Instent restenosis: DCB all or selective use

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Disclosure Statement of Financial Interest

Within the past 12 months, I or my spouse/partner have had a financial interest/arrangement or affiliation with the organization(s) listed below.

Affiliation/Financial Relationship

Company

- Grant/Research Support
- Consulting (non-compensated)
- Major Stock Shareholder/Equity
- Royalty Income
- Ownership/Founder
- Intellectual Property Rights
- Other Financial Benefit

- Abbott, Covidien/Medtronic
- Covidien/Medtronic, Boston Scientific, Abbott
- Arsenal, Primacea, TissueGen, CV Ingenuity, Spirox, Scion Cardiovascular, Syntervention, Essential Medical
- None
- Innovation Vascular Partners, Consulting
- None
- None

Shortcoming of SFA-Stents

Stent Fracture

Insufficient Radial Strength



Shortcoming of SFA-Stents



Insufficient radial strength in calcified lesions

Impaired primary patency due to residual stenosis



Y Bausback et al, J Endovasc Ther 2011



Dipple et al JACC Cardiov Interv 2015 (8) 92-101

IN.PACT Global Study In-Stent Restenosis Imaging Cohort



Brodmann, VIVA presentation 2015

IN.PACT DCB Mechanism of Action



Manufacturing:

 Balloon coated with matrix in semi-inflated state, then wrapped

During Transit to Lesion:

 Majority of matrix protected within folds of the balloon



DCB Matrix Coating:

Paclitaxel+ Urea

DCB Inflation:

- Matrix contacts blood
- Blood hydrates urea
- Urea releases paclitaxel



Paclitaxel Hydrophobic and Lipophilic Properties:

- Facilitates transfer from balloon and stickiness to vessel wall
- Migrates through vessel wall deep into the media and adventitia
- Remains in vessel wall fro over 180 days at therapeutic levels¹

1.Data on file at Medtronic (GLP Study FS208; GLP Study PS516)

IN.PACT Global Study Patient Cohorts



1538 patients enrolled

*ISR is not an approved indication in the US

M Brodman VIVA presentation 2015

IN.PACT Global Study Primary Endpoints*

Safety

Composite

- 30-day freedom from device- and procedurerelated mortality
- 12-month freedom from major target limb amputation and clinicallydriven TVR

Efficacy

- Imaging Cohort: 12-Month Primary Patency
 - Freedom from clinicallydriven TLR and freedom from restenosis as determined by DUS PSVR ≤ 2.4.

IN.PACT Global ISR Imaging Cohort: Baseline Clinical Characteristics

Characteristics	N=131 Subjects
Age (Y)	67.8 ± 10.1
Male Gender (%)	69.5% (91/131)
Diabetes (%)	35.1% (46/131)
Insulin Dependent Diabetes (%)	15.3% (20/131)
Hypertension (%)	81.5% (106/130)
Hyperlipidemia (%)	72.1% (93/129)
Current Smoker (%)	35.9% (47/131)
Obesity (BMI ≥ 30 kg/m²) (%)	17.6% (23/131)
Coronary Heart Disease (%)	36.5% (46/126)
Carotid Artery Disease (%)	19.8% (23/116)
Renal Insufficiency ^[1] (%)	9.9% (11/111)
Previous Peripheral Revasc. (%)	100.0% (131/131)
Concomitant BTK Disease (%)	43.3% (55/127)
ABI	$0.667 \pm 0.187 (124)$



1. Baseline serum creatinine $\geq 1.5 \text{ mg/dL}$

IN.PACT Global ISR Imaging Cohort: Lesion/Procedural Characteristics

Lesion	N=149
<u>Lesion type:</u> De Novo Non-stented Restenotic In-Stent Restenosis	0.0% (0/149) 0.0% (0/149) 100.0% (149/149)
Lesion Length (cm)	$\textbf{17.17} \pm \textbf{10.47}$
Total Occlusions (%)	34.0% (48/141)
Calcification (%) Severe Calcification (%)	59.1% (78/132) 8.3% (11/132)
RVD (mm)	$\textbf{5.222} \pm \textbf{0.601}$
Diameter Stenosis (pre-treatment) (%)	84.8 ± 14.9
Dissections (%): 0	69.1% (103/149)
A-C	26.2% (39/149)
D-F	4.7% (7/149)

Procedural Characteristics		
Device Success ^[1]	99.6% (282/283)	
Procedure Success ^[2]	99.2% (130/131)	
Clinical Success ^[3]	98.5% (129/131)	
Pre-dilatation	64.1% (84/131)	
Post-dilatation	26.0% (34/131)	
Provisional Stent	14.5% (19/131)	

IN.PACT Global ISR Imaging Cohort: Kaplan-Meier Estimate of Primary Patency



IN.PACT Global ISR Imaging Cohort: Freedom from Clinically-driven TLR



IN.PACT Global ISR Imaging Cohort: Additional Outcomes

Clinically-Driven TLR ^[1]	7.3% (9/124)
Primary Safety Endpoint ^[2]	91.1% (113/124)
Major Adverse Events ^[3]	8.9% (11/124)
Death (all-cause)	0.0% (0/124)
Major Target Limb Amputation	0.0% (0/124)
Thrombosis	0.8% (1/124)
Any TLR	8.1% (10/124)
Any TVR	9.7% (12/124)

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.

	All Subjects	ISR
Total Lesion Length (mm)	101.2 ± 84.2 (685)	154.4 ± 97.1 (89)
2 or More Lesions Treated, % (n/N)	15.6% (108/691)	16.9% (15/89)
Treated Length (mm)	136.6 ± 89.7(685)	182.1 ± 90.5 (89)
Calcification, % (n/N)	50.2% (238/474)	37.7% (26/69)
Total Occlusion, % (n/N)	31.2% (214/686)	28.1% (25/89)
Most Distal Lesion location %, (n/N)		
Proximal SFA	8.0% (55/690)	4.5% (4/89)
Mid SFA	24.8% (171/690)	24.7% (22/89)
Distal SFA	37.2% (257/690)	41.6% (37/89)
Proximal Popliteal	16.8% (116/690)	18.0% (16/89)
Mid Popliteal	10.1% (70/690)	5.6% (5/89)
Distal Popliteal	3.0% (21/690)	5.6% (5/89)

12 Month Results All Subjects vs ISR

	All Subjects % (n/N)	ISR % (n/N)
Freedom from TLR	94.2% (599/636)	91.5% (75/82)
30 Day Safety	99.7% (678/680)	100.0% (88/88)

12 Month Secondary Endpoints All Subjects vs ISR

	All Subjects % (n/N)	ISR % (n/N)
Major Index Limb Amputation	0.5% (3/632)	0.0% (0/82)
Minor Index Limb Amputation	0.5% (3/630)	0.0% (0/82)
Reintervention for Treatment of	0.5% (3/631)	0.0% (0/82)
Embolization to the Distal Vasculature		
Reintervention for Treatment of	1.1% (7/631)	1.2% (1/82)
Thrombosis of the Target Vessel		

Conclusions

- Instent restenosis remains an ongoing challenging subset of stented patients
 - Recurrent stenosis
 - Diffuse failure
- Simple measures, PTA have a high failure mode
- InPact real world registry is reported and adjudicated via core lab measures
- Results confirm both safe and effective for long lesions of 17 cm, 88.7% PP
- Lutonix confirms patency and outcomes via TLR that are very high
- Critically, a direct comparator trial is necessary to evaluate DCB therapies and their effectiveness