was observed in 21.1%. This discrepancy corresponded 61% of the global SS error.

Per-lesion discrepancy and impact concerning adverse disagreement in the total lesions per patient were observed between both IC (difference 0.33 lesions, K value 0.76). Visual analysis through Bland Altman was good, without systematic errors. Mild interobserver variability and impact in SS within lesion characteristics. Discrepancy in SS between cath-lab personnel has been published. However, the score associated with a lower incidence of restenosis and mortality without added risk of stent thrombosis. In contrast DES in proximal LCX and RCA was not associated with lower event rates. Our retrospective data support a particular indication for DES in the proximal LAD.

The SYNTAX Score (SS) is a useful angiographic tool to manage patients with multivessel coronary artery disease (CAD) requiring coronary revascularization. Discrepancy in SS between cath-lab personnel has been published. However, the score variability and impact in every type of lesion has not reported. Our purpose was to assess interobserver variability and impact in SS within lesion characteristics.

Methods: We selected coronary angiograms with left main and/or three-vessel CAD disease without previous revascularization. After completing the basic training available at the official SS website, two interventional cardiologists (IC) calculated global (n=98 patients, 413 lesions) as well as per lesion SS (in 209/413 lesions, 50.6%). We analysed per lesion SS (in 209/413 lesions, 50.6%). We analysed per lesion interobserver variability and impact concerning adverse characteristics scoring is detailed in Table. Disagreements > 3 points per lesion analyzed was observed in 21.1%. This discrepancy corresponded 61% of the global SS error.

Conclusions: The interobserver correlation per lesion was good, except between severe calcifications. However, it did not generate systematic significant errors. Segments allocation and bifurcations, generates significant errors that impact in global SS. Future image integration and standard interpretation of complex lesion may help to reduce SS variability.

TCT-605
Impact Of Stent Overlap On Long-Term Clinical Outcomes In Patients Treated With Newer-Generation Drug-Eluting Stents
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Background: Early generation drug eluting stent (DES) overlap (OL) is associated with impaired long-term clinical outcomes whereas the impact of OL with newer generation DES is unknown. We sought to study the long-term clinical outcomes of patients with and without OL of early and newer generation DES.

Methods: We analyzed the clinical outcomes of 3,133 patients included in a prospective registry of the unrestricted use of DES according to stent type (early generation sirolimus-eluting stents [SES]; N=1,532) versus newer generation everolimus-eluting stents (EES; N=1,601), and the presence or absence of OL and number of stents per vessel: 969 (30.9%) patients with DES OL 446 (14.2%) patients with multiple DES in a vessel without OL, and 1,718 (54.8%) patients with a single DES per vessel. The primary outcome was a composite of death, myocardial infarction (MI), and target vessel revascularization (TVR).

Results: The primary endpoint was more common in patients with OL (25.1%) than in patients with multiple DES without OL (20.8%, adj HR=1.46, 95% CI 1.03-2.09) and patients with a single DES (18.8%, adj HR=1.74, 95% CI 1.34-2.25, p<0.001) at 3 years, driven largely by a higher risk of both MI and TVR. A stratified analysis by stent type showed a higher risk of the primary outcome in SES treated patients with OL (28.7%) compared to other SES groups (without OL: 22.6%, HR=1.46, 95% CI 1.02-2.08; single DES: 17.6%, HR=1.73, 95% CI 1.34-2.23), but not between EES treated patients with OL (22.3%) and other EES groups (without OL: 18.5%, HR=1.24, 95% CI 0.83-1.85; single DES: 20.4%, HR=1.21, 95% CI 0.93-1.57).

Conclusions: DES OL is associated with impaired clinical outcomes during long-term follow-up. Compared with early generation SES, newer generation EES appear to overcome this limitation and provide similar clinical outcomes irrespective of OL status.

TCT-606
Cost Effectiveness of Everolimus-Eluting Stents Compared to Propensity Score Matched Bare Metal Stents in Contemporary Clinical Practice
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Background: Everolimus-eluting stents (EES) reduce target lesion revascularization (TLR) compared to bare metal stents (BMS), but cost uncertain. Whether the increased costs of EES are offset by reductions in costs of adverse clinical outcomes compared to BMS is uncertain.

Methods: Percutaneous coronary intervention with EES (n=1,024) and BMS (n=819) were performed at a single center (Wake Forest Baptist Medical Center) between January 2007 and December 2010. One year clinical outcomes and costs in 2010 dollars were prospectively evaluated and compared for propensity score matched patients. Follow-up was >94% for both groups.

Results: Baseline characteristics were similar for matched EES and BMS (n=714 for both). Clodipod use at 1 year was 87% EES vs. 61% BMS (p<0.001). Initial cost difference between DES and BMS was almost entirely offset by lower repeat revascularization costs at 1 year ($456 more). Clodipod costs representing 97% of the remaining cost difference. Aggregate 1-year costs were $456 more ($508 less to $2,929 more) with EES (p=0.32), yielding an incremental cost effectiveness ratio of $8,135 per TLR avoided with EES. The cost effectiveness profile of EES was highly sensitive to cost of clodipod.