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Delayed Healing of Coronary Artery Following Implantation of Drug Eluting Stents, Increasing Risk of Thrombosis, is a Top Concern of Interventional Cardiologists, International Survey Shows

PARIS, May 21, 2013 – The delayed healing of the coronary artery following physicians’ use of drug eluting stents (DES), which increases patients’ risks of developing thrombosis, is a top concern today of interventional cardiologists, according to the results of a survey announced at EuroPCR 2013 in Paris.

In the online survey of 141 interventional cardiologists in Belgium, China, Denmark, Germany, Italy, Malaysia, The Netherlands, Singapore and the United Kingdom, participants responded to questions about their familiarity with delayed arterial healing, the degree to which it was a concern in their clinical practices, and the importance of the next generation of stents to address this challenge. The survey, sponsored by OrbusNeich, sought to quantify concerns raised by physicians involving the effects of the drug and polymer combinations of DES on the healing of the coronary artery following percutaneous coronary intervention (PCI). According to data published in Circulation, approximately 76 percent of stents implanted during PCI are DES as opposed to bare metal stents (BMS).
Specifically, the survey revealed that:

- 97 percent of cardiologists surveyed are very concerned about delayed arterial healing and its implications
- 75 percent of cardiologists surveyed discuss the risks associated with delayed arterial healing with their patients
- 41 percent of cardiologists surveyed always or often select a stent based on their awareness and understanding of delayed arterial healing, while 50 percent sometimes do
- 99 percent of cardiologists surveyed agree that the next generation of stents must address the challenge of delayed arterial healing

Contemporary DES, which are designed to delay formation of new tissue, have been associated with delayed arterial healing and the prevalence of latent thrombus after five years, suggesting that patients may continue to be at risk for late and very late stent thrombosis (ST) long after PCI. To mitigate the risk for ST, treatment with DES is accompanied by long-term dual antiplatelet therapy (DAPT). The most recent guidelines from the European Society of Cardiology acknowledge that the “optimal duration of DAPT after DES implantation is not known” and suggest that patients remain on DAPT for at least six months.

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