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User Name: 3791370
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Submitter Details

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The BASL travel awards are for members only and will be available to those that have submitted successful abstracts and who attend the Annual Meeting.

Poster and oral presentations will be judged at the meeting and BASL will be offering the travel awards to the top 10 submissions with the winners being announced at the meeting.

A prize of £300 will be offered to the winners.

Do you wish to be considered for a travel award?

Yes

Submitter Details

Other

Development Of An Algorithm For The Prediction Of Cardiovascular Events In Patients With NAFLD: The Role Of Mean Platelet Volume

Abstract (max 400 words):

Background: Cardiovascular disease (CVD) is the leading cause of death in patients with NAFLD. Current algorithms assessing cardiovascular risk (i.e. QRISK2) do not take account of the presence of the condition. Mean platelet volume (MPV) - a marker of platelet size and reactivity -- is elevated in NAFLD with advanced fibrosis and/or NASH, and in thrombotic disease. However, it is unknown whether MPV could improve CVD risk prediction in NAFLD. Methods: We performed a retrospective (1/2008-1/2015, 356 patients) and prospective validation (1/2015- 5/2016, 111 patients), enrolling all consecutive patients with biopsy-proven NAFLD at our unit. MPV was recorded one year prior to CV events (myocardial infarction, angina, coronary heart disease, stroke, and transient ischaemic attack); QRISK2-2016 was also calculated at the same time point. We have also recently developed automated software, using low-resolution images, to rapidly quantitate steatosis in NAFLD. Results: There were 45 CV events in the retrospective group, and 13 in the validation arm. Univariately, MPV predicted CV events (p=0.001, OR=3.2, 95%CI=2.3-4.6). Binary logistic regression was used to generate a formula for the prediction of acute CV events within one year, including factors significant in the univariate analysis: NAFLD CV-risk = 1.053ln(age)+ 2.96ln(smoking)+ 3.159ln (MPV)+ 1.42ln (diabetes mellitus)+ 2.6 (if Filipino)+ 0.36 (other Asians)+ 0.93 (Caucasian or Pakistani)+ 2.1 (Arab)+ 1.2 (Hispanic/Latino)+0.82 (Black)+ 1.6 (fat% if known) + 2.34. AUROCs for the prediction of CV events in the validation cohort were: for QRISK2 0.78 (p=0.001, 95%CI=0.73-0.84), for MPV 0.85 (p=0.001, 95% CI=0.81-0.89), and for NASH-CV risk 0.090 (p=0.001, 95%CI=0.87-0.94) (Figure 1). Conclusions: Our new algorithm for the prediction of CV events within one year in a NAFLD population performs better than conventional ones. Elevated MPV levels predict acute CV events. Figure 1: ROC curve

Images

FEBS-BASL2017-3791370-1-MCV_abstract_Figure_1.pdf

Keywords

Please enter at least one keyword below:

Keyword 1: NAFLD
Keyword 2: cardiovascular disease
Keyword 3: quantitation

Conflict of Interest

Is there a potential conflict of interest? No

Presented Elsewhere

BASL will accept abstracts that have previously been presented outside of the UK.
However, if the abstracts have been presented at a meeting/conference where they have subsequently been published in a journal / post-meeting publication BASL would not be able to accept them.

| Has this poster been presented before? | No |

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