

**The aim of the study** is to determine the prognostic significance of established and novel cardiovascular biomarkers (growth stimulation expressed gene 2 (ST2)) for assessing the risk of adverse cardiovascular events (ACVE) in patients with novel coronavirus infection (COVID-19) during long-term follow-up.

**Methods.** A non-randomized, prospective comparative study included 112 patients hospitalized with a confirmed diagnosis of COVID-19. In addition to standard laboratory tests, the levels of cardiovascular biomarkers (lactate dehydrogenase (LDH), high-sensitivity troponin I (hsTrI), high-sensitivity troponin T (hsTrT), creatine phosphokinase (CPK), creatine phosphokinase MB fraction (CPKMB), ST2) were determined on the day of hospital admission. Patients were followed for 366 [365; 380] days.

**Results.** During the follow-up period, 14 (12.5 %) patients developed ACVE, including 4 (3.6 %) deaths from cardiovascular causes. The group of patients with developed ACVE had higher admission BMI, IL-6, D-dimer, LDH, CPK, CPK-MB and ST2 concentrations ( $p < 0.05$  for all parameters).

Predictors of the development of ACVE were arterial hypertension (AH) (odds ratio (OR) 2.73, 95 % confidence interval (CI) 1.20–6.22,  $\chi^2 = 5.3$ ,  $p = 0.021$ ), obesity (OR 2.13, 95 % CI 1.15–3.96;  $\chi^2 = 5.6$ ,  $p = 0.018$ ), ST2 level  $> 36$  ng/mL (OR 1.23, 95 % CI 1.11–1.37; AUC 0.949, sensitivity 92.9 %, specificity 33 %,  $p = 0.000$ ).

**Conclusion.** The ST2 level of  $> 36$  ng/mL on the day of hospitalization as well as the presence of AH and obesity increased the likelihood of developing ACVE within 1 year of discharge in patients who had a coronavirus infection.