P3017 | BEDSIDE
Clinical and biomechanical behavior of a platinum-cromium stent platform in a large all-comers single centre PCI population: insights from the Novara-PROMETEUS registry
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Aims: Recent reports have described cases of longitudinal deformation in new generation thin-strut coronary stents and biomechanical analyses have suggested increased susceptibility for such a complication for the novel platinum chromium (PtCr) “Elements”™ coronary stent platform. The present study assesses the incidence of longitudinal stent deformation for PiCr stents in a large single centre all-comers population.

Methods and results: Quantitative angiographic analysis (QCA) of 337 PiCr stents deployed in 253 consecutive all-comers patients treated in our Laboratory from January 2011 to August 2012 was performed. QCA: nominal stent length ratio (QCA/NSLR) was considered as surrogate estimate of longitudinal stent deformation. The risk profile of the studied population was high, with 265 lesions (79%) classified as ACC/AHA type B2/C. QCA/NSLR averaged 0.95±0.04 in the whole population. The small post-deployment reduction of stent length had no clinical relevance, with only 3 cases (0.9%) of trivial geographical miss which did not require further attention (50.6% Plaque prolapsed, 23.7% Plaque and stent deformation). Minor grades of stent deformation were more common and correlated with tortuous and calcified lesions, as expression of great stent conformability. Actually blinded a posteriori re-examination of the angiograms corresponding to the 20 lowest and highest ratios did not identify any cases of severe PtCr stent deformation. In conclusion, QCA/NSLR values, while postdilation independently predicted higher QCA/NSLR values, did not substantially influence PCI outcomes. Conversely postdilation was associated with QCA stent measures closest to nominal.

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P3018 | BEDSIDE
Regular drug eluting stent versus dedicated bifurcation paclitaxel-eluting stent in coronary bifurcation treatment: interim analysis of randomized POLBOS study
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Purpose: POLBOS study (POLish Bifurcation Optimization Strategy) was planned to compare two intervention strategies for bifurcation treatment: provisional T-stenting (PTS) with any regular drug eluting stent (DES) and dedicated bifurcation paclitaxel-eluting stent BIOSS Expert (Balton, Poland).

Methods: In POLBOS study patients with stable CAD or NSTE-ACS who signed informed consent were randomized to the group where BIOSS Expert was implanted or to the group where regular DES was used. The enrolment was performed between September 2010 and November 2012 in four centers in Poland. Provisional T-stenting was obligatory strategy. An angiographic control was planned at 12 months in all patients. The primary end-point of the study is the rate of death, MI, ST and TLR after 12 months. Here are presented complete results of 3-month follow-up. However at the end of ESC 2013 complete clinical follow-up will be available as well as angiographic controls after 12 months will be performed in 90% of enrolled patients.

Results: BIOSS Expert was implanted in 119 patients (49.4%) and regular DES was implanted in 112 patients (50.6%). 103 were females. The average age of patients did not differ significantly between groups (BIOSS vs DES: 66.5 vs 66.8 yrs). In BIOSS group there were significantly more patients with NSTE-ACS (9.6% vs 3.5%), diabetes (32.2% vs 16.8%), prior MI (42.5% vs 32.7%), prior CABG (8.7% vs 3.5%) and with chronic kidney disease (15.7% vs 7.1%). In DES group there were more patients addicted to smoking (13% vs 22%). The bifurcation was ostial in 76.3% in BIOSS vs 62.1% in DES (p=0.027). The bifurcation type was LAD/BIOSS vs DES 52.1% vs 70.5% followed by LMS (22.7% vs 13.9%, respectively). In BIOSS group 35.4% of stents eluted paclitaxel. The dominant vessel was LAD (BIOSS vs DES: 52.1% vs 70.5%) followed by LMS (22.7% vs 13.9%, respectively). In DES group 35.4% of stents eluted paclitaxel. There were following nominal stent parameters in BIOSS group: 3.69±0.36mm x 2.99±0.36mm x 16.66±1.44mm and in DES group: 3.71±0.49mm x 20.6±1.96 mm. Except for 2 (1.14%) cases in DES group and 1 (0.84%) in BIOSS group all stents were implanted successfully. There were 16% (BIOSS) and 11.2% (DES) cases with second stent implanted within the side branch. At one and three months all patients were uneventful (out-of hospital MACE rate 0%). Up to now control angiography was performed in 58% of patients in BIOSS group and in 48% of patients in DES group. TLR in BIOSS group was 11.6%, whereas in DES group was 5.6%. Nevertheless, in the regular paclitaxel-eluting stent subgroup TLR was 11.5% (NS).

Conclusions: So far collected data showed similar clinical results for BIOSS group and DES subgroup. However BIOSS Expert enabled to complete the procedure in a shorter time with reduced volume of contrast media and radiation time.

P3019 | BENCH
The prospective, randomized comparison of promus everolimus-eluting and TAXUS Liberté paclitaxel-eluting stent systems in patients with coronary artery disease: the PROMISE study
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Background and objectives: The aim of study is to compare the procedural and clinical outcomes of the Everolimus-Eluting Promus and second-generation Paclitaxel-Eluting Liberté stent in routine clinical practice for 2 years.

Materials and methods: This study is a prospective, randomized, open label, two-arm, multi-center trial in Korea. Patients with objective evidence of ischemia and coronary artery disease eligible for PCI who have coronary arteries of ≥ 2.5 and ≤ 3.75 mm in the reference vessel diameter with a lesion of ≤ 66 mm length were randomized into everolimus-eluting stent (EES) and paclitaxel-eluting stent (PES). Primary end-point was ischemia-driven target vessel revascularization (TVR) at 2 years. Secondary end-point was major adverse cardiac events (MACE) such stent deformation, Logistical infection (MI), target lesion revascularization (TLR), TVR and stent thrombosis (ST) at 2 years.

Results: Total 867 patients with 1017 lesions were randomized to EES (n=425) and PES (n=402) arms, if this did not substantially alter PCI outcomes. Conver- sely postdilation was associated with QCA stent measures closest to nominal.

Conclusion: The clinical outcomes of EES for 2 years were non inferior to PES, which was mainly due to reduction of ischemia-driven TVR.

P3020 | BEDSIDE
Percutaneous coronary intervention for the ostial left circumflex coronary artery: comparison between crossover stenting and ostial stenting
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Background: Percutaneous coronary intervention for the ostial lesion in the circumflex coronary artery (LCX) is challenging and the optimal stenting strategy remains unclear. We compared crossover stenting from the left main trunk (LMT) to the LCX with ostial stenting in the LCX.

Methods: From October 2004 to May 2012, 61 lesions were successfully treated with drug-eluting stent: 39 lesions with LMT-LCX crossover stenting and 22 le-