The Value of Animal Models in Evaluating Pathobiologic Effects of Drug-Eluting Stents: *Insights from past successes and failures* Angioplasty Summit 2004 April 29th, 2004



Renu Virmani, M.D. Armed Forces Institute of Pathology Washington, DC

Value of Animal Models in Evaluating Drug Eluting stent

- Why do we need animal models?
 - **>** To determine safety of the product prior to human use.
- Can animal models help predict success or failure of drugs or devices in man?
 - Depends on the animal model and what we want the drug or device to treat:
 - Is it to treat atherosclerosis?
 - Or treating Acute Coronary Syndromes or Stable AP or Luminal Narrowing?
 - Or prevent restenosis?
- Animal models will only predict human disease if they have the disease we want to treat unfortunately such models are either not available or are too expensive and therefore we compromise.

Conventional and Unconventional Models for the Evaluation of Coronary Stents

- Normal Vessels:
 - > Pig coronary arteries
 - Rabbit iliac arteries
 - Rat carotid arteries
- Models of atherosclerosis:
 - Rabbit iliac arteries
 - Pig coronary arteries presence or absence of diabetes - too expensive and time consuming
 - Primate models peripheral vessels too expensive and time consuming

Vessel Healing Following of Stent Placement in Man and Animals

- Platelet/fibrin thrombus
- Inflammation-acute and chronic
- Smooth muscle cell proliferation and migration
- Matrix deposition-proteoglycans and collagen
- Reendothelialization
- Adventitial response

Granulation tissue

Balloon Expandable Stainless Steel Stent Healing in Man

Granulation tissue

Smooth muscle cells and matrix



14 – 90 days

6 months

Diagram Illustrating Vascular Response to Inravascular Balloon Expandable Stainless Steel Stent Placement in Atherosclerotic Human Coronary ViAmterias Heart 2003;89:133

Platelets/

Fibrin

Neutrophils



Atherosclerotic Coronary Artery Prior to stent placement

< 3 days

Chronic inflammation Persistent fibrin and greater proteoglycan matrix deposition

Smooth muscle cell present inside the stent

> Chronic [nflammation/

persistent fibrin

Persistent chronic Inflammation close to strut and endothelialization

14-30days

Smooth muscle cell rich neointima with proteoglycan/ **Collagen matrix**



6 - 12 months

Factors that Influence the Extent of Neoinitmal Formation - *In-stent Restenosis*

- Medial and arterial wall injury
- Extent of thrombosis
- Inflammation acute and chronic
- Angiogenesis
- Proteoglycan/collagen matrix deposition
- Atherosclerosis vs. normal vessel
- Vessel size
- Length of diseased vessel



Regression plot of correlation of Stent Area With Lumen Area (A) and Neointimal Area (r²=0.70)

Influence of Medial Fracture on Neointimal Thickness and Restenosis





Morphologic Predictors of Restenosis Arterial Injury & Inflammation



Increased neointimal neoangiogenesis is associated with medial injury











P = 0.029



Extracellular Matrix in Stent Human Coronary Arteries





Percent Neointimal α-actin, Neointimal Cellularity, and % Diameter Stentosis at Various time intervals after Stenting

> Group 1 (≥3 to <9 months) Group 2 (≥9 to <18 months) Group 3 (≥18 months)



Animal Models used to study In-stent Restenosis

> Pig (Dog) Rabbit Rat

Time Course of Intimal Thickness and Cell Proliferation After Balloon Expandable Stent Placement in Normal Porcine Coronary Arteries



Balloon Expanded Stents in Pig Coronary Arteries at 2 and 4 Weeks

2 weeks



2 weeks





2 weeks





Morphometric Analysis of Neointimal Thickness at Various Time Points after Stenting in the Rabbit Iliac Model With and Without Prior Balloon Injury



Rabbit Iliac Artery Stent Implants at Various TimeIntervals With or Without Previous Balloon InjuryNo InjuryInjuryNo Injury













No Injury



Injury

Rabbit Iliac Artery Stent Implants at Various Time Intervals With or Without Previous Balloon Injury



Proliferative Index (BrdU) following Stent Placement in the Presence and Absence of Balloon injury



Days Following Stenting

Medial proliferation is significantly (p=0.05) greater at 3 and 7 days and intimal proliferation is greater at 14 days in injured arteries compared to vessel without injury.

Cell Proliferation(BrdU) in Rabbit Iliac Artery Stent Implants With or Without Previous Balloon Injury



Injury







En Face Analysis of Surface Endothelialization in <u>3 Day</u> Rabbit Iliac Artery Stent Implants With or Without Previous Balloon Injury

No Injury



















En Face Analysis of Surface Endothelialization in <u>7 Day</u> Rabbit Iliac Artery Stent Implants With or Without Previous Balloon Injury No Injury





















Gross Appearance and X-Ray of the Stented Rat Carotid Artery







Finn AV, et al. J Vasc Res 2002

Intimal/Medial Ratio and % Stenosis in Rat Cartoid Stented Arteries Harvested At Different Time Intervals



Stent Duration (days)

Finn AV, et al. J Vasc Res 2002







Low and High Power View of Movat Stained Rat Stented Arteries At Different Time Intervals











28 days





e

60 days

Finn AV, et al. J Vasc Res 2002

Cell Proliferation Index in Rat Cartoid Stented Arteries Harvested at Different Time Intervals





Diagram Illustrating Vascular Response to Intravascular Stent Placement



Influence of Underlying Atherosclerosis in Animal Model

Rabbit Pig Primate Rabbit Iliac Artery Model of Stenting in the Presence and Absence of Underlying Atherosclerosis Does atherosclerotic base make a difference in neointimal formation and proliferation?



Comparison of Stenting in the Presence or Absence of Atherosclerosis (balloon injury with or without Cholesterol) in Rabbit Iliac Model at 28 days



Balloon injury - cholesterol Balloon injury + cholesterol



Comparison of Neointimal Thickness and Proliferation Index Following Stenting in the Presence or Absence of Underlying Atherosclerosis in Rabbit Iliac Model




Stented Rabbit Atherosclerotic Iliac Arteries



Atherosclerosis (Balloon injury + cholesterol)





Control (Balloon injury only)



7 days

28 days

Cell Proliferation (BrdU) in Stented Rabbit Iliac Arteries in The Presence and absence of atherosclerosis at 28 days



Normal Rabbit Atherosclerotic





Influence of Atherosclerosis on Healing Following Stenting

- Greater in-stent restenosis compared to control
- Greater inflammation
- Persistence of fibrin
- Poor endothelialization
- Greater proliferation index

Delayed Healing

 Rabbit Model of atherosclerosis probably closer to man, but needs testing with Drug-Eluting Stents



Can the Rat Model of Obesity be Used to determine why Diabetic Patients do poorly following PCI?

Neointimal Formation is Greater In Obese Zucker Rats when Compared with Lean Littermates



Obese Zucker Rats Develop More Neointima In Response to Arterial Stent Deployment

<u>14 Day Time Point</u>





Obese Zucker





Lean Zucker Finn AV, Gold H. Unpublished data Effect of Drug Eluting Stent (CYPHER and Everolimus) on the Neointima Formation, and Vascular Healing in the Porcine Model at 28 days



Comparison of % Struts showing Presence of Fibrin and Giant Cells with Everolimus, Sirolimus (CYPHER) and VISION Stents in Pig Coronary arteries at 28 days P<0.0001



Comparison of VISION with and without Everolimus to CYPHER in Pig coronary arteries at 28 days



Histologic appearance at 28 days



VISIONTM

VISIONTM +Everolimus CYPHERTM

Histologic appearance at 28 days







Fibrin = f

Lessons from Animal Studies with CYPHER

28 days





 40
 Pig Model 30%

 35
 Overstretch

 30
 EEL Area

 25
 EEL Area

 26
 State

 27
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Giant cell reaction to polymer



Inc. cell proliferation



Hypersensitivity reaction with eosinophilia



Incomplete Endothelialization (Everolimus)



Comparison of the Animal Data with the Sirolimus First in Man Study



RAVEL at 6 months % stenosis 15% vs. 37% (sirolimus vs. Bx, p<0.0001) percent reduction is 59%

▶ If the increase is at the rate shown from the First in Man trial then 15% at 6 mo will become much higher and therefore the benefit will be lost beyond 2 years.

Neointimal thickness 28 days post-deployment of Chondroitin sulfate and gelatin (CSG) coated Stents Containing Varying Concentrations of Paclitaxel



Necrosis

Inflammation



Uncoated

CGS Coated





42µg



Lessons From Preclinical Studies of DES Neointimal Catch-Up = Delayed Late Loss



Repeat Dosing of Paclitaxel Control Saline Day 0/Saline Day 28



5 mg/kg Day 0/ Saline Day 28



<u>5 mg/kg Day 0/3.5 mg/kg Day 28</u>



Analysis 90-Days Post-Stenting



Kolodgie, Circ 2002: 106; 1195

Actinomycin-D Eluting Stents Preclinical Assessment 28 Days



180 Days





The Value of Animal Models in Evaluating Pathobiologic Effects of Drug-Eluting Stents: *Insights from past successes and failures*

Summary:

- Do animal models predict systemic drug therapy failures? Would have, if only our understanding of restenosis was better e.g., drugs that are effective must show biologic effects on healing.
- Animal models did predict failure of QuaDs-QP2 (Taxane high dose) and Actinomycin-D, and hypersensitivity but some did not know how to evaluate the outcome in animals.
- But we need appropriate models that more closely simulate human disease - atherosclerosis with or without underlying diabetes

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Arterial Healing Following Stainless Steel Balloon Expandable Stent Placement in Animals and Humans



Results from RAVEL Trial: Angiogram and MACE



Are there other models that may better predict time lines seen in humans?

Stenting of Rabbit Iliac Arteries With and without Balloon Injury give Different results as far as Neointimal thickness and Cell Proliferation

SIRUS Diabetic Subgroup Analysis % Patients with Restenosis (>50%)



The Value of Animal Models in Evaluating Pathobiologic Effects of Drug-Eluting Stents: *Insights from past successes and failures* CONCLUSIONS

- > Animal models show both safety and efficacy for drug eluting stents (DES), but do not mimic human disease.
- Currently DES are deployed in normal arteries either in pigs or rabbits (with or without injury) and have not been studied in the setting of atherosclerosis.
- An atherosclerotic background is more representative of human disease and will influence drug pharmacokinetics and arterial healing.
- A diabetic model will enable us to further determine the influence of insulin resistance on restenosis.
- Without meeting these challenges we will be frustrated and will fail to make progress.



- Platelet Deposition
- Leukocyte recruitment
- VSMC proliferation /migration
- Matrix deposition





Comparison of the Neointimal Area (mm²) in the Rabbit Iliac Artery Following Balloon Angioplasty versus Stenting



Proliferation by PCNA staining of Neointimal and Medial cells Following Balloon Angioplasty Versus Stenting Intima



No significant differences were observed between the groups



Pathology of Cypher Stents in Humans

A rare glimpse!!



Sirolimus-Eluting Stent Implanted in Human Coronary Artery for 16 Months: Pathologic Findings Giulio Guagliumi, Andrew Farb, Giuseppe Musumeci Orazio Valsecchi, Maurizio Tespili, Teresio Motta, Renu Virmani, M.D.

Sirolimus-Eluting BX Velocity Stent --implanted for 16 months in LAD--







Fibrin II



B

** Fibrin II

Well-healed
neointima
Very small thrombus
at side branch

Fibrin w/strut
embedded in core
Minimal
inflammation

SMC-rich neointimaMinimal surface fibrin

Sirolimus-Coated Stent implanted for 16 months in LAD: SEM





>80% surface endothelialization
 Loose intercellular junctions
 Rare minute platelet aggregates

Balloon Expanded Stents in Pig Coronary Arteries

24 hours



7 days







4 weeks
Basic Morphology: Long-Term Stent Patency Versus In-Stent Restenosis





Neointimal **Macrophages** & Restenosis in Human Coronary **Arteries**

Farb, Virmani Circulation 2002 105: 2974



Basic Morphology: Long-Term Stent Patency Versus In-Stent Restenosis



56 individuals (mean age 59 ± 13 years) with coronary artery stents in place for 10 ± 7.1 months (range 3 to 36 months) with 116 stents