Five-Year Follow-UP after Treatment of Diffuse In-Stent Restenosis with Rotational Atherectomy Followed by Radiation Therapy with a ¹⁸⁸Re-MAG₃-Filled Balloon (**R4 trial**)

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R4 trial

Radiation with ¹⁸⁸Re-MAG₃-filled balloon after Rotablation for diffuse in-stent Restenosis



Purpose To evaluate the efficacy and 5-year clinical outcomes of R4 trial



Inclusion Criteria

 Diffuse In-stent Restenosis (>10 mm in length)
 Total occlusion



Exclusion Criteria

• LV EF < 30%

- AMI within 72 hours
- Coronary artery spasm
- Creatinine > 3.0 mg/dL
- Concomitant serious disease: expected survival < 2 years
- Pregnant woman



Subject From March 1999 to February 2000

50 patients (M/F: 42/8, 56 years) Diffuse ISR (mean lesion length 25.6±12.7 mm)



Method

¹⁸⁸Re-MAG₃-filled balloon after Rotational atherectomy with adjunctive balloon angioplasty **Fractionation allowed if needed** Single lesion for brachytherapy in patients with multivessel disease Long balloon preferred **Overlapping permitted**

How Much to Prescribe?

• AMC: ¹⁸⁸Re

ARREST: ¹⁹²Ir
 ARTISTIC: ¹⁹²Ir
 BERT: ⁹⁰Sr
 Beta-WRIST:
 CURE: ¹⁸⁸Re
 START: ⁹⁰Sr
 Perth: ¹⁸⁸Re

15 Gy @ 1 mm depth from balloon / artery interface

12 Gy @ 2mm 12-18 Gy @ 2mm for ISR 12/ 14/ 16 Gy @ 2mm 20.6 Gy @ 1.2mm for ISR 20 Gy @ balloon surface 19-20 Gy @ 2mm for ISR 30 Gy @ 0.5mm for ISR



Antithrombotic Therapy

Aspirin 200 mg qd indefinitely
 Ticlopidine 250 mg bid for 1 month
 Cilostazol 100 mg bid > 6 months



Follow-Up

Angiographic follow-up at 6 months, and 2 years after brachytherapy

QCA Analysis

Clinical follow-up at 60 months: MACE and other significant events



linical haracteristics (n=50) Clinical diagnosis (%) **Unstable angina** 33 (66) 17 (34) Stable angina **Involved artery (%)** Left Main 1 (2) 34 (68) LAD 5 (10) LCX **RCA** 10(20)LV ejection fraction (%) 60 ± 7





Sotablation Procedure

Jean Rotablator burr size 2.06 ± 0.21 mm

Burr Size 1.75mm 8 (16) 22 (44) **2.0mm** 4 (8) 2.15mm 10 (20) 2.25mm 6 (12) 2.38mm **Burr/Artery Ratio** 0.7 ± 0.1 Frequency 4.2 ± 1.5



adiation Coverage

ean Lesion Length ean RT Balloon Length 25.6 ± 12.7 mm 37.6 ± 11.2 mm

Radiation Length20mm3 (6)30mm19 (38)40mm21 (42) $30mm \times 2$ 7 (14)Dverlapping Balloon7 (14)Radiation duration $202 \pm 62 \sec$ PressureNominal (6 atm)



Procedure-related Data

 2.89 ± 0.40 **Reference artery size (mm)** MLD (mm) **Preprocedural Postprocedural Diameter stenosis (%) Baseline** Final **Balloon/Artery Ratio** Acute gain, mm

 0.60 ± 0.44 2.68 ± 0.39

 79.8 ± 14.1 6.53 ± 12.2 1.23 ± 0.21 2.08 ± 0.46



mmediate Results

Success rate: 100 %
No major procedure related complications
No episode of isotope leakage

5-month angiographic FU

6-mo angiographic FU rate

50/50 (100%)

F/U MLD (mm) Late Loss (mm) Loss Index

Restenosis rate (%) In-stent Edge 2.08 ± 0.46 0.37 ± 0.65 0.17 ± 0.31 5/50 (10%) 23







6-month & 2-year angiographic Restensis Rate

N = 50 patients FU = 50/50 (100%)

N = 45 patientsFU = 26/45 (58%)



R4 tria -month & 2-year angiographic MI <u>N=2</u>



Postprocedural, 6-Month, & 2-Year Quantitative IVUS Measurement



Proximal

Stent segment

8

Λ

10 12 14 (mm)

Dista

In-stent segment with 2 mm interval → Average stent CSA (mm²) Average lumen CSA (mm²) Average intimal hyperplasia CSA (mm²) Of 26 patients, 21 available data were analyzed.



-month & 2-year IVUS Data

cluding 4 patients with late "catch-up" phenomena (N=





-month & 2-year IVUS Data

1 patients with patent 6-month & 2-year angiogram (N=







Proximal and distal segment with 2 mm interval from the stent edge

→ Average EEM CSA (mm²) Average lumen CSA (mm²) Average plaque + media CSA (mm²) Average plaque burden (%)



-month & 2-year IVUS Data

Proximal reference segment (N=17)





-month & 2-year IVUS Data

Distal reference segment (N=17)



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ive-Year Clinical Follow-up

<u>N=50</u>	At 6 month	At 6 to 30 months	At 30 to months
eath	0	1(2%)	0
Noncardiac	0	1(0.1%)	0
Cardiac	0	0	0
on fatal MI	0	0	0
R	0	6(12%)	2(4%)
te thrombosis	0	0	0
mbined events	0	7(14%)	2(4%)



Death & Event-free Survival





Conclusion

The late catch-up phenomenon might occur between 6 months and 5 years after beta-radiation

Although long-term (5-year) follow-up show occurrence of late TLR, which may be associat with late restenosis, beta-radiation using a ¹⁸⁸R MAG₃-filled balloon after rotational atherecton is associated with sustained favorable outcomes u to 5 years.



Study Limitations

The number of study patients is small.

Because of the lack of a control group, we could not compare the data with other therapeutic modalities.

There were no routine angiographic followup after 2 years, thus clinically driven event do not represent subclinical changes of irradiated segment.