TCT-267

No Recovery of Drug-Eluting Stent Use in Clinical Practice in Europe After the Collapse Following Initial Reports of Impaired Outcomes in September 2006: Results of the Euro Heart Survey PCI-Registry

Axel Kas Gitto1, Timm Bauer1, Matthias Hochadel2, Uwe Zeymer1, Ralf Zahn1, Christian Hamm1
1Cardiology, Herz-Zentrum Ludwigsburg, Ludwigsburg, Germany; 2Institut fuer Herzinfarktforschung Ludwigsburg an der Universitaet Heidelberg, Ludwigsburg, Germany; 3Kerckhoff-Klinik, Bad Nauheim, Germany

Background: Since the approval of Drug-Eluting Stents (DES) in Europe in 2002, DES have been quickly entering into daily clinical practice even in indications without randomised controlled clinical trials (off-label use). At the European and World Congress of Cardiology in Barcelona 2006, alarming data were presented on a worse long-term prognosis following DES implantation compared with BMS. This resulted in a higher cautiousness for its use with a decrease of DES implantations in clinical practice.

Methods: Between 2005 and 2008, 47,407 consecutive patients undergoing PCI were enrolled into the PCI-Registry of the Euro Heart Survey Programme to document patient characteristics, PCI details and hospital complications in different PCI indications. We examined the development of DES use over time by splitting the enrolment period into 6-month periods (Jan-Jun and Jul-Dec) for the years 2005 to 2008 to identify a possible collapse in DES use and its further development following September 2006.

Results: A total of 22,917 patients underwent elective PCI, 24,090 PCI for ACS. From the very beginning of the documentation period the use of DES was high with about 60% in elective PCI and about 50% in PCI for ACS. After the presentation of the alarming data on long-term outcome after DES during the ESC Congress in 2006, the use of DES significantly decreased to 43% in elective PCI (p<0.01) and to 33% in PCI for ACS (p<0.01) and remained low since then.

Impact Of Stent Length In Diffuse Coronary Disease On Clinical Outcome After Zotarolimus-Resolute-Eluting Stent Implantation: An Italian Multicentre Observational Evaluation

Claudio Larosa1, Enrico Romagnoli2, Azeem Latib1, Giovanni Valentini1, Gianluigi Minervini1, Francesco Burzotta1, Ernesto Lioy2, Antonella Tommasino4, Vincenzo Cuccia3, Maria De Vita1, Piero Montorsi1, Antonio Colombo1
1Cardiology, Ospedale “L. Bonomo”, Andria, Italy; 2Policlinico Casilino, Rome, Italy; 3San Raffaele Scientific Institute, Milan, Italy; 4Policlinico Gemelli - Catholic University, Rome, Italy; 314 patients (575 lesions) with a total ZES length >31.5 mm was collected in 10 Italian centers. The mean follow up was 244±160 days. SS group was composed of 731 patients (77% male, 65±10 years, 33% diabetic). The mean follow up was 244±160 days. SS group was composed of 731 patients (77% male, 65±10 years, 33% diabetic).

Conclusion: After BMS implantation, stent fracture could have no effect on stent thrombosis. However, stent fracture after DES implantation could have impact on stent thrombosis as time passes.

TCT-268

Eight Years Clinical Outcomes After Unrestricted Sirolimus-Eluting Stent Implantation for Severe Coronary Artery Disease

Alfonso Ielasi1, Azeem Latib2, Marco Mussardo1, Massimo Ferraro3, Maria Angela Gallucci4, Cosmo Godino1, 2, Mauro Carlucci4, Matteo Montorfano4, Alaida Chieffi1, Antonio Colombo1
1Interventional Cardiology, San Raffaele Institute, Milan, Italy; 2EMO GVM Centro Cuore Columbus, Milan, Italy

Background: Efficacy and safety data following sirolimus-eluting stent (SES) PCI in unselected patients at very long-term follow-up (>5 years) are still limited.

Methods: All consecutive patients with significant coronary artery stenosis stenosis treated with PCI and only SES implantation between December 2001 and February 2003 were unselected patients at very long-term follow-up (>5 years) are still limited. In consecutive patients undergoing elective PCI as well as PCI for ACS, the use of DES collapsed after the presentation of alarming data of a worse long-term prognosis following DES implantation during the ESC Congress in 2006. Despite re-assuring data on the safety of DES, the use of DES did not recover in clinical practice in Europe.

Results: Of the 954 lesions treated, 771 (80.8%) were ACC/AHA type B2/C including ostial (19.5%), bifurcation (18.6%), restenotic (16.2%), chronic total occlusions (9.9%) and left main (9.1%) lesions. Mean number of stents implanted per patients was 2.03±1.04. Median dual antiplatelet therapy (DAT) duration was 253 (IQR 162-1197) days.

Conclusion: In consecutive patients undergoing elective PCI as well as PCI for ACS in Europe, the use of DES collapsed after the presentation of alarming data of a worse long-term prognosis following DES implantation during the ESC Congress in 2006. Despite re-assuring data on the safety of DES, the use of DES did not recover in clinical practice in Europe.

TCT-266

No Recovery of Drug-Eluting Stent Use in Clinical Practice in Europe After the Collapse Following Initial Reports of Impaired Outcomes in September 2006: Results of the Euro Heart Survey PCI-Registry

Axel Kas Gitto1, Timm Bauer1, Matthias Hochadel2, Uwe Zeymer1, Ralf Zahn1, Christian Hamm1
1Cardiology, Herz-Zentrum Ludwigsburg, Ludwigsburg, Germany; 2Institut fuer Herzinfarktforschung Ludwigsburg an der Universitaet Heidelberg, Ludwigsburg, Germany; 3Kerckhoff-Klinik, Bad Nauheim, Germany

Background: Following initial reports of impaired outcomes in September 2006, alarming data were presented on a worse long-term prognosis following DES implantation compared with BMS. This resulted in a higher cautiousness for its use with a decrease of DES implantations in clinical practice.

Methods: Between 2005 and 2008, 47,407 consecutive patients undergoing PCI were enrolled into the PCI-Registry of the Euro Heart Survey Programme to document patient characteristics, PCI details and hospital complications in different PCI indications. We examined the development of DES use over time by splitting the enrolment period into 6-month periods (Jan-Jun and Jul-Dec) for the years 2005 to 2008 to identify a possible collapse in DES use and its further development following September 2006.

Results: A total of 22,917 patients underwent elective PCI, 24,090 PCI for ACS. From the very beginning of the documentation period the use of DES was high with about 60% in elective PCI and about 50% in PCI for ACS. After the presentation of the alarming data on long-term outcome after DES during the ESC Congress in 2006, the use of DES significantly decreased to 43% in elective PCI (p<0.01) and to 33% in PCI for ACS (p<0.01) and remained low since then.

Impact Of Stent Length In Diffuse Coronary Disease On Clinical Outcome After Zotarolimus-Resolute-Eluting Stent Implantation: An Italian Multicentre Observational Evaluation

Claudio Larosa1, Enrico Romagnoli2, Azeem Latib1, Giovanni Valentini1, Gianluigi Minervini1, Francesco Burzotta1, Ernesto Lioy2, Antonella Tommasino4, Vincenzo Cuccia3, Maria De Vita1, Piero Montorsi1, Antonio Colombo1
1Cardiology, Ospedale “L. Bonomo”, Andria, Italy; 2Policlinico Casilino, Rome, Italy; 3San Raffaele Scientific Institute, Milan, Italy; 4Policlinico Gemelli - Catholic University, Rome, Italy; 314 patients (575 lesions) with a total ZES length >31.5 mm was collected in 10 Italian centers. The mean follow up was 244±160 days. SS group was composed of 731 patients (77% male, 65±10 years, 33% diabetic). The mean follow up was 244±160 days. SS group was composed of 731 patients (77% male, 65±10 years, 33% diabetic).

Conclusion: After BMS implantation, stent fracture could have no effect on stent thrombosis. However, stent fracture after DES implantation could have impact on stent thrombosis as time passes.

Efficacy and safety data following sirolimus-eluting stent (SES) PCI in unselected patients at very long-term follow-up (>5 years) are still limited.

Methods: All consecutive patients with significant coronary artery stenosis stenosis treated with PCI and only SES implantation between December 2001 and February 2003 were unselected patients at very long-term follow-up (>5 years) are still limited. In consecutive patients undergoing elective PCI as well as PCI for ACS, the use of DES collapsed after the presentation of alarming data of a worse long-term prognosis following DES implantation during the ESC Congress in 2006. Despite re-assuring data on the safety of DES, the use of DES did not recover in clinical practice in Europe.

Results: Of the 954 lesions treated, 771 (80.8%) were ACC/AHA type B2/C including ostial (19.5%), bifurcation (18.6%), restenotic (16.2%), chronic total occlusions (9.9%) and left main (9.1%) lesions. Mean number of stents implanted per patients was 2.03±1.04. Median dual antiplatelet therapy (DAT) duration was 253 (IQR 162-1197) days.

Conclusion: In consecutive patients undergoing elective PCI as well as PCI for ACS in Europe, the use of DES collapsed after the presentation of alarming data of a worse long-term prognosis following DES implantation during the ESC Congress in 2006. Despite re-assuring data on the safety of DES, the use of DES did not recover in clinical practice in Europe.