smoking habits, hypertension and hyperlipidaemia and in use of UHLMWH and drug-eluting stents during the procedure. RA patients were more likely to be pre-treated with aspirin, clopidogrel and to receive bivalirudin. FA patients were more likely to have had previous myocardial infarction, previous PCI, previous coronary CABG and to receive GP IIb/IIIa. There were 600 patients (41.1%) with STEMI and 858 (58.9%) with UA/NSTEMI. More patients with STEMI underwent PCI through FA. There was no match difference in 30-days mortality between the RA and FA group (5.5% vs. 6.3%; HR 1.2; 95% CI 0.73–2.0; p = 0.46).

Conclusions: This study, PCI through radial artery access was not associated with reduced 30-day mortality in octogenarians with acute coronary syndromes. Properly designed randomised clinical trial is needed to test whether radial artery access may decrease mortality in octogenarians.

TCT-47

Angiographic And Procedural Outcome Of Percutaneous Coronary Intervention With The STENTYS® Self-Apposing Coronary Stent In Patients Not Treated For STEMI

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Background: Treatment of complex lesions in coronary arteries with aneurysms, ectasia, or tapering remains challenging due to a high risk of vessel wall-stent diameter mismatch. The self-apposing STENTYS® stent (STENTYS SA, Paris, France) is designed to adjust to variable vessel diameters, which may optimize the vessel wall-stent match and reduce the risk of stent malapposition. STENTYS is extensively evaluated in ST-segment elevation myocardial infarction (STEMI) patients, but there is a paucity of data of other treatment indications. We evaluated the feasibility and safety of the STENTYS stent in complex lesions with a high risk of diameter mismatch.

Methods: We included consecutive patients treated with STENTYS between April 2010 and June 2013 because of angiographic characteristics with a high risk of diameter mismatch, including aneurysms, ectasia, tapering, bifurcation lesions, and saphenous vein graft (SVG). STEMI patients were excluded. Angiographic success was defined as final residual stenosis <5 % in the target vessel with TIMI 3 flow. Procedural success was defined as angiographic success without in-hospital cardiac death, myocardial infarction (MI) or target vessel revascularization (TVR).

Results: A total of 87 patients were included, mean age was 65±12 years. Indications for the STENTYS stent were: aneurysm: 25(29%), ectasia: 21(24%), tapering: 27(31%), bifurcation: 22(25%), and SVG: 9(10%). In 30 target vessels ≥2 indications applied. Angiographic and procedural success was achieved in 92% and 91% respectively. In 68% patients there was ≥5% residual stenosis on visual estimate, which might improve over time due to the stents self-apposing properties. 1 patient suffered from an in-hospital MI. No peri-procedural complications occurred.

Conclusions: Early angiographic and procedural success of treatment with the STENTYS stent, in patients other than STEMI, are favourable. This single-center study included a cohort of patients with complex lesions and high risk of diameter mismatch. Long-term clinical follow-up, which will be available at TCT, is needed to evaluate whether the self-apposing stent technique translates into favourable clinical outcomes.

TCT-48

Comparison of long-term outcome between transradial approach and transfemoral approach for patients with ST-segment elevation myocardial infarction.

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Background: So e trials have suggested that transradial intervention (TRI) reduces vascular complications and bleeding compared with transfemoral intervention (TFI). However, the long term outcomes are still not clear in patients with ST-segment elevation myocardial infarction (STEMI). In this study, we aimed to assess the feasibility and the long term outcomes of TRI in patients with who underwent primary percutaneous coronary intervention (PCI).

Methods: This study was multicenter,retrospective observational study. Between January 2006 and December 2010, a total of 550 STEMI patients underwent primary PCI. Out of these patients, TRI was performed in 208 patients and TFI was performed in 342 patients. Mean follow-up period was 33±25 months. Outcome measures were in-hospital complications (all-cause death, recurrent myocardial infarction,stroke,major bleeding) and major adverse cardiovascular events (MACE: all-cause death,target vessel revascularization (TVR), recurrent myocardial infarction, admission of heart failure) at 3 years.

Results: There was no statistical difference in patients characteristics between two groups. During the initial hospitalization, the complication rates was 2.9% in TRI group and 9.4% in TFI group (P=0.004). Kaplan-Meier survival curves showed that the freedom from MACE was 76.9% in TRI vs 68.4% in TFI at three years (P=0.03).

TCT-49

Compared Stent Thrombosis Outcomes After Percutaneous Coronary Intervention Across Different Clinical Presentations

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Background: Percutaneous coronary intervention (PCI) in the setting of acute myocardial infarction (MI) is known to predict stent thrombosis. However, the association between the spectrum of clinical presentation and stent thrombosis after PCI has not been well defined. This study aims to compare the stent thrombosis rates across the acuity of clinical presentation for PCI.

Methods: The study included a cohort of 12198 consecutive patients who underwent PCI. Patients were categorized according to their clinical presentation: stable angina pectoris (SAP, n=1570), unstable angina pectoris (SAP, n=3700), unstable angina pectoris (UAP, n=2845), non-ST-segment elevation MI (NSTEMI, n=4083), and ST-segment elevation MI (STEMI, n=1570). The ARC-defined stent thrombosis rates were compared among the groups.

Results: Antiplatelet loading was similar across groups (85% overall). The use of drug-eluting stents (DES) in STEMI pts. was 51.3%, 73% in NSTEMI, 77.4% in SAP, and 77.1% in UAP. One-year definite stent thrombosis rates were highest in STEMI compared to other groups. (Figure) Similarly, rates of probable stent thrombosis increased with the acuity of the clinical presentation: lowest in UAP and highest in STEMI. The majority of definite (71.4%) and probable (66.6%) stent thrombosis occurred early (within 30 days). The rates of death and myocardial infarction corresponded with the acuity of clinical presentation.

Conclusions: In patients undergoing PCI, the acuity of clinical presentation corresponds to an increase in the incidence of stent thrombosis. A pro-inflammatory milieu promoting thrombosis and delaying endothelial healing may contribute to this.