

lar in group III (9.12 ± 2.65 mg/l vs 11.91 ± 1.81 mg/l), reflected by increasing the hs-CRP level ($p < 0.05$).

Conclusions: Patients with a stent length ≥ 30 mm versus those with a shorter stent (≤ 15 mm) already had a higher level of both pro-oxidant markers (ischemia modified albumin, malondialdehyde) and an inflammatory marker (hs-CRP) before percutaneous angioplasty, showing a more advanced atherosclerotic process. The traumatic impact of coronary angioplasty is manifested by subsequent post-PCI elevation of these markers also expressed in the stent-length group ≥ 30 mm.

P1660

Association between tissue morphology of in-stent restenosis lesions assessed with optical coherence tomography and late-term results after percutaneous coronary intervention

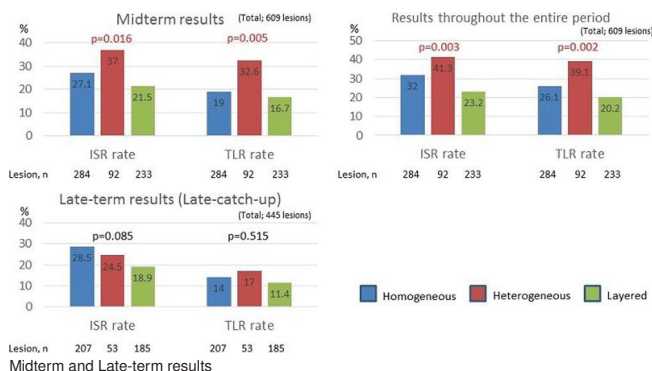
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Background: Tissue morphology of in-stent restenosis (ISR) lesions assessed with optical coherence tomography (OCT) is reported to affect the midterm results including the rates of ISR and target lesion revascularization (TLR) after percutaneous coronary intervention (PCI); however, whether it affects the late-term results as it is called the late catch-up phenomenon is not well studied.

Purpose: We aimed to clarify the association between tissue morphology of ISR lesions assessed with OCT and the late-term results after PCI.

Methods: We examined patients with ISR lesions treated by OCT-guided PCI between May 2008 and July 2016. Midterm follow-up angiography was performed 6 to 8 months after PCI. In lesions that were free from midterm TLR, late-term follow-up angiography was performed 18 to 20 months after PCI. Tissue morphology was classified into three restenotic types: homogeneous, heterogeneous, and layered types. The midterm and late-term results and the results throughout the entire period were compared between the three restenotic types.

Results: The patients were 497 men and 112 women, and the mean age was 69.0 ± 9.6 years. A total of 651 ISR lesions were identified for analysis. Midterm follow-up angiography was performed on 609 [PCI type: plain old balloon angioplasty, 81; paclitaxel-coated balloon angioplasty, 353; drug-eluting stent implantation, 171; and drug-eluting stent implantation, 4] of the 651 ISR lesions (93.5%). Late-term follow-up angiography was performed on 445 of 486 ISR lesions that were free from TLR after midterm follow-up angiography (91.6%). The figure shows the results of each study period by restenotic type. The rates of ISR and TLR at midterm follow-up were significantly higher in the heterogeneous type than in the other two types, whereas those at late-term follow-up showed no significant differences between the three types, with a relatively high ISR rate in the homogeneous type. Throughout the entire period, the heterogeneous type had the highest and the layered type had the lowest rates of ISR and TLR.



Conclusion: Tissue morphology of ISR lesions assessed with OCT may be useful in the prediction of the late-term results after PCI.

P1661

Evaluation of transradial versus transfemoral procedures in all-comers patients treated with the dual-therapy stent

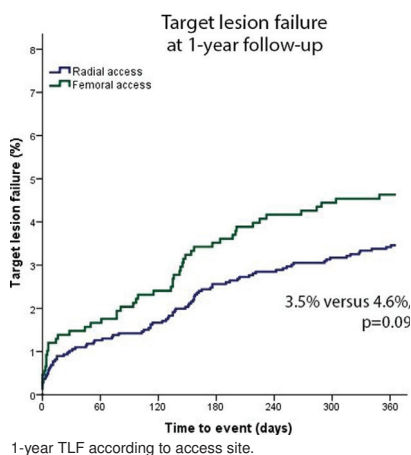
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Background and introduction: Transradial catheterization has become the primary choice of percutaneous coronary intervention (PCI) strategy for most interventional cardiologists due to lower complications rates when compared to transfemoral catheterization. The COMBO Collaboration is a contemporary cohort of 3614 all-comers patients who are treated with the dual-therapy stent (DTS), with either a radial or femoral access site. We evaluate differences in patient characteristics and clinical outcomes after PCI according to access site.

Purpose: To determine which patients still receive transfemoral PCI and if transfemoral procedure influences clinical outcomes at 1 year follow-up.

Methods: The COMBO Collaboration consists of all patients from the prospective, multicenter, all-comers REMEDIE and MASCOT registries, that evaluate outcomes after DTS stent placement. For all patients baseline and procedural characteristics were collected in an electronic database. Independent clinical event committees adjudicated all adverse events. Patients with brachial or other access site were excluded from this analysis Target lesion failure (TLF) consisting of cardiac death, target vessel myocardial infarction (TV-MI) and clinically indicated target lesion revascularization (TLR).

Results: Radial access was used in 2461 patients (69.4%), femoral access in 1083 patients (30.6%). Radial procedures were the standard in Europe (71.0%) and Asia (71.8%) but in the Middle East and South America femoral procedures were more frequent (54.7%). A higher percentage of females was observed in femoral procedures (26.5% versus 22.8%, $p=0.02$) but age and presence of diabetes mellitus did not significantly differ between groups. Previous PCI was higher in patients with femoral procedures (29.8 versus 25.4%, $p<0.01$) as was peripheral vascular disease (5.0% versus 8.3%, $p<0.01$) and chronic kidney disease was significantly higher in (9.3% versus 5.2%, $p<0.001$). A numerical but not statistical significant trend in higher TLF at one year was seen in patients with transfemoral procedure (3.5% versus 4.6%, $p=0.09$), with more early events.



1-year TLF according to access site.

Conclusion(s): In a contemporary all-comers cohort of over 3600 patients treated with DTS transradial procedures were more frequent than transfemoral procedures. Patients with transfemoral access site had more comorbidities. Clinical outcomes did not significantly differ according to access site, although numerically higher early adverse events are observed after transfemoral procedures.

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P1662

Impact of triglyceride deposit cardiomyovascularopathy, a novel type atherosclerosis with triglyceride deposition in coronary arteries, on neointimal proliferation after coronary stent-implantation

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Background: Triglyceride deposit cardiomyovascularopathy (TGCV) is characterized by the massive accumulation of triglyceride in myocardia and coronary arteries, leading to cardiomyocyte steatosis and a novel atherosclerosis with triglyceride deposition in smooth muscle cells. Neointimal proliferation after drug-eluting stents implantation in patients with TGCV are considered to be enhanced, however, there are no real-world data.

Aim: The aim of this study was to evaluate in-stent late loss and its associate data using quantitative coronary angiography (QCA) analysis in patients with TGCV.

Methods: Among 457 consecutive patients who underwent both coronary angiography and iodine-123-β-methyliodophenyl-pentadecanoic acid (BMIPP) scintigraphy between 2010 and 2017, 18 patients were met the diagnostic criteria for TGCV (as shown in Figure). Out of 18 patients, 10 TGCV patients (TGCV group, n=10) who were implanted second or third generation drug-eluting stent for the treatment of coronary lesions, and age- and sex-matched 20 non-TGCV controls with diabetes (non-TGCV group, n=20) were compared. Baseline, pre- and post- QCA analysis were performed in 22 stents of TGCV group and 22 stents of non-TGCV group.

Results: There were no significant differences in baseline characteristics between the 2 groups, except for stent length and hemodialysis. Although minimum lumen diameter (MLD) at pre and post PCI were similar between the 2 groups, MLD at follow-up was significantly smaller in TGCV compared with non-TGCV. Similarly, greater diameter stenosis and late loss were observed in TGCV com-