

Commentary on:  
**CPORT-E Trial**

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No relevant conflicts or disclosures

# Summary

- ♥ In a carefully selected subset of patients, the presence or absence of on-site cardiac surgery does not affect the 6 week outcomes of patients undergoing non-primary PCI when performed by experienced interventionalists in hospitals with defined minimum annual PCI volumes.
  - ♥ ***Can these results be reproduced in general community practice?***
- ♥ No-SOS → more unplanned cath/PCI (and trend for SOS → more emergency CABG)
  - ♥ ***Was this related to having (or not having) SOS?***
- ♥ Emergency CABG infrequent (0.10% No-SOS; 0.22% SOS)
  - ♥ ***Differences in outcomes of this subset?***
  - ♥ ***Differences in outcomes when additional transfer time needed?***

# Is there benefit to providing PCI in many community hospitals?

## ♥ For Patients:

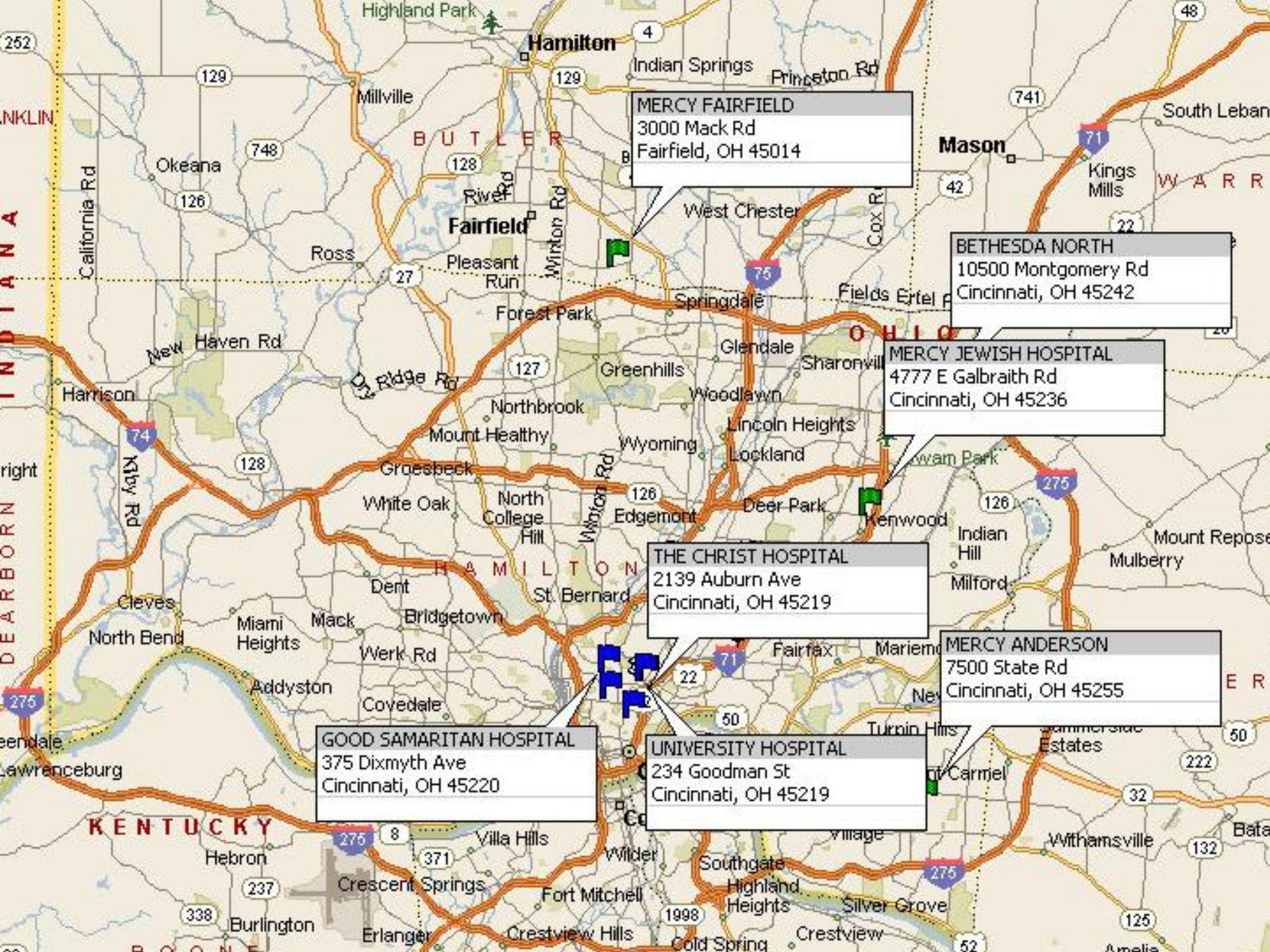
- ♥ Convenience

- ♥ *If* these results can be duplicated for 1<sup>o</sup> PCI then better outcomes *might* result *provided hospitals and interventionalists can perform well.*

## ♥ For Hospitals:

- ♥ Reputation

- ♥ \$\$\$ with current reimbursement model



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# Cincinnati Cardiac Surgery

Annual Cases/Hospital

