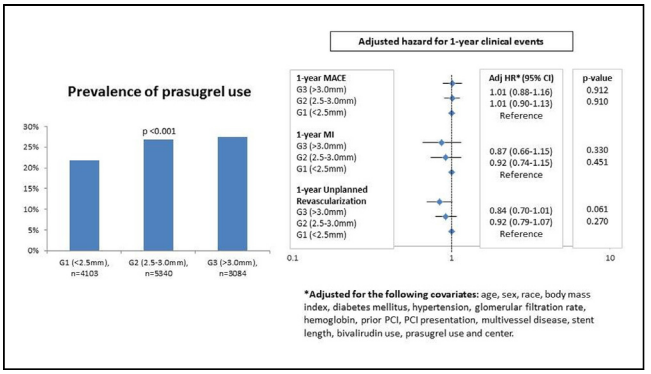
intervention (PCI) for acute coronary syndrome (ACS) (n=19,914). We analyzed 2nd gen DES treated patients in 3 groups for minimum stent diameter: G1 (<2.5mm), G2 (2.5-3.0mm), G3 (>3.0mm). One-year major adverse cardiovascular events (MACE) were a composite of death, myocardial infarction (MI), stroke or unplanned revascularization. Adjusted hazard ratios (HR) were generated using multivariable Cox regression (Ref =G1).

RESULTS Out of 12,527 patients, 32.8% (n=4103) belonged to G1, 42.6% (n=5340) to G2 and 24.6% (n=3084) to G3. Smaller stent diameter patients were older, more commonly female with greater prevalence of diabetes, renal dysfunction and unstable angina compared to others. Prasugrel use increased from G1-G3 (figure). One-year MACE was similar between G1-G3 groups (15.0% vs. 13.8% vs. 13.3%; p=0.10). After adjustment, stent diameter did not influence risk of 1-year MACE or MI, albeit a decrease in revascularization risk was noted with diameter >3.0mm (figure).



CONCLUSION ACS Patients receiving smaller stent diameter were a high risk group with greater clinical comorbidities. Despite this, there were no significant adjusted associations between stent diameter and 1-year ischemic events following 2nd gen DES PCI.

CATEGORIES CORONARY: Stents: Drug-Eluting

TCT-748

Long term outcome after revascularization of long coronary artery lesions with very long or overlapping stents. Insights from the propensity score matched registry

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BACKGROUND Long coronary lesions are challenging subset in which two overlapping drug eluting stents are usually implanted. Recently very long sirolimus eluting stents (30-55 mm) have been introduced as an alternative solution. In current study we compared long term outcomes after implantation of two overlapping everolimus eluting stents (EES, Xience, Abbot, USA) vs. one very long sirolimus eluting stent (30-55 mm SES, BioMime Long, Meril Lifesciences, India).

METHODS This is a multicentre, prospective, hospital information system based registry of 377 consecutive symptomatic patients with occlusive, single and long coronary lesion (>30 mm). Patients both with stable angina and acute coronary syndromes who underwent elective PCI using exclusively two EES implantation (n=254) or one long SES (n=123) were included. Follow-up was collected at 2 years.

RESULTS Follow-up was collected from 90% of patients. At baseline, patients in long SES group were slightly older (68.8±9 vs. 65.1±10 y.o.; p<0.01) and more often presented with unstable angina (48.8 vs. 33.5%; p<0.01). At follow-up the incidence of major adverse cardiovascular events (28.7 vs. 30.0%; p<0.82), death (8 vs. 13%; p=0.16), any repeated revascularization (18.5 vs. 19.4%; p=0.31), target vessel revascularization (6.6% vs. 5.5%; p=0.7) and myocardial infarction (7.0 vs. 5.4%; p=0.6) was comparable between two EES and one long SES consecutively. There were no definite or probable stent thrombosis. These results were sustained after selection of 123 well matched pairs with propensity score.

CONCLUSION Based upon this hypothesis generating registry, implantation of one long SES is feasible and is associated with similar long term clinical outcomes when compared to two overlapping EES.

CATEGORIES CORONARY: Stents: Drug-Eluting

TCT-749

Worldwide every-day practice registry assessing the Xposition S Self-Apposing stent in challenging lesions with vessel diameter variance (SIZING registry)

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BACKGROUND While treating a coronary lesion, difficulties are encountered when the vessel presents significant diameter variance or when the diameter is difficult to estimate. Conventional stents are tubular, and often require optimization steps, which may be aggressive for the vessel and abuse the stent structure. Stent apposition is still not guaranteed. Clinical risks may be associated. To date there is a scarcity of data in the use of any coronary stents in these challenging lesions. We investigate the self-apposing sirolimus eluting coronary stent Xposition S (STENTYS,Paris) in these lesions in everyday practice.

METHODS The worldwide SIZING registry is designed to provide clinical outcome data on STENTYS stents, from routine clinical practice, in lesion subsets with significant vessel diameter variance: eg. left main coronary, aneurysmatic /ectatic (A/E)vessels, bifurcations, vessels with high thrombus load, significantly tapered vessels, vein grafts,... 3000 patients are expected to be enrolled.The primary endpoint is MACE at 12 months (cardiac death, target vessel related MI, clinically driven TLR).

RESULTS 1650 patients with the different generations of the STENTYS stents were enrolled: this is the largest self-apposing coronary stent registry to date. We report here on an interim analysis of SIZING on all patients with Xposition S. Since March 2015, a total of 588 patients with Xposition S have been enrolled. Median follow-up was 365 days (mean:278 days). Mean age was 65±13year. 66% of patients had ACS, 32% were STEMI patients. Device success rate was 97%. 24.7% of patients received Xposition S for lesions in A/E vessels,16.8% for lesion with thrombus,16.0% in left main or bifurcation,11.2% in significantly tapered vessels,7.5% in saphenous vein grafts. MACE rate is 5.3%. Stent thrombosis rate is low at 1.5%. MACE rate is 5.8% in the A/E vessels group,3.1% in tapered vessels,4.5% in large vessels (≥4,5mm). Events adjudication is ongoing, further subgroup analysis will be presented.

CONCLUSION It is the first time large data on Xposition S is reported. The interim analysis of the SIZING registry confirms the interest of the Xposition S in these challenging anatomies where vessel diameter varies.

CATEGORIES CORONARY: Stents: Drug-Eluting

TCT-751

Polymer-free versus permanent polymer drug-eluting stents: an updated meta-analysis of randomized trials

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