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## TCT@ACC-i2: Interventional Cardiology

**RESULTS OF 13 YEARS OF THE DESIRE (DRUG-ELUTING STENTS IN THE REAL WORLD) REGISTRY: THE LONGEST AVAILABLE CLINICAL FOLLOW-UP OF A COHORT OF “REAL-WORLD” PATIENTS TREATED EXCLUSIVELY WITH DRUG-ELUTING STENTS**

Moderated Poster Contributions

TCT@ACC-i2 Moderated Poster Theater, Poster Hall B1

Sunday, March 15, 2015, 4:15 p.m.-4:25 p.m.

Session Title: TCT@ACC-i2: Interventional Cardiology IV

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**Background:** There is still uncertainty about the durability of the results of drug-eluting stents (DES) in real-world complex patients (pts). We sought to provide the longest clinical follow-up data on outcomes of unselected patients treated solely with DES.

**Methods:** The DESIRE registry is a prospective, single-center registry encompassing all consecutive patients treated solely with DES since May 2002. The primary goal is the very long-term occurrence of MACE and stent thrombosis (ST). Patients were clinically followed at 1, 6 and 12 months and then annually. A multivariate model was built to determine independent predictors of MACE and ST.

**Results:** A total of 5,614 pts (8,825 lesions / 9,980 DES) were included. The mean age was  $64 \pm 11$  years. DM was detected in 31.5% and 41.8% presented with acute coronary syndrome (STEMI represented 16.8% of the cohort). Follow-up was obtained in 98.4% of the patients (median 5.9 years). Currently, 78.9% of the population is free of any MACE. Ischemia-driven TVR was performed in 7.3% of the patients. Q-wave MI rate was only 1.7% while cumulative incidence of definite/probable ST was 4.1%. Independent predictors of MACE were initial presentation as ACS (HR 1.4; 95% CI, 1.1 to 1.7,  $p=0.001$ ), lesion length  $>20$ mm (HR 1.4; 95% CI, 1.2 to 1.6,  $p<0.001$ ), residual stenosis (HR 1.02; 95% CI, 1.01 to 1.03,  $p<0.001$ ) and severe coronary calcification (HR 1.4; 95% CI, 1.1 to 1.8,  $p=0.004$ ) while use of 2nd generation DES was protective (HR 0.7; 95% CI, 0.5 to 0.9,  $p=0.007$ ). Independent predictors of ST were PCI for STEMI (HR 2.6; 95% CI, 1.6 to 4.3,  $p<0.001$ ) and treatment of small vessels (HR 2.0; 95% CI, 1.3 to 3.3,  $p=0.002$ ).

**Conclusion:** In our single center experience, the use of DES was associated with very long-term safety and effectiveness with acceptable low rates of adverse clinical events, including ST. Treatment of patients with ACS, in particular STEMI, increases the risk of adverse events while use of 2nd generation DES might be protective.