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STENTING TECHNIQUES VIE IN BRANCHPOINT LESIONS

With drug-eluting stents, is the “crush” or “culotte” technique better?

CHICAGO, Ill. (March 29, 2008) — When stenting is performed for an arterial narrowing at the branchpoint of two coronary arteries—or a bifurcation lesion—it can be challenging to achieve full coverage of both vessels without blocking the opening to the side branch. A new study will provide interventional cardiologists with new information on which of two techniques produces the best long-term results when used with a drug-eluting stent.

The Nordic Stent Technique Study will be reported today in a Late-Breaking Clinical Trials session at the SCAI Annual Scientific Sessions in Partnership with ACC i2 Summit (SCAI-ACCi2) in Chicago. SCAI-ACCi2 is a scientific meeting for practicing cardiovascular interventionalists sponsored by the Society for Cardiovascular Angiography and Interventions (SCAI) in partnership with the American College of Cardiology (ACC).

The study, led by Paal Gunnes, MD, Feiring Klinikken, Feiring, Norway, will compare the “culotte” and “crush” techniques. With the culotte technique, two similar stents are threaded into the diseased artery. One is positioned in the main artery and the other in the side branch, so that the two stents overlap in the main artery before the branchpoint. With the crush technique, the side branch stent is positioned so that a small portion protrudes into the main artery. When the stent in the main artery is expanded, it completely covers and crushes the protruding segment of the side-branch stent against the wall of the main artery.

For the study, Dr. Gunnes and his colleagues recruited 425 patients with bifurcation lesions, randomly assigning them to treatment with a drug-eluting stent implanted using either a culotte or crush technique. A total of 345 patients are expected to have had quantitative coronary angiography both at the time of stenting and after eight months of follow-up. The researchers will report on late-lumen loss (how much shrinkage there is over time in the post-stenting diameter), minimal lumen diameter, percent

diameter stenosis and the restenosis rate for the entire bifurcation, the main vessel, and the side branch at eight-month follow-up.

Dr. Gunnes will present the results of the "Nordic Stent Technique Study" on Saturday, March 29 at 8:30 a.m. CDT in the Grand Ballroom, S100.

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About SCAI

Headquartered in Washington, DC, the Society for Cardiovascular Angiography and Interventions is a 4,000-member professional organization representing invasive and interventional cardiologists in over 60 nations. SCAI's mission is to promote excellence in invasive and interventional cardiovascular medicine through physician education and representation, and advancement of quality standards to enhance patient care. SCAI's annual meeting has become the leading venue for education, discussion, and debate about the latest developments in this dynamic medical specialty.

About ACC

The American College of Cardiology is leading the way to optimal cardiovascular care and disease prevention. The College is a 34,000-member nonprofit medical society and bestows the credential Fellow of the American College of Cardiology upon physicians who meet its stringent qualifications. The College is a leader in the formulation of health policy, standards and guidelines, and is a staunch supporter of cardiovascular research. The ACC provides professional education and operates national registries for the measurement and improvement of quality care.