Conclusions: The DESyne BD NECSS demonstrated non-inferiority and superiority over Endeavor for in-stent late lumen loss at 6 months. Clinical events remained low through 24 months; clinical results through 36 months will be presented.

TCT-587

What if current generation drug-eluting stents were used in the SYNTAX trial? Analysis of the COMPARE and SYNTAX trials 5 year follow-up

Pieter C. Smits1, Georgios J. Vlachojannis2, Vasilis Farouq1, Patrick W. Serruya3
1Maasstad Hospital Rotterdam, Rotterdam, Netherlands, 2Maasstad Hospital, Rotterdam, Netherlands, 3Manchester Royal Infirmary/ThoraxCentre Rotterdam, Rotterdam, Netherlands, 4Thoraxcenter, Rotterdam, MD

Background: The SYNTAX trial represents the most comprehensive comparison of percutaneous coronary intervention (PCI) and coronary artery bypass grafting (CABG). Newer generation everolimus-eluting stents (XienceTM V; EES) have however been shown to have superior efficacy and safety profile compared to first generation paclitaxel-eluting stents (Taxus® Liberti; PES) used in the SYNTAX trial. As to whether outcomes in the SYNTAX trial would have changed using the newer generation EES is unsettled.

Methods: COMPARE is a prospective, randomized, single-center, all-comer trial comparing EES to PES in non-diabetic patients: 5 year follow up data beyond 12 months have been published from a randomized head-to-head comparison of both stents. Methods: In 4 study centers in the Netherlands, 1,811 patients were 1:1 randomly assigned to treatment with one of both stents. Patients with any clinical syndrome, any lesion type, and any number of lesions or vessels to be treated were included. Study monitoring and clinical event adjudication were performed by two independent Dutch contract research organizations (Diagram, Zwolle, and Cardialysis, Rotterdam, respectively).

Results: DUTCH PEERS examines an all-comer patient population that included 59% of patients with acute coronary syndromes (20% of all patients presented with an acute STEMI) and 66% of patients with complex target lesions. We will compare for both stent groups the 2-year incidence of TVF (primary endpoint) and various secondary endpoints, including individual components of the primary endpoint, the incidence of stent thrombosis, and other composite endpoints, such as target lesion failure, major adverse cardiovascular events, and the patient-oriented composite endpoint. In addition, we will report the outcome of patients with longitudinal stent deformation after discontinuation of dual anti-platelet therapy.

Conclusions: Clinical outcome of the DUTCH PEERS trial at 2-year follow-up will be presented.

TCT-589

Comparison of everolimus-eluting and paclitaxel-eluting coronary stents in diabetic patients: 5 year follow up from the COMPARE I trial

Georgios J. Vlachojannis1, Kees-Jan Royaards2, Marielle A. Koper3, Adriaan O. Kraaijveld1, Bianca M. Boima-de Klerk4, Jochem Wassing1, Martin van der Ent1, Pieter C. Smits2
1Maasstad Hospital, Rotterdam, Netherlands, 2Maasstad Hospital Rotterdam, Rotterdam, Netherlands

Background: Long-term comparison data of the current generation everolimus-eluting stent (XienceTM V; EES) with the first generation paclitaxel-eluting stent (Taxus® Liberti; PES) in an all-comers diabetic cohort undergoing percutaneous coronary intervention (PCI) are scarce. Initial results at 2 year follow-up indicated no differences in clinical outcomes between the two stent types in diabetic patients.

Methods: The COMPARE I study was a prospective, randomized, single-center, all-comer trial randomly allocating (1:1) patients to receive either EES or PES. It is to date the only randomized trial comparing EES to PES in a true all-comers population with an independent adjudicated 5-year follow-up. Randomization was stratified by the presence of diabetes. The primary endpoint was major adverse cardiovascular events (MACE) defined as the composite of the safety endpoints death or myocardial infarction (MI) and the efficacy endpoint target vessel revascularization (TVR).

Results: Of the 1,800 study patients, 325 patients were diabetic (18.1%) of whom 153 were treated with EES and 172 with PES. At 5 years EES reduced MACE compared to PES in non-diabetic patients (17.1% vs. 23.0%, p=0.01) with significant reduction in MI (6.6% vs. 11.1%, p<0.01), TVR (7.0% vs. 10.4%, p=0.02), and definite or probable stent thrombosis (2.6% vs. 5.5%, p=0.01). In the diabetic patients, EES compared to PES reduced MACE (24.8% vs. 34.3%, p=0.06) and TVR (9.2% vs. 15.7%, p=0.08) without reaching statistical significance. The 5 year outcomes are tabulated.