

# Patients spécifiques: quel stent et pourquoi?

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# Patients spécifiques?

Sujets âges+++

Patients sous anticoagulant au long court

Fibrillation atriale

Valve mécanique

Patients en attente de chirurgie

Comorbidités: cancer, corticothérapie, Anémie

# Problème posé

Patient attente de chirurgie    Risque hémorragique ↑



Nécessité d'une bithérapie antiplaquettaire courte

# 2 types de DAPT

**For the stent**



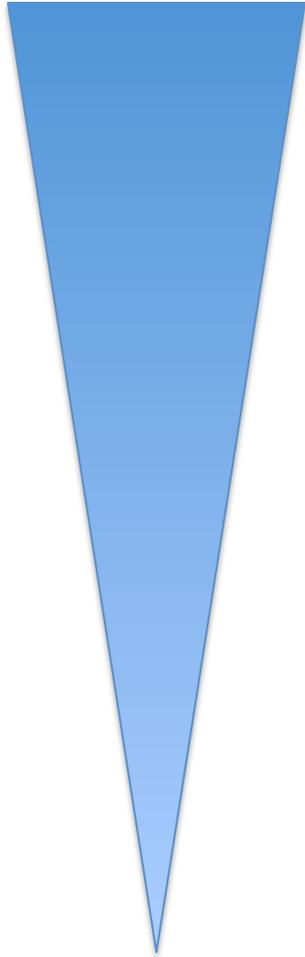
**What is the mandatory period? = minimal period of DAPT for this stent**

**For the patient**



**What is the optimal duration of DAPT for my patient**

# Quelle durée de DAPT ?



12 mois

6 mois

3 mois

1 mois

# Is it possible to reduce this duration?

**12 months to 6 months?**

EXCELLENT (JACC 2012)

PRODIGY (Circulation 2012)

SECURITY (JACC 2014)

ISAR SAFE (EHJ 2015)

**No ischemic risk**

**6 months : less bleeding**

# Reduce duration for 1 month?

## LEADERS FREE Trial Design

Prospective, double-blind randomized (1:1) trial  
2466 High bleeding risk (HBR) PCI patients

BioFreedom™  
DCS

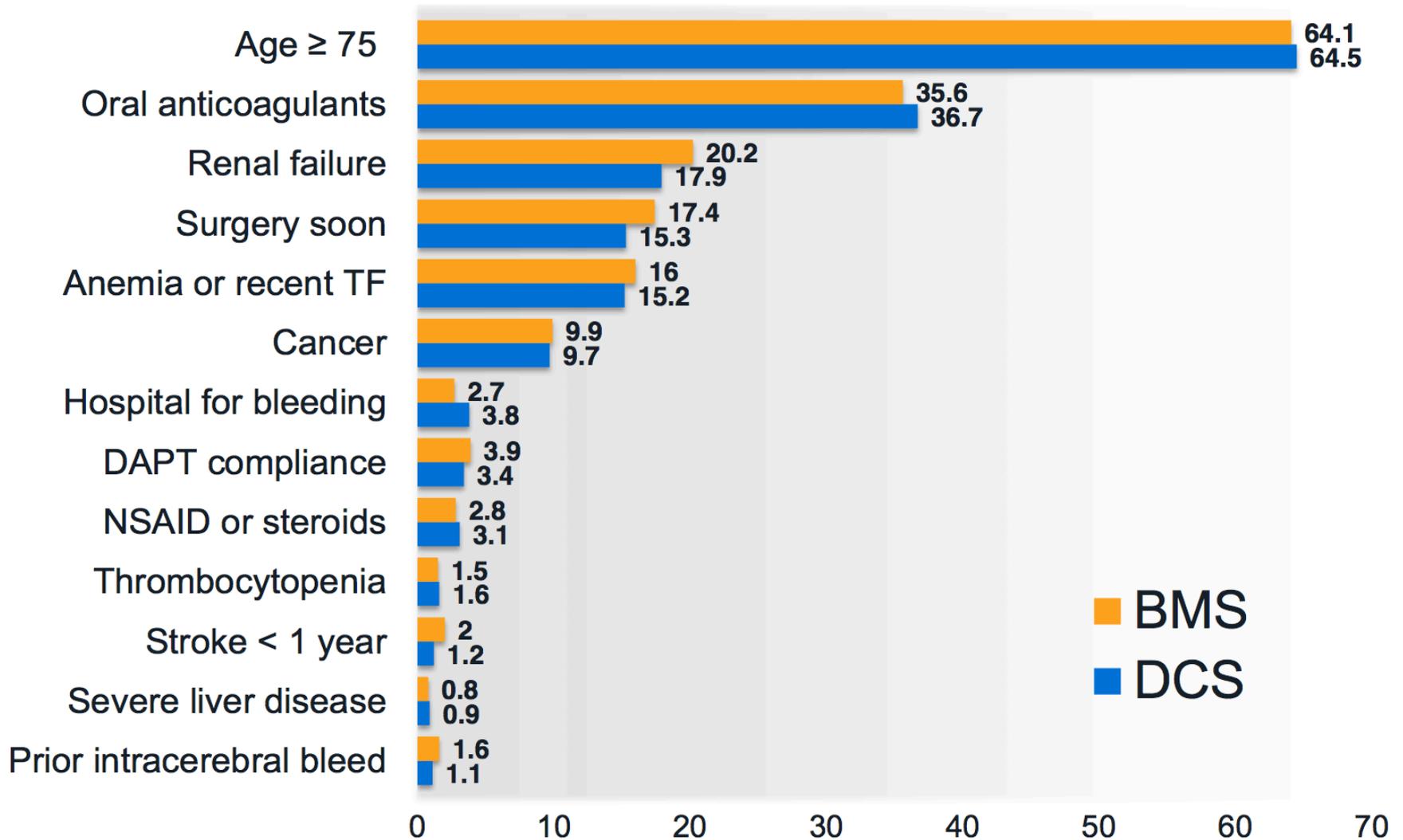
vs.

Gazelle™  
BMS

DAPT mandated for 1 month only, followed by long-term SAPT

- **Primary safety endpoint:**  
Composite of cardiac death, MI, definite / probable stent thrombosis at 1 year (non-inferiority then superiority)
- **Primary efficacy endpoint:**  
Clinically-driven TLR at 1 year (superiority)

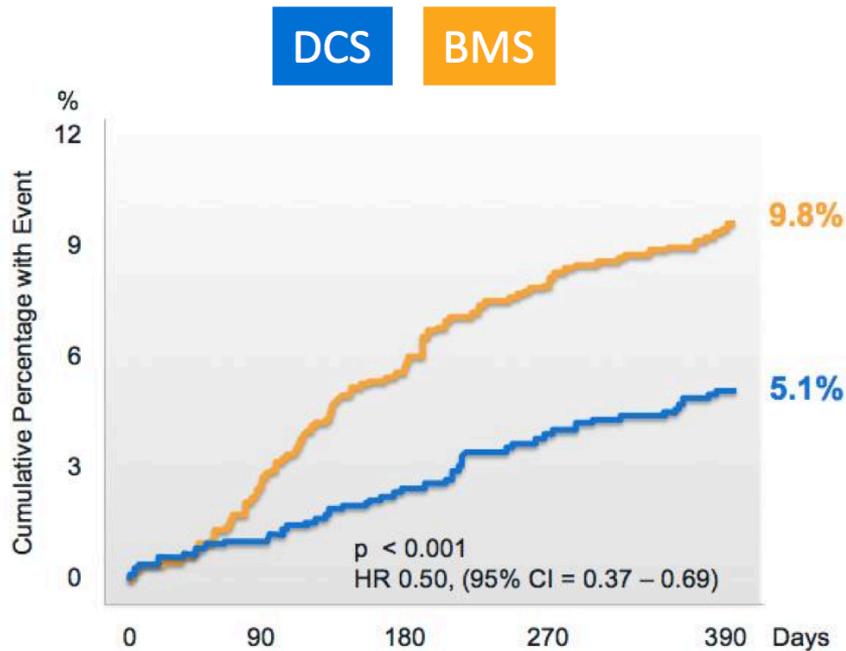
# Inclusion Criteria Applied (1.7 criteria / patient)



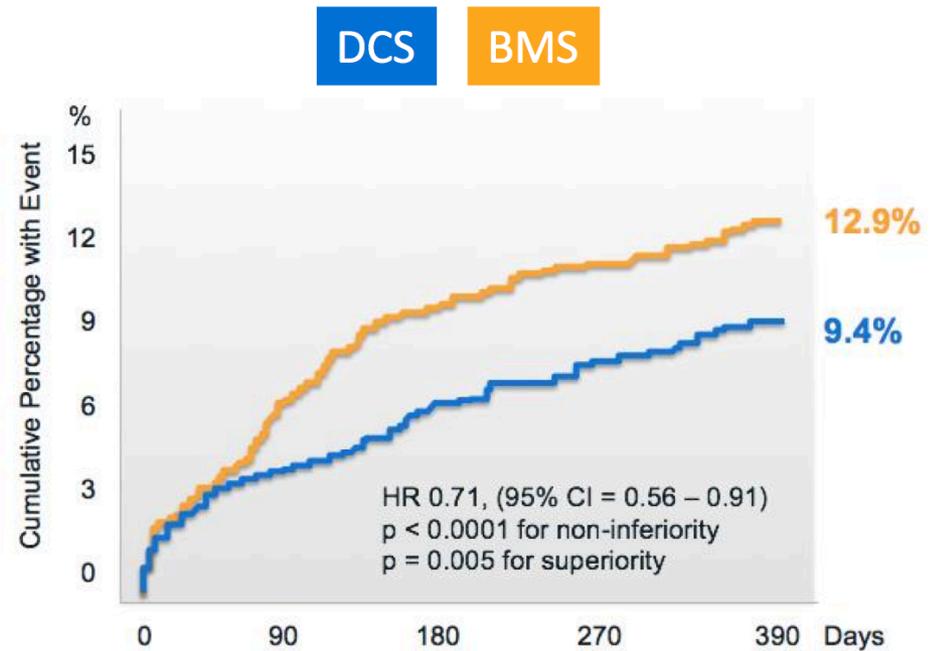
# Reduce duration for 1 month?

BIOFREEDOM Stent > BMS

Efficacy (clinically driven TLR)



Safety (cardiac death, MI, ST)



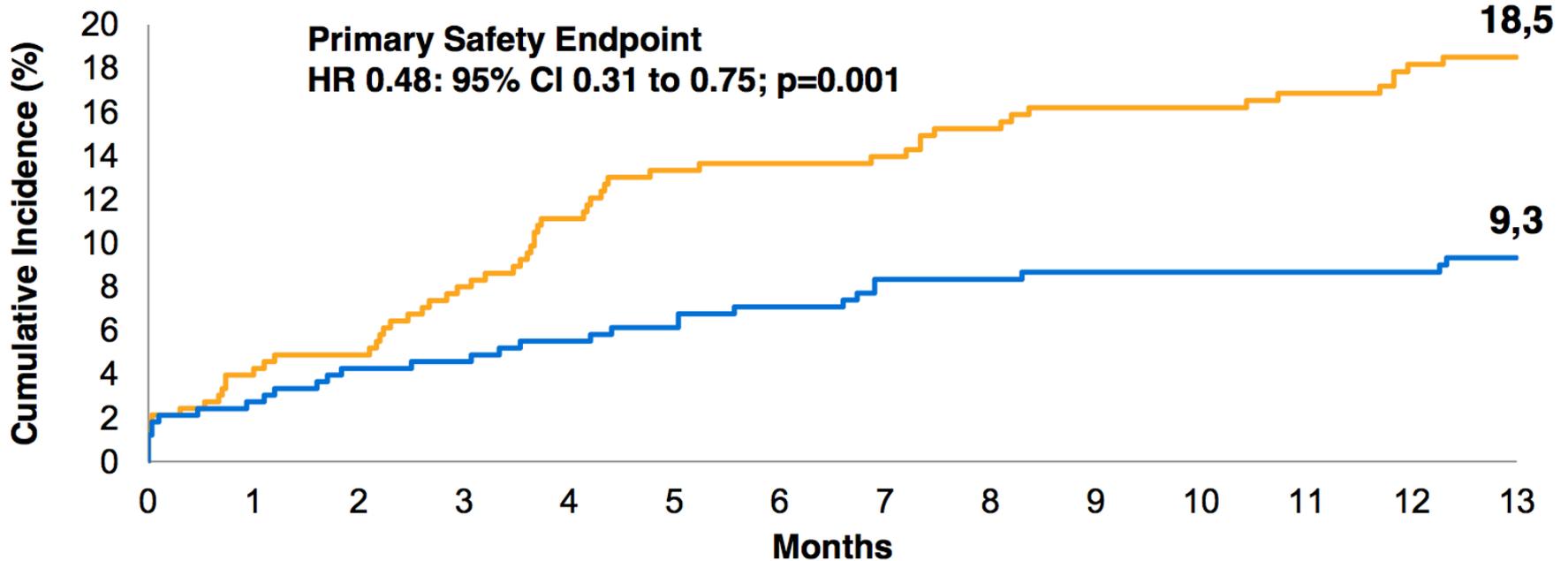
# LEADERS ACS patients

Cardiac Death, MI, or Def / Prob ST- 12 Month FU

N=659 ACS patients

— DCS — BMS

**Primary Safety Endpoint**  
**HR 0.48: 95% CI 0.31 to 0.75; p=0.001**



# Conclusion LEADERS FREE

**Population à haut risque hémorragique**

**Ce que permet de conclure leaders free**

**En utilisant 1 mois de DAPT**

**DCS > BMS**

**Ce que ne permet pas de conclure leaders free**

**1 mois DAPT est > à 6/12 mois**

Comment réduire **mandatory period**

## **Endothelialisation rapide**

Réduction taille maille

Polymère: absence /Biocompatibilité/ biorésorbable

Principe actif: cinétique de relargage?

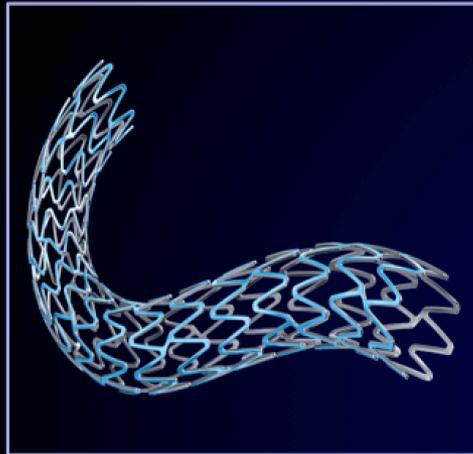
# Epaisseur de maille

## Contemporary DES Platforms

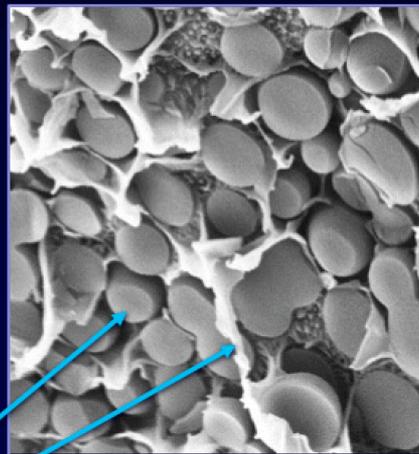
### Strut and Coating Thickness In Perspective

	Durable Polymer Coated		Bioabsorbable Polymer Coated					
	Xience CoCr-EES	Resolute	Biomatrix	Nobori	Ultimaster	SYNERGY	MiStent	Orsiro
	Promus PtCr-EES	CoNi-ZES	316L-BES	316L-BES	CoCr-SES	PtCr-EES	CoCr-SES	CoCr-SES
								
Strut thickness	81 $\mu\text{m}$ 0.0032"	89 $\mu\text{m}$ 0.0035"	120 $\mu\text{m}$ 0.0046"	125 $\mu\text{m}$ 0.0047"	80 $\mu\text{m}$ 0.0031"	74 $\mu\text{m}$ 0.0029"	64 $\mu\text{m}$ 0.0025"	61 $\mu\text{m}$ 0.0024"
Polymer	PVDF	BioLINX	PLA	PLA	PDLLA + PCL	PLGA	PLGA	PLLA Probio*
Distribution / thickness	Conformal 7-8 $\mu\text{m}$ / side	Conformal 6 $\mu\text{m}$ / side	Abluminal 10 $\mu\text{m}$	Abluminal 20 $\mu\text{m}$	Abluminal 15 $\mu\text{m}$	Abluminal 4 $\mu\text{m}$	Conformal 5 $\mu\text{m}$ / 15 $\mu\text{m}$	Conformal 3.5 $\mu\text{m}$ / 7.5 $\mu\text{m}$

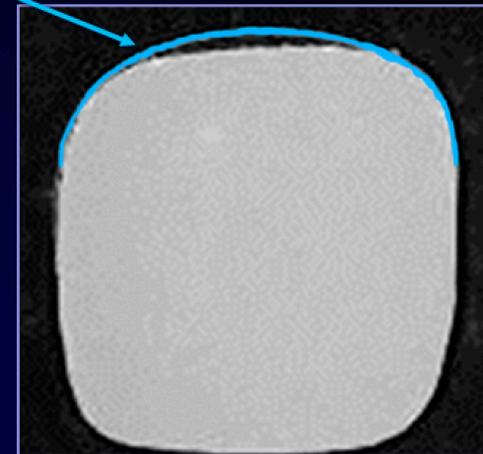
# SYNERGY Stent Technology Design



Everolimus Drug  
PLGA Polymer



SEM of coating (x5000)



Abluminal (4 $\mu$ m)

Luminal

## Platform

Platinum chromium

- 74 $\mu$ m (0.0029in)
- Increased Visibility

## Bioabsorbable Polymer Coating

PLGA

- Abluminal
- 4  $\mu$ m thick
- 85:15 ratio
- < 4 month absorption time

## Drug

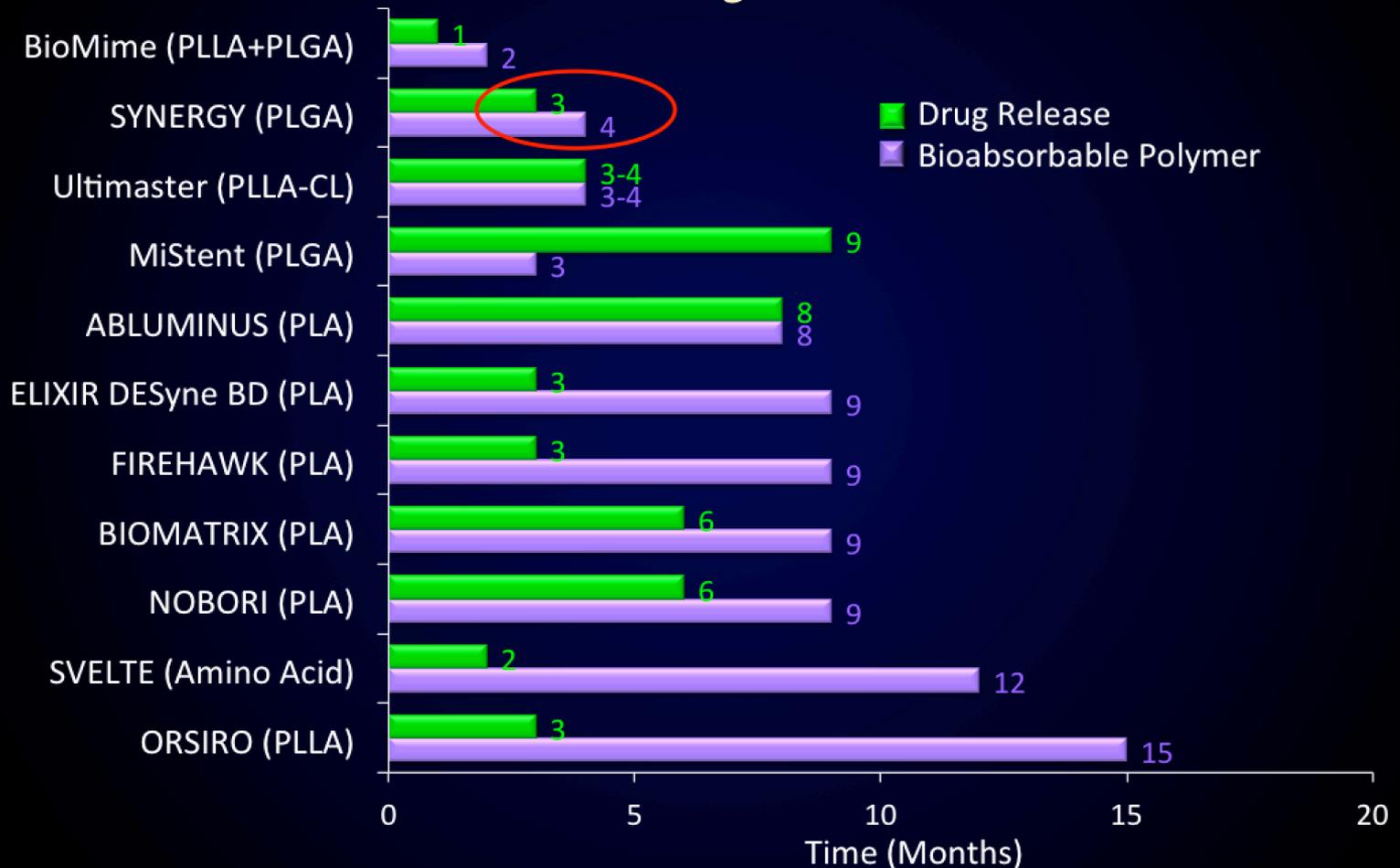
Everolimus

- 100 $\mu$ g/cm<sup>2</sup>
- 3 month release time

# Polymère

## Time Course For Polymer Bioabsorption

*Not all bioabsorbable technologies are the same*



# Etudes cliniques nécessaires?

2 types

```
graph TD; A[2 types] --> B[Critères intermediaires]; A --> C[Critères cliniques];
```

Critères intermediaires

Critères cliniques

Etudes OCT sur endothélialisation

Comparaison 2 durées TT avec  
même device

# Etudes OCT

## SYNERGY OCT Results in All Comers Patients *Understanding healing from 30 Days – 6 Months*

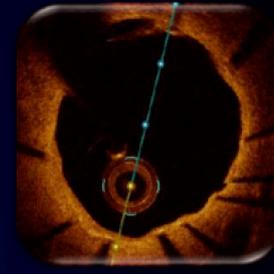
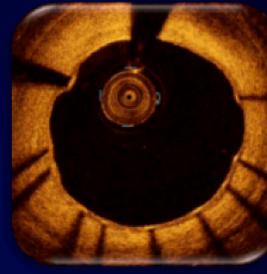
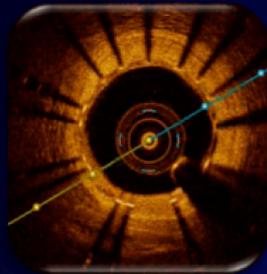
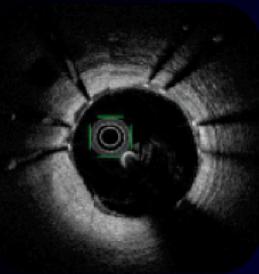
0% ST in all of these studies

30 days

2 Months

3 Months

6 Months



84.6%  
Covered

N=30

SORT-OUT VIII<sup>1</sup>

100%  
Covered

N=1

SYNERGY<sup>2</sup>

99.3%  
Covered\*

N=37

TIMELESS<sup>3</sup>

94.5%  
Covered

N=22

Burgos Santander<sup>4</sup>  
3 month Cohort

96.6%  
Covered

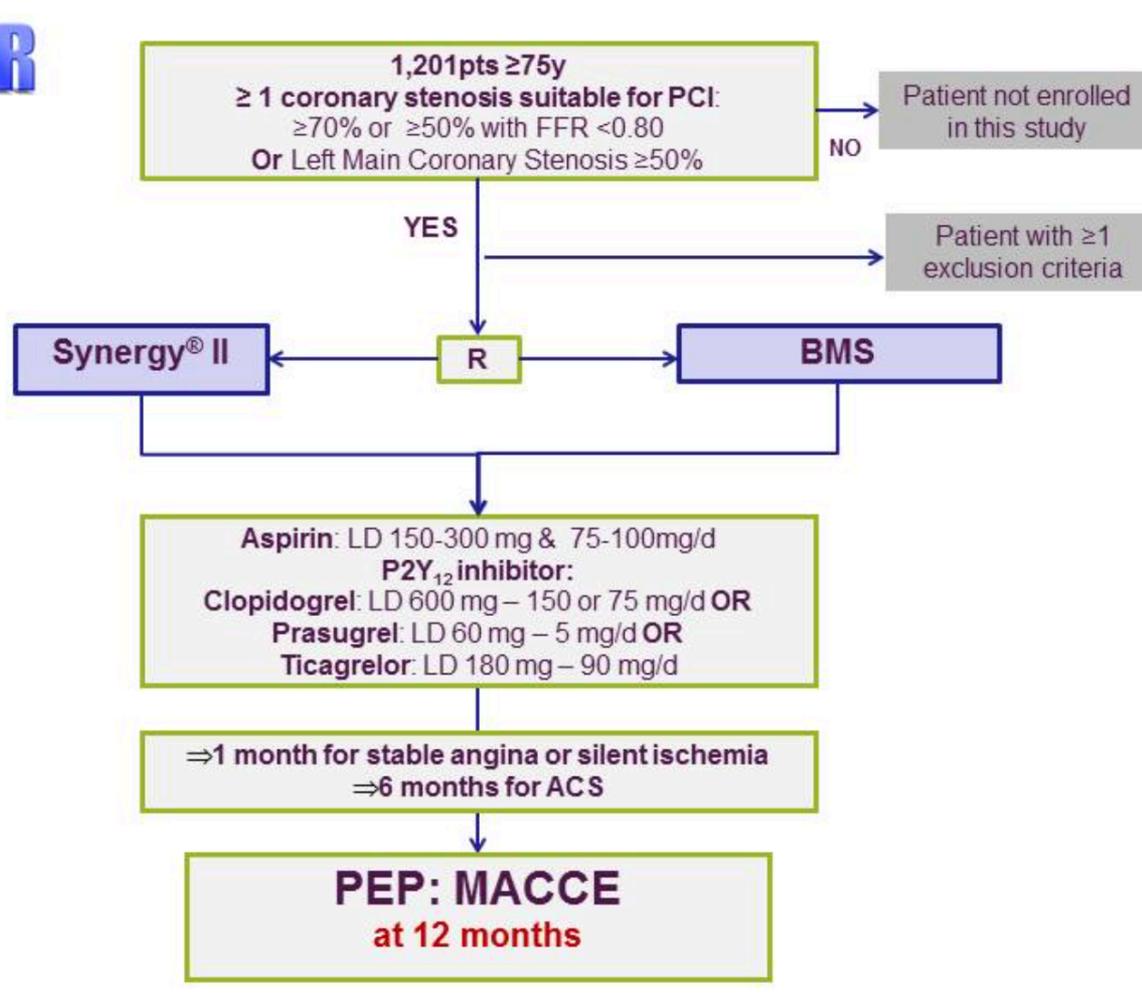
N=20

Burgos Santander<sup>4</sup>  
6 month Cohort

Petites études, en faveur bonne endothelialisation précoce

# Etudes clinique

**SENIOR**



# EVOLVE DAPT

## EVOLVE Short DAPT Study Design

Prospective, N~2000,  
Up to 110 global sites



Patients considered by the treating physician to be at high risk for bleeding

- i)  $\geq 75$  years of age with bleeding risk
- ii) History of major bleeding
- iii) Long term anticoagulation therapy
- iv) Stroke or renal insufficiency/failure

(excluded LM disease, ostial lesions,  $>2$  lesions, CTO, SVG, ISR, NSTEMI, or STEMI)

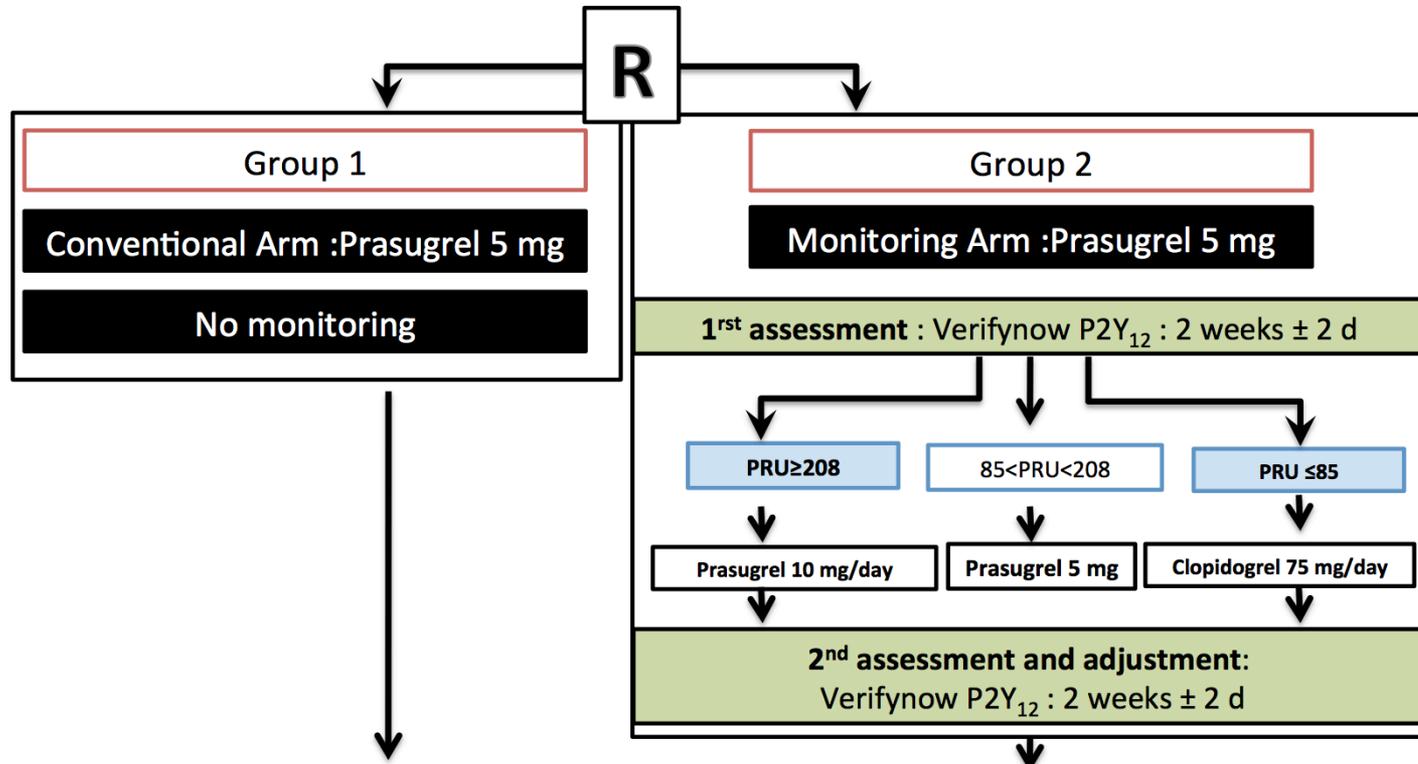


- Primary Endpoint: Death and MI, ARC definite/probable ST
- Secondary Endpoint: Rate of major bleeding (GUSTO severe/life-threatening + moderate)

Propensity adjusted comparison to historical control patients treated with standard DAPT will be performed

# Autres questions: ajuster intensité tt AAP, ANTARCTIC ?

ACS patients treated by PCI (BMS or DES) ≥ 75 years



**Assessment of the primary end point (net clinical benefit) over 12 months**  
**Bleeding type 2,3,5 of the BARC definition and**  
**MACE : CV death, MI, urgent revascularisation, stent thrombosis, stroke**

# Conclusion

Patients à haut risque hémorragique

Sujets âgés+++ et patients sous anticoagulant

Quel stent? DES/DCS > BMS

Amélioration stent: ↓ période minimale

Vers une durée minimale 1 mois post DES?