

Fantom®

Bioresorbable Sirolimus-Eluting Scaffold





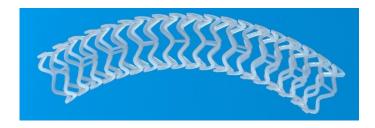
Potential conflicts of interest

Speaker's name: Dr. Alexandre Abizaid

 ✓ I have the following potential conflicts of interest to report: Consultant to REVA Medical, Inc.



Fantom Bioresorbable Scaffold



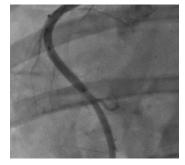
Fantom[®] (REVA Medical) Sirolimus-Eluting Bioresorbable Scaffold Desaminotyrosine Polycarbonate

Key Scaffold Features

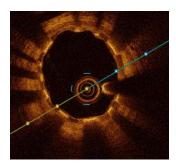
- Complete scaffold visibility under x-ray
- Single-step continuous inflation
- Clinically significant expansion range
- Optimal radial strength at 125 µm thickness
- Vasomotion restoration ~1 year
- No special storage or handling



Visibility



Deliverability



Vessel Patency

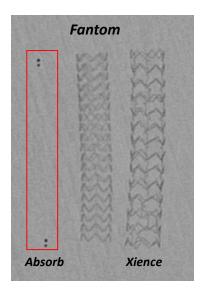


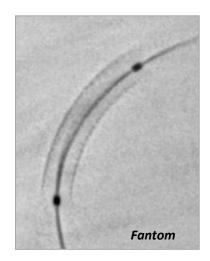
Fantom Radiographic Visibility

Fantom's (x-ray) visibility

Allows for:

- Precise scaffold placement
- Accurate lesion coverage
- Full structural assessment after deployment
- Less reliance on invasive imaging compared to other BRS (IVUS/OCT)



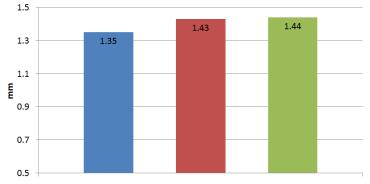




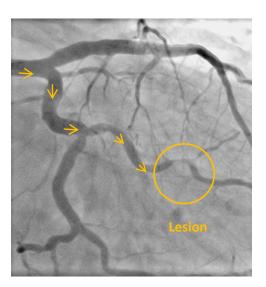
Fantom Enhanced Deliverability

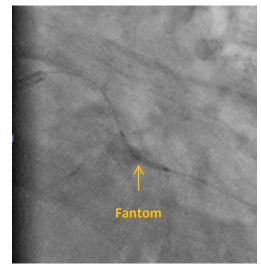
Thin 125µm strut design enables:

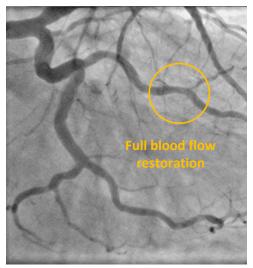
- Reduced scaffold crossing profile
- Greater device flexibility
- Increased access to a greater number of lesions



Fantom Absorb DESolve







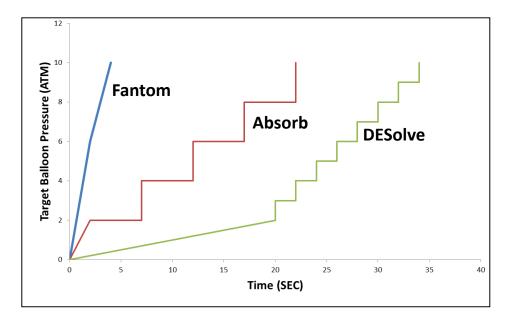
Courtesy of A. Abizaid, Dante Pazzanese, Sao Paulo, Brazil



Fantom Continuous Inflation

Inflation process:

- Continuous inflation to intended diameter
- Reduces arterial occlusion time for the patient
- Increases speed for scaffold delivery for the physician
- Eliminates the need to recall multiple inflation schemes





Fantom Bioresorbable Scaffold Single Step Inflation







REVAs Advanced Polymer enables single step inflation



Fantom

Bioresorbable Scaffold Features

Post-dilation without compromise

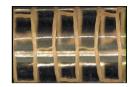
- Substantial expansion safety margin
 - 0.75 to 1.0 mm depending upon device size
- Able to adjust for vessel taper

Restoration of vasomotion

- Maintains radial strength during healing
- Restoration of vasomotion approx. 1 yr.
 - > 80% molecular weight loss within 12 months
- Eliminates undesirable shear stress induced by a permanent implant

3.0mm Nominal Device

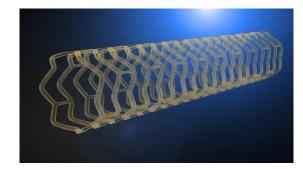




Polymer enables expansion to 4.0 mm without fracture







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. Brachman
- Netherlands
 - Dr. Amoroso, Dr. Wykrzykowska, Dr. Daemen
- Poland
 - Dr. Dudek, Dr. Kochman, Dr.
 Koltowski, Dr. Lesiak, Dr. Wojdyla

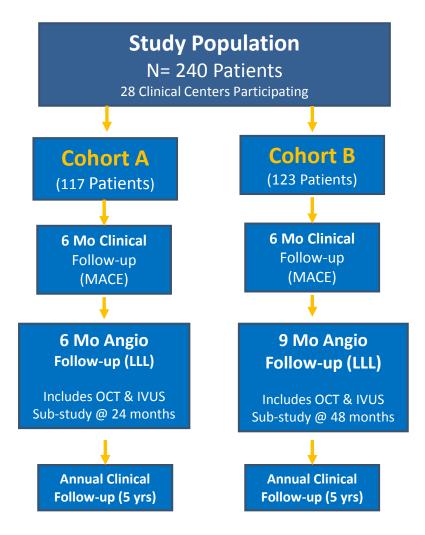


FANTOM II

Study Design and Endpoints

Study Design

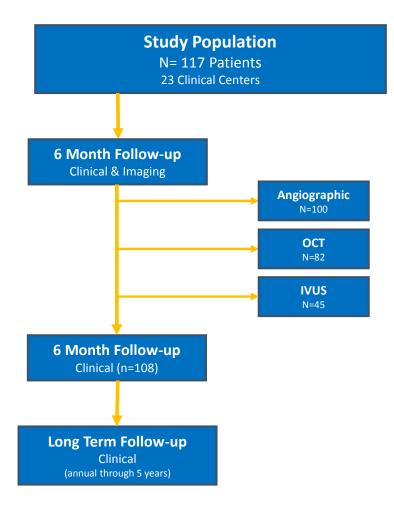
- Safety and Performance Trial
- 240 patients in 2 cohorts
- 2.5mm to 3.5mm vessels
- Lesion length \leq 20mm
- Angiographic follow-up
 - Cohort A: 6 months 117 Pts.
 - Cohort B: 9 months 123 Pts.
- Serial imaging sub-studies
 - Cohort A: 24 months
 - Cohort B: 48 months





FANTOM II – Cohort A

Study Overview and Baseline Characteristics



Patient	Characteristics	(N=117)
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Patient Age (average years)	62.7 ± 9.7
Male	70.1%
Diabetes	21.4%
Current/Former Smoker	50.4%
Hypertension	76.9%
Hyperlipidemia	70.9%
Prior PCI	40.2%
Prior CABG	6.0%
Prior MI	26.5%
Recent LVEF <40%	2.0% (N=113)



Target Lesion Location (n=117)		
LAD	49.6% (58)	
LCX	30.8% (36)	
RCA	19.7% (23)	
ACC/AHA Lesion Class (n=115)*		
Туре А	24.3% (28)	
Type B1	42.6% (49)	
Туре В2	33.0% (38)	
Туре С	0.0% (0)	

*As assessed by an independent core lab

Acute Procedural Outcomes		
Acute Technical Success ⁽¹⁾	96.6%	n=117
Acute Procedural Success ⁽²⁾	99.1%	n=113
Clinical Procedural Success ⁽³⁾	99.1%	n=112

- (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 Angiographic – QCA Results*

In-Scaffold Analysis	Baseline (n=115)	Post Procedure (n=112)	6 Months (n=100)
RVD (mm)	2.68 ± 0.37	2.75 ± 0.40	2.69 ± 0.35(n=101)
MLD (mm)	0.79 ± 0.29	2.47 ± 0.37	2.20 ± 0.39
Diameter Stenosis (%)	70.3 ± 10.4	10.7 ± 7.6	16.8 ± 11.5 (n=99)
Acute Gain (mm)		1.67 ± 0.41	
Acute Recoil (%)		2.9 ± 8.8	
Mean LLL (mm)			0.29 <u>+</u> 0.38
Median LLL (mm)			0.22 (-0.43, 1.77)
In-Segment Analysis			
Mean LLL (mm)			0.21 ± 0.32
Median LLL (mm)			0.16 (-0.43, 1.67)

* Preliminary Results: Analyzed by an independent QCA core lab (Yale Cardiovascular Research Group, New Haven, US)



FANTOM II – Cohort A MACE Results

6 Month MACE Results Timeframe	Event
In-Hospital	1 (Post Procedure MI)
30-Day Follow-up	1 (MI/TLR/SAT)
90-Day Follow-up	0
6-Month Follow-up	0

Components of the Primary Endpoint (ITT): Hierarchical	N=117
MACE ¹	1.71%
Cardiac Death	0.0 %
Target vessel MI	1.71%
Clinically Driven TLR	0.0%

1) As adjudicated by an independent Clinical Events Committee

2) One event pending final adjudication review (non ischemic driven TLR)



FANTOM II Case Sample

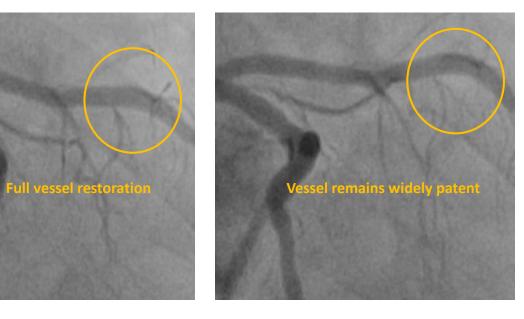
Angiographic Assessment

Pre-Implant



Post-Implant

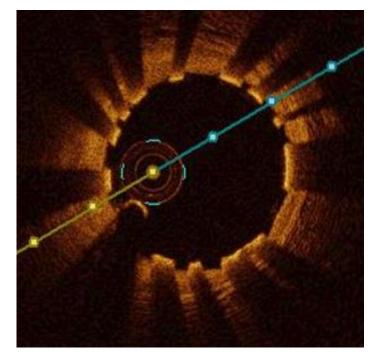
6-Month Follow-up



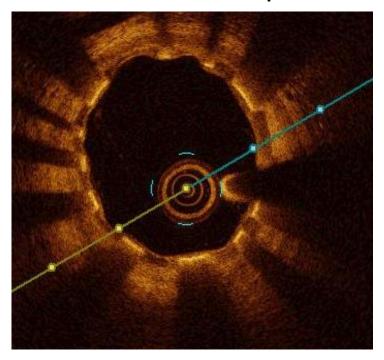


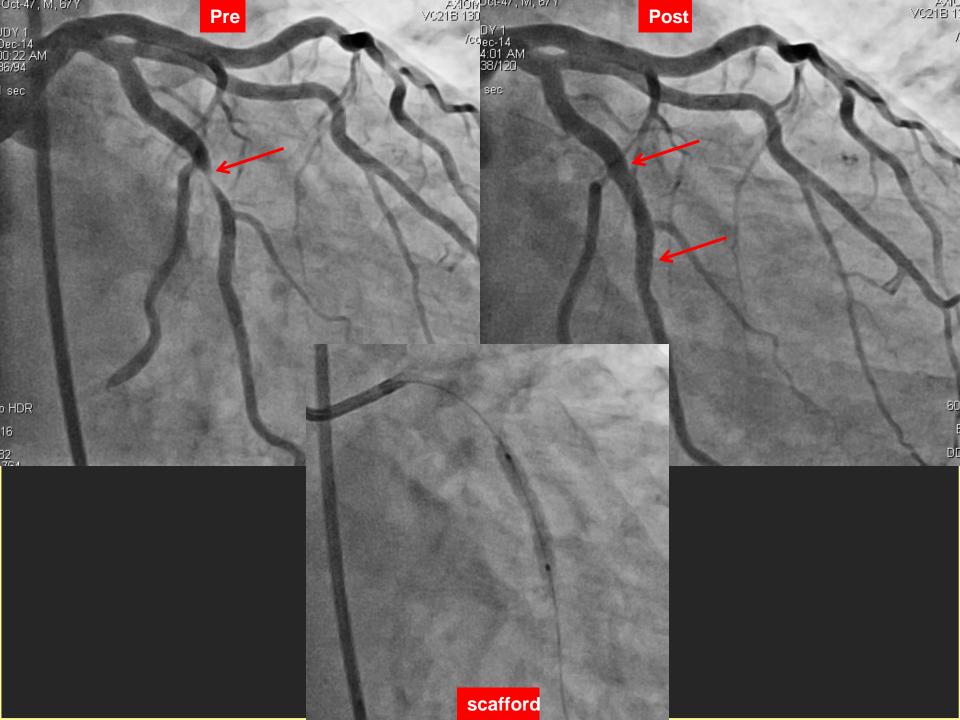
FANTOM II Case Sample OCT Assessment

Post-Implant



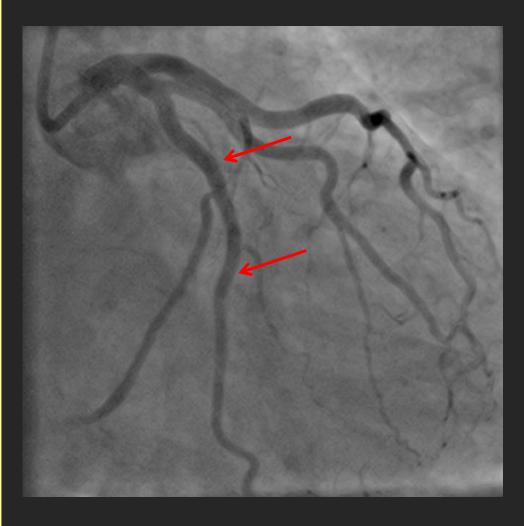
6-Month Follow-up





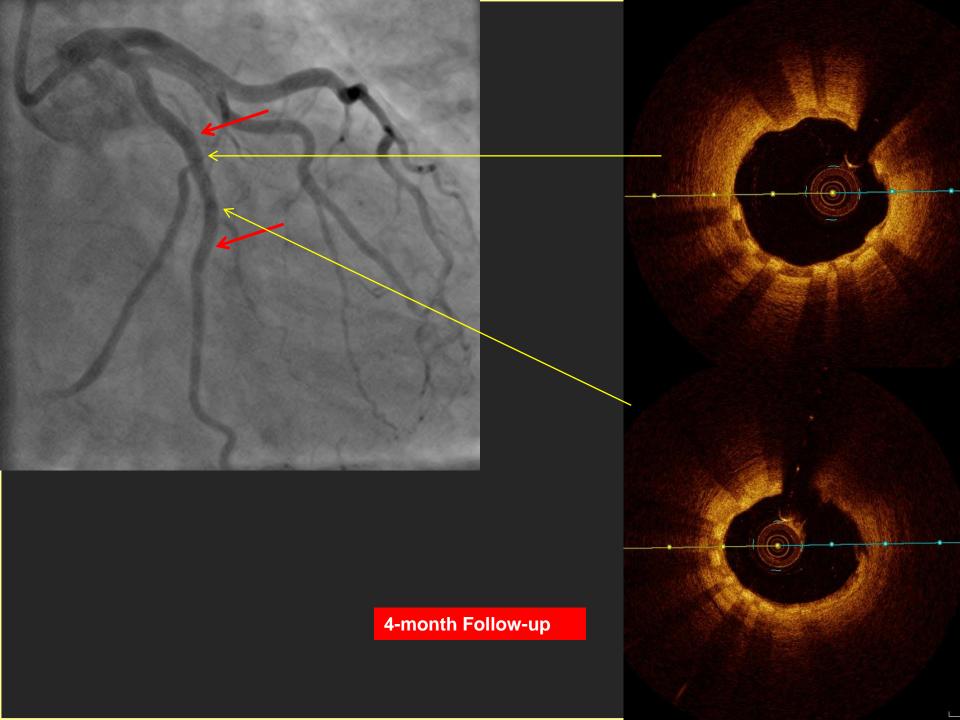


4-month Follow-up





4-month Follow-up





FANTOM Program

Clinical Summary

• Fantom offers new and interesting features

- Radiopacity
- Enhanced deliverability
- Single-step inflation
- No special handling requirements

Initial clinical data demonstrates

- Good acute performance
 - Excellent device deliverability
 - Minimal residual stenosis and acute recoil
- Sustained performance and safety through 6 months
 - Low MACE Rate
 - Low late lumen loss



Thanks!