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Cypher BxV versus TAXUS Liberté Stents for De Novo Native Coronary Stenosis Treated with Long (>= 50 mm) Stenting

We compared the midterm angiographic outcomes of TAXUS Libert and Cypher BxV stents after long (>=50 mm) stent placements in a daily practice environment, in order to examine the impact of the revised platform of TAXUS Libert from TAXUS Express stents on the diffuse long lesions. Length of stent was calculated by summing the length of each stent, regardless of overlap. The incidence of the clinical safety endpoint (550-day cardiac death, nonfatal recurrent myocardial infarction, and definite stent thrombosis) after placement of TAXUS Libert&e group (0.50%; mean follow-up, 545&plusmn45 days, n=190) was not significantly different from that in the Cypher BxV group (0.8%; 544&plusmn48). By adjusting the historically different baselines with propensity score matching analysis producing 79 de novo native coronary stenosis in each arm, the incidence of binary in-stent restenosis (ISR) (percent diameter stenosis [%DS] >50% at the followed up angiogram) within 550 days from index procedure in the TAXUS Liberte group (20.3%) was not significantly different from that in the Cypher BxV group (13.9%, p=0.291). Thus, TAXUS Liberte stent exerted the equivalent efficacy for long (50 mm>=) stenting for de novo coronary stenosis compared with Cypher BxV in a daily practice environment, with favorable midterm clinical safety.