One-Year Outcome of HOST-BIOLIMUS-3000 Korea registry

Hyo-Soo Kim, MD/PhD. FAHA

Professor, Department of Internal Medicine, Seoul National University Hospital

Contents

- I. Previous studies regarding Biolimus Eluting Stents
- **II.** Current Status of HOST-BIOLIMUS-3000 Korea registry
- III. Interim analysis comparing three 2nd-generation DES with either Biodegradable or Durable Polymer
 - BES from HOST-BIOLIMUS registry
 - ► EES from EXCELLENT registry
 - ZES-R from RESOLUTE-KOREA registry

A. Clinical outcome in Whole patientsB. Clinical outcome in Propensity score-matched populationC. Stent Thrombosis

IV. Future plan

Part I.

Previous RCTs regarding Biolimus Eluting Stents

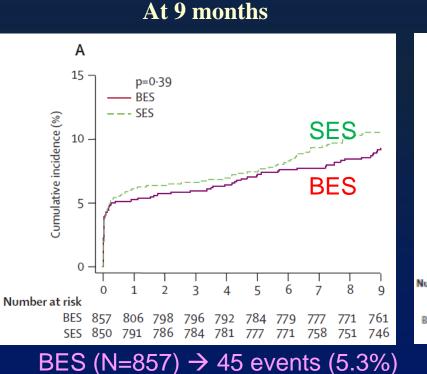


Seoul National University Hospital Cardiovascular Center

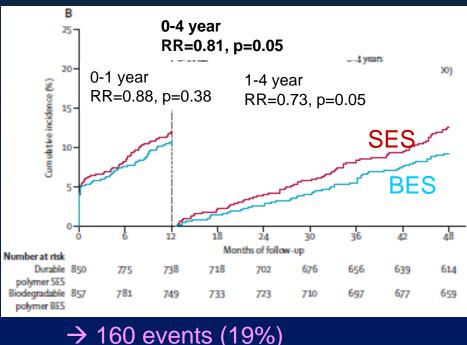
LEADERS trial in Europe

- Multicenter, assessor-blind, non-inferiority study
- Total N= 1,707 (2472 lesions)
- BES (Biomatrix Flex) versus SES (Cypher)
- Primary Efficacy end point: Cardiac death + MI + clinically-driven TVR

at 9 months and at 4 years



SES (N=850) \rightarrow 52 events (6.1%)



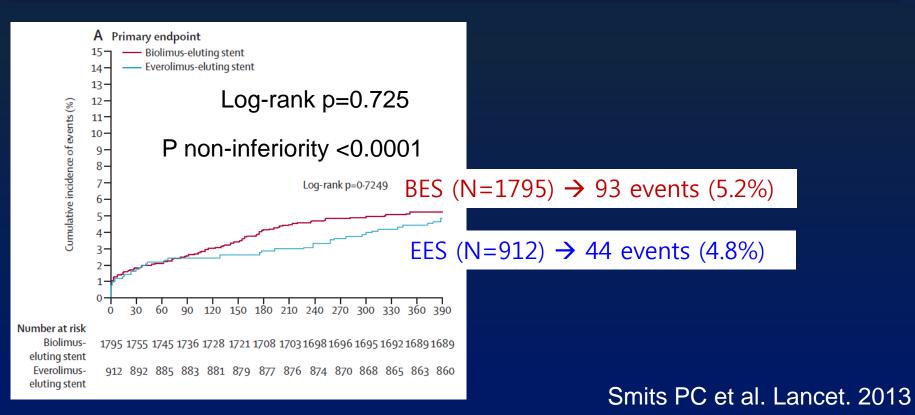
 \rightarrow 192 events (23%)

At 4 years

P Juni et al. Lancet. 2008/2011

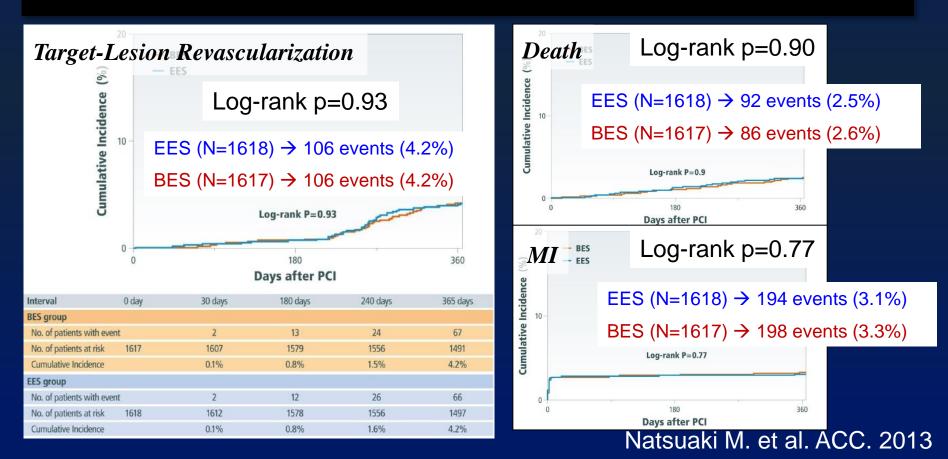
COMPARE II trial in Europe

- Open-label, prospective, randomized, controlled, non-inferiority trial
- Total N= 2,707 (4025 lesions) (exclusion criteria :age >18YO, life expectancy > 5Y, ref.VD 2.0-4.0mm)
- BES (Nobori) versus EES (Xience V or Promus)
- Primary end point: composite of safety(cardiac death and non-fatal MI) and efficacy (clinically indicated TVR) at 12 months



NEXT trial in Japan

- Multicenter, randomized, non-inferiority trial
- Total N= 3,235 (4069 lesions) (mostly stable angina)
- BES (Nobori) versus EES (Xience V or Promus)
- Primary Efficacy end point: Any TLR at 1 year
 Primary Safety end point: Death or Myocardial infarction at 3 years



How is the BES in the real-world patients?

Part II.

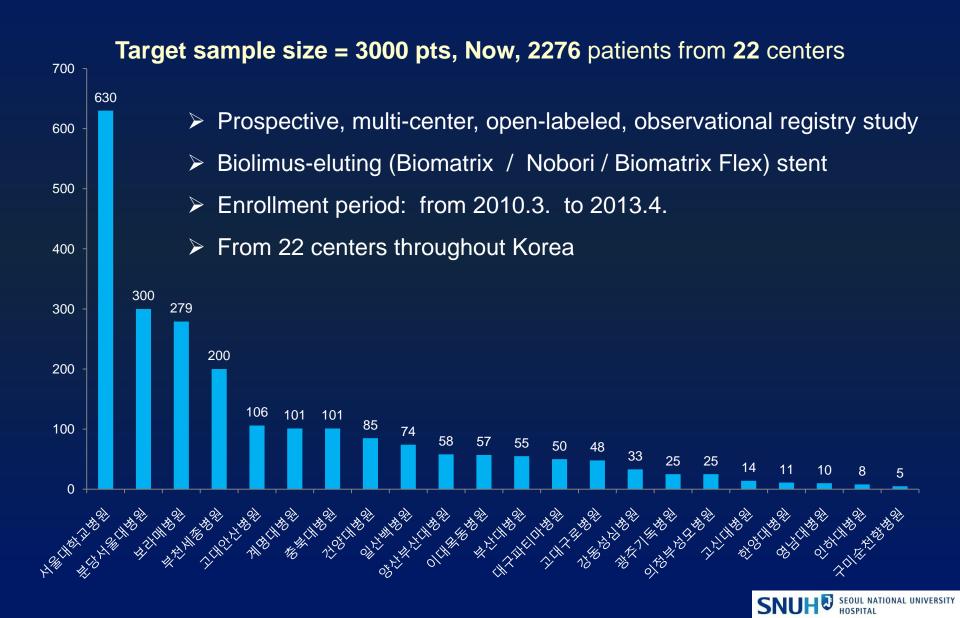
Current Status of HOST-BIOLIMUS-3000 Korea registry

HOST = Harmonized Optimal Strategy to Treat CAD



Seoul National University Hospital Cardiovascular Center

HOST-BIOLIMUS-3000 Korea registry



Enrollment criteria

Inclusion criteria

- : Coronary artery disease (stable angina, acute myocardial infarction, silent MI)
- \rightarrow Presence of more than 1 of the following
 - luminal stenosis > 50%
 - Number of lesions: no limitation
 - Number of vessels: no limitation
 - Vessel length: no limitation

Exclusion criteria

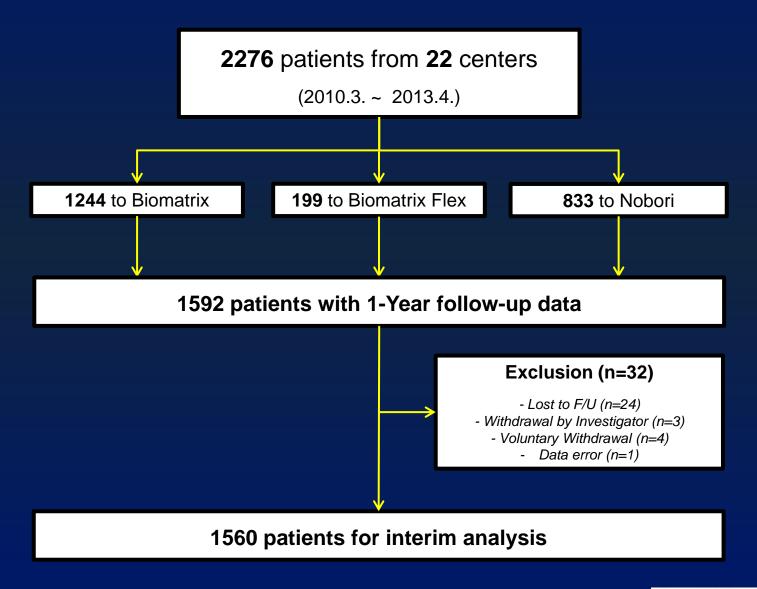
: Alleged drug allergy

(aspirin, clopidogrel, heparin, stainless steel, sirolimus, biolimus, contrast material)

- : Pregnancy
- : Participants in other clinical trial



Current status of HOST-BIOLIMUS registry





Part III.

Interim analysis To compare three 2nd-generation DES with either Biodegradable or Durable Polymer

- ► BES from HOST-BIOLIMUS registry
- EES from EXCELLENT registry
- ZES-R from RESOLUTE-KOREA registry
- A. Clinical outcome in whole patients
- **B.** Clinical outcome in Propensity score-matched population
- **C. Stent Thrombosis**

HOST = Harmonized Optimal Strategy to Treat CAD



Study population and design to compare three HOST-DES cohorts

BES

(Biolimus-eluting stent) (N=1,560) EES (Xience V/Promus Evorolimus-eluting stent) (N=3,056) ZES-R

(Endeavor Resolute Zotarolimus-eluting stent) (N=1,998)

Follow-up at 1, 9, and 12 months

Imaging Sub-studies at 8-12 months: Angiography or IVUS

(Scheduled follow-up angiography by local site protocol was allowed beyond 240 days.)

Primary outcome: Target lesion failure

(cardiac death + MI (not clearly attributed to a non-target vessel), or a clinically indicated TLR)

Secondary outcome: POCO

(all-cause mortality+ any MI + any revascularization)

HOST = Harmonized Optimal Strategy to Treat CAD



A. Clinical outcome in Whole patients

B. Clinical outcome in Propensity score-matched population

- ► BES from HOST-BIOLIMUS registry
- ► EES from EXCELLENT registry
- ZES-R from RESOLUTE-KOREA registry

C. Stent Thrombosis



Seoul National University Hospital Cardiovascular Center

Baseline Profiles in three HOST-DES cohorts

	BES	EES	ZES-R	P Value for BES versus.	
				BE2 /	/ersus.
	(N = 1,560)	(N=3,056)	(N=1998)	EES	ZES-R
Dermographics					
Age (yrs)	64.2 ± 11.0	63.9 ± 10.8	63.9 ± 10.9	0.346	0.330
Male	1108 (71.0%)	2053 (67.2%)	1.336 (68.4%)	0.008	0.091
BMI (kg/m²)	24.6 ± 3.2	25.0 ± 11.7	24.8 ± 3.1	0.861	0.053
Coexisting condition					
Diabetes	534 (34.7%)	1149 (37.6%)	706 (35.3%)	0.035	0.722
Hypertension	931 (61.0%)	1980 (64.8%)	1271 (63.6%)	0.004	0.114
Dyslipidemia	983 (63.8%)	1850 (61.3%)	1418 (71.0%)	0.870	<0.001
PAD	23 (1.6%)	47 (1.6%)	33 (1.7%)	0.999	0.892
CKD	60 (4.0%)	105 (3.5%)	81 (4.1%)	0.355	0.999
Cardiac risk factors					
Current smokers	442 (29.4%)	893 (29.8%)	613 (31.1%)	0.057	0.349
Prev. PCI	228 (14.8%)	440 (14.5%)	317 (15.9%)	0.790	0.398
Prev. CABG	26 (1.7%)	56 (1.8%)	31 (1.6%)	0.814	0.788
Prev. MI	89 (5.8%)	212 (7.0%)	114 (5.7%)	0.130	0.942
Prev. CHF	31 (2.1%)	62 (2.1%)	40 (2.0%)	0.999	0.904
Prev. CVA	125 (8.4%)	250 (8.3%)	145 (7.3%)	0.999	0.225
FHx. Of CAD	86 (5.9%)	171 (5.9%)	92 (4.6%)	0.999	0.102
LVEF	59.2 ± 11.2	59.3 ± 11.4	58.0 ± 11.4	0.454	<0.001

Baseline Profiles in three HOST-DES cohorts

	BES	EES	ZES-R		ue for ersus.
	(N = 1,560)	(N=3,056)	(N=1998)	EES	ZES-R
Clinical indication of PCI					
Stable angina	564 (36.6%)	1095 (36.0%)	601 (30.1%)		
Unstable angina	432 (28.0%)	1117 (36.8%)	739 (37.0%)		
NSTEMI	232 (15.0%)	344 (11.3%)	280 (14.0%)		
STEMI	248 (16.1%)	385 (12.7%)	321 (16.1%)		
Silent ischemia	66 (4.3%)	97 (3.2%)	57 (2.9%)		
Complexity of CAD					
Disease extent				0.177	0.004
1VD	686 (44.3%)	1424 (46.7%)	783 (39.3%)		
2VD	491 (31.7%)	923 (30.3%)	674 (33.9%)		
3VD	370 (23.9%)	699 (22.9%)	534 (26.8%)		
No of treated lesion	1.44 ± 0.76	1.47 ± 0.74	1.53 ± 0.80	0.327	0.002
Medication at discharge					
Aspirin	1539 (99.4%)	2969 (98.0%)	1960 (98.6%)	<0.001	0.032
Clopidogrel	1535 (99.2%)	2974 (98.2%)	1963 (98.6%)	0.008	0.107
Statin	1367 (88.4%)	2613 (86.4%)	1722 (87.2%)	0.062	0.277
ACE inhibitor	585 (38.1%)	1113 (37.0%)	730 (37.3%)	0.476	0.673
ARB	443 (29.0%)	939 (31.1%)	623 (32.4%)	0.142	0.032
BB	1096 (71.0%)	1853 (61.6%)	1306 (66.6%)	<0.001	0.005
ССВ	377 (24.5%)	830 (27.5%)	513 (26.8%)	0.030	0.137

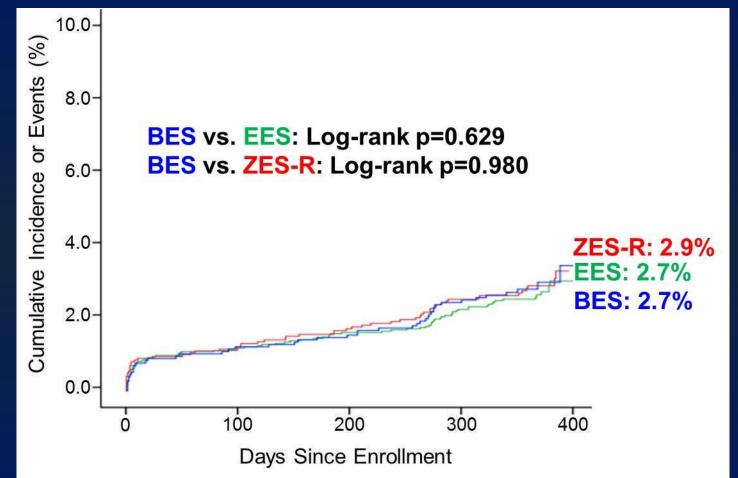
One year Clinical Outcomes in three HOST-DES cohorts

	BES	EES	ZES-R	BES vs. E	ES	BES vs. ZES	
	(N = 1,560)	(N=3,056)	(N=1998)	RR	Ρ	RR	Р
All-cause death	33 (2.1%)	62 (2.0%)	46 (2.3%)	1.06 (0.70-1.62)	0.773	0.94 (0.60-1.47)	0.784
Cardiac death	12 (0.8%)	37 (1.2%)	28 (1.4%)	0.80 (0.58-1.12)	0.180	0.55 (0.28-1.08)	0.083
Any MI	15 (1.0%)	17 (0.6%)	8 (0.4%)	1.74 (0.87-3.48)	0.118	2.42 (1.02-5.70)	0.044
Target vessel MI	9 (0.6%)	14 (0.5%)	5 (0.3%)	1.27 (0.55-2.94)	0.576	2.34 (0.78-6.98)	0.128
MI due to ST	4 (0.3%)	7 (0.2%)	3 (0.2%)	1.14 (0.34-3.91)	0.830	1.76 (0.39-7.88)	0.460
Any revascularization	62 (4.0%)	161 (5.3%)	106 (5.3%)	0.75 (0.56-1.01)	0.061	0.75 (0.55-1.03)	0.079
Clinically driven revascularization	46 (2.9%)	120 (3.9%)	73 (3.7%)	0.75 (0.54-1.06)	0.105	0.81 (0.56-1.18)	0.266
TLR	24 (1.5%)	40 (1.3%)	28 (1.4%)	1.17 (0.70-1.96)	0.540	1.09 (0.63-1.89)	0.759
CVA	10 (0.6%)	18 (0.6%)	12 (0.6%)	1.10 (0.51-2.37)	0.819	1.07 (0.46-2.49)	0.868
TLF	42 (2.7%)	82 (2.7%)	58 (2.9%)	0.99 (0.82-1.19)	0.884	0.89 (0.60-1.34)	0.584
РОСО	105 (6.7%)	225 (7.4%)	153 (7.7%)	0.92 (0.73-1.16)	0.499	0.89 (0.69-1.14)	0.359

✓ TLF: cardiac death + MI (not clearly attributed to a nontarget vessel) + clinically indicated TLR

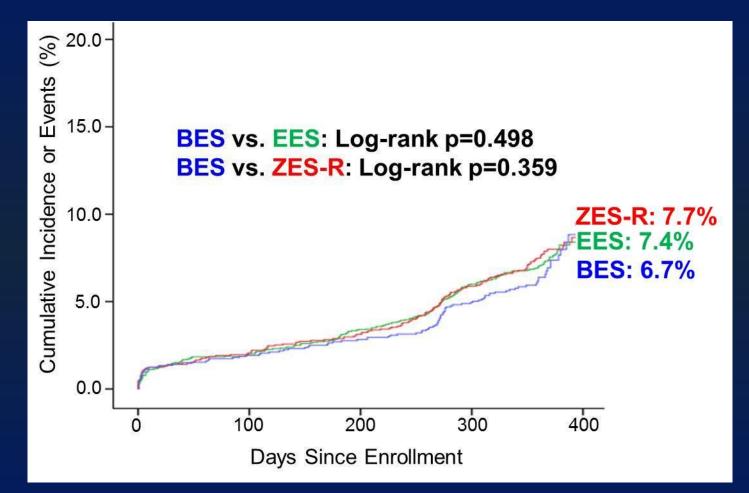
✓ **POCO**: all-cause mortality+ any MI + any revascularization

Target Lesion Failure at 1y in three HOST-DES cohorts



No. of patients at risk	0 day	30 days	180 days	270 days	365 days
ZES-R	1,998	1,957	1,928	1,905	1,152
EES	3,056	3,003	2,952	2,928	1,719
BES	1,560	1,543	1,527	1,514	560

Patient-Oriented Composite Outcome in three HOST-DES cohorts

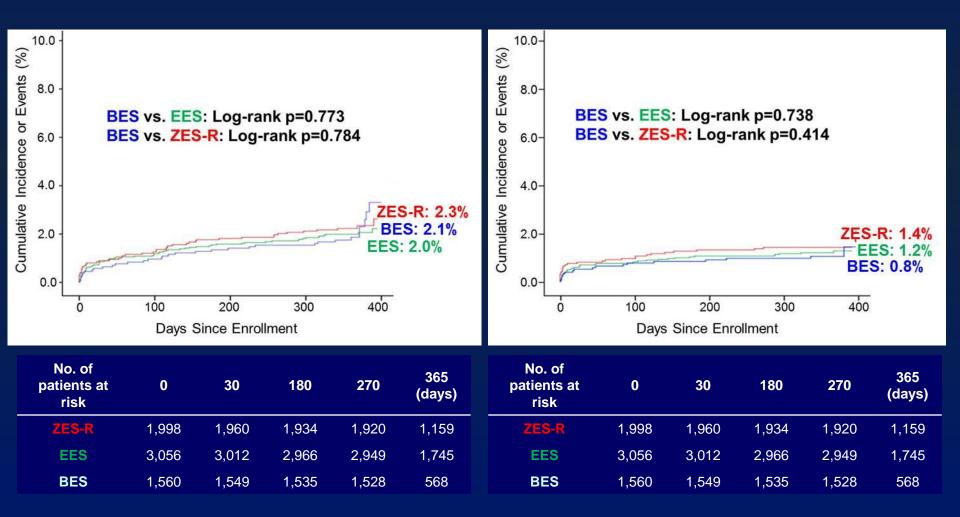


No. of patients at risk	0 day	30 days	180 days	270 days	365 days
ZES-R	1,998	1,950	1,912	1,866	1,110
EES	3,056	2,996	2,927	2,860	1,654
BES	1,560	1,537	1,514	1,493	552

Individual components of TLF and POCO in three HOST-DES cohorts

All-cause death

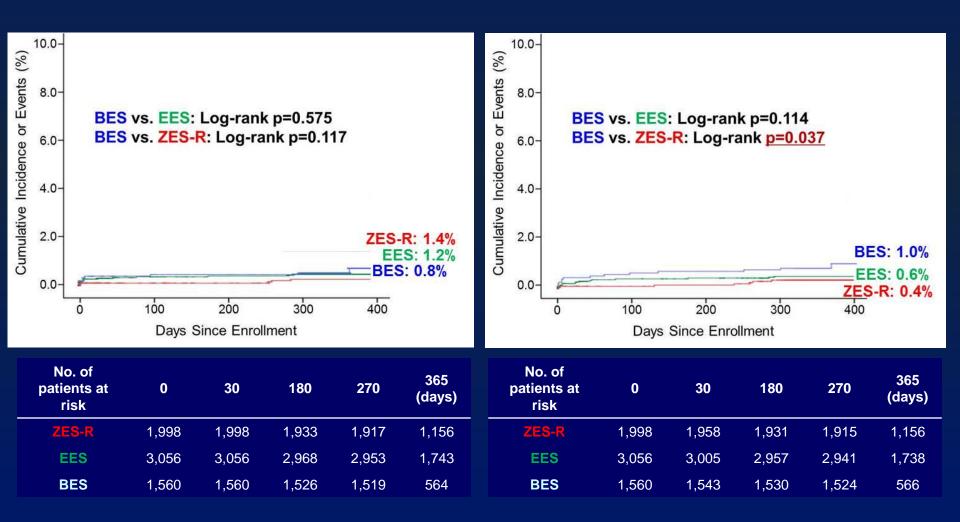
Cardiac death



Individual components of TLF and POCO in three HOST-DES cohorts

Any cause MI

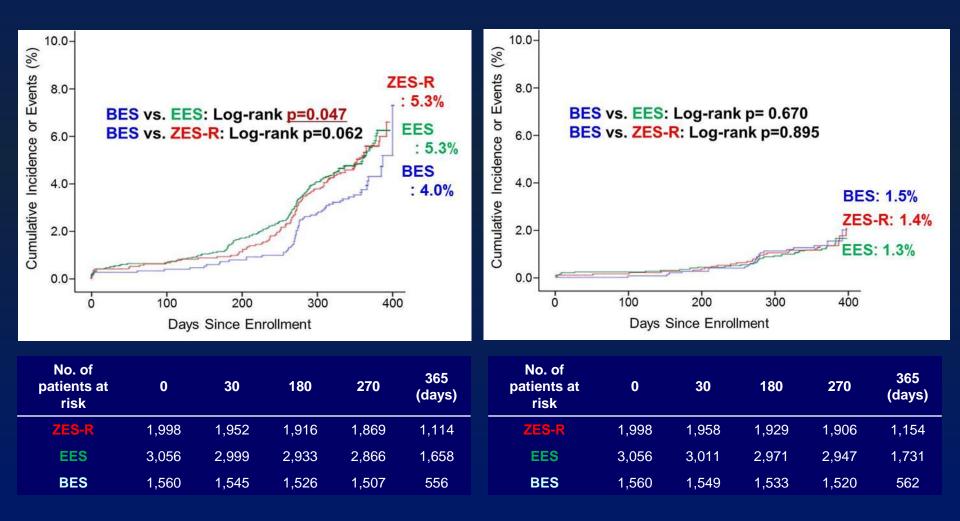
Target vessel MI



Individual components of TLF and POCO in three HOST-DES cohorts

Any revascularization

TLR



Part III.

A. Clinical outcome in Whole patients <u>B. Clinical outcome</u> <u>in Propensity score-matched population</u>

BES from HOST-BIOLIMUS registry
 EES from EXCELLENT registry
 ZES-R from RESOLUTE-KOREA registry

C. Stent Thrombosis

HOST = Harmonized Optimal Strategy to Treat CAD



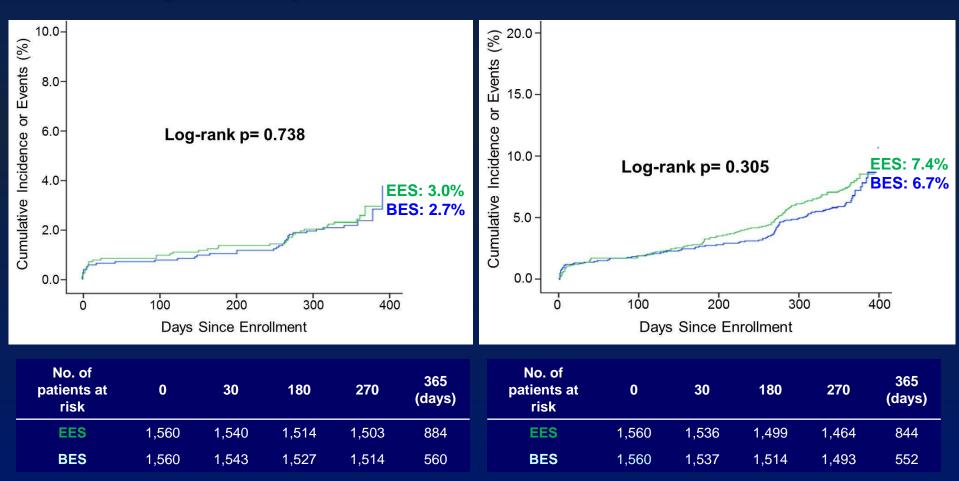
Seoul National University Hospital Cardiovascular Center

Propensity score-matched group analysis BES versus EES

1:1 matching with 1560:1560 patients

Target lesion failure

POCO



Propensity score-matched group analysis BES versus EES Subgroup analysis for TLF at 1y

	BES	EES		HR (95% CI)	Interaction P value
All patients	2.4%	2.5%		0.93 (0.59-1.46)	
Age over 60	2.6%	2.9%	• • • · · · · · · · · · · · · · · · · ·	0.86 (0.50-1.45)	0.631
Age under 60	1.9%	1.7%	← ↓	1.15 (0.47-2.83)	
Male gender	2.1%	2.3%	← ●	0.87 (0.46-1.64)	0.563
Female gender	3.1%	2.7%	←	1.15 (0.58-2.28)	
Diabetes	3.0%	3.5%	• • • · · · · · · · · · · · · · · · · ·	0.84 (0.44-1.61)	0.546
No diabetes	2.1%	1.8%	••	1.14 (0.60-2.22)	
Dyslipidemia	2.7%	2.9%	• • •	0.92 (0.47-1.81)	0.404
No dyslipidemia	2.1%	2.2%	• • • • • • • • • • • • • • • • • • •	0.93 (0.49-1.76)	
Hypertension	3.0%	2.7%	←	1.11 (0.67-1.86)	0.641
No hypertension	1.5%	1.7%	• • • • • • • • • • • • • • • • • • •	0.78 (0.27-2.26)	
STEMI	1.2%	4.4%	• •	0.27 (0.06-1.11)	0.064
Other indication	2.6%	2.4%	• •	1.06 (0.65-1.72)	
Multi lesion PCI	4.0%	3.8%	••	1.04 (0.56-1.92)	0.621
Single lesion PCI	1.5%	1.8%	• • • •	0.83 (0.42-1.65)	

EES better

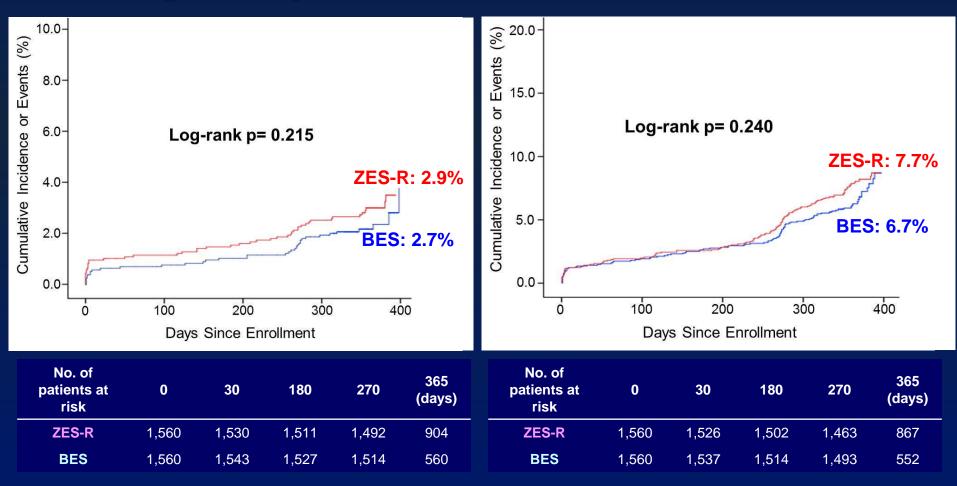
BES better

Propensity score-matched group analysis BES versus ZES-R

1:1 matching with 1560:1560 patients

Target lesion failure





Propensity score-matched group analysis BES versus ZES-R Subgroup analysis for TLF at 1y

	BES	ZES-R			HR (95% CI)	Interaction P value
All patients	2.4%	3.0%				
Age over 60	2.6%	3.5%	• •	→	0.70 (0.42-1.17)	0.681
Age under 60	1.9%	2.1%	• • •	•	0.91 (0.39-2.11)	
Male gender	2.1%	2.9%	• •	 •	0.69 (0.40-1.21)	0.466
Female gender	3.1%	3.2%	· •	•	0.92 (0.45-1.89)	
Diabetes	3.0%	3.1%	· •		0.91 (0.46-1.81)	0.463
No diabetes	2.1%	2.9%	• •	→	0.69 (0.39-1.22)	
Dyslipidemia	2.7%	2.7%	••		1.00 (0.52-1.92)	0.384
No dyslipidemia	2.1%	3.4%	•-•		0.58 (0.32-1.07)	
Hypertension	3.0%	3.0%	•	▶	1.02 (0.61-1.72)	0.110
No hypertension	1.5%	3.1%	• • •		0.42 (0.18-0.98)	
STEMI	1.2%	6.1%	• - •		0.19 (0.05-0.67)	<u>0.012</u>
Other indication	2.6%	2.5%		.	1.00 (0.61-1.63)	
Multi lesion PCI	4.0%	3.0%	• · · · · ·		1.30 (0.71-2.38)	<u>0.026</u>
Single lesion PCI	1.5%	3.0%	• • •		0.49 (0.26-0.93)	
]	BES better	ZES-R bet	ter	

A. Clinical outcome in Whole patientsB. Clinical outcome in Propensity score-matched population

- BES from HOST-BIOLIMUS registry
- ► EES from EXCELLENT registry
- ZES-R from RESOLUTE-KOREA registry

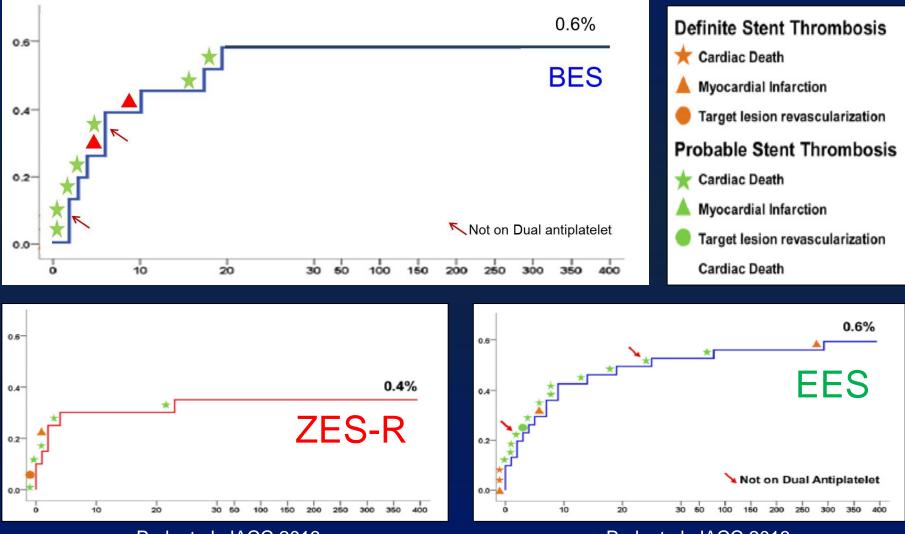
C. Stent Thrombosis



Stent Thrombosis in three HOST-DES cohorts

	BES EES		ZES-R	P Value for BES versus.	
	(N=1,650)	(N=3,056)	(N=1,998)	EES	ZES-R
Definite	2 (0.1%)	6 (0.2%)	3 (0.2%)	1.000	1.000
Acute (0-1day)	0 (0%)	3 (0.1%)	1 (0.1%)	0.555	1.000
Subacute (2-30 days)	2 (0.1%)	2 (0.1%)	1 (0.1%)	0.608	0.585
Late (31-365days)	0 (0%)	1 (<0.1%)	1 (0.1%)	1.000	1.000
Probable	7 (0.4%)	12 (0.4%)	5 (0.3%)	0.810	0.387
Acute (0-1 day)	2 (0.1%)	1 (<0.1%)	3 (0.2%)	1.000	0.636
Subacute (2-30 days)	5 (0.3%)	10 (0.3%)	2 (0.1%)	0.793	0.149
Late (31-360 days)	0 (0%)	1 (<0.1%)	0 (0%)	1.000	-
ST Definite or probable	9 (0.6%)	18 (0.6%)	7 (0.4%)	1.000	0.326
Duration of DAPT					
9 months	1394 (94.1%)	2638 (93.2%)	1702 (93.2%)		
1 yr	1079 (73.6%)	2277 (84.8%)	1463 (84.7%)		

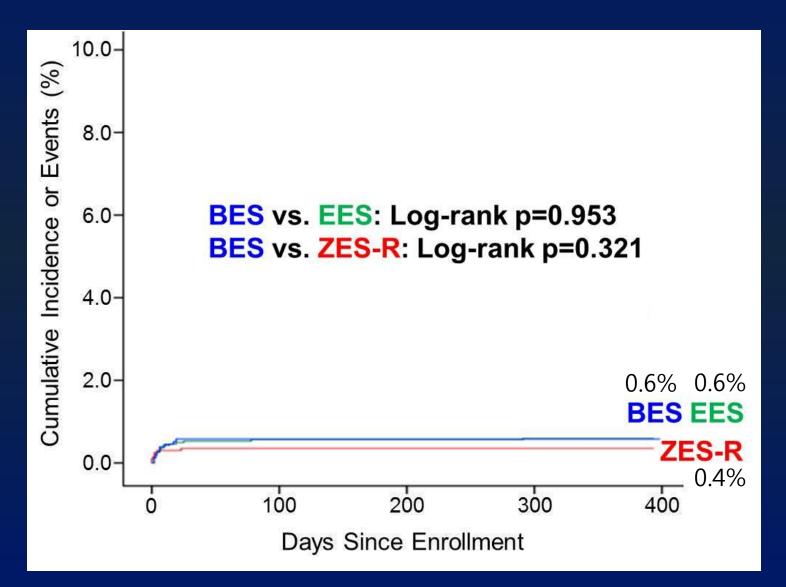
Cumulative Incidence of ST in three HOST-DES cohorts



Park et al. JACC 2013

Park et al. JACC 2013

Cumulative Incidence of ST in three HOST-DES cohorts



Part IV.

Future Plan

HOST-BIOLIMUS-3000-KOREA registry

HOST = Harmonized Optimal Strategy to Treat CAD



Seoul National University Hospital Cardiovascular Center

HOST-BIOLIMUS-3000-KOREA registry

A. Completion of enrollment

- : end of 2013
- B. Clinical data of 1, 2, 3 years

C. Angiographic substudy

- : 50% of cohort
- : 9 months angiography follow-up



HOST-Biolimus-3000-Korea Participating Centers

Seoul National University Hospital Seoul National University Bundang Hospital Seoul National University Boramae Hospital Sejong Heart Institute, Sejong General Hospital Korea University Ansan Hospital Keimyung University Hospital Chungbuk National University Hospital Konyang University Hospital Ilsan Baek Hospital Korea University Guro-Hospital Yangsan Pusan National University Hospital Ewha Womans University Mokdong Hospital

Pusan National University Hospital Daegu Fatima Hospital Gangdong Sungshim Hospital Kwangju Christian hospital The Catholic University of Korea Uijeongbu St. Mary's Hospital **Kosin University Hospital** Hanyang University Hospital **Youngnam University Hospital Inha University Hospital** Soon-chun-hyang University Hoapital, Gumi Jeju University Hospital