

**Bioresorbable Everolimus DES
To Treat BTK Lesions**

From DISAPEAR Registry to a Meta analysis , 5 year data

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Disclosure

Within the past 12 months, I or my spouse/partner have had a financial interest/arrangement or affiliation with the organization(s) listed below.

| Affiliation/Financial Relationship | Company |
|------------------------------------|--|
| • Research Support | • Boston Scientific, LimFlow/Inari |
| • Consulting Fees/Honoraria | • LimFlow/Inari, Acelyty, Abbott Vascular, Boston Scientific, Orbus Neich, Bypass Solutions, PEDRA, Xeltis |
| • Advisory Board | • Abbott, Boston Scientific, Xeltis, LimFlow/Inari, Fastwave, Corflow, VCD, Bypass Solutions, Protexa |
| • Equity | • LimFlow/Inari, Mercator, Cagent, PEDRA, Xeltis, Fastwave, Corflow, VCD, Bypass Solutions, Protexa, R3 |

DISAPEAR Registry in CLTI - Singapore

Drug
Impregnated Bioabsorbable
Stent in
Asian
Population
Extrmity
Arterial
Revascularization

12-Month Results of the DISAPEAR Registry


BVS in CLTI

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Presented VIVA 2019 Late Breaker

3 Centre Pooled analysis on BVS



Mid-term outcomes of an everolimus-eluting bioresorbable vascular scaffold in patients with below-the-knee arterial disease: A pooled analysis of individual patient data

Hubing E. Kum, S. Isoma, J. Vercoe, R.L. Shah, J.P. O'Neil, C. Mid-term outcomes of an everolimus-eluting bioresorbable vascular scaffold in patients with below-the-knee arterial disease: A pooled analysis of individual patient data. *Vasc Med*. 2021 Apr;26(2):195-199. doi: 10.1177/1078289320977807. Epub 2021 Jun 23. PMID: 33207344.

- Consecutive patients treated between August 2012 and May 2017 at 3 centers
 - Singapore
 - Chicago
 - Sydney
- Aim to evaluate multi-centre **24 month** outcomes of the use of Absorb BVS for the treatment of infrapopliteal artery disease

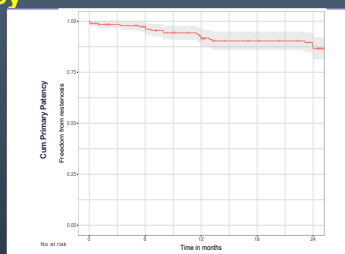
Patient /Lesion

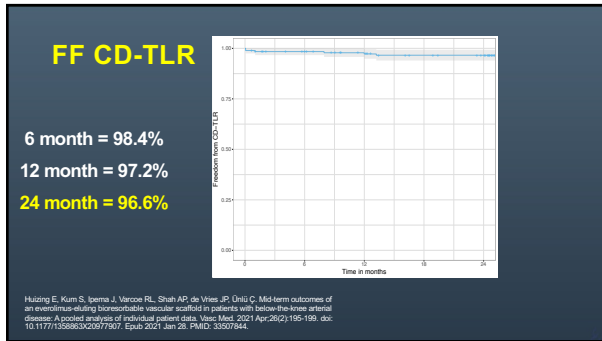
- 121 patients
 - 41 patients from Singapore
 - 31 from Chicago
 - 49 from Sydney
- Mean age 73 years (46-97 years)
- 57% had diabetes
- **84% CLTI (75% tissue loss)**
- 161 lesions were treated with **189 BVS** in 126 limbs
- Lesion length = **21mm (range 4-88)**
- Median stenosis = 80%, Occlusions = 22%
- Median Vessel diameter = 3.1mm (IQR: 3.0-3.5 mm)
- Calcified lesions = 63%
- Most commonly used scaffold 28 mm
- Size of the BVS was also chosen on a 1:1 basis

Primary Patency

6 month = 97.3%
12 months = 90.3%
24 month = 86.6%

Re-stenosis = PSV ratio >2.0 or PSV >2 m/s





Meta-analysis of Bioabsorbable scaffolds – 12 month analysis

- 5 studies, 155 patients with 160 treated limbs
- Primary patency per limb = 90%
- FF CD-TLR = 96%
- Limb salvage = 97%
- Survival rate = 90%
- AFS = 89%

Isema J, Kum S, Huizing E, Schreie MA, Vercoe RL, Hazenberg CE, de Vries JP, Onji C. A systematic review and meta-analysis of bioresorbable vascular scaffolds for below-the-knee arterial disease. *Int Angiol.* 2021 Feb;40(1):42-51. doi: 10.23736/S0392-9590.20.04462-4. Epub 2020 Oct 21. PMID: 33067772.

Esprit™ BTK System is Based On Coronary BRS Experience

| | ABSORB BVS | ESPRIT™ BTK SYSTEM |
|----------------------|------------------------|------------------------|
| Device Family | BRS | DRS |
| Anatomical Target | Coronary | Infrapopliteal |
| Scaffold | Fully resorbable PLLA | Fully resorbable PLLA |
| Strut Thickness | 157 µm | 99 µm* |
| Coating | Everolimus : PDLLA | Everolimus : PDLLA |
| Drug Dose Density | 100 µg/cm ² | 100 µg/cm ² |
| Drug Elution Profile | 80% in 28 days | 80% in 28 days |

Proprietary and confidential – do not distribute *1.3.0 mm (50.0 S.S. 3.15) wires have 120µm strut thickness. 7-Nov-20 1/1

CLTI Still Works Well at 2 Years: LIFE-BTK

The data thus far suggest fewer repeat interventions with the newly FDA approved resorbable device compared with PTA.

by L.A. McKeown | NOVEMBER 05, 2024

LIFE-BTK

Drug-Eluting Resorbable Scaffold versus Angioplasty for Infrapopliteal Artery Disease

The data thus far suggest fewer repeat interventions with the newly FDA approved resorbable device compared with PTA.

Proprietary, Investigational and Confidential. US and EU CE Marked. 100% bioresorbable scaffold. ESPRIT™ BTK vs. PTA

Primary Endpoint: Limb Salvage

Safety Endpoint: MACE/AF/ST

Secondary Endpoint: Primary Patency

Primary Patency + Limb Salvage

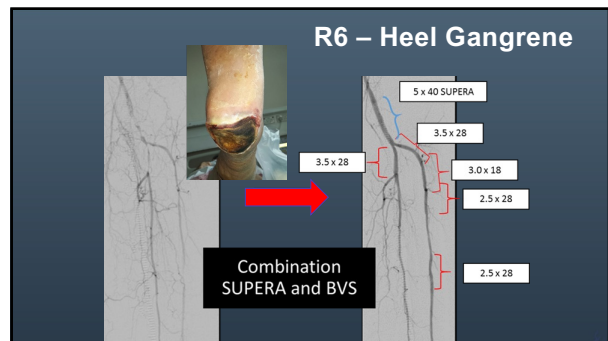
100% bioresorbable scaffold

Random Vercoe MBBS, MEd, FRACI, PhD, Lead Author MEd, FRACI, FRCS, Brian DeBorja MD, FRCS, PhD

| | 3 Centre Pooled Analysis (Sydney, Singapore, Chicago) | LIFE BTK |
|-----------------------------------|---|--|
| Year | 2012-2017 | 2020-2022 |
| Type of study | Retrospective | Prospective |
| | Multi-centre Registry | Multi-centre RCT |
| N (Lesions/Patients) | 161/121 | 173/179 |
| Patency analysis | Investigator PSVR 2.0 or PSV > 200cm/s or Angio > 50% | Independent core lab adjudication PSVR 2.0 and others or Angio > 50% |
| Rutherford 3/4/5/6 (%) | 16/9/55/20 (75% tissue loss) | 52/48/0 (48% tissue loss) |
| DM (%) | 57 | 71 |
| Calcification (any - %) | 63% | 30% (mod/severe) |
| Lesion Length | 21 mm | 43.8 mm |
| CTO (%) | 22% | 15% |
| Tech Success (implant with < 30%) | 100 | 96 |
| Primary Patency(%) 6/12/24 months | 97.3/91.7/86.6 | NR/76.5/64.8 |
| FF-TLR(%) 6/12/24 months | 98.4/97.2/96.6 | NR/93.0/90.3 |

Huizing E, Kum S, Isema J, Vercoe RL, Shah AP, de Vries JP, Onji C. Mid-term outcomes of an investigational drug-eluting bioresorbable vascular scaffold in patients with below-the-knee arterial disease: A pooled analysis of individual patient data. *Vasc Med.* 2021 Apr;26(2):195-199. doi: 10.1177/1358863X20977907. Epub 2021 Jan 26. PMID: 33507464.

Vercoe RL, DeBorja BM, Kollari B, Krishnan V, Metzger DC, Bonaccor MP, Sheshkumar MH, Modest AH, Rajkumar DR, Garcia LA, Kum SWC, Rumbach JJ, Armstrong E, Lee JK, Kimbly Y, Weinberg J, Garcia Garcia MB, Kessler A, Teeratrakulwong YJ, Zhang Y, Wang J, Jones-McKeown JH, Parikh SA. LIFE-BTK Investigators. Drug-Eluting Resorbable Scaffold versus Angioplasty for Infrapopliteal Artery Disease: A Randomized, Controlled Trial. *JAMA.* 2023 Nov 14;330(20):1869-1879. doi: 10.1001/jama.2023.19444. PMID: 37844444.



5.5 years – all stented vessels patent, no repeat interventions

Calcified Vessels

Long Lesion (70mm) With 4-Year Angiographic Follow-Up

Aug 2012 pre implantation Aug 2012 post implantation Oct 2016 Control Angiogram

BVS
3 x 28
3 x 28
3 x 18

Total Stented Length = 70mm

4 years later

Progression of Disease in Non-stented Vessel

Upper ATA was normal

4 years later

Disease segment (before stenting with BVS)

Progression of disease in the segment of ATA

BVS segment is disease free

Index Angio 2012 2016

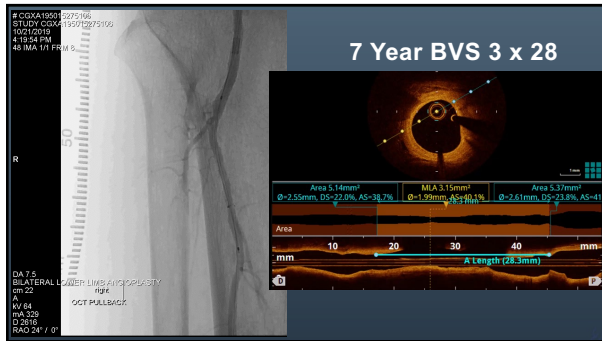
7-Year Angiographic Follow-Up for CTO

CLI - BVS for TPT Occlusion (3.0 x 28)

2012 2018

Progression of disease

BVS segment disease free



Absorb BTK 5 Year results

5-Year ABSORB BTK Trial Results

Baron C. Jonker, MBBS, MD, FRACD, PhD
Prince of Wales Hospital & University of New South Wales
Sydney, Australia

- Single centre initial experience
- 71 scaffolds in 55 limbs of 48 patients, 72.7% with CLTI
- Mean lesion length 20.1 mm (5-50 mm)
- **5 Year Results**
 - 38% death from CV causes
 - 90% complete wound healing
 - 95% of patients had sustained clinical improvement.
 - **PP 72.9% and FF CD-TLR 90.7% (1 year PP 89.2% and FF CD-TLR 97.2%)**

Vercoe RL, Menzies TP, Thomas SD, Lemstra AF. Long-term results of a prospective, single-arm evaluation of everolimus-eluting bioresorbable vascular scaffolds in infrapopliteal arteries. Catheter Cardiovasc Interv. 2021; Jan 1;97(1):142-149. doi: 10.1002/ccd.29327. Epub 2020 Oct 10. PMID: 33037869.

Summary

- BTK lesions are associated with recoil, high restenosis and high reintervention when treated with standard POBA
- Combined experience with over 300 lesions now shows a viable **Scaffold with Drug elution** for **reliable lumen gain** and **consistent drug elution**, with experience up to 5 years
- BRS and other DES should be considered standard tools in the BTK armamentarium