23 patients were included in the study. PCI was performed in 43 lesions.

Results: Quantitative coronary angiography (QCA) was used for stenosis analysis at baseline, post-procedure, and follow-up. The average stent length was 6.98% (3/43).

Conclusions: CR is an independent predictor of 3-year POCE in patients receiving PCI. However, even after CR is achieved to make the post-PCI SS zero, baseline SS still has predictive value of 3-year clinical outcomes. Moreover, the predictivity is was superior in multi-vessel diseases.

TCT-99

Clinical outcome, safety, patient satisfaction and costs savings of same-day discharge for elective percutaneous coronary intervention

Beatriz Samaniego1, Jose Miguel Vegas2, Ilgio Lozano1, Juan Rondan Murillo1, Hernandez Ernesto1, Victor Leon1

1Hospital de Cabueñes, Gijon, Spain

Background: Overnight admission after elective percutaneous coronary intervention (PCI) still constitutes the standard approach in most interventional cardiology centers. Advances in PCI techniques have reduced the incidence of post-procedure complications. The objective of this prospective single-center study was to assess the feasibility, safety, acceptance and cost savings of same-day discharge PCI program.

Methods: Eligibility for outpatient management was assessed in 95 consecutive patients undergoing elective PCI from January 2013 to April 2014. Exclusion criteria were: age > 80 years, severe renal failure (LVEF < 35%), distance from home to hospital > 40 km, high risk coronary anatomy or complications during procedure. Major adverse cardiac events, vascular complications and readmission were assessed 1-day and 1-month post discharge. Troponin, EKG and a satisfaction survey were collected within 24 hours post PCI scheduled visit.

Results: 39 patients (41%) were cleared for discharge. The remaining 56 (59%) stayed overnight for high risk coronary anatomy (n=51, 91%), chest discomfort (n=4, 8%) or treatments with abiximab (n=1, 2%). Mean post PCI hospital stay was 8.48 h for outpatients group. None patient was readmitted. There were no vascular complications. EKG collected in 24-hours-visit show non-specific changes in 3 patients. 7 patients had troponin elevation without angina or EKG ischemic changes. After one-month follow up only 2 patients had adverse events: a bare metal stent thrombosis (day 7 after procedure) and 1 gastrointestinal bleeding with diagnosis of colonic cancer. These complications could not have been avoided with overnight hospital admission. Early discharge was well evaluated with mean patient satisfaction score of 4.5±0.5 (1 to 5). 87% of outpatients would choose early discharge in case of new PCI. Using diagnosis-related groups costs established in our institution, there were lower cost in the early discharge group, with a mean cost of 2,480 vs 2,880 Euro in the routine care group. Mean of expense savings was 16%.

Conclusions: In our experience same-day discharge after elective PCI is feasible, safe and well accepted in selected patients and results in a cost-saving strategy.

TCT-100

Long Term Clinical And Angiographic Outcomes With Everolimus-Eluting Stents For Cardiac Allograft Vasculopathy

Boris Arbi1, Christopher T. Vanchuara1, David Chang2, Jignesh Patel2, Raj Makkar1, Jon Kobashigawa2, Babak Azarbal2

1Cedars-Sinai Heart Institute, West Hollywood, CA, 2Cedars-Sinai Medical Center, West Hollywood, CA

Background: Transplant coronary artery disease (TCAD) is a major cause of mortality in patients after orthotopic heart transplantation (OHT). Use of systemic everolimus has been shown to help prevent allograft vasculopathy in OHT patients. This study examined the clinical and angiographic efficacy, safety, and clinical outcomes of Xience V, a second-generation everolimus-eluting stent (EES), in patients with TCAD.

Methods: Post-OHT patients with hemodynamically significant CAD (left main ≥ 50% or angiographic diameter stenosis ≥ 70%) underwent percutaneous coronary intervention (PCI) with EES. We examined procedural success rates, one- and two-year mortality, and myocardial infarction rates. Primary end-point was target lesion revascularization (TLR).

Results: This study included 10,004 patients undergoing routine control angiography after coronary stenting. Prognostic role of restenosis in 10,004 patients undergoing routine control angiography after coronary stenting

Salvatore Caxesse1, Robert Byrne1, Stefanie Scheier1, Petra Hoppmann1, Tareq Ibrahim1, Ilika Ott1, Massimiliano Fusaro2, Herbert Schunkert3, Karl-Ludwig Langwitz1, Adnan Kastrati4

1Deutsches Herzenzentrum, Munich, Germany, 21. Medizinische Klinik, Klinikum rechts der Isar, Munich, Germany

Background: Routine control angiography is a valuable tool with high-sensitivity in detecting restenosis after coronary stenting. However, the prognostic role of restenosis is still controversial. We investigated the impact of restenosis on 4-year mortality in patients undergoing routine control angiography after coronary stenting.

Methods: All patients undergoing successful implantation of coronary stents for de novo lesions from 1998 to 2009 and routine control angiography after 6 to 8 months at 2 centres in Munich, Germany were studied. Restenosis was defined as diameter stenosis >50% in the in-segment area at follow-up angiography. The primary outcome was 4-year mortality.

Results: In our experience same-day discharge after elective PCI is feasible, safe and well accepted in selected patients and results in a cost-saving strategy.

Conclusions: Long term follow-up of EES placements in OHT patients with TCAD are associated with a very low incidence of target lesion revascularization. Continued follow-up and further studies are indicated to determine whether EES can positively affect the progression and overall outcome of TCAD.

TCT-101

Incidence Of Angina And Chest Pain Following Percutaneous Coronary Intervention: A Retrospective Analysis Using Administrative Claims Data In The United States

Ori Ben-Yehuda1, Machaon Bonafede2, Mark Hlatky3, Sally Wade4, Susanne F. Machac1, Leslie Stephens1, John B. Hernandez1

1Cardiovascular Research Foundation, New York, United States, 2Truven Health Analytics, Cambridge, MA, 3University of California, San Francisco, California, 4Wade Outcomes Research and Consulting, Salt Lake City, UT

Background: Chest pain and angina have negative impact on patient quality of life and medical costs. Real-world data describing the incidence of recurrent angina, chest pain and their impact on re-intervention following percutaneous coronary intervention (PCI) are scarce. We sought to describe the incidence and impact of post-PCI angina and chest pain using real-world data from a large claims database.