

# 12-month results overview

## **Conclusions**

- At 30 days clinical results show Major Adverse Event (MAE) composite of 0.0% for the Passeo-18 Lux Drug-Coated Balloon (DCB) vs. 8.3% compared to the control Percutaneous Transluminal Angioplasty (PTA) balloon
- At 6 months angiographic follow-up, Passeo-18 Lux demonstrated a Target Lesion Patency (TLP) of 82.9% vs. 73.9% compared to the control PTA balloon
- At 6 months, 59% of patients improved in Rutherford Classification (RC) in the DCB group vs. 47% in the control group. Improvement of RC 5 patients at 6 months was significant in the DCB group (p = 0.002\*)
- The Passeo-18 Lux is safe in infrapopliteal lesions demonstrated in a low amputation rate and no additional amputations beyond 6 months

# Study design

 Prospective, multi-center, randomized controlled, First-In-Man study to assess the safety and performance of the Passeo-18 Lux DCB vs. the uncoated Passeo-18 balloon catheter in patients with stenosis and occlusion of the infrapopliteal arteries.

# **Endpoints**

#### Primary endpoint

- 30-day MAE<sup>1</sup> rate
- 6-month TLP measured by Quantitative Vascular Angiography<sup>2</sup> (QVA)

#### Secondary endpoints

- 6-month change in RC
- 12-month Major Amputation rate

#### DCB lesion

characteristics	n = 50 lesions	Min - Max
Lesion length (mm) <sup>2**</sup>	113.1 ± 88.1	24.0 to 350.6
Diameter stenosis (%)2**	72.5 ± 25.4	31.0 to 100.0
RC 5 (n/%)	Patients n = 36	26/72.2

#### PTA lesion

characteristics	n = 54 lesions	Min - Max
Lesion length (mm) <sup>2**</sup>	115.0 ± 86.9	39.2 to 295.0
Diameter stenosis (%) <sup>2**</sup>	72.1 ± 23.2	30.0 to 100.0
RC 5 (n/%)	Patients n = 36	26/72.2

# 72 patients with infrapopliteal lesions 1:1 **DCB** PTA Passeo-18 n = 3630-day follow-up Follow-up n = 35Follow-up n = 35Withdrawals n = 1Withdrawals n = 0Early termination n = 0Early termination n = 1(Death n = 0. (Death n = 0. Amputation n = 0Amputation n = 16-month follow-up Follow-up n = 28

Follow-up n = 28
2 missed visits
Withdrawals n = 3
Early termination n = 3
(Death n = 2,
Amputation n = 1)

Follow-up n = 33
Withdrawals n = 0
Early termination n = 3
(Death n = 1,
Amputation n = 2)

12-month follow-up

Follow-up n = 26
Missed/lost
to follow-up = 3
Withdrawals = 4
Early termination = 3
(Death = 2,
Amputation = 1)

Follow-up n = 30
Missed/lost
to follow-up = 2
Withdrawals = 0
Early termination = 4
(Death = 2,
Amputation = 2)

<sup>\*\*</sup>Data shown as mean ± SD





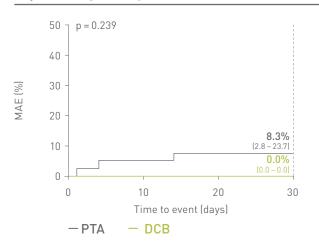
<sup>\*</sup> p < 0.05 = significant

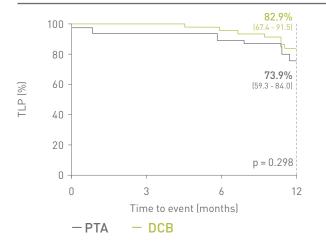
### 30-day MAE

(adjudicated by an independent CEC)

#### 6-month TLP

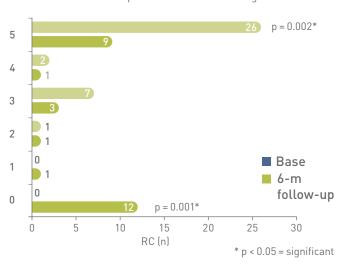
(assessed by an independent Core Laboratory)



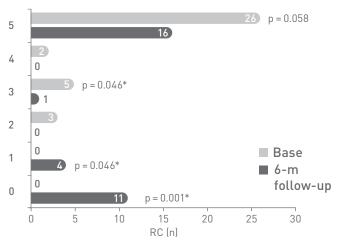


# 6-month change in RC

DCB at 6 months: Improvement: 59% Worsening: 0%

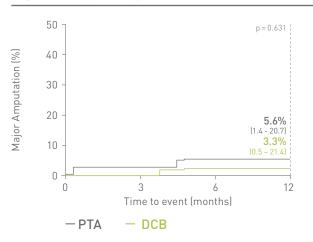


PTA at 6 months: Improvement: 47% Worsening: 6 %



# 12-month Major Amputations

(adjudicated by an independent CEC)



### Principal investigator

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<sup>1.</sup> MAE = all cause death, major amputation of target extremity, TLR, TVR, target lesion thrombosis, adjudicated by an independent Clinical Events Committee. 2. Assessed by an independent Core Laboratory.

