

INTEGRATING PATIENT PREFERENCES AND CLINICAL REALITY INTO STUDY DESIGN

*ARE WE PERFORMING PIVOTAL STUDIES PREMATURELY?
ARE WE ASKING THE CORRECT QUESTIONS?*

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2013 ACCF/AHA Guideline for the Management of ST-Elevation Myocardial Infarction

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

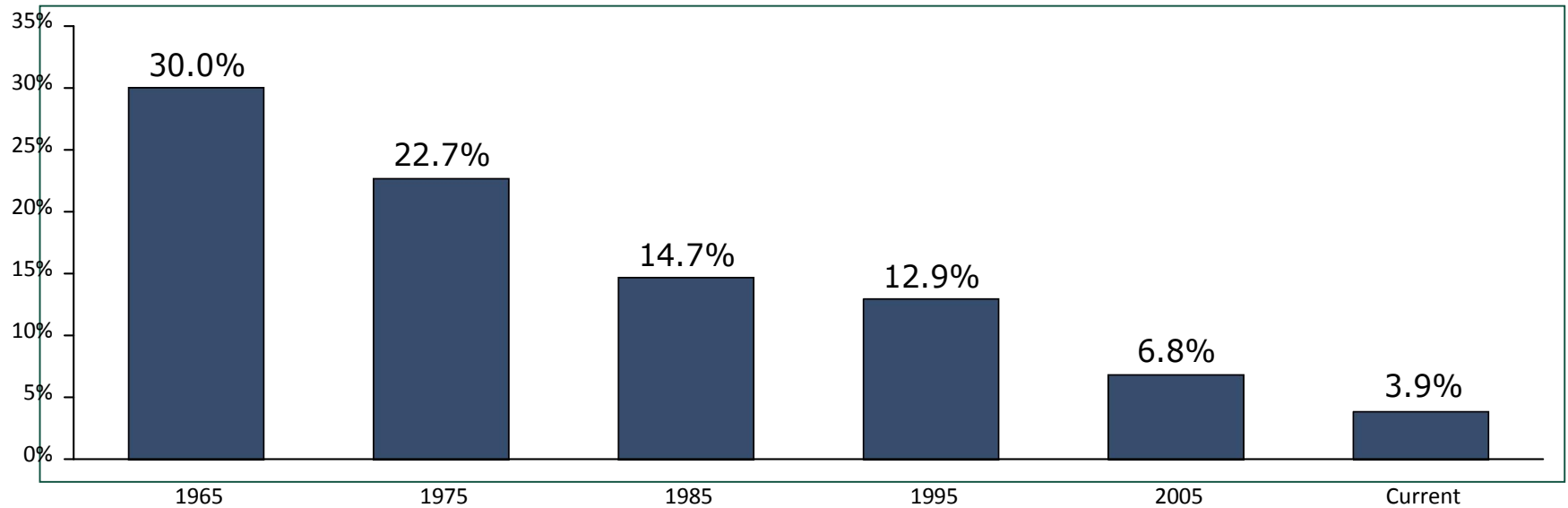
Table 2 Primary PCI in STEMI

	COR	LOE	References
Ischemic symptoms <12 h	I	A	(82,208,209)
Ischemic symptoms <12 h and contraindications to fibrinolytic therapy irrespective of time delay from FMC	I	B	(210,211)
Cardiogenic shock or acute severe HF irrespective of time delay from MI onset	I	B	(212–215)
Evidence of ongoing ischemia 12 to 24 h after symptom onset	IIa	B	(94,95)
PCI of a noninfarct artery at the time of primary PCI in patients without hemodynamic compromise	III: Harm	B	(216–218)

COR indicates Class of Recommendation; FMC, first medical contact; HF, heart failure; LOE, Level of Evidence; MI, myocardial infarction; PCI, percutaneous coronary intervention; and STEMI, ST-elevation myocardial infarction.

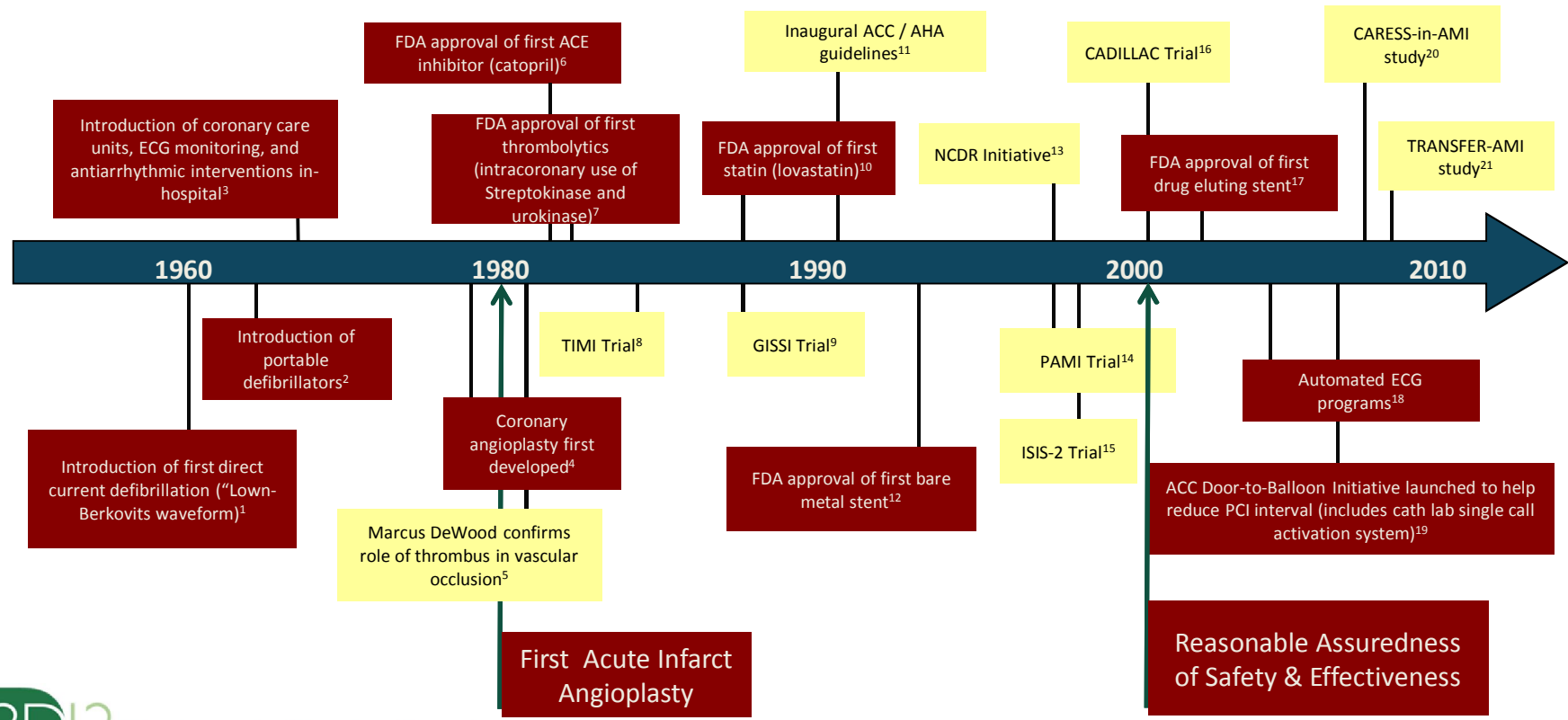
Marked Reduction in Survivability of STEMI in the US over past 50 years

In-hospital mortality (percent)



Establishing The Standard:

Acute Infarct PCI : A multi-stepped iterative process



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Renal Denervation: Refractory vs Non-Compliant

54 yo Male with history of 'refractory HTN' admitted in emergency transfer in 'hypertensive crisis'

CC: Head Ache

PE:

Vitals: P 88 BP 230/120

Lungs: Clear

CV: +S4

EKG: LVH with strain

Labs: '+' Troponin

Hospital Course

Hypertension Controlled

Beta Blocker

ACEi

3D12 Online Survey

Future Trends

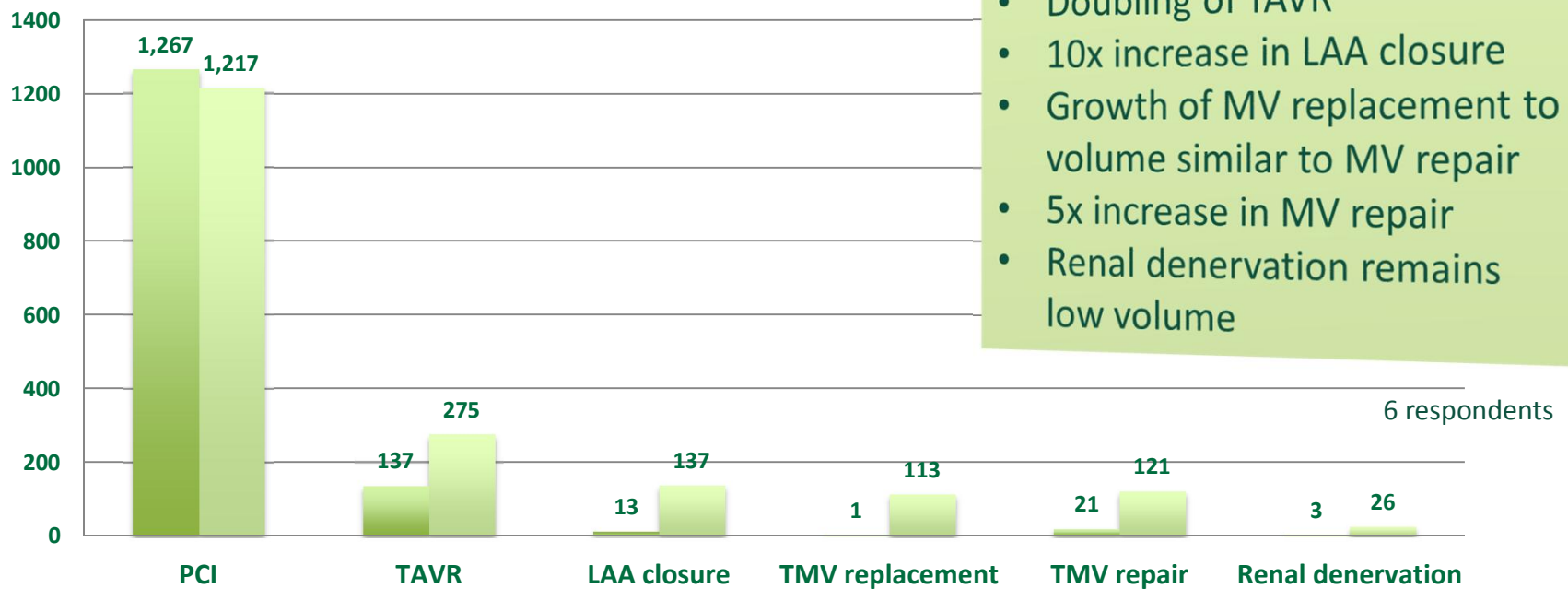
Shawn Ahmad, M.D.

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Predicting the future:

Current estimated annual cath lab procedure volume and predicted annual volume in 10 years



THANK YOU

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