



JACC

Cardiovascular Interventions

JUNE 2015
VOLUME 8
NUMBER 7

*A Journal of the American
College of Cardiology*

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CLINICAL RESEARCH

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Long-Term Efficacy and Safety of Paclitaxel-Eluting Balloon for the Treatment of Drug-Eluting Stent Restenosis: 3-Year Results of a Randomized Controlled Trial

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Sebastian Kufner, Salvatore Cassese, Marco Valeskini, Franz-Josef Neumann, Stefanie Schulz-Schüpke, Petra Hoppmann, Massimiliano Fusaro, Heribert Schunkert, Karl-Ludwig Laugwitz, Adnan Kastrati, Robert A. Byrne, for the ISAR-DESIRE 3 Investigators

This study investigated the long-term comparative efficacy and safety of paclitaxel-eluting balloon (PEB), paclitaxel-eluting stent (PES), or balloon angioplasty (BA) for the treatment of drug-eluting stent restenosis. The primary efficacy and safety endpoints were target lesion revascularization and the composite of death or myocardial infarction. A total of 402 patients were randomly assigned to receive PEB, PES, or BA alone. At 3-year follow-up, the use of PEB as compared with PES has similar efficacy and safety. PEB remains superior to BA. The sustained efficacy without trade-off in safety supports the role of PEB as treatment option for drug-eluting stent restenosis.

■ EDITORIAL COMMENT

Long-Term Results of Drug-Coated Balloons for Drug-Eluting In-Stent Restenosis: Gaining Perspective

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Fernando Alfonso, Javier Cuesta

Clinical Events and Patient-Reported Chest Pain in All-Comers Treated With Resolute Integrity and Promus Element Stents: 2-Year Follow-Up of the DUTCH PEERS (Durable Polymer-Based Stent Challenge of Promus Element Versus Resolute Integrity) Randomized Trial (TWENTE II)

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Hanim Sen, Ming Kai Lam, Marije M. Löwik, Peter W. Danse, Gillian A.J. Jessurun, K. Gert van Houwelingen, Rutger L. Anthonio, R. Melvyn Tjon Joe Gin, Raymond W.M. Hautvast, J. (Hans) W. Louwerenburg, Frits H.A.F. de Man, Martin G. Stoel, Liefke C. van der Heijden, Gerard C.M. Linssen, Maarten J. IJzerman, Kenneth Tandjung, Carine J.M. Doggen, Clemens von Birgelen

The 2-year analysis of the randomized DUTCH PEERS trial (TWENTE II) ([Durable Polymer-Based Stent Challenge of Promus Element Versus Resolute Integrity] Randomized Trial [TWENTE II]) compared clinical events and patient-reported chest pain between all-comer patients treated with novel, highly-flexible zotarolimus-eluting and everolimus-eluting stents (Resolute Integrity vs. Promus Element). The rates of the primary endpoint target vessel failure (8.6% vs. 7.8%, $p = 0.55$) and its components were low and were similar between stent groups. At 1 and 2 years, >80% of patients were free from any chest pain (no between-stent difference); >87% were free from chest pain during normal daily activities. Chest pain at 1-year at mild-to-moderate physical effort was associated with a higher risk of consecutive target vessel revascularization.

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Impact of Strut Width in Periprocedural Myocardial Infarction: A Propensity-Matched Comparison Between Bioresorbable Scaffolds and the First-Generation Sirolimus-Eluting Stent

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Hiro Yoshi Kawamoto, Vasileios F. Panoulas, Katsumasa Sato, Tadashi Miyazaki,
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Mauro Carlino, Matteo Montorfano, Antonio Colombo

This study aimed to assess the clinical impact of strut width (evaluated by abluminal strut surface area) in propensity-matched patients treated with bioresorbable scaffold (BRS) ($n = 147$) versus sirolimus-eluting stent (SES) ($n = 352$). Major adverse cardiac events were not significantly different between groups (1-year major adverse cardiac events: BRS: 15.7% vs. SES: 11.4%, $p = 0.61$). The incidence of periprocedural myocardial infarction was significantly higher in the BRS group (BRS: 13.1% vs. SES: 7.5%, $p = 0.05$). Multivariable analyses revealed treatment for left anterior descending artery and abluminal strut surface area to be independent predictors of periprocedural myocardial infarction.

■ EDITORIAL COMMENT

Snowshoe Versus Ice Skate for Scaffolding of Disrupted Vessel Wall

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Patrick W. Serruys, Pannipa Suwannasom, Shimpei Nakatani, Yoshinobu Onuma

The 24-Month Prognosis of Patients With Positive or Intermediate Results in the Intracoronary Ergonovine Provocation Test

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Dong IL Shin, Sang Hong Baek, Sung Ho Her, Seung Hwan Han, Youngkeun Ahn,
Keun-Ho Park, Dong-Soo Kim, Tae-Hyun Yang, Dong-Ju Choi, Jung-Won Suh,
Hyuck Moon Kwon, Byoung Kwon Lee, Hyeon-Cheol Gwon, Seung-Woon Rha,
Sang-Ho Jo

A total of 2,129 patients who underwent the intracoronary ergonovine provocation for vasospastic angina (VSA) were classified into positive ($n = 454$), intermediate ($n = 982$), and negative ($n = 693$) groups to determine clinical characteristics and 24-month incidences of cardiac death, new-onset arrhythmia, and acute coronary syndrome. The intermediate group demonstrated similar clinical characteristics to the negative group and had lower incidences of cardiac death and repeated angina than the positive group. In the positive group, frequent angina, smoking, and multivessel spasm were independent predictors for adverse events. The results could suggest the importance of intensive clinical attention for VSA patients with high risk predictors.

■ EDITORIAL COMMENT

Provoking Coronary Vasospasm for Diagnosis of Variant Angina: Outdated Trick of the Trade or a Resurgent Diagnostic Modality?

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Ibhar Al Mheid, Salim Hayek, Arshed A. Quyyumi

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