Conclusions: This study represents the largest reported dataset of patients treated with RA in the DES era with long-term follow-up. The use of DES following RA appears to be associated with reduced long-term mortality.

TCT-194
5-Year Outcome Of Zotalorimus-Eluting Versus Sirolimus-Eluting Coronary Stent Implantation In Patients With And Without Diabetes Mellitus
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Background: Diabetes mellitus is associated with an increased risk of major adverse cardiac events (MACE) following percutaneous coronary intervention. We compared 5-year clinical outcomes in patients with and without diabetes mellitus treated with the second-generation zotalorimus-eluting Endeavor® stent (E-ZES) or the first-generation sirolimus-eluting Cypher® Select+ stent (C-SES).

Methods: We randomised 2,332 patients to treatment with E-ZES (n=1,162, diabetes: n=169) or C-SES (n=1,170, diabetes: n=168) and followed them for 5 years. Randomisation was stratified by presence of diabetes. MACE was defined as a composite of cardiac death, myocardial infarction, or target vessel revascularization.

Results: In diabetic patients, use of E-ZES compared with C-SES was associated with an increased risk of MACE (28.4% vs. 18.5%; hazard ratio (HR) = 1.75, 95% confidence interval (CI): 1.05-2.93). In comparison, patients without diabetes had similar 5-year MACE (15.0% vs. 15.1%, HR = 0.99, 95% CI: 0.77-1.17).

Conclusions: Implantation of E-ZES as compared to C-SES is associated with an increased risk of MACE in patients with diabetes at 5-year follow-up. This difference was not observed in patients without diabetes.

TCT-195
Impact of Total Stent Length on Clinical Outcomes After Percutaneous Coronary Intervention With Biolimus-Eluting Stent Versus Everolimus-Eluting Stent
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Background: Total stent length (TSL) after first generation drug-eluting stents (DES) implantation was associated with adverse cardiac events. However, it remains unclear whether TSL after newer-generation DES implantation has impacts on clinical outcomes. Our aim was to assess the relationship between TSL and clinical outcomes after the Nobori biolimus-eluting stent (BES) and the Xience/Promus everolimus- eluting stent (EES) implantation.

Methods: A total of 2284 patients with 3097 lesions undergoing BES (1269 patients with 1751 lesions) and EES (1015 patients with 1346 lesions) implantation between February 2010 and July 2012 were analyzed. Patients and Lesions were divided into quartile groups: TSL per patient (PA): 8 to 18 mm (n = 814), PB: 19 to 24 mm (n = 384), PC: 25 to 42 mm (n = 557), PD: 43 to 134 mm (n = 529), and TSL per lesion (LA): 8 to 18 mm (n = 1147), LB: 19 to 24 mm (n = 547), LC: 25 to 38 mm (n = 638), LD: 39 to 134 mm (n = 765). In the BES and EES groups, we assessed the cumulative 1-year incidence of clinically driven target lesion revascularization (TLR) and definite stent thrombosis based on TSL per patient and lesion groupings, and cardiac death and myocardial infarction in the TSL per patient groupings.

Results: In per-lesion data, longer TSL increased TLR rates (p = 0.0001) but did not increase rate of was thrombosis (p = 0.11) in the BES group. MACE, contrast, longer TSL did not increased TLR rate (p = 0.22) and rate of stent thrombosis (p = 0.45) in the EES group. In group LA, the rate of TLR was significantly lower in the BES group than in the EES group (3.1% vs.4.6%, p = 0.005). In per-patient data, longer TSL increased TLR rates (p= 0.0086) but did not increased rate of stent thrombosis (p= 0.74) in the BES group, whereas did not increased TLR rate (p= 0.24) and rate of stent thrombosis (p= 0.38) in the EES group. Incidence of cardiac death and myocardial infarction also did not increased with increasing TSL in the two groups.

Conclusions: TSL per patient and lesion has significantly impacts on TLR rates in the BES group, whereas do not in the EES group. TSL per patients and lesion do not increase the rate of stent thrombosis within 1-year in the BES and EES groups.