# DES Thrombosis A Real World Experiences from a Single Center

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### Background

- The DES randomized trials and realworld registries revealed that DES significantly reduced the need for revascularization
- Long term safety remains to be approached following DES compared to BMS implantation in daily clinical practice



### Objective

- To evaluate whether the use of DES is associated with increased rates of thrombosis, death, or MI compared with BMS
- To confirm whether the use of DES is associated with reduction in revascularization compared with BMS in general clinical practice in China



#### Methods

- Consecutive patients with PCI in Fu Wai Hospital from April 2004 to December 2006 were enrolled into analysis
- Patients assigned to DES or BMS groups based on treatment at index procedure
- ➤ All patients were scheduled for routinely clinical follow-up at 1m, 6m, 12m, 24m, 36m...
- Primary outcomes: death, MI, thrombosis, TLR, TVR according to ARC definition were compared between two groups



### **Drug-Eluting and Bare Metal Stenting in Fu Wai Hospital**

N=8,487 PCI Patients in Fu Wai Hospital

April 1, 2004 - December 31, 2006 At median of follow-up 1.9 (1-4) yrs

14 stent implantation failed

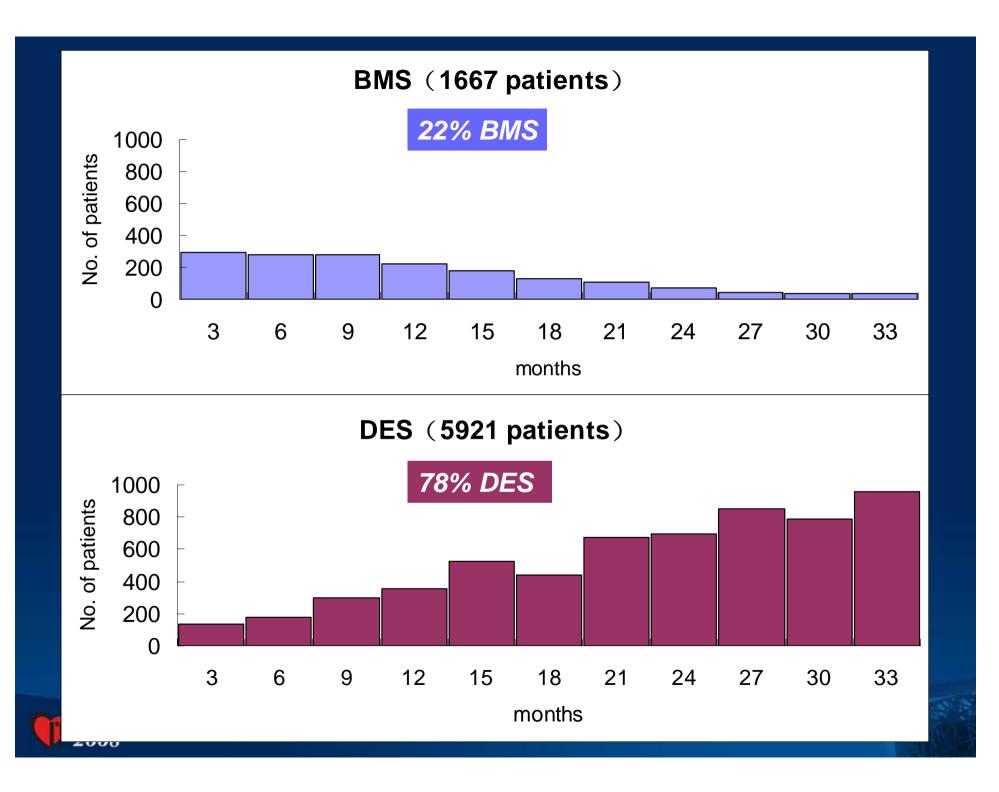
N=8,473
PCI Patients with stent

885 patients with both stent types excluded

N=1,667
BMS Only Patients

N=5,921
DES Only Patients





### Baseline Characteristics <1>

	DES (n = 5921)	BMS (n = 1667)	p value
Age – yrs	57.8 ± 10.6	59.1 ± 11.5	<0.001
Female (%)	20.5	19.9	0.61
Prior MI (%)	40.9	54.0	<0.001
Q – MI (%)	85.4	89.7	0.001
0-24hr PCI (%)	3.8	23.4	<0.001
24-72hr PCI (%)	0.6	1.9	0.001
UAP (%)	53.4	66.8	<0.001
LVEF (%)	$59.7 \pm 21.4$	59.1 ± 22.1	0.80



### Baseline Characteristics <2>

	DES	BMS	р
	(n = 5921)	(n = 1667)	value
Diatetes Mellitus(%)	23.1	18.2	<0.001
Hyperlipidemia (%)	36.2	28.1	<0.001
Hypertension (%)	58.2	55.7	0.08
Current Smoker (%)	48.9	51.4	0.07
Family History (%)	5.6	5.0	0.34
Cerebral Vascular Disease (%)	1.9	2.5	0.17
Peripheral Vascular Disease (%)	0.9	0.9	0.93
Prior CABG (%)	2.3	2.0	0.51
Prior PCI (%)	21.5	15.3	<0.001

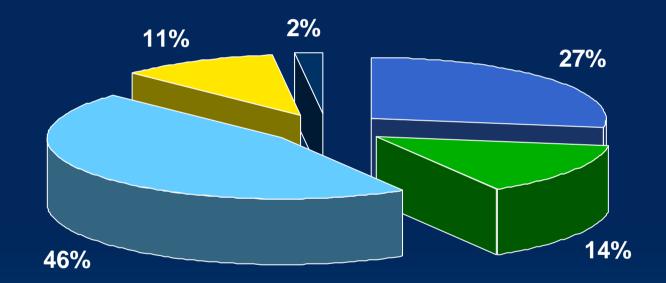


### **Procedural Characteristics**

	DES (n = 5921)	BMS (n = 1667)	p value
Number of lesions treated	$1.56 \pm 0.77$	$1.39 \pm 0.66$	<0.001
Left Anterior Descending (%)	47.0	33.7	<0.001
Circumflex (%)	22.1	23.3	0.23
Right Coronary Artery (%)	26.4	41.2	<0.001
Left Main (%)	4.0	1.4	<0.001
Saphenous Vein Graft (%)	0.3	0.4	0.76
Arterial Graft (%)	0.2	0.0	0.06
Reference Vessel Diameter (mm)	$3.04\pm1.27$	$3.25 \pm 1.15$	<0.001
Lesion Length (mm)	$22.8 \pm 14.1$	10.6 ± 11.1	<0.001



### Proportion of DES per Lesion



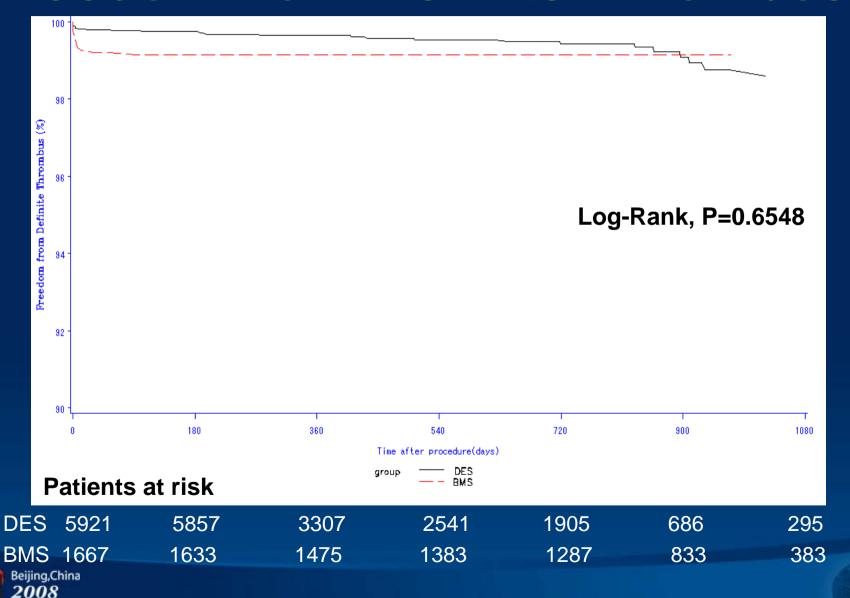
■ CYPHER ■ TAXUS ■ FRIEBIRD ■ EXCEL □ ENDEAVOR



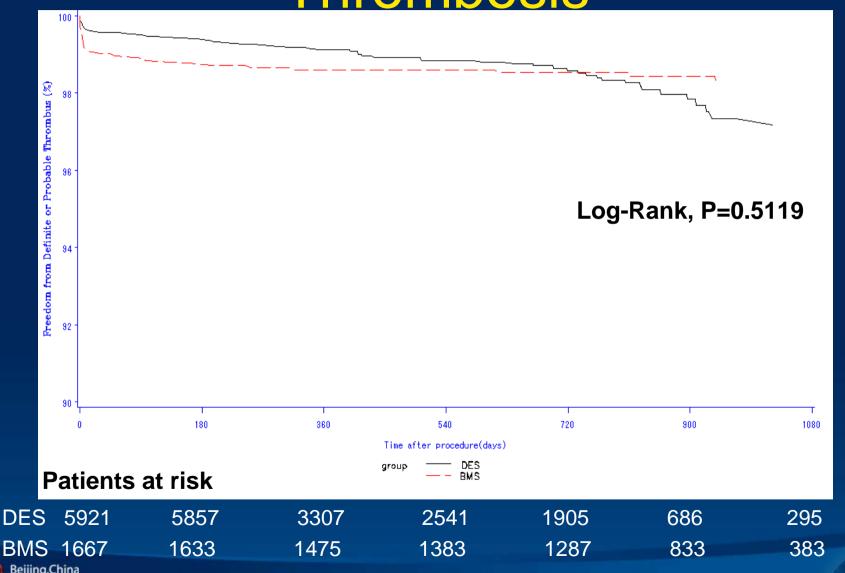
## Stent Thrombosis by ARC Definition

	BMS (n=1667)	DES (n=5921)	P-Value
Definite	0.8% (14)	0.5% (32)	0.164
Probable	0.8% (13)	0.8% (46)	0.990
Definite+Probable	1.6% (27)	1.3% (78)	0.351
Possible	0.5% (9)	0.3% (20)	0.237
Definite+Probable+Possible	2.2% (36)	1.7% (98)	0.167
Acute	0.4% (6)	0.2% (9)	0.091
Subacute	0.7% (11)	0.3% (16)	0.018
Early (<= 30 days)	1.0% (17)	0.4% (25)	0.004
Late (31-365 days)	0.7% (12)	0.6% (33)	0.445
Very Late (> 365 days)	0.4% (7)	0.7% (40)	0.240

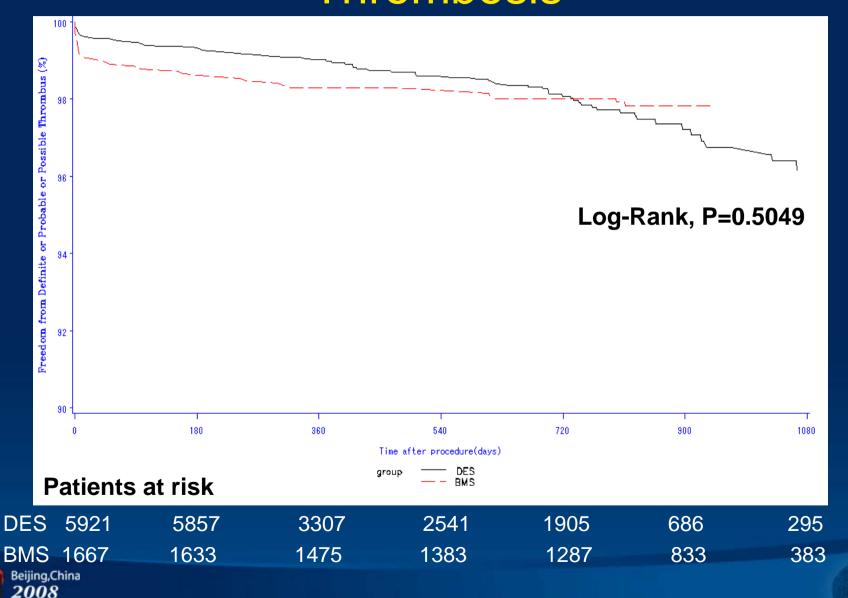
#### Freedom from Definite Thrombosis



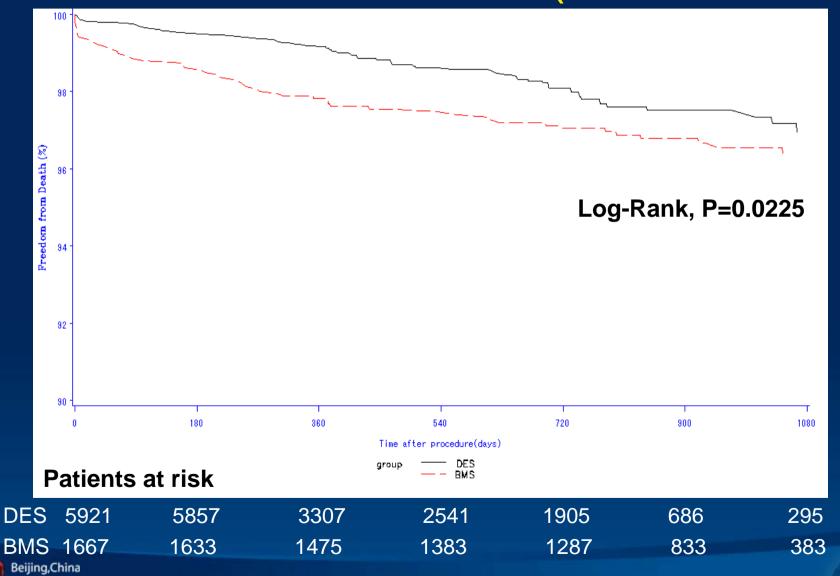
### Freedom from Definite/Probable Thrombosis



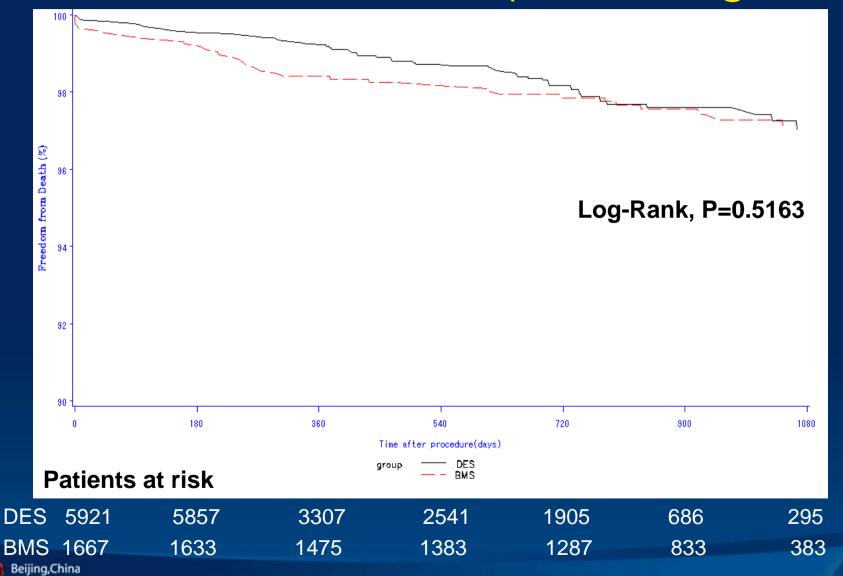
### Freedom from Definite/Probable/Possible Thrombosis



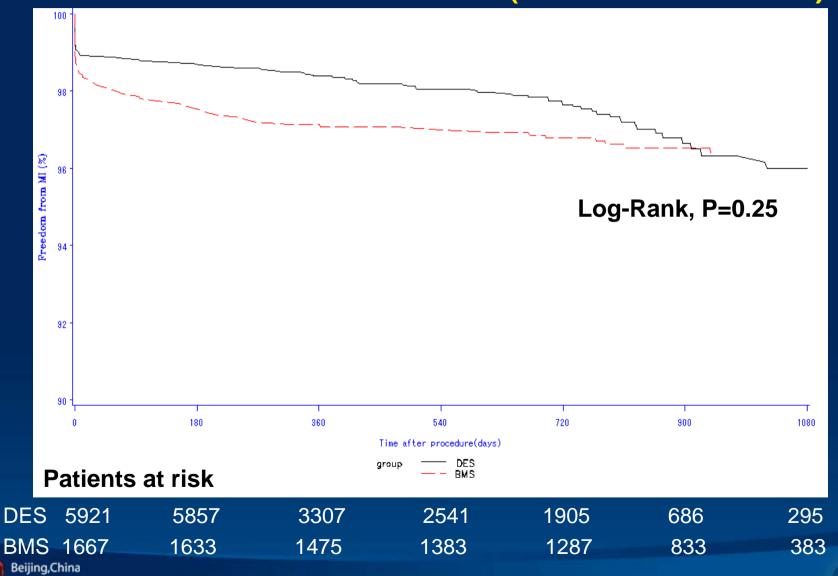
### Freedom from Death (All Patients)



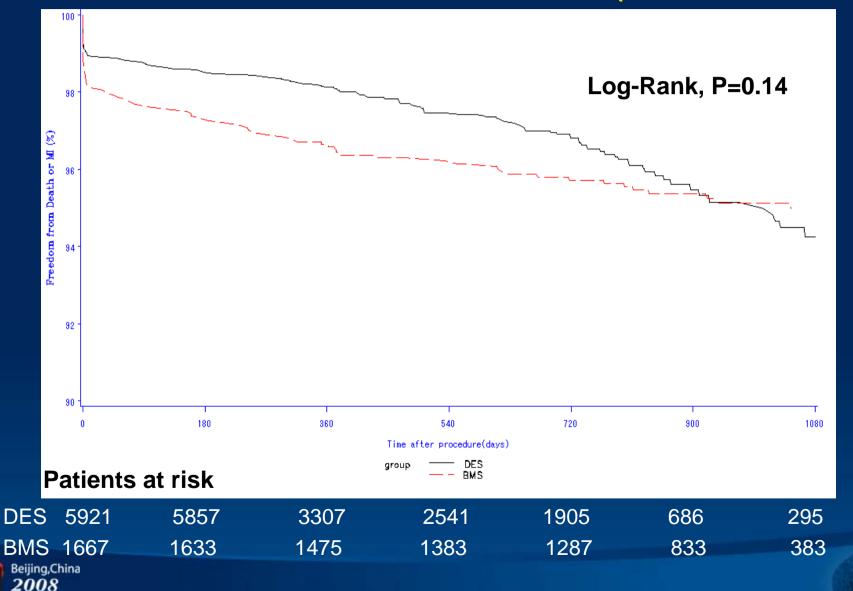
### Freedom from Death (Excluding AMI)



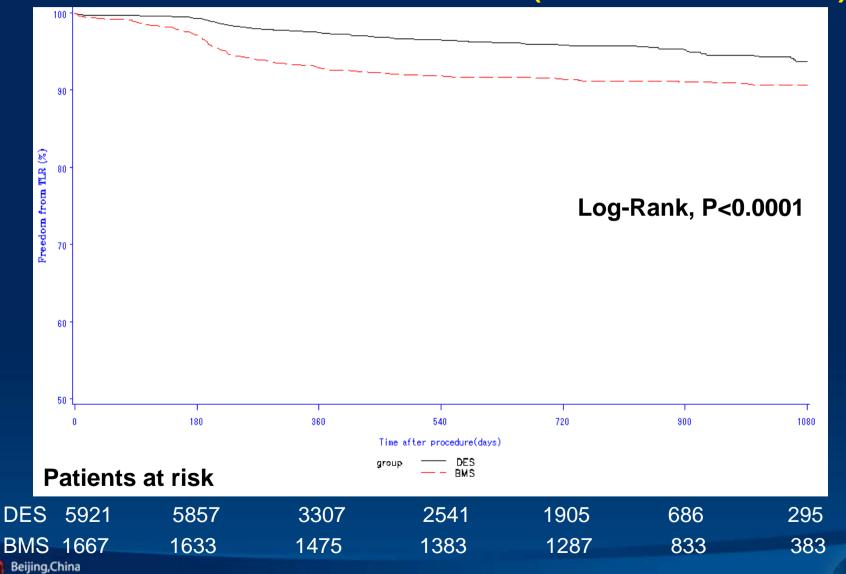
### Freedom from MI (All Patients)



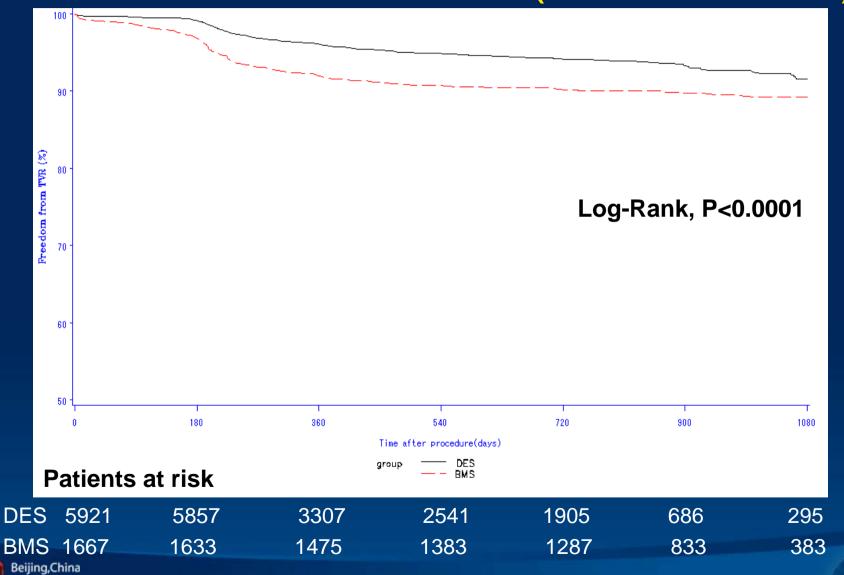
### Freedom from Death or MI (All Patients)



### Freedom from TLR (All Patients)



### Freedom from TVR (All Patients)



#### Conclusion

The preliminary unadjusted analysis in 7588 patients from a large single-center's database showed

- ➤ No increase in rates of thrombosis, death, or myocardial infarction associated with DES as compared to BMS implantation at median of 1.9 years
- ➤ A lower rate of revascularization in patients treated with DES compared with BMS



### Conclusion (cont.)

- ➤ The efficacy and safety of DES were confirmed in daily clinical practice
- Further analysis with propensity score to adjust the unbalances of the baseline data is needed

