



## **Genesis Heart Care December 2013 PCI Outcomes Report Summary**

Please find attached the GHC PCI Outcomes Report for the period ending December 31 2013. Over 5400 patients have now been enrolled into the Registry.

In comparison to the results from December 2012, the key points of this report are:

1. Lifestyle factors suggest a small trend towards improvement in smoking rates over the year. For example, the proportion of male smokers at baseline in December 2013 vs. December 2012 was 9.38% vs. 9.97%. At 12 month follow-up rates are unchanged however (4.78 vs. 4.89%). Obesity rates (BMI > 30) are unchanged (35.43% vs. 35.44%).
2. Biomedical factors including baseline rates of normal blood pressure (36.93% with BP <130/80) and diabetes mellitus (23.59%) are essentially unchanged.
3. Adherence with statin and anti-platelet therapy remains very good, and overall has improved each year. Statin use remains high at discharge (93.75% vs. 90.4% in 2011). At 12 month follow-up statin use continues to improve (92.68% vs. 90.4% in June 2012 and 87.3% in 2011). Of statin-intolerant patients, more patients than in December 2012 36.21% were taking Ezetrol at 12-month review.

Overall, only 3.72% appeared to be on no lipid-lowering therapy at 12 months, down from 4.36% in December 2012;

Anti-platelet therapy rates remain high at 99.24% and 95.76% at baseline and 12 months respectively.

4. Surgical outcomes reveal unchanged rates of Drug-eluting Stent (DES) use, at 74.17% compared to December 2012. This reflects contemporary data confirming the long-term safety and reduced restenosis rates of second and third-generation DES in both elective patients and those with acute coronary syndromes.
5. Unplanned cardiac hospital readmissions at 12 months continue to fall steadily, reducing from 10.8% in June 2012 to 9.99% in December 2012, 9.39% June 2013 and now 8.92% in December 2013. The rate is low and falling in contrast to international results.
6. Health outcomes generally remain extremely good, with low rates of bleeding, in-hospital and 1-year mortality post-PCI.

Elective PCI and patients <75 with Acute Coronary Syndromes requiring urgent PCI again had no in-hospital mortality. Between July 1 and December 31 2013, two elderly patients (>75) presenting with STEMI had in-hospital mortality. Overall however the rates of in-hospital mortality for this subgroup are unchanged from June 2013 (12/409, 2.93% vs. 10/344, 2.91%). This continues the overall trend towards lower in-hospital mortality rates in the overall group, falling slightly further from 0.7% in 2011 to 0.34% in June 2012 0.31% in December 2012 and 0.27% in December 2013. This compares favourably with the largest international database, the US National Cardiovascular Data Registry (NCDR) rate of 4.83%.

Of the whole cohort aged <75 years, in-hospital mortality was 0/2705 (0%) for elective PCI, and 1/987 (0.10%) for acute PCI. Of those  $\geq 75$  in-hospital mortality was 2/1043 (0.19%) for elective cases, and 12/334 (2.93%) for acute cases respectively.

Long-term freedom from death post-discharge shows a downward trend overall.

12-month mortality (excluding in-hospital mortality) for the whole cohort aged < 75 was 3/1879 (0.16%) for elective procedures, and 1/511 (0.20%) in acute cases. For those aged  $\geq 75$  12 month mortality was 4/732 (0.55%) for elective procedures and 2/208 (0.96%) for acute cases. Overall, mortality in the 12 months post-discharge remains low at 10/3003 (0.30%) vs. 0.34% in June 2013.

7. Quality of life data collection commenced in July 2012, using the EQ-5D tool. Moderate or extreme levels of anxiety or depression were essentially unchanged from June 2013 at baseline (18.71% vs. 18.47%) and at 12 months. (19.9% vs. 22.9%)