Conclusion: These findings flag clinical concern regarding the relative non-culprit nature of the coronary arteries in MINOCA presentations. Efforts towards improved medical management are needed to eliminate further infarct presentations.

Reported Cases

Q Fever Endocarditis: A Review of 135

Reports of patients with Q fever endocarditis was performed. Doxycycline and Hydroxychloroquine was the most common antibiotic with 99% of cases confirmed with serology. Doxycycline was documented. The data show that 78% of patients were male with an average age of 51 years. Native valve abnormalities or the presence of prosthetic cardiac material was present in 84% of patients. Over 76% of patients had a documented history of significant contact with animals or travel. Only 6.5% cases demonstrated positive blood culture for Coxiella Burnetii with 99% of cases confirmed with serology. Doxycycline and Hydroxychloroquine was the most common antibiotic treatment regimen with an average length of treatment of 36 months, 71% of patients required surgery and 23 (17%) deaths were documented. Although most pts had a qualifying CV event (atherosclerotic cardiovascular (CV) event) can impact prognosis, but whether timing influences sodium glucose co-transporter 2 inhibitor effects is unknown. We explored the association of time from last qualifying CV event before randomization (myocardial infarction [MI], stroke, coronary artery disease or peripheral arterial disease) with CV outcomes and benefit of empagliflozin (EMPA) in EMPA-REG OUTCOME. Methods: Patients (pts) were randomised to EMPA 10 mg, 25 mg or placebo and followed for 3.1 years (median). Risk of major adverse CV events (3P MACE: CV death, MI, stroke) and CV death or hospitalisation for heart failure (HHF) were evaluated using Cox regression in subgroups of ≤1/>1 year since last qualifying CV event. Qualifying event stratification was possible in 6796 (97%) pts.

Results: In the overall population, N = 6796 (4547 EMPA and 2249 placebo pts), median (Q1, Q3) time from last CV event was 3.8 (1.5–7.6) years. Overall, 1214 (EMPA 841; placebo 373) and 2249 placebo pts), median (Q1, Q3) time from last CV event was 3.8 (1.5–7.6) years. Overall, 1214 (EMPA 841; placebo 373) and 5582 (EMPA 3706; placebo 1876) pts had a last qualifying CV event ≤1 and >1 year, respectively. Pts with more recent events had similar risk for CV outcomes compared with pts >1 year from qualifying event. Moreover, the benefit of EMPA on CV outcomes was consistent between pts enrolled ≤1 or >1 year from the qualifying CV event (all p-interaction >0.05).

Conclusion: Although most pts had a qualifying CV event >1 year before randomisation in EMPA-REG OUTCOME, the benefits of EMPA appear to extend to pts with more recent CV events.

http://dx.doi.org/10.1016/j.hlc.2019.06.415

http://dx.doi.org/10.1016/j.hlc.2019.06.416

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Qualifying Event Proximity, Cardiovascular Risk, and Benefit of Empagliflozin in Patients with Type 2 Diabetes and Stable Atherosclerosis in the EMPA-REG OUTCOME Trial

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http://dx.doi.org/10.1016/j.hlc.2019.06.417

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Value of EMPA on CV outcomes was consistent between pts enrolled ≤1 or >1 year from the qualifying CV event (all p-interaction >0.05).

Conclusion: Although most pts had a qualifying CV event >1 year before randomisation in EMPA-REG OUTCOME, the benefits of EMPA appear to extend to pts with more recent CV events.

http://dx.doi.org/10.1016/j.hlc.2019.06.417