

Latest updates from the MIMICS clinical programme: Studying BioMimics 3D – the Swirling Flow Stent

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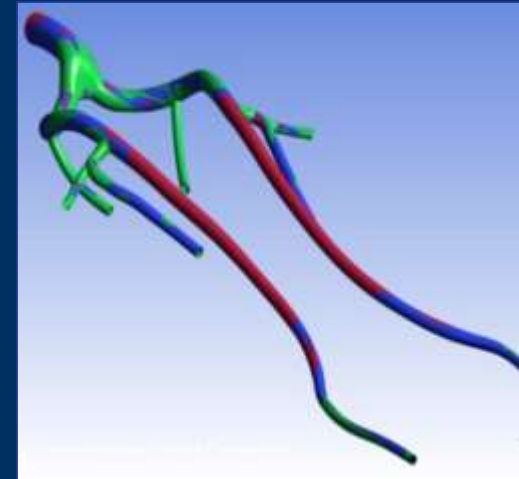
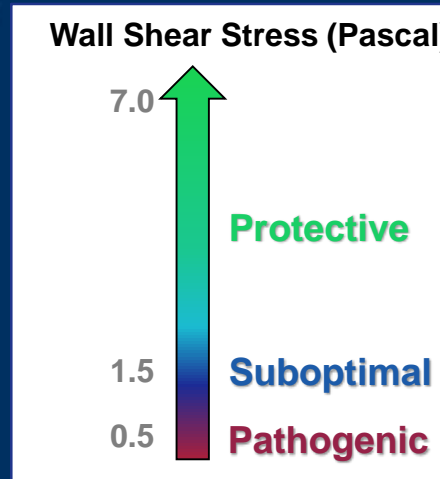
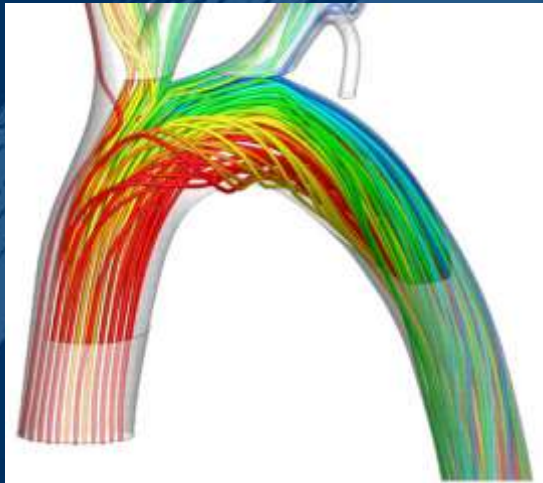
On behalf of Prof. Tim Sullivan, Prof. Masato Nakamura
and the MIMICS-2 Investigators

Thomas Zeller, MD

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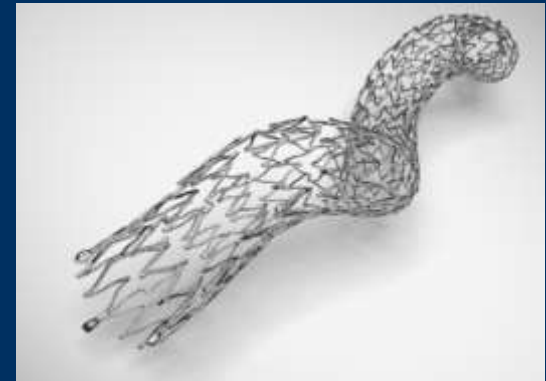
- **Honoraria received from:** Abbott Vascular, Veryan, Biotronik, Boston Scientific Corp., Cook Medical, Gore & Associates, Medtronic, Philips-Spectranetics, TriReme, Veryan, Shockwave, Biotronik, B. Braun
- **Consulted for:** Boston Scientific Corp., Cook Medical, Gore & Associates, Medtronic, Spectranetics, Veryan, Intact Vascular, Veryan
- **Common stock:** QT Medical

Swirling Flow[®]: It's natural



- Non-planar vascular curvature promotes swirling blood flow
- Wall shear on endothelial cells naturally protects against atherosclerosis and restenosis
- Swirling flow provides an antiproliferative effect without the need for a drug

BioMimics 3D: The Swirling Flow Stent



- Helical centerline
- Simple, accurate placement using standard delivery system
- Imparts non-planar curvature to stented femoropopliteal segment
- Improved biomechanical performance compared to straight stents

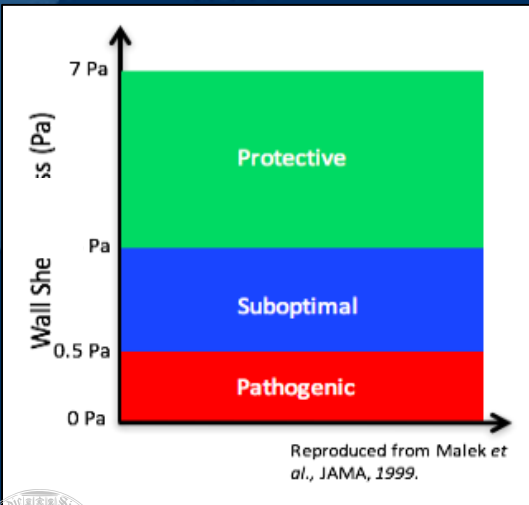
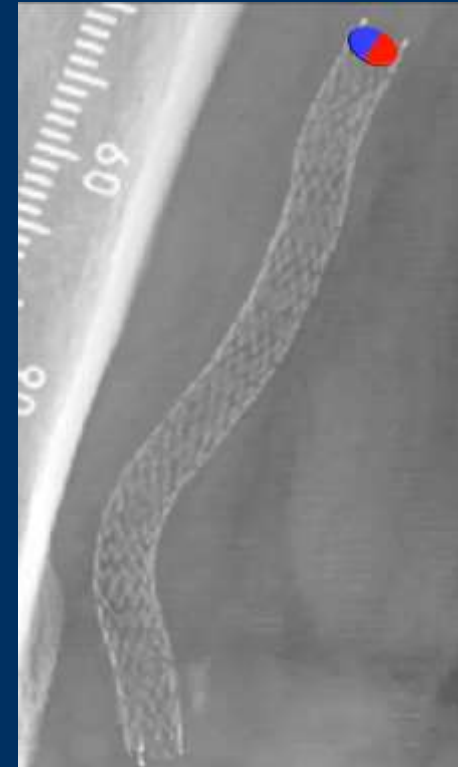
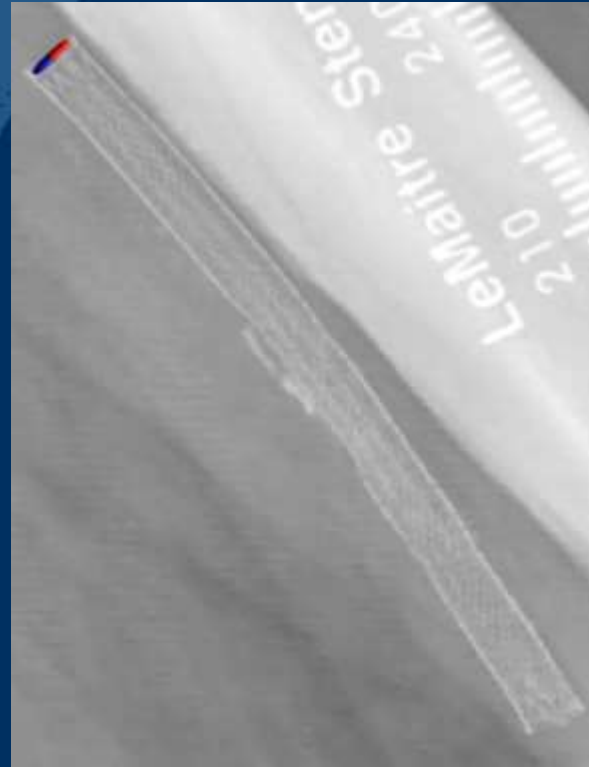
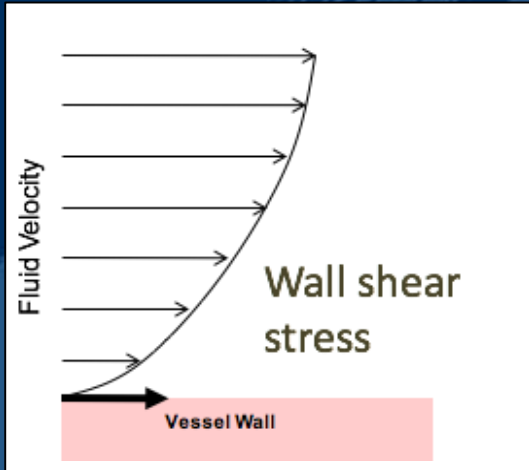
Data on file at Veryan Medical

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PAM 233 Issue 00

Swirling Flow in Stented Segment

Computational fluid dynamic modelling of actual X-ray data from Mimics RCT Study for LifeStent (left) and BioMimics 3D Stent (right)




- 3D helical geometry promotes swirling flow to elevate wall shear¹
- High wall shear protects against atherosclerosis and restenosis²
- Enhances biomechanical performance³

1. Caro et al., 2013
2. Malek et al., JAMA, 1999
3. Data on file at Veryan Medical

MIMICS Clinical Programme

The MIMICS Clinical Programme: An evolving database of the safety and effectiveness of the BioMimics 3D Swirling Flow® Stent

Gathering clinical evidence from a “real world” patient population from single de novo to complex, long and severely calcified lesions.



MIMICS-RCT

N = 50
8 sites - Germany

- Randomised controlled Trial
- FU - 2 years
- Completed



MIMICS-2

N = 271
43 sites
US/Japan/Germany

- IDE Registry
- FU - 3 years
- 2 years complete



MIMICS™

N = 507
23 Sites
Pan-European

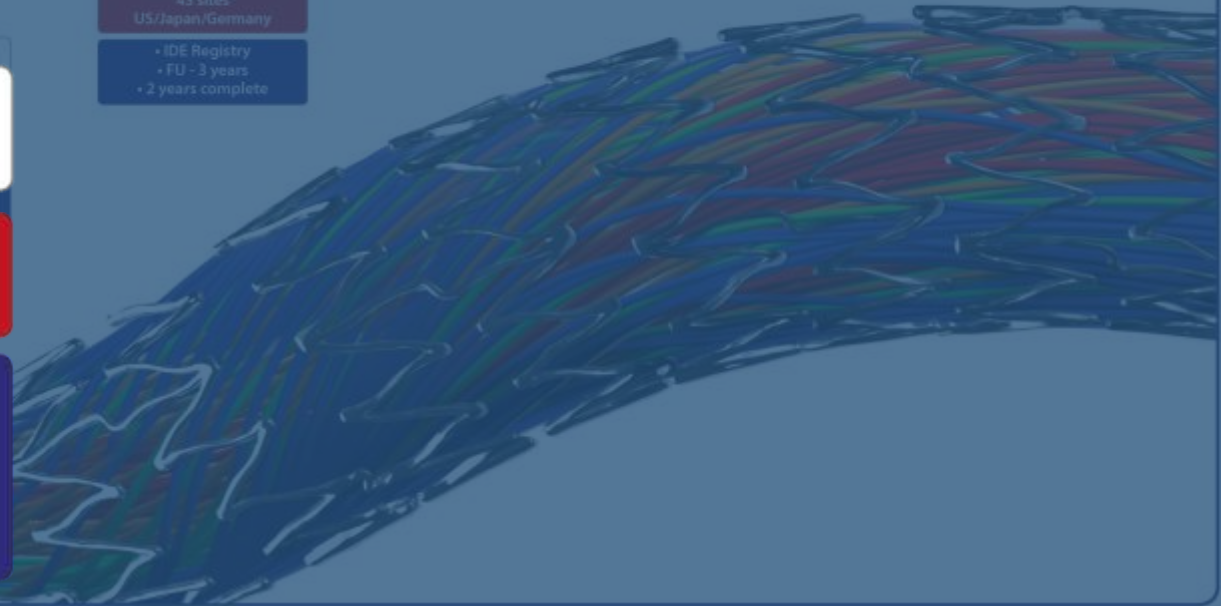
- Prospective Registry
- FU - 3 years
- 1 year complete

MIMICS et seq

N = c. 400
multiple sites

- Physician initiated prospective and retrospective registries
- Enrolment ongoing

1250+
PATIENTS
AND
GROWING

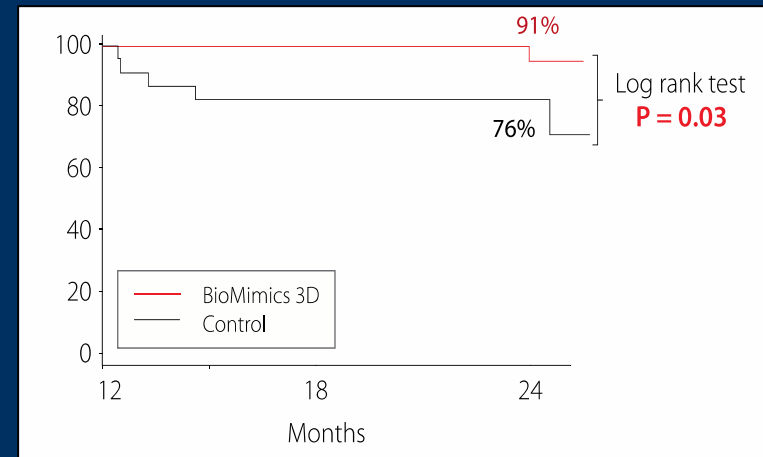


Mimics Randomized Controlled Trial

8 Investigational Sites
Corelab (DUS; angiography; Xray)

| FIM Lead-in | N=10 BioMimics 3D | |
|--|------------------------------|-----------------------------|
| Prospective Randomisation | BioMimics 3D N=50 | Straight nitinol stent N=26 |
| 24-Month Primary Patency (p=0.05) | 72% | 55% |
| Freedom from CDTLR 12-24 months (p=0.03) | 91% | 76% |

Freedom from CDTLR
Landmark Analysis²



- Provided the first clinical proof supporting the durable outcome benefit arising from the BioMimics 3D Swirling Flow stent compared to a straight nitinol stent¹

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- Physician initiated prospective and retrospective registries
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N = 507
23 Sites

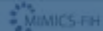


N = 271

43 sites

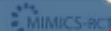
US/Japan/Germany

- IDE Registry
- FU - 3 years
- 2 years complete



N = 10
1 site

- First in Human
- FU - 1 year
- Completed



N = 50
8 sites - Germany

- Randomised controlled trial
- FU - 2 years
- Completed

MIMICS-2 (Multinational IDE Study)



Evaluation of Safety and Effectiveness of the BioMimics 3D Stent System in the Femoropopliteal Arteries of Patients with Symptomatic Peripheral Arterial Disease

- **Primary Endpoints**

- Safety: composite of death, major amputation or CDTLR through 30 days
- Effectiveness: primary patency at 12-months

- **Follow-up:** 3 years

- 43 investigational sites enrolled 271 subjects

- US: 31 sites N = 162
- Germany: 6 sites N = 78
- Japan: 6 sites N = 31
- Core labs: ultrasound; angiography; X-ray
- Clinical Event Committee adjudication

- **Study Principal Investigators**

- Timothy M. Sullivan, MD Minneapolis, MN, USA
- Thomas Zeller, MD Bad Krozingen, Germany
- Masato Nakamura, MD Tokyo, Japan

MIMICS-2 (Multinational IDE Study)



Baseline Patient Demographics

| | | N= 271 Subjects |
|---|-----------------------------------|----------------------------------|
| Age | Mean years \pm SD (N) | 68.4 \pm 9.5 (271/271) |
| Gender | Male / Female | 180 (66.4%) / 91 (33.6%) |
| Risk Factors | Diabetes Mellitus | 45.4% (123/271) |
| | Hypertension | 90.0% (244/271) |
| | Hypercholesterolemia | 81.9% (222/271) |
| | Smoker Current / Former | 80.8% (219/271) |
| Coronary Revascularization | Previous Percutaneous or Surgical | 43.2% (117/271) |
| Previous Peripheral Intervention | None in target vessel | 98.2% (266/271) |
| Rutherford Category | 1 | 0% (0/271) |
| | 2 | 26.9% (73/271) |
| | 3 | 67.5% (183/271) |
| | 4 | 5.2% (14/271) |
| | 5 | 0.4% (1/271) |
| Ankle Brachial Index | Mean \pm SD (N) | 0.70 \pm 0.20 (257/271) |

MIMICS-2 (Multinational IDE Study)



Baseline Angiography and QVA

| Core Laboratory Data | | N= 271 Subjects |
|---|-------------------|--------------------------|
| Reference Vessel Diameter (mm) | Mean ± SD | 5.2 ± 0.9 (269/271) |
| Lesion Type ¹ | De novo | 100% (271/271) |
| Lesion Location in Femoropopliteal Artery | Prox | 11.5% (31/270) |
| | Mid | 48.1% (130/270) |
| | Distal | 40.4% (109/270) |
| Diameter Stenosis (%) | Mean ± SD | 77.8 ± 18.3 (269/271) |
| Lesion Length (mm) | Mean ± SD | 81.2 ± 38.4 (269/271) |
| Total Occlusion (%) | | 30.0 (81/270) |
| Calcification (%) | None - Mild | 54.1 (146/270) |
| | Moderate - Severe | 45.9 (124/270) |
| Run-off (%) - 1 or more patent tibial artery (<50% stenosis) | | 98.8 (237/240) |

¹ Investigator-reported

Data on file at Veyan Medical

MIMICS-2 (Multinational IDE Study)



Index Procedure Data

| | | N= 271 Subjects |
|---|--------------------------|-------------------------------|
| BioMimics 3D Stents placed¹ | # Stents / N | 305 / 271 |
| | # Subjects with 1 stent | 87.5% (237/271) |
| | # Subjects with 2 stents | 12.5% (34/271) |
| Stented Segment Length² | Mean ± SD (mm) | 112.3 ± 36.3 (269/271) |
| Diameter Stenosis² | Pre-stent % ± SD | 77.8 ± 18.3 (269/271) |
| | Post-stent % ± SD | 12.6 ± 7.5 (269/271) |
| Dissections² | No Dissection | 97.8% (263/269) |
| | Type A-C | 2.2% (6/269) |
| | Type D-F | 0% (0/269) |
| Device Success | | 100% (271/271) |
| Technical Success | | 100% (269/269) |

¹ Investigator-reported

² CoreLab-reported

Technical Success: Core Lab determined ≤50% residual diameter stenosis (in-stent) at end of index procedure

Device Success: Successful delivery of System; placement of stent and retrieval of System

MIMICS-2 (Multinational IDE Study)



Primary Endpoint: **Safety**

Composite of CEC-adjudicated Major Adverse Events through 30 days, including death, any major amputation performed on the target limb, or Clinically-Driven Target Lesion Revascularisation

| | Performance Goal | Rate (n/N) [95% CI] |
|----------------------------------|------------------|--------------------------------------|
| Freedom from MAE through 30 days | >88% | 99.6% (268/269) [97.7%, 100%] |
| Primary safety endpoint | | Achieved |

MIMICS-2 (Multinational IDE Study)



Primary Endpoint: Effectiveness

Primary stent patency rate at 12 months.

| | Performance Goal | Rate (n/N) [95% CI] |
|---------------------------------------|------------------|---------------------------------------|
| Primary stent patency | >66% | 73.1% (182/249) [67.3%, 78.2%] |
| Primary effectiveness endpoint | | Achieved |

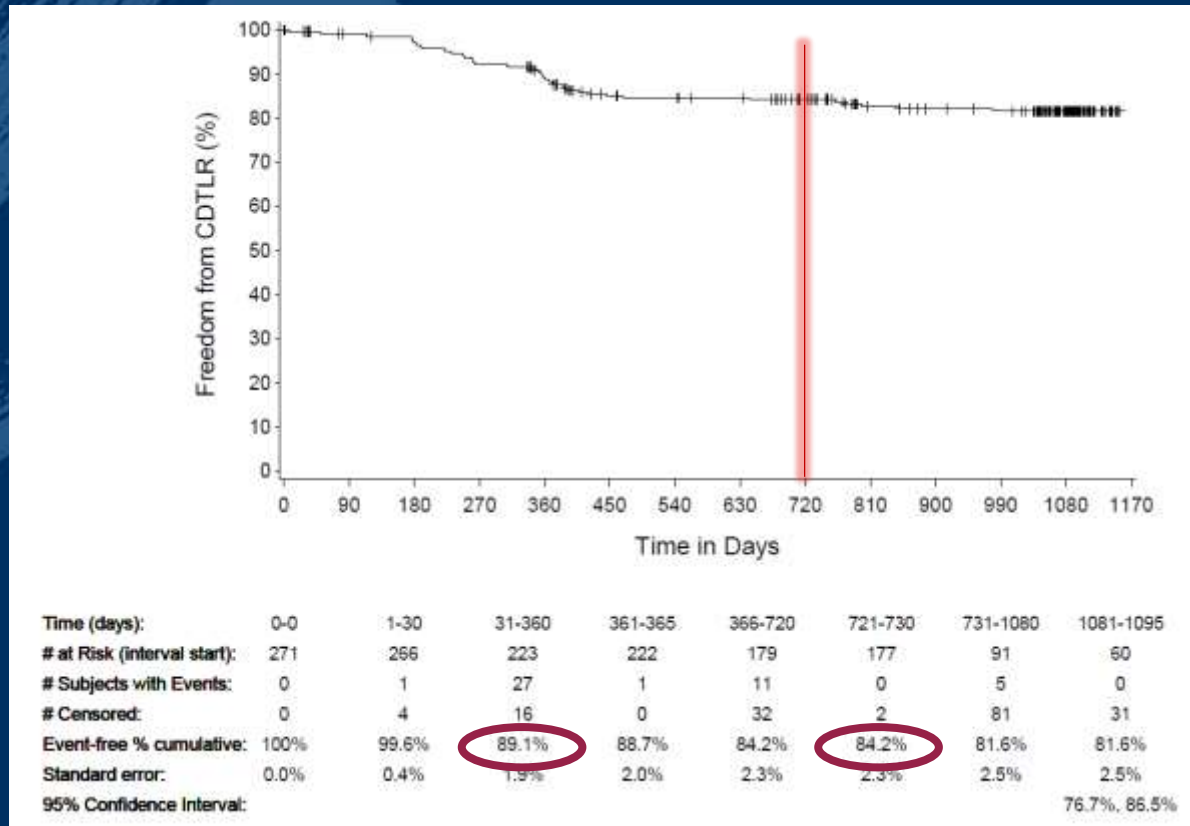
Patency was defined as no significant reduction in luminal diameter (< 50% diameter stenosis) since the index procedure.

Loss of patency was determined by an independent core laboratory when the peak systolic velocity ratio (PSVR) exceeds 2.0, or where angiography revealed > 50% diameter stenosis, or where the subject had a CDTLR.

MIMICS-2 (Multinational IDE Study)



Freedom from clinically-driven TLR* at 24 months = **84.2%**



*Core Lab adjudicated, clinically-driven TLR with objective evidence

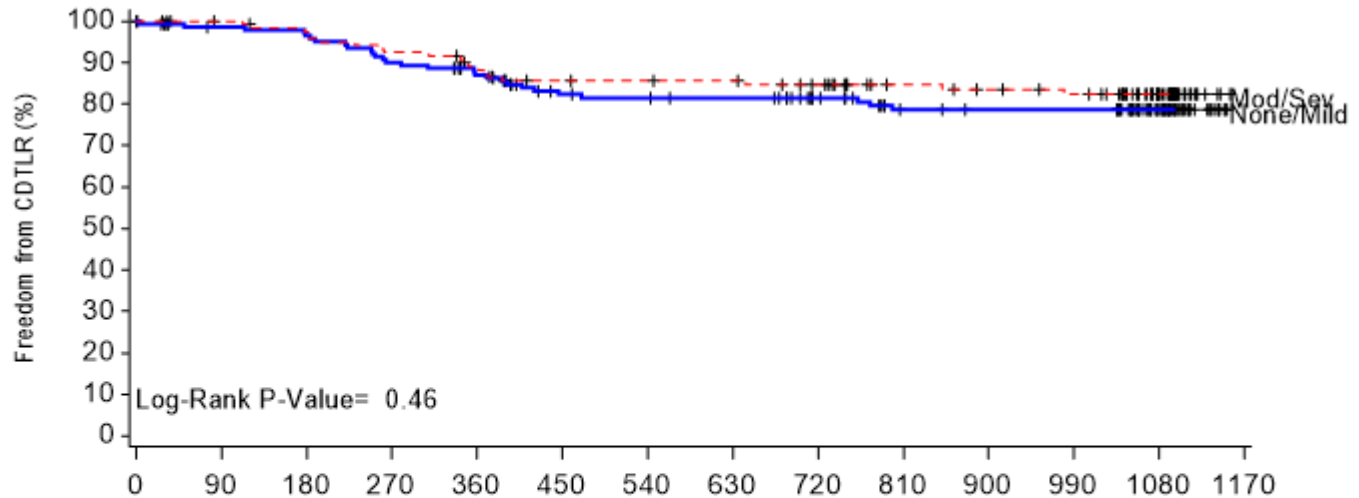
Subjects are censored at their last known follow-up, or at time of study exit (withdrawal or lost to follow-up) or death

The Swirling Flow® Stent: delivering continuing benefit at **2 Years**, even in challenging cases

MIMICS-2 (Multinational IDE Study)



Kaplan Meier survival estimates of freedom from clinically-driven TLR*
Lesion Calcification (CoreLab)



| | Time in Days | | | | | | | |
|-----------------------------|--------------|-------|--------|---------|---------|---------|----------|-----------|
| Time (days): | 0-0 | 1-30 | 31-360 | 361-365 | 366-720 | 721-730 | 731-1080 | 1081-1095 |
| None/Mild | | | | | | | | |
| # at Risk (interval start): | 146 | 142 | 115 | 115 | 88 | 87 | 43 | 28 |
| # Subjects with Events: | 0 | 1 | 17 | 0 | 7 | 0 | 3 | 0 |
| Event-free % : | 100% | 99.3% | 87.0% | 87.0% | 81.5% | 81.5% | 78.6% | 78.6% |
| Mod/Sev | | | | | | | | |
| # at Risk (interval start): | 124 | 123 | 104 | 103 | 87 | 86 | 45 | 29 |
| # Subjects with Events: | 0 | 0 | 13 | 1 | 4 | 0 | 2 | 0 |
| Event-free % : | 100% | 100% | 89.1% | 88.2% | 84.7% | 84.7% | 82.4% | 82.4% |

*CEC adjudicated, clinically-driven TLR with objective evidence

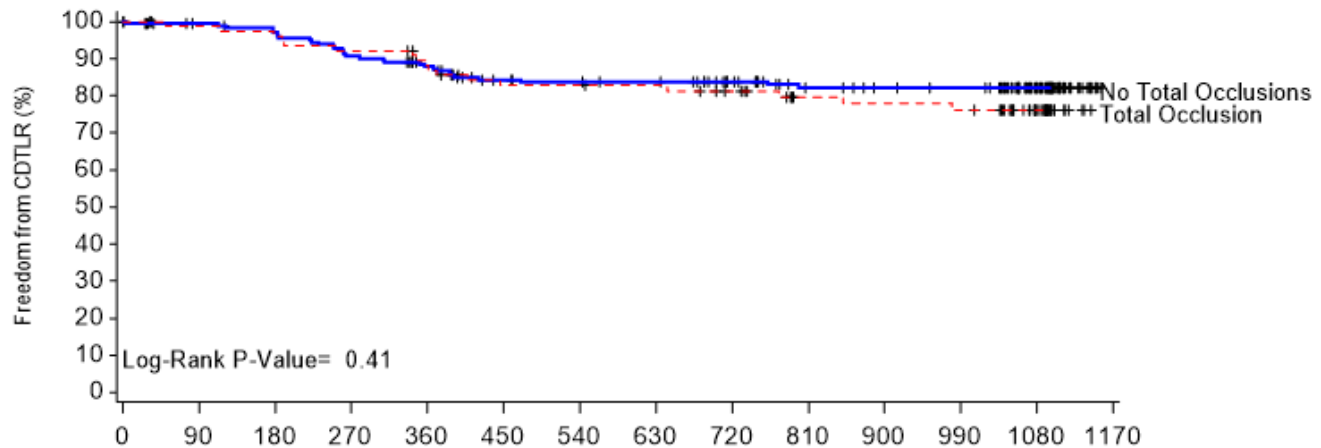
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MIMICS-2 (Multinational IDE Study)



*Kaplan Meier survival estimates of freedom from clinically-driven TLR**
Occlusion vs. No Occlusion



| | Time in Days | | | | | | | |
|-----------------------------|--------------|-------|--------|---------|---------|---------|----------|-----------|
| Time (days): | 0-0 | 1-30 | 31-360 | 361-365 | 366-720 | 721-730 | 731-1080 | 1081-1095 |
| No Total Occlusions | | | | | | | | |
| # at Risk (interval start): | 189 | 185 | 153 | 153 | 121 | 119 | 62 | 45 |
| # Subjects with Events: | 0 | 1 | 21 | 0 | 7 | 0 | 2 | 0 |
| Event-free % : | 100% | 99.5% | 87.8% | 87.8% | 83.7% | 83.7% | 82.2% | 82.2% |
| Total Occlusion | | | | | | | | |
| # at Risk (interval start): | 81 | 80 | 66 | 65 | 54 | 54 | 26 | 12 |
| # Subjects with Events: | 0 | 0 | 9 | 1 | 4 | 0 | 3 | 0 |
| Event-free % : | 100% | 100% | 88.2% | 86.9% | 81.3% | 81.3% | 76.2% | 76.2% |

*Core Lab adjudicated, clinically-driven TLR with objective evidence

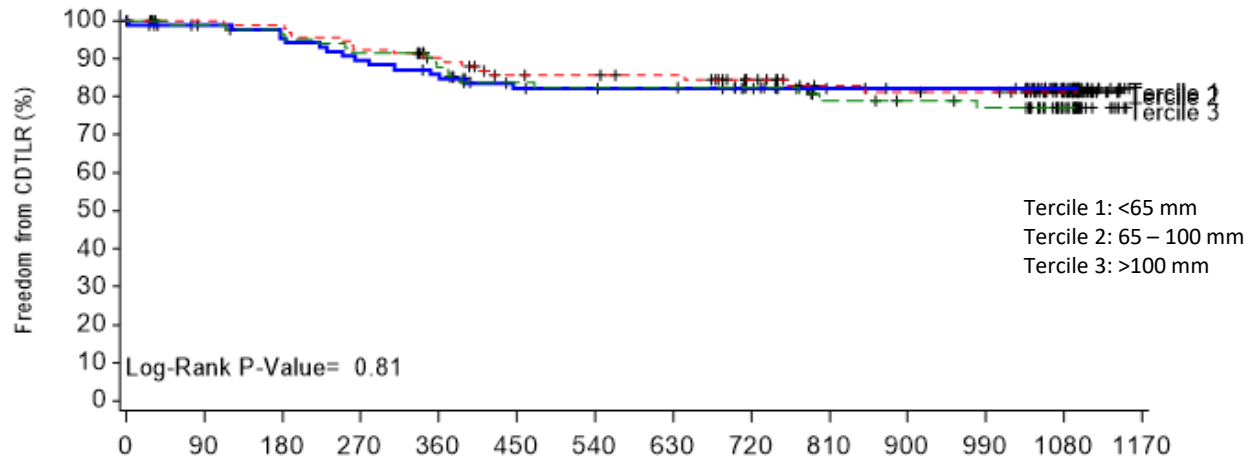
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The Swirling Flow® Stent: delivering continuing benefit at 2 Years, even in challenging cases

MIMICS-2 (Multinational IDE Study)



Kaplan Meier survival estimates of freedom from clinically-driven TLR*
Tercile of Lesion Length



| | Time in Days | | | | | | | |
|-----------------------------|--------------|-------|--------|---------|---------|---------|----------|-----------|
| Time (days): | 0-0 | 1-30 | 31-360 | 361-365 | 366-720 | 721-730 | 731-1080 | 1081-1095 |
| Tercile 1 | | | | | | | | |
| # at Risk (interval start): | 90 | 87 | 72 | 71 | 62 | 61 | 31 | 21 |
| # Subjects with Events: | 0 | 1 | 11 | 1 | 2 | 0 | 0 | 0 |
| Event-free % : | 100% | 98.9% | 85.9% | 84.7% | 82.2% | 82.2% | 82.2% | 82.2% |
| Tercile 2 | | | | | | | | |
| # at Risk (interval start): | 95 | 94 | 80 | 80 | 60 | 59 | 34 | 22 |
| # Subjects with Events: | 0 | 0 | 9 | 0 | 5 | 0 | 2 | 0 |
| Event-free % : | 100% | 100% | 90.2% | 90.2% | 84.4% | 84.4% | 81.2% | 81.2% |
| Tercile 3 | | | | | | | | |
| # at Risk (interval start): | 86 | 85 | 68 | 68 | 54 | 54 | 24 | 15 |
| # Subjects with Events: | 0 | 0 | 10 | 0 | 4 | 0 | 3 | 0 |
| Event-free % : | 100% | 100% | 87.6% | 87.6% | 82.3% | 82.3% | 77.1% | 77.1% |

*Core Lab adjudicated, clinically-driven TLR with objective evidence

Subjects are censored at their last known follow-up, or at time of study exit (withdrawal or lost to follow-up) or death

The Swirling Flow® Stent: delivering continuing benefit at 2 Years, even in challenging cases

Conclusions

- 84% freedom from CDTLR at 2 years - similar to DCB and DES despite more challenging lesion morphology
- Outcome independent of lesion complexity, without lesion preparation
- MIMICS-2 data corroborate those in the MIMICS randomized controlled trial, providing further support to the swirling flow hypothesis, in a larger study with more lesion complexity
- Follow-up continues to 3 years



The Swirling Flow[®] Stent: delivering continuing benefit at 2 Years, even in challenging cases

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