was not common. Re-intervention using another DES resulted in a patients with graded SF (severe SF). SF rate after one-year follow-up
stents. Our results demonstrated that SF at one-year after DES im-
diff erent stents, and were reported more frequent SF might be detected over one-year follow-up. Recently, a mechanism leading to the postulation that more percentages of surveillance angiography and longer follow-up duration
contribute to the underestimation of SF in the real world. Theo-
retically, all pro-fracture factors facilitate the process of metal fatigue over time (9-12), a mechanism leading to the postulation that more frequent SF might be detected over one-year follow-up. Recently, Ohya et al. (13) reported that the incidence Type III and IV SF at one-year after stenting using Cypher stent was 5.8%, similar to our results. However, we further found that clinically reported SF rate <2% over one-year among patients who had no SF confirmed by one-year angiography. On the other hand, SF does not happen equally among different stents, and we report more frequent SF in stainless steel stents. Our results demonstrated that SF at one-year after DES implantation was associated with higher rate of events, particularly in patients with graded SF (severe SF). SF rate after one-year follow-up was not common. Re-intervention using another DES resulted in a significant reduction of repeat TLR.

**METHODS**

A total of 3411 patients with 5836 DESs and one-year surveillance angiography between November 2013 and January 2014 were prospectively studied. The study endpoints included the incidence of SF, target-lesion revascularization (TLR) and stent thrombosis (ST) at one-year follow-up. Clinical outcome after TLR was also followed-up. ISR was defined as a percent diameter stenosis of >50% within the stent at the time of follow either within the stented segment or within 5 mm proximal or distal to the stent segment. The angiographic ISR patterns were classified to IV according to Mehran's classification (5). A hinge motion lesion was defined as having >16 difference in angle between diastole and systole before the procedure.

**RESULTS**

The SF rate was 12.5% (n = 426) from patient level and 16.9% (n = 999) from stent level, with a higher incidence in the stainless stent platform (23.0% vs. 12.0% with cobalt-chromium stent, p < 0.001). No difference was noted between domestic and international DES. SF was correlated with clinical events. TLR was required in 88 (21%) patients with vessel diameter of 2.5 mm and smaller, and this group of patient was categorized as having very small vessel disease. Older age and diabetics are associated with higher incidence of very small vessels disease. Mean diameter for very small vessel was 2.05 ± 0.27 mm and mean diameter for vessel >2.5 mm was 3.41 ± 0.55 mm. Pre-dilatation was performed more often in the very small vessel patients (22.2% vs 42.2%; p-value 0.007). There was no difference in overall technical success in a very small vessel disease (97.9% vs 97.7%). The 9-months TLR rate was 6.3% for very small vessel and 3.7% for vessel >2.5 mm (p < 0.129). 9-months and in-hospital MACE between very small vessel and vessel >2.5 mm were not significantly different either (13.1% vs 9.2%; p = 0.1265 and 5.2% vs 3.7%; p = 0.349) respectively.

**CONCLUSION**

This study has demonstrated that the use of thin strut cobalt chromium BMS in very small vessel disease was safe and efficacious in the context of 'real-world' practice.

**TCTAP A-140**

**Impact of Everolimus-Eluting Stent Length on Outcomes of Percutaneous Coronary Intervention**

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**BACKGROUND**

In previous trials, longer drug-eluting stent (DES) length has been associated with adverse clinical events. In current practice, the appearance of ultra long DES (33.8mm) led to cover the entire atherosclerotic lesion and the stented length tends to be longer than the lesion length. However, the impact on clinical outcomes of the ultra long everolimus-eluting stent (ULEES) implantation with diffuse long Coronary Lesions is not clearly investigated. The aim of this study was to investigate the impact of stent length on the relative safety and efficacy of everolimus-eluting stents (EES).

**METHODS**

Consecutive 730 patients (801 lesions) treated with EES between April 2010 and January 2014 were divided into 4 groups according to stent length. The association between stented length and long-term outcomes was analyzed in ordinal categories (15, 15 to 23, 24 to 32, and >32 mm) and as a continuous variable. Follow up period was 2-year and the restudy CAG was performed within 10-months after PCI. We compared the major adverse clinical events (MACE) between the two groups.

**RESULTS**

The prevalence of diabetes, chronic kidney disease, and the case of complex stent use were higher in the longest stented quartile than in the other three groups. Initial success rate was similar in four groups. There were no differences in 2-year TLR (1.9% vs. 1.7% vs. 2.9% vs. 2.8%), stent thrombosis (0.6% vs 0% vs 1.0% vs 0.5%) and MACE (4.4% vs 3.3% vs 4.7% vs 4.7%) rates between 4 groups.

**CONCLUSION**

Like a result of the use of spot EES with short lesion, our results suggest that the use of ultra long EES with diffuse long lesion is effective and safe. Contrary to expectation, ultra long stent with diffuse lesion wasn’t the positive predictor of TLR.