

# Nobori 2 study to confirm the efficacy and safety of the CE marked Nobori stent in routine use

<b>Submission date</b> 08/05/2008	<b>Recruitment status</b> No longer recruiting	<input type="checkbox"/> Prospectively registered <input type="checkbox"/> Protocol
<b>Registration date</b> 05/06/2008	<b>Overall study status</b> Completed	<input type="checkbox"/> Statistical analysis plan <input checked="" type="checkbox"/> Results
<b>Last Edited</b> 13/02/2017	<b>Condition category</b> Circulatory System	<input type="checkbox"/> Individual participant data

**Plain English summary of protocol**  
Not provided at time of registration

## Contact information

**Type(s)**  
Scientific

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## Additional identifiers

**EudraCT/CTIS number**

**IRAS number**

**ClinicalTrials.gov number**

**Secondary identifying numbers**  
T109E2

# Study information

## Scientific Title

NOBORI 2: a prospective, multi-centre, observational study of the Nobori™ drug eluting stent system

## Acronym

NOBORI 2

## Study objectives

Primary objective:

To validate, in a real life setting, the safety and effectiveness of the Nobori™ drug eluting stent (DES) system previously observed in randomised trials.

Secondary objectives:

1. To assess the long term safety of the Nobori™ stent in a fully representative patient population
2. To assess the performance of the Nobori™ stent in various patient/lesion subpopulations
3. To identify rationale for further randomised studies in specific subsets
4. To assess the possible benefit of bioresorbable polymer on long term safety

## Ethics approval required

Old ethics approval format

## Ethics approval(s)

1. Freiburger ethik kommission (Germany), 17/03/2008
2. Ziekenhuis Oost Limburg and Onze Lieve Voruw Ziekenhuis Aalst (Belgium), 29/04/2008
3. Bad Oeynhausen (Germany), 28/04/2008

All other participating countries have submitted in April through June to all participating hospital Ethics Committees wherever such requirement exists prior to enrolment of patients. Last site start up expected July 2008.

## Study design

Observational single-arm prospective multi-centre study

## Primary study design

Observational

## Secondary study design

Cross sectional study

## Study setting(s)

Hospital

## Study type(s)

Treatment

## Participant information sheet

Not available in web format, please use the contact details to request a patient information sheet

## **Health condition(s) or problem(s) studied**

Atheromatous coronary artery disease

## **Interventions**

Observational collection of routine hospital practice, clinical follow-up for monitoring of adverse and major cardiac events (death, infarction, re-interventions on target lesion, stent thrombosis), documentation of cardiac medication regimen, laboratory results if performed in routine practice. Follow up at 1, 6 and 12 months, and yearly up to 5 years.

## **Intervention Type**

Device

## **Primary outcome measure**

Device oriented composite endpoint, defined as cardiac death, myocardial infarction (Q-wave and non-Q-wave not clearly attributable to non-target vessel) and clinically driven target lesion revascularisation at 12 months post-procedure.

## **Secondary outcome measures**

1. Device oriented composite endpoint, defined as cardiac death, myocardial infarction (MI) (Q-wave and non-Q-wave not clearly attributable to non-target vessel) and clinically driven target lesion revascularisation at 1 and 6 months, 2, 3, 4 and 5 years post-procedure
2. Patient oriented composite endpoint defined as any cause mortality, MI (Q wave and non-Q wave), or any clinically driven target vessel revascularisation at 1, 6 and 12 months and at 2, 3, 4 and 5 years
3. Death and MI at 1, 6 and 12 months, 2, 3, 4 and 5 years
4. Death and post-procedural MI at 1, 6 and 12 months, 2, 3, 4 and 5 years
5. Stent thrombosis (definite and probable according to Academic Research Consortium [ARC] definitions) at 1, 6 and 12 months, 2, 3, 4 and 5 years
6. Primary stent thrombosis (definite and probable according to ARC definitions) at 1, 6 and 12 months, 2, 3, 4 and 5 years
7. Secondary stent thrombosis (definite and probable according to ARC definitions) at 1, 6 and 12 months, 2, 3, 4 and 5 years
8. Duration of dual antiplatelet therapy
9. Death, post-procedural MI and stent thrombosis rate during the course of dual antiplatelet therapy versus the same events after cessation of dual antiplatelet therapy
10. Clinically driven target lesion revascularisation (TLR) at 1, 6 and 12 months, 2, 3, 4 and 5 years
11. Clinically driven target vessel revascularisation (TVR) at 1, 6 and 12 months, 2, 3, 4 and 5 years
12. Total revascularisation rate (clinically and non clinically driven) at 1, 6 and 12 months, 2, 3, 4 and 5 years
13. Device success defined as the attainment of less than 30% residual stenosis by visual assessment using the Nobori™ stent only
14. Lesion success defined as the attainment of less than 30% residual stenosis by visual assessment using any percutaneous method
15. Procedure success defined as achievement of a final diameter stenosis of less than 30% by visual assessment using any percutaneous method, without the occurrence of death, Q wave or non-Q wave MI, or repeat revascularisation of the target lesion during the hospital stay

All above mentioned endpoints in specific subgroups enrolling sufficient number of patients.

**Overall study start date**

01/04/2008

**Completion date**

30/11/2013

## Eligibility

**Key inclusion criteria**

1. Patient is at least 18 years old, either sex
2. The patient is, according to hospital routine practice, eligible for percutaneous coronary intervention using DES (and reference vessel diameter [RVD] matches available Nobori™ DES sizes)
3. Patient or the patients legal representative has been informed of the nature of the study and agrees to its provisions and has provided written informed consent as approved by the Institutional Review Board/Ethics Committee of the respective clinical site, wherever such requirement exists

NOTE: In order to avoid bias it is recommended that all investigators aim to enrol all patients complying with inclusion criteria. It is also desirable to have at least two cardiologists as investigators in each centre.

**Participant type(s)**

Patient

**Age group**

Adult

**Lower age limit**

18 Years

**Sex**

Both

**Target number of participants**

3000

**Key exclusion criteria**

Exclusion criteria will be according to the instructions for the use of the device.

**Date of first enrolment**

01/04/2008

**Date of final enrolment**

30/11/2013

## Locations

**Countries of recruitment**

Belgium  
Czech Republic  
Denmark  
Finland  
France  
Germany  
Greece  
Hungary  
Indonesia  
Israel  
Italy  
Korea, South  
Latvia  
Macao  
Malaysia  
Morocco  
Netherlands  
New Zealand  
Russian Federation  
Serbia  
Singapore  
Slovenia  
Sweden  
Switzerland  
Tunisia  
Türkiye

United Kingdom

Viet Nam

**Study participating centre**  
**Research Park Zone 2 Haasrode**  
Leuven  
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## **Sponsor information**

**Organisation**  
Terumo Europe N.V. (Belgium)

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**Sponsor type**  
Industry

**Website**  
<http://www.terumo-europe.com/>

**ROR**  
<https://ror.org/043vk3t22>

## **Funder(s)**

**Funder type**  
Industry

**Funder Name**  
Terumo Europe N.V. (Belgium) (ref: T109E2)

# Results and Publications

## Publication and dissemination plan

Not provided at time of registration

## Intention to publish date

## Individual participant data (IPD) sharing plan

## IPD sharing plan summary

Not provided at time of registration

## Study outputs

Output type	Details	Date created	Date added	Peer reviewed?	Patient-facing?
<a href="#">Results article</a>	results	15/05/2012		Yes	No
<a href="#">Results article</a>	results	10/02/2017		Yes	No