

treated by CABG, as revascularization by PCI failed. We chose to re-operate one patient with LIMA graft thrombosis by conventional CABG, as the LAD had shown diffuse arteriosclerotic disease at JOPCAB. Thus, the procedural success rate was 97%. One month after completed hybrid intervention, we observed no deaths. There was one stroke on the fourth postoperative day and two procedure-related, but no spontaneous myocardial infarctions.

Conclusion: Our prospective registry documented excellent procedural feasibility and one-month safety of coronary hybrid revascularization combining JOPCAB with PCI.

CRT-59

IVUS Guided PCI: Taxus Liberté Post Approval Study

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Background: Intravascular ultrasound (IVUS) has been used to quantitate coronary artery disease burden, understand lesion morphology and optimize PCI. Numerous trials have investigated the impact of IVUS on outcomes of coronary intervention.

Methods: Using 3615 patients from TAXUS Liberté post approval study (December 29, 2009 -March 16, 2011) demographic features, lesion, and procedural characteristics with and without IVUS guided PCI were evaluated.

Results: IVUS was utilized in 308/3615 patients (8.5%), 8.8% of lesions and 8.5% of vessels. Patients undergoing IVUS guided PCI more often presented with stable angina (41.9% versus 29.5% $P=0.001$), de novo lesions (92.9% versus 95.8% $P=0.017$), a history of multi vessel disease (42.5% versus 34.4% $P=0.004$), vessels greater than 3.5mm (17.6% versus 9.3% $P<0.001$), long lesions greater than 28mm (16.7% versus 12.5% $P=0.011$), LAD (46.5% versus 37.0% $P<0.001$). There was no increased IVUS use in patients with in-stent restenosis, ostial or left main lesions. IVUS was used less frequently in patients with STEMI (2.6% versus 10.7% $P<0.001$), total occlusion (2.3% versus 11.8% $P<0.001$), vessels 2.25mm-2.5mm in diameter (15.6% versus 26.8% $P<0.001$), or patients with thrombus (4.5% versus 9.7% $P<0.001$). Non Q-Wave MI (ARC Definition) was higher in the IVUS group (5.5 versus 1.9 $P<0.001$).

Conclusions: In this real world registry, IVUS use was more frequent in de novo lesions with stable angina, large vessels, long lesions, LAD, in the absence of thrombus and pre-deployment intervention. All cause mortality or myocardial infarction was higher in the IVUS group, suggesting a sicker population. IVUS appeared underutilized in left main, ostial, restenosis lesions or small vessels. Further study is needed to define appropriate use and indication for IVUS in PCI.

CRT-60

Drug Eluting Stents versus Bare Metal Stents in Non-Insulin Dependent Diabetic Patients with Large Coronary Arteries

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Background: It is well known that the risk of restenosis and other adverse cardiac events with bare metal stents (BMS) is increased with smaller stent diameters especially in diabetic patients. Drug eluting stents (DES) have a particular benefit in small vessel disease that been repeatedly shown in several studies; however, whether this benefit occurs in diabetic patients with stenoses in large coronary arteries, is still not clear.

Objective: To evaluate the 6 months angiographic & clinical outcome of non- insulin dependent diabetic patients with large coronary vessels undergoing PCI using DES versus BMS. The objective was to evaluate the 6 months angiographic & clinical outcome of non- insulin dependent diabetic patients with large coronary vessels undergoing PCI using DES versus BMS.

Methods: 6 months angiographic follow up & clinical follow-up for the occurrence of major clinical events were recorded, including death, myocardial infarction (MI), unstable angina, cerebrovascular accidents and target lesion revascularization (TLR) were performed for a 60 consecutive non- insulin dependent diabetic patients with stenoses in large coronary arteries, requiring PCI using stents of 3.0 mm or more in diameter. The patients were divided into 2 groups; Group I : 30 patients who underwent successful PCI using second generation DES & Group II : 30 patients who underwent successful PCI using BMS.

Results: Even though there were no statistically significant difference between both groups in the occurrence of cardiovascular events (death, MI, unstable angina, cerebrovascular accidents) there was a significantly lower incidence of angiographic restenosis and

TLR in the DES treated group compared to BMS treated group (2.2% vs. 9.3% $P=0.02$). There was also a similar incidence of de novo lesions in both groups (6.7% in each group).

Conclusions: In non- insulin dependent diabetic patients with large coronary arteries, Second generation DES demonstrated significantly lower 6 months restenosis rate & TLR compared to BMS, while there was no significant differences in rates of cardiovascular events during 6 months follow up between both of them.

CRT-61

Gender Differences in Long Term Outcomes of Coronary Patients Treated with Drug Eluting Stents at a Tertiary Medical Center

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Background: Limited data exist on contemporary gender-related differences in long-term outcomes of coronary patients receiving drug eluting stents. In this study we evaluate men (M) and women (W) differences for 2-year target lesion failure (TLF) in an unselected consecutive series of patients treated with the everolimus- (EES) and paclitaxel-eluting (PES) stents at a tertiary medical center.

Methods: Data on 347 consecutive patients (M 220, W 125) stented with the EES and PES were retrospectively analyzed. The primary endpoint of the study was to compare gender related outcomes in TLF defined as the combined endpoint of cardiac death, non fatal myocardial infarction and target lesion revascularization (TLR). Secondary endpoints included TLR, target vessel failure (TVF), target vessel revascularization (TVR), acute stent thrombosis (ST) as defined by the academic research consortium (ARC) and cardiac death. The cine angiograms of the first consecutive 162 patients (M 105, W 57) were independently reviewed by a cardiologist blinded to clinical outcome and SYNTAX scoring was performed. Follow-up was achieved using medical records and/or phone calls and was censored at 2 years. Descriptive analysis was performed on all variables. Univariate analysis compared the men and women cohorts. Propensity matched analysis was performed to account for differences between M and W.

Results: M had more prior PCI and stenotic lesions and a higher prevalence of smoking. They also had longer length of disease and received more stents than W. W were older and had higher prevalence of prior stroke. Angiographic complexity was statistically similar between the 2 groups as judged by SYNTAX scoring (M 20.8 ± 13.8 , W 19.7 ± 13.9 , $p=0.650$). At 2 years follow up, TLF was 27.4% and 24.8% ($p=0.614$) with no statistical difference between TLR (23.3% vs. 21.6%), cardiac death (2.8% vs. 3.2%) and definite and probable stent thrombosis (2.3% vs. 0.0%). Propensity matched analysis showed a statistically similar TLF and TVF between M and W (20.3 ± 16 vs. 27.5 ± 22 ($p=0.363$) and 28.8 ± 23 vs. 35.5 ± 29 ($p=0.400$) respectively).

Conclusion: In this cohort of patients receiving EES and PES, men and women had similar outcomes at 2- year follow-up consistent with recent reports in the current era of PCI.

CRT-62

Age Differences in Long-Term Outcomes of Coronary Patients Treated with Drug Eluting Stents at a Tertiary Medical Center

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Background: Limited data exist on contemporary age-related differences in long-term outcomes of coronary patients receiving drug eluting stents. In this study we evaluate differences in outcomes in young (< 65 years) (Y) and elderly (≥ 65 years) (E) patients for target lesion failure (TLF) at 2-year follow-up in an unselected consecutive series of patients treated with the everolimus- (EES) and paclitaxel-eluting (PES) stents at a tertiary medical center.

Methods: Data on 347 consecutive patients (Y 149; E 198) stented with the EES and PES were retrospectively analyzed. The primary endpoint of the study was to compare age related outcomes in TLF defined as the combined endpoint of cardiac death, non fatal myocardial infarction and target lesion revascularization (TLR). Secondary endpoints included TLR, target vessel failure (TVF), target vessel revascularization (TVR), acute stent thrombosis (ST) as defined by the academic research consortium (ARC) and cardiac death. Analysis was done with number of patients as the denominator. Cine angiograms of the first consecutive 163 patients (Y 64; E 99) were independently reviewed by a cardiologist blinded to clinical outcome and SYNTAX scoring was performed. Follow-up