

Table 1. Baseline Clinical and Demographic Characteristics (N = 1709)

Age, years	65 +/- 11
Female	396 (23%)
Hypertension	1269 (74%)
Tobacco use	797 (47%)
Hyperlipidemia	1411 (83%)
Diabetes Mellitus	559 (33%)
History of Coronary Artery Disease	950 (56%)
History of Renal Insufficiency	175 (10%)

Data are shown as mean +/- standard deviation, or frequency (percentage)

CRT-200.76**A Novel Risk Score Developed for Predicting Failure or Success for Anterograde Approach to Chronic Total Occlusion**

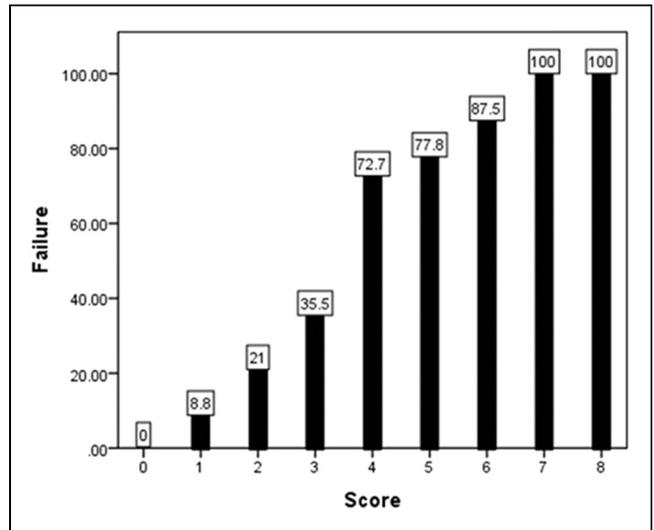
Ali Reza Serati,¹ Mohammad Hasan Namazi,² Hosein Vakili,¹ Morteza Safi Morteza Safi,¹ Saeed Ali Pour pars, ¹ Habibollah Saadat,¹ Maryam Taherkhani,² Sepideh Emami,¹ Shamseddin Pedari,¹ Masoomeh Vatanparast,¹ Mohammad Reza Movahed, Sr.³
¹Cardiovascular research center, Modarres hospital, Shahid Beheshti University of Medical Sciences, Tehran, Iran, Islamic Republic of; ²Cardiovascular research center, Modarres hospital, Shahid Beheshti University of Medical Sciences, Tehran, Iran, Islamic Republic of; ³The Southern Arizona VA Health Care System and University of Arizona Sarver Heart Center, Tucson, AZ

BACKGROUND Total occlusion of a coronary artery for more than 3 months is defined as chronic total occlusion (CTO). The goal of this study was to develop a risk score in predicting failure or success during attempted percutaneous coronary intervention (PCI) of CTO lesions using anterograde approach.

METHODS This study was based on retrospective analyses of clinical and angiographic characteristics of CTO lesions that were assessed between February of 2012 and February of 2014. Success rate was defined as passing through occlusion with successful stent deployment using an anterograde approach.

RESULTS 188 patients were studied. Mean±SD age was 59±9 years. Failure rate was 33%. In a stepwise multivariate regression analysis, bridging collaterals (OR=6.7, CI=1.97-23.17, Score=2), absence of stump (OR=5.8, CI=1.95-17.9, score=2), presence of calcification (OR=3.21, CI=1.46-7.07, score=1), presence of bending (OR=2.8, CI=1.28-6.10, score=1), presence of near side branch (OR=2.7, CI=1.08-6.57, score =1) and absence of retrograde filling (OR=2.5, CI=1.03-6.17, score =1) were independent predictors of PCI failure. A score of 7 or more was associated with 100% failure rate whereas a score of 2 or less was associated with over 80% success rate.

CONCLUSION Most factors associated with failure of CTO PCI are related to lesion characteristics. A new risk score (range 0-8) is developed to predict CTO-PCI success or failure rate during anterograde approach as a guide before attempting PCI of CTO lesions.

**CRT-200.77****Fractional Flow Reserve Measurements Using Intracoronary Sodium Nitroprusside Infusions Is Similar to Intracoronary Adenosine in Moderately Stenotic Coronary Artery Lesions**

Morteza Safi,¹ Mohammad Hasan Namazi,¹ Esfandiar Fooladi,¹ Hossein Vakili,¹ Saeed Alipour Parsa,¹ Isa Khaheishi,¹ Mohammad Amin Abbasi,¹ Mohammad Reza Movahed, Sr.²
¹Cardiovascular research center, Modarres hospital, Shahid Beheshti University of Medical Sciences, Tehran, Iran, Islamic Republic of; ²The Southern Arizona VA Health Care System and University of Arizona Sarver Heart Center, Tucson, AZ

BACKGROUND The aim of this study was to investigate the efficacy and safety of intracoronary (IC) sodium nitroprusside infusion in comparison with IC adenosine for fractional flow reserve (FFR) measurement in moderate coronary artery lesions.

METHODS During a nine month period, consecutive of 98 patients with suspected or known coronary artery disease with moderate stenosis found during angiography (40 to 70% stenosis), were enrolled in this study. Hyperemia was induced by bolus doses of IC adenosine followed by sodium nitroprusside for FFR measurement.

RESULTS Both IC adenosine and IC sodium nitroprusside induced similar and significant reduction in FFR. There was no statistically difference in FFR values between adenosine vs sodium nitroprusside infusions (mean FFR 84.3 ± 6.3 vs 85.7 ± 6.2, p= 0.1) respectively.

CONCLUSION An IC bolus of sodium nitroprusside (100 µg) infusion induces a similar degree of hyperemia as IC bolus of 100-300 µg of adenosine. Therefore, IC sodium nitroprusside could be considered as an alternative drug to adenosine for FFR measurement with lower side effect profile.

CRT-200.78**Exercise Test to Manage Nonculprit Coronary Stenoses in Asymptomatic Patients After NSTEMI Intervention**

Ali Ozturk,¹ Erdem Ozel,² Omer Senaslan,¹ Emin Evren Ozcan³
¹Sifa University, Izmir, Turkey; ²Tepecik education and research hospital, Izmir, Turkey; ³Dokuz Eylul University, Izmir, Turkey

BACKGROUND Incomplete revascularisation is the determinant of MACE at 1 year in ACS patients. FFR discriminates the lesions based upon ischemia, but an invasive procedure thus contains all risks and expenses of invasive procedures. Exercise testing is most widely used safe and inexpensive procedure. The aim of our study was to investigate whether exercise testing can be used or not, instead of FFR measurement in ACS patients whose culprit lesion were revascularized, and have one more borderline coronary stenoses and asymptomatic with medical therapy.

METHODS Between February 2013 and March 2015 78 NSTEMI patients whose culprit lesion were successfully revascularized; have one more borderline (%40-70) coronary stenoses to which FFR