in these stable patients, elevated levels of sCD40L did not predict CAD and were not associated with a higher risk of clinical events (death, MI). In fact, a trend towards lower sCD40L levels in CAD compared to non-CAD patients was observed. This novel interaction of sCD40L with type of presentation raises interesting questions for CAD pathogenesis and prognosis and should be further evaluated.

## 1137-98 Impact of Combination Evidence-Based Medical Therapy on Mortality in Patients With Acute Coronary Syndromes

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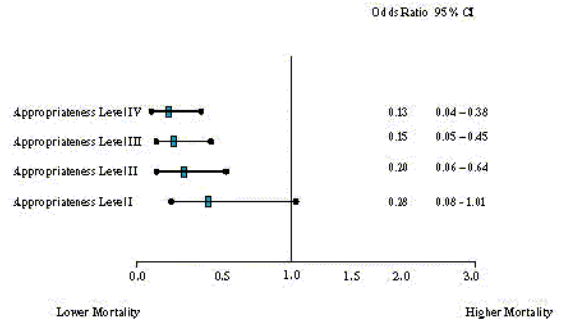
***Background:*** Antiplatelet drugs, beta-blockers, ACE inhibitors and lipid lowering agents have proven efficacy in reducing mortality in patients with acute coronary syndromes. However, the impact of the combination of these agents when used together on clinical outcomes has not been studied before.
***Methods*** Patients presenting with acute coronary syndromes between 01/99 and 03/02 were identified. Based on discharge use of evidence-based therapies, we created a composite appropriateness score depending on the number of the drugs used divided by the number of the drugs indicated for each patient. The impact of the composite score on 6-month mortality was analyzed using a risk-adjusted logistic regression model.
***Results:*** The odds ratio for death for all indicated medications used (appropriateness level IV) vs. none of the indicated medications used (appropriateness level 0) was [0.13, 95% CI 0.04-0.38, p=0.0002]; similarly for appropriateness level III vs. level 0 was [0.15, 95% CI 0.05-0.45, p=0.0008]; for appropriateness level II vs. level 0 was [0.20, 95% CI 0.06-0.64, p=0.006] and for appropriateness level I vs. level 0 was [0.28, 95% CI 0.08-1.01, p=0.051].
***Conclusions:*** Use of combination evidence-based medical therapies was independently and strongly associated with lower 6-month mortality in patients with acute coronary syndromes. Such therapies, most of which are generic and inexpensive today, appear to offer a marked survival advantage when compared to patients where such therapies are omitted.




## 1137-99 Clopidogrel in Unstable Angina Patients Who Would Have Been Excluded From Randomized Pivotal Trials

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Objectives:
We describe the characteristics and examine the efficacy and safety of Clopidogrel in unstable angina /non-ST-elevation myocardial infarction (UA/NSTEMI)patients who would have not been eligible for the Cure trial.We compared this group to the patients fitting the Cure criteria.
Background:
It is not known whether the benefit shown with clopidogrel in the selected population of pivotal trials can be extended to the real world.
Methods and Results:
All patients with UA/NSTEMI were anticoagulated with subcutaneous enoxaparin associated with a double antiplatelet regimen including a loading aspirin and 300mg clopidogrel as first line medical stabilization treatment. Among 517 consecutive patients, we identified 117 patients ( "EP" for excluded patients)who would have not been eligible.This EP group was older,had a lower creatinine clearance, had more frequently a past-history of CABG or a diagnosis of non-Q MI on admission in comparison with patients without any of the exclusion criteria ("NEP"for non excluded patients). Moreover the EP had a lower ejection fraction (48% vs 55%, p<0,001), a higher TIMI risk score (3.27%vs 2.80%, p=0.0016), a longer hospitalisation duration (3.93 days ± 2.83 vs 3.11 days ± 1.64; p<0.0001) and a higher rate of diabetes (31.6% vs 21.7%, p<0.05). The use of GPIIb/IIIa inhibitors was similar in the two groups (41% vs 43%, p=NS). The EP group underwent less frequently PCI than those of the NEP group (56% vs 68%,p=0.01). There was a non significant trend for a higher rate of major bleeding at 30-day in the EP group (5.1% vs 2.7%,p=NS). The rate of major coronary events at 30 days (myocardial infarction and death) was higher in the EP group (14.5% vs 4.5%, p =0.0013). When considering severe renal failure (creatinine clearance<30 ml/min), there was still no significant difference in the rate of major bleeding (5.62 vs 2.24, p= 0.06), although the number of EP rose up to 160.
Conclusion:
Patients who do not fit the enrolment criteria of Cure trials have higher risk baseline characteristics for both bleedings and ischemic events. In these patients, the use of clopidogrel was associated with a moderate and non significant increase of bleedings compared to typical "CURE" patients.

## 1137-100 Five-Year Survival Data From the APRICOT Trials: Does Female Gender Really Portend Unfavorable Outcome?

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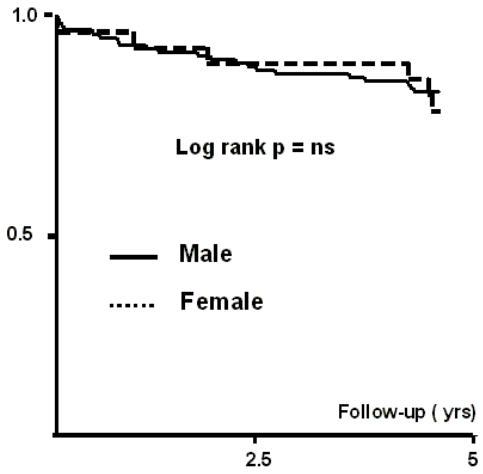
**Background:** Few studies have thoroughly addressed the unfavorable outcome of women after acute MI, especially in the long-term; discussion remains with respect to the impact of clinical and angiographic baseline differences. This is the scope of the current 5-year survival study.
**Methods:** Patients (n=452) had fibrinolysis (FL) for acute STEMI and an open infarct artery at 24-hour angiography. Three-month follow-up (FU) angiography and 5-year clinical FU (97%) were obtained.
**Results:** Of the 452 patients 75 (17%) were female. Women were older (59±11 vs. 56±9 yrs, p>0.01), more often known with hypertension (39% vs. 22%, p>0.01) and more often smokers than men (73% vs. 63%, p=0.08). Single vessel disease was more frequent among women: 69% vs. 54% (p=0.01). Baseline stenosis severity (QCA) was less severe: 54±14 vs. 58±13 (p=0.04). The 3-month reocclusion rate was similar in men and women (20% vs. 19%). 5-year survival did not differ (89% vs. 91%). Gender was not independently associated with survival.
**Conclusions:** Survival 5 years after successful FL did not differ between men and women, despite a less favorable clinical baseline profile. Women more often had single vessel disease and less severe culprit lesions, but similar reocclusion rates. These findings after successful FL challenge the often generalized association between gender and outcome and warrant further exploration as to whether this relationship is primarily driven by an association in the subset of patients after failed FL.




## 1137-101 Elevated Parathyroid Hormone Is an Important Predictor of Coronary Events in Patients With Chronic Hemodialysis

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BACKGROUND: Secondary hyperparathyroidism is prevalent among patients with chronic hemodialysis and influences the calcium metabolism. Excess of parathyroid hormone (PTH) may play an important role in the development of coronary calcification and atherosclerosis. The aim of this study was to evaluate whether serum levels of PTH can predict risk for future coronary events.
METHODS: A consecutive series of 104 patients with chronic hemodialysis undergoing coronary angiography were enrolled in this study. We measured baseline serum intact PTH levels and long-term clinical outcomes were obtained. The incidence of coronary events (stable angina, unstable angina and acute myocardial infarction) due to new coronary lesions confirmed by angiography was compared with the serum intact PTH levels.
RESULTS: The prevalence of secondary hyperparathyroidism (intact PTH > or = 65 pg/ml, 311 +/- 284.1 pg/ml, mean +/- SD) was 60 of 104 patients (58%). During 3-year follow-up, the incidence of coronary events associated with new coronary lesions was significantly higher in patients with hyperparathyroidism than that in patients with normal PTH (27% vs. 5%, p<0.001). Univariate Cox regression analysis demonstrated that diabetes (HR=10.4, 95% CI=2.4 to 45.2, p=0.002), hyperparathyroidism (HR=7.8, 95% CI=1.8 to 34.3, p=0.006), obesity (HR=3.3, 95% CI=1.3 to 8.3, p=0.013) and hyperlipidemia (HR=2.6, 95% CI=1.1 to 6.6, p=0.042) were significant predictors of the developing coronary events, however, age, sex, duration of hemodialysis and other conventional risk factors were not. In a multivariate analysis, hyperparathyroidism remained an independent predictor of developing coronary events (HR=5.5, 95% CI=1.2 to 25.5, p=0.028).
CONCLUSION: In patients with chronic hemodialysis, the elevated PTH was an independent and strong predictor of coronary events after adjusting for conventional risk factors.