placed under-expanded stent and 11% had severely calcified ISR. Procedural success was high (94%), however, reasons for failure/abandonment included: (i) intra-procedural ischaemia with significant residual stenosis, (ii) prolonged procedural time, ischaemia and resistant stent under-expansion and (iii) prolonged procedural time, dissection with no-reflow, in the setting of a chronic total occlusion (CTO).

Complications Included Coronary dissection (13%) of which the majority were successfully treated with conservative measures and coronary perforation (2%) which was treated with prolonged balloon inflation. At a mean follow up of 10 months, 23% underwent planned/staged-PCI, 4% underwent CABG and there were 2 (4%) deaths. There was a 51% reduction in CCS angina class from 2.9 (prior to IVL) to 1.4 (post IVL), p<0.00001.

Conclusions The use of coronary IVL is a very effective percutaneous therapy for severe CAC. This cohort shows high procedural success with IVL and a significant reduction in CCS angina class at follow-up.

Abstracts

37 PREDICTIVE VALUE OF NORMAL HIGH-SENSITIVITY TROPONIN FOR SIGNIFICANT CORONARY ARTERY DISEASE IN NEW ATRIAL FIBRILLATION
Z Butt, G Fitzgerald, F O’Herlihy, G O’Dea, A Casey, E McCrohan, S Quinn, K Hewitt, R Sheahan. Beaumont Hospital, Beaumont Rd, Dublin, D09V290, Ireland
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Background High-sensitivity troponin T (hsTNT) levels are often measured in patients who present with new-onset atrial fibrillation. The significance of an elevated hsTNT level in this clinical context has been examined at length. The implications of a normal hsTNT level in this scenario, meanwhile, are not as clearly understood.

Aims We aimed to examine the rate of significant coronary artery disease at angiography, or abnormal non-invasive investigations, in those patients with newly-diagnosed atrial fibrillation who presented with a normal high-sensitivity troponin. From this data we sought to describe the negative predictive value of a normal hsTNT for significant underlying coronary disease in this population.

Methods We examined all patients presenting with new-onset atrial fibrillation over a 6-month period in a single centre after the adoption of a high-sensitivity troponin assay. We