3 f/0 was achieved in 95% of the 2S group and 92% of the 1S group (p=0.66). Stent thrombosis occurred in 5 patients (25%) of the 2S group at a median of 4.3 days, compared to none of the 1S group (p=0.003).

Conclusions: T-stenting of bifurcation lesions does not improve angiographic success and is associated with a substantial risk of stent thrombosis.

Pre-stent debulking for CTO is safe and may be effective in prevention of restenosis. Final Fu angiographic results and QCA data will be presented.

Effect of Diabetes on Five-Year Outcomes After Coronary Stent Implantation

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Background: Diabetes (DM) is associated with significantly increased clinical restenosis in the first year after coronary stenting. The DM effect on target lesion stability after one year and long-term overall cardiac clinical outcome after second-generation coronary stents has not been reported. Methods: We reviewed clinical outcomes for a subset of patients consented for long-term follow-up as part of pivotal stent trials evaluated for FDA approval. We report pooled data for 1228 such patients with mean 4.4 years follow-up. A Cox proportional hazards model was used to evaluate the independent effect of diabetes on overall mortality and the 5-year composite cardiac event rate. Results: DM patients were older (64±10 vs 62±11 years, p=0.008), more frequently women (41% vs 29%, p=0.01), and had more frequent 3 vessel disease (11.4% vs 7.1%, p=0.02). At one year, target lesion revascularization (TLR) was significantly more common for DM (Table). During years 2-5, TLR was infrequent in either group, but the incidence of ischemic events and MACE was increased among DM patients. DM was a significant factor of the 5-year composite outcome (Hazard Ratio 1.5, p=0.0001). Conclusions: 1) Diabetes was not associated with increased TLR after one year. 2) Despite similar stability of