

From yesterday...

Drug-eluting stents picking the best for your patients

Attendees to the session chaired by Professor Sigmund Silber (Munich, Germany) at 13:30 on drug-eluting stents (DES) in challenging patients and lesions were provided with a comprehensive review of this important topic. Within Europe, 22 DES have received a CE mark, which complicates the choice of DES. In contrast, in the USA there are only 3 approved DES, which can make the decision process easier. This choice of DES is especially important in the most challenging cases, patients with diabetes who are at higher risk of cardiovascular events and patients with small vessels and/or long lesions. DES technology is finally redressing the balance when treating diabetic patients.

During this session, Dr Adrian Banning (John Radcliff Hospital, UK) presented data on the use of DES in diabetic patients. Data are available from three randomised, controlled trials and indicate that DES are better than

bare metal stents in this high-risk patient group. Critical though when picking a stent are good, strong supporting data from randomised control trials. Information from registry studies can also aid this decision making process and although these data are less rigorous they are often more applicable to real life.

Just being diabetic confers the same risk as having had a MI

Dr John Ormiston (New Zealand) followed this presentation with an overview of the treatment challenges faced when patients present with small vessels and/or long lesions. In these patients, the restenosis rate makes the choice of stent extremely important, and DES are the preferred choice. In some patients lesions are extremely long and

the general consensus was that a 2-3 mm overlap provides the best results.

One of the main concerns with DES are their safety, but recent data from a comprehensive meta-analysis was presented by Dr Martin Leon (New York, USA). These data looked at all cause mortality, myocardial infarction rates and frequencies of target vessel revascularisation (TVR), and concluded that DES provide large benefits with no increased risk.

We need not to over react to any study and verify the results / collaborate the data before we make clinical decisions.

Key messages from the session as summarised by Professor Silber were that, there is no class effect - each DES is different and results from one study can not be applied to a other DES even if they use the same drug. This is due to differences in design architecture and the polymer used as well as the type of drug used. As all DES are not the same, the clinician's choice should be based on a review



Professor Sigmund Silber

of available data, and especially the results of randomised, controlled trials with a primary clinical endpoint.

Life is a matter of balance - the scale still favours DES in most but not all patients.