

Paclitaxel Use In CLTI Patients: Is There Still Any Evidence Of An Increased Amputation Risk?

Peter A. Schneider, MD
University of California San Francisco

Peter A. Schneider Disclosures

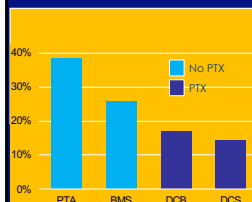
Consulting:
Surmodics, Medtronic, Boston Scientific, Phillips, Cagent, Acotec, Abbott, Endologix, Shockwave, Silk Road, Healthcare Inroads, Inari, BD

Under Development: Drug Eluting Technology for Lower Extremity Revascularization

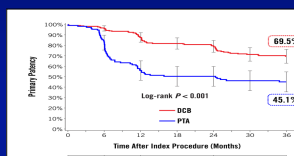
| | DCB | DES |
|--------------------------|---|---|
| Femoral-popliteal | Paclitaxel: Lutonix, IN.PACT Stellarex, Ranger, Surveil, Chocolate Touch Numerous CE mark approved devices. Limus: in development | Paclitaxel: Zilver, Eluvia DRS in development Limus: Sirocco, Strides, Stroll-failed trials |
| BTK | Paclitaxel: Lutonix, IN.PACT, Biolux- failed trials, Stellarex stopped, Ranger stopped Acotec in clinical trial, reformulated IN.PACT Limus: MedAlliance, Concept, Surmodics in clinical trials | Paclitaxel: SAVAL (SES) trial failed, PADI (DES) Limus: BE coronary DES (off label) DRS: LIFE-BTK (approved), Reva, R3 (in clinical trials) |

Efficacy of Paclitaxel for Femoral-popliteal Revascularization

2-Year Target Lesion Revascularization



3-Year Primary Patency



Schneider et al. Circ Cardiovasc Interv 2018;11:e005891

Sridharan et al. J Vasc Surg. 2018;67:343.

Paclitaxel Mortality Risk Studies (2018-present)

Randomized Pivotal Study Data (Similar Pools of Data)

RCTs

Observational Data

UPDATE: Paclitaxel-Coated Devices to Treat Peripheral Arterial Disease Unlikely to Increase Risk of Mortality - Letter to Health Care Providers

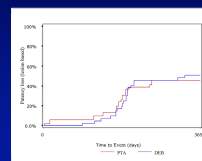
July 11, 2023

The U.S. Food and Drug Administration (FDA) is advising health care providers about updated information associated with paclitaxel-coated devices used to treat peripheral arterial disease (PAD).

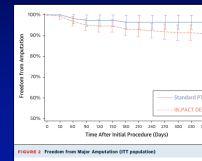
Based on the FDA's review of the available data and evidence, we have determined that the data do not support an overall mortality risk for paclitaxel-coated devices. The FDA is not issuing a contraindication or warning for these devices to be used for their intended purpose.

July 11, 2023: FDA Update

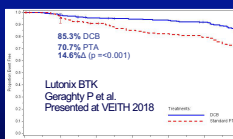
Paclitaxel BTK DCB vs POBA: Three Failed Trials



BIOLUX-P-II
Zeller et al. JACC. Cardiovasc Interv 2015;8:1614



IN.PACT DEEP
Zeller et al. JACC 2014;64:1588



Lutonix BTK
Geraghty P et al. Presented at VEITH 2018

| | dc-BES | PTA | P Value |
|---|----------------|---------------|---------|
| 12-month primary safety endpoint | 177 (45/202) | 15.8 (18/114) | 0.021 |
| 12-month major amputation | 8.8 (20/227) | 3.6 (4/111) | 0.080 |
| 12-month all-cause mortality | 161 (120/227) | 81 (101/111) | 0.567 |
| 12-month death and amputation or clinically driven TLR | 35.2 (80/227) | 25.3 (28/111) | 0.064 |
| 12-month death, major amputation or clinically driven TLR | 26.9 (60/227) | 23.4 (26/111) | 0.496 |
| Amputation-free survival | 81.1 (184/227) | 89.2 (99/111) | 0.057 |

Trend toward increased amputation risk

Paclitaxel-Coated BTK DCB

Medtronic

- 3.5 ug per mm²
- 50 subjects: RCT vs PTA
- LLL at 9 months
- Subsegmental LLL: 0.59mm vs 0.94mm
- Classic LLL: 0.89 vs 1.31mm

Acotec

- Acoart II BTK Study
- 120 subjects: RCT vs PTA
- Target lesion 17cm
- Occlusion 75-80%
- Primary patency at 6months: - DCB 75%, PTA 28%

Freedom from DCB/TLR

Months

FF CD-TLR

Jia et al. J Endovasc Ther 2021;28:215

RCTs of Coronary DCB

Jeger et al. JACC: CI 2020

ISR

Small vessel

| Study Name | Year | Comparison | n | Follow-up Duration | Angiographic Primary End Point | p Value | MIFF (%) | p Value | TLR (%) | p Value |
|--|------|------------|-----|--------------------|--------------------------------|---------|----------|---------|---------|---------|
| PERCUTANEOUS CORONARY INTERVENTION WITH DRUG-COATED BASKET CATHETERS | 2017 | DCB vs PTA | 120 | 6 months | TLR | 0.0002 | 4.4 | 0.01 | 21.26 | 0.02 |
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Paclitaxel in CLTI Patients: No increase in mortality risk

SAFE PAD

Mortality assessment
168,553 Medicare recipients underwent endovascular therapy
41.9% received paclitaxel coated devices

SWEDEPAD

RCT: paclitaxel versus non-paclitaxel devices in lower extremity PAD

2,289 subjects; mean follow-up time 2.49 years

100% vital status follow-up HR 1.06, 95% CI (0.92-1.22)

Figure 3. Adjusted Risks of All-Cause Mortality Between Drug-Coated and Non-Drug-Coated Devices Among Prespecified Subgroups

| Group | HR | 95% CI |
|----------------------------------|------|-------------|
| Low-risk subgroup | 0.98 | (0.84-1.13) |
| Lowest quartile of comorbidities | 0.95 | (0.82-0.98) |
| Index revascular procedure | 0.97 | (0.95-0.99) |
| Index revascular procedure | 0.95 | (0.93-0.97) |
| Critical limb ischemia | 0.95 | (0.93-0.97) |
| No critical limb ischemia | 0.97 | (0.95-0.99) |
| Stent implantation | 0.97 | (0.95-1.00) |
| Balloon angioplasty alone | 0.94 | (0.92-0.96) |

CLTI

Claudication

Nordansig et al. New Engl J Med 2020; doi: 10.1056/NEJMoa2005206.

Particulate Embolization After DCB

Hawkins et al. J Am Acad Derm 2022;23:1

Thomas et al. J Vasc Surg 2014;59:520

The new phenomenon following drug-coated balloon angioplasty as a patient with chronic limb-threatening ischemia and a history of below-knee amputation

Hawkins et al. J Am Acad Derm 2022;23:1

Journal Cases 2023;27:132

FDA-Mandated Pre-clinical Protocol

DAY -3

3 wounds on lateral hocks

27 swine

skin wounds 10 mm x 10 mm x 10 mm staggered

DAY 0

3 GROUPS - 18 EACH

uncoated balloon (control)

single paclitaxel-coated balloon

three paclitaxel-coated balloons

TERMINATION ON DAY 14 AND DAY 28

day 0 → 14 28

no paclitaxel near wound

single paclitaxel-coated balloon → paclitaxel near wound

three paclitaxel-coated balloons → paclitaxel near wound

paclitaxel near wound at day 14 and 28 = NO impaired wound healing

Healing not impaired in distal extremity wounds in presence of intentional paclitaxel overdose.

Pentecost, JF, et al. J Am Coll Cardiol Basic Transl Science. 2020;6(5):416-27.

Paclitaxel: No Increase in Amputation Risk

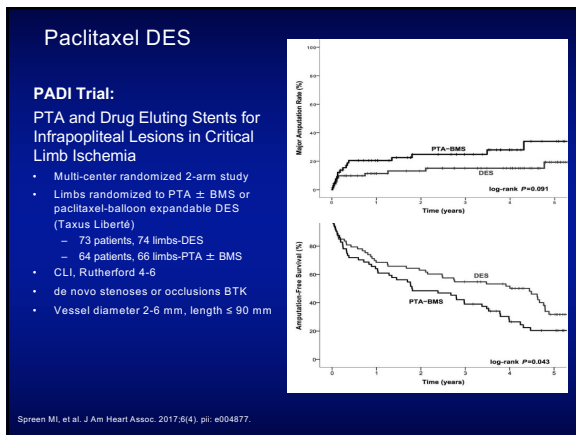
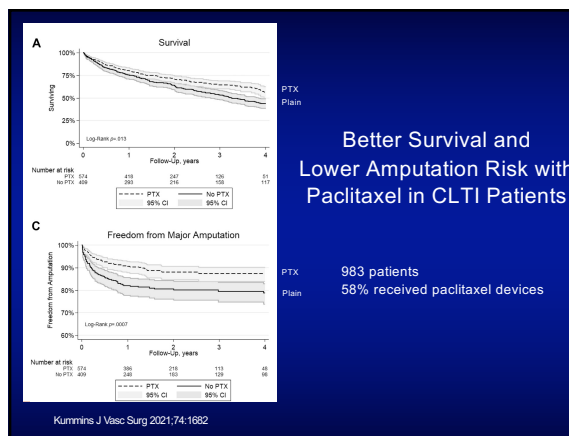
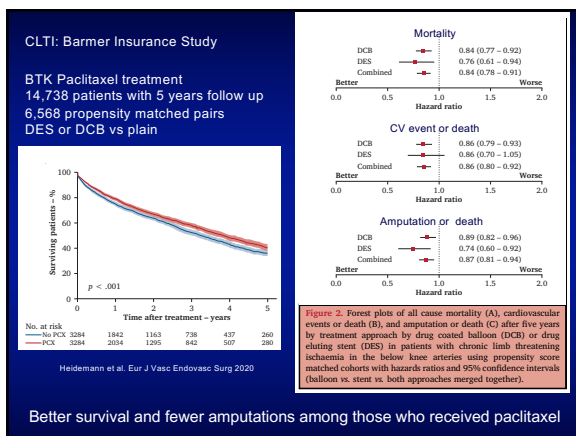
- Risk of amputation in over 160,000 patients in SAFE-PAD
- Risk of amputation in patients treated with paclitaxel devices was similar: HR 0.86 (95% CI 0.83-0.89)

| Event | Rate | 95% CI | HR | 95% CI |
|------------|------|-------------|------|-------------|
| Amputation | 1.12 | (1.07-1.18) | 0.86 | (0.83-0.89) |

- 4316 VOYAGER PAD patients
- Risk of MALE in patients treated with paclitaxel devices was similar: HR 1.08 (95% CI 0.90-1.30)

| Event | Rate | 95% CI | HR | 95% CI |
|-------|------|-----------|------|-------------|
| MALE | 6.5 | (5.7-7.4) | 1.08 | (0.90-1.30) |

Secemsky et al. AMA Intern Med. 2021 Aug 1;181:1071-1080.
Hess et al. J Am Coll Cardiol 2021;78:1768-78.



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Conclusion

- Amputation risk with paclitaxel is theoretical.
- Rigorous pre-clinical testing mandated by FDA.
- Rare clinical observation of cutaneous lesions from particulate embolization.
- Clinical studies, both RCTs and real-world, do not show increased risk of mortality or amputation in CLTI patients.

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