Importantly, this increased number of repeat PCIs may be related to the design of trials as a follow-up angiography is observed frequently in a substantial part of these trials.

### P478 | BEDSIDE

**Benefit of IVUS-guided PCI in diabetic patients presented with acute myocardial infarction from Korea acute myocardial infarction registry**


**Purpose:** Intravascular ultrasonography (IVUS) has been widely used in percutaneous coronary intervention (PCI) field. Precision measurement of reference vessel and early detection of various complications which cannot be distinguished by angiographic image led the outcome of IVUS-guided PCI more favorable. However, its beneficial effect was not thoroughly evaluated in the setting of acute myocardial infarction. Some studies documented that in the cases of AMI, IVUS-guided PCI was not superior to the conventional angiography guided PCI. We hypothesized that certain subjects such as patients with diabetes mellitus (DM) might receive benefits from IVUS-guided PCI.

**Methods:** Patients were from Korea Acute Myocardial Infarction Registry (KAMIR) data. KAMIR was the retrospective observational study from 52 tertiary hospitals commemorating the 50th anniversary of Korean Society of Cardiology. From 16,264 patients, 3,339 of consecutive patients were enrolled in this study. Patients with DM presented with AMI and received PCI were divided to two groups according to the use of IVUS during the procedure: IVUS group (n=683, 20.5%) and non-IVUS group (n=2,666, 79.5%). Primary outcome was major adverse cardiac event (MACE) at one year follow up. Secondary outcomes were each component of MACE and stent thrombosis.

**Results:** Mean age was 63.1 years and almost 75% were male. Patients in the IVUS group were younger and better Killip class, more anterior infarction and target organ damage than the control group. They received longer, larger and more stents compared to patients in the control group. One month MACE was significantly lower in the IVUS group compared to the control group (4.6% vs. 6.6%, p=0.001). Except for the one month death rate, other components of one month MACE were similar between the two groups. One month death rate was slightly lower in the IVUS group. Similar pattern was shown in the one year MACE. One year MACE was significantly lower in the IVUS group (10.1% vs. 15.1%, p=0.001). Also, but for the lower rate of one year death rate, other components showed no significant differences between two groups. One year stent thrombosis was not different, too (1.6% vs. 2.4%). However, after the multivariate logistic regression analysis, use of IVUS was not a significant predictor neither for one month MACE nor for one year MACE. This results reveals that this registry data represents IVUS was mostly done in patients with hemodynamic stable.

**Conclusion:** From our study, IVUS-guided PCI was not associated with favorable clinical outcomes in diabetic patients with AMI.

### P478 | BEDSIDE

**Performance of bleeding risk-prediction scores in patients with atrial fibrillation undergoing percutaneous coronary intervention**

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**Purpose:** The HAS-BLED (Hypertension, Abnormal Renal/Liver Function, Stroke, Bleeding History or Predisposition, Labile International Normalized Ratio, Elderly, Drugs/Alcohol) ATRIA (Anticoagulation and Risk Factors in Atrial Fibrillation), and mOBRI (Modified Outpatient Bleeding Risk Index) schemes are validated bleeding risk-prediction tools, but their predictive performance in patients with atrial fibrillation undergoing PCI is yet unknown. We aimed to evaluate the predictive performance of ATRIA, HAS-BLED, and mOBRI. Patients with high ATRIA scores had increased risk for mortality (OR 7.7, 95% CI 1.3-2.2, p<0.001) compared to those with low scores.

**Conclusion:** The performance of low/moderate/high ATRIA, HAS-BLED and mOBRI scores in discriminating bleeding complications in AF patients undergoing PCI was limited. The ATRIA score appears to be a better predictor for mortality rather than for bleeding.

### P478 | BEDSIDE

**Impact of polycythaemia and chronic kidney disease on long-term cardiovascular outcomes after sirolimus-eluting stent implantation**


**Background:** Polycythaemia (Poly/VD) and chronic kidney disease (CKD) have been known to be independent risk factors for cardiovascular events. We evaluated the association between Poly/VD and CKD and long-term cardiovascular outcomes after sirolimus-eluting stent (SES) implantation in patients with each stage of CKD.

**Methods:** A total of 1797 patients with CKD except hemodialysis patients who had undergone SES implantation from November 2002 to January 2007 and 6-year follow up were enrolled in this study. Estimated glomerular filtration rate (eGFR) was classified into three stages: mild (eGFR 60-89), moderate (eGFR 30-59), and severe (eGFR < 30) CKD. The 1797 patients were divided into two groups: those with Poly/VD (72%) and those without Poly/VD (28%). The number of patients with each stage (with Poly/VD vs. without Poly/VD) was as follows: mild 94 (34%), moderate 155 (51%), and severe 78 (25%).

**Results:** The patients with Poly/VD were older and had higher cardiovascular risk factors. In the patients with moderate and severe CKD, the patients with Poly/VD had a higher incidence of major adverse cardiovascular events (MACE; cardiovascular death, myocardial infarction, and target lesion revascularization) (hazard ratio [HR] 1.42, 95% confidence interval [CI] 1.06-1.91, p=0.019) than those without Poly/VD. Kaplan–Meier estimates for MACE stratified according to the CKD severity are shown in the figure. In the only patients with Poly/VD, those with both moderate (HR 1.92, 95% CI 1.08-2.98) and severe CKD (HR 4.13, 95% CI 1.93-8.85) had higher incidence rates of MACE, as compared with those with mild CKD.

**Conclusion:** The impact of Poly/VD on the long-term cardiovascular outcomes after SES implantation was different between patients with and without Poly/VD.

### P478 | BEDSIDE

**Same-day discharge vs overnight stay after elective percutaneous coronary intervention: feasibility, safety, and outcome**


**Purpose:** Data regarding safety and outcome of same-day discharge after elective Percutaneous Coronary Intervention (PCI) are lacking. We compared the feasibility, safety and 1-year outcome of same-day discharge vs overnight stay after elective and uncomplicated PCI in a high-volume tertiary center.

**Methods:** From 2007 to 2011, we performed 981 potentially ambulatory-PCI procedures, 417 (43.4%) were discharged as day cases (same-day discharge group), and 564 (56.6%) were kept in hospital (overnight stay group). All patients were examined 6hrs post-PCI and underwent clinical follow-up at 7-days, 1-month and 1-year after discharge.

**Results:** Baseline demographic and procedure characteristics were similar between both groups (mean age 65.4±65.2 years; 80.4% vs. 80.9% males, respectively). Procedural success was achieved in 100% of patients. The transradial approach was used in 94.9% vs. 97.9%, of cases, respectively. During the procedure, the incidence of vascular complications was 2.1% in both groups, all related to radial route, requiring crossover from transradial to transfemoral access in 0.6% of cases in the same-day discharge group and in 1.6% in the overnight stay group (p=0.191). No major bleeding, hospital readmission or death was re-