

# The BASE-ACS Trial

A Randomized Comparison of a **TITAN-2 BAS** with **XIENCE-V-EES** Stent in Acute Coronary Syndrome  
24 months Follow-up results

**Pasi Karjalainen, MD, PhD, adjunct Professor**

on behalf of the Investigators

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PORI, Finland

EuroPCR 2012 17-May-2012



# Potential conflicts of interest

Speaker's name: PASI P KARJALAINEN

I have the following potential conflicts of interest to report:

Research contracts

+ Consulting:

**Biotronik, Stentys, Boston sc, St Jude Medical**

Employment in industry

Stockholder of a healthcare company

Owner of a healthcare company

Other(s)

I do not have any potential conflict of interest



# BASE-ACS

Patients presenting with  
Acute Coronary Syndrome (ACS)

N = 827

14 International Sites  
Randomisation 1:1

**TITAN-2<sup>®</sup> stent**

Titanium-Nitride-Oxide Coated  
Bio-Active Stent (BAS)  
417 Patients

**XIENCE-V<sup>™</sup>/PROMUS<sup>™</sup> stent**

Everolimus-Eluting Stent  
(EES)  
410 Patients

Clinical Follow-up

30d

6mo

12mo

18mo

2yr

3yr

4yr

5yr

Clinical Primary endpoints

**Primary Endpoint:** MACE (MI, TLR and Cardiac Death) at 12 months

**Secondary Endpoints:** All Cause Death; Cardiac Death/Non-Fatal MI, Stent Thrombosis

*Investigators: P Karjalainen (Finland), Principal Investigator (PI)*

*A Ylitalo (Finland), co-PI*

*O Hess† (Switzerland), co-PI*

*KEJ Airaksinen (Finland), co-PI*

*M Niemelä (Finland), co-PI*



Investigators	Hospital	Patients
P Karjalainen, A Ylitalo, J Mikkelsen	Satakunta Central Hospital, Pori, Finland	270
M Niemelä, K Kervinen, H Romppanen	Oulu University Hospital, Oulu, Finland	151
F Rivero, J Salamanca	Hospital Universitario de la Princesa, Madrid, Spain	69
J Airaksinen, M Pietilä	Turku University Hospital, Turku, Finland	60
J Sia	Kokkola Central Hospital, Kokkola, Finland	49
J Lalmand, A Aminian, D Dolatabadi, P Lefebvre	C.H.U. de Charleroi, Charleroi, Belgium	46
O Hess, B Meier	Bern University Hospital, Bern, Switzerland	36
B De Bruyne, W Wijns	Cardiovascular Center Aalst, Aalst, Belgium	32
M Carlier, S Fasseaux, C Mortier, Y Dascotte	Grand Hôpital de Charleroi, Charleroi, Belgium	26
A deBelder	Royal Sussex County Hospital, Brighton, UK	25
J R López-Minguez, J M Nogales Asensio	Infanta Cristina University Hospital, Badajoz, Spain	20
M Laine	Helsinki University Hospital, Helsinki, Finland	19
P Tedjokusumo, A F Yahya, C Ahmad, J W Marta	Dr. Hasan Sadikin Hospital, Bandung, Indonesia	19
K Nyman	Jyväskylä Central Hospital, Jyväskylä, Finland	5



# BASE-ACS: Devices

**Titanium-Nitride-Oxide coated  
Bio-Active-Stent  
(Titan-2<sup>®</sup> BAS)**

**Everolimus-Eluting  
Stent  
(Xience-V<sup>™</sup> /Promus<sup>™</sup> EES)**

<b>Stent Platform</b>	Stainless Steel BMS Helicoidal Design Strut Thickness 91 µm	Cobalt Alloy BMS Slotted Tube Strut Thickness 81 µm
<b>Drug</b>	---	Everolimus
<b>Drug Density</b>	---	1.0 µg/mm <sup>2</sup>
<b>Coating</b>	Titanium-Nitride-Oxide (TiNoX)	---
<b>Polymer</b>	---	Fluoropolymer Polyvinylidene fluoride
<b>Manufacturer</b>	Hexacath, France	Abbott vascular

# BASE-ACS

## Statistical Assumptions

- **TITAX-AMI trial** (Karjalainen P et al. Eurointerv 2008;4:234-241)
  - Inclusion: Patients presenting with myocardial infarction (nSTEMI/STEMI)
  - MACE at 12 months
    - TITAN-2® BAS 10.3% versus TAXUS-Liberte 12.8%
- **No randomized trials with Xience-V EES in ACS or acute MI**
- **BASE-ACS trial**

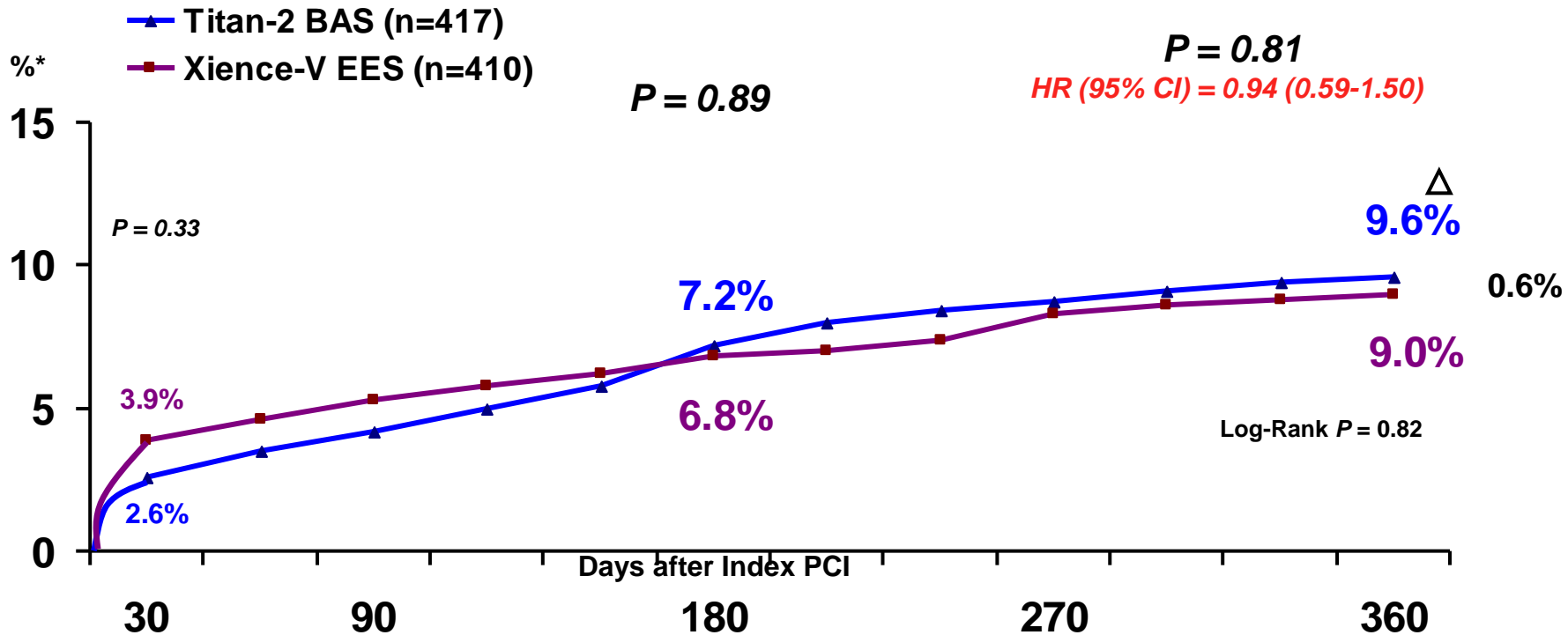
### Primary Endpoint: MACE at 12 Months

- Expected MACE in both study groups ~ 9.2%
- Non-inferiority margin ( $\Delta$ ) = 5.0%
- Significance level ( $\alpha$ ) = 0.05 (1-sided)
- 400 patients per group would yield > 90% power to detect non-inferiority

# BASE-ACS: background

## MACE at 12 months

(late breaking clinical trial; EuroPCR2011)



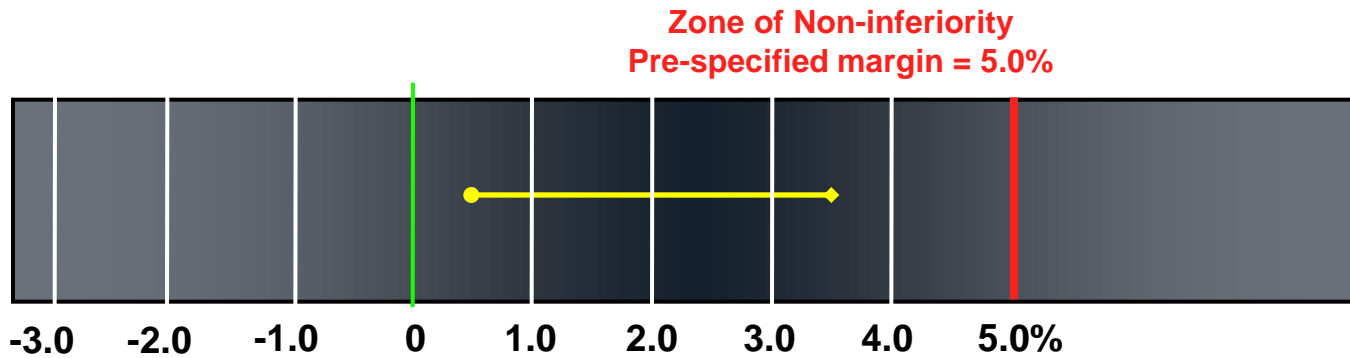
\* Cumulative incidence of events (%)

# Primary Endpoint

## MACE at 12 Months

<b>Titan-2 BAS</b> (n=427)  <b>9.6%</b>	<b>Xience-V EES</b> (n=410)  <b>9.0%</b>	<b>Difference</b> : 0.6% (Upper 1-sided 95% CI)  <b>0.6% + 95% CI = 3.5%</b>	<b>P Value</b> (Non-inferiority)  <b>0.001</b>
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**Primary Non-Inferiority Endpoint Met**





# BASE-ACS 24 months FU

## Background

- Premature discontinuation of thienopyridine therapy is recently recognized as the most important predisposing factor for late and very late ST following DES implantation.

### BASE-ACS trial

- Clopidogrel treatment beyond 12 months was discouraged

→ Duration of DAPT was 9 (BAS) and 10 (EES) months

- 99% of patients in the EES group on clopidogrel at 6-months; 68% at 12 months  
90% of patients in the BAS group on clopidogrel at 6-months, 51% at 12 months
- We sought to examine whether clopidogrel diacontinuation will predispose late thrombotic events?

# BASE-ACS trial

## Patient Eligibility

### Inclusion Criteria:

- Written informed consent
- Age > 18 years
- Patient with acute coronary syndrome (ACS) requiring PCI
- ACS:
  - Unstable angina
  - Non-ST-elevation myocardial infarction
  - ST-elevation myocardial infarction

### Exclusion Criteria:

- Prior PCI on target vessel (ISR)
- Unprotected LM disease
- Aorto-ostial lesion
- Contraindication to:
  - aspirin, heparins, clopidogrel
- Life expectancy < 12 months
- Stent length needed > 28 mm

# BASE-ACS trial

## Stent Thrombosis

### Academic Research Consortium (ARC) definition:

(Circulation 2007;115:2344-51)

#### **Definite:**

- Acute coronary syndrome and angiographic (or autopsy) confirmation of stent thrombosis

#### **Probable:**

- Any unexplained death within the first 30 days
- Target vessel related acute MI

#### **Possible:**

- Any unexplained death from 30 days after PCI

## Baseline Demographics

	<b>Titan-2 BAS</b> (n=417)	<b>Xience-V EES</b> (n=410)	<b>P</b> <i>value</i>
Age (years)	63 ± 12	63 ± 12	0.93
Male	76.0%	76.1%	0.94
Diabetes	15.6%	18.3%	0.31
- Insulin treated	4.6%	4.1%	0.87
Hyperlipidemia	45.8%	48.0%	0.53
Hypertension	48.2%	51.7%	0.33
Current smoker	34.5%	32.7%	0.61
Prior myocardial infarction	13.4%	9.8%	0.10
Prior PCI	9.6%	10.5%	0.73
Prior CABG	4.8%	4.1%	0.74
NSTEMI	49.4%	45.6%	0.30
STEMI	38.8%	38.8%	1.0

# Lesion Characteristics

	<b>Titan-2 BAS</b> (n=417pts) (n=480 lesions)	<b>Xience-V EES</b> (n=410pts)(n=484 lesions)	<b>P</b> <i>value</i>
<b>Number of treated lesions</b>	<b>1.15 ± 0.42</b>	<b>1.18 ± 0.44</b>	<b>0.33</b>
<b>2 or 3 vessels treated</b>	<b>10.8%</b>	<b>14.6%</b>	<b>0.12</b>
<b>RVD<sup>a</sup> (mm)</b>	<b>3.13 ± 0.43</b>	<b>3.14 ± 0.43</b>	<b>0.65</b>
<b>Lesion length (mm)</b>	<b>14.4 ± 5.4</b>	<b>14.3 ± 6.5</b>	<b>0.73</b>
<b>Culprit lesion location</b>			
- Left anterior descendens	<b>41.7%</b>	<b>47.8%</b>	<b>0.08</b>
- Left circumflex	<b>23.3%</b>	<b>21.5%</b>	<b>0.56</b>
- Right coronary artery	<b>32.6%</b>	<b>27.6%</b>	<b>0.13</b>
<b>B1/B2 type complex lesion</b>	<b>71.2%</b>	<b>73.9%</b>	<b>0.39</b>
<b>C type complex lesion</b>	<b>18.2%</b>	<b>13.4%</b>	<b>0.07</b>
<b>Thrombus in culprit lesion</b>	<b>46.3%</b>	<b>41.7%</b>	<b>0.21</b>

<sup>a</sup> Reference vessel diameter

# Procedural Characteristics

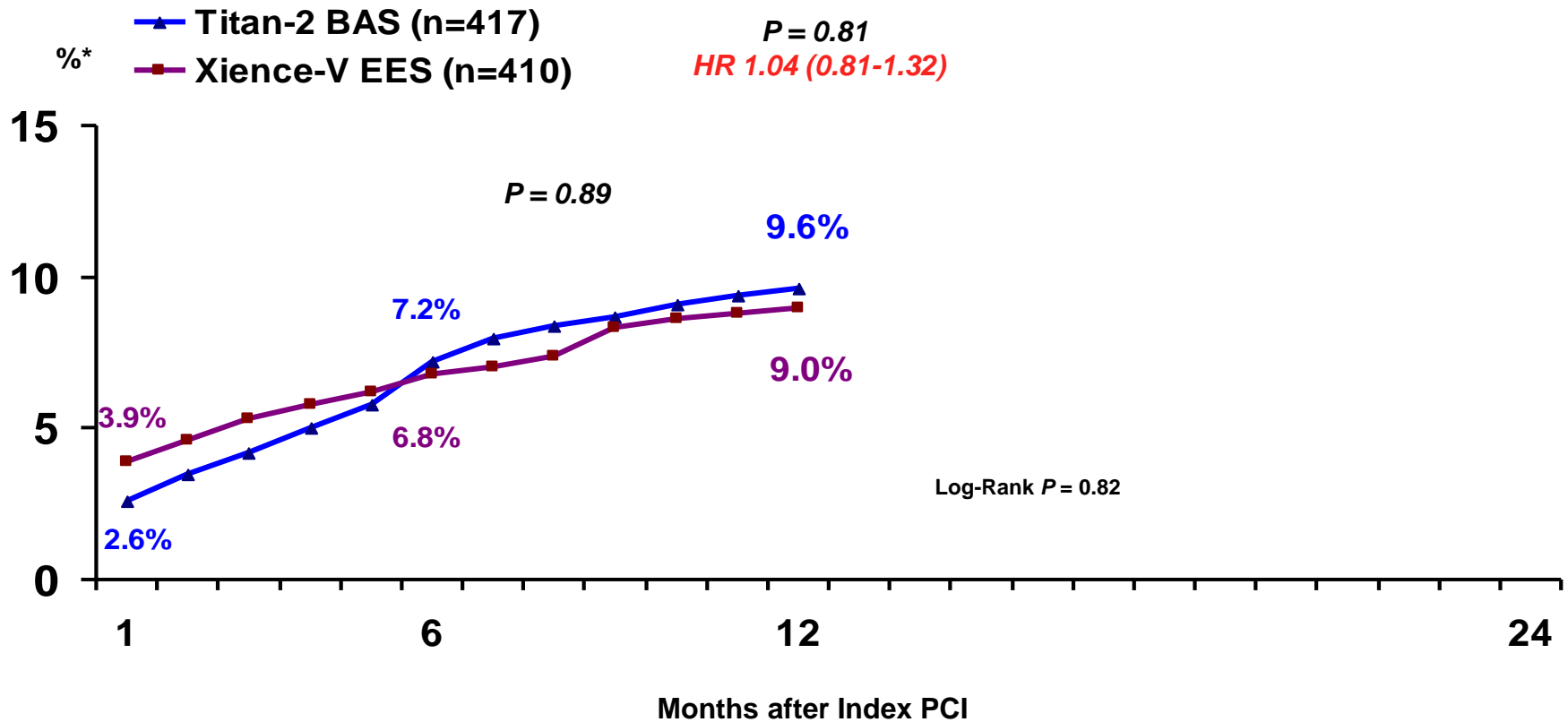
	<b>Titan-2 BAS</b> (n=417pts) (n=480 lesions)	<b>Xience-V EES</b> (n=410pts) (n=484 lesions)	<i>P</i> <i>value</i>
Stents per culprit lesion	1.15 ± 0.38	1.14 ± 0.36	0.64
- Stent diameter (mm)	3.15 ± 0.44	3.15 ± 0.45	0.97
- Stent length (mm)	18.0 ± 5.2	18.5 ± 5.6	0.18
- Total stent length per lesion (mm)	20.8 ± 9.4	20.6 ± 8.2	0.70
Thrombus aspiration	19.7%	17.6%	0.48
Post-Dilatation	42.2%	43.9	0.67
Stent failure	0%	1.0%	0.03
Procedural success	99.8%	99.8%	0.99

# Antiplatelet Agent Utilization

	<b>Titan-2 BAS</b> (n=417)	<b>Xience-V EES</b> (n=410)	<b>P</b> <i>value</i>
<b><u>Aspirin</u></b>			
- At 6 months	<b>99.8%</b>	<b>99.5%</b>	<b>NS</b>
- At 12 months	<b>99.5%</b>	<b>99.3%</b>	<b>NS</b>
- At 24 months	<b>97.6%</b>	<b>97.6%</b>	<b>NS</b>
<b><u>Clopidogrel</u></b>			
- At 6 months	<b>89.7%</b>	<b>99.3%</b>	<b>&lt; 0.001</b>
- At 12 months	<b>51.3%</b>	<b>68.3%</b>	<b>&lt; 0.001</b>
- At 24 months	<b>2.6%</b>	<b>3.7%</b>	<b>NS</b>
<b>Mean duration of Clopidogrel (months)</b>	<b>8.7 ± 3.6</b>	<b>10.2 ± 3.0</b>	<b>&lt; 0.001</b>

# BASE-ACS

## MACE at 12 Months

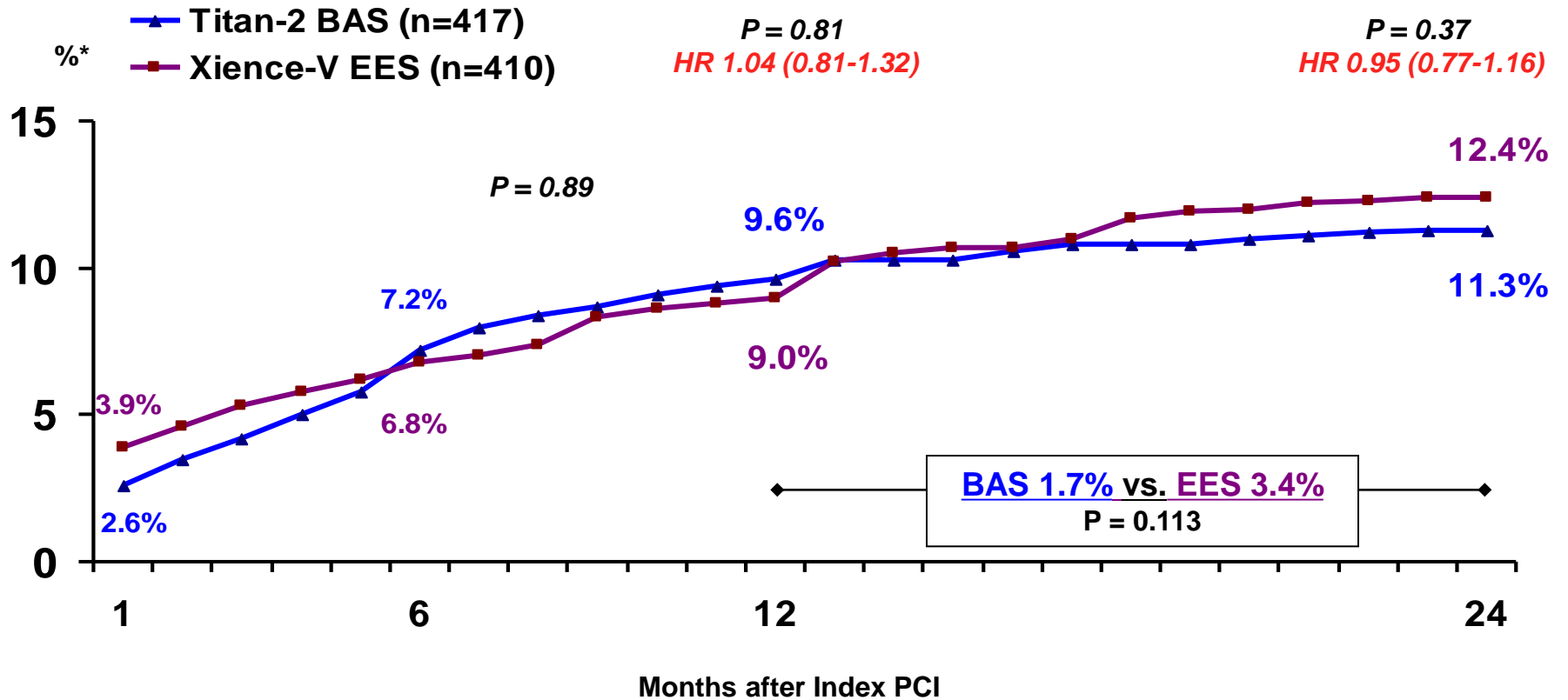


\* Cumulative incidence of events (%)



# BASE-ACS

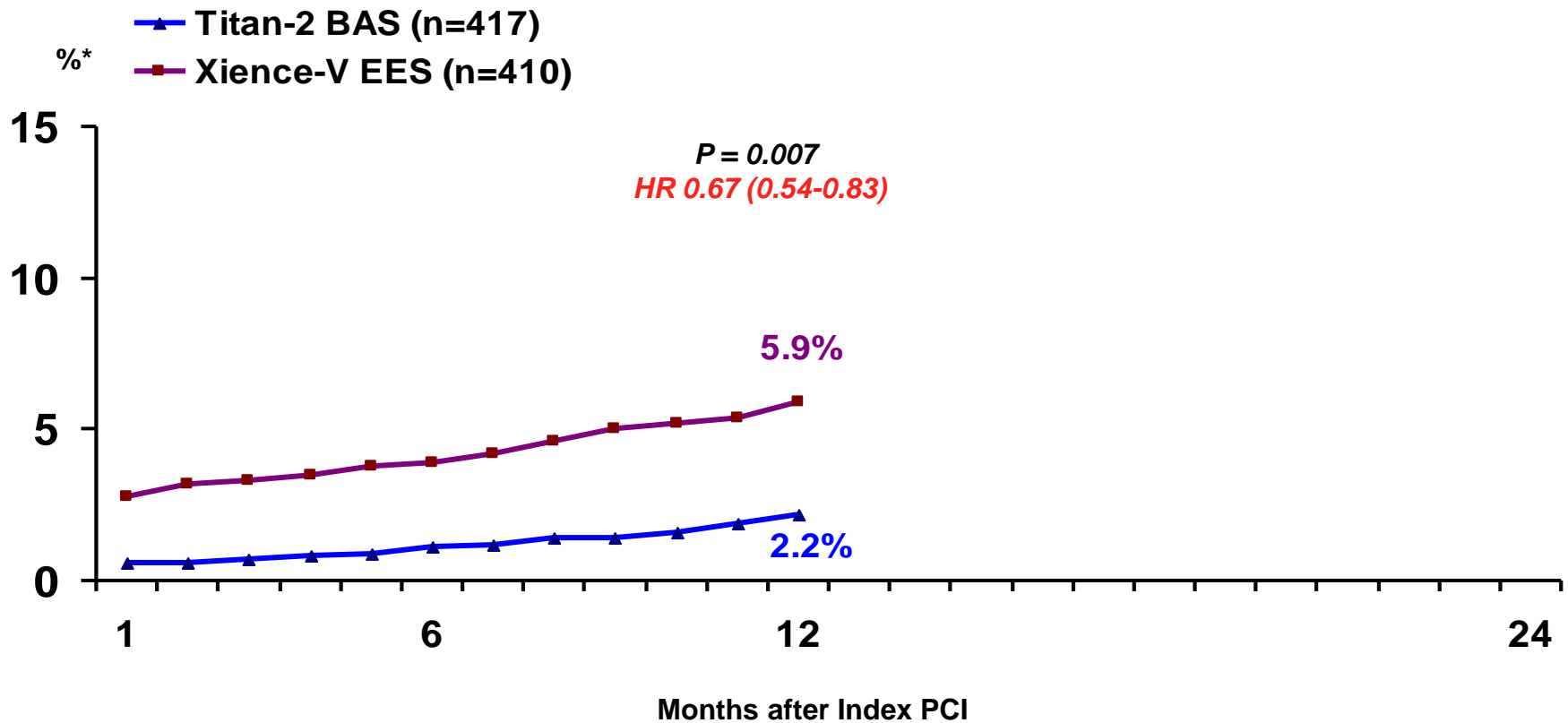
## MACE at 24 Months



\* Cumulative incidence of events (%)

# BASE-ACS

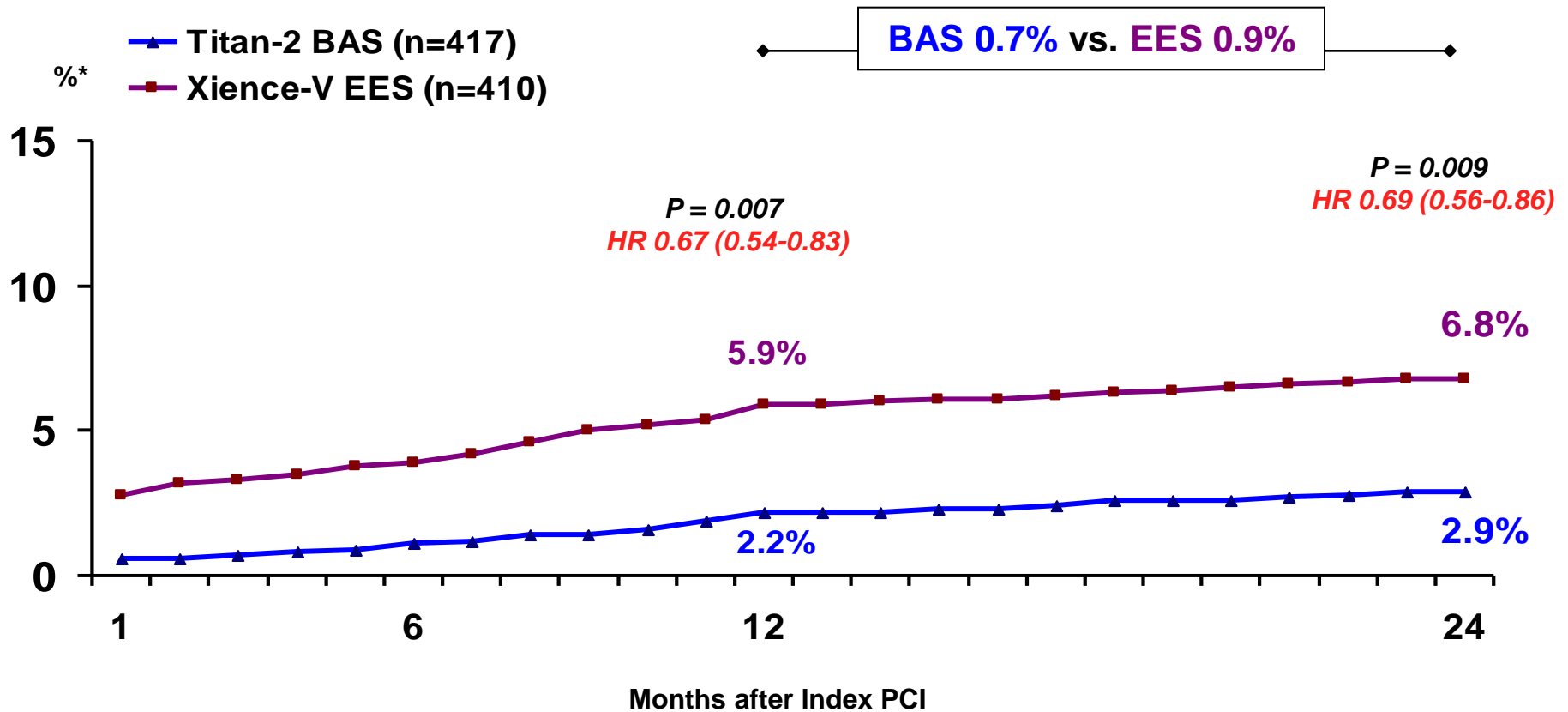
## Myocardial Infarction at 12 Months



\* Cumulative incidence of events (%)

# BASE-ACS

## Myocardial Infarction at 24 Months

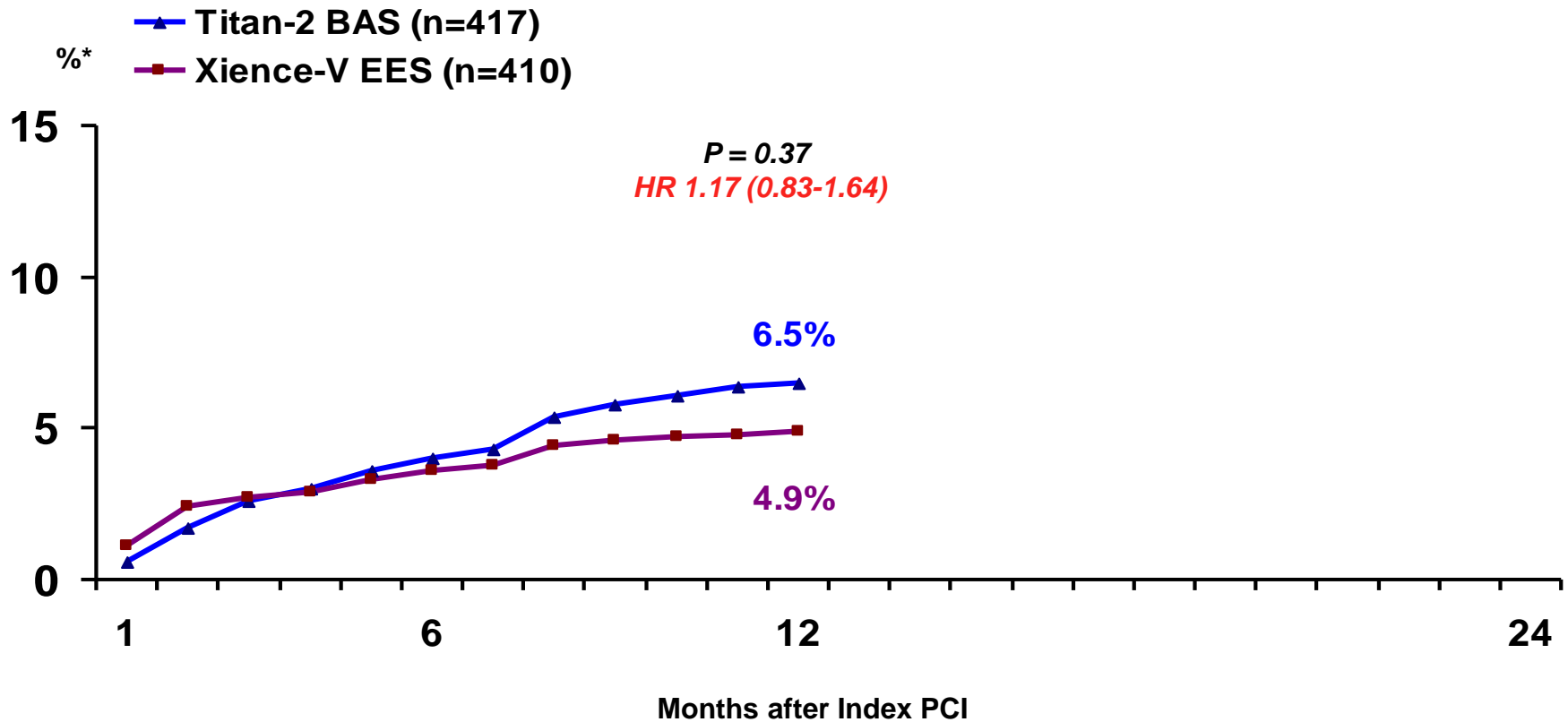


BAS 0.7% vs. EES 0.9%

\* Cumulative incidence of events (%)

# BASE-ACS

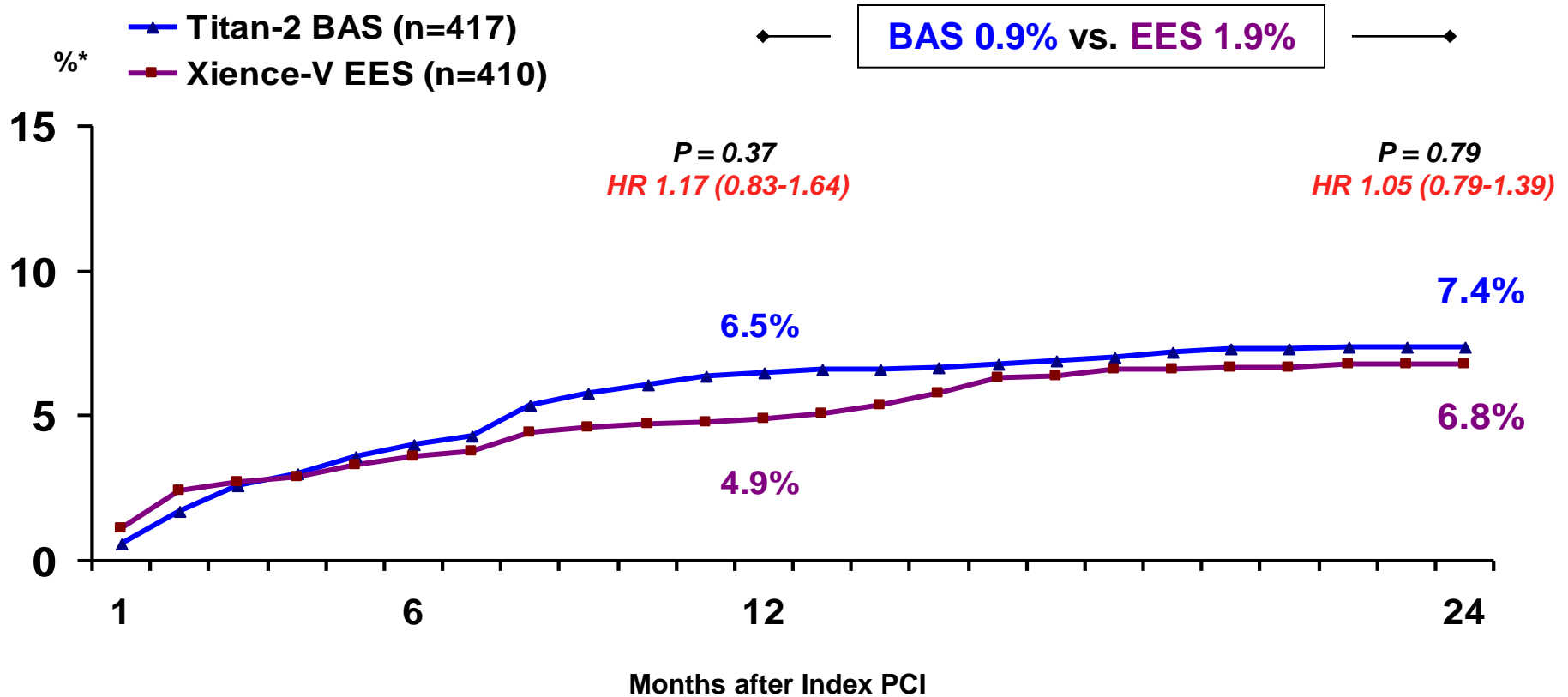
## Ischemia Driven TLR at 12 Months



\* Cumulative incidence of events (%)

# BASE-ACS

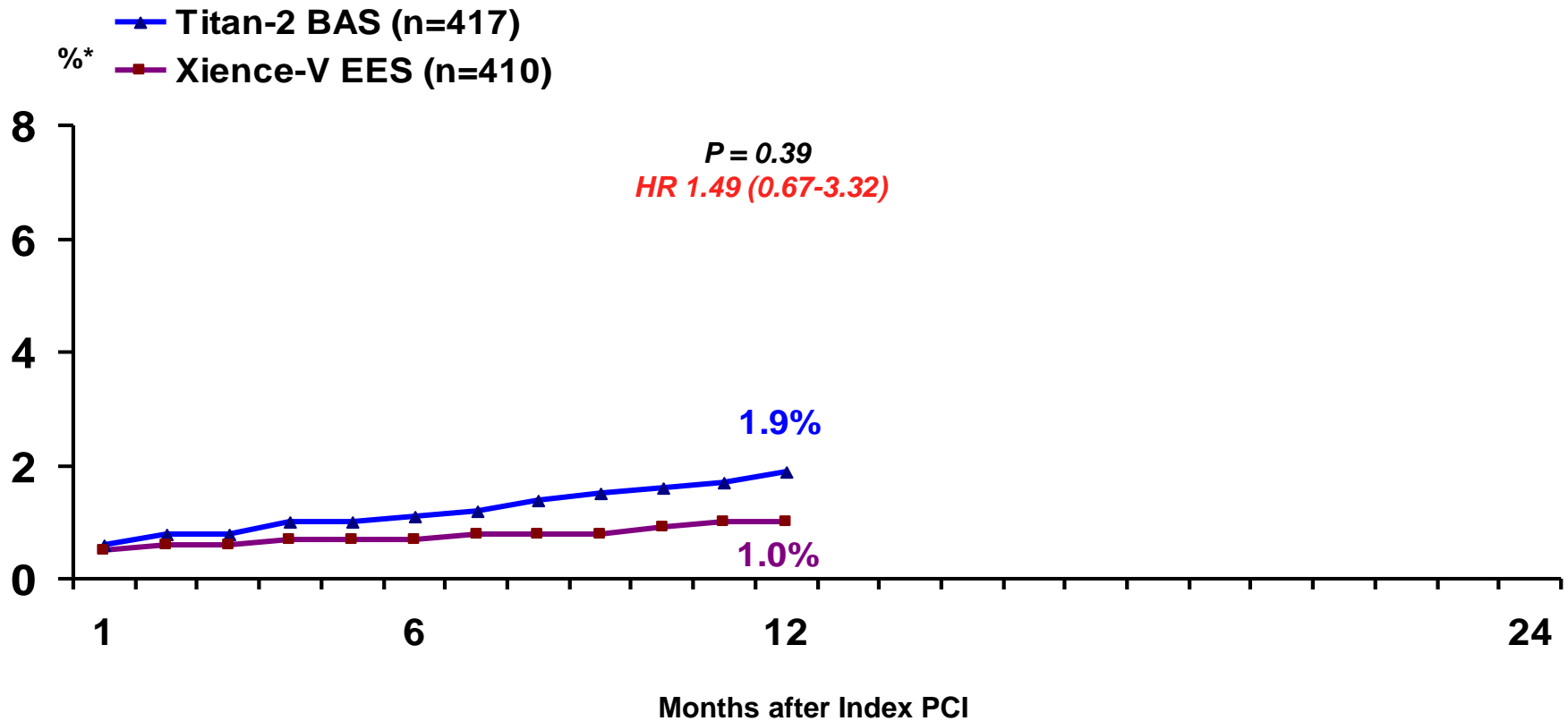
## Ischemia Driven TLR at 24 Months



\* Cumulative incidence of events (%)

# BASE-ACS

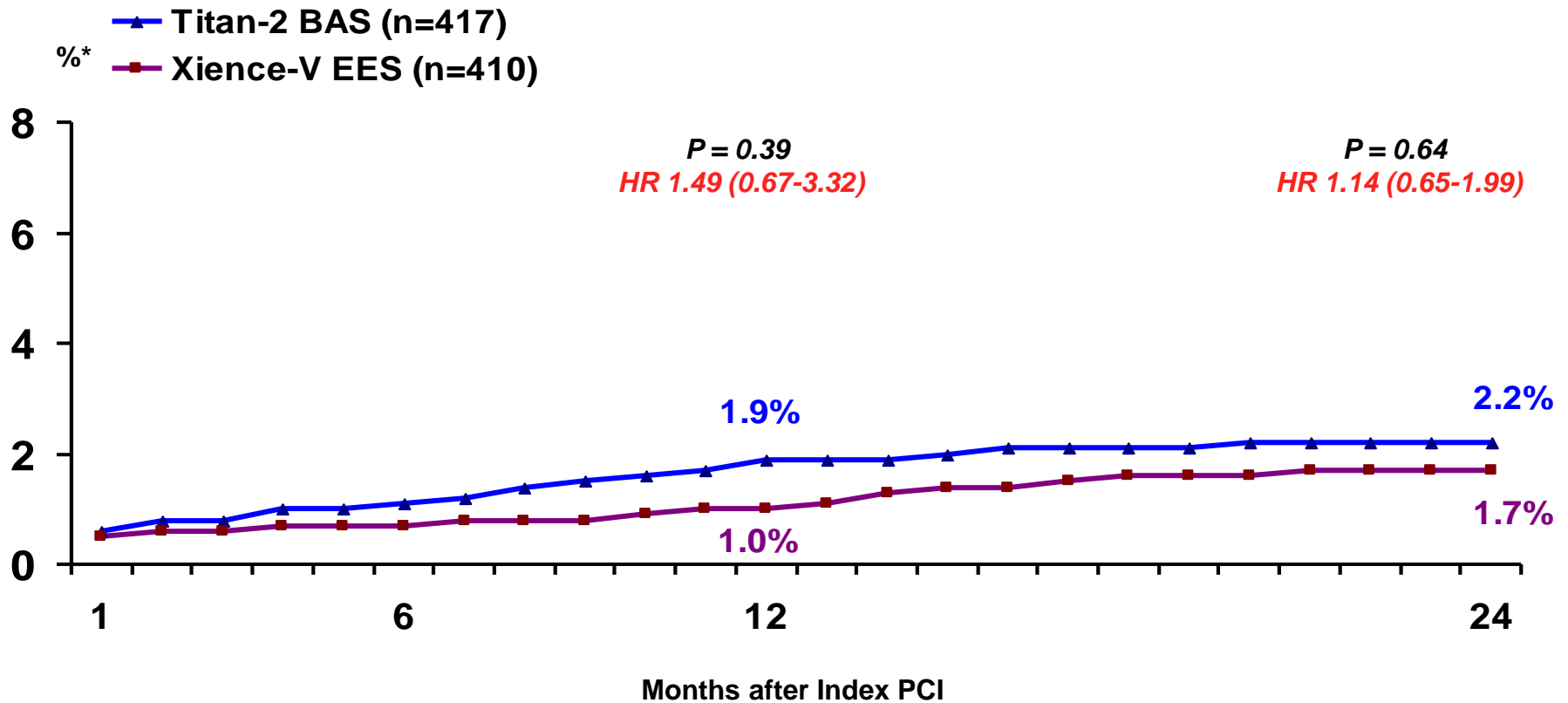
## Cardiac Death at 12 Months



\* Cumulative incidence of events (%)

# BASE-ACS

## Cardiac Death at 24 Months



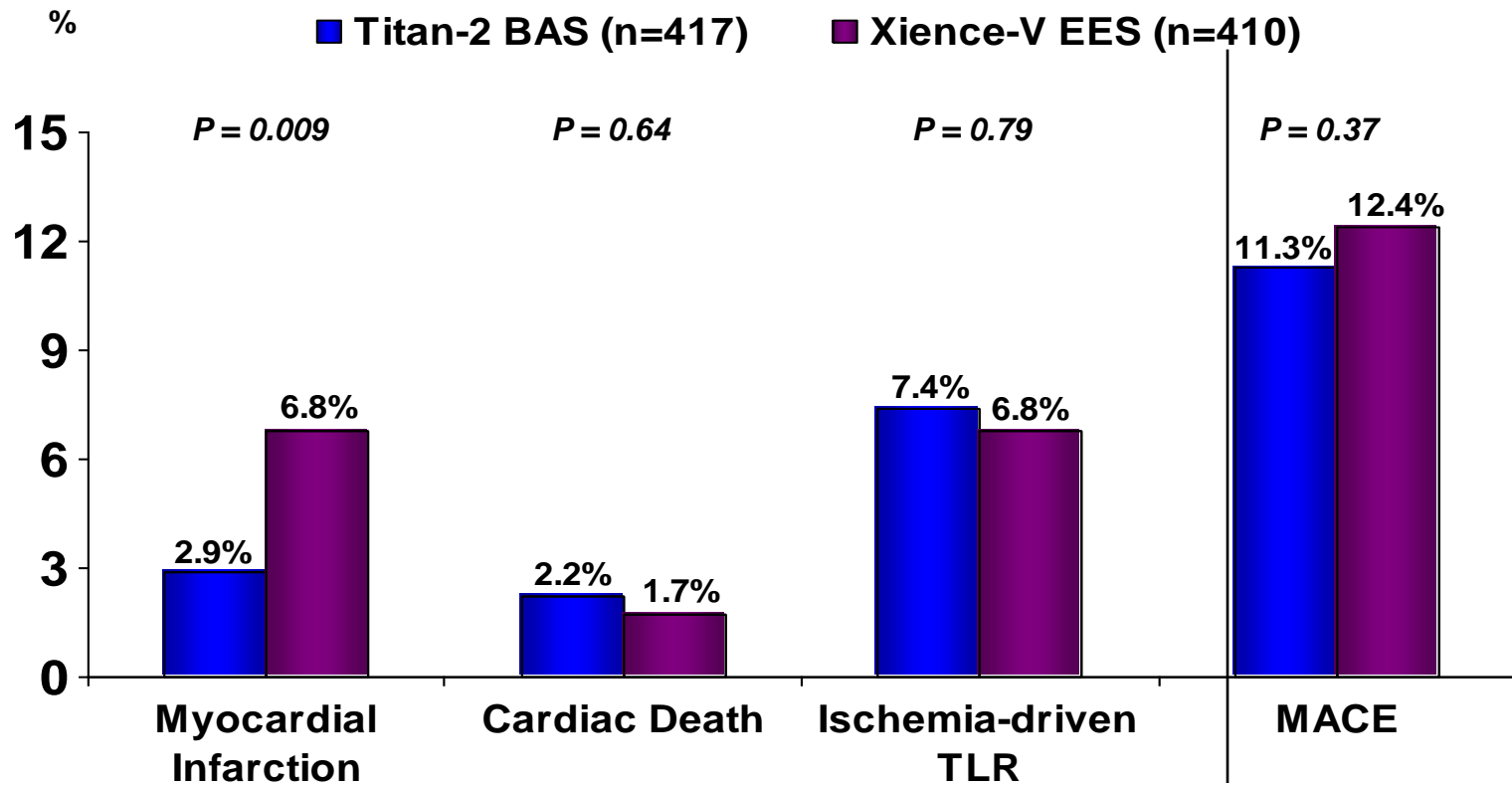
\* Cumulative incidence of events (%)

**BASE-ACS**



# MACE Components

## 24 months Follow-up



TLR = Target Lesion Revascularization  
ISR = In-Stent Restenosis

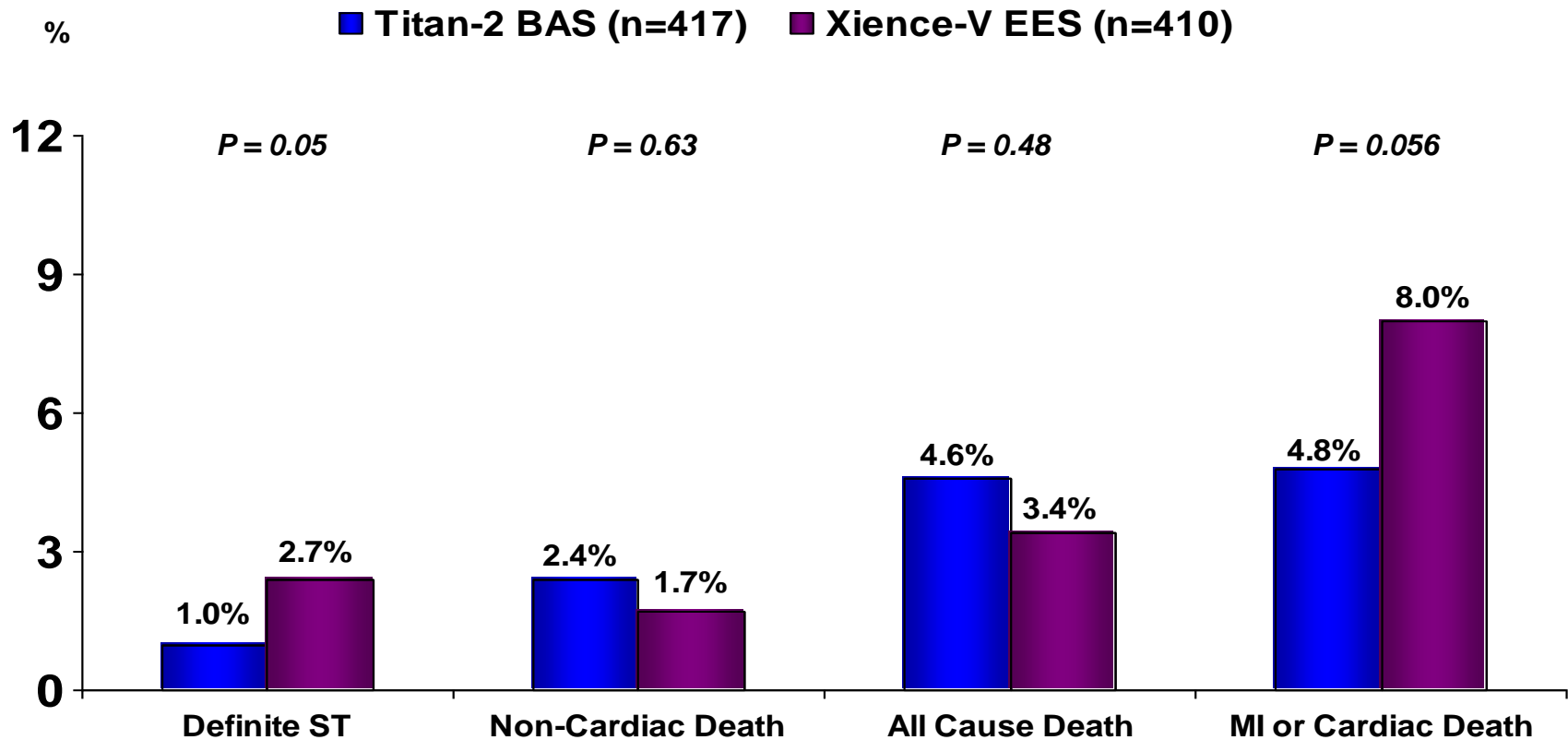
**BASE-ACS**





# Secondary Endpoints

## 24 months Follow-up



ST = Stent Thrombosis  
MI = Myocardial Infarction

**BASE-ACS**



# ARC Stent Thrombosis

24 months

	<b>Titan-2 BAS</b> (n=417) n (%)	<b>Xience-V EES</b> (n=410) n (%)	<b>P</b> <i>Value</i>
<b>Definite ST</b>			
Acute/Subacute (<30 days)	3 (0.7)	7 (1.7)	0.19
Late (30-360 days)	0 (0)	2 (0.5)	0.15
Very Late (>360 days)	1 (0.2)	2 (0.5)	0.55
All ST	4 (1.0)	11 (2.7)	0.05
<b>Definite or Probable ST</b>			
Subacute (< 30 days)	5 (1.2)	8 (2.0)	0.39
Late (30-360 days)	0 (0)	3 (0.7)	0.08
Very Late (>360 days)	2 (0.4)	4 (1.0)	0.40
All ST	7 (1.6)	15 (3.7)	0.07

# Subgroup Analysis

## MACE at 24 months

	Titan-2 BAS	Xience-V EES	Odds Ratio (95% CI)	<i>P</i> value
Overall (n=827)	11.3%	12.4%	0.95 (0.77-1.16)	0.37
<b>Diabetes</b>				
Yes (n=140)	13.8%	17.3%	0.89 (0.30-1.31)	0.65
No (n=687)	10.8%	11.3%	0.97 (0.77-1.24)	0.90
<b>Gender</b>				
Male (n=629)	10.7%	10.9%	0.99 (0.77-1.28)	0.95
Female (n=198)	13.0%	17.3%	0.85 (0.60-1.21)	0.43
Age > 65 years (n=360)	12.8%	18.3%	0.82 (0.64-1.05)	0.19
STEMI (n=321)	11.1%	10.1%	1.06 (0.73-1.54)	0.86
NSTEMI (n=393)	10.6%	12.8%	0.90 (0.67-1.21)	0.53
<b>Lesion length</b>				
< 16 mm (n=475)	8.2%	14.9%	0.75 (0.60-0.92)	0.03
≥ 16 mm (n=352)	14.8%	9.0%	1.39 (0.91-2.11)	0.10
<b>RVD</b>				
< 3.0 (n=207)	13.6%	15.8%	0.92 (0.63-1.32)	0.70
≥ 3.0 (n=620)	10.3%	11.4%	0.95 (0.74-1.21)	0.70

# BASE-ACS 24 months FU

## Conclusions

- **TITAN-2 BAS** and **XIENCE-V EES** were associated with a comparable frequency of adverse events in patients presenting with acute coronary syndrome (ACS)
- Low rate of definite ST in very complex lesion characteristics (e.g. thrombus >40%, B / C-type lesions >85%)
- The present study suggest that a stent coated with Titanium-Nitride-Oxide (**TITAN-2 BAS**) represents a safe and effective alternative to **Xience-V EES** in ACS patients

# Thank You

BASE-ACS

Investigators	Hospital
P Karjalainen, A Ylitalo, J Mikkelsen, <b>Minna Ampio</b>	Satakunta Central Hospital, Pori, Finland
M Niemelä, K Kervinen, H Romppanen, <b>Eija Niemelä</b>	Oulu University Hospital, Oulu, Finland
F Rivero, J Salamanca	Hospital Universitario de la Princesa, Madrid, Spain
J Airaksinen, M Pietilä, <b>Tuija Vasankari</b>	Turku University Hospital, Turku, Finland
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A deBelder, <b>Nina Cooter</b>	Royal Sussex County Hospital, Brighton, UK
J R López-Minguez, J M Nogales Asensio	Infanta Cristina University Hospital, Badajoz, Spain
M Laine	Helsinki University Hospital, Helsinki, Finland
P Tedjokusumo, A F Yahya, C Ahmad, J W Marta	Dr. Hasan Sadikin Hospital, Bandung, Indonesia
K Nyman	Jyväskylä Central Hospital, Jyväskylä, Finland



# Optical Coherence Tomography Study of Stent Strut Coverage With TITAN-2 (BAS) vs. XIENCE-V (EES)

**Pasi P Karjalainen**

MD, PhD, ad. Professor  
Satakunta Central Hospital, Pori, Finland



# BASE-OCT studies

**68** Patients who participated  
the BASE-ACS trial

Follow-up angiography

OCT at 9 or 18 months

OCT at 9 months of FU

TITAN-2<sup>®</sup> versus Xience-V

(n = 13)

(n=15)

OCT at 18 months of FU

TITAN-2<sup>®</sup> versus Xience-V

(n = 20)

(n=20)

# BASE-OCT

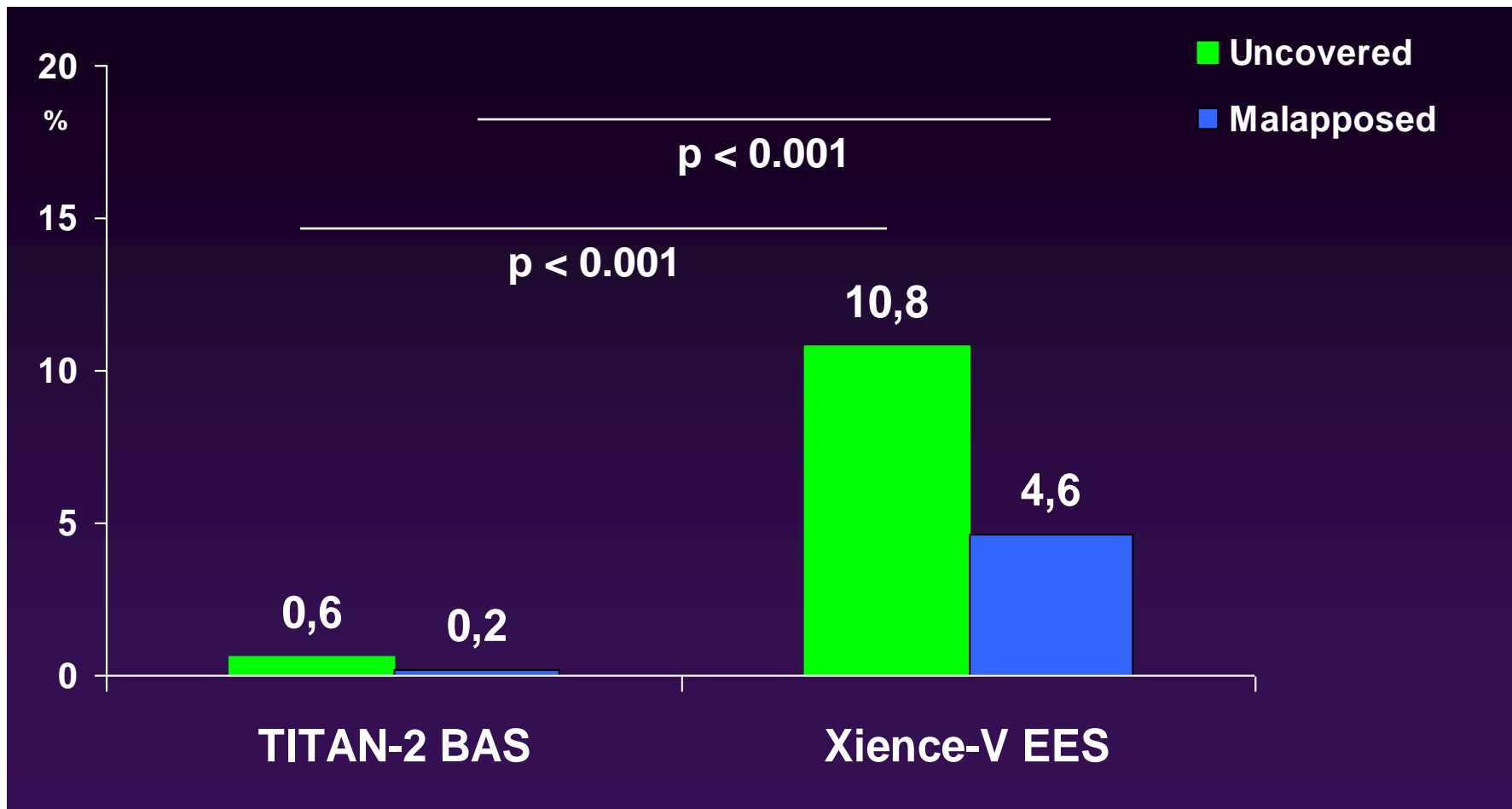
## Follow-Up Measurements at 9 months

	<b>TITAN-2 BAS</b>	<b>Xience-V EES</b>	<b>P</b>
	<b>13 pts</b>	<b>15 pts</b>	
No. of Cross Sections	214	284	---
No. of Struts	2033	2898	---
Struts per cross section	9.5 ± 2.8	10.2 ± 3.1	ns
<b>Mean NIH Thickness (µm)</b>	<b>274.2 ± 168.3</b>	<b>100.1 ± 101.0</b>	<b>&lt; 0.001</b>
Mean NIH area (mm <sup>2</sup> )	2.0 ± 1.1	0.6 ± 0.8	< 0.001
Mean NIH area (%)	29.7 ± 12.3	10.8 ± 16.2	< 0.001
<b>Binary Strut Coverage (%)</b>	<b>99.4%</b>	<b>89.2%</b>	<b>&lt; 0.001</b>
<b>Presence of Thrombi n (%)</b>	<b>0 (0)</b>	<b>1 (6.7%)</b>	<b>---</b>

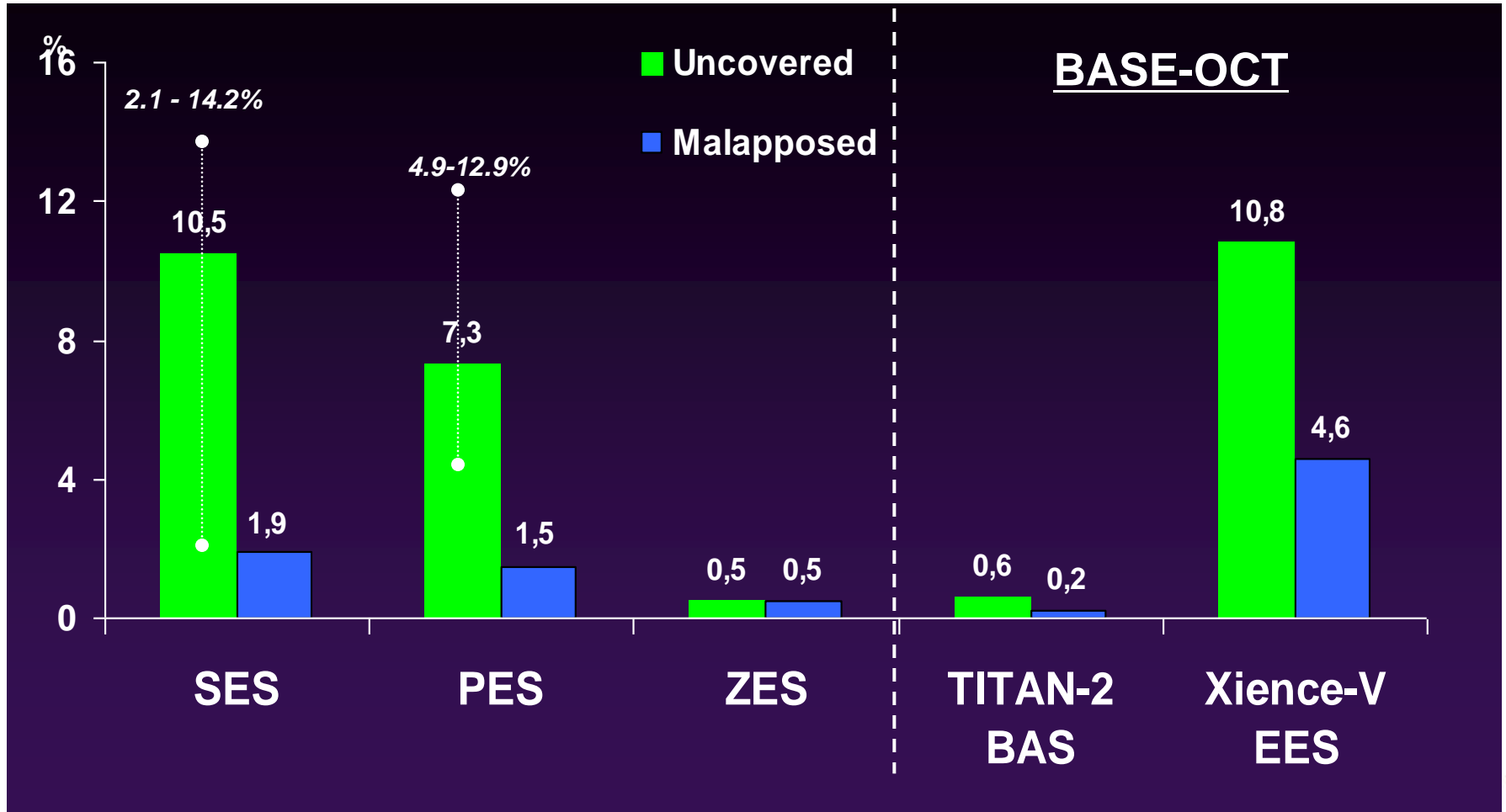


# BASE-OCT

## Uncovered and Malapposed Struts at 9 months



# Uncovered and Malapposed Struts with DES

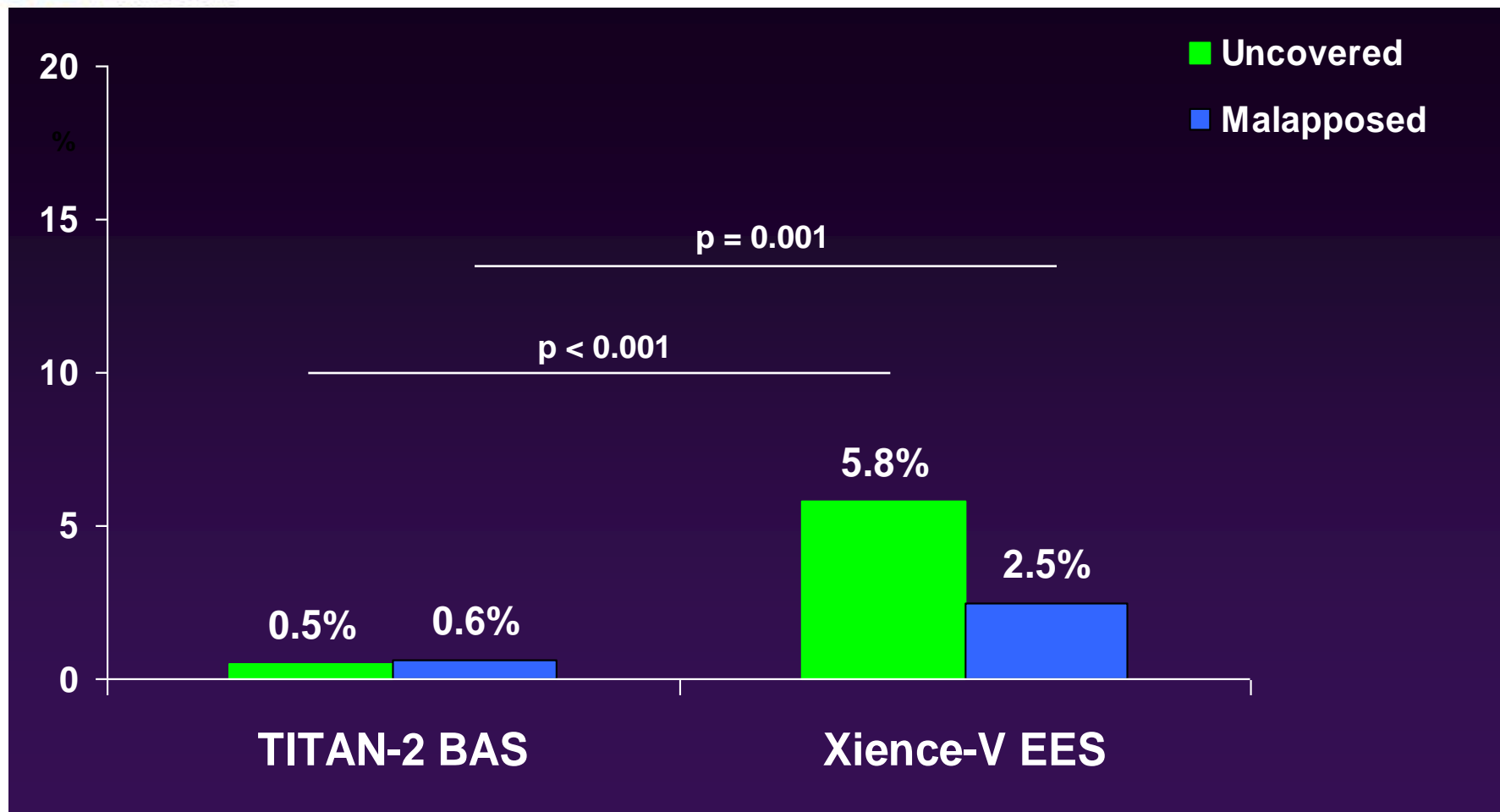


# BASE-OCT at 18 months

## Follow-Up Measurement

	TITAN-2 BAS 20 pts	Xience-V EES 20 pts	P
No. of Cross Sections	310	316	---
No. of Struts	3307	3327	---
Struts per cross section	10.7 ± 3.9	10.5 ± 3.7	0.64
<b>NIH per stent group (µm)</b>	<b>248.8 ± 178.5</b>	<b>96.9 ± 101.2</b>	<b>&lt; 0.001</b>
<b>NIH per patient (µm)</b>	<b>241.6 ± 101.8</b>	<b>108.1 ± 62.1</b>	<b>&lt; 0.001</b>
<b>Binary Strut Coverage (%)</b>	<b>99.5%</b>	<b>94.2%</b>	<b>&lt; 0.001</b>
<b>Presence of Thrombosis (%)</b>	<b>0 (0)</b>	<b>3 (18%)</b>	<b>&lt; 0.001</b>

# BASE-OCT at 18 months

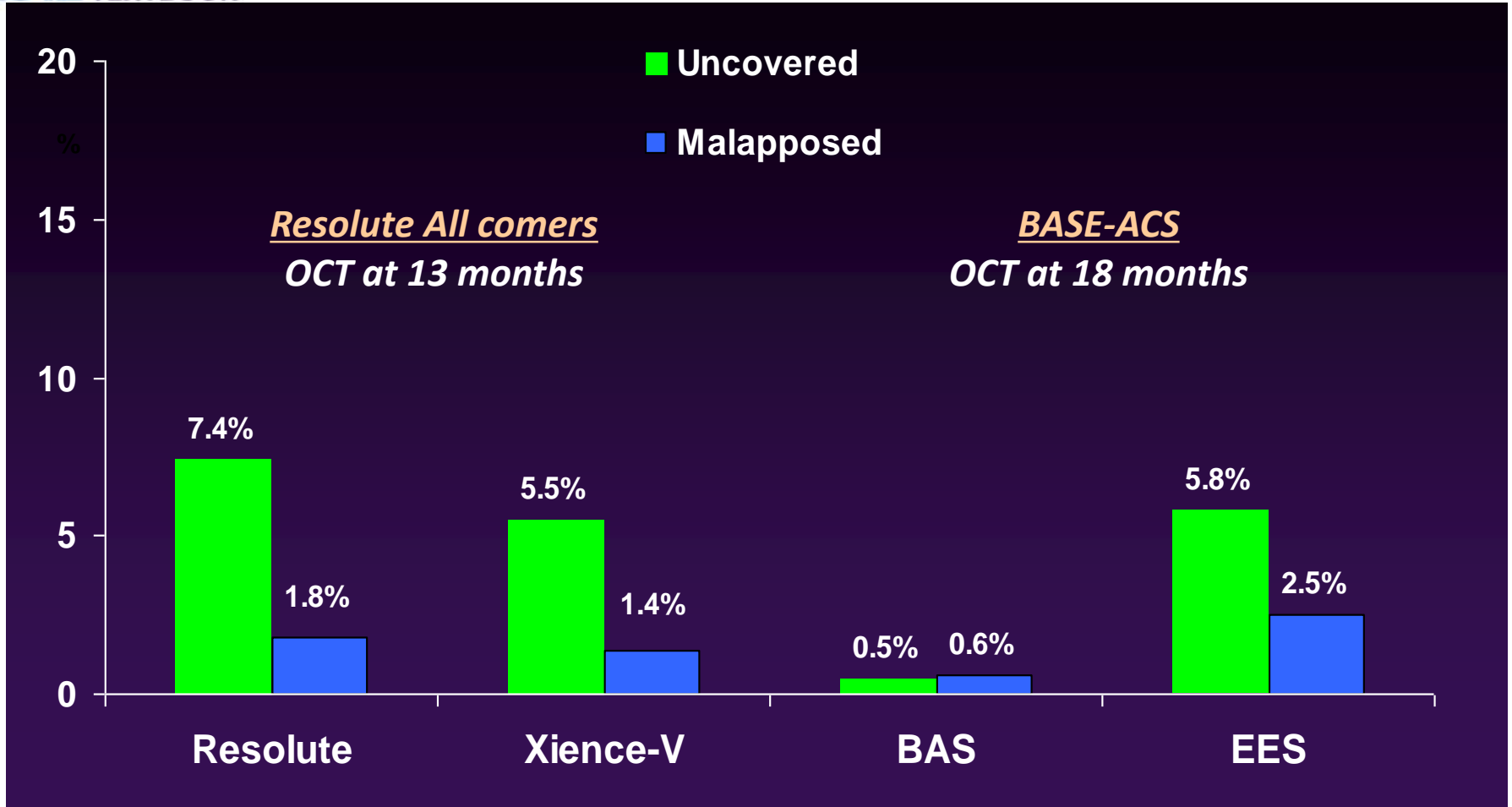


626 cross-sections / 6067 struts

TCT2011



# Strut Apposition



# Thank You! --- Kiitos!



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