TRANSCEND

SURVEIL® DRUG-COATED BALLOON TRIAL

Pivotal Trial Results

The Randomized And Controlled Noninferiority Trial to Evaluate Safety and Clinical Efficacy of the SurVeil™ Drug-Coated Balloon iN the Treatment of Subjects with Stenotic Lesions of the Femoropopliteal Artery Compared to the Medtronic IN.PACT® Admiral® Drug-Coated Balloon

On behalf of TRANSCEND Steering Committee and Investigators

Late Breaking Clinical Trial

January 25, 2021

Kenneth Rosenfield, MD, MHCDS
Disclosures

- **Consultant/Scientific Advisory Board:** Access Vascular; Angiodynamics; Contego; Philips; Boston Scientific; Surmodics; Janssen; Neptune Medical; Magneto; Mayo Clinic; BMS-Pfizer; Summa Therapeutics; Thrombolex
- **Grants:** NIH; Boston Scientific; Intact Vascular
- **Equity:** Accolade; Access Vascular; Capture Vascular; Contego; Cruzar Systems; Embolitech; Endospan; Eximo; JanaCare; Magneto; Micell; Orchestra; PQ Bypass; Shockwave Medical; Summa Therapeutics; Thrombolex; Valcare
- **Board Member:**
  - National PERT Consortium™, a not for profit 501c3 organization dedicated to advancing treatment and improving outcomes in Pulmonary Embolism

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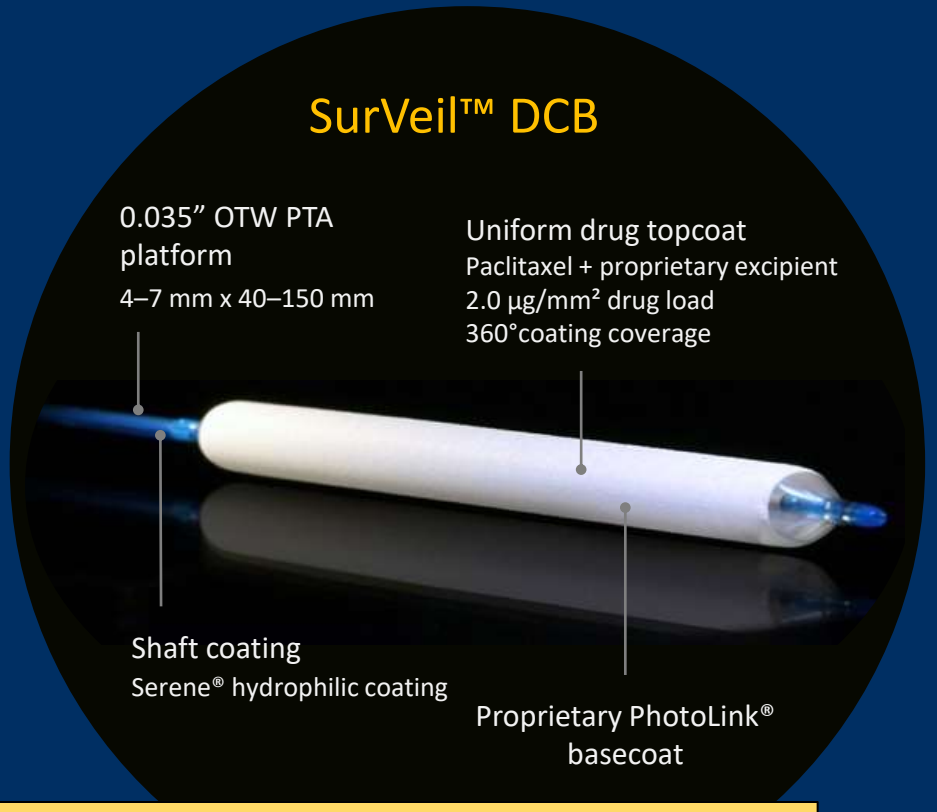
SURVEIL™ DCB: THIRD-GENERATION

GOALS for 3rd generation device (SURMODICS)

- **CLINICAL -** Similar therapeutic outcome with lower dose
  - →Lower potential for complications
  - →Wider therapeutic window
- TECHNOLOGICAL – Reduce Paclitaxel dose to 2.0 µg/mm²; improve uniformity of drug delivery/distribution
  - →better efficiency of drug transfer
  - →reduction in downstream embolization



THESIS: similar outcome with **lower dose** of cytotoxic drug

→advance the state of the art

→provide better therapeutic choice

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TRANSCEND TRIAL JOURNEY

- First U.S. head-to-head DCB trial comparing novel device to control device that has 75% more drug load
- Paclitaxel debate

  → Enrollment pause slows study completion
- COVID 19

  → Subject follow-up more challenging

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TRIAL OVERVIEW

- Prospective, multicenter, international, randomized, single-blind trial of Surveil DCB versus IN.PACT Admiral DCB (1:1)
- 446 subjects randomized
  - 52 US sites (N=290) and 13 OUS sites (N=156)
  - Surveil (N=222) and IN.PACT ADMIRAL (N=224)
  - 60-month follow-up
- Independent and blinded: DUS Core Lab, Angiographic Core Lab, Clinical Events Committee; unblinded Data Monitoring Committee
- Hypotheses test - Non inferiority (15% NI margin for efficacy; 10% for safety)

GLOBAL SITE PARTICIPATION

PRINCIPAL INVESTIGATORS

Marianne Brodmann, MD
William Gray, MD
Kenneth Rosenfield, MD

TRIAL DESIGN, BIOSTATISTICS, DSMB, CEC

Baim Institute

TRIAL OPERATIONS

Medpass (OUS); Clinlogix (US)

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KEY INCLUSION CRITERIA

CLINICAL	ANGIOGRAPHIC
• Subject ≥ 18 years • Target limb Rutherford Class 2, 3, or 4	• De Novo or non-stented restenotic lesion > 90 days after POBA angioplasty or > 180 days post prior DCB treatment • Target lesion length ≤ 180 mm • Target lesion starts ≥ 10mm below common femoral bifurcation and terminates at or above end of P1 segment of popliteal artery • Target vessel diameter ≥ 4mm and ≤ 7mm • Target lesion must have ≥ 70% stenosis by visual estimate • Target lesion residual stenosis ≤ 70% after pre-dilatation

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BASELINE PATIENT AND LESION CHARACTERISTICS

		SURVEIL N = 222 subjects	IN.PACT N = 224 Subjects	P-value
Age (yrs)		68.7 ± 9.4 (222)	67.4 ± 9.3 (224)	0.136
Male		62.6% (139/222)	63.4% (142/224)	0.922
Rutherford Class				
	2	21.6% (48/222)	34.4% (77/224)	
	3	75.7% (168/222)	61.2% (137/224)	0.022 (*)
	4	2.7% (6/222)	4.5% (10/224)	
Lesion length (mm)[1]		72.5 ± 48.4 (221)	70.0 ± 50.5 (223)	0.597
Minimum Lumen Diameter (mm) [1]		1.4 ± 1.1 (221)	1.3 ± 1.0 (223)	0.106
Reference Vessel Diameter (mm) [1]		5.3 ± 0.9 (221)	5.3 ± 0.7 (223)	0.842
% Diameter stenosis[1]		72.9 ± 18.8 (221)	75.8 ± 18.1 (223)	0.102

1 Core Lab reported data
Data reported as Mean±SD (N) or % (n/N)
(*) t-test for equality of means

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PRIMARY ENDPOINTS

Safety (composite)

- Freedom from device- and procedure-related death through 30 days
- Freedom from major amputation (above ankle)
- Freedom from clinically-driven target vessel revascularization (CD-TVR) through 12 months

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Efficacy

- *Primary patency* through 12 months, defined as a composite of
  - Freedom from clinically-driven target lesion revascularization (CD-TLR)
  - Freedom from binary restenosis (peak systolic velocity ratio [PSVR] ≥2.4 or ≥50% stenosis)[1]

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[1]Assessed by independent DUS and angiographic core labs. In cases when there is a discrepancy between angiographic and DUS assessment of patency, angiographic assessment takes precedence.

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PROCEDURAL CHARACTERISTICS

	SURVEIL N = 222 subjects	IN.PACT N = 224 Subjects	P-value
Stenosis (%)			
After Pre-Dilatation[1]	29.5 ± 15.2 (212)	31.2 ± 16.0 (218)	0.280
After DCB deployment[2]	20.3±10.4 (215)	19.9±10.1 (220)	0.728
Final[2]	18.7 ± 9.6 (217)	18.9 ± 9.3 (223)	0.875
Max Inflation Pressure (atm)[3,4]	8.3 ± 2.4 (290)	9.2 ± 2.4 (266)	<0.001
Inflation Duration (sec)[3]	183.3 ± 64.4 (290)	185.5 ± 63.6 (267)	0.686
Final MLD (mm)[2]	4.3 ± 0.8 (221)	4.3 ± 0.7 (223)	0.604
Dissection (>/= Grade C) (Post Procedure)[2]	21.7% (47/217)	15.7% (35/223)	0.108
% of subjects requiring Post dilatation	18.0% (40/222)	17.4% (39/224)	0.902
% of subjects with Bailout stenting	8.1% (18/222)	6.7% (15/224)	0.592

Data reported as
Mean±SD (N) or % (n/N)

[1] Site Data
[2] Core Lab data
[3] Information based on number of devices used
[4] Nominal pressure for IN.PACT 8atm and 5atm (200mm and 250mm), 6atm for SurVeil.

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12-MONTH SAFETY RESULTS (ITT)

ENDPOINT MET	SURVEIL ARM	IN.PACT ARM	DIFFERENCE (2-sided 95% CI)	P-VALUE for Non-Inferiority (NI=10%)
Primary safety[1]	91.7%	89.6%	2.1 (-4.0%, 8.2%)	<0.001
Freedom from all cause death at 30 days[2,3]	99.5% (217/218)	100.0% (223/223)		
Freedom from target limb amputation[2,5]	100.0% (196/196)	100.0% (215/215)		
Freedom from CD-TVR[2,4]	92.4% (183/198)	89.9% (195/217)		

[1]Multiple Imputation
[2]Complete case analysis
[3] Denominators include subjects with at least 28 days of follow-up or subjects experiencing device- or procedure-related death through 30 days.
[4] Denominators include subjects with at least 335 days of follow-up or subjects experiencing clinically-driven TVR through 365 days.
[5] Denominators include subjects with at least 335 days of follow-up or subjects experiencing target limb amputation through 365 days.

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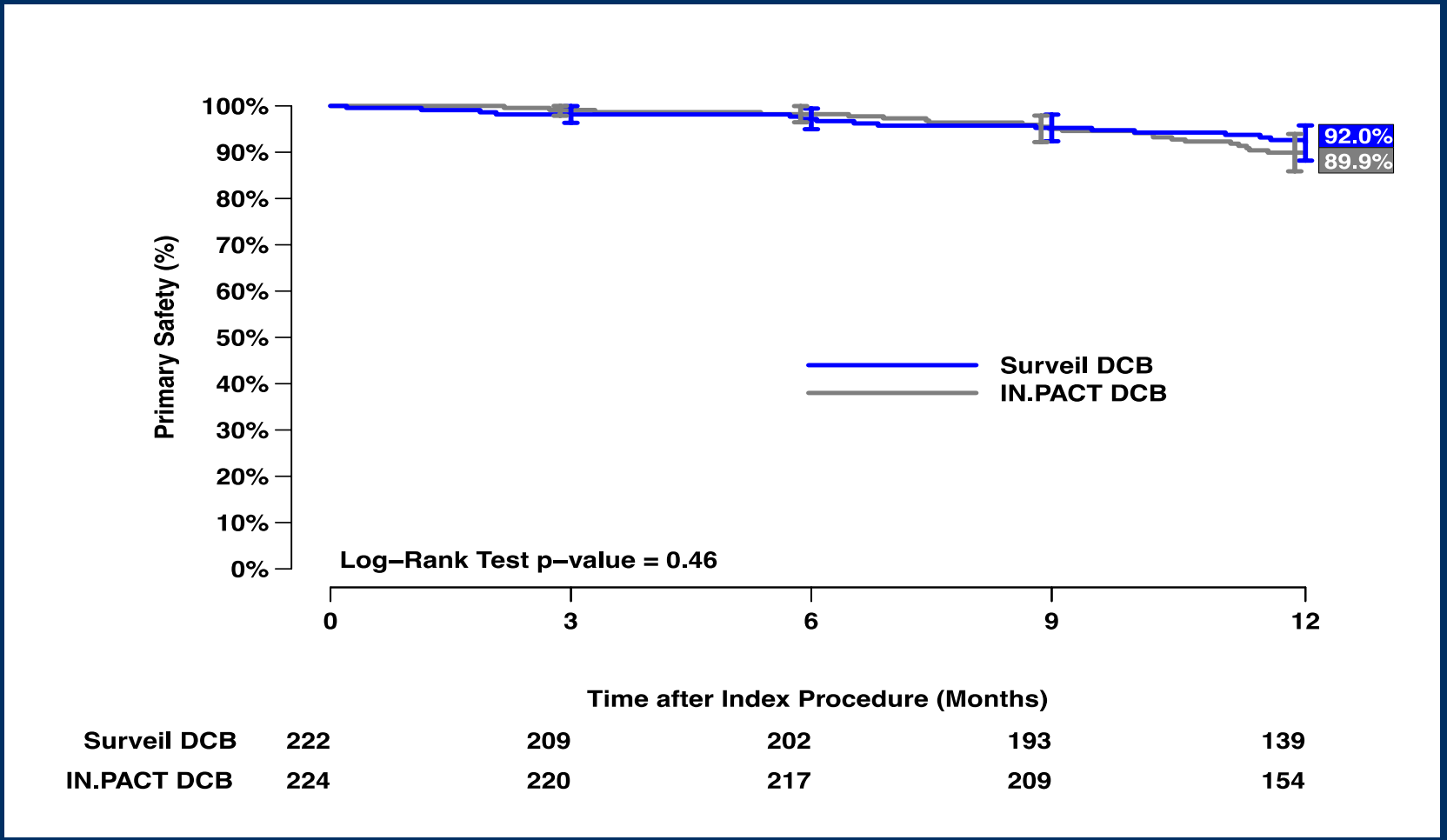
KAPLAN-MEIER FOR PRIMARY SAFETY ENDPOINT (ITT)



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SECONDARY SAFETY OUTCOMES (ITT)

	SURVEIL N = 222 subjects	IN.PACT N = 224 subjects	Non-inferiority P-value
Historical MAE [1]	8.4% (17/203)	7.8% (17/219)	0.859
Target Vessel Patency	79.0% (139/176)	80.7% (159/197)	0.699
All-cause death	3.5% (7/202)[2]	3.2% (7/219)	1.000
CD-TLR	5.6% (11/198)	4.7% (10/215)	0.823
Target limb major amputation	0.0% (0/196)	0.0% (0/215)	--
Thrombosis at target lesion	0.0% (0/196)	0.0% (0/215)	--
Freedom from all-cause death, major target limb amputation, and TVR (30-days)	99.5% (217/218)	100.0% (223/223)	0.494
Sustained Clinical Improvement [3]	61.1% (121/198)	63.9% (140/219)	0.613

1 Historical MAE is defined as composite of all cause death, CD-TLR, major target limb amputation, or thrombosis at target lesion
2 One additional subject in the SurVeil arm died at day 366 post index procedure.
3 Sustained clinical improvement is defined as freedom from major target limb amputation, TVR and worsening target limb Rutherford class. Numerators include subjects who are free from major target limb amputation, TVR and worsening target limb Rutherford class. Denominators include subjects who are evaluable in any of the three components.

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12-MONTH PRIMARY EFFICACY RESULTS (ITT)

ENDPOINT MET	SURVEIL ARM	IN.PACT ARM	Difference (2-sided lower 95% CL)	P-Value for Non-Inferiority (NI = 15%)
Primary effectiveness[1]	**81.7%**	**85.9%**	**-4.2% (-12.0%, 3.6%)**	**0.003**
Freedom from CD-TLR (12 months)[2,3]	**91.9% (182/198)**	**94.4% (203/215)**		
Freedom from Binary restenosis (PSVR ≥2.4 or ≥50% stenosis)[2,4]	**88.0% (139/158)**	**91.2% (165/181)**		

[1]Multiple Imputation
[2]Complete Case Analysis
[3]Denominators include subjects with at least 335 days of follow-up or subjects experiencing clinically-driven TLR through 395 days.
[4]Denominators include subjects with evaluable 12-month DUS (within or outside the visit window of 365±30 days) or subjects whose stenosis status could have been imputed from later assessments.

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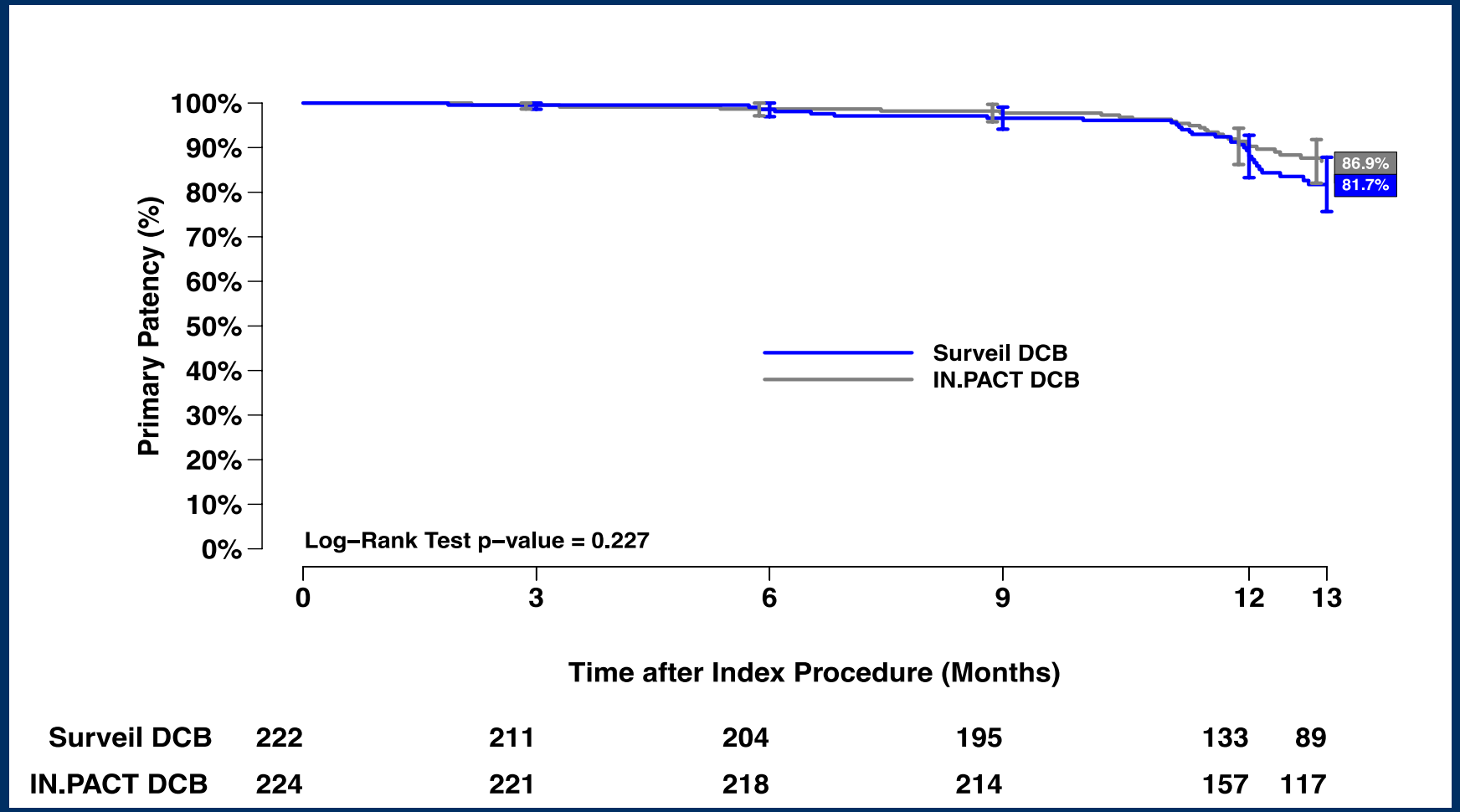
KAPLAN MEIER FOR PRIMARY EFFICACY ENDPOINT (ITT)



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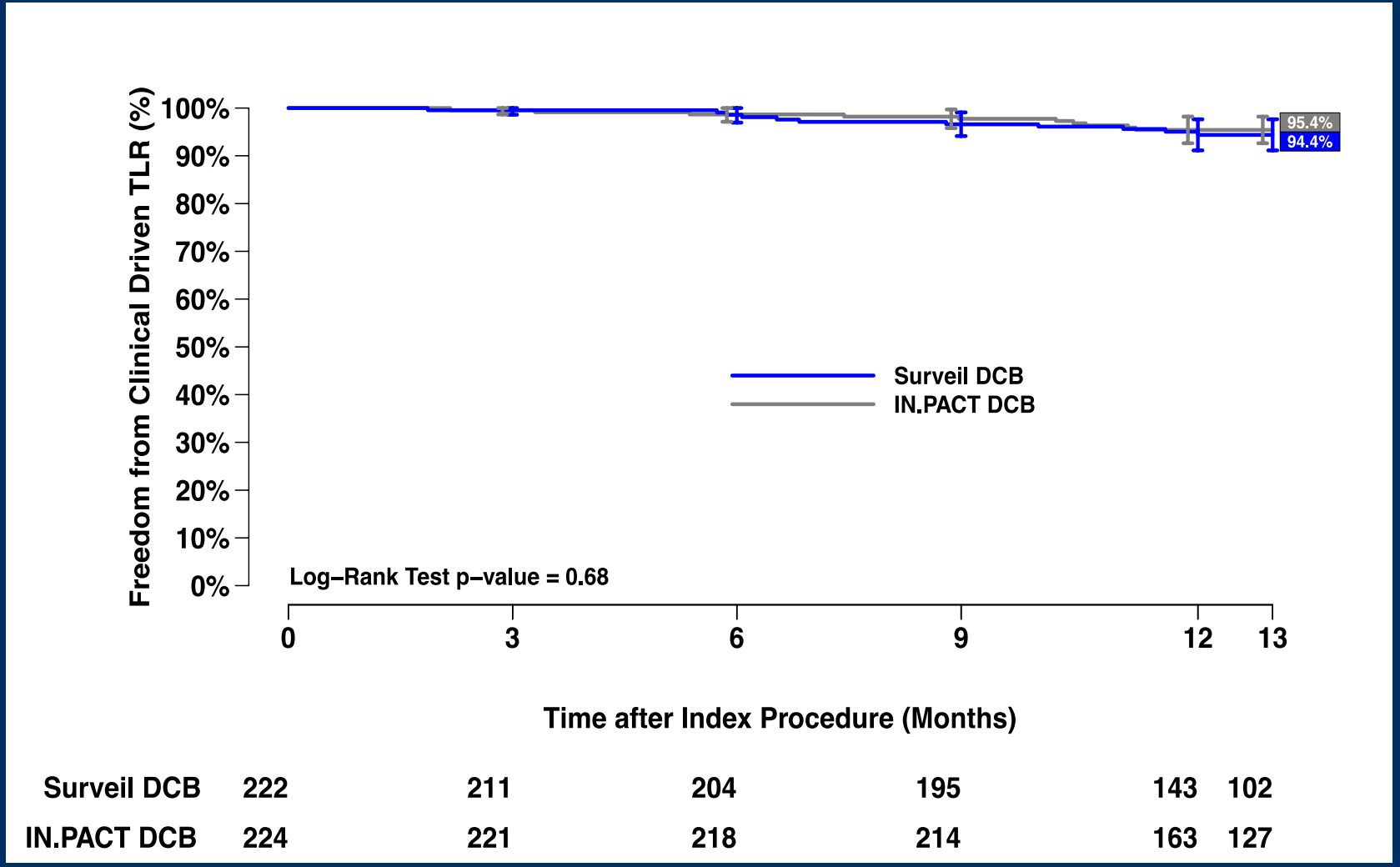
KAPLAN MEIER FOR FREEDOM FROM CD-TLR (ITT)



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SURVEIL® DRUG-COATED BALLOON TRIAL

CONCLUSIONS

- First head-to-head RCT of next generation low-dose DCB vs high-dose DCB
- Safety and Efficacy endpoints were achieved in a pivotal RCT
- SurVeil DCB non-inferior to market leading IN.PACT DCB with respect to Composite Patency, including CD-TLR and Binary restenosis
- Comparable effectiveness achieved at a substantially lower dose of drug