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Everolimus- Versus Biolimus-Eluting Stents in Native Coronary Stenosis: A Propensity Score-Matched Compariosn of 1-Year Outcome

The goal of this study was to compare the 1-year clinical and angiographic outcomes among the second-generation drug-eluting stents (DES) (everolimus- (EES: Xience V / Promus) and biolimus- (BES: Nobori) eluting stents) for native coronary stenosis. From 2010 February (the time for EES approval) and from April 2011 (the time for BES approval) to 2012 September, 871 lesions treated with EES and 361 treated with BES were recruited. The incidence of primary endpoint comprising of cardiac death, non-fatal recurrent MI, and definite stent thrombosis in the EES group (1.3%) was very low and similar with that in the BES group (1.1%). Of them, the in-hospital mortality ratios after treating ST-elevated myocardial infarction after EES and BES placements were 0.55% and 0.69%. Among the angiographic followed up 451 lesions treated with EES and 112 with BES, the percentage of 1-year binary in-stent restenosis (in-stent % diameter stenosis more than 50 at follow up angiogram) of EES group (0.9%) was not significantly different from BES group (1.9%, p = 0.56) after the baseline adjustment using a propensity score matching analysis (n=102). Thus, the second-generation DESs (EES and BES) showed the 1-year clinical safety with the excellent angiogrhaphic outcomes for native coronary stenosis.