Methods: This is a multicenter registry of 437 patients with ACS, in whom percu-
taneous coronary intervention (PCI) utilizing DES was performed. One hundred and
twenty one sirolimus eluting stents (SES, Cypher), 128 biolimus eluting stent
(BES, Biomatrix), 91 zotarolimus (ZES, Endeavor Resolute) and 97 everolimus
(EES, Xience V) were implanted. SES were defined as first (DES1, n=121), while
ZES, EES and BES as second generation DES (DES2, n=316).
Results: Baseline clinical groups were comparable with regard to baseline demographic
clinical and procedural characteristics, however there were more incidents of
STEMI in DES2 group (27.8% vs. 18.1%; p=0.03). There were no differences in
mortality and major adverse cardiovascular and cerebrovascular events (MACCE) in the
periprocedural period between the groups. At one-year follow up the incidence of
MACCE (15.7 vs. 7.6% p<0.01) and any cause mortality (5 vs. 1.6% p=0.04)
were lower in the DES 2 group when compared with DES 1. There was also a
trend toward lower cardiac mortality (4.4 vs. 0.8% p=0.05) and the rate of re-
peated revascularization (10.7% vs. p=0.09) in favor of DES 2 group. The esti-
mated long-term survival, freedom from MACCE and repeated revascularization
was higher in the DES 2 group. Implantation of the 2nd generation DES was
the only independent factor decreasing the risk of long term MACCE (RR:0.5 95%
CI:0.3-0.8).
Conclusions: Despite higher clinical risk, implantation of second generation DES
was associated with lower rate of adverse events at one year. Further investiga-
tions are required to confirm this hypothesis generating registry.

CAD AND COMORBIDITIES

P2580 | BEDSIDE

Individuals with coronary artery disease at a young age and features of the metabolic syndrome have an increased prothrombotic potential

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Background: The relation between coagulopathy and atherosclerosis has been extensively described. However, most literature on this issue shows conflicting results. Sensitivity, Specificity, and unpackability is most pronounced in young patients with Coronary Artery Disease (CAD). It is known that obesity and hereby induced Metabolic Syndrome (MS), a risk factor for CAD, are related to a higher incidence of thrombo-embolic events. We hypothesized that individuals with CAD at a young age and features of MS have an increased prothrombotic potential. We analyzed this by measuring the Endogenous Thrombin Potential (ETP) in patients with CAD before the age of 51 in men and 56 in women and compared them to their healthy first-degree relatives. Furthermore, we studied whether the presence of the MS in these CAD patients further increased the prothrombotic potential. Methodology and principal findings: We included 118 patients with CAD at a young age and 50 healthy first-degree relatives. An adjusted General Linear Model (GLM) showed that there is a positive association between the peak thrombin levels and the presence of CAD at a young age (B = 9.40; p < 0.05). Based on the NCEP guidelines we divided our patient group in CAD patients with and without MS, and compared them to healthy first-degree relatives without MS. The adjusted GLM showed that CAD patients with MS have increased ETP levels, both in comparison with healthy first degree relatives (B = 12.97; p < 0.05) and with CAD patients without MS (B = 12.87; p < 0.05). There was no difference in ETP levels between CAD patients without MS and healthy first-degree relatives (B = 0.10; p = ns).

Conclusion: This study shows that individuals with CAD at a young age have an increased prothrombotic state. Furthermore, we show that the increased prothrombotic state in the young CAD patients is associated with the presence of the metabolic syndrome.

P2581 | SPOTLIGHT 2013

Does Ultrasonensitive Troponin have prognostic value in patients with chronic kidney disease on hemodialysis?

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Introduction: Patients with end stage renal disease (Chronic Kidney Disease Stage 5-CKD 5) and no evidence of active ischemia often have elevated troponin T concentrations and increased cardiovascular events. It is unclear whether the high-sensitive troponin T (hsTn T) by its lower specificity has a prognostic role in CKD 5 patients. Objectives: Determine the prevalence and prognosis of elevated hsTn T concentration in hemodialysis patients without apparent clinical evidence of cardiac disease. Evaluate independent predictors of elevated hsTn T in this group of patients.

Methods: We measured hsTn T serum concentrations in CKD 5 dialysis patients at our institution, which were clinically stable and had no evidence of active is-
chemia. They were divided according to hsTn T levels into tertiles. All patients were followed for 6 months and the primary endpoint was major adverse cardio-
vascular events (MACE).

Results: A total of 91 patients were included of which 95% had elevated lev-
eils of hsTn T (>14ng/l). The serum concentration of hsTn T in each group was:

<table>
<thead>
<tr>
<th>Group</th>
<th>hsTn T (ng/l)</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>&lt;1 ng/l</td>
</tr>
<tr>
<td>2</td>
<td>1-4 ng/l</td>
</tr>
<tr>
<td>3</td>
<td>&gt;4 ng/l</td>
</tr>
</tbody>
</table>

At 6 months the incidence of MACE increased progressively in each tertile (group 1= 1 patient (3%), group 2= 4 patients (8%), group 3= 8 patients (26%), p < 0.02). The variables that significantly correlated with elevated hsTn T levels were: age (p < 0.01), hypertension (p < 0.04), diabetes (p < 0.001), BMI (p < 0.02), history of coronary artery disease (p < 0.003), history of peripheral vas-
cular disease (p < 0.02), history of heart failure (p < 0.003), EKG evidence of fibro-
sis (p < 0.009) and atrial fibrillation (p < 0.04). After a logistic regression analysis the independent predictors of hsTn T levels >4ng/l that remained were diabetes OR= 13.2 (95% CI 3.9 to 44.5) and fibrosis OR= 6.4 (95% CI 1.52 to 26.9). Pat-
ients with concentrations hsTn T >74 ng/l have 7.5 times more risk of MACE; for each year of age increased 10% the risk of MACE.

Conclusions: Most patients in CKD 5 dialysis without apparent active ischemia have elevated hsTn T concentration. At higher hsTn T concentration there is a progressive risk of MACE. Independent predictors of elevated hsTn T levels are diabetes and fibrosis.

P2582 | BEDSIDE

Non rate-controlled CT coronary angiography for the exclusion of obstructive coronary artery disease in the assessment of patients referred for transcatheter aortic valve implantation

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Purpose: Optimal management of concomitant coronary artery disease (CAD) in patients undergoing transcatheter aortic valve implantation (TAVI) is contentious. This study aimed to assess the role of routine non rate-controlled CT coronary angiography (CTCA) in assessing CAD in patients referred for TAVI, thereby poten-
tially precluding the need for invasive coronary angiography (ICA). CTCA in this cohort can be difficult due to the high burden of coronary calcium and the inability to perform standard pharmacological rate control.

Methods: All patients underwent an ECG-gated 128-slice calcium score and CT
angiogram to assess peripheral vasculature, aortic anatomy, aortic valve calcifi-
cation and location of the coronary orista. Coronary artery calcium scores (CACS) were calculated using two independent, blinded observers and com-
pared with ICA performed prior to TAVI. Significant coronary stenosis was de-
fin ed as >70% and ICA was deemed the gold standard for true disease status.

Results: 70 consecutive patients referred for consideration of TAVI were studied: 40% male (n=28), mean age 78.9yrs (±7.9), 23% diabetic (n=16). Significant CAD was demonstrated in 30% of ICA studies (1 vessel disease (VD) 20%[n=14], 2 VD 8%[n=6], 3VD 1.4%[n=1]). The specificity, sensitivity, PPV and NPV of CTCA for the detection of significant coronary stenoses were 57.9% (CI: 33.3% to 77.0%), 87.1% (CI: 75.1% to 94.6%), 61.1% (CI: 35.8% to 82.6%) and 65.4% (CI: 73.3% to 93.5%) respectively. The vast majority of false positive (5/6: 83%) and false negative (6/7: 86%) CTCA's were seen in patients in the highest quartile of CACs (>400).

Conclusions: In patients undergoing CT assessment prior to TAVI, non rate-
controlled CTCA shows poor sensitivity but good specificity and negative predic-
tive value for the detection of significant CAD. A CAC score >400 may represent a threshold above which invasive angiography is mandated.

P2583 | BEDSIDE

Frailty assessment as a prognostic tool in elderly acute coronary syndrome patients to identify those approaching end-of-life: results from prospective multicenter fate-acs study

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Purpose: Acute coronary syndrome (ACS) is common in frail elderly patients and
decision-making regarding interventional or conservative management is com-
monly based upon a clinician's subjective assessment of the patient. Frailty is
increasingly recognised as a clinical condition associated with increased mortal-
ity but is often omitted from risk scores. This study (FATE-ACS) assessed the
predictive power of a simple frailty score in identifying ACS patients approaching
end-of-life by.

Methods: Demographic, clinical and laboratory data were collected for consecu-
tively enrolled ACS patients admitted to cardiology or medical wards at three
interventional centres. Conventional cardiovascular risk stratification was
performed using the Global Registry of Acute Coronary Events (GRACE) score and
New York PCI score. Frailty was assessed using the Canadian Study of Health
and Ageing in late Life diagnosis Criteria (G3 score). The primary end-point was Major Adverse Cardiac Events (MACE), a com-
posite of death and revascularization at 30 days.

Results: 355 patients were recruited within the first three months of study period

PCI / CAD and comorbidities 559