

The Third DANish Study of Optimal Acute Treatment of Patients with ST-segment Elevation Myocardial Infarction: PRImary PCI in MULTivessel Disease

Purpose: In patients with ST-segment Elevation Myocardial Infarction (STEMI) and multi-vessel disease, to evaluate if full revascularization vs. culprit lesion revascularization only provides better clinical outcomes.

Trial Design: Interventional, randomized, parallel, open label. N= 627. STEMI patients randomized after emergency angioplasty to standard medical follow-up vs. complete revascularization.

Primary Endpoint: Composite: All-cause death, myocardial infarction or revascularization at 1 year.

Trial Results	Complete Revascularization vs. Standard Medical Care P value
Composite	0.004
Unplanned Revascularization	<0.001 (5% vs. 17%)
Non-fatal MI	0.87
All-cause Death	0.43

Conclusions: Neither approach changed the rates of MI or death, but fewer complete revascularization patients required angioplasty or bypass surgery.