BASKET-SMALL 2: DCB vs. DES for Small CAD

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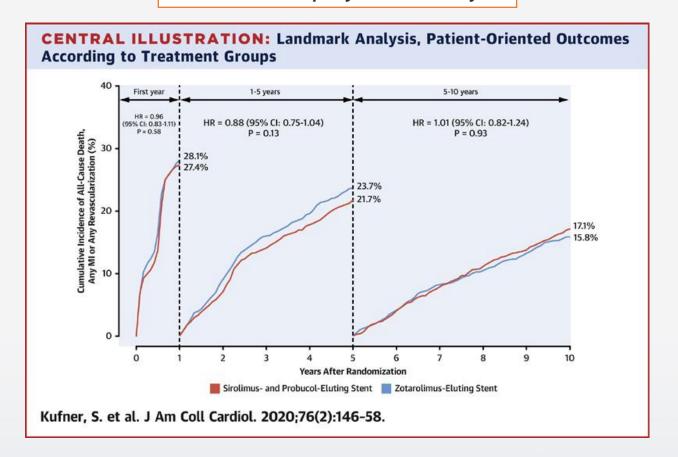


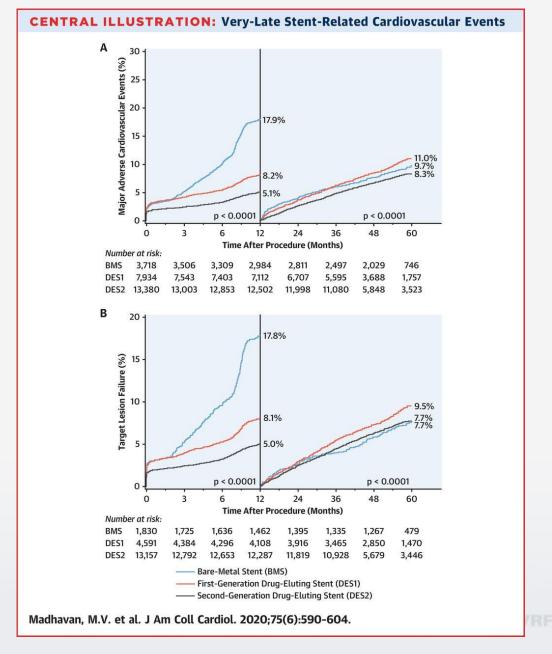
Disclosure

- Bruno Scheller, MD
- Shareholder: InnoRa GmbH, Berlin, Germany
- Lecture fees and consulting honoraria: B.Braun, Medtronic

Unmet Clinical Needs in the Era of Drug Eluting Stents

Event rate: 3.3% per year after first year



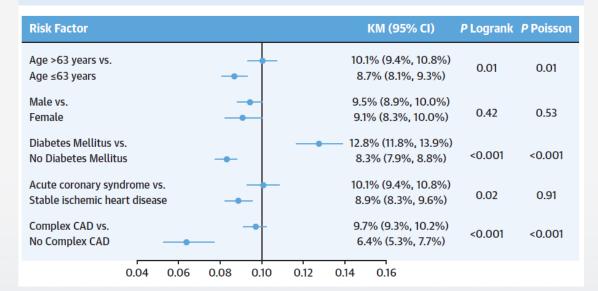


Stent-Related Adverse Events >1 Year After Percutaneous Coronary Intervention



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FIGURE 3 Major Adverse Cardiovascular Events by Subgroups Between 1 and 5 Years



TCTAP2024

TABLE 6 Multivariable Predictors of Adverse Outcomes by Poisson Regression Analysis

	Major Adverse Cardiovascular Events		Target Lesion	Target Lesion Failure		bosis
	RR (95% CI)	p Value	RR (95% CI)	p Value	RR (95% CI)	p Value
Through 1 yr						
DES1 (vs. BMS)	0.50 (0.43-0.59)	< 0.0001	0.56 (0.45-067)	< 0.0001	0.83 (0.56-1.26)	0.43
DES1 (vs. DES2)	1.35 (1.09-1.67)	0.006	1.32 (1.05-1.64)	0.02	1.37 (0.71-2.50)	0.32
Age (per 5 yrs)	1.00 (0.99-1.10)	0.16	1.00 (0.97-1.00)	0.76	0.94 (0.87-1.00)	0.12
Male	0.85 (0.76-0.96)	0.007	0.84 (0.73-0.97)	0.02	0.81 (0.58-1.10)	0.23
Diabetes mellitus	1.40 (1.30-1.60)	< 0.0001	1.40 (1.20-1.60)	< 0.0001	1.80 (1.30-2.50)	0.0006
Recent smoker	1.10 (0.95-1.20)	0.21	1.00 (0.86-1.20)	0.82	1.70 (1.20-2.40)	0.003
ACS (vs. stable presentation)	1.10 (0.94-1.20)	0.38	0.95 (0.82-1.10)	0.44	0.93 (0.62-1.40)	0.72
Hypertension	1.20 (1.10-1.40)	0.002	1.30 (1.10-1.50)	0.003	1.10 (0.81-1.60)	0.49
Hyperlipidemia	0.95 (0.85-1.10)	0.43	0.93 (0.81-1.10)	0.37	0.90 (0.65-1.30)	0.53
Prior CABG	1.40 (1.20-1.70)	0.0002	1.50 (1.20-1.80)	0.0003	1.00 (0.54-1.90)	0.95
Prior myocardial infarction	1.00 (0.91-1.20)	0.65	0.99 (0.85-1.20)	0.94	1.60 (1.10-2.40)	0.009
Prior PCI	1.00 (0.90-1.20)	0.68	1.00 (0.86-1.20)	0.91	1.40 (0.91-2.00)	0.14
Moderate-severe calcium	1.20 (1.00-1.30)	0.01	1.10 (0.98-1.30)	0.09	1.50 (1.10-2.10)	0.008
LM or LAD disease	1.30 (1.10-1.40)	< 0.0001	1.20 (1.10-1.40)	0.0006	1.20 (0.86-1.60)	0.32
>1 treated lesion	1.70 (1.40-2.00)	< 0.0001	1.60 (1.30-1.90)	< 0.0001	2.30 (1.60-3.40)	< 0.0001
Baseline RVD (per 1 mm)	0.75 (0.67-0.83)	< 0.0001	0.76 (0.67-0.87)	< 0.0001	0.92 (0.69-1.20)	0.57
Pre-procedure DS (per 5%)	1.00 (0.98-1.00)	0.77	1.00 (0.97-1.00)	0.99	1.00 (0.96-1.10)	0.54
Lesion length (per 10 mm)	1.20 (1.10-1.30)	< 0.0001	1.20 (1.10-1.30)	< 0.0001	1.20 (1.10-1.40)	0.003
Between 1 and 5 yrs						
DES1 (vs. BMS)	1.00 (0.83-1.19)	0.95	1.16 (0.91-1.54)	0.30	2.38 (1.30-4.35)	0.005
DES1 (vs. DES2)	1.30 (1.09-1.56)	0.004	1.25 (1.04-1.51)	0.02	1.96 (1.20-3.22)	0.007
Age (per 5 yrs)	1.00 (1.00-1.10)	0.01	1.10 (1.00-1.10)	0.005	0.92 (0.85-1.00)	0.04
Male	1.10 (0.97-1.20)	0.14	1.10 (0.92-1.20)	0.42	1.40 (0.94-2.10)	0.10
Diabetes mellitus	1.50 (1.30-1.60)	< 0.0001	1.50 (1.30-1.70)	< 0.0001	1.20 (0.85-1.80)	0.29
Recent smoker	1.40 (1.30-1.60)	< 0.0001	1.40 (1.20-1.70)	< 0.0001	1.50 (1.10-2.10)	0.02
ACS (vs. stable presentation)	0.99 (0.88-1.10)	0.84	1.10 (0.92-1.20)	0.42	1.10 (0.77-1.60)	0.59
Hypertension	1.10 (0.97-1.20)	0.17	1.00 (0.89-1.20)	0.69	1.10 (0.75-1.50)	0.78
Hyperlipidemia	0.92 (0.82-1.00)	0.18	0.92 (0.80-1.10)	0.27	1.00 (0.72-1.40)	0.98
Previous CABG	1.90 (1.60-2.30)	< 0.0001	2.00 (1.70-2.40)	< 0.001	1.30 (0.75-2.40)	0.33
Previous myocardial infarction	1.20 (1.00-1.30)	0.04	1.00 (0.89-1.20)	0.62	1.30 (0.92-2.00)	0.13
Previous PCI	1.30 (1.10-1.50)	< 0.0001	1.30 (1.10-1.50)	0.004	1.50 (1.00-2.20)	0.04
Moderate-severe calcium	1.10 (0.99-1.30)	0.06	1.20 (1.00-1.30)	0.03	1.10 (0.79-1.60)	0.55
LM or LAD disease	1.10 (0.95-1.20)	0.32	1.10 (0.92-1.20)	0.48	1.00 (0.73-1.40)	0.98
>1 treated lesion	1.30 (1.10-1.50)	0.0008	1.30 (1.10-1.60)	0.001	1.20 (0.80-1.80)	0.38
Baseline RVD (per 1 mm)	0.79 (0.71-0.88)	< 0.0001	0.70 (0.62-0.80)	< 0.0001	0.81 (0.60-1.10)	0.16
Pre-procedure DS (per 5%)	0.98 (0.96-1.00)	0.07	0.98 (0.96-1.00)	0.21	1.00 (0.95-1.0)	0.88
Lesion length (per 10 mm)	1.10 (1.00-1.10)	0.005	1.10 (0.99-1.10)	0.11	1.20 (1.10-1.30)	0.006

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PCI in small vessels: the case for a drug-coated balloon based intervention

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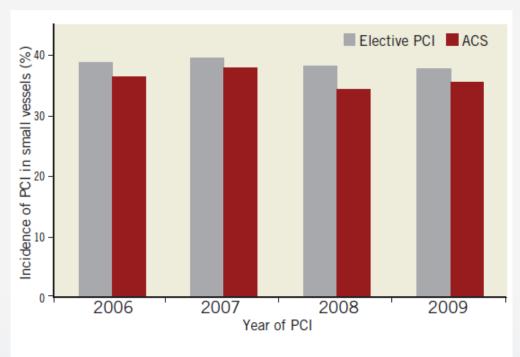


Figure 1. *Incidence of PCI in vessels of* < 2.8 mm in patients with stable coronary artery disease and patients with acute coronary syndromes in the German ALKK-PCI registry.

Drug-coated balloons for de novo lesions in small coronary arteries: rationale and design of BASKET-SMALL 2

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Gregor Leibundgut<sup>9</sup> | Sven Möbius-Winkler<sup>10</sup> | Robert Zweiker<sup>11</sup> | Florian Krackhardt<sup>12</sup> |

Christian Butter<sup>13</sup> | Leonhard Bruch<sup>14</sup> | Christoph Kaiser<sup>1</sup> | Andreas Hoffmann<sup>1</sup> |

Peter Rickenbacher<sup>1</sup> | Christian Mueller<sup>1</sup> | Frank-Peter Stephan<sup>1</sup> | Michael Coslovsky<sup>1</sup> |

Raban Jeger<sup>1</sup> | for the BASKET-SMALL 2 Investigators
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TABLE 1 Key features of devices used

Comparator	Drug-Coated Balloon	Drug-Eluting Stent	
Device	Paclitaxel-coated balloon	Paclitaxel-eluting stent	Everolimus-eluting stent
Trade name	SeQuent Please (B. Braun Melsungen AG, Berlin, Germany)	TAXUS Element (Boston Scientific Corporation, Natick, MA)	Xience (Abbott Vascular, Santa Clara, CA), Promus (Xience distributed by Boston Scientific)
Platform	Polymer-free balloon	Platinum-chromium alloy	Cobalt-chromium alloy
Drug	Paclitaxel (3 μg/mm²)	Paclitaxel (1 μg/mm²)	Everolimus
Mode of action	Inhibition of M-phase	Inhibition of M-phase	Inhibition of G_1 -phase
Matrix/polymer	Iopromide	Permanent polymer (poly[styrene-b- isobutylene-b-styrene])	Permanent polymer (poly[vinylidene fluoride-co-hexafluoropropylene])
Drug application	Single shot	Slow release	Slow release
Drug distribution	Homogenous	Strut-based inhomogenous	Strut-based inhomogenous

Drug-coated balloons for small coronary artery disease (BASKET-SMALL 2): an open-label randomised non-inferiority trial

Raban V Jeger, Ahmed Farah, Marc-Alexander Ohlow, Norman Mangner, Sven Möbius-Winkler, Gregor Leibundgut, Daniel Weilenmann, Jochen Wöhrle, Stefan Richter, Matthias Schreiber, Felix Mahfoud, Axel Linke, Frank-Peter Stephan, Christian Mueller, Peter Rickenbacher, Michael Coslovsky, Nicole Gilgen, Stefan Osswald, Christoph Kaiser, Bruno Scheller, for the BASKET-SMALL 2 Investigators

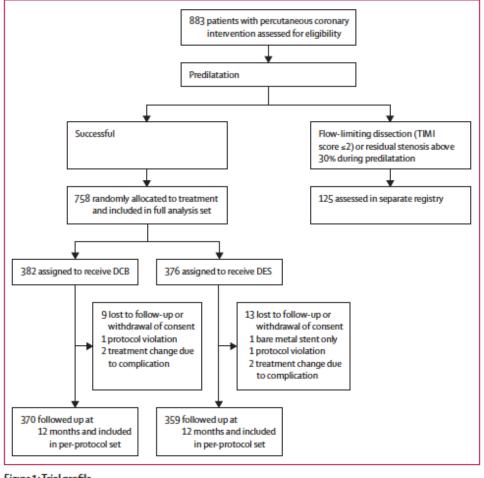


Figure 1: Trial profile
TIMI=thrombolysis in myocardial infarction. DCB=druq-coated balloons. DES=druq-eluting stents.

Drug-coated balloons for small coronary artery disease (BASKET-SMALL 2): an open-label randomised non-inferiority trial

Raban V Jeger, Ahmed Farah, Marc-Alexander Ohlow, Norman Mangner, Sven Möbius-Winkler, Gregor Leibundgut, Daniel Weilenmann, Jochen Wöhrle, Stefan Richter, Matthias Schreiber, Felix Mahfoud, Axel Linke, Frank-Peter Stephan, Christian Mueller, Peter Rickenbacher, Michael Coslovsky, Nicole Gilgen, Stefan Osswald, Christoph Kaiser, Bruno Scheller, for the BASKET-SMALL 2 Investigators

Drug-coated balloon (n=382)	Drug-eluting stent (n=376)
67-2 (10-3)	68-4 (10-3)
295 (77%)	262 (70%)
87 (23%)	114 (30%)
28-4 (4-5)	28-2 (4-6)
82 (22%)	72 (20%)
144 (39%)	123 (34%)
148 (40%)	172 (47%)
262 (69%)	259 (70%)
324 (85%)	332 (89%)
150 (43%)	128 (38%)
48 (13%)	47 (13%)
74 (19%)	83 (22%)
259 (68%)	243 (65%)
160 (42%)	133 (35%)
235 (62%)	241 (64%)
37 (10%)	34 (9%)
	balloon (n=382) 67-2 (10-3) 295 (77%) 87 (23%) 28-4 (4-5) 82 (22%) 144 (39%) 148 (40%) 262 (69%) 324 (85%) 150 (43%) 48 (13%) 74 (19%) 259 (68%) 160 (42%) 235 (62%)

No	352 (92%)	339 (90%)
Stroke	16 (4%)	23 (6%)
Transient ischaemic attack	13 (3%)	14 (4%)
PAOD	27 (7%)	26 (7%)
COPD	28 (7%)	36 (9%)
Renal failure	54 (14%)	59 (16%)
Presentation		
STEMI	11 (3%)	4 (1%)
NSTEMI	53 (14%)	56 (15%)
Unstable angina	48 (13%)	42 (11%)
Stable angina	270 (70%)	274 (73%)
Oral anticoagulation	33 (9%)	31 (8%)
LVEF, median (IQR)	60% (50-60)	60% (55-65)

Data are n (%) or mean (SD) unless otherwise stated. CAD=coronary artery disease. PCl=percutaneous coronary intervention. CABG=coronary artery bypass graft. PAOD=peripheral arterial occlusive disease. COPD=chronic obstructive pulmonary disease. STEMI=ST-elevation myocardial infarction.

NSTEMI=non-ST-elevation myocardial infarction. IV EF=left ventricular ejection fraction. *Data were only available for 374 participants in the drug-coated balloon group and 367 in the drug-eluting stent group. †Data were only available for 381 in the drug-coated balloon group and 370 in the drug-eluting stent group. \$Data were only available for 374 in the drug-eluting stent group. \$Data were only available for 381 in the drug-coated balloon group and 373 in the drug-eluting stent group. ¶Data were only available for 381 in the drug-coated balloon group.

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Target vessel Left anterior descending artery			
Left anterior descending arteny			
Left afferior descending aftery	128 (34%)	116 (31%)	
Left circumflex artery	179 (47%)	183 (49%)	
Right coronary artery	75 (20%)	77 (20%)	
Multivessel disease	313 (82%)	285 (76%)	
Bifurcation lesion	22 (6%)	29 (8%)	
Mean procedural success, n (SD)	96% (19)	98 (13)	
Mean number of DCB or DES, n (SD)	1.68 (0.82)	1.26 (0.55)	
Mean length of DCB or DES, mm (SD)	23.93 (11.74)	23.18 (12.85)	
Mean effective size of DCB or DES, mm (SD)	2-75 (2.14)	2.57 (0.25)	
Mean inflation pressure, atm (SD)	11-06 (3-54)	13.58 (3.90)	
Mean duration of inflation, sec (SD)	48-45 (28.24)	23.36 (18.92)	
Compliant balloon for predilatation	282 (73%)	276 (74%)	
Data are n (%) or mean (SD). DCB=drug-coa	ted balloons. DES=d	rug-eluting stents.	

Drug-coated balloons for small coronary artery disease (BASKET-SMALL 2): an open-label randomised non-inferiority trial

Raban V Jeger, Ahmed Farah, Marc-Alexander Ohlow, Norman Mangner, Sven Möbius-Winkler, Gregor Leibundgut, Daniel Weilenmann, Jochen Wöhrle, Stefan Richter, Matthias Schreiber, Felix Mahfoud, Axel Linke, Frank-Peter Stephan, Christian Mueller, Peter Rickenbacher, Michael Coslovsky, Nicole Gilgen, Stefan Osswald, Christoph Kaiser, Bruno Scheller, for the BASKET-SMALL 2 Investigators

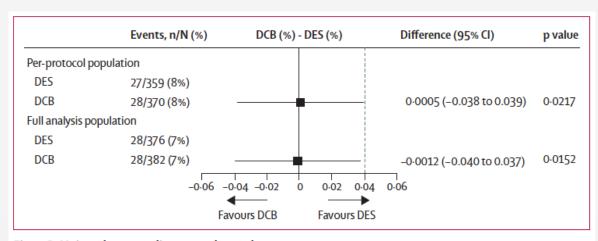


Figure 2: Major adverse cardiac events by study group

Data are absolute difference in event rates between the DCB and DES groups. The p-value tests whether the absolute difference in rates is equal to the pre-defined non-inferiority margin (0.04). DCB=drug-coated balloons. DES=drug-eluting stents.

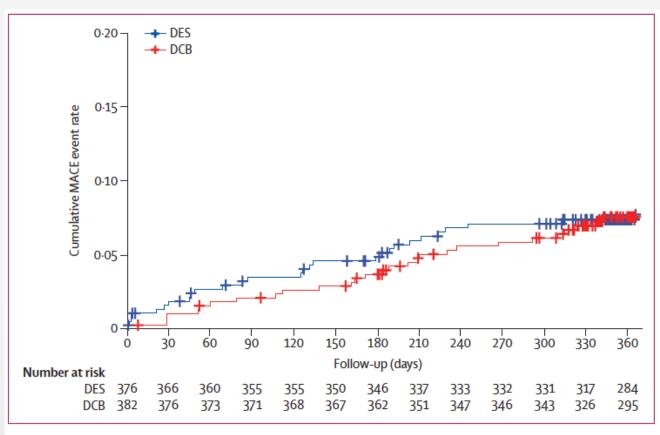


Figure 3: Cumulative incidence rates for MACE
Full analysis population. MACE=major adverse cardiac events. DCB=drug-coated balloons. DES=drug-eluting stents.

Lancet. 2018; 392: 849-856

Long-term efficacy and safety of drug-coated balloons versus drug-eluting stents for small coronary artery disease (BASKET-SMALL 2): 3-year follow-up of a randomised, non-inferiority trial

Raban V Jeger, Ahmed Farah, Marc-Alexander Ohlow, Norman Mangner, Sven Möbius-Winkler, Daniel Weilenmann, Jochen Wöhrle, Georg Stachel, Sinisa Markovic, Gregor Leibundgut, Peter Rickenbacher, Stefan Osswald, Marco Cattaneo, Nicole Gilgen, Christoph Kaiser, Bruno Scheller, for the BASKET-SMALL 2 Investigators

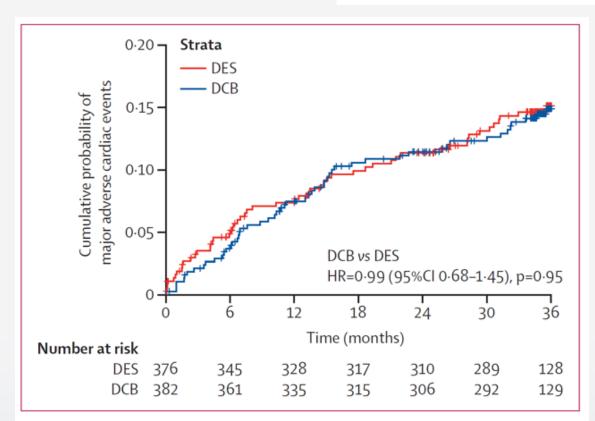


Figure 2: Kaplan-Meier estimates of the cumulative probabilities of major adverse cardiac events in the two study groups during 3 years for the full analysis set

DCB=drug-coated balloons. DES=drug-eluting stents. HR=hazard ratio.

	1-year events	1-year hazard ratio* (95% CI)	2-year events (rate)	2-year hazard ratio* (95% CI)	3-year events (rate)	3-year hazard ratio* (95% CI)
Major adverse card	liac events					
DES (n=376)	28 (8%)	0.97 (0.58-1.64)	41 (11%)	1.01 (0.66-1.56)	53 (15%)	0.99 (0.68-1.45)
DCB (n=382)	28 (7%)		42 (11%)		53 (15%)	
Cardiac death						
DES (n=376)	5(1%)	2-33 (0-82-6-62)	9 (3%)	1.53 (0.66-3.55)	13 (4%)	1.29 (0.63-2.66)
DCB (n=382)	12 (3%)		14(4%)		17 (5%)	
Non-fatal myocar	dial infarction					
DES (n=376)	13 (4%)	0.46 (0.17-1.20)	19 (5%)	0.74 (0.37-1.47)	23 (6%)	0.82 (0.45-1.51)
DCB (n=382)	6 (2%)		14(4%)		19(6%)	
Target vessel revas	scularisation					
DES (n=376)	17 (5%)	0.75 (0.36-1.55)	26 (7%)	0.89 (0.51-1.56)	32 (9%)	0.95 (0.58-1.56)
DCB (n=382)	13 (4%)		23 (6%)		30 (9%)	
Major bleeding						
DES (n=376)	9 (3%)	0.45 (0.14-1.46)	13 (4%)	0.32 (0.10-0.97)	14(4%)	0.43 (0.17-1.13)
DCB (n=382)	4(1%)		4(1%)		6 (2%)	
Net clinical benefit	:					
DES (n=376)	36 (10%)	0.81 (0.50-1.32)	52 (14%)	0.84 (0.56-1.25)	64 (18%)	0.86 (0.60-1.24)
DCB (n=382)	30(8%)		44 (12%)		56 (16%)	
Stent thrombosis						
DES (n=376)	4(1%)	0.50 (0.09-2.73)	6 (2%)	0-33 (0-07-1-64)	6 (2%)	0.33 (0.07-1.64)
DCB (n=382)	2 (1%)		2(1%)		2 (1%)	
All-cause death						
DES (n=376)	9 (2%)	1.86 (0.83-4.17)	17 (5%)	1.29 (0.68-2.43)	27 (8%)	1.05 (0.62-1.77)
DCB (n=382)	17 (5%)		22 (6%)		28 (8%)	

Table 2: Primary and secondary endpoints

Lancet 2020; 396: 1504-10

Causes of death after treatment of small coronary artery disease with paclitaxel-coated balloons

Raban V. Jeger^{1,5} · Christoph Kaiser¹ · Norman Mangner² · Franz X. Kleber³ · Bruno Scheller⁴ · for the BASKET-SMALL 2 Investigators

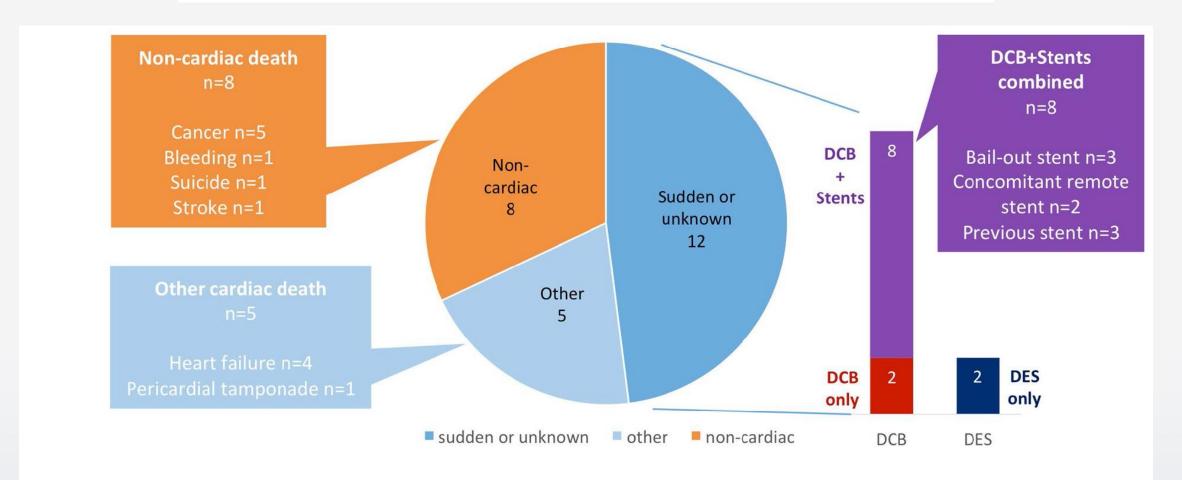
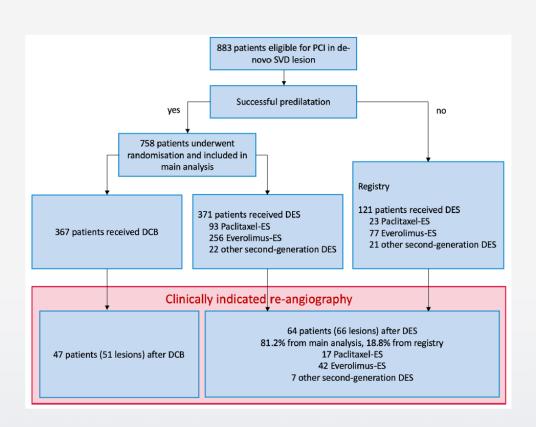


Fig. 1 Causes of death in BASKET-SMALL 2. *DCB* drug-coated balloon, *DES* drug-eluting stent

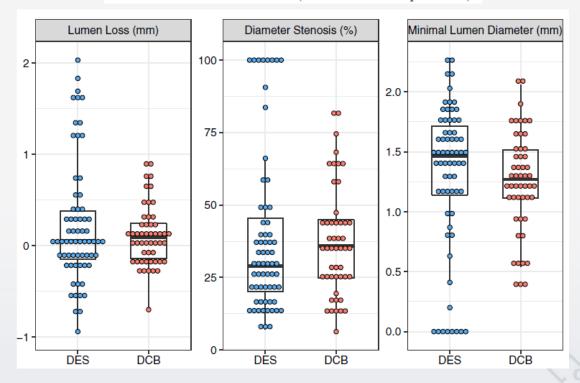
Drug-coated balloon versus drug-eluting stent in small coronary artery lesions: angiographic analysis from the BASKET-SMALL 2 trial

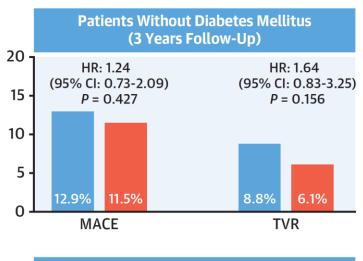
Gregor Fahrni¹ · Bruno Scheller² · Michael Coslovsky¹ · Nicole Gilgen¹ · Ahmed Farah³ · Marc-Alexander Ohlow⁴ · Norman Mangner⁵ · Daniel Weilenmann⁶ · Jochen Wöhrle⁷ · Florim Cuculi⁸ · Gregor Leibundgut⁹ · Sven Möbius-Winkler¹⁰ · Robert Zweiker¹¹ · Raphael Twerenbold¹ · Christoph Kaiser¹ · Raban Jeger¹ · For the BASKET-SMALL 2 Investigators

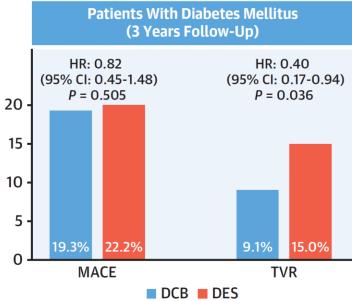


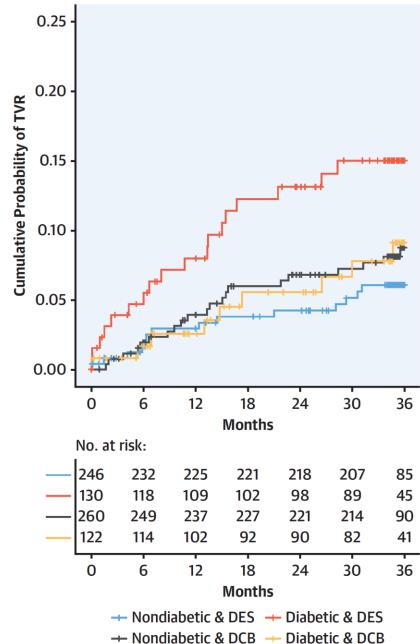
Complete thrombotic vessel occlusion

A striking observation in Fig. 3a is the presence of eight patients who presented with a complete thrombotic vessel occlusion after undergoing stent implantation compared to none after a DCB intervention (Fisher's exact test p = 0.009).









Raban V. Jeger, MD, for the BASKET-SMALL 2 Investigators

Impact of Diabetes on Outcome With **Drug-Coated Balloons Versus Drug-Eluting Stents**

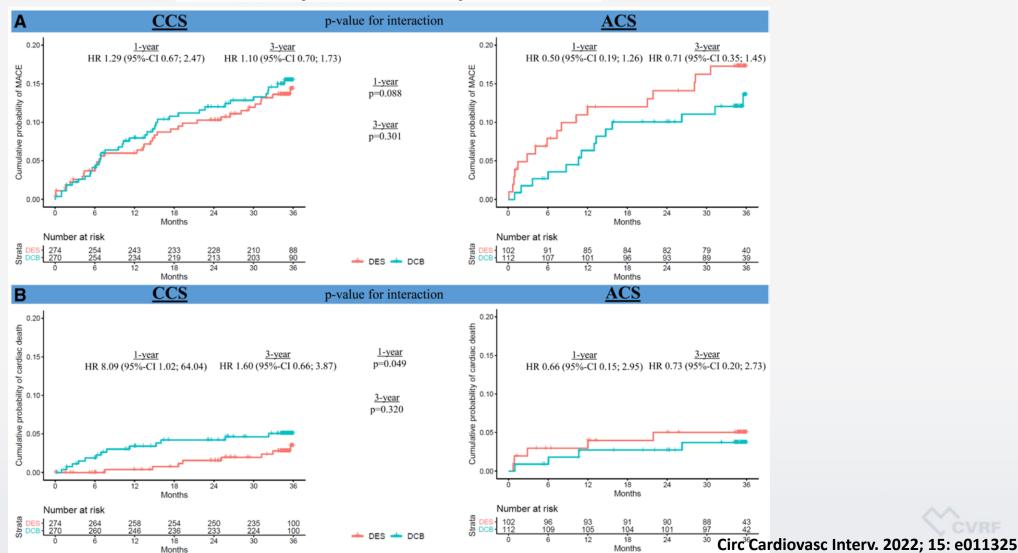


Norman Mangner, MD,^e Sven Möbius-Winkler, MD,^f Daniel Weilenmann, MD,^g Georg Stachel, MD,^h Gregor Leibundgut, MD, Peter Rickenbacher, MD, Marco Cattaneo, PhD, Nicole Gilgen, MD, Christoph Kaiser, MD,

J Am Coll Cardiol Intv 2021; 14: 1789–1798

Safety and Efficacy of Drug-Coated Balloons Versus Drug-Eluting Stents in Acute Coronary Syndromes: A Prespecified Analysis of BASKET-SMALL 2

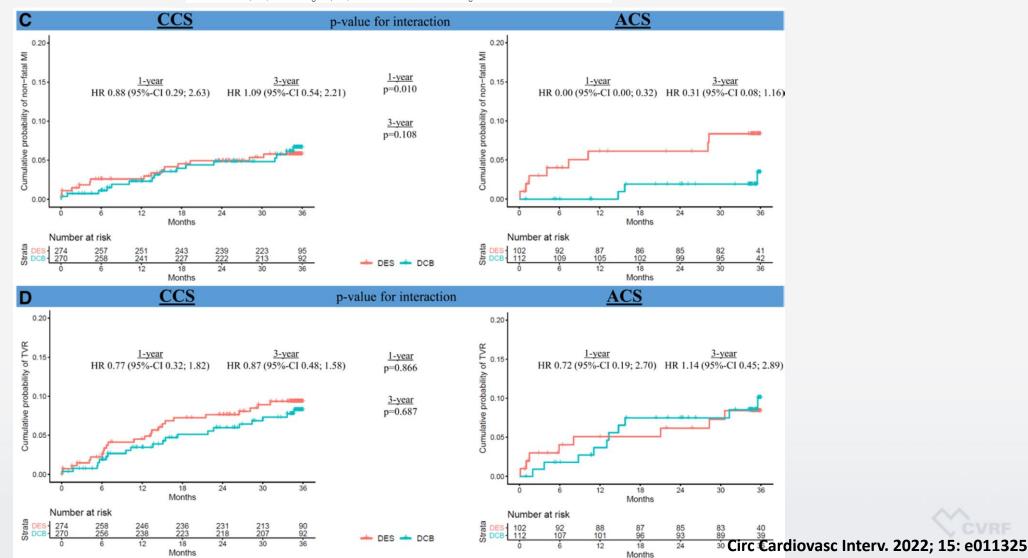
Norman Mangner[©], MD; Ahmed Farah, MD; Marc-Alexander Ohlow, MD; Sven Möbius-Winkler[©], MD; Daniel Weilenmann, MD; Jochen Wöhrle[©], MD; Axel Linke, MD; Georg Stachel[©], MD; Sinisa Markovic, MD; Gregor Leibundgut, MD; Peter Rickenbacher, MD; Marco Cattaneo[©], PhD; Nicole Gilgen, MD; Christoph Kaiser, MD; Bruno Scheller[©], MD; Raban V. Jeger[©], MD; for the BASKET-SMALL 2 Investigators



TCTAP2024

Safety and Efficacy of Drug-Coated Balloons Versus Drug-Eluting Stents in Acute Coronary Syndromes: A Prespecified Analysis of BASKET-SMALL 2

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Drug-coated balloons for small coronary artery disease in patients with chronic kidney disease: a pre-specified analysis of the BASKET-SMALL 2 trial

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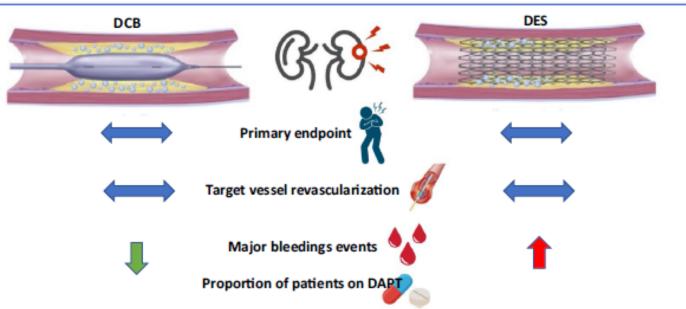
Drug-coated balloon versus drug-eluting stents in small coronary artery disease with and without chronic kidney disease

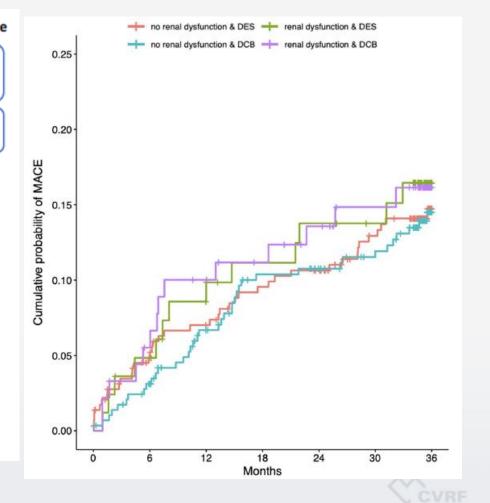
Large multi-center, randomized, controlled, non-inferiority trial (BASKET-SMALL 2) (n=758)

Efficacy and safety of DCBs versus second-generation DESs in small vessel coronary artery disease (<3 mm)

Primary endpoint: composite of cardiac death, non-fatal myocardial infarction, and target vessel revascularization during 3 years

Prespecified subgroup analysis in patients with chronic kidney disease (eGFR <60 ml/min/1.73 m²) 174 (23%) patients with CKD, 91 randomized to DCB and 83 to DES implantation.





Drug-Coated Balloon for Small Coronary Artery Disease in Patients With and Without High-Bleeding Risk in the BASKET-SMALL 2 Trial

Bruno Scheller¹⁰, MD; Tuomas T. Rissanen¹⁰, MD; Ahmed Farah, MD; Marc-Alexander Ohlow, MD; Norman Mangner¹⁰, MD; Jochen Wöhrle¹⁰, MD; Sven Möbius-Winkler¹⁰, MD; Daniel Weilenmann, MD; Gregor Leibundgut, MD; Florim Cuculi, MD; Nicole Gilgen, MD; Michael Coslovsky¹⁰, PhD; Felix Mahfoud¹⁰, MD; Raban V. Jeger¹⁰, MD; for the BASKET-SMALL 2 Investigators

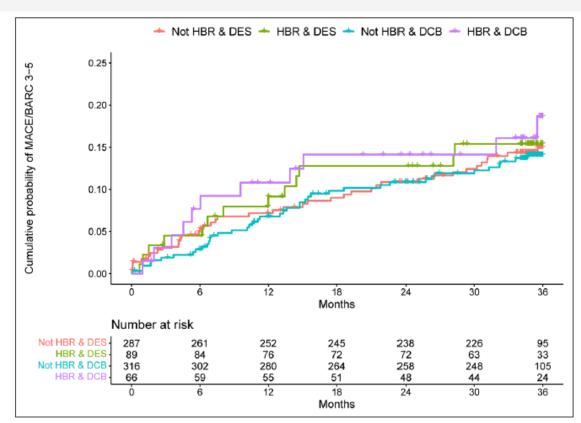


Figure 2. Cumulative event rates of net clinical events including major adverse cardiac events (MACE) and Bleeding Academic Research Consortium (BARC) 3–5 bleeding by treatment arm and high-bleeding risk (HBR).

Kaplan-Meier estimates of the cumulative probabilities of net clinical events including MACE and BARC 3–5 bleeding in the 2 study arms

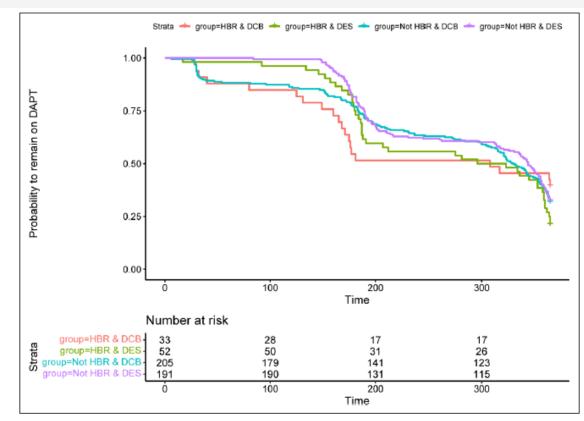


Figure 3. Kaplan-Meier estimates of the probability to remain on dual antiplatelet therapy (DAPT) during 12 mo by treatment arm and high-bleeding risk (HBR), for patients who started on DAPT after the percutaneous coronary intervention (PCI). DCB indicates drug-coated balloon; and DES, drug-eluting stent.

during 3 y. DCB indicates drug-coated balloon; and DES, drug-eluting stent.

Drug-Coated Balloon for Small Coronary Artery Disease in Patients With and Without High-Bleeding Risk in the BASKET-SMALL 2 Trial

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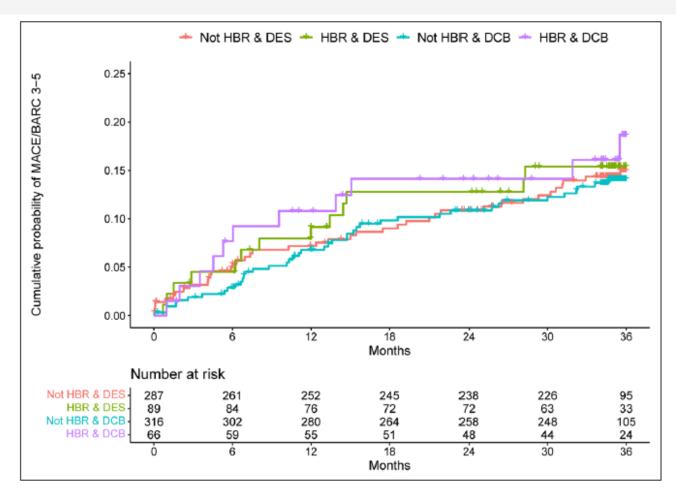


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Kaplan-Meier estimates of the cumulative probabilities of net clinical events including MACE and BARC 3–5 bleeding in the 2 study arms during 3 v. DCB indicates drug-coated balloon; and DES, drug-eluting stent.

WHAT THE STUDY ADDS

- The present analysis investigated the effect of drugcoated balloon versus drug-eluting stent in patients with and without high-bleeding risk in small coronary arteries.
- Rates of major bleeding events were overall low but tended to be lower after drug-coated balloon versus drug-eluting stent.
 1.6% versus 3.7%; P=0.064
- There was no difference in major adverse cardiac events between drug-coated balloon and drug-eluting stent regardless of bleeding risk.

BASKET-SMALL 2

- Largest published RCT comparing DCBonly and DES
- ,Small vessel' RCT (< 3 mm in diameter)
- DCBonly noninferior to DES @ 1 and 3 years in terms of MACE
- No vessel closure in DCBonly vs. (clinically silent) stent closures
- Possible advantage of DCBonly masked by relevant number of large vessels treated with DES in both groups
- Potential advantages of DCBonly in predfined subgroups:
 - reduction of MACE in Diabetic and ACS patients
 - reduction of bleeding in CKD and HBR
- Small vessels are the best accepted indication after ISR. However, the real benefit of DCBonly will only become apparent in the treatment of large vessels with a more significant impact on hard clinical endpoints.