

## With a chart

[Purpose] Stenting reduces the restenosis rate for recanalized coronary CTOs compared with balloon angioplasty alone, however the rate still remains high.

[Methods] To examine the safety and impact of pre-stent debulking for reducing restenosis, we treated 100 patients with CTO (TIMI $\leq$ 1, occlusive duration $\geq$  1 month (M)) with RA in 8 Japanese centers. RA was performed safely using a max. 1.86mm burr and without any major complications. [Results] Procedural success rate was 99%. Vessel rupture was observed in one patient after ballooning at a distal non-CTO lesion where the RA burr did not pass. There was no QMI or emCABG..

[Conclusion] To clarify the efficacy of pre-stent debulking of CTOs, a multicenter randomized study has started which will compare stenting alone with pre-stent debulking using RA or directional atherectomy.

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## Without a chart

[Purpose] Stenting reduces the restenosis rate for recanalized coronary CTOs compared with balloon angioplasty alone, however the rate still remains high. The massive plaque burden may interfere with stent expansion, but rotational atherectomy (RA) can be used to debulk the CTO.

[Methods] To examine the safety and impact of pre-stent debulking for reducing restenosis, we treated 100 patients with CTO (TIMI $\leq$ 1, occlusive duration $\geq$  1 month (M)) with RA in 8 Japanese centers. RA was performed safely using a max. 1.86mm burr and without any major complications. Mean post-ballooning pressure was 7.7atm, and single or multiple NIR stents were implanted with a max. pressure of 10.5atm. Max. stent/balloon size was 3.18mm and total stent length was 27.2mm.

[Results] Procedural success rate was 99%. Vessel rupture was observed in one patient after ballooning at a distal non-CTO lesion where the RA burr did not pass. There was no QMI or emCABG.. One patient died of infectious pericarditis 1M after PTCA. Two patients died of non-cardiac causes (6M:

renal failure, 6M: lung cancer). Angiographic 6M follow-up has been performed in 68 patients to date and rePTCA required in 22 patients (32.3%).

[Conclusion] Pre-stent RA of CTOs is safe and facilitates subsequent dilatation, however the impact on reduction of restenosis may be limited. To clarify the efficacy of pre-stent debulking of CTOs, a multicenter randomized study has started which will compare stenting alone with pre-stent debulking using RA or directional atherectomy.