Sirolimus Eluting Absorbable Polymer Coronary Stent System

Rapidly Absorbed Polymer

Conformal PLGA Polymer Coating
(5µm Luminal, 15µm Abluminal)

45 – 60 days

After 45 – 60 days, the polymer is off the stent struts, and by 90 days it is fully absorbed

90 days

After 90 days, sirolimus microcrystals remain in the tissue continuing to elute up to 9 months

Proven Long-Term Safety


2. J. Ormiston. Three Year Results of the DESSOLVE I first-in-human trial and the DESSOLVE II randomized trial of a sirolimus-eluting stent with fully absorbable polymer. Oral presentation at TCT 2014

Ordering Information

<table>
<thead>
<tr>
<th>Stent Diam (mm)</th>
<th>9</th>
<th>13</th>
<th>15</th>
<th>19</th>
<th>23</th>
<th>27</th>
<th>30</th>
</tr>
</thead>
<tbody>
<tr>
<td>2.5</td>
<td>202509</td>
<td>202513</td>
<td>202515</td>
<td>202519</td>
<td>202523</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2.75</td>
<td>202709</td>
<td>202713</td>
<td>202715</td>
<td>202719</td>
<td>202723</td>
<td>202727</td>
<td>202730</td>
</tr>
<tr>
<td>3.0</td>
<td>203009</td>
<td>203013</td>
<td>203015</td>
<td>203019</td>
<td>203023</td>
<td>203027</td>
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<td>203523</td>
<td>203527</td>
<td>203530</td>
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Guidewire compatibility 0.014” (0.35mm). 2.5, 2.75, 3.0mm diameters are compatible with a 5F (1.7mm) Guiding Catheter; 3.5mm diameters are compatible with a 6F (2.0mm) Guiding Catheter.

2.7% TLR AT 4 YEARS

THE DIFFERENCE IS CRYSTAL CLEAR

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MiStent's unique mechanism of crystalline drug delivery provides controlled and sustained elution to limit disease progression avoiding TLR catch-up.
Outstanding Acute Performance

Unique to MiStent SES sirolimus is maintained in a microcrystalline matrix and elution is sustained up to 9 months, as opposed to a conventional DES which utilises an amorphous form of drug and a much shorter elution period.

Gradual, Linear and Long-Term Elution Profile

Sustained Elution

Long-term elution of sirolimus reduces the progression of Late Lumen Loss, and may reduce TLR rates driven by:
- In-Stent Restenosis
- Neoatherosclerosis

Controlled Elution

Utilising crystalline sirolimus avoids an initial uncontrolled burst of drug, which has been associated with delayed re-endothelisation and coverage of the stent struts.

Tissue Assay is unable to differentiate between crystalline and dissolved drug, therefore this chart is only an estimation and is representative.

Deliverability

Higher is more deliverable

<table>
<thead>
<tr>
<th>Stent</th>
<th>Xience Prime</th>
<th>Orsiro</th>
<th>Synergy</th>
<th>Ultimaster</th>
<th>MiStent</th>
</tr>
</thead>
<tbody>
<tr>
<td>100/100 delivery forces (g)</td>
<td>4.5</td>
<td>4.0</td>
<td>3.5</td>
<td>3.0</td>
<td>2.5</td>
</tr>
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</table>

Strut Thickness

Higher is more flexible

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<tbody>
<tr>
<td>80µm</td>
<td>60µm</td>
<td>74µm</td>
<td>80µm</td>
<td>64µm</td>
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Tip Flexibility

Higher is more flexible

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Low progression of Late Lumen Loss and Target Lesion Revascularisation

Change in Late Lumen Loss between Early and Late follow-up

- MiStent: 0.13
- Xience: 0.17
- Cypher: 0.16
- Taxus: 0.16

Ischemia Driven TLR

P=0.005

0% Stent Thrombosis (Definite and Probable) at 4 years

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