



MIMICS RCT Two-Year Results

Summary

A randomised study comparing safety and effectiveness of the BioMimics 3D Vascular Stent System to a straight stent control. The study evaluated the performance of the BioMimics 3D Vascular Stent System in the treatment of diseased SFA/proximal popliteal arteries.

Baseline Patient Demographics		BioMimics 3D (N=50)	Control Stent (N=26)	P value
Age	Mean ± SD (N)	68 ± 10.4	67 ± 8.9	0.66
Gender	Male	66%	65%	1.0
Risk Factors	Diabetes Type 2	26%	42%	0.16
	Insulin-dependent	14%	19%	1.00
	Hypertension	88%	85%	0.73
	Smoking current	42%	50%	0.63
Medical History	Carotid artery disease	10%	8%	1.00
	Iliac disease	18%	15%	1.00
Previous	Previous PTA	16%	12%	0.74
Interventions	Previous Stent	2%	8%	0.27
Rutherford category	1	6% (3/50)	4% (1/26)	1.00
	2	14% (7/50)	4% (1/26)	0.74
	3	74% (37/50)	88% (23/26)	0.27
	4	6% (3/50)	4% (1/26)	1.00
Ankle Brachial Index	Mean ± SD (N)	0.60 ± 0.23 (N=45)	0.59 ± 0.17	0.83

Lesion Characteristics		BioMimics 3D (N=50)	Control Stent (N=26)	P value
Lesion Location	SFA SFA/Popliteal Popliteal	92% 6% 2%	77% 12% 12%	0.08 0.41 0.11
TASC II	A B C	42% 56% 2%	42% 58% 0%	1.00 1.00 1.00
Lesion Length	mm	66 ± 29	63 ± 28	0.66
Stent Length	mm	99 ± 30	88 ± 22	0.08
Occlusion	Total	44%	46%	1.00
Calcification	Moderate to Severe	52%	58%	0.81

Study Principal Investigator:

Thomas Zeller, MD Bad Krozingen, Germany Enrolment: N=76 Clinical Sites: 8 Germany Follow Up: 2 Years Primary Endpoints:

Safety - Freedom from major adverse events (MAE) defined as death, amputation and target lesion revascularisation (TLR) at 30 Days.

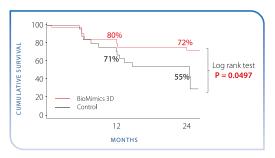
Effectiveness - Freedom from clinically driven target lesion revascularisation (CDTLR) at 6 months.

2 Year Results

Patency

Significantly better primary patency (PSVR \leq 2.0) through 2 years (P = 0.05)

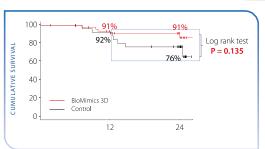
• 72% for BioMimics 3D at 2 years



CDTLR

Freedom from CDTLR *

• 91% for BioMimics 3D maintained out to 2 years



*CDTLR determined through event adjudication



1750+ patients and growing

Conclusions

- Freedom from loss of Primary Patency at 2 years - 72% for BioMimics 3D vs 55% for straight control stents (P=0.05). **
- Freedom from CDTLR 91% for BioMimics 3D maintained out to 2 years.
- Core lab X-ray imaging review confirmed 0% stent fractures at 2 years.
- Improvement in Rutherford Category
 88% of patients treated with BioMimics 3D experienced an improvement of one or more Rutherford category at 2 years vs baseline.
- Bi-planar X-ray imaging data indicated the ability of the femoropopliteal artery to adopt the three-dimensional curvature of the BioMimics 3D stent.
- Computational fluid dynamic modelling (CFD) provided evidence of swirling flow within the stented segment and predicted zones of elevated wall shear.²
 - Data indicate a correlation between primary patency and stent curvature.³
- BioMimics 3D stented segments showed significantly greater curvature (P = 0.02) compared with the control.⁴
- Elevated levels of swirling flow and wall shear were identified by CFD, which may explain the longer term patency protective effect seen with the BioMimics 3D. Vascular Stent System.⁵

The MIMICS Clinical Programme: An evolving database of the safety and effectiveness of the BioMimics 3D Vascular Stent System.

Gathering clinical evidence from a "real world" patient population from single de novo to complex, long and severely calcified lesions.

MIMICS FIH

N = 10 1 site Germany

- First in Human
- FU 1 year
- Completed

MIMICS RCT

N = 50 8 sites Germany

- Randomised controlled trial
- FU 2 years
- Completed

MIMICS 2

N = 271 43 sites USA/Japan/Germany

- IDE Registry
- FU 3 years
- Completed

MIMICS^{3D}

N = 507 23 sites Pan European

- Prospective Registry
- FU 3 years
- 2 years complete

MIMICS^{3D} USA

N = c. 500 c. 40 sites USA

- Prospective Registry
- FU 3 years • Enrolment ongoing

MIMICS et seq

N = c. 400 Multiple sites Europe

- Physician initiated prospective and retrospective registries
- Enrolment ongoing

MIMICS RCT

A randomised study comparing safety and effectiveness of the BioMimics 3D Vascular Stent System to a straight stent control. Freedom from loss of primary patency through 2 years for BioMimics 3D Vascular Stent System was superior (P = 0.05) to straight control stents (72% vs 55%). There were no stent fractures at 2 years for patients treated with the BioMimics 3D Vascular Stent System.⁶

MIMICS 2

A multicentre, international (USA, Japan and Germany) IDE study. At 3 years follow-up BioMimics 3D demonstrated continuing benefit with CDTLR showing comparable outcomes to DES/DCB. Core Lab X-ray imaging review confirmed 0% stent fracture in any MIMICS-2 subject treated with BioMimics. MIMICS-2 represents a more challenging patient population. than in DES/DCB pivotal trials.^{7,8}

MIMICS^{3D}

A prospective observational registry evaluating the BioMimics 3D Vascular Stent System in a real-world clinical population with a dedicated subgroup analysis of device performance as a complementary treatment in procedures involving drugcoated balloons. MIMICS-3D enrolled 507 patients across 23 clinical sites in Europe.

MIMICS^{3D} USA

A prospective, multicentre observational study evaluating the safety, effectiveness and device performance of the BioMimics 3D Vascular Stent System within a real-world clinical population of patients undergoing femoropopliteal intervention. MIMICS-3D USA will enrol a minimum of 500 patients in up to 40 sites across the United States.

The BioMimics 3D Vascular Stent System has CE Mark approval. BioMimics 3D and Swirling Flow are registered trademarks of Veryan Medical Ltd. ©2021 Veryan Medical Ltd.

Indications, contraindications, warnings and Instructions for Use can be found in the product labelling supplied with each device. All cited trademarks are the property of their respective owners.

For additional information please contact your local representative.

T +31 (0)73 303 5510
E veryanmedical@healthlinkeurope.com
W veryanmed.com



^{***} Straight control stents = 24/26 Bard LifeStent™, 1/26 Terumo Misago™, 1/26 Biotronik Pulsar

^{1,2,4,5} Data on file at Veryan Medical Zeller T et al; Circ Cardiovasc Interv. 2016;9

³ Zeller T. Oral Presentation VIVA 2014

⁶ Zeller T et al; Circ Cardiovasc Interv. 2016;9

^{7.} Kenneth Rosenfield et al :N Engl J Med 2015;373:145-53. DOI: 10.1056/NEJMoa1406235

^{8.} Michael D. Dake et al : Circ Cardiovasc Interv. 2011;4:495-504