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Clinical Syntax Score And Long-Term Outcome After Successful Primary PCI.
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Background: Several clinical and angiographic scores have been proposed for the prediction of the outcome of patients with myocardial infarction undergoing primary percutaneous coronary angiography (PCI). The aim of this study was to assess the ability of the Clinical Syntax Score (CSS) for predicting outcome late after successful primary PCI.

Methods: 345 consecutive patients that underwent successful primary PCI due to STEMI in our hospital were recruited out of 361 primary PCIs. CSS was calculated for each patient as previously described. The patients were followed by outpatient visit or telephone for 2 years. Endpoints included all-cause death, cardiac death, repeat revascularization (RR), stent thrombosis (ST) and major adverse cardiac event (MACE), defined as the composite of death, myocardial infarction, or target vessel revascularization.

Results: The median follow-up period was 476 days (mean 496 ± 5 days). Table 1 presents the 2-year outcomes according to CSS tertile, while the figure shows Kaplan-Meier curves for freedom from cardiac death and MACE, respectively, stratified by CSS tertile.

CSS score was higher in patients with death or cardiovascular death, RR and MACE.

Conclusions: CSS is a reliable tool for assessing outcome after successful PCI in patients with myocardial infarction and successful primary PCI.

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5 types of drug-eluting stents including zotarolimus-eluting stent with biolinx polymer show the similar clinical outcomes for the treatment of ST-segment elevation myocardial infarction.
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Background: There were no published data regarding the clinical efficacy and safety of second generation drug-eluting stent (zotarolimus-eluting stent with biolinx polymer, ZES-BP, Endeavor resolute) following primary percutaneous coronary intervention (PCI) in ST-elevation myocardial infarction (STEMI). We evaluated the one-year outcome of zotarolimus-eluting stent with biolinx polymer versus 1st generation (sirolimus-eluting stent, SES and paclitaxel-eluting stent, PES) and 2nd generation (zotarolimus-eluting stent, ZES and everolimus-eluting stent, EES) drug-eluting stents (DES) for the treatment of STEMI.

Methods: A prospective, open-labeled, multi-center cohort has been performed. The primary endpoint was major adverse cardiac event (MACE): the composite of cardiac death (CD), recurrent MI and ischemia-driven target vessel revascularization (TVR) at 1 year. Stent thromboses (ST) by ARC definition were analyzed.

Results: Total 975 patients (ZES-BP = 178, EES = 197, ZES = 203, SES = 194) were analyzed. One-year MACE were 3.4%, 2.0%, 2.8%, 3.4% and 5.7% in ZES-BP, EES, ZES, SES and PES group, respectively (p = n.s.). Cardiac death were 2.3%, 0.7%, 1.5%, 2.5% and 1.0% in ZES-BP, EES, ZES, SES and PES group, respectively (p = n.s.).

Conclusions: Compared to 1st and 2nd generation DES (SES and PES, ZES), EES and ZES-BP showed similar one-year clinical outcomes in terms of MACE in patients with STEMI following primary PCI and in no stent thrombosis.

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Predictors and Clinical Outcomes Related to Door-in-door-out Times
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Background: Recent studies suggest door-in-door-out (DIDO) time may predict outcomes in ST-elevation myocardial infarction (STEMI) patients transferred from a...