mitral replacement. To assess how experience may impact the efficacy of mitral repair on patients with increasing complexity, we examined 941 consecutive patients who underwent mitral valve repair from July 1992 to January 2000. METHODS: All patients underwent primary mitral repair for regurgitation. Of the 941 patients, 750 had their operations between July 1992 and December 1998 (A), and 191 between January 1999 and January 2000 (B). Outcomes were analyzed for incidences of STS co-morbid criteria and concomitant cardiac procedures (valvular, arch, or CABG) performed during the study periods. RESULTS: For the 941 patients, 530 (56%) were male, patient age was 62 ± 13.3 years (range 20–88). Group A included 204/750 with comorbidities (27.2%) vs. 176/191 (92%) in Group B (p < 0.0001). Overall incidence of concomitant procedures in the 2 groups was similar [58% A, 57% B (p = NS)]. Cross clamp times were reduced from 104.9 ± 12.5 min in Group A to 84.9 ± 10.4 min in Group B (p < 0.0001). There were no differences in atrial fibrillation between groups (27.6% A, 28.3% B). There were a total of 53 30-day mortalities (5.6%), with a trend towards reduced mortality in Group B (61% Group A, 3.7% Group B (p = 0.19)). Average LOS decreased from 12.2 ± 14.9 days in Group A to 8.7 ± 8.5 days in Group B (p = 0.02). CONCLUSIONS: Mitral valve repair remains a safe and effective treatment for patients with mitral regurgitation including those with comorbid conditions and those requiring concomitant cardiac procedures. As experience is gained with reparative techniques, surgeons may be more willing to safely apply them to an increasingly complex patient population.

**OBJECTIVES:** To demonstrate the feasibility and patient acceptance of a health care intervention using the patient’s mobile phone (HTA-Alert Study), and to describe the pattern of use of this tool in the usual clinical practice (INFONET Program) in hypertensive (HT) patients. METHODS: 1) HTA-Alert Study: 20 primary care investigators were randomized to Control (CG) or Intervention (IG) group. Investigators of IG registered their patients in a free SMS service. These patients received two short-messages per week, during 24 weeks. Messages addressed issues related with compliance and health habits. 2) INFONET Program: 40 Hypertension care investigators were randomized to Control (CG) or Intervention (IG) group. Investigators of IG registered their patients in a free SMS service. These patients received two short-messages per week, during 24 weeks. Messages addressed issues related with compliance and health habits. RESULTS: 1) HTA-Alert: 33 Patients CG and 34IG were studied. There was a relevant reduction in weight (from 80.47 ± 9.76 kg to 76.84 ± 8.92; p < 0.001) in the IG. Hypertension was reduced in