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EPIDEMIOLOGY/PREVENTION 1

P45 RISK OF SUDDEN DEATH AND MALIGNANT NEOPLASIA IN PATIENTS AFTER ACUTE CORONARY SYNDROME (20 YEARS OF FOLLOW UP)

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Coronary heart disease and malignancy are major health problems worldwide. The relationship between the two diseases is not well known because of lack of long-term studies that consider them both.

Purpose: In this brief preliminary report we attempt to verify the incidence of malignancy and neoplastic death, and to compare them with the incidence of sudden death (SD) after acute coronary syndrome (ACS).

Methods: Hospitals participating in the project are: Adria, Bassano del Grappa, Conegliano, and University of Padua hospitals. Patients studied: 634 admitted with ACS. 589 patients discharged alive. 571 patients were free from neoplasia at enrolment. Follow up completed: 20 years virtually without drop-outs.

Results: During follow-up, 86 patients died of SD. The crude incidence was 14.6%. The incidence rate was 13 cases/1000 person-years. These data were consistent with the international scientific literature. All malignant neoplasms were recorded prospectively during the follow-up. 130 patients with malignant neoplasia (pre and post-ACS). 17 patients with pre-existing malignancy, 15 (88.3%) patients of them died during follow-up. 113 (19.8% of 571 patients who were discharged alive without neoplasia) developed the disease later. Of them, 92 (81.4%) patients died during the follow-up. Patients with pre-existing malignancies were excluded and second neoplasms were not considered in the analysis (data still to be evaluated). The crude incidence of malignancy was 19.8% and the incidence rate was 17.1 cases/1000 person-years. For neoplastic death, the crude incidence of was 16.1% and the incidence rate was 13.9 cases/1000 person-years.

Conclusion: The incidence of malignancy and neoplastic death over 20 years of follow-up after ACS are greater than the incidence of SD. The incidence data for pre-existing and second neoplasms should also be considered.

Risk of Sudden Death and Malignant Neoplasia in Patients After Acute Coronary Syndrome (20 years of follow up).