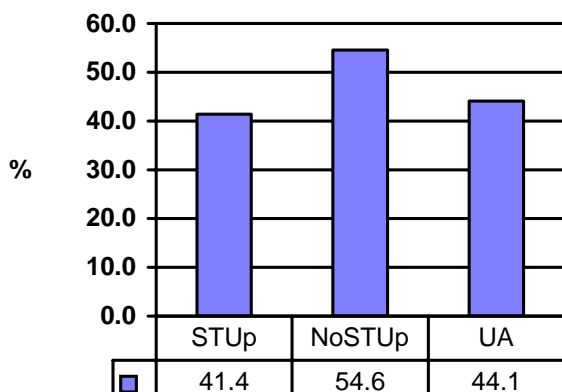
OCTOBER, NOVEMBER & DECEMBER 2008

The Acute Coronary Syndromes and the Renin Angiotensin System (RAS)

Modifying the renin angiotensin system (RAS) improves hard outcomes in the Acute Coronary Syndromes, and in stable patients with CAD. ACEI's decrease adverse remodeling of the non-infarct zone, improve heart failure outcomes, and decrease the risk of a recurrent coronary event. The ACC 2007 guidelines provide a Class IIa recommendation for ACEI's in all ACS patients, and a class I recommendation for patients with pulmonary congestion, LV dysfunction, hypertension, or DM. The signals for a protective effect for recurrent infarction were evident in the early trials (SAVE, SOLVD), but the compelling evidence from the HOPE trial has led to the current high confidence recommendations. Rates of ACEI use in Macstrak ACS patients at

CCU discharge are shown in the first graph. The AMI STUp group has received the most attention and has the best penetrance. However, the other ACS patients have much lower penetrance.

DM/CHF ACS Groups 08YTD



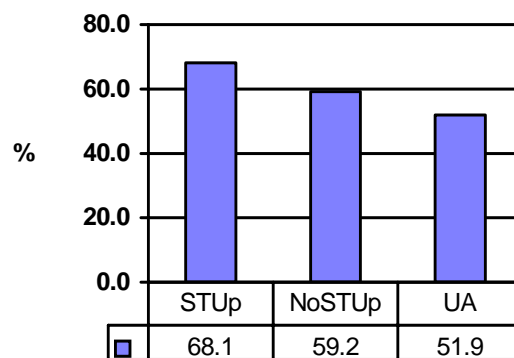
are shown in the first graph. The AMI STUp group has received the most attention and has the best penetrance. However, the other ACS patients have much lower penetrance.

The next graph shows the incidence of Diabetes or Congestive Heart Failure in each ACS group. The UA and AMI No STUP groups have factors predicting an even greater therapeutic benefit despite lower penetrance.

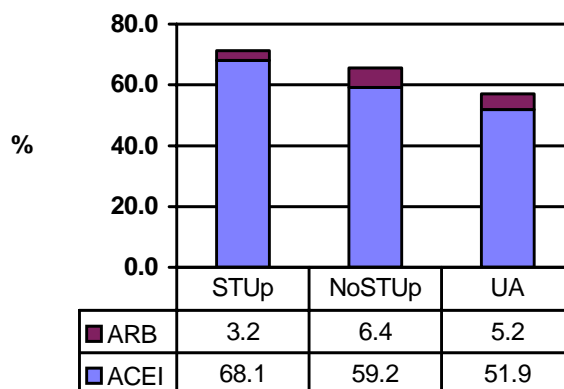
Since the ONTARGET trial, we now have more options. This trial is similar to HOPE, with patients similar to HOPE, and event rates similar

to HOPE but with better concurrent other cardiac therapy (e.g. statins). Over 17,000 patients were randomised to either ACE Inhibition with ramipril or Angiotensin Receptor Blockade (ARB) with telmisartan. Cardiac events and outcomes were similar in the two groups confirming that the cardioprotective effects of ramipril are shared by telmisartan. This is the first compelling evidence of this effect for any ARB in this broad cardiac population. In addition, telmisartan was better tolerated than ramipril. As guidelines evolve, the key quality determinant will be discharge on either an ACEI or an ARB. However, the ability to maintain patients on long-term therapy should also be enhanced with the ARB's. The next graph shows our current use of ACEI or ARB's in Macstrak ACS patients at CCU discharge. Penetrance of the ARB's remains very low but should improve with the new evidence provided by ONTARGET.

ACEI ACS Groups 08YTD



ACEI/ARB ACS Groups 08YTD



Guidelines will continue to evolve to reflect improving best practices. Your slide set this quarter describes your ACS population in terms of the guidelines, and describes your penetrance of ACEI or ARB at discharge. How is your centre doing?

End of Year Matters

As December 31st falls on a Wednesday this year, submission dates will need to be adjusted to accurately reflect year-end. On your Communication forms, the final week of the 4th Quarter 2008 will be extended and should be recorded as the long week of:

Monday, December 22nd to Wednesday, December 31st

The first week of 1st Quarter 2009, therefore will be the shortened week of:

Thursday, January 1st to Sunday, January 4th

The Macstrak Project Office will be closed over the holidays (December 25th to January 2nd) but we will be checking our messages. We will answer your questions as quickly as possible.

There will be a mailout in early December. If you have not received your supplies by mid-December, please contact the Project Office to ensure that you do not run out of supplies during the holiday season.

MacsFlirt Graphs

We know a lot of you are using the electronic data and MacsFlirt to access your reports but are you remembering to look at the graphs that are sent out with the data? The three graphs on the front of this newsletter, as well as sixteen other graphs illustrating the topic, are included with your data set. From the MacsFlirt main menu select Graph Groups. When you click on the ACEI/ARB link in the drop down menu, the graphs will load with your centre's data. These graphs can then be exported to PowerPoint, copied into a Word document or printed and posted with the newsletter for your staff to view.

Please contact us at the Project Office for any help in accessing your graphs and getting your data to work!

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Important Dates

Please keep in mind the following dates for 1st quarter 2009:

Mon. Dec 8th, 2008

Supply Mailout

Fri. Jan 16th, 2009

All 4th quarter forms due at project office

Mon. Feb 2nd, 2009

DCF deadline – please fax them to us!

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