

TCT@ACC-i2: Invasive and Interventional Cardiology

TEN-YEAR FOLLOW-UP OF THE DESIRE (DRUG-ELUTING STENTS IN THE REAL WORLD) REGISTRY

Oral Contributions

West, Room 2001

Sunday, March 10, 2013, 9:15 a.m.-9:25 a.m.

Session Title: Drug-Eluting Stents

Abstract Category: 43. TCT@ACC-i2: Complex Patients, Diabetes, Renal Insufficiency

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Background: Despite the extensive knowledge accrued on DES in the past years, there is still lack of consistent data on the very late outcomes of these devices, especially after 5 years of their implantation. We sought to provide the longest clinical follow-up data on outcomes of unselected patients treated solely with DES

Methods: The DESIRE registry is a prospective, single-center registry encompassing all consecutive patients treated solely with DES since May 2002. The primary goal is the very long-term occurrence of MACE and stent thrombosis (ST). Patients were clinically followed at 1, 6 and 12 months and then annually.

Results: A total of 4,000 patients were included. The mean age was 64 ± 11 years. DM was detected in 29.7% and 44.8% presented with acute coronary syndrome. Follow-up was obtained in 98.5% of the patients (median 5.6 years). Currently, 79.6% of the population is free of any MACE. TVR was performed in 5.3% of the patients. Q-wave MI rate was only 1.7% while total ST rate was 1.9%. The majority of definite ST cases occurred between the 1st and 3rd years. Independent predictors of MACE were treatment of SVG (HR 1.63; 95% CI, 1.22 to 2.18, $p=0.001$), multivessel disease (HR 1.39; 95% CI, 1.03 to 1.87, $p<0.001$), residual stenosis (HR 1.3; 95% CI, 1.1 to 1.5, $p=0.034$), DM (HR 1.6; 95% CI, 1.1 to 2.2, $p=0.006$) and renal insufficiency (HR 1.5; 95% CI, 1.34 to 1.81, $p=0.004$). Independent predictors of ST were PCI for STEMI (HR 3.5; 95% CI, 1.3 to 9.4, $p=0.013$), stent length (HR 1.8; 95% CI, 1.09 to 3.02, $p=0.023$), moderate/severe calcification at lesion site (HR 2.38; 95% CI, 1.34 to 4.23, $p=0.003$), and in-stent residual stenosis (HR 1.04; 95% CI, 1.01 to 1.06, $p=0.003$).

Conclusion: The DESIRE registry probably represents the longest FU of a real world cohort treated solely with DES. In our single center experience, the use of DES was associated with very long-term safety and effectiveness with acceptable low rates of adverse clinical events, including ST. Also, there was no steady annual increment in the occurrence of ST, with a marked decrease of this complication after the 3rd year of FU.