

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.

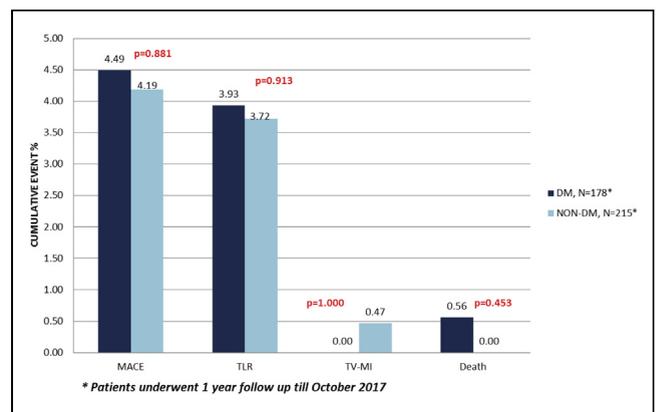
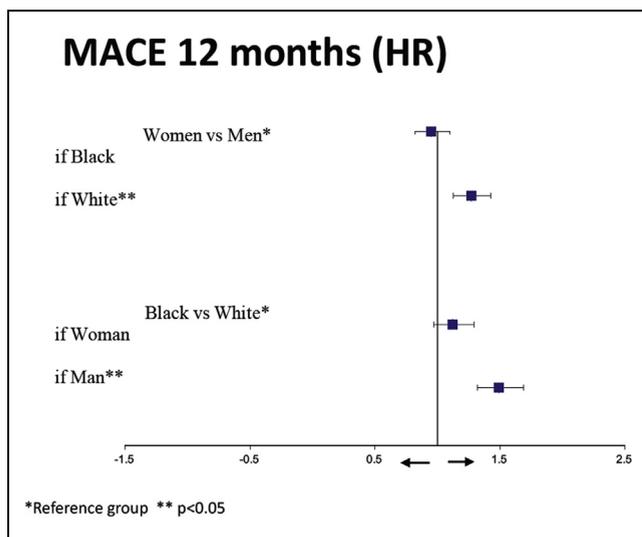


Figure 1.

CRT-100.74

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

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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

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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.

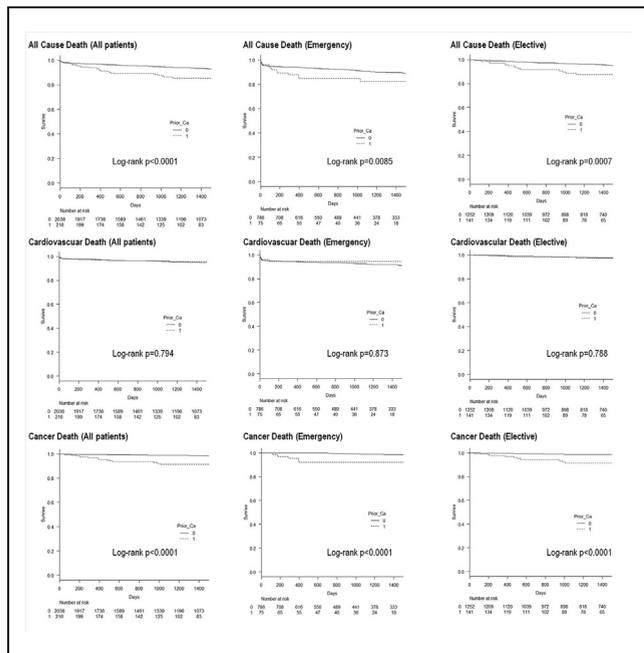
AIM The aim of this study is to clarify the relationship between prior cancer and mortality in patients undergoing PCI.

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

higher cancer mortality. Even in the emergent PCI patients, comparable results were obtained. Multivariate Cox proportional hazard analysis showed that prior cancer was an independent predictor of mortality (HR 2.10 [1.38 - 3.18], p=0.0005).

CONCLUSION In conclusion, patients with prior cancer had higher mortality than those without prior cancer. It depends on cancer mortality, even in patients undergoing emergent PCI.



CRT-100.76
Correlation Between the Presence Of Aortic Valve Sclerosis and Severity of Coronary Artery Disease

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BACKGROUND Despite improvements in risk scoring assessment of CAD, patients at low risk still experience CHD events.

AIM OF STUDY To evaluate whether the severity of aortic valve sclerosis without mitral annular calcification could be a predictor for the extent of coronary artery disease in patients ≤ 65 years.

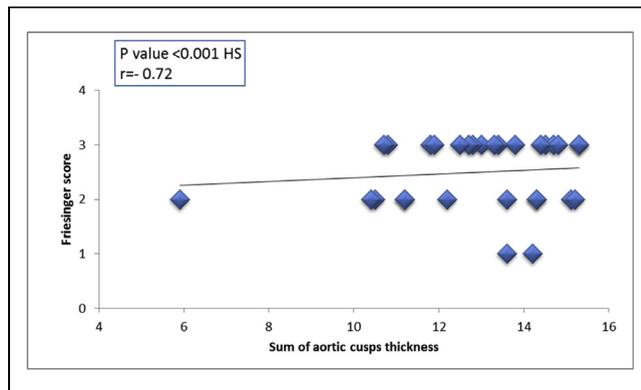
PATIENTS AND METHODS Fifty patients less than 65 years old without aortic stenosis or bicuspid aortic valve or rheumatic heart or HCM or renal failure were referred for coronary angiography between January 2015 and April 2017. The study subjects were divided into Group I - 20 patients with normal aortic and mitral valves, and Group II - 30 patients with aortic valve sclerosis without mitral annulus calcification.

METHODS Patients were subjected to TTE where AVS was 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). The thickness was determined from the end diastolic frozen echo images obtained in short or long axis. CAD was graded using coronary catheterizations according to Friesinger score, which 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 Friesinger score was significantly higher in the sclerotic group (7.30 ± 2.87) compared to the normal group (2.50 ± 2.21) (P < 0.001) linking AVS to CAD.

CONCLUSION AVS is strongly interrelated to the extent and severity of coronary atherosclerosis.



CRT-100.77
Trends in National Hospitalization Rates With Abnormal Stress Tests - Impact of the COURAGE Trial

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OBJECTIVE To assess trends in hospitalization rates among patients with an abnormal stress test in the eras before and after publication of the Clinical Outcomes Utilizing Revascularization and Aggressive Drug Evaluation (COURAGE) trial.

BACKGROUND Based on contemporary literature, trends in patients hospitalized for an abnormal stress test is unknown. The COURAGE trial demonstrated that major cardiovascular events were not reduced with percutaneous coronary interventions (PCI) when added to optimal medical therapy in a population of patients with stable ischemic heart disease, including those with an “abnormal” stress test. Moreover, the impact of the COURAGE trial on the decision to treat patients in-hospital with stable ischemic heart disease and an “abnormal” stress test has not been evaluated.

METHODS We queried the Nationwide (National) Inpatient Sample (NIS) to identify patients being admitted for an “abnormal” stress test with a principal discharge ICD 9 CM diagnostic code of 794.39 from 2003 to 2014. The COURAGE trial was published in 2007. We evaluated the impact of that publication by assessing trends of in-hospital management of patients with a principal discharge diagnosis of an abnormal stress test before and after 2008 using a non-parametric test for trends.

RESULTS From 2003 to 2007, there appears to have been an increase in the in-hospital management of patients with an abnormal stress test (p-trend <0.001). Since 2008, post publication of the COURAGE trial, there appears to have been significant reduction in this trend (p-trend <0.039).

CONCLUSIONS There appears to be a recent reduction in the trend of in-hospital management of patients with an abnormal stress test, which appears to be co-incident with the publication of the COURAGE trial.