



Deciding whether to internationalize the registry: Japan's academic perspective

Toho University, Ohashi Medical Center
Masato Nakamura



Agenda

1. My experience of effectively utilizing RWD for daily practice.

- Zilver PTX (2012)
 - Paclitaxel individual level meta-analysis(2018)
 - ALLIANCE Registry (2023)
 - ALLIANCE II Registry (2025 on going)
- } post-marketing surveillance
- } RWD Registry to expand the indication or revising IFU

2. My expectation

Main areas of application for RWD

So called
PMS

- ❑ Long-term safety and/or efficacy evaluation of high-risk implantable medical devices
- ❑ Full life cycle clinical evaluation of medical devices used to treat rare diseases
- ❑ Post-marketing surveillance studies
- ❑ Post-approval surveillance studies
- ❑ Post-approval device surveillance as a condition of approval.

Single arm
study

- ❑ Use RWD as an external target for clinical trials
- ❑ Use RWD to set target values (OPG) for single-arm trials
- ❑ Support pre-market clinical evaluation of products as a supplement to existing evidence

Expansion
indication

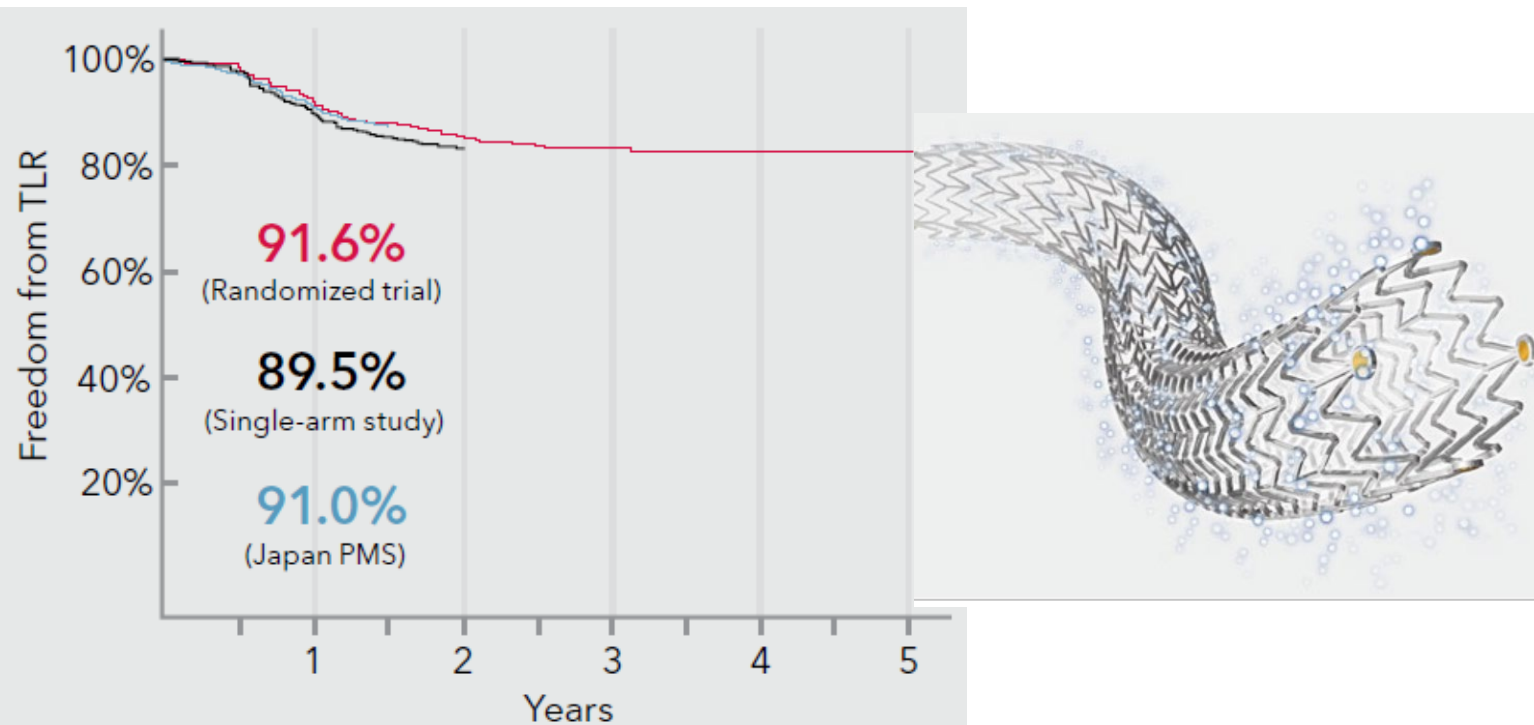
- ❑ Expand indications or contraindications
- ❑ Revise product IFU based on RWD

Main areas of application for RWD

- So called PMS
 - ❑ Long-term safety and/or efficacy evaluation of high-risk implantable medical devices
 - ❑ Full life cycle clinical evaluation of medical devices used to treat rare diseases
 - ❑ Post-marketing surveillance studies
 - ❑ Post-approval surveillance studies
 - ❑ **Post-approval device surveillance as a condition of approval.**
- Single arm study
 - ❑ Use RWD as an external target for clinical trials
 - ❑ Use RWD to set target values (OPG) for single-arm trials
 - ❑ Support pre-market clinical evaluation of products as a supplement to existing evidence
- Expansion indication
 - ❑ Expand indications or contraindications
 - ❑ Revise product IFU based on RWD

PMS of Zilver PTX

- First approved and covered by insurance in Japan. (in January 2012)
- Initially the use was limited to 95 facilities, with all cases registered.
- Data collected as part of the company's PMS with the cooperation of academic societies. Main focus was the risk of thrombotic event.
- The target lesion revascularization (TLR) rate is consistent with clinical trials)
- US expanded the indication of Zilver PTX for ISR based on this sub-analysis of this PMS



JACC: CARDIOVASCULAR INTERVENTIONS
© 2016 BY THE AMERICAN COLLEGE OF CARDIOLOGY FOUNDATION. PUBLISHED BY ELSEVIER. THIS IS AN OPEN ACCESS ARTICLE UNDER THE CC BY-NC-ND LICENSE
<http://dx.doi.org/10.1016/j.jcin.2016.09.033>

VOL. 9, NO. 9, 2016
ISSN 1876-8788

Zilver PTX Post-Market Surveillance Study of Paclitaxel-Eluting Stents for Treating Femoropopliteal Artery Disease in Japan

12-Month Results

Hiroyoshi Yokoi, MD,^a Takao Ohki, MD, PhD,^b Kimihiko Kichikawa, MD,^c Masato Nakamura, MD, PhD,^d Kimihiko Komori, MD, PhD,^e Shinsuke Nanno, MD, PhD,^f Edin E. O'Leary, PhD,^g Aaron E. Lottus, PhD,^g Scott A. Snyder, PhD,^g Michael D. Dake, MD^h

ABSTRACT

OBJECTIVES This multicenter, prospective, post-market surveillance study in Japan evaluates the paclitaxel-coated Zilver PTX stent in real-world patients with complex lesions.

BACKGROUND The Zilver PTX stent is the first drug-eluting stent (DES) approved for the superficial femoral artery. Previously, results from a large randomised study and a complementary, large single-arm study supported the safety and effectiveness of the DES.

METHODS There were no exclusion criteria, and consecutive patients with symptomatic peripheral artery disease (PAD) treated with the DES were enrolled in the study. Clinically driven target lesion revascularization (TLR) was defined as reintervention performed for $\geq 50\%$ diameter stenosis after recurrent clinical symptoms of PAD. Clinical benefit was defined as freedom from persistent or worsening symptoms of ischemia. Patency was evaluated by duplex ultrasound where physicians considered this standard of care.

RESULTS In this study, 907 patients were enrolled at 95 institutions in Japan. There were numerous comorbidities including high incidences of diabetes (58.8%), chronic kidney disease (43.8%), and critical limb ischemia (21.5%). Lesions were also complex, with an average length of 14.7 cm, 41.6% total occlusions, and 18.6% in-stent restenosis. In total, 1,061 DES were placed in 1,075 lesions. Twelve-month follow-up was obtained for >95% of eligible patients. Freedom from TLR was 91.0%, and clinical benefit was 87.7% through 12 months. The 12-month primary patency rate was 86.4%.

CONCLUSIONS Despite more challenging lesions, results from the current study are similar to outcomes from the previous Zilver PTX studies, confirming the benefit of the Zilver PTX DES in a real-world patient population. (Zilver PTX Post-Market Study in Japan; NCT02254837) (J Am Coll Cardiol Intv 2016;9:271-7) © 2016 by the American College of Cardiology Foundation. Published by Elsevier. This is an open access article under the CC BY-NC-ND license (<http://creativecommons.org/licenses/by-nc-nd/4.0/>).

From the ^aDepartment of Cardiovascular Medicine, Fukuoka Sanno Hospital, Fukuoka, Japan; ^bDepartment of Surgery, Jikei University Hospital, Tokyo, Japan; ^cDepartment of Radiology, Nara Medical University, Nara, Japan; ^dDivision of Cardiovascular Medicine, Toho University, Chiba Medical Center, Tokyo, Japan; ^eDivision of Vascular Surgery, Division of Surgery, Nagoya University Graduate School of Medicine, Nagoya, Japan; ^fNishinomiya Hospital, Nishinomiya, Japan; ^gCook Research Incorporated, Waukegan, Illinois, and the ^hDepartment of Cardiothoracic Surgery, Stanford University Medical Center, Stanford, California. This study was sponsored by Cook Medical. Dr. Ohki is a paid consultant for Terumo, Gore, and Cordis, and has received research funding from Cook Medical. Dr. Nakamura has received consulting fees for this post-market study (Cook Japan) and Terumo, and has received speaking fees for Cook Japan, Terumo, Cordis Japan, and Medtronic. Dr. O'Leary, Lottus, and Snyder are paid employees of Cook Research Incorporated, a contract research organization and Cook Group Company. Dr. Dake is a member of the scientific advisory board for Abbott Vascular and W.L. Gore and Associates, and has received consulting fees from Medtronic, Abbott Vascular, and Cook Medical. All other authors have reported that they have no relationships relevant to the contents of this paper to disclose.

Manuscript received 10/20/2015; accepted September 20, 2016.

Main areas of application for RWD

So called
PMS

- ☐ Long-term safety and/or efficacy evaluation of high-risk implantable medical devices
- ☐ Full life cycle clinical evaluation of medical devices used to treat rare diseases
- ☐ Post-marketing surveillance studies
- ☐ Post-approval surveillance studies
- ☐ Post-approval device surveillance as a condition of approval.

Single arm
study

- ☐ Use RWD as an external target for clinical trials
- ☐ Use RWD to set target values (OPG) for single-arm trials
- ☐ Support pre-market clinical evaluation of products as a supplement to existing evidence

Expansion
indication

- ☐ Expand indications or contraindications
- ☐ Revise product IFU based on RWD

In December 2018, JAHA. 7(24):e011245.doi: 10.1161/JAHA.118.011245.

Risk of Death Following Application of Paclitaxel-Coated Balloons and Stents in the Femoropopliteal Artery of the Leg: A Systematic Review and Meta-Analysis of Randomized Controlled Trials

Konstantinos Katsanos, MD, PhD, MSc, EBIR; Stavros Spiliopoulos, MD, PhD; Panagiotis Kitrou, MD, PhD; Miltiadis Krokidis, MD, PhD; Dimitrios Karnabatidis, MD, PhD

Background—Several randomized controlled trials (RCTs) have already shown that paclitaxel-coated balloons and stents significantly reduce the rates of vessel restenosis and target lesion revascularization after lower extremity interventions.

Methods and Results—A systematic review and meta-analysis of RCTs investigating paclitaxel-coated devices in the femoral and/or popliteal arteries was performed. The primary safety measure was all-cause patient death. Risk ratios and risk differences were pooled with a random effects model. In all, 28 RCTs with 4663 patients (89% intermittent claudication) were analyzed. All-cause patient death at 1 year (28 RCTs with 4432 cases) was similar between paclitaxel-coated devices and control arms (2.3% versus 2.3% crude risk of death; risk ratio, 1.08; 95% CI, 0.72–1.61). All-cause death at 2 years (12 RCTs with 2316 cases) was significantly increased in the case of paclitaxel versus control (7.2% versus 3.8% crude risk of death; risk ratio, 1.68; 95% CI, 1.15–2.47; —number-needed-to-harm, 29 patients [95% CI, 19–59]). All-cause death up to 5 years (3 RCTs with 863 cases) increased further in the case of paclitaxel (14.7% versus 8.1% crude risk of death; risk ratio, 1.93; 95% CI, 1.27–2.93; —number-needed-to-harm, 14 patients [95% CI, 9–32]). Meta-regression showed a significant relationship between exposure to paclitaxel (dose-time product) and absolute risk of death ($0.4 \pm 0.1\%$ excess risk of death per paclitaxel mg-year; $P < 0.001$). Trial sequential analysis

Inclusion
criteria

- Eligible clinical trial
1. Approved device for SFA
 2. Conducted for Japanese
 3. Trial under GCP or GPSP
 4. F/U >1year

Identification

15 studies of 8 companies were identified by
study principle investigators

Available data

6 companies contracted
and provided individual patient data of 12
studies

COOK, BIRD, Terumo, Boston scientific
Medtronic, Cordis

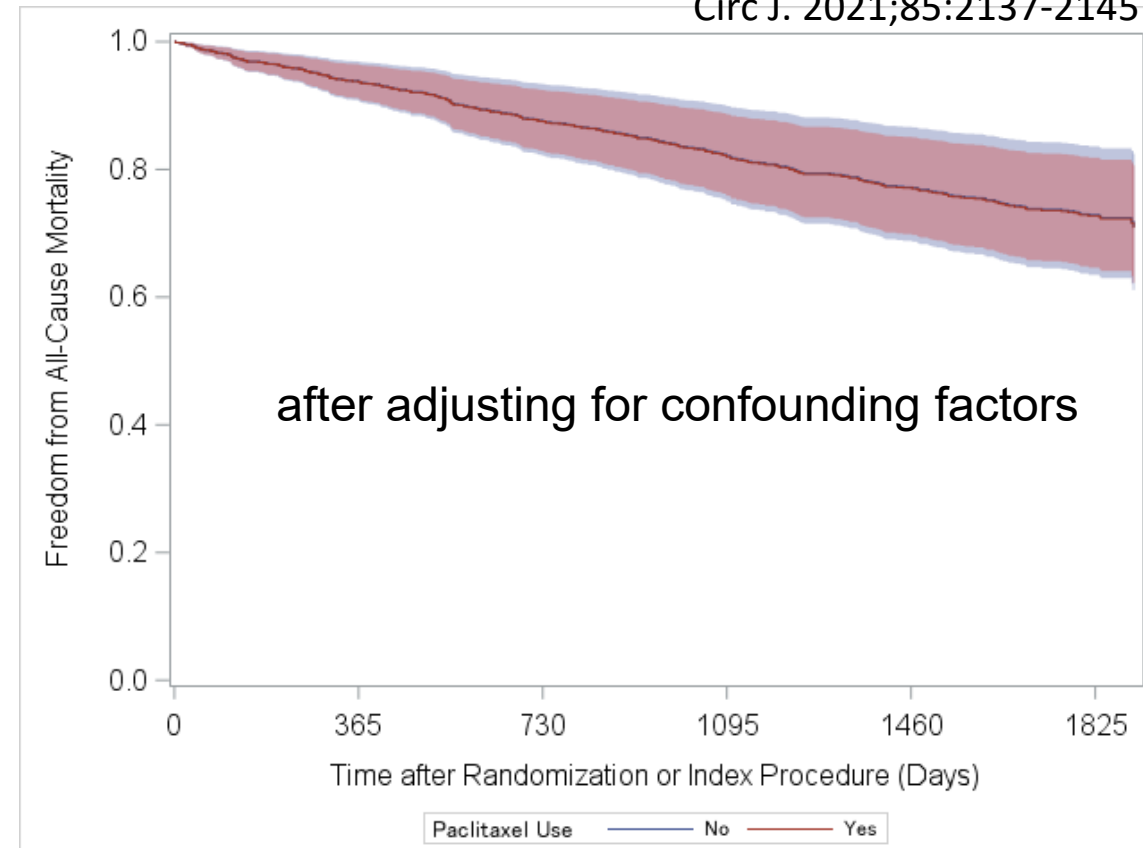
Analyzed
data

A total of 2581 patients was analyzed
independently

An Individual-Level Meta-Analysis Using Real-World and Pivotal Studies on Mortality From the Use of Paclitaxel-Containing Devices in Japanese Femoropopliteal Disease Patients

Masato Nakamura, MD, PhD; Munenori Takata, MD, PhD; Hiroyoshi Yokoi, MD; Takafumi Ueno, MD, PhD; Yuka Suzuki, PhD; Koji Ikeda, PhD; Takuhiro Yamaguchi, PhD

Circ J. 2021;85:2137-2145



Death is an indisputable hard endpoint, no difference in definitions among trials

Main areas of application for RWD

So called
PMS

- ▣ Long-term safety and/or efficacy evaluation of high-risk implantable medical devices
- ▣ Full life cycle clinical evaluation of medical devices used to treat rare diseases
- ▣ Post-marketing surveillance studies
- ▣ Post-approval surveillance studies
- ▣ Post-approval device surveillance as a condition of approval.

Single arm
study

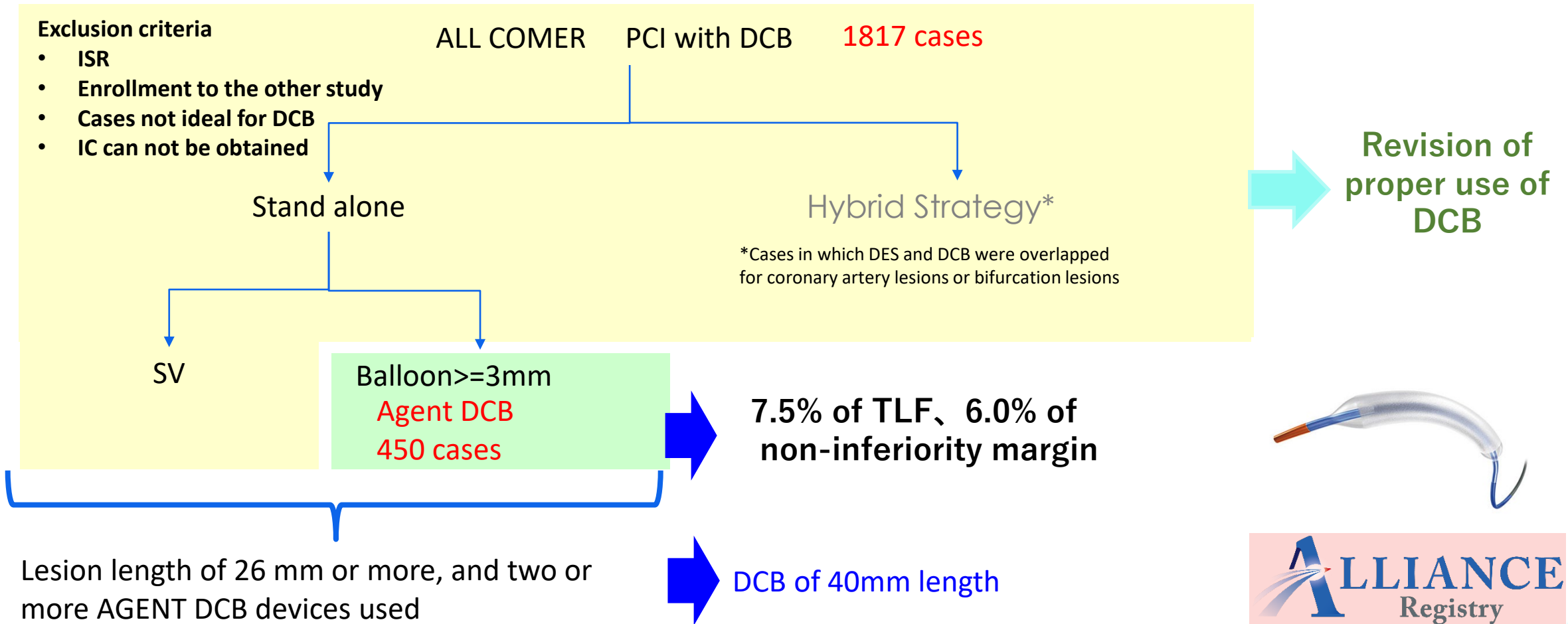
- ▣ Use RWD as an external target for clinical trials
- ▣ Use RWD to set target values (OPG) for single-arm trials
- ▣ Support pre-market clinical evaluation of products as a supplement to existing evidence

Expansion
indication

- ▣ Expand indications or contraindications
- ▣ Revise product IFU based on RWD

Protocol of ALLIANCE Registry: Prospective multicenter all comer registry

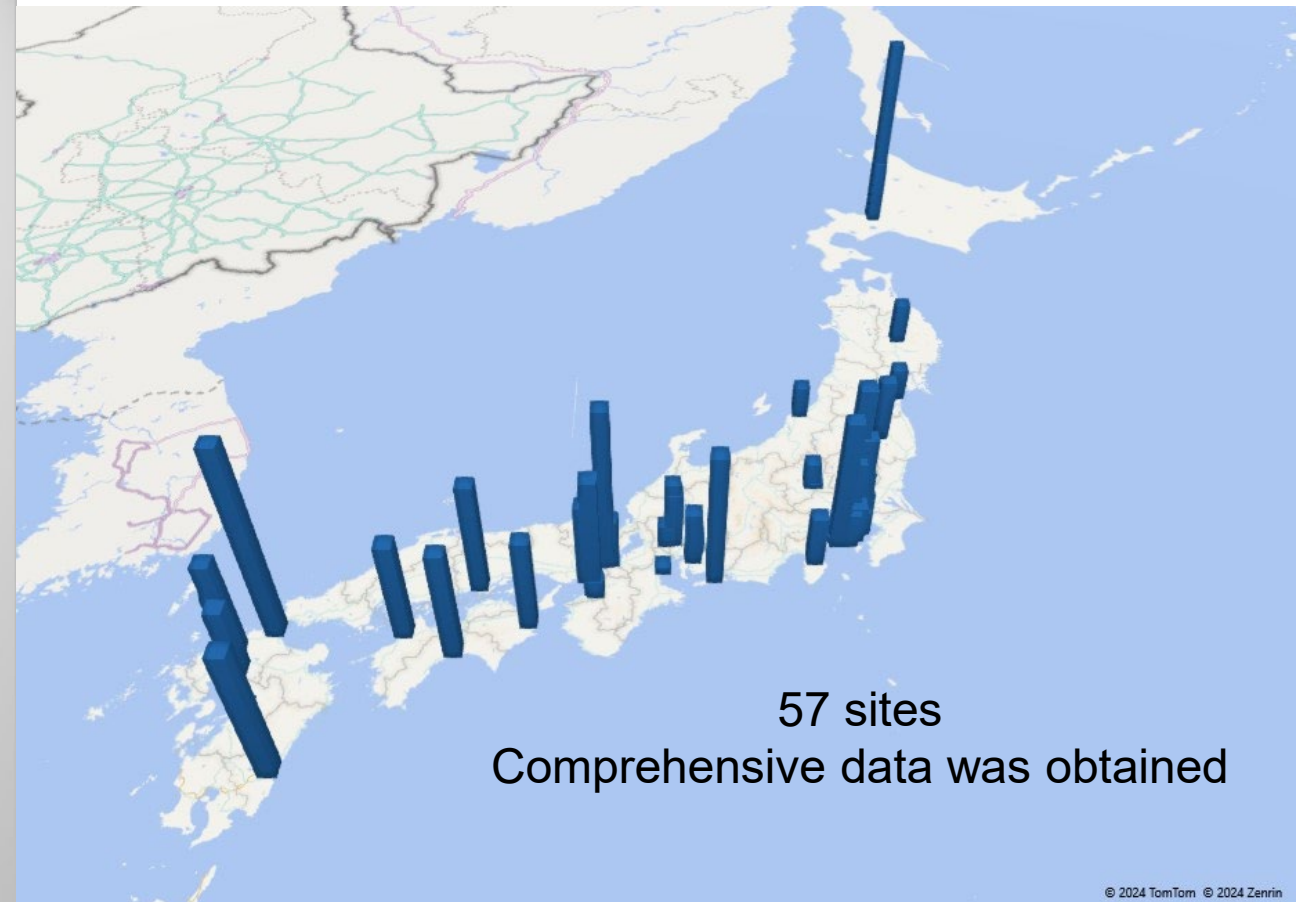
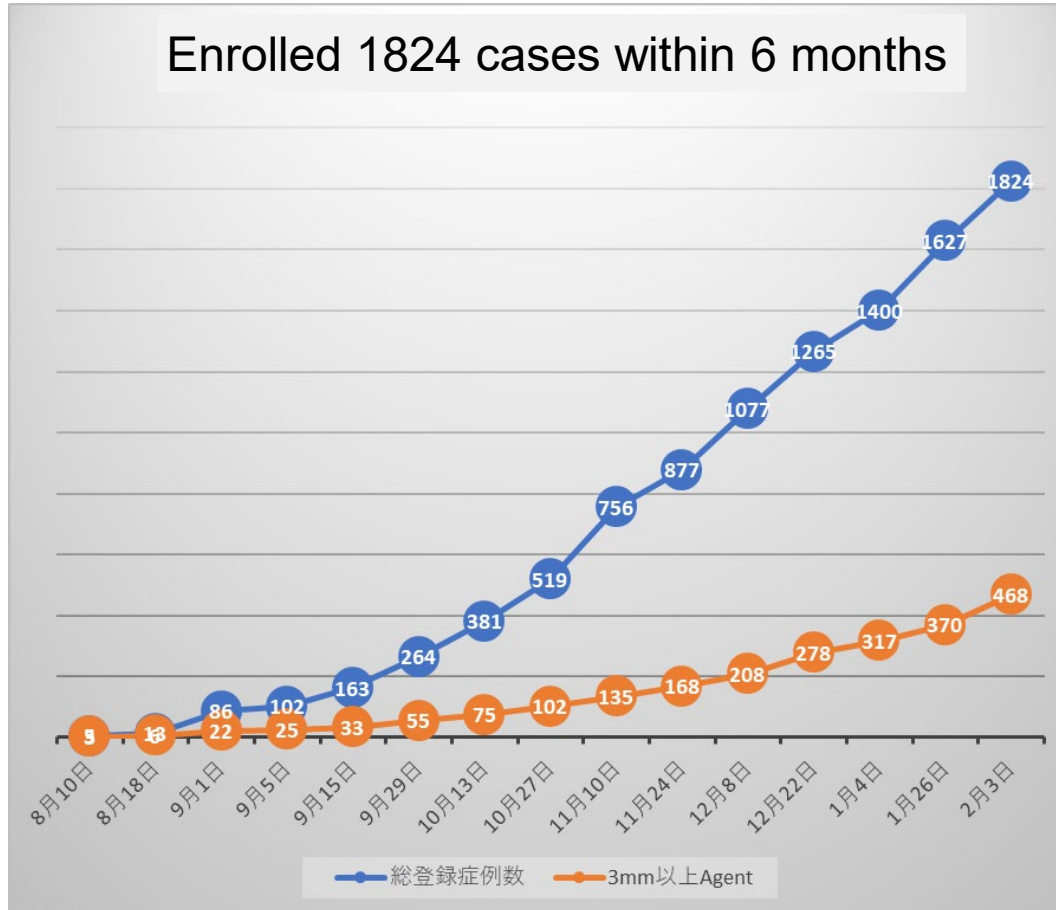
Hypothesis : OPG 7.5% of TLF、 3.0% non-inferiority margin、 power of 95%



Consultation prior to the ALLIANCE registry

- Research Plan: PMDA Medical Device Review Division I Consultation on the Necessity of Clinical Trials for Medical Devices (October 11, 2022)
- PMDA Medical Device Investigation and Standards Division, Reliability Assurance Section Registry Utilization Consultation (March 29, 2023)
- AMED: Selection of clinical research and physician-initiated clinical trials aiming to commercialize medical devices utilizing existing disease registration systems (patient registries) (November 2023)

Enrollment was completed in about 6 months.



Detailed full analysis has been completed, deliverables have been provided to Boston Scientific Inc., and an application for expanded use was submitted to the PMDA on August 8.

Main areas of application for RWD

So called
PMS

- Long-term safety and/or efficacy evaluation of high-risk implantable medical devices
- Full life cycle clinical evaluation of medical devices used to treat rare diseases
- Post-marketing surveillance studies
- Post-approval surveillance studies
- Post-approval device surveillance as a condition of approval.

Single arm
study

- Use RWD as an external target for clinical trials
- Use RWD to set target values (OPG) for single-arm trials
- Support pre-market clinical evaluation of products as a supplement to existing evidence

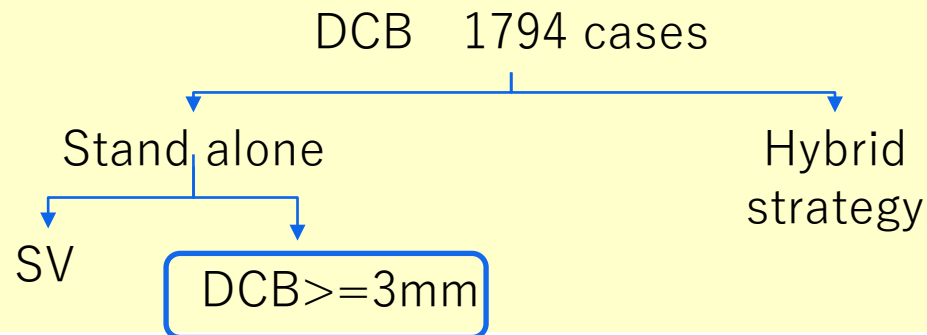
Expansion
indication

- Expand indications or contraindications
- Revise product IFU based on RWD

Same institute as ALLIANCE registry.

Events are adjudicated by the same independent CEC as the Alliance registry.

Alliance registry (56% of HBR ; DAPT duration \approx 6 M)



Alliance short DAPT registry

HBR patients treated by DCB
900例

DAPT duration less than 1 month

1 year TLF+BARC 2,3,5

Investigate the safety and efficacy of short-term DAPT in matched subjects.
Verify the non-inferiority of short-term DAPT (within one month)



We realized that RWD is useful and effective in promoting the appropriate use of medical device.

The basic effectiveness of medical devices does not vary from country to country. Indeed, we have a good experience

- FDA : Japanese Zilver PTX PMS to expand the indications for ISR use.
- PMDA : the US TAVI registry to expand the indications for TAV in TAV.

Further utilization of RWD promotes the appropriate use of medical devices and enhances their value.

- RWD, which is highly reliable, has minimal bias and provides clear results, can be applied to other countries and may be particularly useful for expanding the indication.

JAPAN-US HBD East 2025 Think Tank Meeting

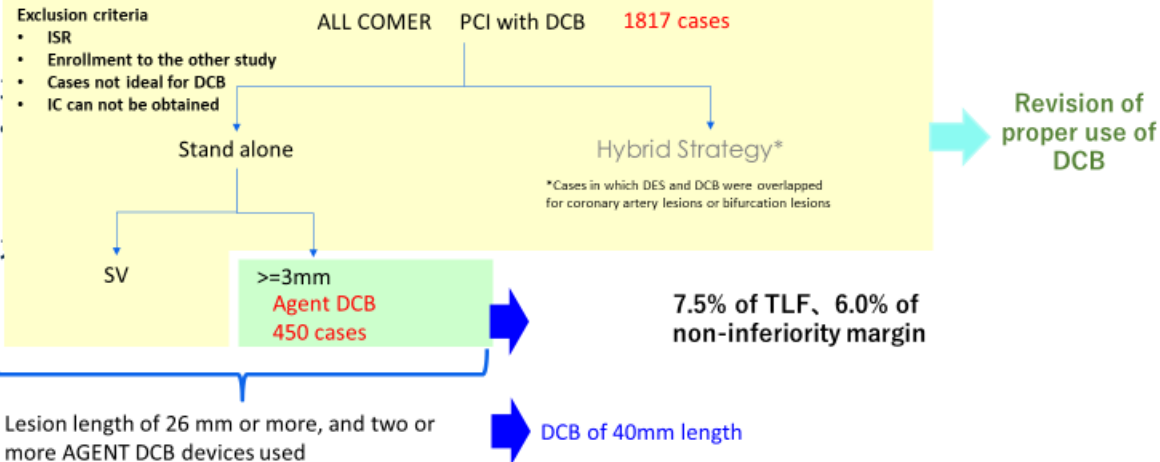
Enrollment completed in about 6 months,
comprehensive data was collection
This data will be presented at TCT

Enrollment has just begun.

JAPAN-US HBD East 2025 Think Tank Meeting Protocol of ALLIANCE Registry

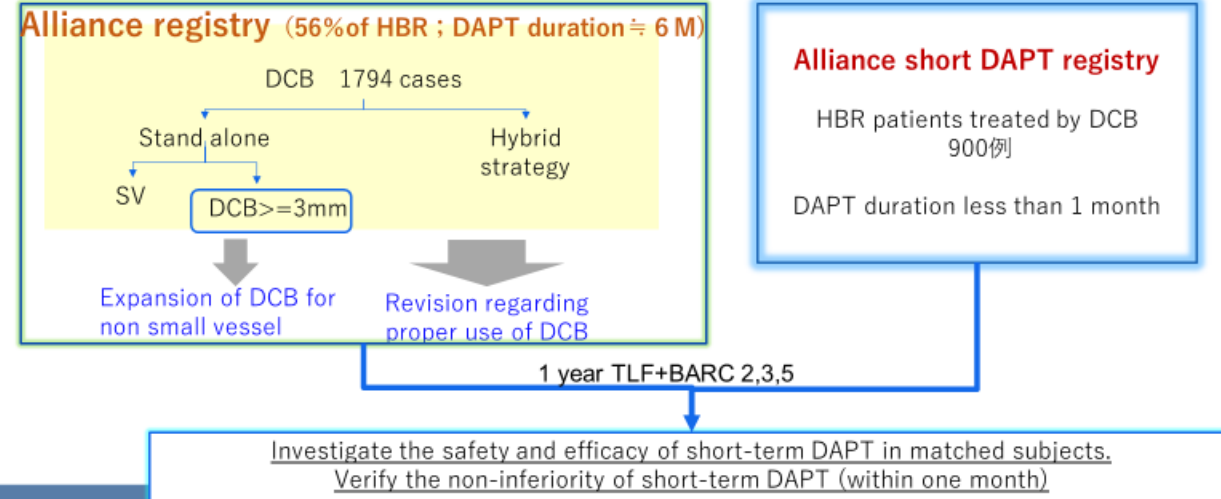


Hypothesis : OPG 7.5% of TLF, 3.0% non-inferiority margin, power of 95%



JAPAN-US HBD East 2025 Think Tank Meeting

Same institute as ALLIANCE registry.
Events are adjudicated by the same independent CEC as the Alliance exams.



Support pre-market clinical evaluation of products as a supplement
to existing evidence in every country.

We will cooperate with PMDA to promote the use of RWD



Further utilization of overseas RWD.

1. Expansion of indications or OPG of single-arm study
2. Implementation and integration of registries using the same protocol
3. Simultaneous implementation using the same protocol
4. Other

A step-by-step approach may be a realistic and practical method.

This may be a new type of HBD activity.



Thank you/Questions

Disclaimer

This document was produced by the HBD steering committee. There are no restrictions on the reproduction or use of this document; however, incorporation of this document, in part or in whole, into another document, or its translation into languages other than English, does not convey or represent an endorsement of any kind by the HBD steering committee.

Copyright 2025 by the HBD steering committee.