

Stents: Technical and Adjunctive Therapies (Poster Session)  
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**Predictors of Adverse Cardiac Events Following Beta Brachytherapy for In-Stent Restenosis**

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The RENO registry is a database of patients treated by intracoronary radiotherapy using the Novoste Beta-Cath™ system at 46 centers in Europe and the Middle East in 1999-2000. From a total of 1098, 878 patients (77.7%) were treated for at least one in-stent restenotic lesion. In this subset, the technical success rate was 95.7%.  $19 \pm 3$  Grays were delivered to 928 lesions with a reference diameter of  $3.2 \pm 0.5$  mm and a length of  $19.4 \pm 12.3$  mm. A new stent was used in 18.4% of lesions, and combined antiplatelet treatment was generally given for 6-12 months. Clinical follow-up data were available for 869 (99%) patients after  $6.3 \pm 2.4$  months. The major adverse cardiac event (MACE) rate was 17.7% (death of any cause 2.1%, AMI 2.4%, TVR 15.4%). We used multivariate analysis to identify predictors of MACE in 794 patients with single vessel procedures.

Diabetes was not predictive of 6 month MACE.

These data demonstrate that the good results of randomized trials can be replicated in routine clinical practice. The availability of MACE predictors may help better select patients and adapt the use of concomitant PCI modalities.

Multivariate predictors

MACE Predictor	OR	95% CI
Age (1 year older)	0.978	0.960-0.996
Unstable angina	1.703	1.108-2.616
Native (rather than vein graft)	0.366	0.173-0.772
Lesion length (1 mm longer)	1.015	1.001-1.030
Ref. diameter (1 mm more)	0.614	0.401-0.940
Cutting balloon use	0.491	0.269-0.896
New stent implantation	1.624	1.023-2.577