

# **EffPac - Trial: Assessment of the Effectiveness of DCB versus POBA in the SFA**

**Ulf Teichgräber, MD, MBA**

## Disclosure of conflict of interest

Speaker name: Ulf Teichgräber, MD, MBA

Potential conflicts of interest related to the presentation:

- Research grant: iVascular, Endoscout

Potential conflicts of interest not related to the presentation:

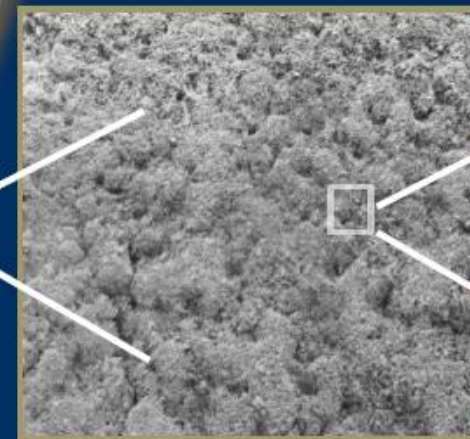
- Consulting Fees, Honoraria, Research Grants, Advisory Boards:  
ab medica, Abbott Vascular, B.Braun Melsungen, Boston Scientific, Celonova, C.R. Bard, COOK, Endoscout, GE Healthcare, iVascular, Kimal, Maquet, Medtronic, Philips Healthcare, Siemens Healthcare, Spectranetics, W.L.Gore
- Master research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

## Luminor35\*

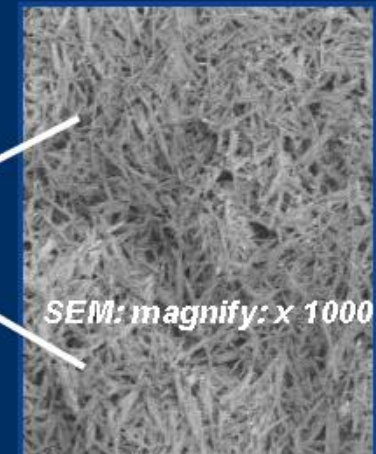
Dosage of uniform diameter  
nanodrops by direct  
**ultrasonic deposition**

- Ultrathin multilayer coating:
  - **DURABILITY**
  - Minimum drug loss
- **Homogeneous** distribution of drug
  - Accurate dosage

Control over **drug morphology**



SEM: magnify: x250



SEM: magnify: x 1000

**MICROCRISTALLINE** paclitaxel

\* Luminor® 35 Paclitaxel Eluting Peripheral Balloon Dilatation Catheter marked in European Union since 2013.  
(iVascular, S.L.U., Barcelona, Spain)

# Paclitaxel-coated Balloon Different Coating Technology

**TRANSFERTECH**



**MICROCRISTALLINE** paclitaxel

- Efficacy **FAST** drug **TRANSFER**
- Safety **MINIMUM** drug **LOSS**

# EffPac-trial

**Multicenter Randomized Controlled Trial to Assess the  
Effectiveness of Paclitaxel-coated Luminor® Balloon  
Catheter versus Uncoated Balloon Catheter in the  
Superficial Femoral and Popliteal Arteries to Prevent  
Vessel Restenosis or Reocclusion**

# EffPac-trial

## Design:

**Investigator-initiated, prospective, multi-centre trial and 2 arms randomised study**

## Objective

**Safety and efficacy of the Luminor® paclitaxel drug-eluting balloon in inhibiting restenosis and in ensuring long-term patency**

## Sponsor:

**University of Jena, Germany**

## Representative of the sponsor:

**Prof. Dr. Ulf Teichgräber, Jena University Hospital**



# EffPac-trial

## CoreLab

Dr. Ulrich Beschorner, coreLab Bad Krozingen GmbH, Germany

## Data Management and Safety Board (DMSB)

Dr. Michael Werk, Martin Luther Krankenhaus, Berlin, Germany

Dr. Vicenc Riambau, Hospital Clinic de Barcelona, Spain

Prof. Dr. Wienke, University Halle-Wittenberg, Germany

## Monitoring and SAE Reporting (VascuScience GmbH)

Dr. Christin Ott and Lars Mahler, Leipzig, Germany

## Project Management

Tabitha Heller, Cornelia Eichorn, Nicole Brillinger, Dr. Andrea Röbler,  
University Jena, Germany

## Producer of the Investigational Product

Life Vascular Devices Biotech, S.L., Barcelona, Spain

# EffPac-trial

## 11 Participating Sites

01 Jena	PD Dr. R. Aschenbach, <i>Univ. Hosp. Jena</i>
02 Leipzig	Prof. Dr. Dierk Scheinert, <i>Univ. Hosp. Leipzig</i>
03 Bad Krozingen	Prof. Dr. Thomas Zeller, <i>Heart Center</i>
04 Hamburg	Dr. S. Sixt, <i>Angiologikum</i>
05 München	PD Dr. M. Treitl, <i>University Hospital</i>
06 Berlin	Prof. Dr. K. Brechtel, <i>„Ihre Radiologen“</i>
07 Sonnebrg	Dr. M. Thieme, <i>Medinos Clinic</i>
08 Karlsbad	Prof. Dr. E. Blessing, <i>SRH-Clinic</i>
09 Heidelberg	Dr. B. Vogel, <i>University Heidelberg</i>
10 Arnsberg	Dr. M. Lichtenberg, <i>Clinic Arnsberg</i>
11 Kusel	Dr. P. von Flotow, <i>Westpfalz Clinic</i>



# EFFPac-trial Design

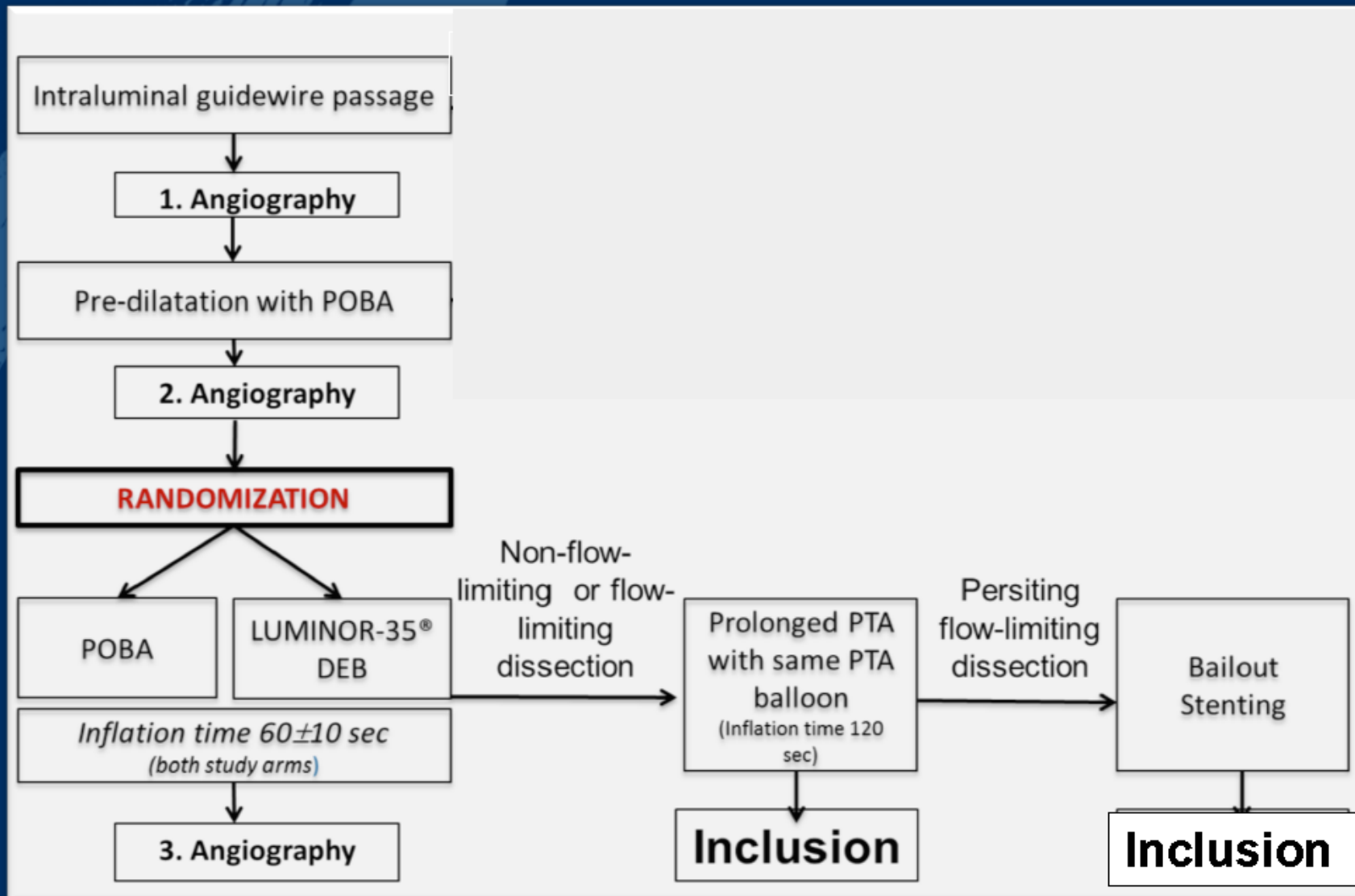
## Major Inclusion Criteria

- Age  $\geq$  18 years
- Subject must agree to undergo the 6-month angiographic and clinical follow-up (at 12 month post-procedure)
- Peripheral vascular disease Rutherford class 2-4
- De novo stenotic/ re- stenotic lesion or occlusive lesions in the superficial femoral (SFA) and/or popliteal arteries (PA)
- $\geq 70\%$  diameter stenosis or occlusion
- Target lesion length:  $\leq 15$  cm (TASC II A and B)
- $\geq$  one patent infrapopliteal run-off artery to the foot
- If the index lesion is re-stenotic, the prior PTA must have been  $> 30$  days prior to treatment in the current study

## Major Exclusion Criteria

- Severely calcified target lesions in the SFA/PA resistant to PTA
- Previous intervention or surgery in the target vessel
- Major amputation in the same limb as the target lesion
- Acute myocardial infarction within 30 days before inter-vention
- Renal insufficiency with a serum creatinine  $> 2.0$  mg/dL at baseline
- Platelet count  $< 50$  G/l or  $> 600$  G/l at baseline

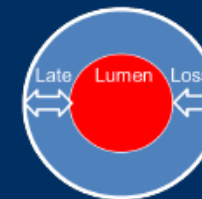
# Study Design



# Trial Design and Endpoints

Endpoints		Baseline	6 month	12 month
Efficacy	Primary	Vessel diameter (mm)	<ul style="list-style-type: none"> <li>Late Lumen Loss (LLL)*</li> </ul>	
	Secondary		<ul style="list-style-type: none"> <li>Freedom from Target Lesion Revascularization (TLR/TVR)</li> <li>Patency</li> <li>Change of ABI, Rutherford stage, QoL (WIQ) , EQ-5D</li> </ul>	
Safety	Primary		<ul style="list-style-type: none"> <li>Major and minor amputation rate at index limb</li> <li>Mortality, independently of cause</li> </ul>	

\* LLL = difference between the diameters (in mm) at 6 months follow-up minus post-procedure



# Study Design

171/172 subjects  
enrolled

*Recruitment completed  
on 31. Dec. 2016*

## Randomisation

1:1

POBA  
N=85

Luminor35  
N= 86

6 month  
FUP  
N=53

6 month  
FUP  
N=51

# Baseline Patient Characteristics

	LUMINOR <sup>®</sup>	POBA
<b>Age</b>	67.3 ± 10.5 (82)	67.8 ± 8.9 (83)
<b>Male</b>	61.0% (50/82)	68.7% (57/83)
<b>Rutherford Clinical Category</b>		
1	0% (0/82)	1.2% (1/82)
2	18.3% (15/82)	23.2% (19/82)
3	78.1% (64/82)	74.4% (61/82)
4	2.4% (2/82)	1.2% (1/82)
5	1.2% (1/82)	0% (0/82)
<b>Diabetes</b>	37.8% (31/82)	41.0% (34/83)
<b>Hypertension</b>	86.6% (71/82)	85.5% (71/83)
<b>Hyperlipidemia</b>	71.6% (58/81)	68.8% (55/80)
<b>Smoking Status</b>		
never smoked	16.3% (13/80)	16.8% (14/83)
previous smoker	45.0% (36/80)	39.8% (33/83)
current smoker	38.8% (31/80)	43.4% (36/83)
<b>ABI</b>		
left	0.88 ± 0.26 (65)	0.87 ± 0.27 (69)
right	0.83 ± 0.24 (67)	0.86 ± 0.29 (70)

*Interim analysis of preliminary data*

## Baseline Angiographic Data

	LUMINOR®	POBA
<b>Lesion Length (cm)</b>	6.0 ± 4.4 (82)	5.5 ± 4.0 (83)
<b>Total Occlusion</b>	20.0% (16/80)	25.3% (21/83)
<b>Calcification</b>		
none/mild	53.1% (43/81)	45.8% (38/83)
moderate	43.2% (35/81)	43.4% (36/83)
severe	3.7% (3/81)	10.8% (9/83)
<b>Diameter Stenosis (%)</b>	87.8 ± 9.8 (82)	90.1 ± 8.9 (83)
<b>Reference Vessel Diameter (mm)</b>	5.5 ± 0.6 (80)	5.4 ± 0.7 (83)
<b># of Patent Run-off Vessel</b>		
0	0% (0/82)	1.2% (1/83)
1	22.0% (18/82)	21.7% (18/83)
2	40.2% (33/82)	32.5% (27/83)
3	37.8% (31/82)	44.6% (37/83)
<b>Target Lesion Location</b>		
1	12.1% (12/99)	11.3% (11/97)
2	26.3% (26/99)	25.8% (25/97)
3	34.3% (34/99)	37.1% (36/97)
4	12.1% (12/99)	13.4% (13/97)
5	13.1% (13/99)	9.3% (9/97)
6	2.0% (2/99)	3.1% (3/97)

*Interim analysis of preliminary data*



## Procedural Characteristics

	LUMINOR®	POBA
<b>Pre-dilatation Performed</b>	100% (82/82)	98.8% (82/83)
<b>Post-DCB Dissection</b>	36.6% (30/82)	41.0% (34/83)
<b>Application of Stents</b>	13.4% (11/82)	18.3% (15/82)
<b>Post-procedure Diameter Stenosis</b>	15.8 ± 16.8 (82)	14.9 ± 16.2 (83)

*Interim analysis of preliminary data*

# Trial results @ 6 months follow-up

## Report of primary endpoint: LLL

A poster for the CIRSE 2017 conference. The background is a blue-toned image of a modern architectural structure with curved, metallic surfaces. In the top right corner, there is a small square logo with an 'X' inside. On the left side, a circular dotted border contains the text 'ABSTRACT SUBMISSION NOW ONLINE!'. In the upper right, the text 'September 16-20' and 'Copenhagen, Denmark' is displayed above the large red text 'CIRSE 2017'. In the lower right, the text 'IMPACT THE FUTURE OF INTERVENTIONAL RADIOLOGY' is shown in white, with 'Submit your abstracts by February 13' in red below it. At the bottom center, the text 'Cardiovascular and Interventional Radiological Society of Europe' is visible.

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Cardiovascular and Interventional Radiological Society of Europe



# Jena, Thuringia, Germany

