

MACE Score, $p < 0.05$. The clinical Syntax Score achieved the highest correlation, $R = 0.852$, $p < 0.001$, followed by Clinical Plaque Score and Plaque Score, $R = 0.742$ and $R = 0.746$. After the stepwise regression analysis only Clinical Plaque Score remained in the regression equation, $R = 0.893$, $R \text{ square} = 0.798$, Adjusted $R \text{ square} = 0.764$.

Conclusions Clinical Plaque Score accurately predict MACE.

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PREDICTION OF MAJOR ADVERSE CARDIAC EVENTS BY CLINICAL PLAQUE SCORE

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Objectives Major adverse cardiac events (MACE) often occur suddenly resulting in high mortality and morbidity. A modified clinical coronary plaque score system incorporating both clinical variable and plaque variables may improve the accuracy of prediction.

Methods The patients who underwent Coronary CT Angiography (CCTA) from Jan.2008 to Feb.2010 were included in the study. The hospital data base was screened for patients who later developed acute ST elevated myocardial infarction (STEMI) or non ST elevated acute myocardial infarction (NSTEMI) or cardiac death. The plaque score system was established to quantify the lesions severity. The plaque score and the clinical variable were compared against the clinical MACE Score. Two-way analysis of variance and Pearson correlation were performed.

Results A total of 8557 consecutive cases of CCTA were performed in the institution. Among them 25 patients was found to develop MACE after CCTA, including 6 cases of deaths, 2 cases of heart failure, 11 cases of STEMI and 6 cases of NSTEMI. The clinical variables of haemoglobin, creatine, Grace Score, age, IVED, AF and Killip classification were closely related to Clinical