all-comers setting a TLF rate of 4.7% was observed within the first 12 months. The low TLF rate was also confirmed for pre-defined subgroups: diabetics, acute MI, small vessel and CTO.
Conclusions: Preliminary data in this "real world" population demonstrates a low TLF rate comparable to other state of the art DES at 6- and 12-months.

TCT-170

African-American Race Is Associated with Less Use of Drug-Eluting Stents

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Background: Guidelines for percutaneous coronary intervention (PCI) specify that drug-eluting stents (DES) should not be used in patients unable to comply with prolonged dual antiplatelet therapy. In addition, previous research has suggested that insurance status is associated with receipt of DES. The impact of socioeconomic factors upon use of DES has not been previously studied in an underserved population presenting to a public hospital for PCI.
Methods: Patients undergoing PCI with stenting at Los Angeles County Hospital were retrospectively analyzed. Multivariable logistic regression was performed, with receipt of ≥1 DES as the outcome of interest. Insurance type was categorized as uninsured, incarcerated, Medicare, Medicaid, and private, based upon primary insurance at discharge. Race was obtained by patient response on admission and then defined as Hispanic, African-American, or other (Caucasian, Asian, Native American, and other) for purposes of comparison.
Results: Among 2763 patients who underwent PCI with stenting, 62.8% received ≥1 DES. In regards to insurance type, 33.2% were uninsured, 1.7% incarcerated, 22.5% Medicare, 28.5% Medicaid, and 14.1% private. Self-reported race was 45.4% Hispanic, 26.8% Caucasian, 11.8% Asian, 6.7% African-American, 0.3% Native American, and 9.0% other. Patients receiving DES had higher median income by zipcode, $52835 v. $50432 (p=0.007). After multivariable adjustment, African-American and Medicare patients were less likely to receive DES; Medicaid and uninsured patients were more likely (Table).
Conclusions: Uninsured and government-insured patients were as, or more, likely to receive DES as patients with private insurance, but African-American patients were less likely to receive DES. Reasons for this disparity are poorly understood; future research should focus upon physician perceptions of patient compliance.

Variable	Odds Ratio	95% CI	p value
History of PCI	1.43	1.17-1.74	<0.001
History of CABG	1.54	1.16-2.04	0.003
Current smoking	0.68	0.54-0.85	<0.001
STEMI	0.41	0.31-0.53	<0.001
NSTEMI or unstable angina	1.23	1.01-1.49	0.04
Shock	0.43	0.29-0.63	<0.001
Baseline hematocrit (per 5%)	1.03	1.01-1.05	<0.001
Stent length (per 5 mm)	1.2	1.16-1.23	<0.001
African-American	0.57	0.40-0.82	0.002
Hispanic	0.87	0.72-1.05	0.15
Medicare	0.71	0.52-0.95	0.02
Medicaid	1.49	1.11-2.00	0.008
Incarcerated	0.54	0.27-1.08	0.08
Uninsured	1.51	1.13-2.03	0.006

TCT-171

J-DESsERT 3-Year Outcomes: Largest randomized trial stratified by diabetes mellitus presence, comparing sirolimus and paclitaxel eluting stents.

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Background: Japan-Drug Eluting Stents Evaluation; a Randomized Trial (J-DESsERT®) was the largest randomized trial conducted to directly compare the efficacy of sirolimus-eluting stents (SES) over paclitaxel-eluting stents (PES). The aim of this investigation was to validate the difference in the efficacy and safety of SES vs. PES over 2 and 3-year follow-up periods.However, this phenomenon has not been confirmed by well-designed, large scale randomized controlled trials.
Methods: In this largest prospective and multicenter trial, patients were randomized 1:1 to coronary stenting with either SES or PES. Lesion lengths were ≤46mm with vessel diameters from ≥2.5mm to ≤3.75 mm. Randomization was stratified based on the presence or absence of diabetes mellitus (DM). Up to 3 lesions in a maximum of 2 targeted vascular branches could be treated at a time. Target vessel failure (TVF) and major adverse cardiac cerebrovascular events (MACCE) defined as all death, MI, TVR, and cerebrovascular accident at 2 years in all populations, and TVF at 3 years for the DM subset was assessed.
Results: A total of 3,533 patients including 1,724 DM patients were enrolled in this trial. There was no significant difference in patient-characteristics except for the incidence of stable angina. 65.1% of lesions were B2/C. More than 75% of coronary artery lesions were assessed via intravascular ultrasound and technical success of stent deployment was obtained in 98.1% of lesions. PES TVF non-inferiority was not demonstrated when compared to SES (SES 4.5 % vs PES 6.4%, p=0.23). SES TVF was lower than PES in the DM subset. Additionally, SES TVF was lower than PES at 8 months in the DM subset. SES TVF superiority over PES was demonstrated at 12 months in both the DM subset as well as in the entire patient population. (SES 6.0 % vs PES 9.0 %, p<0.01, SES 7.6% vs PES 10.6% p=0.03, respectively.) The incidence of myocardial infarction, stroke, and intervention to remote segments, was almost identical in both groups.
Conclusions: Final outcomes as demonstrated by 3 year follow-up will be presented at TCT 2013. This trial will provide deep insight for the long-term efficacy of these two different types of DES.

TCT-172

Clinical Outcome of Complex Patients Treated With Second-Generation Zotarolimus-Eluting Resolute vs. Everolimus-Eluting Xience V Stents: Insight From 2-Year Follow-up of TWENTE

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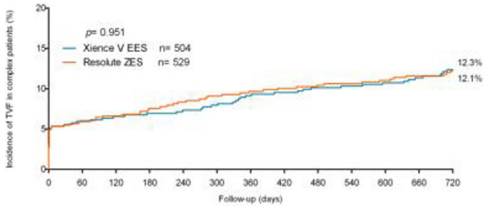
Background: Contemporary second-generation drug-eluting stents (DES) are often used in complex patients, but there is limited knowledge about potential difference in outcome between the zotarolimus-eluting Resolute and everolimus-eluting Xience V stents in these patients.
Methods: We therefore analyzed the 2-year clinical outcome data of 1033 complex TWENTE trial patients treated with second-generation everolimus-eluting Xience V or zotarolimus-eluting Resolute stents. The primary endpoint of the TWENTE trial, target vessel failure, was defined as cardiac death, target vessel-related myocardial infarction (MI), or target vessel revascularization (TVR).
Results: Among the 1033 complex patients, 529 (51.2%) were treated with Resolute stents and 504 (48.8%) with Xience V. Patient and procedure-related characteristics were similar between DES groups. After 2-year follow-up, clinical outcome was also similar between DES groups. In patients treated with Resolute and Xience V, TVF occurred in 12.1% and 12.3% of patients, respectively. In addition, DES groups did not differ in cardiac death, MI, or TVR, the individual components of TVF.



Conclusions: Complex patients treated with zotarolimus-eluting Resolute and everolimus-eluting Xience V stents showed similar safety and efficacy during 2-year follow-up.

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