

Vascular Intervention // Coronary Drug-Eluting Stent System **BIOTRONIK** excellence for life

Orsiro[®] Mission des

Even better deliverability for the outstanding Orsiro DES





Orsiro Mission DES The next level of deliverability¹

1st in Push⁴

Transmits more force from hub to tip.



Force transmitted (%)

1st in Track⁴

Less force needed to follow the path.



1st in Cross⁴

Less force needed to successfully cross demanding











for high push





^a Nominal strut thickness for size

ø 2.25 - 3.0 mm, mean diameter 62 µm.



Orsiro Mission DFS Ultrathin struts^{2,a} – thinnest available in the US⁶

Thinner struts make the difference⁷

- Less disrupted flow
- Improved re-endothelialization

Strut thickness in perspective⁸

Orsiro Mission BIOTRONIK





For early endothelialization

Strut coverage¹¹ 30 days^b



Strut coverage¹¹ 90 days^b



Strut coverage¹¹ 180 days^b



>80% 589 struts analyzed

>97% 874 struts analyzed

>98% 1,130 struts analyzed

Immature tissue coverage	 Tissue maturation and full coverage

BIO-RESORT Small Vessels (n = 1,506)

Low stent thrombosis (ST) at 5 years¹²



- ^a Nominal strut thickness for size ø 2.25 3.0 mm, mean diameter 62 µm.
- ^b Images: Secco G et al. Time-related changes in neointimal tissue coverage following a new generation. SES implantation: an OCT observational study. Presented at: euro PCR, May 20, 2014; Paris, France.
- ^c In comparison to Resolute Integrity, based on 5-year results of the BIO-Resort trial SV subgroup.

Orsiro Mission DES Outstanding patient outcomes³

One of the most studied DES^d







STUDY NAME	STUDY TYPE	PATIENTS	STATUS	PRIMARY ENDPOINT
BIOSTEMI	RCT	1,300	24-month FU available	TLF at 12 months
TAGLIERI et al.	Network Meta-Analysis	99,039	_	TLF at 12 months and the longest FU available
BIOFLOW-V	RCT	1,334	Completed 60-month FU available	TLF at 12 months
BIO-RESORT	RCT	3,514	Completed 60-month FU available	TVF at 12 months
BIONYX	RCT	2,488	36-month FU available	TVF at 12 months
BIOSCIENCE	RCT	2,119	Completed, 60-month FU available	TLF at 12 months

Taglieri et al. network meta-analysis

Orsiro DES – the highest probability (70.8%) to rank as the best stent^{14,e}

99,039 patients in a network meta-analysis of 77 RCTs¹⁴

Orsiro DES is associated with a lower 1-year rate of TLF compared with Xience (OR (95% CI) 0.84 [0.71, 0.98], p = 0.03) and Resolute^f (OR (95% CI) 0.81 [0.68, 0.95], p = 0.01).



BIOFLOW-V trial

Pushing the boundaries of performance with Orsiro DES¹⁵ BIOFLOW-V (n = 1,334) FDA pivotal trial





- TLF Target Lesion Failure; TV-MI Target Vessel Myocardial Infarction;
- TLR Target Lesion Revascularization; ST Stent Thrombosis.
- ^d In large RCTs, based on Taglieri et al. Meta-analysis, against currently used DES.
- ^e Based on 1-year TLF SUCRA score, in comparison to Xience, Resolute and Nobori/BioMatrix, after a median follow-up period of 50 months.¹⁴
- ^f Resolute Integrity and Resolute Onyx.
- ⁹ The Nobori, BioMatrix, Cre8, Biofreedom and Cypher drug eluting stents are not available in the US.
- ^h p-values for 60-m frequentist analysis of BIOFLOW-V.¹⁶
- ⁱ In comparison to Xience, based on 60-m frequentist analysis of BIOFLOW-V.¹⁶

Orsiro® Mission des

Sirolimus-Eluting Coronary Stent System

Indication Orsiro Mission is indicated for improving coronary luminal diameter in patients, including those with diabetes mellitus, with symptomatic heart disease, stable angina, unstable angina, non-ST-elevation myocardial infarction or documented silent ischemia due to atherosclerotic lesions in the native coronary arteries with a reference vessel diameter of 2.25 mm to 4.0 mm and a lesion length of \leq 36 mm. **Technical Data** Stent Stent material Cobalt chromium, L-605 Strut thickness ø 2.25 – 3.0 mm: 60 μm^a (0.0024"); ø 3.50 – 4.0 mm: 80 µm (0.0031") **proBIO™** (Amorphous Silicon Carbide) Passive coating **BIOlute**[®] bioabsorbable drug matrix consisting of Active coating sirolimus and polymer poly-l-lactide (PLLA) Drug dose $1.4 \,\mu g/mm^2$ **Delivery system** Fast-exchange Catheter type

5F (min. I.D. [;] 0.056")
0.014" (0.36 mm)
140 cm
Semi crystalline polymer
Hydrophilic
Hydrophobic
Two platinum-iridium markers
2.0 F
2.7 F: ø 2.25 – 3.0 mm; 2.9 F: ø 3.5 – 4.0 mm
10 atm
16 atm

Vascular

Coronary

Intervention

Ordering Information	Stent ø (mm)	<mark>Stent Length</mark> (mm)								
		9	13	15	18	22	26	30	35	40
	2.25	453925	453931	453937	453943	453949	453955	453961		
	2.5	453926	453932	453938	453944	453950	453956	453962	453968	453974
	2.75	453927	453933	453939	453945	453951	453957	453963	453969	453975
	3.0	453928	453934	453940	453946	453952	453958	453964	453970	453976
	3.5	453929	453935	453941	453947	453953	453959	453965	453971	453977
	4.0	453930	453936	453942	453948	453954	453960	453966	453972	453978

^a Nominal strut thickness for size ø 2.25 - 3.0 mm, mean diameter 62 µm; ^j I.D. = Inner Diameter. 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. Newer-Generation Ultrathin Strut Drug-Eluting Stents Versus Older Second-Generation Thicker Strut Drug-Eluting Stents for Coronary Artery Disease: Meta-Analysis of Randomized Trials. Circulation. 2018 Nov 13;138(20):2216-26.; 3. Based on investigator's interpretation of BIOFLOW-V primary endpoint result. Lancet. 2017 Oct 21; 390(10105):1843-1852; 4. BIOTRONIK data on file; 5. Per investigators' interpretation of preclinical studies with Orsiro as mentioned in Cassese et al. J Thorac Dis 2018;10(2):688-692; 6. When compared to FDA approved Drug Eluting Stents. BIOTRONIK data on file; 7. Foin N et al. International journal of cardiology. 2014 Dec 20;177(3):800-8; 8. Stefanini GG et al. Coronary stents: novel developments. Heart. 2014 Jul 1;100(13):1051-61; 9. Low AF. Stent platform for procedural success: Introducing the Continuous Sinusoidal & Core Wire Technologies. Presented at: AsiaPCR; 22-24 January, 2015; Singapore, Singapore; 10. Tolentino A. Evolving DES Strategy: Biodegradable Polymer vs. Bioabsorbable Scaffold. Presented at: Cardiovascular Nurse/Technologist Symposium; June 17, 2016; New York, USA; 11. Secco G et al. Time-related changes in neointimal tissue coverage of a novel Sirolimus eluting stent: Serial observations with optical coherence tomography. Cardiovascular Revascularization Medicine 2016; 17(1): 38-43; 12. Ploumen etal. BIO-RESORT Small Vessels 5Y-EuroPCR2022; 13. BIOTRONIK data on file, as of January 2020; 14. Taglieri N et al. Target lesion failure with current drug-eluting stents: Evidence from a comprehensive network meta-analysis. JACC 2020 13(24):2868-78; 15. In comparison to Xience, based on statistically significant lower TV-MI and late/very late definite/probable ST rates from the BIOFLOW-V trial through 5 years; 16. Kandzari D 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. Presented at CRT 2022; 17. 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; 18. Kandzari D et al. Ultrathin, bioresorbable polymer sirolimus-eluting stents versus thin, durable polymer everolimus-eluting stents in patients undergoing coronary revascularisation (BIOFLOW V): a randomised trial. Lancet. 2017 Oct 21; 390(10105):1843-1852.

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