The use of drug-eluting stents in patients with CTO was safe with low acute complication. Patients treated with 2nd generation DES such as ZES-R, BES and EES showed lesser rate of restenosis compared with 1st generation drug-eluting stents.

**TCT-453**

**Serial Angiographic Follow-Up after Successful Implantation of Sirolimus, Paclitaxel, Everolimus and Zotarolimus-Eluting Stent for Chronic Total Occlusions: Multicenter Registry in Asia**

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**Background:** To evaluate the long-term efficacy of Sirolimus (SES), Paclitaxel (PES), Everolimus (EES) and Zotarolimus-eluting stent (ZES-R/Endeavor Resolute) on the outcome of patients with chronic total occlusions (CTO).

**Methods:** A total of 378 patients with 414 CTO lesions (male 72.8%, mean age 69.9 yrs, LAD 49.5%, LCX 21.0%, RCA 26.6%, Others 2.9%) were treated with SES (102 patients 118 lesions, lesion length 36.1±12.9mm, stent length 41.7±15.6mm), PES (108 patients 114 lesions, 38.5±12.8mm, stent length 41.7±15.6mm), EES (88 patients 94 lesions, 34.2±13.8mm, 40.1±14.8mm) and ZES-R (80 patients 88 lesions, 37.1±13.9mm, 42.3±17.3mm) respectively. We conducted follow-up coronary angiogram and evaluated late loss in all patients after successful implantation of SES, PES, EES and ZES-R (9, 12, 18, 24, 36 months respectively).

**Results:** See table for clinical results.

**Conclusions:** There is a different timing of late catch up phenomenon (late lumen loss) of SES, PES, EES and ZES-R in patients with chronic total occlusion. Patients treated with SES, PES and ZES-R showed lesser loss of minimum lumen diameter compared with PES.