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ABSTRACTS

# 01—Coronary artery disease

## JE19-116

## Comparison of the GRACE, HEART and TIMI scores to predict one-year mortality in NSTE-ACS Algerian patients

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*Background* The risk stratification in NSTE-ACS is the primordial step of the management.
*Purpose* The performance of the GRACE, HEART and TIMI scores were compared in predicting one-year mortality in NSTE-ACS patients presenting at our cardiology department, in particular their ability to identify patients at low-risk.
*Methods* NSTE-ACS patients presenting at our cardiology department were included. The primary outcome was mortality within one year. The GRACE, TIMI and HEART score were calculated based on prospectively collected data. Performance of the scores was compared by calculating AUC curves. Additionally, the number of low-risk patients identified by each score was compared at a fixed level of safety of at least 95% sensitivity.
*Results* In total, 296 patients were included. The AUC of GRACE, TIMI, and HEART were 0.76 (95% CI: 0.68—0.85), 0.78 (95% CI: 0.67—0.89) and 0.79 (95% CI: 0.69—0.89), respectively (all differences in AUC highly statistically significant) (Fig. 1). At an absolute level of safety of at least 95% sensitivity, the GRACE score identified 83 patients as ''low-risk'' in which mortality was zero; the TIMI score identified 56 patients as ''low-risk'' with 1.8% one year mortality. The HEART score identified 4 patients as ''low-risk'' in which mortality was zero.
*Conclusions* The Grace, TIMI and HEART scores were similar in discriminating between those with and without one-year mortality in NSTE-ACS patients, but the Grace score identified the largest group of low-risk patients at the same level of safety.

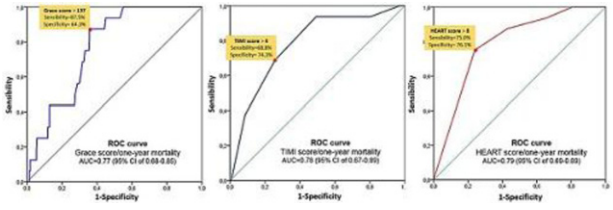


*Fig. 1* Risk scores/one-year mortality.

*Disclosure of interest* The authors declare that they have no competing interest.

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## JE19-167

## OCT analysis of early endothelialization of the Synergy stent in young non-ST segment elevation acute coronary syndrome. The OCT EROS study

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*Introduction* Early healing of the struts is a major challenge to reduce the risk of late stent thrombosis (LST), and for decreasing the duration of dual antiplatelet therapy (1 or 3 months), in patients high risk of bleeding. The bioresorbable polymer everolimus eluting stent (EES) SYNERGY, new generation of stent, has biocompatibility and mechanical properties, allowing complete strut coverage throughout the entire length of the stent at 3 months, in humans, resulting in a low rate of LST. Optical Coherence tomography analysis (OCT), which provide the best spatial resolution, is the method of choice to evaluate early healing of the strut.
*Purpose* To estimate the early healing of the strut at 1 month after implantation of the EES, using OCT analysis, in patients admitted for acute coronary syndrome without ST segment elevation.
*Material and methods* This was a prospective and mono-centric study performed at the university hospital the North of Marseille. The patients eligible had to benefit from complementary angioplasty at 1 month after implantation of the EES for the culprit lesion of the acute coronary syndrome. An OCT of EES implanted was performed.
OCT analysis and proofreading of coronary angiography were achieved by 2 physicians practicing these tests on daily basis.
The primary study endpoint was the percentage of uncovered struts in OCT imaging, at 1 month (Fig. 1).
*Results* Twenty-four patients were included between December 2016 and February 2018. The percentage of uncovered struts was $21{,}48 \pm 10\%$ of 3849 struts analyzed.
The neointimal thickness facing covered struts was $0{,}0508 \pm 0{,}016$mm.
At follow-up, no ischemic event was reported, however, one death by hemorrhagic stroke was identified.