into the present study from January 2006 to July 2009. Demographic information, concomitant diseases, peri-operative laboratory examinations, angiographic features, and surgery information of consecutive patients who underwent PCI were collected.

**Results** A total of 13,922 patients were recorded in the database, of which 9.03% (1257/13,922) had previous PCI. Univariate analysis revealed that patients with prior PCI had significant higher prevalence of hypertension, diabetes mellitus and hyperlipidaemia than those without prior PCI. In addition, the percentage of patients with prior CABG was higher in the former group (6.0% vs 1.9%, p<0.001). In multivariable logistic regression analyses adjusted for demographic, clinical, angiographic and procedural factors, elderly age (OR 1.01, 95% CI 1.00 to 1.01), male (OR 1.74, 95% CI 1.48 to 2.04), hypertension (OR 1.36, 95% CI 1.19 to 1.54), diabetes mellitus (OR 1.45, 95% CI 1.24 to 1.65), hyperlipidaemia (OR 1.30, 95% CI 1.06 to 1.57) and prior CABG (OR 3.57, 95% CI 2.52 to 4.51) were identified as independent risk factors of secondary PCI. Additionally, history of prior CABG was the most important predictor of secondary PCI.

**Conclusions** Risk factors associated with secondary PCI include elderly age, male, hypertension, diabetes mellitus, hyperlipidaemia and prior CABG, of which previous CABG was the most important.

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**E0417 Effect of Shengmai Injection on Cardiac Function and Inflammatory Reaction in Patients with Acute Coronary Syndrome**

**Objective** To confirm the effect of Shengmai injection in improving cardiac function in patients with acute coronary syndrome (ACS) and to explore its influence on inflammatory reaction in patients.

**Methods** Ninety ACS patients were randomised into two groups, the control group, treated with conventional therapy and the SMI group, treated with SMI. The patients’ cardiac function was noted and the high sensitive C-reactive protein (hs-CRP) in venous blood was measured before treatment and 1 week and 2 weeks after treatment, so as to observe and compare their changes in the two groups.

**Results** The cardiac output, stroke volume and ejection fraction in the SMI group after 3 weeks of treatment were all higher than those in the control group (p<0.05). The serum content of hsCRP was reduced in both groups, but the reduction in the SMI group was more significant than that in the control group.

**Conclusion** SMI could improve cardiac function and further inhibit the inflammatory reaction in patients with ACS.

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**E0418 Effect of EECP-Integrated Standard Therapy for Patients with Stable Coronary Artery Disease: A Prospective, Randomised, Open-Labelled and Blind-End-Point Study (PROBE-EECP Trial)**

**Objectives** To determine whether EECP-integrated standard therapy would reduce the major adverse coronary events in patients with coronary artery diseases and improve the quality of life.

**Method** A total of 194 patients aged from 32 to 75 years old with coronary artery diseases from Sept. 2008 to Dec. 2009 in 4 hospitals affiliated to Sun Yat-sen University were enrolled into the trial. Subjects were randomised to be allocated either to EECP plus standard therapy group or standard therapy group, and followed for 0.5 to 1.5-year. The coronary artery disease in all patients was documented by coronary angiography, or a history of prior myocardial infarction or prior coronary revascularization. Patients in standard therapy group were treated with guideline-driven therapeutic strategy, and patients in EECP group were given 36 h of EECP in addition to the guideline-driven therapeutic strategy. Repeated EECP were prescribed to patients with any recurred ischaemic symptoms, or new ischaemia, or no symptoms in 12 months later. Follow-up visits were performed at 1, 3, 6, 12 months and each year therefore from the inclusion.

**Results** The primary composite endpoints of myocardial infarction, revascularisation, readmission to hospital due to stroke and ACS occurred in 6 of 104 (5.77%) patients in EECP group compared with 9 of 91 (9.89%) in standard therapy group (p<0.05). There was 1 death in both groups respectively. The incidence of minor skin damage was about 8% in EECP group, causing EECP therapy in 3 patients to be prematurely terminated.

**Conclusion** An EECP-integrated standard therapy significantly reduced major cardiovascular events in patients with documented coronary artery disease.