Conclusions: This prospective multicenter study confirms the safety and performance of the Axxess stent in bifurcation lesions. The low rate of events shows that the Axxess stent is a good option in treating bifurcation lesions.

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Different Efficacy Between Everolimus- versus Sirolimus-Eluting Stents in Complex Bifurcation Intervention like Left Main Lesions or Two Stent Technique (Korean Multi-center Registry for Coronary Bifurcation Stenting)

Younghin Cho1, Min-Ho Lee2, Bon-Kwon Koo3, Ji-Hyuck Kang4, Seung-Hyuk Choi5, Jin-Ho Choi6, Hyeon-Chedl Gwon7, Joon-Yong Hahn8, Kyung Woo Park9, Young Bin Song10, Hye-Soo Kim11
1Seoul National University Hospital, Seoul, Korea, Republic of; 2Seoul National University Hospital, Seoul, Korea, Republic of; 3Seoul National University Hospital, Seoul, Korea, Republic of; 4Seoul National University Hospital, Seoul, Korea, Republic of; 5Seoul Medical Center, Seoul, Korea, Republic of; 6Seoul National University, Seoul, Korea, Republic of; 7Seoul National University, Seoul, Korea, Republic of; 8Samsung Medical Center, Seoul, Korea, Republic of; 9Seoul National University Hospital, Seoul, Korea, Republic of; 10Seoul National University Hospital, Seoul, Korea, Republic of; 11Seoul National University, Seoul, Korea, Republic of; 12Samsung Medical Center, Seoul, Korea, Republic of; 13Samsung Medical Center, Sungkyunkwan University School of Medicine, Seoul, Korea, Republic of; 14Division of Cardiology, Cardiovascular Center, Yonsei University College of Medicine, Seoul, Korea, Republic of.

Background: Although drug-eluting stents (DES) have markedly broadened indications for percutaneous coronary intervention (PCI), bifurcation lesion still remains a challenge. We sought to evaluate the efficacy and safety of everolimus-eluting stent (EES) for the treatment of bifurcation coronary lesions in comparison to SES (sirolimus-eluting stent).

Methods: We analyzed the large-scale Korean multi-center registry for bifurcated coronary lesions, COBIS (Coronary Bifurcation Stenting) II registry. In this registry, 1,762 patients treated with EES (n = 348) or SES (n = 1,414) were enrolled. Primary outcome was major adverse cardiac events (MACE), defined as a composite of cardiac death, nonfatal myocardial infarction, and target vessel revascularization (TVR).

Results: In all bifurcation lesions, EES was comparable to SES regarding MAC, cardiac death, and TVR rates in the overall population as well as in the 1:3 propensity score-matched one-year follow-up. However, in specific subpopulation such as patients with left main (LM) bifurcation lesions or those treated with 2-stent technique (table), EES was superior to SES in terms of TVR and MACE rate in the matched population. The interaction between the type of drug eluting stents and the intervention strategy was significant for both MACE (P = 0.011) and TVR (P = 0.030). There was no difference in clinical outcomes between the 2 DESs in non-LM bifurcation lesions or in patients treated with 1-stent technique.

Conclusions: The DEB only strategy is a treatment option for patients with bifurcation lesions and offers favorable results regarding procedural success, a low risk of coronary late thrombosis and a low rate of target lesion revascularization.

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The Comparison Of Long Term Clinical Outcomes In Patients With Or Without Jailed Side Branch After Coronary Bifurcation Stenting

Hyon Jong Lee1, Rak Kyong Choi2, Je Sang Kim1
1Sejong General Hospital, Bucheon, Kyonggi-do, Korea; 2Sejong Medical Center, Bucheon, Kyonggi-do, Korea.

Background: It has been unknown whether intentional effort to minimize residual stenosis of side branch (SB) during percutaneous coronary intervention (PCI) for coronary bifurcation lesion will improve long-term clinical outcomes or not.

Conclusions: In this large-scale Korean multi-center registry for bifurcated coronary lesions, EES was superior to SES in patients undergoing complex bifurcation intervention, such as LM bifurcation or two-stent technique PCI.