CV Disease/Colorectal Ca Connection Being Missed

BY BRUCE JANCIN

DENVER — Physicians often miss the opportunity to recommend colorectal cancer screening in patients with cardiovascular risk factors, a national survey indicates.

Screening for colorectal cancer (CRC) in patients with cardiovascular risk factors is particularly important because many of the traditional cardiovascular risk factors are associated with an increased risk of the malignancy, which is the second-leading cause of cancer deaths in the United States, Dr. Omotayo Olatinwo said at the annual meeting of the American College of Cardiology.

However, the median cost of care for patients with CAD is higher than for PAD, implying the higher mean costs associated with PAD are due to more high-cost outliers, added Dr. Jaff of Massachusetts General Hospital, Boston.

He used the PharMetrics Patient-Centric Database to identify 3,301 patients who underwent revascularization for newly diagnosed PAD and 20,705 patients revascularized for CAD during January 2003-January 2008. The main purpose was to compare the two groups in terms of costs for revascularization and 1 year follow-up care.

The mean total cost in the PAD group was $36,583, compared with $71,269 in the CAD group. In contrast, the median total cost in the PAD patients was $32,145 versus $38,927 in the CAD group.

Unlike CAD, Care of PAD Patients Widely Distributed Among Specialties

<table>
<thead>
<tr>
<th></th>
<th>PAD n = 3,301</th>
<th>CAD n = 20,705</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cardiology</td>
<td>14%</td>
<td>49%</td>
</tr>
<tr>
<td>Family medicine</td>
<td>11.1%</td>
<td>6.4%</td>
</tr>
<tr>
<td>Internal medicine</td>
<td>8.6%</td>
<td>6.5%</td>
</tr>
<tr>
<td>Emergency medicine</td>
<td>8.4%</td>
<td>6.6%</td>
</tr>
<tr>
<td>Hospital medicine</td>
<td>5.2%</td>
<td>5.8%</td>
</tr>
<tr>
<td>Cardiothoracic surgery</td>
<td>4.5%</td>
<td>4.0%</td>
</tr>
<tr>
<td>General surgery</td>
<td>3.4%</td>
<td>3.1%</td>
</tr>
<tr>
<td>Vascular surgery</td>
<td>2.8%</td>
<td>0.8%</td>
</tr>
</tbody>
</table>

Mean total costs for PAD and CAD in nondiabetic patients were closely similar: $47,764 versus $47,359. In type 1 diabetic patients, however, the mean 1-year cost was $107,766 for patients with PAD and $80,143 for those with CAD. In patients with type 2 diabetes, the mean cost was $65,734 for PAD patients and $56,782 for CAD patients, with median costs of $36,618 and $41,537, respectively.

Diagnosis of PAD in this commercially insured population increased at a greater rate during 2003-2007 than did CAD. The prevalence of PAD grew from 0.4% in 2003 to 0.6% in 2007, about 45% increase. The prevalence of CAD rose by 20%, from 1.4% to 1.7%.

Women comprised 40% of PAD patients but only 23% of CAD patients. Cardiologists were the main providers of care for CAD. Care for PAD was much more widely distributed among various medical specialties. (See chart.)

Dr. Jaff reported having no conflicts of interest with regard to this study.

Restenosis After Drug-Eluting Stents Is Higher in Diabetics

BY MICHELE G. SULLIVAN

P atients with diabetes who receive drug-eluting stents are significantly more likely to experience restenosis than are nondiabetic patients, particularly if they get the Endovance zotarolimus-eluting stent, a large Swedish registry study has found.

Cautioning that the finding should be prospectively evaluated, Dr. Ole Frobert and his colleagues wrote, “This study represents the first large-scale evaluation of the zotarolimus-eluting Endovance stent in patients with diabetes and underlines the importance of continuous registry monitoring of new coronary stents.”

Dr. Frobert of Orebro University Hospital, Sweden, and his coauthors analyzed data from the Swedish Coronary Angiography and Angioplasty Registry (SCAAR). The registry includes information on all patients who have undergone percutaneous coronary intervention at any of 26 Swedish centers.

The study included those patients who underwent the procedure from 2004 to 2008 and who received any of four different drug-eluting stents: Endeavor, the Cypher sirolimus-eluting stent, or the paclitaxel-eluting Taxus Express or Taxus Libert stents (J. Am. Coll. Cardiol. 2009; 53:1660-7).

During the study period, 19,004 patients received 35,478 stents. The patients’ mean age was 66 years. Those with diabetes (8,231) were significantly more likely to be women, and to have hypertension, hyperlipidemia, and previous coronary artery disease.

The mean follow-up duration was 29 months. Restenosis occurred in 3.5% of stents within 1 year, and in 5% within 2 years. Patients with diabetes were 23% more likely to experience restenosis than were those without diabetes, a significant difference. Compared with patients without diabetes, those with diabetes who received the Endeavor stent were 77% more likely to experience restenosis.

Among patients who received the Cypher stent, those with diabetes were 23% more likely to have restenosis than were those without diabetes.

In patients receiving the Taxus Express stent, the restenosis rate was similar irrespective of diabetes status, while diabetic patients who received the Taxus Libert stent were slightly, but not significantly, more likely to have restenosis than were their nondiabetic peers.

Among patients with diabetes, restenosis rates were not significantly different between the Taxus stents and the Cypher stent. However, patients receiving the Endovance stent were twice as likely to have restenosis as were patients receiving the other two types.

There were similar, but smaller, differences in restenosis rates among nondiabetic patients; restenosis was 20% more likely with the Endovance stent and 30% more likely with the Taxus stents compared with the Cypher stent.

“It was also noteworthy that in patients without diabetes, the adjusted risk of restenosis was significantly higher with the Taxus Express than with the Taxus Libert stent,” the authors noted.

Beginning in 2005, the SCAAR database included diabetes treatment information. Neither insulin nor noninsulin treatment had any significant impact on restenosis rates among patients with diabetes. The doubled rate of restenosis among diabetic patients receiving the Endeavor stent remained regardless of treatment type.

However, the increased restenosis rates among patients with diabetes did not affect the rates of mortality or myocardial infarction, the authors said.