

FDA Panel on Drug-eluting Stent Safety December 7 and 8th, 2006

Boston Scientific Presentation: Part II Real-world use of the TAXUS[®] Drug-eluting Stent System

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Boston Scientific Corporation

Real-World Taxus® Stent Use Confirms Favorable Outcome Profile

- The Taxus stent has demonstrated favorable risk-benefit outcomes compared to BMS in the somewhat *"simpler" clinical trial patients*
- But how can we best evaluate TAXUS performance in the *more complex "real-world" patients* who comprise > 50% of current use?
- The *ARRIVE Registries* include > 7,000 Taxus-treated patients
 - "Simple" lesions (Taxus IV-like) have similar outcomes to RCTs
 - "Complex" lesions have expected *slightly* more adverse events
- Those outcomes are comparable to meta-analysis of other real-world data, and to of complex PCI or CABG revascularization results
- Pending results of randomization of even more complex patients in Horizons (AMI) and SYNTAX (LM and 3VD), there is no reason to believe that current clinical use exposes complex patients to excess risk compared to other available alternative revascularization therapy

Agenda

- ARRIVE Registry
- TAXUS v. ARRIVE Analysis (Simple lesions)
- ARRIVE Analysis (Complex lesions)
- Multivariate Predictor Analysis
- Summary and Conclusions

Registry Data Regarding Taxus® Stent in Complex Lesions

Background

ARRIVE 1 FDA Mandated Safety Surveillance Program

Feb 04 – May 04 N=2487

ARRIVE 2 Company-Initiated Program Expansion

Oct 04 – Oct 05 N=4906

Design

Consecutive “All-Comers” Design Data review to improve accuracy

- Less selection bias
- Community hospitals
- Range of volumes
- All patients with cardiac events
- Random 10-20% sample
- Independent Adjudication of events

Primary endpoint: Rate of TAXUS related cardiac events at 1 year

ADVANTAGES

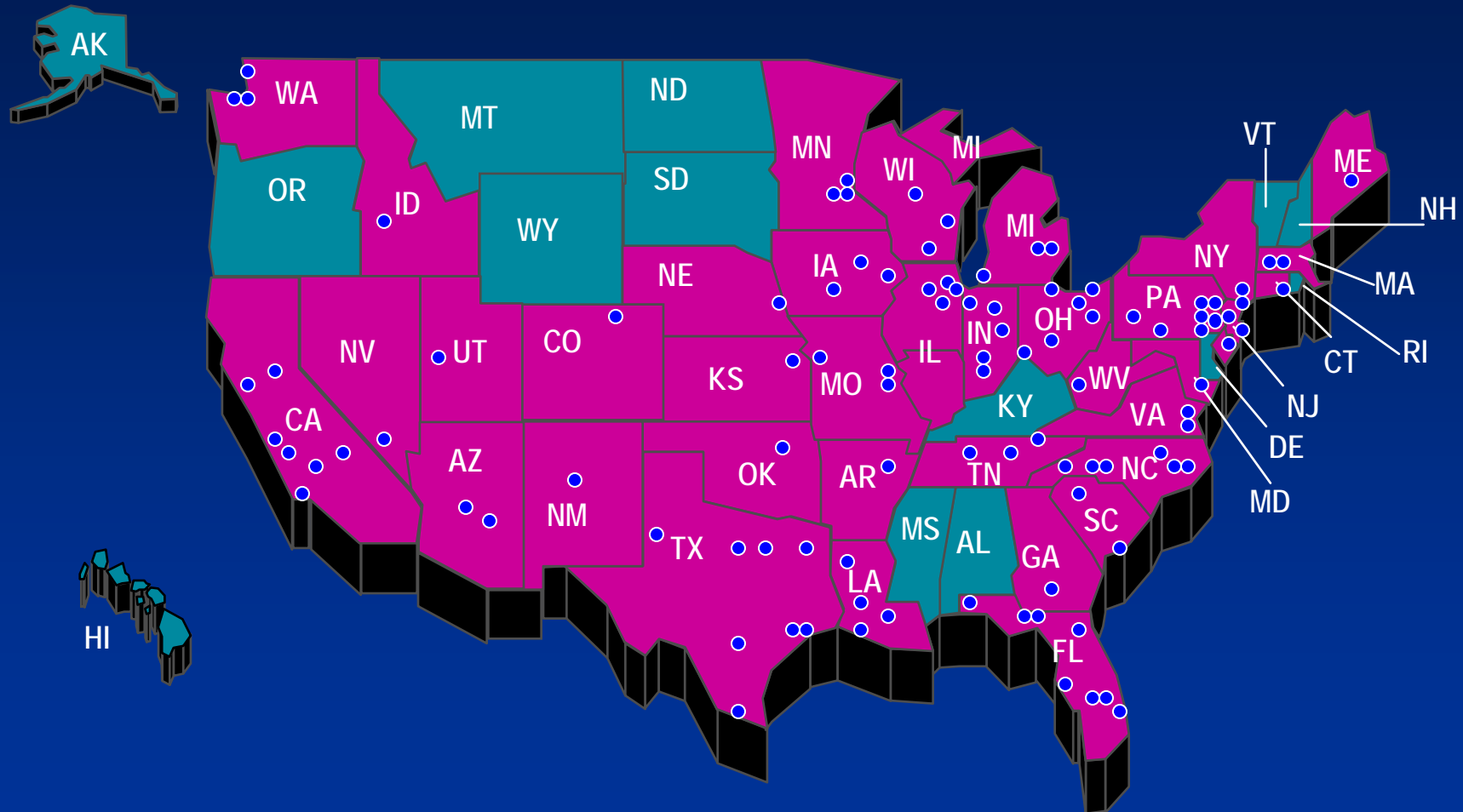
- Very large (7,000) patient set
- Far more complex patient set than in Taxus trials
- Excellent adjudication and clinical event capture

LIMITATIONS

- Only 1-2 year follow-up
- No internal comparators (to BMS or CABG)
- Be careful with direct comparison of complex DES to older BMS data in simpler lesions

TAXUS® Express Stent ARRIVE Program

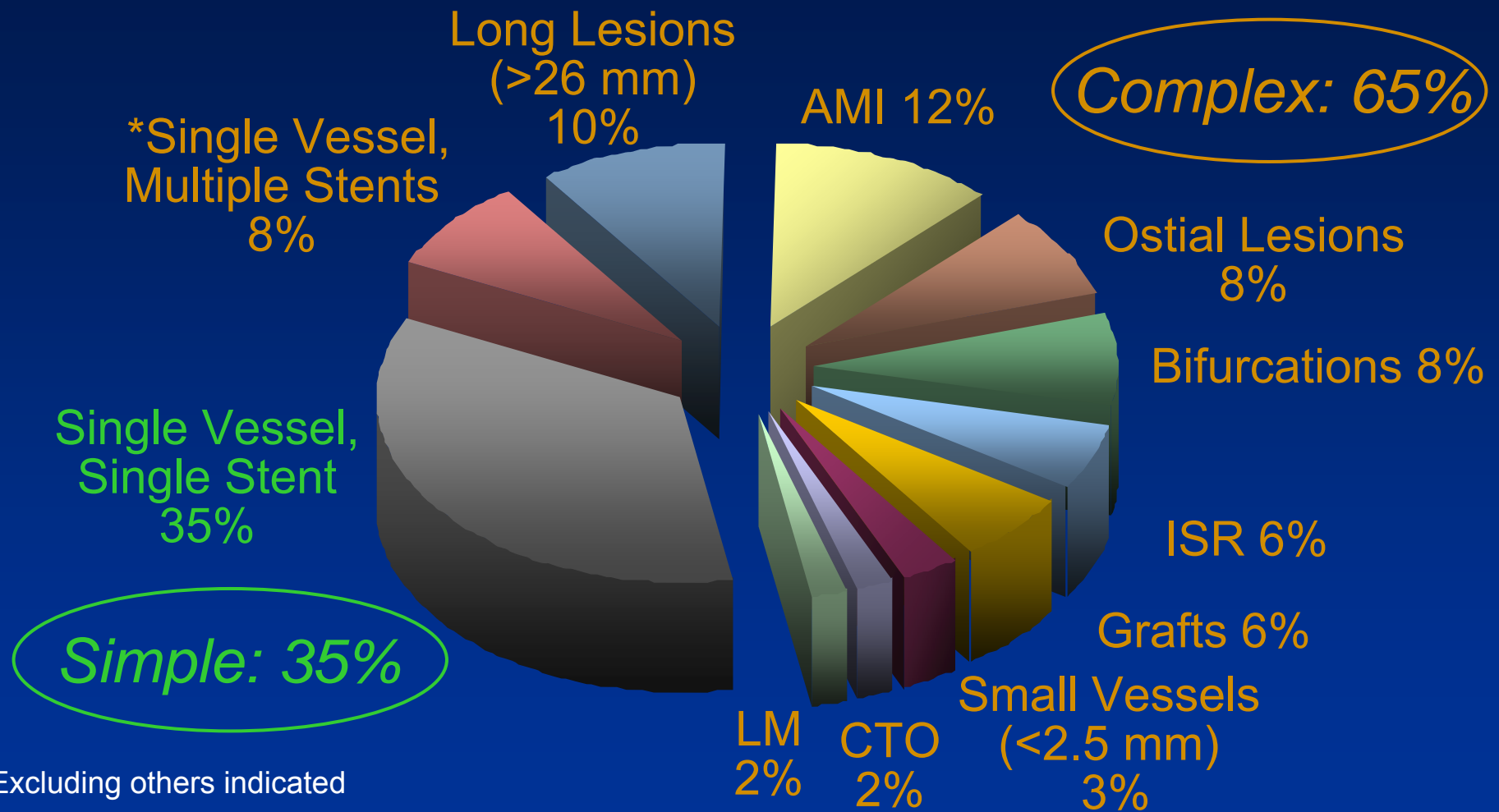
◆7,592 Patients ◆103 Sites ◆>80% Community Sites



Comprehensive US DES registries

Expanded Use in the Real World

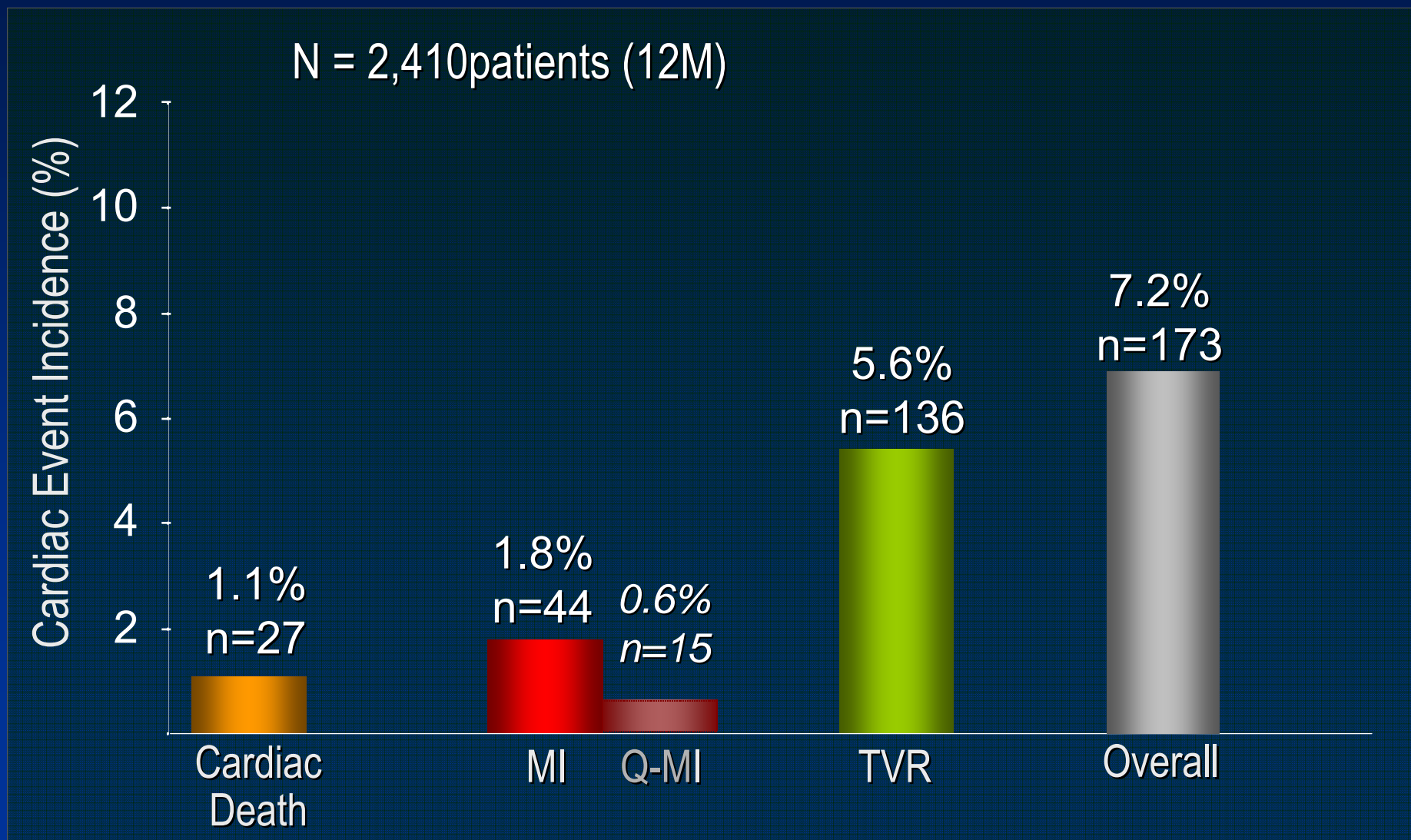
ARRIVE 1 + ARRIVE 2 Combined



Predominance of complex procedures

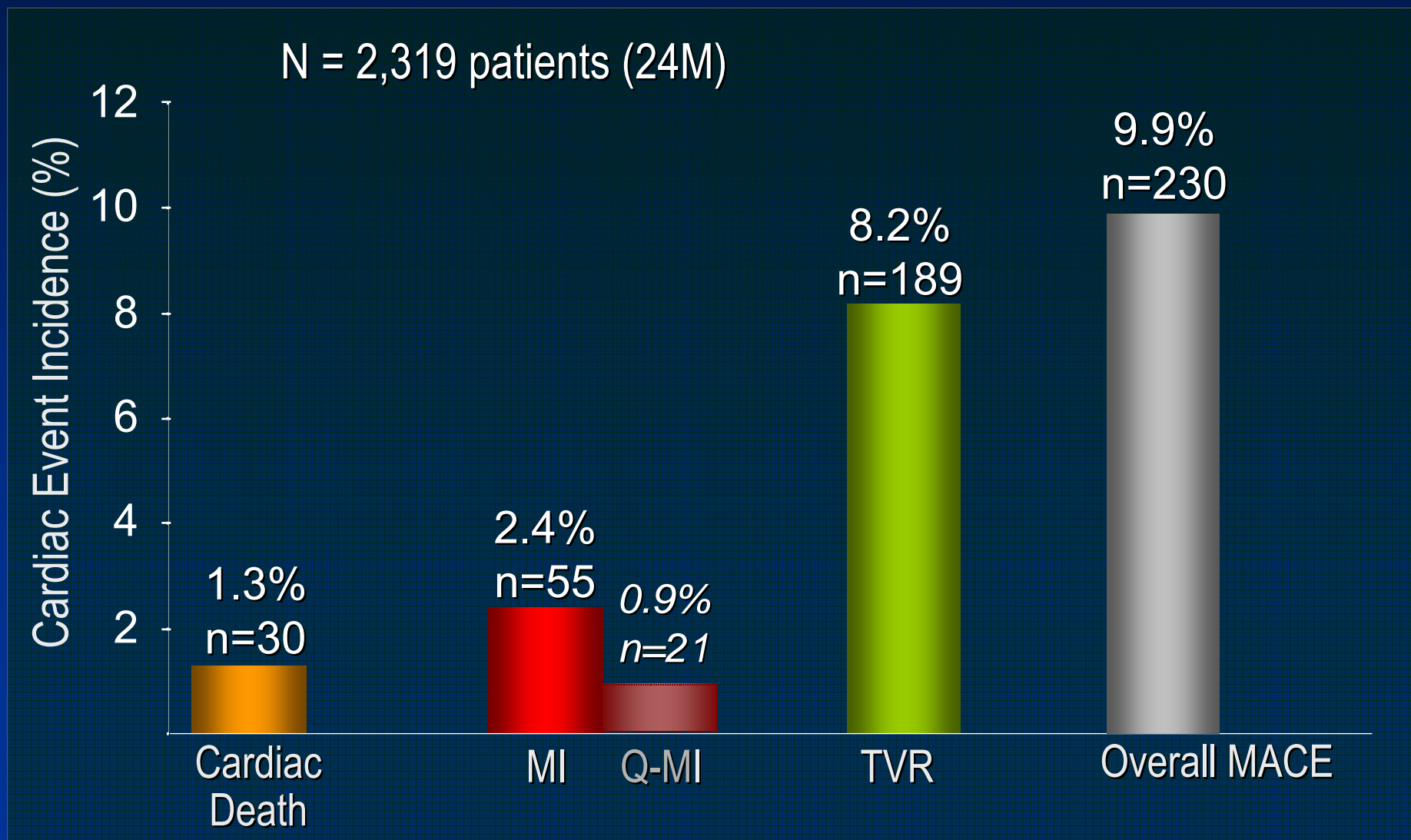
TAXUS® Stent-Related Cardiac Events

ARRIVE 1 at 12 Months (per patient)



TAXUS® Stent-Related Cardiac Events

ARRIVE 1 at 24 Months (per patient)



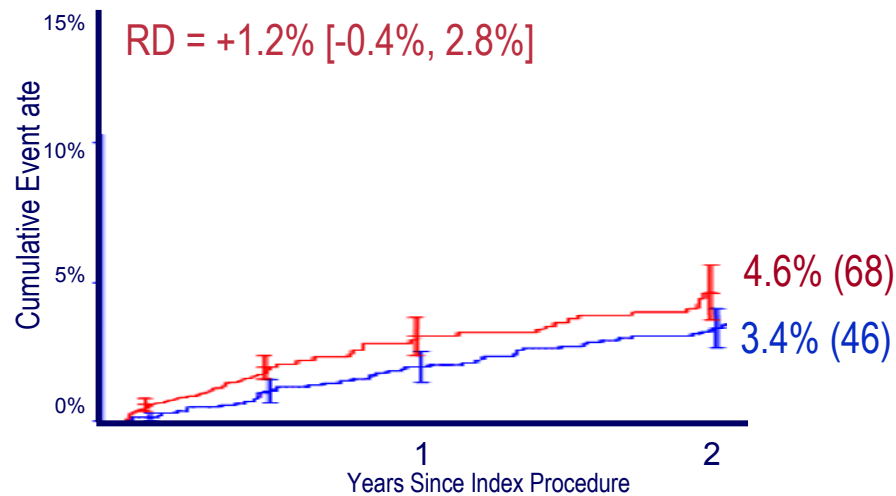
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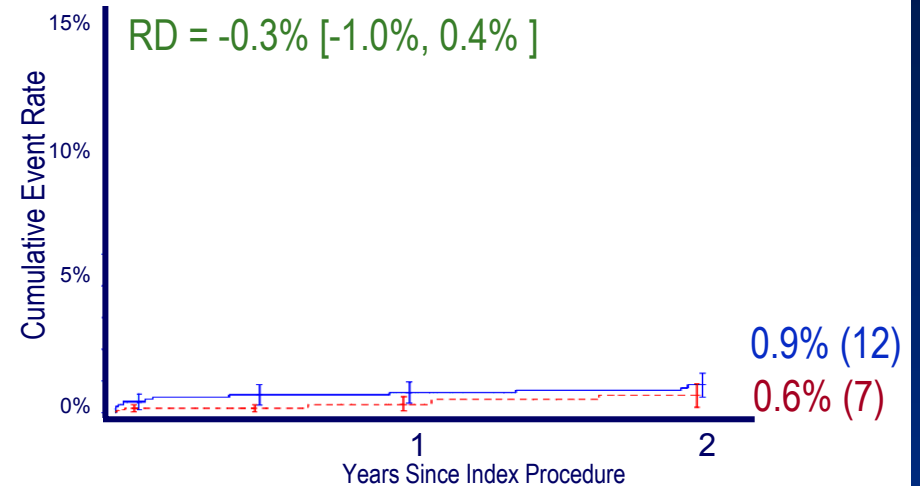
ARRIVE Simple v. TAXUS Overall *N* = 3,964

— TAXUS (N=1400) — ARRIVE (N=2564)
RD = Rate Difference = ARRIVE — TAXUS
No increase Increase

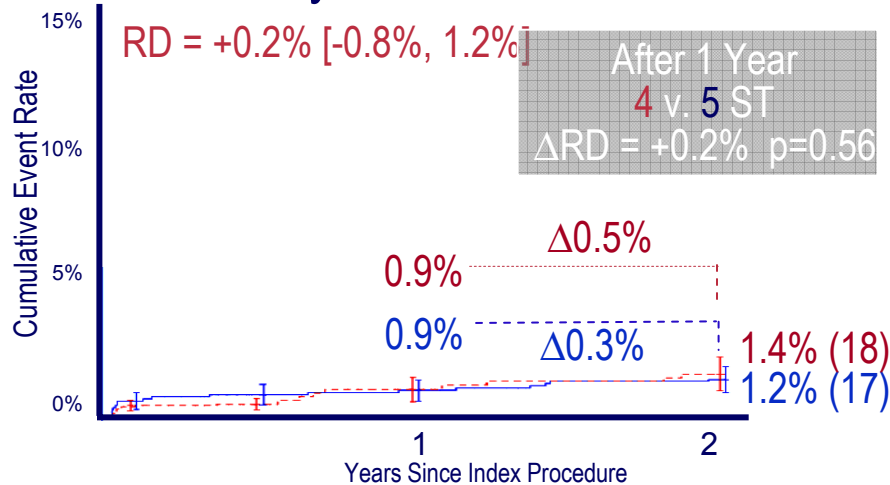
All Death



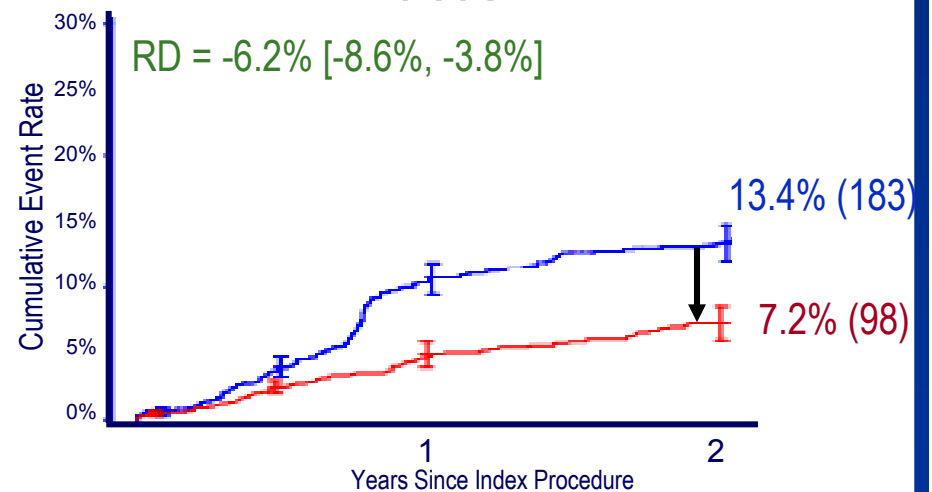
Q Wave MI



ARC Primary ST Definite/Probable



TVR



Simple Lesion Observations

- Outcomes for simple lesions in ARRIVE look very similar to the Taxus trial data (good ascertainment)
 - Significantly fewer total MI's
 - No or less routine blood sampling, weak non-Q MI detection
 - But very good matching for Q-MI
 - Significantly fewer TVR's
 - No routine angiographic subset, and hence no oculo-stenotic reflex
 - Closer to real-world outcomes
 - Similar Late ST (year 1-2) and death to Taxus
 - Indicates excellent event capture in ARRIVE

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ARRIVE Complex v. Simple

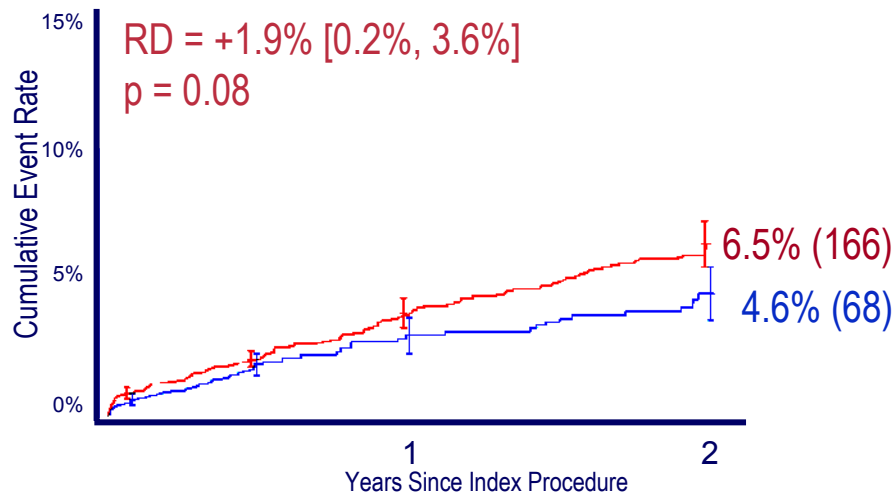
$N = 7,393$

— Simple (N=2564) — Complex (N=4829)

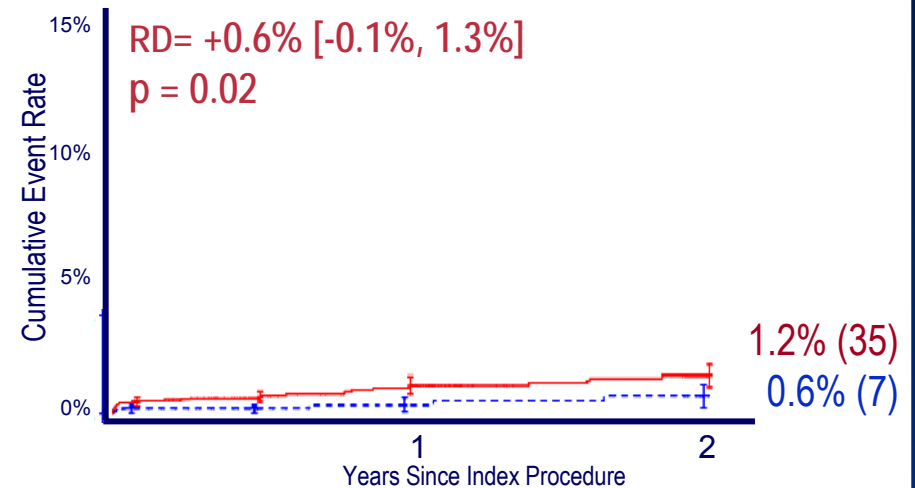
RD = Rate Difference = Complex — Simple

No increase Increase

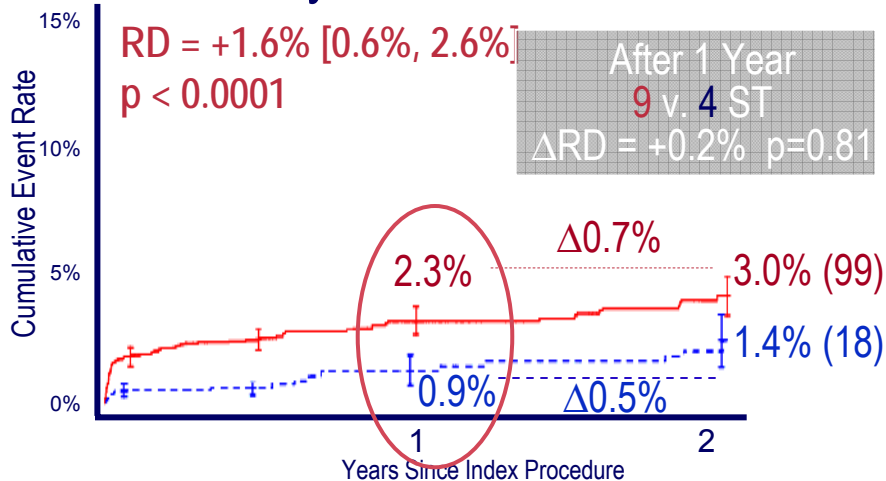
All Death



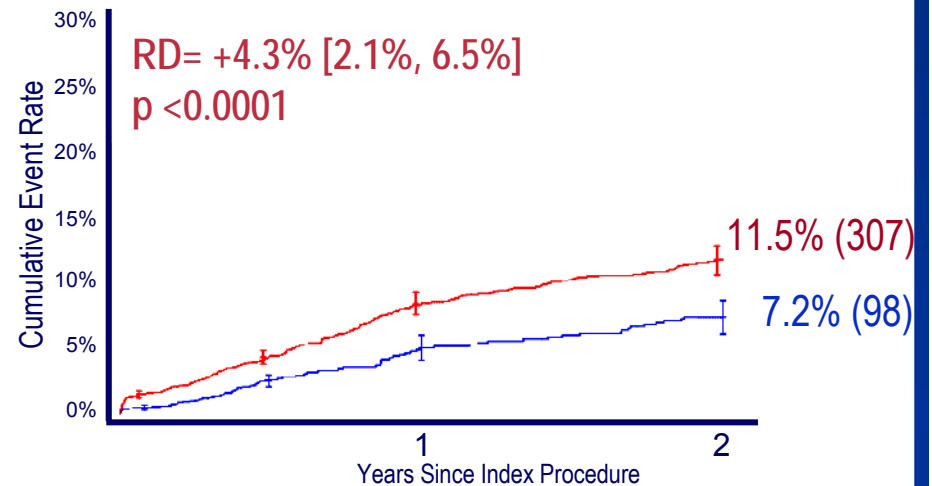
Q Wave MI



ARC Primary ST Definite/Probable



TVR

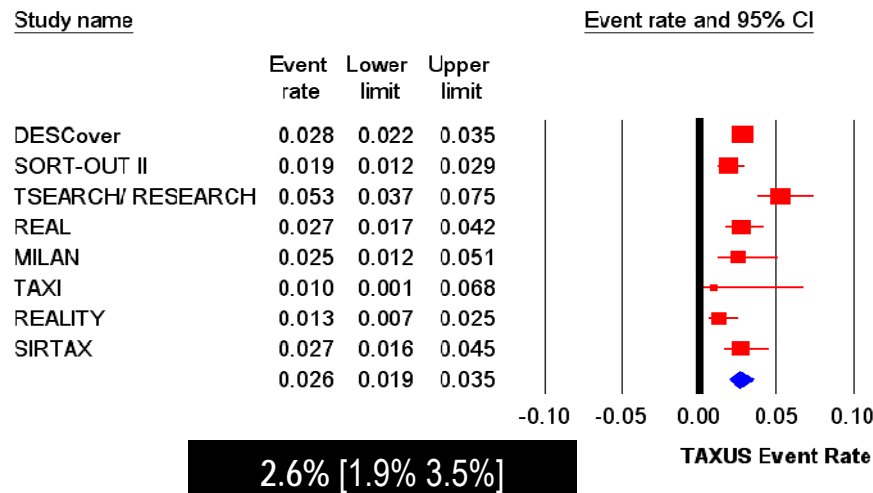


Event Rates in Prior Studies: TAXUS alone

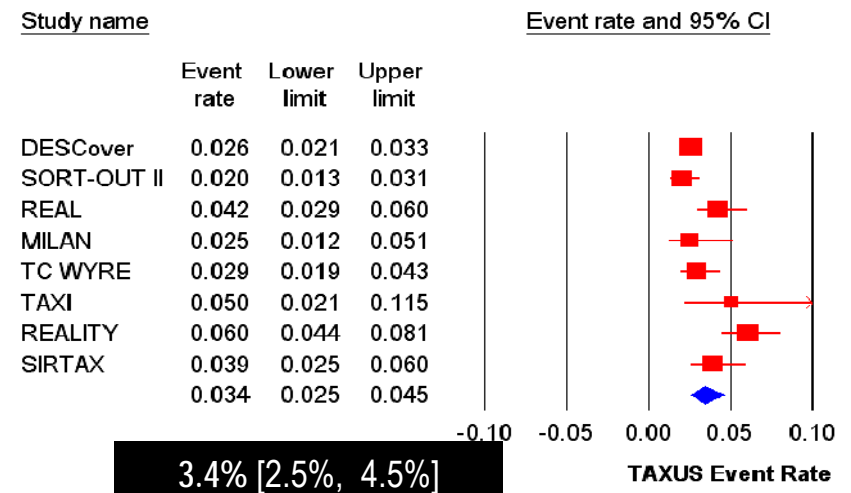
Overall Patients (N = 7,585)

DES Cover (n=2636); SORT-OUT II (n=1033); TSEARCH/RESEARCH (n=576); REAL (n=684); MILAN (n=281); TAXI=100; SIRTAX=509; TC WYRE (n=816); REALITY (n=669)

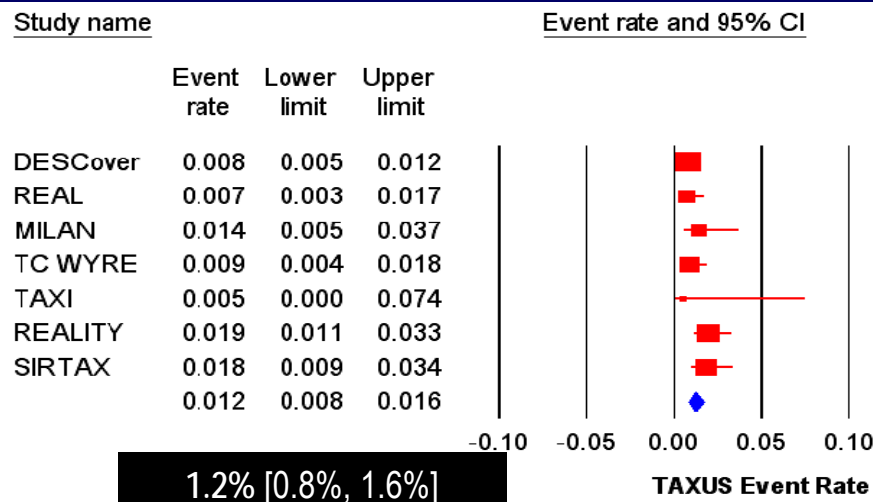
All Death



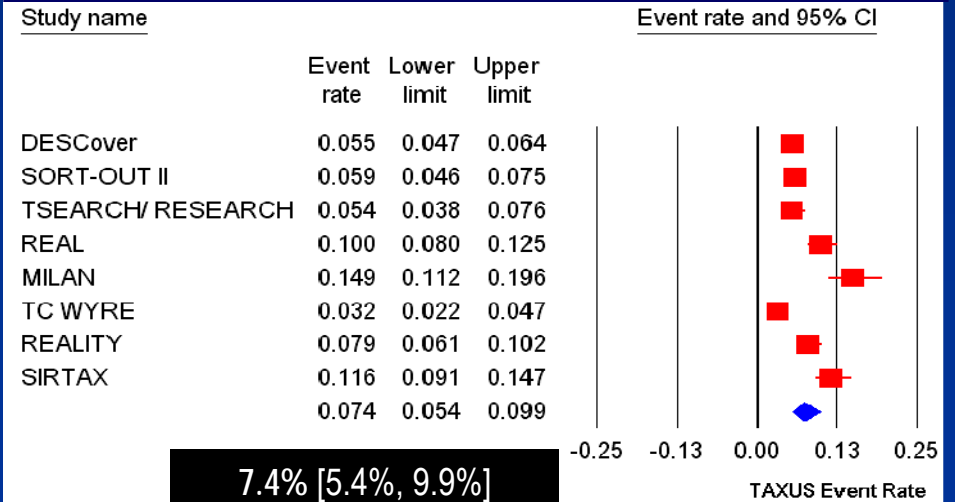
All MI



ST



TVR

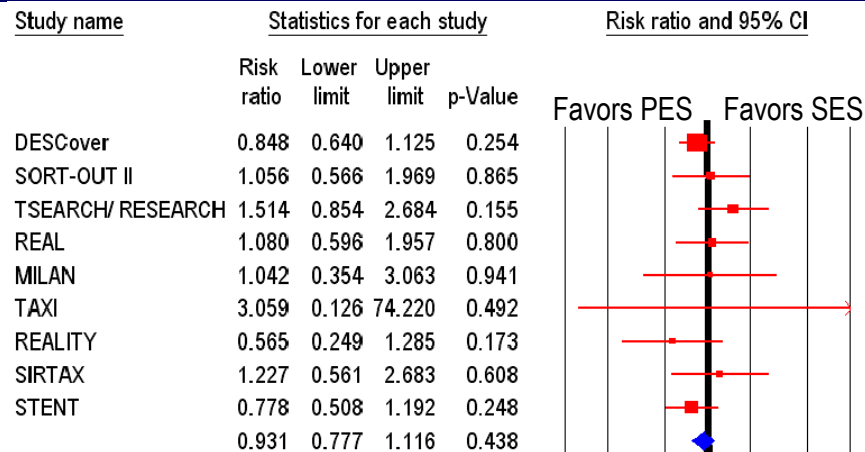


Event Rates in Prior Studies: TAXUS vs. Cypher

Overall Patients (TOTAL N= 19,779)

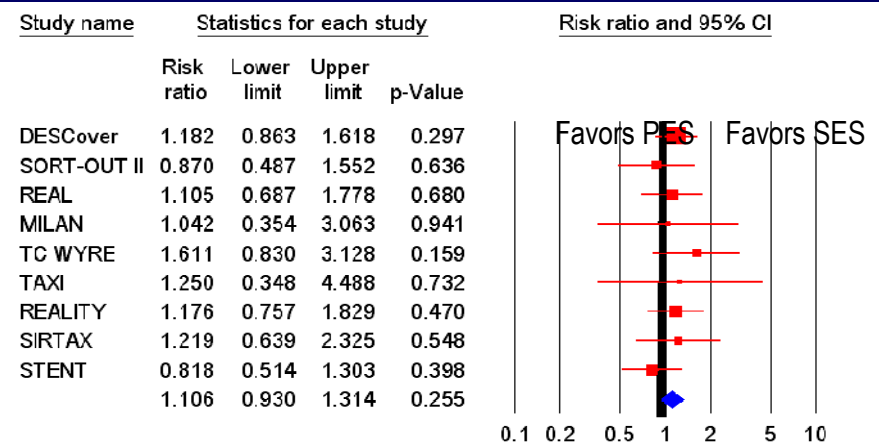
DESCover (n=6509); SORT-OUT II (n=2098); TSEARCH/RESEARCH (n=1084); REAL (n=1676); MILAN (n=529); TAXI (n=202); REALITY (n=1353); SIRTAX (n=1012); STENT (n=3758); TC WYRE (n=1558)

All Death



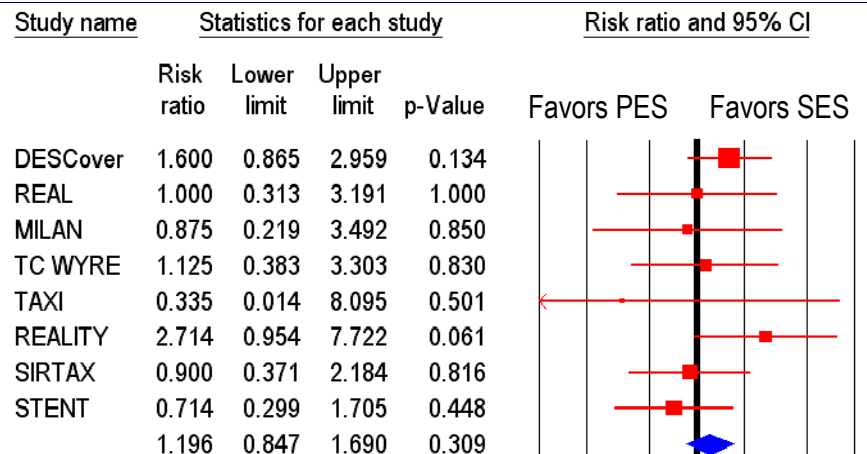
Risk Ratio: 0.93 [0.77, 1.12]

All MI



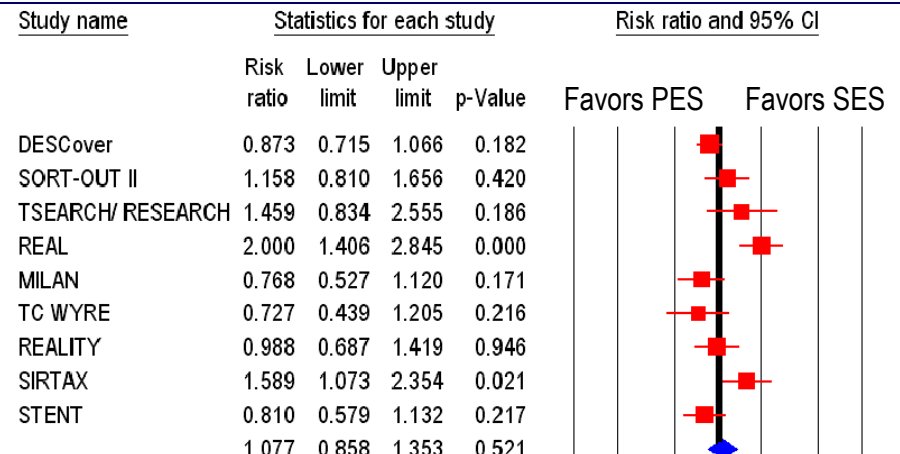
Risk Ratio: 1.1 [0.93, 1.31]

ST



Risk Ratio: 1.2 [0.85, 1.7]

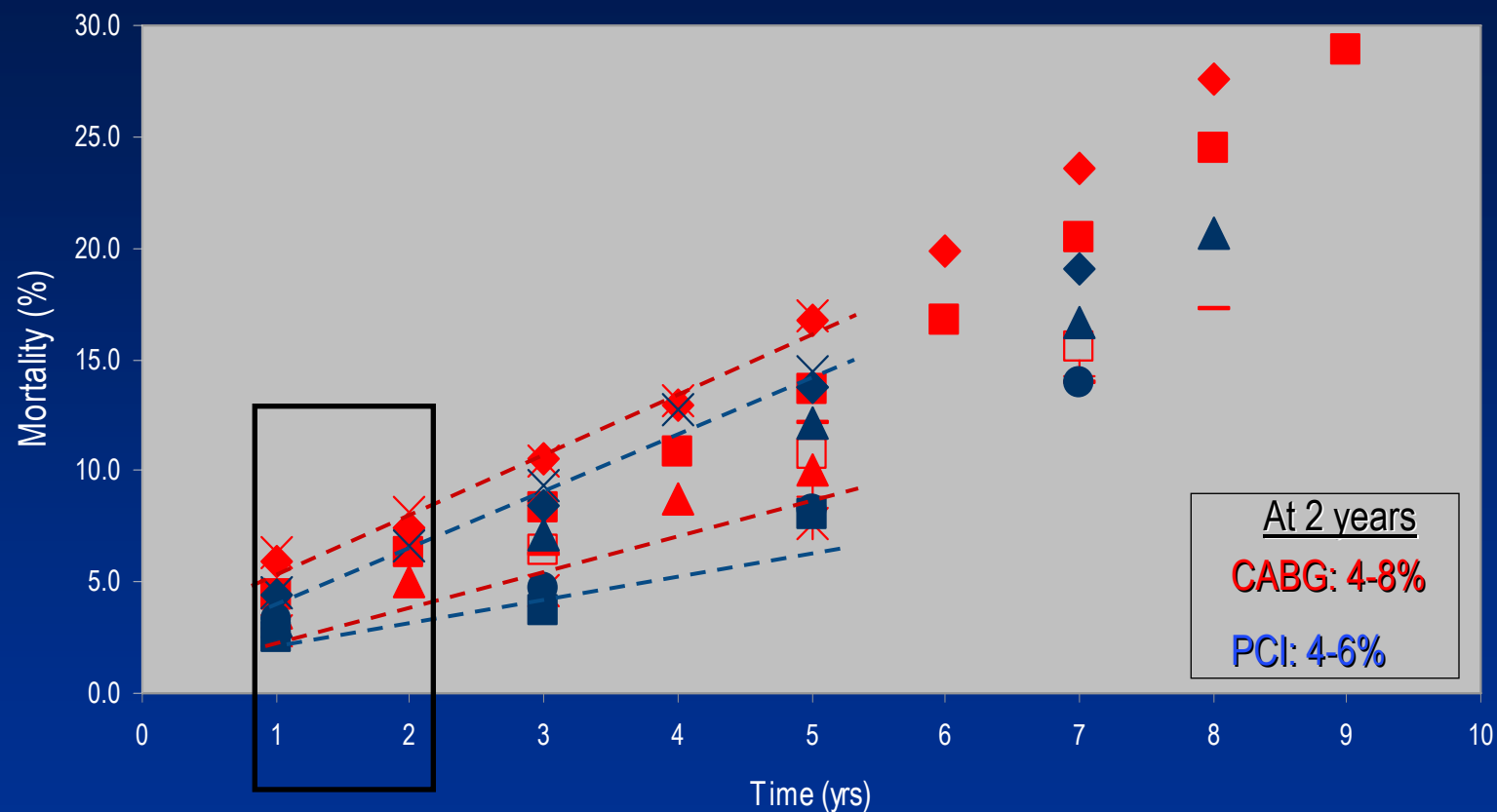
TVR



Risk Ratio: 1.08 [0.86, 1.35]

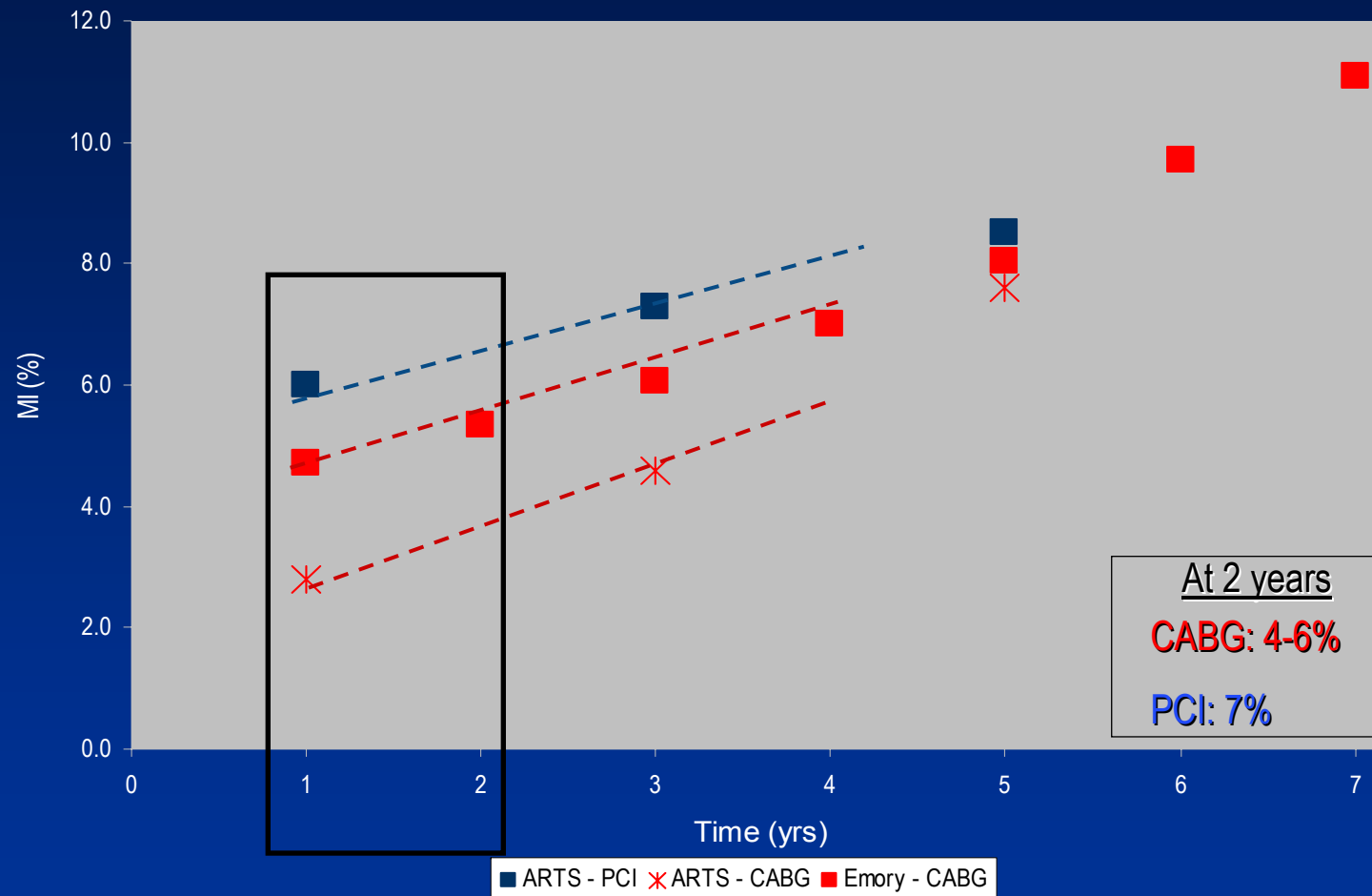
Historical Outcomes Rates (absent an internal comparator)

Death in Complex PCI or CABG Cases (N = 60,078)



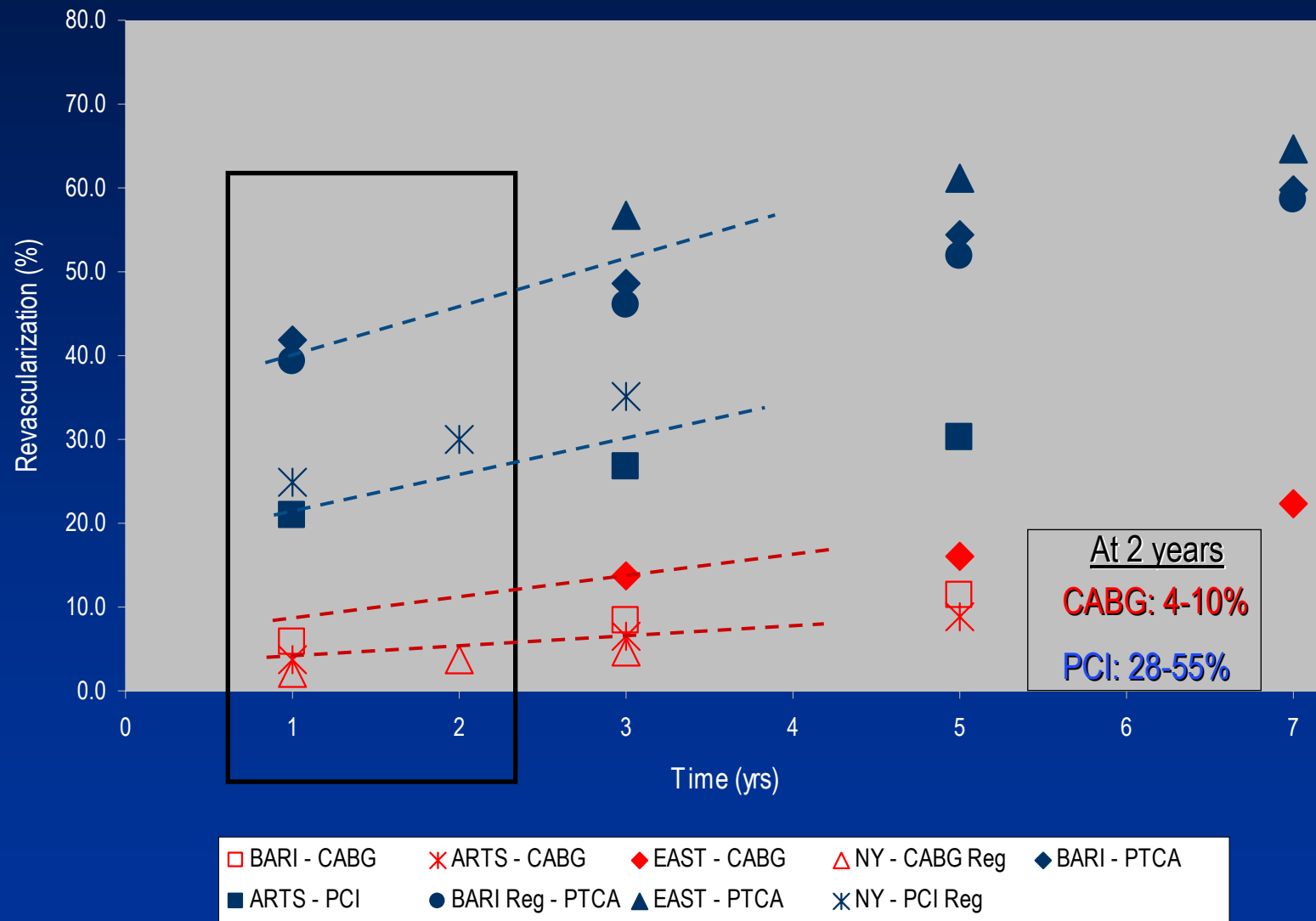
Historical Outcomes Rates (absent an internal comparator)

MI in Complex PCI or CABG Cases (N = 13,403)



Historical Outcomes Rates (absent an internal comparator)

Revascularization in Complex PCI or CABG Cases (N = 63,929)

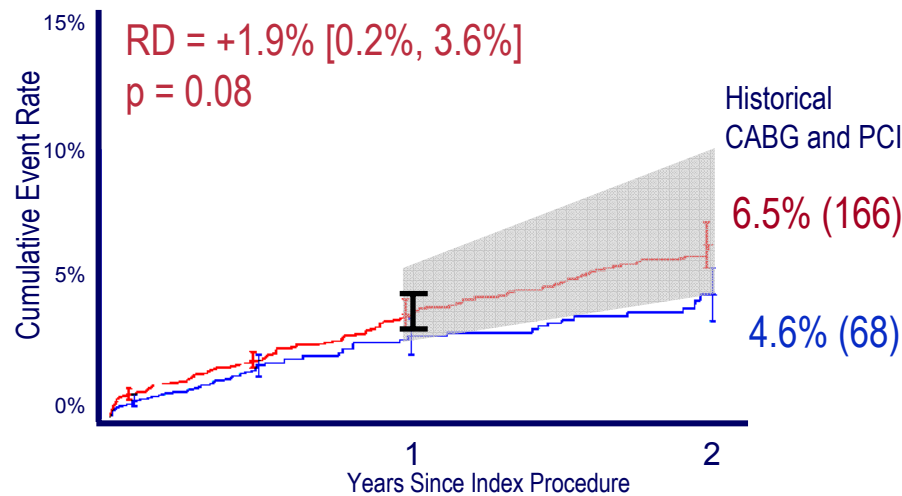


ARRIVE Complex v. Simple N = 7,393

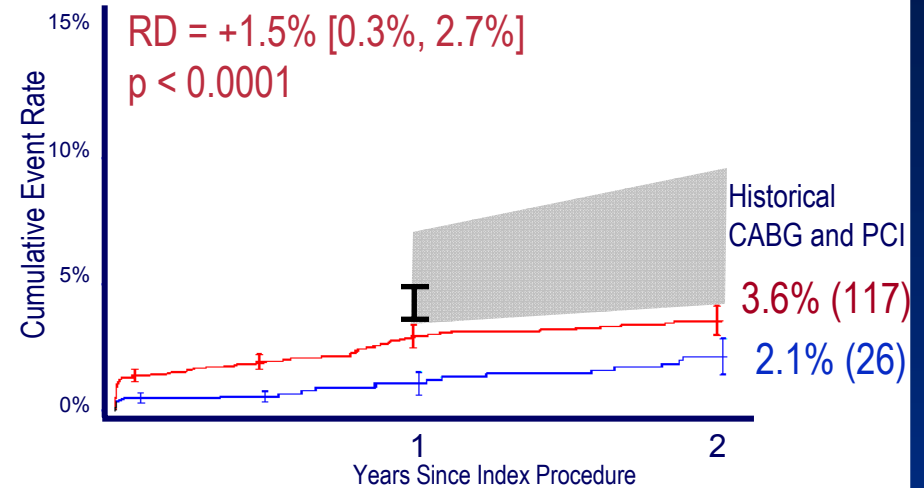
— Simple (N=2564) — Complex (N=4829)

RD = Rate Difference = Complex — Simple
No increase Increase

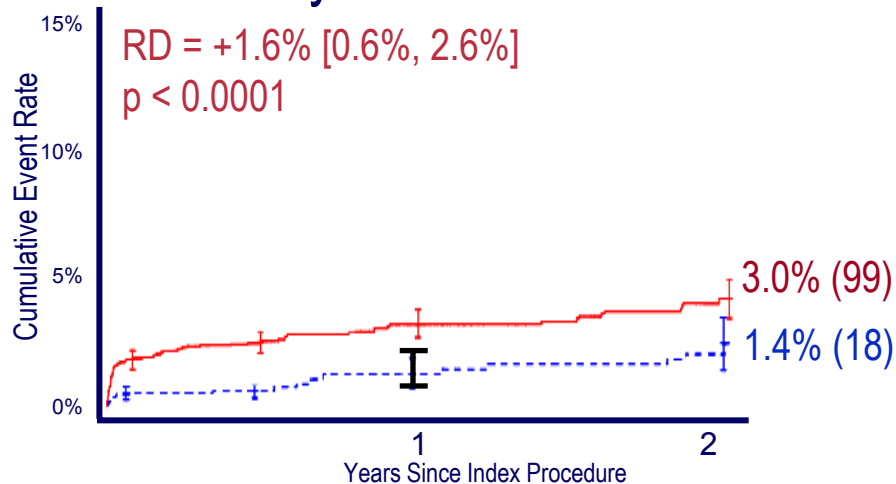
All Death



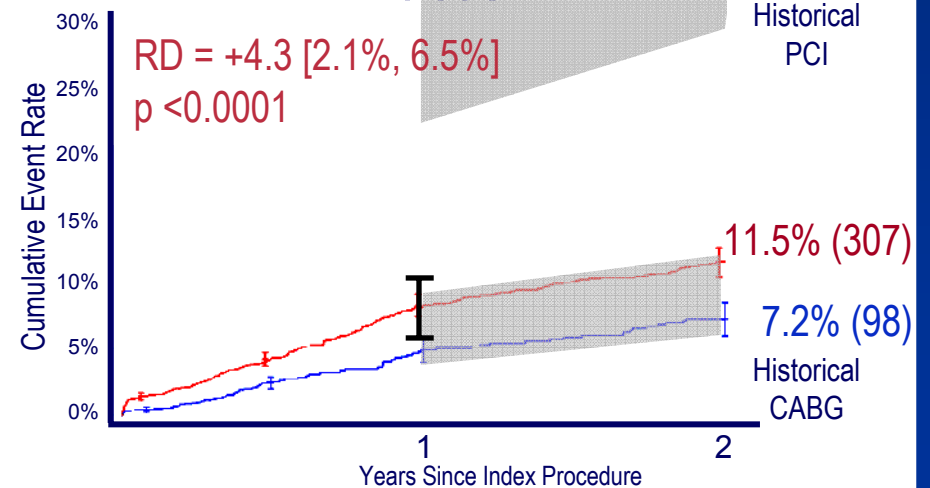
All MI



ARC Primary ST Definite/Probable



TVR



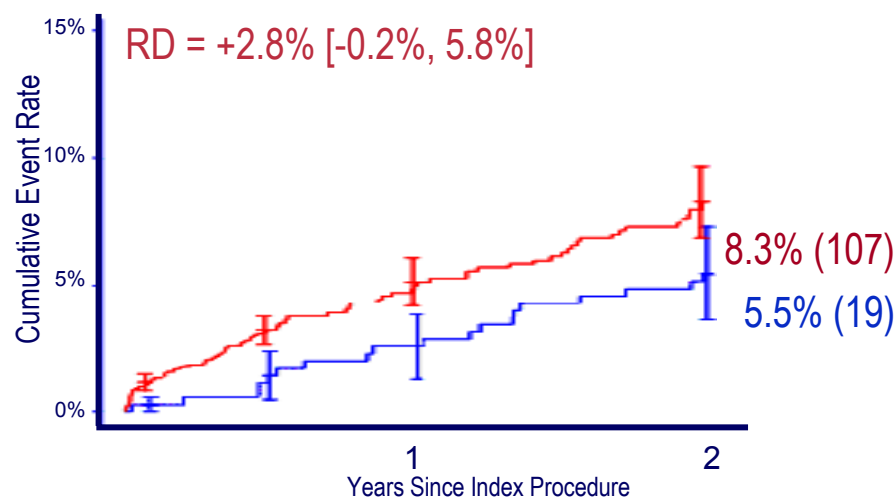
ARRIVE v. TAXUS Diabetics

$N = 2,689$

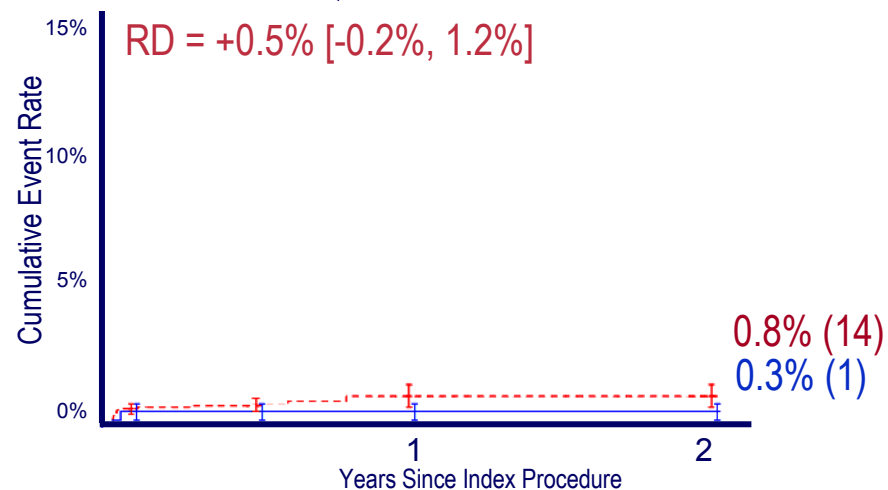
TAXUS (N=356) ARRIVE (N=2333)

RD = Rate Difference = ARRIVE — TAXUS
No increase Increase

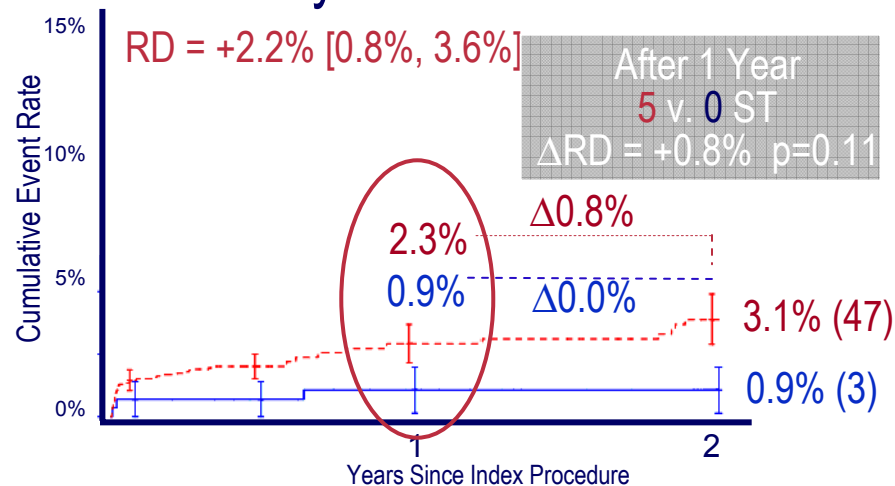
All Death



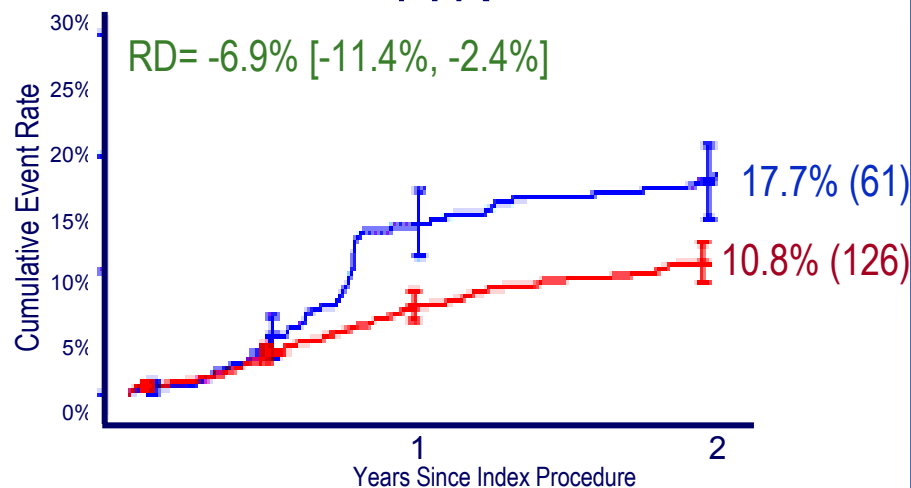
Q Wave MI



ARC Primary ST Definite/Probable



TVR

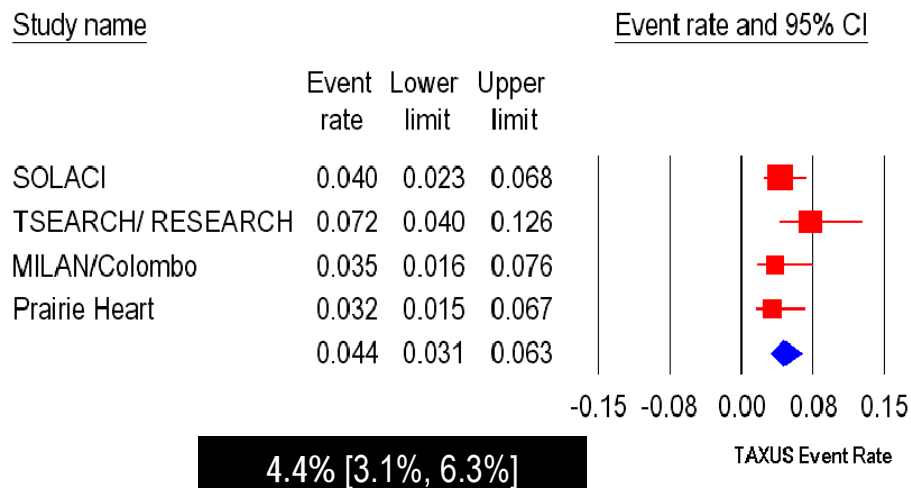


Event Rates in Prior Studies: TAXUS alone

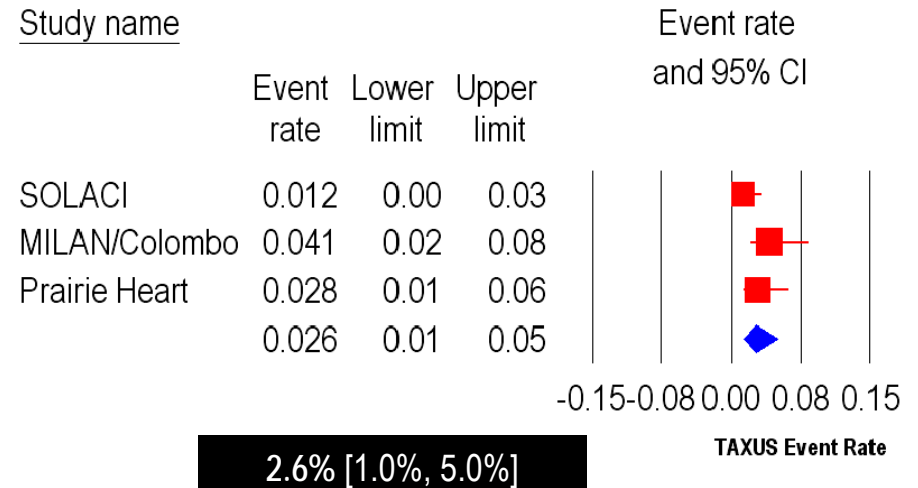
Diabetic Patients (N=1,141)

SOLACI (n= 325); TSEARCH/RESEARCH (n=148);
MILAN/COLOMBO (n=171); Prairie Heart (n=208); TC-WYRE (n=289)

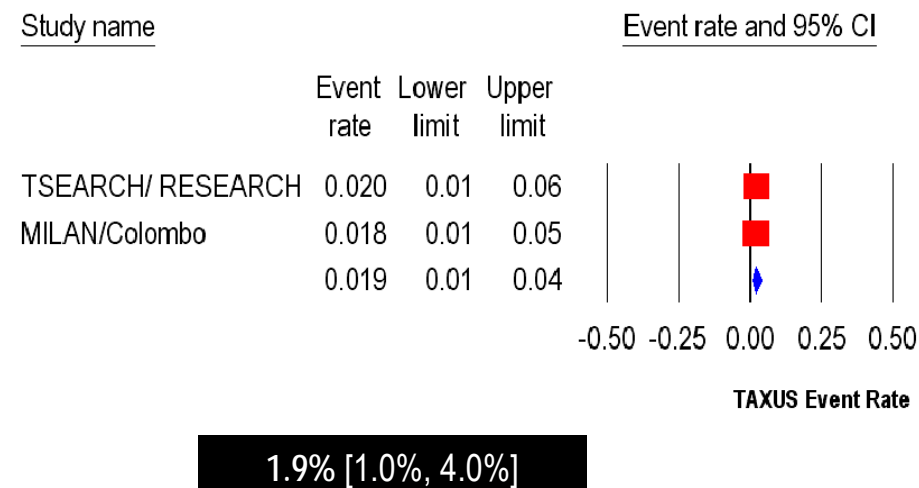
All Death



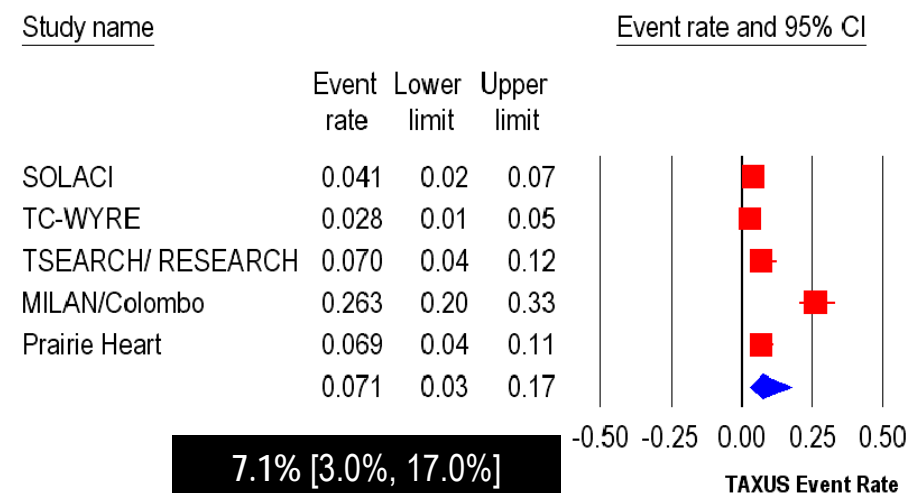
All MI



ST



TVR

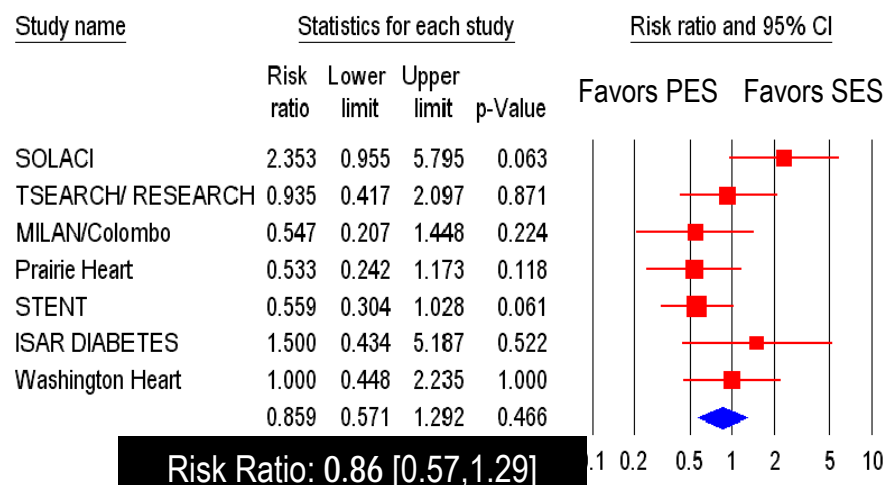


Event Rates in Prior Studies: TAXUS vs. Cypher

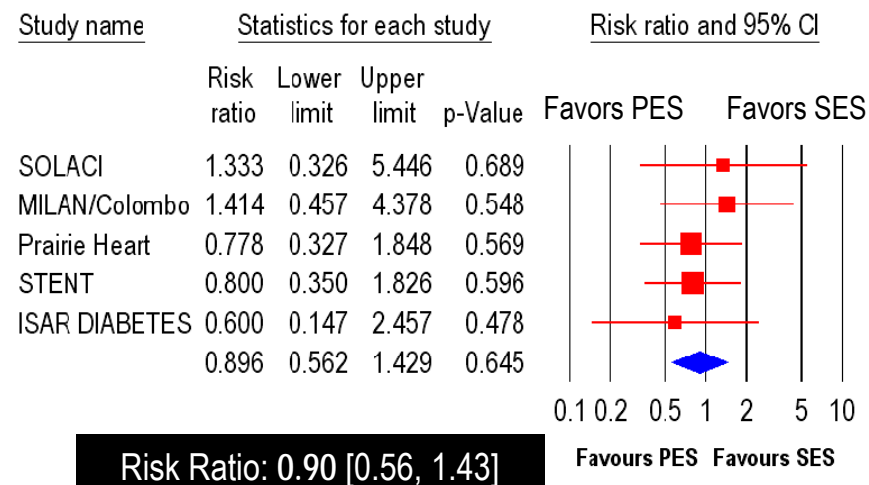
Diabetic Patients (N=5,423)

SOLACI (n= 745); TSEARCH/RESEARCH (n=293); MILAN/COLOMBO (n=342); Prairie Heart (n=1162); STENT (n=1680); ISAR DIABETES (n=250); Washington Heart (n=415); TC-WYRE (n=536)

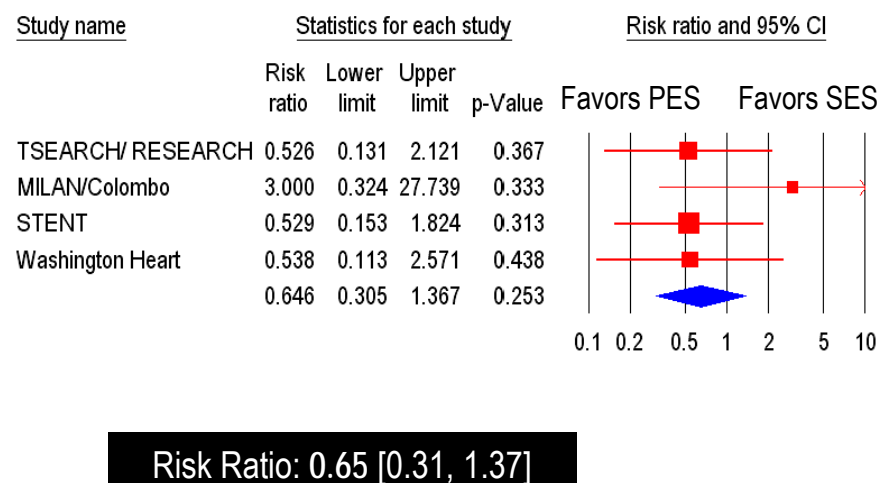
All Death



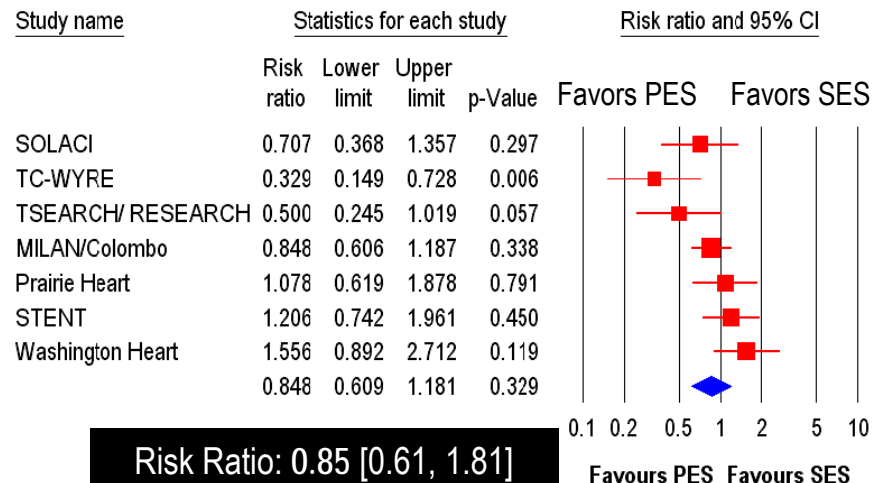
All MI



ST

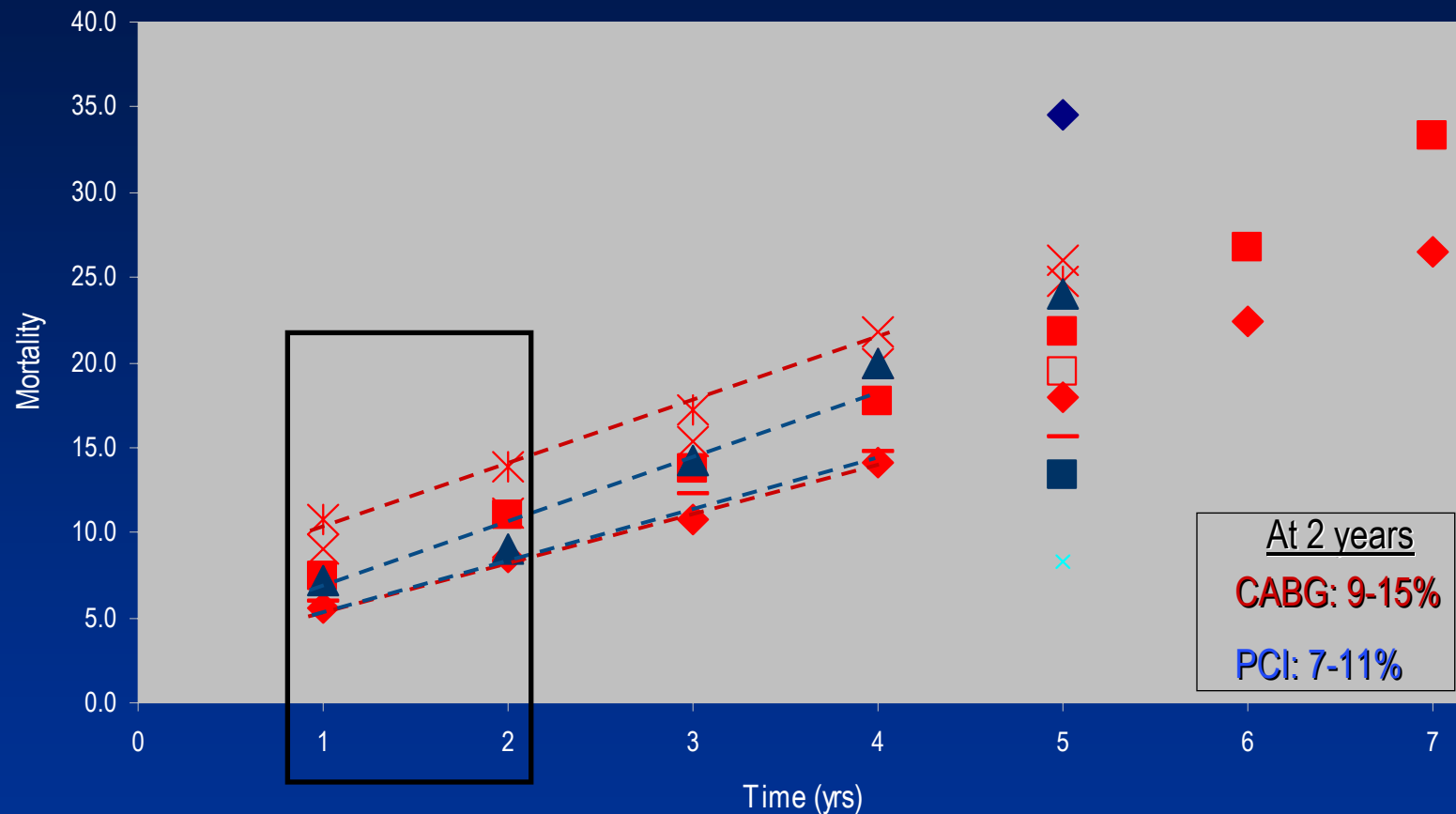


TVR



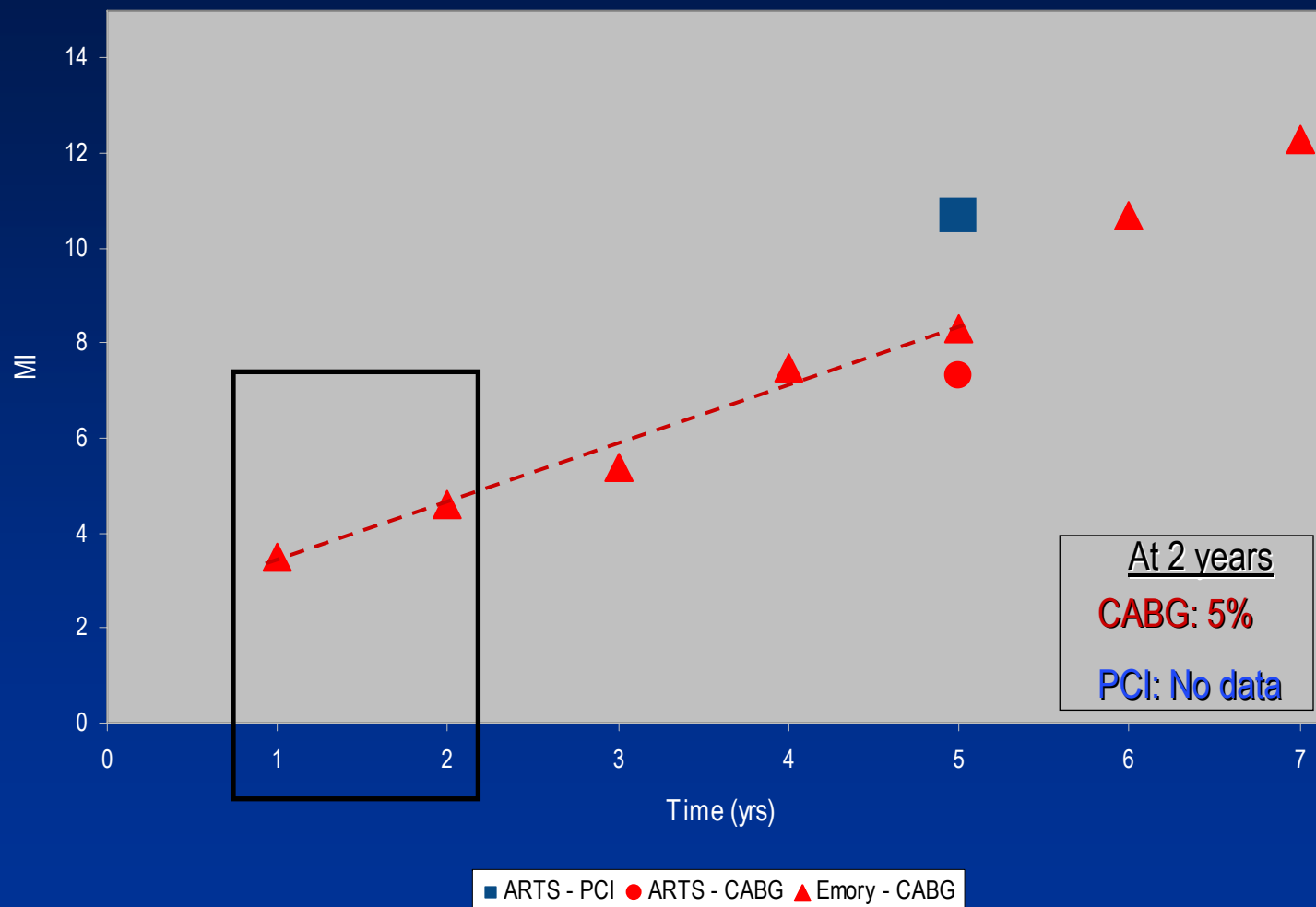
Historical Outcomes Rates

Death in Diabetics undergoing Complex PCI or CABG (N = 15,269)



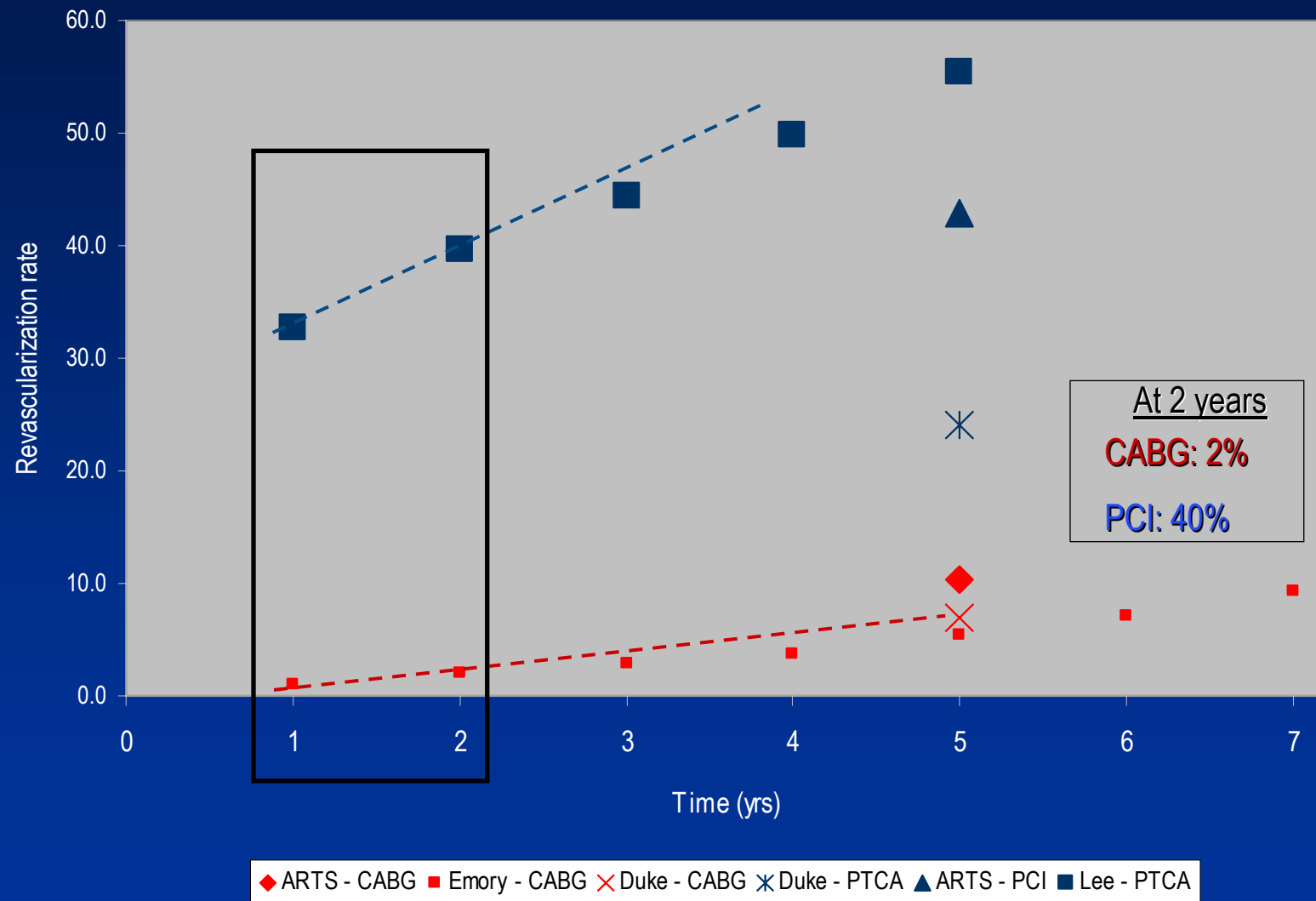
Historical Outcomes Rates

MI in Diabetics (N = 2,174)



Historical Outcomes Rates

Revascularization in Diabetics (N = 3,449)



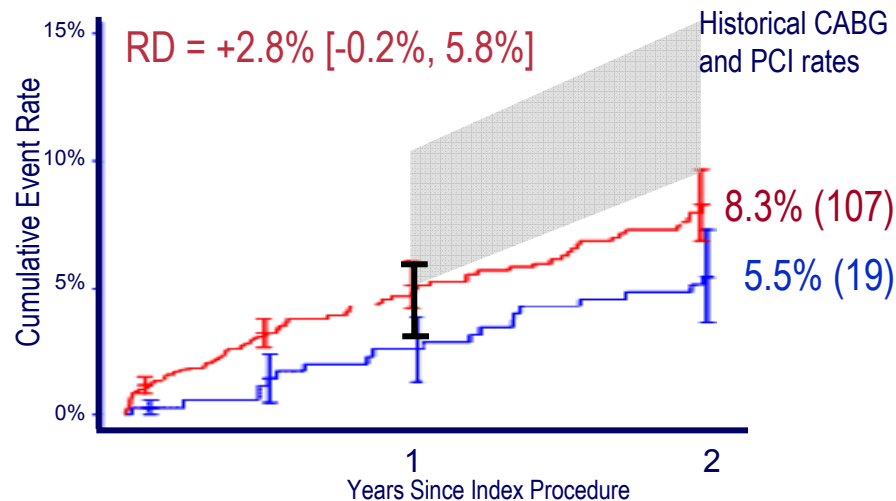
ARRIVE v. TAXUS Diabetics

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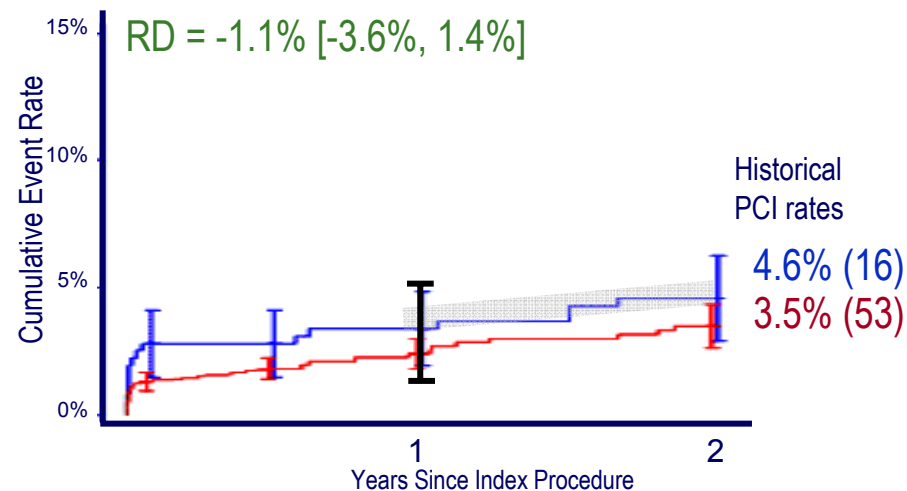
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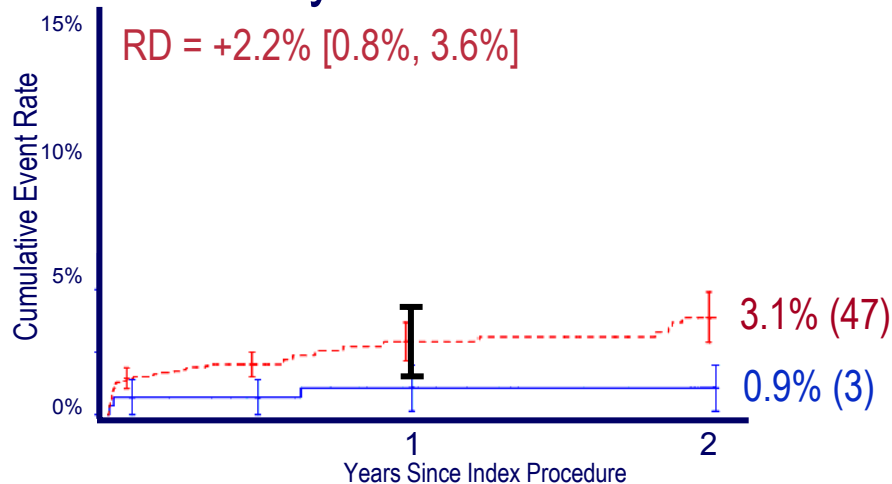
All Death



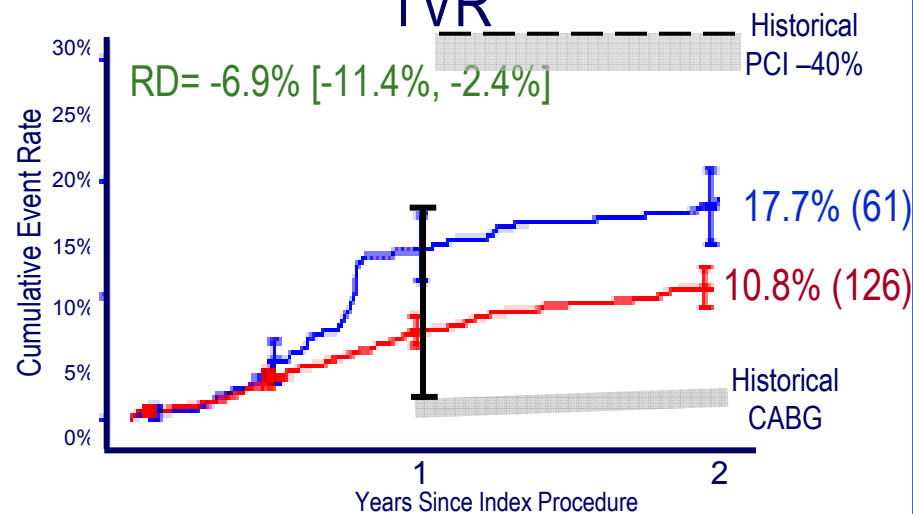
All MI



ARC Primary ST Definite/Probable



TVR

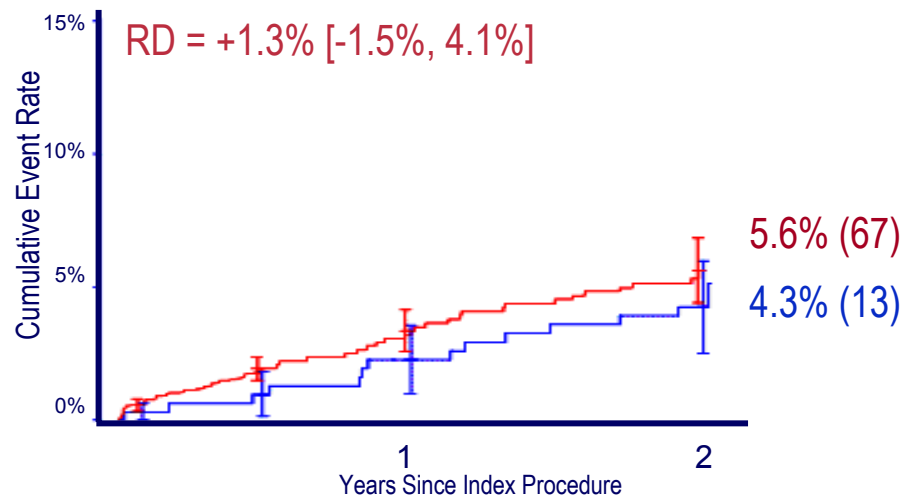


ARRIVE v. TAXUS Small Vessels RVD ≤ 2.5 mm Visual (N = 2,585)

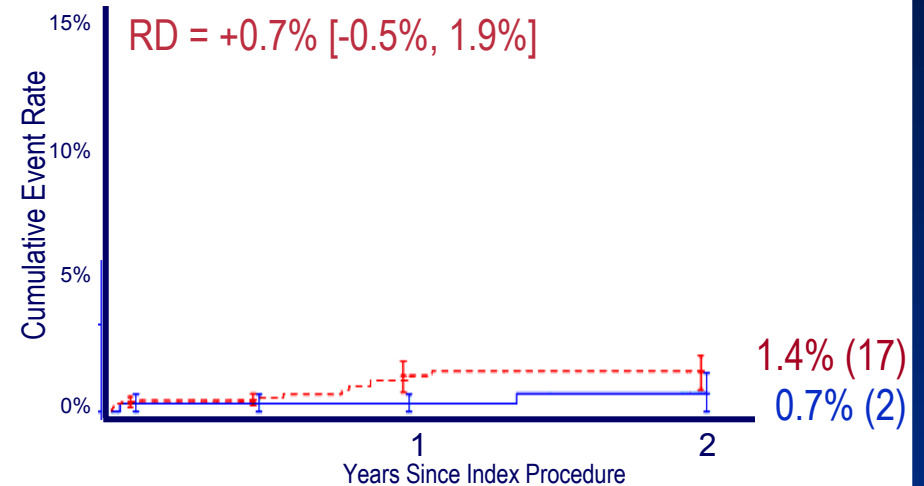
— TAXUS (N=313) — ARRIVE (N=2272)

RD = Rate Difference = ARRIVE — TAXUS
No increase Increase

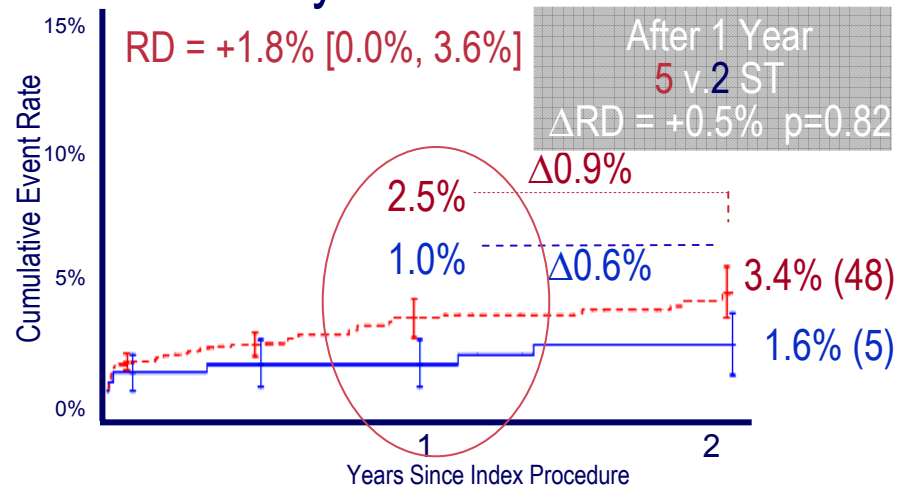
All Death



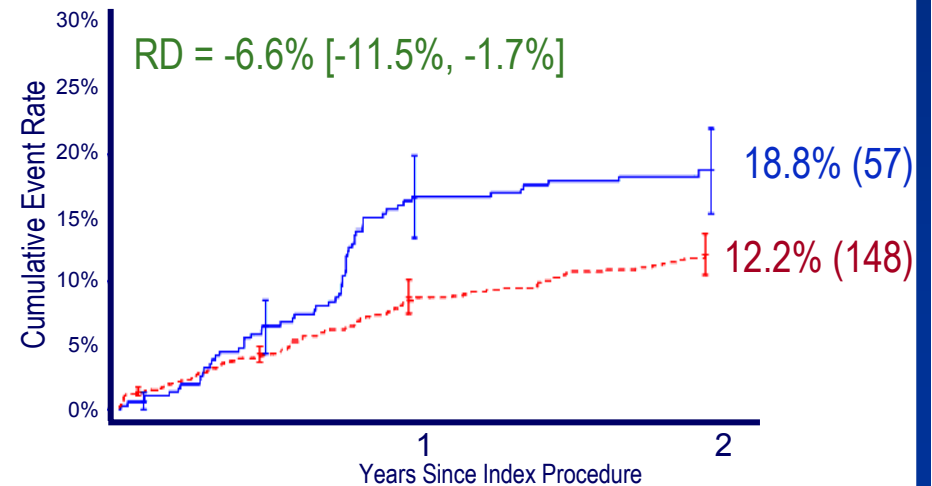
Q Wave MI



ARC Primary ST Definite/Probable



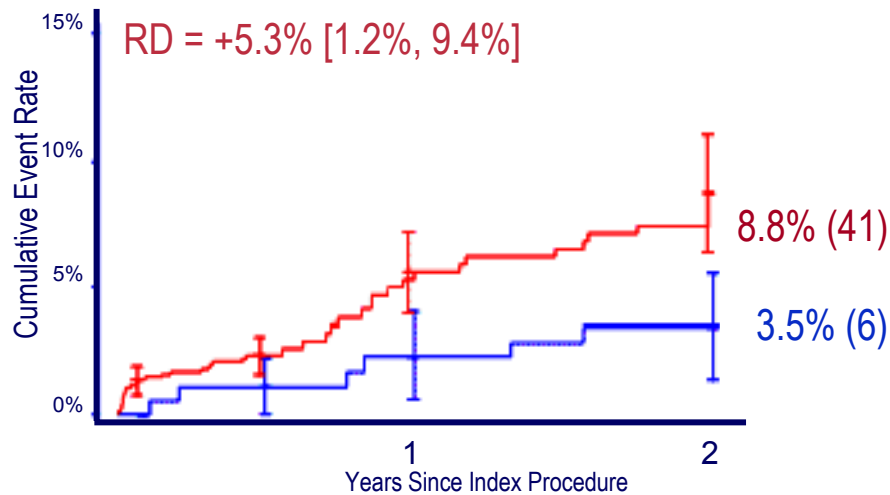
TVR



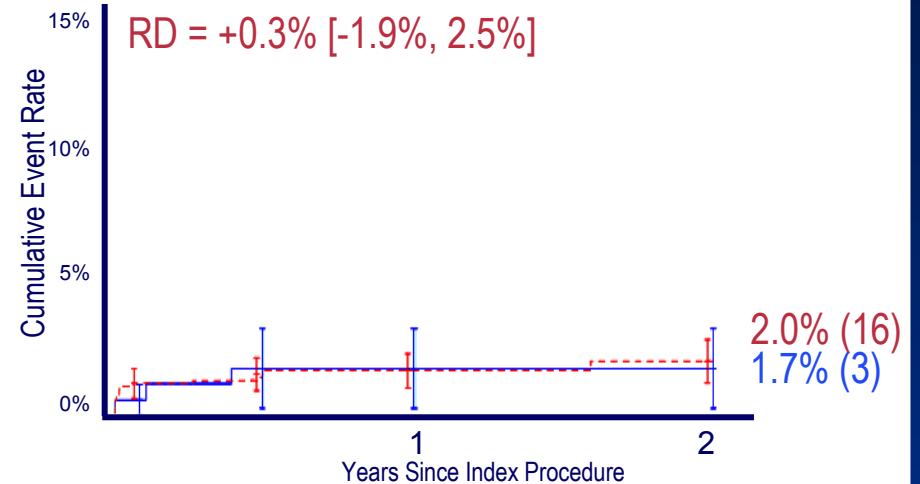
ARRIVE v. TAXUS Lesions $\geq 28\text{mm}$ Visual (N = 1,131)

— TAXUS (N=178) — ARRIVE (N=953)
RD = Rate Difference = ARRIVE — TAXUS
No increase Increase

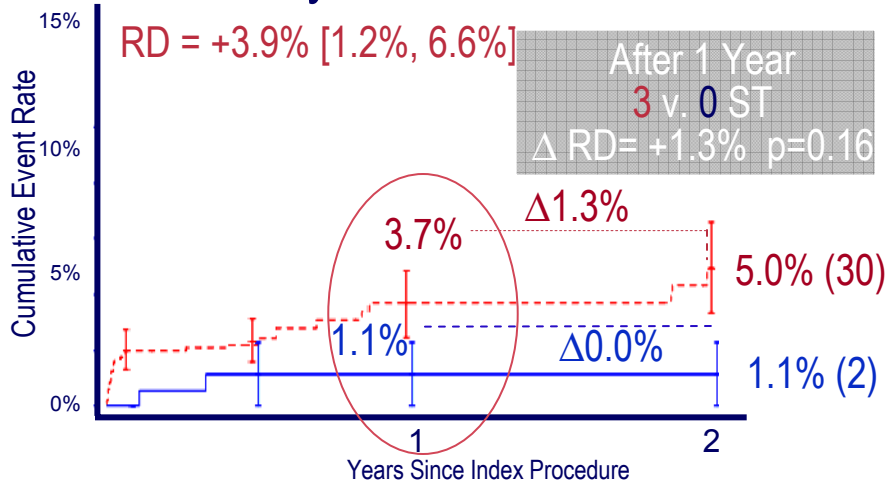
All Death



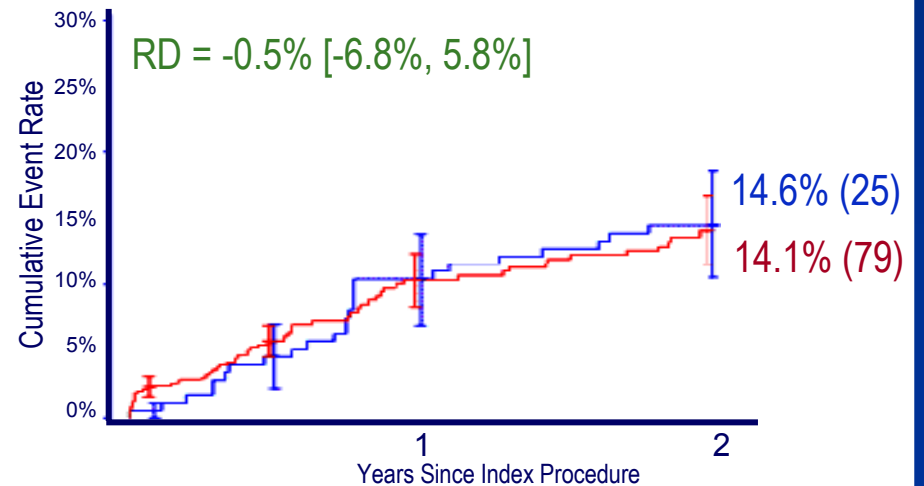
Q Wave MI



ARC Primary ST Definite/Probable



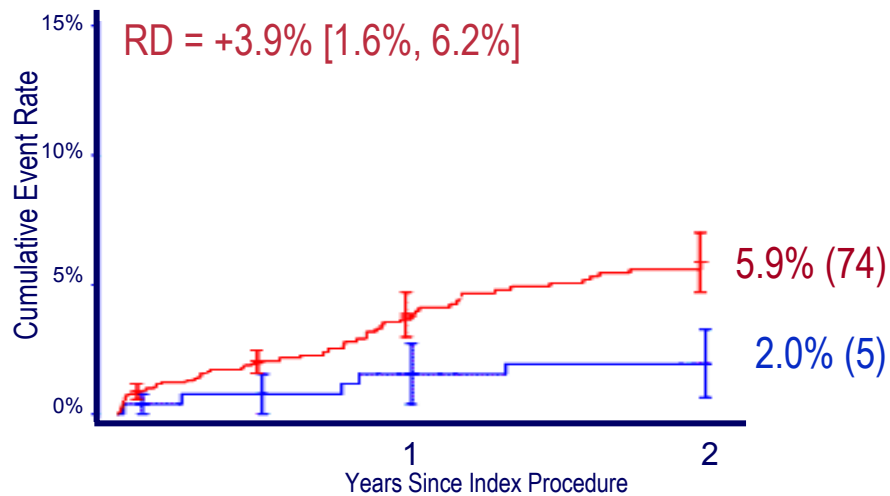
TVR



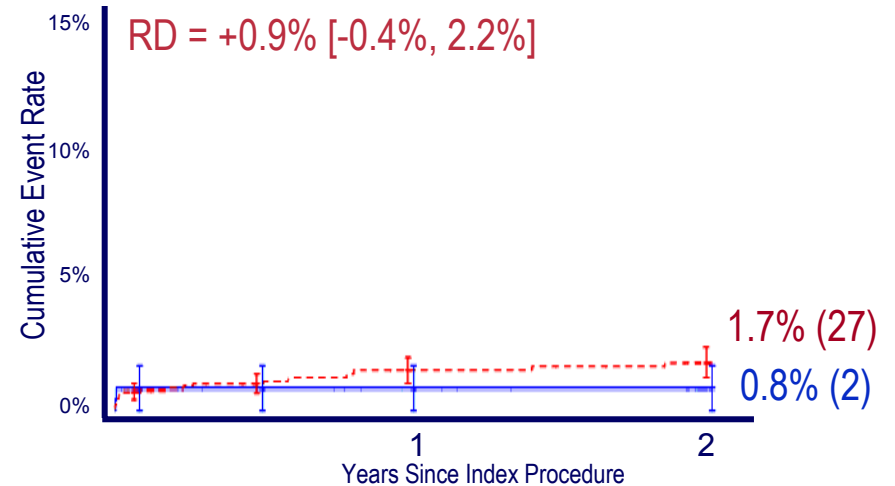
ARRIVE v. TAXUS Multiple Stents in Single Vessels (N = 2,524)

— TAXUS (N=255) — ARRIVE (N=2269)
 RD = Rate Difference = ARRIVE — TAXUS
 No increase Increase

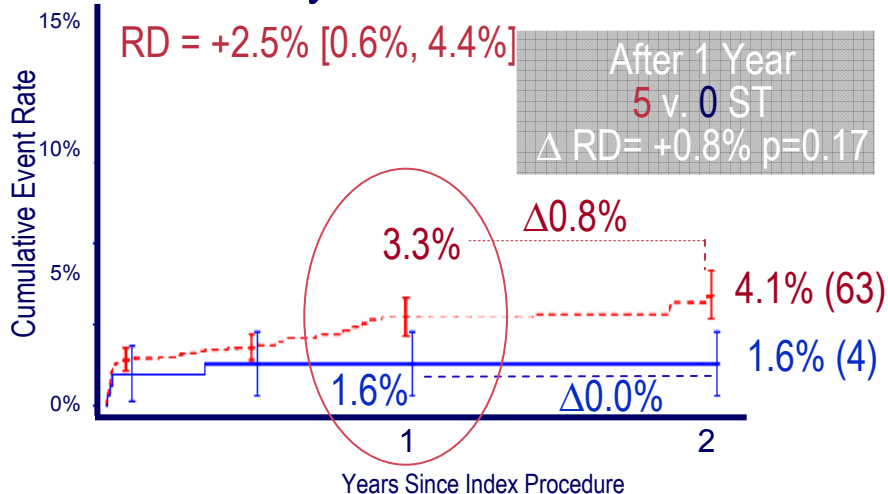
All Death



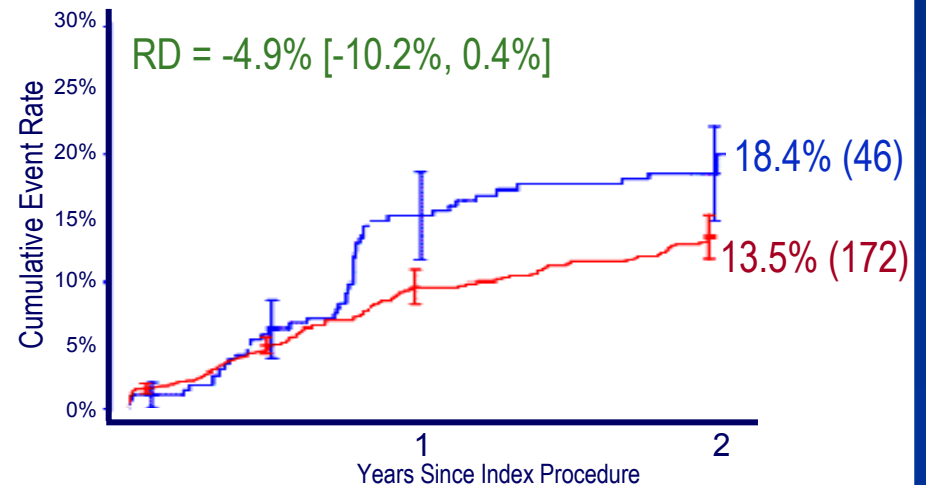
Q Wave MI



ARC Primary ST Definite/Probable



TVR



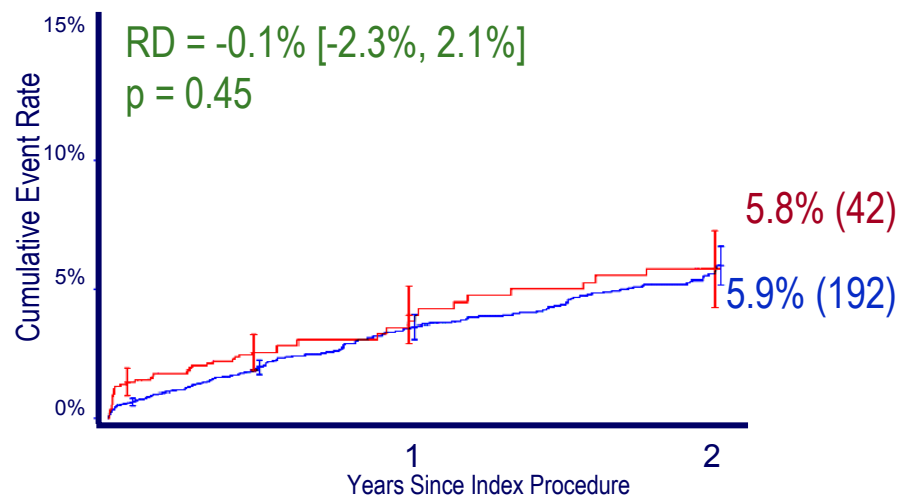
ARRIVE Multi v. Single Vessel

N = 1,153 Multi-vessel cases

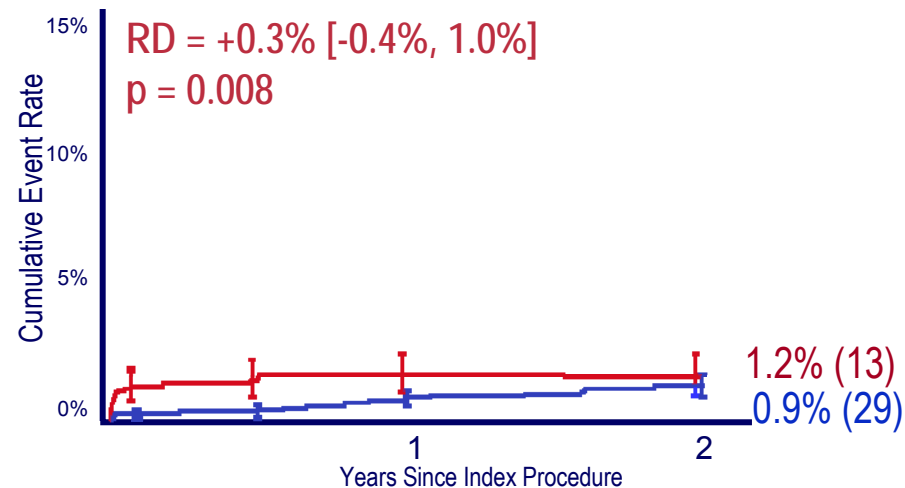
— Single (N=6240) — Multi (N=1153)

RD = Rate Difference = Multi — Single
No increase Increase

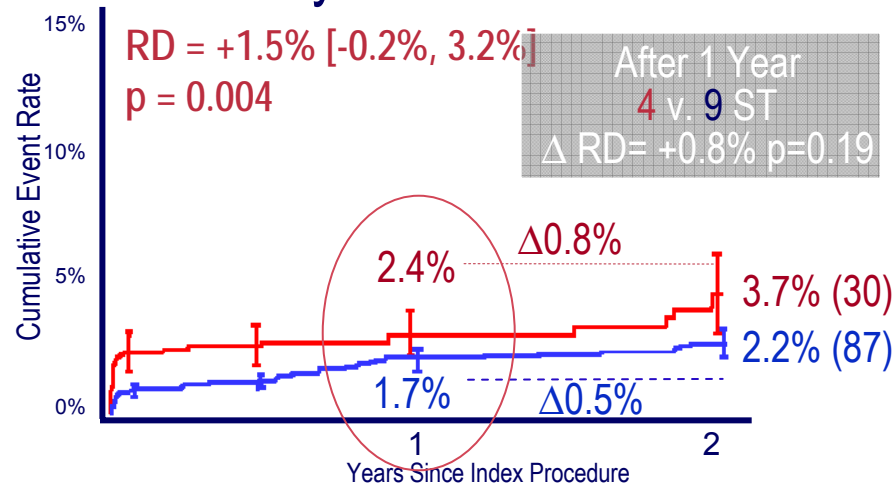
All Death



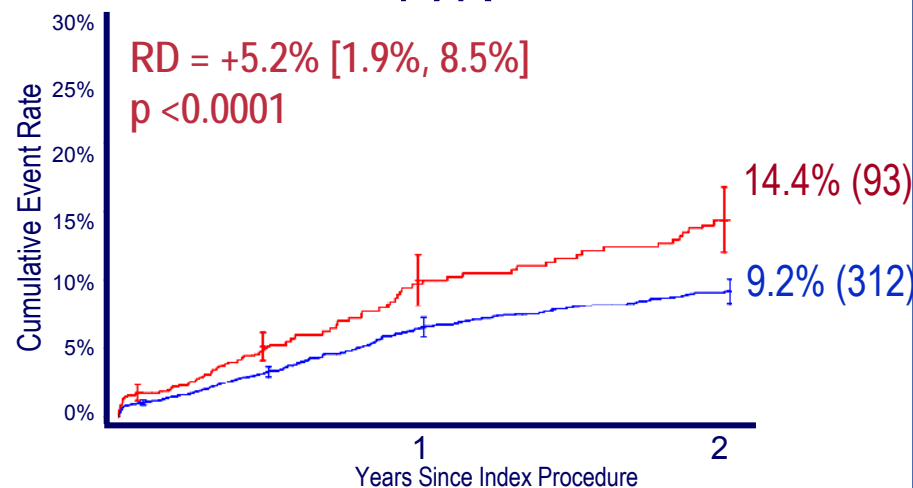
Q Wave MI



ARC Primary ST Definite/Probable



TVR



ARRIVE AMI v. non-AMI

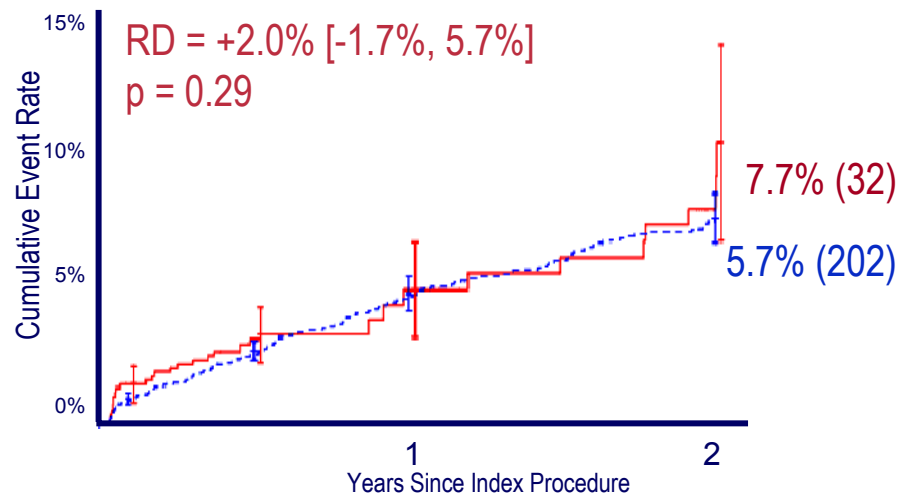
N = 927 AMI cases

— Non-AMI (N=6466)

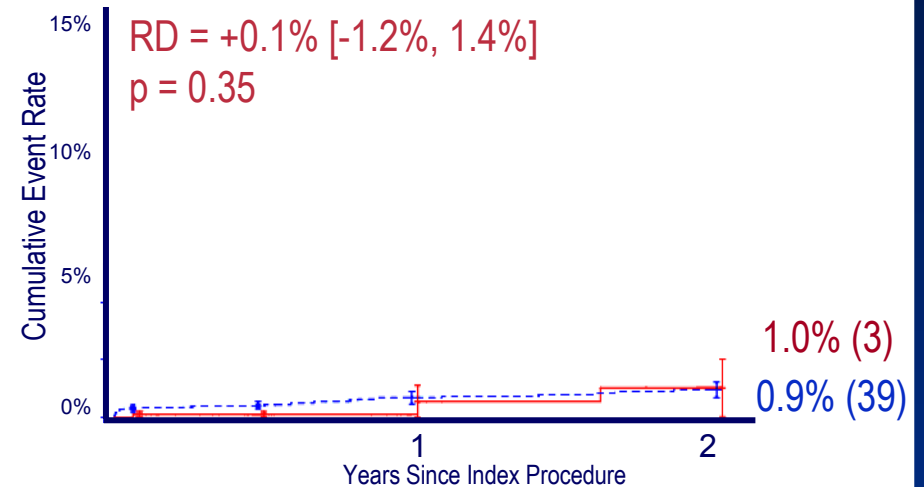
— AMI (N=927)

RD = Rate Difference = AMI — Non-AMI
 No increase Increase

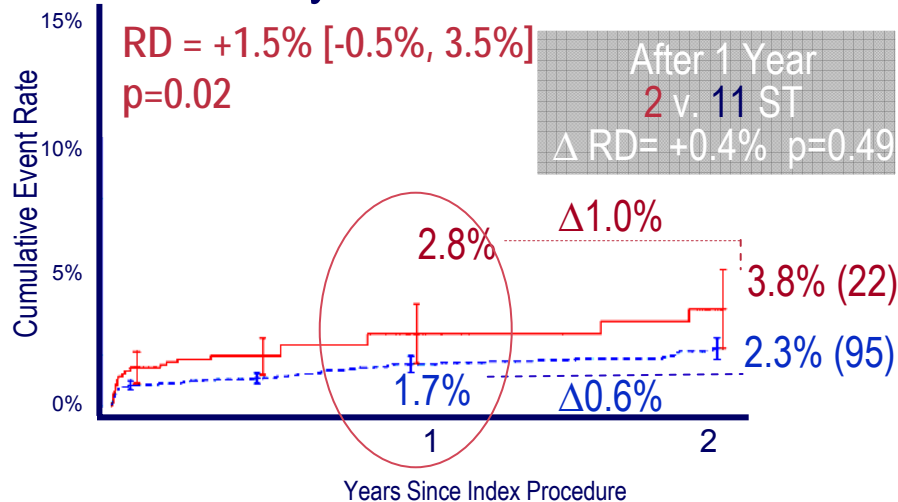
All Death



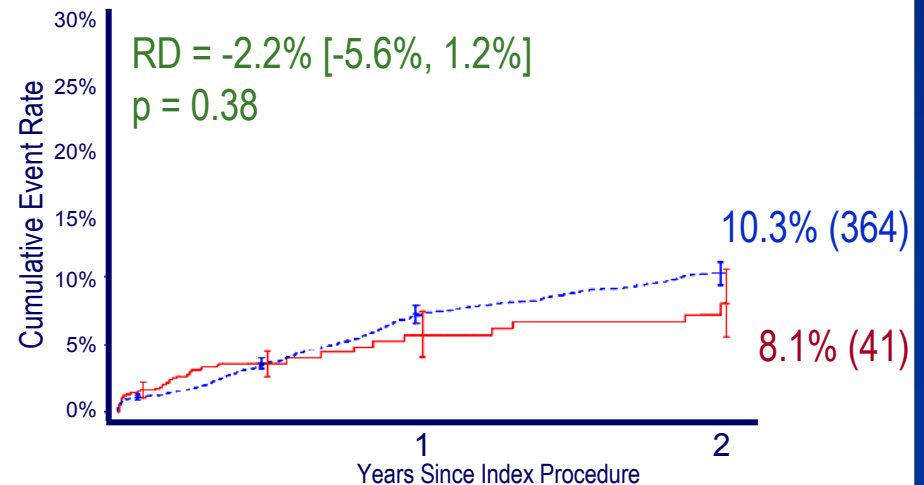
Q Wave MI



ARC Primary ST Definite/Probable



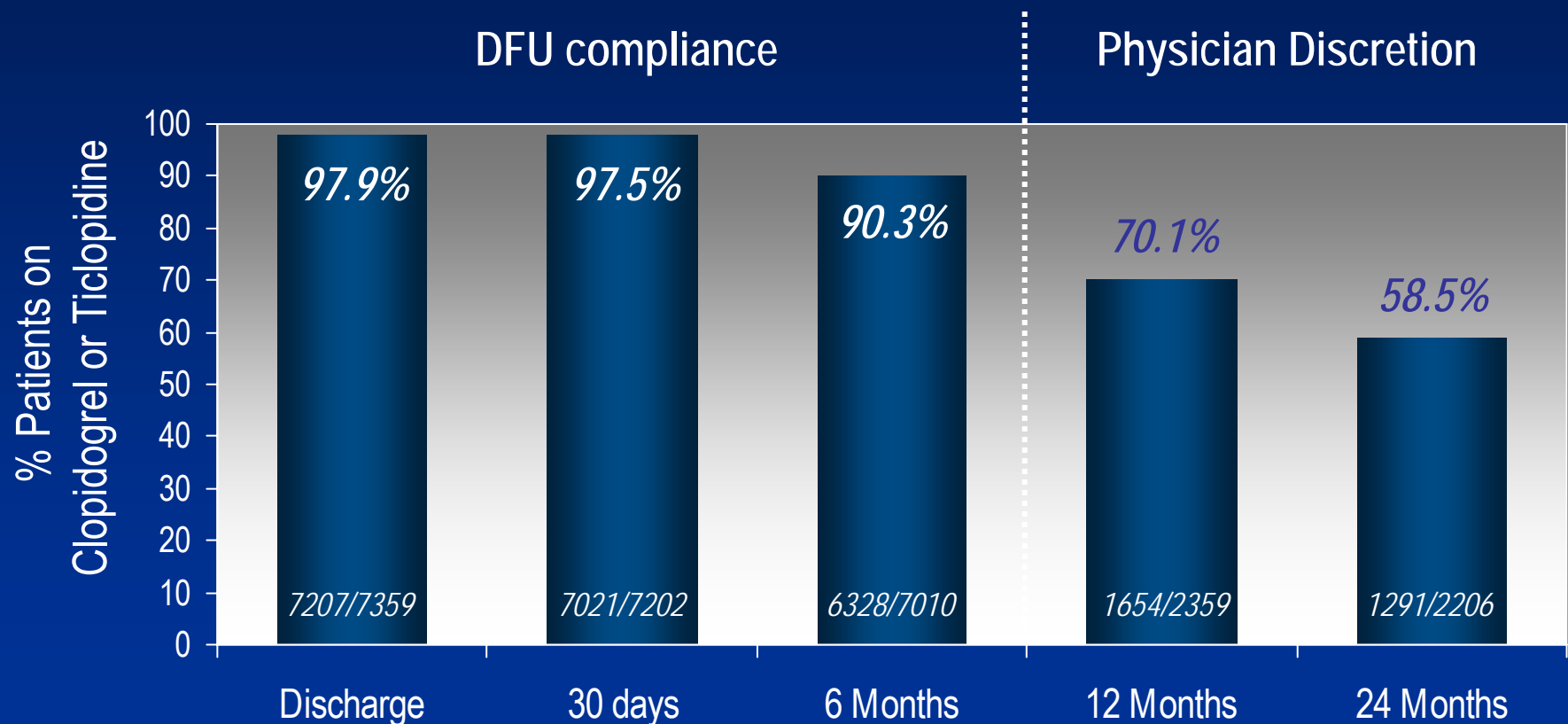
TVR



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Long-Term-Thienopyridine Intake in ARRIVE Real World Registries



Multivariate Predictors of Adverse Events in ARRIVE 1 (N=2,487)

Follow-up to 2 years

Multivariate Predictors of Death

Variable	Hazard Ratio (95% CI)	p-Value
Discontinued Plavix/Ticlid usage before 6 months	8.58 (6.08, 12.09)	<0.0001
Age	1.06 (1.05, 1.08)	<0.0001
Renal Disease	4.88 (3.09, 7.72)	<0.0001
Congestive Heart Failure	2.26 (1.52, 3.36)	0.0001
Diabetes	1.85 (1.31, 2.61)	0.0005
Previous Stroke	1.82 (1.13, 2.94)	0.0142
Lesion type B2 or C	1.57 (1.08, 2.26)	0.0171

Multivariate Predictors of MI

Variable	Hazard Ratio (95% CI)	p-Value
Current Smoker	2.13 (1.35, 3.35)	0.0012
Patient Minimum RVD	0.44 (0.26, 0.75)	0.0021
Prior MI	1.83 (1.17, 2.87)	0.0078
Patient Lesion Length	1.01 (1.00, 1.02)	0.0201
Discontinued Plavix/Ticlid usage before 6 months	1.82 (1.02, 3.24)	0.0429

Multivariate Predictors of ST Protocol (ST = 67)

Variable	Hazard Ratio (95% CI)	p-Value
Discontinued Plavix/Ticlid usage before 6 months	5.32 (3.24, 8.75)	<0.0001
Patient Lesion Length	1.02 (1.01, 1.03)	<0.0001
Patient Minimum RVD	0.37 (0.21, 0.66)	0.0009
Age	0.97 (0.95, 0.99)	0.0129

Multivariate Predictors of TVR

Variable	Hazard Ratio (95% CI)	p-Value
Age	0.97 (0.96, 0.98)	<0.0001
Previous PCI	1.67 (1.29, 2.17)	0.0001
Multiple Stenting	1.62 (1.25, 2.09)	0.0003
Gender(Male)	0.67 (0.51, 0.87)	0.0029
Lesion Calcification	1.37 (1.05, 1.78)	0.0202
Previous CABG	1.39 (1.02, 1.89)	0.0366

Multivariate Predictors of Adverse Events in ARRIVE 1 (N=2,487)

Follow-up to 2 years

Multivariate Predictors of ST Protocol $\leq 1y$ (ST = 53)

Variable	Hazard Ratio (95% CI)	p-Value
Discontinued Plavix/Ticlid usage before 6 months	5.40 (3.11, 9.39)	<0.0001
Patient Lesion Length	1.02 (1.01, 1.03)	0.0001
Patient Minimum RVD	0.37 (0.20, 0.69)	0.0017
Smoking	1.85 (1.05, 3.25)	0.0323
Left Main Stenting	2.88 (1.03, 8.07)	0.0435

Multivariate Predictors of ARC ST Primary $\leq 1y$ Def/Prob (ST = 53)

Variable	Hazard Ratio (95% CI)	p-Value
Discontinued Plavix/Ticlid usage before 6 months	5.47 (3.15, 9.51)	<0.0001
Multiple Stenting per patient	3.32 (1.81, 6.07)	0.0001
Patient Minimum RVD	0.42 (0.22, 0.83)	0.0122
Smoking	2.27 (1.30, 3.96)	0.0038
CHF	2.15 (1.07, 4.30)	0.0311

Multivariate Predictors of ST Protocol $> 1y$ (ST = 14)

Variable	Hazard Ratio (95% CI)	p-Value
Prior Brachytherapy	19.98 (2.5, 159.31)	0.0047
Age	0.94 (0.90, 0.99)	0.0215
Discontinued Plavix/Ticlid usage before 6 months	3.98 (1.22, 12.93)	0.0218
Prior MI	3.83 (1.19, 12.28)	0.0241
CTO Stenting	4.89 (1.05, 22.75)	0.0429
Patient Lesion Length	1.02 (1.00, 1.04)	0.0445

Multivariate Predictors of ARC ST Primary $> 1y$ Def/Prob(ST = 13)

Variable	Hazard Ratio (95% CI)	p-Value
Discontinued Plavix/Ticlid usage before 6 months	9.26 (3.24, 26.44)	<0.0001
CTO Stenting	5.91 (1.30, 26.75)	0.0212
Prior MI	3.02 (1.00, 9.10)	0.0496
Age	0.95 (0.91, 1.00)	0.0372

Overall ARRIVE Registry

Overall, the ARRIVE Registry results show

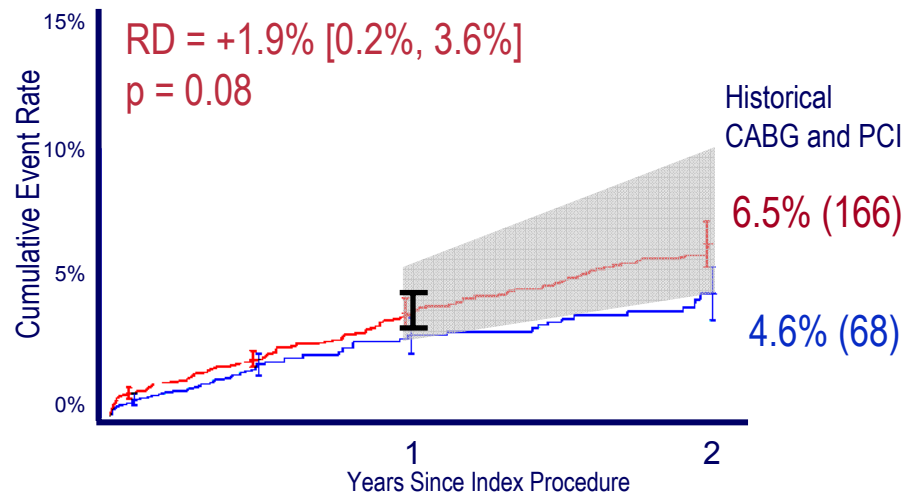
- Significantly fewer TVR's
 - no routine angiographic subset, hence no oculo-stenotic reflex
- Significantly fewer overall MIs
 - no routine blood sampling, thus poor non-Q MI detection
 - good Q-MI ascertainment
- *Slightly* higher rates of death and of stent thrombosis in complex lesions than the Taxus trials or the simple lesion ARRIVE subset
 - expected with greater lesion length, small vessels, comorbidities, etc.
- Without an internal comparator it is difficult to determine the implication of these results (*be wary of studies using old BMS data*)
- But use of the historical PCI and CABG reference points *does* help show results consistent with real world TAXUS use, and typical for patients undergoing complex revascularization by these means

ARRIVE Complex v. Simple N = 7,393

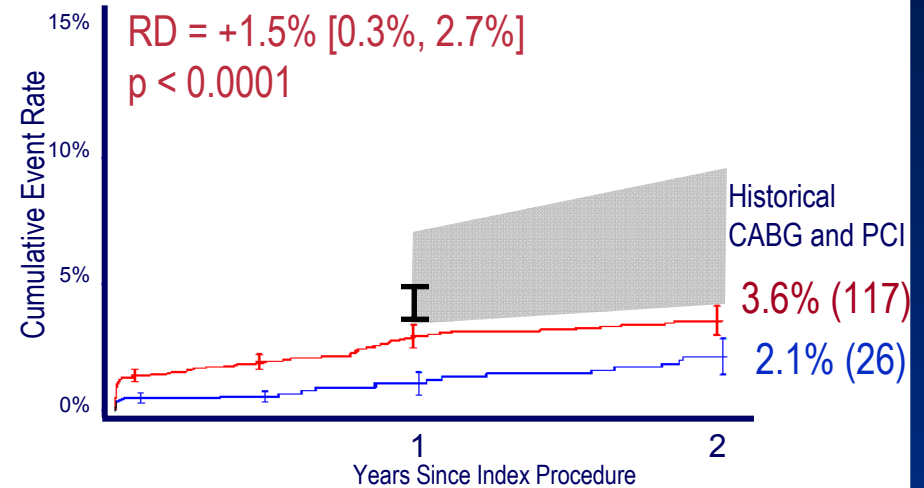
— Simple (N=2564) — Complex (N=4829)

RD = Rate Difference = Complex — Simple
No increase Increase

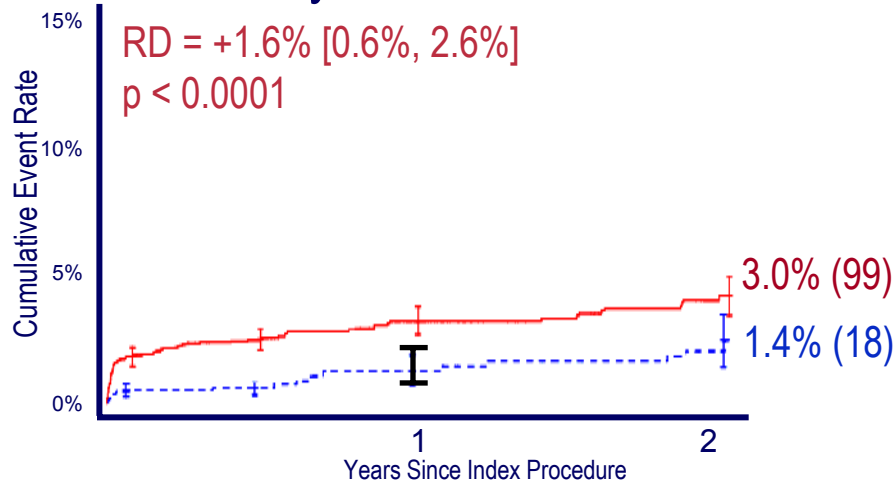
All Death



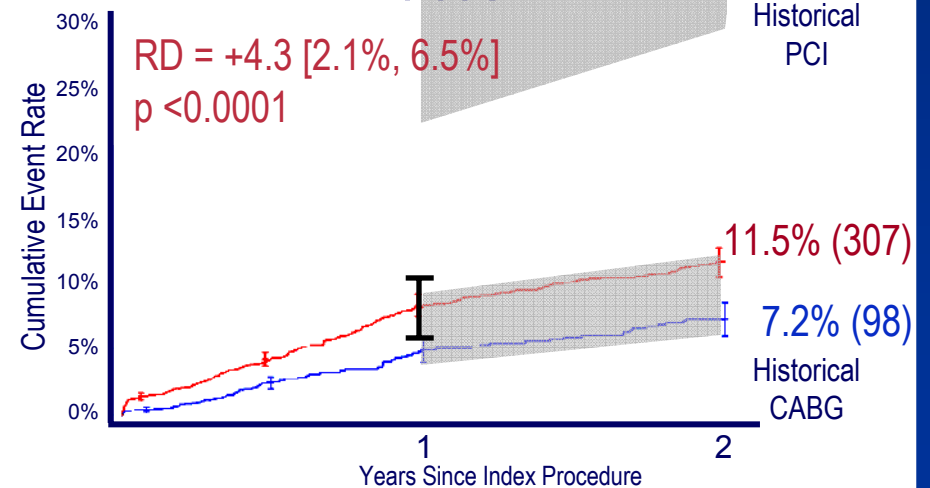
All MI



ARC Primary ST Definite/Probable

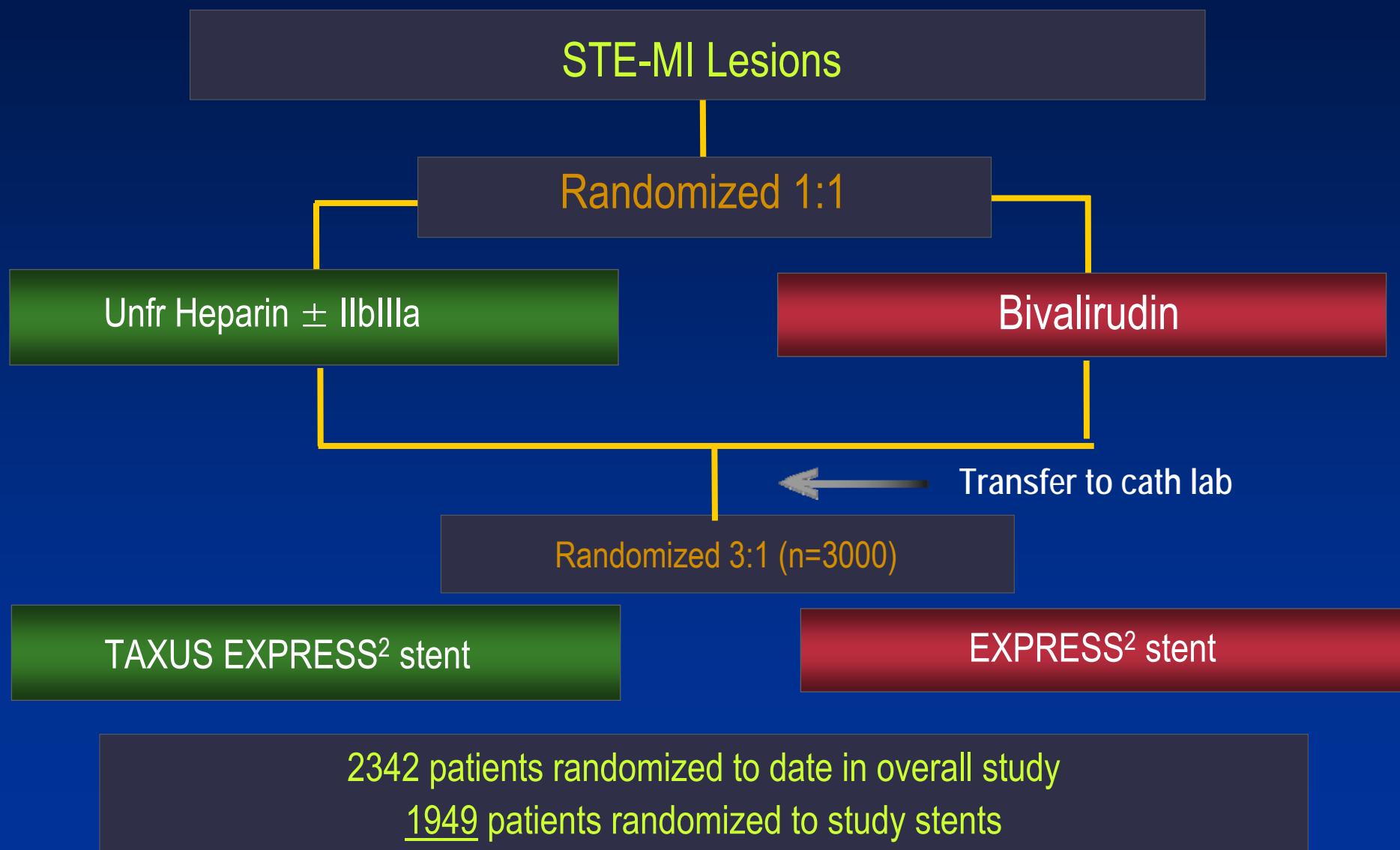


TVR



Study in Progress

HORIZON (TAXUS in AMI)



Study in Progress

SYNTAX - Expanding TAXUS into Left Main and 3-Vessel



All patients with Left main and/or 3-Vessel Disease

Minimal In- or Exclusion Criteria

Local Heart team (Interventional Cardiologist & Cardiothoracic Surgeon)

eligible for both
treatment options

eligible for only one
treatment options

Randomized Trial

CABG
(n=900)

TAXUS
(n=900)

Nested Registries

CABG

TAXUS

1687 patients (94%) enrolled

Agenda

- ARRIVE Registry
- TAXUS v. ARRIVE Analysis (Simple lesions)
- ARRIVE Analysis (Complex lesions)
- Multivariate Predictor Analysis
- Summary and Conclusions

Real-World Taxus® Stent Use Confirms Favorable Outcome Profile

- The Taxus stent has demonstrated favorable risk-benefit outcomes compared to BMS in the somewhat *"simpler" clinical trial patients*
- But how can we best evaluate TAXUS performance in the *more complex "real-world" patients* who comprise > 50% of current use?
- The *ARRIVE Registries* include > 7,000 Taxus-treated patients
 - "Simple" lesions (Taxus IV-like) have similar outcomes to RCTs
 - "Complex" lesions have expected *slightly* more adverse events
- Those outcomes are comparable to meta-analysis of other real-world data, and to of complex PCI or CABG revascularization results
- Pending results of randomization of even more complex patients in Horizons (AMI) and SYNTAX (LM and 3VD), there is no reason to believe that current clinical use exposes complex patients to excess risk compared to other available alternative revascularization therapy

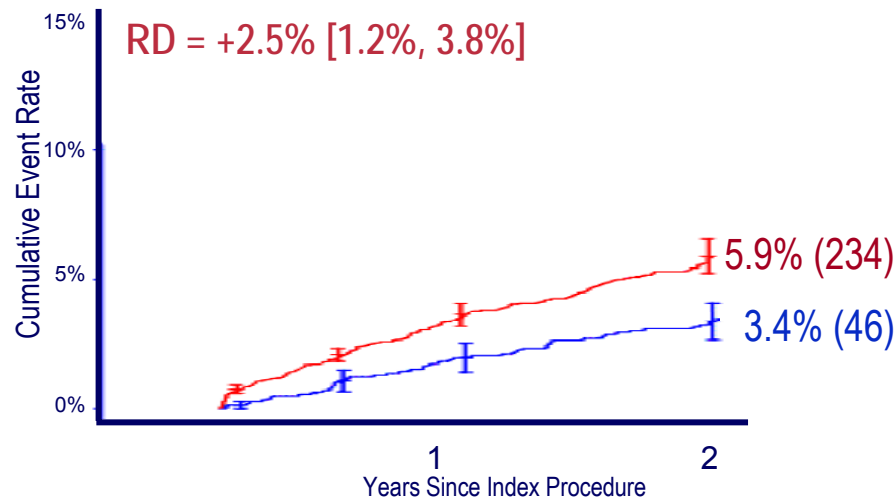
Thank you

BACK-UP SLIDES

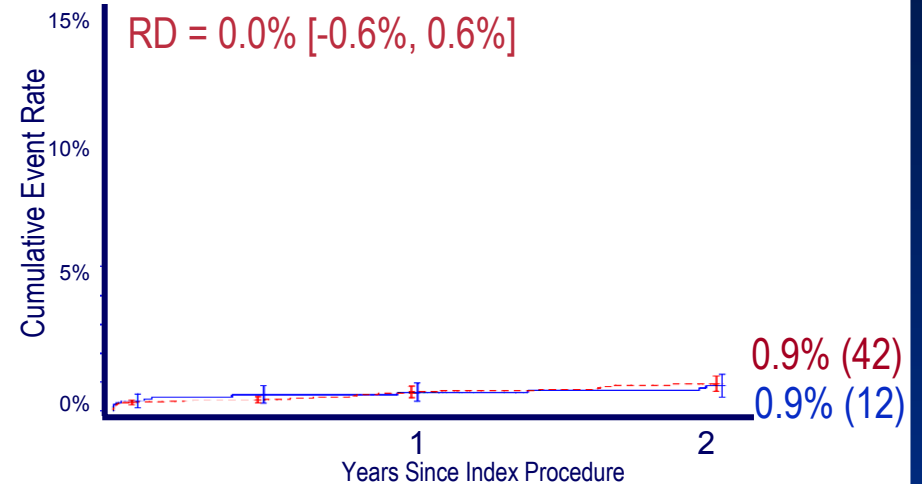
ARRIVE Overall v. TAXUS Overall *N* = 8,793

— TAXUS (N=1400) — ARRIVE (N=7393)
RD = Rate Difference = ARRIVE — TAXUS
No increase Increase

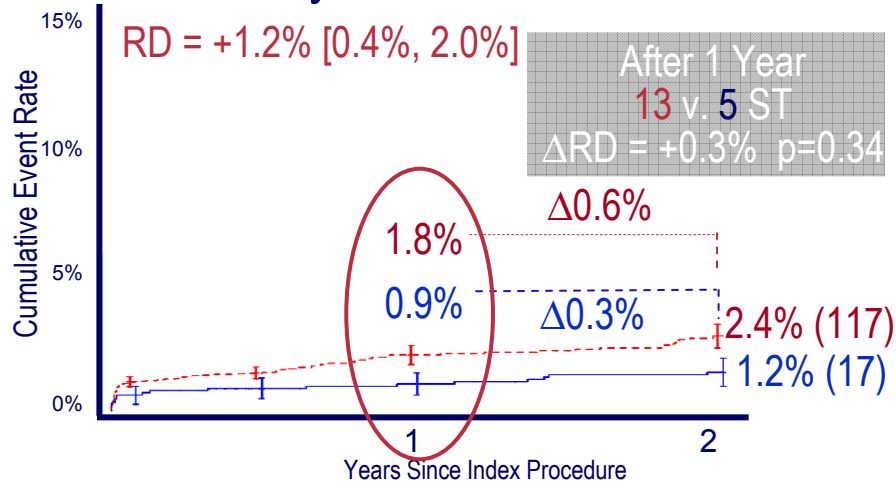
All Death



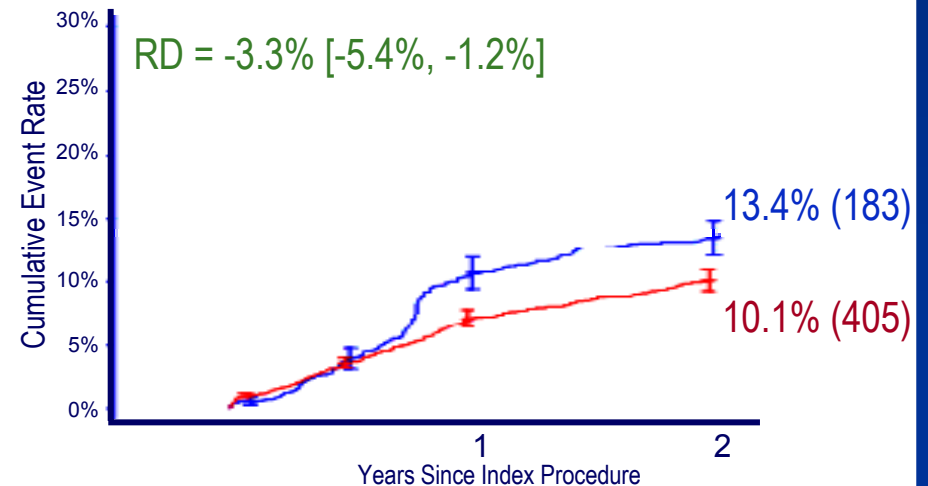
Q Wave MI



ARC Primary ST Definite/Probable



TVR



ARRIVE Diabetics (n= 2,333) v. Non Diabetics (n = 5,060)

ANNUAL HAZARD RATES

Δ = Rate Difference = DM — Non DM
 No increase Increase

Event	0-1 Year (% / patient-year)				1-2 Years (% / patient-year)				2-year Cumulative Rates (K-M estimate [%])			
	DM	Non DM	Rate Difference		DM	Non DM	Rate Difference		DM	Non DM	Rate Difference	
			Δ	p			Δ	p			Δ	p
All Death	6.02	3.06	+2.96	<0.0001	3.19	1.86	+1.33	0.06	8.29	4.82	3.47	<0.0001
Cardiac Death	4.22	1.79	+2.43	<0.0001	1.28	0.80	+0.48	0.30	4.64	2.43	2.20	<0.0001
All MI	3.23	2.50	+0.73	0.19	1.13	0.80	+0.32	0.47	3.49	2.87	0.62	0.11
QWMI	0.97	0.68	+0.29	0.31	0.00	0.40	-0.40	0.11	0.81	1.00	-0.18	0.74
ST Protocol	2.87	2.03	+0.84	0.10	0.80	0.67	+0.13	0.74	2.96	2.34	0.63	0.08
Total ARC ST All	4.61	2.62	+2.00	0.0006	1.76	1.13	0.63	0.25	5.54	3.54	1.99	0.0003
TVR	7.31	7.62	-0.31	0.72	4.92	3.38	+1.54	0.10	10.8	9.76	1.04	0.87
TVR-CABG	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

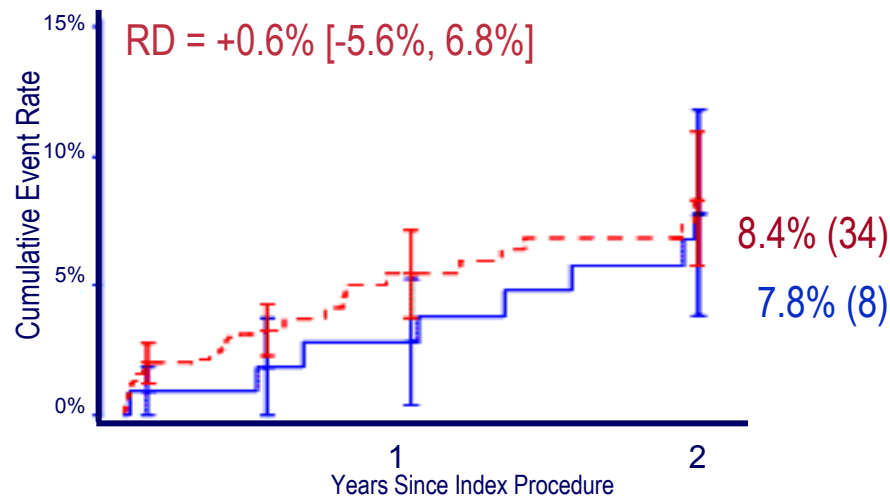
p-value from Log rank test of no difference in the Kaplan-Meier curves between the groups

ARRIVE v. TAXUS Insulin-Requiring Diabetics ($N = 860$)

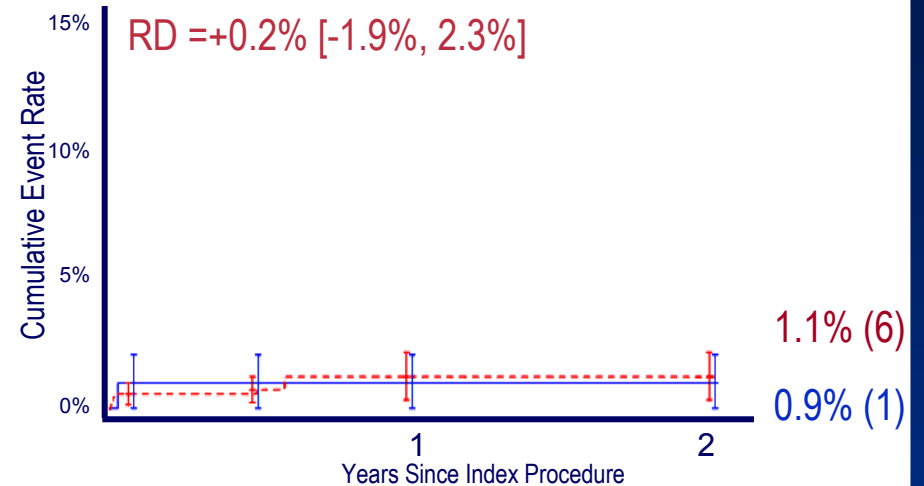
— TAXUS (N=107) — ARRIVE (N=753)

RD = Rate Difference = ARRIVE — TAXUS
 No increase Increase

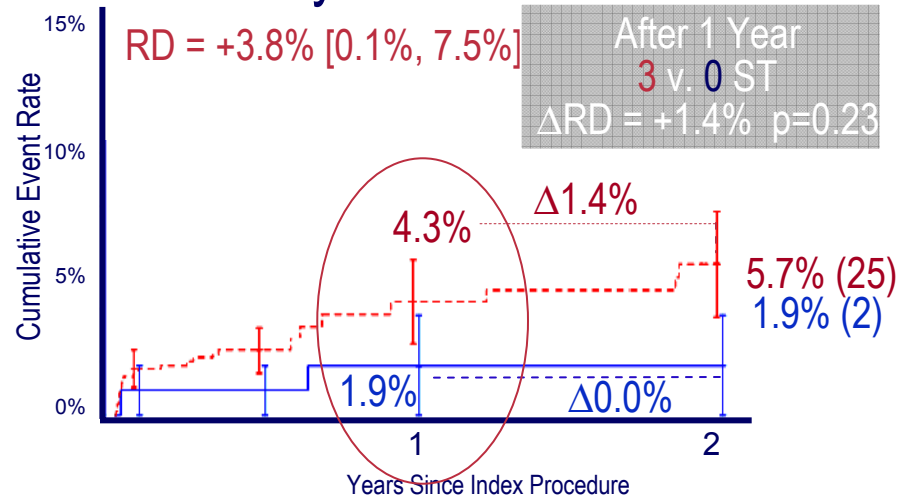
All Death



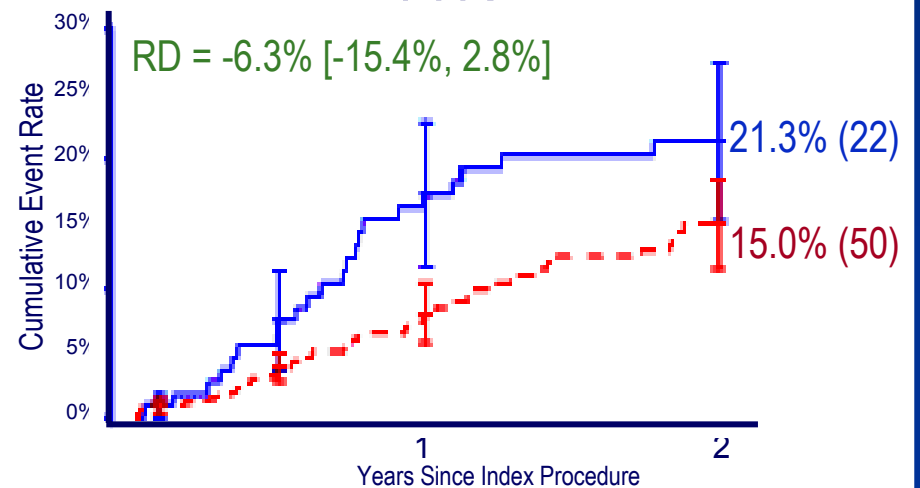
Q Wave MI



ARC Primary ST Definite/Probable



TVR



ARRIVE Vessels RVD ≤ 2.5 mm (N = 2272) v. > 2.5 mm (N = 5121) Visual (N = 7,393)

ANNUAL HAZARD RATES

Δ = Rate Difference = ≤ 2.5 mm — > 2.5 mm
 No increase Increase

Event	0-1 Year (% / patient-year)				1-2 Years (% / patient-year)				2-year Cumulative Rates (K-M Estimate [%])			
	≤ 2.5 mm	> 2.5 mm	Rate Difference		≤ 2.5 mm	> 2.5 mm	Rate Difference		≤ 2.5 mm	> 2.5 mm	Rate Difference	
			Δ	p							Δ	p
All Death	3.72	4.09	-0.36	0.56	2.23	2.27	-0.04	0.94	5.65	5.99	-0.34	0.58
Cardiac Death	2.39	2.61	-0.22	0.64	0.95	0.93	+0.02	0.97	2.92	3.20	-0.28	0.68
All MI	3.79	2.27	+1.52	0.005	0.80	0.94	-0.14	0.76	3.95	2.67	1.28	0.008
QWMI	1.13	0.62	+0.51	0.07	0.16	0.33	-0.17	0.49	1.38	0.76	0.61	0.15
ST Protocol	3.06	1.95	+1.11	0.03	0.80	0.67	+0.13	0.76	3.49	2.11	1.39	0.02
Total ARC ST All	4.12	2.84	+1.28	0.03	1.43	1.27	+0.17	0.77	4.96	3.80	1.16	0.03
TVR	9.52	6.66	+2.87	0.001	4.22	3.67	+0.55	0.55	12.7	8.92	3.77	0.001
TVR-CABG	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

p-value from Log rank test of no difference in the Kaplan-Meier curves between the groups

ARRIVE Lesions ≥ 28 mm (N = 953) v. < 28 mm (N = 6440) Visual (N = 7393)

ANNUAL HAZARD RATES

Δ = Rate Difference = $\geq 28\text{mm}$ — $< 28\text{mm}$
 No increase Increase

Event	0-1 Year (% / patient-year)				1-2 Years (% / patient-year)				2-year Cumulative Rates (K-M Estimate [%])			
	≥ 28 mm	< 28 mm	Rate Difference		≥ 28 mm	< 28 mm	Rate Difference		≥ 28 mm	< 28 mm	Rate Difference	
			Δ	p							Δ	p
All Death	5.39	3.76	+1.63	0.06	2.72	2.18	+0.54	0.56	8.75	5.43	3.33	0.05
Cardiac Death	3.92	2.34	+1.58	0.02	1.02	0.93	+0.09	0.88	4.85	2.83	2.01	0.03
All MI	6.23	2.21	+4.02	<0.0001	0.68	0.93	-0.25	0.68	5.33	2.72	2.61	<0.0001
QWMI	2.48	0.52	+1.96	<0.0001	0.34	0.27	+0.07	0.84	1.96	0.80	1.16	<0.0001
ST Protocol	4.49	1.96	+2.54	0.0001	1.71	0.55	+1.16	0.03	5.23	2.12	3.11	<0.0001
Total ARC ST All	5.65	2.87	+2.78	0.0004	2.04	1.20	+0.84	0.24	7.60	3.61	3.99	0.0002
TVR	12.37	6.81	+5.56	<0.0001	6.67	3.38	+3.29	0.009	15.2	9.26	5.97	<0.0001
TVR-CABG	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

p-value from Log rank test of no difference in the Kaplan-Meier curves between the groups

ARRIVE Multiple (N = 2269) v. Single (N = 5124) Stents in Single Vessels (N = 7,393)

ANNUAL HAZARD RATES

Δ = Rate Difference = Multi — Single
 No increase Increase

Event	0-1 Year (% / patient-year)				1-2 Years (% / patient-year)				2-year Cumulative Rates (K-M Estimate [%])			
	Multi	Single	Rate Difference		Multi	Single	Rate Difference		Multi	Single	Rate Difference	
			Δ	p							Δ	p
All Death	4.13	3.91	+0.22	0.71	2.04	2.36	-0.32	0.64	5.89	5.89	0.00	0.91
Cardiac Death	2.89	2.39	+0.50	0.30	0.87	0.97	-0.10	0.82	3.30	3.03	0.27	0.39
All MI	4.64	1.88	+2.76	<0.0001	0.58	1.05	-0.46	0.29	4.13	2.59	1.54	<0.0001
QWMI	1.73	0.34	+1.39	<0.0001	0.29	0.28	+0.01	0.96	1.67	0.62	1.05	<0.0001
ST Protocol	4.20	1.43	+2.76	<0.0001	0.87	0.63	+0.25	0.53	4.24	1.74	2.50	<0.0001
Total ARC ST All	5.03	2.43	+2.60	<0.0001	1.31	1.32	-0.01	0.98	5.61	3.49	2.12	<0.0001
TVR	10.5	6.22	+4.26	<0.0001	4.76	3.39	+1.36	0.14	13.5	8.45	5.05	<0.0001
TVR-CABG	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

ARRIVE Multi (N = 1153) v. Single (N = 6240) Vessels (N = 7,393)

Annual Event Rates

Δ = Rate Difference = Multivessel — Single
 No increase Increase

Event	0-1 Year (% / patient-year)				1-2 Years (% / patient-year)				2-year Cumulative Rates (K-M Estimate [%])			
	Multi	Single	Rate Difference		Multi	Single	Rate Difference		Multi	Single	Rate Difference	
			Δ	p							Δ	p
All Death	4.69	3.84	+0.85	0.27	1.94	2.32	-0.38	0.65	5.79	5.93	-0.14	0.45
Cardiac Death	3.22	2.42	+0.80	0.19	1.38	0.85	+0.53	0.34	3.87	2.97	0.90	0.12
All MI	4.39	2.42	+1.97	0.003	0.83	0.91	-0.08	0.89	3.78	2.94	0.84	0.005
QWMI	1.76	0.59	+1.17	0.0009	0.00	0.34	-0.34	0.27	1.16	0.92	0.24	0.008
ST Protocol	3.53	2.05	+1.49	0.01	0.83	0.68	+0.15	0.77	3.43	2.36	1.07	0.01
Total ARC ST All	4.35	3.02	+1.32	0.06	2.22	1.13	1.08	0.10	5.58	3.88	1.70	0.02
TVR	10.75	6.92	+3.83	0.0006	5.69	3.46	+2.23	0.05	14.4	9.19	5.19	<0.0001
TVR-CABG	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

p-value from Log rank test of no difference in the Kaplan-Meier curves between the groups

ARRIVE AMI (N = 927) v. non-AMI (N = 6466)

N = 7393

Δ = Rate Difference = AMI — Non-AMI
 No increase Increase

Event	0-1 Year (% / patient-year)				1-2 Years (% / patient-year)				2-year Cumulative Rates (K-M Estimate [%])			
	Non-AMI	AMI	Rate Difference		Non-AM	AMI	Rate Difference		Non-AM	AMI	Rate Difference	
			Δ	p			Δ	p			Δ	p
All Death	3.90	4.53	0.63	0.53	2.13	3.39	1.26	0.25	5.67	7.75	2.08	0.29
Cardiac Death	2.45	3.26	0.82	0.30	0.88	1.45	0.57	0.42	3.01	3.99	0.98	0.21
All MI	2.62	3.51	0.88	0.30	0.94	0.49	-0.46	0.51	2.93	4.20	1.27	0.41
QWMI	0.83	0.36	-0.46	0.23	0.26	0.49	0.23	0.56	0.95	1.03	0.08	0.35
ST Protocol	2.12	3.49	1.37	0.07	0.73	0.49	-0.24	0.69	2.47	2.88	0.41	0.10
Total ARC ST All	3.03	4.78	1.76	0.04	1.25	1.94	0.69	0.41	3.96	5.68	1.72	0.03
TVR	7.60	6.94	-0.67	0.58	4.04	1.95	-2.08	0.15	10.3	8.08	-2.19	0.38
TVR-CABG	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA	NA

p-value from Log rank test of no difference in the Kaplan-Meier curves between the groups

Multivariate Predictor Analysis

Methodology

Cox model is used to identify the predictors of Death, MI, TVR and Stent Thrombosis. The key baseline patient and lesion characteristics included in the analyses are listed in Table 1. Stepwise regression is used; the threshold to enter the model is set at 0.10 and exit the model is set at 0.05.

Gender
Age
Current Smoker
Hypercholesterolemia
Hypertension
Diabetes Mellitus
Prior MI
Previous Stroke
Renal Disease
Known Multi-vessel disease
 Previous CABG
 Previous PCI
Cardiogenic Shock
Congestive Heart Failure
Known Left Main Disease
Acute MI
Left Main Stenting
Chronic Total Occlusion
In-stent Restenosis
Failed Brachytherapy
Bifurcated Lesion
Ostial Lesion

Ostial Lesion
Multivessel Stenting
Multiple Stenting per patient
Total Stent Length per Patient
Lesion Calcification
Lesion Type B2/C
Pre-procedure TIMI=0
Total Lesion Length
Minimum RVD
Vessel Location LAD
Continued Plavix/Ticlid usage through 6 month

Multivariate Predictors

Patient Characteristics

	Death	MI	TVR	ST		ST ≤ 1 year		ST > 1 year	
				Protocol	ARC Primary	Protocol	ARC Primary	Protocol	ARC Primary
Patient History									
Previous CABG			1.4 [1.0, 1.9]						
Previous PCI			1.7 [1.3, 2.2]						
Prior MI		1.8 [1.2, 2.9]						3.8 [1.2, 12.3]	3.0 [1.0, 9.1]
Previous stroke	1.8 [1.1, 2.9]								
General Disease State									
CHF	2.3 [1.5, 3.4]				1.9 [1.0, 3.6]		2.1 [1.1, 4.3]		
Renal disease	4.9 [3.1, 7.7]								
Diabetes	1.8 [1.3, 2.6]				1.7 [1.1, 2.8]				

Multivariate Predictors

Lesion and Procedure Characteristics

	Death	MI	TVR	ST		ST ≤ 1 year		ST > 1 year	
				Protocol	Primary	Protocol	Primary	Protocol	Primary
Lesion/Vessel									
Minimum RVD		0.44 [0.26, 0.75]		0.37 [0.21, 0.66]	0.49 [0.28, 0.87]	0.35 [0.18, 0.68]	0.42 [0.22, 0.83]		
Lesion length		1.0 [1.01, 1.02)		1.0 [1.02, 1.03]	1.02 [1.01, 1.03]	1.02 [1.01, 1.03]		1.02 [1.00, 1.04]	
Lesion B2 or C	1.6 [1.1, 2.3]								
Calcification			1.4 [1.1, 1.8]						
Procedure/Therapy									
Failed brachy.								20.0 [2.5, 159.3]	
Plav/tic thru 6m	0.12 [0.08,0.16]	0.55 [0.31, 0.98]		0.20 [0.12, 0.32]	6.2 [3.8, 10.1]	0.19 [0.11, 0.34]	5.5 [3.1, 9.5]	0.25 [0.08, 0.83]	9.3 [3.2, 26.4]
CTO stenting								4.9 [1.1, 22.8]	5.9 [1.3, 26.7]
Left main stent						3.1 [1.1, 8.7]			
Multiple stenting			1.6 [1.3, 2.1]				5.5 [3.1, 9.5]		

Multivariate Predictors

Predictors of Stent Thrombosis in TAXUS I, II-SR, IV, V

	ST		ST \leq 1 year		ST > 1 year	
	Protocol	Primary	Protocol	Primary	Protocol	Primary
TAXUS Stent ^a	1.59 [0.72, 3.50]	1.66 [0.83, 3.32]	1.14 [0.46, 2.81]	1.23 [0.53, 2.85]	6.11 [0.74, 50.69]	3.03 [0.82, 11.19]
Plav/Ticlid use at 6m	0.17 [0.08, 0.37]	0.25 [0.12, 0.51]	0.09 [0.04, 0.22]	0.14 [0.06, 0.34]		
Male	9.50 [1.29, 70.10]					
RVD					4.38 [1.14, 16.84]	

Cox model is used to identify the predictors stent thrombosis events through 4 years in TAXUS I, II-SR, IV, V

Candidate predictors entered into analysis: TAXUS stent, male, current smoking, unstable angina, age, diabetes, GPIIb/IIIa inhibitor use during procedure, clopidogrel/ticlopidine use at 4/ 6 Month (for ST \leq 1Y) or 12 Month (for ST > 1Y), hyperlipidemia, hypertension, LAD, previous MI, unstable angina, Type C lesion, total stent length, multiple stents, lesion length (QCA), RVD (QCA), pre-procedure MLD, post-procedure in-segment %DS and MLD

a. TAXUS Stent was forced into the model regardless of its significance.