**Results** Rapamycin made the expression and activation of KLF2 strongly reduce by 75.6% and 78.2% so as to induce long-term coronary endothelial dysfunction. In HUVECs, rapamycin made basal eNOS and t-PA decrease by 80% and 87.8%, while making basal PAI-1 and TF increase by 2.5 and 1.5-fold. After treatment by statins (especially lovastatin), the expression of KLF2 was increased by 3.8-fold nearly reversing to normal state.

**Conclusions** Taken together, these observations indicate that statin therapy was associated with a significant mortality.

**Background** Diabetes is strongly associated with clopidogrel resistance, thrombosis and the development of coronary artery disease after PCI. During follow-up (4.4±1.3 years), 23 patients died (including 12 who died of cardiac causes). The Multivariate analysis showed statin therapy to be significantly associated with reduced coronary mortality (HR 0.39, 0.16–0.85; p=0.039), but not with all-cause mortality.

**Objective** The long-term effect of statin therapy in diabetic patients after percutaneous coronary intervention (PCI) is not well established. Accordingly, we sought to determine whether statin therapy initiated at the time of percutaneous coronary intervention reduces total and cardiac mortality among diabetic patients.

**Methods** We collected data from 569 consecutive patients who underwent PCI. We then compared all-cause and cardiac mortality rates in 249 patients with diabetes mellitus of whom 74 (29.7%) were treated with statin at the time of PCI. To adjust the variables that would have been related to the decision regarding statin administration, multivariate Cox regression was carried out.

**Results** During follow-up (4.4±1.3 years), 23 patients died (including 12 who died of cardiac causes). The Multivariate analysis showed statin therapy to be significantly associated with reduced coronary mortality (HR 0.39, 0.16–0.85; p=0.039), but not with all-cause mortality.

**Conclusion** Statin therapy was associated with a significantly reduced risk of cardiac mortality in patients with diabetes mellitus and coronary artery disease after PCI.