

**Randomized comparison of
intraaortic balloon counterpulsation
versus
optimal medical therapy in addition to early
revascularization in acute myocardial infarction
complicated by cardiogenic shock**

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on behalf of the **IABP-SHOCK II Trial** Investigators

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Disclosures

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History:

- 1962** **Animal studies**
Moulopoulos et al. Am Heart J 1962;63:669-675
- 1968** **First clinical description in shock**
Kantrowitz et al. JAMA 1968;203:135-140
- 1973** **Hemodynamic effects in shock,
Mortality unchanged**
Scheidt et al. NEJM 1973;288:979-984
- > 40 years** **> 1 Million patients treated, low complication rate,
Benchmark registry**
Ferguson et al. JACC 2001;38:1456-1462



IABP in AMI complicated by cardiogenic shock

ESC



Class IC

ACC/AHA

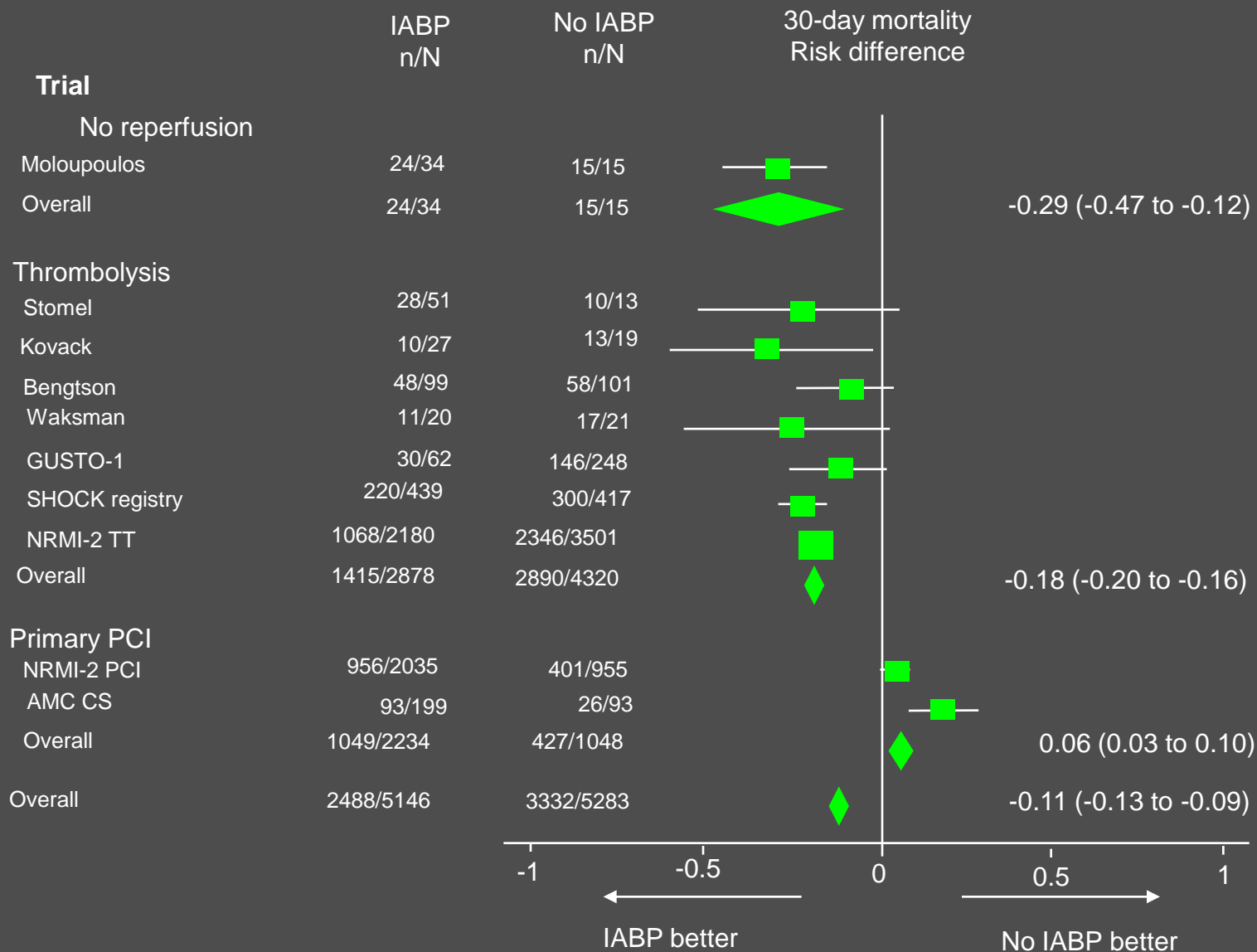


Class IB

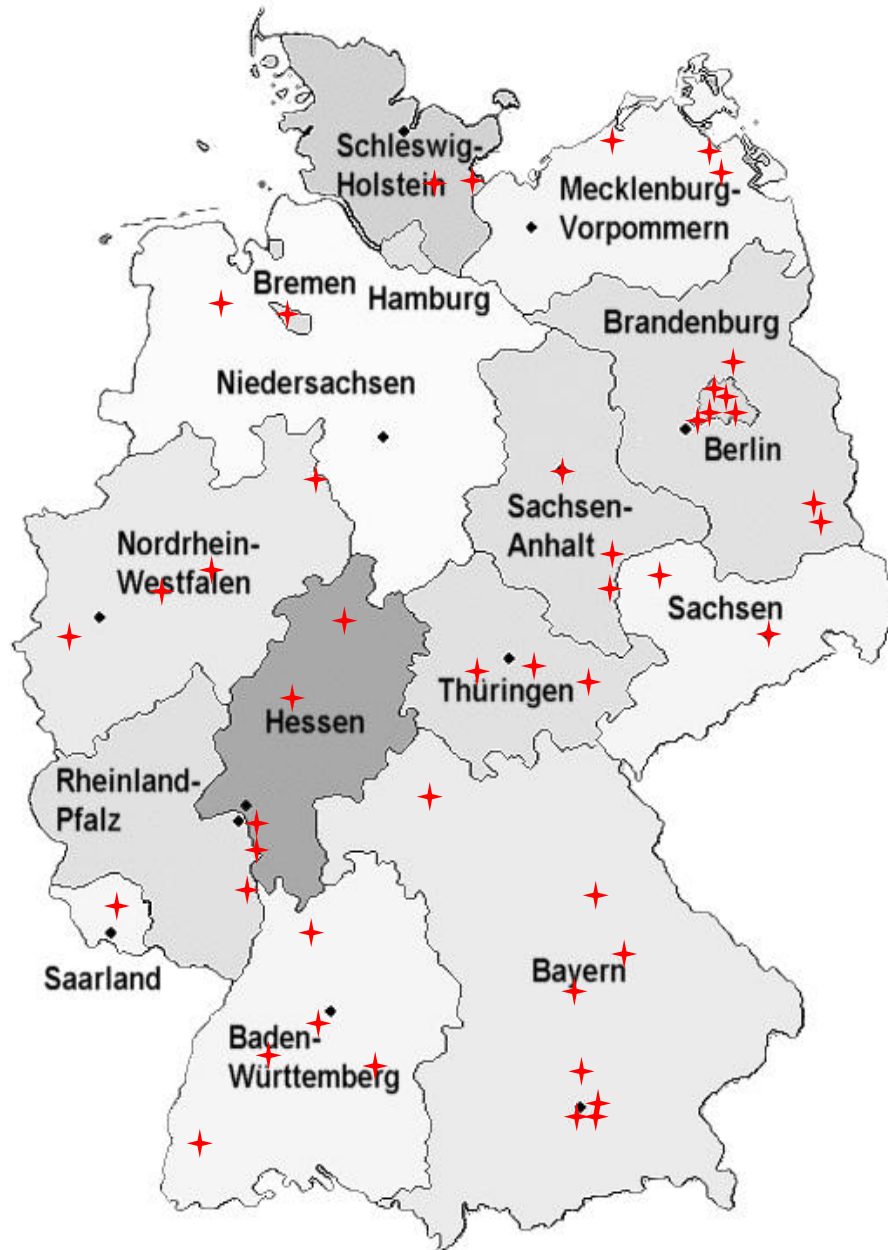
Van de Werf et al. Eur Heart J 2008;29:2909-2945

Wijns et al. Eur Heart J 2010;31:2501-2555

Antman et al. Circulation 2004;110:82-292



Study Sites and Organisation



DSMB:

Kurt Huber
 Ferenc Follath
 Bernhard Maisch
 Johannes Haerting

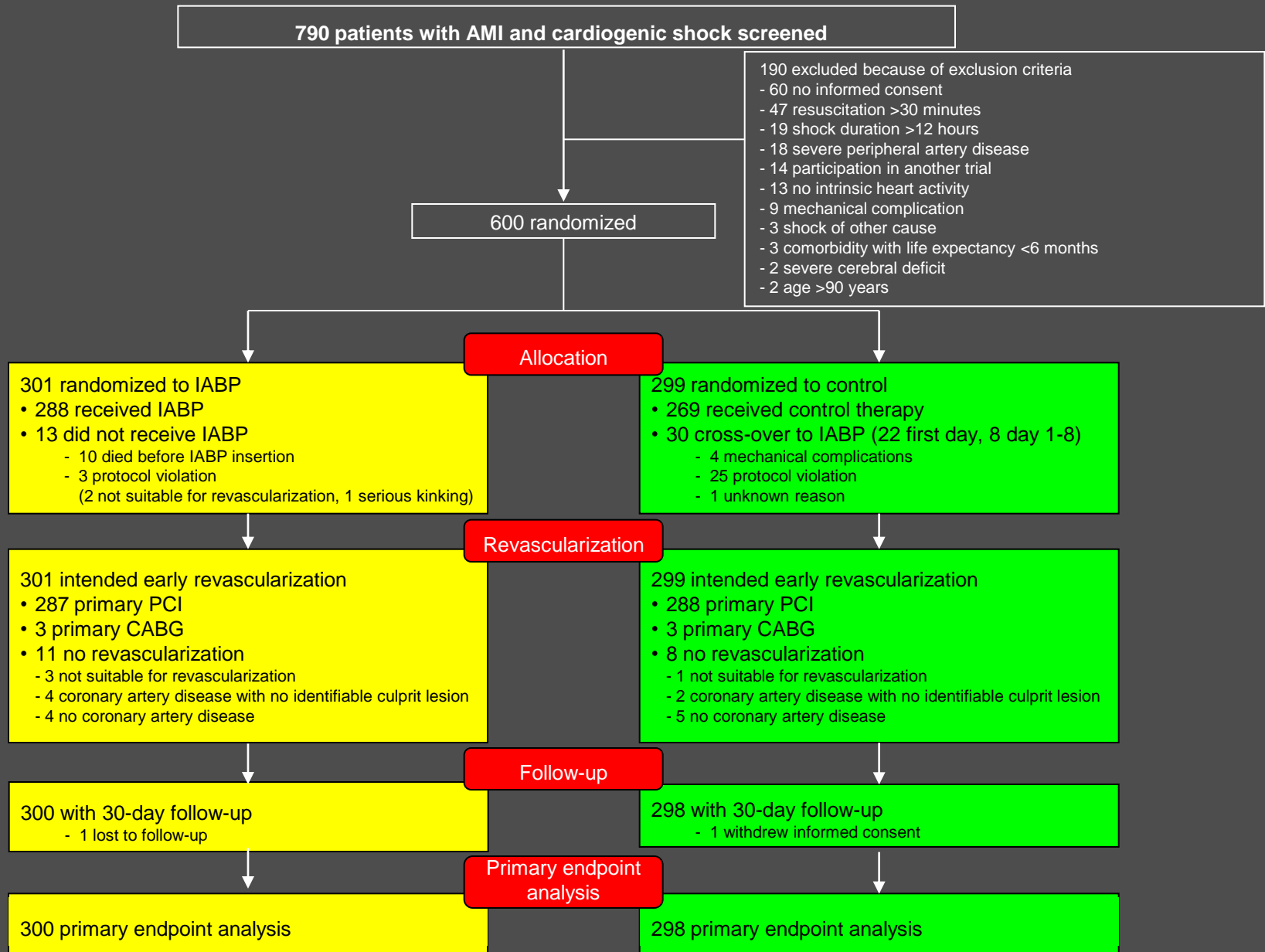
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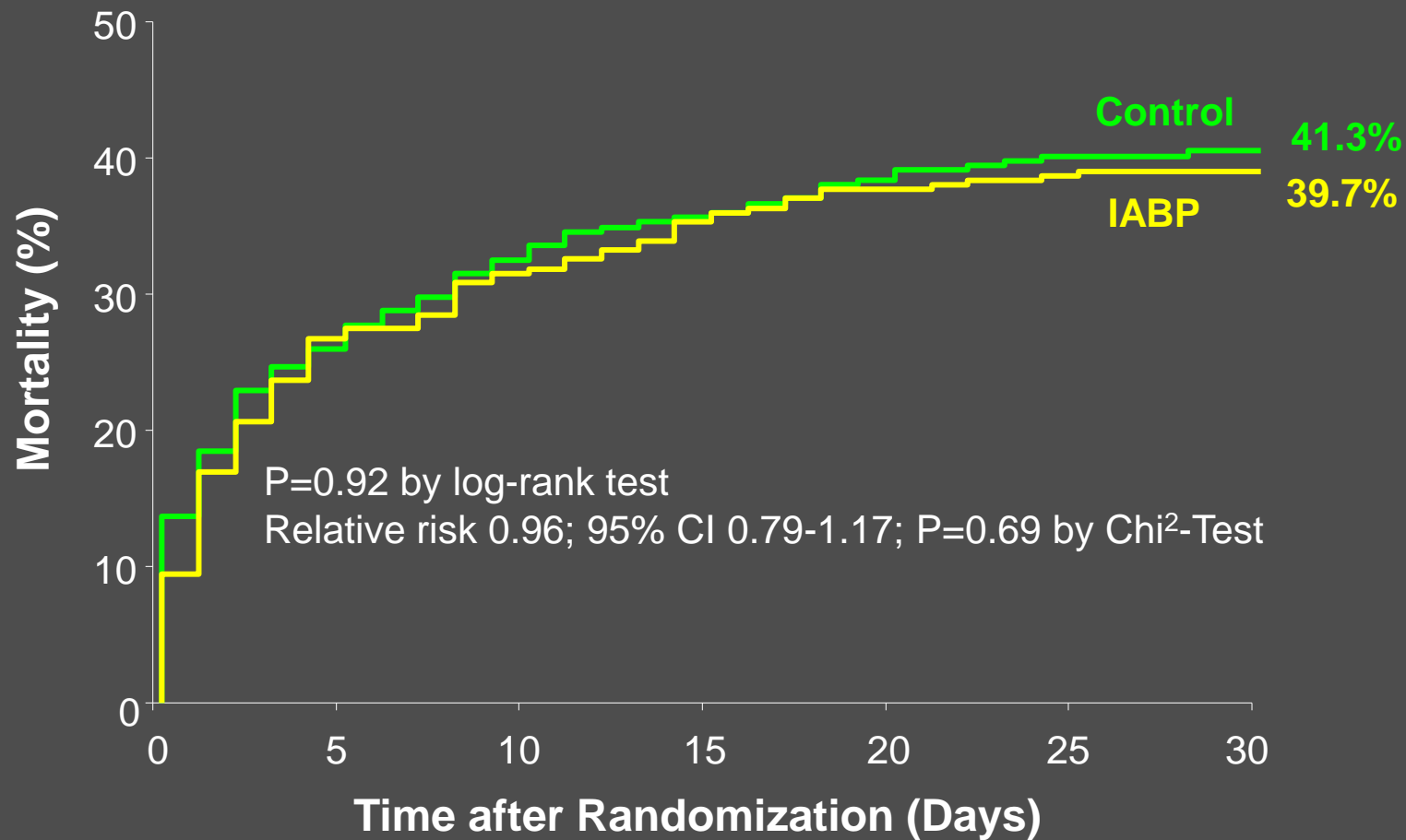
Support + Patronage:



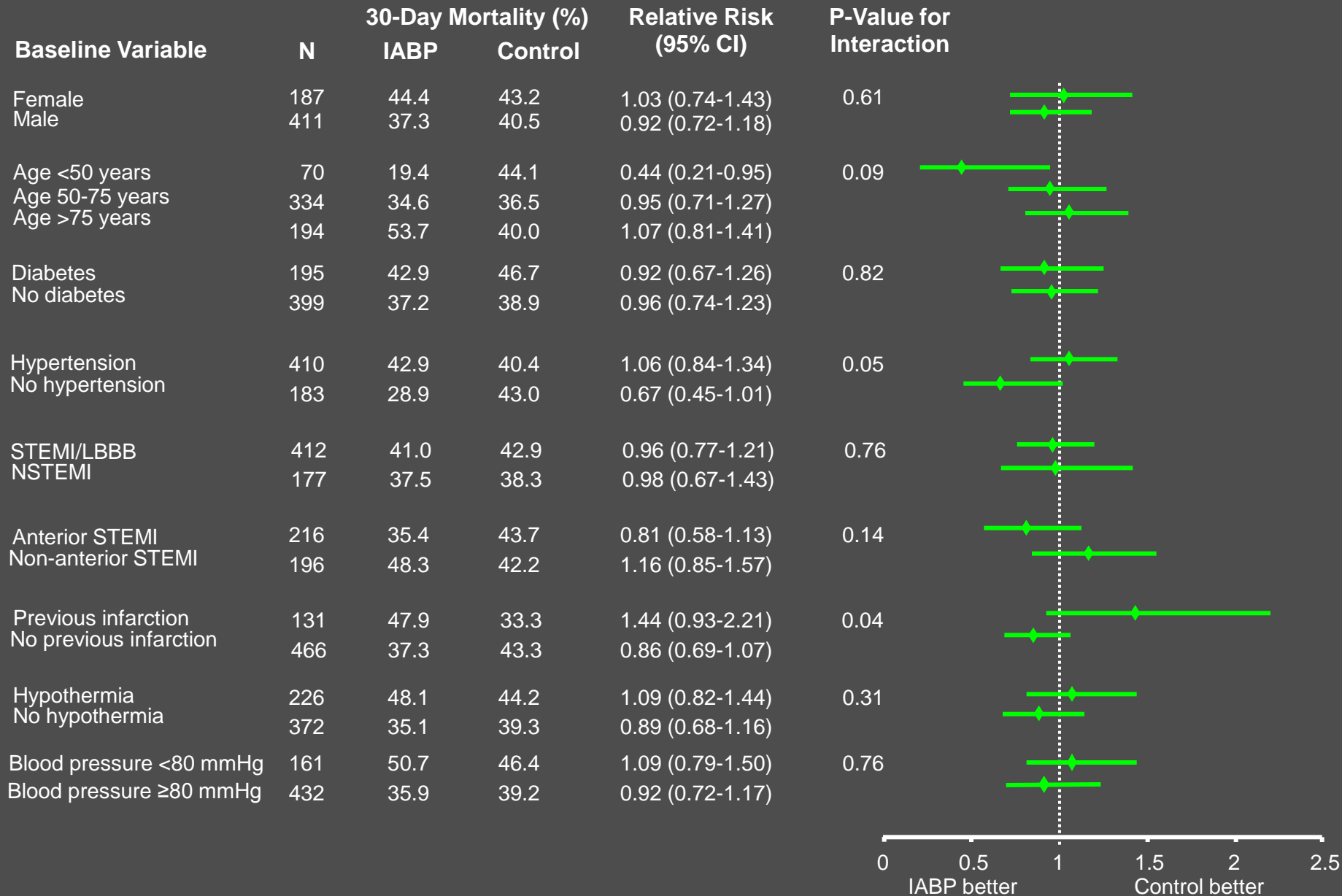
Trial Flow and Treatment



Primary Study Endpoint (30-Day Mortality)



Subgroups (30-Day Mortality)



Summary + Conclusions

- IABP support in cardiogenic shock is safe without significant inherent complications.
- However, IABP support did not reduce 30-day mortality in this large, randomized, multicenter trial in cardiogenic shock patients complicating myocardial infarction undergoing early revascularization.
- The primary study endpoint results are supported by a lack of benefit in secondary endpoints.

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ORIGINAL ARTICLE

Intraaortic Balloon Support for Myocardial Infarction with Cardiogenic Shock

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