

Does stent design impact the outcome in bifurcation treatment?

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Potential conflicts of interest

Speaker's name: Scot Garg

□ I have the following potential conflicts of interest to report:

- **Research contracts**
- Consulting
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s)

X I do not have any potential conflict of interest



Bifurcation Lesions

• Remain a challenge to today's interventionalist.

Study	No. of patients	% Bifurcations
ARRIVE I & II	7,592	8%
e-CYPHER	15,157	9%
RESEARCH	508	16%
ARTS-II	607	22%
LEADERS	1,707	29%
SYNTAX	903	72%







- (1) Present evidence that suggests that stent design does impact on outcome of bifurcation lesions
- (2) Explore the potential reasons



Registries

EPCR09 Treatment of de novo bifurcation lesions: comparison of Sirolimus- and Paclitaxel-eluting stents

50 45 PES 40 35 30 25 20 15 10 5 0. P8 A Telenting WP8 Fistenting culotte Crush tising tents



Independent predictors of major adverse cardiac events and target lesion revascularization at 6 months

	0dds ratio	95% confidence intervals
MACE		
Age	1.02	1.01 to 1.05
Prior CABG	2.75	1.1 to 7.2
Diabetes mellitus	2.15	1.2 to 4.0
Multivessel disease	1.36	1.0 to 1.9
Presentation with acute myocardial infarction	2.35	1.1 to 5.0
Therapy with Sirolimus-eluting stent	0.71	0.4 to 1.0
TLR		
Therapy with Sirolimus-eluting stent	0.45	0.19 to 0.95

Hoye et al.

EuroIntervention - Volume 1 - Number 1 - May 2005 - page 24 to 30

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CYPHER versus TAXUS stent for bifurcation lesions beyond 30 days—long-term follow-up results

Chi-Hang Lee*, Adrian Low, Jimmy Lim, Hwee-Bee Wong, Yean-Teng Lim, Huay-Cheem Tan

Baseline clinical characteristics

Characteristics	CYPHER $(n=24)$	TAXUS $(n=54)$	P value
Age, mean±S.D. (years)	58.0 ± 10.0	58.3 ± 10.3	0.592
Male	18 (72%)	50 (86%)	0.061
Risk factors			
Hypertension	15 (63%)	35 (65%)	1.000
Diabetes mellitus	6 (25%)	22 (41%)	0.181
Hyperlipidemia	18 (75%)	39 (72%)	0.799
Family history	0 (0%)	2 (4%)	1.000
Current smoker	4 (17%)	15 (28%)	0.291

Characteristics	CYPHER (n=24)	TAXUS $(n=56)$	P value
Target vessel			0.579
LAD ^a /diagonal	15 (63%)	39 (70%)	
LCxb/obtuse marginal	5 (21%)	9 (16%)	
RCA ^c /PDA ^d /PL ^e	3 (13%)	3 (5%)	
Left main/LAD/LCx	1 (4%)	5 (9%)	
Side-branch intervention	12 (50%)	26 (46%)	0.769
Final kissing balloon angioplasty	4 (17%)	13 (23%)	0.512



Culotte stenting technique in coronary bifurcation disease: angiographic follow-up using dedicated quantitative coronary angiographic analysis and 12-month clinical outcomes

Tom Adriaenssens^{†*}, Robert A. Byrne, Alban Dibra, Raisuke Iijima, Julinda Mehilli, Olga Bruskina, Albert Schömig, and Adnan Kastrati



European Heart Journal (2008) 29, 2868-2876



Randomised Control Trials

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Drug-eluting stents for the treatment of bifurcation lesions: A randomized comparison between paclitaxel and sirolimus stents

American Heart Journal January 2007

Manuel Pan, MD,^a José Suárez de Lezo, MD,^a Alfonso Medina, MD,^b Miguel Romero, MD,^a Antonio Delgado, MD,^b José Segura, MD,^a Soledad Ojeda, MD,^a Francisco Mazuelos, MD,^a Enrique Hernandez, MD,^b Francisco Melian, MD,^b Djordje Pavlovic, MD,^a Fátima Esteban, MD,^a and Juan Herrador, MD^a *Córdoba and Las Palmas de Gran Canaria, Spain*

Table III. Procedural data

	Sirolimus (n = 103)	Paclita xel (n = 102)	P
Main vessel stent diameter (mm)	3.0 ± 0.3	3.0 ± 0.3	NS
Main vessel stent length (mm)	25.1 ± 10.4	26.9 ± 13.9	NS
Inflation pressure (atm)	14 ± 0.9	14 ± 0.6	NS
Remote site intervention	53 (51%)	61 (60%)	NS
Proximal geographic miss	11 (11%)	10 (10%)	NS
Distal geographic miss	15 (15%)	12 (12%)	NS
Glycoprotein IIb/IIIa inhibitors	35 (34%)	38 (37%)	NS
Final kissing balloon	49 (47%)	46 (45%)	NS
Stent at side branch	8 (8%)	7 (7%)	NS
Femoral angioseal	94 (91%)	90 (88%)	NS

Table IV. Major adverse cardiac events and follow-up, angiographic results Sirolimus Paclita xel (n= 103) (n = 102) P Inhospital and 1-m outcomes Non-Q MI 2 (2%) 1 (1%) NS Death 0 0 NS 131 ± 222 154 ± 225 CK after procedure (IU/L) NS Troponin I after 11 ± 47 12 ± 46 NS procedure (IU/L) Femoral hematomas 2 (2%) 1 (1%) NS Surgical vascular repair 1 (1%) 0 NS Blood transfusions 4 (4%) 2 (2%) NS 24-Month follow-up NS Recurrent infarction 0 1 2* Death 3† NS Need for target .021± 4 (4%) 13 (13%) lesion revascularization Remote site revascularization 5 (5%) 6 (6%) NS Angiographic reevaluation 53 (51%) 56 (55%) NS .011§ 5 (9%) 16 (29%) Restenosis Main vessel 6 Side branch 2 5 2 Both vessels 5

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Biolimus-eluting stent with biodegradable polymer versus sirolimus-eluting stent with durable polymer for coronary revascularisation (LEADERS): a randomised non-inferiority trial

Stephan Windecker, Patrick W Serruys, Simon Wandel, Pawel Buszman, Stanisław Trznadel, Axel Linke, Karsten Lenk, Thomas Ischinger, Volker Mauss, Franz Eberli, Roberto Corti, William Wijns, Marie-Claude Morice, Carlo di Mario, Simon Davies, Robert-Jan van Geuns, Pedro Eerdmans, Gerrit-Anne van Es, Bernhard Meier, Peter Jüni

A post hoc subgroup analysis was performed to:

- (1) To assess the outcomes of patients treated with BES and SES for the treatment of bifurcation lesions compared to non-bifurcation lesions in patients from the LEADERS trial without a pre-specified bifurcation strategy.
- (2) To compare the outcomes of patients with bifurcation lesions treated with a drug eluting stent with and without a biodegradable polymer.



- Procedural data was collected on bifurcation technique by reviewing the angiogram of each bifurcation lesion.
- MACE, in terms of myocardial infarction, cardiac death and clinically driven target vessel revascularisation was assessed at 12 months.

True bifurcation: Medina 1,1,1; 1,0,1; 0,1,1 Partial bifurcation: Medina 1,0,0; 1,1,0; 0,1,0; 0,0,1

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Results

		Bifurcation Lesion (n=497)	Non-bifurcation lesion (n=1210)	P value
	Age (years)	64.7	64.6	NS
	Male (%)	72.6	75.7	NS
	Previous MI (%)	37.2	30.4	0.007
Baseline	Diabetes (%)	21.7	25.3	NS
demographics	Current smoker (%)	20.5	26.3	0.011
	Hypertension (%)	72.8	73.2	NS
	Hypercholesterolaemia (%)	68.0	66.3	NS
	ACS (%)	53.9	55.8	NS
	SYNTAX Score	16.8	12.0	<0.001
A · · · · · ·	LVEF (%)	54.8	56.0	NS
Angiographic	Number of lesions/patient	1.8	1.3	<0.001
enaractionetice	Number of stents	2.3	1.8	<0.001
	Total stent length (mm)	40.4	32.4	<0.001

No significant difference between BES and SES



*Includes 8 trifurcation lesions

True bifurcation: Medina 1,1,1; 1,0,1; 0,1,1

Partial bifurcation: Medina 1,0,0; 1,1,0; 0,1,0; 0,0,1



Bifurcation Results (1)

Outcome (12 months)	Bifurcation Group (n=497)	Non-Bifurcation Group (n=1210)	P Value
Death (%)	3.2	3.2	NS
Cardiac Death (%)	2.8	2.2	NS
Myocardial Infarction (%)	7.2	4.3	<0.05
All Target Lesion Revascularisation (TLR) (%)	8.2	6.4	NS
Clinically Justified TLR (%)	6.4	5.0	NS
All Target Vessel Revascularisation (TVR)(%)	10.1	8.3	NS
Clinically Justified TVR(%)	7.6	6.0	NS
MACE (%) [cardiac death/MI/clinical justified TVR]	14.5	10.0	<0.05



Bifurcation Results (2)

Outcome (12 months)	Bifurcatio BES (n=258)	on Group SES (n=239)	P Value
Death (%)	3.5	2.9	NS
Cardiac Death (%)	2.7	2.9	NS
Myocardial Infarction (%)	8.9	5.4	NS
All TLR(%)	4.7	12.1	<0.05
Clinically Justified TLR (%)	3.5	9.6	<0.05
All TVR(%)	6.2	14.2	<0.05
Clinically Justified TVR(%)	4.3	11.3	<0.05
MACE (%) [cardiac death/MI/ clinical justified TVR]	12.8	16.3	NS

Non-bifurcation group: BES vs. SES p=NS



Bifurcation Results (3)

Outcome (12 months)	One stent BES (n=204)	technique SES (n=197)	P Value
Death (%)	3.9	2.5	NS
Cardiac Death (%)	3.4	2.5	NS
Myocardial Infarction (%)	7.8	5.6	NS
All TLR(%)	4.9	11.7	<0.05
Clinically Justified TLR (%)	3.9	9.1	<0.05
All TVR(%)	6.4	13.7	<0.05
Clinically Justified TVR(%)	4.4	10.7	<0.05
MACE (%) [cardiac death/MI/ clinical justified TVR]	12.3	15.7	NS

2-stent group: BES vs. SES p=NS

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Stent Thrombosis

Stent Thrombosis (%)	Bifurcation Group	Non-Bifurcation Group	P Value
	(n=497)	(n=1210)	
Stent thrombosis (%)	4.0	3.0	NS
Definite	2.2	1.9	NS
Probable	0.6	0.5	NS
Possible	1.2	0.8	NS



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Myocardial Infarction





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Clinically Justified TVR



Variable	BES vs. SES
Demographics	NS
Angiographic characteristics	NS
Lesion characteristics	NS
Post dilatation	NS







*MI, cardiac death and clinically driven TVR

Bifurcation Group BES vs. SES





Summary

- Risk of MACE is higher amongst patients with bifurcation lesions
- A one stent strategy is the most prevalent stenting technique
- In patients with bifurcation lesions:
 - ➢ Observed trend for more MI with BES (p=NS)
 - ➢ Significantly greater TVR/TLR with SES (p<0.05)</p>
 - Overall MACE at 12 months was similar between BES and SES (p=NS).
- Evidence exists from registries and randomised trials which suggests that stent design does impact on outcome in bifurcation lesions.



Stent Cell Size

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*Based on 3mm stent



Study	Technique	Failure rate (%)	Stent
Columbo et al 2004	Operator's discretion	2/43 (4.7)	Cypher (SES)
Pan et al 2007	Provisional T	6/205 (2.4)	2 SES, 4 PES
Ferenc et al 2008	T stenting	3/101 (3.0)	SES
Adriaenssens et al 2008	Culotte	0/134 (0.0)	Various DES
Hoye et al 2006	Kissing balloon post crush stenting	6/128 (4.7)	SES, PES



Stent Properties

3mm stent system	Mean track force (N)	Mean cross force (N)	Crimped stent profile (mm)	Bending stiffness of crimped stent (Nmm ²)
Biomatrix	0.55	0.09	1.13	30.06
Cypher	1.14	0.08	1.20	25.90
Endeavor	0.69	n.a	1.13	47.20
Taxus Liberte	n.a	0.09	1.12	17.24
Xience V	0.87	0.04	1.06	25.78

Schmidt et al, 2009 CCI

Stent Profile-Trackability









Comparison of sirolimus-eluting and bare metal stents in coronary Bifurcation lesions: Subgroup analysis of the Stenting Coronary Arteries In Non-Stress/Benestent Disease Trial (SCANDSTENT)



Thuesen et al., Am Heart J 2006;152:1140-45

Drug Polymer

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•Suggested link between persistence of polymer and late stent thrombosis



van Werkum, J. W. et al. JACC 2009;53:1399-1409



Conclusions

- A major limitation of comparing outcomes in bifurcation lesions is that anatomically no two bifurcation lesions are the same.
- Evidence exists, from non-dedicated trials, that stent design can influence outcomes.
- Acute procedural success can be influenced by the physical properties of a stent.
- Clinical outcomes are influenced by strut thickness, stent coating, and potentially the polymer.
- When dealing any lesion, especially a bifurcation lesion the choice of stent appears to have a role on subsequent outcome.