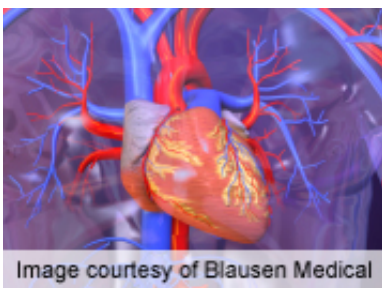


Anatomic, not ischemic, burden predicts poor outcomes in CAD

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(HealthDay)—For patients with coronary artery disease treated with optimal medical therapy (OMT), anatomic, but not ischemic, burden predicts poor outcomes, according to a study published online Jan. 15 in the *Journal of the American College of Cardiology: Cardiovascular Interventions*.

G.B. John Mancini, M.D., from the University of British Columbia in Vancouver, Canada, and colleagues studied 621 patients enrolled in the Clinical Outcomes Utilizing Revascularization and Aggressive Drug Evaluation trial with baseline quantitative nuclear single photon emission computed tomography and quantitative coronary angiography. Independent predictors of death, myocardial infarction (MI), and non-ST-segment elevation [acute coronary syndromes](#) (NSTE-ACS) were examined in several multiple regression models.

The researchers found that anatomic burden and left ventricular ejection fraction were consistent predictors of death, MI, and NSTEMI-ACS in both nonadjusted and adjusted regression models, while ischemic burden and treatment assignment did not predict outcomes. The interaction term of anatomic and ischemic burden had a marginal effect ($P = 0.03$) for the prediction of clinical outcome, but neither anatomy nor ischemia interacted with therapeutic strategy to predict outcome, either separately or in combination.

"In a cohort of patients treated with OMT, anatomic burden was a consistent predictor of death, MI, and NSTEMI-ACS, whereas ischemic burden was not," the authors conclude.

More than one author disclosed financial ties to pharmaceutical companies, several of which provided funding for the study.

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