DEBATE: Based on 5-year results, the Zilver PTX stent is the treatment of choice for SFA occlusive disease

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Zilver PTX Drug-Eluting Peripheral Stent

• Mechanical scaffold:
  Zilver Flex® Stent Platform

• Drug therapy: Paclitaxel only
  - 3 µg/mm² dose density
  - No polymer or binder

Global Clinical Program

More than 2400 patients included in the current Zilver PTX clinical program

Global Clinical Program

Patient Demographics and Comorbidities

Michael Dake, MD
Within the past 12 months, the presenter or their spouse/partner have had a financial interest/arrangement or affiliation with the organization listed below.

- Research/Research Grants, Clinical Trial Support
  - W. L. Gore
  - Cook Medical
- Consulting Fees/Honoraria
  - W. L. Gore
  - Abbott Vascular
  - Medtronic
  - Cardinal Health
- Equity Interests/Stock Options
  - Cytograft Tissue Engineering
  - Microfabrix
  - 480 Medical
  - Arsenal
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  - Microfabrix
  - 480 Medical
  - Arsenal
- Officer, Director, Board Member or other Fiduciary Role
  - VIVA Physicians Group
- Speaker’s Bureau
  - None

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  - None
5-year Freedom from TLR
Zilver PTX vs. Standard Care

At 5 years, Zilver PTX demonstrates a 48% reduction in reintervention compared to standard care.

5-year Freedom from TLR
Provisional Zilver PTX vs. BMS

At 5 years, Zilver PTX demonstrates a 47% reduction in reintervention compared to BMS.

5-year Primary Patency (PSVR < 2.0)
Zilver PTX vs. Standard Care

At 5 years, Zilver PTX demonstrates a 41% reduction in restenosis compared to standard care.

5-year Primary Patency (PSVR < 2.0)
Zilver PTX vs. Standard Care

From 1-5 years, the relative separation increases by 35%.

Literature Comparisons:
TLR at 12 Months

<table>
<thead>
<tr>
<th>Literature</th>
<th>Matching Registry Subset</th>
<th>TLR 12 Months</th>
<th>TLR 24 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>Resilient:</td>
<td>Zilver® PTX™</td>
<td>13% (n=153)</td>
<td>19% (n=243)</td>
</tr>
<tr>
<td>(Katzen ISET 2008 and VEITH 2008)</td>
<td>Zilver® PTX™</td>
<td>8% (n=462)</td>
<td>5% (n=243)</td>
</tr>
<tr>
<td>FAST:</td>
<td>Luminexx Stent</td>
<td>15% (n=127)</td>
<td>10% (n=143)</td>
</tr>
<tr>
<td>Krankenberg 2007</td>
<td>Zilver® PTX™</td>
<td>8% (n=128)</td>
<td>5% (n=23)</td>
</tr>
<tr>
<td>Durability:</td>
<td>Protégé EverFlex Stent</td>
<td>21% (n=134)</td>
<td>12% (n=448)</td>
</tr>
<tr>
<td>Scheinert ECT 2008</td>
<td>Zilver® PTX™</td>
<td>5% (n=446)</td>
<td>5% (n=23)</td>
</tr>
</tbody>
</table>

Freedom from TLR consistent across studies.
**5-year Primary Patency (PSVR < 2.0)
Provisional Zilver PTX vs. BMS**

Provisional Zilver PTX: 72.4%

Provisional BMS: 53.0%

At 5 years, Zilver PTX demonstrates a 41% reduction in restenosis compared to BMS.

**Primary Patency by DUS**

Primary patency rate is consistent across studies.

**Effectiveness: Patency (PSVR < 2.5)**

Primary patency rate is consistent across studies.

**RCT: Paclitaxel Coating Effect**

Primary Patency: Provisional Zilver PTX vs. Bare Zilver

Provisional Zilver PTX: 72.9%

Provisional Bare Zilver: 90.2%

p < 0.01 log rank

**Lesion/Procedural Characteristics (ITT)**

<table>
<thead>
<tr>
<th>Grade</th>
<th>Lesion/Procedural Characteristics (ITT)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Study patients admitted</td>
</tr>
<tr>
<td></td>
<td>Two lesions treated 1.9% (831/45)</td>
</tr>
<tr>
<td></td>
<td>Total Lesion Length (mm)</td>
</tr>
<tr>
<td></td>
<td>Treated Length (mm)</td>
</tr>
<tr>
<td></td>
<td>Calciumization (%)</td>
</tr>
<tr>
<td></td>
<td>Severity % (%)</td>
</tr>
<tr>
<td></td>
<td>Total Occlusion (%)</td>
</tr>
<tr>
<td></td>
<td>%Lesion post-treatment</td>
</tr>
<tr>
<td></td>
<td>Ball-out Stenting (%)</td>
</tr>
<tr>
<td></td>
<td>Dissection (%)</td>
</tr>
<tr>
<td>Study patients admitted</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Two lesions treated 0.9% (30/33)</td>
</tr>
<tr>
<td></td>
<td>Total Lesion Length (mm)</td>
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<td>Treated Length (mm)</td>
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<td>Total Occlusion (%)</td>
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<tr>
<td></td>
<td>%Lesion post-treatment</td>
</tr>
<tr>
<td></td>
<td>Ball-out Stenting (%)</td>
</tr>
<tr>
<td></td>
<td>Dissection (%)</td>
</tr>
</tbody>
</table>

**LEVANT 2 Trial Summary**

- **Primary endpoints**: Safety and primary patency of target lesion at 1 year
- **Number of patients/sites**: 476 Randomized (2:1) / 55 global sites
- **Follow-up**: Oliniensi 6, 12, 24 Months: Duplex Ultrasound (DUS): 0–30 days, 6, 12, 24 months
- **Telephone**: 1, 36, 48, 60 Months
- **National principal investigators**: Derek Schreiner: Park Hospital, Leipzig, Germany
- **Status**: First Patient Enrolled: July 2011
- **Last Patient Enrolled July 2012**: 12 month follow-up visits now complete and monitored
Table 10: Primary Patency of Target Lesion (ITT Population)

<table>
<thead>
<tr>
<th>Measure</th>
<th>Test DCB % (95% CI)</th>
<th>Control PTA % (95% CI)</th>
<th>Difference % (95% CI)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Primary Patency</td>
<td>61.6% (57.2-66.1)</td>
<td>48.4% (43.1-53.8)</td>
<td>13.2% (9.8-16.6)</td>
<td>0.003</td>
</tr>
</tbody>
</table>

Recent Patency is defined as the minimum value of recent patency difference (95%) after index procedure. A negative difference indicates that the test system group had higher patency than the control system group.

Table 16: Primary Patency Rate at 12 Months based on Alternative PSV Thresholds (ITT Population)

<table>
<thead>
<tr>
<th>Threshold for Binary Outcome</th>
<th>Lutonix DCB % (95% CI)</th>
<th>Control PTA % (95% CI)</th>
<th>Difference % (95% CI)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>ALL Core Lab-Adjudications</td>
<td>65.2% (57.2-74.0)</td>
<td>52.4% (45.8-59.0)</td>
<td>12.8% (9.4-16.2)</td>
<td>0.005</td>
</tr>
<tr>
<td>UNPSVR &gt; 2.5 (pre-orig protocol)</td>
<td>58.2% (51.9-64.6)</td>
<td>45.3% (38.1-52.6)</td>
<td>12.9% (9.5-16.3)</td>
<td>0.017</td>
</tr>
<tr>
<td>PSVR &gt; 2.0</td>
<td>55.2% (48.2-62.3)</td>
<td>45.0% (37.8-52.2)</td>
<td>10.2% (6.9-13.6)</td>
<td>0.130</td>
</tr>
</tbody>
</table>

Primary Patency is defined as the minimum value of recent patency difference (95%) after index procedure. A negative difference indicates that the test system group had higher patency than the control system group.

Lutonix Global SFA Real-World Registry

Demonstrated:
- Lutonix DCB is safe and effective in real-world patients with complex lesions, including females. Twelve-month freedom from TLR, 94.5% and 30-day safety, 99.7%.
- Sustained benefit of Lutonix DCB at 24 months (interim data)
- Effectiveness at 12 months in long lesions (140-500 mm) with freedom from TLR, 93.7%
- Effectiveness at 12 months in challenging lesions (≥25 cm, CTO, and calcified) with freedom from TLR, 94.8%, and 95.9%, respectively.

Primary Patency Results through 2 Years
IN.PACT SFA Trial Subgroups
Primary Patency Outcomes Through 2 Years

<table>
<thead>
<tr>
<th>Groups</th>
<th>Patency Rate 2 Years</th>
</tr>
</thead>
<tbody>
<tr>
<td>DCB</td>
<td>96.1% (49/51)</td>
</tr>
<tr>
<td>BMS</td>
<td>96.4% (34/35)</td>
</tr>
<tr>
<td>Supera</td>
<td>96.7% (44/45)</td>
</tr>
</tbody>
</table>

12-Month Results From the MAJESTIC Trial of the Eluvia Drug-Eluting Vascular Stent System

- Single-arm study of Eluvia in femoropopliteal lesions ≤ 110 mm (N = 57)
  - 71 mm mean lesion length
  - 69% severe calcification
  - 46% occluded
- 12-month primary patency: 96.1% (49/51)
- Kaplan-Meier estimate: 96.4%
- 12-month composite MACE rate: 3.8% (two TLR events)
- No stent fractures upon angiographic core lab analysis
- Diabetic patients: 100% patency with no MACE through 12 months

IN.PACT Global ISR Imaging Cohort: 12-Month Results

IN.PACT Global ISR study results demonstrate:
- Treatment of real-world patients with mean ISR lesion length of 17.2 cm, including 34% total occlusions and 59.1% calcified lesions
- Remarkable 12-month primary patency rate of 88.7% and the 12-month CD-TLR rate of 7.3%
- Safety and effectiveness of IN.PACT Admiral DCB in the treatment of complex SFA lesions, including challenging ISR lesions

Zilver PTX Postmarket Surveillance Study in Japan: 24-Month Results

- Japan PMS results through 24 months confirm the benefit of the Zilver PTX technology for treating femoropopliteal artery disease
- Consistency of the Japan PMS results in real-world patients with complex lesions reassures the performance of the Zilver PTX drug-eluting stent

ILLUMINATE First-in-Human Direct Cohort 24-Month Results

- Consistent and durable results observed in both the predilatation and direct cohorts

DCB – BMS - Supera

- 1:1 match for each comparison

<table>
<thead>
<tr>
<th>Study Device: Stellarex DCB</th>
<th>BMS cohort (N=432)</th>
<th>Supera cohort (N=470)</th>
<th>DCB cohort (N=390)</th>
</tr>
</thead>
<tbody>
<tr>
<td>368 pairs, 716 patients</td>
<td>254 pairs, 568 patients</td>
<td>284 pairs, 568 patients</td>
<td>284 pairs, 568 patients</td>
</tr>
</tbody>
</table>
Comparison: DCB - BMS

BMS cohort (N=432)

284 pairs, 568 patients

DCB cohort (N=390)

368 pairs, 736 patients

Supera cohort (N=470)

254 pairs, 508 patients

DCB - BMS

<table>
<thead>
<tr>
<th>Matched Cohort:</th>
<th>DCB</th>
<th>BMS</th>
<th>P-Value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Lesion length, mm</td>
<td>171 ± 108</td>
<td>159 ± 114</td>
<td>0.2</td>
</tr>
<tr>
<td>Instent restenosis, %</td>
<td>18</td>
<td>19</td>
<td>0.8</td>
</tr>
</tbody>
</table>

Choice between DCB and DES

- NOT CLEAR
  - Lack of data currently - no direct comparisons of effectiveness
  - Different metrics utilized
  - Variable populations/lesion sets
  - Current studies with heterogeneous length of follow-up
  - Unknown costs