Preserving the Native Vessel for Future Treatment Options

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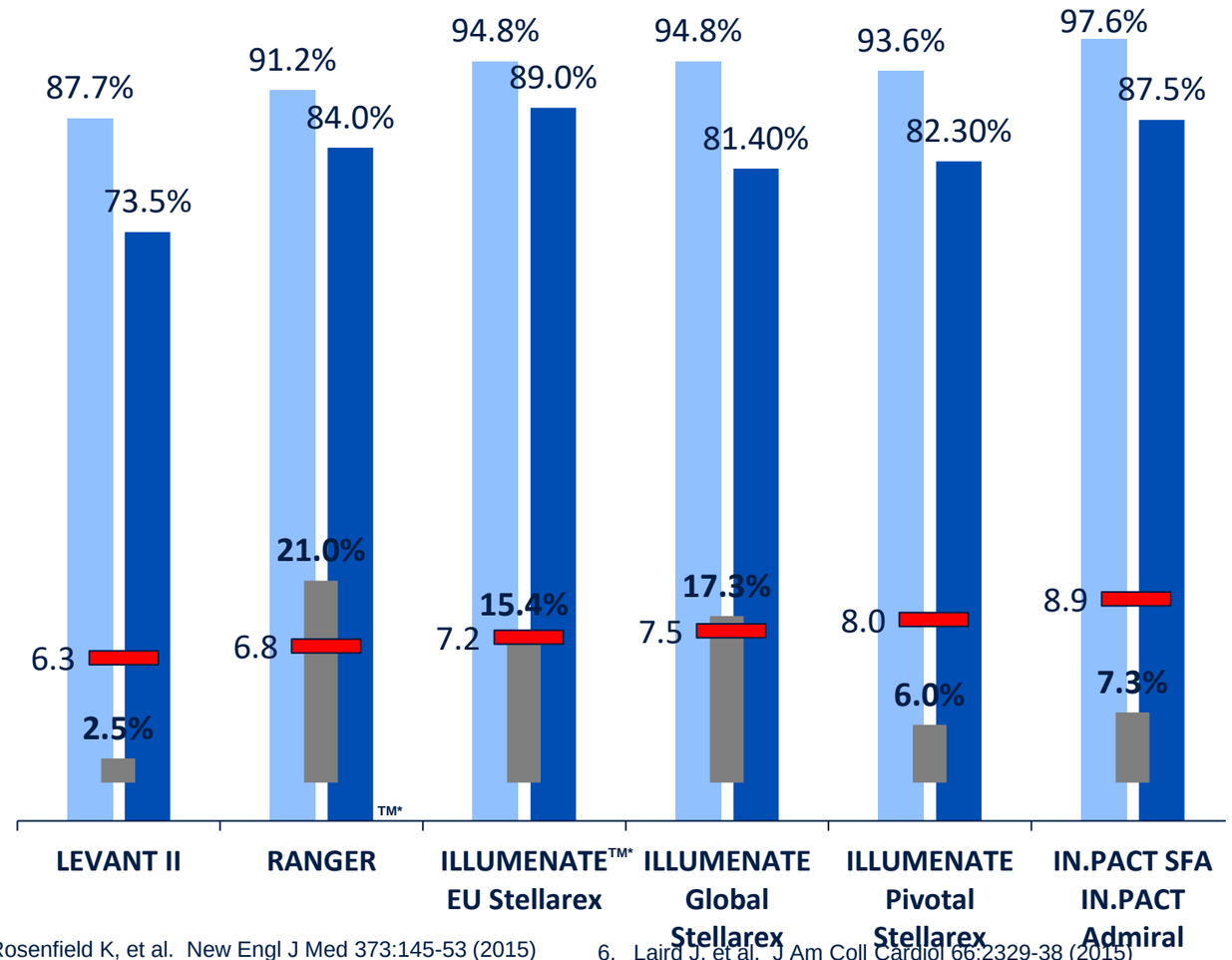
DCB Data Landscape

IDE Trials with strict inclusion criteria

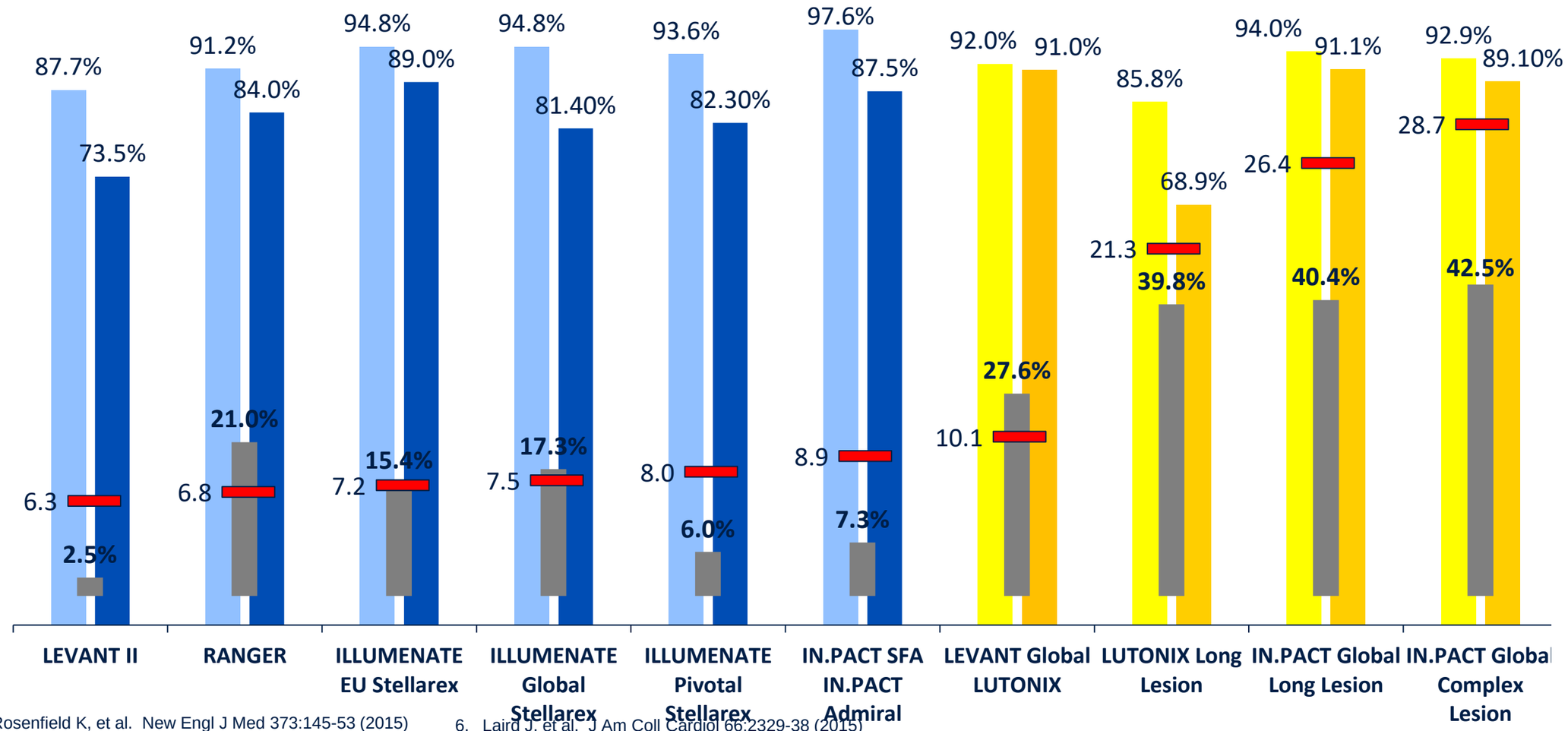


1. Rosenfield K, et al. New Engl J Med 373:145-53 (2015)
2. Steiner S, et al J Am Coll Cardiol-CI . 10; 934-41 (2018)
3. Krishnan P. et al. Circ;136:1102-13 (2017)
4. Presented by Lyden S, TCT Washington DC, USA 2016
5. Tepe G, et al. Circ 131:495-502 (2015)
6. Laird J, et al. J Am Coll Cardiol 66:2329-38 (2015)
7. Thieme, M et al, J Am Coll Cardiol-CI. 0: 1691-3 (2017)
8. Bard Lutonix Instructions for Use, BAW1387400r3.
9. Scheinert D, et al. CIRC-Cardiovasc Interv;11:e005654 (2018)
10. IN.PACT Admiral IFU Rev H.

DCB Data Landscape

IDE Trials with strict inclusion criteria

Real-world Studies



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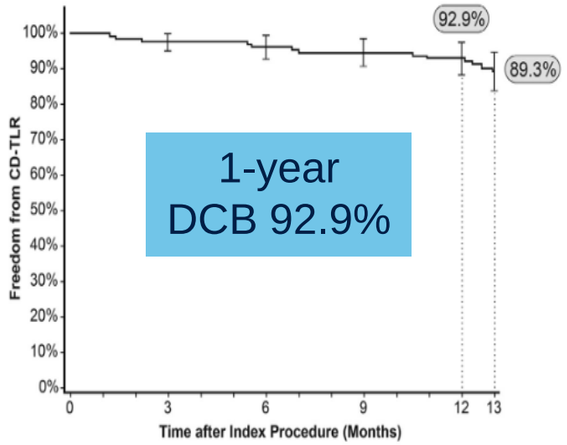
In-Stent Restenosis

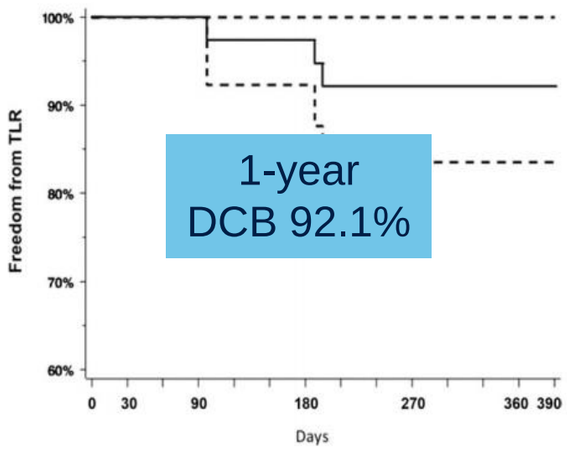
DCB for In-stent Restenosis
Freedom from Reintervention

IN.PACT Global ISR[1]



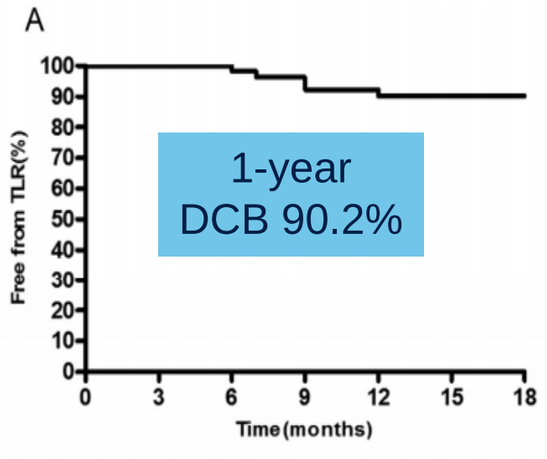
Mean age = 68 y
Diabetes = 35.1%
LL = 17.2±10.5 cm
CTO = 34.0%
Prov. Stent = 13.4%

SFA-ISR[2]



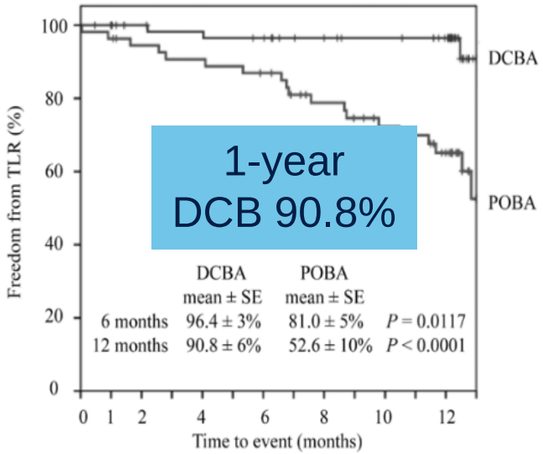
Mean age = 66 y
Diabetes = 48.7%
LL = 8.3±7.9 cm
CTO = 20.5%
Prov. Stent = 10.3%

PLAISIR[3]



Mean age = 69 y
Diabetes = 30%
LL = 8.6±3.2 cm
CTO = 2%

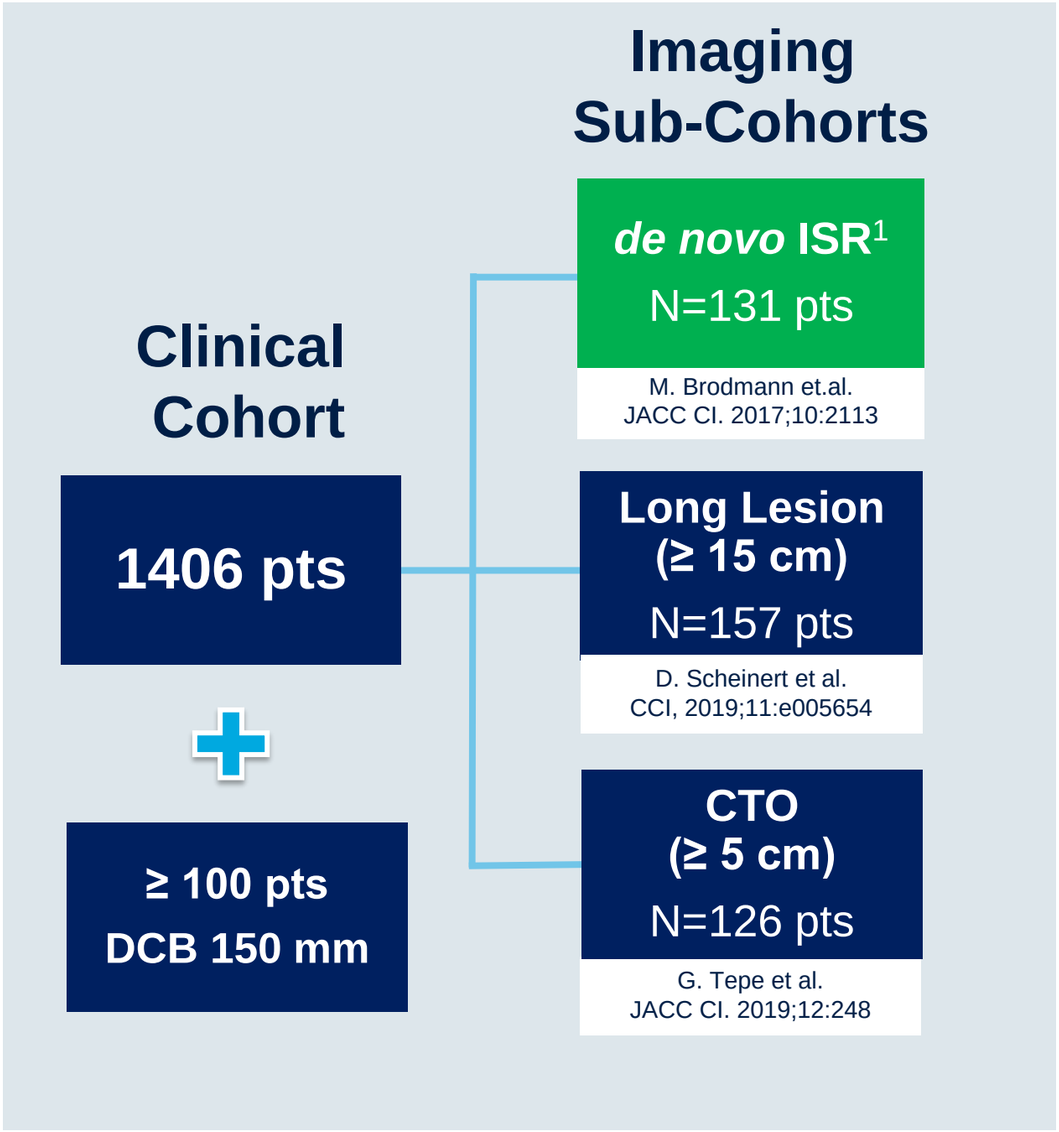
FAIR[4]



Mean age = 69 y
Diabetes = 45%
LL = 8.2±7.1 cm
CTO = 28.6%
Prov. Stent = 1.0%

1. Brodmann et al. *JACC Cardiovasc Interv*. 2017;10:2113-2123
2. Stabile et al. *J Am Coll Cardiol*. 2012 Oct 30;60(18):1739-42
3. Bague et al. *Eur J Vasc Endovasc Surg*. 2017 Jan;53(1):106-113
4. Krankenberg et al. *Circulation*. 2015 Dec 8;132(23):2230-6

IN.PACT Global ISR Imaging Cohort



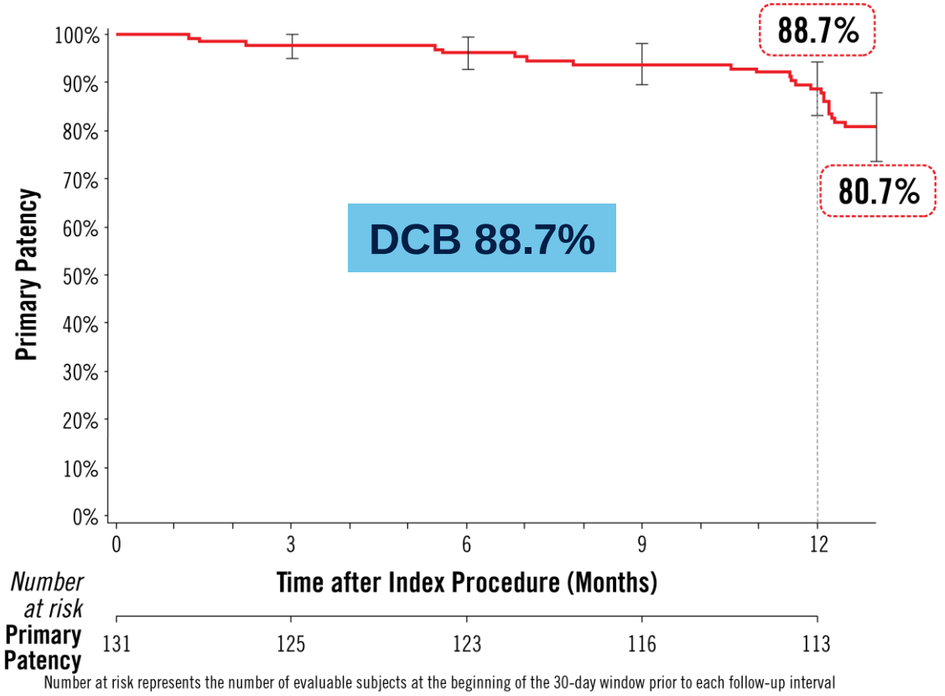
Baseline Characteristics	DCB (N=131 Subjects)
Age (Y)	67.8 ± 10.1
Diabetes (%)	35.1% (46/131)
Hypertension (%)	81.5% (106/130)
Hyperlipidemia (%)	72.1% (93/129)
Current Smoker (%)	35.9% (47/131)
Previous Peripheral Revasc. (%)	100.0% (131/131)
Concomitant BTK Disease (%)	43.3% (55/127)

Lesion Characteristics	DCB (N=149 Lesions)
Lesion type: De Novo Non-stented Restenotic In-Stent Restenosis	 0.0% (0/149) 0.0% (0/149) 100.0% (149/149)
Lesion Length (cm)	17.17 ± 10.47
Total Occlusions (%)	34.0% (48/141)
Calcification (%) Severe Calcification (%)	59.1% (78/132) 8.3% (11/132)

1. Brodmann et al. *JACC Cardiovasc Interv*. 2017;10:2113-2123

IN.PACT Global ISR Imaging Cohort[1]
Effectiveness and Safety Outcomes

1-Year Primary Patency



Number at risk represents the number of evaluable subjects at the beginning of the 30-day window prior to each follow-up interval

1-Year Outcomes	DCB (N=124 Subjects)*
Clinically-Driven TLR**	7.3% (9/124)
Primary Safety Endpoint†	92.7% (115/124)
Major Adverse Events‡	8.9% (11/124)
Death (all-cause)	0.0% (0/124)
Major Target Limb Amputation	0.0% (0/124)
Thrombosis	0.8% (1/124)
Any TLR	8.1% (10/124)
Any TVR	9.7% (12/124)

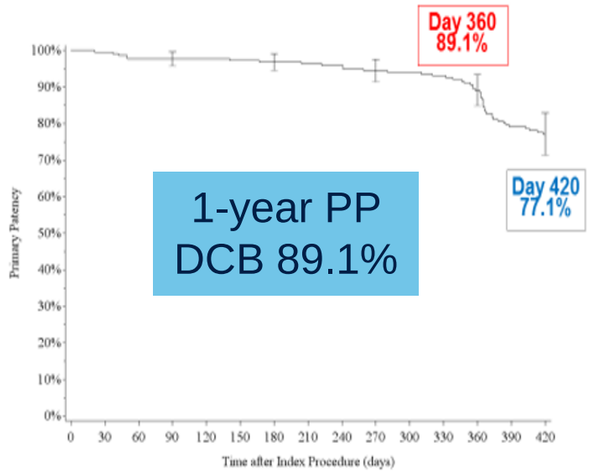
* Six subjects did not complete the study through the follow-up period
** Clinically Driven TLR: Any re-intervention within the target lesion(s) due to symptoms or drop of ABI of ≥ 20% or > 0.15 when compared to post-index procedure baseline ABI
† Primary Safety Endpoint: Composite of 30-day freedom from device- and procedure-related mortality and 12-month freedom from major target limb amputation and clinically-driven TVR
‡ Major Adverse Events: Composite of death, major target limb amputation, clinically-driven TVR, and thrombosis

1. Brodmann et al. *JACC Cardiovasc Interv*. 2017;10:2113-2123

Long Lesions

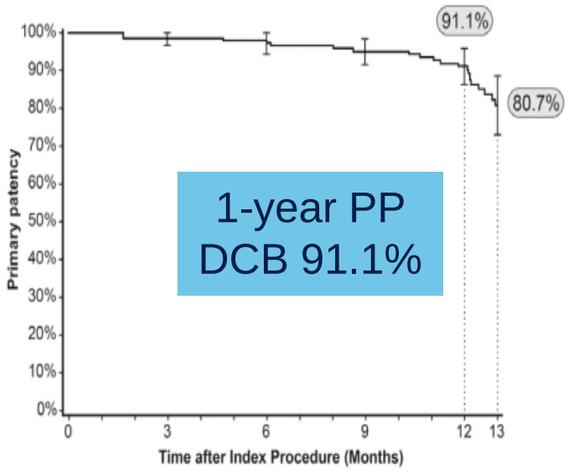
DCB for Long Lesions (LL)
Primary Patency

IN.PACT Global Complex Long Lesions[1]



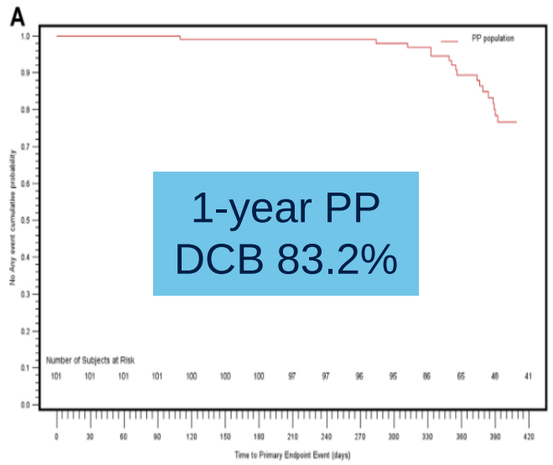
Mean age = 69 y
Diabetes = 38.7%
LL = 28.7 ± 7.1 cm
CTO = 70.1%
ISR = 20.3%
Severe calc = 13.7%

IN.PACT Global Long Lesions[2]



Mean age = 70 y
Diabetes = 41.0%
LL = 26.4 ± 8.6 cm
CTO = 60.4%
ISR = 0.0%
Severe calc = 19.6%
Prov. Stent = 39.4%

SFA-Long[3]



Mean age = 68 y
Diabetes = 57.2%
LL = 25.1 ± 7.9 cm
CTO = 49.5%
ISR = NA
Severe calc = 13.3%
Prov. Stent = 10.5%

1. IN.PACT Admiral paclitaxel-coated PTA balloon catheter instructions for use. M052624T001_Rev1G
2. D. Scheinert et al. *Circ Cardiovasc Interv*. 2018 Oct;11(10):e005654.
3. A. Micari et al. *JACC Cardiovasc Interv*. 2016 May 9;9(9):950-6

IN.PACT Global Complex Long Lesion Imaging Cohort

IN.PACT Global Study[1]

Pre-specified Imaging Cohorts

- **Long Lesion[2]**
- **ISR[2]**
- **CTO[2]**

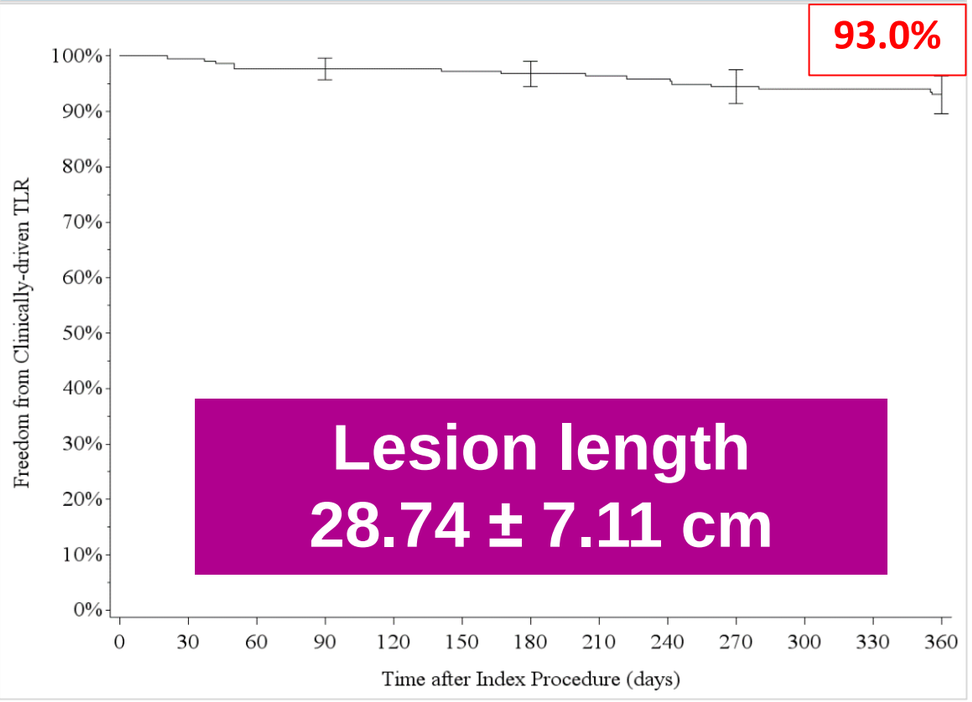
Subjects enrolled in IN.PACT Global imaging cohorts with single **lesions >18 cm** were retrospectively analyzed
- 12-mo primary patency
- 12-mo safety composite endpoints

Baseline Characteristics	DCB (N = 227 subjects)
Age, ± SD	68.8 ± 9.7
Male Gender	67.4% (153/227)
Diabetes	38.7% (87/225)
Current Smoker	42.7% (97/227)
Hypertension	86.7% (197/227)
Hyperlipidemia	71.7% (157/219)
Lesion Characteristics	**DCB (N = 227 subjects and lesions)**
Lesion (N) De novo Restenotic (non-stent) **In-stent restenotic**	 67.0% (152/227) 12.8% (29/227) **20.3% (46/227)**
Lesion Length, ± SD, cm	**28.74 ± 7.11**
Total Occlusions	**70.1% (157/224)**
Diameter Stenosis, ± SD, mm	94.1% ± 10.7
Calcification (%)[3] None Mild Moderate Moderately Severe Severe	 26.9% (59/219) 37.4% (82/219) 11.9% (26/219) 10.0% (22/219) 13.7% (30/219)

1. Core lab-adjudicated with clinical events committee oversight
2. Clinical events committee oversight
3. Dattilo R, et al. *J Invasive Cardiol.* 2014;26:355-360. Severe calcium definition used by study sites and core laboratory as bilateral calcium at the same location (also measured in sections), ≥ half of the total lesion length, ≥180◦ (both sides of the vessel at the same location)

IN.PACT Global Complex Long Lesion Imaging Cohort
Effectiveness and Safety Outcomes

1-Year Freedom from CD-TLR

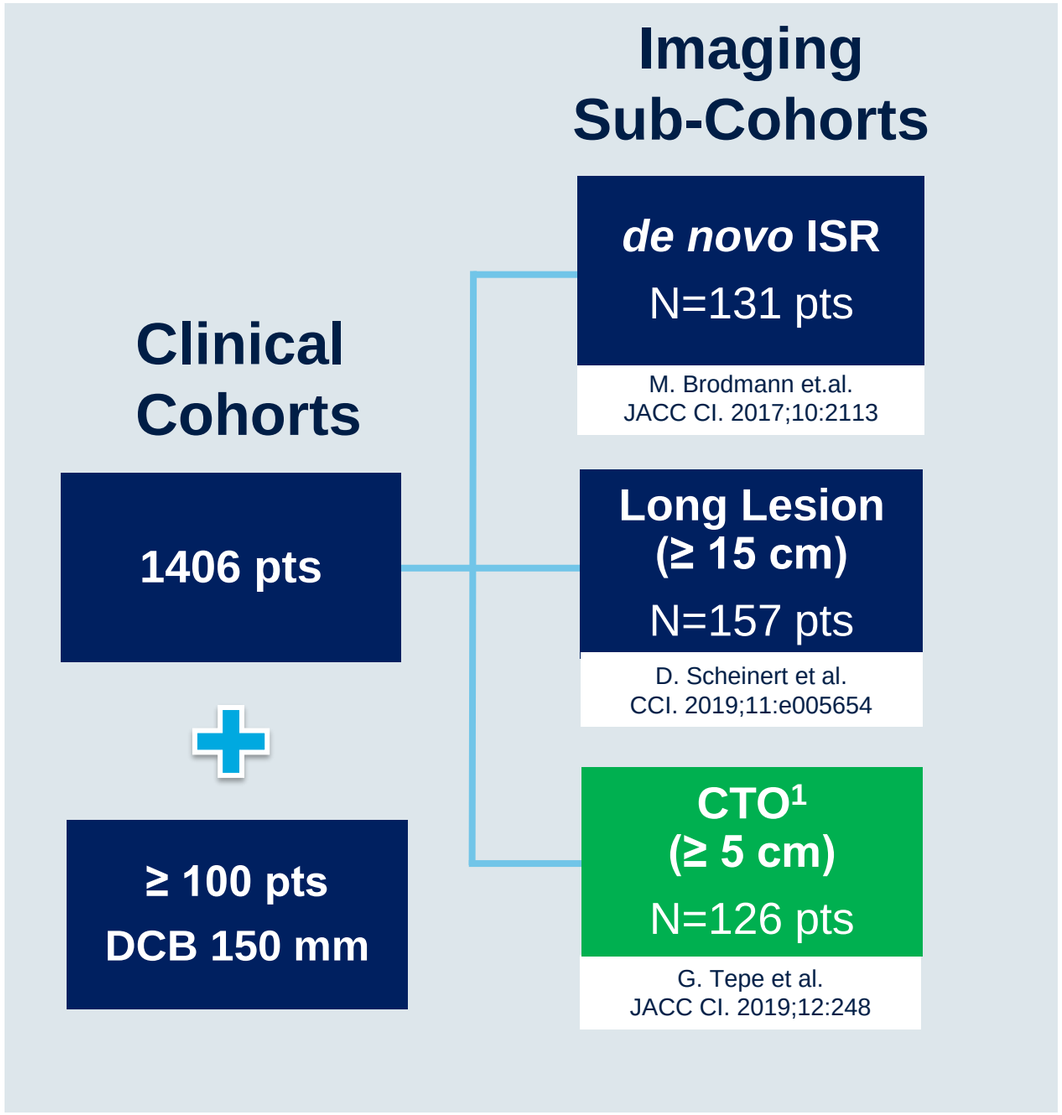


1-Year Outcomes	DCB (N = 227)
Primary Safety Composite*	92.9% (195/210)
Major Adverse Events†	10.5% (22/210)
All-cause Death	2.4% (5/210)
CD-TLR‡	7.1% (15/210)
All TLR	7.1% (15/210)
CD-TVR	7.1% (15/210)
Major Target Limb Amputation	0.0% (0/210)
Thrombosis	3.3% (7/210)

* Safety Composite Endpoint consists of: freedom from device/procedure related death to 30 days; freedom from target limb amputation within 12 months; and freedom from clinically-driven TVR within 12 months.
† Composite of death, clinically-driven TVR, target limb major amputation, and thrombosis.
‡ Clinically-driven TLR adjudicated by an independent Clinical Events Committee, blinded to the assigned treatment based on any re-intervention at the target lesion due to symptoms or drop of ABI of ≥20% or >0.15 when compared to post-procedure baseline ABI.

CTOs

IN.PACT Global CTO Imaging Cohort



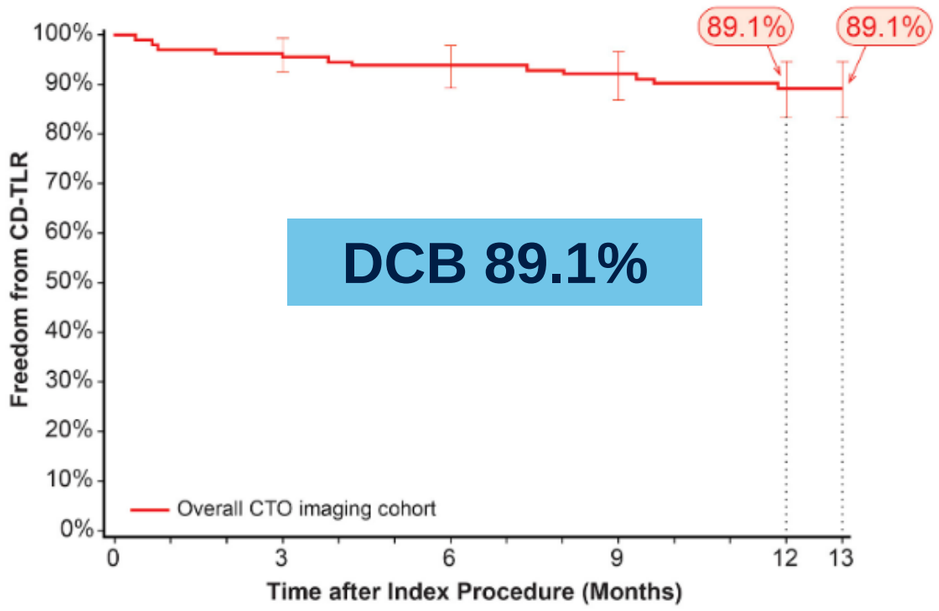
Baseline Characteristics	DCB (N=126 Subjects)
Age, Y	67.5 ± 10.4
Male, %	69.0% (87/126)
Diabetes, %	29.6% (37/125)
Hypertension, %	82.3% (102/124)
Hyperlipidemia, %	64.5% (78/121)
Current Smoker, %	49.2% (62/126)
Previous Peripheral Revasc., %	33.3% (42/126)
Concomitant BTK Disease, %	41.0% (48/117)

Lesion Characteristics	N = 127 Lesions
Lesion Type: % (n/N) **De novo** **Restenotic (non-stented)** **In-stent Restenosis**	 92.1% (117/127) 7.9% (10/127) 0.0% (0/128)
Lesion Length, cm	22.83± 9.76 cm
Total Occlusions, %	100% (127/127)
Calcification, % **Severe Calcification, %**	71.0% (88/124) 3.2% (4/124)

1. Tepe et al. *JACC Cardiovasc Interv*. 2019 Mar 11;12(5):484-493

IN.PACT Global CTO Imaging Cohort[1]
Effectiveness and Safety Outcomes

1-Year Freedom from CD-TLR



1-Year Outcomes	DCB (N=126 subjects)
Clinically-Driven TLR*	11.3% (13/115)
Clinically-Driven TVR†	11.3% (13/115)
Primary Safety Endpoint‡	88.7% (102/115)
Major Adverse Events§	15.7% (18/115)
Death (all-cause)	4.3% (5/115)
Major Target Limb Amputation	0.0% (0/115)
Thrombosis	4.3% (5/115)

Provisional stenting = 46.5%

* Any re-intervention within the target lesion(s) due to symptoms or drop of ABI of ≥ 20% or > 0.15 when compared to post-index procedure baseline ABI.
† Any re-intervention within the target vessel due to symptoms or drop of ABI ≥ 20% or > 0.15 when compared to post-index procedure baseline ABI.
‡ Composite of 30-day freedom from device- and procedure-related mortality and 12-month freedom from major target limb amputation and clinically-driven TVR.
§Major Adverse Events: Composite of death, major target limb amputation, clinically-driven TVR, and thrombosis.

1. Tepe et al. *JACC Cardiovasc Interv*. 2019 Mar 11;12(5):484-493

Summary

- DCBs perform consistently well in patients at risk for restenosis and progression of PAD
- The observed clinical benefit supports the use of the IN.PACT Admiral DCB in PAD patients with ISR, long lesions, and CTOs
- Longer term studies with larger patient cohorts will further clarify treatment options for high risk categories