

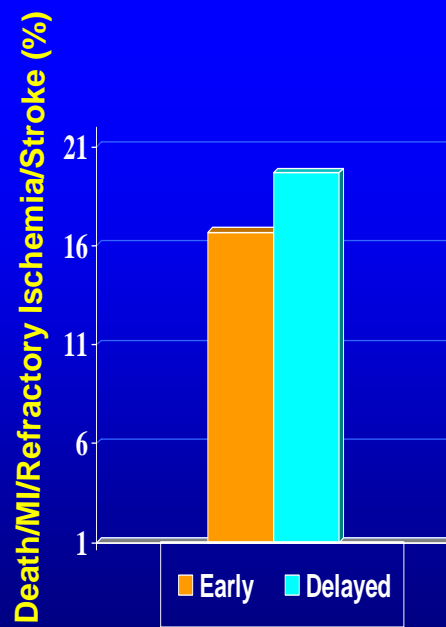
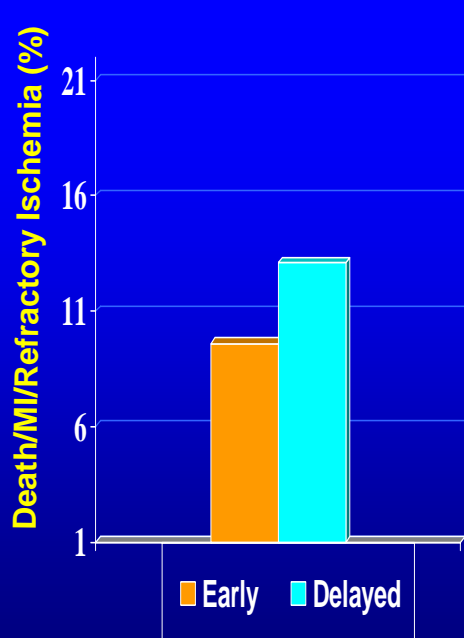


# TIMACS Trial

## Timing of Intervention in patients with Acute Coronary Syndromes

**BACKGROUND:** There are important risks and benefits associated with early and delayed intervention in ACS. **PURPOSE:** To evaluate optimal timing of coronary intervention in UA and NSTEMI. **DESIGN:** Prospective, international, multi-center, randomized, factorial design trial from 100 centers in 30 countries. **Randomized Treatments:** Early Invasive Strategy - as soon as possible but no later than 24 hours and Delayed Invasive Strategy – greater than 36 hours. Both strategies included coronary angiography followed by anatomy-driven intervention (PCI or CABG).

### Secondary Endpoint Results



**Primary Endpoint:** Composite of death, MI or Stroke at 6 months

**Secondary Endpoints:** Composite of: 1) Death, new MI or refractory ischemia; 2) Death, new MI, stroke, refractory ischemia or repeat revascularization; 3) Stroke

### Results

Primary endpoint no overall difference between early and delayed intervention

Secondary endpoints for composite #1= 28% RRR (HR 0.72, p=0.002). Composite #2 = 16% RRR (HR 0.84, p=0.039). #3 Stroke=NS

### Conclusion

An early strategy appears to improve refractory ischemia in high-risk, NSTEMI patients and may provide guidance to clinicians in their decision-making regarding treatment strategies.