UPDATE ON THE BIOMIMICS 3D SPIRAL FLOW PROSTHETIC GRAFTSTENT FROM VERYAN MEDICAL

DOES IT PREVENT NEOINTIMAL HYPERPLASIA AND IMPROVE PATENCY: 3-YEAR RESULTS WITH FEMPOP LESIONS

DISCLOSURES

onsultant:

Abbott, Bentley, BSCI, Cardinal Health/Cardis, Centerline BioMedical, Cook Medical, CR BARD/Becton Dickinson, CSI, Endologix, Inari, Medtronic, Micro Medical Solutions, Penumbra, Philips, Terumo, WL Gore

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CHALLENGES IN TREATMENT OF **COMPLEX LESIONS & PATIENTS**

- IN PRACTICE, TREATMENT OF COMPLEX LESIONS IS ALL TOO
- NUMEROUS INTERVENTIONAL/SURGICAL OPTIONS
- NO CONSENSUS/LITTLE DATA TO SUPPORT A PARTICULAR
 APPROACH

UNFORTUNATELY, THERE IS A PAUCITY OF CLINICAL EVIDENCE IN PATIENTS WITH COMPLEX LESIONS.¹⁻⁵

SURGICAL FEMOROPOPLITEAL BYPASS

- TRANS-ATLANTIC INTER-SOCIETY CONSENSUS II RECOMMENDATIONS SUGGEST BYPASS FOR THE TREATMENT OF COMPLEX FEM-POP LESIONS
- POTENTIAL FOR IMPROVED MID-TERM PATENCY COMPARED TO ENDOVASCULAR APPROACH
- SIGNIFICANTLY HIGHER 30-DAY MORBIDITY (37%) NOTED IN SURGICAL · 8.2% INFECTION RATE NOTED IN META-ANALYSIS OF SURGICAL FEM POP OUTCOMES
- PATIENT PREFERENCE FOR ENDOVASCULAR



ENDOVASCULAR FIRST APPROACH

- LEAVE NOTHING BEHIND (PTA/DCB):
 - NUMEROUS ENDOVASCULAR STRATEGIES AVAILABLE TO AVOID STENTS DUE TO CONCERNS OVER LONG
 NEED FOR ADJUNCTIVE STENTING REMARKS HIGH, UP TO 65% OF CASES IN RECENT META-ANALYSIS¹
- STENTING/STENT-SUPPORTED ANGIOPLASTY:
 - BMS 1" PATENCY RATES AS LOW AS 64% @1Y, 41% @3Y IN COMPLEX LESIONS¹ • 73% PRIMARY PATENCY @1Y

BioMimics 3D: Designed Specifically for the Femoropopliteal Segment



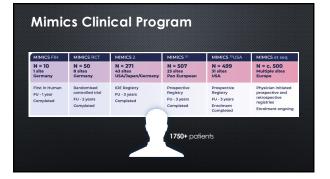


Mimics natural movement of the femoropopliteal

Aids in reducing localized trauma Helps reduce risk of stent fracture in dynamic artery

flow Elevated Wall Shear Stress²

Reduces restenosis by reducing thrombus formation and inflammation Reduces Smooth Muscle Cell proliferation Reduces neointimal hyperplasia



A prospective, multicentre of BioMimics 3D stent in PAD in	observational study the real world	to evaluate	
PI: Michael Lichtenberg 23 Investigational sites	Baseline Patient Demo	graphics	Enrolled Population N=507
507 patients	Age	Mean years ± SD (N)	70.1 ± 10
Independent Clinical Event Committee (adjudication) 3-year follow up	Gender	% Male	66% (332/507)
	Risk Factors	Diabetes Mellitus	37% (187/507)
		Smoker Current	38% (191/507)
	Rutherford Category	0	0.4% (2/504)
		1	1% (6/504)
LTI present in 24% f enrolled subjects		2	17% (86/504)
		3	57% (289/504)
		4	8% (314% (72/504)
		5	14% (72/504)
		6	2% (11/504)

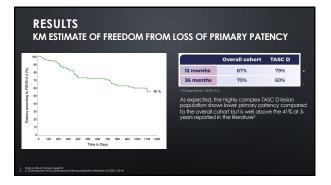
SUBGROUP ANALYSIS OF OUTCOMES IN TASC D LESIONS

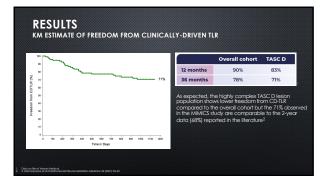
As part of the 3-year follow up, a separate analysis was conducted to determine:

- OVERALL PREVALENCE OF TASC D LESIONS
- MPACT ON PRIMARY PATENCY
- IMPACT ON FREEDOM FROM CLINICALLY-DRIVEN TLR
- FREEDOM FROM STENT FRACTURE



		Overall cohort	TASC D
Patients	Subjects (#)	507	107
	Lesions (#)	518	107
	Diabetes (%)	37	41
Lesions	Mean lesion length (mm)	126 ± 91	273±60
	Severe bilateral wall calcification (%)	53	38
	СТО (%)	57	94
Procedural data	Number and (%) of BioMim	ics 3D stents deployed	
	1	395/518 (76%)	29/107 (27%
	2	96/518 (19%)	55/107 (51%)
	3	19/518 (4%)	15/107 (14%)
	4	8/518 (2%)	8/107 (8%)





CONCLUSIONS

BIOMIMICS 3D IS A UNIQUE, HELICAL STENT PLATFORM THAT HAS DEMONSTRATED EXCELLENT RESULTS AND DURABILITY IN SEVERAL TRIALS

SEE SE

Subgroup analysis performed to determine outcomes in patients with TASC D femoropopulteal lesions treated with BioMimics3D shows:

DURABLE 3-YEAR OUTCOMES WITH BIOMIMICS3D PLATFORM IN EXTREMELY
COMPLEX LESIONS

- CONTEX LESIONS
 · 3-YEAR KM FREEDOM FROM LOSS OF PRIMARY PATENCY: 60%
 · 3-YEAR KM FREEDOM FROM CDTLR: 71%
 · 3-YEAR STRIFFRACTURE RATE: 1.9% (2/107). (OVERALL CONDRI: 0.4%
 (3/676))