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**PCR**

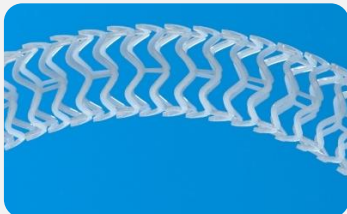
**FANTOM II Trial**  
**Safety & Performance Study of the Fantom**  
**Sirolimus-Eluting Bioresorbable Coronary Scaffold**  
**First Report: 3 Year Clinical Outcomes**

Speaker's name : Alexandre Abizaid, MD

I have the following potential conflicts of interest to declare: None

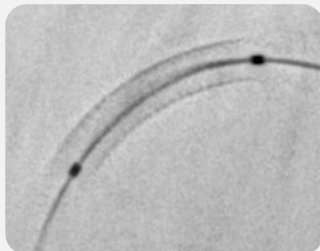
## Scaffold Design

- **Thin struts: 125  $\mu\text{m}$**
- **Enhanced radial strength**
- Minimal recoil
- **Single-step balloon inflation**
- **0.75 expansion over nominal (3.0 mm)**



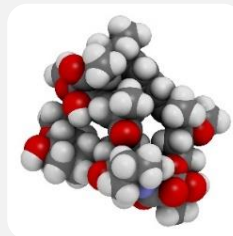
## Tyrocore™

- **Radiopaque**
- Provides strength during healing
- **Vessel uncaged in one year**
- Complete resorption in  $\sim 4$  years



## Sirolimus

- First anti-proliferative agent used in drug eluting stents
- Highly lipophilic with broad therapeutic window
- Demonstrated across multiple clinical studies and drug eluting stents



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## Delivery System

- Semi-compliant nylon balloon
- High 18 atm rated burst pressure
- Rapid exchange
- **1.35 mm crossing profile**



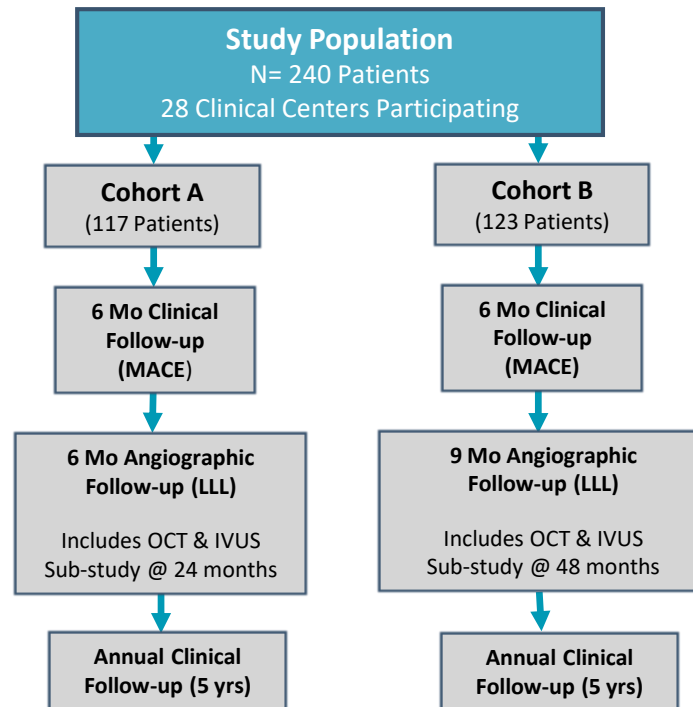
# FANTOM II Trial

Safety & Performance Study of the  
Fantom Bioresorbable Scaffold

- **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**
  - Prof. Frey, Dr. Lutz, Dr. Weber-Albers,  
Dr. Achenbach, Dr. Kische, Dr. Ince,  
Prof. Brachmann, Dr. Naber
- **Netherlands**
  - Dr. Amoroso, Dr. Wykrzykowska, Dr. Daemen
- **Poland**
  - Dr. Dudek, Dr. Kochman, Dr. Koltowski, Dr. Lesiak,  
Dr. Wojdyla

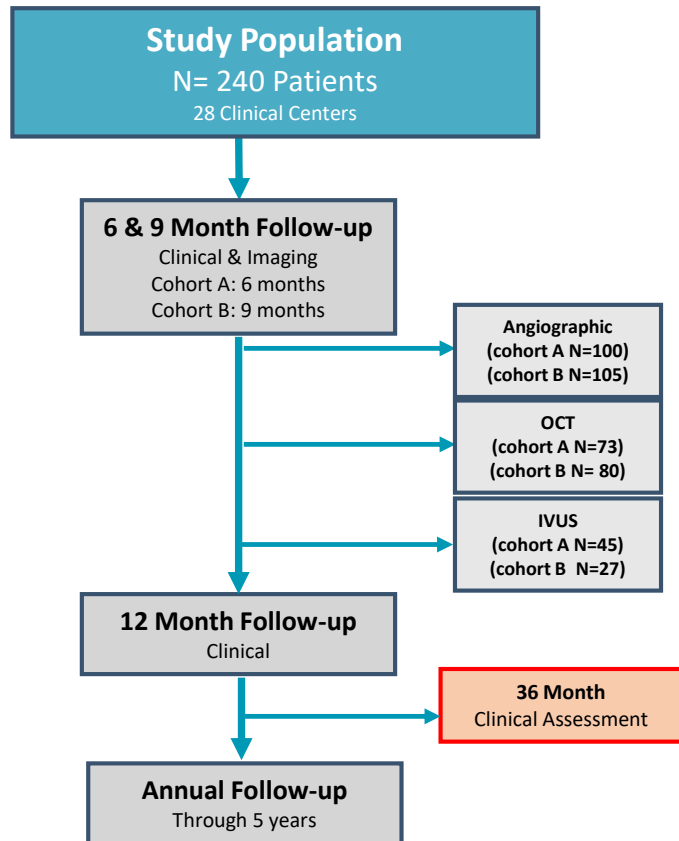
### Study Design

- 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

## Patient Flow 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)

### Lesion Characteristics

Target Lesion Location (n=238) <sup>1</sup>	
LAD	48.7% (116)
LCX	31.3% (74)
RCA	20.2% (48)

ACC/AHA Lesion Class (n=238) <sup>1</sup>	
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

### Procedural Outcomes

Acute Procedural Outcomes	
Acute Technical Success <sup>(1)</sup>	95.8%
Acute Procedural Success <sup>(2)</sup>	99.1%
Clinical Procedural Success <sup>(3)</sup>	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.

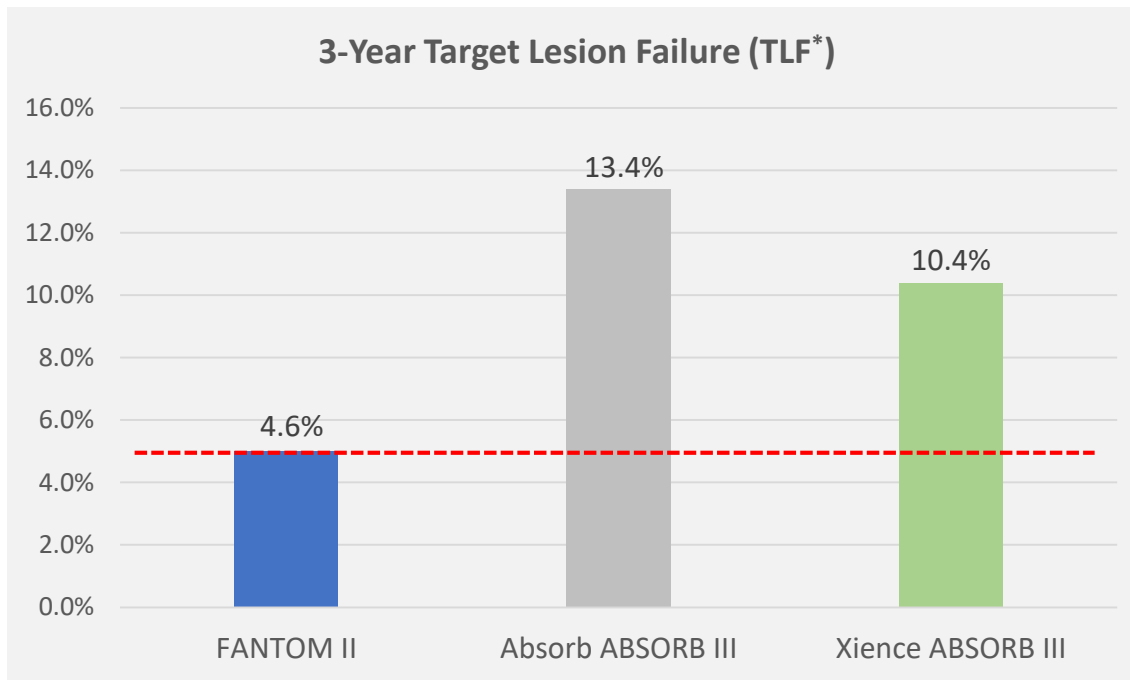


# FANTOM II (Cohorts A&B)

## Adjudicated 36-Month Outcomes

Components of 6-Month Primary Endpoint (modified ITT): non-Hierarchical	6 Month (n = 240)	12 Months (n = 240)	24 Months (n=240)	36 Months (n=240) <sup>4</sup>
<b>MACE</b>	<b>2.1% (5)</b>	<b>4.2% (10)</b>	<b>5.0% (12)</b>	<b>5.0% (12)</b>
Cardiac Death	0.4% (1) <sup>1</sup>	0.8% (2) <sup>1,2</sup>	0.8% (2)	0.8% (2)
MI ( <i>All MI Events</i> )	1.3% (3)	1.3% (3)	1.7% (4) <sup>3</sup>	1.7% (4) <sup>3</sup>
Clinically Driven TLR	0.8% (2)	2.5% (6)	2.9% (7)	2.9% (7)
<b>TLF</b>	<b>2.1% (5)</b>	<b>4.2% (10)</b>	<b>4.6% (11)</b>	<b>4.6% (11)</b>

- (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.
- (3) Three target vessel related MIs and one non-target vessel related MI.
- (4) Event rate percentages are based upon the full 240 patient cohort in the denominator.

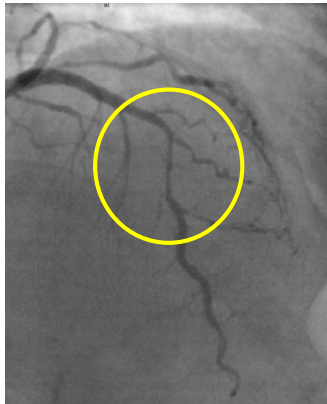


\*TLF = cardiac death + target vessel MI + target lesion revascularization. The FANTOM II primary endpoint was Major Adverse Cardiac Events (MACE) = cardiac death + all MI + target lesion revascularization.

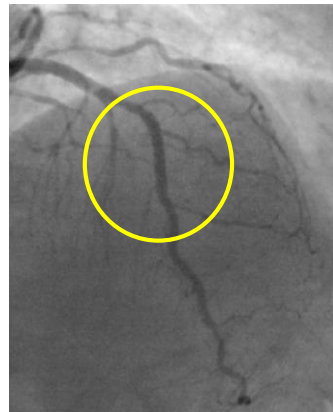
<b>Definite or Probable Scaffold Thrombosis (N = 240 Patients)</b>	
<b>Acute (0 – 1 day)</b>	<b>0.0% (0)</b>
<b>Sub-acute (2 – 30 days)</b>	<b>0.4% (1)<sup>1</sup></b>
<b>Late (31 – 365 days)</b>	<b>0.0% (0)</b>
<b>Very Late (&gt;365 days)</b>	<b>0.8 (2)<sup>2,3</sup></b>

- (1) Target lesion was not fully covered with scaffold. Significant untreated stenosis both proximally and distally to the scaffold was present at index procedure. Patient returned 5 days post procedure with a scaffold thrombosis
- (2) Clear Protocol Violation: Patient Selection outside of protocol limits: Distal segment of scaffold was in a 2.0mm vessel and the scaffold had significant malposition that was not corrected at the index procedure
- (3) One new event was reported between 24 and 36 months. The patient was treated for a Non-Clinically Driven TLR. The site reported a “Thrombus Flake” at the edge of the scaffold.

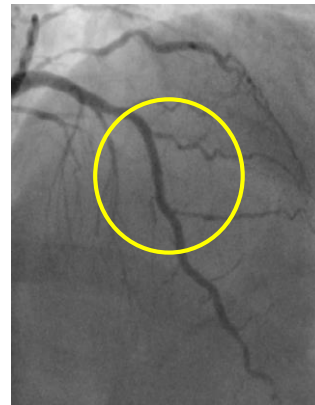
**Index - Pretreatment**



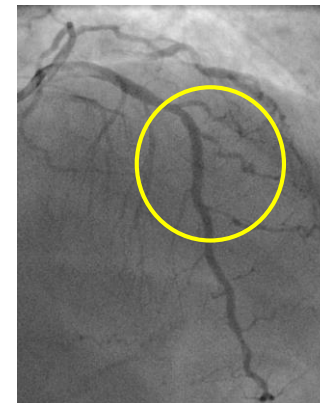
**Index – Post Implant**



**Follow-up 6 Mo.**



**Follow-up 24 Mo.**



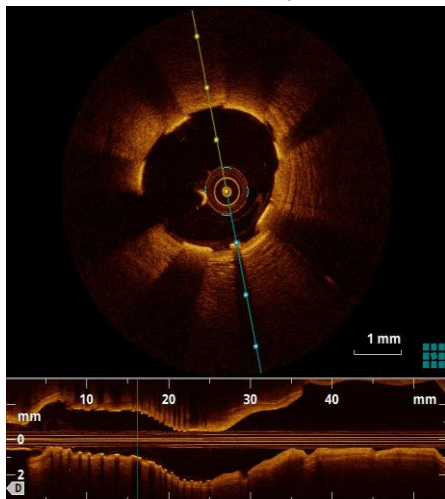
**Procedure Details**

- 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

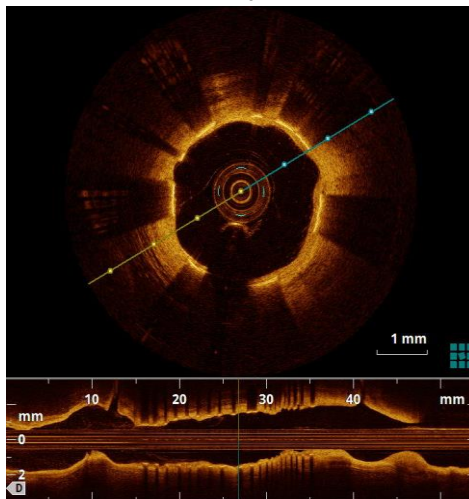
# FANTOM II

## Long Term Follow-up Case Sample

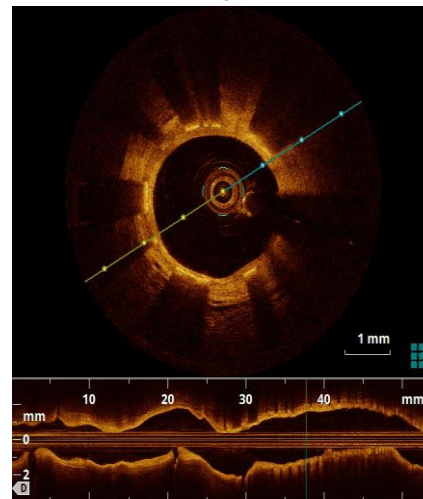
Index – Post Implant



Follow-up 6 Mo.








Follow-up 24 Mo.



# Fantom Global Clinical Trial Program

*Enrollment Complete – In Follow Up*

FANTOM I	First-in-human safety study (n=7)	 	Year 4
FANTOM II Cohorts A&B	Multi-center safety and performance study (n=240)	 	Year 3
FANTOM II Cohorts C	Long lesion and multiple vessel study (n=30-50)		Month 6

*Enrolling*

FANTOM STEMI	Single center pilot study in STEMI (n=20)		Enrolling
FANTOM Post Market Trial	European post-market trial (n=1,500)		Enrolling

*Planning*

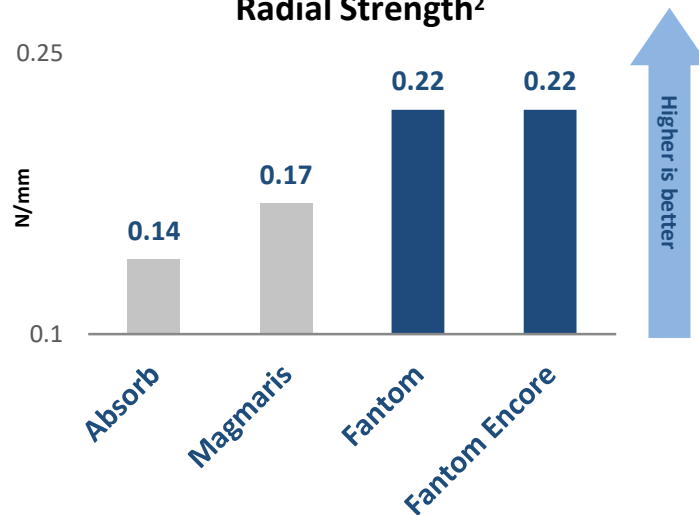
FANTOM III (RCT)	Multi-center RCT vs. metallic DES (n=1,800-2,200)	 	planning
FANTOM Asia	Multi-center RCT vs. metallic DES (n=350-400)	 	planning

### Thinner Struts without Compromising Radial Strength

Strut Thickness ( $\mu\text{m}$ )

	Absorb <sup>1</sup>	Magmaris <sup>1</sup>	Fantom	Fantom Encore
2.5 mm	157 $\mu\text{m}$	n/a	125 $\mu\text{m}$	95 $\mu\text{m}$
3.0 mm	157 $\mu\text{m}$	166 $\mu\text{m}$	125 $\mu\text{m}$	105 $\mu\text{m}$
3.5 mm	157 $\mu\text{m}$	166 $\mu\text{m}$	125 $\mu\text{m}$	115 $\mu\text{m}$

Radial Strength<sup>2</sup>



- No changes to Tyrocore polymer composition or scaffold design
- Improved polymer processing and manufacturing techniques

1) Includes coating. Ormiston, J. New BRS Platforms. Presented EBC Rotterdam 2016.; Foin, N. Biomechanical Assessment of Bioresorbable Devices. Presented CRT 2017.

2) Bench testing on 3.0 mm scaffolds in water at 37°C. Radial strength measured at 15% compression. Tests performed by and data on file at REVA Medical.

- **Only BRS with unique Tyrocore polymer**
  - Thin struts, Radiopaque, Enhanced radial force, Fully biocompatible
- **Sustained safety and efficacy through 36-months:**
  - Low MACE Rate (5.0%)
  - Low TLF Rate 4.6%
  - No increase in adverse events between 24 & 36 months
- **Fantom Encore, a 3rd generation BRS**
  - The thinnest struts of any clinically available BRS<sup>1</sup>
    - No compromise to radial strength or radiopacity
    - Unique Tyrocore polymer