The Hotline II session of the European Society of Cardiology Congress included results from the E-SIRIUS and DELIVER II studies.

FRANCOIS VAN DER WESTHUIZEN

University Hospital, Leuven, Belgium, believed that the angioplasty patients often seek medical attention too late. When patients are seen late, there is controversy whether or not it is beneficial to reopen the closed vessel by angioplasty. On the other hand, it is too late to save myocardium and there are risks and costs to the procedure of angioplasty.

The DECOPI trial compared angioplasty to conventional medical therapy in patients with a complete occlusion of a large coronary artery two to 15 days after an acute myocardial infarction. 212 patients were enrolled in 34 hospitals (53 in France, one in Belgium) between 1998 and 2001 and randomly assigned to angioplasty of the closed infarct artery or medical therapy.

After an average of 34 months of follow-up, the comparison between the two strategies shows no significant difference in the occurrence of cardiovascular death, myocardial infarction or ventricular arrhythmia (8.2% in the medical group, 7.3% in the PCI group, P=0.64).

The 6-month angiographic follow-up revealed that the infarct artery was significantly lower in the medical arm (89.7%) than in the angioplasty arm (82.7%). Investigators reported that 47% of the angioplasty patients developed restenosis. At six months, angiographic left ventricular ejection fraction was superior by approximately 3.5% in the angioplasty arm (P=0.025).

Steg concluded that the overall event rate in the study population was low and there was no obvious clinical benefit to systematic versus selective direct related vessel. The results show limited benefit for routine PCI after an acute myocardial infarction from a limited sample. Steg commented that PCI is more expensive and that there are also problems with PCI such as the restenosis rates of 47% at six months.

EUGENIO BUSTOS CHAUMARD

From the ESC Hotline II by Francois Fernandez-Assilas and Joachim Schofer

The hypothesis of the GRACIA-2 trial is that the combination of immediate thrombolysis plus early complementary angioplasty (facilitated angioplasty) is as widely applicable as thrombolysis and as effective as primary angioplasty.

The advent of improved drugs and surgical technique was needed to optimise the potential benefits of an early interventional approach shortly after thrombolysis.

The DECOPI study was designed by a French-Italian-Spanish-Italian-Portuguese GRACIA centres compared the progress at six weeks and six months of 212 patients with heart attacks who agreed to participate in the trial and to be assigned to two different strategies: 1) Optimal primary angioplasty within 180 minutes of symptoms onset, or 2) Facilitated intervention, consisting of performing immediate administration of the easily applicable thrombolytic tenecteplase followed by primary angioplasty and the repairation of all severely diseased coronary arteries by means of the implantation of a stent within 3–12 hours of symptoms onset. Patients not suitable for angioplasty underwent coronary open-heart bypass surgery or intensive drug therapy.

Delay from the onset of symptoms and the first medical contact was similar in both groups of patients and there were no differences between groups with respect to baseline demographic and clinical characteristics including age, gender, previous medical history, cardiovascular risk factors, type of infarction. Both groups were also similar with respect to the culprit artery. However, in the group of patients assigned to facilitated intervention a higher percentage of completely reopened culprit artery was found (70% versus 40%) as a consequence of early administration of thrombolysis.

Sigmund Sibler of the University of Munich, Germany, was the discussant for the E-SIRIUS. He said that there was a 1.7 ratio of stent length to lesion length in four groups with no edge effect. The results between direct stenting and predilatation were very similar and he said that the results for Cypher are also similar to those of TAXUS.

He highlighted some limitations in the
Cardiovascular News

The DELIVER II trial was a prospective, non-randomized controlled trial in which 6,533 patients were included in 86 sites across Europe, the Middle East and Africa. Patients were followed for six months and a subset of 900 patients will have a long-term follow-up. Only patients with coronary lesions with a high risk of revascularisation were included.

The trial is designed to evaluate

- The Archiviq balloon-expandable coronary stent system in the treatment of lesions at high risk for revascularisation due to restenosis. Preliminary results were presented by Eberhard Grube.

- The larger crossing profile; embolic protection devices was pros, cons and pitfalls of various guidewires and better quality stenting.

- Whether CAS results have been completed by “the end of this year and then followed”.

- The NASCET trial one-third of patients with coronary artery disease.

- The family of carotid stenting, then “the ESC audience that they… the leans to a future.”

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In the European Association for Cardio-Thoracic Surgery (EACTS) and European Society of Thoracic Surgeons (ESTS) joint meeting, Professor Marko Turina spoke on the role of the cardiac surgeon in the future environment. His stated aim was to outline the magnitude of the problems faced by cardiac surgeons.

Cardiovascular diseases remain the leading cause of death in developed countries, in spite of tremendous medical progress. In the European Union, cardiovascular diseases still comprise a large proportion of deaths, somewhere between 36–40% and they are also the leading cause of hospitalisation. However, cardiology has taken away a very large proportion of coronary artery bypass graft (CABG) patients from surgery. "CABG is going to reduce, it has been reduced already now," announced Turina.

"If you look at the UK cardiac registry, in recent years there has been a considerable reduction in the number of coronary artery bypass grafting procedures, while congenital surgery and advanced surgery have remained reasonably constant. There is no doubt that we will be faced with less coronary patients – not only will there be less cases but they will be more complex," said Turina.

"In my country, Switzerland, we have seen a tremendous increase in the number of percutaneous procedures," continued Turina. This interesting change is also observed in Bruce Keogh's First European Adult Cardiac Surgical Database Report, which was launched at the EACTS/ESTS joint meeting.

Previously, coronary artery bypass grafting made up a substantial proportion of total cardiac surgery activity in developed countries. Now, according to Turina, at the bottom of the scale, in France and Switzerland, this has fallen to about 42–43%. It is only in so-called less developed nations, such as Turkey, that CABG still comprises a large proportion of cardiac surgery. "In highly developed nations there is going to be less and less coronary surgery," admitted Turina.

"The reason is clear," he said, "stents are taking away most of our patients. Three vessel disease used to be considered a classical surgical indication but these patients are being diverted to cardiology, based on various prospective randomised studies. At the risk of appearing old-fashioned, I must say that I am very reluctant to accept at bareface the results that are being shown now by these studies," Turina said.

"If you put together all the patients from these trials, of 91,000 patients screened only 4.9% of those patients were enrolled. Therefore, the prospective randomised trials represent only a very small proportion of present practice."

"The problem we are faced with is the true nature of atherosclerosis, substantial atherosclerosis in the aortic arch, which makes these patients so difficult to operate on and so prone to neurological complications," explained Turina.

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