

ABSORB FIRST Registry design

Single Arm Registry, Post-Market Registry

All comer subjects		De
novo lesions in previously untreated vessels		
<u>Stent Diameter</u>	<u>Stent Lengths</u>	
2.5, 3.0 mm	18, 28 mm	
3.5 mm	12, 18, 28 mm	

Absorb BVS System, N ~ 10,000
 ~ 300 sites in EMEA, APAC, LA

N=10,000 (minimum)

Baseline: Patient and Lesion assessments
Outcome: MACE*, Ischemia driven TVF*, TLR*, ST*, Patient and Physician questionnaire
Acute outcome: Device/Procedural success; In hospital assessments

Baseline 1
 (Index procedure) Year

continue

G1: N=1000 (minimum)
 (adjusted for drop-outs in that subgroup)

2 3 4
 Years Years Years

G2: N=1000 (minimum)
 (adjusted for drop-outs in that subgroup)

continue

* Evaluated by CEC
 (Clinical Events Committee)

Take Home Messages

1. We believe the body has an amazing ability to heal itself.
2. Absorb provides the short- and long-term benefits needed to address the artery's acute needs (temporary structure support) and then disappear (dissolves naturally within a 2 year) and let the artery naturally heal. .



Take Home Messages

3. As BVS has a strut thickness of 150 μm , Good-support and bigger Guiding Catheter and Pre-dilatation are very important(1:0.75-1 *Balloon* Pre-dilatation; rotabulation and cutting balloon) in Tortuous and significant calcifications
4. A bifurcation lesion: Side branch protection with a guidewire should be considered for any vessel >2.0 mm; Sequential balloon inflation but not kissing balloon dilation with smaller balloon in side branch is needed.





2013

**心血管病進展會議
暨港澳心律失常論壇**

**Symposium on New Advancements in Cardiovascular Disease
accompanied with Hong Kong and Macau Forum on Arrhythmia**

Aug 25, 2013

OFF-LABEL USE OF BIOABSORBABLE VASCULAR SCAFFOLD IN CORONARY DISEASE

- Wednesday 22 May, 2013 - Room 342B - 16:45 - 18:15
- Chairperson: Antonio COLOMBO, Hadi ABU HANTASH
- Speaker: Holger NEF, Diego FERNANDEZ-RODRIGUEZ, Liam M MCCORMICK, Charis COSTOPOULOS, Nick E J WEST

First reported use of a bioresorbable vascular scaffold in a young patient presenting with inferior STEMI

- Speakers: L.M. McCormick

First implantation of a bioresorbable vascular scaffold absorb bioresorbable vascular scaffold in STEMI

- Speakers: D. Fernandez-Rodriguez

Full bioresorbable scaffolds in STEMI: new fields of vision

- Speakers: H. Nef

Systematic double stenting approach with bioresorbable vascular scaffold for coronary bifurcation

- Speakers: C. Costopoulos

Provisional T-stenting with a bioresorbable vascular scaffold in a coronary bifurcation

- Speakers: C. Costopoulos

Bioresorbable vascular scaffold implantation in a young man with an unprotected bifurcation lesion: follow-on first reported use of a novel intracoronary biomarker sampling catheter

- Speakers: N.E.J. West

BIORESORBABLE VASCULAR SCAFFOLDS IN CHRONIC TOTAL OCCLUSIONS AND CALCIFIED LESIONS

- **Thursday 23 May, 2013 - Room 351 - 14:10 - 15:40**
- **Chairperson:** Michael JONER, Ibrahim AL RASHDAN
- **Speaker:** Charis COSTOPOULOS, Toru NAGANUMA, Hadi ABU HANTASH, Sandeep BASAVARAJAIAH, Marco SESANA, Balbir SINGH

Bioresorbable vascular scaffold implantation following rotational atherectomy

- **Speakers:** C. Costopoulos

Coronary chronic total occlusion case treated by bioresorbable scaffold

- **Speakers:** M. Sesana

Off-label use of bioresorbable vascular scaffold in multivessel disease subsets (proximal left anterior descending BMS total occlusion missing ostial left anterior descending)

- **Speakers:** H. Abu Hantash

Use of bioresorbable vascular scaffold in a chronic total occlusion with bifurcation lesion

- **Speakers:** T. Naganuma

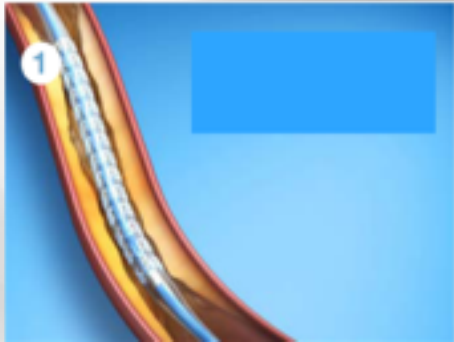
Bioabsorbable vascular scaffolds in complex calcified lesions

- **Speakers:** S. Basavarajaiah

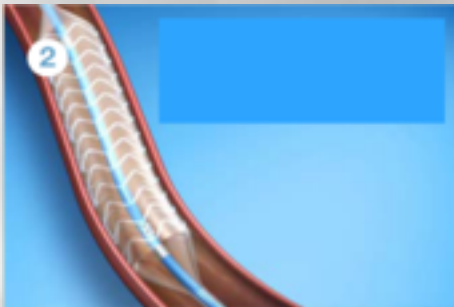
Calcified long left anterior descending: diagonal bifurcation lesion treated with bioresorbable vascular scaffold

- **Speakers:** B. Singh

How does BVS work?



BVS is placed into the artery on a balloon at the end of a thin flexible tube.

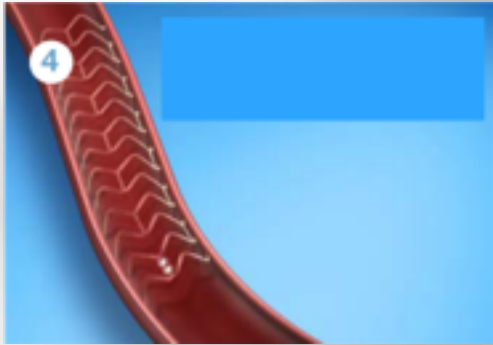


BVS is expanded by inflating the balloon, pushing the plaque against the artery wall to enable greater blood flow.



The balloon is removed, leaving BVS to slowly release medication that treats the diseased area.

How does BVS work?

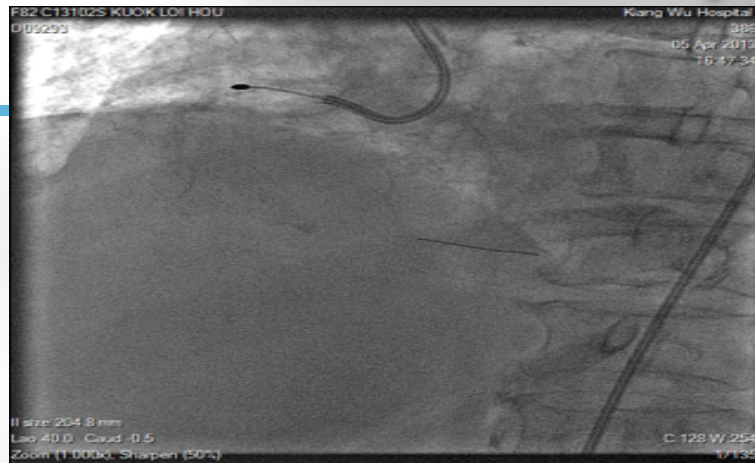


With blood flow restored, BVS begins dissolving.

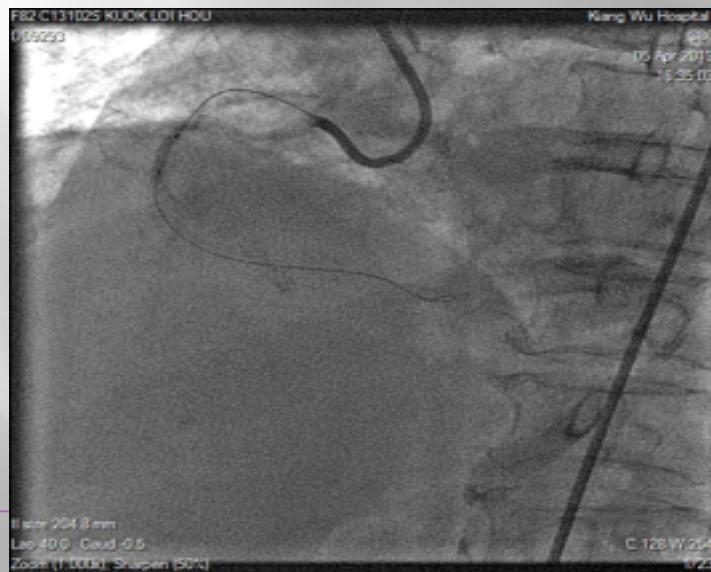
Thank You

Over time BVS dissolves completely, enabling the artery to return to a more natural state once more.

Case 4 : Heavy Calcification (PCI)



Rota 1.5mm and 2.0 burr

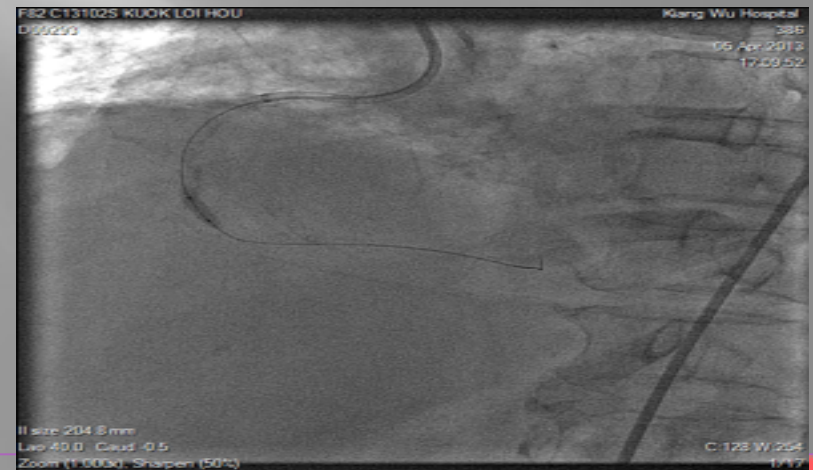
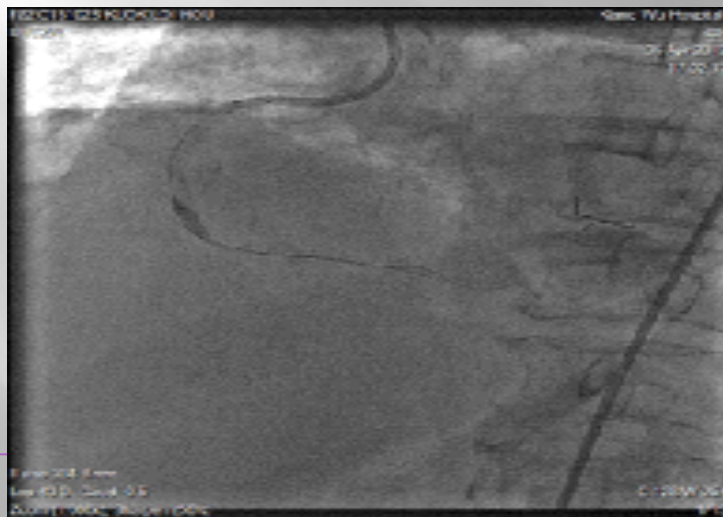


Pre-dilated with balloon 2.5*10mm and 3.0*10mm



Case 4 : Heavy Calcification (PCI)

CASE 4: Heavy Calcification



Case 4 : Heavy Calcification (PCI)



CASE 3: Left Main Stem

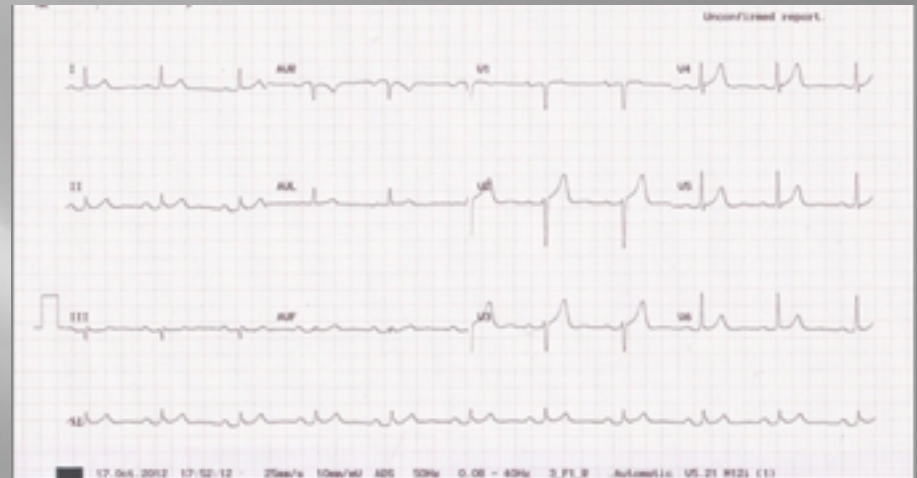
Male, 75yrs., Breathless for 2yrs.

High risk: CAD(2000 for PCI), Hypertension.

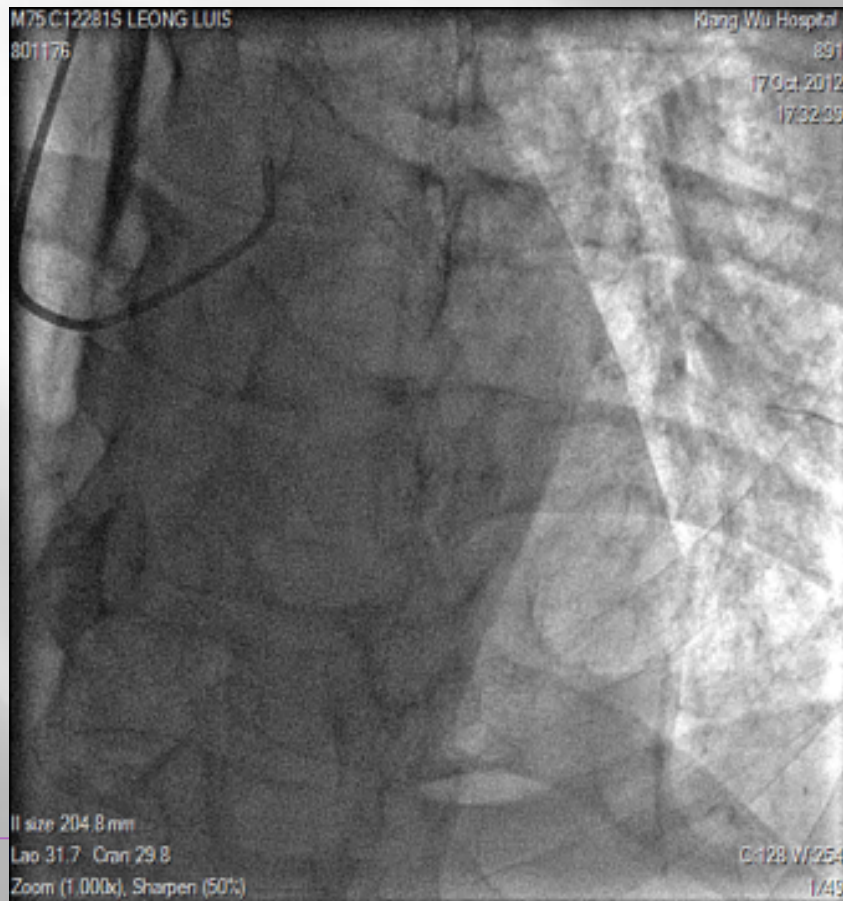
UCG EF68% Normal in wall motion

TnT(-) and CK-MB (-)

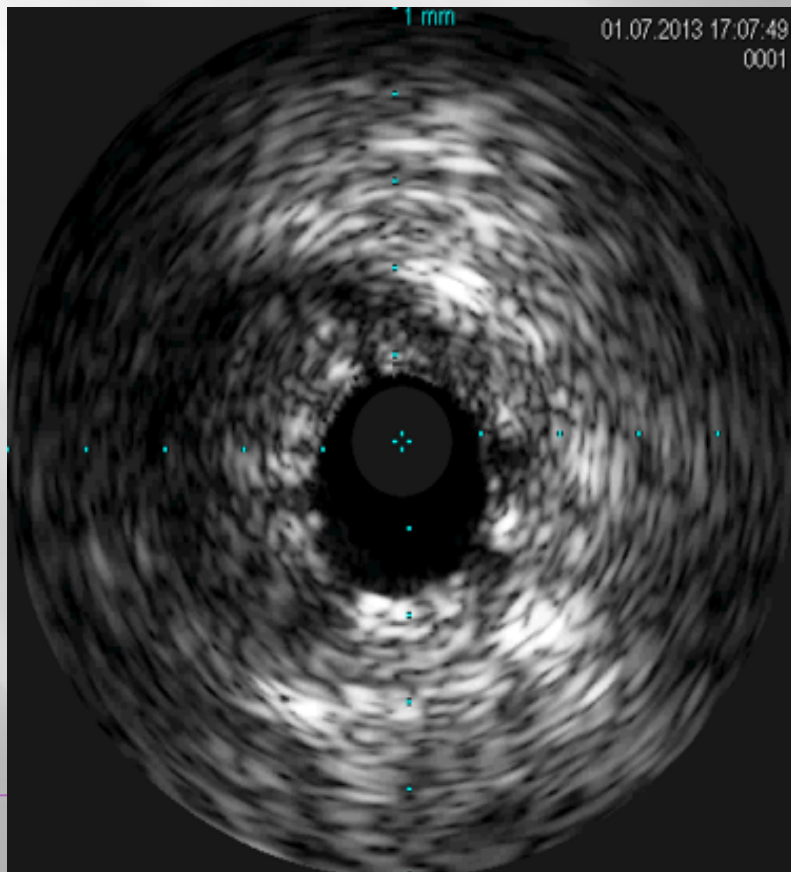
Diagnosis: CAD



Case 3 : Left Main Stem (Pre)



Case 3 : Left Main Stem (PCI)



Case 3 : Left Main Stem (PCI)



6Fr JL4.5 guiding catheter, Runthrough NS GW, pre-dilation with balloon (3.0mm x10mm, 14atm), Absorb stent(3.5mm x12mm), post-dilation with balloon NC TREK(3.75mm x12mm,19atm)

Case 3 : Left Main Stem (Post)

