

The Availability of a Cath Lab Improves Outcome in ACS Patients: CONTRA REBUTTAL



Frans Van de Werf, MD, PhD

University of Leuven, Leuven, Belgium

Possible Explanations for Discrepancies between Trial and Registry Results in ACS (1)

- In the “real world“ there is an inverse relationship between baseline risk and use of invasive procedure

Invasive Procedures in ACS Patients per GRACE Risk Score

Patients' level of risk	Unstable angina/ Non-STE ACS				STE ACS			
	Low	Medium	High	P-value	Low	Medium	High	P-value
N	3944	5440	5704		4119	2623	2359	
ANGIO (%)	72	68	51	<0.001	79	74	57	<0.001
PCI (%)	40	35	25	<0.001	60	54	41	0.98
CABG (%)	7.6	7.9	6.4	0.006	4.0	4.2	3.7	0.67

Possible explanations for Discrepancies between Trial and Registry Results in ACS (2)

- In tertiary care hospitals many (?) low risk ACS patients are submitted to the hazards of the invasive procedure without any possible benefit

“People are rewarded for erring on the side of an aggressive, highly expensive intervention,” said Dr. Elliott S. Fisher, a researcher at Dartmouth Medical School, which analyzed Medicare data and found Elyria to be an outlier.

SIDE EFFECTS

Heart Procedure Is Off the Charts in an Ohio City



David Maxwell for The New York Times

Dr. Charles D. O'Shaughnessy of North Ohio Heart Center does an angioplasty at EMH Regional Medical Center in Elyria, Ohio, with Susan Croston, a radiology technologist.

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Possible Explanations for Discrepancies between Trial and Registry Results in ACS (3)

- ACS patients transferred from a community hospital are usually high risk patients in whom the benefit of an invasive procedure is substantial

Possible Explanations for Discrepancies between Trial and Registry Results in ACS (3)

- Because of the availability of a cath lab there is an “over-consumption” of invasive procedures in these hospitals . At the same time there may be insufficient referral for revascularization procedures from hospitals without a cath lab

THUS in the real world the optimal use of early invasive procedures in ACS patients is still a problem