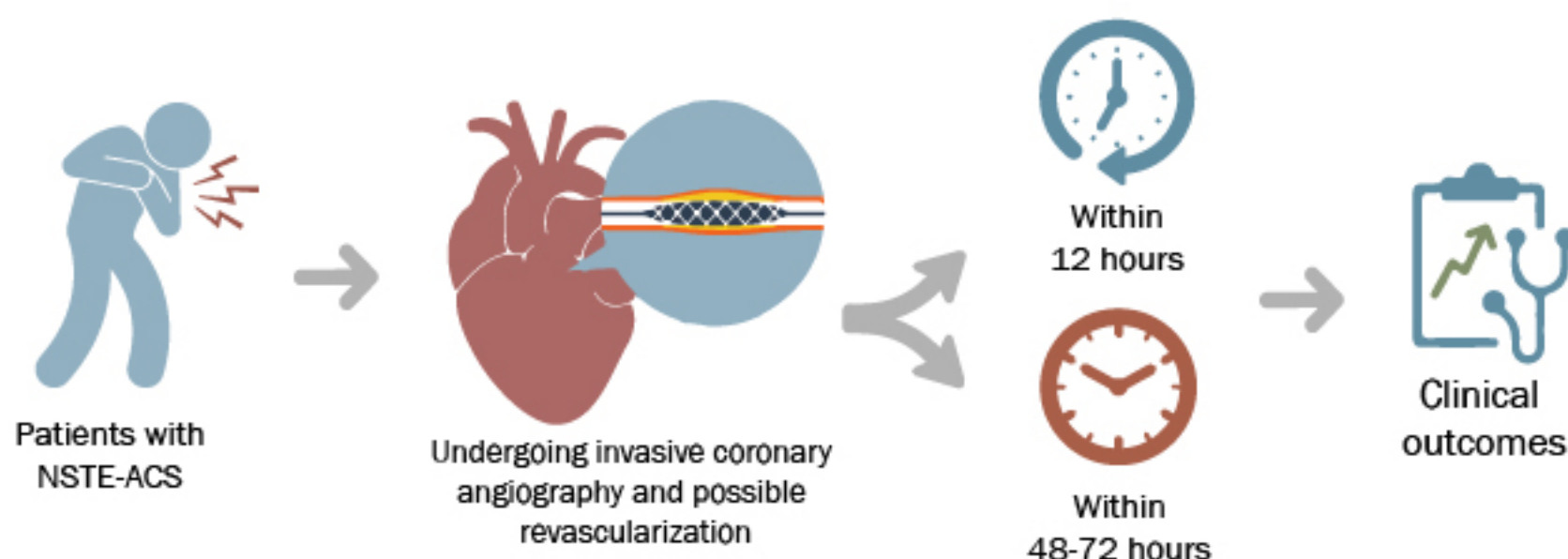


# VERDICT: Early Versus Standard Care Invasive Treatment of Patients With Non-ST-Segment Elevation Acute Coronary Syndrome

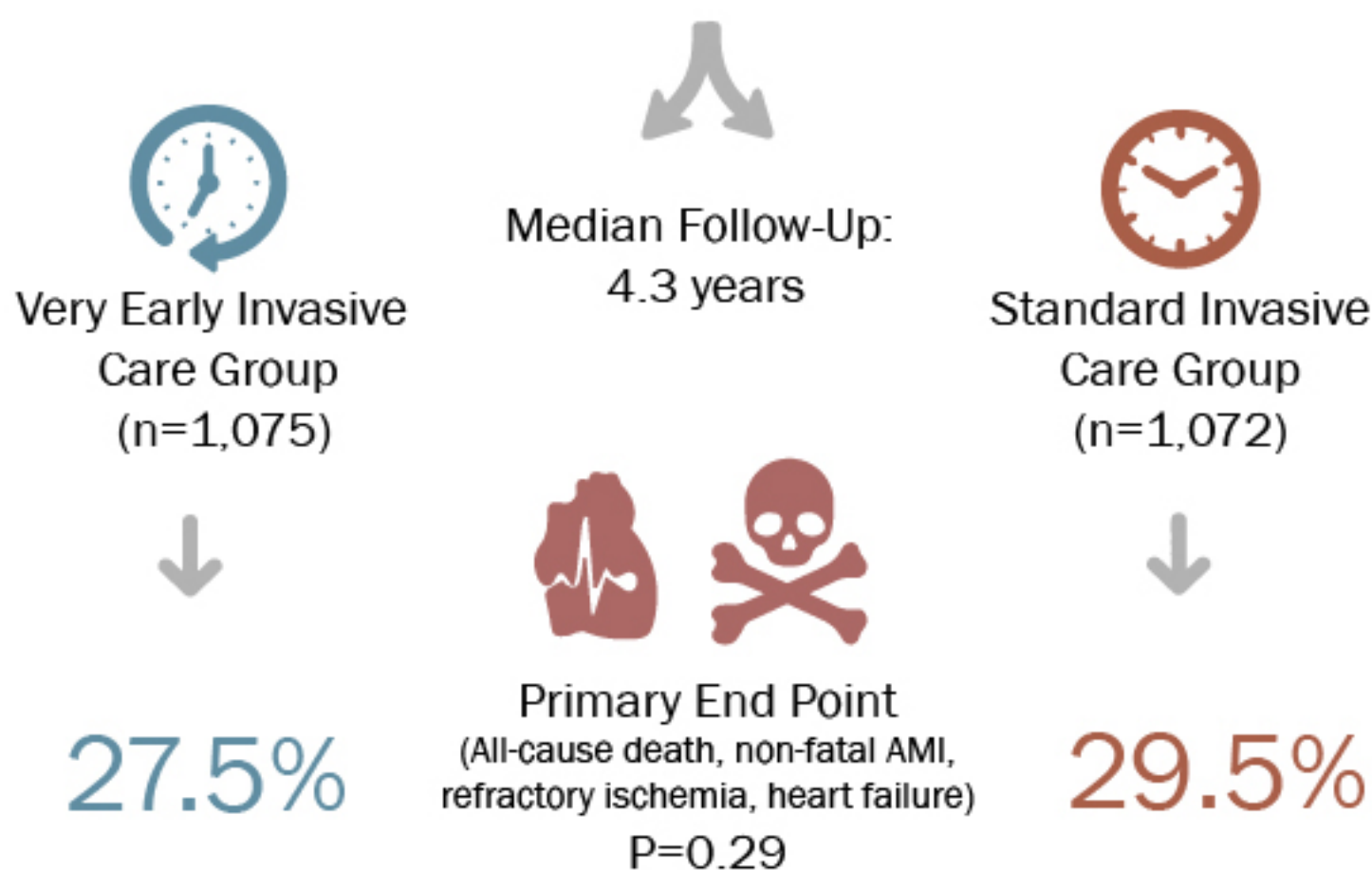
Prospective, multicenter, open label, randomized controlled trial



Objective: To assess the value of very early invasive strategy conducted within 12 hours of diagnosis on long-term clinical outcomes in patients with NSTEMI-ACS.



**2,147** Patients with ECG changes indicating new ischemia and/or elevated troponin were randomized 1:1 to



Among patients with GRACE risk score >140, early invasive therapy showed more benefit (HR 0.81, 95% CI 0.67-1.01,  $p_{\text{interaction}}=0.023$ )

A strategy of very early invasive coronary evaluation does not improve overall long-term clinical outcome compared with an invasive strategy conducted within 2-3 days in patients with NSTEMI-ACS. However, in patients with the highest risk, very early invasive therapy improves long-term outcomes.