Demographic	TR Band (n=155)	Safeguard (n=159)	P
Age (mean yrs.)	64.34	65.21	0.38
Height (mean meter)	1.84	1.96	0.42
Weight (Kg	90.5	87.23	0.51
BMI	33.4	32.6	0.59
Male/Female (%)	63/37	65/35	0.51
Previous use of ipsilateral radial	19	21	0.29
Caucasian/Black/Others (%)	81/12/7	85/10/5	0.54
Prior use of ipsilateral Radial (once/twice/>3 times)	21/7/5	19/13/4	0.52
Platelet count (mean)	1.80	1.76	0.48
Active Oral Anticoagulant use (INR>1.5)	4%	6%	0.59
Procedural Characteristics			
Diagnostic Only/Intervention	92/63	114/45	0.03
Heparin ≥ 50 U/kg	155	159	
Time to Access (Lidocaine inj. To Sheath insertion in minutes)	2.03	2.08	0.57
Number of catheters exchanged (mean)	3.2	2.7	0.43
Posterior/Anterior Puncture technique	93%/7%	94%/6%	0.54
Number of attempts for access (1/2/>3)	87%/10%/2%	89%/9%/2%	0.42
Fluoro-time (minutes)	10.94	9.11	0.24
Contrast use (ml)	132	119	0.10
Amount of Air required for patent hemostasis (mean ml)	11.6	4.8	0.001
Minutes to achieve hemostasis (Diagnostic only)	79.30	84.21	0.39
Minutes to achieve hemostasis (Intervention)	132	141.20	0.43
Patent Hemostasis	86%	87%	0.52
Complications			
Minor bleeding	9 (5.8%)	10(6.2%)	0.75
Radial pseudoaneurysm	0	1 (0.6%)	0.41
Hematoma >2 cm	2 (1.29%)	5 (3.1%)	0.046
Device Crossover	1	2	0.50
Discomfort from the hemostatic band (No pain/ mild to moderate pain/ severe pain)	126 /29/0	141/17/0	0.04
Radial occlusion (At discharge)	6 (3.8%)	10 (6.28%)	0.05
Radial occlusion (At 30 days)	3 (1.9%)	4 (2.5%)	0.10

CRT-100.93

The Procedural Success and Complication Rate of the Left Distal Transradial Approach

Seung-Hwan Lee, Jun-Won Lee, Jung Woo Son, Sang wook Park
Wonju Severance Christian Hospital, Wonju-si, Gangwon-do, Korea, Republic of

BACKGROUND Current updated guidelines recommend the use of radial approach rather than femoral approach in terms of immediate ambulation, less bleeding complication and reduced mortality rate. Recently, the left distal transradial approach (ldTRA) has been introduced as an alternative for feasibility and safety while satisfying both patient and operator convenience. However, there are few studies related to ldTRA. The purpose of this prospective observational study is to assess the feasibility and safety of the ldTRA for coronary angiography (CAG) and percutaneous coronary intervention (PCI).

METHOD Two hundred patients with palpable left distal radial arteries and need to perform CAG or ad hoc PCI were prospectively enrolled. Co-primary endpoints were the success rate and complication rate of CAG and PCI via ldTRA.

RESULT Fifty-six patients were enrolled during 4weeks. Mean age was 64.3±13.3 years (median: 62) and there were more men (n=38, 67.9%) than women (n=18, 32.1%). Acute coronary syndrome (myocardial infarction: n=18, 32.2%; unstable angina: n=19, 33.9%) was the most common condition, followed by stable angina (n=7, 12.5%). Ad hoc PCI was n=29 (52%), and only diagnostic CAG was n = 27 (48%). Two cases of puncture failure (3.57%) via ldTRA were observed. Where puncture was successful, CAG and ad hoc PCI succeeded. There were no serious bleeding complication and nerve injury.

CONCLUSION In this ongoing prospective registry, CAG and ad hoc PCI via ldTRA showed good feasibility and safety. Updated data will be presented.

TRIAL REGISTRATION Clinicaltrials.gov NCT03292367 Registered on 25 September, 2017

SVG INERVENTION

CRT-100.95

Drug Eluting Stents Versus Bare Metal Stents in Saphenous Vein Graft Interventions. Evidence From a Meta-analysis of Randomized Controlled Trials

Ramez Nairooz,[1] Marwan Saad,[2] Ashwat Dhillion,[1] Haroon Yousaf,[1] David Shavelle,[1] Ray V. Matthews,[1] Anilkumar Mehra,[1] Leonardo Clavijo[1]
[1]University of Southern California, Los Angeles, CA; [2]University of Arkansas for Medical Sciences, Little Rock, AR

BACKGROUND The optimal stent type in saphenous vein graft (SVG) intervention remains debatable. Multiple randomized controlled trials (RCTs) compared drug-eluting stents (DES) with bare-metal stents (BMS) in SVG intervention with conflicting results.

METHODS We searched the online databases for RCTs comparing DES with BMS in SVG percutaneous coronary interventions (PCI). We performed meta-analysis using random effects model to calculate the risk ratio for outcomes of interest.

RESULTS A total of 6 RCTs including 1582 patients undergoing PCI of SVGs. The mean follow-up was 24.6 months. The mean age was 70.2 vs. 70.1 years with DES and BMS, respectively. Indication for PCI was acute coronary syndrome in 42.4% in the DES group and 45.9% in the BMS group. The mean age of the SVG was 12.2 years in the DES group and 13.08 in the BMS group. Embolic protection was used in 66.2% in DES vs. 69.5% in the BMS group. All-cause mortality was not significantly different between DES (12%) vs. BMS (9.7%) (OR 1.28, 95% CI 0.73 - 2.26; p = 0.39), neither was cardiac death 8.3% vs. 5.9% (OR 1.31, 95% CI 0.42 - 4.05, p = 0.64). Major adverse cardiovascular events were also not significantly different (19.6% vs. 27.7% (OR 0.57, 95% CI 0.3 - 1.08, p = 0.08)), nor myocardial infarction (10.7% vs. 13.5% (OR 0.74, 95% 0.45 - 1.21, p=0.23)). There was a trend toward fewer target vessel revascularizations with DES (15.4%) vs. BMS (19.1%) (OR 0.56, 95% CI 0.31 - 1.0: p=0.052).

CONCLUSION At a mean of 24 months of follow-up, no difference was observed in clinical outcomes between DES and BMS in SVG interventions. A trend toward fewer target vessel revascularizations with DES compared to BMS was observed and is hypothesis-generating.