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INSIDE THIS ISSUE

CORONARY

Prevalence, Management, and Long-Term (6-Year) Outcomes of Atrial Fibrillation Among Patients Receiving Drug-Eluting Coronary Stents 1075

Hyo-In Choi, Jung-Min Ahn, Se Hun Kang, Pil Hyung Lee, Soo-Jin Kang, Seung-Whan Lee, Young-Hak Kim, Cheol Whan Lee, Seong-Wook Park, Duk-Woo Park, Seung-Jung Park

Uncertainty exists regarding the optimal antithrombotic strategy in patients with atrial fibrillation (AF) who are receiving drug-eluting stents (DES). Using data of 10,027 patients who received DES, the authors evaluated the prevalence and clinical impact of AF and compared the efficacy and safety of dual antiplatelet therapy and triple therapy (dual therapy plus warfarin) among patients with AF. Among patients receiving DES implantation, AF was not rare (approximately 7%) and was associated with increased ischemic and bleeding risk. In patients with AF, triple therapy was not associated with decreased ischemic events but was associated with increased bleeding risk compared to DAPT.



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■ EDITORIAL COMMENT

Triple Antithrombotic Therapy at the Intercept Between Threats and Opportunities: Don't Throw Out the Baby With the Bath Water 1086

Daive Capodanno, Dominick J. Angiolillo

Predictors of Successful Hybrid-Approach Chronic Total Coronary Artery Occlusion Stenting: An Improved Model With Novel Correlates 1089

Stephen G. Ellis, M. Nicholas Burke, M. Bilal Murad, John J. Graham, Ramy Badawi, Catelin Toma, Henry Meltser, Ravi Nair, Chris Buller, Patrick L. Whitlow, for the CAPS Group

To develop a hybrid approach-specific model to predict chronic total coronary artery occlusion (CTO) technical success, useful for experienced but not ultra-high-volume operators, case data ($n = 436$) were obtained from consecutively attempted patients from 7 clinical sites (9 operators, mean annual CTO volume 61 ± 17 cases). Angiographic analyses were performed centrally. Modeling was performed on a training group and confirmed in a validation cohort. Success was achieved in 79.4%. A basic 7-tem model predicted success, with C statistics of 0.753 in the training cohort and 0.738 in the validation cohort, the later superior ($p < 0.05$) to that of the J-CTO (Multicenter CTO Registry of Japan) (0.55) and PROGRESS CTO (Prospective Global Registry for the Study of Chronic Total Occlusion Intervention) (0.61) scores.

■ EDITORIAL COMMENT

Predictive Scores of Success in CTO PCI: There Is No Substitute for Operator Experience and Skill 1099

Nicholas J. Lembo, Raja Hatem, Dimitri Karpaliotis



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Outcomes in Patients Undergoing Primary Percutaneous Coronary Intervention for ST-Segment Elevation Myocardial Infarction Via Radial Access Anticoagulated With Bivalirudin Versus Heparin: A Report From the National Cardiovascular Data Registry 1102

Ion S. Jovin, Rachit M. Shah, Dhavalkumar B. Patel, Sunil V. Rao, Dmitri V. Baklanov, Issam Moussa, Kevin F. Kennedy, Eric A. Secemsky, Robert W. Yeh, Michael C. Kontos, George W. Vetrovec

To compare bivalirudin with heparin in patients with ST-segment elevation myocardial infarction treated with radial primary percutaneous coronary intervention, outcomes were compared in patients included in the National Cardiovascular Data Registry CathPCI database. After adjusting for multiple variables, including a propensity score, the odds ratio of the composite endpoint of death, myocardial infarction, or stroke for bivalirudin versus heparin was 0.95 (95% confidence interval: 0.87 to 1.05; $p = 0.152$) for bivalirudin versus heparin. In patients undergoing primary percutaneous coronary intervention via transradial access anticoagulated with bivalirudin or heparin, there was no significant difference in the composite endpoint of death, myocardial infarction, or stroke.

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■ **EDITORIAL COMMENT**

Bivalirudin Across the Atlantic 1112

Harold L. Dauerman

Randomized Comparison of Absorb Bioresorbable Vascular Scaffold and Mirage Microfiber Sirolimus-Eluting Scaffold Using Multimodality Imaging 1115

Erhan Tenekecioglu, Patrick W. Serruys, Yoshinobu Onuma, Ricardo Costa, Daniel Chamié, Yohei Sotomi, Ting-Bin Yu, Alexander Abizaid, Houn-Bang Liew, Teguh Santoso

The current generation of bioresorbable scaffolds has several limitations, such as thick square struts with large footprints that preclude their deep embedment into the vessel wall, resulting in protrusion into the lumen with microdisturbance of flow. The Mirage (Manli Cardiology, Singapore) scaffold is designed to address these concerns. Sixty patients were randomly allocated in a 1:1 ratio to treatment with Mirage or Absorb (Abbott Vascular, Santa Clara, California) scaffolds. At 12 months, median angiographic in-scaffold minimal luminal diameters with the Mirage and Absorb devices were not statistically different ($d = -0.36$). Angiographic median in-scaffold diameter stenosis was significantly different between study groups at 12 months (28.6% [interquartile range: 21.0% to 40.7%] for the Mirage, 18.2% [interquartile range: 13.1% to 31.6%] for the Absorb, $d = 0.36$).

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■ **EDITORIAL COMMENT**

Bioresorbable Scaffolds: Polymer Troubleshooting or Simply Not Good Enough? 1131

Ron Waksman

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