Table 1 Comparison of heart failure readmission rate, heart failure readmission/mortality rate and predictions AUCs at 1 and 3 months between PRADO and non-PRADO patients in 2018.

<table>
<thead>
<tr>
<th></th>
<th>PRADO patients</th>
<th>Non-PRADO patients</th>
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</thead>
<tbody>
<tr>
<td>Heart failure readmission rate in 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 month</td>
<td>15.6% (22/141)</td>
<td>10.5% (16/153)</td>
</tr>
<tr>
<td>3 months</td>
<td>29.4% (33/112)</td>
<td>27.7% (31/112)</td>
</tr>
<tr>
<td>Heart failure readmission or mortality rate in 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 month</td>
<td>17.9% (26/145)</td>
<td>12.7% (20/157)</td>
</tr>
<tr>
<td>3 months</td>
<td>31.9% (37/116)</td>
<td>31.9% (38/119)</td>
</tr>
<tr>
<td>Heart failure readmission or mortality AUC [95%CI] in 2018</td>
<td></td>
<td></td>
</tr>
<tr>
<td>1 month prediction</td>
<td>0.52 [0.38–0.66]</td>
<td>0.49 [0.35–0.64]</td>
</tr>
<tr>
<td>3 months prediction</td>
<td>0.42 [0.31–0.55]</td>
<td>0.50 [0.50–0.50]</td>
</tr>
</tbody>
</table>

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226 FLNC pathogenic variants in patients with cardiomyopathies: Prevalence and genotype-phenotype correlations


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Background/Introduction Pathogenic variants in FLNC encoding filamin C have been firstly reported to cause myopathies, and were recently linked to isolated cardiac phenotypes.

Purpose Our aim was to estimate the prevalence of FLNC pathogenic variants in cardiomyopathies and to study the relations between phenotype and genotype.

Methods DNAs from a cohort of 1150 unrelated index-patients with an isolated cardiomyopathy (700 hypertrophic, 300 dilated, 50 restrictive cardiomyopathies, and 100 left ventricle non-compactions) have been sequenced on a custom panel of 52 cardiomyopathy disease-causing genes.

Results A FLNC pathogenic variant was identified in 28 patients corresponding to a prevalence ranging from 1 to 8% depending on the cardiomyopathy subtypes. Truncating variants were always identified in patients with dilated cardiomyopathy, while missense or in-frame variants were found in other phenotypes. This work reported for the first time a left ventricular non-compaction associated with FLNC pathogenic variant.

In the cohort, nine patients (32%) were implanted with an automatic defibrillator. In 7 families (25%), history of sudden cardiac death (SCD) before 50 years was reported. A personal or family history of sudden cardiac death (SCD) was significantly higher in patients with truncating variants than in patients carrying missense variants.

Saturday, January 18th, 2020
(P = 0.01). Four patients died of cardiac cause including 3 from SCD and 1 from heart failure.

Conclusion This work highlights the role of FLNC in cardiomyopathies. A correlation between the type of the variant and the cardiomyopathy subtype was observed as well as with SCD risk. These new data should be taken into consideration for patient’s management and primary prevention of sudden cardiac death.

Disclosure of interest The authors declare that they have no competing interest.

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335 Hypertrophic cardiomyopathy (HCM) in the young adult: Data from the REMY register of the French Society of Cardiology

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Background Hypertrophic cardiomyopathy (HCM) is considered to be the first cause of sudden death in young subjects, including competitive athletes, often in the absence of significant symptoms. However, most of these data come from tertiary centers and the clinical profile of these patients, as well as their management in real life in France, remain poorly understood.

Purpose To evaluate the management of young adults with sarcomeric HCM and the predictive factors for major cardiac event (MCE), patients < 25 years included in the national HCM register ’’REMY’’ of the French Society of Cardiology from 2006 to 2018 were identified.

Methods At inclusion was calculated the European 5-year sudden cardiac death (SCD) score and identified the presence of the 5 major classical SCD risk factors (MRF). At follow-up, MCE [SCD or implantable cardioverter defibrillator (ICD) shock, sustained ventricular tachycardia (SVT), atrial fibrillation (AF), stroke, hospitalization for heart failure (HFH) or syncope] were notified.

Results Among 61 included patients [20.5 ± 3(16–25) years, 16(26%) women], 92% were in NHYA class I/II, 18(30%) obstructive, 37(62%) showed MRI fibrosis, 6(12%) abnormal exercise blood pressure response, 25% a family history of SCD, 13(21%) had a prophylactic ICD. The score (4.8 ± 2.32) was < 4 in 53% and ≥ 6 in 25% of patients. After 4.4 ± 2.2years, 15(25%) patients (7 women) presented 18 MCE: 3 SCD (17%), 5 SVT (28%), 5 AF and 1 stroke (33%), 1 HFH (5%), 3 unexplained syncopal episodes (17%); 10 patients received an ICD (4 in secondary prevention), 61% patients with score≥ 6 had an ICD. Female sex was predictive of MCE (P = .02), with a tendency for obstruction (P = .09), but not late gadolinium enhancement, prophylactic ICD or MRF.

Conclusion Thus, in young adults with HCM, MCE are common, especially in women, more often rhythmic. Prophylactic ICD is frequent, especially if the score exceeds 6%, but MCE are difficult to predict using the current criteria.

Disclosure of interest The authors declare that they have no competing interest.

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469 Psycho-social impact of predictive genetic testing in hereditary heart diseases (PREDICT Study)


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Introduction Hereditary heart diseases are most often characterized by autosomal dominant inheritance and delayed cardiac expression. Predictive genetic testing (PGT) is offered to asymptomatic relatives to allow targeted medical care with early therapeutics in order to reduce the risk of complications.

Purpose The aim of this study was to evaluate the psychological and socio-professional impact of predictive genetic testing in hereditary heart diseases through a prospective and retrospective study.

Methods & results This multicentric French study involved 20 expert centers in hereditary heart diseases. We included 517 adult relatives (42.3 ± 16.7 years, 60.6% females) who performed PGT (prospective study: n = 264, retrospective study: n = 253). The opinion and experience were collected via auto-questionnaires, at various moments in the prospective study, with different items and validated scales (STAI and IES).

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