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Comparable low rates of MACE and ST in PCI patients treated with the BioMatrix and BioMatrix Flex stents

It has been shown in previous animal studies that the vessel wall inflammatory response is similar after implantation of a BioMatrix (with primer coating) or a BioMatrix Flex (no primer coating) BES. Both devices elute Biolimus A9™ with a PLA biodegradable polymer. The aim of this study was to assess whether the primer coating was associated with differing clinical outcomes in a large all-comers population.

A total number of 3047 patients were treated with BioMatrix versus 1398 patients treated with the BioMatrix Flex stent and compared in the e-BioMatrix PMR registry. Demographics and procedure parameters were broadly similar in both groups. The primary endpoint was MACE, defined as a composite of cardiac death, MI and clinically-indicated TVR, at 12 months. Secondary endpoints were MACE at 30 days, 6 months, 2, 3, and 5 years, and ARC defined stent thrombosis and total revascularization rates at 30 days, 6 months, 12 months, 2, 3, and 5 years. DAPT treatment was mandatory for 6 months and recommended up to 12 months.

MACE rates at 12 months were similar: 3.8% in the BioMatrix group vs. 4.2% in the BioMatrix Flex group (p=0.35). The rates of definite stent thrombosis (ST) were also low and similar at 12 months: 0.5% for both groups (p=0.90).

Clinical outcomes of patients implanted with the BioMatrix vs. the BioMatrix Flex stents are similar, and the primer coating appears not to influence the procedure results. A complete analysis of this dataset will be reported for the first time at CCT 2013.