

# Clinical Notes

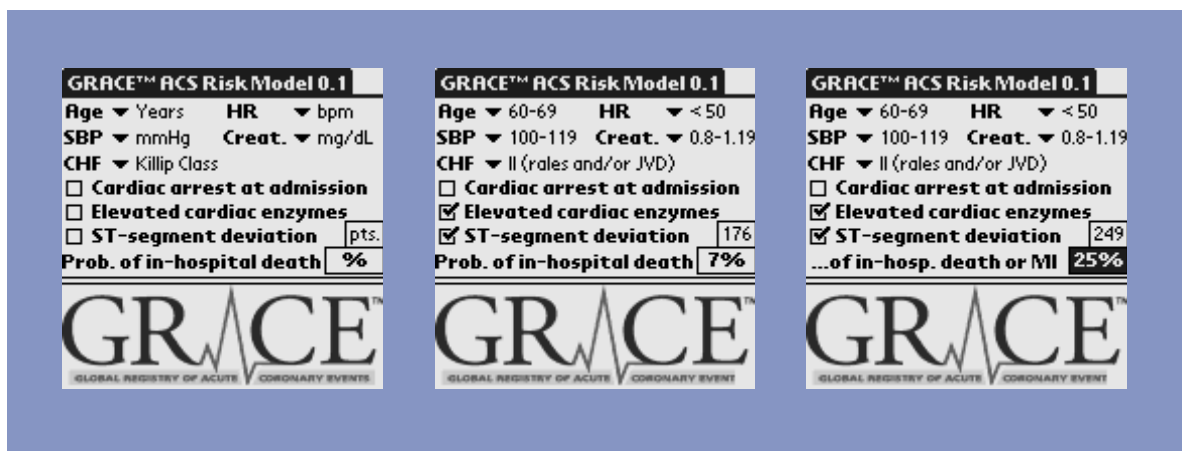
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## GRACE: Risk Model for In-hospital Death

One of the most exciting accomplishments discussed at the recent **GRACE** Scientific Advisory and Publication Committee meetings was the **GRACE** risk model for in-hospital death. Through the publication of a series of such risk models, **GRACE** may make a significant contribution to clinical decision making in ACS patients “at the point of care”. The first of these models, predicting the likelihood of in-hospital death, will be presented by **GRACE** Scientific Advisory Committee Co-Chair Keith AA Fox, on Wednesday, September 4 (Session: Prognosis of AMI: registries vs. studies), at the European Society of Cardiology (ESC) annual congress in Berlin (abstract overleaf). Unlike other risk models, the **GRACE** model: spans the entire spectrum of ACS, is based on a relatively unselected patient population representative of those seen in general practice, and

incorporates important new variables. The **GRACE** model was validated and also performed well in all major subgroups including ST and non-ST segment elevation. Furthermore, the **GRACE** model has excellent ability to discriminate risk.

The **GRACE** model has also been developed as a manuscript, which is currently under review by a major scientific journal. Personal digital assistant (PDA) software incorporating the simplified **GRACE** risk model is undergoing final testing and may be available to download from the **GRACE** internet web site at the time of the ESC meeting. Additional models are being developed, including: likelihood of in-hospital bleeding, estimates of 6-month outcomes for death, and death or recurrent myocardial infarction or stroke.



PDA screen shot - GRACE in-hospital death risk model.