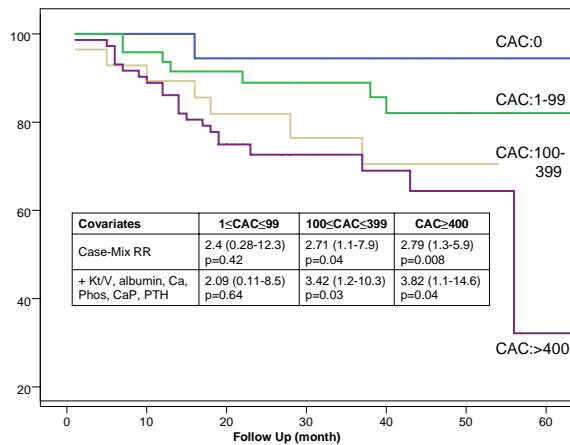


CORONARY ARTERY CALCIUM SCORE, INFLAMMATION AND MORTALITY IN MAINTENANCE HEMODIALYSIS PATIENTS

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Introduction: Vascular calcification in maintenance hemodialysis (MHD) patients (pts) may be a cause of high mortality. We examined whether the coronary artery calcification scores (CACS) provides incremental value to predict all-cause mortality in MHD pts. **Methods:** Survival analyses were conducted in the 5-year (2001-06) cohort of *Nutritional and Inflammatory Evaluation in Dialysis* (NIED) Study.

Results: In 166 MHD pts who underwent CACS (aged 56±13 yrs), the Charlson comorbidity score, C-reactive protein, interleukin-6, TNF-α, and homocysteine were increased in proportion from CACS=0 to 1≤CACS≤99 to 100≤CACS≤399 to CACS≥400. CACS≥400 and 100≤CACS≤399 were associated with a significantly higher adjusted risk of death than CACS=0 (Figure):



Conclusion: These results suggest that significant CACS can predict incrementally worsening inflammation and also all-cause mortality of MHD pts independent of conventional risk factors and inflammation.