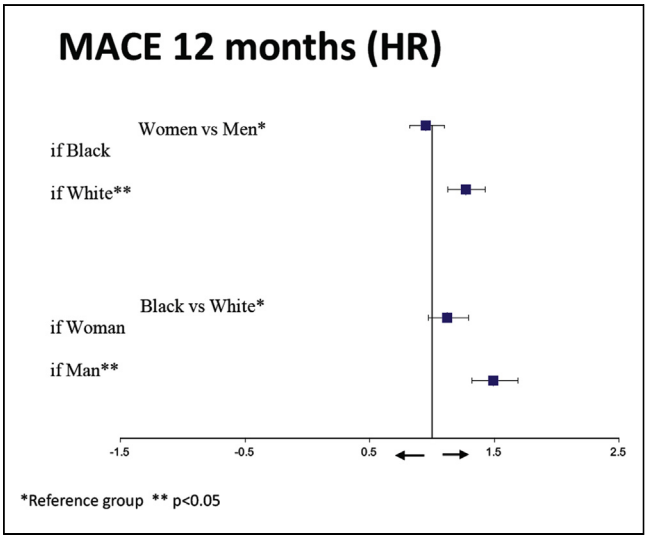
year was assessed and proportional Cox hazard model analyses were performed to assess outcome after adjustment for confounding factors (i.e., presentation with acute myocardial infarction (MI), diabetes, hypertension, history of coronary artery disease, smoking, presentation in cardiogenic shock (CS) and age).

RESULTS Average age was 65.3 +/- 11.5. The 1-year unadjusted death rate was 5.4% in WM, 8.8% in BM, 9.6% in WW, and 9.3% in BW. After adjustment for cardiovascular risk factors and presentation with acute MI and CS,WM had the best outcomes compared to the other groups (in particular, BM had worse outcomes compared to WM and WW worse outcomes compared to WM). There was no gender difference among the black population and no race difference among white or black women (Figure). There was a significant interaction between gender and race (p=0.002).

CONCLUSIONS In this large cohort of patients with coronary artery disease undergoing PCI, we observed significant race and sex disparities in outcomes even after adjustment for clinical presentation and cardiovascular risk factors.



CRT-100.74

Safety And Efficacy Of Sirolimus-Coated Balloon In Diabetic Patients With Coronary Stenosis: Subgroup Analysis From NANOLUTE Study

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BACKGROUND Patients with diabetes mellitus (DM) have worse clinical outcomes after percutaneous coronary intervention as compared with their non-diabetic counter parts. We sought to assess the efficacy of Magictouch sirolimus-coated balloons (SCB) (Concept Medical) in diabetic patients with stenosis in atherosclerosis in coronary arteries.

METHODS The NANOLUTE registry is a prospective, multi-centre, non-randomized, all-comers registry evaluating the safety and performance of sirolimus-coated balloons (SCB) in patients under real-world conditions with treatment according to standard of care. The major study endpoint encompassed MACE (major adverse cardiac events) at 12 months. MACE is defined as a composite of target lesion revascularization (TLR), target vessel myocardial infarction (TV-MI) and cardiac death.

RESULTS A total 438 patients were enrolled in the NANOLUTE study. One hundred ninety-four (44.29%) patients had a diagnosis of DM, while 244 (55.70%) patients had no documented history of DM. Patients with diabetes were more frequently treated for hypertension (67.01% vs. 31.96%, p<0.001). MACE characteristics are depicted in Figure 1. At 1-year follow up, the incidence of MACE was reported as 4.49% vs. 4.19, p=0.881 for both groups. The MACE rate in both the groups was mainly propelled by TLR. There was no statistically significant difference between both the DM and non-DM cohorts.

CONCLUSION The present study demonstrated that diabetes does not appear to have a negative impact on the efficacy of SCB in coronary stenosis. The use of SCB is associated with good clinical outcomes at 1 year without significant difference between the cohorts.

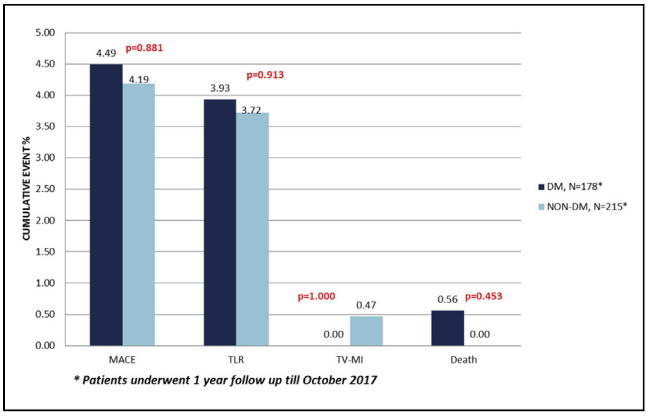

Figure: 1.

CRT-100.75

The Relationship Between Prior Cancer and Mortality in Patients Undergoing Percutaneous Coronary Intervention

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BACKGROUND Cancer is a major cause of mortality. However, the morbidity and mortality related to cancer in patients undergoing percutaneous coronary intervention (PCI) have not been the focus of studies.

AIM The aim of this study is to clarify the relationship between prior cancer and mortality in patients undergoing PCI.

METHODS This retrospective study involved 2254 consecutive patients undergoing PCI. In this population, 216 patients with prior cancer and 861 emergent PCI cases were included. Mortality of patients with prior cancer was compared with those without prior cancer. Mean follow-up period was 1426 +/- 832 days.

RESULTS Patients with prior cancer included 75 (34.7%) emergent PCI, which was comparable with those without prior cancer (38.6%, p=NS.). Patients with prior cancer had higher mortality (14.4% vs. 7.2%, p=0.001). However, cardiovascular mortality was not significantly different between patients with prior cancer and those without prior cancer (3.7% vs. 4.7% p=NS.). Kaplan-Meier analysis (Figure) revealed that patients with prior cancer experienced higher mortality than those without prior cancer. There was no significant difference of cardiovascular mortality between cancer and non-cancer group, although patients with prior cancer experienced