SS point). The clinical SS was superior to baseline SS in predicting 3-year POCE (AUC 0.959 vs. 0.649, p = 0.008). In subgroup analysis, baseline SS was a predictor for POCE only in multi-vessel diseases (HR 1.027, 95% CI 1.001-1.054, p = 0.042 per SS point).

Conclusions: CR is an independent predictor of 3-year POCE in patients receiving PCI. However, even after CR is achieved to make the post-PCI SS zero, baseline SS still has predictive value of 3-year clinical outcomes. Moreover, the predictivity was superior in multi-vessel diseases.

TCT-99
Clinical outcome, safety, patient satisfaction and costs savings of same-day discharge for elective percutaneous coronary intervention
Beatriz Samaniego1, Jose Miguel Vegas1, Ilbio Lozano1, Juan Rondan Murillo1, Hernandez Ernesto1, Victor Leon1
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Background: Overnight admission after elective percutaneous coronary inter-vention (PCI) still constitutes the standard approach in most interventional cardiology centers. Advances in PCI techniques have reduced the incidence of post-procedure complications. The objective of this prospective, single-center study was to assess the feasibility, safety, acceptance and cost savings of same-day discharge PCI program.

Methods: Eligibility for outpatient management was assessed in 95 consecutive patients undergoing elective PCI from January 2013 to April 2014. Exclusion criteria included 1) age > 80, 2) severe renal failure, 3) ≥35% distance from home to hospital > 40 km, 4) high risk coronary anatomy or complications during procedure. Major adverse cardiac events, vascular complications and readmission were assessed 1-day and 1-month post discharge. Troponin, EKG and a satisfaction survey were collected within 24 hours post PCI scheduled visit.

Results: 39 patients (41%) were cleared for discharge. The remaining 56 (59%) stayed overnight for high risk coronary anatomy (n=51, 91%), chest discomfort (n=4, 8%) or treatment with abiximab (n=3, 1.2%). Mean post PCI hospital stay was 8.48 h for outpatient group. None patient was readmitted. There were no vascular complications. EKG collected in 24-hours visit show non-specific changes in 3 patients. 7 patients had troponin elevation without angina or EKG ischaemic changes. After one-month follow up only 2 patients had adverse events: a bare metal stent thrombosis (day 7 after procedure) and 1 gastrointestinal bleeding with diagnosis of colonic cancer. These complications could not have been avoided with overnight hospital admission. Early discharge was well valued with mean patient satisfaction score of 4.5 ± 0.5 (1 to 5). 87% of outpatients would choose early discharge in case of new PCI. Using diagnosis-related groups costs established in our institution, there were lower cost in the early discharge group, with a mean cost of 2,480 vs 2,880 Euro in the routine care group. Mean of expense savings was 16%.

Conclusions: In our experience same-day discharge after elective PCI is feasible, safe and well accepted in selected patients and results in a cost-saving strategy.

TCT-100
Long Term Clinical And Angiographic Outcomes With Everolimus-Eluting Stents For Cardiac Allograft Vasculopathy
Boris Arbi1, Christopher T. Vanicharun2, David Chang2, Jignesh Patel2, Raj Makkar2, Jon Kobashigawa2, Babak Azarbal1, Beverly Hills, CA

Background: Transplant coronary artery disease (TCAD) is a major cause of mortality in patients after orthotopic heart transplantation (OHT). Use of systemic everolimus has been shown to help prevent allograft vasculopathy in OHT patients. This study examined the clinical and angiographic efficacy, safety, and clinical outcomes of Xience V, a second-generation everolimus-eluting stent (EES), in patients with TCAD.

Methods: Post-OHT patients with hemodynamically significant CAD (left main ≥50% or angiographic diameter stenosis ≥70%) underwent percutaneous coronary intervention (PCI) with EES. We examined procedural success rates, one- and two-year mortality, and myocardial infarction rates. Primary end point was target lesion revascularization (TLR). Surveillance angiography was performed at 1 year and subsequently as clinically indicated on a per-patient basis. Quantitative coronary angiography (QCA) was used for stenosis analysis at baseline, post-procedure, and follow-up.

Results: 23 patients were included in the study. PCI was performed in 43 lesions with 45 denovo EES placed. 2 stents were placed into the left main, 20 in the left anterior descending, 12 in the right coronary, and 9 in the left circumflex artery. The average stent length was 17.1±6.2mm and the average stent diameter was 2.9±0.6mm. Procedural success rate was 100%. All patients received angiographic follow-up, with average length of follow-up 709±548 days. There were no peri-procedural, 1-year, or 2-year deaths or MIs. Binary restenosis events were 5.57% (3/54). Target vessel revascularization (TVR) rate was 16.7% (5/30), and TLR rate was 6.98% (3/43).

Conclusions: Long-term follow-up of EES placements in OHT patients with TCAD are associated with a very low incidence of target lesion revascularization. Continued follow-up and further studies are indicated to determine whether EES can positively affect the progression and overall outcome of TCAD.

TCT-101
Prognostic role of restenosis in 10,004 patients undergoing routine control angiography after coronary stenting
Salvatore Caxesse1, Robert Byrne1, Stefanie Schü1, Petra Hoppmann1, Tarqf Ibrahim1, Ibo O1, Massimiliano Fuxaro1, Herbert Schankert1, Karl-Ludwig Laugwitz1, Adnan Kastrati1
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Background: Routine control angiography is a valuable tool with high-sensitivity in detecting restenosis after coronary stenting. However, the prognostic role of restenosis is still controversial. We investigated the impact of restenosis on 4-year mortality in patients undergoing routine control angiography after coronary stenting.

Methods: All patients undergoing successful implantation of coronary stents for de novo lesions from 1998 to 2009 and routine control angiography after 6 to 8 months at 2 centres in Munich, Germany were studied. Restenosis was defined as diameter stenosis ≥50% in the in-segment area at follow-up angiography. The primary outcome was 4-year mortality.

Results: This study included 10,004 patients with 15,004 treated lesions. Restenosis was detected in 2,643 (26.4%) patients. Overall, there were 702 deaths during follow-up. Of these, 218 deaths occurred among patients with restenosis and 484 deaths occurred among patients without restenosis (unadjusted hazard ratio - HR 1.48; [95% CI 1.29 to 1.69]; p < 0.001). The Cox proportional hazards model adjusted for other variables identified restenosis as an independent correlate of 4-year mortality (HR 1.39; [95% CI 1.23 to 1.49]; p = 0.002). Other independent correlates of 4-year mortality were age (for each 10-year increase, HR 1.24; [95% CI 1.12 to 1.37]; p < 0.001) and left ventricular ejection fraction (for each 5% decrease, HR 1.39; [95% CI 1.31 to 1.48]; p < 0.001).

Conclusions: In this large cohort of patients with routine control angiography after coronary stenting the presence of restenosis was a strong independent predictor of 4-year mortality.

TCT-102
Incidence Of Angina And Chest Pain Following Percutaneous Coronary Intervention: A Retrospective Analysis Using Administrative Claims Data In The United States
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Background: Chest pain and angina have negative impact on patient quality of life and medical costs. Real-world data describing the incidence of recurrent angina, chest pain and their impact on re-intervention following percutaneous coronary intervention (PCI) are scarce. We sought to describe the incidence and impact of post-PCI angina and chest pain using real-world data from a large claims database.

<table>
<thead>
<tr>
<th>Number of patients</th>
<th>23</th>
</tr>
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<tbody>
<tr>
<td>Number of lesions treated</td>
<td>43</td>
</tr>
<tr>
<td>Number of stents</td>
<td>45</td>
</tr>
<tr>
<td>Stent diameter (mm)</td>
<td>2.9±0.6</td>
</tr>
<tr>
<td>Stent length (mm)</td>
<td>17.1±6.2</td>
</tr>
<tr>
<td>Length of follow-up (days)</td>
<td>709±548</td>
</tr>
<tr>
<td>MI/mortality on follow-up</td>
<td>0</td>
</tr>
<tr>
<td>Binary restenosis</td>
<td>5.57% (3/54)</td>
</tr>
<tr>
<td>Target vessel revascularization</td>
<td>16.7% (5/30)</td>
</tr>
<tr>
<td>Target lesion revascularization</td>
<td>6.98% (3/43)</td>
</tr>
</tbody>
</table>

Quantitative coronary angiography (QCA)

| RVD (mm) | 2.66±0.79 |
| Diameter stenosis (%) | 74.9±15.9 |
| MLD (mm) | 0.65±0.34 |

p-value

<table>
<thead>
<tr>
<th>Pre-procedure</th>
<th>Post-procedure</th>
<th>Follow-up</th>
</tr>
</thead>
<tbody>
<tr>
<td>0.67 2.49</td>
<td></td>
<td></td>
</tr>
<tr>
<td>0.0001</td>
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</tr>
</tbody>
</table>

Conclusions: Long-term follow-up of EES placements in OHT patients with TCAD are associated with a very low incidence of target lesion revascularization. Continued follow-up and further studies are indicated to determine whether EES can positively affect the progression and overall outcome of TCAD.
Cumulative incidence of post-index angina or chest pain was 24.8% in the
A total of 51,710 patients met the study criteria (mean age 61.8
results were considered staged procedures.
Conclusions: Our findings support the strategy of direct DES for selected patient and
lesion population.

TCT-103
Gender Impact on Clinical Characteristics and Outcomes In Patients Treated
With Drug-Eluting Stents; Data From The IRIS DES registry
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Sung-Han Youn1, Jung-Young Lee1, Duk-Woo Park1, Jo-Jin Kang1,
Seung-Whan Lee1, Young-Hak Kim1, Cheol Whan Lee1, Seong-Wook Park1,
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Background: Previous studies have shown gender impact on clinical outcomes in patients
presenting with coronary artery disease. However, exact role of gender impact in
these studies still have not been fully investigated.
Methods: Gender differences were evaluated in the clinical outcomes of 9,674
patients with coronary artery disease from a large, 55 multicenter, contemporary
percutaneous coronary intervention (PCI) registry enrolled between April 2008
and November 2011 in Korea; the IRIS DES registry. 3,097 women and 6,577
men were followed up for more than 2 year. The primary end point was rates of
major adverse cardiovascular events (MACE), defined as cardiac death,
myocardial infarction (MI), and target vessel revascularization (TVR) at 2 year
follow-up.

Results: At baseline, women, as compared with men, were older, more frequently had
diabetes, hypertension, and previous congestive heart failure, less frequently had
smoking habits, family history of coronary artery disease, previous MI, and previous
PCI, and had a smaller average stent diameter of the target vessel. The unadjusted
rates of death (0.5% vs 3.3%, P=0.578), MACE (6.0% vs 6.0%, p=0.946), and TVR (1.8% vs1.6%, p=0.573) were comparable for women and men. MI (1.1% vs 0.9%,
=0.494) were similar between men and women. After adjustment for baseline
characteristics in the multivariable analysis, women and men had a similar risk of
MACE rates at 2 year follow up.

Conclusions: Although women had worse baseline characteristics, no differences in
MACE and death were observed between men and women undergoing PCI
with DES.

TCT-104
Does Direct Stenting with Drug-eluting Stents Improve Outcome? A Systematic
Review with Meta-analysis of 10,513 Patients
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Wenjie Tian2, Michelle Deville5, Petros Okubagzi1, Fang Chen6, Rebecca Torgaon7,
William O. Suddath8, Isik Ben Dor9, Augusto Pichard10, Lowell F. Satler6,
Ron Waksman11
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4Medstar Washington Hospital Center, Washington, DC, 5Washington Hospital
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Washington, DC, 7Washington Hospital Center, Washington, DC, 8Washington
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Background: Although direct stenting with drug-eluting stents (DES) has been
adopted as standard of care, its safety and effectiveness in comparison to the formally
recommended conventional pre-dilation strategy remains not well established.
Methods: Medline/Pubmed, Cochrane Library, and EMBASE were searched from
2001 to 2014 for studies contrasting Direct DES with conventional pre-dilation DES
implantation. The primary outcome was major adverse cardiovascular events (MACE),
Secondary outcomes included all-cause death or myocardial infarction (MI),
and target lesion revascularization (TLR). Summarized estimates were obtained using
a random-effects model. Heterogeneity across the studies was assessed through I2.

Results: Overall, 546 potentially relevant citations were screened with 407 excluded
from the title. The remaining 139 abstracts were analyzed resulting in six studies that met the
inclusion criteria enrolling a total of 10,513 participants. Of those, 3909 (37%)
and 6604 (63%) underwent direct DES or pre-dilation followed by DES implanta-
tion, respectively. Direct DES reduced the likelihood of MACE (odds ratio [OR]: 0.80
95% confidence interval [CI]: 0.70-0.92) with no evidence of heterogeneity of effect
(I2= 0%). Additionally, in comparison with pre-dilation, Direct DES was also
associated with reduced rates of death or MI (OR: 0.74 95% CI [0.60-0.91], I2= 0%),
and TLR (OR: 0.60 95% CI [0.41-0.88],I2= 14%)Figure).

Conclusions: Our findings support the strategy of direct DES for selected patient and
lesion population.

TCT-105
Comparison of patient, procedural characteristics and clinical outcome of
Japanese and non-Japanese cohort undergoing current practice of percutaneous
coronary intervention: Results from CENTURY II, New Terumo Drug-Eluting
Coronary Stent System
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Background: In an effort to harmonize regulatory approval in Japan and Europe we
conducted large, multicentre, randomized CENTURY II clinical trial to assess perfor-
mance of new sirolimus-eluting stent with bioresorbable polymer (Ultra-
ter, Terumo Corporation, Tokyo) fully designed and manufactured in Japan. We
compared Ultimaster with Xience DES. The study also addressed regional differences in
percutaneous intervention practice.

Methods: The CENTURY II enrolled 1123 patients in 58 hospitals in Europe, Japan
and Korea. The randomization was stratified for DES indications in Japan and in this
cohort 724 patients were enrolled. The principal difference from the total population
was exclusion of patients with acute myocardial infarction, left main disease, 3 vessels
disease, ostial lesion, saphenous vein graft, and in-stent restenosis. Primary endpoint