

ACC Latin America Conference 2016

ACS Management in Low-Resource Settings

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Director Cardiolink Clin Trials
Governor Elected ACC Chapter MEXICO

DISCLOSURE

(last 12 months)

Categories of potential conflict of interest

Sponsoring of transport and/or hotel accommodations in Congresses

Sponsored in clinical trials and/or in basic research funded by pharmaceutical companies

Speaker in meetings sponsored by pharmaceutical companies

Participate in normative committees of scientific trials sponsored by pharmaceutical companies

Receive institutional support from pharmaceutical companies

Writing of educative materials sponsored by pharmaceutical companies

Hold stocks from pharmaceutical companies

Company

SANOFI, Pfizer AstraZeneca, MSD, Servier, Medtronico, Boston Sci, Abbot Vascular

SANOFI, AZ, Daichi, Esai

SANOFI, AZ, Pfizer, MSD, Abbot

SANOFI, , Daichi, Esai

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BI, MSD, Pfizer, Sanofi

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TEACHING POINTS

- **Fighting against the same Enemy but in two different worlds**
- **Evolution in ACS treatment in México**
- **Challenges to improve the approach & treatment in ACS in México**



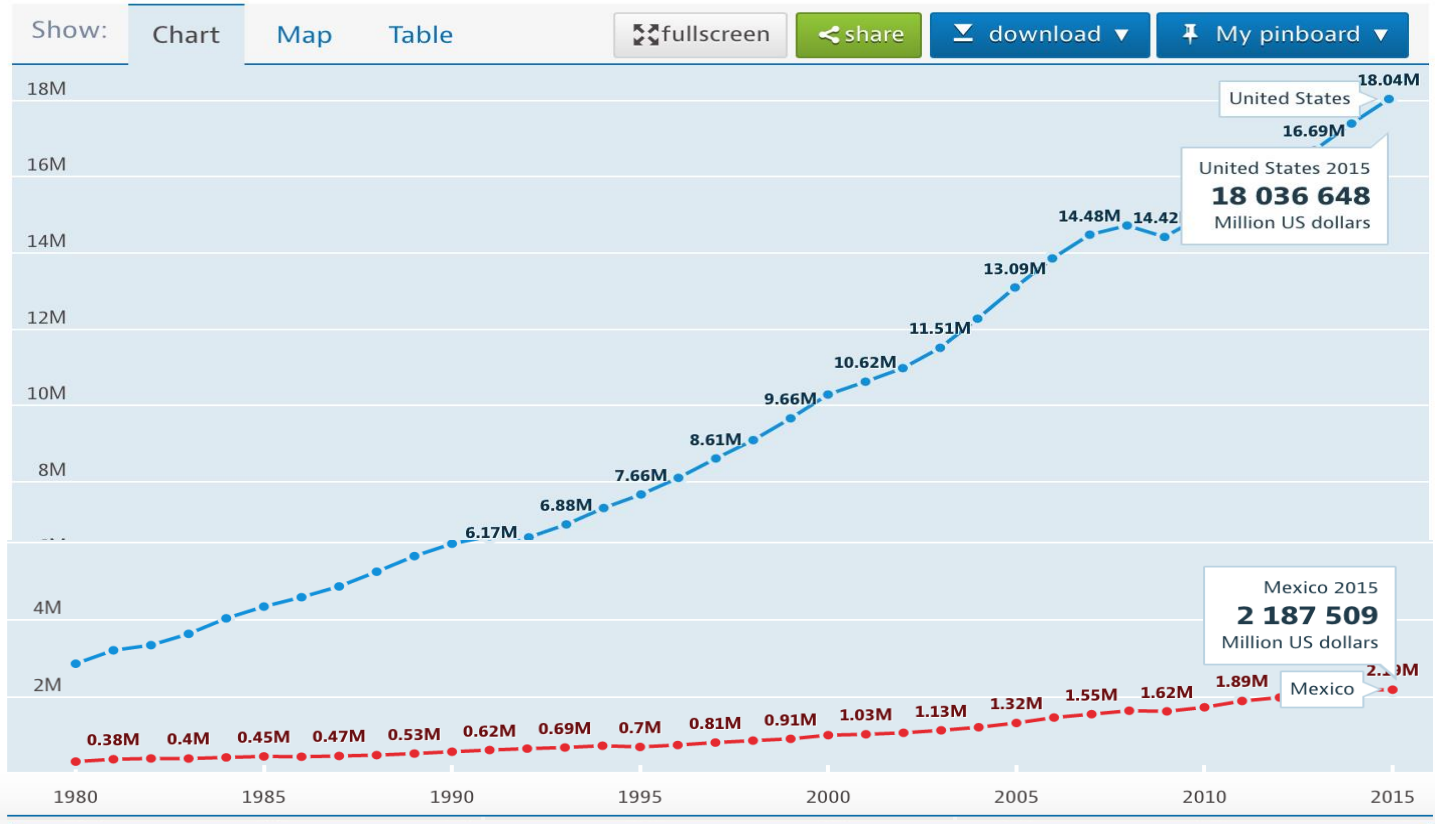
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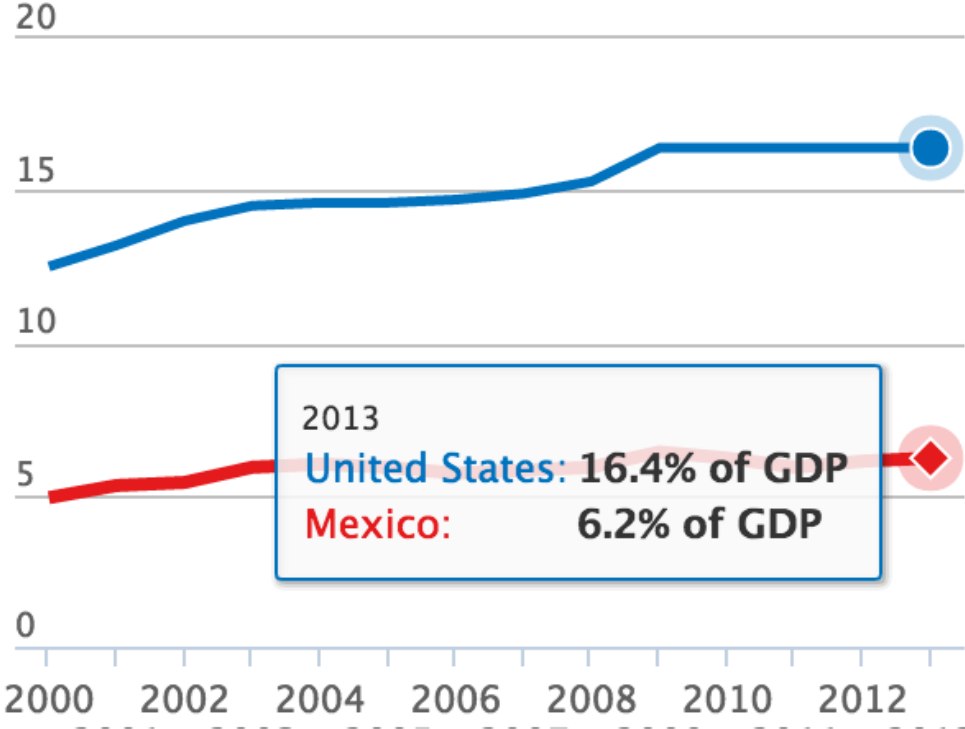
Gross domestic product (GDP) Total, Million US dollars, 1980 – 2015

Source: Aggregate National Accounts, SNA 2008 (or SNA 1993): Gross domestic product



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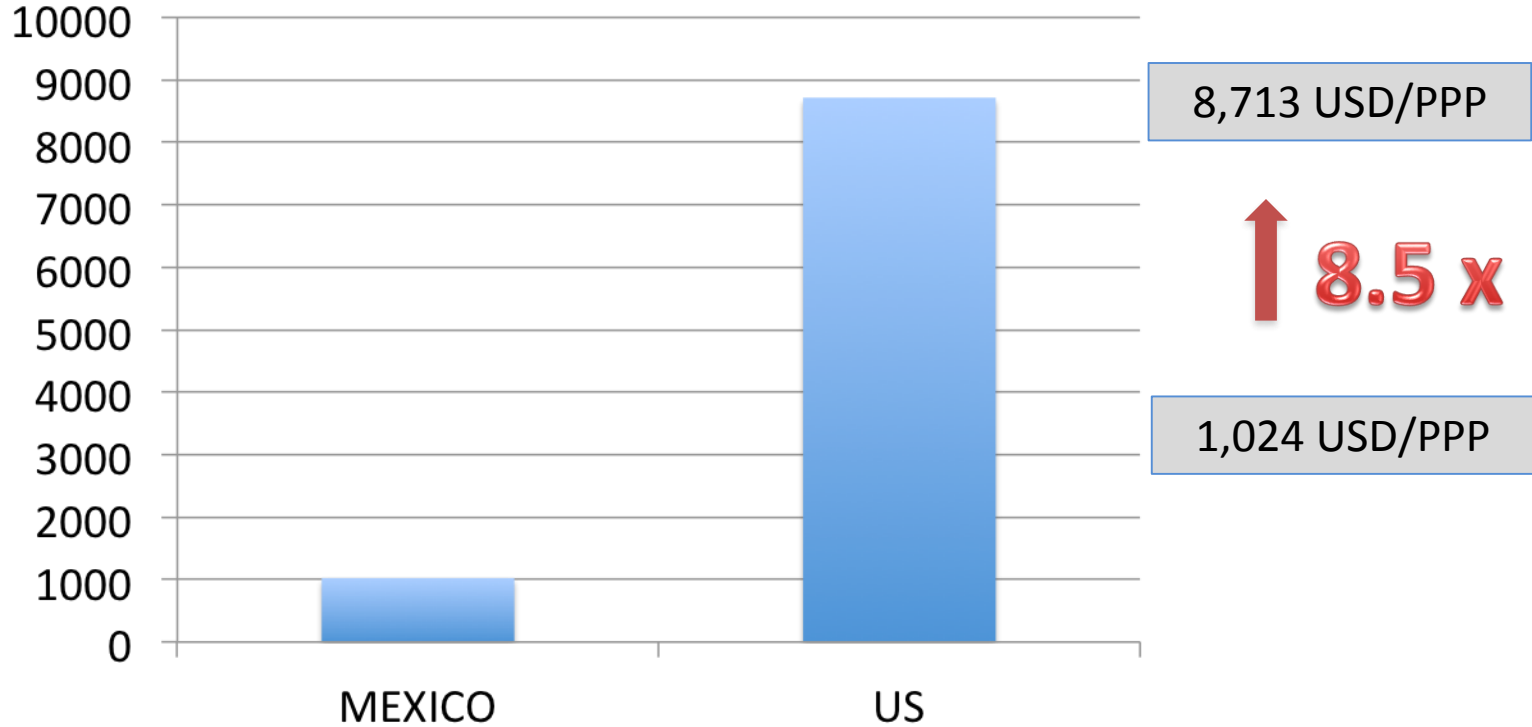
Total Health Expenditure, % of GDP



Total Health Expenditure, % of GDP / Billions Dlls



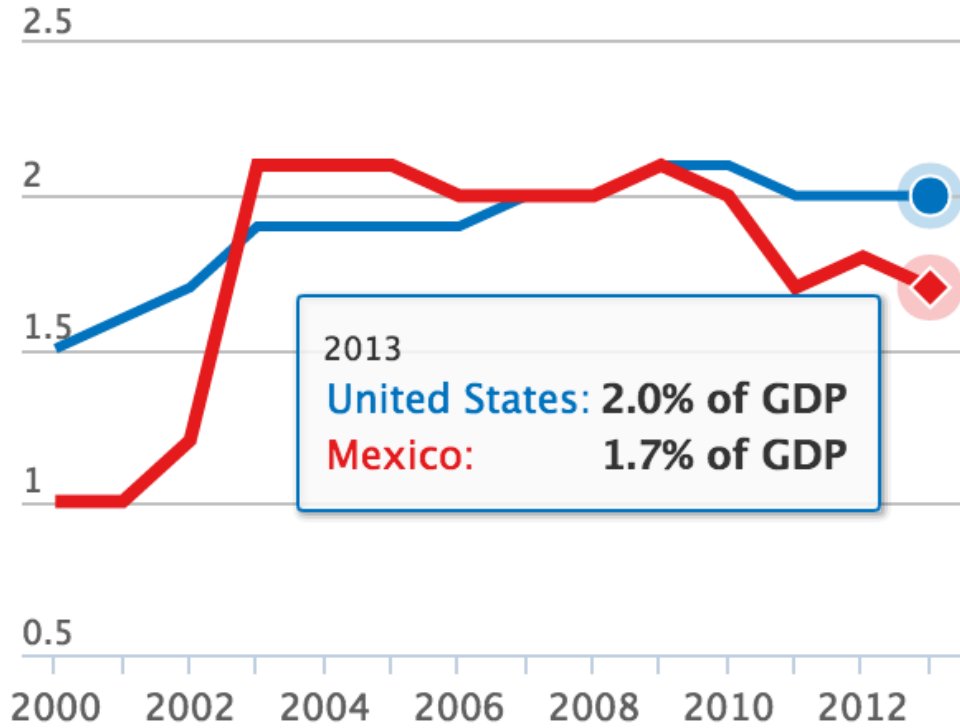
Total Health Expenditure, Per Capita (USD/PPP)



Public health expenditure, % of GDP



Expenditure on pharmaceuticals, % of GDP



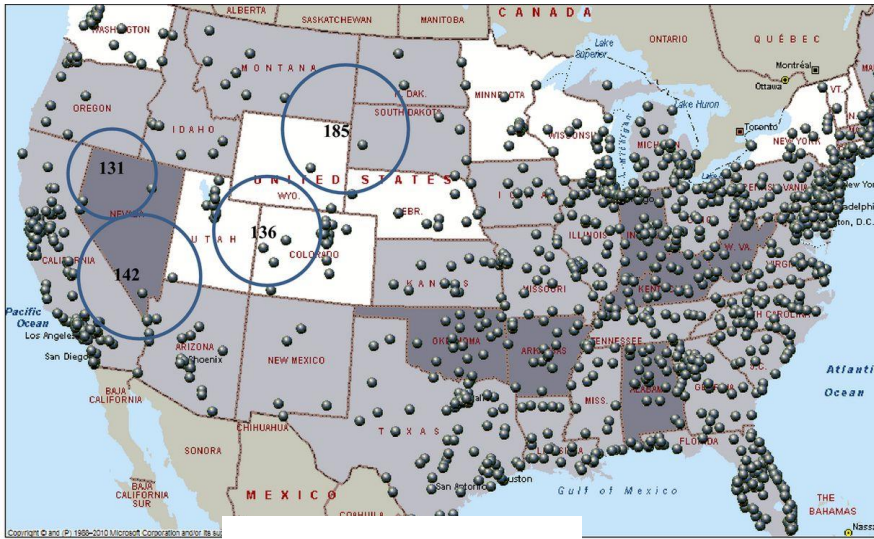
360 billions/dlls

↑ 9x

37 billions/dlls



CATH LABS in U.S. and MEXICO



Total 2,600

8.1 cath lab/million people

Institución	Núm de Salas	Asegura dos por sala
Privado	151	13,569
SALUD	45	1,175,733
IMSS	32	1,821,661
ISSSTE	17	732,395
SEDENA	2	416,000
SEMAR	2	139,500
PEMEX	2	377,500

Total: 251
salas de
hemodinamia



Total 287

2.3 cath lab/million people



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NATIONAL REGISTRIES OF ACS IN MEXICO

RENASICA I
2002

N = 4,253

Lupi Herrera Eulo
Arch Cardiol Mex 2002:72

RENASICA 2
2005

N = 8,600

García Castillo Armando.
Arch Cardiol Mex 2005:75

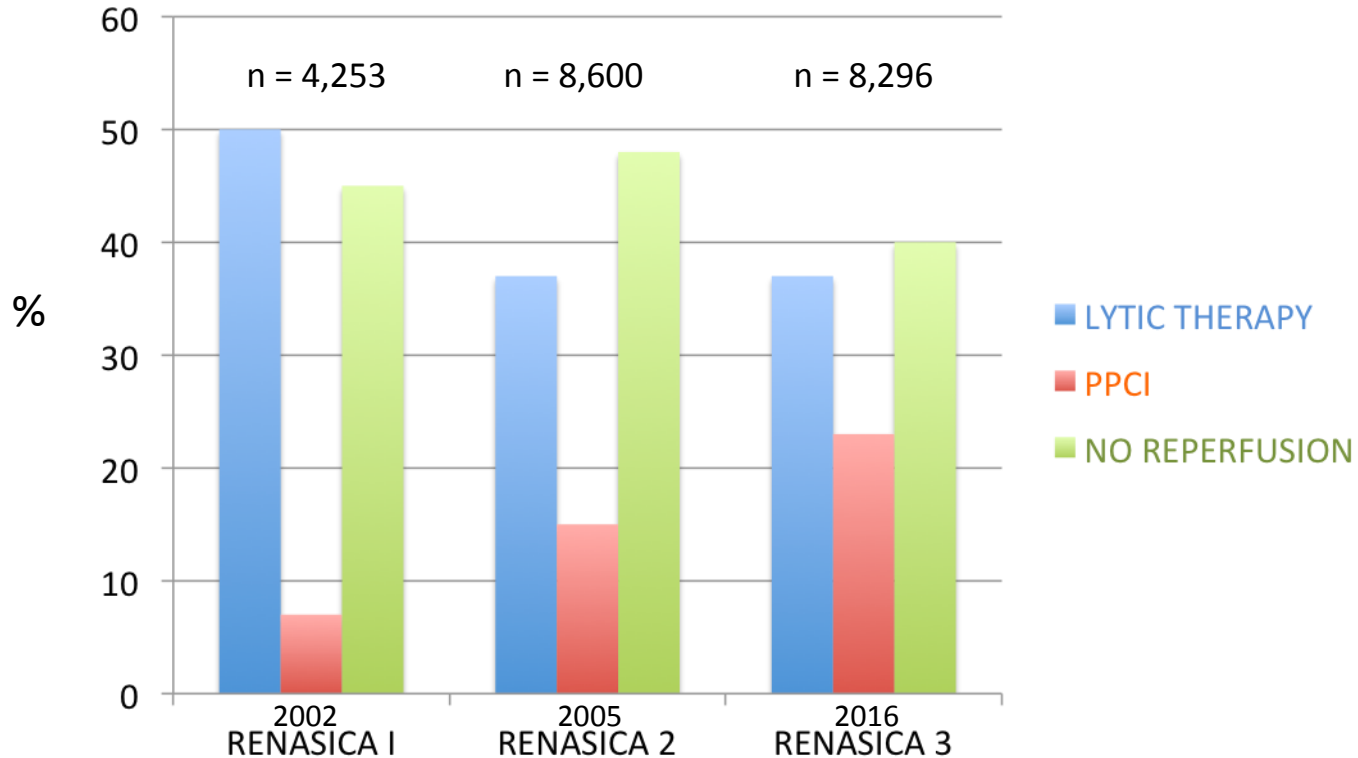
RENASICA 3
2016

N = 8,296

Martínez Sanchez Carlos
Arch Cardiol Mex 2016:86



STEMI: Reperfusion Therapy



Lupi Herrera E, The RENASICA Cooperative Group. National Registry of Acute Ischemic Coronary Syndromes (RENASICA). Arch Cardiol Mex. 2002;72: S45-64.



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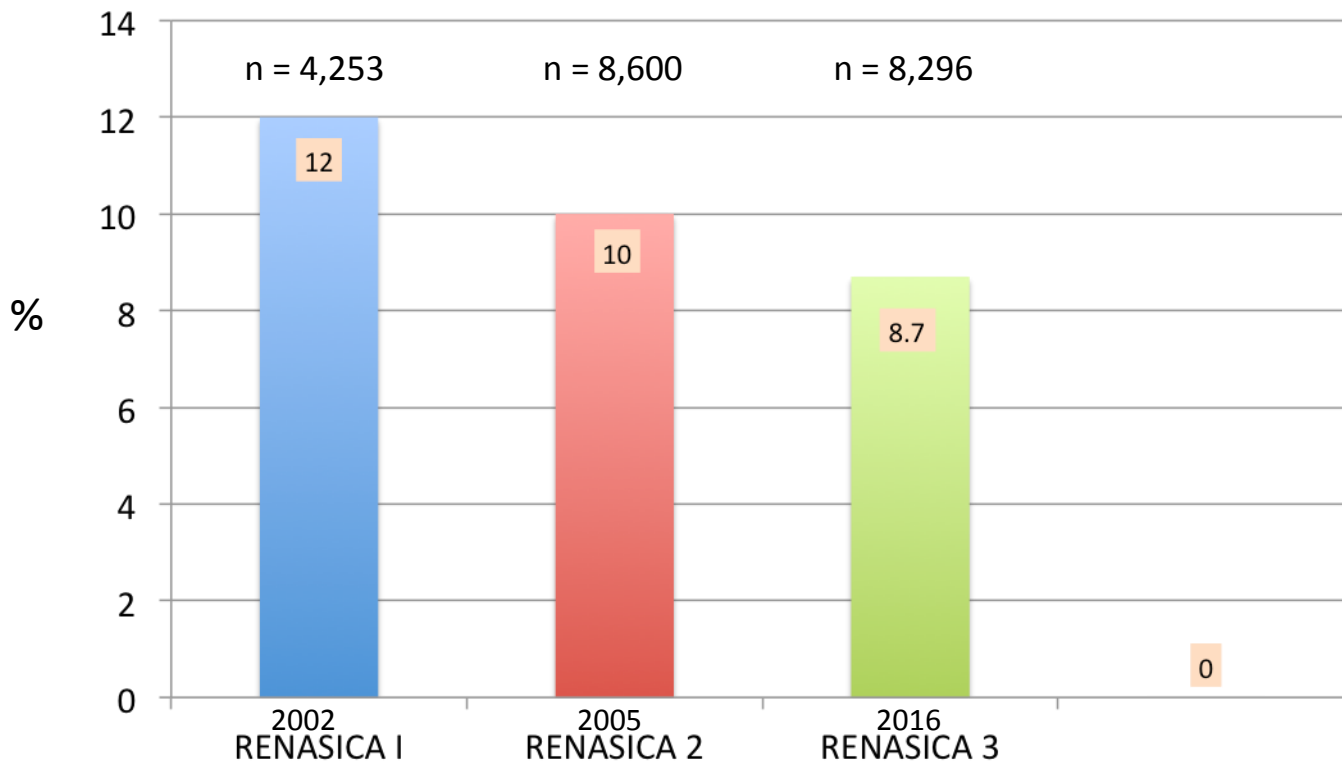
Garcia-Castillo A, et al. RENASICA 2 Mexican Registry of Acute Coronary Syndromes.

Arch Cardiol Mex. 2005;75:S6-32

Martinez Sanchez et al. RENASICA 3 Mexican Registry of Acute Coronary

Syndromes. Arch Cardiol Mex. 2016;86:221-32

STEMI: Mortality



Lupi Herrera E, The RENASICA Cooperative Group. National Registry of Acute Ischemic Coronary Syndromes (RENASICA). Arch Cardiol Mex. 2002;72: S45-64.



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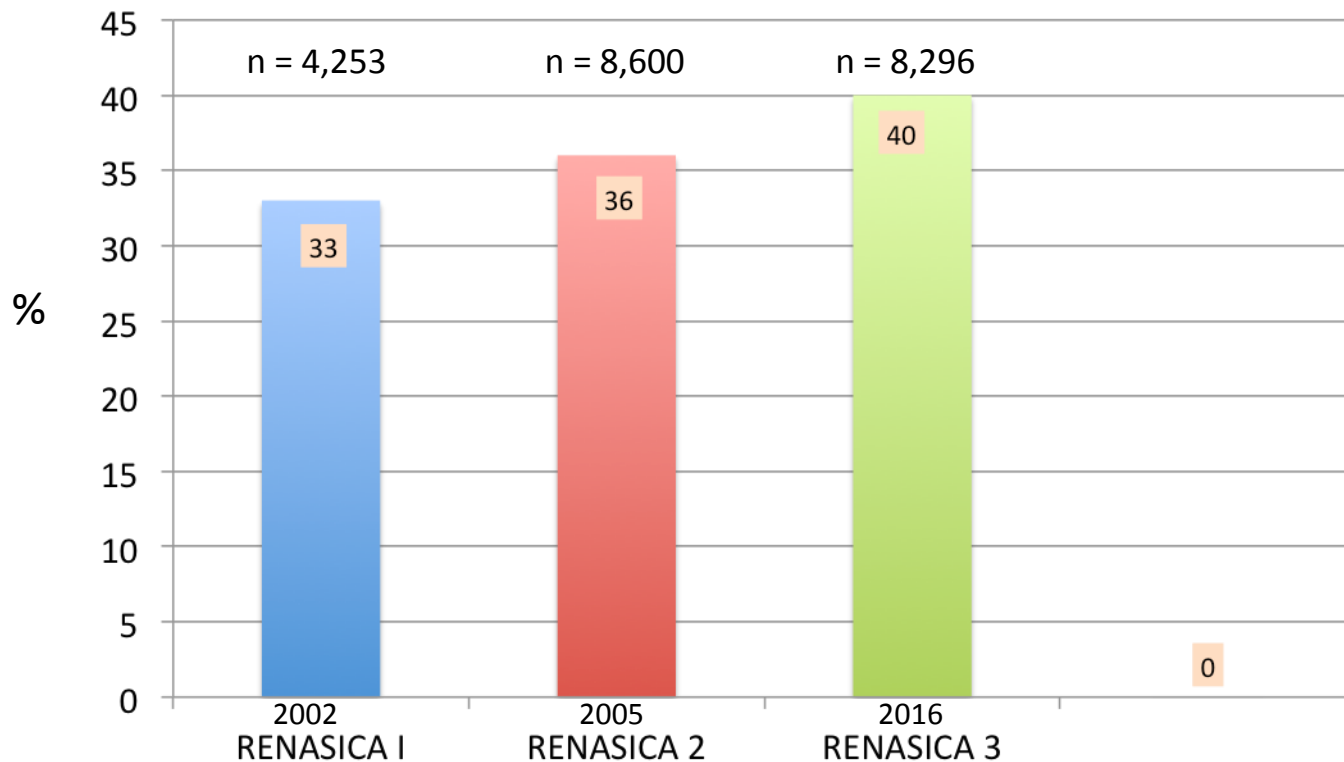
Garcia-Castillo A, et al. RENASICA 2 Mexican Registry of Acute Coronary Syndromes.

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Syndromes. Arch Cardiol Mex. 2016;86:221-32

UA/NSTEMI: Early Invasive Strategy/PCI



Lupi Herrera E, The RENASICA Cooperative Group. National Registry of Acute Ischemic Coronary Syndromes (RENASICA). Arch Cardiol Mex. 2002;72: S45-64.



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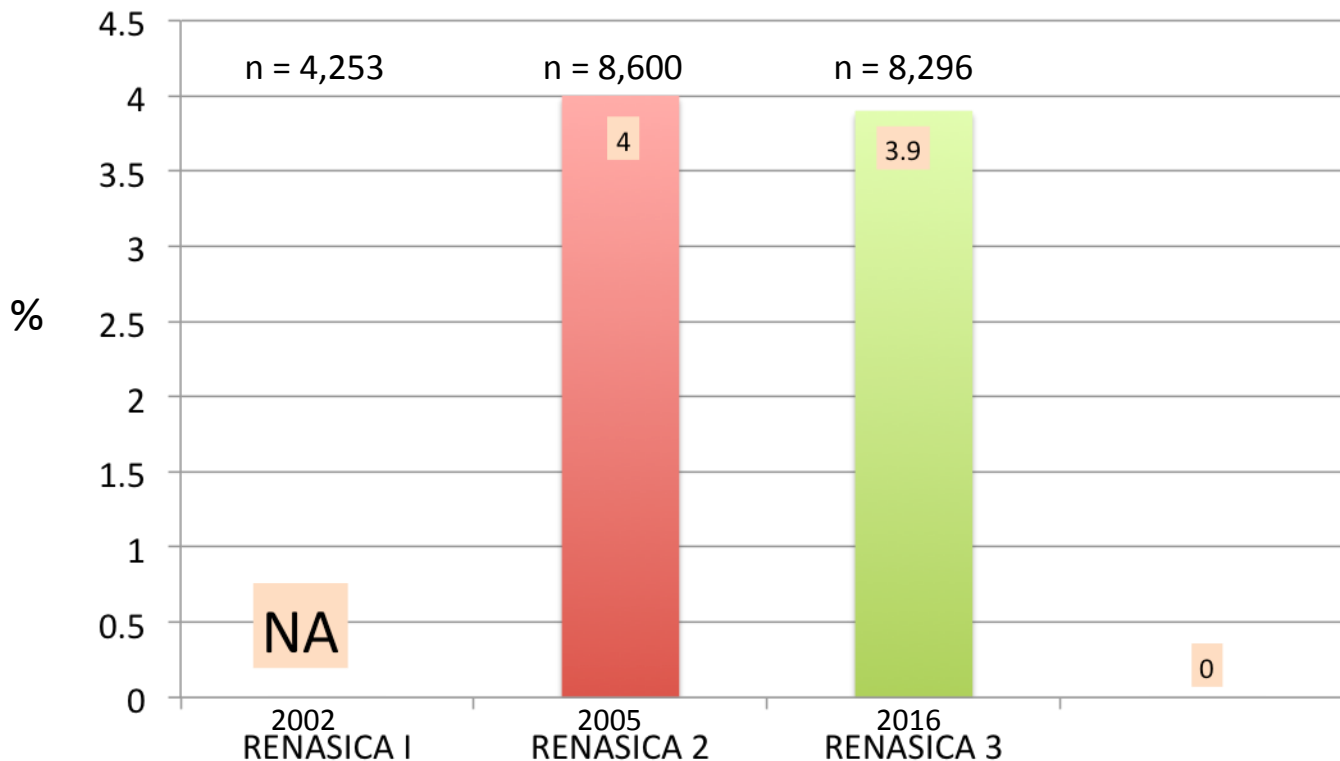
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UA/NSTEMI: Mortality



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Syndromes. Arch Cardiol Mex. 2016;86:221-32

Approach & Outcomes






RENASICA III
(n = 8,296)

ACCESS
(n = 12,068)

GRACE
(n = 102,341)

CRUSADE
(n = 180,842)

Lytic Therapy (%)	37	30	50	21
Primary PCI (%)	23	10	12	67
Reperfusion Therapy (%)	60	40	70	88
Cath (%)	60	58	56	83
PCI (%)	32	35	33	74
CABG (%)	6	6	6	12
Death STEMI (%)	8.7	9	5	6
Death UA/NSTEMI (%)	3.9	6	2	3



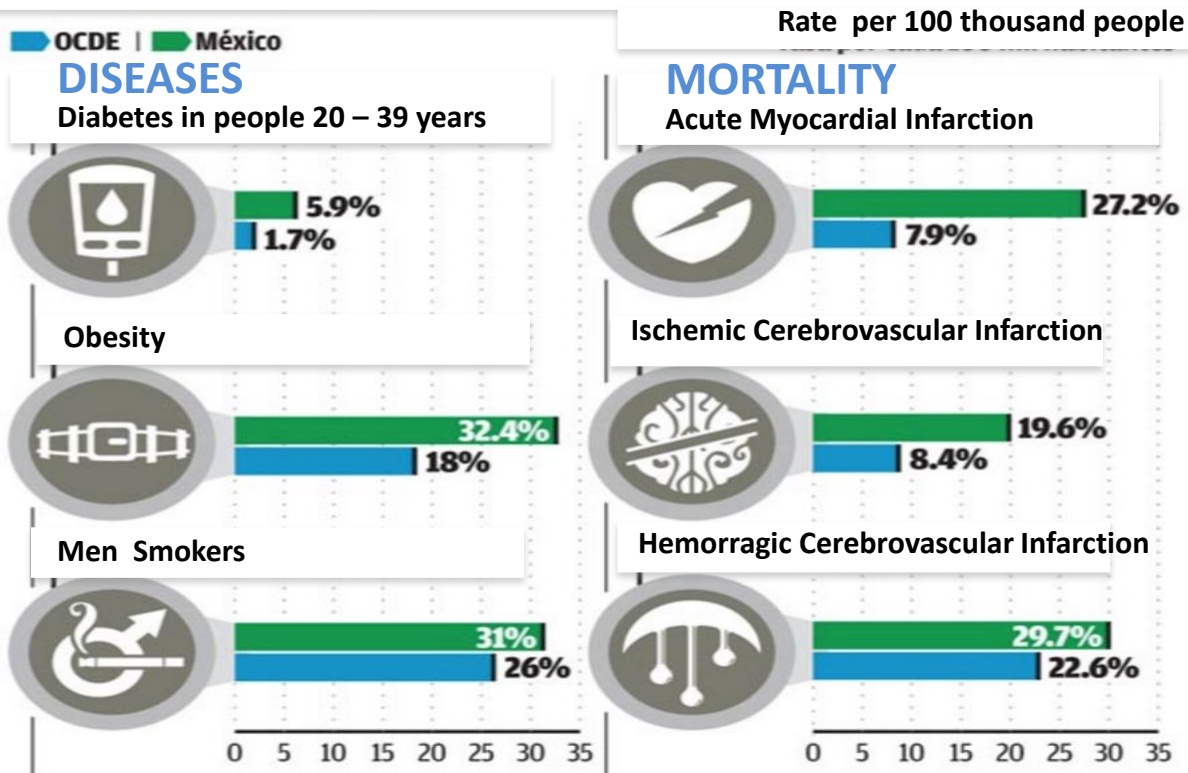
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CARDIOVASCULAR BURDEN: OACD Data



INFORMACIÓN: Mariana Hernández | FUENTE: OCDE | INFOGRAFÍA: MILENIO



5 Tasks Pending

- 1.- Increase the Public Health Expenditure from 6% to 10% of GDP
- 2.- Implementation of Chest Pain Center Programs in the country
- 3.- Increase the number of Hospitals with Cath Lab facilities
- 4.- Implementation of the “Codigo Infarto” Project
- 5.- Develop “Reperfusion Regional Networks” in the country
- 6.- Avoid Fragmentation in Health Care System

