

#### **EFFPAC trial: Effectiveness of Luminor DCB vs. POBA in the SFA:** 24-month safety and efficacy outcomes

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## Potential conflicts of interest (1)

#### **Speaker's name : Ulf Teichgräber**

✓ I have the following potential conflicts of interest to declare:

#### **Potential conflicts of interest** <u>related</u> to the presentation:

• Research grant: iVascular, Endoscout

#### Potential conflicts of interest <u>not related</u> to the presentation:

- Consulting Fees, Honoraria, Research Grants, Advisory Boards: ab medica, Abbott Vascular, B.Braun Melsungen, Boston Scientific, Celonova, C.R. Bard, COOK, Endoscout, GE Healthcare, iVascular, Kimal, Maquet, Medtronic, Philips Healthcare, Siemens Healthineers, Spectranetics, W.L.Gore
- Master research agreements with Siemens Healthineers, GE Healthcare





#### Study design

Investigator initiated, prospective, multicenter, randomized controlled trial

#### **Study objective**

To assess efficacy and safety of Luminor-35 paclitaxel-coated balloon angioplasty in SFA/PA lesions up to 24 months

#### **Sponsor**

University of Jena, Germany



## **Study Device**



## **Participating Centers**

1. Jena

2. Arnsberg

3. Bad Krozingen

4. Berlin

5. Hamburg

6. Kusel

7. Karlsbad

8. Leipzig

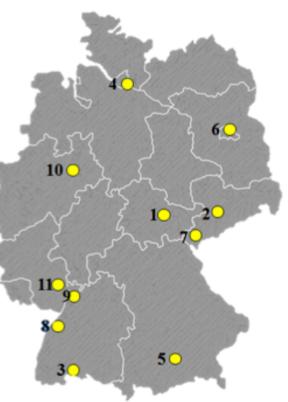
9. München

10. Sonneberg

11. Heidelberg

Universitätsklinikum Klinikum Arnsberg Herzzentrum Ihre Radiologen Angiologikum Westpfalz Klinikum SRH Klinikum Universitätsklinikum LMU München Medios Kliniken Universitätsklinik





#### ClinicalTrial.gov Identifier: NCT02540018

## Study Endpoints

#### Primary Endpoint

LLL at 6 months

#### Secondary Endpoints

- Binary restenosis
- Primary patency
- Freedom from TLR
- Freedom from TVR
- Rutherford category
- WIQ-score
- ABI
- EQ-5D score
- All-cause mortality
- Target limb amputation



## Key Eligibility Criteria

#### Inclusion

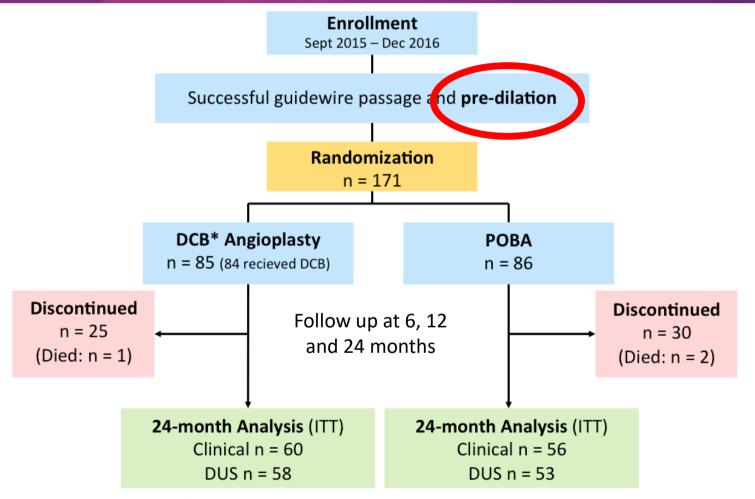
- Rutherford category 2-4
- De-novo stenotic/restenotic or occluded (≥ 70%) SFA/prox. PA lesions
- Lesion length ≤ 150 mm
- 1 lesion/patient
- Successful pre-dilation

#### Exclusion

- Previous TV surgery
- Major amputation TL
- Severly calcified lesions (PTA resistant)
- In-stent restenosis



**Patient Flow** 



\*Luminor-35°: paclitaxel 3 µg/mm<sup>2</sup>, organic ester excipient (iVascular, Barcelona)

### **Baseline Patient Characteristics**

	<b>DCB</b> n = 85	<b>POBA</b> n = 86	P value		
Age, years	$68.0 \pm 7.5$	± 7.5 68.1 ± 8.8			
Male, %	60.0	69.8			
Diabetes, %	36.5	40.4	p = 0.681		
Hypertension, %	87.1	84.9	p = 0.850		
Hyperlipidemia, %	70.7	68.6	p = 0.144		
Current smoker, %	40.5	43.0	p = 0.856		
Critical limb ischemia, %	3.6	1.2	p = 0.613		
ABI	$0.73 \pm 0.23$	$0.74 \pm 0.23$	p = 0.929		



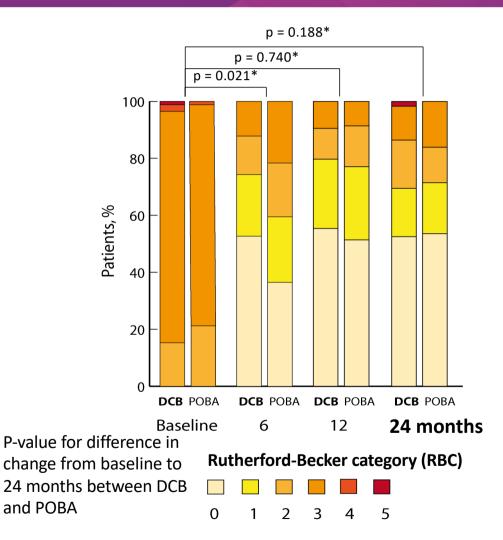
### Lesion and Procedure Characteristics

	<b>DCB (</b> n = 85)	<b>POBA (</b> n = 86)	P value
Lesion length, mm	$59.1 \pm 43.4$	55.8 ± 39.1	p = 0.732
СТО, %	20.2	25.6	p = 0.492
Calcification, % Severe Moderate	3.6 42.2	11.6 44.2	p = 0.232
Mid / dist. popliteal artery, %	18.8	14.0	p = 0.248
Pre-dilation, %	98.8	98.8	p = 0.993
Dissection, %	37.6	40.7	p = 0.801
Bailout stenting, %	15.3	18.8	p = 0.709
Residual DS, % post-angioplasty post-treatment	$15.5 \pm 16.7$ 7.5 ± 9.3	14.9 ± 16.2 8.3 ± 10.1	p = 0.807 p = 0.699

## Primary Endpoint – 6-Month LLL

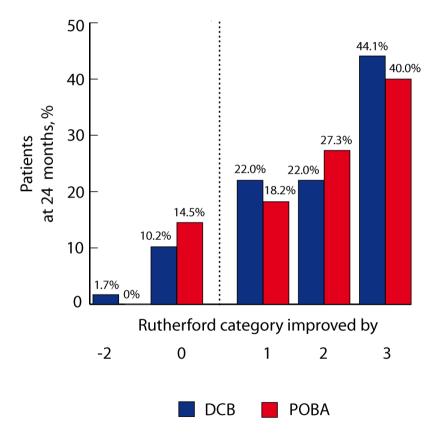
Study	<b>DCB</b> 6-month LLL	Control 6-month LLL	<b>Difference</b> DCB vs POBA (mm)	
<b>THUNDER</b> Tepe et al. 2008 Paccocath coating	0.4±1.2	1.7±1.8	-1.3	
AcoArt I Trial Jia et al. 2016 Orchid (Acotec)	0.05±0.73	1.15±0.89	-1.1	
<b>EFFPAC</b> 2018 Luminor (iVascular)	<b>0.14</b> [CI: -0.38; 0.67]	<b>1.06</b> [CI:0.54; 1.59]	<b>-0.92</b> [CI:-1.364; -0.49] p < 0.001	
<b>RANGER</b> Bausback et al. 2017 Ranger DCB	-0.16±0.99	0.76±1.4	-0.92	
<b>LEVANT</b> I Scheinert et al. 2014 Lutonix (Bard)	0.46±1.13	1.09±1.07	-0.63	
<b>BIOLUX P-I</b> Trial Scheinert et al. 2015 Passeo-18 Lux (Biotronik)	0.51±0.72	1.04±1.0	-0.53	
<b>FEMPAC</b> Werk et al. 2008 Paccocath DCB	0.5±1.1	1.0±1.1	-0.5	
<b>CONSEQUENT</b> 2017 SeQuent Please (B. Braun)	0.35 [CI: 0.19; 0.79]	0.72 [CI: 0.68; 1.22]	-0.37	

#### euro **PCR** Clinical Improvement: Change of RBC - 24 Months



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Improvement by  $\geq$  1 Rutherford category DCB 88.1% vs. POBA 85.5% (p = 0.441)

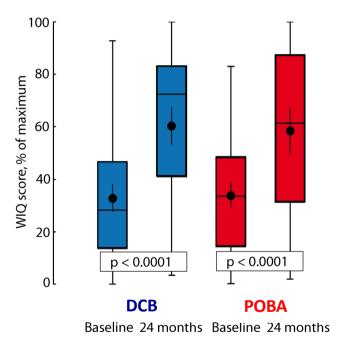




### Quality of Life – 24 Months

#### WIQ score

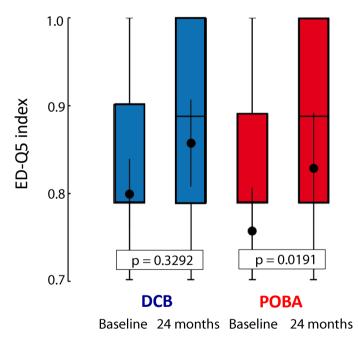
Change **DCB** vs. **POBA**: p = 0.8825



Mean	32.8%	60.2%	33.8%	58.4%
$\pm$ SD	23.5%	27.7%	22.9%	31.8%

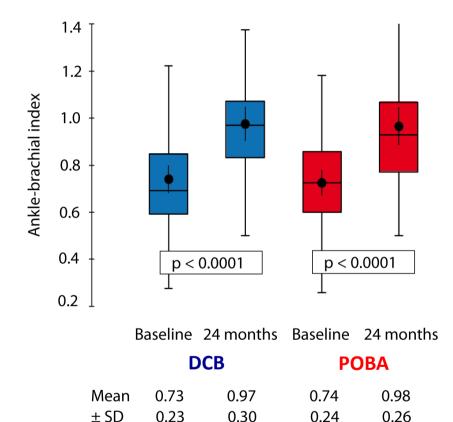
EQ-5D index

Change **DCB** vs. **POBA**: p = 0.1953



Mean	0.80	0.86	0.76	0.83
$\pm$ SD	0.18	0.19	0.23	0.23

### Hemodynamic Improvement: ABI - 24 Months



**Mean ABI change** 0.25 vs. 0.22 p = 0.565

**Hemodynamic improvement** by  $\ge 0.15$  or to  $\ge 0.9$ 

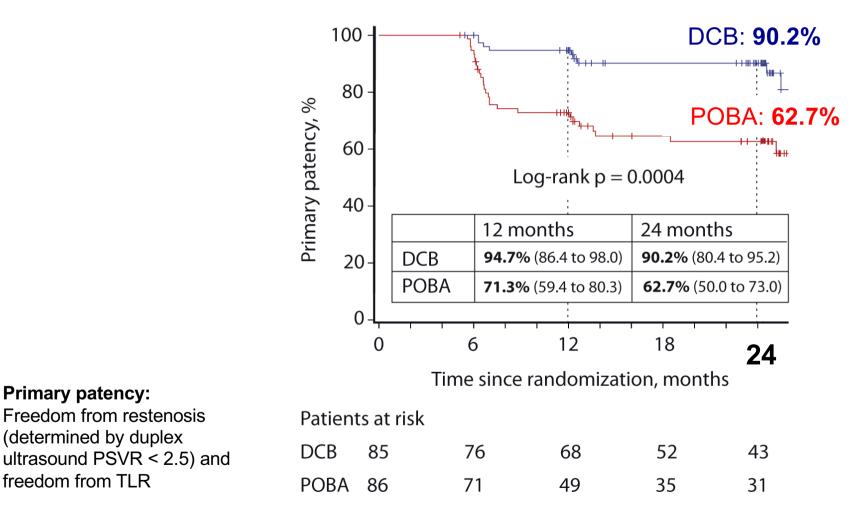
**59.2%** patients vs. **77.5%** patients p = 0.108



**Primary patency:** 

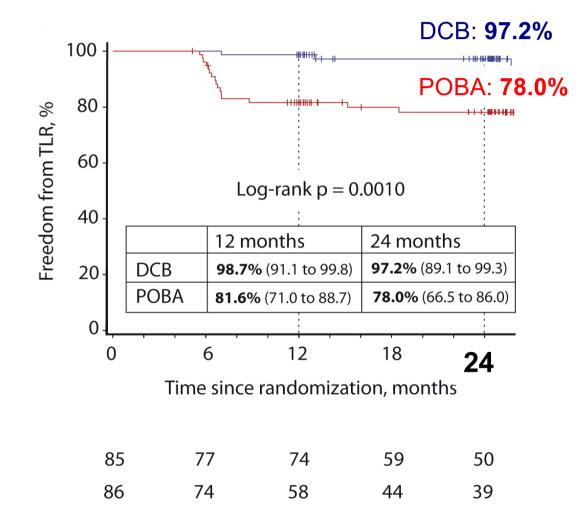
freedom from TLR

#### Primary Patency – 24 Months





### Freedom From TLR – 24 Months



#### o l euro **PCR** Post-hoc Subgroup Analysis\*: Binary Restenosis 24 Months

Consitent treatment effect across subgroups

**Binary restenosis:**  $PSVR \ge 2.5$ , CorLab adjudicated \* adjusted for multiple centers

Subgroup	Odds ratio (95%	o CI)	P value for interaction	DCB	POBA
All patients	— <b>•</b> — :	<b>0.30</b> (0.12-0		20.3%	<b>46.7%</b>
≥ 70 years		0.78 (0.17 - 3.55) 0.22 (0.07 - 0.73)	0.450	5/28 (17.9) 7/31 (22.6)	9/23 (39.1) 19/37(51.4)
Female Male		0.22 (0.03 - 1.47) 0.37 (0.12 - 1.11)	0.418	2/21 (9.5) 10/38 (26.3)	8/20 (40.0) 20/40 (50.0)
Diabetes No diabetis	<b>e</b>	0.26 (0.06 - 1.20) 0.31 (0.09 - 1.05)	0.745	6/25 (24.0) 6/34 (17.6)	10/21 (47.6) 18/39 (46.2)
Current smoker Former smoker Never smoker		0.49 (0.11 - 2.10) 0.27 (0.07 - 1.08) 0.08 (0.003 - 1.98)	0.311	6/18 (33.3) 1/30 (16.7) 4/10 (10.0)	13/29 (44.8) 10/23 (43.5) 5/8 (62.5)
Lesion ≥ 60 mm Lesion length< 60 mm		0.31 (0.08 - 1.13) 0.32 (0.09 - 1.10)	0.997	6/28 (21.4) 6/31 (19.4)	14/30 (46.7) 14/30 (46.7)
CTO Stenosis		0.27 (0.03 - 2.3) 0.33 (0.12 - 0.91)	0.540	2/10 (20.0) 10/49 (20.4)	10/18 (55.6) 18/42 (42.9)
Calcification sev/mod None or mild calcification	<b>_</b>	0.21 (0.05 - 0.79) 0.46 (0.13 - 1.58)	0.471	4/29 (13.8) 8/30 (26.7)	15/30 (50.0) 13/30 (43.3)
Dissection No dissection	<b>B</b>	0.22 (0.05 - 1.03) 0.33 (0.12 - 1.03)	0.826	4/22 (18.2) 8/37 (21.6)	10/23 (43.5) 18/37 (48.6)
Dist.runoff <2 Distal runoff vessels ≥ 2		0.14 (0.01 - 1.42) 0.33 (0.12 - 0.91)	0.953	2/13 (15.4) 10/46 (21.7)	5/12 (41.7) 23/48 (47.9)
0.01	<sup>0.1</sup> <b>0.30</b> 1.0	10.0			
F	avours DCB Fa	vours POBA		*adj	justed for mul

ultiple centers



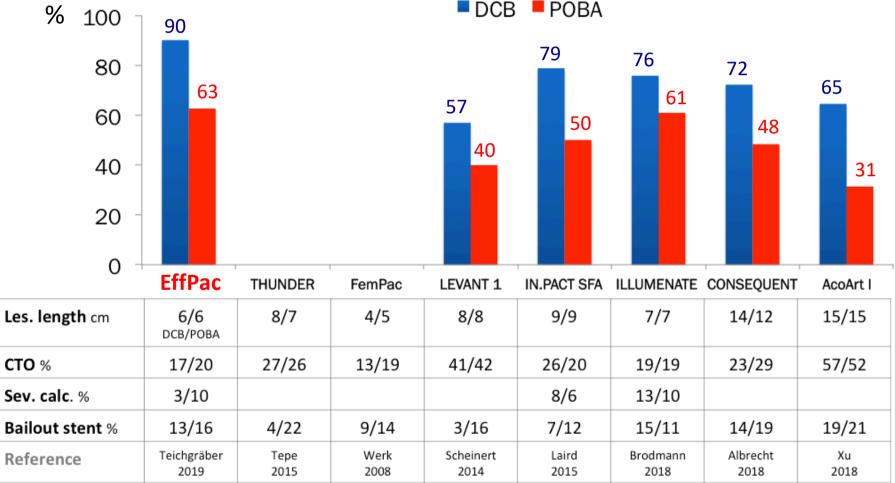
## Safety – 24 Months

	DCB	POBA	P value
All-cause mortality, %	1.6* (1/61)	3.4** (2/58)	p = 0.877
Amputation, % Major Minor	0.0 0.0	0.0 1.8 (1/56)	p = 0.972
Binary restenosis, %	20.3 (12/59)	46.7 (28/60)	p = 0.004
TLR, %	4.9 (3/61)	27.1 (16/59)	p = 0.010
Periprocedural complication, % Dissection False aneurysm Thromb. embolization	37.6 (32/85) 0.0 1.2 (1/85)	40.7 (35/86) 1.2 (1/86) 0.0	p = 0.801 p = 1.000 p = 1.000

\* One DCB patient died for unknown reason at 9 months (patient was multimorbid: severe COPD, coronary artery disease, alcoholism)

\*\* One POBA patient died of sepsis at 4 months Another POBA-patient committed suicide at 7 months

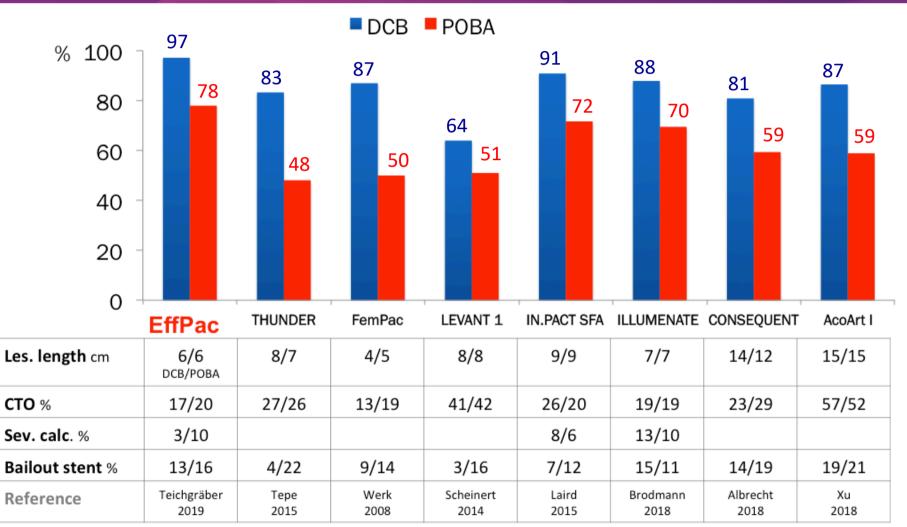
## Primary Patency – 24 Months



DCB POBA



### Freedom From TLR – 24 Months



## All-Cause Mortality – 24 Months

Study or Subgroup	DCE Events		POB Events		Weight	Risk Ratio M-H, Random, 95% CI	Risk Ratio M-H, Random, 95% CI
EffPac	1	61	2	58	3.1%	0.48 [0.04, 5.10]	· · · ·
LEVANT I	4	42	5	41	11.2%	0.78 [0.23, 2.71]	
ILLUMENATE EU	13	199	3	59	11.6%	1.28 [0.38, 4.36]	
AcoArt I	8	96	6	95	16.6%	1.32 [0.48, 3.66]	
LEVANT II	21	278	7	140	25.0%	1.51 [0.66, 3.47]	
THUNDER	7	48	5	54	14.8%	1.57 [0.53, 4.64]	
CONSEQUENT	2	70	1	65	3.1%	1.86 [0.17, 20.00]	
FemPac	7	45	3	42	10.4%	2.18 [0.60, 7.88]	
INPACT SFA	16	198	1	106	4.3%	8.57 [1.15, 63.70]	
Total (95% CI)		1037		660	100.0%	1.47 [0.97, 2.23]	
Total events	79		33				
Heterogeneity. Tau <sup>2</sup> =	• 0.00; Ch	i <sup>2</sup> = 5.	53, df =	8 (P =	0.70); l²	= 0%	
Overall effect: $Z = 1.89$ , $p = 0.07$					Favours DCB Favours POBA		

Overall effect: Z = 1.89, p = 0.07



## Conclusions

**At 2 years,** DCB angioplasty (Luminor-35<sup>®</sup>) of medium length SFA/PA lesions resulted in

- a significant clinical and hemodynamic improvement from baseline
- a significantly lower incidence of binary restenosis compared to POBA
- significantly less need for TLR

DCB angioplasty (Luminor-35<sup>®</sup>) was safe through 2 years (RR<1)

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