Clinical Program Summary of Conor Technology

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CoStar Clinical Trials

▪ PISCES	FIM Study, 6-arm dose ranging, clinical endpoint
▪ CoStar I	Dose Optimization Study, 3-arm optimization, angiographic endpoint
▪ EuroSTAR	International Pivotal Study, non-randomized, 2-arm, angiographic endpoint
▪ CoStar II	US Pivotal Study, RCT, 2-arm, clinical and angiographic endpoints

PISCES
Paclitaxel In-Stent Controlled Elution Study

Patrick W. Serruys, MD, PhD, FACC
Principal Investigator
Thoraxcentre - Erasmus University
Rotterdam, The Netherlands

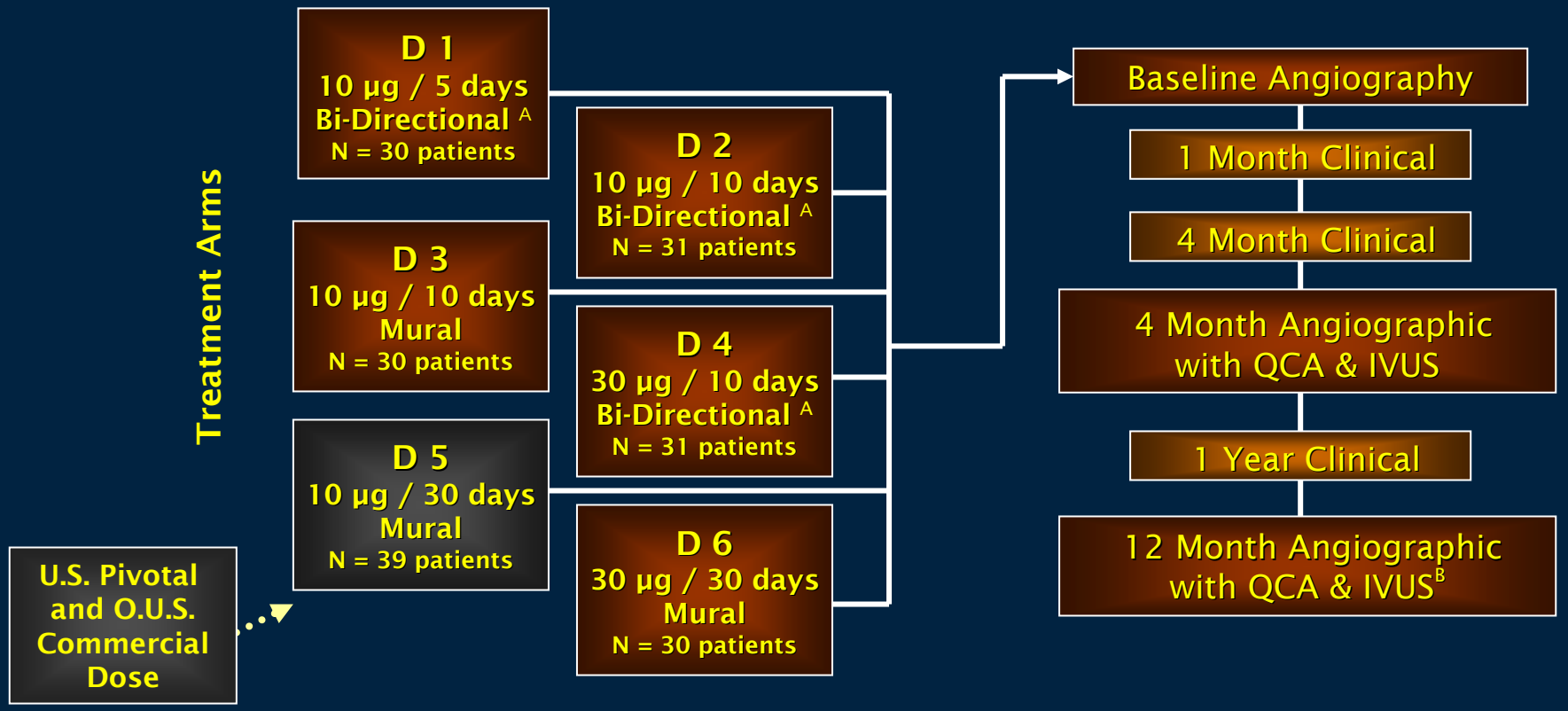
4 and 12-Month Results

PISCES

PISCES Trial

Study Design & Patient Follow-Up

Prospective non-randomized, dose finding study
Ten participating centers (n= 191)



A Bi-Directional = direction of paclitaxel elution is both mural and luminal
B 12 Month Angiography w/ QCA and IVUS was optional

PISCES

PISCES Trial

Procedural Outcomes by Dose Group

Treatment Arms Formulations	Dose 1 10µg/5d/B	Dose 1 10µg/10d/B	Dose 3 10µg/10d/M	Dose 4 30µg/10d/B	Dose 5 10µg/30d/M	Dose 6 30µg/30d/M
# of Patients	N=30	N=31	N=30	N=31	N=39	N=30
# Stents Implanted	N=35	N=33	N=34	N=32	N=45	N=29
Technical Success	100.0%	90.3%	93.3%	96.8%	97.4%	93.3%
Procedural Success	93.3%	87.1%	93.3%	96.8%	94.9%	93.3%
Direct Stenting	50.0%	51.7%	30.0%	70.0%	41.0%	62.1%
Final Diameter Stenosis (Visual)	7.5%	5.4%	5.9%	2.1%	2.2%	3.0%

PISCES

a Fisher's Exact Test used
b Likelihood ratio chi-square test
d F-Test from General Linear Model (GLM)

PISCES Trial
12 Month Outcomes

Treatment Arms Formulations	Dose 1 10µg/5d/B	Dose 1 10µg/10d/B	Dose 3 10µg/10d/M	Dose 4 30µg/10d/B	Dose 5 10µg/30d/M	Dose 6 30µg/30d/M
Cumulative MACE (Implant to 12 Months)	16.7%	10.3%	10.0%	9.7%	5.1%	6.9%
In-Segment Late Loss (mm) (12 Months)	0.48	0.51	0.56	0.35	0.30	0.24
Stent Thrombosis (0 - <6 Months)	0.0% (0/30)	0.0% (0/29)	0.0% (0/30)	0.0% (0/31)	0.0% (0/39)	3.4% (1/29)
Stent Thrombosis (6 -12 Months)	0.0% (0/30)	0.0% (0/29)	0.0% (0/30)	0.0% (0/31)	0.0% (0/39)	0.0% (0/29)

COSTAR I Trial

COObalt Chromium STent with Anti-Proliferative for Restenosis in India

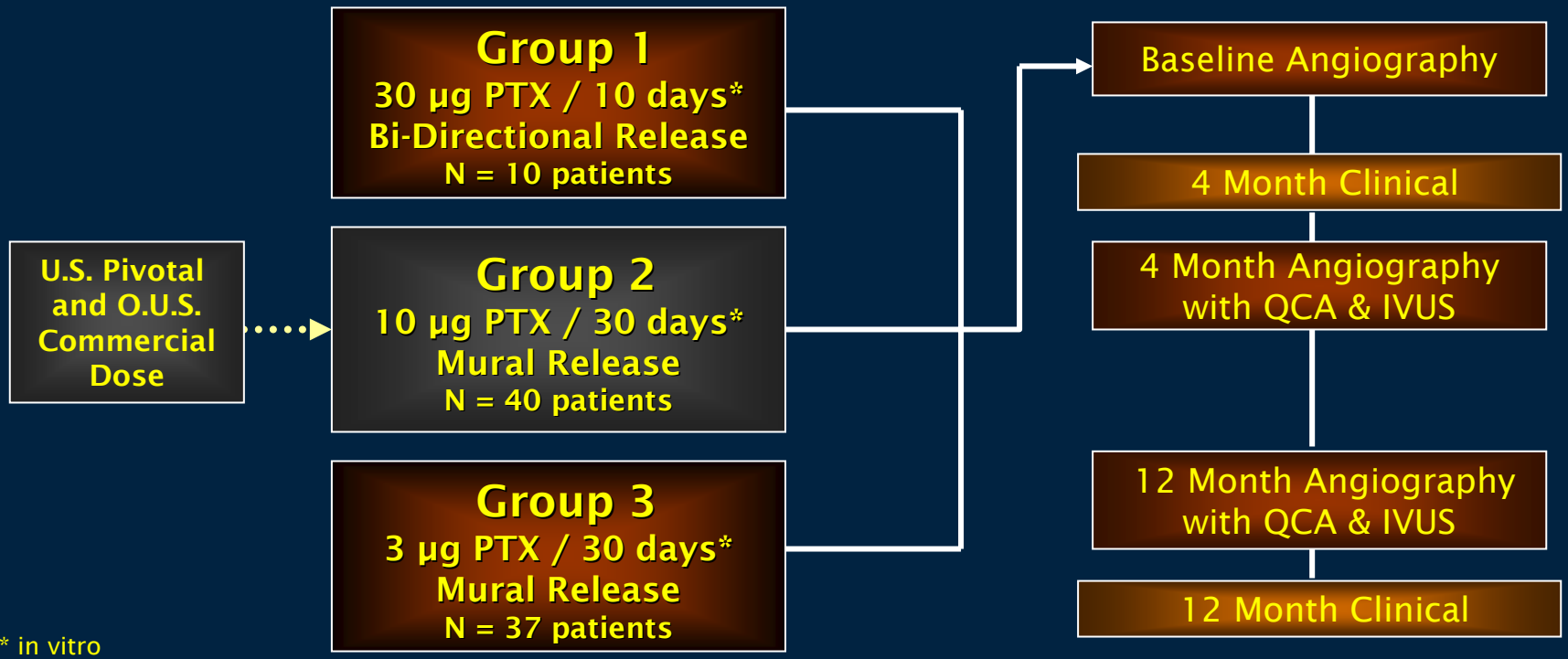
Dr. Upendra Kaul
Principal Investigator
Batra Hospital & Medical Research Center
New Delhi, India

4 Month & 12 Month Results

COSTAR I Trial

Study Design & Patient Follow-Up

Prospective non-randomized, sequential enrollment.
Extended indication study. Vessel caliber <2.5mm (n=87)



* in vitro

COSTAR I Trial
12 Month Outcomes

Treatment Arms Formulations	Group 1 30µg/10d/B	Group 2 10µg/30d/M	Group 3 3µg/30d/M
Cumulative MACE (Implant to 12 Months)	20.0%	7.5%	21.6%
In-Segment Late Loss (mm) (12 Months)	0.76	0.25	0.46
Stent Thrombosis (0 - <6 Months)	10.0% (1/10)[A]	0.0% (0/40)	5.4% (2/37)[B]
Stent Thrombosis (6 -12 Months)	0.0% (0/10)	0.0% (0/40)	0.0% (0/37)

[A] Q-Wave MI at day 7 adjudicated as evidence of stent thrombosis (angiographic evidence of total occlusion at 4 month follow-up).
[B] Two events were adjudicated as evidence of stent thrombosis; one subject who presented with Q-Wave MI at day 5 and one subject who presented with Q-Wave MI at day 11 and cardiac death at day 25 (angiographic follow-up not completed).

EuroSTAR
The European Cobalt Stent with Antiproliferative for Restenosis Trial

Results for Arm 1 (24 Month)
Results for Arm 2 (12 Month)

Principal Investigators:

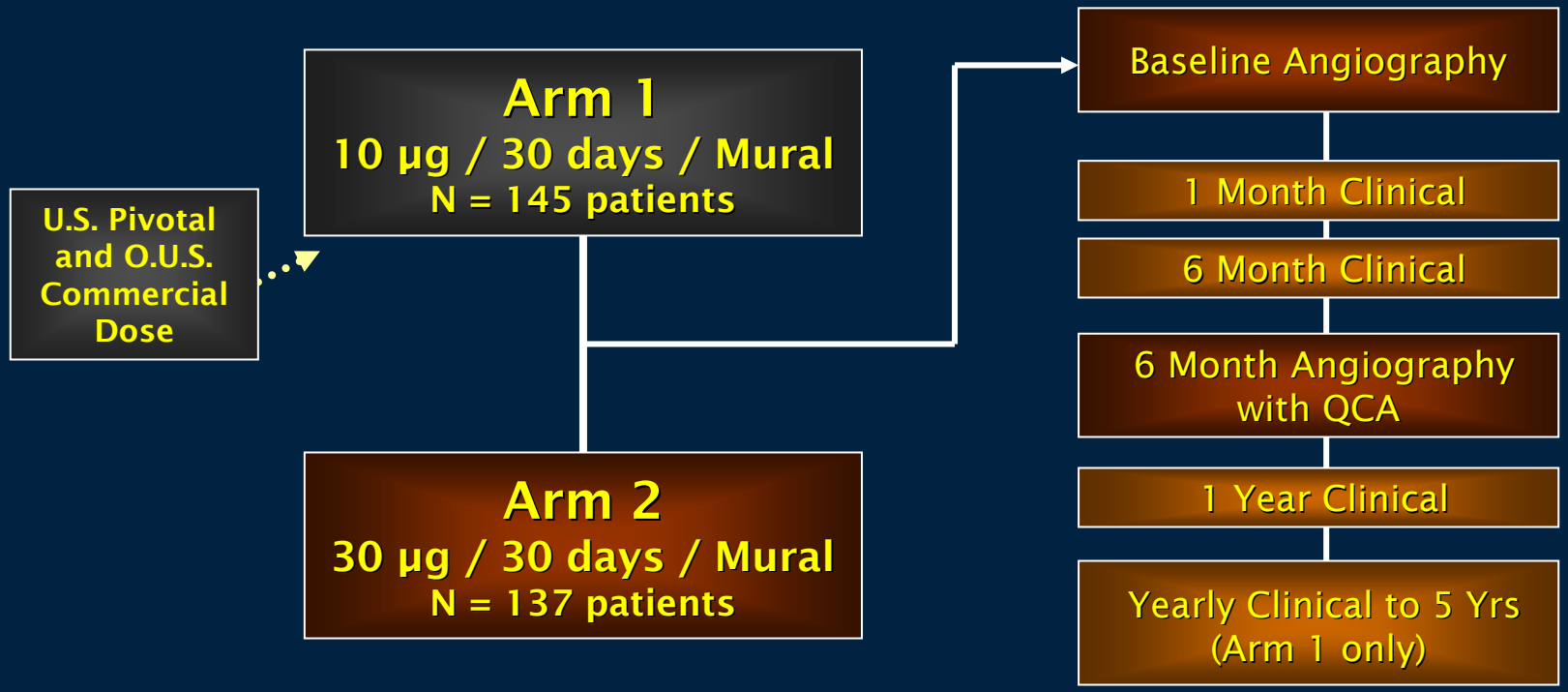
Keith D. Dawkins M.D. – *Southampton University Hospital*
Antonio Colombo M.D. – *HSR San Raffaele Hospital*

EuroSTAR Trial

Study Design & Patient Follow-Up

Prospective, multi-center study, enrolled patients from 18 centers in 6 countries into one of two registry arms.

Two different dose formulations of paclitaxel (n=282)



EuroSTAR

EuroSTAR Trial
24 Month Outcomes

	Arm 1 10µg/30d/M	Arm 2 30 µg/30d/M
Cumulative MACE (Implant to 12 Months)	8.3%	10.2%
In-Segment Late Loss (mm)[A] (6 Months)	0.06	0.19
Stent Thrombosis (0 - <6 Months)	1.4%	0.7%
Stent Thrombosis (6 -12 Months)	0.0%	0.0%

Cumulative MACE (Implant to 24 Months)	10.4%	n/a
Stent Thrombosis (12 –24 Months)	0.0%	n/a

[A] Per-protocol matched 6 month analysis

EuroSTAR

COSTAR II Trial

COObalt Chromium STent with Anti-Proliferative for Restenosis II Trial

Principal Investigators

Dean Kereiakes, MD, FACC
Ohio Heart Health Center
Cincinnati, Ohio

Mitchell Krucoff, MD, FACC
Duke University Medical Center
Durham, North Carolina

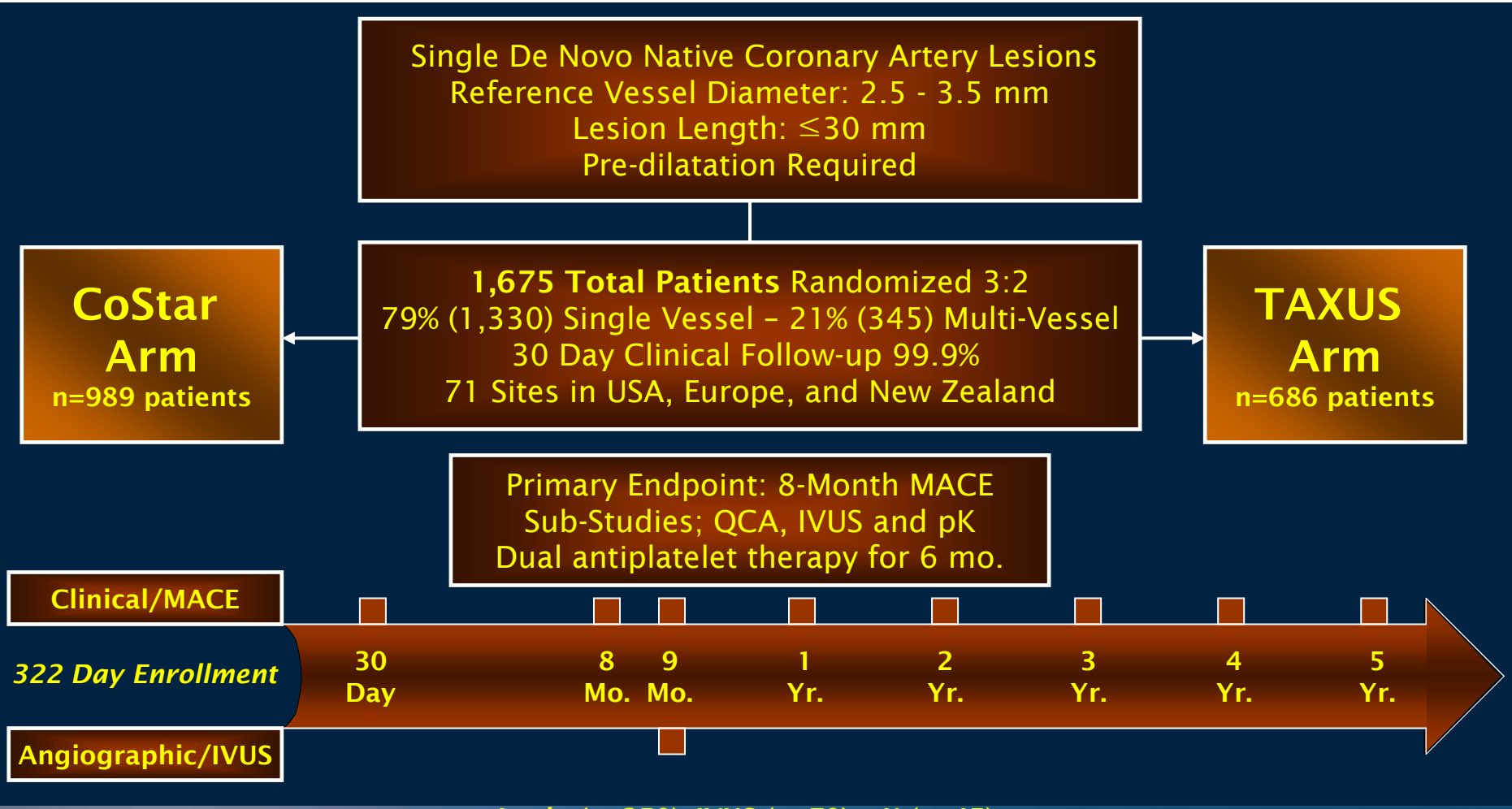
William Wijns, MD, PhD
OLV Hospital
Aalst, Belgium

Not Just Another DES Study

- First “Real World” clinical trial
- First randomized MV DES study
- Evaluation of HgA1c as a predictor of outcomes

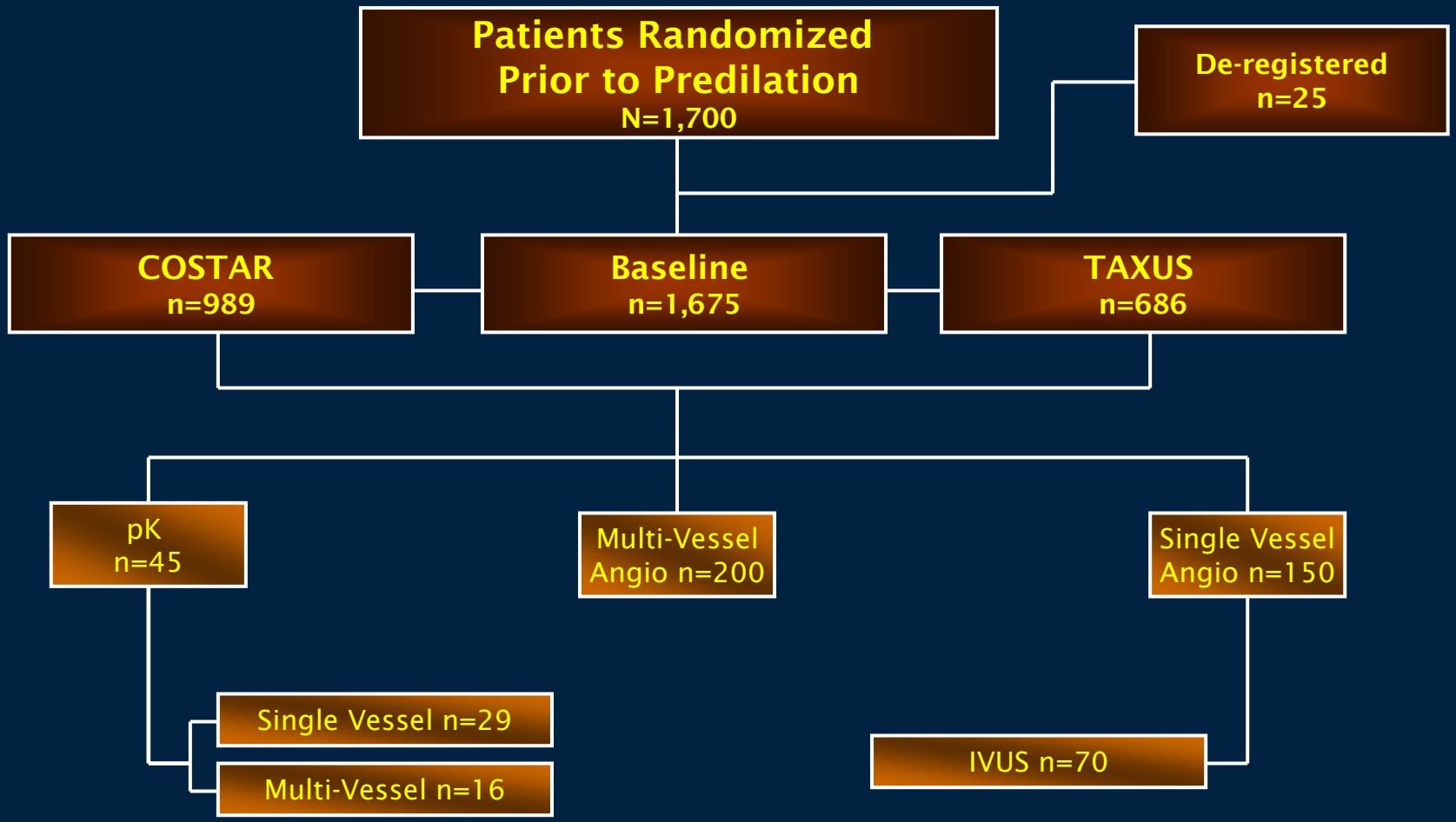
COSTAR II Trial

Prospective, Randomized, Single-Blind, Non-Inferiority



COSTAR II

COSTAR II Trial
Study Flow



COSTAR II Trial

Study Objective

- Evaluate the safety and efficacy of the CoStar Paclitaxel-Eluting Coronary Stent System in de novo lesions of native coronary arteries

Primary Clinical Endpoint

- Major Adverse Cardiac Events (MACE) at 8 months

Consistency Angiographic Endpoint

- In-segment late lumen loss at 9 months

Blinded Aggregate Subset Analysis

- Outcomes by diabetes mellitus (DM) stratum; all DM, Non-DM, Non-diagnosed DM with elevated Hb A1c >6.5%, IDDM, and NIDDM
- Outcomes by vessel stratum
- Outcomes by overlap and non-overlap stratum

COSTAR II Trial
Key Inclusion/Exclusion Criteria

Inclusion
- Planned single de novo target lesion intervention
- 1, 2, or 3 native coronary vessel(s)
- Target lesion covered by one study stent
- Target lesion ≥2.5 to ≤3.5 mm diameter, length ≤30 mm, with ≥50 and <100% stenosis
- Target vessel has not undergone prior revascularization ≤6 months or has had a DES placed in coronary vessel proximal to target lesion

Exclusion
- MI within 72 hours prior to the index procedure and/or CK >2 times upper limits of normal and elevated MB
- Significant stenosis >50% - protected or not
- Target lesion is ostial in location (≤3.0 mm of vessel origin)
- Target lesion is totally occluded (TIMI flow ≤1)

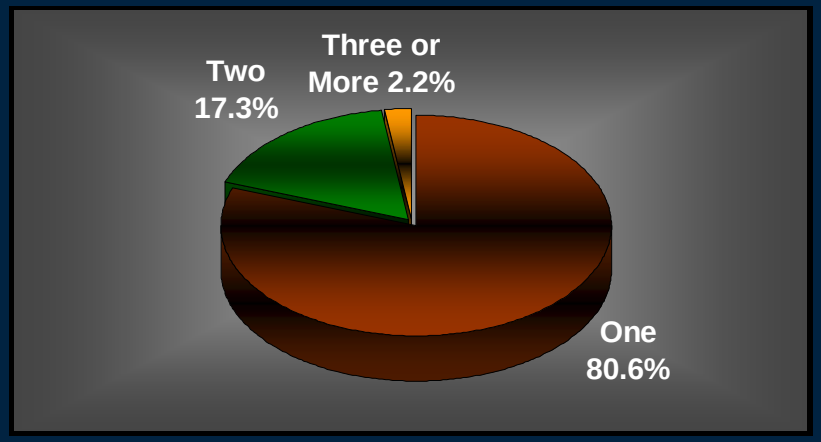
COSTAR II Trial

30-Day Blinded Aggregate Results

COSTAR II

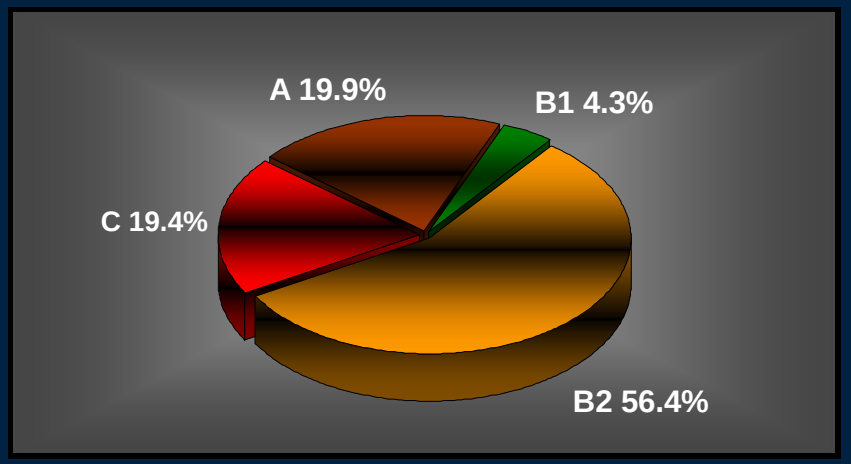
COSTAR II Trial
Baseline Patient Characteristics

COSTAR II Overall



Number of Lesions Treated

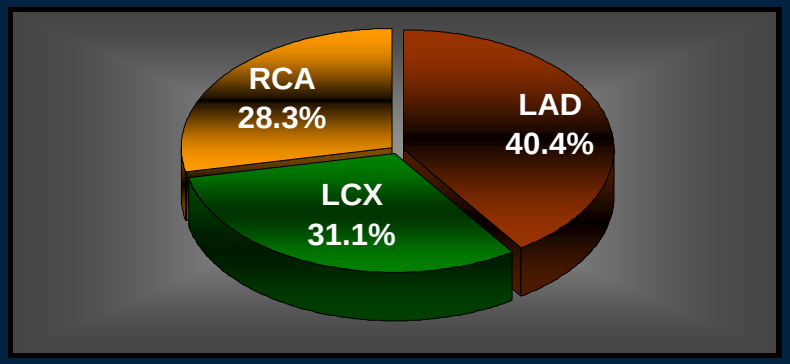
COSTAR II Overall



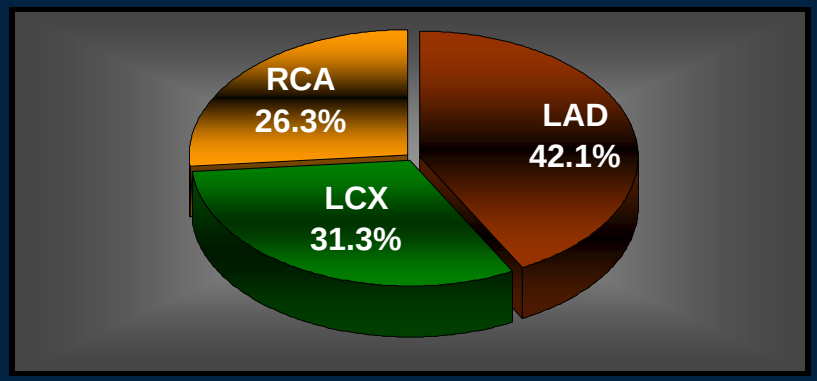
ACC/AHA Lesion Classification

COSTAR II Trial
Baseline Lesion Location

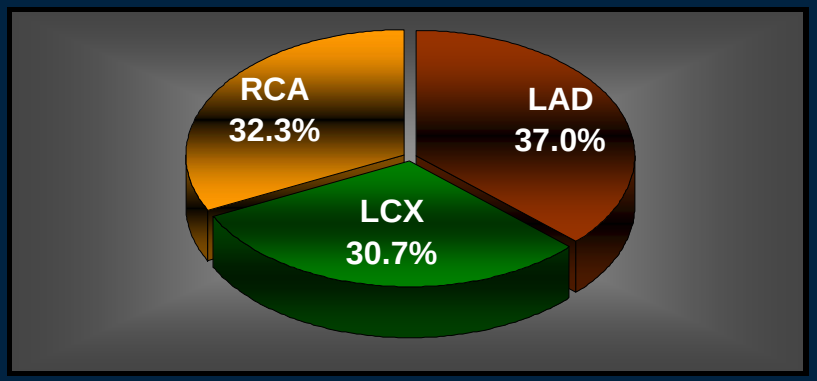
COSTAR II Overall



Single Vessel Patients = 79%



Multi-Vessel Patients = 21%

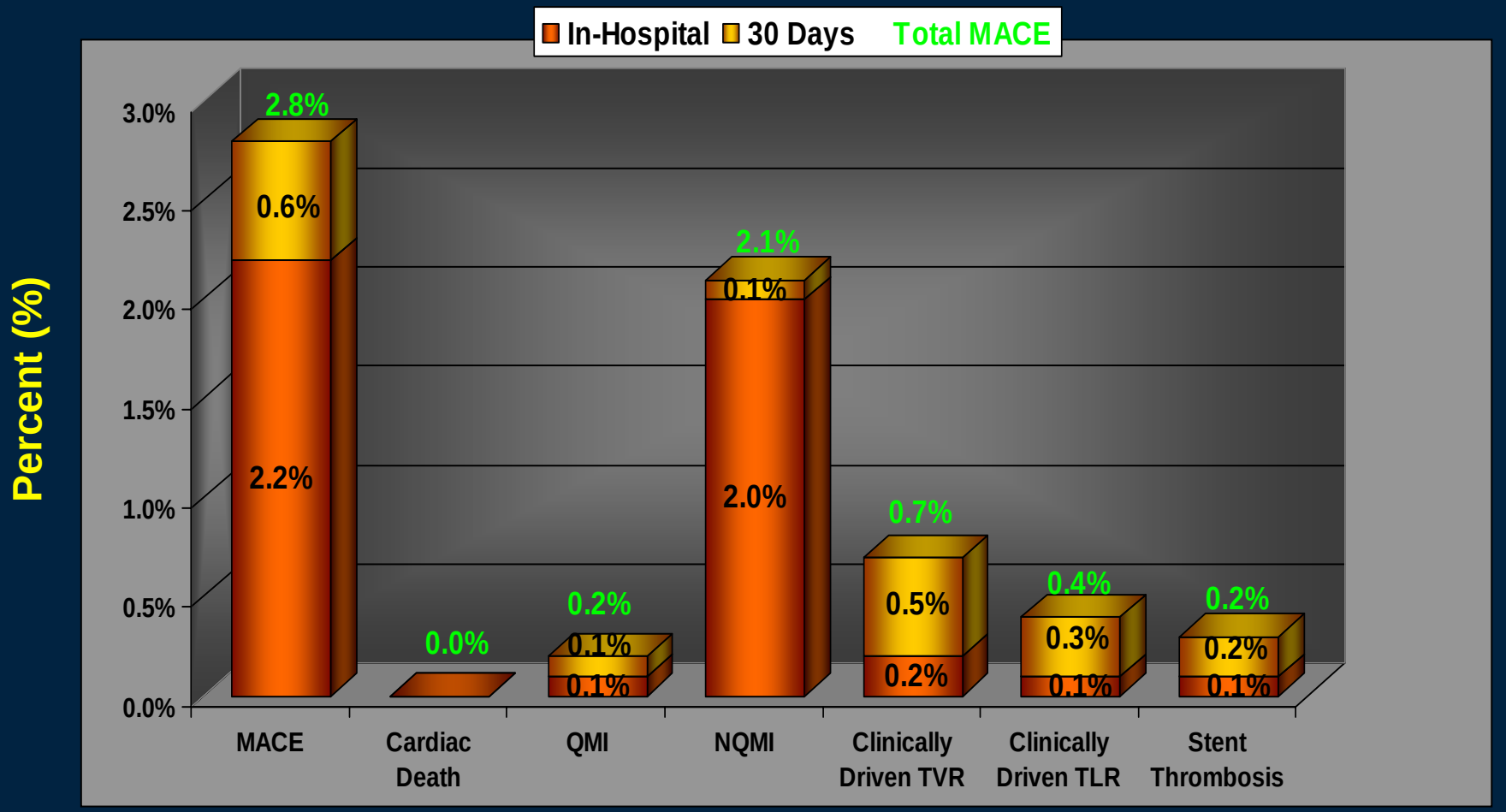


COSTAR II Trial
Aggregate Index QCA Analysis

	Blinded Aggregate
Pre-Procedure Quantitative Angiographic Measurements	
Lesion Length (mm)	15.23 ± 6.39
Reference Vessel Diameter (RVD, in mm)	2.76 ± 0.48
Minimum Lumen Diameter (MLD, in mm)	0.87 ± 0.41
Percent Diameter Stenosis (% DS)	68.48 ± 13.46
Final Quantitative Angiographic Measurements	
Reference Vessel Diameter (RVD, in mm)	2.83 ± 0.48
In-Segment Minimum Lumen Diameter (MLD, in mm)	2.37 ± 0.48
In-Segment Percent Diameter Stenosis (% DS)	16.32 ± 8.67
In-Stent Minimum Lumen Diameter (MLD, in mm)	2.70 ± 0.43
In-Stent Percent Diameter Stenosis (% DS)	5.93 ± 5.61
In-Segment Acute Gain (mm)	1.50 ± 0.54
In-Stent Acute Gain (mm)	1.83 ± 0.49

COSTAR II Trial

Aggregate Blinded COSTAR II 30 Day MACE



COSTAR II

COSTAR II Trial
Preliminary Aggregate 30-day Conclusions

- Unique study design for pivotal DES appears to have captured a cohort representative of wider "real world" DES experience
- Blinded baseline demographics are similar between groups
- Baseline RVD by QCA is 2.76mm and lesion length is 15.23mm
- Aggregate blinded 30 Day MACE rate is 2.8%
  - Mostly driven by non-Q MI
  - increased in IDDM, multi-vessel and overlapping stent populations
- 30 Day stent thrombosis is 0.2%

Presented by Dr. Mitchell W. Krucoff, MD, FACC
TCT October, 2006

CoStar II Data Presentation

PCR 2007 in Barcelona

The GENESIS Trial

A Randomized, Multi-center study of the Pimecrolimus-Eluting and Paclitaxel-ElutinG Coronary Stent System in PatiENts with De Novo LEsionS of the Native Coronary ArterIeS

Principal Investigators

Dr. Keith Dawkins
Southampton, United Kingdom

Dr. Stefan Verheye
Antwerp, Belgium

GENESIS

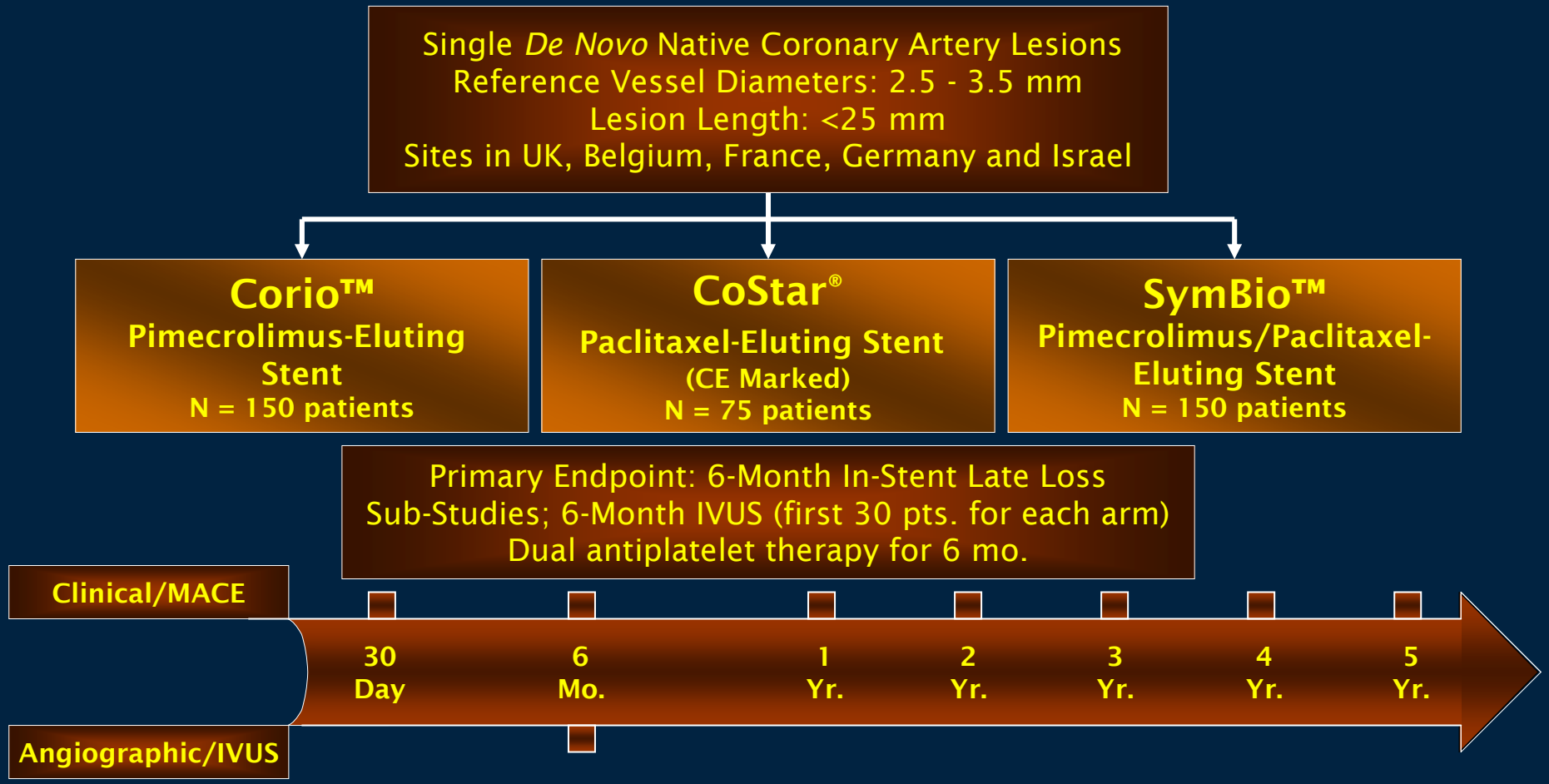
Trial Objective

Primary analysis includes two independent analyses:
two treatment arms compared to
a single concurrent control arm

- Demonstrate non-inferiority in 6-month late loss of the Corio™ Pimecrolimus-Eluting Stent compared to the active control arm (CoStar® Paclitaxel-Eluting Coronary Stent)
- Demonstrate non-inferiority in 6-month late loss of the SymBio™ Pimecrolimus/Paclitaxel-Eluting Coronary Stent to the active control arm (CoStar Paclitaxel-Eluting Coronary Stent)

GENESIS Trial

Prospective, Three-arm, Asymmetric Randomization (2:2:1)



GENESIS

Safety and Efficacy Endpoints

Primary Endpoint

- Non-inferiority of in-stent late loss at six months
  - Pimecrolimus compared to CoStar
  - Dual pimecrolimus/paclitaxel compared to CoStar

Secondary Endpoints

- Major Adverse Cardiac Event (MACE)
  - 30 d, 6 mo, 1 through 5 year follow-up
- Device, Lesion and Procedure Success
- In-segment late loss
- In-stent and in-segment MLD and binary restenosis
- % Volume Obstruction
- Late acquired stent malapposition

GENESIS Trial Population

Major Inclusion Criteria

- Treatment of a single de novo lesion
  - Lesion length < 25 mm
  - RVD between 2.5 mm – 3.5 mm
- Lesion coverable with a single study stent (bailout stenting permitted)

Major Exclusion Criteria

- Acute MI ≤ 72 hours
- LVEF < 25%
- Left main disease
- Prior revascularization of Target Vessel within preceding 6 months
- Target lesion involves bifurcation requiring treatment
- Angiographic evidence of thrombus

Summary

- Conor Program has evolved from early dose finding studies to US pivotal trial with the largest and most broad inclusion of patients with CAD undergoing DES
- The platform allows for combination therapies and innovative approaches for special patient population
- The future is bright for this technology as this technology is truly NEXT Generation!