

# Different Drug, Polymer and Platform and so Many Stents– Are there meaningful differences?

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**Italy**

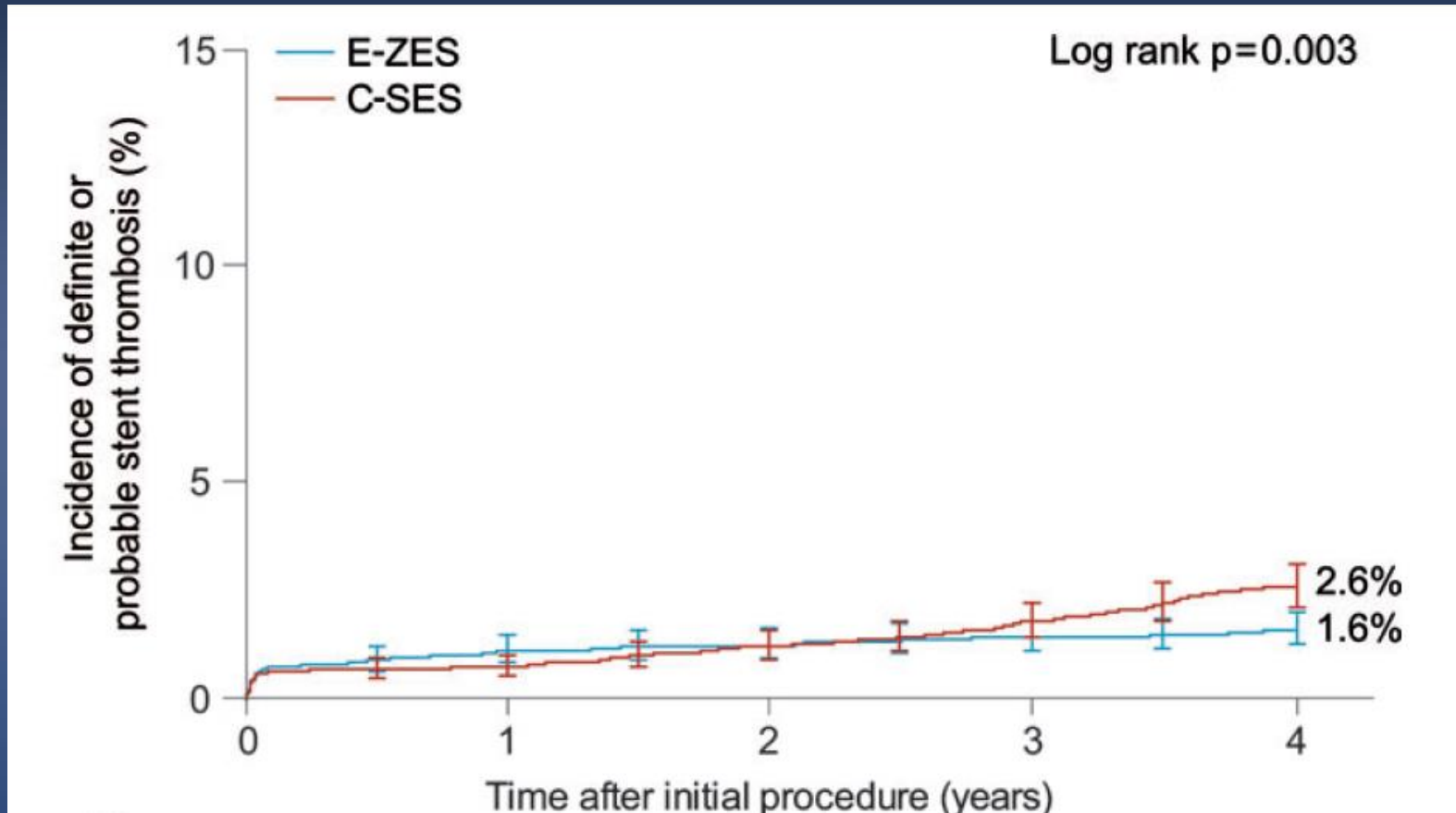
# PROTECT trial: Endeavor vs Cypher

8791 patients enrolled

Superiority design

Expected event rate 2.6% with Cypher

RRR= 40%

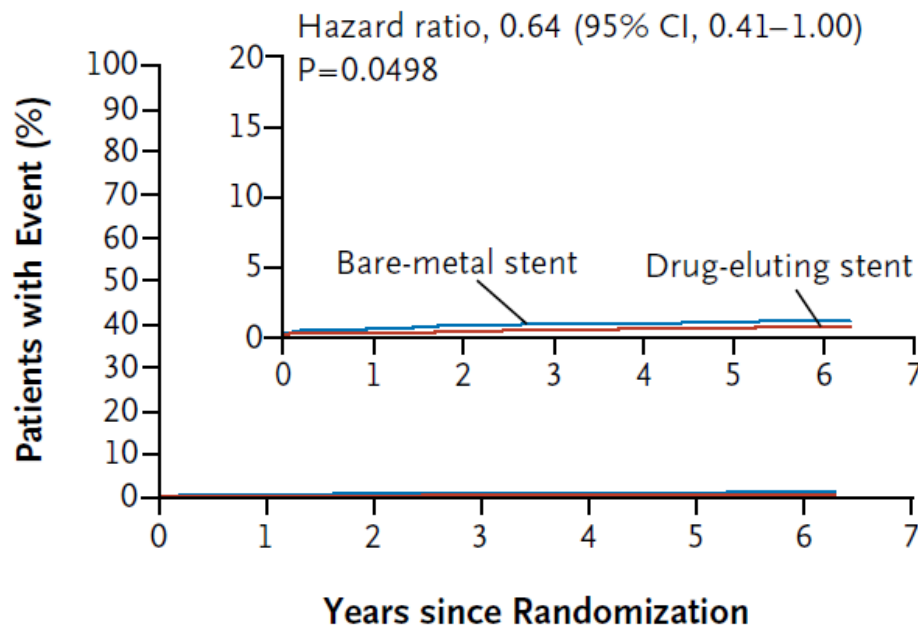


# Endeavor vs Cypher

Trial	N Pz	Comparators	Design	Fup	ST
NAPLES	226	ZES vs SES vs PES	Single center, non inferiority	2 y	4.0% vs 1.3%
Endeavor III	436	ZES vs SES	Multicenter, non inferiority	5 y	0.7% vs 0.9%
Komer	611	ZES vs SES vs PES	Multicenter, non inferiority	2 y	2% vs 2%
ISAR TEST II	674	ZES vs SES	Multicenter, non inferiority	2 y	1.2% vs 1.2%
SORT OUT III	2332	ZES vs SES	Multicenter, superiority	5 y	1.2% vs 2.1%
ZEST	2645	ZES vs SES vs PES	Multicenter, non inferiority	1 y	0.7% vs 0%

# Drug-Eluting or Bare-Metal Stents for Coronary Artery Disease

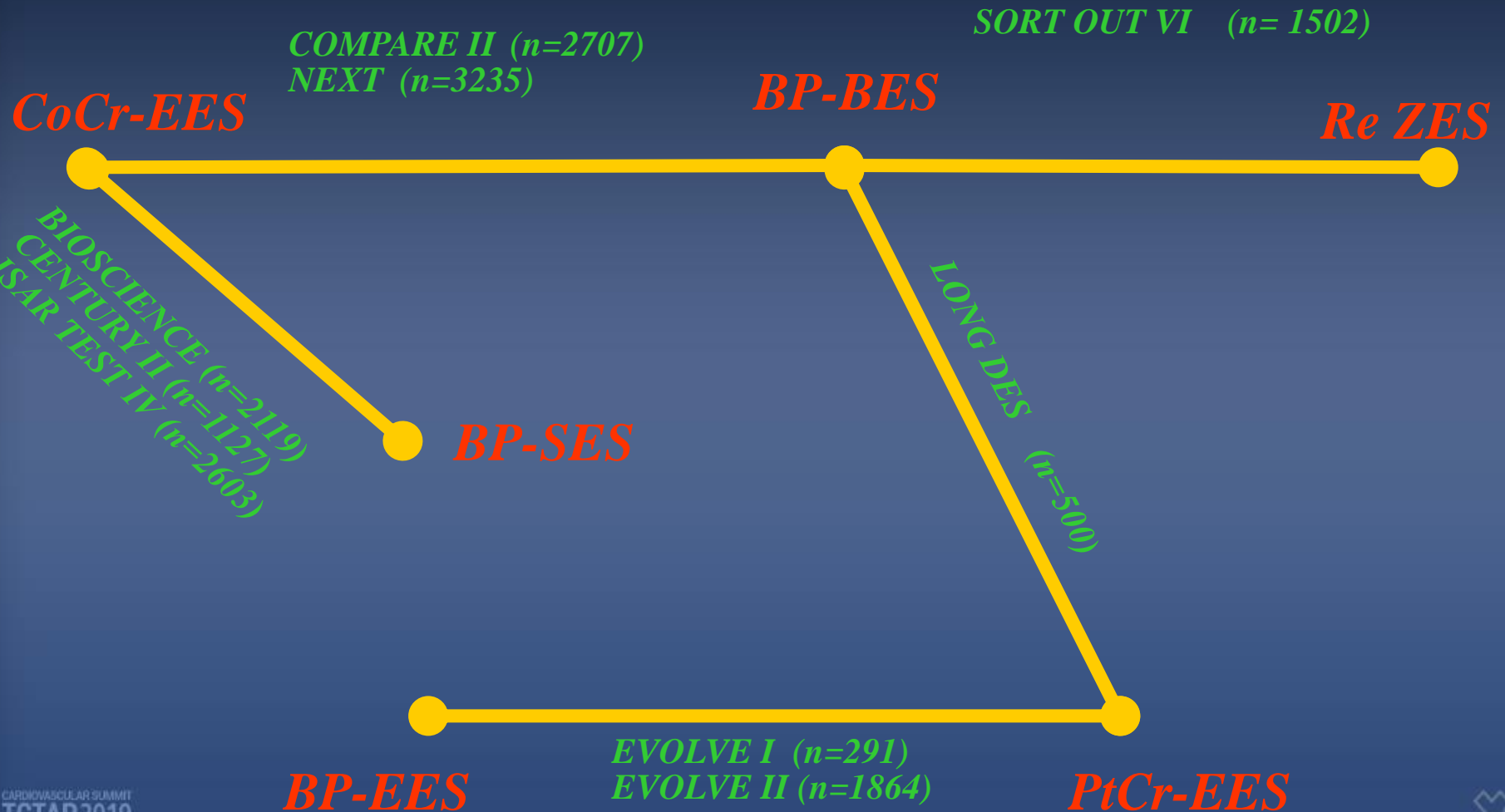
K.H. Bønaa, J. Mannsverk, R. Wiseth, L. Aaberge, Y. Myreng, O. Nygård, D.W. Nilsen, N.-E. Kløw, M. Uchto, T. Trovik, B. Bendz, S. Stavnes, R. Bjørnerheim, A.-I. Larsen, M. Slette, T. Steigen, O.J. Jakobsen, Ø. Bleie, E. Fossum, T.A. Hanssen, Ø. Dahl-Eriksen, I. Njølstad, K. Rasmussen, T. Wilsgaard, and J.E. Nordrehaug, for the NORSTENT Investigators\*



**9013 patients enrolled**  
**Superiority design**  
**DES vs BMS**

*NEJM 2016*

# Are there meaningful differences among II generation DES?



**18 RCT**  
**All multicenter**  
**256-3235 pts**  
**TLF at 1 year**  
**All non inferiority**  
**NI achieved in all**

	Design	Study arms	Sample size	Primary endpoint	Result of primary endpoint
BIOFLOW II	Multicenter non inferiority	BP-CoCr-SES DP-CoCr-EES	452	In-stent LLL at 9 months	BP-CoCr-SES non inferiority demonstrated
BIOFLOW V	Multicenter non inferiority	BP-CoCr-SES DP-CoCr-EES	1334	Target lesion failure at 12 months	BP-CoCr-SES non inferiority demonstrated
BIONICS	Multicenter non inferiority	DP-Ridafo DP-RZES	1919	Target lesion failure at 12 months	Non inferiority demonstrated
BIONIX	Multicenter non inferiority	BP-SES DP-RZES	2516	Target lesion failure at 12 months	Non inferiority demonstrated
BIOSCIENCE	Multicenter non inferiority	BP-CoCr-SES DP-CoCr-EES	2019	Target lesion failure at 12 months	Non inferiority demonstrated
CENTURI	Multicenter non inferiority	BP-CoCr-SES DP-CoCr-EES	1123	Target lesion failure at 12 months	Non inferiority demonstrated
EVOLVE II	Multicenter non inferiority	BP-PtCr-EES DP-PtCr-EES	1684	Target lesion failure at 12 months	BP-PtCr-EES non inferiority demonstrated
EVOLVE China	Multicenter non inferiority	BP-PtCr-EES DP-PtCr-EES	412	In-stent In-stent LLL	BP-PtCr-EES non inferiority demonstrated
LONG-DES IV	Multicenter non inferiority	DP-R-ZES DP-SES	500	In-segment LLL 9 months	R-ZES non inferiority demonstrated
LONG-DES V	Multicenter non inferiority	BP-BES DP-PtCr-EES	500	In segment LLL at 9 months	BP-BES non inferiority demonstrated
MERIT V	Multicenter non inferiority	BP-CoCr-SES DP-CoCr-EES	256	In-stent LLL at 9 months	BP-CoCr-SES non inferiority demonstrated
NEXT	Multicenter non inferiority	BP-BES DP-CoCr-EES	3235	TLR at 1 year	BP-BES non inferiority demonstrated
PLATINUM	Multicenter non inferiority	DP-CoCr-EES DP-PtCr-EES	1530	Composite of cardiac death, target vessel related MI, ischemia driven TLR	DP-PtCr-EES non inferiority demonstrated
PRISONIV	Multicenter non inferiority	BP-CoCr-SES DP-CoCr-EES	330	In-stent LLL at 9 months	BP-CoCr-SES non inferiority not demonstrated
SORT OUT IV	Multicenter non inferiority	DP-CoCr-EES DP-SES	1527	Composite of cardiac death, MI, stent thrombosis and TVR	DP-CoCr-EES non inferiority demonstrated
TARGET II	Multicentre non inferiority	BP-CoCr-SES DP-CoCr-EES	1653	Target lesion failure at 12 months	BP-CoCr-SES non inferiority demonstrated
TALENT	Multicentre RCT	BP-SES DP-CoCr-EES	1435	Target lesion failure at 12 months	Non inferiority achieved

# Limitations of non inferiority trials

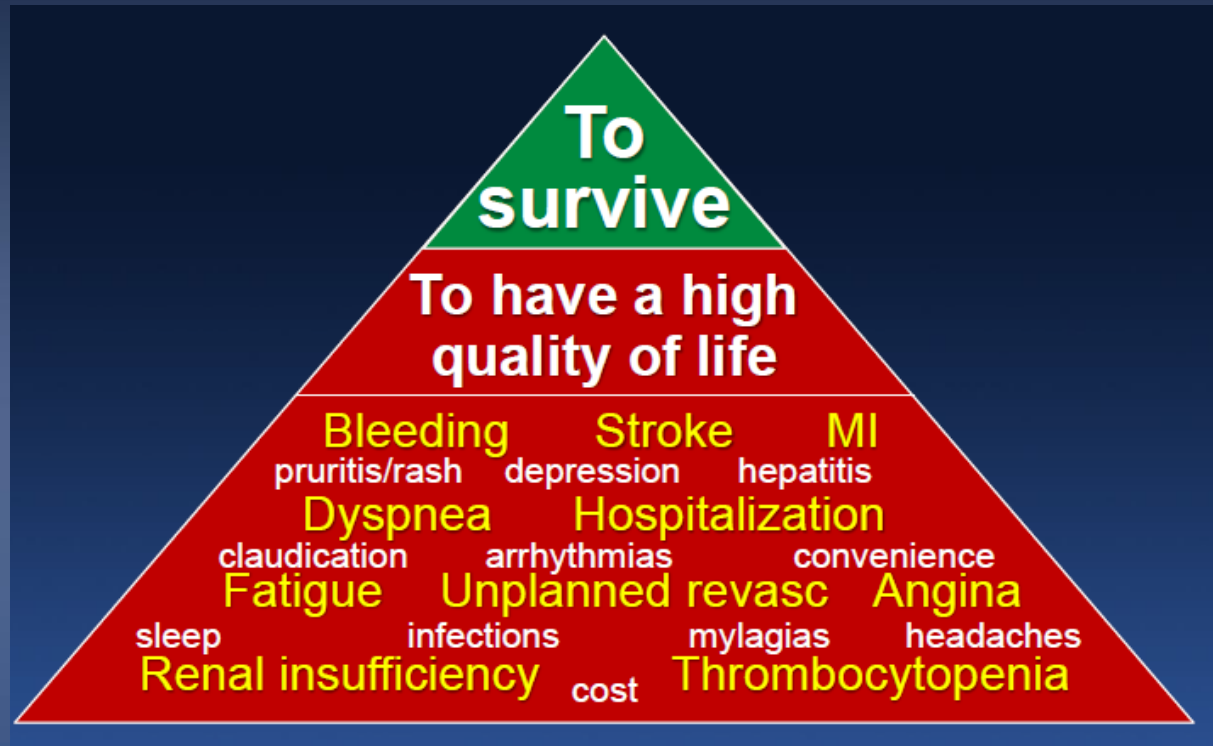
- Do not have power to address differences in important endpoints such as mortality or ST
- They combine heterogeneous endpoints such as death, MI, TVR
- Sometimes they have disproportional high non inferiority margin

# *Many of them were underpowered*

	<b>Expected</b>	<b>Observed</b>	<b>Obs/Exp</b>	<b>NIM</b>
<b>COMPARE II</b>	9.5%	4.8%	50%	4%
<b>NEXT</b>	6.9%	4.2%	60%	3.4%
<b>CENTURY II</b>	10.0%	4.4%	44%	5.5%
<b>SORT OUT VI</b>	6.5%	5.0%	76%	2.5%
<b>TALENT</b>	8.3%	5.9%	71%	4%



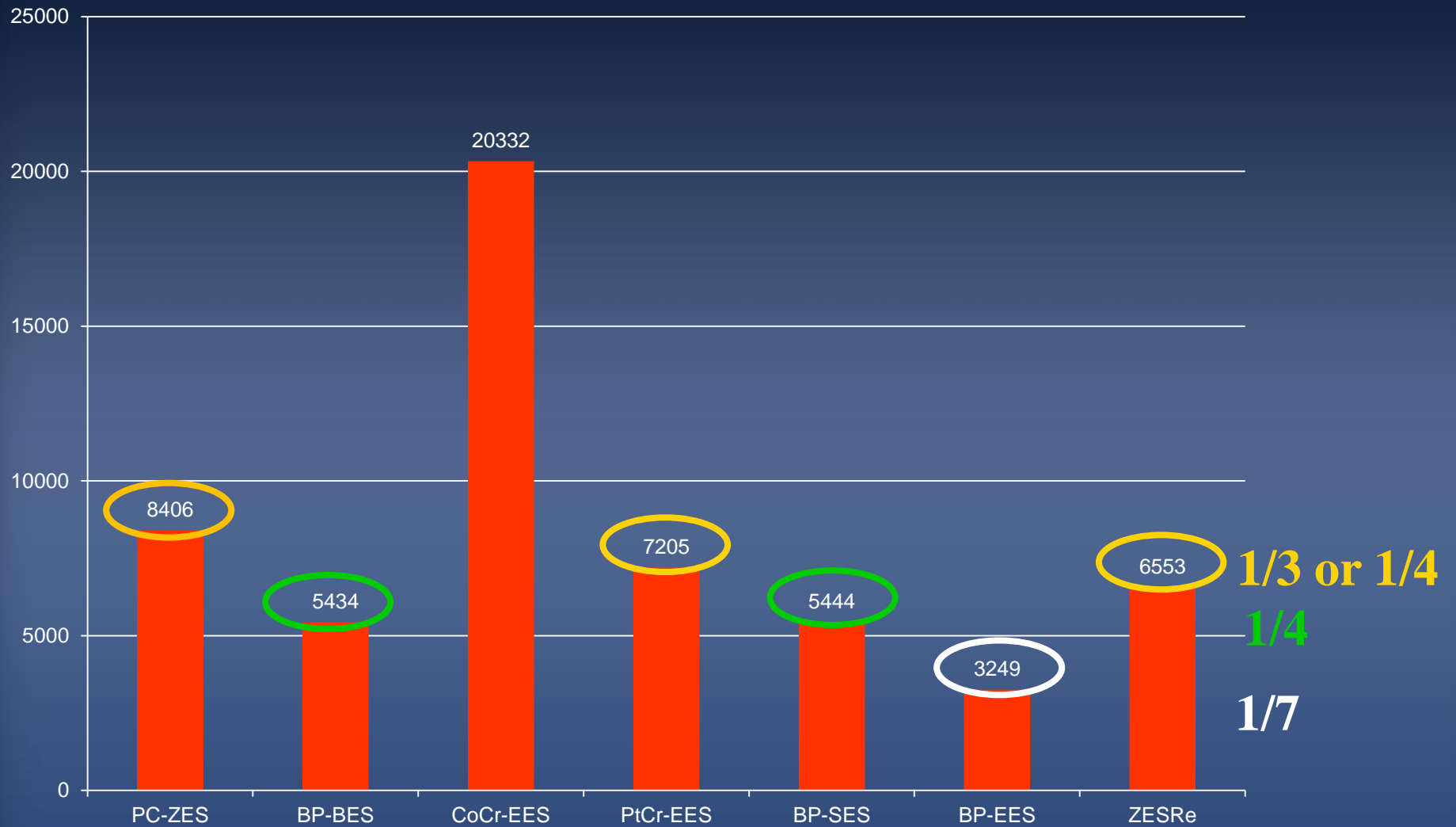
# *What really matters to patients?*



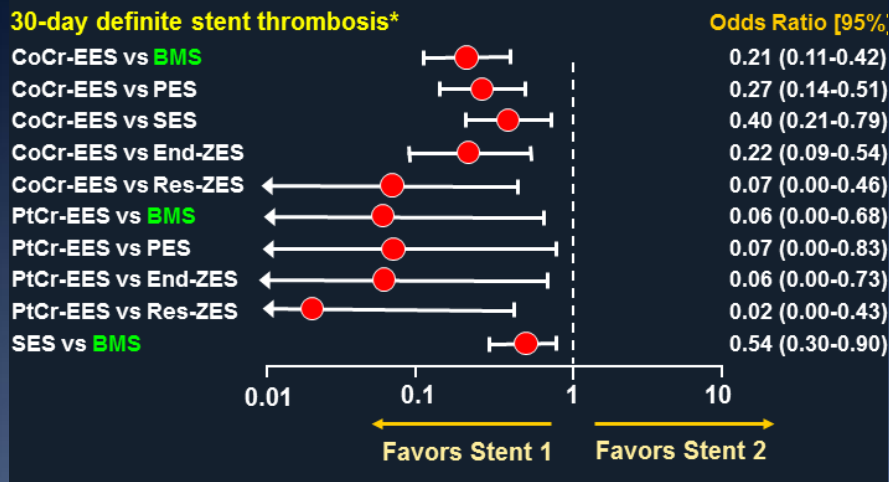
# *Sample size for a superiority study on stent thrombosis*

- *A*
  - *R*
  - *a*
  - *Power = 90%*
- 13,000 patients needed*

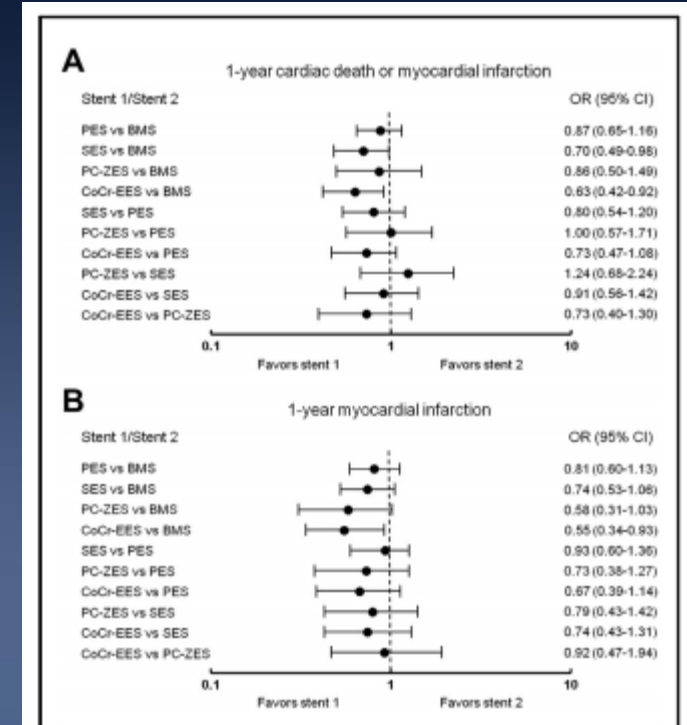
# Use of DES across RCTs



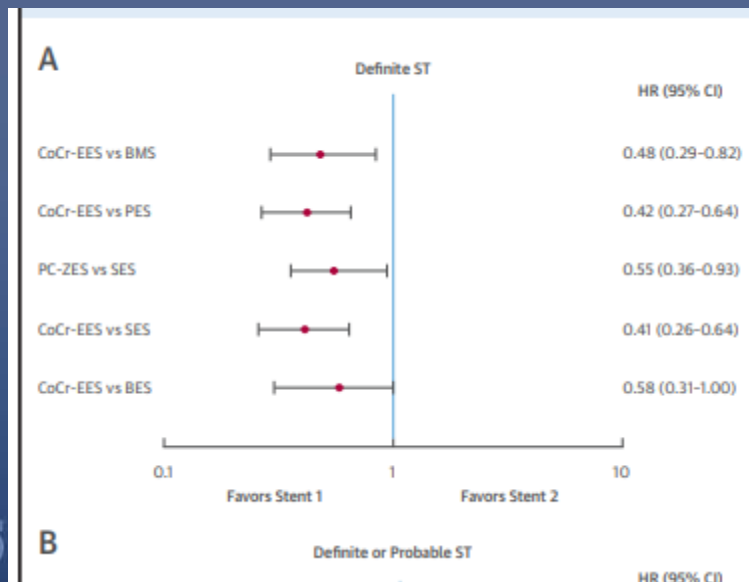
# Network meta-analyses on DES



*Palmerini et al. Lancet 2012*



*Palmerini et al. JACC 2013*



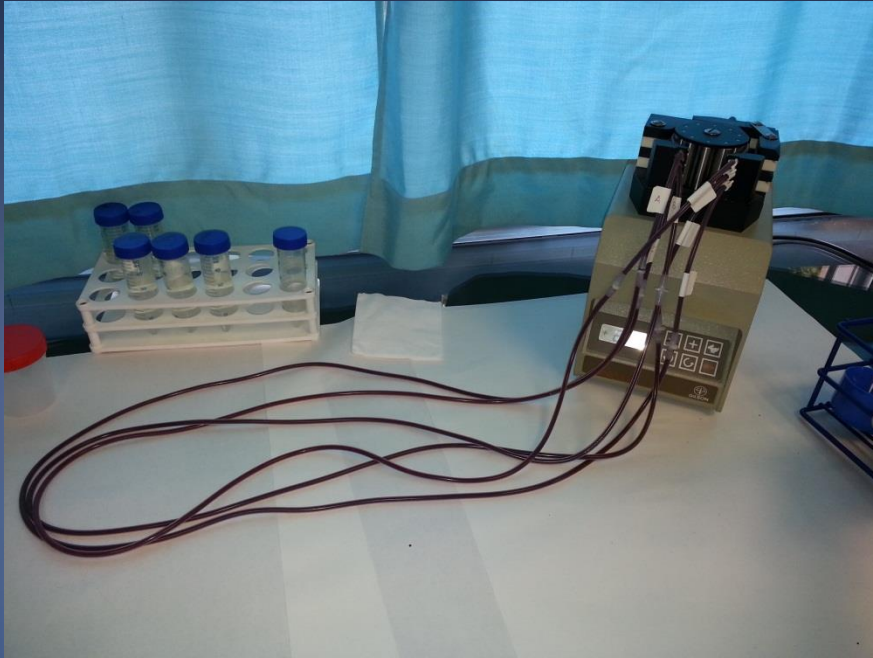
*Palmerini et al. JACC 2015*

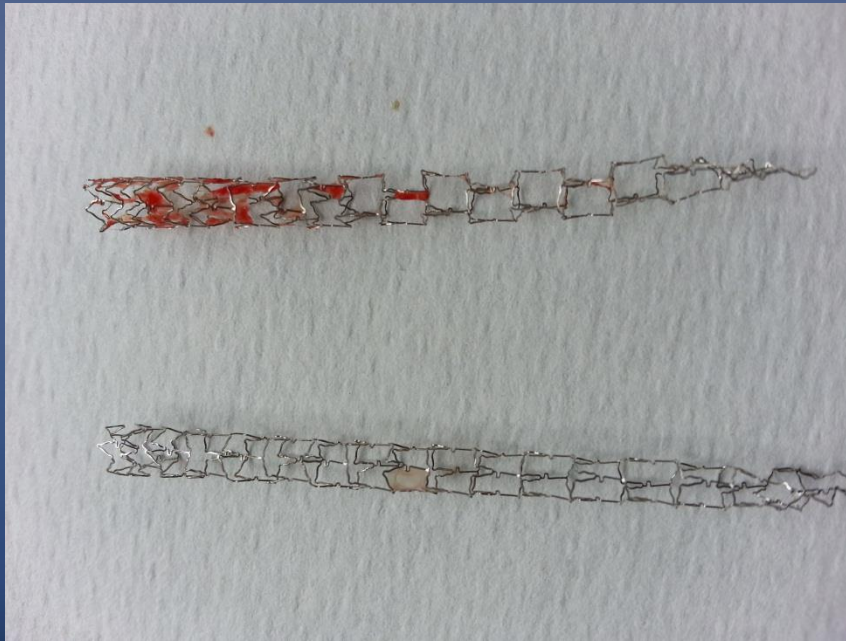
# Stent thrombogenicity in an in vitro system of stent perfusion

Tullio Palmerini, Diego Della Riva, Chiara Barozzi, Luciana Tommasi, Nevio Taglieri, Mario Marengo, Gianfranco Cicoria, Carlotta Orlandi, Filippo Ferrari

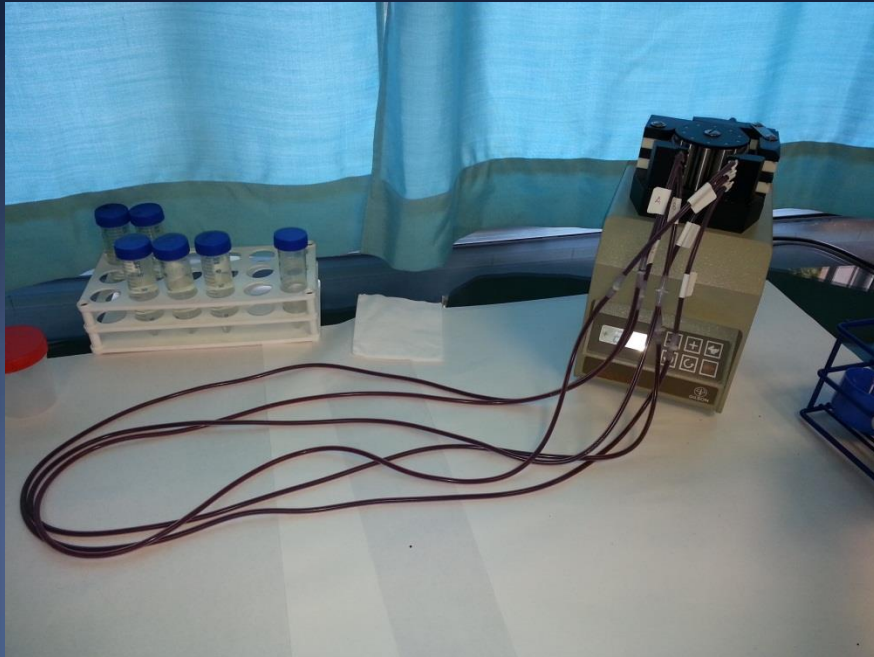
Policlinico S.Orsola, Bologna  
Italy

# .....Looking for a biological plausibility





# Is it the drug or is it the polymer?



**Vision**

**Vision coated with fluoropolymer**

**Vision perfused with blood  
pre-treated with Everolimus**

**Xience**



**Everolimus  
(480 ng)**



**Xience  
(40 ng)**



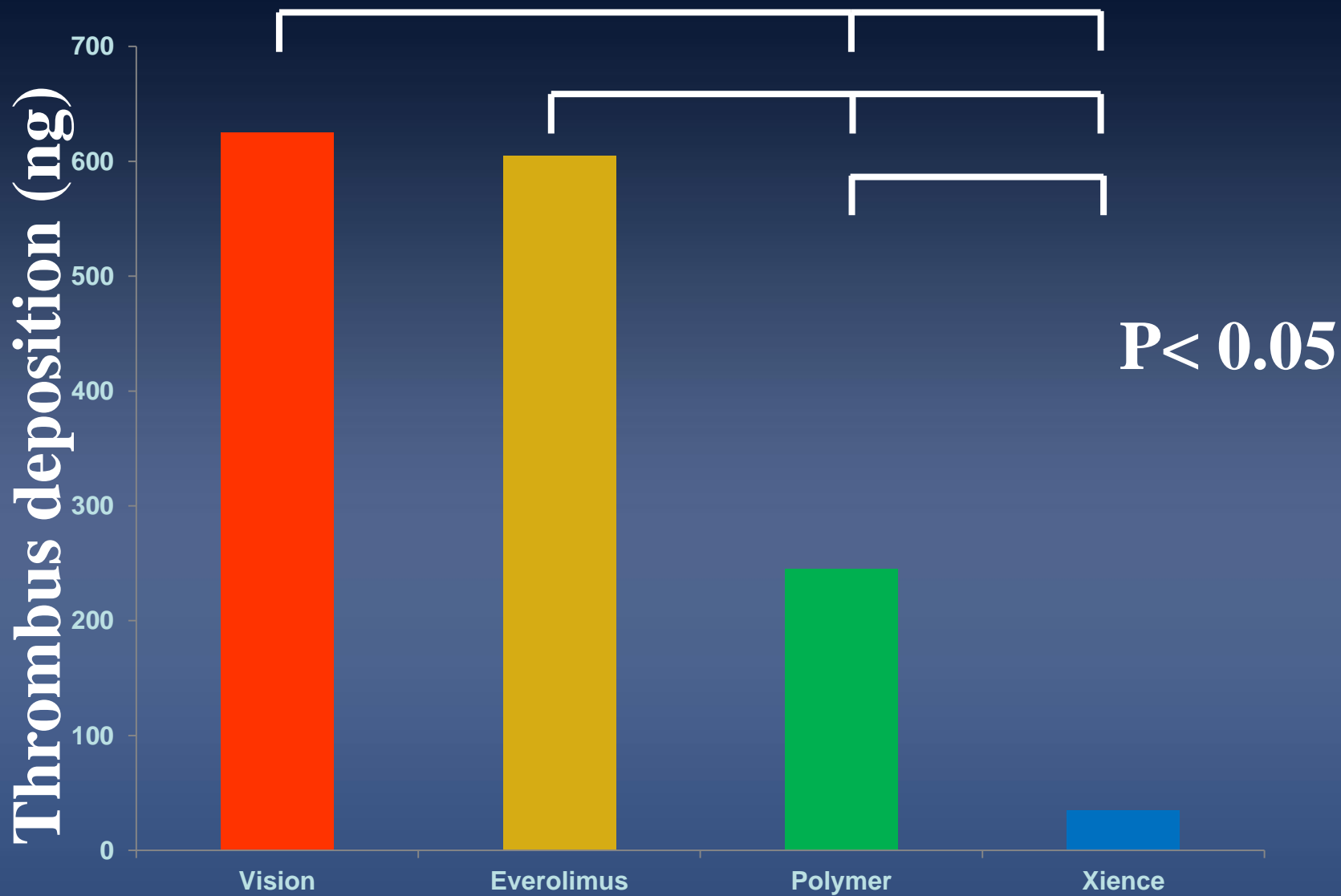
**Vision  
(550 ng)**



**Polymer  
(250 ng)**



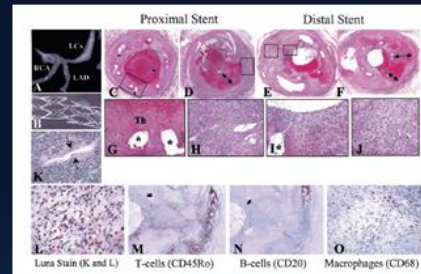
Overall p value < 0.001



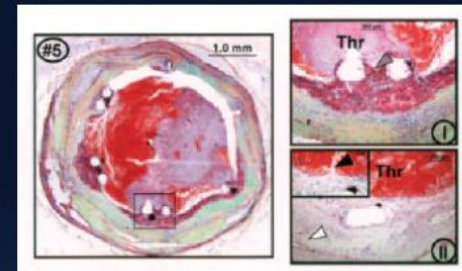
# To bioabsorb or not to bioabsorb



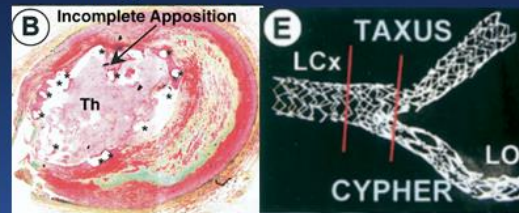
Chronic inflammation and delayed hypersensitivity



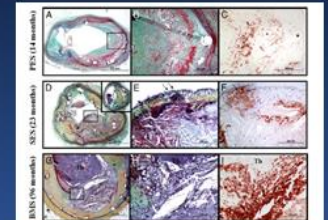
Chronic fibrin deposition and delayed healing



Late malapposition and stent fracture



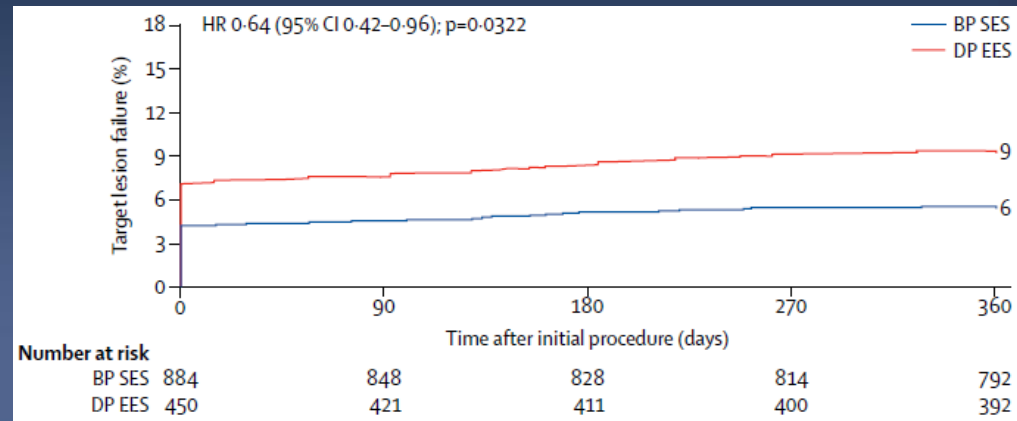
Neointerosterosclerosis



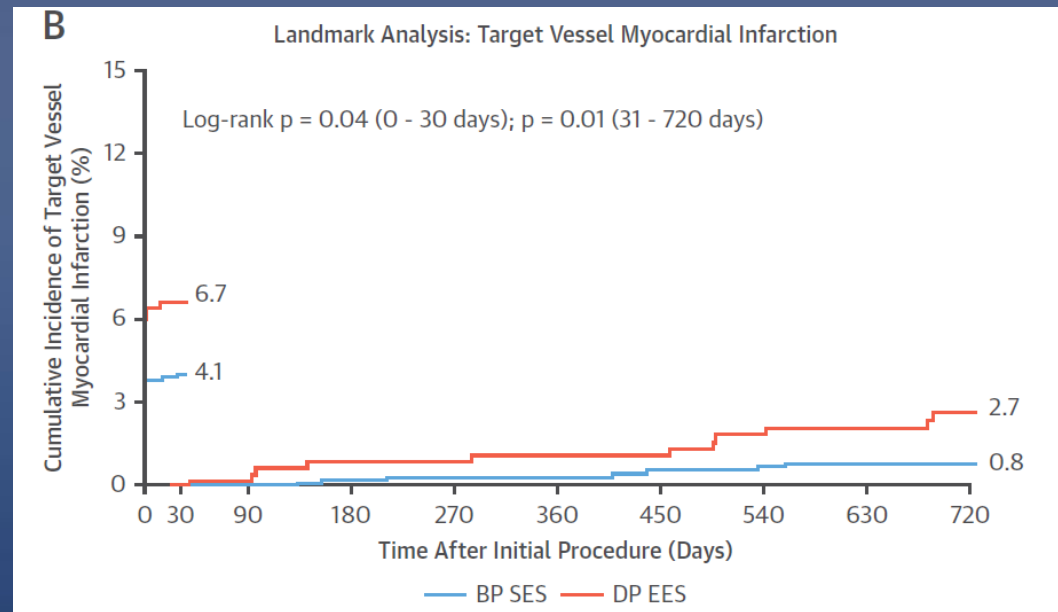
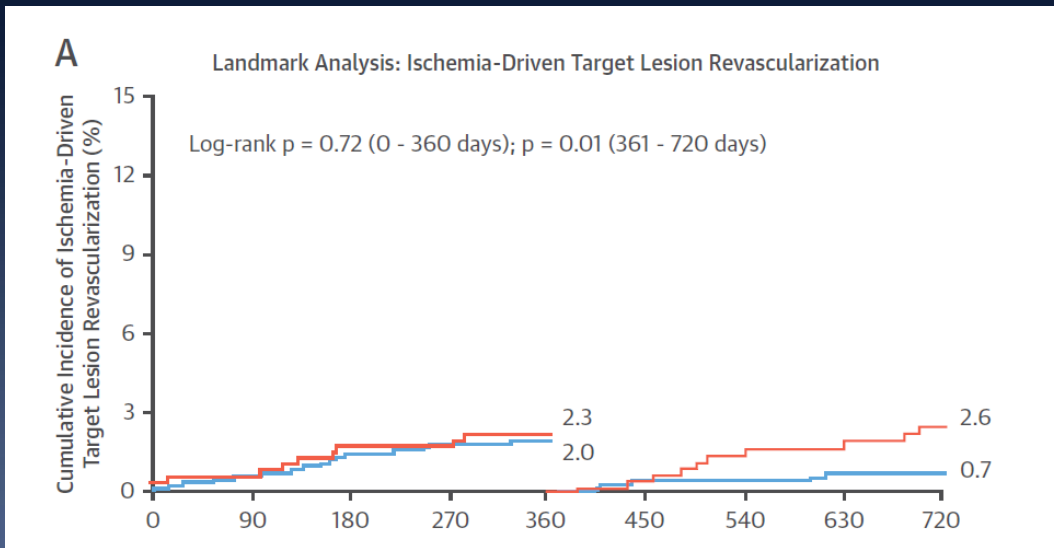
# BIOFLOW V: 1-year results

1334 randomized pts

	Bioresorbable polymer sirolimus-eluting stent	Durable polymer everolimus-eluting stent	p value
Target-lesion failure	52/833 (6%)	41/427 (10%)	0.0399
Cardiac death	1/831 (<1%)	3/425 (1%)	0.1153
Target-vessel myocardial infarction	39/831 (5%)	35/424 (8%)	0.0155
Clinically driven target-lesion revascularisation	17/832 (2%)	10/422 (2%)	0.6856
Death from any cause	7/837 (1%)	6/428 (1%)	0.3823
Any myocardial infarction	41/832 (5%)	37/425 (9%)	0.0129
Q-wave	1/831 (<1%)	4/422 (1%)	0.0467
Non-Q-wave	40/831 (5%)	34/425 (8%)	0.0306
Cardiac death or any myocardial infarction	42/833 (5%)	39/427 (9%)	0.0072
Major adverse cardiac events	59/839 (7%)	44/429 (10%)	0.0508
Target-vessel failure	60/834 (7%)	45/427 (11%)	0.0521
Cardiac death	1/831 (<1%)	3/425 (1%)	0.1153
Target-vessel myocardial infarction	39/831 (5%)	35/424 (8%)	0.0155
Clinically driven target-vessel revascularisation	27/833 (3%)	15/422 (4%)	0.7430
Stent thrombosis	4/831 (<1%)	5/424 (1%)	0.175
Definite or probable	4/831 (<1%)	3/422 (1%)	0.694
Definite	4/831 (<1%)	3/422 (1%)	0.694
Probable	0/830 (0)	0/422 (0)	..



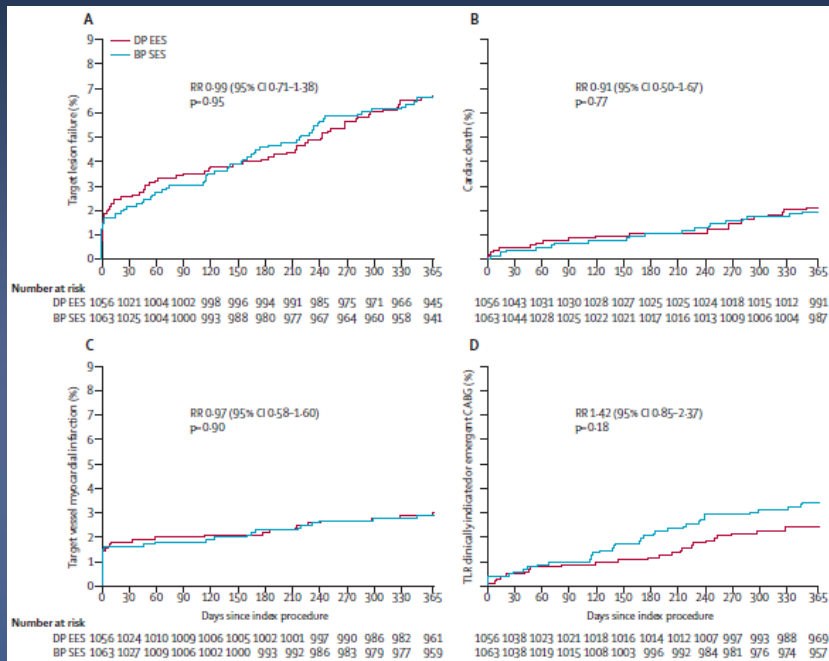
# BIOFLOW V: 2-year results



*Kandzari et al; JACC 2018*

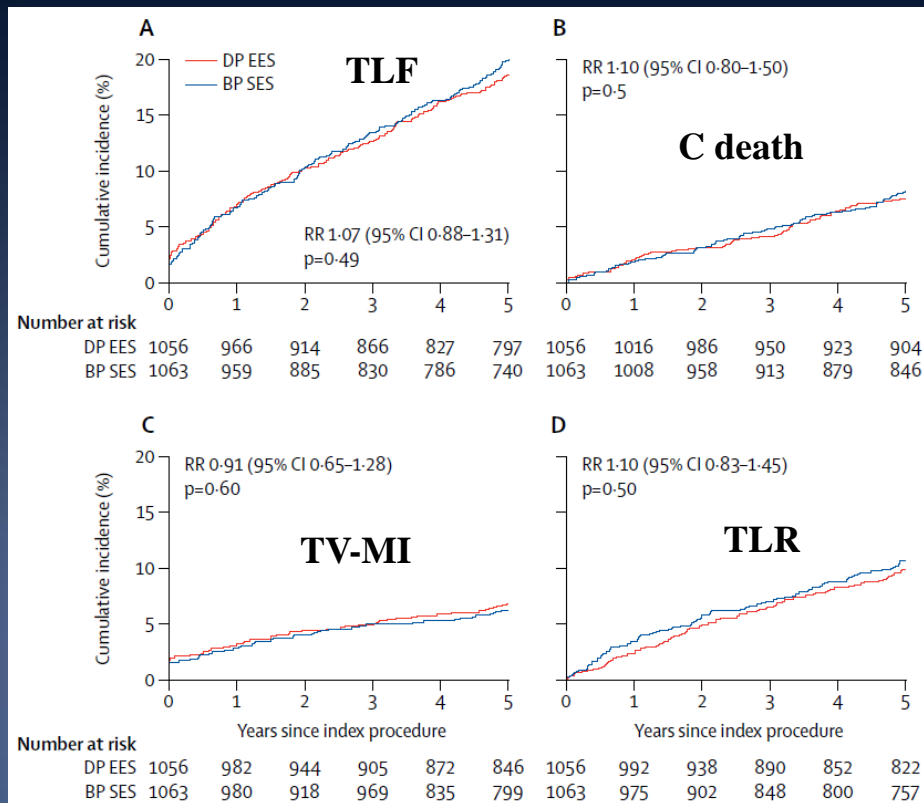
# BIOSCIENCE: 1-year results

## 2119 randomized pts



	Biodegradable polymer strolimus-eluting stent (N=1063)	Durable polymer everolimus-eluting stent (N=1056)	Rate ratio [BP SES/DP EES] (95% CI)	p value
All-cause death	34 (3.3)	27 (2.6)	1.27 (0.76-2.10)	0.360
Cardiac death	20 (1.9)	22 (2.1)	0.91 (0.50-1.67)	0.770
MI (any)	41 (3.9)	45 (4.4)	0.91 (0.60-1.39)	0.669
Q-wave MI	10 (1.0)	7 (0.7)	1.43 (0.54-3.77)	0.465
Non-Q-wave MI	32 (3.1)	39 (3.8)	0.82 (0.51-1.31)	0.404
Target vessel MI	30 (2.9)	31 (3.0)	0.97 (0.58-1.60)	0.897
Peri-procedural MI	10 (1.0)	6 (0.6)	1.67 (0.61-4.60)	0.316
Non-Q-wave MI	20 (1.9)	25 (2.4)	0.80 (0.44-1.44)	0.451
Cardiac death or MI	59 (5.7)	66 (6.3)	0.90 (0.63-1.27)	0.537
Target lesion revascularisation (any)	41 (4.0)	32 (3.1)	1.30 (0.82-2.06)	0.27
Clinically-indicated TLR	35 (3.4)	25 (2.4)	1.42 (0.85-2.37)	0.18
Target vessel revascularisation (any)	53 (5.2)	38 (3.7)	1.41 (0.93-2.15)	0.101
Clinically-indicated TVR	47 (4.6)	31 (3.0)	1.54 (0.98-2.42)	0.061
Repeat revascularisation (any)	78 (7.6)	59 (5.7)	1.35 (0.96-1.89)	0.085
Target Lesion Failure*	69 (6.7)	70 (6.7)	0.99 (0.71-1.38)	0.950
Target Vessel Failure†	84 (8.1)	81 (7.8)	1.04 (0.77-1.42)	0.779
Death, MI, or any repeat revascularisation†	123 (11.8)	106 (10.2)	1.17 (0.90-1.52)	0.227
Cerebrovascular event‡	15 (1.5)	9 (0.9)	1.67 (0.73-3.83)	0.217
Transient Ischaemic attack	4 (0.4)	2 (0.2)	2.01 (0.37-10.99)	0.411
Stroke§	12 (1.2)	7 (0.7)	1.72 (0.68-4.37)	0.249
BABG bleeding with any‡,¶	31 (3)	27 (2.6)	1.15 (0.69-1.92)	0.6
Definite stent thrombosis				
0-30 days	3 (0.3)	2 (0.2)	1.49 (0.25-8.96)	0.66
>30 days to 12 months	6 (0.6)	2 (0.2)	3.03 (0.61-15.00)	0.15
0 days to 12 months	9 (0.9)	4 (0.4)	2.26 (0.70-7.33)	0.16
Probable stent thrombosis				
0-30 days	16 (1.5)	21 (2.0)	0.76 (0.39-1.45)	0.40
>30 days to 12 months	5 (0.5)	10 (1.0)	0.50 (0.17-1.47)	0.20
0 days to 12 months	21 (2.0)	31 (3.0)	0.67 (0.39-1.18)	0.16

# BIOSCIENCE: 5-year results

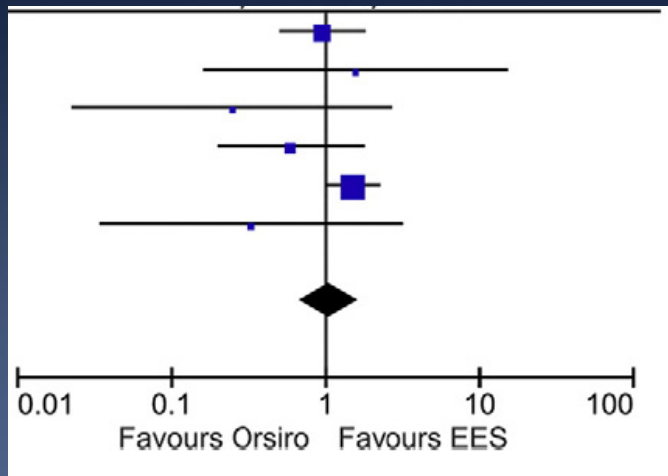


	Biodegradable-polymer sirolimus-eluting stent (n=1063)	Durable-polymer everolimus-eluting stent (n=1056)	Rate ratio (95% CI)	p value
Target lesion failure*	198 (20.2%)	189 (18.8%)	1.07 (0.88-1.31)	0.487
Cardiac death	81 (8.6%)	76 (7.5%)	1.10 (0.80-1.50)	0.569
Target vessel MI	62 (6.3%)	69 (7.1%)	0.91 (0.65-1.28)	0.595
Clinically indicated TLR	103 (10.8%)	97 (10.0%)	1.10 (0.83-1.45)	0.504
All-cause mortality	139 (14.1%)	105 (10.3%)	1.36 (1.06-1.75)	0.017
Any MI	99 (10.4%)	118 (12.3%)	0.85 (0.65-1.11)	0.225
Q-wave	32 (3.7%)	24 (2.8%)	1.37 (0.81-2.33)	0.240
Non-Q-wave	72 (7.4%)	97 (9.9%)	0.75 (0.55-1.02)	0.062

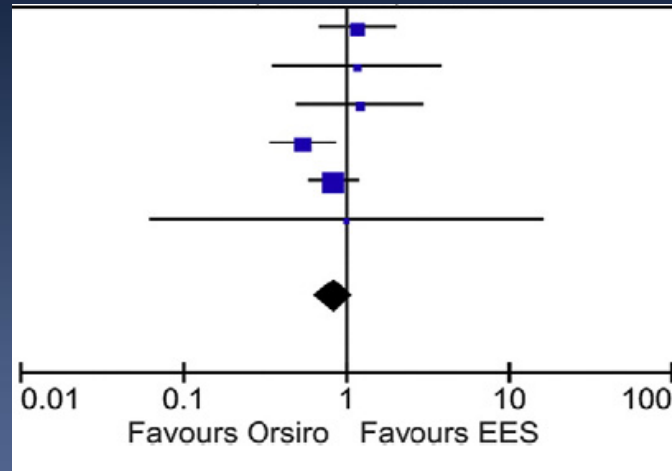
# A comparison of the ultrathin Orsiro Hybrid sirolimus-eluting stent with contemporary drug-eluting stents: A meta-analysis of randomized controlled trials☆☆☆☆

Michael J. Lipinski, Brian J. Forrestal, Micaela Iantorno, Rebecca Torguson, Ron Waksman \*

## Death

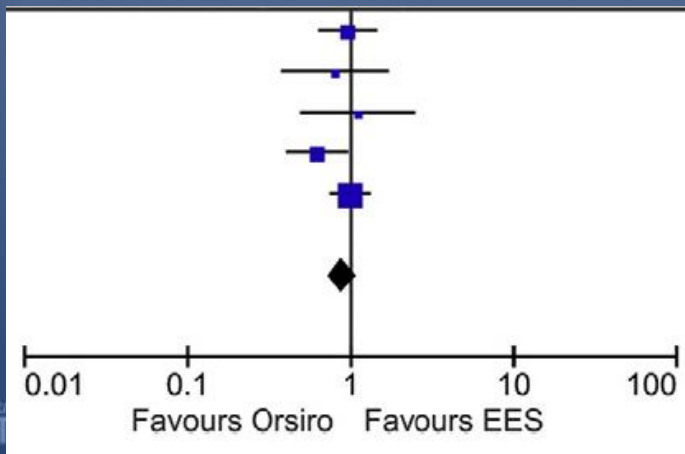


## Myocardial infarction

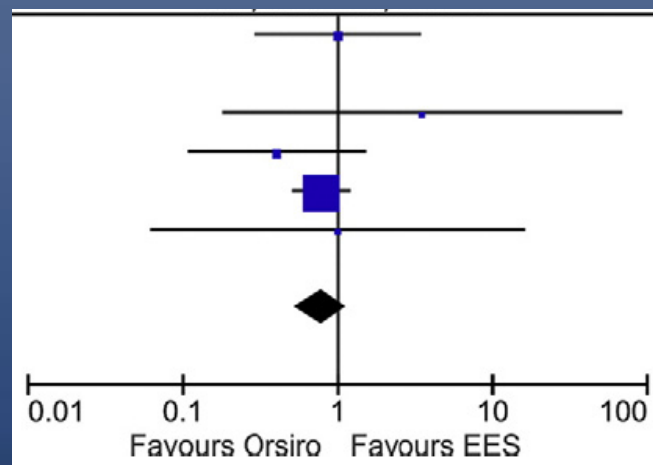


6 RCT  
7037 patients

## Target Lesion Failure



## Stent thrombosis



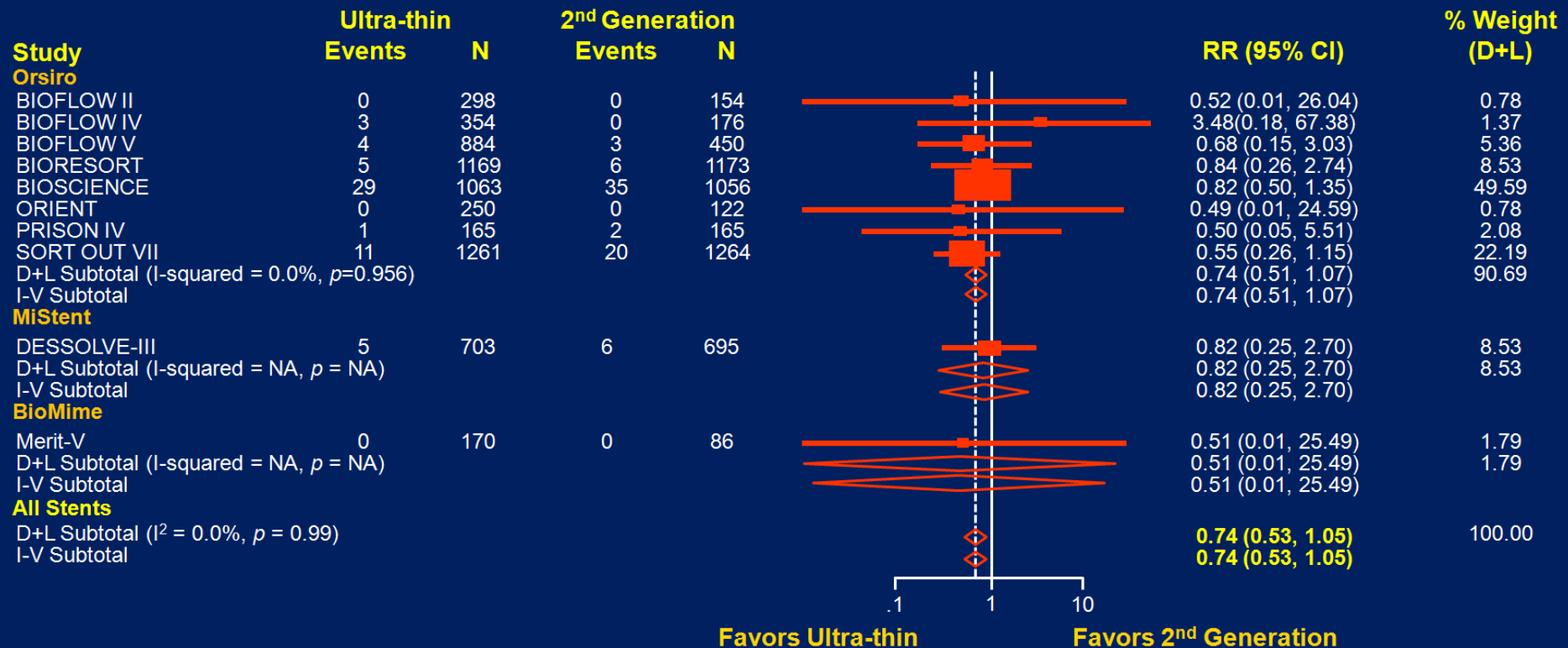


# Ultra-thin (<70 μm) vs. Thicker Strut 2<sup>nd</sup> Gen DES

10 RCTs, 11,658 pts, 3 ultra-thin strut DES:

Orsiro (60 μm), MiStent (64 μm) and BioMime (65 μm)

## 1-Year Stent Thrombosis (def/prob)

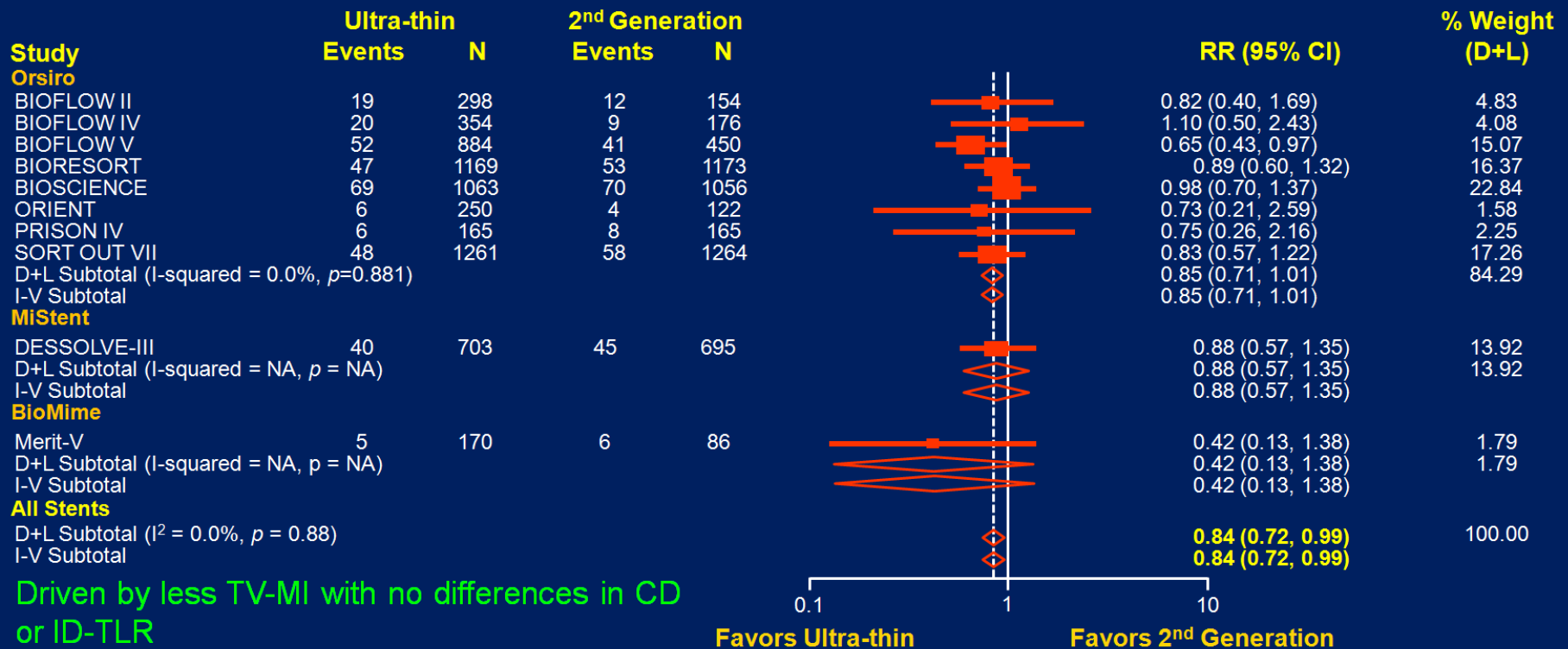


# Ultra-thin (<70 μm) vs. Thicker Strut 2<sup>nd</sup> Gen DES

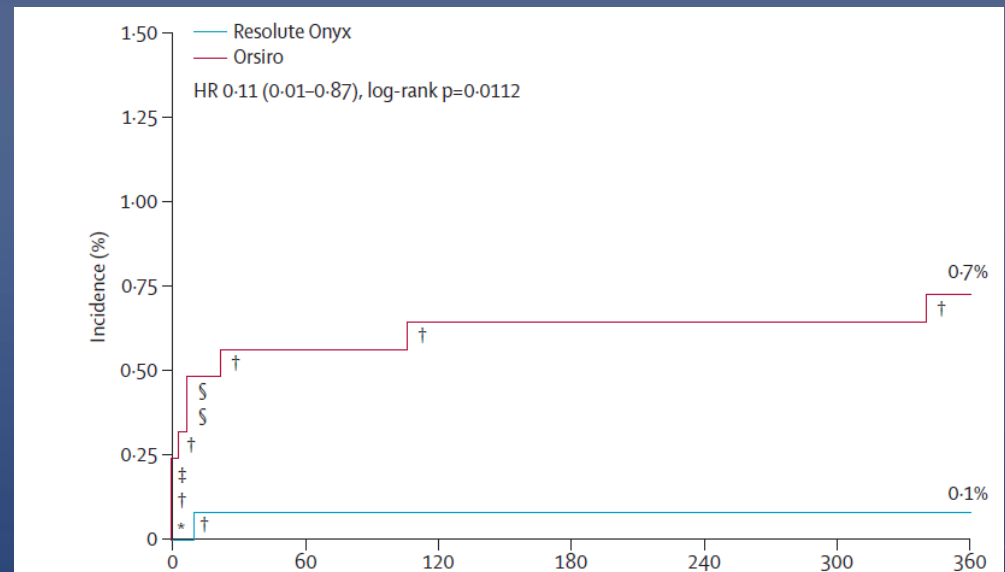
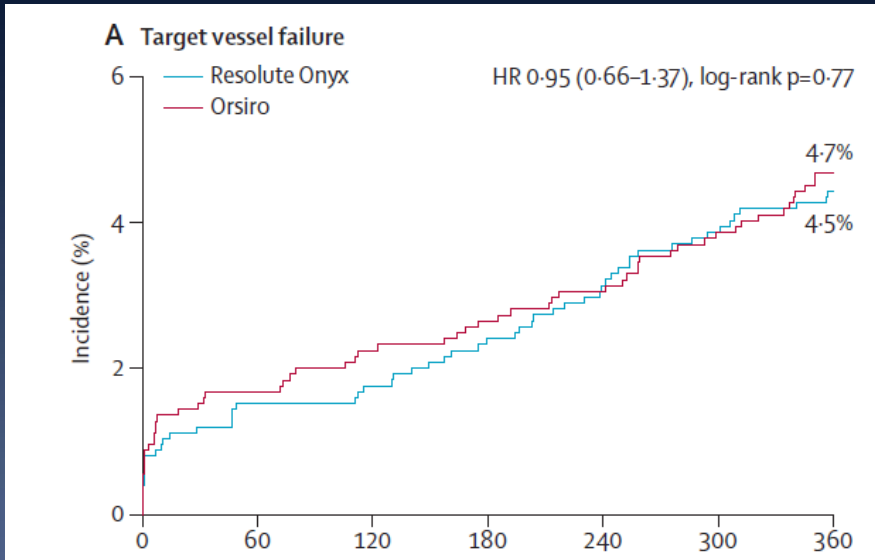
10 RCTs, 11,658 pts, 3 ultra-thin strut DES:

Orsiro (60 μm), MiStent (64 μm) and BioMime (65 μm)

## 1-Year Target Lesion Failure



# BIONIX trial: ORSIRO vs Resolute



*Von Birgelen et al; Lancet 2018*

# Conclusion I

- All studies comparing different second generation DES each other had a non-inferiority design, and therefore it is not possible to tease out significant differences in low-occurrence endpoints such as stent thrombosis or MI.
- The Xience stent is the device which has received the most extensive investigation ever, with randomized trials and meta-analyses reporting improved safety and efficacy compared to BMS and first generation DES.

# Conclusion II

- Thinner strut DES have shown promising results with the potential of further improving the outcome of patients undergoing stent implantation, but further investigation is needed to confirm this hypothesis.