

SCAAR

Long term outcome after treatment of de novo coronary artery lesions using three different drug-coated balloons

Conclusions

- In this large real-world retrospective analysis, Pantera® Lux® exhibits similar efficacy and safety outcomes with two contemporary Drug-Coated Balloons (DCB) during long-term follow-up.
- Pantera Lux numerically shows lowest cumulative rate of clinically driven restenosis* (4.4%) compared to SeQuent Please (5.9%) and IN.PACT Falcon (5.0%).
- DCB angioplasty in de novo lesions was feasible for all three DCBs, with high success rate⁺⁺ (98.5%), low use of bailout stenting (6.7%) and low risk for clinically driven restenosis* and Target Lesion Thrombosis (TLT) during long-term follow-up over four years. These results emphasize the potential use case of Pantera Lux in de novo lesions.

Study design

Retrospective analysis of SCAAR data collected between 2009 and 2017, comparing three contemporary DCBs for the treatment of coronary de novo lesions.

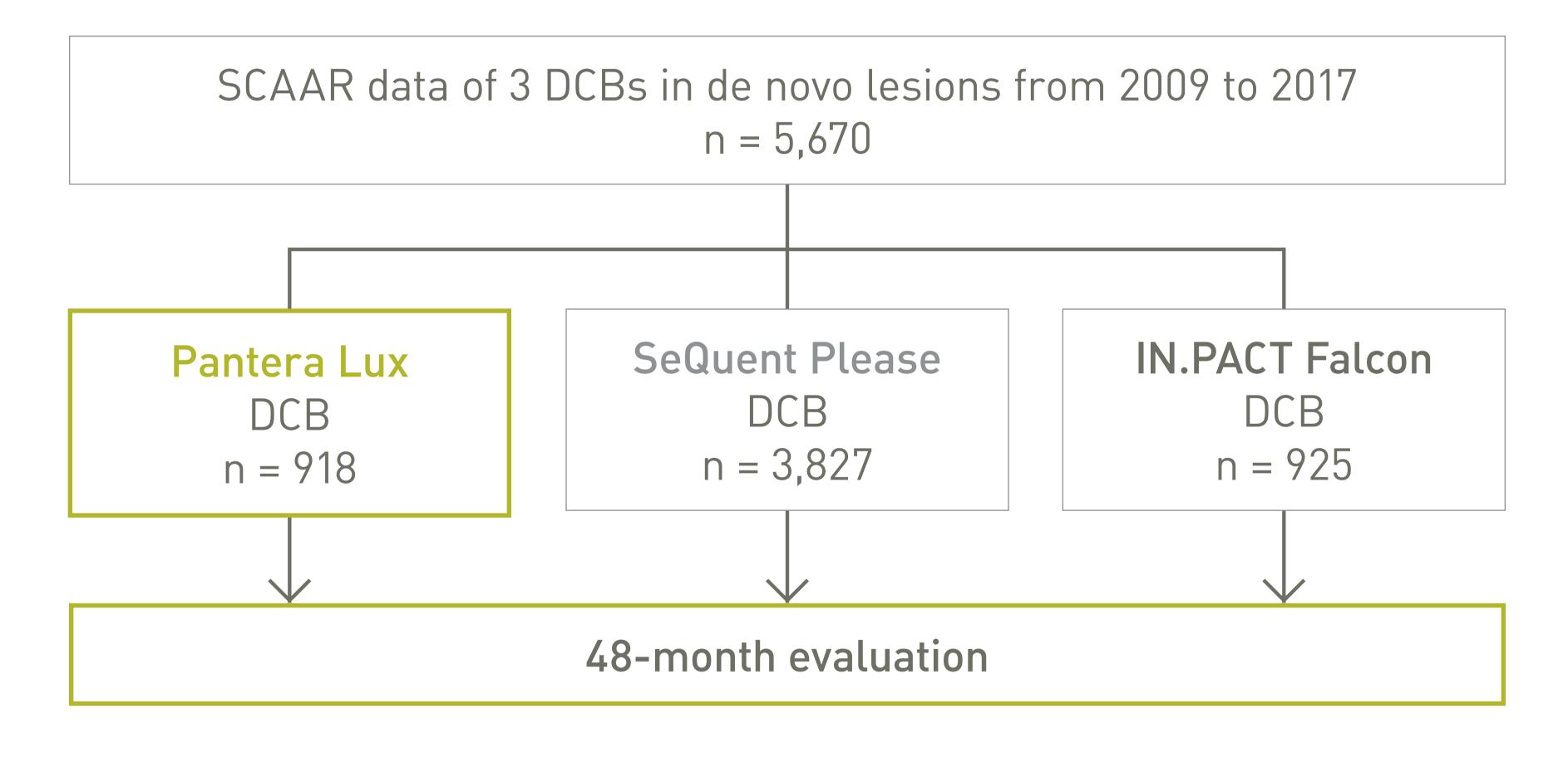
Endpoints

Primary Endpoint

 Cumulative 4-year rate of reported clinically driven restenosis* and definite Target Lesion Thrombosis (TLT) (per DCB).

Secondary Endpoint (selected)

Cumulative 4-year rate of Major Adverse Cardiac Events (MACE)**



Patient characteristics	All DECB n = 5,670	Pantera Lux n = 918	SeQuent Please n = 3,827	IN.PACT Falcon n = 925	p-value
Age, yrs [†]	67.9 ± 10.7	68.0 ± 10.9	67.8 ± 10.6	67.7 ± 10.6	0.76
Female	24.4%	23.4%	24.6%	24.1%	0.73
Hypertension	72.6%	73.7%	72.9%	70.0%	0.14
Diabetes	27.6%	29.9%	27.1%	27.5%	0.87
Previous MI	36.6%	40.0%	35.8%	36.6%	0.06

procedural characteristicsAll DECB $n = 5,670$ Pantera Lux $n = 918$ SeQuent Please $n = 3,82$ Number of lesions6,7151,1614,483Stenosis class B2/C52.7%55.9%52.0%	
	Falcon
Stenosis class B2/C 52.7% 55.9% 52.0%	1,071 -
021070	52.2% 0.06
Bifurcation 25.9% 28.4% 26.3%	21.8% < 0.01
Chronic total occlusion 3.4% 4.2% 3.1%	4.0% 0.08
DCB diameter (mm) ⁺ 2.43 ± 0.44 2.36 ± 0.41 2.47 ± 0.44	0.45 2.34 ± 0.40 < 0.01
Diameter ≤2.75 mm 82.3% 85.4% 79.8%	89.3% < 0.01
Diameter < 2.25 mm 37.2% 45.7% 33.9%	41.6% < 0.01
Bailout stent 6.7% 5.9% 7.2%	5.6% 0.09
Local success ^{††} 98.5% 98.6% 98.4%	98.8% 0.67

Restenosis was defined as clinically relevant >50% stenosis in a previously treated segment,

by visual assessment, or by a significant fractional flow reserve or instantaneous wave-free ratio

Defined as the composite of death, myocardial infarction (MI) and target vessel revascularization with PCI (TVR) and the individual components of MACE (per patient).

in a subsequent and clinically driven coronary angiography.

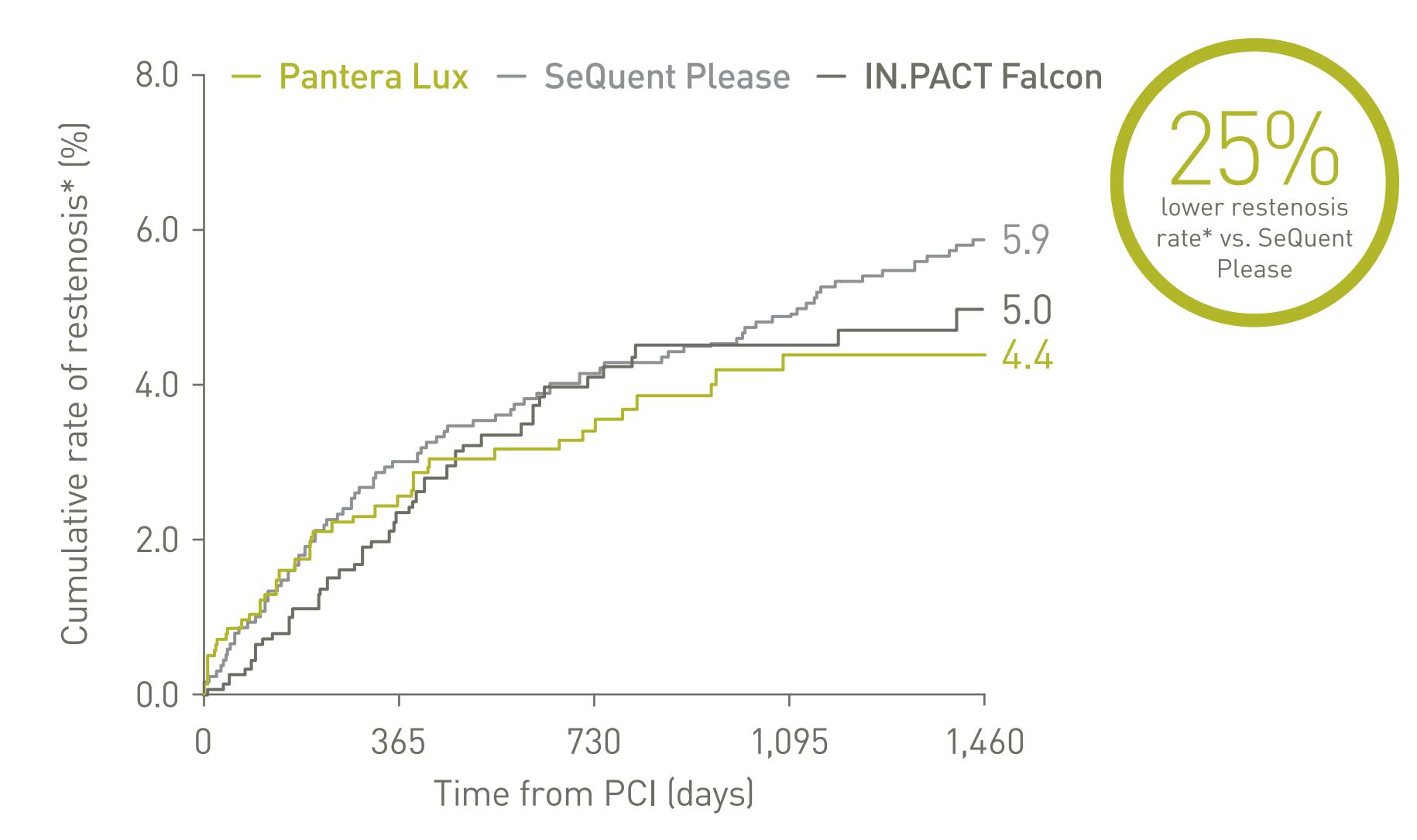
Data shown as mean ± SD

tt Defined in SCAAR as residual stenosis less than 50%, with normal flow, without any serious complication.



Primary Endpoints up to 4 years (1,460 days)



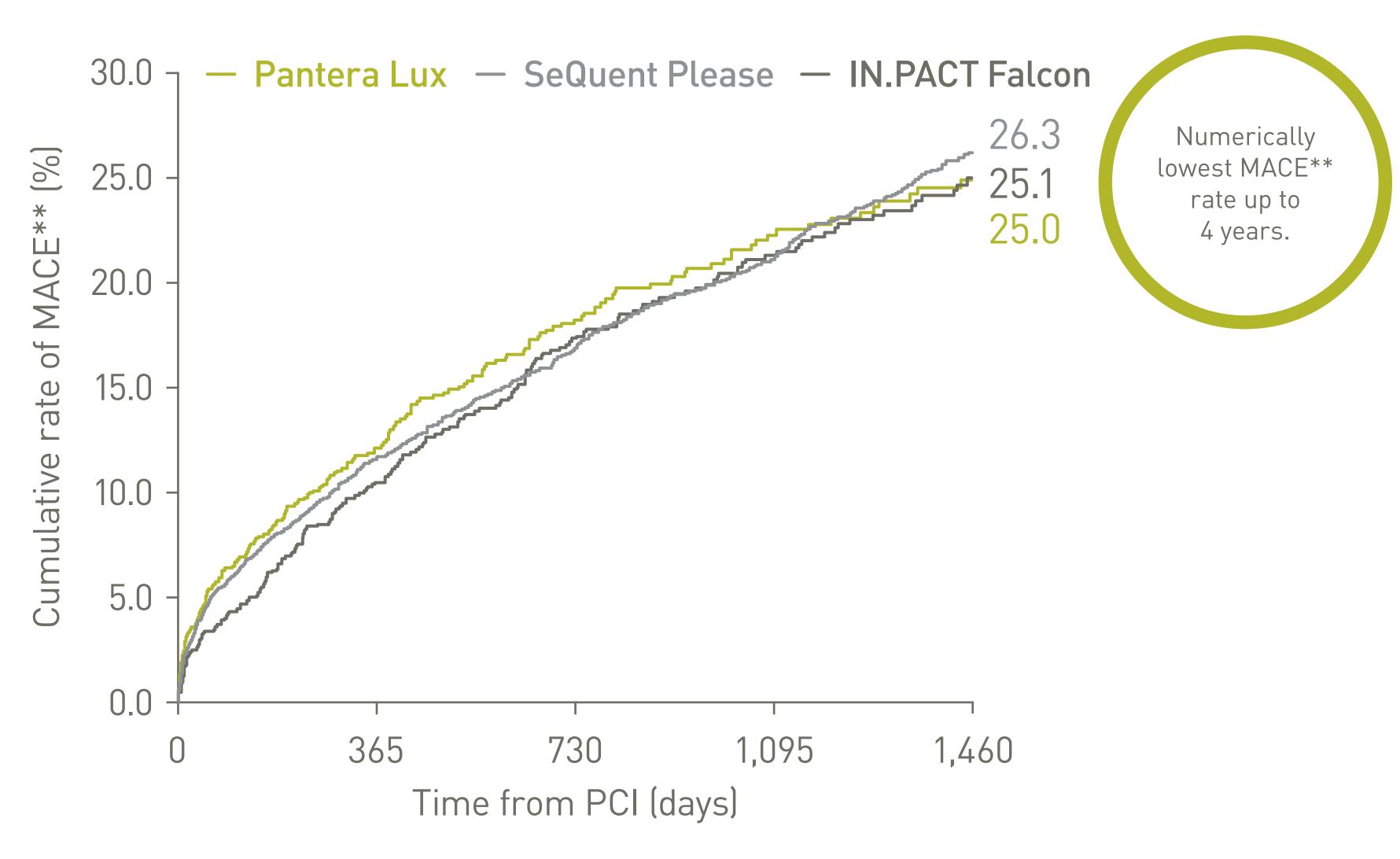


Cumulative rate of

clinically-driven restenosis*	Pantera Lux n (DCBs) = 1,161	SeQuent Please n (DCBs) = 4,483	IN.PACT Falcon n (DCBs) = 1,071	HR (95% CI) _{adjusted}
IN.PACT Falcon vs. SeQuent Please	_	5.9%	5.0%	0.96 (0.69–1.34)
Pantera Lux vs. SeQuent Please	4.4%	5.9%	_	0.88 (0.63–1.23)
IN.PACT Falcon vs. Pantera Lux	4.4%	_	5.0%	1.10 (0.72–1.68)

Cumulative rate of definite TLT	Pantera Lux n (DCBs) = 1,161	SeQuent Please n (DCBs) = 4,483	IN.PACT Falcon n (DCBs) = 1,071	HR (95% CI) _{adjusted}
IN.PACT Falcon vs. SeQuent Please	_	0.8%	0.8%	1.01 (0.44–2.31)
Pantera Lux vs. SeQuent Please	0.8%	0.8%	-	1.32 (0.62–2.80)
IN.PACT Falcon vs. Pantera Lux	0.8%	_	0.8%	0.75 (0.28–2.02)

Selected secondary endpoint up to 4 years (1,460 days)



Cumulative rate of MACE**	Pantera Lux n (DCBs) = 918	SeQuent Please n (DCBs) = 3,827	IN.PACT Falcon n (DCBs) = 925	HR (95% CI) _{adjusted}
IN.PACT Falcon vs. SeQuent Please	_	26.3%	25.1%	1.04 (0.89–1.23)
Pantera Lux vs. SeQuent Please	25.0%	26.3%	_	1.07 (0.90–1.25)
IN.PACT Falcon vs. Pantera Lux	25.0%	_	25.1%	0.98 (0.80–1.21)

^{1.} Reference: Venetsanos D, Omerovic E, Sarno G et al. Long term outcome after treatment of de novo coronary artery lesions using three different drug coated balloons. International Journal of Cardiology. 2020; 1-7. doi: 10.1016/j.ijcard.2020.09.054.

Pantera and Lux are trademarks or registered trademarks of the BIOTRONIK Group of Companies. All other trademarks are the property of their respective owners.



Tel +41 (0) 44 8645111 Fax +41 (0) 44 8645005 info.vi@biotronik.com www.biotronik.com



