THE VERDICT TRIAL

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Declaration of interest

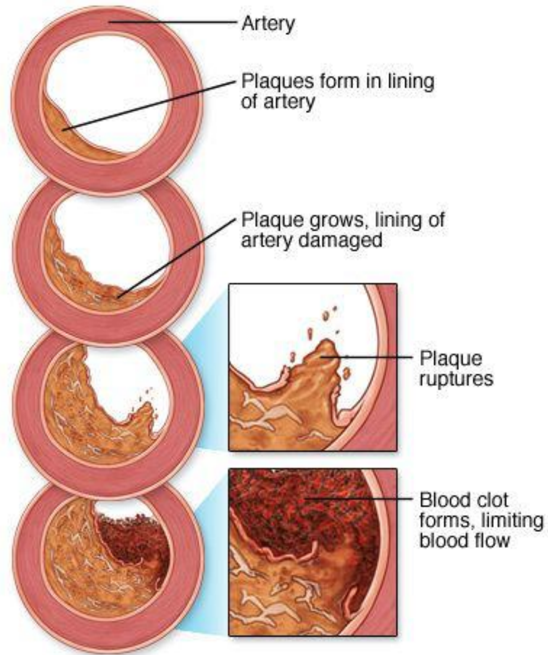
- Consulting/Royalties/Owner/ Stockholder of a healthcare company (Speakers Fee Boston Scientific, Abbott, Bayer; Consultant Novo, Medtronic; Advisory Board Novo, Bayer.)

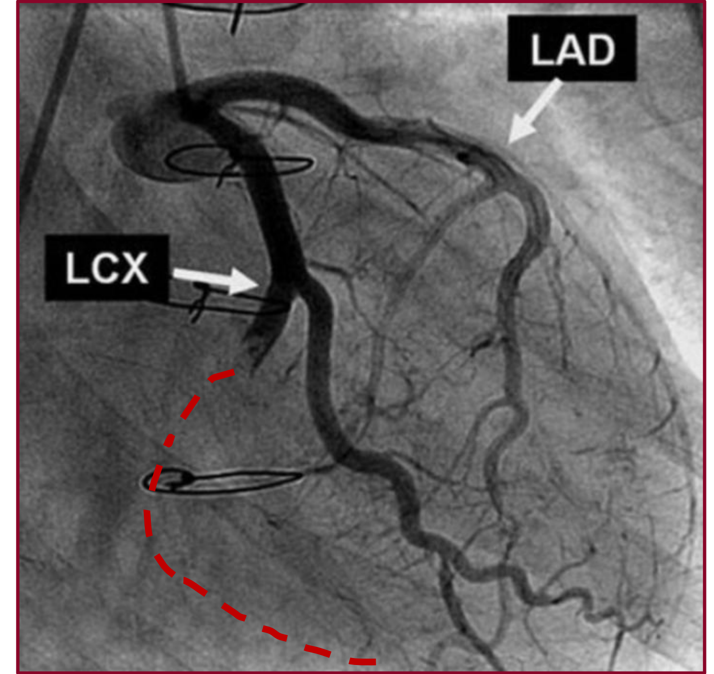
Conclusions

- A strategy of very early invasive investigation in patients with NSTEMI ACS does not improve a long-term composite outcome of all-cause death, non fatal recurrent myocardial infarction, hospitalization for heart failure or hospitalization for refractory myocardial ischemia

- However, a subgroup of patients with a GRACE score > 140 showed significantly improved outcome as compared to standard care

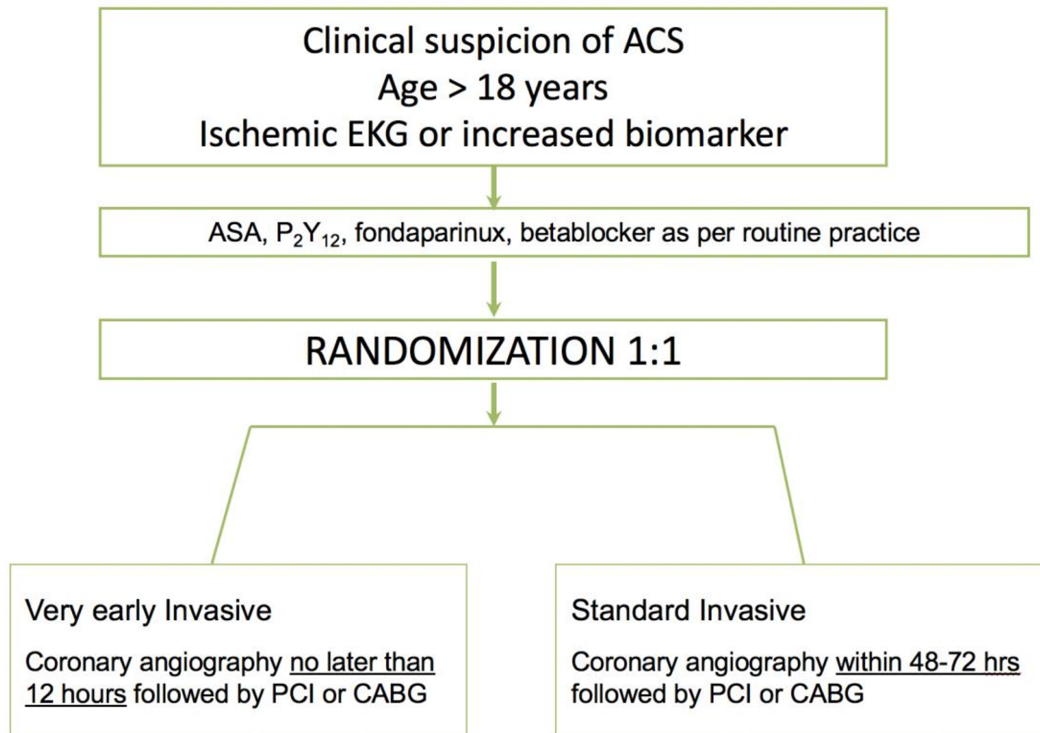
Background





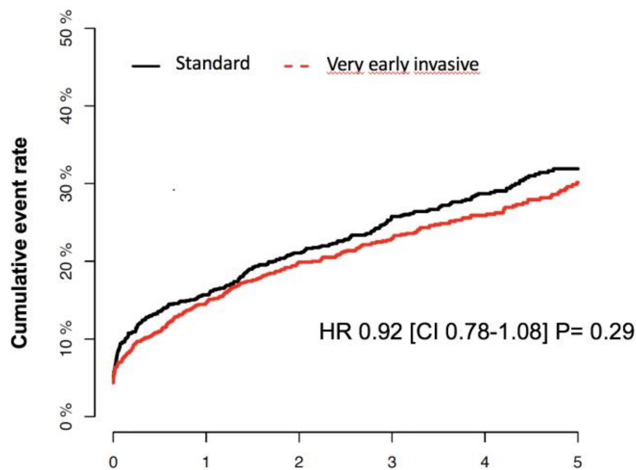
Purpose and method

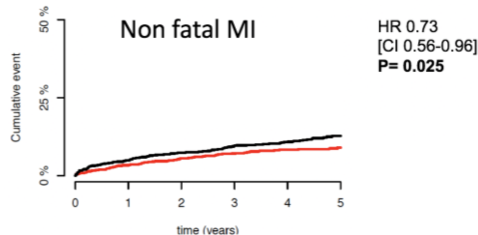
Recommendations	Class[a]	Level[b]	Ref.[c]
An immediate invasive strategy (<2 h) is recommended in patients with at least one of the following very-high-risk criteria: – haemodynamic instability or cardiogenic shock – recurrent or ongoing chest pain refractory to medical treatment – life-threatening arrhythmias or cardiac arrest – mechanical complications of MI – acute heart failure with refractory angina or ST deviation – recurrent dynamic ST- or T-wave changes, particularly with intermittent ST-elevation.	I	C	
An early invasive strategy (<24 h) is recommended in patients with at least one of the following high-risk criteria: – rise or fall in cardiac troponin compatible with MI – dynamic ST- or T-wave changes (symptomatic or silent) – GRACE score >140.	I	A	303, 326, 327



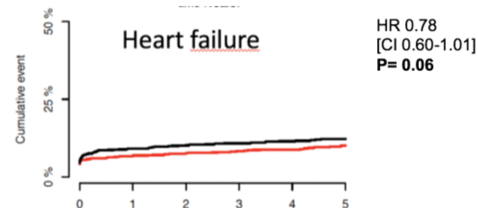
Results

Primary endpoint: all-cause death, recurrent myocardial infarction, heart failure or refractory ischemia

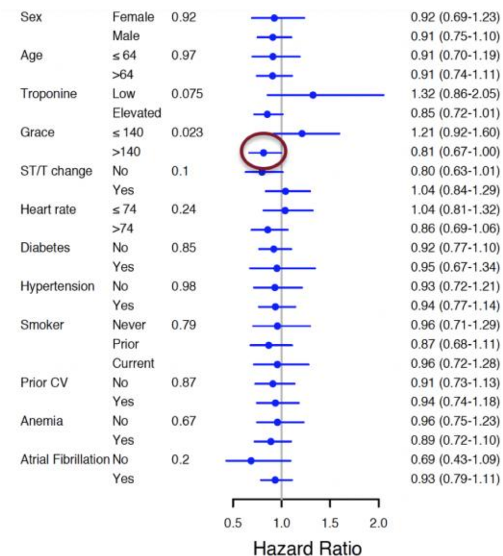




HR 0.73
[CI 0.56-0.96]
P= 0.025



HR 0.78
[CI 0.60-1.01]
P= 0.06



Key messages

A very early invasive look-up in NSTEMI ACS is safe and possibly favorable for some

However acute investigation is logistically challenging and potentially not cost-effective

Therefore the right patients for this strategy should be identified

You need to treat 5-6 patient with GRACE score >140 to save one patient from death, MI, heart failure or refractory ischemia