between the BES and ZES, including MACE (5.5 vs. 6.4%; p = 0.76) and stent thrombosis (0.3 vs. 0.3%; p = 0.99). The secondary endpoints also were not significantly different between BES and ZES, including target lesion failure (2.0 vs. 1.6%; p = 0.53), in-segment LL (mm) at 12 months (0.09±0.37 vs. 0.05±0.39, p = 0.61). OCT at 6 months revealed that mean NIH thickness (µm) of BES and ZES were 59.1±30.3, 54.0±25.6, respectively (p=0.49), and uncovered stent strut percentage (%) of BES and ZES were 20.5±11.8, 17.7±12.4, respectively (p=0.63).

**Conclusion:** BES with biodegradable polymer with 6 month DAPT did not increase the risk of MACE, stent thrombosis, target lesion failure, and LL at 12 months comparing with ZES with durable polymer. The 2nd generation DES including BES and ZES are comparably efficacious. Our results need to be confirmed in larger trials, and further follow up data.

**TCTAP A-071**

One-year Outcomes Following Implantation of the Resolute Zotarolimus-eluting Stent in an Asian, Dual Vessel Population: RESOLUTE Asia

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**Background:** Coronary artery disease in Asian populations is rising and is commonly treated with drug-eluting stents (DES). Clinical evidence is needed on outcomes of new-generation DES implantation in Asian patients with lesions in more than 1 vessel.

**Methods:** Patients with de novo lesions (length ≤27 mm and reference vessel diameter 2.25-4.0 mm) in 2 vessels were enrolled from 24 sites across Asia. The Resolute(R) zotarolimus-eluting stent (ZES) was implanted in both lesions at the same index procedure. Postprocedure dual antiplatelet therapy (DAPT) was recommended for 6 to 12 months. An independent clinical events committee adjudicated all events. The primary endpoint was 1-year target vessel failure (TVF; cardiac death, target vessel myocardial infarction [TVMI], or clinically-driven target lesion revascularization [TVR]).

**Results:** There were 320 subjects (n=406 lesions) enrolled. The mean age was 60.1 years (standard deviation [SD], 9.8), 85% (n=171) of patients were male, and 46% (n=93) had diabetes. DAPT use was 92% (n=185/201) at 6 months and 91% (n=182/201) at 1 year. Mean lesion length was 15.3 mm (SD, 6.6) and 61.1% were ACC/AHA class B2/C. The rate of TVF at 1 year was 4.5% (n=202) at 6 months and 4.0% (n=8/202). Cardiac death occurred in 0.5% (n=1) of patients, TVMI in 2.5% (n=5), clinically-driven TVR in 1.5% (n=3), and clinically-driven TVL in 1.5% (n=3). There were no events of Academic Research Consortium definite or probable stent thrombosis.

**Conclusion:** Use of the R-ZES was safe and effective with a low rate of clinical events and no stent thrombosis events in Asian patients with dual- vessel coronary artery disease.

**TCTAP A-072**

The Outcome of Drug-eluting Stent Implantation in Saphenous Vein Graft Comparing Among Recipient Native Vessel Territories

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**Background:** The efficacy of drug eluting stent for saphenous vein graft (SVG) is proven, however the difference of the location of the recipient artery remains unclear. The purpose of this study was to evaluate clinical outcomes of drug-eluting stent (DES) according to on versus off-label indication for 5 years.

**Methods:** A total of 929 consecutive patients who performed percutaneous coronary intervention (PCI) with DES from April 2005 to December 2007 were enrolled. Those patients were divided into two groups according to on (n=449) versus off-label (n=480) indication. Off label usage of DES was indicated in patients with long stenotic lesion (>30mm), total occlusion, bifurcation, ostial lesion, left main disease, multivessel disease, saphenous vein graft and thrombus present. Clinical outcomes of major adverse cardiac event (MACE) including death, target vessel revascularization (TVR), target lesion revascularization (TLR), myocardial infarction (MI) and stent thrombosis (ST) were compared between two groups for 5 years. Risk factors for MACE according to on versus off label indication.

**Results:** There were no difference between two groups in baseline characteristics, except diabetes (24.9% [Group 1] vs. 34.5%[Group 2], p=0.002). Of 929 patients enrolled in this study, seven hundred ten patients were completely monitored for 5 years (follow up rate 76.4%). At one year, group 2 was associated of higher incidence of MACE (1.9% vs. 7.5%, p=0.000), because of TLR (1.4% vs. 3.4%, p=0.047), TVR (1.6% vs. 5.2%, p=0.004) and stent thrombosis(0.2% vs 1.5%, p=0.042). From 1 year until 5 year clinical follow up, group 2 also had a higher incidence of MACE(6.4% vs. 11.3%, p=0.014) because of TLR(3.7% vs. 7.1%, p=0.029). The rate of total MACE were higher in off-label usage than those of on-label (9.1% vs. 20.0%, p=0.000). Multivessel disease [HR 2.0, p=0.004] and diabetes [HR 1.7 p=0.017] were independent risk factors for MACE in multivariate analysis.

**Conclusion:** Patients with Off-label indication of DES had better long-term clinical outcomes than those with off-label. Further large clinical trials will be warranted.

**TCTAP A-073**

Angiographic and Clinical Outcome of Drug-eluting Stent Implantation for Right Coronary Ostial Lesion

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**Background:** In spite of availability of drug-eluting stent (DES), clinical outcome of percutaneous coronary intervention for right coronary ostial lesion (RCOAs) is still poor. So we investigated the angiographic and clinical outcome of DES implantation for True RCOAs.

**Methods:** This was a single center non-randomized retrospective study. From April 2007 to July 2012, 67 consecutive patients who underwent DES implantation for de novo RCOAs were included. RCOAs was defined as the lesion being within 3 mm of the ostium. We defined True RCOAs as lesion contained just RCA ostium. Subjects were classified into two groups: the patients treated for True RCOAs (True group, 35 patients) and for Not true RCOAs (Not true group, 32 patients). Endpoint was binary restenosis at 10 months and target lesion revascularization (TLR) at 12 months.

**Results:** True group was older than Not true group. There were no significant differences between two groups in gender, hypertension, hyperlipidemia, diabetes, and hemodialysis. Despite True group had shorter stent length and larger lesion diameter, they had a higher rate of binary restenosis at 10 months (35.5% vs. 10.0%, p<0.05) and TLR at 12 months (28.6% vs. 6.3%, p<0.05) than Not true group.

**Conclusion:** Our data indicates that the outcome of DES implantation for True RCOAs is worse than that of DES implantation for Not true RCOAs.