Update on Persistent Benefit of Lutonix DCB for FemPop Lesions…Long Lesions Included
Randomized trial and other data

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Conflicts of Interest
- Consultant: Abbott Vascular, Access Vascular; Cardinal Health; SurModics; Cruzar Systems; Capture Vascular; Contego; Endospan; InspireMD; Magneto; Micell; Silk Road; Surmodics; Vaticare; Volcano/Philips; Univ. of Maryland
- Grants/Contracts: Inari Medical; NIH
- Equity: Access Vascular; Contego; Embolitech; EXIMO; JanaCare, Inc; MD Insider; Micelle; PQ Bypass, Inc.; Primacea
- Board Member: VIVA Physicians, a not for profit 501c3 organization dedicated to advancing the field of vascular medicine and intervention through education and research (www.vivapvd.com)

LEVANT 2 RCT (N=476)
Primary Patency @ 12 months

LEVANT 2 – Primary Patency
24 Month
Sustained Benefit in Primary Patency at 24 months

<table>
<thead>
<tr>
<th>Efficacy, Primary Patency</th>
<th>Lutonix DCB (N=160)</th>
<th>Standard PTA (N=160)</th>
<th>Difference</th>
<th>Log-Rank P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>@730 days</td>
<td>58.6%</td>
<td>53.0%</td>
<td>5.6%</td>
<td>0.05</td>
</tr>
</tbody>
</table>

10.5% Improvement over PTA

Consistent with published stent freedom from TLR rates!
**Extensive Steps Taken to Blind and Reduce Bias**

<table>
<thead>
<tr>
<th>Blinded</th>
<th>Not Blinded</th>
</tr>
</thead>
<tbody>
<tr>
<td>Patient</td>
<td>Treating Physician</td>
</tr>
<tr>
<td>Core Labs</td>
<td>DUS Tech</td>
</tr>
<tr>
<td>* Evaluating physician</td>
<td>* Evaluating physician</td>
</tr>
</tbody>
</table>

LEVANT 2 was designed to ensure blinding of the evaluating physician and DUS Tech at every phase including 30 days, 6 months, and 12 months.

**Procedural Techniques for Optimal Drug Delivery**

- Observations from LEVANT 2 suggest 12 month Primary Patency may be positively influenced by:
  - Balloon Transit Time
  - Balloon Inflation Pressure
  - Full Wall Apposition
  - Balloon Inflation Time
  - Final % Diameter Stenosis

**DCBs in “Real World” Application**

- Multiple registries enrolling patients with longer lesion lengths, inclusion of severe calcification, in-stent restenosis.
  - NB: Most lack a core duplex lab → major endpoint is target lesion revascularization.
  - Real-world data suggests bailout stent rate of 15-30% → Higher stent rate in longer lesions.
**Lutonix Global Study**

<table>
<thead>
<tr>
<th>Measure</th>
<th>All Lesions</th>
<th>Long Lesions</th>
</tr>
</thead>
<tbody>
<tr>
<td>% (n/N)</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Freedom from TLR</strong></td>
<td>94.2% (599/636)</td>
<td>93.0% (119/128)</td>
</tr>
<tr>
<td><strong>30 Day Safety</strong></td>
<td>99.7% (678/680)</td>
<td>100.0% (138/138)</td>
</tr>
</tbody>
</table>

**LUTONIX® Global SFA Real-World Registry**

**TLR Free Survival**

<table>
<thead>
<tr>
<th>Time</th>
<th>Events</th>
<th>% (95% CI)</th>
<th>P-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>12 Months</td>
<td>40</td>
<td>94.1% [92.0%, 95.6%]</td>
<td>&lt;.001</td>
</tr>
<tr>
<td>24 Months</td>
<td>310</td>
<td>90.3% [87.7%, 92.3%]</td>
<td></td>
</tr>
</tbody>
</table>

**Study Design**

- **Study Design**: Single Arm, Prospective, EU, Multicenter, Safety and Effectiveness Study
- **Objective**: To investigate the safety, clinical use, and outcomes of the Lutonix Drug Coated Balloon for treatment of Long Lesions (≥ 14 cm) in the femoropopliteal artery
- **Number of patients/sites**: 118 DCB patients – 14 sites
- **Inclusion Criteria**: Rutherford Class: 2-4, ≥ 70% stenosis lesion, Lesion Length ≥ 14 cm, Vessel diameter of 4-7 mm
- **Exclusion Criteria**: Life expectancy < 1 yr

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**Lutonix SFA Long Lesion Study Two Year Results**

A Prospective, Multicenter, Single-Arm Trial with the Lutonix® Drug Coated Balloon for Treatment of Long Lesions in Femoropopliteal Arteries
**Single-Arm Study - Levant 2 Design**

- **Recruitment**
  - Baseline Angiography

- **Pre-Procedure (Baseline)**
  - Inclusion/Exclusion Criteria
  - Informed Consent
  - Medical History
  - Physical Exam
  - Medication Compliance
  - Resting ABI
  - Rutherford Classification
  - WIQ & EQ5D Questionnaires

- **Procedure**
  - Angio/Revas

- **Post-Procedure**
  - Angiogram
  - Duplex Ultrasound
  - AE Monitoring

- **Repeat**

- **Follow-Up**
  - AEs CEC Adjudicated

**Patient Follow-Up**

<table>
<thead>
<tr>
<th>Event</th>
<th>24 Month</th>
<th>36 Month</th>
</tr>
</thead>
<tbody>
<tr>
<td>Freedom from TLR – 2 Year</td>
<td>75.6%</td>
<td>75.6%</td>
</tr>
</tbody>
</table>

**Demographics / Procedural Information**

<table>
<thead>
<tr>
<th>Description</th>
<th>Lutonix Long Lesion Study (DCB) Subjects</th>
<th>Dileo Long Lesion Study (DCB) Subjects</th>
</tr>
</thead>
<tbody>
<tr>
<td>Age (Years), Mean ± SD (n)</td>
<td>67.6 ± 9.23 (118)</td>
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</tr>
<tr>
<td>BMI &gt;30 kg/m² (n/N)</td>
<td>26.3% (30/114)</td>
<td>26.3% (30/114)</td>
</tr>
<tr>
<td>Diabetes</td>
<td>36.4% (43/118)</td>
<td>36.4% (43/118)</td>
</tr>
<tr>
<td>Baseline Target Limb Rutherford Grade, % (n/N)</td>
<td>24.1% (28/116)</td>
<td>24.1% (28/116)</td>
</tr>
<tr>
<td>Baseline ABI of Target Limb, Mean ± SD (n)</td>
<td>0.69 ± 0.26 (111)</td>
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</tr>
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<td>Baseline ABI of Target Limb, Mean ± SD (n)</td>
<td>0.69 ± 0.26 (111)</td>
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</tr>
<tr>
<td>Highest TASC Classification, % (n/N)</td>
<td>0.8% (1/118)</td>
<td>0.8% (1/118)</td>
</tr>
<tr>
<td>Total Target Lesion Length (mm), Mean ± SD (n)</td>
<td>212.5 ± 68.32 (117)</td>
<td>212.5 ± 68.32 (117)</td>
</tr>
<tr>
<td>Maximum Lesion Length (mm)</td>
<td>450mm</td>
<td>450mm</td>
</tr>
<tr>
<td>CTO, % (n/N)</td>
<td>52.1% (61/117)</td>
<td>52.1% (61/117)</td>
</tr>
<tr>
<td>Calcification, % (n/N)</td>
<td>88.1% (104/118)</td>
<td>88.1% (104/118)</td>
</tr>
<tr>
<td>Severe Calcification</td>
<td>21.2% (22/104)</td>
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</tr>
</tbody>
</table>

**Freedom from TLR – 2 Year**

**Safety Profile Comparison to Levant 2**

- All Cause Death: 94.5% (103/109) vs 92.4% (257/281)
- Major Amputation: 98.1% (104/106) vs 99.6% (260/261)
- Minor Amputation: 98.1% (103/105) vs 99.6% (259/260)
- TVR: 73.6% (78/106) vs 78.5% (238/265)

**Clinical Benefit Improvement**

- Rutherford: ~80% of Subjects Improved by at Least One Category
- TVR: >60% of Subjects Improved by at Least Two Categories
- ABI: 35% Improvement

**3.5x Longer Lesions with Similar Safety Profile**

**Low 2.6% Vascular Complications Rate**
### Conclusions

- **LUTONIX DCB Performs well in Complex Long Lesions:**
  - Lesion Lengths 140 up to 450mm
  - 88% Calcification (21% Severe)
  - 99.1% TASC C and D Lesions
  - Freedom from TLR reasonable (without a priori stenting) – 76%
  - Rutherford Category Improvement
    - ~80% of Subjects Improved by at Least One Category
    - >60% of Subjects Improved by at Least Two Categories

- Role of DCB in Long Lesions is promising
  - Unclear when to debulk, when to stent, etc.

- DCB clearly superior to POBA