IN.PACT Global full clinical cohort: Five-Year Outcomes

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Disclosure

Speaker name: Thomas Zeller

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I have the following potential conflicts of interest to report:

- [x] Consulting
- [ ] Employment in industry
- [x] Stockholder of a healthcare company
- [ ] Owner of a healthcare company
- [ ] Other(s)

- [ ] I do not have any potential conflict of interest

Background

- The treatment of peripheral arterial disease (PAD) in patients with multiple comorbidities is challenging and remains a global health concern.
- Patients with complex lesions are usually excluded from randomized controlled trials (RCTs), however they are reflected in real-world studies.
- RCTs and global registries have demonstrated the superiority of drug-coated balloons over PTA for the treatment of PAD in real-world patients[1-8], however long-term evidence in complex real-world patients is limited.

1. *Thieme M. JACC-CI. 2017*
2. *Schroe H. et al. CCI. 2018*
3. *Zeller T. et al. Circ-CI. 2019*
4. *Micari A. et al. JACC-CI. 2018*
5. *Tepe G. CIRSE Lisbon, Portugal 2018*
6. *Brodmann M. et al. JACC-CI. 2017*
7. *Scheinert D. et al. Circ-CI. 2018*
8. *Tepe G. et al. JACC-CI. 2019*

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IN.PACT Global Study: Overview

Real-world, prospective, multicenter, single arm, independently-adjudicated femoropopliteal study*

- **1535 patients consented**
- **64 sites in EU, Mid-East, Latin America, Asia**
- **Independent adjudication by a Clinical Events Committee[1]**
- **Prospective subset analysis with core lab[2,3] reported results (*de novo* ISR, long lesions ≥15 cm, CTOs ≥5 cm)**
- **Additional safety and effectiveness data was collected to assess a longer 150 mm DCB**

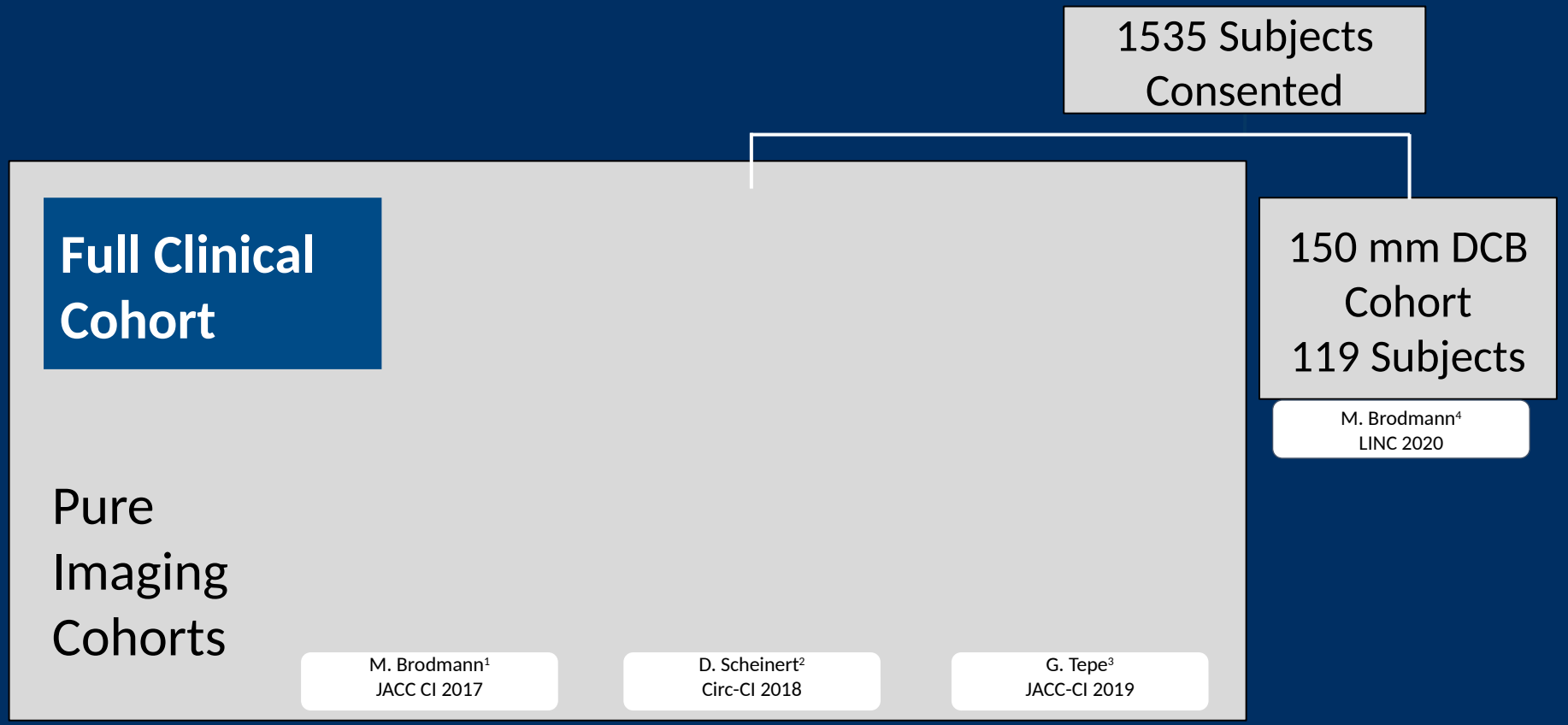
All-Comers

- ✓ **Bilateral disease**
- ✓ **Multiple lesions**
- ✓ **SFA and Popliteal Artery**
- ✓ **TASC A, B, C, D**
- ✓ **RCC 2 - 4**
- ✓ **De novo ISR**
- ✓ **Long Lesions**
- ✓ **CTOs**

1.Syntactx Clinical Events Committee, New York, NY, US, 2. VasCore DUS Core Lab, Boston, MA, US, 3. SynvaCor Angiographic Core Lab, Springfield, IL, US

** Sponsored by Medtronic PLC*

IN.PACT Global Study Architecture



This presentation includes outcome data on the 1406 ITT subjects who comprise the IN.PACT Global Clinical Cohort

1. *Brodmann, M. et al., J Am Coll Cardiol - Cardiovascular Interv. 2017; 20: 2113-2123.*
2. *Scheinert D, et al. Circulation - Cardiovasc Interv 2018; 11: e005654.*
3. *Tepe G, et al. J Am Coll Cardiol - Cardiovasc Interv. 2019; 12: 484-493*
4. *Brodmann M, IN.PACT Global 150mm Cohort 3-Year Outcomes, LINC 2020*

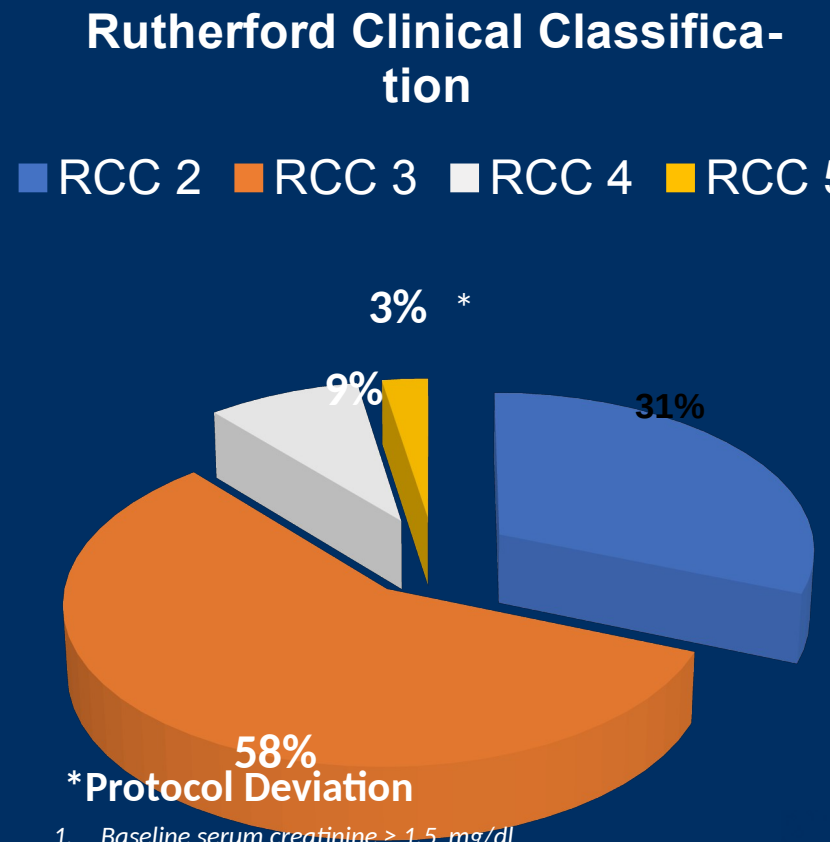
IN.PACT Global Study
Blinded, Independently Assessed Outcomes

Primary Effectiveness Endpoint	Freedom from clinically-driven target lesion revascularization[1] within 12 months
Primary Safety Endpoint	Freedom from device- and procedure-related death through 30 days, and freedom from target limb major amputation and clinically-driven target vessel revascularization[2] within 12 months

1.Any re-intervention within the target lesion(s) due to symptoms or drop of ABI of ≥ 20% or > 0.15 when compared to post-index procedure baseline ABI.
2.Any re-intervention within the target vessel due to symptoms or drop of ABI of ≥ 20% or > 0.15 when compared to post-index procedure baseline ABI

IN.PACT Global Study Full Clinical Cohort
Baseline Clinical Characteristics

Characteristics	N=1406 Subjects
Age (Mean Yrs ± SD)	**68.6 ± 10.1**
Male % (n/N)	**67.8% (953/1406)**
Diabetes % (n/N)	**39.9% (560/1402)**
Hypertension % (n/N)	**83.4% (1169/1401)**
Hyperlipidemia % (n/N)	**70.5% (960/1362)**
Current Smoker % (n/N)	**31.8% (447/1406)**
Obesity (BMI ≥ 30 kg/m²) % (n/N)	**20.5% (285/1391)**
Coronary Heart Disease % (n/N)	**40.5% (540/1332)**
Carotid Artery Disease % (n/N)	**20.2% (241/1196)**
Renal Insufficiency[1] **%** (n/N)	**11.2% (136/1216)**
Previous Peripheral Revasc % (n/N)	**52.4% (737/1406)**
Concomitant BTK Disease % (n/N)	**45.3% (594/1310)**
ABI[2] (Mean ± SD)	**0.678 ± 0.218**



1. *Baseline serum creatinine ≥ 1.5 mg/dl*
2. *ABI measured on 1392 target limbs during the index procedure (including bilateral procedures)*

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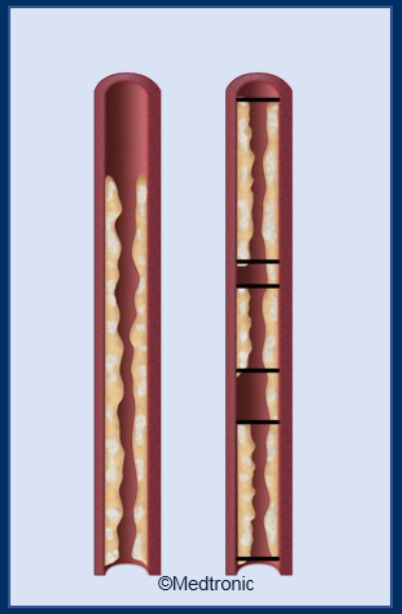
IN.PACT Global Study Full Clinical Cohort
Baseline Lesion Characteristics

Lesion Characteristics	N=1406 Subjects N=1774 Lesions
Lesion Type: % (n/N)	
De novo	74.3% (1318/1774)
Restenotic (non-stented)	7.7% (136/1774)
In-stent Restenosis	18.0% (320/1774)
Lesion Length (cm ± SD)	12.10 ± 9.54
Total Occlusions % (n/N)	35.5% (630/1774)
Calcification % (n/N)	68.7% (1217/1772)
Severe[1]	10.2% (181/1772)
RVD (mm ± SD)	5.186 ± 0.681
Diameter Stenosis (% ± SD)	88.8% ± 12.3



1. *Severe calcium definition used by study sites and core laboratory is bilateral calcium at the same location (also measured in sections), ≥ half of the total lesion length, ≥180° (both sides of the vessel at the same location). Dattilo, R; J Invasive Cardiol 2014;26(8):355360.*

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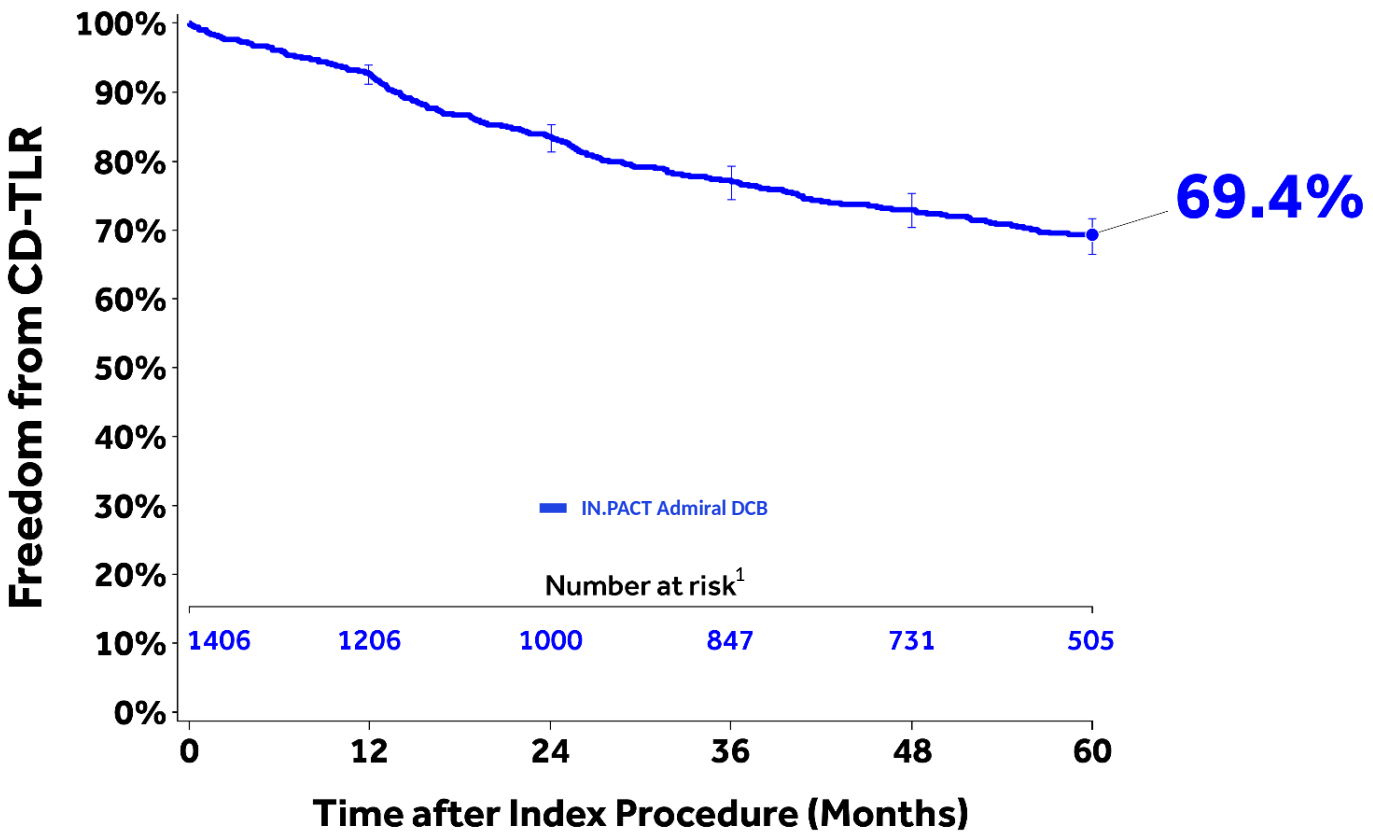
IN.PACT Global Study Full Clinical Cohort
Procedure Characteristics

Procedural Characteristics	N=1406 Subjects N=1774 Lesions
Device Success[1] **%** (n/N)	**99.4% (2988/3006)**
Procedure Success[2] % (n/N)	**99.3% (1386/1396)**
Clinical Success[3] % (n/N)	**98.6% (1376/1396)**
Pre-dilatation % (n/N)	**78.0% (1097/1406)**
Post-dilatation % (n/N)	**35.1% (491/1397)**
Provisional Stent % (n/N)	**25.3% (353/1397)**
Post-procedure Dissections % (n/N):	
0	**56.7% (1006/1773)**
A-C	**35.4% (628/1773)**
D-F	**7.8% (139/1773)**

1. *Device success defined as successful delivery, inflation, deflation and retrieval of the intact study balloon device without burst below the RBP.*
2. *Procedure success defined as residual stenosis of ≤ 50% (non-stented subjects) or ≤ 30% (stented subjects).*
3. *Clinical success defined as procedural success without procedural complications (death, major target limb amputation, thrombosis of the target lesion, or TVR) prior to discharge.*

IN.PACT Global Study Full Clinical Cohort
5-Year Effectiveness Outcome

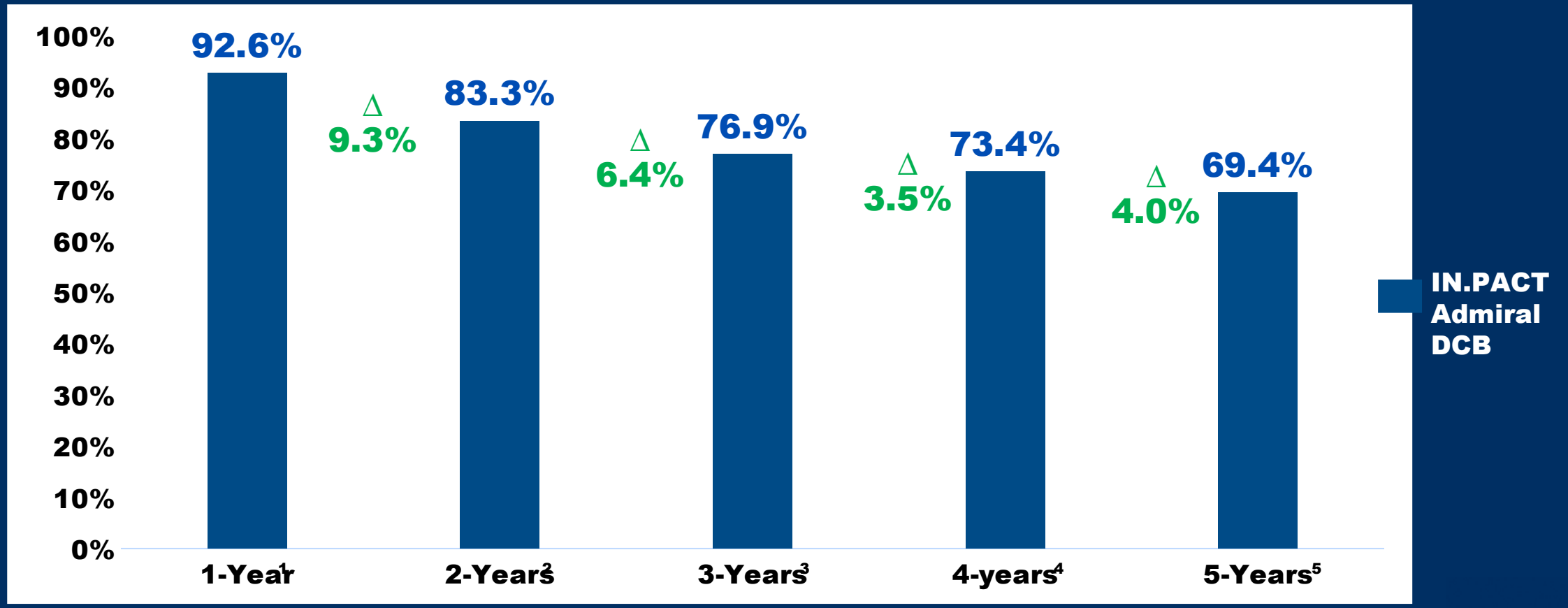
Freedom from CD-TLR through 5 Years



1. Number of subjects at risk at the end of time interval

IN.PACT Global Study Full Clinical Cohort

Freedom from CD-TLR Through the Years



1. *Zeller T, et al. Circ-CI 2019;12:e007730.DOI:10.1161/CIRCINTERVENTIONS.118.007730*
2. *Micari A, et al. JACC-CI 2018;11:945-953*
3. *Torsello G. et al JEVT 2020 doi/10.1177/1526602820931477*
4. *Zeller T. IN.PACT Global 4-year Results VIVA 2019*
5. *Zeller T. IN.PACT Global 5-year Results VIVA 2020*

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IN.PACT Global Study Full Clinical Cohort
Additional 5-Year Effectiveness Outcomes

IN.PACT Global N = 1406 Subjects Cumulative Incidence (K-M Estimate)	
CD-TLR[1] % (number of subjects with event)	**30.6% (366)**
Any TLR[2] % (number of subjects with event)	**31.3% (374)**

Time to Reintervention Through 5 Years	
Mean Time to First CD-TLR (days ± SD) **(Min, Max)**	**669.2 ± 462.5** **(1, 1751)**

1. *Clinically-driven TLR adjudicated by an independent Clinical Event Committee and defined as any re-intervention within the target lesion due to symptoms or drop of ABI of ≥20% or >0.15 when compared to post-procedure baseline ABI.*
2. *Any TLR includes clinically-driven and incidental or duplex driven TLR.*

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IN.PACT Global Study Full Clinical Cohort

5-Year Safety Outcome

IN.PACT Global N= 1406 Subjects	
Primary Safety Composite[1]	67.4% (392)

1. *Safety composite endpoint consists of: Freedom from device- and procedure-related death to 30 days, freedom from major target limb amputation within 60 months; and freedom from CD-TVR within 60 months. Percent based on K-M estimate (number of subjects with event).*

IN.PACT Global Study Full Clinical Cohort
Additional 5-Year Safety Outcomes

IN.PACT Global N= 1406 Subjects K-M Cumulative Incidence	
Major Adverse Events[1]	45.9% (589)
CEC Adjudicated All-cause Death	19.5% (244)
CD-TVR	31.9% (381)
Major Target Limb Amputation	1.7% (19)
Thrombosis	5.7% (73)

1. Major Adverse Events (MAE) defined as all-cause death, clinically-driven TVR, major target limb amputation, thrombosis at the target lesion site at 60 months. Cumulative incidence based on Kaplan-Meier estimate (number of subject with event).

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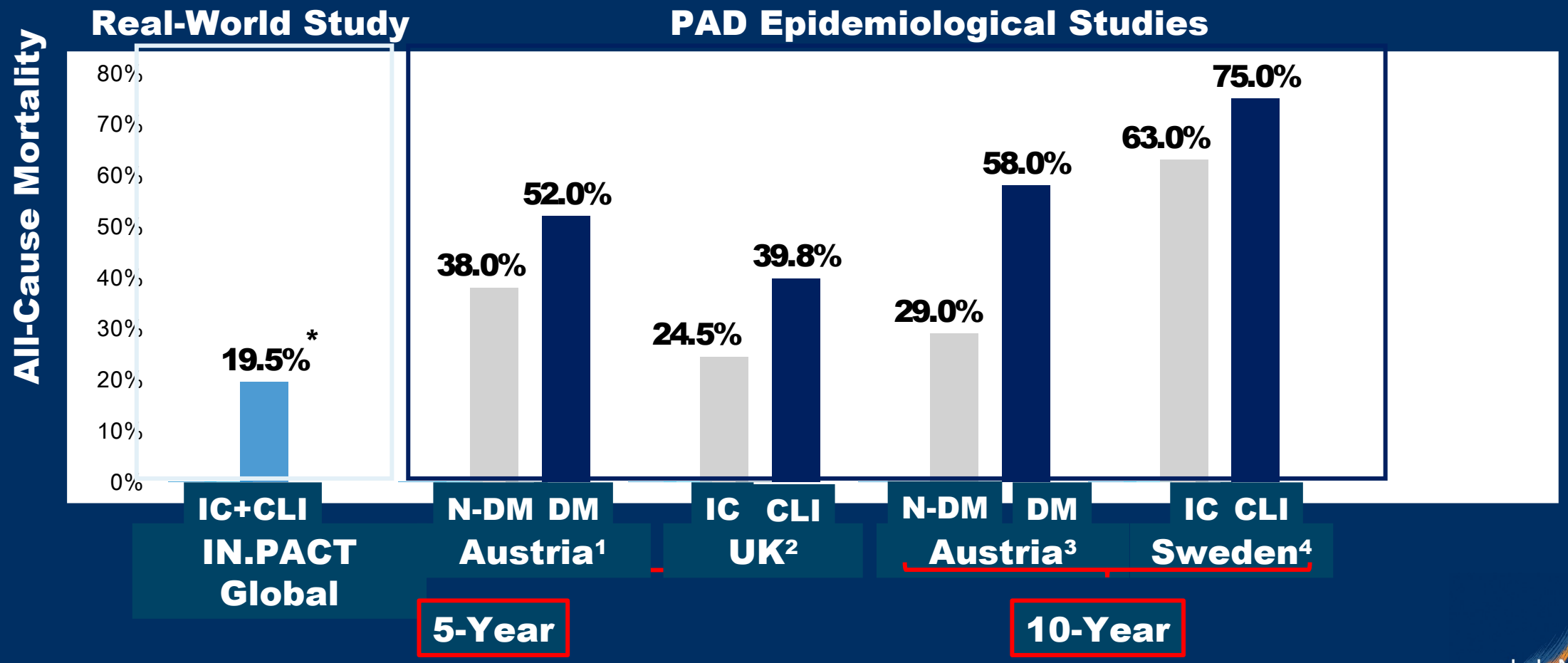
IN.PACT Global Study
Long-term All-Cause Mortality in Context



**cumulative incidence K-M estimate*
IC = Intermittent Claudication
CLI = Critical Limb Ischemia
N-DM = Non-Diabetes Mellitus
DM = Diabetes Mellitus

1. *Mueller T. et al 2014 J Vasc Surg 2014;59:1291-9*
2. *Heikkila, K et al BJS 2018; **105**: 1145–1154*
3. *Mueller T, et al 2016 Vasc Med 21:445-452 (<75 yrs age)*
4. *Sartipy, F. et al Eur J Vasc Endovasc Surg (2018) 55, 529e536*

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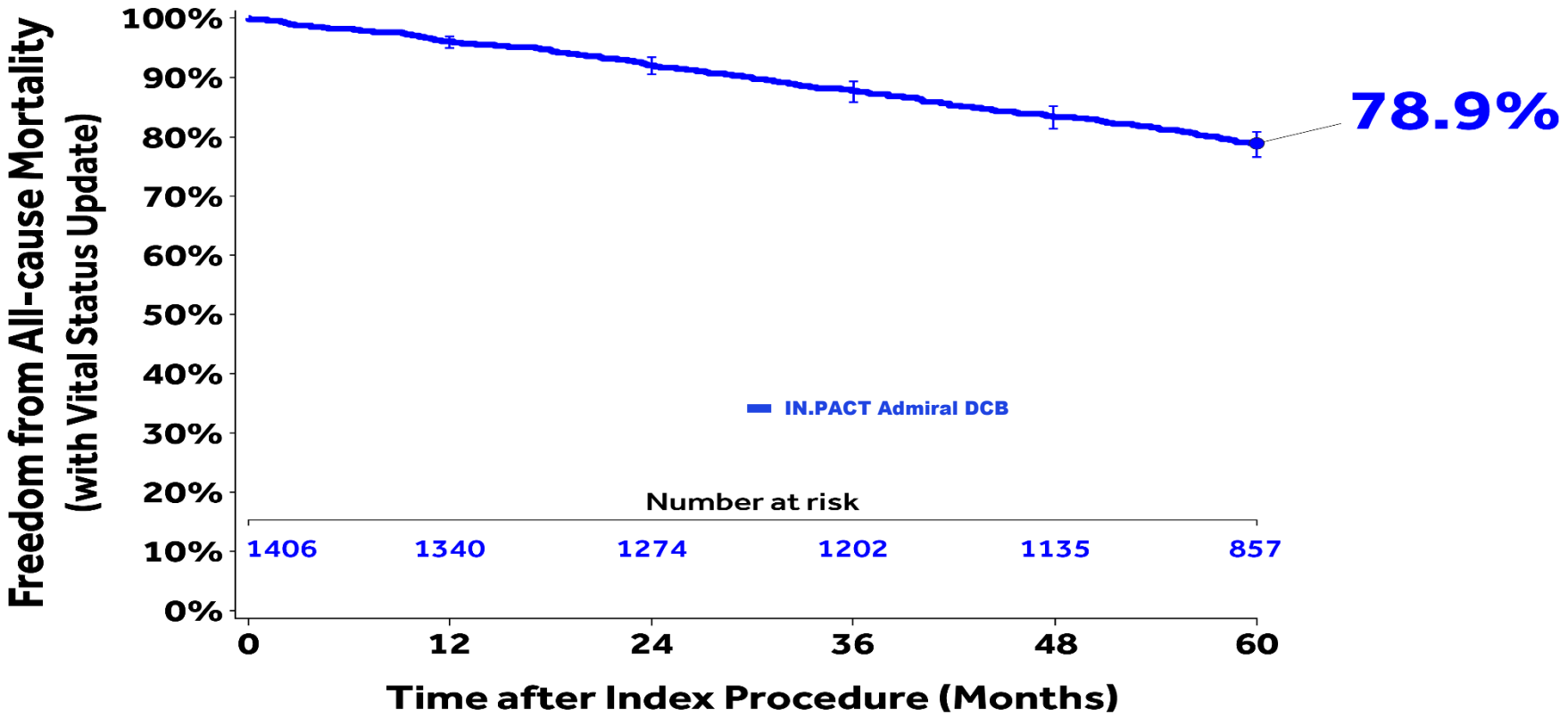
IN.PACT Global Study Full Clinical Cohort

Freedom from All-Cause Mortality through 5 Years (with vital status[1])

96.4% Follow-Up Achieved with Vital Status Collection

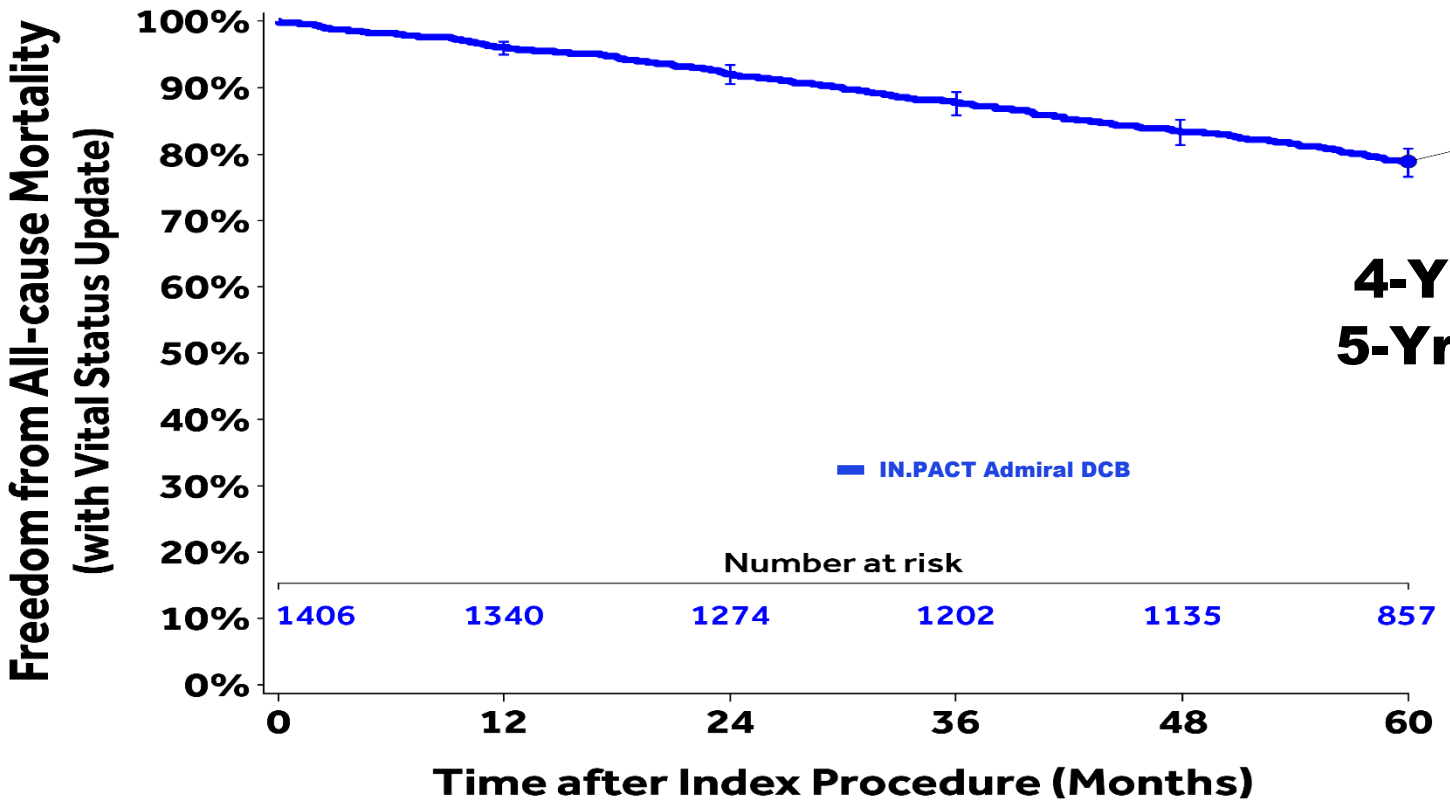


1. *Deaths found through the vital status data collection were not adjudicated by CEC due to lack of source documentation available*

IN.PACT Global Study Full Clinical Cohort

Freedom from All-Cause Mortality through 5 Years (with vital status[1])

96.4% Follow-Up Achieved with Vital Status Collection

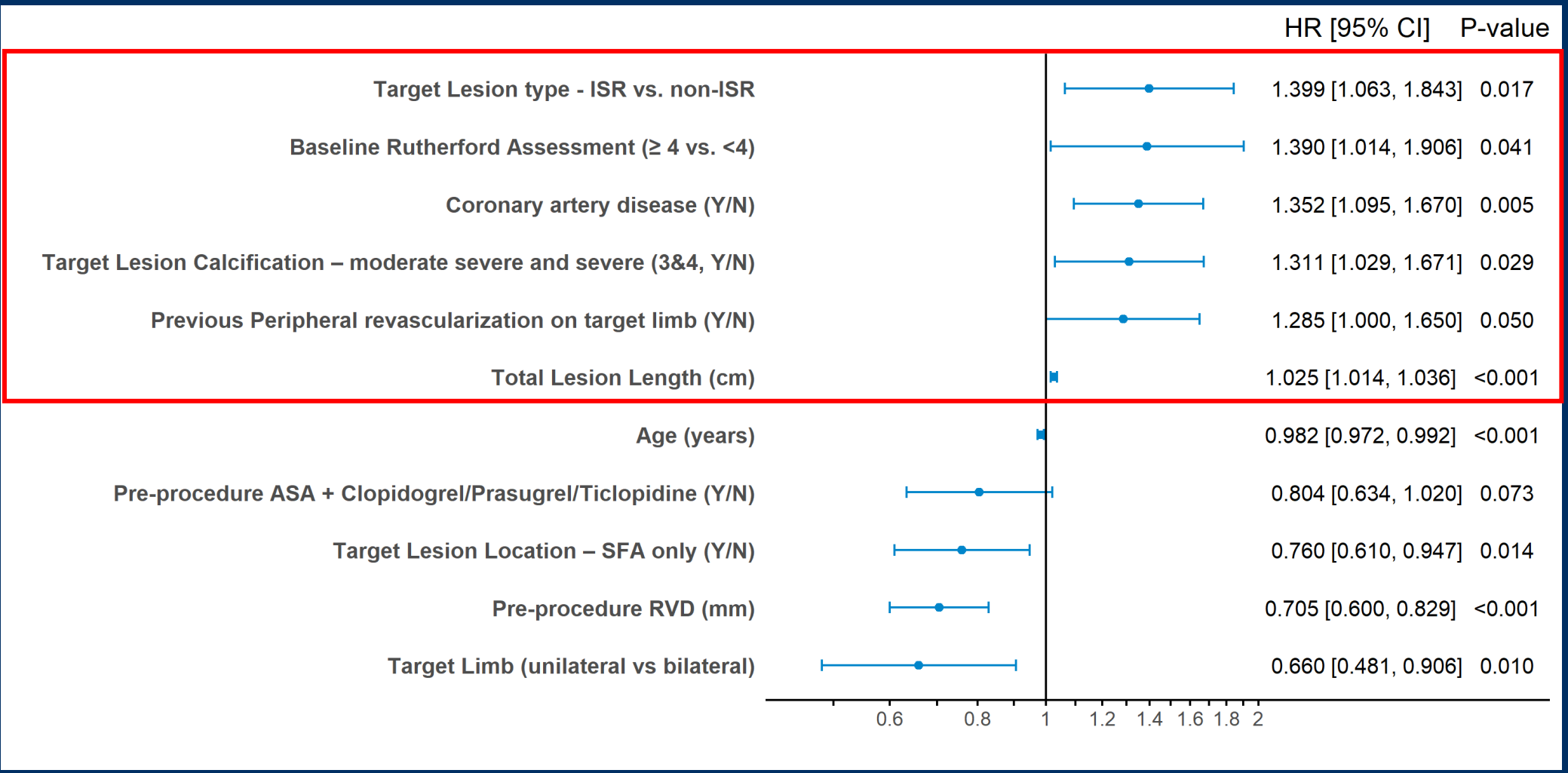


4-Yr FF ACM = 83.5%[2]

5-Yr FF ACM = 78.9%

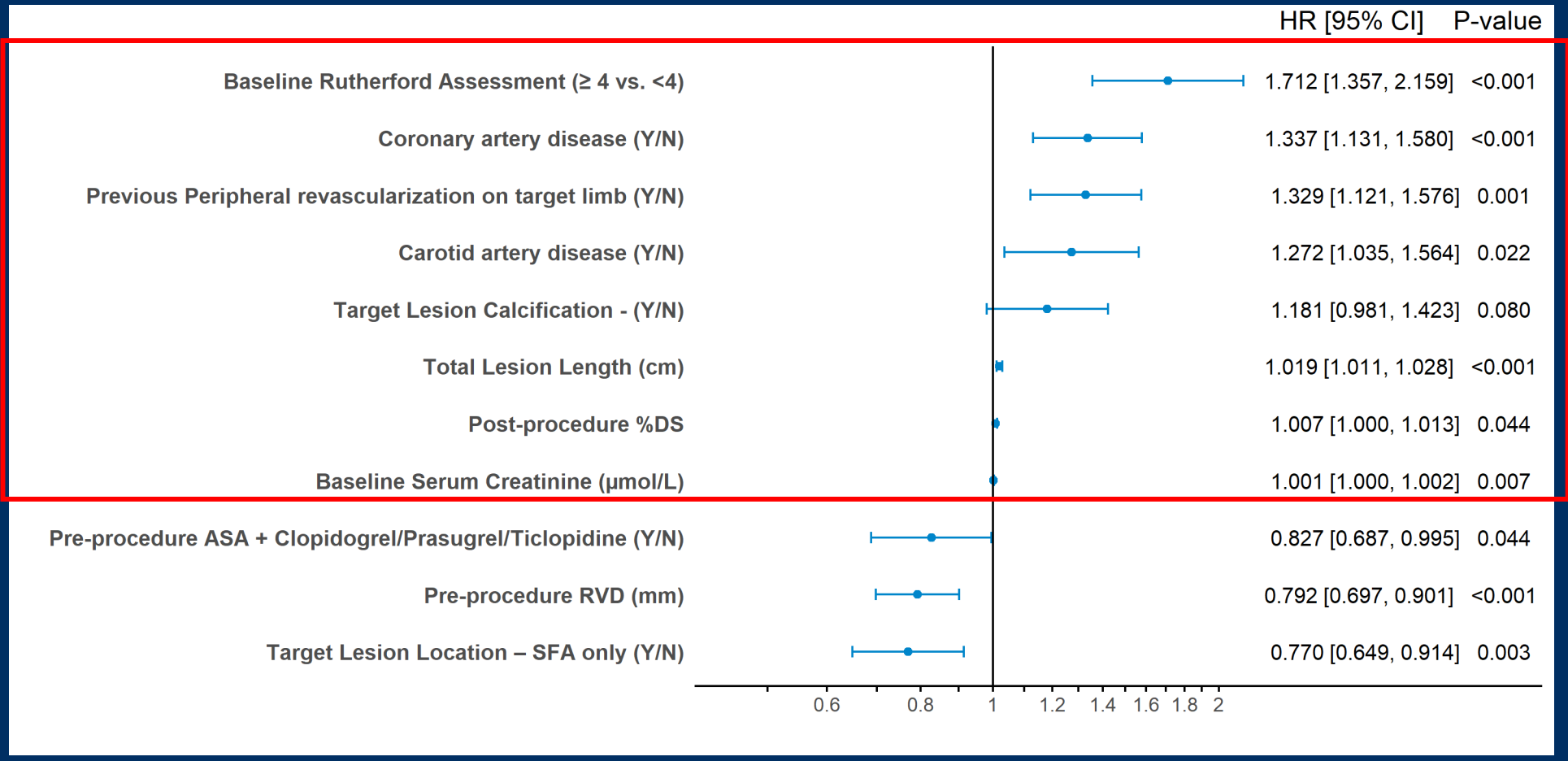
1. *Deaths found through the vital status data collection were not adjudicated by CEC due to lack of source documentation available*
2. *Zeller T. IN.PACT Global 4-year Results VIVA 2019*

IN.PACT Global Study
Predictors of CD-TLR



IN.PACT Global Study
Predictors of MAE*

*Major Adverse Events defined as a composite of all-cause death, clinically-driven TVR, major target limb amputation, and thrombosis at the target lesion site at 60 months



IN.PACT Global Study 5-Year Results: Summary

- The IN.PACT Global Study remains the largest and only reported real-world drug-coated balloon (DCB) study with independent CEC adjudication through 5 years.
- Results demonstrate sustained effectiveness of the IN.PACT Admiral DCB through five years with a freedom from CD-TLR = 69.4%
- Long-term safety through five years demonstrated;
  - low amputation (1.7%) and thrombosis (5.7%) rates
  - freedom from all-cause mortality of 78.9% with a known vital status rate of 96.4% through 5 years
- Robust, real-world data continues to demonstrate durable results indicating the IN.PACT Admiral DCB as a viable solution for the treatment of femoropoplite disease.