prognosis regardless of the therapeutic strategy used. The aim of this subgroup analysis was to evaluate the clinical outcomes of diabetic patients treated with BVS as compared to non-diabetic subjects.

**METHODS** A single center all-comers absorb registry was performed from oct 2012 to feb 2015. A total of 150 consecutive patients with 182 lesions (246 BVS) were included prospectively. 25 diabetics patients received BVS for 37 lesions, and 125 non-diabetics patients received BVS for 145 lesions.

**RESULTS** The basal characteristics of our population was a male/female ratio of 115/35, with mean age of 55.9 years. 15% had a family history of ischemic heart disease, 73% smoking (27% former smokers), 49% hypertension, 51% Dyslipidemia, 4% had prior ischemic heart disease and 3% prior PCI. 90% of patients had preserved EF. The clinical presentation was ACS in 94.6%, with MI in 76.5% (n=115) of patients (42% NSTEMI, 35 STEMI). 26% had multi-vessel disease. The most frequently affected artery was the left anterior descending (47% LAD; 15% Circ; 31% RCA; 2.2% LM). Most of the lesions were B2 (59%), 36 long lesions (<25 mm). There were more long lesions in RCA and Marginal branches (p=0.04). Only a 1.1% were CTO. Pre-dilation and post-dilation was done in the 59/60%.

**CONCLUSIONS** In the present analysis, diabetic patients treated with BVS showed more complex lesions with increased procedural complexity, including acute complications, although they showed a statistically non-significant incidence of device complications. Further studies are needed to confirm these findings.

**CATEGORIES CORONARY:** Biodegradable Vascular Scaffolds

**TCT-519** Feasibility and performance of everolimus-eluting biodegradable vascular scaffolds (BVS) in long lesions (<25 mm): all-comers absorb registry with mid-term follow-up

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**BACKGROUND** Everolimus eluting ABSORB(tm) biodegradable vascular scaffold (BVS) represents a novel approach for PCI with transient vessel support and drug delivery without the long term limitations of metallic DES. However, the current use of BVS is still restricted to non-complex lesions. The aim of this subgroup analysis was to evaluate the feasibility and performance of BVS in long lesions (<25 mm).

**METHODS** A single center all-comers absorb registry was performed from oct 2012 to feb 2015. A total of 150 consecutive patients with 182 lesions (246 BVS) were included, of whom 36.3% had long lesions (66 lesions), and 63.7% had non-long lesions (116 lesions).

**RESULTS** The male/female ratio was 115/35, with a mean age of 55.9 years. 15% had a family history of ischemic heart disease, 73% smoking (27% former smokers), 49% hypertension, 51% Dyslipidemia, 4% had prior ischemic heart disease and 3% prior PCI. 90% of patients had preserved EF. The clinical presentation was ACS in 94.6%, with MI in 76.5% (n=115) of patients (42% NSTEMI, 35 STEMI). 26% had multi-vessel disease. The most frequently affected artery was the left anterior descending (47% LAD; 15% Circ; 31% RCA; 2.2% LM). Most of the lesions were B2 (59%), 36 long lesions (<25 mm). There were more long lesions in RCA and Marginal branches (p=0.04). Only a 1.1% were CTO. Pre-dilation and post-dilation was done in the 59/60%.

**CONCLUSIONS** Intracoronary imaging techniques were performed in 89 patients (49%), 91% were OCT. Regarding the whole group, during a median follow-up of 294±226 days there were 4.7% of MACE due to TLR, but with no deaths. There were 6 stent thrombosis, in 2 of them was due to non-adherence. All of them resolved with ACTG balloon or with a new BVS implant. Regarding the subgroup of patients with long lesions compared to non-long lesions patients, there were no differences in ostium affection (12% vs 8%; p=0.44), bifurcation lesion was present in 24% vs 14% (p=0.1). Pre-dilation was more frequent (70% vs 50%; p=0.01) and post-dilation also (70% vs 50%; p=0.01) and there were differences in the mean length of BVS in mm (44.7 vs 18.2 mm; p<0.001). They presented a higher rate of complications during the implantation (consist of distal edge dissection with TIMI 3 flow: 13.4 vs 3.8%; p=0.003). During a mean follow-up of 294±226 days there was no differences in MACE between groups (TLR 4.5% vs 3.4%; p=0.71).

**CONCLUSIONS** In the present analysis, patients treated with BVS in long lesions showed more complex lesions with increased procedural complexity, including acute complications, although they showed a statistically non-significant incidence of device complications. Further studies are needed to confirm these findings.

**CATEGORIES CORONARY:** Biodegradable Vascular Scaffolds

**TCT-520** Real-world Clinical Outcomes of Biodegradable Vascular Scaffold Versus Conventional Drug Eluting Stents in Primary-PCI for ST-elevation Myocardial Infarction: single center one-year experience

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**BACKGROUND** Biodegradable vascular scaffold (BVS) implantation in selected patients with stable angina has been demonstrated feasible and safe. However data concerning BVS implantation in the setting of primary percutaneous coronary intervention (P-PCI) for ST-elevation myocardial infarction (STEMI) is scarce. Therefore, we report our one-year experience of STEMI patients treated with BVS.

**METHODS** From April 1st 2013 to March 30th 2014, BVS (Abbott TM, Abbott Vascular, Santa Clara, CA, USA) became available for treatment of STEMI patients. Selection of lesions to be treated with BVS was left to the discretion of the interventional cardiologist. For all patients, clinical, procedural characteristics and in-hospital outcomes were systematically and prospectively collected in our interventional database. Over the study period, 343 patients were treated with P-PCI for STEMI; BVS were implanted in 56 patients (16%), DES in 166 (48%) and BMS in 121 (35%). Baseline demographics and clinical characteristics of patients were comparable in BVS and DES groups, allowing comparison of these two groups.

**RESULTS** Optimal angiographic result was achieved in 88% of cases in both groups (100% of angiographic procedural success in both groups). In-hospital MACE rates (death, myocardial infarction, urgent PCI) were 0% and 1% in BVS and DES groups, respectively. Acute stent thrombosis (ST) occurred in one patient treated with DES and in none of the BVS patients. Per-procedural complications rates (dissection, no-flow phenomenon, side-branch closure, arrhythmia or embolization) were 7% in both groups. Prasugrel or ticagrelor were used as the second dual anti-platelet drug in addition to aspirin in 88% of BVS cases and in 70% of DES cases (p=0.05). One-year outcome will be presented.

**CONCLUSIONS** In our non-randomized series of P-PCI for STEMI, procedural and in-hospital outcomes of patients treated with BVS were similar as compared with patients treated with conventional DES. Use of newer anti-platelet drugs (i.e. ticagrelor or prasugrel) was more frequent among patients treated with BVS as compared to DES.

**CATEGORIES CORONARY:** Biodegradable Vascular Scaffolds

**KEYWORDS** Biodegradable scaffold, Primary PCI, ST-segment elevation myocardial infarction, acute