between two groups (p < 0.34). When we excluded the patients with Killip 4 class, there were also no significant differences in the incidence of end points.

CONCLUSION In current real world practice and DES era, PPCI and thrombolysis were similar efficacy of reperfusion therapy for the patients with STEMI 3hours of onset of symptoms as well. But in the two third of patient with revascularization by thrombolysis, adjunctive or rescue PCI were performed after thrombolysis therapy.

CRT-200.54

Evaluation of 2-year Clinical Outcomes From Post-market Trials With Everolimus-eluting Cobalt Chromium Stents in Diabetics

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BACKGROUND Revascularization of diabetic patients is challenging owing to the high frequency of complex disease and is consistently associated with increased rates of cardiac events compared to non-diabetic patients. We evaluated the impact of diabetes on clinical outcomes among patients undergoing percutaneous coronary intervention (PCI) with the Xience V Everolimus eluting stent.

METHODS AND RESULTS We performed a patient-level pooled analysis of 4 large international post marketing surveillance registries (SPIRIT V, SPIRIT Women, XIENCE V India and the XIENCE V China Single-Arm study). Of 7592 patients, 5205 patients were non-diabetics and 2387 patients were diabetic. Diabetics were older, and had higher rates of hypertension, hyperlipidemia, and complex disease. At 2-year follow-up, diabetic patients had higher rates of all cause mortality (3.3% vs. 1.6%; p<0.0001), myocardial infarction (4.3% vs. 3.2%; p=0.02), target lesion failure (6.8% vs. 5.0%; p=0.003), and definite/probable stent thrombosis (0.8% vs. 0.4%; p=0.02) compared to non-diabetics. Among the diabetic subgroup, insulin dependent diabetics had higher events for all clinical outcome measures at 2-year follow-up compared to non-insulin dependent diabetics. Among diabetics, female gender was an independent predictor of 2-year target lesion revascularization (OR [95%CI] 2.30 [1.35, 3.93]; p=0.002), while ACC/AHA lesion class A/B1 predicted lower rates of 2-year target lesion revascularization (OR [95%CI] 0.46 [0.23, 0.92]; p=0.03). Increasing age was the only predictor of 2-year mortality in diabetic patients (OR [95%CI] 1.07 [1.04, 1.10], p<0.0001).

CONCLUSION Although diabetic patients continue to have worse outcomes after PCI, treatment with the Xience V stent is associated with low event rates in both diabetic and non-diabetic patients. Among diabetic patients, worse outcomes following stenting with Xience V appear to be confined to those receiving insulin therapy, while non-insulin dependent diabetic patients had similar outcomes compared to non-diabetics. Gender, lesion complexity and age are significant predictors of outcomes.

CRT-200.55

Outcomes After Very Long Lesion Treatment With Everolimus Eluting Stents

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BACKGROUND Lesion length has been an important factor in predicting a worse outcome after percutaneous coronary interventions (PCI), however the safety and efficacy of second-generation drug eluting stents in very long coronary lesions has not been validated in large scale randomized controlled trials.

METHODS We performed a patient level pooled analysis of patients undergoing planned overlapping stent treatment of very long coronary lesions with the XIENCE V everolimus eluting coronary stent system (Xience V, Abbott Vascular, Santa Clara, CA) from 6 trials evaluating the XIENCE V stent (Spirit II, III, IV, V, Spirit Small Vessel and XIENCE V USA). Patients were divided into two cohorts, a very long lesion (VLL) group with lesions ≥35mm and a control group with lesions >24mm to <35mm. The primary outcome measures were Target Lesion Failure (TLF), Major Adverse Cardiac Events (MACE) and Academic Research Consortium (ARC) defined definite and probable stent thrombosis at 1 year.

RESULTS A total of 13,266 patients were included in the pooled analysis of which 2.4% (323 patients with 328 total lesions) had a mean lesion length of 47.1±13.7mm in the VLL group and 3.6% (482 patients with 500 total lesions) had a mean lesion length of 28.1±2.4mm in the control group. At 1 year there was no significant difference in the rates of TLF between the VVL and control groups (8.9% Vs 10%, p=0.63), MACE (9.2% vs 10%, p=0.74) or stent thrombosis (1.6% Vs 1.5%, p=0.92).

CONCLUSION In the treatment of very long coronary lesions, the XIENCE V stent appears as safe and effective as percutaneous coronary interventions for shorter lesions.

CRT-200.56

Investigation Into the "One-Size-Fits-All" Diuretic Strategy to Heart Failure Exacerbation Management: A Retrospective Study

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BACKGROUND Diuretic therapy is the mainstay of treatment for heart failure exacerbations but its optimal dosing strategy remains unclear. In 2011, the DOSE trial exhibited improvement in patients' global symptom assessments when utilizing a high-dose diuretic strategy. To improve heart failure outcomes and test the applicability of this trial to our population, we implemented the recommended initial dose of 80mg intravenous furosemide three times daily for patients admitted through our emergency department. We hypothesized that standardizing high dose furosemide for all patient populations may lead to some negative patient outcomes.

METHODS 334 patients admitted for acute systolic or diastolic heart failure were identified in an urban, academic medical center and reviewed from July 2014 to June 2015. Multivariable regression models with stepwise selection method was used to assess the statistical association between variables, length of stay, worsening renal function, 30-day readmission rate, and mortality.

RESULTS A higher total furosemide dose in first 72 hours was significantly associated with longer length of stay (Coefficient 0.0032, p= 0.000), higher reduction in GFR (Coefficient -0.00085, p= 0.000), higher grade of worsening renal function (OR 1.0013, CI 1.0006 - 1.0019, p= 0.000). Importantly, there was no association between total furosemide dose and 30-day readmission rate or inpatient mortality. Higher reduction in GFR was significantly associated with longer length of stay (Coefficient -11.2, p=0.000). History of stroke and history of heart failure admission in past 12 months were significantly associated with higher 30-day readmission rate (OR 2.4, CI 1.15 - 5.09, p=0.019 and OR 2.4, CI 1.32 - 4.53, p=0.004, respectively).

CONCLUSION In patients admitted for acute heart failure exacerbation, higher diuretic dose in first 72 hours was associated with longer length of stay and worsening renal function in the setting of increasing initial diuretic dose in our patient population. Even though a high dose diuretic strategy is advantageous for reducing symptoms early per the DOSE trial, our data suggest that physicians should use clinical judgment, and that other variables may play a role in applying a high dose strategy to the appropriate patients.

CRT-200.57

Left Main Coronary Artery Intervention With and Without Ventricular Assist Device

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BACKGROUND Coronary artery bypass grafting is the standard of care for most patients with obstructive left main (LM) coronary disease. In poor surgical candidates, high-risk percutaneous coronary artery intervention (PCI) is a consideration. The results from randomized trials examining short-term mortality with the use of ventricular assist devices in high-risk PCI are controversial.

METHODS We investigated a retrospective cohort of patients who had LM PCI from January 2010 through March of 2014 (n = 89). Obstructive LM disease was 50% angiographic obstruction of the luminal flow, and