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# ABSTRACTS PRESENTED AT

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## 109281

**MODALITY: E-POSTER RESEARCHER - NON-CASE REPORT**
**CATEGORY: PERICARDIUM/ ENDOCARDIUM/ VALVOPATHIES**

**TITLE: INFECTIVE ENDOCARDITIS IN HEMODIALYSIS PATIENTS**

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Background: Infective endocarditis (IE) is one of the most dreaded infectious complications in hemodialysis (HD) patients. Methods: Descriptive analysis of HD and non-HD patients with IE. Results: Of the 505 patients (540 episodes) admitted to university hospital between 1978-2021 with definite IE according to the modified Duke criteria, 54 patients (57 episodes) had undergone HD and 451 (483 episodes) had not. Vascular access for HD was central catheter in 75.4% and 49,1% had arteriovenous fistula but some of them with fistula failure. The mean age of HD patients was not statistically different from that of non-HD patients (47.5 vs 43.3, p 0.117). More female gender (57.9% vs. 34.6%, p = 0.001) was observed in HD patients. Diabetes mellitus was significantly more frequent in the HD-patients (36.8% vs. 6.6%, p < 0.001), while intravenous drug use (0% vs 13.9%, p 0.029) and prosthetic valve (7.0% vs 20.7%, p 0.013) were more commonly in non–HD-patients. The mitral valve was the most affected (50.9% vs 51.1%, p 0.773), followed by aortic valve (38.6% vs 43.1%, p 0.416) and tricuspid valve (19.3% vs 13.3, p 0.212). The proportion of Enterococcus spp. was significantly higher in HD group than in non-HD group (33.3% vs. 5.4%, p < 0.001). Staphylococcus aureus was the second most frequent one (29.8% vs 22.0%, p 0.183). Valve replacement for active IE was less frequently performed among HD patients but without statistical significance (35.1% vs 42.2%, p 0.300). In-hospital mortality was significantly higher in hemodialysis than in non-hemodialysis patients (52.6% vs. 37.7%, p 0.030). Conclusions: IE is a serious complication in HD patients. Enterococcus spp. is the most common causative organism in this group. Mortality is very high and significantly higher than in non-HD patients.

## 109299

**MODALITY: E-POSTER RESEARCHER - NON-CASE REPORT**
**CATEGORY: ATHEROSCLEROSIS/ CARDIOVASCULAR RISK FACTORS/ CARDIOVASCULAR PREVENTION**

**TITLE: NETWORK TO CONTROL ATHEROTHROMBOSIS: MAIN RESULTS OF THE NEAT REGISTRY**

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Background: There is limited contemporary prospective real-world evidence of patients with chronic arterial disease in Latin America. Methods: The Network to control atherothrombosis (NEAT) registry is a national prospective study of patients with known coronary (CAD) and peripheral arterial disease (PAD) in Brazil. A total of 2,015 patients were included among 21 sites from September 2020 to March 2022. The follow-up of all patients was one year by the protocol. Patient characteristics, medications under use and laboratorial data were collected. The primary objective is to assess the utilization of evidence-based therapies (EBT) at baseline. Results: From the total of patients enrolled, 56.6% had isolated CAD, 29.6% had PAD and 13.8% had both diagnoses. The overall mean age was 66.3 (± 10.5) years and 65.7% were male patients. The median glomerular filtration rate was 76.4 [57.2-96.1] and 72.3% of the patients had an evaluation of microalbuminuria which was detected in 6.2% of the cases. Regarding EBT, 4.0% were not using any antiplatelet and/or anticoagulant therapy but only 0.9% were using low dose of rivaroxaban (2.5mg BID); 5.0% were not using statins and 55.6% of the patients were not using high intensity statin therapy; ACE inhibitors or ARBs were used in 76.2% of the overall population while, among patients with isolated CAD, 10.3% were not using betablockers. Among diabetic patients, 67.8% were using metformin and only 12.5% were using SGLT2 inhibitors and/or GLP1 agonists. Regarding the targets for secondary prevention, 33.0% had a body-mass index between 18.5 and 24.9; 44.4% were doing at least 150 minutes of exercise per week; 15.7% continued to smoke; 41.0% had a blood pressure < 130 x 80 mmHg; 38.7% and 14.7% had LDL-cholesterol below 70 and 50 mg/dl, respectively. Among diabetic patients, 41.2% had a glycated haemoglobin < 7%. Patients with PAD had lower use of EBT and lower percentage of patients on target of risk factors control. Among all cases without use of EBT, the main barrier identified was related to the physician perception that did not consider a formal medical indication of these therapies. Conclusion: Our findings highlight that the contemporary practice still has important gaps in the treatment of patients in secondary prevention, especially among patients with PAD. Populational interventions addressing these gaps have the potential to produce a major impact, reducing the burden of atherothrombotic complications in Brazil.

## 109312

**MODALITY: E-POSTER RESEARCHER - NON-CASE REPORT**
**CATEGORY: CARDIO-ONCOLOGY**

**TITLE: CARDIOPROTECTION STRATEGY BASED ON POSITIVE TROPONIN DETECTION DURING TREATMENT OF HER-2+ BREAST CANCER**

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Introduction. Patients with positive troponin (Tn+) during breast cancer treatment are considered to be at high risk for cardiotoxicity, and cardioprotection with ACE±BB is indicated. Doubts persist about the ideal time to collect Tn. Objective. To compare the incidence of cancer therapy-related cardiac dysfunction (CTRD) in the Tn+/onset of cardioprotection and Tn-/no additional intervention groups. Patients and methods. Prospective cohort including consecutive female patients with HER-2+ early breast cancer who consulted at the institution's breast cancer outpatient clinic between march/19-march/22. CTRD: drop in LVEF > 10 p.p. to < 53% (ASE/EACI). Tn collection was performed together with the lab tests requested by Oncology before the 1st and 2nd cycles of trastuzumab (TTZ), in addition to 3 months after its initiation. Tn+: TnTus ≥ 14ng/L or TnIus > 15.6pg/mL. It was not considered as Tn+ if baseline Tn+ without previous cancer treatment or if absence of increase > 20% after its beginning. Patients with Tn+ were referred to the institution's Cardio-Oncology outpatient clinic to begin cardioprotection, as were those with CTRD. Comparison between groups: Fisher's exact test. P < 0.05 was considered statistically significant. Results. We studied 46 patients, mean age 53.1±13.1 years, 21 (45.7%) in a therapeutic protocol including doxorubicin (ACdd-TH). Regarding risk factors, 21 (45.7%) had a history of smoking, 18 (39.1%) were obese and 15 (32.6%) had hypertension. Of the 138 troponins analyzed, there were 18 (13.0%) Tn+, the majority being detected before the 2nd cycle of TTZ (12/18, 66.7%). Of the total number of patients, 12 (26.1%) had ≥ 1 Tn+, with the majority (7/12, 58.3%) having only one of the three collected. In the Tn- group (n=34), only 6 (17.6%) had hypertension and used ACEi/ ARB as treatment. The incidence of CTRD was 10.9%, 8.3% in the Tn+ group and 11.8% in the Tn- group (P = 1.0). Conclusions. Although patients with Tn+ had a higher risk of CTRD, there was no difference in the incidence in those with Tn+/onset of cardioprotection in relation to those with Tn-/without additional intervention. This finding suggests that the cardioprotection strategy based on the detection of Tn+ collected together with the lab tests requested by Oncology may have been effective, equating the occurrence of this adverse event between the groups.

## 109383

**MODALITY: E-POSTER RESEARCHER - NON-CASE REPORT**
**CATEGORY: ATHEROSCLEROSIS/ CARDIOVASCULAR RISK FACTORS/ CARDIOVASCULAR PREVENTION**

TITLE: **ASSOCIATION BETWEEN THE NUMBER OF CARDIOVASCULAR RISK FACTORS AND CORONARY CALCIFICATION**

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Introduction: Traditional risk factors (RF) are used to predict the probability of cardiovascular events. However, it is still uncertain whether they are able to predict the probability of subclinical atherosclerosis. Therefore, our objective is to evaluate the association between the number of RF and coronary calcification measured by the calcium score (CAC). Methods: Cross-sectional study, including patients seen as outpatients between 2012 and 2020, aged between 45 and 75 years, in primary prevention. To assess coronary calcification, the CAC percentile (PCAC) was used, considering PCAC>75 as an important calcification. The RF evaluated were: hypertension, diabetes, current smoking, dyslipidemia and family history (FH) for coronary artery disease. Results: 444 patients were included, mean age 59 ± 7 years, 54% female, all Caucasian, 54% hypertensive, 41% dyslipidemic, 9% diabetic, 11% smokers; 59% with FH. Table 1 shows the association between the number of RF and coronary calcification. The higher the number of RF, the higher the prevalence of PCAC>75 (p<0.01) and the lower the prevalence of PCAC=0 (p<0.01). Compared to patients without RF, the prevalence of PCAC>75 was 1.86 times higher in patients with 1 risk factor (CI 0.60-5.81), 3.59 times higher with 2 RF (CI 1.20-10.76), 3.89 times higher with 3 or more RF (CI 1.27-11.90). However, even in patients with zero, 1, or 2 RF, significant calcification was observed in 9.1%, 16.9%, and 32.6% of patients, respectively. In multivariate analysis, smoking [PR 1.68 (CI 1.16-2.43)] and FH [PR 1.96 (CI 1.37-2.79)] were independent RF. Conclusion: There was an association between the number of RF and coronary calcification. However, a considerable percentage of patients with none or fewer RF had significant coronary calcification.