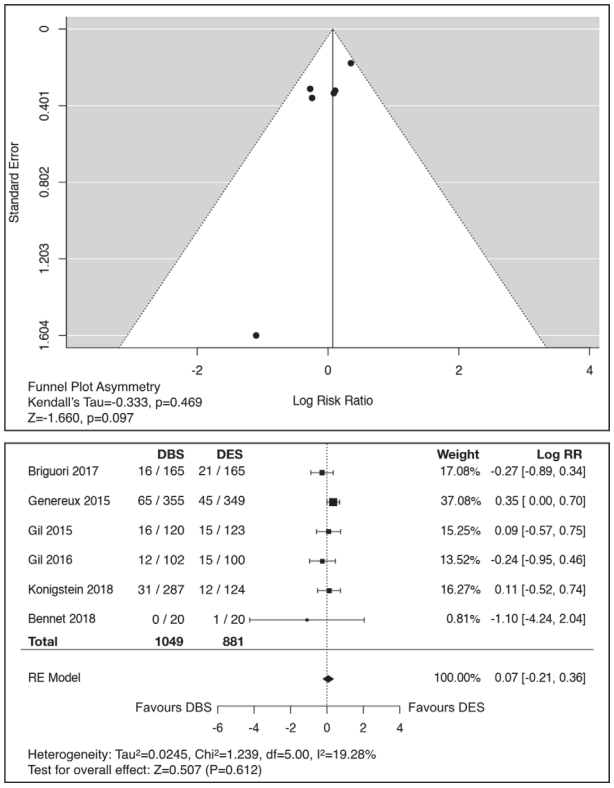

Abstract 44 Figure 1 Funnel plot (above) and forest plot (below) of the meta-analysis for major adverse life events (MACE) of DBS versus DES in the treatment of CBL

Abstract 44 Table 1 Patients characteristics. DBS: dedicated bifurcation lesions, DES: drug eluting stents

	DBS	DES	P-value
Participants	1049	881	-
Age	65.11 (± 10.36)	65.13 (± 9.66)	0.52
Gender (Male)	74.17%	75.71%	0.44
Acute coronary syndrome	19.92%	17.25%	0.74
Hypertension	76.26%	63.87%	0.68
Diabetes	29.27%	23.93%	0.71
Smoking	29.27%	20.78%	0.70
Chronic Kidney disease	5.91%	5.82%	0.86
Previous myocardial infarction	31.17%	30.51%	0.97

Abstract 44 Table 2 The means of the clinical outcomes of the two arms MACE: major cardiac events

Outcome	DBS	DES	P-value
MACE	13.3%	12.4%	0.612
Cardiac death	0.1%	0.7%	0.268
Myocardial infarction	8.2%	7.5%	0.574
Target lesion revascularisation	5.9%	4.9%	0.809
Stent thrombosis	1.0%	0.6%	0.755

risks (RR) of clinical outcomes,(7) using MAJOR R pack through Jamovi platform and reported in logarithmic relative risk (Log RR).(8, 9)

Results Six trials comparing DBS and DES involving 1914 patients met the inclusion criteria. Most of the studies were conducted in Europe, participants' ages were DBS: 65.56, DES: 65.18 (p-value = 0.52). Participants of male gender were DBS: 74.9% DES: 77.5% (p-value = 0.44) and patients with smoking history were DBS: 28%, DES: 27.36% (p-value=0.70). Patients who presented with acute coronary syndrome were a fifth of all participants (p-value = 0.74). Around 70% of each arm participants had hypertension, and around 25% suffer from diabetes, as well as smoking. A third of participants had previous myocardial infarction (Table-1). Clinical outcomes were reported for 12 months in all study but one (Genereux et al. – 9 months).(10)

There was only one cardiac death in the DBS arm compared to six cardiac deaths in the DES arm. A meta-analysis was performed for MACE (Figure-1), myocardial infarction (MI), stent thrombosis (ST), and target lesion revascularisation (TLR). Major adverse cardiac events (MACE) were 13.3% for DBS and 12.4% for DES with a RR of 1.078 (Log RR = 0.07, p-value = 0.612) (Figure-1 & Table-2). Other measured outcomes showed no superiority for either arms.

Conclusion When comparing the one-year clinical outcomes for coronary bifurcation lesions stenting; there was no statistically significant difference between dedicated bifurcation stents and drug eluting stents regarding MACE, CD, MI, TLR, and ST.

Conflict of Interest None

45 FEASIBILITY AND IMMEDIATE SAFETY OF DISTAL TRANS RADIAL ACCESS IN CORONARY INTERVENTION: A UK CENTRE EXPERIENCE

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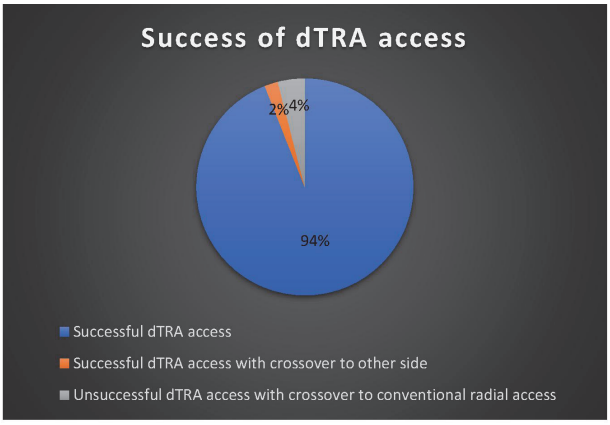
Background and Aim Over the last few years, there has been a drive towards using distal trans-radial (dTRA) access for coronary angiography and interventional procedures. The suggested benefits are better radial arterial patency post-procedure, relatively rapid haemostasis and improved ergonomics for left radial access. The findings from observational studies are promising and a large multicenter randomized trial is now underway. However, so far there is no published data from any centers in the UK about its use and safety. Due to the various potential benefits, this approach was used in our institute which is a busy District General Hospital in the UK providing tertiary cardiology service to a population of 750,000. Data was collected prospectively for the initial 100 cases to assess feasibility and immediate safety of dTRA.

Methods Patients included were from acute and elective cases under the care of 2 consultants where a strong distal radial pulse was palpable. Operators included 2 consultants, 1 senior interventional fellow and 2 Specialty registrars. Arterial puncture was performed using seldinger technique by manual palpation; use of ultrasound was optional. 6 Fr radial glide sheath was used for all cases. Haemostasis was

Abstract 45 Table 1 Baseline patient and procedure characteristics and major findings of the study

Case Characteristics and Findings	Proportion of cases%
Age	68 (Median)
Sex (Male)	61
Urgent procedures	71
Diagnostic angiography only	59
Interventional procedures	41
Successful sheath insertion through dTRA	96
Crossover to conventional radial route	4
Radial artery spasm	7
Any post procedural complication	3



Abstract 45 Figure 1

achieved either by a modified conventional TR band or dedicated TR band for dTRA. A proforma was designed to capture relevant data prospectively. Results are presented in percentage.

Results Table 1 shows the important baseline characteristics and findings of this study. Puncture for dTRA was successful in 96% cases. In 2 cases, there was cross-over to contralateral dTRA due to severe spasm and radial artery tortuosity. In 4 cases, dTRA access was unsuccessful either due to failed puncture or inability to advance the guidewire and operator crossed-over to conventional radial route (Figure 1). Radial spasm was experienced by 7 patients in total. There were no immediate major complications. 3 patients developed small haematoma due to displacement of the modified conventional TR band which resolved by manual compression. This issue did not recur after using dedicated dTRA TR bands.

Conclusions This small study demonstrates that the dTRA route might be a safe and effective alternative to the conventional radial route with high success rate without any immediate major complications. The extent of spasm and small haematoma noted in this study is not different from using conventional approach. The current literature suggests several potential benefits of this access route but data from large randomised trials are required to assess long term safety and efficacy to decide whether this should become the preferred option or to be used in selected cases such as for left radial access and in patient who might require a fistula for dialysis.

Conflict of Interest None

46 EVALUATION OF MANAGEMENT OF LIPID PROFILE IN HIGH-RISK PCI PATIENTS

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Aim Dyslipidaemia is a major risk factor for development and progression of coronary arteriosclerosis. Low density lipoprotein-Cholesterol (LDL-C) concentration is strongly associated with an increase in atherosclerotic cardiovascular disease (CVD). Targeting LDL-C earlier significantly decreases the lifetime risk of CVD.

Our main aim was to evaluate the management of lipids in high risk CVD patients admitted for PCI procedures at our tertiary centre.

Methods This was a retrospective study performed over a period of 1 month which included all the patients admitted for urgent, elective and primary PCI(PPCI) in our centre and they were followed up to 12 months thereafter. A detailed case note evaluation was performed including discharge summaries. Data collected include demographics, risk factors, reason for admission, procedure performed, lipid parameters and management, family history and follow up including outpatient (OP) appointments or admissions for repeat procedures, lipid levels and mortality over 12 months.

Definitions: Treatment to target LDL-C was defined as LDL-C ≤ 2 mmol/L.

Lipid thresholds for consideration of Simon Broome criteria for Familial Hypercholesterolaemia - Total cholesterol ≥ 7.5 mmol/L and /or LDL-C a level ≥ 4.9 mmol/L (pre-treatment).

Results A total of 101 patients (69 Male; 32 Female) were admitted for PCI procedures with a mean age of 65 years (42-90). They had multiple co-morbidities. Majority were admitted for PPCI (58,57.4%) followed by NSTEMI (23,22.4%) and elective (20,19.8%) procedures

Lipid profiles were unavailable for review in (32,29.6%) patients (PPCI :14, NSTEMI :10 and electives:8). 37 patients had a Total Cholesterol of >5mmol/l(5-6.9) and 57 (56.4%) had an LDL level of > 2mmol/l (Mean LDL PPCI ,36: 3.1, NSTEMI ,10:3.1; Electives,9:3.3).

At the time of discharge,97 patients were on statins, of whom 9 were on sub-optimum dose of statin and 4 statin naive.

5 patients fulfilled Simon Broome criteria for consideration of Familial Hypercholesterolaemia.

High LDL group: In this group 65% had lipid profile tested for the first time at index admission and the rest (35%) though on statins had not been treated to target.

Discharge summaries had insufficient information on family history of premature CAD, lipids on admission or treatment targets for primary care.

As per our standard protocol, all patients post-PPCI and NSTEMI had one consultation in secondary care prior to being discharged to primary care.

12 months post PCI: Treatment target was achieved in 8 (14%) patients, 7(12%) were not treated to target and 42 (73%) of patients had no lipids available for comparison for the trend post-discharge.

27 (47%) events were recorded which included PCI:5; CABG:4; Angiograms:2, Death:4; PVD (peripheral vascular disease):4; Stroke:2; Permanent pacemaker insertion:1; OP appointments:4 (chest pain, breathlessness)

At 12 months, 4 (7%) were not on any statins and 7 (12%) were on sub-optimum dose of statins.