diabetic chronic treatments (40% for both), and 27% were on insulin therapy. The other antidiabetic medications, including glinide, glitazone, and acarbose were rarely used (3%, 2%, and 5%, respectively). Mean baseline and post PCI Cr levels were 102±52 and 122±81μmol/L. Rate of CIN was similar in patients with or without metformin (21 vs 20%, respectively, p=0.87). Logistic regression for the risk of CIN taking into account classical risk factors showed no impact of chronic metformin therapy, even in stratified analysis in patients with chronic kidney disease. Hospital mortality was similar between groups (7 vs 6%, respectively, p=0.69). Moreover, no case of lactic acidosis was reported during the hospital stay.

Conclusion: In this multicentre study reflecting current clinical practice, metformin treatment prior to primary PCI had no significant impact on CIN. Larger studies are needed to confirm these findings.

0474

The deleterious cardiovascular impact of renal failure varies according to PCI indication

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Aim: To compare cardiovascular (CV) outcomes after contemporary PCI in patients with vs. without renal failure (RF) according to clinical presentation (ST-elevated myocardial infarction (STEMI), acute coronary syndrome (ACS), and stable coronary artery disease (sCAD)).

Methods: Consecutive patients undergoing PCI with stent implantation were prospectively included from 2007 to 2012. RF was defined by a CrCl <60ml/min. The primary end-point was all-cause mortality. The secondary endpoints were MACCE (cardiovascular death, myocardial infarction, stroke, TLR), TLR (target lesion revascularization), and ARC definite/probable stent thrombosis (ST) at one year.

Results: Among 5357 patients eligible, 1219 (23%) had PCI for STEMI, 1837 (34%) for ACS and 2291 (43%) for sCAD. There were 1441 (27%) patients with RF. At one year, patients with RF had increased all-cause mortality rates whatever the indication for PCI (Figure), with a 6 fold higher unadjusted all-cause mortality rate in STEMI patients (41% vs. 7.5%) and a 3 fold increase in ACS (19% vs. 6%) and sCAD (10% vs. 3%) patients compared to noRF patients (p<0.0001 for all comparisons). MACCE were also higher in RF patients in each PCI indication (45% vs. 15% in STEMI, 23% vs. 14% in ACS, and 14% vs. 9% in sCAD; p<0.05 for all). STEMI-noRF patients had comparable mortality (p=0.259) and MACCE rates (p=0.658) than sCAD-RF patients. TLR ranged from 5.5% to 7.4%, and definite/probable ST was <2.5% without any difference in each PCI indication (p>0.05 for both). After multivariate analysis, RF was independently associated with an excess of death with a more than doubled relative risk in STEMI compared to ACS and sCAD patients (OR 5.3: CI 3.627-7.821 in STEMI vs. 2.1: CI 1.465-3.140 and 2.3: CI 1.507-3.469 in ACS and sCAD, respectively, p<0.0001).

Conclusion: RF is a stronger independent predictor of death after PCI in patients with STEMI compared to patients with ACS and sCAD. CV prognosis of sCAD-RF patients was found to be comparable to that of STEMI-noRF patients.

0207

Outcome of patients after resuscitation from out of hospital cardiac arrest: the role of percutaneous coronary intervention in Clermont-Ferrand university hospital

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Background: The hospital cardiac arrest (ACHE) represent the leading cause of death worldwide. Despite improvements in their care, the prognosis of these patients remains very poor, including those who have received initial resuscitation success. The objective of this study was to evaluate the influence of death revascularization (CAG) and primary percutaneous coronary intervention (PCI) on the outcome of patients survivors after out-of-hospital cardiac arrest and living in ICU in the Auvergne region namely coronary angiography.

Methods: During 18 months, a cohort of surviving patients admitted alive in Aech and resuscitation was incorporated in the CHU Gabriel Montpied. All demographics, pre-hospital and hospital were analyzed. The multivariate analysis of prognostic factors in this cohort used mainly the Cox model.

Results: 54 consecutive patients with out-of-hospital cardiac arrest survivors underwent systematic emergency coronary angiography. Most (65%) OHCA survivors had angiographic coronary artery disease: occlusion in 23 patients (43%) and significant stenosis in 12 patients (22%). Angioplasty was attempted in 20 patients and was technically successful in 18. Chest pain and the presence of ST-segment elevation were poor predictors of acute coronary-artery occlusion. Hospital survival was 48%. By multivariable analysis, use of PCI was an independent factor of survival (p=0.006).

Conclusion: Acute coronary-artery occlusion is frequent in survivors of out-of-hospital cardiac arrest and is predicted poorly by clinical and electro-
cardiographic findings. Accurate diagnosis by immediate coronary angiography can be followed in suitable candidates by coronary angioplasty, which seems to improve survival.

0133

The first human experience with novel nano surface modified Cobra PzF stent

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Background: Stenting options for patients at high risk of bleeding (elderly, AF, ACS) are sub-optimal. BMS are not as effective as DES in reducing restenosis but DES require long term DAPT, which increases bleeding risk. Recent animal studies have demonstrated that the nano PzF surface modified stent (Cobra PzF, Celonova) is thrombo-resistant, and is associated with a rapid reendothelialization.

Method: 100 patients (71 men) with mean age 71±4.2 years old of all comor patients were prospectively included to evaluate the safety and the efficiency of the Cobra PzF stent. Patients presented with multiple co-morbidities including 22% DM, 10% AF, 17% Ejection Fraction <40%, 10% VKA, 28% ACS, 10% STEMI and 26% and multivessel diseases.

Results: 166 Cobra PzF stents were implanted in 151 lesions (74% B1 lesions) via a radial route (72%) with a 6F-guiding catheter. 1.66 stent/pt was implanted for an mean stent length of 18.7±5.0mm and a mean diameter of 3.1±0.3mm. Target lesions in left main (2%), LAD Diag (43%), CxMg (23%), RCA (32%), including bifurcated kissed lesions (12%) were treated with 50% direct stenting. The device was successfully implanted in 100% of targeted lesions to achieve a complete revascularization in all cases. In-hospital, there were no adverse events (Death, MI, TLR, cerebral events, stent thrombosis) or incidence of major bleeding complications or transfusions. At one month, no events were reported. 6-month results showed 4% of MACCE (terminal cardiac insufficiency and 3 restenosis successfully treated).

Conclusion: Those Results are very promising in real world and complex patients (Diabetes, AF, Acute MI, Unstable Angina, Bifurcation, VKA). The COBRA PzF stent is safe and effective in routine practice. These preliminary data and the rapid reendothelialization observed in preclinical will serve as an impetus for a multi-center randomized study of short DAPT.

0182

Bioresorbable everolimus eluting stents in coronary arteries. Preliminary implantation data and follow up of 65 patients

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Between February 2013 and april 2014, of 1450 coronary angioplasty procedures realized in our institution, 65 patients, aged 64.3 (40-94), underwent coronary stenting with Absorb Biovascular Scaffold (BVS).

Clinical data: exercise angina 22 patients, acute coronary syndromes 37 (including acute myocardial infarction 5), silent ischemia 7, heart failure 2. Ten patients suffered diabetes (15%) and 14 experienced previous coronary interventions (20%).

Procedural data: all stents have been implanted under angiographic control (except two cases including IVUS imaging) in de novo lesions through a radial approach with 6F guiding catheters following mandatory predilatation. 44 patients had single vessel disease (67%) and 21 multivessel disease. Target vessel was the left anterior descending artery in 35 cases, left circumflex in 10 and right artery in 14. 68 stents have been delivered; three patients had two BVS; 16 patients had also metallic drug eluting stents in other arteries. Side branch dilatation had to be performed in 4 patients. Implantation was successfull in all cases.

In hospital follow up: No death Complications: side branch occlusion with non Q wave infarction in one case and transient ischaemic attack in one another. 58 patients left the institution the day after the procedure under conventional dual antiplatelet therapy.

Out hospital follow up: at 6.2 month (1-15) all patients were event free (100%). Three patients had angiographic control at one year and were free of restenosis; one another had 70% angiographic restenosis at the edges of the stent and underwent longer DES implantation (TLR: 1.5%). Three other patients had computed tomography scanner control at one year with no evidence of restenosis, including one case demonstrating restoration of systolic compression of the stented segment in a myocardial bridging whereas diastolic diameter was normal.

Conclusions: at that time our preliminary data confirm the safety of the BVS device at implantation and at six months follow up.

0495

Clinical impact of second-generation everolimus eluting stent compared with first-generation sirolimus-eluting stent in diabetes mellitus patients

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Purpose: This study sought to study the second-generation everolimus-eluting stent (EES) as compared with first-generation sirolimus-eluting (SES) in diabetes mellitus (DM) patients.

Methods: All DM patients treated with EES or SES from January 2010, to December 2011 were included. The EES was compared with SES for the primary composite endpoint of clinically driven restenosis, definite stent thrombosis (ST), and all-cause mortality.

Results: In 226 percutaneous coronary intervention-treated DM patients, 353 stents were implanted (EES 118, SES 235). The EES was associated with significantly lower restenosis rates compared with SES (SES vs. EES: 16.7% vs. 8.4%, p=0.001, OR: 2.96; 95% CI: 1.57 to 5.75). Lower incidence of ST (SES vs. EES: 2.1% vs 0.8%, p=0.38) and mortality (SES vs. EES: 1.7% vs 0.0%, p=0.15) was noted but did not reach statistical significance.

Conclusions: In all-comer DM patients the use of EES was associated with improved outcomes compared with SES mainly driven by lower rates of clinically driven restenosis.

0098

One year incidence and clinical impact of bleeding outcomes in STEMI patients treated by prasugrel or clopidogrel in real-life: the BLEED-MI study

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Purposes: The aim of this study was to evaluate one-year incidence of bleeding events and their impact on compliance in patients admitted for ST Elevation Myocardial Infarction (STEMI) and treated by prasugrel or clopidogrel in « real-world ».

Methods: Patients admitted for a STEMI were treated by either clopidogrel or prasugrel according to the physician with respect of guidelines. The primary endpoint was the first occurrence of bleeding events within 12 months assessed by the Bleeding Academic Research Consortium (BARC) classification using a dedicated questionnaire focused on bleeding events. Topography bleedings, causes of premature cessation and ischémic events were also compared.

Results: 390 patients were enrolled, 211 in prasugrel group and 179 in clopidogrel group. Patients in the prasugrel group were younger, with higher