0.84; P=0.0002) and 30% relative reduction in PMI (OR: 0.70; 95% CI: 0.57–0.85; P=0.005).
Conclusions: High-dose statin pretreatment can result in a significant reduction in 30 days MACE and PMI for East Asian patients undergoing PCI.

P4291 | BEDSIDE
Dual therapy versus Triple therapy in patients undergoing coronary stent implantation: a systematic review and meta-analysis

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Background and aim: Optimal antiplatelet therapy in patients receiving long-term oral anticoagulant agents (OAC) and treated with coronary stent implantation is still matter of debate
A systematic review and meta-analysis of randomized clinical trials (RCTs) and observational studies (OBS) was performed to compare bleeding and ischemic risk of dual therapy (DT) including single antiplatelet agent (aspirin or P2Y12 inhibitor) plus an anticoagulant drug [Vitamin K antagonist or New oral anticoagulants (NOACs)] versus triple therapy (TT) including (Vitamin K antagonist plus Aspirin and clopidogrel) in patients undergoing coronary stent implantation.
Methods: An extensive literature search for full-text articles published in 2005–2016 obtained a total of 11 studies [2 RCTs (both with P2Y12 inhibitor as agent of DT) and 9 OBS] for the final analysis. The main analysis was performed on RCTs and the secondary on OBS; a prespecified analysis of OBS with P2Y12 inhibitor as antiplatelet agent was then performed. Any bleeding was considered as the primary end point; cardiovascular (CV) death, myocardial infarction (MI) and stent thrombosis (ST) as secondary end points.
A total of 10188 patients (55% with acute coronary syndrome at presentation) were included, 4365 in the DT group and 5542 in the TT group; atrial fibrillation was the indication to OAC in 64% of the cases. Analysis of RCTs showed that DT was associated with a significant decrease of any bleeding (RR 0.56, 95% CI 0.47–0.66, p=0.023), a neutral effect on CV mortality (RR 1.0, 95% CI 0.52–1.9, p=0.148), and a non significant decrease in MI (RR 0.82, 95% CI 0.5–1.35, p=0.63) and ST (RR 0.69, 95% CI 0.3–1.6, p=0.25). In the analysis of OBS, DT was associated with a non-significant reduction of bleeding (RR 0.65, 95% CI 0.54–0.78, p=0.17), but with non-significant increase of CV death (RR 1.2, 95% CI 0.67–2.17, p=0.29), of MI (RR 1.22, 95% CI 0.83–1.79, p=0.54) and of ST (RR 1.9, 95% 0.98–3.7, p=0.75). However, when we considered OBS with P2Y12 inhibitor as antiplatelet agent, the increased risk of MI (RR 1.19, 95% CI 0.6–2.3, p=0.6) and particularly ST (RR 1.32, 95% CI 0.36–4.9, p=0.37) was attenuated, with a significant bleeding reduction (RR 0.70, 95% CI 0.54–0.9, p=0,.045).
Conclusion: In patients requiring long term OAC and treated with coronary stent implantation, DT compared to TT is associated with a significant bleeding risk reduction. In case of DT selection, a P2Y12 inhibitor should be used as antiplatelet agent instead of aspirin.

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Prolonged dual antiplatelet therapy did not affect survival after left main artery stenting (Hong Kong Left Main Stenting Registry)

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Background: Prolonged dual antiplatelet therapy (DAPT) after coronary stenting might reduce incidence of stent thrombosis at the expense of higher bleeding risk. There was conflicting evidence for effect of prolonged DAPT on survival. The aim of this retrospective study was to examine the effect of prolonged DAPT on survival in left main disease treated with drug eluting stent (DES).
Methods: From January 2007 to December 2010, 550 consecutive patients who underwent left main stenting in 8 public hospitals of Hong Kong were recruited for retrospective analysis. Clinical follow up data were collected up till 30 June 2014. Subgroup (389 patients) analysis was performed in DES patients who survived the first year without major adverse cardiac event (MACE).
Results: The mean age was 68±11 years with male predominance (74%). Diabetes mellitus, hypertension, hypercholesterolemia and smoking history was present in 158 (41%), 247 (64%), 296 (76%) and 161 (41%) patients respectively. Prior myocardial infarction (MI), prior stroke, peripheral vascular disease and creatinine >200 mmol/L (CRI) was found in 136 (35%), 36 (9%), 6 (1.5%), and 12 (3%) patients respectively. Intravascular ultrasonography was performed in 307 (79%) patients. High pressure post-dilatation was performed in 338 (87%) patients. One hundred ninety-two (49%) patients received prolonged DAPT beyond one year. By cox proportional hazard function analysis, old age, prior stroke, CRI were independent predictors of medium term (262±74 weeks) all-causes death. The hazard ratio for prolonged DAPT group was 1.08 (95% confidence interval 0.55–2.10). Stent thrombosis, nonfatal MI and major bleeding rate beyond the first year after implantation of DES was 0.3%, 1% and 0.6% per year respectively for patients receiving just one year DAPT while the corresponding figure was 0.5%, 0.7% and 0.9% per year for patients receiving prolonged DAPT.
Conclusion: For patients without MACE at one year after implantation of DES in left main artery, prolonging DAPT did not affect medium term survival.

P4293 | BENCH
Trimetazidine modified release therapy in post-myocardial infarction patients with multivessel disease having undergone incomplete revascularization: results of two years of follow up

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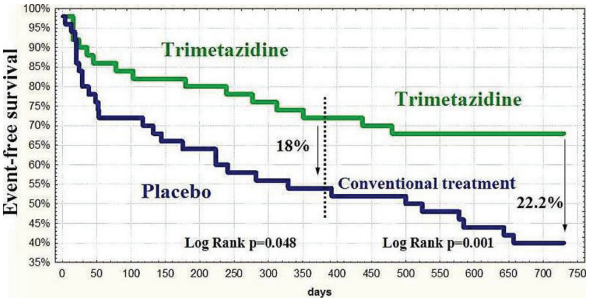
Background: Previously we demonstrated that one-year trimetazidine modified release (TMZ MR) therapy reduced the rate of ischemia-driven revascularization of non-infarct artery lesions or repeat hospitalization in post-myocardial infarction patients with multivessel disease having undergone incomplete revascularization. The aim of this study was to examine whether these positive effects of TMZ MR will remain during the second year of therapy.
Methods: 100 post-myocardial infarction patients with multivessel disease after incomplete revascularization were included into a one-year, prospective, randomized, placebo-controlled clinical trial. TMZ MR 35 mg bid was added to the conventional therapy before discharge from the hospital. The primary end-point of this study was a composite of ischemia-driven revascularization of non-infarct artery lesions and repeat hospitalization. After the unblinding half of trial participants continued the TMZ MR therapy in an open manner for another year, others received the conventional treatment only.
Results: Baseline clinical, hemodynamic and angiographic characteristics were the same in the TMZ MR group and the placebo group of post-myocardial infarction patients with multivessel disease having undergone incomplete revascularization. Over the second year of follow-up,the TMZ MR therapy when compared with the conventional treatment was characterized by a further significant reduction of ischemia-driven revascularization of non-infarct artery lesions or repeat hospitalization (RR 0.53; 95% CI, 0.34–0.85, p<0.005) (Figure), again mainly due to a reduction of the repeat hospitalization rate (20% vs. 50% in the group of the conventional treatment only, p<0.03).



Conclusions: Trimetazidine modified release therapy can be considered an effective tool to manage post-myocardial infarction patients with multivessel disease having undergone incomplete revascularization.The ongoing ATPCI (efficAcy and safety of Trimetazidine in Patients with angina pectoris having been treated by percutaneous Coronary Interventions) trial will shed light on this issue.

P4294 | BEDSIDE
Effects of Clopidogrel and proton pump inhibitors on cardiovascular events in patients with type 2 diabetes mellitus after bare metal stent implantation: a nationwide cohort study

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Objective: To investigate whether there is an increased risk of cardiac events in diabetic patients with a combined therapy of clopidogrel (CLO) and proton pump inhibitors (PPIs) after bare metal stent (BMS) deployment.
Methods: Using the National Health Insurance Research Database (NHIRD), all patients undergoing deployment of BMS received a therapy of CLO with/without PPIs for 90 days. The end points were acute coronary syndrome (ACS) and readmission for revascularization (percutaneous coronary intervention or coronary artery bypass graft surgery) after 3, 6, and 12 months.
Results: There were 6,757 patients with diabetes who received BMS (6,243 in the CLO subgroup and 514 in the CLO plus PPIs subgroup). The patients who received CLO plus PPIs showed no increase in adverse cardiovascular events