

TANGO

A Randomized Dose-Escalation Trial of Temsirolimus Adventitial Delivery to Improve Below the Knee Outcomes

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Disclosure Statement of Financial Interest

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

Affiliation/Financial Relationship

Grant/Research Support

Consulting Fees/Honoraria

Major Stock Shareholder/Equity

Royalty Income

Ownership/Founder

Intellectual Property Rights

Other Financial Benefit

Company

Abbott Vascular, Boston Scientific, Philips, PQ Bypass, Shockwave

Abbott Vascular, Boston Scientific, Cardiovascular Systems, Gore, Janssen, Medtronic, Philips, PQ Bypass, Shockwave

None

None

None

None

None

Presented on Behalf of Enrolling Sites

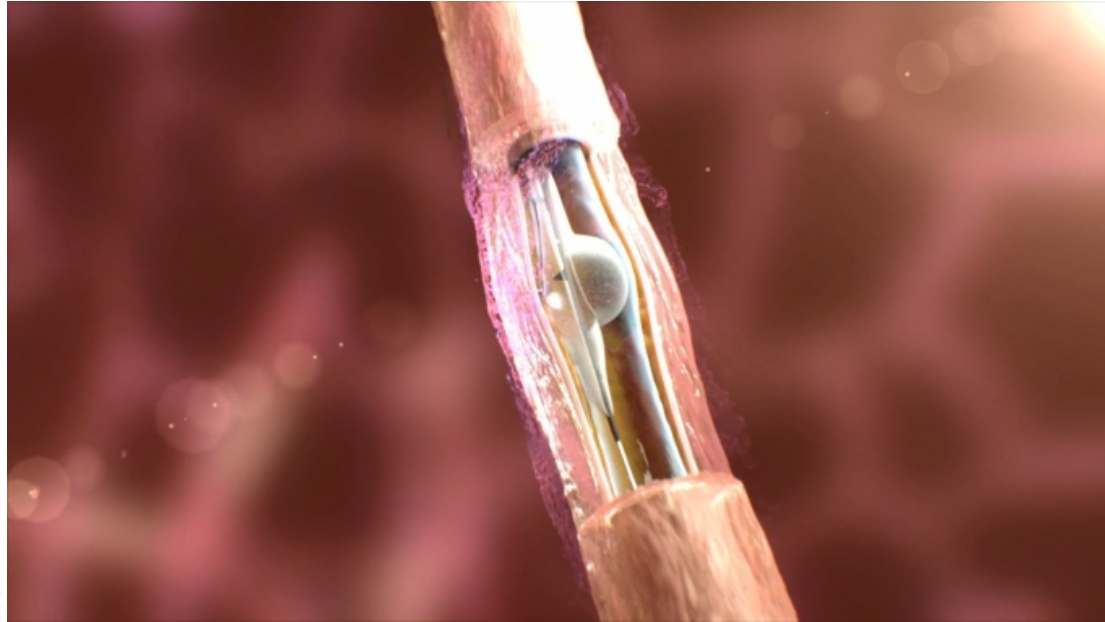
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Background

- **Current intrapopliteal treatments continue to lack long-term durability**
- **Drug-coated balloons have not demonstrated consistent benefit in the BTK region**
- **Failure of DCB in BTK region may be inherent to heavy thrombus, plaque and calcium burden**
- **Direct adventitial delivery provides a shortcut through the disease**
- **Temsirolimus is an ideal agent to reduce restenosis**

The Bullfrog[®] Micro-Infusion Device

- Adventitial delivery confirmed with contrast medium
- Dose control: Inject from separate syringe only after needle is engaged
- Unlimited payload: Not limited to the tiny surface area and thickness of a drug coating
- Multiple injections with one device – no need to swap out balloons for long lesion treatment



Temsirolimus Provides Treatment Advantages over Sirolimus or Paclitaxel in Reducing Restenosis

Improved pharmaceutical profile vs. sirolimus

Temsirolimus functions in a manner similar to rapamycin but with an improved pharmaceutical profile.

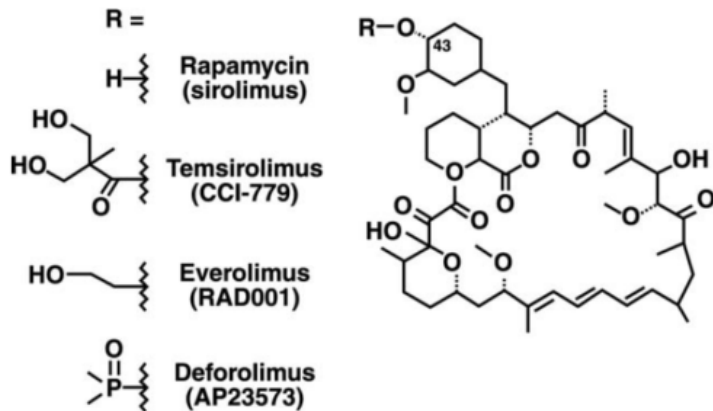


Figure 1. Chemical structures of rapamycin analogs in oncology clinical trials.

Boni, Semin Oncol 2009;35 (Suppl 3):S18-S25

Improved safety vs. paclitaxel

	Temsirolimus	Paclitaxel
Mode of Action	Cytostatic	Cytotoxic, Necrotic
Margin of Safety	10,000 Fold	100 Fold
Therapeutic Range	Wide	Narrow
Anti-Restenotic	Yes	Yes
Anti-inflammatory	Yes	No
Market Acceptance	Accepted	Questioned
Tissue Absorption	Moderate	Fast
Tissue Retention	Moderate	Long

TANGO Trial Design and Enrollment

- TANGO: Temoirolimus adventitial delivery to improve ANGIographic Outcomes below the knee
- Phase II prospective, multi-center, randomized, double-blinded, dose-escalation trial
- FDA IND-regulated
- Randomized 2:1 for treatment vs. control

Temoirolimus 0.1 mg/mL (n=20)

Temoirolimus 0.4 mg/mL (n=21)

vs.

Saline control (n=20)

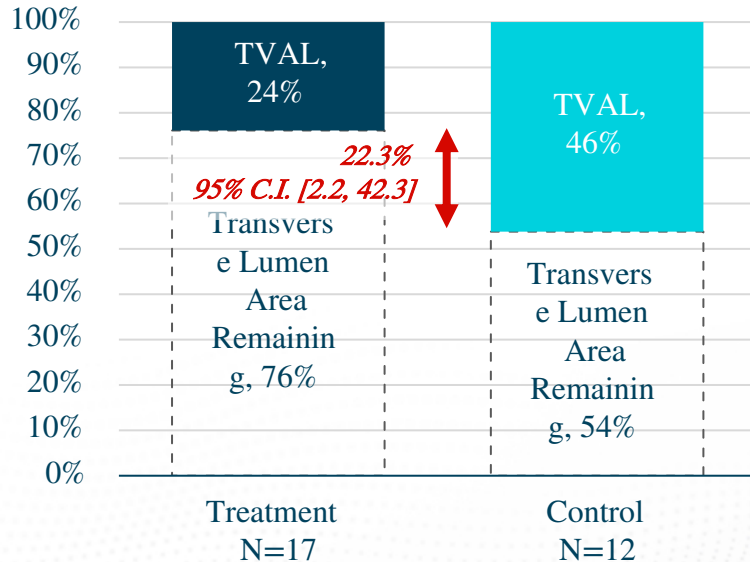
- Primary endpoint (biologic signal)
 - ┆ 6-month angiographic TVAL – Transverse View Area Loss
- Key secondary endpoint (primary endpoint for Phase 3)
 - ┆ 6-month composite freedom from Clinically Relevant Target Lesion Failure (CR-TLF):
 - CD-TLR
 - Ischemia-related major amputation
 - Clinically relevant target lesion occlusion

Characteristic	Treatment			Control				
N	41			20				
Age (years)	72.4 ± 9.4			73.2 ± 7.9				
Male	63%			60%				
Black or African Descent	32%			30%				
Caucasian	68%			60%				
Obesity (BMI ≥ 30 kg/m ²)	34%			25%				
CAD	51%			70%				
Diabetes Mellitus	59%			70%				
Hyperlipidemia	90%			85%				
Hypertension	85%			85%				
Tobacco Use (Current)	10%			20%				
Rutherford 3 4 5	42%	17%	42%	45%	10%	45%		
ABI	0.8 ± 0.41			0.9 ± 0.36				
Lesion Length (cm)	10.9 ± 7.8			12.7 ± 7.8				
TASCII A B C D	32%	17%	22%	29%	20%	25%	10%	45%
Severe Calcification	13%			10%				
Total Occlusion at Baseline	32%			45%				

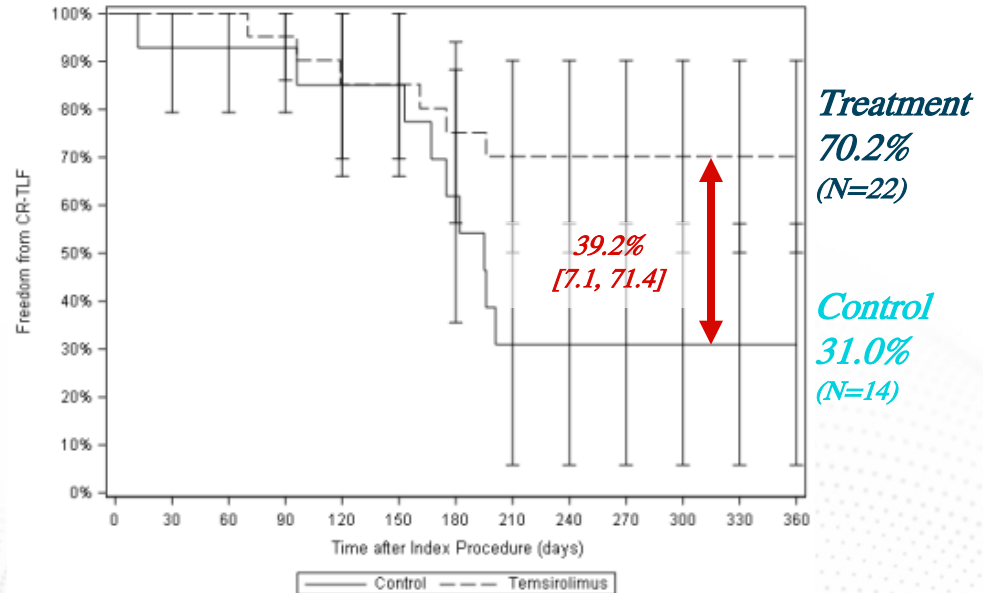
P=NS for each category

TANGO Efficacy Results Excluding TASC A Lesions

Mean 6-month TVAL in PP TASC B-D Group, Relative to Transverse Lumen Area Remaining



Kaplan-Meier Freedom from Clinically Relevant Target Lesion Failure in PP TASC B-D Group



Conclusions

- BTK disease has been more difficult to achieve positive improvement with drug-enhanced therapy than ATK
- BTK drug treatment must pass through excessive tissue barriers
- While new DCB and DES are in development, positive results have been limited to short, focal segments
- Adventitial drug delivery has provided robust outcomes in a multicenter, dual-blinded Phase 2 RCT
- A sizable effect has been seen in more complex lesions with adventitial temsirolimus delivery