#### BIONICS Trial <u>BioN</u>IR Ridaforolimus Eluting Coronary Stent System In Coronary Stenosis Trial

David E. Kandzari, MD on behalf of the BIONICS investigators





# Disclosure

Within the past 12 months, I or my spouse/partner have had a financial interest/arrangement or affiliation with the organization(s) listed below

Affiliation/Financial Relationship	Company
Grant/Research Support	Abbott Vascular, Boston Scientific, Medtronic CardioVascular, Biotronik, St. Jude Medical/Thoratec, Ablative Solutions
Consulting Fees/Honoraria	Boston Scientific Corporation, Medtronic CardioVascular, Micell, St. Jude Medical
Major Stock Shareholder/Equity	None
Royalty Income	None
Ownership/Founder	None
Intellectual Property Rights	None
Other Financial Benefit	None





# **BioNIR System**

Flat manufacturing: Quality & cost efficiency

tct2016



Variable strut width/ frequency: Uniform dosing

- 80µm CoCr Wizecell design
- Ridaforolimus high therapeutic index drug

Elastomeric Polymer: Remains intact post elution

# BioNIR DES A DES B

#### Spring tip: Pushable & visible

BioNIF





Medinol Ltd., Tel Aviv, Israel

## **BioNIR Pharmacokinetics**



Carter et al TCT 2006 Perkins et al *J Int<u>erven Cardiol 2009;22:S28-S40</u>* 

tct2016

Yazdani et al J Invasive Cardiol 2013



## **NIREUS**

Primary Endpoint 6-month angiographic late loss, N=302



#### **6 Month Clinical Outcomes**

	BioNIR	Resolute	P value
TLF	1.5% (3/201)	3.0% (3/101)	0.39
CV Death	0.5% (1/201)	0.0% (0/101)	1.00
Target Vessel MI	1.0% (2/201)	3.0% (3/101)	0.23
Target Lesion Revascularization	1.6% (3/201)	1.0% (1/101)	0.68
tct2016			Cardiovas

Smits, P. EuroPCR, May 2016

lesearch Foundation

### **Trial Leadership and Organization**

- Trial Chair: Gregg Stone, MD
- Principal Investigator: David Kandzari, MD
- Co-PIs: Pieter Smits, MD, PhD & Michael Love, MD
- ARO Cardiovascular Research Foundation
  - Medical Monitoring Ori Ben-Yehuda, MD
  - Angiographic Core Lab Philippe Genereux, MD
  - Safety (CEC/DSMB) Ioanna Kosmidou, MD, PhD
    - CEC Chair: Stephen Marks, MD Columbia University
    - DSMB Chair: John Ambrose, MD UCSF
  - Data Management Cecilia Hart
  - Statistics Melek Ozgu Ozan, MSc
- CRO: Novella Clinical
- Sponsor: Medinol Ltd







# **Key Inclusion Criteria**

1. Patient with an indication for PCI

- a.NSTEMI
- b.Recent STEMI (>24 hrs)
- c. Angina (Stable and Unstable)
- d. Target lesion diameter stenosis of  $\geq$ 70%
- c. Positive non-invasive stress test
- d. FFR ≤0.80
- Target lesion(s) in a native coronary artery or bypass graft conduit with visually estimated diameter of ≥2.5 mm to ≤4.25 mm
- 3. Complex lesions are allowed including calcified lesions, nonocclusive thrombus, CTO, bifurcation lesions (except planned dual stent implantation), ostial RCA lesions, tortuous lesions, bare metal stent restenotic lesions, protected left main lesions, saphenous vein graft lesions
- 4. Overlapping stents are allowed





# **Key Exclusion Criteria**

- 1. History of stent thrombosis
- 2. Cardiogenic shock
- 3. Known LVEF <30%
- Relative or absolute contraindication to DAPT for 12 months (including planned surgeries that cannot be delayed)
- 5. Subject on or indicated for anticoagulation
- 6. Severe renal insufficiency (clearance <30 ml/min)





### BIONICS Enrollment

#### **76 Enrolling Sites, 8 Countries**



### **Leading Enrolling Sites**

Institution	Number enrolled
Tel-Aviv Souraski Medical Center - Israel	150
Victoria Heart Institute Foundation - Canada	140
Kaplan Medical Center - Israel	126
Rabin Medical Center - Israel	111
Centre Hospitalier Universitaire de Quebec - Canada	109
Hospital Meixoeiro - Spain	88
Hadassah Medical Organisation - Israel	82
Centre Hospitalier de l'Universite de Montreal - Canada	59
Maasstad Ziekenhuis - Netherlands	58
Sha'are Zedek Medical Center - Israel	53
Queen Elizabeth II Health Sciences Centre - Canada	48
CHU de Liège - Belgium	40
Bnai Zion Medical Center - Israel	38
Medical Center Alkmaar - Netherlands	38
Catherina Ziekenhuis - Netherlands	35
MediQuest Research Group - USA	34
North Shore Hospital - USA	34
ZNA Middleheim - Belgium	34
Victoria Heart and Vascular Center - USA	30
Scarborough Cardiology Research - Canada	30
Imeldaziekenhuis - Belgium	29
San Raffaele - Italy	28
Columbia University Medical Center - USA	25







# **Baseline Clinical Characteristics**

	<b>BioNIR</b> (N= 958)	<b>Resolute</b> (N= 961)	<i>P</i> value
Age	63.7 ± 10.2	63.2 ± 10.3	0.43
Male	78.3%	81.9%	0.05
Diabetes	32.8%	32.3%	0.81
ACS	40.7%	38.7%	0.37
NSTEMI	35.2%	36.6%	0.56
Current Smokers	23.4%	19.4%	0.03
Hyperlipidemia	80.4%	78.1%	0.21
Hypertension	72.4%	74.0%	0.42
Prior MI	31.1%	30.5%	0.77
Prior PCI	38.8%	38.2%	0.77
Prior CABG	8.8%	9.6%	0.54





# **Angiographic Characteristics**

	<b>BioNIR</b> (N= 958 patients	Resolute	
	1275 lesions)	1277 lesions)	<i>P</i> value
Target Vessel			
LAD	40.7%	39.8%	0.63
RCA	31.9%	32.2%	0.89
Circumflex	24.4%	25.0%	0.73
Left Main	1.1%	0.4%	0.04
Calcification			
Severe	13.3%	10.5%	0.03
Moderate	13.3%	13.4%	0.92
Tortuosity			
Moderate	4.1%	4.5%	0.63
Severe	3.9%	2.8%	0.10
Bifurcation	28.6%	29.1%	0.78
Ostial Lesion	6.0%	6.1%	0.94 Research Founda

# **Angiographic Characteristics**

	<b>BioNIR</b> N=958 patients,	<b>Resolute</b> N=961 patients,	Duchus
	1275 lesions		Pvalue
Lesion Length	17.6 ± 10.8	17.9 ± 10.7	0.44
No. Target Lesions/pt	1.3 ± 0.6	1.3 ± 0.6	0.51
RVD - pre	2.73 ± 0.49	2.74 ± 0.49	0.69
RVD - post	2.74 ± 0.48	2.76 ± 0.50	0.12
%DS - pre	71.5 ± 13.4	70.7 ± 12.8	0.15
%DS - post	16.4 ± 9.2	16.3 ± 9.9	0.39
Acute Gain (mm)	1.50 ± 0.51	1.50 ± 0.49	0.94
ACC Lesion Class B2/C	57.5%	59.0%	0.45
Stent Length/Lesion	24.3 ± 13.6	24.0 ± 12.5	0.67
Overlapping Stents	24.6%	23.1%	0.43
tetaole			



Cardiovascular Research Foundation

## **Procedural Outcomes**

	<b>BioNIR</b> N=958 patients, 1275 lesions	<b>Resolute</b> N=961 patients, 1277 lesions	p value
Device Success	98.3%	99.5%	0.004
Lesion Success	99.9%	99.8%	1.00
Procedure Success	97.7%	97.3%	0.57

**Device success:** final in-stent residual QCA diameter stenosis of <50% using the assigned device only and without a device malfunction

*Lesion success*: final in-stent residual QCA diameter stenosis of <50% using any percutaneous method

*Procedure success:* final in-stent QCA diameter stenosis of <50% using the assigned device and/or with any adjunctive devices, without the occurrence of cardiac death, Q wave or non-Q wave MI, or repeat revascularization of the target lesion during the hospital stay





## BIONICS 30-day Clinical Outcomes

	<b>BioNIR</b> (N=958)	<b>Resolute</b> (N=961)	Hazard Ratio 95% CI of HR	<i>P</i> value
TLF	2.5% (24)	3.2% (31)	0.78 [0.46,1.32]	0.35
Cardiac Death	0.3% (3)	0.1% (1)	3.01 [0.31,28.97]	0.34
TV-MI	2.3% (22)	2.9% (28)	0.79 [0.45,1.38]	0.40
ID-TLR	0.5% (5)	0.5% (5)	1.00 [0.29, 3.47]	1.00





# **BIONICS – Primary Endpoint**



tct2016



# BIONICS 12 mo Key Endpoint Results

	BioNIR N=958	Resolute N=961	<b>Relative Risk</b>	<i>P</i> value
Target Lesion Failure (TLF)	5.3% (49/926)	5.3%(49/930)	1.00 [0.68,1.48]	0.98
Cardiac Death	0.5% (5/926)	0.2% (2/930)	2.51 [0.49, 12.91]	0.29
TV-MI*	3.1% (29/926)	3.3% (31/930)	0.94 [0.57, 1.55]	0.81
ID-TLR	3.0% (28/926)	2.4% (22/930)	1.28 [0.74, 2.22]	0.38
Total Mortality	1.2% (11/931)	1.1% (10/936)	1.11[0.47,2.59]	0.82

\* SCAI definition for periprocedural MI, Moussa et al. JACC 2013





## BIONICS TLF to 12 Months: KM Curves



tct2016



## BIONICS Stent Thrombosis

	BioNIR	Resolute	
	(N=958)	(N=961)	<i>P</i> value
Stent Thrombosis			
Definite/Probable	0.4% (4/921)	0.6% (6/927)	0.75
Definite	0.4% (4/921)	0.5% (5/926)	1.00
Any Stent Thrombosis	0.4% (4/921)	0.8% (7/928)	0.37
Timing of Event			
Acute ST	0.1% (1/920)	0.1% (1/926)	1.00
Sub-Acute ST	0.3% (3/921)	0.3% (3/927)	1.00
Late	0.0% (0/920)	0.3% (3/927)	0.25

12 Month DAPT Adherence: 75.1% BioNiR, 75.9% Resolute





-	Target Lesio	n Failure a	t 1 Year by Su	ıbgroups	
Subgroups	12-Month TI N (%	_F Rate n/ %)	Relative Risk [95% Cl]		<i>P</i> value
	BioNIR	Resolute			
Overall	49/926 (5.3%) 4	9/930 (5.3%)	1.00 [0.68, 1.48]	<b>⊢</b> ∳1	
Medically Treated	Diabetes				0.5
Yes	22/277 (7.9%) 2	21/264 (7.9%)	1.00 [0.56, 1.77]	· <b>⊢-</b> ∳{	
Νο	27/649 (4.2%) 2	28/666 (4.2%)	0.99 [0.59, 1.66]		
Acute Coronary Sy	ndrome (ACS)				0.39
ACS	18/380 (4.7%) 1	9/363 (5.2%)	0.91 [0.48, 1.70]		
No ACS	31/546 (5.7%) 3	30/567 (5.3%)	1.07 [0.66, 1.75]	<b>⊢</b>	
Sex					0.46
Male	39/725 (5.4%) 4	0/762 (5.3%)	1.03 [0.67, 1.57]	⊢ ┣━ <mark><mark>╞──</mark>┥</mark>	
Female	10/201 (5.0%)	9/168 (5.4%)	0.93 [0.39, 2.23]		
Age					0.19
>=65 Year	33/433 (7.6%) 2	27/441 (6.1%)	1.24 [0.76, 2.03]	┝╼╼╼╼┛┥	
<65 Year	16/493 (3.3%) 2	22/489 (4.2%)	0.72 [0.38, 1.36]	<b>⊢</b> ∎- <b>∔</b> {	
Region					0.28
North America	22/420 (5.2%) 2	25/402 (6.2%)	0.84 [0.48, 1.47]	<b>}</b>	
Outside of N. Am.	27/506 (5.3%) 2	24/528 (4.6%)	1.17 [0.69, 2.01]	<b>⊢</b>	
			0.0	0.5 1.0 1.5 2.0	2.5
			Fa	ivors Favors	
			BI	onik Resolut	•

Interaction p value: Gail-Simon test for qualitative interactions (interaction between the treatment and the subgroup variable)

## BIONICS Conclusions

- In the present large-scale, 'more comers' trial, the BioNIR ridafirolimus-eluting stent was noninferior to the Resolute stent for the primary endpoint of target lesion failure at 1 year, and resulted in low rates of target lesion revascularization and stent thrombosis
- These findings endorse the safety and efficacy of BioNIR in patients representative of real world clinical practice



