Conclusions Complete revascularisation in a primary coronary aetiology OOHCA group is associated with reduced early and long-term mortality, which may be driven by a reduction in cardiac deaths. Prospective randomised trials in this population are warranted.

Conflict of Interest None
year a total of 253 (24.5%) patients had died. The Kaplan-Meier curves in figure 1 demonstrate a positive association between mortality and increasing hs-cTnI concentrations relative to the ULN. Specifically, using the log-rank test, the mortality at one year was significantly higher (p<0.001) in patients with hs-cTnI concentrations above the ULN. Furthermore, on multivariable Cox regression analysis, the log(10)hs-cTnI concentration was independently associated with the hazard of one year mortality (hazard ratio 1.587 (95% confidence interval 1.358 – 1.856)).

Conclusions These data suggest that admission hs-cTnI is a biomarker for one year mortality in critical care patients. Further work is now required to assess whether any medical intervention can alter this risk.

Conflict of Interest All of these assays used in our studies were provided by Beckman Coulter but they had no other role in the studies

47 RETROSPECTIVE ANALYSIS OF THE IMPACT OF FULL VS CULPRIT ONLY REVASCULARISATION IN OCTOGENARIANS WITH MULTI-VEssel CORONARY ARtery DISEASE
Nicolas Buttinger, Jonathan Smith, Adam de Belder. Brighton and Sussex University Hospitals NHS Trust, Brighton, UK
10.1136/heartjnl-2021-BCS.47

Objectives The aim of this study was to evaluate all-cause mortality in patients aged greater than 80 years old with multi-vessel (MV) coronary artery disease (CAD) presenting with an acute ST segment elevation myocardial infarction (STEMI) and the impact of culprit only (CORV) versus full revascularisation (FRV).

Background Current European Society of Cardiology (ESC) guidelines recommend FRV either during the index procedure or as a staged approach in patients presenting with STEMIs and found to have MV CAD. A recent meta-analysis demonstrated a 31% relative risk reduction in cardiovascular mortality in patients undergoing FRV. The average age of patients in the trials that have directed these guidelines is 61-65 and therefore their applicability to the elderly is questionable.

Methods This is a retrospective cohort study of patients presenting with a STEMI to the Royal Sussex County Hospital between January 2009 and December 2019. Groups were defined as those less than or greater than 80 years old and subdivided into those with single vessel (SV) or MV CAD. Group baseline characteristics were compared and the time to all-cause mortality from index procedure was assessed for each group. Logrank tests / cox-regression models were used for survival analysis and chi-squared tests for categorical data. Significance level = < 0.05.

Results 2809 eligible patients were identified during the study period. In those less than 80 years old (2418 patients) 1751 patients had SV CAD and 647 (26.8%) had MV CAD. Of those with MV CAD, 81 (12.5%) underwent FRV. In patients greater than 80 years old (391 patients) 247 patients had SV CAD and 144 (36.8%) had MV CAD of which 19 (13.2%) had FRV. Patients greater than 80 years old were significantly more likely to have MV CAD compared with patients less than 80 years old (p<0.0001). There was no significant difference between the two groups in the number of patients with MV CAD undergoing FRV (p=0.78). Patients less than 80 with MV CAD had a significantly higher mortality rate than those with SV CAD (HR 1.47 [95% CI 1.13-1.91], p=0.004). (Figure 1B). Whereas in patients greater than 80 years old