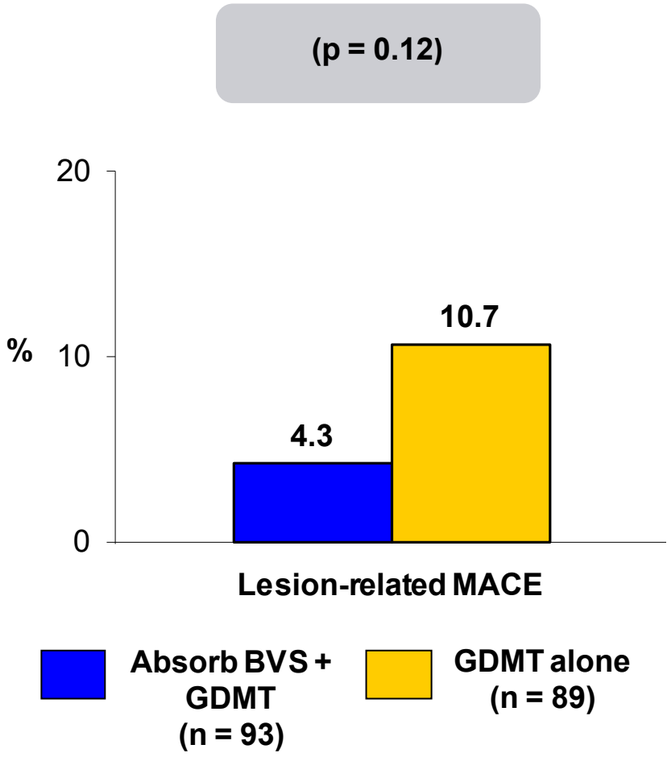
# PROSPECT ABSORB

*#TCT2020*

AMERICAN COLLEGE of CARDIOLOGY

**Trial Description:** Following PCI of all flow-limiting lesions, patients with a residual moderate stenosis were randomized in an open-label 1:1 fashion to either PCI with Absorb BVS or control. All patients received guideline-directed medical therapy (GDMT). Follow-up was a median of 25 months.




## RESULTS

- Primary endpoint, minimal lumen area (MLA) on IVUS, for PCI + GDMT vs. GDMT alone: 6.9 vs. 3.0 $mm^2$ ($p < 0.0001$)
- Target lesion failure: 4.3% vs. 4.5% ($p = 0.96$), target vessel MI: 3.3% vs. 1.1%, lesion-related MACE: 4.3% vs. 10.7% ($p = 0.12$)
- Scaffold thrombosis: 1.1% vs. 0%

## CONCLUSIONS

- PCI of proximal non–flow-limiting stenosis with angiographic stenosis <70%, FFR/iFR negative, and plaque burden on IVUS ≥65% with Absorb BVS resulted in a larger MLA on IVUS follow-up, with no difference in clinical endpoints at 25 months
- This is a pilot trial; larger studies are indicated

**Stone GW, et al. J Am Coll Cardiol 2020;Oct 14:[Epub]**