results were confirmed in both patients receiving BMS or DES. The impact of female gender on mortality disappeared after correction for baseline confounding factors (HR [95% CI] = 0.88 [0.71-1.09] p = 0.25).

Conclusions: This study shows that in patients with STEMI treated by primary angioplasty, female gender is associated with higher mortality rate in comparison with men, and this is mainly due to their higher clinical and angiographic risk profiles. In fact, female sex did not emerge as an independent predictor of mortality.

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Persistent platelet reactivity in patients with unprotected left main disease treated by percutaneous coronary intervention
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Purpose: Angioplasty is emerging as an alternative technique for patients with unprotected left main disease (ULMD). Persistent platelet reactivity (PPR) under aspirin or thienopyridines is associated with acute events after angioplasty. We aimed to determine the rate and potential clinical impact of PPR in patients treated by angioplasty for ULMD.

Methods: We prospectively included 125 patients referred for angioplasty for ULMD in a single-centre registry. For the first 64 patients (ALMA-1), angioplasty was performed under aspirin and clopidogrel treatment without previous antiplatelet therapy. For the last 61 patients (ALMA-2), platelet reactivity assessment. For the last 61 patients (ALMA-2), platelet reactivity assessment was performed under aspirin and clopidogrel treatment without previous antiplatelet therapy. For the first 64 patients (ALMA-1), angioplasty was aimed to determine the rate and potential clinical impact of PPR in patients treated by angioplasty for ULMD.

Results: The baseline clinical characteristics were similar in both groups. Patients in ALMA-1 had higher rates of two or three vessel disease (77% NDLM vs. 92% DLM, p=0.09). DES use was not significantly different in NDLM and DLM locations (60% vs. 72%, p=0.1). There were similar rates of cardiac mortality (6% vs. 5%, p=0.3) and TVR (8.6% NDLM vs. 7.9% in DLM, p=0.8). DES deployment significantly and similarly reduced the TVR rates in both locations as compared to BMS use (4.6% NDLM vs. 5.2% DLM, p=0.9). There was no difference in the MACE rates (19.6% NDLM vs. 27.2% DLM, p=0.4). Conclusion: Patients with DLM and NDLM lesions have similar short term outcome despite more extensive DES use in ULMCA is effective in reducing short term TVR rate unrelated to lesions location.

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Distal vs. non-distal lesions in patients with unprotected left main coronary artery stenosis treated by PCI: does location matter?
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Background and objectives: PCI is an increasingly utilized mode of revascularization of patients with unprotected left main coronary artery disease (ULMCA). Distal left main (DLM) interventions are more technically challenging compared with non-distal LM (NDLM) interventions. We sought to compare the twelve-month cumulative risk of major adverse cardiac events (MACE) of patients with DLM with those of NDLM disease.

Methods: We identified 182 consecutive patients who underwent PCI in ULMCA. Patients were divided according to location of their LM lesion, DLM, 81 patients vs. NDLM, 101 patients. Patients with cardiogenic shock were excluded. Outcome variables included: Cardiac mortality, MI, repeated target vessel revascularization (TVR), CABG and MACE at 12 months after the index procedure.

Results: The baseline clinical characteristics were similar in both groups. Patients in the DLM group had higher rates of two or three vessel disease (77% NDLM vs. 92% DLM, p=0.09). DES use was not significantly different in NDLM and DLM locations (60% vs. 72%, p=0.1). There were similar rates of cardiac mortality (6% vs. 5%, p=0.3) and TVR (8.6% NDLM vs. 7.9% in DLM, p=0.8). DES deployment significantly and similarly reduced the TVR rates in both locations as compared to BMS use (4.6% NDLM vs. 5.2% DLM, p=0.9). There was no difference in the MACE rates (19.6% NDLM vs. 27.2% DLM, p=0.4). Conclusion: Patients with DLM and NDLM lesions have similar short term outcome despite more extensive DES use in ULMCA is effective in reducing short term TVR rate unrelated to lesions location.

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Predicators of conversion from radial to femoral access in cardiac catheterization
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Aims: To study the prevalence of conversion from Radial (RA) to Femoral Access (FA) in cardiac catheterization and identify its clinical and demographic predictors. Methods and results: Prospective multicentre registry, including 7664 consecutive pts undergoing catheterization via RA between Jan/2009 and Oct/2012 (86±11 years, 32% female). A total of 2982 procedures (38.9%) were PCIs and the most used route was the right RA (97.6%). We evaluated the incidence of conversion to FA and its predictors by logistic regression analysis. Aim: To assess was 6.2%, with conversion to FA in most cases (93.8%). The need for conversion was more frequent in older pts (mean age 69±12 yrs vs 65±11 yrs, p<0.001), women (8.6% vs 4.5%, p<0.001) and in pts with a smaller body surface area (mean BSA 1.82±0.18 vs 1.87±0.20, p=0.01). Smoking was associated with lower RA failure (4.2% vs 7.0%, p<0.001). Conversion rate to FA was more frequent in PCIs (7.4%) than in diagnostic catheterizations (4.8%, p<0.001). Conversion rate was also higher when shorter introducer were used compared to Re longer ones (8.6% vs 3.6%, p<0.001), but less with 6F caliber introducer compared to 4F or 5F introducers (5.5% vs 7.6%, p=0.009). Independent predictors of conversion from RA to FA are shown in the graph.