antithrombotic regimen was maintained throughout the whole study period (median 2 years). The primary end point was defined as net clinical outcomes, a composite of major bleeding and major adverse cardiac and cerebral events (MACCE). Propensity score-matching analysis was also performed in 99 patient pairs.

Results: The net clinical outcomes of the TAT group was worse than the DAPT group (34.3% vs 21.1%, p = 0.006), which was mainly driven by higher incidence of major bleeding (16.7% vs 4.6%, p < 0.001), without any significant increase in MACCE (22.1% vs 17.7%, p = 0.313). In multivariate analysis, the TAT was an independent predictor for worse net clinical outcomes (HR 1.67; 95% CI 1.09-2.57; p = 0.018) and major bleeding (HR 3.74; 95% CI 1.74-8.02; p = 0.001). After propensity score-matching, TAT group still had worse net clinical outcomes, mainly driven by higher major bleeding, than DAPT group.

Conclusions: In AF patients undergoing DES implantation, prolonged administration of TAT is associated with worse net clinical outcomes due to the substantial increase in major bleeding without any improvement of MACCE.

TCT-476
Antithrombotic Therapy In Patients With Chronic Kidney Disease And Atrial Fibrillation Undergoing Percutaneous Coronary Intervention: Results From The AVIATOR Registry

Background: Chronic kidney disease (CKD) confers increased risk for bleeding and ischemic complications after percutaneous coronary intervention (PCI). Guidelines recommend dual antplatelet therapy (DAPT) in patients undergoing PCI and anticoagulation in patients with atrial fibrillation (AF) and CHADS2 scores ≥2. The optimal antithrombotic therapy in patients with CKD and AF after PCI is unknown.

Methods: The AVIATOR (Antithrombotic strategy Variability In ATrial fibrillation and Obstructive coronary disease Revascularization with PCI) registry, included 859 consecutive patients with AF treated with PCI of whom 286 had CKD (e-GFR < 60 mln/min). CKD patients were stratified in 2 groups; triple therapy (TT; warfarin plus clopidogrel) or DAPT (aspirin plus clopidogrel), and those receiving triple therapy (TT; DAPT plus warfarin).

Results: Among 859 patients from the AVIATOR registry, patients with AF ≥ 75 were selected for this analysis. The net clinical outcomes of the TAT group was worse than the DAPT group (p = 0.018). The major bleeding rate was increased (16.7% vs 4.6%, p = 0.018). The most commonly prescribed regimen in these high risk patients with CKD and AF undergoing PCI is DAPT. Patients on TT had similar rates of 1-year MACE incidence at 1-year was 2) were compared between the two groups.

Conclusions: In contrast to consensus statements, elderly patients with AF undergoing PCI are most frequently treated with DAPT. Bleeding and ischemic complications remain substantial in this cohort irrespective of treatment.

TCT-477
Major Adverse Cardiovascular Events And Bleeding Risk Analysis In Elderly Atrial fibrillation Patients Undergoing Percutaneous Coronary Intervention: The AVIATOR Registry

Background: Elderly patients with atrial fibrillation (AF) undergoing percutaneous coronary intervention (PCI) are at an increased risk for bleeding and ischemic complications. Optimum antithrombotic therapy in this group is controversial and challenging.

Methods: Among 859 patients from the AVIATOR registry, patients with age ≥ 75 were selected for this analysis. The net clinical outcomes of the TAT group was worse than the DAPT group (p = 0.018). The major bleeding rate was increased (16.7% vs 4.6%, p = 0.018). The most commonly prescribed regimen in these high risk patients with CKD and AF undergoing PCI is DAPT. Patients on TT had similar rates of 1-year MACE incidence at 1-year was 2) were compared between the two groups.

Conclusions: In contrast to consensus statements, elderly patients with AF undergoing PCI are most frequently treated with DAPT. Bleeding and ischemic complications remain substantial in this cohort irrespective of treatment.