18th ANGIOPLASTY SUMMIT-TCTAP 2013 Seoul, Korea, April 23-26, 2013

Devices and Long-Term Outcomes of Renal Denervation for Hypertension

Horst Sievert, Ilona Hofmann, Laura Vaskelyte, Stefan Bertog, Simon Lam, Sameer Gafoor CardioVascular Center Frankfurt - CVC Frankfurt, Germany 18th ANGIOPLASTY SUMMIT-TCTAP 2013 Seoul, Korea, April 23-26, 2013

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New devices

- Radiofrequency catheters
 - St. Jude Medical
 - Cordis
 - Medtronic
 - Angiocare Terumo
 - Verve
- Radiofrequency balloons
 - Maya Covidien
 - Vessix Boston
- Nano particles
 - Apex Nano

- Drugs
 - Mercator
 - Ablative Solutions
 - Northwind
 - Kipprokration Hospital, Athens
- Radiation
 - Best Medical Int.
- Ultrasound
 - Recor Medical
 - CardioSonic
 - Sound Interventions
 - Kona

SJM: EnligHTN Renal Artery Ablation Catheter

- Multi-electrode catheter
 4 monopolar electrodes
 Deflectable tip
 Two basket sizes:
 16 mm longth: 6 mm
 - 16 mm length; 6 mm
 - 18 mm length; 8 mm
 - Good for arteries 4-8mm
- 8F guide compatible
- Ablation time 90 sec per electrode



Symplicity Catheter: Handle Features

Deflect tip by pulling lever towards back of handle



Straighten tip by pushing lever towards front of handle



Handle rotator has tactile "click" every 45 degrees



Medtronic's Multi-Electrode

- 4 electrodes
- Monrail
- 6F guide compatible
- 60 second per artery







Covidien OneShot™ Renal Denervation System

- Balloon with spiral electrode
 - 20 mm long
 - 5, 6 and 7mm diameter
 - Low pressure (<1atm)
 - 0.014" guidewire
 - 8F guide compatible
- Cooling by irrigation holes



Vessix Vascular - Boston V2 Renal Denervation System

- Balloon catheter with gold bipolar RF electrodes
- 3-7 mm renal arteries
- Low pressure (<3 atm)
- Simultaneous energy delivery to all electrodes
- Temperature sensors at each electrode
 - independent titration of power
- 68°C
- 30 seconds
- $< \frac{1}{2}$ to 1 watt



Therapeutic Ultrasound

- As with RF energy, renal denervation is achieved by inducing thermal necrosis
- Ultrasound energy passes through the fluids and generates frictional heating in soft tissues
- Unlike RF, no direct tissue contact required

Ultrasound: Recor Medical

- Ultrasound transducer mounted inside of a 6 F low pressure balloon
- Ultrasound creates heat within the surrounding structures and tissue
- Cooled water in the balloon protects the endothelium against heat
- 2nd gen device is OTW
- 30 seconds of circumferential heating



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Renal Denervation ... Device Based Treatment of Hypertension ... Neurohumoral Interventions ... www.csi-trends.org



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Symplicity HTN-1



Volume 373 - Number 9671 - Pages 1223-1310 - April 11-17, 2009

Catheter-based renal sympathetic denervation for resistant hypertension: a multicentre safety and proof-of-principle cohort study

Henry Krum, Markus Schlaich, Rob Whitbourn, Paul A Sobotka, Jerzy Sadowski, Krzysztof Bartus, Bogusław Kapelak, Anthony Walton, Horst Sievert, Suku Thambar, William T Abraham, Murray Esler

Lancet. 2009;373:1275-1281

Initial Cohort – Reported in the Lancet, 2009:

-First-in-man, non-randomized -Cohort of 45 patients with resistant HTN (SBP ≥160 mmHg on ≥3 anti-HTN drugs, including a diuretic; eGFR ≥ 45 mL/min)

- 12-month data



Catheter-Based Renal Sympathetic Denervation for Resistant Hypertension

Durability of Blood Pressure Reduction Out to 24 Months

Symplicity HTN-1 Investigators*

Hypertension. 2011;57:911-917.

Expanded Cohort – initially reported in Hypertension, 2011, updated

-n=153

-24 and 36 -month follow-up

Baseline Patient Characteristics (n=153)		
Demographics	Age (years)	57 ± 11
	Gender (% female)	39%
	Race (% non-Caucasian)	5%
Co-morbidities	Diabetes Mellitus II (%)	31%
	CAD (%)	22%
	Hyperlipidemia (%)	68%
	eGFR (mL/min/1.73m ²)	83 ± 20
Blood Pressure	Baseline BP (mmHg)	176/98 ± 17/15
	Number of anti-HTN meds (mean)	5.1 ± 1.4
	Diuretic (%)	95%
	Aldosterone blocker(%)	22%
	ACE/ARB (%)	91%
	Direct Renin Inhibitor	14%
	Beta-blocker (%)	82%
	Calcium channel blocker (%)	75%
	Centrally acting sympatholytic (%)	33%
	Vasodilator (%)	19%
	Alpha-1 blocker	19%

Symplicity HTN-1 Investigators. Hypertension. 2011;57:911-917.

Periprocedural Adverse Events

 1 renal artery dissection during catheter delivery (prior to RF energy)

-no sequelae

3 access site complications

 treated without further sequelae

Adverse Events Out to 36 months*

- One progression of a pre-existing stenosis unrelated to RF treatment (stented without further sequelae)
- One new moderate stenosis, no treatment
- Hypotension and Renal Failure (18 m) n=1
 - Due to sepsis, resolved
- Hypotension and Renal Failure (24 m) n = 1
 - Post-operative acute renal failure
 - resolved
- Hypotension Episode (n = 1)
 - No treatment, resolved
- 3 deaths, unrelated to procedure
 - Myocardial Infarction After 3-day visit
 - Sudden death (cardiac) After 6 months
 - Cardio-respiratory arrest After 18 months

*Analysis includes data on all patients available through 36 months

Change in Office BP Through 36 Months



Reported as mean with 95% confidence intervals

Distribution of SBP Change at Baseline, 1, 12, 24, and 36 Months



Schlaich M, TCT 2012

Percentage Responders Over Time*





Schlaich M, TCT 2012

Symplicity HTN-2 THE LANCET

Renal sympathetic denervation in patients with treatmentresistant hypertension (The Symplicity HTN-2 Trial): a randomised controlled trial

Symplicity HTN-2 Investigators*

Lancet. 2010;376:1903-1909

- Study design: randomized, controlled, clinical trial
- **Patients:** 106 patients randomized 1:1 to treatment with renal denervation vs. control
- Clinical Sites: 24 centers in Europe, Australia, & New Zealand

Symplicity HTN-2 Investigators. *Lancet.* 2010;376:1903-1909

Primary Endpoint: 6-Month Office BP



- 84% of RDN patients had ≥ 10 mmHg reduction in SBP
- Only 10% of RDN patients had no reduction in SBP

Symplicity HTN-2 Investigators. *Lancet.* 2010;376:1903-1909

Adverse events Symplicity HTN-2

- Renal artery dissection (n=1)
 - from injection of contrast into renal artery wall during dye angiography.
 - stented without further consequences
- One hospitalization prolonged due to hypotension (n=1)
 - resolved
- Minor adverse events (full cohort)
 - 1 femoral artery pseudoaneurysm treated with manual compression
 - 1 postprocedural drop in BP resulting in a reduction in medication
 - 1 urinary tract infection
 - 1 prolonged hospitalization for evaluation of paraesthesias
 - 1 back pain treated with pain medications and resolved after 1 month
- 6-month renal imaging (n=43) showed no vascular abnormalities at any RF treatment site
 - 1 MRA indicates possible progression of a pre-existing stenosis unrelated to RF treatment (no further therapy warranted)

Esler M, ACC 2012 Esler M, ESC 2012

Office BP 18 months Post Procedure



*Patients randomized to control were offered RDN following the primary endpoint assessment. Only patients still meeting entry criteria (SBP \geq 160 mmHg) were included in this analysis (n=37)

Renal Function Over Time

RDN eGFR*



Renal function parameters were not obtained beyond 12 months follow up *eGFR mL/min/1.73m² Esler M, Symplicity HTN-2ESC 2012

Crossover eGFR*

Symplicity HTN-2: Adverse events through 18 mo post procedure

- 2 hypotensive events that required hospitalization: 1 in crossover cohort and 1 in RDN cohort
- 10 hypertensive events (in 8 patients) requiring hospitalization through 18 months post RDN in combined cohort
- 1 mild transient acute renal failure
 - resolved
- 2 unrelated deaths during follow-up

*Renal function parameters were not obtained beyond 12 months follow up

Conclusions

- There are 5 devices available for renal denervation
- Long-term data are available for the Symplicity catheter (Medtronic)
- The magnitude of blood pressure reduction is significant and sustained through 36 months
- No late adverse events related to RDN through 36 months