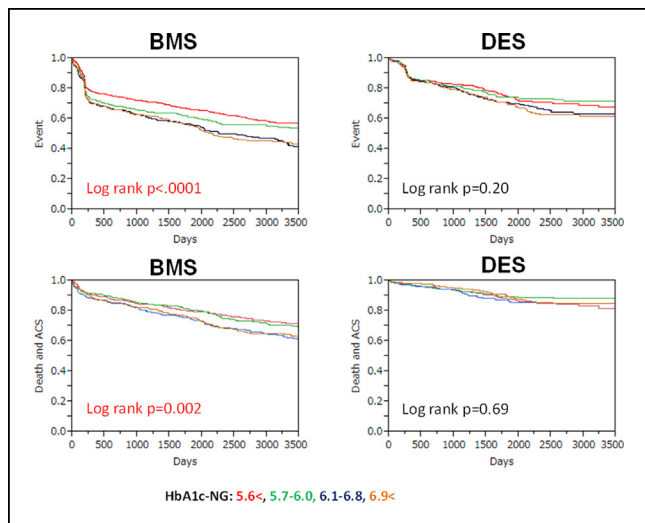


2011. Of the 3492 consecutive patients, 1897 patients received BMS, and the remaining 1,595 patients received DES. Patients were assigned to four groups according to the quadrant values of admission HbA1c. The primary endpoint was composite of MACE (all-cause death, ACS and revascularization). The mean follow-up duration was 4.5 years. As figured showed, the higher the HbA1c, the higher the rate of MACE and ASC plus death ($p < .0001, 0.002$) in the BMS group. However, HbA1c showed no such correlation with MACE and ACS plus death ($p = 0.20, 0.69$) in the DES group. Multi-variable Cox regression analysis showed that HbA1c was not associated with long-term outcomes in DES.

CONCLUSIONS HbA1c has no impact on long-term outcomes of patients implanted with DES. In contrast, HbA1c correlates with higher MACE rates in BMS group.



CRT-168

Comparative Assessment Of The Antirestenotic Efficacy Of Two Paclitaxel Drug-eluting Balloons With Different Coatings In The Treatment Of In-stent Restenosis: Results Of The DEB-ISR Study.

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BACKGROUND Drug-eluting balloons (DEB) have shown effectiveness in the treatment of bare metal and drug-eluting stent in-stent restenosis (ISR). Preclinical investigations have suggested that coating technology is crucial for the efficacy of DEB. Aim of this study is to compare the antirestenotic efficacy of two paclitaxel DEB with different coatings in the treatment of ISR by means of a morphological and functional assessment.

METHODS In a single center, prospective, non-randomized study, the shellac-paclitaxel coated DIOR (EuroCor GmbH, Bonn, Germany) and the urea-paclitaxel coated IN.PACT Falcon (Medtronic Vascular Inc., Santa Rosa, CA, USA) were compared in the setting of ISR. Besides quantitative angiography, fractional flow reserve (FFR) and optical coherence tomography (OCT) were performed at baseline, post-procedure and 6-months follow-up. Main endpoints of the analysis were QCA, FFR and OCT-based parameters of restenosis.

RESULTS Forty-five patients were included, 20 (44%) received treatment with the DIOR and 25 (56%) with the IN.PACT Falcon. Angiographic and device success were 100% and 90% for the DIOR, and 100% and 92% for the IN.PACT Falcon, respectively. At 6-months follow-up, in-segment late lumen loss (-0.03 ± 0.43 vs. 0.36 ± 0.48 mm, $p = 0.014$) and diameter stenosis (30.7 ± 16.2 vs. $41.3 \pm 22.6\%$, $p = 0.083$) were lower for the IN.PACT Falcon. FFR distal of the stent was significantly higher in the IN.PACT Falcon group (0.92 ± 0.07 vs. 0.84 ± 0.13 , $p = 0.029$) and in-stent FFR gradient was lower (0.05 ± 0.05 vs. 0.13 ± 0.12 , $p = 0.002$). Between postprocedure and follow-up, a 16% decrease in neointimal volume was observed for the IN.PACT Falcon, while a 30% increase was observed for the DIOR ($p = 0.006$). Target lesion revascularization rate was 8% in the IN.PACT Falcon and 30% in the DIOR group ($p = 0.11$).

CONCLUSIONS The IN.PACT Falcon DEB showed higher antirestenotic efficacy than the DIOR in the treatment of ISR, demonstrating that DEB with an excipient based coating are not equally effective. Comparative assessment of DEB in the clinical setting is warranted.

CRT-169

Impact Of Chronic Alcohol Consumption On 5-year Clinical Outcomes in Patients with Significant Coronary Artery Spasm; A Propensity Score Matching Study

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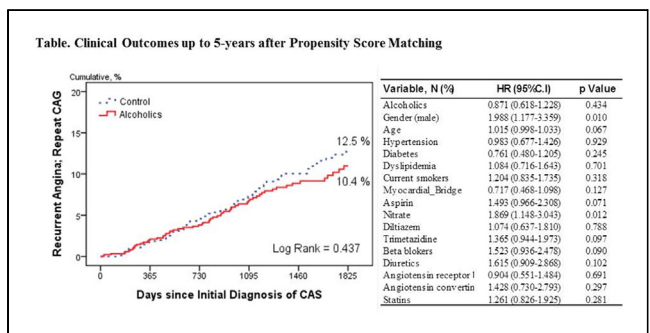
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BACKGROUND Chronic alcohol consumption is known to be a risk factor of significant coronary artery disease (CAD). However, currently there is no available data with larger study population regarding long-term clinical outcomes of CAS patients (pts) with chronic alcohol consumption in real world clinical practice.

METHODS A total of 3,349 consecutive pts without significant coronary artery disease (CAD) underwent acetylcholine (Ach) provocation test between Nov. 2004 and May. 2014 and positive CAS pts were enrolled. Significant CAS was defined as > 70% of narrowing by incremental intracoronary injection of 20, 50 and 100 µg into left coronary artery. Patients were divided into two groups based on the presence of alcohol consumption: the Alcoholic group (n=1,189), the control group (n=2,160). To adjust potential confounders, a propensity score matched (PSM) analysis was performed using the logistic regression model.

RESULTS After PSM analysis, 2 propensity-matched groups (877 pairs, n=1,754, C-statistic=0.796) were generated and the baseline characteristics of the two groups were balanced. At 5 years, there were similar incidence of individual hard endpoints including mortality, myocardial infarction, revascularization and recurrent angina requiring repeat coronary angiography between the two groups.

CONCLUSIONS Despite the expected endothelial dysfunction, chronic alcohol consumption was not associated with worse clinical outcomes in CAS pts up to 5 years, suggesting that the mechanisms and risk factors of CAS may be different from those of atherosclerotic CAD.



CRT-170

Cardiac Rehabilitation Improves The Ischemic Burden in Patients with Ischemic Heart Disease who are not Suitable for Revascularization

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BACKGROUND Ischemic heart diseases including stable angina & acute events, represent a huge burden on both the individual & the society and represents an important source of disability.

AIM We aimed to identify the effect of cardiac rehabilitation program (CRP) on the ischemic burden in patients with ischemic heart disease (IHD) unsuitable for coronary revascularization.

METHODS Forty patients with IHD who were unfit for coronary revascularization were recruited. All patients were subjected to sophisticated CRP protocols, including patient