**SERUM CORIN IS REDUCED AND PREDICTS ADVERSE OUTCOME IN NON S-T ELEVATION ACUTE CORONARY SYNDROME**

**A. Peleg**, Y. Hasin

Poriya Hospital, Tiberias, Israel

Background: Corin is an enzyme that cleaves pro-natriuretic peptides into their active peptides, which have multiple cardiovascular protective effects. Objectives: Evaluate the putative role of corin in acute coronary syndrome (ACS).

Methods: Serum corin level was studied in non-ACS control volunteers (n=103), and in patients with Non-ST-Elevation (NSTE) ACS, who underwent percutaneous coronary intervention (PCI) (n=152).

Results: In the non-ACS control, the corin level was 1165 ± 613 pg/ml, and in ACS patients, corin level was reduced, at 798±288 pg/ml, p<0.0001. Patients, who developed major adverse cardiovascular events (MACE) (60.9%), were recorded during 3 years after discharge. They had statistically significant lower corin levels, than patients without MACE, p< 0.0001. The optimal discriminatory value of corin for the detection and prediction of MACE is 797.4 pg/ml, with optimal sensitivity and specificity values. Using a multiple logistic regression model, the reduced corin level at admission proved to be a significant predictor of MACE, p=0.0004.

Conclusion: Patients with NSTE ACS have a lower serum corin levels than non-ACS control. The low level can serve as a good predictor of medium term MACE following PCI for ACS.