



# BIOSOLVE-IV FIRST COHORT

# 48-month follow-up of **first** cohort with **1,075 patients**<sup>1</sup>

# Conclusions

- TLF rate\* at 48 months with 9.1% is comparable to various contemporary drug-eluting stents.<sup>2,3</sup>
- Magmaris® Resorbable Magnesium Scaffold has a good safety profile up to 48 months with 1.2 % cardiac death, 2.4 % target vessel-MI and 0.6 % scaffold thrombosis, including one very late, definite scaffold thrombosis after device resorption\*\*.

### Study design

Prospective, multi-center, real-world setting registry

### Patients

19.2% of NSTEMI patients included

# Endpoints

#### Primary endpoint

TLF\* at 12 months

# Secondary endpoints

- Clinically-driven Target Lesion Revascularization (CD-TLR) and Target Vessel Revascularization (TVR)
- Cardiac death
- Target-Vessel Myocardial Infarction (TV-MI)
- Definite or probable ST at 12 months powered to show the superiority of Magmaris vs. historical data of Absorb for full cohort based on a one one-sided exact binomial test
- Procedure and device success

Patient characteristics

Lesion location

Full cohort: 2,066 subjects with de novo lesions Cohort 1: 1,075; Cohort 2: all 2,066

Magmaris implantation following the 4P strategy
12-month clinical follow-up
24-month clinical follow-up
36-month clinical follow-up
48-month clinical follow-up
60-month clinical follow-up

Age, yrs°	61.3 ± 10.5		
Male	806	75.0%	
Hypertension	724	67.3%	
Hyperlipidemia	713	66.3%	
Smoking	654	61.1%	
Diabetes mellitus	228	21.2%	
Insulin dependent	45	19.7%	
Non-insulin dependent	183	80.3%	
History of MI	219	20.4%	
Previous percutaneous intervention	287	26.7%	
NSTEMI	206	19.2%	

n = 1.075

Lesion characteristics	n		
Ramus intermedius	14	1.2%	
RCA	333	29.7%	
LCx	213	19.0%	
LAD	561	50.0%	

Lesion length (mm)°	$14.9 \pm 4.2$	
Reference vessel diameter (mm)°	$3.2 \pm 0.3$	
AHA/ ACC lesion class B2/C	170	15.2%
Calcification moderate/severe	82	7.3%
Bifurcation lesions	<b>57</b>	5.1%

Artery Bypass Grafting (eCABG), and Clinically-driven TLR. Peri-procedural MI according to SCAI definition and spontaneous MI according to the extended historical definition.

\*\* At 1,043 days post procedure: Patient presented with inferior STEMI. Thrombotic occlusion of the previously scaffolded segment in the proximal RCA (about 3 years)

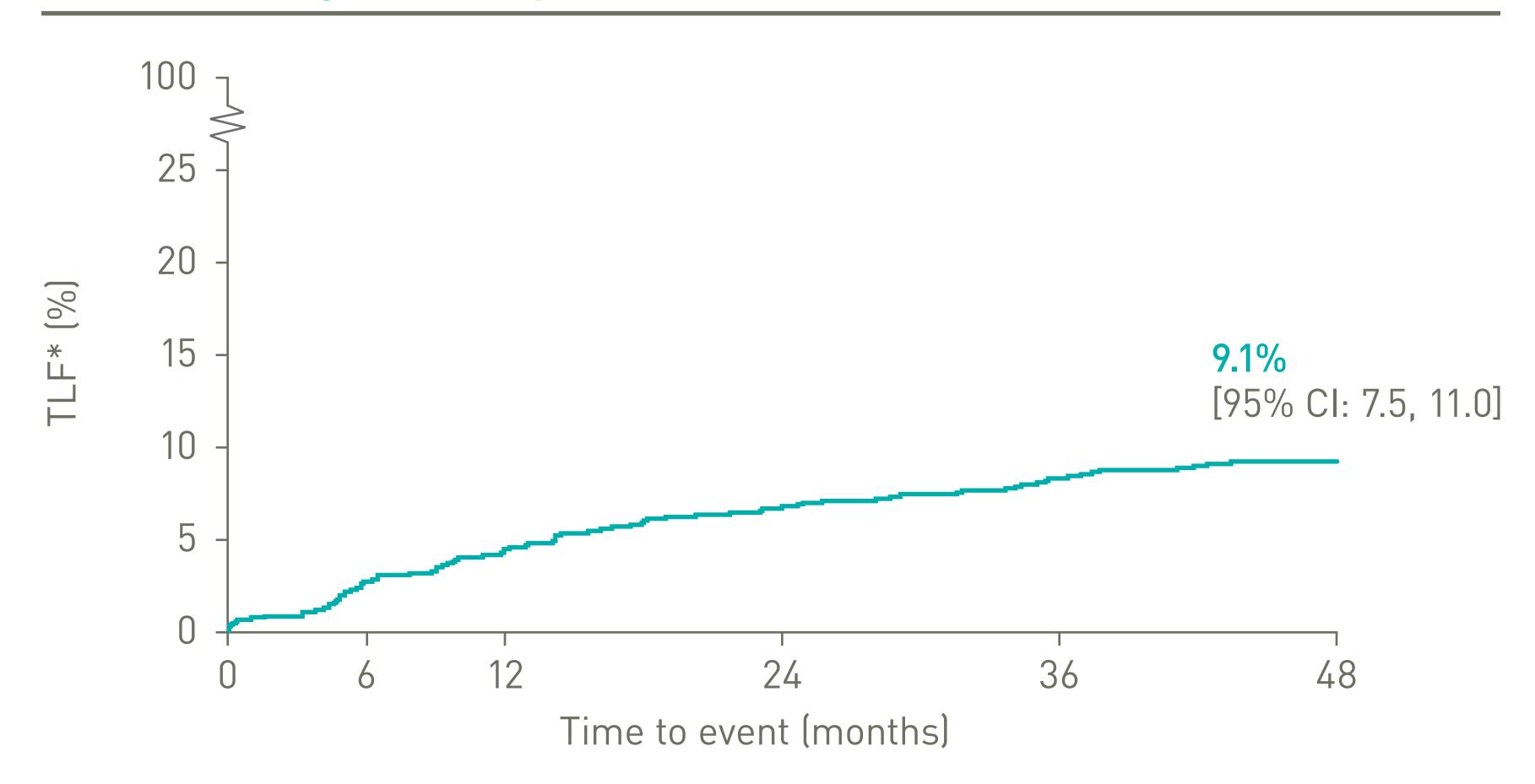
\* TLF is defined as a composite of Cardiac Death, TV-MI, emergent Coronary

before). TLR with a DES performed

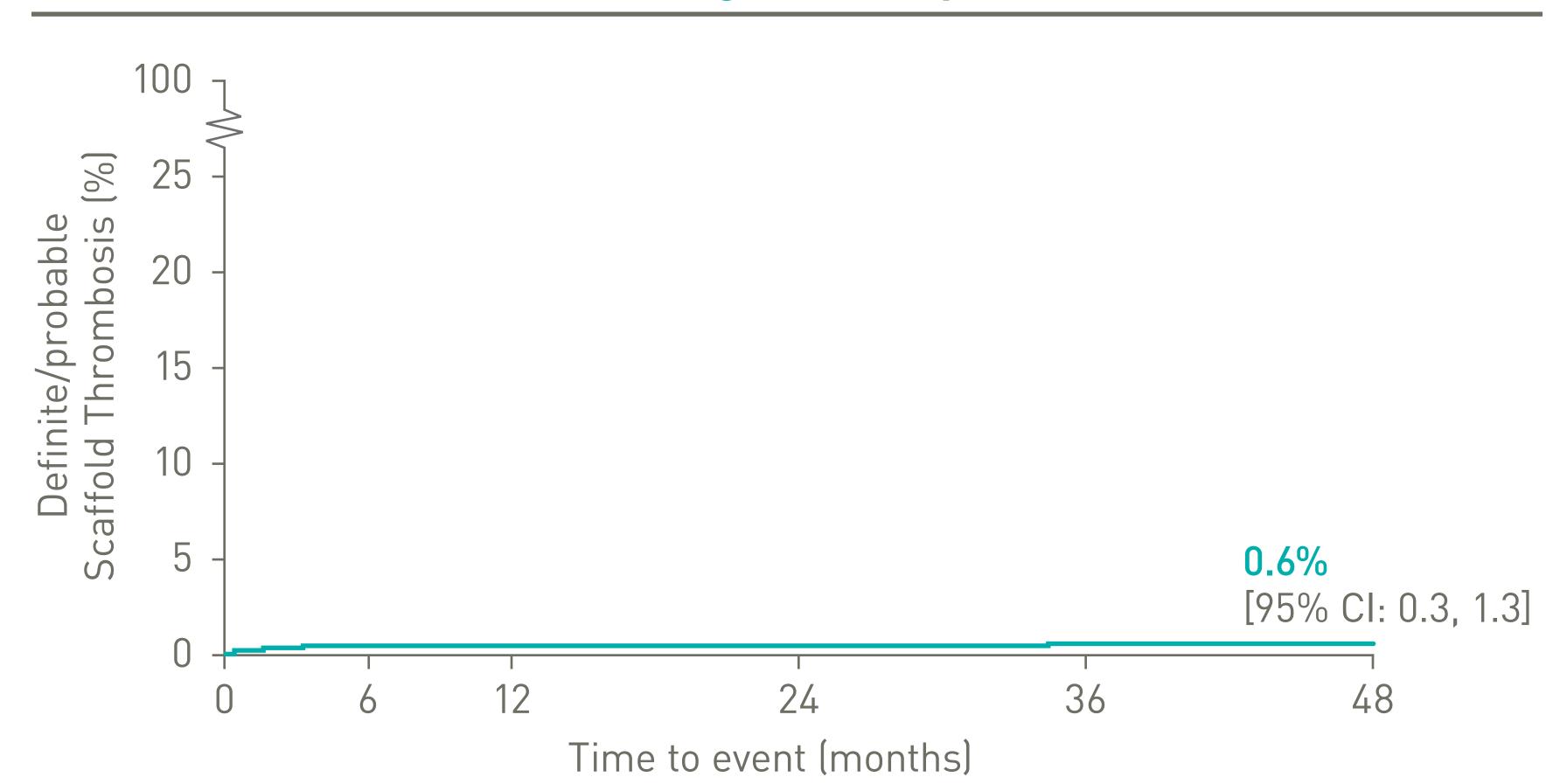
Data shown as mean ± SD

#### TLF\* of Magmaris up to 48 months<sup>1</sup>





# Scaffold Thrombosis of Magmaris up to 48 months<sup>1</sup>



#### BIOSOLVE-IV First cohort<sup>1</sup> TLF\* and selected components

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		LVE-IV <sup>4</sup> nth FUP 71 <sup>¢</sup>	BIOSOLVE-IV <sup>5</sup> 24-month FUP n =1,071 <sup>5</sup>		BIOSOLVE-IV <sup>6</sup> 36-month FUP n = 1,071 <sup>5</sup>		BIOSOLVE-IV <sup>6</sup> 48-month FUP n = 1,071 <sup>¢</sup>
TLF*	45	4.3%	70	6.6%	86	8.2%	9.1%
Cardiac Death	2	0.2%	5	0.5%	10	1.0%	
Target-Vessel MI	12	1.1%	16	1.5%	21	2.0%	2.4%
Clinically-Driven TLR	41	3.9%	62	5.9%	72	6.8%	7.5%
Scaffold Thrombosis (definite or probable)	5	0.5%	5	0.5%∆	6	0.6%§	0.6%

n-values are based on BIOTRONIK data on file and assessed by Kaplan-Meier failure estimate analysis.

#### Coordinating investigators

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All events have been adjudicated by an independent clinical event committee. BIOSOLVE-IV registry is based on Kaplan-Meier failure estimate analysis including censored observations.

Magmaris is a trademark or registered trademark of the BIOTRONIK Group of Companies.





<sup>\*</sup> TLF is defined as a composite of Cardiac Death, TV-MI, emergent Coronary Artery Bypass Grafting (CABG), and CD-TLR. Peri-procedural MI according to SCAI definition and spontaneous MI according to the extended historical definition;  $\Diamond$  Rational for the n-value calculation: 1,075-4 devices not implanted = 1,071;  $\S$  0.5% scaffold thrombosis rate excluding cases with early antiplatelet or anticoagulant interruption;  $\Delta$  4 out of 5 (0.1%) scaffold thrombosis cases had early antiplatelet or anticoagulant interruption after procedure.

<sup>1.</sup> Torzewski J. Safety and performance of Magmaris at 48 months: BIOSOLVE-IV first cohort. Presented at: EuroPCR; 2023; ClinicalTrials.gov: NCT02817802; 2. Slagboom et al., presented at TCT 2016; 3. Slagboom et al., presented at EuroPCR 2017; 4. Verheye S, Wlodarczak A, Montorsi P, et al., BIOSOLVE-IV-registry: Safety and performance of the Magmaris scaffold: 12-month outcomes of the first cohort of 1,075 patients. Catheter Cardiovasc Interv. 2020; 1–8. doi.org/10.1002/ccd.29260; 5. Torzewski J. Safety and performance of Magmaris at 24 month follow up of BIOSOLVE IV. Presented at: eEuroPCR; 2021; virtual congress. ClinicalTrials.gov: NCT02817802; 6. Torzewski J. Safety and performance of Magmaris at 36-months: BIOSOLVE-IV first cohort. Presented at: EuroPCR; 2022; ClinicalTrials.gov: NCT02817802.