

VALUE OF THE SYNTAX SCORE (SX) FOR RISK ASSESSMENT IN THE “ALL-COMERS” POPULATION OF THE RANDOMIZED MULTICENTER LEADERS TRIAL.

i2 Poster Contributions

Georgia World Congress Center, Hall B5
Sunday, March 14, 2010, 9:30 a.m.-10:30 a.m.

Session Title: DES I and Acute Coronary Syndromes

Abstract Category: PCI - DES

Presentation Number: 2501-518

Authors: *Joanna J. Wykrzykowska, Scot Garg, Chrystafios Girasis, Ton de Vries, Marie-angele Morel, Marie-angele Morel, Gerrit-Anne van Es, Pawel Buszman, Axel Linke, Thomas Ischinger, Volker Klauss, Roberto Corti, Franz Eberli, William Wijns, Marie-Claude Morice, Carlo di Mario, Robert Jan van Geuns, Peter Juni, Stephan Windecker, Patrick W. Serruys, Thoraxcenter, Erasmus MC, Rotterdam, The Netherlands*

Background: The SYNTAX score (SXscore) has been shown to be an effective predictor of clinical outcomes in patients with multivessel disease undergoing percutaneous coronary intervention (PCI).

Objective: We aimed at assessing the predictive value of the SXscore for major adverse cardiac events in the “all-comers” population of the LEADERS trial.

Methods: The SXscore was prospectively collected in 1,397 of the 1,707 patients enrolled in the LEADERS trial (patients after surgical revascularization were excluded). Post-hoc analysis was performed by stratifying clinical outcomes at 1 year follow-up, according to one of three SYNTAX score tertiles.

Results: 1,397 patients were divided into tertiles based on the SYNTAX score in the following fashion: SXlow ≤ 8 (n=464), 8 < SXmid ≤ 16 (n=472) and SXhigh > 16 (n=461).

At 1 year follow-up there was a significantly lower number of patients with MACE-free survival in the highest tertile of SX score (SXlow=91.6%, SXmid=91.1% and SXhigh=84.6%; p16 (HR 2.39 CI 1.49-3.92; p 16 (HR for Q-wave MI 5.28 CI 1.35-20.67; p=0.017). Clinically driven TVR was 8.5% in the SXhigh group versus 4.8% and 5.5% in the SXlow and SXmid groups, respectively (HR 2.22; CI 1.22-3.94; p=0.008). The rate of definite early stent thrombosis was 0.9%, 2.1% and 3.5% in the SXlow, SXmid and SXhigh, respectively (HR 1.66; p=0.051). The rate of definite late stent thrombosis (30 days-1 year) was 0%, 0.2% and 0.9% in the SXlow, SXmid and SXhigh tertiles (HR=5.83; p=0.07).

Conclusions: The SYNTAX score when applied to an all-comers patient population may allow for prospective risk stratification of patients undergoing PCI.