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| No. | Authors | Title | Year | Magazine | Volume, pages | Country | Type of research | Number of participants | Number of patients | Follow-up | Mean age [Years ± SD] | Men [%] | Type of leukotrienes | Method of determination | Underlying disease | Relationship between cardiovascular diseases and leukotrienes | Diffrences observed between groups in leukotrienes level (cardiovascular disease vs non-cardiovascular disease) | Relationship between leukotrienes level and stage of the cardiovascular disease |
| 1 | Brezinski D. A. et al. | ﻿Angioplasty triggers intracoronary leukotrienes and lipoxin A4. Impact of aspirin therapy. | 1992 | Circulation | 86: 56-63 | USA | Non-randomized experimental study | 12 | 12 | no data | 61 ± 12 | 66.67% | LTC4 (blood) | HPLC | CAD | N/A | LTC4: 0.48 ± 0.10 [ng/ml] | N/A |
| LTD4(blood) | N/A | LTD4 1.17 ± 0.48 [ng/ml] | N/A |
| 2 | Gautier-Veyret E. et al. | ﻿Cysteinyl-leukotriene pathway as a new therapeutic target for the treatment of atherosclerosis related to obstructive sleep apnea syndrome | 2018 | ﻿Pharmacological Research | 134: 311-319 | France | Cohort | 199 | 41 | no data | 56,54 | 76,88% | LTE4 (urine) | HPLC-MS | CAD | YES | CAD vs non-CAD - OR (IC95%) = -0.3187; p=0.001 | N/A |
| carotid arterial disease | NO | PLAQUE: presence vs absence: 64.9 vs 58.11 pg/mg crea; p=0.14 | N/A |
| 3 | ﻿Allen S. P. et al. | ﻿Enhanced excretion of urinary leukotriene E4 in coronary artery disease and after coronary artery bypass surgery. | 1993 | Coronary artery disease | 4: 899-904 | UK | Case-control | 25 | 13 | 7 days | 51,8 | 100% | LTE4 (urine) | RIA | CAD | YES | CAD vs non-CAD : 115 pmol/mmol crea vs 63 pmol/mmol creat; p<0.05 | N/A |
| 4 | Carry M. et al. | ﻿Increased urinary leukotriene excretion in patients with cardiac ischemia: In vivo evidence for 5-lipoxygenase activation | 1992 | Circulation | 85: 230-236 | USA | Case-control | 48 | 30 | 3 days | 50,08 ± 8,22 | 60,42% | LTE4 (urine) | RIA | CAD (MI, UA) | YES | MI vs NON ISCHEMIC CHEST PAIN (NICP): 331 ± 99 vs 63 ± 12 pg/mg crea; p=n/g | NO |
| MI vs non-CAD: 331 ± 99 vs 103 ± 22 pg/mg crea; p=n/g |
| MI vs UA: 331 ± 99 vs 369.8 ± 125.3 pg/mg crea; p=n/g |
| 5 | Stodólkiewicz E. et al. | ﻿Leukotriene biosynthesis in coronary artery disease | 2018 | ﻿Polish Archives of Internal Medicine | 128(1): 43-51 | Poland | Cohort | 289 | 289 | 1 year | 63,89 ± 10,9 | 67.47% | LTE4 (urine) | HPLC‑MS | CAD (MI) | N/A | MI vs CAD: 4.74 vs 4.51 logLTE4 pg/mg crea; p<0.001 | YES |
| no diffrence in patients with STEMI vs NSTEMI p=n/g |
| 1 month MI vs CAD is similar between the gropus; p=0.051 |
| 1 year MI is lower than CAD; p=0.02 |
| 1 year MACE vs non-MACE: 4.78 vs 4.68 logLTE4 pg/mg crea; p>0.05 |
| 6 | Cipollone F. et al. | ﻿Modulation of aspirin-insensitive eicosanoid biosynthesis by 6-methylprednisolone in unstable angina. | 2003 | Circulation | 107: ﻿55-61 | Italy | Case-control | 40 | 24 | 3 days | 58.1 ±11.7 | 52,78% | LTE4 (urine) | HPLC + RIA | CAD (UA, SA) | YES | UA vs non-CAD: 57 ± 47 pg/mg crea vs 28 ± 19 pg/mg crea; p<0.02 | YES |
| UA vs STABLE ANGINA (SA): 57 ± 47 pg/mg crea vs 32 ± 12 pg/mg crea; p<0.02 |
| UA vs NICP: 57 ± 47 vs 21 ± 10 pg/mg crea; p=0.002 |
| SA vs NICP: 32 ± 12 vs 21 ± 10 pg/mg crea; p=0.003 |
| 7 | Stodółkiewicz et al. | ﻿Staged revascularization following initial urgent PCI is associated with elevated leukotrienes and thromboxane levels in patients with acute myocardial infarction and multivessel disease | 2013 | ﻿Kardiologia Polska | ﻿71, supl.6: ﻿96-97 | Poland | Cohort | 73 | 73 | 1 month | ﻿66 ± 11 | ﻿74% | LTE4 (urine) | HPLC-MS | CAD (MI) | N/A | Higher LTE4 level in Multi-vessel Disease vs Single-vessel Disease; p=0.02 | YES |
| 8 | ﻿De Caterina R. et al. | ﻿Sulfido-peptide leukotrienes in coronary heart disease - Relationship with disease instability and myocardial ischaemia | 2010 | ﻿European Journal of Clinical Investigation | 40 (3): ﻿258-272 | Italy | Case-control | 59 | 39 | 9 days | 58,27 | 83% | LTE4 (urine) | HPLC + RIA | CAD (MI, UA, CAD) | YES | UA vs HEALTHY: 122.7 ± 137.2 vs 51.1 ± 21.3 pg/mg crea; p<0.01 | YES |
| UA vs NON-CORONARY CONTROLS (NCC) : 122.7 ± 137.2 vs 36.6 ± 9.8 pg/mg crea; p<0.01 |
| UA vs SA: 122.7 ± 137.2 vs 40.5 ± 25.8 pg/mg crea; p<0.01 |
| AMI vs HEALTHY: 213.4 ± 172.4 vs 51.1 ± 21.3 pg/mg crea; p<0.01 |
| AMI vs NCC 213.4 ± 172.4 vs 36.6 ± 9.8 pg/mg crea; p<0.01 |
| AMI vs SA 213.4 ± 172.4 vs 40.5 ± 25.8 pg/mg crea; p<0.01 |
| AMI vs UA: 213.4 ± 172.4 vs : 122.7 ± 137.2 pg/mg crea; p>0.5 |
| 9 | Fosshaug L. E. et al. | Early increase of specialized pro-resolving lipid mediators in patients with ST-elevation myocardial infarction. | 2019 | EBioMedicine | 46: 264–273 | Norway | Cohort | 35 | 25 | 8 days | 61.86 | 77.14% | 12-EPI-6-TRANS LTB4 | HPLC‑MS | CAD (MI, CAD) | NO | STEMI vs STABLE CAD: 0.4 ± 0.1 vs 0.1 ± 0.1 pg/ml; p<0.05 | YES |
| STEMI vs HEALTHY: 0.4 ± 0.1 vs 0.2 ± 0.1 pg/ml; p>0.05 |
| LTB4 | NO | STEMI vs STABLE CAD: 1.8 ± 0.2 vs 1.9 ± 0.4 pg/ml; p>0.05 | NO |
| STEMI vs HEALTHY : 1.8 ± 0.2 vs 1.5 ± 0.2 pg/ml; p>0.05 |
| LTE4 | NO | STEMI vs STABLE CAD: 4.8 ± 0.8 vs 2.7 ± 1.4 pg/ml; p>0.05 | NO |
| STEMI vs HEALTHY: 4.8 ± 0.8 vs 6.6 ± 1.2 pg/ml; p>0.05 |
| LTC4/LTD4 | NO | STEMI vs STABLE CAD: 0.0 ± 0.0 vs 0.0 ± 0.0 pg/ml; p>0.05 | NO |
| STEMI vs HEALTHY: 0.0 ± 0.0 vs 0.0 ± 0.0 pg/ml; p>0.05 |
| 10 | He G. et al. | Relationship of the serum leukotriene B4 level with the risk of unstable angina pectoris and the arachidonate 5-lipoxygenase activating protein gene SG13S114T/A polymorphism. | 2012 | Heart | 98(Suppl 2): E187 | China | Case-control | 273 | 141 | no data | no data | no data | LTB4 (blood) | ELISA | CAD (UA) | YES | UA vs non-CAD 352.52 ± 255.48 vs 200.28 ± 237.10 pg/ml; p<0.001 | N/A |
| 11 | Gómez-Hernández A. et al. | Effect of Intensive Atorvastatin Therapy on Prostaglandin E2 Levels and Metalloproteinase-9 Activity in the Plasma of Patients With Non-ST-Elevation Acute Coronary Syndrome. | 2008 | The American Journal of Cardiology | 102(1): 12–18 | Spain | Cohort | unclear | 16 | 6 months | no data | no data | LTB4 (blood) | ELISA | CAD (MI, CAD) | YES | 2 months after NSTEACS vs HEALTHY : 221.8 vs 132.6 pg/ml p=0.025; | YES |
| 6 months after NSTEACS vs HEALTHY: 193.7 vs 132.6 pg/ml; p=0.033 |
| 2 months after NSTEACS vs CAD: 221.8 vs 307.6 pg/ml; p<0.001 |
| CAD vs HEALTHY: 307.6 vs 132.6 pg/ml; p<0.001 |
| 12 | Mehta J. et al. | Neutrophil function in ischemic heart disease. | 1989 | Circulation | 79(3): 549–556 | USA | Case-control | 57 | 37 | no data | 56.84 | 100% | LTB4 (blood) | RIA | CAD (MI, CAD) | YES | SA vs HEALTHY: 60.9 ± 6.6 mg/107 cells vs 30.0 ± 3.8 ng/107 cells; p<0.01 | YES |
| UA/AMI vs HEALTHY: 35.7 ± 4.7 ng/107 cells vs 30.0 ± 3.8 ng/107 cells; p>0.05 |
| UA/AMI vs SA: 35.7 ± 4.7 ng/107 cells vs 60.9 ± 6.6 mg/107 cells; p<0.05 |
| 13 | Sai L. et al.. | Effect of rosuvastatin and benazepril on matrix metalloproteinase-2, matrix metalloproteinase-9 and leukotriene B4 of patients with acute myocardial infarction. | 2019 | Tropical Journal of Pharmaceutical Research | 18(3): 625–630 | China | Case-control | 86 | 56 | no data | 52,63 ± 1,07 | 54.63% | LTB4 (blood) | ELISA | CAD (MI) | YES | AMI vs HEALTHY: 624.36 ± 59.15 vs 300.06 ± 26.15 pg/l; p<0.01 | N/A |
| 14 | He G. et al. | Interrelationships between ALOX5AP polymorphisms, serum leukotriene B4 level and risk of acute coronary syndrome. | 2014 | PloS One | 9(9):4 e106596 | China | Case-control | 709 | 508 | no data | 62,08 ± 10,36 | 66.85% | LTB4 (blood) | ELISA | CAD (ACS) | YES | ACS vs NCCP: 470.27 ± 316.32 vs 233.05 ± 226.82 pg/ml | N/A |
| 15 | Febi J. et al. | Elevated levels of leukotriene B4 and thromboxane B2 distinguish chest pain of cardiac and non cardiac origin. | 2013 | Indian Heart Journal | 65: 295–299 | India | Case-control | 80 | 40 | no data | 41,15 ± 5,8 | 93.75% | LTB4 (blood) | ELISA | CAD (MI) | YES | MI vs HEALTHY: 2024.28 ± 77.5 vs 242.24 ± 20.4 pg/ml; p<0.001 | N/A |
| MI vs NCCP: 2024.28 ± 77.5 vs 295 ± 22.5 pg/ml; p<0.001 |
| 16 | Nair J. et al. | Expression Analysis of Leukotriene-Inflammatory Gene Interaction Network in Patients with Coronary Artery Disease. | 2014 | Journal of Atherosclerosis and Thrombosis | 21: 329–345 | India | Case-control | 128 | 64 | no data | 50,1 ± 0,8 | 89.10% | LTB4 (blood) | ELISA | CAD | NO | CAD vs non-CAD: 84.135 ± 5.617 vs 69.896 ± 4.458 pg/ml; p=0.071 | N/A |
| 17 | Helgadottir A. et al | The gene encoding 5-lipoxygenase activating protein confers risk of myocardial infarction and stroke. | 2004 | Nature Genetics | 36: 233–239 | Iceland | Case-control | 76 | 41 | no data | no data | no data | LTB4 (blood) | ELISA | CAD (history of MI) | YES | Higher LTB4 in history of MI vs HEALTHY; p=0.011, p=0.016 | N/A |
| 18 | Takase B. et al. | Change of plasma leukotriene C4 during myocardial ischemia in humans. | 1996 | Clinical Cardiology | 19: 198-204 | Japan | Cohort | 50 | 50 | 1 month | 56,04 ± 8,8 | 84% | LTC4 (blood) | RIA | CAD (UA,MI) | N/A | AMI vs SA: 477 ± 235 vs 241 ± 90 pg/ml; p<0.05 | YES |
| 19 | Shasha X. et al. | Clinical significance of leukotriene b4 and extracellular matrix metalloproteinase inducer in acute coronary syndrome. | 2013 | Clinical and investigative medicine | 36 (6): E282–289 | China | Case-control | 153 | 105 | no data | 65,78 ± 11,16 | 68.6% | LTB4 (blood) | ELISA | CAD (CAD, UA, MI) | YES | "AMI<24 h" > "AMI>24 h" ; p<0.05 | YES |
| "AMI<24 h" > "UA" ; p<0.05 |
| "AMI<24 h" > "CAD"; P<0.05 |
| "AMI<24 h" > "non-CAD" ; p<0.05 |
| "UA" > "CAD" ; p<0.05 |
| "UA" > "non-CAD" ; p<0.05 |
| "AMI>24 h" > "UA" ; p<0.05 |
| 20 | Ricevuti G. et al. | Phgocyte activation in coronary artery disease | 1992 | FEMS microbiology immunology | 105: 271-278 | UK | Case-control | 28 | 20 | no data | no data | no data | LTC4 (blood) | RIA | CAD (MI) | YES | CAD vs NCCP: 5.9 ± 0.82 4.6 ± 0.7 ng/ml ; p=N/G | N/A |
| 21 | Takase B. et al. | Arachidonic acid metabolites in acute myocardial infarction. | 1996 | Angiology | 47: 649-661 | USA | Case-control | 31 | 19 | 4 weeks | 57 | 84% | LTB4 (blood) | RIA | CAD (MI) | YES | Acute Phase AMI vs non-CVD: 0.75 ± 0.11 vs 0.44 ± 0.09 ng/mL ; p<0.05 | N/A |
| 1 Day After AMI vs non-CVD: 0.68 ± 0.13 vs 0.44 ± 0.09 ng/mL ; p<0.05 |
| 1 Week After AMI vs non-CVD: 0.62 ± 0.12 vs 0.44 ± 0.09 ng/mL ; p>0.05 |
| 1 Month After AMI vs non-CVD: 0.52 ± 0.13 vs 0.44 ± 0.09 ng/mL ; p>0.05 |
| SRS-A (LTC4+LTD4+LTE4) (blood) | YES | Acute Phase AMI vs non-CVD: 0.96 ± 0.37 vs 0.31 ± 0.06 ng/mL ; p<0.05 | N/A |
| 1 Day After AMI vs non-CVD: 0.79 ± 0.31 vs 0.31 ± 0.06 ng/mL ; p<0.05 |
| 1 Week After AMI vs non-CVD: 0.43 ± 0.21 vs 0.31 ± 0.06 ng/mL ; p>0.05 |
| 1 Month After AMI vs non-CVD: 0.32 ± 0.17 vs 0.31 ± 0.06 ng/mL ; p>0.05 |
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| 22 | Aktan S. et al. | ﻿Leukotriene C4 and prostaglandin E2 activities in the serum and cerebrospinal fluid during acute cerebral ischemia. | 1991 | ﻿Prostaglandins Leukotrienes and Essential Fatty Acids | 43: 247-249 | Turkey | Case-control | 23 | 13 | no data | no data | no data | LTC4 (blood) | stimulated bioassay | cerebral ischemia (stroke+TIA) | YES | CEREBRAL ISCHEMIA vs non-CEREBRAL ISCHEMIA: 0.46 ± 0.008 vs 0.24 ± 0.06; p>0.05 | N/A |
| LTC4 (CSF) | CEREBRAL ISCHEMIA vs non- CEREBRAL ISCHEMIA: 0.55 ± 0.10 vs 0.20 ± 0.04; p<0.02 |
| 23 | Wang G. et al. | ﻿Variants of the arachidonate 5-lipoxygenase-activating protein (ALOX5AP) gene and risk of ischemic stroke in Han Chinese of eastern China | 2011 | ﻿Journal of Biomedical Research | 25 (5): 319-327 | China | Case-control | 78 | 33 | no data | no data | no data | LTB4 (blood) | ELISA | ischemic stroke | YES | CEREBRAL ISCHEMIA vs non-CEREBRAL ISCHEMIA: 70.06 ± 14.75 vs 57.34 ± 10.93 ng/L; p=0.000 | N/A |
| 24 | Katsura K. et al. | Plasma levels of leukotriene C4, B4 slow reacting substance of anaphylaxis in chloronological phases of cerebrovascular disease. | 1988 | Prostaglandins | 36 (5): 655–665 | Japan | Cohort | 34 | 17 | 30 days | 68.4 | 61.76% | LTC4 (blood) | HPLC + RIA | ischemic stroke | YES | acute CEREBRAL INFARCTION vs HEALTHY: 0.210 ± 0.02 vs 0.131 ± 0.01 ; p<0.001 | N/A |
| subacute "1" CEREBRAL INFARCTION vs HEALTHY: 0.236 ± 0.04 vs 0.131 ± 0.01 ; p<0.005 |
| chronic CEREBRAL INFARCTION vs HEALTHY: 0.223 ± 0.04 vs 0.131 ± 0.01 ; p<0.005 |
| acute CEREBRAL INFARCTION vs acute CEREBRAL HEMORRHAGE: 0.210 ± 0.02 vs 0.131 ± 0.01; p<0.02 |
| LTB4 (blood) | YES | acute CEREBRAL INFARCTION vs HEALTHY; p>0.05 | N/A |
| subacute "1" CEREBRAL INFARCTION vs HEALTHY; ; p>0.05 |
| chronic CEREBRAL INFARCTION vs HEALTHY; p<0.02 |
| acute CEREBRAL INFARCTION vs acute CEREBRAL HEMORRHAGE: 0.741 ± 0.07 vs 0.87 ± 0.09 ; p>.0.05 |
| SRS-A (blood) | YES | acute CEREBRAL INFARCTION vs HEALTHY: 0.415 ± 0.04 vs 0.203 ± 0.03; p<0.01 | YES |
| subacute "1" CEREBRAL INFARCTION vs HEALTHY: 0.404 ± 0.05 vs 0.203 ± 0.03; p<0.01 |
| subacute "2" CEREBRAL INFARCTION vs HEALTHY: 0.370 ± 0.04 vs 0.203 ± 0.03; p<0.02 |
| chronic CEREBRAL INFARCTION vs HEALTHY: 0.338 ± 0.04 vs 0.203 ± 0.03; p<0.05 |
| acute CEREBRAL INFARCTION vs acute CEREBRAL HEMORRHAGE: 0.415 ± 0.04 vs 0.254 ± 0.08 ; p>.0.05 |
| 25 | [Chan S.J. et al.](https://www.ncbi.nlm.nih.gov/pubmed/?term=Chan%20SJ%5BAuthor%5D&cauthor=true&cauthor_uid=31520306) | Early and Sustained Increases in Leukotriene B4 Levels Are Associated with Poor Clinical Outcome in Ischemic Stroke Patients | 2020 | Neurotherapeutics | 17: 282-293 | Singapore | Case-control | 41 | 25 | 90 days | 60,44 ± 5,83 | 61% | LTB4 (blood) | GC-MS | ischemic stroke | YES | 1 day post ISCHEMIC STROKE is higher than HEALTHY; p=0.03 | YES |
| mRS 3-5 is higher than mRS 0-2 at ISCHEMIC STROKE; p<0.01 |
| mRS 3-5 is higher than mRS 0-2 7 days post ISCHEMIC STROKE; p<0.05 |
| 26 | [Ji R. et al..](https://pubmed.ncbi.nlm.nih.gov/?term=Ji+R&cauthor_id=21893978) | Genetic variants in the promoter region of the ALOx5AP gene and susceptibility of ischemic stroke | 2011 | Cerebrovascular Diseases | 32: 261-268 | China | Case-control | 80 | 40 | no data | no data | no data | LTB4 (blood) | ELISA | atherosclerosis (large artery disease, cardioembolism, small vessel disease, other ethiology) | NO | CVD vs non-CVD: 2.67 ± 0.14 vs 2.73 ± 0.18 log LTB4 pg/ml; p=0.1 | N/A |
| 27 | Rodriguez-Yanez M. et al. | The levels of the endogenous PPAR-a agonist leukotriene LTB4 are not associated with functional outcome in patients with ischemic stroke. | 2015 | Cerebrovascular Diseases Suppl. | 39: 242 | Spain | Cohort | 78 | 43 | no data | no data | no data | LTB4 (blood) | no data (blood) | ischemic stroke | N/A | baseline ISCHEMIC STROKE mRS≤2 vs ISCHEMIC STROKE mRS >2: 806.78 vs 678.31 pg/ml; p=0.362 | NO |
| 72 h after ISCHEMIC STROKE mRS≤2 vs ISCHEMIC STROKE mRS >2: 693.94 vs 777.52 pg/ml; p=0.81 |
| no correlation between infarct volume and LTB4 at baseline; R=-0.005, p=0.965 |
| no correlation between infarct volume and LTB4 at 72 h; R=0.00, p=0.999 |
| 28 | Ibrahim S. et al. | Leukotriene B4 as an early predictor of carotid atherosclerosis in patients with obstructive sleep apnea | 2014 | European Respiratory Journal Suppl | 44: P1749 | Egypt | Case-Control | 50 | 40 | no data | no data | no data | LTB4 (blood) | no data (blood) | carotid arterial disease | YES | Patients with increased IMT (1.1 ± 0.19 vs 0.58 ± 0.11) have increaed LTB4 (15.06 ± 4.7 vs 12.09 ± 4.5 ng/ml); p<0.05 | N/A |
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| 29 | Maga P. et al. | Urinary cysteinyl leukotrienes in one-year follow-up of percutaneous transluminal angioplasty for peripheral arterial occlusive disease | 2016 | Atherosclerosis | 249: 174–180 | Poland | Cohort | 179 | 53 | 12 months | 64.92 | 68% | LTE4 (urine) | HPLC-MS | PAD | N/A | 3 months LTE4 in PAD restenosis vs PAD no-restenosis: OR=3.57 ; p=0.002 | YES |
| 6 months LTE4 in PAD restenosis vs PAD no-restenosis: OR=3.93 ; p<0.001 |
| 12 months LTE4 in PAD restenosis vs PAD no-restenosis: OR=6.07 ; p<0.001 |
| incresed 1 month LTE4 predictive for 3 months restenosis: OR=3.57; p=0.002 |
| incresed 6 month LTE4 predictive for12 months restenosis: OR=2.38; p=0.016 |
| 1 -12 month MACE did not correlate with LTE4; p>0.05 |
| 30 | Rossi P. et al. | Leukotriene production is increased in lower limb ischemia. | 1997 | International Journal of Angiology | 6: 89-90 | Finland | Case-Control | 36 | 19 | no data | no data | 83% | LTE4 (urine) | HPLC + RIA | PAD | YES | acute PAD vs HEALTHY: 152 ± 38 vs 23 ± 3 pg/mg crea ; p<0.001 | NO |
| chronic PAD vs HEALTHY: 140 ± 45 vs 23 ± 3 pg/mg crea; p<0.001 |
| acute PAD vs chronic PAD: 152 ± 38 vs 140 ± 45 pg/mg crea; p>0.05 |
| no correlation between claudication distance and LTE4; p>0.05 |

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| LTB4 | Leukotriene B4 |
| LTC4 | Leukotriene C4 |
| LTD4 | Leukotriene D4 |
| LTE4 | Leukotriene E4 |
| SRS-A | Slow Reacting Substances od Anaphylaxis |
| HPLC | High Performance Liquid Chromatography |
| HPLC - MS | High Performance Liquid Chromatography - Mass Spectrometry |
| ELISA | Enzyme-Linked Immuno-Sorbent Assay |
| GC-MS | Gas Chromatographic- Mass Spectrometric |
| RIA | Radio-Immuno Assey |
| CAD | Coronary Artery Disease |
| CVD | Cardiovascular Disease |
| MI | Myocadial Infarction |
| UA | Unstable Angina |
| SA | Stable Angina |
| ACS | Acute Coronary Syndrome |
| TIA | Transient Ischemic Attack |
| PAD | Peripheral Arterial Disease |
| N/A | Not Applicable |
| NICP | Non Ischemic Chest Pain |
| STEMI | ST-Elevation Myocardial Infarction |
| NSTEMI | Non ST-elevation Myocardial Infarction |
| MACE | Major Adverse Cardiovascular Events |
| NCC | Non Coronary Controls |
| NSTEACS | Non-ST-segment Elevation Acute Coronary Syndromes |
| mRS | Modifed Rankin Scale |
| IMT | Intima Media Thickness |
| N/G | Not Given |