Methods: A total of 2,797 consecutive pts without significant coronary artery lesion (<70%) who underwent the Acetylcholine (Ach) test were enrolled between Nov 2004 and Oct 2010. DES-associated spasm was defined as significant CAS in proximal or distal to previously implanted DES site at follow up angiography with Ach test. Patients were divided into two groups: (DES-CAS; n=108, CAS; n=1,878). For adjustment, propensity score matching (PSM) was done (C-statistics=0.766, DES-CAS; n=102, CAS; n=102).

Results: Baseline characteristics were worse in the DES-CAS group. After PSM, both baseline characteristics and the Ach test results were balanced except higher incidence of diffuse CAS and ECG change in the DES-CAS group. In 3-year clinical outcomes before and after adjustment, the DES-CAS group showed higher incidence of coronary revascularization, recurrent chest pain and major adverse cardiac events (MACES, Table). Conclusion: In this study, DES associated CAS was related to higher incidence of adverse 3-year clinical outcomes. Special caution should be exercised in this particular subset of pts.

TCTAP A-182
Impact of Hyperuricemia on Development of New-onset Diabetes Mellitus in Asian Population: Five-year Clinical Outcomes
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Background: Hyperuricemia is a well-known risk factor for diabetes mellitus (DM) and other cardiovascular diseases, but the relationship between hyperuricemia and the development of new-onset DM is not clear. We evaluated the impact of hyperuricemia on the development of new-onset DM based on 5-year cumulative clinical outcomes in Asian patients.

Methods: A total of 3,274 patients who did not have DM were enrolled. New-onset DM was defined as having a fasting blood glucose ≥126mg/dL or HbA1c ≥6.5%. Hyperuricemia was defined as uric acid ≥7.0 mg/dL. Baseline characteristics between the hyperuricemia and control groups were matched with propensity score matching (PSM, C-statistics=0.731). 5-year cumulative incidence of new-onset DM was compared between the two groups.

Results: At baseline, patients in the hyperuricemia group showed a higher prevalence of male gender, hypertension and dyslipidemia. The hyperuricemia group had higher levels of basal insulin, HOMA-IR, triglyceride and lower levels of HDL-C. Development of new-onset DM was higher in the hyperuricemia group (13.5% vs. 7.9%, p<0.001). After PSM, baseline characteristics were well balanced (C-statistics=0.731). After adjustment with cox-regression analysis, hyperuricemia remained to be an independent predictor of new-onset DM (OR 1.72, 95% CI 1.01 - 2.94, p=0.045, figure).

Conclusion: Hyperuricemia was shown to be an independent predictor of new-onset DM. Therefore it may be suggested that uric acid levels should be included in the prediction of DM and patients with hyperuricemia may benefit from measures to reduce the uric acid.

Impact of Hyperuricemia on Recurrent Chest Pain based on 3-year Clinical Outcomes

<table>
<thead>
<tr>
<th>Variable</th>
<th>Odds Ratio (95% CI)</th>
<th>P Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age</td>
<td>1.60 (0.90-2.82)</td>
<td>0.188</td>
</tr>
<tr>
<td>Male</td>
<td>1.78 (0.82-3.86)</td>
<td>0.188</td>
</tr>
<tr>
<td>Diabetes</td>
<td>1.75 (1.05-2.90)</td>
<td>0.025</td>
</tr>
</tbody>
</table>

Table: Predictors of Recurrent Chest Pain based on 3-year Clinical Outcomes