Abstract 400.14: Application of Hierarchical Cluster Analysis to Study the Relationships Among CHADS2, CHA2DS2-Vasc, and Five Cardiac Risk Factors Scores (RFS) in Predicting Risk of Stroke

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vascular wall in both groups. Immediately after harvesting, we found the 3'RNA signal. After 15 min to 1 hour, the expression was downregulated.

CONCLUSION Based on our analyses, we can conclude that in case of conventional technique, less damage of SV was observed than in the case of endoscopic harvesting. All other parameters showed the same results in both groups.

400.13
Premedication with Steroids and Short-Term and Long-Term Renal Outcomes After Coronary and Peripheral Angiography and Intervention

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BACKGROUND Limited data exist regarding the outcomes after coronary and peripheral angiography and intervention in patients with a history of contrast dye allergy who are premedicated with steroids.

METHODS We studied 4367 patients undergoing peripheral or coronary angiography and percutaneous coronary or endovascular intervention at a Veterans’ Affairs Medical Center. We assessed short-term and long-term outcomes: contrast-induced nephropathy, renal dysfunction/contrast-induced nephropathy at 3 months, chronic kidney failure necessitating dialysis, and mortality in patients pretreated and not pretreated with steroids.

RESULTS The study population was predominantly male (98%) and white (65%) with a mean age of 66 years. Of the total patient population, 260 (5.9%) of the total subjects had either a contrast allergy or a seafood/shellfish allergy and were pretreated with steroids. Of the 4367 subjects, 1962 (45%) had repeat creatinine values at 3 months, and these results in both groups.

CONCLUSION This novel method produced good estimates of a patient’s risk of developing stroke by combining several scores. Since CHADS2 and CHA2DS2-VASc scores are mostly comprised of non-modifiable risk factors, other CVD risk scores may provide more insights into stroke risk management. Correctly identifying patients who truly have a low risk of developing stroke may help a practitioner’s decision about administration of anticoagulants; these could be safely withheld among those who are at greater risk of harm than benefit.

Table 1. Cluster centers representing average risk score values

<table>
<thead>
<tr>
<th>Cluster</th>
<th>N</th>
<th>CHADS2</th>
<th>CHA2DS2-VASc</th>
<th>QRISK2</th>
<th>FIBRINOL</th>
<th>ACC/AHA</th>
<th>ATP III</th>
<th>ESC/ACR</th>
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<tr>
<td>1</td>
<td>575</td>
<td>1.25</td>
<td>1.61</td>
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<td>1.25</td>
<td>0.10</td>
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<td>0.10</td>
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<tr>
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<td>410</td>
<td>1.00</td>
<td>2.19</td>
<td>0.18</td>
<td>0.15</td>
<td>0.15</td>
<td>0.11</td>
<td>0.11</td>
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<tr>
<td>4</td>
<td>260</td>
<td>1.25</td>
<td>2.31</td>
<td>0.28</td>
<td>0.24</td>
<td>0.22</td>
<td>0.11</td>
<td>0.10</td>
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</table>
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