



# RESOLUTE All Comers

International Multicentre DES Clinical Trial

## 12-Month Results Summary: **Resolute DES Matches Xience V DES**

# RESOLUTE All Comers 12-Month Summary

## **Innovative Trial:**

- RESOLUTE All Comers is an innovative, large, real-world study that reflects the complexities of daily clinical practice

## **Strong Results with Primary Endpoint Met:**

- Resolute DES matches Xience V DES in primary endpoint of TLF
- Resolute DES shows numerically lower TLF, MACE and TVF
- Resolute DES shows excellent performance across all clinical efficacy and safety endpoints

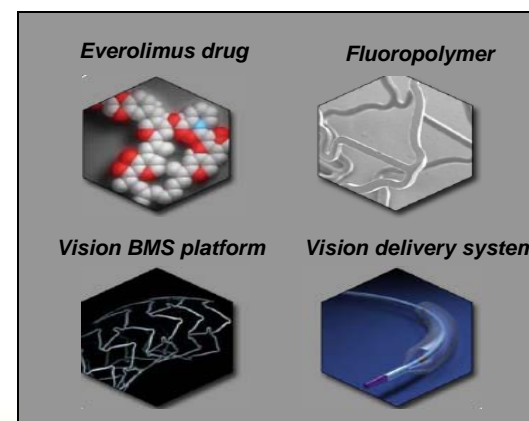
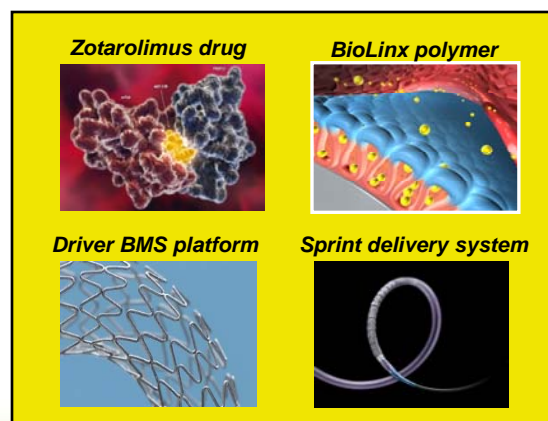
## **Compelling Results in Complex Patients:**

- Resolute DES shows strong performance

**Excellent clinical results establish Resolute DES as a strong choice in complex daily practice**

# Leading Second-Generation DES Go Head-to-Head for the First Time

	Resolute DES	Xience V DES
<b>Strut design</b>	Modular, round, edgeless	Laser-cut, rectangular
<b>Stent material</b>	F-562 cobalt alloy	L-605 cobalt alloy
<b>Crossing profile* (mm)</b>	1.12	1.20
<b>Cell area*</b>	1.0 mm <sup>2</sup>	3.7 mm <sup>2</sup>
<b>Polymer</b>	BioLinx <i>Overall hydrophilic blend</i>	Fluoropolymer <i>Hydrophobic polymer</i>
<b>Drug</b>	Zotarolimus <i>85% eluted by 60 days and completely eluted by 180 days</i>	Everolimus <i>Completely eluted by 120 days</i>



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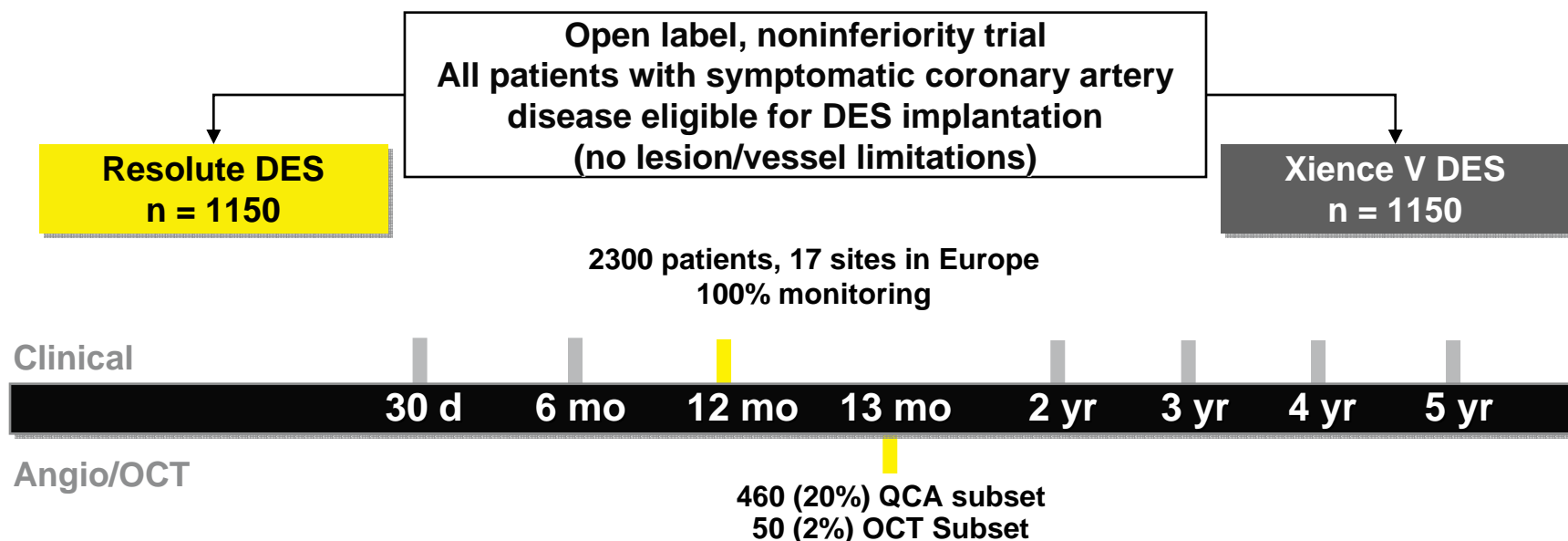
\*3.5 x 18 mm stent

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# Innovative RESOLUTE All Comers Trial Design

## RESOLUTE All Comers Trial Design

Co-PIs: Profs. Serruys, Silber, Windecker



**Primary endpoint: TLF (ARC-defined): Cardiac death, target vessel MI, clinically indicated TLR at 12 months**

**Secondary endpoint (powered):** % Diameter stenosis (in-stent) at 13 months

**Secondary endpoints:** TLF at 30 d, 6 months, 2–5 yr; Composite (all death, all MI, any revascularisation) at each FU time point; angiographic and optical coherence tomography (OCT) parameters at 13 months

**Drug therapy:** ASA and clopidogrel/ticlid >6 months (per guidelines)

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# Patient Eligibility

## Inclusion Criteria

### Coronary artery disease

- Stable angina
- Silent ischemia
- Acute coronary syndrome including UA, NSTEMI and STEMI

### Lesion characteristics

- Number of lesions: no limitation
- Number of vessels: no limitation
- Lesion length: no limitation

### Written informed consent

## Exclusion Criteria

### Known allergy to

Aspirin, clopidogrel, heparin, cobalt alloy, everolimus, zotarolimus, contrast material, polymer coating

### Planned, elective surgery within 6 months of PCI

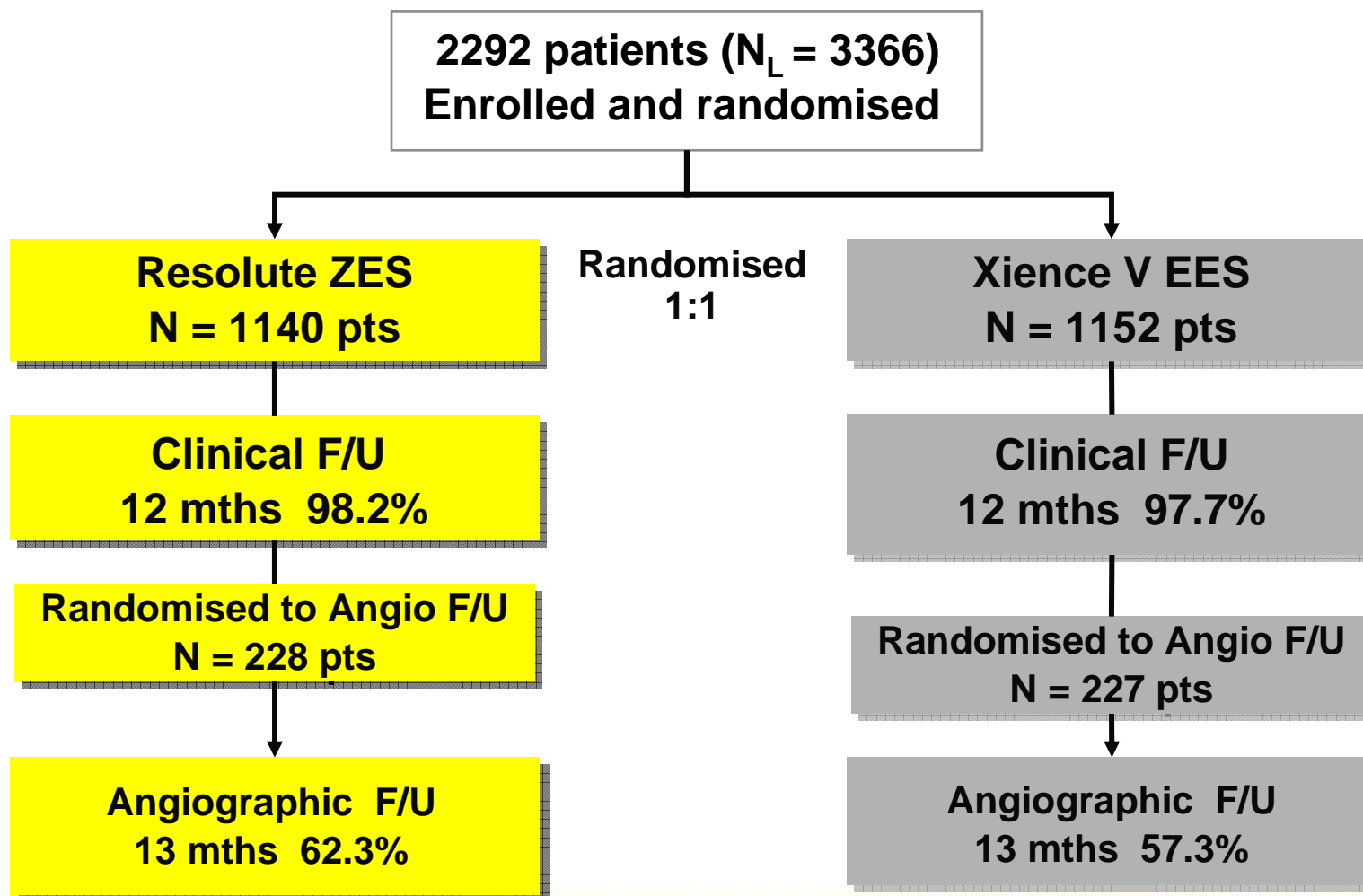
Unless dual anti-platelet therapy could be maintained

### Pregnancy

### Participation in another trial



# Clinical and Angiographic Follow-Up



# Enrollment Reflects Complex Real-World Practice

Variable, %	Resolute stent N = 1140 patients	Xience V stent N = 1152 patients
Age, years (mean ± SD)	64.4 ± 10.9	64.2 ± 10.8
Men	76.7%	77.2%
Diabetes mellitus	23.5%	23.4%
Insulin treated	8.4%	7.1%
Arterial hypertension	71.1%	71.3%
Hyperlipidemia	63.9%	67.7%
Current smoker	26.5%	26.5%
Premature CAD in first degree relative	34.1%	36.7%
Prior myocardial infarction	28.9%	30.4%
Prior percutaneous coronary intervention	31.8%	32.1%
Prior coronary artery bypass grafting	10.0%	9.5%
Stable angina	33.5%	36.1%
Unstable angina	19.4%	18.9%
AMI (within 12 hr)	15.4%	17.8%
AMI (within 72 hr)	28.9%	28.8%

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# Enrollment Reflects Complex Real-World Practice

Variable, %	Resolute stent N = 1140 patients	Xience V stent N = 1152 patients
Left ventricular ejection fraction <30%	2.8%	2.1%
Multi-vessel disease	58.4%	59.2%
Target vessel location (per patient)		
Left main	2.2%	2.5%
Left anterior descending	52.6%	48.6%
Left circumflex	33.0%	32.9%
Right coronary	37.3%	41.3%
Bypass graft	2.5%	2.4%
Number of treated lesions per patient	1.5 ± 0.7	1.5 ± 0.8
SYNTAX score	15 ± 9	15 ± 9
≥1 small vessel (RVD ≤2.75 mm)	67.8%	67.4%
≥1 lesion length >18 mm	18.2%	21.2%
≥1 bifurcation/trifurcation	16.9%	17.7%
≥1 total occlusion	16.3%	17.2%
≥1 In-stent restenosis	8.1%	8.0%
<b>Complex<sup>1</sup> use</b>	<b>67.0%</b>	<b>65.6%</b>

<sup>1</sup>Complex patient definition: Bifurcation, bypass graft, ISR, AMI <72 hr, LVEF <30%, unprotected LM, >2 vessels stented, renal insufficiency or failure (creatinine >140 µmol/L), lesion length >27 mm, >1 lesion per vessel, lesion with thrombus or TO (preprocedural TIMI = 0). With the exception of long lesions (treatable with a single 38-mm length stent), Resolute DES currently is not specifically approved for the patient subsets noted in this complex patient definition.

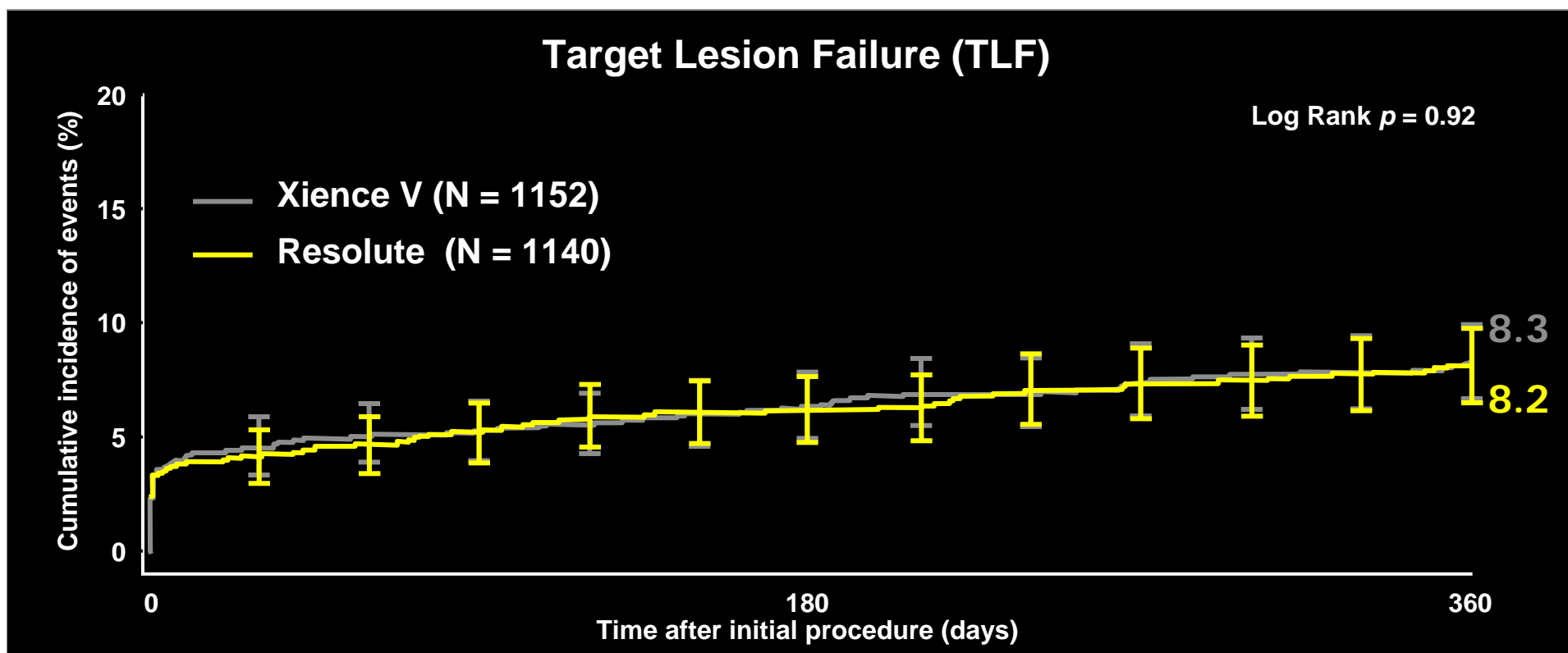


# Procedural Characteristics

## *Excellent Deliverability in Challenging Cases*

	<b>Resolute stent</b> <b>N = 1140 patients</b> <b>N = 1661 Lesions</b>	<b>Xience V stent</b> <b>N = 1152 patients</b> <b>N = 1705 Lesions</b>	<i>p-value</i>
Lesions treated per patient	1.46 ± 0.73	1.48 ± 0.77	NS
Lesion Length (mm)	11.89 ± 7.50	12.15 ± 7.86	NS
No. of stents per patient	1.9 ± 1.2	2.0 ± 1.3	0.02
Stent length per patient (mm)	34 ± 24	37 ± 26	0.02
Pre-stent balloon dilatation	69.5%	70.2%	NS
Implantation of study stent	98.0%	96.9%	NS
Lesion success	98.9%	99.1%	NS
Device success	97.0%	96.6%	NS
Procedure success	94.6%	94.2%	NS

# Resolute Matches Xience V DES in Primary Endpoint



TLF = Cardiac death, target vessel MI, clinically indicated TLR.  
 Error bars indicate a point-wise two-sided 95% confidence interval ( $\pm 1.96 * SE$ ).  
 Standard error based on the Greenwood formula.

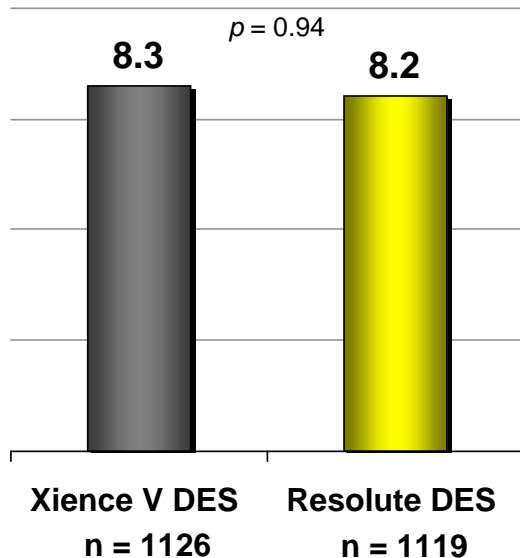
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# Resolute DES Is Numerically Lower in Composite Endpoints

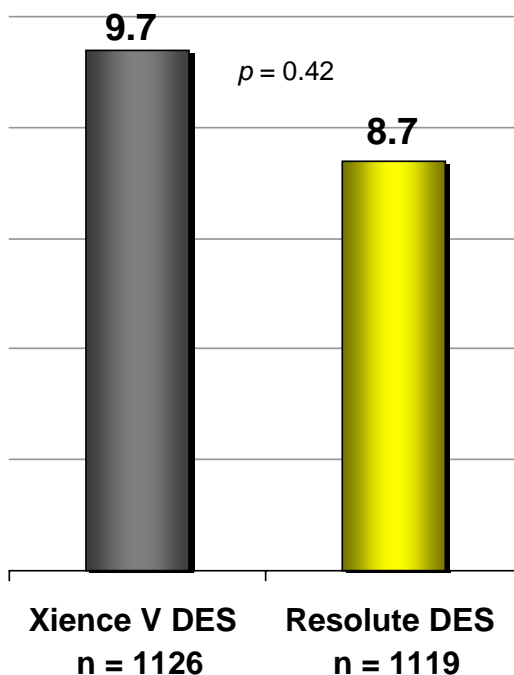
## TLF (%)

Primary Endpoint

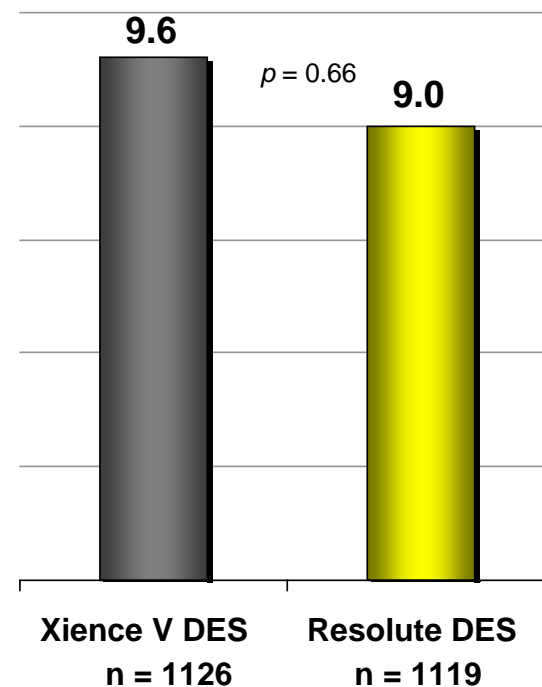
$P_{\text{non-inferiority}} < 0.001$



## MACE (%)



## TVF (%)



TLF = Cardiac death, target vessel MI, clinically indicated TLR.

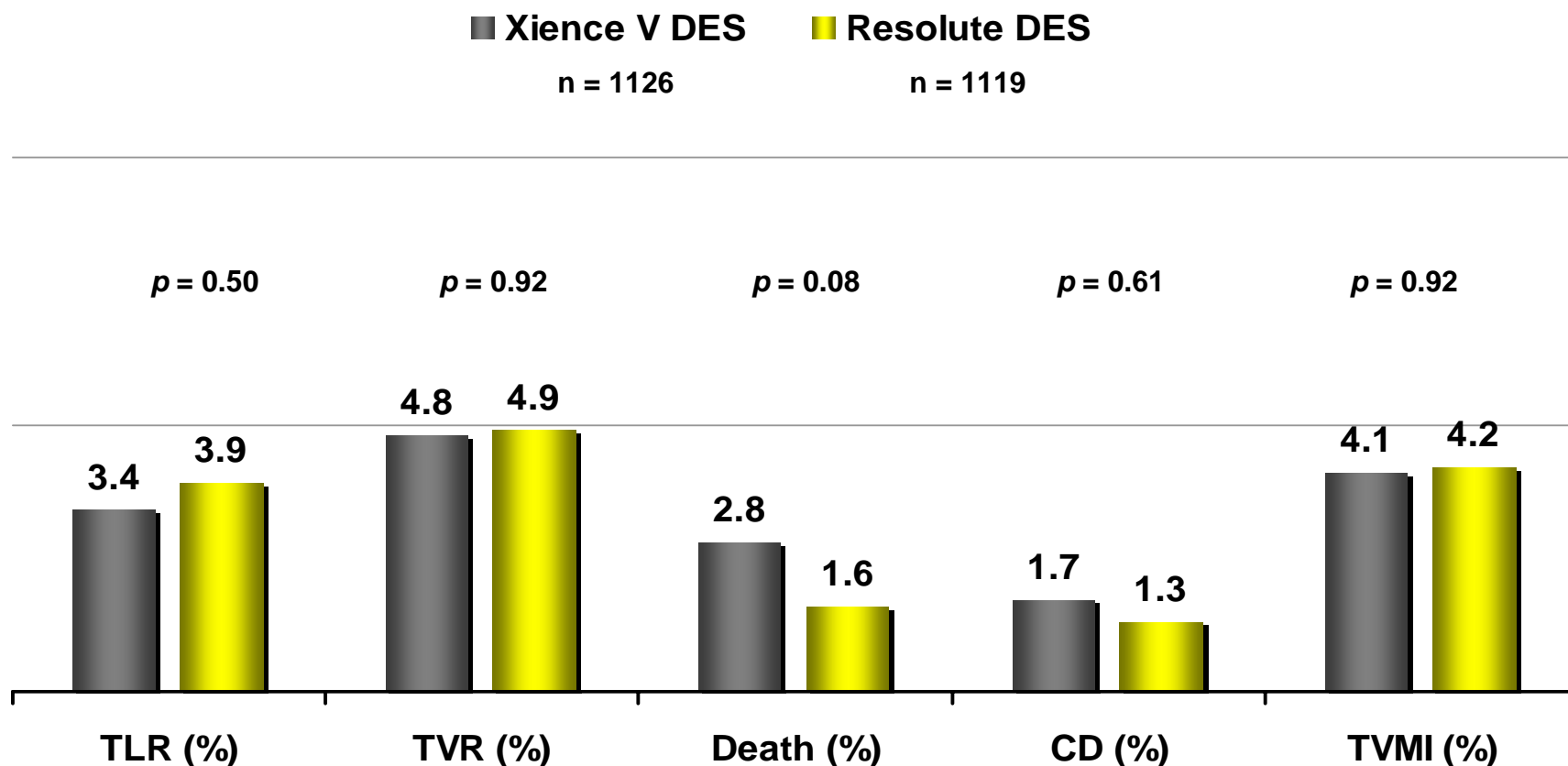
Noninferiority  $p$ -value calculated based on a prespecified noninferiority margin of 3.5%.

Other  $p$ -values are based on Fisher's Exact Test and are unadjusted for multiple comparisons.

RESOLUTE All Comers was not specifically designed or powered to individually compare MACE and TVF.

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# Resolute DES Shows Excellent Performance Across All Clinical Efficacy and Safety Endpoints



*p*-values are based on Fisher's Exact Test.  
*p*-values for outcome differences are unadjusted for multiple comparisons.  
 RESOLUTE All Comers was not specifically designed or powered to individually compare endpoints shown above.

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# No Significant Difference in Stent Thrombosis

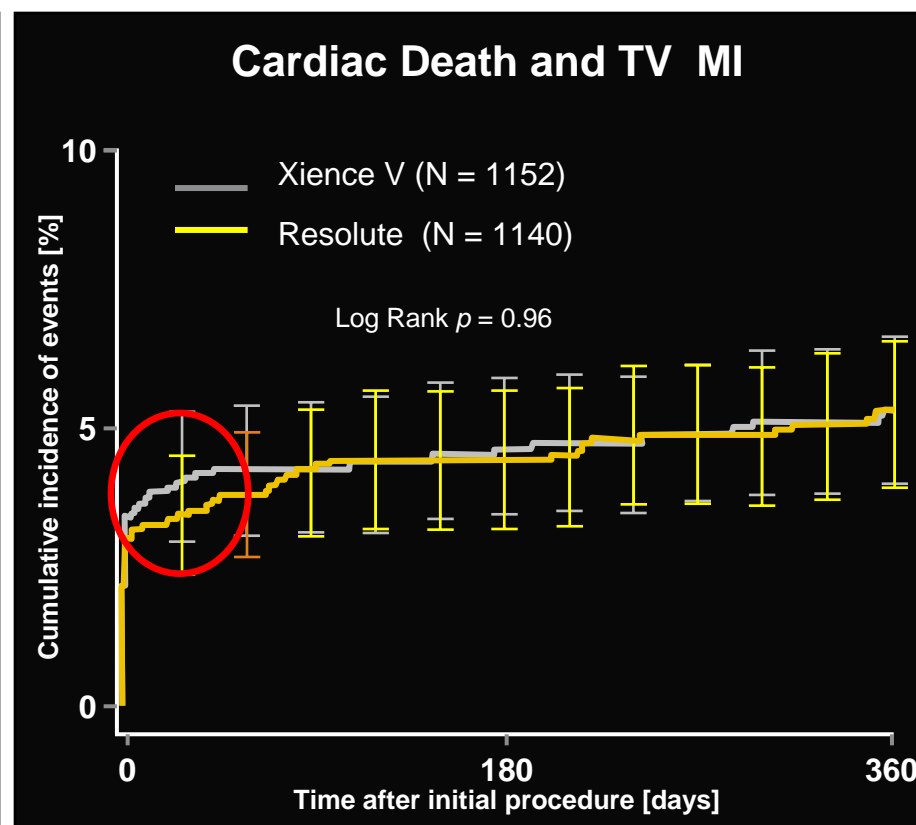
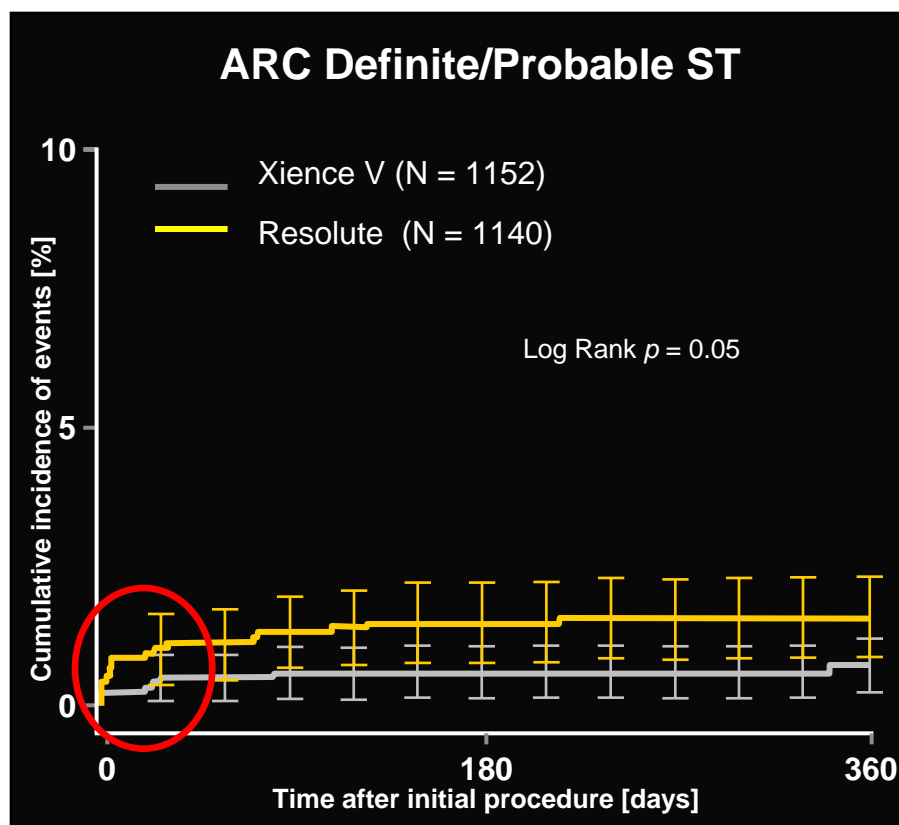
- Overall rates of ARC def/prob ST were low for an all-comer trial
- No significant difference in late ST between Resolute and Xience V DES
- Resolute overall ST rate driven primarily by early events and not statistically different vs. Xience V DES
  - 56% of Resolute ST occurred within 5 days of procedure
- Stent thrombosis had no effect on CD/TVMI rate at 12 months

ST (ARC Def/Prob)	Acute (0–1 day)	Subacute (2–30 days)	Late (31–360 days)	All
Resolute DES (%)	0.4	0.7	0.6	1.6
Xience V DES (%)	0.2	0.4	0.2	0.7
<i>p</i> -value	NS	NS	NS	NS

*p*-values are based on Fisher's Exact Test.  
*p*-values for outcome differences are unadjusted for multiple comparisons.  
 Per protocol, a statistical difference was declared if the two-sided *p*-value was less than 0.05  
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# Early Stent Thrombosis Events Did Not Translate to Differences in CD/TVMI Rates



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Error bars indicate a point-wise two-sided 95% confidence interval ( $\pm 1.96 \cdot SE$ ). Standard Error based on the Greenwood Formula.  
 $p$ -values for outcome differences are unadjusted for multiple comparisons.

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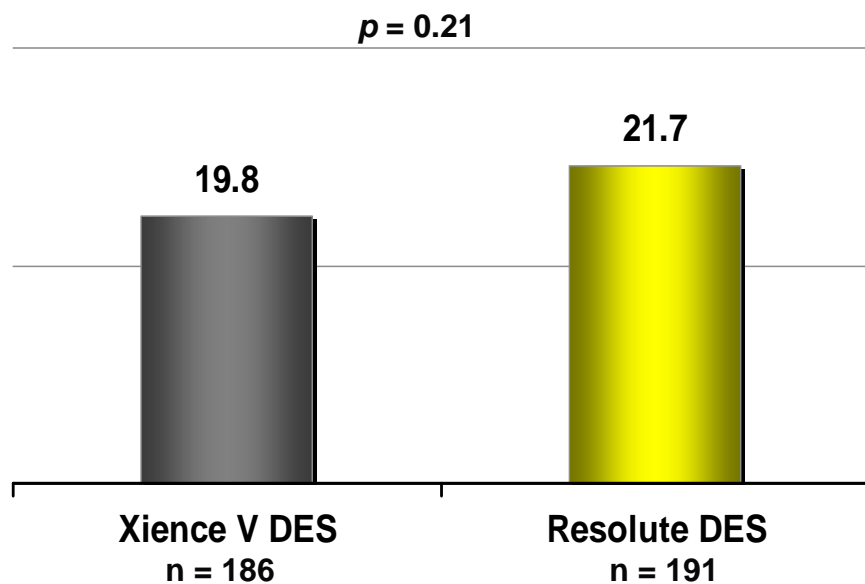


# No Significant Difference in Diameter Stenosis or In-Stent Late Loss at 13 months

## In-Stent Diameter Stenosis (%)

Powered secondary endpoint

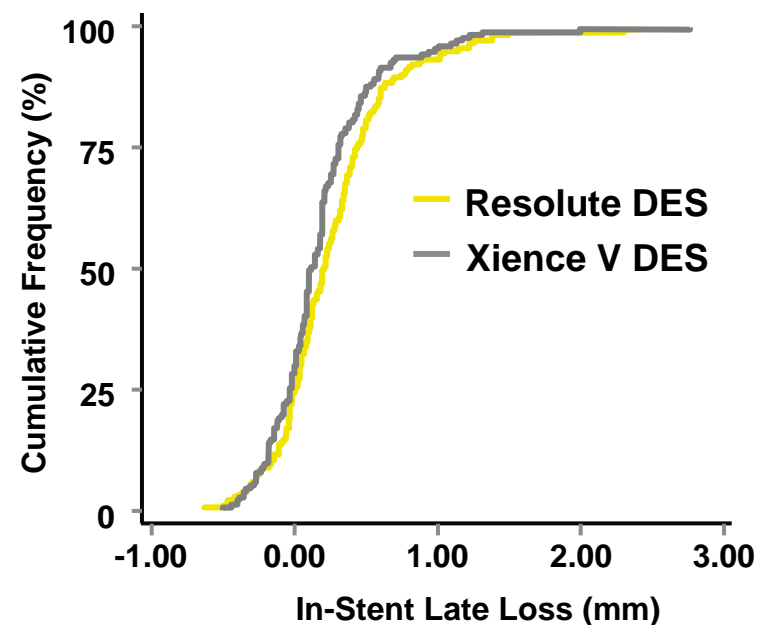
$$p_{\text{nonInferiority}} = 0.035$$



## In-Stent Late Loss and Distribution

In-stent Late Loss:

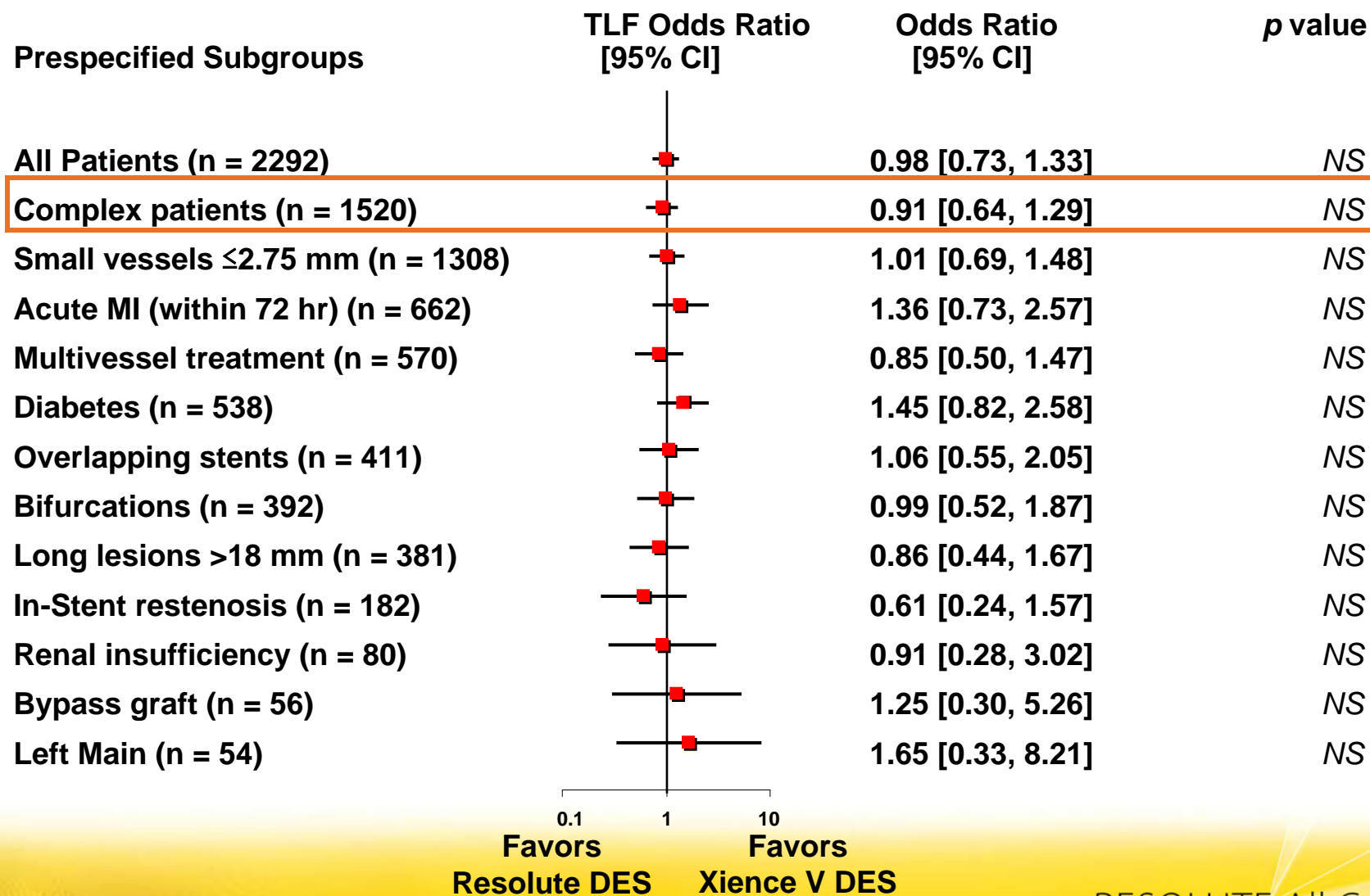
Resolute 0.27 mm vs. Xience V 0.19 mm ( $p = 0.08$ )



Noninferiority  $p$ -value calculated based on a prespecified noninferiority margin of 5%.  
 Other listed  $p$ -values are based on t-test and are unadjusted for multiple comparisons.  
 RESOLUTE All Comers was not specifically designed or powered to compare late loss at 13 months.

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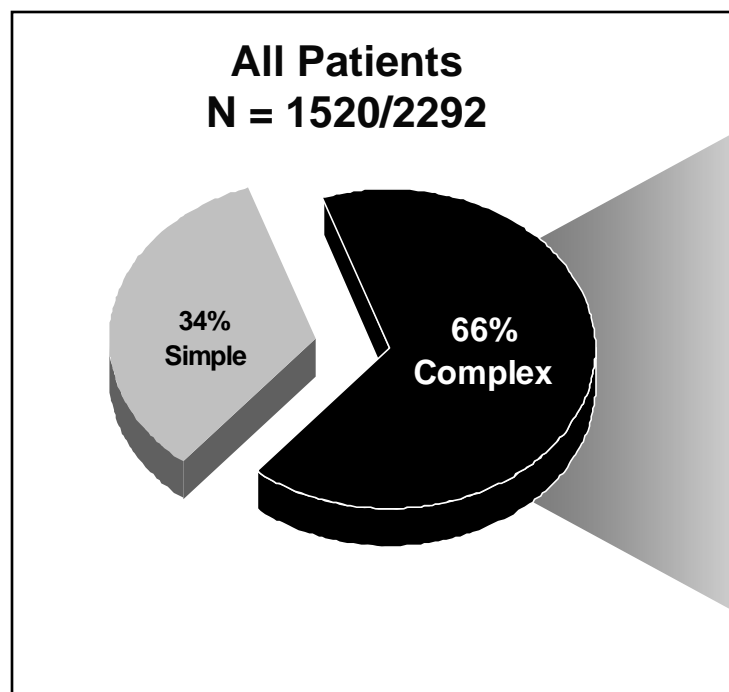
# Complex Patients Make Up the Largest Subset



p-values are based on Fisher's Exact Test. p-values for outcome differences are unadjusted for multiple comparisons. RESOLUTE All Comers was not specifically designed or powered for patient subsets listed above

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# Almost 70% of RESOLUTE All Comers Patients Are Complex

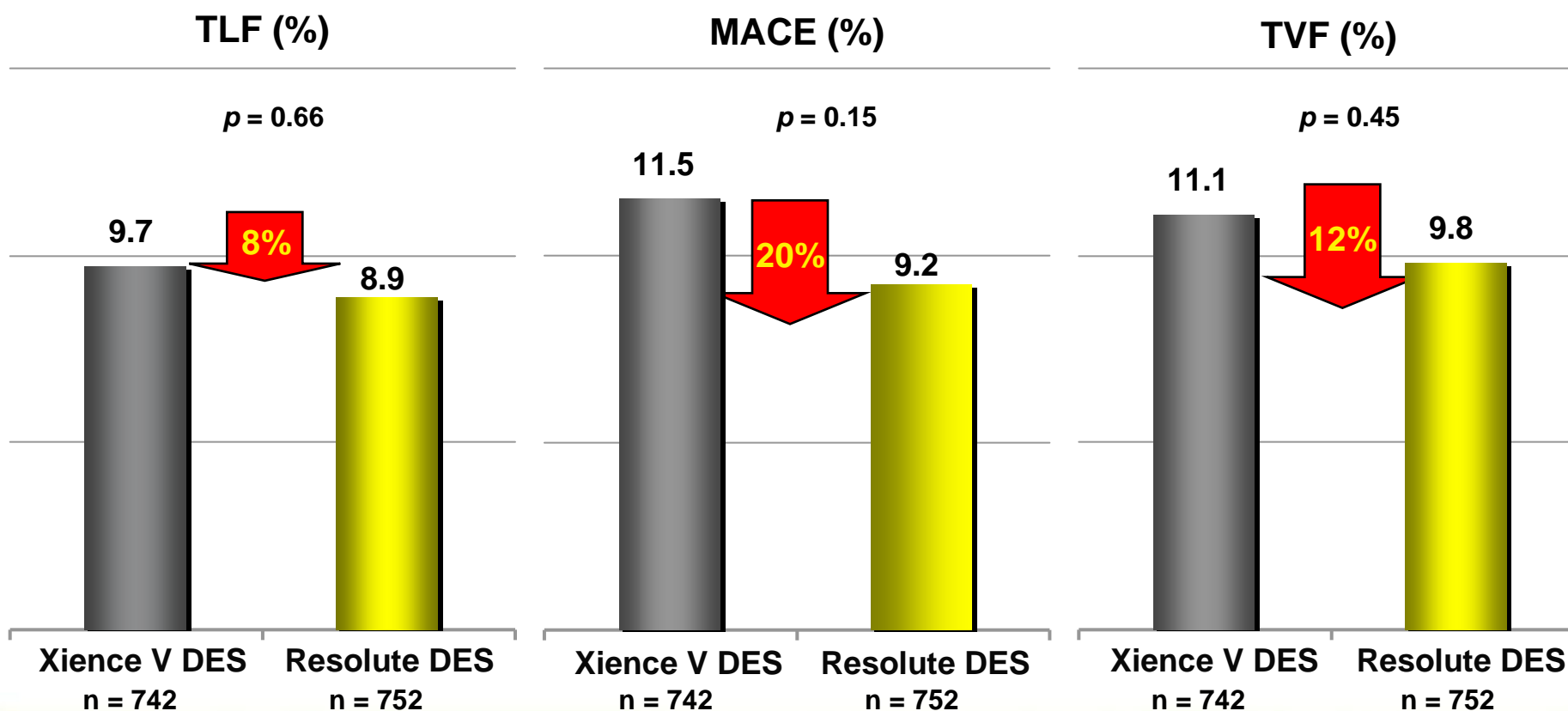


Patient Characteristics	Resolute DES N = 1140 (%)	Xience V DES N = 1152 (%)	p-Value
Complex	67.0	65.6	NS
AMI (within 72 hr)	28.9	28.8	NS
Multivessel treatment (>2)	25.1	24.7	NS
Renal insufficiency	4.0	3.1	NS
ISR	8.1	8.0	NS
Bifurcation	16.9	17.7	NS
Unprotected left main	1.6	1.3	NS
Bypass graft	2.5	2.4	NS
LVEF <30%	2.8	2.1	NS
Long lesion (>27 mm)	5.7	6.0	NS
Total occlusion	16.3	17.2	NS
>1 lesion per vessel	16.4	17.7	NS
Thrombus lesion	7.4	6.9	NS

With the exception of long lesions (treatable with a single 38-mm length stent), Resolute DES currently is not specifically approved for the patient subsets noted in this complex patient definition.

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# Resolute DES Shows Strong Performance in Complex Patients



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## **Strong Results with Primary Endpoint Met:**

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# RESOLUTE All Comers

International Multicentre DES Clinical Trial

## Resolute DES A strong choice for complex daily practice

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