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CARDIO-ONCOLOGY

SESSION TITLE: CARDIOVASCULAR INTERVENTIONS IN ONCOLOGICAL PATIENTS

Abstract 13736: Trends and Disparities in Mortality Rates From Acute Myocardial Infarction in United States Cancer Patients

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Abstract

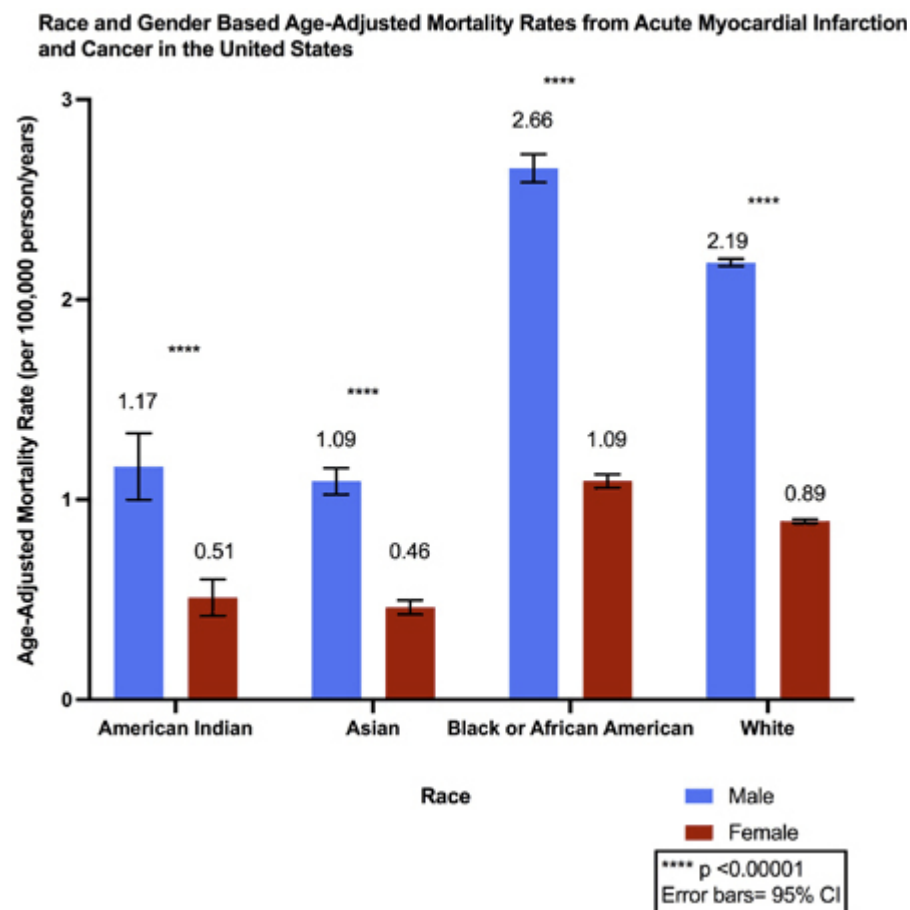
Introduction: Cardiovascular disease and cancer are major causes of morbidity and mortality in the United States. Risk of acute myocardial infarction (AMI) is elevated in cancer patients, which may be due to shared risk factors as well as the cardiotoxicity of oncologic therapies. This study aims to estimate the mortality burden from AMI in the United States cancer population and identify demographics of affected populations.

Methods: Data were obtained from the multiple causes of death data files from CDC WONDER from 1999-2019. All deaths with ICD 10 code I21 for “acute myocardial infarction” listed as the underlying cause of death and ICD-10 codes C00-C97 for “malignant neoplasms” listed as a contributing cause of death were included. Age-adjusted mortality rates (AAMR) were calculated based on the 2000 United States standard population.

Results: There were 98,414 deaths from AMI with underlying cancer between 1999 to 2019, comprising 33.7% of all AMI deaths, with AAMR of 1.41 deaths/100,000 (95% CI 1.40-1.42). Mortality rates were higher in men (2.18/100,000; 95% CI 2.16-2.20) than women (0.90/100,000; 95% CI 0.89-0.91); relative risk 2.42. Among racial groups, African Americans had the highest

mortality rate 1.66/100,000 (95% CI 1.62-1.69). In overall demographics, African American males have the highest mortality rate, 2.66 deaths/100,000 (95% CI 2.59-2.73), followed by White American males (2.19 deaths/100,000 (95% CI 2.17-2.20). African American women had higher mortality rates than women of any other racial group (1.09 deaths/100,000 95% CI 1.06-1.13) (Figure).

Conclusions: Cancer patients make up a significant portion of all deaths from AMI. Africans Americans and males are disproportionately affected, and efforts should be made to elucidate the pathophysiologic and socioeconomic explanations for these disparities.



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Footnotes

Author Disclosures: For author disclosure information, please visit the AHA Scientific Sessions 2021 [Online Program Planner](#) and search for the abstract title.

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