Figure 1

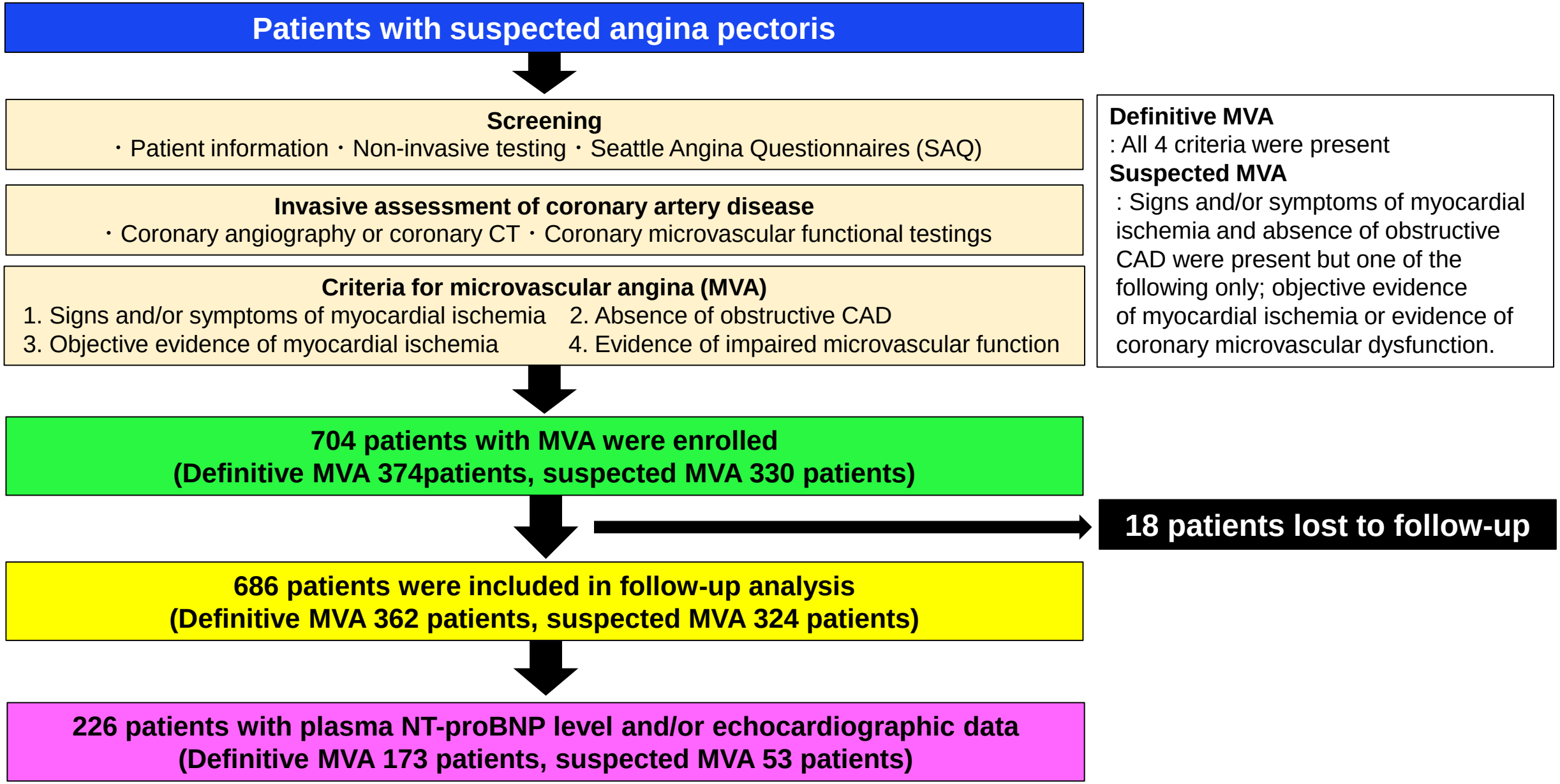
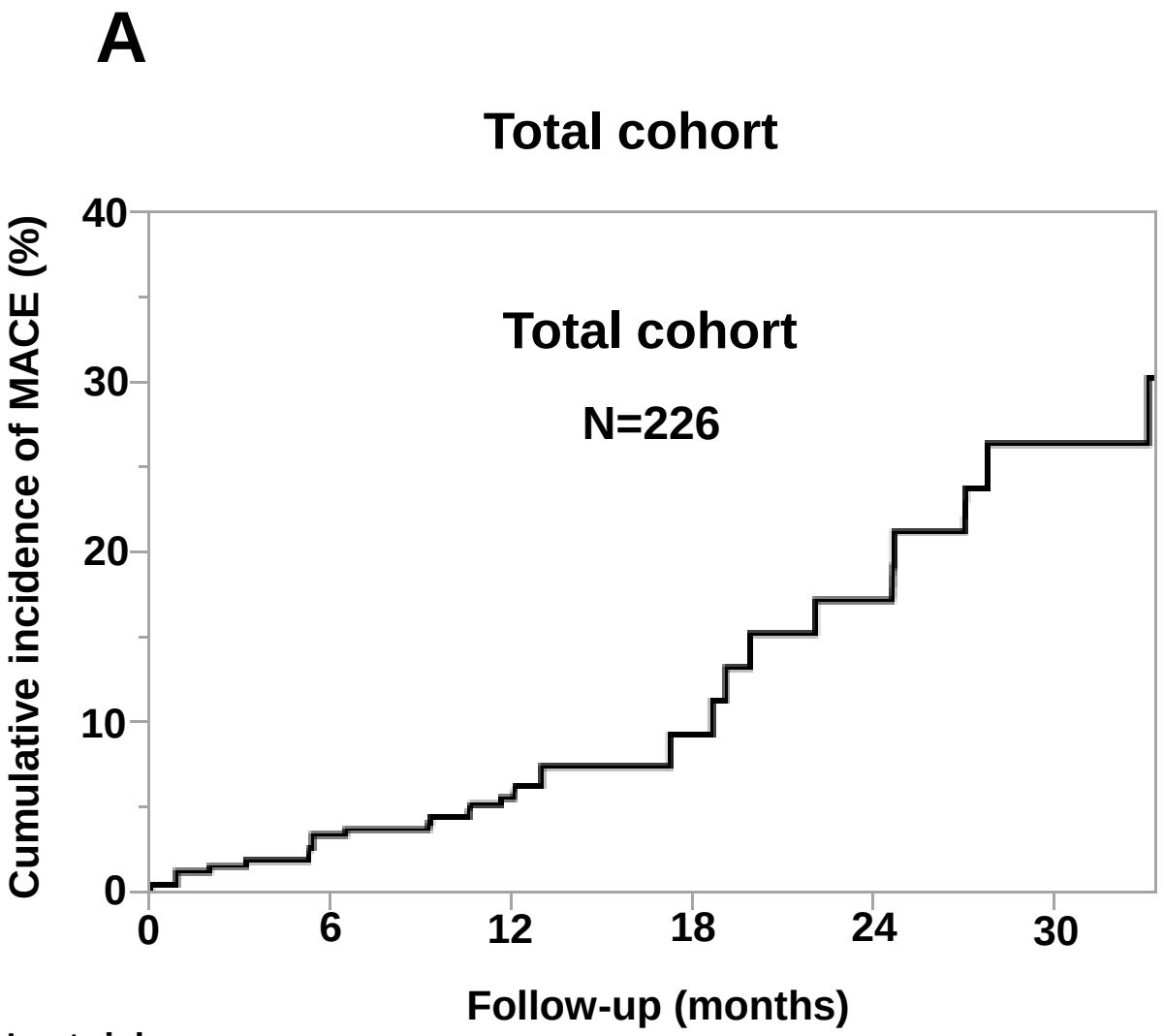

Patients with suspected angina pectoris
Screening
・Patient information・Non-invasive testing・Seattle Angina Questionnaires (SAQ)
Invasive assessment of coronary artery disease
・Coronary angiography or coronary CT・Coronary microvascular functional testings
Criteria for microvascular angina (MVA)
1. Signs and/or symptoms of myocardial ischemia
2. Absence of obstructive CAD
3. Objective evidence of myocardial ischemia
4. Evidence of impaired microvascular function
Definitive MVA
: All 4 criteria were present
Suspected MVA
: Signs and/or symptoms of myocardial ischemia and absence of obstructive CAD were present but one of the following only; objective evidence of myocardial ischemia or evidence of coronary microvascular dysfunction.
704 patients with MVA were enrolled
(Definitive MVA 374patients, suspected MVA 330 patients)
18 patients lost to follow-up
686 patients were included in follow-up analysis
(Definitive MVA 362 patients, suspected MVA 324 patients)
226 patients with plasma NT-proBNP level and/or echocardiographic data
(Definitive MVA 173 patients, suspected MVA 53 patients)

Figure 2


A
Total cohort
Total cohort
N=226
Cumulative incidence of MACE (%)
0
10
20
30
40
0
6
12
18
24
30
Follow-up (months)
No.at risk
277
269
256
48
43
22

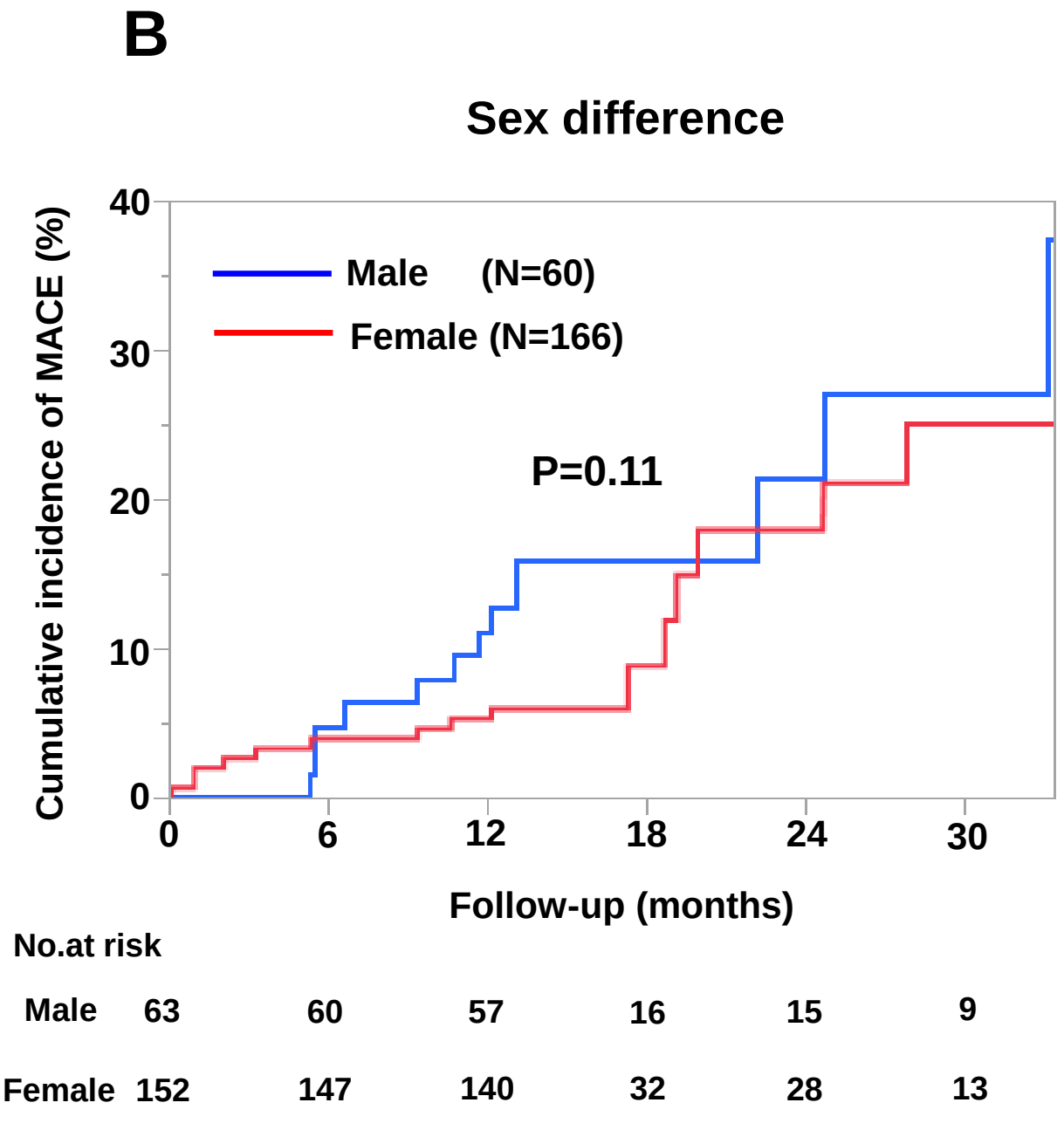
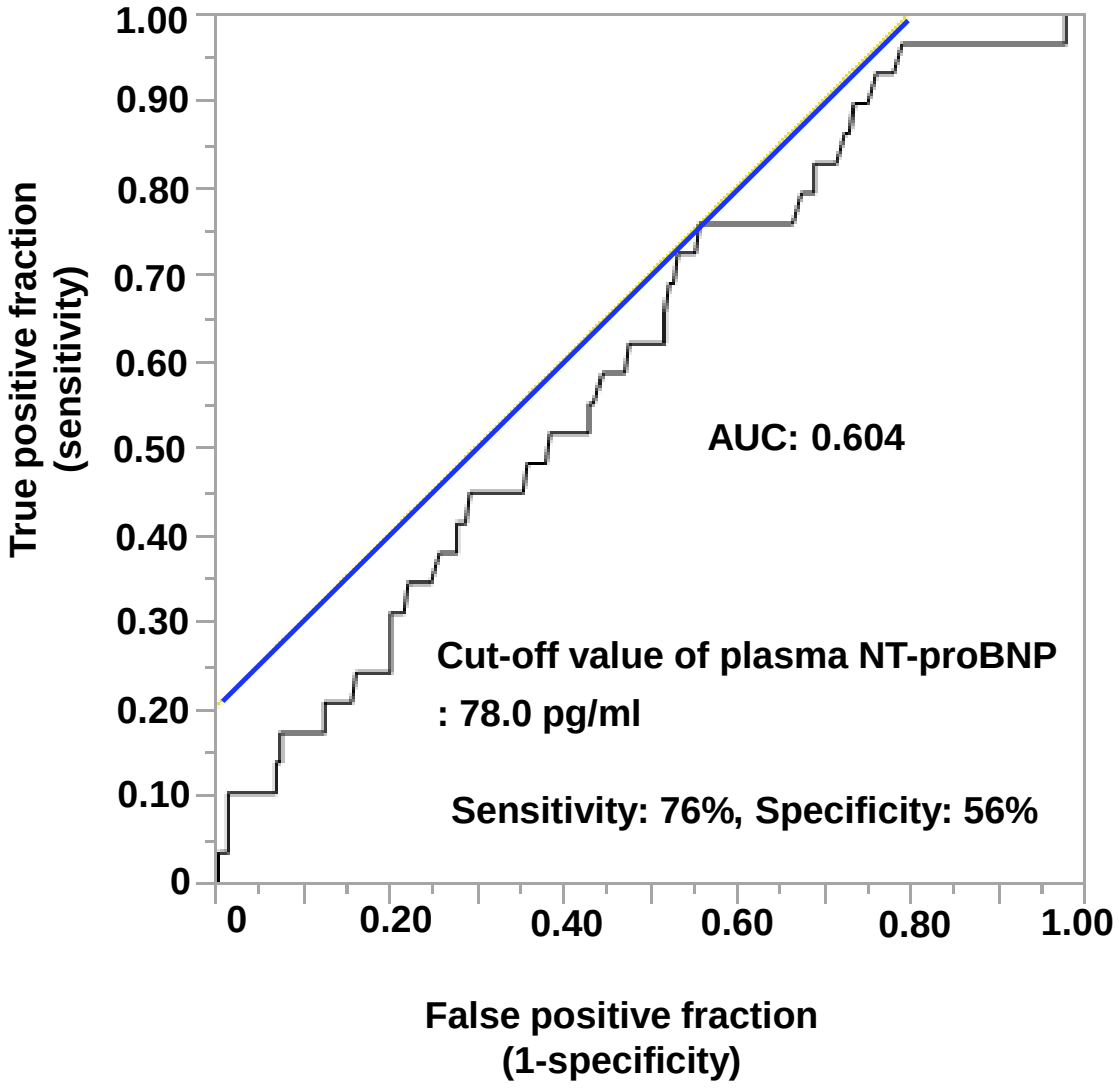

B
Sex difference
Male (N=60)
Female (N=166)
P=0.11
Cumulative incidence of MACE (%)
0
10
20
30
40
0
6
12
18
24
30
Follow-up (months)
No.at risk
Male 63 60 57 16 15 9
Female 152 147 140 32 28 13

Figure 3

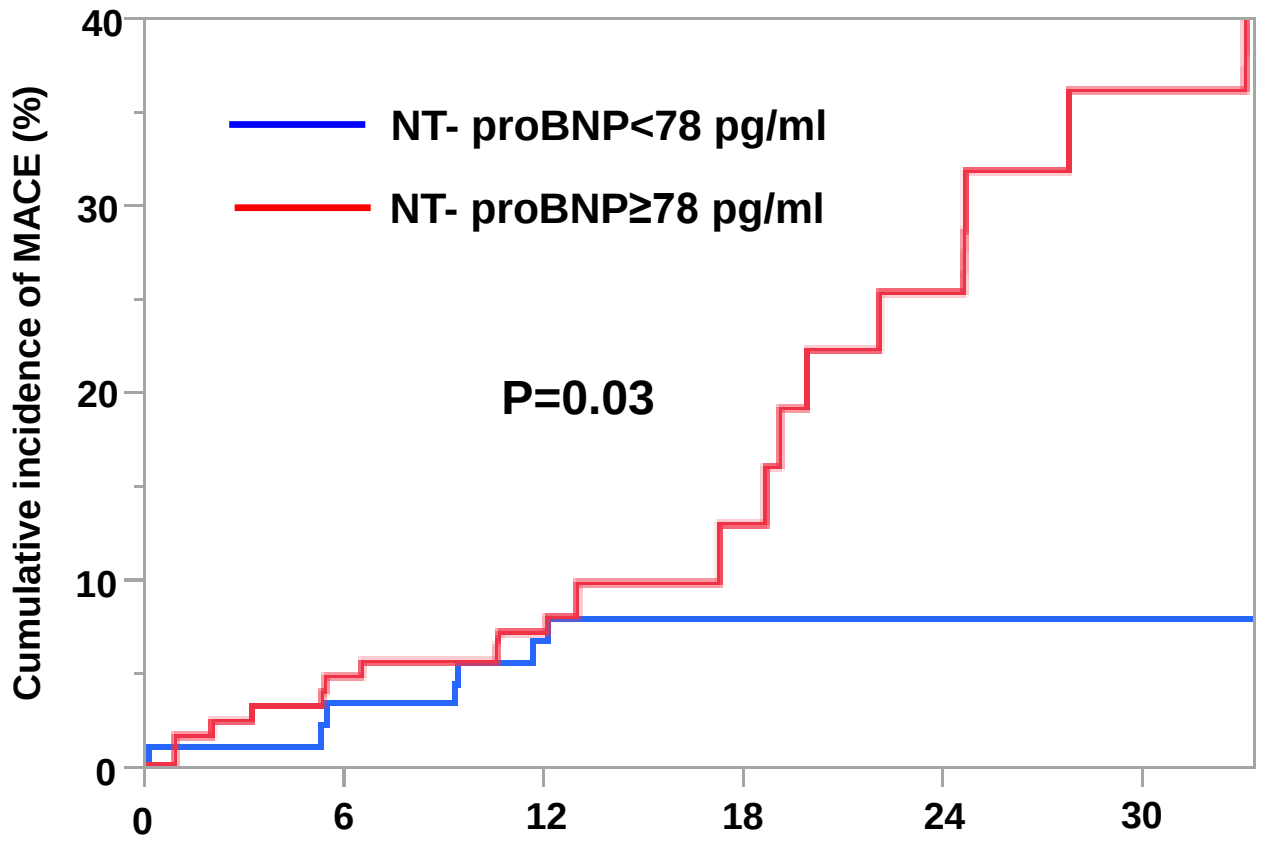
A

ROC curve analysis



B

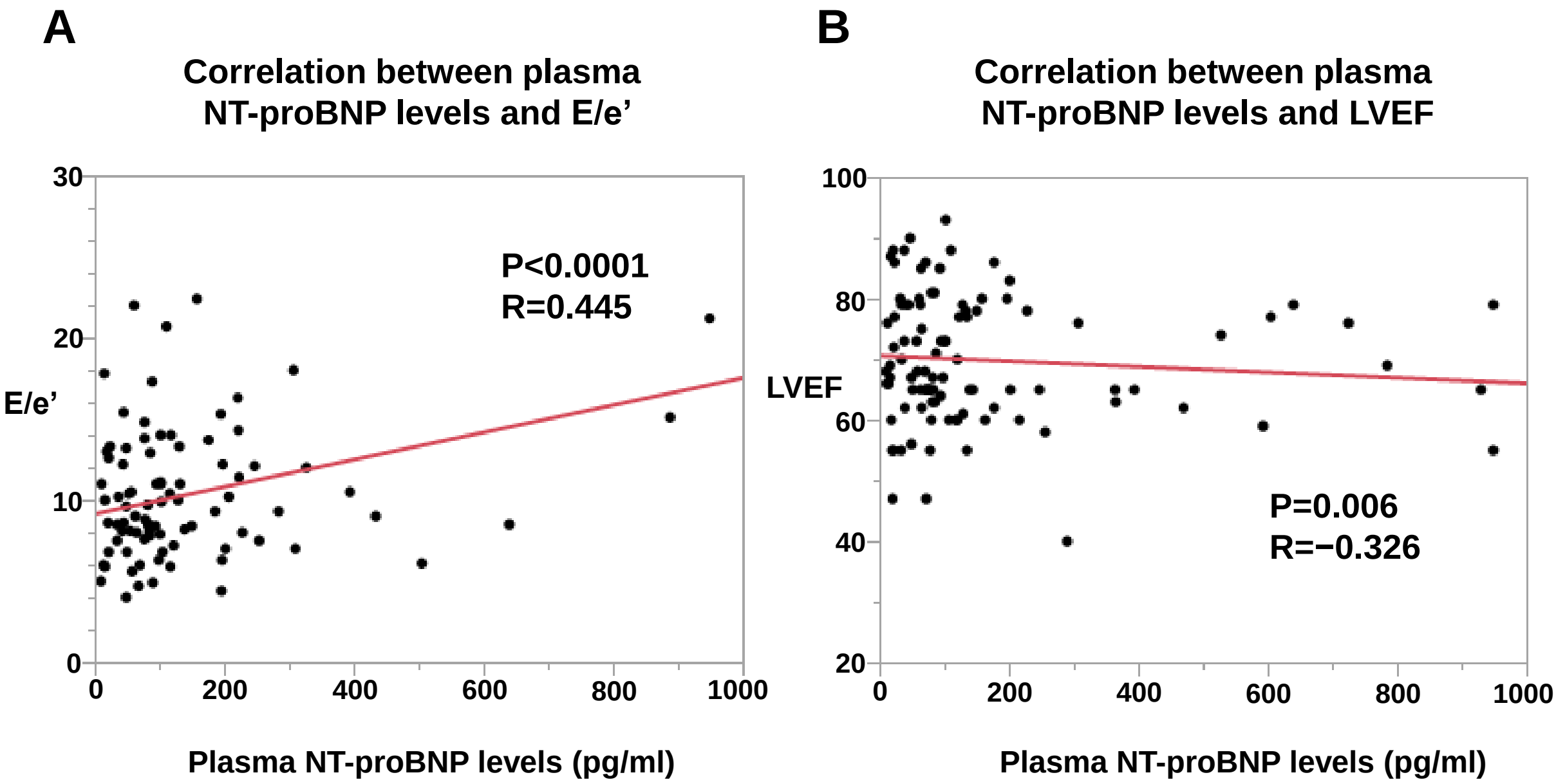
Kaplan-Meier curve for MACE by plasma NT-proBNP levels



No.at risk

BNP<78	89	87	82	19	18	11
BNP≥78	126	121	115	29	25	12

Figure 4


A
Correlation between plasma NT-proBNP levels and E/e’
P<0.0001
R=0.445
E/e’
30
20
10
0
0
200
400
600
800
1000
Plasma NT-proBNP levels (pg/ml)
B
Correlation between plasma NT-proBNP levels and LVEF
P=0.006
R=−0.326
LVEF
100
80
60
40
20
0
200
400
600
800
1000
Plasma NT-proBNP levels (pg/ml)