

# Clinical evaluation of Alpine® vs. Xpedition® stent delivery system of the XIENCE® everolimus-eluting stent

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To evaluate and compare the procedural time of two stent delivery systems for PCI with EES.

<b>Ethical review</b>	Approved WMO
<b>Status</b>	Recruitment stopped
<b>Health condition type</b>	Coronary artery disorders
<b>Study type</b>	Interventional

## Summary

### ID

NL-OMON45629

### Source

ToetsingOnline

### Brief title

AXES

### Condition

- Coronary artery disorders

### Synonym

obstruction in the arteries that supply the heart with blood, significant coronary stenosis

### Research involving

Human

### Sponsors and support

**Primary sponsor:** Universitair Medisch Centrum Groningen

**Source(s) of monetary or material Support:** Abbott B.V.,Bedrijven

## Intervention

**Keyword:** everolimus-eluting stent, percutaneous coronary intervention, procedural time, stent delivery system

## Outcome measures

### Primary outcome

The primary endpoint is the proportion of procedures with crossing time (from introduction of guidewire to stent deployment) longer than 30 minutes.

### Secondary outcome

Secondary endpoints include procedural time (from heparin administration to removal of catheter sheath, mins), use of additional materials, total procedural costs, radiation dose (\*Gym2), radiation time (mins), and contrast dose (ml).

## Study description

### Background summary

The current gold standard for percutaneous coronary intervention (PCI) is the second generation drug-eluting stent (DES). The most commonly used DES is the everolimus-eluting stent (EES). New stent delivery systems for PCI with EES are developed to optimize strength, flexibility and pushability of the catheter. The effect of new stent delivery systems on procedural time has not yet been investigated in clinical practice.

### Study objective

To evaluate and compare the procedural time of two stent delivery systems for PCI with EES.

### Study design

Randomized comparative trial with 500 patients in the University Medical Center Groningen (UMCG).

## Intervention

The first group will undergo PCI with the XIENCE EES using the Alpine stent delivery system, the second group will undergo PCI with the Xpedition stent delivery system.

## Study burden and risks

Both stent delivery systems have received CE marking, are commercially available and are used within their indication. Both stent delivery systems use identical stents, meaning that the treatment given to both study groups is equivalent and patients will not be exposed to additional burdens or risks.

## Contacts

### Public

Universitair Medisch Centrum Groningen

Hanzeplein 1  
Groningen 9713 GZ  
NL

### Scientific

Universitair Medisch Centrum Groningen

Hanzeplein 1  
Groningen 9713 GZ  
NL

## Trial sites

### Listed location countries

Netherlands

## Eligibility criteria

### Age

Adults (18-64 years)  
Elderly (65 years and older)

## Inclusion criteria

All patients undergoing PCI with EES, aged 18 years or older, will be considered for eligibility.

## Exclusion criteria

Patients will be excluded when scheduled for chronic total occlusion (CTO) PCI or if verbal informed consent cannot be obtained.

## Study design

### Design

Study type:	Interventional
Intervention model:	Parallel
Allocation:	Randomized controlled trial
Masking:	Single blinded (masking used)
Control:	Active
Primary purpose:	Health services research

### Recruitment

NL	
Recruitment status:	Recruitment stopped
Start date (anticipated):	05-10-2017
Enrollment:	500
Type:	Actual

## Ethics review

Approved WMO	
Date:	25-07-2017
Application type:	First submission
Review commission:	METC Universitair Medisch Centrum Groningen (Groningen)
Approved WMO	

Date:	24-05-2018
Application type:	Amendment
Review commission:	METC Universitair Medisch Centrum Groningen (Groningen)
Approved WMO	
Date:	24-09-2018
Application type:	Amendment
Review commission:	METC Universitair Medisch Centrum Groningen (Groningen)

## Study registrations

### Followed up by the following (possibly more current) registration

No registrations found.

### Other (possibly less up-to-date) registrations in this register

No registrations found.

### In other registers

Register	ID
CCMO	NL60872.042.17