

# Contemporary DES Thrombosis and Restenosis: Mechanisms, Incidence, and Treatment

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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**

- Grant/Research Support
- Scientific Advisory Board
- Executive Physician Council

## **Company**

- Abbott Vascular, Medtronic
- Medtronic, Abbott Vascular
- Boston Scientific Corp



# Mechanisms

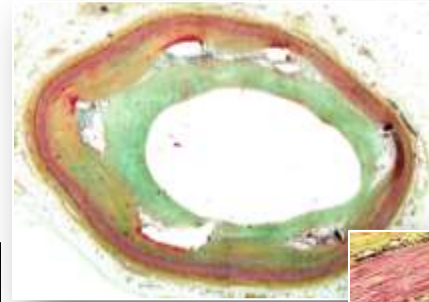


# Principal Causes of Adverse Events with Current DES

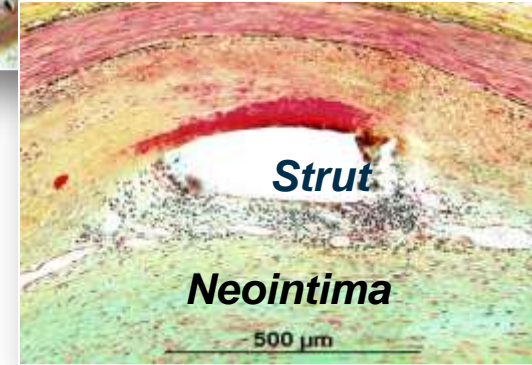
- Early and late **inflammatory** and **hypersensitivity** reactions to the drug or polymer (dose related?)
- **Polymer irregularities** that result in inconsistent drug delivery or serve as a nidus for thrombus
- **Mechanical issues**: Strut fracture >> longitudinal deformation; thick struts.
- Very late issues with a **permanent** metallic implant (vessel straightening and loss of cyclic strain, loss of vasomotion and adaptive vascular remodeling, neoatherosclerosis)

# Delayed Arterial Healing in 1st Generation DES

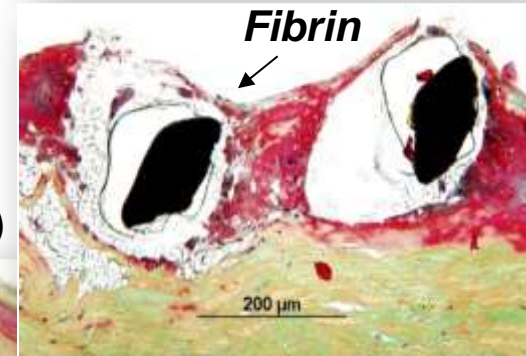
*BxVelocity (BMS)*



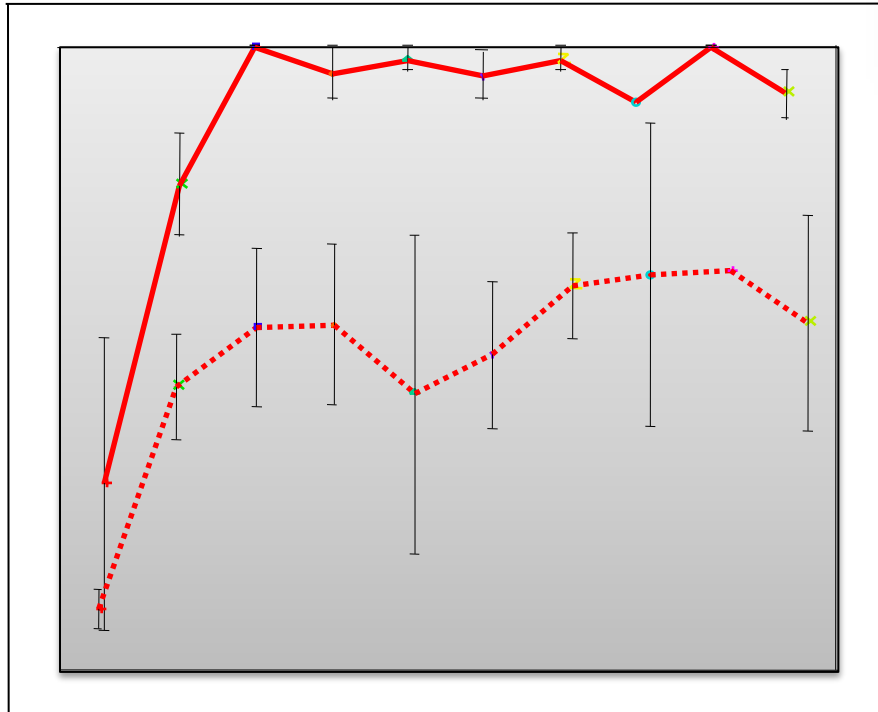
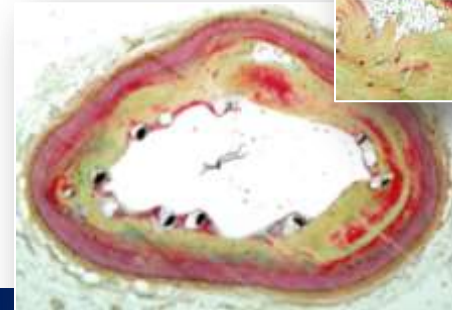
— **BMS**



⋯ **DES**

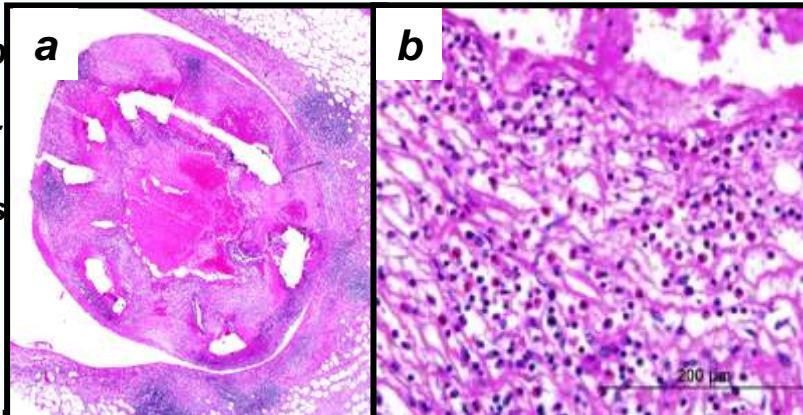


*Cypher (DES)*



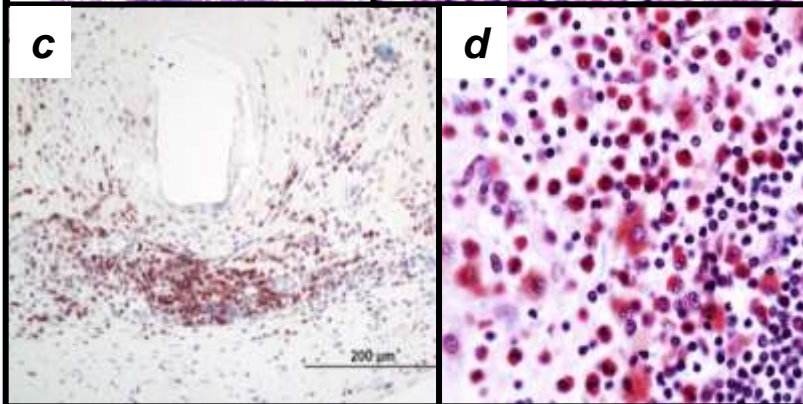
# Hypersensitivity Reaction to SES

40F with 2 SES in LAD and RCA, died suddenly 4 days after surgical removal of melanoma. DAPT was discontinued 5 days before surgery.



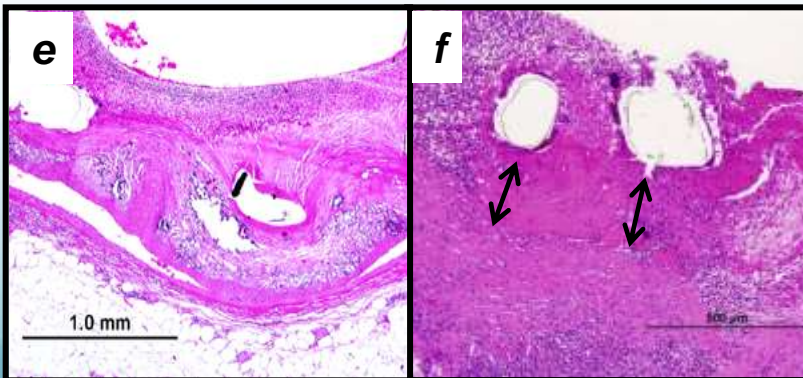
(a)-(d)

LAD: SES  
17months

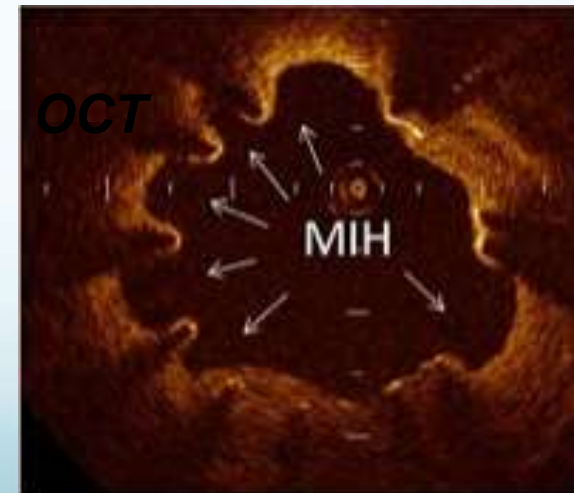
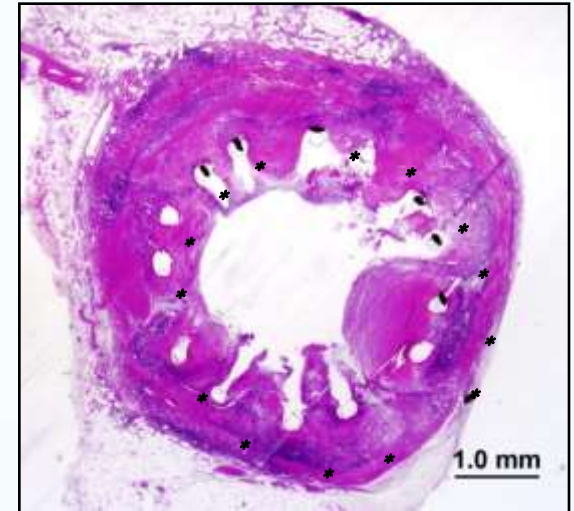


(e), (f)

RCA: SES  
17months



39F SES in LMCA for 5 yrs.  
The patient recently stopped taking medication due to lack of insurance.

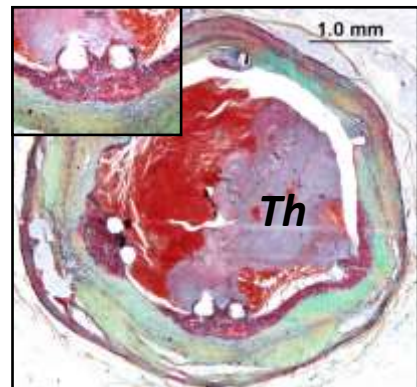


MIH = Multiple interstrut hollow

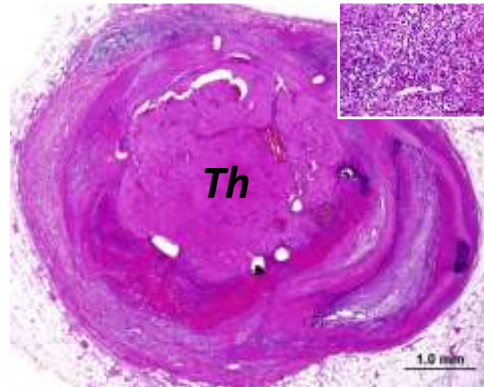
# Pathology of 1st-Generation DES: High Efficacy, Incomplete Healing

- **Thick struts**
- **Thick, durable coating (~15  $\mu\text{m}$ )**
- **High drug dose**
- **High polymer load**

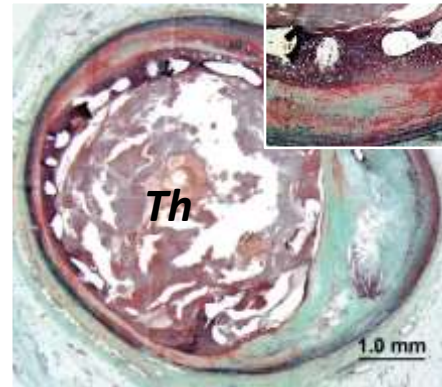
- ✓ **Uncovered struts**
- ✓ **Hypersensitivity**
- ✓ **Malapposition**
- ✓ **Late stent thrombosis**
- ✓ **Neoatherosclerosis**



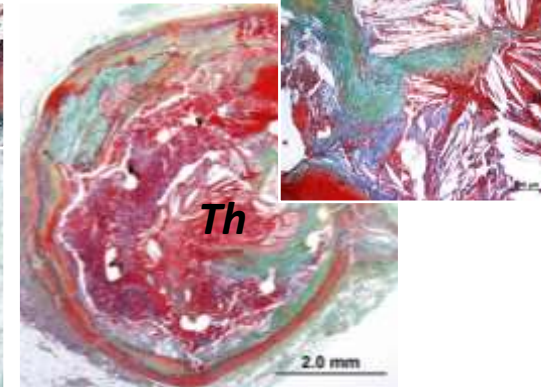
**Uncovered struts**



**Hypersensitivity reaction**

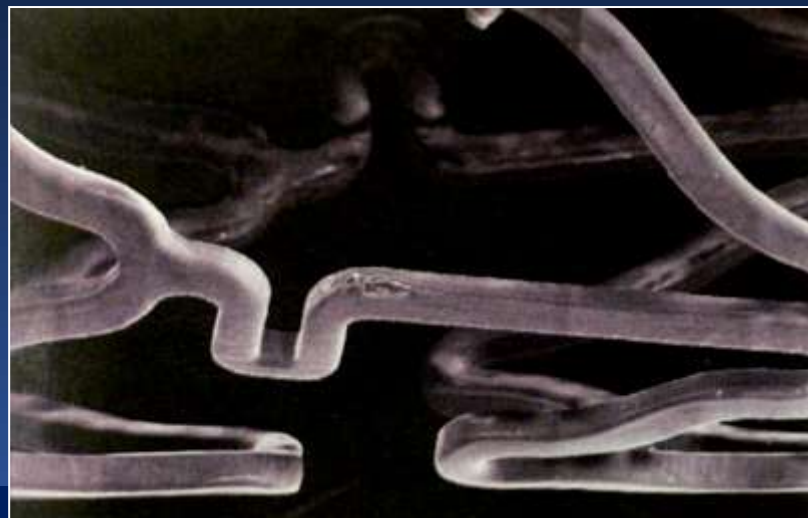


**Malapposition from  
excessive fibrin deposition**



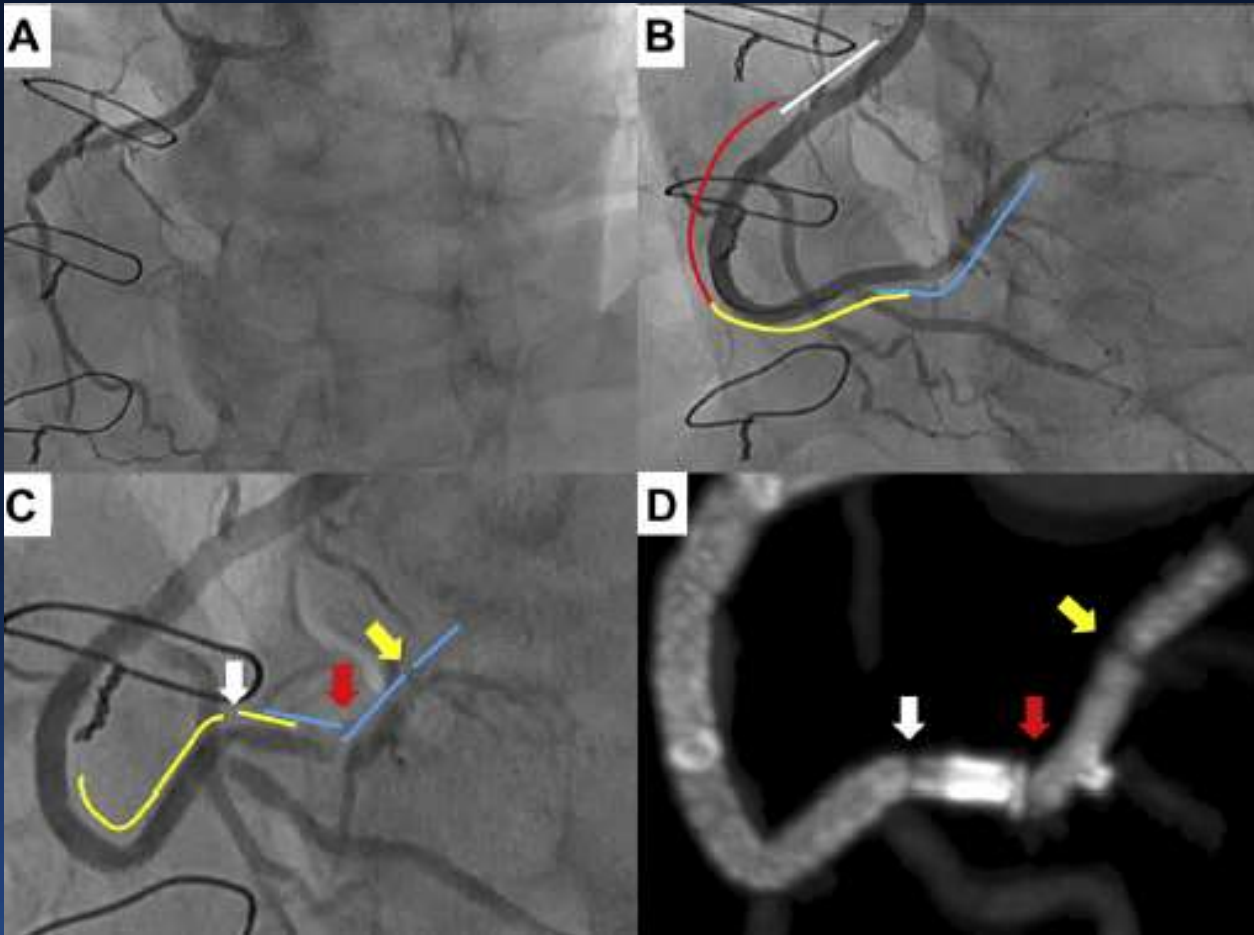
**Neoatherosclerosis**

# Polymer Integrity Issues in FDA Approved DES





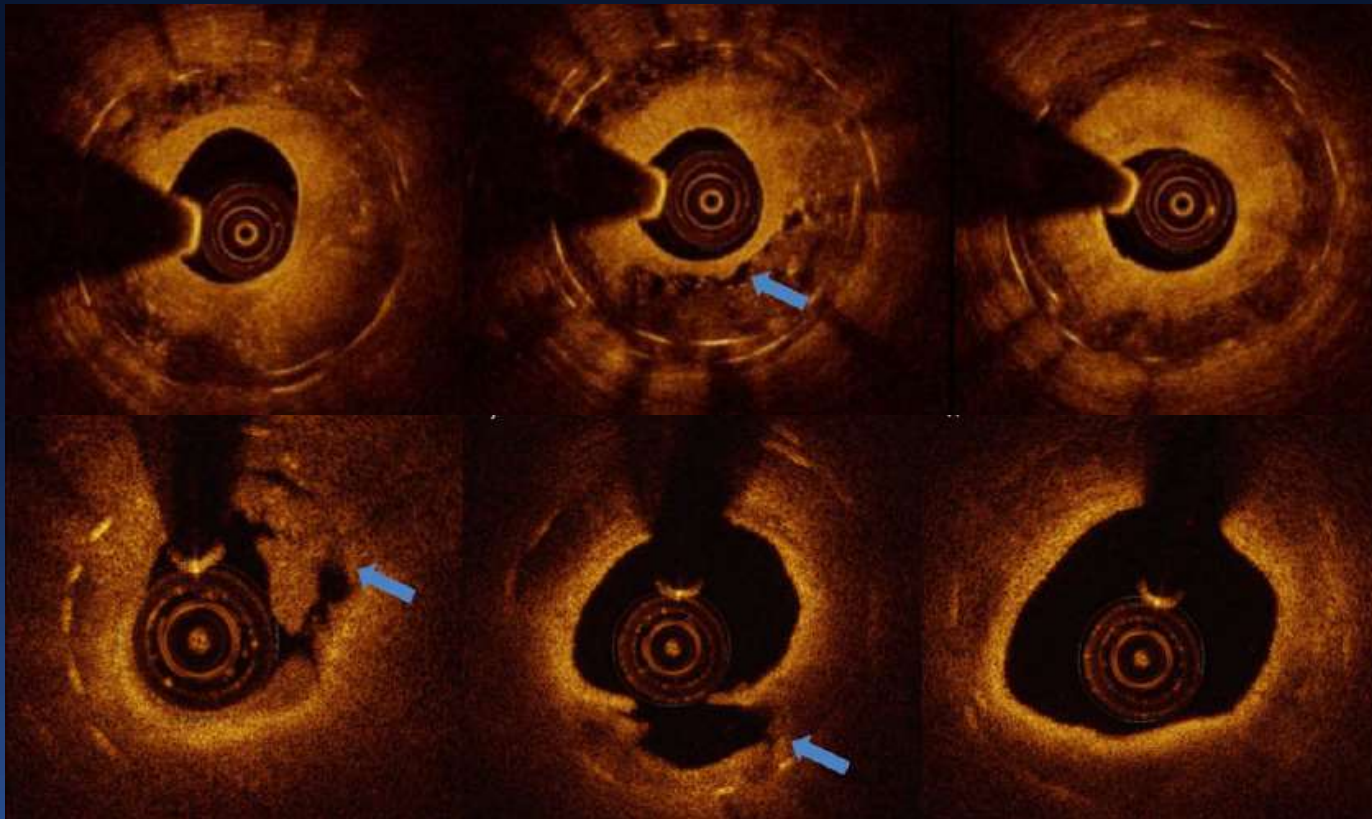
# Late Fractures After EES



3 strut fractures  
6 months after  
placement of  
4 overlapping  
Pt-Cr-EES

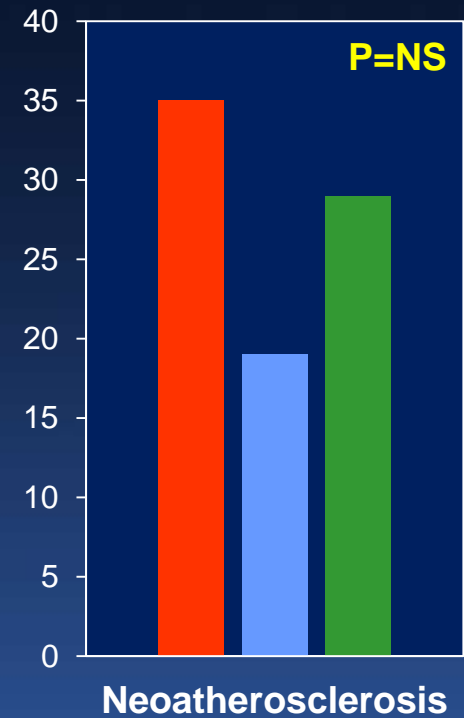
Strut fractures occur in 2-3% of CoCr-EES and PtCr-EES within 6-9 months, and are associated with restenosis and stent thrombosis

# Neoatherosclerosis may be the common final denominator in many cases of late DES failure, and is not decreasing in prevalence



## Autopsy series

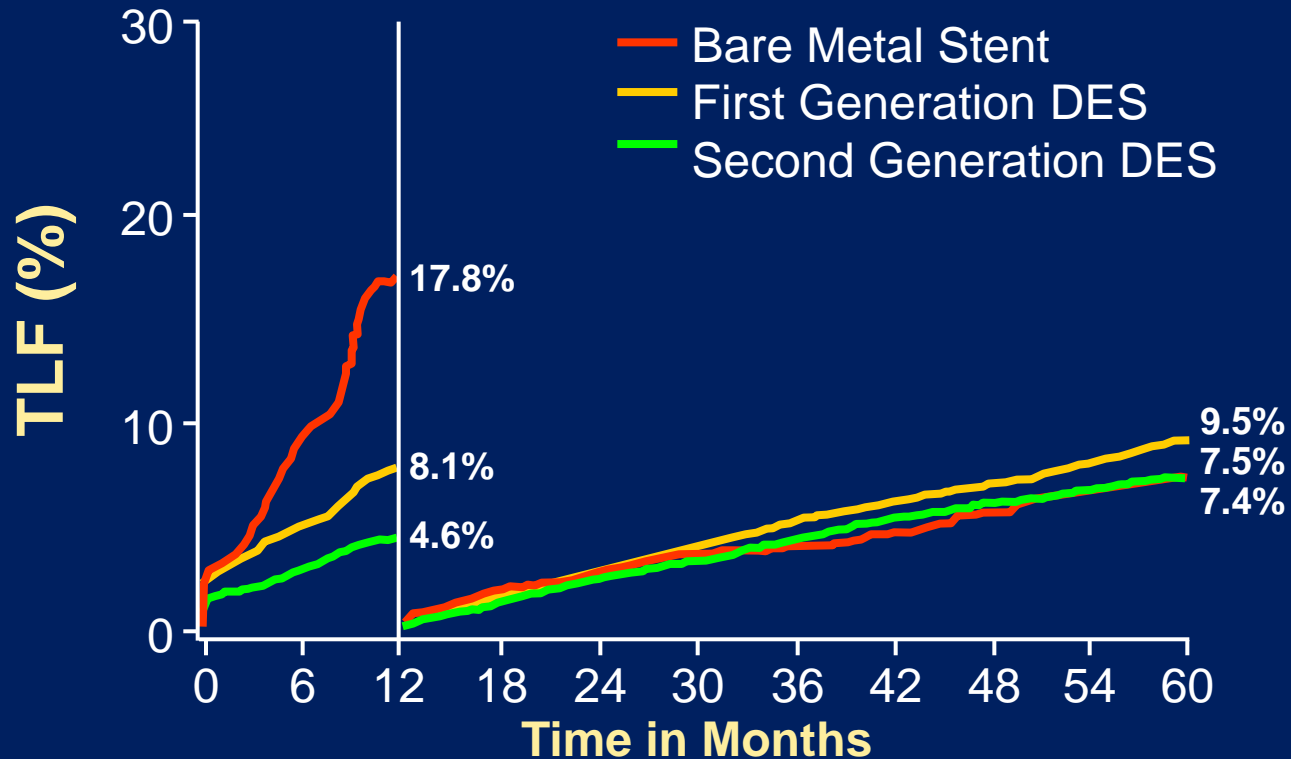
■ SES ■ PES ■ EES



# Incidence



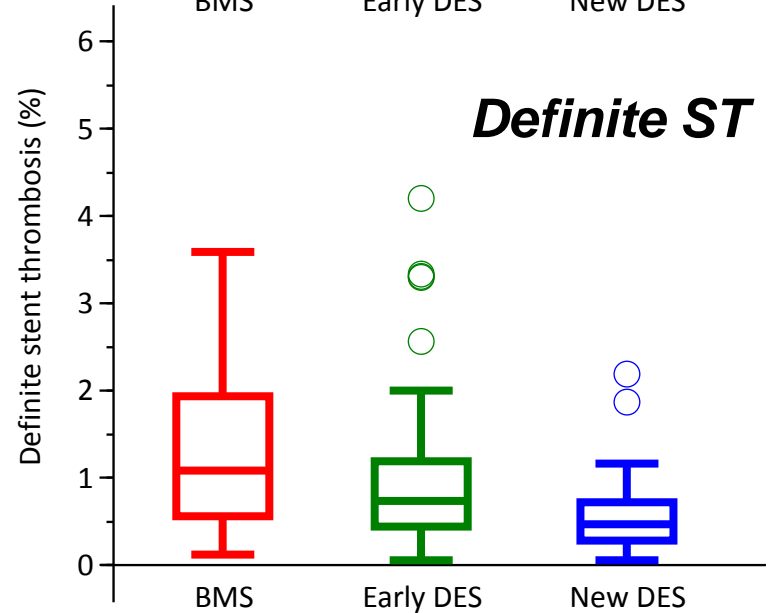
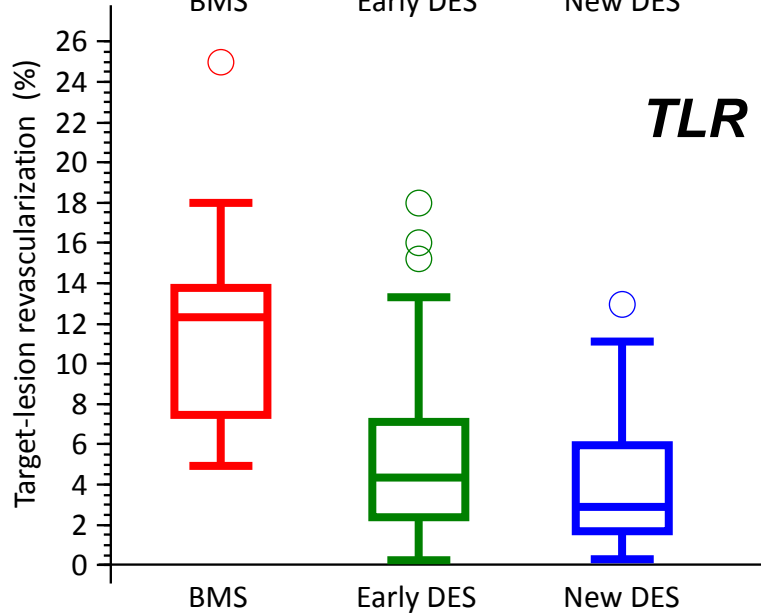
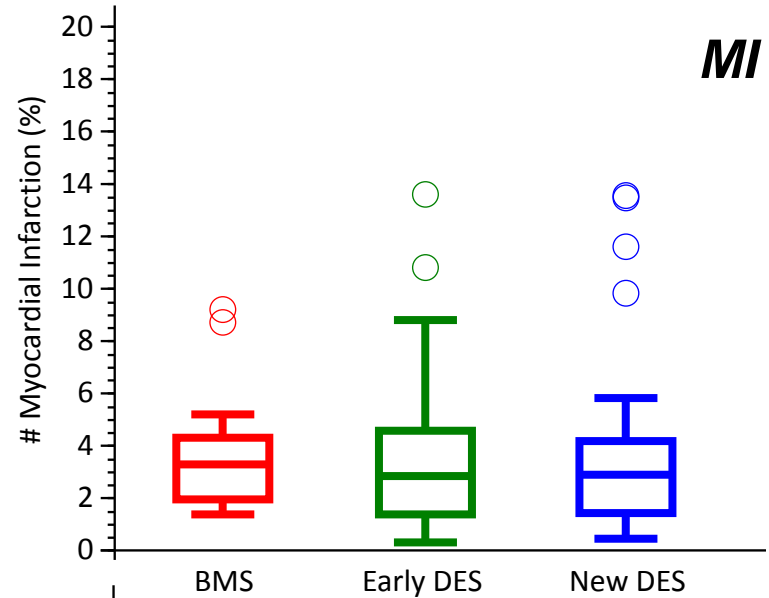
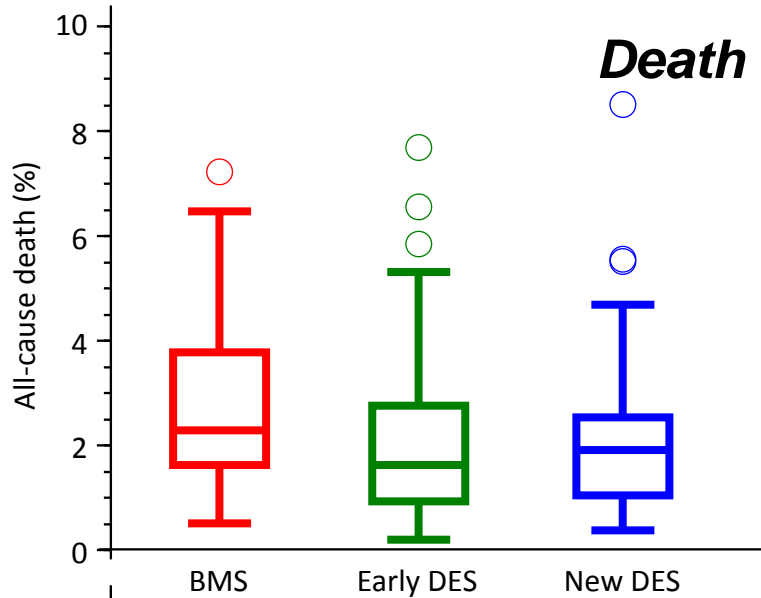
# TLF Between 0-1 and 1-5 Years by Stent Type (Landmark Analysis)



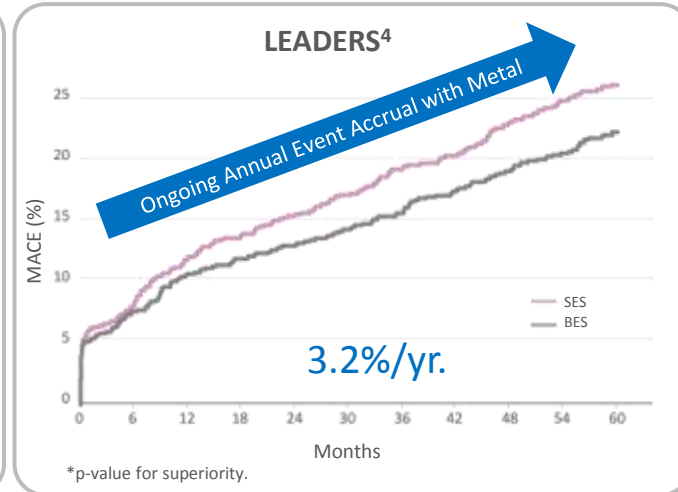
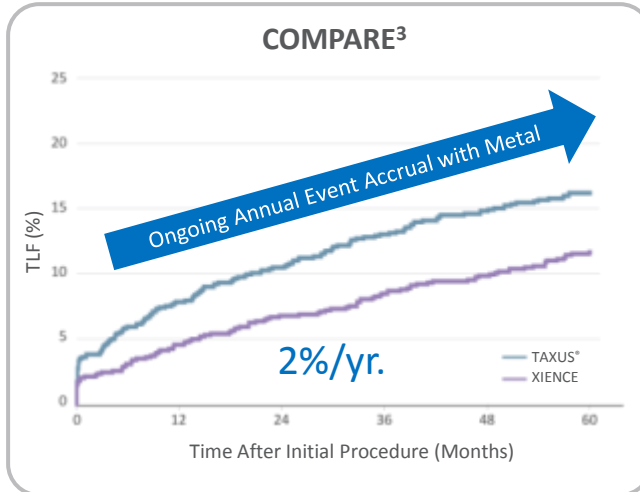
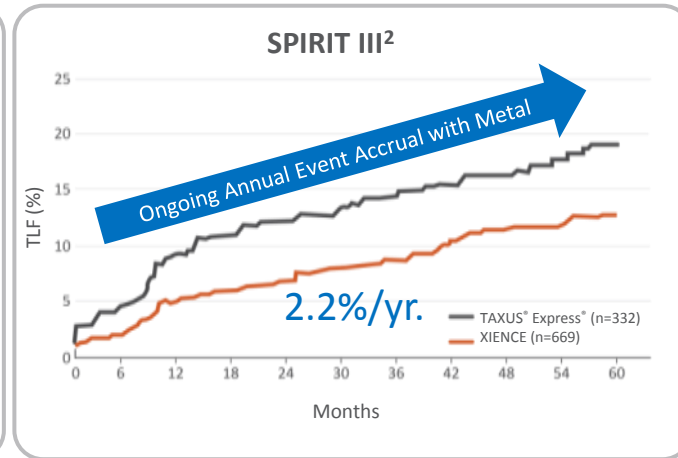
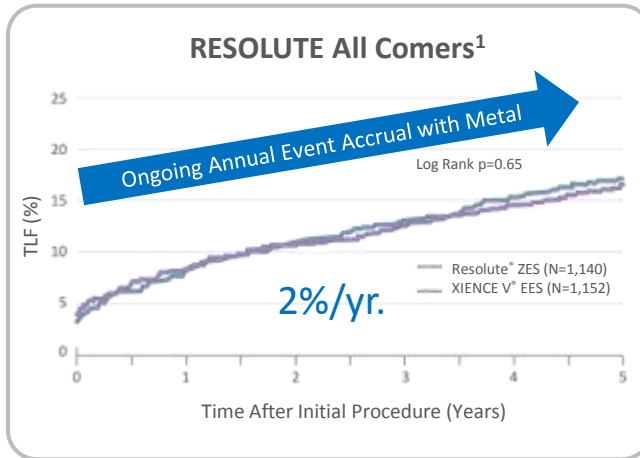
	No. at risk										
Bare Metal Stent	1,830	1,636	1,468	1,425	1,401	1,365	1,340	1,314	1,272	1,223	480
First Generation DES	4,591	4,296	4,124	4,022	3,929	3,828	3,477	3,172	2,860	2,465	1,474
Second Generation DES	9,955	9,606	9,334	9,149	8,962	8,799	8,160	5,125	4,559	3,852	2,366

# IMPACT OF STENT ITERATIONS ON SAFETY & EFFICACY

ESC-EAPCI Stent Task Force | *Eur Heart J* 2015











# Limitations of Permanent DES Implants



1. Windecker S. RESOLUTE All Comers 5-Year. EuroPCR 2014. 2. Gada H et al. SPIRIT III 5-year. JACC Cardiovasc Interv. 2013;6:1263-1266.  
3. Smits P. COMPARE 5-Year. TCT 2013. 4. Serruys PW. LEADERS 5-Year. TCT 2012.

# Contemporary DES : Strut Thickness/Coating

	Durable Polymer Coated		Bioabsorbable Polymer Coated					
	Xience CoCr-EES	Resolute	Biomatrix	Nobori	SYNERGY	BioMimic	MiStent	Orsiro
	Promus PtCr-EES	CoNi-ZES	316L-BES	316L-BES	PtCr-EES	CoCr-SES	CoCr-SES	CoCr-SES
								
<b>Strut thickness</b>	<b>81µm</b> <b>0.0032"</b>	<b>89µm</b> <b>0.0035"</b>	<b>120µm</b> <b>0.0046"</b>	<b>125µm</b> <b>0.0047"</b>	<b>74µm</b> <b>0.0029"</b>	<b>65µm</b> <b>0.0026"</b>	<b>64µm</b> <b>0.0025"</b>	<b>61µm</b> <b>0.0024"</b>
<b>Polymer</b>	<b>PVDF</b>	<b>BioLINX</b>	<b>PLA</b>	<b>PLA</b>	<b>PLGA</b>	<b>PLLA + PLGA</b>	<b>PLGA</b>	<b>PLLA Probio*</b>
<b>Distribution / thickness</b>	Conformal 7-8µm / side	Conformal 6µm / side	Abluminal <b>10µm</b>	Abluminal <b>20µm</b>	Abluminal <b>4µm</b>	Conformal 2µ / 2µ	Conformal 5µm / 15µm	Conformal 3.5µm / 7.5µm

\*silicon carbide

# EVOLVE II Pivotal Trial Design

Patients with  $\leq 3$  native coronary artery lesions in  $\leq 2$  major epicardial vessels; lesion length  $\leq 34$  mm, RVD  $\geq 2.25$  mm  $\leq 4.0$ , %DS  $\geq 50 < 100$   
 (excluded LM disease, CTO, SVG, ISR or recent STEMI)

## Randomized Cohort (RCT)

Up to 160 global sites

**PROMUS Element Plus**  
 N=842

**SYNERGY**  
 N=842

## PK Substudy

**SYNERGY**  
 N=21

## Diabetes Substudy

**SYNERGY**  
 N=203

## RCT Design

Multicenter noninferiority trial

Pivotal, single-blind, 1:1 randomization

**Primary Endpoint: TLF (CD, TV-MI, or TLR) at 12 mo**

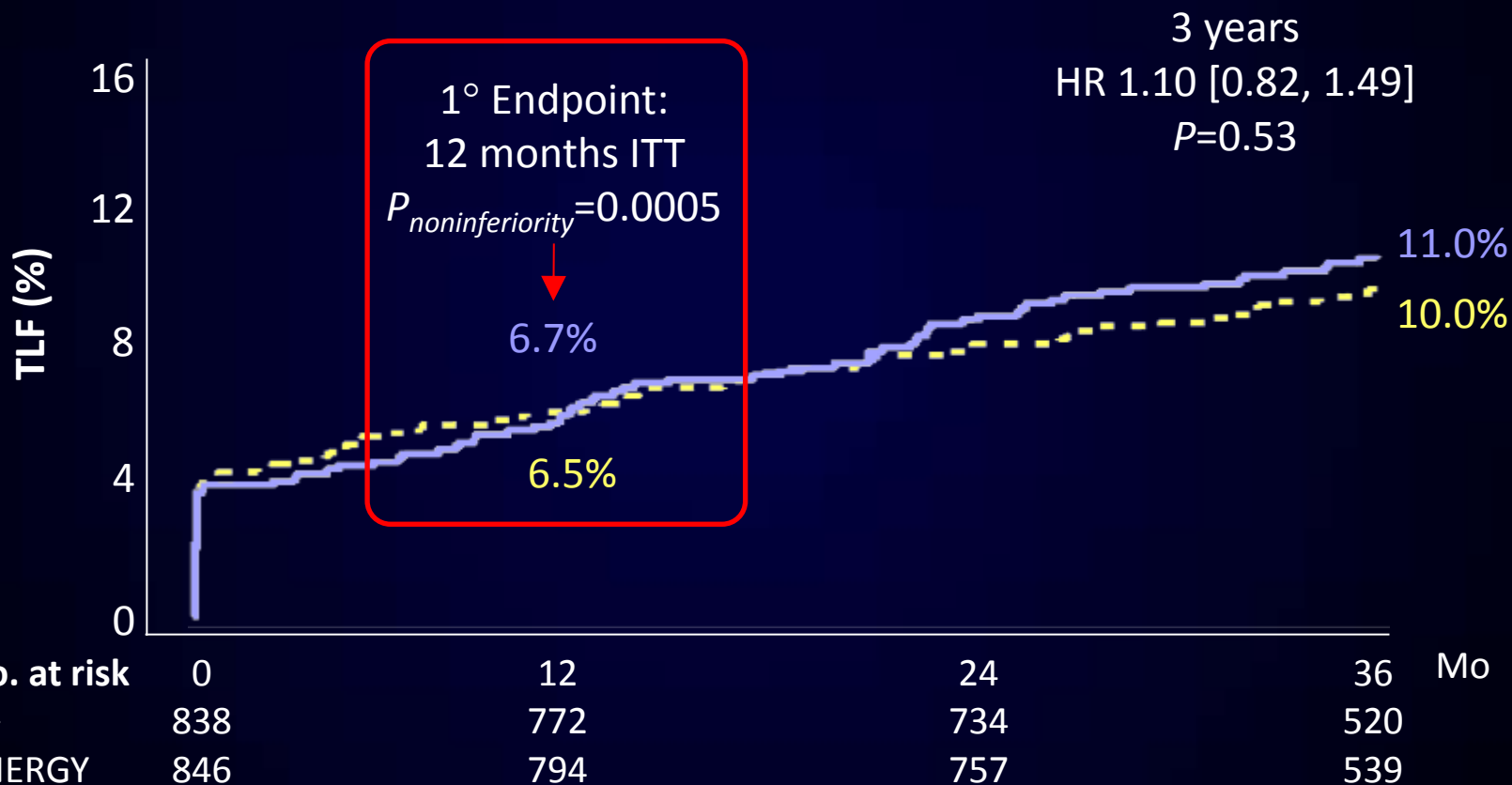
Follow-up through 5 years

DAPT (ASA + clopidogrel, ticlopidine, prasugrel, ticagrelor)  $\geq 6$  months or longer as tolerated



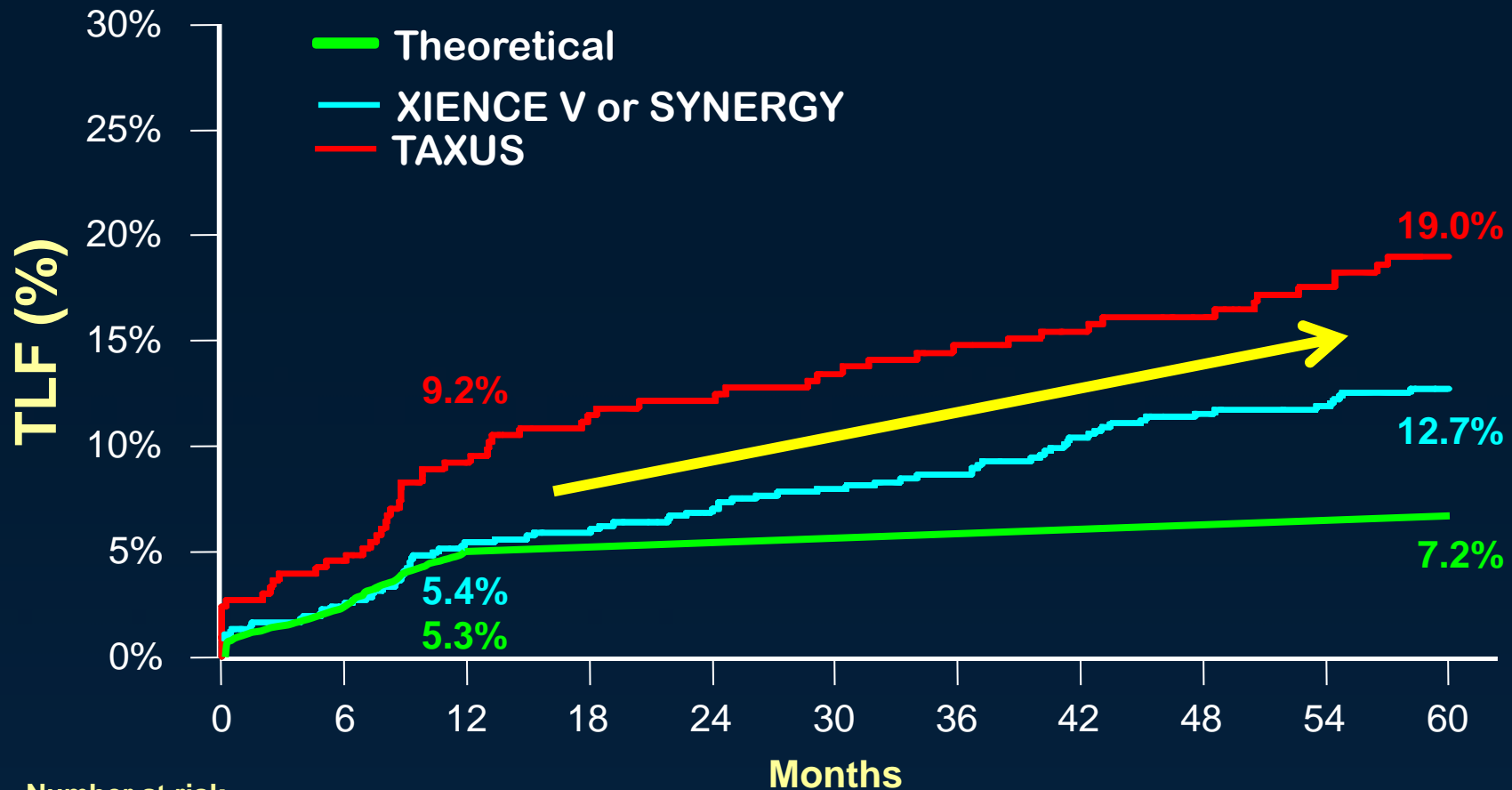
# EVOLVE II TLF at 3 years

## PROMUS Element Plus vs. SYNERGY



ITT; Patients who did not receive a study stent were censored at 1 year; KM Event Rate; log-rank  $P$  values

# From TAXUS to XIENCE to Ideal



## Number at risk

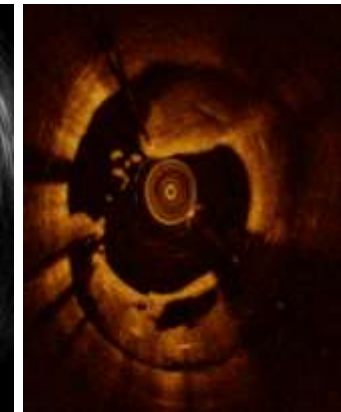
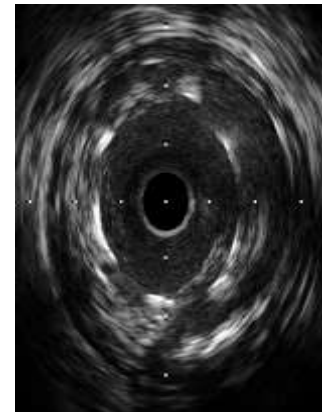
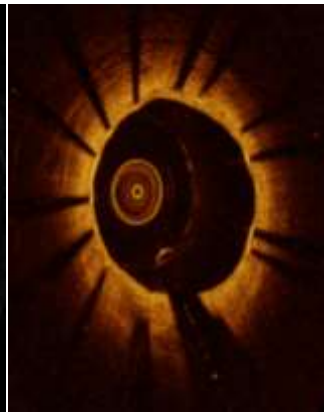
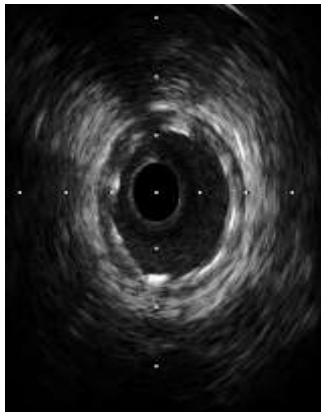
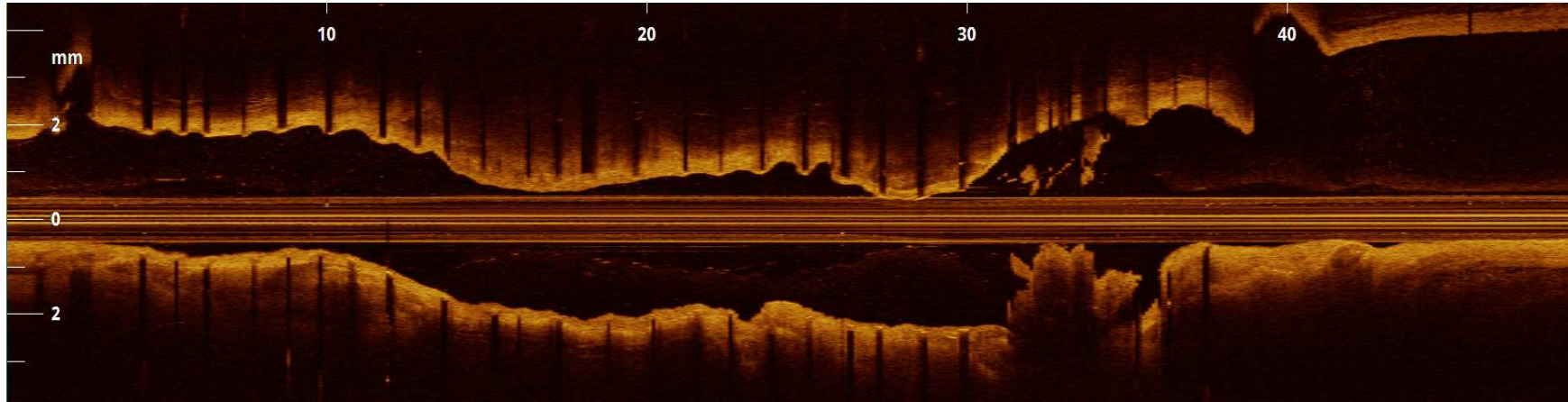
XIENCE V	669	646	616	601	582	571	565	548	537	529	521
TAXUS	332	310	288	274	269	262	255	248	243	231	223

TLF = cardiac death, target vessel MI, or ischemic-driven TLR

# Treatment



# State-of-the-Art Review: Intravascular Imaging and Physiology to Evaluate Stent Thrombosis and Restenosis



# IVUS MECHANISMS OF DES FAILURE

PATIENT, DEVICE AND PROCEDURE-RELATED MULTI-FACTORS WITHIN 1 YEAR

## Early Thrombosis

## Restenosis

### Small MSA (Underexpansion)

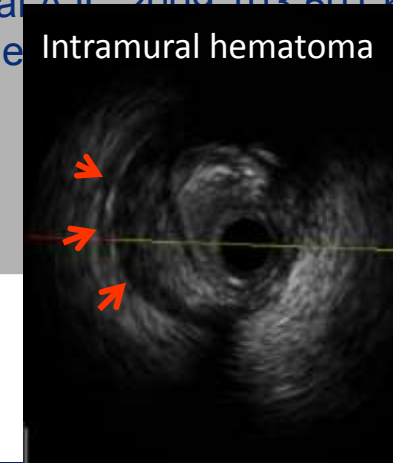
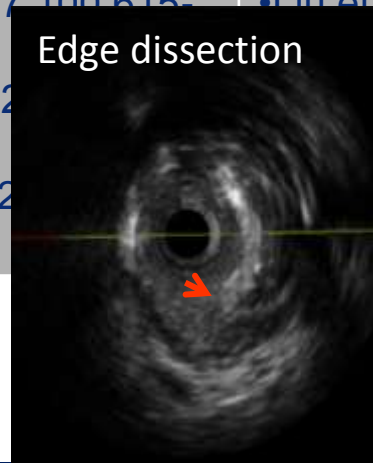
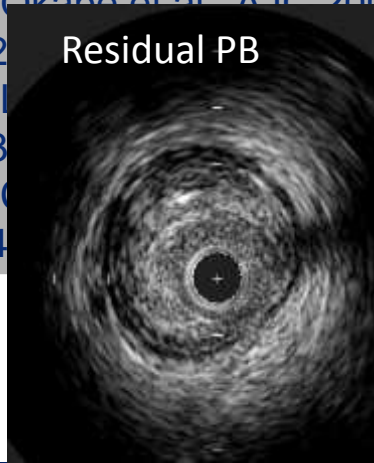
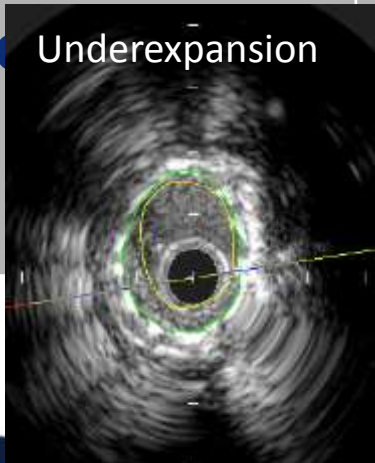
- Fujii et al. JACC 2005;45:995-8
- Okabe et al., AJC 2007;100:615-20
- Liu et al. JACC Interv 2009;2:428-34
- Choi et al. Circ Interv 2011;4:239-47

- Sonoda et al. JACC 2004;43:1959-63
- Hong et al. EHJ 2006;27:1305-10
- Doi et al. JACC Interv. 2009;2:1269-75
- Fujii et al. Circulation 2004;109:1085-8
- Kang et al. Circ Interv 2011;4:9-14
- Song et al. CCI in press

### Inflow/outflow track

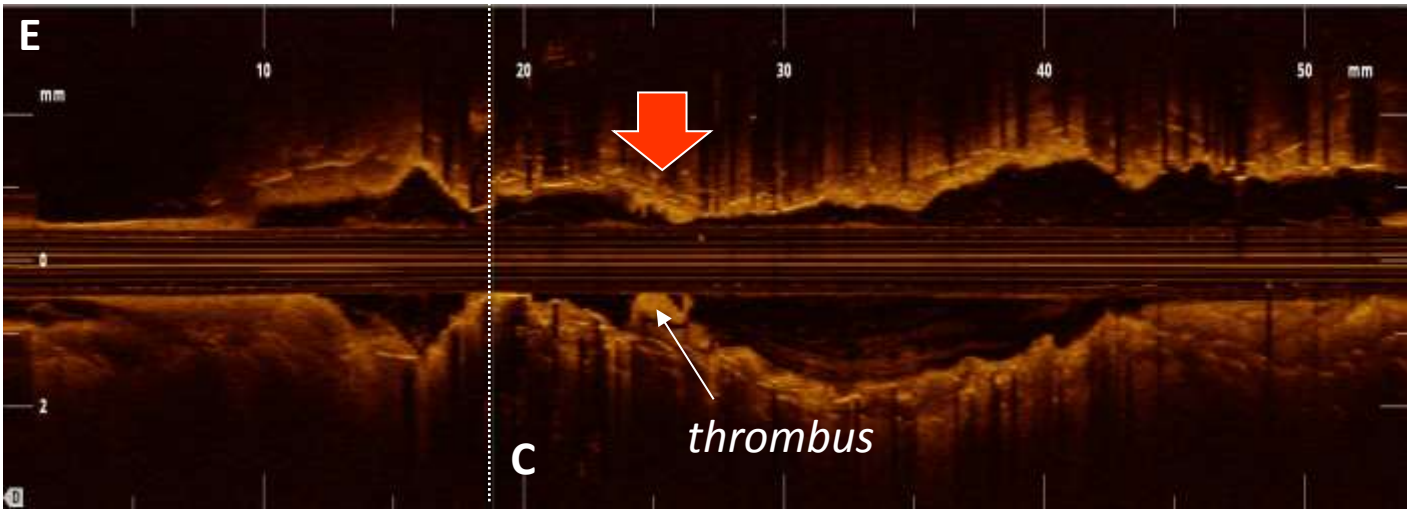
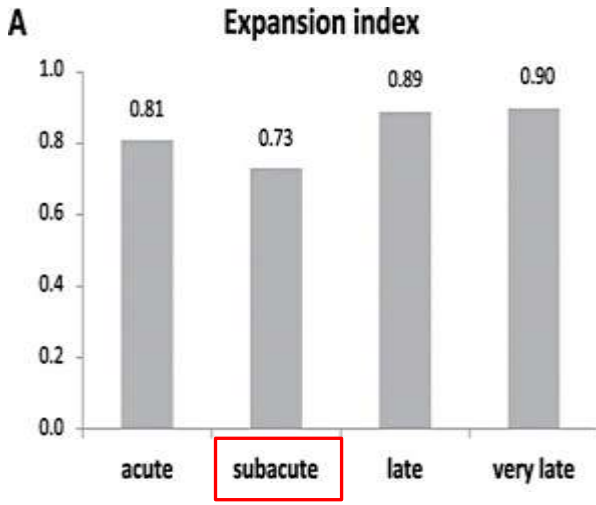
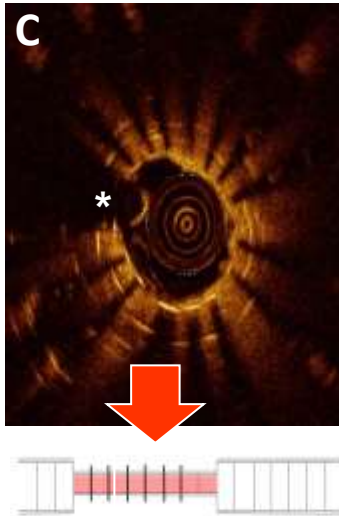
- Fujii et al. JACC 2005;45:995-8
- Okabe et al. AJC 2007;100:615-

- Sakurai et al. AJC 2005;96:1251-3
- Liu et al. AJC 2009;103:501-6



704-11

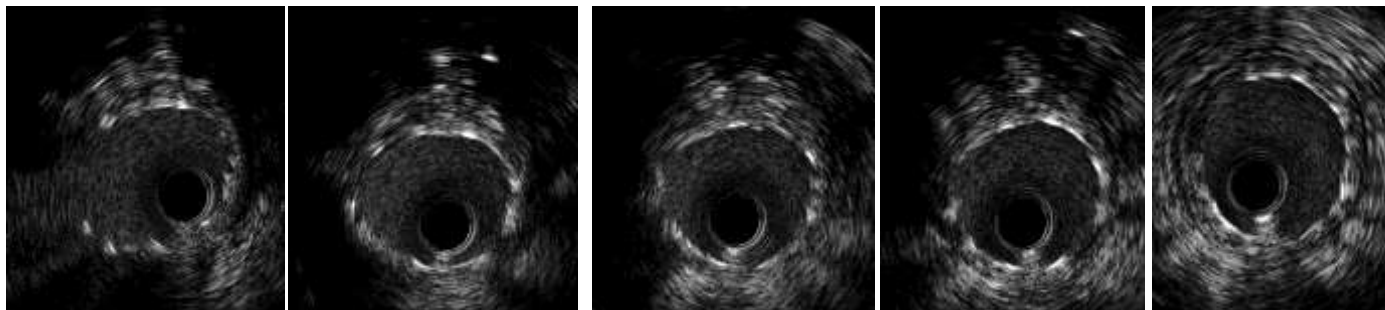
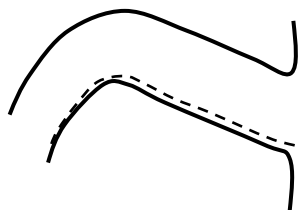
# UNDEREXPANSION (<0.8 STENT EXPANSION) IN 44% OF STENT THROMBOSIS



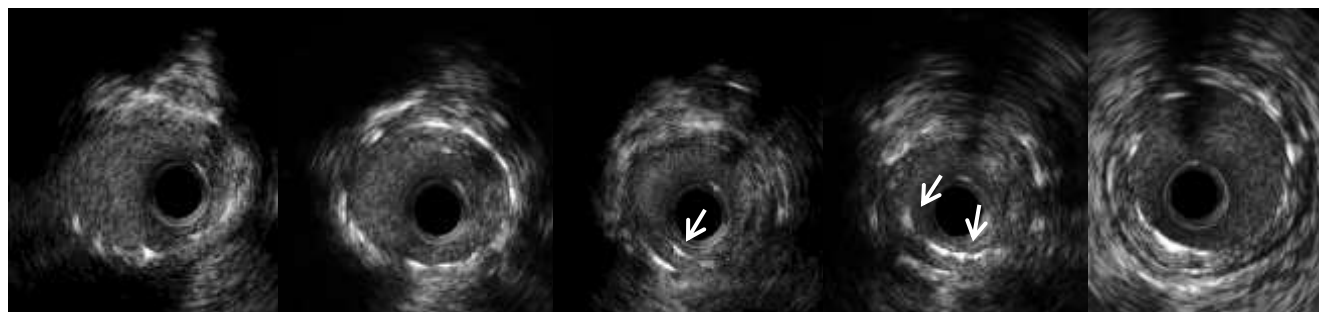
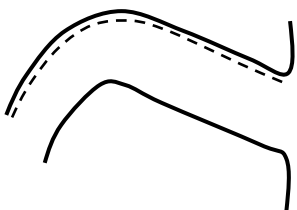
# FRACTURE/DEFORMATION OF EES RELATES TO RESTENOSIS

- 177 EES in 136 patients with follow-up IVUS (1.3yrs)
- 17 pts (9.6 %) with 15 TLR, angio visible fracture (29%)
- Fracture site: **36% smaller stent area** than adjacent site

## Baseline

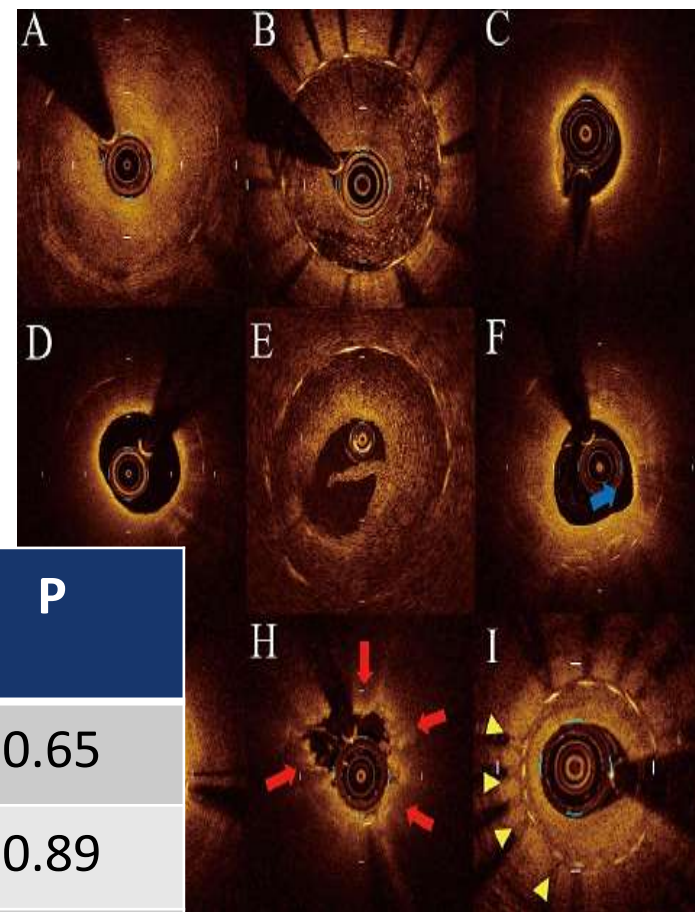


## Follow-up



## Difference of Tissue Characteristics Between Early and Late Restenosis After Second-Generation Drug-Eluting Stents Implantation — An Optical Coherence Tomography Study —

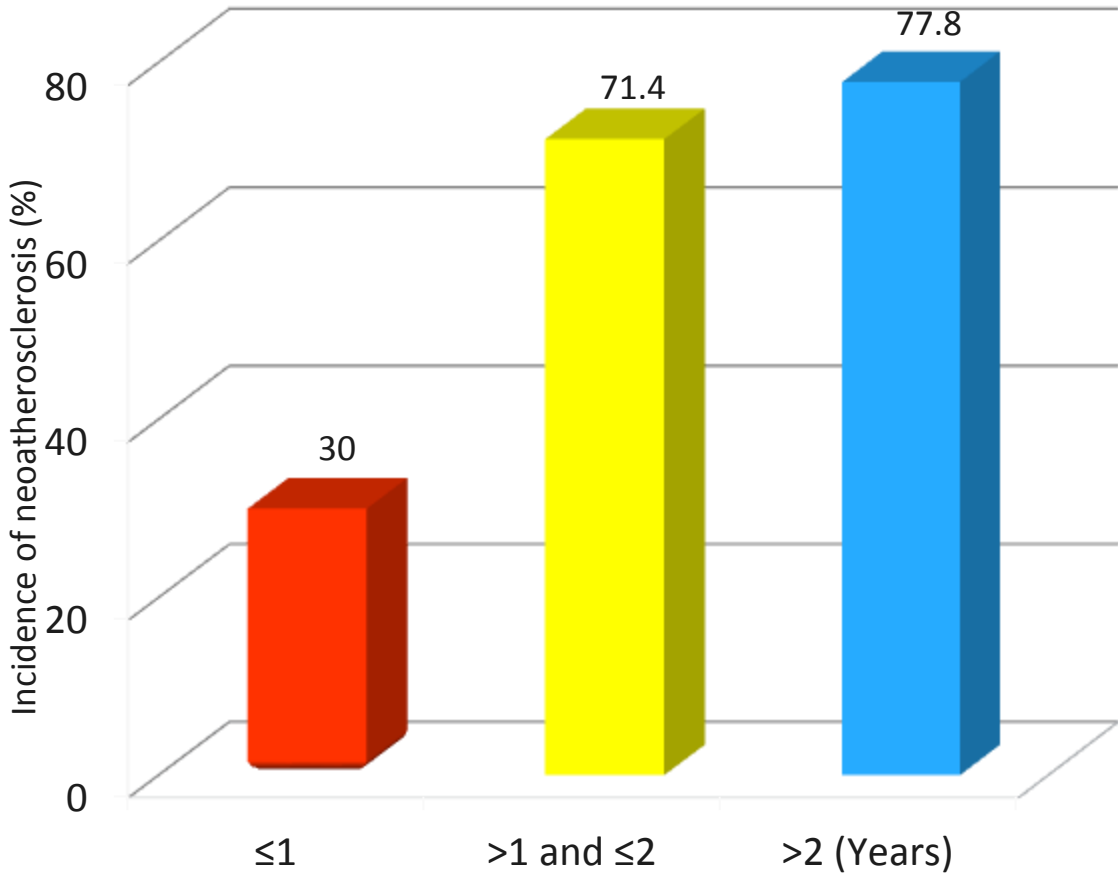
Hiroyuki Jinnouchi, MD; Shoichi Kuramitsu, MD; Tomohiro Shinozaki; Yusuke Tomoi, MD;



	Early-ISR (n=30)	Late-ISR (n=23)	P
LUMEN AREA, MM <sup>2</sup>	1.5±1.0	1.3±0.7	0.65
NIH AREA, MM <sup>2</sup>	4.2±2.1	4.1±1.7	0.89
HOMOGENEOUS INTIMA	8(26.7)	1(4.4)	0.02
LIPID-LADEN	9(30.0)	16(69.6)	<0.01
NEOATHEROSCLEROSIS	9(30.0)	17(73.9)	<0.01



# INCIDENCE OF NEOATHEROSCLEROSIS IN DIFFERENT PHASES OF ISR AFTER IMPLANTATION OF SECOND-GENERATION DES



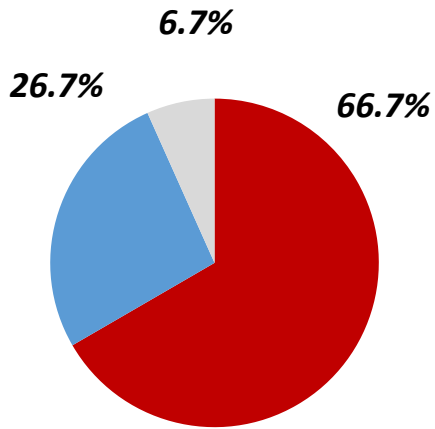
**217 pts with ST**

**Optical Coherence Tomography Findings in Patients with Coronary Stent Thrombosis: A Report of the PREvention of Late Stent Thrombosis by an Interdisciplinary Global European Effort (PRESTIGE) Consortium**

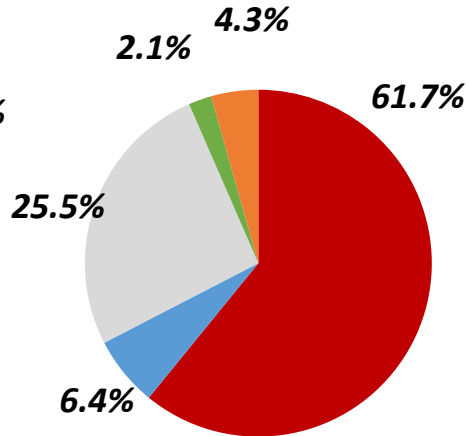
Tom Adriaenssens, Michael Joner, Thea Godschalk, Nikesh Malik, Fernando Alfonso, Erion Xhepa, Dries De Cock, Kenichi Komukai, Tomohisa Tada, Javier Cuesta, Vasile Sirbu, Laurent J. Feldman, Franz-Josef Neumann, Alison H. Goodall, Ton Heestermans, Ian Buyschaert, Ota Hlinomaz, Ann Belmans, Walter Desmet, Jurrien M. ten Berg, Anthony H. Gershlick, Steffen Massberg, Adnan Kastrati, Giulio Guagliumi and Robert Byrne

on behalf of the PREvention of Late Stent Thrombosis by an Interdisciplinary Global European Effort (PRESTIGE) Investigators

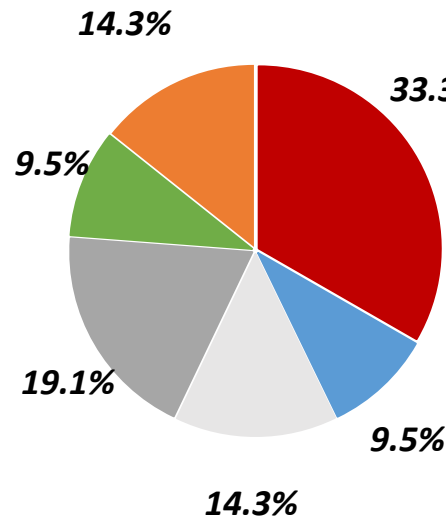
**ACUTE (N=15)**



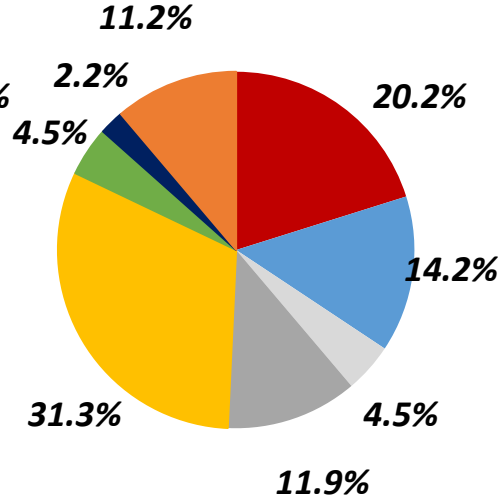
**SUBACUTE (N=47)**



**LATE (N=21)**



**VERY LATE (N=134)**



- Uncovered struts
- Edge pathology
- Neoatherosclerosis
- Malapposed struts
- No dominant cause
- Extrastent cavity
- Underexpansion
- Restenosis

# Treatment

Underexpansion - upsize, focal high pressure dilation  
rotational atherectomy to remove stent strut  
?Lithroplasty

Edge Restenosis - new DES

In-stent hyperplasia, Focal - adequate expansion first  
- DEB vs POBA

In-stent hyperplasia, Diffuse - adequate expansion first  
- DES-BP?

Address adequacy of DAPT

