Results: Patients with AT were younger and less frequently hypertensive. Glycoprotein IIb/IIIa inhibitors were more frequently administered in the AT group. However, a decrease in the rate of patients with TIMI 3 flow grade post PCI was observed in the AT group. Peak creatine kinase was significantly higher in patients with AT while ischemic time was similar for the 2 groups. Stenting the infarct-related lesion was less frequent than in the control group. CV mortality at 30 days and at 1-year were higher in the AT group (11.4 vs. 5.2%, p=0.016, and 14.6 vs. 7%, p=0.013) respectively. By multivariate analysis, AT remains an independent predictor of 1-Y mortality even when adjusted for potential confounders (HR(95%CI):4.95(2.08-11.77)). These results were unchanged when the propensity score for AT was introduced into the model.

Conclusions: In the contemporary era of interventional therapy, this large observational study revealed that routine use of AT in primary PCI with a baseline TIMI 0 or 1 flow was not associated with an improved outcome. Prospective studies are warranted to precisely analyse the impact of AT in such patients and to further investigate its potential benefit.

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One year clinical outcomes after percutaneous coronary intervention with drug-eluting stent in patients with chronic renal failure

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Aim: Compare the effectiveness and safety of drug-eluting stent (DES) vs bare metal stent (BMS) for percutaneous coronary intervention (PCI) in patients with chronic renal failure (CRF).

Methods: 1126 patients treated by PCI over one year were divided in 4 groups according to the type of stent used (DES vs BMS) and the creatinin clearance (CrCl). Clinical and angiographic data were prospectively entered into the web-based “Middle-Care” database. Chronic renal failure (CRF) was defined by a CrCl < 60 ml/min. The occurrence of cardiovascular (CV) death, MACCE (Death, myocardial infarction and stroke) and TLR was recorded at one year follow-up. We report the primary (6 months) results of patients treated between August 2007 and January 2008.

Results: 497 patients underwent PCI: 250 (50.3%), 120 (24.1%), 81 (16.3%) and 46 (9.3%) patients were allocated in the BMS, DES, BMS CRF and DES CRF groups respectively. Mean age was 64 +/- 13 years, 82.5% were male, 24.4% had diabetes, 62.1% had an acute coronary syndrome (ACS) and 47% multivessel disease. One year follow-up was completed for 485 (97.6%) patients; 36 (7.1%) patients died, 54 (10.7%) had MACCE and 35 (6.9%) underwent TLR. The use of DES was associated with significantly less CV death and MACCE, a trend for less TLR and the same stent thrombosis (ST) rate compared with BMS use in patients with and without CRF (figure).

Conclusions: The use of DES appears to be more effective and at least as safe as BMS at one year follow up in patients with CRF. Final results will be available for the meeting.

Is it Safe to use Drug Eluting Stents in Older patients? Lessons from the PAPI registry

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Background: Elderly patients are at higher risk for coronary angioplasty and few data exist on the safety of drug eluting stent (DES) in this special population. Objectives: this registry sought to compare bare metal stent (BMS) and DES short and long term clinical outcome and survival in a cohort of patients older than 75.

Methods: between September 2007 and august 2008, 2000 patients older than 75 years old were included in a prospective the multicentric PAPI registry. Patients were all treated by coronary stenting with either BMS or DES and were followed for clinical events at the end of the initial hospitalisation, at 6, 12 and 24 months. Patients were compared according to there DES/ BMS status for the entire cohort and were divided in 3 subgroups according to there age 75-80, 80-85 and >85 to assess aging influence.

Results: mean age of the total population was 80±3 (75-96). On the overall population 3318 stents were used for the angioplasty of 3132 lesions. Twenty seven percent of them were DES. There was a significant decrease of DES use in older patients (12% patients >85 vs 33% patients <80 p=0.0001). At 6 month death occurred in 3.2% of patients, infarction in 1.5% and stent thrombosis in 1.5% with no significant difference between type of stent. There was a trend for less Major Adverse Cardiac events (MACE) in DES patients (6% vs 8%; p=0.07) and significantly less Major Adverse Cardiac and CerebroVascular events (MACCE) in DES patients (6% vs 9%; p=0.02). There was less major events for DES than for BMS patients for the younger group (7%vs13%; p=0.01). In uni or multivariate analysis stent type was not predictive of adverse event.

Conclusion: PAPI is a multicentric prospective registry aim to evaluate the outcome of modern coronary angioplasty in patients > 75 years old. DES were associated with a significant better outcome at 6 month. Thus, at least at 6 month, the use of DES in older patients seems to be safer in older patients.