Results: Out of 301 patients treated with PCI, 111 (Male 57.7%; Age 65.50±10.40) pts received Cilastazol while 190 (Male 54.20%; Age 65.28±9.11) patients did not received Cilastazol. Patients in Cilastazol group had worse angiographic characteristics in terms of left main, diffuse long, ostial and calcified lesions though not statistically significant. Out of total no. of pts, 10 pts could not complete 6 months follow up while 291 pts completed the follow up. We saw the 6 months clinical and angiographic follow up of these patients. There were 2 events of stent thrombosis in No Cilastazol group while none in Cilastazol group.

Conclusion: Cilastazol administration in Chronic Stable Angina patients with Diabetes who undergoes Percutaneous Coronary Intervention for Coronary artery Disease, benefits them in terms of less chances of Target Lesion Revascularization and Target Vessel Revascularization in midterm period.

Outcomes	Non-Cilastazol Group, 190 (63.12%)	Cilastazol group, 111(36.88%)	P-Value	OR (95%CI)
Mortality	7 (3.7)	3 (2.7)	0.866	1.32 (0.05-8.87)
Cardiac Death	6 (3.2)	3 (2.7)	0.812	0.68 (0.28-6.43)
QMI	1 (0.5)	0 (0.0)	--	--
TLR	12 (6.3)	2 (1.8)	0.048	5.37 (0.96-9.77)
TVR	16 (8.4)	3(2.7)	0.029	4.79 (1.16-9.62)
MACE	25 (13.2)	10 (9.0)	0.265	1.70 (0.67-4.32)
TLR-MACE	18 (9.5)	5 (4.5)	0.174	2.37 (0.68-8.27)
TVR-MACE	20 (10.5)	5 (4.5)	0.119	2.61 (0.78-8.75)
Stent Thrombosis	2 (1.1)	0 (0.0)	--	--
Binary Restenosis	26 (13.7)	13 (11.7)	0.108	2.19 (0.84-5.68)
Restenosis (%)	23.93±19.68	23.59±18.66	0.911	
FU-MLD	2.07±0.84	2.16±0.83	0.428	
Late Loss	0.84±0.68	0.85±0.54	0.912	

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Can Midterm Clinical Outcomes of Ex-Smoker (>1 years) be better than Current Smoker in Asian Patients Undergoing Percutaneous Coronary Intervention with Drug-Eluting Stents? *Byoung Geol Choi, Seung-Woon Rha, Kanhaiya L. Poddar, Meera Kumari, Yun Kyung Kim, Jin Oh Na, Cheol Ung Choi, Hong Euy Lim, Jin Won Kim, Eung Ju Kim, Chang Gyu Park, Hong Seog Seo, Dong Joo Oh. Korean University Guro Hospital, Seoul, Korea (Republic of).*

Background: Although smoking is an important conventional risk factor of coronary artery disease, but it is unclear whether the quit smoking (>1Years) can reduce major clinical events in patients (pts) undergoing percutaneous coronary intervention (PCI) with drug-eluting stents (DESs) as compared with current smoker.

Methods: The study population consisted of 730 pts who had history of smoking and underwent PCI with DESs enrolled from January 2004 to December 2008. Ex-smoker was defined as quit smoking more than one-year before admission (n=247, 33.8%). A current smoker was defined as smoking within 1 month before admission (n=483, 66.2%). Twelve-month cumulative clinical outcomes were compared between the two groups.

Results: A total 700 pts (96%) were finished 12-month clinical follow up. The baseline clinical and procedural characteristics were similar between the two groups except that current smoker were younger (60.53±10.82 vs. 66.21±10.81 years, p<0.001), more acute myocardial infarction (AMI, 40.0% vs. 24.0%, p<0.001), and higher triglyceride (152.82±104.32 vs. 129.36±76.25, p=0.002). At 12 months, repeat PCI including target lesion and vessel revascularization (TLR & TVR), TLR-major adverse cardiac events (MACE), TVR-MACE were lower in the current smoker group in univariate analysis (Table). However, after baseline adjustment by multivariate analysis, Ex smoker was not an independent predictor of repeat PCI (OR 0.634, 95% CI 0.370-1.086, p=0.097), TLR-MACE (OR 1.632, 95% CI 0.913-2.916, p=0.098) and TVR-MACE (OR 1.465, 95% CI 0.885-2.431, p=0.139).

Table. Clinical Outcomes at 12 months

Variables, n (%)	Ex Smoker (>1Year) *(n = 247 pts)*	Current Smoker *(n = 483 pts)*	*P Value*
Total Death	14 (6.0)	17 (3.7)	0.162
Cardiac Death	6 (2.6)	7 (1.5)	0.332
Q-wave MI	2 (0.9)	3 (0.6)	0.760
Re-PCI	37 (15.7)	47 (10.1)	0.030
TLR	29 (12.3)	32 (6.9)	0.015
TVR	31 (13.2)	39 (8.4)	0.044
TLR MACE	33 (14.0)	35 (7.5)	0.006
TVR MACE	42 (17.9)	52 (11.2)	0.014
Stent Thrombosis	1 (0.4)	3 (0.6)	0.712

Conclusion: Pts in Ex Smoker group failed to show its clear association with better mid-term clinical outcomes as compared with those of pts in current smoker group. More prolonged abstinence from smoking might be needed to achieve significant cardiovascular risk reduction.

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Impact of Glycosylated Hemoglobin Level on Six-Month Angiographic and Two-Year Clinical Outcomes in Diabetic Patients Undergoing Percutaneous Coronary Intervention with Drug-Eluting Stents. *Ji Young Park[1], Seung-Woon Rha[2], Kanhaiya L. Poddar[2], Meera Kumari[2], Byoung Geol Choi[2], Yun Kyung Kim[2], Jin Oh Na[2], Cheol Ung Choi[2], Hong Euy Lim[2], Jin Won Kim[2], Eung Ju Kim[2], Chang Gyu Park[2], Hong Seog Seo[2], Dong Joo Oh[2]. [2]Korean University Guro Hospital, Seoul, Korea (Republic of); [1]Eulji General Hospital, Seoul, Korea (Republic of).*

Background: Higher level of glycosylated hemoglobin (HbA1C) is known to be associated with long term vascular complications of diabetic patients (pts). However, there have been limited data whether the association of high HbA1C level and the angiographic and long term clinical outcomes of diabetic pts undergoing percutaneous coronary intervention (PCI) with drug-eluting stents (DESs).

Methods: The study population consisted of 1838 consecutive diabetic pts underwent PCI with DESs enrolled from November 2005 to June 2008. Six-month angiographic and 2-year cumulative major clinical outcomes of diabetic pts with high HbA1C group (>6.5%, n= 403 pts, 81.4%) were compared with those of the control group (≤ 6.5%, n= 92 pts, 18.6%).

Results: The baseline clinical and procedural characteristics were similar between the two groups except higher total cholesterol and triglyceride levels in the high HbA1C group. Six-month angiographic and 2-year cumulative major clinical outcomes were not different between the two groups (Table).

Table: Six-month Angiographic and 2-year clinical outcomes

Variable, n (%)	high HbA1C group (n=403 pts,429 lesions)	Control group (n=92 pts, 98 lesions)	*P* value
Binary restenosis	23 (14.7)	2 (5.6)	0.176
Restenosis percent, %	25.05 ± 20.87	21.34 ± 20.52	0.294
Late loss, mm	0.55 ± 0.68	0.54 ± 0.65	0.937
Cardiac death	15 (8.8)	3 (9.1)	1.000
Q-wave MI	3 (1.8)	0 (0.0)	1.000
TLR	18 (7.9)	3 (7.1)	1.000
TVR	21 (9.3)	3 (7.1)	0.778
TVR-MACE	57 (19.4)	12 (20.7)	0.857
Total MACE	61 (35.7)	11 (33.3)	0.845

Conclusion: In our study, higher level of HbA1C in diabetic pts was not closely associated with worse angiographic and clinical outcomes

POSTER ABSTRACTS