FINAL FIVE-YEAR RESULTS OF THE PLATINUM RANDOMIZED TRIAL COMPARING PLATINUM CHROMIUM PROMUS ELEMENT AND COBALT CHROMIUM PROMUS/XIENCE V EVEROLIMUS-ELUTING STENTS IN WORKHORSE LESIONS

Poster Contributions
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Background: In the PLATINUM randomized controlled trial, the PROMUS Element Everolimus Eluting Stent (PtCr-EES) was non-inferior to the cobalt chromium PROMUS/XIENCE V EES (CoCr-EES) for the primary endpoint of 12-month target lesion failure (TLF; the composite rate of target vessel-related cardiac death, target vessel-related myocardial infarction (MI), or ischemia-driven target lesion revascularization (TLR)). The present analysis reports the final 5-year, long-term follow-up from this trial.

Methods: Patients (N=1,530) with 1 or 2 de novo native coronary artery lesions (baseline vessel diameter ≥2.50 mm to ≤4.25 mm and length ≤24 mm) were randomized single-blind 1:1 to PtCr-EES versus CoCr-EES at 132 worldwide sites. Exclusion criteria included acute or recent myocardial infarction (MI), left ventricular ejection fraction <30%, left main, ostial or bifurcation lesions, chronic total occlusions, and target vessel thrombus.

Results: Baseline characteristics were comparable between the randomized groups. Unplanned (bailout) stenting was more frequent with CoCr-EES than with PtCr-EES (9.8% vs 5.9%; P=0.004). At 4 years there were non-significantly different rates between CoCr-EES and PtCr-EES for all-cause mortality (6.0% vs. 5.0% respectively; P=0.44), MI (2.8% vs. 2.6%; P=0.82), TLR (5.9% vs. 4.6%; P=0.24), and TLF (8.5% vs 7.4%; P=0.43). ARC definite/probable stent thrombosis occurred in 0.7% of patients in both groups (P=0.98). Five-year clinical follow-up is ongoing.

Conclusion: Overall 4-year outcomes were comparable between PtCr-EES and CoCr-EES in this large-scale randomized trial. Final 5-year outcomes will be presented for the first time at ACC 2015 and will provide the longest-term follow-up available to date for the PtCr-EES.