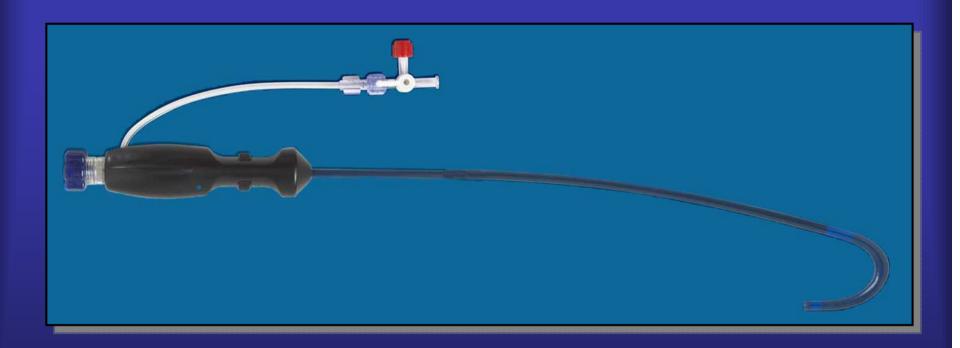
Milano II Feasibility Trial Early Experiences Edwards MOBIUS Leaflet Repair System

Maurice Buchbinder, MD
Foundation for Cardiovascular Medicine
La Jolla, CA

MOBIUS: Leaflet Repair System Edwards LifeSciences

- Purpose
 - > Repair degenerative/Organic Mitral valve disease
- Basic Concept
 - Perform an edge to edge (Alfieri) repair using Percutaneous approach
- Working Principle
 - Deliver suture(s) across Mitral valve
 - Secure suture with Nitinol clip(s)
- Guidance
 - Angiography
 - Echocardiography (ICE or TEE)

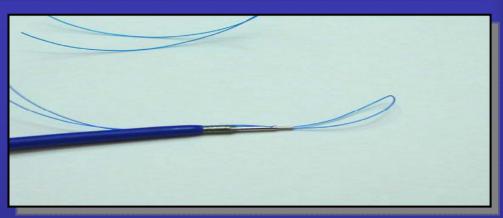
MOBIUS system:

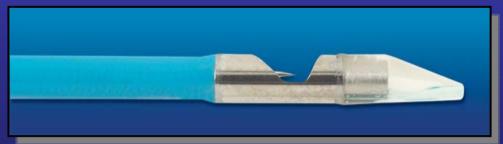


Guide catheter – 17F single plane deflecting tip device

MOBIUS system:

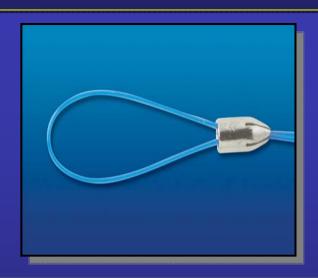


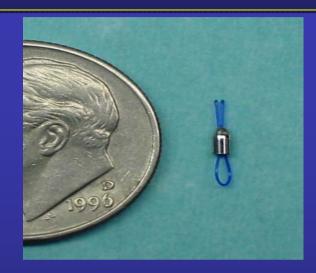




- Therapy catheter 11F
- "Housing" includes vacuum port, needles, suture

MOBIUS system:





- Fastener catheter 7F
 - **D** Low profile
 - Flexible
 - **▷** Built-in nitinol clip

Clinical Experience

- Phase I Feasibility Europe & Canada
- Non-randomized, multi-center study
- Purpose: To demonstrate the safety and feasibility of the Edwards MOBIUS Leaflet Repair System for the treatment of organic MR
- Current Status: Study is in re-activated phase of enrollment

MILANO II Study

Inclusion criteria

- **MR grade 2 4**
- Degenerative etiology with no significant annular enlargement

MILANO II Study

Endpoints

Safety **Efficacy Primary Death / pericardial effusion Procedural** / embolisation / AMI at success: MR reduction ≥ 1 grade, 30 days w/o complication Secondary Death / AMI/ pulmonary MR reduction ≥ 1 edema/ Worsening MR / grade @ 3-months **Persistent ASD** /embolisation at 3-months

Milano II Study Team

Site	Interventional PI	Echo PI
Hospital Bichat	Alec Vahanian	Eric Brochet
Montreal Heart Institute	Raoul Bonan	Arsenè Basmadjian
St. Paul's Hospital	John Webb	Brad Munt
San Rafaelle Hospital	Francesco Maisano	G. LaCanna

- Study PI:
 - **▶** Maurice Buchbinder, Scripps Memorial, La Jolla
- Echo Pl:
 - ▶ Maurice Sarano, Mayo Clinic; Rochester
- Echo Core Lab:
 - ▶ Neil Weissman, Cardiovascular Research Institute; Washington, DC
- Protocors:
 - ▶ Maurice Buchbinder, Scripps Memorial, La Jolla
 - > Francesco Maisano, San Rafaelle; Milan
 - > Tasneem Naqvi, Cedars-Sinai; Los Angeles

Case Reviews of MOBIUS System Patients

Case # 1: P2 prolapse

○ Case # 2: P2 flail

Case # 3: P2 flail with ischemic MR

Clinical case

- 72 year male
- Active Smoldering Lymphoma (1995),chemotherapy,thrombopenia
- Pacemaker 2004
- History
 - **► MR dg. 1995. Pulmonary edema**
 - Surgery was contraindicated
 - Currently: Dyspnea NYHA class III
 - **▶ Med Rx: ACE inhib, Furosemide**

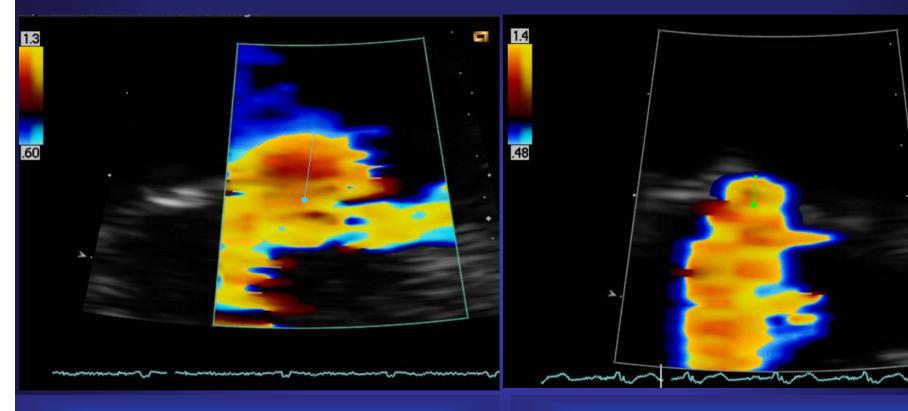
Echocardiography

OLV ESD: 43 mm

UVEF: 40 %

Severe MR: ERO =68mm²; R Vol =57ml

SPAPs: 45 mmhg



PRE

ERO: 48 mm² RV: 57 ml

POST

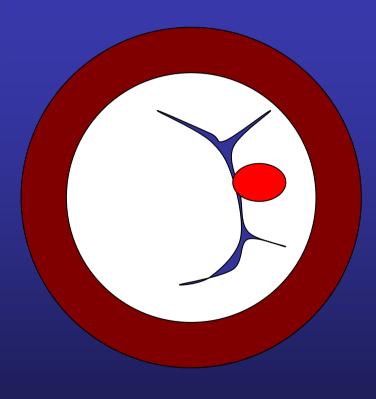
ERO: 8 mm² RV: 12 ml

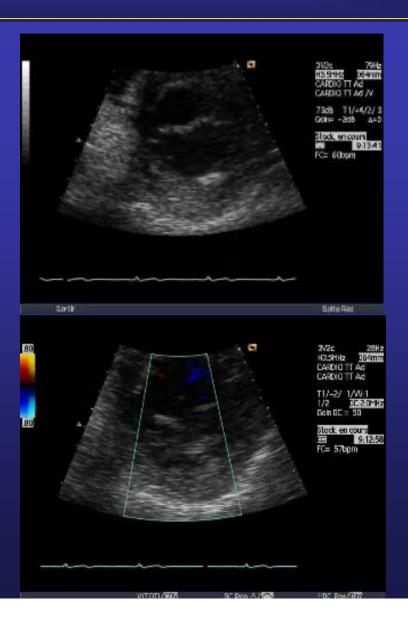
Case # 2 – Flail P2 scallop with severe, anteriorly directed jet

- Male, 61 years old
- Presented with 4+ MR, active tuberculosis
- Mild/Moderate annular dilatation
- Moderately thickened leaflets with flail P2

Pre-procedure: Short Axis View

4+ MR





Maurice Buchbinder, MD Foundation for Cardiovascular Medicine

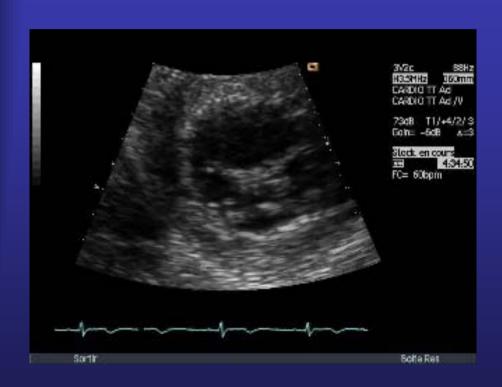
Pre-procedure: Long Axis View





Discharge: Echo Views

2+ MR (2 grade reduction) Double suture repair







Case # 2: Summary

Anatomy: Flail P2 scallop with severe, anteriorly directed jet

Repair: Double suture

MR Reduction: 2 grades at discharge

Case # 3 – Flail P2 with dilated left atrium, ventricle, and annulus

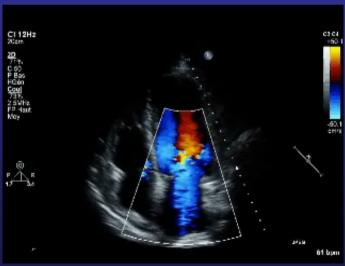
- Male, 77 years old
- Presented with 4+ MR, CAD, old inferior infarct, CABG x3 (1991), PAD
- High risk surgical patient
- Central jet
- Thick leaflets
- Globally hypokinetic, inferior akinesia, dystrophic valves

Pre-Procedure: Long Axis Views









Discharge: Echo Views

- 3+ MR (1 grade reduction)
- MR from flail is eliminated, but ischemic MR remains
- Double suture repair





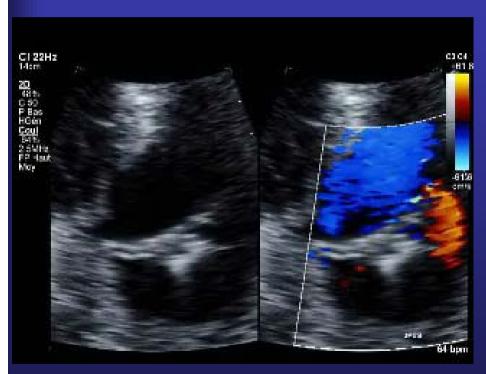


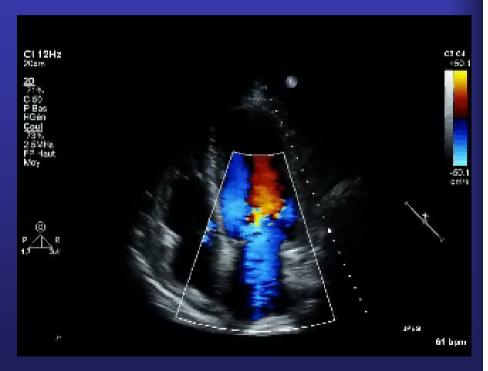
Discharge vs. Pre-Procedure: Echo Views

Jet direction altered

Discharge

Pre-Procedure





Case # 3: Summary

Anatomy: Flail P2 with dilated atrium, ventricle and annulus

Repair: Double suture

MR Reduction: 1 grade at discharge (flail MR), ischemic MR remains

Clinical Results: 30 DAY outcome F.I.M.

15 patients enrolled

Acute procedural success (9)

Stitch- 3 single, 5 double, 1 triple

Acute reduction MR 2 grade

Figure of "8" at 30days

Present- 5

Absent- 4

Procedural failure (6)

Surgical Repair (6)

Ма

Safety Results: 30 days

© MI	0	
© CVA	0	
Death	0	
Worsening MR	0	
Pericardial effusion	1	
Clip Embolism	1	

Conclusion

- Experience to date has confirmed a reproducible procedure with a reliable rate of primary success and no acute complications.
 - ▶ Echo visualization and guidance remains a significant challenge...
 - > From this very early experience careful selection of patients with specific Valvular pathologies seems critical
 - ► Extent of MR reduction and long term durability of the repair remains the primary goal of our ongoing investigation.