

» Step 4 of 4: Abstract Preview and Submission

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Abstract Information

Abstract Submitter: Professor Danchin Nicolas - nicolas.danchin@egp.aphp.fr

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Title: Do the results of the CORONA trial reflect real world findings: data from the French FAST-MI registry

Evaluation Topic: 02.02 - Pharmacologic therapy

Acronym Abbreviation: FAST-MI

Acronym: French registry of Acute ST-elevation and non-ST-elevation MI

On Behalf of: FAST-MI investigators

Category: Bedside

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Abstract Authors

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Abstract Content

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Background: The results of the CORONA trial, showing a non significant 5% reduction in mortality with rosuvastatin therapy in elderly coronary artery disease patients with a history of CHF or LVEF $\leq 40\%$ came as a surprise.

Aim: The purpose of the present study was to assess whether the use of statin therapy in routine clinical practice in patients meeting the CORONA trial inclusion criteria was associated with similar results.

Methods: The FAST-MI registry included all consecutive patients admitted with an AMI ≤ 48 hours from symptom onset over a one-month period in 223 intensive care units throughout France. 3059 patients were included, of whom 2894 were discharged alive and had an evaluation of LVEF during the hospital stay. Of those, 772 were older than 60 years with a history of CHF or LVEF $\leq 40\%$ (CORONA + pts), and 2122 pts did not meet the CORONA inclusion criteria (CORONA - pts). Long-term follow-up is $>98\%$ complete.

Results: 600-day mortality in CORONA + pts was 27% compared with 5% in CORONA - pts ($p < 0.001$). In CORONA+ pts, statin therapy at discharge was associated with a 31% decrease in one-year mortality (23.5% vs 34%, $p = 0.002$); in CORONA - pts, statin therapy was associated with a marked 63% decrease in mortality (3.9% vs 10.5%, $p < 0.001$). In Cox multivariate analyses, statin therapy was still associated with a 55% reduction in mortality in CORONA - patients (OR: 0.45; 95% CI: 0.30-0.69; $p < 0.001$), whereas it was not an independent correlate of mortality in CORONA + patients.

Conclusion: in older patients with a history of CHF or LV dysfunction having sustained a recent AMI, statin therapy is associated with significantly improved one-year outcome; however, this favourable association is no longer present after multivariate adjustment. In contrast, statin therapy is associated with markedly improved survival in patients with no history of CHF/LV dysfunction, even after adjustment for potential confounders. These findings reinforce the message of CORONA that the benefit of statins is less in elderly CAD patients with severe left ventricular failure, who have an otherwise high one-year mortality.

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