Patients in the NTI cohort tended to have 'shorter' neck. The NTI technique utilized lesser amount of Thrombin with a trend to a higher success rate and lesser recurrence. The two patients in the NTI group with recurrent PSA on follow-up imaging study were both on Coumadin and both PSAs were successfully treated with re-injection of Thrombin. No serious complications were observed including thromboembolism, limbischemia, aneurysm rupture, or abscess formation.

Conclusion: Femoral pseudoaneurysm closure using the NTI technique is a safe and efficacious treatment modality. This offers a non-surgical treatment option for PSAs with morphological features not ideal for the usual STI technique.

	NTI (n = 56)	STI (n = 91)	P value
Amount of thrombin[IU]			
Mean (SD)	994.55 (920)	1501.52 (1384.7)	0.02
Neck length [mm]:			
Min; max	0; 2.43	0.13; 3.3	
Mean (SD)	0.76 (0.56)	1.06 (0.66)	NS
Neck width [mm]:			
Min; max	0.1; 2.0	0.1; 2.3	
Mean (SD)	0.67 (0.47)	0.78 (0.47)	NS
Number of sacs:			
1	37 (66.1%)	57 (62.6%)	
2	15 (26.8%)	28 (30.8%)	
3	4 (7.1%)	6 (6.6%)	NS
Success	56 (100%)	87 (96.7%)	NS
Recurrence	2 (3.8%)	11 (12.6%)	NS

CRT-7

Angiographic Results Of The Dior® Drug-coated Balloon For De Novo Coronary Lesions: Results From The Valentines II Trial

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Background: In the Valentines II trial, the use of second-generation DIOR® paclitaxel drug-coated balloon (DCB) as adjunct therapy to plain old balloon angioplasty (POBA) has shown good clinical outcomes in patients with de novo coronary lesions with low rates of major adverse cardiac events (MACE). We report the quantitative coronary angiography (QCA) results of the subset of patients who underwent angiographic follow-up.

Methods: Valentines II trial prospectively enrolled 103 patients with de novo lesions of >50% stenosis who presented with angina and/or documented ischemia on stress testing. Patients underwent POBA followed by DCB, and in cases of suboptimal angiographic success additional bail-out stenting was performed. Primary endpoint was MACE at 6-9 months. A subset of patients underwent angiographic follow-up with QCA.

Results: For the study population, MACE, target vessel revascularization and target lesion revascularization rates were 8.7%, 6.9% and 2.9% respectively. Angiogram was performed in 35 patients (34%) at mean follow-up of 227 ± 40 days. The QCA results are shown (Table). Late-luminal loss at follow-up was 0.38 ± 0.39 mm and binary restenosis was 14.3%.

Conclusion: The result of the Valentines II trial angiographic cohort demonstrates the efficacy of second generation DIOR® DCB as adjunct to POBA in treating patients with de novo coronary lesions. This approach achieved low late-luminal loss and binary restenosis at intermediate-term angiographic follow-up and should be considered for patients and lesions not suitable for drug-eluting stents.

Variables	Patients and lesions, n=35
Baseline	
Reference vessel diameter (mm)	2.40 ± 0.51
Diameter stenosis (%)	65.06 ± 14.16
Minimum luminal diameter (mm)	0.84 ± 0.38
Lesion length (mm)	10.45 ± 5.25
After procedure	
Diameter stenosis (%)	
In-balloon	20.04 ± 9.34
In-segment	21.64 ± 7.34
Minimum luminal diameter (mm)	
In-balloon	1.95 ± 0.47
In-segment	1.91 ± 0.43
Acute gain (mm)	
In-balloon	1.10 ± 0.44
In-segment	1.06 ± 0.40
Follow-up	
Diameter stenosis (%)	
In-balloon	33.65 ± 17.71
In-segment	36.25 ± 17.60
Minimum luminal diameter (mm)	
In-balloon	1.57 ± 0.56
In-segment	1.52 ± 0.58
Late-luminal loss (mm)	
In-balloon	0.38 ± 0.39
In-segment	0.38 ± 0.39
Binary restenosis	
In-balloon	5 (14.3%)
In-segment	6 (17.1%)

CRT-8

Final Results of the Deliver Study - The Impact of the New Resolute Integrity Stent Platform in a Real-world Population With 7740 Patients

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Background: The Resolute Integrity zotarolimus-eluting stent utilizes novel continuous sinusoid technology (CST). With CST, a single cobalt alloy wire is formed into a repeating sinusoidal pattern, wrapped helically and fused to improve conformability, provide greater flexibility and ease of delivery without compromising other important stent design characteristics like radial and longitudinal strength. The objective of the DELIVER study was to evaluate delivery success as well as in-hospital outcome following use of the Resolute Integrity stent in an all-comers large patient population.

Methods: DELIVER is a prospective, multicentre, single arm, open-label, observational study in 163 centers in 33 countries. Patients with coronary artery disease and a lesion of reference vessel diameter of 2.25 to 4.0 mm were eligible for inclusion. Group 1 received the Resolute Integrity stent as the first choice of stent treatment and Group 2 were treated following delivery failure of another stent type. The primary endpoint for the study was delivery success defined as complete passage of the stent across the target lesion with full expansion to the desired diameter at the desired location. Other endpoints are in-hospital clinical outcomes adjudicated by a clinical event committee.

Results: A total of 7740 patients (12165 stents in 10449 lesions) were enrolled between February 2011 and June 2012. Patients suffered from diabetes mellitus in 34.9% and acute myocardial infarction 28.4%. Procedure approach was radial in 46.0%, brachial in 0.6% or femoral in 53.3%. Multiple lesions were treated in 26.9%, pre-dilatation performed in 67.4% and post-dilation in 39.3%. Lesions were de-novo in 94.5% and restenotic in 5.5%. Type B2/C lesions were treated in 58.8%. Reference diameter pre stent implantation was 2.93±0.48mm. The primary endpoint delivery success was high with 98.9% [95% CI 98.7-99.1%] in group I and 98.0% [95% CI 89.1-99.9%] in group 2. Adjudicated