TCT-562
Risk Stratification and Outcomes of Patients with Prior Coronary Artery Stenting Undergoing Noncardiac Surgery
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Background: Little evidence exists to guide risk stratification and management of patients with prior coronary artery stenting who require noncardiac surgery. While clinical risk models for perioperative risk stratification have been established, few studies have examined angiographic contributors to perioperative risk.

Methods: We examined 405 patients with prior coronary artery stenting who underwent non-cardiac surgery between 8/23/2001 and 12/27/2009 at a tertiary care institution for whom detailed information on coronary anatomy and perioperative treatment could be obtained. Coronary angiograms were independently reviewed, and patients were followed for a median of 3.1 years after surgery.

Results: In our study population, 52% had prior MI, 18% had prior stroke/TIA, and 26% had prior heart failure. The median time from PCI to surgery was 325 days (interquartile range 181 to 800). Among these patients, 35% were stented with clopidogrel prior to surgery, and 12 (10%) were bridged with a parenteral antithrombotic agent. Perioperative MI occurred in 19 patients (4.7%). Perioperative bleeding defined as a preoperative to nadir hematocrit difference ≥10% occurred in 37 (9%). A total of 125/220 (57%) patients still on clopidogrel at the time of surgery had prior stent implantation, 37 (32%) stopped clopidogrel prior to surgery, and 12 (10%) were bridged with a parenteral antithrombotic agent. The added cost for patients that suffered GIB ($23,336) was secondary to increased need for blood product transfusions ($16,809). The 3-year mortality risk was 17%.

Conclusions: Patients with coronary disease undergoing noncardiac surgery remain a high risk population for whom evidence-based strategies are greatly needed to improve perioperative outcomes.

TCT-563
Stenting Undergoing Noncardiac Surgery
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Adhir Shroff1, Mladen Vidovich1
1University of Illinois at Chicago, Chicago, IL

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TCT-564
Temporal Trends In Cost and Resource Utilization Following PCI-Associated Gastrointestinal Bleeding
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Background: Gastrointestinal bleeding (GIB) remains a serious complication for patients with coronary disease undergoing noncardiac surgery. Little is known about the clinical and nonclinical data elements, was analyzed from 1998 to 2006. The primary analysis will be performed on patients undergoing percutaneous coronary intervention (PCI). Little is known about the clinical and nonclinical data elements.

Methods: The Nationwide Inpatient Sample (NIS), which contains over a hundred clinical and nonclinical data elements, was analyzed from 1998 to 2006. The primary analysis will be performed on patients undergoing percutaneous coronary intervention (PCI). Little is known about the clinical and nonclinical data elements.

Results: There were 1,204,065 patients without GIB and 12,694 (1.04%) with post-PCI GIB. The secondary analysis looked at resource utilization of PCI associated GIB. GIB is associated with higher mortality. Incremental costs of GIB are due to blood product administration and expense associated with hemodynamic monitoring.

Conclusions: The overall cost of PCI increased over the study period. PCI-associated GIB is associated with higher mortality. Incremental costs of GIB are due to blood product administration and expense associated with hemodynamic monitoring.

TCT-565
Multi-Center, First-In-Man Evaluation of the Myolimus-Eluting Bioresorbable Coronary Scaffold: 6-Month Clinical and Imaging Results
Stefan Verheyen1, Mark Webster2, James Stewart3, Alexandre Abizaid4, Ricardo Costa4, Jose Costa Jr4, John Yan4, Vinayak bhad5, Lynn morrison6, Sara Tioloy7, John Ormiston7
1Antwerp Cardiovascular Center, ZNA Middelheim, Antwerp, Belgium, 2Belgium, 3Auckland City Hospital, Auckland, New Zealand, 4Visiting Professor Columbia University, São Paulo, Brazil, 5INSTITUTO DANTE PAZZANESE DE CARDIOLOGIA, SAO PAULO, Brazil, 6Elixir Medical Corporation, Sunnyvale, CA, 7Associate Professor, University of Auckland Medical School, Auckland, New Zealand

Background: To evaluate the clinical safety and effectiveness of the DESolve™ Myolimus-Eluting Bioresorbable Coronary Scaffold (BCSS) in patients with single de novo native coronary artery lesions through clinical endpoints and multiple imaging modalities. The DESolve BCSS is a novel drug eluting device that combines a PLLA-based scaffold coated with a bioresorbable polylactide-based polymer and the drug Myolimus. Myolimus, a macrocyclic lactone mTOR inhibitor has demonstrated potent anti-proliferative properties in two First-in-Man (FIM) trials using Elsir’s metallic Myolimus-eluting coronary stents. Drug dose is 3 mcg per mm of scaffold length; the same dose used in the FIM studies.

Methods: Sixteen patients with single, de novo coronary artery lesions were enrolled in this prospective, multi-center, single-arm FIM study. One patient did not receive a study scaffold and was deregistered. The 15 remaining patients are being analysed for multiple endpoints.

Conclusions: There was one MACE event, a TLR, during the follow-up period. Detailed clinical and imaging results through 6 months will be presented. An additional analysis using multislice computed tomography (MSCT) will be completed at 12 and 24 months.

Results: At 6 months, the in-scaffold late lumen loss was 0.19 ± 0.19 by QCA, 2.44% of struts were covered. There was one MACE event, a TLR, during the follow-up period. Detailed clinical and imaging results through 6 months will be presented. Conclusions: The overall cost of PCI increased over the study period. PCI-associated GIB is associated with higher mortality. Incremental costs of GIB are due to blood product administration and expense associated with hemodynamic monitoring.

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TCT-566
Bioresorbable Vascular Scaffolds and Bioabsorbable Polymers
Hall D
Tuesday, October 23, 2012, 8:00 AM–10:00 AM
Abstract nos: 563-584

TCT-563
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Stefan Verheyen1, Mark Webster2, James Stewart3, Alexandre Abizaid4, Ricardo Costa4, Jose Costa Jr4, John Yan4, Vinayak bhad5, Lynn morrison6, Sara Tioloy7, John Ormiston7
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