

2017 MID-ATLANTIC  
CONFERENCE

7th *ANNUAL* CURRENT CONCEPTS IN  
**VASCULAR THERAPIES**

2017



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**ROX Endovascular System  
for Hypertension:  
A Novel Concept**

# Global Impact of HTN



- HTN was the cause of about 10.3 million deaths and loss of 208 million disability-adjusted life years in 2013
- Cause of 50% of heart disease, stroke and heart failure
- Responsible for 19% of deaths overall
- Responsible for >40% of deaths in persons with diabetes
- Leading risk for
  - Fetal and maternal death in pregnancy
  - Dementia
  - Renal failure
- Public Health Epidemic
  - 4 in 10 adults >25 yo have HTN
  - Estimated 9 of 10 adults who live to 80 will develop HTN
- Impact on healthcare spending is immense
  - 10% of total healthcare spending is directly related to HTN and its complications

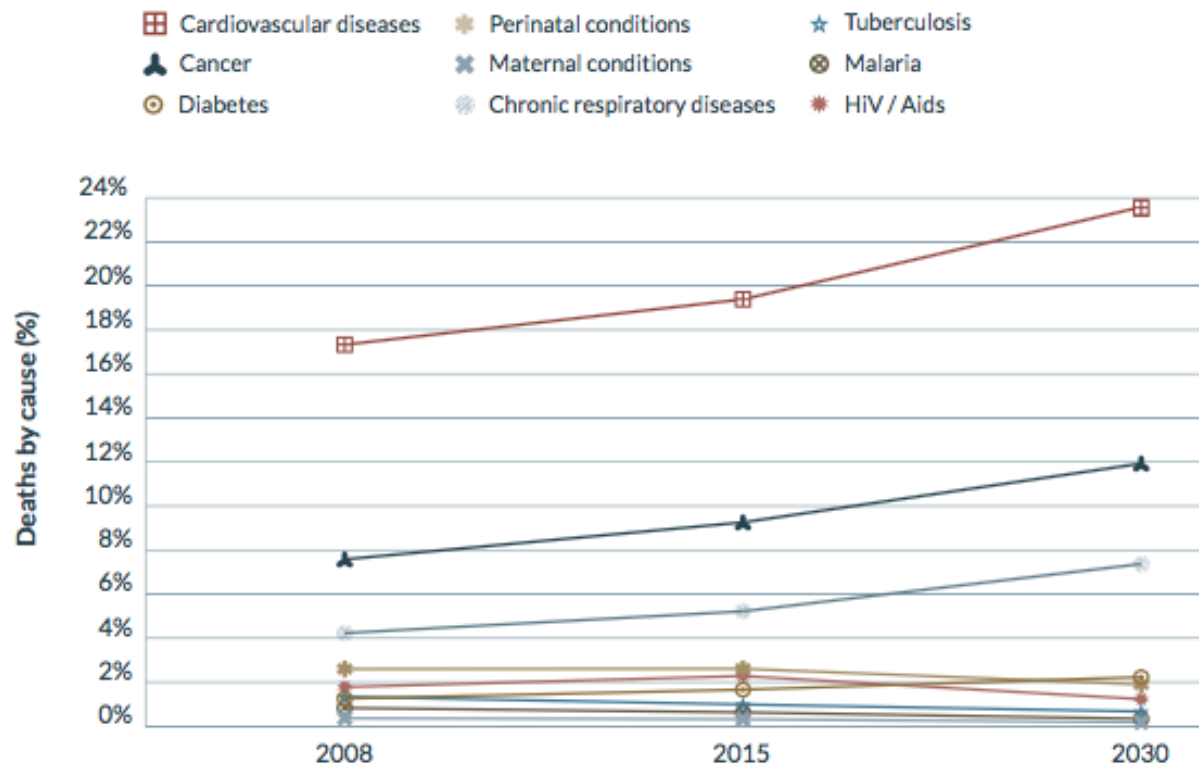


FIGURE 04

**THE PROJECTED MORTALITY TREND FROM 2008 TO 2030 FOR MAJOR NONCOMMUNICABLE DISEASES AND COMMUNICABLE DISEASES**

Source :

*The Global Burden of Disease, 2004 update.* Geneva, World Health Organization, 2008.

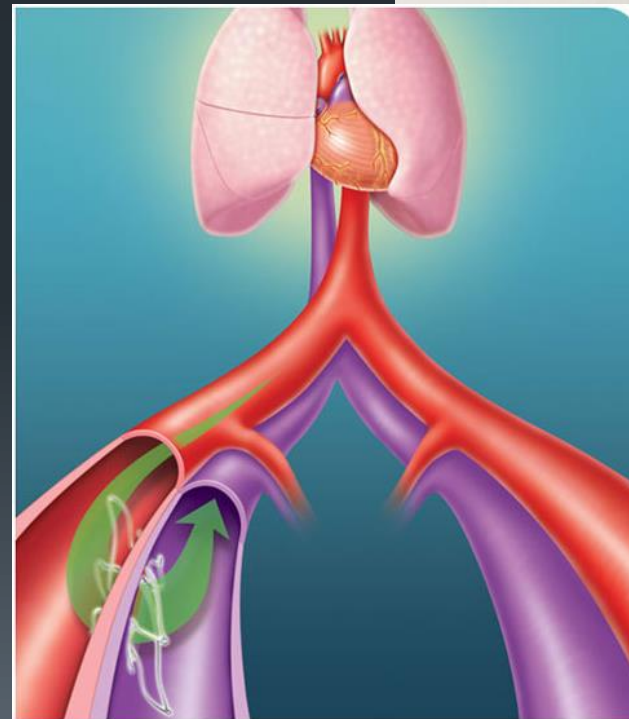
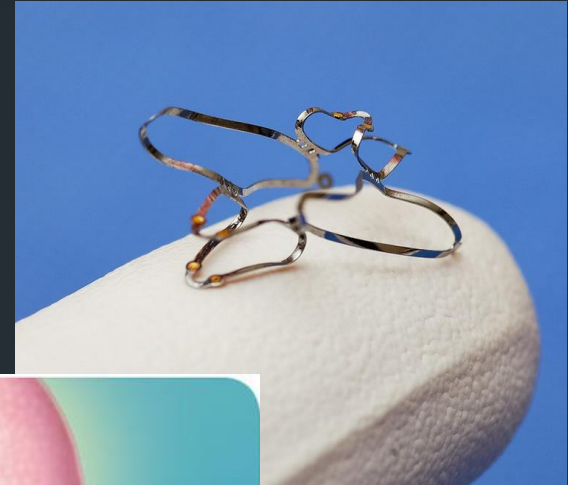
# A Treatment Challenge

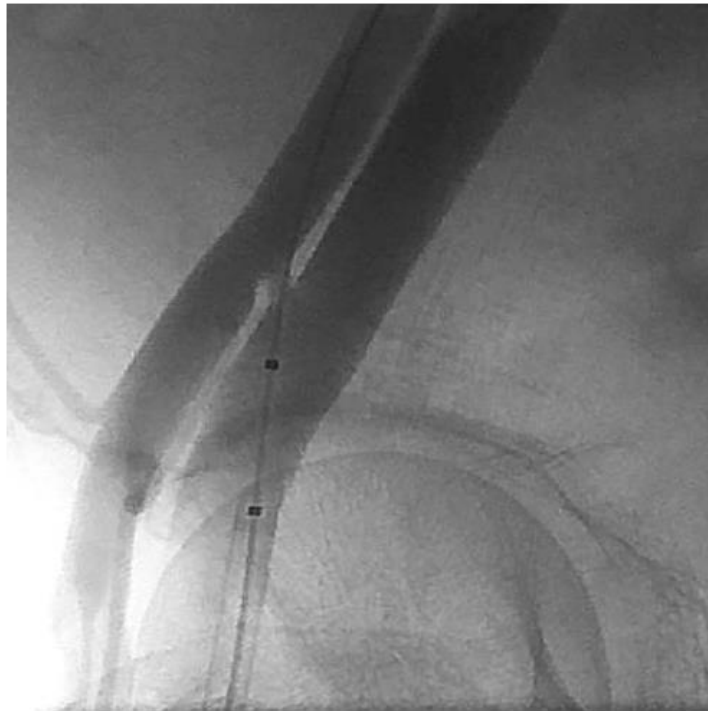
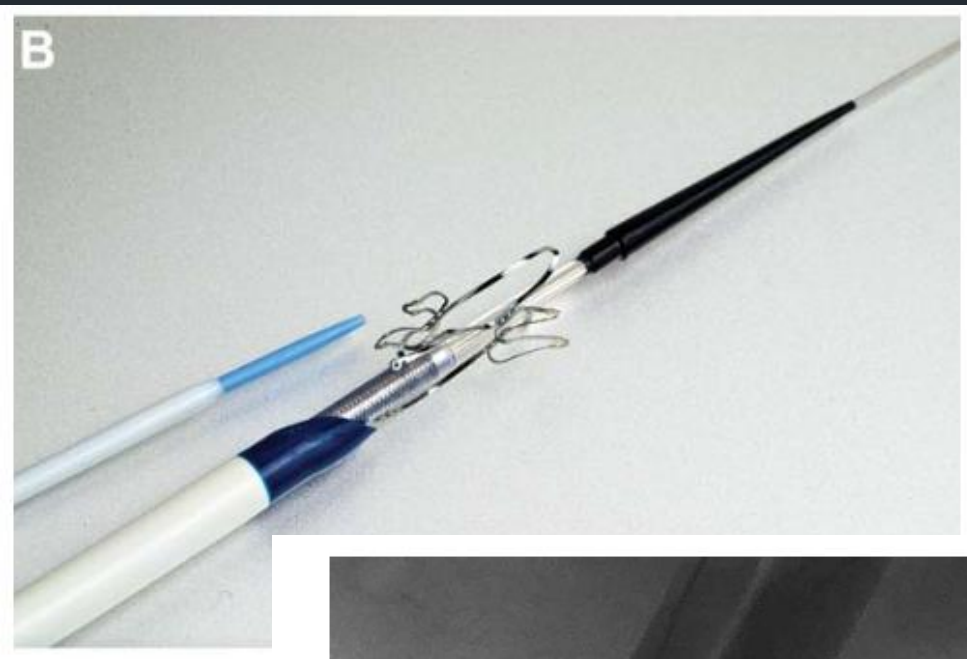
- < 50% of patients achieve optimum BP control and maintain long-term adherence
- Medication non-compliance
- Need for polypharmacy compounds complexity of treatment
- Small increments in BP increase are clinically significant
  - ↑ 2mm Hg SBP leads to
    - 7% increase in risk of dying from CAD
    - 10% increased risk for CVA
- Safe, acceptable and effective treatment strategies required
  - Polypharmacy often not conducive to adherence
  - Drug-resistant HTN

A safe and effective medical device capable of lowering BP would address these concerns

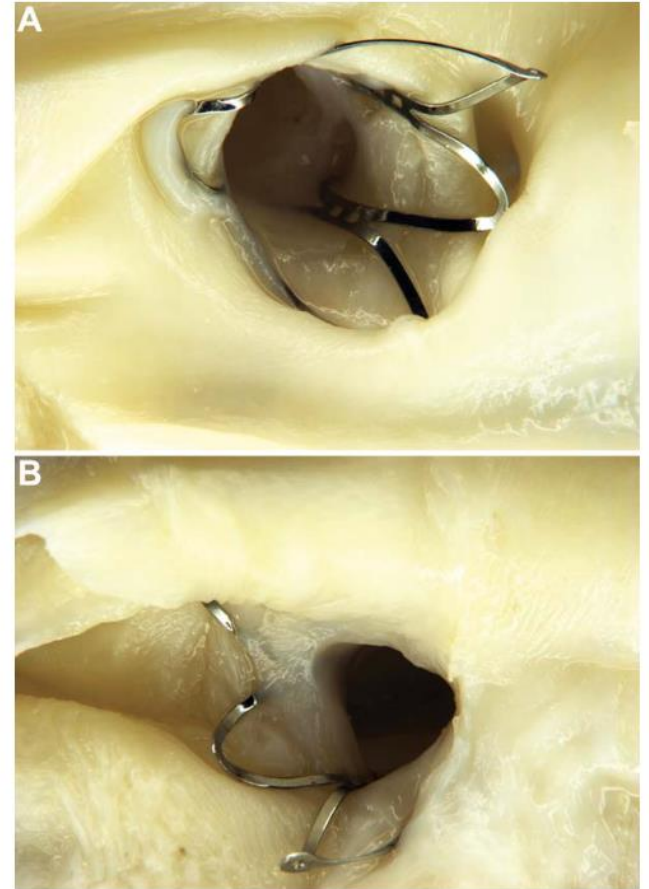
# ROX Coupler

- Investigational device
  - Approved for use in Europe
- Developed by ROX Medical
- Percutaneously inserted to create AVF between distal external iliac vein and artery
  - 4mm anastomosis
  - ~ 800ml/min blood flow
- Initially studied in COPD patients with hypoxemia and its effect on exercise capacity
  - Noted significant drop in BP in hypertensive participants in the study
- International CONTROL-HTN trial to study effect on BP has been completed





**Fig. 3.** Radiograph of the coupler in proper position, between the distal external iliac vein and artery, following balloon dilation.



**Fig. 1.** Anastomosis created by arteriovenous coupler in sheep aorta at 6 months. The lumen of the anastomosis does not demonstrate overgrowth or obstruction, and the circular entry and exit faces are preserved. A, Artery; B, Vein. [Color figure can be viewed in the online issue, which is available at [wileyonlinelibrary.com](http://wileyonlinelibrary.com).]



# Central arteriovenous anastomosis for the treatment of patients with uncontrolled hypertension (the ROX CONTROL HTN study): a randomised controlled trial

Melvin D Lobo, Paul A Sobotka, Alice Stanton, John R Cockcroft, Neil Sulke, Eamon Dolan, Markus van der Giet, Joachim Hoyer, Stephen S Furniss, John P Foran, Adam Witkowski, Andrzej Januszewicz, Danny Schoors, Konstantinos Tsioufis, Benno J Rensing, Benjamin Scott, G André Ng, Christian Ott, Roland E Schmieder, for the ROX CONTROL HTN Investigators\*

Lancet 2015; 385: 1634-41

- Open-label, multicenter, prospective RCT
- 83 patients, drug-resistant
- 2 treatment arms
  - Implantation of coupler device + current pharmaceutical treatment (42)
  - Current treatment alone (35)
- Primary Endpoint – 6 months
  - Mean change from baseline and 24h SBP
- Intention-to-treat analysis

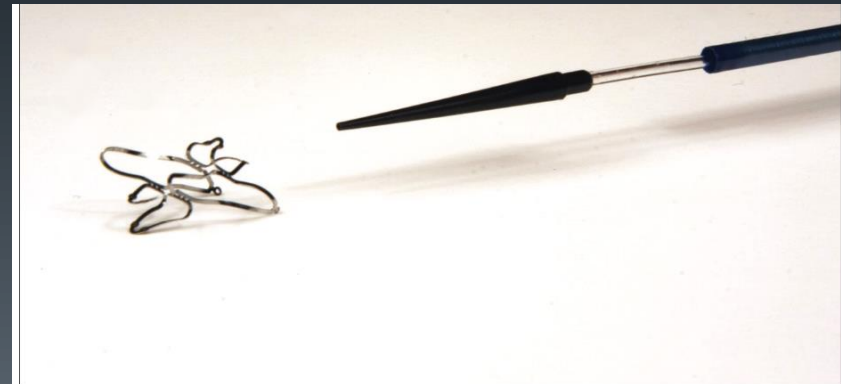
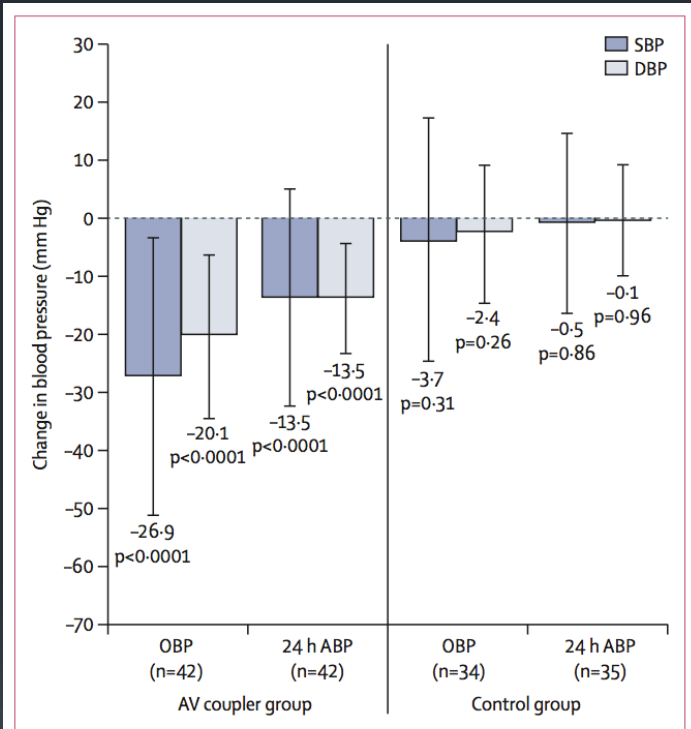


Figure 1: Arteriovenous ROX Coupler and deployment catheter  
Reproduced by permission of ROX Medical, San Clemente, CA, USA.

# Results



**Figure 3: Change from baseline in blood pressure at 6 months**

Data are mean (SD). SBP=systolic blood pressure. DBP=diastolic blood pressure. OBP=office blood pressure. ABP=ambulatory blood pressure. AV=arteriovenous.

- Coupler group has significantly greater decrease in baseline BP than control group
- Reduction in antihypertensive meds
  - 19% in coupler group
  - none in control group
- hospital admissions for hypertensive crises
  - None in coupler group
  - 8% in control



# Procedural and Device Complications

|                                 | Number (%) of adverse events (n=42) |
|---------------------------------|-------------------------------------|
| <b>Procedural complication</b>  |                                     |
| Arterial deployment*            | 3 (7.1%)                            |
| Intimal dissection iliac artery | 1 (2.4%)                            |
| Transient bradycardia           | 1 (2.4%)                            |
| Contrast reaction               | 1 (2.4%)                            |
| Urinary retention               | 1 (2.4%)                            |
| Anaemia                         | 1 (2.4%)                            |
| Transient or localised pain     | 2 (4.8%)                            |
| Nausea or lethargy              | 1 (2.4%)                            |
| Deep venous thrombosis          | 1 (2.4%)                            |
| Lower limb pain                 | 1 (2.4%)                            |
| <b>Device-related event</b>     |                                     |
| Venous stenosis                 | 12 (28.6%)                          |



\*Coupler retrieved via arterial sheath and second coupler successfully deployed.

**Table 3: Adverse events related to arteriovenous coupler placement or device**

 symptomatic

# ROX Coupler Trials

## Rox Medical Coupler trials

| Phase     | Study name | Description                                      | Enrolment | Trial ID    |
|-----------|------------|--|-----------|-------------|
| Phase II  | RH-01      | European pilot study in resistant hypertension   | 8         | NCT01682057 |
| Phase III | RH-02      | European pivotal study in resistant hypertension | 100       | NCT01642498 |
| Phase III | RH-03      | European post-approval registry in hypertension  | 100       | NCT01885390 |
| Phase III | US HTN-01  | US pivotal study in resistant hypertension       | 500       | NCT02895386 |

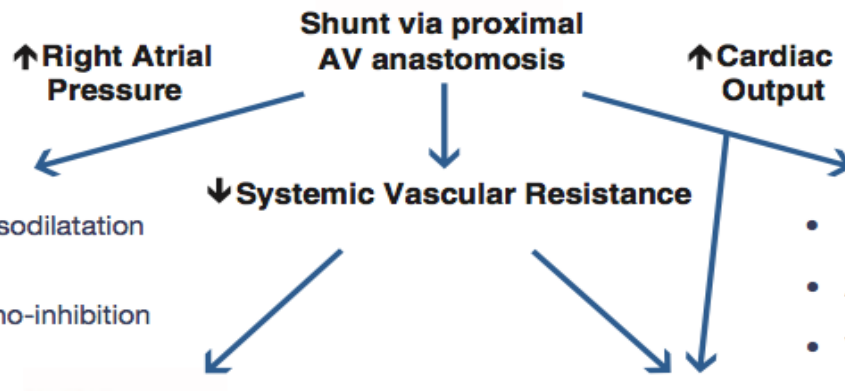
# Current ROX Coupler Trials - US

| Rank | Status                 | Study   |
|------|------------------------|---|
| 1    | Not yet recruiting     | <p><a href="#">AF Ablation With or Without ROX Coupler Study</a></p> <p><b>Conditions:</b> Atrial Fibrillation; Hypertension</p> <p><b>Interventions:</b> Procedure: Atrial fibrillation ablation; Procedure: ROX Coupler insertion</p> <p><b>Phase:</b> Phase 4</p>  |
| 2    | Recruiting             | <p><a href="#">Registry to Evaluate the ROX COUPLER in Patients With Resistant or Uncontrolled Hypertension</a></p> <p><b>Conditions:</b> Hypertension; Blood Pressure, High; Blood Pressure, Resistant; Blood Pressure, Uncontrolled</p> <p><b>Intervention:</b> Device: ROX COUPLER</p> <p><b>Phase:</b> Phase 3</p>          |
| 3    | Not yet recruiting     | <p><a href="#">A Multicenter Study to Evaluate the ROX Coupler in Subjects With Hypertension</a></p> <p><b>Conditions:</b> Hypertension; Blood Pressure</p> <p><b>Interventions:</b> Device: ROX Coupler; Other: Sham procedure</p> <p><b>Phase:</b> Phase 3</p>  |
| 4    | Active, not recruiting | <p><a href="#">A Multicenter Study to Evaluate the ROX Arteriovenous Coupler in Patients With Treatment-Resistant Hypertension</a></p> <p><b>Condition:</b> Hypertension</p> <p><b>Intervention:</b> Device: ROX COUPLER</p> <p><b>Phase:</b> Phase 3</p>   |
| 5    | Unknown †              | <p><a href="#">The Iliac Arterio-venous Fistula for Treatment of Neurally Mediated Syncope Study</a></p> <p><b>Condition:</b> Neurally Mediated Syncope</p> <p><b>Interventions:</b> Device: ROX COUPLER; Procedure: Right heart catheterisation and routine care</p> <p><b>Phase:</b></p>                                      |
| 6    | Completed              | <p><a href="#">A Multicenter Study to Evaluate the ROX Anastomotic Coupler System (ACS) in Patients With Severe Hypertension</a></p> <p><b>Condition:</b> Hypertension</p> <p><b>Interventions:</b> Device: ROX ANASTOMOTIC COUPLER SYSTEM (ACS); Device: ROX Anastomotic Coupler System (ACS)</p> <p><b>Phase:</b> Phase 2</p> |
| 7    | Completed              | <p><a href="#">A Pilot Study to Evaluate the ROX Anastomotic Coupler System in Patients With Chronic Obstructive Pulmonary Disease</a></p> <p><b>Condition:</b> Chronic Obstructive Pulmonary Disease</p> <p><b>Intervention:</b> Device: ROX Anastomotic Coupler System (ACS)</p> <p><b>Phase:</b> Phase 2</p>                 |
| 8    | Completed              | <p><a href="#">Study of the Effect of the ROX AC1 on Exercise Capacity and Quality of Life in Chronic Obstructive Pulmonary Disease (COPD) Patients</a></p> <p><b>Condition:</b> Chronic Obstructive Pulmonary Disease</p> <p><b>Intervention:</b> Device: Arteriovenous Fistula (ROX AC1)</p> <p><b>Phase:</b> Phase 4</p>     |

# Proposed Mechanism of Action



ROX Coupler



- ANP release → vasodilatation
- Bainbridge reflex
- ↑ heart rate
- peripheral sympho-inhibition



- ↑ arterial compliance
- ↓ reflected pulse wave
- ↓ effective arterial volume

- ↑ venous oxygenation & ↑ pulmonary blood flow
- Activation of pulmonary arterial mechanoreceptors
- Venous baroreceptor activation

- ↑ tissue oxygen delivery
- ↓ chemoreceptor activity
- ↓ sympho-excitation due to cerebral / renal hypoperfusion
- ↓ sodium and water retention

# Conclusions

- Drug-resistant hypertension, and hypertension in general, is a growing global health epidemic with significant morbidity and mortality.
- Tremendous financial impact in terms of lost productivity as well as health care delivery costs
- Current medical therapies fail in ~ 50% of patients
- ROX coupler may present a novel approach to the treatment of hypertension
  - Relatively safe, quick and minimally invasive procedure
  - Has shown some efficacy
- BUT
  - Cardiovascular consequences remain unknown, especially long term
    - increased risk of high-output cardiac failure?
  - 30% venous stenosis rate with possibility of significant morbidity
  - Currently not approved for use in the US

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The number '2017' is rendered in a large, white, sans-serif font. The zero is replaced by a green graphic of a branching vascular tree, symbolizing the conference's focus on vascular therapies.

Thank you for your attention