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Stable Ischemic Heart Disease

GENDER DIFFERENCE IN LONG-TERM CLINICAL OUTCOMES FOLLOWING PERCUTANEOUS CORONARY INTERVENTION DURING 1984-2008

Poster Contributions

Poster Hall B1

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Session Title: Traditional and Novel Risk Markers and Outcomes

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Background: Several studies have reported that clinical outcome after percutaneous coronary intervention (PCI) was worse in female compared with male. However, many of these studies evaluated short-term clinical outcomes. To date, gender difference in long-term clinical outcomes after PCI has not been elucidated.

Methods: We analyzed data of patients following PCI in Juntendo University from 1984 to 2008. The patients were divided into two groups according to gender. Primary endpoint was all-cause mortality and acute coronary syndrome (ACS).

Results: A total of 3531 patients were examined (Female; 605 and Male; 2926). Median follow-up period was 2728 days (interquartile range of 1383 and 4944). Mean age, a prevalence of hypertension, dyslipidemia and a percentage of ACS were higher in female group. Lipid profiles were worse and LVEF was reduced in male group. Kaplan-Meier estimation for all-cause death and ACS was not different between the two groups (Figure 1). Univariable Cox regression analysis for cardiovascular events in the whole population revealed that gender was not associated with long-term clinical outcome (HR 0.88, 95% CI 0.76-1.04, $P = 0.1$). Multivariable Cox regression analysis in the male group showed that age, Hb, eGFR, LVEF and multivessel disease were predictors, whereas Hb and LVEF remained significant predictors in the female group.

Conclusion: During median follow-up period of 7.5 years, gender difference was not observed in incidences of all-cause death and ACS following PCI.

