

PtCr EES, Beyond PROMUS Element™

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Desired Features of Next Generation DES

Next Generation DES Desired Attributes

Acute Performance

Deliverable
Visible
Trackable
Conformable

Efficacy

Good Clinical Outcomes
Low TLR
Low Clinical Symptom Recurrence

Safety

No Stent Thrombosis
Shortened DAPT Requirement
Safer for DAPT Interruption

SYNERGY™ Stent Attributes and Design Goals

Stent & Delivery System

PtCr Stent Platform
Thin Struts
Modified Cell Geometry
Improved Deliverability

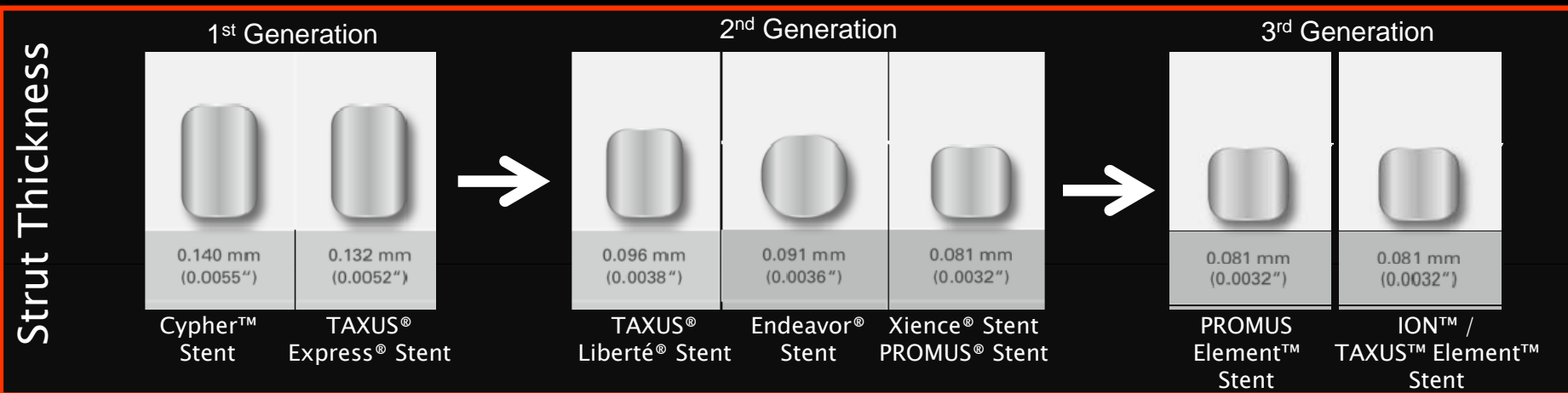
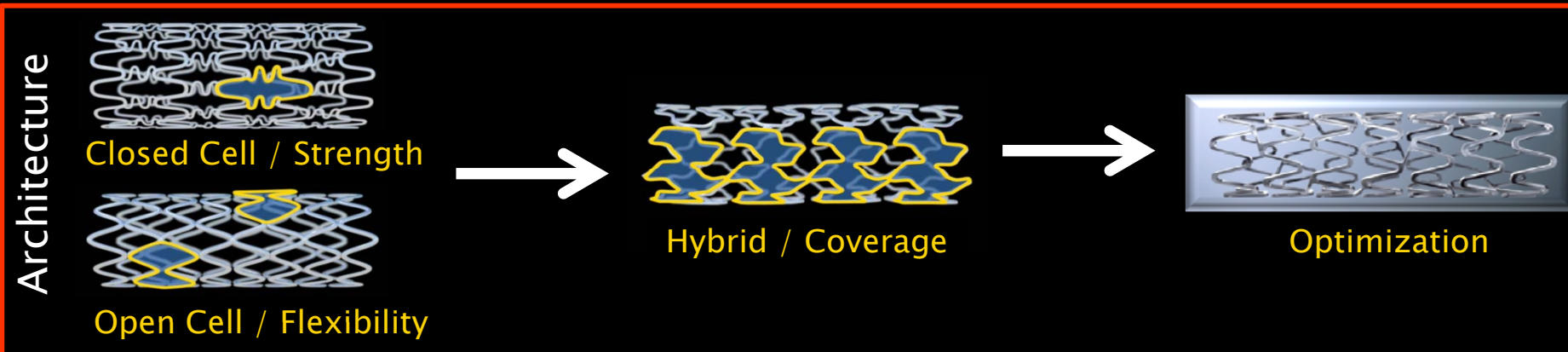
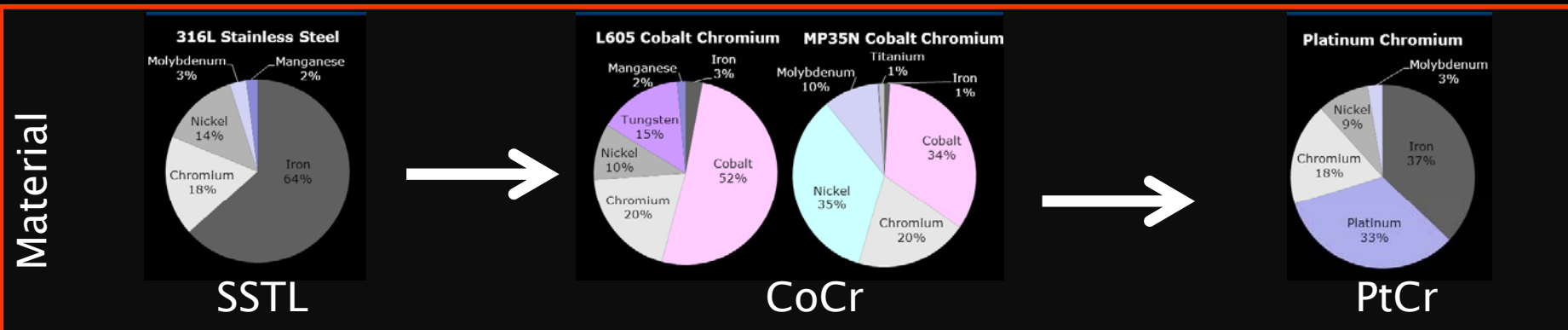
Low Drug Load

Drug Load = PROMUS™/Xience™
Release kinetics similar to
PROMUS™/Xience™

Reduced Polymer Load

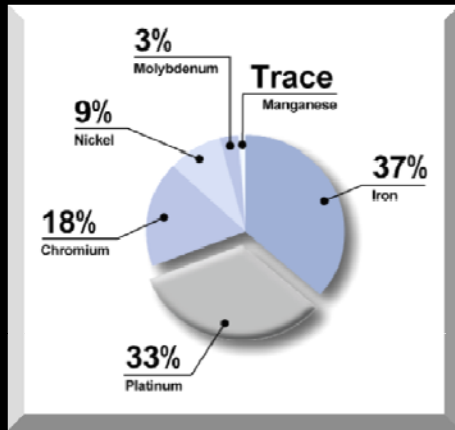
Bioabsorbable Polymer
BMS within 4mo
Abluminal Polymer Coating
Low Polymer Mass

Stent Design Progression: Platform



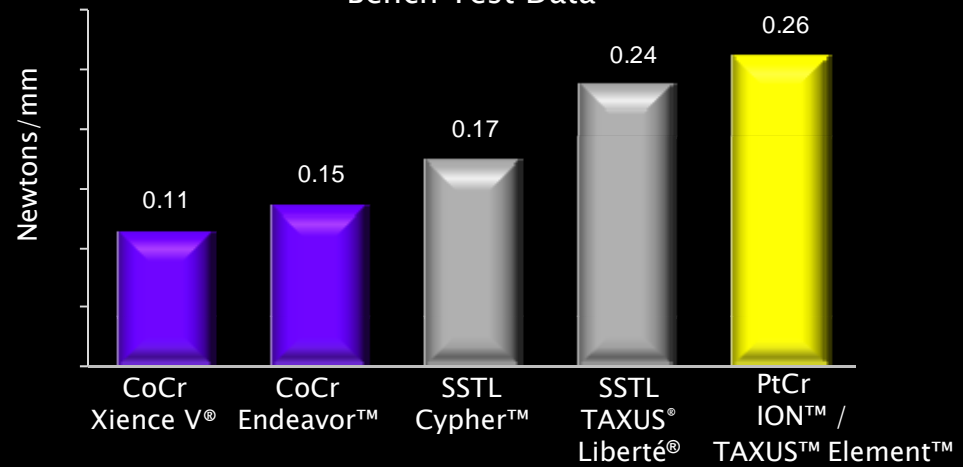
Platinum Chromium (PtCr) Stent Material

Biocompatibility



Radial Strength

Bench Test Data



Flexibility



Radiopacity



PtCr ION™ / TAXUS™ Element™ CoCr Xience V® CoCr Endeavor™ SSTL Cypher™ SSTL TAXUS® Liberté®

The ION™ Stent is commercialized as TAXUS™ Element™ outside the US.
 Data on file at Boston Scientific. Bench test results may not necessarily be indicative of clinical performance.

Platinum Chromium (PtCr) Stent Series

Novel alloy with different drug & polymer choices



Product Name	Platform	Drug	Polymer
OMEGA™ Stent	Element	None	None
TAXUS™ Element™ / ION™ Stent	Element	Paclitaxel	Translute™ (SIBS)
PROMUS Element™ / PROMUS Element™ Plus	Element	Everolimus	PVDF-HFP PBMA

Next Generation PtCr Stent Under Development

Product Name	Platform	Drug	Polymer
SYNERGY™ Stent with bioabsorbable polymer	Synergy	Everolimus	PLGA

The ION™ Stent is commercialized as TAXUS™ Element™ outside the US.

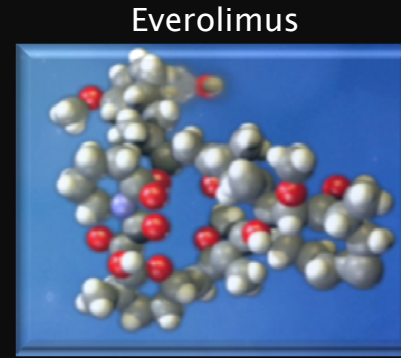
The SYNERGY™ Stent System is an investigational device limited by law to investigational use. Not for sale.

Stent Design Progression: Drug Delivery

Anti-Restenotic Agents



BMS



DES

Polymer Coating



Biostable Conformable Polymer



Bioabsorbable Abluminal Polymer

SYNERGY™ Stent Design Goals

Bioabsorbable Polymer Theory

- Polymer only needed for controlling drug release
 - Amount of polymer should be minimized
- Polymer should disappear after drug is released

SYNERGY™ Stent Design Goal

Thin abluminal bioabsorbable polymer coating designed to resorb shortly after drug delivery leaving behind a BMS

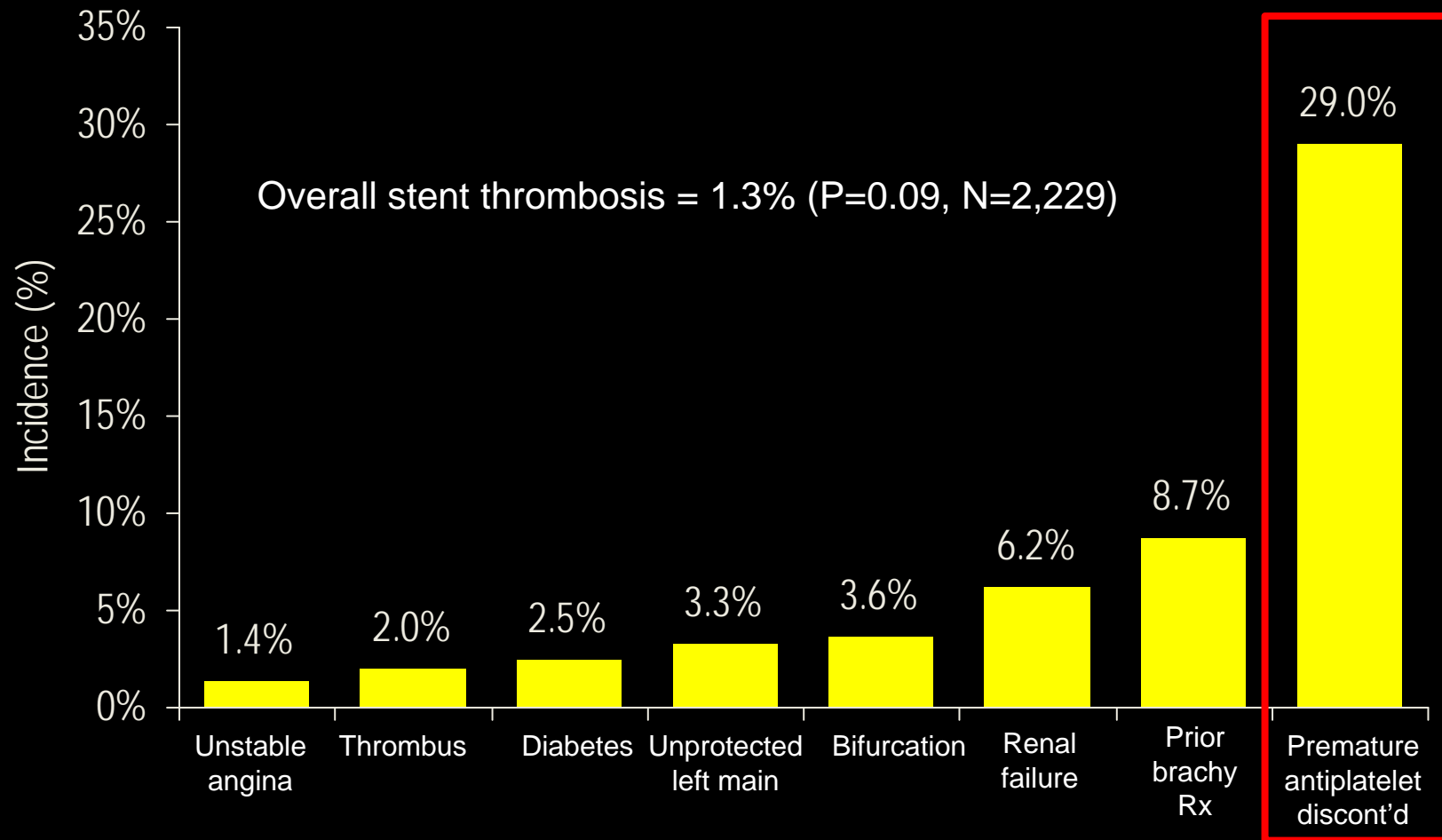
PtCr Stent Platform

- Biocompatibility, strength, flexibility, and visibility
 - Acute performance

Hypothesis

Patient can be managed like BMS-patient after polymer is gone

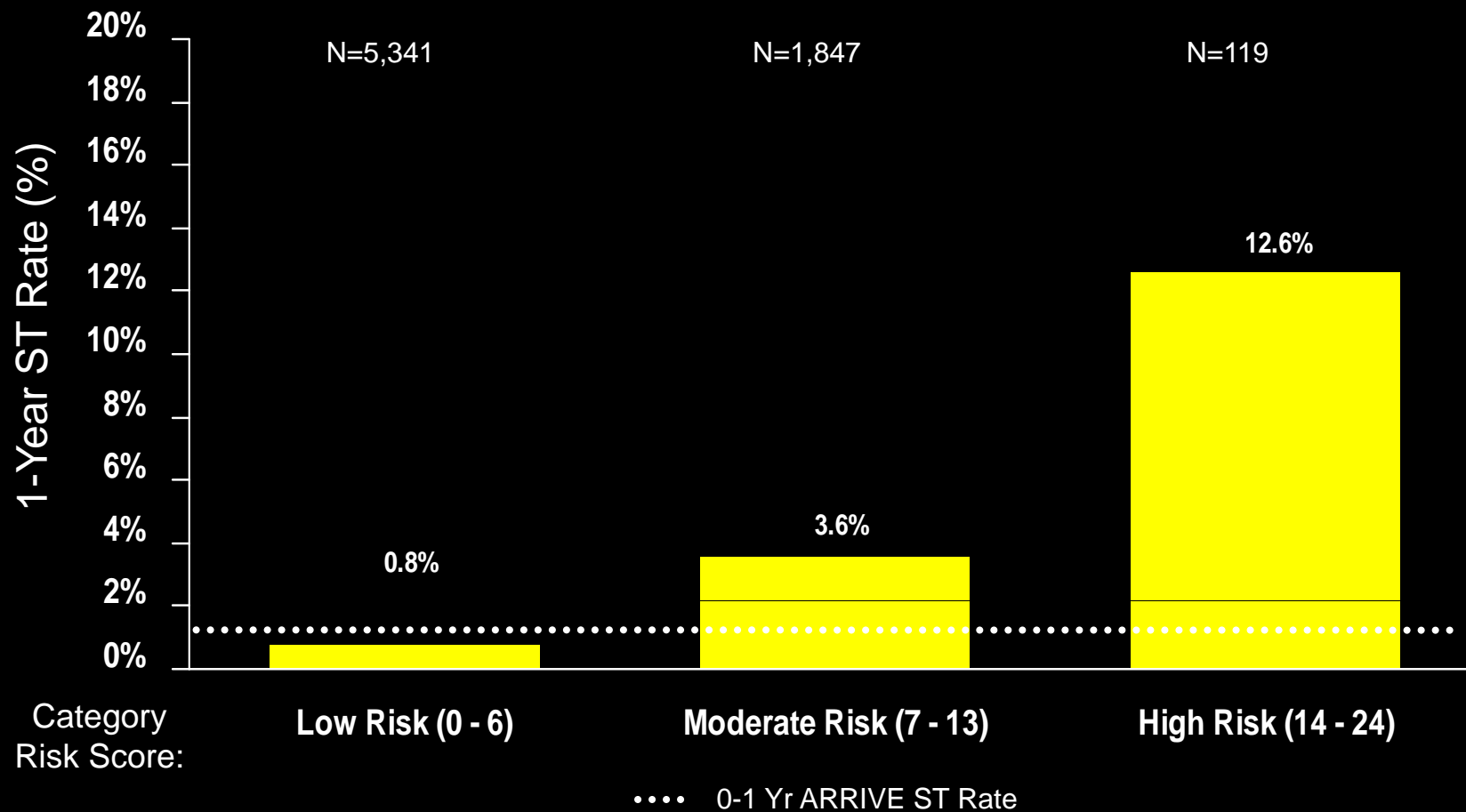
Early Discontinuation of Anti-platelet Therapy Is Strongest Risk Factor for ST with DES



Not All Patients are the Same

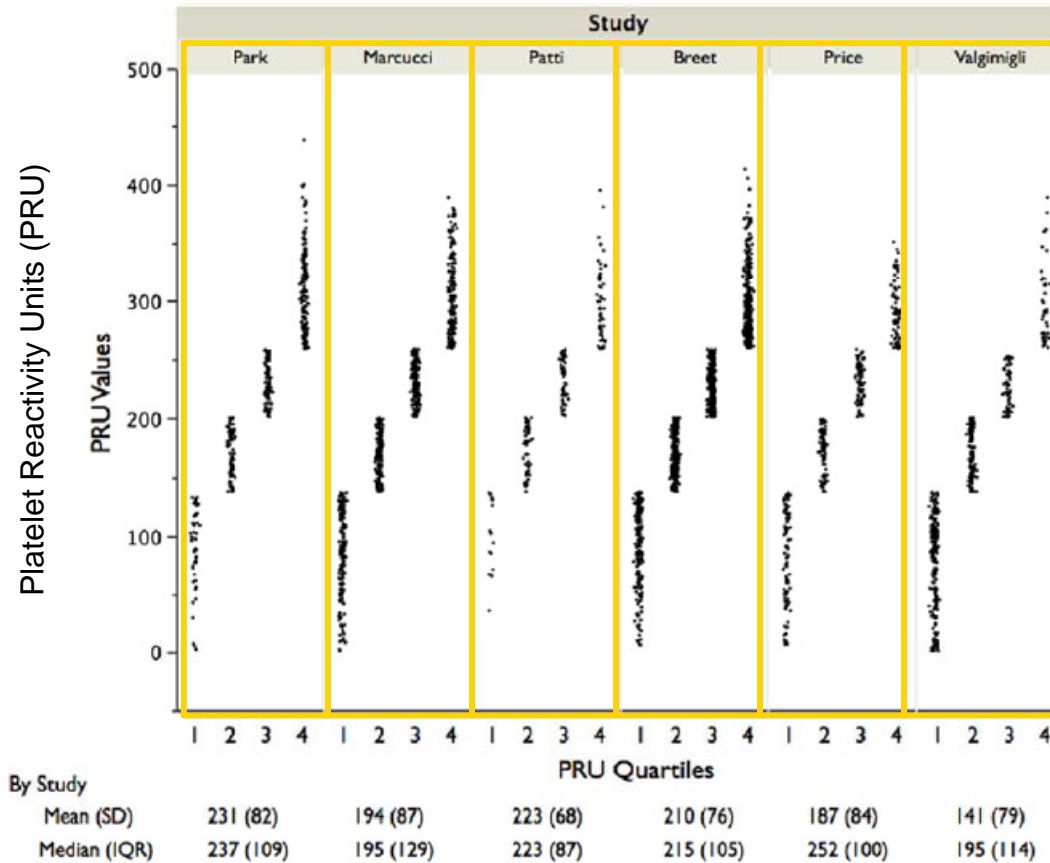
Patient Risk Profile Makes DAPT Duration Difficult to Optimize

Risk Stratification in ARRIVE 1 & 2



Platelet Inhibition Studies: Insight to DAPT Effectiveness

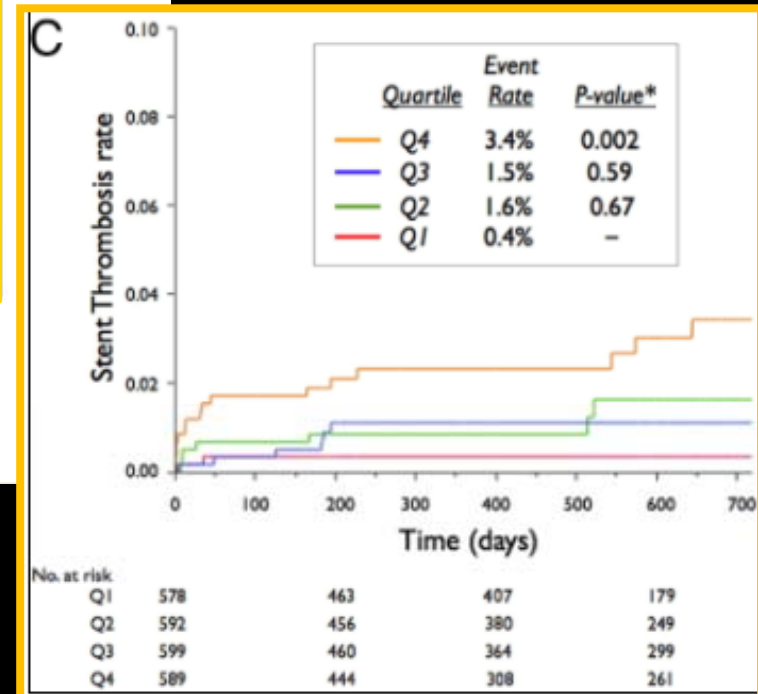
Increased Adverse Event Rates in Patients Less Responsive to Clopidogrel



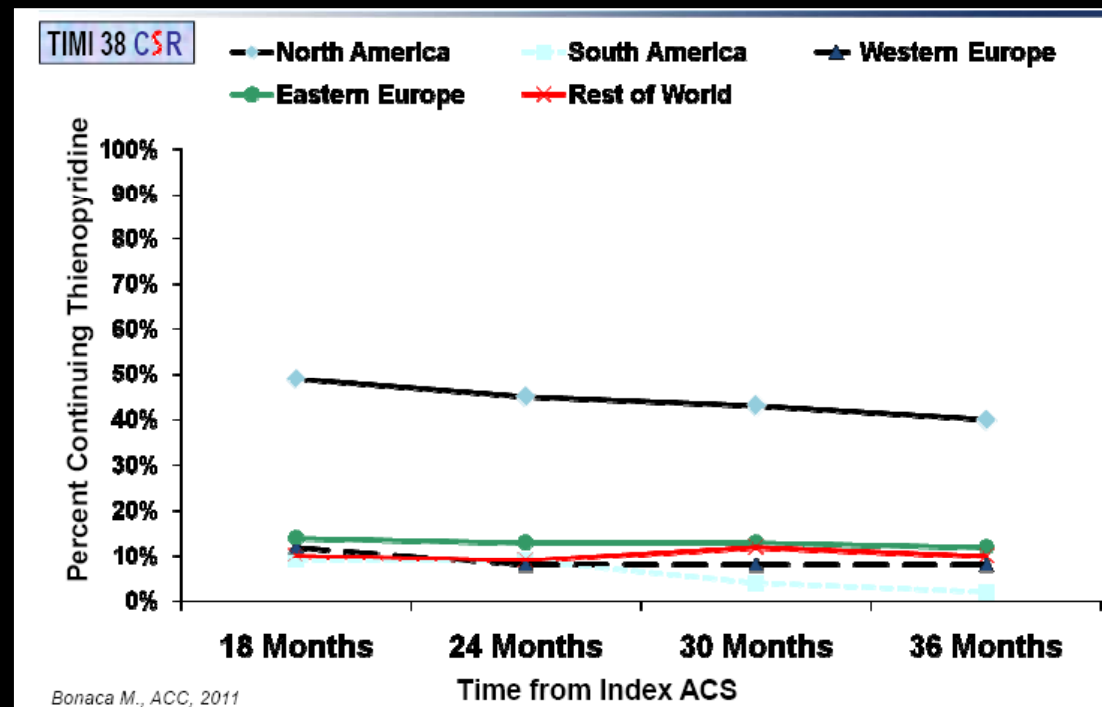
Decreased
Platelet
Inhibition



Clopidogrel Responsiveness
Q1: Highest Responsiveness
Q4: Lowest Responsiveness



Patients may be prescribed DAPT longer than 12 Mo



Bonaca M., ACC, 2011

Bonaca M., ACC, 2011

“Extending DAPT beyond 1 year is considered reasonable by some practitioners based on observational data analysis”

ACC/AHA Guidelines: Circulation 2011



“Data suggest that certain patient populations (e.g. high risk for thromboembolic events, patients after SES or PES implantation), may benefit from prolonged DAPT beyond 1 year.”

ESC Guidelines: European Heart Journal 2010



Importance of Continued DES Innovation

DAPT Considerations

DES vs. BMS

Delayed healing

VLST

Longer DAPT vs. BMS

Discontinuation #1 ST Risk

Patient Perspective

Quality of life

Side effects

Other therapies

Cost

Peace of mind

Physician Perspective

Concerns with VLST

Bleeding complications

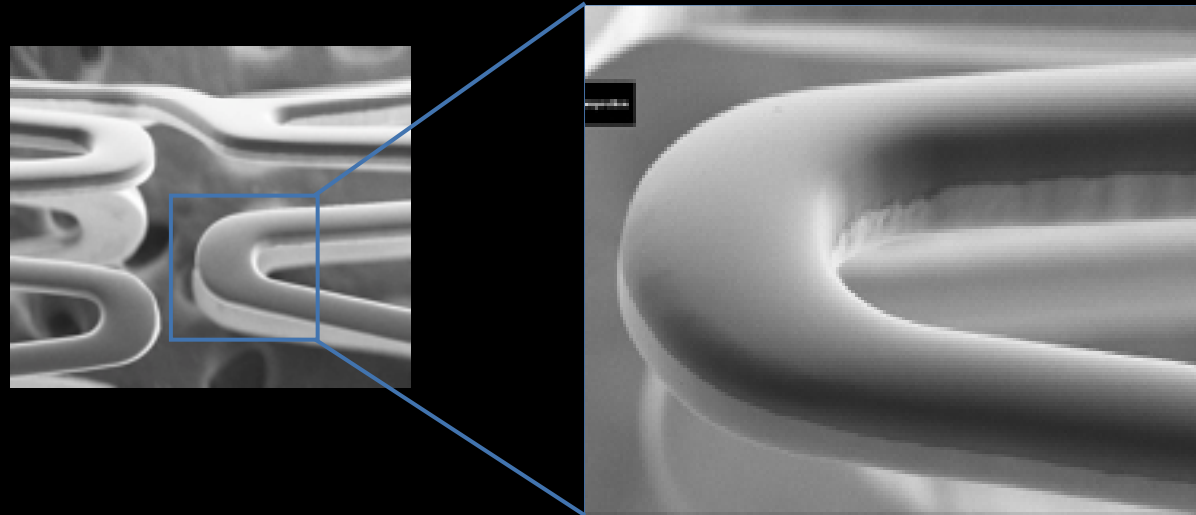
Non-compliance

DAPT interruption

DAPT responsiveness

SYNERGY™ Stent

Abluminal Bioabsorbable Polymer



Bioabsorbable polymer
(PLGA)

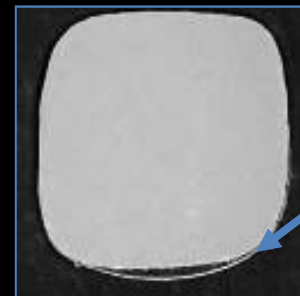
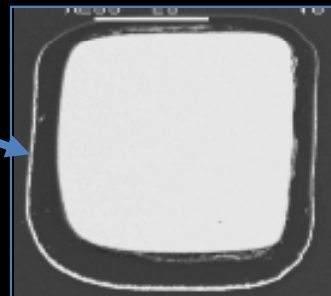
Applied only to the
abluminal surface
(rollcoat)

Thin strut PtCr Stent

Current
Durable
Polymer

Abluminal
Bioabsorbable
Polymer

Durable Permanent
Polymer
+
Drug
360° Around
Stent

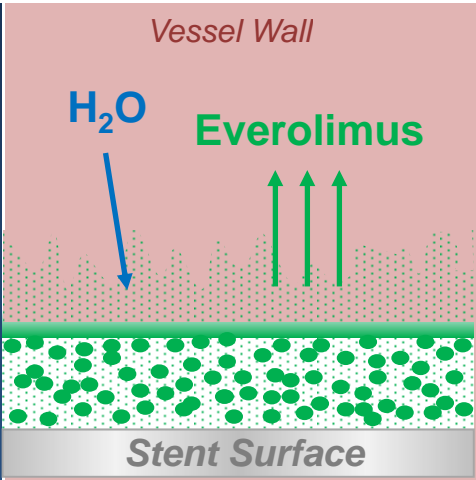
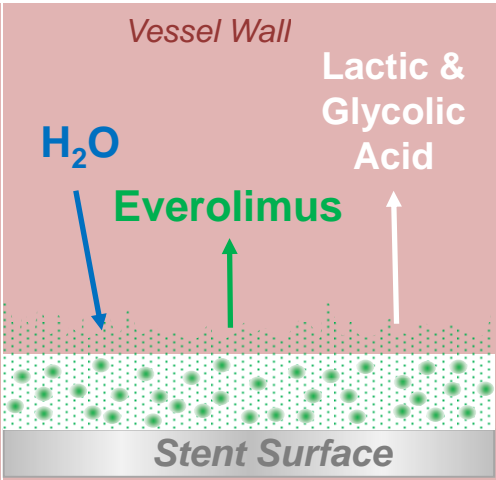
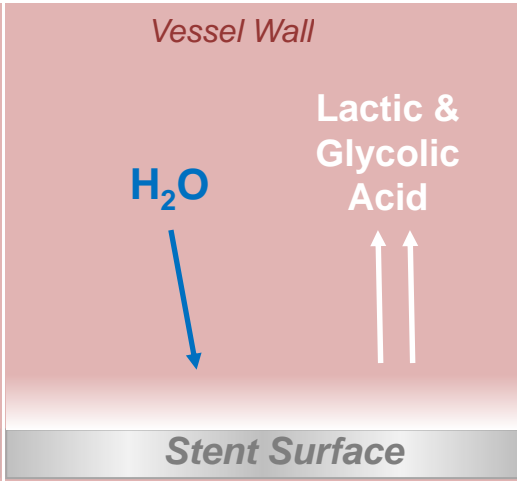


PLGA Bioabsorbable
Polymer
+
Everolimus
on Abluminal Side
of Stent

Design Goals for SYNERGY™ Stent

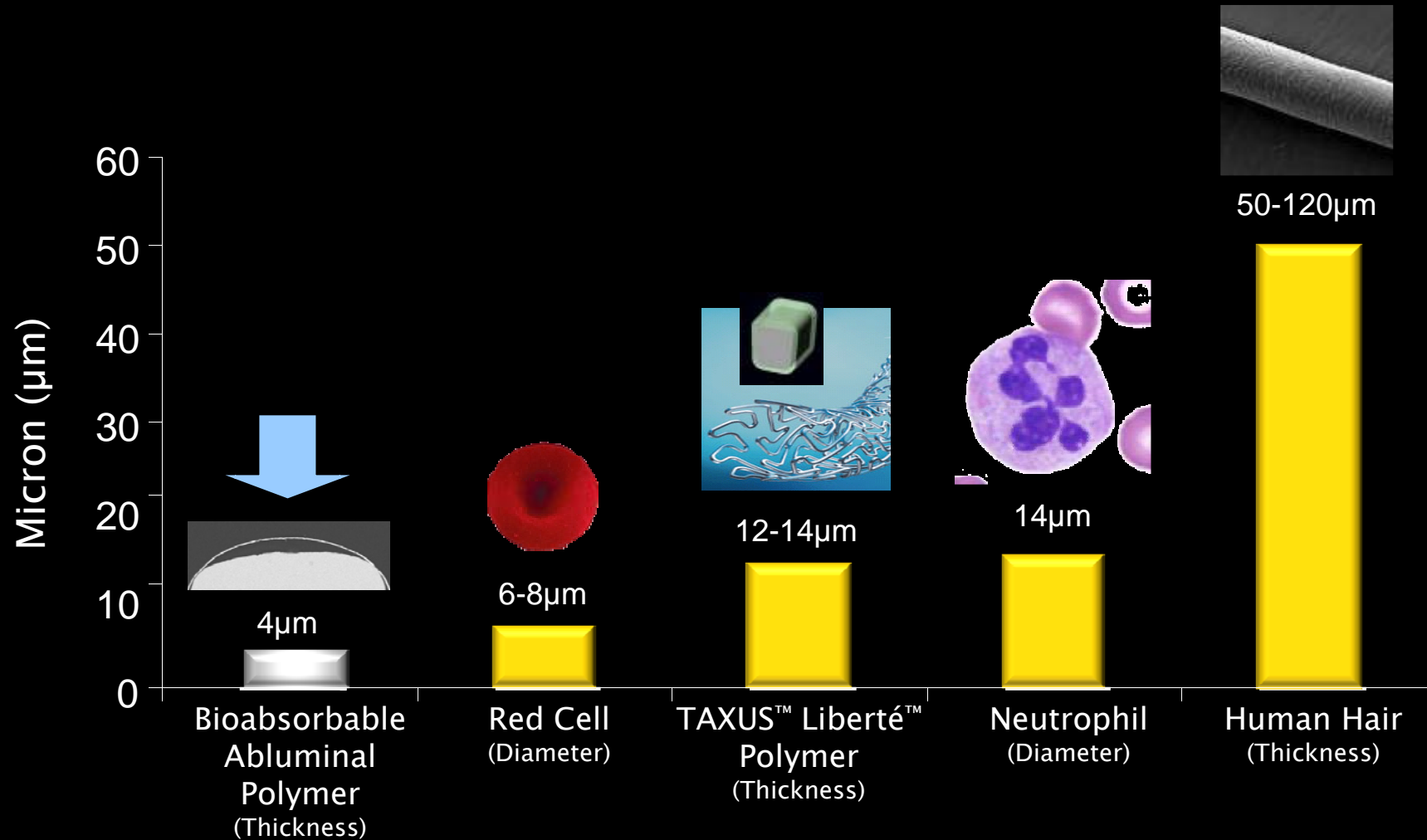
Drug released over 3 mo and polymer resorbed within 4 mo

SYNERGY™ Stent

<p>Schematic</p>	 <p>Vessel Wall</p> <p>H₂O</p> <p>Everolimus</p> <p>Stent Surface</p>	 <p>Vessel Wall</p> <p>H₂O</p> <p>Everolimus</p> <p>Lactic & Glycolic Acid</p> <p>Stent Surface</p>	 <p>Vessel Wall</p> <p>H₂O</p> <p>Lactic & Glycolic Acid</p> <p>Stent Surface</p>
<p>Drug</p>	<p>Burst release</p>	<p>Sustained release</p>	<p>Drug release is completed</p>
<p>Polymer</p>	<p>Hydration & polymer molecular weight reduction begins</p>	<p>Significant reduction in molecular weight & polymer absorption begins</p>	<p>Molecular weight continues to drop & remaining polymer is absorbed</p>

SYNERGY™ Stent

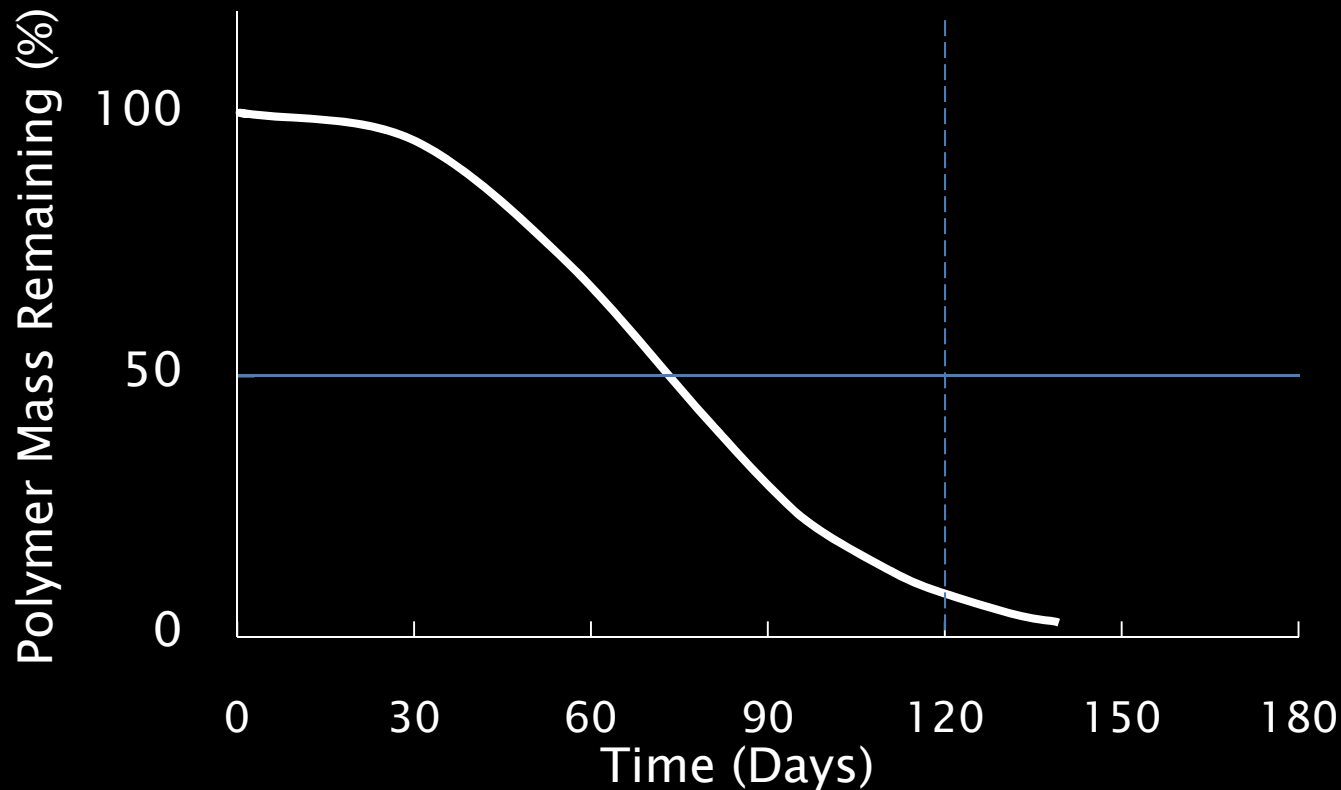
Abluminal Bioabsorbable Polymer Thickness in Perspective



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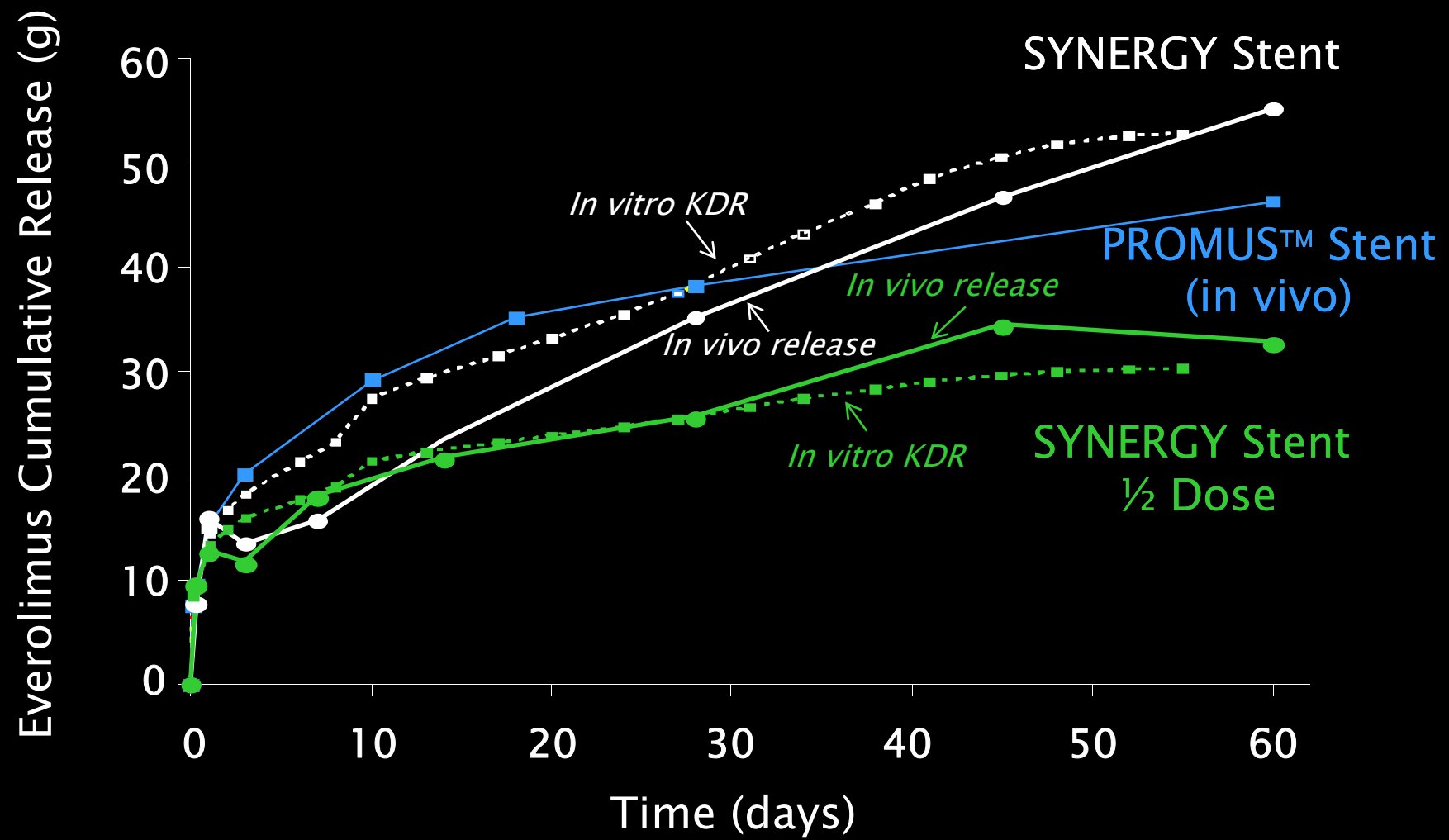
SYNERGY™ Stent

Designed for polymer resorption within 4 months



PLGA mass assessed in explanted stent and adjacent tissue

SYNERGY™ Stent Release Kinetics



SYNERGY™ Stent

Design Attributes in Perspective

Stent	Coating	Approximate Coating Thickness (μm)	Approximate Drug Load μg/mm
SYNERGY™	Abluminal	3–5	6
PROMUS™ / Xience™	Conformal	8	6
Resolute Integrity™	Conformal	6	10
BioMatrix™ Flex	Abluminal	10	16

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EVOLVE Clinical Trials

Clinical Trial Plan for the SYNERGY™ Stent

EVOLVE FHU

291 patients

Control Device

PROMUS Element™

Primary Endpoint

30D TLF

6M Late Loss

TCT 2011

EVOLVE II

1684 patients

Control Device

PROMUS Element™
Plus

Primary Endpoint

12M TLF

2014

Planned

EVOLVE QCA/PK

EVOLVE China

EVOLVE DAPT

EVOLVE FHU

Study Design



Patients with de novo native coronary lesions
 ≤ 28 mm in length, RVD ≥ 2.25 mm ≤ 3.5 , %DS > 50
(excluded LM disease, CTO, AMI or recent MI)

↓
Randomized 1:1:1 at 29 sites
(EU, Australia, New Zealand)

PROMUS Element™
N=98

SYNERGY™
N=94

SYNERGY ½ Dose
N=99

Single-blind, noninferiority design

Primary Clinical Endpoint: TLF (TV-CD, TV-MI, or TLR) at 30 days

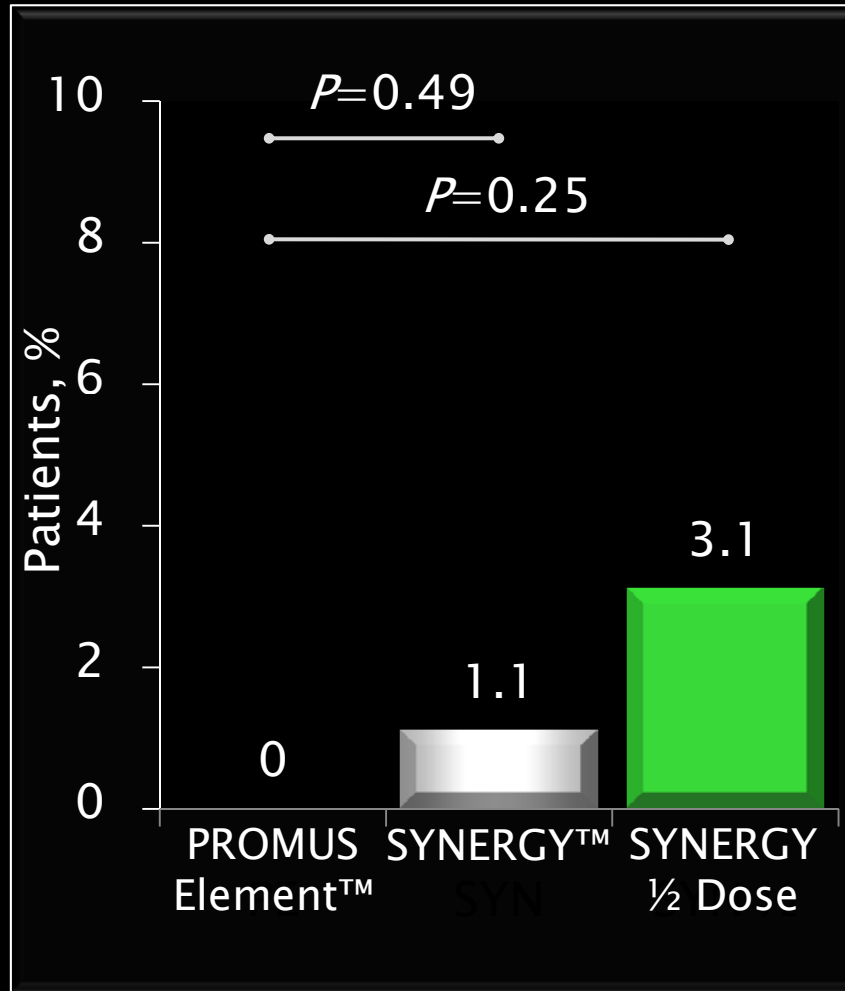
Primary Angiographic Endpoint: In-stent late loss at 6 months

EVOLVE FHU

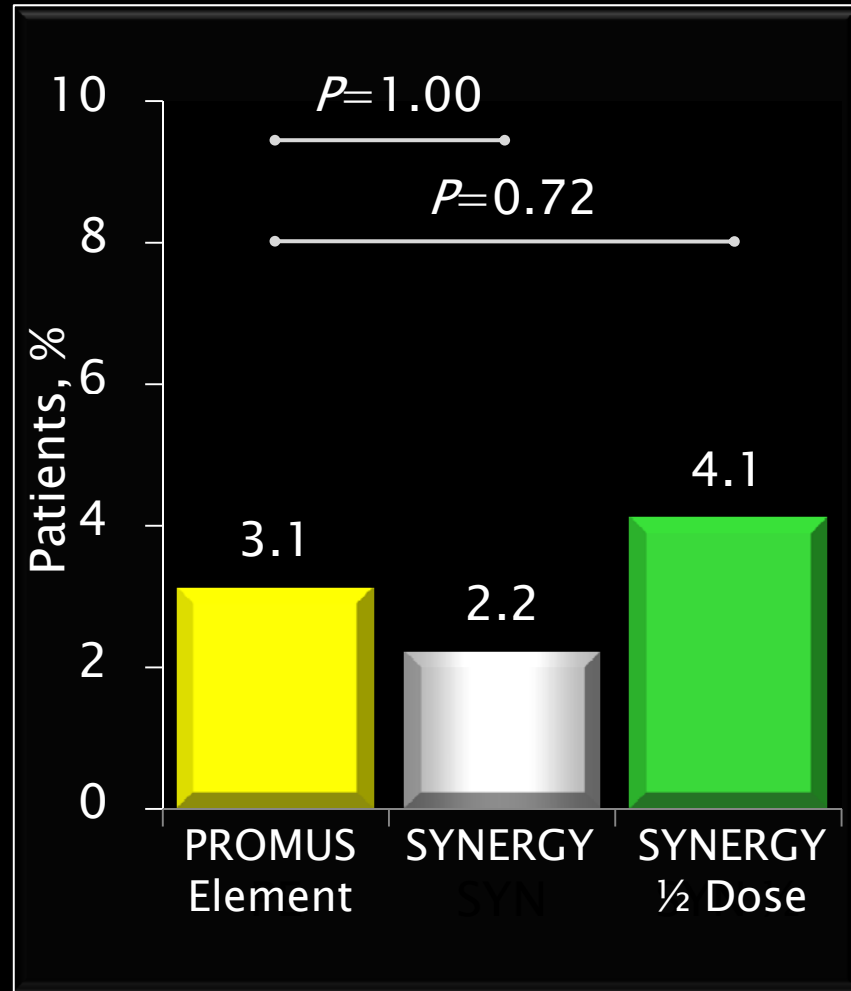
Target Lesion Failure



30 Days



6 Months



Intent-to-treat; *P* values are versus PROMUS Element (Fisher exact test)

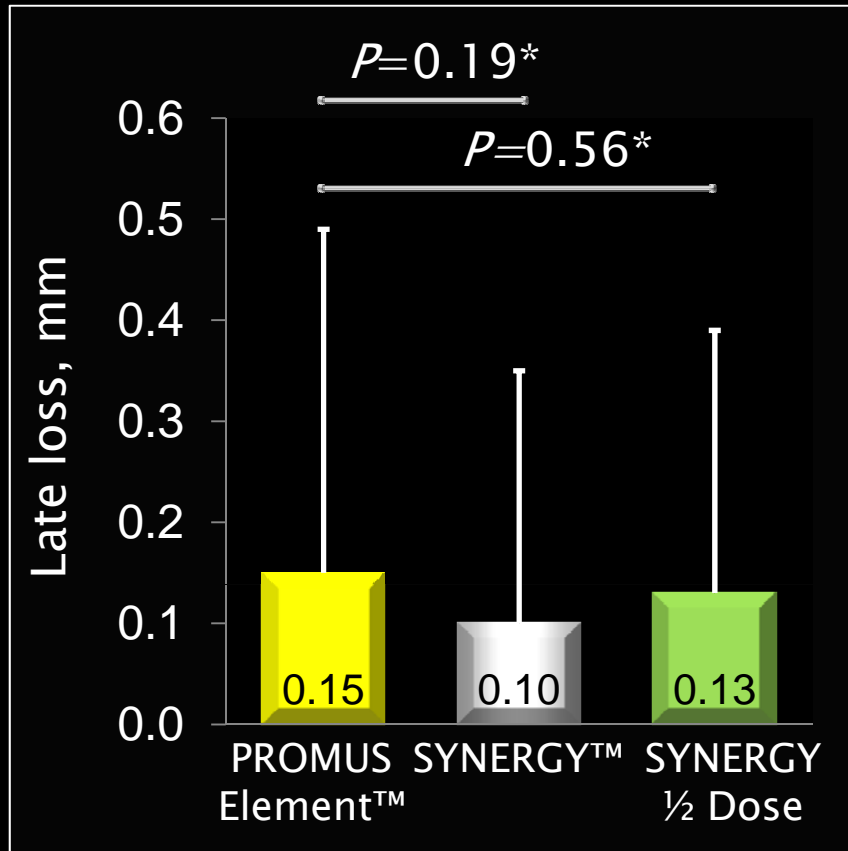
Meredith et al. *JACC* 2012. The SYNERGY™ Stent is an investigational device and not for sale.

EVOLVE FHU

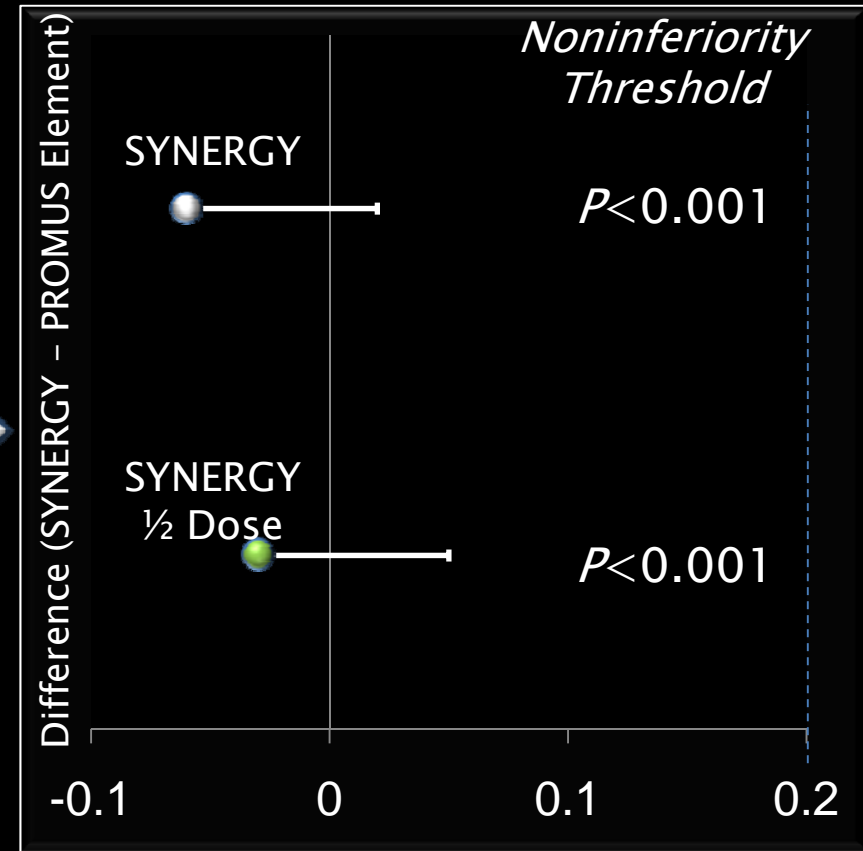
Late Loss at 6 Months



Late Loss at 6 Months



Difference and 95.2% UCB

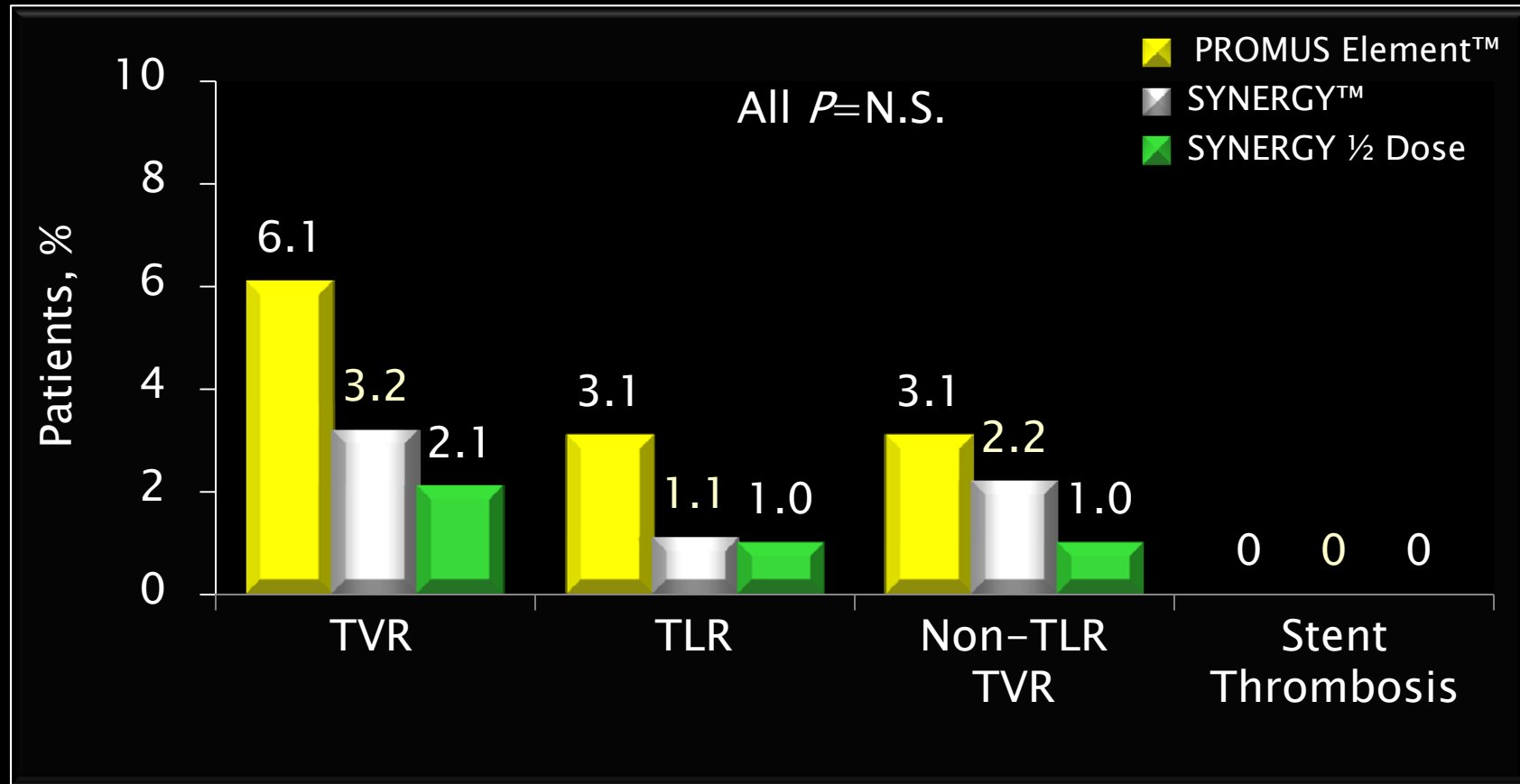


Noninferiority is proven because the upper 95.2% confidence bound of the difference in 6-month late loss is <0.20 for both SYNERGY stents

Intent-to-treat; * P values for superiority comparison

EVOLVE FHU

Revascularization and ST at 6 Months



Intent-to-treat; P values are versus PROMUS Element (Fisher exact test)

Meredith et al. *JACC* 2012. The SYNERGY™ Stent is an investigational device and not for sale.

EVOLVE II Study Design



Patients with atherosclerotic native coronary lesions
 ≤ 34 mm in length, RVD ≥ 2.25 mm ≤ 4.0 , %DS ≥ 50
Up to 3 lesions in 2 vessels
(excluded LM disease, CTO, ISR, STEMI)

↓
Randomized 1:1: at up to 160 global sites

PROMUS Element™ Plus
N=842

SYNERGY™
N=842

Single-blind, noninferiority design

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

Follow-up: 30 days, 6 months, 12 months, 18 months, annual 2-5 years

Where Would the SYNERGY™ Stent Sit in the DES Landscape?

Concerns with DES

Late ST

DAPT Compliance

DAPT Interruption

SYNERGY™ Stent Design

Reduced Polymer Load

Minimal Drug Burden

Short Term Polymer
Exposure

Desired Outcomes

Improve late events

Reduce DAPT duration

Reduce risk w/DAPT
interruption