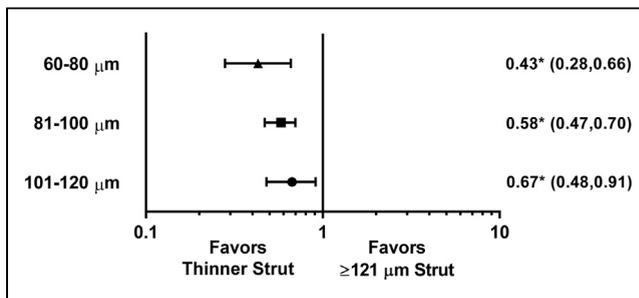


[CrI 0.63-0.91]; 0.81 [CrI 0.73-0.87]; 0.87 [CrI 0.78-1.02], respectively, for MI). Only thin-strut DES had improved outcomes for all-cause mortality (OR 0.90 [0.78,1.04]) and CV death (OR 0.85 [0.75,0.95]) compared with the thick-strut DES. Sensitivity analysis including only studies with biodegradable-polymer DES gave similar results.

**CONCLUSION** Improvement in DES technology with thinner struts is associated with significant reduction in stent thrombosis and MI compared with thicker struts.



**CRT-100.87**  
**Thinner Struts in Drug-eluting Stents Are Associated With Better Outcomes: A Network Meta-analysis of Randomized Controlled Trials**

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**BACKGROUND** We performed a network meta-analysis of randomized controlled trials (RCTs) to assess the impact of strut thickness on clinical outcomes in patients undergoing percutaneous coronary intervention (PCI).

**METHODS** We searched Medline/PubMed and performed a Bayesian network meta-analysis to compare outcomes of patients undergoing PCI with drug-eluting stents (DES) of different strut thickness (ultra-thin 60-80 μm; thin 81-100 μm; intermediate 101-120 μm; thick ≥120 μm). Studies comparing DES with similar strut thickness, bare metal stents, and bioresorbable scaffolds were excluded. Odds ratios with credible intervals (OR [CrIs]) were generated with random-effects models to compare outcomes.

**RESULTS** We identified 66 RCTs including 74,980 patients (ultrathin group = 8299; thin group = 34,117; intermediate group = 11,280; thick group = 21,284). Mean age was 64 ± 10, and 75% were male. When compared with thick-strut DES, stent thrombosis (ST), major adverse cardiovascular events (MACE), and myocardial infarction (MI) were significantly reduced in the ultrathin, thin, and intermediate groups (OR 0.43 [CrI 0.28-0.66]; 0.58 [CrI 0.47-0.7]; and 0.67 [CrI 0.48-0.91], respectively, for ST, Figure); (OR 0.81 [CrI 0.66-0.99]; 0.89 [CrI 0.80-0.98]; and 0.90 [CrI 0.76-1.06], respectively, for MACE) and (OR 0.77

**RADIAL ACCESS**

**CRT-100.88**  
**Feasibility And Complications Of Left Versus Right Transradial Approach For Percutaneous Coronary Procedures**



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**BACKGROUND** Most of the studies assessing transradial approach for coronary angiography (CA) have been performed through right radial approach (RRA). Our aim was to evaluate the safety and efficacy of left radial approach (LRA) compared with RRA for coronary procedures.

**METHODS** From January 2016 to January 2017, we prospectively studied 200 patients. We divided them into two groups, RRA (100 patients) and LRA (100 patients), for percutaneous coronary procedures. Each group consists of 75 patients who underwent diagnostic coronary angiography and 25 patients who underwent percutaneous coronary intervention. The primary end point was procedure time, fluoroscopy time, number of catheters, number of wires, crossover, contrast amount, radiation dose, general complications, and local complication in the two groups were observed.

**RESULTS** There was no statistically significant difference between right and left radial approach in diagnostic coronary angiography regarding the procedure time (22.37 ± 10.33 min vs. 22.67 ± 8.19 min, p=0.84), fluoroscopy time (9.20 ± 4.78 min vs. 9.96 ± 4.14 min, p=0.299), number of catheters (2.06 ± 0.64 vs. 2.17 ± 0.52, p=0.27), contrast amount (122 ± 49.48 ml vs. 120 ± 27.37 ml, p=0.839) and radiation dose (849.82 ± 558 mGy vs. 887.38 ± 410 mGy, p=0.64). There was no statistically significant difference between right and left radial approach in percutaneous coronary intervention regarding procedure time (31.56 ± 11.88 min vs. 29.08 ± 17.34 min, p=0.558), fluoroscopy time (15.90 ± 10.42 min vs. 13.0 ± 9.44 min, p=0.309), number of catheters approach (2.56 ± 0.583 vs. 2.40 ± 0.50, p=0.303), number of wires (1.44 ± 0.71 vs. 1.12 ± 0.43, p=0.63), contrast amount (186 ± 60.41 ml vs. 172 ± 67.82 ml, p=0.445), radiation dose (2249 ± 1157 mGy vs. 1992 ± 1620 mGy, p=0.522).

**CONCLUSION** Right and left radial accesses appear largely similar in their overall procedural and clinical performance during diagnostic or interventional procedures.