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STATE-OF-THE-ART PAPER

Inside This Issue

Angina Pectoris and Myocardial Ischemia in the Absence of Obstructive Coronary Artery Disease: Practical Considerations for Diagnostic Tests **CME** 453

Francesco Radico, Vincenzo Cicchitti, Marco Zimarino, Raffaele De Caterina

Angina and myocardial ischemia without obstructive coronary artery disease are common, and often neglected for the assumption of a good prognosis. However, the absence of significant coronary stenoses on angiography does not imply a “healthy” coronary tree. In such cases, myocardial ischemia may result from functional disease involving the epicardial coronary arteries, the coronary micro-circulation, or both. An accurate assessment of these components should be systematically performed because a correct diagnosis has relevant prognostic and therapeutic implications. The authors discuss the basic principles of diagnostic tests and propose a diagnostic sequence of reasonable practical implementation in this setting.

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CORONARY INTERVENTIONS Clinical Research

Predicting 3-Year Mortality After Percutaneous Coronary Intervention: Updated Logistic Clinical SYNTAX Score Based on Patient-Level Data From 7 Contemporary Stent Trials 464

Javaid Iqbal, Yvonne Vergouwe, Christos V. Bourantas, David V. Klaveren, Yao-Jun Zhang, Carlos M. Campos, Hector M. García-García, Marie-Angele Morel, Marco Valgimigli, Stephan Windecker, Erwout W. Steyerberg, Patrick W. Serruys

The Logistic Clinical SYNTAX score has been shown to perform better than the SYNTAX score in predicting 1-year outcomes after percutaneous coronary intervention. Iqbal and colleagues updated this score to predict 3-year mortality. Patient-level data (N = 6,304) from 7 trials were analyzed. The overall risk and the predictor effects in the Logistic Clinical SYNTAX score were revised using Cox regression analysis. They updated the core model (SYNTAX score, age, creatinine clearance, and ejection fraction) and developed an extended model by combining the core model with additional independent predictors of 3-year mortality. The revised Logistic Clinical SYNTAX score outperformed the SYNTAX score in predicting long-term mortality.

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Everolimus-Eluting Xience V/Promus Versus Zotarolimus-Eluting Resolute Stents in Patients With Diabetes Mellitus

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Kyung Woo Park, Joo Myung Lee, Si-Hyuck Kang, Hyo-Suk Ahn, Hyun-Jae Kang, Bon-Kwon Koo, Jay Young Rhee, Sun Ho Hwang, Sung Yoon Lee, Tae Soo Kang, Choong Hwan Kwak, Bum-Kee Hong, Cheol Woong Yu, In-Whan Seong, Taehoon Ahn, Han Cheol Lee, Sang Wook Lim, Hyo-Soo Kim

A total of 1,855 patients with diabetes mellitus (DM) treated with everolimus-eluting stents (EES) versus Resolute zotarolimus-eluting stents (ZES) were compared in terms of patient- and stent-related outcomes. Both target lesion failure and patient-oriented composite events were similar between the EES and ZES groups in the patients with DM at 1 year. Both stents also showed comparable outcomes in nondiabetic patients. After unrestricted use of second-generation drug-eluting stents in all-comers receiving percutaneous coronary intervention, both EES and ZES showed comparable clinical outcomes in the patients with DM up to 1 year of follow-up. Overall incidences of target lesion failure were low, even in the patients with DM, suggesting excellent safety and efficacy of both types of second-generation drug-eluting stents in this high-risk subgroup of patients.

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1-Year Clinical Outcomes of Diabetic Patients Treated With Everolimus-Eluting Bioresorbable Vascular Scaffolds: A Pooled Analysis of the ABSORB and the SPIRIT Trials

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Takashi Muramatsu, Yoshinobu Onuma, Robert-Jan van Geuns, Bernard Chevalier, Tejas M. Patel, Ashok Seth, Roberto Diletti, Hector M. García-García, Cécile C. Dorange, Susan Veldhof, Wai-Fung Cheong, Yukio Ozaki, Robert Whitbourn, Antonio Bartorelli, Gregg W. Stone, Alexandre Abizaid, Patrick W. Serruys, on behalf of the ABSORB Cohort B, the ABSORB EXTEND, and the SPIRIT FIRST, II, III, and IV Investigators

Clinical outcomes of diabetic patients after ABSORB bioresorbable vascular scaffold (BVS) implantation have been unreported. A total of 136 diabetic patients were compared with 415 nondiabetic patients in pooled data from the ABSORB Cohort B and ABSORB EXTEND trials. Diabetic patients treated with everolimus-eluting metal stents (EES) from the SPIRIT trials (SPIRIT FIRST [A Clinical Trial of the Abbott Vascular XIENCE V Everolimus Eluting Coronary Stent System], SPIRIT II [A Clinical Evaluation of the XIENCE V Everolimus Eluting Coronary Stent System], SPIRIT III [Clinical Trial of the XIENCE V Everolimus Eluting Coronary Stent System (EECSS)], SPIRIT IV Clinical Trial [Clinical Evaluation of the XIENCE V Everolimus Eluting Coronary Stent System]) were also used for the comparison by applying propensity score matching. In the present analyses, diabetic patients treated with the BVS showed a similar incidence of device-oriented composite endpoints (DoCE) compared with nondiabetic patients treated with BVS and diabetic patients treated with EES at 1-year follow-up.

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EDITORIAL COMMENT

Second-Generation Drug-Eluting Stents and Bioresorbable Vascular Scaffolds in Patients With Diabetes

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Mikkel M. Schoos, Peter Clemmensen, George D. Dangas

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