I hope the following answers provide you with my views on this subject:

1. What types of stents are currently available in your Hospital’s Cath Lab and in your country?

There are 5 main drug-eluting stents approved in the US, all of which are available in our center: Resolute (Medtronic), Endeavor (Medtronic), Xience (Abbott), Promus Element (Boston Scientific), and Taxus (Boston Scientific). While we use all of them, ~75% use is Xience and/or Promus Element (combined – they are both everolimus-eluting from a durable fluoropolymer), 20-25% is Resolute, and <5% are Endeavor and Taxus.

Each of these companies also sells bare metal stents as well.

2. What is your opinion about this imminent stent market monopolization in our country?

While in general I believe that all stents should be available, as there are individual situations in which in which one or the other may be preferred, the BSC stents, which are excellent, will suffice in 90% of the cases. In 10% of cases I would prefer a different stent for a variety of reasons.

3. Do you consider important to have access to wide variety of stents (with different radial strength, crossing profiles, flexibility, restenosis rate, polymers, drugs, alloys’ composition, struts width, etc.) versus a restricted access to these devices?

Yes, for the above reasons. And each company improves their stents each 1-2 years, and each are currently testing in humans substantial new designs with either bioabsorbable polymers, polymer-free systems or fully bioabsorbable vascular scaffolds. So if you go with only one vendor you would probably want to re-visit this decision on a yearly basis.

4. What type of consequences could a system like this have in terms of limitations and security of an interventional practice?

See above.

I hope this is helpful.

Gregg

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