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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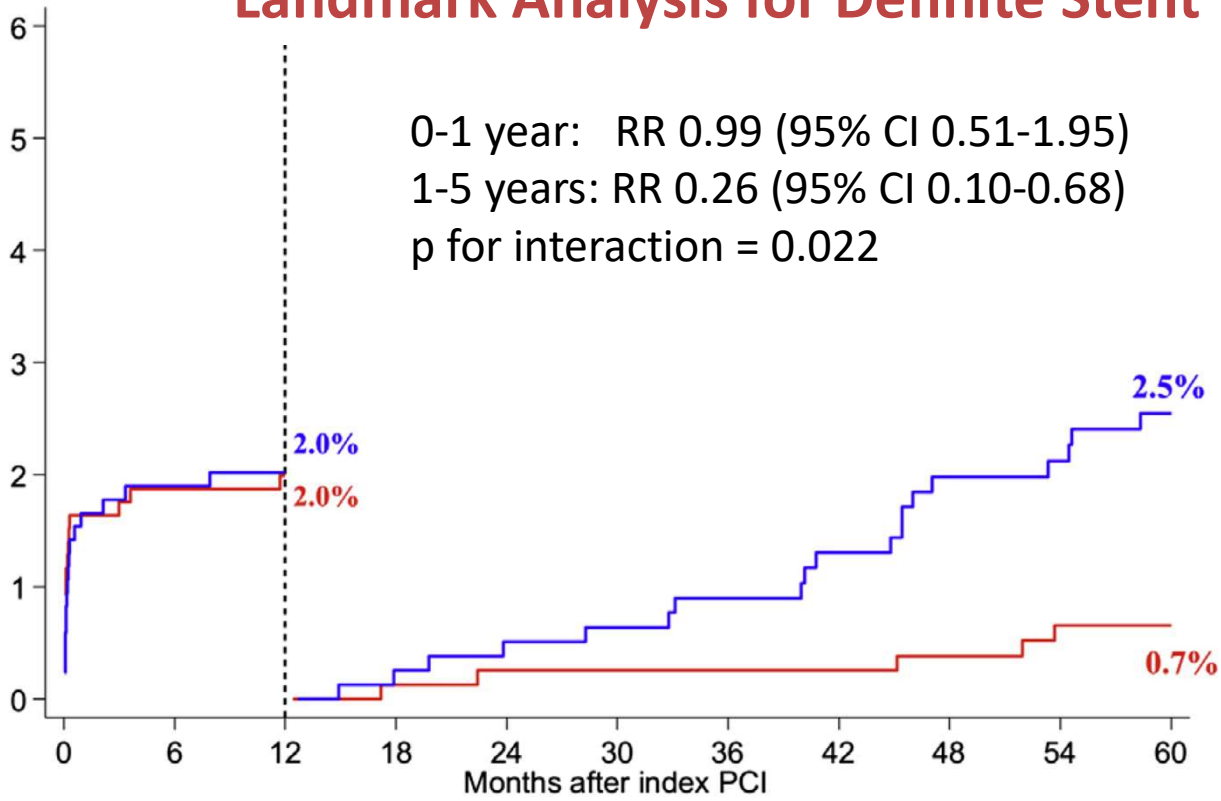
ESC Congress
Munich 2018

BIODEGRADABLE POLYMERS IN EARLIER GENERATION DES

Landmark Analysis for Definite Stent Thrombosis



0-1 year: RR 0.99 (95% CI 0.51-1.95)
1-5 years: RR 0.26 (95% CI 0.10-0.68)
p for interaction = 0.022

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

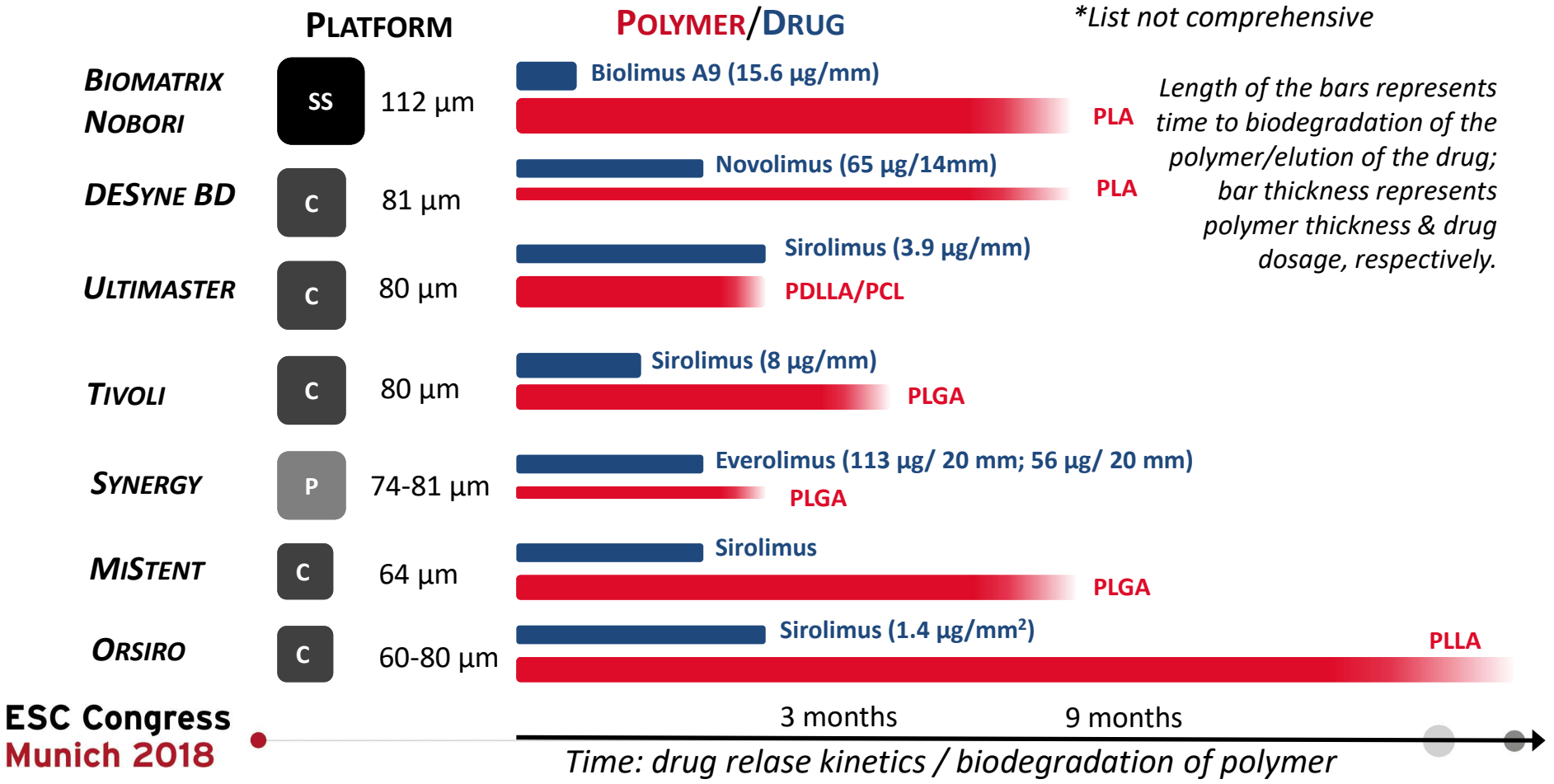
WS1

Slide 2

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



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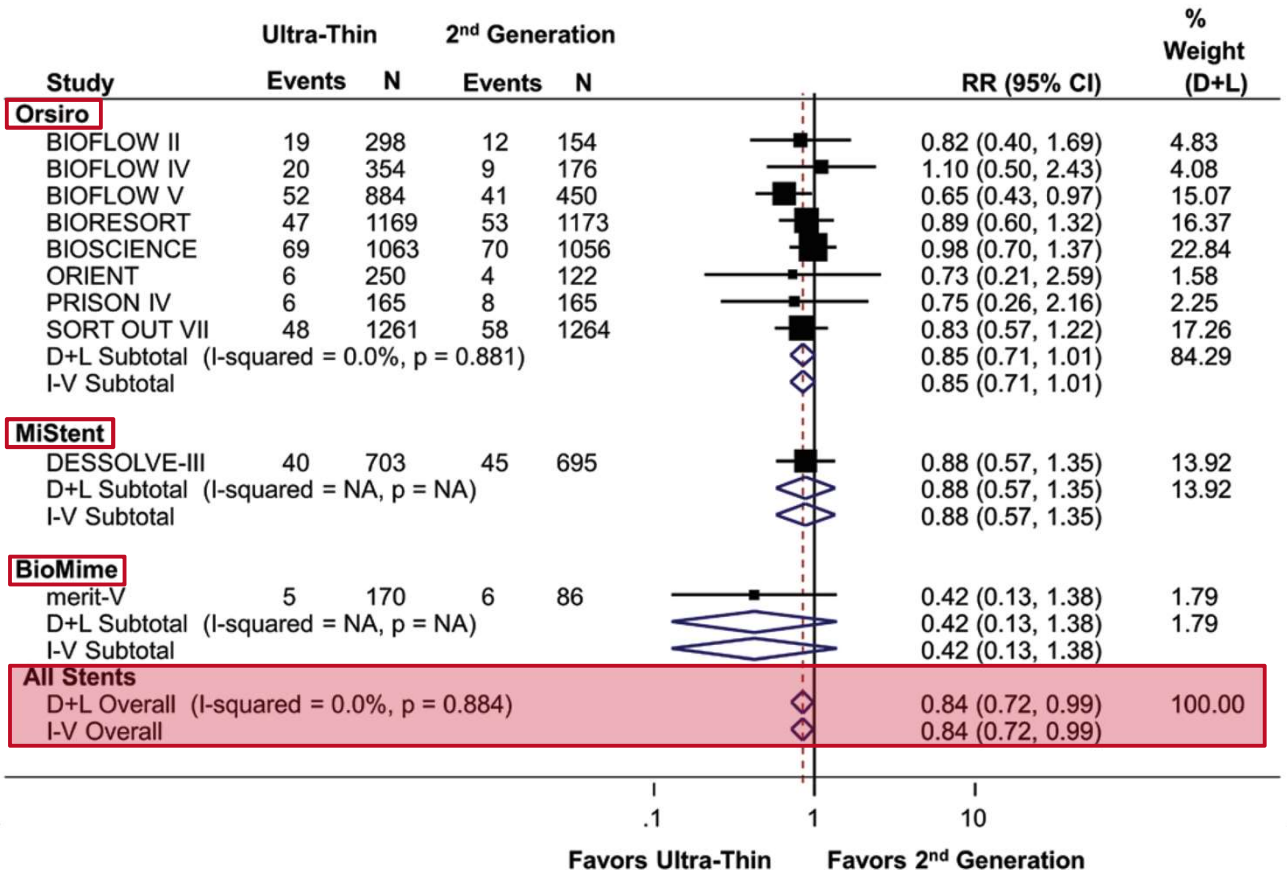
ULTRATHIN STRUT (≤65 µM) VERSUS THIN STRUT DES

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



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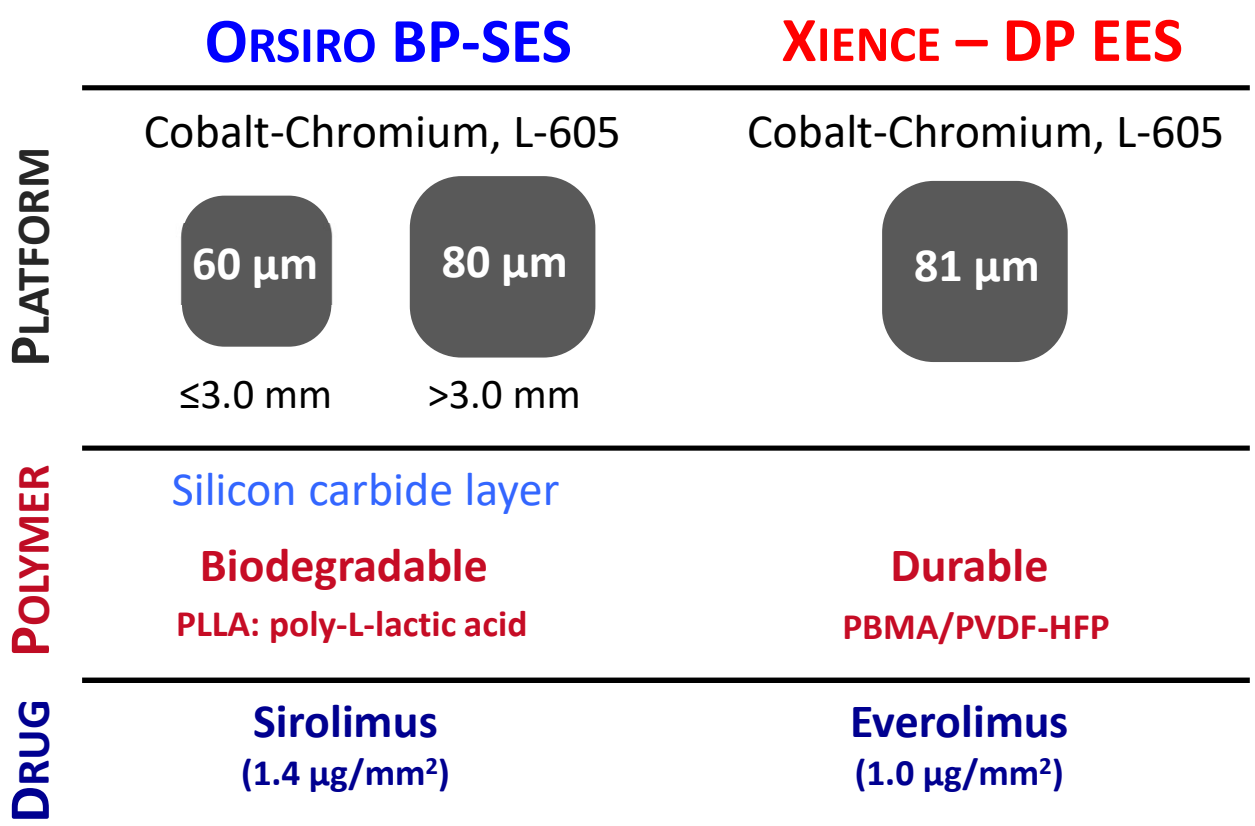
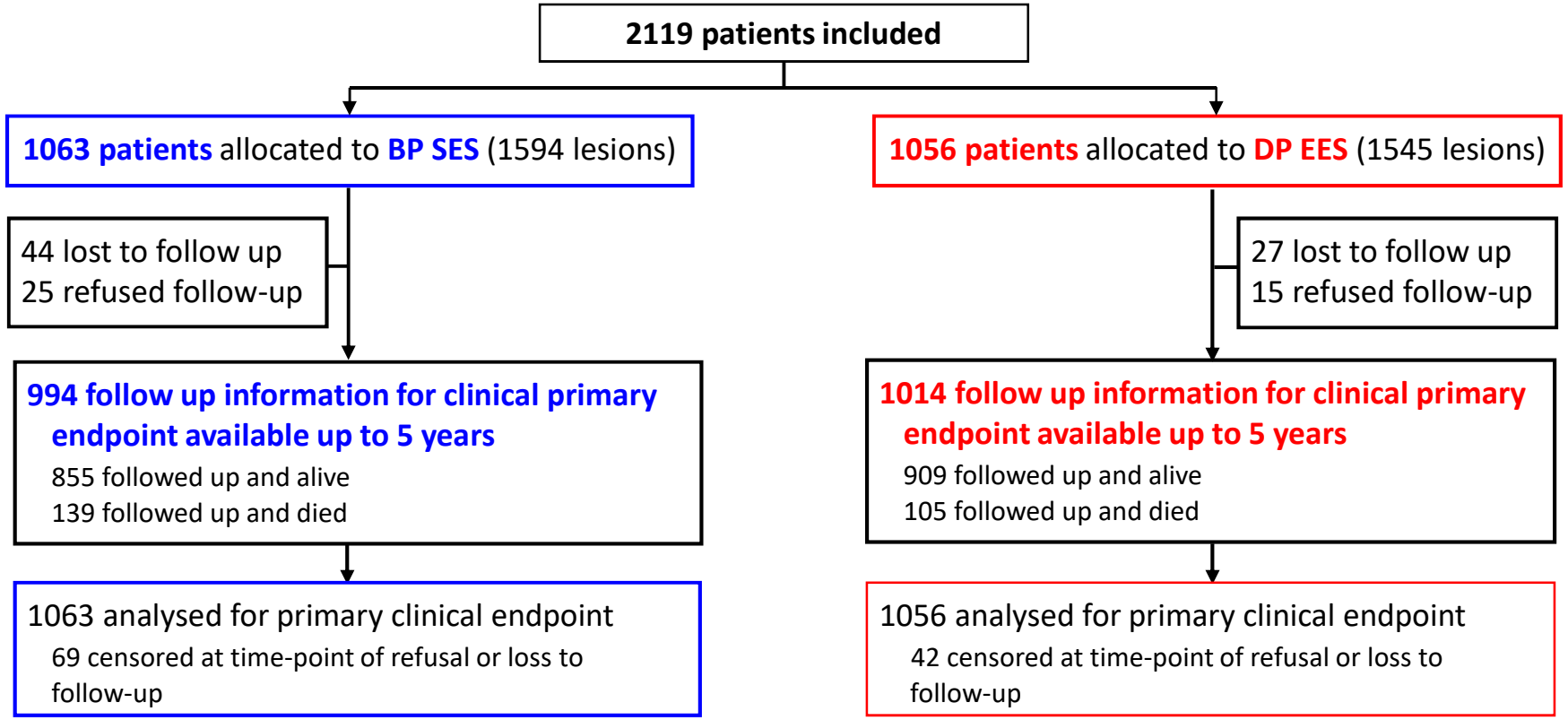
STENT PLATFORMS



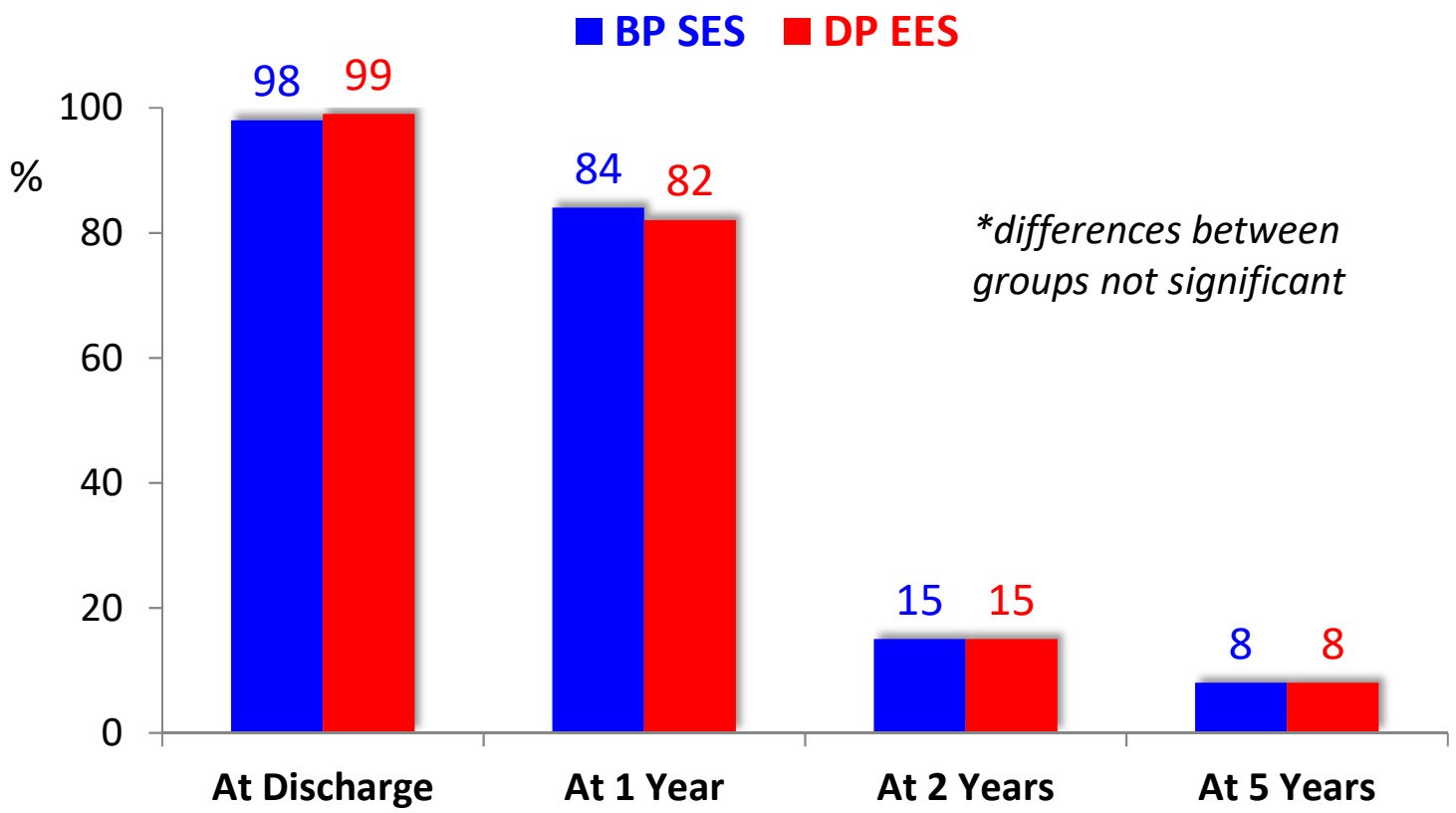
PATIENT FLOW CHART



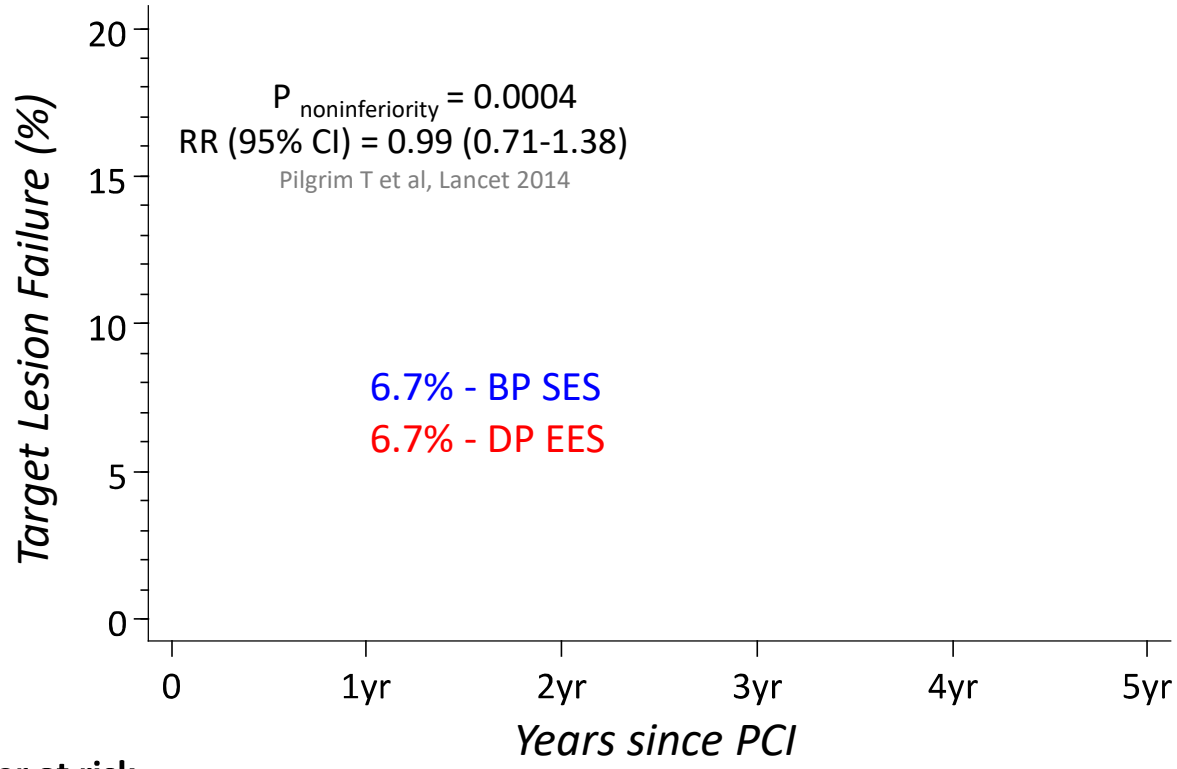
BASELINE CHARACTERISTICS

	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



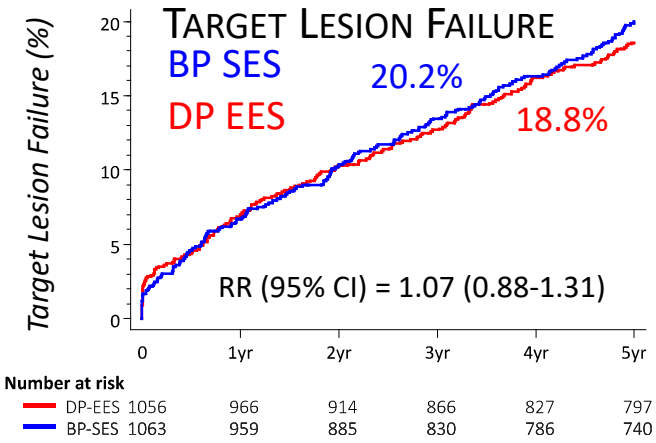
TARGET LESION FAILURE

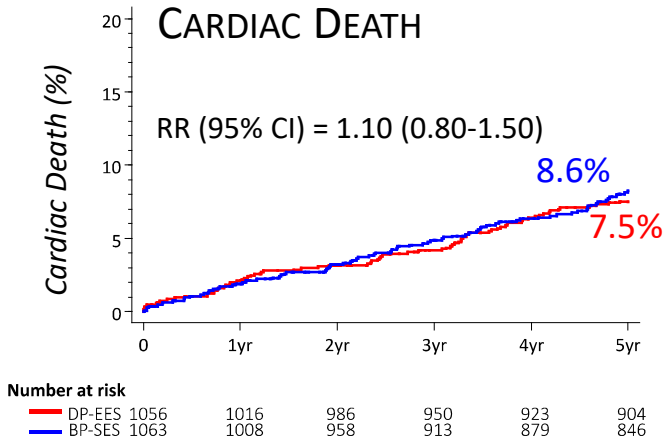


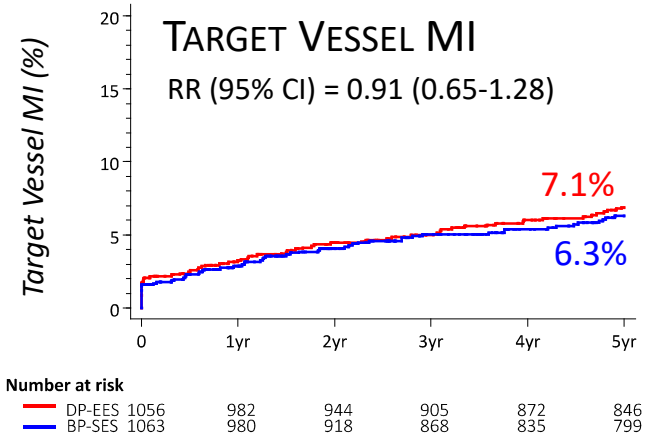
Number at risk

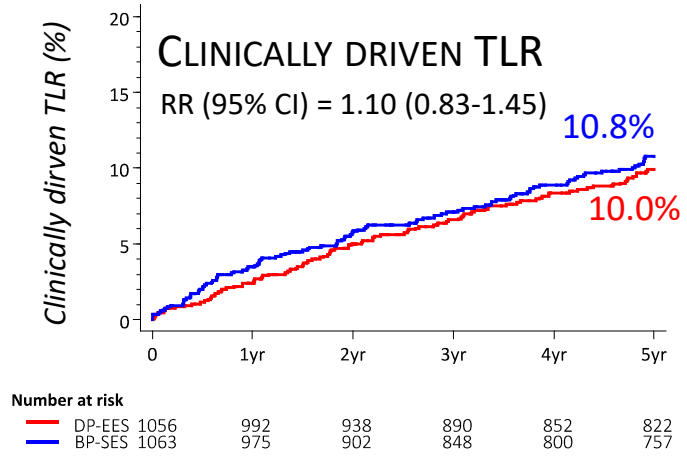
DP-EES	1056	966	914	866	827	797
BP-SES	1063	959	885	830	786	740

COMPONENTS OF THE PRIMARY ENDPOINT

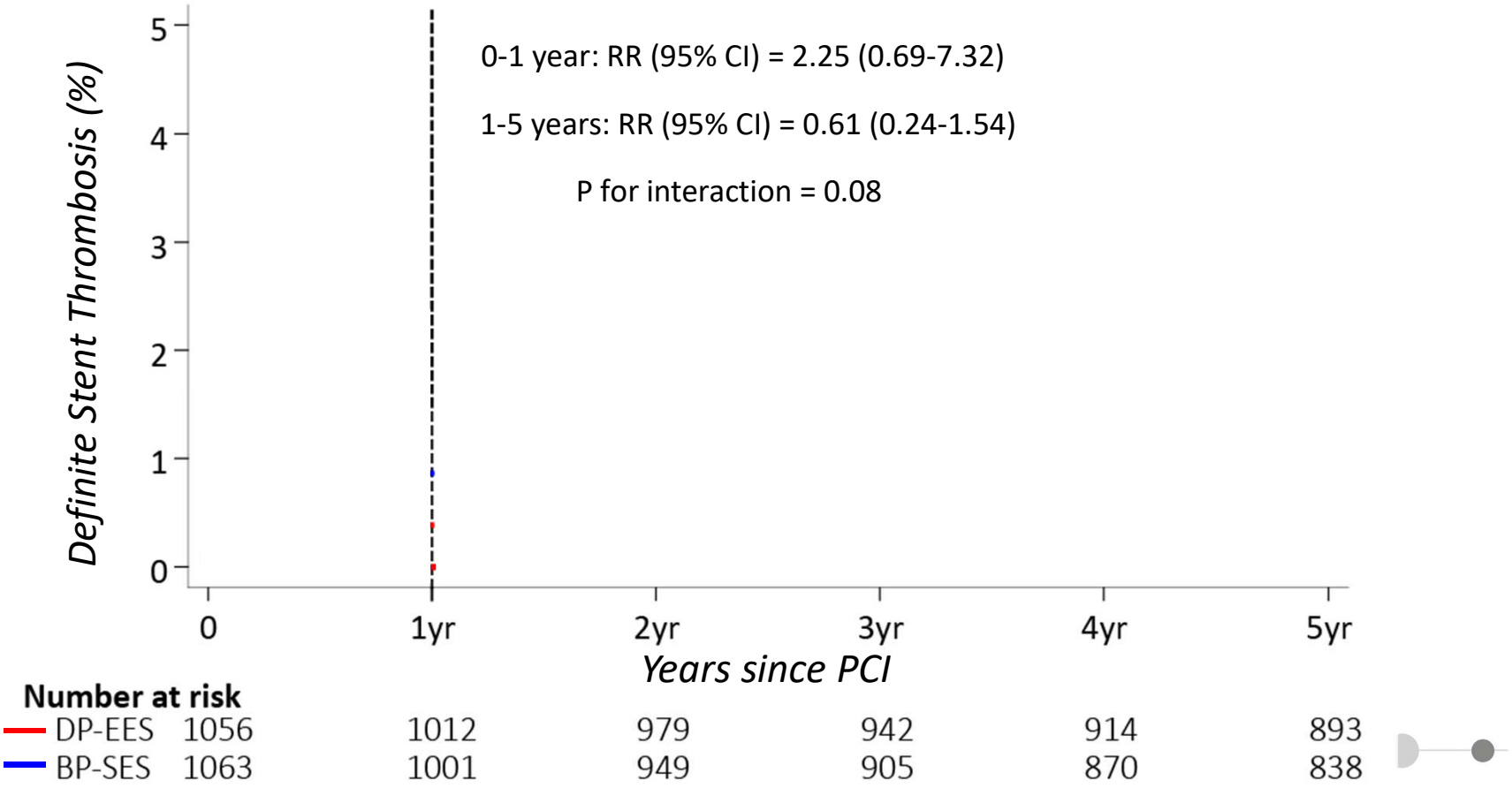




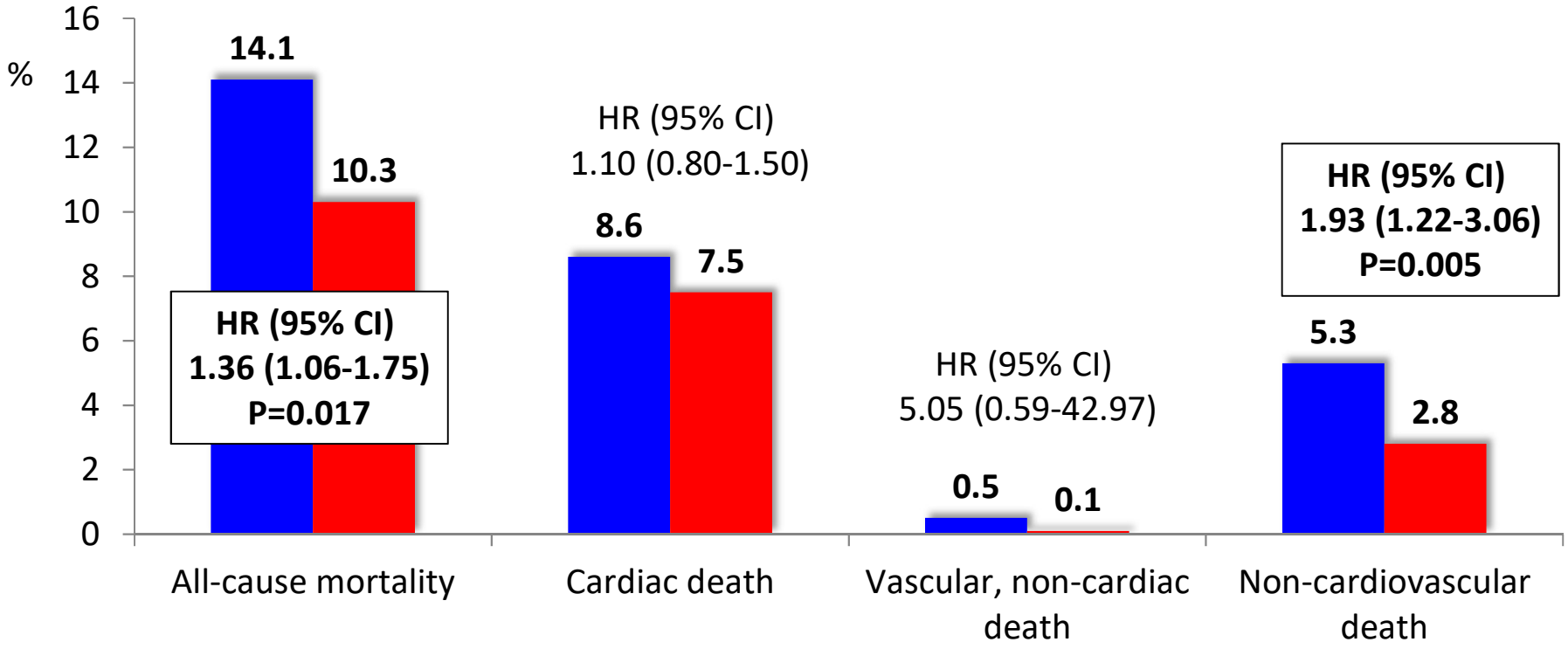




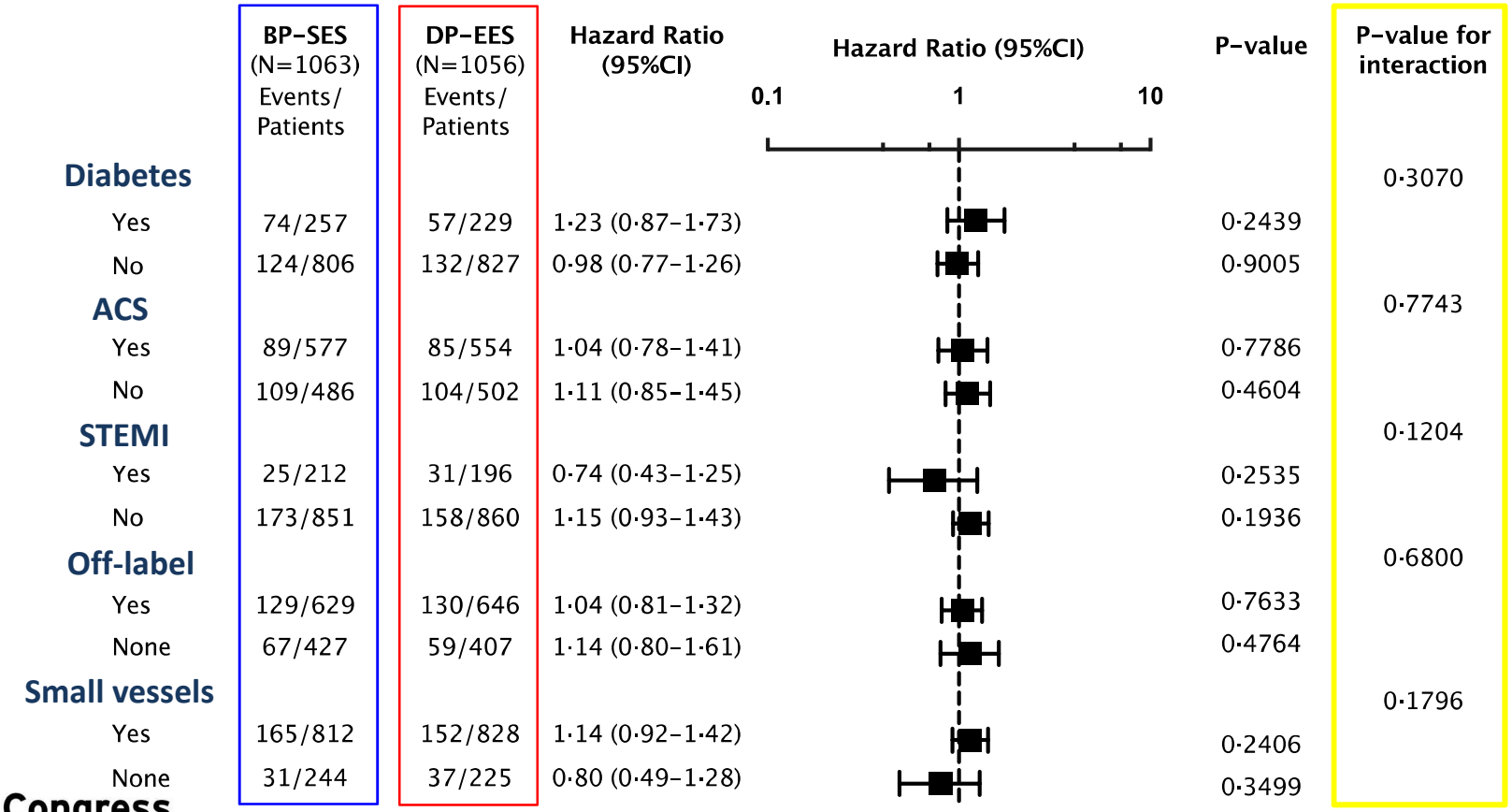
DEFINITE STENT THROMBOSIS



All-Cause & Non-Cardiovascular Mortality



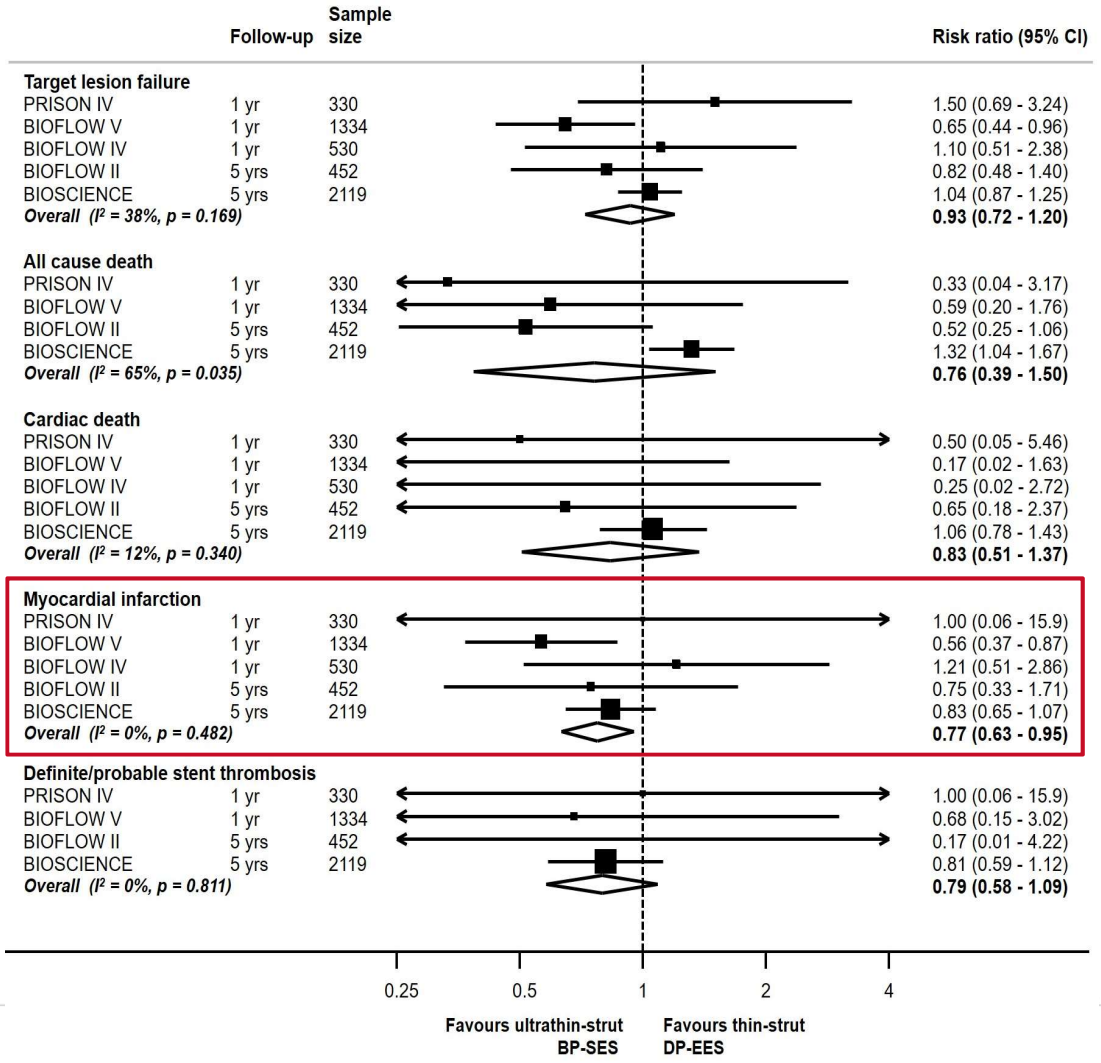
STRATIFIED ANALYSIS OF 1° EP - TARGET LESION FAILURE



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. Teeuven 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

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.**

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.

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