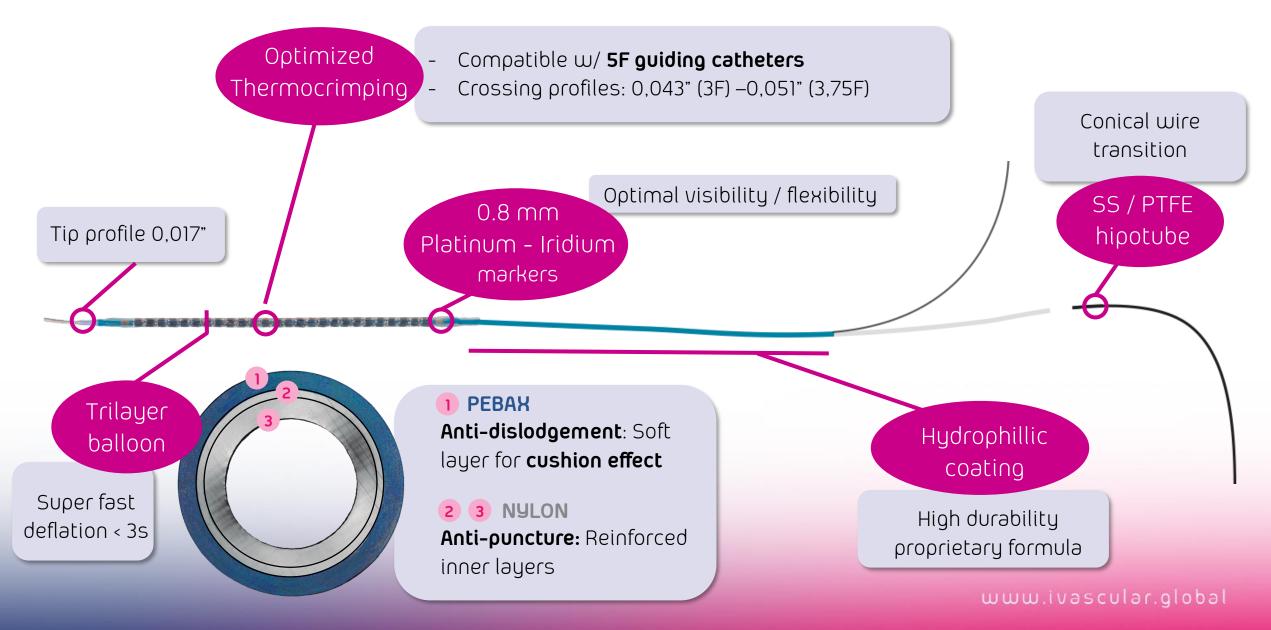
angiolite BTK Sirolimus eluting stent



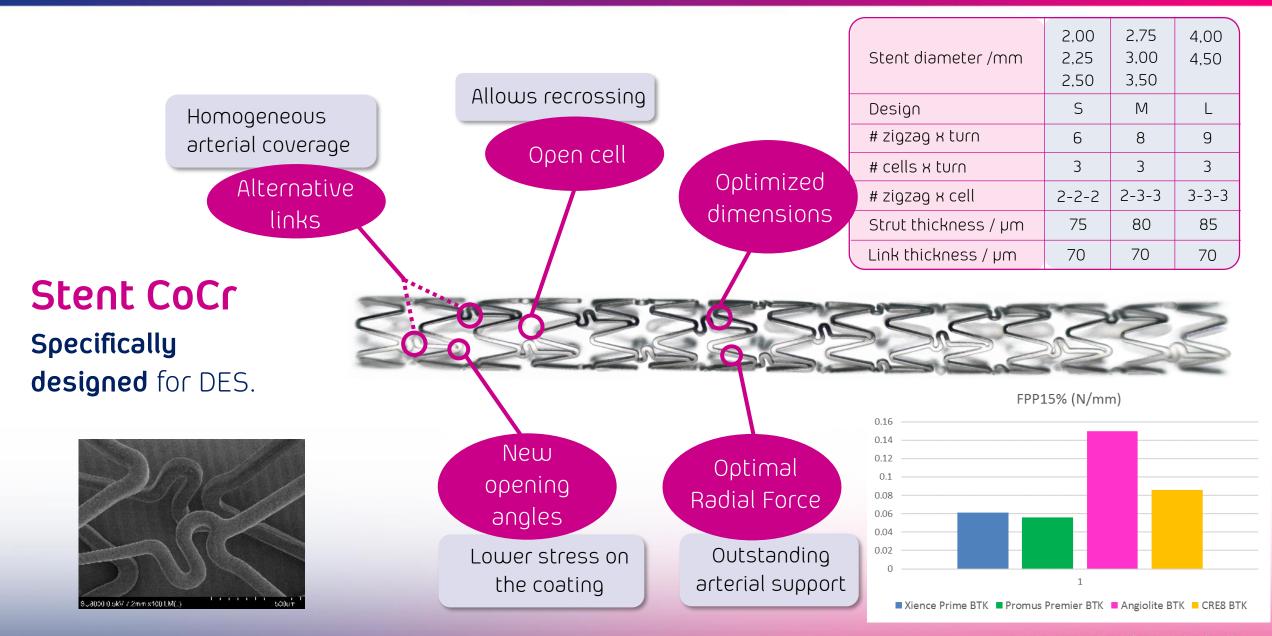
Elements of angiolite BTK DES

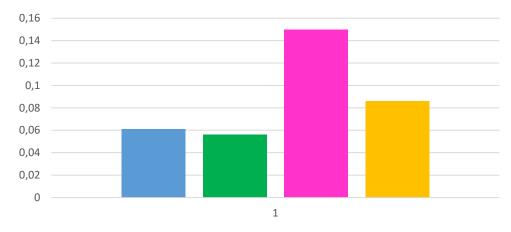


Balloon catheter Rapid exchange catheter (RX) & semi-compliant balloon



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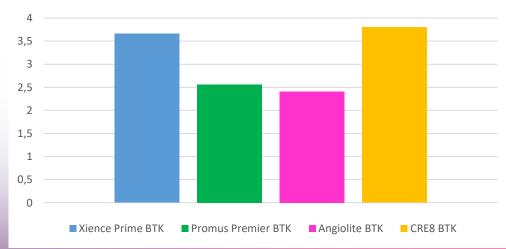


FPP15% (N/mm)

■ Xience Prime BTK ■ Promus Premier BTK ■ Angiolite BTK ■ CRE8 BTK







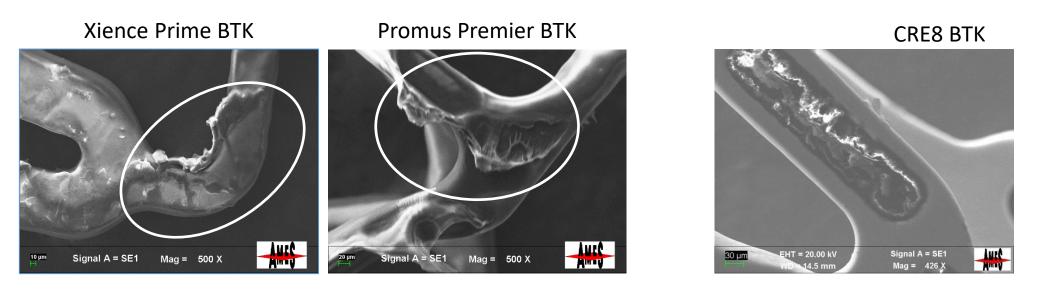
Big Radial Force

Minimum recoil

Coating

	3 layers
Acrylate	 Primer Assures adhesion to BMS
Fluoropolymer + Sirolimus	 2. Matrix Integrity, elasticity, cohesion
Fluoropolymer	3. TopControls elution kinetics

Coating Integrity





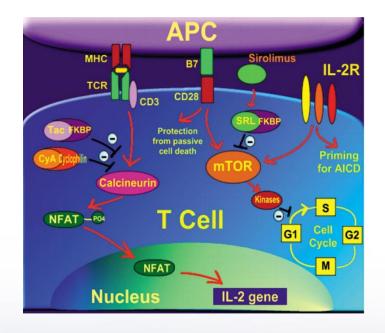
Innovative coating technology

Flexible formula

Durable

Coating

Sirolimus

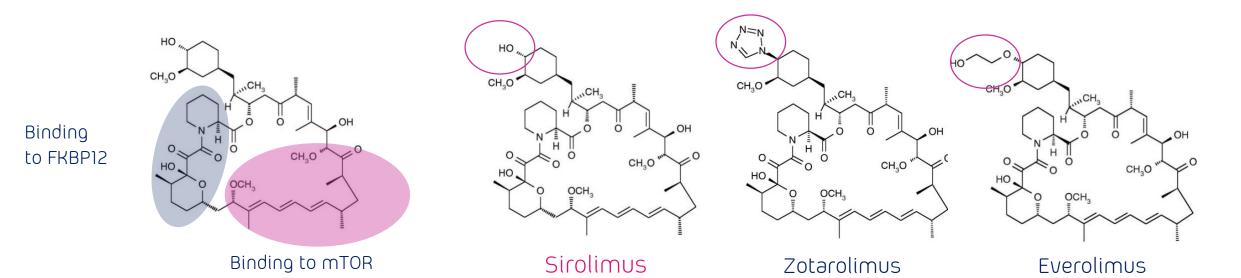


Multiple studies endorse **efficacy** and **safety** of sirolimus-DES

<u>www.ivascular.global</u>

Coating Sirolimus

Higher pharmacologycal activity



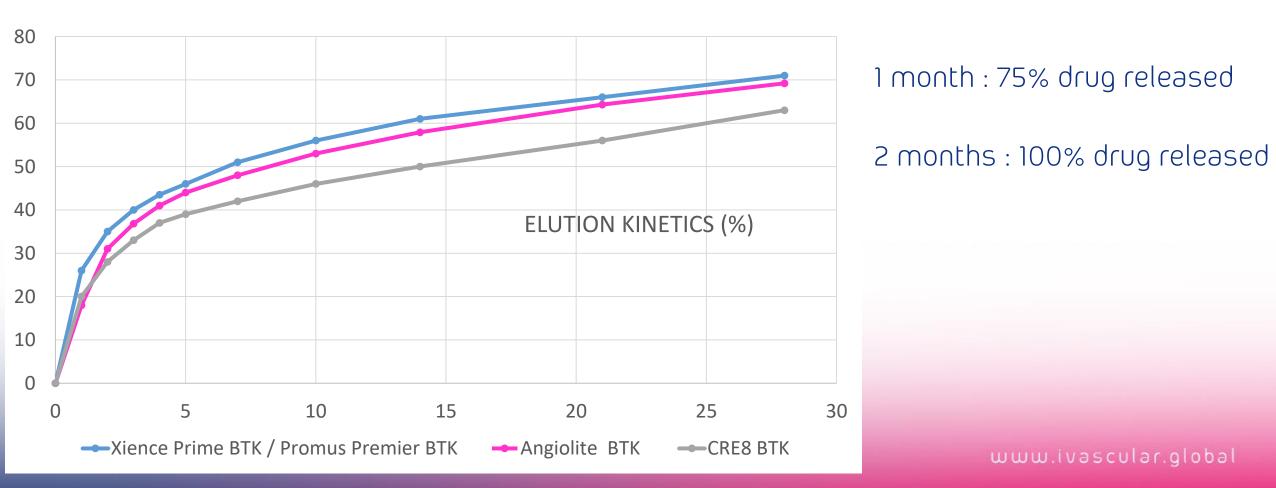
Drug	Solubility/ (log P)	FKBP ₁₂ / Bond (nM)	In vitro efficad
Sirolimus	5,50	0,4-0,9	
Everolimus	5,42	1,8-2,6	SIROLIMU
Zotarolimus	5,39	2,6-3,0	HIGER A

SIROLIMUS SHOWS

Transp. Proced. 30, 2192-2194 (1998), Expert Opin. Invest. Drugs 11, (2002), Eur Heart J. 27, 988-993 (2006)

Coating Elution Kinetics

Therapeutical dosage

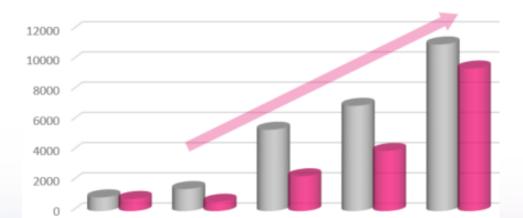


Coating

Fluoropolymer

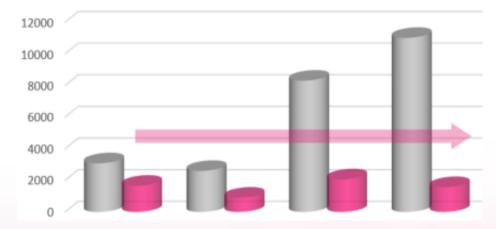
Selective cellular activity

Allows endothelialization



Proliferation of endothelial cells

Inhibits re-stenosis



Reduces proliferation of **smooth muscle cells**

- Positive control (polystyrene)
- Fluoroacrylate angiolite

Benchmark

Elements specially designed for DES

	Alloy	Strut	Drug	Polymer	Nb of Crowns	Connectors	BMS
Xience Prime BTK	CoCr (L605)	81 mm	Everolimus (1,0 mg/mm2)	Fluorinated Polymer	Ø2.25-3.0:6 Ø3.5- 4.0:9	3	Multilink 8
Promus Premier BTK	PtCr	81 mm	Everolimus (1,0 mg/mm2)	Fluorinated Polymer	Ø2.25:6 Ø2.5- 2.75:8 Ø3.0-3.5:8 Ø4.0:10	2 on body, 4 on ends	Premier
CRE8 BTK	CoCr (L605)	80 mm	Sirolimus (0,9 mg/mm2)		Ø2.25 – 2.75: 4 Ø3.0-3.5:5 Ø4.0 – 4.5:6	456	Chrono
Angiolite BTK	CoCr (L605)	75 mm	Sirolimus (1,4 mg/mm2)	Fluorinated Polymer	Ø2.25-2.5:6 Ø2.75-3.5:8 Ø4.0- 4.5:9	3	Specific

Pre-clinical data

EFFICACY

- ✓ Swine model
- ✓ Protocol: 1,2 : 1 over-expansion
- ✓ Follow –up: 28 day histology



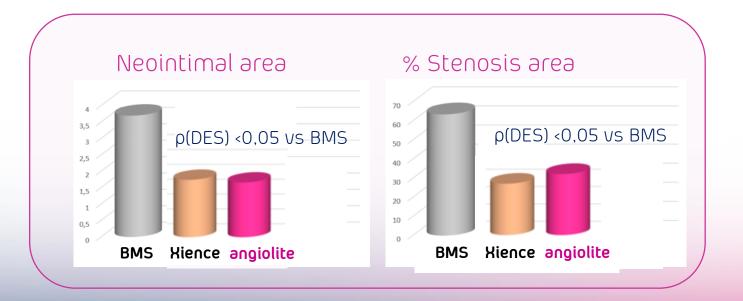
BMS



Xience[®]



angiolite®



28-day stenosis is equivalent to Xience

Pre-clinical data



Angiolite[®] improves endothelialization and reduces inflammation compared to Xience



Angiolite shows comparable performance to Xience[®]

Re	feren	Ces Wide size range							
Cathe	ter length	Length/ mm							
15	50 cm	9	14	19	24	29	34	39	
	2.00	<	<	<	~	<	<	<	
Di	2.25	*	*	•	~	~	•	*	
a M	2.50	•	•	•	•	•	•	•	
e t	2.75	<	*	•	*	*	•	*	
e r	3.00	•	*	<	•	•	<	<	
/	3.50	*	✓	•	*	✓	*	✓	
m	4.00	<	<	•	•	<	•	~	
m	4.50		*	•	*	~	•	~	

Preliminary results of real-life use of the latest generation of balloon expandable DES in below-the-knee treatment Goverde P., Helsloot L., Taeymans K., Lauwers K., Verbruggen P.

Vascular Clinic ZNA, Antwerp, Belgium



iVascular

Rutherford Classification	
4	10
5	12
6	4
LESION TYPE	N = 29
Tibioperoneal Trunk	11
Anterior Tibial Artery	8
Peroneal Artery	6
Posterior Tibial Artery	4

Results:

3

More than 20 patients were treated with DES (80% diabetic, 75% cardiovascular comorbidity). Average stent amount was 1.2 per artery. Technical success rate was 100%. In case of ostial lesions and in case of heavy focal calcifications we preferred primary stenting with DES (70%). Preliminary 6months primary patency rate is 90%. Compared with our balloon angioplasty group we saw improvement in wound healing and reduction in major amputation rate.

ılar

	30 days
Primary Patency	100%
Secondary Patency	100%
Freedom from TLR	100%
Freedom from major amputation	100%
Freedom from minor amputation / surgical debridement	73%

Conclusion:

The Angiolite balloon expandable DES can be safely used for below-the-knee treatment. The promising short term results need to be consolidated by longer follow-up. Further investigation is needed to see if the long term results can be sustained in the same way.

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Objective:

To evaluate if the latest generation of drug eluting balloon expandable stents like Angiolite could reduce the risk of major amputation and extend the primary patency rate.

Methodology:

Investigator initiated ongoing, single-center prospective follow-up study included all CLI patients of the last 6 months that were treated for limb threating arterial stenotic or occlusive lesions in below the knee area with drug eluting stents. We used the latest coronary Angiolite balloon expandable DES (iVascular, Spain) for the treatment.

Baseline Patient Demographics:

n = 26/50				
Male Gender	22			
Mean Age (years ± SD)	74.76 ± 8.34			
Mean BMI (± SD)	29,67 ± 4.67			
Nicotine abuse (%)	73			
Hypertension (%)	76			
Hypercholesterolemia (%)	73			
Diabetes (type 1=2) (%)	65			
Vascular History (%)	69			
Recurrent disease (%)	61			
Coronary History (%)	61			
Cerebrovascular History (%)	30			
Renal insufficiency (%)	54			

Key selling points

Quality of healing

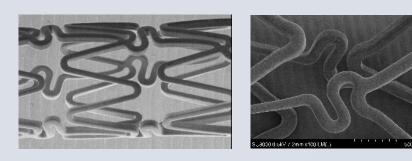
Polymer choice for outstanding cellular behavior. Selective endothelial growth from restenosis



FIM	
Promising demonstrating	data
safety in indications	BTK

Coating Integrity

Outstanding mechanical properties: adhesion, elasticity, cohesion



Radial Force

Double radial force than competitors

Efficacy

Release kinetics equivalent to top competitors Best ratio of safety and efficacy on swine model