

# The BOLSTER Study with LIFESTREAM covered stent in iliac lesions: 3-Year Outcomes

John R. Laird, MD,

*Adventist Heart and Vascular Institute*

*St. Helena, CA*

*On behalf of the BOLSTER Investigators*

# Disclosures

## John R. Laird

- Within the past 12 months, I or my spouse/partner have had a financial interest/arrangement or affiliation with the organization(s) listed below.

<u>Affiliation/Financial Relationship</u>	<u>Company</u>
• Consulting Fees/Honoraria	Boston Scientific, Medtronic, Abbott, Bard/Becton Dicksenson Peripheral Intervention, Philips
• Scientific Advisory board/stock options	Reflow Medical, Endoluminal Sciences, Syntervention, PQ Bypass, Eximo Medical, Shockwave Medical, NexGen

Board Member VIVA Physicians

# Potential Advantages of Covered Stents

- Treatment of vessel perforation/rupture
- Sealing of aneurysms/pseudoaneurysms
- Barrier to neointimal ingrowth
- Possible improved results in complex lesions:
  - Aortoiliac bifurcation lesions
  - TASC C and D lesions
  - Instant restenosis



# Study Device

## LIFESTREAM<sup>®</sup> Balloon Expandable Vascular Covered Stent

Electropolished, 316L stainless steel balloon-expandable stent encapsulated between two layers of ePTFE

### Covered Stent Sizes:

- Diameters: 5-10, and 12 mm
- Lengths: 16, 26, 37, and 58 mm
- Sheath compatibility: 6-8F

### Design:

- ✓ Radiopaque markers for accurate placement
- ✓ Non-compliant balloon to provide precise inflation diameters.
- ✓ 0.035" guidewire-compatible, over-the-wire delivery catheter



# BOLSTER Trial Design

BOLSTER: Balloon Expandable Vascular Covered Stent in the Treatment of Iliac Artery Occlusive Disease

**Design:** Prospective, Multicenter, Single-Arm Trial (no concurrent control)

- 17 centers in the U.S., Europe, and New Zealand

**Objectives:** Assess the LIFESTREAM Covered Stent for the treatment of stenoses and occlusions in the common and/or external iliac arteries.

**Independent Analyses:**

- Angiographic Core Lab: Yale Cardiovascular Research Group
- Duplex Ultrasound Core Lab: The Vascular Ultrasound Core Laboratory (VasCore)
- Clinical Events Committee: Adjudicated major adverse events (MAEs)

**Study Sponsor:** Becton, Dickinson Interventional

# Baseline Demographics

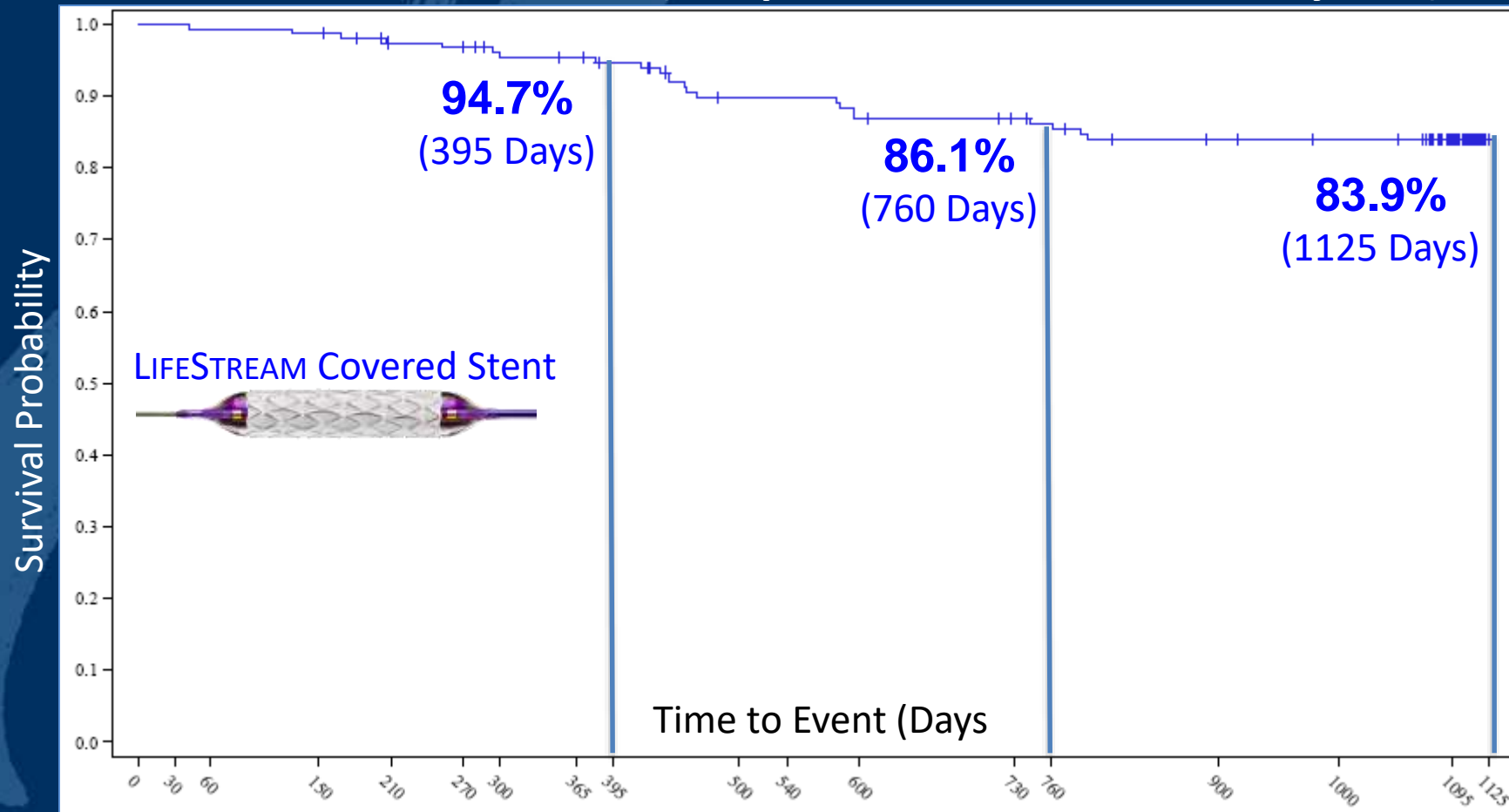
	ITT Group
Number of Patients	155
Male/Female, %	69/31
Mean Age, years $\pm$ SD	64.3 $\pm$ 9.75
Mean Weight, kg $\pm$ SD	79.6 $\pm$ 16.6
Mean BMI, kg/m <sup>2</sup> $\pm$ SD	27.2 $\pm$ 4.8
Medical History/Risk Factors, % (n)	
Hypertension	75.5 (117)
Dyslipidemia	65.2 (101)
CAD	31.6 (49)
Smoker	85.2 (132)
Diabetes	32.3 (50)
Previous MI	13.5 (21)

# Lesion Characteristics

	ITT Group
Number of Lesions	197
Mean Total Lesion Length <sup>+</sup> , mm $\pm$ SD	36.6 $\pm$ 23.1
Pre-Procedure % Diameter Stenosis, % $\pm$ SD	71.3 $\pm$ 14.3
Vessel, % (n/N)	
Common Iliac	73.4 (141/192*)
External Iliac	26.6 (51/192)
Location, % (n/N)	
Ostial	20.8% (40/192)
Proximal	59.9% (115/192)
Mid	12.0% (23/192)
Distal	7.3% (14/192)
Moderate/Severe Calcification <sup>^</sup> , % (n/N)	64.5 (127/197)
Occlusion <sup>^</sup> , % (n/N)	10.7 (21/197)

<sup>+</sup> Accounted for multiple lesions per patient; <sup>\*</sup> 192 evaluable by the core laboratory; <sup>^</sup> Site reported

# Freedom from TLR (Kaplan-Meier Analysis)



Time to Event (Days)	Number of Subjects Censored	Number of Subjects Event	Number of Subjects Left	K-M Estimates of Subjects with Event	95% Confidence Interval
Day 365	9	7	139	4.6%	(2.2% , 9.5%)
Day 395	11	8	136	5.3%	(2.7% , 10.4%)
Day 730	18	18	119	12.4%	(8.0% , 19.0%)
Day 760	19	20	116	13.9%	(9.2% , 20.7%)
Day 1095	66	23	66	16.1%	(11.0% , 23.3%)
Day 1125	132	23	0	16.1%	(11.0% , 23.3%)



# TLR Rate Through 36 Months

## (Proportional Analysis)

Follow Up, % (n/N)	ITT Group	95% CI <sup>^</sup>
6 Months	2.6% (4/155)	[0.7%, 6.5%]
9 Months	4.0% (6/150)	[1.5%, 8.5%]
12 Months	5.4% (8/147)	[2.4%, 10.4%]
24 Months	14.2% (20/139)	[9.0%, 21.3%]
36 Months <sup>+</sup>	17.6% (23/131)	[11.5%, 25.2%]

First revascularization procedure of the target lesion(s) following covered stent placement, determined by the angiographic core lab

<sup>^</sup>95% CI is estimated by the exact binomial method

<sup>+</sup>Proportional analysis through 36 months (denominator: number of evaluable patients at a given follow-up time point)

# Patency Through 36 Months

(Proportional Analysis)

Primary Patency, % (n/N)	ITT Group	95% CI <sup>^</sup>
12 Months	92.4% (122/132)	[86.5%, 96.3%]
24 Months	83.2% (99/119)	[75.2%, 89.4%]
36 Months <sup>+</sup>	77.2% (78/101)	[67.8%, 85.0%]

Freedom from occlusion by DUS or angiography and/or TLR

Secondary Patency, % (n/N)	ITT Group	95% CI <sup>^</sup>
12 Months	95.4% (124/130)	[90.2%, 98.3%]
24 Months	95.6% (108/113)	[90.0%, 98.5%]
36 Months <sup>+</sup>	93.4% (85/91)	[86.2%, 97.5%]

Patency re-established via an endovascular procedure following restenosis

<sup>^</sup>95% CI is estimated by the exact binomial method

<sup>+</sup>Proportional analysis through 36 months (denominator: number of evaluable patients at a given follow-up time point)

# Sustained Clinical Success

Cumulative improvement  $\geq 1$  category from baseline Rutherford values – Improvement sustained through 36 months

Follow Up, % (n/N) <sup>+</sup>	ITT Group	95% CI <sup>^</sup>
9 Months	90.5% (124/137)	[84.3%, 94.9%]
12 Months	93.9% (124/132)	[88.4%, 97.3%]
24 Months	90.6% (106/117)	[83.8%, 95.2%]
36 Months	92.5% (98/106)	[85.7%, 96.7%]

<sup>+</sup>Proportional analysis (denominator: number of evaluable patients at a given follow-up time point)

<sup>^</sup>95% CI is estimated by the exact binomial method

# Quality of Life: WIQ

Patient Quality of Life, assessed by the Walking Impairment Questionnaire (WIQ), improved from baseline to 9 months by just over 32 points – Improvement sustained through 3 Years ( $32.5 \pm 27.3$ )

	Baseline	9 Months	12 Months	24 Months	36 Months
<b>WIQ Total Score</b>					
N	153	135	132	117	104
Mean (SD)	32.0 (18.03)	64.7 (28.1)	65.7 (28.2)	64.8 (28.6)	67.4 (27.0)
Median	28.4	72.4	75.0	68.3	71.8
Min - Max	0.0 - 96.9	0.1 - 100.0	0.1 - 100.0	0.2 - 100.0	6.3 - 100.0
<b>Change From Baseline</b>					
N		134	130	116	103
Mean (SD)		32.1 (26.8)	32.8 (26.8)	31.3 (26.8)	32.5 (27.3)
Median		34.0	34.9	30.9	35.9
Min - Max		-45.3 - 94.8	-34.6 - 82.3	-28.8 - 78.2	-46.9 - 89.1

# Ankle-Brachial Index

Mean Ankle-Brachial Index (ABI) improved from baseline to 9 months by 0.2 points – Improvement sustained through 3 Years ( $0.2 \pm 0.3$ )

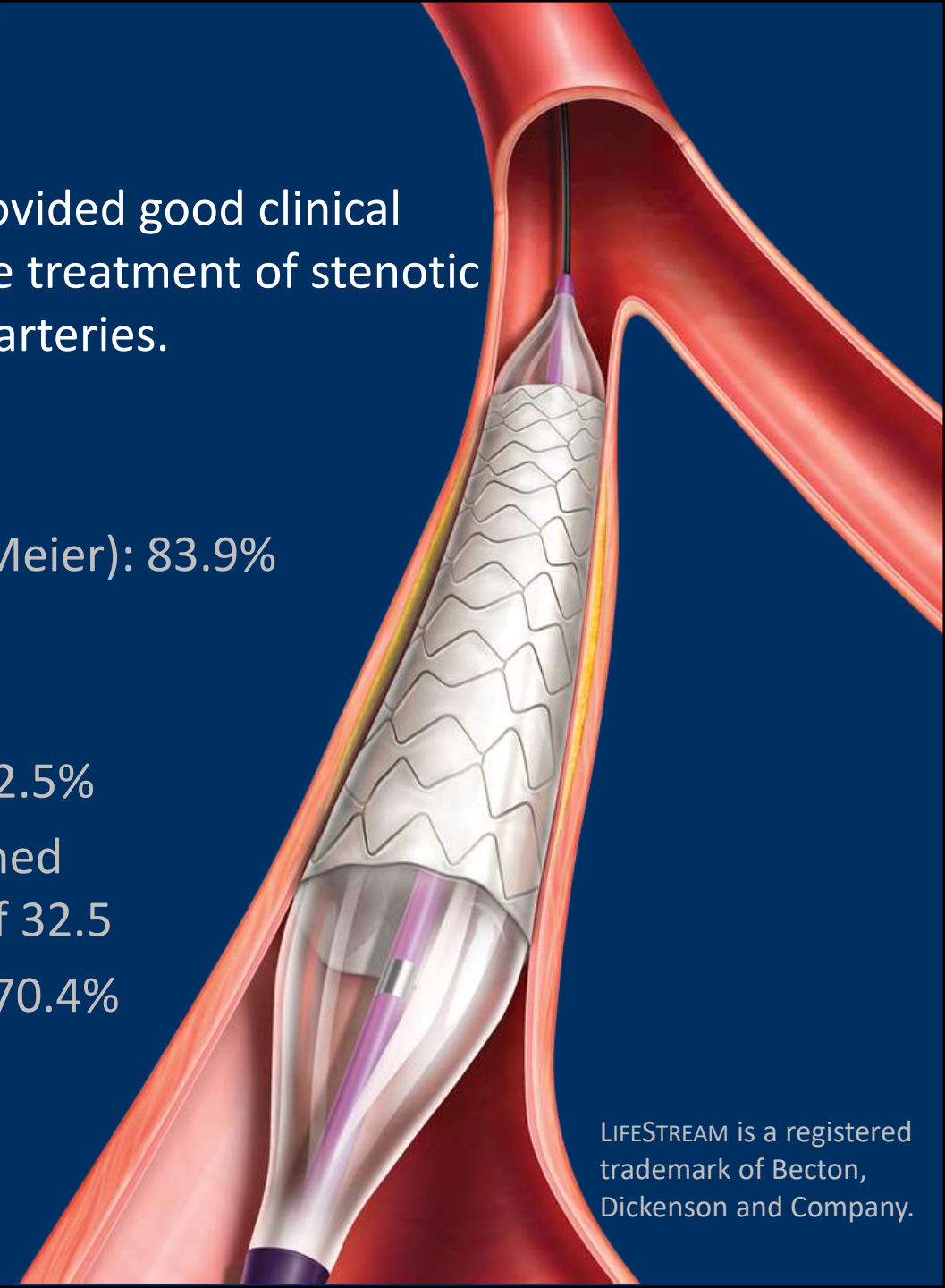
	Baseline	9 Months	12 Months	24 Months	36 Months
<b>ABI Total Value</b>					
N	149	132	130	115	101
Mean (SD)	0.7 (0.2)	0.95 (0.2)	0.92 (0.2)	0.90 (0.2)	0.94 (0.2)
Median	0.7	0.99	0.94	0.91	0.95
Min - Max	0.0 – 1.6	0.4 - 1.5	0.4 - 1.3	0.1 - 1.3	0.3 - 1.5
<b>Change From Baseline</b>					
N		129	126	111	98
Mean (SD)		0.23 (0.3)	0.19 (0.2)	0.18 (0.2)	0.20 (0.3)
Median		0.25	0.22	0.22	0.21
Min - Max		-0.8 - 0.9	-0.6 - 1.0	-0.8 - 0.7	-0.6 - 0.9
<b>Percent Improvement</b>					
≥ 0.10		72.1%	71.4%	65.8%	70.4%
≥ 0.15		65.1%	59.5%	60.4%	62.2%

# Summary

The LIFESTREAM Covered Stent provided good clinical outcomes through 3 years for the treatment of stenotic and occlusive lesions of the iliac arteries.

## Outcomes Through 36 Months:

- Freedom from TLR (Kaplan-Meier): 83.9%
- Primary Patency: 77.2%
- Secondary Patency: 93.4%
- Sustained Clinical Success: 92.5%
- Quality of Life (WIQ): Sustained improvement in total score of 32.5
- Improvement in ABI  $\geq$  0.10: 70.4%



LIFESTREAM is a registered trademark of Becton, Dickinson and Company.

# Investigators & Centers

<p><b>J. R. Laird</b>, Medical Director, Vascular Center, UC Davis Medical Center, Sacramento, CA, USA</p>	<p><b>F. Elmasri</b>, Radiology &amp; Imaging Specialists, Lakeland, FL, USA</p>	<p><b>D. R. Doucet</b>, Un. Of Massachusetts Memorial Medical Center, Worcester, MA, USA</p>	<p><b>R. E. Beasley</b>, Mount Sinai Medical Center, Miami Beach, FL, USA</p>
<p><b>E. Moore</b>, Cardiothoracic &amp; Vascular Surgery Associates/Baptist Medical Center, Jacksonville, FL, USA</p>	<p><b>D. M. Mego</b>, Arkansas Heart Hospital, Little Rock, AR, USA</p>	<p><b>S. Marica</b>, Donald Guthrie Foundation/Guthrie Robert Packer Hospital, Sayre, PA, USA</p>	<p><b>R. Mendes</b>, UNC Heart and Vascular Research, Raleigh, NC, USA</p>
<p><b>R. M. Bersin</b>, Swedish Heart and Vascular/Swedish Medical Center, Seattle, WA, USA</p>	<p><b>S. W. Kujath</b>, Midwest Aortic &amp; Vascular Institute, Kansas City, MO, USA</p>	<p><b>M Razavi</b>, Vascular &amp; Interventional Specialists/St. Joseph's Hospital, Orange County, CA, USA</p>	<p><b>T. Zeller</b>, Interventionelle Angiologie, Universitäts-Herzzentrum Freiburg-Bad Krozingen, Germany</p>
<p><b>R Schmiedel</b>, Interventionelle Angiologie PRE-Park, Kaiserslautern, Germany</p>	<p><b>J Teßarek</b>, Gefäßchirurgie, Bonifatius Hospital, Lingen, Germany</p>	<p><b>D. Scheinert</b>, Interventionelle Angiologie, Universitätsklinikum Leipzig, Leipzig, Germany</p>	<p><b>J Stegemann</b>, Interventionelle Angiologie, Königin Elisabeth Herzberge, Berlin, Germany</p>
<p><b>A Holden</b>, Auckland University School Medicine/Auckland City Hospital, Auckland, New Zealand</p>	<p align="center"><b>17 Centers in the USA, Germany, and New Zealand Enrolled 155 Patients</b></p>		

# The BOLSTER Study with LIFESTREAM covered stent in iliac lesions: 3-Year Outcomes

John R. Laird, MD,

*Adventist Heart and Vascular Institute*

*St. Helena, CA*

*On behalf of the BOLSTER Investigators*