

**Lista publikacji:**

Impact Factor: **175,956**

1. Survival rate after acute myocardial infarction in patients treated with percutaneous coronary intervention within the left main coronary artery according to time of admission.  
Medicine  
2021 : Vol.100, No.4, p.1-8  
IF: 1.889  
MEiN: 70.000
2. Antiplatelets in acute coronary syndrome in Poland - from guidelines to clinical practice.  
Post.Kardiol.Interw./Adv.Interv.Cardiol.  
2021 : Vol.17, No.2, p.141-154  
IF: 1.426  
MEiN: 40.000
3. Characteristics of patients from the Polish Registry of Acute Coronary Syndromes during the COVID-19 pandemic: the first report.  
Kardiol.Pol.  
2021 : Vol.79, No.2, p.192-195  
IF: 3.108  
MEiN: 70.000
4. Badania rejestrów W „Epidemiologia od teorii do praktyki” red. Iwona Paradowska-Stankiewicz, Magdalena Rosińska, Bogdan Wojtyniak, Andzrej Zieliński. PZWL Wydawnictwo Lekarskie 2021, 263-279. ISBN 978-83-200-6444-5.
5. De novo and pre-existing atrial fibrillation in acute coronary syndromes: impact on prognosis and cardiovascular events in long-term follow-up.  
Eur.Heart J. - Acute Cardiovasc.Care  
2021, p.1-11  
IF: 4.696  
MEiN: 100.000
6. Paramedic versus physician-staffed ambulances and prehospital delays in the management of patients with ST-segment elevation myocardial infarction.  
Cardiol.J.  
2021 : Vol.28, No.1, p.110-117  
IF: 2.737  
MEiN: 100.000
7. Factors affecting early mortality and 1-year outcomes in young women with ST-segment-elevation myocardial infarction aged less than or equal to 45 years.  
Curr.Probl.Cardiol.  
2021 : Vol.46, No.3, p.1-20  
IF: 5.200  
MEiN: 100.000
8. Associations of changes in patient characteristics and management with decrease in mortality rates of men and women with ST-elevation myocardial infarction - a propensity score-matched analysis. Arch Med. Sci 2020;16:772-780.  
*Impact Factor ISI: 2.807*

*Punktacja ministerstwa: 70.000*

9. Impact of routine invasive strategy on outcomes in patients with non-ST segment elevation myocardial infarction during 2005-2014: A report from the Polish Registry of Acute Coronary Syndromes (PL-ACS). *Cardiol J* 2020;27:583-589.  
*Impact Factor ISI: 1.669*  
*Punktacja ministerstwa: 40.000.*
  
10. Clinical characteristics and treatment profiles of patients after acute myocardial infarction with left ventricular ejection fraction below 40%: a short 2018-2019 report on the PL-ACS registry.  
*Kardiol Pol* 2020;78:766-769  
*Impact Factor ISI: 1.874*  
*Punktacja ministerstwa: 140.000.*
  
11. Gender-related disparities in the treatment and outcomes in patients with non-ST-segment elevation myocardial infarction: results from the Polish Registry of Acute Coronary Syndromes (PL-ACS) in the years 2012-2014. *Arch Med. Sci* 2020;16:781-788.  
*Impact Factor ISI: 2.807*  
*Punktacja ministerstwa: 70.000.*
  
12. Myocardial infarction in centenarians. Data from The Polish Registry of Acute Coronary Syndromes. *J Clin Med* 2020;9:1-10.  
*Impact Factor ISI: 3.303*  
*Punktacja ministerstwa: 140.000.*
  
13. Comparison of clinical characteristics, treatment, in-hospital and 12-month outcomes in patients after myocardial infarction with ejection fraction < 40% with or without atrial fibrillation. *Arch Med Sci* 2020; doi: 10.5114/aoms.2020.100366  
*Impact Factor ISI: 2.807*  
*Punktacja ministerstwa: 70.000*
  
14. Paramedic versus physician-staffed ambulances and prehospital delays in the management of patients with ST-segment elevation myocardial infarction. *Cardiol J.* 2021; 28: 110-117.  
*Impact Factor ISI: 1.669*  
*Punktacja ministerstwa: 40.000*
  
15. Assessment of quality of care of patients with ST-segment elevation myocardial infarction. *Eur Heart J Acute Cardiovas Care* 2020;8:893-901.  
*Impact Factor ISI: 3.734*  
*Punktacja ministerstwa: 100.000*
  
16. The progress in outcomes of the management of patients with non-ST-segment elevation myocardial infarction between 2005 and 2014 in Poland - a propensity score matching analysis from the PL-ACS registry. *Postępy Kardiol Interwencyjnej.* 2020;16:41-48.  
*Impact Factor ISI: 1.374*  
*Punktacja ministerstwa: 40.000*
  
17. Prevalence, characteristics and prognostic implications of type 2 diabetes in patients with myocardial infarction: PL-ACS Registry annual report 2018. *Kardiol Pol.* 2020;78:243-246.  
*Impact Factor ISI: 1.674*  
*Punktacja ministerstwa: 70.000*

18. How to effectively analyze the scientific evidence in clinical practice? Rationale and design of an observational analytical model. Kardiol Pol. 2020;78:577-580.  
*Impact Factor ISI: 1.674*  
*Punktacja ministerstwa: 70.000*
19. Atrial fibrillation and myocardial infarction - in constant need for new data. Eur J Prev Cardiol. 2019;26:1370-1372.  
*Impact Factor ISI: 5.640*  
*Punktacja ministerstwa: 140.000*
20. Survival benefit from recent changes in management of men and women with ST-elevation myocardial infarction treated with percutaneous coronary interventions. Cardiology Journal 2019;26:459-468.  
*Impact Factor ISI: 1.339*  
*Punktacja ministerstwa: 20.000*
21. Factors affecting early mortality and 1-year outcomes in young women with ST-segment-elevation myocardial infarction aged less than or equal to 45 years. Curr Probl Cardiol. 2019 doi: 10.1016/j.cpcardiol.2019.03.008.  
*Impact Factor ISI: 4.190*  
*Punktacja ministerstwa: 20.000*
22. Outcomes of a routine invasive strategy in elderly patients with non-ST-segment elevation myocardial infarction from 2005 to 2014: results from the PL-ACS registry. Coron Artery Dis. 2019;30:326-331.  
*Impact Factor ISI: 1.705*  
*Punktacja ministerstwa: 20.000*
23. Annual trends in total ischemic time and one-year fatalities: The paradox of STEMI network performance assessment. J Clin Med. 2019;8:1-11.  
*Impact Factor ISI: 5.583*  
*Punktacja ministerstwa:*
24. Long-term outcomes in men and women with ST-segment elevation myocardial infarction and incomplete reperfusion after a primary percutaneous coronary intervention: a 2-year follow-up. Coron Artery Dis. 2019;30:171-176.  
*Impact Factor ISI: 1.705*  
*Punktacja ministerstwa: 20.000*
25. Characteristics of lipid profile and effectiveness of management of dyslipidaemia in patients with acute coronary syndromes - Data from the TERCET registry with 19,287 patients. Pharmacol Res 2019;139: 460-466.  
*Impact Factor ISI: 4.897*  
*Punktacja ministerstwa: 40.000*
26. Nonroutine use of intra-aortic balloon pump in cardiogenic shock complicating myocardial infarction with successful and unsuccessful primary percutaneous coronary intervention. JACC Cardiovasc Interv. 2018;11:1885-1893.  
*Impact Factor ISI: 9.881*  
*Punktacja ministerstwa: 45.000*

27. Temporal trends in secondary prevention in myocardial infarction patients discharged with left ventricular systolic dysfunction in Poland. *Eur J Prev Cardiol* 2018;25:960-969.  
*Impact Factor ISI:* 3.606  
*Punktacja ministerstwa:* 30.000
28. Risk factors predisposing to acute coronary syndromes in young women ≤45 years of age. *Int J Cardiol* 2018;264:165-169.  
*Impact Factor ISI:* 6.189  
*Punktacja ministerstwa:* 35.000
29. Treatment and outcomes of patients under 40 years of age with acute myocardial infarction in Poland in 2009-2013 (analysis from PL-ACS Registry). *Pol Arch Intern Med* 2017; 127: 666-673.  
*Impact Factor ISI:* 2.309  
*Punktacja ministerstwa:* 30.000
30. Trends in sex differences in clinical characteristics, treatment strategies, and mortality in patients with ST-elevation myocardial infarction in Poland from 2005 to 2011. *Coron Artery Dis* 2017; 28: 417-25.  
*Impact Factor ISI:* 1.823  
*Punktacja ministerstwa:* 20.000
31. Relationship between infarct artery location, acute total coronary occlusion, and mortality in STEMI and NSTEMI patients. *Pol Arch Intern Med* 2017; 127: 401-411.  
*Impact Factor ISI:* 2.309  
*Punktacja ministerstwa:* 30.000
32. Renal function on admission affects both treatment strategy and long-term outcomes of patients with myocardial infarction (from Polish Registry of Acute Coronary Syndromes). *Kardiol Pol* 2017; 75: 332-342.  
*Impact Factor ISI:* 1.341  
*Punktacja ministerstwa:* 15.000
33. Admission Versus Interhospital Transfer for Primary Percutaneous Coronary Intervention in ST-Segment Elevation Myocardial Infarction. *JACC: Cardiovascular Interventions* 2017; 10(5):438-47.  
*Impact Factor ISI:* 8.841  
*Punktacja ministerstwa:* 45.000
34. Total coronary occlusion of infarct-related arteries in patients with non-ST-elevation myocardial infarction undergoing percutaneous coronary revascularization. *Kardiol Pol* 2017;75(2):108-116.  
*Impact Factor ISI:* 1.341  
*Punktacja ministerstwa:* 15.000
35. Opieka koordynowana po zawału serca. Stanowisko Polskiego Towarzystwa Kardiologicznego oraz Agencji Oceny Technologii Medycznych i Taryfikacji. Coordinated care after myocardial infarction. The statement of the Polish Cardiac Society and the Agency for Health Technology Assessment and Tariff System. *Kardiologia Polska* 2016; 74, 8: 800–811.  
*Impact Factor ISI:* 1.341  
*Punktacja ministerstwa:* 15.000

36. Mortality of women with ST-segment elevation myocardial infarction and cardiogenic shock – results from the PL-ACS registry. Medical Studies/Studia Medyczne 2016; 32 (3): 157–163.  
*Punktacja ministerstwa: 10.000*
37. Jak długo stosować podwójną terapię przeciwpłytkową po ostrych zespołach wieńcowych? Kardiologia po dyplomie 2016; 15(5-6): 34-43.  
*Punktacja ministerstwa: 3.000.*
38. Comparison of in-Hospital, 12- and 36-month outcomes after acute coronary syndrome in men vs women under 40 years of age (From the PL-ACS Registry). Am J Cardiol 2016;118(9):1300-1305.  
*Impact Factor ISI: 3.398*  
*Punktacja ministerstwa: 30.000*
39. Post-procedural TIMI flow grade 2 is not associated with improved prognosis in patients with non-ST-segment elevation myocardial infarction undergoing percutaneous coronary revascularization (PL-ACS registry). Cardiol J 2016;23(4):402-10.  
*Impact Factor ISI: 1.256*  
*Punktacja ministerstwa: 20.000*
40. Acute myocardial infarction due to left main coronary artery disease in men and women: does ST-segment elevation matter? Arch Med Sci. 2015 Dec 10;11(6):1197-204.  
*Impact Factor ISI: 1.812*  
*Punktacja ministerstwa: 25.000*
41. Fondaparinux in the treatment of acute coronary syndromes in Poland - from theory to the practice. Experts' group position paper endorsed by the Polish Cardiac Society Working Group on Cardiovascular Pharmacotherapy. Kardiol Pol. 2015;73(10):943-8.  
*Impact Factor ISI: 0.878*  
*Punktacja ministerstwa: 15.000*
42. Narodowa Baza Danych Zawałów Serca AMI-PL i Ogólnopolski Rejestr Ostrych Zespołów Wieńcowych PL-ACS. W: Epidemiologia i prewencja chorób układu krążenia. / Pod red.: G. Kopeć, P. Jankowski, A. Pająk, W. Drygas; Kraków, Medycyna Praktyczna, 2015; s.65-77; ISBN: 978-83-7430-469-6.
43. Ostre zespoły wieńcowe: możliwości diagnostyczne i terapeutyczne. / Pod red.: R.J. Gila i D. Dudka. Poznań: Termedia Wydawnictwa Medyczne, 2015; s.391-402; ISBN: 978-83-7988-004-1.
44. Treatment of elderly patients (>\_80 years) with non-ST-segment elevation myocardial infarction in reference interventional cardiology center. Choroby Serca i Naczyń 2015;12(6):357-365.  
*Punktacja ministerstwa: 7.000*
45. Zawał serca spowodowany chorobą pnia lewej tętnicy wieńcowej u kobiet i mężczyzn – czy towarzysząca choroba wielonaczyniowa ma znaczenie? Przegl Lek 2015; 7; 165-167.  
*Punktacja ministerstwa: 10.000*
46. Zawał serca bez uniesienia odcinka ST u kobiet i mężczyzn z cukrzycą. Przegl Lek 2015; 72: 161-144.  
*Punktacja ministerstwa: 10.000*

47. Acute myocardial infarction due to the unprotected left main coronary artery disease: The power of TIMI 3 flow. Polish Annals of Medicine 2014;21:86-89.
48. Comparison of Stenting and Surgical Revascularization Strategy in Non-ST Elevation Acute Coronary Syndromes and Complex Coronary Artery Disease (From the Milestone Registry). Am J Cardiol 2014 Oct 1;114(7):979-87.  
*Impact Factor ISI: 3.276*  
*Punktacja ministerstwa: 30.000*
49. In-hospital and 12-month outcomes after acute coronary syndrome treatment in patients aged<40 years of age (from the Polish Registry of Acute Coronary Syndromes). Am J Cardiol 2014; 114(2): 175-80.  
*Impact Factor ISI: 3.276*  
*Punktacja ministerstwa: 30.000*
50. Strategia leczenia a śmiertelność kobiet i mężczyzn z zawałem serca z uniesieniem odcinka ST. Przegl Lek 2014; 71: 135-138.  
*Punktacja ministerstwa: 6.000*
51. Mortality in cardiogenic shock complicating acute myocardial infarction due to left main coronary disease: does gender matter? Przegl Lek 2014; 71: 117-121.  
*Punktacja ministerstwa: 6.000*
52. ST-Segment Elevation Myocardial Infarction in Women With Type 2 Diabetes. Diabetes Care. 2013 Nov;36(11):3469-75.  
*Impact Factor ISI: 8.570*  
*Punktacja ministerstwa: 45.000*
53. Higher mortality in women after ST-segment elevation myocardial infarction in very young patients. Arch Med Sci 2013; 9, 3: 427-433.  
*Impact Factor ISI: 1.890*  
*Punktacja ministerstwa: 20.000*
54. Acute myocardial infarction due to left main coronary artery disease: A large multicenter national registry. Cardiol J. 2013;20(2):190-6.  
*Impact Factor ISI: 1.215*  
*Punktacja ministerstwa: 20.000*
55. Outcomes of invasive treatment in very elderly Polish patients with non-ST-segment-elevation myocardial infarction from 2003–2009 (from the PL-ACS registry). Cardiol J 2013;20(1):34-43.  
*Impact Factor ISI: 1.215*  
*Punktacja ministerstwa: 20.000*
56. Impact of Chronic Total Occlusion Artery on 12-month Mortality in Patients with Non-ST-Segment Elevation Myocardial Infarction Treated by Percutaneous Coronary Intervention (From the PL-ACS Registry). Int J Cardiol 2013;168(1):250-4.  
*Impact Factor ISI: 6.175*  
*Punktacja ministerstwa: 35.000*

57. Mortality of patients with ST-segment elevation myocardial infarction and cardiogenic shock treated by PCI is correlated to the infarct-related artery - Results from the PL-ACS Registry. *Int J Cardiol* 2013;166(1):193-7.  
*Impact Factor ISI: 6.175*  
*Punktacja ministerstwa: 35.000*
58. The influence of diabetes on in-hospital and long-term mortality in patients with myocardial infarction complicated by cardiogenic shock : results from the PL-ACS registry. *Kardiol Pol* 2012; 70(12):1215-1224.  
*Impact Factor ISI: 0.536*  
*Punktacja ministerstwa: 15.000*
59. Differences in presentation, treatment, and prognosis in elderly patients with non ST segment elevation myocardial Infarction. *Pol Arch Med Wewn* 2012; 122(6): 253-261.  
*Impact Factor ISI: 1.833*  
*Punktacja ministerstwa: 10.000*
60. Temporal Trends in the Treatment and Outcomes of Patients with Non-ST-Segment Elevation Myocardial Infarction in Poland from 2004-2010 (From the PL-ACS Registry). *Am J Cardiol*. 2012;109(6):779-86.  
*Impact Factor ISI: 3.209*  
*Punktacja ministerstwa: 35.000*
61. What has changed in the treatment of ST-segment elevation myocardial infarction in Poland in 2003-2009? Data from the Polish Registry of Acute Coronary Syndromes (PL-ACS). *Kardiol Pol.* 2011;69(11):1109-18.  
*Impact Factor ISI: 0.515*  
*Punktacja ministerstwa: 15.000*
62. Gender-related benefit of transport to primary angioplasty: is it equal? *Cardiol J.* 2011;18(3):254-60.
63. Gender-related differences in mortality after St-segment elevation myocardial infarction: a large multicenter national registry. *EuroIntervention* 2011; 6: 1068-1072  
*Impact Factor ISI: 3.285*  
*Punktacja ministerstwa: 2.000*
64. Pharmacological approach to patients with non ST segment elevation myocardial infarction: does sex make a difference? *Pol Arch Med Wewn.* 2011; 121(1-2): 18-21.  
*Impact Factor ISI: 1.367*  
*Punktacja ministerstwa: 10.000*
65. Gender-related differences in clinical course, therapeutic approach and prognosis in patients with non-ST segment elevation myocardial infarction. *Kardiol Pol.* 2011;69(8):784-92.  
*Impact Factor ISI: 0.515*  
*Punktacja ministerstwa: 15.000*
66. Reperfusion by Primary Percutaneous Coronary Intervention in Patients With ST-Segment Elevation Myocardial Infarction Within 12 to 24 Hours of the Onset of Symptoms (from a Prospective National Observational Study [PL-ACS]). *Am J Cardiol.* 2011 Jan;107(4):501-8.  
*Impact Factor ISI: 3.368*  
*Punktacja ministerstwa: 35.000*

67. Comparison of invasive and non-invasive treatment strategies in older patients with acute myocardial infarction complicated by cardiogenic shock (from the Polish Registry of Acute Coronary Syndromes - PL-ACS). Am J Cardiol. 2011 Jan;107(1):30-6.  
*Impact Factor ISI: 3.368*  
*Punktacja ministerstwa: 35.000*
68. Patients with no significant lesions in coronary arteries and ST-segment elevation myocardial infarction have worse outcome than patients with non-ST-segment elevation myocardial infarction: analysis from PL-ACS Registry. Kardiol Pol. 2010 Nov;68(11):1211-7.  
*Impact Factor ISI: 0.523*  
*Punktacja ministerstwa: 9.000*
69. Optimal timing for surgical revascularization in survivors of acute coronary syndromes eligible for elective coronary artery bypass graft surgery. Int J Cardiol 2011 Dec 1;153(2):173-8.  
*Impact Factor ISI: 7.078*  
*Punktacja ministerstwa: 35.000*
70. A comparison of ST elevation versus non-ST elevation myocardial infarction outcomes in a large registry database Are non-ST myocardial infarctions associated with worse long-term prognoses? Int J Cardiol. 2011 Oct 6;152(1):70-7.  
*Impact Factor ISI: 7.078*  
*Punktacja ministerstwa: 35.000*
71. Benefits from revascularisation therapy in the elderly with acute myocardial infarction. Comparative analysis of patients hospitalised in 1992-1996 and in 2005-2006. Kardiol Pol. 2010;68(8):873-81.  
*Impact Factor ISI: 0.523*  
*Punktacja ministerstwa: 9.000*
72. Clinical characteristics of Polish women with ST-segment elevation myocardial infarction. Kardiol Pol. 2010 Jun;68(6):627-34.  
*Impact Factor ISI: 0.523*  
*Punktacja ministerstwa: 9.000*
73. Ostre zespoły wieńcowe u kobiet w Rejestrach klinicznych. Przewodnik Lekarza 2010; 13:94-97.  
*Punktacja ministerstwa: 2.000*
74. Zawał serca z uniesieniem odcinka ST (STEMI) u kobiet. Polskie kobiety na tle innych populacji kobiet. (ST-segment elevation myocardial infarction (STEMI) in women. Polish women in comparison with those of other countries). Przewodnik Lekarza 2010; 13:98-104.  
*Punktacja ministerstwa: 2.000*
75. Does reperfusion in the treatment of acute myocardial infarction improve the prognosis of acute myocardial infarction in diabetic patients? Clin Cardiol. 2009;32(9):E51-5.  
*Impact Factor ISI: 1.602*  
*Punktacja ministerstwa: 15.000*
76. Progress in the management of ST-segment elevation myocardial infarction during economic transition in Poland between 1992 and 2006. Int. J. Cardiol. 2009;135: 253-265.  
*Impact Factor ISI: 3.469*  
*Punktacja ministerstwa: 20.000*

77. Assessment of myocardial infarction therapy development in diabetics. *Pol Arch Med Wewn.* 2008 Sep;118(9):470-7.  
*Punktacja ministerstwa: 9.000*
78. Myocardial infarction in the elderly. Clinical and therapeutic differences. *Kardiol Pol.* 2008 Feb;66(2):166-72; discussion 173-4.  
*Punktacja ministerstwa: 9.000*
79. Registry PL-ACS and what?. *Kardiol Pol.* 2007 Oct;65(10):1270.  
*Punktacja ministerstwa: 9.000*
80. Polish Registry of Acute Coronary Syndromes (PL-ACS). Characteristics, treatments and outcomes of patients with acute coronary syndromes in Poland. *Kardiol Pol.* 2007;65(8):861-72; discussion 873-4.  
*Punktacja ministerstwa: 9.000*
81. Female-male. Can they be treated the same way? Primary analysis of data from the National Registry of Acute Coronary Syndrome PL-ACS]. *Kardiol Pol.* 2005 May;62 Suppl 1:I60-6.  
*Punktacja ministerstwa: 9.000*
82. Surgical revascularization in acute coronary syndrome. Data from the the National Registry of Acute Coronary Syndrome PL-ACS in Silesia. *Kardiol Pol.* 2005 May;62 Suppl 1:I57-9.  
*Punktacja ministerstwa: 9.000*
83. Treatment results of myocardial infarction with ST-segment elevation complicated by cardiogenic shock. Data from the the National Registry of Acute Coronary Syndrome PL-ACS in Silesia. *Kardiol Pol.* 2005 May;62 Suppl 1:I51-6.  
*Punktacja ministerstwa: 9.000*
84. Treatment results of myocardial infarction with ST-segment elevation. Data from the the National Registry of Acute Coronary Syndrome PL-ACS in Silesia. *Kardiol Pol.* 2005 May;62 Suppl 1:I44-50.  
*Punktacja ministerstwa: 9.000*
85. Myocardial infarction with non-ST-segment elevation. Data from the the National Registry of Acute Coronary Syndrome PL-ACS in Silesia]. *Kardiol Pol.* 2005 May;62 Suppl 1:I39-43.  
*Punktacja ministerstwa: 9.000*
86. Treatment results of patients with acute coronary syndrome. Data form the National Registry of Acute Coronary Syndrome PL-ACS. *Kardiol Pol.* 2005 May;62 Suppl 1:I34-8.  
*Punktacja ministerstwa: 9.000*
87. Acute coronary syndrome in Opole region. Data from the National Registry ofAcute Coronary Syndrome PL-ACS. *Kardiol Pol.* 2005 May;62 Suppl 1:I28-32; discussion I33.
88. Epidemiology, treatment and prognosis of acute coronary syndrome in Silesia. Outcomes of pilot project of the National Registry of Acute Coronary Syndrome PL-ACS. *Kardiol Pol.* 2005 May;62 Suppl 1:I22-7.  
*Punktacja ministerstwa: 9.000*

89. Project, logistics and methodology of the National Registry of Acute Coronary Syndrome(PL-ACS). Kardiol Pol. 2005 May;62 Suppl 1:I13-21.  
*Punktacja ministerstwa: 9.000*