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 296 surviving pts. Follow-up rate
was 97% at 1 yr. 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 stabi-
11:00 a.m.

In Saphenous Vein Grafts Bigger is Not Significantly Better: An Intravascular Ultrasound Study
Institute Takanobu, G. Dengas, A. Abizaid, G. Mintz, R. Mehra, Y. Kobayashi, D. Arhary, M.
Herrmann, 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 intravascu-
lar ultrasound (IVUS) - on clinical results of PCI in saphenous vein grafts (SVG) is not
known.

Methods. We identified 228 consecutive patients who underwent IVUS-guided stenting of
228 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 implant-
11:15 a.m.

Does Stenting Benefit Patients With Left Anterior Descending Infarction? Results From The CADILLAC Trial
Edgardo Garcia, David Cox, Cindy L. Grines, Paul Moreno, James Tcheng, Thomas
Stuckey, Barry Rutherford, J. McLean, John Carol, Alexandra Lansky, Greg 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 infection. Whether
stent placement can improve the outcomes compared to balloon angioplasty for proximal
LAD infection remains unknown.

Methods: Two thousand eighty two AMI patients of any age with less than 12 hours from
onset (excluding cardiogenic shock) were randomized at 76 international sites
from 7/94 to 3/00 at our institution. Diabetes with successful stent placement between 7/94 and 3/00 at our institution. Dia-

888-5

Glycemic Control and In-Stent Restenosis in Patients With Diabetes Mellitus
Himori Miyake, Hiroshi Kamihata, Yasuo Sutani, Yo Nagahama, Koichi Yarnada, Kenzo
Harada, Yoshitsu Tsuchi, Tozhi Iswaeke, 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. Dia-
abetics with known HbAlc level at coronary intervention were classified as having optimal
(HbAlc<7.0%, n=57) or sub-optimal (HbAlc>7.0%, n--59) glycemic control. We evalu-
ate results of PCI for saphenous vein grafts (SVG) is not

10:45 a.m.

In-hospital Death/MI/CABG/TL-PCI 57%, Death/MI/CABG/Any-PCI 37%. Among patients
with known HbAlc level at coronary intervention ware classified as having optimal
(HbAlc<7.0%, n=57) or sub-optimal (HbAlc>7.0%, n=59) glycemic control. We evalu-
ate results of PCI for saphenous vein grafts (SVG) is not

blood glucose levels. A total of 116 patients were included in the analysis, of whom
66 had optimal glycemic control (HbAlc<7.0%) and 59 had sub-optimal glycemic control
(HbAlc>7.0%).

Results. The primary end point of the study was the rate of in-stent restenosis at 6 months.

Restenosis rates at 6 months were as follows:

- In-stent restenosis (ISR) rate in the optimal glycemic control group was 20.0% (n=66), compared to 32.7% (n=59) in the sub-optimal glycemic control group.
- The difference in restenosis rates between the two groups was statistically significant (p<0.05).

Conclusion: Optimal glycemic control at the time of PCI is associated with a lower rate of in-stent restenosis in diabetic patients.