Conclusions: Whilst GPIb-IIIa inhibitor use was associated with a significant protective effect on Kaplan-Meier survival analysis, this disappeared when the significant baseline disparities seen in these patients were accounted for.

TCT-140
Prospective Multicenter Registry of 6 Months Dual Antiplatelet Therapy after new Generation Drug-eluting Stent Implantation: ESTROFA-DAPT Study.
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Background: Drug-eluting stents (DES) have been related to a certain risk of late thrombosis. The recommended duration of dual antiplatelet therapy (DAPT) with DES is 12 months. DAPT is not free from complications and is expensive. Trials with limited sample size suggest that a 6 month DAPT period could be enough with new generation DES. There are no prospective clinical registries assessing the safety of such an approach.

Methods: All consecutive patients treated with a new generation DES (Xience V, Xience Prime, Endeavor Resolute, Promus Element, BioMatrix, Nobori, Osiri) were prospectively included in 20 different centers. Patients had to fulfill one of the following inclusion criteria in order to have 6 month DAPT period prescribed: silent ischemia, stable angina, low risk non-ST segment elevation myocardial infarction or acute coronary syndrome where 12 months DAPT was discarded due to high bleeding risk. Taking advantage of the ESTROFA-2 database (4,768 patients treated with new generation DES, 4,355 of them with 12 months DAPT) we will perform a propensity score matching of the six months DAPT from the ESTROFA-DAPT registry with the 12 months DAPT from the ESTROFA-2 registry.

Results: A total of 800 patients have been included so far in 20 centers. The baseline characteristics of the matched groups and the 1 year follow up results of the first 500 patients would be presented at the meeting sessions.

Conclusions: The ESTROFA-DAPT registry will provide data regarding safety of a 6 month DAPT period after new generation DES implantation.

TCT-141
The Disutility of Nuisance Bleeding: Insights from the TRANSLATE ACS Registry
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Background: Platelet surface P-selectin and activated GPIb-IIIa are markers of platelet activation, degranulation and aggregation. In the TRITON TROUSER prasugrel (Pras) 10 mg reduced ischemic events vs. clopidogrel (Clop) 75 mg but increased bleeding, notably in very elderly (VE) patients. Pras 5 mg is a treatment option in VE patients but data on its effect on GPIb-IIIa and P-selectin expression is lacking. We performed a blinded, three-period cross-over study in stable CAD patients >75 y (VE) or 45-65 y (NE) examining expression of these biomarkers following Pras (5 or 10 mg) or Clop 75 mg.

Methods: After a run-in on low dose aspirin, VE subjects (n=23, 78 ± 5 y) and NE subjects (n=22, 55 ± 5 y) were randomized to Pras (5 or 10 mg) or Clop 75 mg during three 12-day periods. ADP (20 µM)-stimulated platelet P-selectin and GPIb-IIIa (PAC-1) were measured by flow-cytometry at baseline and at the end of each 12-day period.

Results: PAC-1 and P-selectin (data not shown) expression after stimulation with 20 µM ADP did not differ between VE and NE at baseline or after any treatment period (Figure). PAC-1 expression was significantly reduced by pras 5 mg in both VE (p<0.01) and NE (p<0.05). In the VE the 5 mg dose had similar effect as pras 10 mg.

Conclusions: As assessed by GPIb-IIIa and P-selectin in stable CAD patients, Pras 5 mg significantly reduced ADP-induced platelet activation in the VE.

TCT-143
Twelve-Month Clinical Outcomes from the Optimal Duration of Dual Antiplatelet Therapy Following Treatment with Endeavor Zotarolimus-Eluting Stent in Real-World Japanese Patients with Coronary Artery Disease (OPERA) Study
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Background: Increasingly cardiologists need to place coronary artery disease patients implanted with drug-eluting stents on dual antiplatelet therapy (DAPT) regimens of durations shorter than the 6-12 months recommended in current guidelines. Unfortunately, no sufficient clinical data are available to support such shorter DAPT durations.

Methods: This prospective, nonrandomized, multicenter, controlled study of the Endeavor zotarolimus-eluting stent (E-ZES) in real world Japanese patients consists of two arms: patients who were enrolled at 106 medical institutions to receive DAPT for 3 months and then followed for 1 year, and a 12-month DAPT arm consisting of patients consecutively extracted from patients enrolled in the Endeavor Japan post-marketing surveillance. The analysis was done on an intent to treat basis. The