**TCT-708**

**Long-Term Effectiveness And Safety Of Triple Versus Dual Anti-Platelet Therapy After Percutaneous Coronary Intervention For Unprotected Left Main Coronary Artery Disease**

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**Background:** There is a paucity of data regarding the impact of adding cilostazol to dual antiplatelet therapy (DAPT) on the clinical outcomes after percutaneous coronary intervention (PCI) for unprotected left main coronary artery stenosis ≥ 50% from Sejong General Institute PCI database registry between April 2003 and December 2010. Triple antiplatelet therapy (TAPT) was defined as the addition of cilostazol for at least 3 months to conventional DAPT after PCI. Patients who has been taken cilostazol for at least 3 months, 1 year after PCI (n = 21) and had other antiplatelet agents or warfarin (n = 14) were excluded. The primary effectiveness endpoint was major adverse cardiac and cerebral events (MACCE), defined as the composite outcomes of cardiac death, non-fatal myocardial infarction, ischemic stroke and target lesion revascularization (TLR). The primary safety endpoints were Thrombolysis In Myocardial Infarction (TIMI) major and minor bleeding.

**Results:** Of the 290 total patients, 137 patients received TAPT and 153 patients received DAPT. TAPT group had higher incidences of male sex and distal bifurcation involvement. There is a paucity of data regarding the impact of adding cilostazol to dual antiplatelet therapy for unprotected left main coronary artery disease (LMCA) disease. Methods: We evaluated 325 patients who underwent percutaneous coronary intervention (PCI) with DES for left main coronary artery stenosis ≥ 50% from Sejong General Institute PCI database registry between April 2003 and December 2010. Triple antiplatelet therapy (TAPT) was defined as the addition of cilostazol for at least 3 months to conventional DAPT after PCI. Patients who has been taken cilostazol for at least 3 months, 1 year after PCI (n = 21) and had other antiplatelet agents or warfarin (n = 14) were excluded. The primary effectiveness endpoint was major adverse cardiac and cerebral events (MACCE), defined as the composite outcomes of cardiac death, non-fatal myocardial infarction, ischemic stroke and target lesion revascularization (TLR). The primary safety endpoints were Thrombolysis In Myocardial Infarction (TIMI) major and minor bleeding.

**Results:** Of the 290 total patients, 137 patients received TAPT and 153 patients received DAPT. TAPT group had higher incidences of male sex and distal bifurcation involvement requiring 2 stent technique, and tendency of higher incidence of diabetes mellitus compared to DAPT group. DAPT group included more patients presented with acute myocardial infarction. During follow-up (median 29.6 months), MACCE occurred in 57 patients (19.6%); 25 (18.2%) in the TAPT group and 32 (21.3%) in the DAPT group (P = 0.18 by log-rank test). In multivariate analysis, TAPT was not associated with a lower incidence of MACCE [hazard ratio (HR): 1.07, 95% confidence interval (CI): 0.39-3.12] and of cardiac death, MI or ischemic stroke (HR: 0.66, 95% CI: 0.34-1.29). TIMI major and minor bleeding occurred at both similar rates. [5.8% (n = 8) Vs 6.0% (n = 9), TAPT Vs DAPT group, P = 0.76 for TIMI minor bleeding].

**Conclusions:** In our registry data, TAPT didn’t either reduce the incidence of MACCE or increase clinical bleeding after PCI using DES for unprotected LMCA disease.

**TCT-709**

**Predictors of Main Branch Restenosis Following Drug-eluting Stent Implantation in Patients with De Novo Unprotected Distal Left Main Bifurcation Coronary Lesions: The Milan and New-Tokyo (MITO) Registry**

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**Background:** Percutaneous coronary intervention (PCI) for unprotected distal left main lesions (UDLM) is increasing with the improvement in device technology. However, ISR remains one of the main limitations for PCI. This study aims to determine the predictors of main branch re-stenosis (MB-ISR) and clarify the optimal PCI strategy for UDLM.

**Methods:** Between April 2002 and December 2008, 568 consecutive patients with UDLM following PCI with drug eluting stent (Cypher and TAXUS) implantation were evaluated.

**Results:** Overall-ISR during follow-up period (median 1611 days IQR 1157-2021) occurred in 127/568 patients (22.4%) in MB-ISR in 60 (10.6%), SB-ISR in 92 (16.2%) and both MB/SB-ISR in 25 (4.4%). Multivariable analysis demonstrated that concomitant calcified and true bifurcation [adjusted HR 2.54, 95% CI 1.39-4.67; p = 0.003] and smaller post-stenting minimal luminal diameter [adjusted HR 0.55, 95% CI 0.31-0.913; p = 0.02] were the positive independent predictors of MB-ISR, while full-left main ostium coverage approach (FCA) [adjusted HR 0.16, 95% CI 0.01-0.958; p = 0.079] seemed to be the negative predictor of MB-ISR. Occurrence of MB-ISR following minicrush-stenting and FCA was the lowest than the other strategy (3.4%). Cardiac-death were more frequent in patients with MB-ISR versus in patients with no MB-ISR (HR 2.14; p = 0.04).

**Conclusions:** Presence of calcified and true bifurcation and suboptimal expanded lesion were associated with increasing risk of MB-ISR following UDL intervention, while FCA seemed to be associated with the low occurrence of MB-ISR. MB-ISR was associated with increased risk of subsequent cardiac-death.