healthy individuals. The polymorphisms of the ADIPOQ and IRS-1 was assessed by molecular genetic method. Results: It was found that in all groups of hypertensive patients, regardless of body weight and the presence of DM2, the simultaneous presence of two unfavorable genotypes of the ADIPOQ and IRS-1 genes occurred significantly more often than in healthy individuals: in 41% of AH patients with obesity, 30% of AH patients with normal weight, 40% of AH with overweight, 57.5% of AH with obesity and DM2 vs. 13.3% of healthy individuals. In hypertensive patients, in the presence of overweight and obesity, the frequency of combination of the two unfavorable genotypes of these genes was significantly higher than in AH patients with normal body weight.

Conducting comparative evaluation of AH patients with obesity depending on the presence of two unfavorable genotypes or two protective genotypes of the ADIPOQ and IRS-1 genes showed that carriers of the combination of the G/T + T/T genotype of the ADIPOQ and the Gly/Arg + Arg/Arg genotype of the IRS-1 had a higher body mass index, more pronounced insulin resistance, cardiovascular remodeling, adipokine imbalance, impaired carbohydrate and lipid metabolism.

Conclusions: In AH patients, the frequency of the simultaneous presence of two unfavorable polymorphisms of ADIPOQ and IRS-1 genes was higher than in healthy individuals. In AH patients with overweight and obesity, the frequency of combination of the two unfavorable genotypes of the ADIPOQ and IRS-1 genes was significantly higher than in normal body weight. The presence of a combination of two unfavorable genotypes of the ADIPOQ and IRS-1 genes in patients with AH and obesity was associated with a greater severity of cardiovascular remodeling and metabolic disorders compared with the combination of two protective genotypes of these genes.

Diabetes Mellitus and Glucose Metabolism

DIABETES TECHNOLOGY AND ADVANCES IN CLINICAL TRIALS

Assessment of Dulaglutide Safety in Older Patient Populations in Rewind

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OR30-06 Background: Dulaglutide (DU) was superior to placebo (PL) in reducing the incidence of Major Adverse Cardiovascular Events in the Researching Cardiovascular Events with a Weekly INcretin in Diabetes (REWIND Study) broad patient population. The safety of DU treatment is also of interest to health care providers who treat an older patient population (≥65 years of age).

Aims: The primary objective of this post-hoc analysis was to evaluate DU safety in the REWIND patient subgroup populations categorized by age (≥65 and <65 years) with regards to the occurrence of the composite safety outcome of overall mortality and severe hypoglycemia. One of the key secondary objectives was first occurrence of severe hypoglycemia.

Methods: Patients were grouped into two age groups: ≥65 and <65 years. Time-to-event for the composite safety endpoint as well as individual variables were analyzed using Cox proportional hazards regression. Hazard ratios (HRs) and 95% confidence intervals (CIs) for between group treatment differences were also calculated.

Results: Of the 9,901 patients randomized in REWIND, a total of 5,256 (DU, 2,619; PL, 2,637) were aged ≥65 years. The incidence of the composite safety outcome for patients aged ≥65 years was 399 of 2619 (15.2%) for DU-treated patients and 425 of 2,637 (16.1%) for PL-treated patients. The incidence of the composite safety outcome for those aged <65 years was 188 of 2,330 (8.1%) for DU-treated patients and 224 of 2,315 (9.7%) for PL-treated patients. Between group treatment differences (HR [95% CI]) were 0.94 (0.82, 1.08) for patients ≥65 years of age and 0.82 (0.68, 1.00) for patients <65 years of age; interaction p-value = 0.277. The incidence of the secondary outcome of first occurrence of severe hypoglycemia for patients aged ≥65 years was 46 of 2619 (1.8%) for DU-treated patients and 49 of 2,637 (1.9%) for PL-treated patients. The incidence of this outcome for patients <65 years was 18 of 2,330 (0.8%) for DU-treated patients and 25 of 2,315 (1.1%) for PL-treated patients. Between group treatment differences (HR [95% CI]) were 0.95 (0.63, 1.42) for patients ≥65 years of age and 0.71 (0.39, 1.31) for patients <65 years of age; interaction p-value = 0.443. The safety profile of DU was reviewed based upon the results of subgroup analysis of treatment emergent adverse events and serious adverse events by preferred terms for comparing PL and DU for age subgroups (≥65 years of age versus <65 years). None of the results indicated that DU has a different safety profile across the age subgroups evaluated in this post-hoc analysis.

Conclusions: Treatment with DU demonstrated similar safety in REWIND patients aged ≥65 years and those aged <65 years. Dulaglutide can be considered a safe and effective treatment option for use in older adults.

Healthcare Delivery and Education

EXPANDING CLINICAL CONSIDERATIONS FOR PATIENT TESTING AND CARE

Mortality and Glycemic Control Among Patients with Leukemia and Diabetes Mellitus: A Case-Control Study

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MON-131
Background: Unlike with solid organ cancers, little data is available on how diabetes mellitus (DM) and hemato-
logic malignancies interact to affect survival and glycemic control. We examined the impact of DM on survival in
patients with leukemia and the effect of leukemia on gly-
cemic control. Materials and Methods: Patients with
leukemia with and without DM were matched 1:1 (2007–
2017), 70 matched pairs (total N=140 pts) were included in
the analysis. We compared characteristics between cases
and controls and assessed survival with the Kaplan-Meier
method and Cox proportional hazards model. Mixed models
compared hemoglobin A1c (HbA1c) and glucose levels over
time. Results: The median age of patients at diagnosis was
56 (18–94); 60% were male and 89% had acute leukemia.
Among those with DM, HbA1c was only recorded in 25 of 70
patients during the year following cancer diagnosis and was
6.8%. There was no change in HbA1c values over time in
these DM patients. Mean glucose was significantly different
between DM and non-DM patients (p<0.001). Time (days
since leukemia diagnosis) was significant (p<0.001) and
there was a significant interaction effect (p=0.01). Glucose
values increased in the DM patients during the year fol-
lowing diagnosis, while remaining stable in those without
DM. Median follow-up time was 23.2 months. Three-year
survival was estimated at 46% for DM patients versus 45%
in non-DM pts by Kaplan Meier method (p=0.79). Hazard
ratio (stratification for matched pairs) was 1.05 (95% CI:
0.57 - 1.94; p=0.88). Three-year relapse-free survival was
estimated at 34% for DM patients versus 43% for non-DM
patients (p=0.58). Hazard ratio (stratification for matched
pairs) = 1.10 (95% CI: 0.61–1.98; p=0.76). Conclusions:
DM did not adversely impact survival in patients with
leukemia. Leukemia and its treatment did not affect gly-
cemic control. This should be reassuring to hematologists
and endocrinologists who treat patients with leukemia and
diabetes.

Thyroid
THYROID CANCER CASE REPORTS II
False Positive I-131 Uptake
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MON-437
Background
Iodine has high specificity for thyroid tissue hence it plays
very important role is management for differentiated thy-
roid cancer. Despite its high specificity and sensitivity,
false-positive I-131 uptake could be seen on whole body
scan (WBS).

We are presenting a case of false positive intense uptake in
lung due to bronchiectasis.

Clinical case
Patient is a 78-year-old Asian female who initially present
with left sided 5.8 cm thyroid nodule. The fine needle as-
piration was performed, and the cytology came back as
Bethesda category III. Per our institute protocol a molec-
ular mutation panel was sent, which came back with NRAS
mutation.

She underwent total thyroidectomy and the histology
showed 6.2 cm Follicular carcinoma with extensive
angioinvasion, oncocyte type. She received adjuvant 165.2
mci of RAI. Per protocol she had a one-week I-131 whole
body scan.

There was intense abnormal uptake in left mid and
upper chest. The stimulate thyroglobulin with a TSH of
>100mcIU/ml was only 0.17 ng/dl with Tab negative.

Patient subsequently had a PET CT which showed a faint
diffuse FDG activity noted in the cystic bronchiectasis
predominantly in the left apex, lingula, and right middle lobe.

Patient informed us that she has history of pulmonary tu-
berculosis in 1970’s for which she was successfully treated
in her home country. We had 10-year-old chest X-ray which
showed stable cystic bronchiectasis lesion in the region of
intense uptake.

Discussion
Although I131 whole body scan has high specificity and
sensitivity but physician should be aware of potential false
positive uptake to avoid unnecessary intervention. In a
retrospective evaluation the most common non-thyroid
conditions included were bronchiectasis, lung infection,
subcutaneous injection into gluteal fatty tissue, aortic cal-
cification, benign bone cyst, vertebral hemangioma, recent
nonthyroidal surgical procedure site, rotator cuff injury,
mature cystic teratoma and ovarian follicle cyst). The accu-
lation of the bronchial secretion is the proposed mech-
anism of the high false positive uptake in bronchiectasis.

Endnotes
1 Mol Imaging Radionucl Ther 2018; 27:99–106 DOI:10.4274/
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Bone and Mineral Metabolism
BONE AND MINERAL CASE REPORTS I
A Case of Hypercalcemia Secondary to
Rhabdomyolysis Induced by Heroin Use
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SAT-372
Background: Rhabdomyolysis is a potential life threat-
ening condition defined as injury of the skeletal muscle,
which results in the release of intracellular contents
into the circulation. This muscle injury is often associ-
ated with the development of myoglobinuria, electrolyte
abnormalities, and often ARF; it can be caused by diverse
mechanisms including drugs and toxins. We present a case
of rhabdomyolysis complicated by hypercalcemia and ARF
in a patient with a history of polysubstance abuse after
using intravenous heroin.

Case: A 28 y/o male with h/o polysubstance comes to the
ED with c/o fatigue, nausea, vomiting and decreased urine
output for about 5 days; patient acknowledged using heroin
and afterwards he developed weakness and tenderness in
upper and lower extremities. Additionally he admitted co-
caine and marijuana abuse. On physical exam vital signs
were unremarkable and he had some mild tenderness to pal-
pation mostly of the quadriceps bilaterally. Laboratory data