HARVARD CLINICAL RESEARCH INSTITUTE ENROLLS FIRST PATIENTS INTO DAPT STUDY TO ADVANCE UNDERSTANDING OF DUAL ANTIPLATELET THERAPY FOLLOWING DRUG-ELUTING STENT PROCEDURES

- Four-year, Public Health Study to be Conducted Through an Unprecedented Collaboration between Industry, FDA and Academia -

BOSTON – October 2, 2009 - The Harvard Clinical Research Institute (HCRI) announced today that the first patients have been enrolled in the DAPT Study, marking the official initiation of the four-year clinical trial to investigate the duration of dual antiplatelet therapy (DAPT, the combination of aspirin and a thienopyridine/antiplatelet medication to reduce the risk of blood clots) following drug-eluting stent implantations. The large-scale public health study is expected to bring clarity to the global medical community regarding the benefits of 12 versus 30 months of dual antiplatelet therapy in patients receiving drug-eluting stents to address coronary artery lesions. The first patients were enrolled into the DAPT Study by co-principal investigator, Dean J. Kereiakes, M.D., medical director of The Christ Hospital Heart and Vascular Center and The Carl and Edyth Lindner Center for Research and Education at The Christ Hospital, Cincinnati, Ohio.

The DAPT Study will be conducted through a public-private collaboration involving HCRI, four major stent manufacturers: Abbott (XIENCE V®), Boston Scientific Corporation (TAXUS®, PROMUS®), Cordis Corporation (CYPHER®, Medtronic, Inc. (Endeavor®); the manufacturers of thienopyridine/antiplatelet medications: Bristol-Myers Squibb Company/Sanofi Pharmaceuticals Partnership (Plavix® (clopidogrel bisulfate)) and Eli Lilly and Company and Daiichi-Sankyo Company Limited (Effient™ (prasugrel)); and the U.S. Food and Drug Administration (FDA). HCRI, which is responsible for the scientific management of the DAPT Study and the independent analysis of the resulting data, received funding support from each of the drug and device manufacturers.

"This study is the first postmarket investigation in which the FDA brought together industry competitors who put aside competition and achieved an unprecedented level of cooperation with regulators and academia to answer a major public health question," said FDA Commissioner Margaret A. Hamburg, M.D.

Principal investigator, Laura Mauri, M.D., a cardiologist at the Brigham and Women's Hospital in Boston, MA and chief scientific officer of Harvard Clinical Research Institute said, "Current
guidelines call for patients who are treated with drug-eluting stents to remain on blood-thinning medications for at least one year, but some physicians continue prescribing medications considerably longer in hopes of preventing very late stent thrombosis. The DAPT Study will enroll a broad spectrum of patients treated with stents and will look at both stent-related and patient-related outcomes to help define an appropriate course of therapy following placement of a drug-eluting stent."

"Drug-eluting stents are a widely accepted and generally safe treatment option for opening up a blocked artery. However, in rare instances, clots can form in the devices well past a year after they are implanted – after the currently recommended period of dual antiplatelet therapy use," said Dr. Kereiakes. "Because patients will be followed for almost three years for both stent-related and clinical outcomes, the DAPT Study results will be instrumental in establishing the standard of care following a drug-eluting stent procedure."

**DAPT Study Protocol**

The DAPT (dual antiplatelet therapy) Study will assess the benefit of 12 versus 30 months of dual antiplatelet therapy for preventing stent thrombosis and major adverse cardiovascular and cerebrovascular events (MACCE) in subjects undergoing percutaneous coronary intervention (PCI) with drug-eluting stent placement for the treatment of coronary artery lesions. The trial will be a four-year, prospective, randomized, double-blind trial that is expected to enroll over 15,000 subjects being treated with a drug-eluting stent (DES) at over 200 international centers. A cohort of approximately 5,000 subjects treated with a bare metal stent (BMS) will also be enrolled. All subjects will receive 12 months of open-label thienopyridine/antiplatelet treatment in addition to aspirin. After 12 months, subjects who are free from all MACCE or major bleeding events will be randomized 1:1 to either placebo or ongoing dual antiplatelet therapy for an additional 18 months followed by three months of observational follow-up. Both arms will continue aspirin therapy. The choice of stent type and thienopyridine drug will be at the discretion of the patient and physician.

The co-primary endpoints for this trial are the incidence of the composite of all death, myocardial infarction (MI) and stroke (referred to as major adverse cerebral and cardiovascular events, or MACCE) between 12 and 33 months post-drug-eluting stent procedure and the incidence of stent thrombosis (ST) between 12 and 33 months post-stent procedure. The primary safety endpoint for this trial is incidence of major bleeding between 12 and 33 months post-drug-eluting stent procedure. The study will also include an adjusted comparison of patients treated with BMS compared with DES on varying durations of antiplatelet therapy.

Due to the large sample size necessary for this study to detect small but clinically important differences, the FDA has allowed a limited amount of data to be contributed to the final DAPT Study analysis from several drug-eluting stent manufacturer-sponsored studies. The manufacturer-run studies have been designed to reproduce the DAPT Study randomization to 12 versus 30 months of therapy, and follow the same data collection, adjudication, and analytic processes as the DAPT Study. Several manufacturer-run studies have begun enrollment. The final analysis performed by the Harvard Clinical Research Institute will contain data from each of these sources to achieve overall enrollment of over 20,000 subjects.
More information about the DAPT Study is available at www.DAPTStudy.org and the DAPT Study protocol and patient eligibility information are available on www.clinicaltrials.gov.

About The Harvard Clinical Research Institute (HCRI)
The Harvard Clinical Research Institute is a non-profit academic research organization with unparalleled access to resources in clinical research. The Institute advances the research of pharmaceutical, biological, and medical device products by developing collaborations between industry and academia. HCRI's partners include leading medical centers with worldwide recognition for high-quality medical care and state-of-the-art facilities. Its close affiliation with Harvard Medical School, Beth Israel Deaconess Medical Center and Partners HealthCare reinforces HCRI's commitment to engaging distinguished medical practitioners in thought-provoking, industry-sponsored research. The Institute's sponsors rely on its scientific objectivity to add unique value to the design of their studies, oversight of their research and analysis of their study data. As a leading provider of clinical trial services, HCRI plays an important role in assessing new products that improve the quality of peoples' lives.

www.hcri.harvard.edu

A note regarding registered trademarks:
CYPHER® is a registered trademark of Cordis Corporation
Endeavor® is a registered trademark of Medtronic, Inc.
TAXUS® and PROMUS® are registered trademarks of Boston Scientific Corporation
XIENCE V® is a registered trademark of Abbott
Effient™ is a trademark of Eli Lilly and Company
Plavix® is a registered trademark of Sanofi-Aventis