Conclusions: Whilst GPIb-IIa inhibitor use was associated with a significant protective effect on Kaplan-Meier survival analysis, this disappeared when the significant baseline disparities seen in these patients were accounted for.

TCT-140
Prospective Multicenter Registry of 6 Months Dual Antiplatelet Therapy after new Generation Drug-eluting Stent Implantation: ESTROFA-DAPT Study.
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Background: Drug-eluting stents (DES) have been related to a certain risk of late thrombosis. The recommended duration of dual antiplatelet therapy (DAPT) with DES is 12 months. DAPT is not free from complications and is expensive. Trials with limited size suggest that a 6 month DAPT period could be enough with new generation DES. There are no prospective clinical registries assessing the safety of such an approach.

Methods: All consecutive patients treated with a new generation DES (Xience V, Xience Prime, Endeavor Resolute, Promus Element, Biomatrix, Nobori, Osiri) were prospectively included in 20 different centers. Patients had to fulfill one of the following inclusion criteria in order to have 6 month DAPT period prescribed: silent ischemia, stable angina, low risk non-ST segment elevation myocardial infarction or acute coronary syndrome where 12 months DAPT was discounted due to high bleeding risk. Taking advantage of the ESTROFA-2 database (4,768 patients treated with new generation DES, 4,355 of them with 12 months DAPT) we will perform a propensity score matching of the six months DAPT from the ESTROFA-DAPT registry with the 12 months DAPT from the ESTROFA-2 registry.

Results: A total of 800 patients have been included so far in 20 centers. The baseline characteristics of the matched groups and the 1 year follow up results of the first 500 patients will be presented at the meeting sessions.

Conclusions: The ESTROFA-DAPT registry will provide data regarding safety of a 6 month DAPT period after new generation DES implantation.

TCT-141
The Disutility of Nuisance Bleeding: Insights from the TRANSLATE ACS Registry
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Background: Prolonged dual anti-platelet therapy (DAPT) is recommended after an acute coronary syndrome (ACS) to reduce ischemic events, but is associated with increased rates of major and minor bleeding. The incidence of even lesser degrees of ‘nuisance’ bleeding on DAPT and its impact on quality of life (QOL) are largely unknown.

Methods: We studied 9290 ACS patients from the TRANSLATE ACS study who were treated with PCI and discharged alive between April 2010 to Sept 2012. Bleeding post-hospital discharge was defined via the BARC bleeding definitions. Our primary outcome was the 6 month EQ-5D-5L index score, based on the U.S. population preference weights. The EQSD visual analog scale (VAS) at 6 months was a secondary outcome. To determine the association between nuisance bleeding and 6-month QOL, we fit a mixed-effects linear regression model for 6 month EQSD index adjusting for baseline EQSD index, with site as random effect (hierarchical model) and other confounders of the relationship between bleeding and health status. We fit a similar model for EQSD visual analog scale (VAS).

Results: Of the 9,290 patients with ACS (mean age 61, 73% males, 89% Whites), 4134 (44.5%) underwent immediate PCI for STEMI and 4308 (46.4%) underwent PCI for non-STEMI. A total of 489 (9.1%) patients experienced BARC I type nuisance bleeding. Those who experienced BARC I bleeding had lower scores on all 5 EQSD domains (mobility, self-care, usual activities, pain and anxiety) and had a lower 5 point EQSD VAS score. After adjustment for confounders, nuisance bleeding by 6 month was independently associated with a decrement in QOL at 6 month (-0.04 points on EQSD VAS; 95% CI -0.93 to -3.15, P<0.001). Based on the EQSD index score, the utility decrement associated with nuisance bleeding was 0.026, 95% CI 0.015 to 0.037, P-value <0.001.

Conclusions: As assessed by GPIb-IIa and P-selectin in stable CAD patients, Pras 5 mg significantly reduced ADP-induced platelet activation in the VE.

TCT-143
Twelve-Month Clinical Outcomes from the Optimal Duration of Dual Antiplatelet Therapy Following Treatment with Endeavor (Zotarolimus-Eluting Stent) in Real-World Japanese Patients with Coronary Artery Disease (OPERA) Study
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Background: Increasingly cardiologists need to place coronary artery disease patients implanted with drug-eluting stents on dual antiplatelet therapy (DAPT) regimens of durations shorter than the 6-12 months recommended in current guidelines. Unfortunately, no sufficient clinical data are available to support such shorter DAPT durations.

Methods: This prospective, nonrandomized, multicenter, controlled study of the Endeavor zotarolimus-eluting stent (E-ZES) in real world Japanese patients consists of two arms: patients who were enrolled at 106 medical institutions to receive DAPT for 3 months and then followed for 1 year, and a 12-month DAPT arm consisting of patients consecutively extracted from patients enrolled in the Endeavor Japan post-marketing surveillance. The analysis was done on an intent to treat basis. The