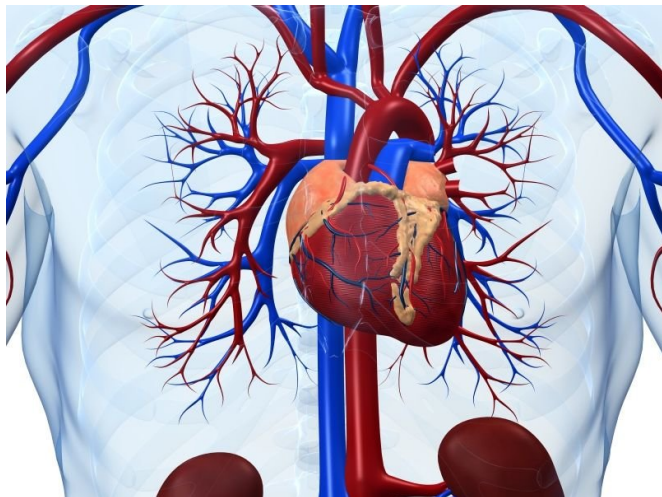


High-risk plaque on coronary CTA linked to future MACE

11 January 2018



percent; hazard ratio, 2.73). Even after adjustment for ASCVD risk score and SS, the correlation persisted (adjusted hazard ratio, 1.72). There was a continuous net reclassification improvement with the addition of high-risk plaque to the ASCVD risk score and SS assessment (0.34). Among patients with nonobstructive coronary artery disease, the presence of high-risk plaque increased MACE risk relative to patients without high-risk plaque (adjusted hazard ratio, 4.31 versus 2.64).

"High-risk [plaque](#) may be an additional risk stratification tool, especially in patients with nonobstructive [coronary artery disease](#), younger patients, and women," the authors write.

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

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(HealthDay)—For outpatients with stable chest pain, high-risk plaque found by coronary computed tomographic angiography (CTA) is associated with subsequent major adverse cardiovascular events (MACE), according to a study published online Jan. 10 in *JAMA Cardiology*.

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Maros Ferencik, M.D., Ph.D., from Oregon Health and Science University in Portland, and colleagues conducted a prespecified nested observational cohort study to examine whether high-risk plaque detected by coronary CTA was correlated with incident MACE. All 4,415 stable symptomatic patients who received coronary CTA were followed for a median of 25 months.

Overall, the median [atherosclerotic cardiovascular disease](#) (ASCVD) risk score was 11 and the MACE rate was 3 percent. A total of 15.3 percent of patients had high-risk plaques, and 6.3 percent had significant stenosis (SS). The researchers found that the rate of MACE was higher with the presence of high-risk plaque (6.4 versus 2.4

APA citation: High-risk plaque on coronary CTA linked to future MACE (2018, January 11) retrieved 1 May 2021 from <https://medicalxpress.com/news/2018-01-high-risk-plaque-coronary-cta-linked.html>

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