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INSIDE THIS ISSUE

VIEWPOINT FROM THE INTERVENTIONAL COUNCIL

Implications of Public Reporting of Risk-Adjusted Mortality Following Percutaneous Coronary Intervention: Misperceptions and Potential Consequences for High-Risk Patients Including Nonsurgical Patients

2077

Anuj Gupta, Robert W. Yeh, Jacqueline E. Tamis-Holland, Shalin H. Patel, Robert A. Guyton, Lloyd W. Klein, Tanveer Rab, Ajay J. Kirtane

Risk-adjusted mortality rates (RAMR) for percutaneous coronary intervention (PCI) is used as a means of evaluating quality of PCI. Public reporting of risk-adjusted mortality is increasing. Factors not measured in current risk models but that contribute differentially to risk may result in RAMR underestimating risk. Public reporting of RAMR has been shown to affect the rate at which PCI is performed in high-risk patients, and appears to result in higher mortality in those not offered PCI. Alternatives to encourage utilization of PCI in appropriate high-risk patients are offered.

CLINICAL RESEARCH

CORONARY

Impact of Operator Experience and Volume on Outcomes After Left Main Coronary Artery Percutaneous Coronary Intervention

2086

Bo Xu, Björn Redfors, Yuejin Yang, Shubin Qiao, Yongjian Wu, Jilin Chen, Haibo Liu, Jue Chen, Liang Xu, Yanyan Zhao, Changdong Guan, Runlin Gao, Philippe G n reux

Unprotected left main coronary artery percutaneous coronary intervention is a potentially risky procedure considering the amount of myocardium at risk. The authors studied the prognostic impact of operator experience among 1,948 patients who were treated by experienced operators (n = 1,422 [73%]) or less experienced operators (n = 526 [27%]). Patients treated by experienced operators had lower 3-year risk for cardiac death despite having more severe coronary disease (unadjusted hazard ratio: 0.53; 95% confidence interval: 0.32 to 0.89; p = 0.02; adjusted hazard ratio: 0.49; 95% confidence interval: 0.29 to 0.84; p = 0.009). Discrimination improved when operator experience was added to Cox proportional hazards models containing the SYNTAX (Synergy Between PCI With Taxus and Cardiac Surgery) score II (integrated discriminatory index = 0.007, p = 0.02). Hence, operator experience is an important factor in left main coronary artery percutaneous coronary intervention.



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EDITORIAL COMMENT

The Volume–Outcome Relationship Revisited: Does It Matter for High-Risk PCI?

2094

Ralph G. Brindis, Gregory J. Dehmer



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Chronic Kidney Disease in the Second-Generation Drug-Eluting Stent Era: Pooled Analysis of the Korean Multicenter Drug-Eluting Stent Registry

2097

Joo Myung Lee, Jeehoon Kang, Euijae Lee, Doyeon Hwang, Tae-Min Rhee,
Jonghanna Park, Hack-Lyoung Kim, Sang Eun Lee, Jung-Kyu Han, Han-Mo Yang,
Kyung Woo Park, Sang-Hoon Na, Hyun-Jae Kang, Bon-Kwon Koo, Hyo-Soo Kim

Patient-level pooled analysis of 12,426 patients undergoing percutaneous coronary intervention using second-generation drug-eluting stents from the Korean Multicenter Drug-Eluting Stent Registry compared stent-oriented outcomes (target lesion failure [TLF]) and patient-oriented composite outcomes (POCO) during a median follow-up of 35 months between patients with chronic kidney disease (CKD) ($n = 2,927$) and preserved renal function ($n = 9,499$). Patients with CKD showed significantly higher risk of TLF and POCO, compared to patients with preserved renal function. Stratified analysis by estimated glomerular filtration rate (eGFR) showed that TLF was not increased in the mild to moderate CKD, whereas severe CKD and dialysis-dependent patients showed significantly higher risk of TLF. The eGFR threshold of increased clinical events was 40 to 45 mL/min/1.73 m². Among CKD patients, diabetes mellitus (DM) CKD patients showed a higher incidence of TLF compared to non-DM CKD patients, driven by the increase in target vessel-related events.

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■ EDITORIAL COMMENT

Diagnostic, Therapeutic, and Clinical Trial Conundrum of Patients With Chronic Kidney Disease

2110

Sripal Bangalore

STRUCTURAL

Transcatheter Aortic Valve Replacement: General or Local Anesthesia

2113

Nicolas Debry, Cédric Delhaye, Alexandre Azmoun, Ramzi Ramadan, Sahbi Fradi,
Philippe Brenot, Arnaud Sudre, Mouhamed Djahoum Moussa, Didier Tchetché,
Said Ghostine, Darren Mylotte, Thomas Modine

The authors assessed the safety and efficacy of a minimally invasive strategy (MIS) (local anesthesia and conscious sedation) compared to general anesthesia (GA) among the largest published cohort of patients undergoing transcatheter aortic valve replacement. According to the type of anesthesia, there was no between group difference in 30-day mortality (GA 7.3% vs. MIS 7.6%; $p = 0.94$), 1-year mortality (GA 13.9% vs. MIS 9.6%; $p = 0.43$), 1-month clinical efficacy (GA 85.2% vs. MIS 94.2%; $p = 0.09$), and early safety (GA 77.8% vs. MIS 86.5%; $p = 0.18$). This approach is feasible using GA or local anesthesia. A higher rate of perioperative strokes was observed with GA.

■ EDITORIAL COMMENT

Transcatheter Aortic Valve Replacement: Not Just a Pain in the Neck

2121

Brian P. O'Neill

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