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A COMPARATIVE MATCHED-ANALYSIS OF MAJOR CLINICAL OUTCOMES USING DIFFERENT DRUG-ELUTING STENTS VS. BARE-METAL STENTS IN A LARGE CONSECUTIVE PATIENT COHORT

i2 Poster Contributions

Ernest N. Morial Convention Center, Hall F
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Session Title: PCI - DES III

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Authors: *Ran Kornowski, Tamir Bental, Abid Assali, Hana Vaknin-Assa, Eli I. Lev, Eldad Rechavia, Danny Dvir, David Brosh, Igal Teplisky, Alexander Battler, Rabin Medical Center, Petah Tikva, Israel, Tel Aviv University, Tel Aviv, Israel*

Background: Differences in drug-eluting stents (DES) platforms may impact the long-term safety and efficacy outcomes of 'all comers' coronary pts treated for extended clinical and angiographic indications. We thus aimed to ascertain the long-term clinical outcomes using various DES in routine clinical practice at our institution.

Methods: We analyzed a comprehensive registry of 7,662 pts undergoing PCI of whom 3,047 were treated using DES and 4,615 pts had BMS. Propensity score was used for stratified analysis of outcomes and for matching between each DES vs. its corresponding BMS group. Outcomes were total mortality, MI, death/MI, TVR and composite MACE (death/MI/TVR).

Results: Pts in the DES group were more likely to be diabetic and had use of longer or more stents, treatment of more lesions and of more proximal vessels. Follow-up time was 3 years. Outcomes of each DES vs. BMS treatment using propensity score matching is shown in the Table:

Conclusions: Our DES-specific and risk-adjusted analysis indicated that: 1) DES may vary in their long-term clinical outcomes vs. BMS, 2) SES and EES had the most profound MACE and mortality benefits compared with BMS.

DES vs. BMS clinical outcomes analysis (3 years) *P<0.01				
	SES vs. BMS	PES vs. BMS	ZES vs. BMS	EES vs. BMS
Matched pts (N)	1389 vs. 1389	345 vs. 345	464 vs. 464	369 vs. 369
Death (%)	5.8 vs. 11.0*	5.4 vs. 9.7	12.4 vs. 11.8	2.5 vs. 9.5*
Death/MI (%)	7.6 vs. 14.3*	6.3 vs. 11.6*	14.6 vs. 14.2	3.6 vs. 10.6*
TVR (%)	7.0 vs. 10.4*	6.7 vs. 8.0	7.4 vs. 13.2*	5.4 vs. 6.7
MACE (%)	12.9 vs. 22.6*	13.1 vs. 17.8	20.4 vs. 24.9	8.2 vs. 16.6*