

Differential Rates and Clinical Significance of Periprocedural Myocardial Infarction After Stenting or Bypass Surgery for Multivessel Coronary Disease According to Various Definitions

Min Soo Cho¹, Jung-Min Ahn¹, Cheol-Hyun Lee¹, Do-Yoon Kang¹, Jung-Bok Lee, PhD², Pil Hyung Lee¹, Soo-Jin Kang¹, Seung-Whan Lee¹, Young-Hak Kim¹, Cheol Whan Lee¹, Seong-Wook Park¹, Duk-Woo Park¹, and Seung-Jung Park¹

¹Department of Cardiology and ²Division of Biostatistics, Center for Medical Research and Information, Asan Medical Center, University of Ulsan College of Medicine, Seoul, Korea.

COI Disclosure

Name of First Author: Min Soo Cho

The authors have no financial conflicts of interest to disclose concerning the presentation

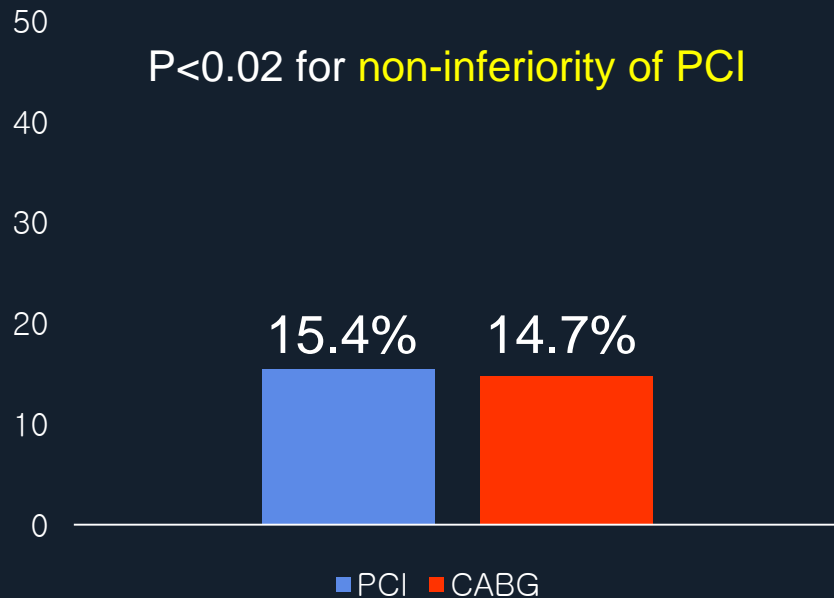
Background

- Recent clinical trials comparing PCI vs. CABG adopted a composite endpoint consisted of death, MI and CVA.
- However, definition of MI has considerably varied, and uniform criteria are still unsettled.
- Especially, non-uniform definition of periprocedural MI can penalize the one specific group and lead to an imprecise estimate of the relative treatment effects of PCI and CABG.

EXCEL vs. NOBLE

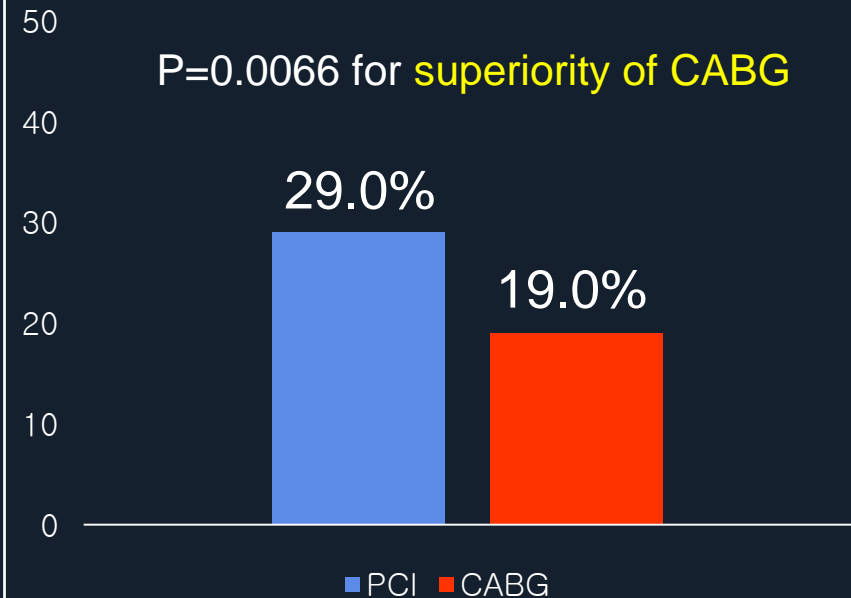
Death, MI (Procedural or non-procedural), and Stroke

at 3 years



Death, MI (non-procedural), stroke, and any revascularization

at 5 years



EXCEL vs. NOBLE

Death, MI (~~Procedural or non-procedural~~), and Stroke

during 30 days – 3 years

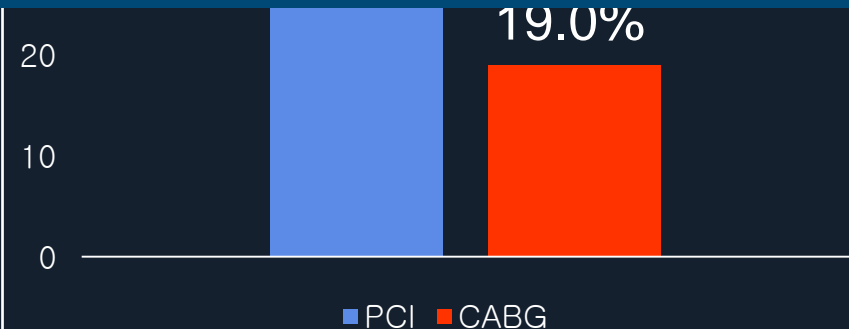
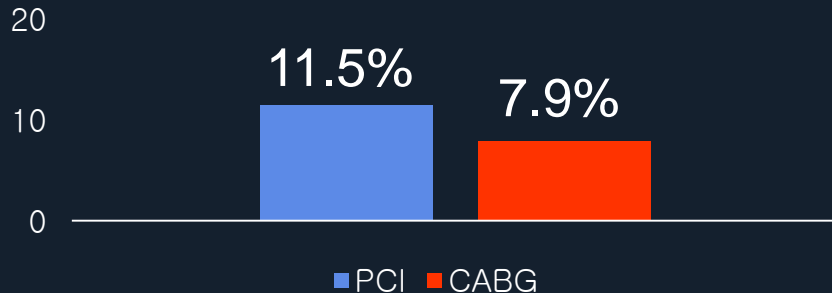
Death, MI (**non-procedural**), stroke, and any revascularization

at 5 years

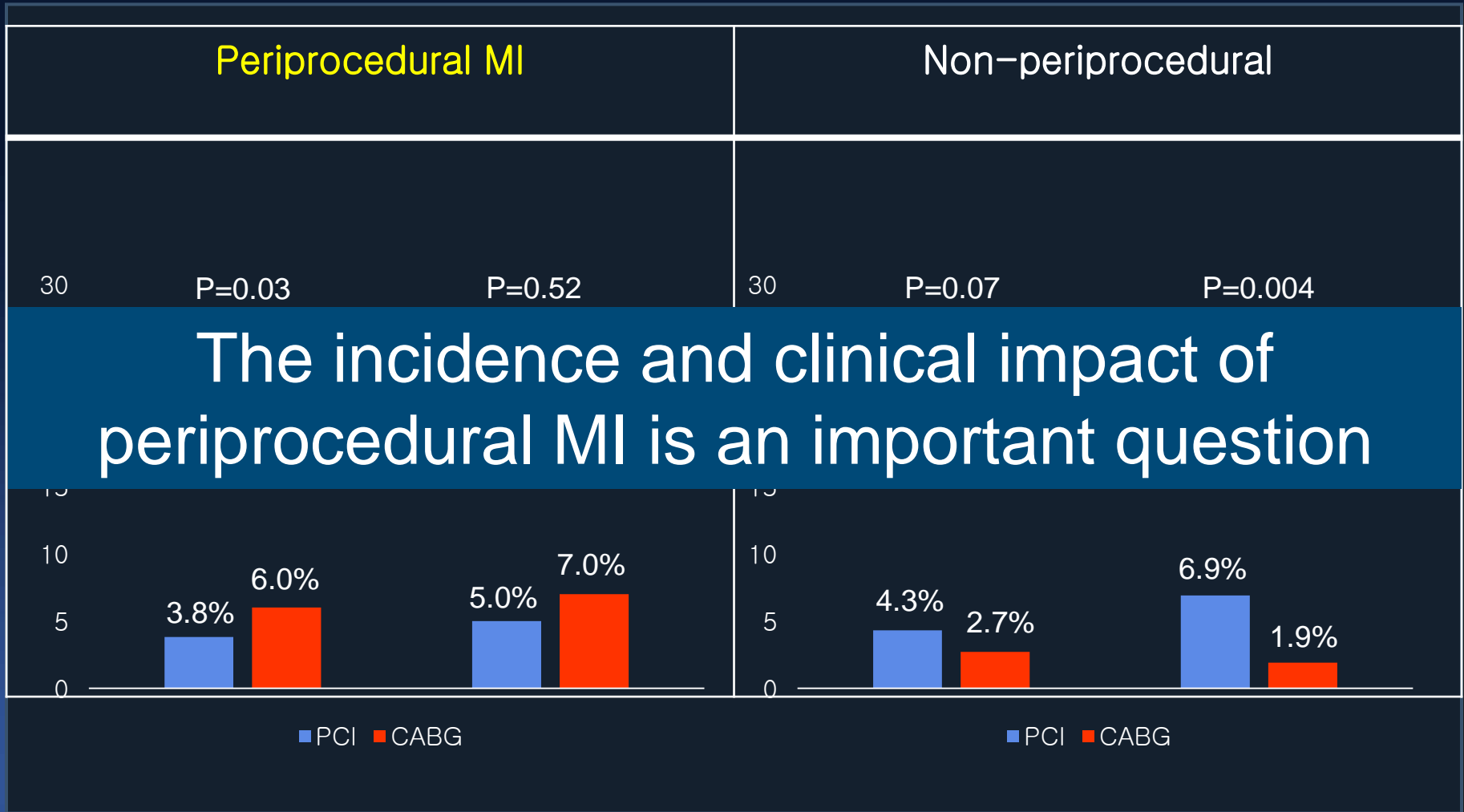
50

50

The primary composite endpoint is very sensitive to the definition of MI



Myocardial infarction in EXCEL and NOBLE



Peri-MI definitions

ESC/ACCF/AHA/WHF EXPERT CONSENSUS DOCUMENT

Universal Definition of Myocardial Infarction

Kristian Thygesen,* Joseph S. Alpert, and Harvey D. White,
on behalf of the Joint ESC/ACCF/AHA/WHF Task Force for the Redefinition of Myocardial Infarction

EXPERT CONSENSUS DOCUMENT

Third Universal Definition of Myocardial Infarction

Kristian Thygesen, Joseph S. Alpert, Allan S. Jaffe, Maarten L. Simoons, Bernard R. Chaitman and
Harvey D. White: the Writing Group on behalf of the Joint ESC/ACCF/AHA/WHF Task Force for
the Universal Definition of Myocardial Infarction

Coronary Artery Disease

Consideration of a New Definition of Clinically Relevant Myocardial Infarction After Coronary Revascularization

An Expert Consensus Document From the Society for
Cardiovascular Angiography and Interventions (SCAI)

Objective

- We estimated the differential incidence and prognostic significance of periprocedural MI potentially affected by different criteria.

Methods

Study Population

11,596 Patients enrolled in the
ASAN-Multivessel registry
between 2003 and 2016

Baseline Exclusions

- Acute MI + baseline CK-MB elevation (n=1532)
 - Baseline or peak CK-MB levels were not available (n=483)
 - Medical therapy alone (n=1884)

Eligible Study Population with
multi-vessel CAD (n=7,697)

PCI
(n=4,514)

CABG
(n=3,183)

Diagnosis of peri-procedural MI

- Routine measurements of CK-MB (mass assay) were performed in **all patients** who underwent PCI or CABG
- All of the criteria of each MI definitions were applied strictly beyond CK-MB level.
- 2nd universal definition of (2nd) peri-MI
 - **PCI : CK-MB > 3xURL**
 - **CABG : CK-MB >5xURL + ECG (Q or LBBB)**
- 3rd universal definition of (3rd) peri-MI
 - **PCI : CK-MB > 5xURL + ECG or Imaging or CAG criteria**
 - **CABG : CK-MB > 10xURL + ECG or Imaging or CAG criteria**
- SCAI definition of peri-MI
 - **PCI or CABG :**
 - **CK-MB > 10xURL**
 - **CK-MB > 5xURL + ECG (Q or LBBB)**

Revascularization

- The revascularization method was chosen at the discretion of the treating physicians.
- PCI procedures were performed according to standardized guidelines.
- The aspirin was continued indefinitely and ADP inhibitors were continued until 1 month for BMS and 12 months for DES.
- Surgical revascularization was performed using standard bypass procedures.
- The graft was selected by the attending surgeon. Whenever possible, the LIMA was used to revascularize the LAD.

Study outcome

Primary outcome

- Major cardiovascular events (MCE)
 - Death from cardiovascular causes and spontaneous MI

Secondary outcome

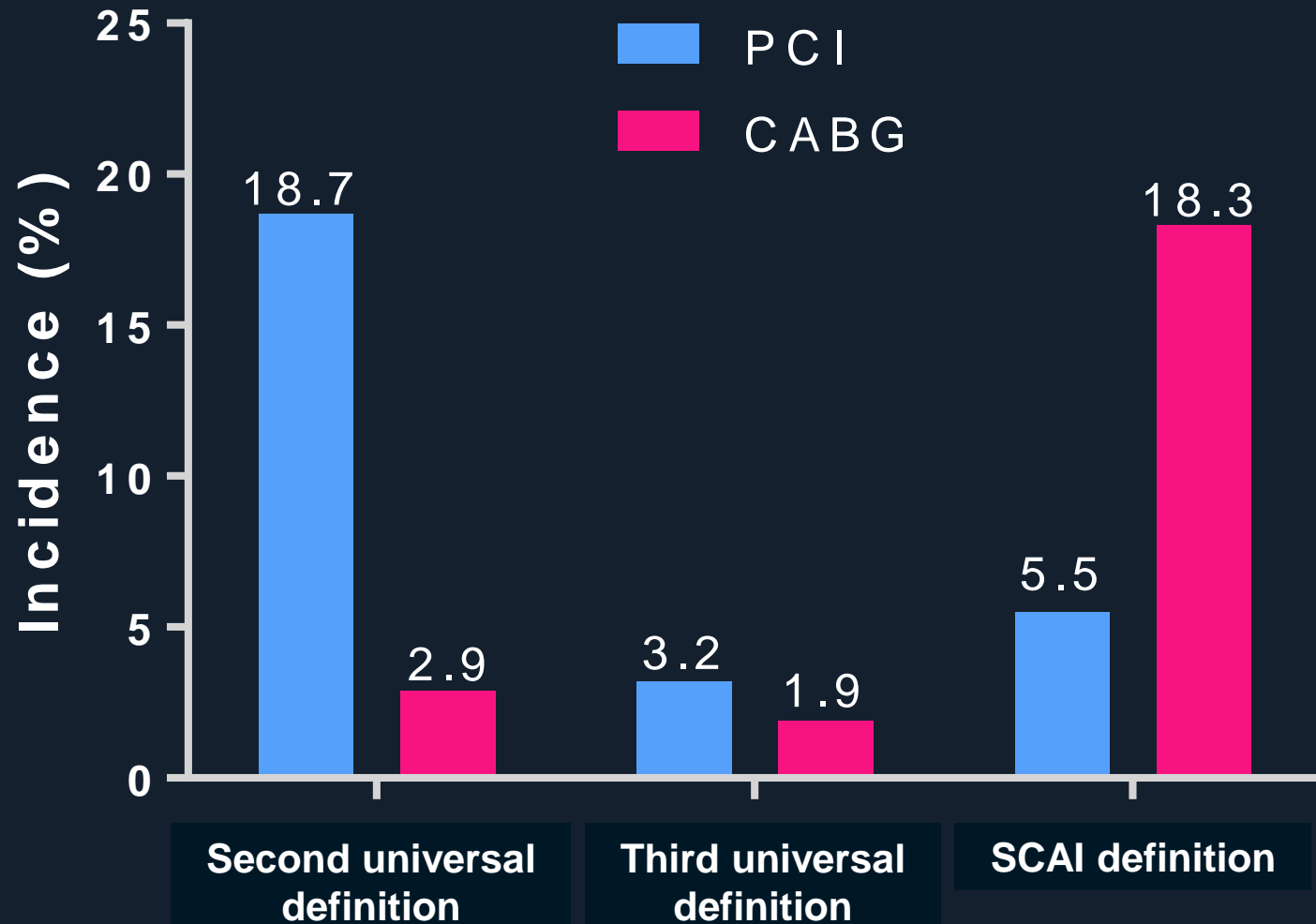
- All cause death

Results

Baseline Clinical Characteristics

Characteristic	PCI (N = 4514)	CABG (N = 3183)	P Value
Age (years)	63.0 ± 9.6	63.4 ± 8.9	0.05
Male sex	3248 (72.0)	2336 (73.4)	0.17
Diabetes	1597 (35.4)	1391 (43.7)	<0.001
Prior MI	299 (6.6)	294 (9.2)	<0.001
Congestive heart failure	77 (1.7)	109 (3.4)	<0.001
Renal failure	144 (3.2)	139 (4.4)	0.008
Unstable angina	1553 (34.4)	1702 (53.5)	<0.001
2VD	2802 (62.1)	656 (20.6)	<0.001
3VD	1712 (37.9)	2527 (79.4)	
Left main disease	696 (15.4)	984 (30.9)	<0.001
CTO	225 (5.0)	316 (9.9)	<0.001

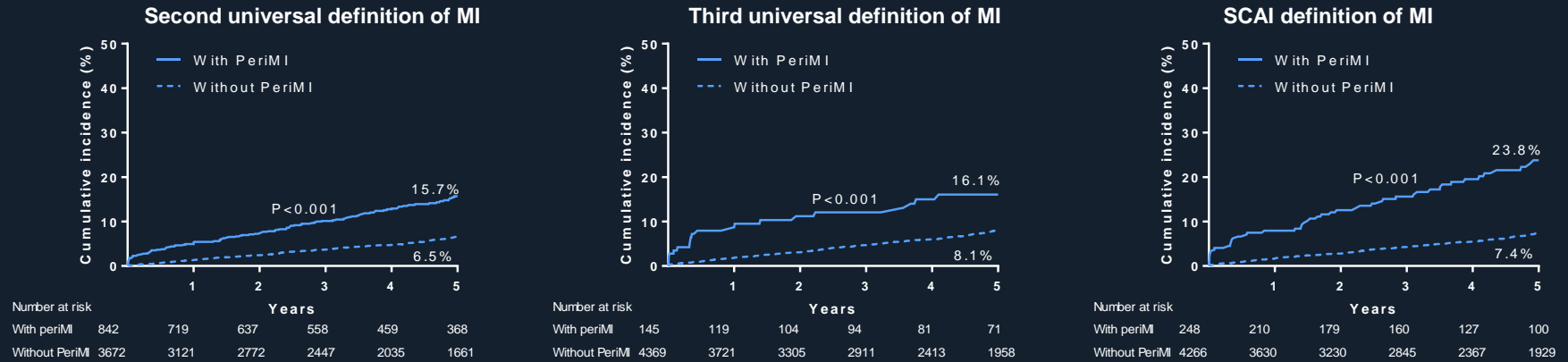
Incidence of peri-MI according to the definition



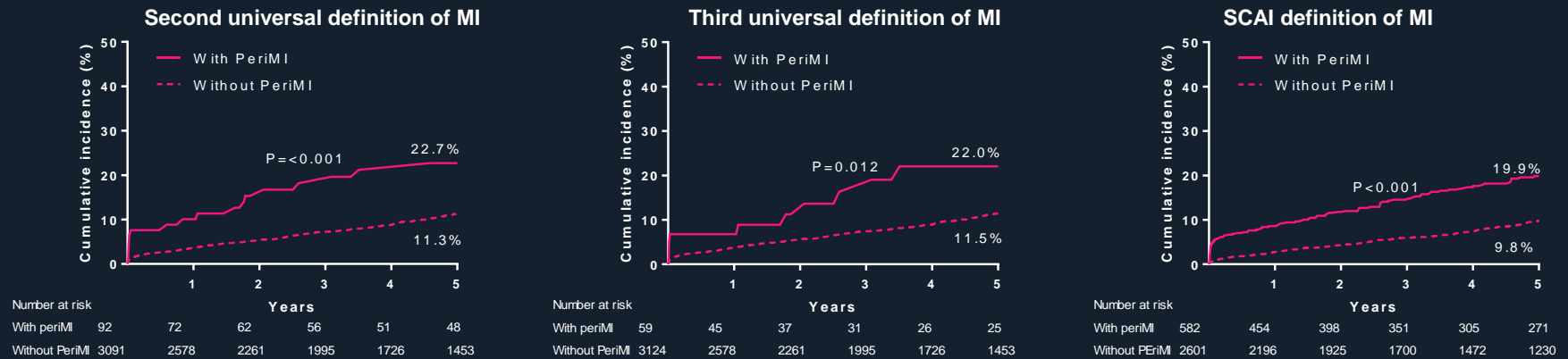
Unadjusted Kaplan-Meier Curve

Major Cardiovascular Events

(A) PCI Stratum



(B) CABG Stratum

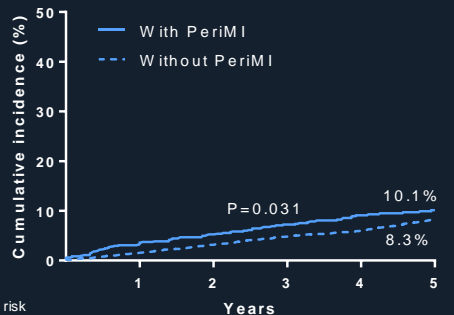


Unadjusted Kaplan-Meier Curve

All cause death

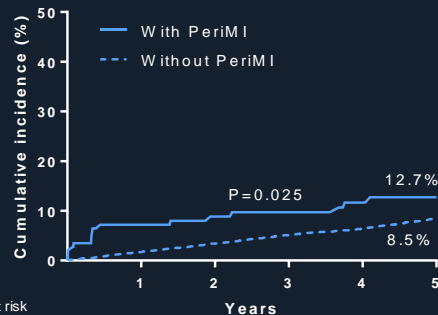
(A) PCI Stratum

Second universal definition of MI



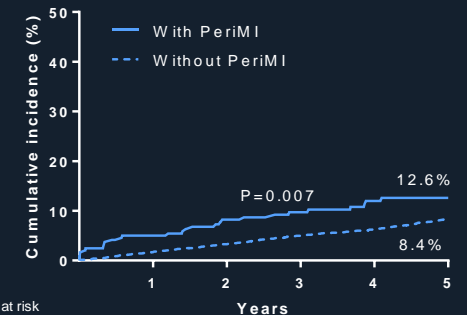
Number at risk	Years	1	2	3	4	5
With PeriMI	842	736	661	585	487	401
Without PeriMI	3672	3125	2775	2451	2041	1668

Third universal definition of MI



Number at risk	Years	1	2	3	4	5
With periMI	145	122	109	99	86	75
Without PeriMI	4369	3728	3326	2917	2443	1994

SCAI definition of MI



Number at risk	Years	1	2	3	4	5
With periMI	248	219	192	175	144	119
Without PeriMI	4266	3654	3243	2863	2387	1950

(B) CABG Stratum

Second universal definition of MI



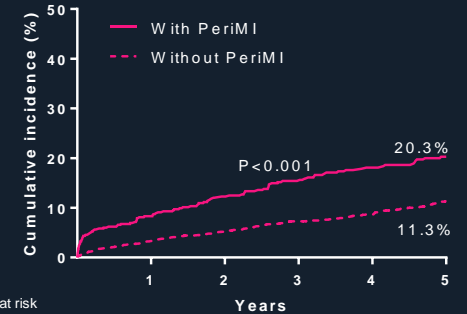
Number at risk	Years	1	2	3	4	5
With periMI	92	78	68	62	57	54
Without PeriMI	3091	2593	2275	2008	1742	1470

Third universal definition of MI



Number at risk	Years	1	2	3	4	5
With periMI	59	48	40	34	29	27
Without PeriMI	3124	2621	2303	2036	1770	1497

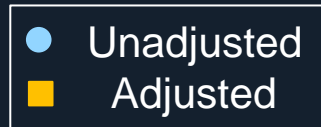
SCAI definition of MI



Number at risk	Years	1	2	3	4	5
With PeriMI	582	464	408	360	314	281
Without PeriMI	2601	2205	1935	1710	1484	1243

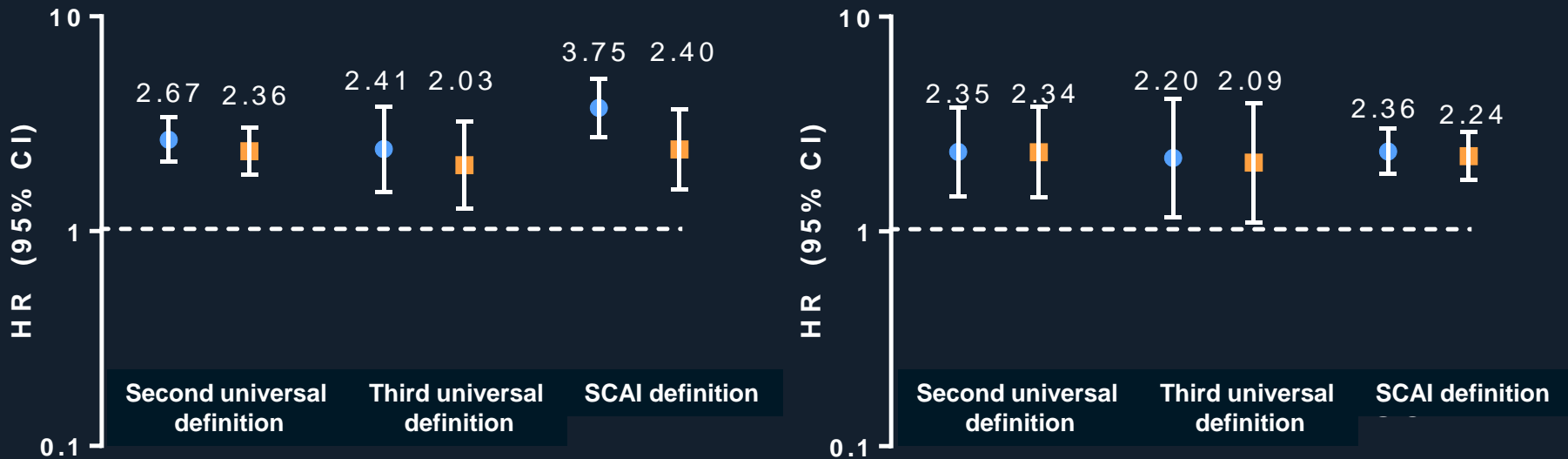
Unadjusted and adjusted hazard ratio

Major Cardiovascular Events



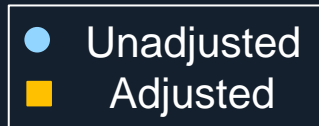
PCI stratum

CABG stratum

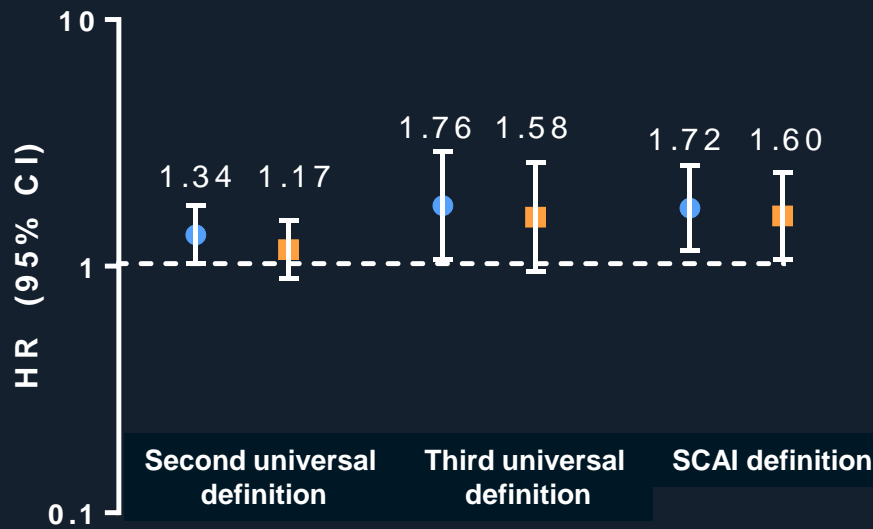


Unadjusted and adjusted hazard ratio

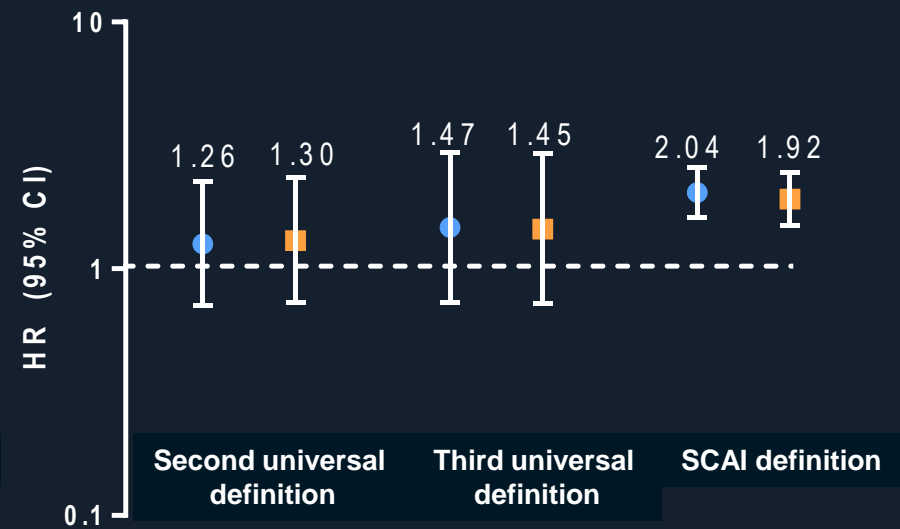
All cause death



PCI stratum

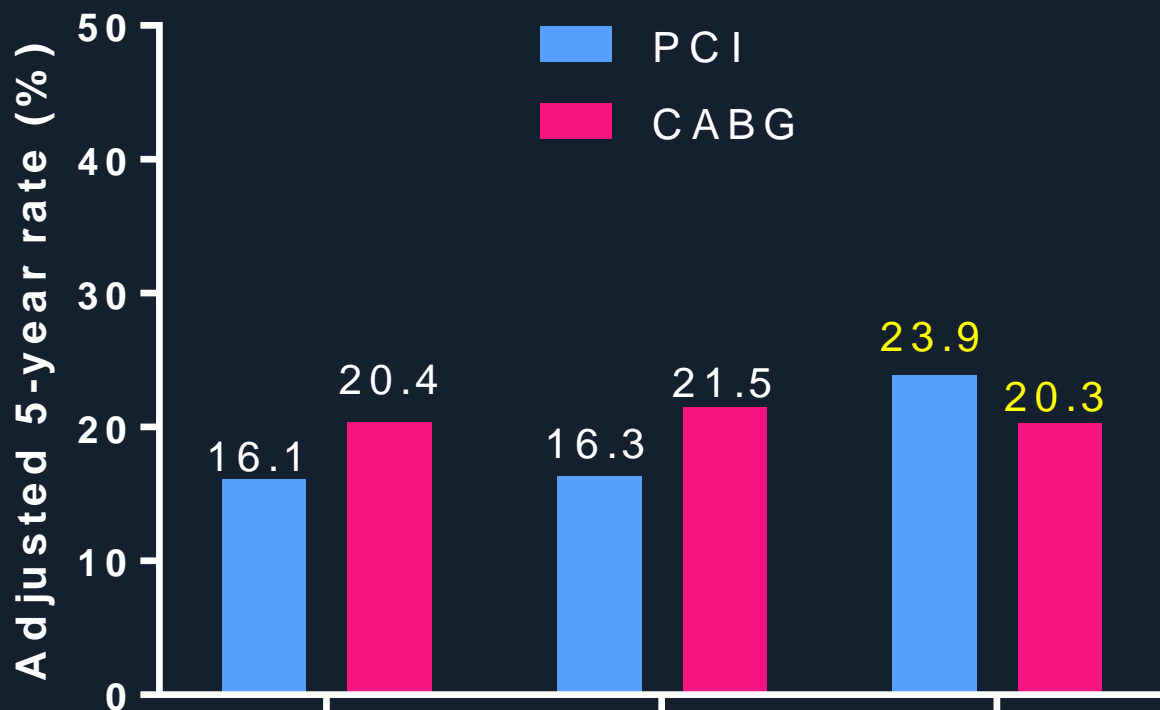


CABG stratum



Adjusted 5-year event rate after peri-MI

Major Cardiovascular Events



Hazard ratio

0.79 (0.44-1.42)

0.71 (0.29-1.74)

1.50 (1.02-2.20)

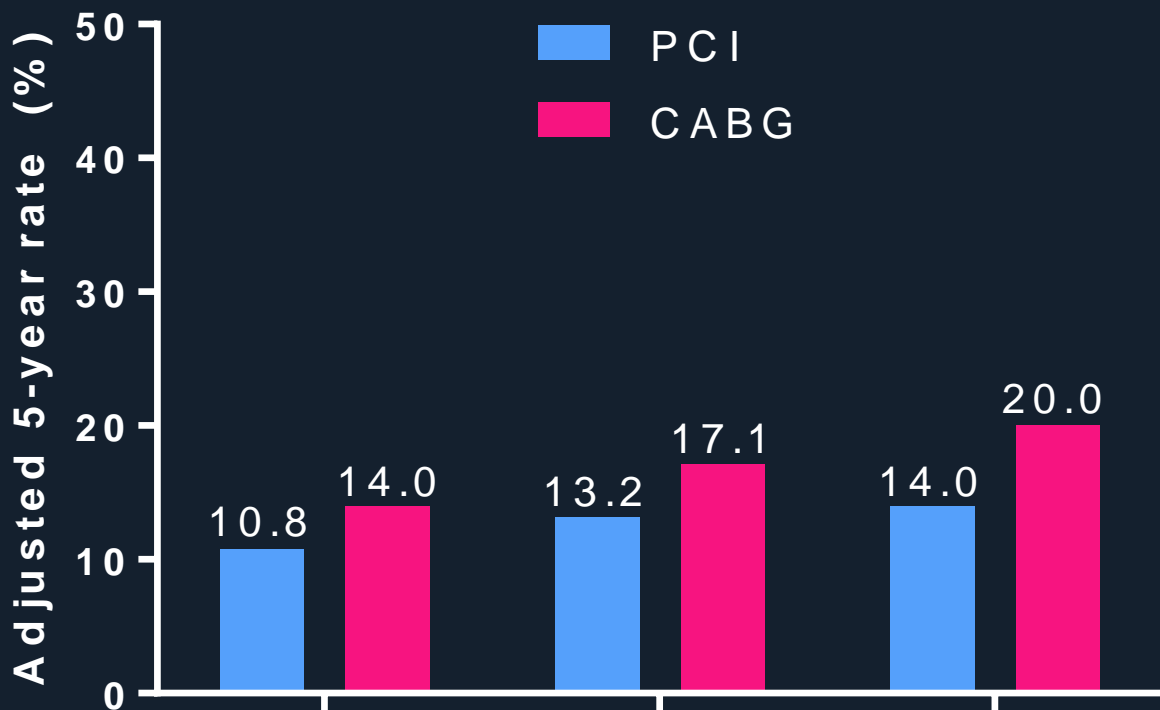
Second universal
definition

Third universal
definition

SCAI definition

Adjusted 5-year event rate after peri-MI

Death



Hazard ratio

0.63 (0.30-1.29)

0.66 (0.22-2.01)

0.74 (0.47-1.17)

Second universal
definition

Third universal
definition

SCAI definition

Conclusion

- There were substantial differences in incidence and prognostic impact of periprocedural MI after PCI and CABG according to various definitions of MI.
- Further research warrants to implement more applicable definition of periprocedural MI not penalizing a specific revascularization group.