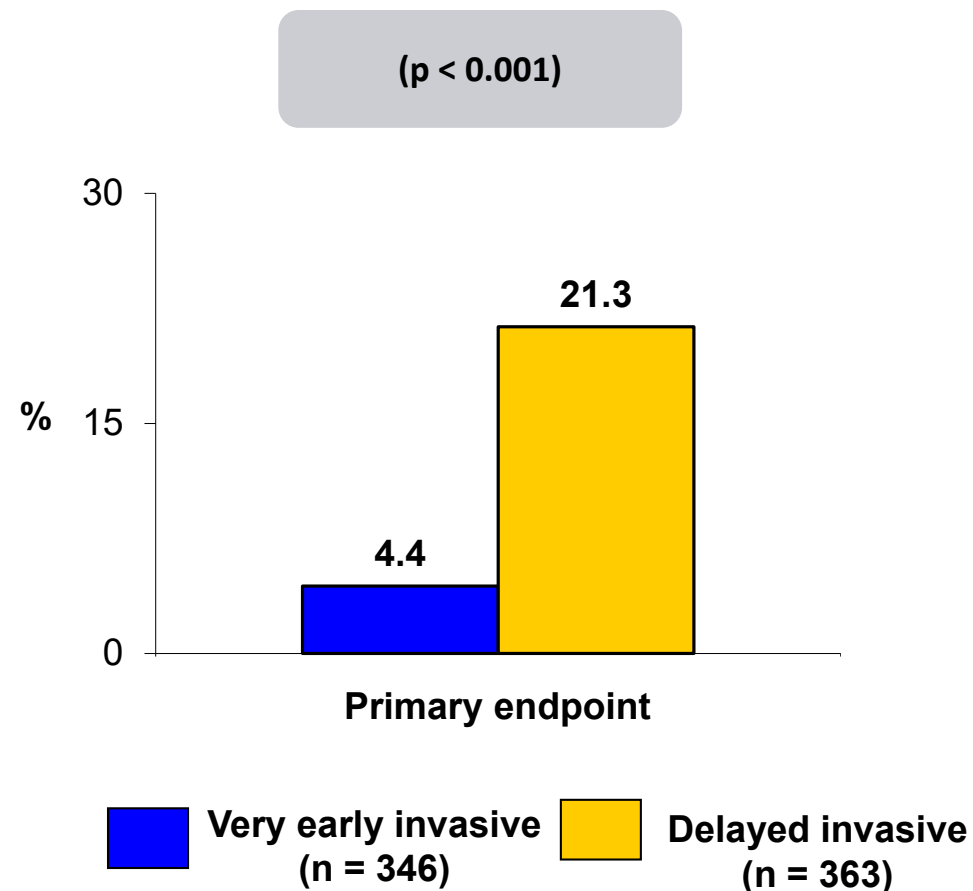


EARLY

#AHA18



Trial description: Patients with intermediate- to high-risk NSTEMI-ACS not pretreated with a P2Y2 inhibitor were randomized to very early invasive approach (within 2 hours) or delayed invasive strategy (12-72 hours). Patients were followed for 30 days.



RESULTS

- Primary endpoint: CV death/recurrent ischemia: early vs. delayed invasive: 4.4% vs. 21.3%, $p < 0.001$; CV death: 0.6% vs. 1.1%, $p = 0.69$
- MI: 1.2% vs. 0.8%, $p = 0.72$; BARC bleeding ≥ 3 : 0.3% vs. 0.8%, $p = 0.62$

CONCLUSIONS

- Small trial; a very early invasive strategy is superior to a delayed invasive strategy in improving symptoms of recurrent ischemia among patients presenting with intermediate- to high-risk NSTEMI-ACS and not pretreated with P2Y2 inhibitors
- No differences in hard endpoints were noted

Presented by Dr. Laurent Bonello at AHA 2018