observed: there were no arrhythmias, no conduction disturbances and no ST-segment modifications. Cardiac enzymes remained unchanged. **Conclusion:** Gadolinium enhanced coronary angiography is safe and well tolerated. The mixture of Gadolinium with non-ionic contrast allowed us to obtain diagnostic angiograms of excellent quality in all cases. In patients at high-risk for renal failure, Gadolinium constitutes an interesting adjunct to contrast agents for coronary artery imaging.

1174-194 Nicorandil, a K_{ATP} Channel Opener, Facilitates the Recovery of Ventricular Contraction After Reperfusion Therapy in Acute Myocardial Infarction: Multicenter Registry in Japan

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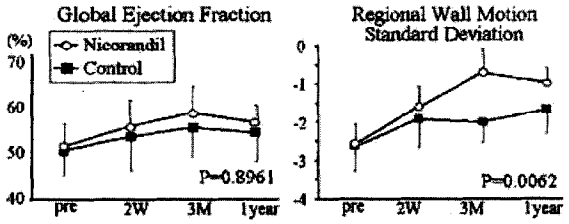
To clarify whether Nicorandil (N) given after acute myocardial infarction (AMI) affects subsequent changes in contractile function, we randomized 209 consecutive AMI patients hospitalized within 6 hours and gave them either an I.v. drip infusion of 6 mg/hour of N (n = 107) or normal saline (S) as control (n = 102) (double blind controlled NIMIS trial). No differences existed between the groups in terms of age and gender; severity of AMI was also the same as determined by Killip or Forrester classification and the left ventriculogram (LVG). One hour before the reperfusion therapy, i.v. infusion of N or S was started and LVG were recorded, as baseline data. Two weeks, 3 months and one year later, we repeated the same tests and compared the results with the baseline data.

Results: The incidence of ventricular arrhythmias (PVCs, VT) and global ejection fraction were not significantly changed between the groups. However, the regional wall motion determined by centerline method after reperfusion therapy was significantly greater in N than S group (Figure) and one year cardiac event fee rate was also smaller than in N than S group.

Conclusion: Results suggest that Nicorandil facilitates the recovery of left ventricular contractile force in AMI patients who underwent reperfusion therapy within 6 hours after the onset.



1174-195 Is Insulin Resistance Associated With One-Year Target Vessel Revascularization Rates Results From CREDO IRS?

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Insulin Resistance Syndrome (IRS) has been linked with increased neointimal proliferation and target vessel revascularization rates in animal models and small human studies. CREDO IRS sought to compare one-year target vessel revascularization rates among non-diabetic patients undergoing PCI stratified by Homeostasis Model Assessment (HOMA). CREDO is a prospective multi-center randomized controlled trial enrolling patients undergoing PCI. Patients were randomized to a standard therapy: loading dose of placebo and aspirin 325 mg 3-24 hours prior to PCI, 75 mg of clopidogrel within 1 hour of PCI, aspirin and clopidogrel 2-28 days, placebo and aspirin 29-365 days, or an aggressive regimen: a loading dose of clopidogrel 300 mg and aspirin 325 mg, 3-24 hours prior to PCI, 75 mg of clopidogrel within 1 hour of PCI, aspirin and clopidogrel 2-365 days. CREDO-IRS was a prospectively designed sub-study. Fasting levels of insulin and glucose where measured. Insulin resistance was determined by HOMA tertiles. The primary endpoint for CREDO-IRS was the need for 1-year target vessel revascularization. Other endpoints included the combined rate of death, MI or revascularization. There were 726 patients without a history of type 2 DM eligible for comparison within CREDO IRS. These patients were stratified, based on HOMA tertiles. The 28-day events are depicted in the table below. The one-year results will be available for presentation.

28-Day Events - HOMA Tertiles

	<1.89	1.89-3.38	>3.38	P-value
N	242	242	242	
Death/MI/UTVR (%)	9.5	7.4	8.3	0.72
Death (all cause, %)	0.4	0.0	0.0	
Myocardial Infarction (%)	7.4	6.6	7.4	
QMI (%)	1.2	0.8	1.2	
NQM (%)	6.2	5.8	6.2	
Urgent TVR (%)	1.7	0.8	0.8	

1174-196 Temporal Trends of One-Year Reinfarction and Mortality Rates Following Primary Angioplasty in High-Risk Acute Myocardial Infarction Patients

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Background: The use of primary angioplasty as treatment for acute myocardial infarction (AMI) is well established and use has tripled over the last decade. Numerous therapeutic advances have been introduced. However, no data exists regarding trends in adverse events and long term outcomes for high risk AMI patients. Methods: Of the 3755 AMI patients who had PCI enrolled in the Primary Angioplasty in Myocardial Infarction (PAMI) studies from 1990-'99, 1867 were high risk: heart rate >100, anterior infarct, LBBB, systolic BP<100 and age over 70. The patients were grouped into 2 time periods: '90-'94 (n=607) and '95-'99 (n=1364). Comparisons of 1 year reinfarction (1 yr reMI) and death rates were made between the 2 periods. Reinfarction was defined as recurrent symptoms with any increase in creatine kinase MB fraction above its previous nadir. Multivariate regression analysis evaluating age >70, gender, EF, Killip class >1, systolic BP<100, prior MI, stent use, final stenosis, final dissection, 3 vessel disease, smoking status and year enrolled, was used to determine the strongest predictors of 1 yr reMI. Results: 1 yr reMI and mortality rates are shown in the table. Year prior to 1995(p<0.0001, OR 3.98) and three vessel disease (p<0.0029, OR 2.06), but not stent use, were independent predictors of 1 yr reMI. Conclusions: High risk AMI patients treated with PCI have had a 3 fold reduction in 1 yr reMI without change in mortality. This is likely attributable to improved secondary prevention strategies.

Reinfarction and Mortality Rates

	'90-'94	'95-'99	P value
Reinfarction	9.7%	2.8%	<0.0001
Mortality	6.9%	8.1%	0.12

POSTER SESSION

1175 Predictors of Restenosis

Tuesday, April 01, 2003, Noon-2:00 p.m.
McCormick Place, Hall A
Presentation Hour: Noon-1:00 p.m.

1175-178 Preinterventional Levels of C-Reactive Protein and Platelet Function in Patients With Stable Angina

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Background: Elevated plasma levels of C-reactive protein (CRP) are associated with an increased risk of cardiovascular events. Recently, it has been shown that this is also true for patients with acute coronary syndromes undergoing percutaneous coronary revascularization. In vitro studies have shown that CRP itself may influence platelet function.
Methods: Citrated blood samples from 305 consecutive patients with stable angina were obtained from the arterial sheath before coronary stenting. All patients had received aspirin and a loading dose (600 mg) of clopidogrel. CRP plasma levels were determined with a high sensitivity assay. Platelet aggregation in response to ADP, collagen and thrombine activating peptide (TRAP) was measured with lumi-aggregometry, surface expression of membrane receptors with flow-cytometry.
Results: Patients were divided in two groups: CRP > 5 mg/L (n=144) and CRP ≤ 5mg/L (n=161). Maximum aggregation (maximum increase of light transmission) in response to ADP (5 and 20 μM), collagen and TRAP did not differ between the two groups (P values 0.54, 0.90, 0.40 and 0.83 respectively). In addition, elevated CRP levels were not associ-