24-Month Outcomes From The Pivotal VISION Trial for OCT-Guided Directional Atherectomy



18th Annual Conference





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Disclosures

Speaker's Bureau:

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- Abbott
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Image-Guided Directional Atherectomy



Pantheris

110 cm working length
.014" guidewire compatible
Cutter rotation = 1,000 RPM
OCT – frequency domain

NCVH 2017

VISION TRIAL OVERVIEW

VISION TRIAL DESIGN

- Prospective, single arm,
 global trial
- 19 U.S. sites
- 1 German site

MAJOR INCLUSION CRITERIA

- RVD ≥ 3.0mm and ≤ 7.0mm by visual estimation
- ≥ 70% de novo lesion
- Rutherford classification 2-5
- ≤15cm lesion length
- ≥ 1 patent runoff vessel
- Patient is ≥ 18 years old
- Patient is candidate for percutaneous intervention for PAD

MAJOR EXCLUSION CRITERIA

- In-stent restenosis within the target lesion
- Target lesion stenosis <70%
- Target lesion within a graft or iliac artery
- Moderate-severe calcification
- Acute ischemia/thrombosis

FOLLOW-UP AT 24 MONTHS POST-PROCEDURE

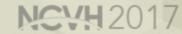
147 subjects potential for 24-month follow-up



40 subjects LTF since 6 month follow-up

5 subjects died since 6 month follow-up

89 subjects participated in 24-month follow-up



BASELINE DEMOGRAPHICS & CO-MORBIDITIES

Demographics ¹	All Treated Cohort (N=152 Subjects)		
Age (yrs)			
Mean ± Stdev	67 ± 10.5		
Sex % (m/N)			
Male	55 %		
Female	45 %		
BMI			
Mean ± Stdev	28 ± 6.2		

Co-morbidities ¹	All Treated Cohort (N=152 Subjects)		
History of :	% (m/N)		
Smoking	87.5% (133/152)		
Diabetes requiring therapy	45.4% (69/152)		
Hypertension requiring intervention	94.7% (144/152)		
Coronary artery disease	62.5% (95/152)		
Other vascular disease	88.8% (135/152)		

BASELINE LESION CHARACTERISTICS

Baseline Lesion Characteristics	All Treated Cohort (N=198 Lesions) ³			
Lesion Location ¹ , %(m/N)				
SFA	80.8% (160/198)			
Proximal	18.2% (36/198)			
Mid	38.9% (77/198)			
Distal	23.7% (47/198)			
SFA/Popliteal	6.1% (12/198)			
Popliteal	13.1% (26/198)			
TASC ¹ , % (m/N)				
A	76.5% (150/196)			
В	20.4% (40/196)			
С	3.1% (6/196)			
Califications ² , %(m/N)				
None	21.7% (43/198)			
Mild	77.3% (153/198)			
Moderate	0.5% (1/198)			
Lesions Type ² , % (m/N)				
De Novo	99.5% (197/198)			
Restenotic	0.5% (1/198)			
Lesion Length ¹ , (cm)				
Mean ± Stdev (N)	$7.2 \pm 4.2 (198)$			
CTOSubgroup, Mean ± Stdev (N)	10.7 ± 4.5 (40)			
Mean Reference Vessel Diameter ¹ , (mm)				
Mean ± Stdev (N)	4.7 ± 0.8 (196)			
Percent Pre-Procedure Stenosis ¹ , (%)				
Mean ± Stdev (N)	78.7 ± 15.1 (196)			

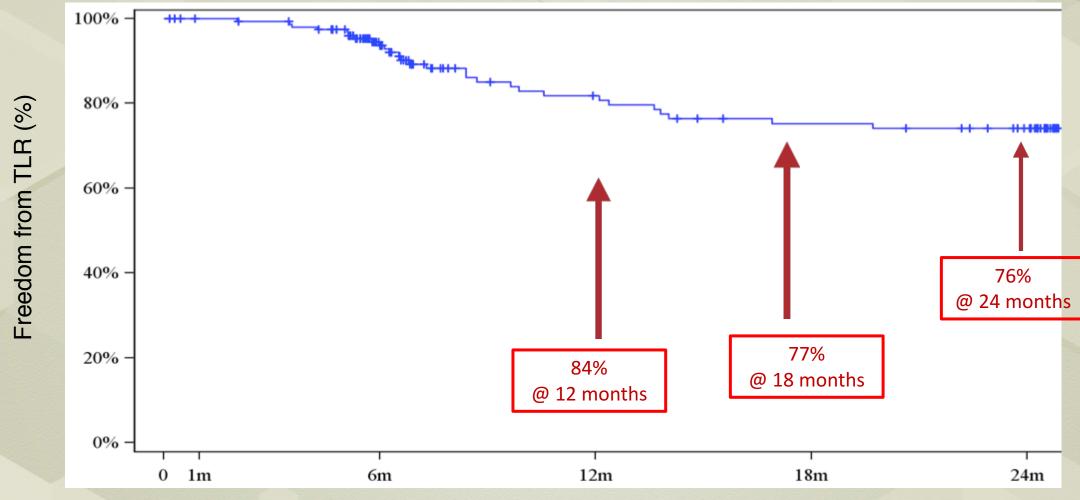
¹ Assessed by Imaging Core lab. ² Site reported. ³ Denominators <198 lesions reflect missing data.

MAJOR ADVERSE EVENTS THROUGH 6 MONTHS

6 Month MAE ¹	All Treated Cohort (N=152 patients ²)		
Overall MAEs	16.4% (25/152)		
Cardiovascular-related death	2.6% (4/152)		
Unplanned, major index limb amputation	0% (0/152)		
Target lesion revascularization (TLR)	7.9% (12/152)		
Myocardial infarction	2.0% (3/152)		
Device-related events	4.0% (6/152)		
	Pantheris Related Occlusion Sheath Related		
Clinically significant perforation	0.0% (0/152) 0.0% (0/152)		
Clinically significant dissection	0.6% (1/152) 0.6% (1/152)		
Clinically significant embolus	2.6% (4/152) 0.0% (0/152)		
Pseudoaneurysm	0.0% (0/152) 0.6% (1/152)		

¹ Adjudicated by independent Clinical Events Committee (CEC). ² Excludes 7 subjects who were not followed through 6 months.

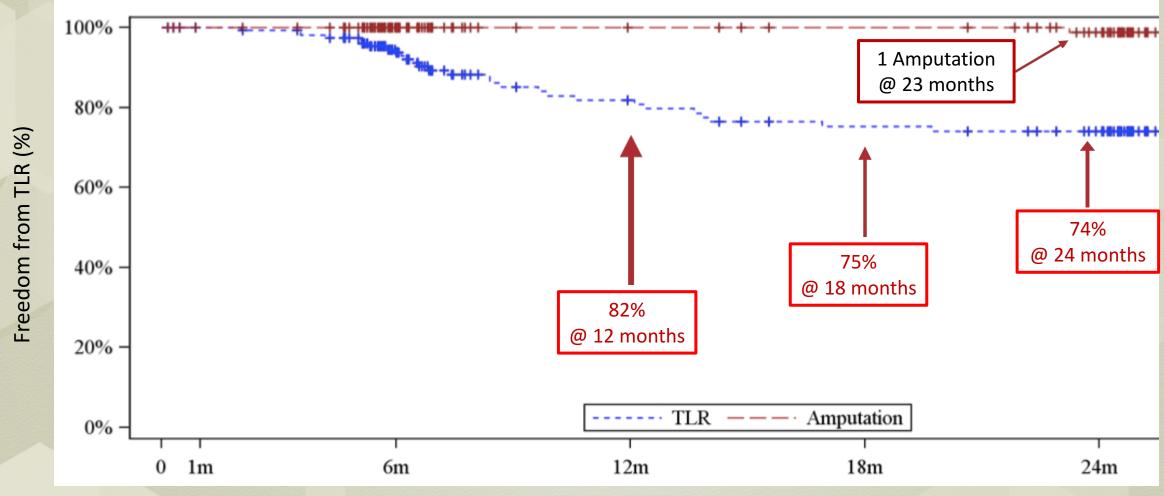
24 MONTH OUTCOMES FREEDOM FROM TLR BY LESION



Months since directional atherectomy with Pantheris catheter

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24 MONTH OUTCOMES FREEDOM FROM TLR AND AMPUTATION BY PATIENT



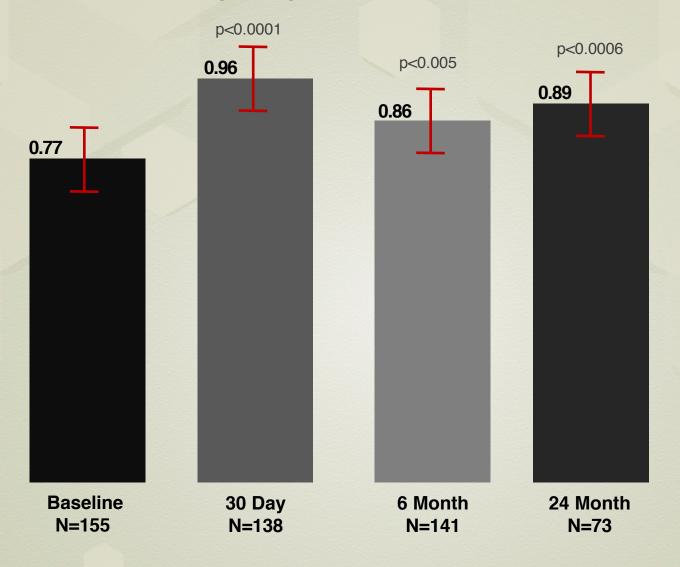
Months since directional atherectomy with Pantheris catheter

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RUTHERFORD CLASSIFICATION 30 DAYS, 6 MONTHS & 24 MONTHS

Rutherford Classification	Baseline (n=158)	30 Days (n=148) P<0.0001	6 Months (n=144) P<0.0001	24 Months (n=82) P<0.001
0 Asymptomatic	0% (0/158)	54.1% (80/148)	41.0% (59/144)	48% (40/82)
1 Mild Claudication	0% (0/158)	29.1% (43/148)	30.6% (44/144)	24.4% (20/82)
2 Moderate Claudication	29.1% (46/158)	11.5% (17/148)	13.2% (19/144)	12.2% (10/82)
3 Severe Claudication	54.4% (86/158)	4.7% (7/148)	10.4% (15/144)	9.8% (8/82)
4 Ischemic Rest	13.9% (22/158)	0% (0/148)	2.8% (4/144)	4.9% (4/82)
5 Minor Tissue Loss	2.5% (4/158)	0.7% (1/148)	2.1% (3/144)	0% (0/82)

ANKLE BRACHIAL INDEX (ABI) 30 DAYS, 6 MONTHS & 24 MONTHS



CHARACTERISTICS OF TLR OCCURRENCE BY LESION

Characteristic	TLR (N = 19)	No TLR (N=83)	
Mean Percentage of CTO prior to Atherectomy	41.2% (7/17)	18.1% (15/83)	p = 0.05
Lesion Length < 5 cm	35.3% (6/17)	62.7% (52/83)	p = 0.05
Lesion Length ≥ 5 cm	64.7% (11/17)	37.3% (31/83)	p = 0.05
Mean Percent Area of Thrombus	12.8% (19/19)	6.4% (82/83)	p = 0.02
Mean Percent Area of Adventitial Resection	4.9% (19/19)	3.4% (82/83)	p = 0.54

TLRs associated with CTOs, longer lesions, and double the area of thrombus.

EXPERIENCE WITH PANTHERIS and CLINICAL USE

	≤2 uses	< 5 uses	≥5 uses	> 10 uses	Comparing ≤ 2 uses to > 10 uses
Mean number of excisions made	10.9 ± 5.3	11.2 ± 5.8	12.7 ± 9.2	15.1 ±12.0	p = 0.04
Mean baseline lesion length	5.0 ± 3.6 cm	5.0 ± 3.7 cm	5.8 ± 4.5	7.9 ±5.9	p = 0.01
Mean percent area adventitial resection	4.2 ± 10.6	3.5 ± 8.9	2.3 ± 4.5	0.49 ± 0.9	p = 0.01
Mean fluoro time used	32.8 ± 13.5 minutes	30.4 ± 13.5 minutes	28.1 ± 13.6 minutes	24.6 ± 11.9 minutes	p = 0.05

As surgeons gain experience with the Pantheris catheter, they tend to make more excisions, approach longer lesions, use less fluoro, and resect less adventitial tissue.

CONCLUSIONS

- 1) Freedom from TLR:
 - 76% by lesion at 24 months
 - 74% by subject at 24 months
- 2) Only one amputation in 152 subjects, occurring at 23 months post-procedure
- 3) Statistically significant improvements in Rutherford and ABI noted at 6 months were maintained through 24 months
- 4) OCT-guided atherectomy results in effective and sustainable treatment of peripheral artery disease
 - >50% standalone atherectomy rate (104/198 lesions)
 - Low use of stents post-atherectomy rate 5.1% (10/198 lesions)
 - Low use of drug-coated balloons post-atherectomy rate 9.6% (19/198 lesions)

NOTE: Data in this presentation remain subject to adjustment based on final statistical analysis and review by the study's clinical events committee