

Grand Vision for BRS Future: Natural History and Clinical Implication

April 27 2016 2:24-2:32 PM

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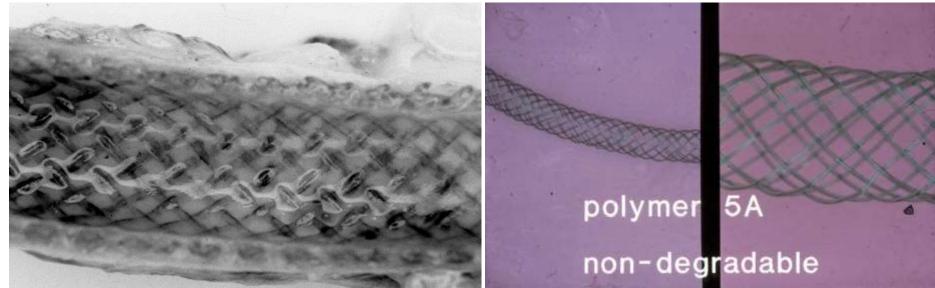
Development of a Polymer Endovascular Prosthesis and its Implantation in Porcine Arteries

WILLEM J. VAN DER GIESSEN, M.D., CORNELIS J. SLAGER, M.Sc., HELEEN M.M. VAN BEUSEKOM, M.Sc., DORETTE S. VAN INGEN SCHENAU, RUUD A. HUIJTS, PH.D.,* JOHAN C. SCHUURBIERS, B.Sc., WILLEM J. DE KLEIN, PH.D.,** PATRICK W. SERRUYS, M.D., and PIETER D. VERDOUW, PH.D.

From the Department of Cardiology, Thoraxcenter, Erasmus University Rotterdam, Rotterdam, *Akzo Research Laboratories and **Akzo Fibres B.V., Arnhem, The Netherlands

Van der Giessen, et al. J Interven Cardiol. 1992;5:175-185

PETP self expanding stent



Macroscopic specimen of polyester (PETP) stent 4 weeks after implantation in normal, porcine femoral arteries. 2000, ESC in Amsterdam, Grüntzig lecture by Patrick W. Serruys Get prepared for the next tidal wave in Interventional Cardiology

Taxol alle

apamycin stori

2010, Interview of Patrick W. Serruys by Circulation

Get prepared for the next tidal wave in Interventional Cardiology





European Perspectives in Cardiology



"We Are Entering the Fourth Revolution. I Predict That by 2011–2012, the Workhorse of Percutaneous Cardiovascular Intervention Could Be the Fully Biodegradable Drug-Eluting Stent"

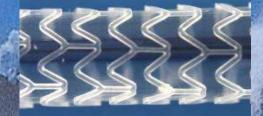
Patrick W. Serruys, MD, PhD, FACC, FESC, professor and head of the Interventional Cardiology Department of the Thoraxcenter, the Erasmus Medical Center, Rotterdam, the Netherlands, talks to Barry Shurlock, MA, PhD.



2014, ESC in Barcelona "master prophecy" lecture by P. W. Serruys By 2020, only a minority of patients will receive a permanent metallic implant

Magnesium

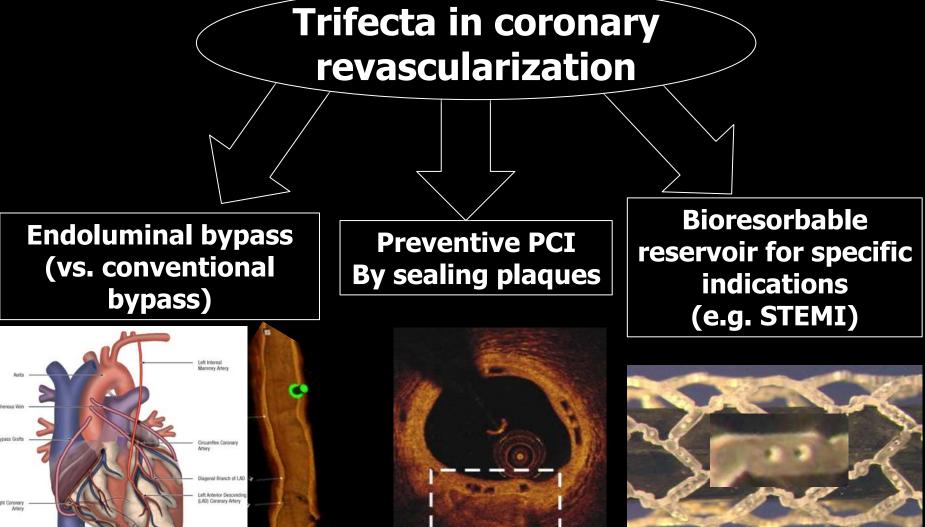
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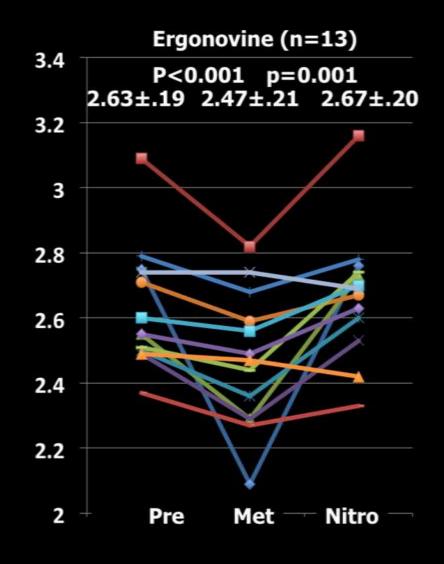
Tyrosine polycarbonate

Why BRS may change the landscape of coronary intervention ?



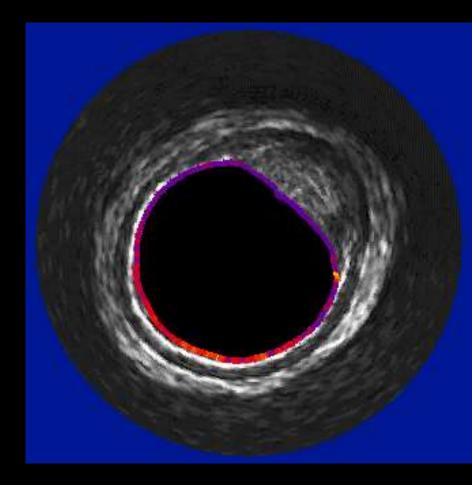
- Disappearance of mechanical integrity and return of vasomotion (6 to 12 months)
- Return of cyclic strain and mechanotransduction
- Normalization of endothelial shear stress
- Potential for non-invasive imaging
- Restoration of contractile phenotype of smooth muscle cells (SMC) with normalized gene expression of endothelium and SMC
- Late lumen enlargement and remodeling
- Plaque media regression
- Shielding and recapping of plaque
- Potential indication of STEMI
- Reduction of late events

Restoration of vasomotion at 12 MONTHS



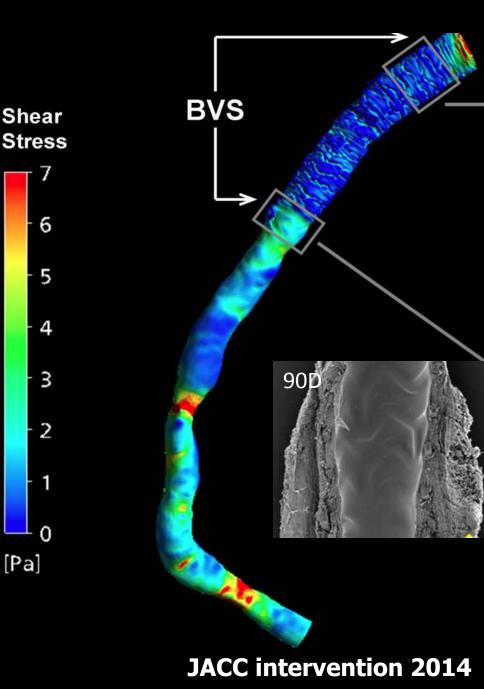
Lancet 2009, JACC 2011

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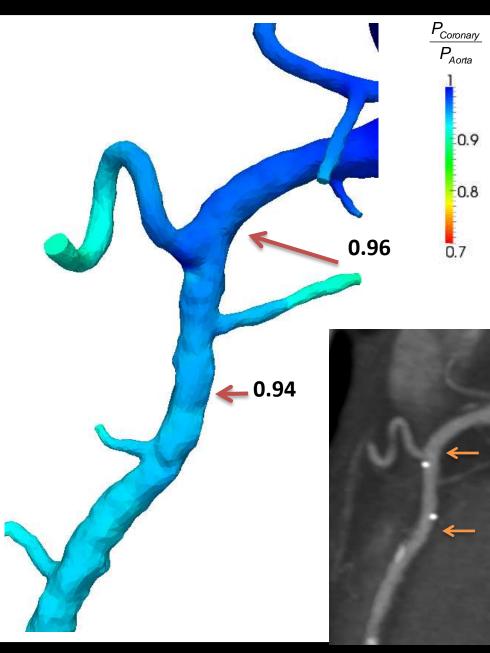


Circulation Journal 2012, Lancet 2009

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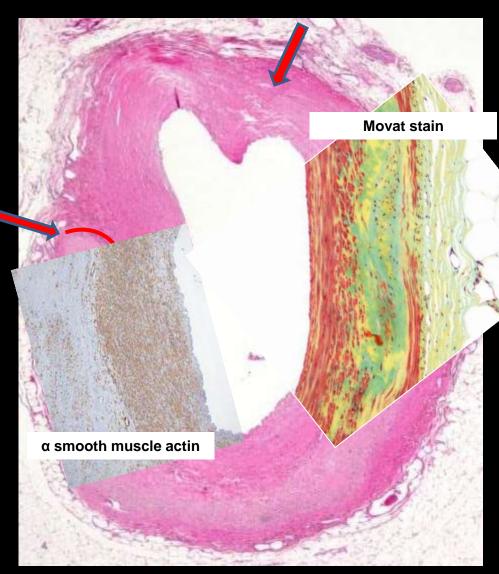


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JACC interv. 2013

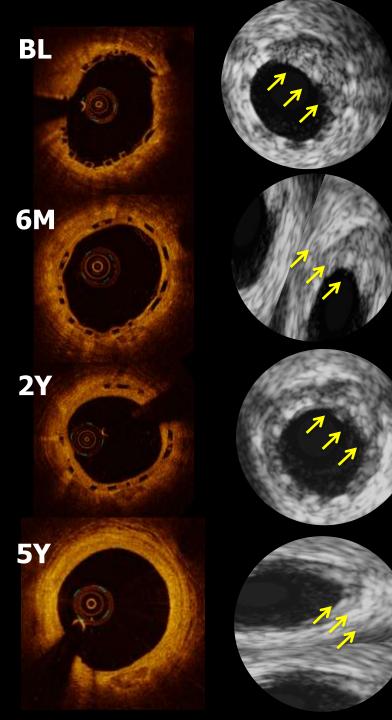
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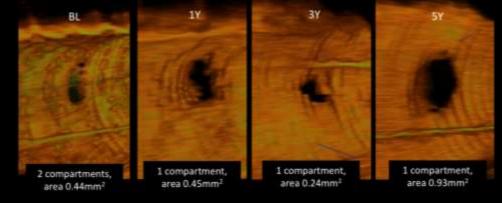
Neomedia?

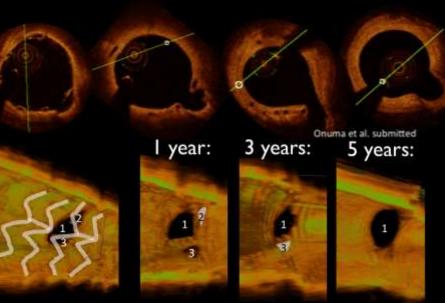
Circulation 2014

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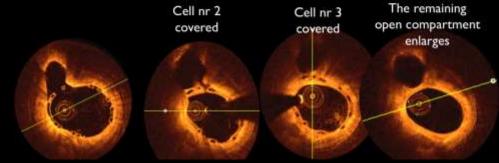


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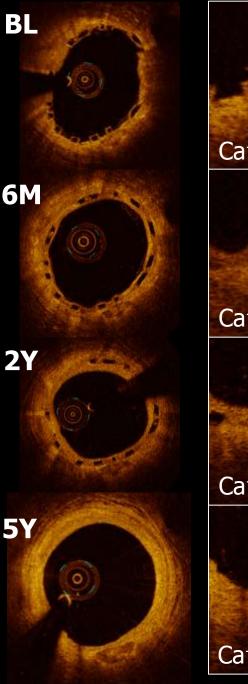


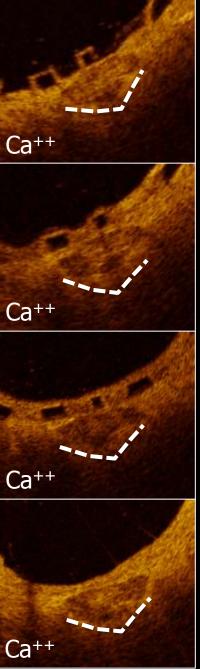


3 compartments 2 compartments 1 compartment 1 compartment Ostial area: 0.91mm² Ostium area: 0.81mm²Ostial Area: 0.77mmOstial area: 1.11mm²

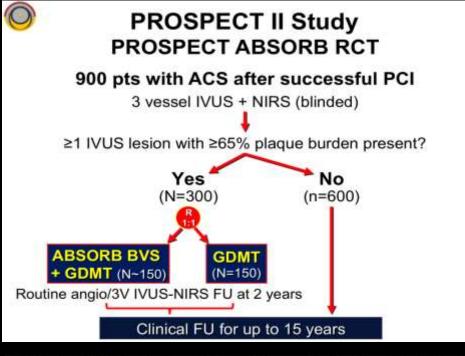


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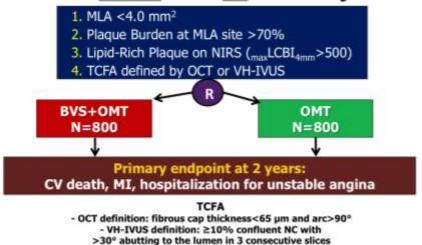
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The PREVENTive Implantation of Bioresorbable Vascular Scaffold on Stenosis Functionally Insignificant with signs of Vulnerability

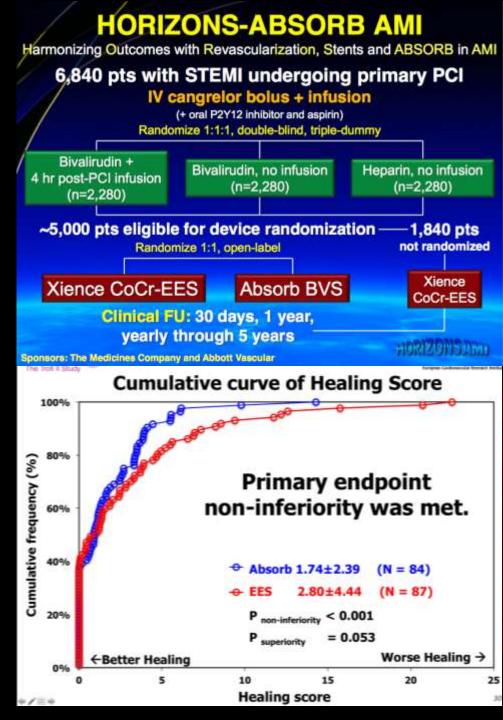
PREVENT Trial (n=1600)

Any Significant Epicardial Coronary Stenosis (DS>50%) (ACS and non-ACS) with <u>FFR >0.80</u> and with <u>Two</u> of the following

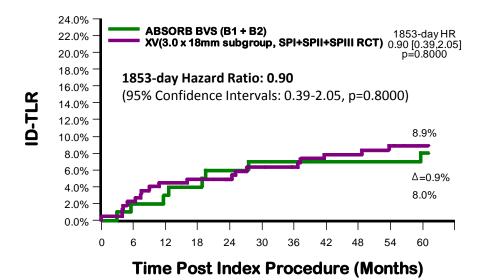


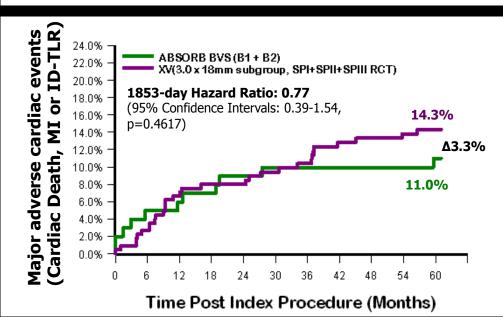
PI: SJ Park

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Serruys et al. J Am Coll Cardiol. 2016 Feb 23;67(7):766-76.

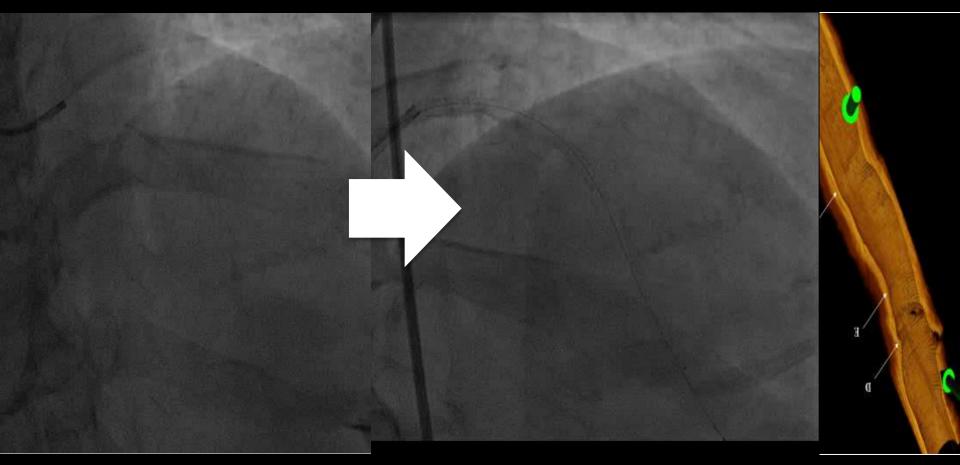
"Golden tube"

Vessel with strong homogeneous light reflectivity on OCT = refurbished endoluminal lining, capping underlying plaques with late lumen enlargement, vasomotion and cyclic strain

Will this golden tube become the endoluminal bypass that interventional cardiologists have been waiting for so long?

Endoluminal bypass by the bioresorbable scaffolds

Courtesy of Dr. Colombo



130mm of endoluminal bypass

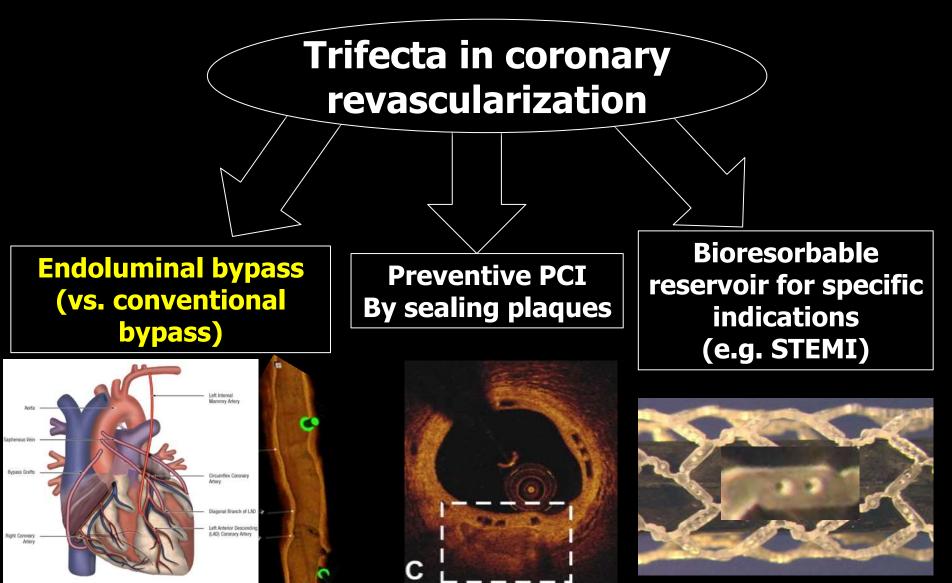
Prophecy on short term

Specific stent device (reservoir with drug) for specific syndrome (e.g. myocardial infarction and diabetes)

Vascular Drug Delivery: Acute MI

Luminal Drug Elution **Bioresorbable reservoir** for specific indications (e.g. STEMI) Two Drugs, One Well Drug A released to arterial wall Drug B released into bloodstream

Why BRS may change the landscape of coronary intervention ?



Thank You!

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