

arterial grafts compared to vein grafts ($p=0.013$). When arterial-grafted vessels were isolated, regression of native vessel stenosis was associated with a greater risk of graft failure ($p=0.062$).

Conclusion: The left circulation appears more conducive to native vessel regression than the right. However, bypassing a vessel was not shown to influence native vessel regression. Curiously, regression was shown to be dependent on graft type. In particularly for arterial-grafted vessels, these results support the hypothesis of competitive flow, whereby increased flow through a patent native vessel reduces the survival of the corresponding graft.

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Indeterminate Troponin Elevations Have Poor Positive Predictive Value for Acute Coronary Syndrome in an Emergency Department population

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Introduction: International guidelines recommend further investigation of patients presenting with chest pain with an elevated cardiac troponin (cTn) level (>99th percentile). Elevated cTn can occur in a range of conditions and the predictive value of indeterminate elevations (<0.1 µg/l) of cTn identifying true acute coronary syndrome (ACS) is unclear.

Methods: Six hour cTn levels were measured using the second generation Beckman Coulter Accu TnI Assay (99th <0.04 µg/l) in 770 patients with potential ACS presenting to the Emergency Department of a large tertiary hospital. 145 patients had serum cTnI ≥ 0.04 µg/l. Adjudicated 30 day outcomes were performed by a consultant Cardiologist. The positive predictive value (PPV), negative predictive value (NPV) and Positive Likelihood ratio (+LR) of troponin for ACS was compared for patients with cTnI 0.04–0.09 µg/l (indeterminate range) and ≥ 0.1 µg/l

Results: Sixty-nine patients measured a cTnI of 0.04–0.09 µg/l. Of this group 20% had alternative diagnosis with 46% diagnosed with non cardiac chest pain.

Only 12 patients (17%) were diagnosed ACS (+LR 4.087, 95% CI 2.11–7.9) (PPV 17.4%, 95% CI 10.2–28) (NPV 96.5%). 11 had typical symptoms of ischemia. One presented with clinical heart failure.

Seventy-six patients had a cTnI ≥ 0.1 µg/l. 59 (77.6%) had a diagnosis of ACS (+LR 26.57, 95% CI 14.27–49.46) (PPV 78%, 67.1–85.5) (NPV 95%) 3 (4%) had a non cardiac cause for presentation.

Conclusion: Those ACS patients with intermediate cTnI were all identifiable by means other than troponin level. In patients with atypical symptoms a cTnI >0.1 µg/l has greater utility in guiding clinicians ruling in ACS compared to current threshold of ≥ 0.04 .

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LoDoCo: Low DOse Colchicine in Stable Coronary Artery Disease and the Effect on hs-CRP and Brachial Flow Mediated Dilation

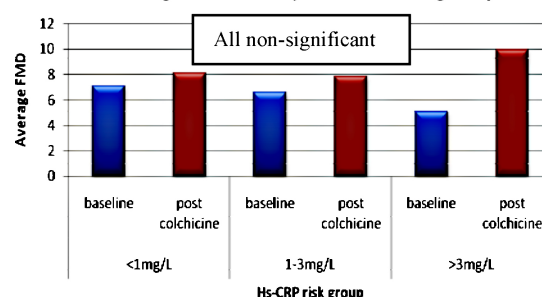
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Introduction: Colchicine is known to decrease high sensitivity C Reactive Protein (hs-CRP) in stable coronary artery disease (CAD). Hs-CRP is a marker of cardiovascular risk but lowering hs-CRP for cardiovascular benefit is controversial.

The change in FMD by hs-CRP risk group



Aim: We aimed to confirm that colchicine lowers hs-CRP and observe the effect on brachial flow mediated dilation (FMD).

Methods: Fifty patients with stable CAD were randomised to standard care or colchicine in a cross over design trial. Patients received three months of colchicine and three months of standard care with a four week washout

Results: There is a significant improvement in hs-CRP ($p=0.002$) and a trend to improvement in FMD with colchicine treatment. We were unable to demonstrate a correlation between hs-CRP and FMD with colchicine treatment ($r=0.07$).

	Control Group			Colchicine Group		
	Baseline	Post Control	P Value	Baseline	Post Colchicine	P Value
Hs-CRP						
<1 mg/L	0.47	0.86	0.041	0.44	0.58	0.381
1-3 mg/L	1.45	1.83	0.109	1.81	1.07	0.001
>3 mg/L	5.04	5.48	0.741	7.90	2.87	0.050
All CRP	1.46	1.82	0.032	1.83	0.99	0.002
FMD	8.53	8.37	0.577	7.09	8.40	0.230

Conclusion: Colchicine lowers hs-CRP and demonstrates a trend to FMD improvement (graph). There was no correlation between hs-CRP and FMD demonstrated.

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