



# Biological Stent Under Development

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# The goals of Any Revascularization Strategy:

## *Percutaneous Coronary Intervention (PCI)*

- Provide a safe and durable treatment of flow limiting epicardial coronary obstructions
  - *stent, +/- radiation, drugs*
- Prevent future morbidity and mortality arising from ongoing coronary atherosclerosis
  - *medical therapy*

# How to provide a safe and durable treatment of atherosclerosis with stent

- **Rock bottom binary restenosis  
- low late loss (?)**

- **Few MACE associated with stent  
for durable period**

# What have we learned from datas & experiences ?



- **DRUG PROPERTIES**
- **VASCULAR GEOMETRY**  
Bifurcations
- **POLYMER**
- **CLOT**  
Drugs induce  
Stent in clot
- **STENT DESIGN**
- **TECHNIQUE**  
Predilation

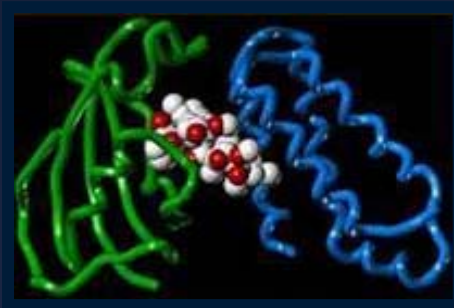
# Drug-eluting Stent in 2004 Safety and Efficacy Proven

*Drug*

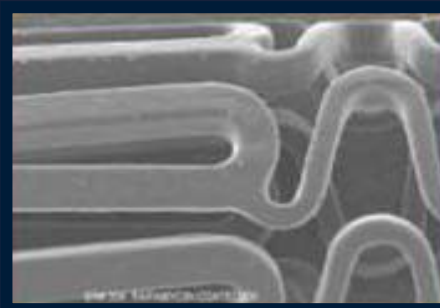
*Polymer*

*Stent*

*Cypher*



Sirolimus

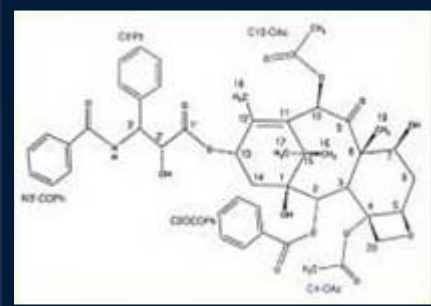


PEVA+PBMA blend

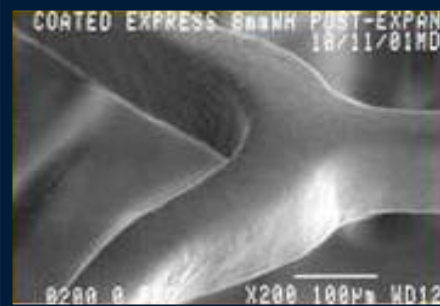


BX Velocity

*TAXUS*



Paclitaxel



Polyolenfin



Express<sup>2</sup>

# Integrated CYPHER Trials (N=2,074)

Study	RCT vs. BMS	Pts	Study Location	Angio F/U (Mo.)	Clin. F/U (Mo.)	Anti-Coag. Regim. (Mo.)	Core Lab	CEC
<b>SIRIUS</b>	Y	<i>de novo</i>	US	8	9,12, 24	3	BW	HCRI
<b>E-SIRIUS</b>	Y	<i>de novo</i>	EU	8	9,12, 24	2	BW	HCRI
<b>C-SIRIUS</b>	Y	<i>de novo</i>	CA	8	9,12, 24	2	BW	HCRI
<b>DIRECT</b>	N	<i>de novo</i>	US	8	9	3	BW	HCRI
<b>SVELTE</b>	N	<i>de novo &amp; SV</i>	EU LA	8	9	2	BW	HCRI
<b>RAVEL</b>	Y	<i>de novo</i>	EU LA	6	6,12,24, 36	2	CS	CS

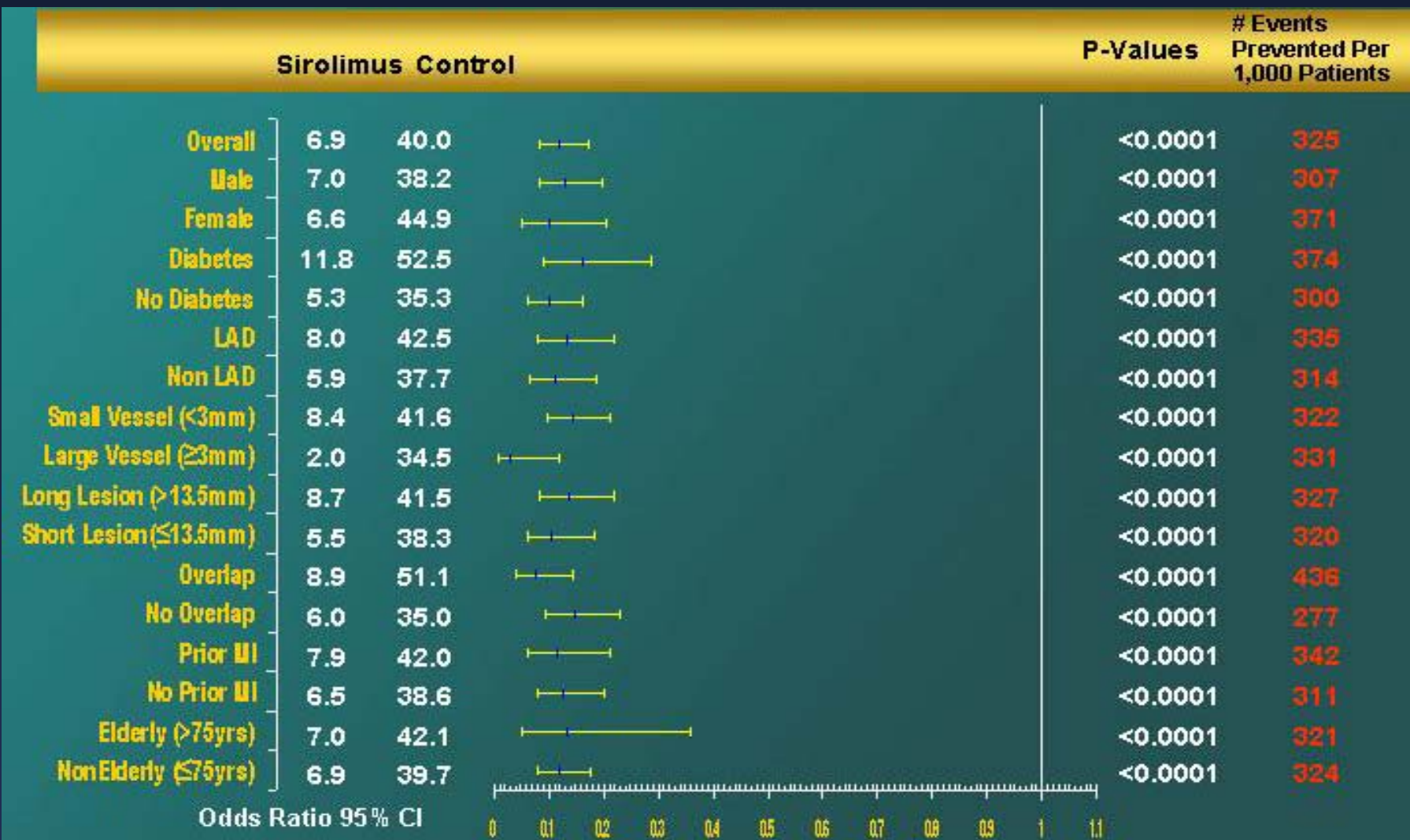
1. RCT – Randomized Control Trial, BMS – Bare Metal Stent

2. SV – Small Vessel

3. NA – North America, EU – Europe, US – United States, LA – Latin America

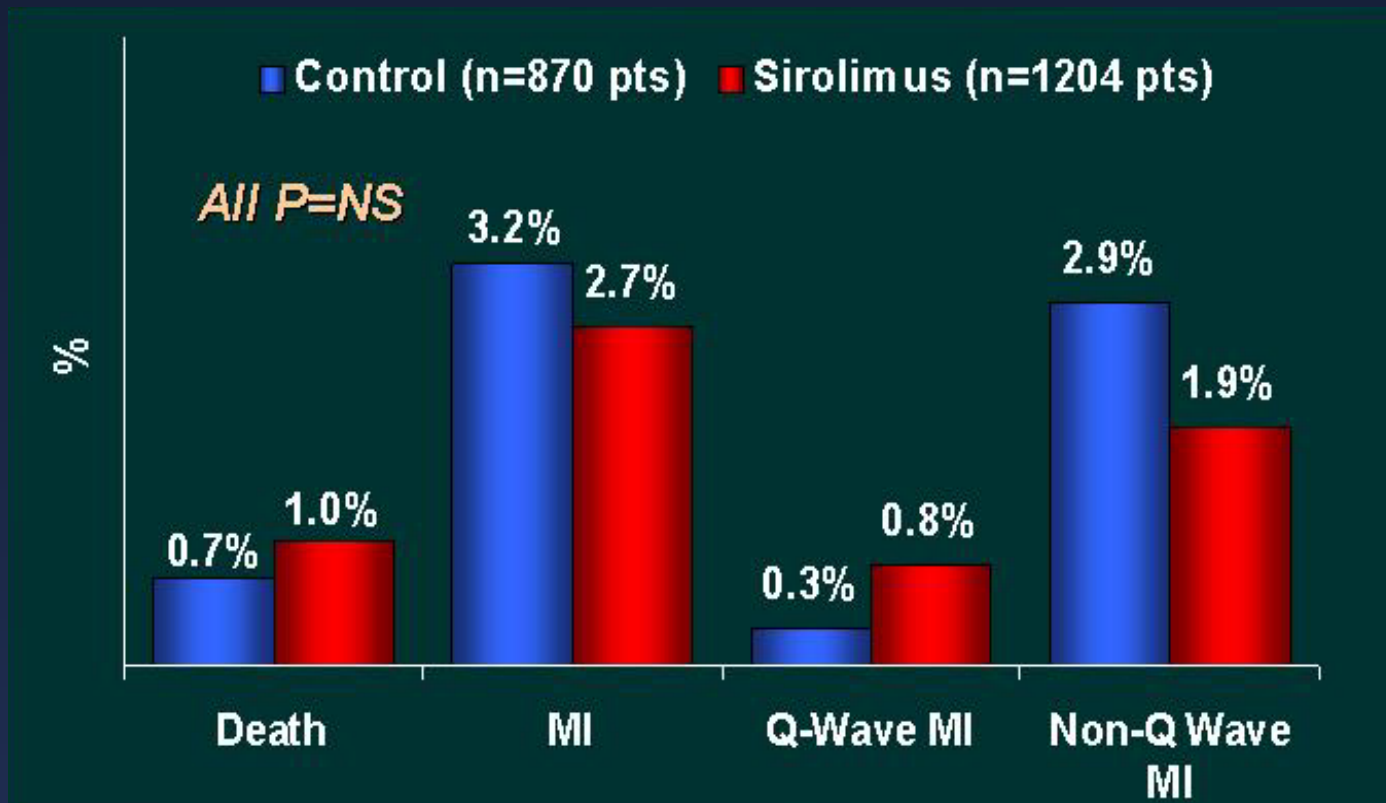
4. BW – Brigham and Women's, HCRI – Harvard Clinical Research Institute, CS - Cardialysis

# CYPHER Trials – In-Segment Restenosis



# CYPHER Trials

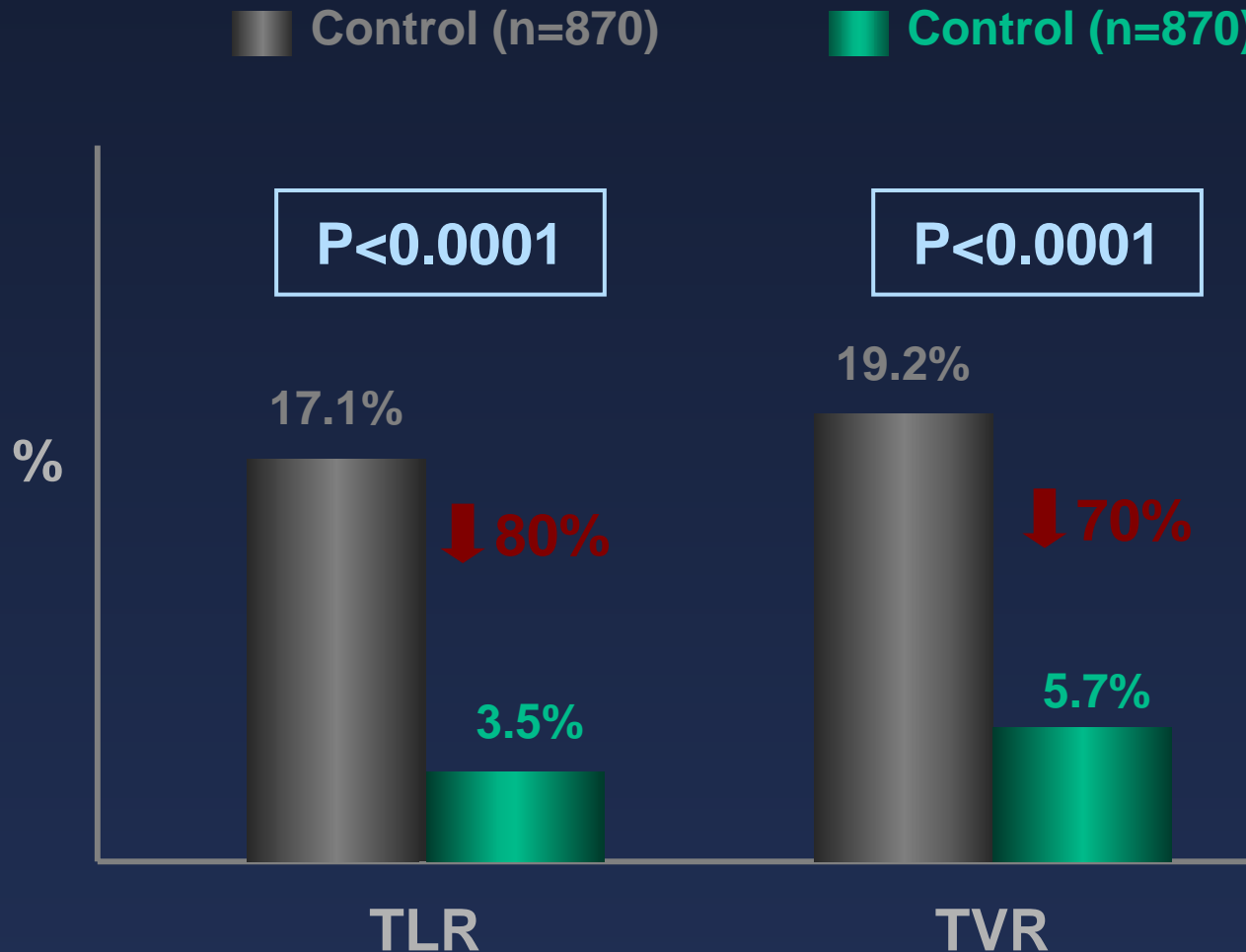
## 9 Month Outcomes





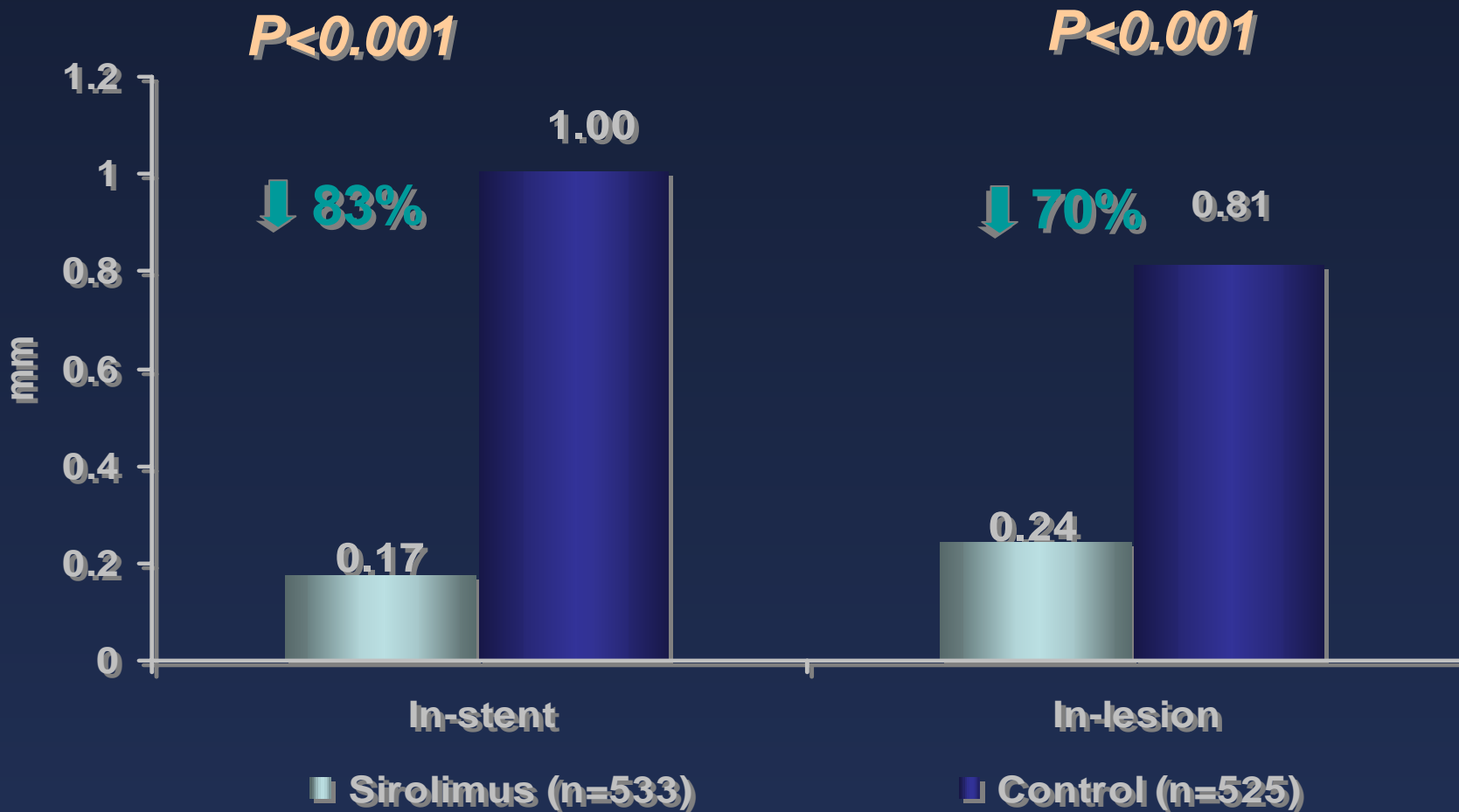
# CYPHER Trials

## 9 Month Outcomes



# SIRIUS - Late Loss Analysis

## Late Loss (mm)



# TAXUS II + IV RCT Pooled Data

N = 2,289 randomized pts

	TAXUS DES (n=1,141)	Control BMS (n=1,148)	P value
Age	62.0 ± 10.8	61.8 ± 10.5	0.63
Male	73.0%	74.4%	0.48
Diabetes	18.9%	21.1%	0.20
- insulin req.	6.2%	7.2%	0.34
RVD (mm)	2.76 ± 0.47	2.76 ± 0.48	0.72
Lesion length (mm)	14.1 ± 7.1	14.1 ± 7.0	0.88
Stent length (mm)	22.5 ± 9.6	22.3 ± 9.7	0.67
Stent:lesion length	1.82 ± 0.86	1.80 ± 0.82	0.52
Overlapping stents	28.8%	26.9%	0.67

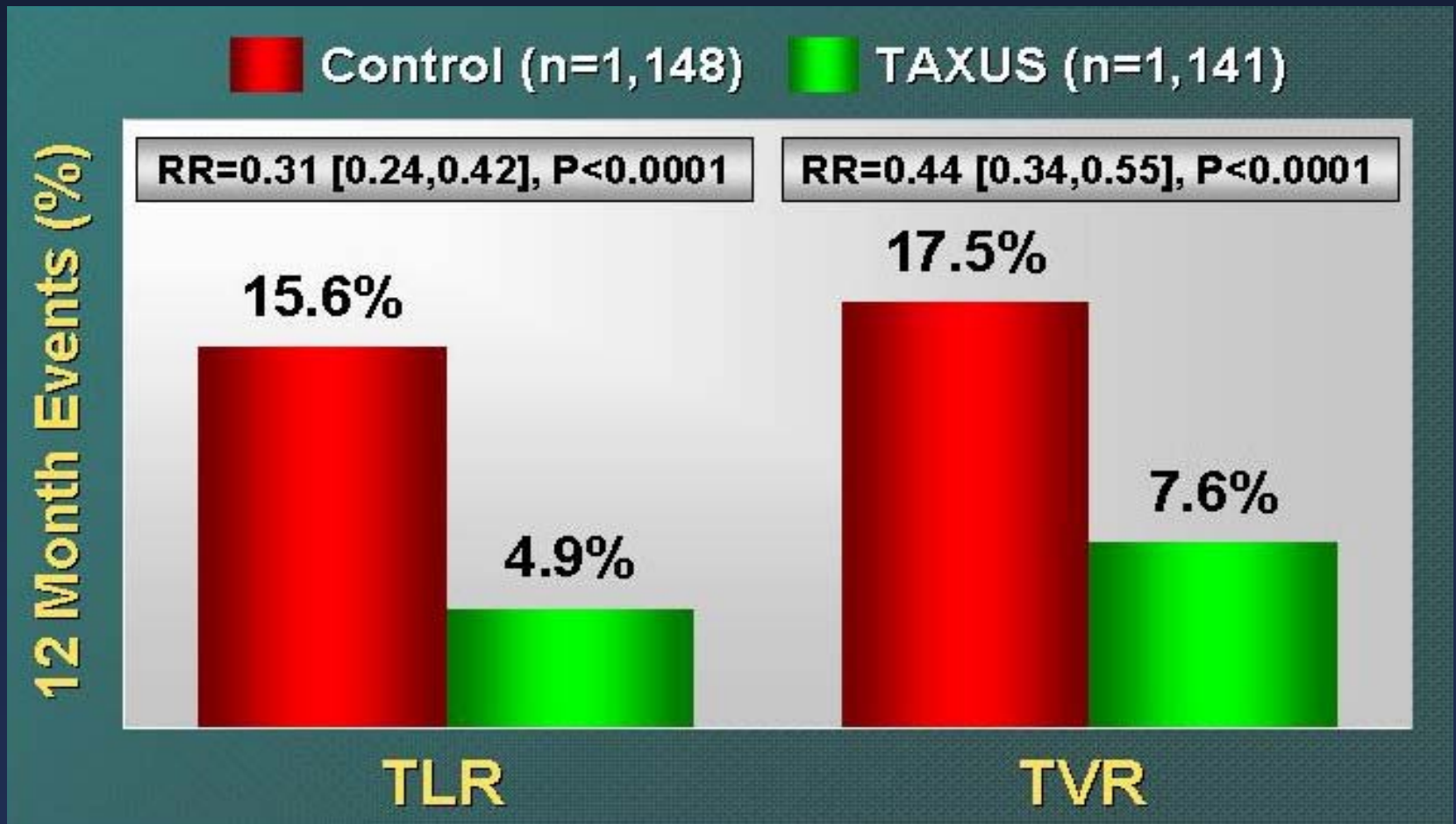
# TAXUS II + VI Meta-analysis

## Angiographic restenosis



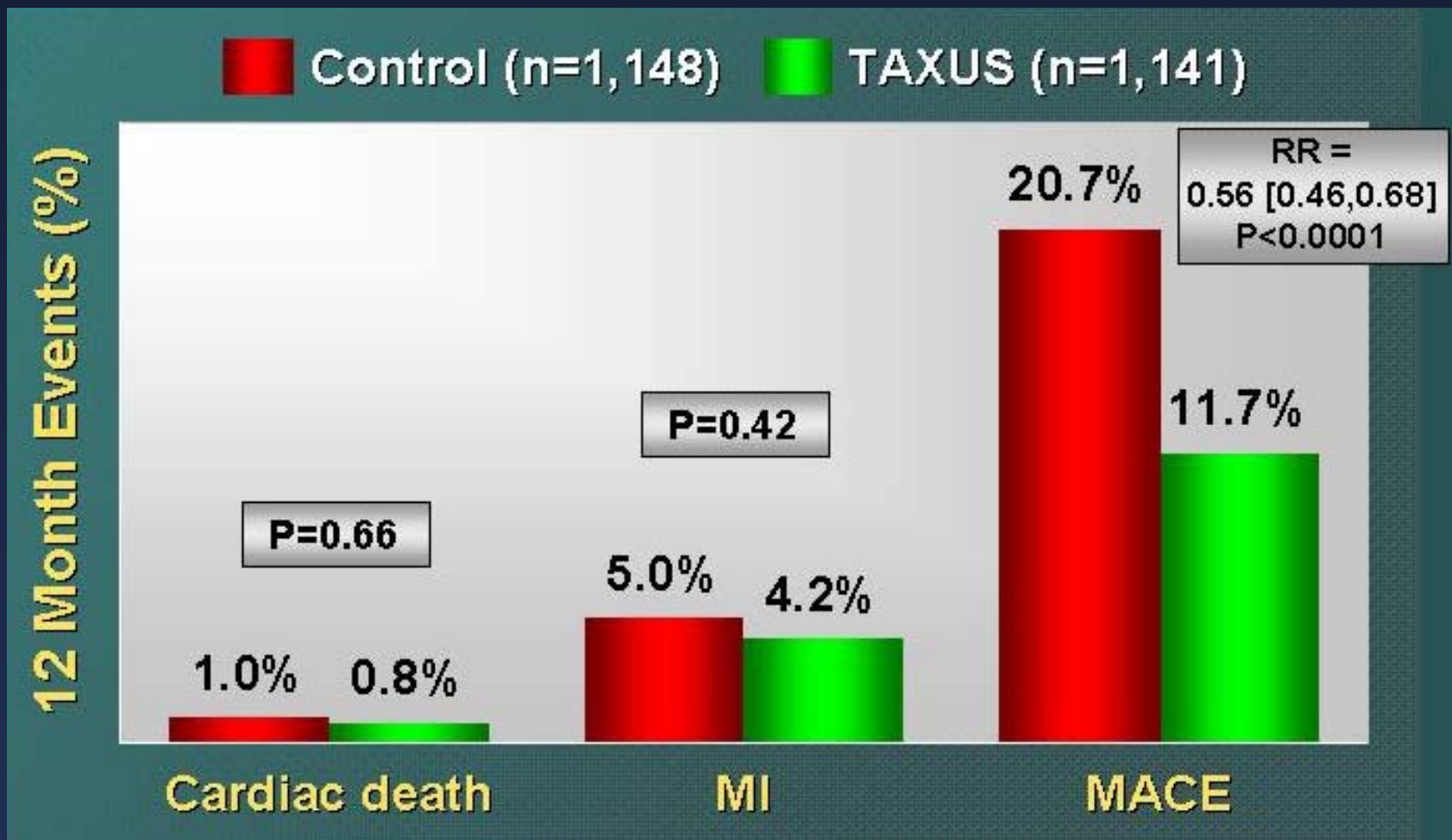
# TAXUS II + VI Meta-analysis (n=2,289)

## 12 Month TLR and TVR



# TAXUS II + VI Meta-analysis (n=2,289)

## 12 Month Cardiac Death, MI and MACE



# TAXUS II + VI Meta-analysis

## In-stent late loss



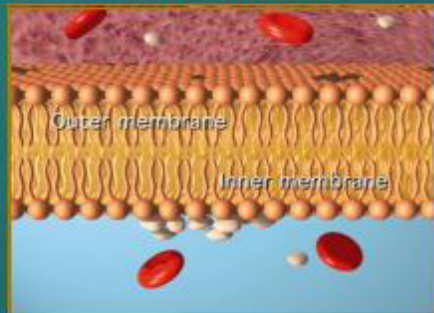
# Medtronic Endeavor DES System

## Key Components

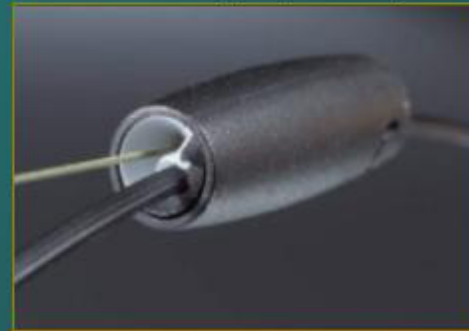
**Driver Cobalt Alloy Stent**



**PC Technology**



**Stent Delivery System (MX<sup>2</sup>)**



**Drug: ABT-578**





# Result of Phase I ENDEAVOR-1 Trial

Measurement	30 Days	4 Months	12 Months
<b>Safety</b>			
MACE	1% <i>Primary endpoint</i>	2%	2%
Death	0	0	0
All MI	1%	1%	1%
Q-wave MI	0	0	0
Non-Q-wave MI	1%	1%	1%
TLR	0	1%	1%
TVR (non-TLR)	0	0	0
TVF	---	2%	2% <i>Secondary endpoint</i>
Late incomplete apposition	---	0	0
<b>Late Loss</b>			
In-stent	---	0.33	.58
In-segment	---	.21 <i>Primary endpoint</i>	.40
Proximal edge	---	.12	.30
Distal edge	---	.09	.23
%DS	---	21.5%	26.8%
<b>Restenosis</b>			
In-stent	---	2.1%	3.3%
Proximal	---	---	0%
Distal	---	---	0%
In-segment	---	2.1%	3.3%

# Endeavor II

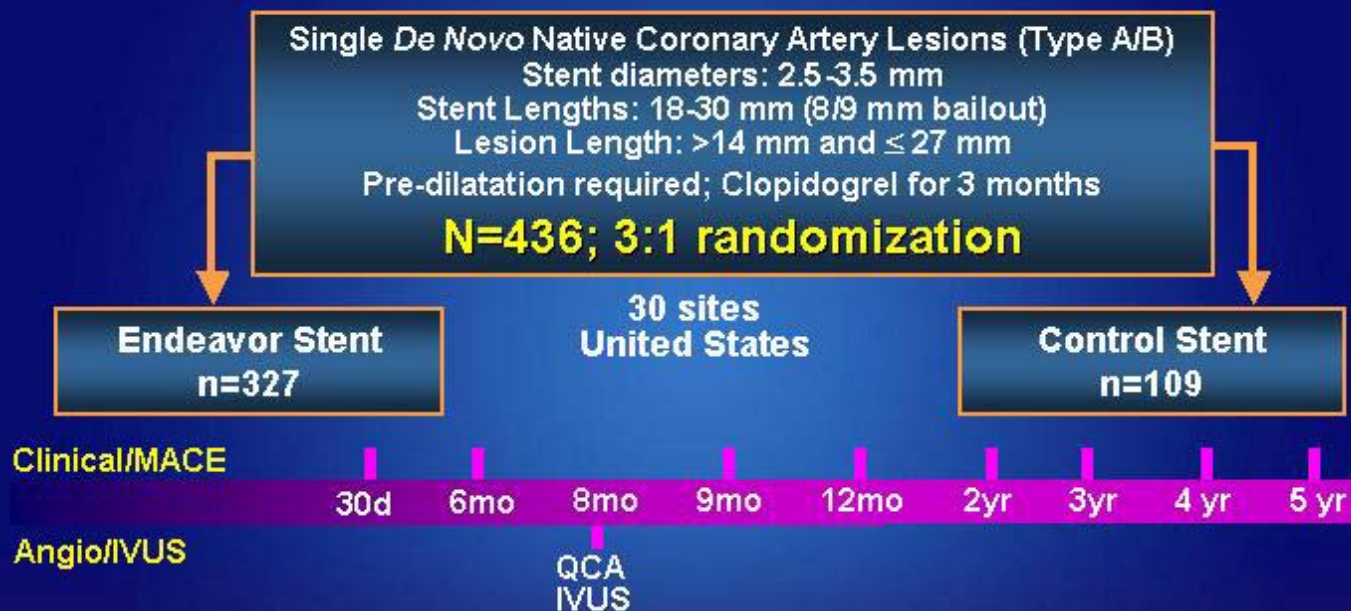
## Endeavor II



# Endeavor III

## Endeavor III

### Randomized Single-blind, Multicenter Trial



- **Primary Endpoint:** In-segment Late lumen loss by QCA at 8 mos
- **Secondary Endpoints:** TSR, TVR, TVF at 9 months & ABR at 8 mos
- **PIs:** Martin B. Leon and David E. Kandzari

ENDEAVOR

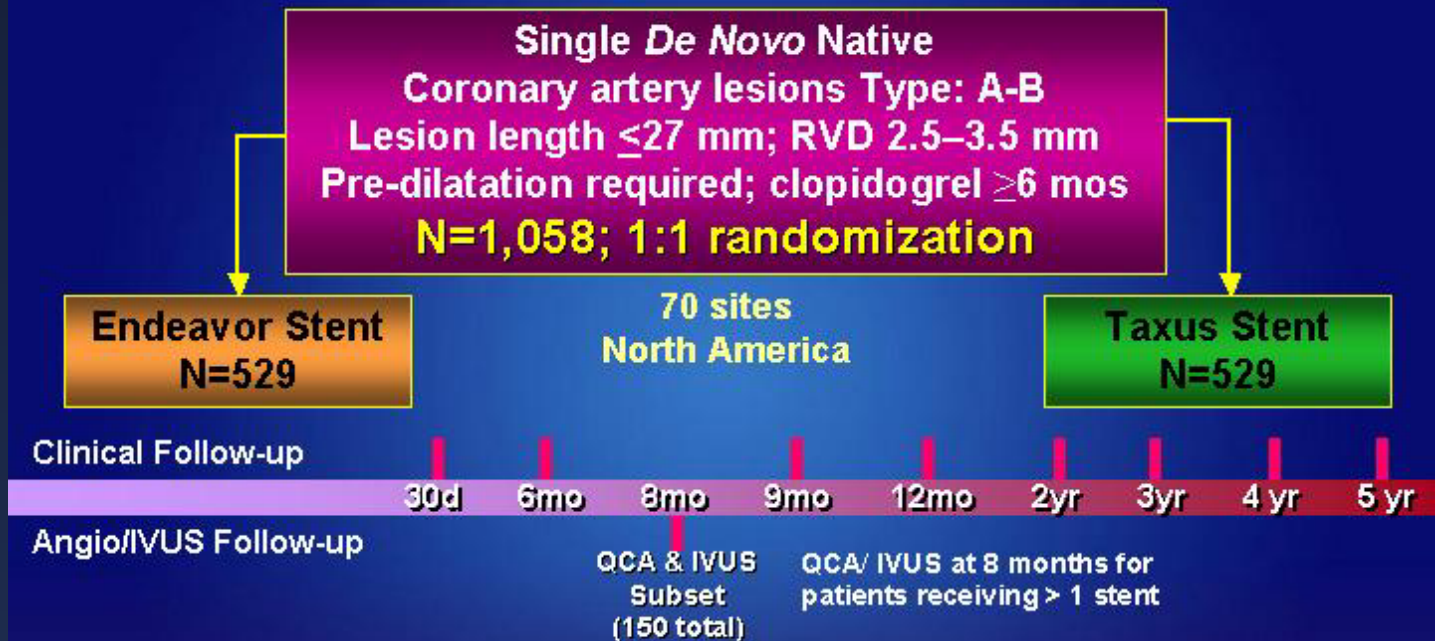


# Endeavor IV Clinical Study

## Randomized, Single-blind, Multicenter Trial

### ENDEAVOR IV Clinical Study

#### Randomized, Single-blind, Multicenter Trial



- **Primary Endpoint:** TVF at 9 mos
- **Secondary Endpoints:** TSR, TVR at 9 months; MACE 1, 6, 9, 12 mos
- **PIs:** Martin B. Leon and David E. Kandzari

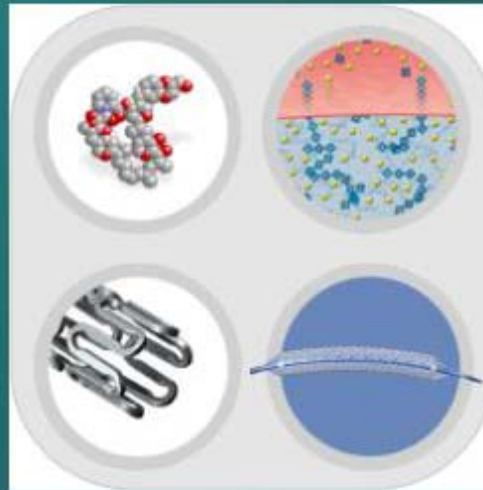
ENDEAVOR



# Guidant CHAMPION™ DES

Everolimus

CHAMPION™  
Stent Platform



Bioabsorbable  
Polymer

ML VISION®  
Stent Delivery  
System

**FUTURE**  
Clinical Trials

FUTURE I and II: **Pilot**  
FUTURE III and IV: **Pivotal**

# FUTURE I and II Clinical Program

## ***FUTURE I***

- Assess safety and performance of an Everolimus Eluting Stent
- Single de novo lesion, 18 mm length
- Stent sizes: 2.5 – 4.0 mm diameter, 14 and 18 mm lengths
- Prospective, randomized
- Key Endpoint: Angiographic and IVUS result at 6 months, Clinical endpoints at 1, 6 and 12 months

- Diabetic patients excluded (One diabetic included)
- 42 pts enrolled (27 EES, 15 MS) at one site

## ***FUTURE II***

- Diabetic patients included
- 64 pts enrolled (21 EES, 43 MS) at three sites



# Guidant CHAMPION™ DES system

- Fractures in the stent itself
- Flaring of the balloon at the stent edge
- Flaring of the stent itself at the edges
- Potential polymer problems
- Manufacturing problems

# Guidant CHAMPION™ Clinical Trials: FUTURE III

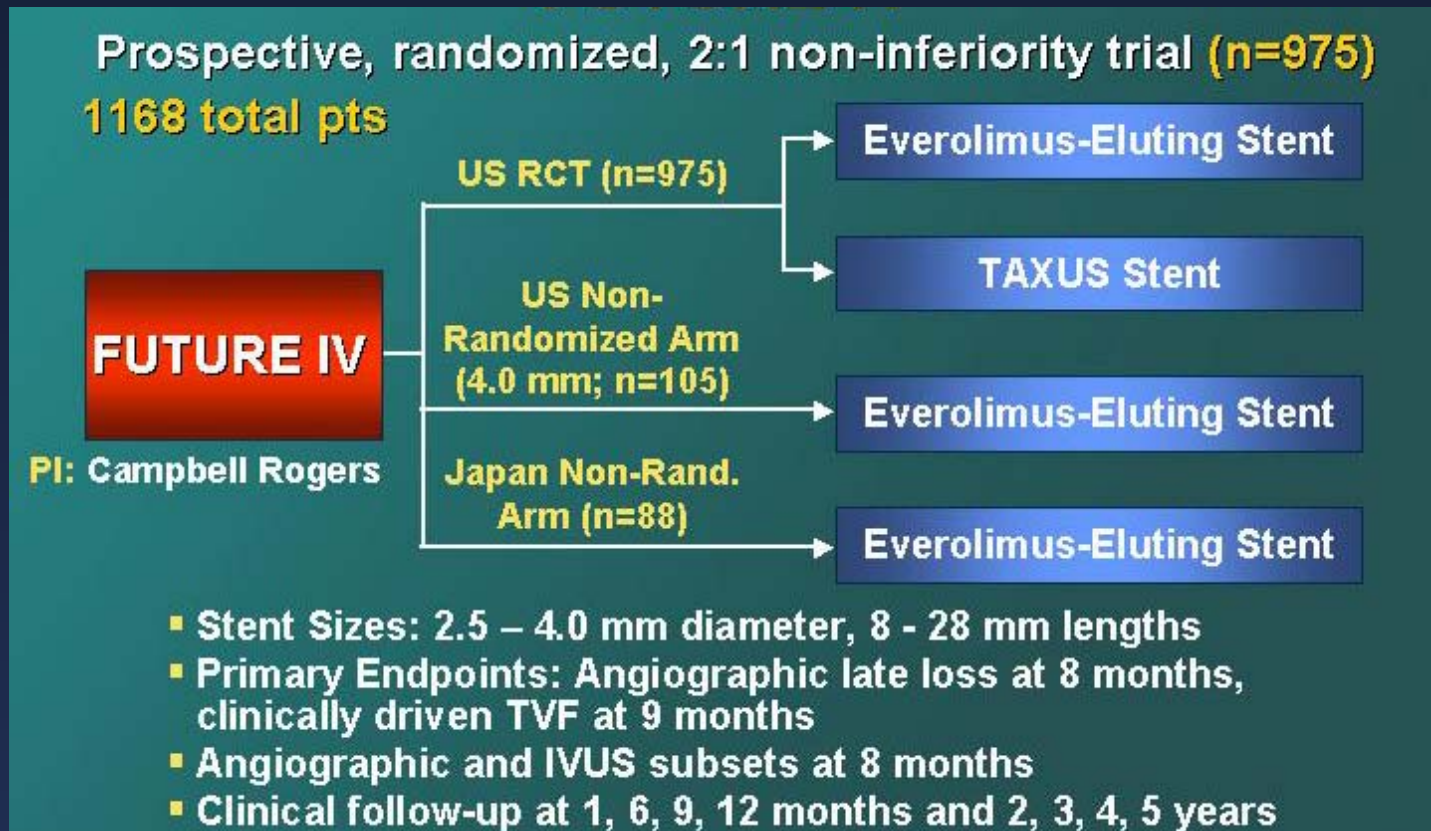
Prospective, randomized (3:1), non-inferiority trial (n=~800)



- Stent Sizes: 2.5 – 4.0 mm diameter, 8 - 28 mm lengths
- Primary Endpoints: Angio in-segment late loss at 4, 6 and 12 mos
- Angiographic and IVUS subsets at 4, 6 and 12 months
- Clinical follow-up at 1, 4, 6 and 12 months



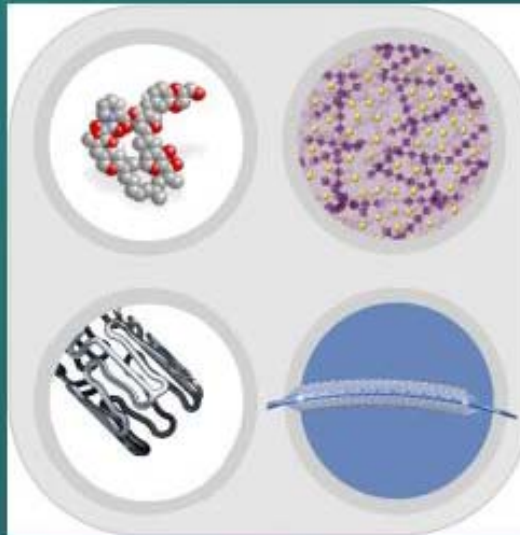
# Guidant CHAMPION™ Clinical Trials: FUTURE IV



# Guidant ML VISION DES

**Everolimus**

**ML VISION®  
Stent Platform**



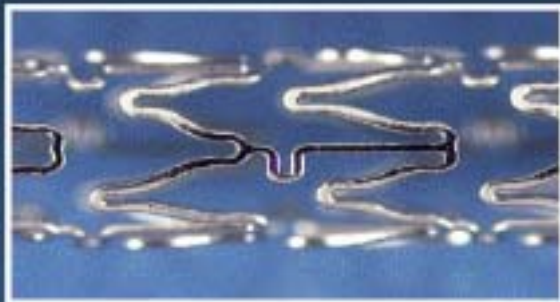
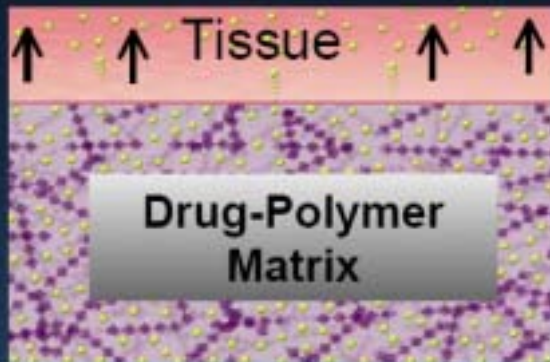
**Durable Polymer**

**ML VISION®  
Stent Delivery  
System**

**SPIRIT  
Clinical Trials**

**SPIRIT First: Pilot**  
**SPIRIT US: Pivotal**

# Durable Polymer



- Stable polymer matrix affixed to the stent
- No top coat
- Uniform, consistent coating integrity upon deployment
- Hemocompatible
- Polymer allows controlled and sustained release of drug greater than 30 days

# ML VISION Stent and Delivery System



- CoCr allows .0032" thin struts for increased stent flexibility
- Maintains radiopacity for precise placement
- Flexible, low profile system
  - 3.0 mm = 0.040" crossing profile
- Minimal balloon outside the stent for minimizing vessel injury

# Study Design

Single *de novo* Lesions  
≤ 12 mm length  
n = 60

- Prospective, Randomized, Single Blind Trial
- Stent Size: 3.0 x 18 mm
- Clinical follow-up at 1, 6, 9, 12 months, 2, 3, 4, 5 years
- Angiographic and IVUS follow-up at 6 months and 12 months, both arms
- 3 Months Clopidogrel



- PI: Prof. Patrick Serruys, MD, PhD
- Angiographic and IVUS Core Lab:
  - Cardialysis (Rotterdam, The Netherlands)
- Enrollment Complete April 1, 2004
- **Bailout only with bare metal stent - Only animal data on single stent available at the onset of the study**

## In-stent 180-day QCA – PRIMARY ENDPOINT

	Everolimus N = 23	Control N = 26	p-value
RVD (mm)	2.61	2.59	ns
MLD (mm)	2.28	1.58	<0.0001
<b>Late loss (mm)*</b>	<b>0.10</b>	<b>0.84</b>	<b>&lt;0.0001</b>
Late loss index	0.06	0.64	<0.0001
DS (%)	16	39	<0.0001
Binary restenosis rate (%)	0	26.9	0.01

*\*Primary endpoint*

## 6 months Hierarchical MACE (Per-Protocol)

	Everolimus		Control	
	N =26*	%	N =28*	%
<b>Cardiac death</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>MI Q-wave**</b>	<b>1</b>	<b>3.8</b>	<b>0</b>	<b>0</b>
<b>Non Q-wave</b>	<b>0</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Clinically driven</b>				
<b>TLR-CABG</b>	<b>0</b>	<b>0</b>	<b>1</b>	<b>3.6</b>
<b>TLR-PCI***</b>	<b>1</b>	<b>3.8</b>	<b>5</b>	<b>17.9</b>
<b>Total MACE</b>	<b>2</b>	<b>7.7</b>	<b>6</b>	<b>21.4</b>

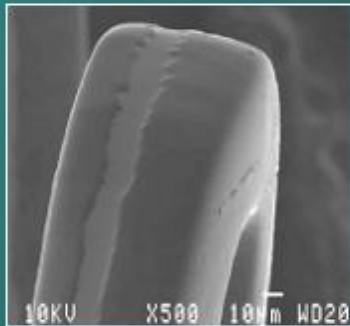
\* One patient from each group withdrew consent after 30 days

\*\* Q-wave MI non-target vessel

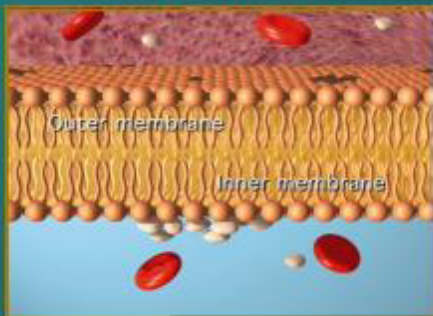
\*\*\*PCI at 21 days to treat post procedure dissection.

# Abbott ZoMaxx DES System

**TriMaxx Multi-Alloy Stent**



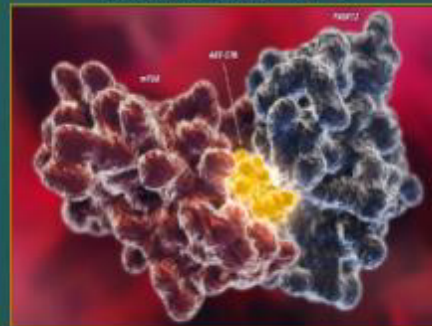
**PC Technology**



**Accel Delivery Catheter**



**Drug: ABT-578**



**Key Components**





# Abbott ZoMaxx DES System

## TriMaxx Multi-Alloy Stent

thinnest layers of stainless steel  
good radio-opacity

## Drug

better uptake in the artery  
lower serum concentration

## Polymer

different form of phosphorylcholine  
than Medtronic

# Zomaxx I Trial (n=400)

Randomized, Non-inferiority Trial, Angiographic Endpoint

Single, de novo coronary lesions (Type A-B)  
with length >10 mm and <30 mm,  
and RVD 2.5-3.5 mm.  
Pre-dilatation required

N=400  
34 sites  
Europe  
Australia  
New Zealand

ZoMaxx Stent  
N=200

Stent Diameters	Stent Lengths
2.5 mm	8, 13, 18, 23, 28 mm
3.0 mm	8, 13, 18, 23, 33 mm
3.5 mm	8, 13, 18, 23, 33 mm

TAXUS Stent  
N=200

Clinical follow-up

30d 6mo 9mo 12mo 2yr 3yr 4yr 5yr

Radiographic follow-up

QCA/IVUS

PI: Bernard Chevalier

**Primary endpoint:** 9-mo in-segment late loss with non-inferiority limit of 0.25 mm,  $\sigma=0.4$  mm;  
> 99% power; 1-sided  $\alpha=0.05$

**Secondary endpoints:** MACE, TVF, TLR, TVR, binary restenosis, in-stent late loss,  
neointimal volume, neointimal volume obstruction

**Medications:** Clopidogrel for at least 6 mos, ASA for  $\geq 12$  mos

# Zomaxx II Trial (n=1,670)

Randomized, Non-inferiority Trial, Angiographic Endpoint

1670 subjects  
~ 75 sites  
USA and  
Canada

Single, *de novo* coronary lesions (Type A-B)  
with length  $\geq 10$ mm and  $\leq 28$ mm  
and RVD 2.5-3.75mm  
Pre-dilatation required

<u>Stent Diameters</u>	<u>Stent Lengths</u>
2.5 mm	8, 13, 18, 23, 28 mm
3.0 mm	8, 13, 18, 23, 33 mm
3.5 mm	8, 13, 18, 23, 33 mm

ZoMaxx Stent  
N=835

TAXUS Stent  
N=835

Clinical follow-up

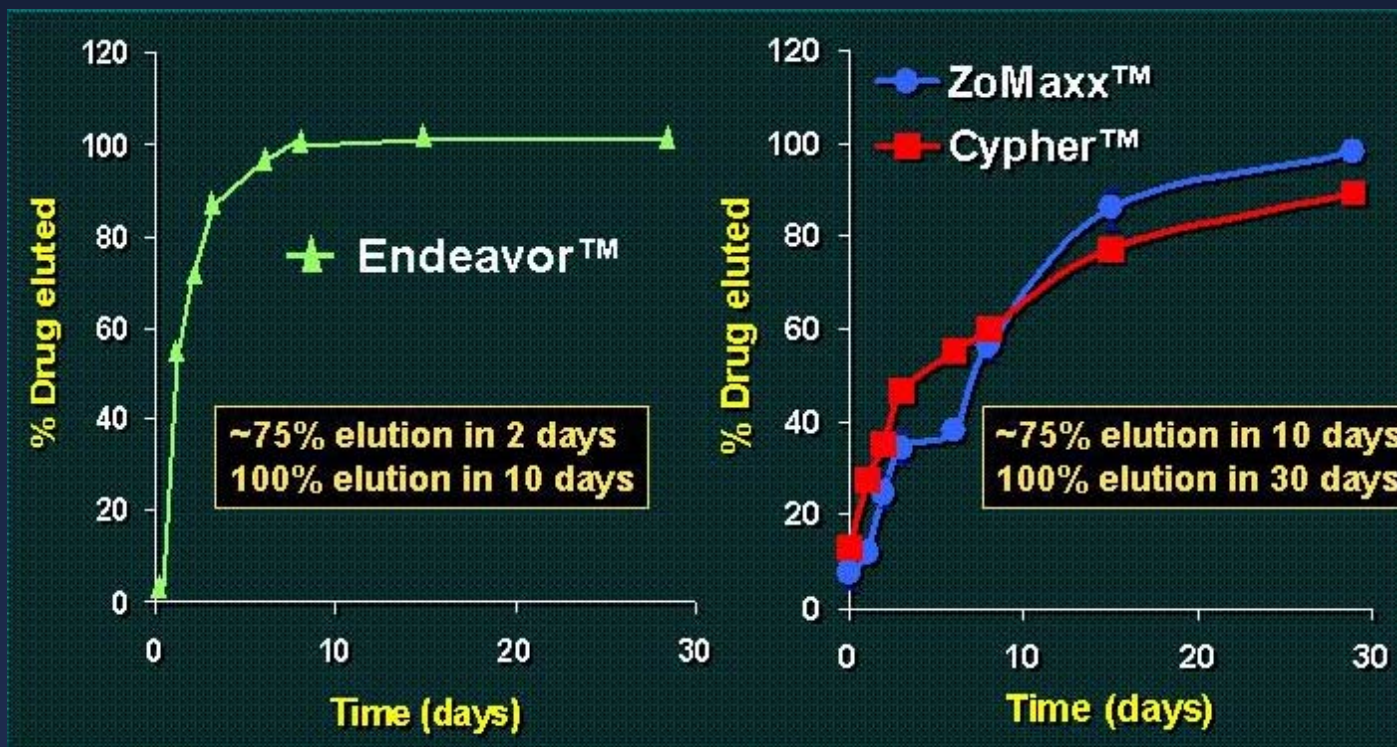


Radiographic follow-up QCA/IVUS

PI: Alan Yeung

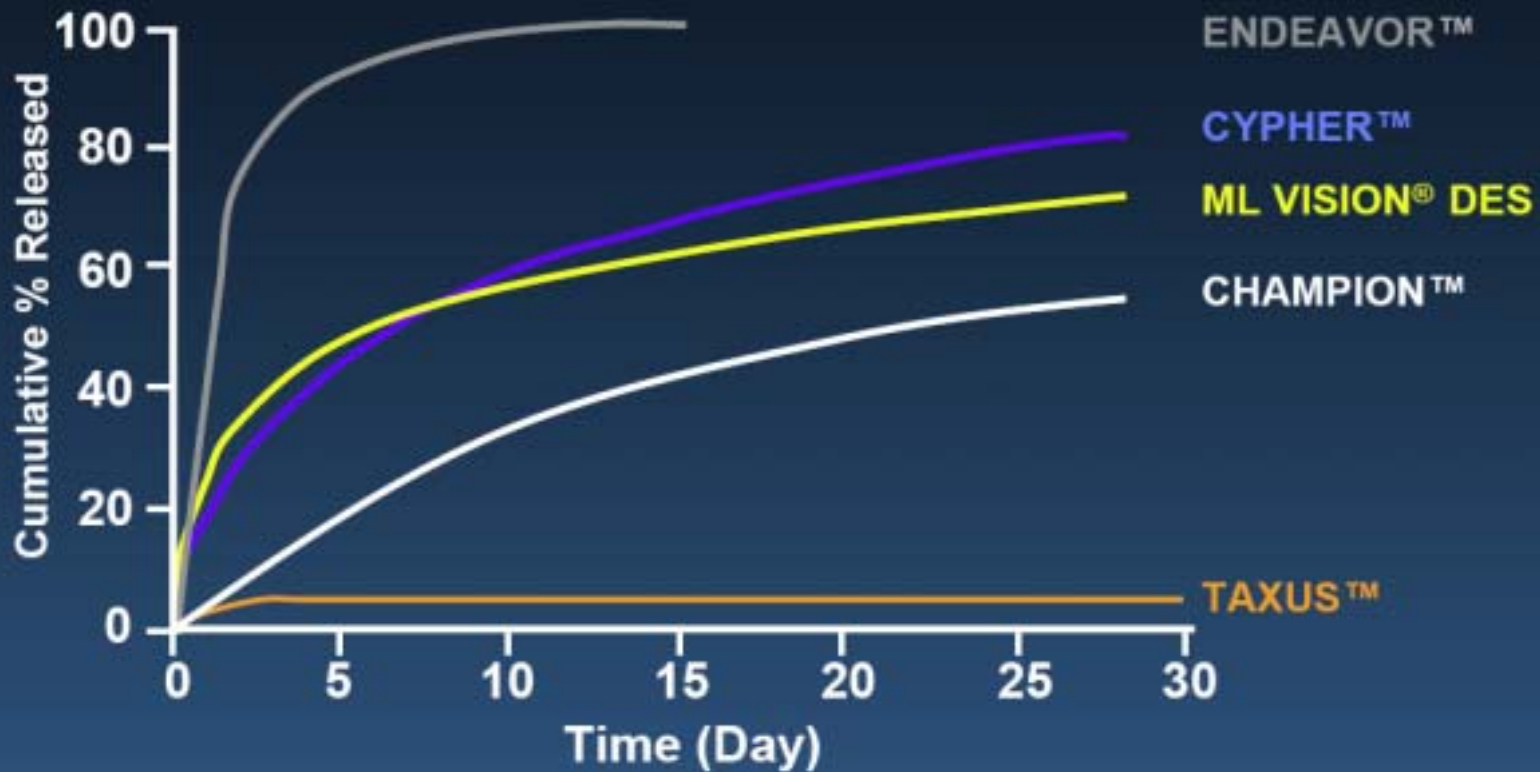
**Primary endpoint:** Non-inferiority to TAXUS using 9-mo ischemia driven TVR  
**Secondary endpoint:** In-segment late loss at 9 mo. with an equivalence limit of 0.25 mm  
**Additional analyses:** Binary restenosis, MACE, TLR, TVR, in-stent late loss, neointimal volume, clinical outcomes by vessel diameter and lesion lengths  
**Medications:** Clopidogrel for 6 mos, ASA for at least 12 months

# Comparison of in vivo Elution Rates Rabbit iliac models



ZoMaxx and Cypher data from B. Chevalier, EuroPCR 2004  
Endeavor data from G. Laarman, EuroPCR 2004

# DES Release Profiles



Source: Medtronic Vascular Data Presentation, TCTMD; TAXUS IV SR Presentation, TCTMD; Cypher Presentation, TCTMD

# Comparison of In-Stent Late-Loss





# Other programs are in full swing

- **Conor** (paclitaxel-elution from a bioabsorbable polymer in laser-drilled wells)
- **Biosensors** (biolimus A9-elution from a bioabsorbable PLA polymer)
- **Sorin** (tacrolimus-elution from a carbofilm coated stent)
- **Orbus** (stent-based endothelial progenitor cell capture technology)

# ORBUS Medical Technology

## EPC Capture R-Stent Program Changes

Item	HEALING-1	HEALING-2
Device	Wet, hand crimped prototype, supplied in sodium azide preservative and required rinsing before use	Dry formulation that preserves the antibody structure and activity; pre-mounted on Evolution 2SDS
Sterilization	Gamma, 15-25 Gy	Gamma, <15 Gy
Bioactivity	Significant reduction in activity with sterilization	Stable with sterilization, comparable to activity as coupled
TVR	9.1%	N/A
Late loss	0.63 vs. bare 0.8-0.85	N/A
Stent thrombosis	0	0
Patients	16, single center, Netherlands	60 at 10 centers in Belgium, Germany, and the Netherlands
Status	Completed	Enrollment started May 2004
Results	<b>Primary endpoint:</b> 30 Day MACE = 0%	Data due at PCR 2005