successes were achieved in 95% of cases. Type B2/C lesions were treated in 63% of cases. Long-term follow-up showed a combined major adverse cardiac events rate (death, MI and target lesion revascularization (TLR)) of 11%. All cause mortality was noted in 5%, cardiac mortality in 1%, MI in 6% and stroke in 1%. Finally, TLR and target vessel revascularization were noted in 3% and 4% of cases respectively. The independent predictors of MACCE were cancer (Odds Ratio (OR): 6.55 [2.64, 16.28]; p<0.001), respiratory disease (OR: 4.41 [1.68, 10.47]; p<0.001), post-dilation (OR: 2.85 [1.99-6.08]; p=0.018) and type C lesions (OR: 1.91 [1.02-3.56]; p=0.042).

Conclusions: In this real life cohort, the treatment of highly complex lesions with the Ocean Stent was associated with excellent long-term results. Further randomized trials are warranted to confirm these findings.

TCT-200
Multi Center, Prospective, Single Blind, Consented Enrollment Evaluation a Novolimus-Eluting Coronary Stent System with Bioabsorbable Polymer Compared to a Zotarolimus-Eluting Coronary Stent System: Long Term (24-Month) Clinical Follow Up from the EXCELLENDA BD Study
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Background: Long term safety and efficacy of the Elixir DESiNe® BD Novolimus Eluting Coronary Stent System (NECSS), a Co-Cr stent with a bioabsorbable polymer compared to the control Endeavor Zotarolimus Eluting Coronary Stent System is not known.

Methods: 149 patients were randomized 3:1, either to the Elixir DESiNe® BD Novolimus Eluting CSS loaded with 5mcg per mm of stent length of Novolimus, a sirolimus metabolite, eluted via a bioabsorbable poly lactide-based polymer, or to the Endeavor Zotarolimus-eluting CSS (ZiECS) loaded with 10mcg per mm of stent length of Zotarolimus eluted via a durable polymer and choline polymer. All patients were analyzed for the primary endpoint of in-stent late lumen loss (LLL) assessed by qualitative coronary angiography (QCA) at 6 months. Moreover, all patients underwent evaluation for the secondary endpoints including the Device-oriented Composite Endpoint (DoCE) defined as: cardiac death, MI not clearly attributable to a non-intervention vessel, and clinically-indicated target lesion revascularization; clinically-indicated Target Vessel Revascularization (TVR), and stent thrombosis at 1, 6, 9, and 12 months and annually through 5 years. Lesions were also evaluated for angiographic endpoints at 6 months including: in-segment LLL, percent diameter stenosis, minimal lumen diameter post-procedure, and angiographic binary restenosis (ABR) (≥50%). A subset of patients underwent intravascular ultrasound (IVUS) evaluation including percent (%) neointimal area, thickness and volume. Randomization was stratified on the presence or absence of DM. Definitions for allocation into the DM group at the time of this trial were: 1. Previous DM diagnosis; 2. Currently on diabetic medication (oral hypoglycemic drugs or insulin injections); 3. HbA1c (Japan diabetes society [JDS]) ≥6.5% within 30 days before the procedure. Patients who met one or more of the above criteria were allocated to the DM group. A total of 1,705 patients (48%) with DM were analyzed from the J-DESiNe®ERT trial.

Results: The mean primary endpoint demonstrating both non-inferiority and superiority of the DESiNe® BD compared to the control (0.12±0.15 vs 0.67±0.47, p<0.001), additionally, in-stent ABR was significantly lower for DESiNe® BD (0% vs 7.9% in the ZiECS, respectively). All DoCE results were similar with no results demonstrated for both devices (DoCE 2.7% vs 3.2%, p=1.00). Sustained low clinical event rates were observed at 12 months and 24 months (DoCE 2.7% vs 3.2% p=1.00).

Conclusions: The DESiNe® BD NECSS demonstrated sequential non-inferiority and superiority over a durable polymer Endeavor ZECS for in-stent late lumen loss at 6 months. Clinical events remained low through 24 months suggesting long term safety.

TCT-201
The middle-term outcome of small-vessel stenting with the second-generation drug-eluting stents.
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Background: The outcome of small-vessel stenting with the second-generation drug-eluting stents (DES) remains uncertain. Stents deployed in small arteries, have a higher metal-to-artery ratio; this may increase the risk of restenosis. Specific attributes of stent design, including strut thickness and eluting drug, influence stent performance characteristics, particularly in smaller coronary vessels. Methods: This study is a single-center, retrospective observational study. From April 2009 to December 2011, 264 patients with small vessel coronary artery disease were treated with 2.5mm DES implantation, which consisted of 225 patients with 2.5mm Biolimus eluting stent (BES) implantation and 39 patients with 2.5mm Biomimic eluting stent (BES) implantation. Out of these patients, 226 patients underwent follow-up coronary angiography at eight months post-PCI. We evaluated the results of those 226 patients. Results: Though pre-PCI reference vessel diameter was less in EES group than BES group (EES:2.11±0.34, BES:2.25±0.28 mm, p<0.05), there were no significant difference in patient characteristics, pre-PCI minimal lumen diameter (MLD) (0.69±0.36, 0.71±0.41 mm) and angiographic percent diameter stenosis (PDS)(67.8±17.1, 69.3±18.7 %). Post-PCI MLD of BES group was smaller than those of EES group. (1.96±0.31, 2.08±0.31 mm p<0.05) Post-PCI PDS (EES:11.0±10.3%, BES:3.3±10.5 %) and acute gain(1.31±0.46, 1.44±0.47 mm) were similar in both groups. At follow-up coronary angiography eight months later, there were no significant difference in MLD(1.85±0.35, 2.02±0.59 mm), PDS(2.61±0.27, 19.4±17.1 %), binary restenosis (17 cases: 7.6%, 3 cases: 7.7%) and target lesion revascularization (7 cases: 3%, 0 case: 0%).

Conclusions: Though pre-PCI lesion characteristics of BES group were a little better than those of EES group, there were no significant difference between EES and BES in the middle-term outcome of small-vessel stenting.