



Press Release

Eurocors Valentines Trial II published in EuroIntervention

The Valentines Trial II: results of the worldwide multicenter enrollment trial, evaluating the real world usage of the second generation DIOR® paclitaxel drug-coated balloon for treatment of de novo coronary lesions.

Bonn, Germany, 15. November 2013 – [Eurocor](#) announced the publication of the Valentines Trial II in the Scientific Journal [EuroIntervention](#) (Volume 9, Number 5, Sep. 2013) with the title *Drug-coated balloons for de novo coronary lesions: results from the Valentines II trial*. The registry was conducted with an objective to assess the efficacy of the second-generation Paclitaxel-coated balloon DIOR for *de novo* lesions at 6-9 months follow-up. 103 patients suffering from *de novo* lesions were enrolled by 38 Investigators from 16 countries starting between February 14th and March 31st 2011. Overall 109 lesions were treated. A follow-up rate of 99 % was reached with a 50.5% on-site Clinical Monitoring. Three Principal Investigators carried out the trial: Dr. Antonio Serra, (Barcelona, Spain), Dr. Alfredo Rodriguez (Buenos Aires, Argentina) and Prof. Dr. Fazila Malik (Dhaka, Bangladesh).

Dr. Antonino Laudani, COO at Eurocor GmbH says: “The results of the Valentines Trial II show, that the usage of DCB should be widely extended to *de novo* lesions, particularly for patients where DES is not an option.”

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The Results: The follow-up results convincingly show that the DIOR DCB is a safe and effective treatment for cases of *de novo* lesions. The treatment with DIOR DCB resulted in a very low overall target lesion revascularization (TLR) rate of 2.9% and a target vessel revascularization (TVR) rate of 6.9%. Also, the overall major adverse cardiac event (MACE) rate of 8.7% was remarkably low. The preliminary late lumen loss (LLL) upon angiographic follow-up of a small subset of patients was $0.30 \pm$

0.36 mm and 0.33 ± 0.37 mm for the in-DCB segment and in-segment analyses, respectively. A subgroup analysis of the patients suffering from diabetes (28.2%) show that the DIOR DCB is effective in this population with a single digit TLR rate of 6.9% and a TVR rate of 13.8% at 6-9 months follow-up post treatment. The non-diabetic group of patients shows a TLR rate of 1.4% and a TVR rate of 4.1% at 6-9 months follow-up.

Conclusion

The results demonstrate that, in elective percutaneous coronary intervention, the adjunctive use of DCBs may be a feasible alternative to stenting in lesions that respond favorably to POBA. This may prove valuable in the subset of patients who are unsuitable for DES implantation.

Please see the publication: http://www.pcronline.com/eurointervention/64th_issue/98/

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