rates between these groups. Multivariate regression analysis was used to exclude confounders.

Results: During the study period 18,725 patients underwent HR-PCI procedures with pLVAD support. Among these 2059 (11%) patients had prior CABG. There was no statistically significant difference in the in-hospital mortality among the two groups (5.8% in CABG groups vs 8.5% in non-CABG, p=0.52). Those without prior CABG had higher rates of major bleeding (4.6 vs 8.5%, p=0.007) and AKI (27 vs 36%, p=0.002). There were no significant differences in rates of cardiac arrest, ventricular arrhythmias, acute stroke, coronary dissections, and coronary perforations. Those without prior CABG had longer hospitalization (6.3 vs 9.3 days, p<0.001) and higher hospital charges ($292,267 vs $322,206, p<0.035).

Conclusions: Our research underscores that individual without a history of CABG undergoing HR-PCI with LVAD experienced elevated in-hospital complications compared to those with prior CABG. This could be a result of amount of myocardium at jeopardy, collateralization and ischemic preconditioning.

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C-52 | Procedural characteristics and outcomes of bifurcation percutaneous coronary intervention: Insights from the PROGRESS-BIFURCATION registry

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Background: Performing bifurcation percutaneous coronary intervention (PCI) can present challenges and requires ongoing adaptation as techniques continually evolve.

Methods: We examined the procedural characteristics and outcomes of 859 bifurcation PCIs performed at five centers between 2014-2023 from the Prospective Global Registry for the Study of Bifurcation Lesion Interventions (PROGRESS-BIFURCATION, NCT05100992).

Results: Mean age was 66±11.7 years, 75.6% were men with a high prevalence of comorbidities; hypertension (80%), diabetes mellitus (36%), dyslipidemia (80%). The predominant stenting technique was provisional (67.6%), followed by double-kissing (DK) crush (13.3%), Culotte (4.5%), mini-crush with two stents (3.6%). Lesions treated with planned two stent strategies were more likely to be in the left main (34% vs. 23%, p=0.001), have larger proximal (3.6±0.6 vs. 3.4±0.6 mm, p<0.001), distal (3.1±0.4 vs. 2.9±0.5 mm, p<0.001) and side-branch diameter (2.7±0.4 vs. 2.5±0.5 mm, p<0.001). Planned two stent strategies had longer procedure time, and higher use of intravascular imaging (40% vs. 29%, p=0.001) (Table). Side branch occlusion occurred in 12% of provisional cases, necessitating ballooning in 7.4% and stenting in 4.5%. Overall technical success was 94% and the incidence of in-hospital major adverse cardiovascular events (MACE) was 5.2%.

Conclusions: Bifurcation PCI showed high technical success and acceptable in-hospital MACE. Provisional stenting is commonly used, and DK crush was the most commonly used two-stent strategy.

Table: Characteristics and outcomes patients with bifurcation percutaneous coronary intervention

Variable	Provisional stent strategy (n=581)	Planned two stent strategy (n=278)	P value
Main vessel			
LMCA	132 (22.7%)	94 (33.8%)	**0.001**
Proximal LAD	167 (28.7%)	90 (32.4%)	0.314
Proximal LCX	48 (8.3%)	36 (12.9%)	**0.041**
Distal RCA	80 (13.8%)	24 (8.6%)	**0.041**
Proximal main vessel diameter, mm	3.4 ± 0.6	3.6 ± 0.6	**<0.001**
Distal main vessel diameter, mm	2.9 ± 0.5	3.1 ± 0.4	**<0.001**
Medina class			**<0.001**
1,1,1	166 (28.6%)	179 (64.4%)	
1,1,0	170 (29.3%)	2 (0.7%)	
1,0,1	25 (4.3%)	17 (6.1%)	
0,1,1	44 (7.6%)	46 (16.5%)	
1,0,0	76 (13.1%)	4 (1.4%)	
0,1,0	93 (16%)	12 (4.3%)	
0,0,1	7 (1.2%)	18 (6.5%)	
Straight proximal main vessel (<70 degrees, 1 bend)	324 (55.8%)	160 (57.6%)	0.196
Side branch diameter, mm	2.5 ± 0.5	2.7 ± 0.5	**<0.001**
Bifurcation angle (degrees)	63.1 ± 20.7	62.6 ± 24.3	0.766
Contrast volume, ml	176 ± 69	177 ± 80	0.873
Fluoroscopy time, minutes	26 ± 23	31 ± 24	**0.006**
Air kerma radiation dose, Gray	1.6 ± 1.2	1.8 ± 1.4	**0.020**
Procedure time, minutes	90 ± 114	110 ± 120	**0.030**
Technical success	544 (93.6%)	267 (96.4%)	0.134
Procedural success	442 (90.9%)	178 (95.7%)	0.057
Major adverse cardiovascular events	31 (5.3%)	13 (4.7%)	0.811
Intravascular imaging use	168 (28.9%)	111 (39.9%)	**0.002**

Values are mean ±SD, unless specified otherwise.

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