The Zilver PTX® Randomized Controlled Trial of Paclitaxel-Eluting Stents for Femoropopliteal Disease: **4-Year Results**

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On behalf of the Investigators





Faculty Disclosure

I have **no financial relationships** to disclose.

Je n'ai aucune relation financière à déclarer.

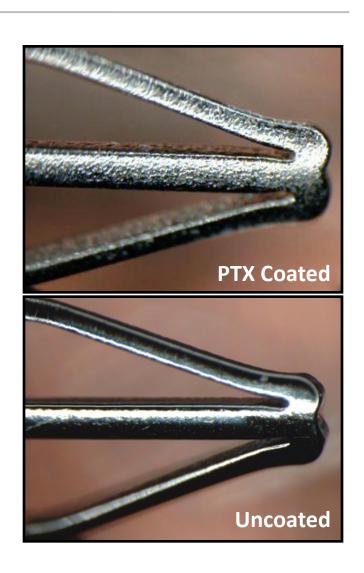
Drug Elution Now in the Periphery

 Multiple drug-eluting stent and drug-eluting balloon trials underway

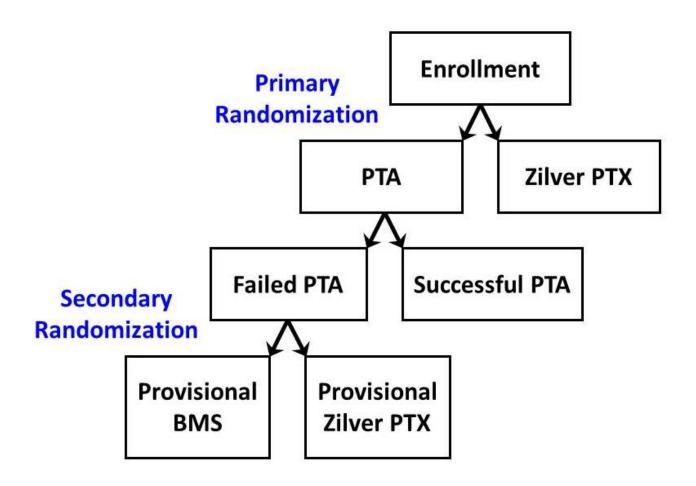
 Cook Medical is the <u>only</u> company to offer drug-eluting stents for the SFA

Zilver PTX Drug-Eluting Peripheral Stent

- New generation SFA Stent
- Approved in EU, Japan, and US
- Scaffold plus drug
 - Mechanical scaffold:
 Zilver Flex® Stent Platform
 - Drug therapy: Paclitaxel only
 - No polymer or binder
 - 3 μg/mm² dose density



Zilver PTX Study Design (Dake M et al.Circ cardiovasc Interv 2011;4:495-504.)



PTA FIRST BECAUSE NO FDA- APPROVED BMS FOR FEMOROPOLITEAL ARTERY 479 patients

Baseline Lesion Characteristics

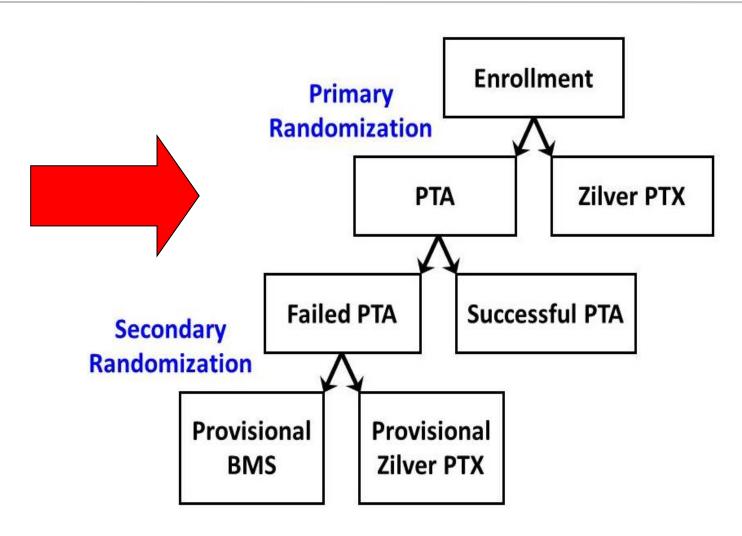
	PTA	Zilver PTX®	<i>p</i> -value
Lesions	251	247	
CLAUDICANT	91%	90%	
DIABETES	42%	50%	0.36
Stenosed lesion length (mm) ^{1,2}	53 ± 40	55 ± 41	0.71
Total occlusions	27%	33%	0.20

¹ Angiographic core lab assessment

² Region with > 20% diameter stenosis

^{*}Statistically significant

QS 1: IS IT BETTER TO HAVE AN OPTIMAL PTA OR A PRIMARY STENTING WITH PTX?



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PRIMARY STENTING

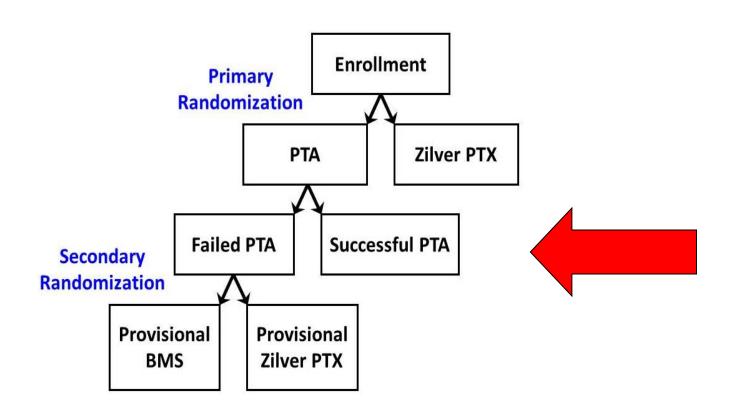
IS IT BETTER TO HAVE AN OPTIMAL PTA OR A PRIMARY STENTING?

12-MONTH PRIMARY PATENCY:

 PRIMARY STENTING WITH Zilver PTX: 83%

OPTIMAL PTA: 65%

QS 2: WHAT IS THE POURCENTAGE ON NON OPTIMAL PTA?



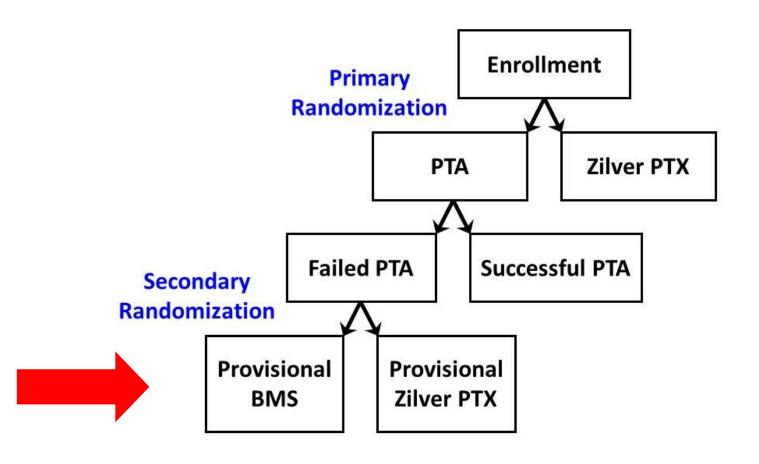
QS 2: WHAT IS THE POURCENTAGE ON NON OPTIMAL PTA?

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50%

QS 3: IN CASE OF PROVISIONAL STENTING, IS IT BETTER TO USE A BMS OR A DES?

PRESPECIFIED COMPARISON



QS 3: IN CASE OF PROVISIONAL STENTING, IS IT BETTER TO USE A BMS OR A DES?

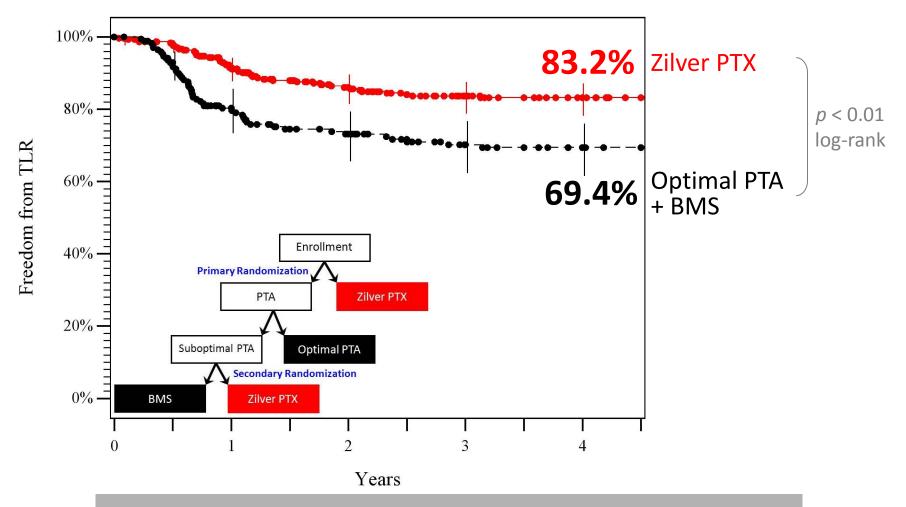
DES

QS 3: IN CASE OF PROVISIONAL STENTING, IS IT BETTER TO USE A BMS OR A DES?

• <u>12-MONTH</u> PRIMARY PATENCY : <u>90%</u> (DES) VS **73%** (BMS)

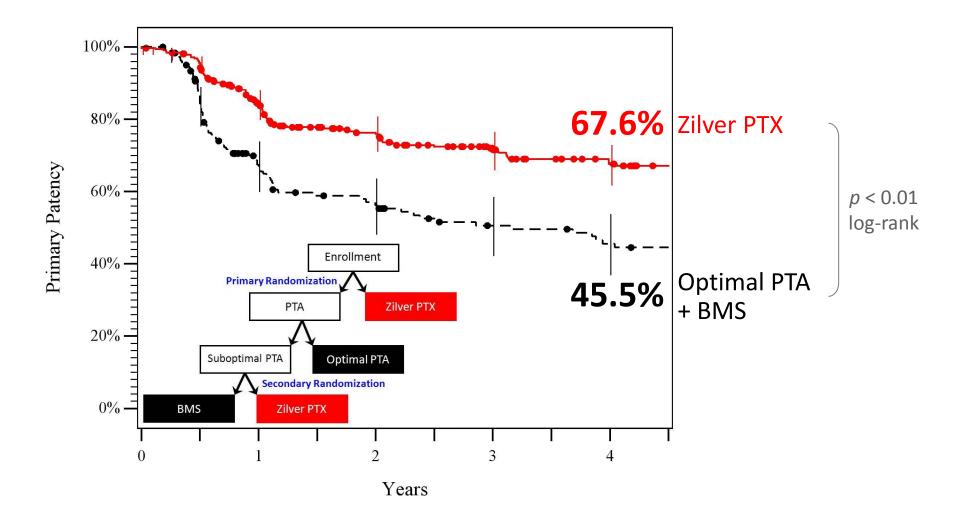
• 4 YEARS PRIMARY PATENCY: 75% (DES) VS 58% (BMS)

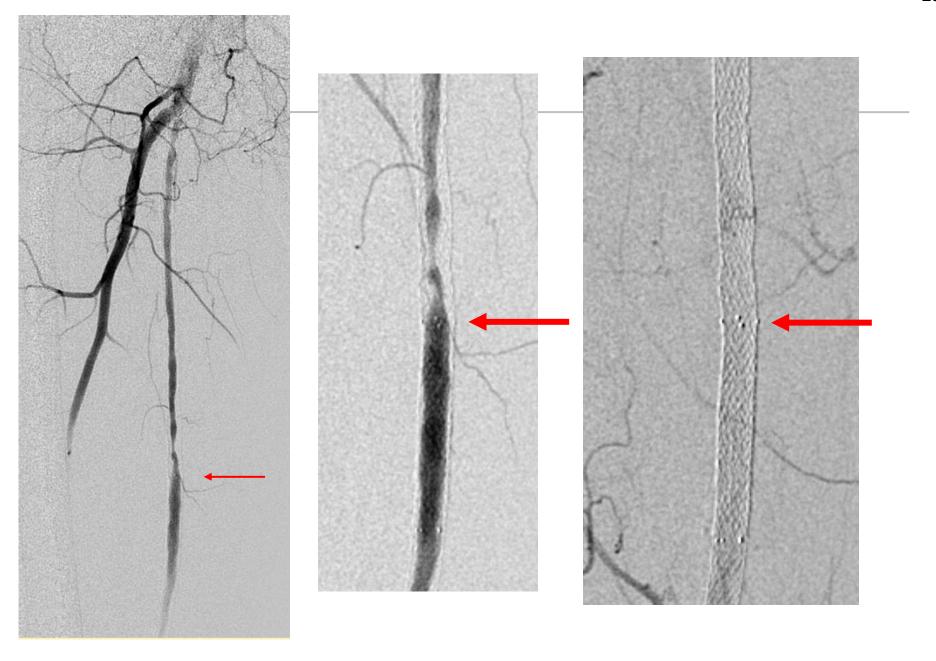
4-Year Freedom from TLR Zilver PTX vs. Standard Care — Drug Effect



45% reduction in reintervention rate due to the drug

4-Year Primary PATENCY (PSVR < 2.0) **Zilver PTX vs. Standard Care** – Drug Effect





Conclusions

- 4-year results support sustained safety and effectiveness of Zilver PTX (no evidence of late "catch-up")
 - Significantly LOWER TLR rate than standard care
 - Significantly HIGHER PATENCY rate than standard care
 - Significantly HIGHER PATENCY rate than BMS
 - Greater than 40% reduction in restenosis due to the drug effect