

Long-term outcomes of STEMI after interhospital transport for primary PCI vs. thrombolysis. 5-years follow-up of the PRAGUE-2 trial.

Petr Widimsky, Dana Bilkova, Martin Penicka, Martin Novak,
Martina Lanikova, Vladimir Porizka, Ladislav Groch, Michael Zelizko,
Tomas Budesinsky, Michael Aschermann on behalf of the PRAGUE
Study Group Investigators.

Cardiocentre Vinohrady & Charles University Prague
& 51 hospitals, Czech Republic



Aim

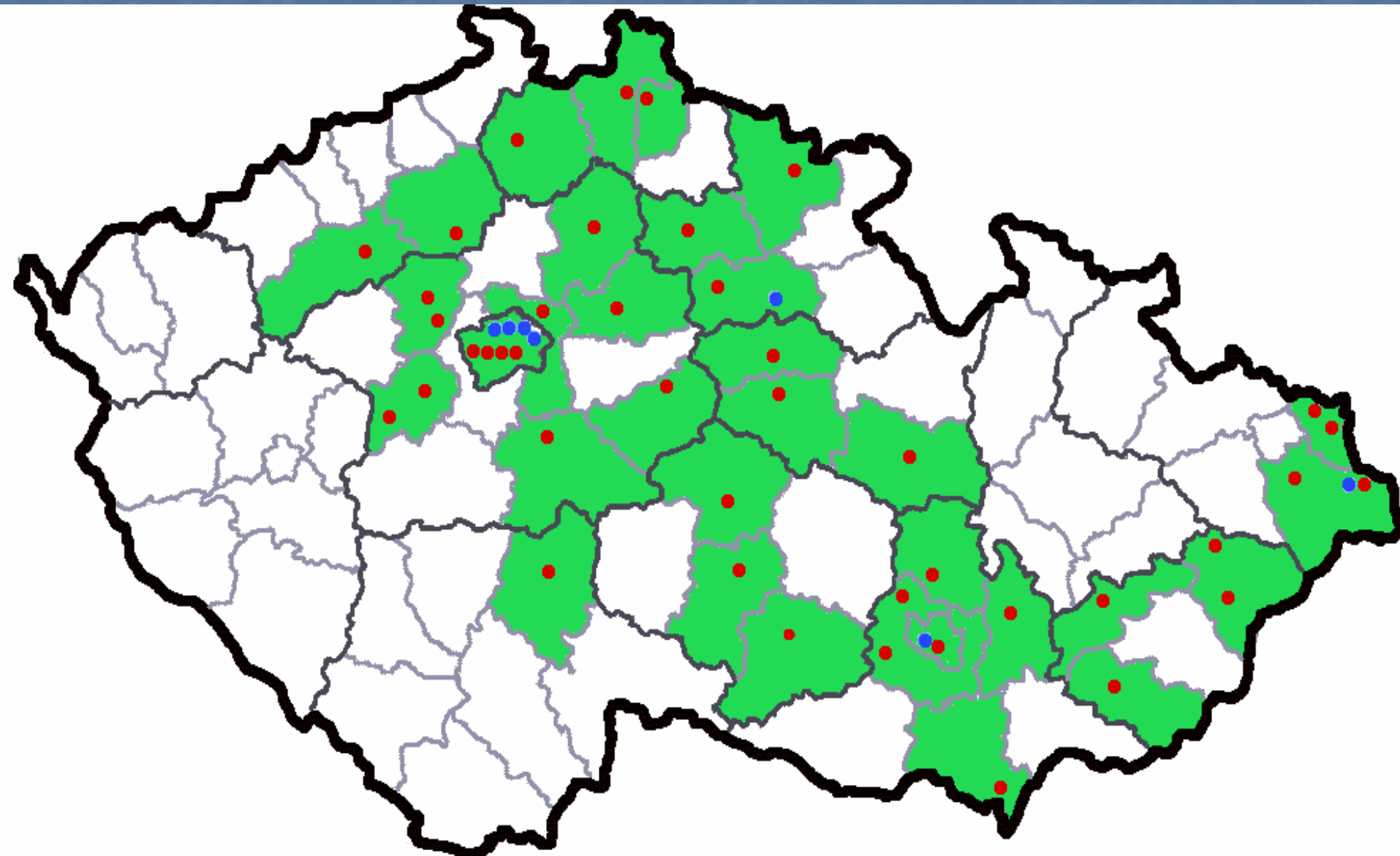
- PRAGUE-2, DANAMI-2 and three other trials proved that immediate interhospital transport of STEMI pts. to the nearest PCI centre for **primary PCI improves 30-day prognosis** when compared to thrombolysis in the nearest hospital.
- It is not known, whether this **benefit is sustained, increased or decreased in the long (5 years) follow-up.**

PRAGUE-2 trial design

- Pts. with **STEMI** <12 hours, presenting to a **community hospital without cath-lab**.
- Randomization in the emergency rooms of 44 Czech community hospitals.
- Group TL (n = 421): **streptokinase** 1,5 mil. U in these hospitals.
- Group PCI (n = 429): ASA+UFH + immediate **transfer to nearest PCI centre** (7 PCI centers participated).

Regional distribution of „PRAGUE-2“ centers

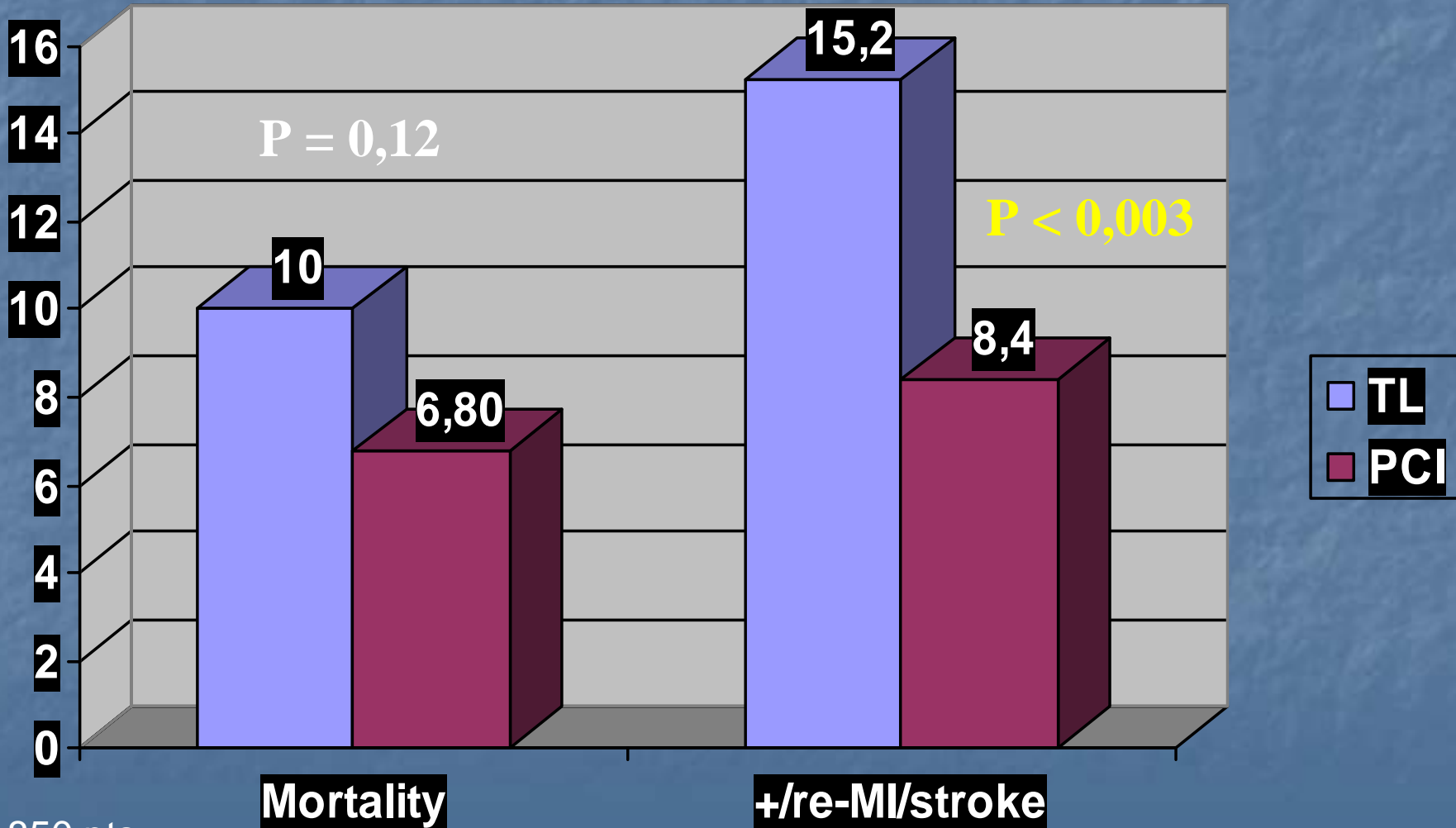
**RED = community hospitals, BLUE = PCI centers,
GREEN = involved districts**



Patients baseline data

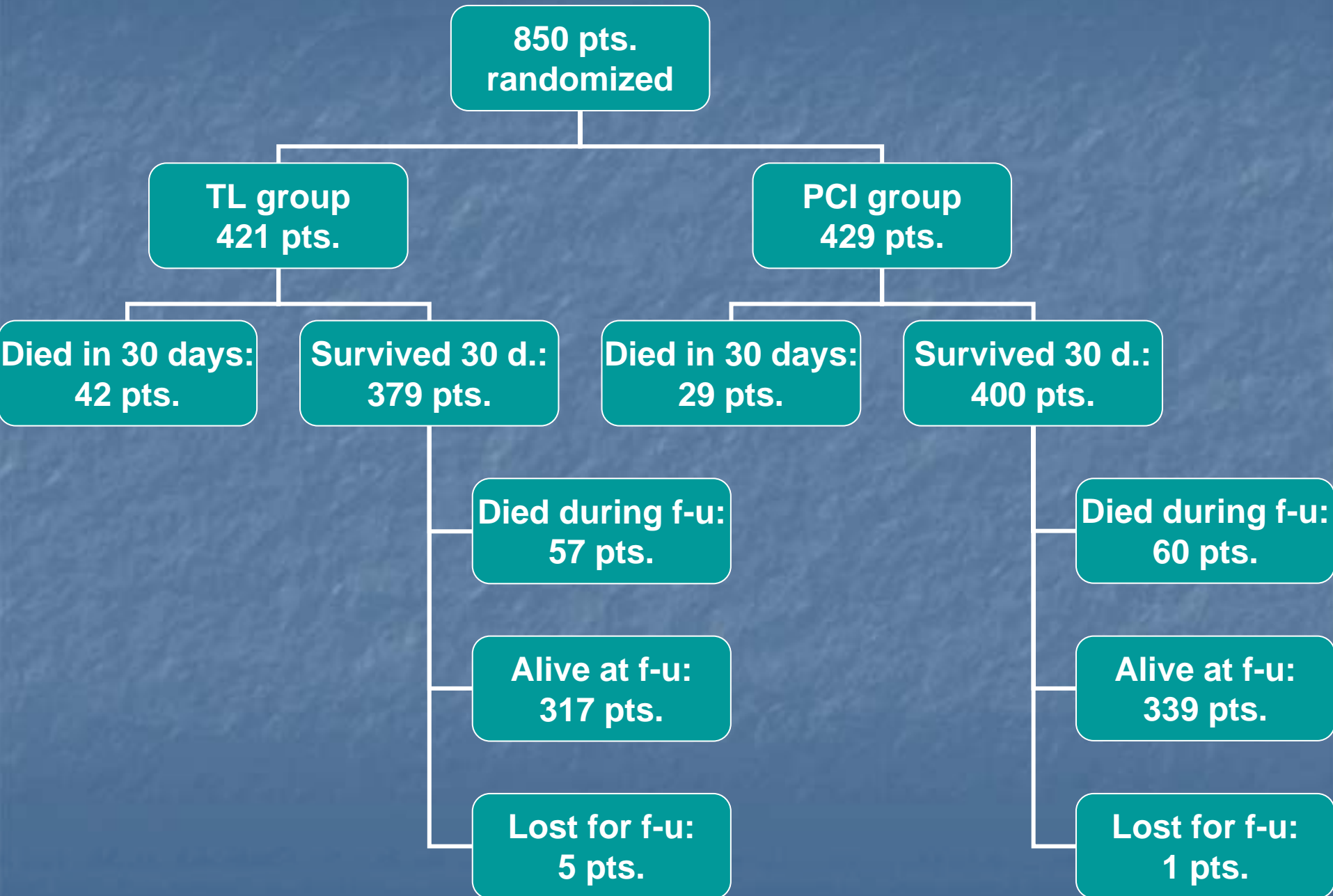
	Group TL	Group PCI
Nr. of randomized pts.	421	429
Males [%]	71	70
Mean age [years]	64	65
Anterior infarction [%]	39	41
Previous infarction [%]	11	14
Diabetes mellitus [%]	23	25
Hypertension [%]	47	49
Previous CABG [%]	1,7	0,5
Previous PCI [%]	0,2	0,9
Heart failure (Killip II-III) at the time of randomization [%]	16	16
Cardiogenic shock (Killip IV) at the time of randomization [%] *	1	2

PRAGUE-2: 30-day outcomes



All 850 pts.

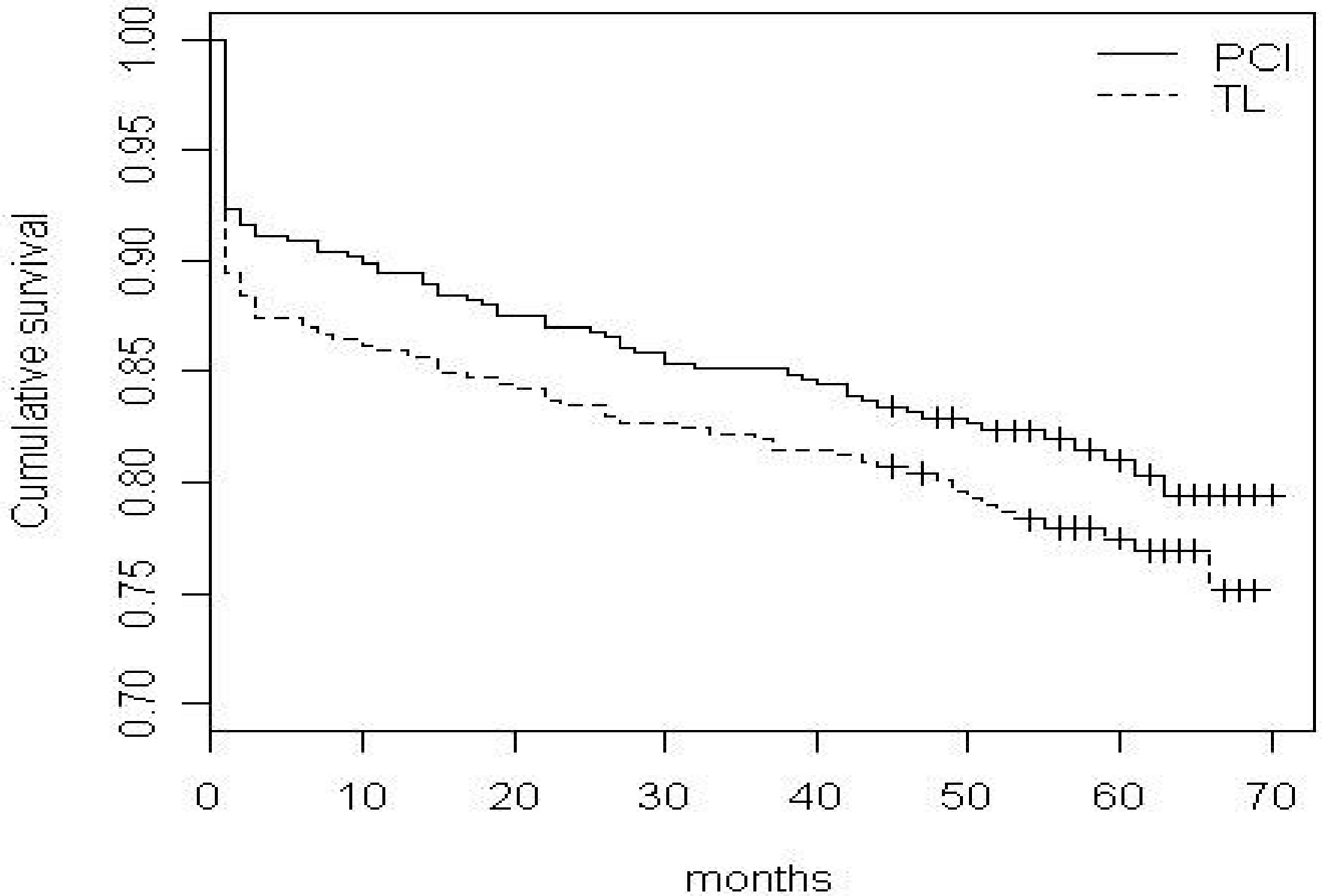
Mean follow-up: 58 months (range 43-70 months)



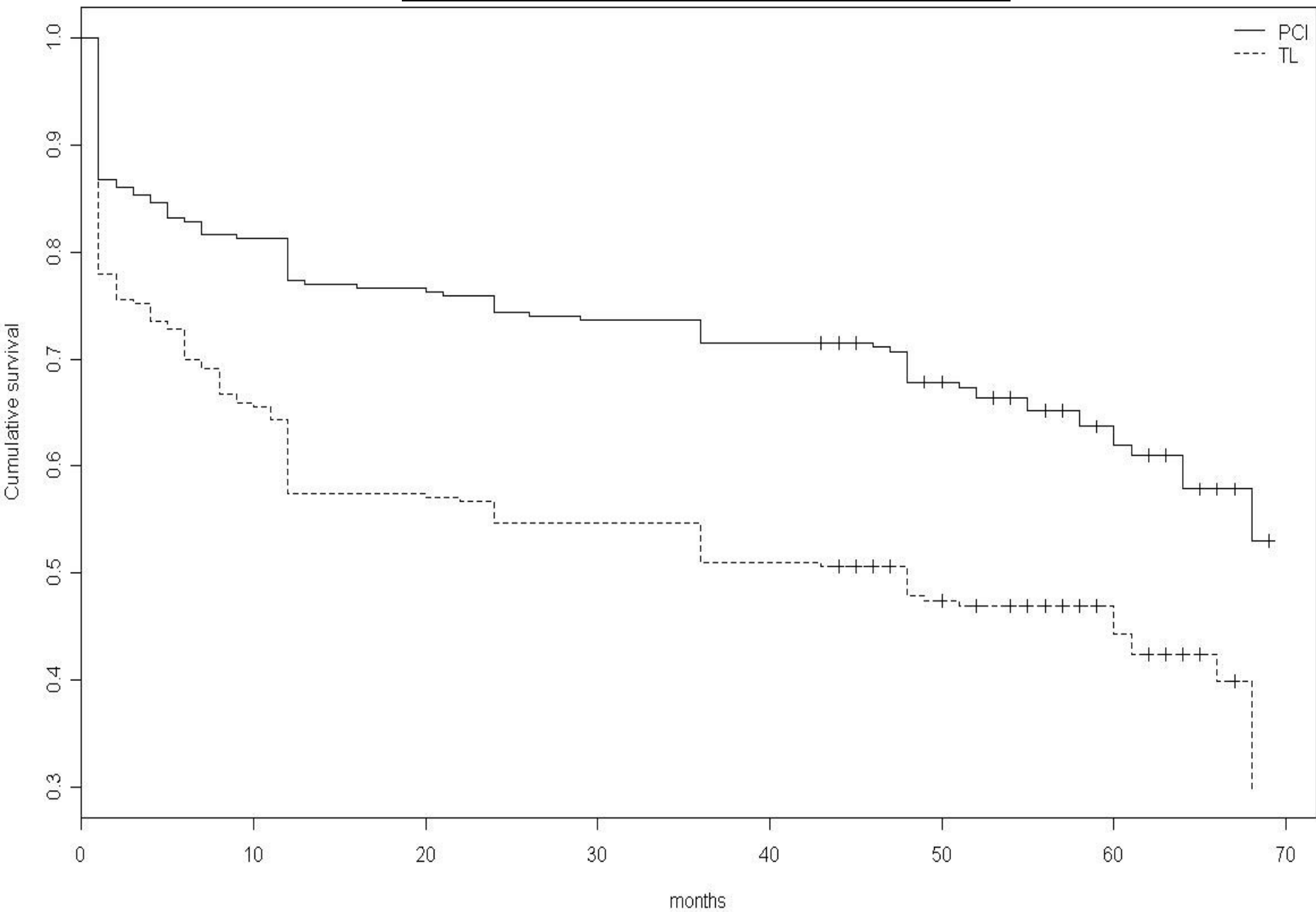
5-years outcomes

End-point	TL group (n=416)	PCI group (n=428)	p value
Death from any cause / re-MI / stroke / revascularization	73,3 %	58,5 %	< 0,0001
Death from any cause / re-MI / stroke	43,3 %	36,5 %	0,0417
Death from any cause	23,5 %	20,7 %	n.s.
Recurrent infarction	20,0 %	13,3 %	0,009
Stroke	8,2 %	5,2 %	n.s.
(Re-) PCI	50,0 %	30,9 %	< 0,0001
CABG	17,9 %	16,7 %	n.s.

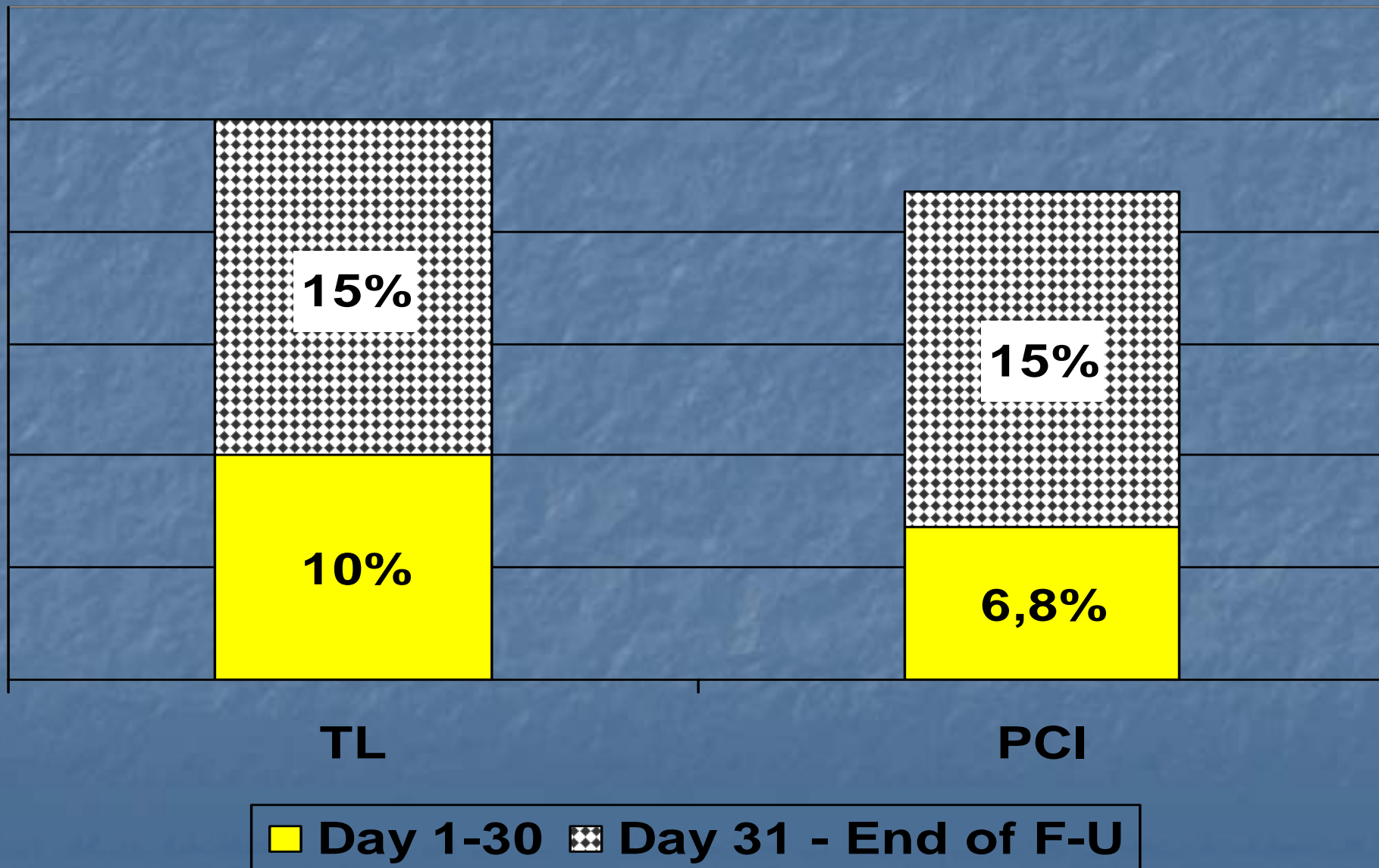
Survival



Event-free survival



Early + late mortality: no difference after the initial month.



Conclusions

- The early benefit from the p-PCI strategy (over thrombolysis) is sustained (but not increased) during the 5-year follow-up.
- It can be almost exclusively derived from differences in event rate during the first month.