



## Prevention

### ATHEROSCLEROTIC CARDIOVASCULAR DISEASE RISK IN STATIN-NAÏVE ASYMPTOMATIC PATIENTS WITH NON-OBSTRUCTIVE CORONARY ARTERY DISEASE DETECTED BY CORONARY COMPUTED TOMOGRAPHIC ANGIOGRAPHY: THE CONFIRM-LT (CORONARY CT ANGIOGRAPHY EVALUATION FOR CLINICAL OUTCOMES: AN INTERNATIONAL MULTICENTER) REGISTRY

Poster Contributions  
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Authors: *Ashley Beecy, Donghee Han, Bráin Ó. Hartaigh, Khalil Anchouche, Subhi Al'Aref, Heidi Gransar, Ji Hyun Lee, Mahn Won Park, Hadi Mirhedayati Roudsari, Asim Rizvi, Fay Lin, James Min, Jessica M. Peña, on behalf of CONFIRM Investigators, Dalio Institute of Cardiovascular Imaging, Weill Cornell Medicine and New York-Presbyterian Hospital, New York, NY, USA*

**Background:** In clinical practice, asymptomatic patients may be referred for evaluation by coronary computed tomographic angiography (CCTA), and a portion present with non-obstructive coronary artery disease (CAD). Currently, it is not clear how to synthesize this information with estimated risk using the 10-year atherosclerotic cardiovascular disease (ASCVD) risk score.

**Methods:** Utilizing the CONFIRM Registry, 503 asymptomatic statin naïve patients with 5-year follow-up were examined. Patients were categorized by CAD severity as determined by CCTA, and graded as none (0%), non-obstructive (1-49%), and obstructive (≥50%). Those with non-obstructive CAD were further characterized by ASCVD risk score as well as major adverse cardiac events (MACE), which comprised all-cause death, non-fatal myocardial infarction, and late coronary revascularization >90 days.

**Results:** Of the study sample, 222 (44.1%) patients presented with non-obstructive CAD. Of these, 32%, 48.6%, and 19.4% were assigned an ASCVD risk score of <7.5%, 7.5-20%, and >20%, respectively. Notably, the cumulative incidence of MACE increased monotonically according to ASCVD risk score groups (see Figure).

**Conclusions:** The predicted risk of cardiovascular disease by ASCVD risk score is fitting with the observed risk of MACE in asymptomatic patients with non-obstructive coronary artery disease by CCTA. This observation reinforces recommendations for statin therapy in the current guidelines.

