

MACE risk similar for white men, women, minorities after PCI

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groups (white men, 7.6 percent; women, 8.6 percent; and minorities, 9.6 percent); there were no significant differences after risk adjustment. Compared with [white men](#), women and minorities had a higher adjusted risk of death/MI (odds ratios, 1.6 and 1.9, respectively); the adjusted risk of MI was increased among minorities (odds ratio, 2.6). The main driver of these differences was nonstent-related MIs.

"After contemporary everolimus-eluting stent implantation, women and [minorities](#) experience a similar risk of one-year MACE but a higher adjusted risk of recurrent ischemic events primarily because of nonstent-related MIs," the authors write.

Several authors disclosed financial ties to the pharmaceutical and medical device industries.

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(HealthDay)—Women and minorities undergoing percutaneous coronary intervention (PCI) with everolimus-eluting stents have a risk of major adverse cardiac events (MACE) that is similar to that of white men, according to a study published online Oct. 18 in *JAMA Cardiology*.

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Wayne Batchelor, M.D., from the Florida State University College of Medicine in Tallahassee, and colleagues examined one-year outcomes in women and minorities versus white men after PCI with everolimus-eluting stents. The pooled study included 1,635 white men, 1,863 women, and 1,059 minority patients.

The researchers found that compared with white men, women and minorities had a higher prevalence of diabetes, prior stroke, hypertension, renal disease, and [congestive heart failure](#) but lower rates of multivessel disease, prior coronary artery bypass graft surgery, prior myocardial infarction (MI), and smoking. Similar unadjusted one-year MACE rates were seen between the

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