Conclusions: This study revealed that low bifurcation angle between LM and LAD had an adverse clinical impact after single cross over LM to LAD stenting.

TCT-697
Provisional Side Branch Stenting for 1.1.1 Distal Left Main Percutaneous Coronary Intervention
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Background: Objective: To evaluate the impact of bifurcation characteristics on long-term clinical outcome after distal left main (LM) percutaneous coronary intervention (PCI) with a provisional side-branch (SB) stenting strategy. Background: Provisional SB stenting provides good results for patients with distal LM undergoing PCI. It is the preferred strategy in cases where a single ostium is involved (LAD or LCX). This strategy has never been specifically evaluated in more complex lesions involving the two side branches (medina 1.1.1).

Methods: Methods: Individual data of patients with distal LM lesions included in the French Taxus, Friend, Lenax and large centers registries and treated with a provisional SB stenting strategy were analysed.

Results: Results: A total of 454 patients were included, 199 (43.8%) with a 1.1 bifurcation and 255 patients (56.2%) with any other type of bifurcation. Patients with a medina 1.1.1 had a higher Syntax score (28±10.2 vs. 21.9±8.7; p<0.0001) and were treated with a higher rate of SB stenting (45.7% vs. 14.5%; p<0.0001) compared to other lesion types. At multivariate logistic regression analysis, after adjustment for patient and procedure confounders, a medina class 1.1.1 emerged as a predictor of 36 months’ MACE (odd ratio: 2.332, 95% confidence interval 1.416 to 3.384; p=0.001) and death (odd ratio: 3.689, 95% confidence interval 1.658 to 8.205).

Conclusions: Conclusion: In this observational study, patients with Medina 1.1.1 LM lesions have worse baseline characteristics and clinical outcome compared to other lesion types. Even after adjustment for data confounders, Medina 1.1.1 remained associated with a worse outcome suggesting that Medina 1.1.1 is by itself a risk factor.

TCT-698
Abstract Withdrawn

TCT-699
Comparison of Transradial Coronary Intervention versus Coronary Artery Bypass Grafting for Unprotected Left Main Disease in Patients with Acute Coronary Syndrome
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Background: Previous trials indicated that radial access was superior to conventional femoral access for percutaneous coronary intervention in reducing bleeding and vascular complications in patients with acute coronary syndrome (ACS). However, the overall safety and efficacy of transradial coronary intervention (TRI) with drug eluting stent (DES) versus coronary artery bypass grafting (CABG) for patients with unprotected left main disease (UPLM) presenting with ACS is unknown.

Methods: All consecutive patients with ACS undergoing TRI with DES (n=231) or CABG (n=357) for UPLM lesions in our center, between March 2008 and December 2010, were included. And a propensity-score matching was performed to adjust for differences in baseline clinical and angiographic characteristics between the two cohorts, yielding 154 pairs of matched patients.

Results: Median clinical follow-up duration was 26 months. Patients undergoing CABG had higher unadjusted rates of all cause mortality, stroke, and myocardial infarction (MI). After propensity-score adjustment, baseline comorbidities and angiographic characteristics were similar between two groups. And no significant difference was observed between TRI and CABG group in all cause mortality (4.5% vs. 6.5%; P = 0.454) and MI (5.2% vs. 7.8%; P = 0.355). However, there was a significant increase in the incidence of stroke in CABG group (0 vs. 2.6%; P=0.044), while a significantly increased target vessel revascularization (TVR) rate (13.0% vs. 5.2%; P = 0.017) was observed in TRI group. Composite outcome (death/MI/stroke) was comparable between the TRI and CABG groups (7.1% vs. 12.3%; P = 0.124). And the overall major adverse cardiac and cerebral events including death/MI/stroke/TVR were more frequently developed in patients undergoing TRI (18.2% vs. 15.6%; P = 0.543). These findings were still consistent after adjustment by SYNTAX score with or without propensity score, and propensity score alone in Cox regression analysis.

Conclusions: TRI with DES on UPLM disease for ACS patients are comparable to CABG in composite safety outcomes including death/MI/stroke. However, CABG is still superior to percutaneous coronary intervention in TVR despite using DES.

TCT-700
A Systematic Review and Meta-analysis of Ostial and Trunk versus Distal Lesions in Unprotected Left Main Coronary Artery Stenting
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Background: The effectiveness of left main coronary artery (LMCA) percutaneous coronary intervention (PCI) is inferior to coronary artery bypass surgery (CABG), mostly due to the higher risk of repeat revascularization. The LMCA has typically been treated as a single entity in studies comparing PCI and CABG. However, interventionalists recognize that there are differences in the technical complexity of LMCA PCI depending upon the lesion’s location. The influence of lesion location on outcomes is not clear.

Methods: We performed a systematic review and meta-analysis of percutaneous drug-eluted stent (DES) implantation in ostial and trunk versus distal unprotected LMCA lesions. Our primary endpoints were the incidence of major adverse cardiac events (MACE) and target lesion/vessel revascularization (TLR/TVR). We included studies that enrolled ≥100 patients and had >6 months follow-up.

Results: We identified 11 studies involving 4,236 patients. Mean duration of follow-up was 26 months (range 20-36). We adopted the random effect model when computing the combined hazard ratio (HR) (test for heterogeneity p < 0.001). Compared with non-distal stenting, distal LMCA PCI was associated with increased MACE (17.7%; 175/986 versus 15.0%; 363/2305) [HR (95% CI)- 3.09 (2.02-4.73)] (figure).