# Abluminal groove-filled biodegradable polymer-coated FIREHAWK SIROLIMUS-ELUTING STENT

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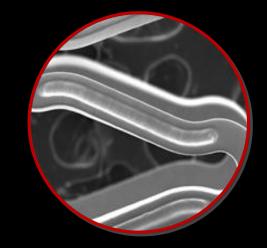
Pusan National University Hospital

# CONCEPT AND POTENTIAL BENEFIT OF FIREHAWK

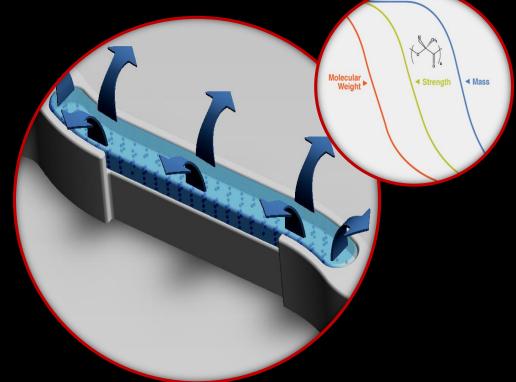
1. Sirolimus



2. Co-Cr stent platform with abluminal grooves

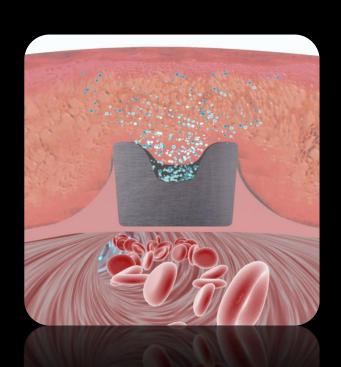


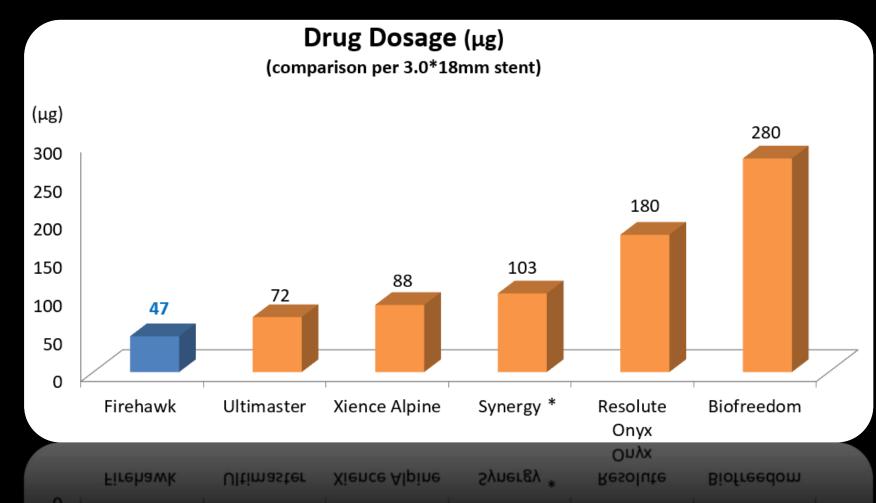
3. D,L-PLA absorbed after 6-9 months and recovers to metallic surface



## MINIMIZED DRUG

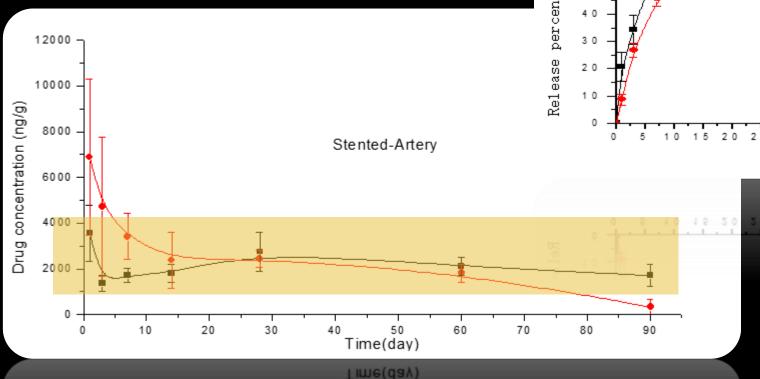
# Sirolimus dose 3ug/mm

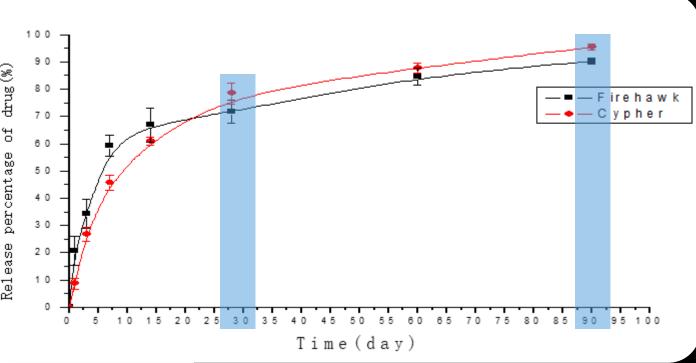




#### GOOD TISSUE PENETRATION

1. similar tissue concentration even with 1/3 dosage

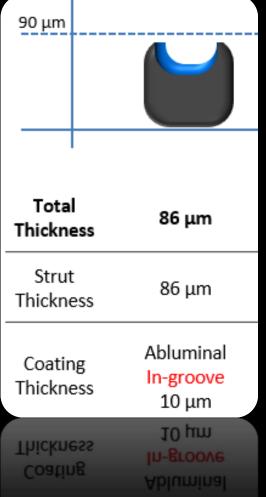


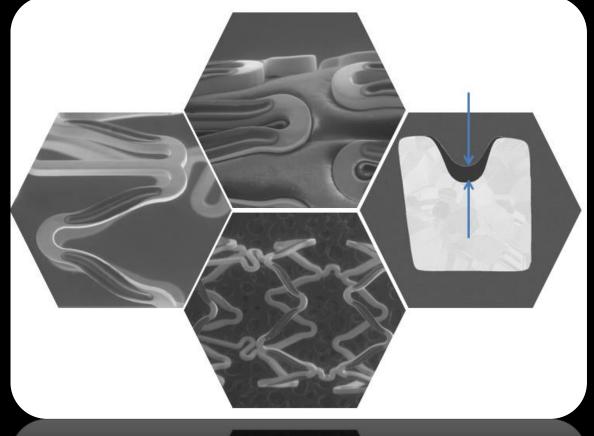


2. Drug release 75% at 1mon, 90% at 3mon

## ABLUMINAL GROOVE DESIGN

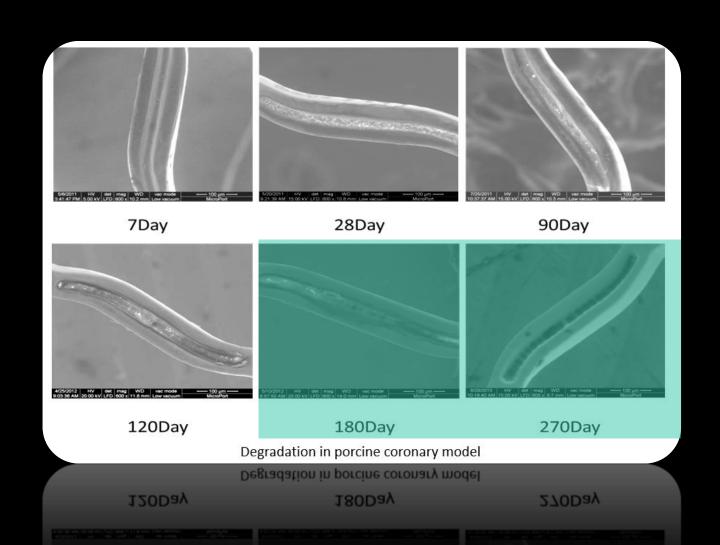
- 1. Groove on surface
- Depth of groove:
   1/3
- 3. Coating 10um
- Total strut thickness
   86um
- 5. No coating peel off during delivery & post dilatation





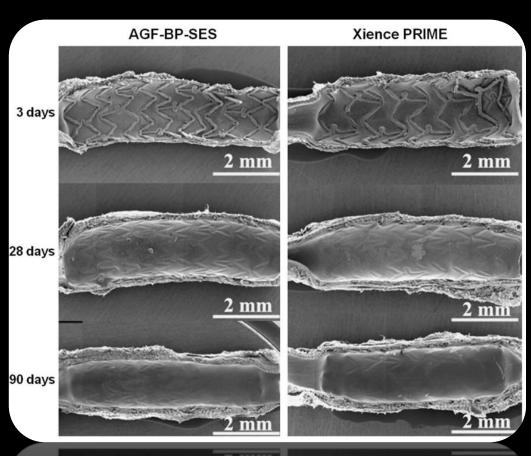
#### POLYMER ABSORPTION AT 9m

- Established absorbable
   Polylactide acid (PLA)
- 2. Drug release at **3m**, PLA absorbed at **6-9m**



#### BIODEGRADABLE-POLYMER DES

1. **low** inflammation score comparable results /c Xience



2. Similar healing response at 3m comparable results /c Xience

Stent	Uncovered struts (%)	Malapposition (%)	Neointimal thickness (μm)			
Biodegradable polymer DES						
SYNERGY (everolimus) <sup>19</sup>	<1	1	70			
SYNERGY (everolimus) <sup>14</sup>	5.5	3	200*			
Ultimaster DES <sup>22</sup>	4.8	NA	60			
ALEX (sirolimus) <sup>15</sup>	3.9	0.12	40			
MiStent (sirolimus) <sup>16</sup>	7.3	0.4	2.6			
BuMA (sirolimus) <sup>17</sup>	6.8	1.3	70			
EXCEL II (sirolimus) <sup>20</sup>	6.5	1.4	80			
Firehawk Target OCT (sirolimus)	0.1	1.0	75			
Durable polymer DES						
XIENCE (everolimus) <sup>23</sup>	4.7	0	45			
XIENCE Target OCT (everolimus)	0	1.2	82			
XIENCE Target OCT (everolimus)	0	1.2	82			
XIENCE (everolimus) <sup>23</sup>	4.7	0	45			

#### CLINICAL EVIDENCE OF FIREHAWK

#### **TARGET I**

RCT, n=458 Simple lesion vs. Xience

#### **TARGET II**

Registry, n=730 Complex lesion

#### **TARGET AC**

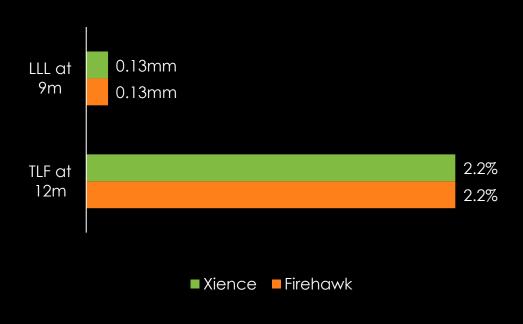
RCT, n=1,656 Real world all comer vs. Xience

2 3

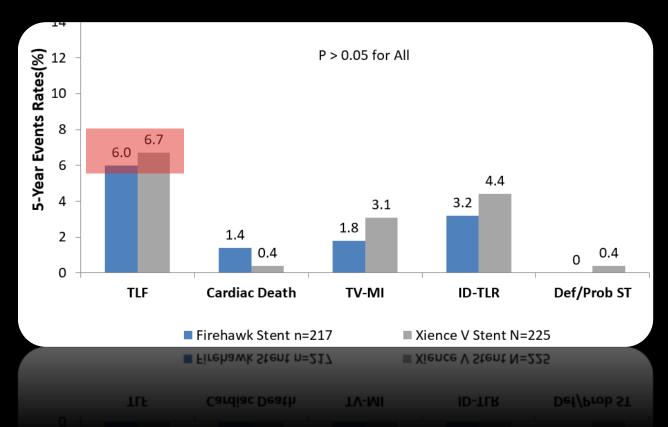
2013 2015 2018

### SIMPLE SINGLE CORONARY LESIONS IN CHINA

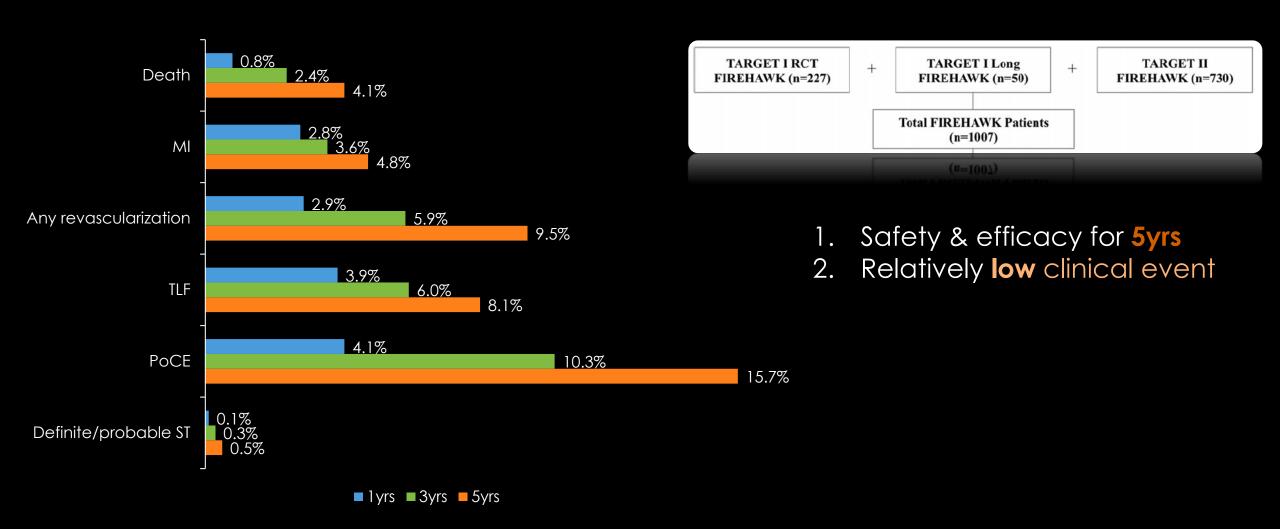
#### TARGET I Firehawk 217 vs. Xience 225



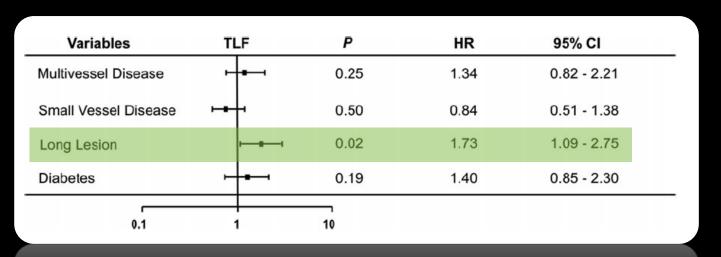
#### **TARGET I 5yrs outcomes**



### PATIENT-LEVEL POOLED ANALYSIS FROM TARGET I & II TRIALS



# PATIENT-LEVEL POOLED ANALYSIS FROM TARGET I & II TRIALS



- 1. Predictor for TLF **Long lesion** only!!
- 2. predilation-sizing-postdilation

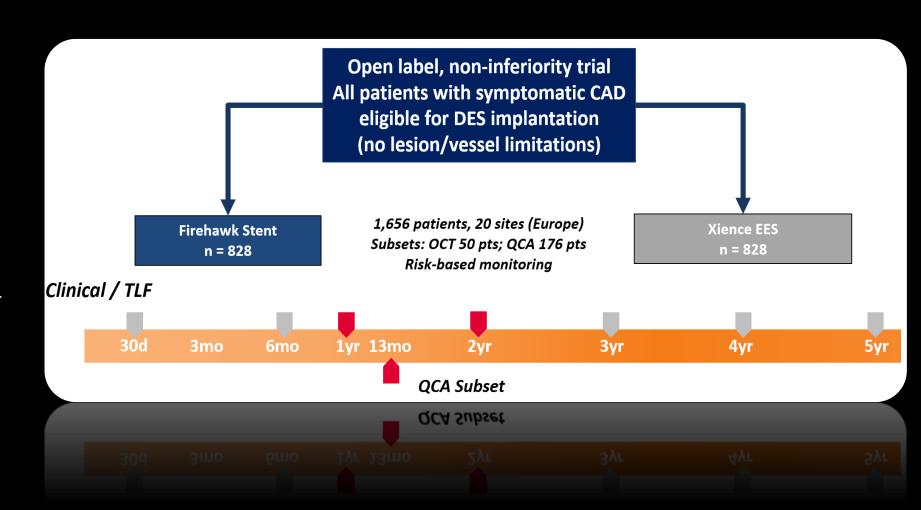
  No affect on outcome

			TLF	
Variable	Variable present	Variable absent	Hazard ratio (95% CI)	P
Optimal pre-dilatation	9.0%	8.1%	1.13 (0.57, 2.26)	0.72
Optimal vessel sizing	8.3%	7.8%	1.10 (0.53, 2.27)	0.79
Optimal post-dilatation	7.7%	8.4%	0.92 (0.54, 1.58)	0.76

Abbreviations: PSP, predilation-sizing-postdilation; TLF, target lesion failure; CI, confidence interval.

#### TARGET ALL COMERS

- European experience with Firehawk in post-market setting
- Minimal exclusion criteria
- 3. TLF (Cardiac death, target vessel MI, and clinically driven TLR) at 12m



#### TARGET ALL COMERS

#### 4. baseline characteristics

```
65yrs old
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**78**% male

**24**% DM

**60%** HTN

22% previous MI

**6%** Renal insufficiency

**30%** presented MI

**74%** small lesion <3.0mm

62% long lesion

6% CTO

**20%** multivessel treated

#### 5. Procedural characteristics

**3.07mm** stent diameter

**26.7mm** stent length

1.1 number of implanted stents

**42%** LAD as target lesion

6% mod-sev calcification

42% lesion Type C

**33%** bifurcation

**4.3**% in-stent restenosis

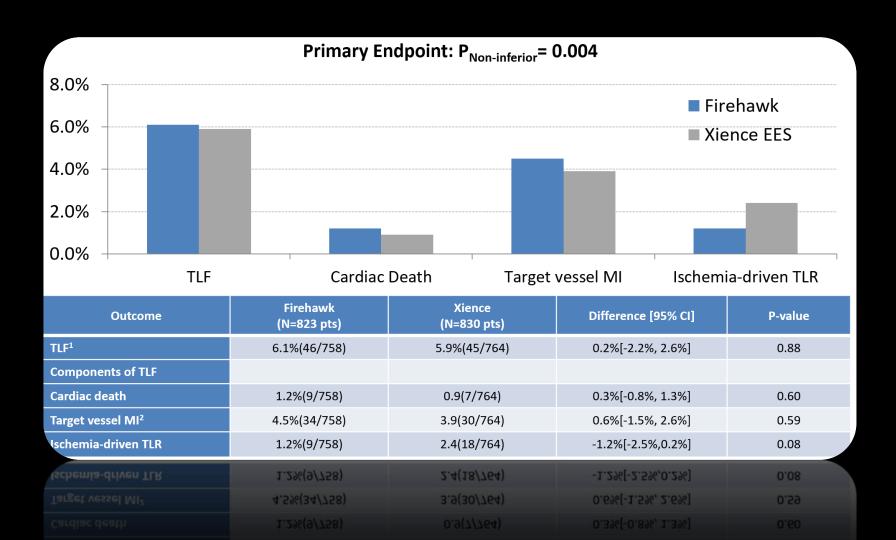
**9.5%** total occlusion

#### TARGET ALL COMERS

- 6. TLF at 12m6.1% Firehawk vs.5.9% Xience
- 7. QCA at 13m

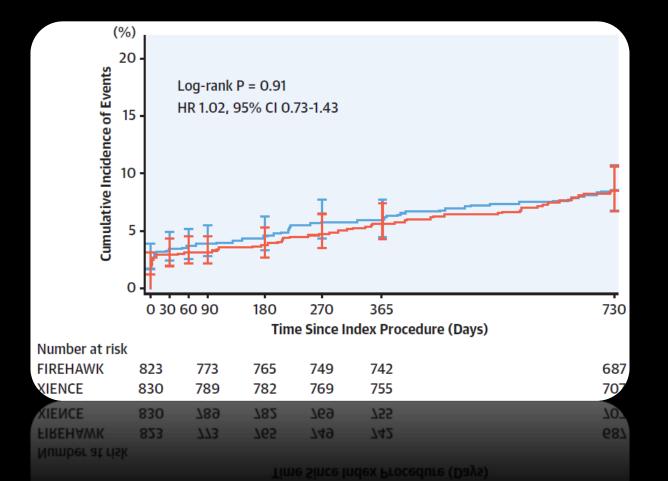
  0.17mm Firehawk vs.

  0.11mm Xience
  mean diff. 0.05mm
  p=0.48

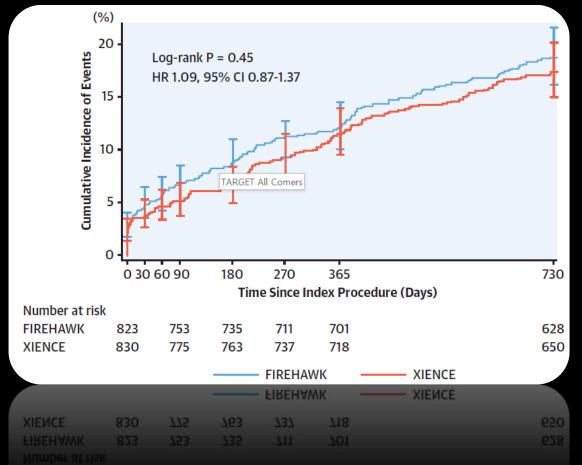


# TARGET ALL COMERS 2yrs

TLF at 24m
 8.7% Firehawk vs. 8.6% Xience



2. PoCE (death, any MI, any revasc)
19.3% Firehawk vs. 17.8% Xience



#### TARGET ALL COMERS complex lesion

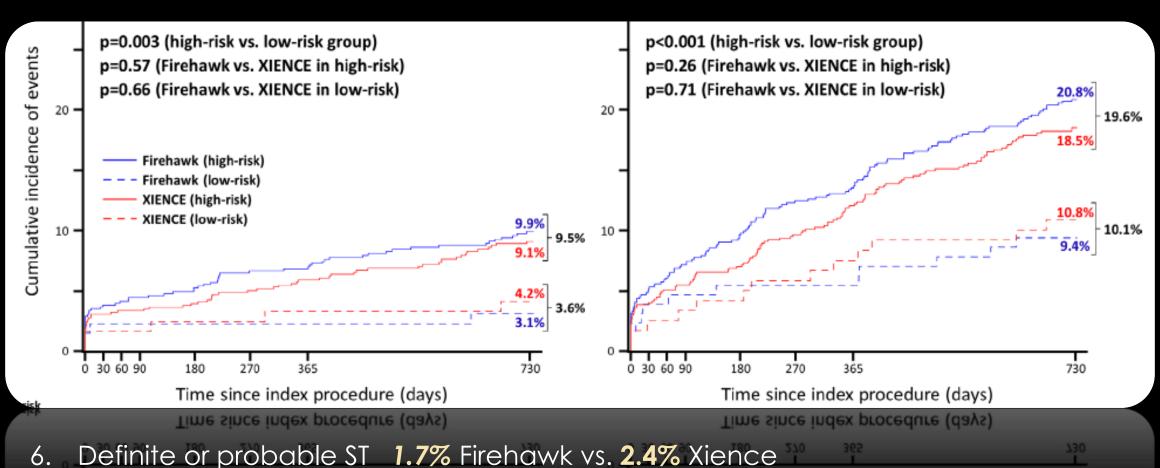
- TARGET ALL Comer subanalysis
   Firehawk vs. Xience
   according to low risk vs. high risk (84%)
- 2. TLF as primary endpoint
- 3. High risk clinical & lesion features old age, AMI, CKD, NYHA III, prev. stent long lesion, small or large vessel, ISR, CTO, LM severe torturosity, calcification, bifurcation

Variable	Low-risk (n = 251)	High-risk (n = 1,334)
Age > 75 years	0/251 (0.0%)	289/1,334 (21.7%)
Acute myocardial infarction	0/251 (0.0%)	493/1,333 (37.0%)
Renal insufficiency	0/251 (0.0%)	103/1,334 (7.7%)
Lesion length > 24 mm	0/251 (0.0%)	445/1,156 (38.5%)
RVD <2.25 mm	0/251 (0.0%)	295/1,261 (23.4%)
RVD >4.0 mm	0/251 (0.0%)	27/1,261 (2.1%)
NYHA class ≥III	0/251 (0.0%)	190/1,334 (14.2%)
Prior stent implantation within 1 year	0/251 (0.0%)	57/1,334 (4.3%)
Lesions treated per patient		
Any in-stent restenosis	0/251 (0.0%)	100/1,260 (7.9%)
Any chronic total occlusion	0/251 (0.0%)	98/1,275 (7.7%)
Any target lesion in LMT	0/251 (0.0%)	37/1,261 (2.9%)
Any target lesion in graft	0/251 (0.0%)	30/1,261 (2.4%)
Any severe calcification	0/251 (0.0%)	36/1,261 (2.9%)
Any severe tortuosity	0/251 (0.0%)	28/1,261 (2.2%)
Any bifurcation treatment	0/251 (0.0%)	140/1,261 (11.1%)
Any multiple vessel treatment	0/251 (0.0%)	304/1,233 (24.7%)

## TARGET ALL COMERS complex lesion

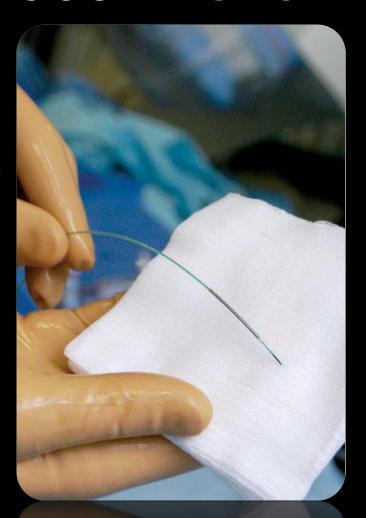
4. TLF at 24m in high risk9.9% Firehawk vs. 9.1% Xience

5. PoCE in high risk20.8% Firehawk vs. 18.5% Xience



# INTERVENTIONIST CAN BE CONFIDENT about Firehawk

- similar safety and efficacy compare to Xience
- 2. Relatively low rates of MI, stent thrombosis, and TLR
- 3. without evidence of a clinical superiority



#### HOWEVER.....

1. questioned about **deliverability** of FIREHAWK



#### HOWEVER.....

- 2. Technical success rate
  - **92.4%** Firehawk vs. **94.8%** Xience, p=0.025
- 3. Significantly more lesions could **not be treated 94.2%** Firehawk vs. **95.6%** Xience, p=0.013
- 4. Crossover 0.7% Firehawk vs. 0 Xience, p=0.004

#### FIREHAWK

Abluminal groove-filled biodegradable polymer-coated sirolimus-eluting stent

"Good and reliable clinical results
However, have some technical issue"

"Thank you for your attention"