**APPLYING THE CADILLAC RISK SCORE IN ASIAN PATIENTS WITH ACUTE ST SEGMENT ELEVATION MYOCARDIAL INFARCTION WHO UNDERWENT PRIMARY PERCUTANEOUS CORONARY INTERVENTION**

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Background: Previous risk scores have been proposed in the prediction of mortality in patients with ST-segment elevation myocardial infarction (STEMI) who underwent primary percutaneous coronary intervention (PPCI) however there is limited data concerning patients of Asian origin.

Aim: To evaluate the predictors of 1 year mortality in Asian STEMI patients who underwent PPCI and to assess if the Controlled Abciximab and Device Investigation to Lower Late Angioplasty Complications (CADILLAC) score is a good risk prediction tool.

Methods: All STEMI patients who presented from January to December 2007 were analysed. Multivariate analysis was carried out to identify independent predictors of mortality at 1year. The CADILLAC risk score was calculated for each patient based on the integer scoring system. The patients were then stratified into low, intermediate and high risk categories as per CADILLAC trial.

Results: 227 patients underwent primary PCI in 2007. After multivariate analysis, Killip class ≥ 2 and post-procedural Thrombolysis in Myocardial Infarction (TIMI) flow grade < 3 were identified as independent risk factors for 1year mortality (p < 0.001 and p = 0.002 respectively). There was strong correlation between the high CADILLAC risk score group and mortality at 1year (23.6% vs 1.9%, p < 0.001).

Conclusion: Only 2 out of the 7 risk factors identified in CADILLAC trial proved to be independent risk factors in our local population, the integral score computed as per CADILLAC trial demonstrated good correlation between the high risk score patients and mortality at 1 year in the Asian STEMI patients.