Bare Metal and Drug-Eluting Stents

**Hall D**

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**TCT-600**

Angiographic and clinical outcomes of paclitaxel coated balloon angioplasty versus uncoated balloon angioplasty in Drug Eluting Stent Restenosis: Insights from the PEPcad-DES study

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**Background:** In PEPcad-DES late loss as well as the need for repeat revascularization was significantly reduced with drug coated balloon (DCB) angioplasty compared with plain old balloon angioplasty (POBA) for drug-eluting stent (DES) restenosis (clinical trials.gov NCT00996839). We now evaluated whether the use of DCB is different in paclitaxel DES restenosis or non-paclitaxel DES restenosis.

**Methods:** 110 patients with a DES restenosis of either Sirolimus- (SES), Everolimus- (EES) or Paclitaxel-eluting (PES) stents in a native coronary artery with indication for percutaneous coronary intervention with a reference diameter ranging from 2.5mm to 3.5 mm and lesion length less or equal to 22 mm were randomized to treatment with either DCB or POBA in six centers. 38 patients were randomized to POBA and 72 patients to DCB. Patients suffered from repeat restenotic lesion (≤2nd) in 55.6% (N=50) in DCB group and 52.6% (N=20) in POBA population. In the DCB group restenosis was located in SES (N=41, 56.9%), PES (N=20, 27.7%) or EES (N=11, 15.3%). Numbers for POBA group were SES (N=27, 71.0%), PES (N=7, 18.4%) or EES (N=3, 13.2%).

**Results:** DCB as compared with POBA significantly reduced late loss in PES restenosis and non-PES restenoses with 0.46±0.50mm vs. 1.58±1.03mm (p=0.002) and 0.31±0.54mm vs. 0.00±0.06mm (p<0.001), respectively. Furthermore, TLR rates were lower with DCB versus POBA for PES restenosis (5% vs. 57.1%, p<0.001) and non-PES restenosis (18.5% vs. 32.3%, p=0.002). Late loss did not differ for PES versus SES lesions with DCB treatment (0.46 vs. 0.31mm, p<0.123). DCB was superior to POBA for treatment of a first restenosis and for ≥2nd restenosis with a late loss of 0.35±0.60mm vs. 0.65±0.60mm (p=0.128) and 0.49±0.61mm vs. 1.34±0.76mm (p<0.001), respectively.

**Conclusions:** Paclitaxel coated balloon angioplasty was superior to POBA for treatment of PES and non-PES restenosis. DCB effect on late loss did not differ between type of DES.

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**TCT-601**

Real-world experience of the polymer-free rapamycin-eluting YUKON-Choice stent: five-year results from a prospective registry

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**Background:** Drug-eluting stents constitute a major achievement in preventing restenosis and may improve long-term major adverse cardiac events (MACE). The primary endpoint was cumulative long-term major adverse cardiac events (MACE).

**Results:** 701 pts with 724 lesions (1050 stents) were included in our registry. Mean age was 65.7±10 years (73% male). Risk factors included hypercholesterolemia (57.6%), hypertension (74.8%), and diabetes (35.5%); table 1. Baseline characteristics were: Age (years) 65.7±10, Male 512 (73.0%), History of PCI 372/701 (53.1%), History of CABG 130/701 (18.5%), History of MI 401/701 (57.2%).

**Conclusions:** Our registry data suggests that the implantation of YUKON-DES is feasible and safe, but in-stent restenosis and target vessel revascularisation were frequently observed.

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**TCT-602**

Abstract Withdrawn

**TCT-603**

Proximal Coronary Artery Stenting: DES Versus BMS and LAD Versus the Rest

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**Background:** Proximal coronary artery disease is associated with a poorer prognosis compared to disease in the distal coronary arteries. PCI of a culprit lesion in the left anterior descending artery (LAD) may have a worse prognosis than PCI of the proximal left circumflex (LCX) or right coronary arteries (RCA). The possible disparity in risk may be attenuated by stenting strategy. The aim of the present study was to evaluate outcome after PCI of solitary proximal stenoses of the LAD as compared to the LCX and the RCA.

**Methods:** We used data from the Swedish angiography and angioplasty registry (SCAAK), a national registry including all patients undergoing percutaneous coronary intervention (PCI) in Sweden. From 2005 to 2011 all cases of proximal one- vessel disease, treated with PCI, were identified. The patients were stratified according to culprit...