Bioresorbable vascular scaffold deemed noninferior

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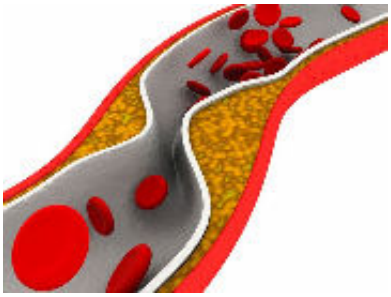

(HealthDay)—For patients with noncomplex obstructive coronary artery disease, treatment with an everolimus-eluting bioresorbable vascular scaffold is noninferior to treatment with an everolimus-eluting cobalt-chromium stent, according to a study published online Oct. 12 in the *New England Journal of Medicine* to coincide with the Transcatheter Cardiovascular Therapeutics meeting, held from Oct. 11 to 15 in San Francisco.

Stephen G. Ellis, M.D., from the Cleveland Clinic, and colleagues conducted a multicenter, randomized trial involving patients with stable or unstable angina who were randomized in a 2-to-1 ratio to receive an everolimus-eluting bioresorbable vascular scaffold (Absorb; 1,322 patients) or an everolimus-eluting cobalt-chromium stent (Xience; 686 patients). The primary end point was target-lesion failure (cardiac death,

target-vessel myocardial infarction, or ischemia-driven target-lesion revascularization) at one year.

The researchers found that 7.8 and 6.1 percent of patients in the Absorb and Xience groups, respectively, had target-lesion failure at one-year (difference, 1.7 percentage points; P = 0.007 for noninferiority and P = 0.16 for superiority). No significant between-group differences were seen in the rates of cardiac death, target-vessel myocardial infarction, or ischemia-driven target-lesion revascularization. Device thrombosis occurred in 1.5 and 0.7 percent of patients in the Absorb and Xience groups, respectively, within one year (P = 0.13)

"Treatment of noncomplex obstructive coronary artery disease with an everolimus-eluting bioresorbable vascular scaffold, as compared with an everolimus-eluting cobalt-chromium stent, was within the prespecified margin for noninferiority with respect to target-lesion failure at one year," the authors write.

The study was funded by Abbot Vascular.

More information: Abstract
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