

**Results:** 979 Pts (63.2 ± 11.6 years, 87.3% male) were studied. Baseline demographics and angiographic characteristics were similar between groups with no difference in lesion length, calcification or proximal vessel tortuosity. There was a significant difference in the rate of bifurcations performed via the TRA and TFA (29.1% vs. 14.6%,  $p < 0.0001$ ). Parallel wire technique and retrograde recanalisation were used more frequently from the TFA. TRA was associated with an increased use of anchoring balloons. Sheath sizes > 6 French were used in 20/979 (2%). Larger sheath size was associated with a higher rate of parallel wire technique ( $p = 0.0004$ ), retrograde recanalisation ( $p < 0.0001$ ) and tornus use ( $p = 0.027$ ).

**Conclusions:** TRA has equivalent success rates to TFA in Pts with similar lesion characteristics, requires less invasive sheath sizes and allows complex techniques such as retrograde recanalisation.

	TFA (233 patients)	TRA (646 patients)	P value
Sheath size – 6F	218 (93.6%)	642 (99.4%)	<0.0001
Sheath size – 8F	11 (4.7%)	0 (0)	<0.0001
Parallel wire	54 (23.2%)	106 (16.4%)	0.029
Side branch technique	7 (3.0%)	41 (6.3%)	0.06
Anchoring balloon	7 (3.0%)	48 (7.4%)	0.017
Retrograde recanalisation	16 (6.9%)	18 (2.8%)	0.009
Procedural time	73.4 +/-41.2min	80.7 +/-40.7min	0.03
Contrast use	238.7mls +/-180.2mls	286.2 +/-157.3mls	0.001
Angiographic Success	139 (67.8%)	441 (70.7%)	0.44

## 071

### Drug-eluting stents: do we respect the one-label use in our daily practice?

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**Background:** Drug-eluting stents (DES) are known to dramatically reduce restenosis. However, they are more expensive than bare-metal stents (BMS) and they require prolonged dual antiplatelet therapy. In France, the French Society of Cardiology and the “Haute autorité de Santé” have defined recommendations for the use of DES (restricted to patients in high-risk group).

**Aim:** The aim of this work was to evaluate our practice (whether these recommendations were well respected or not in our center). Between November 2007 and January 2008 then November 2008 and January 2009 we evaluated all Percutaneous Coronary Interventions (PCI).

**Results:** Two hundred and sixteen (216) patients (mean age 65 ± 13 years, 164 (76 %) were males and, 41 (19%) were diabetics) had a PCI for stable angina or silent ischemia (47%), unstable angina or acute coronary syndrome (ACS) ST- (26%), ACS ST+ < 48 hours (24%) or ACS ST+ > 48 hours-1 month (3%). Two hundred and seventy six (276) stents were used, including 35% of DES. The recommendations were well respected in 82% of cases. However, 27% of BMS were implanted in patients in whom DES were indicated.

**Conclusion:** The French’s recommendations for DES are a reference to help practitioners, but they require to be adapted to each patient, depending on clinical state and their ability to be treated with prolonged dual antiplatelet therapy.

## 072

### Five-year outcome of patients with bifurcation lesions treated with provisional side branch T-stenting using drug-eluting stents.

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**Background:** Coronary bifurcation lesions remain a challenge, as lower success rates and higher reintervention rates persist in this lesion subset. The ideal strategy to treat such lesions is still debated and data regarding long-term efficacy and safety of drug-eluting stents in this setting are sparse.

**Objectives:** We sought to determine the long-term efficacy and safety of a provisional side branch T-stenting (PTS) strategy for bifurcation lesions in an unselected population.

**Methods:** 477 consecutive Pts were treated for bifurcation lesions with DES (Paclitaxel or Sirolimus-eluting stents) between 2003 and 2005. Data were entered prospectively into a single-center registry. The PTS strategy was employed in 92%, with a side-branch stent in 28% and final kissing balloon inflation in 95%. Five-year follow-up, at a median of 61 months, is available for 93.5 % of patients.

**Results:** Angiographic success was achieved in 99%, with 2.5 % in-hospital major adverse cardiac events (MACE, defined as any cardiac death, early reintervention, Q – or non-Q-wave MI or target vessel revascularisation). The cumulative rate of MACE was 10.7 % at 1 year, 13.6% at 2 years and 19.7% at 5 years, including target vessel revascularisation rates of 6.9%, 8.9% and 13%, and cardiac death rates of 3%, 3.7% and 6.7%, respectively. Ischaemia-driven target lesion revascularisation at 5 years is 7.3%. The cumulative rate of definite or probable stent thrombosis at long-term is 3.1%, most cases occurring within the first year (2.5%). The need for reintervention in the long-term was not predicted by any procedural variable, and not significantly related to the use of 1 or 2 stents or to the type of stent deployed.

**Conclusions:** A PTS strategy with first generation drug-eluting stents, was applicable to over 90% of real-world patients with bifurcation lesions with a target lesion revascularisation < 10% at 5 years. The rate of very-late stent thrombosis in this complex lesion subset remains low.

## 073

### Does clinical profile predict double non-responsiveness to aspirin and clopidogrel?

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**Purpose:** Antiplatelet drugs, including aspirin and clopidogrel have proven efficacy in atherothrombotic event prevention. However, variability of platelet response measured in the laboratory has been reported and is a subject of keen interest.

**Methods:** 500 consecutive Pts treated with PCI between Nov 2007 and Dec 2009 and who had VASP and PFA tests performed were retrospectively identified from a dedicated database. All Pts were pretreated with a loading dose of 600mg clopidogrel and had a daily maintenance dose of 75mg, or 150mg if their weight was > 80kg. All Pts were under regular aspirin (160mg/day). Using VASP >50% and PFA <170 to define aspirin and clopidogrel resistance, we compared Pts who were double non-responders with double responders.

**Results:** 246 (49.2%) patients were responders to both aspirin and clopidogrel, while 58 (11.6%) were double non-responders. Multivariate analysis confirmed statistical significance between hypertensive Pts and double