CONTROVERSES ET ACTUALITÉS EN CHIRURGIE VASCULAIRE CONTROVERSIES & UPDATES IN VASCULAR SURGERY JANUARY 19-21 2017 MARRIOTT RIVE GAUCHE & CONFERENCE CENTER PARIS, FRANCE

# Drug coated balloon vs drug eluting stent in compex SFA lesions Yes, **DCB** are definitely superior

**Frank Vermassen** 



#### Disclosure

 $\checkmark$ 

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- Speaker name: Frank Vermassen
  - I have the following potential conflicts of interest to report:
  - Consulting: Medtronic, Abbott Vascular, Terumo, Boston Scientific, Spectranetics,
  - Employment in industry
  - Shareholder in a healthcare company
  - Owner of a healthcare company
  - Other(s)



### Primary vs selective stenting in the SFA

#### Survival free of vascular events



1st local vascular event Log-rank test : p=0.0178



Fig 2. Comparison of balloon angioplasty and stenting in superficial femoral artery. Cumulative survival free of vascular critical events on the ipsilateral leg.

#### Becquemin (J Vasc Surg 2003)



# **Reasons for restenosis**

### Early recoil, dissection

# Negative vessel remodelling

➢Neo-intimal hyperplasia







#### **Stents cause restenosis**

- Stents exert a
- persistent pressure on the vessel wall,
- causing a continuous trauma,
- promoting injuryrepair phenomenon,
- causing restenosis





#### **Resilient trial**



Difference entirely due to cross-overs during intervention No diference in later restenosis rate



# Cascade of events leading to wound healing also leads to restenosis



**BIOLOGY OF RESTENOSIS** 

Drug-elution to inhibit SMC proliferation and intimal hyperplasia



### **DEB: Proof of concept**

#### **DEB- porcine restenosis study**





# **Short term results**

#### 6 DEB Technologies / 7 Trials (6-month LLL Primary Endpoint)



[1] G.Tepe et al. - NEJM 2008; [2] M.Werk et al. - Circulation 2008; [3] D.Scheinert - TCT 2012 oral presentation; [4] M.Werk et al. - Circulation CI 2012; [5] D.Scheinert – EuroPCR 2012 oral presentation; [6] D.Scheinert – LINC 2013 oral presentation; [7] P.Peeters – LINC 2013 oral presentation



#### Paclitaxel-Coated Versus Uncoated Balloon Angioplasty Reduces Target Lesion Revascularization in Patients With Femoropopliteal Arterial Disease A Meta-Analysis of Randomized Trials

Salvatore Cassese, MD\*; Robert A. Byrne, MB, BCh, PhD\*; Ilka Ott, MD; Gjin Ndrepepa, MD; Mateja Nerad, MD; Adnan Kastrati, MD; Massimiliano Fusaro, MD

A Target lesion revascularization

PCB			UCB			Od	ds Ratio	Odds Ratio				
Study or Subgroup	Events	Tota	al Eve	nts To	tal V	Veight	M-H, Ra	ndom, 95% Cl	Year	M-H, Rando	m, 95% Cl	
THUNDER	7	4	8	28	54	32.1%	0.	16 [0.06, 0.42]	2008			
FemPac	6	4	5	21	42	27.3%	0.	15 [0.05, 0.44]	2008			
A Binary restend	osis											
	P	CB		UCB				Odds Ratio		Odds Ra	tio	
<b>Study or Subgroup</b>	Event	s To	otal E	vents	Total	Weig	ght M-H	, Random, 95%	i CI	M-H, Random	, 95% CI	
THUNDER		7	41	21	48	38.	.8%	0.26 [0.10, 0.	71]			
FemPac	1	0	31	22	34	36	1%	0 26 10 09 0	731			
B Late lumen lo	SS Mean	PCB SD	Total	Mean	UCB SD	Total	Weight	Mean Differe	ence 95% CI	Mean Di IV, Rando	fference m, 95% Cl	
THUNDER	0.4	1.2	41	1.7	1.8	48	19.6%	-1.30 [-1.93,	-0.67]			_
FemPac	0.5	1.1	31	1	1.1	34	25.2%	-0.50 [-1.04	. 0.04]			
LEVANT I	0.4	1.1	39	1.09	1	35	29.7%	-0.69 [-1.17,	-0.21]			
PACIFIER	-0.05	1.1	40	0.61	1.3	39	25.5%	-0.66 [-1.19,	-0.13]			
Total (95% CI)			151			156	100.0%	-0.75 [-1.06,	-0.45]	•		
Heterogeneity: Tau <sup>2</sup> Test for overall effec	= 0.02; 0 t: Z = 4.7	chi² = 78 (P	= 3.95, < 0.00	df = 3	(P =	0.27);	<sup>2</sup> = 24%			-2 -1 ( PCB Better	UCB Better	



# LEVANT II – 1 yr



- Lutonix DEB vs POBA
- 476 patients randomized 2:1
- Rutherford cat: 2-4
- Single de novo lesions > 70%
- < 15 cm length
- SFA or prox. PA
- Mean lesion length: 6.3 cm

C-15





# IN.PACT SFA – 1 yr





#### Preliminary results with other DCB

Ranger (Boston Scientific)

#### RCT: DCB vs POBA 2:1 105 Patients

Freedom From TLR at 6 Months\*



#### Freedom from TLR

Illumenate (Spectranetics)

First in men study 50 DCB – 1 yr





#### In.Pact SFA – 2 year results

#### Primary Patency<sup>1</sup> Results through 2 Years



#### CD-TLR: 9.1% vs 28.3%



### **Drug eluting stents**

Sirocco –trial (Cordis) Sirolimus-eluting Smart RCT Strides (Abbott) Everolimus-eluting Dynalink Historical controls







### **Drug-eluting stents**

#### ■ 12M Patency (KM 360 days) ■ Ca++ (%) ● RC≥3 (%) CTO (%) - L length (cm)





### IN.PACT SFA vs Zilver PTX study: Primary patency



Mean Lesion length: 8,9 cm

Mean Lesion length: 6,6 cm



### IN.PACT SFA vs Zilver PTX study: Freedom from CD-TLR

#### **IN.PACT SFA**

#### **Zilver PTX study**





Mean Lesion length: 8,9 cm

Mean Lesion length: 6,6 cm



### 1-year SFA results (%)



#### Baseline risk adjusted random effects mixed treatment comparison

Katsanos K, et al. Bayesian meta-analysis in the femoropopliteal artery. JVS 2014



### Long-term: Probability best



#### Baseline risk adjusted random effects mixed treatment comparison

Katsanos K, et al. Bayesian meta-analysis in the femoropopliteal artery. JVS 2014



### In.Pact SFA subgroups

#### IN.PACT SFA Trial Subgroups Primary Patency Outcomes Through 2 Years

Subgroup	IN.PACT DCB	Favors Control PTA Control PTA	Favors IN.PACT DCB		<i>P</i> -value
(N <sub>DCB</sub> , N <sub>PTA</sub> )	% (N failure)	% (N failure)		Hazard Ratio (95% CI)	for interaction
Overall ITT (220, 111)	78.9% (42)	50.1% (54)	→	3.25 (2.1	7,4.87) NA
Rutherford classification Category 2 (83, 42) Category 3 (126, 62) Category 4 (11, 6)	78.9% (16) 78.6% (24) 81.8% (2)	40.1% (25) 58.0% (25) 33.3% (4)		4.51 (2.4 2.48 (1.4 4.12 (0.7	0, 8.48) 2, 4.34) 5, 22.69) } 0.292
Diabetes mellitus Yes (89, 54) No (131, 57)	73.3% (21) 82.5% (21)	45.8% (29) 54.5% (25)		2.82 (1.6 3.49 (1.9	1, 4.96) 5, 6.24) 0.673
Age					
>75 (30, 29)	85.7% (7)	42.1% (16)			(11.33) 0.175
D (164, 82)</td <td>/6.8% (33)</td> <td>52.7% (38)</td> <td></td> <td>2.78 (1.7</td> <td>5,4.40)</td>	/6.8% (33)	52.7% (38)		2.78 (1.7	5,4.40)
<5 cm (51, 24) ≥5 cm and <10 cm (80, 46) ≥10 cm and <18 cm (79, 36)	89.0% (5) 79.1% (15) 72.6% (20)	66.7% (8) 57.8% (19) 35.4% (22)		3.85 (1.2) 2.65 (1.3) 3.63 (1.9)	6, 11.78) 4, 5.21) 7, 6.69)
Total occlusion Yes (57, 22) No (163, 89)	78.9% (11) 78.9% (31)	40.9% (13) 52.6% (41)		3.97 (1.7 3.06 (1.9	7, 8.88) 2, 4.89) 0.571
Sex Female gender (77, 36) Male gender (143, 75)	76.7% (17) 80.2% (25)	42 3% (20) 53.7% (34)		3.35 (1.7) 3.22 (1.9)	5, 6.41) 2, 5.40) 0.911



# **IN.PACT Global Long Lesions**





Lesion length > 15 cm

Lesion length > 10 cm



### DEB vs. DES in long SFA lesions

228-Patients retrospective, propensity score analysis



(Zeller T. et al. JEVT 2014: 21: 39-368)

#### **IN.PACT® Global CTO Imaging Cohort**

Lesions (N)		128	Procedure Success	100% (125/125)
Lesion type - de novo - restenosis - ISR		92.2% (118/128)	Clinical Success	99.2% (124/125)
		7.8% (10/128) 0%	Pre-dilatation	<b>94.4%</b> (119/126)
Lesion Lengt Occluded Les	th (mean ±SD) sion Length	22.90± 9.75 cm 11.97± 8.11	Post-dilatation	<b>50%</b> (62/126)
Calcification	-	71.2%% (89/125)	Provisional Stent	<b>46.8%</b> (59/126)
RVD (mm ±S	D)	5.056 ± 0.657		
Diameter Ste	enosis (% ±SD)	100%	Primary patence	y rate at 12 Mo
Dissections:	None	32.8% (42/128)	= 84.4% (	95 cases)
	A-C	43.8% (56/128)		
	D-F	23.4% (30/128)		

Dierk Scheinert, MD Presented at Veith Symposium 2016



### **DEB vs DES for In stent restenosis**

• Freedom from TLR superior with DCB over DES





Soukas LINC 2015

# TASC C & D - SFA- Long Study at 1 Yr

- Independent, prospective, multicentre single arm study
- 105 pts
- Lesion length 251.71 ±78.89 mm.
  - De novo 94.6%
  - CTO 49.5%
  - Provisional stenting 10.5%
  - Primary patency at 360 days 89.3%
  - Freedom from CD-TLR 96%
  - MAE composite at 12mo 6.9%
  - Thrombosis: 1% (1 event)



*Micari A* et al. JACC 2016; 9: 950-6



# **DCB and Provisional Stenting**

#### Provisional Stent Rates in DCB Trials Trend with Lesion Length



[1] J Endovasc Ther. 2015 Feb;22(1):14-21; [2] N Engl J Med. 2015 Jul 9;373(2):145-53; [3] N Engl J Med. 2008 Feb 14;358(7):689-99; [4] Circulation. 2015 Feb 3;131(5):495-502; [5] Circulation. 2008 Sep 23;118(13):1358-65; [6] JACC Cardiovasc Interv. 2012 Mar;5(3):331-8; [7] Zeller T CX 2013 oral presentation; [8]. Circ Cardiovasc Interv. 2012 Dec;5(6):831-40; [9] Schmidt A LINC 2013 oral presentation; [10] Ansel G TCT 2014 oral presentation; [11] Micari A EuroPCR 2015 oral presentation; [12] Scheinert D EuroPCR 2015 oral presentation

# **DEB and STENTS: DEBATE SFA**



#### **Restenosis per lesion length**



- DEB + stent vs PTA + stent
- Single centre RCT (Liistro F.)
- 110 patients randomized 1:1
- Rutherford cat: 3-6
- SFA or prox. PA
- Concomitant PTA BTK > 50%
- Mean lesion length: 9.5 cm



#### **Restenosis per Revasc Technique**



#### Per protocol 12 mths outcome – Stent vs no stent

Primary Efficacy, Primary Patency <sup>[1]</sup>	IN.PACT DCB	ΡΤΑ	Difference [95% CI]	p <sup>[2]</sup>
Non-stented ITT	82.9%	52.2%	29.0% [16.2%, 41.8%]	<0.001
All ITT	82.2%	52.4%	26.2% [15.1%, 37.3%]	<0.001
Primary Safety Composite <sup>[3]</sup>	IN.PACT DCB	ΡΤΑ	Difference [97.5% CI] [4] Difference [95% CI]	р
Primary Safety Composite <sup>[3]</sup> Non-stented ITT	<b>IN.PACT</b> <b>DCB</b> 95.8%	<b>PTA</b> 77.7%	Difference [97.5% CI] [4] Difference [95% CI] 12.2% [1.2%, ∞] <sup>[4, 5]</sup> 18.2% [9.3%, 27.0%] [4]	<b>p</b> NA <0.001 <sup>[6]</sup>

2. Primary patency comparative statistics imputed missing data and non-stented ITT were adjusted for Propensity Score

1.

3. Primary safety composite is defined as freedom from device and procedure-related 30-day death and freedom from target limb major amputation and clinically-driven TVR through 12 months

4. Non-inferiority margin -10% 5. Non-stented ITT cohort difference adjusted for Propensity Score 6. p-value associated with sequential superiority test



### **Algorythm for treatment of SFA-lesions**





### Conclusions

- DCB results are at least equivalent to DES results, even in complex lesions
- DCB does not leave a metallic implant, causing continuous harm to the vessel wall, and hampering later treatment
- If needed DCB can be combined with a bare metal stent without influencing the results
- DCB with provisonal stenting is more costeffective than routine DES implantation



# **DCB** always wins

