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TREATMENT STRATEGY AND LONG-TERM MORTALITY IN FEMALE PATIENTS WITH NON-ST-ELEVATION ACUTE CORONARY SYNDROME; A SUBSTUDY FROM THE ICTUS TRIAL

ACC Poster Contributions
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Background: A recent substudy from the OASIS 5 trial suggested a trend towards higher mortality in female patients presenting with non-ST-elevation acute coronary syndrome (nSTE-ACS) treated with a routine invasive strategy. We present the 5-year follow-up for mortality of women included in the ICTUS trial.

Methods: 1200 patients with nSTE-ACS and elevated troponin T (27% women) were randomized to an early invasive strategy, consisting of early routine catheterization and subsequent revascularization, or selective invasive strategy, consisting of ischemia guided catheterization. The main outcome for this analysis was mortality at 5-year follow-up.

Results: Women were older, more often had hypertension or diabetes, but less previous MIs than men. There was no significant interaction between gender and treatment on mortality (p=0.17). We did not observe a higher mortality at 5-year follow-up in women treated with an early invasive strategy, 9.5% versus 12.3% with the selective invasive strategy (HR 0.76, 95% CI: 0.39-1.49, p=0.43). These rates were 11.7% vs 9.0% respectively in men (HR 1.32, 95% CI: 0.87-1.99, p=0.19). The Kaplan-Meier curves are shown in figure 1.

Conclusion: At 5-year follow-up, we did not demonstrate a higher mortality in women treated with an early invasive strategy. No interaction was observed between gender and treatment strategy on mortality.

Figure 1.