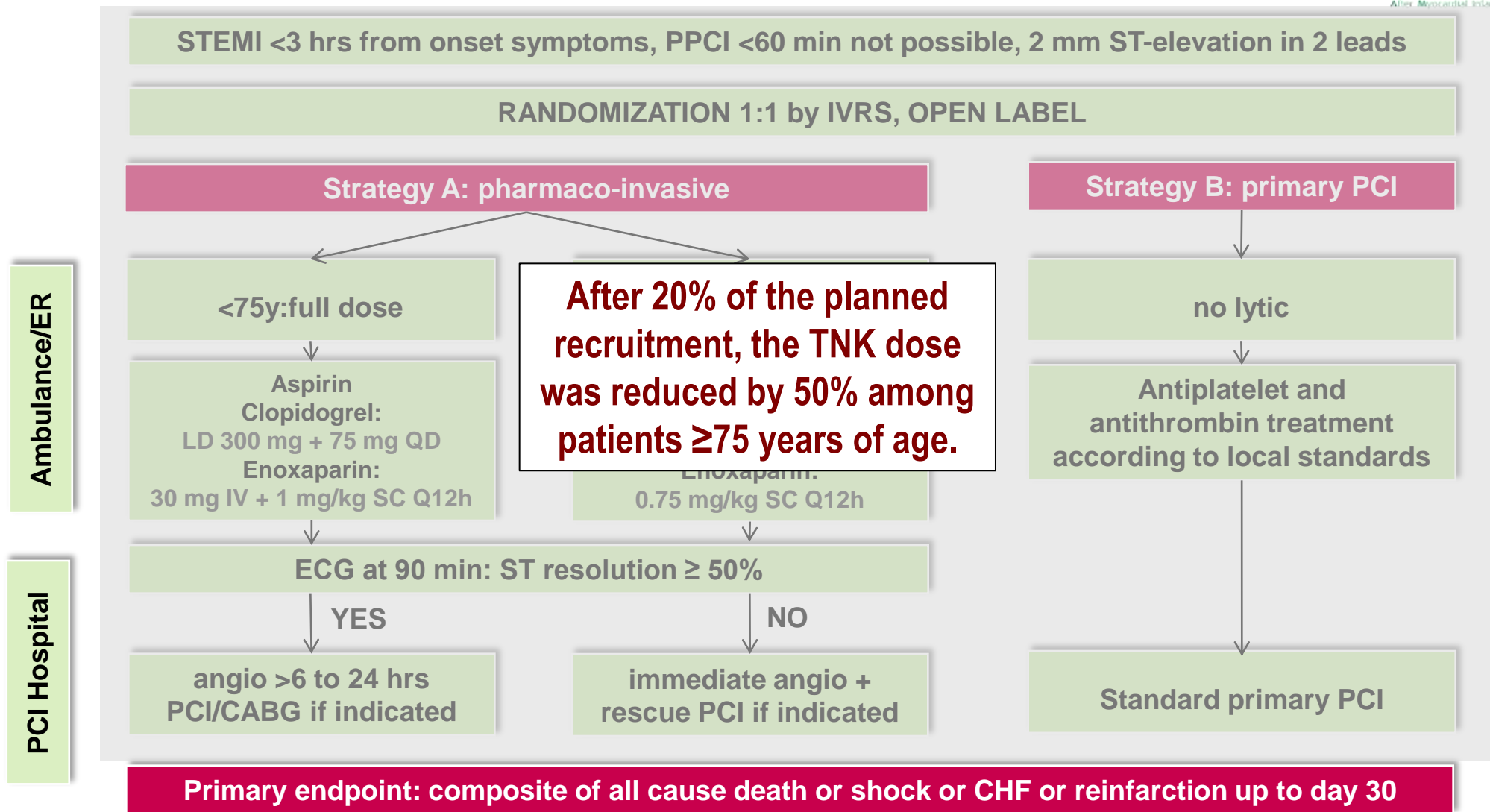


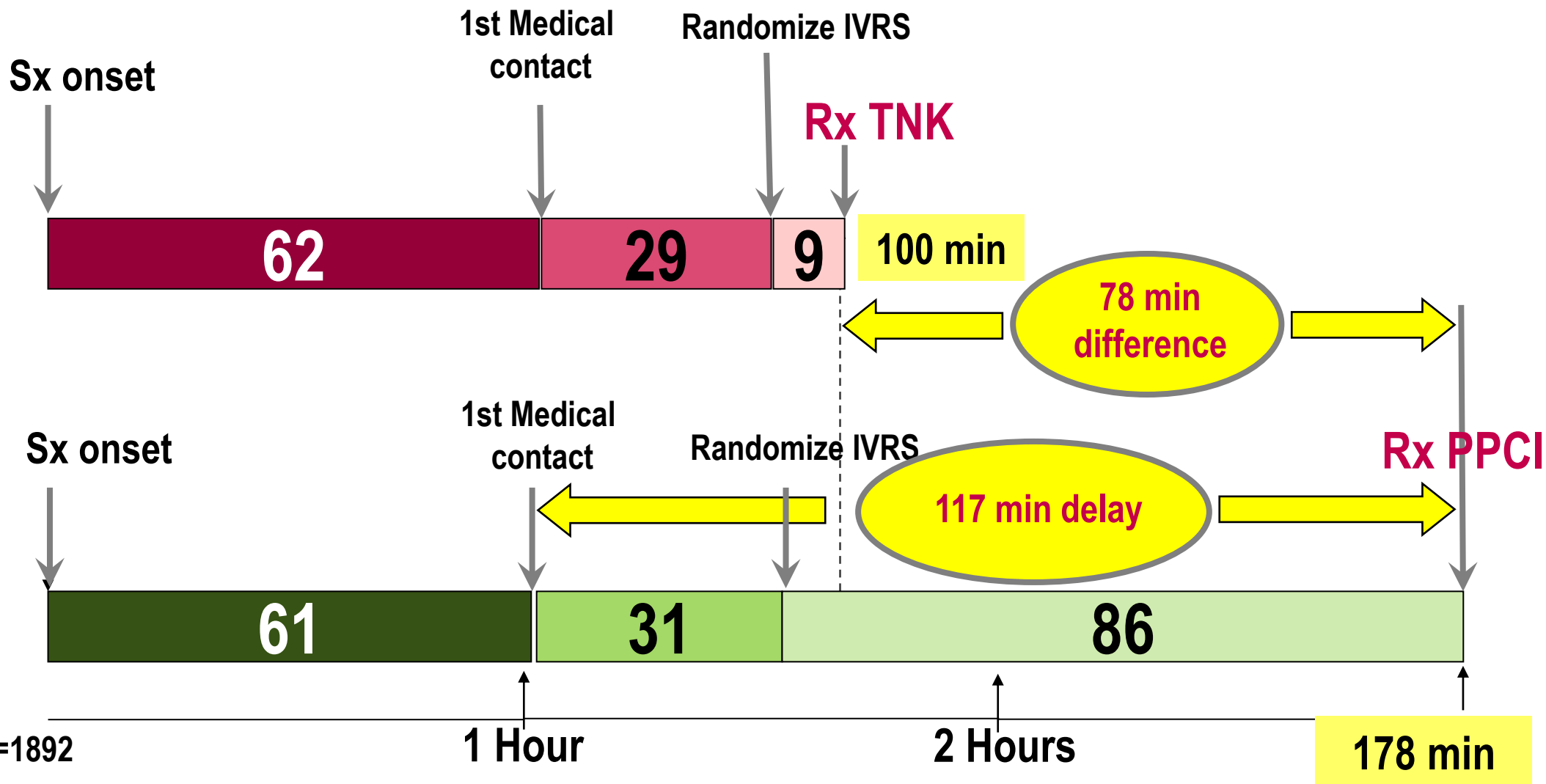


STREAM - ONE YEAR MORTALITY
STRATEGIC REPERFUSION EARLY AFTER
MYOCARDIAL INFARCTION

STREAM design



MEDIAN TIMES TO TREATMENT (min)



BACKGROUND



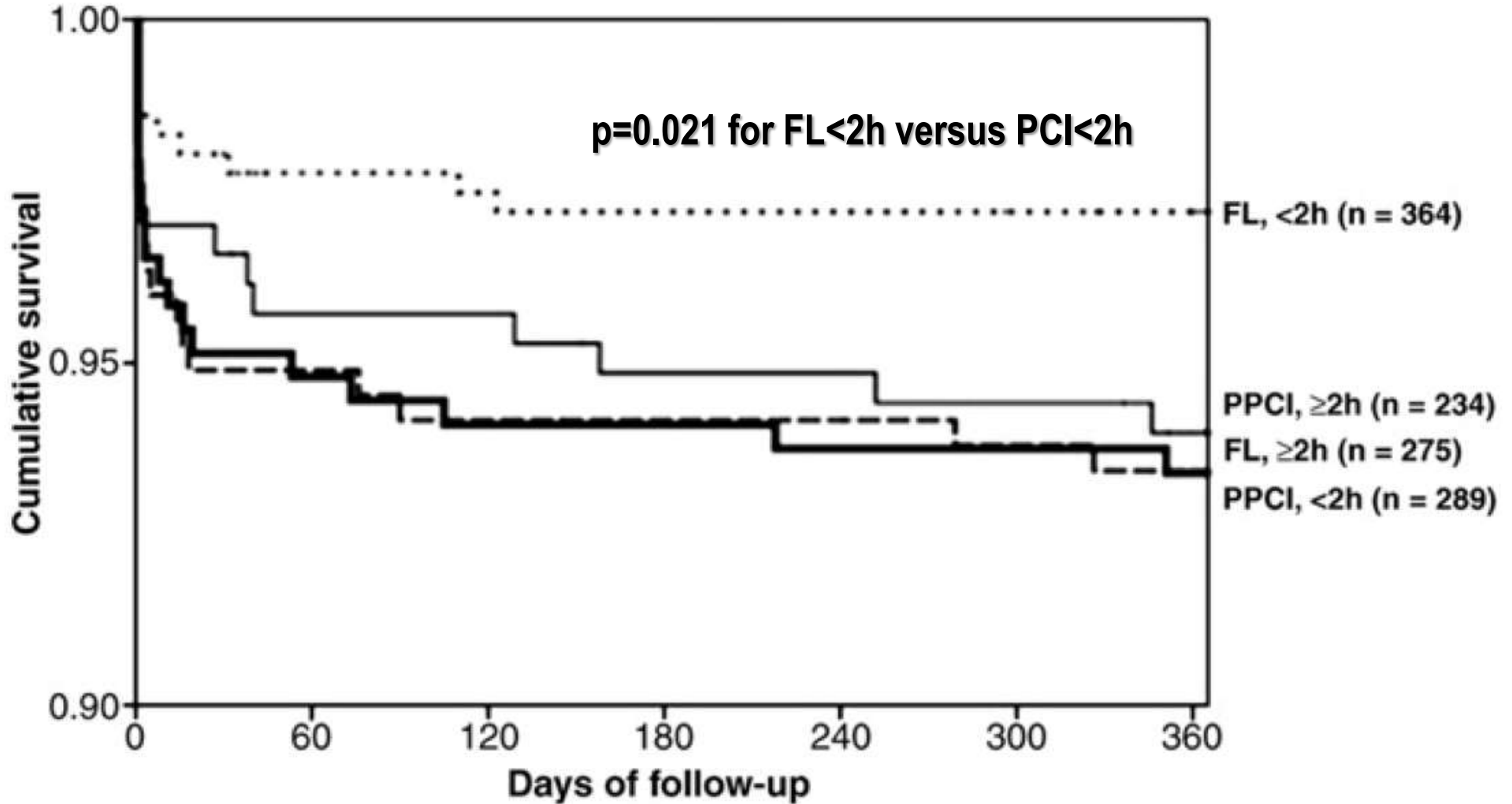
In STREAM at 30 days, we explored the strategy of fibrinolysis with bolus tenecteplase given before transport to a PCI-capable hospital followed by timely coronary angiography in STEMI patients presenting within 3 hours and unable to undergo primary PCI within 1 hour. We observed this was associated with

- similar composite endpoint as primary PCI
- a small increased risk of intracranial bleeding
- a non-significant 1.5% absolute lower incidence of cardiogenic shock and congestive heart failure

Prior results from CAPTIM & WEST and FAST-MI suggest a beneficial long-term effect from pharmaco-invasive therapy

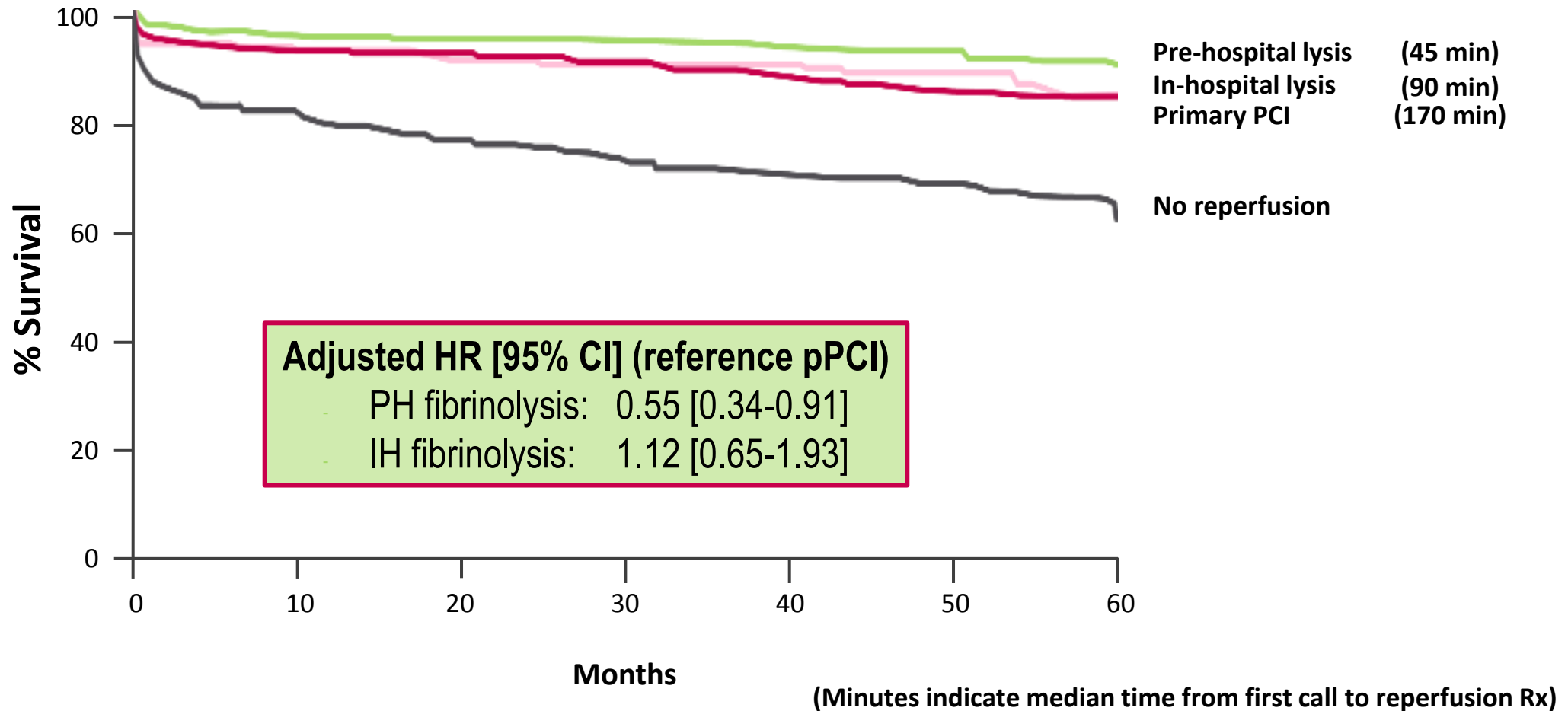
The objective of this presentation is to report the 1 year mortality results in STREAM

CAPTIM – WEST combined (n = 1,168): One year survival by time from symptom onset

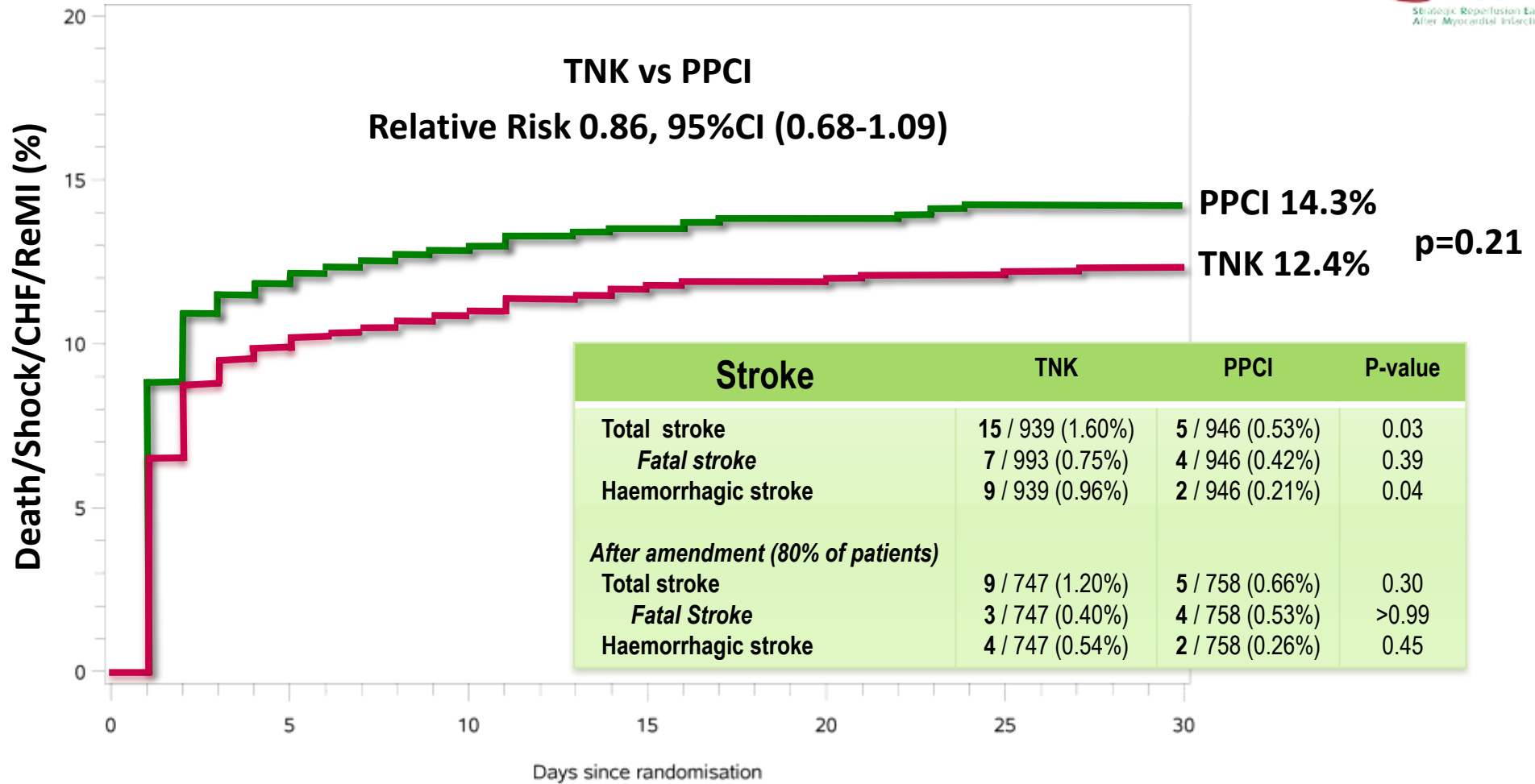


FAST-MI registry (n=1,492)

Five-year mortality according to reperfusion strategy



PRIMARY COMBINED ENDPOINT / STROKE



Number at risk							
Tenecteplase	943	848	837	829	827	825	823
Primary PCI	948	836	824	818	815	811	811

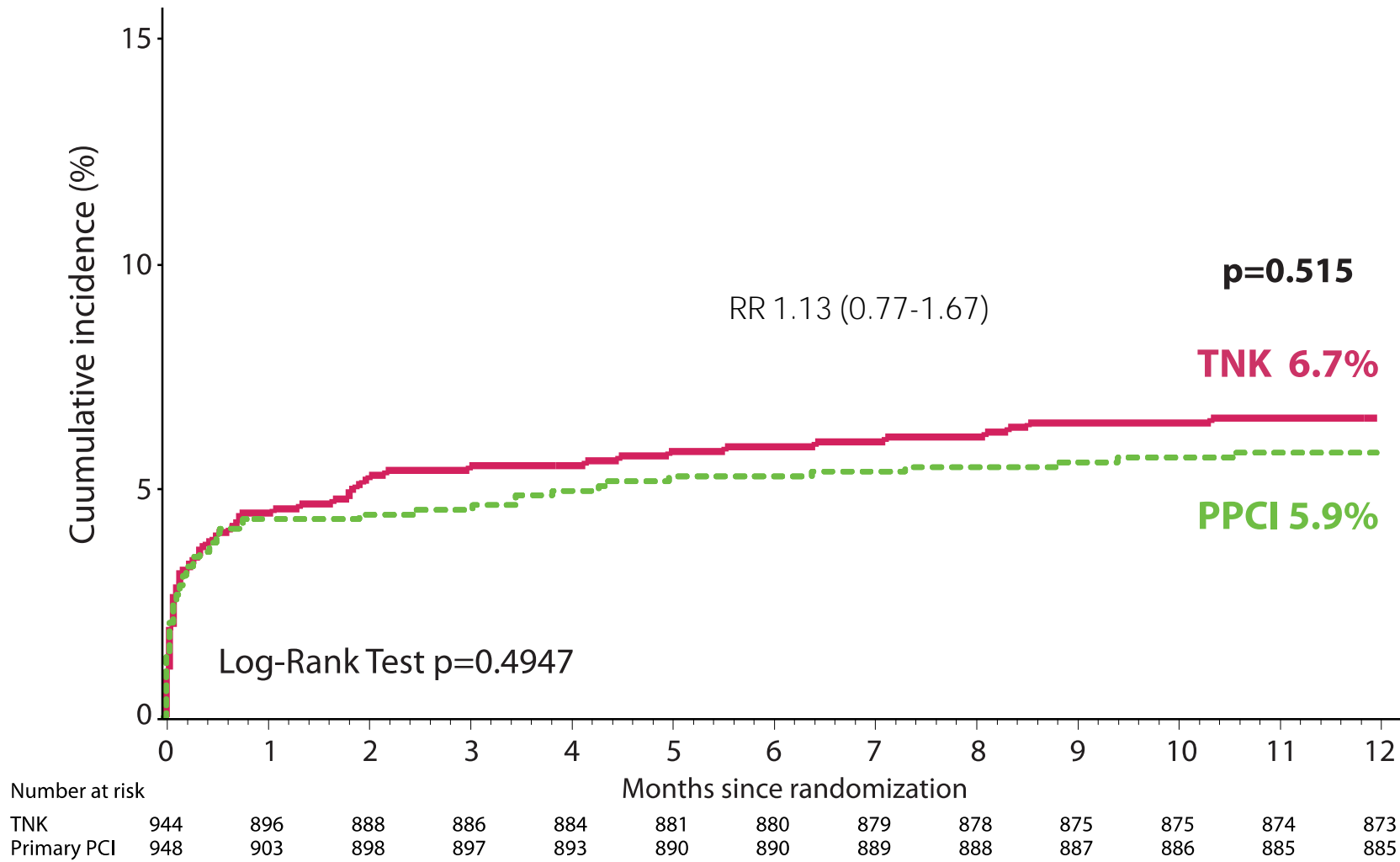
One-year mortality rates

%	Pharmaco-invasive (N=944)	PPCI (N=948)	P-value
1 year follow-up available	99.2%	99.3%	
Death at 1 year	6.7%	5.9%	0.52
Cardiac death at 1 year	4.0%	4.1%	0.93
<i>Death before 30d</i>	4.6%	4.4%	0.88
<i>Death between 30d & 1y</i>	2.1%	1.5%	<i>nc</i>

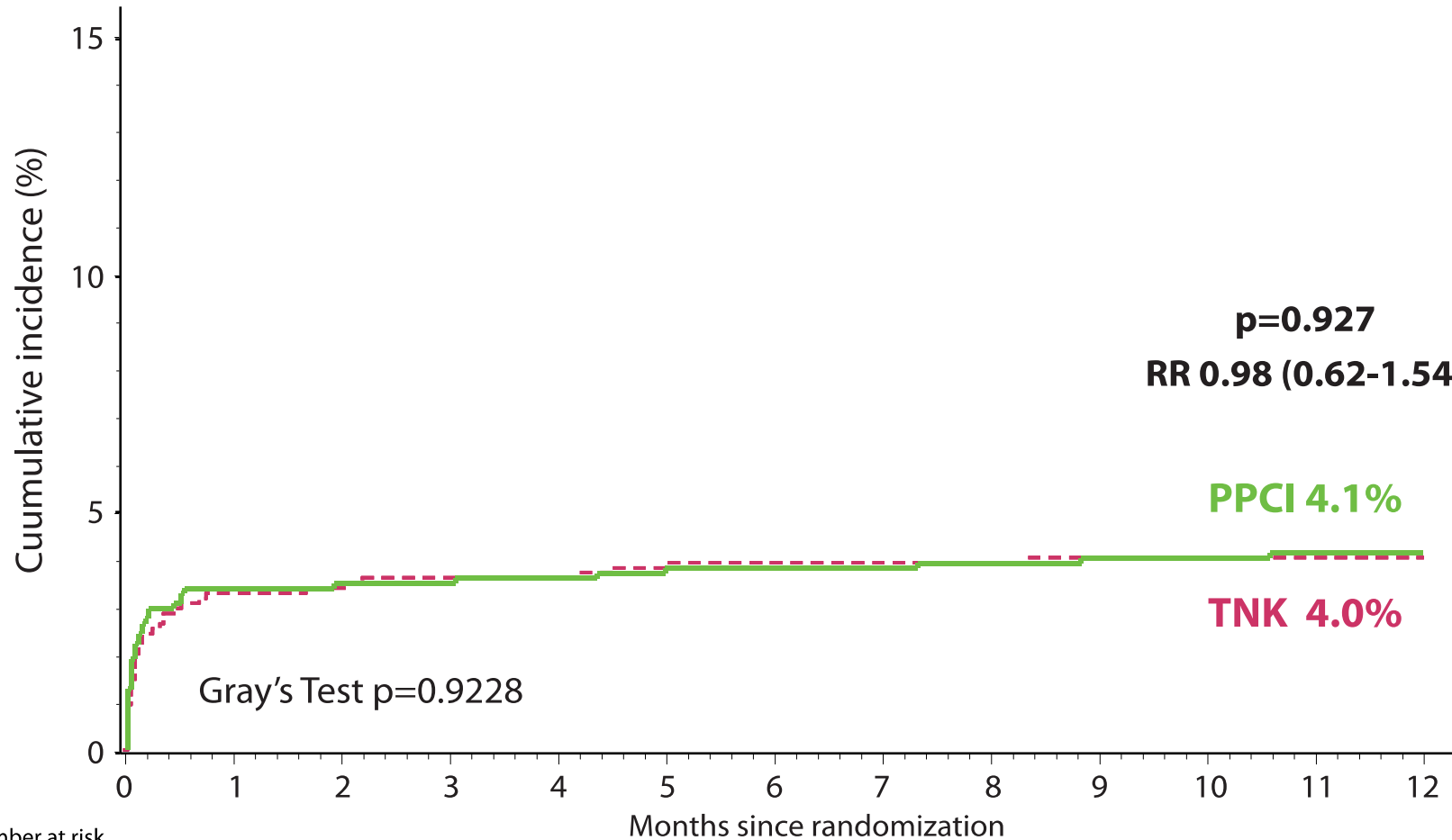
Causes of death between 30 days & 1 year

	Pharmaco-invasive (N=944)	PPCI (N=948)
Death	20 (2.1%)	14 (1.5%)
Cardiac	7/20	7/14
Stroke or ICH	2/20	0/14
Major (non-ICH) bleed	0/20	1/14
Other non-cardiac	11/20	6/14

All-cause mortality



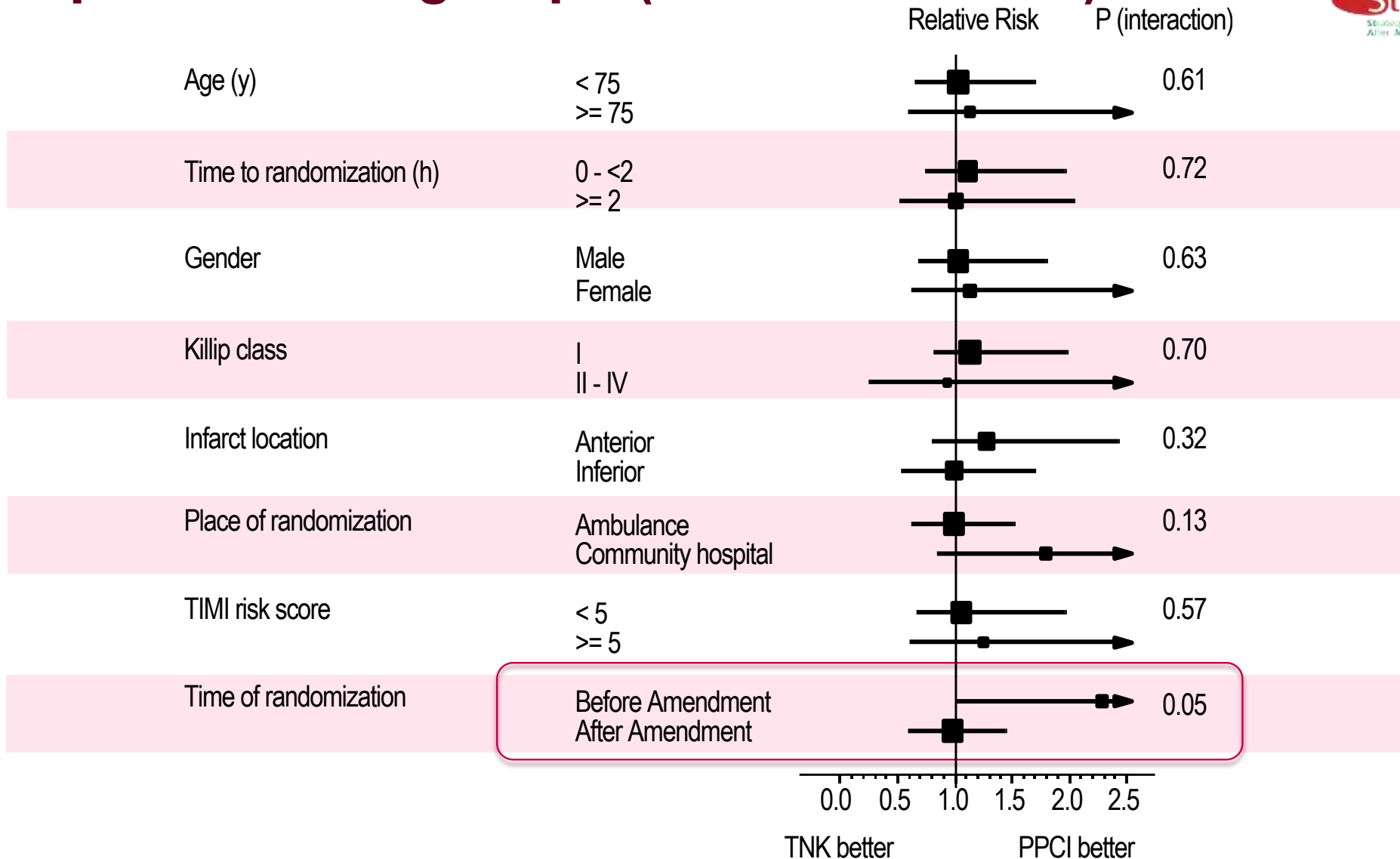
Cardiac mortality



Number at risk

TNK	944	896	888	886	884	881	880	879	878	875	875	874	873
Primary PCI	948	903	898	897	893	890	890	889	888	887	886	885	885

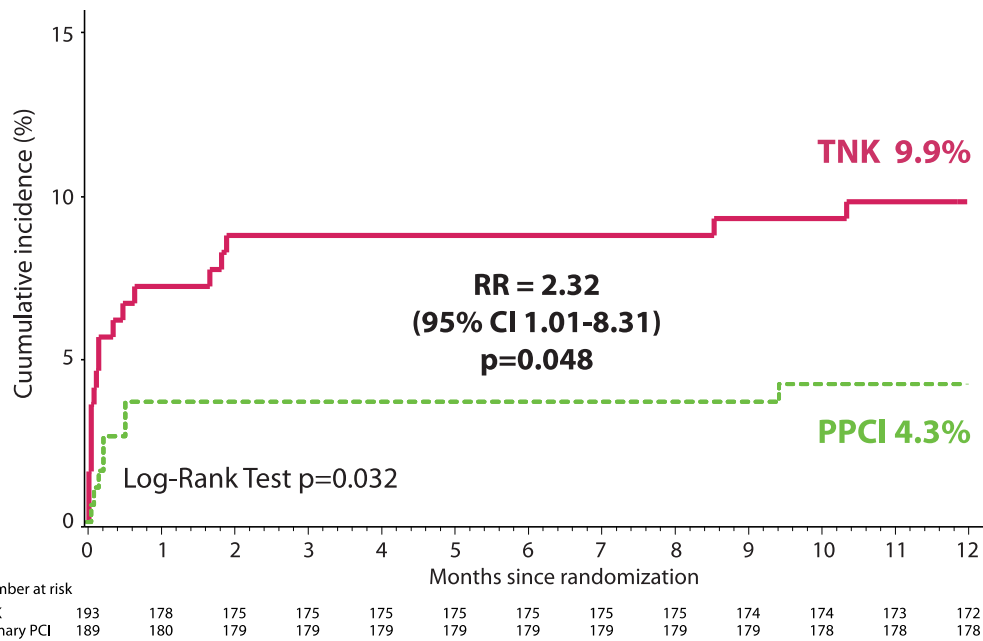
Prespecified subgroups (all-cause death)



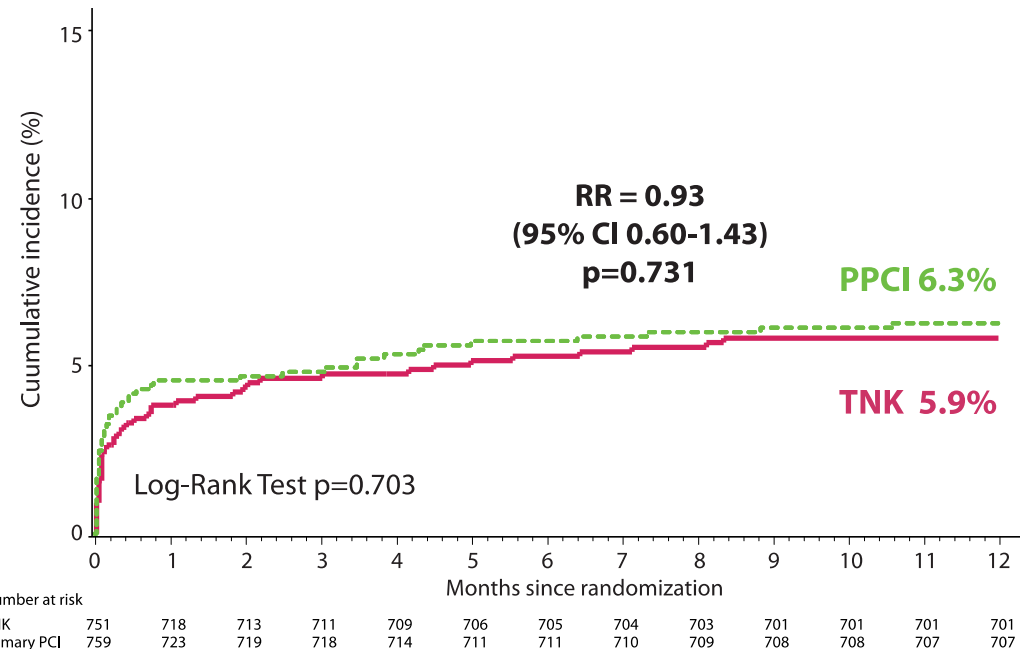
All-cause mortality before & after amendment



Patients randomized before Am. (n=382)



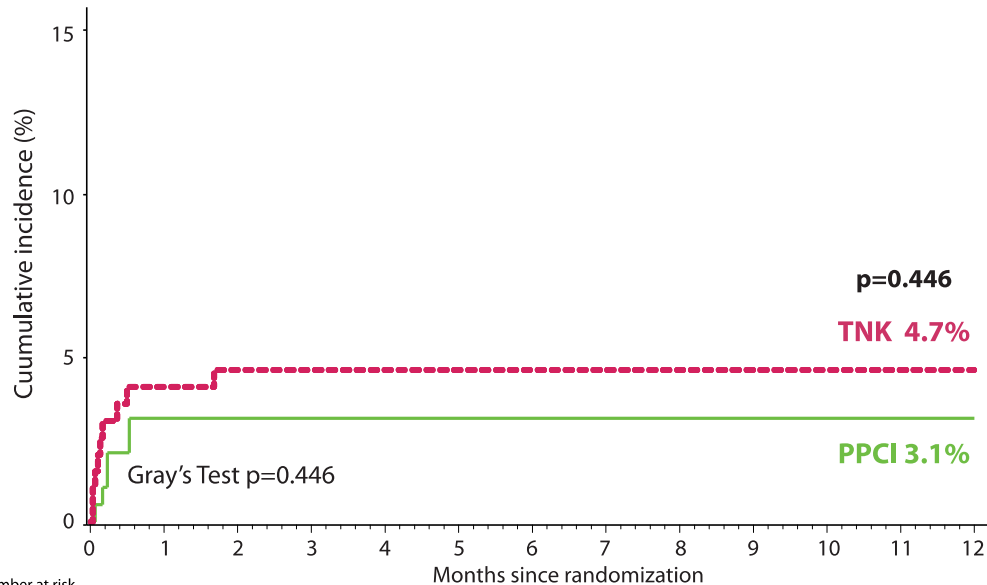
Patients randomized after Am. (n=1,510)



Cardiac mortality before & after amendment

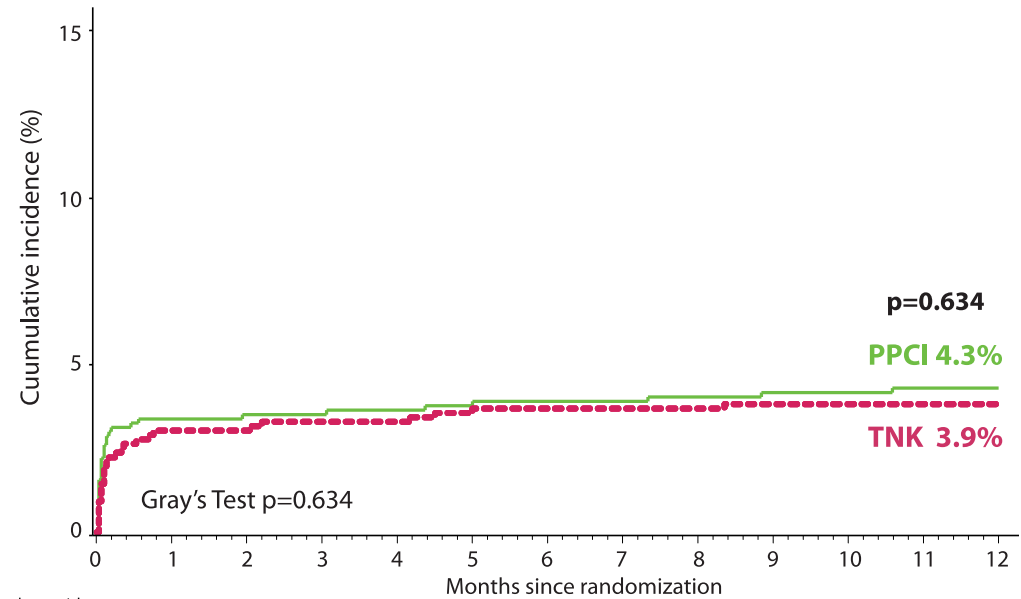


Patients randomized before Am. (n=382)



Number at risk	0	1	2	3	4	5	6	7	8	9	10	11	12
TNK	193	178	175	175	175	175	175	175	175	174	174	173	172
Primary PCI	189	180	179	179	179	179	179	179	179	179	178	178	178

Patients randomized after Am. (n=1,510)



Number at risk	0	1	2	3	4	5	6	7	8	9	10	11	12
TNK	751	718	713	711	709	706	705	704	703	701	701	701	701
Primary PCI	759	723	719	718	714	711	711	710	709	708	708	707	707

Interaction P = 0.380

CONCLUSIONS



- **All-cause and cardiac mortality at one-year were similar irrespective of the treatment strategy.**
- **After the amendment, mortality rates in both arms converged. While the amendment likely played a role, we cannot exclude the play of chance.**

Taken together, these one-year results indicate that the pharmaco-invasive strategy used in STREAM was similar to primary PCI and offers an alternative reperfusion therapy strategy to a substantial proportion of patients worldwide.