

1098-102

**C-Reactive Protein on Admission Is an Independent Predictor of One-Year Mortality in Patients With Acute Myocardial Infarction: A Prospective Study**

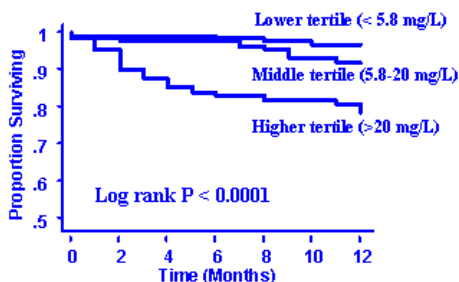
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**Background:** Acute myocardial infarction (AMI) is associated with a marked increase in C-reactive protein (CRP) - a marker of systemic inflammation. Inflammatory processes in the infarcted myocardium are thought to contribute to infarct expansion and ventricular remodeling. However, little data is available on the prognostic value of CRP in AMI.

**Methods:** CRP was measured within 12-24 hours of symptoms onset in a prospective series of 448 patients (pts) with AMI (age 62 ± 13 y; 337 with ST-elevation AMI). The relation of CRP to 1-year mortality or heart failure was evaluated in pts who survived the acute phase and discharged from hospital using Cox proportional-hazards model with the following covariates: age, gender, diabetes, prior MI, Killip class, peak CK, systolic blood pressure on admission, ST-elevation MI, anterior MI, reperfusion therapy, and ejection fraction.

**Results:** During hospital stay 52 pts died or developed HF. Of the remaining 396 patients, 43 (11%) of pts died (n = 25) or developed heart failure (n = 18) during 1 year. Kaplan-Meier survival curves according to tertiles of CRP are shown in the Figure. In a Cox's multivariate analysis, the adjusted relative risk of CRP in the upper tertile compared to the lower tertile was 4.0 (95% CI 1.3-11.7, P = 0.01).

**Conclusion:** A single CRP measurement on admission is a strong predictor of 1-year mortality or the development of heart failure after hospital discharge in pts with AMI independent of infarct size and other traditional predictors of outcome.



POSTER SESSION

1099

**Chronic Ischemic Heart Disease: Treatment Considerations**

Monday, March 08, 2004, 3:00 p.m.-5:00 p.m.  
Morial Convention Center, Hall G  
Presentation Hour: 3:00 p.m.-4:00 p.m.

1099-85

**Invasive Versus Conservative Treatment of Patients With Stable Angina and First Angiographic Diagnosis of Coronary Artery Disease in Germany: Results of the STAR Registry**

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**Background:** Coronary artery disease (CAD) contributes considerably to the overall morbidity and mortality of cardiovascular disease in Germany. Little information exist on the extent of CAD in patients (pts) with stable angina pectoris (AP) as well as their invasive and medical treatment in clinical practice.

**Methods:** Between September 2001 and March 2003, consecutive pts with stable AP, in whom CAD was documented angiographically for the first time, were enrolled into the STAR-Registry (STable Angina Registry, 53 hospitals). We compared pts undergoing PCI versus no PCI at the time of first invasive diagnosis of CAD.

**Results:** Out of 1964 consecutive pts with stable AP, 898 (46%) underwent PCI at the time of first invasive diagnosis of CAD.

	PCI for Stable Angina n = 898	No PCI for Stable Angina n = 1066	p-value
Age [years]	5	8	<0.001
Male Gender	69 %	71 %	ns
AP CCS II+	88.2 %	79.4 %	<0.001
Prior MI	.9 %	0.4 %	<0.001
Prior Stroke / TIA	.3 %	.0 %	ns
1-Vessel-Disease	7.9 %	2.7 %	<0.001
2-Vessel-Disease	30.2 %	29.5 %	ns
3-Vessel-Disease	11.9 %	37.7 %	<0.001
Chronic Medical Therapy			
Aspirin	96.4	84.6	<0.001
Betablocker	78.7	75.6	ns
ACE-Inhibitors	59.5	60.1	ns
tatins	8.2	9.7	<0.001
-Year-Complications	o:p>	o:p>	
eath	.0 %	.3 %	0.042
Non-fatal MI	3.0 %	1.7 %	ns
Stroke	1.1 %	2.0 %	ns
Re-PCI	6.1 %	.6 %	<0.001
CABG	.4 %	2.7 %	<0.001
Hospitalisation for UA	17.6 %	13.5 %	0.02

**Conclusion:** Almost half of the pts with angiographically documented CAD and stable AP were treated by PTCA at the time of the invasive diagnosis, these pts were younger and more often had 1-vessel-disease. One-year mortality was lower in patients treated with PCI than in patients not treated with PCI at the time of CAD diagnosis (3.0% vs 4.3%). Patients without PCI at the time of CAD-diagnosis more often had multi-vessel disease and underwent CABG during the one-year follow-up in 42.7%.

1099-86

**The Medicine, Angioplasty, or Surgery Study (MASS II): Analyses in Male and Female Populations of Medical Therapy, Coronary Angioplasty, and Bypass Surgery Study During the First Year of Follow-Up**

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There are differences in the outcome of patients submitted to angioplasty and surgery according to gender, generally the prognosis is worse among female patients. In MASS II study we compared medical treatment (MT), surgery (CABG) and angioplasty (PTCA) in patients with multivessel coronary disease. The present study analyzed the 1 year follow-up results in female and male populations. 611 patients were randomly assigned to undergo CABG, (203) to PTCA (205) and (203) to MT. The primary end point was the combined occurrence of death, myocardial infarction or new revascularization in the first year of follow-up. The results are presented in the table: (MI= Myocardial infarction) (NR= New revascularization) (CE= Combined events)

**Conclusion:** In MASS II during the first year follow-up study there were no statistical differences in isolated and combined events between male and female patients in the three therapeutic groups. In the 1 year follow-up the outcomes in the female population were statistically similar in the three therapeutic strategies but in the male population we observed a higher rate of MI and CE in the PTCA group and the lowest rate of NR was observed in men treated initially with CABG.

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Male	N	Death	Non-fatal MI	NR	CE
PTCA	136	3,7	9,6*	15,4#	28,7\$
MT	140	2,1	3,6*	7,9#	13,6\$
CABG	147	3,4	2,0*	0,7#	6,1\$
Female	N	Death	Non-fatal MI	NR	CE
PTCA	69	5,8	5,8	8,7	20,3
MT	63	0,0	1,6	7,9	9,5
CABG	56	5,4	1,8	0,0	7,1
		* p = 0,01	# p < 0,0001	\$ p < 0,0001	