hazards regression models. **Results:** A total of 1,220 advanced Colon cancer cases, 422 with Stage III disease prior to progression and 798 with Stage IV disease were enrolled. The proportion of patients who received chemotherapy varied by stage (87%; 256 of 294 with stage III disease and 68%; 630 of 926 with stage IV disease at time of treatment, adjusted p-value=0.0452), geographic site (range 51-83%; adjusted p-value 0.0003; age (rate decreased with increasing age, adjusted p-value < 0.0001), Charlson Score (range score 0, 76%; 147 of 196 to score 6+, 46%; 118 of 257; adjusted p-value < 0.0001), Medicare coverage (yes, 90%; 311 of 346 vs. no, 66%; 577 of 874; adjusted p-value < 0.0001), and positive family history of cancer (family history 82%; 460 of 561 vs. no family history 71%; 258 of 363; adjusted p-value < 0.0456), but did not vary by BMI, patient gender, race, level of education, or household income. The median time to treatment varied by geographic site, stage, increasing age, race, Medicare coverage, college education, household income, and other therapy but did not vary by gender, BMI, Charlson Score, or positive family history. **Discussion:** Chemotherapy use and median time to treatment in advanced colon cancer varied by disease stage, geographic site, and patient characteristics.

Keywords: Colon Cancer; Chemotherapy; Cancer
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Cardiovascular Disease

CA1-02:

Women's Perception of Cardiovascular Disease Risk Varies by Hypercholesterolemia History: Making Effective Nutritional Choices

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Background/Aims: Younger women underestimate personal cardiovascular disease (CVD) risk. The impact of individual risk factors, in particular hypercholesterolemia, on perceived CVD risk is unknown. Hypercholesterolemia represents a challenging risk factor for younger women as (1) unfavorable lipid profiles at younger ages are better predictors of future CVD risk than more contemporaneous profiles, (2) hypercholesterolemia in pregnancy places offspring at-risk for atherosclerotic plaque development, and (3) most lipid-lowering drugs are contraindicated during pregnancy. We evaluated perceived CVD risk by hypercholesterolemia status among women and we examined if this varies by age. **Methods:** Women in this secondary data analysis were participants in the Making Effective Nutritional (MENU) Choices randomized controlled intervention trial aimed at increasing fruit and vegetable consumption through an online program. Participants were health plan members, ages 21 to 65 years, from five HMORN sites. All measures were self-reported from pre-intervention surveys. History of hypercholesterolemia was defined as previous diagnosis of high cholesterol or lipid-lowering treatment. Perceived risk of CVD was measured using an ordinal scale (5 choices ranging from not at all to extremely likely). The association of hypercholesterolemia with perceived risk of CVD was estimated using Bayesian proportional odds models. Women with pre-existing CVD were excluded. **Results:** The analytic sample consisted of 1,614 women; 358 (22.2%) with hypercholesterolemia. Women with hypercholesterolemia were older, had larger BMI, were more likely to be African-American and to currently smoke (all P<0.01). Among hypercholesterolemic women, 137 (38.3%) ranked themselves as having no to little risk of CVD. After adjustment for race, age and BMI, women with hypercholesterolemia had a mean increase in perceived CVD risk of 1.2 (95% CI posterior mean = 0.6, 1.7; P=0.001) compared to women without hypercholesterolemia. There was no evidence that age moderated the effect of hypercholesterolemia on perceived CVD risk (interaction P=0.69). **Discussion:** In general, women with hypercholesterolemia rated their overall risk of CVD higher than women without this history, suggesting that women recognize hypercholesterolemia as a CVD risk factor. However, our findings reveal an important knowledge gap in nearly 40% of women with hypercholesterolemia did not perceive themselves at risk of CVD.

Keywords: Women's Health; Cardiovascular Disease
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CA1-03:

Cognitive Impairment in Patients Hospitalized for Acute Coronary Syndromes: Preliminary Findings from TRACE-CORE

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Background/Aims: Cognitive impairment (CI) among hospitalized patients is associated with lack of functional recovery, rehospitalization, and death but limited data exists on CI in patients hospitalized for acute coronary syndromes (ACS). We examine the prevalence of, and factors associated with, CI among patients with an ACS. **Methods:** Adults (n = 623 to date) in central MA or Macon, GA without dementia or delirium were interviewed during hospitalization for an ACS as part of an ongoing study within the Transitions, Risk, and Actions in Coronary Events: Center for Outcomes Research and Education (TRACE-CORE). CI was indicated by a score =30 on the Telephone Interview of Cognitive Status (TICS; range = 0-41) Patients reported demographic and psychosocial factors: anxiety (GAD8; >4=high anxiety), depression (PHQ9; >4= high depressive symptoms), stress (PSS4; range 0-20), medication adherence (Morisky Scale), and health-related quality of life (SF-36). Patient characteristics were compared by CI status using chi-squared and t-tests. **Results:** Participants were 65% (405 of 623) male, 77% (479 of 623) non-Hispanic white and 14% (87 of 623) African-American, and aged 61.3±11.0 years. Thirty percent of patients hospitalized for ACS were cognitively impaired (187 of 623). In general, patients with CI were only mildly impaired (mean TICS = 28.4). Compared to patients who were cognitively intact, patients with CI were less educated (post high school: 69% vs. 85%) and were more likely to have high levels of depressive symptoms and anxiety (p's<0.05). Impaired patients had higher mean stress levels (5.8 vs. 4.7) and significantly lower average quality of life in both the physical (38.7 vs. 42.0) and mental (43.5 vs. 47.3, all p's<0.001) health domains of the SF-36. Patients with CI were more likely to report caregiving support (19% (118 of 623) vs. 11% (68 of 623), p=0.02). Age, sex, race/ethnicity, and self-reported medication adherence did not differ by CI. **Discussion:** CI is highly prevalent among patients hospitalized for ACS. Screening for CI would identify patients who may require tailored transitional care or closer post-discharge monitoring. Future work in this study will examine the trajectory of cognitive function after discharge, comparing factors associated with persistent versus transient CI.

Keywords: Cognitive Function; Cardiovascular Disease
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CA1-05:

Trial Evidence-based Inclusion and Exclusion Criteria for Primary Prevention Implantable Cardioverter Defibrillators in the Cardiovascular Research Network

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Background/Aims: Randomized clinical trials demonstrate that implantable cardioverter defibrillators (ICDs) are effective for the primary prevention of sudden cardiac death in selected patients with left ventricular systolic dysfunction (LVSD). A recent study by Al-Khatib from the National Cardiovascular Data Registry's (NCDR) ICD Registry reported that 22.5% of U.S. ICD patients with LVSD belong to clinical subgroups outside of trial-based evidence, which provides a meaningful comparison for our analysis. Among the aims of the Cardiovascular Research Network Longitudinal Study of ICDs (CVRN LSICD) is to evaluate the extent to which primary prevention ICD patients meet trial-based evidence criteria for implantation. **Methods:** Study subjects were ascertained from 14 implanting hospitals at 7 CVRN sites. We used NCDR data and the criteria from the published NCDR national study by Al-Khatib to calculate comparable inclusion and exclusion