

FDA Panel on Drug-eluting Stent Safety  
December 7 and 8<sup>th</sup>, 2006

**Boston Scientific Presentation: Part II**  
Real-world use of the TAXUS<sup>®</sup> Drug-eluting Stent System

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## 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

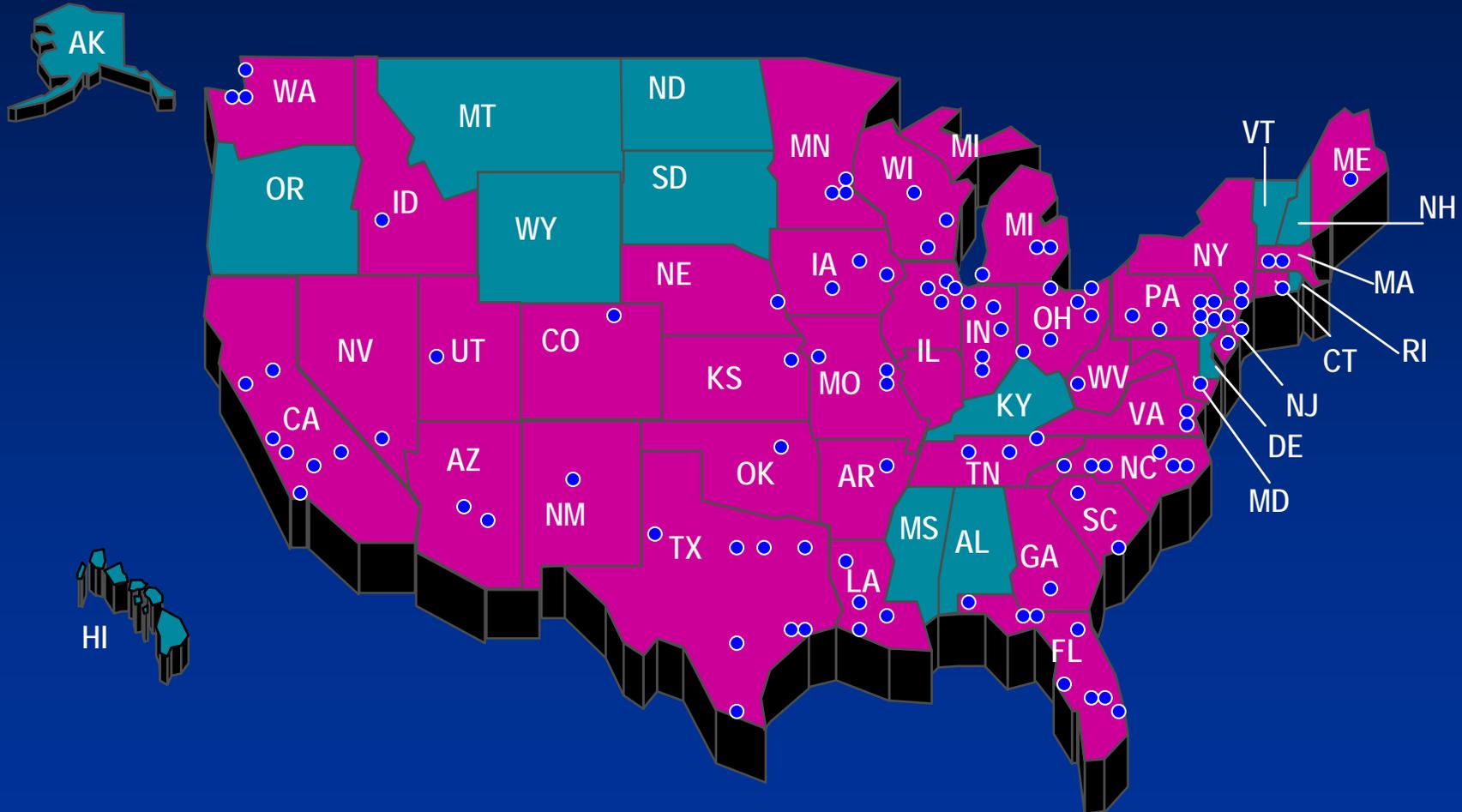
- Very large (7,000) patient set
- Far more complex patient set than in Taxus trials
- Excellent adjudication and clinical event capture

## 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

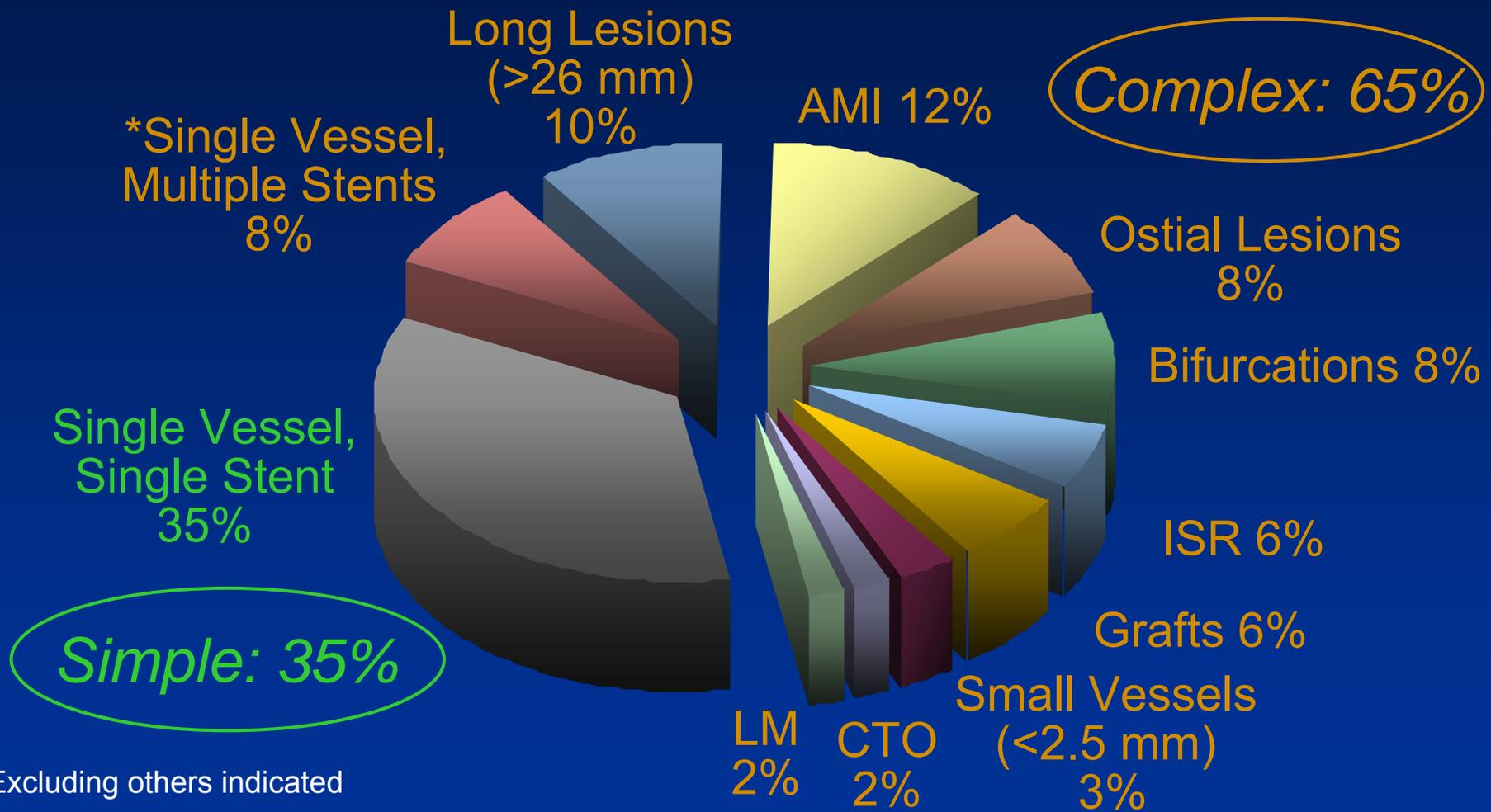
◆7,592 Patients ◆103 Sites ◆>80% Community Sites



*Comprehensive US DES registries*

# Expanded Use in the Real World

## ARRIVE 1 + ARRIVE 2 Combined



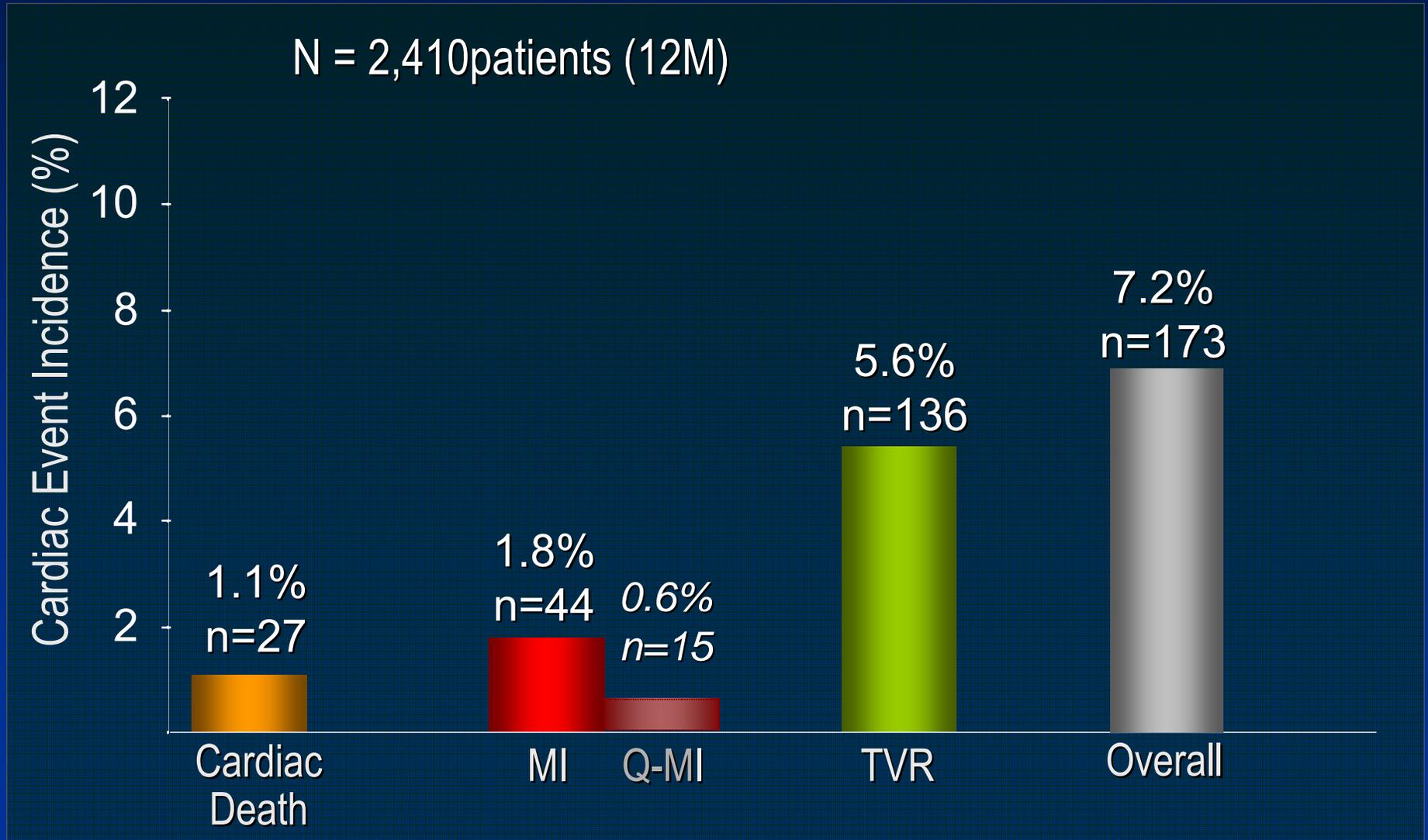
\*Excluding others indicated



*Predominance of complex procedures*

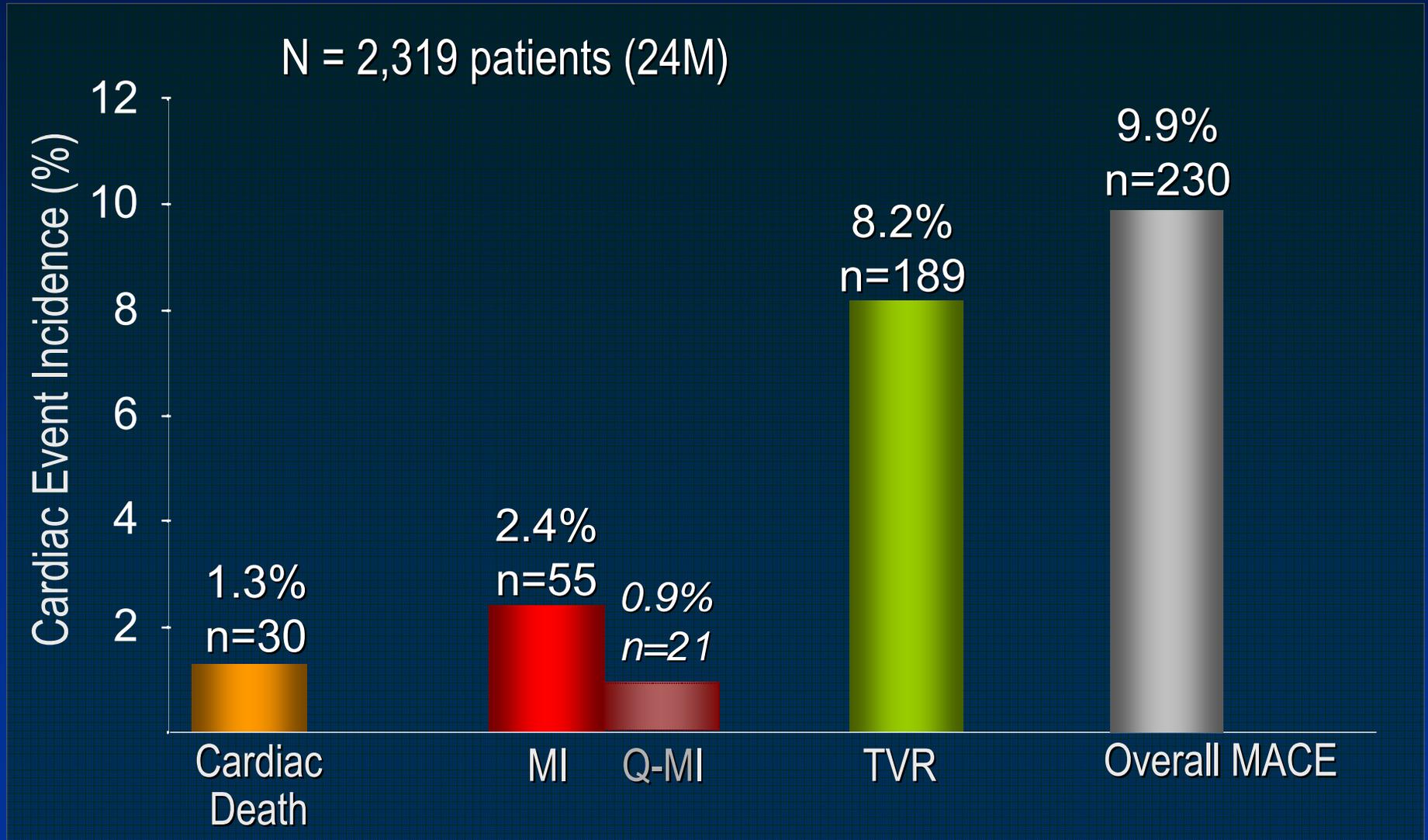
# TAXUS® Stent-Related Cardiac Events

*ARRIVE 1 at 12 Months (per patient)*



# TAXUS® Stent-Related Cardiac Events

*ARRIVE 1 at 24 Months (per patient)*



# Agenda

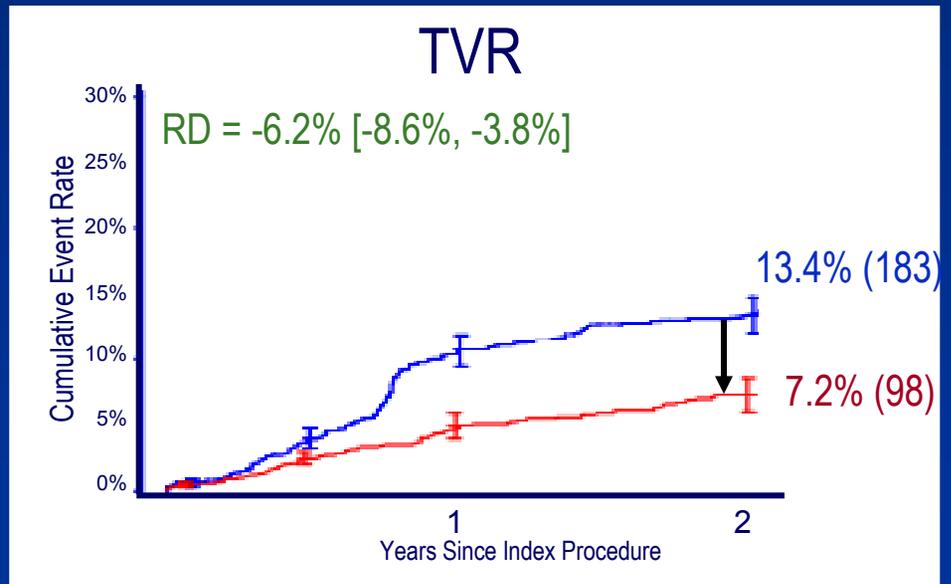
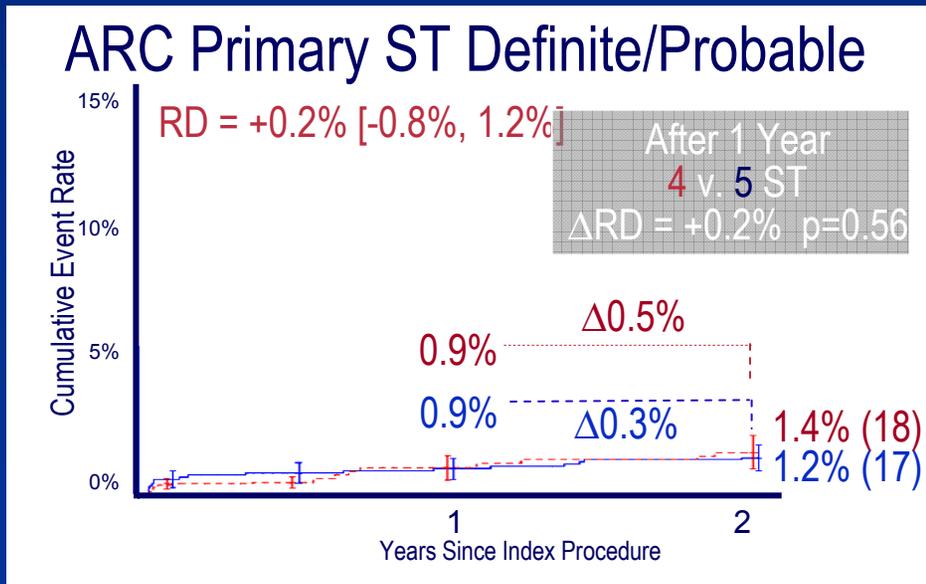
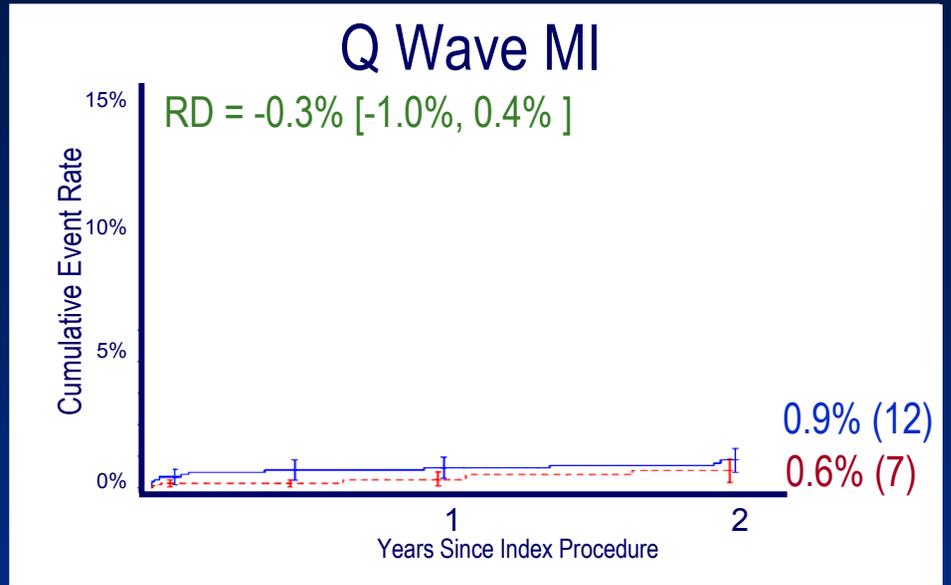
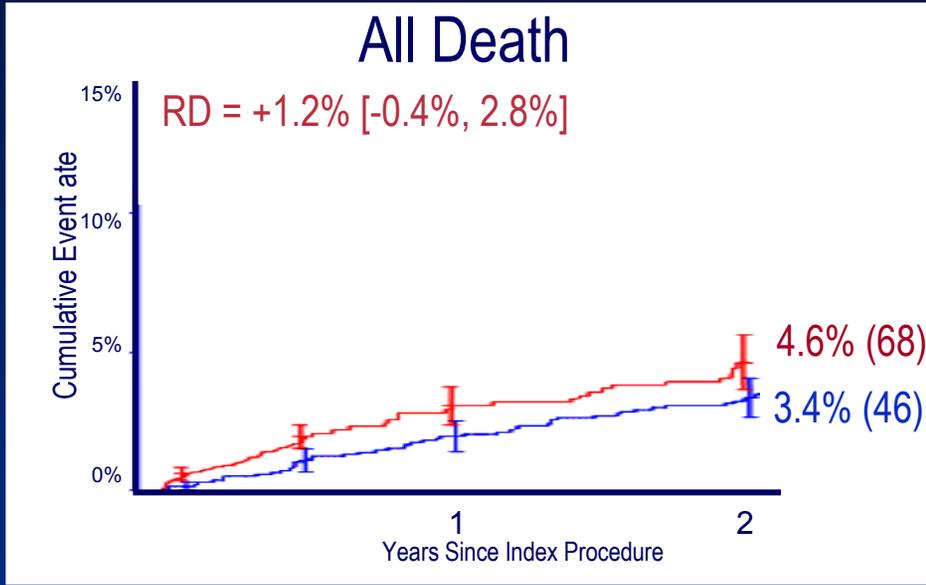
- ARRIVE Registry
- TAXUS v. ARRIVE Analysis (Simple lesions)
- ARRIVE Analysis (Complex lesions)
- Multivariate Predictor Analysis
- Summary and Conclusions

# ARRIVE Simple v. TAXUS Overall

## N = 3,964

— TAXUS (N=1400)      — ARRIVE (N=2564)

RD = Rate Difference = ARRIVE — TAXUS  
 No increase      Increase



## 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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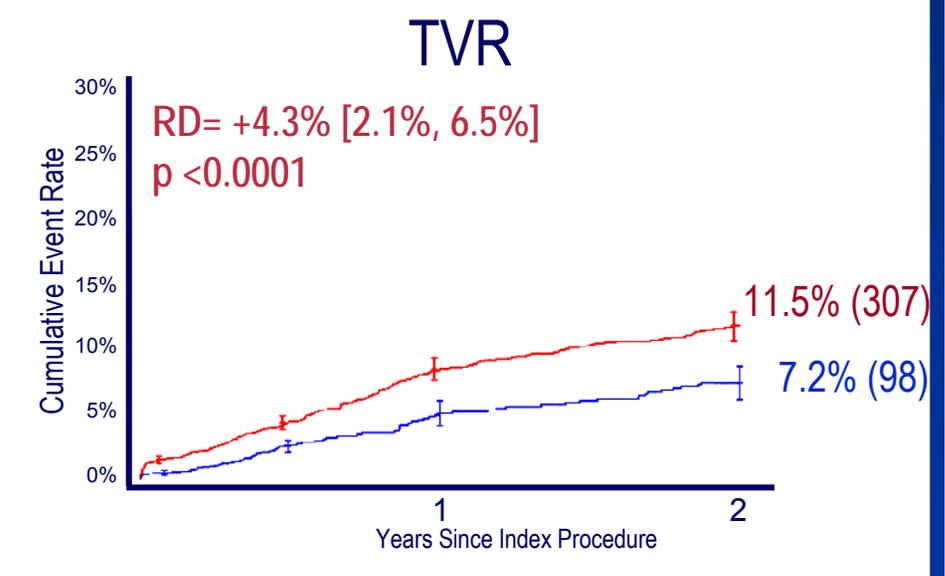
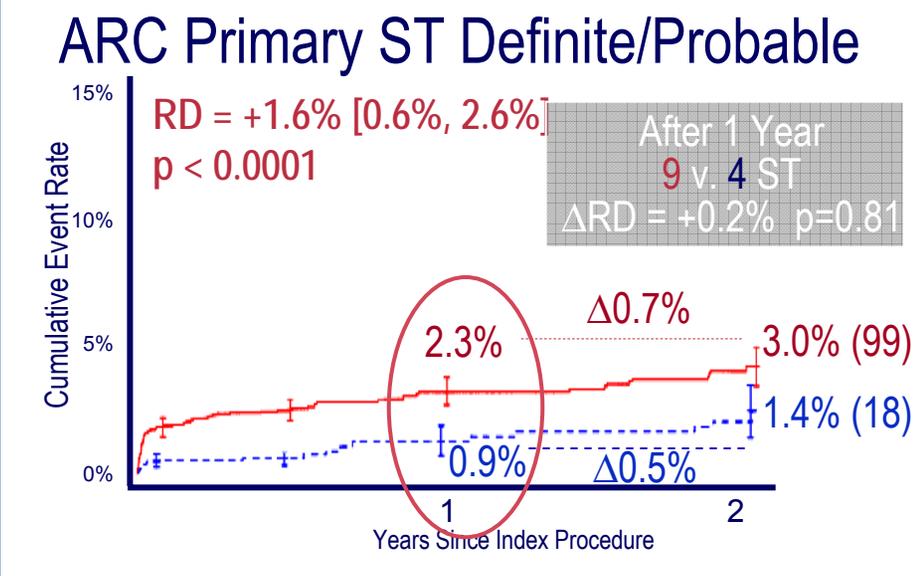
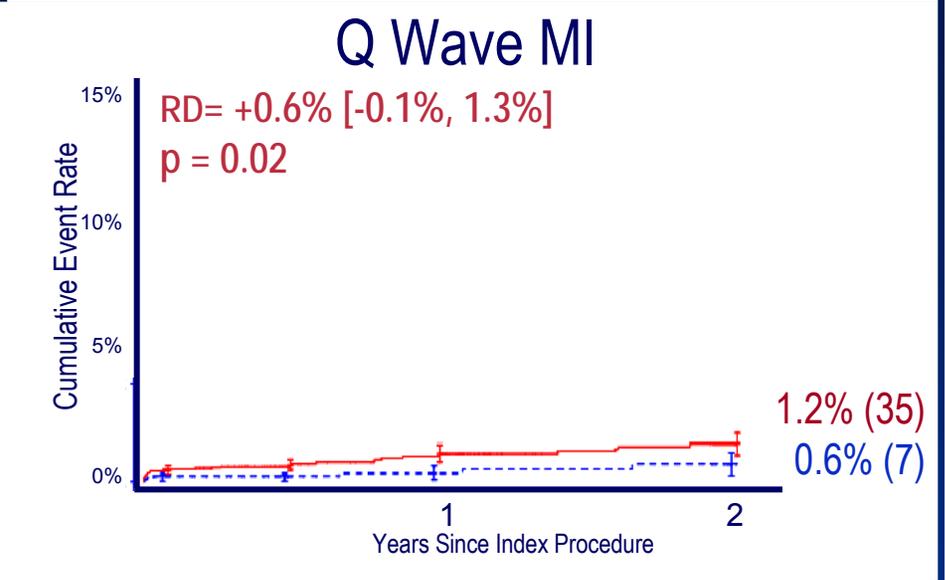
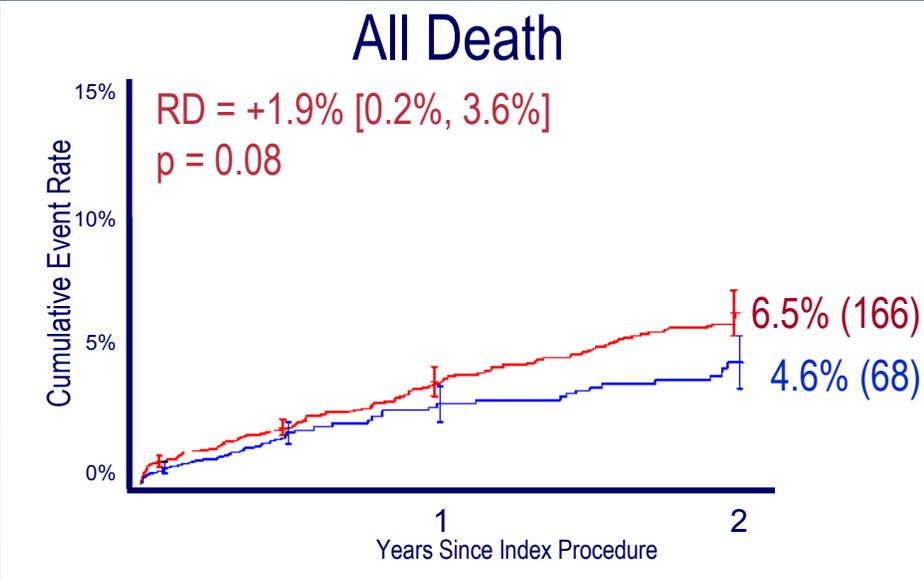
# ARRIVE Complex v. Simple

## N = 7,393

— Simple (N=2564)      — Complex (N=4829)

RD = Rate Difference = Complex — Simple

No increase      Increase

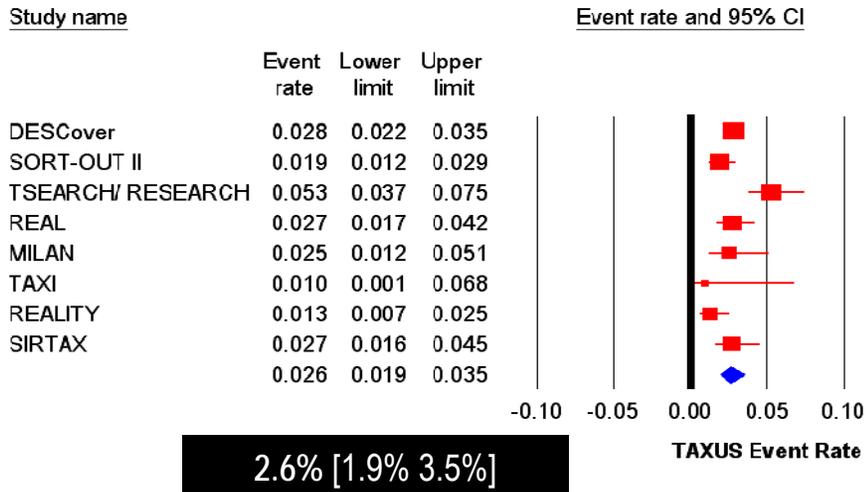


# Event Rates in Prior Studies: TAXUS alone

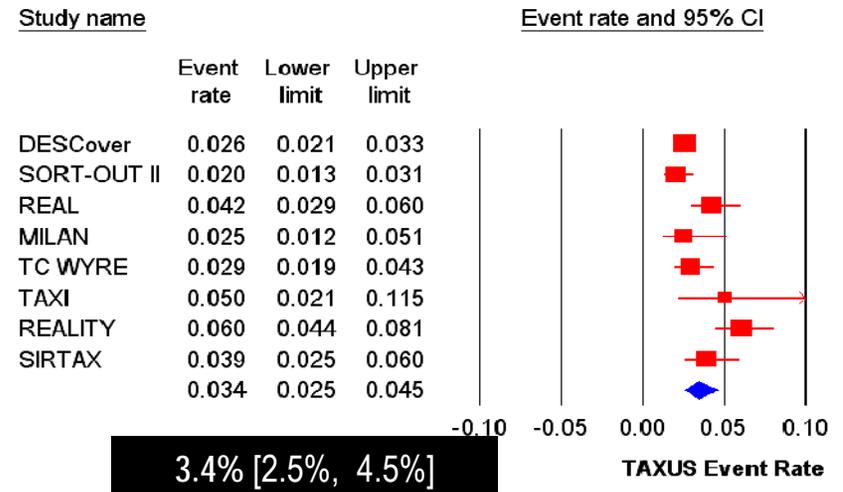
Overall Patients (N = 7,585)

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)

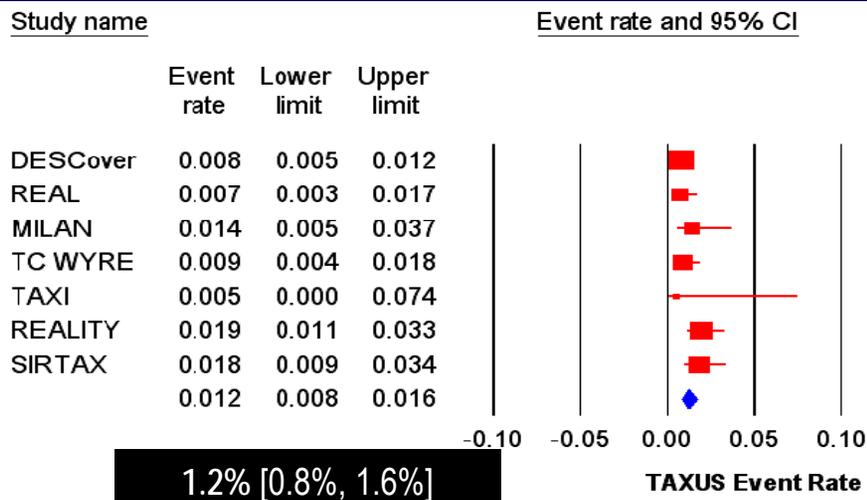
## All Death



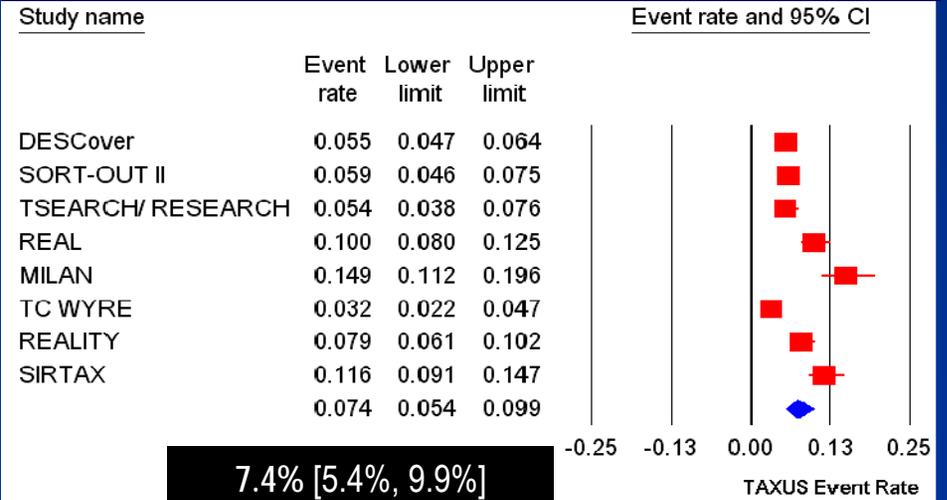
## All MI



## 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

Study name	Statistics for each study				Risk ratio and 95% CI
	Risk ratio	Lower limit	Upper limit	p-Value	
DESCover	0.848	0.640	1.125	0.254	
SORT-OUT II	1.056	0.566	1.969	0.865	
TSEARCH/ RESEARCH	1.514	0.854	2.684	0.155	
REAL	1.080	0.596	1.957	0.800	
MILAN	1.042	0.354	3.063	0.941	
TAXI	3.059	0.126	74.220	0.492	
REALITY	0.565	0.249	1.285	0.173	
SIRTAX	1.227	0.561	2.683	0.608	
S TENT	0.778	0.508	1.192	0.248	
	0.931	0.777	1.116	0.438	

Risk Ratio: 0.93 [0.77, 1.12]

## All MI

Study name	Statistics for each study				Risk ratio and 95% CI
	Risk ratio	Lower limit	Upper limit	p-Value	
DESCover	1.182	0.863	1.618	0.297	
SORT-OUT II	0.870	0.487	1.552	0.636	
REAL	1.105	0.687	1.778	0.680	
MILAN	1.042	0.354	3.063	0.941	
TC WYRE	1.611	0.830	3.128	0.159	
TAXI	1.250	0.348	4.488	0.732	
REALITY	1.176	0.757	1.829	0.470	
SIRTAX	1.219	0.639	2.325	0.548	
S TENT	0.818	0.514	1.303	0.398	
	1.106	0.930	1.314	0.255	

Risk Ratio: 1.1 [0.93, 1.31]

## ST

Study name	Statistics for each study				Risk ratio and 95% CI
	Risk ratio	Lower limit	Upper limit	p-Value	
DESCover	1.600	0.865	2.959	0.134	
REAL	1.000	0.313	3.191	1.000	
MILAN	0.875	0.219	3.492	0.850	
TC WYRE	1.125	0.383	3.303	0.830	
TAXI	0.335	0.014	8.095	0.501	
REALITY	2.714	0.954	7.722	0.061	
SIRTAX	0.900	0.371	2.184	0.816	
S TENT	0.714	0.299	1.705	0.448	
	1.196	0.847	1.690	0.309	

Risk Ratio: 1.2 [0.85, 1.7]

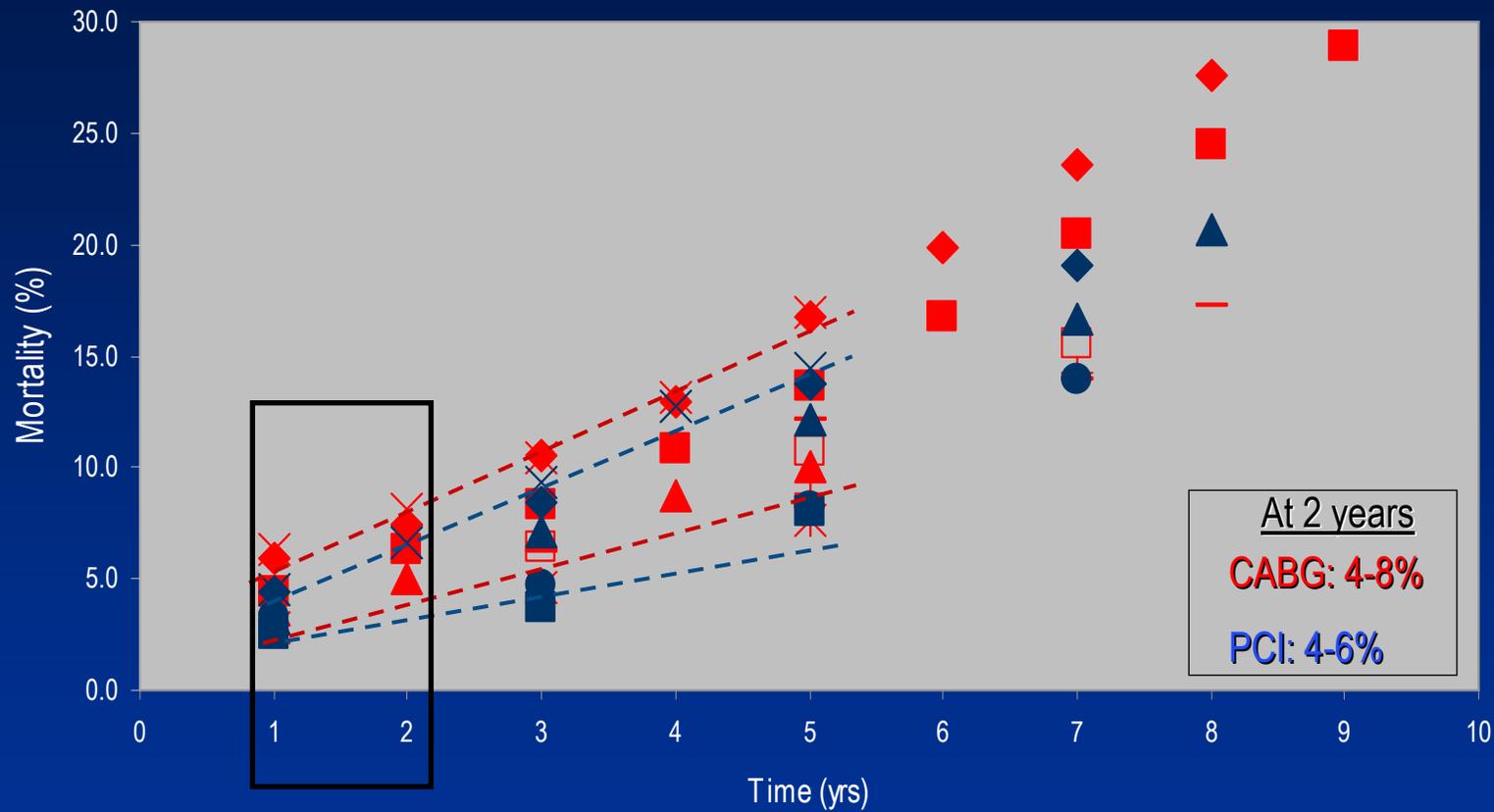
## TVR

Study name	Statistics for each study				Risk ratio and 95% CI
	Risk ratio	Lower limit	Upper limit	p-Value	
DESCover	0.873	0.715	1.066	0.182	
SORT-OUT II	1.158	0.810	1.656	0.420	
TSEARCH/ RESEARCH	1.459	0.834	2.555	0.186	
REAL	2.000	1.406	2.845	0.000	
MILAN	0.768	0.527	1.120	0.171	
TC WYRE	0.727	0.439	1.205	0.216	
REALITY	0.988	0.687	1.419	0.946	
SIRTAX	1.589	1.073	2.354	0.021	
S TENT	0.810	0.579	1.132	0.217	
	1.077	0.858	1.353	0.521	

Risk Ratio: 1.08 [0.86, 1.35]

# Historical Outcomes Rates (absent an internal comparator)

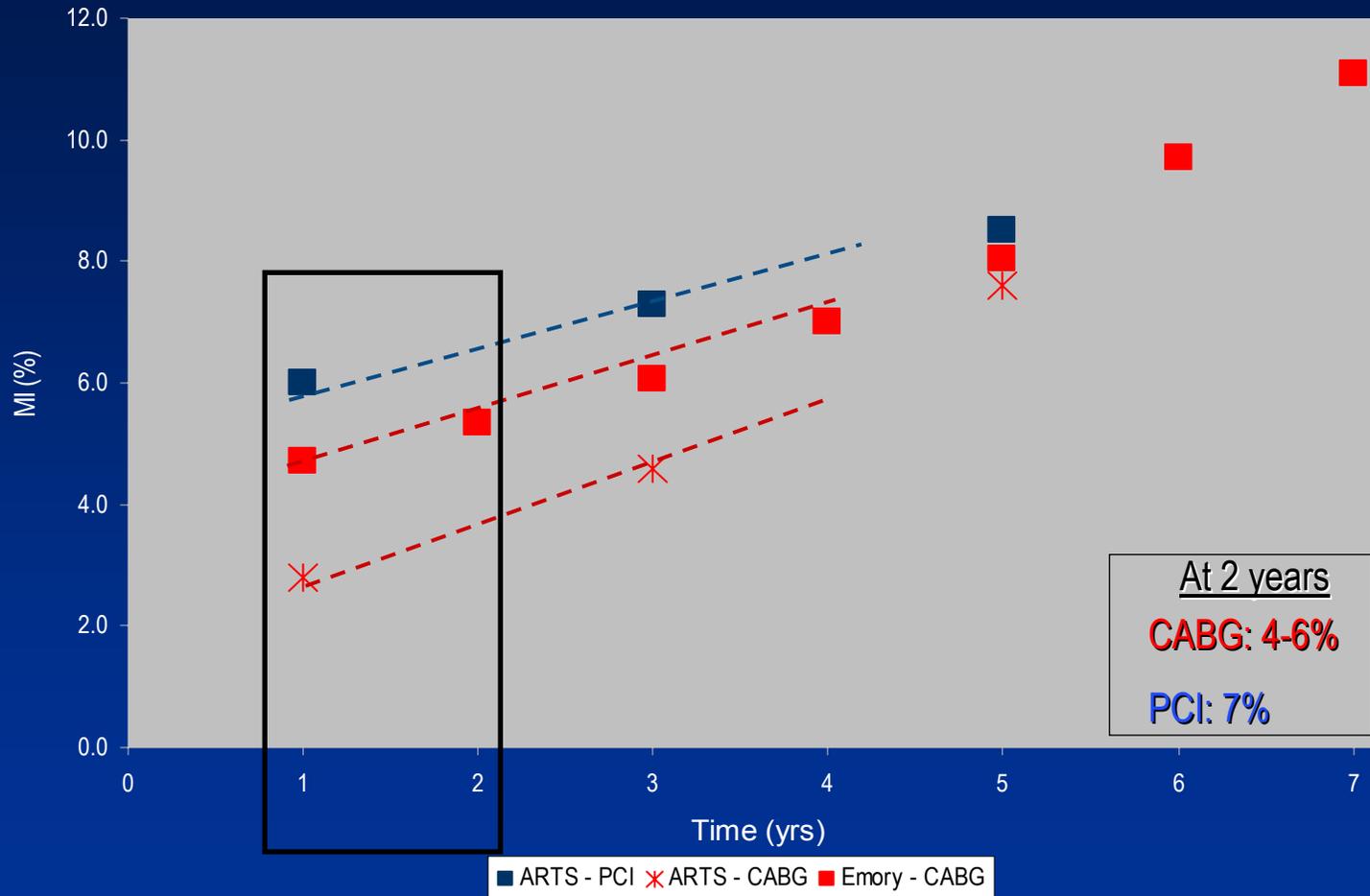
## Death in Complex PCI or CABG Cases (N = 60,078)



- |               |                   |                |                             |
|---------------|-------------------|----------------|-----------------------------|
| □ BARI - CABG | + BARI Reg - CABG | × ARTS - CABG  | - EAST - CABG               |
| × Duke - CABG | ◆ NNECDSG - CABG  | ■ Emory - CABG | ▲ Sweden - CABG (Univ Hosp) |
| ◆ BARI - PTCA | ● BARI Reg - PTCA | ■ ARTS - PCI   | ▲ EAST - PTCA               |
| × Duke - PTCA |                   |                |                             |

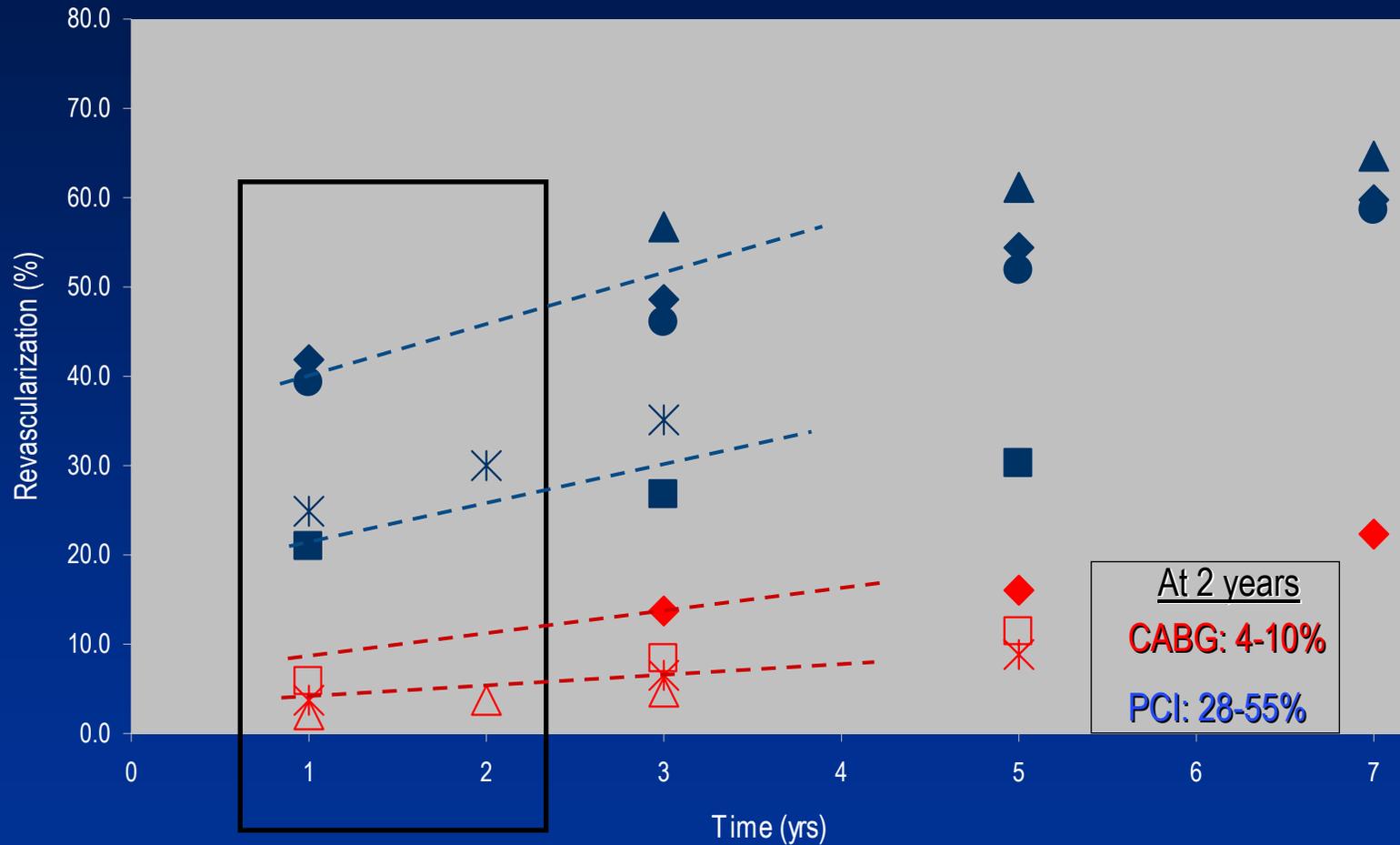
# Historical Outcomes Rates (absent an internal comparator)

## 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)



- BARI - CABG      ✕ ARTS - CABG      ◆ EAST - CABG      △ NY - CABG Reg      ◆ BARI - PTCA
- ARTS - PCI      ● BARI Reg - PTCA      ▲ EAST - PTCA      ✕ NY - PCI Reg

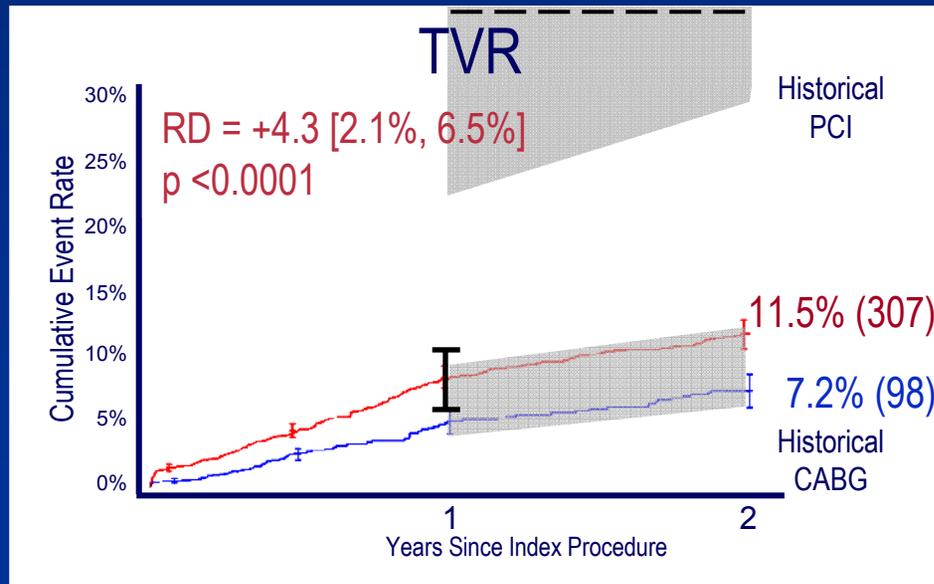
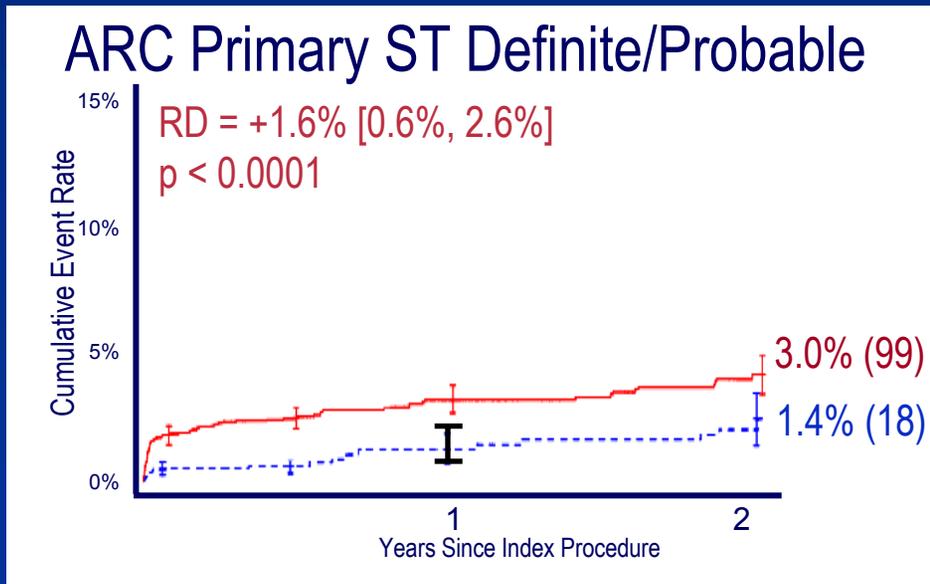
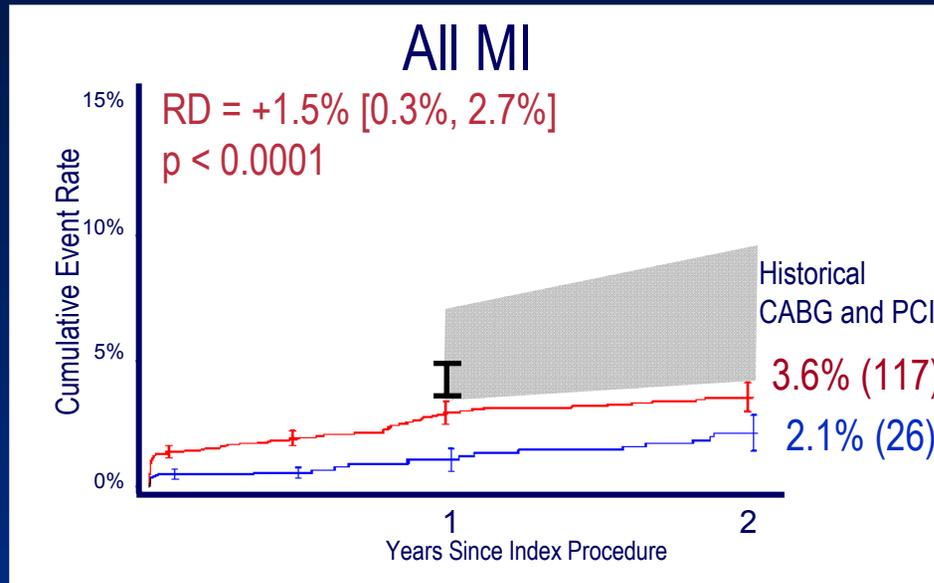
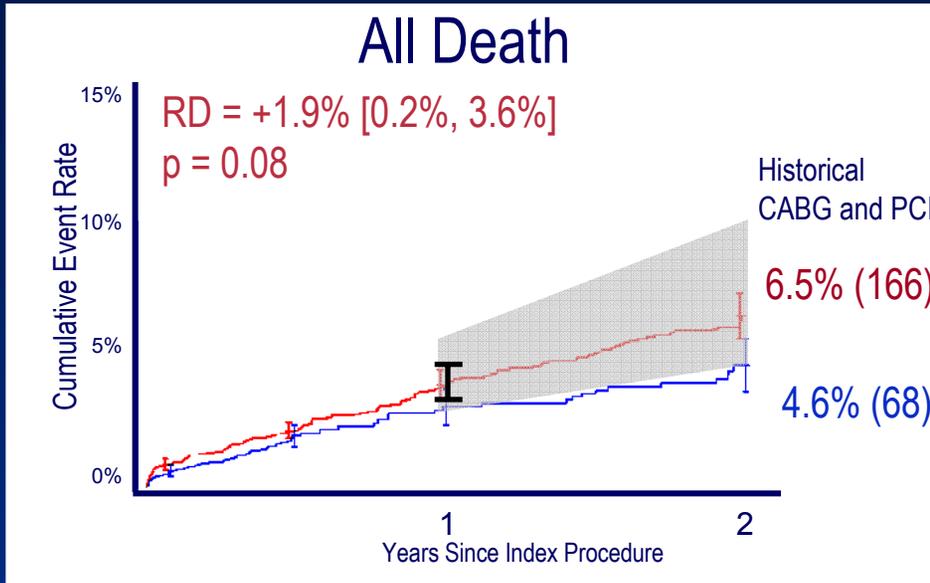
# ARRIVE Complex v. Simple

## N = 7,393

— Simple (N=2564)      — Complex (N=4829)

RD = Rate Difference = Complex — Simple

No increase      Increase



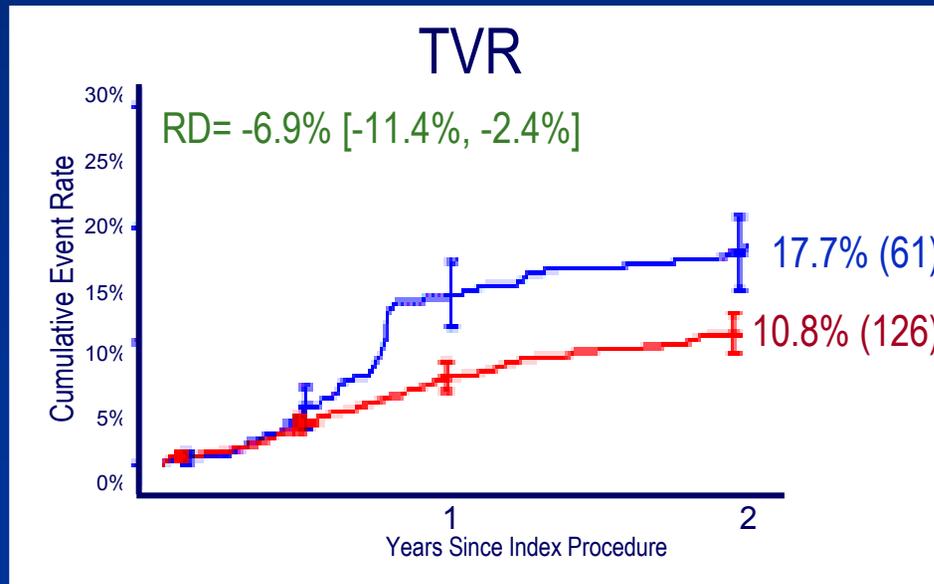
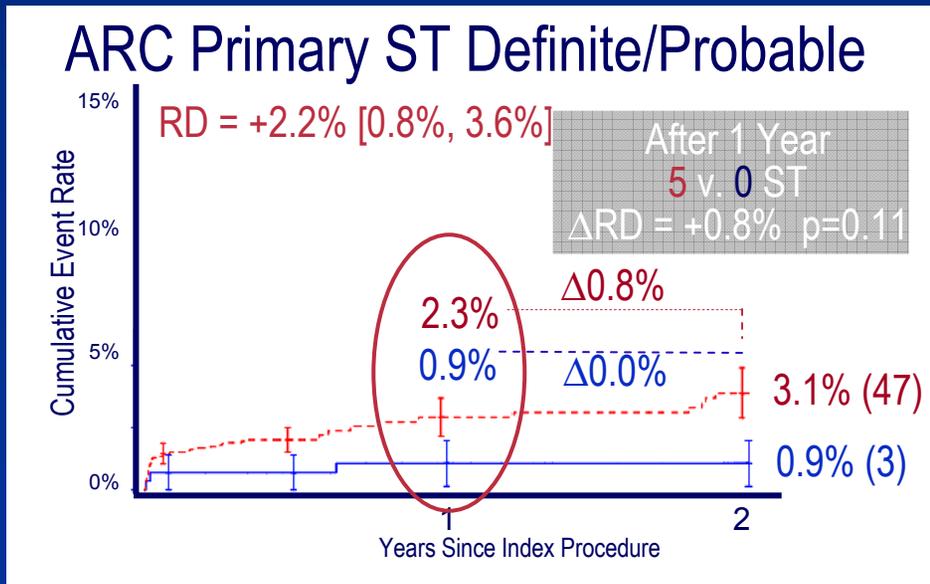
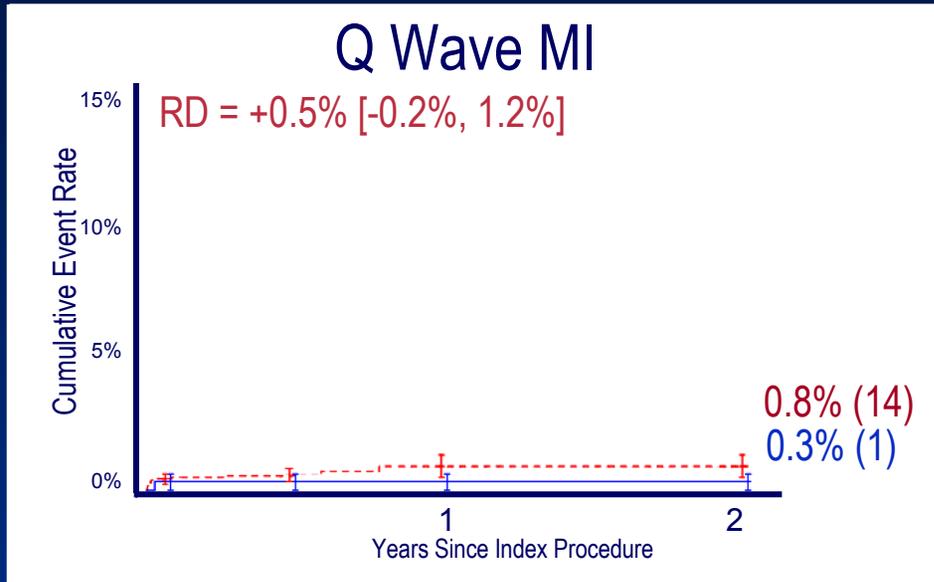
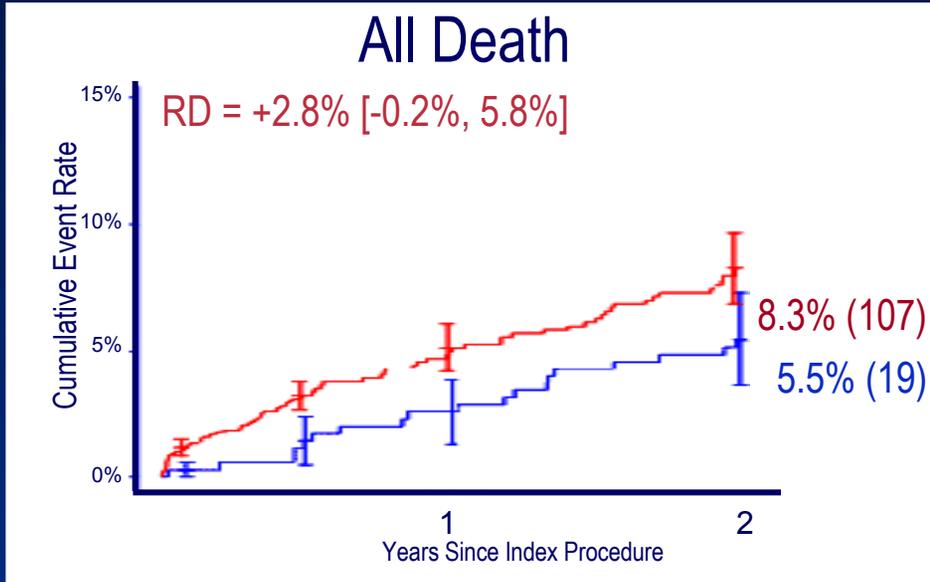
# ARRIVE v. TAXUS Diabetics

## N = 2,689

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

RD = Rate Difference = ARRIVE — TAXUS

No increase      Increase

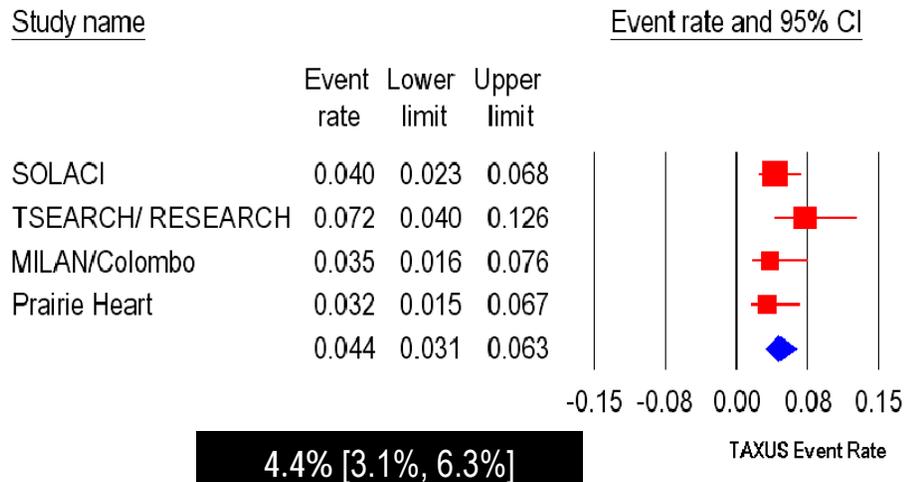


# Event Rates in Prior Studies: TAXUS alone

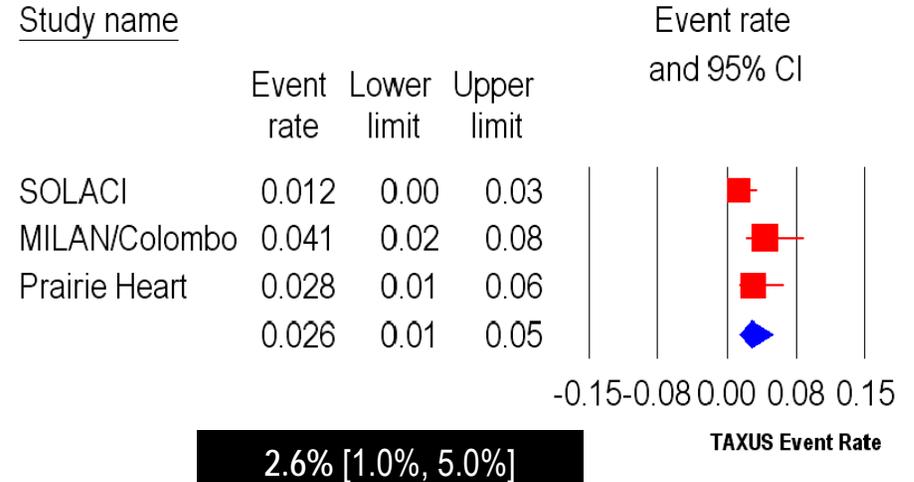
*Diabetic Patients (N=1,141)*

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

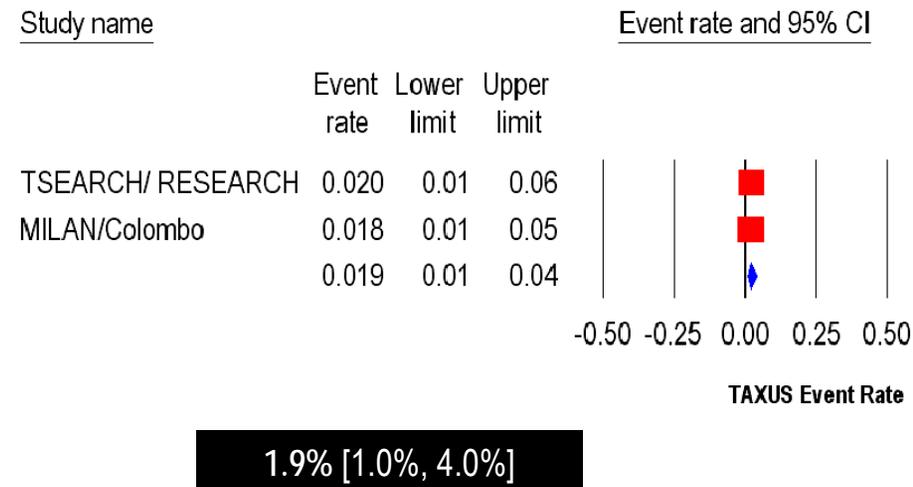
## All Death



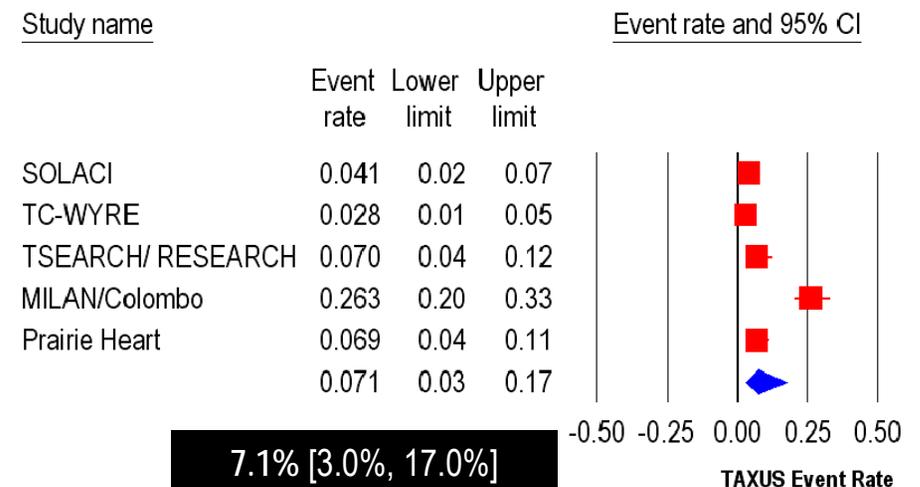
## All MI



## 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

Study name	Statistics for each study				Risk ratio and 95% CI	
	Risk ratio	Lower limit	Upper limit	p-Value	Favors PES	Favors SES
SOLACI	2.353	0.955	5.795	0.063		
TSEARCH/ RESEARCH	0.935	0.417	2.097	0.871		
MILAN/Colombo	0.547	0.207	1.448	0.224		
Prairie Heart	0.533	0.242	1.173	0.118		
STENT	0.559	0.304	1.028	0.061		
ISAR DIABETES	1.500	0.434	5.187	0.522		
Washington Heart	1.000	0.448	2.235	1.000		
	0.859	0.571	1.292	0.466		

**Risk Ratio: 0.86 [0.57, 1.29]**

## All MI

Study name	Statistics for each study				Risk ratio and 95% CI	
	Risk ratio	Lower limit	Upper limit	p-Value	Favors PES	Favors SES
SOLACI	1.333	0.326	5.446	0.689		
MILAN/Colombo	1.414	0.457	4.378	0.548		
Prairie Heart	0.778	0.327	1.848	0.569		
STENT	0.800	0.350	1.826	0.596		
ISAR DIABETES	0.600	0.147	2.457	0.478		
	0.896	0.562	1.429	0.645		

**Risk Ratio: 0.90 [0.56, 1.43]**

## ST

Study name	Statistics for each study				Risk ratio and 95% CI	
	Risk ratio	Lower limit	Upper limit	p-Value	Favors PES	Favors SES
TSEARCH/ RESEARCH	0.526	0.131	2.121	0.367		
MILAN/Colombo	3.000	0.324	27.739	0.333		
STENT	0.529	0.153	1.824	0.313		
Washington Heart	0.538	0.113	2.571	0.438		
	0.646	0.305	1.367	0.253		

**Risk Ratio: 0.65 [0.31, 1.37]**

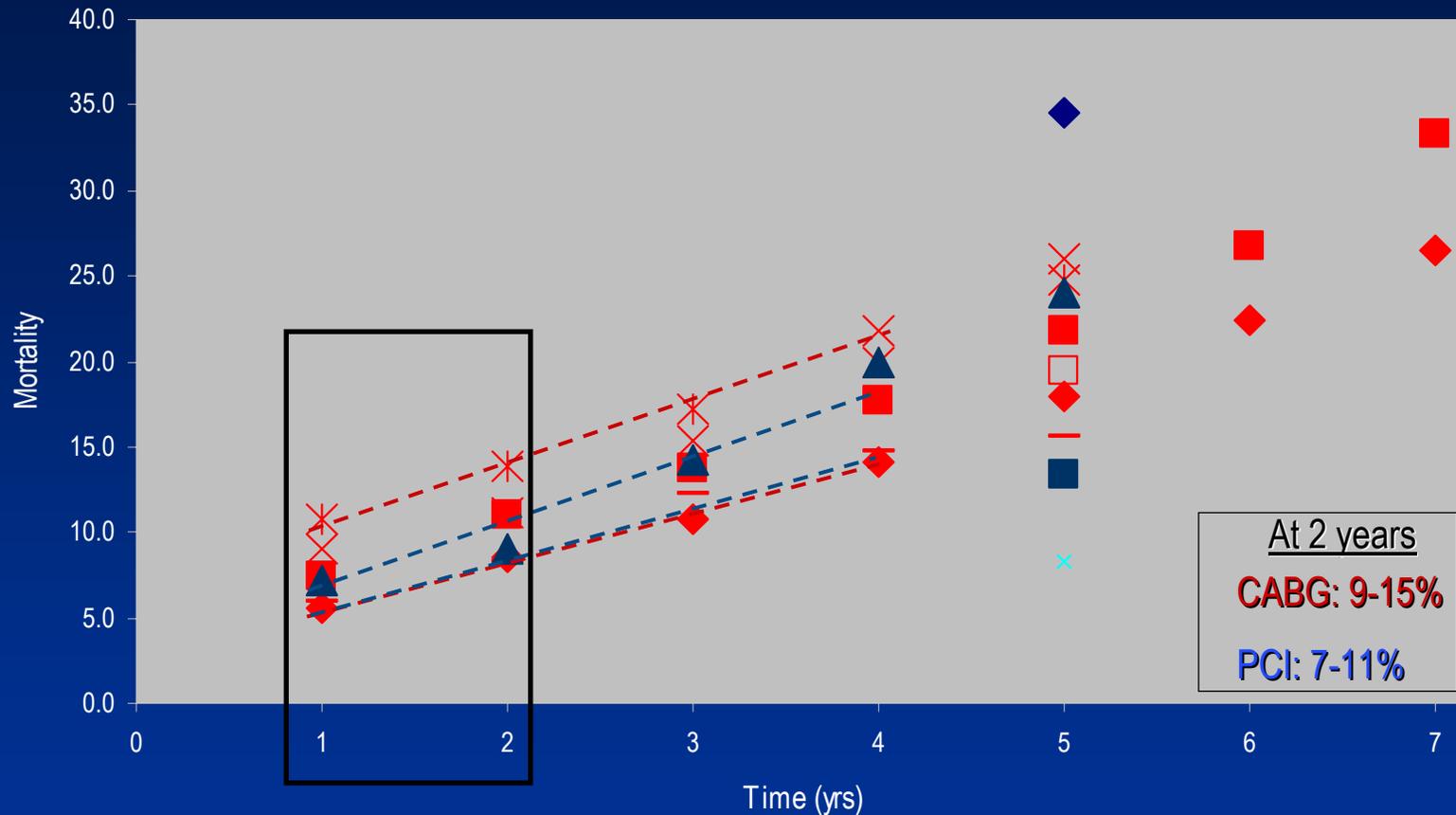
## TVR

Study name	Statistics for each study				Risk ratio and 95% CI	
	Risk ratio	Lower limit	Upper limit	p-Value	Favors PES	Favors SES
SOLACI	0.707	0.368	1.357	0.297		
TC-WYRE	0.329	0.149	0.728	0.006		
TSEARCH/ RESEARCH	0.500	0.245	1.019	0.057		
MILAN/Colombo	0.848	0.606	1.187	0.338		
Prairie Heart	1.078	0.619	1.878	0.791		
STENT	1.206	0.742	1.961	0.450		
Washington Heart	1.556	0.892	2.712	0.119		
	0.848	0.609	1.181	0.329		

**Risk Ratio: 0.85 [0.61, 1.81]**

# Historical Outcomes Rates

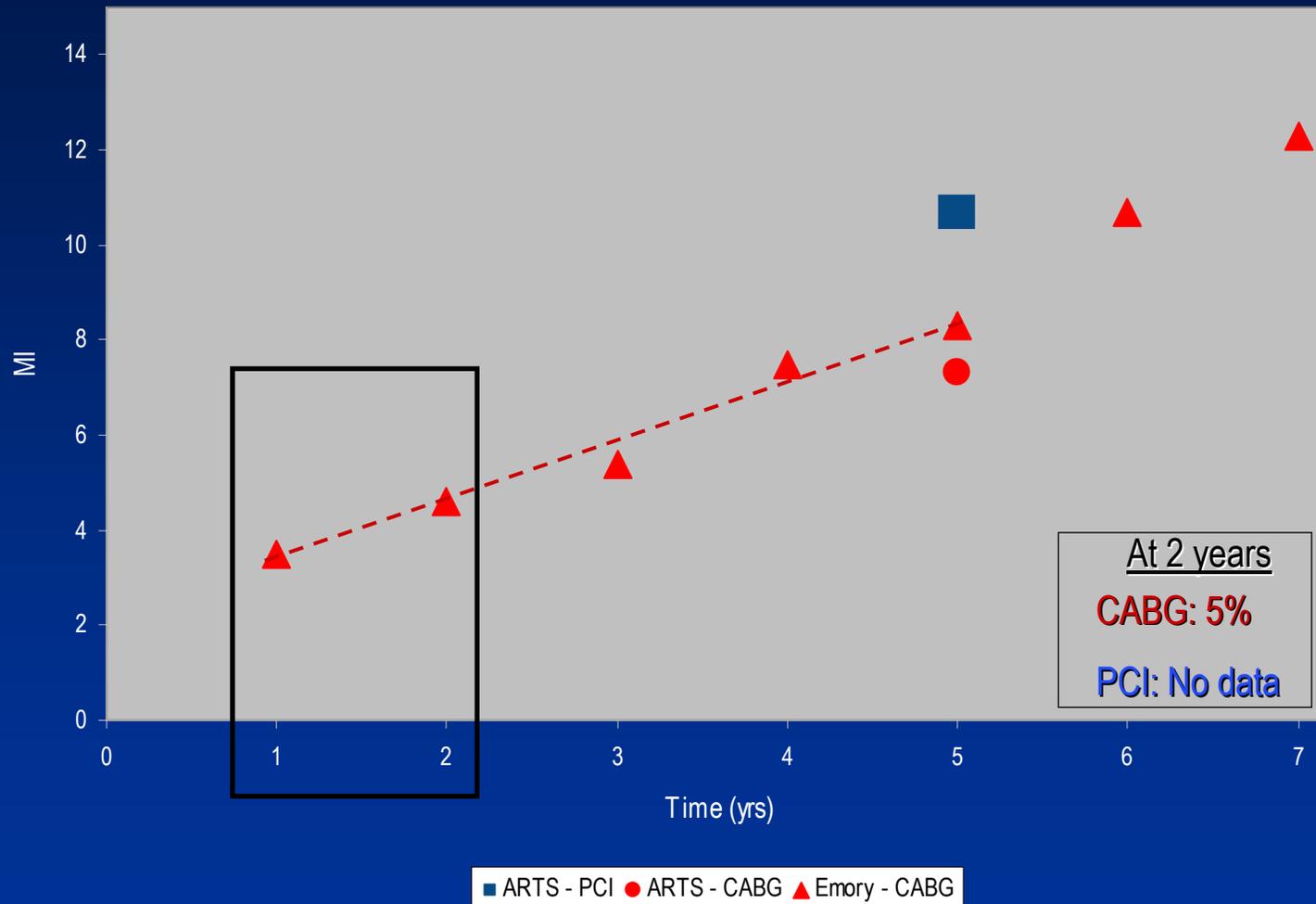
Death in Diabetics undergoing Complex PCI or CABG (N = 15,269)



- BARI - CABG
- Emory - CABG
- ARTS - PCI
- × ARTS - CABG
- Sweden - CABG (Univ Hosp)
- ▲ Duke - PTCA
- × Duke - CABG
- × WestSweden-CABG
- ◆ NNECDSG - CABG
- ◆ BARI - PTCA

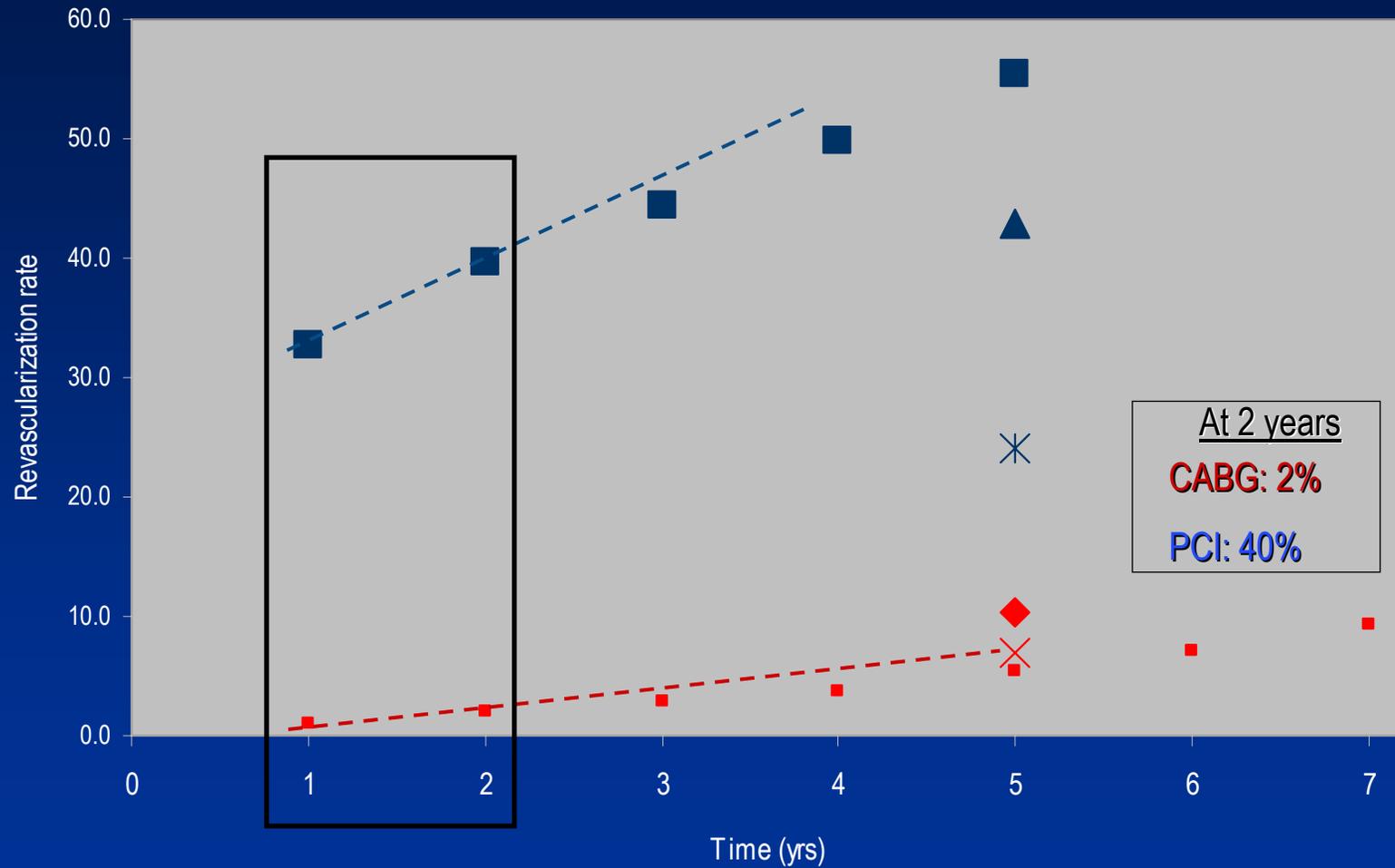
# Historical Outcomes Rates

*MI in Diabetics (N = 2,174)*



# Historical Outcomes Rates

*Revascularization in Diabetics (N = 3,449)*



◆ ARTS - CABG ■ Emory - CABG ✕ Duke - CABG ✕ Duke - PTCA ▲ ARTS - PCI ■ Lee - PTCA

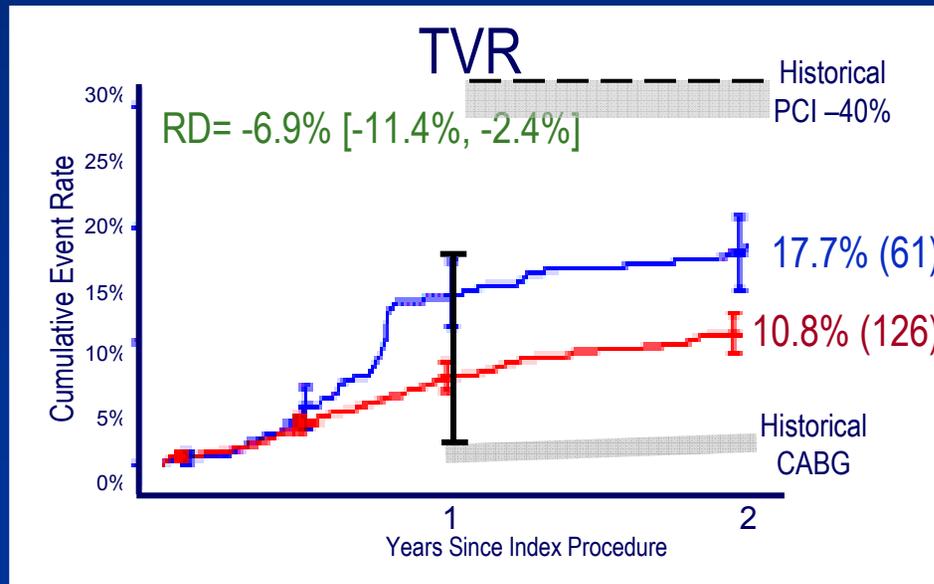
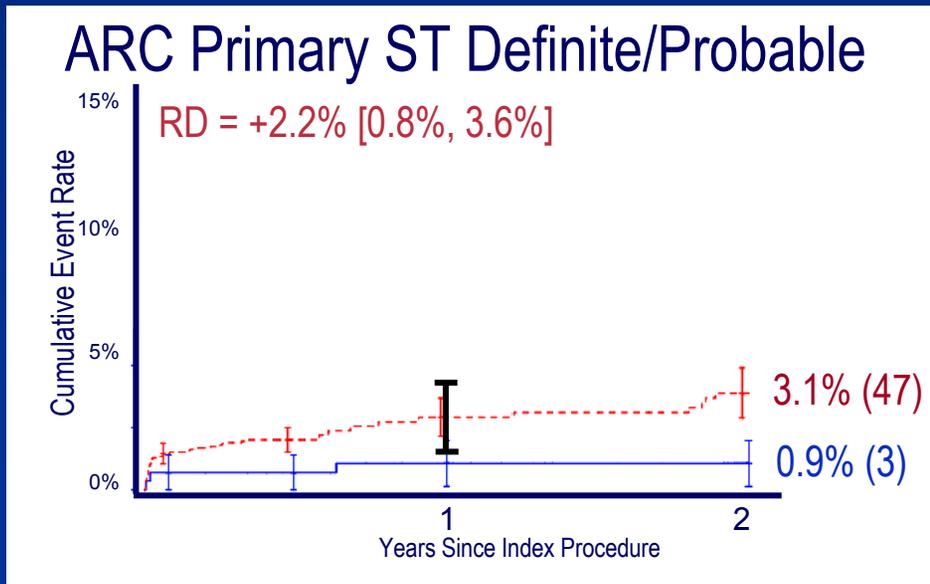
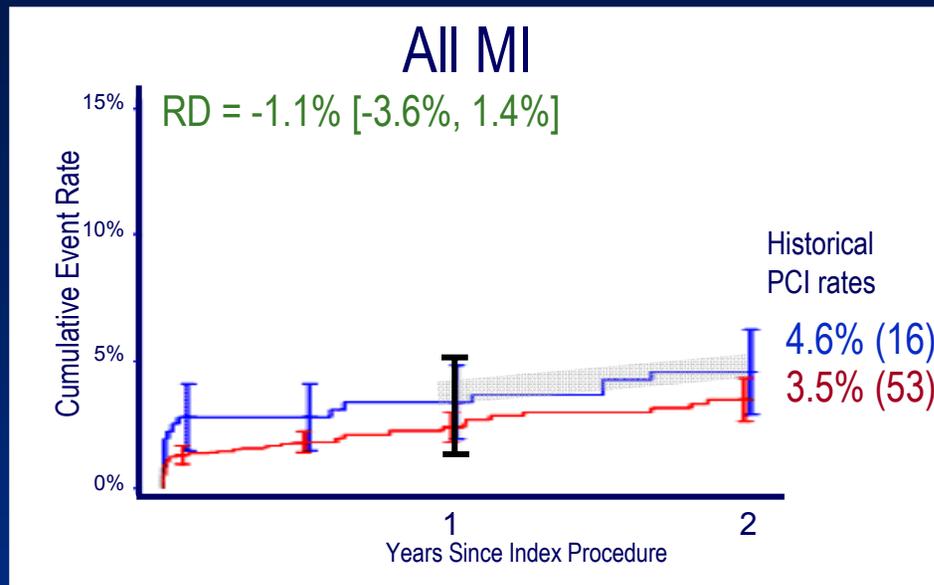
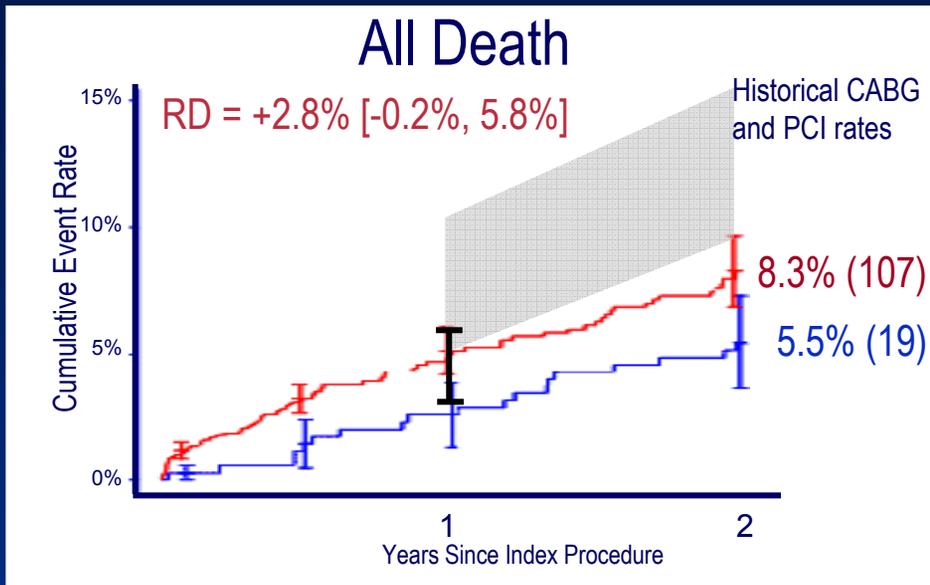
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## N = 2,689

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RD = Rate Difference = ARRIVE — TAXUS

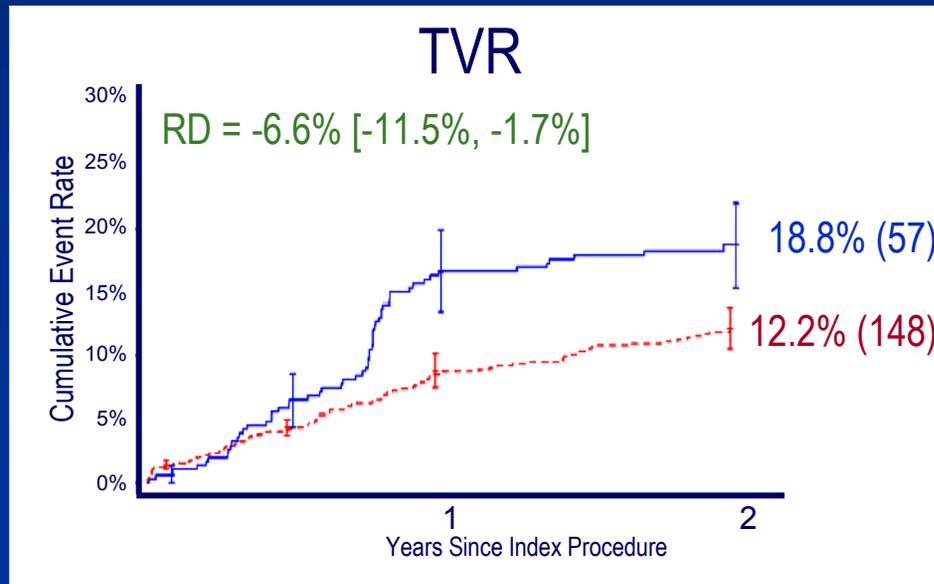
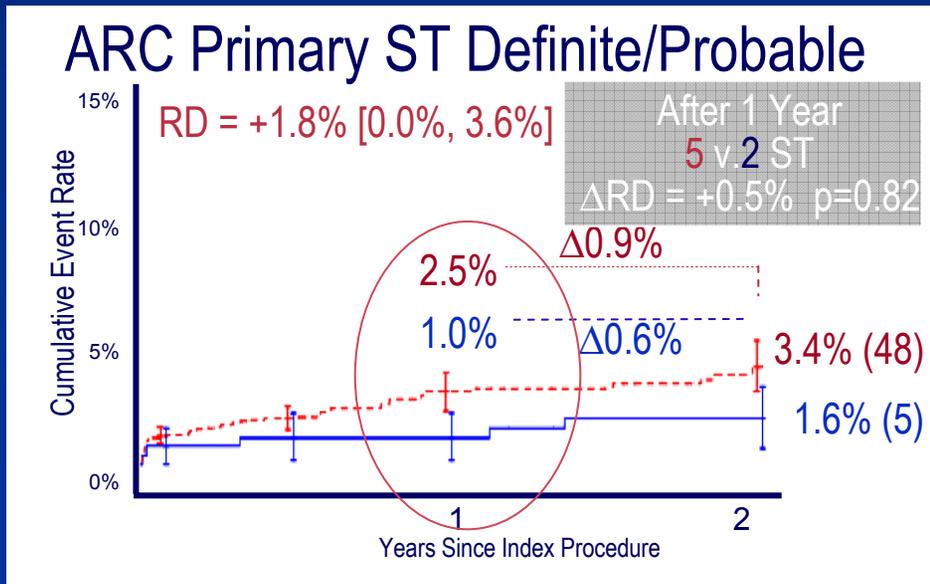
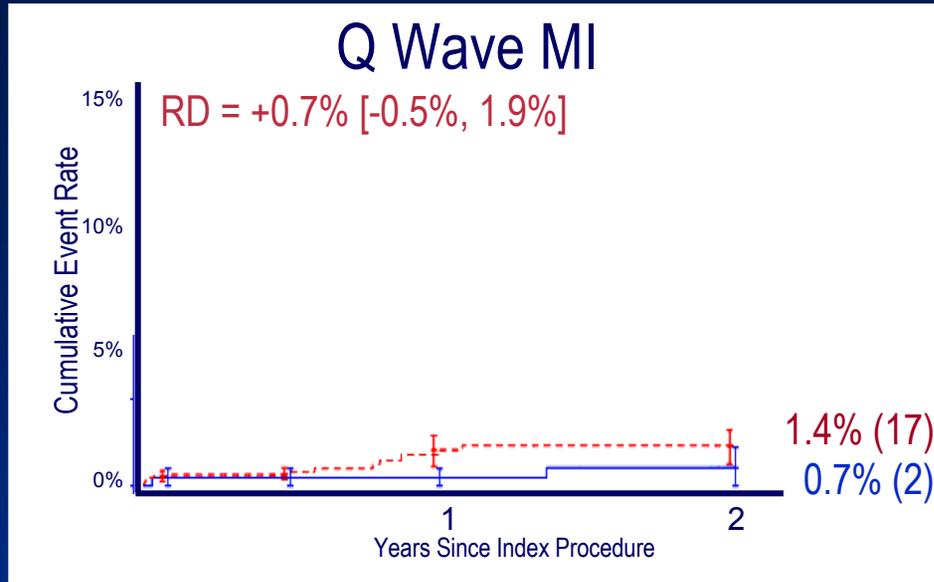
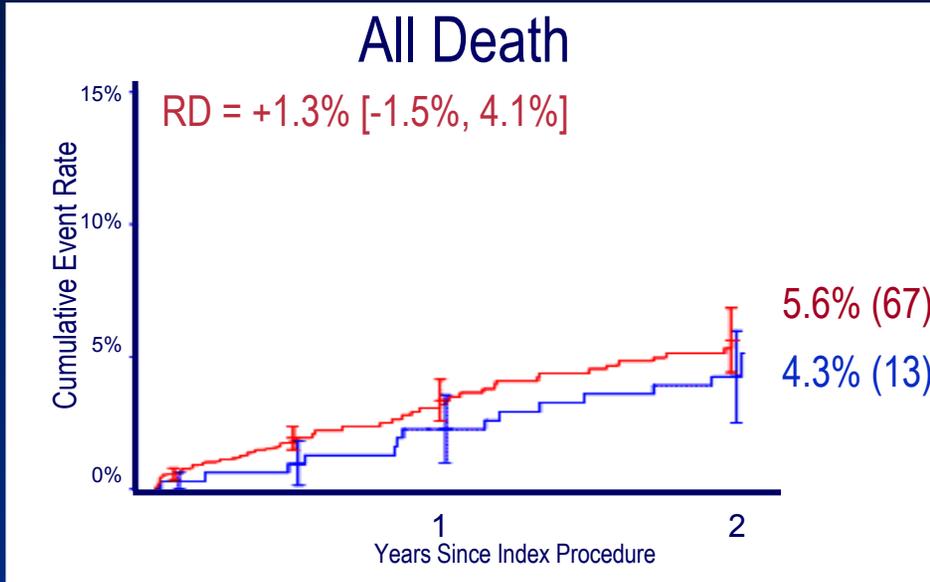
No increase      Increase



# ARRIVE v. TAXUS Small Vessels RVD $\leq 2.5$ mm Visual (N = 2,585)

— TAXUS (N=313)      — ARRIVE (N=2272)

RD = Rate Difference = ARRIVE — TAXUS  
No increase      Increase

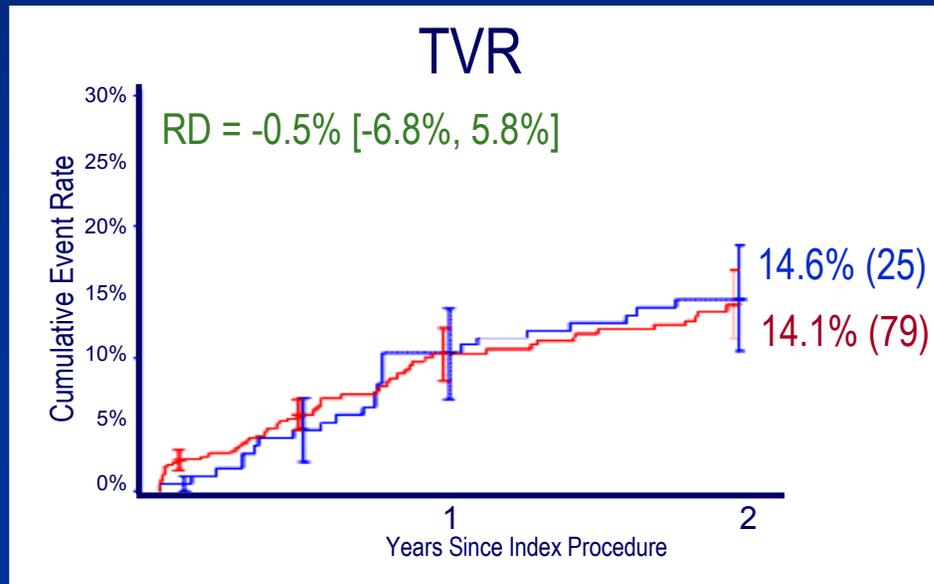
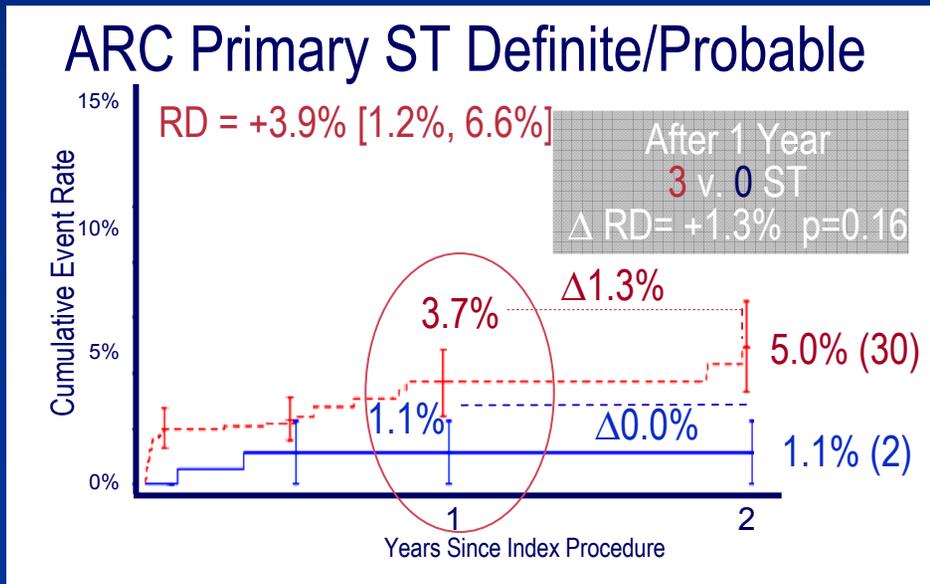
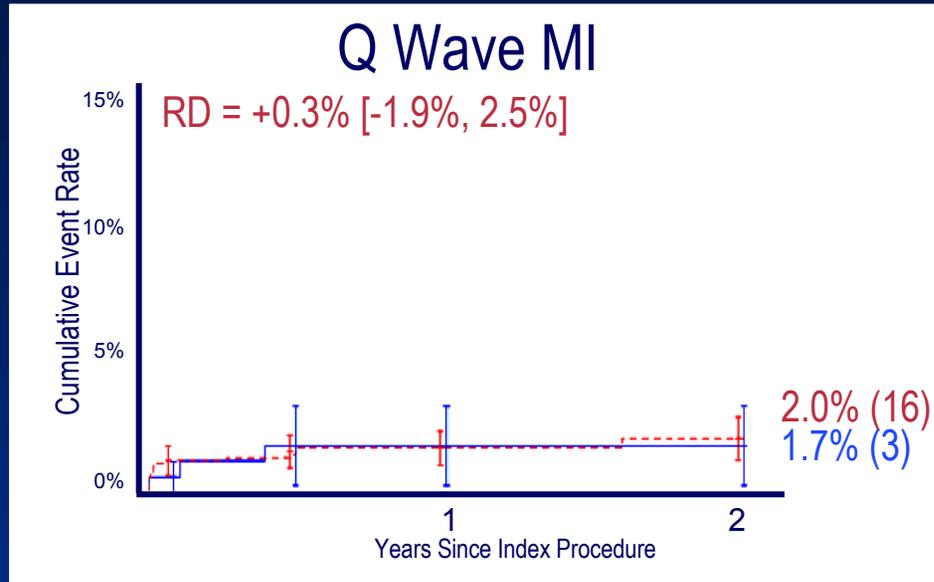
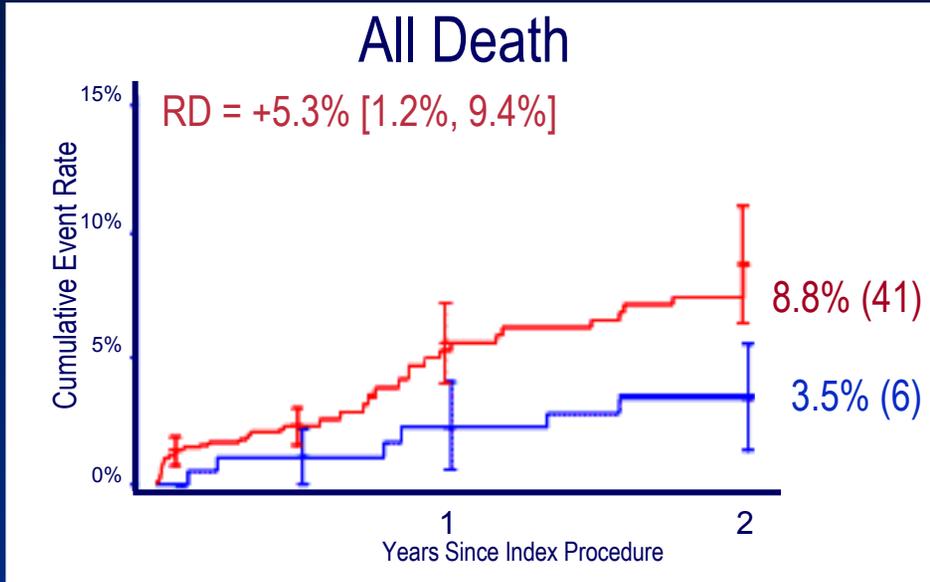


# ARRIVE v. TAXUS Lesions $\geq 28\text{mm}$ Visual (N = 1,131)

— TAXUS (N=178)      — ARRIVE (N=953)

RD = Rate Difference = ARRIVE — TAXUS

No increase      Increase

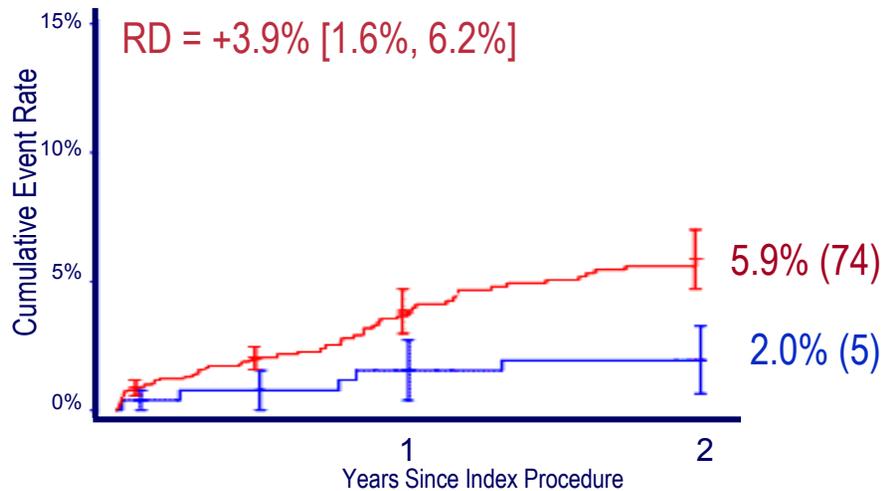


# ARRIVE v. TAXUS Multiple Stents in Single Vessels (N = 2,524)

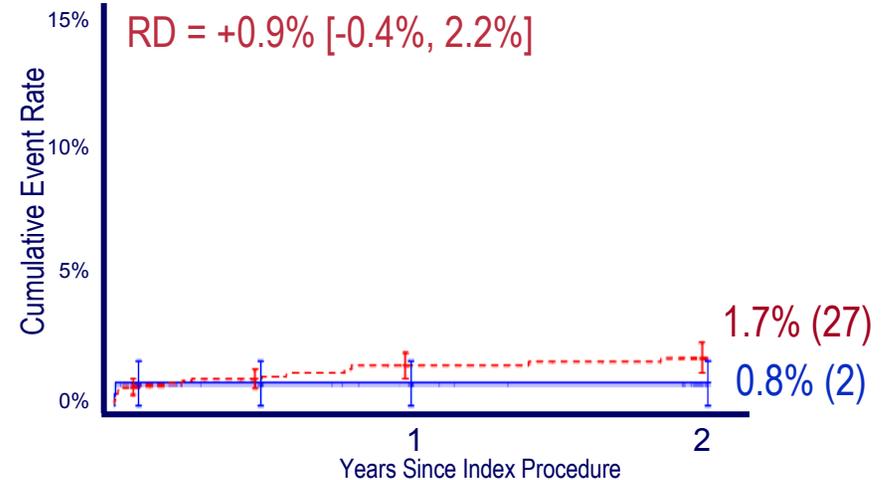
— TAXUS (N=255)      — ARRIVE (N=2269)

RD = Rate Difference = ARRIVE — TAXUS  
 No increase      Increase

## All Death



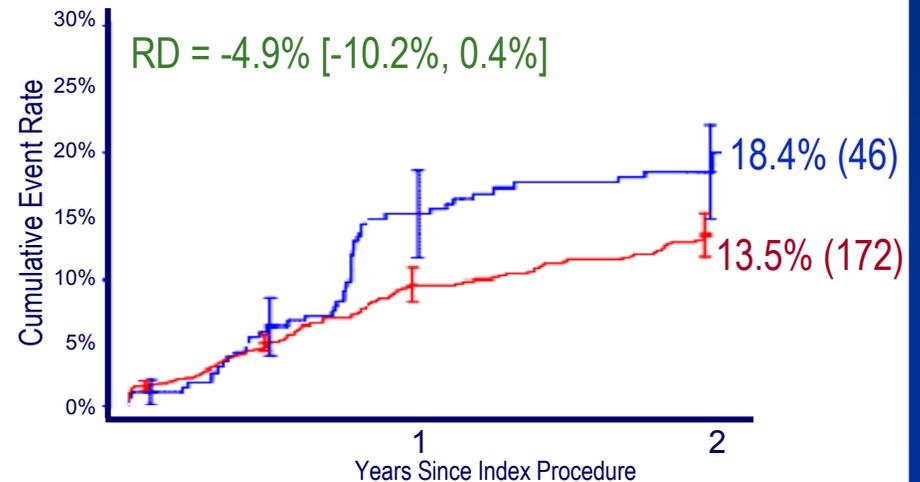
## Q Wave MI



## ARC Primary ST Definite/Probable



## TVR



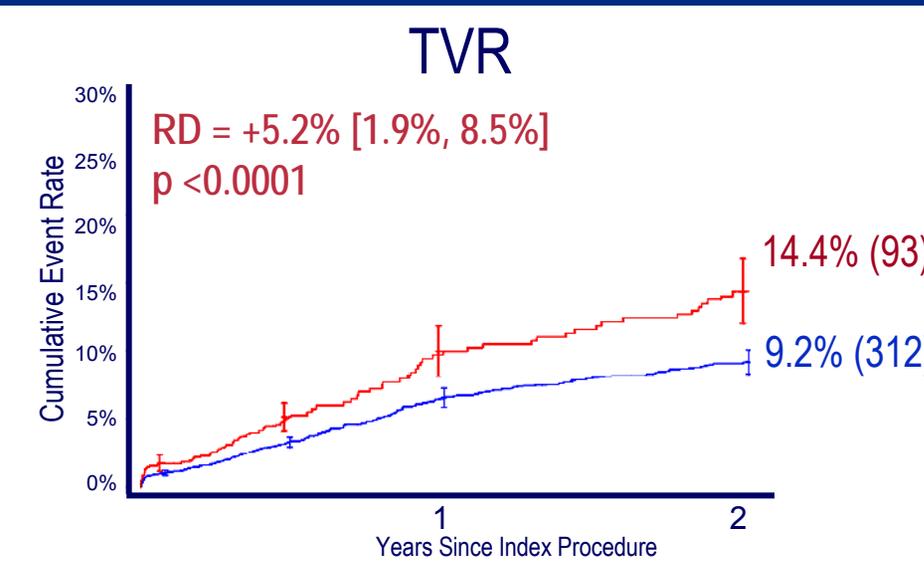
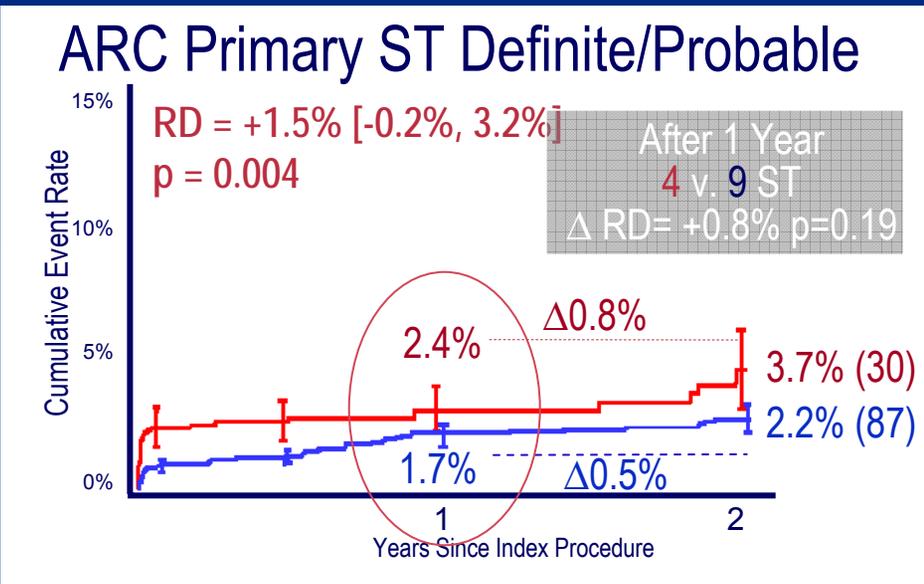
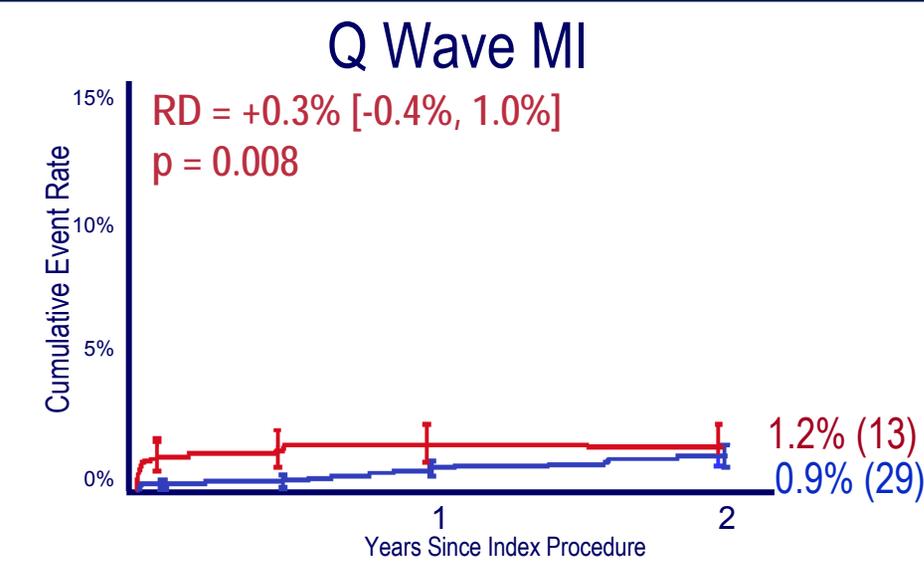
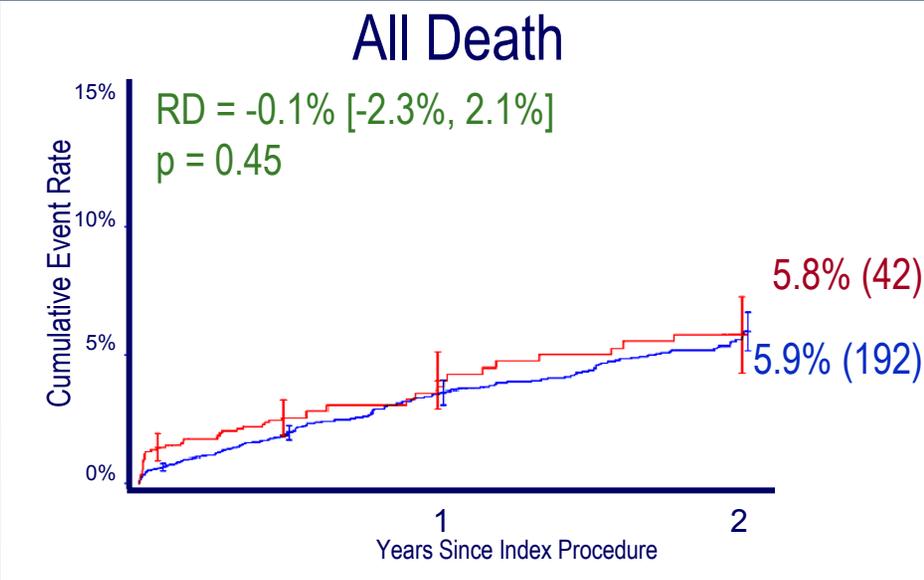
# ARRIVE Multi v. Single Vessel

## N = 1,153 Multi-vessel cases

— Single (N=6240)      — Multi (N=1153)

RD = Rate Difference = Multi — Single

No increase      Increase



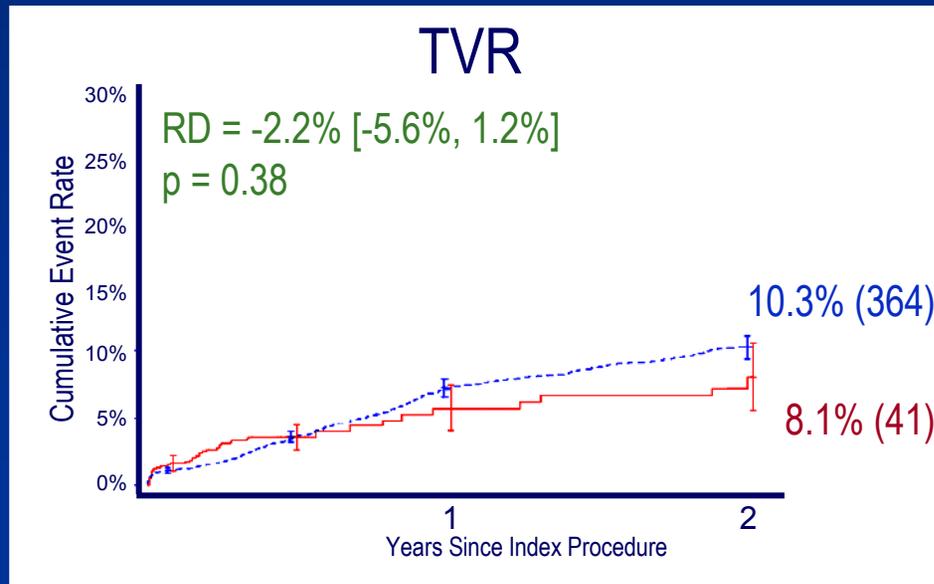
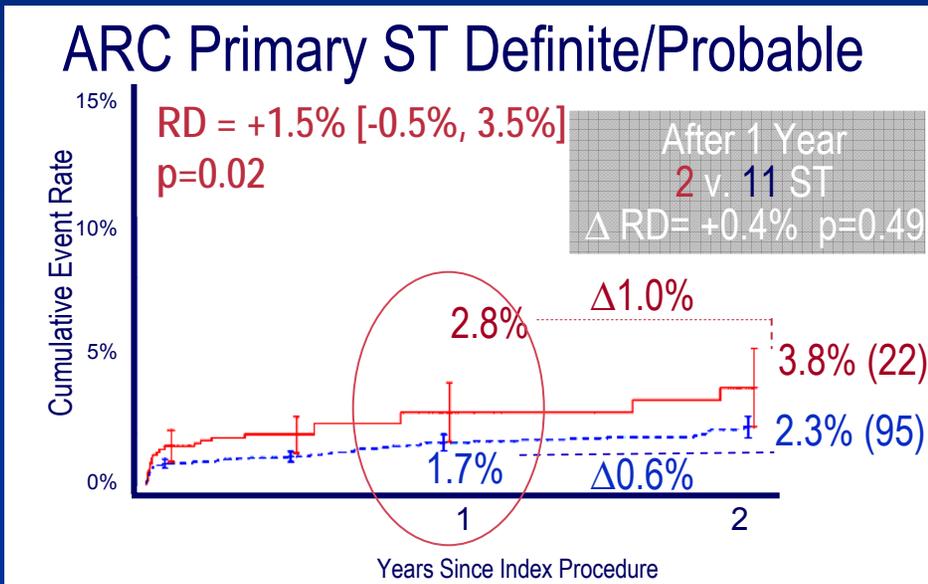
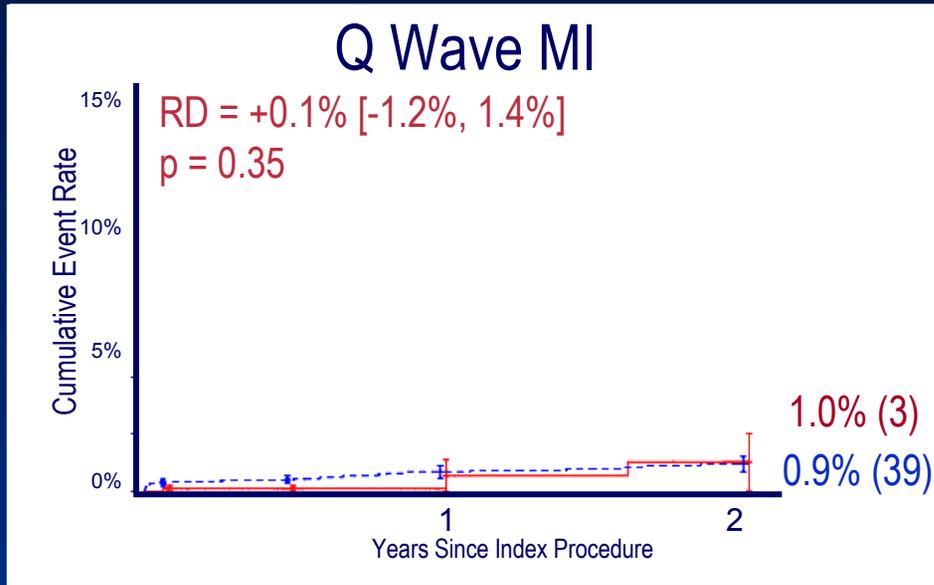
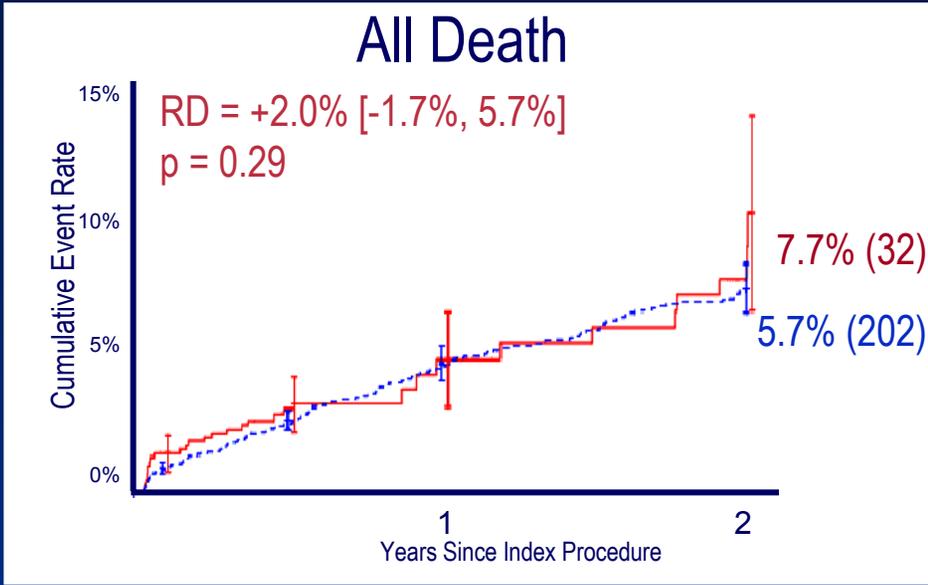
# ARRIVE AMI v. non-AMI

## N = 927 AMI cases

— Non-AMI (N=6466)      — AMI (N=927)

RD = Rate Difference = AMI — Non-AMI

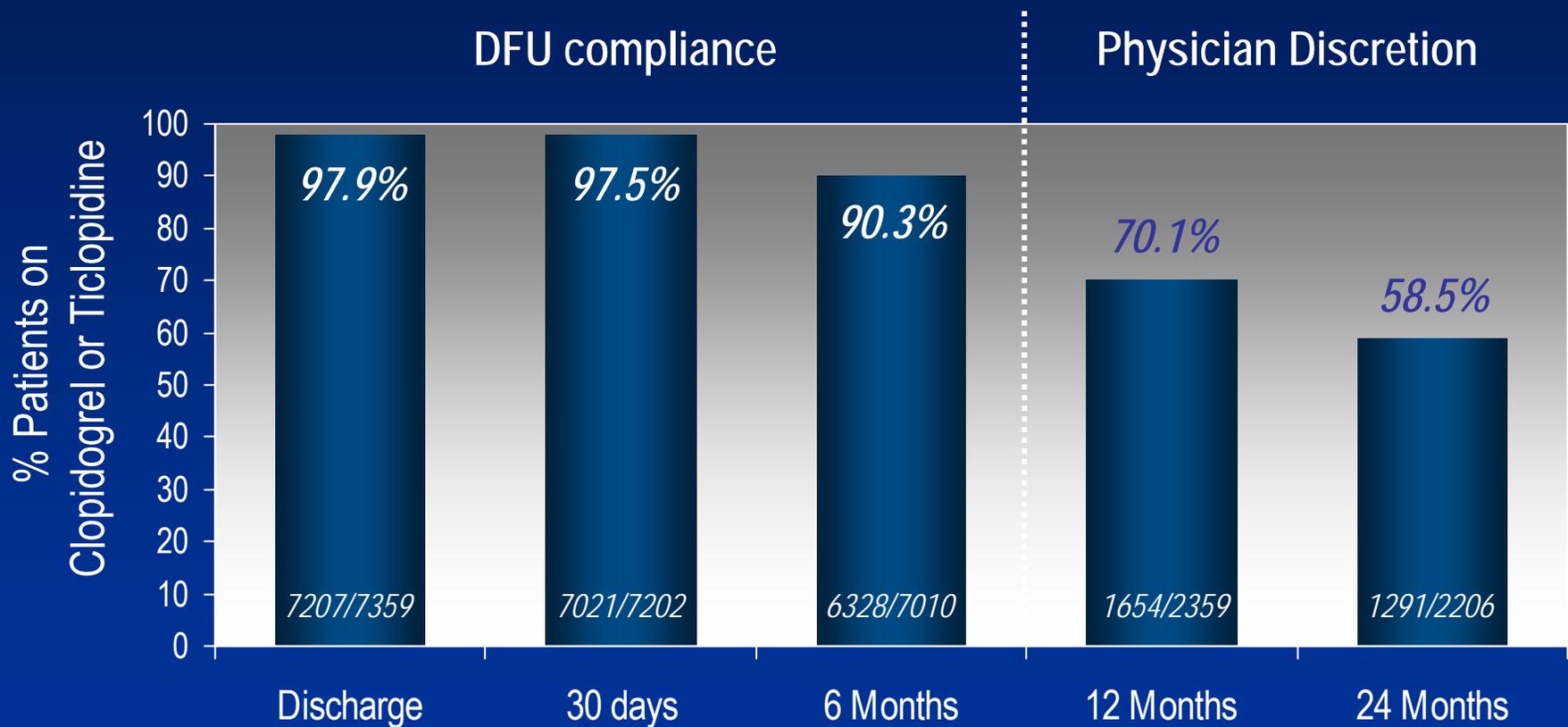
No increase      Increase



# Agenda

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

# 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

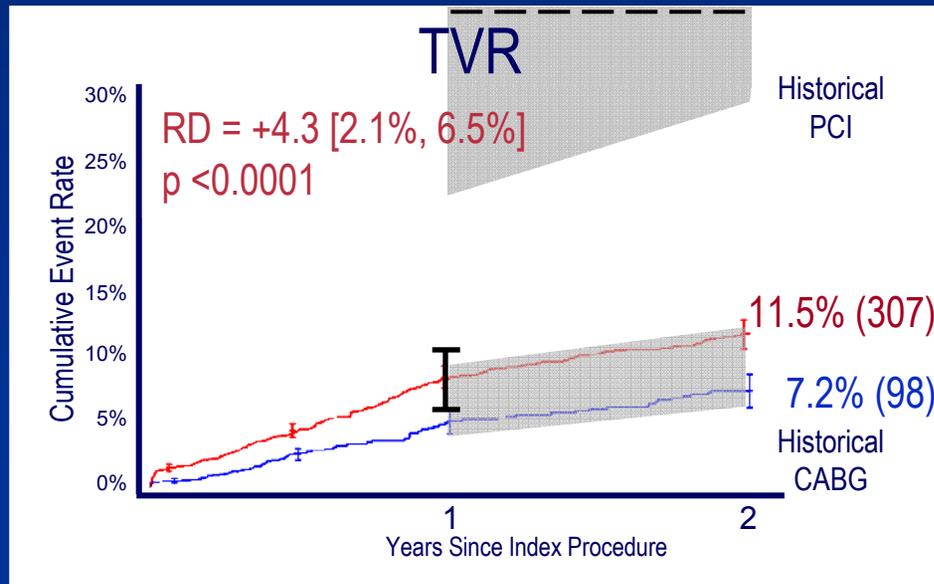
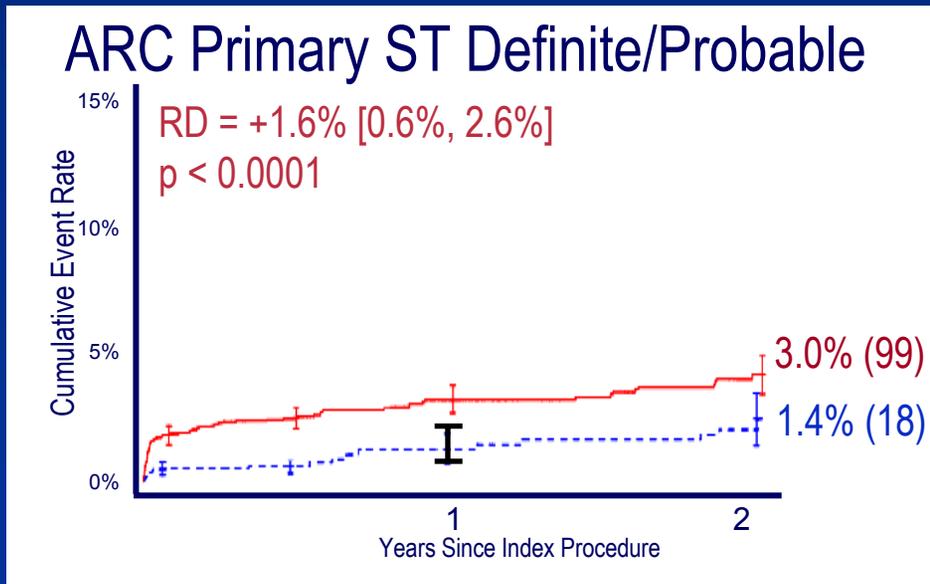
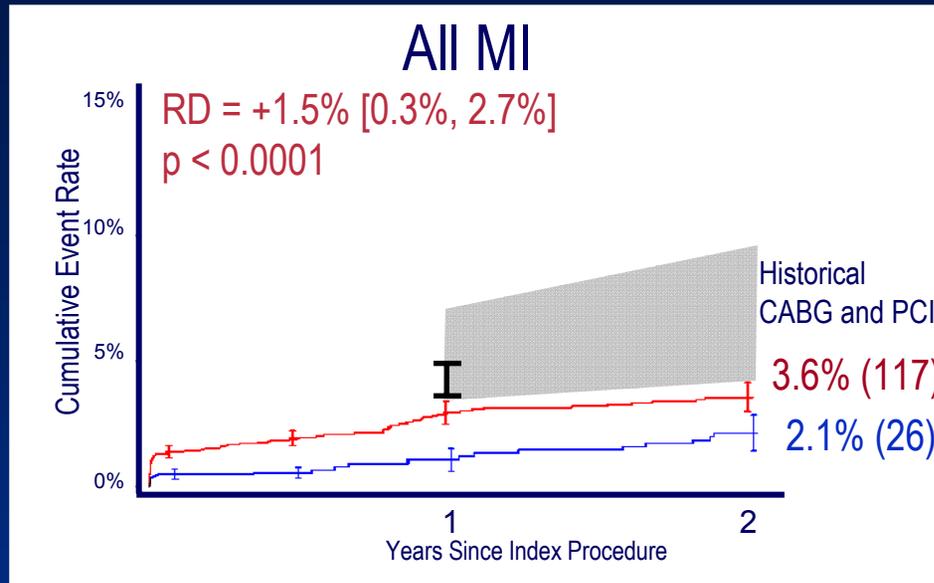
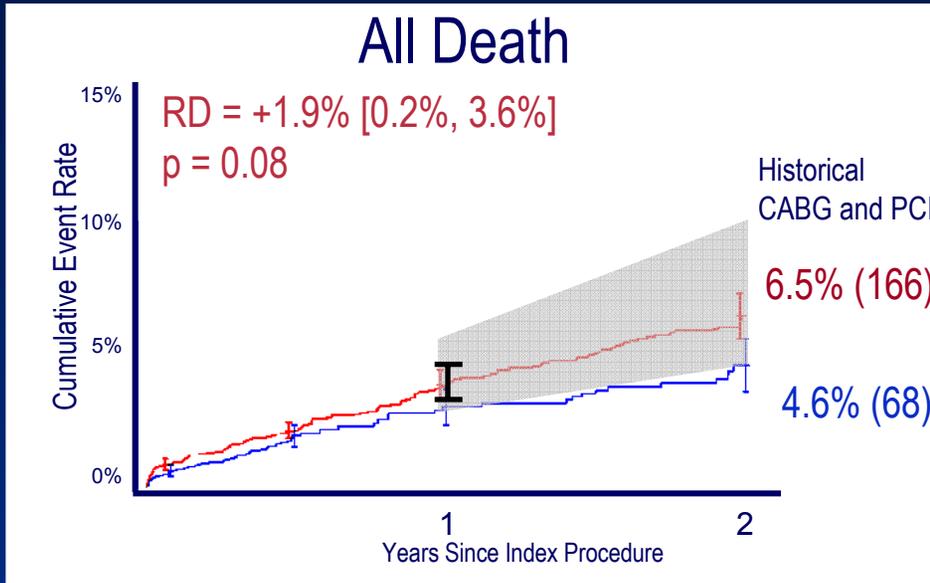
# ARRIVE Complex v. Simple

## N = 7,393

— Simple (N=2564)      — Complex (N=4829)

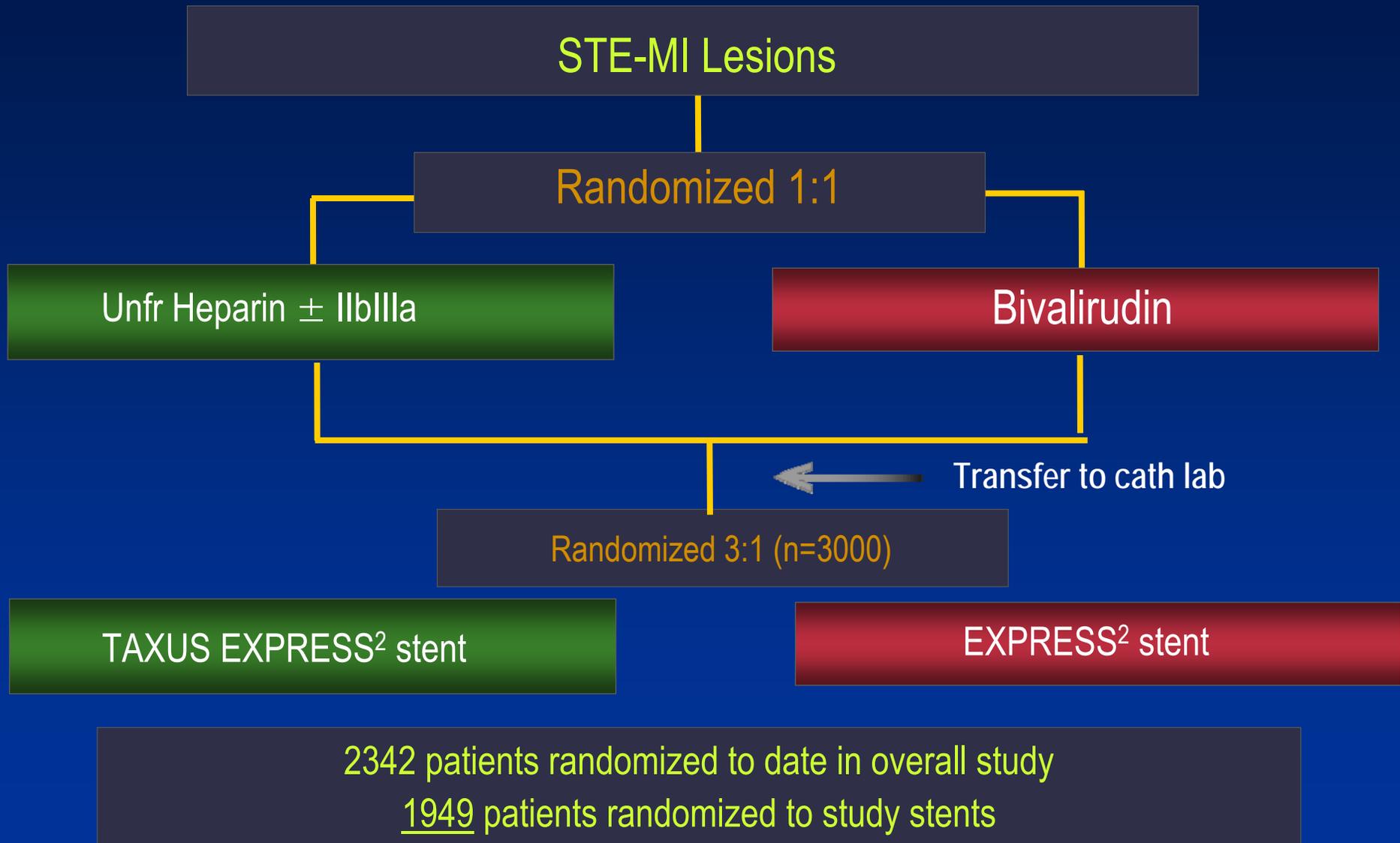
RD = Rate Difference = Complex — Simple

No increase      Increase



# 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

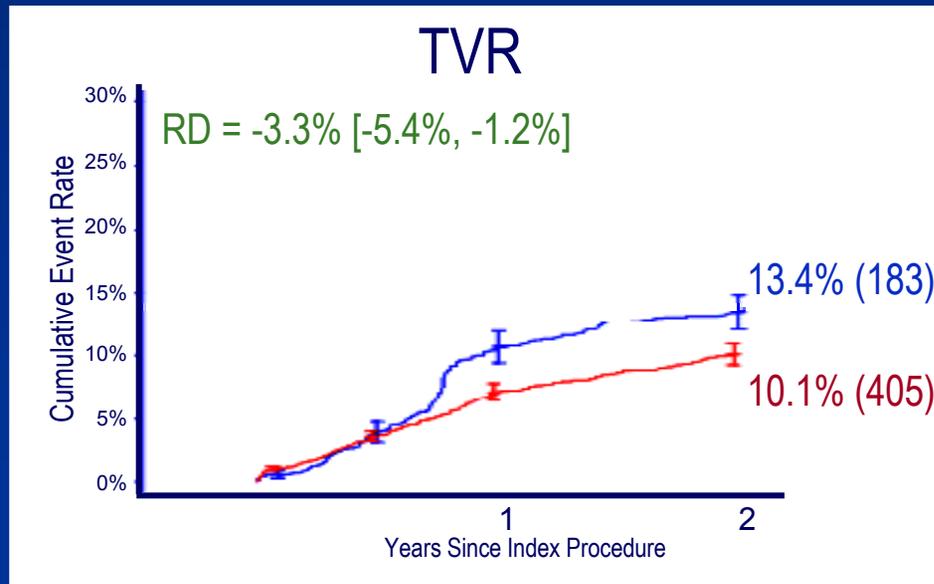
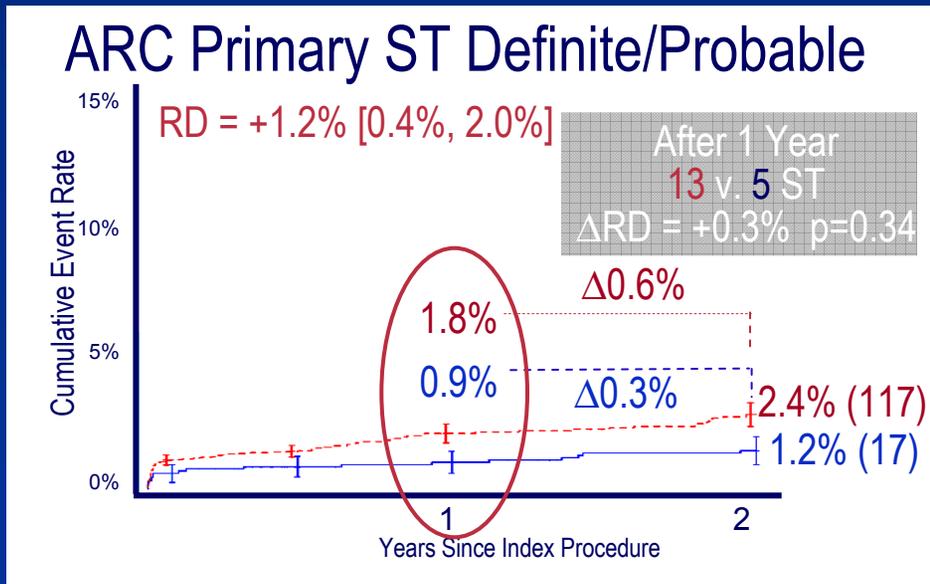
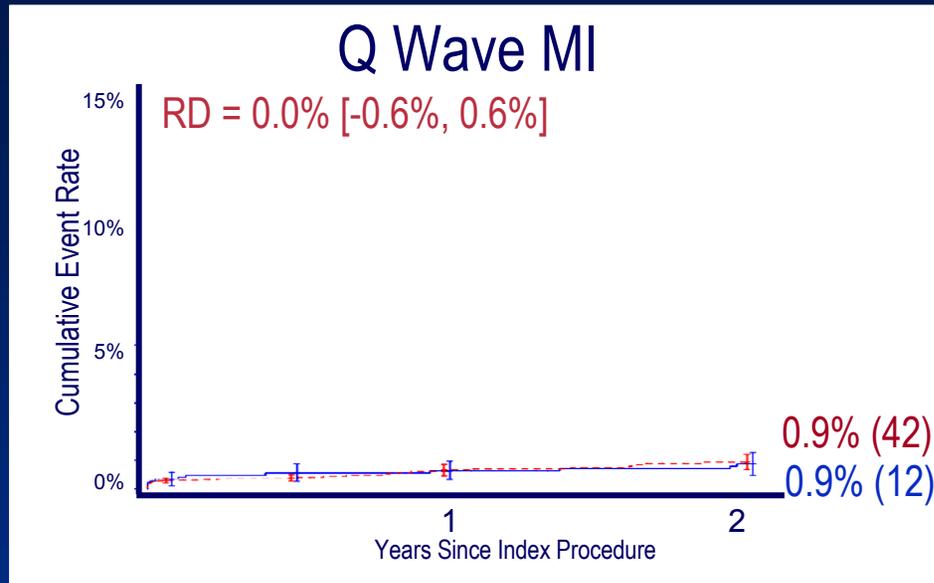
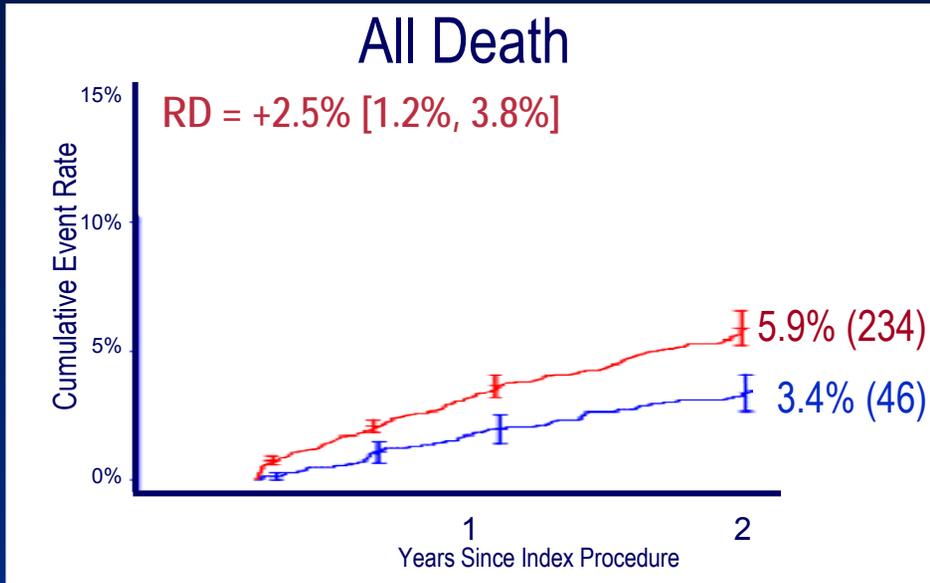
Thank you

# 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



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

## ANNUAL HAZARD RATES

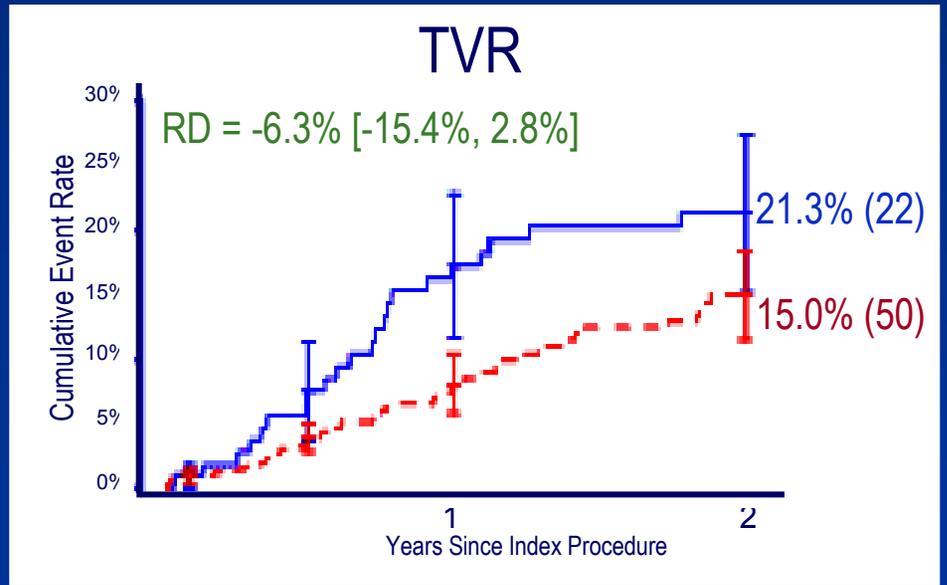
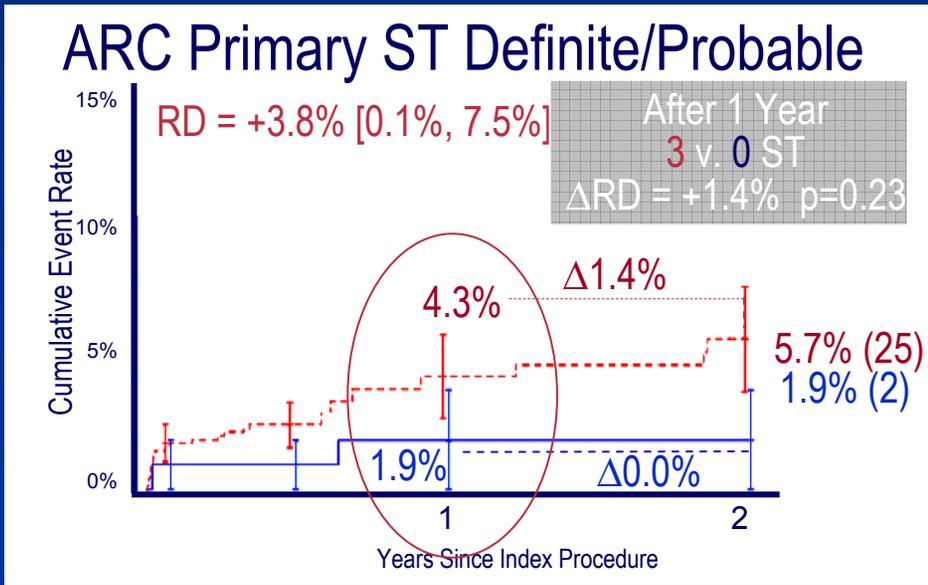
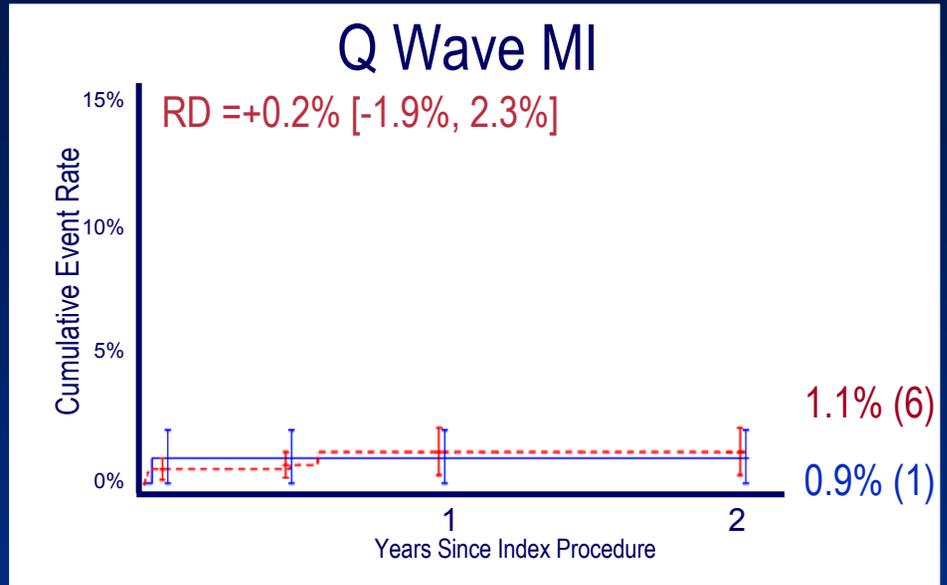
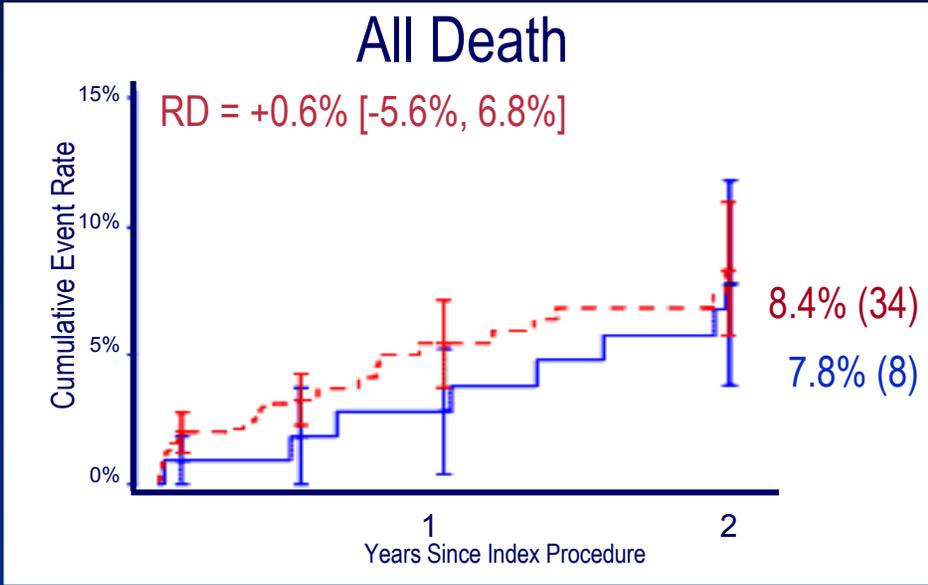
Δ = Rate Difference = DM — Non DM  
 No increase (green)      Increase (red)

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



# ARRIVE Vessels RVD $\leq 2.5$ mm (N = 2272) v. $> 2.5$ mm (N = 5121) Visual (N = 7,393)

## ANNUAL HAZARD RATES

$\Delta$  = Rate Difference =  $\leq 2.5$ mm —  $> 2.5$ mm  
 No increase (green)      Increase (red)

Event	0-1 Year (% / patient-year)				1-2 Years (% / patient-year)				2-year Cumulative Rates (K-M Estimate [%])			
	$\leq 2.5$ mm	$> 2.5$ mm	Rate Difference		$\leq 2.5$ mm	$> 2.5$ mm	Rate Difference		$\leq 2.5$ mm	$> 2.5$ mm	Rate Difference	
			$\Delta$	p			$\Delta$	p			$\Delta$	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 $\geq 28$ mm (N = 953) v. $< 28$ mm (N = 6440) Visual (N = 7393)

## ANNUAL HAZARD RATES

$\Delta$  = Rate Difference =  $\geq 28$ mm —  $< 28$ mm  
No increase Increase

Event	0-1 Year (% / patient-year)				1-2 Years (% / patient-year)				2-year Cumulative Rates (K-M Estimate [%])			
	$\geq 28$ mm	$< 28$ mm	Rate Difference		$\geq 28$ mm	$< 28$ mm	Rate Difference		$\geq 28$ mm	$< 28$ mm	Rate Difference	
			$\Delta$	p			$\Delta$	p			$\Delta$	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 (green)  
 Increase (red)

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			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			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 (green)  
 Increase (red)

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 $\leq$ 1 year		ST > 1 year	
				Protocol	ARC Primary	Protocol	ARC Primary	Protocol	ARC Primary
<i>Patient History</i>									
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]								
<i>General Disease State</i>									
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
<i>Lesion/Vessel</i>									
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]						
<i>Procedure/Therapy</i>									
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 <sup>a</sup>	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.