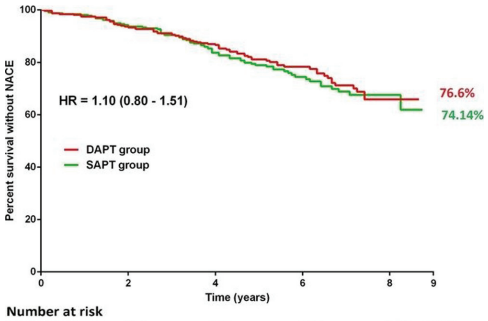
months after stenting were randomized (1:1) between continuing clopidogrel 75 mg daily (extended-dual antiplatelet therapy, DAPT group) up to 3 years after randomization or discontinuing clopidogrel (aspirin group). The primary outcome was net adverse clinical events defined as the composite of death, myocardial infarction, stroke, or major bleeding. Median follow-up after stenting was 33.4 months. Extended DAPT did not achieve superiority in reducing net adverse clinical events compared to 12 months of DAPT after DES placement.
We aimed to have a longer follow-up in a sub-group of patients included in the main center where 643 patients have been included. The primary outcome was net adverse clinical events defined as the composite of death, myocardial infarction, stroke, or major bleeding.
Results: Follow-up was completed in 642 patients (99.8%). Mean follow-up was 5.6 years. The primary outcome occurred in 79/322 patients (24.2%) in the extended-DAPT group and 87/320 (27.2%) in the aspirin group (p=0.44). Rates of death were 11.5% in the extended-DAPT group and 11.9% in the aspirin group (p=0.88). Rates of myocardial infarction were 6.2% in the extended-DAPT group and 7.5% in the aspirin group (p=0.52). Rates of major bleeding were not significantly different (5.0% vs 3.1%, p=0.24).



Survival without NACE

Conclusion: With an extended follow up of 5.6 years, no significant difference in terms of ischaemic and bleeding events was found in the extended-dual antiplatelet therapy group treated for 3 years compared to the aspirin group.
Funding Acknowledgements: Programme Hospitalier de Recherche Publique-PHRC

CARDIOVASCULAR EVENTS IN MALIGNANCIES: FROM PREDICTION TO PREVENTION

6133
Takotsubo syndrome in patients with malignancies: a metanalysis

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Background: Takotsubo syndrome (TTS) can be caused by a large variety of psycho-physical triggers, and several cases are related to either an overt or occult malignancy, as shown in retrospective studies and single reports.
Purpose: To evaluate the overall prevalence of cancer in takotsubo patients and to compare clinical outcomes with cancer-free takotsubo subjects in a metanalysis study.
Methods: In December 2017 a Pubmed and ResearchGate systematic screening was conducted for retrospective studies concerning this topic. Works with no comparison group were excluded. Outocomes of interest were in-hospital events (life threatening arrhythmias, cardiogenic shock, thromboembolism, respiratory support) and events at follow-up (all-cause mortality, re-hospitalization for cardiovascular disease) assessed with Mantel-Haenszel pooled risk ratios (RRs) and 95% confidence intervals (CIs). Furthermore, an analysis of the most frequent occurred neoplasms as well as the time to the diagnosis after the index event was performed.

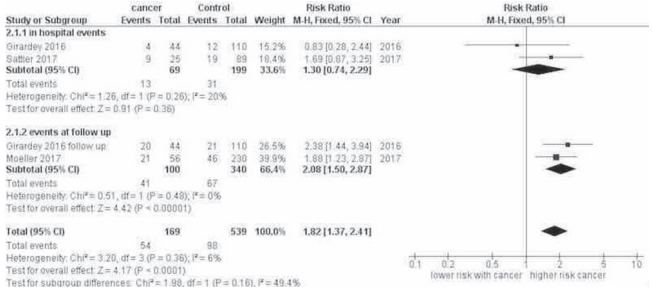

Figure 1

Results: Three studies were included with a total of 554 patients. The prevalence of history of current or previous malignancy among patients admitted with TTS was 20% (113 subjects). When compared to non-cancer patients, patients with current or previous disease showed a statistically significant relative risk of clinical events (both in-hospital and at follow-up) (RR 1.82, 95%, 1.37–2.42, p<0.0001) (Figure 1). The risk of in-hospital events was higher in cancer group, although not significant (RR 1.30, 95% CI, 0.74–2.29, p=0.36), whereas events at follow-up were statistically more probable (RR 2.08, 95% CI, 1.50–2.87, p<0.00001). Nearly 17% of patients experienced subsequent tumors or relapses within 3.2±1.3 years. Additionally, gastrointestinal cancers were the most frequent associated neoplasms (23%), while nervous system and urinary cancer were the rarest (3% for each).
Conclusion: History of cancer carries an increased risk of adverse events in TTS patients; a careful follow-up may be reccomended in TTS with history of cancer.

6134
Long-term predictive value of high sensitivity c-reactive protein for cancer mortality in patients undergoing percutaneous coronary intervention

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Background: Recent evidence suggests that anti-inflammatory therapy might reduce not only cardiovascular event but also occurrence of lung cancer. The relevance between the mortality due to cancer and high sensitivity C-reactive protein (hs-CRP) level remains unclear.
Purpose: We aimed to investigate the impact of hs-CRP level on long-term cancer mortality in patient with coronary artery disease.
Methods: This is a part of retrospective analysis of a single-center prospective percutaneous coronary intervention (PCI) registry (n=4589, enrolled from January 2000 to December 2016). In the present study, patients with the available data of baseline hs-CRP were analyzed (84.2%, n=3863). Patients were divided into two groups according to the median value of hs-CRP. We then evaluated the association between baseline hs-CRP level and both all-cause death and cancer death after PCI procedure.
Result: Of the entire cohort, mean age was 66.3±10.5 years and male gender was 82.5%. The median value of hs-CRP was 0.12 mg/dL (interquartile range (IQR): 0.05 to 0.37 mg/dL). The median follow-up period was 6.3 years (IQR: 2.6 to 6.3 years). There were 663 deaths (17.1%) including 228 (5.9%) cardiovascular deaths and 208 (5.3%) cancer deaths. In 208 cancer deaths, the proportion of gastrointestinal cancer was 43.9% (n=100) and lung cancer was 18.9% (n=43). Kaplan-Meier analysis revealed that higher hs-CRP group had a significantly higher incidence of both all-cause and cancer death (log-rank p<0.0001) (Figure 1). A multivariate Cox hazard model adjusted by clinical significant covariates showed higher hs-CRP level was significantly associated with higher risk of cancer death (hazard ratio: 2.13, 95% CI: 1.59–2.89, p<0.0001).

Figure 1A: All-cause death

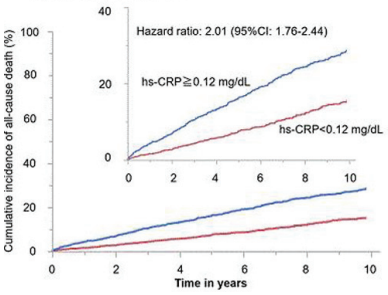
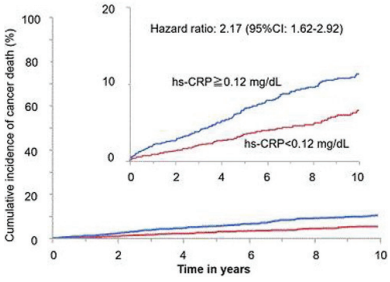


Figure 1B: Cancer death



Conclusion: Elevated levels of baseline hs-CRP are associated with increased risk of cancer death in patients undergoing PCI. Hs-CRP measurement may be useful for identification of high-risk subgroups for anti-inflammatory interventions.