Nature Reviews Cardiology **12**, 3 (2015); published online 2 December 2014; doi:10.1038/nrcardio.2014.201

CORONARY ARTERY DISEASE

Durable-polymer drug-eluting stents might not lead to very late stent thrombosis

Biodegradable polymer-coated drug-eluting stents (BP-DES) have similar efficacy and safety to durable-polymer drug-eluting stents (DP-DES) according to investigators presenting their findings at the AHA Scientific Sessions 2014 in Chicago, IL, USA.

In the randomized BASKET-PROVE II study, 2,291 participants with acute or stable coronary artery disease, who required stents ≥3 mm in diameter, received either a biolimus-A9-eluting BP-DES, a second-generation everolimus-eluting DP-DES, or a thin-strut silicon-carbide-coated bare-metal stent (BMS). The primary end point at 2 years (a combination of cardiac death, myocardial infarction, and clinically indicated target-vessel revascularization) occurred with similar frequencies in patients who received a BP-DES or a DP-DES (7.6% vs 6.8%), but was more common in patients who received a BMS (12.7%). In an intention-to-treat analysis, BP-DES were noninferior to DP-DES (absolute risk difference 0.78%, 95% CI −1.93 to 3.50); and superior to BMS (absolute risk difference −5.16, 95% CI −8.32 to −2.01) for the primary outcome.

Although both DES were superior to BMS, BP-DES did not reduce the incidence of very late stent thrombosis, myocardial infarction, or cardiac death beyond 1 year compared with DP-DES (OR 1.22, 95% CI 0.63–2.37, $P = 0.54$). These findings suggest that very late stent thrombosis might not result from the use of durable-polymer stents.

João H. Duarte

Original article Kaiser, C. *et al*. Long-term efficacy and safety of biodegradable-polymer biolimus-eluting stents: main results of the Basel Stent Kosten-Effektivitäts Trial–PROspective Validation Examination II (BASKET-PROVE II), a randomized, controlled noninferiority 2-year outcome trial. *Circulation* doi:10.1161/CIRCULATIONAHA.114.013520