CONCLUSIONS The use of EES and ZES for treatment of unprotected left main coronary artery lesions showed similar outcomes with regard to death, MI, and TVR.

CATEGORIES CORONARY: Angioplasty Overview and Outcomes

KEYWORDS Drug-eluting stent, everolimus, Drug-eluting stent, zotarolimus, Left main coronary artery disease

TCT-591

Comparison of Zotarolimus-Eluting and Everolimus-Eluting stents in patients with multi-vessel coronary artery disease

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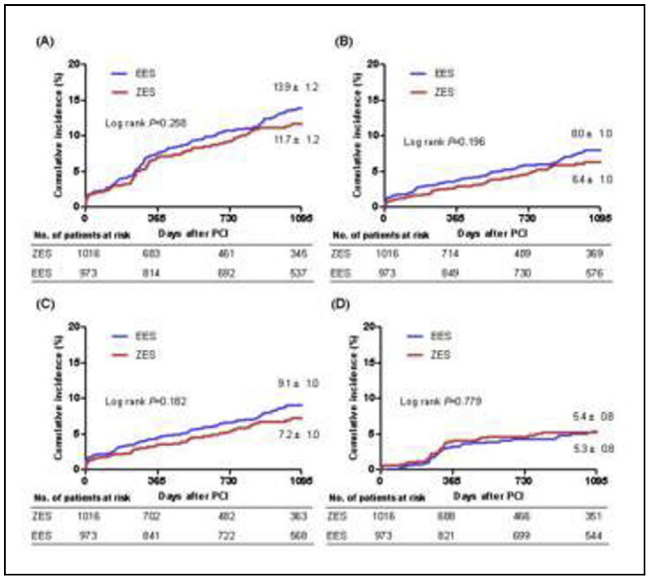
BACKGROUND This study sought to compare the clinical performances of zotarolimus-eluting stents(ZES) and everolimus-eluting stents (EES) for multi-vessel coronary artery disease.

METHODS From August 2006 to December 2013, a total of 1989 consecutive patients with multi-vessel coronary artery disease underwent percutaneous coronary intervention (PCI) with ZES (N = 1,106) or EES (N = 973) implantation in Asan Medical Center. Primary outcome was defined as the composite of death, myocardial infarction, or target vessel revascularization (MACE: major adverse cardiovascular event) at 3 years.

RESULTS The adjusted-risk of MACE (hazard ratio[HR], 0.88; 95% confidence interval[CI] 0.66-1.16, P=0.36) did not differ between patient who received ZES and EES implantation at 3 years. The adjusted risk of death (HR, 0.78; 95% CI, 0.54-1.15, P=0.21), the composite of death or myocardial infarction (HR, 0.79; 95% CI, 0.55-1.12, P=0.18), and target vessel revascularization (HR, 0.78; 95% CI, 0.69-1.62, P=0.79) were also similar between ZES and EES group. The 3-year cumulative incidence of definite or probable stent thrombosis was 0.5% and 0.4% in ZES and EES group, respectively.



CONCLUSIONS The clinical performance of ZES and EES were not significantly different for patients with multi-vessel coronary artery disease.

CATEGORIES CORONARY: Stents: Drug-Eluting

KEYWORDS Everolimus-eluting stents, Multivessel percutaneous coronary intervention, Zotarolimus-eluting stent

TCT-592

Ten-year Clinical Outcomes After The First Sirolimus-eluting Stent Implantation: Impact of In-stent Restenosis Lesion

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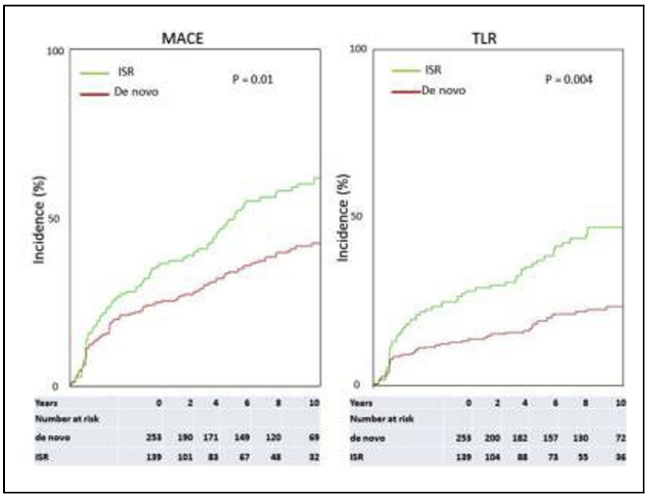
BACKGROUND Little is known about the clinical follow-up after sirolimus-eluting stent (SES) implantation and about the effect of SES implantation in in-stent restenosis (ISR) lesion more than five years. We aimed to compare clinical outcomes up to 10 years after SES implantation in de novo lesion and ISR lesion.

METHODS A series of 392 patients underwent the first SES implantation between November 2002 and December 2004, whose clinical outcomes were investigated. There were 253 patients for de novo lesion and 139 patients for ISR lesion. We evaluated the outcomes after SES implantation and clinical information was obtained either from a review of the hospital records or by telephone interviews with the patients, family members, or primary care physicians.

RESULTS Mean follow up period was 10.0 years. Cumulative incidence of major cardiac events (MACE) and target-lesion revascularization in ISR group were significantly higher than that in de novo group through 10 years (56.1% vs. 38.7%; p = 0.01, and 41.3% vs. 20.6%; p = 0.004, respectively) and the difference of the MACE and TLR rate in two groups increased in this period. Cumulative incidence of myocardial infarction (MI) and stent thrombosis (ST) between 2 groups were not significantly different (13.0% vs. 7.9%; p = 0.1, and 5.0% vs. 2.4%; p = 0.15, respectively).

CONCLUSIONS The incidence of MACE and TLR after the SES implantation in ISR lesion was significantly higher than that in de novo lesion and the difference of the TLR rate between in two lesions became more clear through 10 years, although the incidence of MI and ST had no significant difference in 2 groups.



CATEGORIES CORONARY: Stents: Drug-Eluting

KEYWORDS Drug-eluting stent, sirolimus, In-stent restenosis, In-stent restenosis