Abstracts

**Conclusion:** Invasive assessment of LF-LG AS is an alternative to accurately assess the true severity of AS and guide appropriate management to improve long term outcomes.

http://dx.doi.org/10.1016/j.hlc.2019.06.642

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Is STS Score Enough to Predict Appropriate High-risk Surgical Patient for TAVI

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Objective: To determine if STS score alone can predict high-risk surgical patients for TAVI.

Method: Patients undergoing TAVI were stratified by sex. We evaluated 1-year mortality and rates of readmissions.

Results: Of 5004 patients (24.2% women) having PCI for ACS from Nov2008 - Jan2018. Women were older (71.7 ± 11.0 vs 66.8 ± 11.2 years p < 0.001), with more hypertension (79.1% vs 69.4% p < 0.001), vessel < 2.5mm (30.8% vs 21.3% p < 0.001), AF (16.4% vs 12.8% p < 0.019) but lower rates of smoking (39.6% vs 61.4% p < 0.001), multivessel disease (39.5% vs 46.8% p < 0.001) or radial PCI. At 1-year women had a trend for higher rates of death and significantly greater rates of readmissions than men (aOR 1.37, 1.11-1.66, p = 0.003).

Conclusion: Women undergoing PCI for ACS, demonstrate differing baseline characteristics and higher rates of mortality as well as readmissions at 1 year than men. This indicates a need for improved treatments for women undergoing PCI.

http://dx.doi.org/10.1016/j.hlc.2019.06.643

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Is there a Mortality Hazard for Women after Percutaneous Coronary Intervention for Acute Coronary Syndrome? Analysis of the GenesisCare Outcomes Registry

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Objective: To determine if sex affects outcomes for women undergoing PCI. We evaluated differences in baseline characteristics, treatment and outcomes for percutaneous coronary intervention (PCI) in women and men.

Method: Patients undergoing PCI were stratified by sex. We evaluated 1-year mortality and rates of readmissions.

Results: Of 5004 patients (24.2% women) having PCI for ACS from Nov2008 - Jan2018. Women were older (71.7 ± 11.0 vs 66.8 ± 11.2 years p < 0.001), with more hypertension (79.1% vs 69.4% p < 0.001), vessel < 2.5mm (30.8% vs 21.3% p < 0.001), AF (16.4% vs 12.8% p < 0.019) but lower rates of smoking (39.6% vs 61.4% p < 0.001), multivessel disease (39.5% vs 46.8% p < 0.001) or radial PCI. At 1-year women had a trend for higher rates of death and significantly greater rates of readmissions than men (aOR 1.37, 1.11-1.66, p = 0.003).

Conclusion: Women undergoing PCI for ACS, demonstrate differing baseline characteristics and higher rates of mortality as well as readmissions at 1 year than men. This indicates a need for improved treatments for women undergoing PCI.

http://dx.doi.org/10.1016/j.hlc.2019.06.644