and side branch ostial diameters pre and post intervention. There was a good correlation between LGE MRI and troponin I elevation post procedure (r= 0.75, p 0.008). There was a strong correlation between the presence of new LGE MRI in the area supplied by SB and final post procedural diameter of the SB ostium (r= 0.84, p 0.001), as well as between LGE % of left ventricle and diameter of SB ostium (r=- 0.64, p 0.033). There was a significant difference between post procedural side branch ostial diameter in groups with and without LGE (1.1 mm ± .24mm vs. 1.63 mm ± .12 mm, respectively).
**Conclusion:** The postprocedural myonecrosis after bifurcation lesions stenting is real fact and is associated with postprocedural minimal lumen diameter at side branch ostium.

**TCT-104**

**Clinical Outcomes of Bifurcation Stenting in NOBORI 2 Study**

*Gian Battista Danzi, Sr.[1], Petr Kala[2], Fina Mauri Ferre, Sr.[3], Marcus Wiemer[4], Farzin Fath-Ordoubadi[5], Rene Koning[6], Didier Carrie[7], William Wijns[8], Javier Goicolea Ruigomez[9], Nick West[10], Antonio Serra[11], Zoran Perisic, Sr.[12], Nikola Jagic, Sr.[13], Vladimir Miloradovic, Sr.[13]*
*[1]Ospedale Maggiore Policlinico, Milan, Italy[2]University Hospital Brno, Brno, Czech Republic[3]Hospital Universitari Germans Trias I Pujol, Badalona, Spain[4]Herz- und Diabeteszentrum, Bad Oeynhausen, Germany[5]Manchester Royal Infirmary, Manchester, United Kingdom[6]Clinique St.-Hilaire, Rouen, France[7]CHU Rangeuil, Toulouse, France[8]OLV Ziekenhuis, Aalst, Belgium[9]Hospital Puerto de Hierro, Madrid, Spain[10]Papworth Hospital, Papworth, United Kingdom[11]Hospital del Mar, Barcelona, Spain[12]Clinical Centre Nis, Nis, Serbia[13]Clinical Centre Kragujevac, Kragujevac, Serbia*

**Background:** Nobori® (Terumo Corporation, Tokyo, Japan) is a new generation drug eluting stent, coated only abluminally with a biodegradable polymer and Biolimus A9, a lipophilic rapamycin analogue. It is designed to reduce neointimal proliferation with improved long term safety. Bifurcation lesions represent a particular challenge for PCI treatment, with in general inferior results compared to non-bifurcated lesions, despite use of various treatment strategies.
**Methods:** The NOBORI 2 is a large multicentre registry of consecutive patients treated with Nobori stent. The primary endpoint is the composite of cardiac death, MI and TLR at 1 year. The study enrolled 3074 patients in 130 centers across 3 continents. Extensive monitoring was performed for the first 1000 patients treated in this study, and all adverse events are adjudicated by independent event committee. Several prespecified subgroups will be analyzed in this study.
**Results:** Among this subset of first 1000 patients, 175 had at least 1 bifurcated lesion treated, and comparative results of patients with bifurcated lesion(s) versus patients without bifurcated lesion will be presented. Baseline demographic characteristics were comparable between both groups, except for male gender which was more represented in bifurcation group (88% vs. 80%, p=0.003). Number of lesions treated (1.73 vs. 1.39, p<0.0001), and number of stents implanted per patient (2.06 vs. 1.65, p=0.0012) were significantly higher in the bifurcation group, with more frequent compromised sidebranch in the bifurcation group (5.9% vs. 1.3%, p<0.0001). Lesions in the bifurcation subgroup were more complex (type B2/C 91.7% vs. 67.5%, p<0.001) and more frequently located in the left coronary system (84.0% vs. 64.6%, p<0.001). There was no significant difference between groups for both pre- and post-procedure RVD, MLD and % diameter stenosis at baseline. MACE rate was low in both groups up to 6 months (4.3% vs. 3.7% in bifurcation and non-bifurcation group respectively). Early (1.24% vs. 0.66%) and late stent thrombosis (0.0% vs. 0.13%) were similar in both groups.
**Conclusion:** Preliminary 6 months results of patients treated with Nobori stent in bifurcation and non-bifurcation subsets are very encouraging. Low rates of death, MI, TLR and stent thrombosis were observed, despite very complex lesion characteristics.