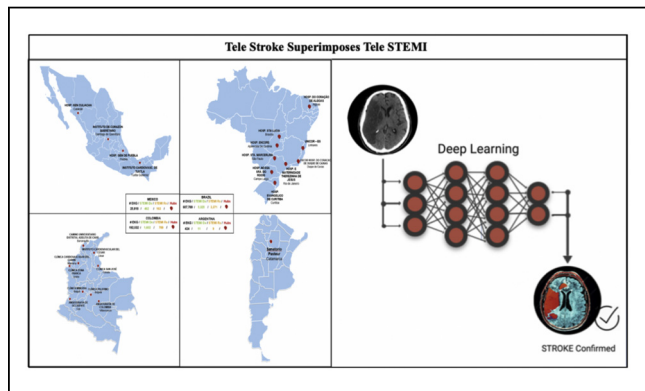




Since January 2020 Elsevier has created a COVID-19 resource centre with free information in English and Mandarin on the novel coronavirus COVID-19. The COVID-19 resource centre is hosted on Elsevier Connect, the company's public news and information website.

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CONCLUSION Synergies exist between AMI and stroke management. We are superimposing stroke strategies on our AMI telemedicine network and hope to continually include artificial intelligence guidance for stroke management in the future as well.

CATEGORIES ENDOVASCULAR: Stroke and Stroke Prevention

TCT CONNECT-223

Effects of the COVID-19 Pandemic on a Population Older Than 75 Years With Previous Percutaneous Coronary Revascularization: Subanalysis of the SIERRA 75 Registry



Jose De la Torre Hernandez,¹ Pilar Carrillo,² Jesus Jimenez-Mazuecos,³ Alfonso Freites Esteves,⁴ Juan Gabriel Córdoba-Soriano,⁵ Alejandro Gutierrez-Barrios,⁶ Belen Cid Alvarez,⁷ German Calle Perez,⁸ Tamara Garcia Camarero,⁹ Ramiro Trillo,¹⁰ Armando Perez de Prado,¹¹ Juan Francisco Oteo Dominguez,¹² Georgina Fuertes Ferre,¹³ Victor Alfonso Jimenez Diaz,¹⁴ Iñigo Lozano,¹⁵ Koldobika Garcia San Roman,¹⁶ Raymundo Ocaranza-Sanchez,¹⁷ Gines Martinez Caceres,¹⁸ Juan Sanchis Fores,¹⁹ Silvio Leal,²⁰ Xavier Carrillo,²¹ Alberto Rodrigues,²² Mario Sadaba,²³ Imanol Otaegui,²⁴ Esther Lazaro Fernandez,²⁵ Jose Antonio Linares Vicente,²⁶ Francisco J. Morales,²⁷ Ricardo Santos,²⁸ Francisco Bosa Ojeda²⁹

¹Hospital Universitario Marques de Valdecilla, Santander, Spain; ²H. Universitario San Juan, Alicante, Spain; ³Complejo Hospitalario Universitario Albacete, Albacete, Spain; ⁴Hospital San Juan, Alicante, Spain; ⁵Complejo Hospitalario Universitario de Albacete, Albacete, Spain; ⁶Hospital Puerta Del Mar, Cadiz, Spain; ⁷HCU Santiago de Compostela, Santiago de Compostela, Spain; ⁸Hospital Universitario Puerta Del Mar, Cadiz, Spain; ⁹H M de Valdecilla; ¹⁰Hospital Clinico Universitario de Santiago, Santiago de Compostela, Spain; ¹¹Hospital Universitario de Leon, Leon, Spain; ¹²Hospital Universitario Puerta de Hierro, Madrid, Spain; ¹³Hospital Miguel Servet, Zaragoza, Spain; ¹⁴Hospital Alvaro Cunqueiro, University Hospital of Vigo, Vigo, Spain; ¹⁵Hospital de Cabuenes, Gijon, Spain; ¹⁶Hospital Universitario de Cruces, Baracaldo, Spain; ¹⁷Lucus Augusti University Hospital, Lugo, Spain; ¹⁸Hospital U de Badajoz, Badajoz, Spain; ¹⁹Hospital Clinico De Valencia, Valencia, Spain; ²⁰Hospital de Santa Cruz - CHLO, Lisboa, Portugal; ²¹Hospital Germans Trias i Pujol; ²²Centro Hospitalar de Gaia, Gaia, Portugal; ²³Hospital de Galdakao, Galdakao, Spain; ²⁴Hospital Universitario Vall d'Hebron, Barcelona, Spain; ²⁵Hospital Virgen de la Salud, Toledo, Spain; ²⁶Lozano Blesa Hospital, Zaragoza, Spain; ²⁷Puerto Real University Hospital, Cadiz, Spain; ²⁸Centro Hospitalar de Setubal, Setubal, Portugal; ²⁹Hospital Clinico de Tenerife, Santa Cruz de Tenerife, Spain

BACKGROUND In the coronavirus disease-2019 (COVID-19) pandemic, elderly people with cardiovascular risk factors and/or cardiovascular disease have been the most seriously affected. We sought to evaluate the impact of the pandemic, due to both the social confinement and the infection itself, in the population of patients older than 75 years of age with previous percutaneous coronary revascularization.

METHODS A subgroup of patients from the SIERRA 75 registry were included in the study. This is a prospective registry of patients older

than 75 years undergoing percutaneous revascularization in 42 centers in Spain and Portugal. The follow-up of the patients has been updated, covering the entire period of outbreak and confinement (March 14-May 10, 2020) through direct telephone contact to carry out a specific questionnaire for patients and their relatives. In addition, all electronic health records have been reviewed.

RESULTS A total of 709 patients have been included, of whom 17 had died in the 12.5 ± 3.4 months follow-up before the start of the outbreak and lockdown. Therefore, 692 patients were followed during the study period (mean age of 80.8 ± 4.2 years, 37% women). During this period, 11 (1.6%) had confirmed COVID-19 (age 81.2 ± 5 years, 36% women) of which 8 were admitted to the hospital but none in the intensive care unit. Among the 11 cases, 2 (18%) died, an 80-year-old man and a 76-year-old woman, both in Hospital. COVID-19 incidence was higher than in the global population in the region (1.6% vs. 0.4%; p < 0.0001). During this period of confinement, 91 patients (13%) presented cardiac symptoms (21 stable angina, 82 dyspnea, and 6 syncope). Medical attention was demanded by 43 (6.2%), of whom 22 were admitted in hospitals. There were 4 cases with acute coronary syndrome and 4 underwent revascularization. Death was reported in 7 (1%) patients (2 due to COVID-19, 4 due to cardiovascular disease, and 1 due to multiple pathologies). The monthly mortality rate in this period was 2.6 times higher than in the previous months. Outpatient visits were canceled in 119 cases (17%) but 108 were contacted by phone.

CONCLUSION In this elderly population with coronary artery disease revascularized before the pandemic, an increase in cardiovascular and general morbidity as well as in total mortality was observed during the outbreak and confinement period. Incidence of COVID-19 was higher than in the general population. Mortality among COVID-19 patients was very high.

CATEGORIES OTHER: COVID-19

TCT CONNECT-224

Interventional Cardiology Fellowship Training During COVID-19 Pandemic: Facts and Challenges

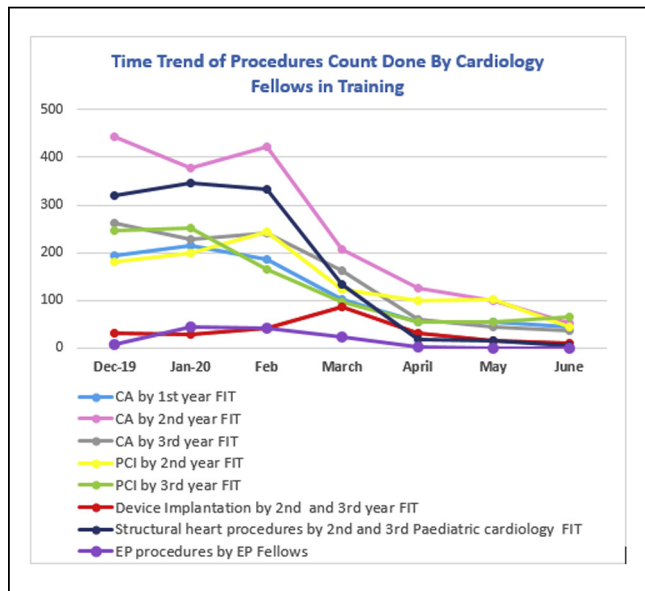


Hasan Farhan,¹ Zainab Dakhil²
¹Scientific Council of Cardiology/Iraqi Board for Medical Specializations- Baghdad Heart Centre, Baghdad, Iraq; ²University of Baghdad, Baghdad, Iraq

BACKGROUND The coronavirus disease-2019 (COVID-19) pandemic has represented unprecedented challenge to health care system. During such global threat, it is very difficult if not impossible to disregard the impact of this crisis on fellows-in-training (FITs). Accordingly, we sought to assess the impact of the COVID-19 pandemic on cardiology FITs in form of their volume of procedures and the challenges they confront during pandemic.

METHODS Study included cardiology FITs from 5 cardiac teaching centers, a printed survey in form of pdf file was sent to FITs by telegram; the survey consisted of 10 sections and included 43 questions, which focused on number and type of cardiac procedures done by the candidates before the pandemic (from December 2019 to February 2020) and during the pandemic in Iraq (March to June 2020). The survey also inquired on personal protective equipment (PPE) provided to candidates during duties.

RESULTS The survey included 49 candidates; 77.6% were adult cardiology FIT, 20.4% were pediatric cardiology FIT, and 1 candidate was EP FIT. All cardiac interventions dropped with highest rate of drop of volume in structural heart interventions and in diagnostic angiographies. The candidates reported undersupply of PPE during pandemic as 59.2% reported crucial need for more PPE supply during duties; 22.4% reported no clear protocol in their hospitals to deal with cardiac patients during pandemic; 59.2% reported need for regular virtual teaching webinars to upscale education.



CONCLUSION There is remarkable disruption in cardiology training caused by COVID-19; every effort should be taken by decision-makers to prepare a well-equipped workforce nucleus to counteract this pandemic and improve cardiovascular care.

CATEGORIES OTHER: COVID-19

TCT CONNECT-225

Understanding Trends in Medicare Reimbursement for Cardiovascular Procedures

Emaad Siddiqui,¹ Aakash Shah,² Nehal Dhaduk,² Alexis Okoh,³ Sergio Waxman²
¹NYU Langone, New York, New York; ²Newark Beth Israel, Newark, New Jersey; ³RWJ Barnabas Health Newark Beth Israel Medical Center, Flory Branch, Georgia



BACKGROUND Cardiovascular (CV) procedures are a large driver of revenue for hospitals and CV practices. Hence, understanding trends in reimbursement is critical to their financial sustainability. The purpose of this study is to characterize trends in reimbursement for major commonly performed CV procedures.

METHODS The physician fee schedule look-up tool provided by the Centers for Medicare & Medicaid Services was used to obtain reimbursement data on many CV procedures (see Table). Current procedural terminology codes were used to identify each of these procedures. Values were adjusted for inflation rate using the consumer price index relative to 2020. The relative change and linear trends were analyzed for each of the procedures and categories.

RESULTS When adjusting for inflation, reimbursement for all procedures has decreased since the procedures' initial evaluation. Percutaneous aortic valve replacement and paravalvular leak repair had the largest yearly relative change of -2.01% and -3.31%, respectively, whereas intra-aortic balloon placement and percutaneous septal defect repair (atrial and ventricular) had the highest overall relative change since their initial evaluation (-25.56% and ≈-24%, respectively). After adjusting for inflation, the largest significant change in reimbursement was seen in percutaneous aortic valve replacement (-\$28.95, R2 = 0.619, p = 0.02), percutaneous mitral valve replacement (-\$27.92, R2 = 0.937, p = 0.002), and left atrial appendage occlusion (-\$16.58, R2 = 0.976, p = 0.012).

	Overall Change	Yearly Change	Linear Regression	p Value
AVR	-16.09%	-2.01%	-\$28.95	0.02
MVR	-11.11%	-1.85%	-\$27.92	0.002
Paravalvular	-12.53%	-3.13%	-\$37.51	0.15
LAAO	-5.41%	-1.35%	-\$16.16	0.012
ASD	-24.56%	-1.36%	-\$20.35	0
VSD	-23.92%	-1.29%	-\$24.32	0
Septal Ablation	-8.49%	-1.21%	-\$12.84	0.001
PCI	-7.61%	-0.95%	-\$9.37	0.006

CONCLUSION Reimbursement for all major CV procedures has declined since their initial evaluation after adjustments were made for inflation. Recognition of these trends is important for health care providers and institutions to ensure the financial stability of their models of care.

CATEGORIES OTHER: Quality, Guidelines, Appropriateness Criteria, Cost-Effectiveness, and Public Health Issues

TCT CONNECT-226

In-Hospital Outcomes of CABG Candidates Undergoing PCI During the ICU Restricted COVID-19 Pandemic: The Multi-Center Prospective UK-REVASC Registry



Thomas Kite,¹ Andrew Ladwiniec,² Helen Routledge,³ Stephen Hoole,⁴ Nick Palmer,⁵ Mohaned Eged,⁶ Divaka Perera,⁷ Kyriacos Mouyis,⁸ Manas Sinha,⁹ Luciano Candilio,¹⁰ Brijesh Anantharam,¹¹ Aengus Murphy,¹² Farzin Fath-Ordoubadi,¹³ Paul Das,¹⁴ Paul Morris,¹⁵ Nick Curzen,¹⁶ Diana Gorog,¹⁷ Angela Hoyer,¹⁸ Charley Budgeon,¹⁹ Gregg Stone,²⁰ Colin Berry,²¹ Anthony Gershlick²
¹University of Leicester, Leicester, United Kingdom; ²University Hospitals of Leicester, Leicester, United Kingdom; ³Worcestershire Royal Hospital, Worcester, United Kingdom; ⁴Royal Papworth Hospital NHS Foundation Trust, Cambridge, United Kingdom; ⁵The Liverpool Heart and Chest Hospital, Liverpool, United Kingdom; ⁶Freeman Hospital, Newcastle upon Tyne, United Kingdom; ⁷St. Thomas' Hospital, London, United Kingdom; ⁸Barts Heart Centre, London, United Kingdom; ⁹Salisbury NHS Foundation Trust, Salisbury, United Kingdom; ¹⁰Royal Free London NHS Foundation Trust, London, United Kingdom; ¹¹Portsmouth Hospitals NHS Trust, Portsmouth, United Kingdom; ¹²University Hospital Monklands, Lanarkshire, United Kingdom; ¹³Manchester Heart Centre, Manchester, United Kingdom; ¹⁴North Wales Cardiac Centre, North Wales, United Kingdom; ¹⁵University of Sheffield, Sheffield, United Kingdom; ¹⁶University Hospital Southampton, Southampton, United Kingdom; ¹⁷East and North Hertfordshire NHS Trust, Stevenage, United Kingdom; ¹⁸Castle Hill Hospital, Kingston-upon-Hull, United Kingdom; ¹⁹The University of Western Australia, Perth, Western Australia, Australia; ²⁰Mount Sinai Heart Health System, New York, New York; ²¹Golden Jubilee National Hospital, Glasgow, United Kingdom

BACKGROUND The coronavirus disease-2019 pandemic has restricted availability of intensive care unit resources. Symptomatic patients with coronary artery disease considered surgical candidates have therefore needed revascularization with percutaneous coronary intervention (PCI). We describe demographics/in-hospital clinical outcomes of this novel cohort.

METHODS From March 1, 2020, to May 31, 2020, anonymized data of 171 patients in 38 U.K. centers were enrolled in a prospective registry. All were considered surgical candidates.

RESULTS Tables 1-3 show demographics, procedural characteristics, and outcomes. A comparison with routine PCI (British Cardiovascular Intervention Society data) and U.K. coronary bypass surgical data are listed if available and appropriate. There was significantly more prior myocardial infarction, PCI, and coronary artery bypass graft in the routine PCI database than in ReVasc Registry patients, suggesting more acute presentation in latter group. However, these were complex patients — mean SYNTAX score of 27.8 (range 9 to 65); and >20