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INSIDE THIS ISSUE

STATE-OF-THE-ART REVIEW

Management of No-Reflow Phenomenon in the Catheterization Laboratory

Shereif H. Rezkalla, Rachel V. Stankowski, Jennifer Hanna, Robert A. Kloner

215

Coronary no-reflow following percutaneous coronary intervention carries a poor prognosis. To decrease the chance of no-reflow, a short door to balloon time—among other maneuvers—is essential. Preventive and management strategies for no-reflow will be discussed.

CORONARY

The Impact of Excluding Shock Patients on Hospital and Physician Risk-Adjusted Mortality Rates for Percutaneous Coronary Interventions: The Implications for Public Reporting

224

Edward L. Hannan, Ye Zhong, Kimberly Cozzens, Foster Gesten, Marcus Friedrich, Peter B. Berger, Alice K. Jacobs, Gary Walford, Frederick S.K. Ling, Ferdinand J. Venditti, Spencer B. King III

A possible unintended consequence of public reporting of medical outcomes is the avoidance of appropriate interventions for high-risk patients. New York State's Percutaneous Coronary Intervention registry was used to compare provider risk-adjusted mortality rates and outliers from New York's public report statistical models and models that include refractory shock patients, and exclude all shock patients. Risk-adjusted rates were highly correlated, the number of provider outliers was similar, and outlier changes were minimal regardless of whether shock patients are included in public reporting, although 10% to 15% of cardiologists who were outliers in either exclusion rule were not outliers in the other one.

■ EDITORIAL COMMENT

Rationalizing Our Report Cards

232

Frederic S. Resnic, Arjun Majithia

Transradial Coronary Interventions for Complex Chronic Total Occlusions

235

Yutaka Tanaka, Noriaki Moriyama, Tomoki Ochiai, Takuma Takada, Kazuki Tobita, Koki Shishido, Kazuya Sugitatsu, Futoshi Yamanaka, Shingo Mizuno, Masato Murakami, Junya Matsumi, Saeko Takahashi, Takeshi Akasaka, Shigeru Saito

To investigate whether transradial percutaneous coronary intervention (PCI) can be applied to treat complex chronic total occlusion (CTO) and determine the predictors of transradial failure, the authors examined the clinical and angiographic characteristics, procedural details, and outcomes of transradial and transfemoral PCI for CTO. Transradial PCI may be feasible for noncomplex CTO, but complex CTO still poses technical challenges. A larger guiding catheter size should be selected, regardless of lesion morphology, and the transfemoral approach should be preferentially considered for CTO with moderate or severe calcification. These findings can help identify suitable candidates with CTO for the transradial approach.

■ EDITORIAL COMMENT

Radial or Femoral Approach for Chronic Total Occlusion Revascularization? The Answer Is Both

244

Stéphane Rinfret, Rustem Dautov



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5-Year Safety and Efficacy of Resolute Zotarolimus-Eluting Stent: The RESOLUTE Global Clinical Trial Program

247

Robert W. Yeh, Sigmund Silber, Lianglong Chen, Shaoliang Chen, Shirish Hiremath,
Franz-Josef Neumann, Shubin Qiao, Shigeru Saito, Bo Xu, Yuejin Yang, Laura Mauri

The authors evaluated the 5-year cumulative incidence of adverse cardiovascular events following Resolute zotarolimus-eluting stent implantation in 7,618 patients enrolled in the RESOLUTE Global Clinical Trial Program. The 5-year cumulative incidence of cardiac events was 13.4% for target lesion failure, 5.0% for cardiac death, 4.4% for target vessel myocardial infarction, and 6.3% for clinically driven target lesion revascularization. Dual-antiplatelet therapy at 1 and 5 years was 91% and 32%, respectively, and the 5-year cumulative incidence of stent thrombosis was 1.2%. The majority of stent-related events occurred within the first year of implantation, with much lower risks of these events out to 5 years.

Comparison of Durable-Polymer Zotarolimus-Eluting and Biodegradable-Polymer Biolimus-Eluting Coronary Stents in Patients With Coronary Artery Disease: 3-Year Clinical Outcomes in the Randomized SORT OUT VI Trial

255

Bent Raungaard, Evald H. Christiansen, Hans Erik Bøtker, Henrik S. Hansen,
Jan Ravkilde, Leif Thuesen, Jens Aarøe, Anton B. Villadsen, Christian J. Terkelsen,
Lars R. Krusell, Michael Maeng, Steen D. Kristensen, Karsten T. Veien, Knud N. Hansen,
Anders Junker, Morten Madsen, Søren L. Andersen, Svend E. Jensen, Lisette O. Jensen,
for the SORT OUT VI Investigators

Biodegradable-polymer biolimus-eluting stents are superior to first-generation durable-polymer drug-eluting stents in long-term randomized all-comer trials. The aim of this randomized, multicenter, all-comer, noninferiority trial was to compare the safety and efficacy of the biocompatible durable-polymer zotarolimus-eluting stent with the biodegradable-polymer biolimus-eluting stent in unselected coronary patients. At 3-year follow-up, major adverse cardiac events (MACE) occurred in 128 (8.6%) patients assigned to the durable-polymer zotarolimus-eluting stent and in 144 (9.6%) assigned to the biodegradable-polymer biolimus-eluting stent ($p = 0.36$). These results support the concept that a durable-polymer stent can be as safe and efficacious as a biodegradable-polymer stent.



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EDITORIAL COMMENT

What Do Noninferiority Trials Say About Coronary Stents?

265

John A. Bittl

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