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Several angiographic predictors of Everolimus-DES versus Resolute Zotarolimus - Eluting Stent in Diabetic Patients: Insights From a Prospective, Multicenter, Randomized Trial
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Background: The KDIGO guidelines support the use of drug-eluting stents (DES) in diabetics. However, the benefit of DES in diabetics compared with BMS is still unclear.

Methods: In this prospective, multicenter, randomized trial, we compared the safety and efficacy of Resolute Zotarolimus-eluting stent (RZES) in non-diabetic (ND) and diabetic (DI) patients with de-novo coronary artery disease. In total, 1000 patients were randomized 1:1 (90:10) to receive RZES (500:250) or Zotarolimus-ELuting stent System (ZES) (500:250), respectively.

Results: The primary endpoint was the composite of death, myocardial infarction (MI), or target vessel revascularization (TVR) at 1 year. The primary endpoint was not observed in ND patients, whereas was observed in 10.4% of DI patients (p = 0.0236). Also, the adverse event rate (AER) was significantly lower in the ND group (2.1% vs. 11.3%, p = 0.001) and the TVR rate was also lower in ND group (1.4% vs. 5.7%, p = 0.004). Due to the low AER in the ND group, the sample size was reduced, and the study was terminated early. A total of 1165 patients were analyzed. Post hoc analysis showed that RZES was more beneficial in terms of AER in DI group compared with ZES (1.5% vs. 11.3%, p = 0.002). However, these results need further validation in larger studies.

Conclusions: In this trial, we showed that RZES was superior to ZES in terms of AER and TVR in non-diabetic patients. However, in terms of AER and TVR, RZES was not superior to ZES in diabetic patients. These results need further validation in larger studies.

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Long-Term Clinical Outcomes of Multiple Overlapping (260mm) drug-Eluting Stent Implantation
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Background: There are limited data regarding the clinical outcomes of very long stent implantations, particularly the use of second generation drug-eluting stents (DES).

Methods: The IRIS-DES Registry, we identified 822 patients who were treated for coronary stenosis using > 60 mm of overlapping drug-eluting stents. Of these, 269, 137, and 416 patients were treated using cobalt chromium everolimus eluting stent (CoCr-EES), platinum chromium everolimus-eluting stent (PtCr-EES) or sirolimus-eluting stents (SES), respectively. Major adverse cardiac events (MACE) were defined using a composite measure consisting of death, myocardial infarction (MI; periprocedural or spontaneous), or target vessel revascularization (TVR).

Results: Per lesion target, the average stent number was 2.7 ± 0.7 and the average stent length was 76.3 ± 14.8 mm. On 2-year clinical follow-up, the rate of MACED, death, spontaneous MI, TVR, and stent thrombosis (definite or probable stent thrombosis) were 21.7%, 4.2%, 1.9%, 7.7%, and 0.7%, respectively.

Conclusions: These findings further support the use of overlapping long DES in clinical practice. However, long-term clinical outcomes of very long DES require further validation in larger studies.

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Very-long term (11 years) follow up of a single center, complex cohort of patients treated exclusively with drug-eluting stents
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Background: Despite the extensive knowledge accrued on DES in the past years, there is still lack of consistent data on the very late outcomes of these devices, especially after 5 years of their implantation. We sought to provide the longest clinical follow-up data on outcomes of selected patients treated solely with DES.

Methods: The DESIRE registry is a prospective, single-center registry encompassing all consecutive patients treated solely with DES since May 2002. The primary goal is the very long-term occurrence of MACE and stent thrombosis (ST). Patients were clinically followed at 1, 6 and 12 months and then annually.

Results: A total of 4,790 patients were included. The mean age was 64 ± 11 years. DM was detected in 29.7% and 44.8% presented with acute coronary syndrome. Follow-up was obtained in 98.5% of the patients (median 5.6 years). Currently, 79.6% of the population is free of any MACE. TVR was performed in 5.3% of the patients.

Conclusions: The DESIRE registry probably represents the longest FU of a real world cohort treated solely with DES. In our single center experience, the use of DES was associated with very long-term safety and effectiveness with acceptable low rates of acute and clinical events, including ST. Also, there was no steady annual increment in the occurrence of ST, with a marked decrease of this complication after the 3rd year of FU.