

# NEW SIRIUS: Setting the Standard in Drug-eluting Stent Outcomes



*cypher*<sup>TM</sup>  
Sirolimus-eluting Stent

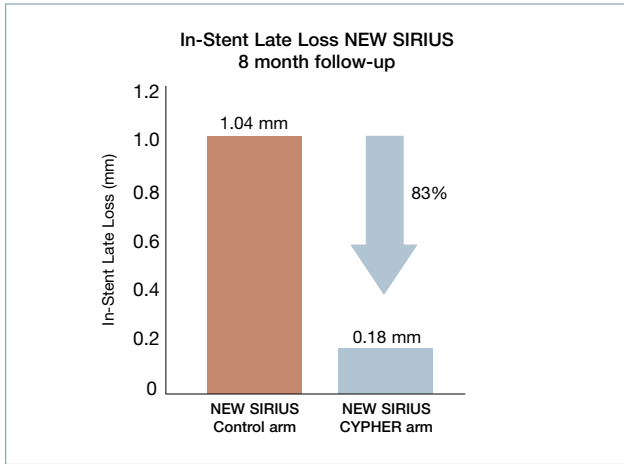


# NEW\* SIRIUS: Setting the Standard

## Unmatched Results...

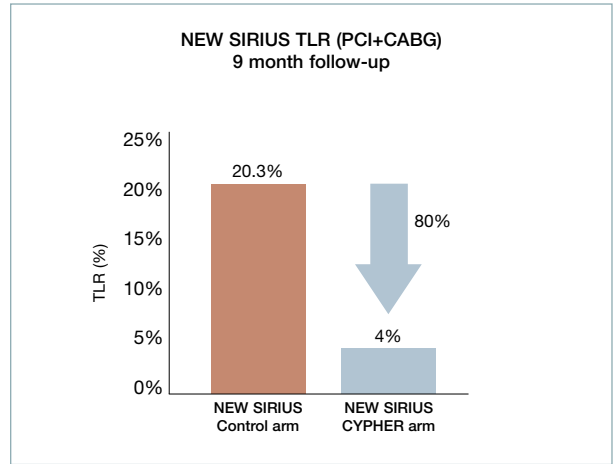
### • 0.18 mm In-Stent Late Loss

- **Late Loss:** most precise angiographic measure of tissue growth within the stent
- **NEW SIRIUS:** very low late loss (0.18 mm) in high risk patients; 83 % reduction compared to control group



### • 4% TLR PCI+CABG

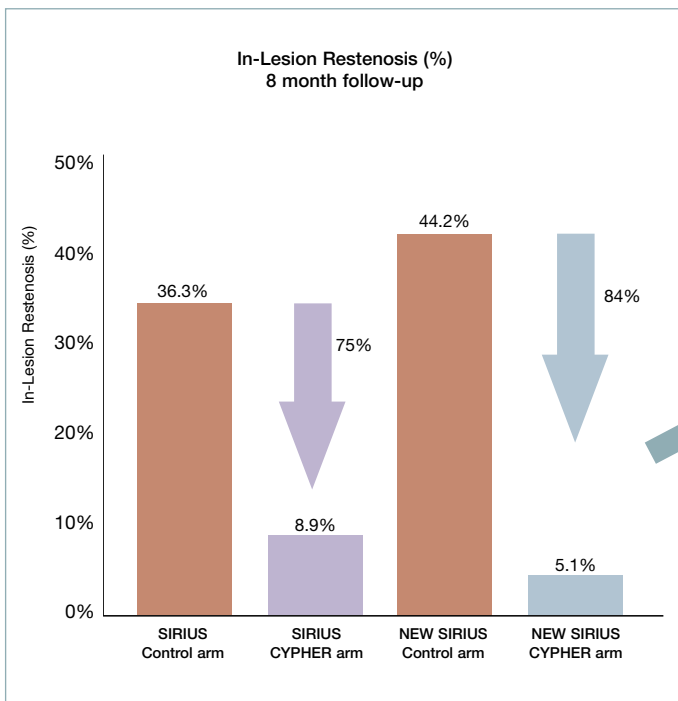
- **TLR:** target lesion revascularization, PCI or CABG
- **NEW SIRIUS:** only 4% TLR in a very challenging patient population; 80 % reduction compared to control group



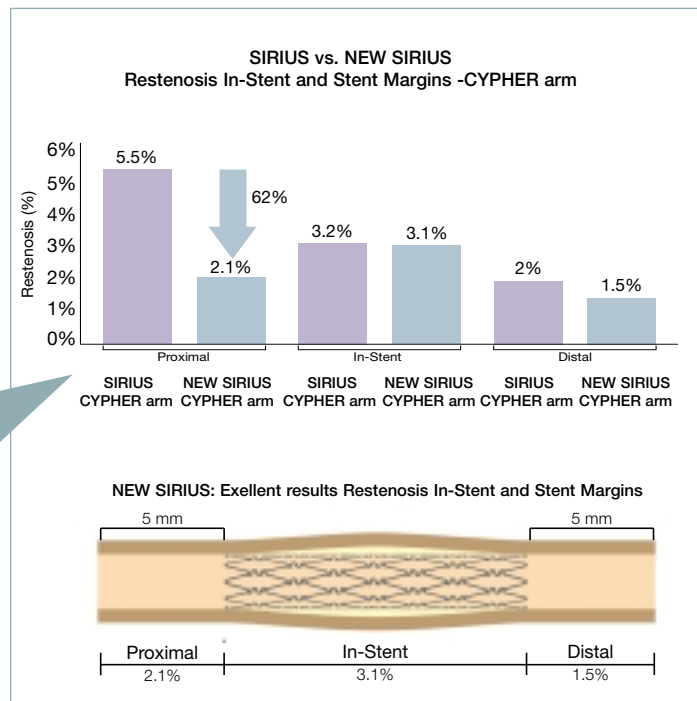
### • 5.1% In-Lesion Restenosis

#### NEW SIRIUS vs. SIRIUS

- Only 5.1% In-Lesion restenosis and greater relative reduction of restenosis compared to control group (84%) despite a more challenging patient population



- Improvements in restenosis across the entire lesion site
- Significant Reduction of Proximal Restenosis



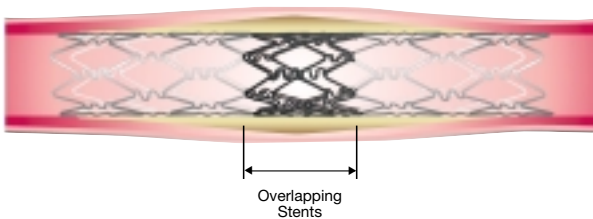
# Word in Drug-eluting Stent Outcomes

## ✂ In Patients with higher risk factors...

- **NEW SIRIUS, patients with higher risk factors and more challenging lesion types than SIRIUS**
  - More current smokers (36.3% vs. 20.8%), more previous MI (42.4% vs. 30.5%)
  - Longer Lesions (14.8 mm vs. 14.4 mm lesion length, 23.3 mm vs. 21.5 mm stented length)
  - Smaller Vessels (2.57 mm vs. 2.80 mm RVD)
  - More Overlapping Stents (35.4% vs. 28.5%), More patients with Multiple Stents (48% vs. 35%)

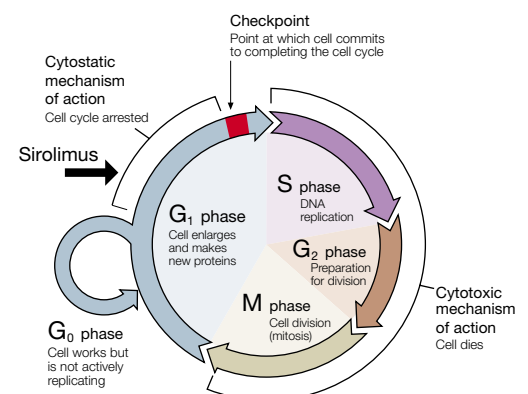
## ✂ Made possible by improved techniques

- **Use Longer Stents**
  - Stent Normal Reference Vessel (NRV) to NRV
- **Minimize Vessel Trauma**
  - When Pre-Dilating or Post Dilating, use a shorter balloon
  - Do not post Dilate outside the stent edges
- **Fully deploy the stent**
  - The stent must be in full contact with the vessel
  - If the Stent is not fully deployed, use a larger post dilatation balloon
- **Do not leave gaps but overlap Stents**
  - 3 to 4 mm overlap is recommended to avoid geographic miss



## ✂ Made possible by Sirolimus

- **Triple Mechanism of Action & Selective to proliferating Cells**
  - Anti Proliferative, Anti Migratory, Anti Inflammatory
  - Does not interfere with Endothelial Cell Regrowth
- **Cytostatic Mechanism of Action**
  - Cells return to a resting stage and are not killed
- **Broad Therapeutic Window**
  - Biological Activity at doses ranging from 18µg to 1200µg (6 X the dose of CYPHER Stent) with no evidence of toxicity to the vessel wall



# NEW\* SIRIUS: Setting the Standard in Drug-eluting Stent Outcomes

Patient demographics & lesion characteristics	NEW SIRIUS	SIRIUS
# DES Patients	225	533
Mean Age	61.6	62.1
Number of men (%)	70.2	72.6
Previous MI (%)	42.4	30.5
Current Smokers (%)	36.3	20.8
Diabetics (%)	20.0	24.6
RVD (mm)	2.57	2.80
Stented length (mm)	23.3	21.5
Lesion Length (mm)	14.8	14.4
Patients with overlapping stents (%)	35.4	28.5
Direct stenting (%)	27.0	0.0
<b>QCA In-Stent Analysis (8 months) and Clinical Results (9 months)</b>		
In-Stent MLD (mm)		
Pre	0.87	0.98
Post	2.45	2.67
Follow Up @ 8 mo.	2.27	2.50
Late Loss (mm): in stent (mm)	<b>0.18</b>	<b>0.17</b>
Late Loss (mm): in lesion (mm)	<b>0.17</b>	<b>0.24</b>
Binary restenosis (%): In-lesion	<b>5.1</b>	<b>8.9</b>
Binary restenosis (%): In-stent	<b>3.1</b>	<b>3.2</b>
Binary restenosis (%): Proximal Edge	<b>2.1</b>	<b>5.5</b>
Binary restenosis (%): Distal Edge	<b>1.5</b>	<b>2.0</b>
TLR (PCI+CABG) (%)	<b>4.0</b>	<b>4.1</b>

\* Pooled data from the double blind, randomised controlled E- & C-SIRIUS Trials, 8 month angio follow-up, 9 month clinical follow-up

## NEW SIRIUS...

Setting the Standard in Drug-eluting Stent Outcomes:

- 0.18 mm late loss
- 4% TLR
- 5.1% In-Lesion Restenosis

**Cordis**  
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Sirolimus-eluting Stent