

DIDACTIC SESSION: BIORESORBABLE VASCULAR SCAFFOLDS, PART
1 - DEVICES AND EMERGING DATA

**Session III. Next Generation Scaffolds Part 1: Design Iterations,
Data, and Clinical Development**

Colorado Convention Center, Mile High Ballroom 4E-4F, Ballroom Level
Tuesday, October 31, 4:43 PM - 4:53 PM

Fantom:
**A Radio-Opaque “Stent-Like” BRS With
Improved Expansion Characteristics**

*James Hermiller, MD, FACC, MSCAI
St Vincent Medical Group
St Vincent Heart Center of Indiana
Indianapolis, IN*

Disclosure Statement of Financial Interest

Within the past 12 months, I or my spouse/partner have had a financial interest/arrangement or affiliation with the organization(s) listed below.

Affiliation/Financial Relationship

- Grant/Research Support
- Consulting Fees/Honoraria

Company

- Edwards, Medtronic, Abbott, BSC
- Edwards, Medtronic, Abbott, BSC

Fantom[®]

Sirolimus Eluting Bioresorbable Coronary Scaffold

1st and Only BRS Make with Tyrocore[™]:

- Uniquely designed for vascular scaffolds
- Derived from naturally occurring tyrosine amino acid
- Bound iodine for radiopacity
- Proprietary, patent protected, and manufactured by REVA Medical



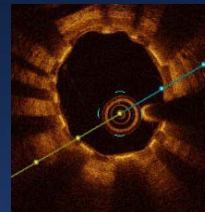
RADIOPAQUE

Procedural accuracy

Accurate lesion coverage

Precise Placement

Full structural assessment



STRONG

Large expansion range

0.75mm for 3.0mm scaffold

Maintains vessel patency



Deliverable

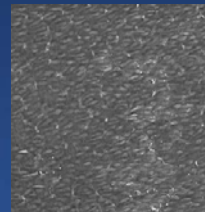
Thin 125 μ struts

Lower crossing profile

Improved flexibility

Single step inflation

Reduced procedure time



BIOCOMPATIBLE

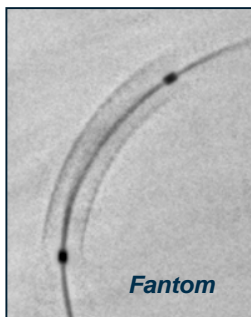
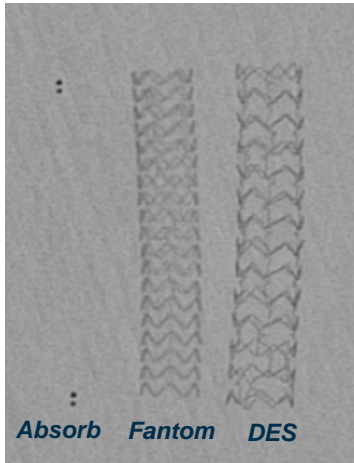
Rapid vessel healing

Vasomotion restoration

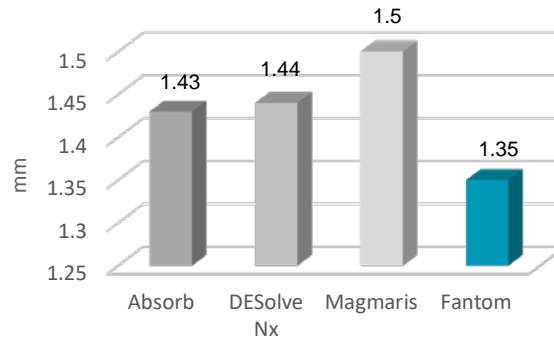
Fantom Ease of Use Features

Makes the Implant Procedure Easier

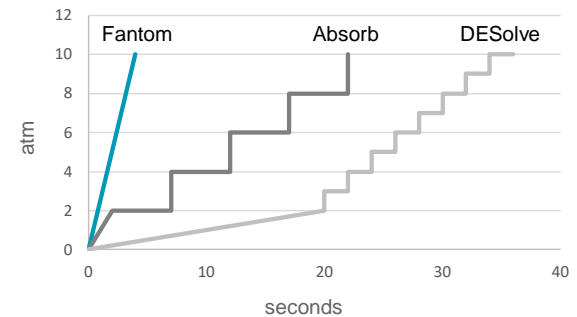
Visibility



Lower Crossing Profile²

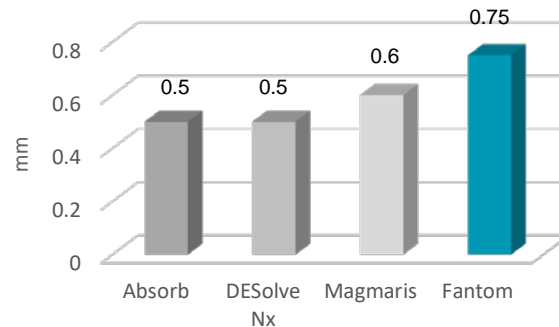


Single Step Balloon Inflation¹

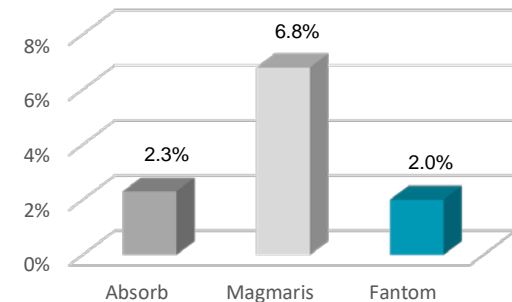


Higher Expansion Tolerance²

Limit of Expansion over Nominal, 3.0 mm Scaffolds



Low Recoil³

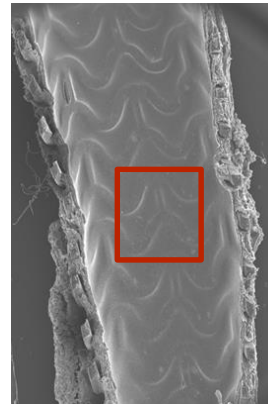
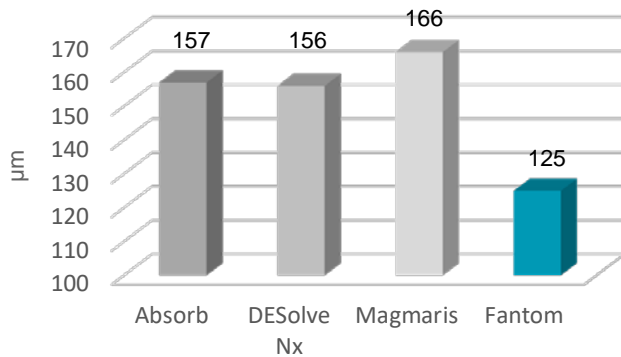


1. Product Instructions for Use. 2. Manufacturer reported data on file at Reva Medical. 3. Tests performed by and data on file at Reva Medical.

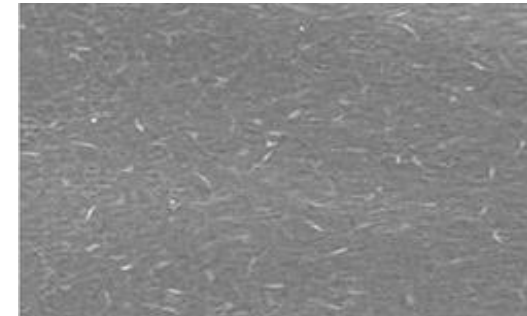
Fantom's Improved Healing

Thin Struts and High Radial Strength Contribute to Excellent Healing

Reduced Strut Thickness¹

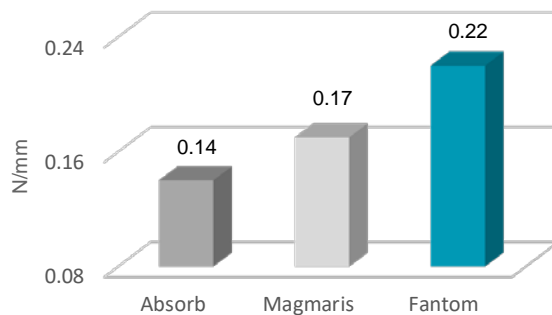


Fantom Scaffold



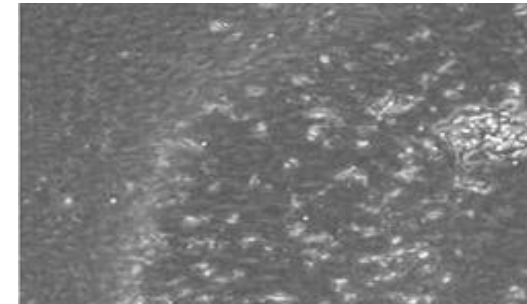
Fantom Healing at 3 Months
Mature, oriented cells; few platelets

High Radial Strength²



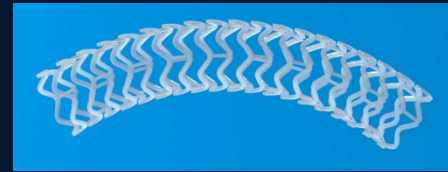
Bench testing on 3.0 mm scaffolds in water at 37°C

PLLA Scaffold



PLLA Scaffold Healing at 3 Months
Mature & immature cells; persistent platelets

1) Values include coating. Absorb, DESolve, Magmaris source: Foin, N. Biomechanical Assessment of Bioresorbable Devices. CRT 2017. Fantom source: Holm, N. REVA Fantom II performance and healing patterns by OCT. REVA Symposium EuroPCR 2017. 2) Radial strength measured at 15% compression. Tests performed by and data on file at Reva Medical.



FANTOM II Trial

*Safety & Performance Study for the Fantom Sirolimus-
Eluting Bioresorbable Coronary Scaffold*

FANTOM II

Study Investigators

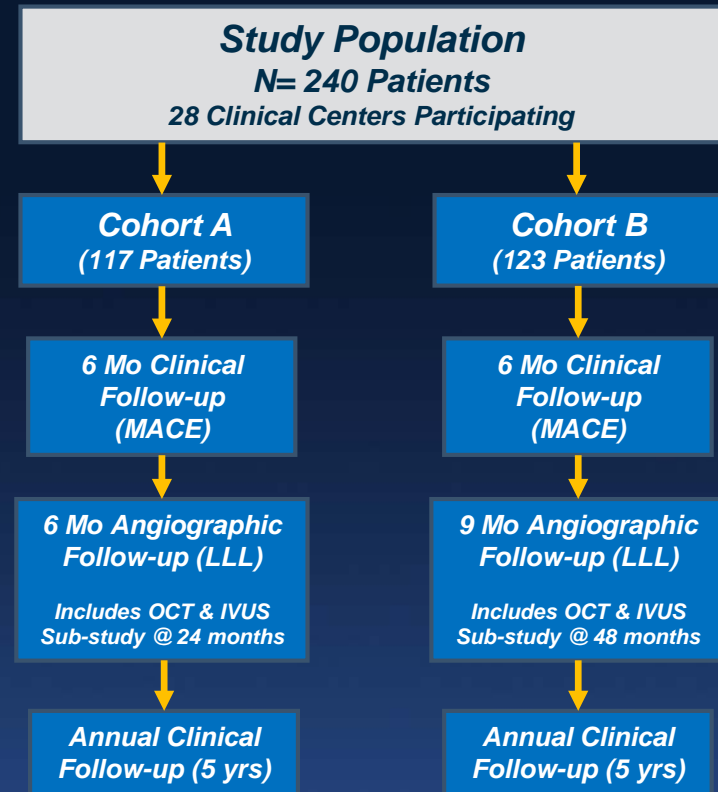
- **Australia**
 - Dr. Muller, Dr. Jepson, Dr. Walters
- **Belgium**
 - Dr. De Bruyne
- **Brazil**
 - Dr. Abizaid, Dr. Costa, Dr. Chamie, Dr. Perin
- **Denmark**
 - Dr. Christiansen, Dr. Lassen, Dr. Okkels-Jensen
- **France**
 - Dr. Carrié, Dr. Chevalier, Dr. Fajadet, Dr. Collet
- **Germany**
 - Dr. Weber-Albers, Dr. Naber, Dr. Achenbach, Dr. Frey, Dr. Lutz, Dr. Kische, Dr. Ince, Dr. Brachmann
- **Netherlands**
 - Dr. Amoroso, Dr. Wykrzykowska, Dr. Daemen
- **Poland**
 - Dr. Dudek, Dr. Kochman, Dr. Koltowski, Dr. Lesiak, Dr. Wojdyla

FANTOM II

Study Design and Endpoints

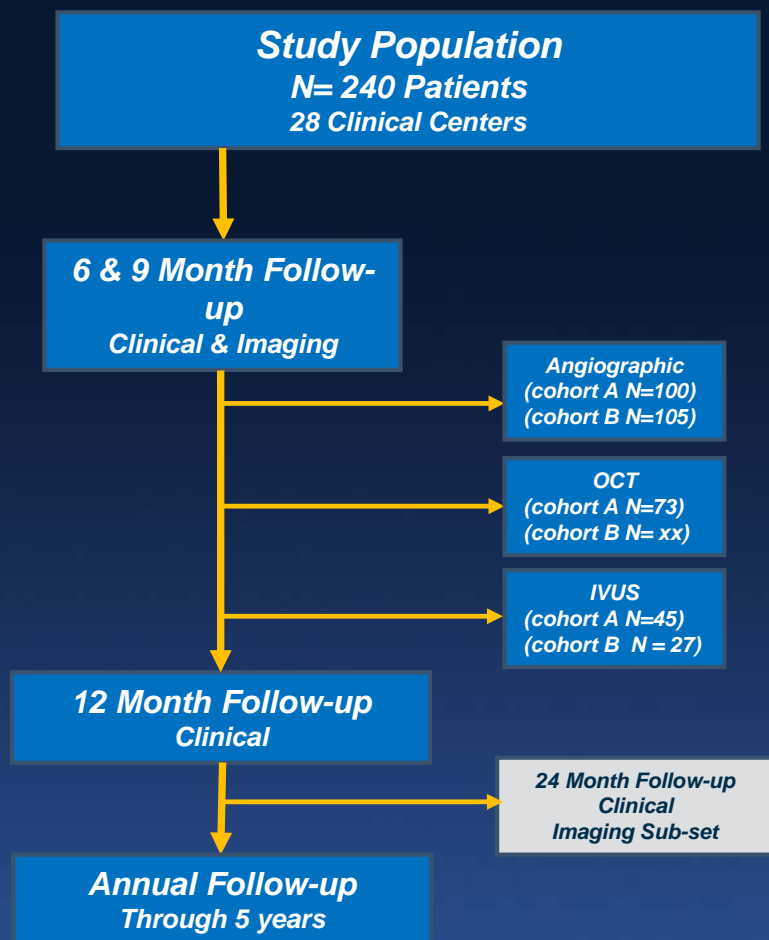
- **Study Design**

- Safety and Performance Trial
- 240 patients in 2 cohorts
- 2.5mm to 3.5mm vessels
- Lesion length \leq 20mm
- Angiographic follow-up
 - Cohort A: 6 months 117 Pts.
 - Cohort B: 9 months 123 Pts.
- Serial imaging sub-studies
 - Cohort A: 24 months (25 Patients)
 - Cohort B: 48 months (25 Patients)



FANTOM II – Cohorts A & B

Study Overview and Baseline Characteristics



Patient Characteristics (N=240)

Patient Age (average years)	62.7 ± 10.1
Male	70.4%
Diabetes	23.8%
Current/Former Smoker	59.6%
Hypertension	73.8%
Hyperlipidemia	70.8%
Prior PCI	43.8%
Prior CABG	2.9%
Prior MI	26.3%
Recent LVEF <40%	0.0% (N=231)

FANTOM II – Cohorts A & B

Lesion Characteristics and Procedural Outcomes

Lesion Characteristics

Target Lesion Location (n=238) ¹	
LAD	48.7% (116)
LCX	31.3% (74)
RCA	20.2% (48)
ACC/AHA Lesion Class (n=238) ¹	
Type A	18.5% (44)
Type B1	49.6% (118)
Type B2	29.4% (70)
Type C	2.5% (6)

(1) Two pre-procedure angiograms were not available

Initial Outcomes

Acute Procedural Outcomes	
Acute Technical Success ⁽¹⁾	95.8%
Acute Procedural Success ⁽²⁾	99.1%
Clinical Procedural Success ⁽³⁾	99.6%

(1) Defined as successful delivery and deployment of the intended scaffold in the intended lesion without device related complications.

(2) Defined as acute technical success (see definition above), resulting in a residual stenosis of ≤ 50 percent with no immediate (in-hospital) MACE.

(3) Defined as acute procedural success (see definition above), with no MACE thirty days post-intervention and with a final diameter stenosis ≤ 50 percent.

FANTOM II – Cohort A & B

Safety Results

*Preliminary
Interim Data set*

Components of 6-Month Primary Endpoint (modified ITT): non-Hierarchical	6 Month (n = 240)	12 Months (n = 240)	24 Month Ongoing (N = 125)
MACE	2.1% (5)	4.2% (10)	5.6% (7)
Cardiac Death	0.4% (1) ¹	0.8% (2) ^{1,2}	0.8 (1) ²
MI	1.3% (3)	1.3% (3)	2.4 (3)
Clinically Driven TLR	0.8% (2)	2.5% (6)	3.2 (4)

* As adjudicated by an independent Clinical Events Committee

- (1) One patient died between 0-6 months. Exact cause of death not determined. Patient died at home 4 weeks after subsequent TAVI procedure.
 (2) One death occurred between 6-12 months. Patient was reported to have died of COPD by treating physician but cardiac relation could not be excluded.

FANTOM II – Cohort A & B

Safety Results

Definite or Probable Scaffold Thrombosis	
Acute (0 – 1 day)	0.0% (0)
Sub-acute (2 – 30 days)	0.4% (1)
Late (31 – 365 days)	0.0% (0)
Very Late (>365 days) - <i>Interim data set</i>	1 event

All 240 patients beyond 18 months - 125 patients beyond 24 months of follow-up

FANTOM II

Angiographic – QCA Results

*Preliminary
Interim Data Set*

In-Scaffold Analysis	Baseline (n=238) ¹	Cohort A – 6 Mo. (n=100)
RVD (mm)	2.71 ± 0.37	2.70 ± 0.36
MLD (mm)	0.82 ± 0.31	2.23 ± 0.41
Diameter Stenosis (%)	69.5 ± 11.0	15.3 ± 15.2
Acute Gain (mm)	1.68 ± 0.41	
Acute Recoil (%)	4.0 ± 8.3 ²	
Mean LLL (mm)		0.25 ± 0.40
In-Segment Analysis		
Mean LLL (mm)		0.17 ± 0.34

Cohort A – 24 Mo. (Subset n=25)
2.64 ± 0.35
2.14 ± 0.55
16.9 ± 20.3
0.25 ± 0.56
0.21 ± 0.52

(1) Baseline angiographic data was not available for two enrolled patients

(2) N = 156 patients available for recoil analysis

FANTOM II

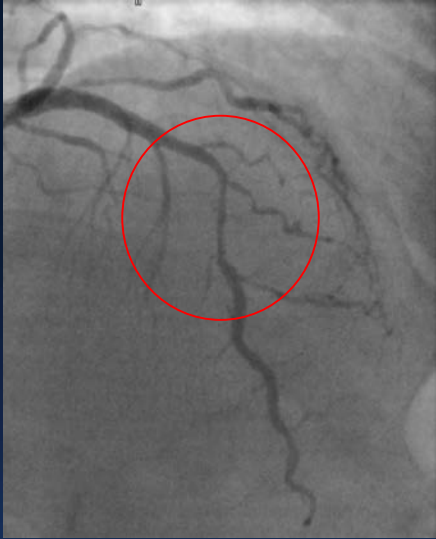
Long Term Follow-up Case Sample

- Female, 63 years old
- No angina, 50% LVEF, no family history of CAD
- Hypertension, Hyperlipidemia, non-smoker
- Prior PCI/DES May 14, 2015 in prox CX (MI May 10, 2015)
- 80% stenosis of the mid-LAD
- Treated with a 3.0 x 18mm Fantom scaffold
- Enrollment and Follow-up History
 - Treated with a 3.0 x 18mm Fantom scaffold : July 28, 2015
 - 6M Follow-up with Imaging: March 1, 2016
 - 12M Follow-up (clinical only): July 28, 2016
 - 24M Follow-up with Imaging: August 28 2017

FANTOM II

Long Term Follow-up Case Sample

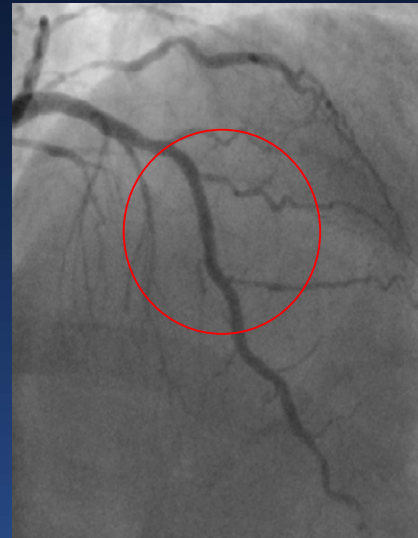
Index - Pretreatment



Index – Post Implant



Follow-up 6 Mo.



Follow-up 24 Mo.



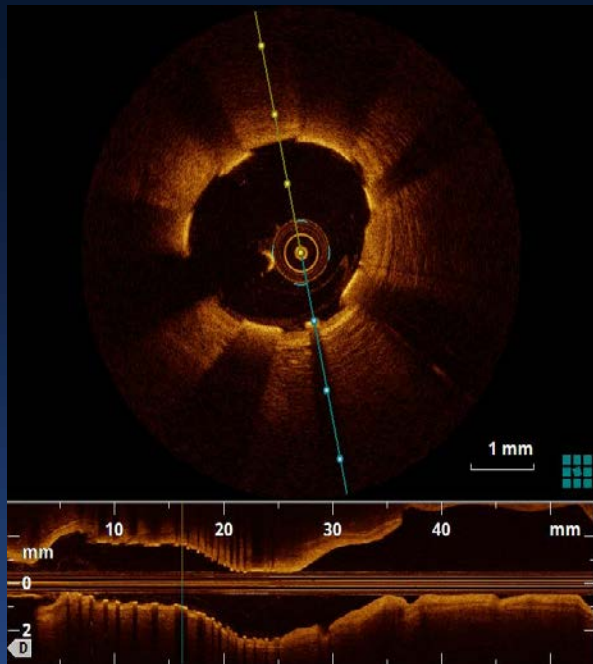
Procedure Details

- Pre-dilation performed
 - BSC Maverick 2.5 x 15mm balloon
- Fantom Scaffold implant
 - 3.0 x 18mm Fantom deployed at 14atm
- Post Dilation Performed
 - 3.25 x 6mm NC Sprinter to 16atm

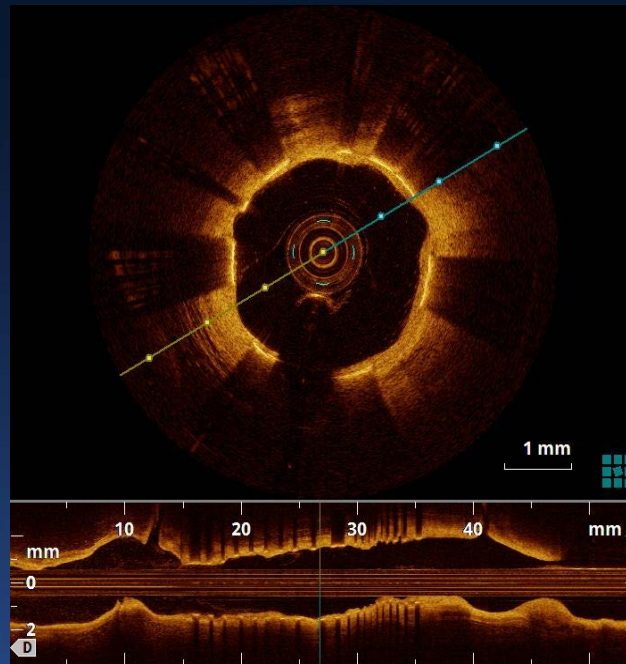
FANTOM II

Long Term Follow-up Case Sample

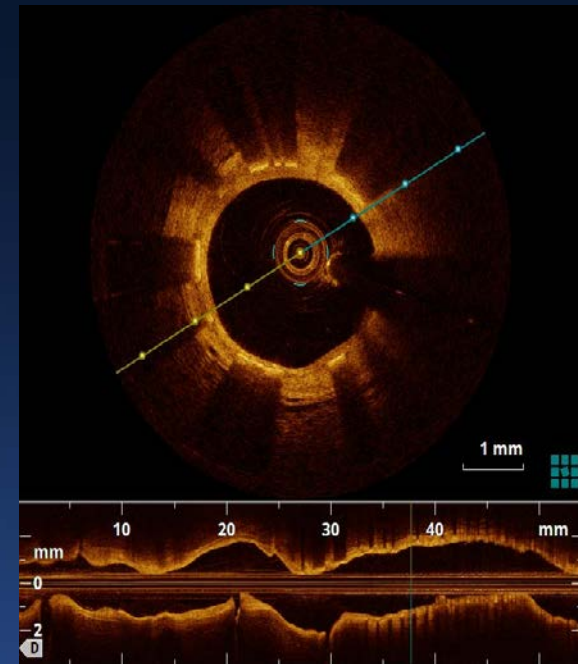
Index – Post Implant



Follow-up 6 Mo.



Follow-up 24 Mo.



FANTOM Program

Clinical Summary

- **Fantom offers new and clinically important features**
 - **Ease-of-use**
 - Radiopacity with complete scaffold visibility
 - Low crossing profile with high flexibility
 - Single-step inflation, no special handling requirements
 - Favorable expansion profile
 - **Thin struts and radial strength to facilitate vessel healing**
- **Data demonstrates continued safety through 24 mo.**
 - **Low MACE Rate (5.6%)**
- **Imaging sub-study shows sustained results**
 - **No change in average late lumen loss from 6 to 24 months**
 - **No evidence of late or chronic scaffold recoil**

Fantom Global Clinical Program

Enrollment Complete – In Follow Up

FANTOM I First-in-human safety study (n=7)   Year 3

FANTOM II Cohorts A&B Multi-center safety and performance study (n=240)   Year 2

Enrolling

FANTOM II Cohort C Long lesion and multiple vessel, multi-center study (n=50)  enrolling

FANTOM STEMI Single center pilot study in STEMI (n=20)  enrolling

Planning

FANTOM Registry European post-market multi-center registry (n=125+)  planning

FANTOM III (US pivotal trial) Multi-center RCT vs. metallic DES (n=1,800-2,200)   planning

FANTOM Japan (pivotal trial) Multi-center RCT vs. metallic DES (n=350-400)  planning

Fantom Product Evolution

Next Generation: Fantom Encore

- Thinner struts without compromising radial strength
 - **95 micron** on 2.5 mm diameter
- No changes to Tyrocore™ polymer composition or scaffold design
- Improved polymer processing and manufacturing technique
- European approval and launch anticipated in 2018

Diameter	Fantom	Fantom Encore
2.5 mm	125 µm	→ 95 µm
3.0 mm	125 µm	→ to be announced
3.5 mm	125 µm	→ to be announced

Thank you!