

# The Abbott Vascular BVS Program

## A Fully Bioresorbable Vascular Scaffold



# Bioresorbable Scaffold – Rationale and Goals

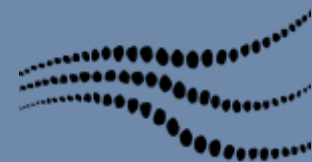
Rationale: Vessel scaffolding is only needed transiently\*

Goal: Revascularize the vessel like a metallic DES, then resorb naturally into the body.



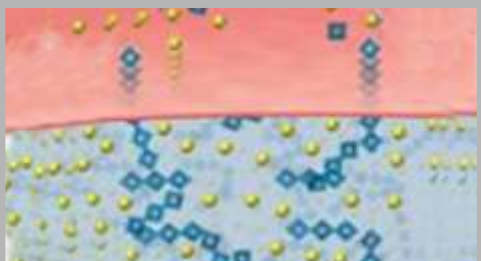

Potential benefits:

- Restoration of natural physiologic vasomotor function in some patients
- Elimination of chronic sources of vessel irritation and sources for chronic inflammation
- Possibly avoid current challenges with leaving a metal implant behind
- Potentially reduce the need for prolonged DAPT
- No permanent implant to complicate future interventions and re-interventions, particularly in younger patients
- Non-invasive imaging with MSCT or MRA without 'blooming artifact'

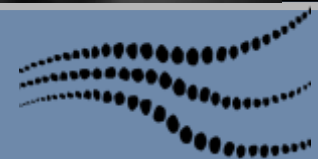
\*Serruys PW, et al., *Circulation* 1988; **77**: 361. Serial study suggesting vessels stabilize 3-4 months following PTCA.



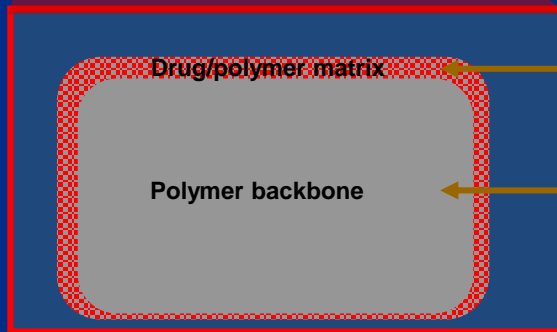
# Abbott Vascular Everolimus-Eluting Bioresorbable Vascular Scaffold Components

ML VISION Delivery System	Bioresorbable Scaffold	Bioresorbable Coating	Everolimus
<ul style="list-style-type: none"> <li>• Seven generations of MULTI-LINK success</li> <li>• World-class deliverability</li> </ul>	<ul style="list-style-type: none"> <li>• Polylactide (PLLA)</li> <li>• Naturally resorbed, fully metabolized</li> </ul>	<ul style="list-style-type: none"> <li>• Polylactide (PDLLA) coating</li> <li>• Fully biodegradable</li> </ul>	<ul style="list-style-type: none"> <li>• Similar dose density and release rate to XIENCE V</li> </ul>
			

All illustrations are artists' renditions



# Bioresorbable Polymer

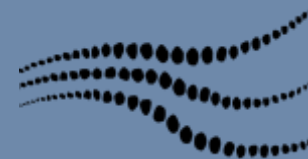


## Everolimus/PDLLA Matrix Coating

- Thin coating layer
- Amorphous (non-crystalline)
- 1:1 ratio of Everolimus/PLA matrix
- Conformal Coating, 2-4  $\mu\text{m}$  thick
- Controlled drug release

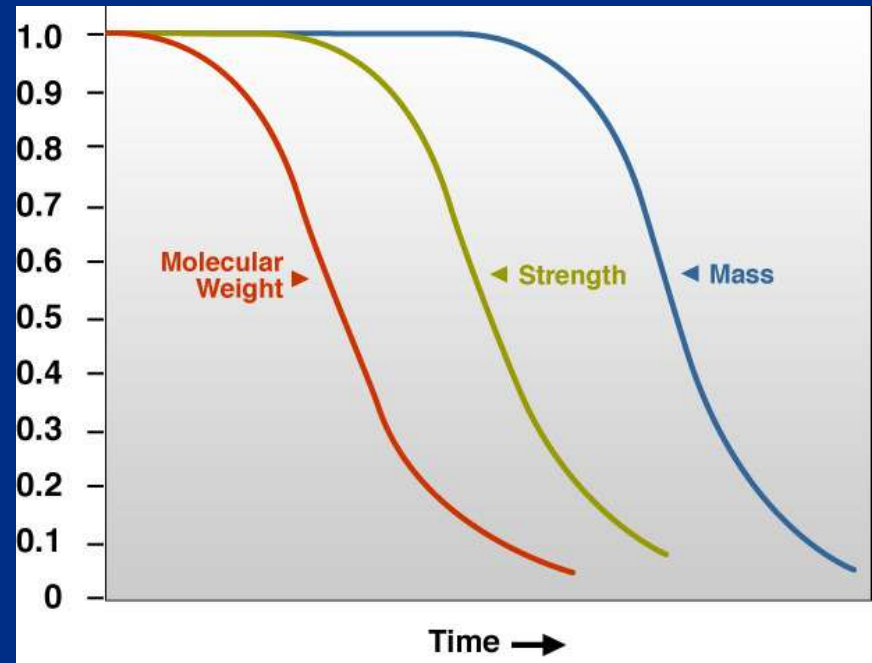
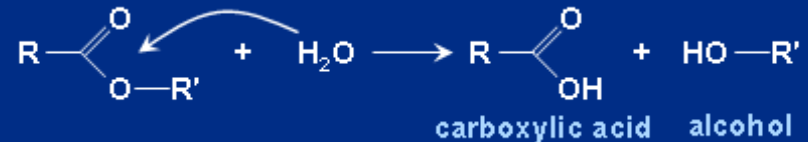
## PLLA Scaffold

- Highly crystalline
- Provides device integrity
- Processed for increased radial strength

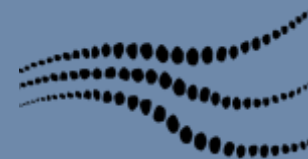


# Poly lactide Degradation by Hydrolysis

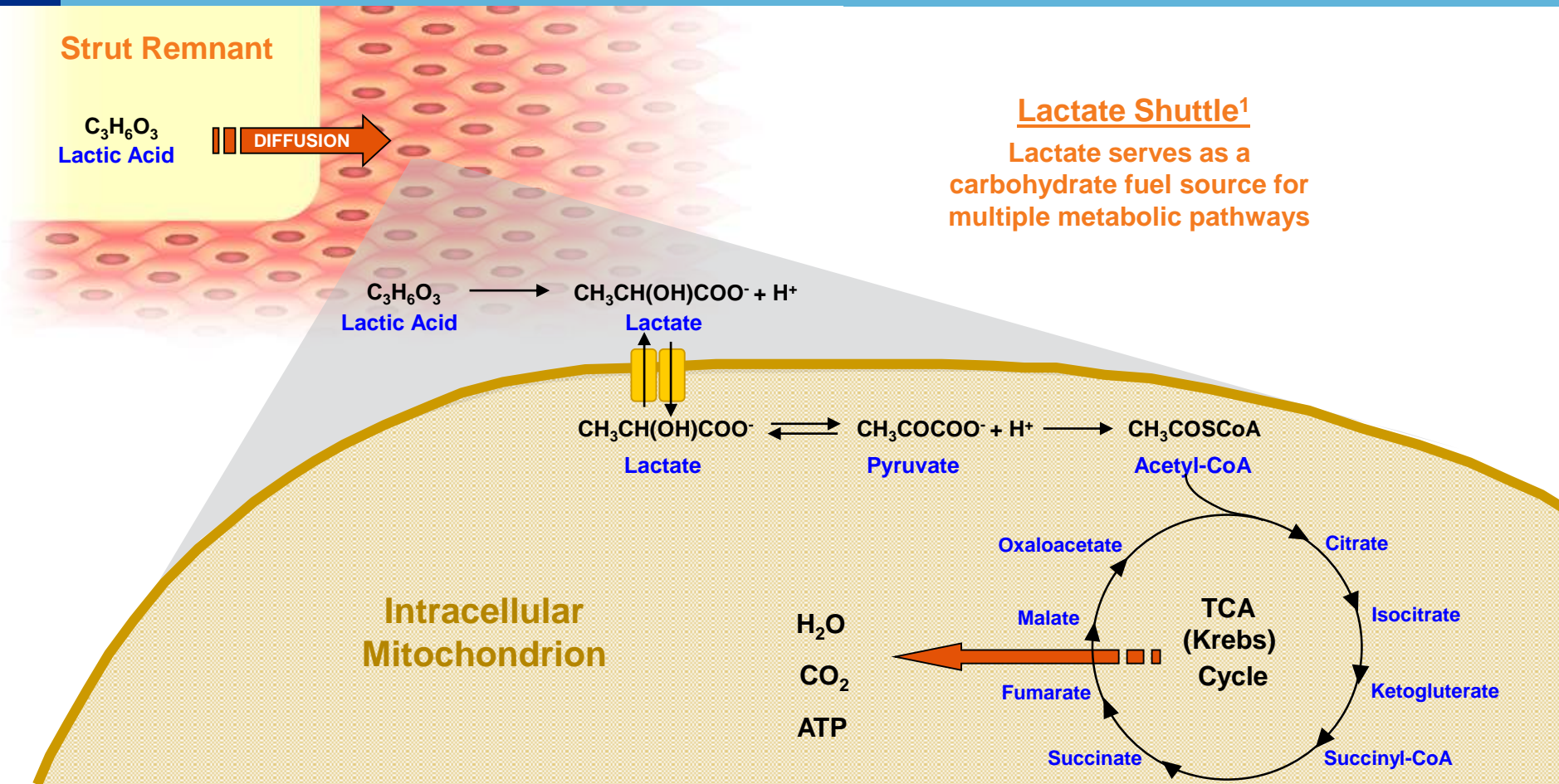
- Primary mode of degradation is by hydrolysis of ester bonds
- Water preferentially penetrates amorphous regions of the polymer matrix
- Hydrolysis initially results in a loss of molecular weight, but not radial strength, as the strength comes from crystalline domains
- Once crystalline domains are hydrolyzed, there is mass loss



<sup>1</sup>Pietrzak WS, et al. J. Craniofacial Surg, 1997; 2: 92-96.  
Middleton JC, Tipton AJ, Biomaterials, 21 (2000) 2335-2346.



# Polylactide Degradation & Lactate Metabolism



1. Philp, A., et.al. *J. Exp. Biol.* 2005; 208: 4561-4575.

# Porcine Coronary Artery: Representative Photomicrographs (2x)

## BVS Cohort A

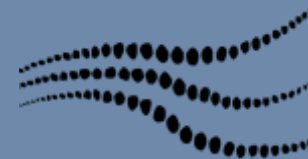


## CYPHER



Photos taken by and on file at Abbott Vascular.

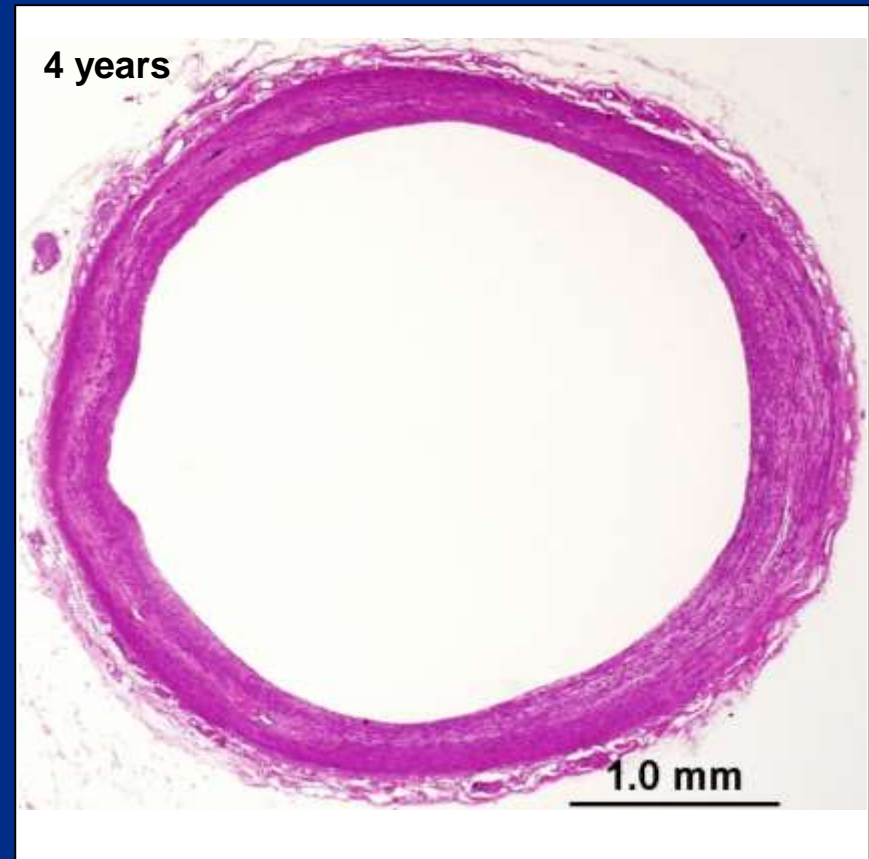
Tests performed by and data on file at Abbott Vascular.



# Vascular Response to BVS at 2, 3 & 4 years: Arterial Integration and Accommodation

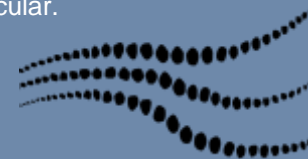
- Mass loss data suggests 100% of material mass has been lost at 2 years
- The shape of struts is still apparent at 2 years, although the device is fully resorbed
- No inflammation around the pre-existing strut regions
- 3 years: struts fully replaced by tissue
- 4 years: sites of pre-existing struts are indiscernible

Representative porcine coronary arteries, 2x objective



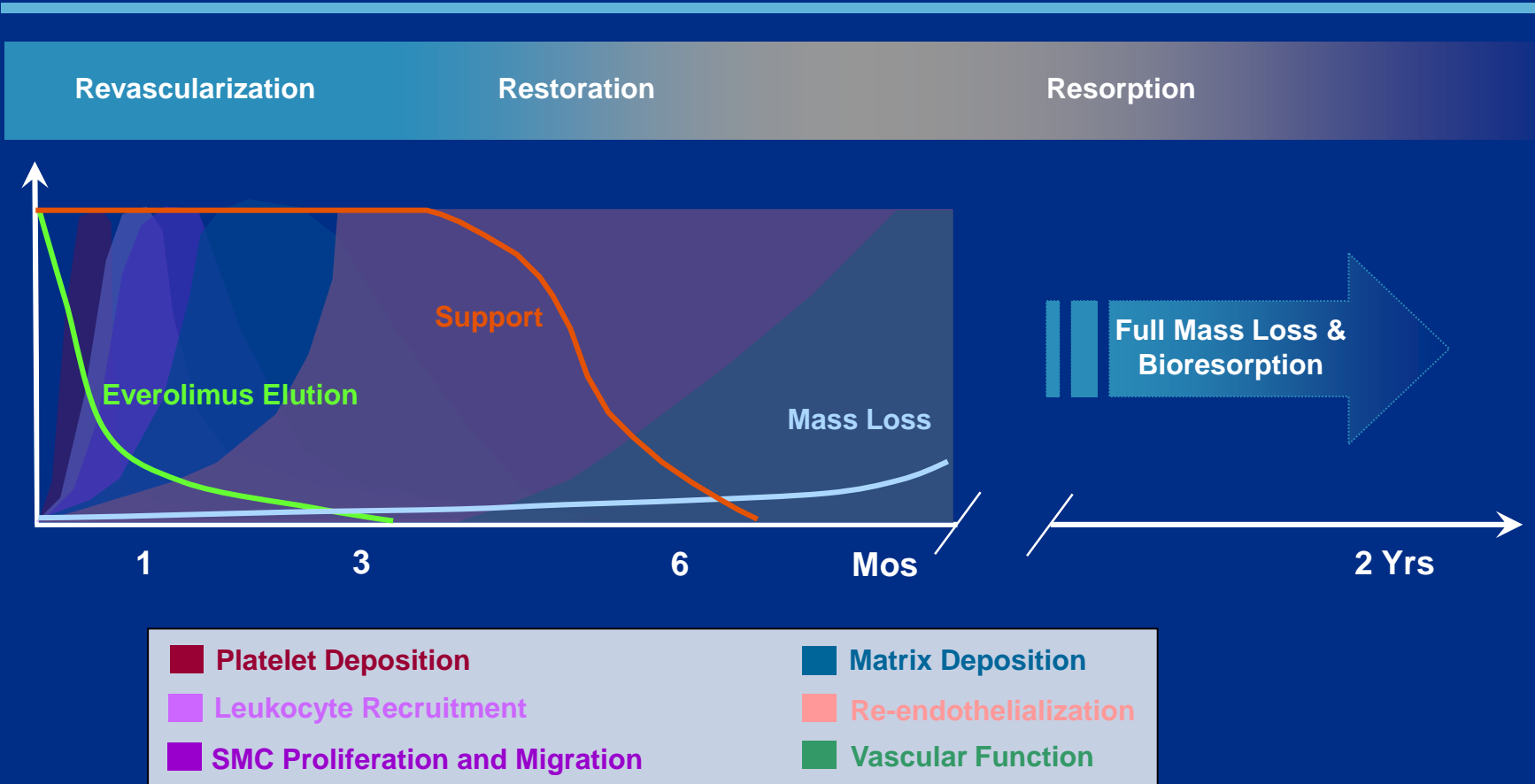
Photos taken by and on file at Abbott Vascular.

Tests performed by and data on file at Abbott Vascular.

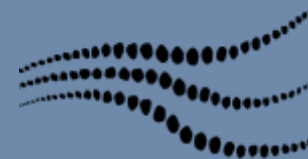




# What is Required of a Fully Bioresorbable Scaffold to Fulfill the Desire for 'Vascular Restoration Therapy'?



Forrester JS, et al., *J. Am. Coll. Cardiol.* 1991; 17: 758.  
 Oberhauser JP, et al., *EuroIntervention Suppl.* 2009; 5: F15-F22.



# What is Required of a Fully Bioresorbable Scaffold to Fulfill the Desire for 'Vascular Restoration Therapy'?

## *Revascularization*

0 to 3 months

**Performance should mimic that of a standard DES**

- Good deliverability
- Minimum of acute recoil
- High acute radial strength
- Controlled delivery of drug to abluminal tissue
- Excellent conformability

## *Restoration*

3 to ~6-9 months +

**Transition from scaffolding to discontinuous structure**

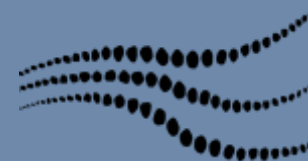
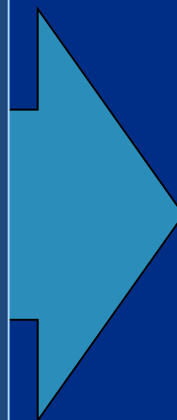
- Gradually lose radial strength
- Struts must be incorporated into the vessel wall (strut coverage)
- Become structurally discontinuous
- Allow the vessel to respond naturally to physiological stimuli

## *Resorption*

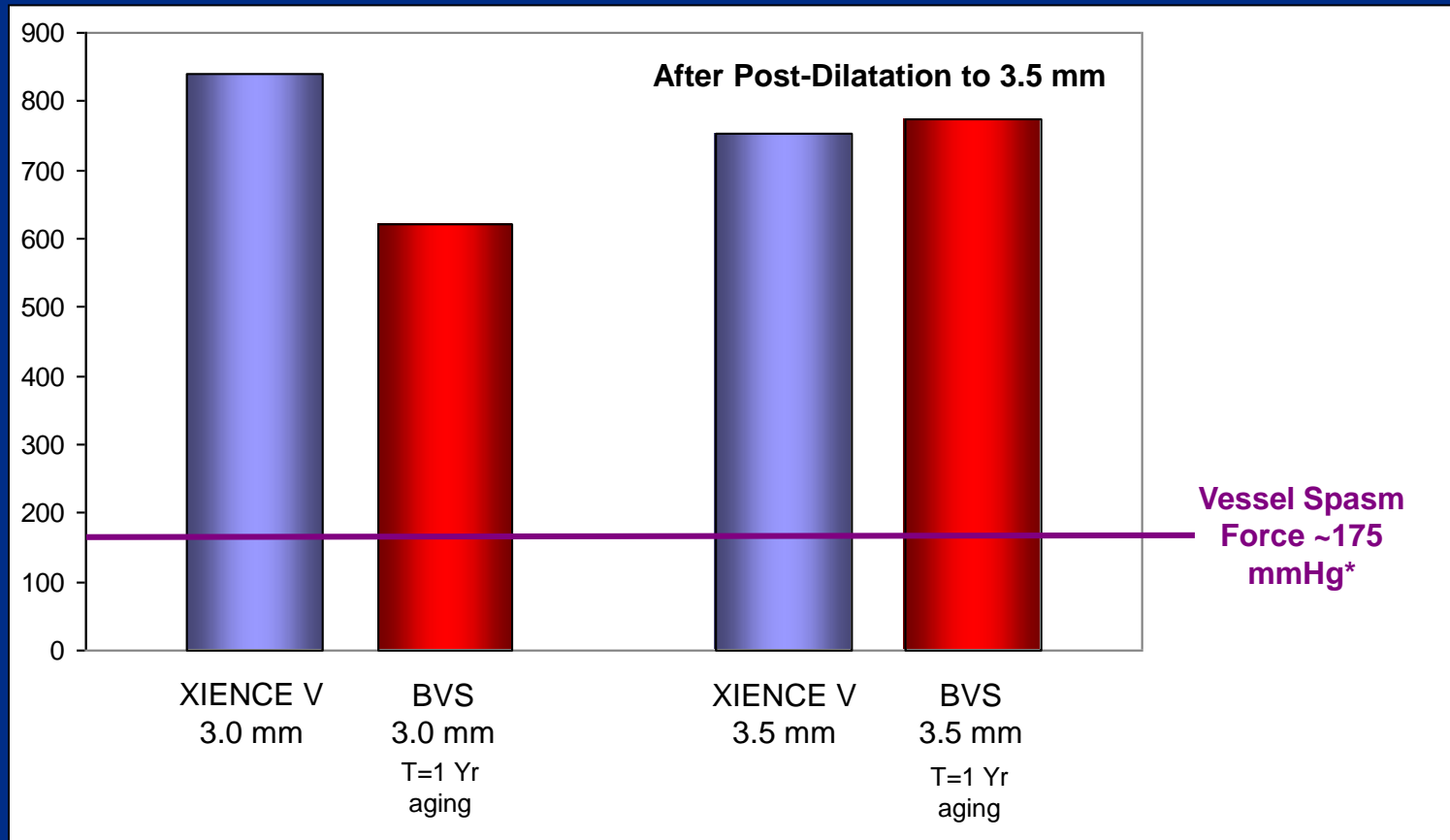
~9 months +

**Implant is discontinuous and inert**

- Resorb in a benign fashion



# Radial Strength



**Radial strength comparable to metal stent at T=0**

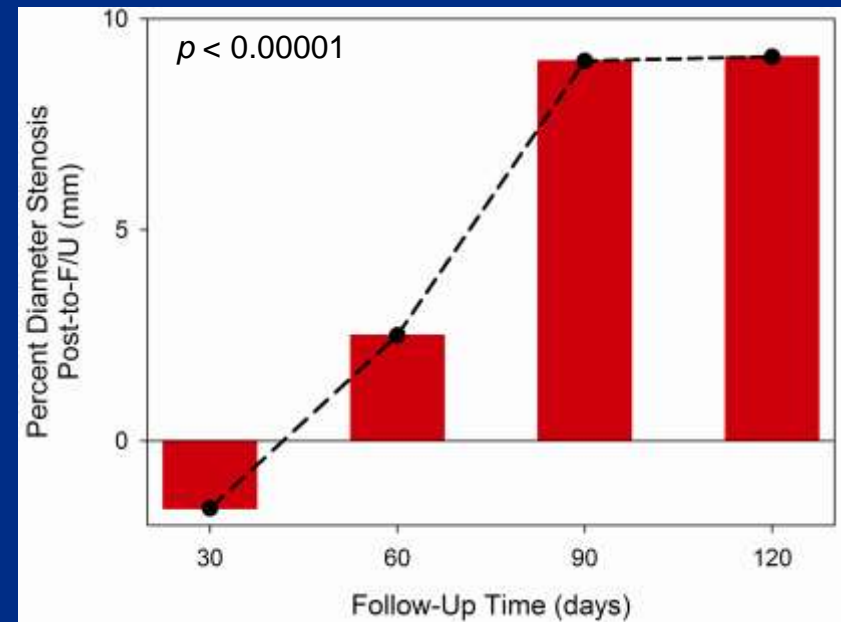
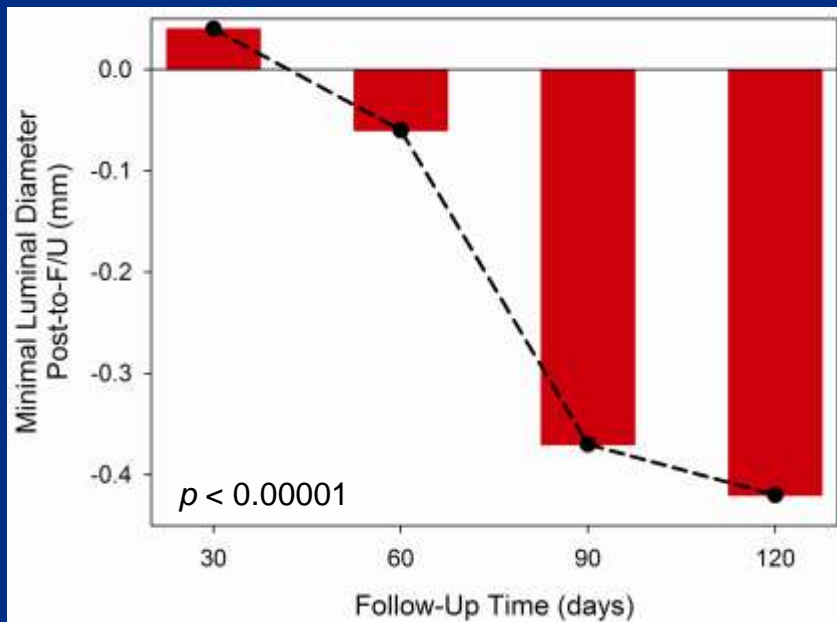
\*Agrawal, *et al.*, *Biomaterials* 1992

Tests performed by and data on file at Abbott Vascular.

# What is the Minimum Duration of Radial Support?

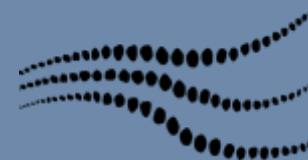
Quantitative angiographic study in 342 consecutive patients at 1, 2, 3, and 4 months

$n = 342$  patients ( $n = 93$  at 30-day F/U;  $n = 79$  at 60-day F/U;  $n = 82$  at 90-day F/U;  $n = 88$  at 120-day F/U)

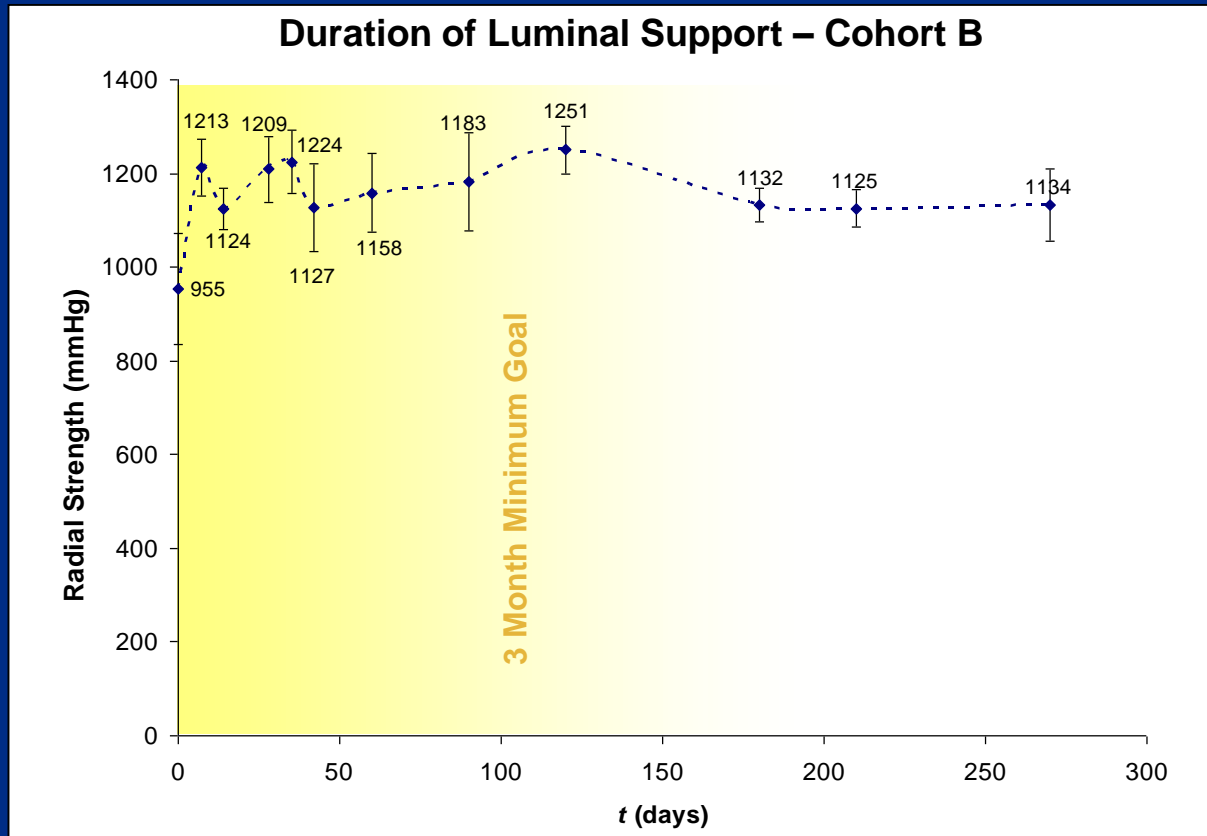


The lumen appears to stabilize approximately three months after PTCA.

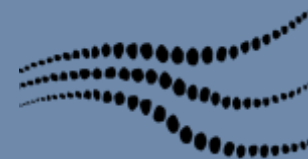
Serruys PW, et al., *Circulation* 1988; **77**: 361.



# Radial Strength Over Time

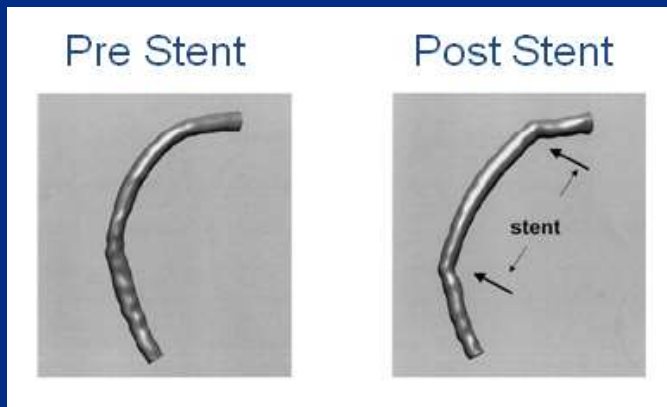


Tests performed by and data on file at Abbott Vascular –  
in-vitro degradation testing (soaked at 37° C PBS).



# Importance of Respecting Natural Vessel Curvature

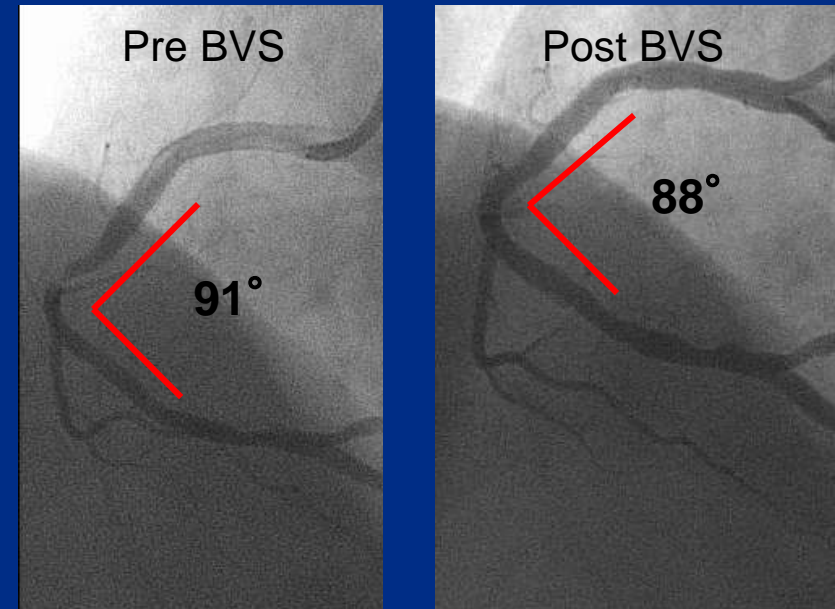
## Stiff Metal Stents



Long-term flow disturbances and chronic irritation can contribute to adverse events

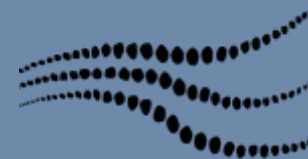
Wentzel, J. et al. *J Biomech.* 2000;33:1287-1295.  
Gyöngyösi, M. et al. *J Am Coll Cardiol.* 2000;35:1580-1589.

## BVS (Cohort B case)



Serruys, P. , TCT 2009

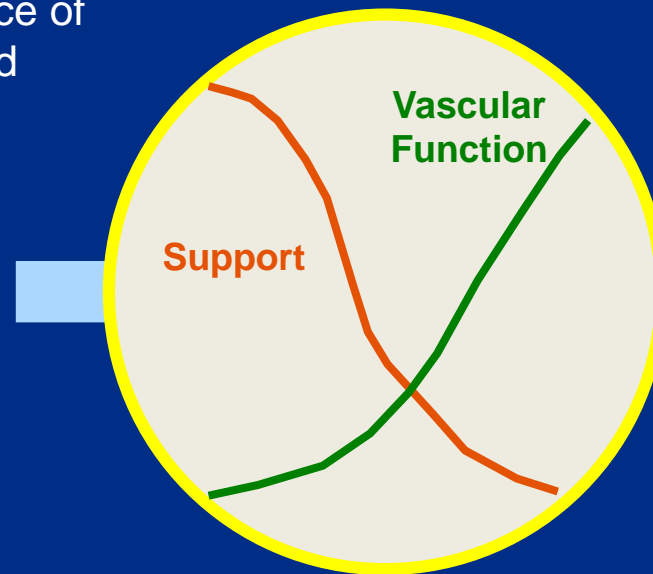
BVS appears to maintain natural vessel curvature at implantation; long-term, scaffold is fully resorbed



# Potential for Mechanical Conditioning

## Design Goals:

Gradual disappearance of  
supportive scaffold



Vessel recovers the ability to  
respond to physiologic stimuli

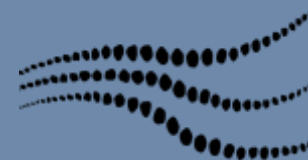
Shear stress & pulsatility

Tissue adaptation

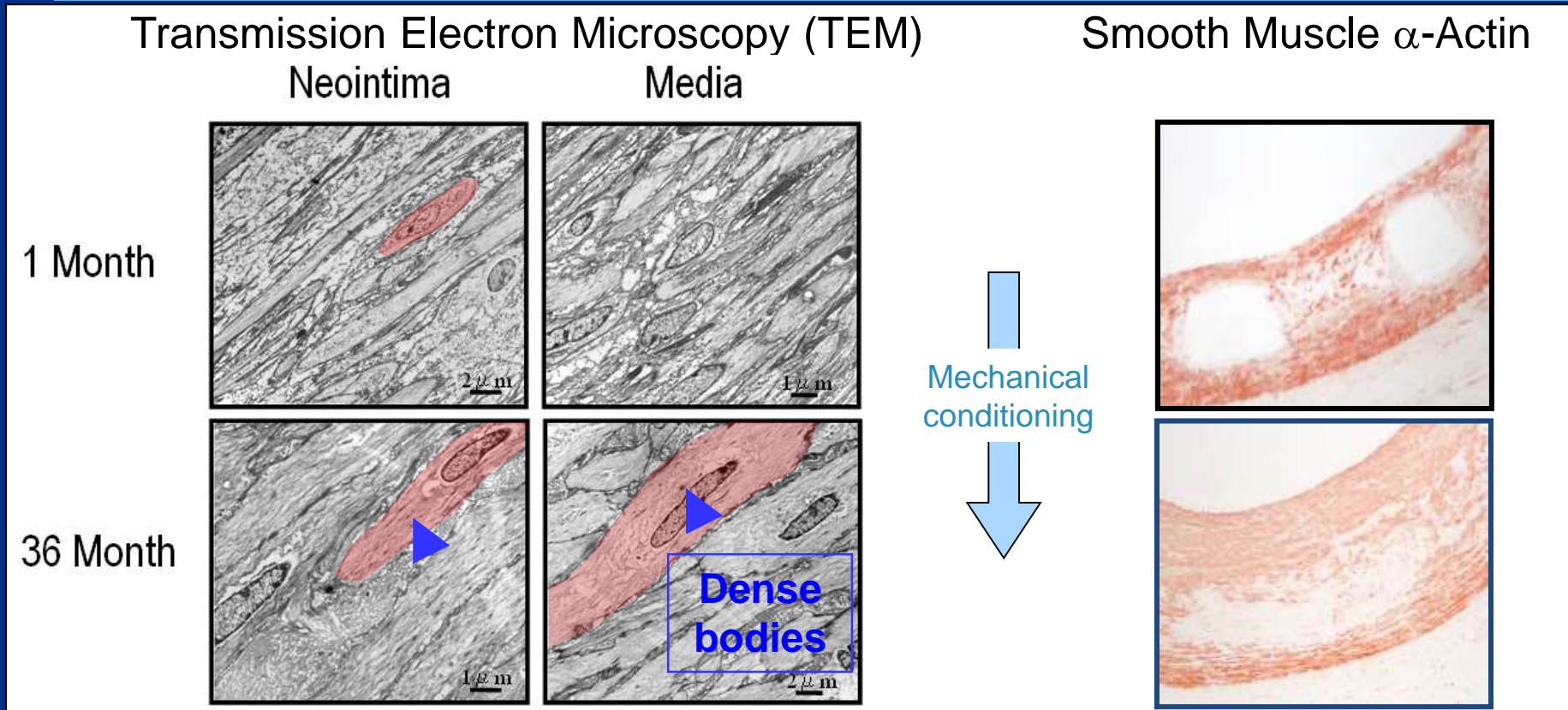
Structure and functionality

Mechanical conditioning may lead to improved cellular organization and vascular function

‘Vascular Restoration Therapy’

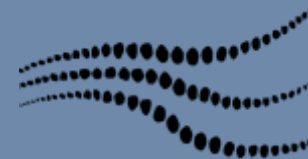


# Mechanical Conditioning in Pre-Clinical Model (Porcine)



**At 36 months, SMCs are well organized and have undergone transformation to a functional, contractile phenotype**

Tests were performed by and data are on file at Abbott Vascular.





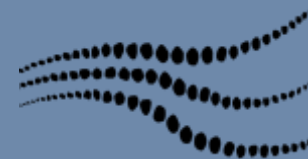
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# ABSORB

## First In Man Clinical Trial

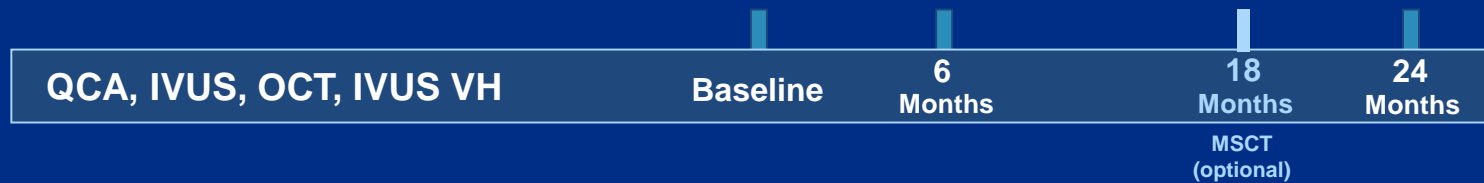
**Cohort A: 30 patients enrolled March – July 2006**

**Cohort B: 101 patients enrolled March – November 2009**



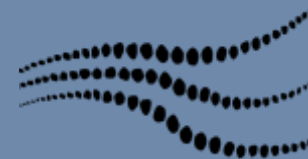
# ABSORB Cohort A

- N = 30; 6 sites\* (Europe, New Zealand)
- Clinical follow-up schedule:
  - 30 days, 6 months, 12 months, annually to 5 years
- Imaging schedule:

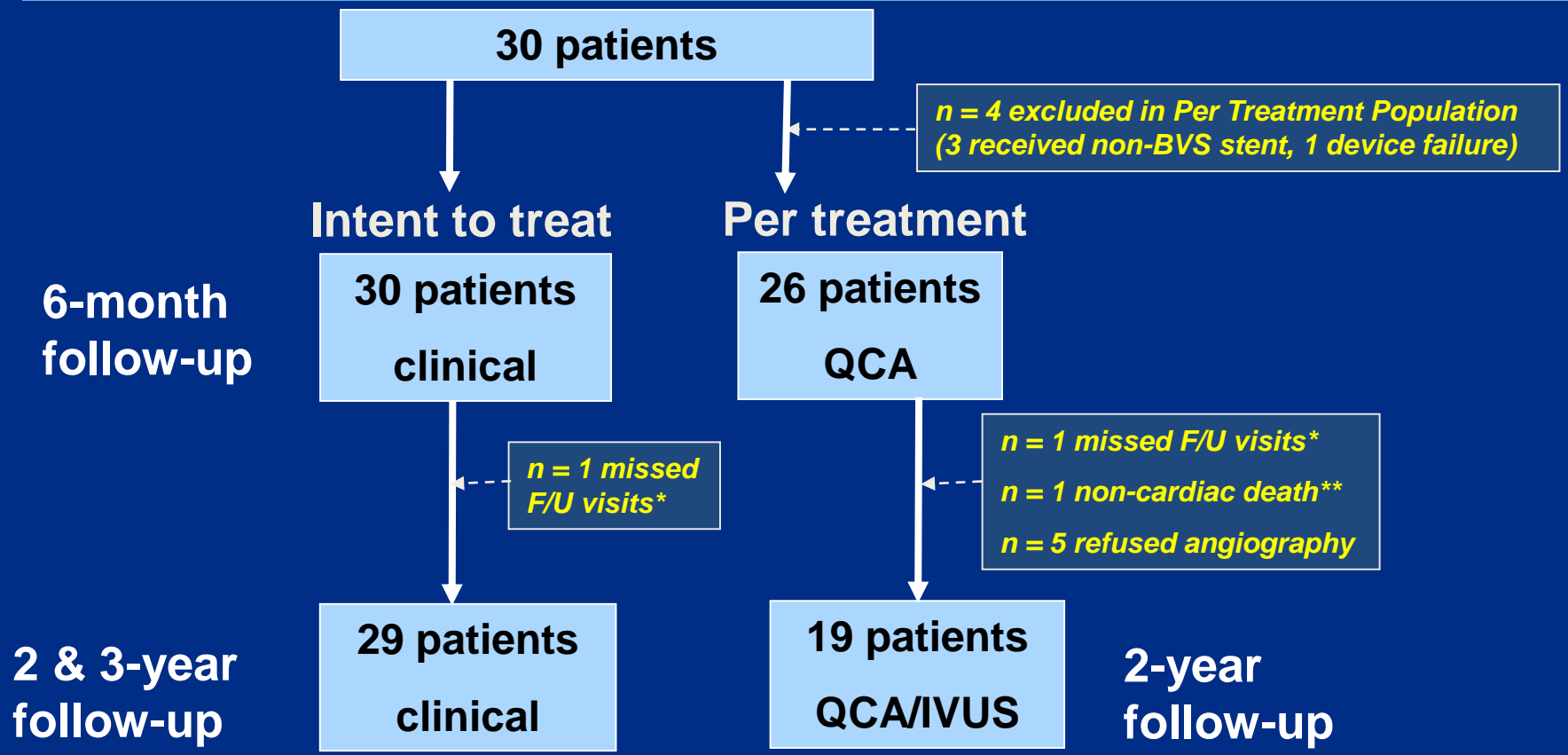


\*Patients were enrolled in only 4 of 6 sites

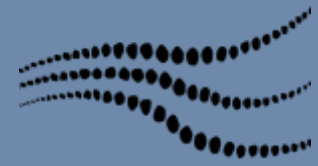
Derived from Serruys, PW., AHA 2009.



# ABSORB Cohort A Clinical Study Overall Population



\*One patient missed the 9, 12, 18 month and 2 year visits  
\*\*Two patients died of non-cardiac causes at 706 and 888 days  
Serruys, PW., AHA 2009.



# ABSORB Cohort A

## Clinical Results – Intent to treat

	6 Months	12 Months	24 Months	36 Months
<b>Hierarchical</b>	30 Patients	29 Patients*	29 Patients*	29 Patients*
<b>Ischemia Driven MACE</b>	<b>1 (3.3%)**</b>	<b>1 (3.4%)**</b>	<b>1 (3.4%)**</b>	<b>1 (3.4%)**</b>
<b>Cardiac Death</b>	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
<b>MI</b>				
<b>Q-Wave MI</b>	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
<b>Non Q-Wave MI</b>	<b>1 (3.3%)**</b>	<b>1 (3.4%)**</b>	<b>1 (3.4%)**</b>	<b>1 (3.4%)**</b>
<b>Ischemia Driven TLR</b>				
<b>by PCI</b>	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)
<b>by CABG</b>	0 (0.0%)	0 (0.0%)	0 (0.0%)	0 (0.0%)

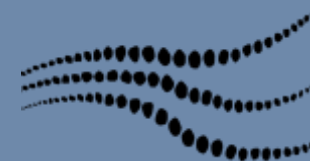
**No new MACE between 6 and 36 months**

**No thrombosis up to 3 years** (only one patient on clopidogrel)

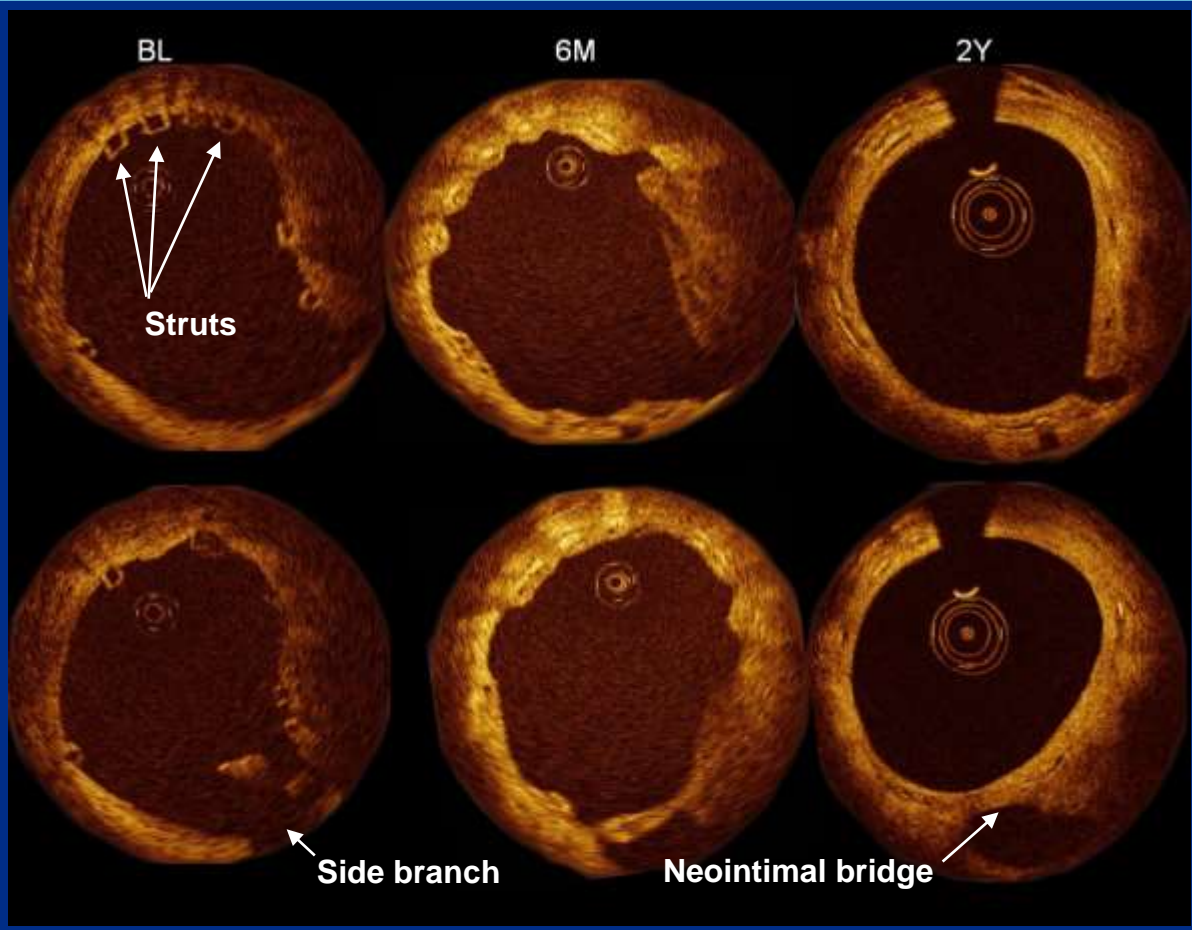
\*One patient withdrew consent and missed the 9, 12, 18 month and 2 and 3 year visits but the vital status of the patient and absence of cardiac event is known through the referring physician.

\*\*This patient also underwent a TLR, not qualified as ID-TLR (DS = 42%) followed by post-procedural troponin qualified as non-Q MI and died from his Hodgkin's disease at 888 days post-procedure.

Serruys, PW., AHA 2009.



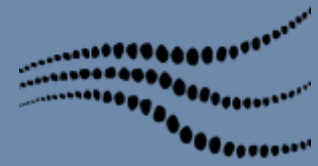
# ABSORB Cohort A OCT Images – Baseline, 6 months and 2 years



Serruys, PW., ESC 2008.

© 2010 Abbott Laboratories

Pipeline product. Currently in development at Abbott Vascular. Not available for sale.



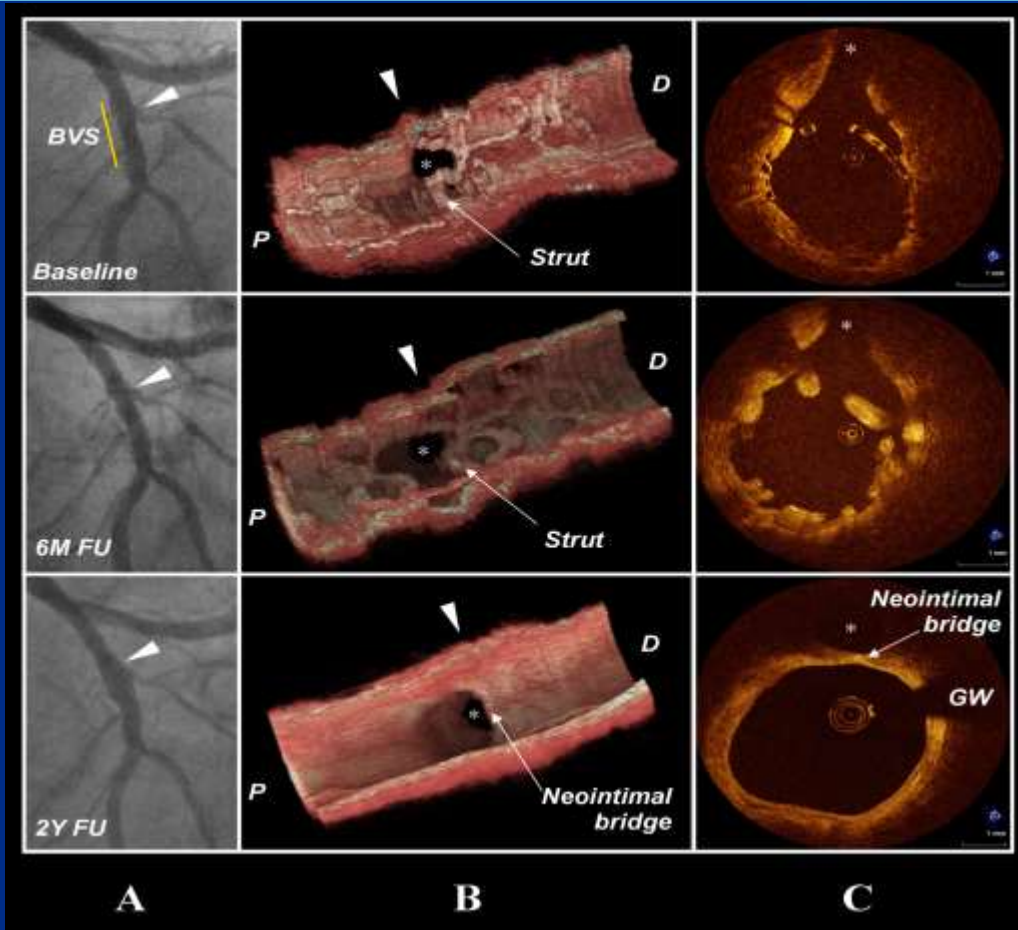
# ABSORB Cohort A

## Side Branch Preservation by Angio, OFDI and OCT

Baseline  
M2 1.0 mm/s

6 Month Follow Up  
M3 1.0 mm/s

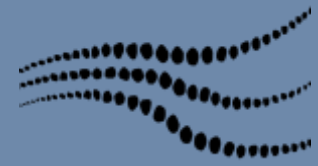
2 Year Follow Up  
C7 20 mm/s



Serruys, PW., CCT 2010.

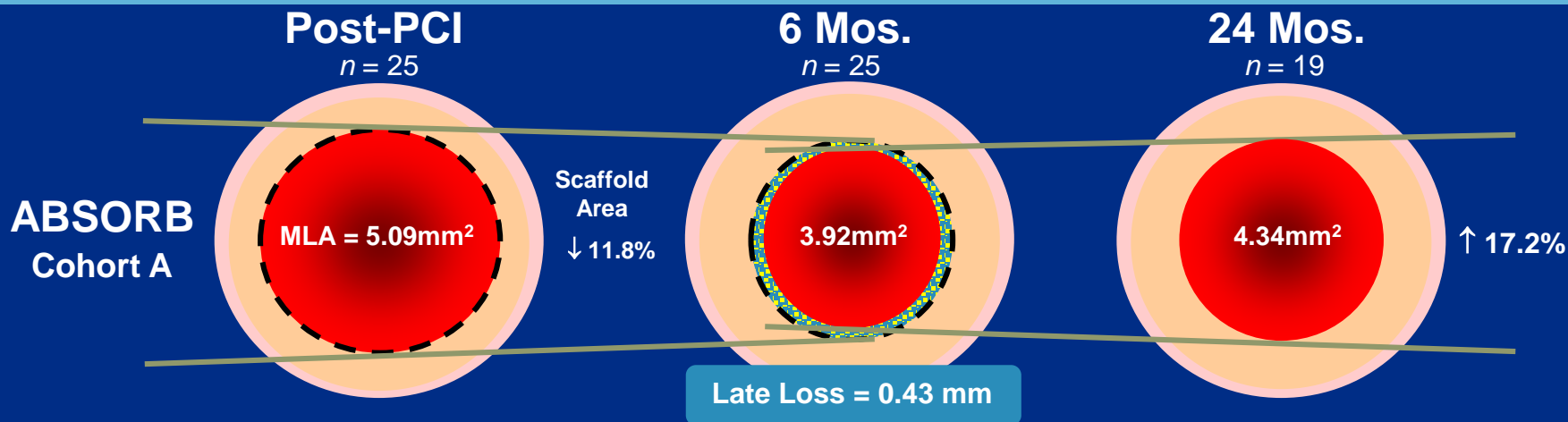
© 2010 Abbott Laboratories

Pipeline product. Currently in development at Abbott Vascular. Not available for sale.



# ABSORB Cohort A

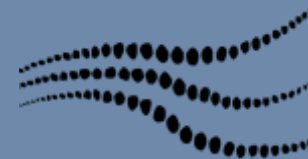
## Temporal Lumen Dimensional Changes, Per Treatment



Late lumen loss at 6 months mainly due to reduction in scaffold area

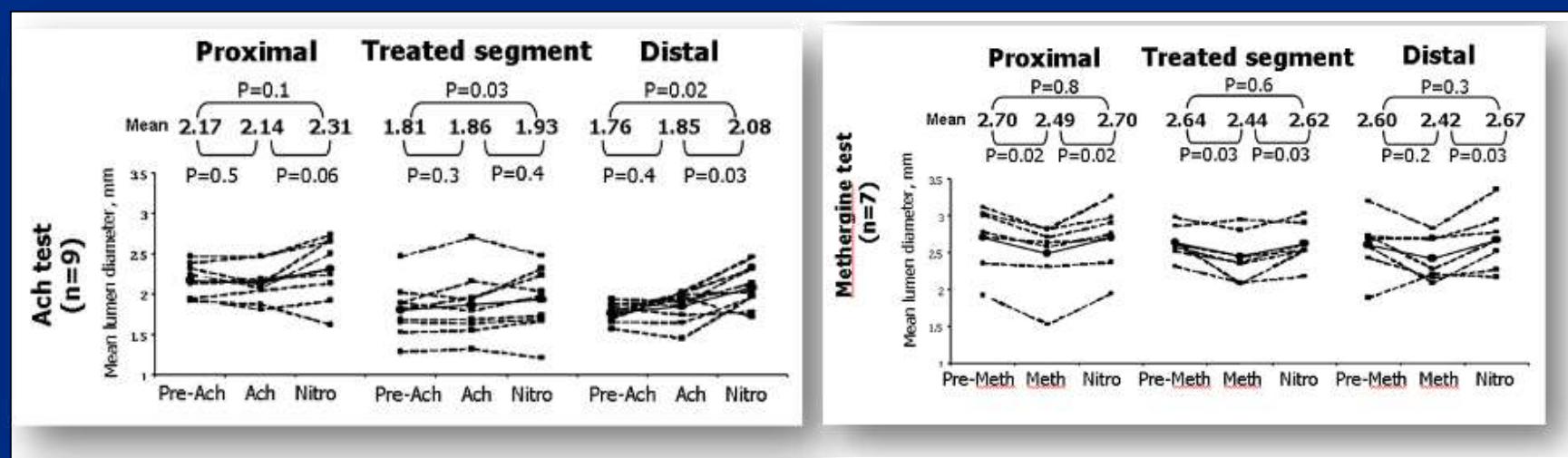
Very late lumen enlargement noted from 6 months to 2 years

Serruys, PW, et al. *Lancet* 2009; **373**: 897-910.



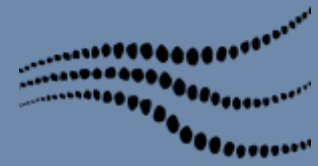
# ABSORB Cohort A

## Vasomotor Function Testing at 2 Years



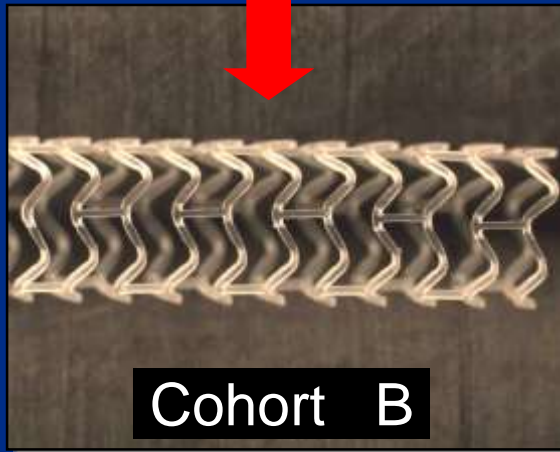
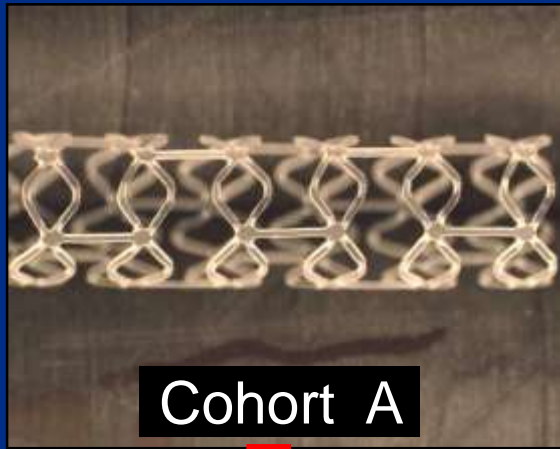
The reappearance of vasomotion in the proximal, distal, as well as treated segments in response to methergin or acetylcholine suggests that vessel vasoreactivity has been restored and that a physiological response to vasoactive stimulus might occur anew.

Serruys, PW, et al. *Lancet* 2009; **373**: 897-910.



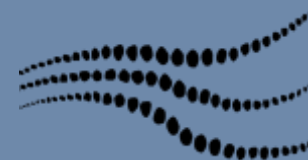


# BVS Device Optimization Objectives



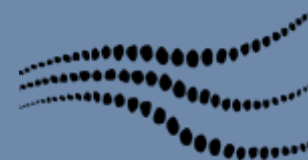
- More uniform strut distribution
- More even support of arterial wall
- Lower late scaffold area loss
  - Maintain radial strength for at least 3 months
- Storage at room temperature
- Improved device retention
- Unchanged:
  - Material, coating and backbone
  - Strut thickness
  - Drug release profile
  - Total degradation Time

Photos taken by and on file at Abbott Vascular.



# ABSORB Cohort B Clinical Study Design

- Sponsor: Abbott Vascular
- Primary Investigators:
  - PW Serruys MD, PhD
  - J Ormiston MD
- DSMB: J Tijssen PhD, M Wiemer MD, P Urban MD
- CEC: C Hanet MD, R Tölg MD, V Umans MD
- Angiographic and IVUS Corelab: Cardialysis (Rotterdam, NL)
- Prospective, open label, FIM
- 3.0 x 18mm devices to treat lesion  $\leq$  14mm in length
- 12 sites Europe, Australia, New Zealand
- 101 patients enrolled between 19 March and 6 November 2009
- Group 1: 45 patients with imaging FUP at 180 days and 2 years
- Group 2: 56 patients with imaging FUP at 1 year and 2 years



# ABSORB Cohort B

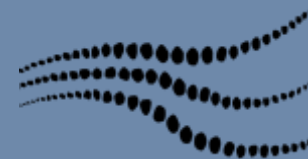
- N = 101; 12 sites (Europe, Australia, New Zealand)
- Clinical follow-up schedule:
  - 30 days, 6 months, 12 months, annually to 5 years
- Imaging schedule:

Group 1 (n = 45)

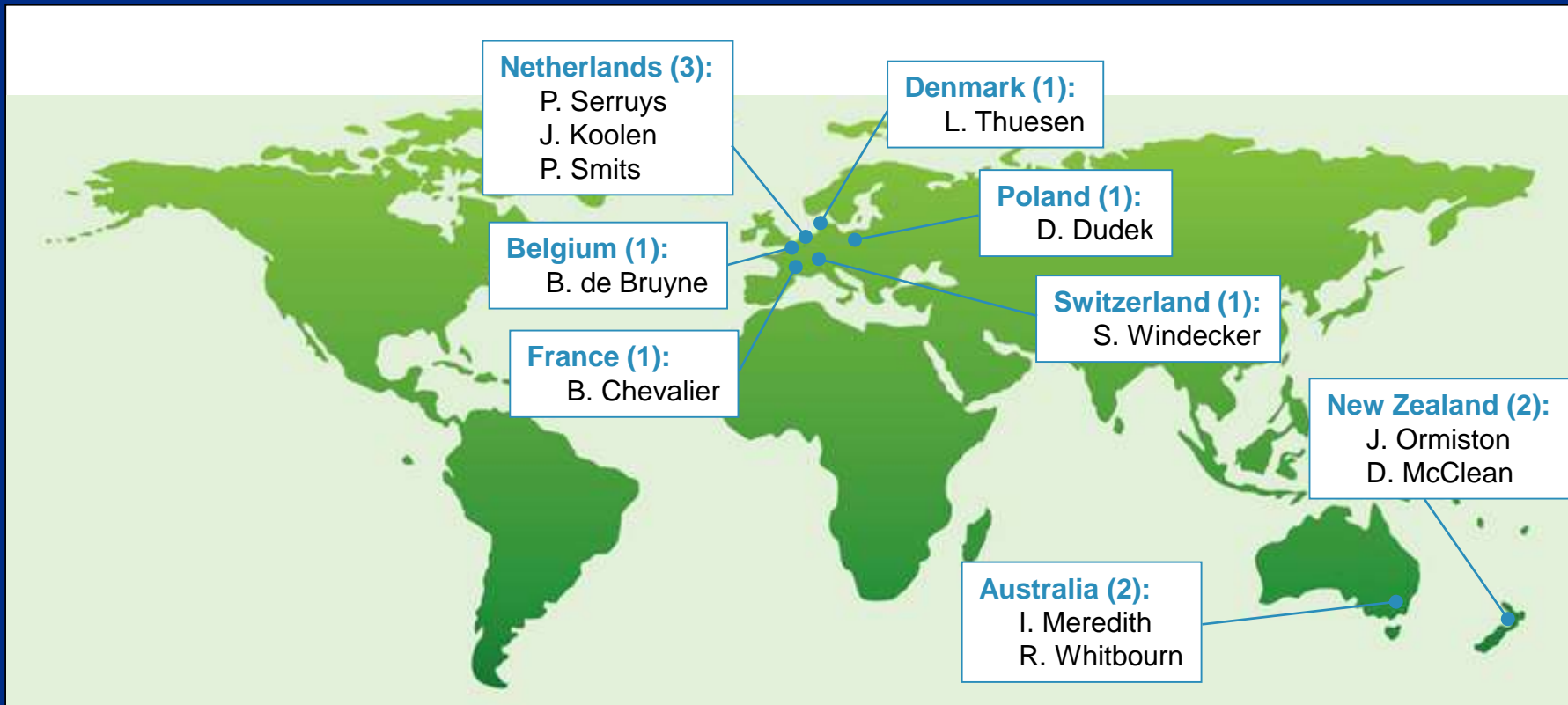


Group 2 (n = 56)

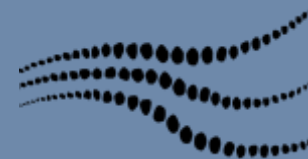
MSCT  
(optional)



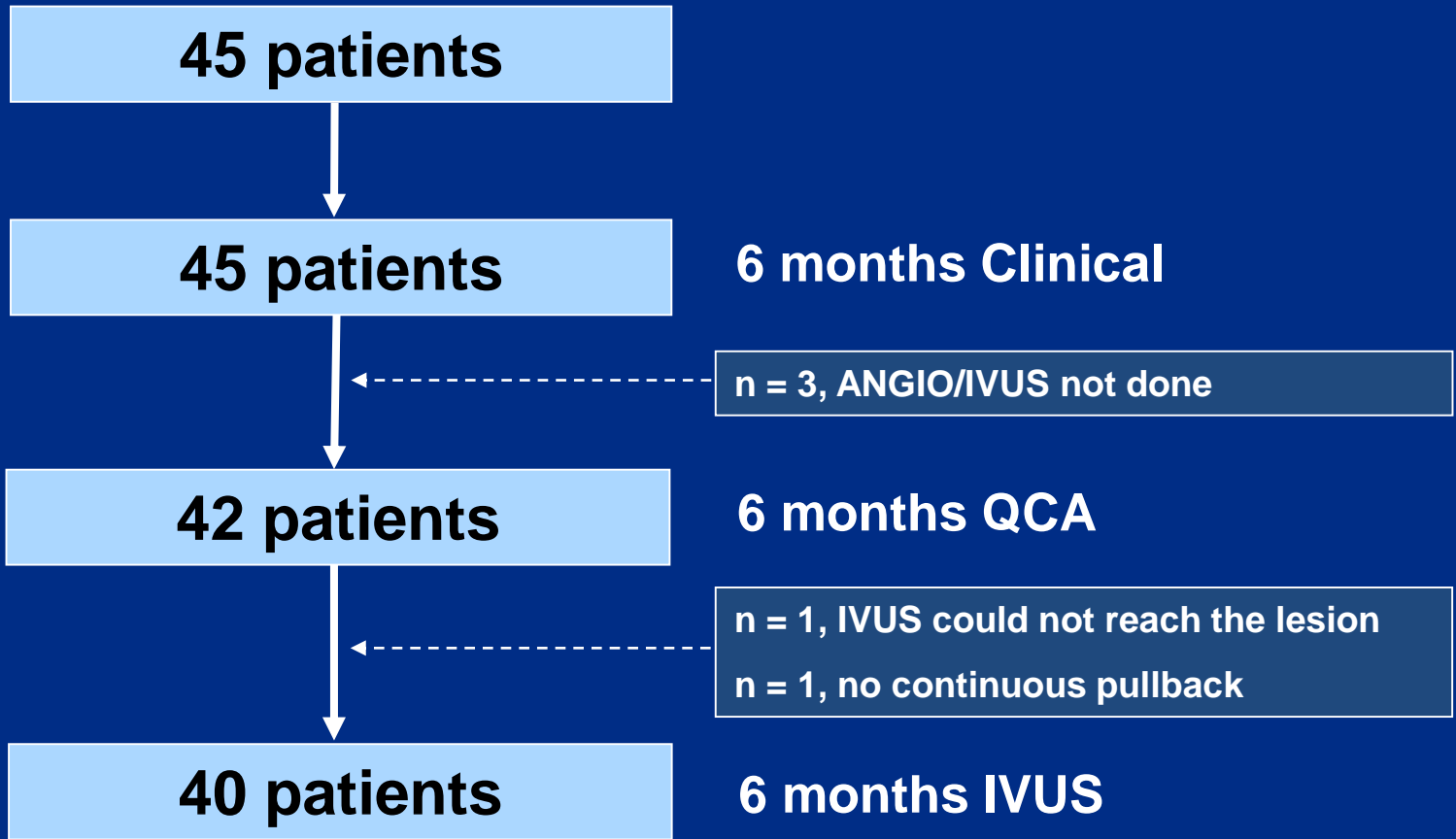
# ABSORB Cohort B Clinical Sites



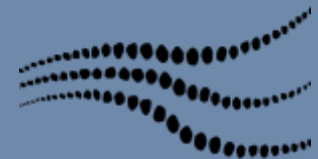
12 Clinical Investigative Sites (Europe, New Zealand, Australia)



# ABSORB Cohort B Clinical/QCA/IVUS Patient Inclusion (Group 1)



Serruys, PW., PCR 2010.

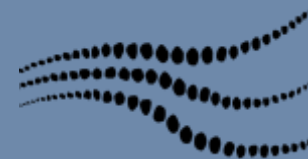


# ABSORB Cohort B

## Baseline Demographics (Group 1)

	<b>n = 45</b>
<b>Male (%)</b>	73
<b>Mean age (years)</b>	65
<b>Previous MI (%)</b>	36
<b>Prior Cardiac Intervention on Target Vessel (%)</b>	9
<b>Diabetes mellitus (%)</b>	13
<b>Hypercholesterolemia req. med. (%)</b>	93
<b>Hypertension req. med. (%)</b>	60
<b>Current smoker (%)</b>	11

DeBruyne, B., PCR 2010.



# ABSORB Cohort B

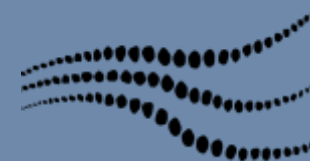
## Baseline Lesion Characteristics/Acute Success

Group 1		N = 45
		N <sub>Lesions</sub> = 45
<b>Location of lesion (%)</b>		
LAD		38
RCA		36
LCX		24
Ramus		2
<b>Lesion classification (%)</b>		
A		2
B1		45
B2		50
C		2
<b>Clinical Device success (%)</b>		<b>100</b>
<b>Clinical Procedure success (%)</b>		<b>98</b>

**Clinical Device Success** = Successful delivery & deployment of the BVS at intended target lesion & successful withdrawal of the BVS delivery system w/ attainment of final residual stenosis of less than 50% of the target lesion by QCA (by visual estimation if QCA unavailable). Standard pre-dilatation catheters & post-dilatation catheters (if applicable) may be used. Bailout patients will be included as device success only if the above criteria for clinical device are met.

**Clinical Procedure Success** = Same as definition above and/or using any adjunctive device without occurrence of ischemia driven major adverse cardiac event (MACE) during the hospital stay w/ a maximum of first seven days post index procedure.

DeBruyne, B., PCR 2010.



# ABSORB Cohort B

## Clinical Results - Intent to treat (Group 1)

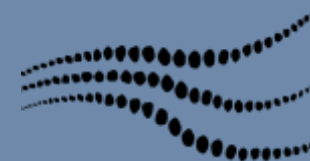
<b>Non-Hierarchical</b>	<b>30 Days N = 45</b>	<b>6 Months N = 45</b>	<b>9 Months N = 45</b>
<b>Cardiac Death (%)</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>Myocardial Infarction n (%)</b>	<b>1 (2.2)</b>	<b>1 (2.2)</b>	<b>1 (2.2)</b>
Q-wave MI	<b>0</b>	<b>0</b>	<b>0</b>
Non Q-wave MI	<b>1 (2.2)</b>	<b>1 (2.2)</b>	<b>1 (2.2)</b>
<b>Ischemia Driven TLR n (%)</b>	<b>0</b>	<b>1 (2.2)</b>	<b>1 (2.2)</b>
PCI	<b>0</b>	<b>1 (2.2)</b>	<b>1 (2.2)</b>
CABG	<b>0</b>	<b>0</b>	<b>0</b>
<b>Hierarchical MACE n (%)</b>	<b>1 (2.2)</b>	<b>2 (4.4)</b>	<b>2 (4.4)</b>
<b>Hierarchical TLF n (%)</b>	<b>1 (2.2)</b>	<b>2 (4.4)</b>	<b>2 (4.4)</b>

### No thrombosis by ARC or Protocol

MACE: cardiac death, MI, ischemia-driven TLR

TLF: cardiac death, MI, ischememia-driven TLR, ischemia-driven TVR

Ormiston, J., TCT 2010.



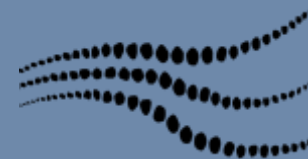


# ABSORB Cohort B

## Angiographic Results (Group 1)

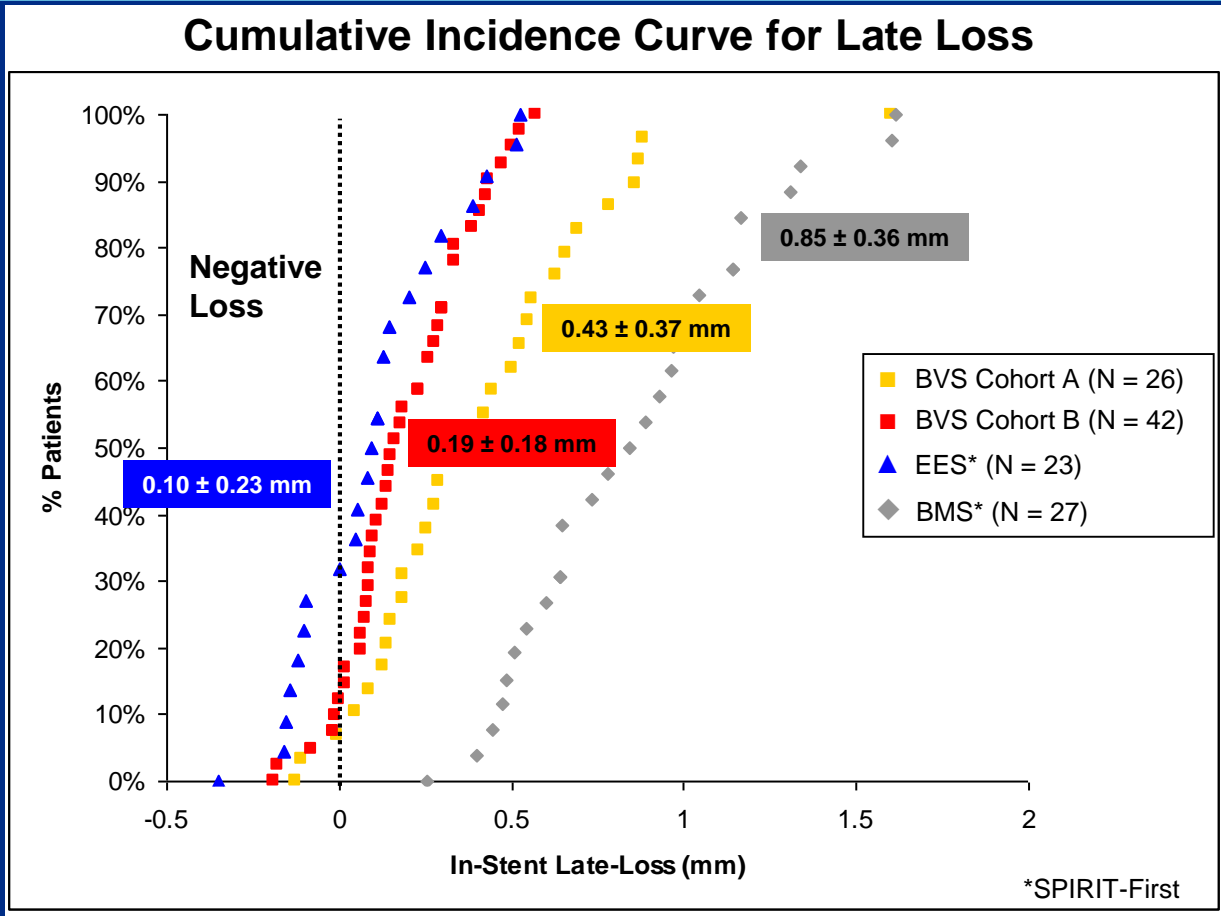
	45 Lesions	
<b>Pre-Procedure*</b>		
Lesion Length (mm)	<b>10.24</b>	
RVD (mm)	<b>2.65</b>	
MLD (mm)	<b>1.06</b>	
DS (%)	<b>60</b>	
<b>In-Scaffold Acute Gain* (mm)</b>	<b>1.26</b>	
<b>Post-Procedure</b>		
In-Scaffold MLD (mm)	<b>2.32</b>	
In-Scaffold DS (%)	<b>15</b>	
<b>6 Months Follow-Up**</b>		
In-Scaffold MLD (mm)	<b>2.13</b>	
In-Scaffold DS (%)	<b>19</b>	
In-Scaffold Late Loss (mm)	<b>0.19</b>	
In-Scaffold ABR (%)	<b>0</b>	
		*N = 44 Lesions
		**N = 42 Lesions

DeBruyne, B., PCR 2010.



# ABSORB Cohort B

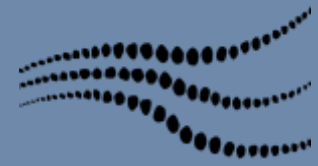
## 6-Month QCA – Intent to Treat (Group 1)



DeBruyne, B., PCR 2010.

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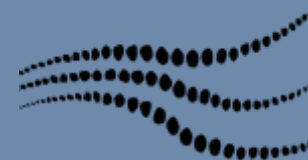
Pipeline product. Currently in development at Abbott Vascular. Not available for sale.



# ABSORB Cohort B IVUS Results (Group 1)

	Post-Procedure	6 Months
	N = 40	N = 40
	N <sub>Lesions</sub> = 40	N <sub>Lesions</sub> = 40
Vessel Volume (mm <sup>3</sup> )	291	275
Scaffold Volume (mm <sup>3</sup> )	133	122
Plaque behind the scaffold Volume (mm <sup>3</sup> )	158	153
Vessel (EEM) Area (mm <sup>2</sup> )	14.35	14.46
Lumen Area (mm <sup>2</sup> )	6.60	6.36
Minimal Lumen Area (mm <sup>2</sup> )	5.50	5.15
Plaque Area (mm <sup>2</sup> )	7.75	8.11

Serruys, PW., PCR 2010.

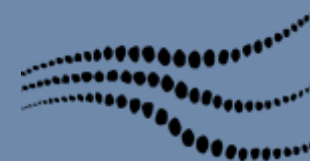


# ABSORB Cohort B IVUS Results – Paired Analysis (Group 1)

Intent-to-treat (n=37)

	Post PCI	6 Months	% Difference	P value
Mean Vessel Area (mm <sup>2</sup> )	14.2	14.5	2.4	0.06
Mean Scaffold Area (mm <sup>2</sup> )	6.58	6.44	-2.0	<0.02
Minimum Scaffold Area (mm <sup>2</sup> )	5.51	5.24	-4.6	0.001
Neointimal Hyperplasia Area (mm <sup>2</sup> )	-	0.08	NA	-
Minimum Lumen Area (mm <sup>2</sup> )	5.49	5.17	-5.4	<0.001
% Lumen Area stenosis	17	19	15	0.24

Serruys, PW., PCR 2010.

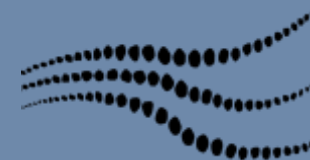


# ABSORB Cohort B

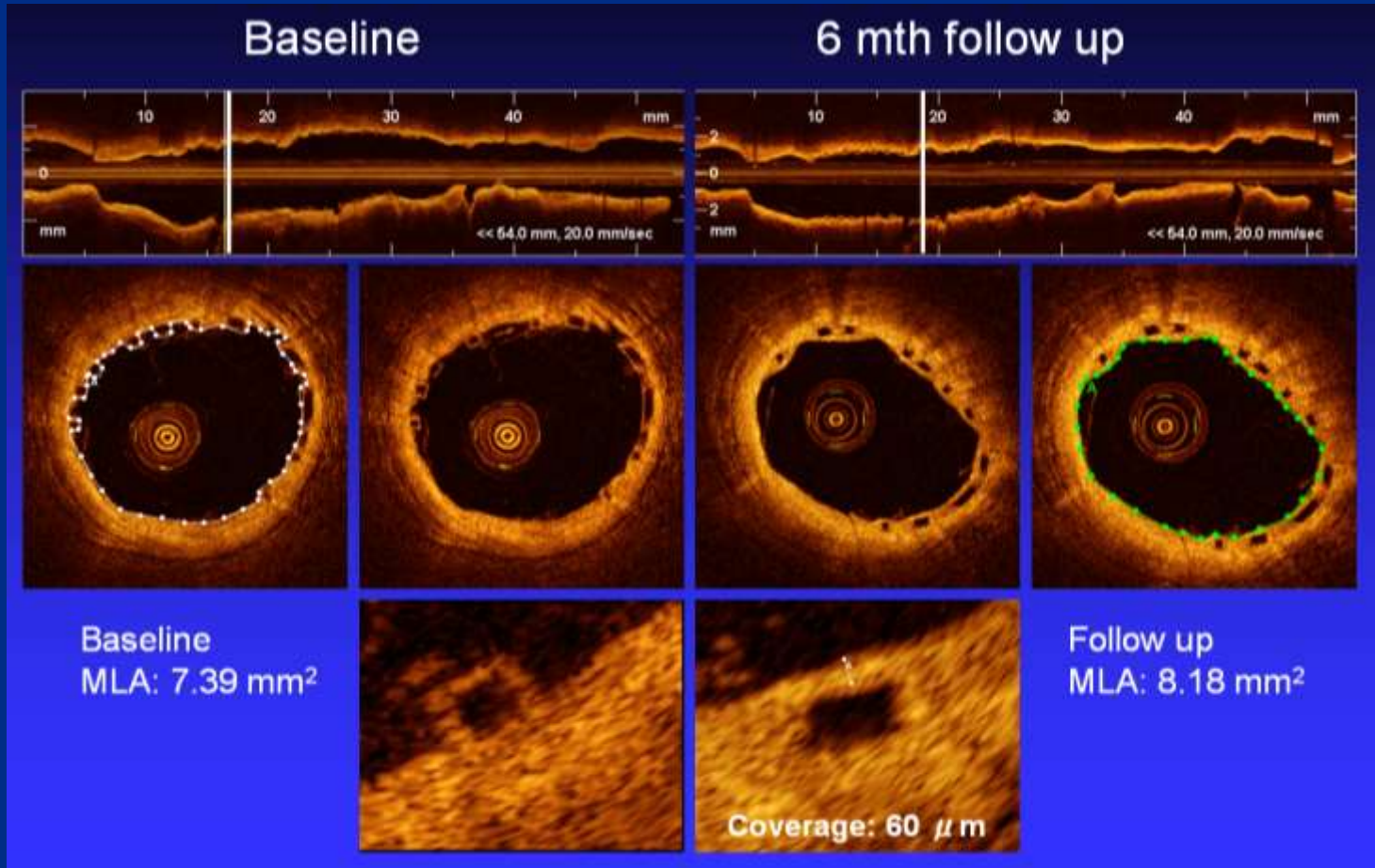
## OCT Results – Paired Analysis (Group 1)

	Intent-to-treat (n=25)			
	Post PCI	6 Months	% Difference	P value
<b>Mean Scaffold Area (mm<sup>2</sup>)</b>	7.53	7.74	2.67%	0.1
Minimum Scaffold Area (mm <sup>2</sup> )	6.31	6.20	-1.99%	0.63
<b>Mean Neointimal Area (mm<sup>2</sup>)</b>	NA	1.25	-	-
<b>Mean Flow Area (mm<sup>2</sup>)</b>	6.79	6.14	-10%	<0.001
<b>% Area Stenosis</b>	19	24	12	0.03
<b>% Uncovered Struts</b>	-	3.23	-	-
<b>Incomplete Strut Apposition Area (mm<sup>2</sup>)</b>	0.19 (n=12)	0.31 (n=3)		

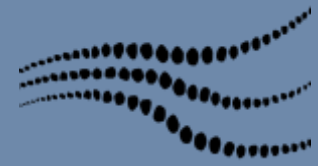
Serruys, PW., PCR 2010.



# ABSORB Cohort B Representative OCT Images (Group 1)

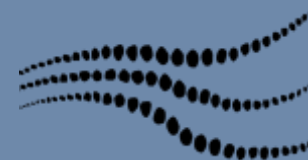


Serruys, PW., CCT 2010.



# ABSORB Extend

- **N = up to 1,000 patients at up to 100 sites (Europe, Australia, New Zealand, Latin America, Asia)**
- **Device sizes:**
  - 2.5 x 18 mm
  - 2.5 x 28 mm *(overlap of two 18 mm long devices also permitted)*
  - 3.0 x 18 mm
  - 3.0 x 28 mm
- **Lesion length treatable:  $\leq 28$  mm**
- **Clinical follow up:**
  - ID-MACE, ID-TVF, ID-TLR, ID-TVR, 'stent' thrombosis
  - 30 days, 6 months, and annually 1-3 years
- **Angiography, IVUS and OCT follow up:**
  - Subgroup of patients at selected investigational sites who receive planned overlapping BVS scaffolds to treat long lesions



# Summary

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- Results from ABSORB Cohort A continue to be encouraging, with only one MACE and no thrombosis through 3 years of follow up
- ABSORB Cohort B has demonstrated a low incidence of adverse events, no thrombosis, and metallic DES-like angiographic late loss at 6 months follow up
- ABSORB EXTEND is aimed at building a body of scientific data to support this revolutionary technology
- If fully bioresorbable technology permits restoration of natural vascular integrity and function, it may provide unique physiologic benefits to patients
- In the future, 'Vascular Restoration Therapy' could provide greater durability of results following PCI, a concept that must be tested in future trials

