LDL and at all levels of risk scoring." (However, Dr. Cushman said, CRP levels do not directly correlate with lipid measures, and simultaneous assays of CRP + lipids will add value to risk assessment and stratification.)

"What we're really talking about here, though, is reducing inflammation in our patients at risk," Dr. Cushman said. "And that brings us back to the fundamentals: lifestyle modification, weight loss, exercise. We need to see more and better control of blood pressure and impaired glucose tolerance. It's great to have biomarkers to guide us, but we have to control the multiple modifiable risks that patients face."

Revascularization Issues

Controversy has reigned regarding the merits of invasive versus conservative approaches to patients with ACS. Peter B. Berger, MD, Director of Interventional Cardiology, Duke University, Durham, NC, discussed several trials evaluating this question.

The ISAR-COOL study tested the hypothesis that unstable ACS patients might do equally as well if "bathed in" antithrombotics for a "cooling-off period" prior to revascularization. However, those patients delaying intervention for the antithrombotic pretreatment period did not see improved outcomes compared with "immediate intervention accompanied by intense anticoagulation," according to Dr. Berger.

On the other hand, the ICTUS (Invasive versus Conservative Treatment in Unstable Coronary Syndromes) Trial (deWinter RJ et al, *N Engl J Med* 2005:353) found no difference in outcomes between early PCI and conservative approaches. One study arm consisted of troponin-positive patients randomized between early PCI or conservative (medical) treatment. Troponin-normal patients formed the control group. Primary combined endpoint was ACS, MI, or death.

ACC/AHA guidelines recommend that high-risk ACS patients benefit more from an early invasive strategy. Dr. Berger agreed, although conflicting data suggests a need for additional risk stratification guidelines to further identify ACS patients more likely to benefit from early interventions.

Early Initiation of Eptifibatide for Heart-Attack Patients in Emergency Department Achieved Superior Coronary Artery Blood Flow

A new study presented at an AHA Satellite Symposium hosted by the Texas Heart Institute announced that results from the Time to Integrilin Therapy in Acute Myocardial Infarction -Thrombolysis In Myocardial Infarction (TITAN-TIMI-34) study, indicated that the early initiation of eptifibatide in the emergency department prior to percutaneous coronary intervention (PCI) for acute ST-segment-elevation myocardial infarction (STEMI) yielded superior coronary artery blood flow, as assessed by TIMI frame counts, the study's primary endpoint. Also, superior myocardial perfusion, as assessed by TIMI myocardial perfusion grade, was found by early initiation of eptifibatide, compared to administration of eptifibatide in the cardiac catheterization laboratory after angiography. Bleeding and transfusions were the same in both groups.

"The longer a patient has poor blood flow to the heart, the higher the risk of cardiovascular damage," said C. Michael Gibson, MD, Brigham and Women's Hospital and principal investigator in the TITAN-TIMI-34 study. "Since delays in restoring blood flow via angioplasty are frequent, this trial demonstrated that the strategy of early intervention in the emergency department with eptifibatide improved blood flow prior to angioplasty."

Eptifibatide is approved for use in ACS (UA/NSTEMI), and patients undergoing PCI, but is not approved for use in STEMI patients not undergoing PCI.