**CHANGES IN MANAGEMENT OF STEMI WITH MULTIVESSEL DISEASE IN A CARDIAC CATHETERIZATION LAB**

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Cardiology guidelines weigh the best available evidence to set standards of cardiac care creating a shield against claims of liability. However guidelines are only updated intermittently and can lag behind new evidence creating challenges for practicing cardiologists in deciding whether and when to change practice. In April 2012 as part of the Choosing Wisely™ campaign, the American College of Cardiology recommended questioning any intervention beyond unblocking the “culprit” artery for a myocardial infarction in hemodynamically stable patients based on non-randomized studies. The PRAMI trial (published in September 2013) and later the CvLPRIT trial (presented at European Society of Cardiology Congress in September 2014) provided randomized evidence showing improved outcomes with multivessel revascularization, resulting in withdrawal of the Choosing Wisely™ recommendation in late September 2014. In order to investigate the effect and timing of changes in practice with respect to new evidence conflicting with current guidelines, rates of multivessel versus culprit percutaneous coronary interventions at index hospitalization after STEMI activation at the University of Vermont Medical Center hospital from September 2013 to March 2015 were analyzed by calendar quarter. A significant change in practice was noted in the third quarter of 2014, prior to the withdrawal of the guideline and second trial and almost a year after the first trial, wherein patients with multivessel disease were substantially more likely to have multivessel PCI compared to previously (OR 7.60, 95% CI 1.87-30.90, p=0.0046). When the third quarter of 2014 was compared to the next 6 months, no significant change in practice was noted (OR 0.79, 95% CI 0.24-2.65, p=0.7047). In a single academic hospital catheterization lab, practice patterns lagged almost a year after substantial new high quality evidence but did change prior to changes in guidelines and publication of a second randomized trial.