could have been good candidates for CSR. After one year follow-up, Syntax-II PCI < 40 was found to be the sole independent predictor for 12-month events (OR 12.9 [2.7–62.1], p = 0.001).

Conclusions: MVD and STEM1 with a Syntax-II PCI < 40 should be discussed in an ad-hoc heart team, after a provisional revascularization of the culprit vessel, and patients should be considered for CSR, especially when the RCA is the culprit artery and there is a complex disease in the left coronary artery.

CORONARY ARTERY DISEASE: MISCELLANEOUS

P3612
Potential for Bruton’s tyrosine kinase inhibitors as additional antiplatelet agents in acute coronary syndromes

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Introduction: Dual antiplatelet therapy (DAPT) is routinely used in the management of acute coronary syndromes (ACS), but despite this there is a residual risk of morbidity and mortality. Bruton’s Tyrosine Kinase (BTK) inhibitors, currently indicated for management of certain haematological malignancies, inhibit platelet aggregation through the Glycoprotein VI (GPVI) collagen mediated pathway and indicated for management of certain haematological malignancies, inhibit platelet aggregation through the Glycoprotein VI (GPVI) collagen mediated pathway and are licensed for the treatment of lymphoma. This study was performed to investigate whether traditional risk factors for CAD differ according to gender in patients with stable chest pain.

Methods: Patients with in-hospital ACS were enrolled and blood samples obtained within 48 hours of hospital admission. All patients were treated with aspirin plus clopidogrel or ticagrelor. Blood samples were treated ex vivo with increasing concentrations of Ibrutinib (0, 0.5, 1, 2 mmol/l). Platelet aggregation was measured in response to collagen using a Multiplate analyser to estimate the area under the curve (AUC) and comparisons were made with the control sample. Lower AUC values indicate lower platelet aggregation.

Results: Twenty patients were enrolled, median age 63 years and 80% male. The median AUC values for Ibrutinib concentrations 0 (control), 0.5, 1 and 2mmol/l were 18.5, 8 (P<0.0004), 4.5 (P<0.0001) and 2 (P<0.0001) units, respectively indicating significant inhibition of platelet aggregation (Figure).

Conclusion: The BTK inhibitor Ibrutinib provides further inhibition of platelet aggregation using samples from ACS patients receiving DAPT in a dose dependent manner. These results provide a rationale for BTK inhibitors to be tested as a potential new antiplatelet therapy for ACS.

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P3613
Vascular access devices (VADs), vascular closure devices (VCDs) and hemorrhagic complications - real-life study in our hospital


Introduction: VADs were developed to achieve hemostasis, as well as reduce access site complications, reduce time to ambulation and the time to hospital discharge, and more comfortable for the patient compared to manual compression, after a cardiac or vascular procedure requiring a catheterization.

Purpose: This study was to evaluate and compare between the different methods and devices that we have in our hospital.

Methods: We performed a prospective analysis with consecutive inclusion of 760 patients who were admitted with acute coronary syndrome and underwent percutaneous coronary intervention (PCI) with femoral approach and an VCD. The inclusion period was from 10/2009 to 09/2016. We classified these patients into 4 groups: A) Femoseal (n=168, 68.6% male); B) Exoseal (n=422, 74.4% male); C) Angioseal (n=116, 75% male); D) failure of VCDs that have required manual compression (n=16, 75.0% male). We have not considered patients who used Femoseal (p<0.003). Use of inotropes was higher when there it have had failure of VCDs requiring manual compression (A=13.6%, B=6.4%, C=3.4%, D=0.7%, p<0.001), with severe bleeding and cardiogenic shock in that group (A=1.1%, B=6.4%, C=1.7%, D=32.1%, p<0.001). It was related with higher cardiopulmonary resuscitation (A=4.7%, B=6.2%, C=1.7%, D=18.9%, p<0.001) and hospital mortality (A=6.5%, B=3.3%, C=1.7%, D=17%, p<0.001), having presented antiplatelet agents or beta-blockers at discharge. The PCE was higher in D (D=22.6%, p<0.001).

Conclusions: The use of different devices was accompanied with changes in the scientific world that had changed our clinical practice. The failure of device requiring manual compressive identified a group of patients more complex and with poor prognosis.

P3614
Gender-related association between traditional risk factors and obstructive coronary artery disease in stable symptomatic patients

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Background/Introduction: Gender-specific analyses on traditional risk factors for coronary artery disease (CAD) have mainly focused on patients with acute coronary syndrome or receiving revascularization.

Purpose: This study was performed to investigate whether traditional risk factors for CAD differ according to gender in patients with stable chest pain.

Methods: A total of 1,254 patients (45.7% women) with chest pain who underwent elective invasive coronary angiography (CAG) under the suspicion of CAD were reviewed from the nationwide registry database. Obstructive CAD was defined as ≥50% stenosis of epicardial coronary arteries. Age, body mass index, hypertension, diabetes mellitus, dyslipidemia, and smoking were considered traditional risk factors.

Results: Women were older than men (83.1±10.6 years vs. 59.3±11.5 years, P<0.001). Of the total 1,254 patients, 453 patients (36.1%) had obstructive CAD (women vs. men: 38.0% vs. 33.9%, P=0.140). Women were older than men (63.1±10.6 vs. 59.3±11.5) and had higher prevalence of hypertension (58.8% vs. 55.5%) and dyslipidemia (28.9% vs. 21.8%), whereas men had higher prevalence of smoking than women (6.6% vs. 37.8%). In multivariable analyses controlling the confounding effect of each risk factor, age (≥65 years) (odd ratio [OR] 2.03, 95% confidence interval [CI], 1.22–3.75; P=0.004) was the only risk factor for obstructive CAD in men. In women, age (≥65 years) (OR 2.03, 95% CI 1.29–3.18; P=0.002) and diabetes mellitus (OR 1.98, 95% CI 1.16–3.37; P=0.012) were the independent risk factors for obstructive CAD. The degree of association between the number of risk factors and the incidence of obstructive CAD was stronger in women than in men (Figure) (y = 48.4 vs. 24.4).

Conclusions: Among patients undergoing elective invasive CAG, diabetes mellitus showed independent association with obstructive CAD in women, but not in men, and the association between the number of traditional risk factors and the incidence of obstructive CAD was stronger in women than in men.