

# ***Future DES Evaluation: Will We Know Whether “Different” is Really “Better”?***

***Mitchell W. Krucoff MD, FACC***

**Professor of Medicine / Cardiology  
Duke University Medical Center  
Director, Cardiovascular Devices Unit  
Duke Clinical Research Institute**



# ***Sirolimus Eluting Stent FIM***

***RAVEL: 0% restenosis!!!***

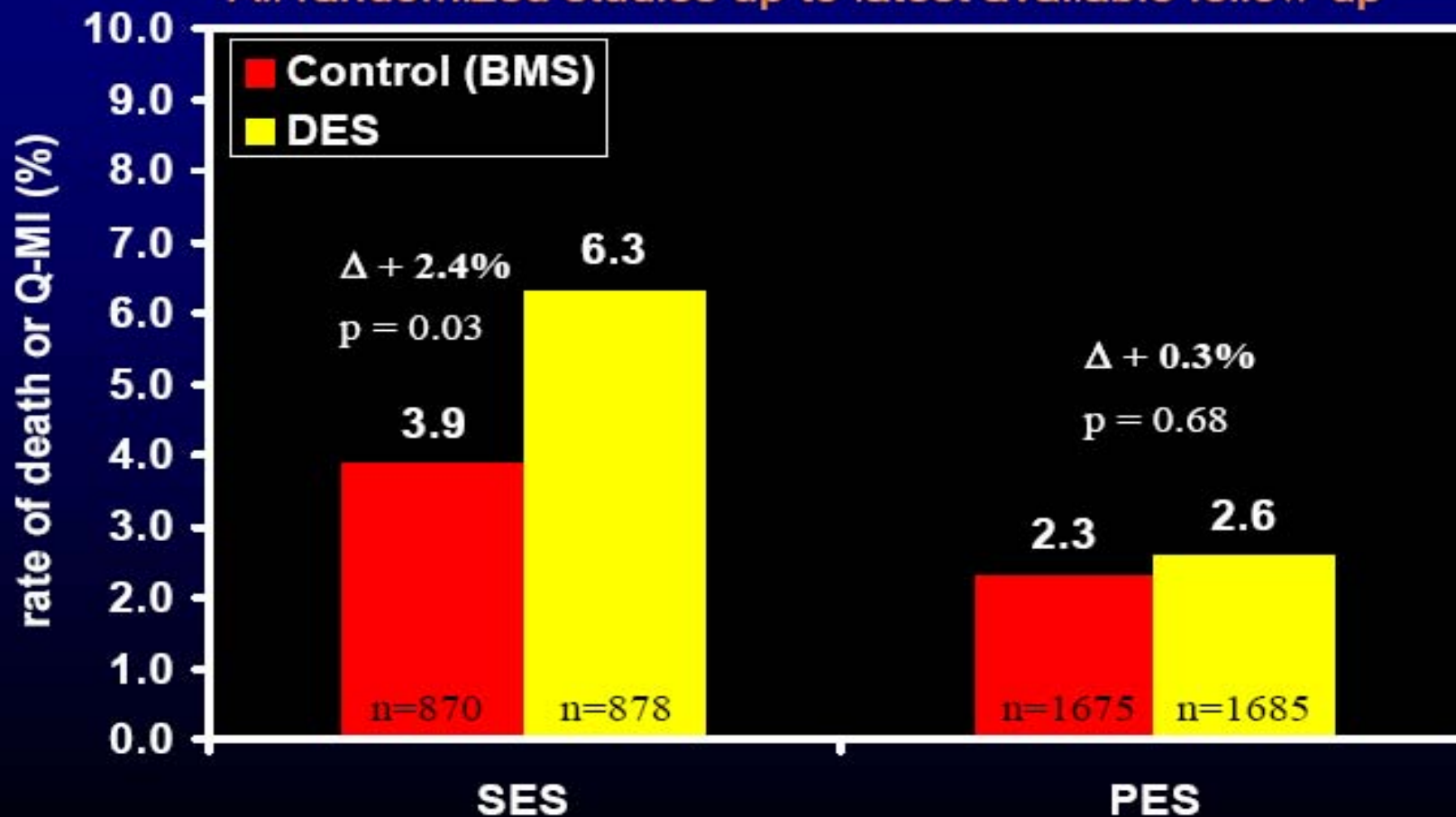
***Cypher & Taxus: 60-70% treatment  
effect (reduction of TLR) !!!***

POST

12-MONTH FU

# Incidence of Serious Adverse Events (Death or MI)

All randomized studies up to latest available follow-up



Camenzind E, ESC 2006, Oral Presentation #992

TUESDAY

# ESC Congress News



WORLD HEART  
FEDERATION®

**World Congress of Cardiology 2006**

*The unique meeting of the European Society of Cardiology Congress 2006  
and the World Heart Federation's XVth World Congress of Cardiology*



## Do drug-eluting stents increase deaths?

TWO SEPARATE, independent meta-analyses, presented in Hot Line session I, suggest drug-eluting stents (DES) may increase death, Q-wave myocardial infarction (clinical surrogates of in-stent thrombosis) and cancer deaths, bringing the long-term safety of DES firmly into the spotlight. Discussant Salim Yusuf (McMaster University, Canada) hailed the data as one of the most important presentations to come out of this year's meeting.

"Six million people in the world have been implanted with DES, yet their long-term safety and efficacy is unknown," said Yusuf. "I've a feeling the data we're seeing today is only the tip of the iceberg. We need to encourage more public access to the data."



obtain this data from the manufacturer," said Nordmann. He speculated that the increase in cancer might be due to a rapid impairment of the immune system.

Yusuf widened the debate to include percutaneous coronary intervention (PCI). "The overuse of PCI is an insidious change in the culture of cardiology that needs to be reversed," he said. The use of PCI was established in MI, high-risk unstable angina and cardiogenic shock. However, its use in stable disease was a totally different question.

"There's no beneficial influence on mortality - PCI does nothing to prevent heart attack. All we are doing is providing short-term relief of chest pain. It's not re-stenosis that kills but the



DUKE UNIVERSITY  
MEDICAL CENTER



Duke Clinical Research Institute

## **Second Generation DES: *What questions have we learned to ask from Cypher & Taxus?***

- **Does local inflammatory response to polymer prevent endothelial healing?**
- **Is local drug delivery sufficient to inhibit hyperplasia also toxic to vessels or to endothelial healing?**
- **Can we stimulate endothelial recovery?**
- **What is “optimal” adjunctive anti-platelet therapy?**

# Circulation

JOURNAL OF THE AMERICAN HEART ASSOCIATION



## Special Report

### Drug-Eluting Stents “Deliver Heartburn” How Do We Spell Relief Going Forward?

Mitchell W. Krucoff, MD; Ashley Boam, MSBE; Daniel G. Schultz, MD

### Addressing Healing as well as Restenosis: *Second Generation DES*

Krucoff et al, *Circulation*. 2007.

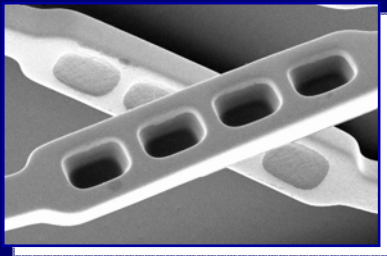


# DRUG ELUTING STENTS:

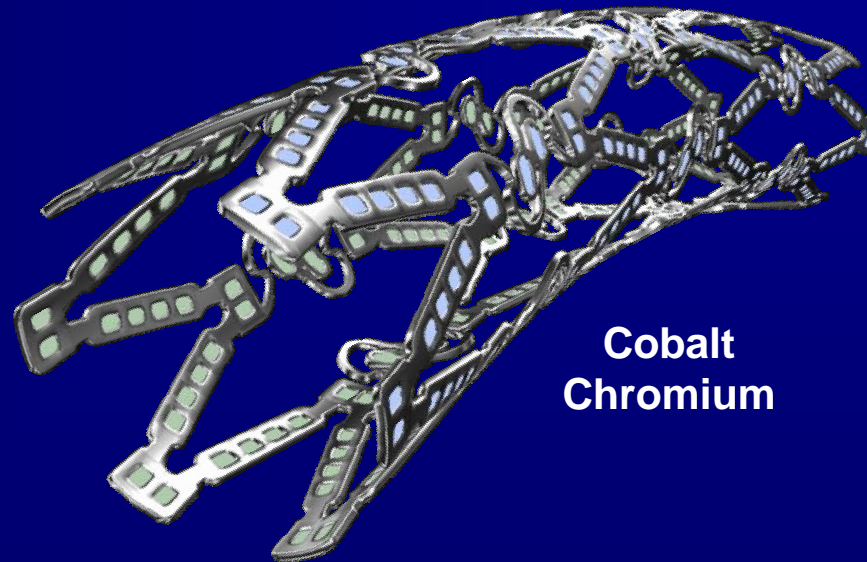
*What if the polymer is minimal  
and goes away?*

# CoStar<sup>®</sup> Paclitaxel-Eluting Coronary Stent System

A Stent Specifically Designed for Controlled Drug Delivery from a Bioresorbable Polymer

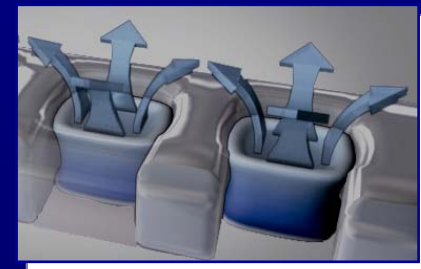


Reservoir Technology



Cobalt Chromium

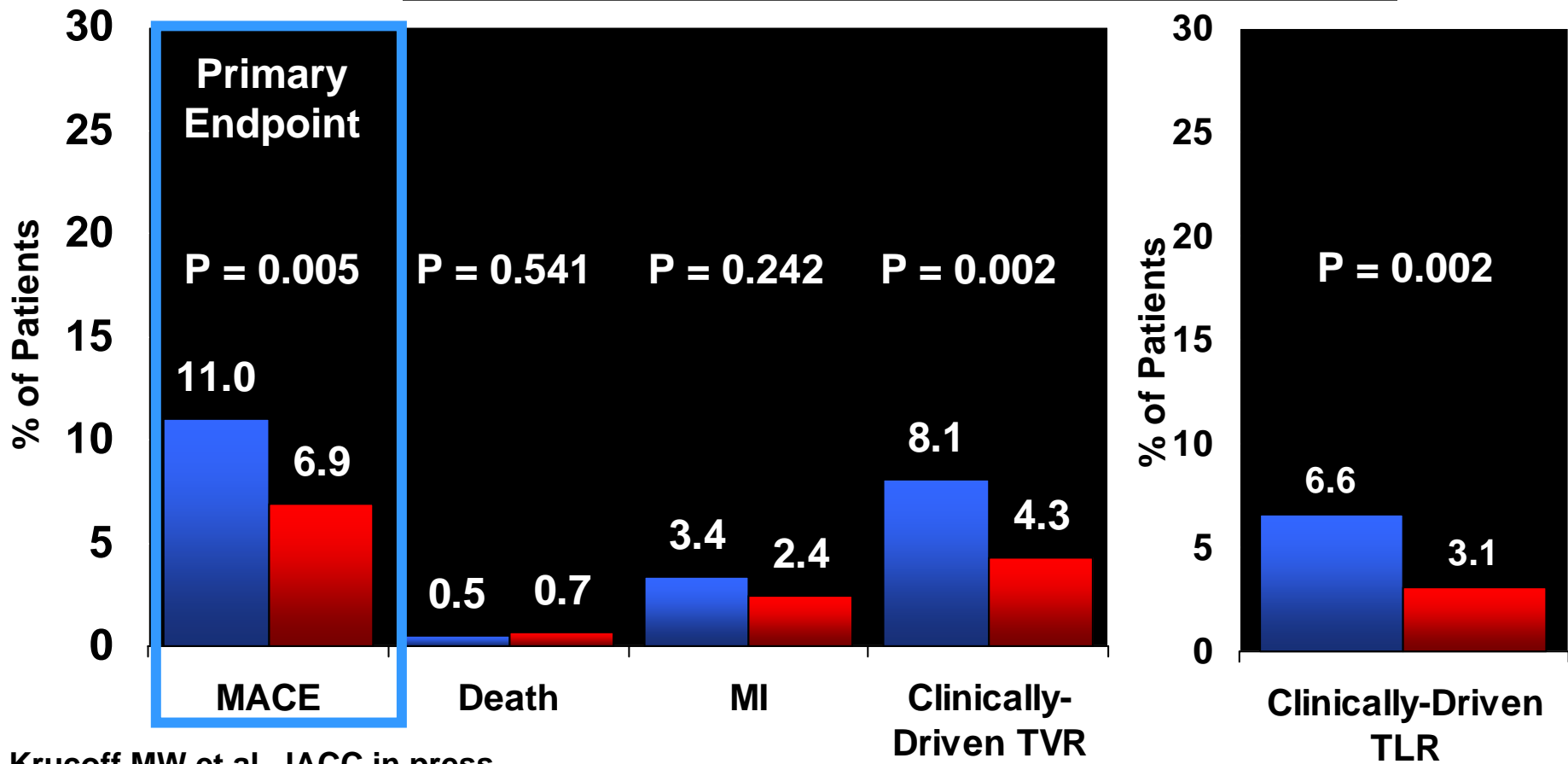
Bioresorbable Polymer





# 8-Month Non-hierarchical MACE and Clinically-Driven TLR

■ CoStar (n = 972) ■ Taxus (n = 670)



Krucoff MW et al, JACC in press

MACE: A composite of adjudicated death, MI, and and clinically driven TVR

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# J&J pulls plug on stent

**Johnson & Johnson says experimental stent fails to meet primary goal, pulls from markets where use already approved.**

May 7 2007: 8:17 AM EDT

CHICAGO (Reuters) -- Johnson & Johnson Monday said its experimental drug-coated stent failed to meet its primary study goal, leading it to drop development of the heart device.

[J&J](#) ([Charts](#), [Fortune 500](#)) unit Conor Medical Systems also said it will discontinue sales of the so-called CoStar stent in certain countries in Europe, Asia and Latin America - where it is already approved.

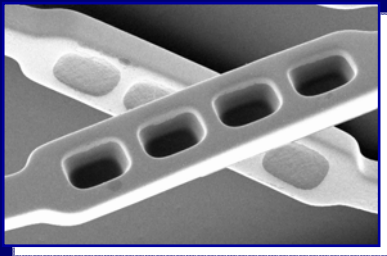
A pivotal study compared J&J's investigational device with one already sold by [Boston Scientific](#) ([Charts](#), [Fortune 500](#)). Drug-coated stents are tiny wire mesh tubes used to prop open recently unclogged heart arteries and have until recently been reliable cash cows for device makers.

J&J said it saw no signs of safety troubles with the CoStar stent, but it failed to prove "non-inferiority" against Boston Scientific's Taxus stent. Other major competitors in the field include [Medtronic](#) ([Charts](#), [Fortune 500](#)).

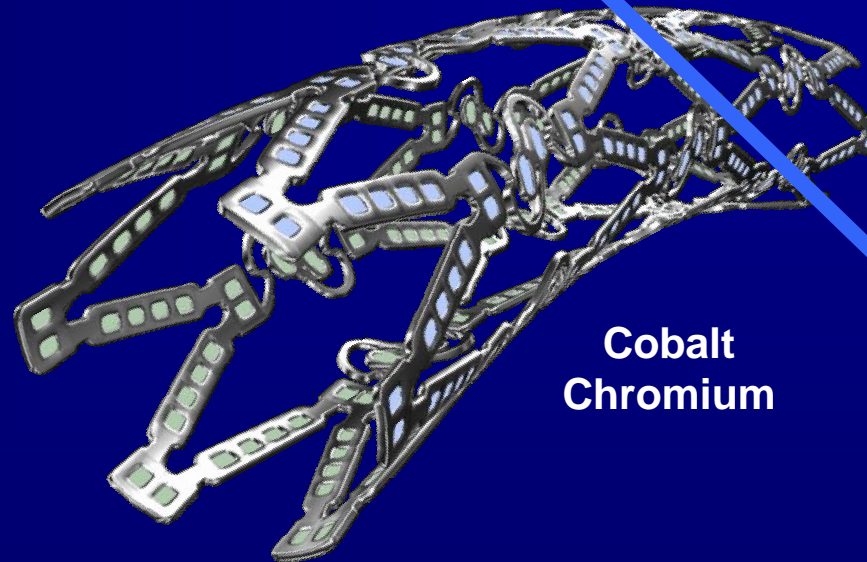
# Cordis/Conor Coronary Stent

A Stent Specifically Designed for Controlled Drug Delivery from a Bioresorbable Polymer

**SIROLIMOUS**

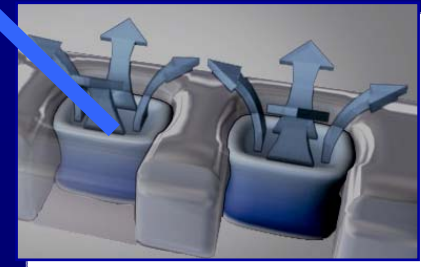


Reservoir Technology



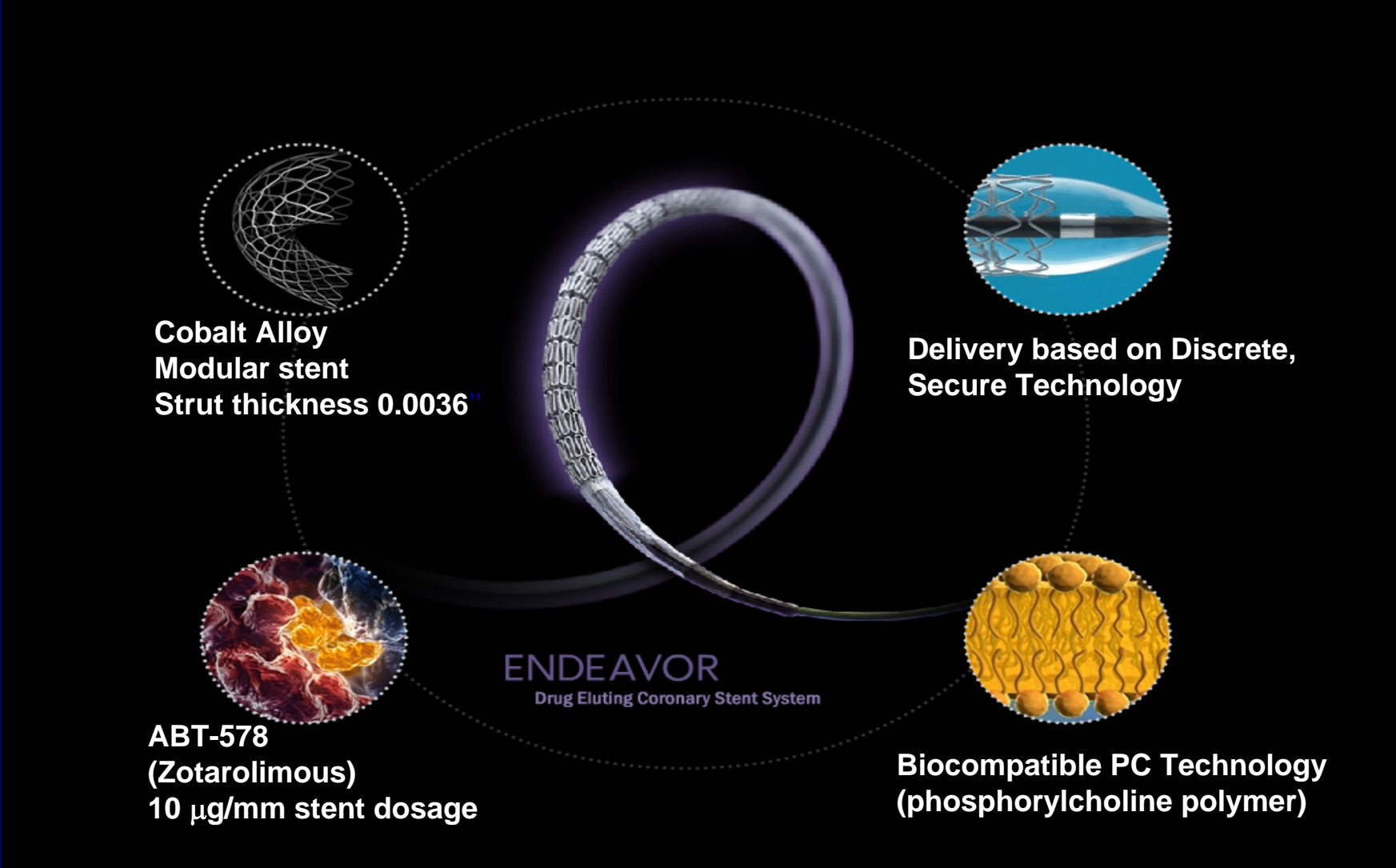
Cobalt Chromium

Bioresorbable Polymer



# DRUG ELUTING STENTS: *Are Big Lumens Bad?*

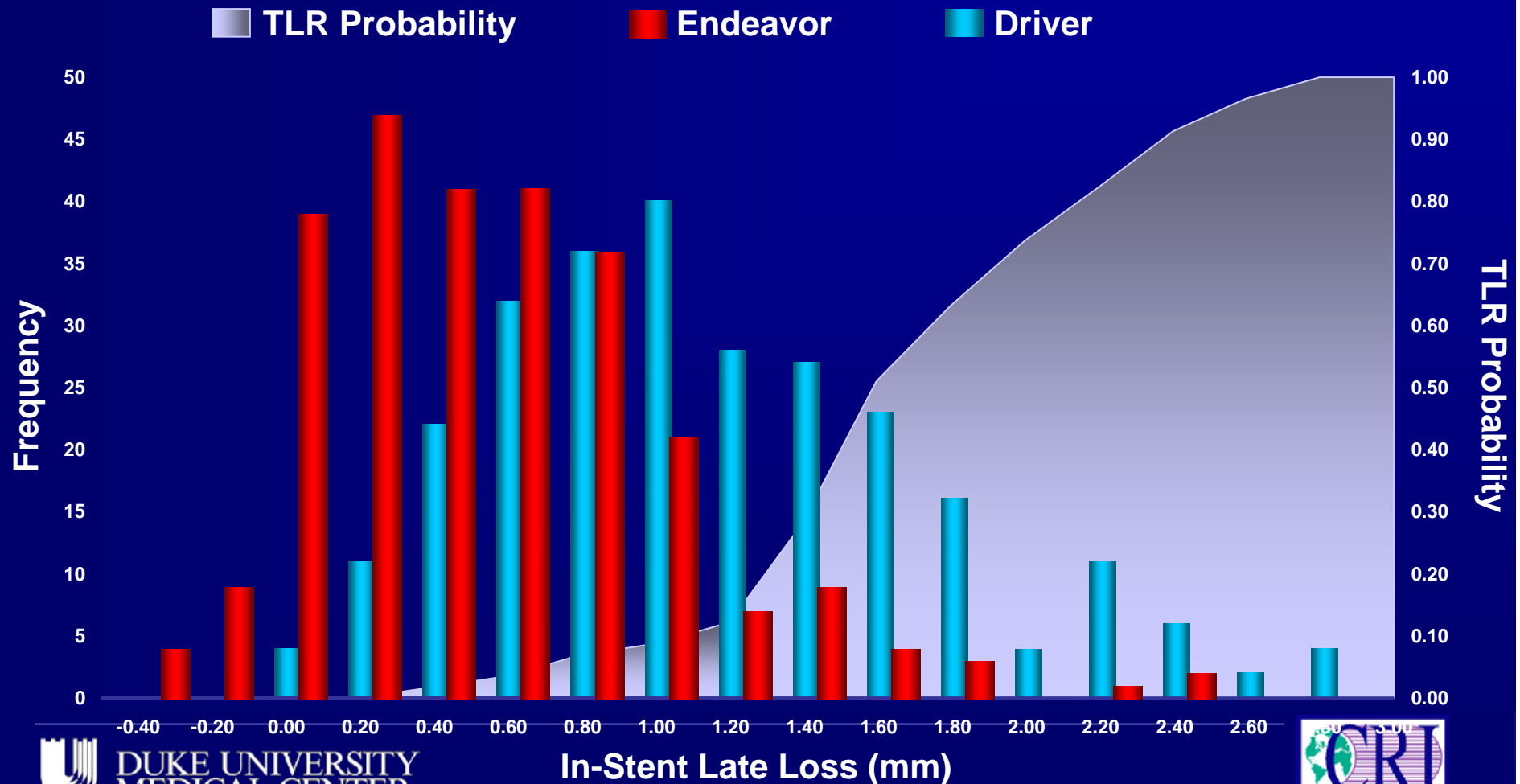
# Components of the Endeavor Stent



# ENDEAVOR II: DES vs. BMS

## *In-Stent Late Loss Distribution*

LL Relationship to TLR Probability



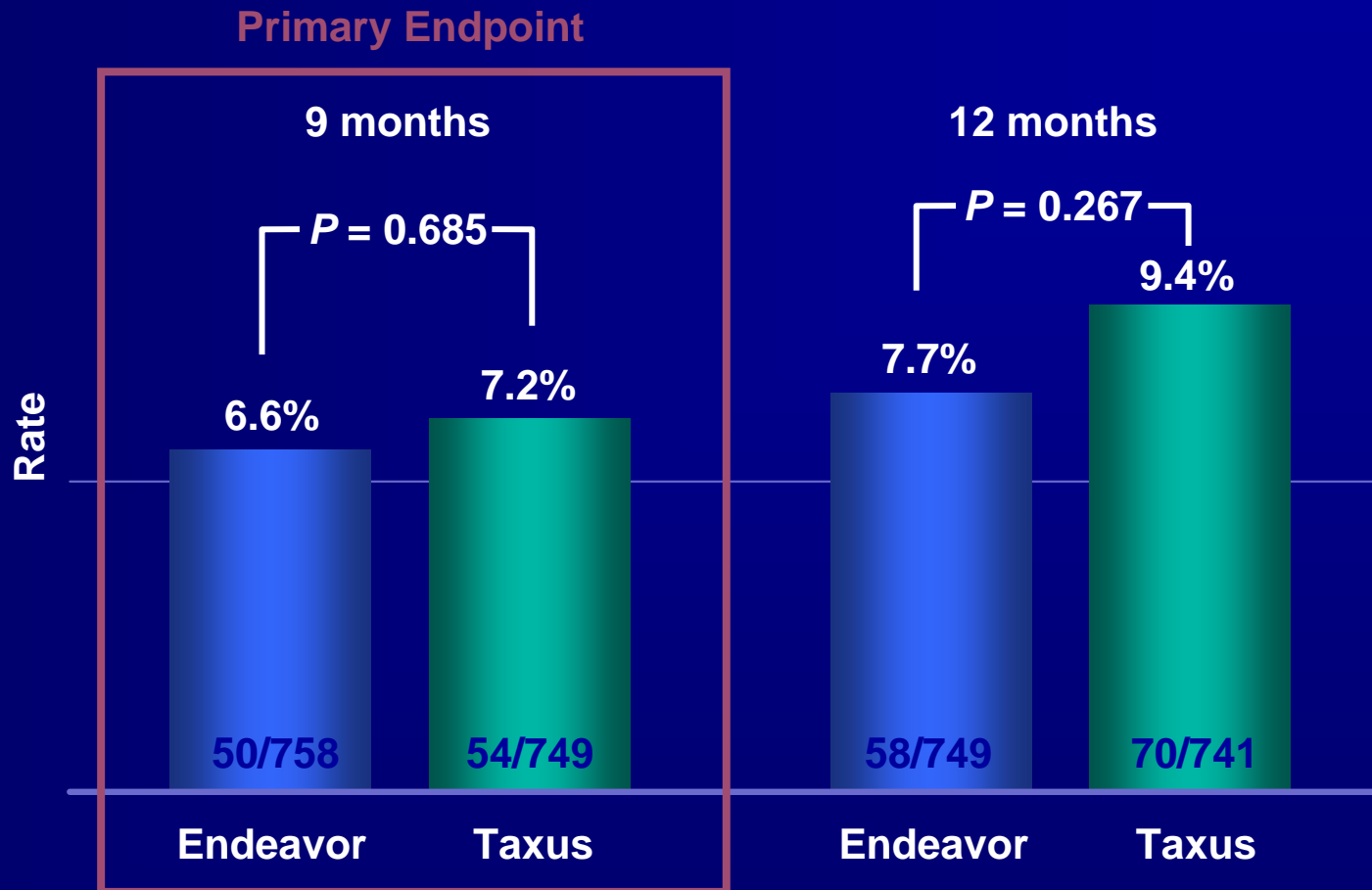
# ENDEAVOR III: DES vs DES

## Angiographic and IVUS Results at 8 Months

	Endeavor n=282	Cypher n=94	p- value
Angiographic f/u % (N)	87.3 (323)	83.2 (113)	0.27
RVD (mm)	2.74	2.84	0.07
MLD (mm) In-Stent	2.08	2.52	<0.001
In-Segment	1.92	2.16	<0.001
DS (%) In-Stent	24.3	11.0	<0.001
In-Segment	29.9	23.9	<0.001
BAR (%) In-Stent	9.2	2.1	0.02
In-Segment	11.7	4.3	0.04
Late Loss (mm) In-Stent	0.60	0.15	<0.001
In-Segment	0.34	0.13	<0.001

# ENDEAVOR IV

## Target Vessel Failure at 9 and 12 months

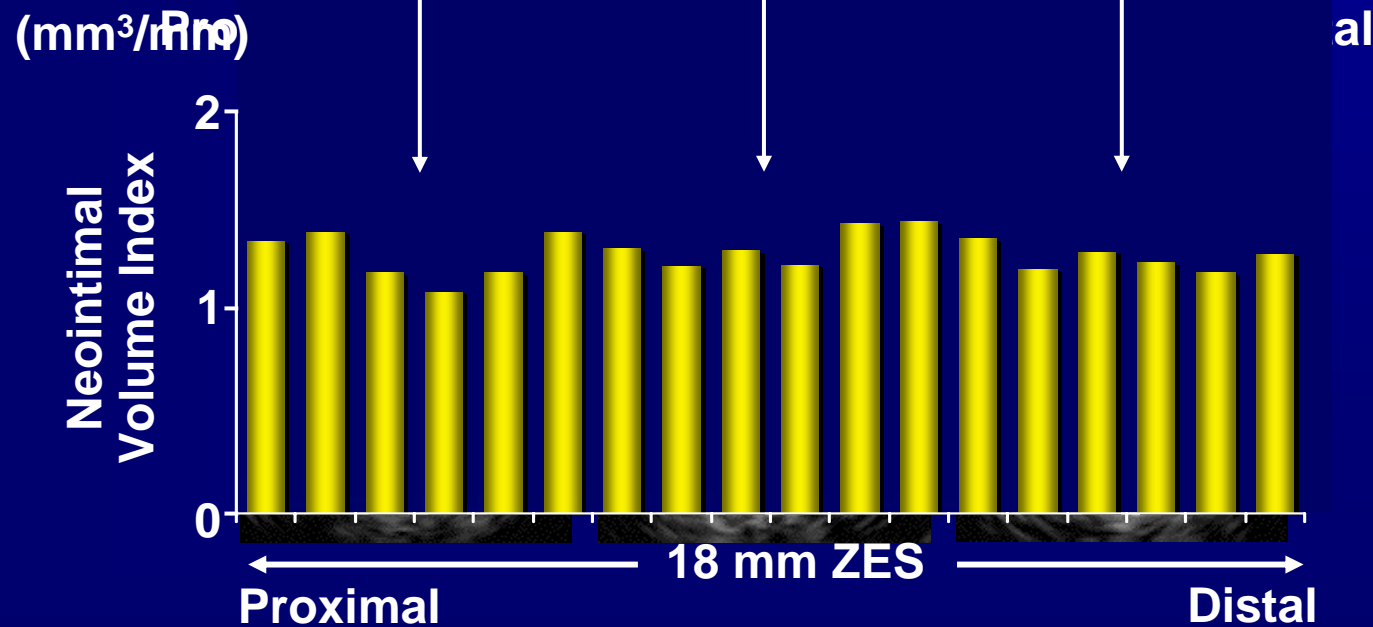
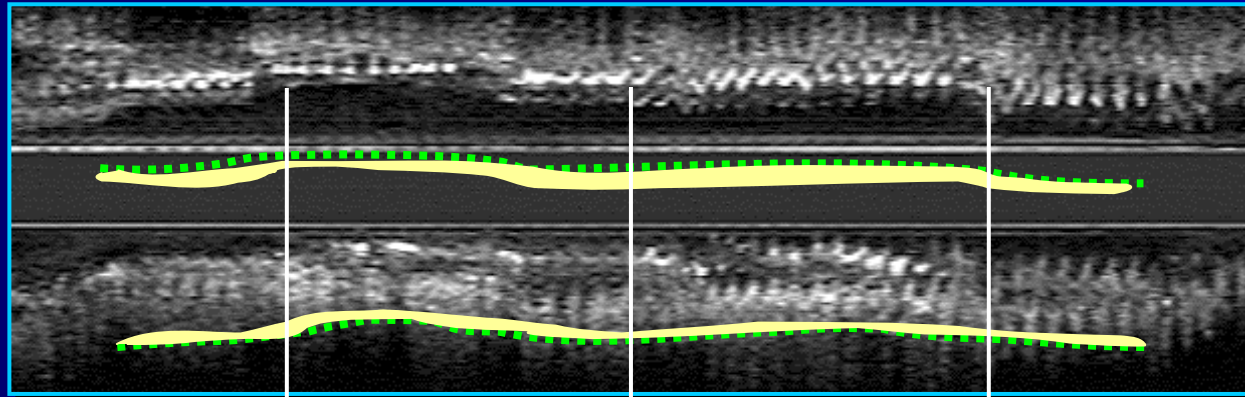


ENDEAVOR IV: Leon, TCT 2007 (trial analysis done using revised 9- and 12-month data set).



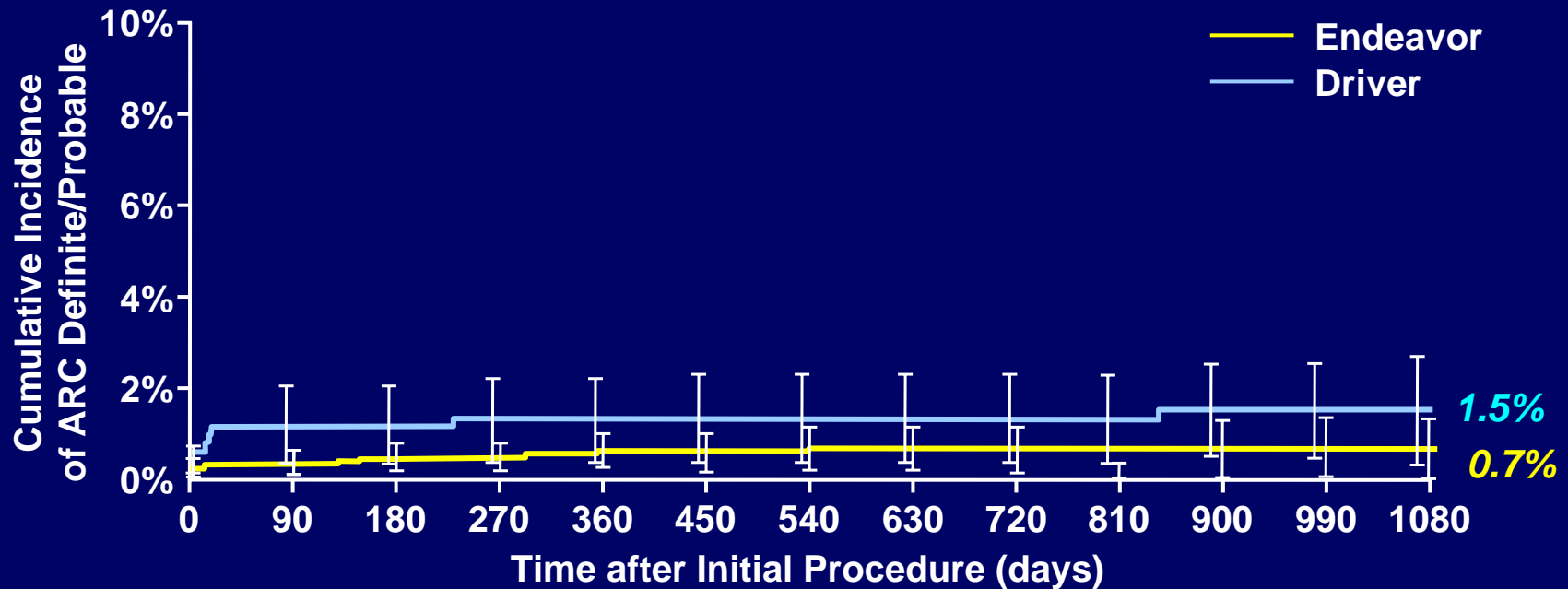
# Endeavor: "Complete" NIH

*Smooth Lumen, Even Neointimal Distribution*



# Endeavor Safety Analysis

Cumulative Incidence of ARC Definite/Probable ST to 1080 Days



Def/Prob Thrombosis	0	30	270	360	720	1080
<b>Endeavor</b>	<b>2132</b>	<b>2117</b>	<b>2085</b>	<b>2049</b>	<b>1247</b>	<b>648</b>
# Events	1	10	11	2	1	0
% CI	0.0%	0.5%	0.5%	0.6%	0.7%	0.7%
<b>Driver</b>	<b>596</b>	<b>585</b>	<b>581</b>	<b>575</b>	<b>560</b>	<b>542</b>
# Events	1	6	6	0	0	1
% CI	0.2%	1.2%	1.3%	1.3%	1.3%	1.5%

# **Circulatory Devices Advisory Panel Vote: 10-0 Approval w/Conditions**

**Medtronic Receives FDA Approval for Endeavor®  
Zotarolimus-Eluting Coronary Stent System**

**New Drug-Coated Stent Offers Excellent Combination  
of Safety, Effectiveness and Deliverability**

**MINNEAPOLIS – Feb. 1, 2008 –Marking a major development in the field of interventional cardiology, Medtronic, Inc. (NYSE: MDT), announced today that it has received approval from the U.S. Food and Drug Administration (FDA) for the Endeavor® Zotarolimus-Eluting Coronary Stent System to be used in the treatment of coronary artery disease, which affects an estimated 13 million people in the United States and is the country's leading cause of death.**

# DRUG ELUTING STENTS: *Are Big Lumens Bad?*

Maybe...

- *in some patients*
- *with some DES platforms*

# DRUG ELUTING STENTS: *Are Big Lumens Necessarily Bad?*

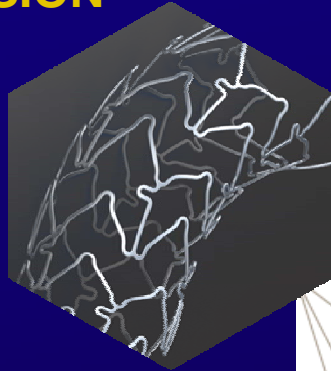
# **XIENCE™ V Everolimus Eluting Coronary Stent System (EECSS)**

PMA # P070015

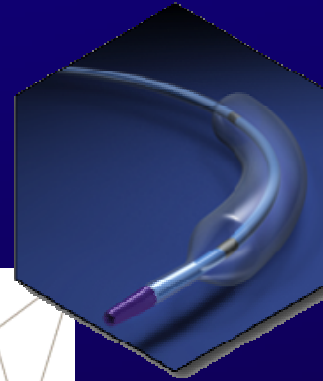
U.S. FDA Circulatory Devices Panel  
November 29, 2007  
Washington, D.C.

# XIENCE V Scientific Design & Integration

**MULTI-LINK VISION  
Stent**



**MULTI-LINK VISION  
Stent Delivery  
System**

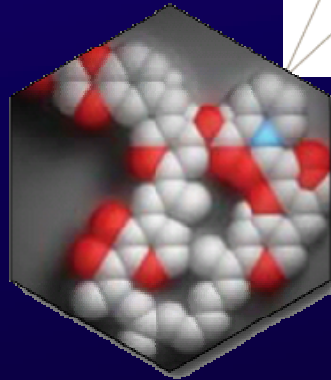


**Deliverability**

**Efficacy**

**Safety**

**Everolimus**

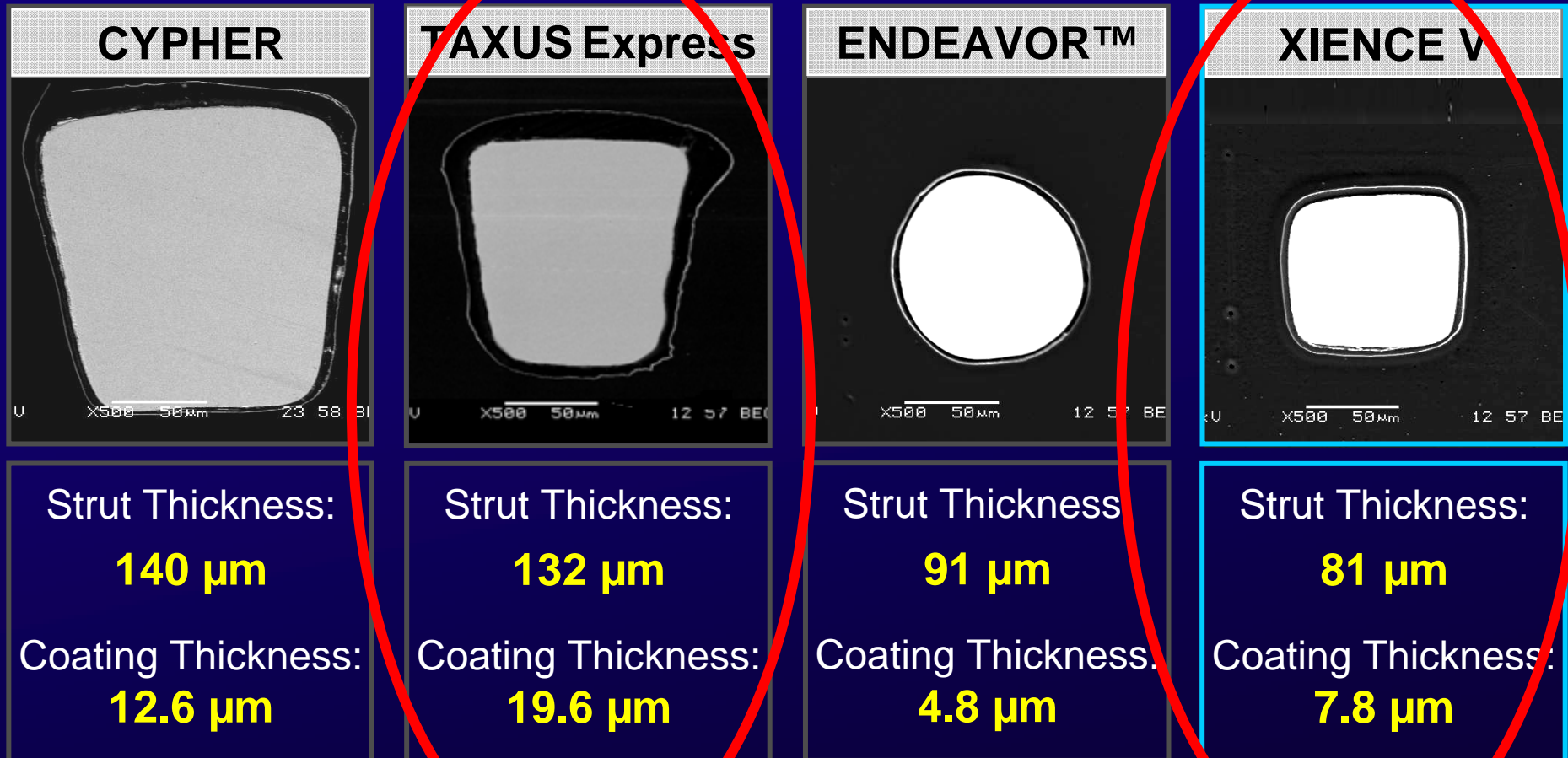


**Fluorinated  
Copolymer**



# XIENCE V

## Progression Towards Thinner Struts

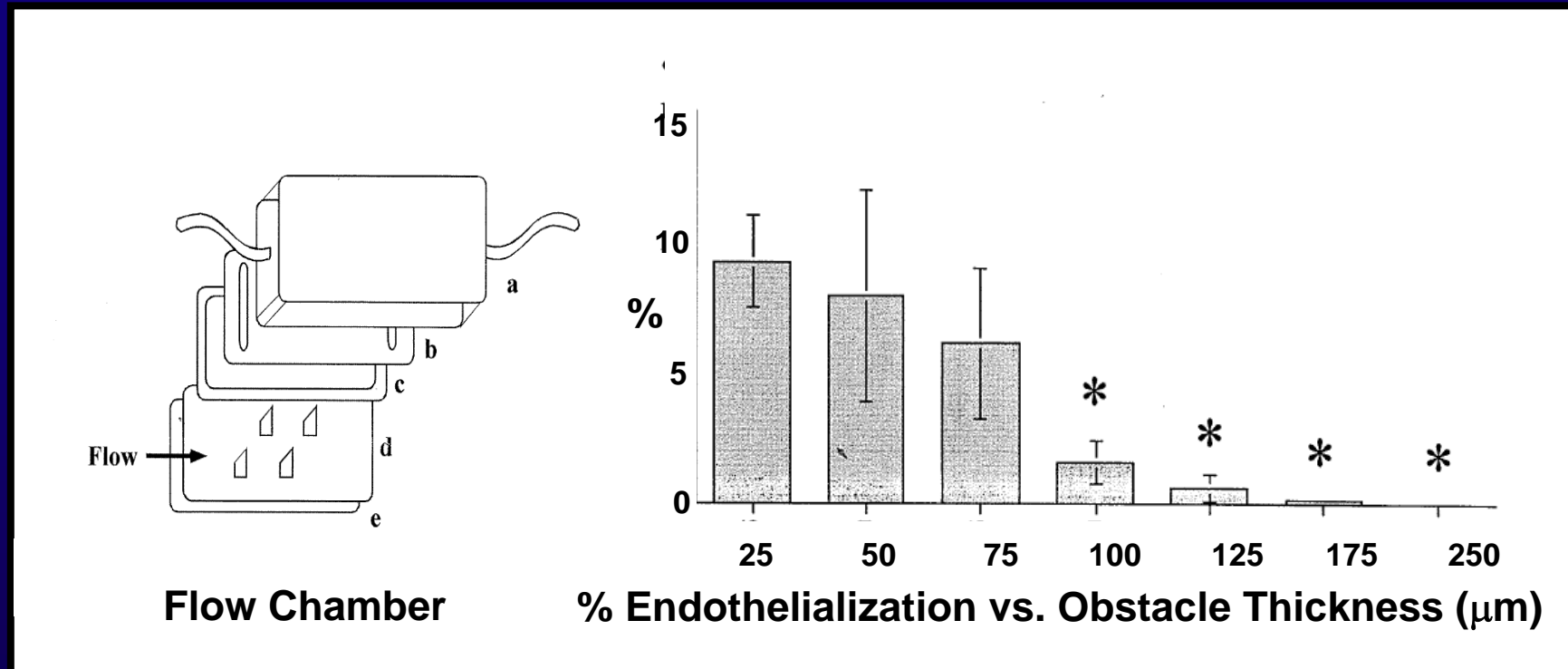


Abluminal coating thickness represented



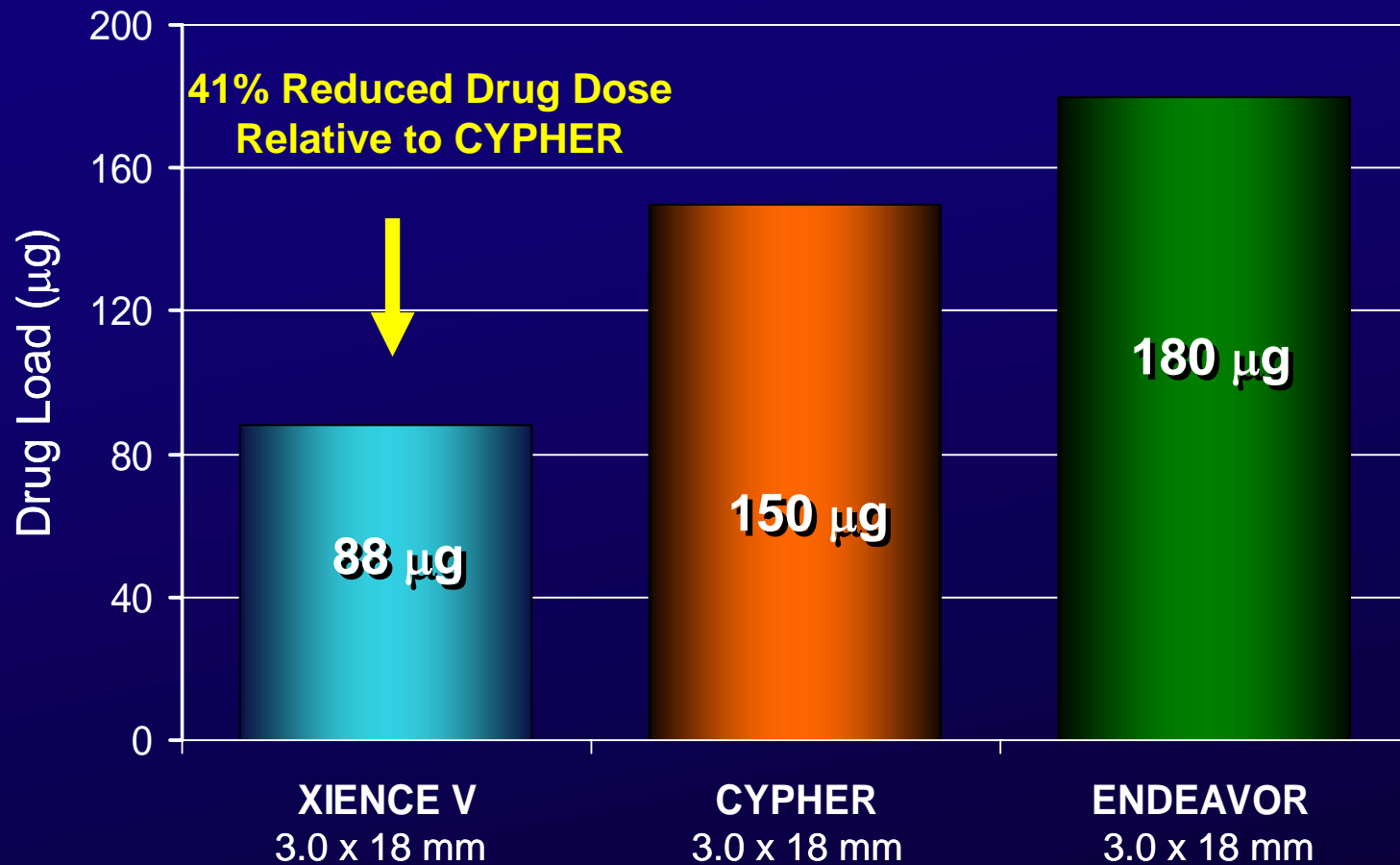
# XIENCE V

## Endothelialization and strut thickness



**Endothelial coverage may be impaired for thicker stent struts**

# XIENCE V Reduced Drug Dose

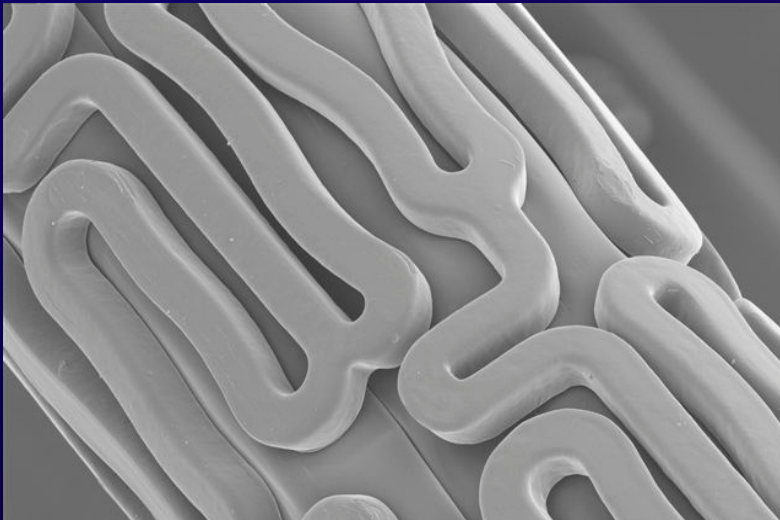


**Achieved effectiveness with reduced drug loading**

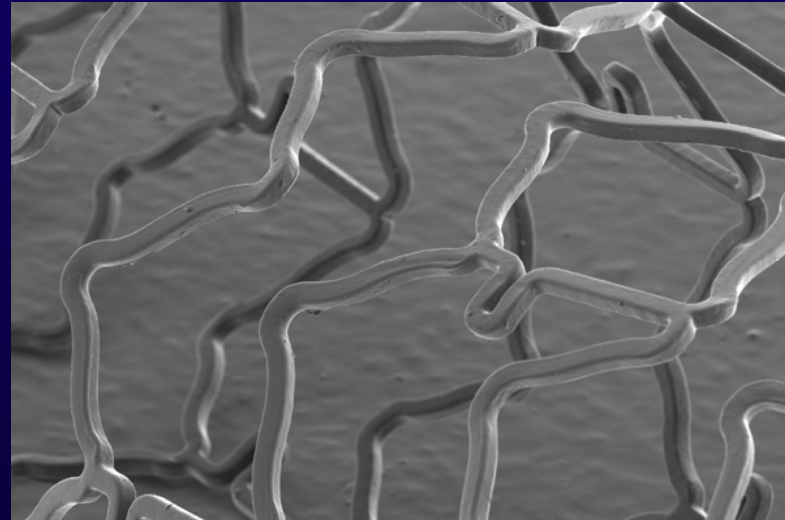
# XIENCE V Coating Integrity

- Coating designed to minimize webbing, bridging, and strut-strut contact in crimped state
- Coating integrity maintained after simulated use, stent expansion and fatigue testing

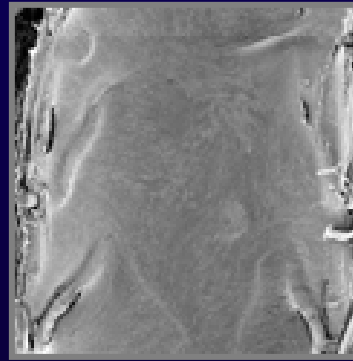
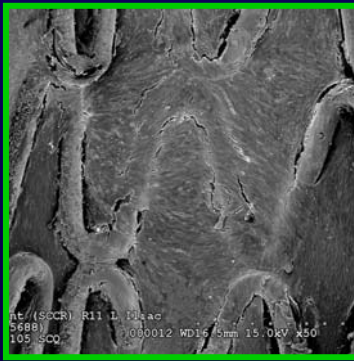
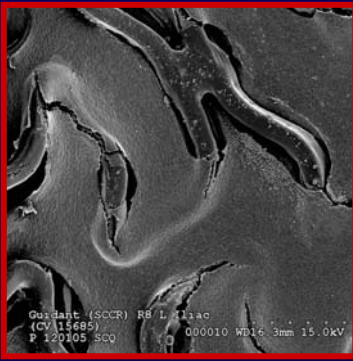
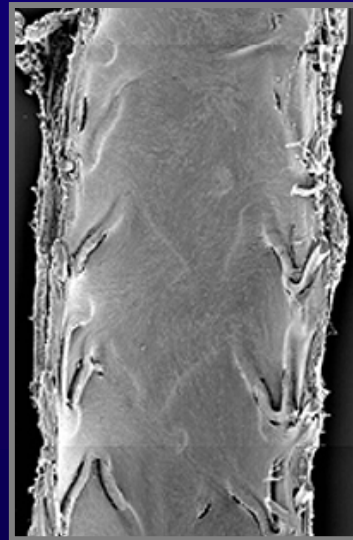
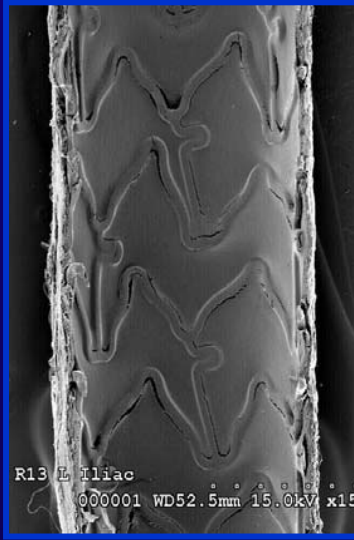
Crimped



Post-expansion



# Qualitative Assessment of Endothelial Cell Coverage: 14-day Rabbit Iliac



**CYPHER**

**TAXUS**

**ENDEAVOR**

**XIENCE V**

**VISION**

# Integrated Pre-Approval and Post-Approval Clinical Program (N > 16,000)

## Pre-approval Clinical Data

SPIRIT First

RCT 1:1 XIENCE V vs VICTORIS in ACS OUS

SPIRIT II

RCT 3:1

SPIRIT III

P

SPIRIT III 4.0

**DES vs DES**

SPIRIT III Jap

SPIRIT IV

SPIRIT V

XIENCE V  
SPIRIT Women

XIENCE V USA

Pos

XIENCE India

Post-approval

# Consistency Across The Spectrum of Prospective Safety & Effectiveness

## XIENCE V vs. TAXUS

Study	In-stent LL	In-seg LL	In-stent ABR	In-seg ABR	TLR @ 1 yr	MACE @ 1 yr	TVF @ 1 yr
SPIRIT II	↓ 69%	↓ 53%	↓ 63%	↓ 41%	↓ 73%	↓ 71%	↓ 51%
SPIRIT III	↓ 47%	↓ 50%	↓ 60%	↓ 47%	↓ 39%	↓ 42%	↓ 24%
SPIRIT II and III Pooled	↓ 58%	↓ 50%	↓ 61%	↓ 47%	↓ 47%	↓ 48%	↓ 29%

**XIENCE V Circulatory Advisory Panel**  
**Washington D.C.**  
**November 29, 2008**

**Vote: 9-1 Approval w/Conditions**

**DRUG ELUTING STENTS:**  
***Are Big Lumens Necessarily  
Bad?***

**Maybe not!**



# DRUG ELUTING STENTS:

*Can big lumens be  
protected with DAP?*

# Continuation Of Dual Antiplatelet Therapy in DES CODA-DES

*An Expedited Cardiac Safety Critical Path Clinical Trial*

<http://www.fda.gov/oc/initiatives/criticalpath/>



# DES & Extended Dual Antiplatelet Therapy: *What It Would Take: Collaboration*

## ■ **Regulatory**

### ■ **FDA:**

- **CDER**
- **CDRH**
- **Off Comm**

### ■ **E.U.**

- **Austria**
- **U.K.**
- **Sweden**

### ■ **MHLW/PMDA**

## ■ **Academia**

- **Duke**
- **Harvard**
- **Cleveland Clinic**
- **Columbia**
- **U of NM**
- **Wash Hrt Ctr**
- **London School of Hyg & Trop Med**
- **CVPath**

## ■ **Industry**

- **BSCI**
- **Medtronic**
- **Abbott**
- **Cordis/J&J**
- **Eli Lilly (Daichi)**
- **Sanofi**
- **BMS**

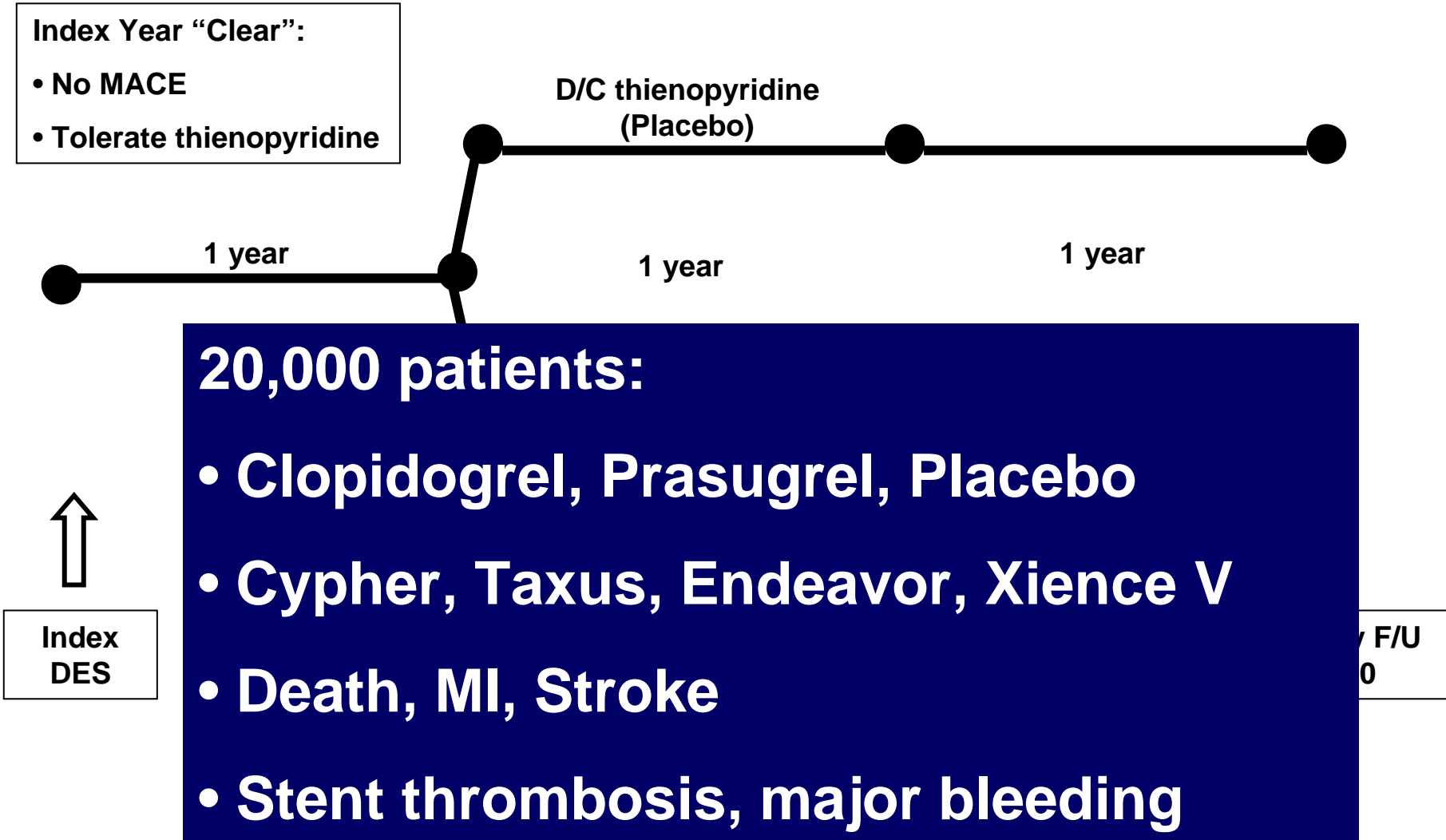
## ■ **Societies**

- **ACC**
- **SCAI**
- **ESC**

## ■ **Federal**

- **NIH**
- **AHRQ**

Figure 1: CODA-DES Study Design





## CONCLUSIONS

### ***Understanding “Different” vs. “Better” DES:***

- \* Novel polymer/drug delivery systems***
- \* Better pre-clinical animal models***
- \* Biological/mechanistic insights in vivo:***
  - \* Role of QCA, IVUS and OCT***
- \* Primary clinical endpoints, longer follow up***
- \* Better understanding of adjunctive meds***
- \* Global collaboration to work together!!!***

Krucoff et al, *Circulation*. 2007.