- Scheduled for PCI
  - Coronary heart ds. amenable for PCI
  - ≥50% stenosis with evidence of ischemia
  - Left main lesion included
  - Bifurcation lesion included
  - Chronic total lesion included
  - In-stent restenosis lesion excluded
- Patients not on oral anticoagulation
- Anti-PLT non-user except dual anti-PLT (Aspirin/Clopidogrel)
- sCr<2.0 at baseline
- LVEF≥30%
- AST/ALT≤3*UNL
- T-chol≤350 or TG≤840mg/dL

960 patients randomized & coronary angiography done using Iodixanol with stratification to the type of statin

- Triple anti-platelet therapy (Aspirin 100mg, Clopidogrel 75mg, Cilostazol 200mg for 6Mo.)
- Double anti-platelet therapy (Aspirin 100mg, Clopidogrel 75mg for 6Mo.)

- Atorvastatin
- Rosuvastatin
- Atorvastatin
- Rosuvastatin

Clinical follow-up at 1, 3, 5 months and 1, 2, and 3 years post-PCI
Follow-up coronary angiography (recommended) at 6 months