**PREDICTIVE VARIABLES OF LONG TERM OUTCOME IN PATIENTS UNDERGOING COMPLEX PERCUTANEOUS CORONARY INTERVENTIONS.**

**THE ERACI RISK SCORE**

**A.M. Rodriguez-Granillo**1, H. Pavlovsky2, C. Fernandez-Pereira3, J. Mieres4, M.L. Sisu5,

O. Santaera6, Z. Ming7, W. Pan7, A.E. Rodriguez2

1Coronary Unit, Sanatorio Otamendi, Buenos Aires, Argentina

2Interventional Cardiology, Sanatorio Otamendi, Buenos Aires, Argentina

3Interventional Cardiology, Clinica IMA, Buenos Aires, Argentina

4Interventional Cardiology, Sanatorio Las Lomas, Buenos Aires, Argentina

5Clinica Angiocor, La Plata, Argentina

6Clinica Privada Merlo, Buenos Aires, Argentina

7Microport Scientific Corporation, Beijing, China

**Objective:** To evaluate ERACI score (ES) as an outcome predictor compared to SYNTAX score (SS) in patients (pts) undergoing percutaneous coronary intervention (PCI) in a "real world" registry from Argentina.

**Method:** We evaluated 426 consecutive pts undergoing PCI in 15 centers between 2013 and 2016 and included in 2 prospective registries (ERACI IV and WALTZ). Primary endpoint was composite of death, myocardial infarction, stroke and repeat revascularization (MACCE). Stents implanted were a 2-generation eluting stent (firebird 2®) or a chromo cobalt bare metal stent (BMS) (Waltz®). Indication of revascularization in 2 or 3 major coronary arteries or unprotected left main was an inclusion criteria for ERACI IV but not for WALTZ, an all-comers registry. Exclusion were previous DES and contraindications for double antiplatelet therapy. Per protocol all lesions >70% with a diameter >2.0 mm were stented. SS and ES, baseline and after PCI (residual) were done by 2 independent researchers. An univariate and Cox regression analysis were done to identify predictors of MACCE, using an intention-to-treat principle.

**Results:** Mean SS was 19.5 and mean ES 14.8. We identify 6 variables from the univariate analysis that were included in Cox regression for MACCE at 509 days of follow-up (table).

**Conclusion:**Residual ES was a significant predictor of MACCE at long term follow-up. This findings support the recommendation from ERACI to not include neither intermediate lesions nor small vessels in revascularization strategy.

|  |  |  |  |
| --- | --- | --- | --- |
| Table | | | |
| Variable | P value | RR | 95% CI |
| Family history of CAD | 0.03 | 2.59 | 1.07-6.23 |
| High SS (>32) | 0.50 | 0.75 | 0.33-1.71 |
| High ERACI score (>32) | 0.84 | 1.12 | 0.34-3.64 |
| ACS | 0.49 | 0.79 | 0.41-1.54 |
| Low residual SS (<6) | 0.73 | 1.13 | 0.55-2.29 |
| Low residual ES (<6) | 0.01 | 0.36 | 0.15-0.82 |