consisting of cardiac death, MI, or ischemia-driven target vessel revascularisation (TVR).

Results Baseline clinical and angiographic characteristics were well matched between two groups except for higher rate of hypertension and NYHC α in PARTNER stent group. Angiographic follow-up was available at 6–9 months in 175 patients (77%). Procedure was successful in all patients. 6–9 months angiographic follow-up indicated that there were no significant differences of in-stent and in-segment late loss between CAS group and PARTNER stent group ((0.34 ± 0.30) mm vs (0.29 ± 0.28) mm, $p=0.1968$, (0.32 ± 0.34) mm vs (0.29 ± 0.30) mm, $p=0.4169$). Clinical follow-up indicated that there were no significant differences of MACE at 12 months between CAS group and PARTNER stent group (5.71% vs 4.07%, $p=0.5543$). there were no significant differences of TVR at 12 months between CAS group and PARTNER stent group (5.71% vs 4.07%, $p=0.5543$). There was no cardiac death, MI and in-stent thrombosis in both of two groups during 12 months follow-up.

Conclusion Six to nine months angiographic and 1 year clinical outcome on efficacy and safety were comparable in patients implanted with cobalt-base alloy bio absorbable polymer sirolimus-eluting stents and PARTNER stents.

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CLINICAL COMPARATIVE STUDY ON EFFICACY AND SAFETY FOR TREATMENT OF CORONARY HEART DISEASE WITH COBALT-BASE ALLOY BIO ABSORBABLE POLYMER SIROLIMUS-ELUTING STENT AND PARTNER STENT

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Objective To evaluate the efficacy and safety for treatment of coronary heart disease with cobalt-base alloy bio absorbable polymer sirolimus-eluting stent.

Methods A total of 228 patients with up to two de novo native coronary artery lesions (reference vessel diameter, 2.5 to 4.0 mm; target lesion stenosis $\geq 70\%$; lesion length ≤ 40 mm) were randomised 1:1 to cobalt-base alloy bio absorbable polymer sirolimus-eluting stent (CAS) group ($n=105$) versus PARTNER stent group ($n=123$). Antiplatelet therapy consisted of aspirin (100 mg/d) and clopidogrel (75 mg/d) ≥ 12 months. Clinical follow-up was scheduled at 1, 3, 6, 9 and 12 months and angiographic follow-up at 6–9 months. The primary end point is in-stent late loss and in-segment late loss at 6–9 months. Secondary end point is MACE at 12 months,