95% confidence interval, 1.67 to 72.4). Conclusions: CRP levels, which were measured at stable phase, are not associated with infarct size but are significantly associated with long-term mortality of acute myocardial infarction in the reperfusion era.

**1002-101 Increased Levels of Macrophage Colony Stimulating Factor Measured Beyond the Acute Phase Can Predict Future Cardiac Events in Patients with Unstable Angina**

Loukianos S. Paltides, Maria G. Zoliadaki, Kynakos P. Pouloupolus, Panagiotis C. Pentzidris, Apokrisiis H. Velissarios, Evangelos G. Papastefanou. General Hospital of Nika, Piraeus, Greece

Background: Inflammation plays a central role in the pathogenesis of coronary events. We evaluated the long-term prognostic value of macrophage colony stimulating factor (MCSF), interleukin-6 (IL-6) and tumour necrosis factor-a (TNF-a) in patients (pts) with unstable angina (UA).

Methods: We studied 119 consecutive pts, aged 58±10 years, with Braunwald class IIb UA. On admission, at discharge and 6 weeks later MCSF, IL-6 and TNF-a were measured and the pts were followed up for 2 years. Clinical end points were: cardiac death, readmission for acute coronary syndromes and revascularization.

Results: 112 pts completed the follow-up while 2 pts died of non-cardiac causes. Of the remaining 111 pts, 39 (35.5%) had a cardiac event (2 deaths, 15 revascularizations and 22 readmissions for acute coronary syndromes). Only MCSF and IL-6 levels at 5 weeks were higher in pts with cardiac events compared to those without events (MCSF v4.96 pg/ml, p=0.0006 and 6.6 versus 4.5 pg/ml, p=0.01, respectively). Logistic regression analysis showed that MCSF levels at 6 weeks were the only independent predictors of future events with an adjusted odds ratio for events of 4.1 (95% confidence interval 1.1 to 14.8, p=0.03). The 2-year survival free from cardiac events was significantly lower in pts with MCSF levels in the highest tertile (values >468 pg/ml) compared to pts with values <468 pg/ml (Figure).

Conclusion: We suggest that increased MCSF levels beyond the acute phase are strongly predictive of long-term outcome in pts with severe UA.

**1002-102 Treatment of Obstructive Sleep Apnea Syndrome May Decrease the Risk of Ischemic Events**

Olivier Milleron, Rémi Pillière, Arlette Pouchard, Michel Leroy, Nicolas Mansencal, Delphine Juvigné, Remiattelle Ruffeinstein, Olivier Dubourg, Hôpital Ambroise Paré, Boulogne, France

Background: Obstructive sleep apnea syndrome (OSAS) is associated with an increased cardiovascular morbidity. The aim of our study was to evaluate the role of OSAS treatment on cardiovascular events.

Methods: We prospectively studied 54 CAD-patients (mean age 57.3 ± 10.1 years) with OSAS defined as an apnoea-hypopnoea index (AHI) > 15/hour. All pts had proven CAD at coronary angiography. Twenty five pts were treated (group I) with continuous positive airway pressure (n=20) or OSAS surgery (n=5); 29 pts had no OSAS treatment (group II). The primary endpoint was the composite incidence of cardiac deaths, ischemic events and cardiovascular hospitalizations.

Results: Mean follow-up was 74.7 ± 31 months. The 2 groups were not significantly different according to age, sex, BMI, smoking history, hypertension, hypercholesterolemia, diabetes mellitus, CAD and anti-ischemic therapy. The primary endpoint was observed in 6 pts (24%) of group I and in 17 pts (56%) of group II (p=0.01). The risk of death, ischemic events and cardiovascular hospitalizations was significantly decreased by OSAS treatment (OR 0.3, 95%CI 0.11-0.76, p<0.01).

Conclusion: Our data suggest that effective treatment of obstructive sleep apnea syndrome in CAD-patients is associated with a significant decrease in cardiovascular events.

**1002-103 Acute Coronary Syndrome Patients With ST-Segment Depression Have Substantial Mortality Rates but Undergo Less Aggressive Management Strategies: Insights From the Global Registry of Acute Coronary Events (GRACE)**

Shaun G. Goodman, Christopher B. Granger, Kami White, David Briere, Andrej Budaj, Omar H. Rakhio, Philippe Guex-Crosier, on behalf of the GRACE Investigators. St. Michael's Hospital, Toronto, ON, Canada, Hôpital Bichat, Paris, France

Background: In patients presenting with suspected acute coronary syndromes (ACS), the electrocardiogram (ECG) remains the most immediately accessible and widely employed diagnostic tool for guiding subsequent investigation and therapy. Current guidelines recommend a more aggressive management strategy in ST elevation (ST) or depression (STS); however, a contemporary evaluation of the prognostic value of the ECG in a large, unselected population of ACS patients is lacking.

Methods: We examined characteristics of, and the prognosis associated with, the initial ECG in 19,453 ACS patients enrolled in GRACE (April 1999-December 2001). GRACE is a prospective, multinational, observational study of patients hospitalized with ACS in 94 centers in 16 countries from 4 continents, including Europe and the Americas.

Results: Initial ECGs were grouped according to type of ST-segment deviation or T-wave inversion (<0.1 mV in ≥2 leads) or left bundle branch block (LBBB).

**1002-104 Difference Between Positive Remodeling and Negative Remodeling at the Coronary Culpit Lesion in Acute Coronary Syndromes**

Shiochi Ebata, Yoshiki Kobayashi, Kene Shimada, Minoru Yoshiyama, Kazuhide Takeuchi, Junichi Yostikawa, Makiko Ueda, Osakai University, Osaka, Japan

Background: According to recent IVUS studies, positive remodeling (PR) at the culprit lesion has been observed in almost 50% of patients with acute coronary syndromes (ACS). PR and negative remodeling (NR) may reflect different stages of the progression of coronary atherosclerosis. However, little is known about the differences between PR and NR in ACS. The present study aimed to compare the differences in the characteristics of the two types of arterial remodeling.

Methods and Results: Preinterventional IVUS images of 111 patients (36 acute myocardial infarction, 55 unstable angina pectoris) were obtained. The primary endpoint was the composite incidence of cardiovascular deaths, ischemic events and cardiovascular hospitalizations.

Results: Women made up 38% of the population and were older, more often had diabetes mellitus, CAD and anti-ischemic therapy. The primary endpoint was observed in 14 patients (10%) as an NR>0.95. PR was observed in 44 of the 111 patients (40%), while NR was observed in 41 patients (37%). Patients with PR were significantly older than with NR (66.9 ± 10 vs 65.5 ± 11, p<0.0001). Calculations in the lesions were more frequent in patients showing PR than in patients showing NR (PR: 91% vs NR: 46%, p<0.0001). On the other hand, in patients with NR, no calcification plaque was the most frequent. Conclusion: These findings strongly suggest that PR relates to old age and calcification in patients with ACS. The differences in patient characteristics and plaque morphology between PR and NR in ACS may reflect different progression mechanisms of the two arterial remodeling.

**1002-105 Predictors of One-Year Death in Men and Women: GUSTO-IV Acute Coronary Syndrome**

Cynthia M. Westenholz, Dan-Paul Ottervanger, Paul W. Armstrong, Judith S. Hochman, Stefan James, Lars Wallentin, Elliot S. Barnathan, E. Magnus Ohman, Maarten L. Simoons, Eric Boersma, Erasmus Medical Centre, Rotterdam, The Netherlands

Background: Previous studies have noted gender differences in baseline characteristics of non-ST-elevation acute coronary syndrome (NSTEMI-ACS) patients but their impact on long-term prognosis is unclear in such a contemporary and large sample. Methods: In GUSTO IV ACS, 7808 patients with NSTEMI-ACS were randomized to 24-h, 48-h, 72-h or 120-h intervention including intracoronary abciximab and placebo. Cox regression was used to identify predictors of 1-year death. Results: Women made up 38% of the population and were older, more often had diabetes...