Results: Mean age was 64 +/- 11.2 years, 84.4% males, 30.2% diabetics and 59.6% had unstable angina at inclusion. 54.3% with 3 vessels and ULIM, 1.8 +/- 0.3 Firebird 2 per pt was implanted. Clinical success was accomplished in 100%. At discharge all pts received DAPT. Complete 6 months follow-up results are reported in Table. In pts with diabetes, Firebird-2 group also showed a benefit in MACCE compared to ERACI 3-DES p=0.02 and ERACI 3-CABG p=0.04.

6 months outcome

<table>
<thead>
<tr>
<th>MACCE (Death/MI/CABG) vs ERACI 3-DES</th>
<th>ERACI 4</th>
<th>ERACI 3-DES</th>
<th>ERACI 4 vs ERACI 3-DES</th>
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<tbody>
<tr>
<td>MACCE (Death/ MI/CABG)</td>
<td>4 (1.8%)</td>
<td>17 (7.6%)</td>
<td>36 (16.0%)</td>
</tr>
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</table>

Conclusions: At 6 months this multicenter and prospective registry showed that Firebird 2 had a remarkable low incidence of MACCE and death/MI/CABG either compared to CABG or 1st DES arms.Firebird 2 also had lower TVR rate than 1st DES.

TCT-578

Two-Year “Real-World” Outcomes Following Implantation of the ION™ Thin-Strut, Cobalt-Chromium XIENCE V and Platinum-Chromium PROMUS Element Everolimus-Eluting Stents

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Background: It remains unclear whether there are differences in the safety and efficacy outcomes between Cobalt Chromium (CoCr-EES) and Platinum Chromium everolimus-eluting stents (PtCr-EES).

Methods: From the Interventionsal Cardiology Research In-Cooperation Society-Drug Eluting Stents Registry, we identified 6065 consecutive patients who received CoCr-EES (3080 patients) and PtCr-EES (2985 patients). We compared major adverse cardiac events (MACE) which was defined using a composite measure consisting of death, non-fatal myocardial infarction, or target vessel revascularization (TVR) with the use of propensity-score matching in the overall cohort according to type of stents.

Results: At 2-years clinical follow-up, the 2 studies (2510 patients for each propensity-score matched group) did not differ significantly in crude risk of the MACE (12.9% for CoCr-EES versus 11.6% for PtCr-EES; HR, 0.95; 95% CI, 0.81–1.13, p=0.581). There was also no differences between the stent groups in the risks of the individual component of death (HR, 1.08; 95% CI, 0.78–1.492, p=0.624), MI (HR, 0.972; 95% CI, 0.770–1.228, p=0.812), and TVR (HR, 0.798; 95% CI, 0.598–1.06, p=0.125). The risk of stent thrombosis (HR, 0.914; 95% CI, 0.677–1.267, p=0.714) and definite stent thrombosis (HR, 1.000; 95% CI, 0.290–3.454, p=1.000) were also similar between the two groups.

Conclusions: The use of CoCr-EES and PtCr-EES showed similar rates of safety and efficacy outcomes with regard to death, MI, stent thrombosis and TVR.

TCT-580

Two-Year Real-World Outcomes in 1014 Patients Treated With The Thin-Strut, Platinum-Chromium, Paclitaxel-Eluting TAXUS Element™ Stent: Results From the TE-PROVE European Registry

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Background: The TE-PROVE post-market registry has enrolled 1014 patients at 37 sites in the EU to evaluate real-world clinical outcomes for patients receiving the paclitaxel-eluting, platinum chromium TAXUS Element™ stent (Boston Scientific, Natick, MA). This is the first report of 2-year outcomes with the TAXUS Element stent in everyday clinical practice.

Methods: The primary endpoint of overall and study stent-related target vessel failure (TVF, defined as cardiac death, and target vessel-related MI and reintervention (TVR)) at 1 year post-implantation was 6.0% (590/987), of which 3.7% (37/9874) was considered related to the study stent (Tamburino et al, TCT 2013). Follow-up in TE-PROVE will continue annually through 5 years. Secondary endpoints included the components of TVF, all-cause mortality, and ARC definite/probable stent thrombosis.

Results: At baseline, 75.0% (760/1014) of patients were male, mean age was 65.1±10.8 years, 25.5% (259/1014) had medically treated diabetes, mean lesion length was 19.8±12.0mm, and mean reference vessel diameter was 3.1±0.5 mm. At 2