Lessons learned from randomized clinical trials of oral immunosuppressive therapies in reduction of restenosis after bare metal stent implantation: Are enough evidence for class II-an indication?

Coronary restenosis after Percutaneous Coronary Interventions (PCI) has been significantly reduced in the last decade after the introduction of Drug Eluting Stents (DES), clinically reproduced by a significant decrease of repeat revascularization procedures. However, in certain group of patients, this benefit did not translate to better clinical outcomes in the long run compared to previous Bare Metal Stents (BMS) implantation. Hard clinical endpoints, such as death, myocardial infarction or cerebrovascular accidents did not diminish as was expected, especially in the subgroup who couldn’t receive dual antiplatelet therapy for longtime. While newer generations of DES and antiplatelet drugs developed, registries and Randomized Clinical Trials (RCT) with Oral Immunosuppressive Therapies (OIT) to prevent restenosis after BMS implantation demonstrated a significant improvement reducing restenosis and target vessel revascularization without increasing hard clinical end-points or serious adverse side effects. However, these investigator`s driven studies had limitations, mainly due to small sample size. Last year a meta-analysis of OIT, either with sirolimus or prednisone, was published and results were in accordance with previous data. At the same time an important RCT, *Oral treatment with Rapamycin in Argentina (ORAR III)*, published 5 years follow-up data comparing 1st generation DES and showed promising results in favor of OIT. Actually, this strategy of OIT after BMS appears to be rational when patients had restrictions or contra indications for DES or if there are economic limitations in the health care system, and therefore it would be appropriate to include this approach as a Class IIA indication.

Biography

Alfredo E Rodriguez graduated from the Cordoba University School of Medicine, Argentina at the age of 22, did his cardiology specialization in Sanatorio Guemes, Buenos Aires and has completed his PhD at 30 from the Catholic University School of Medicine. He began training in interventional cardiology at San Francisco Heart Institute, California. He was a pioneer in South America performing angioplasty in acute myocardial infarction in 1981. Currently he is the Director of Centro de Estudios en Cardiologia Intervencionista, a premier Research Organization and Head of the Cardiology Department of Otamendi Hospital, Buenos Aires, Argentina. He has published more than 150 papers in peer review pub med Journals, he is Editor-in-chief in the Journal “Revista Argentina de Cardioangiologia Intervencionista” and has been serving as an Editorial Board Member of repute for Journals such as: JACC Cardiovascular Interv (2005), EuroIntervention (2009), and World Journal of cardiology etc.

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