fraction<40%;12%, LAD/RCA/Cx/LMCA; 43% / 43% / 10% / 3%, Restenotic lesion; 42%). Mean follow-up interval was 8.4±1.4 yrs among 298 surviving pts. Follow-up rate was 98% at 7 yrs. Achievement of stabilization of stented lesion was defined as freedom from target lesion (TL)-PCI/CABG/Death during initial 14 months (Primary stabilization) or during 14 months after the last TL-PCI (Secondary stabilization). Result: Primary stabilization was achieved in 317 pts (78%). Among 61 pts (15%) with early TL-PCI , secondary stabilization was achieved in 56 pts (92%) with average number of 1.5 repeated PCI procedures. Stabilization was achieved in 92% of pts overall. Event-free survival rates at 8yrs were as follows: Cardiac death 90%, Death 76 %, Death/MI/CABG 67%, Death/MI/CABG/TL-PCI 57%, Death/MI/CABG/ Any-PCI 37%. Among 35 episodes of Q wave MI, only 3 was related to the stented lesion. Late TL-PCI, defined as that performed after achievement of stabilization, was uncommon but increased slightly beyond 5 yrs (1 % at 5 yrs, 6% at 8 yrs). Among 181 pts undergoing clinically driven very late (>4 yrs) follow-up angiography , targets of the repeated revascularization procedure were more often new lesions (41%) than stented lesions (11%). Conclusion: Stabilization of stented lesions was achieved in the majority of pts with limited numbers of TL-PCI in this cohort of pts with classical indication of coronary stenting. Once stabilization was achieved, late clinical events related to stented lesions were uncommon. The efficacy and safety of coronary stenting appeared to be sustained at 8-11 yrs of follow-up.

10:45 a.m.

888-2 In Saphenous Vein Grafts Bigger Is Not Significantly Better: An Intravascular Ultrasound Study

Ioannis Iakovou, G. Dangas, A. Abizaid, G. Mintz, R. Mehran, Y. Kobayashi, D. Ashby, M. Hirose, S. Iyer, G. W. Stone, M. Collins, G. Roubin, M. Astatkie, J. W. Moses, M. B. Leon, *Cardiovascular Research Foundation, Lenox Hill Heart & Vascular Institute, New York, New York.*

Background. Larger final lumen dimensions after PCI in native coronary arteries lead to lower restenosis rates. However, the impact of stent expansion - assessed by intravascular ultrasound (IVUS) - on clinical results of PCI in saphenous vein grafts (SVG) is not known.
Methods. We identified 226 consecutive patients who underwent IVUS-guided stenting of 229 de novo SVG lesions; they were divided in two groups based on final stent cross-sectional area (CSA): Group I (stent CSA <100% reference lumen CSA, n=176 patients, 178 lesions) and Group II (stent CSA >100% reference lumen CSA, n= 50 patients, 51 lesions).
Results. Baseline patient characteristics were similar between the two groups with the exception of shorter lesions in Group II patients (Table). More aggressive stent implantation (Group II pts) was associated with (1) increased rates of in-hospital non-Q wave MI (CK-MB > 5 times normal) and (2) higher 1-year event rates.
Conclusions. Aggressive stent expansion in SVG lesions is associated with higher post-procedure non-Q-wave MI and, unlike native arteries, no improvement in clinical restenosis (repeat target lesion revascularization, TLR). A less aggressive stent implantation strategy in SVG than in native coronary lesions seems appropriate.

	Group I n=176	Group II n=50	p
Age	68 ± 91	68 ± 10	0.7
Vein Graft Age	13 ± 55	102 ± 56	0.2
Diabetes	32.2%	38.5%	0.4
Degenerated SVG	51.1%	42.1%	0.5
Reference Vessel Size (mm)	3.55 ± 0.7	3.47 ± 0.8	0.6
Lesion Length (mm)	10.8 ± 8.5	7.2 ± 5.2	0.01
Final Lumen CSA (mm2)	9.2 ± 3.3	10.4 ± 3.3	0.01
No-reflow	1.7%	1%	1.0
In-hospital Non QWMI	17.4%	29.4%	0.05
In-hospital MACE	1.1%	0.0%	1.0
1-year mortality	10.2%	14.9%	0.4
1-year MI	8%	26.2%	0.003
1-year TLR	22.6%	31%	0.3

11:00 a.m.

888-3 Does Stenting Benefit Patients With Left Anterior Descending Infarction? Results From the CADILLAC Trial

Eulogio Garcia, David Cox, Cindy L. Grines, Raul Moreno, James Tcheng, Thomas Stuckey, Barry Rutherford, J. Mc Lean, John Carrol, Alexandra Lansky, Gregg W. Stone, for the CADILLAC investigators, *Hospital Gregorio Maranon, Madrid, Spain.*

Background: Previous studies have shown that patients with AMI involving the proximal LAD have worse clinical outcomes compared to non proximal LAD infarction. Whether stent placement can improve the outcomes compared to balloon angioplasty for proximal LAD infarction remains unknown.
Methods: Two thousand eighty two AMI patients of any age with less than 12 hours from symptom onset (excluding cardiogenic shock) were randomized at 76 international sites to PTCA (n=517), PTCA plus abciximab (n=529), sten: (n=512) and stent plus abciximab (n=524). CASS site determination of proximal LAD infarction was verified by the core lab.
Results: Proximal LAD infarction ocurred in 21.2% (n=441/2,082) of patients in this trial. Compared to non-proximal LAD, patients with proximal LAD infarction had increased mortality at 30 days (3.8% vs 1.7%, p=0.008), 6 months (6.8% vs. 2.6%, p<0.001), and at 1 year (7.5% vs. 3.4%, p<0.001). They also had a higher incidence of MACE at 6 months (21.1% vs. 12.3%, p<0.001) and at 1 year (23.6% vs. 15.1%, p<0.001). Among patients with proximal LAD infarction, those treated with stent underwent less often repeated target vessel revascularization at 6 months (12.0% vs 23.2%. p=0.002), and at 1 year (16.6% vs. 32.6%, p<0.001), while no difference was observed between the two groups in the incidence of the other major adverse cardiac events at 30 days, 6 months and 1 year.
Conclusion: in the CADILLAC study, more than 20% of patients presented with proximal LAD infarction. These patients were at higher risk for adverse events. In this subgroup, those treated with stent had less target vessel revascularization at mid and long-term follow-up. The adjunctive effect of abciximab in this subgroup will be available for presentation.

11:15 a.m.

888-4 Prolongation of Activated Clotting Time (ACT) With Tirofiban Versus Abciximab and Its Association to Outcome: Results From TARGET

David J. Moliterno, Richard A. Lange, Christian Hamm, Bernhard Meier, Peter M. DiBattiste, Nasser Lakkis, Jia Gang, Derek P. Chew, David M. Cohen, Gregg W. Stone, Laura Demopoulos, Eric J. Topol, *Cleveland Clinic Foundation, Cleveland, Ohio.*

Background: Placebo-controlled studies have shown abciximab to prolong the ACT by ~30 seconds while small-molecule agents (tirofiban and eptifibatide) have little or no impact. Separately, it is uncertain if higher procedural ACT's would narrow any outcome difference between abciximab and tirofiban.
Methods: TARGET randomized 4,809 patients to abciximab or tirofiban in a double-blind fashion. Heparin administration was recommended as a <= 70U/kg bolus with an aim to prolong the ACT to approximately 250 seconds. We analyzed heparin dose, peak procedural ACT's, ischemic outcome, and bleeding events.
Results: The mean total heparin dose for tirofiban and abciximab groups were 6316 units and 6372 units, respectively, and this corresponded to average weight-adjusted doses of 75.0 and 74.5 U/kg. The resultant median (25th, 75th) peak ACT's for tirofiban and abciximab groups were 281 (250, 324) and 283 (253, 325). The 30-day ischemic (death, MI, uTVR) and major bleeding events for ACT according to ACT quartiles are listed (table).
Conclusions: Given very similar heparin doses, tirofiban and abciximab were associated with nearly identical ACT results. Bleeding events were higher, but ischemic events were not lowered with more prolonged ACT values. Differences in clinical outcome between the agents cannot be attributed to the level of anticoagulation.

		Death, MI, uTVR (%)		Major Bleeding (%)	
Median ACT		Tirofiban	Abciximab	Tirofiban	Abciximab
Q1	226 s	6.8	6.3	0.2	0.4
Q2	266 s	8.5	8.5	0.7	0.5
Q3	302 s	8.9	5.9	0.9	0.7
Q4	364 s	7.1	4.9	2.2	1.1

11:30 a.m.

888-5 Glycemic Control and in Stent Restenosis in Patients With Diabetes Mellitus

Hironori Miyoshi, Hiroshi Kamihata, Yasuo Sutani, Yo Nagahama, Koichi Yamada, Kengo Hatada, Yoshiaki Tsuka, Toshiji Iwasaka, *Kansai Medical University-Cardiovascular Center, Moriguchi, Japan.*

Background: Diabetes is an adverse risk factor for in-stent restenosis. Whether optimal glycemic control at coronary intervention reduces this risk is unknown.
Methods: We reviewed clinical and angiographic 6 month outcomes of 116 consecutive diabetics with successful stent placement between 7/94 and 3/00 at our institution. Diabetics with known HbA1c level at coronary intervention were classified as having optimal (HbA1c<7.0%, n=57) or sub-optimal (HbA1c>7.0%, n=59) glycemic control. We evaluated MACE (Death, MI, re-PTCA and CABG) and angiographic results for each diabetic group.
Results: The two groups were comparable with respect to age, gender, coronary risk profile except diabetes, and clinical presentation. Vessel characteristics, and pre- and post-procedure QCA results were also similar for the two groups except multi-vessel disease which was more prevalent in the diabetics with sub-optimal control (51% vs 30%, p=0.02). Angiographic restenosis rate and TLR during the follow-up were significantly higher in diabetics with sub-optimal control than those with optimal control (50% vs 33%, p=0.06 and 38% vs 21%, p=0.03, respectively). MACE at 6-month were similar for the two groups. At one year, MACE was significantly higher in diabetics with sub-optimal control than those with optimal control (39% vs 21%, p=0.03).
Conclusions: Diabetics with optimal glycemic control at coronary intervention reduces restenosis rate, and consequently led to favorable long-term results compared with sub-optimal control. Optimal glycemic control should be considered as an important medical target in the prevention of in-stent restenosis.