

# A Permanent Polymer Zotarolimus-eluting Stent versus a Polymer-Free Amphilimus-eluting Stent in all-comers; Results of the ReCre8 Trial

# Pieter Stella, MD, PhD

On behalf of the ReCre8 Study investigators

R Rozemeijer, M Stein, M Voskuil, R van den Bor, P Frambach, B Pereira, S Koudstaal, G Leenders, L Timmers, S Rittersma, A Kraaijeveld, P Agostoni, C Roes, P Doevendans.





#### **Disclosure Statement**

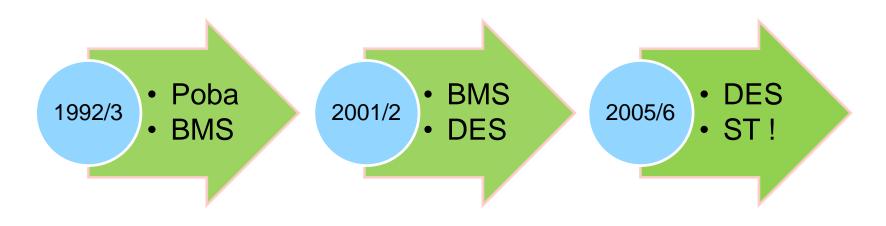
Within the past 12 months, I, Pieter Stella have had a financial interest / arrangement or affiliation with the organization(s) listed below

- Member of speakers bureau Alvimedica
- Member advisory board Keystone Heart
- Consultant Dekra CE

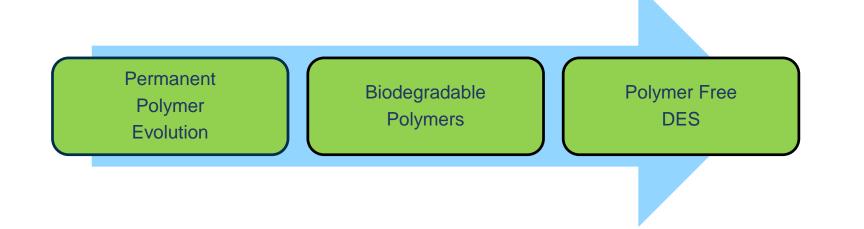




# **Background**



PP: Delayed arterial healing / Chronic Inflammation / Aneurysm Formation









# Why this study?

- The clinical safety and efficacy of polymer-free amphilimuseluting stents (PF-AES) have not yet been compared to latestgeneration permanent polymer drug-eluting stents in a large all comers trial.
  - Secondary interests (non powered):
    - Is a short DAPT duration (1-month) with these devices in troponin-negative patients safe?
    - Does PF-AES shows its promise of positive outcomes in diabetic patients?





#### Introduction – PF AES

Thin-strut (80 µm) Co-Cr alloy

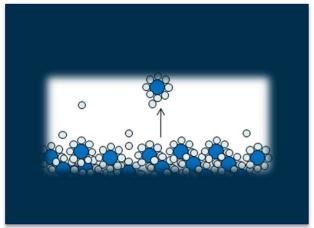
Polymer-free platform



Abluminal Reservoir Technology



Amphilimus™ Formulation: Sirolimus + organic acid (fatty acid)



BIS: Bio Inducer Surface

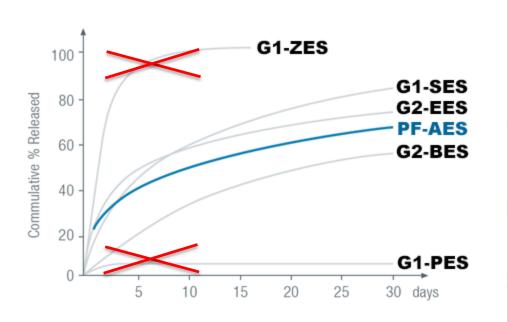




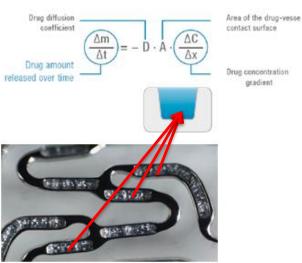




#### Introduction – PF AES



#### Fick's law



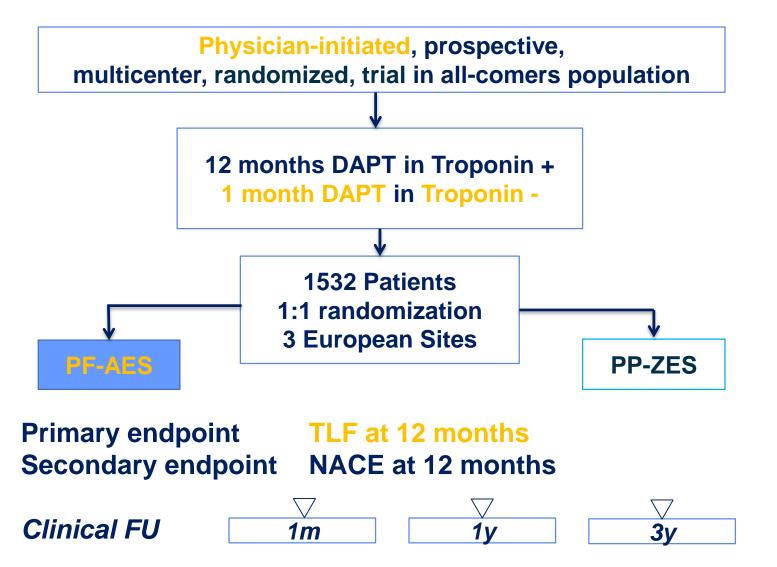
- Peak tissue concentration during first days
- 50% drug-elution in 18 days
- 65-70% drug-elution in 30 days
- 100% drug-elution in 90 days







# How was the study executed?







# How did we study?

**Steering committee:** 

Mera Stein

Pierfrancesco Agostoni

**Pieter Stella** 

**Participating centres:** 

**University Medical Centre Utrecht** 

**National Institute of Cardiac Surgery and** 

Interventional Cardiology

**Zuyderland Medical Centre** 

CEC:

dr. Bart de Smet

dr. Willem Agema

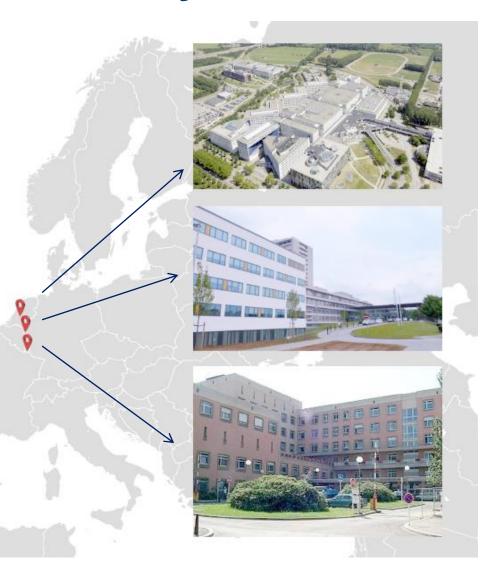
dr. Marc Buijsrogge

Data monitoring:

**Julius Clinical Research** 

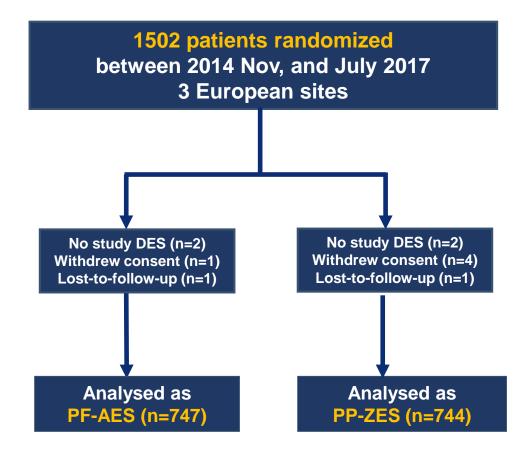
**Statistical Analysis:** 

Dep. of Biostatistics





#### Flow Chart

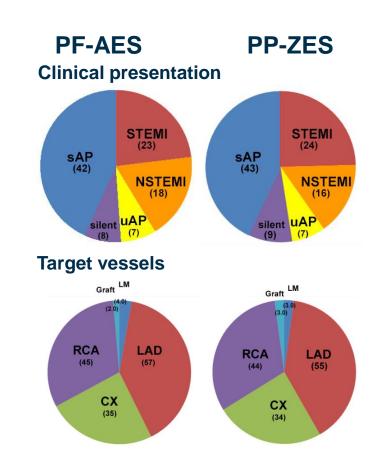




#### **Baseline Characteristics -1**

#### **Patient demographics**

	PF-AES (n=747)	PP-ZES (n=744)
Age (years)	64·7 ± 11·3	65·1 ± 10·6
Hypertension	412 (55·2)	411 (55·2)
Hypercholesterolemia	325 (43·5)	340 (45·8)
Diabetes Mellitus	155 (20·8)	149 (20·0)
Current smoker	193 (25·9)	191 (25·7)
Family history of CAD	291 (39·0)	275 (37-0)
eGFR<60 ml/min	84 (17·3)	80 (16-3)
Previous MI	139 (18·6)	158 (21-2)
Previous PCI	138 (18·5)	166 (22·3)
Previous CABG	67 (9·0)	71 (9·5)



Baseline characteristics were well-balanced







### **Baseline Characteristics -2**

	PF-AES (n=747)	PP-ZES (n=744)
De-novo coronary lesions	710 (95·0)	704 (94-6)
At least one complex lesion	436 (58·4)	437 (58·7)
At least one bifurcation lesion	176 (23·6)	147 (19·8)
At least one chronic total occlusion	51 (6·8)	47 (6·3)
At least one ostial lesion	23 (3·1)	20 (2·7)
At least one restenotic lesion	24 (3·2)	24 (3·2)
At least one moderate or severely calcified lesion	196 (26·3)	205 (27·7)
At least one venous graft lesion	13 (1·7)	16 (2·2)
At least one small vessel (RVD < 2.75 mm)	200 (26·9)	199 (26·9)
At least one long lesion (length >20 mm)	329 (44·3)	415 (56·1)

True "all-comers" population







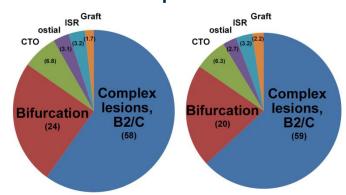
#### **Procedural Data**

	PF-AES (n=747)	PP-ZES (n=744)
No of stents per lesion	1·29±0·59	1·25±0·57
No of stents per patient	1·89 ± 1·25	1·73 ± 1·09
Total stent length (mm)	47·7 ± 21·2	47·7 ± 21·4
Stent diameter (mm)	3·03 ± 0·45	3·01 ± 0·45
Multi overlapping stents	219 (20-02)	177 (17-4)
Pre-dilatation	973 (69·2)	904 (70·5)
Direct stenting	427 (30·3)	376 (29·3)
Post-dilatation	942 (68·0)	757 (59-6)
ACC/AHA class B2	261 (24·0)	244 (24·0)
ACC/AHA class C	304 (28·0)	288 (28·3)
Procedural success	1008 (99·3)	1068 (98·5)





#### **Individual Complex lesions**



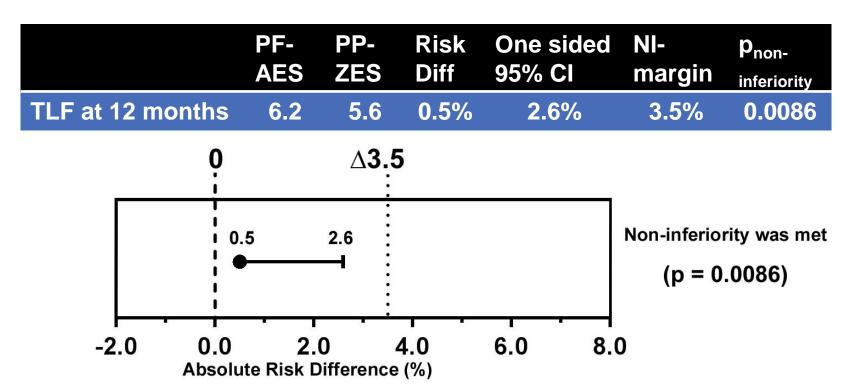
Procedural details were well-balanced, except post-dilatation







# **Target Lesion Failure at 12-months**



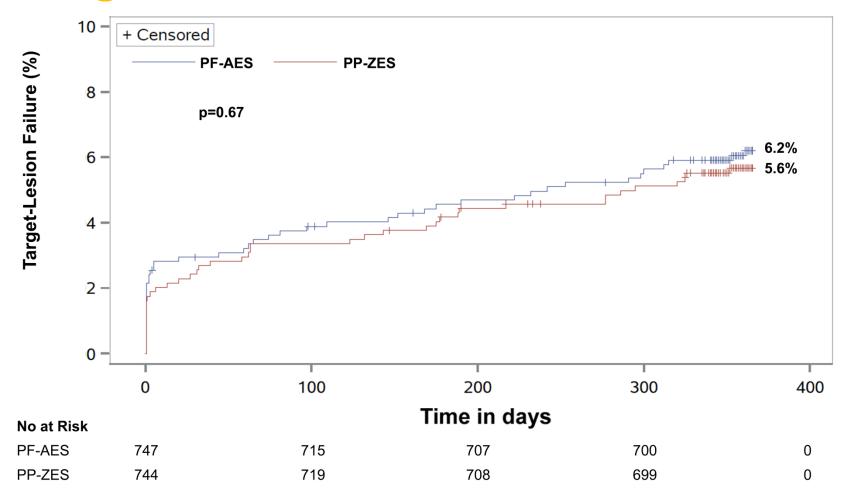
Clinical non-inferiority of PF-AES was met!







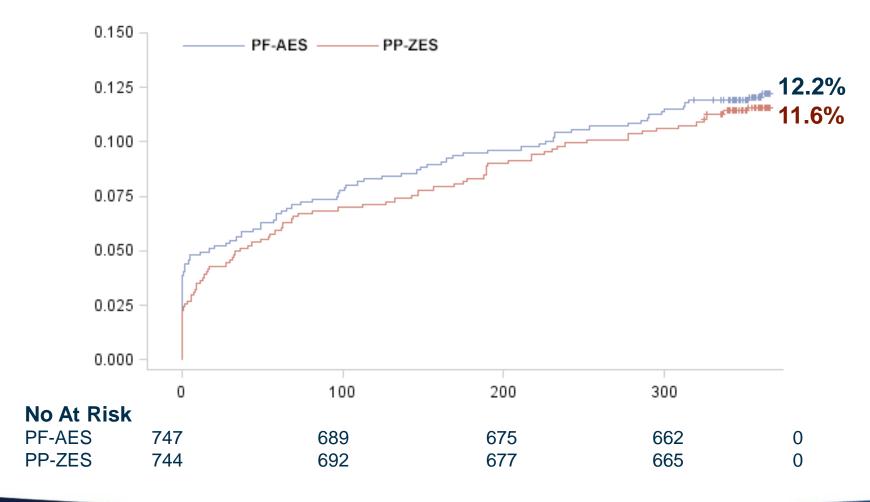
# **Target Lesion Failure at 12-months**







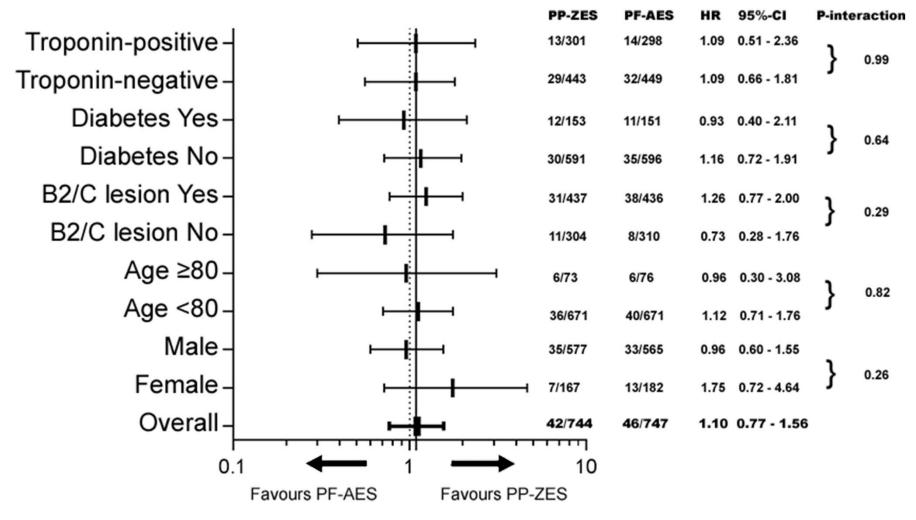
#### **Net Adverse Clinical Events at 12-months**











Consistency across all subgroups, with no significant statistical interactions







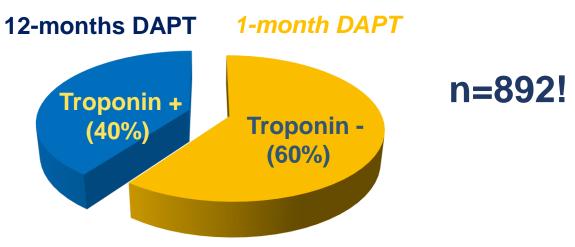
# Sub-study 1

To assess clinical safety of 1-month DAPT in troponin-negative patients





# **Sub-study: 1-month DAPT**



#### **Definite Stent Thrombosis according to ARC**

DES type	Sex, (age)	Timing (days)	DM	LVEF (%)	Stratification	Lesion complexity†	Special Lesion	Post- dilatation	No of DES
PP-ZES	M (71)	37	No	45-54	1-month, CCS IV	С	De novo	Yes	6
PP-ZES	M (65)	84	No	NA	1-month, CCS II*	С	Ostial, Bif	Yes	1
PP-ZES	M (61)	200	No	>55	1-month, CCS II*	С	Restenotic	No	1
PP-ZES	F (68)	295	No	30-44	1-month, CCS III*	С	De novo	Yes	1
PF-AES	M (91)	1	No	NA	1-month, CCS II*	B1	De novo	Yes	1
PF-AES	M (78)	2	No	55	1-month, CCS II*	С	СТО	Yes	1
PF-AES	M (73)	45	No	45-54	1-month, CCS II*	С	СТО	No	2
PF-AES	M (71)	320	Yes	30-44	1-month, CCS II*	B1	De novo	Yes	1

Overall ST 8/892 (0.9%)

6/8 (0.7%) after DAPT

4/8 in complex lesions

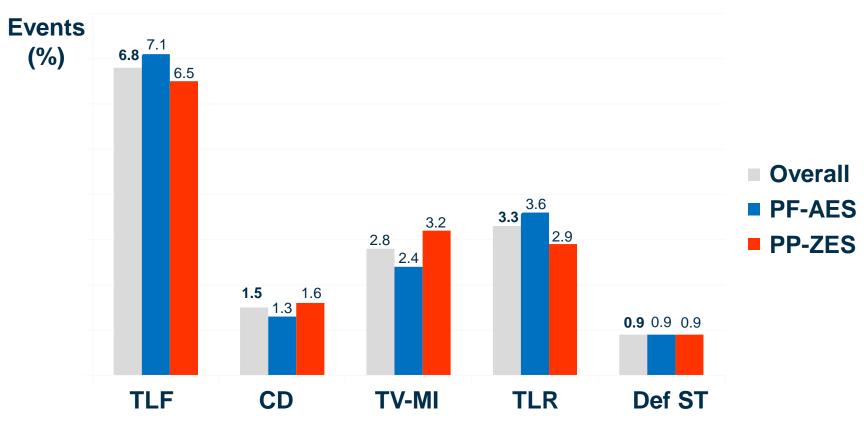






# **Sub-study: 1-month DAPT**

#### **Individual outcomes at 12-months**



No statistical significant differences between stents at the p<0.05 level







# Sub-study 2

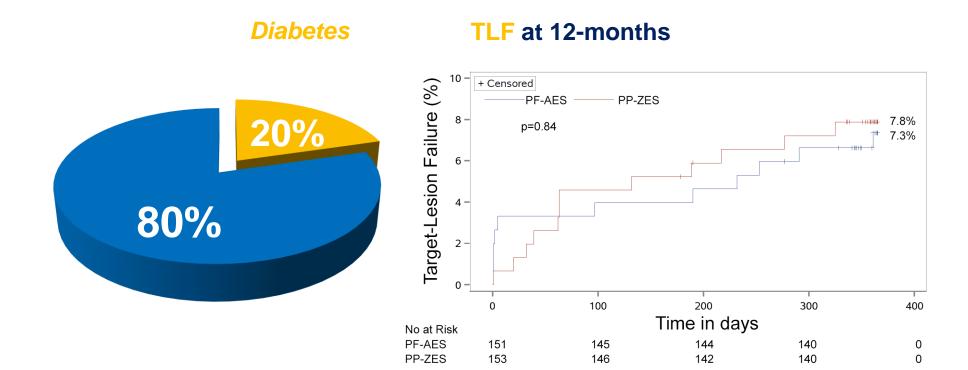
# To assess clinical outcomes of PF-AES in patients with diabetes







# **Sub-study: PF-AES in DM**



No differences the primary endpoint of PF-AES as compared to PP-ZES in DM





#### **Conclusions**

- ReCre8 was the first RCT comparing PF-AES versus latest gen PP ZES in an all comers PCI population.
- Main finding was that clinical non-inferiority of PF-AES as compared to PP-ZES
  in terms of TLF at 12 months was met.
- Findings regarding the secondary endpoint and pre-specified subgroups were generally consistent with the primary endpoint.
- Short DAPT following these latest-generation drug-eluting stents in troponinnegative patients needs further evaluation (*not powered!*).
- Future trials need to investigate efficacy of PF-AES in patients with diabetes





# Acknowledgements

#### **Co-investigators**

- R. Rozemeijer, MD, MSc, PharmD
- M. Stein, MD, PhD
- M. Voskuil, MD, PhD
- R. van den Bor, MSc, PhD
- P. Frambach, MD
- B. Pereira, MD
- S. Koudstaal, MD, PhD
- G. Leenders, MD, PhD
- L. Timmers, MD, PhD
- S. Rittersma, MD, PhD
- A. Kraaijeveld, MD, PhD
- P. Agostoni MD, PhD
- K. Roes, MSc, PhD
- P. Doevendans, MD, PhD

#### **Study enrolment**

- Nurses, technicians, and personnel
- Fellows, participating centres
- Physicians, participating centres

#### **Clinical Event Committee**

- B. de Smet, Meander Medical Centre
- W. Agema Diakonessen Hospital
- M. Buijsrogge, UMCU

#### **Data completion**

- Y. Breuer , R&D UMCU
- A. Links, R&D UMCU
- B. Camus, R&D INCCI







# Thank you for your attention, have a great TCT 2018 Conference!



# **Back-up slides**





# Circulation

RE: CIRCULATIONAHA/2018/037707R1
Randomised All-comers Evaluation of a Permanent Polymer
Zotarolimus-eluting Stent Versus a Polymer-Free Amphilimus-eluting Stent: (ReCre8) a Multicentre, Non-inferiority Trial.



