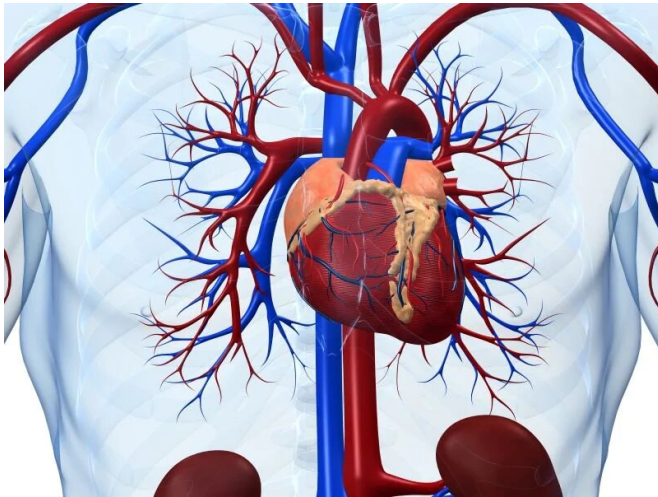


# Polymer-based stents noninferior for patients with high bleeding risk

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patients in the zotarolimus-eluting and polymer-free drug-coated stent groups, respectively. The principal secondary outcome of target-lesion failure (an effectiveness composite of death from cardiac causes, target-vessel myocardial infarction, or clinically indicated target-lesion revascularization) was observed in 17.6 and 17.4 percent of the zotarolimus-eluting and polymer-free drug-coated stent groups, respectively.

"Among patients at high bleeding risk, a strategy of PCI with a polymer-based zotarolimus-eluting stent followed by one month of dual antiplatelet therapy was noninferior to a polymer-free drug-coated stent," the authors write.

The study was funded by Medtronic.

**More information:** [Abstract/Full Text \(subscription or payment may be required\)](#)

(HealthDay)—Polymer-based zotarolimus-eluting stents are noninferior to polymer-free drug-coated stents among patients at high bleeding risk undergoing percutaneous coronary intervention (PCI), according to a study published online Feb. 12 in the *New England Journal of Medicine*.

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Stephan Windecker, M.D., from Bern University Hospital in Switzerland, and colleagues conducted a randomized, single-blind trial to compare [polymer](#)-based zotarolimus-eluting stents with polymer-free umirolimus-coated stents in [patients](#) at high bleeding risk. Patients were treated with one month of dual antiplatelet therapy after PCI followed by single antiplatelet therapy. A total of 1,996 patients were randomly assigned to receive either zotarolimus-eluting stents (1,003 patients) or polymer-free drug-coated stents (993 patients).

The researchers found that the primary outcome (safety composite of death from cardiac causes, [myocardial infarction](#), or stent thrombosis) at one year was observed in 17.1 and 16.9 percent of

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