

**IN-PACT CORO trial:  
INtimalhyPerplasia evAluated by oCT in  
de novo COROnary lesions treated by  
drug-eluting balloon and bare-metal  
stent. Final results.**

Francesco Burzotta, Marta Francesca Brancati, Carlo Trani,  
Giancarlo Pirozzolo, Gianluigi De Maria, Antonio Maria Leone,  
Giampaolo Niccoli, Italo Porto, Francesco Prati, Filippo Crea

Institute of Cardiology,  
Catholic University of the Sacred Heart,  
Rome, Italy

# Conflict of interest



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

Consulting Fees/ Speaker Fees

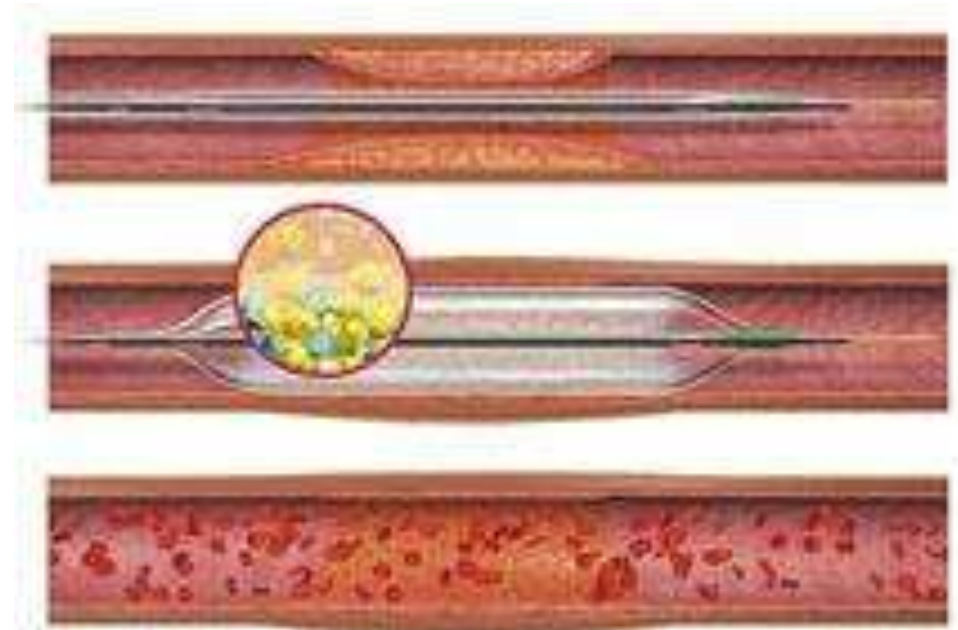
## Company

Medtronic

Single-centre, prospective, randomized, three-arm clinical trial to assess the impact of drug-eluting balloon (**DEB**) use, either before (pre-dilation, **Pre-DEB**) or after stenting (post-dilation **Post-DEB**), on intimal hyperplasia, evaluated by OCT, in stable patients undergoing bare metal stent (**BMS**) implantation for *de novo* coronary lesions (NCT01057563)

<b>Main clinical inclusion criteria</b>	non-diabetic patients with a stable coronary artery disease, undergoing elective PCI with bare metal stent
<b>Main angiographic inclusion criteria</b>	<ul style="list-style-type: none"> <li>▪ <i>de novo</i> non-complex lesions located in straight coronary segments</li> <li>▪ lesion length <math>\geq 10</math> mm and <math>\leq 25</math> mm</li> <li>▪ vessel size requiring a single stent with diameter between 3.0 and 3.5mm.</li> </ul>

## Paclitaxel-eluting In-Pact Falcon balloon



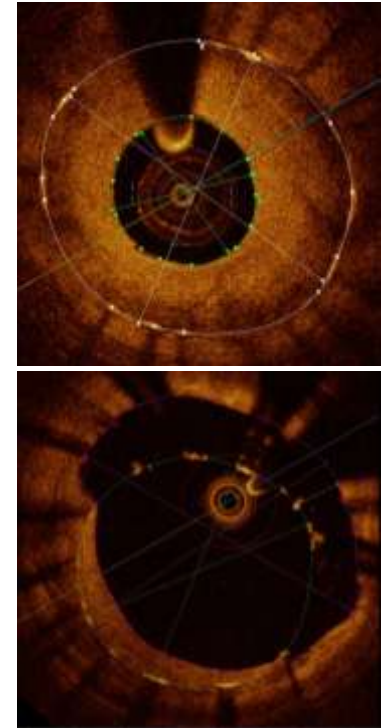
# Study hypothesis



Drug-eluting balloon (**DEB**) may reduce intimal (OCT-detected) hyperplasia in PCI with BMS implantation.

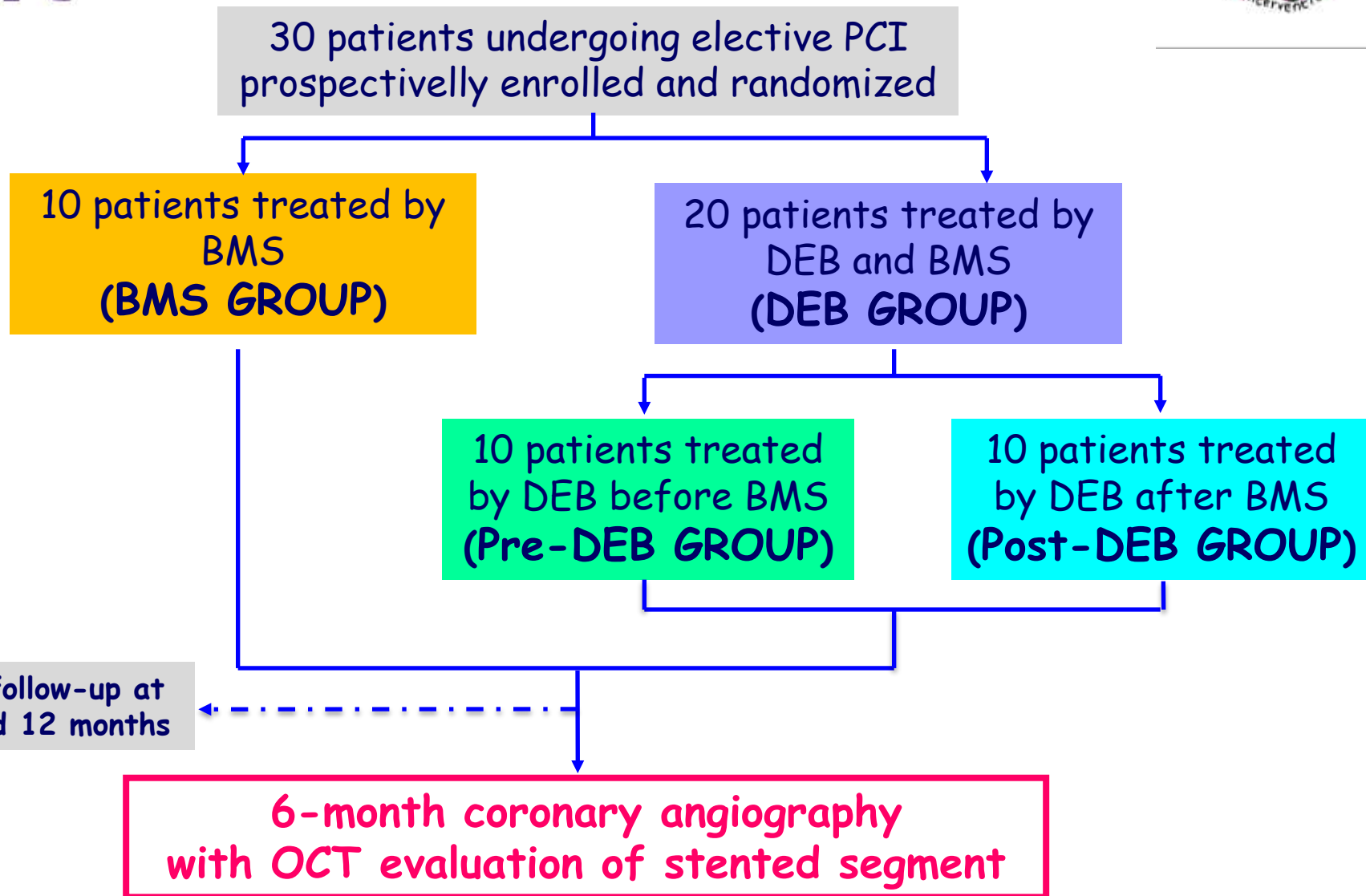
**Primary End-points:** neointimal area (stent area minus lumen area) and its percentage (tissue coverage area/stent area  $\times$  100) evaluated by OCT at 6 months

**Secondary End-points:** percentage of uncovered struts, percentage of struts with incomplete strut apposition



**Sample sizing:** DEB use (either before or after BMS implantation) yields a 50% reduction of mean neointimal area compared with BMS alone (30 pts randomized to have a study with Type I error 5%, Type II error 85%)

# Study flow-chart



# Results: patients' details<sup>1</sup>



	BMS group	DEB group	P	Pre-DEB group	Post-DEB group	P
<b>Risk factors</b>						
Hypertension	8 (80%)	15(75%)	0.76	9 (90%)	6 (60%)	0.30
Dyslipidemia	8 (80%)	16(80%)	1.00	8 (80%)	8 (80%)	1.00
Smoking	7 (70%)	17(85%)	0.37	9 (90%)	8 (80%)	1.00
Family history	4 (40%)	3 (15%)	0.18	1 (10%)	2 (20%)	1.00
<b>Treated vessel</b>						
LAD	1 (10%)	5 (25%)	0.63	1 (10%)	4 (40%)	0.30
LCx	4 (40%)	5 (25%)	0.43	3 (30%)	2 (20%)	1.00
RCA	5 (50%)	10 (50%)	1.00	6 (60%)	4 (40%)	0.66
<b>Stent characteristics</b>						
N° of stent >1	0 (0%)	1 (5%)	1.00	0 (0%)	1(10%)	1.00
Stent length	16.3±4.9	19.3±8.4	0.31	25.9±10.4	27.2±12.9	0.83



# Results: patients' details<sup>2</sup>



	BMS group	DEB group	p	Pre-DEB group	Post-DEB group	p
<b>Number of DEB</b>						
0	10 (100%)	0 (0%)	0.001	0 (0%)	0 (0%)	1.00
1	0 (0%)	17 (85%)	0.001	9 (90%)	8 (80%)	1.00
2	0 (0%)	3 (15%)	0.53	1 (10%)	2 (20%)	1.00
<b>Number of pre-dilation balloons</b>						
0	3 (30%)	6 (30%)	1.00	4 (40%)	2 (20%)	0.63
1	7 (70%)	10 (50%)	0.44	5 (50%)	5 (50%)	1.00
2	0 (0%)	4 (20%)	0.27	1 (10%)	3 (30%)	0.58
<b>Number of post-dilation balloons</b>						
0	1 (10%)	0 (0%)	0.33	0 (0%)	0 (0%)	1.00
1	8 (80%)	18 (90%)	0.58	9 (90%)	9 (90%)	1.00
2	1 (10%)	2 (10%)	1.00	1 (10%)	1 (10%)	1.00
<b>Procedural duration, min</b>	17.7±8.5	26.5±11.4	0.08	25.9±10.4	27.1±12.9	0.26

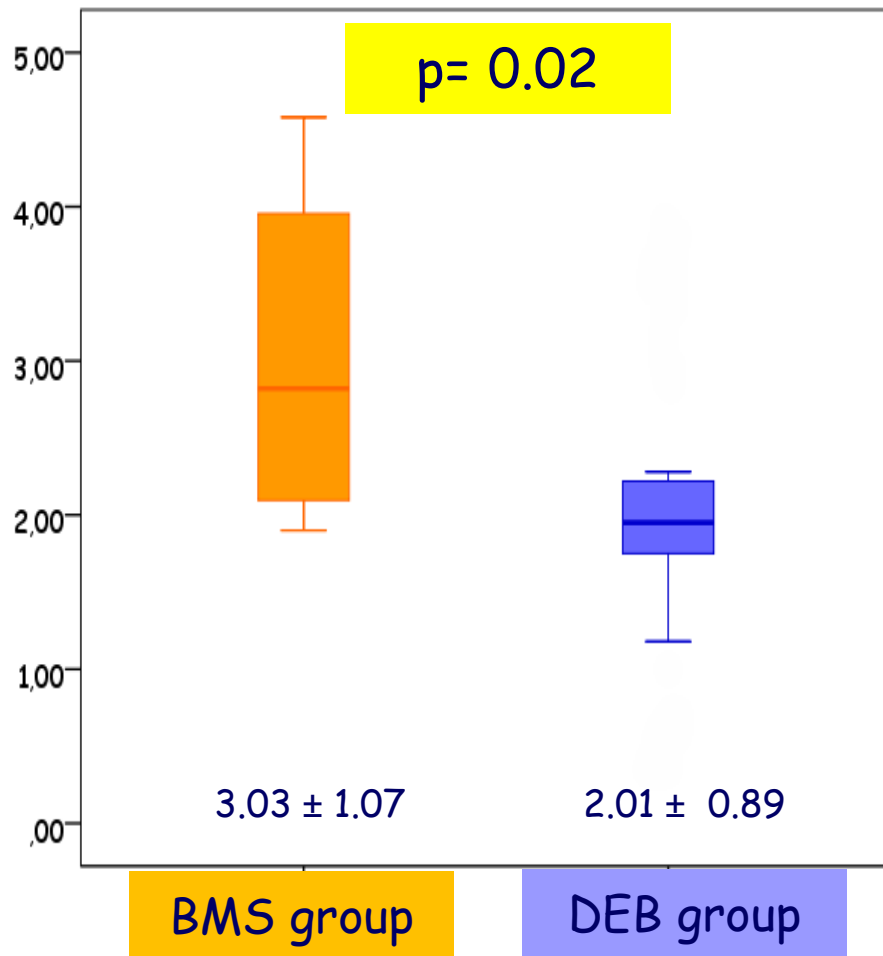


	BMS Group	DEB Group	p
Death	0 (0%)	0 (0%)	1.00
MI	0 (0%)	0 (0%)	1.00
TVR	3(30%)	4(20%)	0.66

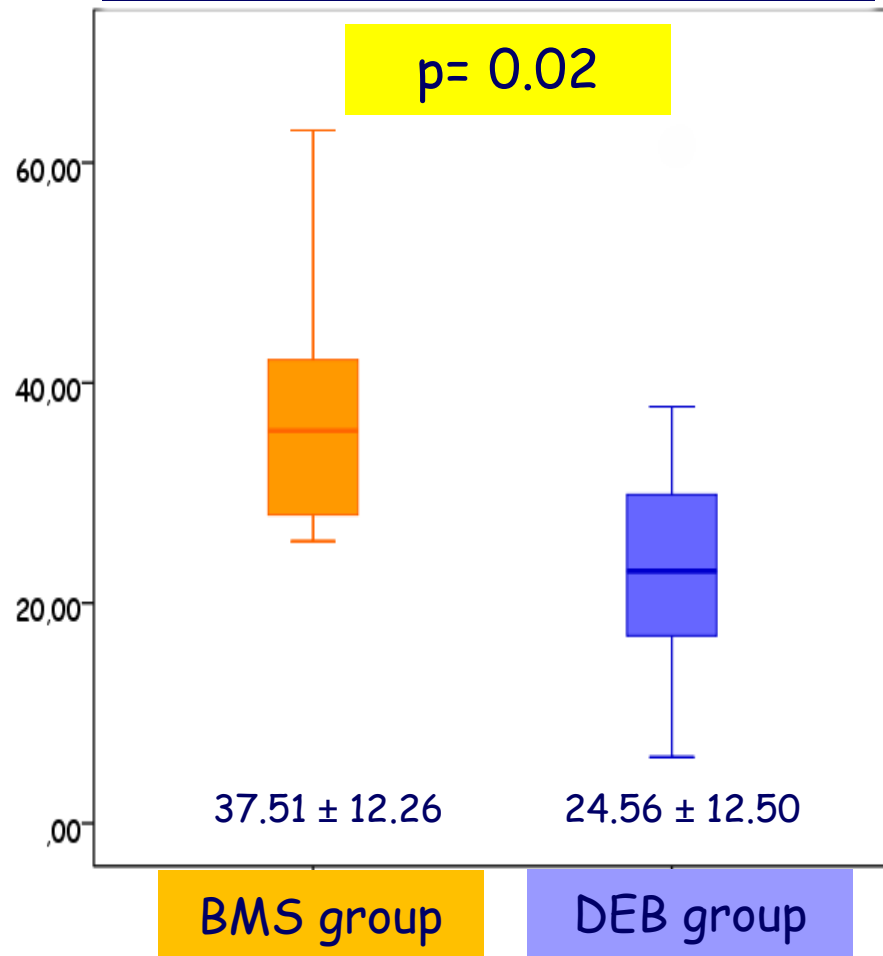
# PRIMARY END-POINT (Neointima at 6-month OCT)



Neointima area (mm<sup>2</sup>)



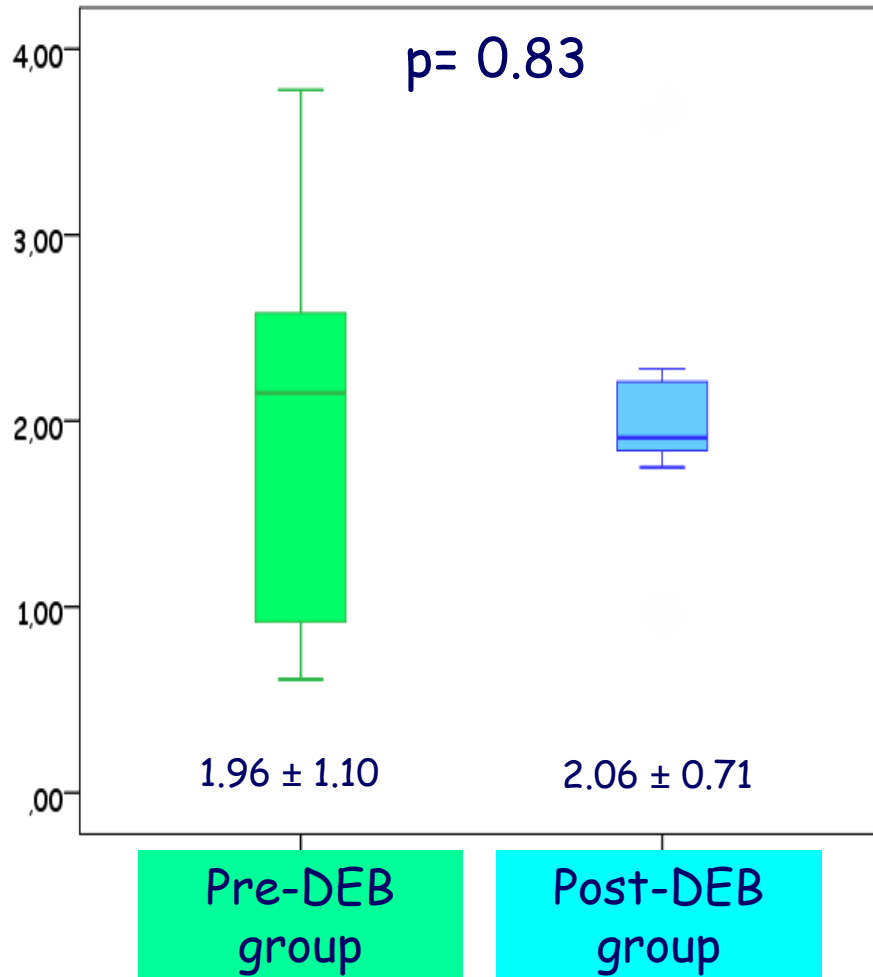
Percentage of neointima area



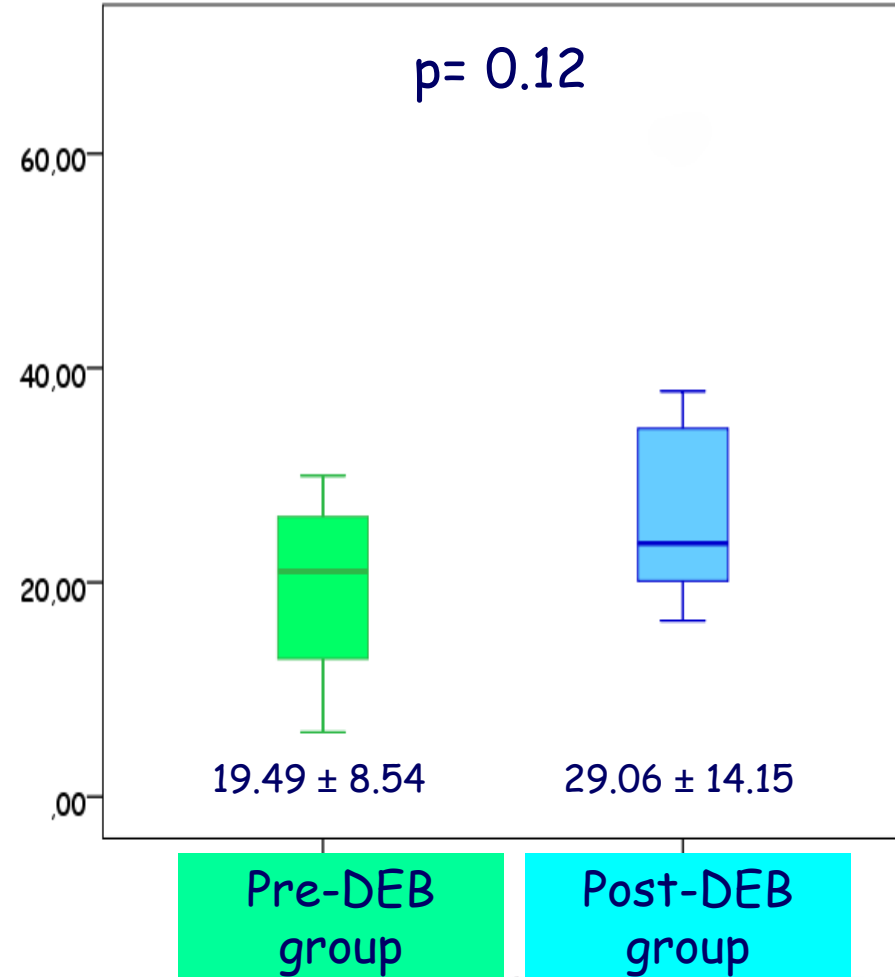
# PRIMARY END-POINT by DEB technique



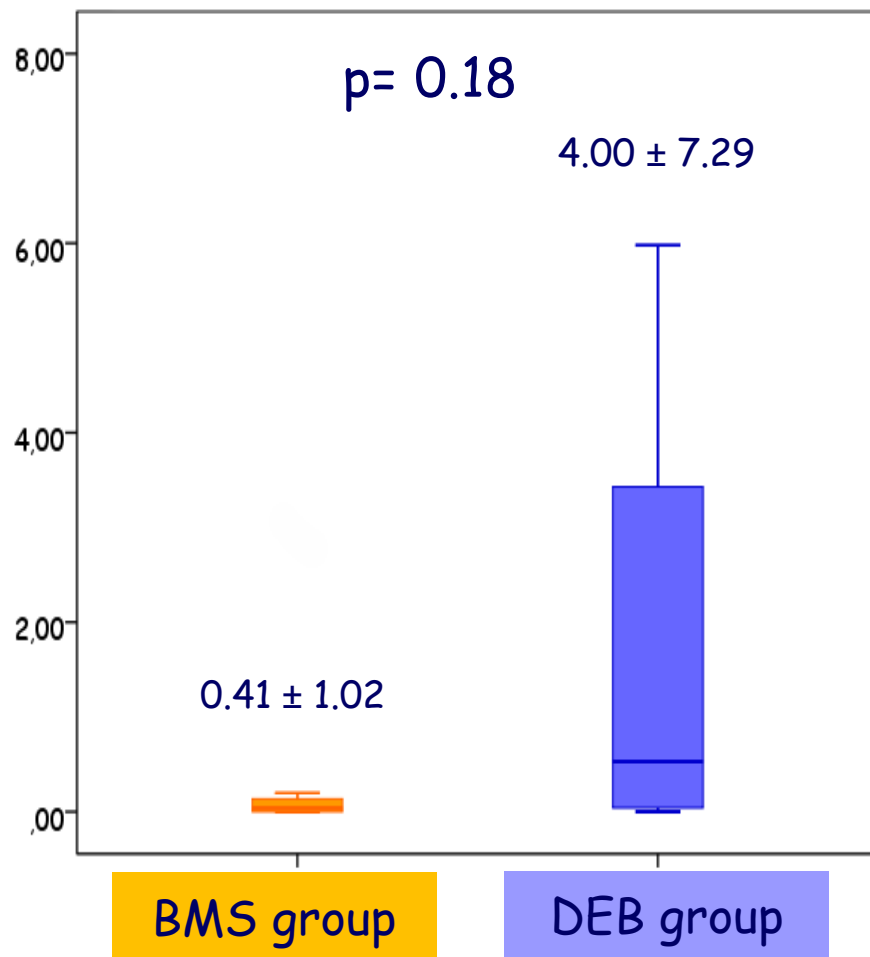
Neointima area (mm<sup>2</sup>)



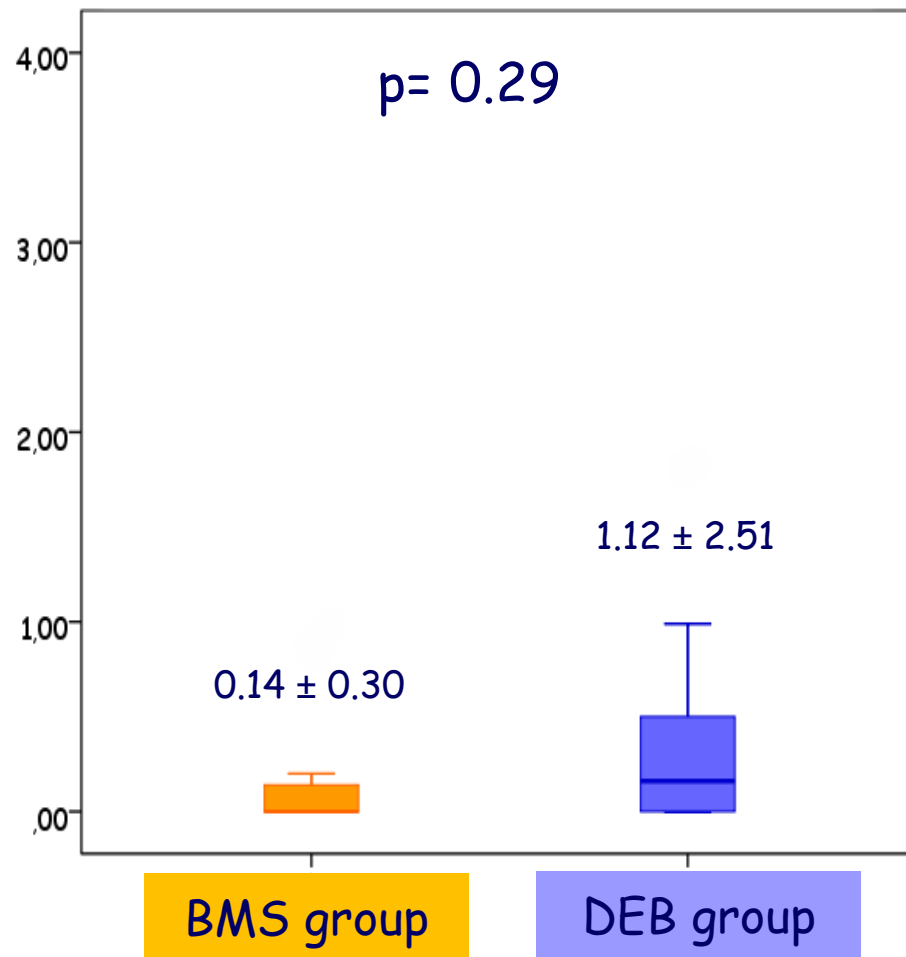
Percentage of neointima area



## Uncovered struts percentage



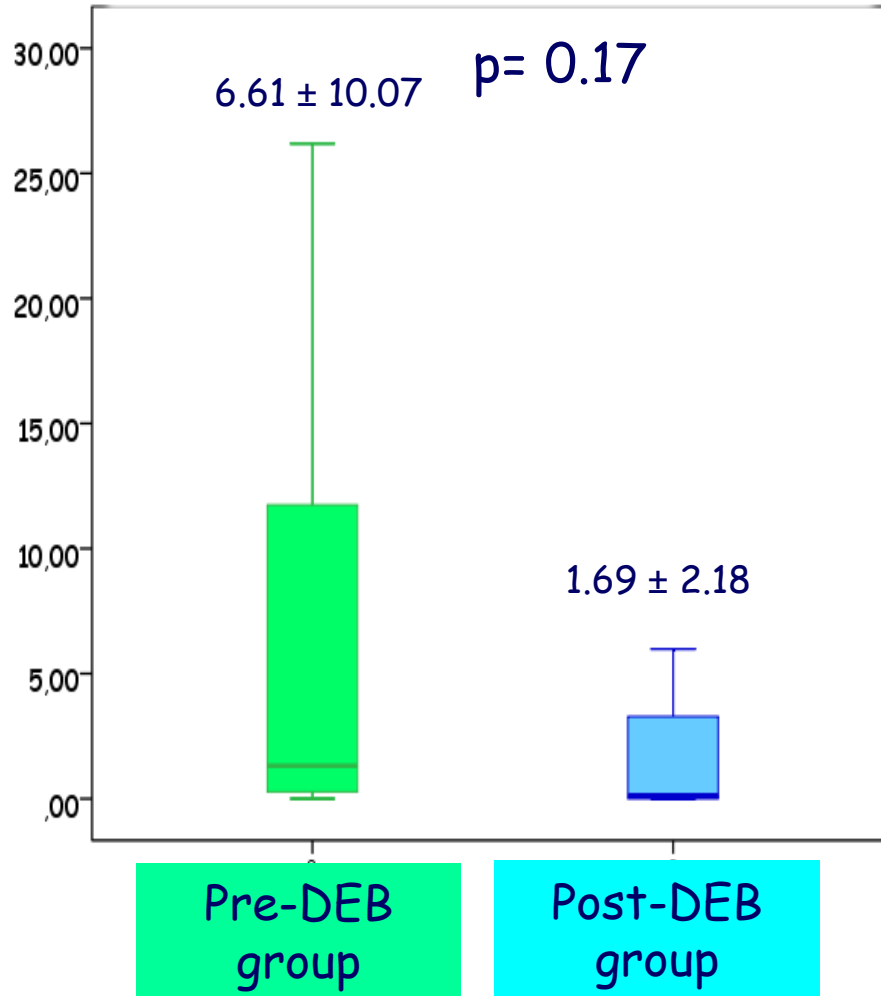
## Malapposed struts percentage



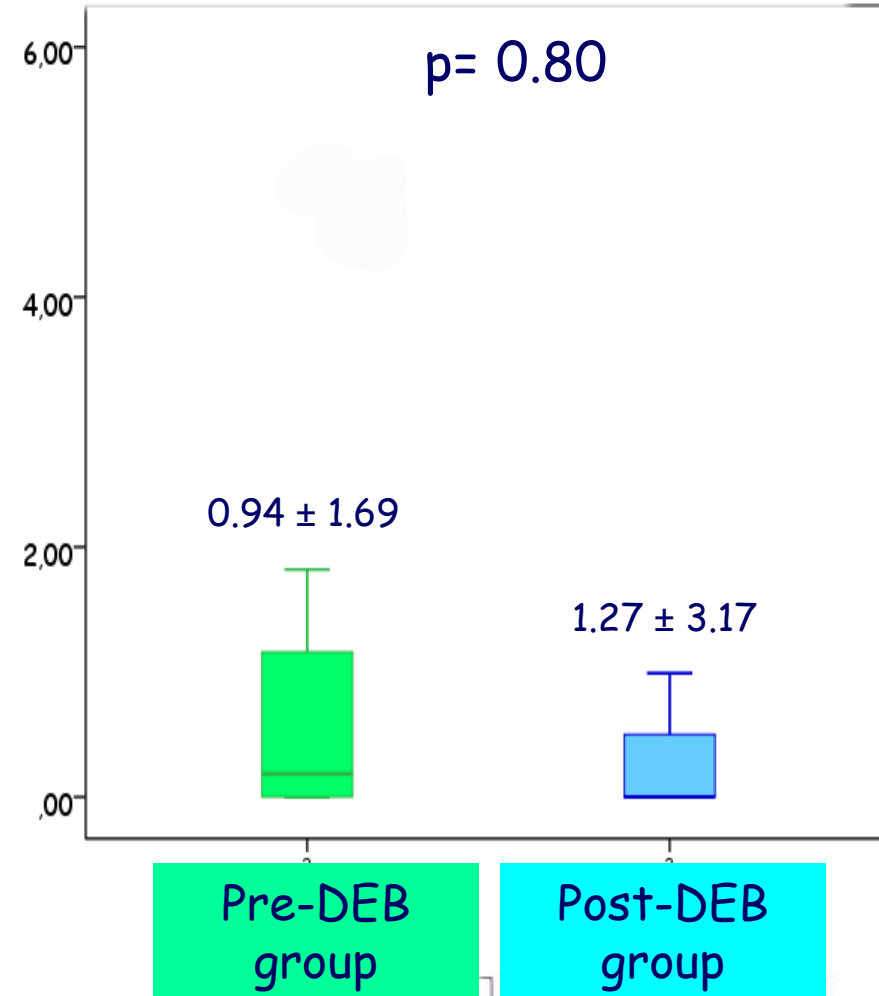
# SECONDARY END-POINTS by DEB technique



## Uncovered struts percentage



## Malapposed struts percentage



- In simple, *de novo*, coronary lesions treated by bare metal stent, DEB is associated with a (mild) significant reduction of neointimal hyperplasia at 6-month
- The use of DEB before or after bare metal stent implantation has similar efficacy to reduce neointimal hyperplasia
- Bare metal stent strut coverage and apposition at 6-month are not affected by drug-eluting balloon use



THANK YOU FOR KIND ATTENTION





## Clinical exclusion criteria

- age <18 years or impossibility to give informed consent
- women with child-bearing potential;
- diabetes mellitus;
- life expectancy less than 6 months or any condition impeding clinical follow-up
- significant platelet count alteration
- gastrointestinal bleeding requiring surgery or blood transfusions within the previous 4 weeks;
- infective, neoplastic or autoimmune diseases;
- history of clotting pathology, known hypersensitivity to aspirin, heparin, cobaltchromium, paclitaxel or contrast dye;
- renal failure with creatinine value >2.5 mg/dL;
- left ventricular global ejection fraction  $\leq 30\%$ ;
- acute myocardial infarction within the past 48 hours;
- non ST-elevation acute coronary syndrome within the past 48 hours

## Angiographic exclusion criteria

- left main coronary artery disease;
- lesions in coronary artery bypass grafts;
- coronary anatomy not suitable for OCT scan;
- bifurcation lesions, chronic total occlusions, severe calcifications or moderate-to-severe tortuosities;
- presence of additional non-target lesions requiring treatment, within and outside the target vessel, which are not successfully treated