Objectives To evaluate the relationship between CIMT, MA, atherosclerosis extent and CV event rates in patients with established atherosclerosis.
**Methods** Baseline mean-CIMT and MA was assessed in 149 polyan- 
vascular atherosclerosis patients with angiographic arterial stenosis 
≥50%, who underwent revascularisation procedure in ≥1 arterial 
territory, and in 40 control subjects without significant lesions.

**Results** For CIMT≥1.38 mm (≥3rd quartile), the sensitivity and speci-
cicity of ≥3-territory involvement were 90.0% and 82.6%. 
MA≥6.85 mg/dl (≥3rd quartile), the sensitivity and specificity of ≥2-
territory involvement were 54.9% and 83.3%. CV events occurred in 
104 subjects. The Kaplan-Meier 2-year CV event-free survival was 
93.9% and 95.7%; 95.7% and 89.6%; 73.9% and 72.3%; 59.6% and 
66% in patients with mean-CIMT and MA values in the 1st; 2nd; 3rd 
and 4th quartile. The multivariable Cox proportional hazard model 
identified: mean-CIMT ≥1.38 mm (RR=1.83; CI 1.049 to 3.196; 
p<0.001), MA≥6.84 mg/dl (RR=0.99; CI 0.576 to 1.703; p<0.001). 
Inclusion of CIMT into the stratification model significantly improved 
the prediction of CV event risk (Δχ²=7.098, p<0.001) whereas the 
impact of the MA is not significant (Δχ²=0.002, p<0.001).

**Conclusions** In patients undergoing revascularisation procedure(s), 
CIMT has an important and independent contribution to further CV 
risk stratification. The mean-CIMT value ≥1.38 mm is associated 
with 1.8-fold increased risk of adverse CV events and the MA value 
≥6.85 mg/dl is associated with nearly 1-fold increased risk of adverse 
CV events.