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Improved Outcome With Longer Radiation Sources: Final Results of the RENO Registry in 1098 Patients

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RENO is a European registry trial to assess the clinical event rate (MACE defined as death, MI and/or TVR) in patients with discrete lesions (de novo or restenotic) in single or multiple vessels (native and bypass grafts) treated with beta radiation (Novoste Beta-Cath). Between April 1999 and September 2000, 46 sites have enrolled 1098 patients. 77.7% were treated for in-stent restenosis (ISR) and 17.7% for de-novo lesions in predominantly (94.1%) native coronary arteries. Mean dose was 18.8±3.2 Gy with 16.5% 30mm, 79.2 % 40mm and 4.3% 40 mm sources. The results are listed in the table.

Conclusions: These data surprisingly show an improved outcome regarding angiogr. restenosis, total occlusion and MACE with longer radiation sources despite longer lesions.

Radiation Source Length	30 mm	40 mm	60 mm
Age (mean ±SD) y:	62.3 ± 9.9	62.1 ±10.3	59.5 ±9.2
Diabetes	15.1 %	25.6 %	18.8 %
ISR	70.1 %	79.2 %	75.4 %
Lesion Length	15.5 ± 9 mm	19.1 ± 12 mm	30.9±14.7 mm
Angiographic Restenosis (6 months)	27.7 %	24.1%	16.7%
Total occlusion at f/up	7.9 %	5.3 %	3.2 %
MACE (6 months)	20.4 %	18.6 %	12.2 %