



# Multispecialty Outpatient Cardiovascular Association

*October Edition*

## **Real-world study confirms reliability of tool assessing 10-year risk prediction of heart disease**

ROCHESTER, Minn. — A recent study based on real-world community patient data confirms the effectiveness of the Pooled Cohort Equation (PCE), developed by the American Heart Association and the American College of Cardiology in 2013. The PCE is used to estimate a person's 10-year risk of developing clogged arteries, also known as atherosclerosis, and guide heart attack and stroke prevention efforts. Study findings are published in the Journal of the American College of Cardiology.

The new study highlights to patients and clinicians the continued reliability and effectiveness of the PCE as a tool for assessing cardiovascular risk, regardless of statin use to lower cholesterol.

The PCE serves as a shared decision-making tool for a clinician and patient to evaluate their current status in preventing atherosclerotic cardiovascular disease. The calculator considers input in the categories of gender, age, race, total cholesterol, HDL cholesterol, systolic blood pressure, treatment for high blood pressure, diabetes status, and smoking status.

Using retrospective data from more than 30,000 patients enrolled in the Rochester Epidemiology Project, Mayo Clinic researchers found the PCE performed well at the community level and with relative accuracy between sexes, across age groups and race. The use of statin medications to lower cholesterol did not change the value of the predictions, even though the PCE was developed before statins became widely available. The tool also retained its accuracy when using measurement factors, such as blood pressure, age and cholesterol levels, that were outside the original risk profile range.

"We have seen the excellent performance of the Pooled Cohort Equation over the years in clinical practice," says Francisco Lopez-Jimenez, M.D., a cardiologist at Mayo Clinic and senior author of the study. "The study shows that this tool is reliable, not only in light of new cholesterol-lowering drugs, but for patients who previously were not evaluated with the PCE because maybe their blood pressure was higher or lower than the standards, or they did not fit the

<https://newsnetwork.mayoclinic.org/discussion/10-3-real-world-study-confirms-reliability-of-tool-assessing-10-year-risk-prediction-of-heart-disease/>

## **Mayo Clinic researchers develop calculation to identify high-risk moderate aortic stenosis patients**

ROCHESTER, Minn. — Mayo Clinic researchers have developed a calculation that can help identify moderate aortic stenosis patients at higher risk of dying from the condition. According to new research published in Mayo Clinic Proceedings, calculating the patient's mean arterial pressure (AugMAP) is a simple and effective way to identify those patients who may benefit from more aggressive treatment strategies.

"Physiologically, AugMAP can be considered a marker of global left ventricular contractile function," says Chieh-Ju Chao, M.D., senior associate consultant in the Mayo Clinic Department of Cardiovascular Medicine and the study's first author. "AugMAP is easily calculated from the patient's blood pressure and mean aortic gradient, and we found that low AugMAP is associated with higher mortality in all moderate aortic stenosis patient subgroups."

Aortic stenosis is one of the most common cardiac valvular abnormalities, affecting about 5% of people older than 65 years. For most patients with moderate aortic stenosis, clinical guidelines call only for periodic monitoring with echocardiography, a test that uses sound waves to show how blood moves through the heart. However, growing evidence shows that patients with moderate aortic stenosis have poor longer-term survival rates and could benefit from earlier intervention. <https://newsnetwork.mayoclinic.org/discussion/mayo-clinic-researchers-develop-calculation-to-identify-high-risk-moderate-aortic-stenosis-patients/>

## **Thrombectomy Benefits Large-Core Strokes Selected by Simple Imaging: TENSION**

A new trial has shown a sizeable and significant benefit of endovascular thrombectomy in acute ischemic stroke patients with a large vessel occlusion and an established large infarct identified with just simple imaging techniques, which should lead to many more patients able to be considered for this treatment.

The TENSION trial, conducted in patients with severe strokes who would normally have an extremely poor prognosis, showed that thrombectomy resulted in an 18% absolute increase in the number of patients able to walk independently at 90 days and an 11% reduction in mortality at 90 days compared to medical therapy alone. There was a consistent benefit of thrombectomy across all categories of outcome, sensitivity analyses, and subgroups. <https://www.medscape.com/viewarticle/997360?src=&form=fpf>

### **Read More:**

- [Drug-Coated Balloon Venoplasty to Treat Latrogenic Pulmonary Vein Stenosis](#)
- [Progressive Dilation of Coronary Artery Ectasia Causing Recurrent Myocardial Infraction](#)

# Morbidity



# Mortality

## Upcoming:

### *Bilateral Blue Toes*

Please make sure you mark your calendars for **Tuesday, December 5th** at **5:30pm**. Zoom link and reminders to follow!

*Dr. George T. Nahhas will be giving the next Morbidity & Mortality Complication Presentation.*



Dr. George Nahhas is one of the few cardiologist in the United States who specializes in coronary angiography and percutaneous intervention of arterial chronic total occlusion. His minimally invasive techniques often reduce the need for cardiothoracic surgery allowing for a quick recovery and an improved quality of life! As one of Michigan's top ranked cardiologist and vein specialist Dr. Nahhas is here to serve all your cardiovascular and vascular needs.

Dr. Nahhas is the Chief Section of Cardiology and Director of the Cardiac Cath Lab at Beaumont Hospital in Dearborn, Michigan

Dr. Nahhas received his medical degree from Damascus University Faculty of Medicine and has been in practice for more than 20 years. He completed his residency at William Beaumont Hospital department of Internal Medicine in Royal Oak, Michigan. He then moved to Rhode Island where completed his Combined Cardiovascular Fellowship program at Brown University

## Group Updates:

- **REMINDER:** MOCA's next board meeting will be November 9<sup>th</sup> at 12:00pm. We really appreciate your participation as its vital for the success of MOCA!