



# JACC

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### INSIDE THIS ISSUE

#### STATE-OF-THE-ART REVIEW

##### Direct Oral Anticoagulants: New Drugs and New Concepts **CME**

1333

Jerrold H. Levy, Alex C. Spyropoulos, Charles M. Samama, James Douketis

Direct oral anticoagulants have a similar risk of clinically relevant bleeding compared with standard anticoagulants and are associated with important reductions in intracranial bleeding in patients with atrial fibrillation. Certain patient (e.g., renal impairment, comedications) and drug (e.g., proportion of renal clearance) characteristics affect the risk of bleeding. Specific assays are required to quantify plasma concentrations of direct oral anticoagulants, but an appropriate traditional clotting test may at least exclude a clinically relevant anticoagulant effect. Bleeding may be addressed with normal hemostatic support measures, but prohemostatic agents may be considered for potentially life-threatening hemorrhage. New specific reversal agents for the direct oral anticoagulants are currently undergoing clinical trials.

#### CLINICAL RESEARCH

##### CORONARY

##### A Randomized Comparison of Novel Biodegradable Polymer- and Durable Polymer-Coated Cobalt-Chromium Sirolimus-Eluting Stents

1352

Yaling Han, Bo Xu, Quanmin Jing, Shuzheng Lu, Lixia Yang, Kai Xu, Yi Li, Jing Li, Changdong Guan, Ajay J. Kirtane, Yuejin Yang, for the I-LOVE-IT 2 Investigators

The I-LOVE-IT 2 (Evaluate Safety and Effectiveness of the Tivoli DES and the Firebird 2 DES for Treatment of Coronary) trial compared safety and efficacy of a novel biodegradable polymer (BP)-coated cobalt-chromium (CoCr) sirolimus-eluting stent (SES) versus a durable polymer-coated (DP)-SES on similar CoCr platforms, thereby isolating the effect of the polymer type. A total of 2,737 patients were randomly allocated to the BP-SES or DP-SES group in a 2:1 ratio. At 12 months, the difference in the primary endpoint of target lesion failure (a composite of cardiac death, myocardial infarction, and clinically indicated target lesion revascularization) between BP-SES (6.3%) and DP-SES (6.1%) groups was 0.25% (95% confidence interval: -1.67% to 2.17%, p for noninferiority = 0.0002), demonstrating noninferiority of BP-SES to DP-SES.



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### **Scaffold and Edge Vascular Response Following Implantation of Everolimus-Eluting Bioresorbable Vascular Scaffold: A 3-Year Serial Optical Coherence Tomography Study** 1361

Yao-Jun Zhang, Javaid Iqbal, Shimpei Nakatani, Christos V. Bourantas, Carlos M. Campos, Yuki Ishibashi, Yun-Kyeong Cho, Susan Veldhof, Jin Wang, Yoshinobu Onuma, Hector M. Garcia-Garcia, Dariusz Dudek, Robert-Jan van Geuns, Patrick W. Serruys, on behalf of the ABSORB Cohort B Study Investigators

There is a lack of optical coherence tomography (OCT)-based in-scaffold response (SVR) and edge vascular response (EVR) assessment after a bioresorbable scaffold implantation. In the ABSORB Cohort B (ABSORB Clinical Investigation, Cohort B) study, 23 patients (23 lesions) in Cohort B1 and 17 patients (18 lesions) in Cohort B2 underwent truly serial OCT examinations. In the present study, the authors demonstrated less luminal loss at the edges than luminal loss within the scaffold. Thus, the luminal reduction of both edges is not a nosologic entity, but an EVR in continuity with the SVR, extending from the in-scaffold margin to both edges.

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#### ■ EDITORIAL COMMENT

### **Shedding Light on Scaffold Vascular Response** 1370

Bill (Vasileios) D. Gogas, Habib Samady

### **Outcomes in Patients With Cardiogenic Shock Following Percutaneous Coronary Intervention in the Contemporary Era: An Analysis From the BCIS Database (British Cardiovascular Intervention Society)** 1374

Vijay Kunadian, Weiliang Qiu, Peter Ludman, Simon Redwood, Nick Curzen, Rodney Stables, Julian Gunn, Anthony Gershlick, on behalf of the National Institute for Cardiovascular Outcomes Research

This study sought to determine mortality rates among cardiogenic shock (CGS) patients undergoing percutaneous coronary intervention (PCI) for acute coronary syndrome in the contemporary treatment era and to determine predictors of mortality. In England and Wales, 6,489 patients underwent PCI for acute coronary syndrome in the setting of CGS. The mortality rates at 30 days, 90 days, and 1 year were 37.3%, 40.0%, and 44.3%, respectively. In this large U.K. cohort of patients undergoing PCI in the context of CGS, mortality remains high in spite of the use of contemporary PCI strategies. The highest mortality occurs early, and this time period may be a particular target of therapeutic intervention.

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