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A 76-years-old male hemodialysis patient underwent percutaneous coronary intervention (PCI) for left descending artery (LAD) and right coronary artery (RCA) previously. He had symptom of right intermittent claudication, so we performed angiography of lower limb and coronary artery. The angiography revealed stenosis of right common femoral artery, right superficial femoral artery and LAD restenosis of in-stent. The fractional flow reserve (FFR) of tandem LAD lesion was 0.76. We deployed BP-SES 2.75/28mm for LAD proximal 9 years ago and DP-EES 3.0/28mm after rotational atherectomy for LAD mid 3 years ago. Restenosis and pressure gradient of FFR were observed with both stents. After the revascularization of right lower limb, we performed PCI for LAD. We inserted Profit 7Fr SS-3.5 guiding catheter to LAD and crossed Etna guide wire. From initial optical coherence tomography (OCT) findings after pre dilatation, the proximal LAD lesion was observed stent under expansion and thick calcification outside the stent. The mid LAD lesion was observed neointima with layered pattern. We dilated both lesions with the cutting balloon (KIZASHI 3.25/15mm). After dilatation of the cutting balloon, calcium fractures were confirmed outside LAD proximal stent by OCT. Furthermore, stent under expansion had also improved. Adequate dilation was also achieved for the mid LAD stent. We applied drug coated balloons (SeQuent Please Neo 3.5/25mm, SeQuent Please Neo 3.0/20mm). After confirming angiography findings, the procedure was completed. We report the case with consideration.