

P2695

ABSORB bioresorbable scaffold versus Xience metallic stent in acute coronary syndromes with treated with percutaneous coronary intervention. A subanalysis of the COMPARE-ABSORB trial

R.J. Van Geuns¹, P.C. Smits², C.C. Chang¹, A. Włodarczyk³, B. Chevalier⁴, N. West⁵, T. Gori⁶, E. Barbato⁷, G. Tarantini⁸, V. Kocka⁹, S. Achenbach¹⁰, D. Dudek¹¹, J. Escaned¹², J. Tijssen¹³, Y. Onuma¹

¹Erasmus Medical Centre, Rotterdam, Netherlands (The); ²Maasstad Hospital, Cardiology department, Rotterdam, Netherlands (The); ³Miedziove Centrum Zdrowia, Department of Cardiology, Lubin, Poland; ⁴Cardiovascular Institute Paris-Sud (ICPS), Massy, France; ⁵Royal Papworth Hospital NHS Foundation Trust, Cambridge, United Kingdom; ⁶Johannes Gutenberg University Mainz (JGU), Mainz, Germany; ⁷Cardiovascular Center Aalst, Aalst, Belgium; ⁸University of Padova, Padua, Italy; ⁹Charles University of Prague, Prague, Czechia; ¹⁰Friedrich Alexander University, Erlangen, Germany; ¹¹Jagiellonian University Medical College, 2nd Department of Cardiology, Krakow, Poland; ¹²Hospital Clinic San Carlos, Madrid, Spain; ¹³Academic Medical Center of Amsterdam, Amsterdam, Netherlands (The)

On behalf of the COMPARE ABSORB trial investigators

Funding Acknowledgement: Maasstad Hospital, Rotterdam, the Netherlands

Background: The safety and efficacy of the ABSORB scaffold in ACS patients remain unclear. The COMPARE-ABSORB trial compares the ABSORB to the Xience stent in lesions and patients at high risk for restenosis. Patients with STEMI and urgent PCI for non-STEMI were not excluded.

Methods: Patients included in the COMPARE-ABSORB trial undergoing PCI for ACS were eligible. Predefined implantation techniques for ABSORB was mandatory. Primary endpoint is target lesion failure (TLF) at 1 year, defined as a composite of cardiac death, target vessel myocardial infarction and clinically indicated target lesion revascularization.

Results: Of 1670 patients, 842 were treated for ACS. At 1-year, TLF oc-

curred in 22 patients (5.0%) of the ABSORB group and in 14 patients (3.5%) of the Xience group (HR 1.44%; 95% CI 0.74%-2.82%, P=0.284). Definite device thrombosis occurred in 9 patients (2.0%) of the ABSORB group and in 2 patients (0.5%) of the Xience group (HR 4.10%; 95% CI 0.89%-18.9%, P=0.071).

Conclusion: The COMPARE-ABSORB trial showed no difference in the primary endpoint at one year for the ACS subgroup. The signal for increased thrombosis remained, even with the optimized implantation protocol

Baseline characteristics

	ABSORB (n=442)	XIENCE (n=400)
Age, years (SD)	60.7 (9.6)	61.3 (9.1)
Male	350/442 (79.2%)	313/400 (78.3%)
Current smoker	159/439 (36.2%)	126/397 (31.7%)
Diabetes mellitus	152/440 (34.5%)	138/399 (34.6%)
Hypertension	298/442 (67.4%)	266/400 (66.5%)
Hypercholesterolemia	255/442 (57.7%)	232/400 (58.0%)
Family history of coronary artery disease	147/442 (33.3%)	103/400 (25.8%)
Previous MI	61/442 (13.8%)	67/400 (16.8%)
Established Peripheral Vascular Disease	27/442 (6.1%)	15/400 (3.8%)
Previous PCI	83/442 (18.8%)	86/400 (21.5%)
Previous CABG	1/442 (0.2%)	4/400 (1.0%)
Previous stroke	15/442 (3.4%)	21/400 (5.3%)
Renal Insufficiency	9/442 (2.0%)	13/400 (3.3%)
Clinical presentation		
Unstable angina	149/442 (33.7%)	141/400 (35.3%)
Non-ST elevation myocardial infarction	183/442 (41.4%)	156/400 (39.0%)
ST elevation myocardial infarction	110/442 (24.9%)	103/400 (25.7%)

