

# Results of DUTCH PEERS (TWENTE II) trial reported

October 31 2013

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Results of the DUTCH PEERS (TWENTE II) clinical trial demonstrate comparable safety and efficacy of two third-generation permanent polymer-based drug-eluting stents with low rates of adverse clinical events and establish the non-inferiority of the newest zotarolimus-eluting stent. The findings were presented today at the 25th annual Transcatheter Cardiovascular Therapeutics (TCT) scientific symposium. Sponsored by the Cardiovascular Research Foundation (CRF), TCT is the world's premier educational meeting specializing in interventional cardiovascular medicine.

Third-generation permanent polymer-based drug-eluting stents (DES) with novel flexible designs were developed to improve stent deliverability in challenging anatomical lesions and to improve stent alignment within the vessel wall, while maintaining the anti-restenotic potential of newer generation DES systems. DUTCH PEERS (TWENTE II) follows the TWENTE trial, which was presented at TCT 2011 and examined second-generation drug-eluting stents with the same drugs and coatings but different stent platforms.

DUTCH PEERS was a multicenter, prospective, single-blinded, randomized controlled study in [patients](#) requiring percutaneous coronary interventions (PCI) with DES implantation. The study was performed in four PCI centers in the Netherlands (Thoraxcentrum Twente, Enschede; Rijnstate Hospital, Arnhem; Scheper Hospital, Emmen; Medical Center Alkmaar, Alkmaar). The primary endpoint was the composite target vessel failure (TVF) at one-year, defined as cardiac death, target vessel

revascularization, or [myocardial infarction](#) (MI) attributable to the target vessel or not attributable to another vessel.

A total of 1,811 patients were randomly assigned to treatment with third-generation cobalt-chromium zotarolimus-eluting stents (906 patients; 1,205 lesions) or platinum-chromium everolimus-eluting [stents](#) (905 patients; 1,166 lesions). The study population (age  $63.9 \pm 10.8$  years, range 21

Provided by Cardiovascular Research Foundation

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