

# Randomized comparison of a novel, ultrathin cobalt-chromium biodegradable polymer sirolimus-eluting stent with a thin strut durable polymer everolimus-eluting stent for percutaneous coronary revascularization – final 5 year outcomes

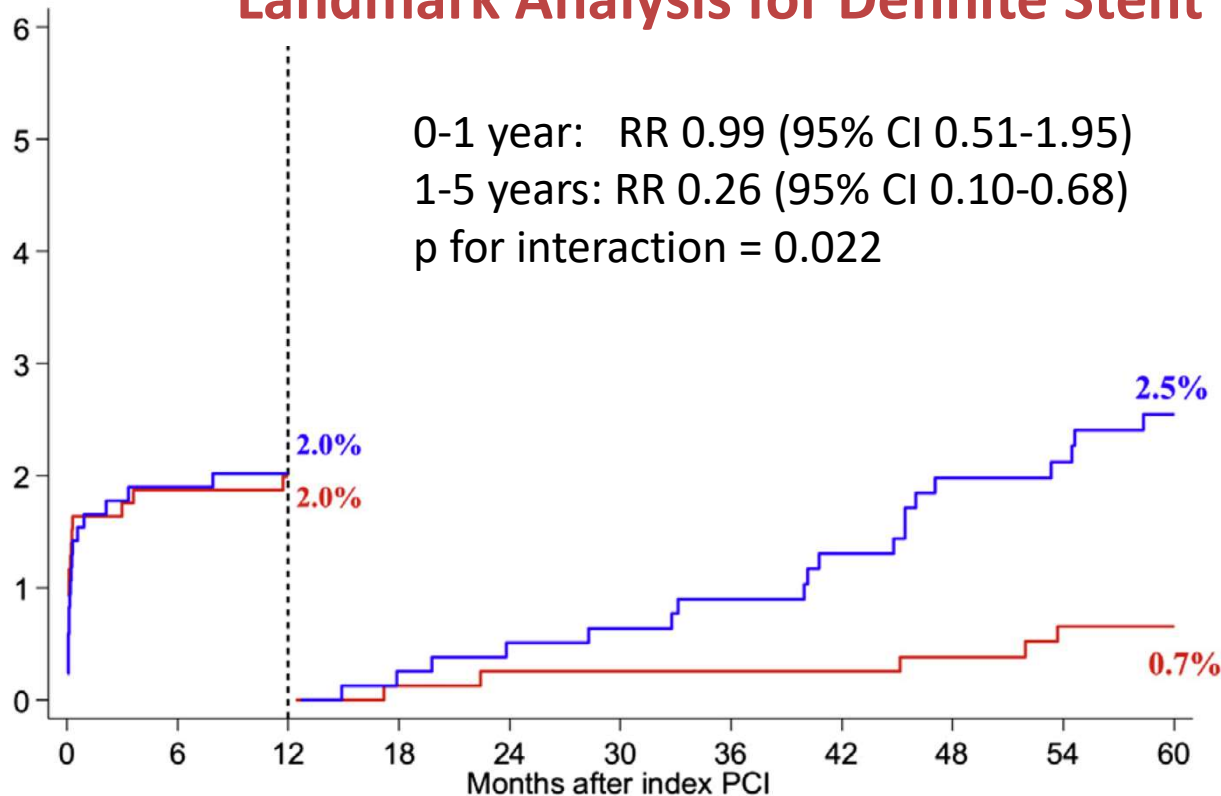
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# BIODEGRADABLE POLYMERS IN EARLIER GENERATION DES

## Landmark Analysis for Definite Stent Thrombosis



**Safety benefit of BP  
BES vs DP SES related  
to reduction in very  
late stent thrombosis  
(1-5 years)**

**LEADERS trial**

Serruys PW et al, JACC Interv 2013

WS1

ESC Congress  
Munich 2018

## Slide 2

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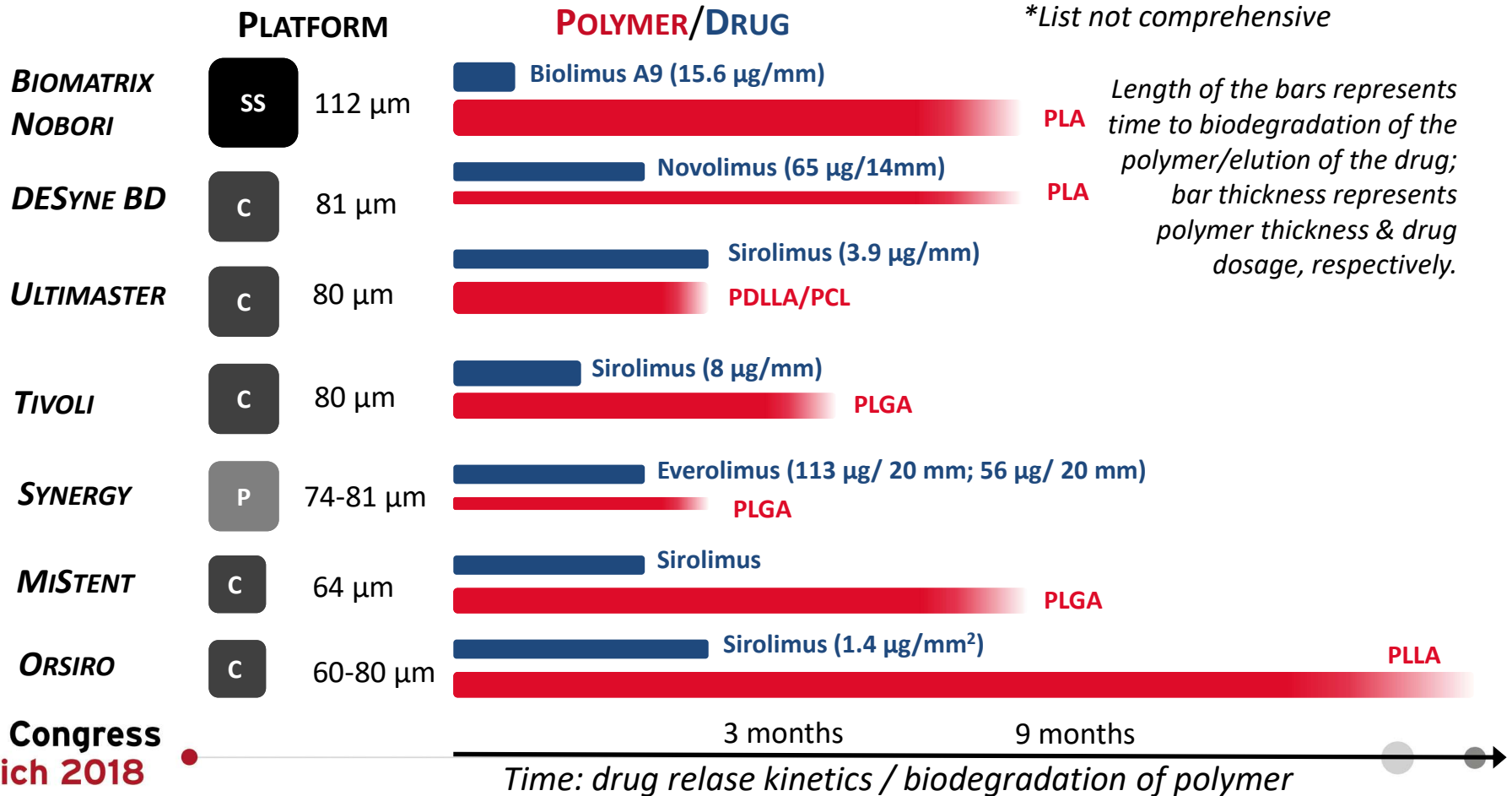
**WS1**

Consider Lancet publication by Giulio which also shows impact on ST related events on CV death and MI

Windecker, Stephan, 8/2/2018

# BIODEGRADABLE POLYMER DRUG-ELUTING STENTS

*\*List not comprehensive*

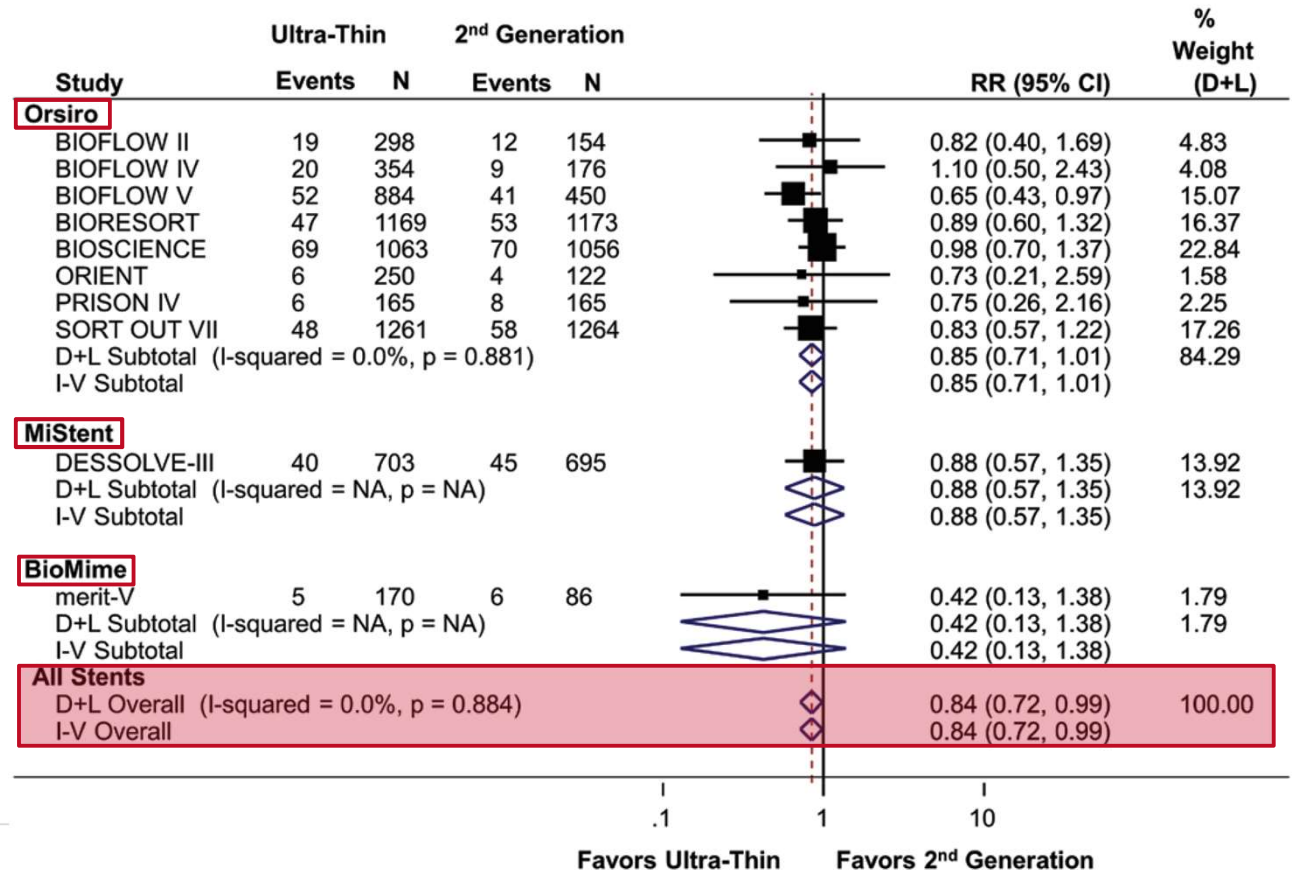


# ULTRATHIN STRUT ( $\leq 65 \mu\text{m}$ ) VERSUS THIN STRUT DES



## Meta-Analysis of 10 RCTs including 11,658 patients

**16% reduction in TLF (RR=0.84; 95% CI 0.72-0.99) driven by lower rate of MI (RR=0.80; 95% CI 0.65-0.99).**

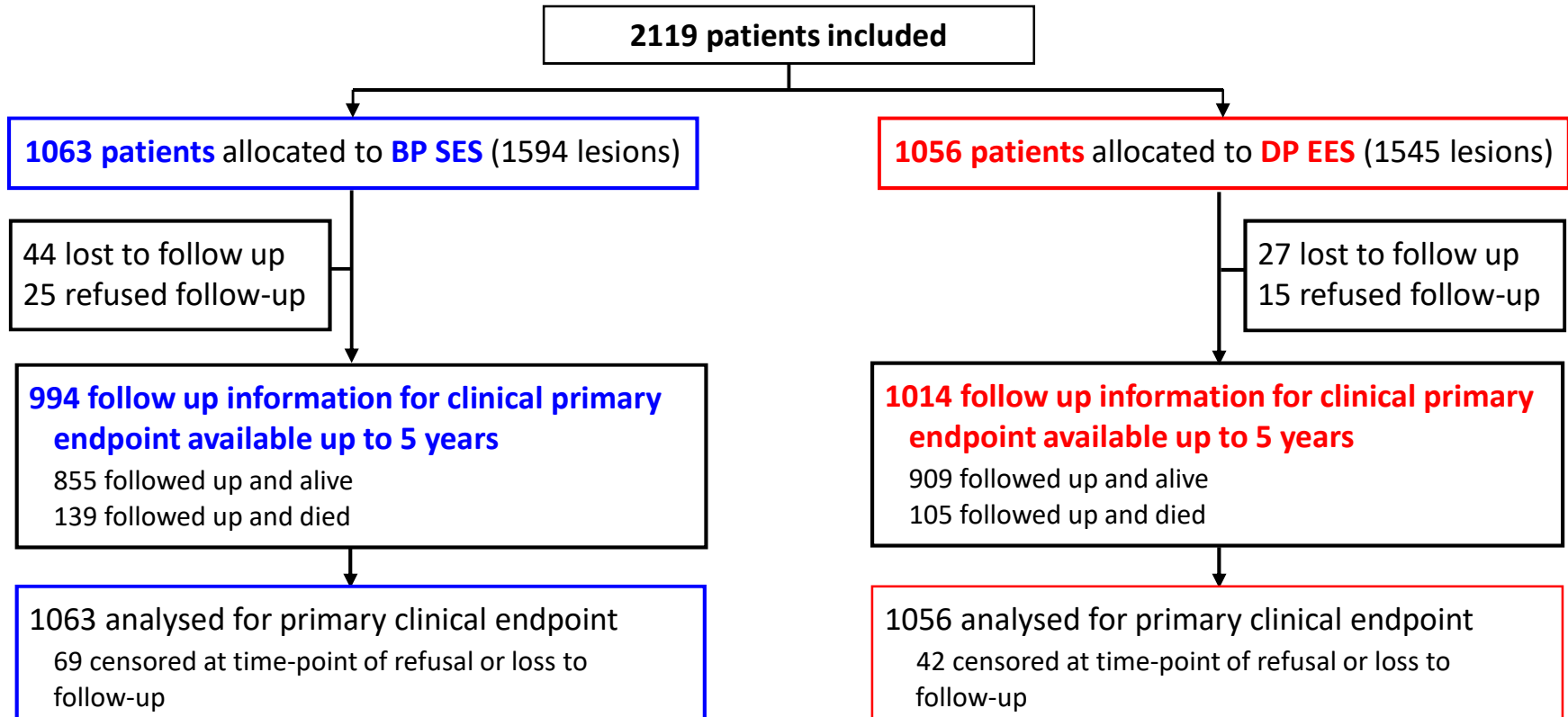
Bangalore S et al, Circulation 2018



# STENT PLATFORMS

	<b>ORSIRO BP-SES</b>	<b>XIENCE – DP EES</b>
<b>PLATFORM</b>	Cobalt-Chromium, L-605  60 μm ≤3.0 mm	Cobalt-Chromium, L-605  81 μm >3.0 mm
<b>POLYMER</b>	Silicon carbide layer <b>Biodegradable</b> PLLA: poly-L-lactic acid	<b>Durable</b> PBMA/PVDF-HFP
<b>DRUG</b>	<b>Sirolimus</b> (1.4 μg/mm <sup>2</sup> )	<b>Everolimus</b> (1.0 μg/mm <sup>2</sup> )

# PATIENT FLOW CHART

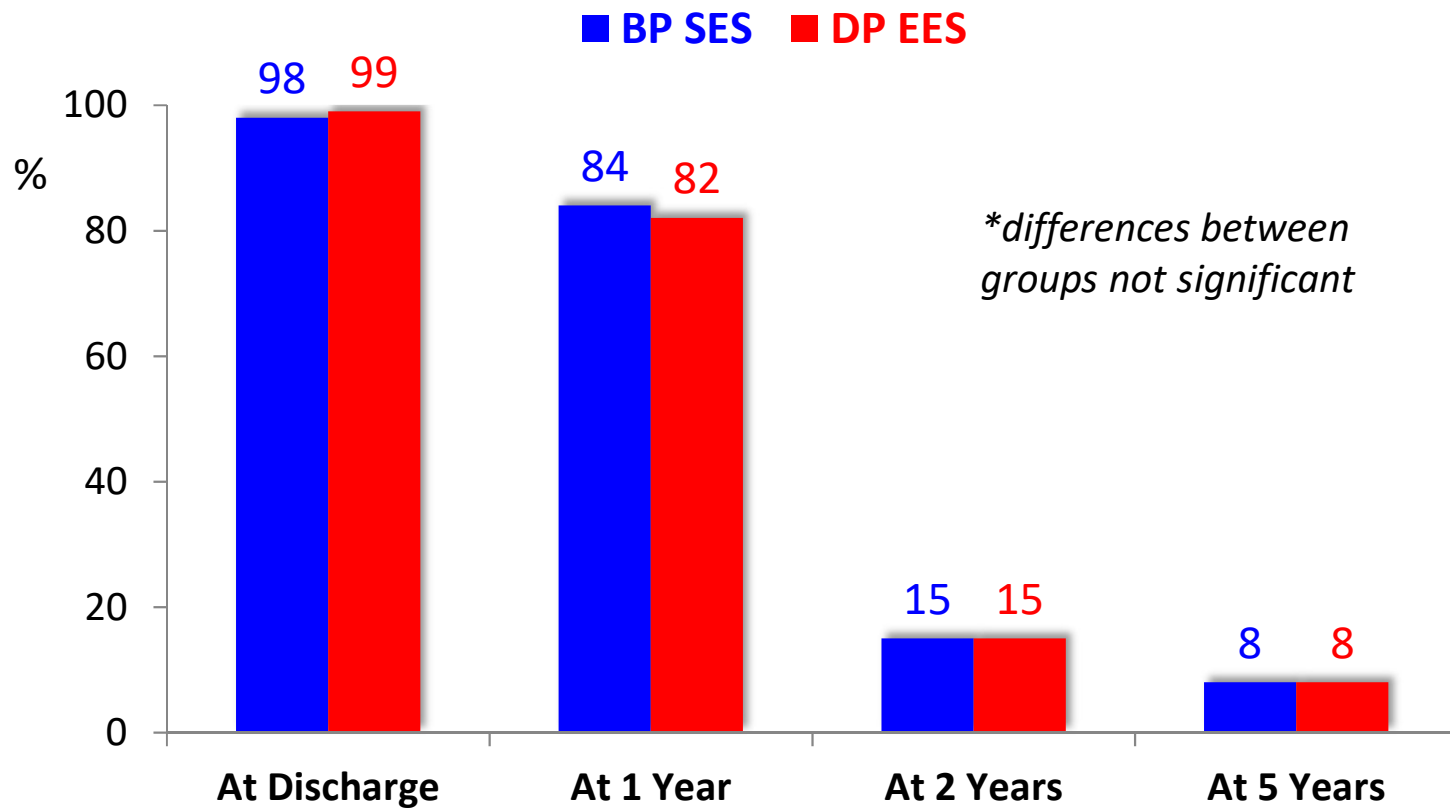


# BASELINE CHARACTERISTICS

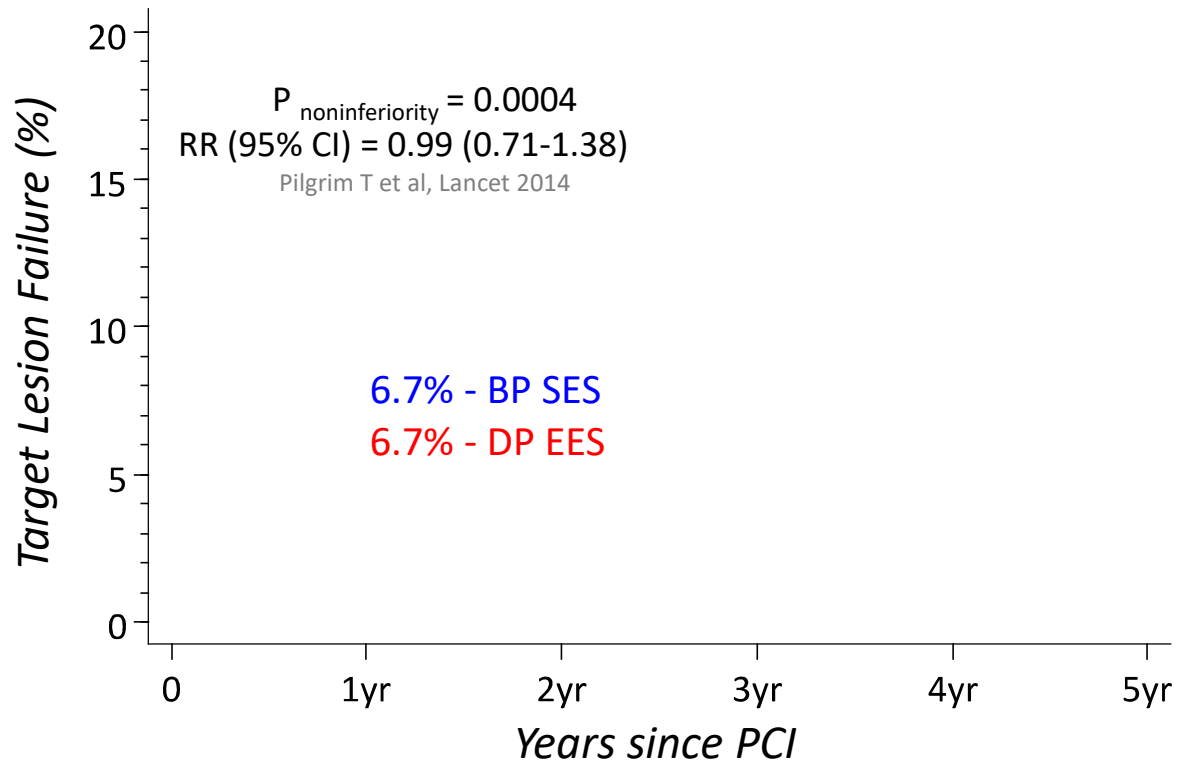
	BP SES (n=1,063)	DP EES (n=1,056)
Age (years) — mean ± SD	66.1 ± 11.6	65.9 ± 11.4
Male gender — n (%)	818 (77%)	816 (77%)
Diabetes mellitus — n (%)	257 (24%)	229 (22%)
Hypertension — n (%)	728 (69%)	706 (67%)
Hypercholesterolemia — n (%)	712 (67%)	716 (68%)
Renal Failure (GFR<60 ml/min) — n (%)	151 (15%)	130 (13%)
Left ventricular ejection fraction (%) — mean ± SD	55.7 ± 12.1	55.9 ± 12.6
Indication — n (%)		
Unstable angina	78 (7%)	74 (7%)
Non ST-segment elevation MI	288 (27%)	284 (27%)
ST-segment elevation MI	211 (20%)	196 (19%)
Stable angina	325 (31%)	332 (31%)



# DUAL ANTIPLATELET TREATMENT



# TARGET LESION FAILURE



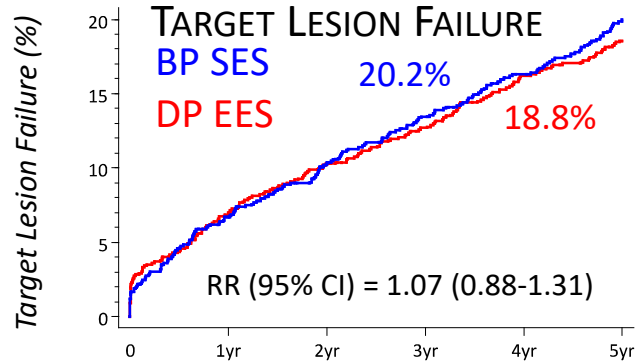
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Number at risk

	0	1yr	2yr	3yr	4yr	5yr
DP-EES	1056	966	914	866	827	797
BP-SES	1063	959	885	830	786	740

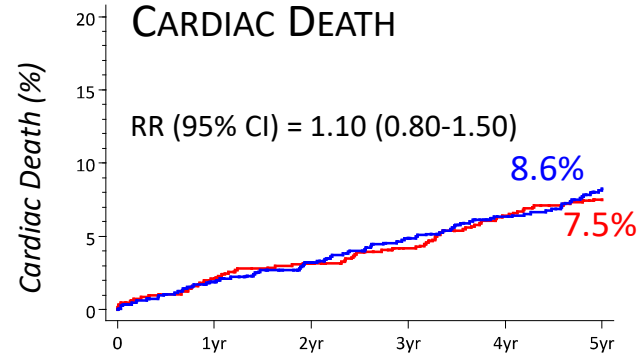


# COMPONENTS OF THE PRIMARY ENDPOINT



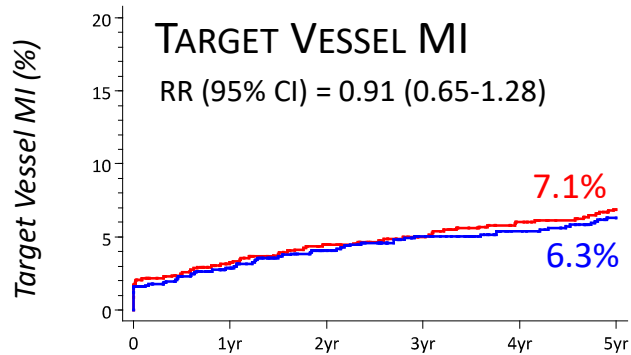
Number at risk

DP-EES	1056	966	914	866	827	797
BP-SES	1063	959	885	830	786	740



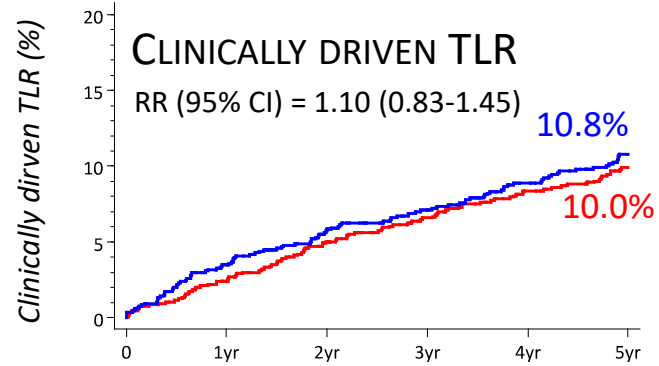
Number at risk

DP-EES	1056	1016	986	950	923	904
BP-SES	1063	1008	958	913	879	846



Number at risk

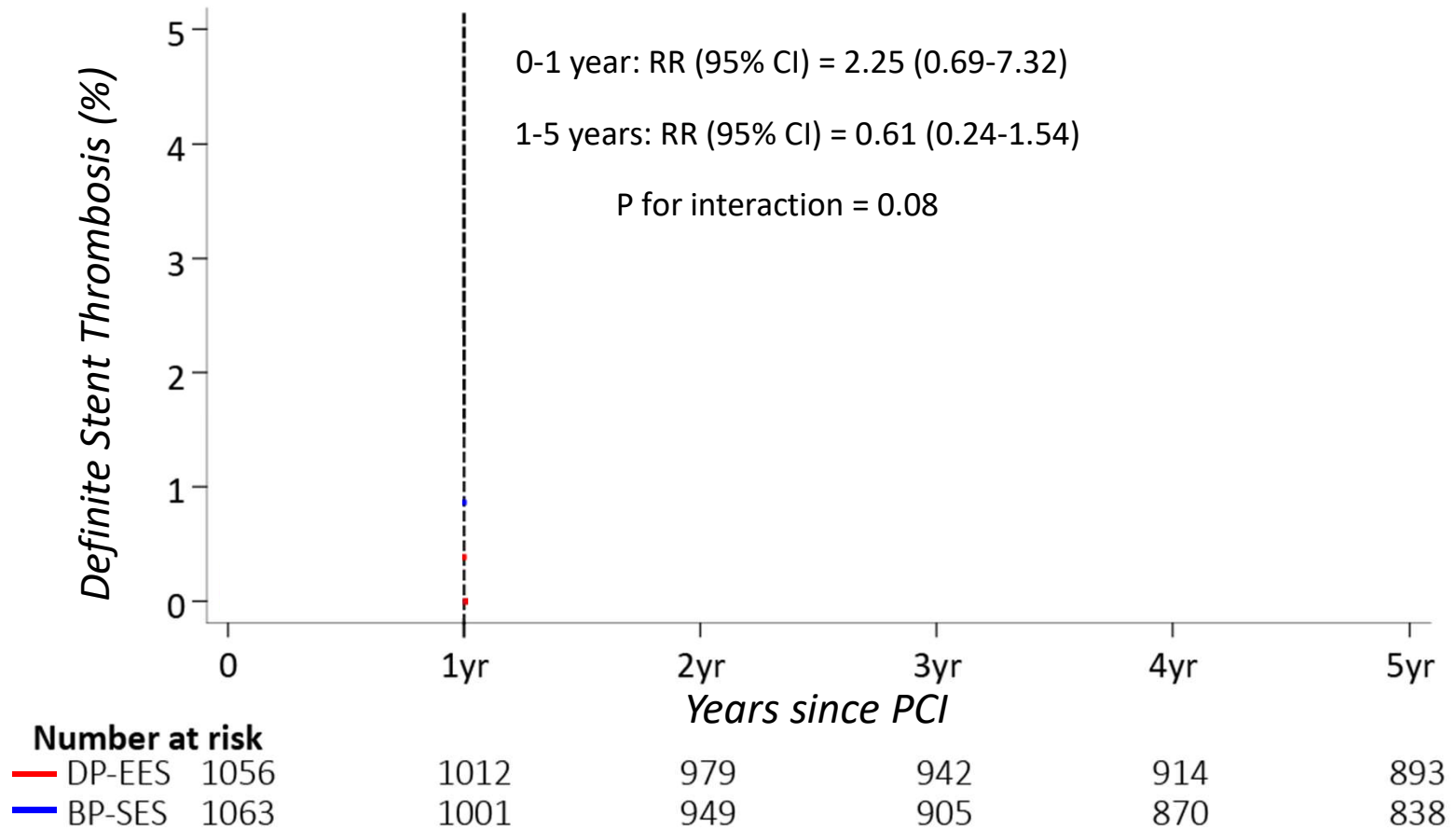
DP-EES	1056	982	944	905	872	846
BP-SES	1063	980	918	868	835	799



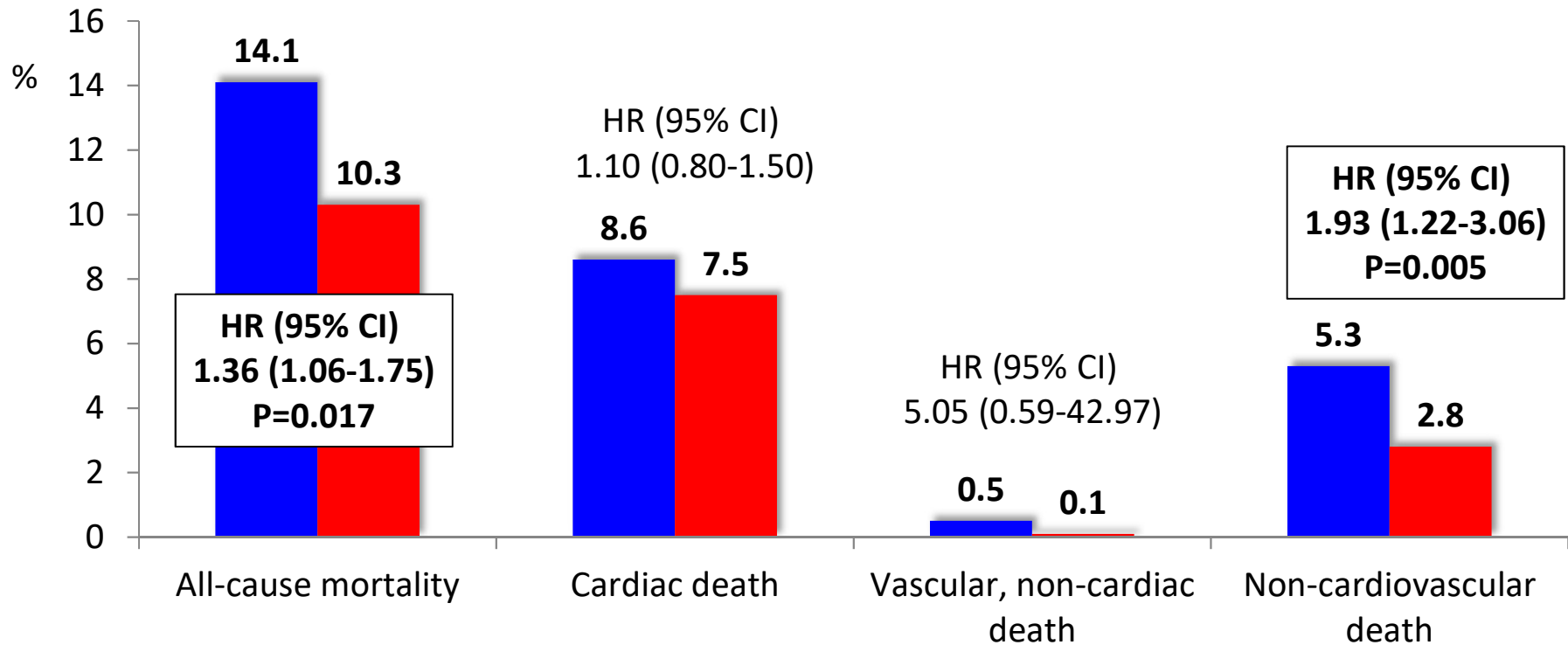
Number at risk

DP-EES	1056	992	938	890	852	822
BP-SES	1063	975	902	848	800	757

# DEFINITE STENT THROMBOSIS



# ALL-CAUSE & NON-CARDIOVASCULAR MORTALITY



# STRATIFIED ANALYSIS OF 1° EP - TARGET LESION FAILURE

	BP-SES (N=1063) Events/ Patients	DP-EES (N=1056) Events/ Patients	Hazard Ratio (95%CI)	Hazard Ratio (95%CI)	P-value	P-value for interaction
<b>Diabetes</b>						0.3070
Yes	74/257	57/229	1.23 (0.87-1.73)		0.2439	
No	124/806	132/827	0.98 (0.77-1.26)		0.9005	
<b>ACS</b>						0.7743
Yes	89/577	85/554	1.04 (0.78-1.41)		0.7786	
No	109/486	104/502	1.11 (0.85-1.45)		0.4604	
<b>STEMI</b>						0.1204
Yes	25/212	31/196	0.74 (0.43-1.25)		0.2535	
No	173/851	158/860	1.15 (0.93-1.43)		0.1936	
<b>Off-label</b>						0.6800
Yes	129/629	130/646	1.04 (0.81-1.32)		0.7633	
None	67/427	59/407	1.14 (0.80-1.61)		0.4764	
<b>Small vessels</b>						0.1796
Yes	165/812	152/828	1.14 (0.92-1.42)		0.2406	
None	31/244	37/225	0.80 (0.49-1.28)		0.3499	

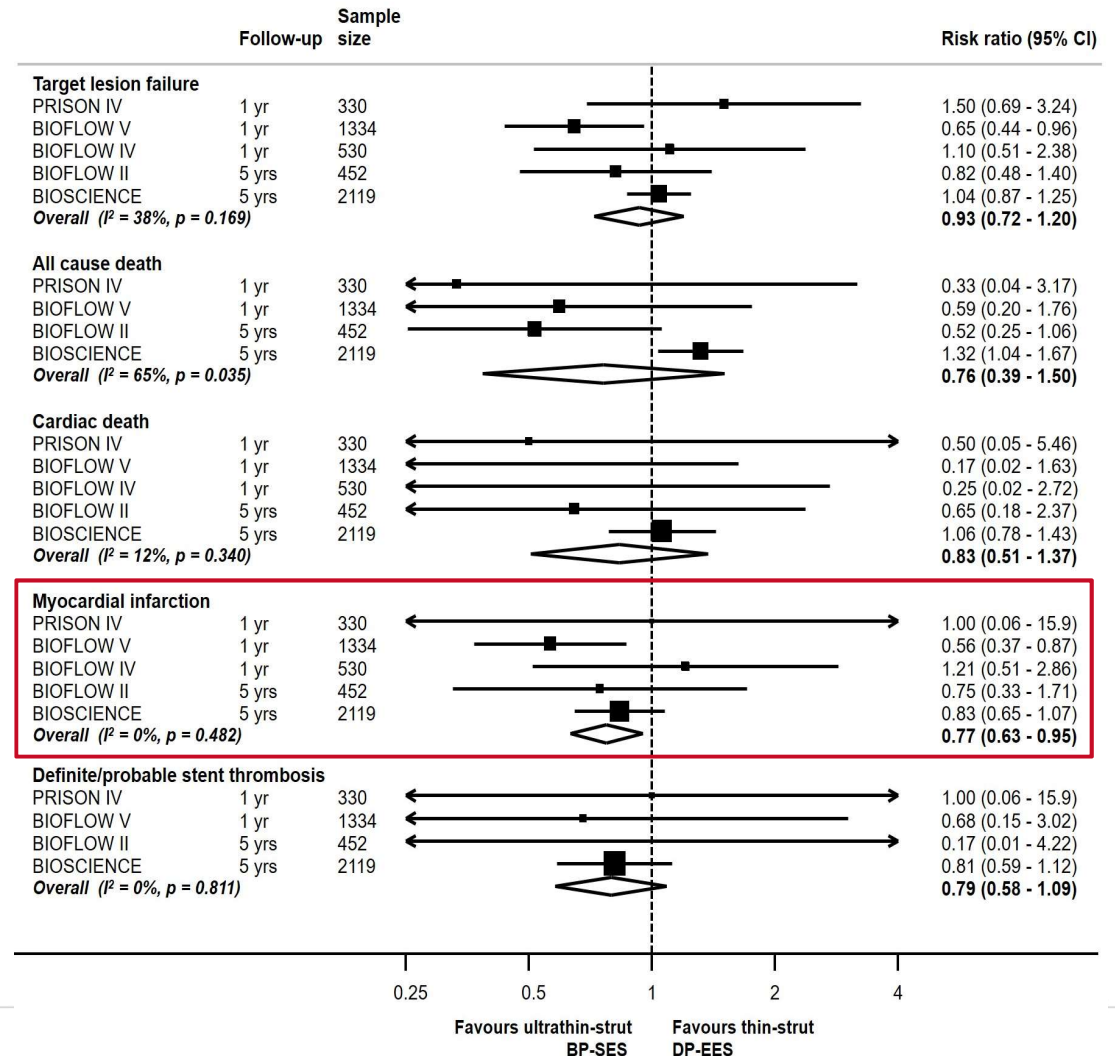
# META-ANALYSIS OF FIVE RCTs COMPARING ORSIRO BP SES vs. XIENCE DP EES

n = 4765 patients

**23% reduction of myocardial infarction in patients treated with BP SES compared with DP EES (RR=0.77; 95% CI 0.63-0.95).**

PRISON IV. Teeuwen K et al, JACC Cardiovasc Interv 2017  
BIOFLOW IV/V. Kandzari DE et al, Lancet 2017  
BIOFLOW II. Lefèvre T et al, JACC Cardiovasc Interv 2018

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# CONCLUSION I

- **The final five-year outcomes of the randomized controlled BIOSCIENCE trial demonstrate comparable outcomes of ultrathin strut biodegradable sirolimus-eluting stents and thin strut durable polymer everolimus-eluting stents with regards to the composite of target lesion failure.**



## CONCLUSION II

- **Higher rates of all-cause and non-cardiovascular mortality in patients treated with biodegradable polymer sirolimus-eluting stents warrant careful observation in ongoing studies.**
- **A trend towards a differential in timing of definite stent thrombosis may reflect an effect of the biodegradable polymer.**
- **Lower rates of myocardial infarction in a meta-analysis of BP SES versus DP EES may be related to the ultrathin strut thickness.**

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# Ultrathin-strut, biodegradable-polymer, sirolimus-eluting stents versus thin-strut, durable-polymer, everolimus-eluting stents for percutaneous coronary revascularisation: 5-year outcomes of the BIOSCIENCE randomised trial

*Thomas Pilgrim, Raffaele Piccolo, Dik Heg, Marco Roffi, David Tüller, Olivier Muller, Igal Moarof, George C M Siontis, Stéphane Cook, Daniel Weilenmann, Christoph Kaiser, Florim Cuculi, Lukas Hunziker, Franz R Eberli, Peter Jüni, Stephan Windecker*

## **Summary**

**Background** Drug-eluting stents combining an ultrathin cobalt-chromium stent platform with a biodegradable polymer eluting sirolimus have been shown to be non-inferior or superior to thin-strut, durable-polymer, everolimus-eluting stents in terms of 1 year safety and efficacy outcomes.

*The Lancet*, published online  
August 28, 2018