


Final 5 year results from the COMPARE trial on low-dose versus high-dose PCB

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Disclosures

Speaker name:
Dierk Scheinert.....

I have the following potential conflicts of interest to report:

- Consulting: Abbott, Acotec, Boston Scientific, Concept Medical,
- Employment in industry
- Stockholder of a healthcare company
- Owner of a healthcare company
- Other(s):

I do not have any potential conflict of interest




COMPARE RCT: Study design

Prospective, multicenter, German, investigator-initiated (PI: Dierk Scheinert), non-inferiority trial comprising 414 patients with femoropopliteal lesions; stratification for lesion length; 1:1 randomization to high-dose versus low-dose DCB

Core lab adjudication of angios and duplex ultrasound; 100% source data verification


Investigational Device

Low dose DCB: Ranger™
Paclitaxel Dose: 2.0µg/mm²
TransPax coating; Excipient: Citrate ester



Control Device

High dose DCB: IN.PACT Admiral™/IN.PACT Pacific™
Paclitaxel Dose: 3.5µg/mm²
FreePac™ hydrophilic coating; Excipient: Urea



Follow-up

- in-house visits: 6, 12, 24 months
- Telephone FU for safety: 36, 48, **60 months**

Key baseline characteristics

	Low dose DCB (n=207)	High dose DCB (n=207)	P value
Demographics			
Age (years)	68.2 ± 10.0	68.4 ± 9.3	0.79
Female gender	79 (38.2)	75 (36.2)	0.68
Rutherford class (RC) ≥ 3	184 (88.9)	176 (85)	0.56
Diabetes mellitus	63 (30.6)	76 (36.9)	0.18
Previous/current smoking	160 (77.3)	155 (74.9)	0.63
Lesion			
Lesion length (mm)	123.9±97.8	128.3±97.3	0.65
Total occlusions	84 (40.6)	89 (43)	0.62
Calcification PACSS 3-4	105 (50.5)	117 (57.1)	0.80
0-1 run off vessels	75 (38.5)	71 (36.6)	0.89
Procedural			
Total paclitaxel dose (µg)	6971±4026	13035±7483	<0.0001
Bail-out stenting	62 (30.0)	53 (25.6)	0.32
Type E-F Dissection	4 (2.0)	2 (1)	0.61
Diameter stenosis pp (%)	26.4±12.5	26.1±12.5	0.8
Residual stenosis ≥ 30%	74 (35.8)	81 (39.1)	0.48

Data are given as mean±sd or number (%).

Primary endpoint analysis at 12 months

Efficacy: Primary patency

DCB	Low dose	High dose	Δ (two-sided 95% lower bound)	Pron-inferiority
	83% (156/188)	81.5% (141/173)	1.5% (-5.2%)	<0.01

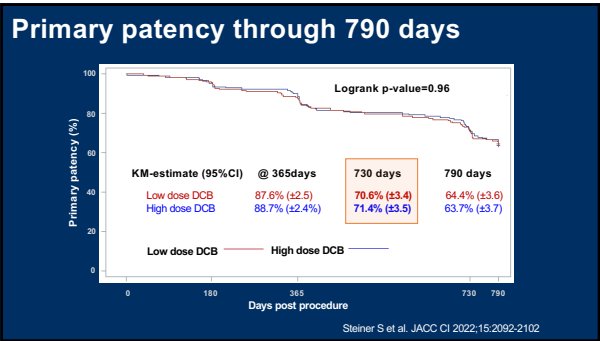
Non-inferiority met

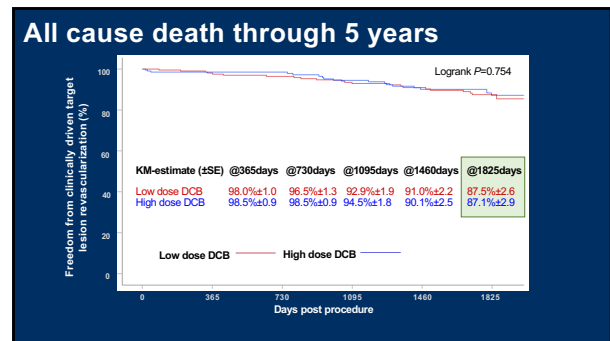
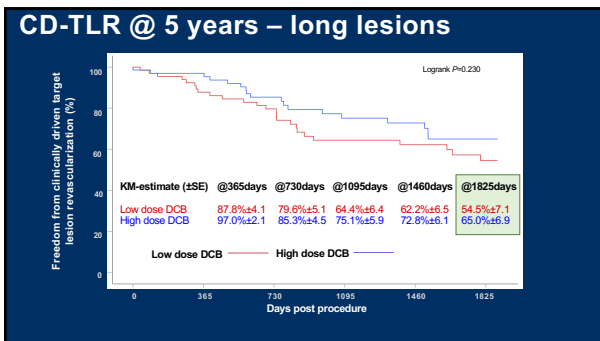
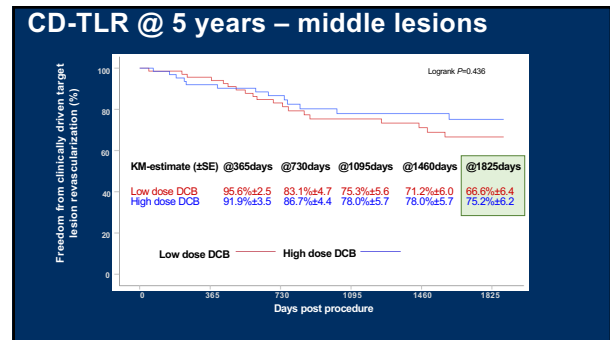
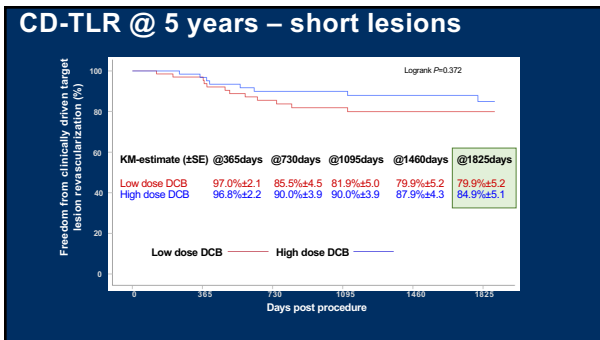
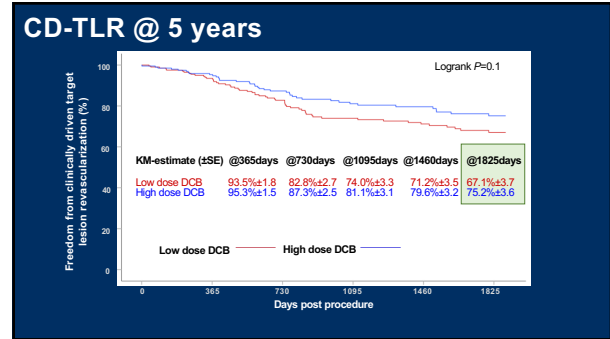
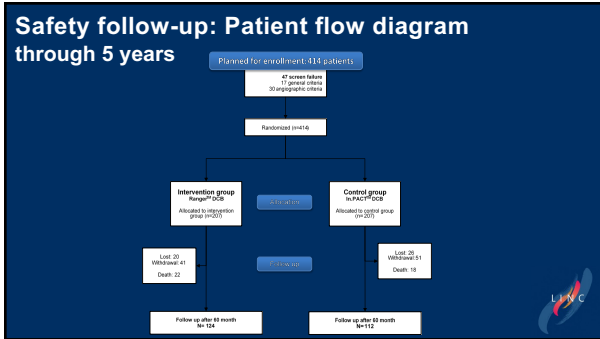
Safety: Freedom from MAE

DCB	Low dose	High dose	Δ (two-sided 95% lower bound)	Pron-inferiority
	91% (182/200)	92.6% (175/189)	-1.6% (-6.5%)	<0.01

Non-inferiority met

Steiner S et al. Eur Heart J 2020;41(27):2541-2552





Key safety outcomes through 5 years

	Low dose DCB (n=207)	High dose DCB (n=207)	P value [§]
60-Months MAE-Free*	63.6% (98/154)	71.7% (99/138)	0.135
All-cause mortality	15.1 (22/146)	14.0% (18/129)	0.865
Device or procedure-related death	0	0	1.0
Major amputation	0% (0/121)	0.9% (1/108)	1.0
Clinically driven TLR	35.9% (55/153)	27.5% (38/138)	0.133
All TLR [†]	36.4% (56/154)	28.3% (39/138)	0.169

Values are percentage (n/N). The numerator is the number of subjects with events prior to the dose of the visit window.
 The denominator includes subjects with events or those without events having follow-up on or past the opening of the visit window.
 *Includes clinically-driven TLR and duplex-driven incidental TLR.
 † P-values based on Fisher's exact test.

Summary

- First head-to-head comparison of two DCBs with different paclitaxel dosages and coating technologies for femoropopliteal interventions
- Complex real world lesion subset with high proportion of CTOs >40%
- Non-inferiority was met for primary efficacy and safety @1 y
- Patency rates overlapping through 2 years, no significant differences for CD-TLR through 5 years with overall low reinterventions rates dependent on lesion length stratum
- No signal for increased mortality or amputations