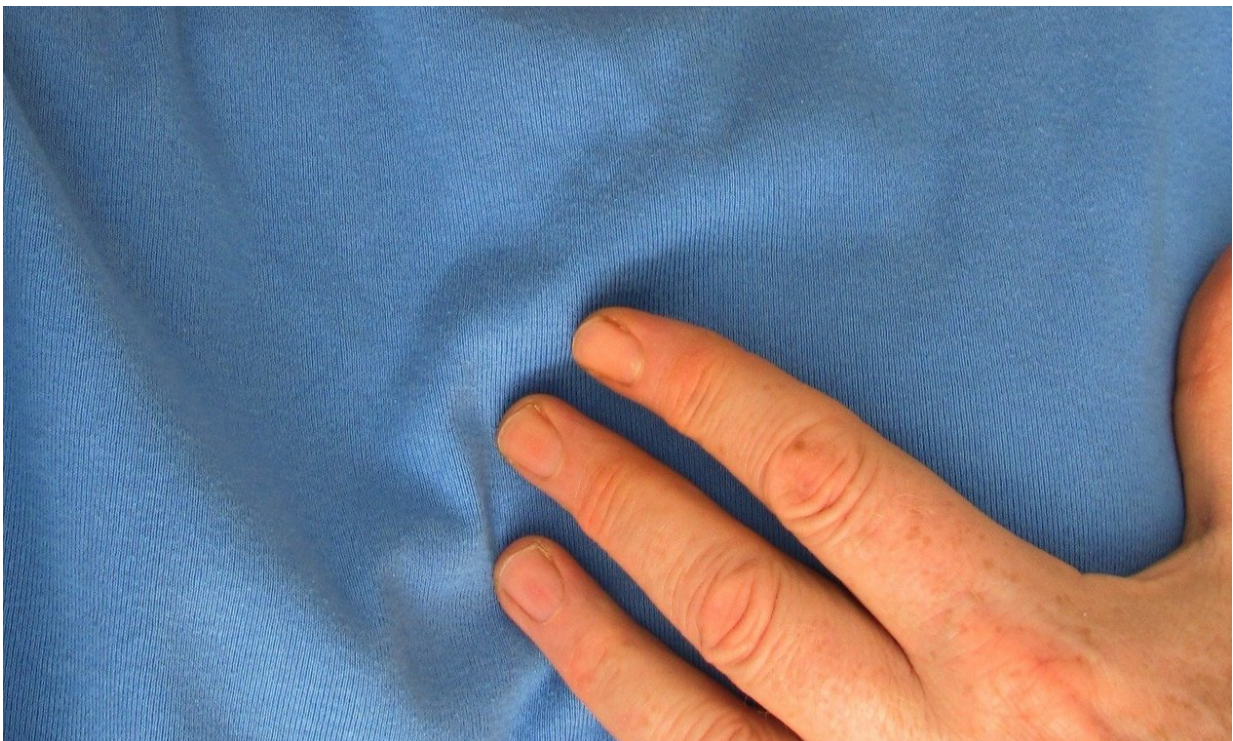


International COVID registry finds inequities in heart attack outcomes based on ethnicity

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The latest, comprehensive data from The North American COVID-19 Myocardial Infarction (NACMI) Registry was presented today as late-breaking clinical research at the Society for Cardiovascular Angiography

& Interventions (SCAI) 2021 Scientific Sessions. Results reveal in these series of STEMI activations during the COVID era, patients who tested positive for COVID-19 were less likely to receive diagnostic angiograms. Those with COVID-19 positive status had higher in-hospital mortality. The prospective, ongoing observational registry was created under the guidance of the SCAI, Canadian Association of Interventional Cardiology (CAIC) and American College of Cardiology (ACC). The initial results of the registry were published in the Journal for American College of Cardiology (JACC) on April 27, 2021.

According to the American Heart Association, more than 930,000 people suffer from [heart](#) attacks every year and more than a quarter of those patients suffer the more severe type of heart attack, an ST-elevated myocardial infarction, or STEMI caused by the sudden, total blockage of a coronary artery. Qualifying patients often undergo a (percutaneous coronary intervention (PCI), a nonsurgical, angiography procedure that improves blood flow to the heart. However, little is known on how the ongoing COVID-19 pandemic impacted the use of angiography procedures based on patient demographics and outcomes.

As of April 9, 2021, more than 1,600 patients were included in the NACMI (331 STEMI with were COVID-19, 645 suspected COVID-19 positive patients and 662 control—a group of age and sex matched STEMI patients treated pre-COVID-19). The primary outcome was a composite of in-hospital death, stroke, recurrent [myocardial infarction](#) or repeat unplanned revascularization. The overall goal of the registry is to understand demographic characteristics, management strategies and outcomes of COVID-19 patients with STEMI.

Findings show COVID-19 positive patients were more likely to be of minority ethnicity, have diabetes and undergo [medical therapy](#) as a first-line treatment rather than PCI (all p

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