

Faculty Disclosure

Are current bare-metal stents still an option in selected patient populations?

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Are current bare-metal stents still an option in selected patient populations?

Background and hypothesis

- DES are the current standard of care, with lower rates of in-stent restenosis (ISR)
- In low-risk lesions for ISR (non-diabetic, ≥ 2.5 mm diameter, ≤ 18 mm length), are BMS equivalent?

Design

- Retrospective observational study using the Melbourne Interventional Group registry
- Between 2005-2017 there were 'low-risk' 4,495 patients undergoing PCI with distinct BMS or DES use

Outcomes

- Primary: NDI-linked mortality
- Secondary: Early and late major adverse cardiac events (MACE)



Results

		BMS	DES	p-value			BMS	DES	p-value
n		2941 (65%)	1554 (35%)	-	30-day mortality		0.55%	0.26%	0.172
Age (years)		62.4	61.5	0.01	12-month mortality		1.96%	1.62%	0.471
Co-morbidities	AF	5.78%	2.45%	<0.005	12-month TLR		3.5%	0.9%	<0.001
	Lung disease	10.9%	8.6%	0.012					
	NYHA III-IV	21.9%	15.2%	<0.005					
Presentation	STEMI	48.4%	41.5%	<0.005					
	Killip class III/IV	1.42%	0.66%	0.027					

Observed NDI-linked mortality - higher in patients with BMS (BMS 386/2919, **13.22%** vs. DES 105/1540, **6.82%**) (p<0.001)

However, multi-variate adjusted mortality hazard ratio of BMS vs. DES **was not significantly different** (0.83; 0.65-1.06, p=0.14)

Discussion

- Observed mortality rates higher in patients with BMS
- However, BMS patients were older with greater comorbidity and presentation acuity
- Following adjustment, BMS was not an independent predictor of mortality predictor
- BMS remain a reasonable option in selected patient groups

