**ABSENCE OF CORONARY ARTERY CALCIUM IDENTIFIES ASYMPTOMATIC DIABETIC INDIVIDUALS AT LOW SHORT-TERM BUT NOT LONG-TERM RISK OF MORTALITY**

Moderated Poster Contributions
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**Background:** Data regarding coronary artery calcification (CAC) prognosis in diabetics are limited to 5 years follow-up. We investigated the long-term risk prediction of CAC in diabetics compared to non-diabetics.

**Methods:** 9715 asymptomatic individuals undergoing CAC scoring were followed over 14.6 (12.9-16.8) years. Annualized cumulative mortality rates and hazard ratios with 95% confidence intervals (95% CI) were used to calculate all-cause mortality. Incremental prognostic utility of CAC was evaluated using the area under the receiver operator characteristic curve (AUC). Comparisons were also made with the subset of non-diabetics with high Framingham Risk Scores.

**Results:** Diabetics (54.7±10.8 years; 59.4% male) comprised 8.3% of the cohort (n=810), of which 188 (23.2%) died. For CAC=0, the rate of mortality was similar between groups for the first 5 years with a non-linear increased risk for diabetics after 5 years. The adjusted risk for those in the highest (CAC>400) versus the lowest (CAC=0) category of CAC increased by 4.64 (95% CI=3.74-5.76), 4.86 (95% CI=3.19-7.41), and 3.41 (95% CI=2.22-5.22) for non-diabetics, high-risk non-diabetics, and diabetics. For each group CAC improved discrimination (AUC range: 0.72-0.74, P<0.01) beyond conventional risk factors.

**Conclusion:** CAC=0 is associated with a favorable 5-year prognosis for diabetics, non-diabetics and high-risk non-diabetics. After 5 years the risk of mortality increases significantly for diabetics even in the presence of CAC=0.