

Orsiro[®] Mission

Even better deliverability
for the outstanding Orsiro DES



Orsiro Mission
3.0/22
0A185408-08



The next level of
deliverability¹



Ultrathin struts²



Outstanding patient
outcomes³

**Product
Introduction**

1. In comparison to Xience Sierra, Resolute Onyx and Synergy for bench tests on pushability, trackability and crossability, BIOTRONIK data on file; 2. As characterized with respect to strut thickness in Bangalore et al. Meta-analysis; 3. Based on investigator's interpretation of BIOFLOW-V primary endpoint result. Orsiro and Orsiro Mission are trademarks or registered trademarks of the BIOTRONIK Group of Companies. Clinical data conducted with Orsiro, Orsiro Mission's predecessor device can be used to illustrate Orsiro Mission clinical outcomes.

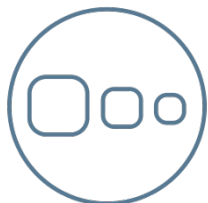
- 
- The next level of deliverability
 - Ultrathin strut platform
 - Outstanding patient outcomes
 - Indications
 - Specifications (device technology)
 - Ordering information
 - Disclaimer + Trademarks

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The next level of deliverability



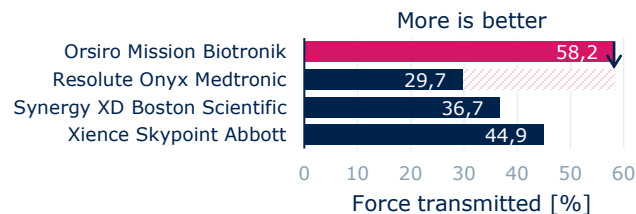
Ultrathin strut platform



Outstanding patient outcomes

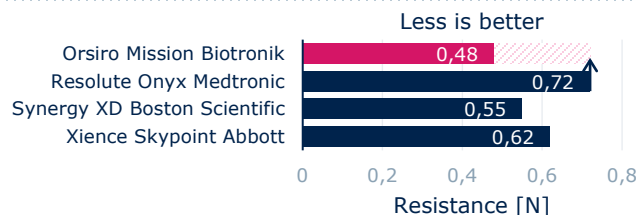
First in Push, Track and Cross¹

1st in Push¹



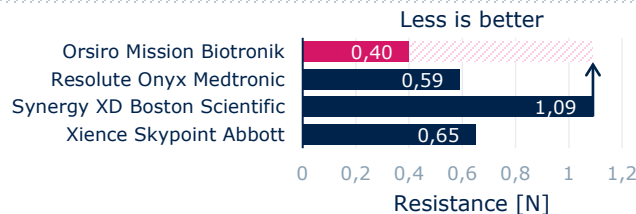
Transmitting up to **96% more force** from hub to tip²

1st in Track¹



Up to **33% less force** needed to follow the path to the lesion²

1st in Cross¹



Up to **64% less force** needed to successfully cross demanding anatomies³

Proven deliverability on the bench and in a **real-world** user evaluation of over 1,000 implantations⁴

98%
Proven very good/
good pushability

97%
Proven very good/
good trackability

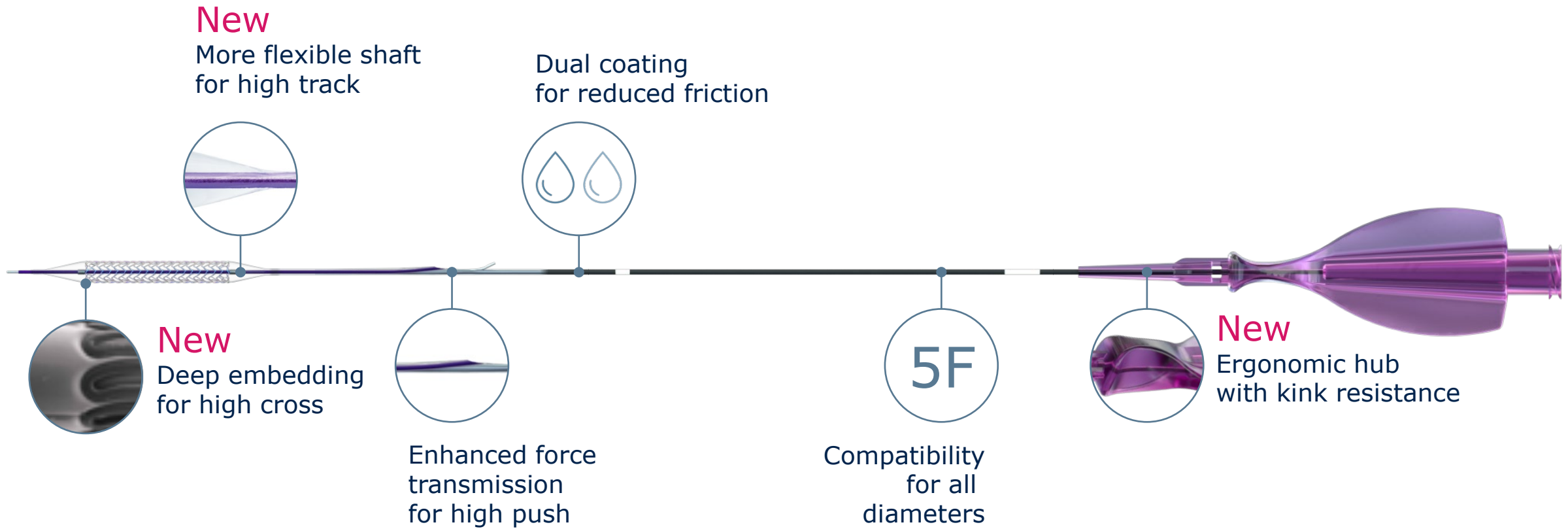
97%
Proven very good/
good crossability

1. BIOTRONIK data on file. IIB 24-2018; 2. Stefanini GG et al. Coronary stents: novel developments. Heart. 2014 Jul 1;100(13):1051-61; 3. Low AF. Stent platform for procedural success: Introducing the Continuous Sinusoidal & Core Wire Technologies. Presented at: AsiaPCR; 22-24 January, 2015; Singapore, Singapore; 4. Evaluation of Market Acceptance, BIOTRONIK data on file.



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Delivery system features



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The next level of deliverability



Ultrathin strut platform



Outstanding patient outcomes

Early and Effective Endothelialization



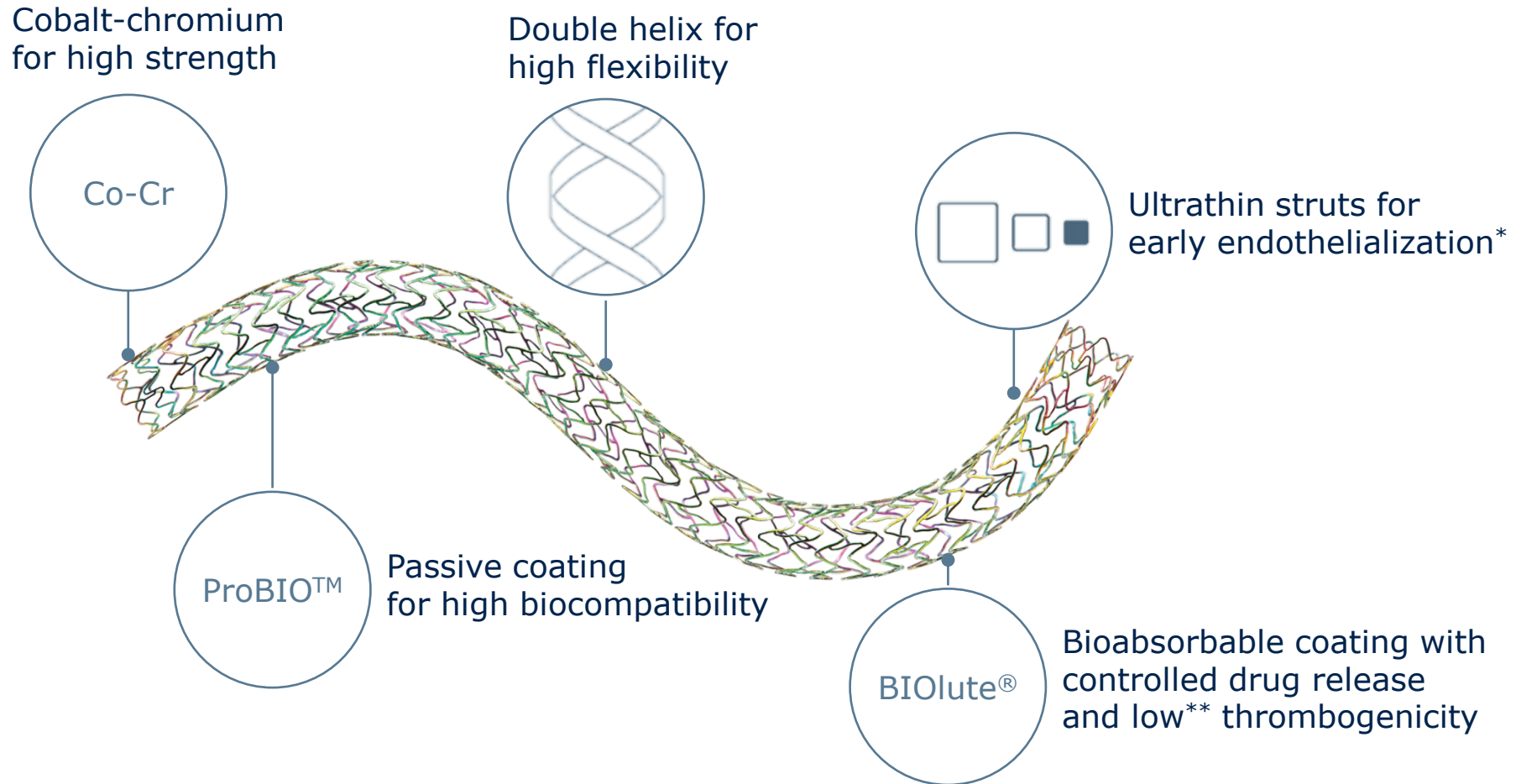
Strut thickness in perspective²



*02.25-3.0mm. 1. Secco, Gioel Gabrio, et al. "Time-related changes in neointimal tissue coverage of a novel Sirolimus eluting stent: Serial observations with optical coherence tomography." Cardiovascular Revascularization Medicine 17.1 (2016): 38-43; 2. Stefanini GG et al. Coronary stents: novel developments. Heart. 2014 Jul 1;100(13):1051-61; 3. Low AF. Stent platform for procedural success: Introducing the Continuous Sinusoidal & Core Wire Technologies. Presented at: AsiaPCR; 22-24 January, 2015; Singapore, Singapore; 4. Tolentino A. Evolving DES Strategy: Biodegradable Polymer vs. Bioabsorbable Scaffold. Presented at: Cardiovascular Nurse/Technologist Symposium; June 17, 2016; New York, USA.

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Stent features



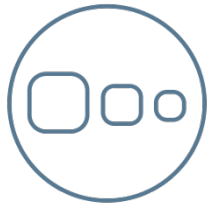
* Per investigators' interpretation in Secco et al. Cardiovascular Revascularization Medicine. 2016; 17(1): 38-43. ** Per investigators' interpretation of preclinical studies with Orsiro as mentioned in Cassese et al. J Thorac Dis 2018;10(2):688-692.

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Even better deliverability for the outstanding Orsiro DES



The next level of deliverability

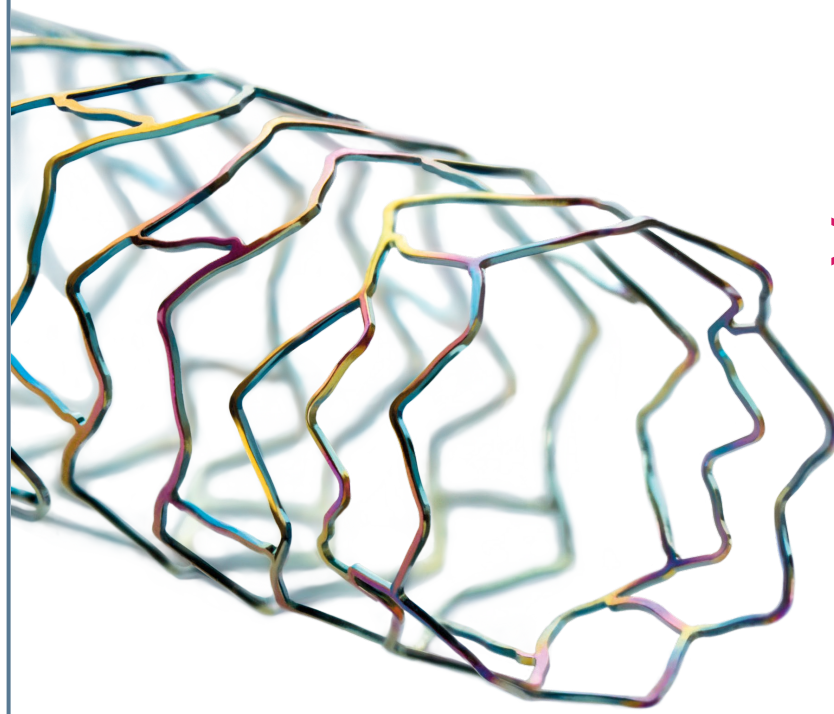


Ultrathin strut platform



Outstanding patient outcomes

One of the most studied DES¹



> 55,000

Patients enrolled²

> 71,500

Patients planned in total²

> 68

Studies started²















> 70

Studies started or planned in total²

1. In large RCTs, based on Taglieri et al. Meta-analysis, against currently used DES; 2. BIOTRONIK data on file, status January 2020.

Key Trials

Clinical data

| |  |  |  |  |  |  |
|--|---|--|---|---|---|---|
|  ¹  | 1,300 | 10 sites 1 country | 1:1 RCT Orsiro vs. Xience | TLF at 12 months | 24 months FU available | NCT02579031 |
|  ²  | 1,334 | 91 sites 13 countries | 2:1 RCT Orsiro vs. Xience | TLF at 12 months | Completed 60 months FU available | NCT02389946 |
|  ³  | 3,514 | 4 sites 1 country | 1:1:1 RCT Orsiro vs. Resolute Integrity vs. Synergy | TVF at 12 months | Completed 60 months FU available | NCT01674803 |
|  ⁴  | 2,119 | 9 sites 1 country | 1:1 RCT Orsiro vs. Xience Prime | TLF at 12 months | Completed 60 months FU available | NCT01443104 |

1. Pilgrim T et al. JACC, March, 2021; 2. Kandzari D et al. J Am Coll Cardiol. Cardiovasc Interven. 2022; 3. Buiten R et al. JACC Cardiovascular Interventions, 2019; 4. Pilgrim T et al. Lancet, August, 2018.





BIOSTEMI Trial

2 years follow-up

BIOSTEMI

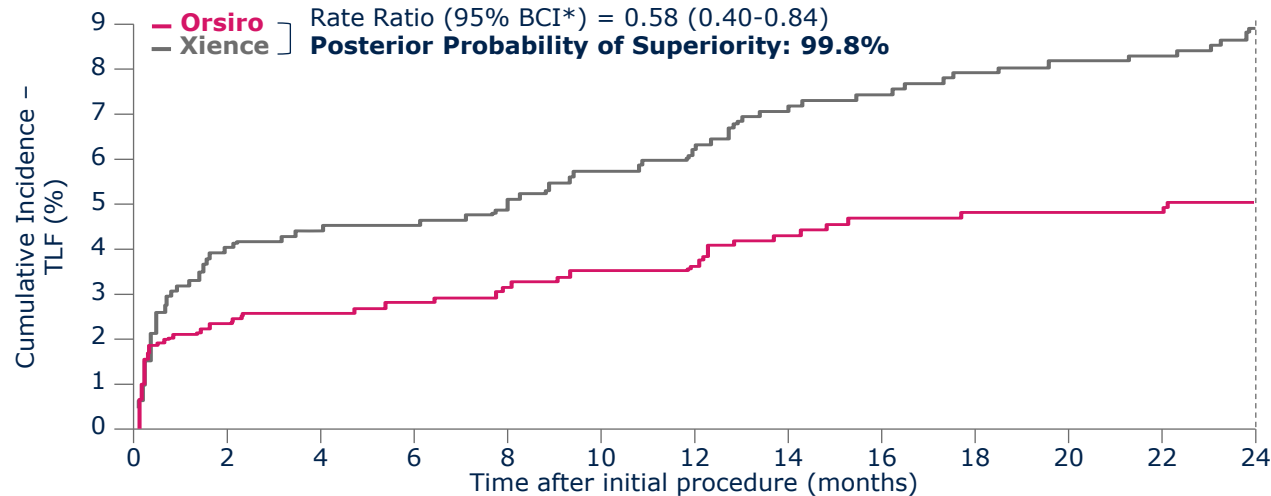
n = 1,300, 1:1 Randomized, Superiority Trial

- At 24 months, **Orsiro** is superior to Xience in STEMI patients with respect to the primary endpoint of Target Lesion Failure (TLF) (5.1% vs. 8.1%, Rate Ratio (95% BCI*): 0.58 (0.40-0.84), **Posterior Probability of Superiority: 99.8%**).
- The difference in TLF rates remained statistically significant after the exclusion of historical information from the BIOSCIENCE trial (Rate Ratio (95% BCI*): 0.62 (0.40-0.96), **Posterior Probability of Superiority: 98.5%**) and was driven by significantly lower rates of clinically-indicated Target Lesion Revascularization (TLR) rate (2.5% vs. 5.1%, Rate Ratio (95% BCI*): 0.52 (0.30-0.87), Posterior Probability of Superiority: 99.3%).

Target Lesion Failure (TLF) at 24 months¹

| | | |
|-----------------------|--|-----------------------|
| 5.1% Orsiro | | 8.1% Xience |
|-----------------------|--|-----------------------|

Primary Endpoint – TLF at 24 months¹



Continued Superiority in STEMI at 2 years^{**}
Orsiro. Improving STEMI care²

*BCI: Bayesian Credible Interval. **In comparison to Xience, based on TLF, in the BIOSTEMI trial. 1. Pilgrim et al. Biodegradable – versus durable-polymer drug-eluting stents for STEMI. Final 2-year outcomes of the BIOSTEMI trial. J Am Coll Cardiol. Cardiovasc Interv. 2021, doi: 10.1016/j.jcin.2020.12.011; 2. In comparison to Xience, based on 12- and 24-months results of the BIOSTEMI trial For indications please see Instructions For Use.

BIOFLOW-V Trial

5 years follow-up

BIOFLOW-V (Pivotal FDA trial)

n = 1,334, 2:1 randomized, controlled IDE trial

Orsiro ultrathin struts DES outperformed Xience DP-EES at 1-year and sustained performance up to 5 years:

- 20% lower Target Lesion Failure
- 36% significantly lower Target Vessel Myocardial Infarction
- 23% lower Ischemia-Driven TLR
- 22% lower Cardiac Death/Myocardial Infarction

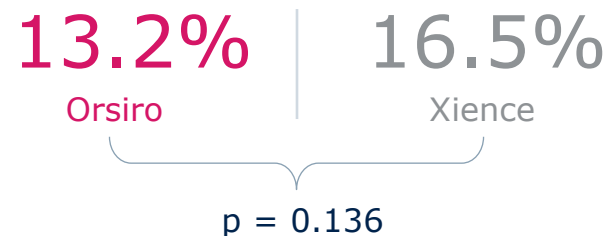
Additionally, Orsiro showed a 0.7% definite/probable stent thrombosis rate overall through 5 years: 64% lower vs. Xience.

20% Lower TLF rate*
(p = 0.136)⁴

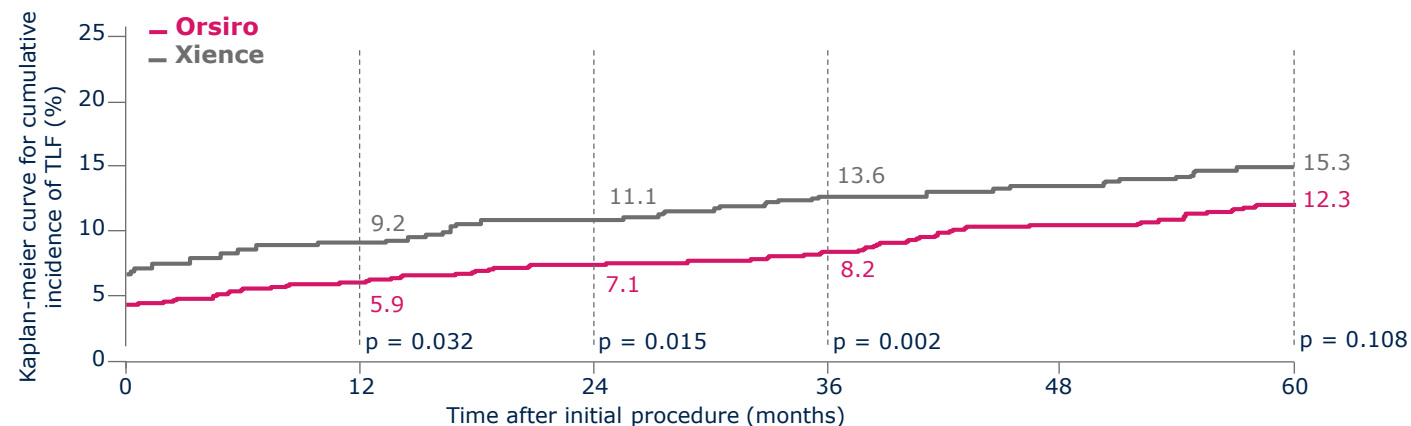
36% Significantly lower TV-MI rate*
(p = **0.021**)⁴

83% Significantly lower late/verylate def/prob ST rates*
(p = **0.021**)⁴

Target Lesion Failure (TLF) at 60 months*⁴



Strong start, continued performance[◊]. TLF out to 5 years¹⁻⁵



Principal Investigator, BIOFLOW-V, Dr. D. Kandzari

“These long-term results confirm that the Orsiro DES sets a new clinical benchmark in PCI treatment options.”



TLF = Target Lesion Failure, TV-MI = Target Vessel Myocardial Infarction, TLR = Target Lesion Revascularization. *Vs. Xience based on 60-m frequentist analysis (see supplemental material). [◊] compared to Xience, based on BIOFLOW-V 5-year results. All figures from submitted manuscript are rounded by Biotronik after the BIOFLOW-V figures presented by D. Kandzari, at CRT 2022, Washington, USA. 1. Kandzari D, et al. BIOFLOW-V: A Prospective Randomized Multicenter Study to Assess the Safety and Effectiveness of the Orsiro Sirolimus Eluting Coronary Stent System in the Treatment of Subjects With up to Three De Novo or Restenotic Coronary Artery Lesions Science. Presentation at ESC 2017; 2. Kandzari D et al. Ultrathin Bioresorbable Polymer Sirolimus-Eluting Stents versus Thin Durable Polymer Everolimus-Eluting Stents: Journal of American College of Cardiology (2018), doi: <https://doi.org/10.1016/j.jacc.2018.09.019>; 3. Kandzari D et al. J Am Coll Cardiol. Cardiovasc Interven. 2020, doi: 10.1016/j.jcin.2020.02.019; 4. Kandzari D et al. Ultrathin Bioresorbable Polymer Sirolimus-Eluting Stents versus Thin Durable Polymer Everolimus-Eluting Stents for Coronary Revascularization: Final 5-year Outcomes from the Randomized BIOFLOW V Trial, Submitted manuscript to JACC:2022 NCT02389946.



BIO-RESORT Trial

5 years follow-up

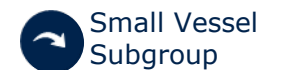
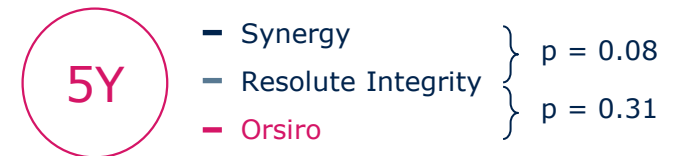
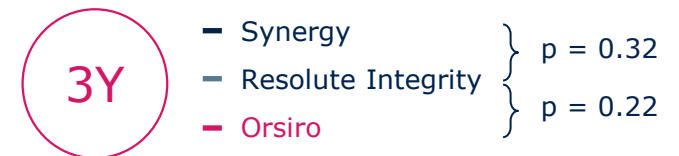
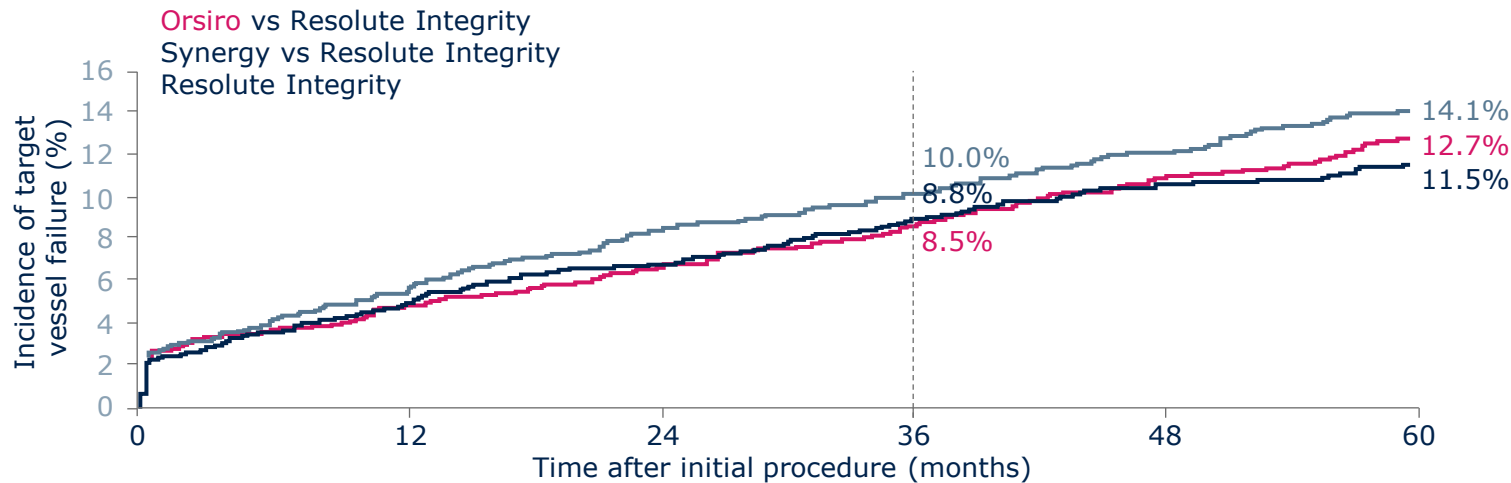
BIO-RESORT

n = 3,514 All-comers, 1:1:1 RCT

- BP-SES **Orsiro** demonstrated **non-inferiority** to Resolute Integrity while performing equally well as Synergy [TVF at 12 months: **Orsiro** 4.7%, Synergy 4.7%, Resolute Integrity 5.4%, $P_{\text{non-inferiority}} < 0.0001$].¹
- At 36 months **Orsiro** shows favorable outcomes with **numerically lower event rates in TVF** compared to both Synergy and Resolute Integrity.²
- At 60 months, **Orsiro** shows similar 5-year safety and efficacy to Synergy DES and Resolute Integrity DES.³

At 60 months, **Orsiro** shows similar 5-year safety and efficacy to Synergy DES and Resolute Integrity DES.³

TVF at 60 months^{2,3}



1. Von Birgelen C et al. The Lancet. 2016;388(10060):2607-17; 2. von Birgelen C et al. 3-Years BIO-RESORT: Results of the 3-Arm randomized study in all-comers, treated with contemporary biodegradable or durable polymer-coated drug-eluting stents. Presented at CRT 2019, March, 2019; Washington DC, USA; ClinicalTrials.gov: NCT01674803. 3. BIO-RESORT 5Y small-vessels subgroup, Presented by E.Ploumen at euroPCR 2022



BIOSCIENCE Trial

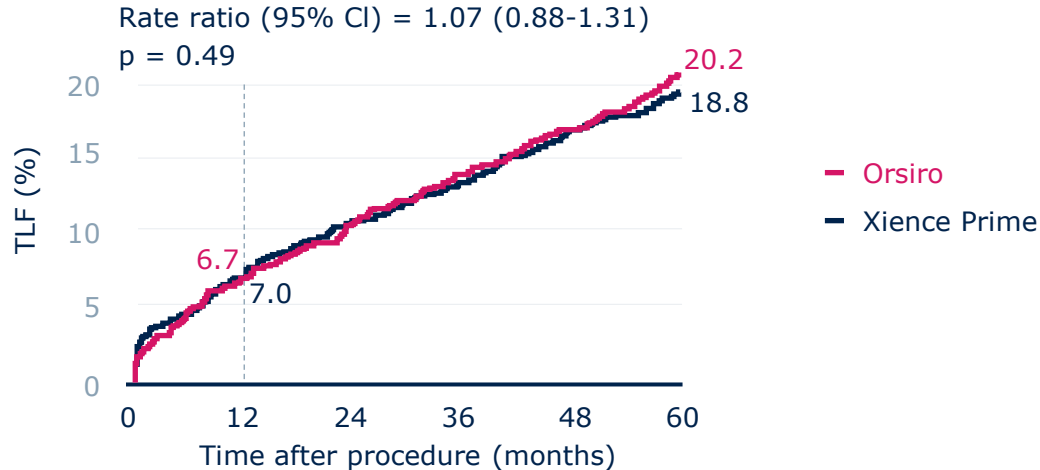
5 years follow-up

BIOSCIENCE

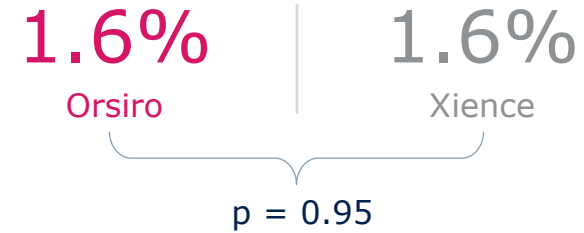
n = 2,119, All-comers, 1:1 RCT

- BP-SES **Orsiro** demonstrated non-inferiority to Xience Prime in regards to TLF at 12 months [**Orsiro** 6.7% vs. Xience 6.7% Rate ratio: 0.99 (95% CI 0.71 - 1.38), p-value = 0.95]
- **Orsiro** is associated with **numerically lower rates** of Target Vessel-Myocardial Infarction (TV-MI) and definite/probable ST at 5 years follow-up

TLF rates – all subjects out to 5 years^{2,3}



Definite Stent Thrombosis (ST) at 60 months¹



Proven long-term safety with **Orsiro** in an all-comers population

1. Pilgrim T et al. Ultrathin-strut, biodegradable-polymer, sirolimus-eluting stents versus thin-strut, durable-polymer, everolimus-eluting stents for percutaneous coronary revascularization: 5-year outcomes of the BIOSCIENCE randomized trial. Lancet, August, 2018; 2. Pilgrim T, Piccolo R, Heg D, et al. Ultrathin-strut, biodegradable-polymer, sirolimus-eluting stents versus thin-strut, durable-polymer, everolimus-eluting stents for percutaneous coronary revascularisation: 5-year outcomes of the BIOSCIENCE randomised trial. The Lancet. 2018 Sep 1;392(10149):737-46; 3. Pilgrim T. et al. 5-year outcomes of the BIOSCIENCE randomised trial. Supplementary appendix; Lancet 2018; published online Aug 28. [http://dx.doi.org/10.1016/S0140-6736\(18\)31715-X](http://dx.doi.org/10.1016/S0140-6736(18)31715-X).

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Indications*

Orsiro Mission is indicated for improving coronary luminal diameter in patients with symptomatic ischemic heart disease due to discrete de-novo stenotic lesions and in-stent restenotic lesions (length \leq 40mm) in the native coronary arteries with a reference vessel diameter of 2.25 mm to 4.0 mm including the following patient and lesion subsets:

- Acute Coronary Syndrome (ACS)
- ST-Elevation Myocardial Infarction (STEMI)
- Diabetes Mellitus (DM)
- Complex Lesions (B2/C)
- High Bleeding Risk (HBR)
- Long Lesions (LL) (e.g. \geq 20 mm)
- Small Vessels (SV) (e.g. \leq 2.75 mm)
- Multi-Vessel Disease (MVD)
- Male/Female
- Old Patients (e.g. $>$ 65 y)

*Indications as per IFU

Orsiro® Mission

Description

The **Orsiro Mission** Sirolimus Eluting Coronary Stent System (**Orsiro Mission**) is a drug-eluting balloon-expandable stent that is pre-mounted on a rapid-exchange PTCA catheter delivery system with a usable catheter length of 140 cm.

- There are two stent configurations: small and medium. The respective stent diameters and lengths are:

| Design | Diameter [mm] | Length [mm] | | | | | | | | |
|--------|---------------|-------------|----|----|----|----|----|----|----|----|
| | | 9 | 13 | 15 | 18 | 22 | 26 | 30 | 35 | 40 |
| SMALL | 2.25 | X | X | X | X | X | X | X | X | X |
| | 2.5 | X | X | X | X | X | X | X | X | X |
| | 2.75 | X | X | X | X | X | X | X | X | X |
| | 3.0 | X | X | X | X | X | X | X | X | X |
| MEDIUM | 3.5 | X | X | X | X | X | X | X | X | X |
| | 4.0 | X | X | X | X | X | X | X | X | X |

- The stent is made from a cobalt chromium alloy (L-605) and is intended as a permanent implant. It is completely covered with a thin layer of amorphous silicon carbide (**proBIO** coating).
- The stent's abluminal, adluminal, and strut side-surfaces are coated with **BIOlute**, a bioabsorbable drug matrix consisting of a drug substance sirolimus and polymer poly-L-lactide (PLLA).

Orsiro[®] Mission

Specifications

Stent

| | |
|-----------------|---|
| Stent Material | Cobalt chromium, L-605 |
| Strut Thickness | Ø 2.25 – 3.0 mm: 60 µm (0.0024"); Ø 3.50 – 4.0 mm: 80 µm (0.0031") |
| Passive coating | proBIO (Amorphous Silicon Carbide) |
| Active Coating | BIOLute bioabsorbable Poly-L-Lactide (PLLA) eluting a limus drug |
| Drug dose | 1.4 µg/mm ² |

Delivery System

| | |
|----------------------------|---|
| Catheter type | Rapid exchange |
| Recommended guide catheter | 5 F (min. I.D. 0.056") |
| Guide wire diameter | 0.014" |
| Usable catheter length | 140 cm |
| Balloon material | Semi crystalline polymer material |
| Coating (Distal shaft) | Hydrophilic |
| Coating (Proximal shaft) | Hydrophobic |
| Marker Bands | Two swaged platinum-iridium markers |
| Lesion entry profile | 0.017" |
| Distal shaft diameter | 2.7 F: Ø 2.25 – 3.0 mm; 2.9 F: Ø 3.5 – 4.0 mm |
| Proximal shaft diameter | 2.0 F |
| Nominal pressure (NP) | 10 atm |
| Rated burst pressure (RBP) | 16 atm |

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Stent Implant – Expansion and Strut Opening

Geometry

| Nominal Diameter | 2.25 | 2.5 | 2.75 | 3.0 | 3.5 | 4.0 |
|-------------------------|-----------|-----|------|------------|-----|-----|
| Design | SMALL (S) | | | MEDIUM (M) | | |
| Strut thickness (µm) | 60 | | | 80 | | |
| Strut width (µm) | 75 | | | 85 | | |
| Amount of connectors | | | | 3 | | |
| Amount of crowns at end | | | | 8 | | |

Maximal Expansion and Stent Strut Opening

| Nominal Diameter | 2.25 | 2.5 | 2.75 | 3.0 | 3.5 | 4.0 |
|--|------|------|------|------|------|------|
| Maximal expansion diameter (mm) | 3.5 | | | 4.5 | | |
| Maximal diameter of expanded stent cell (mm) | 3.59 | | | 4.42 | | |
| Stent strut opening diameter at NP* (mm) | 0.79 | | 0.92 | | 1.06 | 1.25 |
| Nominal outer diameter of the stent at NP (mm) | 2.37 | 2.62 | 2.87 | 3.12 | 3.66 | 4.16 |

* Mean of the largest possible opening diameter within a stent cell at NP

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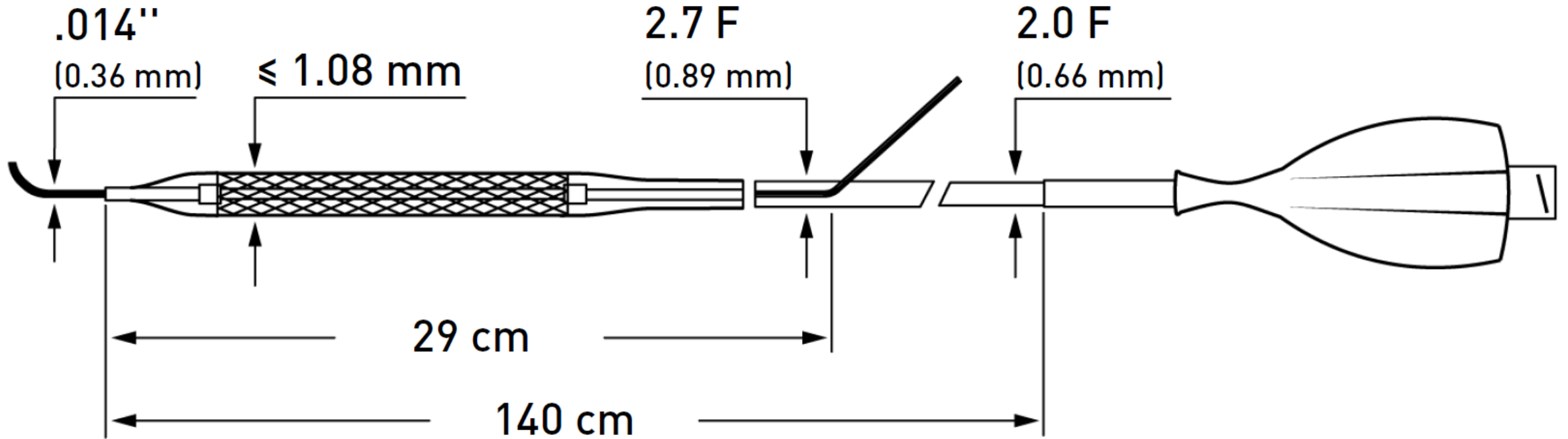
Compliance chart

| Inflation Pressure | | | Stent Inner Diameter (mm) | | | | | |
|--|---|---------------|---------------------------|-------------|-------------|-------------|-------------|-------------|
| | | | SMALL | | | MEDIUM | | |
| | atm | (kPa) | 2.25 | 2.5 | 2.75 | 3.0 | 3.5 | 4.0 |
| NP | 10 | (1013) | 2.27 | 2.56 | 2.82 | 3.08 | 3.56 | 4.08 |
| | 11 | (1115) | 2.32 | 2.61 | 2.87 | 3.14 | 3.61 | 4.45 |
| | 12 | (1216) | 2.37 | 2.66 | 2.93 | 3.19 | 3.66 | 4.20 |
| | 13 | (1317) | 2.41 | 2.70 | 2.97 | 3.23 | 3.71 | 4.25 |
| | 14 | (1419) | 2.44 | 2.73 | 3.01 | 3.27 | 3.75 | 4.30 |
| | 15 | (1520) | 2.47 | 2.76 | 3.04 | 3.31 | 3.78 | 4.33 |
| RBP | 16 | (1621) | 2.50 | 2.79 | 3.08 | 3.34 | 3.82 | 4.37 |
| Maximum Diameter for Post-dilation (Ø max) (mm) | | | 3.5 | | | 4.5 | | |
| NP | In vitro tests* have shown that the balloons will reach their indicated diameter at the given nominal pressure. | | | | | | | |
| RBP | In vitro tests* have shown that with 95% confidence, 99.9% of the balloons will not burst at or below the rated burst pressure (RBP). DO NOT exceed the RBP | | | | | | | |
| Note | if post-dilation is required, DO NOT post-dilate more that the Maximum Diameter for Post-dilation. | | | | | | | |

* BIOTRONIK data on file

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Product schematic representation (Ø 3.0/9 mm)



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Ordering information

| Diameter[mm] | Length [mm] | | | | | | | | |
|--------------|-------------|--------|--------|--------|--------|--------|--------|--------|--------|
| | 9 | 13 | 15 | 18 | 22 | 26 | 30 | 35 | 40 |
| 2.25 | 419101 | 419107 | 419113 | 419119 | 419125 | 419131 | 419137 | 419143 | 419149 |
| 2.5 | 419102 | 419108 | 419114 | 419120 | 419126 | 419132 | 419138 | 419144 | 419150 |
| 2.75 | 419103 | 419109 | 419115 | 419121 | 419127 | 419133 | 419139 | 419145 | 419151 |
| 3.0 | 419104 | 419110 | 419116 | 419122 | 419128 | 419134 | 419140 | 419146 | 419152 |
| 3.5 | 419105 | 419111 | 419117 | 419123 | 419129 | 419135 | 419141 | 419147 | 419153 |
| 4.0 | 419106 | 419112 | 419118 | 419124 | 419130 | 419136 | 419142 | 419148 | 419154 |

Disclaimer & Trademarks

Disclaimer

- Clinical data conducted with **Orsiro**, **Orsiro Mission's** predecessor device can be used to illustrate **Orsiro Mission** clinical outcomes.

Trademarks

- **Orsiro**, **Orsiro Mission**, **proBIO** and **BIOLute** are trademarks or registered trademarks of the BIOTRONIK Group of Companies
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