## Associazione Nazionale Medici Cardiologi Ospedalieri

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## **CONGRESS ABSTRACT**

## YOUNGER PATIENTS WITH HEART FAILURE DURING ACUTE CORONARY SYNDROME HAVE HIGHER CANCER DEATH RISK IN THE LONG-TERM THEN TH ELDERLY. THE ABC-10\* STUDY ON HEART DISEASE.

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Introduction: Emerging evidence suggests that patients with coronary artery disease carry an increased risk of cancer death. Methods: To assess the association between heart failure (HF) during hospitalization with acute coronary syndrome (ACS) and the very long-term cancer death risk, we enrolled 571 patients admitted with ACS to 3 Italian hospitals and discharged alive and free from neoplasia. Patients were followed prospectively for 26 years or until death. Results: All except for three patients completed the follow-up, representing 7091 person-years. Patients' mean age was 66 ± 12 years and 70% were males. Baseline clinical HF was diagnosed in 192 (34%) patients. During follow-up, 116 patients (19%) died due to cancer; of them, 85 with no HF [79% of patients without HF] and 31 had baseline HF [14% of patients with HF]. The incidence rates for cancer death were 18 and 13 per 1000 person-years for patients with and without baseline HF, respectively (p = 0.40). The risks for cancer death associated with HF (Killip Class= 1 / 2 /3-4) were (HR: 1.12; 95% Cl: 0.76-1.65; p=0.58). Age (positively) and male gender were significantly at higher risk. When a formal interaction analysis was set, we observed a negative interaction between age (used as tertile variable) and HF for the risk of cancer death (HR: 0.58; 95% CI: 0.36-0.91; p=0.01) in the sex and gender adjusted model. Results were the very similar in the fully adjusted model. Conclusions: This very long-term prospective study suggest that younger patients with heart failure during acute coronary syndrome have higher cancer death risk in the long-term than elderly patients. This observation is independent from gender and other main clinical characteristics of the patients.

Indietro

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