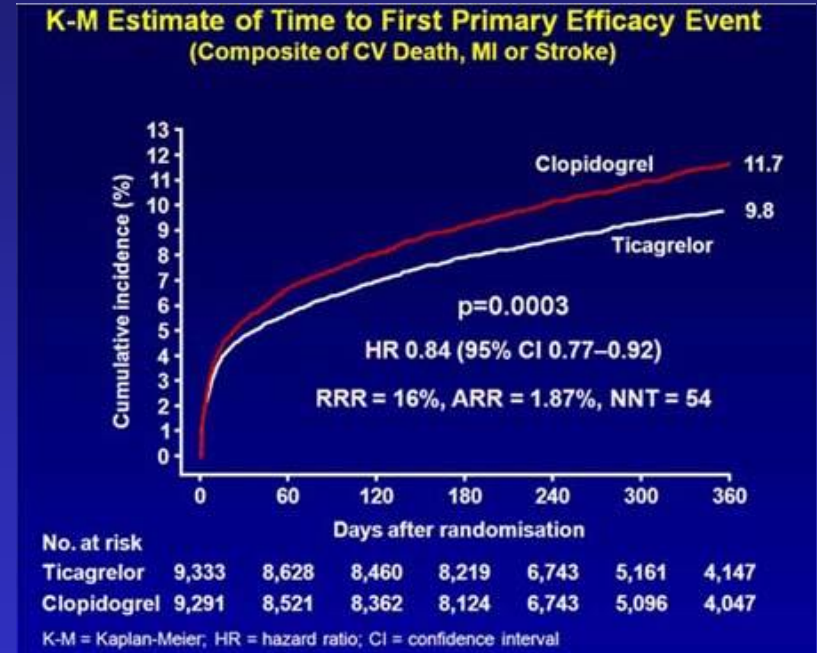
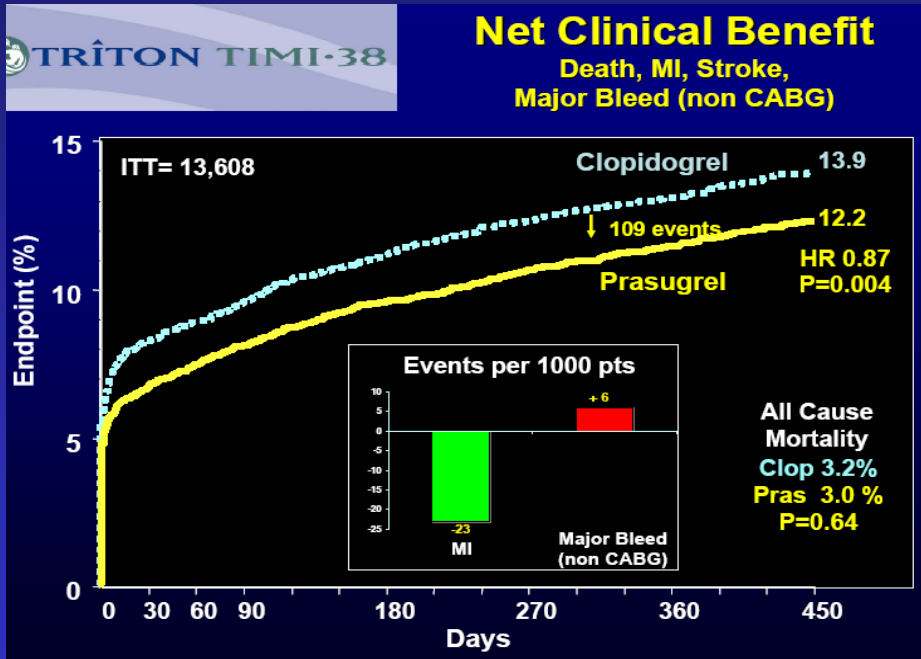




# The Contemporary Anti-thrombotic Therapy in ACS – ACSIS 2013

Shlomi Matetzky  
On Behalf of the ACSIS 2013  
Investigators

# What's New in ACSIS 2013 ?





European Heart Journal  
doi:10.1093/eurheartj/ehr236

**ESC GUIDELINES**

# **ESC Guidelines for the management of acute coronary syndromes in patients presenting without persistent ST-segment elevation**

Journal of the American College of Cardiology  
© 2011 by the American College of Cardiology Foundation and the American Heart Association, Inc.  
Published by Elsevier Inc.

Vol. 57, No. 18, 2011  
ISSN 0735-1097/\$36.00  
doi:10.1016/j.jacc.2011.02.009

## **ACCF/AHA FOCUSED UPDATE**

### **2011 ACCF/AHA Focused Update of the Guidelines for the Management of Patients With Unstable Angina/ Non-ST-Elevation Myocardial Infarction (Updating the 2007 Guideline)**

A Report of the American College of Cardiology Foundation/  
American Heart Association Task Force on Practice Guidelines

# חוזר המנהל הכללי



משרד הבריאות

טי"ו בטבת, התשע"ב  
10 ינואר, 2012  
מסי' 1/12

## הנדון: הרחבת סל שירותי הבריאות לשנת 2012

הריני להודיעכם, כי שר הבריאות ושר האוצר, מתוקף סמכותם על-פי חוק ביטוח בריאות ממלכתי ובאישור הממשלה, החליטו על בסיס המלצת ועדה ציבורית שמונתה לנושא ולאחר שהמלצה הוצגה בפני מועצת הבריאות, על הוספת תרופות וטכנולוגיות רפואיות אחרות לסל שירות הבריאות שלפי חוק ביטוח בריאות ממלכתי.  
רצ"ב פירוט שירותי הבריאות שנוספו והתוויותיהם.

קופות החולים יספקו שירותים אלו למבוטחים החל מיום ט"ו בטבת תשע"ב – 10 בינואר 2012.

הואילו להעביר תוכן חוזר זה לידיעת כל הנוגעים בדבר במוסדכם.

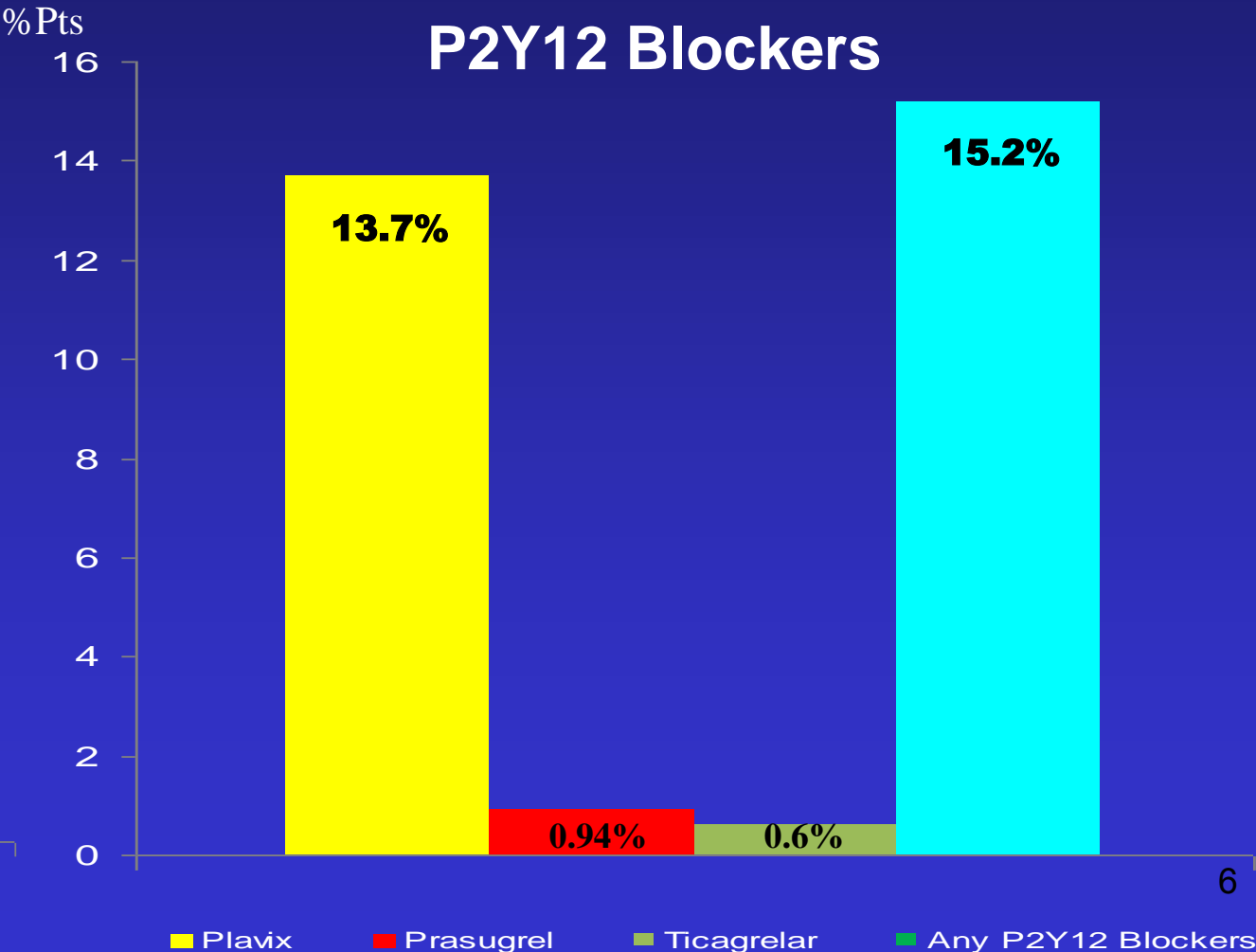
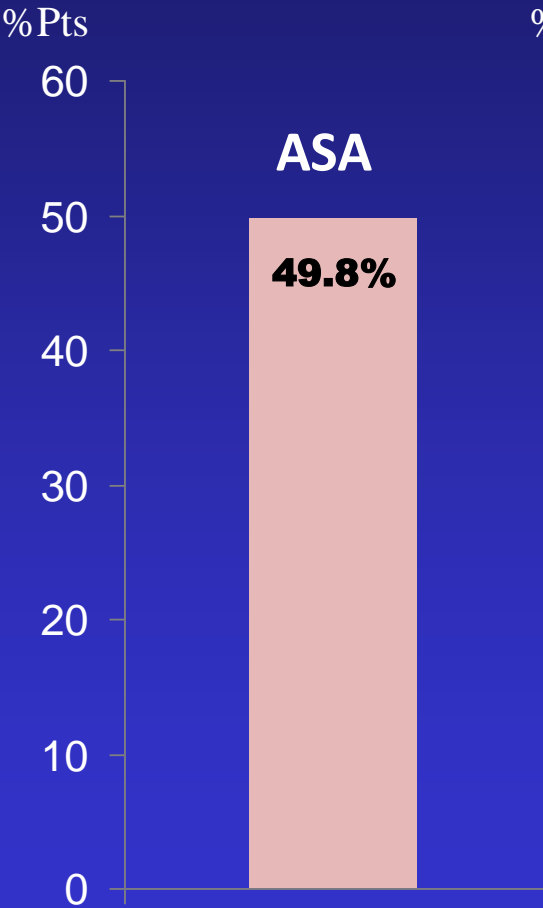
בכבוד רב,

פרופ' רוני גורן

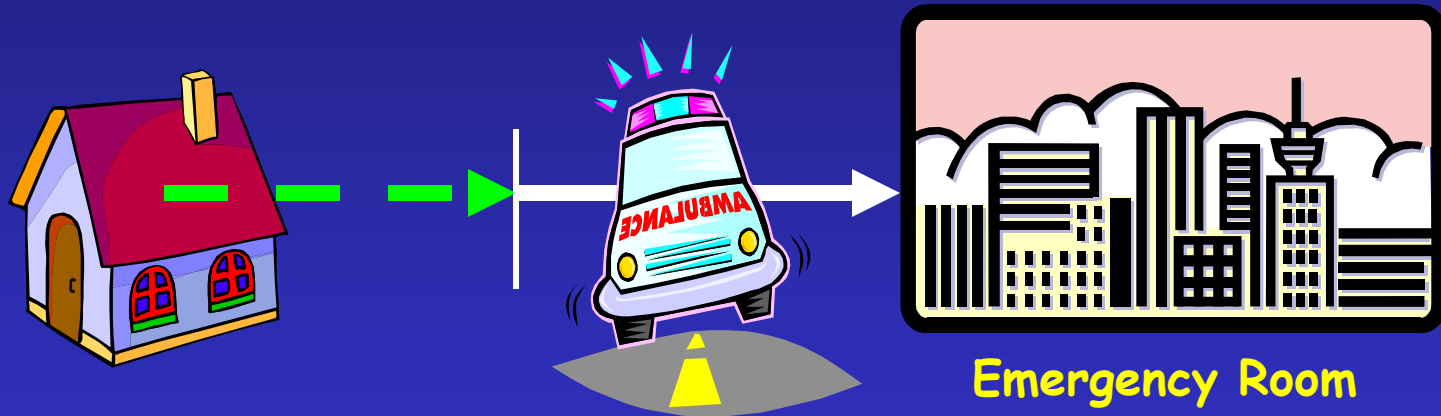
**Aim** : To explore the contemporary anti-thrombotic therapy in ACS in Israel



# Chronic Anti-Platelet Therapy (Prior to the Index ACS)



# Anti-Platelet Therapy from FMC to Cardiology (Pre-hospital, MICCU, ED)





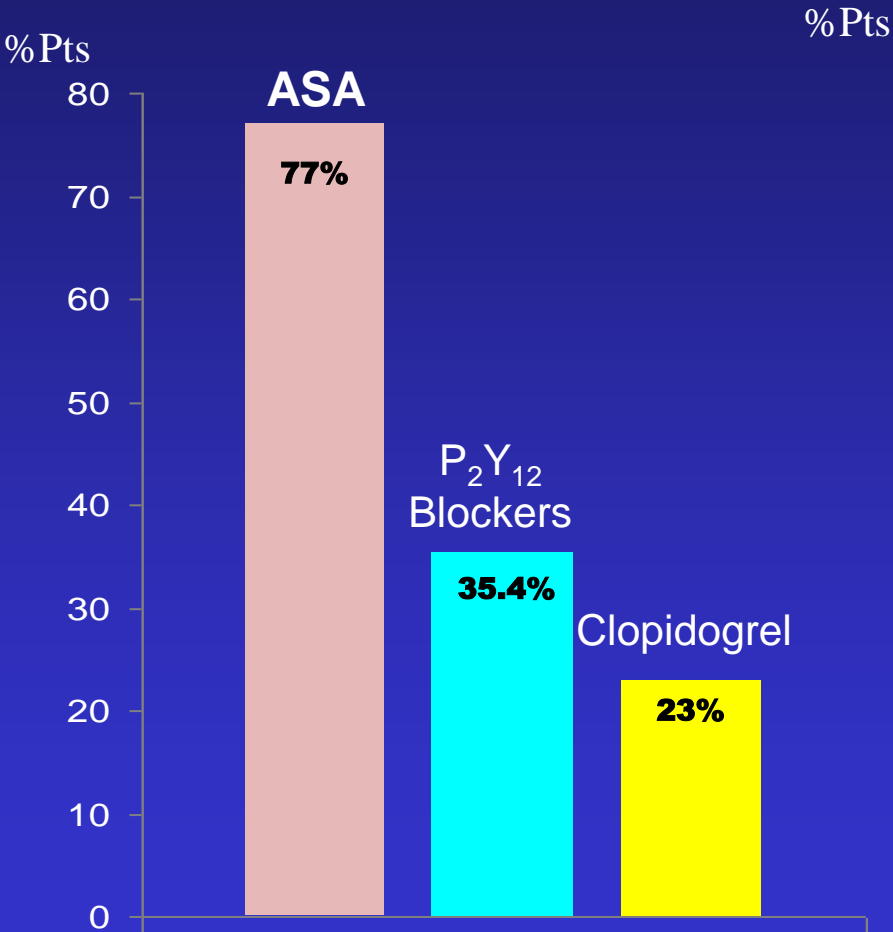
# ACCOAST

**A** Comparison of prasugrel at the time of percutaneous  
**C**oronary intervention **O**r as pretreatment **A**t the time  
of diagnosis in patients with non-**ST**-elevation MI

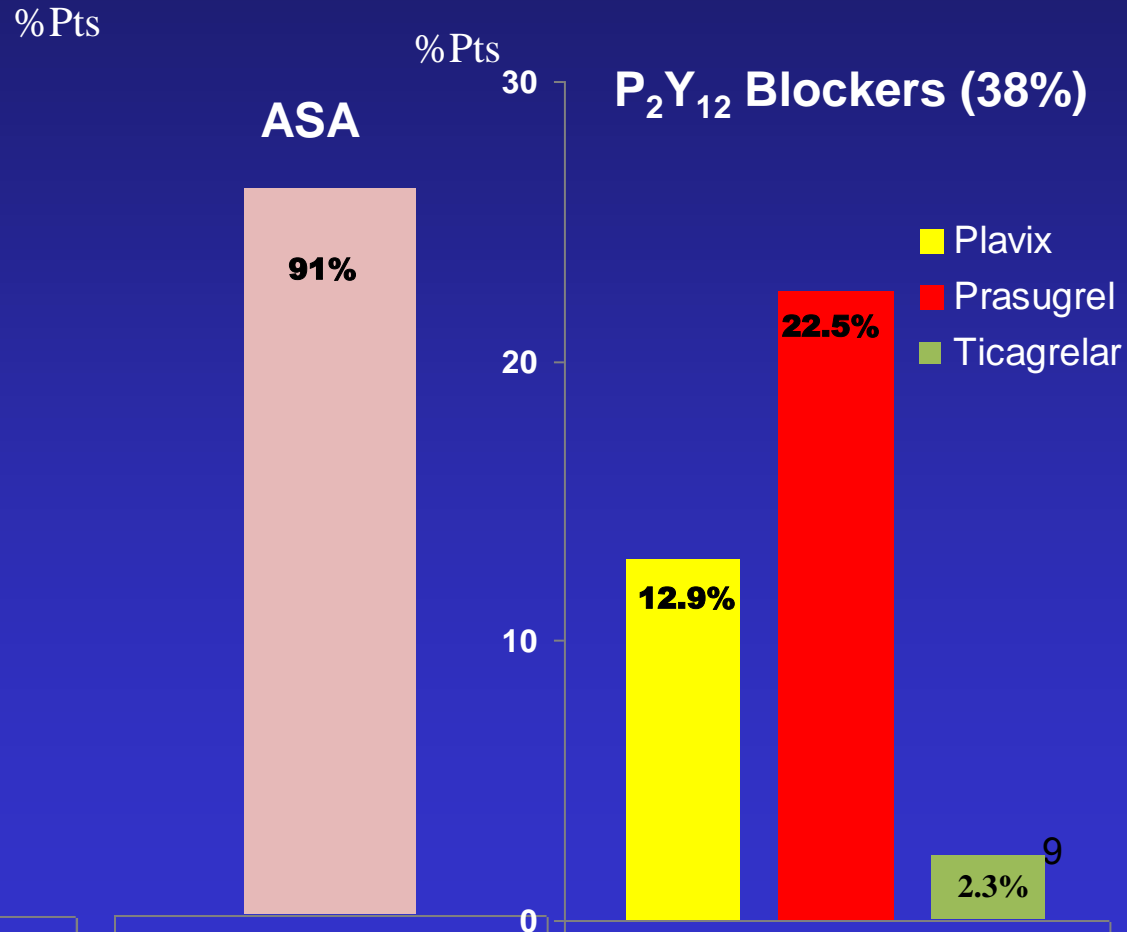
*G Montalescot, L Bolognese, D Dudek, P Goldstein, C Hamm, JF Tanguay,  
JM ten Berg, DL Miller, TM Costigan, J Goedicke, J Silvain, P Angioli,  
J Legutko, M Niethammer, Z Motovska, JA Jakubowski, G Cayla,  
LO Visconti, E Vicaud, P Widimsky for the ACCOAST investigators*



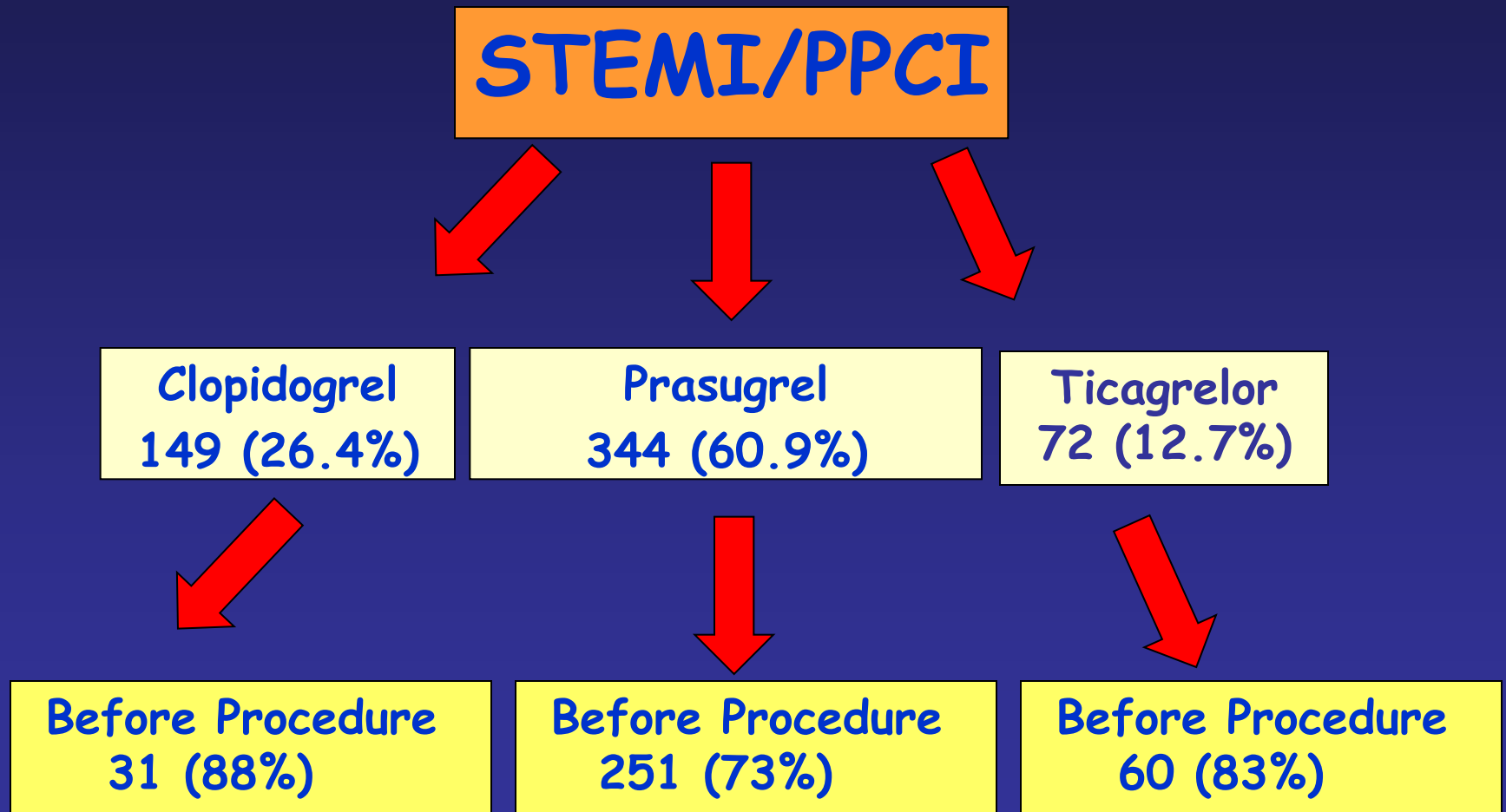
# All ACS



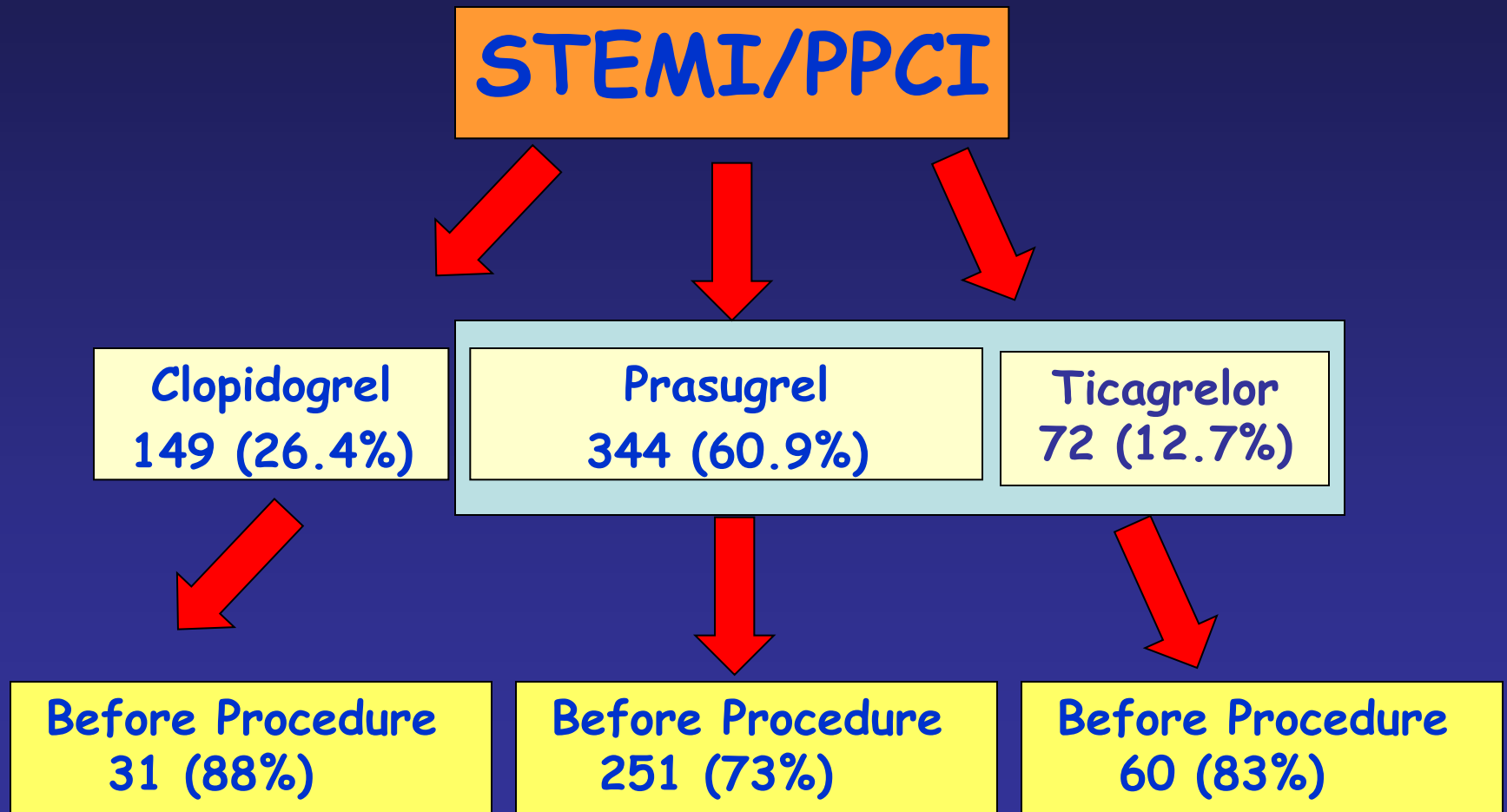
# STEMI/PPCI



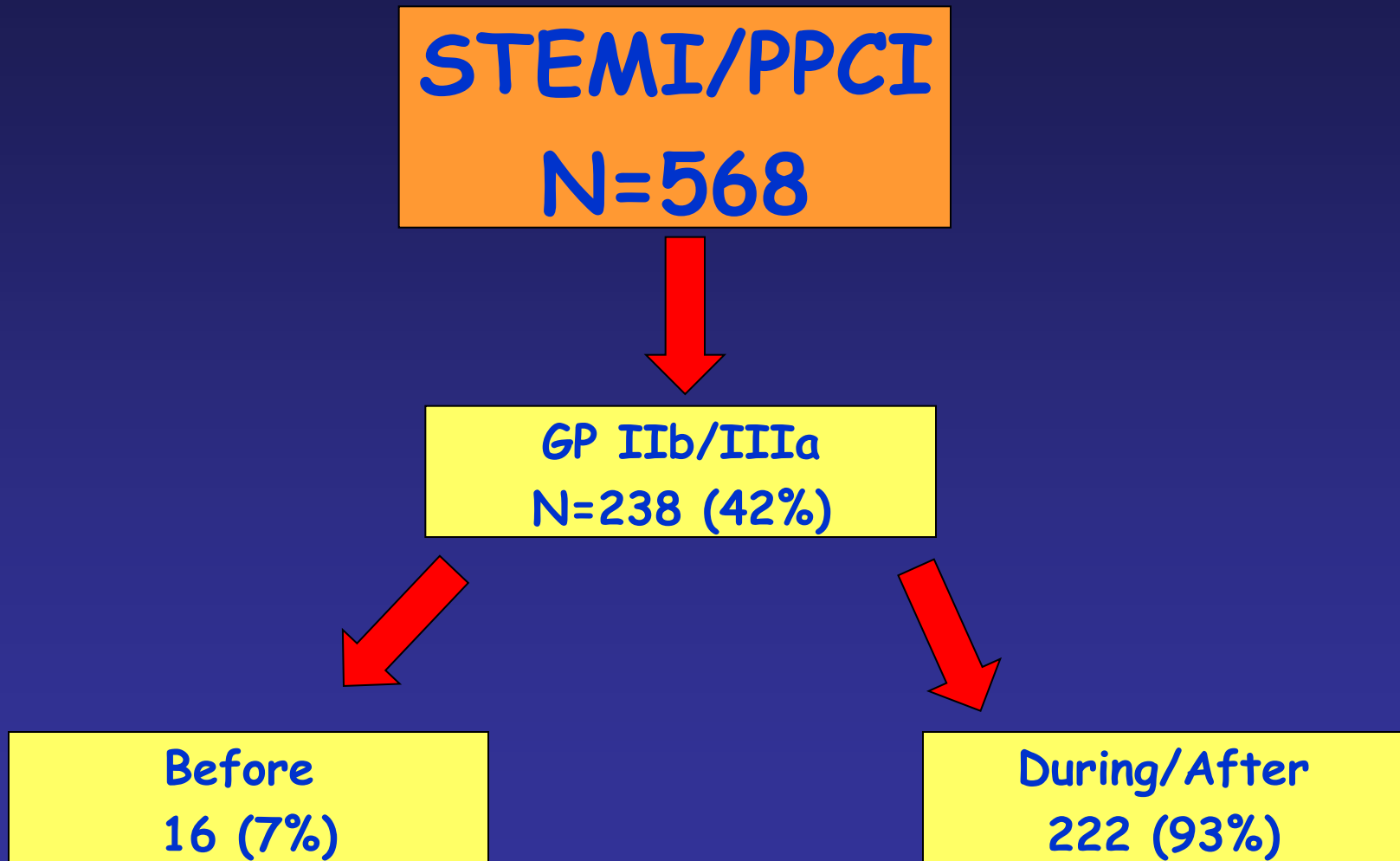
# The Use of P2Y12 Blockers in Patients Undergoing PPCI



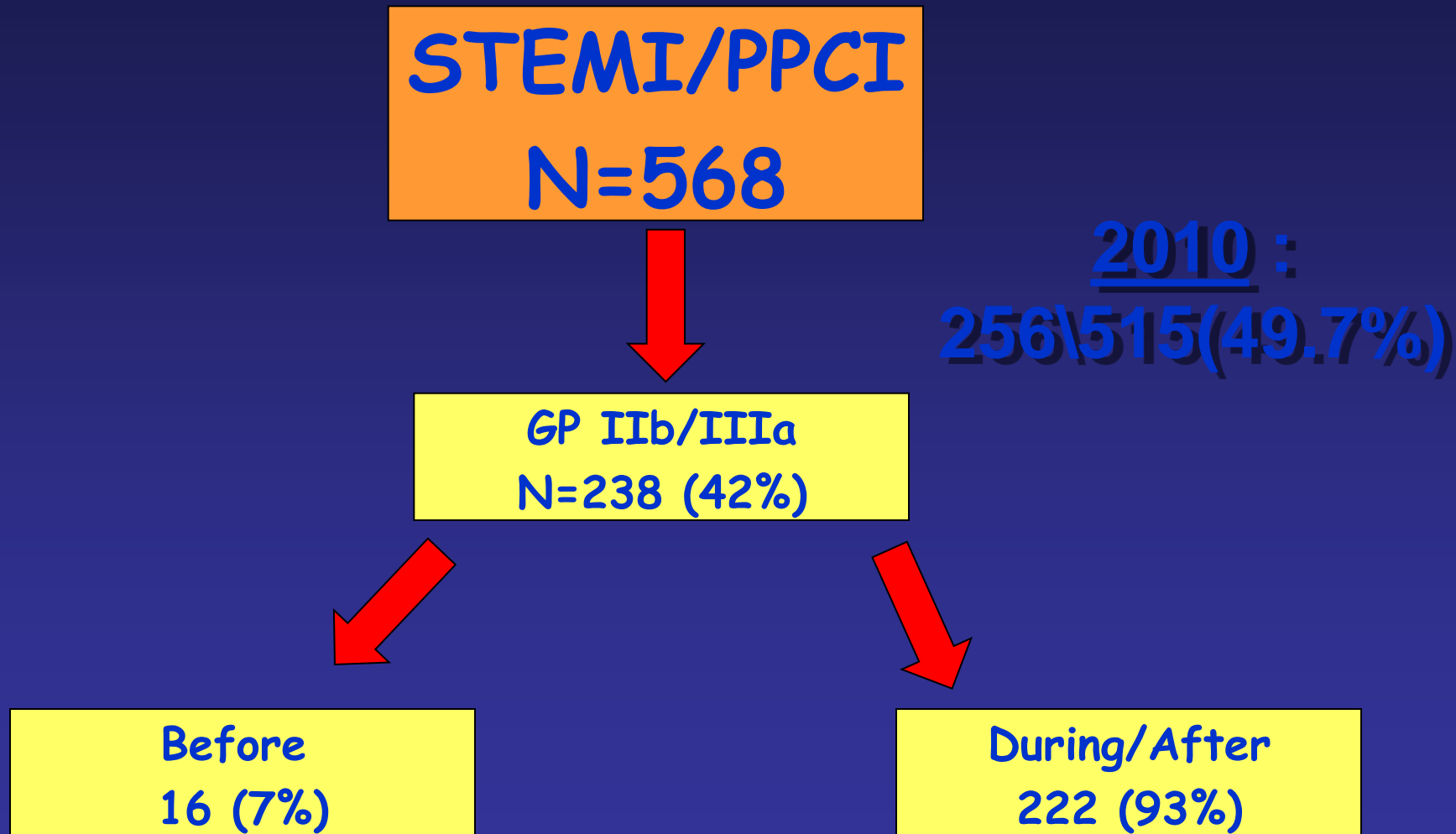
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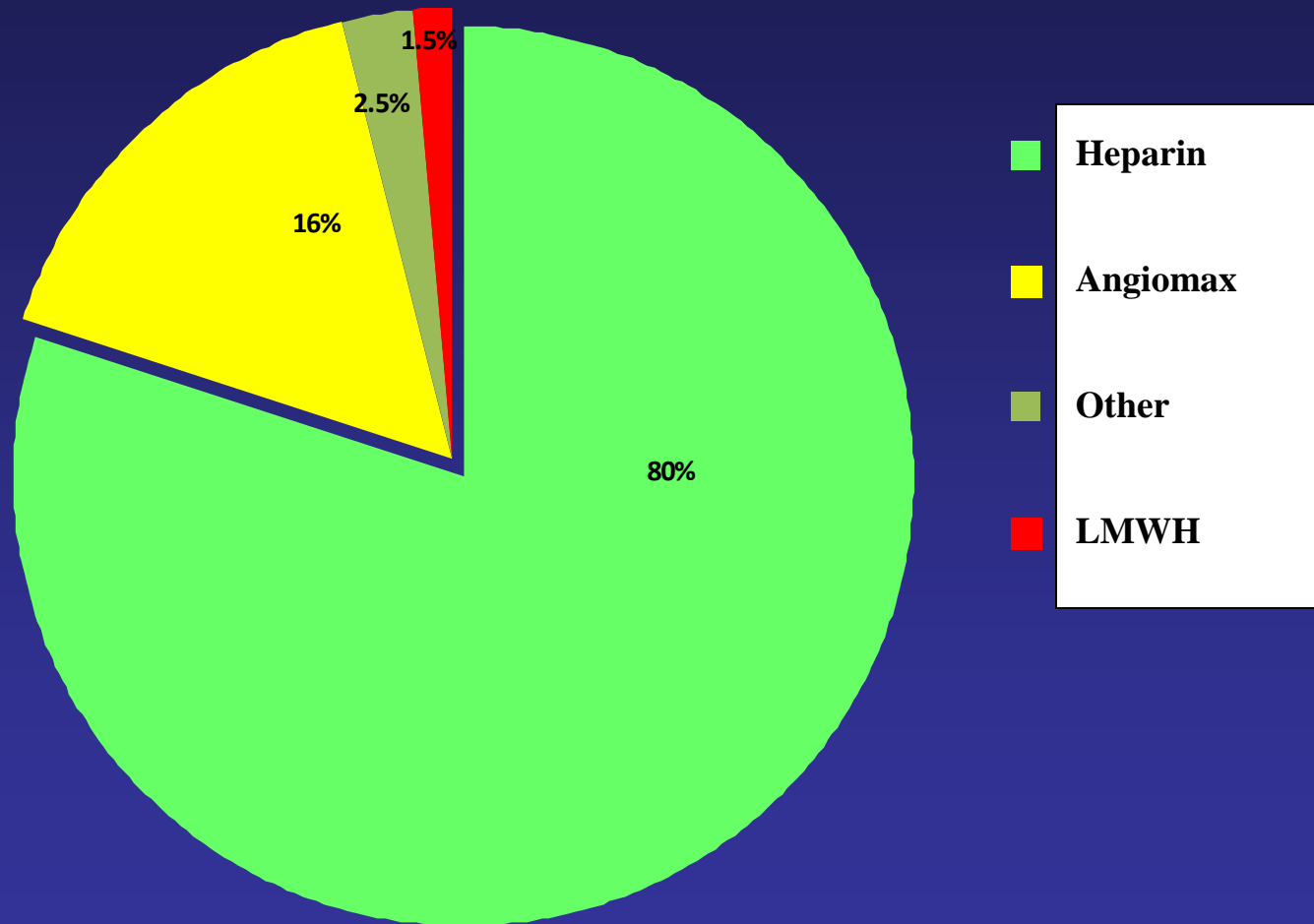
# The Use of GP IIb/IIIa Antagonists in PPCI



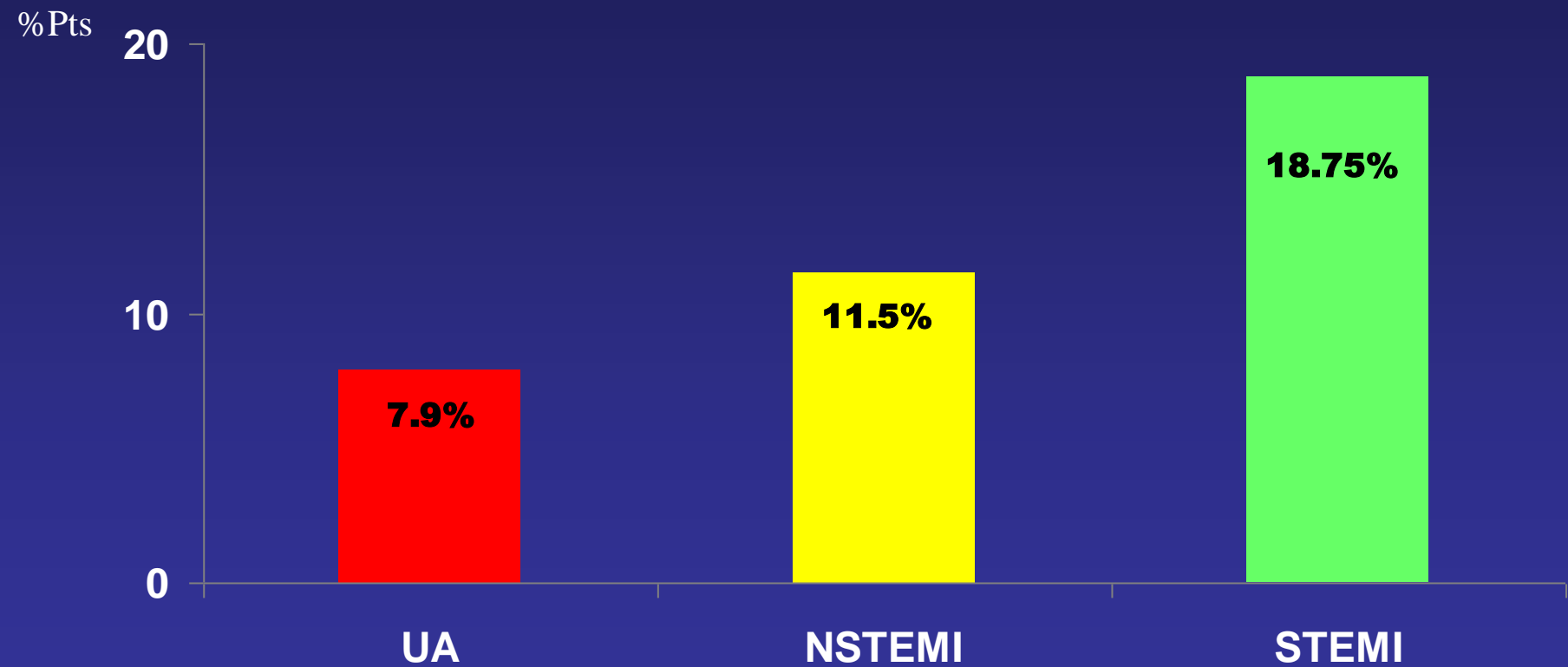
# The Use of GP IIb/IIIa Antagonists in PPCI



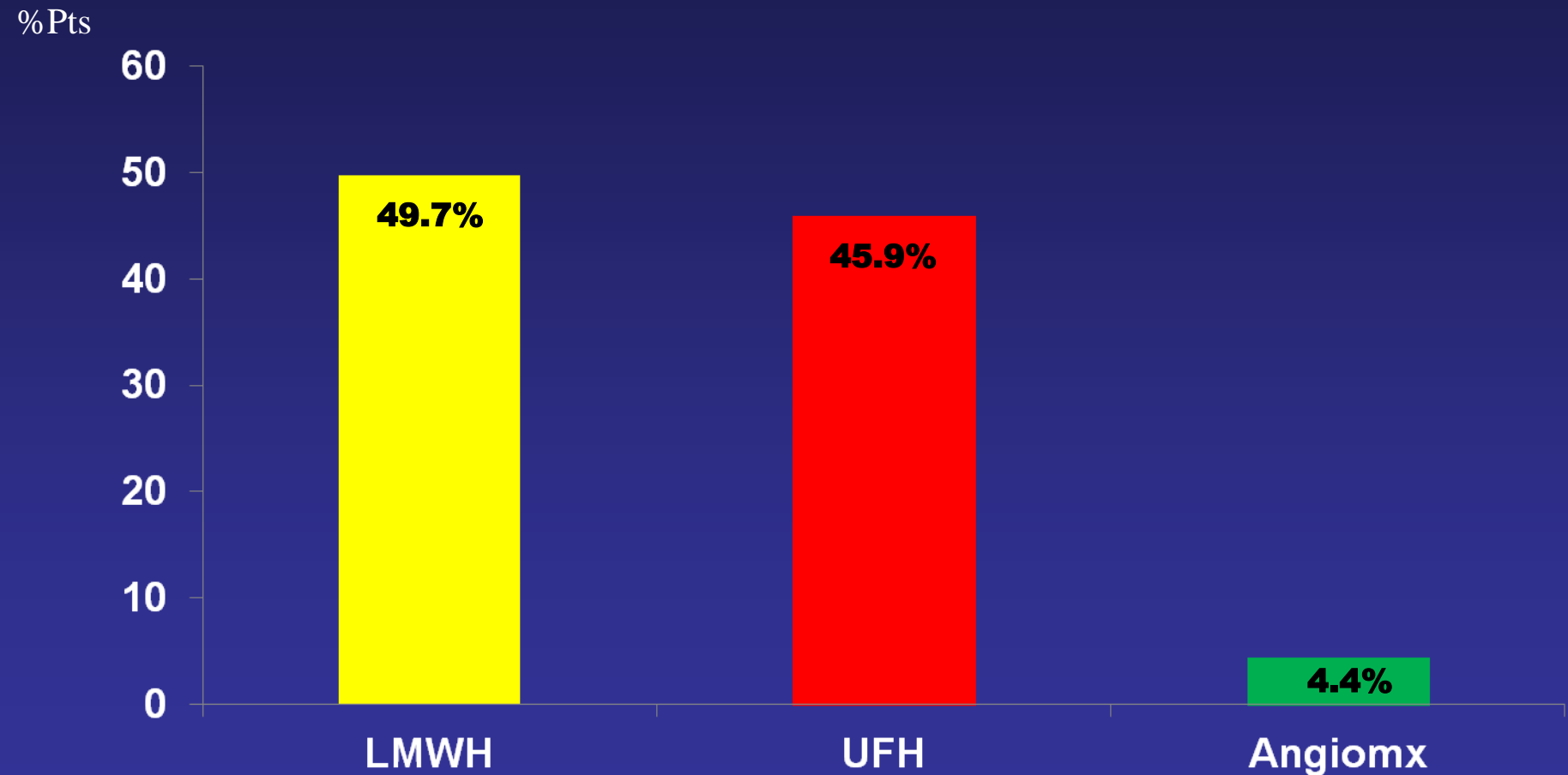
# Anti-Coagulant Therapy in STEMI/PPCI



# The Use of GP IIb/IIIa Antagonists in (non-PPCI) PCI



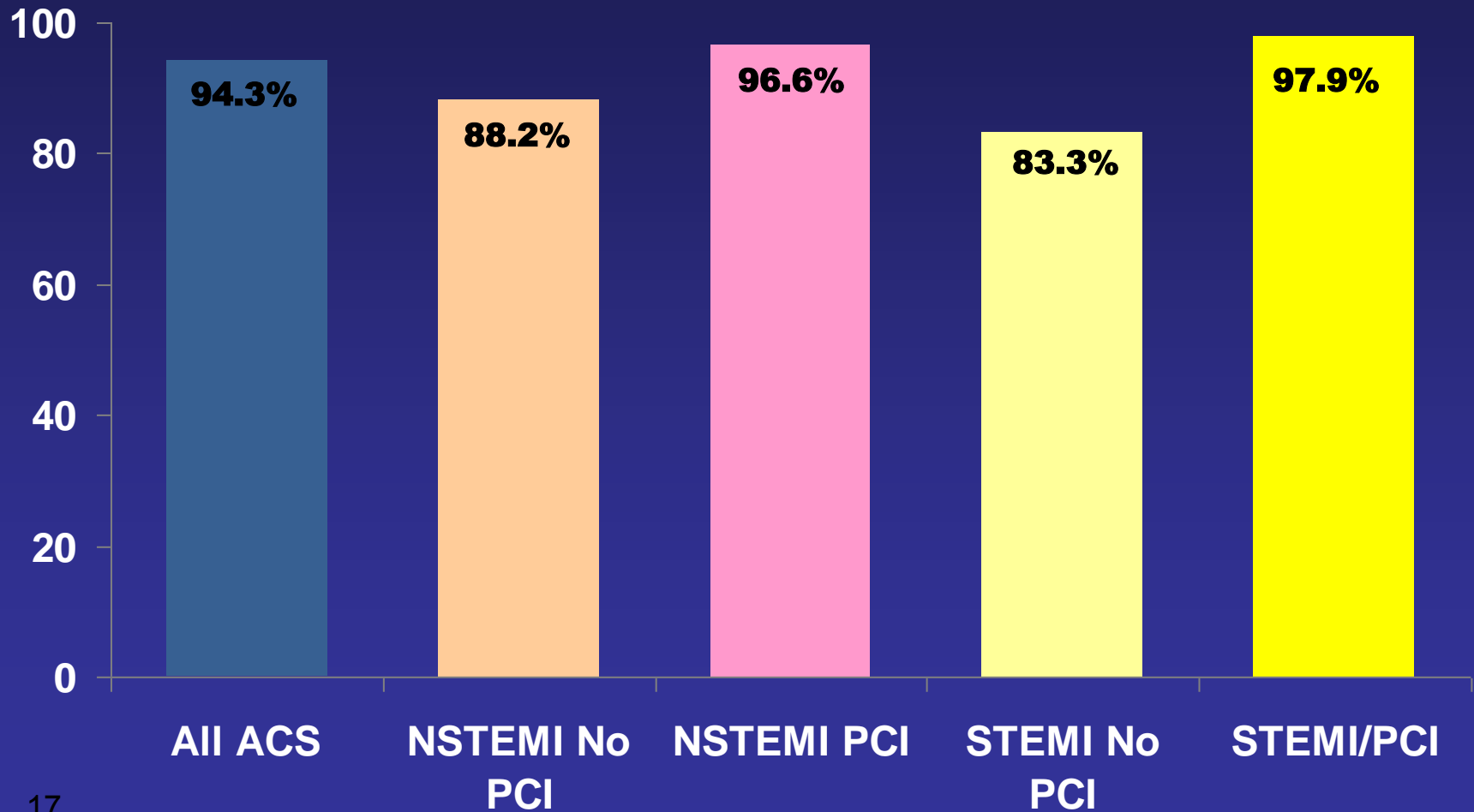
# Anti-Coagulant in NSTEMI Patients Undergoing PCI



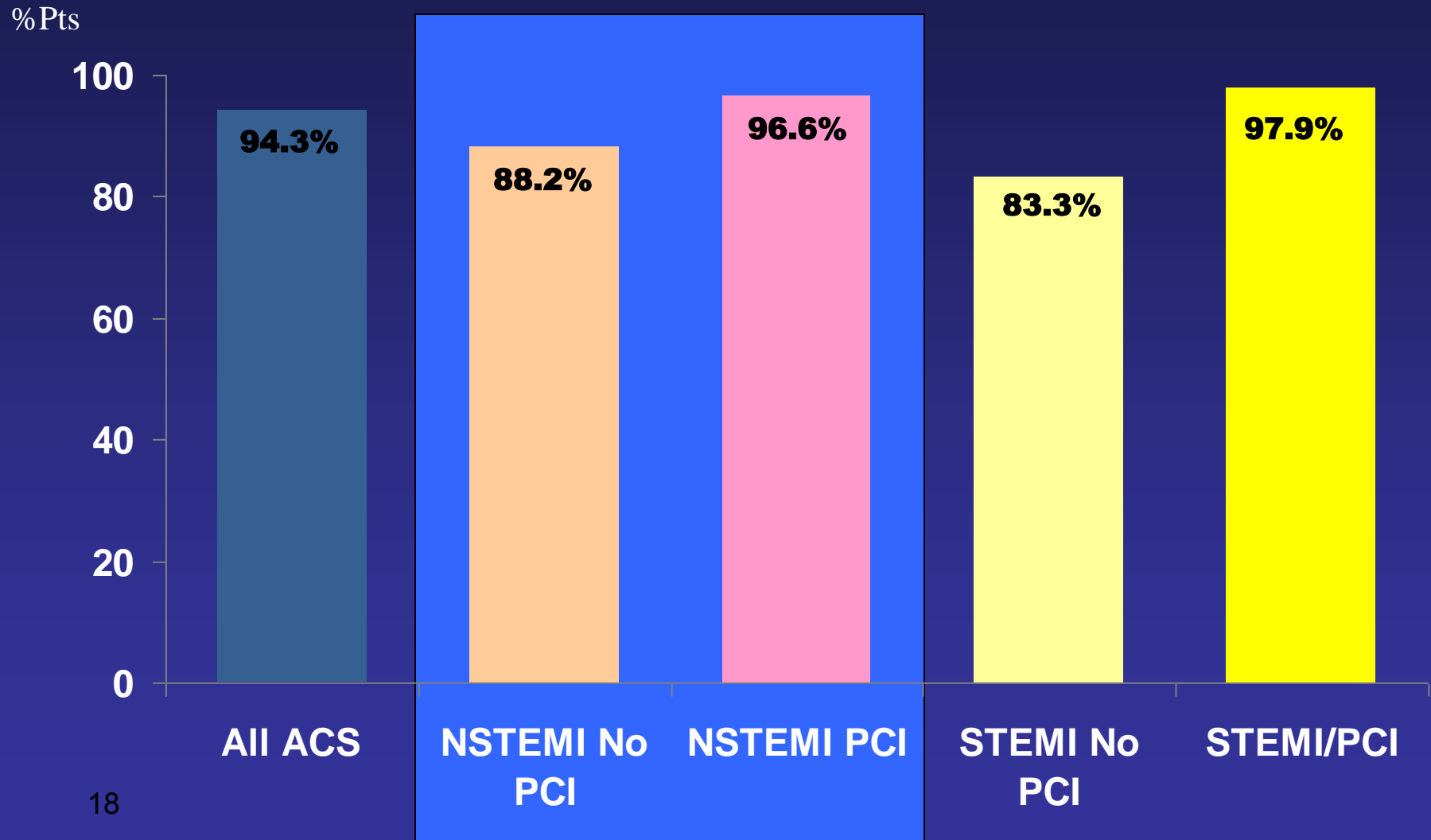


# Discharge ASA

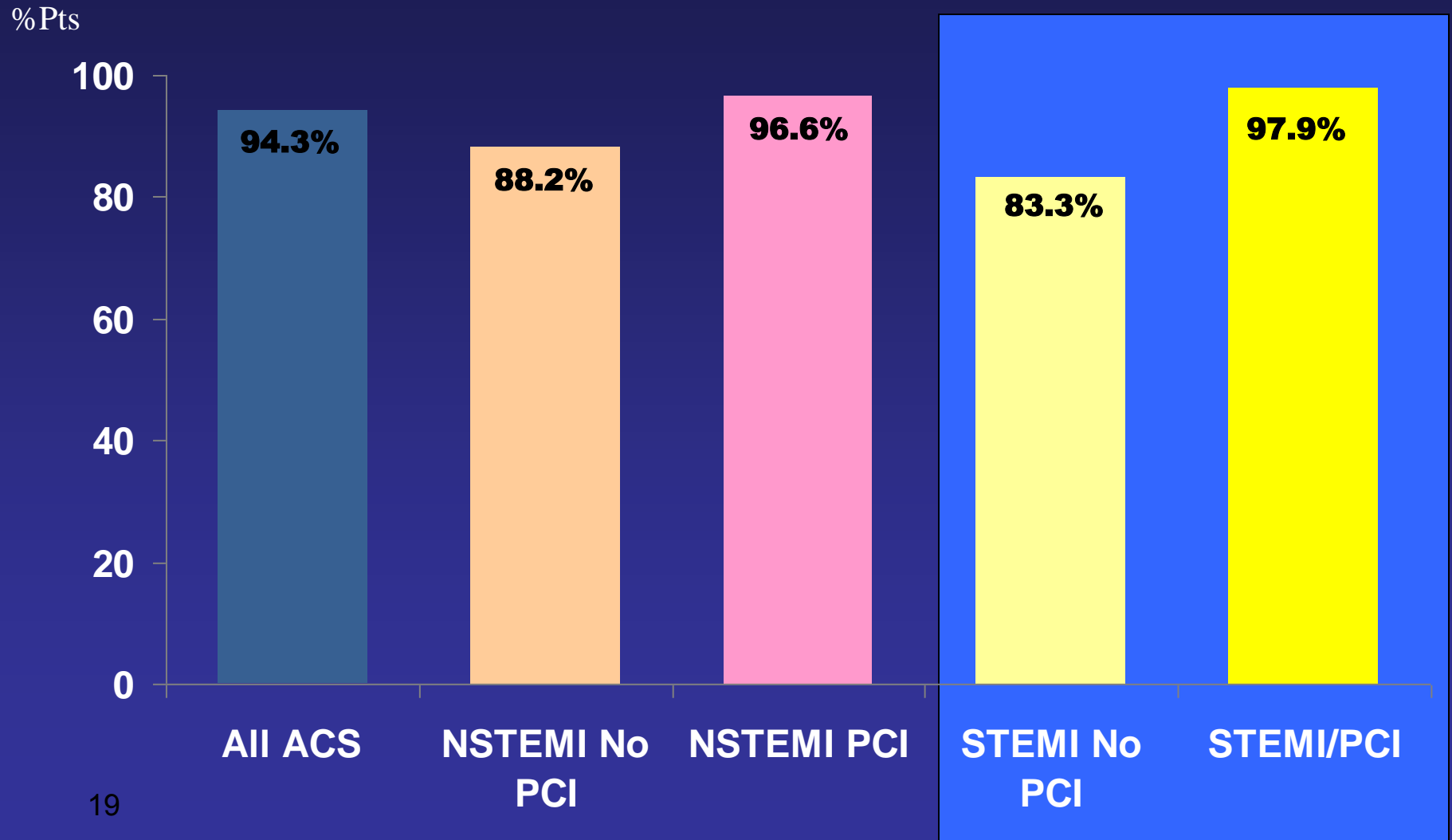
%Pts



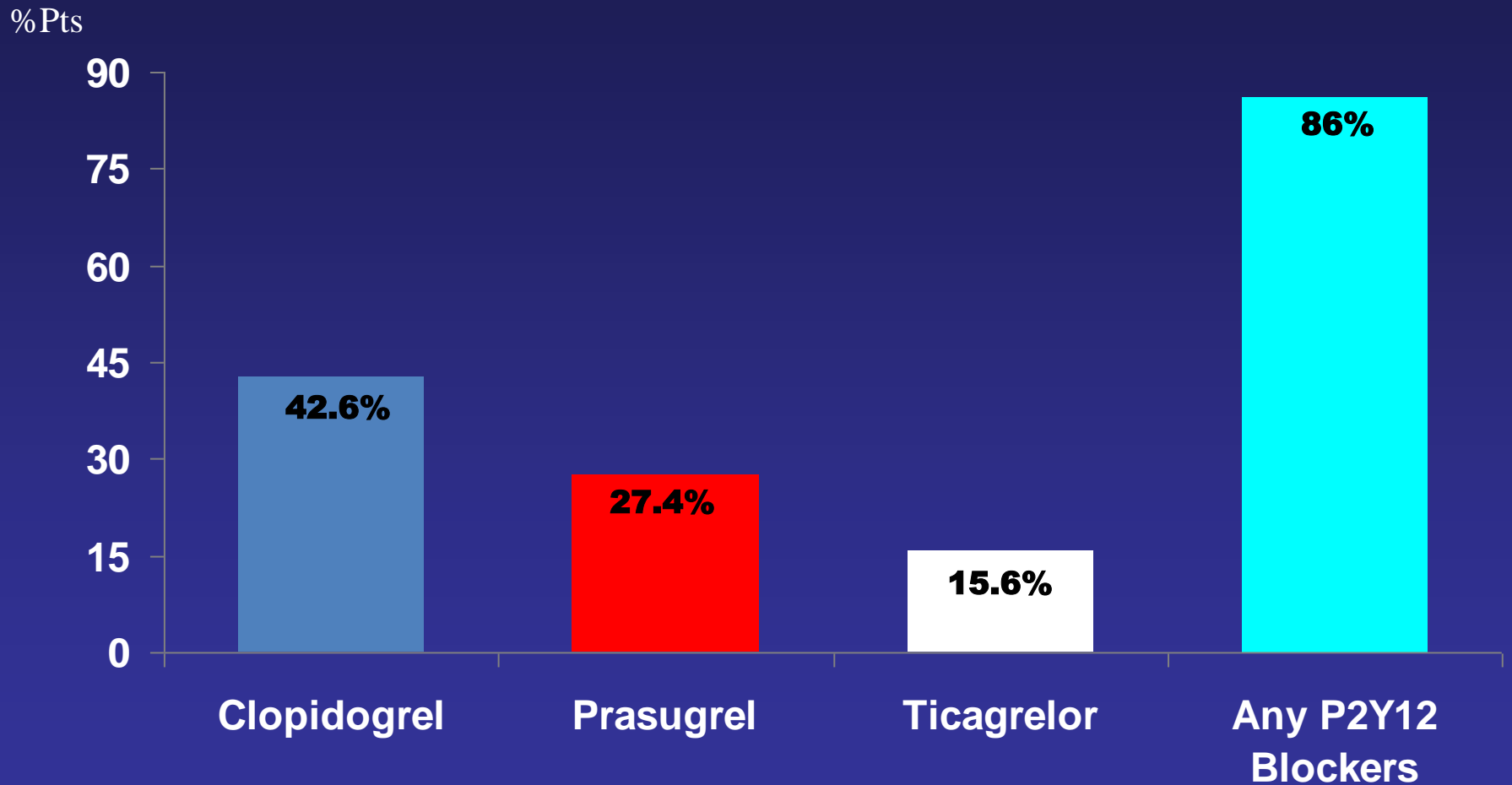
# Discharge ASA



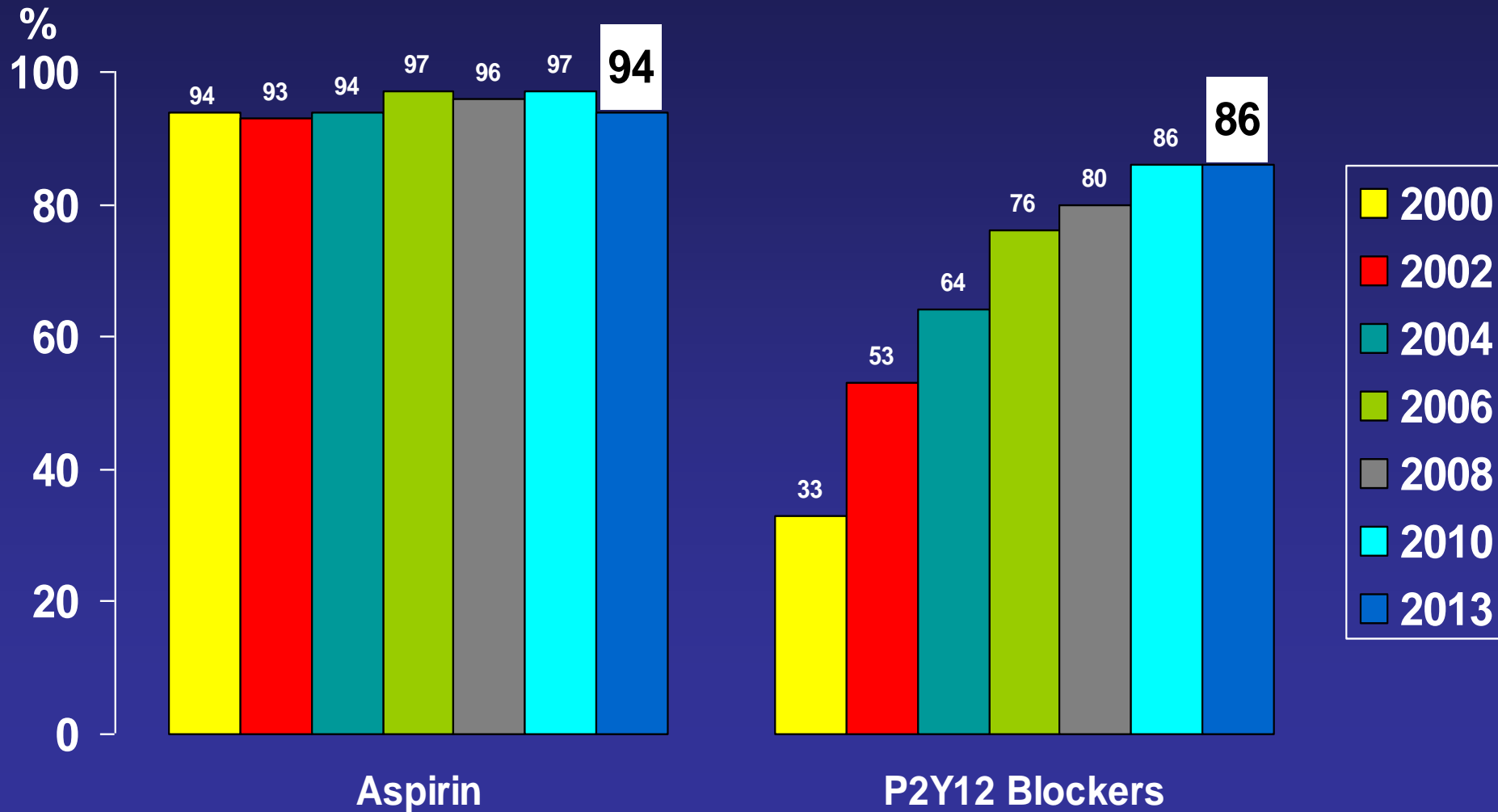
# Discharge ASA



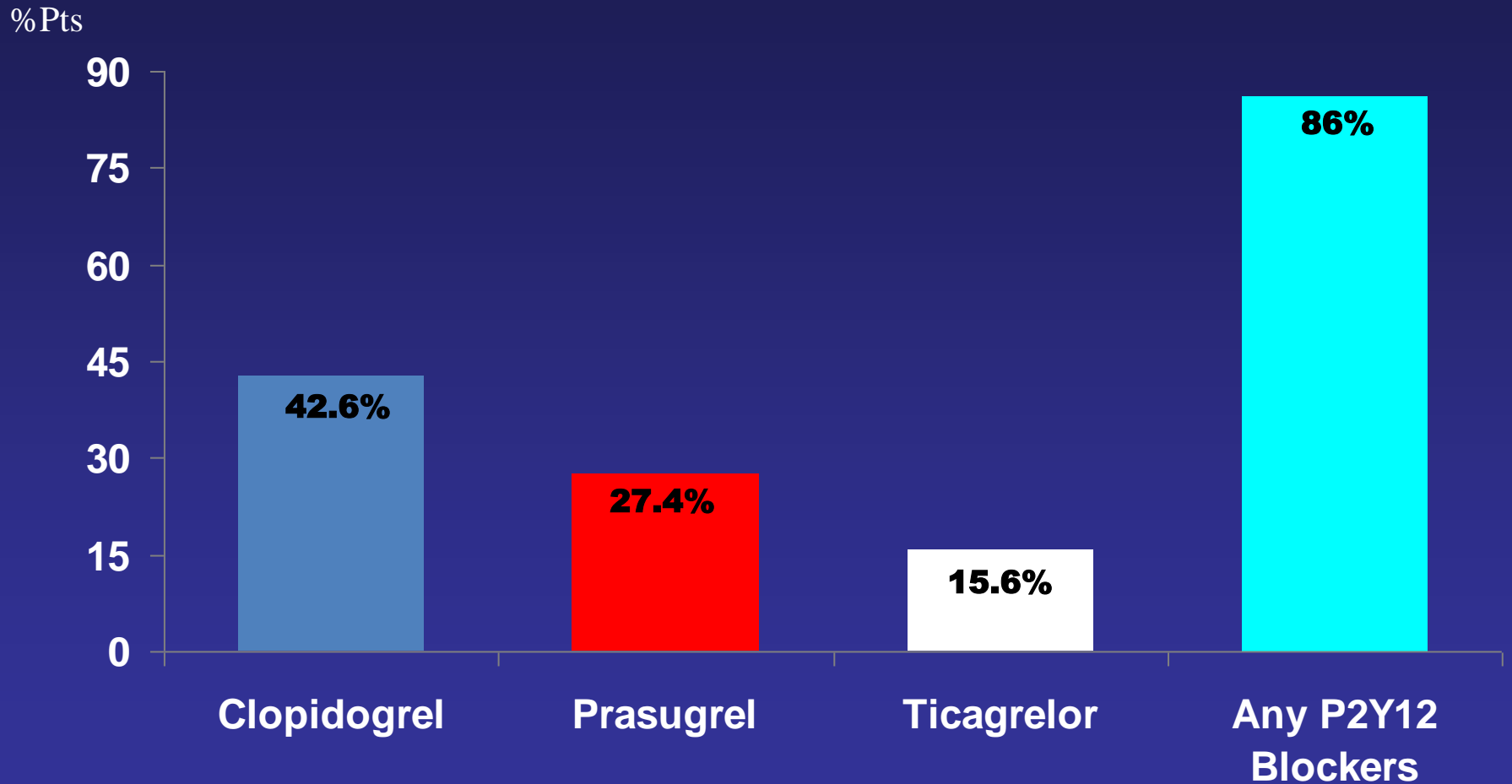
# Discharge P<sub>2</sub>Y<sub>12</sub> Receptor Blockers: All ACS



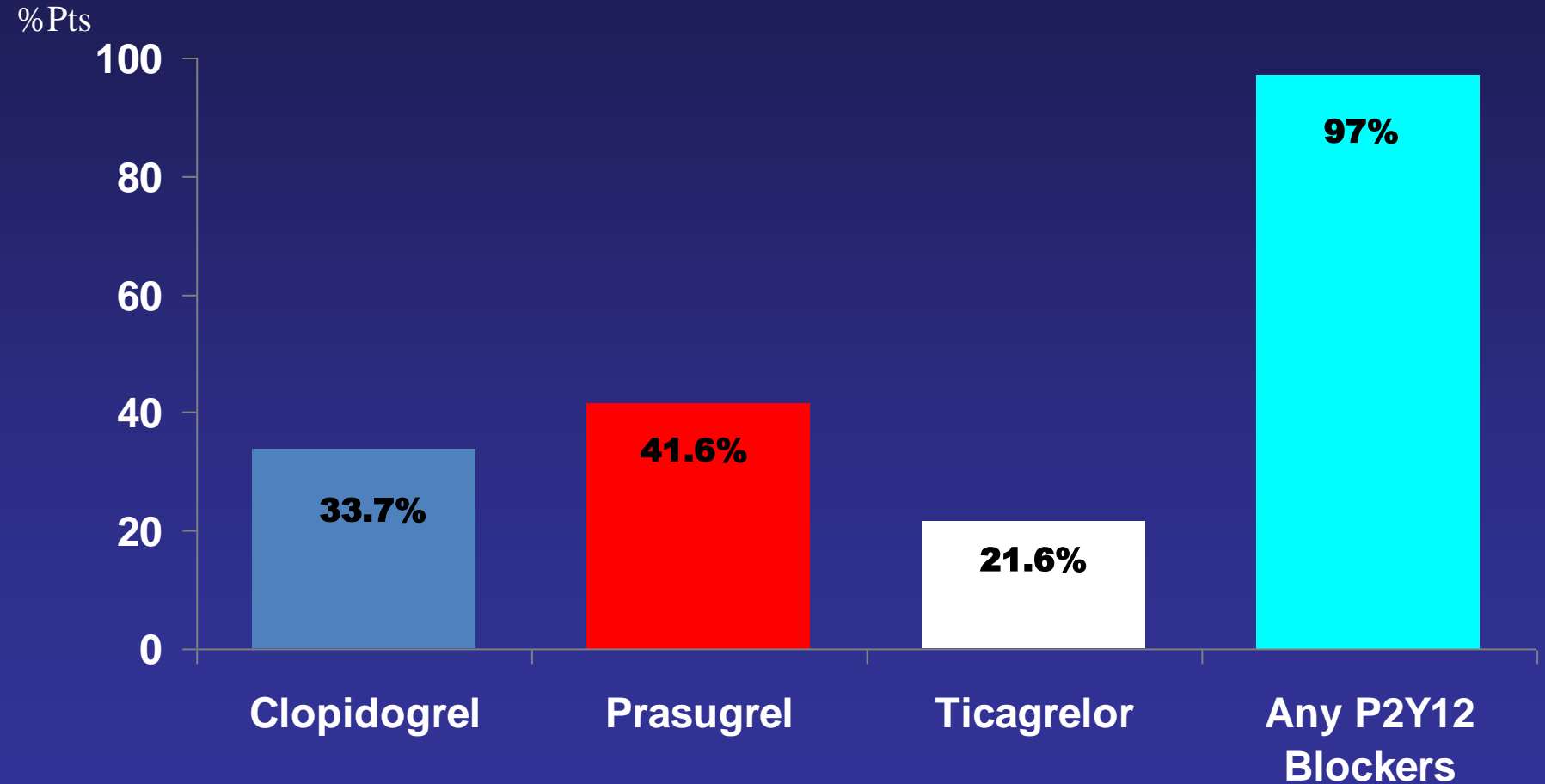
# Anti-Platelet Treatment at Discharge: ACSIS 2000-2013



# Discharge P<sub>2</sub>Y<sub>12</sub> Receptor Blockers: All ACS

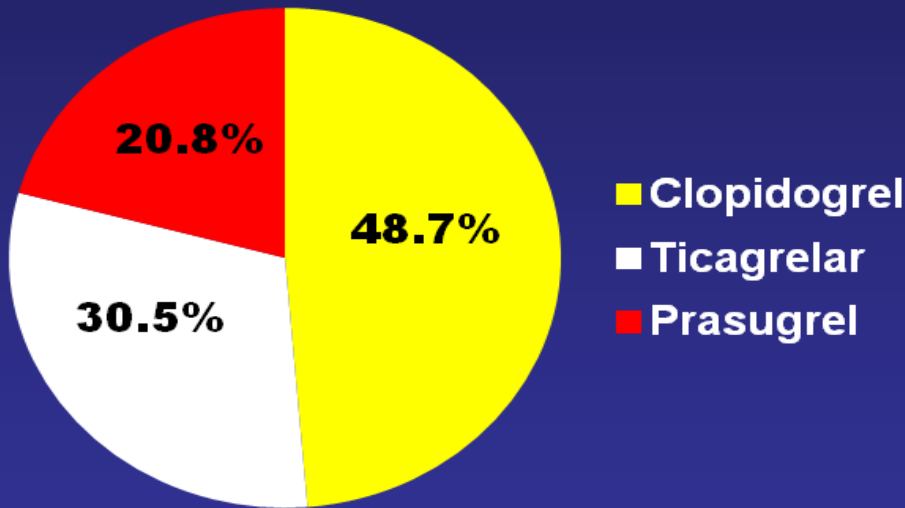


# Discharge P<sub>2</sub>Y<sub>12</sub> Receptor Blockers : AMI Patients Undergoing PCI

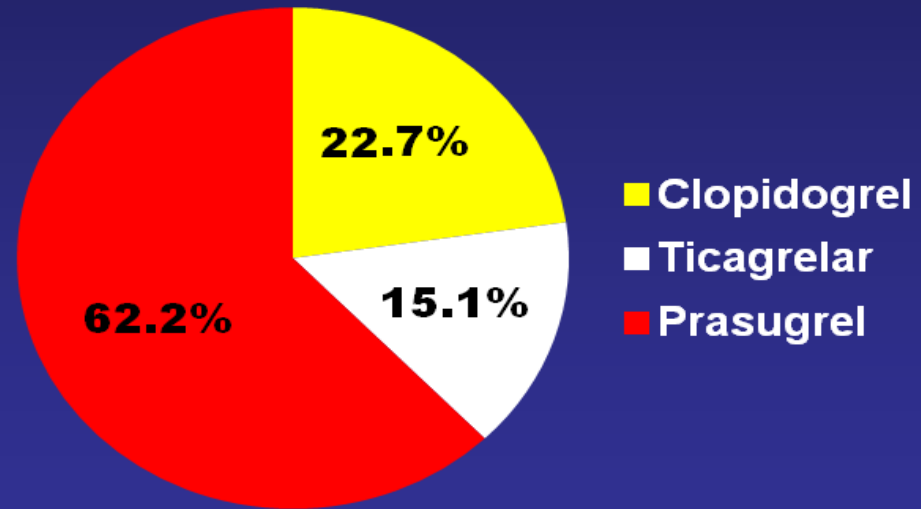


# Discharge P<sub>2</sub>Y<sub>12</sub> Receptor Blockers

## NSTEMI/PCI



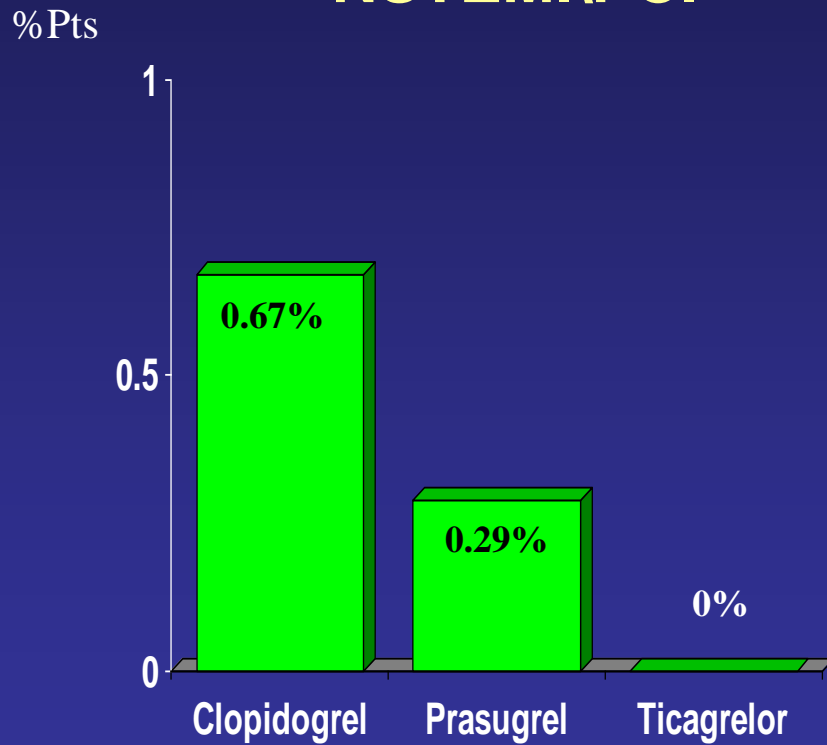
## STEMI/PPCI



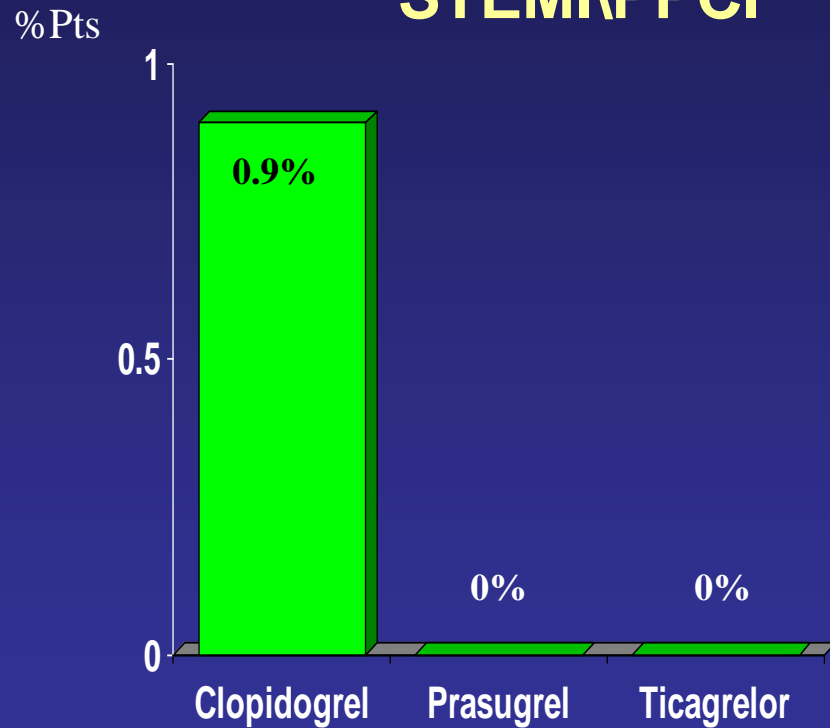


# In-hospital Major Bleeding

## NSTEMI/PCI



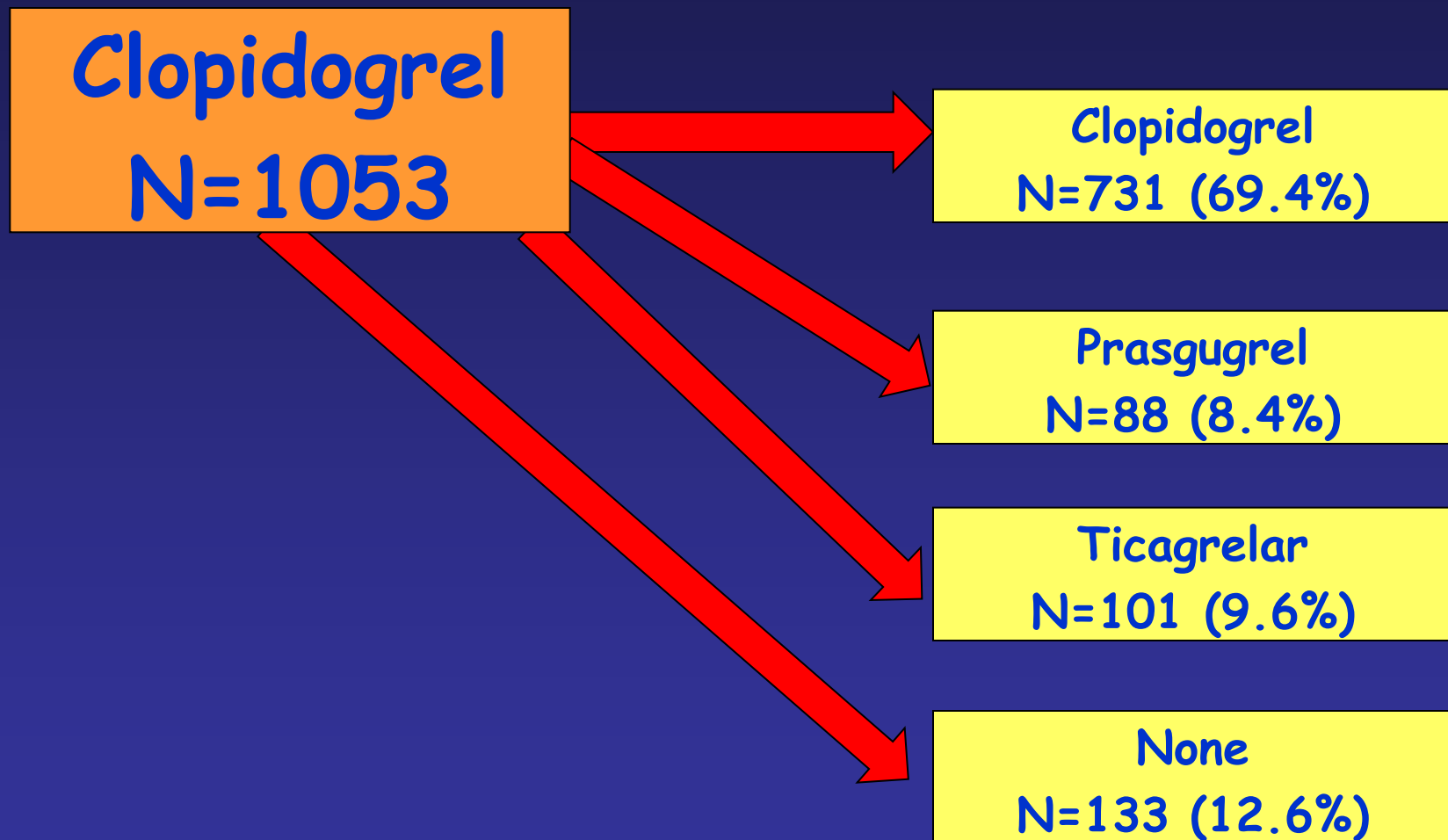
## STEMI/PPCI



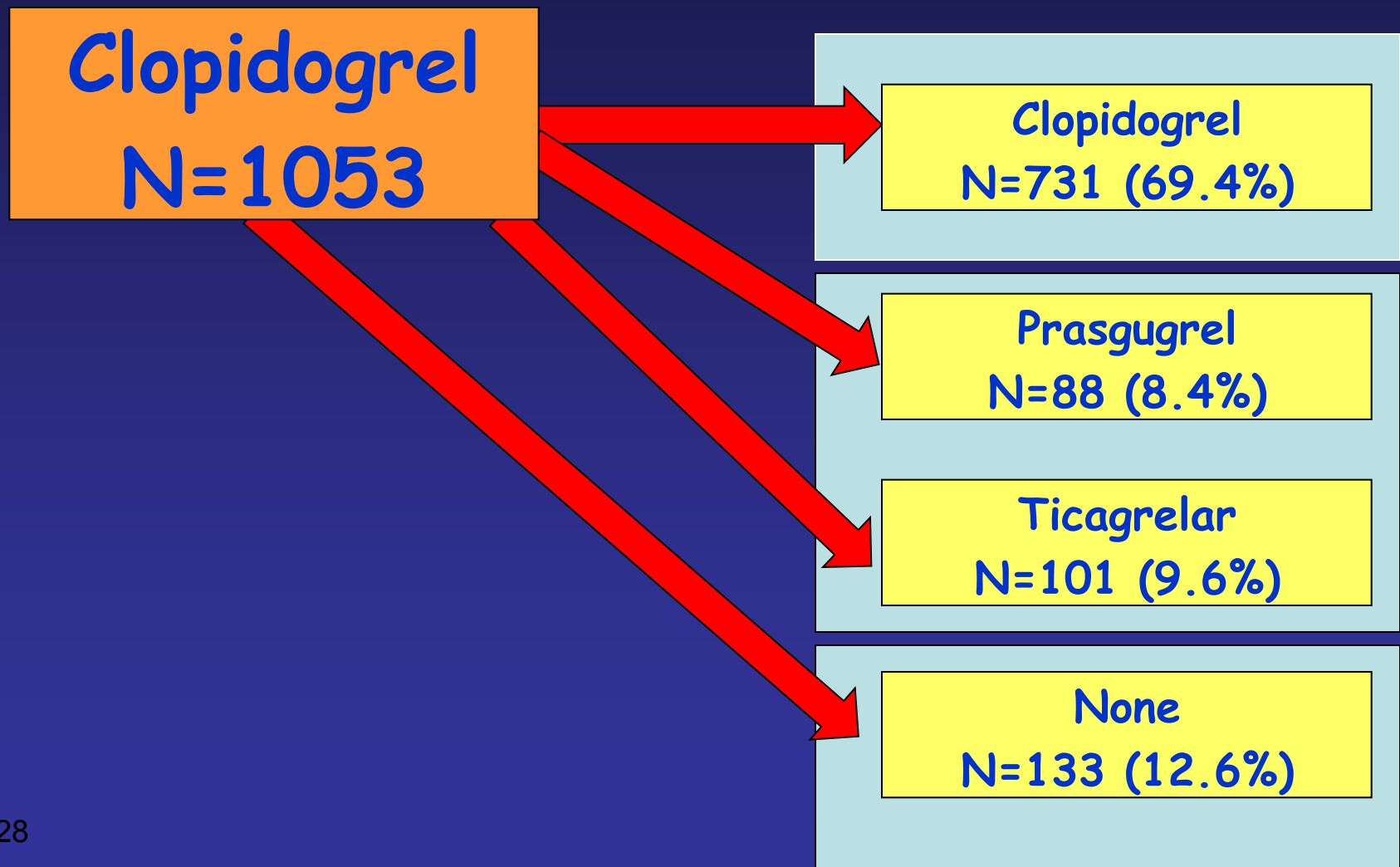
# Switching between different agents



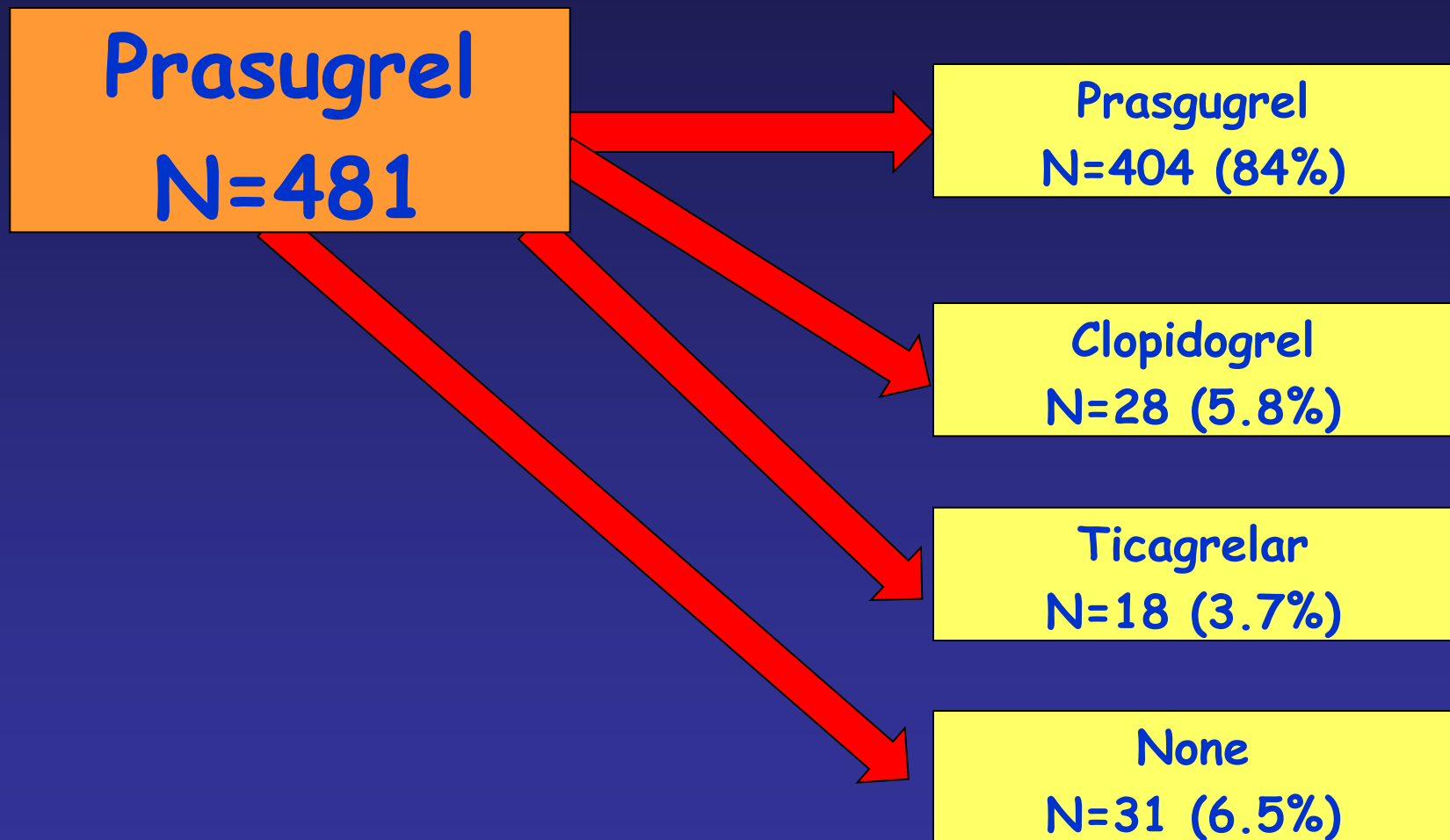
# Switching P<sub>2</sub>Y<sub>12</sub> Blockers Throughout Hospital Course



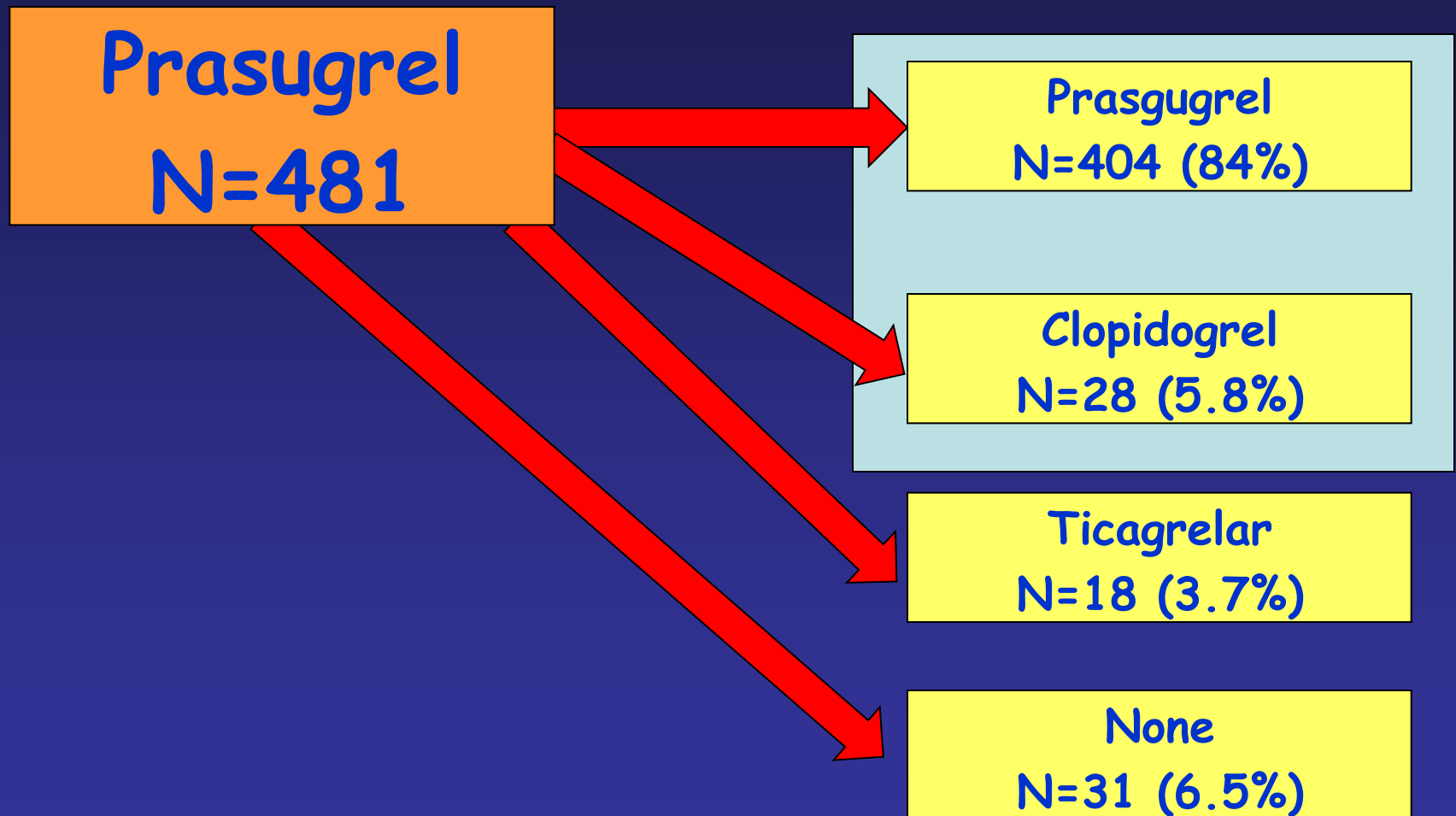
# Switching P<sub>2</sub>Y<sub>12</sub> Blockers Throughout Hospital Course



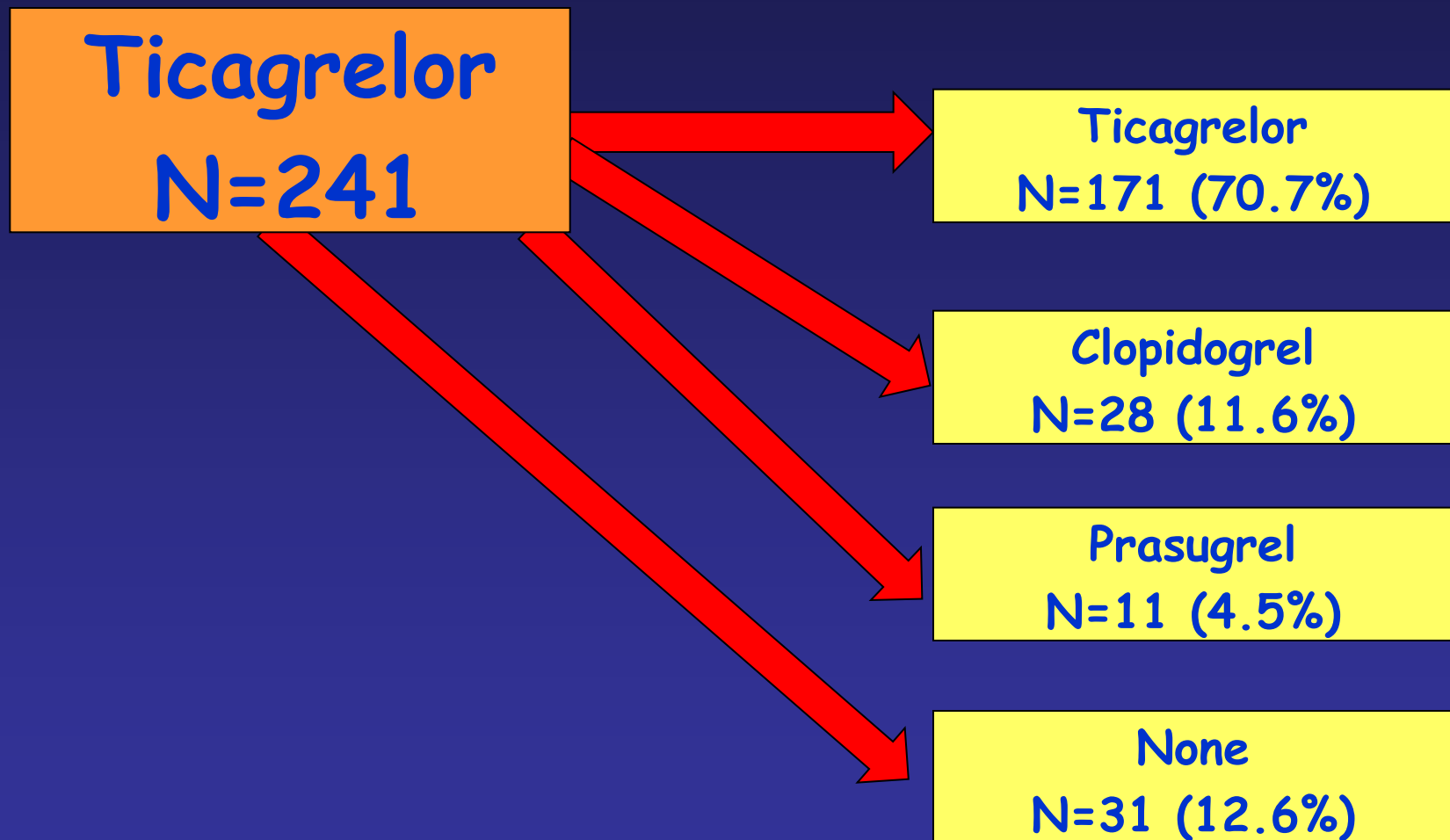
# Switching P<sub>2</sub>Y<sub>12</sub> Blockers Throughout Hospital Course



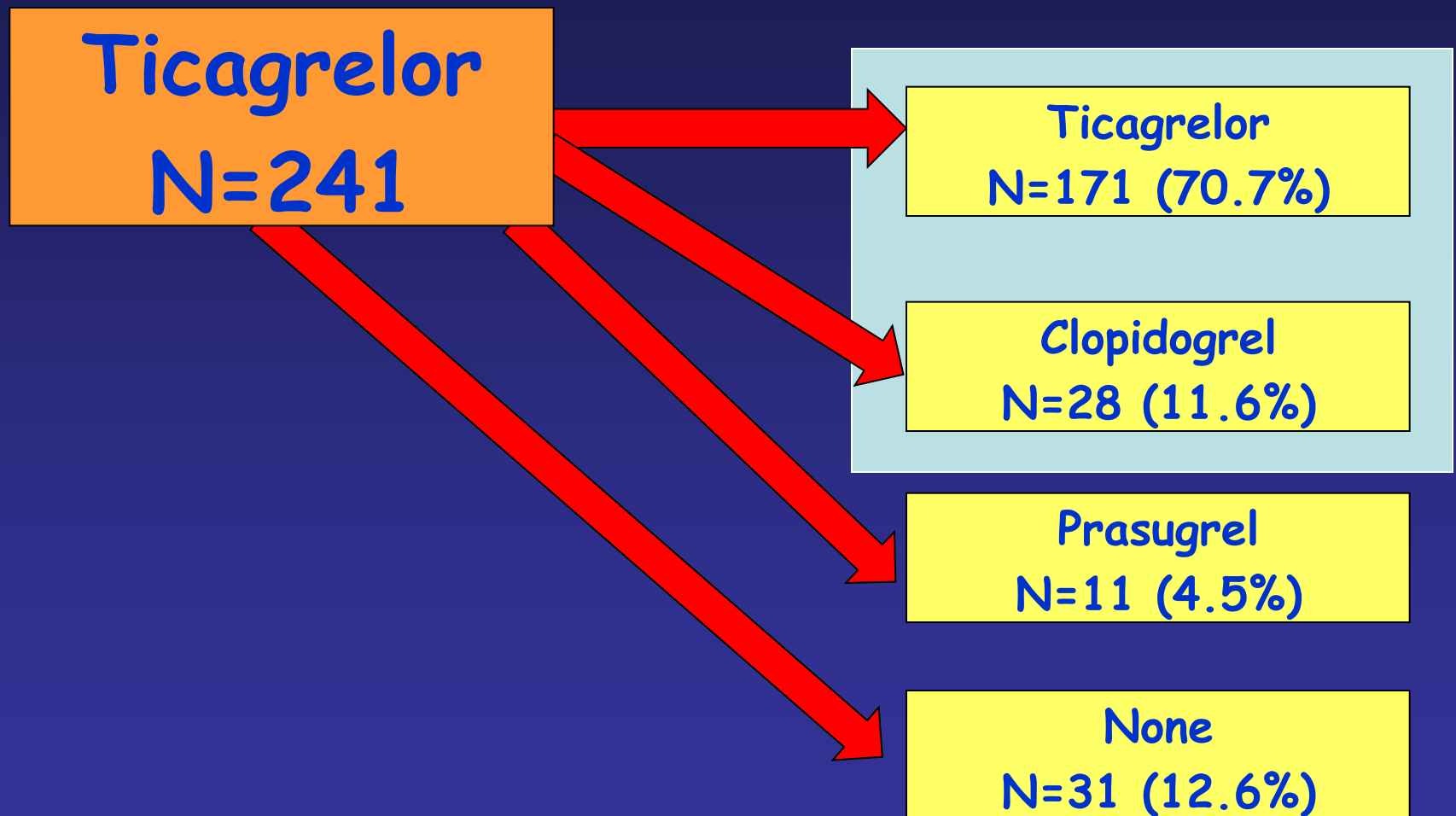
# Switching P<sub>2</sub>Y<sub>12</sub> Blockers Throughout Hospital Course



# Switching P<sub>2</sub>Y<sub>12</sub> Blockers Throughout Hospital Course

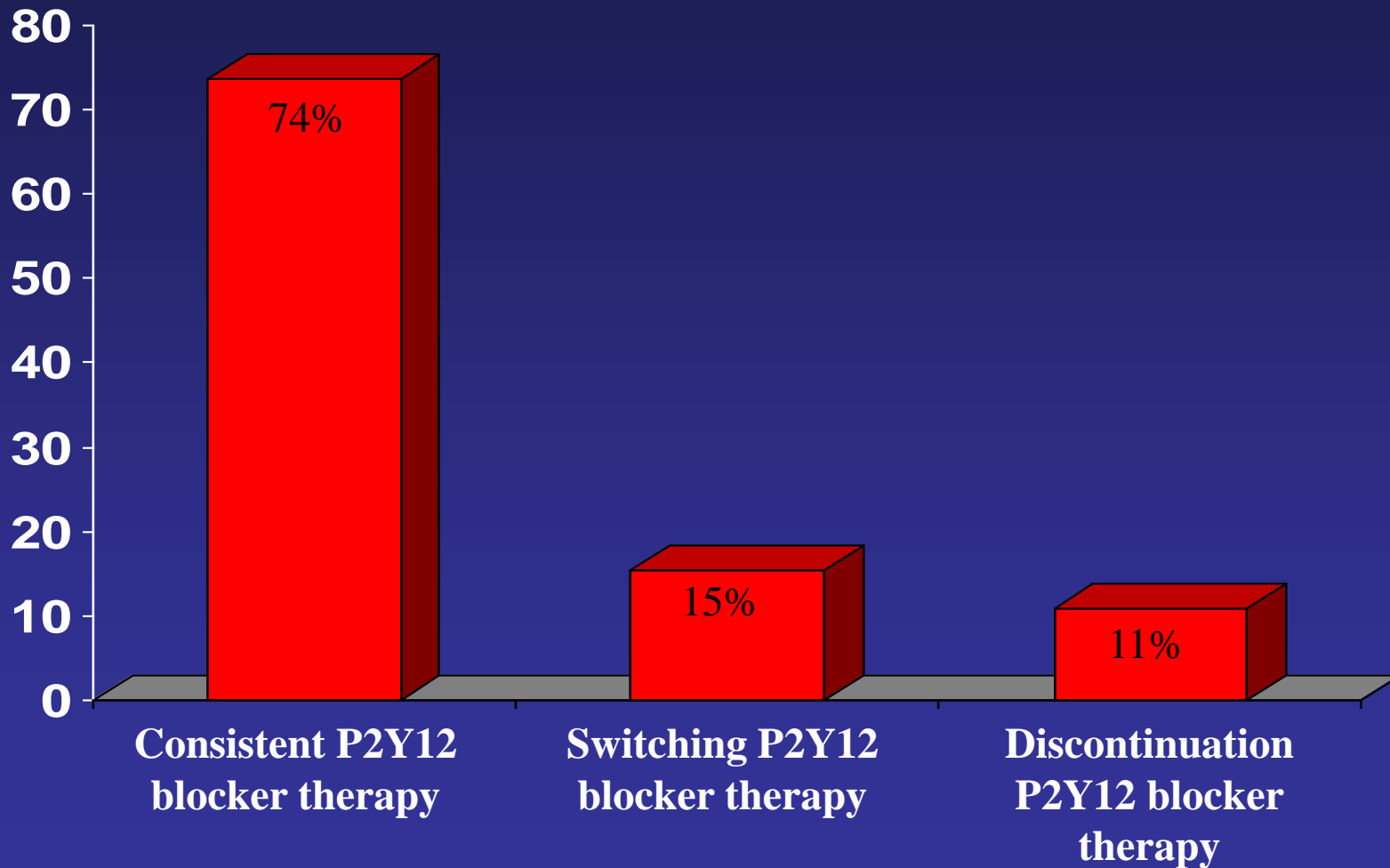


# Switching P<sub>2</sub>Y<sub>12</sub> Blockers Throughout Hospital Course

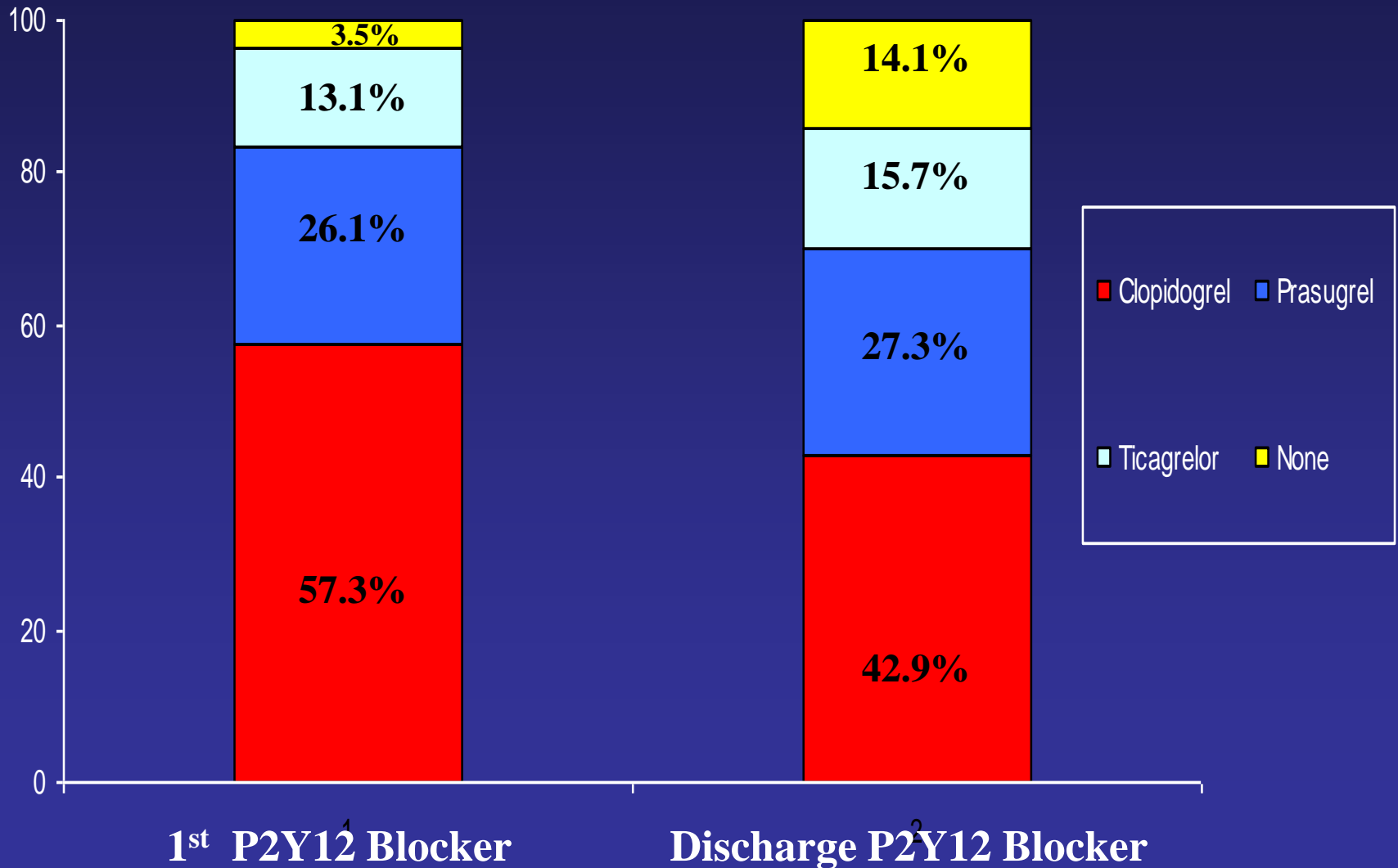




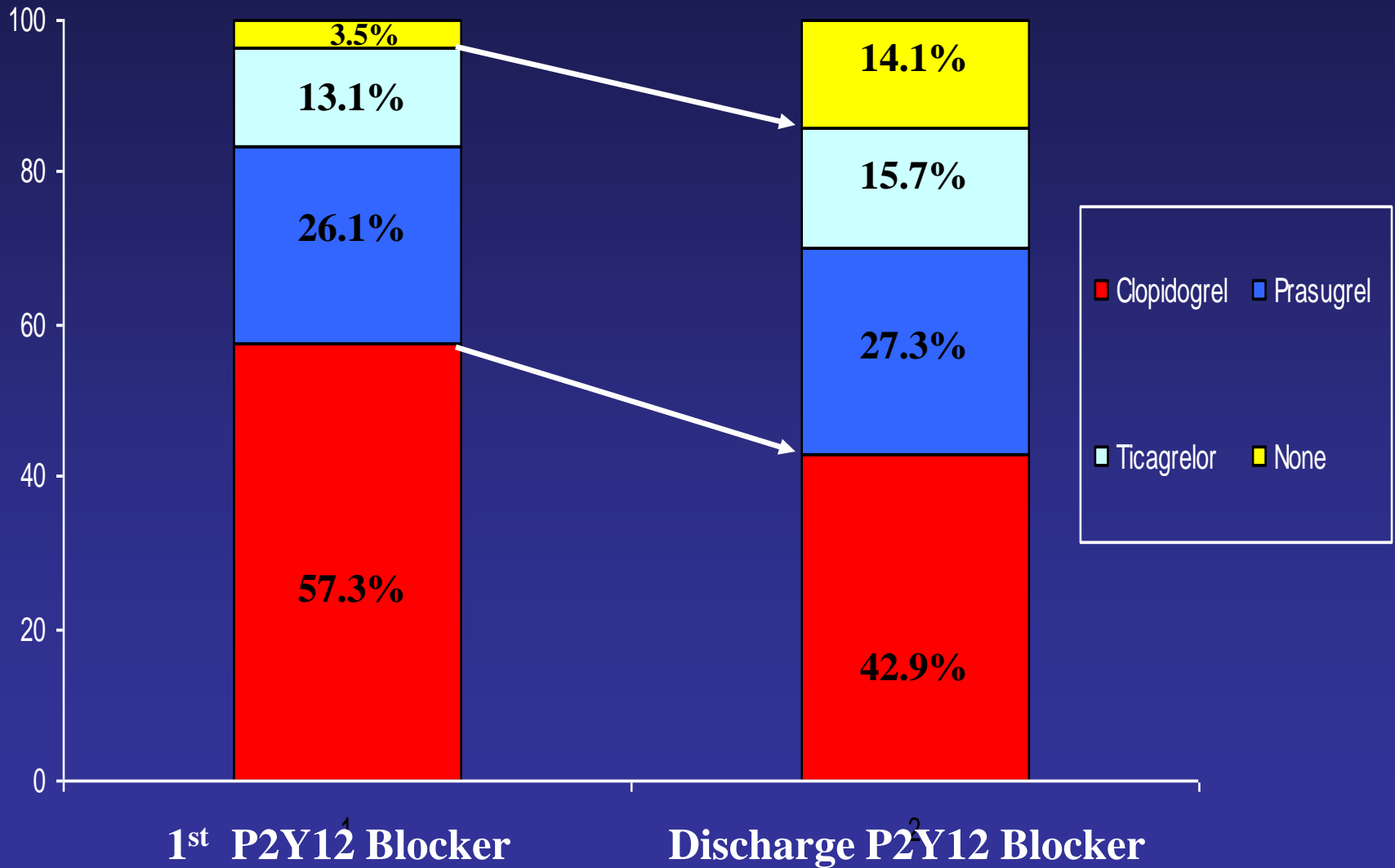
# The Changes in P2Y12 Blockers Throughout Hospitalization



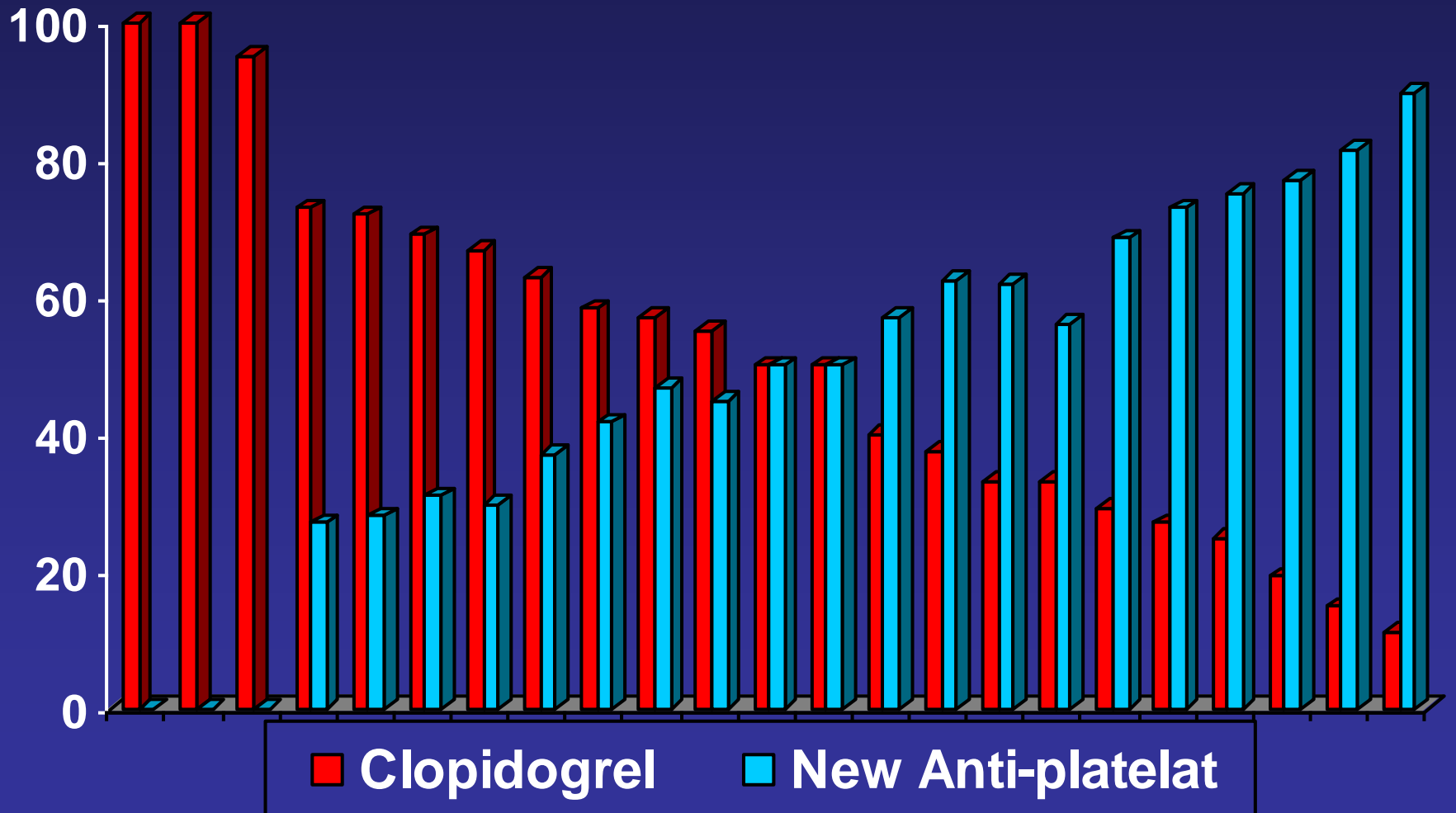
# Switching P<sub>2</sub>Y<sub>12</sub> Blockers Throughout Hospital Course



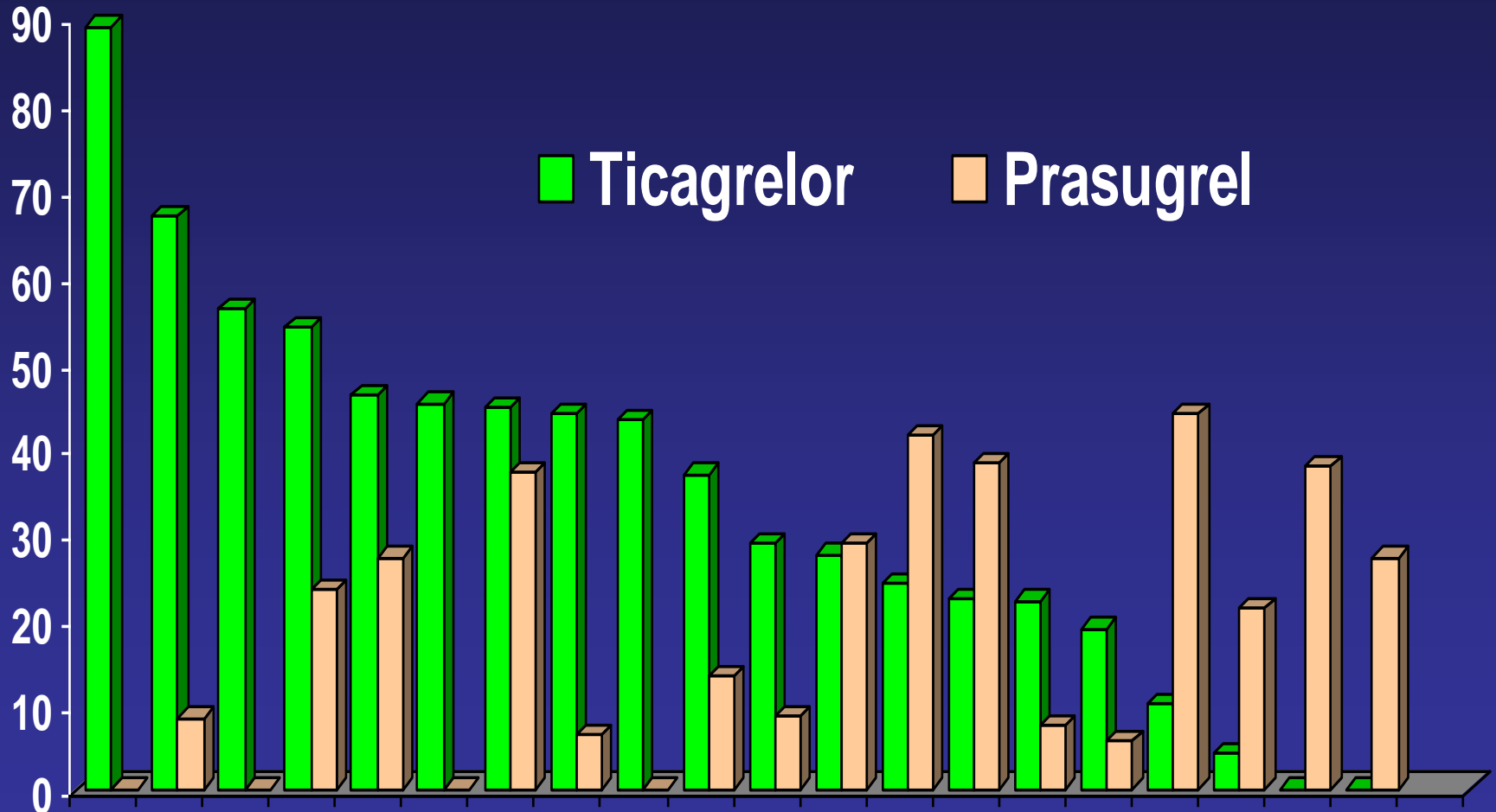
# Switching P<sub>2</sub>Y<sub>12</sub> Blockers Throughout Hospital Course



# ACSIS - 2013 – Inter-Center Variation According to the Use of Clopidogrel vs. a New Anti-Platelet Agent in Pts with NSTEMI Undergoing PCI



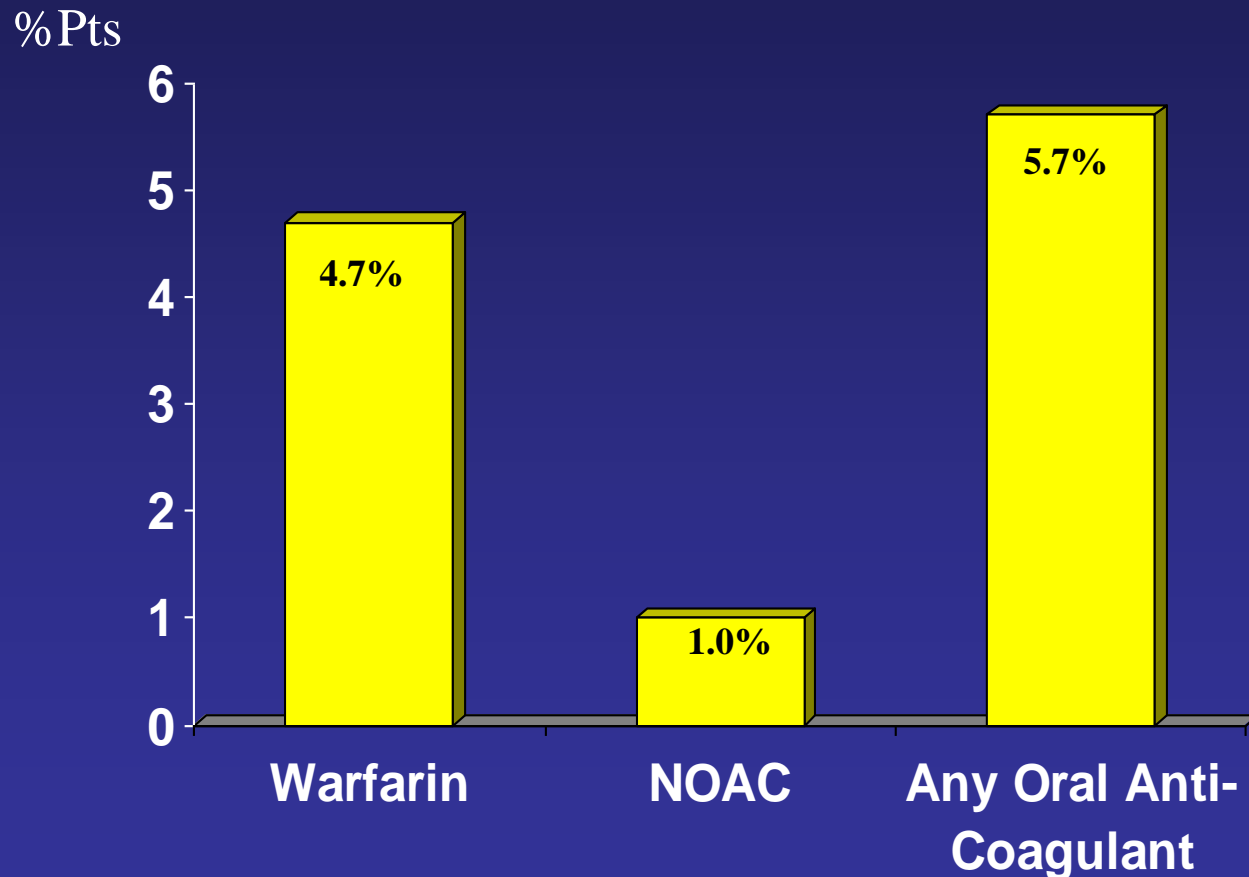
# ACSIS - 2013 – Inter-Center Variation According to the Use of the New Anti-Platelet Agents in Pts with NSTEMI Undergoing PCI



# Conclusions:

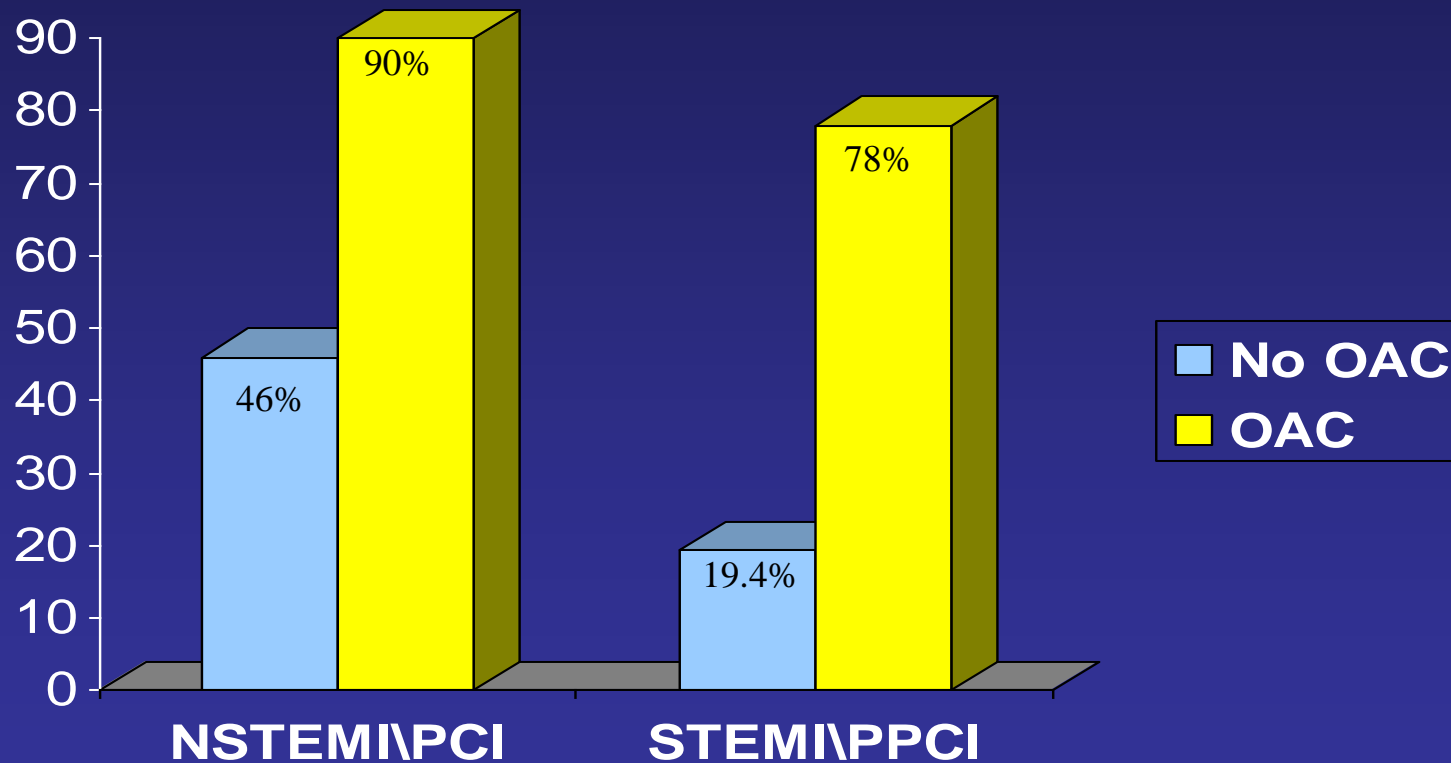
- ❖ AS many as 50% of ACS represent “ ASA Failure” and 15% “P2Y12 antagonists Failure”
- ❖ Of the STEMI Pts undergoing PPCI about 3\4 are being facilitated by one of the new anti-platelet agents
- ❖ Among NSTEMI including among those who underwent PCI, clopidogrel continues to be the most prevalent P2Y12 blocker
- ❖ The P2Y12 therapy is being switched in only 15% of ACS Pts
- ❖ There is significant nationwide variability in anti-platelet therapy policy

# Discharge Oral Anti-Coagulant



# The Effect of Oral Anti-Coagulant Use on Anti-Platelet Therapy:

## % Pts treated with Clopidogrel

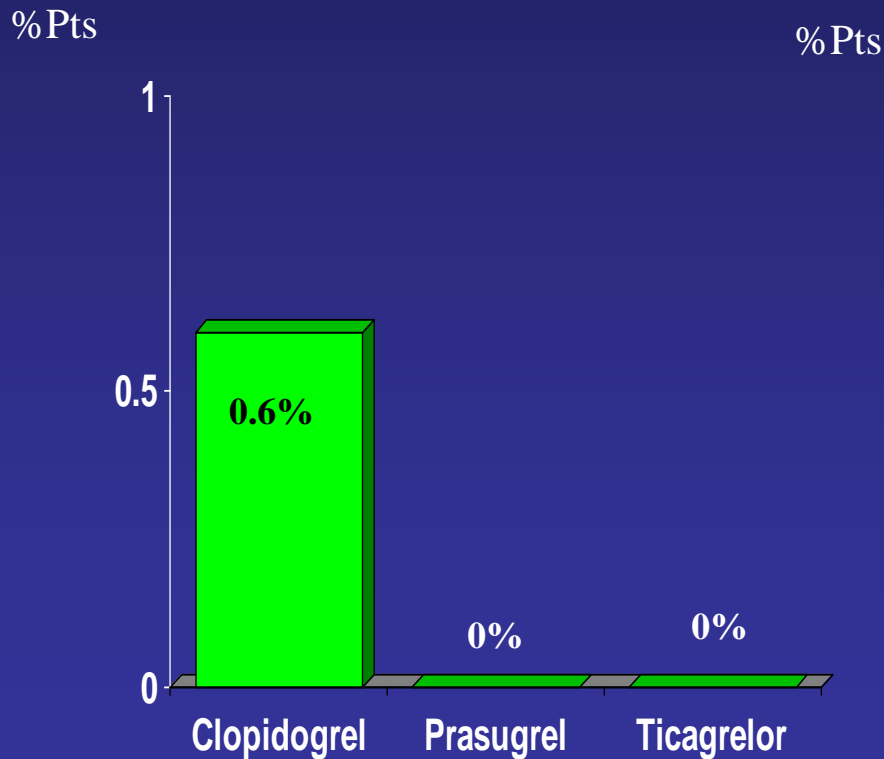




# In-hospital Definite\Probable Stent Thrombosis

**NSTEMI\PCI**

P= 0.4



**STEMI\PPCI**

P= 0.7

