

BIOFREEDOM: Polymer free Biolimus A9 eluting Stents and Paclitaxel eluting stents

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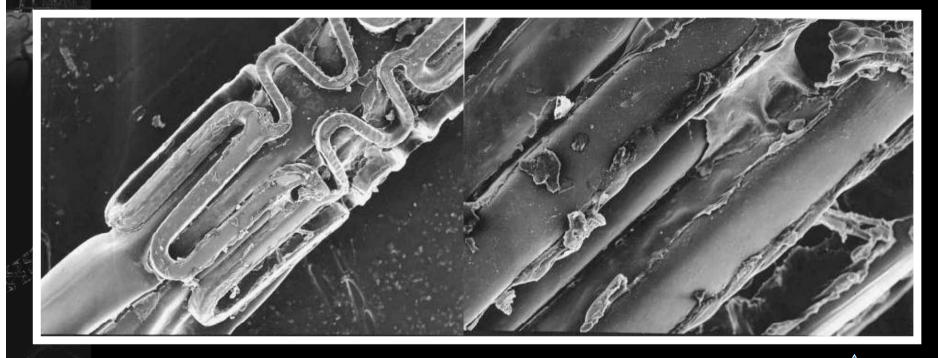
Financial Disclosure

Financial Relationship: Eberhard Grube MD

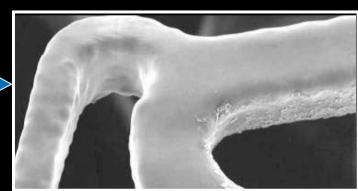
Consulting Fees/SAB: Direct Flow, Mitralign. Boston Scientific, Medtronic Core Valve, Claret, Abbott Vascular, Cordis JnJ, Sadra,

Other Financial Benefit: Payed Proktorship Medtronic Core Valve

DES failed to cross a heavily calcified lesion...

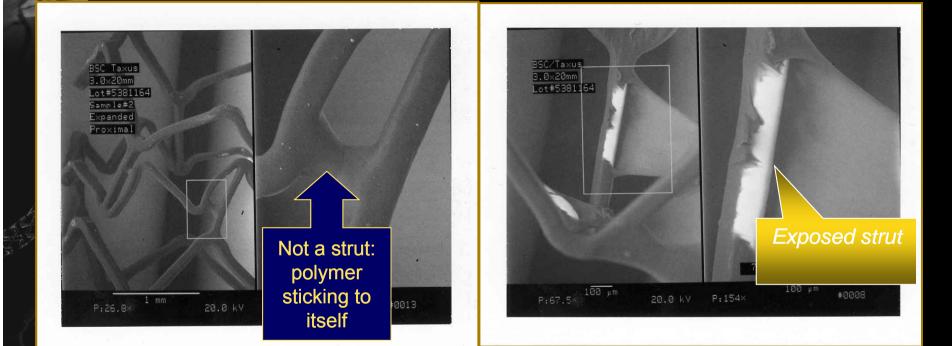


Undamaged polymer



Severe polymer damage

Polymer Mishaps: Bonding and Webbing



Webbing = polymer pulling away from the expanded stent due to sticking

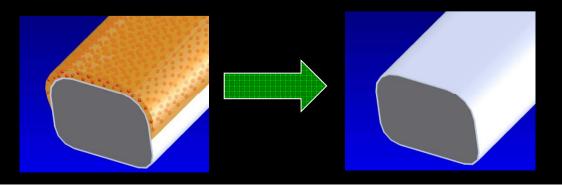
Bonding = polymer sticks to itself forming a bridge when the stent is expanded



Bioabsorbable Drug Coatings

Concept: The role of polymer coatings is to deliver drugs in the short term and is not needed long term.

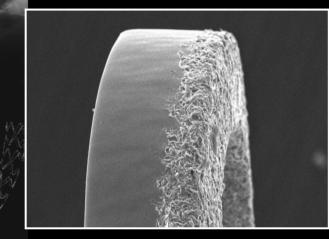
- Maintain efficacy and acute performance
- Reduce late events and DAPT requirements
 - i No remaining polymer shortly after effective drug distribution
 - Minimize drug load and total coating weight



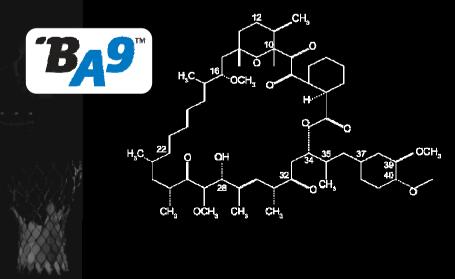
Better than any polymer is no polymer...

BioFreedom™

Selectively micro-structured surface holds drug in abluminal surface structures



Proprietary Highly Lipophilic Limus drug

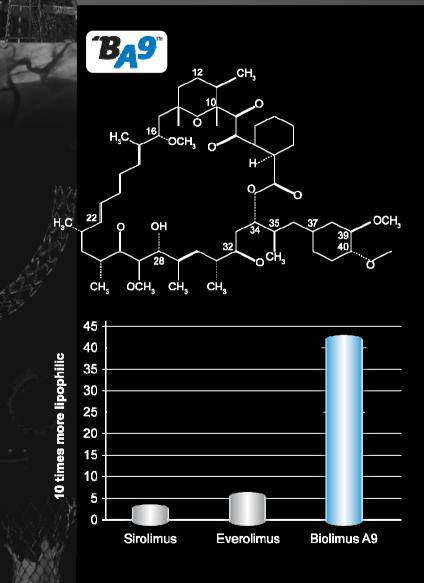


Hypothesis: Polymer-free drug release via porous-eluting stents may reduce late events caused by polymer stent coatings.

Potential advantage

- Avoid long term late adverse effects that might be attributable to the polymer
- Improved surface integrity since there is no polymer to be sheared or peeled away from the stent struts
- Possible shorter need of dual antiplatelet therapy

BIOLIMUS A9[™] Drug



RAPAMYCIN DERIVATIVE

Developed specifically for stent application by Biosensors

Potent immunosuppressive and antiinflammatory properties

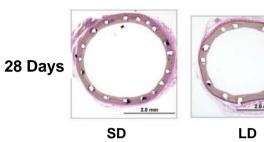
LIPOPHILICITY COMPARISON

Highest lipophilic and hydrophobic properties of commercially available limus drugs

Mainly localized effects, minimal drug release into bloodstream



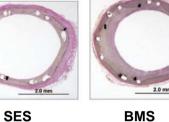
Pre-Clinical Study - Efficacy BES vs. SES & BMS

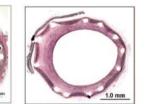


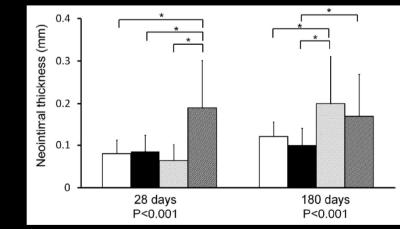






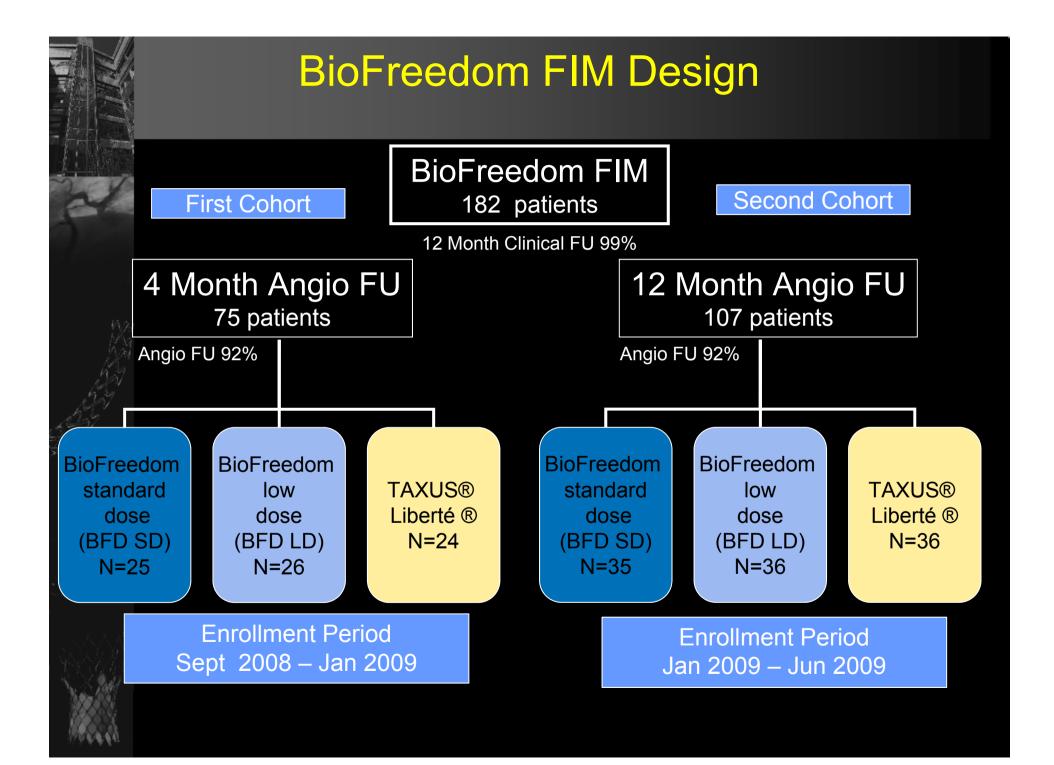


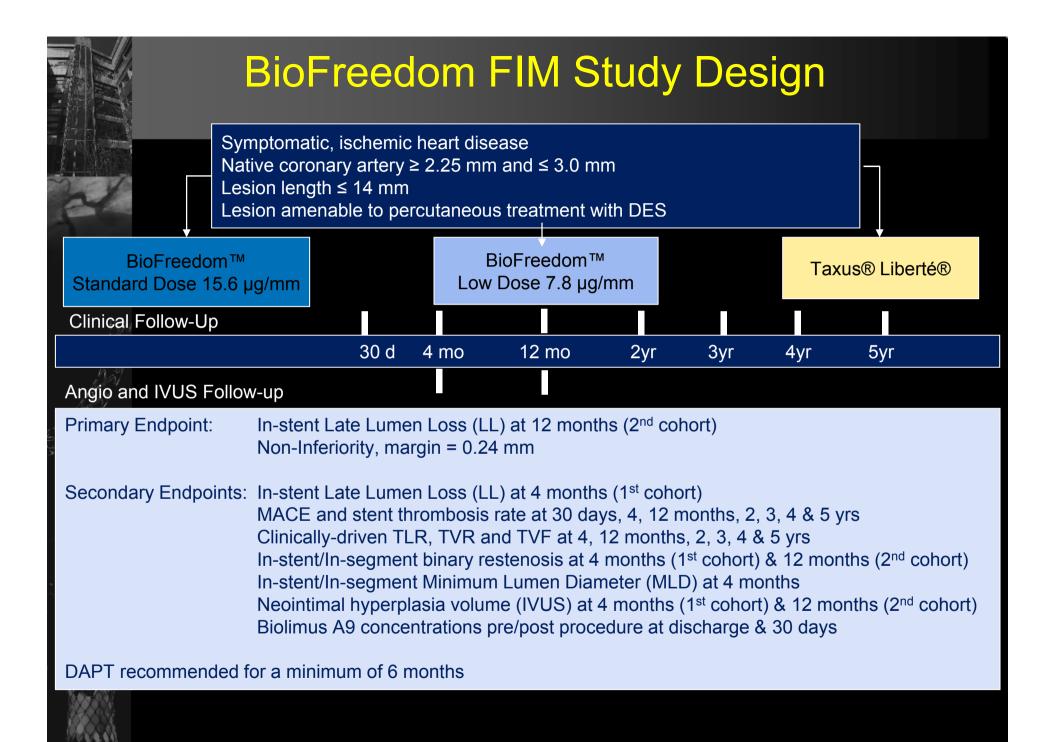




n	28 days	180 days
Standard dose Bio-freedom	24	23
Low dose Bio-freedom	26	27
Sirolimus-eluting stents	30	39
Bare metal stents	24	24

Tada et al., Circ Cardiovasc Interv 2010;3;174-183





Patient Characteristics All Patients (1st + 2nd Cohorts)

	BFD SD N = 60	BFD LD N = 62	Taxus N = 60
Age (mean ± SD)	68.6 ± 9.0	65.0 ± 9.4	67.9 ± 8.0
Male (%)	67	76	67
Diabetes mellitus (%)	28	29	25
Current Smoker (%)	17	20	12
Hypertension (%)	90	81	85
Hypercholesterolemia (%)	68	74	75
Previous MI (%)	20	21	18
Previous PCI (%)	32	44	46
Unstable angina (%)	12	13	7

All P values are non-significant. Tests were performed for BFD SD vs. Taxus and BFD LD vs. Taxus.

Lesion Location All Patients (1st + 2nd Cohorts)



BFD LD LAD vs. Taxus LAD P=0.04. All other P values are non-significant. Tests were performed for BFD SD vs. Taxus and BFD LD vs. Taxus.

Procedural Characteristics All Patients (1st + 2nd Cohorts)

2/	BFD SD N = 60	BFD LD N = 62	Taxus N = 60
Stents per Patient (mean ± SD)	1.1 ± 0.3	1.1 ± 0.3	1.1 ± 0.2
Otentis per l'attent (mean ± 30)	1.1 ± 0.0	1.1 ± 0.5	1.1 ± 0.2
Pre-procedure Dilation (%)	88	92	92
Post-procedure Dilation (%)	18	23	22
Final TIMI 3 Flow (%)	100	100	100
Device Success (%)	97	100	100
Lesion Success (%)	100	100	100
Procedure Success (%)	100	98*	100

Device Success = Attainment of <50% residual stenosis of the target lesion with the study device and delivery system Lesion Success = Attainment of <50% residual stenosis of the target lesion using any percutaneous method Procedure Success = Attainment of <50% residual stenosis of the target lesion and no in-hospital MACE

*Peri-procedural Non-Q wave MI

All P values are non -significant. Tests were performed for BFD SD vs. Taxus and BFD LD vs. Taxus.

Pre- Procedural QCA All Lesions (1st + 2nd Cohorts)

	BFD SD N = 59	BFD LD N = 63	Taxus N = 60
RVD (mm)	2.8 [2.5, 3.0]	2.8 [2.5, 3.0]	2.8 [2.5, 3.0]
MLD (mm)	0.6 [0.3, 0.9]	0.6 [0.4, 0.9]	0.7 [0.5, 0.9]
% DS	76.0 [64.3, 87.6]	77.2 [67.0, 85.8]	75.9 [67.2, 83.6]
Lesion length (mm)	10.6 [9.3, 13.9]	11.3 [9.8, 13.6]	11.2 [9.5, 14.0]

All values are presented as median [IQR]. All P values are non significant. Tests were performed for BFD SD vs. Taxus and BFD LD vs. Taxus.

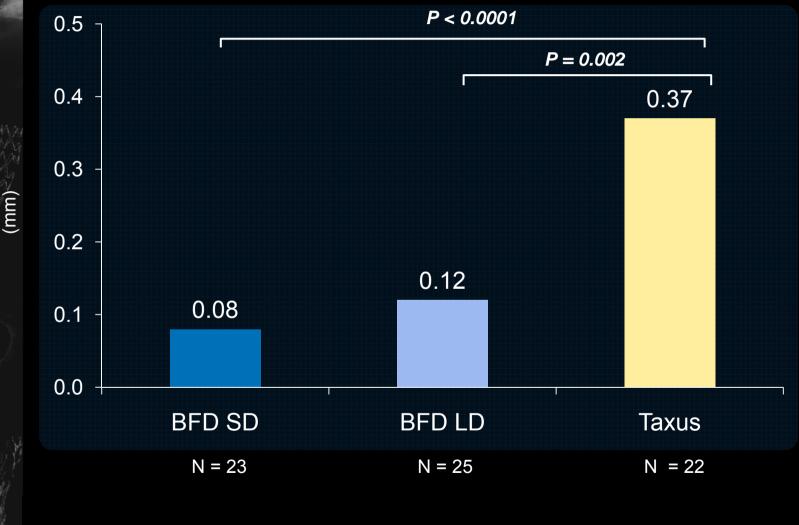
Post- Procedural QCA All Lesions (1st + 2nd Cohorts)

and the second se	BFD SD	BFD LD	Taxus
	N = 59	N = 63	N = 60
Acute Gain (mm)			
In-segment	1.6 [1.3, 2.0]	1.6 [1.4, 1.8]	1.6 [1.3, 2.0]
In-stent	2.0 [1.6, 2.2]	1.9 [1.7, 2.2]	1.9 [1.7, 2.2]
MLD (mm)			
In-segment	2.3 [2.0, 2.5]	2.2 [2.1, 2.5]	2.2 [2.0, 2.6]
In-stent	2.7 [2.3, 2.8]	2.6 [2.3, 2.8]	2.6 [2.4, 2.8]
% Diameter Stenosis			
In-segment	17.2 [9.4, 24.3]	16.9 [12.0, 23.0]	19.1 [12.0, 24.0]
In-stent	6.2 [3.9, 11.5]	7.4 [4.5, 9.9]	6.1 [3.6, 9.4]

All values are presented as median [IQR]. All P values are non-significant. Tests were performed for BFD SD vs. Taxus and BFD LD vs. Taxus.

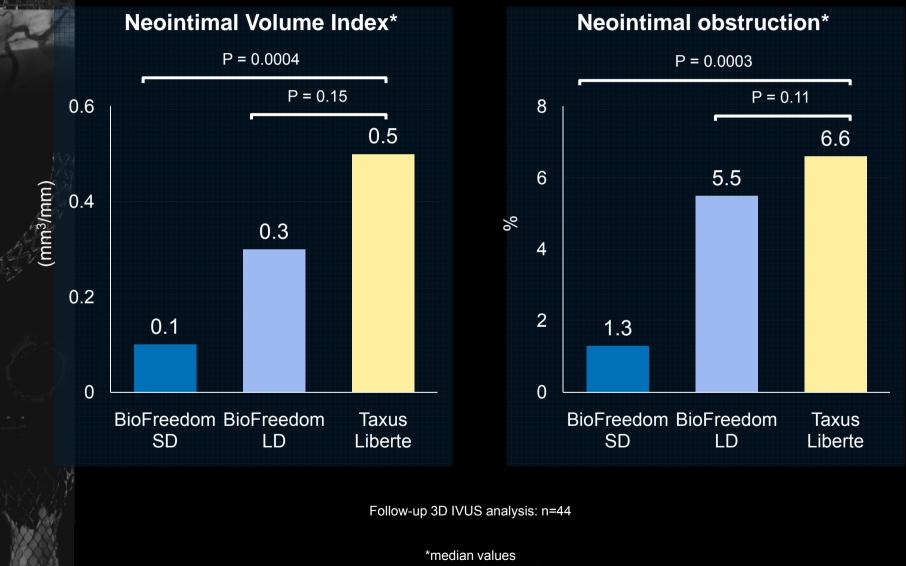
4 Month Angiographic FU In-Stent Late Lumen Loss: 1st Cohort

Secondary Endpoint



All values are presented as median. Grube E., oral presentation, TCT 2009

4-Month IVUS FU 1st Cohort



Grube E., oral presentation, TCT 2009

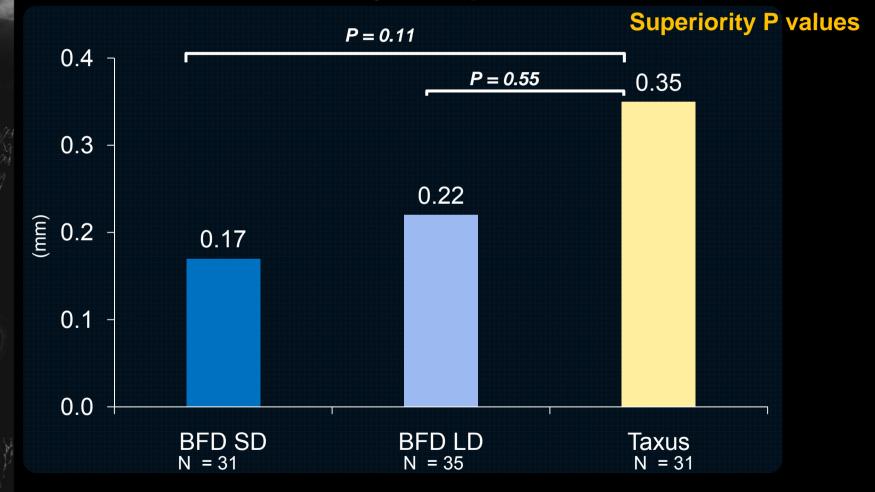
12 Month Angiographic FU 2nd Cohort

	BFD SD	BFD LD	Taxus
	N = 31	N = 35	N = 31
MLD (mm)			
In-segment	2.1 [1.9, 2.4]	2.0 [1.6, 2.3]	2.0 [1.9, 2.3]
In-stent	2.4 [2.0, 2.6]	2.2 [1.8, 2.6]	2.3 [2.0, 2.4]
% Diameter Stenosis			
In-segment	21.8 [14.6, 30.9]	23.7 [15.0, 45.0]	22.9 [17.1, 32.9]
In-stent	13.8 [9.4, 21.3]	13.6 [9.0, 39.5]	19.3 [10.0, 25.0]

All values are presented as median [IQR]. All P values are non significant. Tests were performed for BFD SD vs. Taxus and BFD LD vs. Taxus.

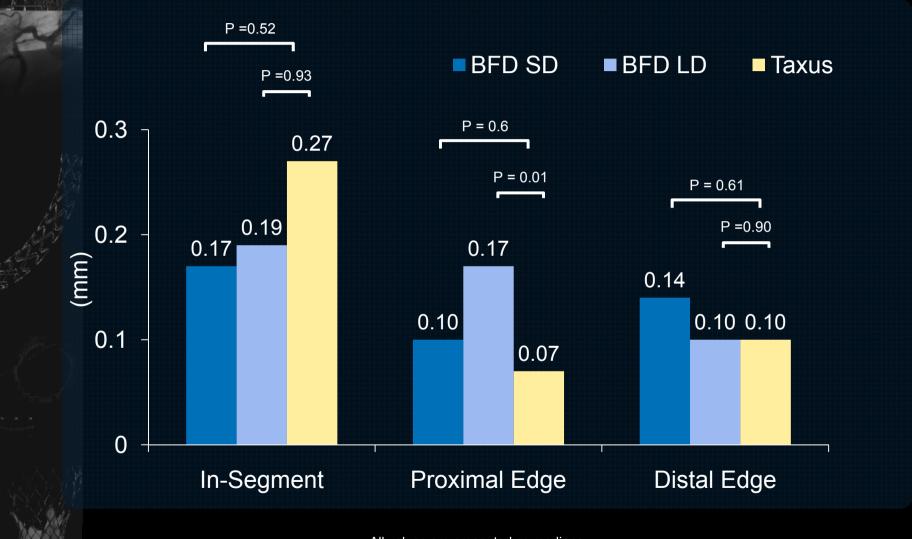
12 Month Angiographic FU In-Stent Late Lumen Loss: 2nd Cohort

Primary Endpoint

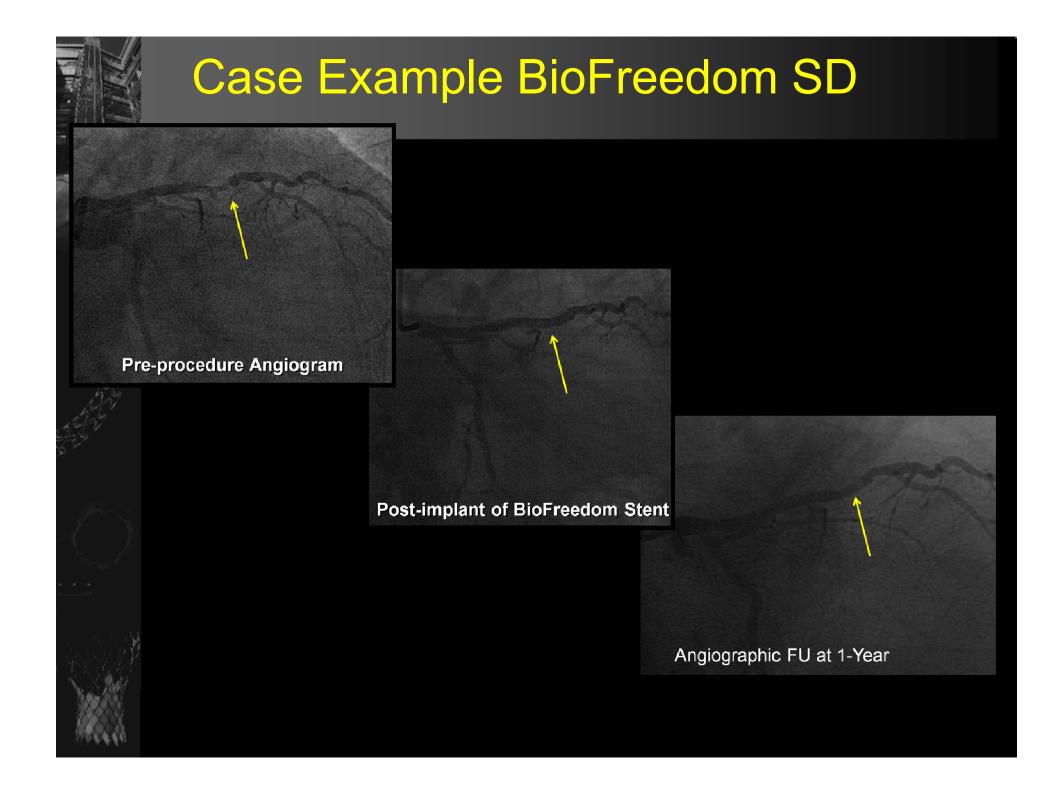


All values are presented as median.

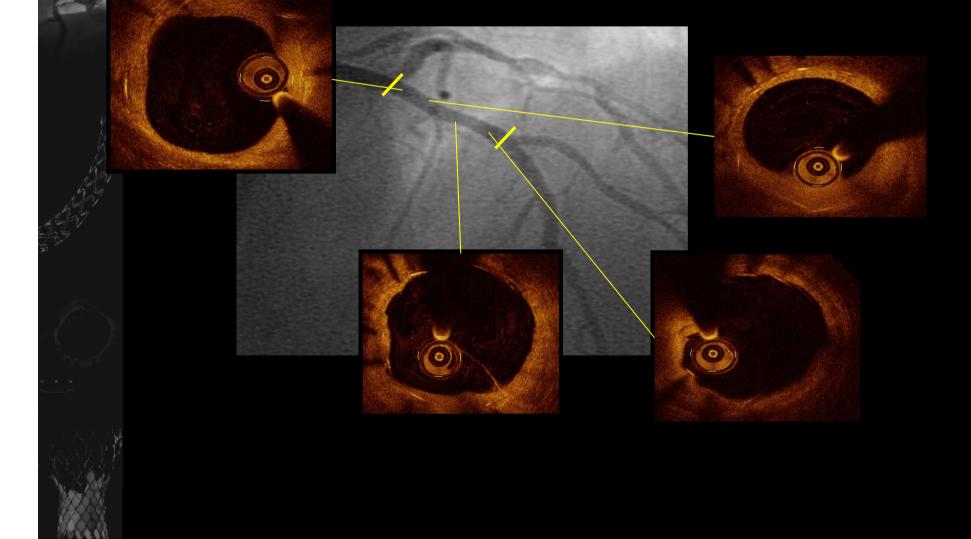
12 Month Angiographic FU Late Lumen Loss: 2nd Cohort



All values are presented as medians. All P-values are caluculated for superiority.



Case Example BioFreedom SD OCT Evaluation at 1 Year FU



12 Month MACE – (KM Estimates) All Patients (1st + 2nd Cohorts)

1000				
		BFD SD N = 60	BFD LD N = 62	Taxus N = 60
	ACE* Il Death, MI, Emergent Bypass or TLR)	3 (6.1%)	7 (11.6%)	3 (5.5%)
R	All Death	1 (1.8%)	0 (0.0%)	0 (0.0%)
	MI	1 (1.8%)	1 (1.6%)	0 (0.0%)
	Q Wave MI	0 (0.0%)	0 (0.0%)	0 (0.0%)
	Non-Q Wave MI	1 (1.8%)	1 (1.6%)**	0 (0.0%)
	Emergent Bypass	0 (0.0%)	0 (0.0%)	0 (0.0%)
	TLR	1 (1.8%)	6 (10.0%)	3 (5.5%)

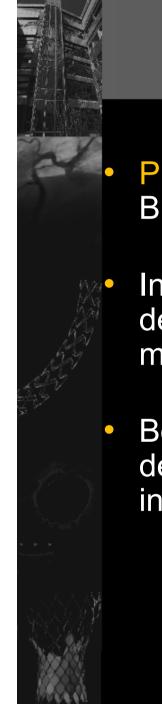
*Time to first event **In-hospital MI

12 Month Stent Thrombosis All Patients (1st + 2nd Cohorts)

	BFD SD N = 60	BFD LD N = 62	Taxus N = 60
Acute (%)	0	0	0
Sub-acute (%)	0	0	0
Late (%)	0	0	0

Possible, probable or definite stent thrombosis as per ARC Definition.

All P values are non significant. Tests were performed for BFD SD vs. Taxus and BFD LD vs. Taxus.



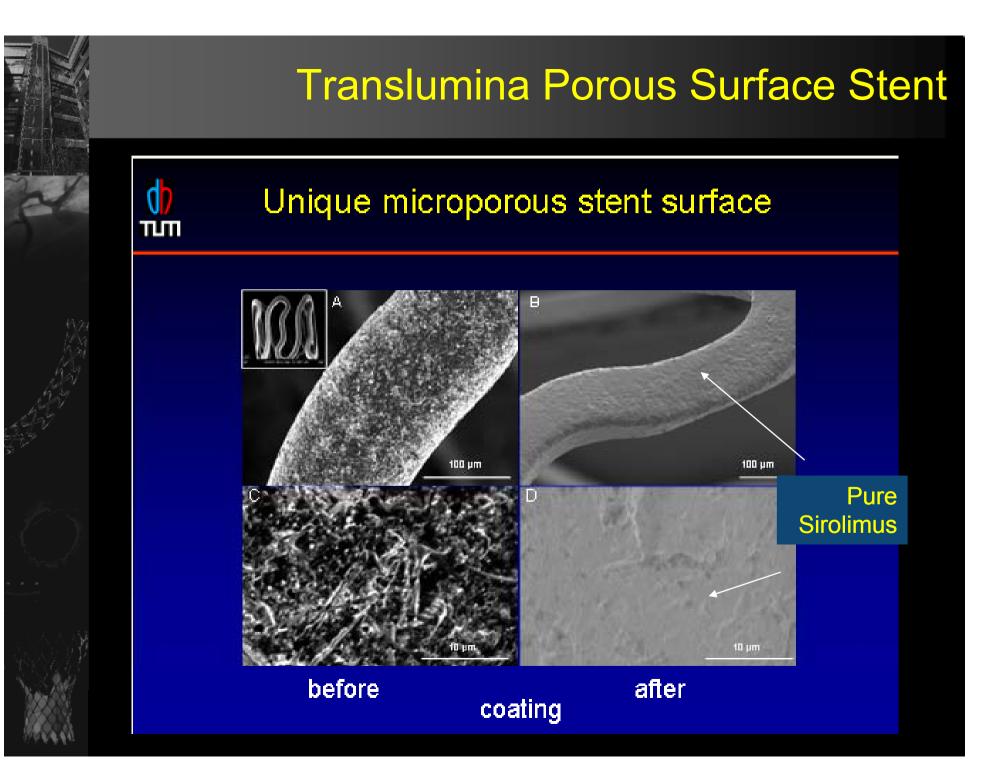
Summary & Conclusions - 1

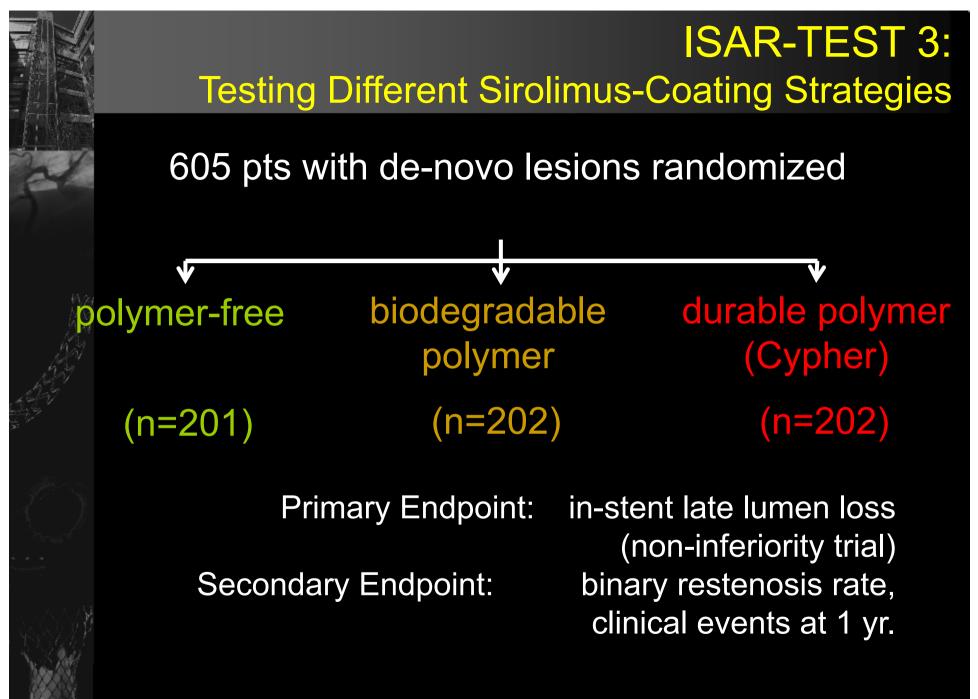
- Primary endpoint (In-Stent LL at 12 months) met: BioFreedom SD non-inferior to Taxus.
- In-Stent LL for BioFreedom SD (0.17 mm) demonstrated a trend towards superiority at 12 months compared to Taxus (0.35 mm).
- Both BioFreedom SD and BioFreedom LD demonstrated sustained safety up to 12 months, including absence of stent thrombosis.

Summary & Conclusions - 2

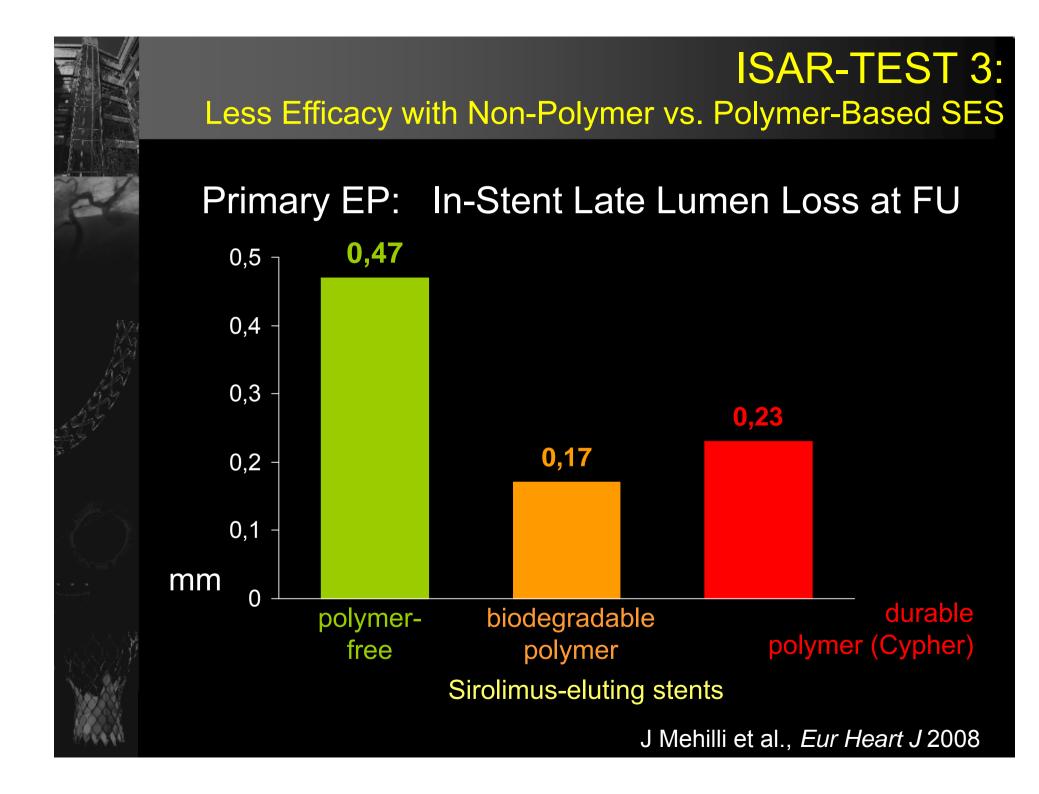
BioFreedom: first polymer-free drug coated stent demonstrating comparable efficacy in inhibiting NIH (as assessed by independent QCA analysis) vs. a currently available DES with durable polymer at 12 months in a randomized clinical trial.

Larger trial with longer term follow-up warranted to confirm these encouraging results.





J Mehilli et al., Eur Heart J 2008



Polymer Free Paclitaxel



§ Abluminal coating – 5µ thickness applied on crimped stent.

S Consistent coating ensuring 98% of the drug delivered to the site.

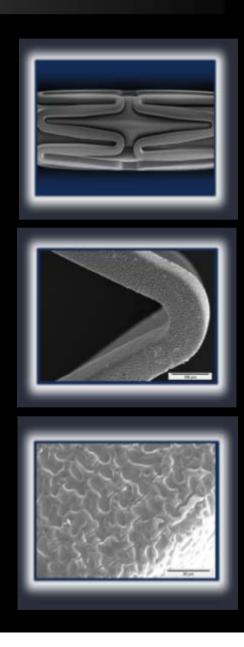
§ Polymer free Paclitaxel.

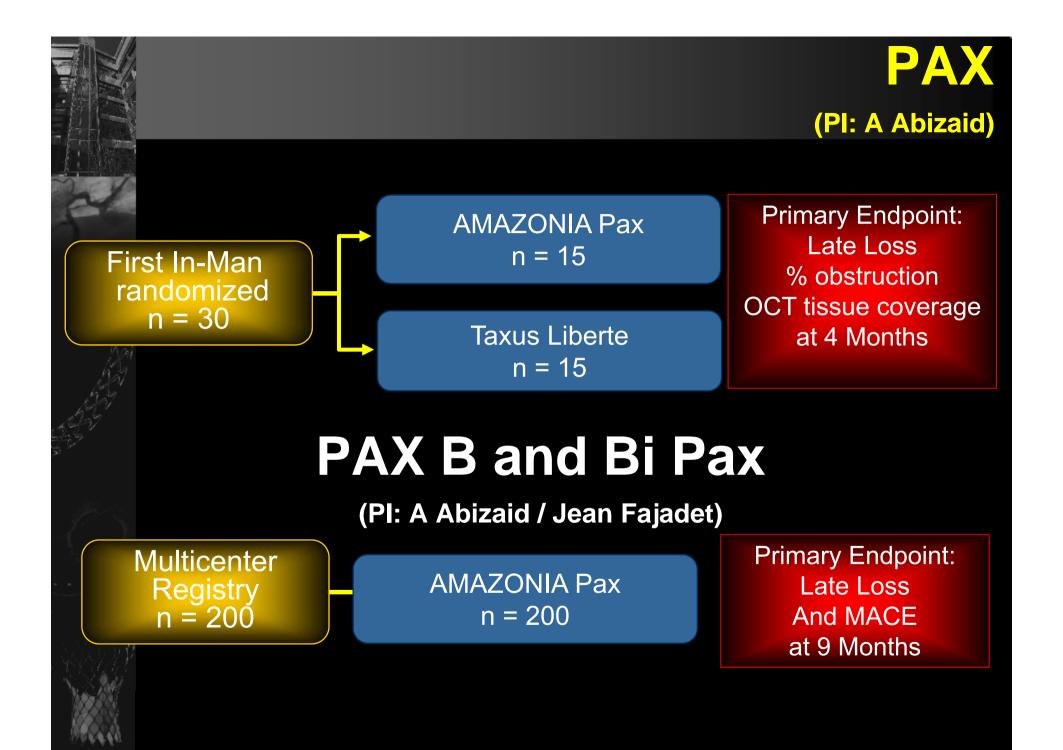
§ 2.5µg/mm² dose.

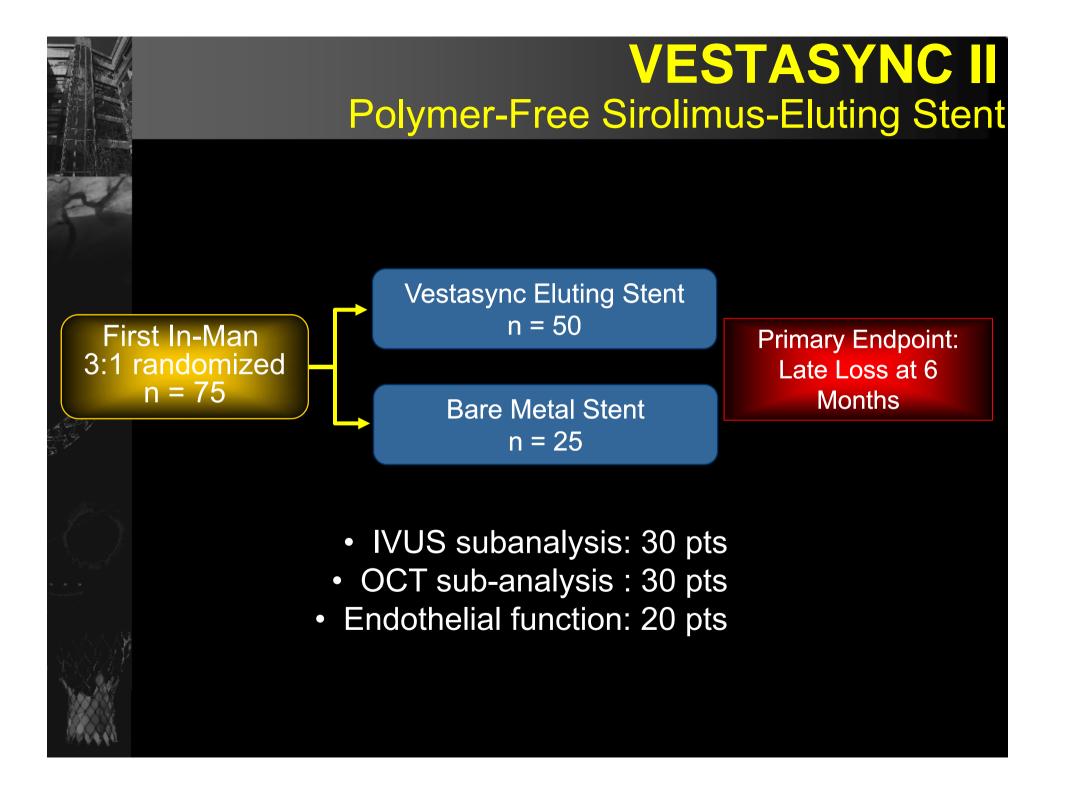
§ Boost-release (60% in 2 days)

Second Profile release established in 30 days (98% of the drug)

§ Back to regular Chromium Cobalt after 45 days.







DES without polymer but optimal release kinetics are the future since this eliminates one additional foreign body which has the potential to cause negative interactions

Thank you