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FIVE-YEAR STENT-RELATED AND PATIENT-RELATED OUTCOMES IN PATIENTS WITH AND WITHOUT DIABETES: FROM THE SORT OUT IV TRIAL

Poster Contributions
Poster Hall B1
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Background: Diabetes mellitus is associated with an increased risk of major adverse cardiac events following percutaneous coronary intervention. In this substudy of the SORT OUT IV trial, we compared the stent-related versus patient-related versus stent-related outcomes among patient with and without diabetes mellitus treated with everolimus-eluting (EES) or sirolimus-eluting (SES).

Methods: The Scandinavian Organization for Randomized Trials with Clinical Outcome IV trial was a randomized multicenter, open-label, all-comer, two-arm, non-inferiority trial comparing the EES with the SES in patients with coronary artery disease. Safety and efficacy outcomes at 5 years were assessed with specific focus on stent-related composite outcomes (cardiac death, target vessel myocardial infarction (MI), or ischaemia-driven target lesion revascularization) and patient-related composite (all death, all MI, or any revascularization).

Results: Of 2,774 patients, 390 (14.1%) patients had diabetes and were treated with EES (n=1,390, diabetes: n = 194) or SES (n = 1,384, diabetics: n=196). At 5-year the stent-related outcome: 60 [15.5%] patients with diabetes versus 227 [9.6%] patients without diabetes (Hazard Ratio (HR) 1.69, 95 % confidence interval (CI) 1.27-2.24) and the patient-related outcome: 144 [36.9%] patients with diabetes versus 600 [25.1%] patients without diabetes (HR 1.60, 95 % CI 1.33-1.91), was significantly higher in patients with diabetes. Stent-related outcomes constituted 42% and 38% of all patient-related outcomes for patients with and without diabetes, respectively. Among patients with diabetes, the stent-related outcomes was significantly lower in EES treated patients: 22 [11.4%] compared to SES treated patients: 38 [19.6%] (HR 0.55, 95 % CI 0.33-0.94) which was not seen in non-diabetic patients, EES treated non-diabetic patients: 106 [8.9%] compared to SES treated non-diabetic patients: 121 [10.3%] (HR 0.87, 95 % CI 0.67-1.13).

Conclusion: At 5-year follow-up, the stent-related and patient-related outcomes were higher in diabetic patients compared to non-diabetic patients. Compared to SES, EES reduced the stent-related outcomes in diabetic patients only.