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64th Annual Scientific Session & Expo



The Third DANish Study of Optimal Acute Treatment of Patients with ST-segment Elevation Myocardial Infarction

PRImary PCI in MULTIVessel Disease - DANAMI3-PRIMULTI

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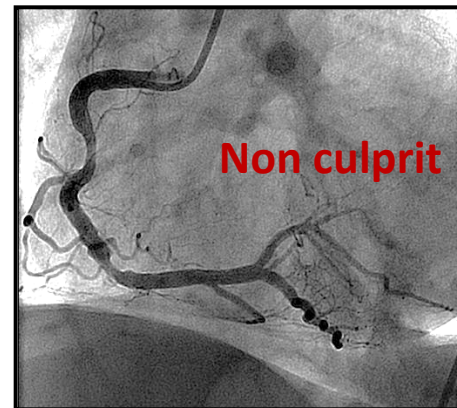
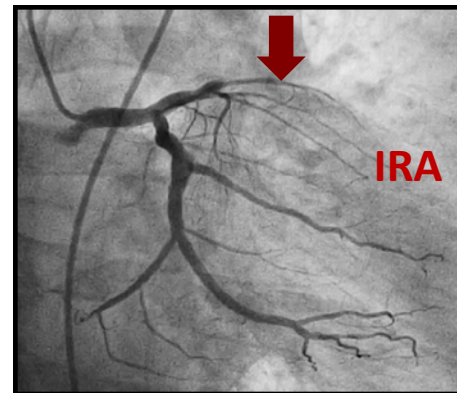
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Background

30-50% of STEMI patients have additional stenoses other than the infarct related artery^{1,2}

Current guidelines support culprit vessel PCI only

Contemporary studies have, however, suggested preventive revascularisation^{3,4}



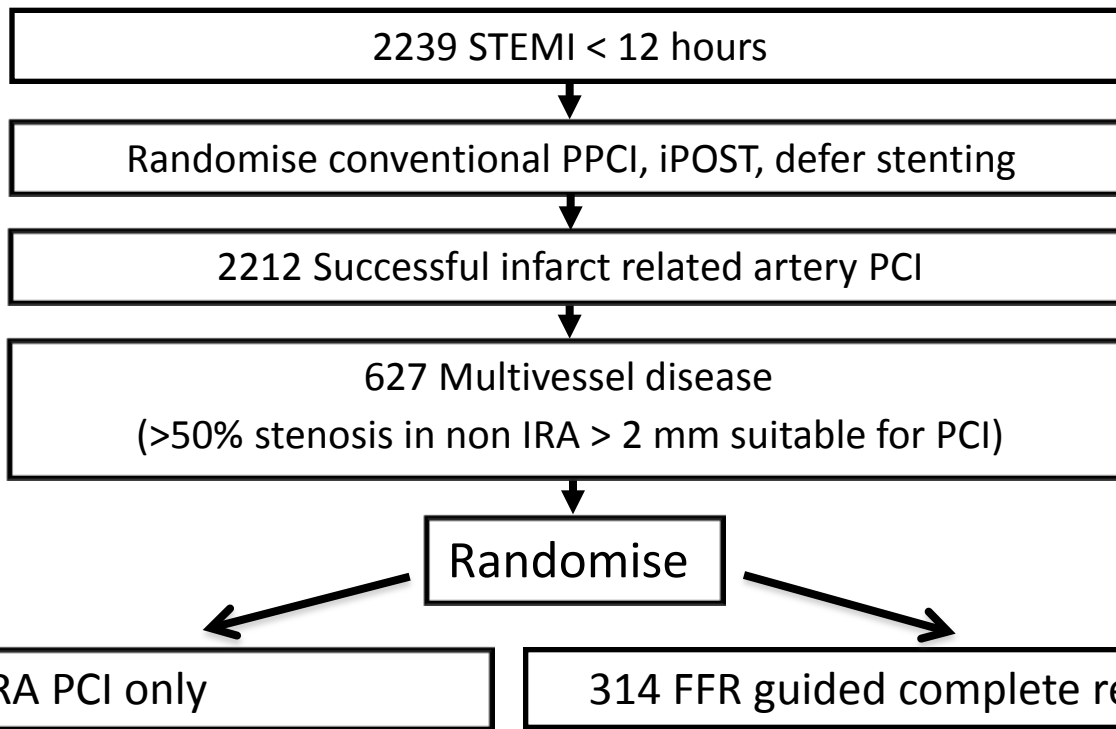
¹ Jong JA *et al.* Coronary Artery disease 2006

² Muller DW *et al.* Am Heart J 1991

³ Wald *et al.* NEJM 2013

⁴ Gershlick *et al.* ESC 2014

DANAMI3-TRIAL PROGRAM



Primary endpoint

Composite

All-cause mortality

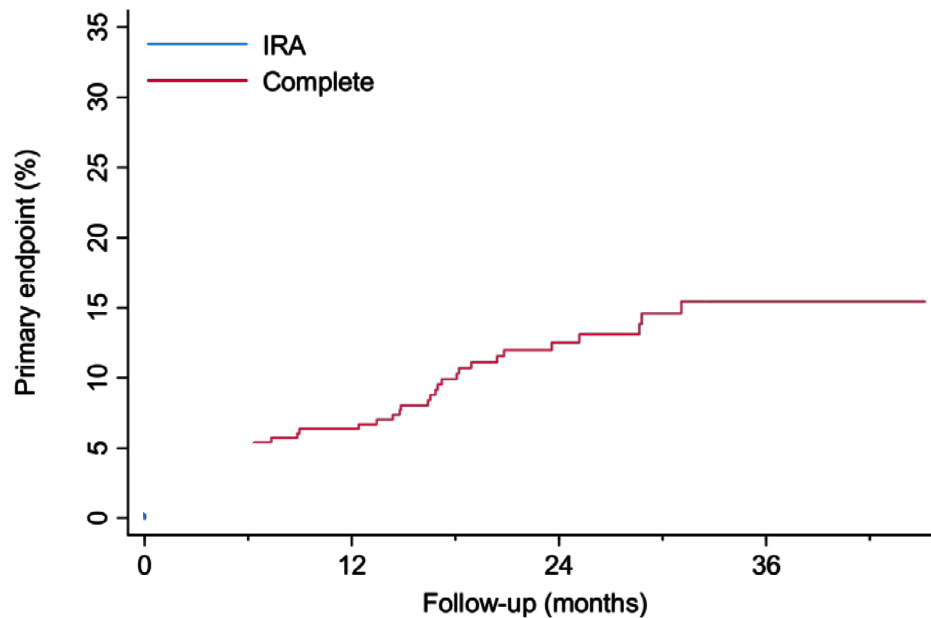
Nonfatal myocardial infarction

Ischemia driven revascularisation of non IRA lesions

Assessed when the last included patient had
been followed for 1 year



Primary endpoint

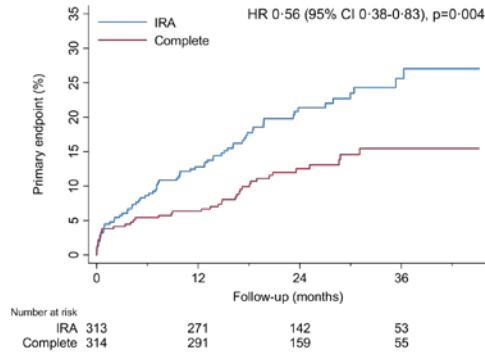


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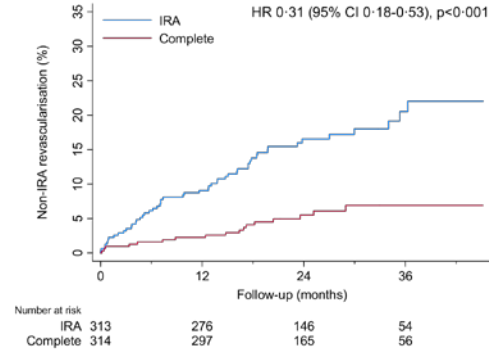
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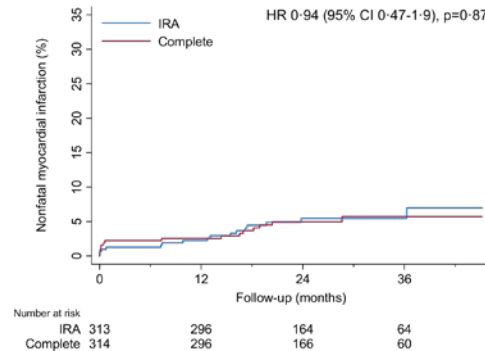
Individual components of primary endpoint



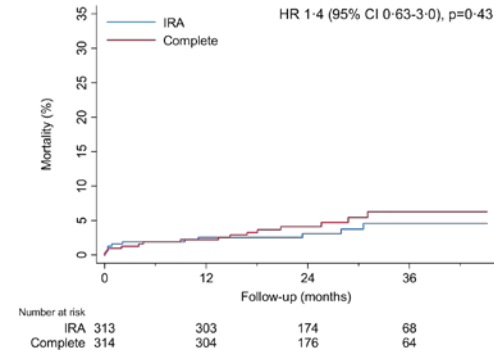
Composite



Revascularisation



Non fatal MI



All cause death



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Conclusions

Complete FFR guided revascularisation of multivessel disease in STEMI patients, staged within the index admission, reduced the primary endpoint of all cause death, reinfarction and repeat revascularisation

40% of repeat revascularisations were urgent

However, the reduction in the primary endpoint was driven by repeat revascularisations and not by hard endpoints

Therefore, although complete revascularisation should be recommended, any condition that makes complex PCI unattractive may support a more conservative strategy of IRA PCI only

