



REGIONE DEL VENETO

PROGETTO REGIONALE SU MALATTIA CARDIACA E NEOPLASIA

Presentazione del X° Anno di Lavoro-Ricerca
31 dicembre 2024

Alla Presidenza della Regione Veneto

Dr. Luca Zaia

Venezia



REGIONE DEL VENETO



ULSS2
MARCA TREVIGIANA

REGIONE DEL VENETO



ULSS5
POLESANA

REGIONE DEL VENETO



ULSS7
PEDEMONTANA

Studio prospettico su
Neoplasia Maligna e Mortalità
dopo Sindrome Coronarica
Acuta:

***The ABC Study on Acute Coronary
Syndrome***
(Adria, Bassano, Conegliano, Padova)

ABC Study on Heart Disease Association

ABC Heart Disease Foundation - ETS

<https://www.abcstudy.foundation/>

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THE ABC Heart Disease Foundation-ETS

A Veneto Region Project. Act n°748-2015

Conegliano, 7 gennaio 2025

Al Sig. Presidente della Regione Veneto
Dott. Luca Zaia
Venezia

e alla Dott.ssa Francesca Russo
Direttore Prevenzione, sicurezza alimentare, veterinaria
Regione Veneto, Venezia

e al Sig. Direttore Generale dell'AULSS 2 del Veneto
Dott. Francesco Benazzi,
(Ufficio Protocollo, AULSS 2 del Veneto)

E al Sig. Direttore del Dipartimento di Prevenzione
Azienda ULSS 2 Marca Trevigiana
Dott. Paolo Patelli

Oggetto: Realizzazione del Progetto Regionale sulla malattia coronarica e neoplasia, (The ABC Study on acute coronary syndrome). Rendiconto del X anno (anno solare 2024) del Progetto Regionale.

Gentile Presidente Luca Zaia,

A nome della nostra Associazione e Fondazione-ETS, Le invio questa lettera insieme al rendiconto scientifico del X anno solare (2024) del Progetto Regionale in oggetto, per ringraziarla dell'opportunità che la Regione Veneto ci ha dato di lavorare e fare ricerca scientifica sulla malattia coronarica e neoplasie. E per il sostegno concreto la nostra Regione e l'AULSS 2 Treviso ci danno.

Il presente rendiconto riporta i risultati relativi all'anno 2024 sia a livello nazionale che internazionale.

Per il nuovo anno 2025, tra le attività previste, vorremmo preparare e presentare i risultati basati su 26 anni di follow up continuo dei Pazienti arruolati e seguiti negli Ospedali di Adria, Bassano e Conegliano, alla Cardiologia nazionale a Firenze-Rimini, e negli Stati Uniti, a New Orleans, in novembre, in occasione del Congresso dell'American Heart Association.

Se la nostra Regione sarà favorevole al rinnovo di questo Progetto di Ricerca Scientifica, le saremo molto grati. Infine, sarà per noi un onore, oltre che un dovere, tenerla informata sullo sviluppo e sui risultati futuri del Progetto.

A nome della nostra Associazione e Fondazione-ETS,
le invio il più cordiale saluto,
Giuseppe Berton

ABC HEART DISEASE FOUNDATION ETS

SEDE OPERATIVA E CONTATTI

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Alla dott.ssa Manuela Lanzarin
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Alla dott.ssa Francesca Russo
Direttore Prevenzione, sicurezza alimentare, veterinaria
Regione Veneto, Venezia

Al direttore Generale ULSS 2 Marca Trevigiana
Dott. Francesco Benazzi
Treviso

Al direttore del dipartimento di prevenzione ULSS 2 Marca Trevigiana
Dott. Paolo Patelli
Treviso



THE ABC Heart Disease Foundation-ETS

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"Nel cercare qualcosa contano un'enorme curiosità, la tenacia ed il persistere, nonostante le amarezze e le delusioni: per ogni vittoria ti aspettano cento fallimenti".

Albert Bruce Sabin

"Il sapere, dunque, trascende i singoli e viene a porsi oltre i singoli, e si pone, di fronte all'uomo quale è di fatto, come liberazione dalla passività, in un giusto rapporto sociale."

Platone, Repubblica

Questo libro è dedicato alle molte persone che hanno collaborato e colloberano con noi, con impegno e buona volontà. E a tutte quelle che ci hanno sostenuto, anche solo col pensiero.

*Responsabile del Progetto
Giuseppe Berton, MD, FESC
ABC Heart Disease
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THE ABC Heart Disease Foundation-ETS

A veneto Region Project

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Mr. **Francesco Menegon**, Internship

Mr. **Mattia Ludovico Dario**, Internship

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Mrs. **Elisabetta Lorenzon**, Pieve di Soligo

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for the practical collaboration to the ABC program.

A Timeline of Clinical Research Milestones

1992

Start of the ABC Study on Heart Disease.

1997

Albumin excretion rate (marker of endothelial dysfunction) found to increase during acute myocardial infarction and to predict early mortality (in-hospital).

2003

C-reactive protein (inflammation) in acute myocardial infarction found to be associated with heart failure and mortality.

2008

Albumin excretion in acute myocardial infarction found associated to long-term mortality (seven years).

2009

Atrial fibrillation during acute myocardial infarction found associated to sudden death after 7-year of follow-up.

2009

Low-dose digitalis during acute myocardial infarction found to be protective for long-term sudden death (seven years).

2012

ABC-1 Study on Heart Disease. The four factors of the ABC model (estimated glomerular filtration rate, albumin/creatinine excretion ratio, history of angina, and previous myocardial infarction) improved the predictive power of other traditional models for long-term event-free survival.

2014

ABC-2 Study on Heart Disease. It identified clinical predictors of long-term mortality (twelve years) after ACS that might help prognostication, patient education, and risk modification. It showed that the analysis of the modes of death might improve the risk assessment.

2016

ABC-3 Study on Heart Disease. It indicates that women and men with ACS have different long-term cardiovascular mortality risk across increasing degrees of heart failure. Gender is an independent effect modifier of heart failure for cardiovascular mortality.

A Timeline of Clinical Research Milestones

2018

ABC-4 Study on Heart Disease. The long-term prospective study showed that patients with acute coronary syndrome have a higher incidence of malignancy than the general population.

2019

ABC-4 Study on Heart Disease. Neoplasia onset and mortality are independently associated with low baseline plasma Total Cholesterol and LDL-C levels at admission for acute coronary syndrome.

2019

ABC-5 Study on Heart Disease. Plasma lipid levels during ACS: Association with 20-year mortality: The ABC-5* Study on Heart Disease.

2020

ABC-5*a Study on Heart Disease. Plasma lipid levels during ACS: Association with 20-year mortality. A prospective long-term study revealed that baseline plasma lipid levels during acute coronary syndrome seem not to be associated with long-term global mortality. Only an independent inverse association between TC and LDL and non-cardiac death has been observed.

2020

The ABC-7* Study on Heart Disease. Risk of malignancy long after acute coronary syndrome in selected urban and rural areas and comparison with smoking risk. A prospective long-term study that investigates the possible difference in malignancy risk in six geographic areas of the Veneto region in Italy in an unselected sample of patients discharged alive after an index hospitalization with ACS and followed up for 22 years.

2021

The ABC-7a* Study on Heart Disease. Risk of neoplastic death 22 years after acute coronary syndrome . This prospective study of unselected real-world ACS patients showed a significant difference in cancer death risk in different geographic areas of the Veneto region, with the highest risk in the north-rural area.

2022

The ABC-8* Study on Heart Disease. Microalbuminuria During Acute Coronary Syndrome and 22-year Mortality. A prospective analysis showed that baseline urinary albumin excretion during ACS is a strong independent predictor of the very long-term mortality risk, chiefly due to non-sudden cardiac death.

A Timeline of Clinical Research Milestones

2023

The ABC-9* Study on Heart Disease. Heart failure During Acute Coronary Syndrome and 24-year cancer risk. A prospective analysis showed an inverse association between baseline HF and long-term cancer risk.

2024

The ABC-10* Study on Heart Disease. Long-term risk of Stroke after Acute Coronary Syndrome. A prospective analysis identified several baseline clinical predictors associated with higher stroke risk long after ACS. A geographical association with the risk of fatal stroke was also observed.

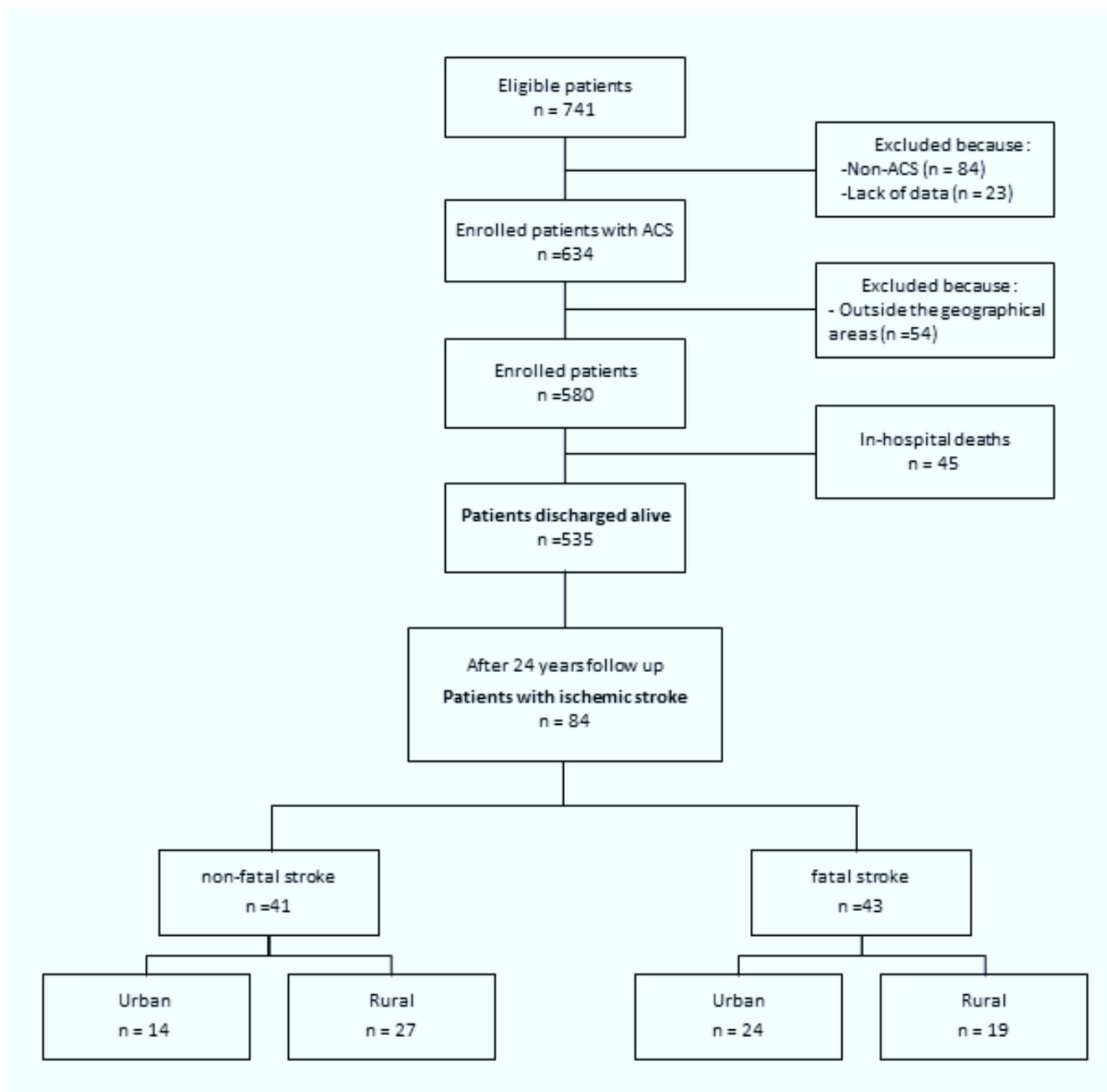
Capitolo 1

Risultati **dell'anno 2024** del Progetto Regionale

**Long-term risk of Stroke after Acute Coronary
Syndrome. The ABC-10* Study on Heart
Disease.**

Brief Title: Acute Coronary Syndrome and long-term stroke risk.

Figure 1. Flow diagram of the study population and progress during follow-up



ACS= acute coronary syndrome; **HF**= heart failure.

Table 1. Patients' baseline characteristics according to heart failure status.

	Overall population	No stroke	Stroke	P value
	(n=535)	(n=451)	(n=84)	
Demographics and clinical data				
Age at enrollment, yrs.	67(59-75)	67(58-75)	70(63-75)	0,10
Females	30	29	34	0,31
Body mass index, kg/m ² *	26(24-28)	26(24-28)	25(24-28)	0,50
Current smokers	36	37	31	0,30
Alcohol consumption	75	74	81	0,14
Education > Elementary school	25	25	24	0,76
Diabetes mellitus	23	22	26	0,49
Hypertension	48	48	49	0,81
Prior myocardial infarction	25	26	15	0,03
Physical activity	7	7	5	0,45
Area of residence				
Urban	41	40	46	0,28
Rural	59	60	54	
Provinces of residence				
north	33	32	34	0,28
middle	26	27	19	
south	42	41	47	
In-hospital characteristics				
Prehospital time delay, min* (n= 442)	180(120-510)	180(120-525)	180(120-480)	0,70
Systolic blood pressure, mmHg	120(110-130)	120(110-130)	120(110-130)	0,45
Diastolic blood pressure, mmHg	80(70-80)	80(70-80)	75(70-80)	0,11
Heart rate, beats/min	70(60-82)	70(60-82)	72(60-82)	0,49
Killip class>1 [†]	34	33	36	0,55
Left ventricular ejection fraction, %	52(46-60)	52(46-60)	53(49-63)	0,03
Atrial fibrillation ^{††}	13	11	25	<0.0001
ST-elevation myocardial infarction	62	60	71	0,07
Thrombolysis [†]	34	34	38	0,47

Table 1. Patients' baseline characteristics according to heart failure status.

	Overall population	No stroke	Stroke	P value
	(n=535)	(n=451)	(n=84)	
Laboratory data				
Creatine kinase-MB peak, U/L*	102(43-208)	100(43-208)	116(49-194)	0,35
LDH peak, U/L*	851(512-1390)	842(512-1380)	931(500-1404)	0,69
Hemoglobin, g/L	14(13-15)	14(12-15)	14(13-15)	0,37
Blood glucose, mg/dL	120(100-159)	119(99-159)	129(104-161)	0,47
Total cholesterol, mg/dL*	207(178-243)	207(176-244)	212(184-234)	0,90
eGFR (ml/min x 1.73 m ²)*	73(61-87)	74(62-87)	73(59-83)	0,57
ACR (mg/g)	19(7-53)	18(7-56)	20(8-50)	0,82
Treatment ‡				
PTCA/CABG	35	35	36	0,78
Antiplatelet	89	88	95	0,04
Anticoagulants	28	27	32	0,36
Statin	46	47	41	0,31
Beta-blockers	54	54	54	0,98

Data are presented as median (interquartile range) or percentages.

ACR= Urinary albumin-to-creatinine excretion ratio; **eGFR**= Estimated glomerular filtration rate calculated using the Modification of Diet in Renal Disease formula; **LDH**= lactate dehydrogenase-1 isoenzyme; **PTCA/CABG**= percutaneous transluminal coronary angioplasty/Coronary artery bypass grafting

* P values were calculated using Log-transformed data.

† During the first 7 days of hospital stay.

‡ At any time during follow-up.

Table 2: Incidence rate of total and fatal stroke 24 years after acute coronary syndrome.

		Total stroke		Fatal stroke	
		IR/1000 person-years	Log-rank P	IR/1000 person-years	Log-rank P
Overall		14		7	
Enrollment age terciles	1 st	6	<0,0001	2	<0,0001
	2 nd	17		9	
	3 rd	29		20	
Gender	male	12	0,01	6	0,03
	female	21		11	
Body mass index terciles	1 st	17	0,38	10	0,15
	2 nd	13		7	
	3 rd	12		5	
Diabetes mellitus	no	12	0,004	5	0,005
	yes	24		14	
Hypertension	no	12	0,20	5	0,11
	yes	16		9	
Smoking	no	17	0,01	8	0,09
	yes	10		5	
Total cholesterol terciles	1 st	14	0,33	8	0,01
	2 nd	17		10	
	3 rd	11		3	
Heart failure	no	11	0,0001	5	0,002
	yes	25		14	
LVEF terciles	1 st	15	0,41	8	0,40
	2 nd	16		8	
	3 rd	12		5	
Atrial fibrillation ^{†‡}	no	11	<0,0001	5	0,0001
	yes	37		20	
eGFR Terciles	1 st	25	0,0001	16	<0,0001
	2 nd	14		5	
	3 rd	8		4	
ACR terciles	1 st	8	0,002	4	0,02
	2 nd	13		6	
	3 rd	21		12	
Area of residency	urban	17	0,10	10	0,01
	rural	12		5	
Province of residency	north	16	0,44	6	0,01
	middle	11		3	
	south	14		10	

ACR= Urinary albumin-to-creatinine excretion ratio; eGFR= Estimated glomerular filtration rate calculated using the Modification of Diet in Renal Disease formula; IR= Incidence rate; LVEF= Left ventricular ejection fraction.

† During the first 7 days of hospital stay and at any time during follow-up.

‡ At any time during follow-up.

Table 3: Uni- and multivariable analysis of predictors of overall stroke 24 years after ACS.

Predictor of risk	Overall stroke risk		Fatal stroke	
	Hazard ratio (95% CI)	p-value	Hazard ratio (95% CI)	p-value
Univariable analysis				
Enrolment age terciles	2,43 (1,81-3,27)	<0,0001	3,36 (2,17-5,20)	<0,0001
Female gender	1,79 (1,14-2,81)	0,01	1,90 (1,02-3,54)	0,04
BMI terciles	0,82 (0,63-1,08)	0,16	0,69 (0,47-1,01)	0,06
Current smoking	0,56 (0,35-0,89)	0,01	0,58 (0,30-1,11)	0,10
Alcohol consumption	1,40 (0,81-2,42)	0,23	1,42 (0,66-3,07)	0,37
Education > Elementary school	0,91 (0,68-1,21)	0,50	0,77 (0,49-1,20)	0,25
Diabetes mellitus	2,02 (1,24-3,30)	0,005	2,46 (1,29-4,68)	0,006
Hypertension	1,29 (0,84-1,99)	0,24	1,61 (0,88-2,95)	0,12
Prior myocardial infarction	0,87 (0,48-1,58)	0,65	1,19 (0,57-2,48)	0,65
Physical activity	0,51 (0,19-1,39)	0,19	0,52 (0,13-2,15)	0,37
Residency area (rural-urban)	1,39 (0,91-2,14)	0,13	2,08 (1,14-3,80)	0,02
Residency provinces (north-middle-south)	0,94 (0,73-1,20)	0,61	1,47 (1,00-2,15)	0,04
Systolic blood pressure terciles	1,00 (0,75-1,33)	0,99	0,99 (0,66-1,48)	0,96
Diastolic blood pressure terciles	0,88 (0,67-1,17)	0,40	0,80 (0,53-1,20)	0,28
Heart rate terciles	1,25 (0,94-1,67)	0,13	1,46 (0,98-2,17)	0,06
Left ventricular ejection fraction	0,89 (0,69-1,15)	0,38	0,80 (0,55-1,14)	0,22
ST-elevation myocardial infarction	1,38 (0,86-2,22)	0,18	1,14 (0,60-2,17)	0,68

BMI= Body mass index; **eGFR**= Estimated glomerular filtration rate calculated using the Modification of Diet in Renal Disease formula; **ACR**= Urinary albumin-to-creatinine excretion ratio; **PTCA/CABG**= percutaneous transluminal coronary angioplasty/ Coronary artery bypass grafting.

† During the first 7 days of hospital stay.

‡ At any time during follow-up.

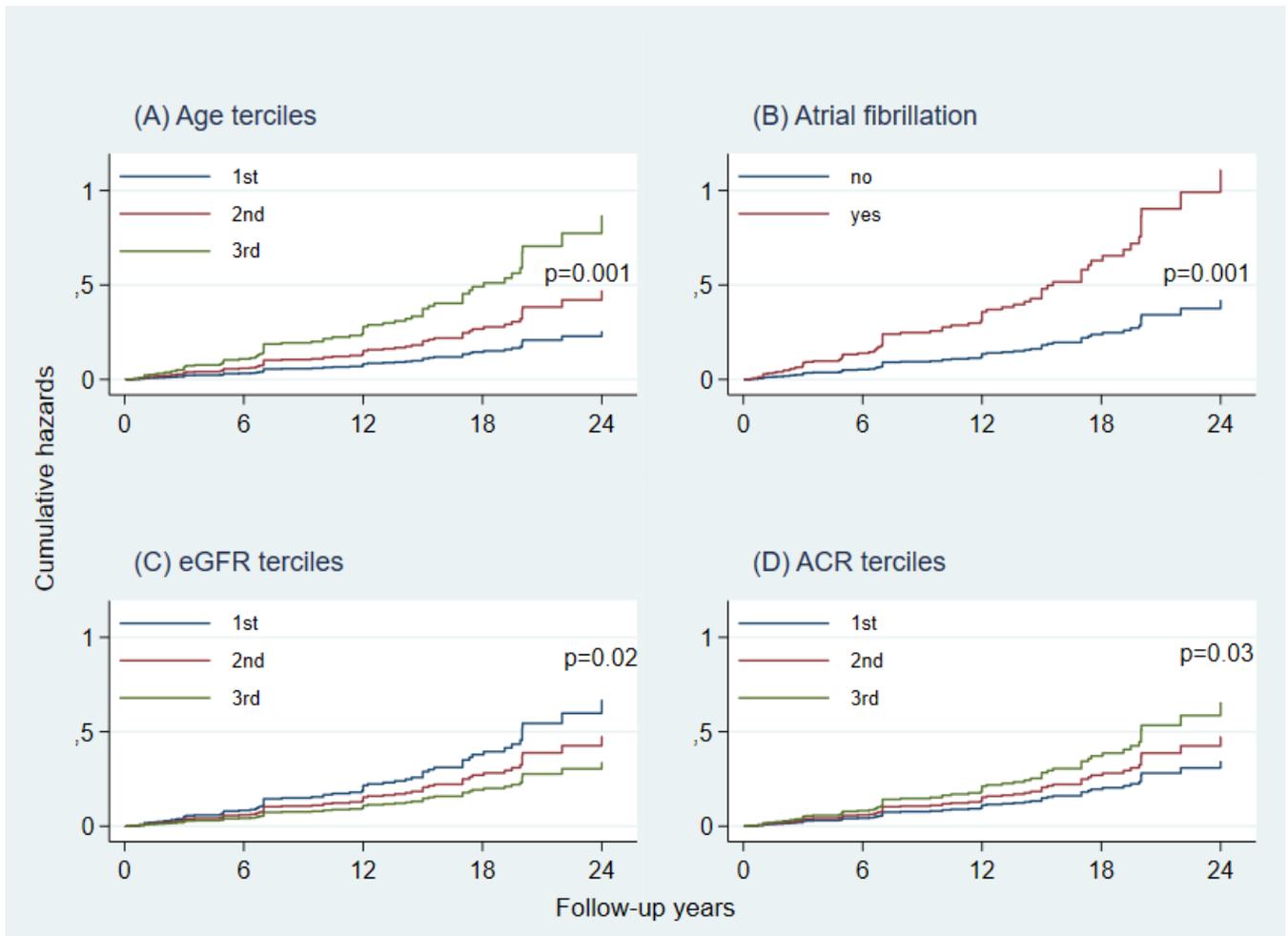
Table 3: Uni- and multivariable analysis of predictors of overall stroke 24 years after ACS.

Predictor of risk	Overall stroke risk		Fatal stroke	
	Hazard ratio (95% CI)	p-value	Hazard ratio (95% CI)	p-value
Univariable analysis				
Killip class>1†	2,44 (1,55-3,84)	<0,0001	2,56 (1,39-4,74)	0,003
Atrial fibrillation†‡	3,40 (2,06-5,59)	<0,0001	3,59 (1,84-7,01)	<0,0001
Thrombolysis†	0,77 (0,50-1,21)	0,26	0,59 (0,31-1,13)	0,11
Total cholesterol terciles	0,89 (0,68-1,15)	0,37	0,65 (0,44-0,95)	0,03
eGFR terciles	0,55 (0,42-0,73)	<0,0001	0,46 (0,31-0,68)	<0,0001
ACR terciles‡	1,68 (1,24-2,27)	0,001	1,72 (1,14-2,60)	0,01
PTCA/CABG‡	0,50 (0,31-0,78)	0,002	0,25 (0,12-0,54)	<0,0001
Antiplatelet‡	0,93 (0,34-2,57)	0,9	1,10 (0,26-4,60)	0,89
Anticoagulants‡	0,98 (0,62-1,57)	0,94	0,53 (0,25-1,15)	0,11
Beta-blockers‡	0,40 (0,26-0,62)	<0,0001	0,30 (0,16-0,56)	<0,0001
Multivariable analysis				
Enrollment age terciles	1,84 (1,30-2,60)	0,001	2,67 (1,60-4,45)	<0,0001
Female gender	1,01 (0,62-1,64)	0,97	0,95 (0,49-1,84)	0,88
Atrial fibrillation‡	2,64 (1,49-4,67)	0,001	2,95 (1,38-6,32)	0,005
eGFR terciles	0,71 (0,53-0,95)	0,02	0,66 (0,43-1,02)	0,06
ACR terciles	1,38 (1,04-1,83)	0,03	1,38 (0,93-2,06)	0,11
Area (rural-urban)	1,25 (0,81-1,94)	0,31	1,89 (1,03-3,48)	0,04
Provinces (north-middle-south)	1,04 (0,80-1,36)	0,76	1,71 (1,15-2,53)	0,008

BMI= Body mass index; **eGFR**= Estimated glomerular filtration rate calculated using the Modification of Diet in Renal Disease formula; **ACR**= Urinary albumin-to-creatinine excretion ratio; **PTCA/CABG**= percutaneous transluminal coronary angioplasty/ Coronary artery bypass grafting.

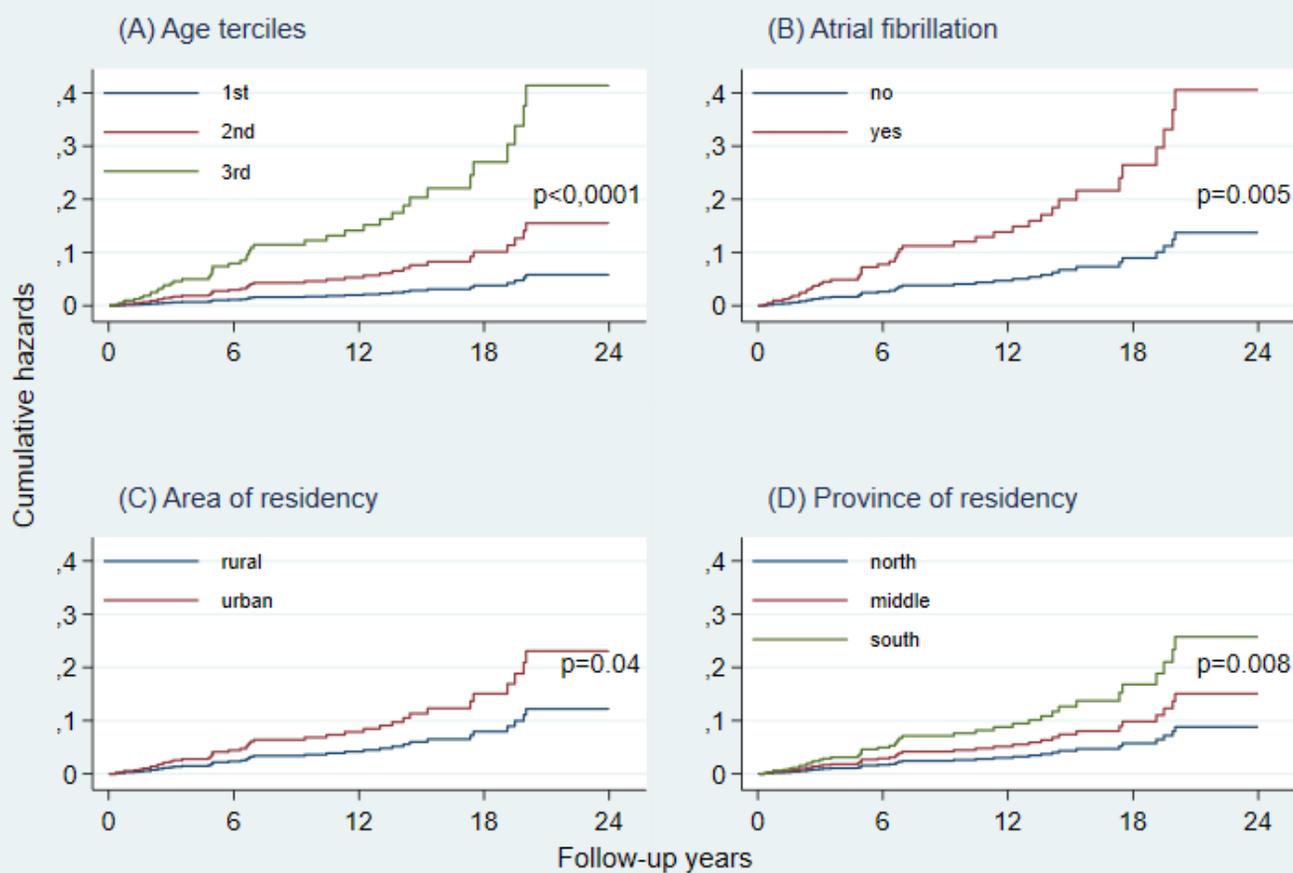
† During the first 7 days of hospital stay. ‡ At any time during follow-up.

Figure 2: Fully adjusted cumulative hazard function of overall stroke by different clinical variables.



eGFR: Estimated glomerular filtration rate calculated using the Modification of Diet in Renal Disease formula;
ACR: Urinary albumin-to-creatinine excretion ratio.

Figure 3: Fully adjusted cumulative hazard function of fatal strokes by different clinical variables.



Long-term risk of Stroke after Acute Coronary Syndrome. The ABC-10* Study on Heart Disease.

CURRENT STATUS

Your submission is in peer review

News about your peer review process

- The editor has invited more than 10 reviewer(s)
- There is 1 reviewer(s) that has accepted to review your manuscript
- The editor has received 1 reviewer report(s)

After the editor has collated and reviewed all the reports they need, which may involve seeking additional reviews, you'll be notified about their decision.

The editor has decided that your submission is suitable for peer review and is now inviting reviewers to evaluate your manuscript. The process of finding, inviting, and securing reviewers can take a few weeks.

Progress so far

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-  Submission received
-  Technical check
-  Editorial assignment
-  With editor
-  Peer review

Your submission

Title

Long-term risk of Stroke after Acute Coronary Syndrome. The ABC-10* Study on Heart Disease.

International congresses

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REGIONE DEL VENETO



The very long-term risk of Stroke after Acute Coronary Syndrome and geographic differences. The ABC-10* Study on Heart Disease.

G. Berton, HT. Mahmoud, R. Cordiano, R. Palmieri, F. Cavuto, F. Bagato, D. Merotto, F. Menegon, S. Petucco.

The ABC Study on Heart Disease Foundation-ONLUS, Conegliano, Italy



The ABC Study on ACS:

- An ongoing, **prospective** investigation designed to reflect, as closely as possible, an unbiased population of patients with ACS.
- Started in 1992-1993.

- Patients were enrolled in Adria, Bassano and Conegliano Hospitals.

- All data were connected with Padua University.



Background:

Little is known about the **very long-term risk of stroke** among acute coronary syndrome (ACS) survivors.

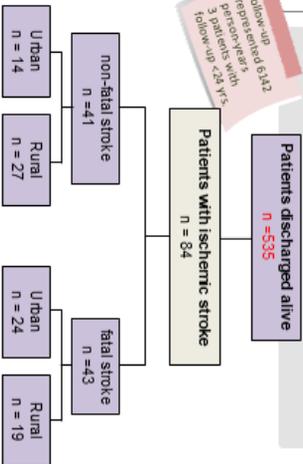
<https://www.abcstudy.foundation/>

Purpose:

In this long-term prospective study, We examined **stroke incidence and outcomes** in ACS patients, identifying **risk factors** and **geographic disparities**.

Methods:

- 535 ABC study patients with ACS.
- Follow-up **24 years** or until death.
- Baseline data recorded within the first 7 days of hospitalization.
- The patient's residency was classified into three urban-rural areas.



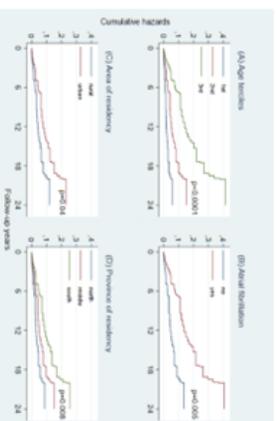
Results:

- 84 patients experienced a stroke, 85% ischemic - 15% hemorrhagic, proving fatal in 43 cases.
- Median age was 67 years, 70% were male, 318 patients were residing in rural areas.
- Stroke IR 14/1000 person-years.
- Fully adjusted Multivariable Cox regression analysis :

Predictor of risk	Overall stroke risk HR (95% CI)	p-value
Age tertiles	1.84 (1.30-2.60)	0.001
Atrial fibrillation	2.64 (1.49-4.67)	0.001
eGFR tertiles	0.71 (0.53-0.95)	0.02
ACR tertiles	1.38 (1.04-1.83)	0.03

Predictor of risk	Fatal stroke HR (95% CI)	p-value
Age tertiles	2.67 (1.60-4.45)	<0.0001
Atrial fibrillation	2.95 (1.38-6.32)	0.005
Area (rural-urban)	1.89 (1.03-3.48)	0.04
Provinces (north-middle-south)	1.71 (1.15-2.53)	0.008

Fully adjusted CHF of fatal strokes by different clinical variables



Conclusions:

- The ABC study identified several **baseline clinical predictors of stroke** long after ACS.

- A **geographical association with the risk of fatal stroke** was also observed, underscoring the importance of considering both individual clinical predictors and broader geographic factors in stroke prevention policies.

Edited by: H. Mahmoud, MD PhD



REGIONE DEL VENETO



Baseline shock index-creatinine clearance score and long-term mortality after ACS. Results from 24 years of follow-up of the ABC study on heart disease.

G. Berton, HT. Mahmoud, R. Palmieri, F. Cavuto, R. Cordiano, D. Merotto, ML. Dario, A. Dal Bo, F. Bagato

The ABC Study on Heart Disease Foundation-ONLUS, Conegliano, Italy



The ABC Study on ACS:

- An ongoing, **prospective** investigation designed to reflect, as closely as possible, an unbiased population of patients with ACS.
- Started in 1992-1993.
- Patients were enrolled in Adria, Bassano and Conegliano Hospitals.
- All data were connected with Padua University.



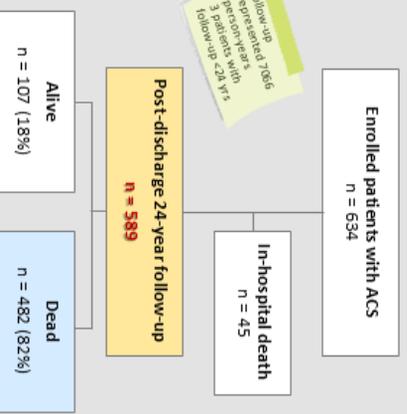
• follow-up 1066 re-enrolled patients $N=917$
• follow-up $N=917$

Purpose:

To assess the long-term predictive value of baseline SI-C score in patients long after ACS.

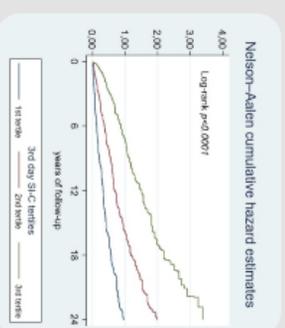
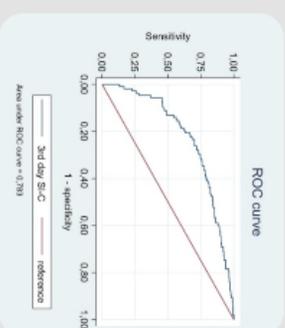
Methods:

- 589 ABC study patients with ACS.
- Follow-up **24 years** or until death.
- Baseline data recorded within the first 7 days of hospitalization.



Results:

- Patients' mean age was 66 ± 12 years, 70% were males.
- 482(82%) had died during follow-up.
- Most of the clinical characteristics were significantly different between patients who died and those who survived.
- SI-C score was higher in the patients who died during follow-up (-11 ± 25 vs -36 ± 23 $p < 0.0001$).
- The predictive value of SI-C for 24-year mortality was very good.
- The cumulative risk was significantly higher in the upper SI-C tertile.
- Cox regression analysis showed a significant association with **long-term all-cause mortality and SI-C score** (HR: 2.1, 95% CI 1.8-2.3, $p < 0.0001$).
- This association persisted in the fully adjusted model.



Conclusions:

- Baseline SI-C seems to be an effective and independent predictor of long-term all-cause mortality after ACS.

Edited by: H. Mahmoud, MD PhD

<https://www.abcstudy.foundation/>



REGIONE DEL VENETO



Mood instability and cardiovascular modification in cardiovascular disease outpatients. The ABC study on heart disease.

The ABC Study on Heart Disease Foundation-ONLUS, Conegliano, Italy

G. Berton, H. Mahmoud, R. Palmieri, R. Cordiano, E. Selvestrel, D. Merotto, F. Cavuto, A. Dal Bo, MM. Mahmoud



Background

- Mood instability (MI) is a condition characterized by unpredictable frequent fluctuations in a person's emotional state.
- It is a common personality trait observed in the general population
- It has been reported to be associated with a range of adverse health outcomes, and may also serve as an additional risk factor for cardiovascular morbidity.

Methodology

- Consecutive patients who were presented to the **cardiac outpatient clinic** in the last 5 years were recruited.
- Patients were divided into **2 groups** according to the presence or absence of MI symptoms based on the patient's self-assessment **psycho-emotion questionnaire**.
- Cardiovascular functions were assessed and compared between both groups.

Results

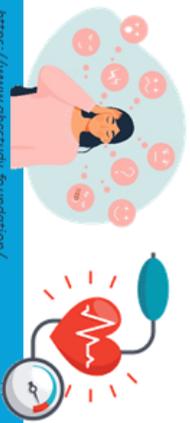
	Mood Instability (n=137)	No Mood Instability (n=278)	P value
SBP mmHg	150±23	145±21	0.02
DBP mmHg	80±12	79±11	0.19
Heart rate bpm	77±15	72±13	0.0003

Purpose

- To assess **mood instability** and its effects on **cardiovascular functions** among CVD outpatients.

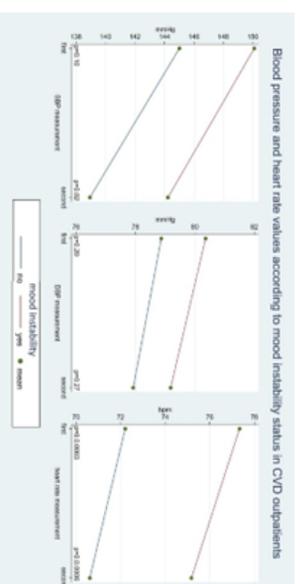
Results

- **415** patients were included.
- Patients' mean age was 66 ± 18 years, and 57% were males.
- 137 (33%) patients suffered mood instability symptoms, and they shared most demographic and clinical characteristics with patients who did not.



<https://www.abcstudy.foundation/>

- However, males were more frequent among patients with no MI symptoms.
- Multivariable linear regression models:
 - **Mood instability** ($\beta \pm SE = 4.3 \pm 2.2$, $p < 0.049$) and **age** ($\beta \pm SE = 0.4 \pm 0.05$, $p < 0.0001$) were independent predictors for higher **SBP** values.
 - **Mood instability** was also independently associated with a higher **heart rate** ($\beta \pm SE = 5.1 \pm 1.4$, $p = 0.001$).
 - Results kept true even stronger with repeated BP and HR measurements.



Conclusion

Mood instability is associated with a **significant increase in SBP and heart rate values in cardiac outpatients.**

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The very long-term risk of stroke after acute coronary syndrome and geographic differences. The ABC-10* study on heart disease

G. Berton¹, H.T. Mahmoud², R. Cordiano³, R. Palmieri³, F. Cavuto⁴, F. Bagato¹, D. Merotto¹, F. Menegon¹, S. Petucco¹

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On behalf of The ABC Study on Heart Disease Foundation-ONLUS

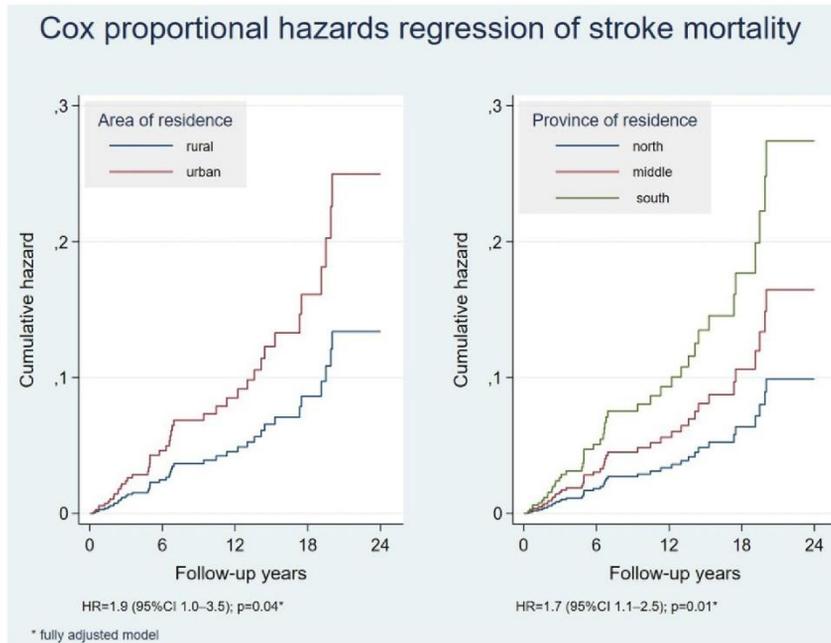
Funding Acknowledgements: Type of funding sources: Other. Main funding source(s): Veneto region in Italy

Background: Little is known about the very long-term risk of stroke among acute coronary syndrome (ACS) survivors.

Methods: In this prospective study, we enrolled 535 ACS patients admitted to hospitals in three Italian provinces, discharged alive and followed for 24 years or death. The patient's residency was classified into three urban and three nearby rural areas.

Results: All patients completed the follow-up (6142 Person-years). 85 (16%) patients suffered an acute stroke. Patients median age was 67 years, 70% were male, and 318 patients were residing in rural areas. Patients who had a stroke and those who had not shared most of the demographic and clinical characteristics. The incidence rate of overall stroke was 14/1000 person-year. Cox analyses showed older age (HR 3.13;95%CI 2.31-4.26), male gender (HR 1.88;95%CI 1.20-2.95), baseline diabetes (HR 2.25 95%CI 1.37-3.69), heart failure (HR 2.69;95%CI 1.71-4.24), and higher albumin/creatinine ratio (HR 1.75;95%CI 1.33-2.30) were all associated with an increased risk of stroke. While higher baseline eGFR, reperfusion, statin and beta-blockers treatment during follow-up were associated with a decreased risk; HR (0.55 (95%CI 0.42-0.72), 0.45(95%CI 0.29-0.71), 0.21(95%CI 0.13-0.34), and 0.37(95%CI 0.23-0.57), respectively). In the multivariate analysis, only older age (HR 1.55;95%CI 1.08-2.21; $p=0.02$) was an independent predictor of stroke while statin treatment was independently associated with a lower risk (HR 0.35;95% CI 0.21-0.58; $p<0.0001$). However, all these variables did not predict the risk of stroke in competing risk regression analysis where death was treated as the competing event. A sub-analysis of the 43 patients who had a fatal stroke (FS) revealed 7/1000 person-year FS IR. The Cox regression and competing risk analyses of predictors of FS showed similar results. Interestingly, we observed an association between geographic areas of residence and the long-term FS risk as the risk increased going from rural to urban (HR 2.08;95%CI 1.14-3.80; $p=0.02$) areas and from north to middle and south provinces (HR 1.47;95%CI 1.00-2.15; $p=0.04$) in the univariate Cox regression analysis. Results kept true using multivariate Cox and Competing risk regression models.

Conclusion: This analysis reveals the significant urban-rural difference in the very long-term risk of fatal stroke among unselected ACS patients which highlights the importance of implementing a preventive policy based on area-specific knowledge.



Baseline shock index-creatinine clearance score and long-term mortality after ACS. Results from 24 years of follow-up of the ABC study on heart disease

G. Berton¹, H.T. Mahmoud¹, R. Palmieri², F. Cavuto³, R. Cordiano², D. Merotto¹, M.L. Dario¹, A. Dal Bo¹, F. Bagato⁴

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²Adria General Hospital, Adria, Italy

³Bassano del Grappa General Hospital, Cardiology, Bassano Del Grappa, Italy

⁴Conegliano General Hospital. The ABC Heart Disease Foundation-ONLUS., Conegliano, Italy

On behalf of The ABC Study on Heart Disease Foundation-ONLUS

Funding Acknowledgements: Type of funding sources: Other. Main funding source(s): Veneto Region Act no. 748, Venice, May 14, 2015

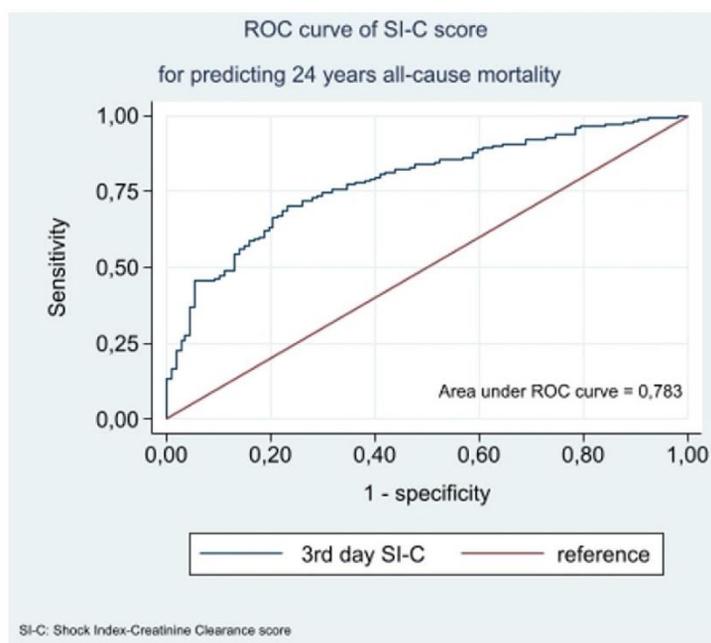
Background: Shock Index-Creatinine Clearance score (SI-C) is an updated version of the shock index that includes renal function. Recent studies reported its potential as a novel and simple risk stratification tool for predicting in-hospital mortality in acute coronary syndrome (ACS) patients.

Purpose: To assess the long-term predictive value of baseline SI-C score in patients after ACS.

Methods: This preliminary prospective analysis included 589 patients with ACS admitted to three Italian hospitals and discharged alive. Baseline clinical and laboratory data were collected within the first 7 hospitalization days and baseline SI-C score was calculated as $[(SI \times 100) - \text{estimated creatinine clearance}]$. Patients were prospectively followed for 24 years or until death.

Results: Virtually all patients completed the follow-up, representing 7066 person-years. Patients' mean age was 66 ± 12 years, 70% were males, and 482 (82%) had died during follow-up. Compared to those who survived, deceased patients were significantly different in many of the baseline clinical characteristics. They also showed a significantly higher SI-C values (-11 ± 25 vs. -36 ± 23 , $p < 0.0001$). The predictive value of SI-C for 24-year mortality was very good (area under the curve = 0.783, 95% CI: 0.738-0.827, $p < 0.001$). The cumulative risk was significantly higher in the upper SI-C tertile (log-rank = 162.1, $p < 0.001$). Unadjusted Cox regression survival analysis showed that the SI-C score was significantly associated with long-term all-cause mortality (HR: 2.1, 95%CI 1.8-2.3, $p < 0.0001$). Similar results were obtained with the fully adjusted model.

Conclusion: Baseline SI-C seems to be an effective and independent predictor of long-term all-cause mortality after ACS.



Mood instability and cardiovascular modification in cardiovascular disease outpatients. The ABC study on heart disease

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On behalf of The ABC Study on Heart Disease Foundation-ONLUS

Funding Acknowledgements: Type of funding sources: Other. Main funding source(s): grant from the Veneto region in Italy (Veneto Region Act no. 748, Venice, May 14, 2015)

Introduction: Mood instability (MI) is a condition characterized by unpredicted frequent fluctuations in a person's emotional state. It is a common personality trait observed in the general population, and it has been reported to be associated with a range of adverse health outcomes, and may also serve as an additional risk factor for cardiovascular morbidity.

Purpose: To assess mood instability and its effects on cardiovascular function among CVD outpatients.

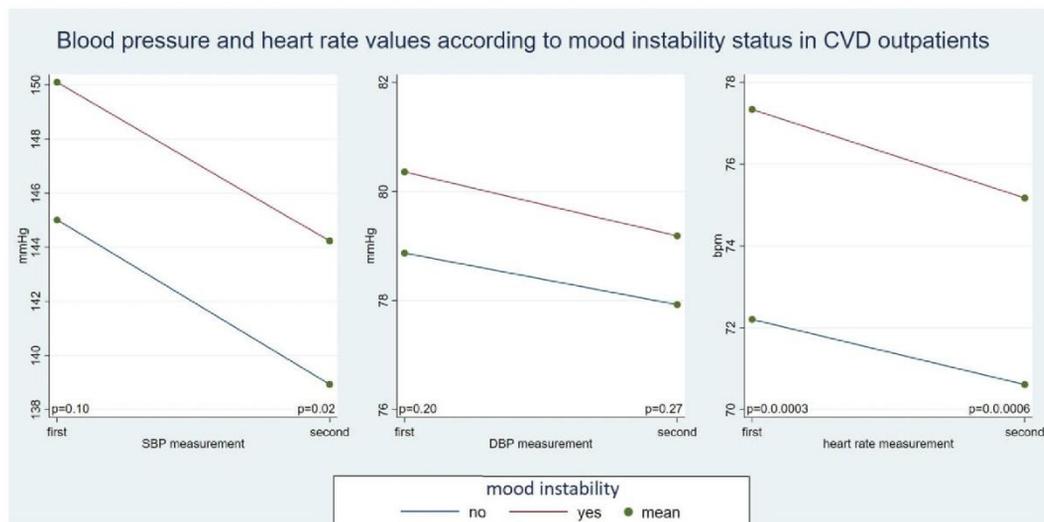
Methods: Consecutive patients who were presented to the cardiac outpatient clinic in the last 5 years were recruited and divided into 2 groups according to the presence or absence of MI symptoms based on the patient's self-assessment psycho-emotion questionnaire. Cardiovascular functions were assessed and compared between both groups.

Results: A total of 415 patients were included in this preliminary analysis. Patients' mean age was 66 ± 18 years, and 57% were males. Coronary artery diseases were registered in 93(22%) patients. 137 (33%) patients suffered mood instability symptoms, and they shared most demographic and clinical characteristics with patients who did not suffer from MI. However, males were more frequent among patients with no MI symptoms.

Interestingly, we observed a significant difference in systolic blood pressure values (SBP) between both groups, (SBP= 150 ± 23 Vs 145 ± 21 mmHg, $p=0.02$, for patients with and without MI, respectively). Yet, no difference was observed in diastolic blood pressure (DBP) values (80 ± 12 Vs 79 ± 11 mmHg for patients with and without MI, respectively, $p<0.19$). Patients with MI symptoms had also a higher heart rate (HR) (77 ± 15 bpm) than patients without symptoms (72 ± 13 bpm, $p=0.0003$).

Using multivariable linear regression models, mood instability ($\beta \pm SE= 4.3 \pm 2.2$, $p<0.049$) and age ($\beta \pm SE= 0.4 \pm 0.05$, $p<0.0001$) were independent predictors for higher SBP values. Mood instability was also independently associated with a higher heart rate ($\beta \pm SE= 5.1 \pm 1.4$, $p=0.001$). Results Kept true even stronger with repeated BP and HR measurements.

Conclusion: Our results showed that mood instability is associated with a significant increase in systolic blood pressure and heart rate values in cardiac outpatients.



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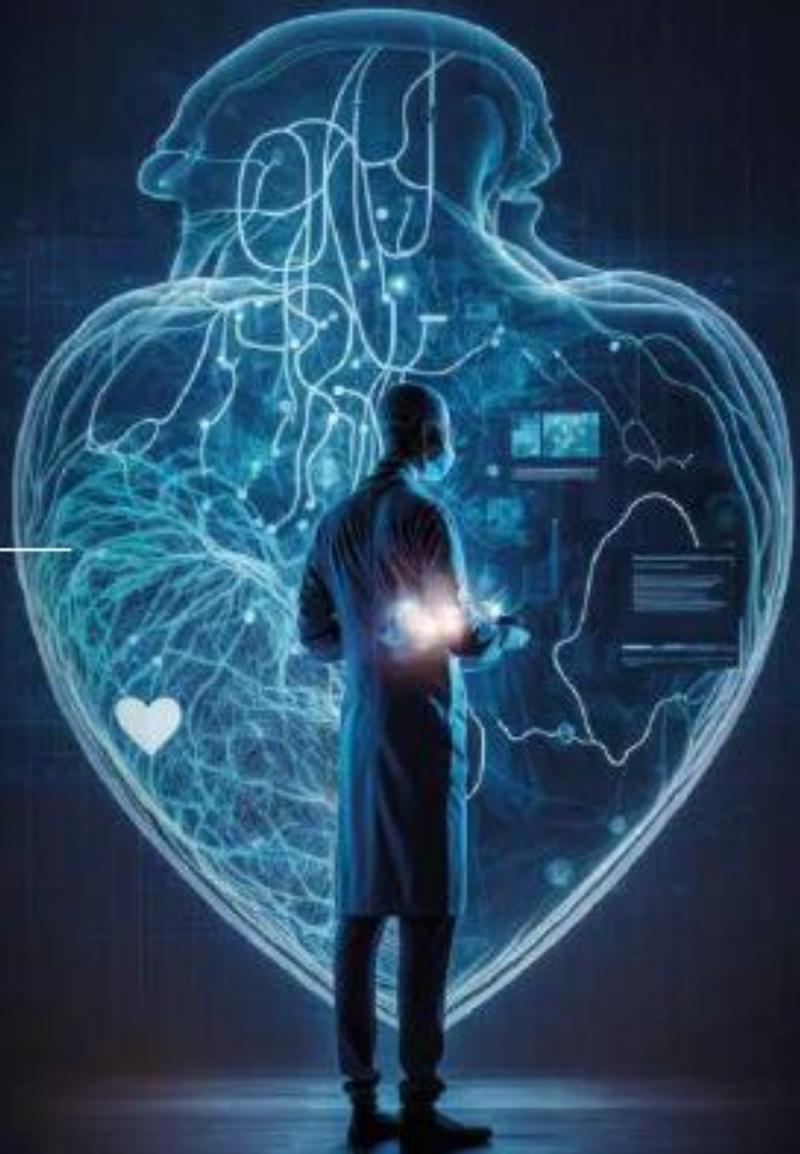
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Baseline Shock Index-Creatinine Clearance as a Predictor of Long-term Mortality after ACS.

Results from 24 years of follow-up of the ABC study on heart disease.

Dr. Giuseppe Berton, MD.

The ABC Study on Heart Disease Foundation-ONLUS.



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Edited by: Mahmoud H.T, MD, PhD.

SURVIVAL ANALYSIS

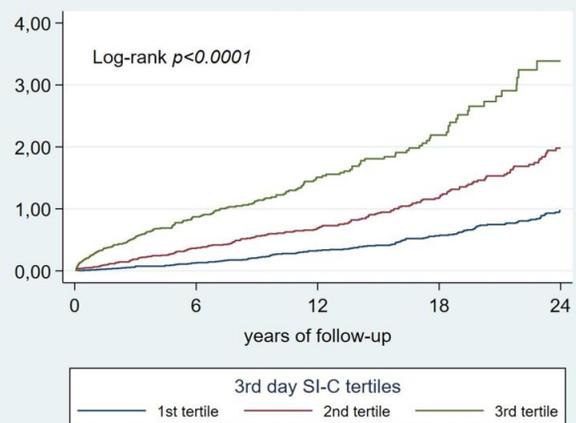
The cumulative risk

Significantly higher in the upper

SI-C tertile

Log-rank = 162.1 ($p < 0.0001$)

Nelson–Aalen cumulative hazard estimates



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Long-term Ischemic Stroke After ACS in Selected Urban and Rural Areas.

The ABC Study on Heart Disease

Dr. Giuseppe Berton, MD.

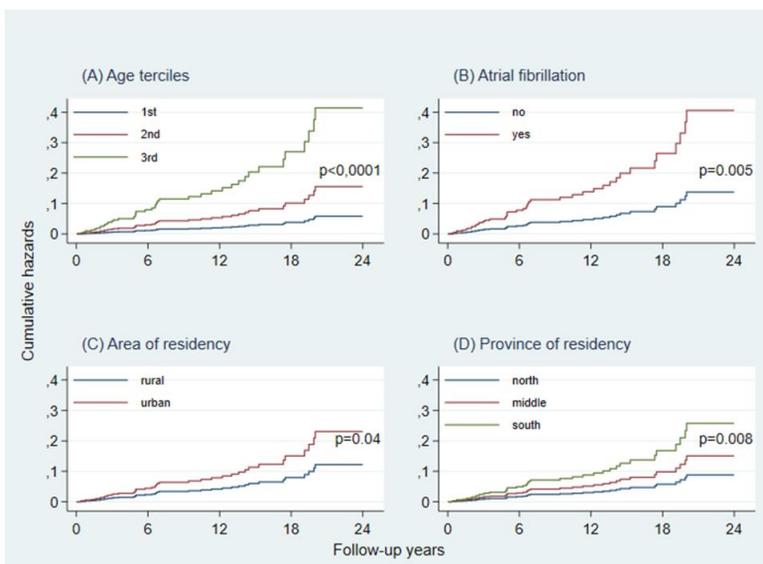
The ABC Study on Heart Disease Foundation-ONLUS.



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Edited by: Mahmoud H.T, MD, PhD.

Fully adjusted cumulative hazard function of fatal strokes by different clinical variables.



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ABSTRACT

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Progetto Regionale Neoplasie, ABC 10* Study.



Psychological stress alteration and cardiovascular modification in CVD outpatients

The ABC Study on Heart Disease

G. Berton, HT. Mahmoud, R. Cordiano, E. Se Ivestrel, R. Palmieri, D. Merotto, ML. Dario, P. Visentin, F. Bagato



REGIONE DEL VENETO



Introduction

- Psychological stress is one of the most common patient complaints.



- Its influence on the physiology of the cardiovascular system, and the etiology and outcomes of cardiovascular disease (CVD) has been the object of intense investigation.
- Current knowledge points to a “brain-heart axis” that is especially important in individuals with pre-existing CVD.



Methodology

- To evaluate psychological stress reactivity and its cardiovascular effects in CVD outpatients, we enrolled patients who presented to the cardiology clinic of Conegliano General Hospital in the last 5 years
- Based on the patient’s self-assessment psycho-emotion questionnaire, patients were divided into 2 groups according to the presence or absence of stress symptoms.



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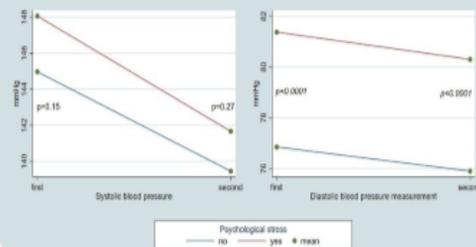
The ABC Study on Heart Disease Foundation-ONLUS Conegliano, Italy
A Veneto Region Project, AULSS 2 Treviso, Italy

<https://www.abcstudy.foundation/>

Results

- 415 patients were included.
- Patients' mean age was 66±18 years and 57% were males.
- CAD were registered in 93(22%).
- Stress symptoms in 231 (56%)**, shared most demographic and clinical characteristics with patients who did not report stress symptoms.
- However, **males were more frequent** among patients with no stress.

Blood pressure value according to psychological stress status in CVD outpatients



Multivariable linear regression models:

	$\beta \pm SE$	p
SBP		
Age	0.5±0.1	<0.0001
DBP		
male gender	2.9±1.1	0.007
psychological stress	4.3±1.1	<0.0001

- Results Kept true even with **repeated BP measurements**.

Subgroup analysis :

- Same results among non-CAD patients.
- For CAD patients, **stress was not** an independent predictor for higher BP values, fully-adjusted $\beta \pm SE$ were:

SBP (1.9±5.0, p=0.69)

DBP(3.7±22.3, p=0.10)

Conclusion

Psychological stress alterations are associated with a **significant increase in DBP**, chiefly in non-CAD-outpatients.

Volume

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The Heart of the Matter

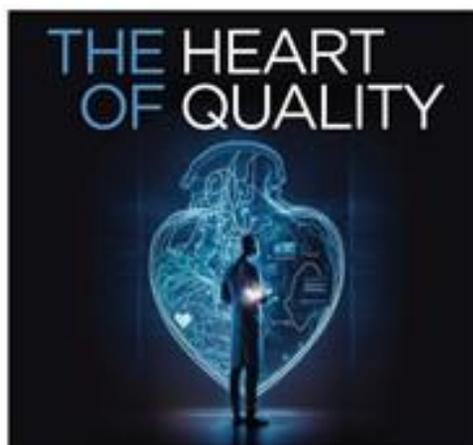
***Abstracts from the 55th Congress of
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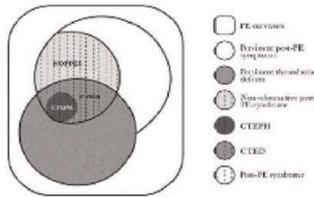
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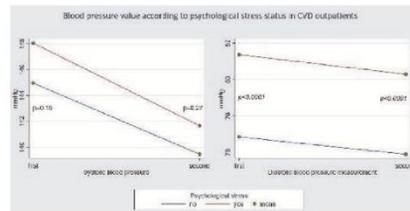
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presence or absence of stress symptoms based on the patient's self-assessment psycho-emotion questionnaire.

Results: 415 patients were included in this preliminary analysis. Patients' mean age was 66±18 years and 57% were males. Coronary artery diseases were registered in 93(22%) patients and 231 (56%) patients reported stress symptoms. They shared most demographic and clinical characteristics with patients who did not report stress symptoms. However, males were more frequent among patients with no stress. Interestingly, we observed no difference in systolic blood pressure values (SBP) between both groups, (148±21 Vs 145±23 mmHg, p= 0.15) for symptomatic and non-symptomatic patients respectively. Although, symptomatic patients had significantly higher values of diastolic blood pressure (DBP) than non-symptomatic patients, (81±10 Vs 77±11 mmHg respectively, p<0.02). Using multivariable linear regression models, age was an independent predictor for higher SBP values ($\beta \pm SE = 0.5 \pm 0.1$, $p < 0.0001$), yet male gender and psychological stress were independent predictors for higher DBP values ($\beta \pm SE$ were 2.9 ± 1.1 , $p = 0.007$ and 4.3 ± 1.1 , $p < 0.0001$) respectively). Results kept true even with repeated BP measurements, Figure 1. Subgroup analysis revealed the same results among non-CAD patients. Yet, for CAD patients stress was not an independent predictor for higher BP values, full-adjusted $\beta \pm SE$ were 1.9 ± 5.0 , $p = 0.69$ and 3.7 ± 22.3 , $p = 0.10$ for SBP and DBP, respectively.

Conclusion: Psychological stress alterations are associated with a significant increase in DBP values, chiefly in non-CAD-outpatients.



Management and Therapy

Abstract citation ID: suae036.238

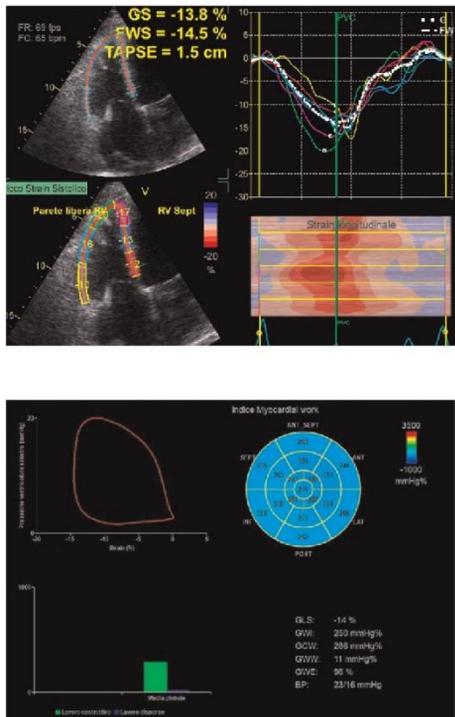
PSYCHOLOGICAL STRESS ALTERATION AND CV MODIFICATION IN CARDIOVASCULAR DISEASE OUTPATIENTS. THE ABC STUDY ON HEART DISEASE

G. Berton, H. Mahmoud, R. Cordiano, E. Selvestrel, R. Palmieri, D. Merotto, M. Dariod, and P. Visentin
 The ABC Study on Heart Disease Foundation-Onlus, Conegliano; Adria General Hospital, Adria

Introduction: Psychological stress is one of the most common patient complaints. Its influence on the physiology of the cardiovascular system, and on the aetiology and outcomes of cardiovascular disease (CVD) has been the object of intense investigation. In fact, current knowledge points to a "brain-heart axis" that is especially important in individuals with pre-existing CVD.

Aim: Evaluation of psychological stress reactivity and its cardiovascular effects in CVD outpatients.

Methods: Patients presented to the outpatient cardiology clinic of Conegliano General Hospital in the last 5 years were divided into 2 groups according to the



Abstract citation ID: suae036.056

BASELINE SHOCK INDEX-CREATININE CLEARANCE AS A PREDICTOR OF LONG-TERM MORTALITY AFTER ACS. RESULTS FROM 24 YEARS OF FOLLOW-UP OF THE ABC STUDY ON HEART DISEASE

H. Mahmoud, G. Berton, R. Palmieri, F. Cavuto, R. Cordiano, D. Merotto, M. Dario, A. Dal Bo, and F. Bagato
 The ABC Study on Heart Disease Foundation Onlus, Conegliano; Adria General Hospital, Adria; Bassano del Grappa General Hospital, Bassano del Grappa; Conegliano General Hospital, The ABC Study on Heart Disease Foundation Onlus, Conegliano

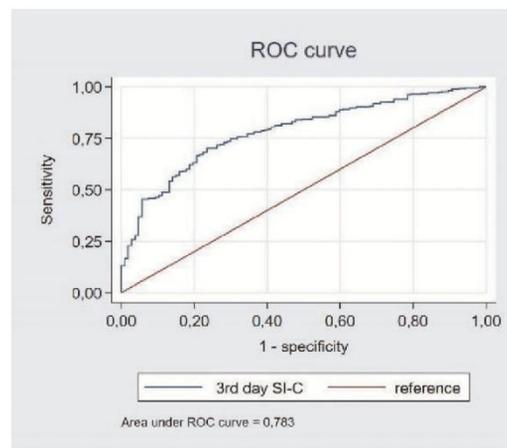
Background: Shock index (SI), defined as heart rate divided by systolic blood pressure, is a useful simple predictor of long-term mortality after acute myocardial infarction.

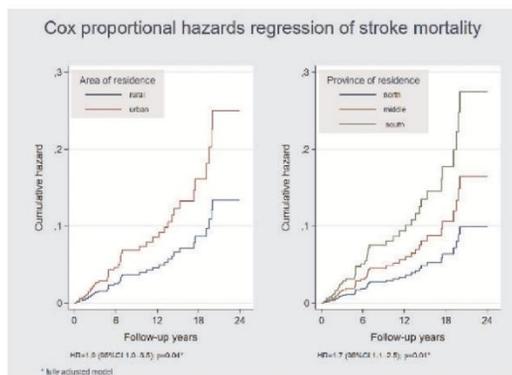
Purpose: To assess the utilization of the SI updated version that includes renal function (Shock Index-Creatinine Clearance (SI-C)) to predict long-term mortality after ACS.

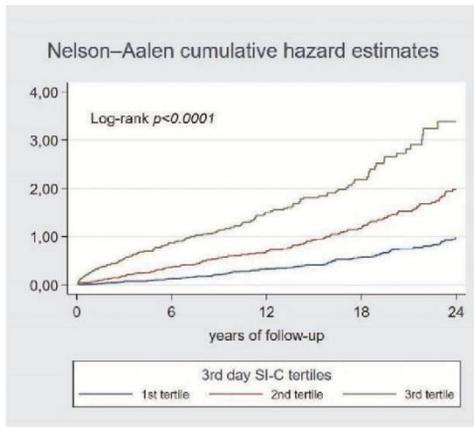
Methods: This preliminary analysis included 589 patients with ACS admitted to three Italian hospitals and discharged alive. Baseline clinical and laboratory data were collected within the first 7 days of hospitalization and SI-C was calculated as (SIx100)-estimated CCr. Patients were prospectively followed for 24 years or until death.

Results: Virtually all patients completed the follow-up, representing 7066 person-years. Patients' mean age was 66±12 years, 70% were males and 482(82%) had died during follow-up. Compared to those who survived, deceased patients were significantly different in many clinical features. They also showed significantly higher SI-C values (-11±25 vs. -36±23, p<0.0001). The predictive value of SI-C for 24-year mortality was very good (area under the curve= 0.783, 95% CI: 0.738-0.827, p<0.001). The cumulative risk was significantly higher in the upper SI-C tertile (log-rank = 162.1, p < 0.001). Unadjusted Cox regression survival analysis showed that the SI-C score was significantly associated with long-term global mortality (HR: 2.1, 95%CI 1.8-2.3, p<0.0001). A fully adjusted model revealed the same results.

Conclusion: Baseline SI-C seems to be an effective independent predictor of long-term global mortality after ACS. It may have potential as a novel and simple early risk stratification tool for ACS patients including long-term outcomes.







	Median (range)	P (log-rank)	Median (range)	P (log-rank)	Median (range)	P (log-rank)
Time to stroke (years)	0	<0.001	1.0	0.07	0.4	<0.001
Time to stroke (years)	1.8 (1.1-2.7)	<0.001	36.2 (15-102)	0.178	55.1 (15-76)	<0.001
Time to stroke (years)	0.5 (0.1-1.0)	0.39	3.7 (0.1-12)	0	3.1 (0.1-10)	0.005
Time to stroke (years)	0.6 (0.1-1.1)	<0.001	16.2 (11-23)	0	16.0 (10-23)	0.001
Time to stroke (years)	0.5 (0.1-1.0)	<0.001	15.9 (11-23)	0	16.1 (11-24)	0.001
Time to stroke (years)	1.1 (0.1-2.1)	<0.001	32.3 (21-41)	0.208	29.6 (18-35)	0.001
Time to stroke (years)	0.5 (0.1-1.0)	<0.001	17.0 (11-24)	0.778	19.1 (10-26)	<0.001
Time to stroke (years)	0.5 (0.1-1.0)	<0.001	10.9 (1-17)	0.001	12.1 (1-17)	<0.001
Time to stroke (years)	0.5 (0.1-1.0)	<0.001	11.9 (4-18)	0.774	11.4 (4-18)	0.001
Time to stroke (years)	1.1 (0.1-2.1)	<0.001	17.1 (11-27)	0.014	16.1 (11-20)	0.001

Table 1 Characteristics of CT, ST/CT and T/T patients according to the study - stratification according to stroke volume (0-2 groups) or disability (0-3 groups) at baseline (n = 1,000)

	Median (range)	P (log-rank)	Median (range)	P (log-rank)	Median (range)	P (log-rank)
Time to stroke (years)	0	<0.001	1.0	0.07	0.4	<0.001
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Time to stroke (years)	1.1 (0.1-2.1)	<0.001	17.1 (11-27)	0.014	16.1 (11-20)	0.001

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LONG-TERM ISCHEMIC STROKE AFTER ACUTE CORONARY SYNDROME IN SELECTED URBAN AND RURAL AREAS. THE ABC STUDY ON HEART DISEASE

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Background: Little is known about the long-term risk of stroke among acute coronary syndrome (ACS) survivors.

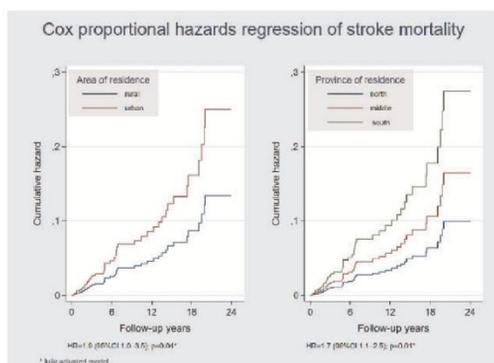
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Methods: In this prospective study, we enrolled 535 ACS patients admitted to hospitals in three provinces in the Veneto region of Italy, discharged and followed for 24 years or death. The patient's residency was classified into three urban and rural areas.

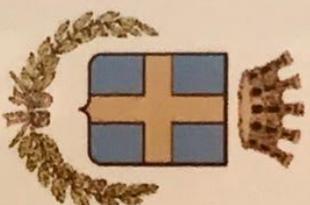
Results: All patients completed the follow-up (6142 Person-years). 85 (16%) patients suffered an acute stroke. Patients median age was 67 years, 70% were male, and 318 patients were residing in rural areas. Patients who had a stroke and those who had not shared most of the demographic and clinical characteristics. The incidence rate of overall stroke was 14/1000 person-year. Cox analyses showed older age (HR 3.13;95%CI 2.31-4.26), male gender (HR 1.88;95%CI 1.20-2.95), baseline diabetes (HR 2.25;95%CI 1.37-3.69), heart failure (HR 2.69;95%CI 1.71-4.24), and higher albumin/creatinine ratio (HR 1.75;95%CI 1.33-2.30) were all associated with an increased risk of stroke, while higher baseline eGFR, reperfusion, statin and beta-blockers treatment during follow-up were associated with a decreased risk; HR (0.55 (95%CI 0.42-0.72), 0.45(95%CI 0.29-0.71), 0.21(95%CI 0.13-0.34), and 0.37(95%CI 0.23-0.57), respectively). In the multivariate analysis, only older age (HR1.55;95%CI 1.08-2.21; $p=0.02$) was an independent predictor of stroke while statin treatment was independently associated with a lower risk (HR 0.35;95% CI 0.21-0.58; $p<0.0001$). However, all these variables did not predict the risk of stroke in competing risk regression analysis where death was treated as the competing event. A sub-analysis of the 43 patients who had a fatal stroke (FS) revealed 7/1000 person-year FS IR. The Cox regression and competing risk analyses of predictors of FS showed similar results. Interestingly, we observed an association between geographic areas of residence and the long-term FS risk as the risk increased going from rural to urban (HR 2.08;95%CI 1.14-3.80; $p=0.02$) areas and from north to middle and south provinces (HR 1.47;95%CI 1.00-2.15; $p=0.04$) in the univariate Cox regression analysis.

Results: kept true using multivariate Cox and Competing risk regression models.

Conclusion: This analysis reveals the significant urban-rural difference in the long-term risk of fatal stroke among unselected ACS patients which highlights the importance of implementing a preventive policy based on area-specific knowledge.



Conegliano research award dec 2024



Città di Conegliano

Un riconoscimento al Fondatore-Presidente
della ABC HEART DISEASE FOUNDATION ONLUS
e ai suoi Collaboratori per i risultati ottenuti
a livello Nazionale e Internazionale
nei Progetti Filantropici di Prevenzione e Ricerca Scientifica
principalmente nel campo della malattia coronarica e neoplasie.

Il Sindaco
Fabio Chies

Conegliano, 19 dicembre 2024

Prevenzione cardiovascolare screening per 200 studenti

CONEGLIANO

Come nell'educazione, anche nella salute è meglio prevenire per evitarne le possibili diverse conseguenze anche tragiche. Una targa di riconoscimento, per l'opera meritoria che svolge nel nostro territorio, è stata consegnata ieri in municipio dal sindaco Fabio Chies alla ABC Study on Heart Disease Foundation ETS. È una fondazione nata nel 1992 da medici e operatori sanitari degli ospedali di Adria, Bassano, Conegliano e Padova, portando avanti un progetto di ricerca finalizzato a studiare gli effetti a lungo termine della malattia coronarica e alla promozione della prevenzione cardiovascolare neoplastica.

DIAGNOSI PRECOCI

Con lo screening si può anticipare anche nei giovani la diagnosi di patologie che si manifesteranno con l'avanzare dell'età. In Fondazione da molti anni si fa un grande lavoro di statistica avanzata, soprattutto sull'analisi della sopravvivenza nel postinfarto. Sostenuta dall'Usl 2 Marca Trevigiana, che ha messo a disposizione gli spazi necessari, la sede si trova al quarto piano dell'ospedale De Gironcoli in via Manin, che ospita altri importanti servizi, ed è guidata dal dottor Giuseppe Berton, affiancato da diversi medici e volontari, compresi alcuni studenti universitari. «I nostri obiettivi - ha spiegato il dottor Berton - sono di dare impulso alla ricerca scientifica indipendente, promuovere progetti di prevenzione cardiovascolare



IN MUNICIPIO Il riconoscimento alla ABC Study on Heart Disease

nel nostro territorio, stimolare l'attenzione del cittadino verso la propria salute, con finalità scientifiche e filantropiche».

LA CAMPAGNA

Lo scompenso cardiaco e il rischio a lungo termine di malattia neoplastica possono essere individuati anche in giovane età e sono una delle principali cause di morte, ed è per questo che è stato avviato tale progetto di prevenzione. Nel corso di quest'anno la Fondazione ha intrapreso nel nostro territorio due campagne di screening cardiovascolare

UNA TARGA DI RICONOSCIMENTO CONSEGNA IERI ALLA FONDAZIONE DI MEDICI PER L'ATTIVITA' SVOLTA

con finalità di ricerca scientifica e promozione della prevenzione della salute, comprensive di parametri cardiovascolari, psicologici ed esami strumentali, quali ECG, su un campione di pazienti sia di giovane età che adulti. Hanno riguardato 115 membri dell'Associazione di mutuo soccorso NoiXNoi della Banca Prealpi-San Biagio di Tarzo e 211 studenti e studentesse del Liceo Marconi di Conegliano, sottoposti a screening cardiovascolare. «Facciamo queste cose - ha evidenziato Berton - per tentare di costruire delle idee, dei pensieri nuovi a beneficio dei pazienti e del nostro territorio. Ci siamo basati su un metodo rigoroso e siamo stati riconosciuti dalla comunità scientifica internazionale. L'obiettivo principale dei nostri progetti è di stimolare l'attenzione verso la propria salute e dare impulso anche alla ricerca scientifica indipendente».

Giampiero Maset

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L'attività di Abc Heart disease foundation Ricerca e prevenzione anche per gli studenti

L'INIZIATIVA

Quasi 800 pazienti colpiti da infarto seguiti nell'arco di 26 anni, con l'obiettivo di studiare gli eventi clinici maggiori nel tempo e i marcatori di rischio. Tanta ricerca scientifica portata in giro per il mondo, nei convegni medici di settore più importanti. E, nel 2024, due screening cardiovascolari (per la ricerca e per la

promozione della prevenzione della salute), uno con 211 studenti del liceo Marconi di Conegliano e uno con 115 soci dell'associazione di mutuo soccorso NoixNoi, legata a Banca Prealpi SanBiagio (che ne è sostenitore).

Questo e molto altro è Abc Heart disease foundation, con sede a Conegliano nell'ospedale De Gironcoli e presieduta dal dottor Giuseppe Bertoni. Ieri, in municipio, alla presenza del sindaco Fabio

Chies e dell'assessore alla cultura Cristina Sardi, Bertoni, accompagnato da collaboratori e sostenitori, ha ricordato la storia dell'associazione, nata nel 1992 da medici e operatori sanitari di Adria, Bassano, Conegliano e Padova. Oggi è un progetto di ricerca scientifica in collaborazione con la Regione e con l'Urss2.

«L'obiettivo principale di questi progetti è di stimolare l'attenzione verso la propria salute e dare impulso anche alla ricerca scientifica indipendente, mettendo in campo iniziative di prevenzione cardiovascolare nel nostro territorio», ha detto Bertoni. Uno studio sullo scompenso cardiaco e il rischio a lungo termine di malattia neoplastica, ha preso in considerazione, in 24 an-

ni, 741 pazienti (tra la provincia di Rovigo, Bassano e Treviso), riscontrando che tra i 572 dimessi a seguito di sindrome coronarica acuta, 103 hanno sviluppato una neoplasia. Sono in fase di elaborazione i risultati dei dati sugli screening cardiovascolari di quest'anno (l'82% degli studenti del Marconi pratica sport, mentre tra gli adulti di NoixNoi solo il 26% lo fa, per esempio), che hanno permesso di fare un elettrocardiogramma ai partecipanti e tutta una serie di altre misurazioni e valutazioni con questionari. «La malattia del cuore non è solo l'infarto, ma tanto altro, partendo dai fattori di rischio – ha concluso Bertoni – quindi conoscenza e prevenzione sono fondamentali». — S.B.