cardiographic findings. Accurate diagnosis by immediate coronary angiography can be followed in suitable candidates by coronary angioplasty, which seems to improve survival.

0133

The first human experience with novel nano surface modified Cobra PzF stent

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Background: Stenting options for patients at high risk of bleeding (elderly, AF, ACS) are sub-optimal. BMS are not as effective as DES in reducing restenosis but DES require long term DAPT, which increases bleeding risk. Recent animal studies have demonstrated that the nano PzF surface modified stent (Cobra PzF, CeloNova) is thrombo-resistant, and is associated with a rapid reendothelialization.

Method: 100 patients (71 men) with mean age 71.4±2 year old of all comer patients were prospectively included to evaluate the safety and the efficacy of the Cobra PzF stent. Patients presented with multiple co-morbidities including 22% DM, 10% AF, 17% EF<40%, 10% VKA, 28% ACS, 10% STEMI and 26% diffused and multivessel diseases.

Results: 166 Cobra PzF stents were implanted in 151 lesions (74% B1 lesions) via a radial route (72%) with a 6F-guiding catheter. 1.66 stent/pt was implanted for a mean stent length of 18.7± 0.5mm and a mean diameter of 3.1±0.3mm. Target lesions in left main (2%), LAD Diag (43%), CxMg (23%), RCA (32%), including bifurcated kissed lesions (12%) were treated with 50% direct stenting. The device was successfully implanted in 100% of targeted lesions to achieve a complete revascularization in all cases. In-hospital, there were no adverse events (Death, MI, TLR, cerebral events, stent thrombosis) or incidence of major bleeding complications or transfusions. At one month, no events were reported. 6-month results showed 4% of MACE (terminal cardiac insufficiency and 3 restenosis successfully treated).

Conclusion: Those Results are very promising in real world and complex patients (Diabetes, AF, Acute MI, Unstable Angina, Bifurcation, VKA). The COBRA PzF stent is safe and effective in routine practice. These preliminary data and the rapid reendothelialization observed in preclinical will serve as an impetus for a multi-center randomized study of short DAPT.

0182

Bioresorbable everolimus eluting stents in coronary arteries. Preliminary implantation data and follow up of 65 patients

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Between february 2013 and april 2014, of 1450 coronary angioplaty procédures realized in our institution, 65 patients, aged 64.3 (40-94), underwent coronary artery stenting with Absorb Biovascular Scaffold (BVS)

Clinical data: exercise angina 22 patients, acute coronary syndromes 37 (including acute myocardial infarction 5), silent ischemia 7, heart failure 2. Ten patients suffered diabètes (15%) and 14 experienced previous coronay interventions (20%).

Procedural data: all stents have been implanted under angiographic control (except two cases including IVUS imaging) in de novo lésions through a radial approach with 6F guiding catheters following mandatory predilatation. 44 patients had single vessel desease (67%) and 21 multivessel desease. Target vessel was the left anterior descending artery in 35 cases, left circumflex in 10 and right artery in 14. 68 stents have been delivered; three patients had two BVS; 16 patients had also metallic drug eluting stents in other arteries. Side branch dilatation had to be performed in 4 patients. Implantation was successfull in all cases.

In hospital follow up: No death Complications: side branch occlusion with non Q wave infarction in one case and transient ischaemic attack in one another. 58 patients left the institution the day after the procedure under conventionnal dual antiplatelet therapy.

Out hospital follow up: at 6.2 month (1-15) all patients were event free (100%) Three patients had angiographic control at one year and were free of restenosis; one another had 70% angiographic restenosis at the edges of the stent and underwent longer DES implantation (TLR: 1.5%). Three other patients had computed tomography scanner control at one year with no evidence of restenosis, including one case demonstrating restoration of systolic compression of the stented segment in a myocardal bridging whereas diastolic diameter was normal.

Conclusions: at that time our preliminary data confirm the safety of the BVS device at implantation and at six months follow up.

0495

Clinical impact of second-generation everolimus eluting stent compared with first-generation sirolimus-eluting stent in diabetes mellitus patients

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Purpose: This study sought to study the second-generation everolimus-eluting stent (EES) as compared with first-generation sirolimus-eluting (SES) in diabetes mellitus (DM) patients.

Methods: All DM patients treated with EES or SES from January 2010, to December 2011 were included. The EES was compared with SES for the primary composite endpoint of clinically driven detected restenosis, definite stent thrombosis (ST), and all-cause mortality.

Results: In 226 percutaneous coronary intervention-treated DM patients, 353 stents were implanted (EES 118, SES 235). The EES was associated with significantly lower restenosis rates compared with SES (SES vs. EES: 16.7% vs. 2.8%, p=0,001, OR: 2.96; 95% CI: 1.57 to 5.57). Lower incidence of ST (SES vs. EES: 2,1% vs 0,8%, p=0,38) and mortality (SES vs. EES: 1,7 % vs 0%, p=0,15) was noted but did not reach statistical significance.

Conclusions: In all-comer DM patients the use of EES was associated with improved outcomes compared with SES mainly driven by lower rates of clinically driven detected restenosis.

0098

One year incidence and clinical impact of bleeding outcomes in STEMI patients treated by prasugrel or clopidogrel in real life: the BLEED-MI study

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Purposes: The aim of this study was to evaluate one-year incidence of bleeding events and their impact on compliance in patients admitted for ST Elevation Myocardial Infarction (STEMI) and treated by prasugrel or clopidogrel in « real-world ».

Methods: Patients admitted for a STEMI were treated by either clopidogrel or prasugrel according to the physician with respect of guidelines. The primary endpoint was the first occurrence of bleeding events within 12 months assessed by the Bleeding Academic Research Consortium (BARC) classification using a dedicated questionnaire focused on bleeding events. Topography bleedings, causes of premature cessation and ischemic events were also compared.

Results: 390 patients were enrolled, 211 in prasugrel group and 179 in clopidogrel group. Patients in the prasugrel group were younger, with higher

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