**USE OF NEW THIENOPYRIDINES IN PATIENTS WITH CORONARY ARTERY DISEASE TREATED WITH PERCUTANEOUS CORONARY INTERVENTIONS IN ARGENTINA. RESULTS FROM A “REAL WORLD” MULTICENTER REGISTRY**

**A.M. Rodriguez-Granillo**1, C. Haiek2, M. Larribau3, C. Fernandez-Pereira4, J. Mieres5, R. Sarmiento6, A. Pocoví7, W. Pan8, Z. Ming8, A.E. Rodriguez9

1Centro de Estudios en Cardiologia Intervencionista (CECI), Buenos Aires, Argentina

2Sanatorio Trinidad, Buenos Aires, Argentina

3Hospital Español, Mendoza, Argentina

4Clinica IMA, Buenos Aires, Argentina

5Sanatorio Las Lomas, Buenos Aires, Argentina

6Hospital El Cruce, Buenos Aires, Argentina

7Centro Medico Talar, Buenos Aires, Argentina

8Microport Scientific Corporation, Beijing, China

9Sanatorio Otamendi, Buenos Aires, Argentina

**Objective:** To know the impact of guideline´s recommendations for the election of double antiplatelet therapy (DAPT) in patients (pts) undergoing percutaneous coronary intervention (PCI) in Argentina.

**Method**: We included 426 consecutive pts undergoing PCI in 15 centers between 2013 and 2016 and included in two prospective registries (ERACI IV and WALTZ). Stents implanted were a 2-generation eluting stent (Firebird 2®) and a chromo cobalt bare metal stent (BMS) (Waltz®), respectively. Indication of revascularization of 2 or 3 major coronary arteries and/or unprotected left main (ULMD) was an inclusion criteria in ERACI IV but not in WALTZ, an all-comers registry, including STEMI. Exclusion were ejection fraction <35%, previous drug eluting stent (DES), lesion diameter <2.5 mm, renal failure and contraindications for DAPT. Primary endpoint was the composite of death, myocardial infarction (MI) and stroke (MACE) at one year comparing thienopyridines (prasugrel, ticagrelor or clopidogrel) in an intention-to-treat-analysis. Stent thrombosis, adherence and bleeding were also analyzed. DAPT was mandatory for 1 year in DES. We used chi2 and ANOVA for categorical and continuous variables, respectively. We also analyzed clinical presentation, social security (public or private) and stent type to isolate probable bias.

**Results:** 83.5% males, 26.7% diabetics and 63.4% have an acute coronary syndrome at inclusion (16% STEMI). 35.2% had ULMD or proximal left anterior descendent CAD. 53% received DES and 47% BMS. Mean SYNTAX score was 19.5. 56.4% received clopidogrel, 18.8% prasugrel and 24.8% ticagrelor. 4% switch later to other thienopyridine, with no differences in MACCE (p=0.32) at one year follow-up. SYNTAX was higher in prasugrel (23.1+/-11.4) either compared to clopidogrel (19.5 +/-11.7,p=0.017) or ticagrelor (15.9 +/- 10.8, p=0.01). Neither health insurance or stent choice were predictors of DAPT election, although clopidogrel was the choice in STEMI pts (p=0.01).

**Conclusion:**In this high risk population and despite guideline´s recommendations, clopidogrel is still the more frequent thienopyridine use and no differences were seen between drugs in terms of hard clinical events or bleeding.