Long term prognosis of patients with malignancy and acute coronary syndrome undergoing percutaneous coronary intervention

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Over the past decades, improvements in early tumor detection and treatment have significantly improved survival rates of many malignancies. Anti-tumor therapy may induce cardiovascular toxicity, correlated with the occurrence and development of coronary heart disease and prognosis. We aimed to observe the prognosis of patients with malignancy and acute coronary syndrome (ACS) undergoing percutaneous coronary intervention (PCI) after long term follow up. Retrieving the patient database of 2006-2016 diagnosis with ACS and treated by PCI in our hospital and 178 patients of them with malignancy were selected retrospectively. Matching the age, gender, previous history and other baseline data and established the control group with a ratio of 1:3. The patient’s general condition, history of cancer, tumor therapy and related risk factors of admission, laboratory examination, coronary lesion characteristics, interventional therapy and other baseline data was recorded and followed up for 18 months of major adverse cardiovascular events (MACE) and other events, using statistical software SPSS22.0 for data analysis of the clinical epidemiological characteristics and prognosis. In patients with malignant tumors compared with non-tumor patients receiving PCI treatment at the same time more accepted Chinese medicine treatment (88.8% vs. 35.6%) and interventional treatment of bare metal stent (19.1% vs. 6%), on all-cause death and revascularization events Kaplan-Meier survival analysis, different tumor group and non-tumor group survival curves, Log Rank P<0.05 the results, in patients with malignant tumors, the revascularization rate is low and the long-term survival rate is low after ACS treatment with PCI.