was achieved using medical records and/or phone calls and was censored at 2 years. Descriptive analysis was performed on all variables. Univariate analysis and propensity matched analysis were performed to determine differences between the 2 cohorts.
Results: E had more hypertension and a higher angiographic complexity than Y patients as judged by SYNTAX scoring (E 22.4 ± 14.2; Y 17.5 ± 12.5, p = 0.026). A higher prevalence of smoking, obesity and family history of premature heart disease was seen in Y patients. At 2 years follow up, Y vs. E patients had the following outcomes respectively: TLF 27.7% and 25.5% (p=0.711), TLR (24.8% vs. 21.4%, p=0.518), cardiac death (3.4% vs. 2.5%, p=0.750) and definite and probable stent thrombosis (2.0% vs. 1.0%). Propensity matched analysis showed a statistically similar TLF and TVF between the Y and E cohorts respectively (31.3% vs. 21.9% (p=0.317) and 46.2% vs. 32.3% (p=0.150) respectively). The EES had lower TLR than PES in the E (15.7% vs. 27.7%, p=0.055) but similar outcomes between the 2 stents were seen in the Y cohort.
Conclusion: In this cohort of patients receiving EES and PES, and when compared to young patients (< 65 years), elderly patients (≥ 65 years) had more complex angiographic disease but statistically similar outcomes at 2- year follow-up. EES appears to have lower TLR in elderly patients than PES.

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Multi Center, Prospective, Randomized, Single Blind, Consecutive Enrollment Evaluation A Novolimus-eluting Coronary Stent System With Bioabsorbable Polymer Compared To a Zotarolimus-eluting Coronary Stent System: 12- Month Clinical And 6-month Angiographic and IVUS Results: The Excella BD Study

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Background: To evaluate the safety and effectiveness of the Elixir DESyneTM BD Novolimus Eluting Coronary Stent System (CSS) with a bioabsorbable polymer compared to the Endeavor Zotarolimus Eluting Coronary Stent System through the assessment of clinical, angiographic, and IVUS endpoints.
Method: 149 patients were randomized 3:1, either to the Elixir DESyne BD Novolimus Eluting CSS loaded with 5mcg per mm of stent length of Novolimus, a sirolimus metabolite, eluted via a bioabsorbable polylactide-based polymer, or to the Endeavor Zotarolimus-eluting CSS loaded with 10mcg per mm of stent length of Zotarolimus eluted via a durable phosphoryl choline polymer. All patients were analyzed for the primary endpoint of in-stent late lumen loss (LLL) assessed by QCA at 6 months.

Moreover, all patients underwent evaluation for the secondary endpoints including the Device-orientated Composite Endpoint (DoCE) defined as: cardiac death, MI not clearly attributable to a non-intervention vessel, and clinically-indicated target lesion revascularization; clinically-indicated Target Vessel Revascularization (TVR), and stent thrombosis at 1, 6, 9, and 12 months and annually through 5 years. Lesions were also evaluated for angiographic endpoints at 6 months including: in-segment LLL, percent diameter stenosis, minimal lumen diameter post-procedure and at 6 months, and angiographic binary restenosis (ABR) (≥50%). A subset of patients underwent intravascular ultrasound (IVUS) evaluation including percent (%) neointimal obstruction at 6 months.
Results: The study met the primary endpoint demonstrating both non-inferiority and superiority of the DESyne BD compared to the control (0.12±0.15 vs 0.67±0.47, p<0.001), additionally, in-stent ABR was significantly lower for DESyne BD (0% vs 7.9%, p=0.003). Excellent clinical results at 6 months were demonstrated for both devices. Clinical results through 12 months and additional angiographic and IVUS results will be presented.
Conclusion: Clinical results through 12 months and complete angiographic and IVUS results will be presented.

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Impact of Periprocedural Myocardial Infarction following Chronic Total Occlusion Interventions on mid-term Angiographic and 2-year Clinical Outcomes

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Background: Chronic total occlusion (CTO) intervention is still challenging because of the limited procedural success rate and higher recurrence. It is not clear whether the peri-procedural myocardial infarction (P-MI) will significantly impact on angiographic and clinical outcomes following CTO intervention.
Methods: A total of 131 consecutive pts underwent CTO intervention were divided into P-MI (n=12) and control group (n=119). Six-month angiographic and twelve-month clinical outcomes were compared between the two groups.
Results: The baseline clinical characteristics were balanced between the two groups except more elderly (66.1±13.0 vs. 60.1±9.4 p=0.034) in the P-MI group. There were higher incidence of perforation (15.3% vs. 0.7%, p=0.0005), dissection (46.1% vs.18.1%, p=0.018), any hematoma and acute renal failure in the P-MI group. Angiographic outcomes at 6 months were not different between the two groups. However, the incidence of total death, any myocardial infarction (MI) and target vessel revascularization (TVR)-major adverse cardiac events (MACE) were higher in the P-MI group at 24 months (Table).
Conclusions: P-MI following CTO intervention was associated with higher 2-year mortality, any MI and TVR-MACE. Careful procedure to minimize P-MI will be warranted to get optimal CTO intervention outcomes.

Table. Six-month Angiographic and 24-month Clinical Outcomes

6 Month Angiographic Outcomes	P-MI (n = 12 pts)	Control (n = 119 pts)	P-value
Binary restenosis (>50%)	1/8 (12.5)	9/64 (14)	0.904
Mean DS%	31.61 ± 27.37	26.10 ± 23.71	0.239
FU MLD (mm)	2.024 ± 0.852	2.219 ± 0.757	0.183
Late Loss (mm)	0.676 ± 0.788	0.564 ± 0.707	0.409
24-Month Clinical Outcomes			**P-value**
Total death	3 (25)	1 (0.8)	< 0.001
Cardiac death	1 (8.3)	0 (0)	0.0016
Any MI	1 (8.3)	1 (0.8)	0.0436
Q wave	1 (8.3)	1 (0.8)	0.0436
Repeat PTCA	2 (16.6)	14 (11.7)	0.6211
TLR	2 (16.6)	10 (8.4)	0.3443
TVR	2 (16.6)	11 (9.2)	0.4124
All MACE	4 (33.3)	15 (12.6)	0.0520
TLR MACE	2 (16.6)	10 (8.4)	0.3443
TVR MACE	4 (33.3)	13 (10.9)	0.0277

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Multi Center, Prospective, Randomized, Single Blind, Consecutive Enrollment Evaluation Of The Elixir DESyne™ Novolimus-eluting Coronary Stent System With Durable Polymer Compared To The Endeavor Zotarolimus-eluting Coronary Stent System: 3-year Clinical Results And 9-month Angiographic And IVUS Results: The Excella II Study

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