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# Inspiron Stent

## Clinical Research Program

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All faculty disclosures are available on  
the CRF Events App and online at  
[www.crf.org/tct](http://www.crf.org/tct)

Potential conflicts of interest. In the last 36 months:

Institutional Research/Educational Grant

BSC

Cordis

Medtronic

Scitech

Medical Advisory Board

BSC

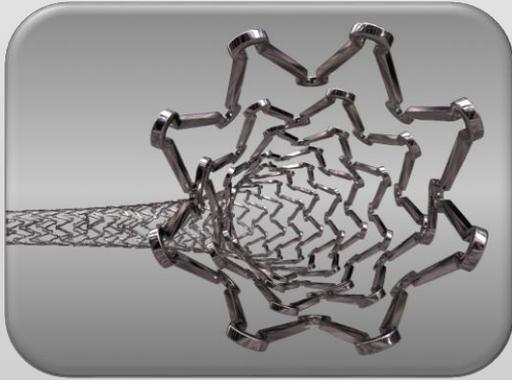
Medtronic

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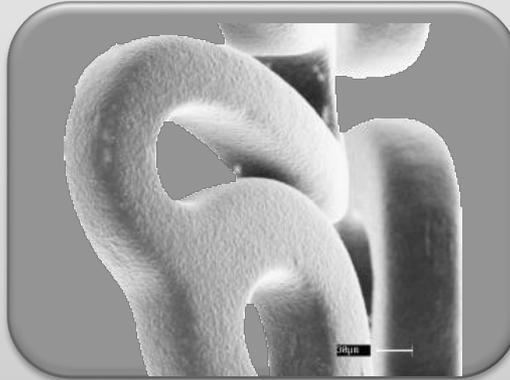
# Inspiron™ Sirolimus-Eluting Stent

**Thin-Strut  
Platform**  
CoCr – L605



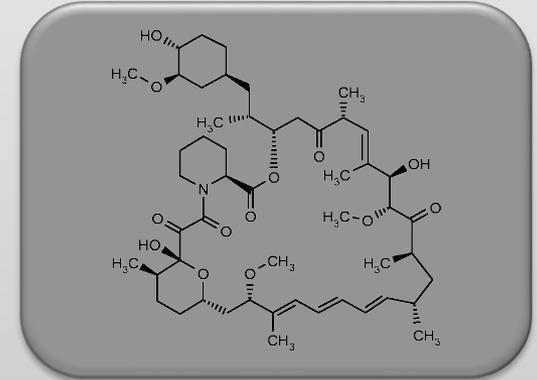
**Cronus NE™**  
75 µm strut thickness

**Abluminal Coating**  
Biodegradable Polymer



**PLA + PLGA**  
Abluminal only  
5 µm layer thickness  
Complete degradation  
in 6-9 months

**Low Drug**  
Sirolimus



**Low dose**  
**Inspiron™** 3.5 x 13 mm  
**Cypher™** 3.5 x 13 mm

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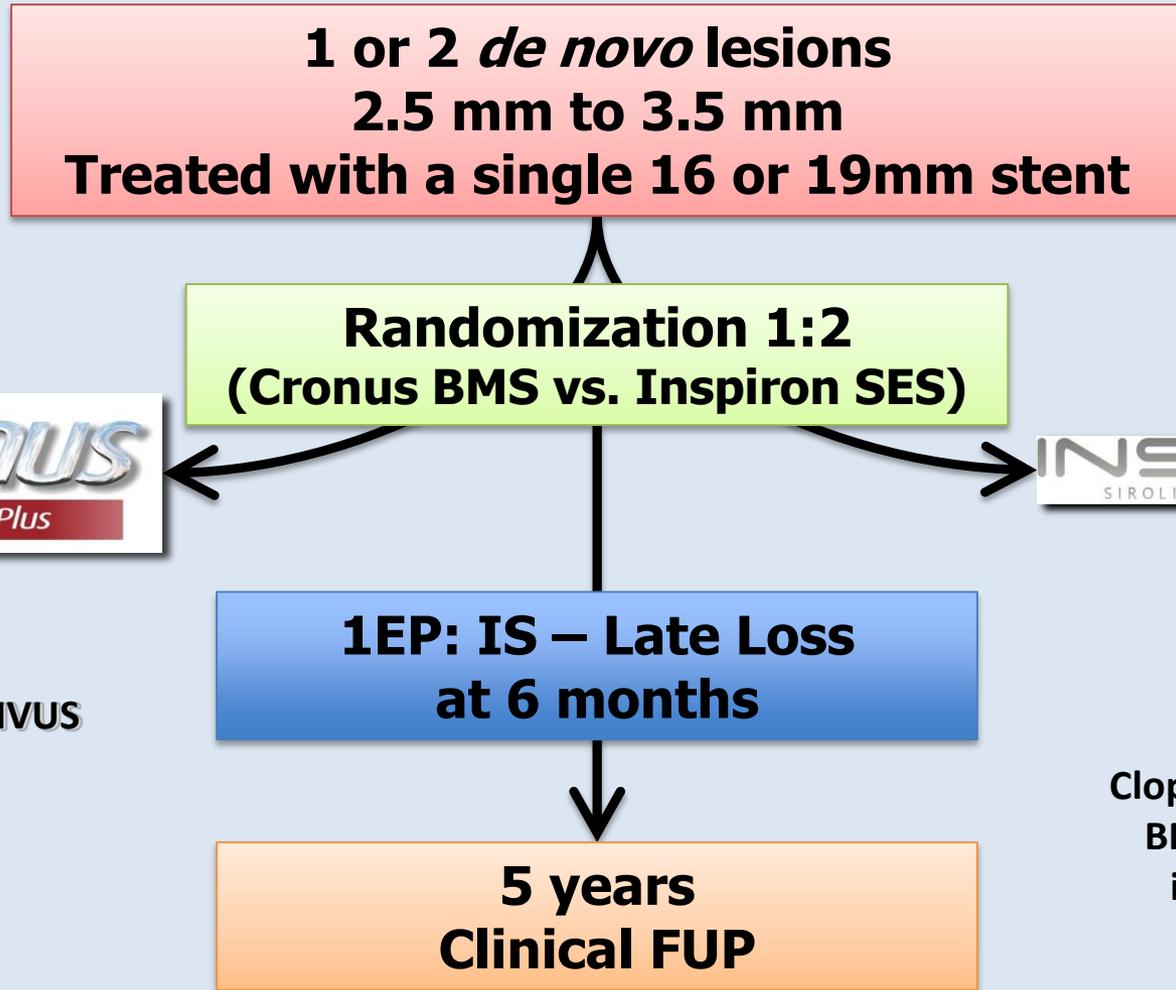
56 µg                      129 µg

# Inspiron SES – Clinical Validation Program

- **INSPIRON I**
  - Randomized (Inspiron vs. BMS)
  - 2-year follow-up completed
- **DESTINY**
  - Non-inferiority
  - Randomized (Inspiron vs. Biomatrix)
  - 9-month primary EP completed
- **INSPIRON Real Life Study**
  - Dynamic registry

# INSPIRON I Trial

## Study Design (n=60 pts)



Angiographic and IVUS  
Core Lab



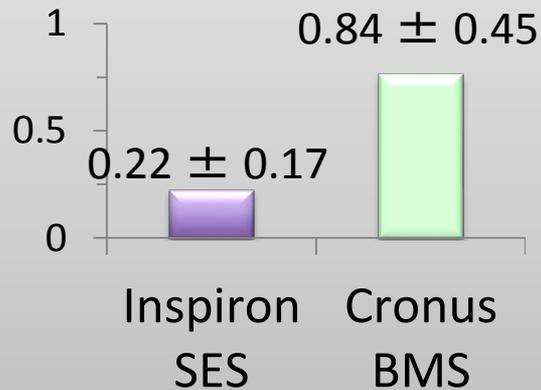
Clopidogrel 1 mo in  
BMS and 6 mos  
in DES group

# INSPIRON I Trial

## 6-month angiographic and IVUS outcomes

### In-Stent late loss\*

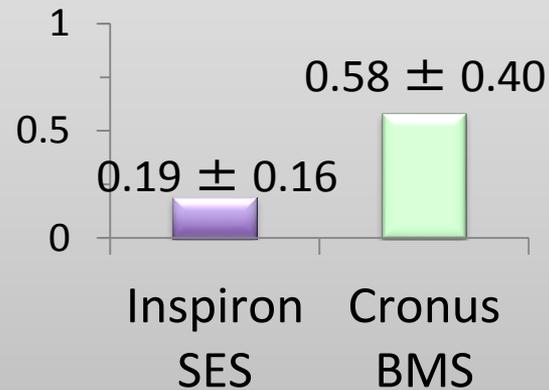
P < 0.001



*\*Primary EP*

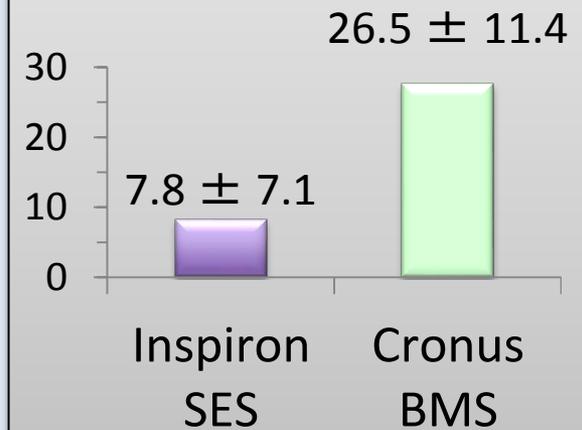
### In-Segment late loss

P < 0.001



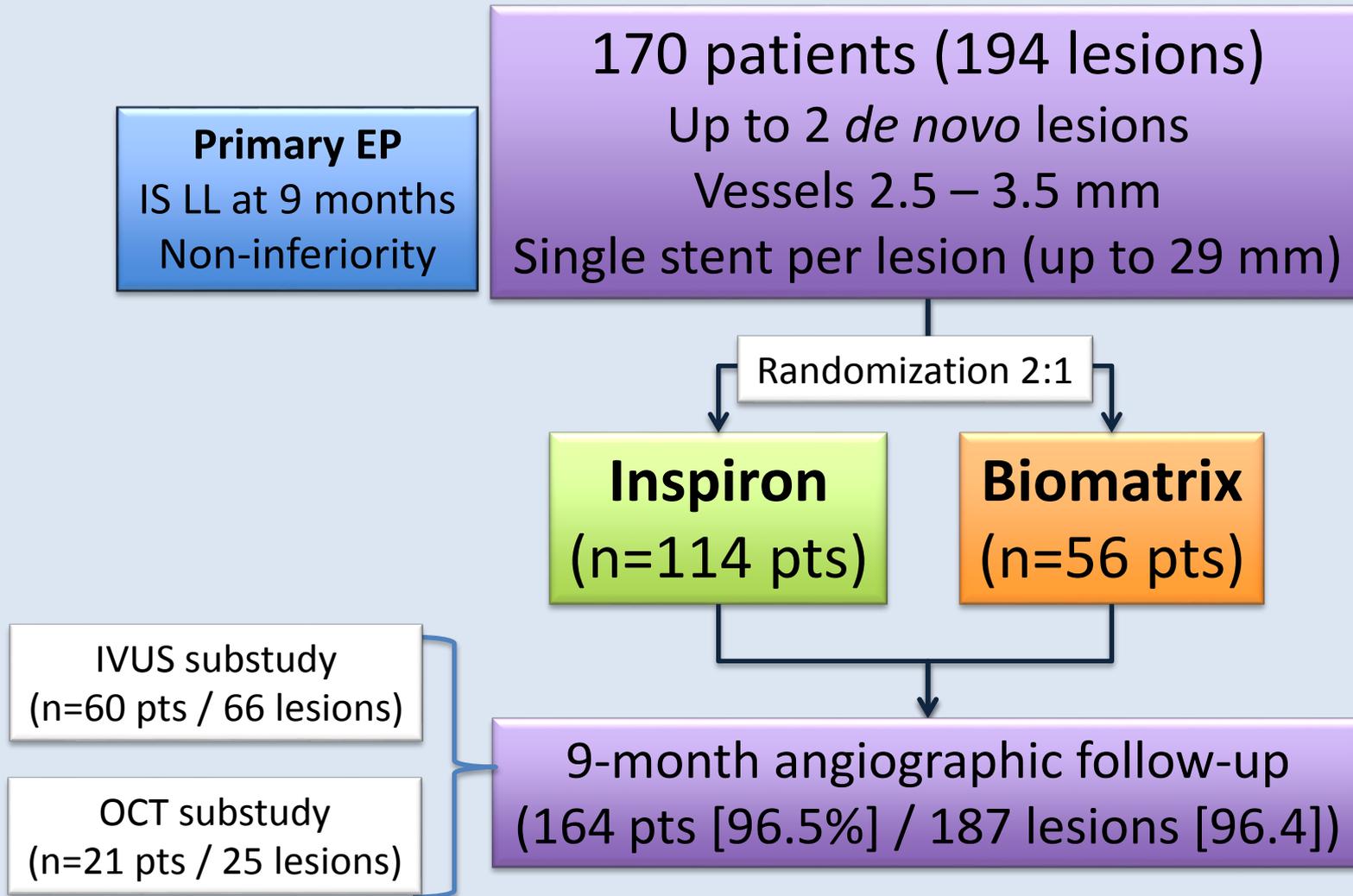
### IVUS % NIH Obstruction

P < 0.001



# DESTINY Trial

## Study Design (Multicenter in 10 Brazilian Institutions)



# DESTINY Trial

## Trial Organization

### Steering Committee and Participating Centers

1. Pedro A. Lemos (InCor – SP. Chairman)
2. Alexandre Abizaid (IDPC – SP)
3. Expedito Ribeiro (InCor – SP)
4. Marco Perin (Sta Marcelina – SP)
5. Jose Mariani Jr. (Sta Casa SP – SP)
6. Costantino Costantini (H.C. Costantini – PR)
7. M. Cantarelli (H. Bandeirantes – SP)
8. Mauricio Prudente (ENCORE – GO)
9. Rogério Sarmento-Leite (IC – RS)
10. Adriano Dourado (Sta Casa BA – BA)
11. George Meireles (IAMSPE – SP)

### 1. Contract Research Organization

- Cardiovascular Research Center (Sao Paulo-SP)

### 2. Angiographic, IVUS & OCT Core Laboratory

- Cardiovascular Research Center (Sao Paulo-SP)

### 3. Study Coordinator

- Maria Auxiliadora Ferraz RN

### 4. Database Management and Statistical Analysis

- Coreware (São Paulo – SP)

### 5. Independent Adjudication Committee

- J. A. Mangione (RBBP – SP. Chairman)

### 6. Independent Data Safety and Monitoring Board

- J. C. Nicolau (InCor – SP. Chairman)

### 7. Study sponsor

- Scitech, Goiania, Brazil



# DESTINY Trial

## Main baseline and procedural characteristics

	<i>Inspiron</i> (N= 114 pts; 132 les)	<i>Biomatrix Flex</i> (N= 56 pts; 62/les)	<i>P-Value</i>
<b>Age, years</b>	59.9 ± 9.4	59.9 ± 9.8	>0.9
<b>Male</b>	57.9	48.2	0.2
<b>Hypertension</b>	86.0	82.1	0.5
<b>Diabetes Mellitus</b>	36.6	36.4	>0.9
<b>Insulin dependent</b>	7.9	8.9	>0.9
<b>Current smoker</b>	18.4	25.0	0.3
<b>Prior MI</b>	45.1	41.1	0.6
<b>Prior PCI</b>	17.5	8.9	0.1
<b>Prior CABG</b>	3.5	1.8	>0.9
<b>Stable CAD</b>	60.5	57.1	0.7
<b>Target vessel LAD</b>	45.5	43.5	0.8
<b>Post-dilatation</b>	81.1	85.5	0.5

# DESTINY Trial

## 9-month QCA

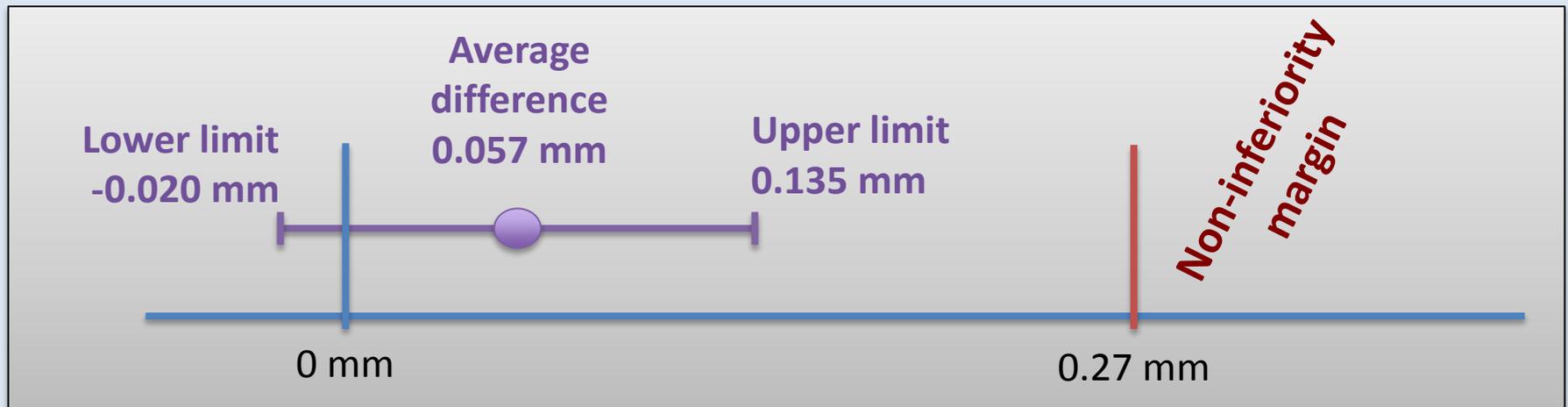
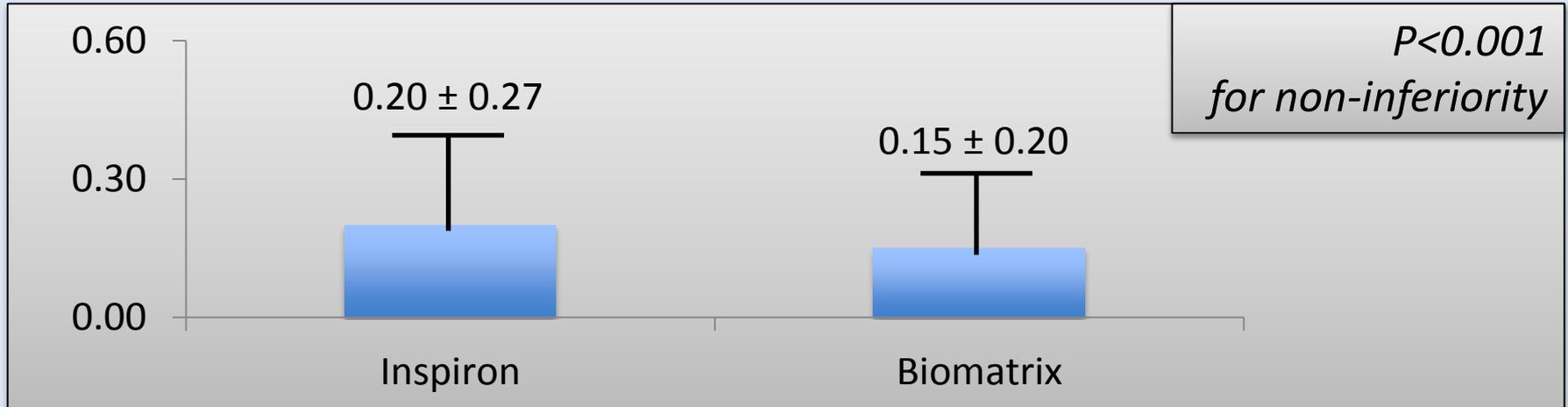
	<i>Inspiron</i> (n= 132 les)	<i>Biomatrix Flex</i> (n= 62 les)	<i>P-Value</i>
<b>In-stent</b>			
MLD, mm	2.44 ± 0.44	2.55 ± 0.40	0.1
DS, %	11.2 ± 11.3	9.7 ± 6.6	0.3
Late loss, mm*	0.20 ± 0.27	0.15 ± 0.20	0.1
Binary restenosis	3.2	1.7	0.6
<b>In-segment</b>			
MLD, mm	2.33 ± 0.44	2.43 ± 0.45	0.2
DS, %	17.1 ± 10.5	14.9 ± 8.1	0.2
Late loss, mm	0.17 ± 0.28	0.14 ± 0.21	0.4
Binary restenosis	3.2	3.3	>0.9

\*Study primary end-point

# DESTINY Trial

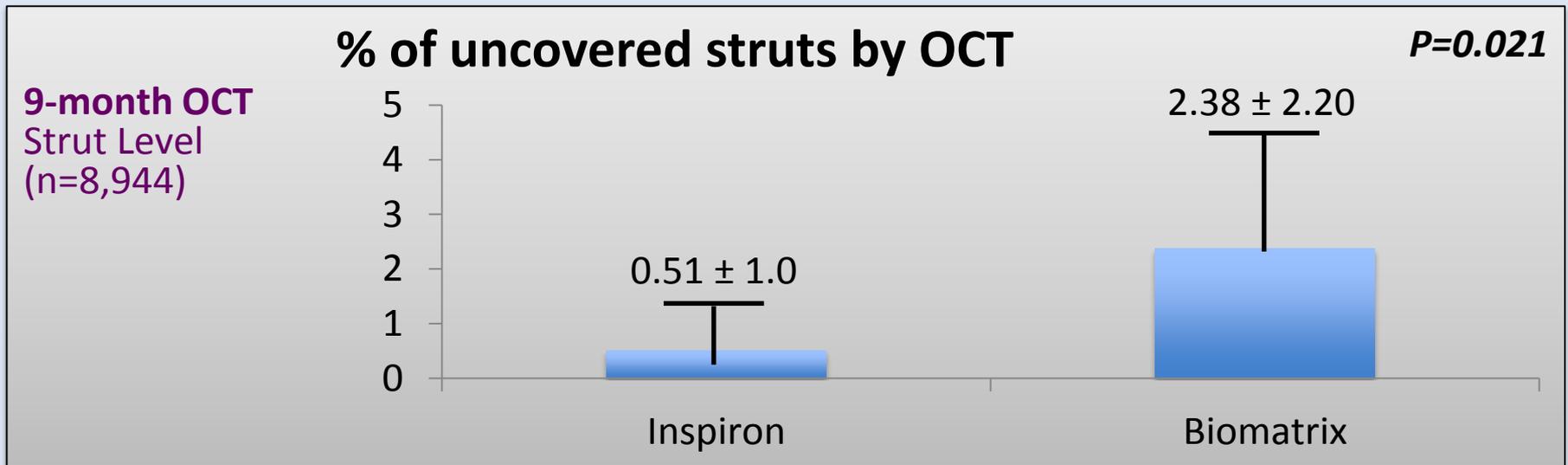
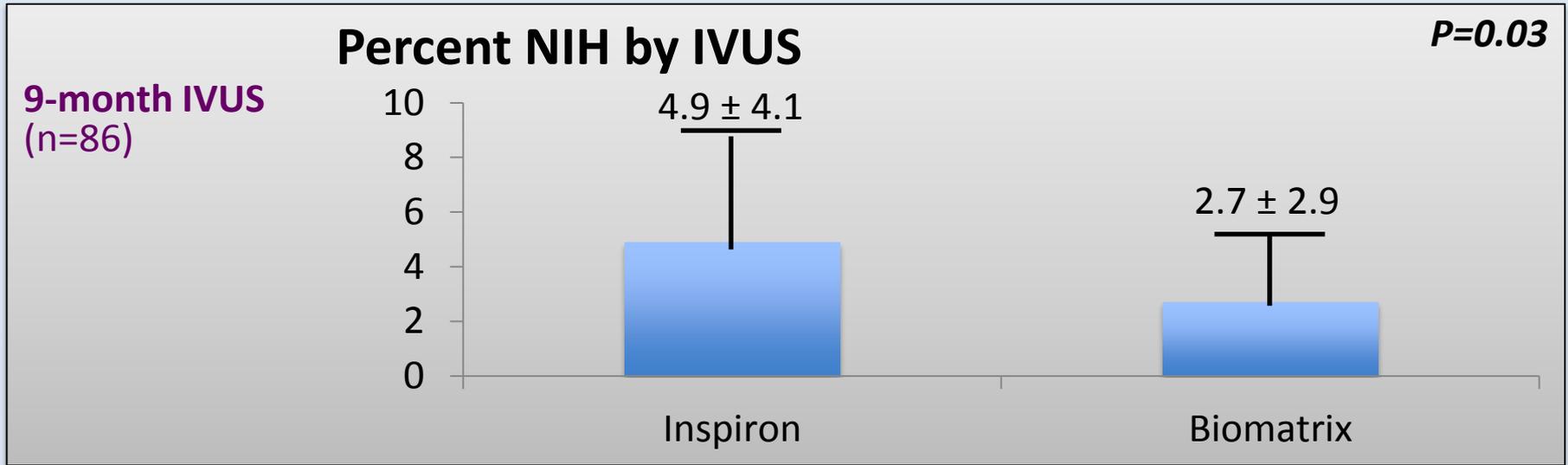
## Primary Endpoint – In-stent Lumen Loss

### Non-Inferiority Analysis



# DESTINY Trial

## Main IVUS and OCT findings



# DESTINY Trial

## Clinical adverse events (up to 270 days)

	<i>Inspiron</i> (n= 111 pts)	<i>Biomatrix Flex</i> (n= 55 pts)	<i>P-value</i>
Death	0	0	-
Emergent CABG	0	0	-
MI	4.5	5.5	0.8
TLR	2.7	1.8	0.7
TLR / TVR	5.4	1.8	0.7
MACCE	6.3	7.3	0.7
MACE	6.3	7.3	0.7
Stent thrombosis	0	0	-

# Inspiron Real Life Study

## Study Design

### ***Single-arm “Real life Use”***

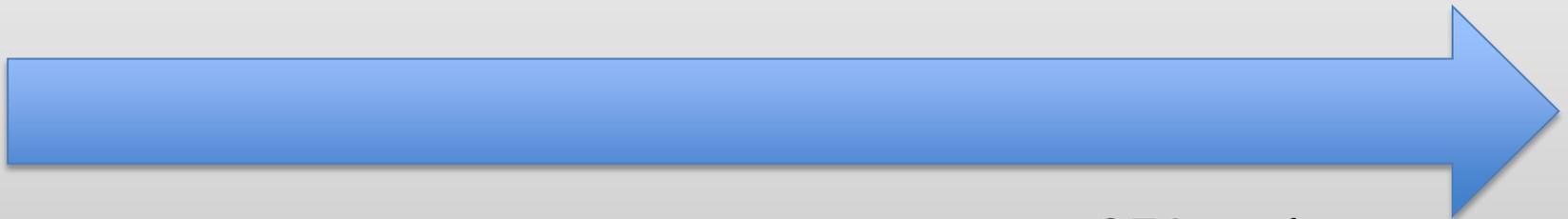
Stents 2.5 – 3.5 mm / 13 – 38 mm  
No inclusion or exclusion criteria

### **Primary EP**

MACE (Death, MI, TVR)

*April 2013*

*Jul 2014*



*371 patients*

# Inspiron Real-Life Registry

## Important Baseline & Procedural Characteristics (n=371 pts; 574 Inspiron™ SES)

Diabetes	50.7 %
Insulin-requiring DM	14.6 %
Multivessel disease	69.2 %
3-vessel CAD	33.4 %
Heart failure	15.6 %
Previous CAD treatment (PCI and/or CABG)	48.5 %
Bifurcation	36.4 %
In-stent restenosis	19.9 %
Lesion type B2 / C	83.8 %
Number of Inspiron SES	1.6 ± 0.7
Inspiron SES summed length	34.3 ± 17.2 mm

CABG = coronary artery bypass graft surgery; CAD = coronary artery disease; DM = diabetes mellitus; PCI = percutaneous coronary intervention

# Inspiron Registry

## Clinical Outcomes (n=371 pts; K-M estimates)

	<i>30 days</i>	<i>180 days</i>
Overall death	0.8	1.6
Myocardial infarction		
Peri-procedural	4.0	-
Non-peri-procedural	0	1.3
Target vessel revascularization	0	2.8
Any major cardiac adverse event	4.6	9.0
Stent thrombosis	0.5	0.5
Possible	0	0
Probable	0.5	0.5
Definite	0	0

Average follow-up time 145 ± 114 days

Numbers are percentages

# In summary,

- The Inspiron™ is a new formulation of low-dose SES, abluminally coated with a thin layer of biodegradable polymers that has shown efficacy in reducing neointimal growth compared to BMS.
- Results of the DESTINY RCT have shown non-inferiority of Inspiron™ SES compared to Biomatrix™ BES.
- IVUS and OCT substudies from DESTINY demonstrate that the Inspiron™ stent has slightly higher NIH growth associated with a slightly higher strut coverage, compared to Biomatrix™.
- In clinical practice, the Inspiron™ has shown excellent mid-term safety and efficacy profile for the treatment of highly complex patients.