

Malignancy Onset After Acute Coronary Syndrome: Geographic distribution. The ABC-7* Study on Heart Disease.

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Background:

• Our previous (ABC-4*) study, reported a higher incidence of neoplasia in patients long after ACS compared to the general population

Purpose:

To investigate the possible difference in neoplastic incidence in 6 geographic areas in Veneto region.

Methods:

- 527 patients admitted with ACS to hospitals in province of Treviso, Vicenza and Rovigo then discharged alive and free from malignancy.
- Neoplasia were recorded prospectively.
- Residency was divided into 6 areas: 3 urban areas (North, middle and south areas) and 3 nearby rural areas in each province.

Results:

- Patients completed 22 years of follow-up virtually without drop-outs.
- 54% were living in rural areas.
- No difference in most of clinical characteristics between urban and rural residents.
- 106 (20%) patients developed neoplasia during follow-up.
- Total follow-up years= 5698 person-years.
- The incidence rate (IR) of malignancy was 18.6 /1000 person-years and it was lower in urban compared to rural areas (16 and 21/1000 person-years, respectively)

| | Unadjusted model | | | Fully adjusted model* | | |
|--|------------------|-----|-------|-----------------------|-----|-------|
| Cox regression analysis (n=526) | HR (95%CI) | Z | Р | HR (95%CI) | Z | Р |
| Urban-rural areas | 3.0(1.5-6.2) | 3.1 | 0.002 | 3.2(1.6-6.6) | 3.2 | 0.001 |
| North-south provinces | 1.3(1.0-2.0) | 1.5 | 0.14 | 1.4(1.0-2.1) | 1.8 | 0.08 |
| Interaction (urban/rural areas & south to north provinces) | 2.1(1.3-3.5) | 3.1 | 0.002 | 2.2(1.4-3.6) | 3.2 | 0.001 |

ijusted for age, gender, smoking, alcohol consumption, education level, baseline serum cholesterol, presence of heart failure at admission.



Conclusions:

• This prospective study of unselected real-world patients showed a significant geographic difference in malignancy risk with the highest risk in the north-rural area in lifelong ACS patients.