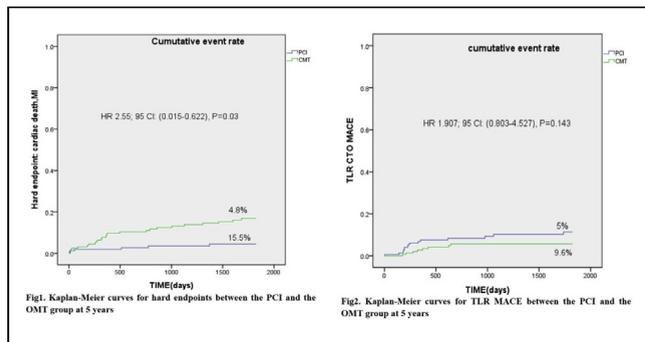


hazards regression model to compare between the two different strategies up to 5 years.

RESULTS The mean follow up duration was up to 5 years, there was significant higher incidence of composite of cardiac death or MI in the OMT group compared with the PCI group (hazard ratio [HR] 2.55, 95% CI 0.015-0.622; P=0.03). However, there was no significant difference of the TLR MACE between the two group (hazard ratio [HR] 1.907, 95% CI 0.803-4.527; P=0.143, Figure 1, 2).

CONCLUSION This study suggest the superior efficacy PCI strategy for diabetic CTO patients as compared with OMT alone strategy in reducing incidence of cardiac death or MI up to 5 years follow-up.



CRT-100.71

Gender Differences in Patients with Coronary Chronic Total Occlusion: Five-year Clinical Outcomes

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BACKGROUND There are limited data regarding long-term clinical outcomes of patients (Pts) with coronary chronic total occlusion (CTO) lesions according to gender.

METHODS A total of 822 consecutive CTO pts who underwent diagnostic coronary angiography, receiving either percutaneous coronary intervention (PCI) or optimal medical treatment (OMT) were enrolled. The Pts were divided into two groups according to gender; 1) the male group (n=601) and 2) female group (n=221). To adjust for potential confounders, a propensity score matching (PSM) analysis was performed using the logistic regression model. Major adverse cardiac events (MACE), defined as the composite of total death, myocardial infarction, stroke and revascularization, were compared between the two groups up to 5 years.

RESULTS After PSM analysis, two propensity-matched groups (177 pairs, n=354, C-statistic=0.809) were generated and the baseline characteristics were balanced. Up to 5 years, there was no significant difference in the incidence of mortality, myocardial infarction, revascularizations and MACE between the two groups up to 5 years (table).

CONCLUSION In this study, gender difference has no impact on the incidence of individual and composite MACE up to 5 years in CTO Pts.



CRT-100.72

Syntax Score: Predicting Outcomes After PCI For CTO

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BACKGROUND Dealing with complex chronic total occlusions (CTOs) in patients undergoing percutaneous coronary intervention (PCI), it is important to evaluate not only the CTO lesion itself but also atherosclerotic lesions of the whole coronary artery tree. The aim of this study was to evaluate the utility of the SYNTAX score in patients having CTO undergoing PCI.

METHODS This retrospective study included 72 consecutive patients with CTO lesions who underwent PCI. Primary endpoints were procedural failure and major adverse cardiac events (MACE) within 30 days. The SYNTAX and J-CTO scores were assessed before the procedures, and patients were divided into 2 groups according to SYNTAX criteria: high (>22) and low (≤22).

RESULTS Procedural success was obtained in 86,1% of patients. Patients with a high SYNTAX score had significantly lower procedural success than those with a low SYNTAX score (72.5% versus 90.2%, p<0.0001). There were 82% MACE in patients with high SYNTAX scores and 1.2% MACE in those with low scores. Both the SYNTAX and J-CTO scores had odds ratios of 1.39 (94%CI, 1.03-1.81) and 3.31 (94%CI, 1.12-9.43) for procedural failure. Higher SYNTAX scores were also an independent predictor of 30-day MACE after PCI (Odds ratio 1.65, 94%CI 1.54-2.26), though the J-CTO score failed to predict the development of MACE.

CONCLUSION The SYNTAX score appeared predictive of procedural failure in patients undergoing CTO-PCI, to a similar degree as with the established J-CTO score. High SYNTAX scores were strongly associated with an increased risk of 30-day MACE.

CRT-100.73

Stabbing Wire Technique As Conventional Initial Strategy For Percutaneous Coronary Intervention Of Chronic Total Occlusion

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INTRODUCTION In the present study, we describe a modified novel less cumbersome variant of the Penetrating wire technique, called “STABBING”.

AIM To assess the impact of the new Stabbing wire technique as Conventional Initial Strategy on the outcomes of CTO intervention compared to standard CTO wire techniques.

METHODS From January to October 2015, a total of 92 patients were recruited from the Cath lab Unit and prospectively evaluated for the study endpoints. All patients with angiography showing chronic total occlusion, and prepared for CTO intervention were included in this study. Coronary angioplasty and re-vascularization achieved in all 92 patients.

These patients were divided into two groups: group A, comprising 46 patients (PCI done with Stabbing Wire Technique as Conventional Initial Strategy) and group B, comprising 46 patients (PCI done with standard techniques).

RESULTS There were no significant differences in terms of age, sex, and classical risk factors. Comparing the success rates of ante grate revascularization in both study groups, Stabbing wire technique as Conventional Initial Strategy had a significant higher success outcome with significant (p-value 0.01). compared to the other wire techniques strategies. Comparing the time consumption needed for CTO PCI in both study groups, Stabbing wire technique as Conventional Initial Strategy had a significant lower time consumption with significant (p-value 0.02). Comparing the contrast use in both study groups, Stabbing wire technique as Conventional Initial Strategy had a significant lower amounts of contrast used with significant (p-value 0.01). Comparing the economic burden in both study groups, Stabbing wire technique as Conventional Initial Strategy had a significant lower economic burden with significant (p-value 0.002). This study describes the potential protective effects of the new stabbing wire technique in patients with CTO undergoing PCI with stenting.

CONCLUSION These findings may have implications for clinical trials investigating agents and equipment designed to reduce CTO PCI

CORONARY

Table. Cumulative Incidence of Clinical Outcomes Up to 5 Years

Variables, %	Male (n=177)	Female (n=177)	p-Value
Total death	8.8 %	4.7 %	0.162
Cardiac death	5.1 %	1.7 %	0.155
Myocardial infarction	3.2 %	3.8 %	0.815
Stroke	0.6 %	1.1 %	0.566
Revascularization	15.9 %	19.4 %	0.420
Target lesion (CTO vessel)	6.6 %	8.1 %	0.618
Target vessel (CTO vessel)	7.9 %	9.3 %	0.656
Non-target vessel (Non-CTO vessel)	11.5 %	12.8 %	0.751
Total MACE	21.9 %	23.5 %	0.752

Major adverse cardiac events (MACE) was defined as the composite of total death, myocardial infarction, stroke and revascularization.