

ALPHA BY DESIGN

**Clinical Outcomes with Cobalt Chromium Biolimus A9™ DES
compared with Stainless Steel Biolimus A9™ DES
in All-Comers Patients after 2 years**

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- (on behalf of the Biomatrix Alpha Registry Investigators)

Disclosure Statement of Financial Interest

Speaker's name: Ian Menown

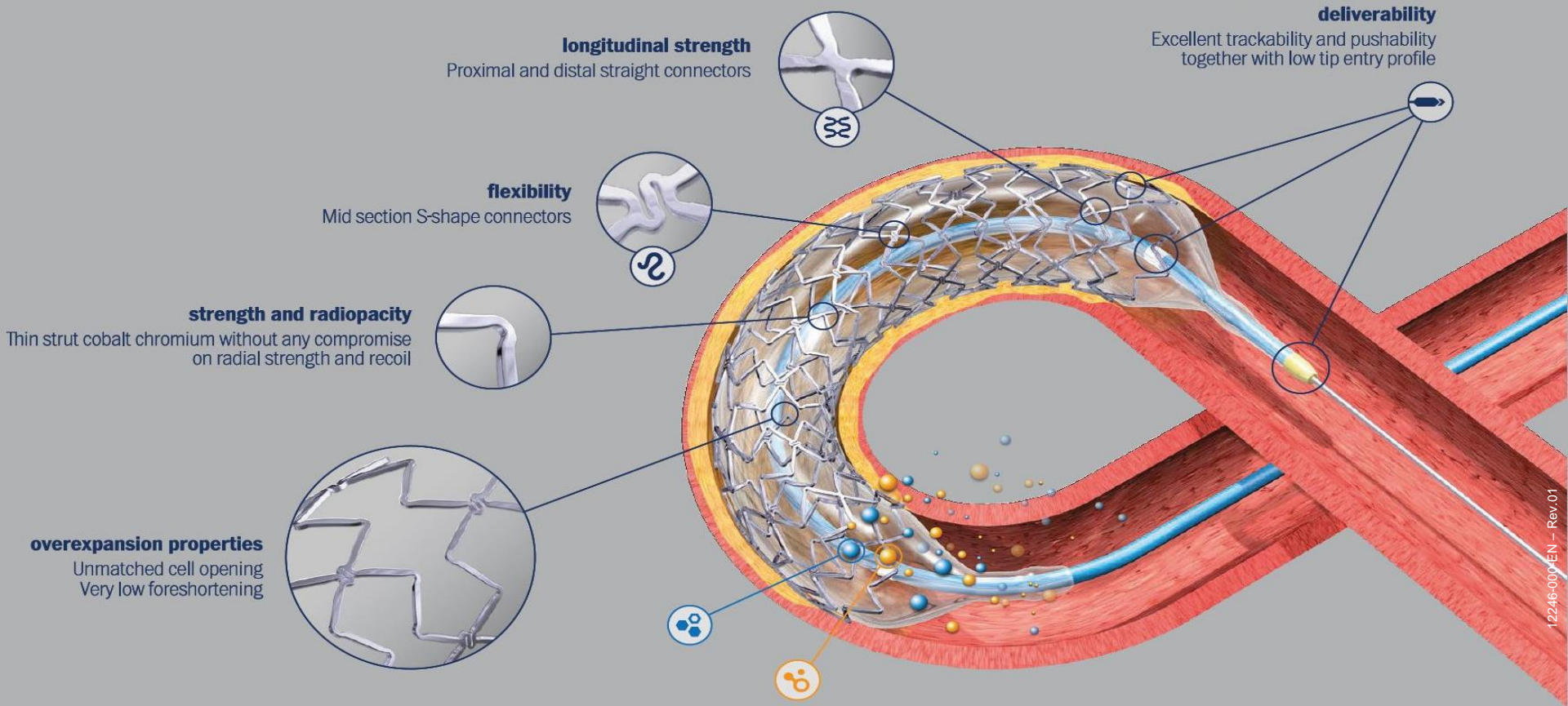
✓ I have the following potential conflicts of interest to declare

Receipt of honoraria or consultation fees Biosensors Europe SA

Why this study?

- Thin strut BMS showed improved clinical outcomes compared to thicker strut BMS in the ISAR-STEREO trials.
- However, reducing strut thickness may effect drug delivery and there is limited data comparing otherwise similar thin and thick strut DES.
- We compared the clinical outcomes of patients treated with the thin strut (84-88 μ m) cobalt chromium biodegradable polymer Biolimus A9™ eluting stent (CoCr-BP-BES) to patients treated with the stainless-steel biodegradable polymer Biolimus A9™ eluting stent (SS-BP-BES).

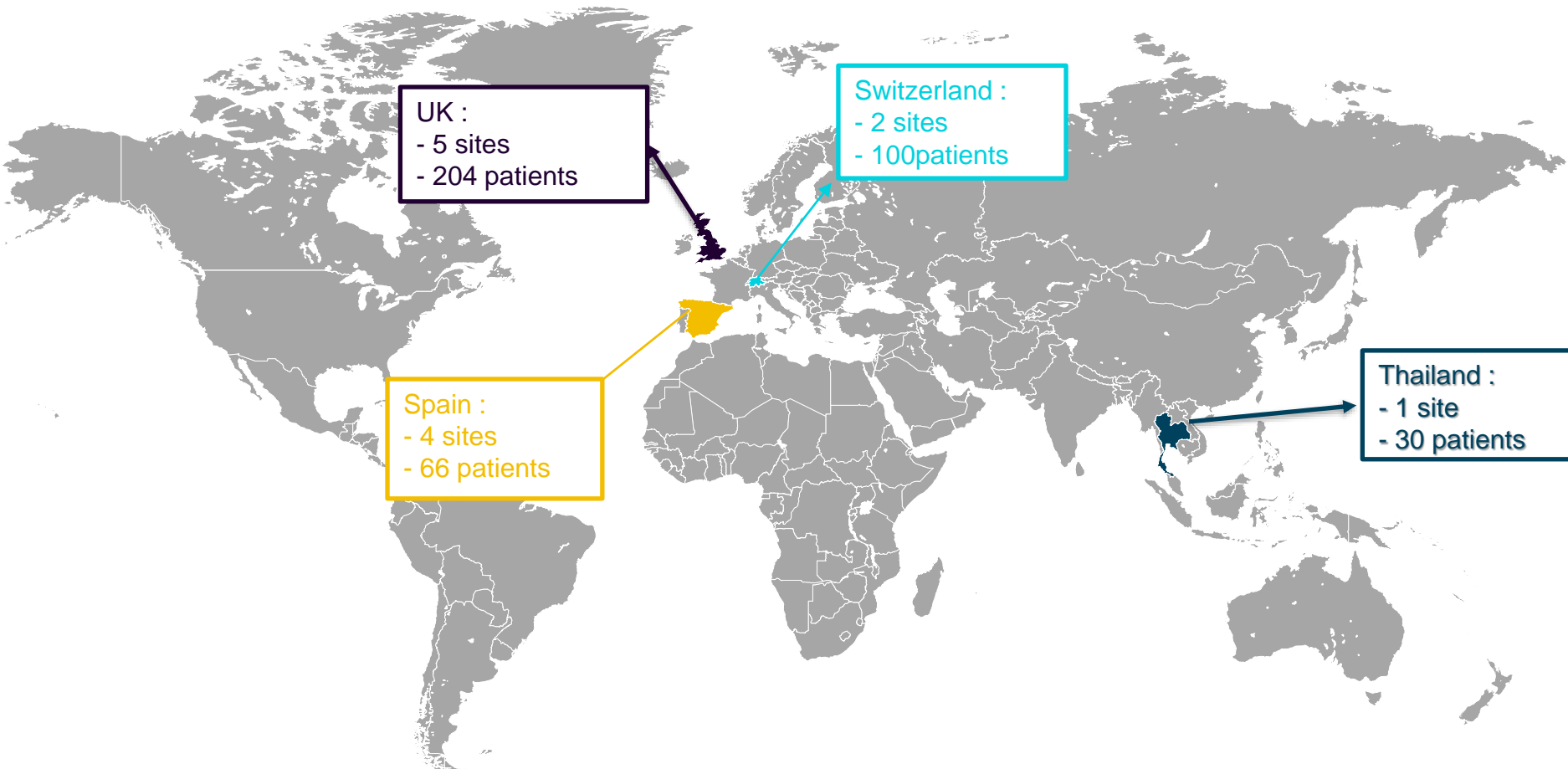
Biomatrix™ Alpha (CoCr-BP-BES)



How was the study executed?

- 400 patients from 12 centres receiving at least one BioMatrix Alpha were prospectively enrolled into the Biomatrix™ Alpha registry.
- A pre-specified comparison was conducted to 857 patients who received at least one BioMatrix™ stent in the LEADERS study.
- The primary endpoint was MACE at 9 months (composite of cardiac death, MI or clinically driven target vessel revascularization).
- Now we present the 2 year follow-up data.

Biomatrix Alpha Registry Enrollment by country and sites



Biomatrix Alpha Registry vs LEADERS

Baseline Demographics

| | BioMatrix™ Alpha n=400 ¹ | BioMatrix™ n= 857 ¹ | P value |
|--------------------------|--|-----------------------------------|---------|
| Mean age (years) | 64.7±11 | 64.6±10.8 | 0.892 |
| Female gender (%) | 21.5 | 25 | 0.178 |
| STEMI or NSTEMI (%) | 41.1 | 32.7 | 0.004 |
| Unstable angina (%) | 14.0 | 22.2 | <0.001 |
| Prior MI (%) | 18.8 | 32.2 | <0.0001 |
| Previous PCI or CABG (%) | 24.6 | 40.9 | <0.0001 |
| Previous stroke (%) | 6.3 | 4.7 | 0.292 |
| Current smoker (%) | 21.0 | 24.1 | 0.229 |
| Hypertension (%) | 57.3 | 73.6 | <0.0001 |
| Dyslipidemia (%) | 56.7 | 65.4 | 0.003 |
| Diabetes (%) | 19.3 | 26.1 | 0.009 |
| Renal insufficiency (%) | 11.5 | 5.4 | <0.0001 |
| Staged procedure (%) | 5.5 | 4.4 | 0.476 |

Biomatrix Alpha Registry vs LEADERS

Procedural Characteristics

| | | BioMatrix™ Alpha n=400 ¹ | BioMatrix n=857 ¹ | p value |
|-----------------------------------|-----|--|---------------------------------|---------|
| Target lesion coronary artery (%) | LAD | 47.4 | 37.2 | <0.0001 |
| | LCX | 20.1 | 28.0 | <0.001 |
| | LM | 2.3 | 2.6 | 0.399 |
| | RCA | 26.9 | 30.7 | 0.112 |
| De novo lesions (%) | | 95.9 | 94.0 | 0.123 |
| Bifurcation lesions (%) | | 25.8 | 22.4 | 0.132 |
| Number of stents per lesion | | 1.34±0.70 | 1.20±0.48 | <0.0001 |
| Severe calcification (%) | | 16.2 | 13.1 | 0.09 |
| Lesion length (mm) | | 21.7±12.8 | 15.2±11.7 | <0.0001 |
| Reference vessel diameter (mm) | | 3.0±0.5 | 2.6±0.61 | <0.0001 |

Biomatrix Alpha Registry vs LEADERS

Propensity Adjustment

- Some differences in baseline characteristics were present between the populations.
- A propensity adjustment method (inverse probability of treatment weight) utilising 15 variables was thus used to adjust for these differences.

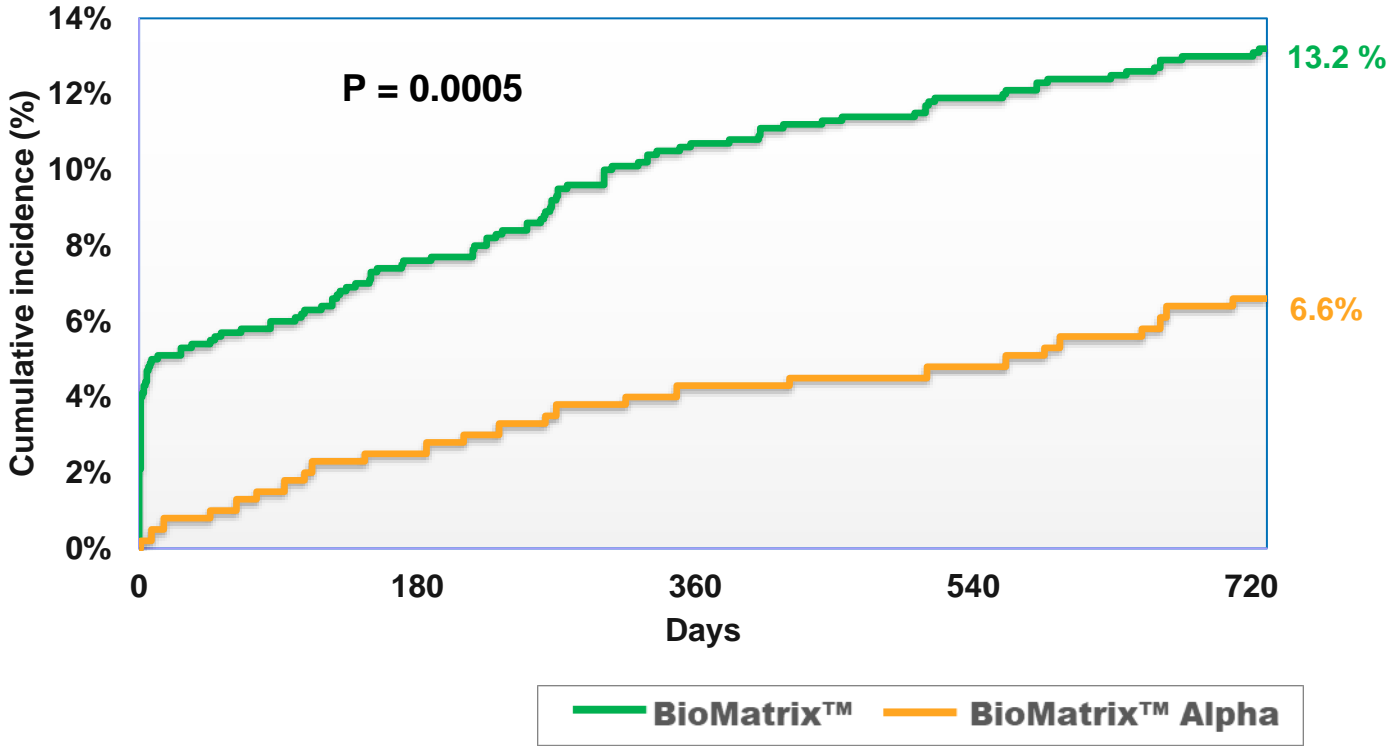
| | Weighted p values (after IPTW adjustment) CoCr-BP-BES vs. SS-BP-BES |
|---------------------------|--|
| Mean age (years) | 0.689 |
| Female gender (%) | 0.523 |
| BMI | 0.426 |
| Family History | 0.707 |
| Current smoker (%) | 0.541 |
| Hypertension (%) | 0.505 |
| Dyslipidemia (%) | 0.585 |
| Diabetes (%) | 0.614 |
| Renal insufficiency (%) | 0.934 |
| Previous Stroke | 0.971 |
| Prior MI (%) | 0.953 |
| Previous PCI or CABG | 0.508 |
| STEMI (%) | 0.894 |
| Staged procedure | 0.900 |
| Multilesion procedure (%) | 0.881 |

Biomatrix Alpha Registry Primary end-point: MACE at 9 months

| | BioMatrix™ Alpha n=400 ¹ | 95% CI |
|--|--|-------------|
| MACE (Cardiac death or MI or cd-TVR) | 15 (3.94%)* | [2.39-6.47] |
| Cardiac death | 3 (0.76%) | [0.25-2.33] |
| Myocardial Infarction | 4 (1.11%) | [0.41-2.95] |
| Clinically-driven target vessel revascularization (cd-TVR) | 10 (2.6%) | [1.41-4.79] |

*: $p < 0.001$ for non-inferiority vs BioMatrix™
(objective performance criteria)

Biomatrix Alpha Registry¹ vs LEADERS²: Unadjusted MACE at 2 years

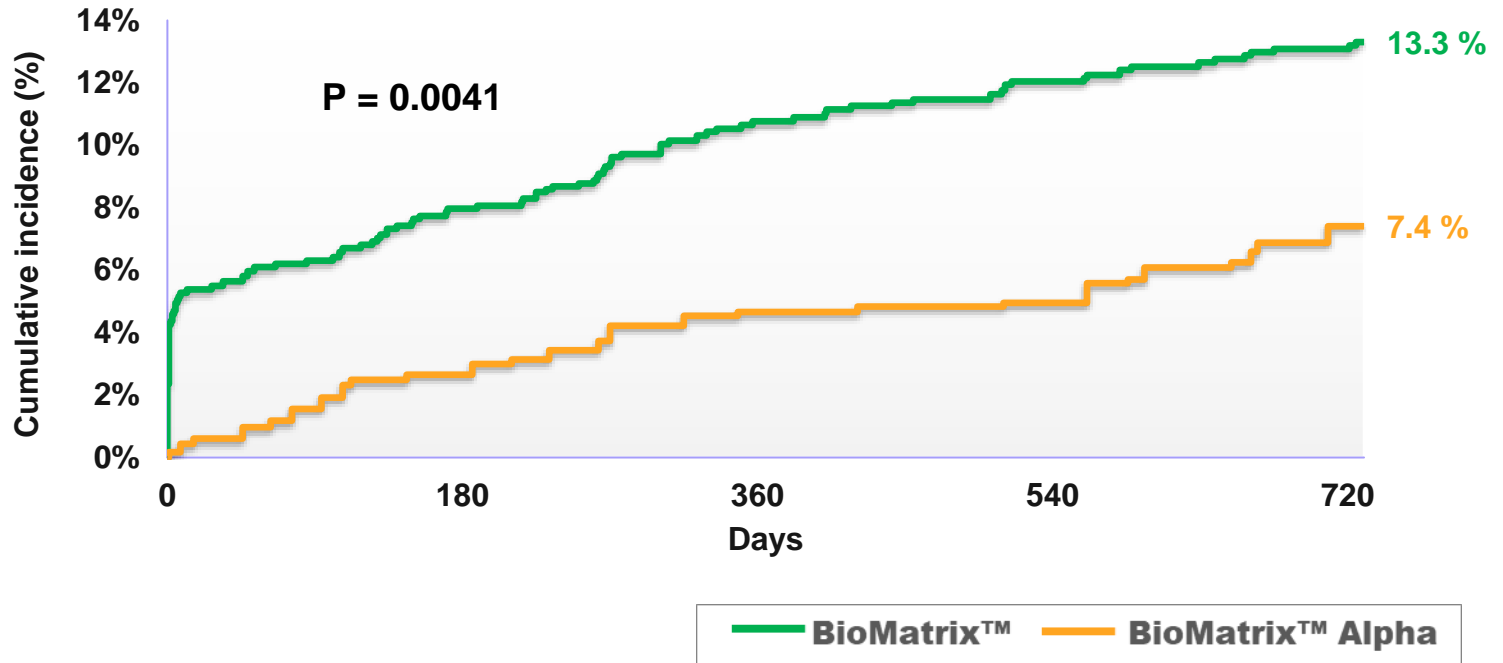


Biomatrix Alpha Registry vs LEADERS:

Unadjusted comparison

| | BioMatrix™ Alpha (n=400) ¹ | BioMatrix™ (n=857) ¹ | Hazard ratio | P |
|--|--|------------------------------------|------------------|---------|
| MACE | 26 (6.65%) | 112 (13.23%) | 0.48[0.31-0.73] | 0.0005 |
| - Cardiac death | 4 (1.01%) | 27 (3.21%) | 0.31 [0.11-0.89] | 0.022 |
| - Myocardial infarction | 12 (3.13%) | 55 (6.48%) | 0.46 [0.24-0.85] | 0.012 |
| - cd-TVR | 16 (4.09%) | 65 (7.8%) | 0.51 [0.3-0.89] | 0.0152 |
| All death | 15 (3.82%) | 40 (4.72%) | 0.79 [0.44-1.44] | 0.449 |
| Target vessel MI | 5 (1.29%) | 27 (3.18%) | 0.39 [0.15-1.03] | 0.048 |
| Definite or probable ST | 3 (0.81%) | 26 (3.07%) | 0.25 [0.08-0.82] | 0.013 |
| Any revascularization | 29 (7.46%) | 143 (17.14%) | 0.40 [0.27-0.60] | <0.0001 |
| TVF (cardiac death or TV-MI or cd-TVR) | 20 (5.09%) | 96 (11.36%) | 0.43 [0.27-0.7] | 0.0004 |
| POCE (all death or any MI or any revasc) | 43 (10.9%) | 192 (22.58%) | 0.44 [0.32-0.61] | <0.0001 |

Biomatrix Alpha Registry¹ vs LEADERS²: Propensity adjusted MACE at 2 years

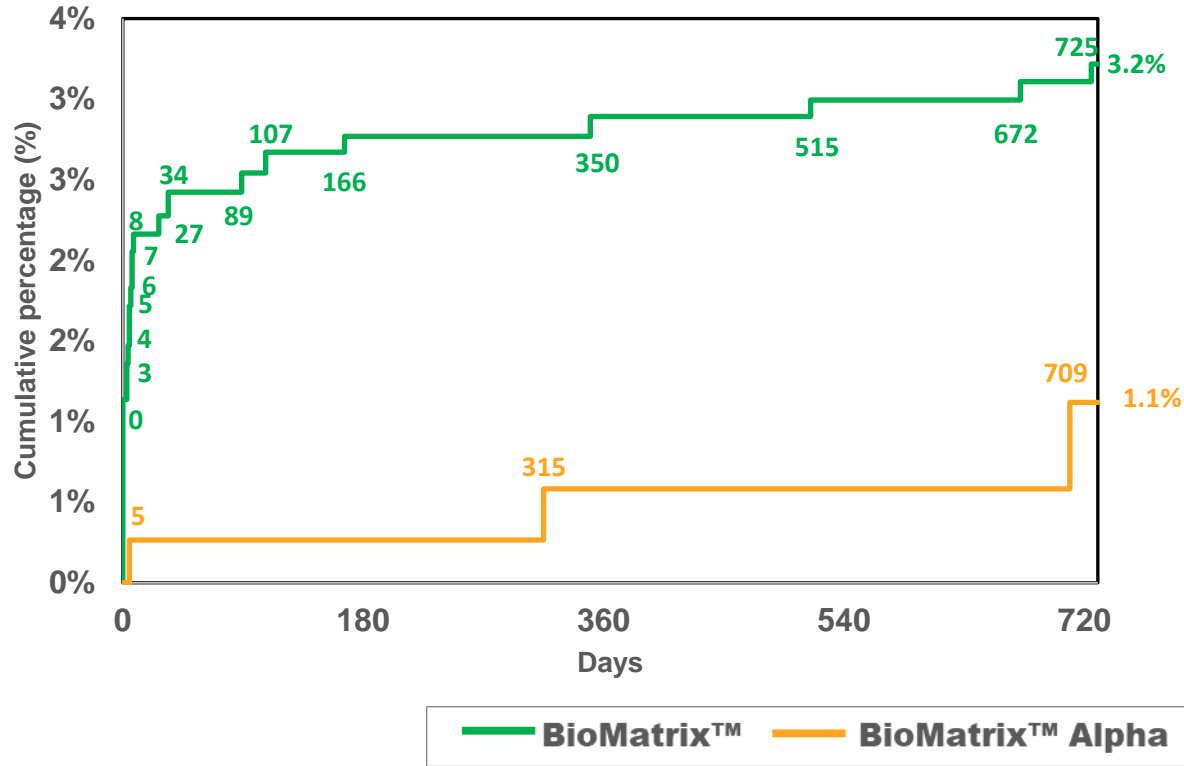


Biomatrix Alpha Registry vs LEADERS:

Propensity adjusted comparison

| | BioMatrix™ Alpha ¹ | BioMatrix™ ¹ | Hazard ratio | P |
|---|-------------------------------|-------------------------|-------------------------|--------------|
| MACE | 7.41% | 13.3% | 0.53 [0.35-0.79] | 0.0041 |
| - Cardiac death | 1.29% | 3.26% | 0.39 [0.15-1.00] | 0.064 |
| - Myocardial infarction | 2.82% | 6.62% | 0.4 [0.21-0.76] | 0.010 |
| - cd-TVR | 4.73% | 7.64% | 0.61 [0.36-1.02] | 0.084 |
| All death | 4.12% | 4.74% | 0.86 [0.49-1.52] | 0.638 |
| Target vessel MI | 0.9% | 3.22% | 0.27 [0.09-0.82] | 0.029 |
| Definite or probable ST | 1.12% | 3.22% | 0.32 [0.11-0.9] | 0.034 |
| Any revascularization | 8.36% | 16.63% | 0.47 [0.32-0.68] | 0.0003 |
| TVF (cardiac death or TV-MI or cd-TVR) | 5.99% | 11.21% | 0.52 [0.33-0.81] | 0.008 |
| POCE (all death or any MI or any revasc) | 11.84% | 22.25% | 0.49 [0.35-0.67] | <0.0001 |

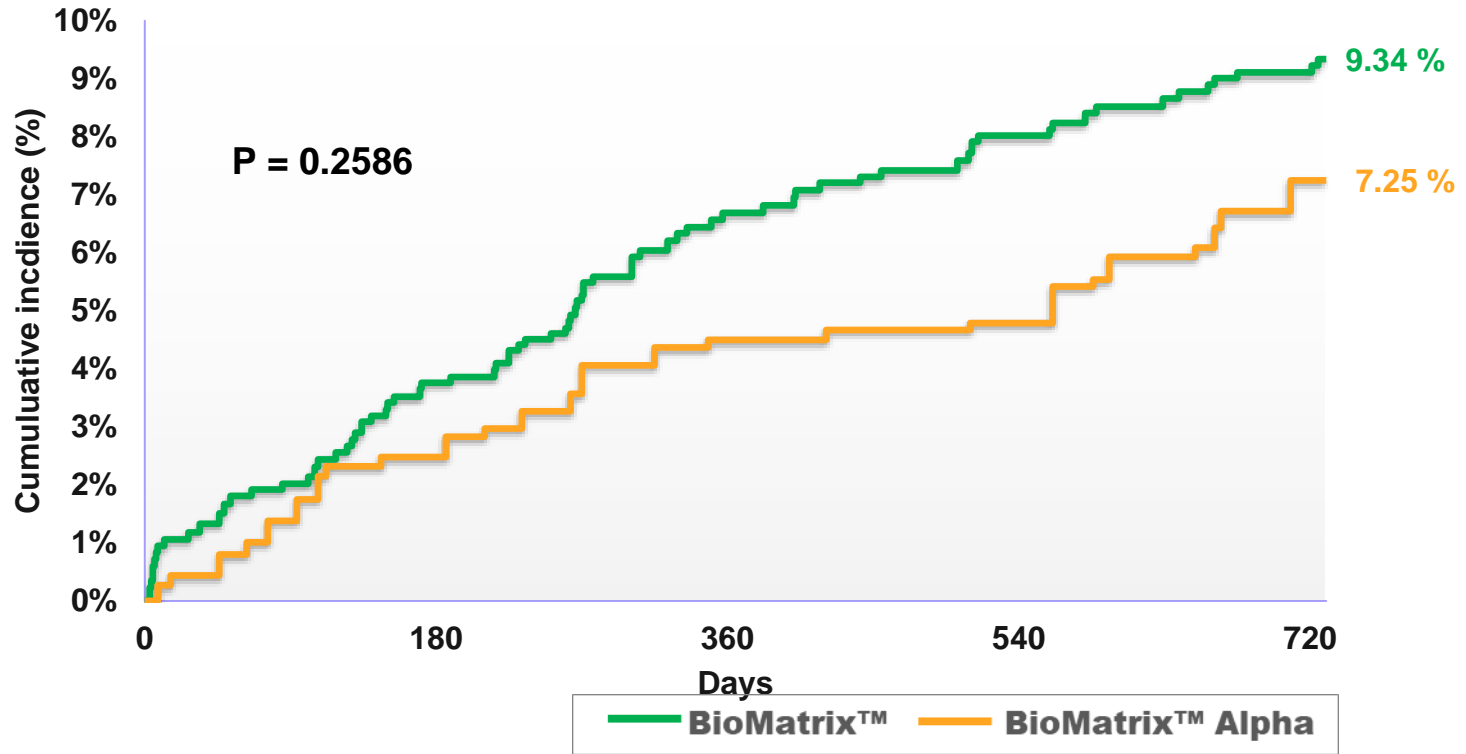
Biomatrix Alpha Registry¹ vs LEADERS²: Definite or Probable Stent Thrombosis



Biomatrix Alpha Registry vs LEADERS: Type 4a MI

- Although the Biomatrix Alpha Registry protocol was designed to emulate the LEADERS protocol, the updated Third Universal Definition of Myocardial Infarction (2012) was used only in the registry.
- Recognizing that the different definitions might introduce a potential discrepancy in MI reporting, particularly for periprocedural (Type 4a) MI, we conducted a landmark analysis censoring clinical events contributing to the primary end-point that occurred up to and including day 3.

Biomatrix Alpha Registry¹ vs LEADERS²: Propensity adjusted MACE: landmark analysis @ 3 days



Biomatrix Alpha Registry vs LEADERS:

PS adjusted comparison – landmark analysis @ 3 days

| | BioMatrix™ Alpha ¹ | BioMatrix™ ¹ | Hazard ratio | P |
|--|-------------------------------|-------------------------|------------------|-------|
| MACE | 7.25% | 9.34% | 0.76 [0.5-1.17] | 0.259 |
| - Cardiac death | 1.29% | 3.26% | 0.39 [0.15-1.00] | 0.064 |
| - Myocardial infarction | 2.82% | 2.36% | 1.17 [0.56-2.47] | 0.721 |
| - cd-TVR | 4.57% | 6.39% | 0.65 [0.38-1.10] | 0.152 |
| All death | 4.12% | 4.74% | 0.86 [0.49-1.52] | 0.638 |
| Target vessel MI | 0.9% | 0.91% | 1.01 [0.28-3.59] | 0.991 |
| Definite or probable ST | 1.12% | 2.11% | 0.5 [0.17-1.45] | 0.238 |
| Any revascularization | 8.2% | 15.47% | 0.5 [0.34-0.73] | 0.001 |
| TVF (cardiac death or TV-MI or cd-TVR) | 5.83% | 9.08% | 0.63 [0.4-1.00] | 0.078 |
| POCE (all death or all MI or any revasc) | 11.69% | 18.39% | 0.6 [0.43-0.83] | 0.006 |

Conclusions

After 2 years of follow-up, a propensity adjusted comparison of all-comers patients from the Biomatrix Alpha Registry and LEADERS study showed that the thin strut (84-88 μ m) cobalt chromium biodegradable polymer Biolimus A9™ eluting stent (BioMatrix™ Alpha) had improved outcomes compared to the thick strut (120 μ m) stainless steel biodegradable polymer Biolimus A9™ eluting stent (Biomatrix™).

References & Disclaimer

1. I Menown Presentation TCT CONNECT October 2020

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