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# Medtronic Evolut Pro: System Overview

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# **Disclosure Eberhard Grube, MD**

Speaker Bureau/Advisory Board: **Equity Interest:** 

Medtronic: C, SB, AB, OF LivaNova: C, SB, AB Highlife: AB, SB Boston Scientific: C, SB, AB Jena Valve: C,SB, AB CardioMech: C, AB Mitral Technology: C, SB,

InSeal Medical: E, AB, MTEx: E, AB, SB Cardiovalve: E, SB, Claret: E, AB Shockwave: E, AB Valve Medical: E, AB Millipede E, AB, SB Pie-Cardia: E, AB, SB Imparative Medical: E, AB Ancora: E, AB, SB

Key

AB

G – Grant and or Research Support E – Equity Interests S – Salary, AB – Advisory Board C – Consulting fees. Honoraria R – Royalty Income I – Intellectual Property Rights SB – Speaker's Bureau 0 – Ownership OF – Other Financial Benefits'

#### **PROVEN PLATFORM PERFORMANCE** MEDTRONIC COREVALVE™ AND EVOLUT™ SYSTEMS



Medtronic CoreValve and Evolut R Systems have an extensive history of proven platform performance:

- > 120,000 Implants
- > 1,000 Centers
- > 100 Countries



### MEDTRONIC EVOLUT PRO SYSTEM DESIGN GOALS

The Evolut PRO system is a next generation self-expanding transcatheter aortic valve (TAV) that is intended to achieve two primary performance goals:



#### **Provide Advanced Sealing**

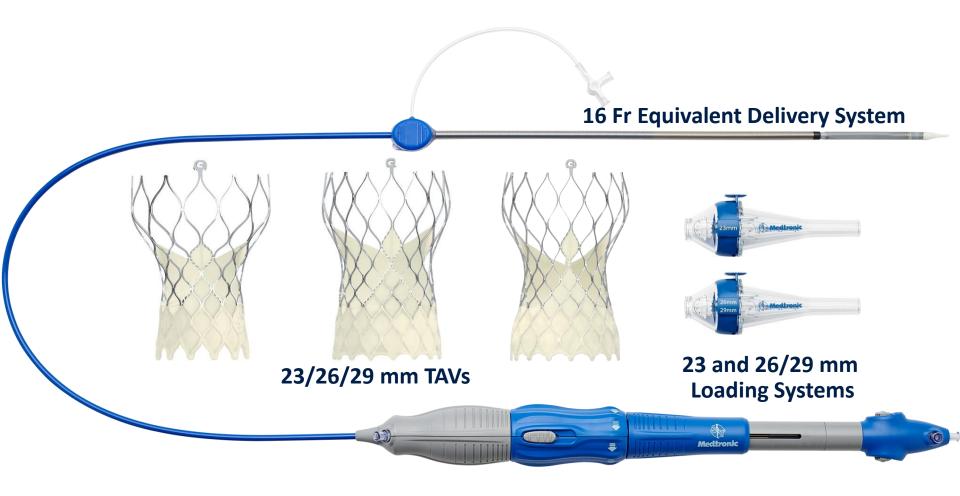
- Greater surface area contact
- Low PVL Rates

#### Maintain Proven Platform Performance

- Unsurpassed Hemodynamics
- Control During Deployment
- Low Delivery Profile



#### MEDTRONIC EVOLUT PRO SYSTEM SYSTEM COMPONENTS



#### **EVOLUT PLATFORM** INDICATED ANNULUS RANGE (MM)

Together, the Evolut PRO and Evolut R Systems treat the widest annulus range of any commercially available TAVR system\*



|                         | Evolut PRO TAV |    |      |      |    |      |       | Evolut R TAV |      |       |    |    |      |
|-------------------------|----------------|----|------|------|----|------|-------|--------------|------|-------|----|----|------|
|                         | 23 m           | m  |      | 26 r | nm |      | 29 mm |              |      | 34 mm |    |    |      |
| Diameter (mm) 17**      | 18             | 19 | 20   | 21   | 22 | 23   | 24    | 25           | 26   | 27    | 28 | 29 | 30   |
| Perimeter (mm) + 53.4** | 56.5           |    | 62.8 |      |    | 72.3 |       |              | 81.7 |       |    |    | 94.2 |

\* Based on CT measurement

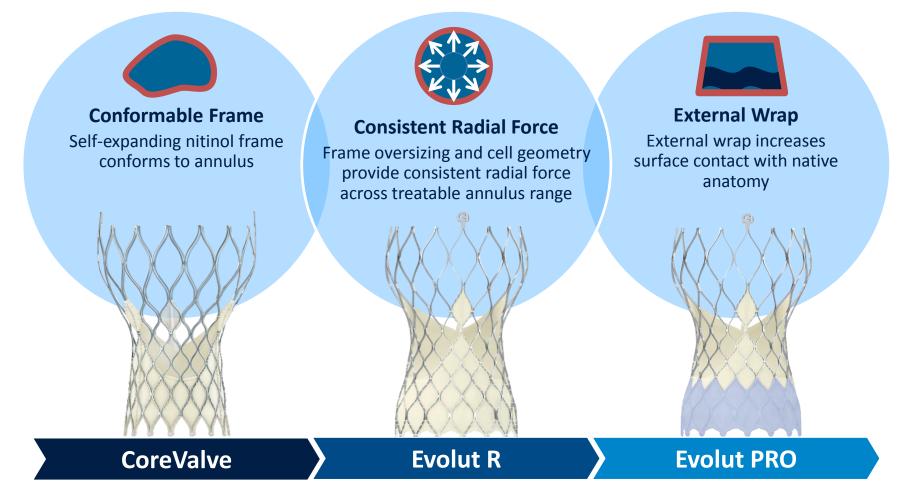
\*\*Measurement for TAV in SAV only. |  $\dagger$  Annulus Perimeter = Annulus Diameter x  $\pi$ 

# **EVOLUT PRO DESIGN GOAL 1: ADVANCED SEALING**

MEDICAL EDUCATION ACADEMIA

#### **EVOLUT PRO TRANSCATHETER VALVE** ADVANCED SEALING

#### **Building on Proven Design for Advanced Sealing**



## **EVOLUT PRO** WRAP DESIGN AND CONSTRUCTION

- Evolut R TAV with added external porcine pericardial wrap
  - Identical frame and inner tissue as Evolut R
  - External wrap covers first 1½ inflow cells and extended skirt
- Sutures secure inner skirt and outer wrap together to the frame
  - Same number and location of sutures as Evolut R TAV

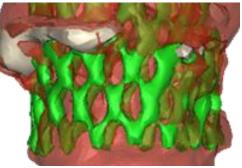


### **EVOLUT PRO EXTERNAL TISSUE WRAP** INCREASED SURFACE CONTACT WITH NATIVE ANATOMY

#### External Tissue Wrap Increases Surface Contact with Native Anatomy

- Surface contact between a transcatheter aortic valve and the native anatomy is critical for effective sealing
- Evolut PRO TAV's conforming frame and consistent radial force provide contact at multiple levels
- The external wrap provides added tissue volume between the TAV and native anatomy to help reduce gaps and increase surface contact area

\*Bench top evaluation of the frame contacting the annulus based on a CT analysis of 1 patient; Image Courtesy of Dr. Piazza and Prof. Lange, German Heart Center, Munich Germany NOTE: Images are for illustrative purposes only and may not be indicative of clinical performance. Conforming Frame Seals at Multiple Levels\*



Bright Green = Contact with Native Anatomy

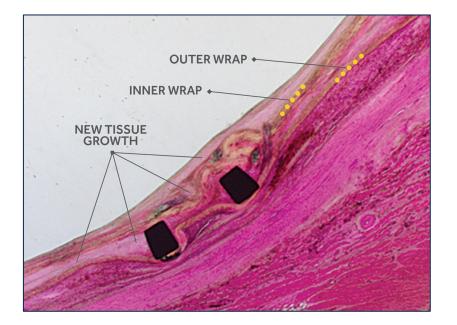
External Wrap Helps Reduce Gaps to Increase Surface Contact



#### **PORCINE PERICARDIAL TISSUE INTERACTION**

### Animal Studies Suggest Favorable Response and Interaction with Native Tissue

- Low inflammatory response<sup>1</sup>
- Stable and mature tissue growth observed at 90 days post implant<sup>1</sup>
  - Thin and even layer of endothelial cells on inner lumen of device



Evolut PRO explanted from Porcine Model at 60 Days Cross Section between Nodes 1 and 2, example picture from MDT research study on file illustrating tissue interaction.<sup>2</sup>

- 1. Medtronic data on file. 90 day porcine GLP Evolut R study, results may not be indicative of clinical performance
- 2. Medtronic, data on file. 60 day porcine research study model, results may not be indicative of clinical performance.

# **EVOLUT PRO DESIGN GOAL 2: PROVEN PLATFORM PERFORMANCE**

## **EVOLUT PRO SYSTEM** PROVEN PLATFORM PERFORMANCE



Evolut R TAV

# Proven Platform Performance

- Supra-annular valve function provides unsurpassed hemodynamics
- Controlled, accurate deployment with the ability to recapture and reposition
- Lowest delivery profile with integrated InLine Sheath



Evolut PRO TAV

#### PROVEN PLATFORM PERFORMANCE EVOLUT FAMILY TAV DESIGN

#### SUPRA ANNULAR VALVE DESIGN

- Maximizes leaflet coaptation
- Promotes single digit gradients and large EOAs

#### **PORCINE PERICARDIAL TISSUE**

- Thin for low profile delivery
- Strength and pliability for durability

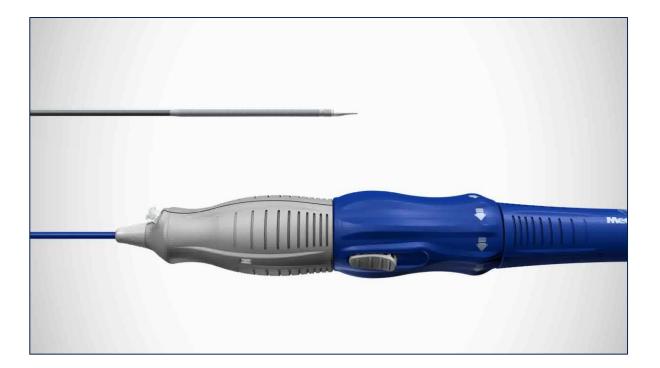
#### **SELF-EXPANDING FRAME**

- Conforms and seals to the annulus
- The foundation for recapturability



#### **PROVEN PLATFORM PERFORMANCE** CONTROLLED, ACCURATE DELIVERY WITH ABILITY TO RECAPTURE

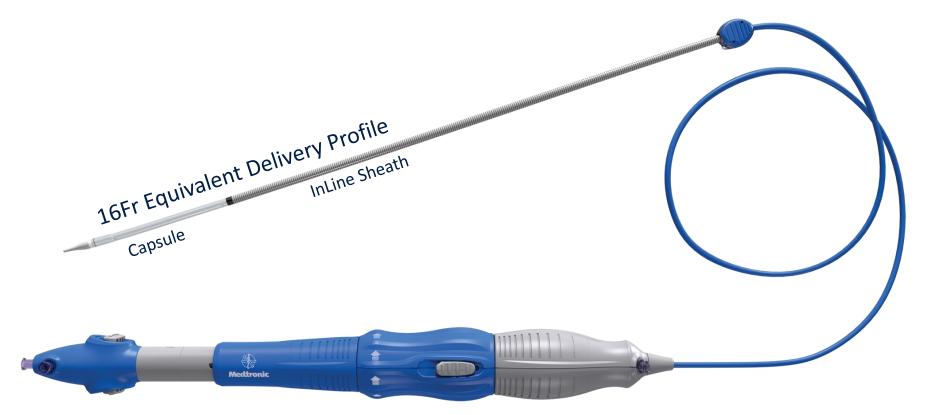
# EnVeo<sup>™</sup> R 16Fr Equivalent DCS enables controlled 1:1 Response with ability to Recapture





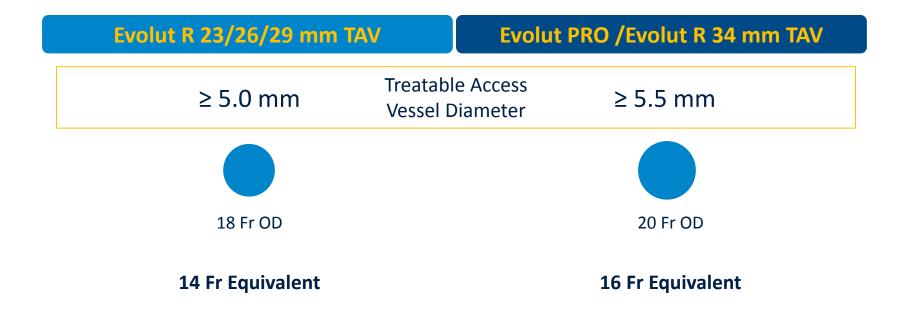
#### **LOWEST DELIVERY PROFILE** 5.5MM ACCESS VESSEL REQUIREMENT

EnVeo R InLine<sup>™</sup> Sheath allows treatment of trans-arterial access vessel diameters ≥ 5.5 mm across all Evolut PRO valve sizes



#### **EVOLUT PRO DELIVERY CATHETER SYSTEM** DELIVERY PROFILE COMPARISON

#### Lowest delivery profile across all valve sizes with InLine Sheath



The Evolut System retains its outer diameter as it enters the vessel and remains at this diameter as it is advanced to the annulus.

#### 7 Medtronic Evolut PRO Overview | Medtronic - Confidential

# **EVOLUT PRO CLINICAL PERFORMANCE**

MEDICAL EDUCATION ACADEMIA

#### **EVOLUT PRO SYSTEM CLINICAL TRIAL** PATIENT CHARACTERISTICS

| Characteristic, mean ± SD or %       | N=60          |  |  |  |
|--------------------------------------|---------------|--|--|--|
| Age, years                           | 83.3 ± 7.2    |  |  |  |
| Female                               | 65.0          |  |  |  |
| BSA, m <sup>2</sup>                  | $1.8 \pm 0.2$ |  |  |  |
| STS – PROM, %                        | 6.4 ± 3.9     |  |  |  |
| NYHA Class III or IV                 | 70.0          |  |  |  |
| Peripheral vascular disease          | 43.3          |  |  |  |
| Atrial fibrillation / atrial flutter | 18.6          |  |  |  |
| Diabetes mellitus                    | 43.3          |  |  |  |
| Severe aortic calcification          | 20.5          |  |  |  |
| LV ejection fraction, %              | 58.9 ± 12.4   |  |  |  |
| Pre-existing pacemaker               | 15.0          |  |  |  |

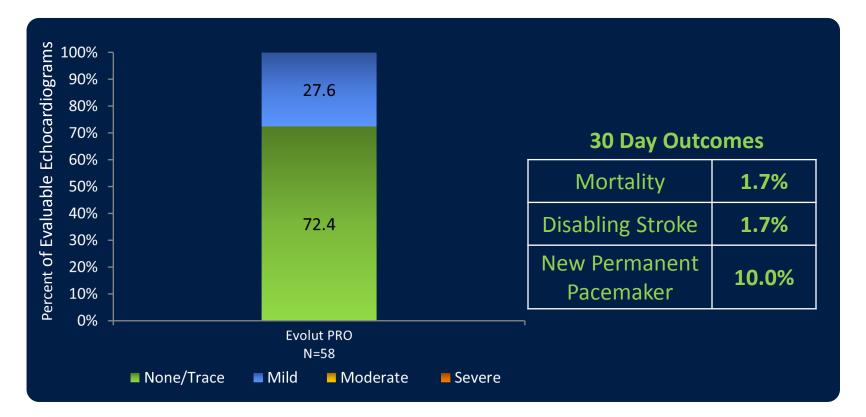
#### **EVOLUT PRO SYSTEM CLINICAL TRIAL** PROCEDURAL OUTCOMES

| Characteristic, % or mean ± SD      | N = 60    |
|-------------------------------------|-----------|
| General anesthesia                  | 58.3      |
| Iliofemoral access approach         | 98.3      |
| Valve Size Implanted                |           |
| 26 mm                               | 40.0      |
| 29 mm                               | 60.0      |
| Pre-TAVR balloon dilation           | 51.7      |
| Post-implant balloon dilation       | 26.7      |
| Percentage of patients repositioned | 35.0      |
| Average implant depth, mm           | 4.3 ± 1.6 |

Forrest, et al., ACC, 2017

#### **EVOLUT PRO SYSTEM CLINICAL TRIAL** ADVANCED SEALING

# Low rates of PVL while maintaining low rates of mortality, stroke, and need for pacemaker

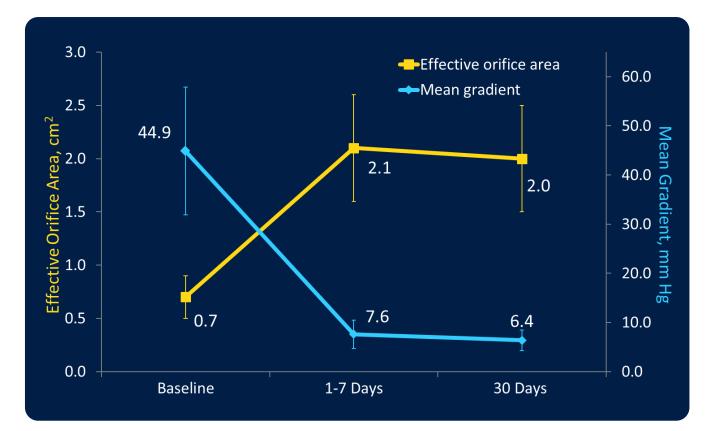


Forrest, et al., ACC, 2017

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#### **EVOLUT PRO SYSTEM CLINICAL TRIAL** UNSURPASSED HEMODYNAMIC PERFORMANCE

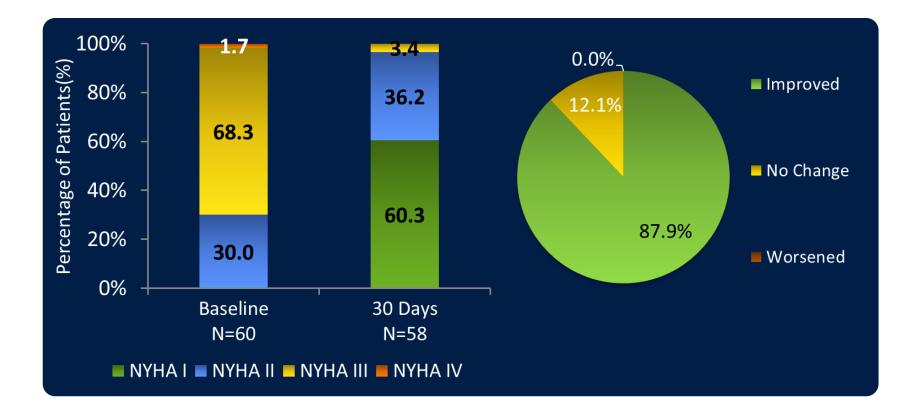
# Supra-annular valve function provides single-digit gradients and large effective orifice areas



Forrest, et al., ACC, 2017

#### **EVOLUT PRO CLINICAL TRIAL** SYMPTOMATIC IMPROVEMENT

#### 87.9% of survivors improved NYHA class at 30 days



Forrest, et al., ACC, 2017

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# **EVOLUT PRO TRANSFEMORAL PROCEDURE & CASE EXAMPLE**

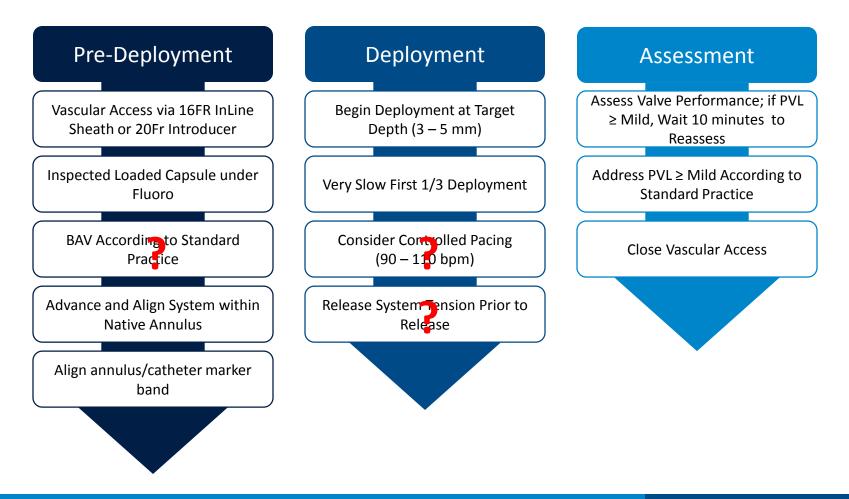
#### **EVOLUT PRO/ EVOLUT R PATIENT SELECTION** AORTIC ROOT CRITERIA

| Valve Size Selection                  |                       | Evolut R TAV   |                |                |
|---------------------------------------|-----------------------|----------------|----------------|----------------|
|                                       |                       |                |                |                |
| Size                                  | 23 mm                 | 26 mm          | 29 mm          | 34 mm          |
| Annulus Diameter                      | 17*/18 – 20 mm        | 20 – 23 mm     | 23 – 26 mm     | 26 - 30 mm     |
| Annulus Perimeter ( $\pi$ x Diameter) | 53.4*/ 56.5 – 62.8 mm | 62.8 – 72.3 mm | 72.3 – 81.7 mm | 81.7 – 94.2 mm |
| Sinus of Valsalva Diameter (Mean)     | ≥ 25 mm               | ≥ 27 mm        | ≥ 29 mm        | ≥ 31 mm        |
| Sinus of Valsalva Height (Mean)       |                       | ≥ 15 mm        |                | ≥ 16 mm        |

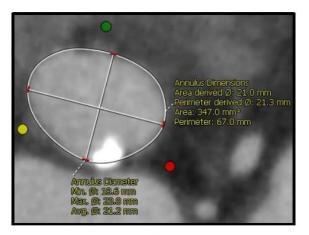
\* Measure for TAV in SAV only

### **EVOLUT PRO PROCEDURE** PROCEDURE OVERVIEW

#### **Controlled, Accurate Deployment via Familiar Evolut Procedure and Best Practices**



### **EVOLUT PRO CASE EXAMPLE** AORTIC ROOT MEASUREMENTS



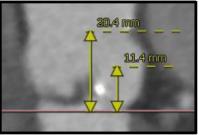
35% cardiac phase

#### Ao Annulus mean diameter 21.2 mm 23.8 x 18.6 Major x Minor aortic annulus diameter

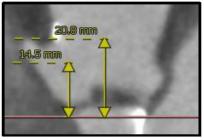
67.0Aortic Annulus perimeter (21.3 x 3.14)34.8Max Ascending Aorta diameter28.4 - 29.0Sinus of Valsalva diameter (Mean 28.6)20.2 - 20.8Sinus of Valsalva height (Mean 20.5)25.9 - 26.9Sinotubular Junction Diameter (STJ)

#### **Sinus Height**

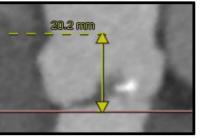
Left Coronary Cusp



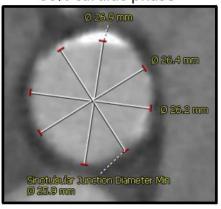
#### **Right Coronary Cusp**



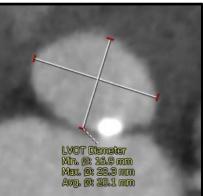
Non Coronary Cusp



# **SOV diameter** 60% cardiac phase

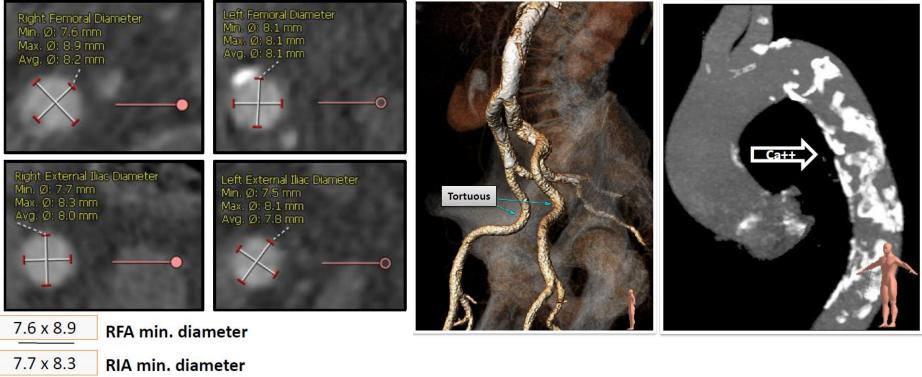


LVOT



#### **EVOLUT PRO CASE EXAMPLE** ACCESS MEASUREMENT AND ASSESSMENT

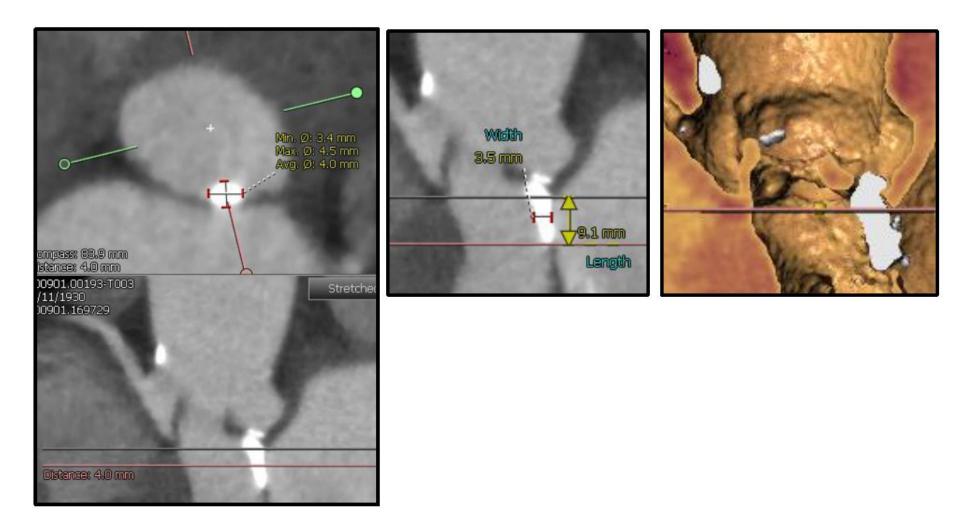
#### Clinical Analyst's Image



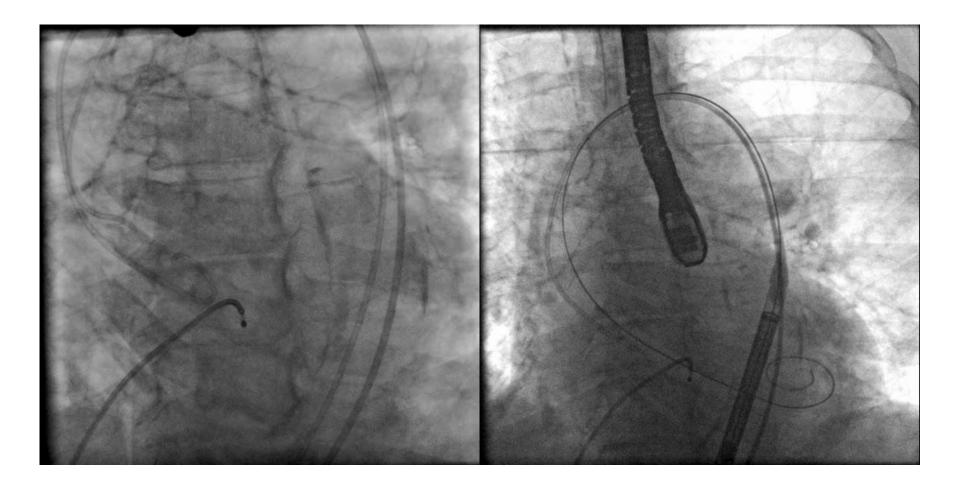
8.1 x 8.1 LFA min. diameter

7.5 x 8.1 LIA min. diameter

#### **EVOLUT PRO CASE EXAMPLE** ANNULAR AND LVOT CALCIFICATION ASSESSMENT

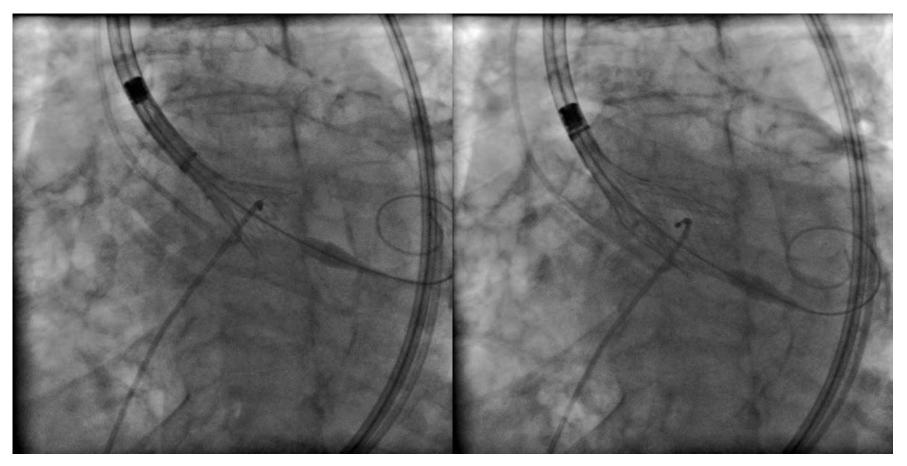


#### **EVOLUT PRO CASE EXAMPLE** SYSTEM TRACKING



#### **EVOLUT PRO CASE EXAMPLE** VALVE DEPLOYMENT TO POINT OF NO RECAPTURE

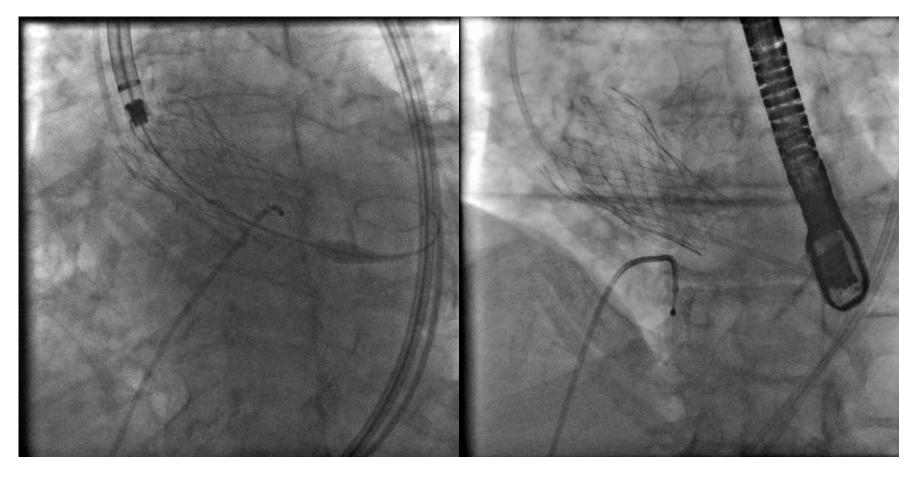
#### **Controlled, 1:1 Response with Ability to Recapture\***



\*Able to recapture up to three times before reaching the point of no recapture; upon third recapture the system must be removed from the patient and replaced with a new delivery system and TAV.

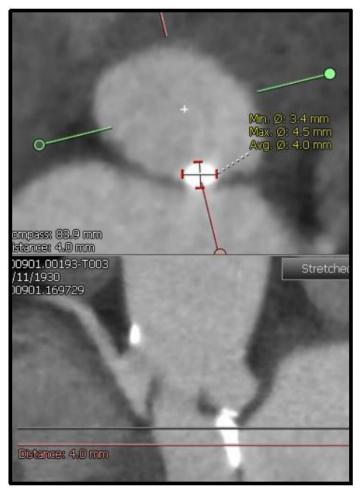
#### **EVOLUT PRO CASE EXAMPLE** VALVE RELEASE AND ASSESSMENT

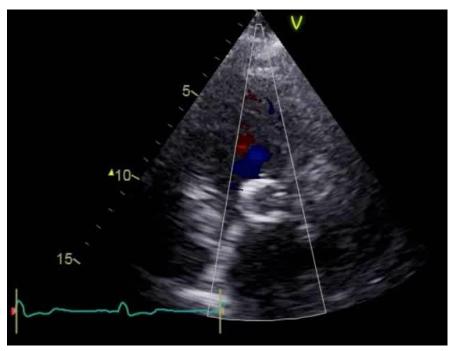
#### Conformable frame, Consistent Radial Force, and External Wrap for Advanced Sealing



#### **EVOLUT PRO CASE: LVOT CALCIFICATION** AR AT DISCHARGE AND 30 DAYS

#### **Unsurpassed Hemodynamics**





#### Site Reported AR\*:

- Discharge = None
- 30 Days = None
- \*Represents one case only and may not be indicative of clinical performance in other patients.

#### MEDTRONIC EVOLUT PRO SYSTEM SUMMARY

#### **Intended for Advanced Sealing**

- Conforming frame and consistent radial force provide contact at multiple levels in various annulus shapes
- External tissue wrap increases surface contact area

#### **Proven Platform Performance**

- Controlled, accurate deployment with the ability to recapture
- Supra-annular valve function provides unsurpassed hemodynamics
- Lowest delivery profile with integrated InLine Sheath



# Thank you for your kind attention!

