

# IN.PACT Global Sub-Analysis on Asian Population



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# Disclosure

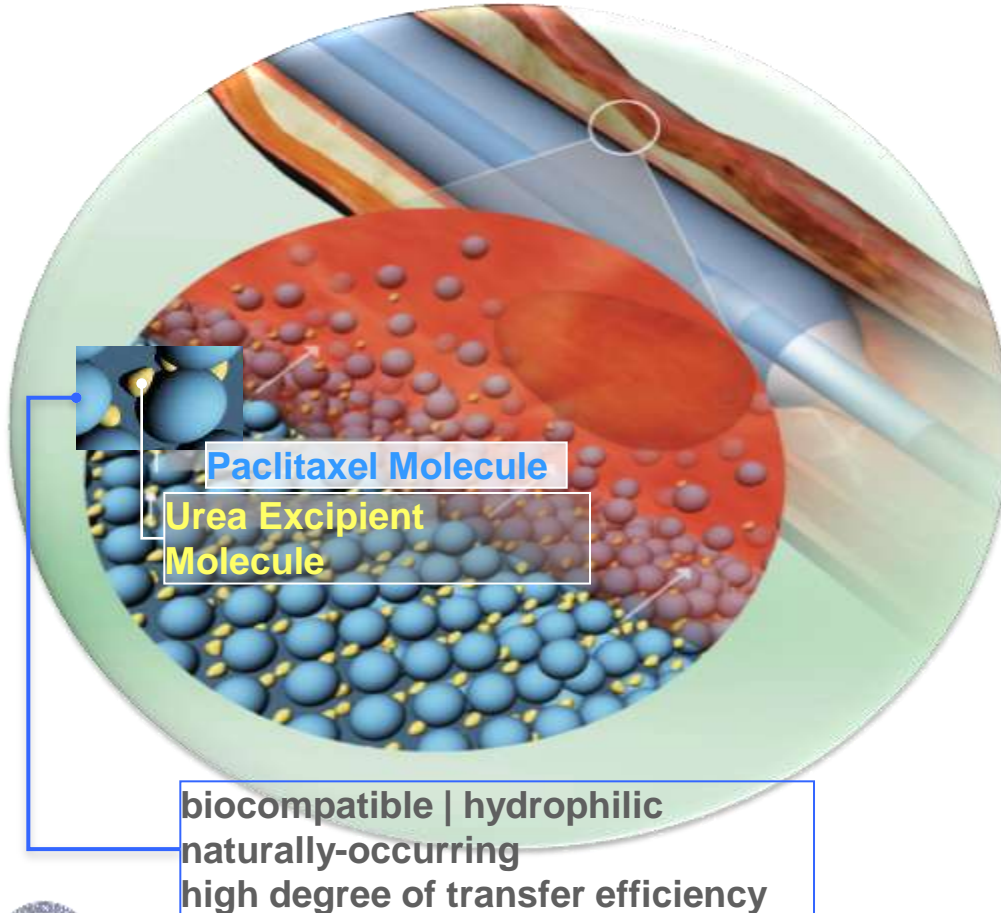


Received research funding from

- Medtronic
- Cordis
- Cook



# IN.PACT™ DEB with FreePac™ Coating Technology



## IN.PACT™

- Medtronic-Invatec DEB balloon line

## FreePac™

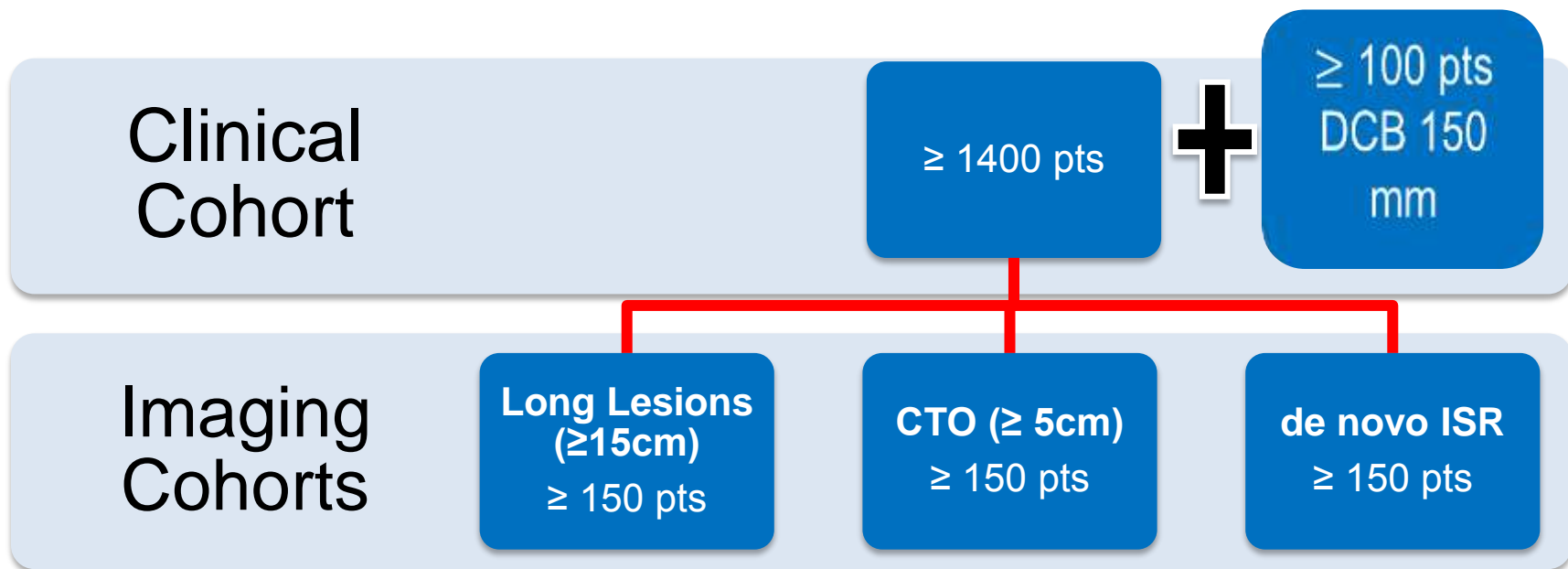
- Proprietary hydrophilic coating formulation
  - Urea separates Paclitaxel molecules
  - Increased drug solubility and optimal diffusion into vessel wall
  - Urea facilitates Paclitaxel absorption into the vessel wall



# IN.PACT Global Patient Cohorts

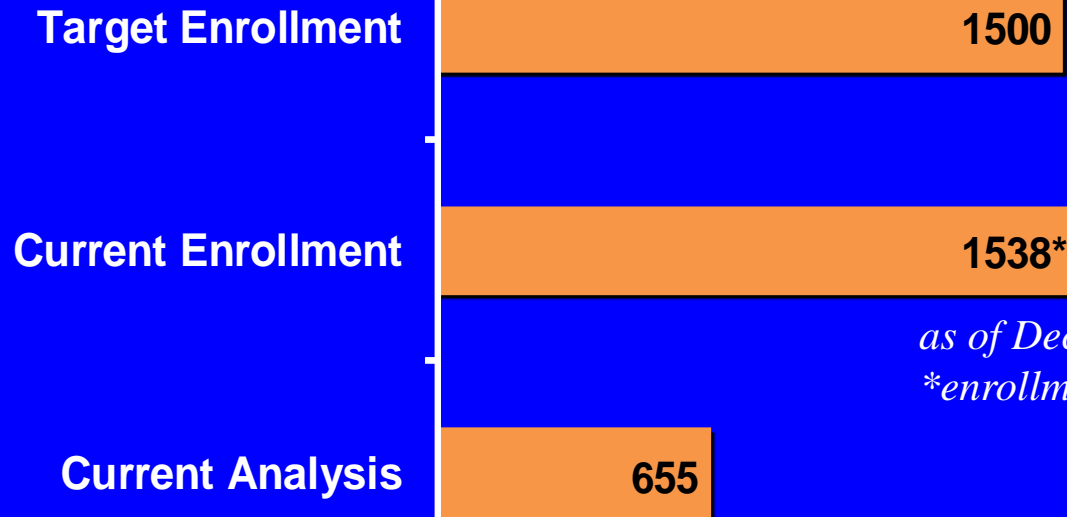


## Challenging Lesions Included



# IN.PACT Global: Enrollment Status

*1<sup>st</sup> enrollment May 2012*



*as of December 2014  
\*enrollment is complete*

*CEC adjudicated 1-Year follow-up data  
Presented at TCT 2014*



# IN.PACT Global Study in Asia



## Patient enrollment in Korea by Nov 2013

Site Name	PI	Enrollment
Severance Hospital	Choi, Dong Hoon	29
Korea Univ. Guro Hospital	Rha, Seung Woon	27
Ajou Univ. Hospital	Won, Jae Whan	20
Samsung Medical Center	Do, Young Soo	16
Asan Medical Center	Lee, Seung Whan	13
	Total	<b>105</b>

## Preliminary analysis for 1 yr follow-up

Site	# of subjects
<b>Severance Hospital</b> South Korea	15
<b>Korean University Guro Hospital</b> South Korea	8
<b>Changi General Hospital</b> Singapore	6
<b>Samsung Medical Center</b> South Korea	5
<b>Ajou University Hospital</b> South Korea	4
<b>Total</b>	<b>38*</b>



# Baseline Patient Characteristics

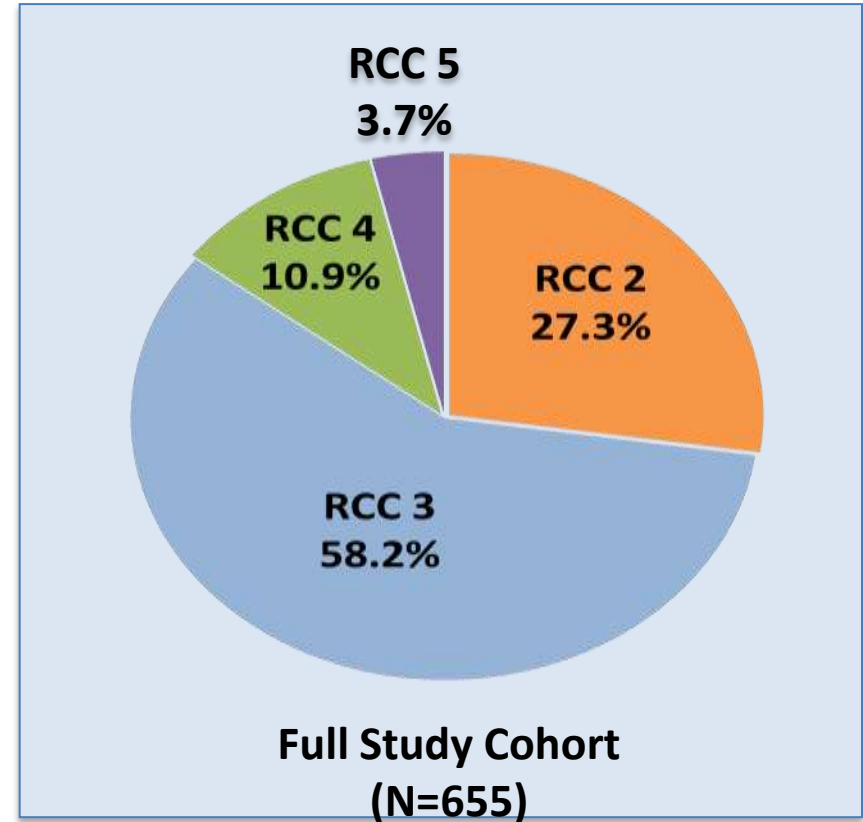
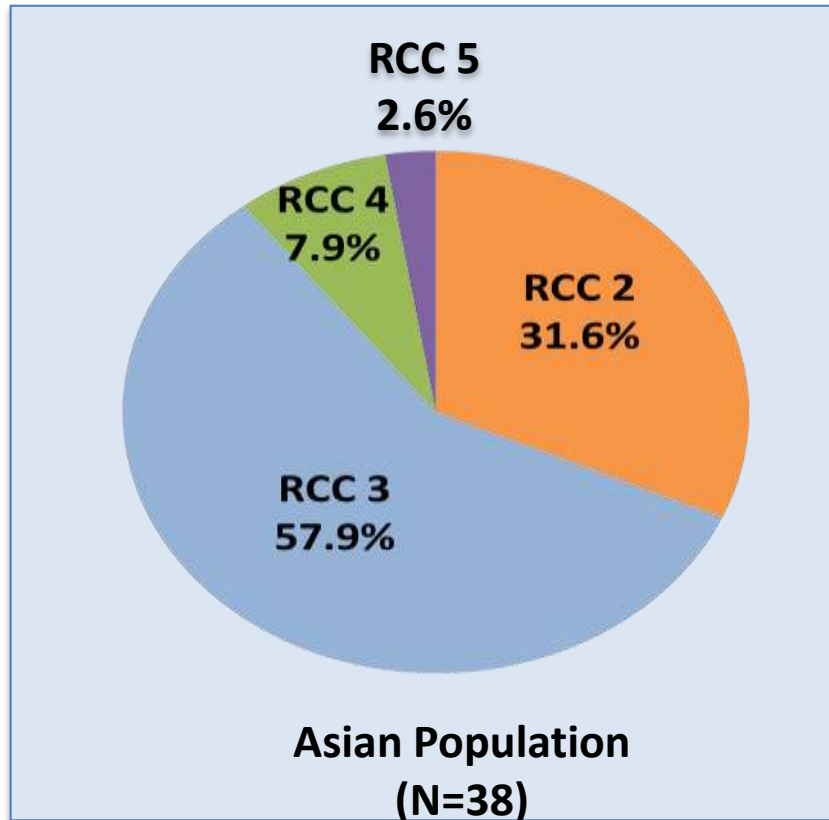


Characteristic	Asian Population (N=38)	Full Study Cohort (N=655)
Age (Y)	69.1 ± 9.3	69.2 ± 10.2
<b>Male Gender (%)</b>	<b>89.5% (34/38)</b>	<b>67.2% (440/655)</b>
<b>Diabetes (%)</b>	<b>52.6% (20/38)</b>	<b>41.2% (269/653)</b>
Hypertension (%)	78.9% (30/38)	83.6% (546/653)
<b>Hyperlipidemia (%)</b>	<b>50.0% (19/38)</b>	<b>73.1% (470/643)</b>
Current Smoker (%)	36.8% (14/38)	33.6% (220/655)
<b>Obesity (BMI ≥ 30 kg/m<sup>2</sup>) (%)</b>	<b>2.6% (1/38)</b>	<b>20.6% (134/649)</b>
Coronary Artery Disease (%)	42.1% (16/38)	43.3% (270/624)
Carotid Artery Disease (%)	13.5% (5/37)	21.5% (122/568)
Renal Insufficiency <sup>[1]</sup> (%)	18.4% (7/38)	11.8% (70/595)
Previous Peripheral Revasc. (%)	65.8% (25/38)	57.3% (375/655)
Concomitant BTK Disease (%)	34.2% (13/38)	45.7% (283/619)
ABI	0.609 ± 0.195	0.675 ± 0.233



# Baseline Rutherford Classification

Asian Population Similar to Full Cohort





# Baseline Lesion Characteristics

**Longer lesions and more occlusions** in Asian Population

Characteristic	Asian Population (N=38)	Full Study Cohort (N=655)
Lesions (N)	42	763
Lesions per Patient (N)	1.11	1.16
<u>Lesion Type:</u> de novo restenotic (no ISR) <b>ISR</b>	69.0% (29/42) 0.0% (0/42) <b>31.0% (13/42)</b>	70.6% (539/763) 8.0% (61/763) <b>21.4% (163/763)</b>
<b>Lesion Length</b>	<b>17.97 ±12.57 cm</b>	<b>12.23 ± 9.59 cm</b>
<b>Total Occlusions</b>	<b>57.1% (24/42)</b>	<b>35.8% (273/763)</b>
<b>Severe Calcification</b>	4.8% (2/42)	10.4% (79/761)
<b>RVD (mm)</b>	5.514 ± 0.976	5.164 ± 0.684
<b>Diameter Stenosis (pre-treatment)</b>	88.8% ± 15.5	88.7% ± 12.2



# Procedure Outcomes

## Low Incidence of Provisional Stenting



Outcome	Asian Population (N=38)	Full Study Cohort (N=655)
Pre-dilatation	89.5% (34/38)	75.4% (494/655)
Post-dilatation	28.9% (11/38)	31.0% (201/648)
<b>Device Success [1]</b>	<b>100% (99/99)</b>	<b>99.4% (1264/1271)</b>
Procedure Success [2]	100% (38/38)	99.8% (646/647)
Clinical Success [3]	100% (38/38)	99.5% (644/647)
<b>Provisional Stent</b>	<b>5.3% (2/38)</b>	<b>24.7% (160/648)</b>
Dissections: 0	42.9% (18/42)	60.2% (459/762)
A-C	40.4% (17/42)	33.9% (258/762)
D-F	16.7% (7/42)	5.9% (45/762)

[1] Device success: successful delivery, inflation, deflation and retrieval of the intact study balloon device without burst below the RBP

[2] Procedure success: residual stenosis of  $\leq 50\%$  (non-stented subjects) or  $\leq 30\%$  (stented subjects) by core lab (if core lab was not available then the site reported estimate was used)

[3] Clinical success: procedural success without procedural complications (death, major target limb amputation, thrombosis of the target lesion, or TVR) prior to discharge)



# 12-month Outcomes

## Very low incidence of CD-TLR in Asian Population

Characteristic	Asian Population (N=38)	Full Study Cohort (N=655)
<b>Clinically-driven TLR [1]</b>	<b>3.1% (1/32)</b>	<b>8.7% (50/577)</b>
<b>Primary Safety Endpoint [2]</b>	96.9% (31/32)	89.6% (517/577)
<b>Major Adverse Events [3]</b>	12.5% (4/32)	13.5% (78/577)
<b>Death (all-cause)</b>	9.4% (3/32)	3.3% (19/577)
<b>Major Target Limb Amputation</b>	0.0% (0/32)	0.3% (2/577)
<b>Thrombosis</b>	0.0% (0/32)	3.8% (22/577)
<b>Any TLR</b>	3.1% (1/32)	9.0% (52/577)
<b>Any TVR</b>	3.1% (1/32)	9.9% (57/577)

[1] Any re-intervention within the target lesion(s) due to symptoms or drop of ABI of  $\geq 20\%$  or  $> 0.15$  when compared to post-index procedure baseline ABI

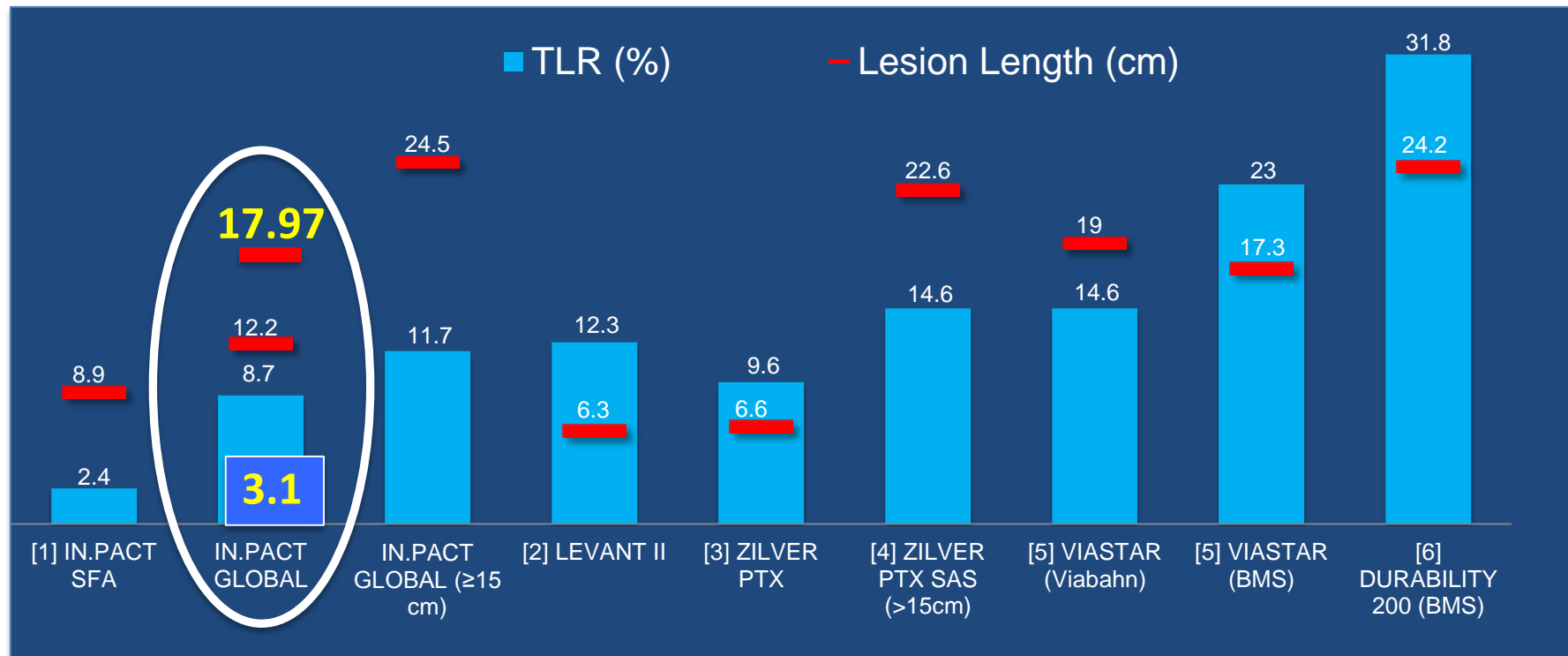
[2] Composite of 30-day freedom from device- and procedure-related mortality and 12-month freedom from major target limb amputation and clinically-driven TVR

[3] Major Adverse Events: Composite of death, major target limb amputation, clinically-driven TVR, and thrombosis



# SFA Trial Comparison

## How does the Asian population compare?



[1] Circulation. 2014 Dec 3 [Epub]; [2] Lutonix FDA Panel Presentation; June 12 2014; [3] Circ Cardiovasc Interv. 2011;4:495-504; [4] J Cardiovasc Surg (Torino). 2013 Feb;54(1):115-22; [5] J Am Coll Cardiol. 2013 Oct 8;62(15):1320-7; [6] J Vasc Surg 2011 Oct;54(4):1042-50



2012/02/28

2013/03/18

2014/03/17

PTA with bail-out  
stenting

DEB

I 1178

I 69

S 538





Rutherford 3  
Bilateral SFA CTO



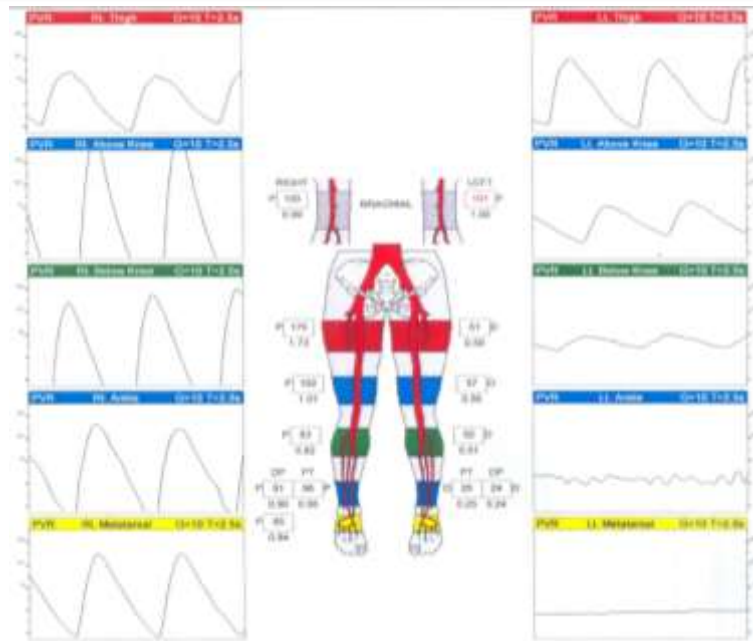
PTA with stenting  
for both SFA



ISR, bilateral



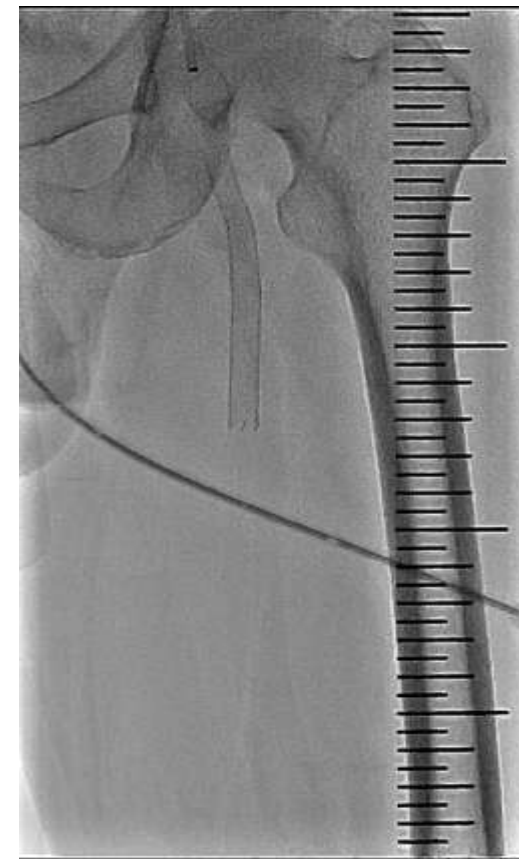
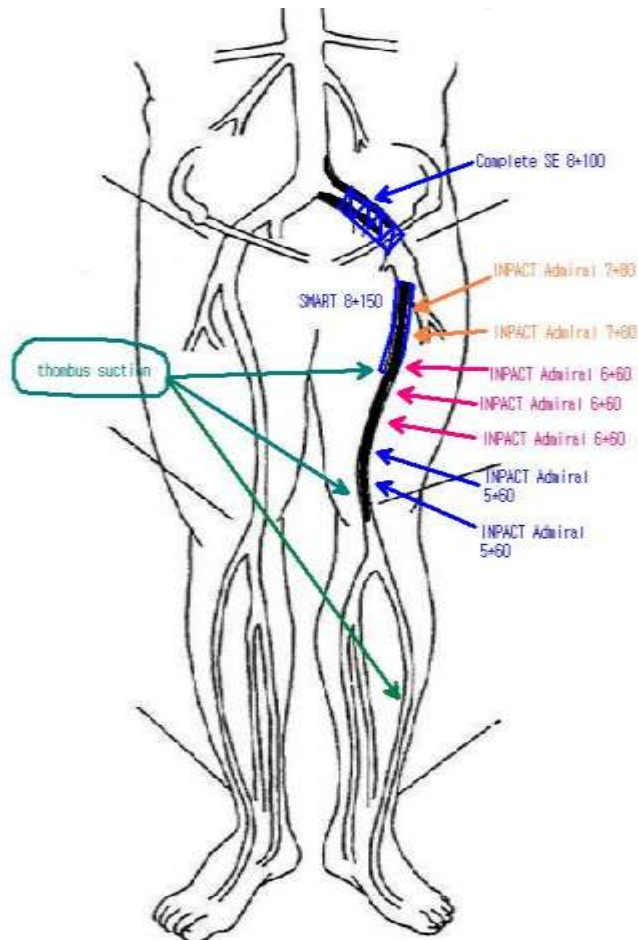
2012/2/10  
Fem to pop with  
hemashield 8mm  
for Rt. SFA



**ABI 0.95/0.25**



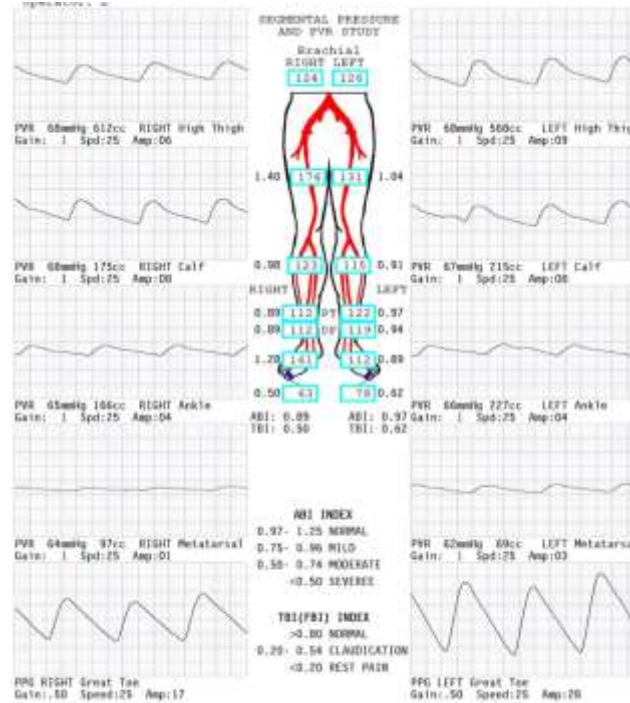
# Treatment with DEB (2013/4/18)



# Follow-Up after DEB

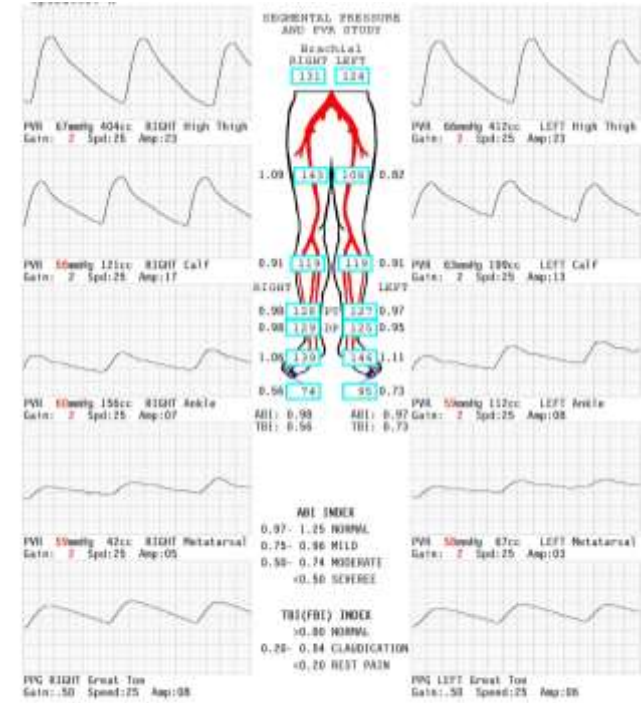


At 1 year



ABI 0.89/0.97

At 2 years



ABI 0.98/0.97







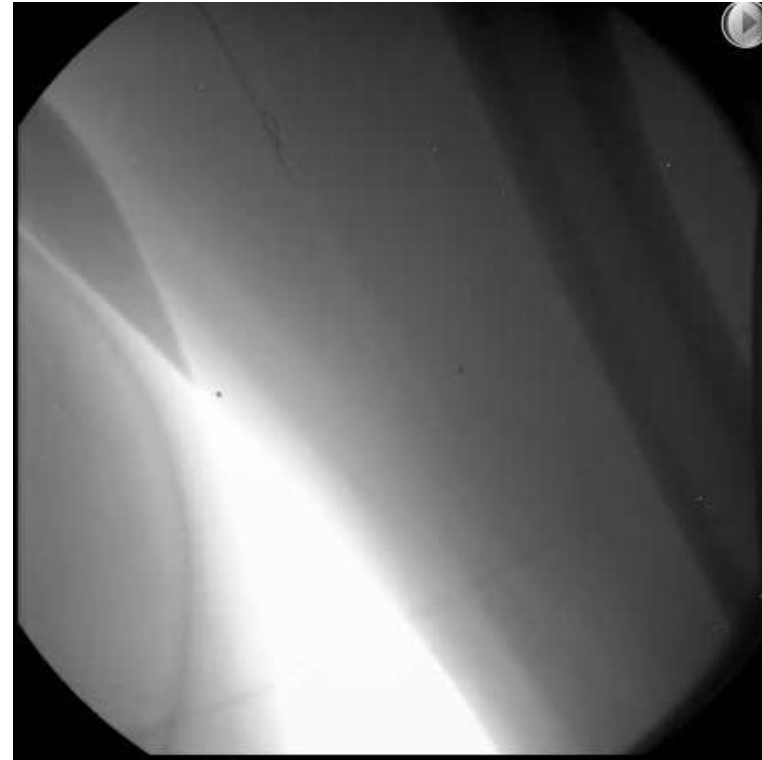
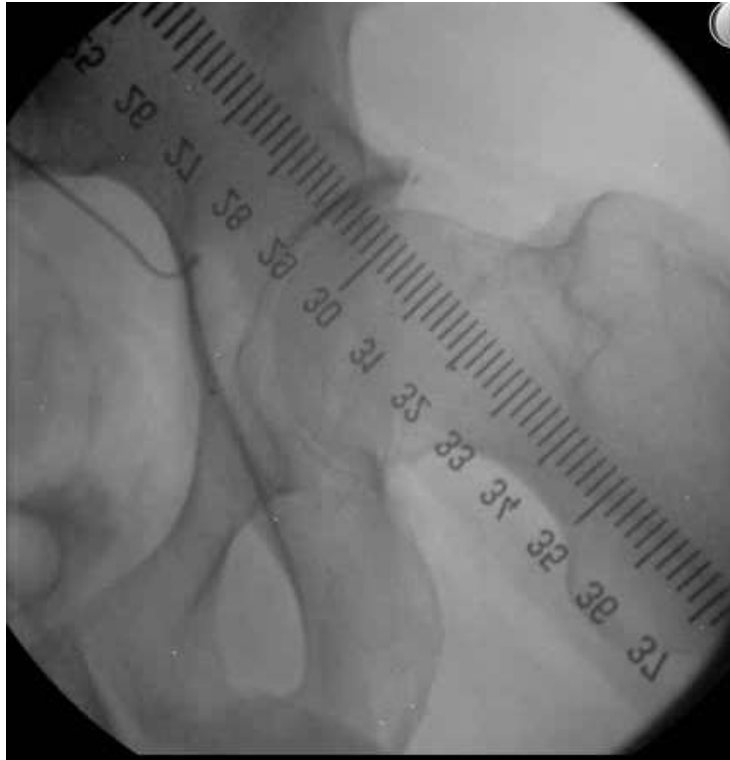
- Left leg claudication at 100M (Rutherford 3)
- Risk factors: DM, HTN, smoker
- PHx:
  - 1992 AMI
  - 2004 Stroke



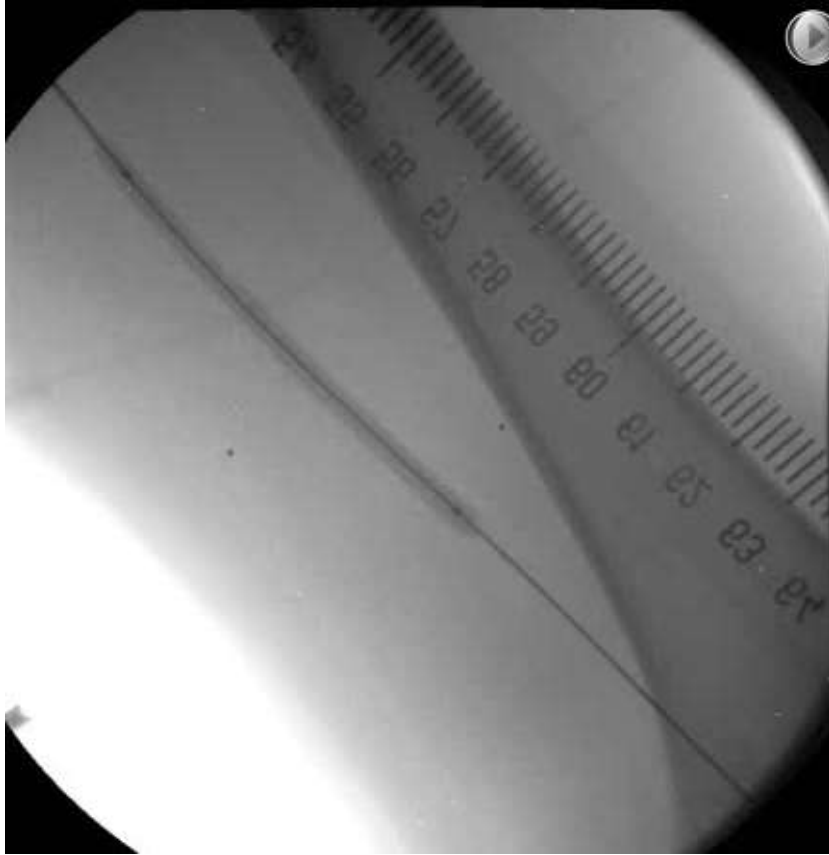
# 1<sup>st</sup> Treatment: Subintimal Angioplasty



2009/2/9



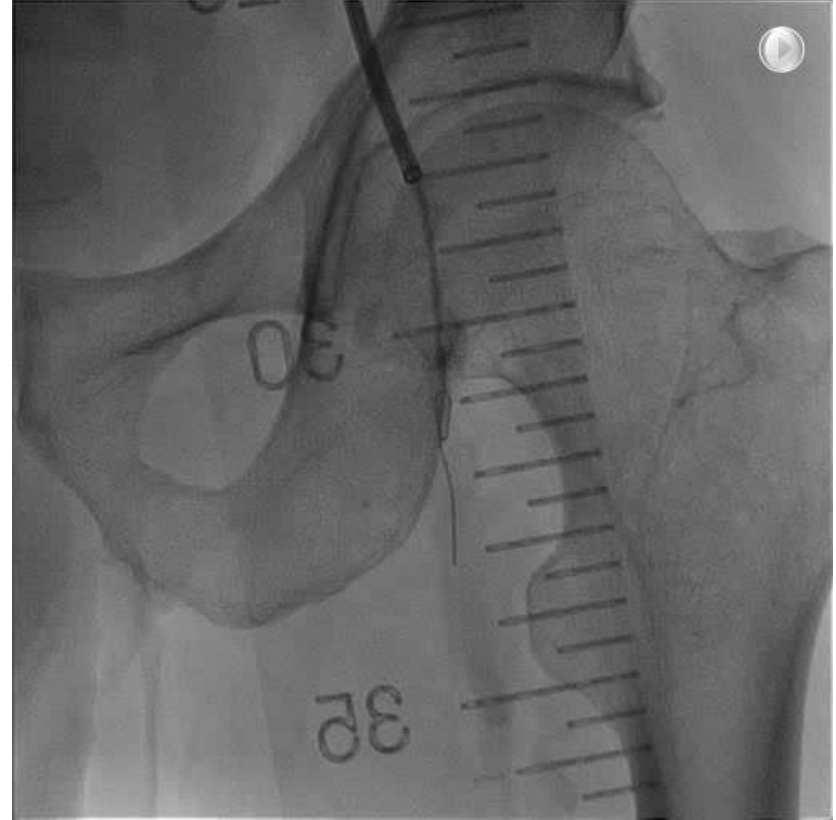
# Subintimal Angioplasty



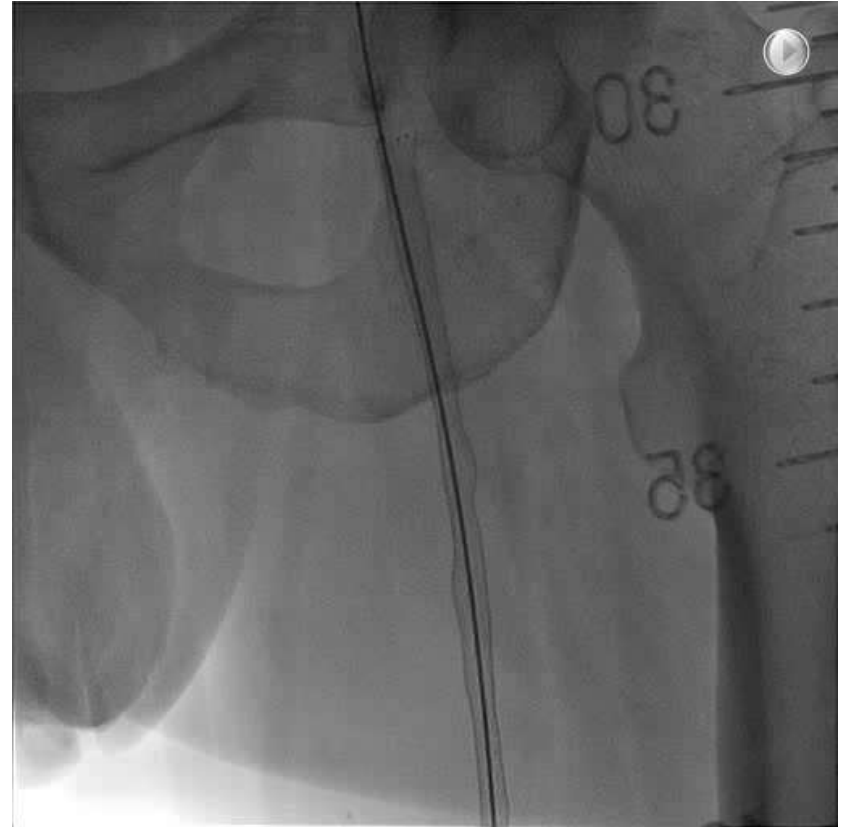
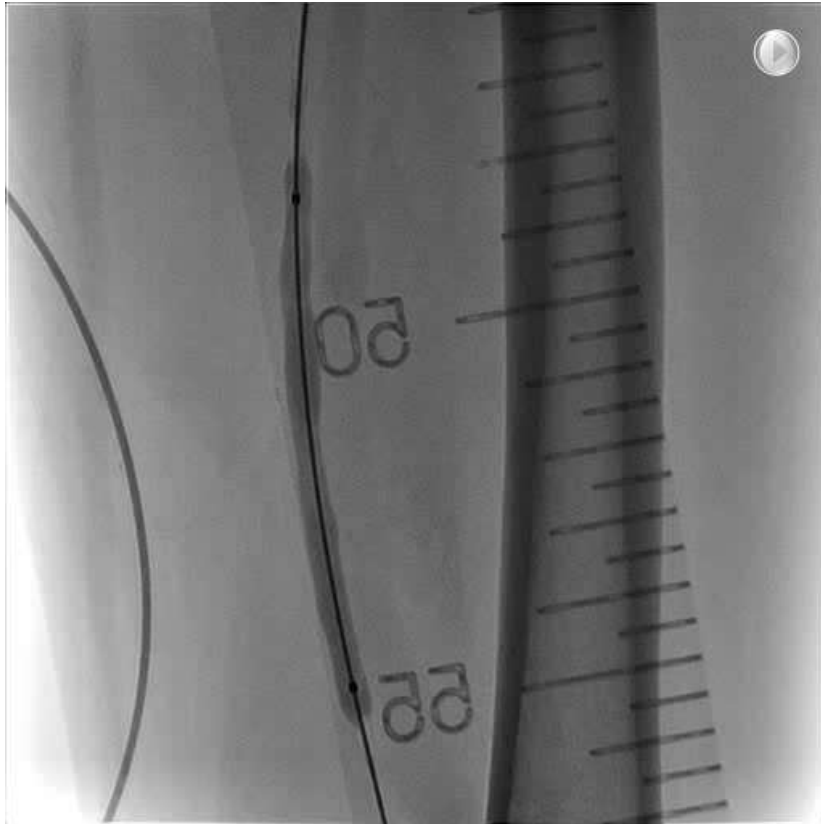
# 2<sup>nd</sup> Treatment



(2010/5/27)



# 2<sup>nd</sup> Treatment: SIA & Stent



# 3<sup>rd</sup> Treatment: Balloon & Stent

2012/8/26



2012/8/28  
Balloon angioplasty  
& stenting



2012/8/29

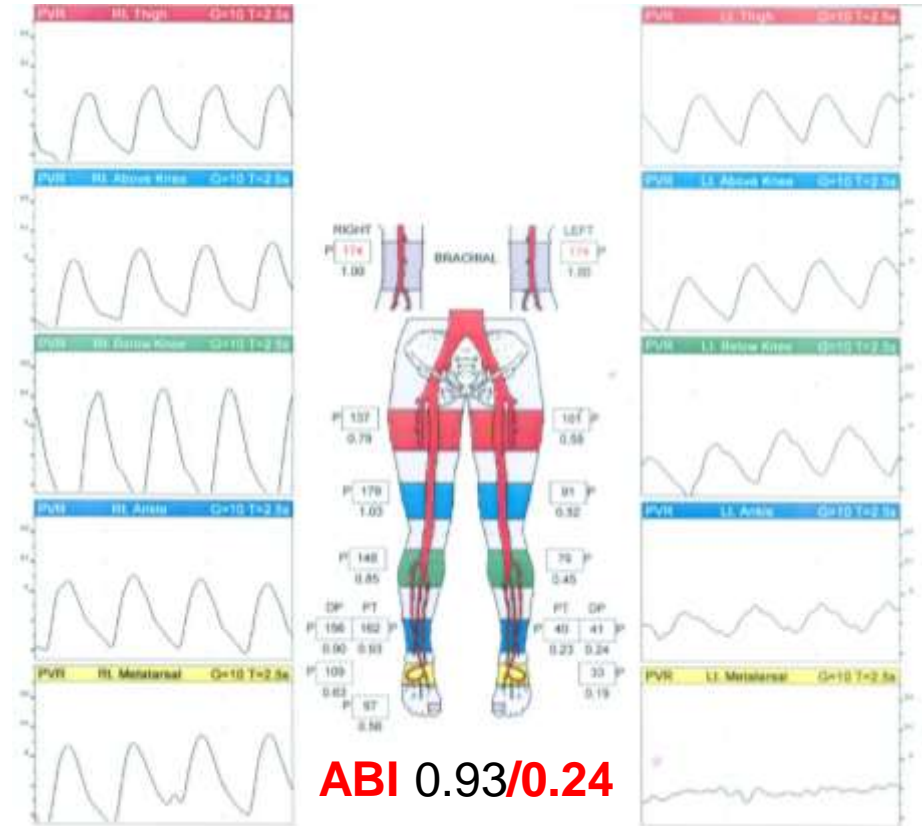


# Recurrence of Sx



2013/6

Sx:  
Claudication at 50 M, left leg



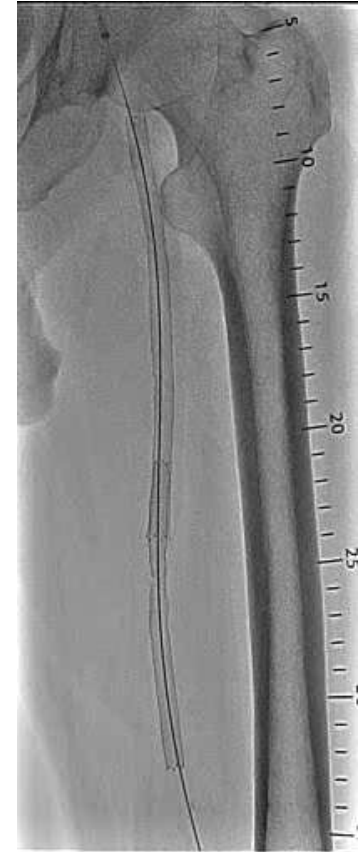
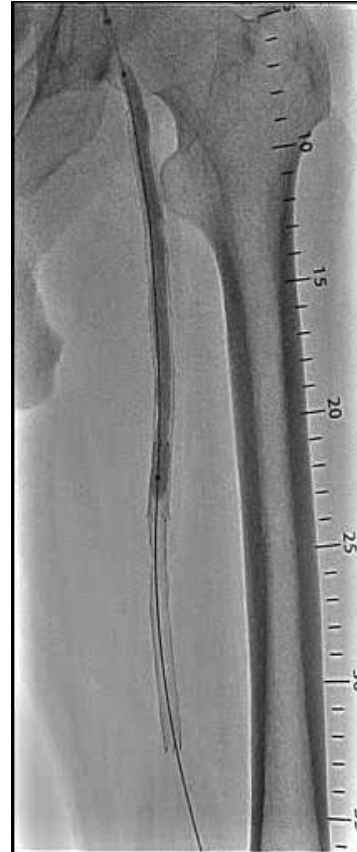
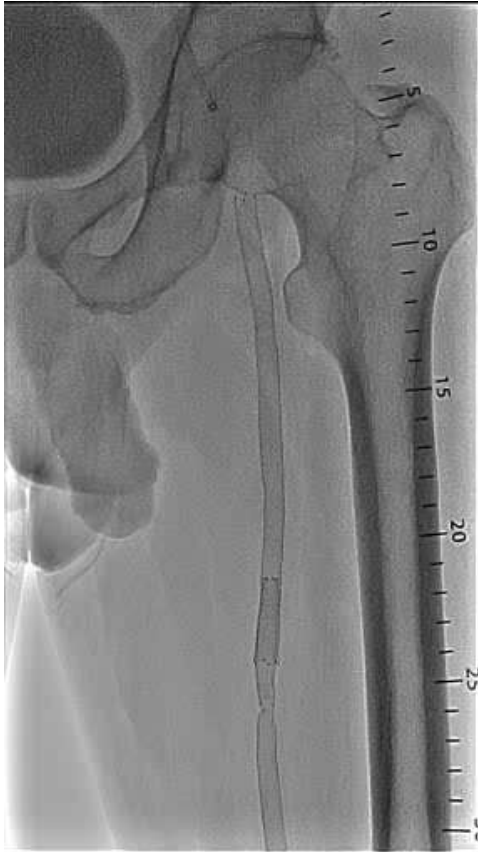
**ABI 0.93/0.24**



# 4<sup>th</sup> Treatment:



(2013/6/4)





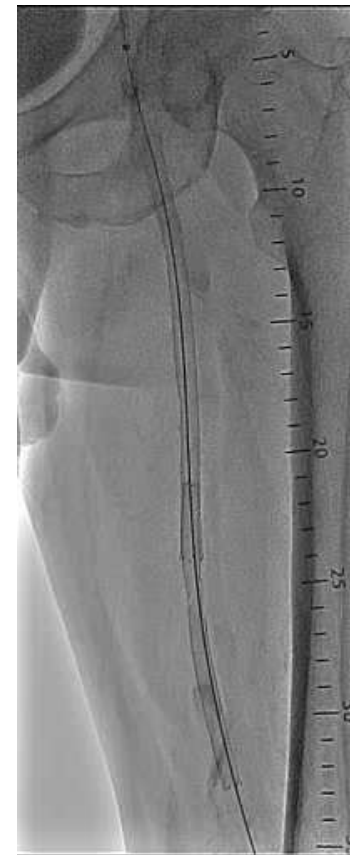
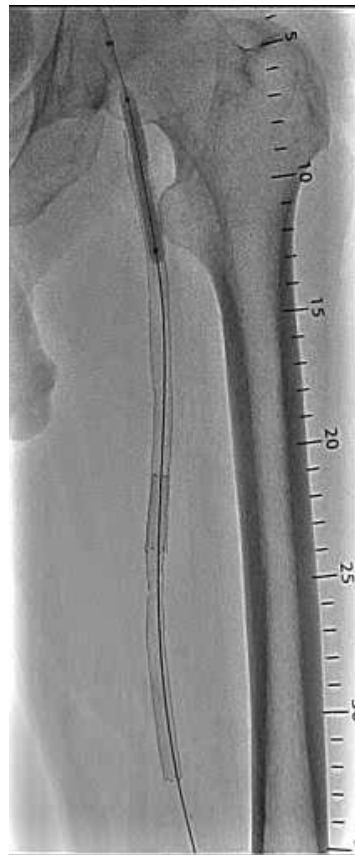
# DEB



Admiral InPACT 6 x 120 \* 2



InPACT 6 x 60

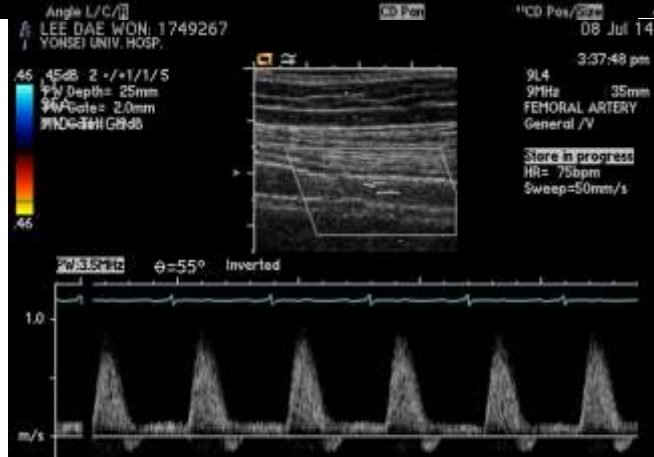
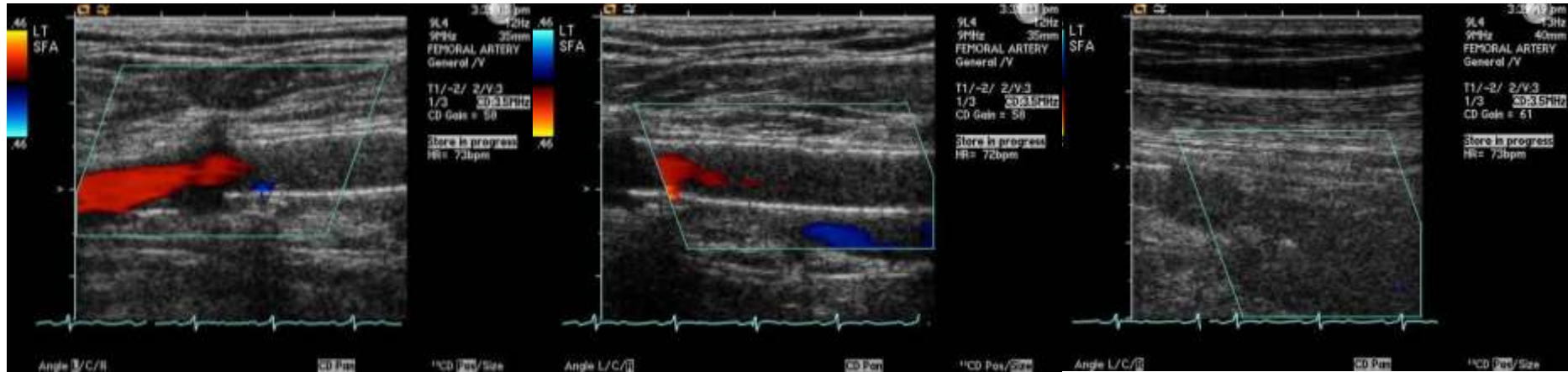


# Duplex US Follow-up at 1 year

Proximal

Within stent

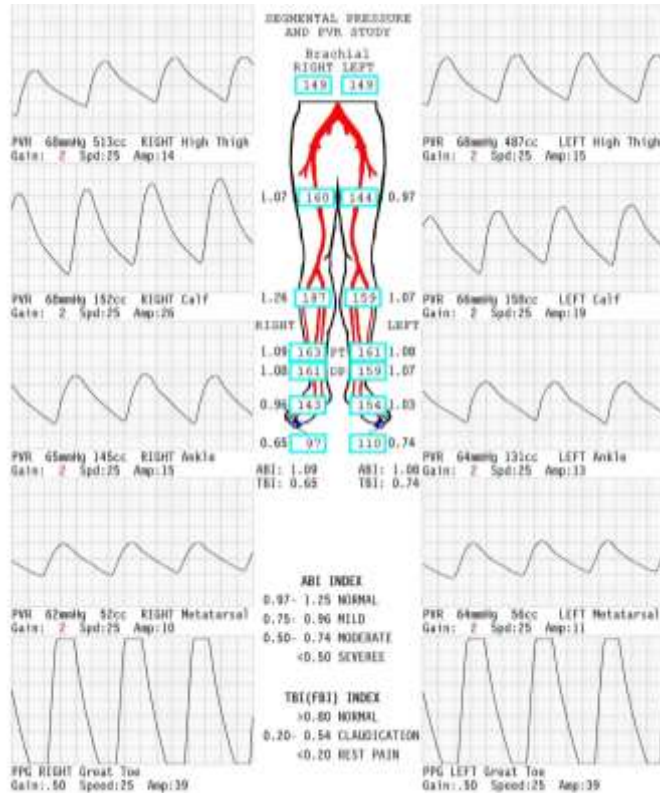
Distal to stent



# ABI Follow-up

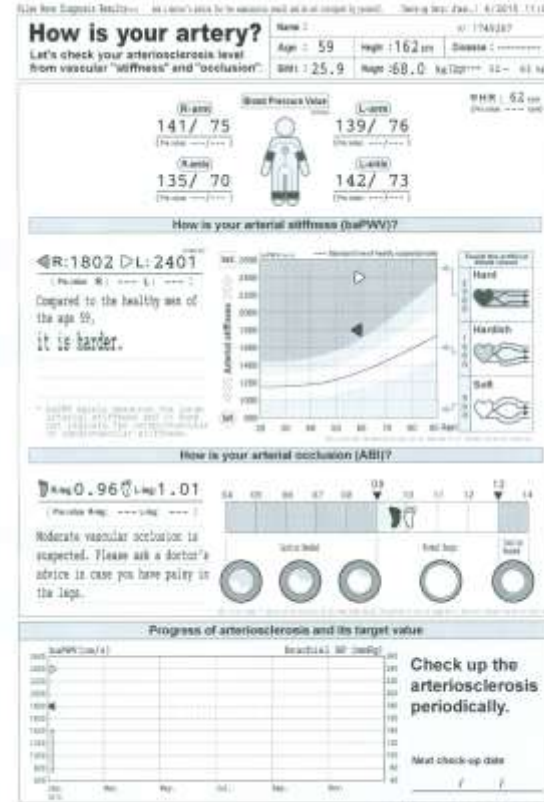


At 12 months



**ABI 1.09/1.08**

At 18 months



**ABI 0.96/1.01**



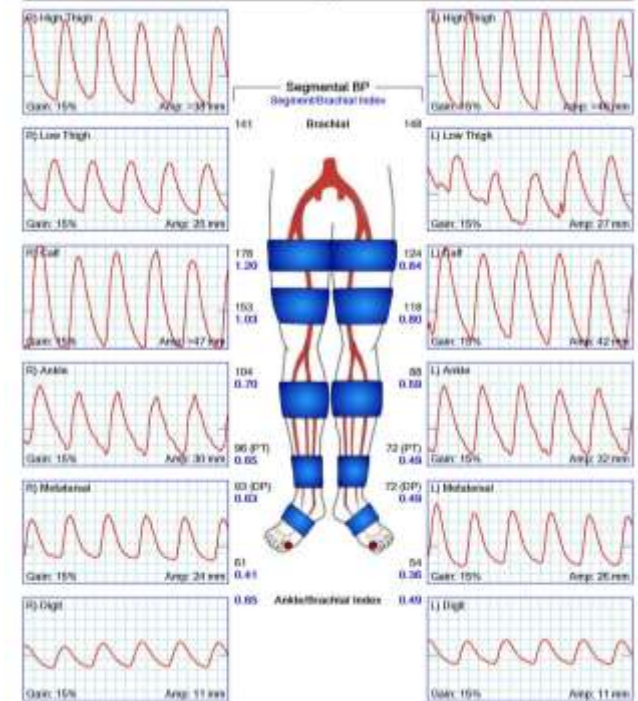
# M/71 (LWS, M/3275132)



Sx: Claudication: Lt > Rt  
(Rutherford 3)

PHx:

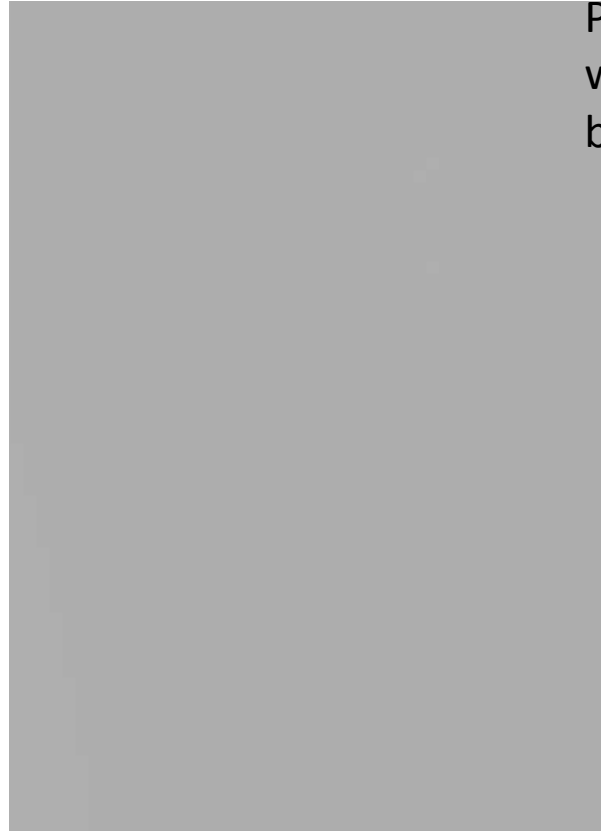
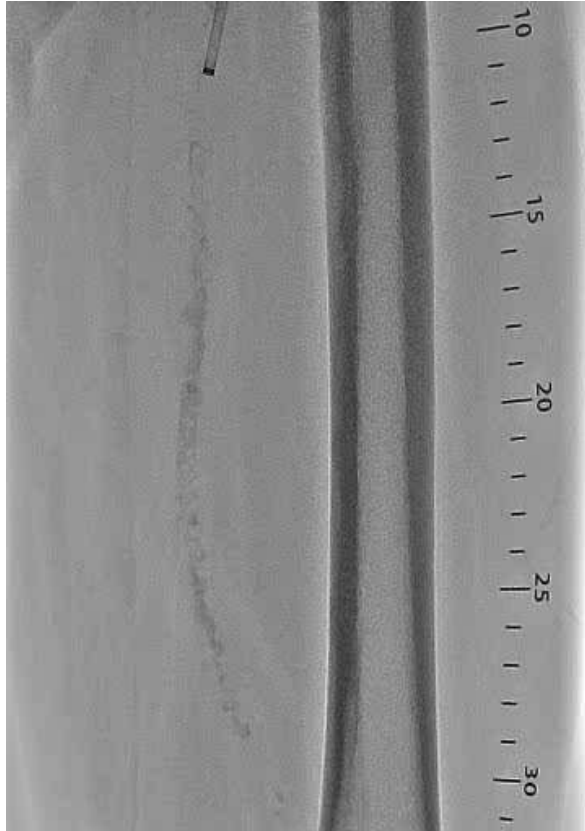
- DM, HTN
- CAD (LN & 3VD)
- S/P PCI with stents (2003/3)



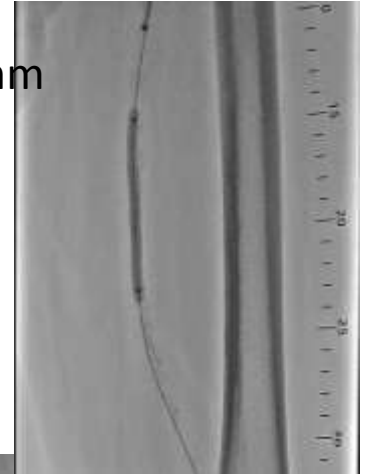
**ABI 0.65/0.45**



# Lt. SFA



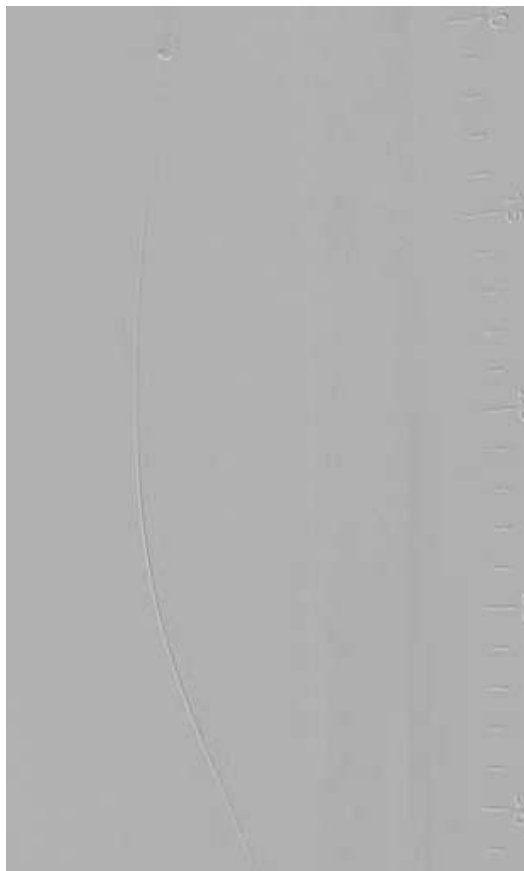
Predilatation  
with a 5x80 mm  
balloon



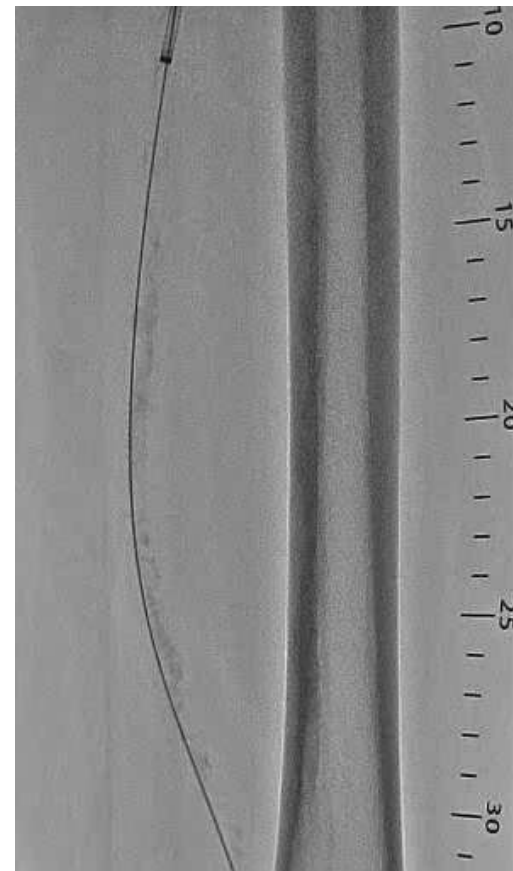
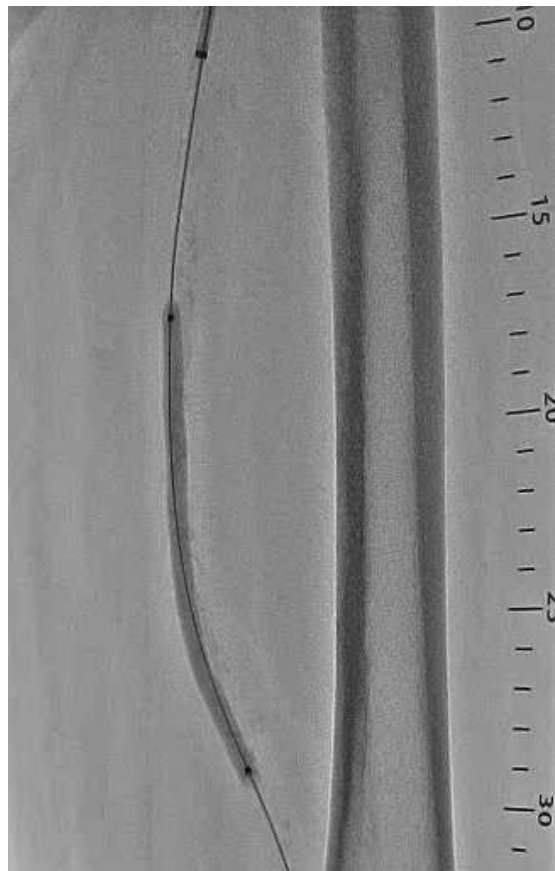
# DEB



After predilation



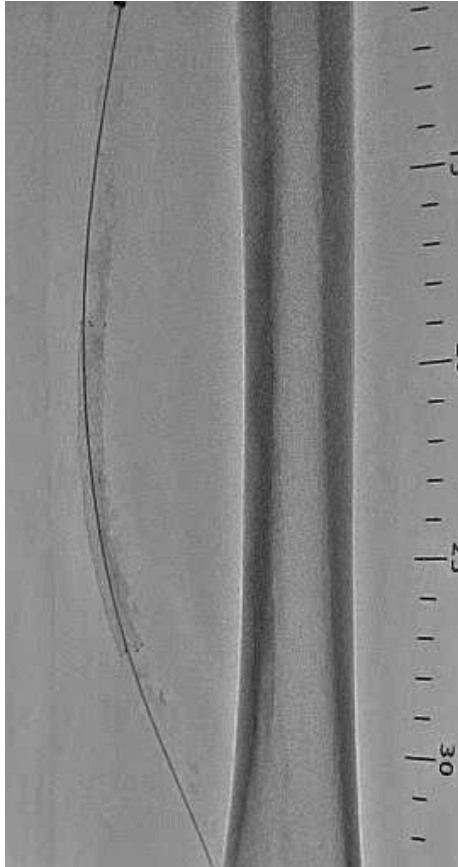
IN.PACT Admiral 5 x 120 mm & 5 x 40 mm



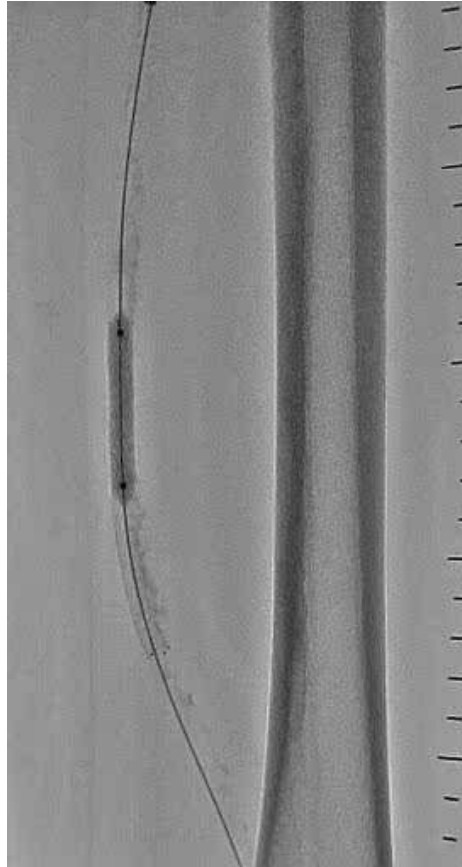
# Bail-out Stenting



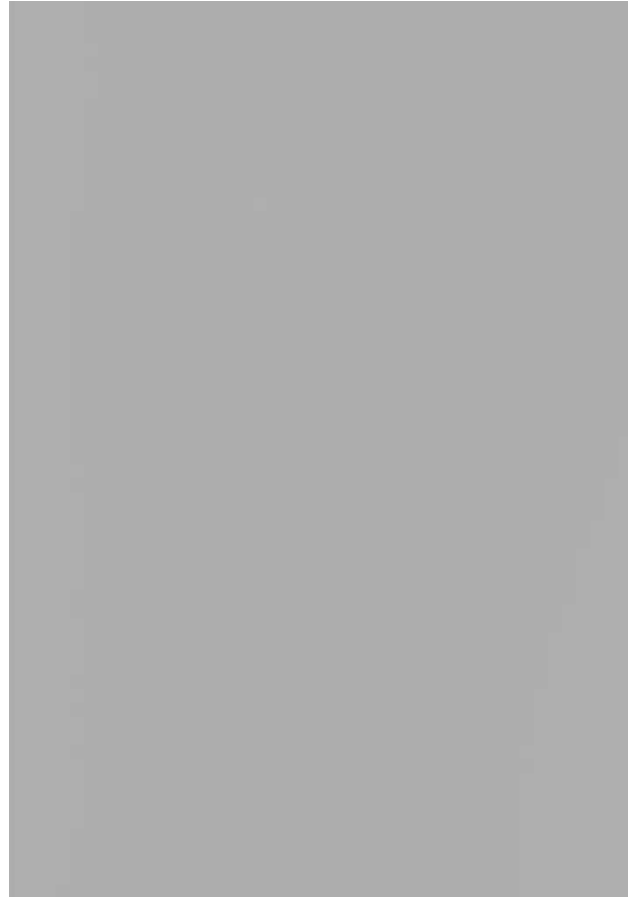
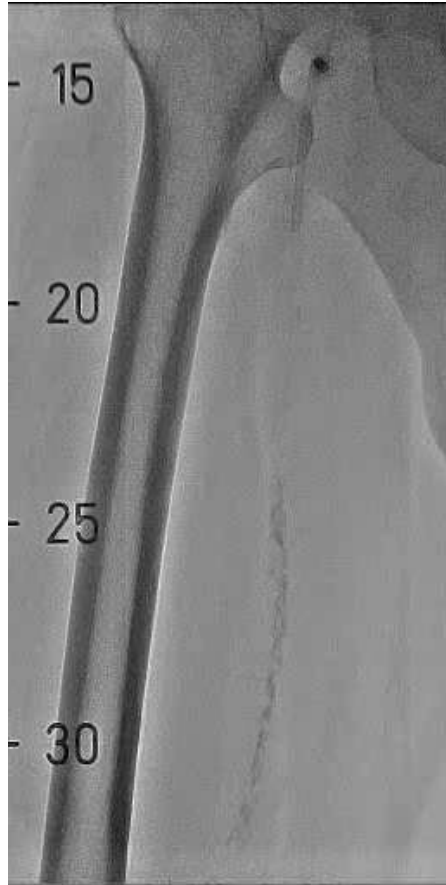
Complete SE 6 x 80 mm



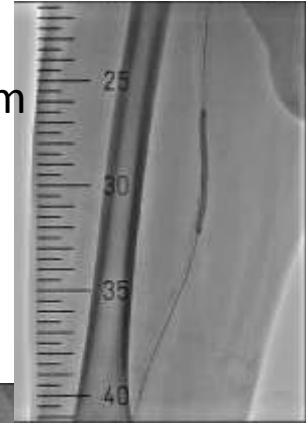
Postdilation with balloon 5 x 40 mm



# Rt. SFA



Predilation  
with 5 x 80 mm  
balloon

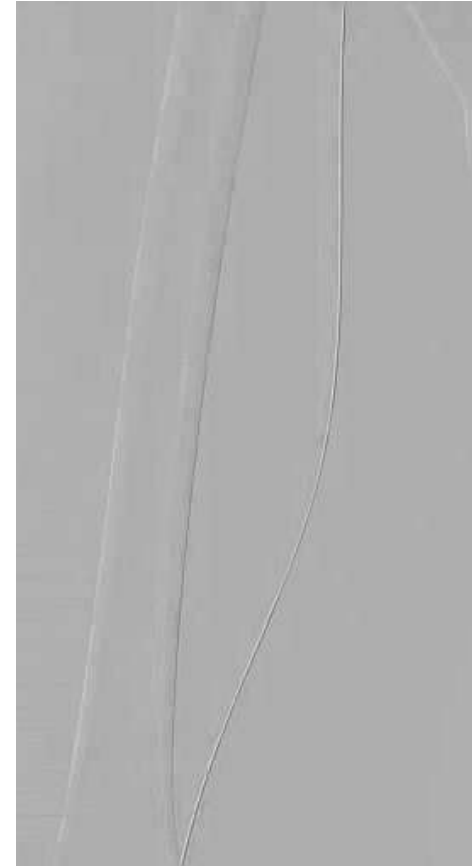
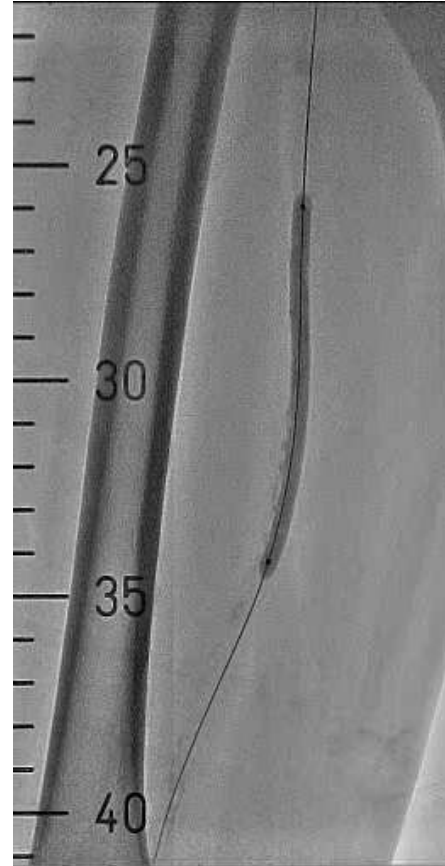
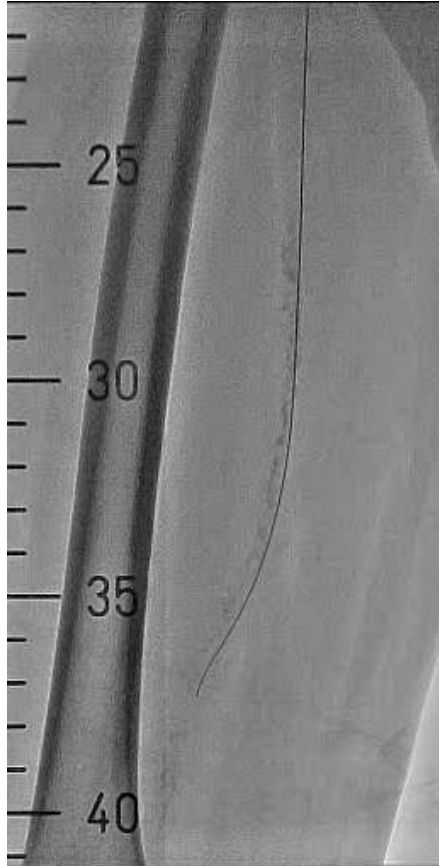




# DEB



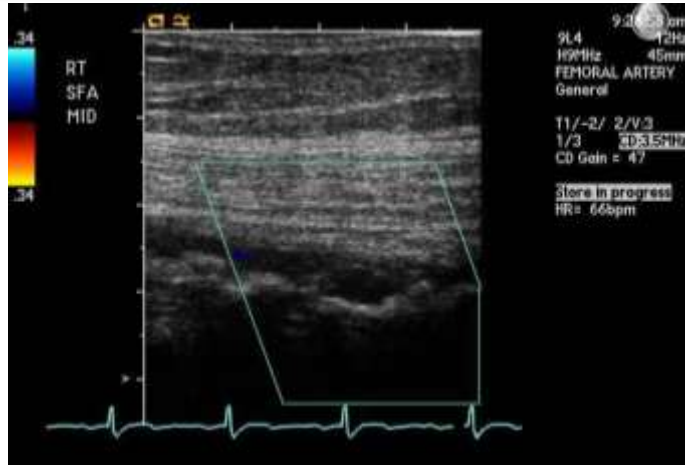
IN.PACT Admiral 6 x 120 mm



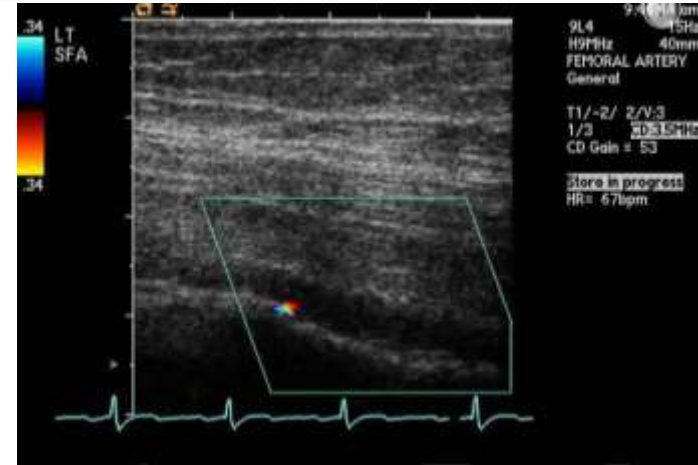
# Duplex US Follow-up at 1 year



Right SFA



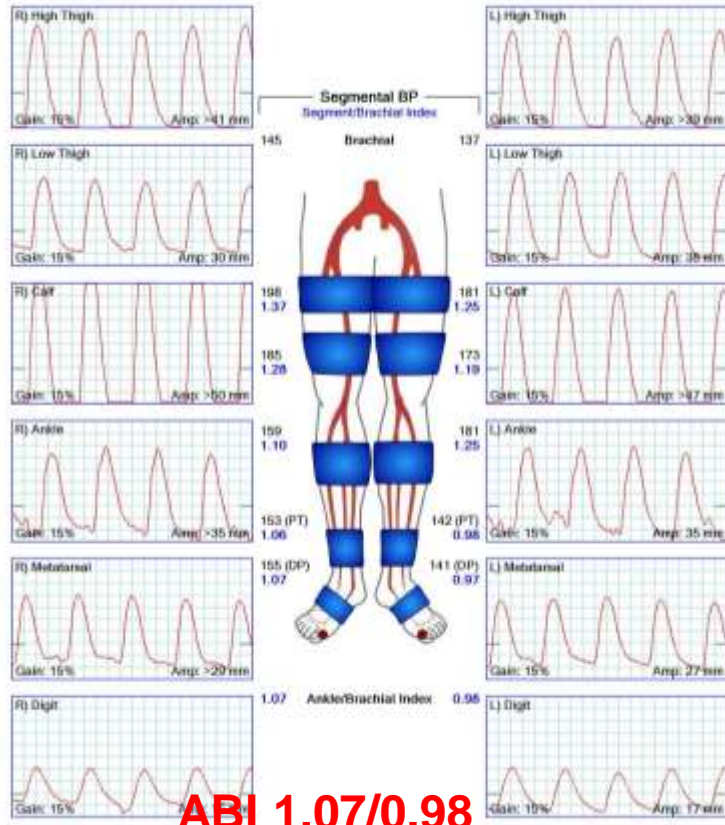
Left SFA



# ABI Follow-up

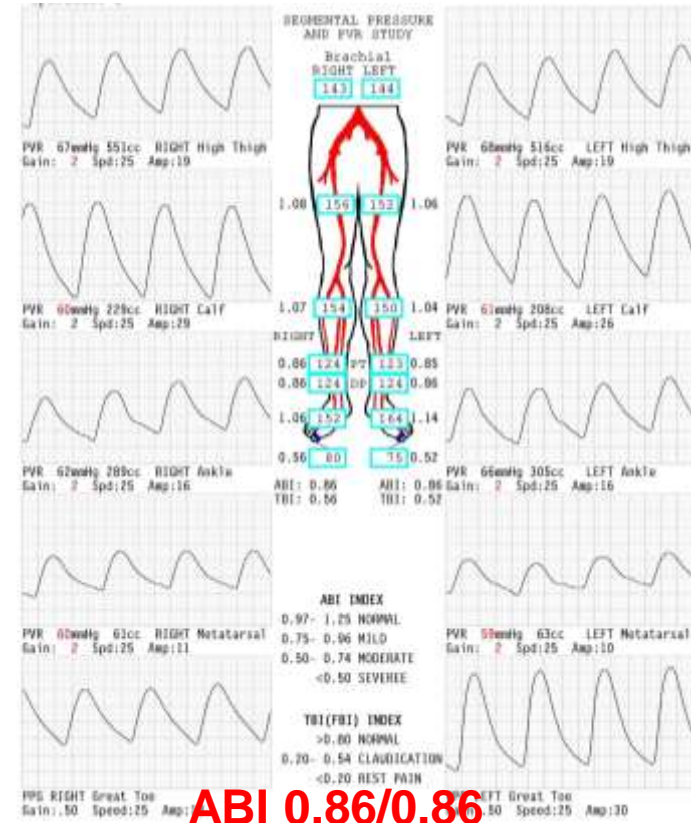


At 1 year



**ABI 1.07/0.98**

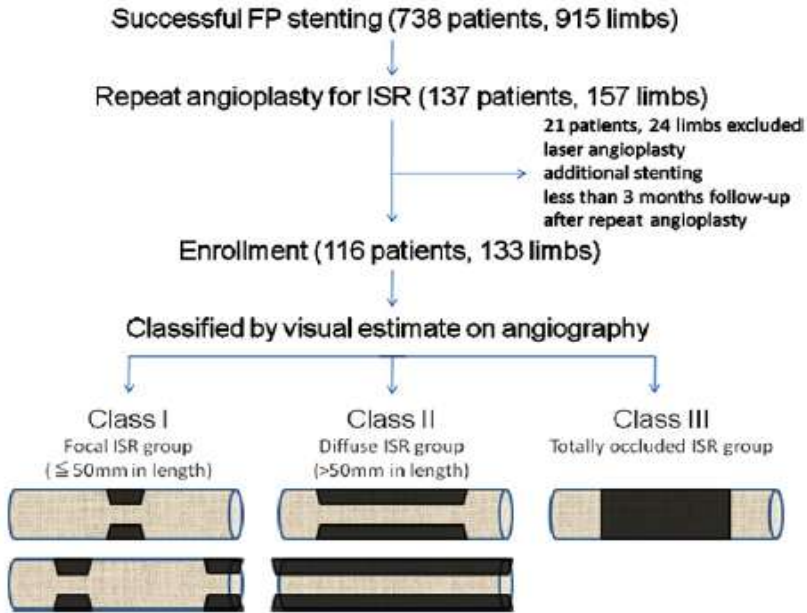
At 2 years



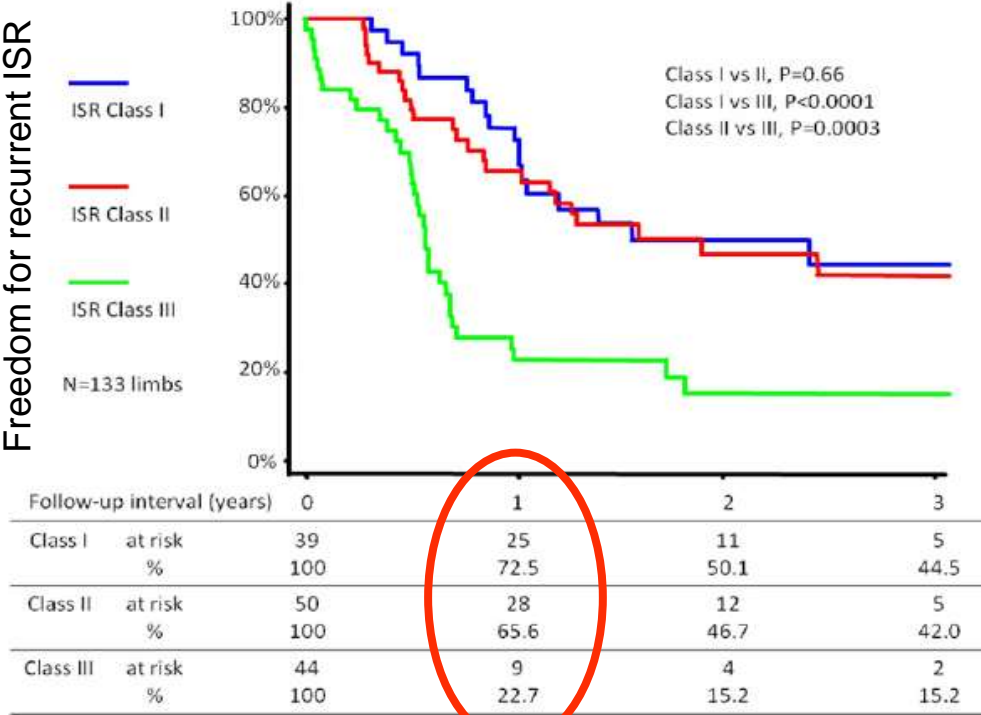
**ABI 0.86/0.86**



# Balloon angioplasty for ISR



Freedom for recurrent ISR



Tosaka et al, JACC 2012;59:16-23

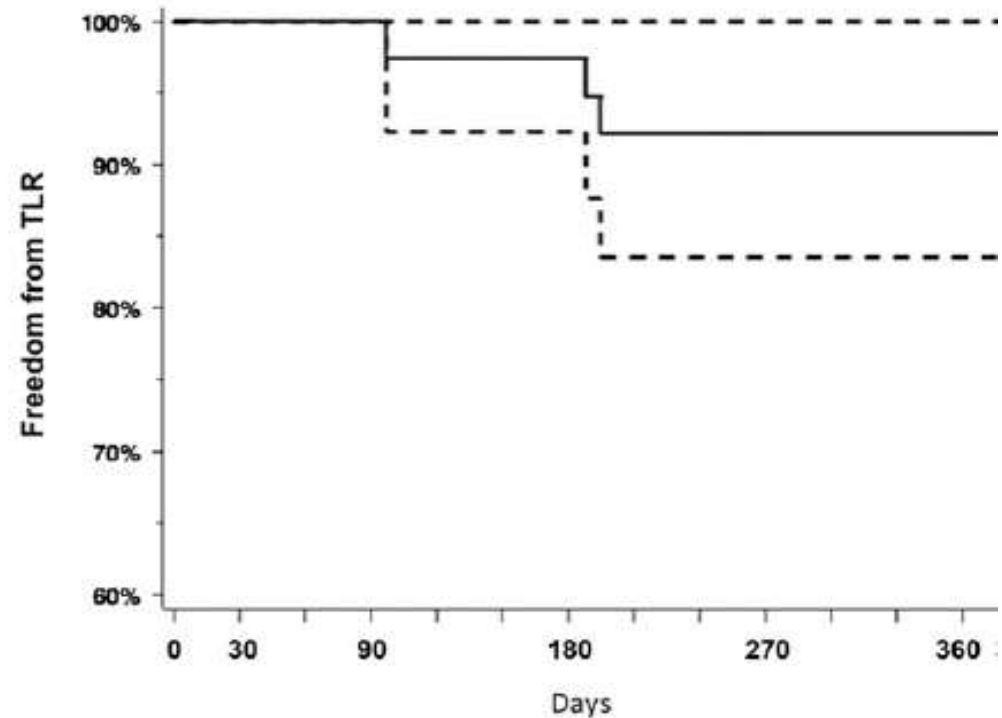


# DEB for ISR Lesions



- 39 patients
- SFA-ISR lesions
  - Type I: 31%
  - Type II: 49%
  - Type III: 21%
- Paclitaxel-eluting balloons (IN.PACT)
- 1 year patency: 92%

## Freedom from TLR



*Stabile et al, JACC 2012;60:1739-42*



# Severance DEB for ISR Data: Baseline characteristics



	Conventional therapy (n=56)	Drug eluting balloon (n=21)	P value
Age (years)	66.2 ± 10.6	65.5 ± 13.9	0.80
Sex (male, %)	42 (72.4)	20 (87)	0.16
DM (%)	28 (48.3)	10 (43.5)	0.7
HTN (%)	37 (63.8)	11 (47.8)	0.19
Smoking (%)	30 (51.7)	17 (73.9)	0.14
Dyslipidemia (%)	33 (56.9)	17 (73.9)	0.16
CKD (%)	15 (25.9)	7 (30.4)	0.68
Rutherford category	3.1 ± 1.3	2.6 ± 0.7	0.02
Pre ABI	0.43 ± 0.19	0.78 ± 0.19	<0.0001
Post ABI	0.63 ± 0.16	1.08 ± 0.25	<0.0001



# Procedural data



	Conventional therapy (n=56)	Drug-eluting balloon (n=21)	P value
ISR pattern (%)			0.07
Focal	3 (5.2)	5 (21.7)	
Diffuse	9 (15.5)	2 (8.7)	
<b>Total</b>	<b>46 (79.3)</b>	<b>16 (69.6)</b>	
BTK runoff vessel	2.09 ± 0.88	2.05 ± 0.89	0.84
Stent diameter (mm)	7.07 ± 0.75	7.1 ± 1.45	0.93
Stent length (mm)	87.8 ± 28.7	94.4 ± 32.6	0.39
Stent fracture (%)	4 (6.9)	2 (8.7)	0.78

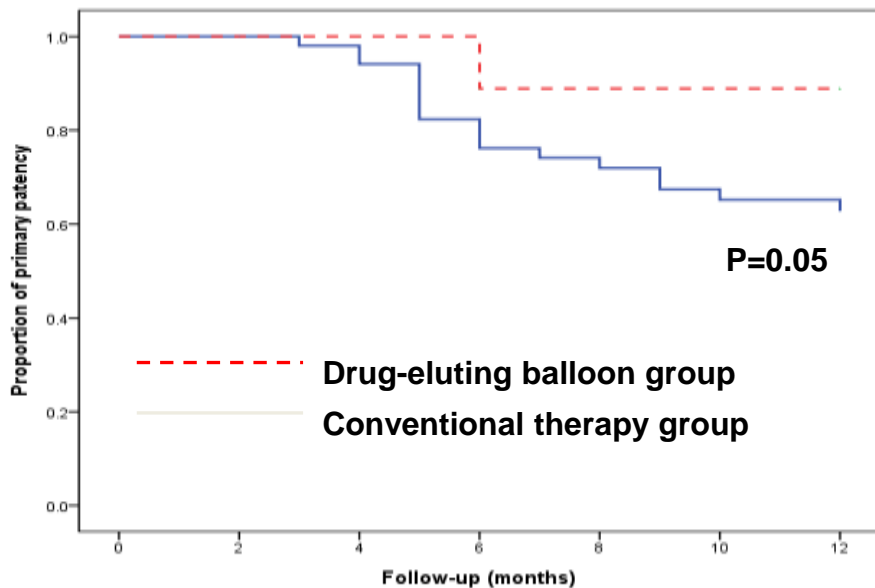


# Clinical outcomes



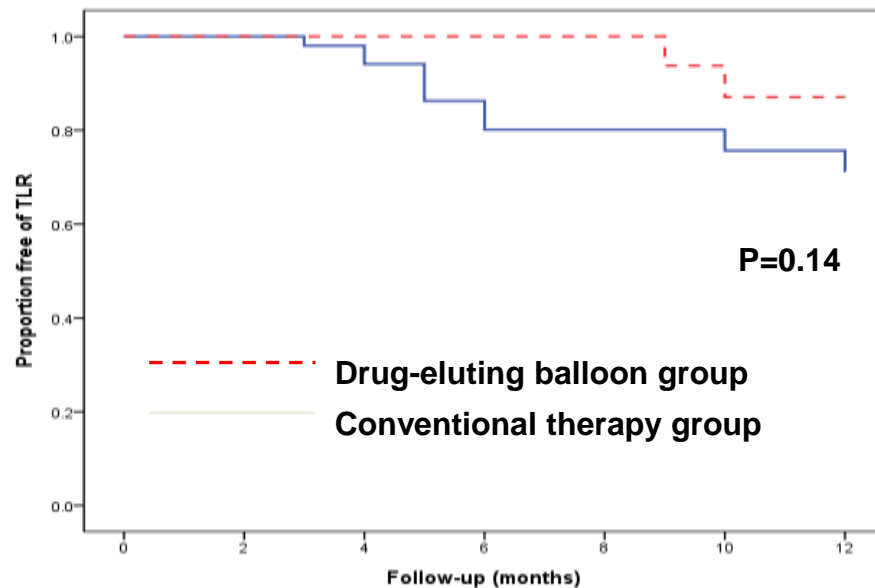
## Primary patency

DEB vs. Conv Tx: 91.3% vs. 69%



## Freedom from TLR

DEB vs. Conv Tx: 91.3% vs. 75.9%





# Summary & Conclusions



- 1-year interim data suggest safe and effective use of IN.PACT Admiral in the treatment of de novo and ISR SFA diseases in the Asian population.
- Remarkably low CD-TLR (3.1%) was demonstrated in this patient subset with mean lesion length of  $17.97 \pm 12.57$ cm.
- Low incidence of provisional stenting (5.3%) and low CD-TLR preserves future treatment options.
- Additional 12-month data from the Asian population from the full study cohort is awaited.





**Thank you  
for your attention!**

