

hypertension, 46% (61/132) had coronary artery disease, 39% (51/132) had chronic kidney disease, and 38% (50/132) had COPD. The patients were divided into 2 groups, cardiac and non-cardiac, based on the primary organ system affected at admission. Out of the 132 patients, 48 (36%) were in cardiac and 84 (64%) in non-cardiac group. Return of spontaneous circulation (ROSC) was achieved in 27/48 (56%) patients in cardiac and 49/84 (58%) in non-cardiac group ($p=0.816$). Survival-to-discharge after ROSC was 16/27 (59%) in cardiac and 18/49 (36%) in non-cardiac group ($p < 0.0001$).

CONCLUSION Return of spontaneous circulation was similar between cardiac and non-cardiac group; however, survival-to-discharge after ROSC is significantly higher in patients admitted primarily for cardiac cause. Further studies are needed to define the characteristics of patients achieving ROSC and then survival-to-discharge after in-hospital CA.

CRT-100.70

Self-knowledge Screening For Cardiovascular Risk Factors for Women In Different Age And Labor Activies Populations



Ivana Picone Borges Aragao,¹ Vanessa Freitas Marcolla,² Livia Liberata Barbosa Bandeira,¹ Ivan Lucas Picone Borges Anjos,¹ Caio Teixeira Santos,¹ Thais Lemos de Souza Macedo,¹ Dandhara Martins Rebello,¹ Carolina de Paula Orioli da Silva,¹ Alexandre Augustus Brito Aragao,² Tatiana Spritzer,² Simone Aparecida Simoes,³ Eucir Rabello¹

¹Severino Sombra University, Rio de Janeiro, Brazil; ²Polícia Militar do Estado do Rio de Janeiro - Governo do Estado, Rio de Janeiro, Brazil; ³Rio de Janeiro - Governo do Estado, Rio de Janeiro, Brazil

BACKGROUND Cardiovascular disease (CVD) may be clinically different in women compared to men being underdiagnosed and treated. Worldwide, CVD and stroke are the leading causes of death in females, reporting 8.6 million deaths per year in the literature. The objective of this study was to identify the self-knowledge (SK) and prevalence (P) of risk factors (RF) for CVD and stroke in female populations of different age groups and work activities: students of basic cycle medical students (group MS), Police Pacifying Units Police (PPU) (group PPU), and government employees (group GE).

METHODS Cross-sectional, observational study of P of RF for CVD and stroke in female populations of different ages and labor activities between: group GE-27/09/13 and 10/24/2013; group PPU-10/05/2013 and 10/10/2013; groups MS-06/2016 and 12/2016; through the filling of a similar and anonymous questionnaire with 30 objective questions of quick answers about SK of RF: age, stress level, smoking, hypertension (H), dyslipidemia, sedentary lifestyle, obesity, diabetes, weight, height, pregnancy, menopause, gynecological/year (G/Y) and cardiological/year (C/Y) consultations. A positive response or ignorance equaled 1 point. Considered a risk group: women with ≥ 2 points for positive or unknown response.

RESULTS A total of 961 women interviewed were divided into groups MS (total 159), PPU (602) and GE (200), respectively: mean age 20.62, 28.1 and 44.3; high stress 44%, 31%, without report; smoking 3.8%, 7.0%, 16%; H 2.5% (1.3% unaware), 7% (3%), 13% (3%); 76.7% had they cholesterol levels measured (10.0% total cholesterol > 200 mg / dL and 33.3% did not know, 62.9% did not know HDL < 40 mg / dL), 76.0% (7% and 59%, 87%), 95% (22% E 25%, 62%); 89.9% had measured blood glucose, 76%, 88%; S 45.3%, 53%, 36%; BMI calculated 88.7% (weight and height reported) 12.57% ≥ 25 and 0.0% ≥ 30 , BMI 51% being 23% ≥ 25 and 0.0% ≥ 30 and 49% being 17% ≥ 25 and 8% ≥ 30 ; they did consultations G/Y: 79.9%, 90.0% 98% and C/Y: 7.54% 12% and 33%; score ≥ 2 : 98.75%, 97.0%, 74.0%.

CONCLUSION Most women, in different age groups and work activities, were at risk of developing CVD and stroke due to the high prevalence of RF or their lack of knowledge, after applying a similar questionnaire. It was highlighted the importance of primary prevention and awareness programs.

CRT-100.71

Correlating The Presence Of Mitral Valve Calcification In Patients With Aortic Valve Sclerosis On Coronary Artery Disease



Ali Elsharkawi,¹ Mohamed Mahmoud,² Mohamed Salah Abd Elsalam,² Tarek Bakr²
¹National Heart Institute, Cairo, Egypt; ²AlAzhar University Cardiology Departments, Assiut, Egypt

INTRODUCTION Mitral annular calcification (MAC) has been proposed as a risk of atherosclerotic disease, which may be used as a risk marker for CAD.

AIM OF STUDY To compare the CAD risk associated between the presence and the absence of MAC in patients with aortic valve sclerosis (AVS).

PATIENTS AND METHODS Sixty patients with suspected coronary artery disease with aortic valve sclerosis and/or mitral annular calcification, referred for diagnostic coronary angiography for evaluation of chest pain between January 2015 and April 2017. Patients were divided into: Group I - 30 patients with aortic valve sclerosis and Group II - 30 patients with aortic valve sclerosis and mitral annulus calcification. Inclusion criteria: Less than 65 years - patients indicated for coronary angiography. Exclusion criteria: aortic stenosis, rheumatic or congenital aortic valves, hyperparathyroidism, hemodialysis.

METHODS All patients were subjected to history, clinical, lab assessment, ECG, and echo evaluation. AVS were defined as a focal area of increased echogenicity and thickening of the aortic valve leaflets without restriction of leaflet motion and a transaortic flow velocity (<2.5 m.s) on TTE. MAC was defined as intense echo-producing structure located at the junction of the atrio-ventricular groove and posterior mitral leaflet in parasternal long axis view, measured in millimeters from the leading anterior to the trailing posterior edge and quantified as mild to moderate (1 to 4 mm) and severe (>4 mm) considering its thickness. Diagnostic angiography were done to all patients evaluated by two observers, which were graded according to Friesinger score. This ranges from 0 to 15. Each of the three main coronary arteries is scored separately from 0 to 5. Score 0: No arteriographic abnormality, Score 1: Trivial irregularities (lesion from 1-29%), Score 2: Localized 30-68% luminal narrowing, Score 3: Multiple 30-68% luminal narrowing of same vessel, Score 4: 69-100% luminal narrowing without 100% occlusion of proximal segments, and Score 5: Total obstruction of a proximal segment of a vessel.

RESULTS According to Friesinger score, there was high statistically significant difference (mean \pm SD was 7.3 ± 2.87 % in group I, and 9.53 ± 2.36 % in group II) ($P < 0.001$). Friesinger score ($r=0.75$) and Leaman score ($r=0.42$).

CONCLUSION MAC can be an independent predictor of significant CAD and there is positive correlation between severity of MAC and severity of CAD.

CRT-100.73

Sex and Racial Disparities in Outcomes in Patients Undergoing Percutaneous Intervention: Data from a Large Tertiary Center



Micaela Iantorno, Rebecca Torguson, Deepakraj Gajanana, Kyle Buchanan, Michael J. Lipinski, William S. Weintraub, Ron Waksman
 MedStar Wahington Hospital Center, Washington, DC

BACKGROUND Cardiovascular disease is the leading cause of death in men and women. However, there exist limited outcomes data for women and blacks after percutaneous coronary intervention (PCI). The aim of this retrospective analysis was to evaluate the 1-year major cardiovascular events (MACE) in patients undergoing PCI based on gender and race.

METHODS Within our PCI database, we identified 14,387 subjects, of whom 2331 were black men (BM), 1974 were black women (BW), 7151 were white men (WM), and 2931 were white women (WW). MACE at 1

year was assessed and proportional Cox hazard model analyses were performed to assess outcome after adjustment for confounding factors (i.e., presentation with acute myocardial infarction (MI), diabetes, hypertension, history of coronary artery disease, smoking, presentation in cardiogenic shock (CS) and age).

RESULTS Average age was 65.3 +/- 11.5. The 1-year unadjusted death rate was 5.4% in WM, 8.8% in BM, 9.6% in WW, and 9.3% in BW. After adjustment for cardiovascular risk factors and presentation with acute MI and CS, WM had the best outcomes compared to the other groups (in particular, BM had worse outcomes compared to WM and WW worse outcomes compared to WM). There was no gender difference among the black population and no race difference among white or black women (Figure). There was a significant interaction between gender and race (p=0.002).

CONCLUSIONS In this large cohort of patients with coronary artery disease undergoing PCI, we observed significant race and sex disparities in outcomes even after adjustment for clinical presentation and cardiovascular risk factors.

major study endpoint encompassed MACE (major adverse cardiac events) at 12 months. MACE is defined as a composite of target lesion revascularization (TLR), target vessel myocardial infarction (TV-MI) and cardiac death.

RESULTS A total 438 patients were enrolled in the NANOLUTE study. One hundred ninety-four (44.29%) patients had a diagnosis of DM, while 244 (55.70%) patients had no documented history of DM. Patients with diabetes were more frequently treated for hypertension (67.01% vs. 31.96%, p<0.001). MACE characteristics are depicted in Figure 1. At 1-year follow up, the incidence of MACE was reported as 4.49% vs. 4.19%, p=0.881 for both groups. The MACE rate in both the groups was mainly propelled by TLR. There was no statistically significant difference between both the DM and non-DM cohorts.

CONCLUSION The present study demonstrated that diabetes does not appear to have a negative impact on the efficacy of SCB in coronary stenosis. The use of SCB is associated with good clinical outcomes at 1 year without significant difference between the cohorts.

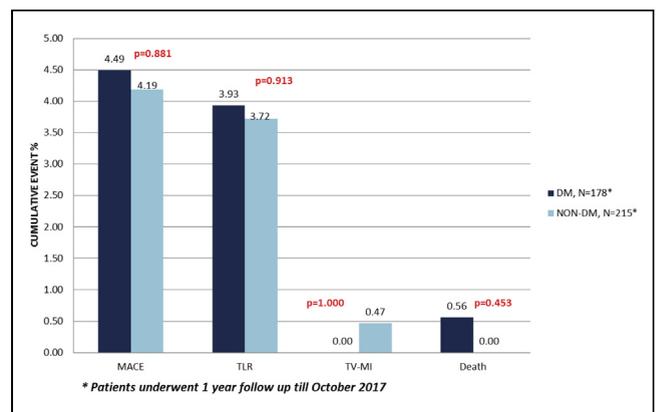
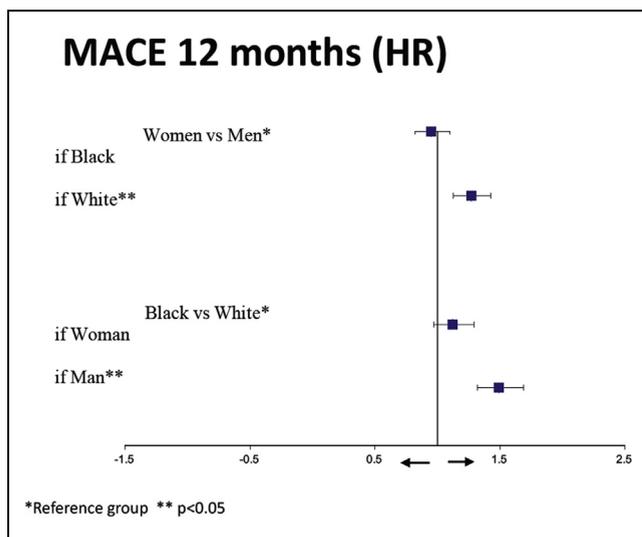


Figure 1.

CRT-100.74

Safety And Efficacy Of Sirolimus-Coated Balloon In Diabetic Patients With Coronary Stenosis: Subgroup Analysis From NANOLUTE Study

Dinesh Shah,¹ Sameer Dani,² Keyur Parikh,³ Prathap Kumar N. Pillai,⁴ Ranjan Shetty,⁵ Jagdish Hiremath⁶
¹William Beaumont Hospital, Troy, MI; ²Life Care Institute of Medical Sciences & Research & Apollo Hospital, Ahmedabad, India; ³Care Institute of Medical Sciences, Ahmedabad, India; ⁴Meditrina Hospitals, Kollam, India; ⁵Kasturba Medical Collage, Manipal, Mangalore, India; ⁶Ruby Hall Clinic, Pune, India



BACKGROUND Patients with diabetes mellitus (DM) have worse clinical outcomes after percutaneous coronary intervention as compared with their non-diabetic counterparts. We sought to assess the efficacy of Magictouch sirolimus-coated balloons (SCB) (Concept Medical) in diabetic patients with stenosis in atherosclerosis in coronary arteries.

METHODS The NANOLUTE registry is a prospective, multi-centre, non-randomized, all-comers registry evaluating the safety and performance of sirolimus-coated balloons (SCB) in patients under real-world conditions with treatment according to standard of care. The

CRT-100.75

The Relationship Between Prior Cancer and Mortality in Patients Undergoing Percutaneous Coronary Intervention

Shinichi Okino
 Funabashi Municipal Medical Center, Funabashi, Japan



BACKGROUND Cancer is a major cause of mortality. However, the morbidity and mortality related to cancer in patients undergoing percutaneous coronary intervention (PCI) have not been the focus of studies.

AIM The aim of this study is to clarify the relationship between prior cancer and mortality in patients undergoing PCI.

METHODS This retrospective study involved 2254 consecutive patients undergoing PCI. In this population, 216 patients with prior cancer and 861 emergent PCI cases were included. Mortality of patients with prior cancer was compared with those without prior cancer. Mean follow-up period was 1426 +/- 832 days.

RESULTS Patients with prior cancer included 75 (34.7%) emergent PCI, which was comparable with those without prior cancer (38.6%, p=NS.). Patients with prior cancer had higher mortality (14.4% vs. 7.2%, p=0.001). However, cardiovascular mortality was not significantly different between patients with prior cancer and those without prior cancer (3.7% vs. 4.7% p=NS.). Kaplan-Meier analysis (Figure) revealed that patients with prior cancer experienced higher mortality than those without prior cancer. There was no significant difference of cardiovascular mortality between cancer and non-cancer group, although patients with prior cancer experienced