

## Approach after thrombolytic therapy - invasive versus conservative management – Global Registry of Acute Coronary Events

I. Sadiq\*, H. Dauerman, R. Goldberg, W. Klein, D. Brieger, P.G. Steg, G. Montalescot, J. López-Sendón, A. Budaj,

JACC 2002; 39 (suppl A): 303A.

J.M. Gore, for the GRACE Investigators.

\*University of Massachusetts Medical School, Worcester, MA, USA

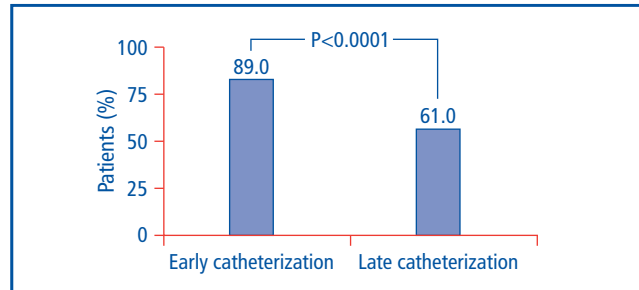
**Background:** Thrombolytic therapy reduces the hospital death rate in patients with acute STEMI. The aim of this study was to investigate the impact of an invasive strategy after thrombolytic treatment on outcomes in an unselected group of patients enrolled in the GRACE registry.

**Methods:** 1766 patients with STEMI were stratified into three groups: early cardiac catheterization (within 12 h of receiving thrombolytic treatment, N=261); late catheterization ( $\geq 12$ h after thrombolytic treatment, N=451); and no catheterization (conservative treatment, N=1056). Differences in hospital case-fatality rates and reinfarction were determined using multivariate analysis (conservative treatment group was the referent category).

**Results:** A total of 41% patients underwent cardiac catheterization. Patients who underwent early catheterization were more likely to undergo PCI than those who underwent late catheterization (Figure). Hospital outcomes for patients in the early catheterization group and in the conservative group were similar. The hospital death was significantly lower in the late-catheterization group compared with the conservative-treatment group (2.0 vs 6.8%,  $P=0.0002$ ); this difference remained after adjustment for baseline and hospital characteristics (late catheterization mortality OR 0.3, 95% CI 0.13-0.63). However, the likelihood of reinfarction

was significantly higher in the late-catheterization group (reinfarction 3.1, 95% CI 1.78-5.23).

**Conclusion:** Following treatment with thrombolytics, many patients with acute STEMI may gain further benefit from cardiac catheterization and, if necessary, coronary intervention.



**Figure.** Use of PCI according to patients who underwent catheterization