9.1%, p < 0.01). Periprocedural and 1-year mortality remain low and unchanged (p = 0.24 and p = 0.22, respectively), as were other VARC-2 outcomes (p = NS).

Conclusion: There has been a significant change in the patient population undergoing TAVI, with patients at lower risk undergoing TAVI earlier in the disease process. PPM implantation and length of stay have declined significantly. Other VARC-2 outcomes remained unchanged at a low rate.

http://dx.doi.org/10.1016/j.hlc.2019.06.694

694

The Association Between Type II Myocardial Infarction and Increased In-Hospital Mortality in Patients aged >85 years with Non-ST-Elevation Myocardial Infarction
A. Murphyy, A. Koshy, P. Kunniardy, G. Meehan, J. Ramchand, O. Farouque, D. Clark, M. Yudi
Austin Health, Melbourne, Australia

Introduction: Current guidelines are oriented toward the treatment of Type I Myocardial Infarction (MI) with no established recommendations regarding management of Type II MI. Type II MI is common in clinical practice, especially in the elderly. In-hospital outcomes in the very elderly with Type II MI are unknown.

Methods: A single-centre retrospective analysis of 956 consecutive patients aged >85 years presenting with NSTEMI between 2010-2018 was undertaken. Patients were stratified by Type I vs Type II MI as defined by the 4th Universal Definition of MI. The primary outcome was all-cause in-hospital mortality.

Results: Of the 956 patients included, 477 (50%) suffered a Type II MI. The initial presentation of those with Type II MI was delirium (34%), sepsis (18%), post-non-cardiac surgery (8.5%) and bleeding/anaemia (7%). Those with Type II MI was independently associated with in-hospital mortality (OR 1.56, 95% CI 1.1-2.2; p = 0.01) but not after adjusting for patients that underwent coronary angiography (OR 0.97, 95% CI 0.97-2.0; p = 0.07).

Conclusion: Type II MI are common in elderly patients and confers a high risk of in-hospital mortality. At present, there is a lack of evidence to risk stratify and guide treatment in this population. Future studies should address whether an invasive strategy reduces the risk of mortality in this high-risk cohort.

http://dx.doi.org/10.1016/j.hlc.2019.06.695

695

The CRE8 Polymer-free Amphilimus-eluting Coronary Stent. Real World Data from a Tertiary Hospital
F. Zakyy, M. Rooney1, M. Ghodsian2, F. Sherty1
1 Wollongong Hospital, Wollongong, Australia
2 The University of Wollongong, Wollongong, Australia

The CRE8 coronary stent is a novel polymer-free stent design which delivers Amphilimus (sirolimus/fatty acid) via a reservoir design. Has been shown to be non-inferior to current generation stents and may reduce restenosis in diabetic patients. We aim to review the real-world safety and efficacy data from a tertiary referral centre providing cardiology services for approximately 350,000 residents.

A retrospective analysis of a total of 111 patients receiving 147 CRE8 stents deployed between 2017 and 2018 was conducted. Target lesion failure (TLF), a composite outcome of unplanned intervention, target vessel related myocardial infarction and cardiac death, was measured and patient specific endpoints of MACE (composite of all-cause death, myocardial infarction and stroke) and major bleeding were also measured. Outcomes were recorded until the time of writing.

Of the 111 patients (mean age 67.5 ± 12.1 and 72.8% proportion male), 72.1%, 69.4% and 28.8% had hypertension, hyperlipidaemia and diabetes respectively and 55.9% were smokers. Indication for PCI were STEMI (43%), NSTEMI (39%), positive stress test (17%) and unstable angina (12%). Aspirin/clopidogrel was initiated in 89.3% of patients post-PCI with prasugrel and ticagrelor replacing clopidogrel in 8.0% and 2.7% cases respectively. 52% of stents were inserted via radial access. The average stent diameter and length was 3.14 ± 0.68 mm and 20.23 ± 5.96 mm, respectively.

Analysis revealed an incidence of 3.0% TLF with 4.5% MACE and 3.0% major bleeding consistent with previous pre-marketing randomised controlled trials [1], providing real-world data supporting the safety and efficacy of this novel stent design.

Reference

http://dx.doi.org/10.1016/j.hlc.2019.06.696