

outcomes after percutaneous myocardial revascularisation, but its performance in small coronary arteries has not been investigated.

**Objectives** To evaluate the safety and efficacy of the XIENCE V everolimus-eluting stent (EES) compared to the Resolute zotarolimus-eluting stent (ZES) in small vessels.

**Methods** In this study, we studied a cohort of 412 patients with small coronary vessels (reference diameter <2.75 mm). EES (54.1% of pts) and ZES (45.9% of pts) were used in our study.

**Results** Mean angiographic in-stent and in-segment late loss was non-significantly less in the EES group compared with the ZES group, ( $0.16 \pm 0.51$  vs  $0.18 \pm 0.44$  mm;  $p=0.209$  for in-stent;  $0.12 \pm 0.36$  mm vs  $0.13 \pm 0.28$  mm;  $p=0.387$  for in-segment). EES resulted in a non-significant reduction in composite major adverse cardiac events at 1 year (6.4% vs 8.2%;  $p=0.130$ ). At 1 year, the rate of non-Q-wave myocardial infarction was also the same in both groups ( $p=0.055$ ).

**Conclusions** In patients with small vessel coronary arteries, the XIENCE V EES was not superior to the Resolute ZES.

[gw22-e0789]

# SAFETY AND EFFICACY OF THE XIENCE V EVEROLIMUS-ELUTING STENT COMPARED TO THE RESOLUTE ZOTAROLIMUS-ELUTING STENT IN SMALL VESSELS

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10.1136/heartjnl-2011-300867.485

**Background** The second generation drug-eluting stents have been shown to improve angiographic and clinical