TCT-43
Impact Of Intraaortic Balloon Pump On 30-Day Mortality In Cardiogenic Shock
AMI Patients With Unsuccessful And Successful Primary PCI - Analysis From PL-ACS Registry

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Background: Recently, usefulness of intraaortic balloon pump (IABP) for patients with cardiogenic shock (CS) is questioned. Therefore we analysed influence of IABP in CS AMI patients with unsuccessful and successful primary PCI on 30-day mortality.

Methods: We analysed 4211 patients with CS and AMI from nationwide PL-ACS registry. Unsuccessful PCI was defined as final TIMI grade 0 or 1. After adjustment in multivariate Cox proportional model regression IABP remained significantly associated with reduction of 30-day mortality in patients with unsuccessful PCI (HR = 0.71, 95%CI = 0.55-0.91, p=0.0086) and increased mortality in patients with successful PCI (HR = 1.26, 95%CI = 1.13-1.43, p<0.0001).

Results:

<table>
<thead>
<tr>
<th>Unsuccessful PCI</th>
<th>Successful PCI</th>
</tr>
</thead>
<tbody>
<tr>
<td>No IABP</td>
<td>IABP</td>
</tr>
<tr>
<td>N=3453</td>
<td>3.5%</td>
</tr>
</tbody>
</table>

Conclusions: Use of IABP in patients with AMI and CS seems to be beneficial when primary PCI is unsuccessful but may be harmful when PCI is successful in restoring patency of the infarct related artery.

TCT-44
Impact of arterial access on all cause mortality in octogenarians, following Primary Percutaneous Intervention (PCI) for ST elevation myocardial infarction (STEMI) - Insights from Glenfield-Leicester UK ACS registry

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Background: The burden of cardiovascular disease is highest amongst Octogenarians (OG). Increasing numbers of OGs are undergoing Primary Percutaneous Intervention (PCI) due to acute coronary syndrome, i.e. ST-elevation myocardial infarction (STEMI) and stenting is associated with one year all cause mortality (hazard ratio: 2.8 [95% CI 1.7-3.3], P=0.04).

Methods: We obtained the registry records of 2951 consecutive STEMI patients, age 80 years or older admitted between November 1, 2013 and December 30, 2013 from the field-Leicester UK ACS registry. Unsuccessful PCI was defined as final TIMI grade 0 or 1.

Results:

<table>
<thead>
<tr>
<th>No IABP</th>
<th>IABP</th>
<th>P value</th>
</tr>
</thead>
<tbody>
<tr>
<td>N=3453</td>
<td>3.5%</td>
<td>3.7%</td>
</tr>
</tbody>
</table>

Conclusions: Despite limitations of registry and potential bias in enrolling lower risk patients our data show that treatment of STEMI patients with bioresorbable polymer coated DES was associated with favorable mid- and long-term outcomes and low rate of stent thrombosis. These data, confirm both efficacy and safety of DES with bioresorbable polymer in this complex patient's subset.

TCT-45
Impact of arterial access on all cause mortality in octogenarians, following Primary Percutaneous Intervention (PCI) for ST elevation myocardial infarction (STEMI) - Mid- and long-term clinical outcomes

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Background: New-generation DES showed favourable outcomes in patients with STEMI. We aim to assess mid- and long-term outcomes in STEMI patients treated with Nobori, DES with bioresorbable polymer.

Methods: In 2 large, prospective, multicenter registries, out of 14134 enrolled patients, 1302 patients with STEMI were treated with the Nobori DES. Mid-term and long-term outcomes (up to 1 and 3 years) are available for 806 and 248 patients respectively. Adverse events were adjudicated by CEC.

Results: STEMI patients were 60.1±13.1y old, 79% males, 16% with prior MI and 10% with prior coronary revascularization. The population median door-to-balloon time was <3 hours in 37.6%, >3 <6 hours in 22.6%; >6 <12 hours in 12.8% and >12 hours in 19.6% of the patients. The median door-to-balloon time was 55 minutes. Lesions were complex (61% BI2/C2), calcified (25%), and containing thrombus (47.4%). Low perfusion TIMI (TIMI flow 2 or 3) was observed in 43.3% of lesions before PCI. Successful placement of TIMI 3 was achieved in 96.0%. Most of the STEMI had anterior (50%) or inferior (39%) location. 43% of all STEMI patients received adjunctive treatment: either heparin and low molecular weight heparin (42.9%), intravenous thrombolysis (15.7%), pre-procedural GP IIb/IIIa inhibitors (9.9%), thrombus aspiration (26.1%) or other specific treatment (14.9%). At 1 year, 8 patients died because of cardiac reasons (1.0%), 15 patients suffered re-infections (1.9%) 19 patients underwent TLR (2.4%) and 9 (1.1%) patients TVR. The TLF rate was 3.4%, while MACE rate was 4.3%. There were 9 (1.1%) definite or probable stent thromboses, of which 1 acute, 7 subacute and one late type. ST. In the patient cohort followed at 3-year, 2 patients died from cardiac causes (0.8%), 10 had re-infection (4.0%) with a TLF rate of 6.1%. No patient suffered very late stent thrombosis between 1- and 3-years follow-up.

Conclusions: Despite limitations of registry and potential bias in enrolling lower risk patients our data show that treatment of STEMI patients with bioresorbable polymer coated DES was associated with favorable mid- and long-term outcomes and low rate of stent thrombosis. These data, confirm both efficacy and safety of DES with bioresorbable polymer in this complex patient's subset.

TCT-46
Effects of Radical versus Femoral Accesses for Percutaneous Coronary Interventions in Octogenarians with Acute Coronary Syndrome

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Background: The purpose of this observational study was to evaluate the effects of radial artery access (RA) versus femoral artery access (FA) in octogenarians undergoing percutaneous coronary intervention (PCI) due to acute coronary syndrome, i.e. ST-elevation myocardial infarction (STEMI) and unstable angina/non-STEMI (UAI/STEMI).

Methods: Data were obtained from the SCAAR registry (Swedish Coronary Angiography and Angioplasty Registry) for PCI procedures performed in Vastra Gotaland region between September 2005–2011. We evaluated 30-d mortality in 1429 elderly patients >80 years of age. PCI was performed through RA in 542 patients and through FA in 887 patients. The two groups were compared using Cox proportional hazards regression with shared frailty to account for hierarchical structure. Adjustments for the differences in baseline characteristics were made with propensity score. The following variables were included in the calculation of the propensity score: age, gender, indication for PCI, smoking habits, hypertension, diabetes, hyperlipidemia, severity of coronary disease, previous infarction, previous PCI, previous coronary artery by-pass surgery (CABG), antiaggregation therapy with glycoprotein IIb/IIIa receptor antagonists (GP IIb/IIIa), bivalirudin, clopidogrel, unfractionated heparin, low-molecular weight heparins (UHLMW), year, hospital.

Results: The mean age was 83.4 ± 3.2 and 83.5 ± 3.1 in the RA and FA group respectively (p=0.51). The two groups were balanced regarding gender, diabetes,