cumulative mortality rate between the two groups, indicating that mortality differ-
ence was mainly decided within the first 30 days after AMI.

Conclusion: Mortality after AMI was decreased in invasive strategy compared
with conservative strategy, even in nonagenarians. Regardless of age, PCI should be
considered in AMI patients. However, large scale randomized controlled trials are
needed to support our conclusion.

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Transcatheter aortic valve implantation and frailty: futility or opportunity?
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Introduction: Transcatheter valve replacement (TAVR) has become the first line
 treatment for aortic stenosis (AS) in elderly patients, in which conventional
surgery is not an option because of high surgical risk. However, it is discussed
whether this procedure is futile in frail patients.

Purpose: Our main objective was to assess the relationship between frailty, clini-
cal outcomes and survival.

Methods: Consecutive patients who underwent TAVR from November 2015 to
October 2017 where included. Patient’s frailty status and 6-minute walking test
(6MWDT) were assessed before the procedure, with a 3-month and 1-year visit.

Results: A total of 138 patients were included (84.8±3.9 years, 65.2% women).
Mean Euroscore2 was 4.98±14.4 pts. After follow-up, only prefrail and frail pa-
patients showed statistically significant improvements (summary in table 1). Also,
the number of frail patients lowered after the procedure (P<0.001 - table 1).
Regarding outcomes, 33 major complications and 9 deaths were observed, without
association with the frailty status (P=0.14, P=0.71 respectively).

Conclusion: PCI in Nonagenarians: a PRIC study of in-hospital mortality and trends
in procedural complexity
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Introduction: An increasing number of nonagenarians is being submitted to per-
cutaneous coronary intervention (PCI). The outcomes and predictors of adverse
events in this population are largely unknown. PCI technical innovations such as
the use of DES and radial access have improved morb-mortality. However, the
implementation and impact of such practice are yet to be defined.

Methods: Consecutive PCI in patients older than 65 years old, enrolled in the
Portuguese registry on interventional cardiology (PRIC) and submitted to PCI
from 2006 to 2017 were included. Data was registered prospectively. A P-value
<0.05 was considered to be statistically significant.

Results: 42 669 PCIs performed in patients between 65–89 yo and 456 PCIs in
patients older than 90 yo were included. The annual number of PCIs performed
in nonagenarians increased from 11 in 2007 to 94 in 2016 (p for trend <0.05).
Nonagenarians were more frequently female (51vs 33%, p<0.001), had more frequently
congestive heart failure (7.7% vs 4.6%, p<0.05) and kidney disease (11
vs 8.2%, p<0.05). The most common indication for PCI in nonagenarians was
STEMI with a prevalence of 36%, in contrast to the most common indication in
65–79yo patients which was elective PCI (28.9%; p<0.05). Left main (LM) and
left anterior descending artery (LAD) PCI were more often performed in nona-
genarians (LM: 6.9% vs 2.9%; LAD: 55.9% vs 46.8% - p<0.05). Radial access was
equally used in both groups of patients (49.1 vs 46.5%, p= ns). In contrast,
the use of DES was more common in younger patients (49% vs 71.5%, p<0.05) and
temporal trend analysis showed a significant difference between both groups
during the last decade, with a late equalization in 2016 (94.3 vs 96.9%). Regarding
short-term outcomes, being a nonagenarian was an independent predictor of
in-hospital (IH) mortality (p<0.05). Among nonagenarians, STEMI and non-
radial access were independent predictors of IH mortality (p<0.05; ROC curve
AUC 95% CI: 0.677–0.863); during the last decade, STEMI rate has remained
constant (34–48.1%, p for trend = n.s) but non-radial access has gradually
decreased (100 to 40.4%, p for trend<0.05). Nevertheless, IH mortality has not
consistently varied (0 - 11.6%, p for trend = ns).

Conclusions: PCI in nonagenarians became more common in Portugal, predomin-
ants due to STEMI. The non-radial approach was an independent predictor of
in-hospital mortality and has been decreasing in recent years.

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Revisiting the association between ageing and increased level of Troponin
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Introduction: Troponin level correlates with the risk of death or adverse cardio-
vascular event in absence of acute coronary syndrome or acute clinical event.
However, most of these studies have been obtained in middle-aged people. It
was determined that aging is associated with increased troponin levels. This can
be a major drawback for the stratification and diagnostic of acute coronary syn-
drome in elderly patients. Our study was designed to determine the predictive
value of high-sensitivity cardiac troponin T (hs-cTnT) in the elderly and very el-
derly people and mainly in the presence of concomitant diseases.

Materials and methods: We retrospectively evaluated 6 977 medical records of
patients aged ≥65 years and enrolled patients admitted to the hospital for chest pain
(mean age 78.3±8.3 years, male 50.4%). Three age groups were formed: patients
aged 65 to 74 years, 75 to 84 years and ≥85 years old. Seventeen comorbidities
classically recognized for increased Troponin level were identified and patients
were grouped into four categories according to the number of comorbidities: 1 or
2 comorbidities, 3 comorbidities, 4–5 comorbidities and ≥6 comorbidities.

Results: For our cohort, whose average age was 78.3 years, the mean hs-cTnT
level was 79.9 ngI. In both sexes, across all age groups, with any types of co-
 morbidity disease excluding any cardiac diseases, was remarkably high compared
to the normal troponin values (p<0.05). Our results also demonstrated that mean
hs-cTnT levels decrease with advance age between the 3 subgroup (p<0.05).

Conclusion: Contrary to previous studies, this large retrospective study did not
demonstrate that age is not an independent factor for progressive increase of
troponin level. Even after correcting for multiple comorbidity this results stand.
Further research should address this important clinical question.

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CARDIO-ONCOLOGY

P3496
Orange juice improves systolic and diastolic function in rats with doxorubicin-induced cardiotoxicity
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Introduction: Cardiotoxicity is a major side effect of doxorubicin administration
that can limit effectiveness of cancer treatment. Despite multiple mechanisms be-
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