Research

hsCRP Levels and Cardiovascular Events After ACS 314
Higher baseline high-sensitivity C-reactive protein (hsCRP) levels after acute coronary syndrome (ACS) are associated with adverse cardiovascular outcomes. To study the value of serial hsCRP measurements for risk stratification, Mani and coauthors assessed outcomes of 4257 patients in the Vascular Inflammation Suppression to Treat Acute Coronary Syndromes for 16 Weeks (VISTA-16) trial with serial hsCRP measurements in the 16 weeks after ACS. Both baseline hsCRP level and higher longitudinal hsCRP level were independently associated with the composite end point of major cardiovascular events, cardiovascular mortality, and all-cause mortality despite established background secondary prevention therapies.

Association of Survival With FPAR and Drug-Coated Devices 332
A 2018 meta-analysis of clinical trials reported that femoropopliteal artery revascularization (FPAR) with paclitaxel drug-coated devices was associated with increased long-term all-cause mortality compared with non–drug-coated devices. Secemsky and coauthors performed a nationwide, multicenter retrospective cohort study of 16,560 Medicare beneficiaries who underwent FPAR at 1883 hospitals during 2016, of whom 8450 had critical limb ischemia. In adjusted analyses, drug-coated devices (in 5989 patients) were not associated with a difference in all-cause mortality compared with non–drug-coated devices. These findings were consistent among those with critical limb ischemia. Until further studies are available, Giri notes in an Invited Commentary that risk-benefit discussions with patients about uncertainties in long-term outcomes with these devices is warranted.

Risk of CVD in Young Adults With End-stage Renal Disease 353
Cardiovascular disease (CVD) is a leading cause of death among patients with end-stage renal disease, but CVD event rates in young adult–onset end-stage renal disease are uncertain. Modi and coauthors assessed outcomes in 33,156 patients aged 1 to 29 years in the US Renal Data System between 2003 and 2013. Compared with children and adolescents, young adults (aged 22–29) had a higher risk for CVD hospitalization, and their 5-year mortality was approximately double that of younger patients. Of 4038 deaths in young adults, 1577 (39.1%) were owing to CVD. Higher risks for CVD hospitalization and mortality were associated with lack of preemptive transplant compared with hemodialysis and peritoneal dialysis.

Influenza-like Illness Activity and Hospitalizations for HF 363
Few studies have explored temporal associations of influenza activity with heart failure (HF) hospitalizations. Kytömaa and coauthors linked cross-sectional hospitalizations in the Atherosclerosis Risk in Communities (ARIC) study to statewide influenza-like illness reported by the US Centers for Disease Control and Prevention Surveillance Network from October 2010 to September 2014. In adjusted analyses, a 5% monthly absolute increase in influenza activity was associated with a 24% relative increase in HF hospitalization rates. In a month with high influenza activity, approximately 19% of HF hospitalizations could be attributable to influenza. Myocardial infarction hospitalizations followed a similar trend but were not significant.

Opinion

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MitraClip and Tertiary Mitral Regurgitation—Mitral Regurgitation Gets Curiouser and Curiouser
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Author Interview

Interview with Sonja Kytömaa, MPH, and Orly Vardeny, PharmD, MS, authors of “Association of Influenza-like Illness Activity With Hospitalizations for Heart Failure: The Atherosclerosis Risk in Communities Study”

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