

OBJECTIVE To report the post angioplasty profile of single-stenting technique from distal unprotected left main coronary artery (LMCA) to Major side branch.

MATERIAL AND METHODS We have retrospectively analyzed the data of patients with Distal LMCA bifurcation lesions presented to the Nizam's Institute of Medical Sciences, Hyderabad, India between 2010 to 2013 who underwent intervention with single stent crossover technique to distal unprotected LMCA.

RESULTS A total of 83 patients underwent distal LMCA intervention, LMCA-LCX in 35 patients (42%) and LMCA-LAD in 48 patients (58%). 75 patients (90 %) had significant side branch disease and in all both branches were wired. Post stenting of the main vessel only 12 patients (13%) required treatment to side branch (stenting in 7 patients & balloon in remaining 5) due to TIMI 2 flow. The bifurcation angle ranged from min 45 degrees to max 170 degrees, however only 3 patients required final kissing balloon technique. Post PCI all patients had TIMI-III flow in both the vessels.

CONCLUSION In distal LMCA bifurcation lesions, LMCA to main vessel stenting can be performed safely with conventional single stenting technique irrespective of the presence of significant side vessel disease across wide range of main vessel angulations with good end result. It may therefore be important to evaluate alternative strategies for treating distal LMCA bifurcation disease.

CRT-100.60

Outcomes of Bioresorbable Scaffold Use for the Treatment of Bifurcating Lesions: A Global Study Analysis

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INTRODUCTION Bioresorbable vascular scaffold (BVS) is demonstrated to be clinical equivalent to drug eluting stents (DES) for the treatment of de-novo coronary artery disease. One of his properties is the thicker struts being completely degraded by 24-36 months. Data reporting clinical outcomes is scarce. We aimed to evaluate the global experience of bifurcating lesion treated with BVS.

METHODS We searched Pub Med, Cochrane and Embase for all the clinical data reporting clinical outcomes of bifurcating lesions treated with BVS. We reported number of patients, lesions, sex, type of bifurcation per Medina classification, location of the bifurcation. Clinical outcomes included 30 days mortality, long-term mortality, stroke, AMI, target lesion revascularization (TLR), scaffold thrombosis (ST) and stenting technique. We reported the number in percentage value.

RESULTS Six studies provided a total of 415 patients and 466 lesions. 76% of these patients were men. LAD and diagonal were the most common site of bifurcating lesions (> 50%). More than half (51%) of the lesions were true bifurcation (101,011,111). There was 0.5% mortality at 30 days and 1.2 % at long-term follow up (1 year). There was no stroke and 1.4% of AMI. TLR rate was 7.4% and ST 1.4%. Stenting techniques included V shaped in 1.8% of the cases, T shape in 6.6%, and culotte in less than 1%.

CONCLUSION Our analysis suggests that BVS can safely used for bifurcating lesions with good clinical outcomes. Its unique characteristics of absorption can prevent the side branched jailing as it occurs with DES. Comparison between two devices should be pursued with RCT's.

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Bleeding And Mortality Following PCI Is Predicted By Age: Insights From The Dartmouth Dynamic Registry

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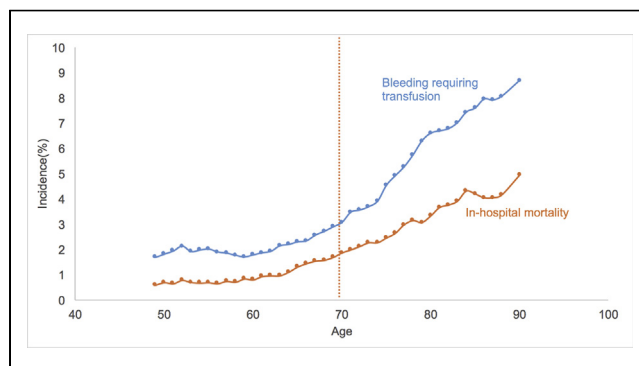
BACKGROUND The very elderly are the fastest growing segment of the US population. Decisions regarding PCI in the elderly will need to be made with increasing frequency in the future, and there is uncertainty whether age alone should be used to limit access to

PCI. Previous studies have shown that very elderly patients have higher bleeding risks and mortality, but it is unclear at what age these risks become prohibitive. This study aims to describe the relationship between age and in-hospital mortality and post-procedural bleeding.

METHODS The Dartmouth Dynamic Registry was queried for all consecutive PCI cases between the years 2000-2015. Patients were grouped based on age. Demographic, procedural, and in-hospital outcomes were analyzed. Bleeding requiring transfusion and mortality were reported as running averages by ten year increments of age. Standard statistical methods were used to report outcomes.

RESULTS Between 2000-2015, 17,599 patients underwent PCI. The average patient age was 65, and 28% were female. Incidence of smoking, hypertension, hypercholesterolemia, and CKD were 50%, 69%, 67%, 29%, and 10% respectively. Figure 1 demonstrates the relationship of age with both bleeding requiring transfusion and mortality. Bleeding and mortality risks remain relative constant until the age of 70, at which point risks for both rise in a linear fashion. The most elderly patients (age >90) have the highest risk of both bleeding and mortality.

CONCLUSION For patients up to age 70, there is no increased risk of bleeding or mortality with increasing age. Above age 70, there is a rapid increase in both bleeding and mortality. Efforts to better understand and mitigate the increased risk in this rapidly growing population are warranted.



CRT-100.62

High Bleeding Risk Influences the Use of Metallic Stents

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BACKGROUND Patients undergoing percutaneous coronary intervention (PCI) with Drug eluting stents (DES) are subject to prolonged dual antiplatelet therapy (DAPT) which can lead to increase in bleeding rate in high bleed risk (HBR) population. The aim of this study is to examine the effect of HBR on the likelihood of receiving a drug-eluting stent (DES).

METHODS Patients undergoing PCI in the DES era (April 2003 to September 2015) were retrospectively analyzed. HBR is defined as patients who required to meet one or more of the high bleeding risk criteria of LEADERS FREE trial.

RESULTS In this period, 25,441 patients who underwent PCI, 10,594 (41.6%) met HBR definition. The most frequent HBR criteria were: age >75 years in 5723 (54.0%), CCr < 40 ml/min in 2507 (23.7%), prior stroke in 1951 (18.4%), and Hgb in <11 g/liter 1885 (17.8%). Some patients had one or more HBR criteria: One HBR criterion 6626 (62.5%), two 2761 (26.1%) and three 2761 (8.98%). In the multivariable logistic regression the OR for HBR patients to receive at least one DES was 0.58 [0.54, 0.62], p <0.001 when adjusted for known risk factors.