Conclusions: This “trumpeting” may also partially explain the observed use of more Xience stents per lesion compared to Resolute (1.18±0.45 vs. 1.15±0.42, p=0.02) in the Resolve All Comers (RAC) trial. The primary cause for secondary stenting in RAC was 8 months after polymer-free hydroxiapatite coating stent implantation.

TCT-653
Assessment of endothelial function in patients randomly treated with a polymer-free sirolimus eluting stent and its bare-metal equivalent: results of the VESTASYNC II trial
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Background: Endothelium dysfunction is among the possible causes related to higher thrombosis rates after 1st generation DES. Whether the presence of durable polymer or high anti-proliferative drug dose, or both, can be responsible for this phenomenon is not clear. In the present study we compared the endothelial function following the implant of a polymer-free DES with a nanofib-microporous hydroxyapatite surface coating impregnated with a low-dose of Sirolimus (55μg) to a BMS equivalent coated with a hydroxyapatite surface (Vestacor stent).

Methods: The VestaSync II is a randomized, double-blinded trial with 20 pts (10 in each group) with de novo lesions in native coronary arteries of 3.0-3.5mm diameter and ≤15mm in length. The primary goal was to compare the vasomotricity after implantation of stents with the same platform, with and without drug elution. Endothelial function was assessed with atrial pacemaker stimulation (20 ppm over basal cardiac frequency until reach 150 ppm) and the lumen diameter was measured at 5 mm of proximal and distal stent edges and in a control segment, in different stages (at rest, at successive phases of stimulli and after nitroglycerin I.C infusion). In this study, we investigated the safety of ambulatory percutaneous coronary interventions in the ambulatory versus in-hospital setting
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Background: Percutaneous intervention (PCI) for degenerated saphenous vein graft (SVG) lesions are well known for high rates of no-flow, restenosis (ISR) and stent thrombosis. Covered stents have been tried in an aim to trap the debris to minimize no-flow and ISR. Two types of covered stents have been used for SVG lesions: pericardium covered stent (PCS) & polytetrafluoroethylene (PTFE) covered stent. We present our long-term follow-up data following the use of both types of covered stents in our practice.

Methods: Between 1997 and 2004, 52 patients (mean age: 67.14 years) with 65 lesions in SVG were treated with PTFE covered stents as a part of multicenter trial (RECOVERS). Between 2003 and 2007, 33 patients (mean age: 67.78 years) with 48 SVG lesions were treated with pericardium-covered stents covered stents as a part of multicenter trial (SLEEVE II).

Results: All case had TIMI3 flow post PCI and there were no immediate post-procedural complications. There were no significant differences in the baseline characteristics except that mean length of PCS were significantly longer than PTFE covered stents (32.3 mm vs 25.1 mm, p<0.001). At 5-year follow-up, the rates of TLR was [PTFE: 12 (18.5%), PCS: 13 (27%), p=0.17], TVR was [PTFE: 14 (21.5%), PCS: 16 (33%) p=0.07]. During the 5-year follow-up period, 8 patients (15%) in the PTFE group and 2 patients (6%) in the PCS group had died; p=0.33. The MACIE defined as death, MI, clinically driven TVR occurred in 34 of 52 PTFE patients (63%) vs. 18 of 33 PCS patients (54.5%) p=0.2. There were two reported cases of definite very late stent thrombosis in the PTFE group, but none in the PTFE group.

Conclusions: The 5 year follow-up data shows no significant differences in the clinical endpoints between the two covered stents, although numerically it was slightly worse in the PCS group. The rates of TLR and TVR are not discouraging in either stents given the complexity of SVG lesions. Considering the complexity of the lesions treated and the absence of no-flow, covered stents may provide additional protection. Since there are no very long-term follow-up with other stents in SVG, we cannot compare these results with the traditional stents.

TCT-655
Outcomes of high-risk patients undergoing percutaneous coronary interventions in the ambulatory versus in-hospital setting
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Background: In this study, we investigated the safety of ambulatory percutaneous coronary intervention (PCI) in high-risk patients according to age, creatinine, ejection fraction (ACEF) scores.

Methods: The ambulatory PCI group consisted of all consecutive PCI with same-day discharges at Mount Sinai Hospital from January 1, 2003 to March 31, 2011 who had no-reflow and ISR. Two types of covered stents have been tried in an aim to trap the debris to minimize no-flow, covered stents may provide additional protection. Since there are no very long-term follow-up with other stents in SVG, we cannot compare these results with the traditional stents.

Results: Out of 4932 patients, 3216 or 65.2% were in the ambulatory group and the rest (17%) were in the control group. The average age was 61.5 years and were no significant differences in baseline characteristics. Overall 30-day MACE occurred in similar frequency in both groups (Table), in high and low ACEF scores.