CONTROVERSES ET ACTUALITES EN CHIRURGIE VASCULAIRE CONTROVERSIES & UPDATES IN VASCULAR SURGERY JANUARY 23-25 2020 MARRIOTT RIVE GAUCHE & CONFERENCE CENTER PARIS FRANCE

Paclitaxel crisis-where are we?

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Disclosure

Speaker name: Scott Trerotola

I have the following potential conflicts of interest to report:

Consulting: BD Bard, B Braun, Cook, Teleflex, Adrenas, WL Gore, MedComp

Royalty, Cook and Teleflex

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- Paclitaxel "crisis"? What crisis?
- PAD concerns-yes
- Dialysis access use-no
- Guilt by association-maybe
- Effect on industry-yes
- Effect on research-yes

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Risk of Death Following Application of Paclitaxel-Coated Balloons and Stents in the Femoropopliteal Artery of the Leg: A Systematic Review and Meta-Analysis of Randomized Controlled Trials

Konstantinos Katsanos, MD, PhD, MSc, EBIR; Stavros Spiliopoulos, MD, PhD; Panagiotis Kitrou, MD, PhD; Miltiadis Krokidis, MD, PhD; Dimitrios Karnabatidis, MD, PhD

Treatment of Peripheral Arterial Disease with Paclitaxel-Coated Balloons and Paclitaxel-Eluting Stents Potentially Associated with Increased Mortality - Letter to Health Care Providers

UPDATE: Treatment of Peripheral Arterial Disease with Paclitaxel-Coated Balloons and Paclitaxel-Eluting Stents Potentially Associated with Increased Mortality - Letter to Health Care Providers

UPDATE: Treatment of Peripheral Arterial Disease with Paclitaxel-Coated Balloons and Paclitaxel-Eluting Stents Potentially Associated with Increased Mortality November 2018

US FDA January 2019

US FDA March 2019

US FDA August 2019

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Editorial

JOURNAL OF ENDOVASCULAR ST ISEVS

Journal of Endovascular Therapy 2019, Vol. 26(1) 41-43

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www.jevt.org **SAGE**

Use of Paclitaxel-Eluting Technologies in the Femoropopliteal Segment Under Scrutiny **Over Possible Link to Late All-Cause** Mortality: Time to Panic or an Opportunity to Resurge?

sagepub.com/journals-permissions DOI: 10.1177/1526602818824682

C RSE

Cardiovasc Intervent Radiol (2019) 42:1508-1509 https://doi.org/10.1007/s00270-019-02297-4

COMMENTARY

Commentary on Drug-Eluting Technologies

Trevor Cleveland¹ · Lars Lonn² · Dierk Vorwerk³

Cardiovasc Intervent Radiol (2019) 42:1050-1052 https://doi.org/10.1007/s00270-019-02225-6

C **R**SE

COMMENTARY

The Truth on Paclitaxel and the Mysterious Ways of Data **Interpretation?**

Jos C. van den Berg^{1,2,}

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- Debate rages on in PAD community
 - Difficult to imagine that a single does of drug could affect mortality
- What about hemodialysis population?
 - High mortality at baseline
 - Lower dose of drug (much shorter balloons)
 - However, might be applied multiple times
 - Much more limited dataset with only 2 year FU

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Original Clinical Studies

Mortality After Paclitaxel-Coated Device Use in Dialysis Access: A Systematic Review and Meta-Analysis

Krystal Dinh, BMed, MTrauma¹, Alexandra M. Limmer, MBBS, MS², Sharath C. V. Paravastu, MBBS, PGDip, MD, FRCS³, Shannon D. Thomas, BSc Med Hons, MBBS, FRACS^{4,5,6}, Michael H. Bennett, MBBS, FANZCA, MD^{5,7}, Andrew Holden, MBChB, FRANZCR, EBIR⁸, and Ramon L. Varcoe, MBBS, MS, FRACS, PhD^{4,5,6}

"The analysis found no difference in short- to midterm mortality among patients treated with a drug-coated balloon compared with PTA. With proven benefit and no evidence of harm, the authors recommend ongoing use of PCB for the failing dialysis access."

Journal of Endovascular Therapy 1–13 © The Author(s) 2019 Article reuse guidelines: sagepub.com/journals-permissions DOI: 10.1177/1526602819872154 www.jevt.org ©SAGE

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A. 6-Month All Cause Mortality

	LUC E	3 .	110			POSK POBLO		PUDK	Mabo	
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Random, 95% CI		M-H, Rando	om, 95% Cl	
ljorkman 2018	0	18	4	18	5.9%	0.11 [0.01, 1.92]	-	•		
rani 2018	2	59	1	60	8.5%	2.03 [0.19, 21.83]				
litrou 2015	0	20	0	20		Not estimable				
(itrou 2015 (2)	0	20	0	20		Not estimable				
Otrou 2017	0	20	0	20		Not estimable				
faleux 2018	3	33	3	31	20.7%	0.94 [0.20, 4.31]				
Roosen 2017	3	16	2	18	17.5%	1.69 [0.32, 8.85]			•	
rerotola 2018	9	141	6	144	47.4%	1.53 (0.56, 4.19)		-	-	
otal (95% CI)		327		331	100.0%	1.24 [0.62, 2.47]		-	•	
otal events	17		16							
leterogeneity: Tau#=	0.00; Ch	P= 3.4	9, df = 4 (P = 0.4	8); = 09	6	0.01		10	100
est for overall effect	Z=0.60	(P = 0.5	(5)				0.01	Favours DCB	Favours PTA	100

. 12-Month All Cause Mortality

	DCE	3	PTA	۱		Risk Ratio		Risk	Ratio	
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Random, 95% CI		M-H, Rand	om, 95% CI	
Bjorkman 2018	1	18	4	18	18.7%	0.25 [0.03, 2.02]	-	•		
Irani 2018	3	59	1	60	16.4%	3.05 (0.33, 28.50)			•	-
Kitrou 2015	0	20	0	20		Not estimable				
Kitrou 2015 (2)	0	20	0	20		Not estimable				
Maleux 2018	3	33	3	31	35.1%	0.94 [0.20, 4.31]				
Roosen 2017	3	16	2	18	29.7%	1.69 [0.32, 8.85]			-	
Total (95% CI)		166		167	100.0%	1.06 [0.43, 2.63]		-		
Total events	10		10							
Heterogeneity: Tau*:	0.01; Ch	P= 3.0	3, df = 3 (P=0.3	9); IF = 19	6		1	1	
Test for overall effect	Z=0.12	(P = 0.9	90)	2.00			0.01	0.1 Favours DCB	Favours PTA	100

C. 24-Month All Cause Mortality

	DCE	3	PT/	4		Risk Ratio		Risk	Ratio	
Study or Subgroup	Events	Total	Events	Total	Weight	M-H, Random, 95% CI		M-H, Rand	om, 95% CI	
Irani 2018	5	59	2	60	7.1%	2.54 [0.51, 12.59]	8			
Roosen 2017	3	16	2	18	6.6%	1.69 [0.32, 8.85]				
Trerotola 2018	33	141	26	144	86.3%	1.30 [0.82, 2.05]			-	
Total (95% CI)		216		222	100.0%	1.38 [0.90, 2.12]			•	
Total events	41		30							
Heterogeneity: Tau* =	= 0.00; Ch	P= 0.6	9, df = 2 (P=0.7	1); #= 09	6	-		1	
Test for overall effect	Z=1.49	(P = 0.1	(4)	11000			0.01	0.1 Favours DCB	1 10 Favours PTA	100

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Lutonix AV Clinical Trial-24 Month Safety

RCT, n=285 PTA vs DCB after successful vessel prep All AVF



Trerotola et al, JVIR 2020, 31:1-14

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Description	Lutonix (n=141)	Control (n=144)	P value	
Number of deaths at 24 months	33 (23.4%)	26 (18.1%)	P=0.265	

N= 4 voluntarily withdrew from dialysis- Lutonix N=1 voluntarily withdrew from dialysis- control

Expected 2 year mortality on hemodialysis (US) 33.2%¹

¹USRDS Table 5.3 Adjusted survival percentage v2 Mortality 18, 66.8% survival at 24 months

Trerotola et al, JVIR 2020, 31:1-14

	Lutonix (n=141)	Control (n=144)
ESRD (inc hyperkalemia)	5	5
Cardiovascular	14	13
Respiratory failure/pneumonia	2	1
Sepsis	2	0
Unknown/natural causes	2	1
Neurological event	2	1
Hospice		1
Postoperative PEA arrest	1	
Ischemic colitis	1	
Voluntary withdrawal from dialysis	3	1
Malignancy	1	2
Complications of diabetes		1
Total	33	26

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University of Pennsylvania Health System Department of Radiology Division of Interventional Radiology

Consent for Dialysis Fistulogram and Possible Angioplasty, Stent or Stent-graft Placement or Thrombolytic Therapy (*Bare balloon/stent only*)

University of Pennsylvania Health System Department of Radiology Division of Interventional Radiology

Consent for Dialysis Fistulogram and Possible Angioplasty, Stent or Stent-graft Placement or Thrombolytic Therapy

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"Some studies have suggested that there is an increased risk of death in patients who undergo treatment for peripheral arterial disease in the femoropopliteal artery with paclitaxel-coated stents and balloons compared to patients treated with uncoated devices. The FDA has advised that the relationship, if any, between the use paclitaxelcoated stents and balloons and patient deaths requires further study."

Local impact? Nearly all patients sign this consent (PAD and HD), very few opt out.

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- Society Recommendations
 - SCAI "It is important to note that SCAI believes the associations are hypothesis-generating and require further investigation with patient-level data"
 - CIRSE "In the majority... alternatives to drug-eluting devices should be used...For some ...high risk for restenosis...benefits of using a paclitaxel-coated device may outweigh the risks...full informed consent process...patients who have already received paclitaxel-eluting devices should be followed (for) mortality"

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- Global Impact (hemodialysis access)?
 - Some clinical trials folded/went on hiatus
 - Others enrolling much more slowly (Lutonix AV enrolled in 9 months)
 - Overall markedly decreased use (? 50%) in spite of lack of evidence NEWS • INTERVENTIONAL

ClinicalTrials.gov Identifier: NCT03189667

Recruitment Status : Terminated (slow recruitment and recent concerns of safety of Paclitaxel coated balloons and associated increased risk death) First Posted : June 16, 2017 Last Update Posted : May 1, 2019 Two Trials Halted in Wake of Study Linking Paclitaxel-Coated Devices to Deaths in PAD Reaction to the Katsanos et al metaanalysis

6th December 2019 🗌 1019



SWEDEPAD 1 and SWEDEPAD 2 trials halt inclusion after Katsanos et al's metaanalysis on paclitaxel-coated devices and interim safety analysis

11th December 2018 🗌 1530

Interventional News has learned that inclusion into the SWEDEPAD studies, that are examining benefits of drug-eluting technology for peripheral arterial disease patients, has been halted.

(Restarted after own analysis)

FDA's advisory panel meeting in June, convened to address a safety signal in paclitaxel-coated balloons and stents in peripheral interventions, has stalled the market. BD in May <u>cut its earnings</u> <u>guidance</u> in anticipation of a 50% drop in sales of its drug-coated balloons.

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EVIDENCE-BASED REVIEW

Hot off the presses: January 14, 2020 JVIR on-line

Risk of Death and Amputation with Use of Paclitaxel-Coated Balloons in the Infrapopliteal Arteries for Treatment of Critical Limb Ischemia: A Systematic Review and Meta-Analysis of Randomized Controlled Trials

Konstantinos Katsanos, MD, MSc, PhD, Stavros Spiliopoulos, MD, PhD, Panagiotis Kitrou, MD, PhD, Miltiadis Krokidis, MD, PhD, Ioannis Paraskevopoulos, MD, PhD, and Dimitrios Karnabatidis, MD, PhD

Amputation-free survival worse with paclitaxel (13.7% crude risk of death or limb loss compared to 9.4% in case of uncoated balloon angioplasty; hazard ratio 1.52; 95% confidence interval: 1.12–2.07, p =0.008)

TLR reduced with paclitaxel (11.8% crude risk of TLR versus 25.6% in control; risk ratio 0.53; 95% confidence interval: 0.35–0.81, p =0.004).

Harm signal evident with high-dose (3.0-3.5 µg/mm²) devices, below significance in case of a low-dose (2.0 µg/mm²) device

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- Where are we (hemodialysis)?
 - Exciting new efficacy data (in.Pact)
 - No mortality signal
 - Competing devices (stent grafts-Avenew)
 - Getting back to normal or "new normal"
 - More (long term) data coming