vessel failure at 6 and 12 months, procedural success and parameters measured by QCA (QCA, DS5%, ...). An OCT substudy investigates stent apposition at the initial procedure timepoint.

**Results:** 220 patients were enrolled in 21 European centers. Age was 66±11 years, 78% male. Diabetes was present in 30% of patients, hypertension in 76%. Medina class 1,1,1 was found in 35% of the patients. STENTYS DES was implanted successfully in 98% of the patients. Stenting of SB was performed in 12% of the procedures. Revascularization was successful (TIMI 3 or 2) in 99.5% for MB, and 96.7% for SB.

**Conclusions:** The ongoing Open II study is the largest study assessing self-expanding STENTYS DES in bifurcation lesions in a clinical routine setting. The primary endpoint, MACCE rate at 6 months, will be presented, and compared to landmark trials (Nordic and BBC studies). TVF, QCA and OCT data will also be presented.

**TCT-23**


**Background:** We sought to investigate the clinical impact of the use of intracoronary ultrasound (IVUS) during revascularization of patients with left main (LM) disease with drug-eluting stents (DES). Whether the use of IVUS during the procedure adds a clinical benefit remains unclear. There is only one previous observational study with relevant limitations supporting the value of this strategy.

**Methods:** We performed a patient level pooled analysis of 4 registries of patients with LM disease treated with DES. A propensity score matching method was used to obtain matched pairs of patients with and without IVUS guidance.

**Results:** A total of 1,670 patients were included and 505 patients (30.2%) underwent PCI under IVUS guidance (IVUS group). By means of the matching method, 505 patients without the use of IVUS during PCI were selected (no-IVUS group). Survival free of cardiac death, myocardial infarction and TLR at 3 years was 88.7% in IVUS patients without the use of IVUS during PCI were selected (no-IVUS group). Survival free of cardiac death, myocardial infarction and TLR at 3 years was 88.7% in IVUS patients without the use of IVUS during PCI were selected (no-IVUS group). Survival free of cardiac death, myocardial infarction and TLR at 3 years was 88.7% in IVUS patients without the use of IVUS during PCI were selected (no-IVUS group). Survival free of cardiac death, myocardial infarction and TLR at 3 years was 88.7% in IVUS patients without the use of IVUS during PCI were selected (no-IVUS group). Survival free of cardiac death, myocardial infarction and TLR at 3 years was 88.7% in IVUS patients without the use of IVUS during PCI were selected (no-IVUS group).

**Conclusions:** Left main stenting offers favorable long term outcomes up to 10 years and constitutes an alternative therapy for CABG.