MID-TERM CLINICAL OUTCOME OF CATANIA™ CORONARY STENT SYSTEM WITH NANOTHIN POLYZENE®-F IN A REAL WORLD UNSELECTED POPULATION: PRELIMINARY RESULTS: I2 POSTER CONTRIBUTIONS

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Background: The recent ATLANTA (Assessment of The LAtest Non-Thrombogenic Angioplasty Stent) first in man study has proven the safety and efficacy of a novel coronary cobalt chromium stent system coated with nanothin ultrapure proprietary formulation of polyphosphazene (CATANIA™ stent, CeloNova BioSciences, Inc., Newman, Georgia, USA) in a rather complex population of patients showing low rate of restenosis and no stent thrombosis at 12 months. This study evaluates the safety and performance of CATANIA™ stent in an unselected population of patients, without application of restrictive clinical or angiographic criteria.

Methods: From May 2007 to June 2009, in our Institution, 342 consecutive patients with coronary artery disease underwent percutaneous coronary intervention with the CATANIA™ stent. Primary end-point was the incidence of major adverse cardiac events (MACE), defined as cardiac death, myocardial infarction and target lesion revascularization (TLR). Dual anti-platelet therapy was given for thirty days.

Results: Main clinical and angiographic characteristics of the 342 enrolled patients were as follows: mean age 65 ± 11 years; male 77%; diabetes mellitus 28.7%; mean ejection fraction 50±9.0%; UA/NSTEMI 46.5%; STEMI 15.3%; type C lesions 31%, mean lesion length 17±9.0 mm. A total of 545 stents were implanted on 448 lesions (1.2 ± 0.5 stent/lesion). During hospitalization two cardiac deaths (0.4%), and one (0.2%) myocardial infarction occurred. At 6.7±6 months of clinical follow up, MACE rate was 6.1%, cardiac death 0.8%, myocardial infarction 0.2% and TLR 5%. During follow-up two subacute definite stent thrombosis (0.4%) occurred. No very late stent thrombosis was recorded.

Conclusions: This real world experience showed a favourable early and mid-term safety profile and high level efficacy of the new stent. The use of proprietary polyphosphazene coated stents may be an alternative to both BMS and DES, with reduced TLR without the requirement for long-term dual antiplatelet therapy.