

SUMMARY OF J-PCI 2024

J-PCIレジストリー 2024集計結果

レジストリー委員会

委員長 天野哲也 副委員長 石井秀樹

実務担当 Working Group :

委員長 香坂 俊

山地杏平 (J-PCI リーダー ; 解析担当)

飯田修 (J-EVT リーダー)

新家俊郎 (J-SHD リーダー)

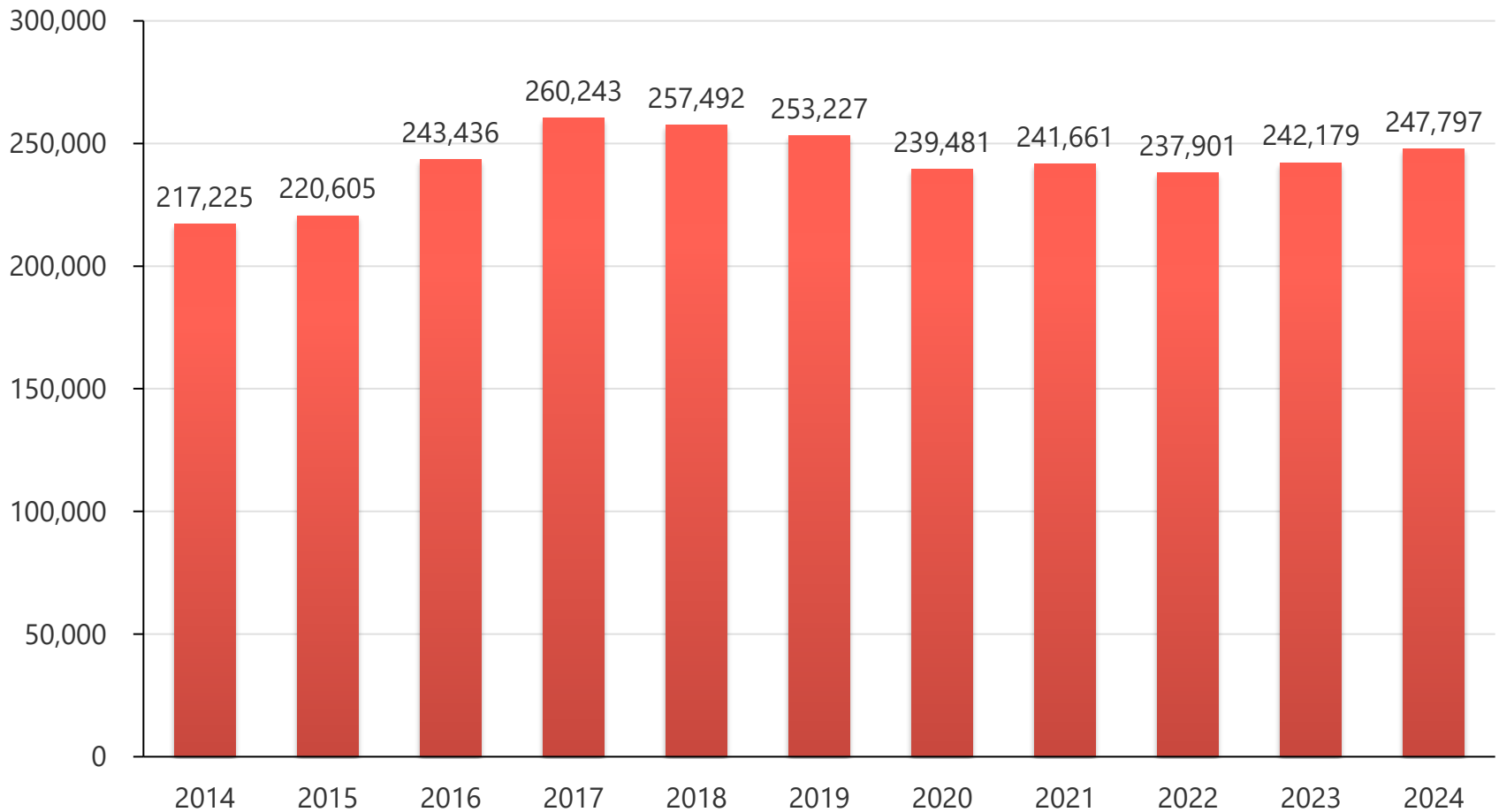
高原充佳 (解析担当)



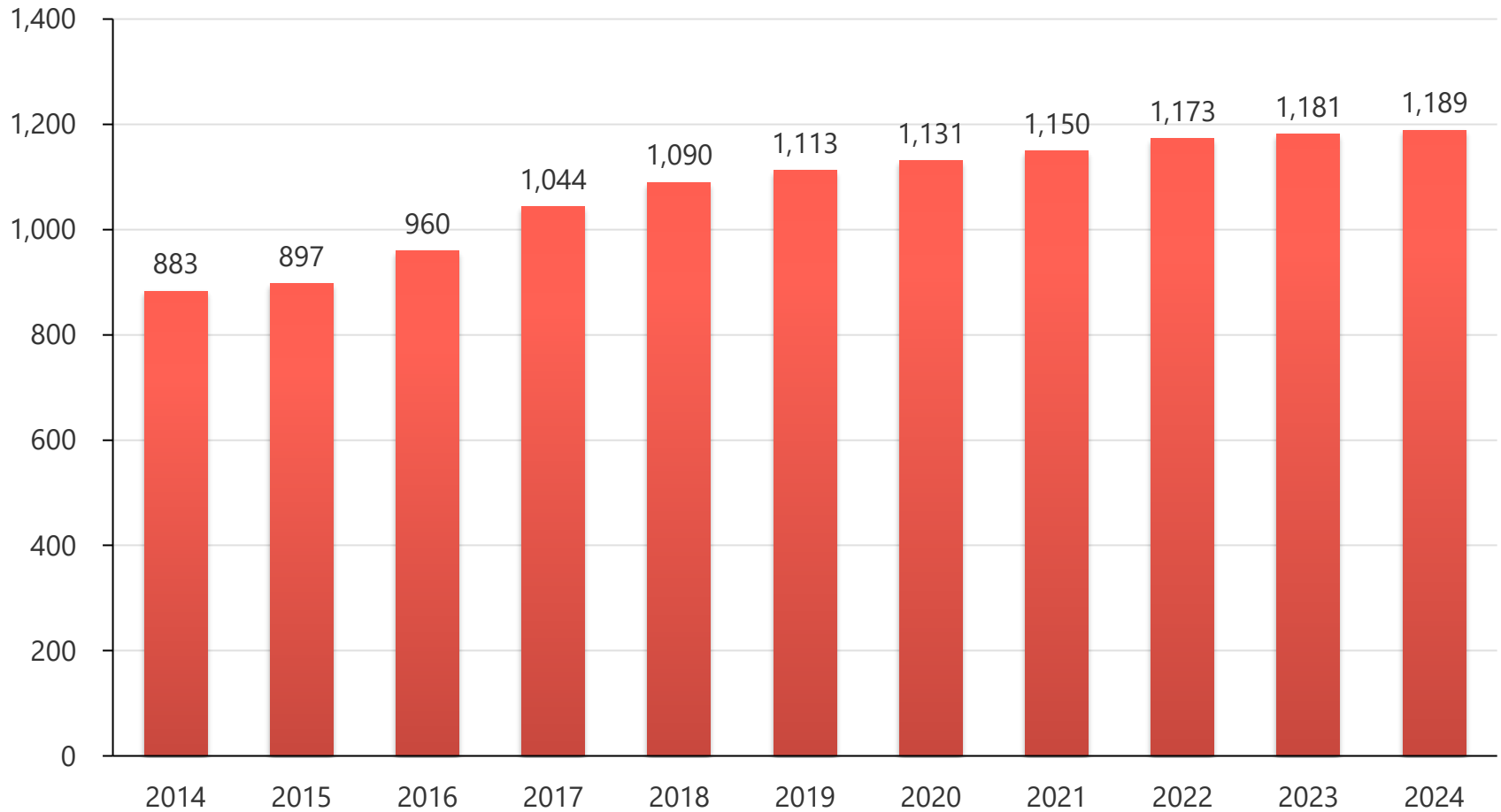
筆頭発表者名：山地 杏平

J-PCI REGISTRY

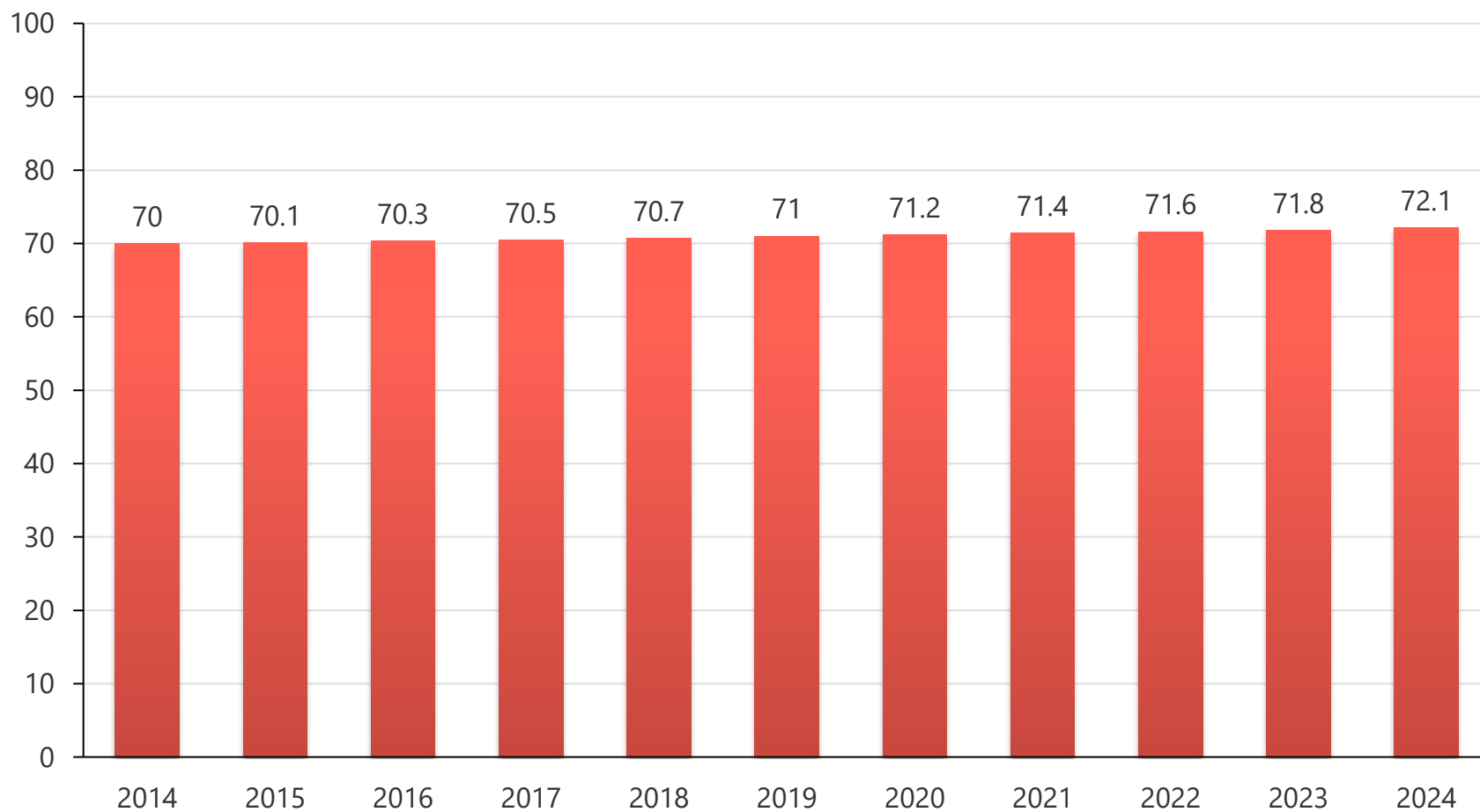
2,413,450 cases



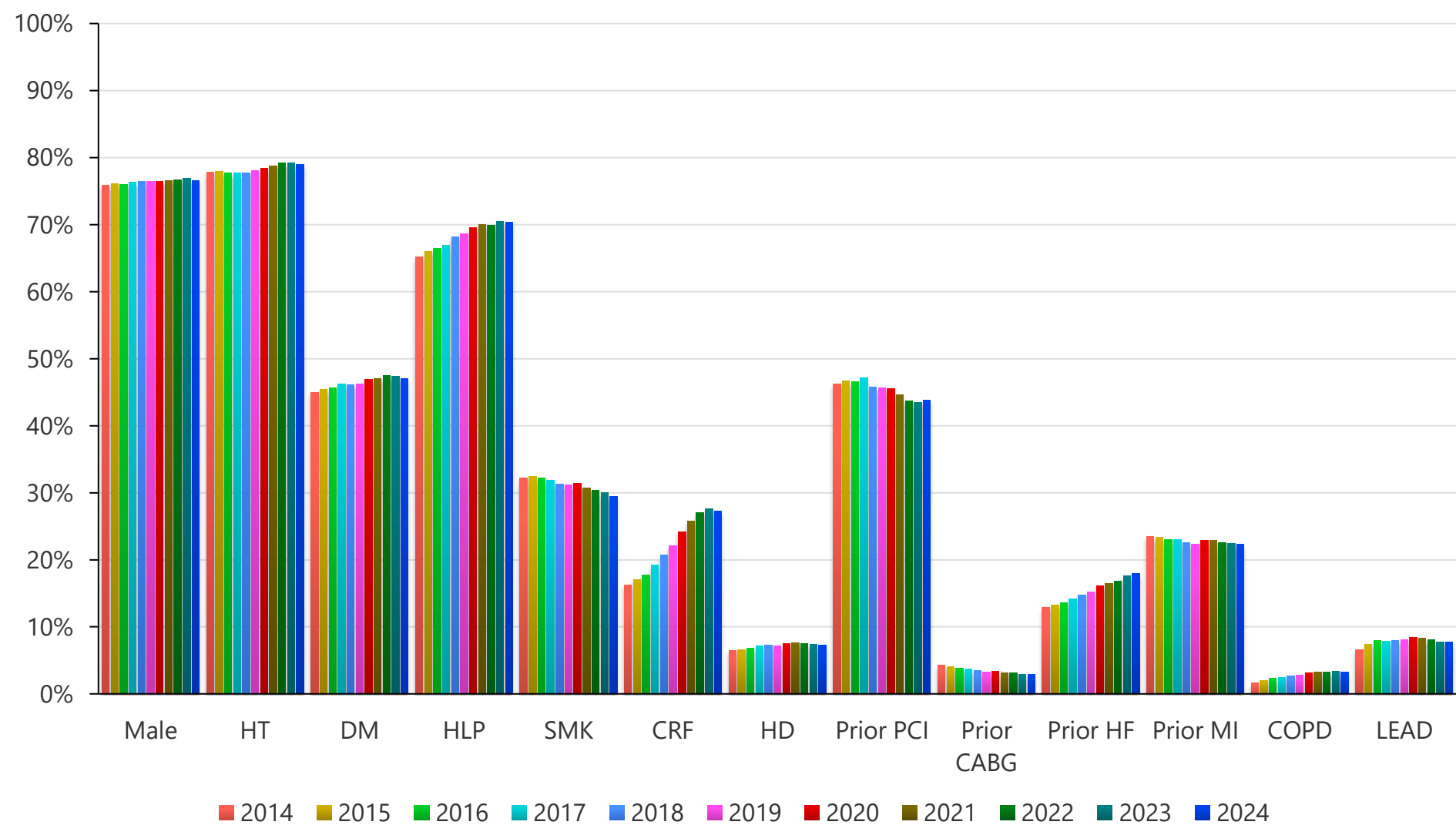
J-PCI INSTITUTES



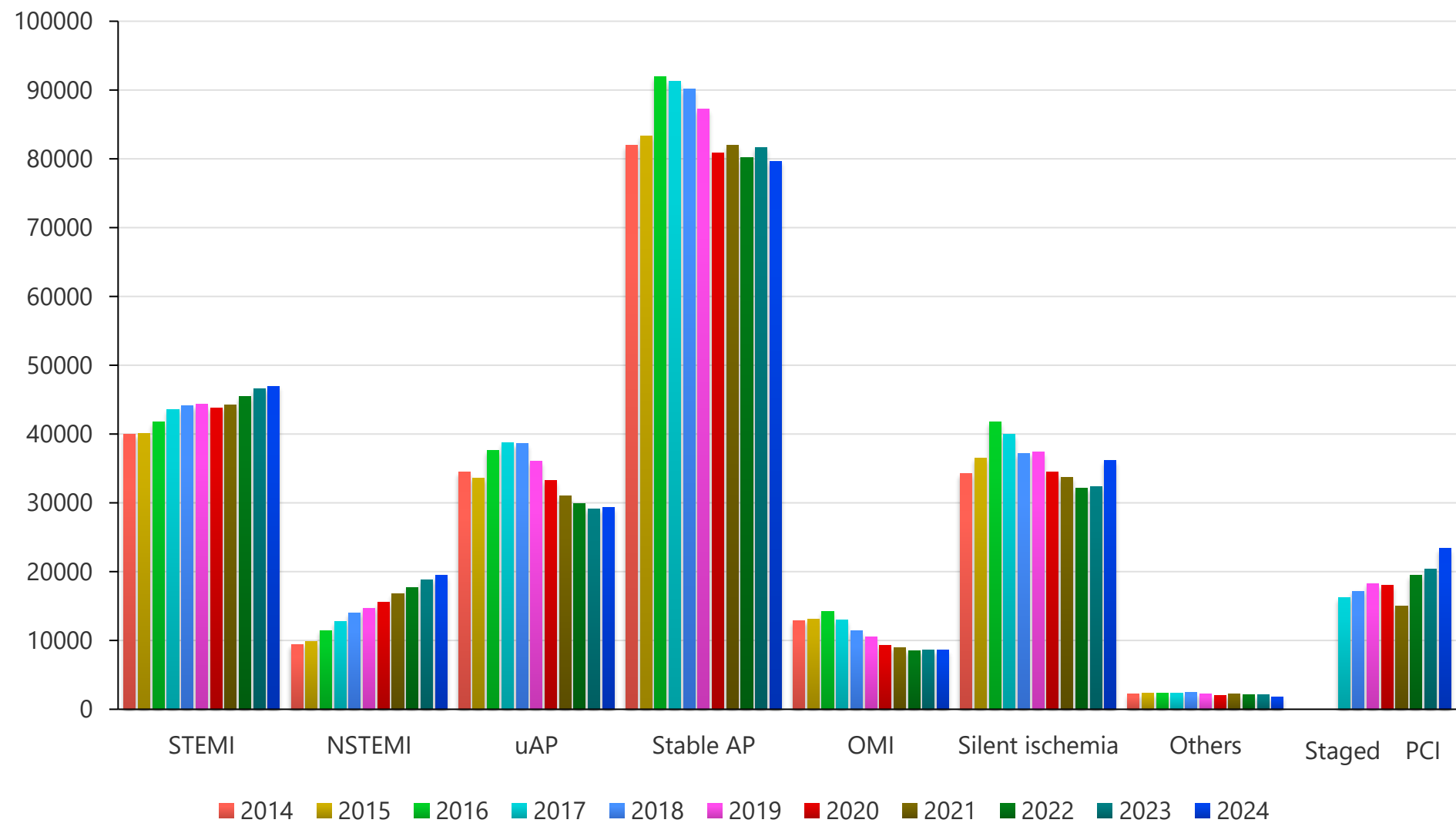
MEAN PATIENTS' AGE



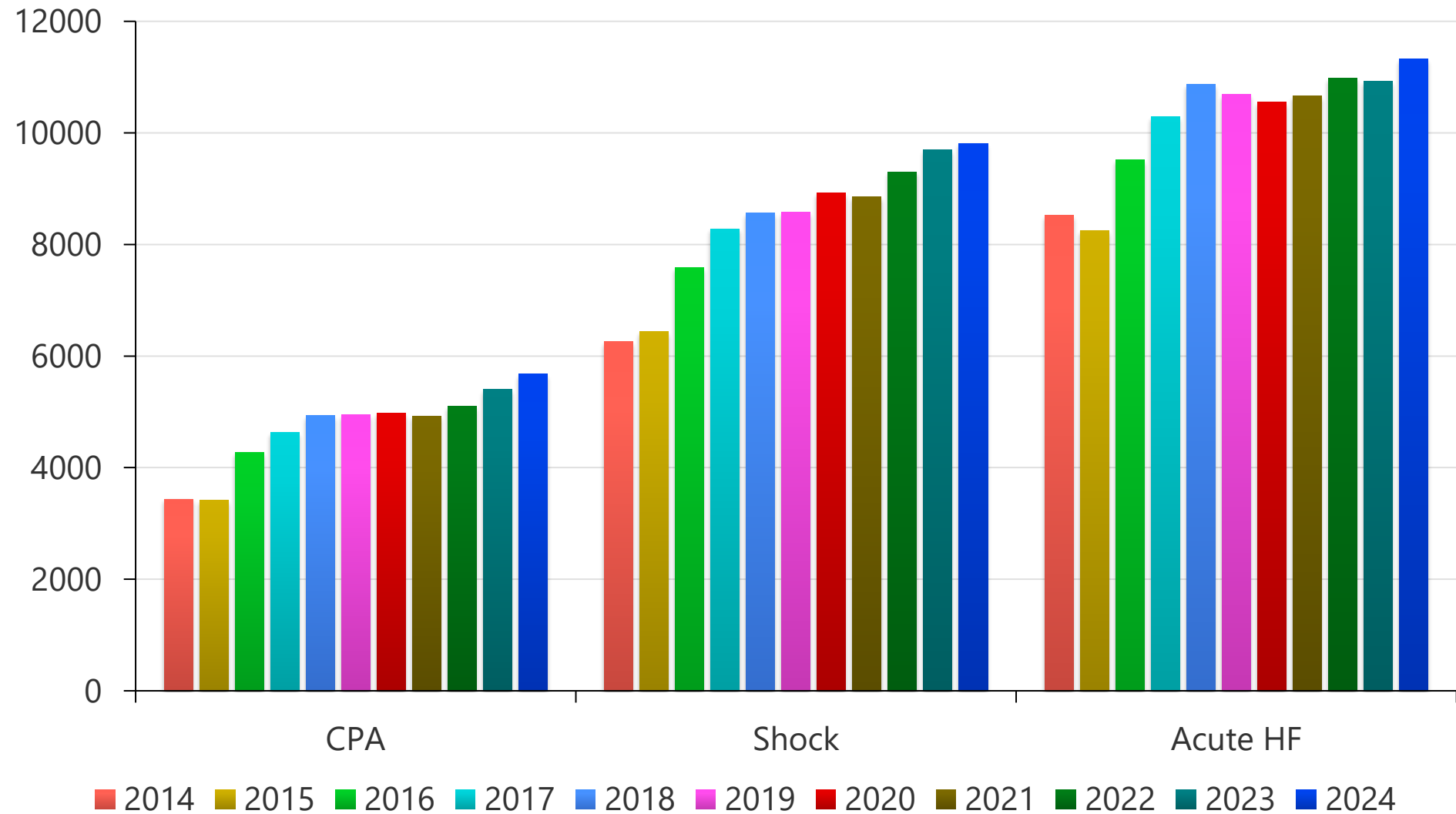
RISK FACTORS



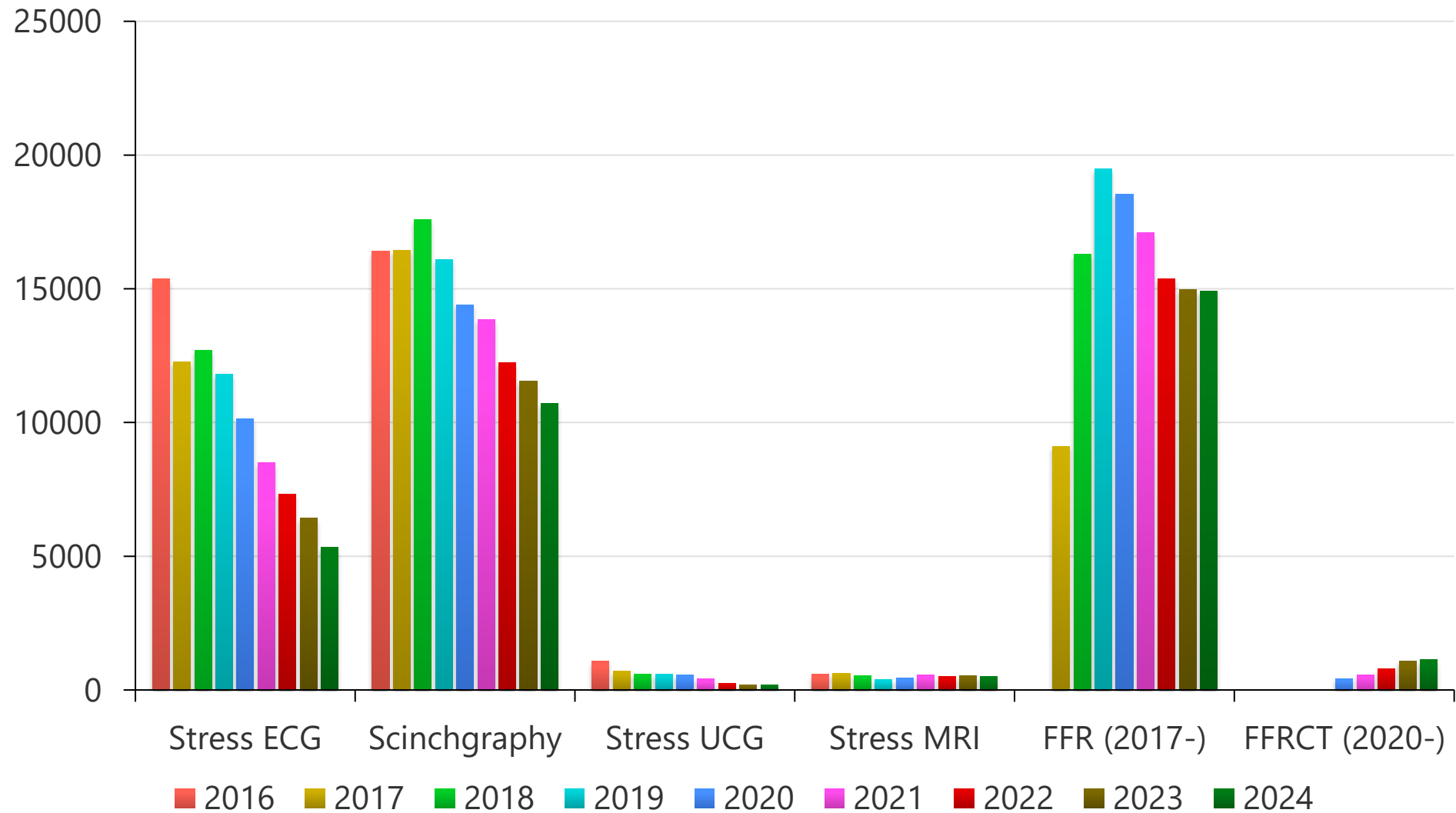
PRESENTATION



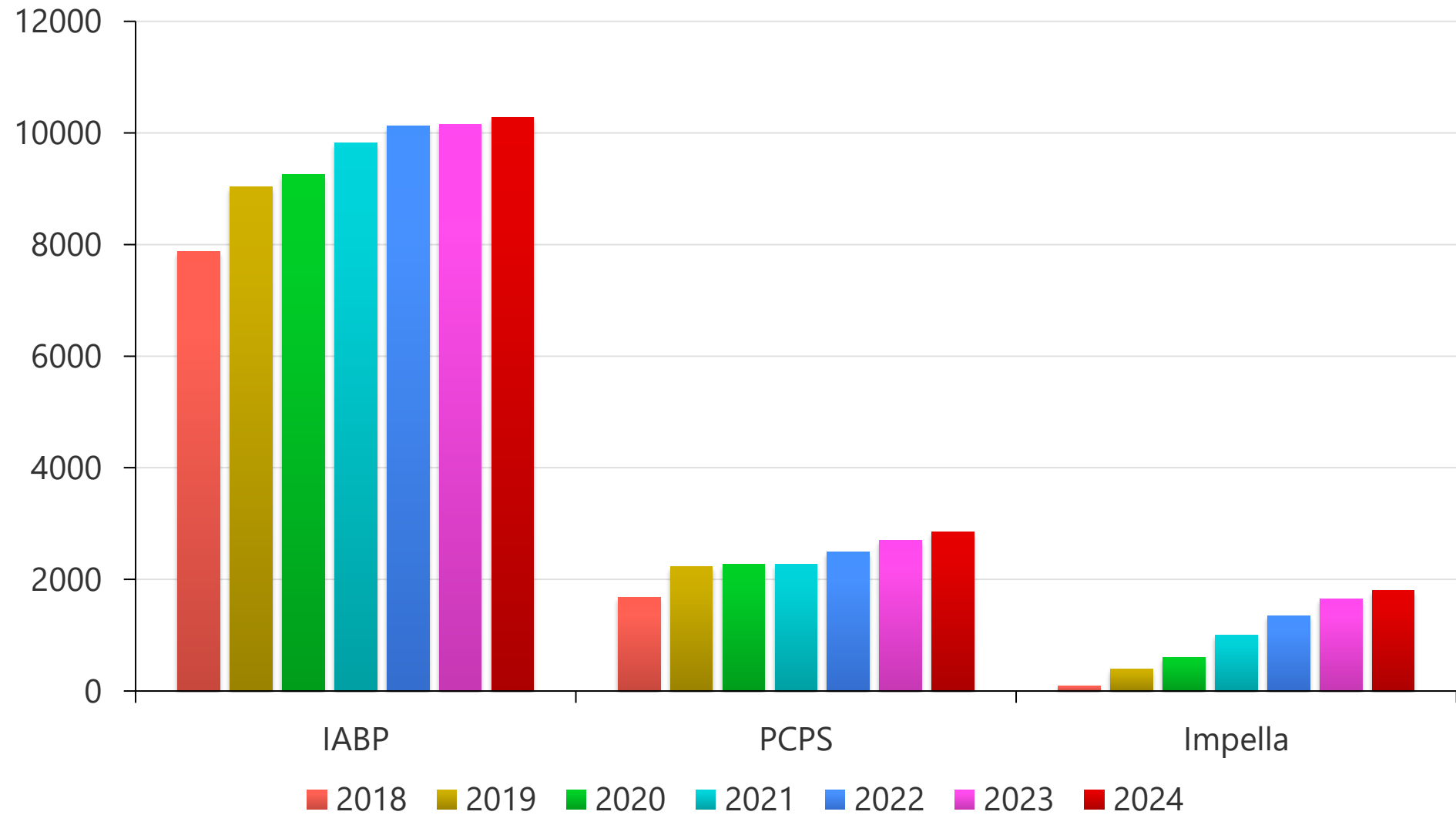
PRESENTATION



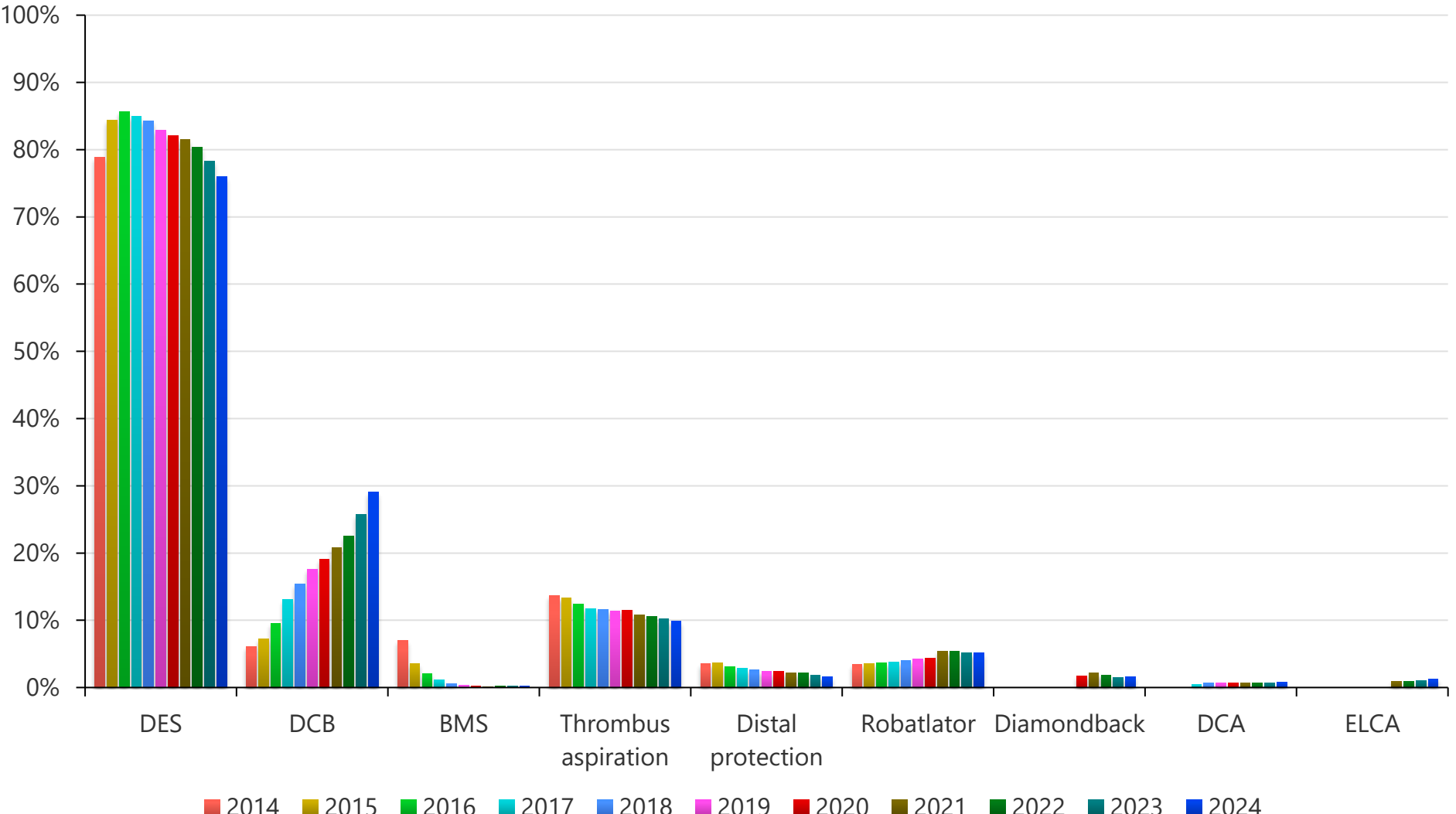
PRE TEST



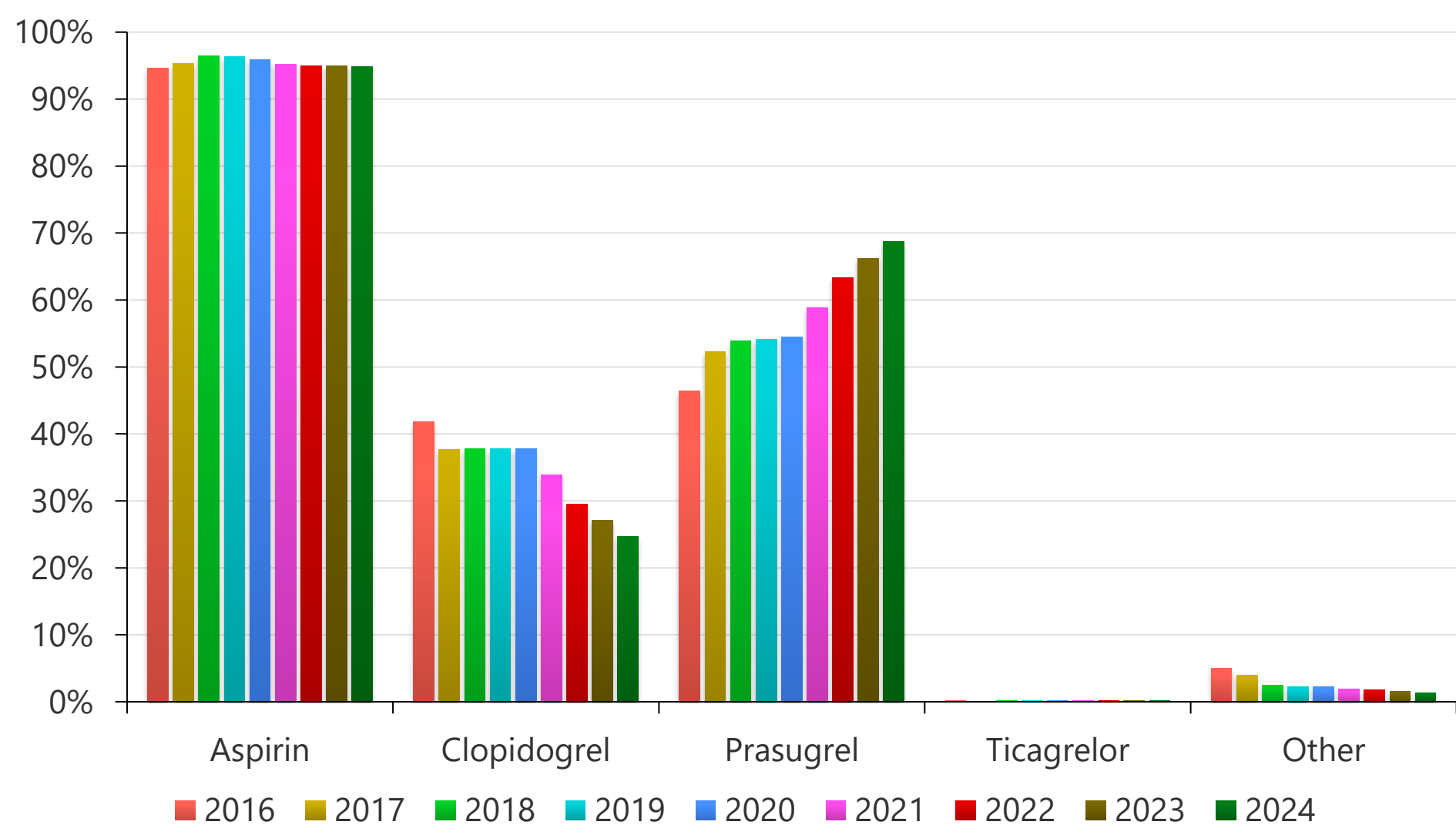
MCS



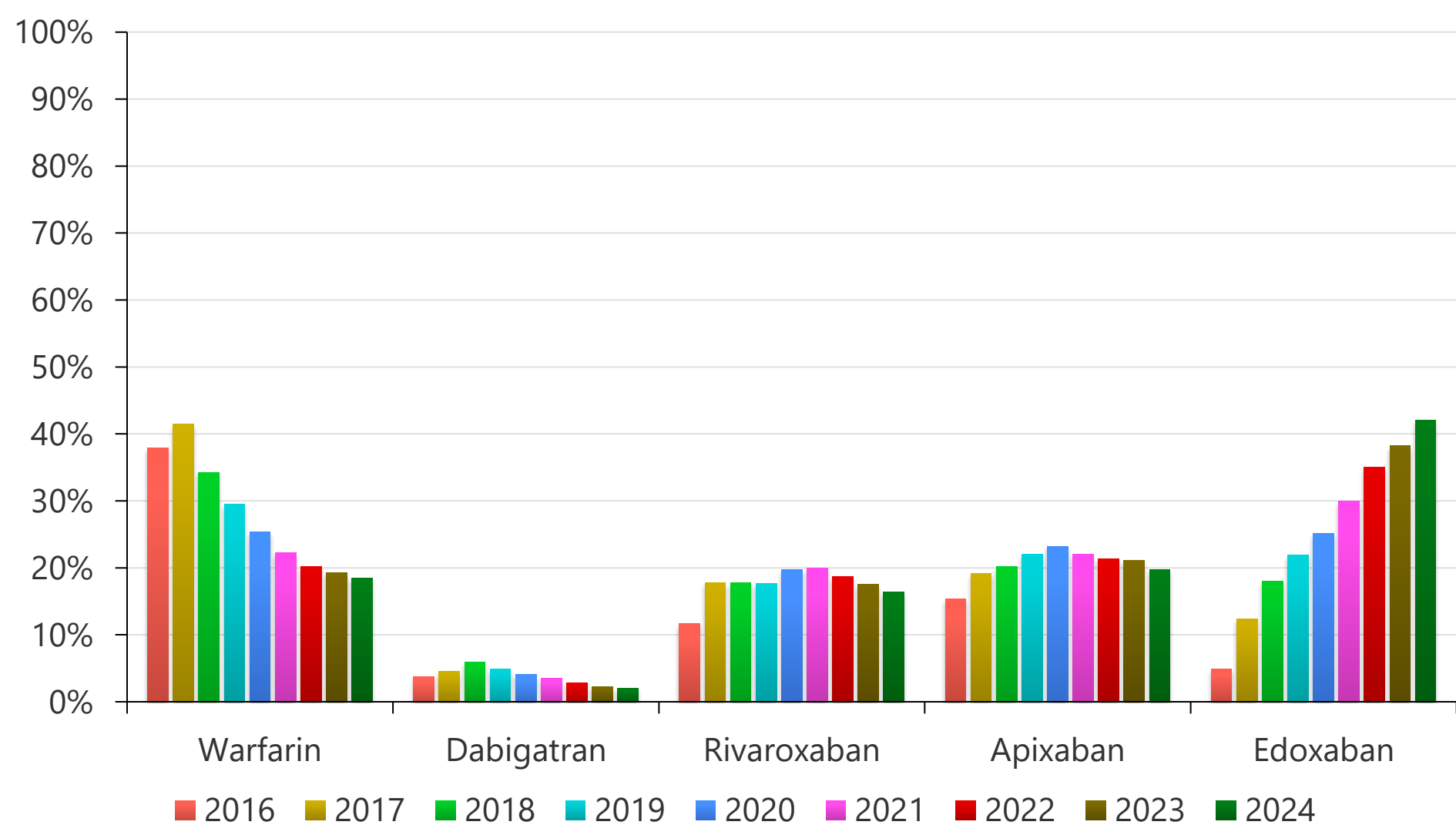
DEVICE USED



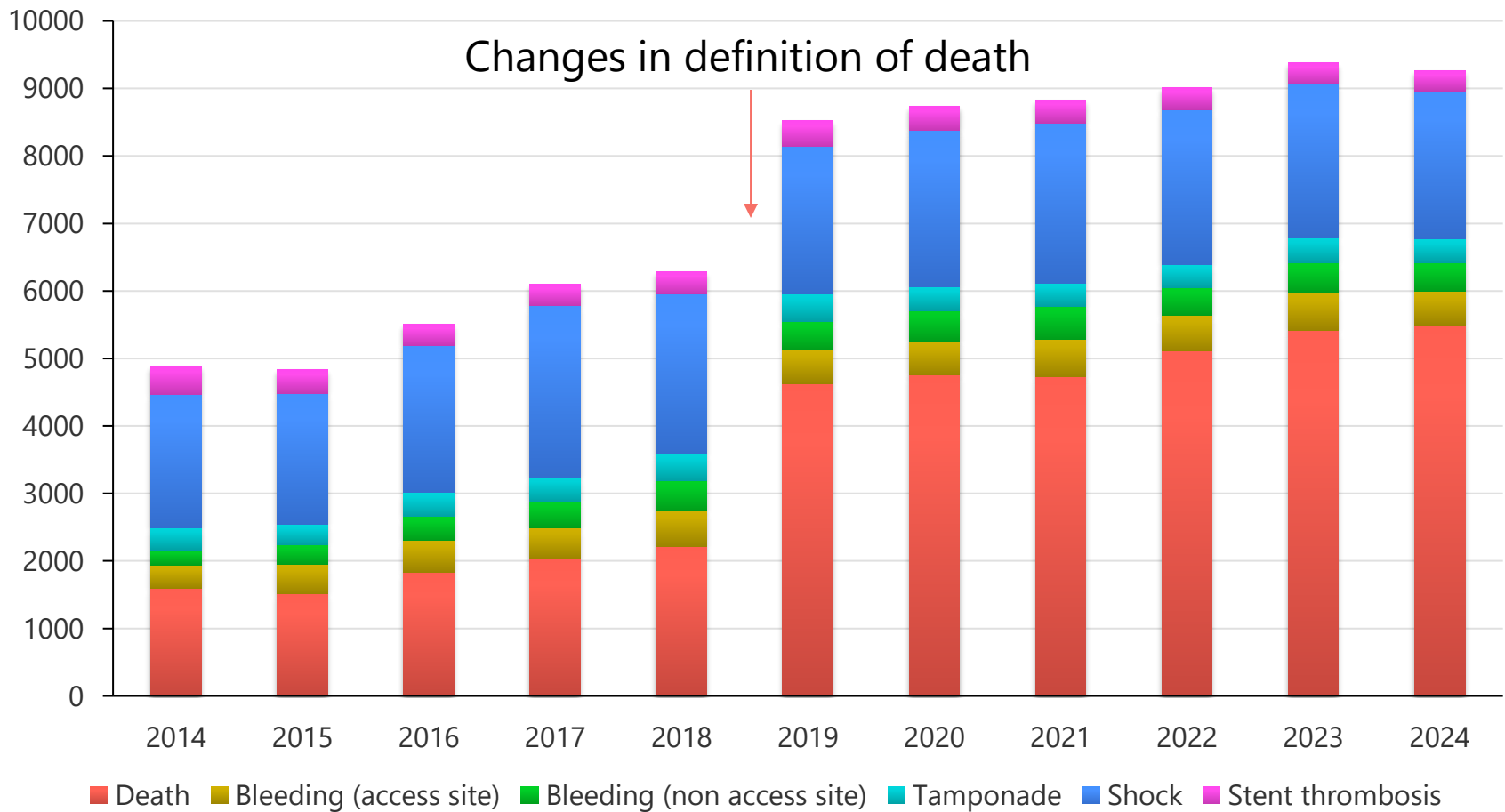
ANTIPLATELET THERAPY



ANTICOAGULANTS



COMPLICATIONS



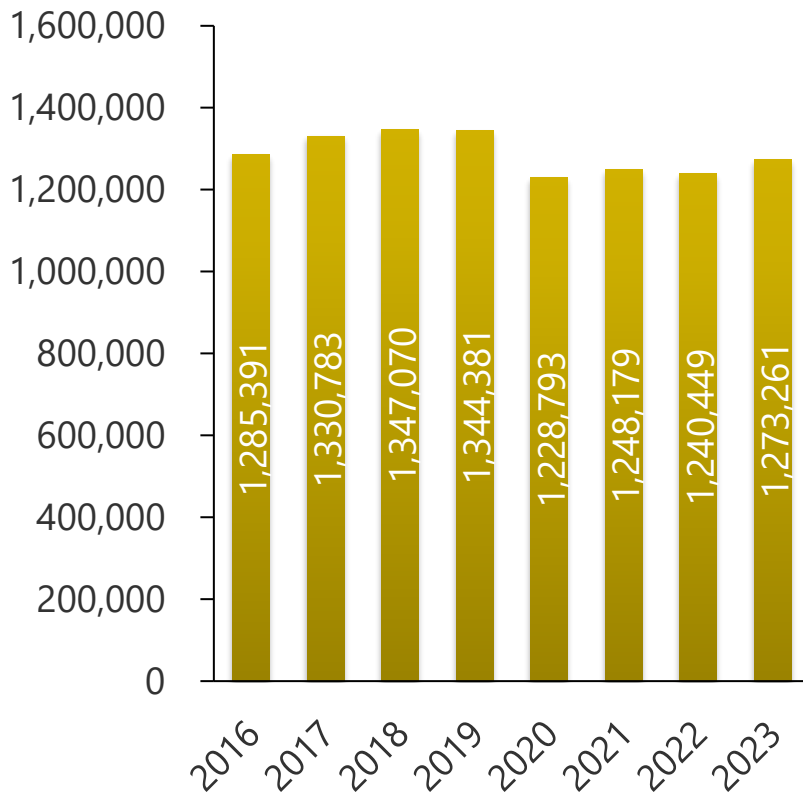
COMPLICATIONS

2024 N=247,179

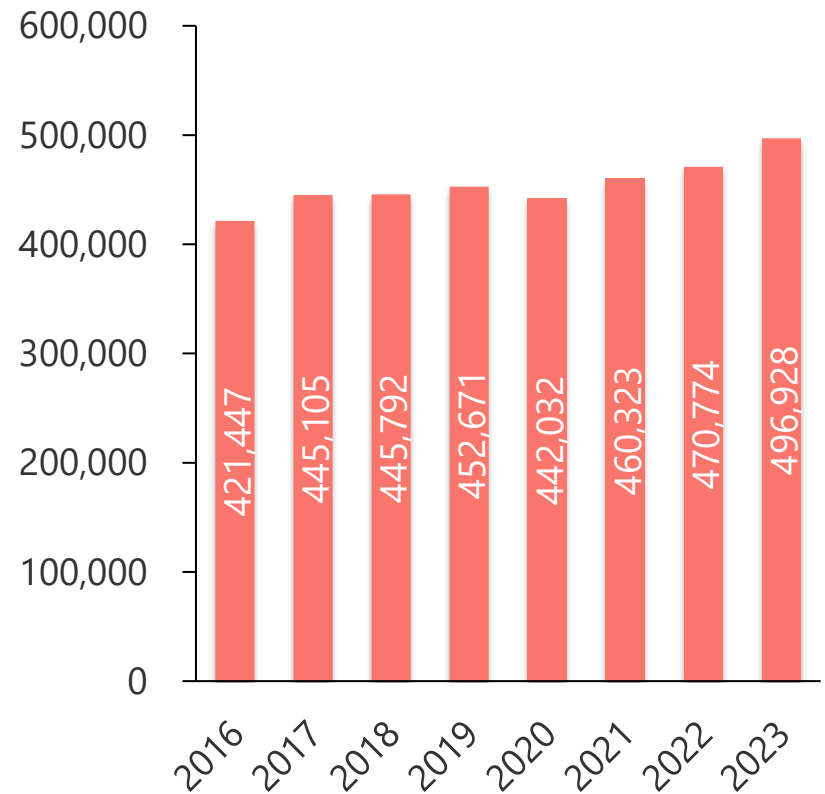
	発生頻度
Death	5492 (2.2%)
Myocardial infarction	1498 (0.6%)
Tamponade	348 (0.1%)
Shock	2192 (0.9%)
Stent thrombosis	303 (0.1%)
Emergency operation	200 (0.1%)
Bleeding (Access site)	505 (0.2%)
Bleeding (Non access site)	423 (0.2%)
Others	1723 (0.7%)

INCREASING TRENDS IN EMERGENCY ADMISSION (DPC)

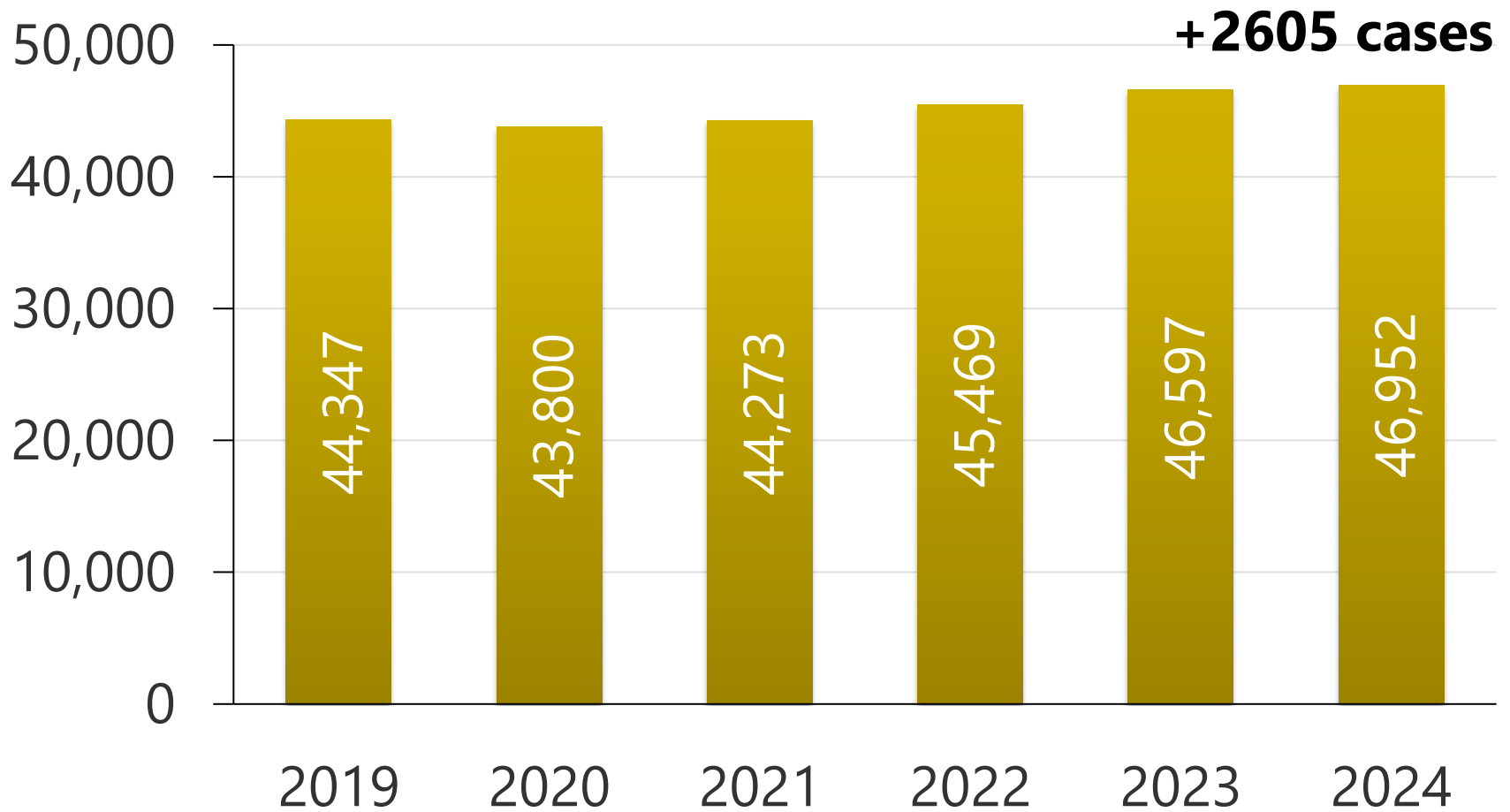
Overall admission



Emergency admission

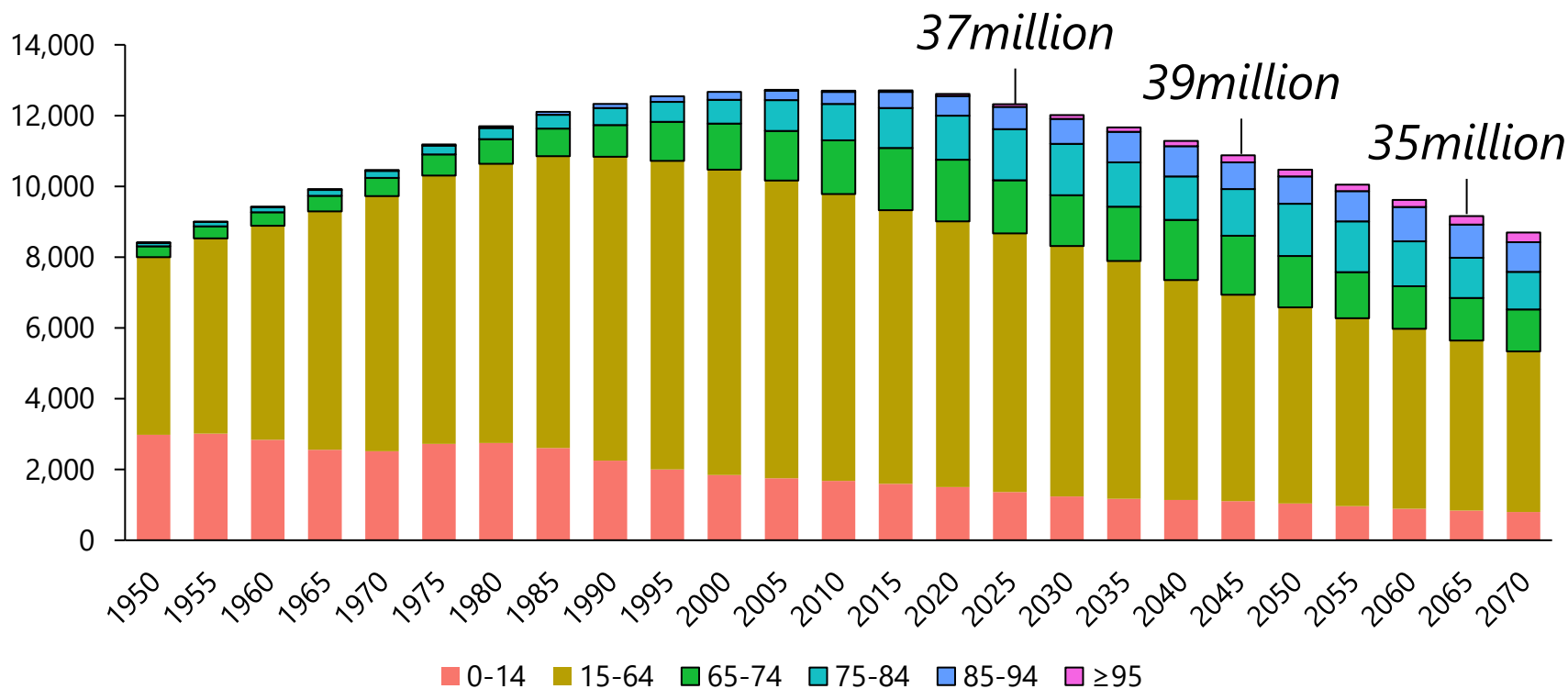


INCREASING TRENDS IN THE INCIDENCE OF STEMI PATIENTS



STABLE ELDERLY POPULATION AMID OVERALL POPULATION DECLINE

Estimated population aged ≥ 65



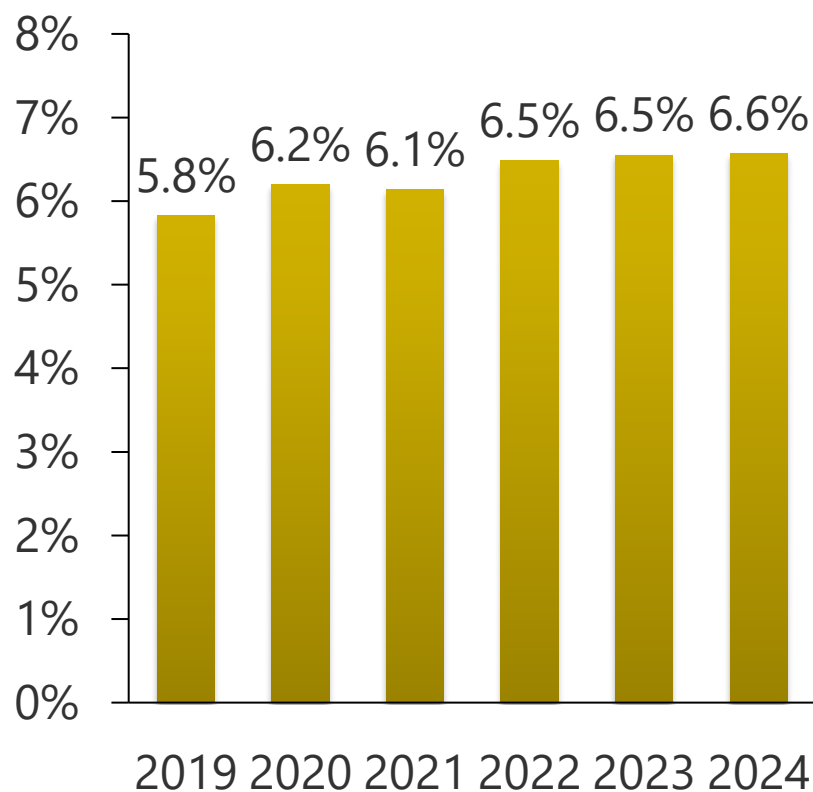
Annual Report on the Ageing Society 2024
(Cabinet Office, Government of Japan)

INCREASING MORTALITY AFTER STEMI PCI

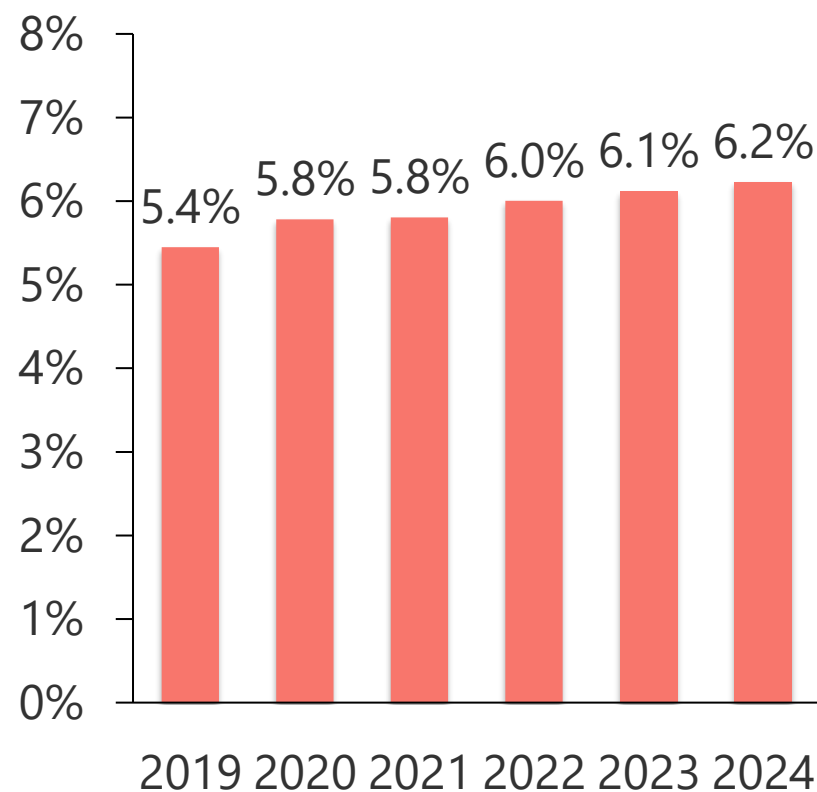


INCREASING MORTALITY AFTER STEMI PCI

Crude

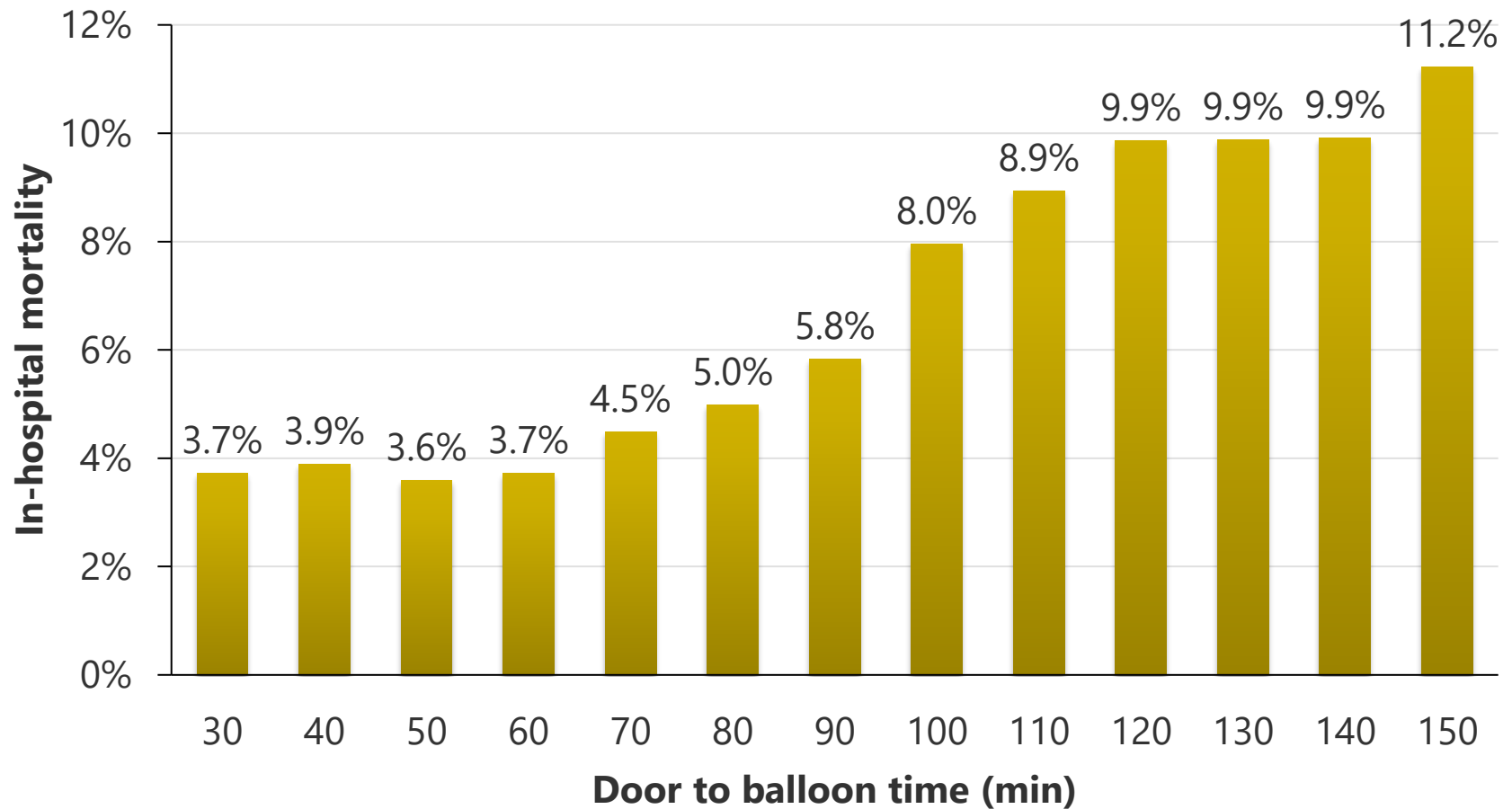


Adjusted

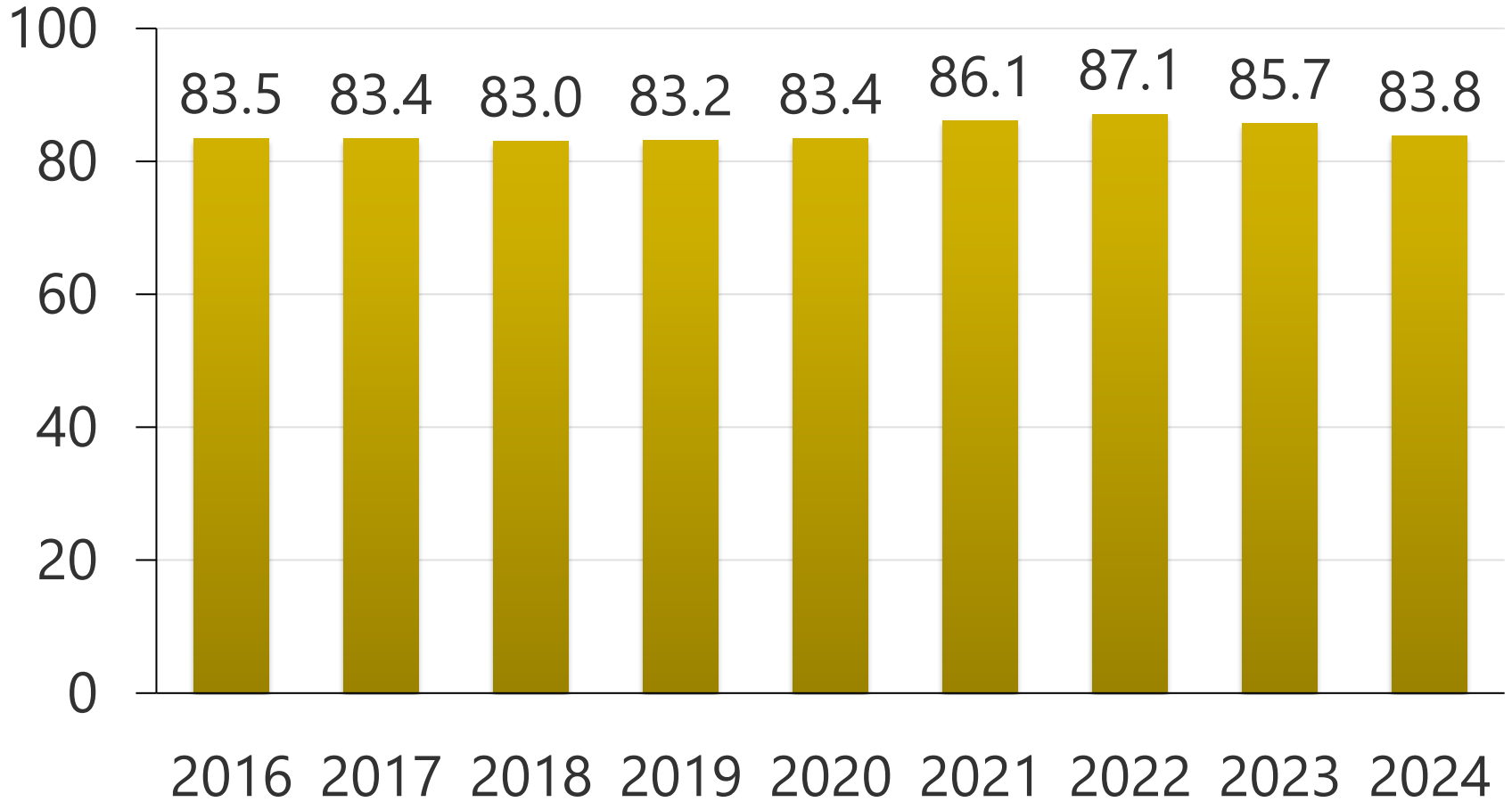


患者年齢、患者性別、糖尿病、高血圧、脂質異常症、喫煙、慢性腎臓病、維持透析、慢性肺疾患、末梢血管障害、心不全の既往、術前24時間以内の心肺停止、術前24時間以内の心原性ショック、術前24時間以内の急性心不全

DOOR TO BALLOON TIME AND IH-HOSPITAL MORTALITY



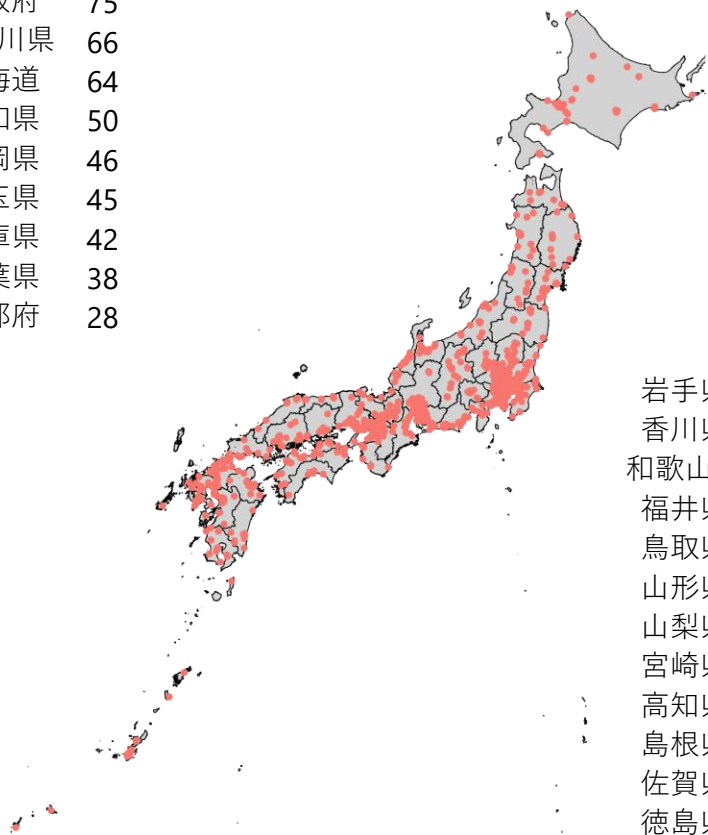
MEAN DOOR TO BALLON TIME



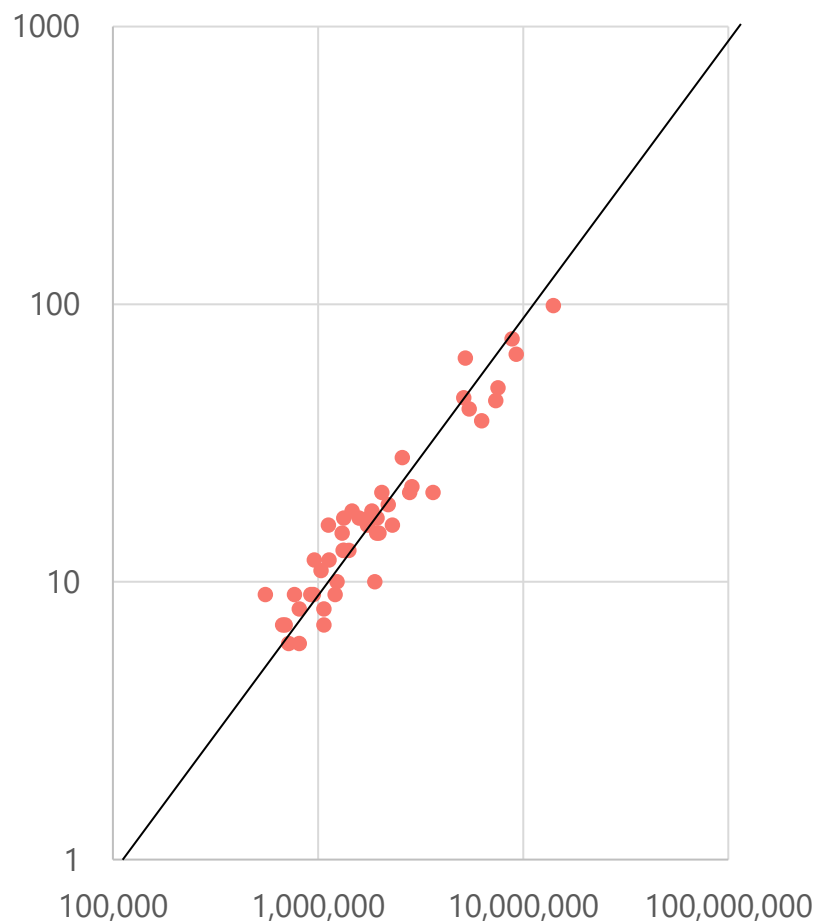
J-PCI registry

INSTITUTES FOR MI PATIENTS (DPC 2023)

東京都 99
大阪府 75
神奈川県 66
北海道 64
愛知県 50
福岡県 46
埼玉県 45
兵庫県 42
千葉県 38
京都府 28



岩手県 9
香川県 9
和歌山県 9
福井県 9
鳥取県 9
山形県 8
山梨県 8
宮崎県 7
高知県 7
島根県 7
佐賀県 6
徳島県 6

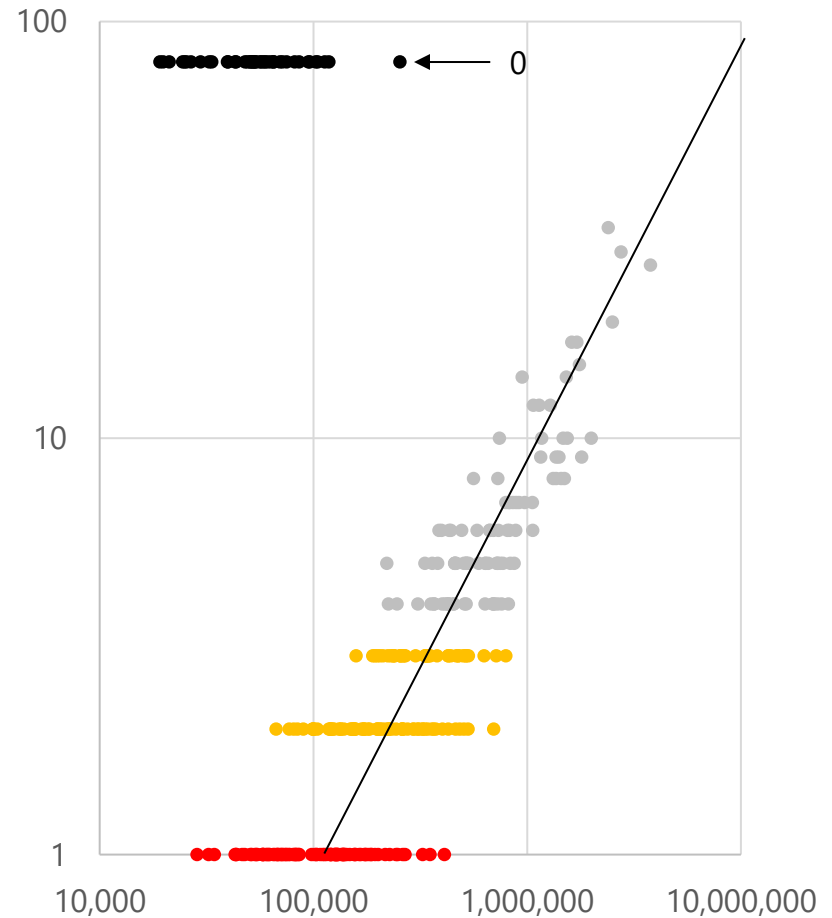
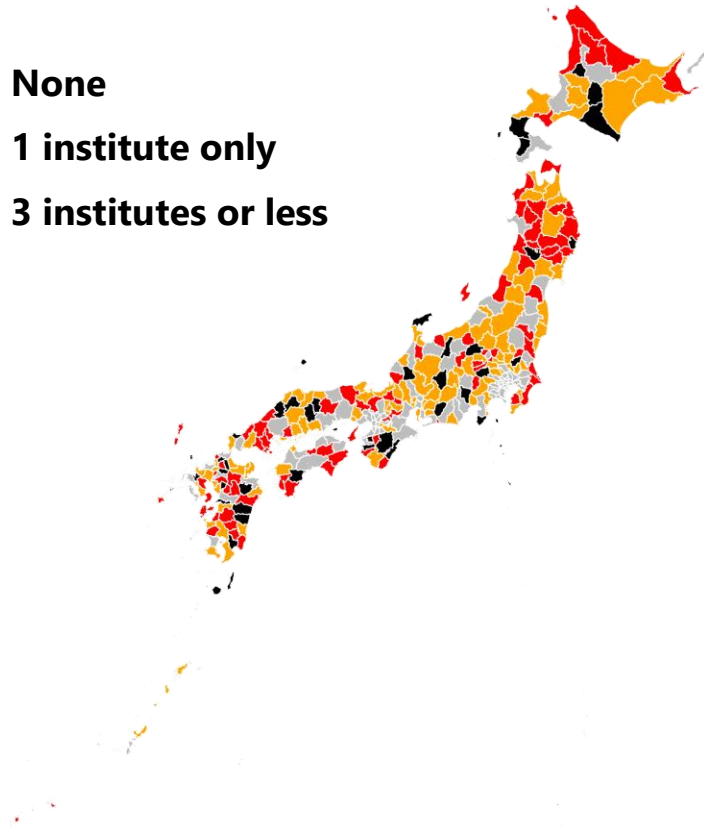


1042 MI institutes for a population of 126,146,099 (121,061/institutes)

INSTITUTES FOR MI PATIENTS (DPC 2023)

Institutes

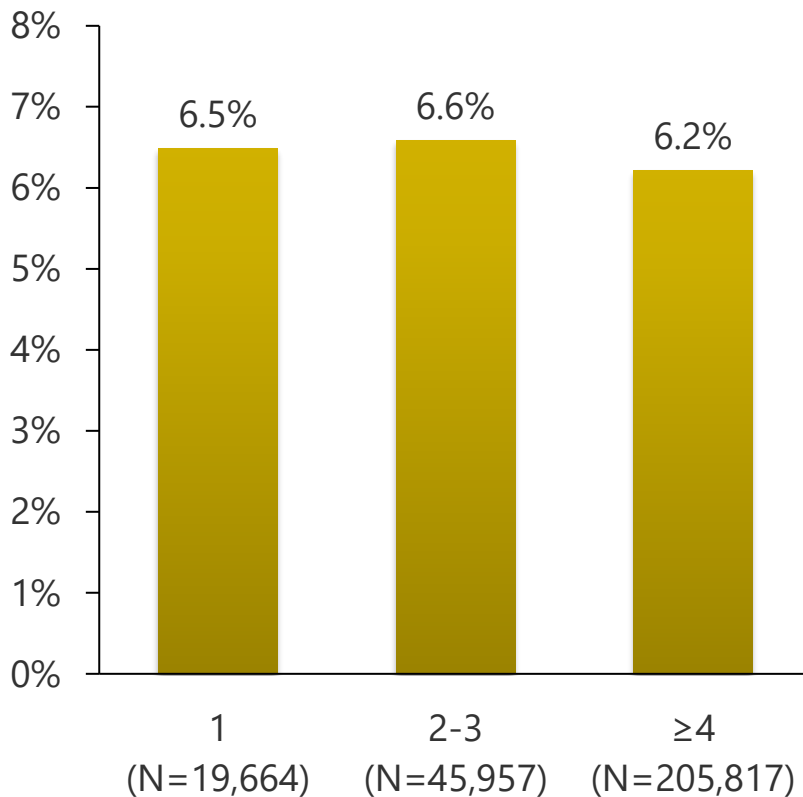
- None
- 1 institute only
- 3 institutes or less



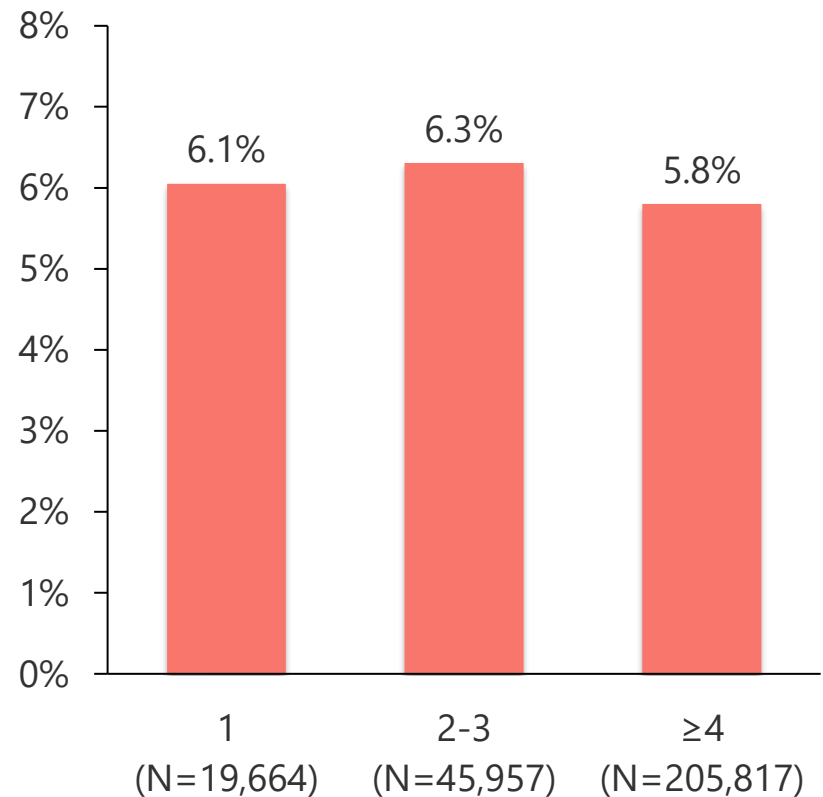
1042 MI institutes for a population of 126,146,099 (121,061/institutes)

NO APPARENT ASSOCIATION BETWEEN MORTALITY AND NUMBER OF INSTITUTES PER AREA

Crude



Adjusted

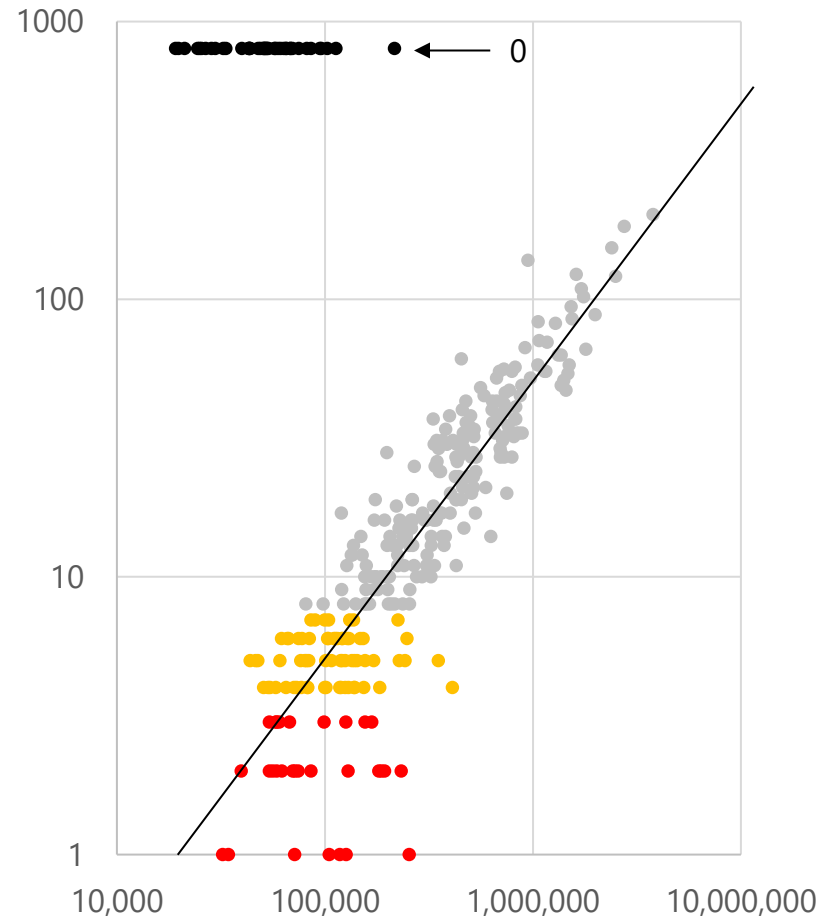
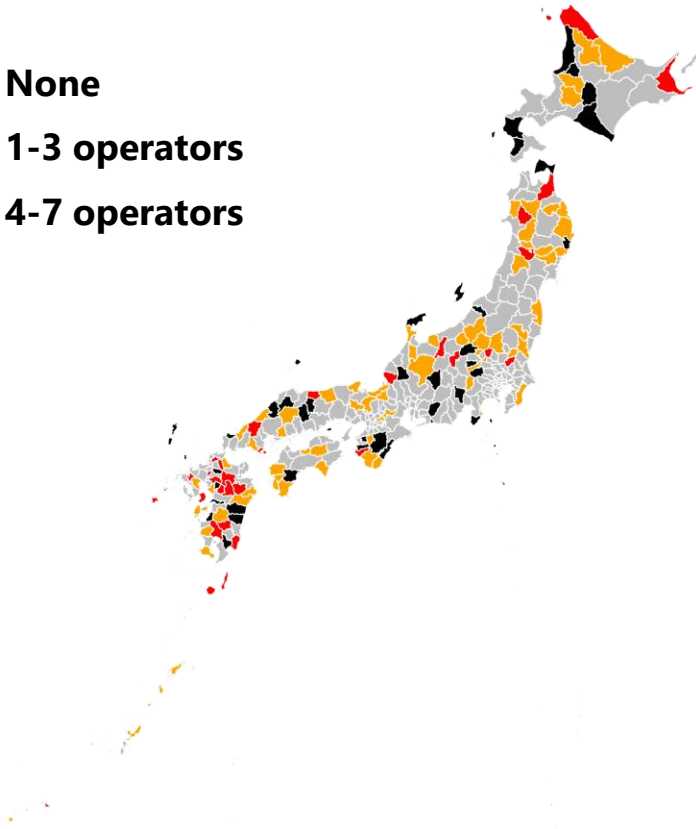


Number of Institutes per area

RURAL REGIONS LACK A SUFFICIENT NUMBER OF OPERATORS.

Operators

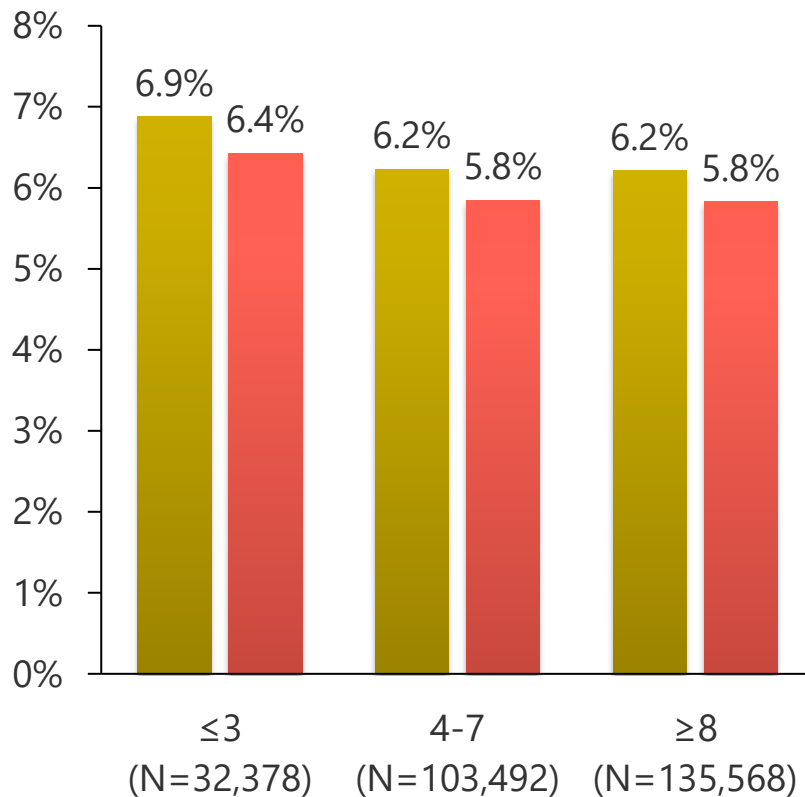
- None
- 1-3 operators
- 4-7 operators



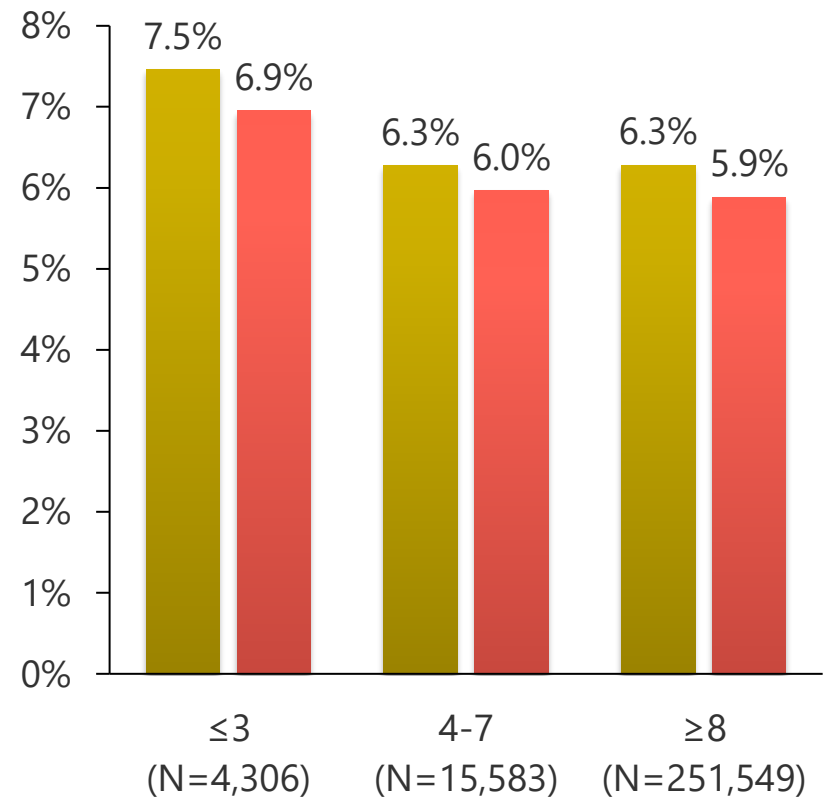
6139 STEMI operators for a population of 126,146,099 (20,548/operators)

HIGHER MORTALITY IN INSTITUTES OR AREAS WITH FEWER OPERATORS

N of operators per institutes

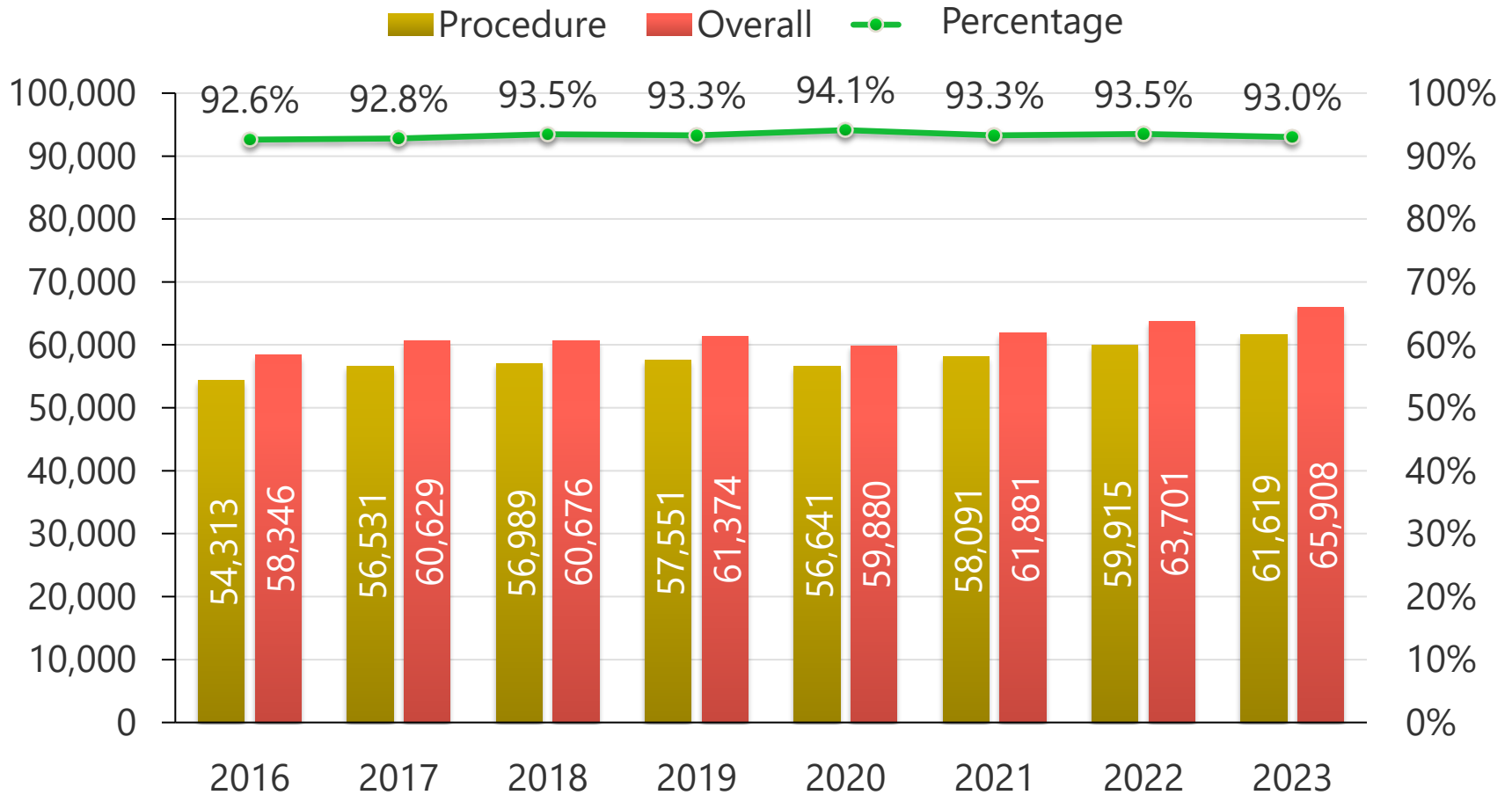


N of operators per area



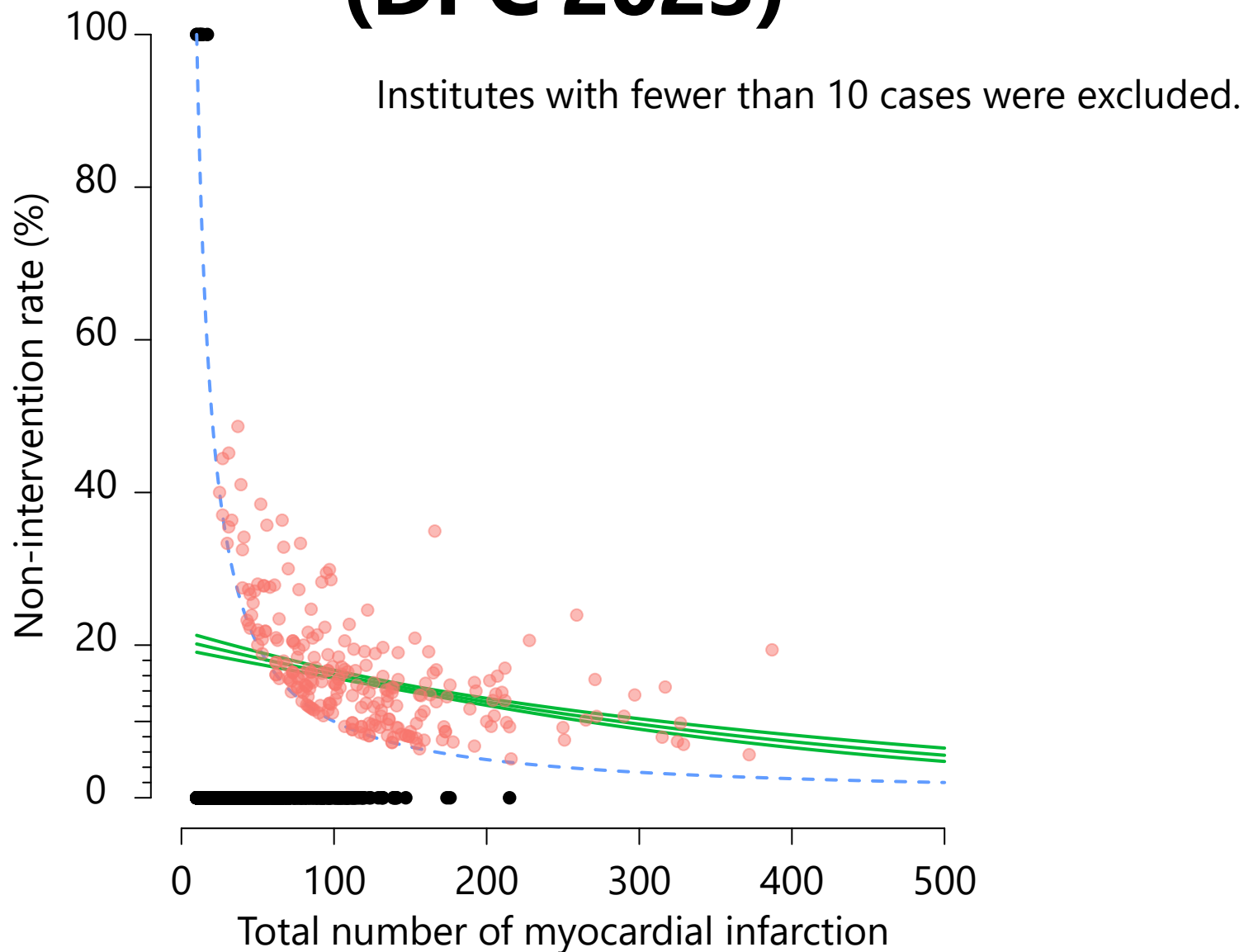
2019-2024

ADMISSION FOR MI (DPC)

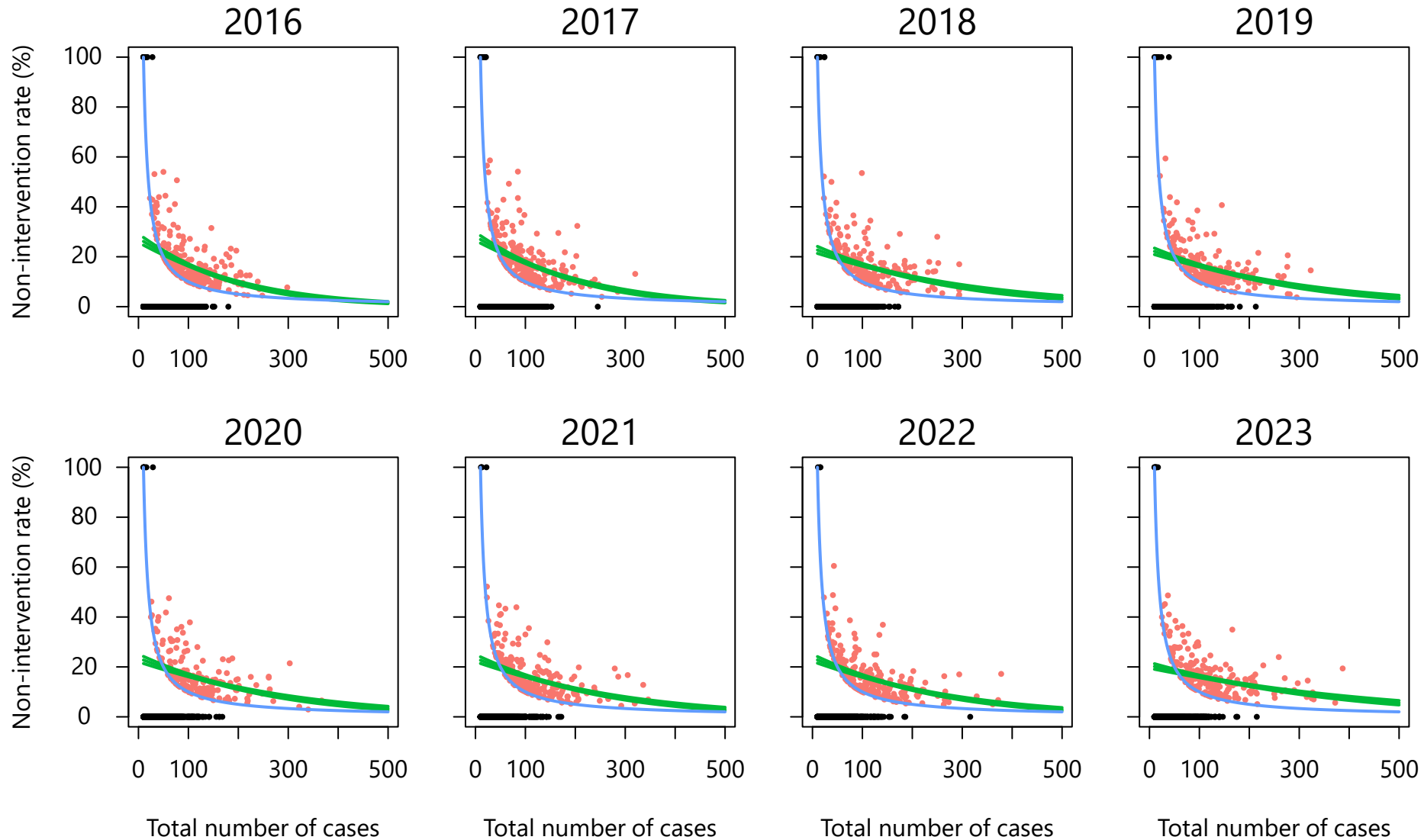


Institutes with fewer than 10 cases were excluded from patient number analyses;
those with fewer than 30 cases were excluded from percentage analyses.

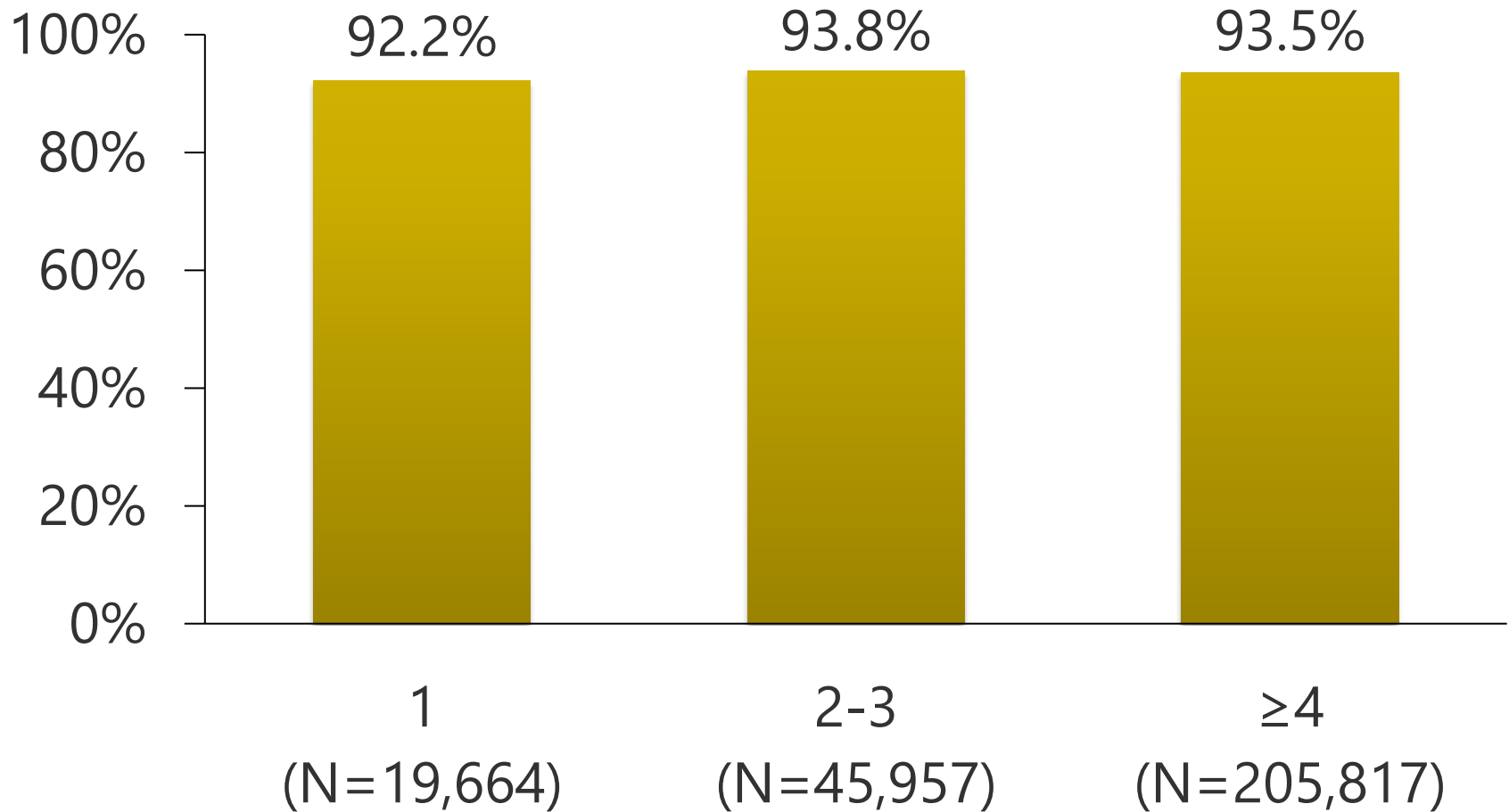
MI AND NON-INTERVENTION (DPC 2023)



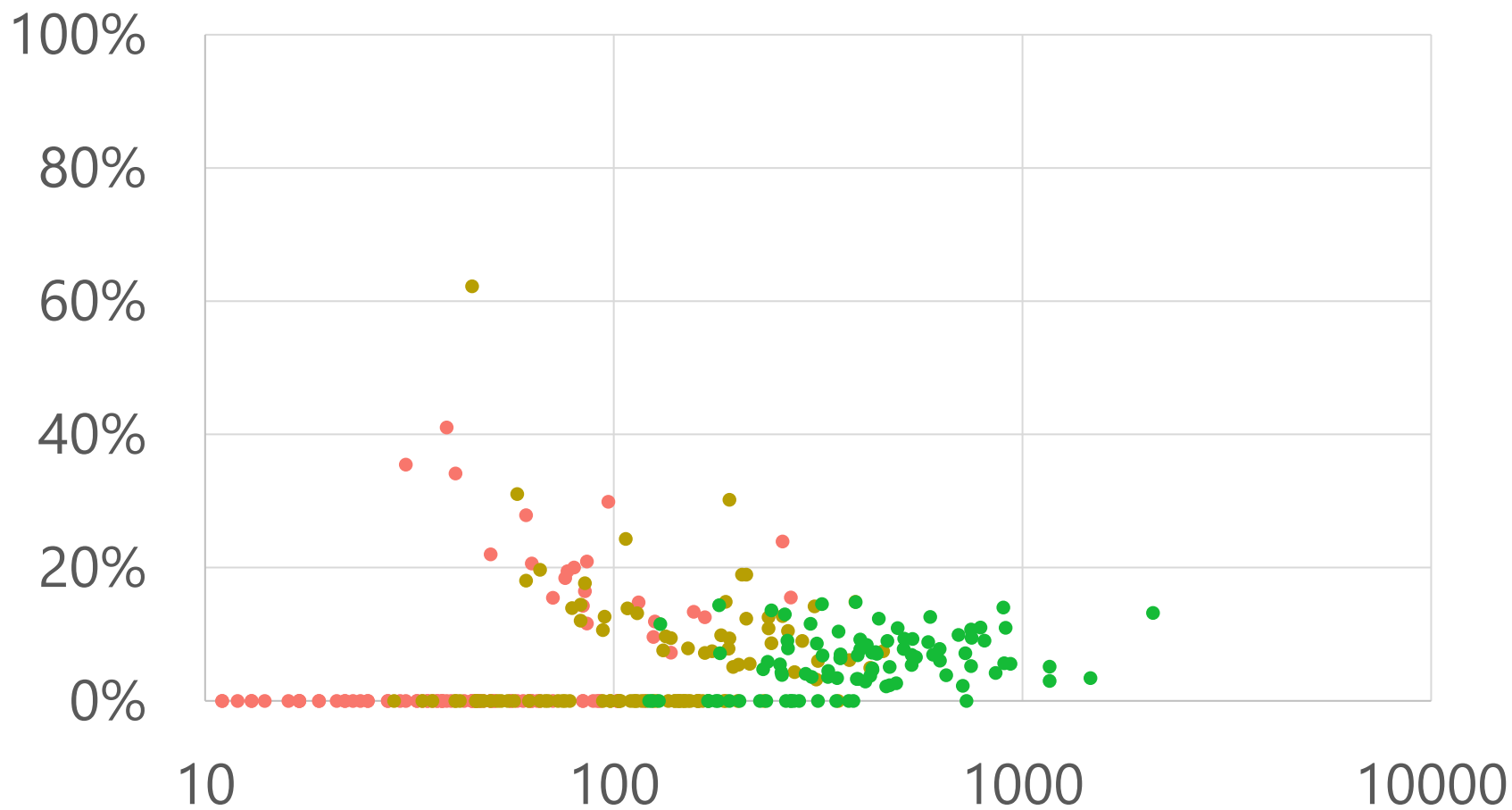
CHANGES IN NON-INTERVENTION RATES



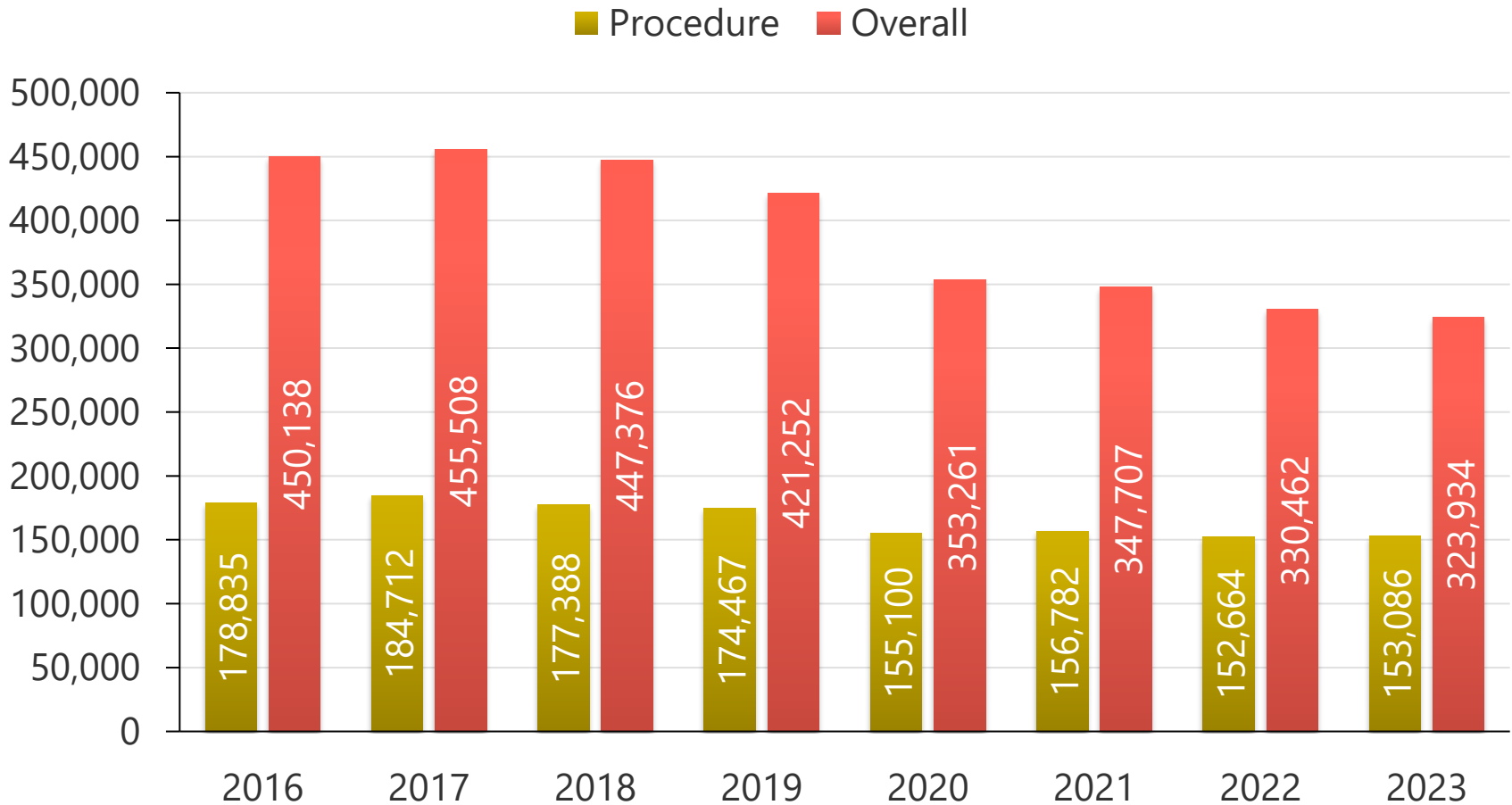
MI AND NON-INTERVENTION AMONG NUMBER OF INSTITUTES PER AREA (DPC 2023)



MI AND NON-INTERVENTION (DPC 2023)

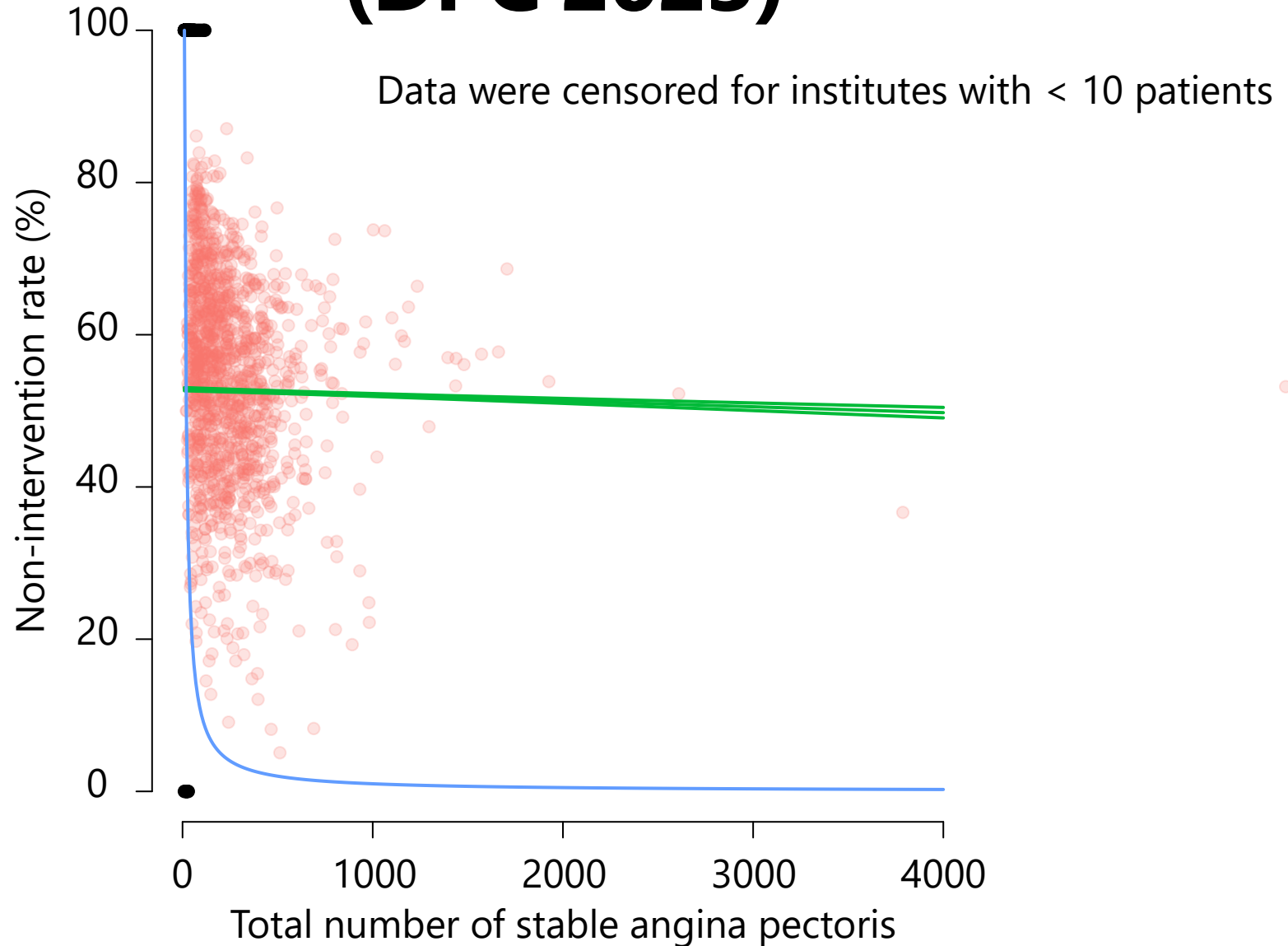


ADMISSION FOR STABLE AP (DPC)

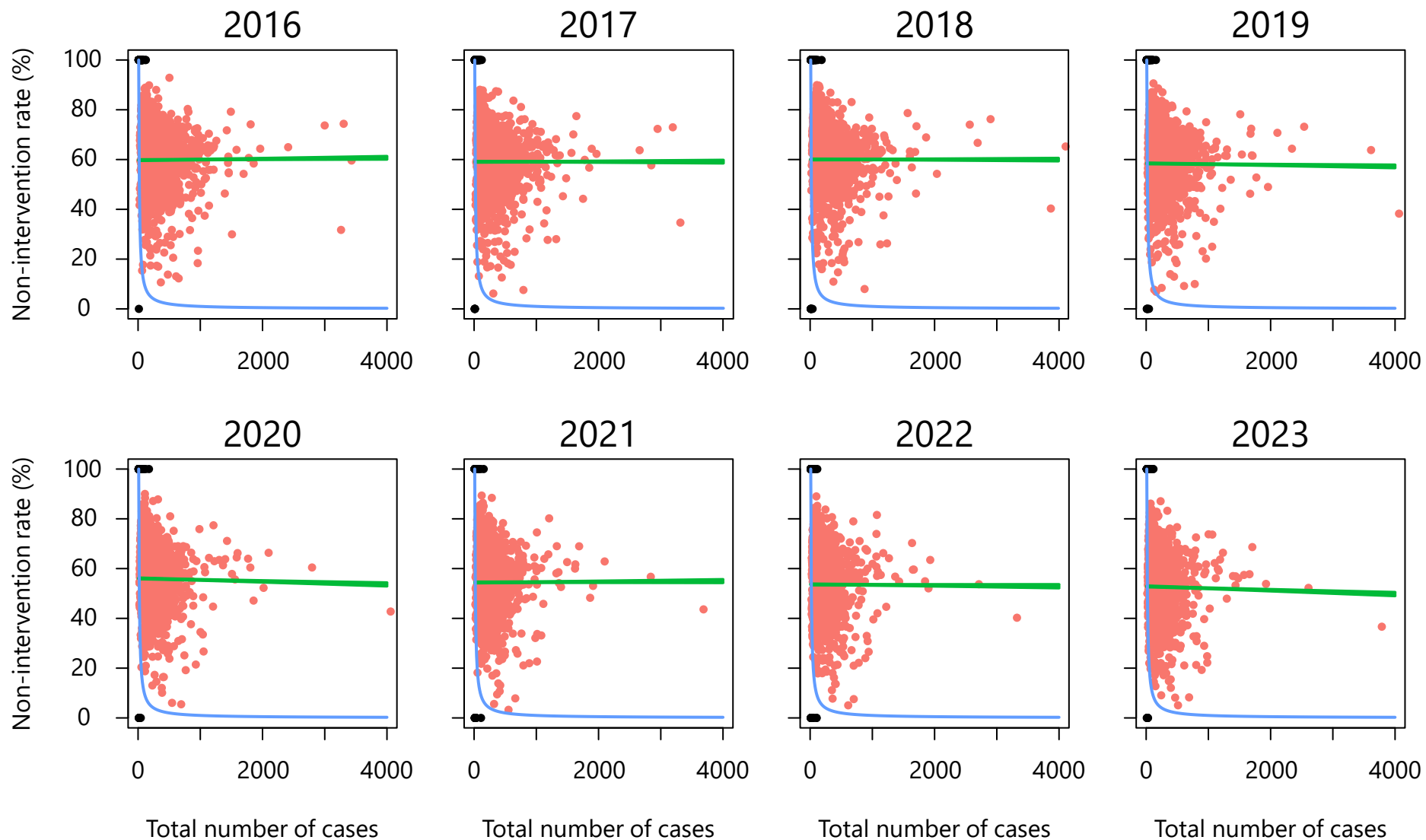


Institutes with fewer than 10 cases were excluded from the analyses.

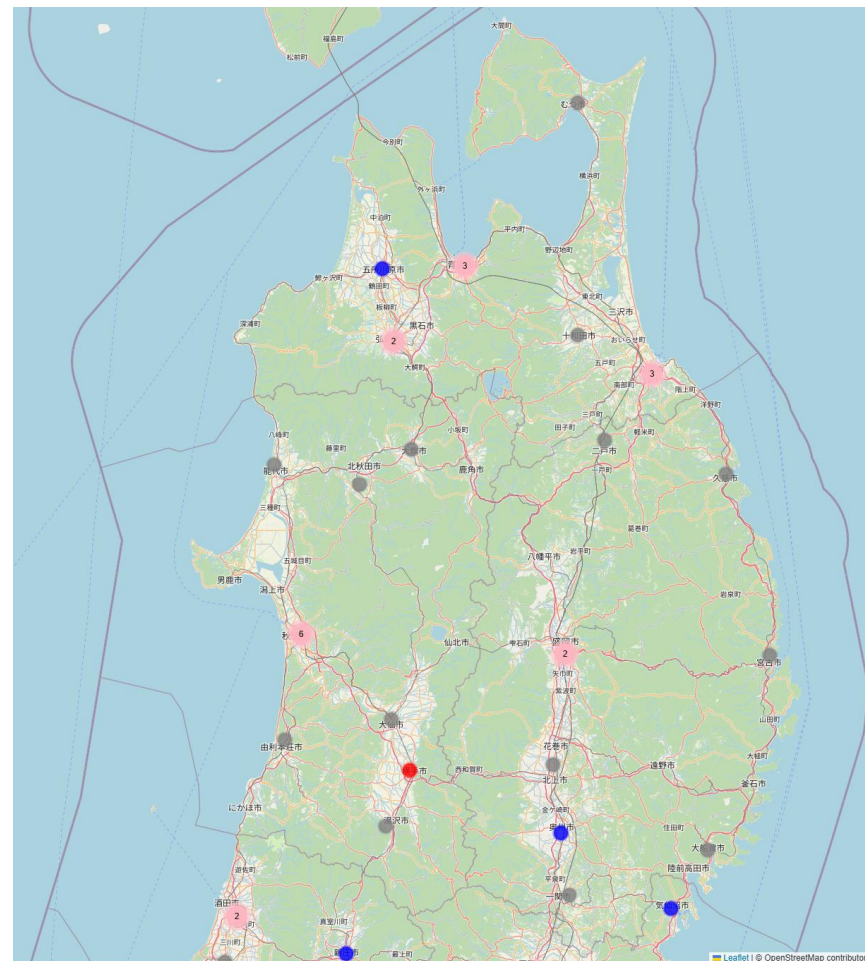
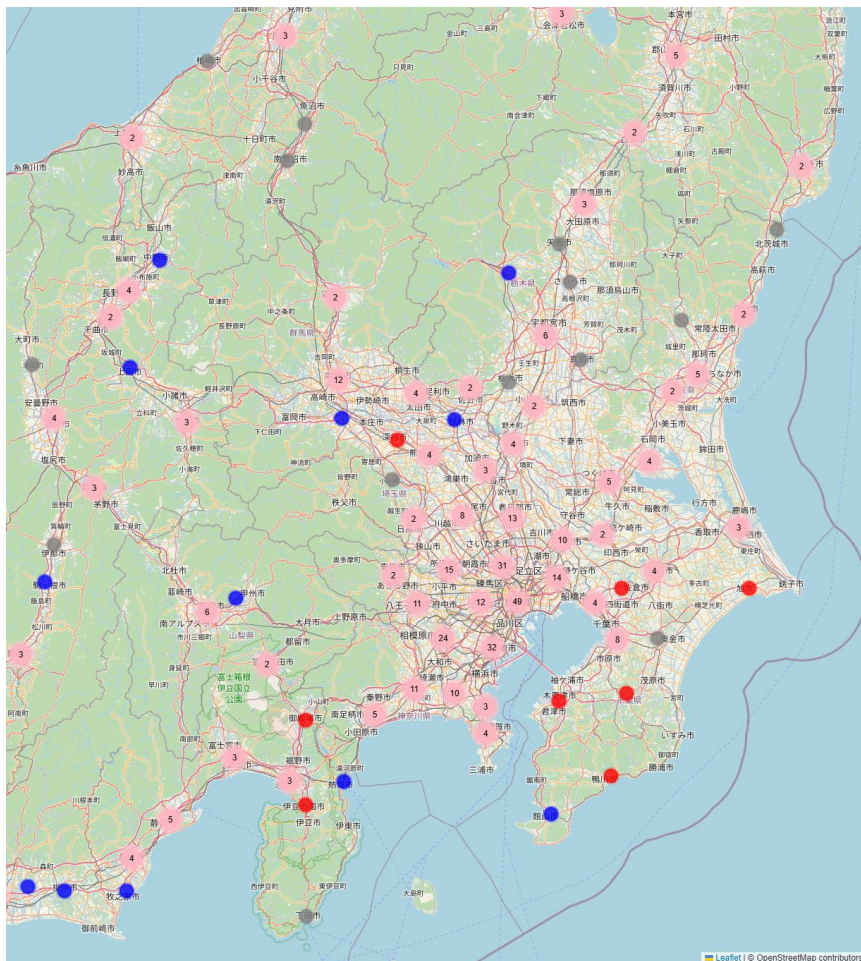
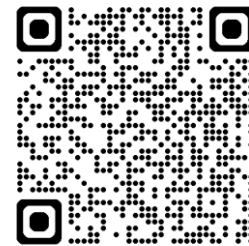
STABLE AP AND NON-INTERVENTION (DPC 2023)



CHANGES IN NON-INTERVENTION RATES



HEART MAP



<https://map.cvit.jp/>