This large matched-cohort study demonstrates that PF-AES has P=0.005).

**Background:** The long-term efficacy and safety of the various drug-eluting stents M. Hyodo, Y. Soga, S. Shirai, K. Ando.

**Conclusion:** At 4 years, both BP-BES and PP-EES showed similar clinical outcomes in diabetic patients.

**Methods:** Patients with BP-BESs were recruited from the prospective Biolimus-Korea-3000 registry and DP-DESs were obtained from four other prospective registries (everolimus-eluting stents from the HOST-Excipient and Excellent-Prime registries, zotarolimus-eluting stents from the HOST-Resolute and Resolute-Korea registries). From January 2004 to November 2014, a total of 3007 (for BP-BESs) and 10165 (for DP-DESs) patients were consecutively enrolled for these registries. From January 2004 to November 2014, a total of 3007 (for BP-BESs) and 10165 (for DP-DESs) patients were consecutively enrolled for these registries. From January 2004 to November 2014, a total of 3007 (for BP-BESs) and 10165 (for DP-DESs) patients were consecutively enrolled for these registries.

**Results:** There were no significant differences in patient or lesion characteristics between POT and non-POT groups except for lower frequency of diabetes mellitus in the POT group (26% vs. 49%, p=0.02). Similar stent (mean 3.0mm / 23mm) and SB ballooning (25%) were used in the groups, and mean size of the POT balloon was 3.5±0.6mm. Kissing balloon inflation was also similarly performed in 89%. Although the POT required more contrast medium (174±56 ml vs. 156±50 ml, p=0.05) and operation time (112±37 min vs. 90±31 min, p=0.001), there were no significant differences between the groups in success rate of GWR into the optimal distal cell located in the side branch (SB) ostium. The effects of timing of the POT, pre-SBD (n=26), final (n=12), and both performed (n=13), were also investigated.

**Purpose:** To test the efficacy of the POT on the long-term stenting followed by side branch dilation (SBD) in a prospective multicenter clinical study under the guidance of optical coherence tomography (OCT).

**Methods:** In the 3-D OCT Bifurcation Registry from 10 Japanese institutes, a total of 134 bifurcation lesions in 133 patients treated with crossover stenting followed by SBD were divided into POT (n=52) and non-POT groups (n=82). The OCT observation was performed before and after the intervention as well as after the guide wire recrossing (GWR). We investigated incomplete stent apposition, stent eccentricity index defined as the ratio of minimal to maximal diameter of the stent area, stent expansion ratio of proximal MV to distal MV reference, and incidence of GWR to the optimal distal cell located in the side branch (SB) ostium. The effects of timing of the POT, pre-SBD (n=26), final (n=12), and both performed (n=13), were also investigated.

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**Conclusion:** Widely stent expansion in the proximal MV induce by the POT increased a possibility of the optimal GWR and symmetric stent expansion was provided by the double-POT; however, the POT did not reduce stent malapposition in the present clinical study. Optimal SBD and device selection under the OCT-guidance might neutralize the efficacy of the POT.