women with undiagnosed chest pain syndrome (CPS), no prior established cardiac dis-
ease and at least 2 risk factors were randomized to one of three diagnostic protocols, pri-
arily utilizing either EST, exercise echo (ExE) or Dobutamine stress echo (DSE). After 
establishing a diagnosis of cardiac or non-cardiac CP, patients were followed for at least 
2 years to assess symptom and clinical course. Results: The testing protocols defined 
15.2% of the patients as having cardiac and 84.8% non-cardiac CP. Initially indetermi-
nate testing occurred in 29.5% of IFP patients, 3.9% of ExE patients, and none of the 
DSE patients. In a mean follow-up of 27.3 months, 12 patients (7.6%) were deter-
mined to have had cardiac chest pain based on clinical events (including 2 MIs, no deaths), 
10.4% non cardiac chest pain, and 92.6% remain clinically uneventful. The positive 
and negative predictive values for the testing modalities based on these clinical 
outcomes is as follows: EST 50.0%, 97.4%; ExE: 44.4%, 100%; DSE 75.0%, 97.1%.

Conclusions: 1. Chest pain is uncommonly associated with ischemic disease in women 
and has a favourable prognosis. 2. Echo based testing modalities are less commonly 
indeterminate than EST and therefore likely to provide more timely and cost effective 
diagnoses. 3. All testing modalities have excellent negative predictive values. Echo 
based testing appears to provide fewer false positives.

1019-34 Risk Stratification and Prognosis in Octogenarians: A 
Stress Echocardiographic Study
Entesham A. Qureshi, Umber Burhan, Azeem Saeed, Mohammad A. Khan, Muhammad 
Fahmuddin, Reza Mohammadi, Shu-Sun Yao, Faraco A. Chaudhry, St. Luke's- Roosevelt 
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Background: The prognostic value of stress echocardiography (SE) for the diagnosis 
and risk stratification of coronary disease in octogenarians is not well defined. Methods: 
Follow-up of five years (mean 2.9 ± 0.9 years) for confirmed non-fatal myocardial infar-
tion (n = 8) and cardiac deaths (n = 26) was obtained in 386 patients, age >66 years 
(mean age 84 ± 3 years, 44% male) undergoing SE (34% treadmill, 66% dobutamine).

Left ventricular (LV) regional wall motion was assessed by consensus of 2 readers and 
scored as per standard 16-segment model. 5-point scale of wall motion analysis. Ischemic 
LV wall segment was defined as a deterioration in the thickening and excursion 
during stress (increase in wall-motion score ≥ 1 grade). Results: Univariate predictors of 
cardiac events superceding LVEF (OR 5.83; p<0.001). Presence of ischemia in octoge-
narians increased the cardiac event rate four folds when compared with those without 
ischemia (event rates 5.0%/year versus 1.6%/year, p=0.001). Conclusions: Stress 
echocardiography yields prognostic information in the risk stratification of octogenarians.

A normal, non-ischemic study confers a benign prognosis (1.6%/year event rate). Ischemia and LV dysfunction are independent markers of poor 
outcome.

Presentation Hour: 10:00 a.m.-11:00 a.m.
McCormick Place, Hall A

1020 Nuclear: Clinical Studies

Sunday, March 30, 2003, 9:00 a.m.-11:00 a.m.
McCormick Place, Hall A
Presentation Hour: 10:00 a.m.-11:00 a.m.

1020-35 Screening Stress SPECT in a Community-Based Population of Asymptomatic Diabetics
Navin Rajagopalan, Todd D. Miller, David O. Hodge, Raymond J. Gibbons, Mayo Clinic, 
Rochester, MN

Background: Studies of referral bias have shown that tests which perform well in highly-
selected populations referred to tertiary care centers (usually "sicker" patients) may not 
be as accurate in less-selected, community-based populations. In a previous study of 
1,420 asymptomatic diabetics without known coronary artery disease (CAD) referred 
for screening stress SPECT, we reported a high frequency of abnormal scans (58%) and 
high-risk scans (18%).

Methods: To examine the potential influence of referral bias on these results, we com-
pared the clinical characteristics and SPECT findings in the Olmsted County residents 
("community-based" population, n=145) to patients who resided outside Olmsted County 
("referral" population, n=1284).

Results: There were no differences for baseline variables between the 2 populations 
(see table). There were also no differences between the community-based and referral 

populations for percentages of patients with abnormal scans (65% vs 57%, p=0.08) or 
high-risk scans (22% vs 16%, p=0.21).

Conclusions: 1. Clinical and SPECT characteristics and SPECT results were similar 
between these 2 populations of asymptomatic diabetics, suggesting that referral bias did 
not account for the high prevalence of abnormal and high-risk SPECT in these patients. 
2. Among a community-based population of asymptomatic diabetics, almost one-quarter 
(25%) have high-risk SPECT.

ABSTRACTS - Noninvasive Imaging 409A