

BIBLIOS STUDY

Belgium-Italian prospective, single-arm, multicentre study to evaluate the efficacy and safety of BTK treatment with Luminor-14 Paclitaxel coated Percutaneous Transluminal Angioplasty Balloon catheter of I-Vascular
Of 150 Subjects with Critical Limb Ischemia



PI: K. Deloose



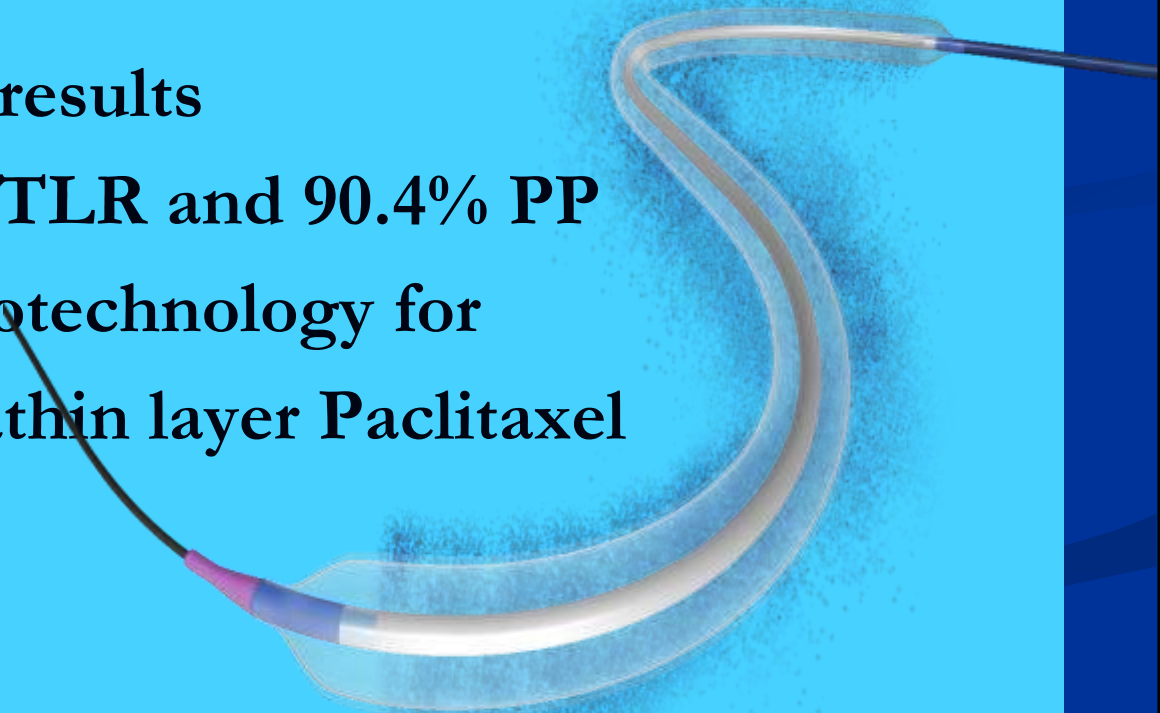
Biblios Study

Objective:

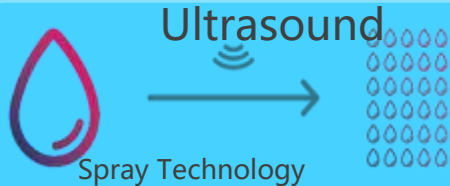
Clinical investigation to assess the safety and efficacy of the Luminor-14 DCB for the treatment of infrapopliteal lesions in 150 subjects with critical limb ischemia

Luminor-14m Paclitaxel coated DCB

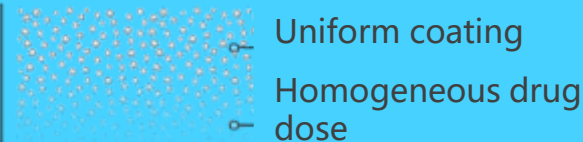
- Durable Coating to minimize drug loss
- Outstanding size range 0.014"- 0.018"- 0.035" GW compatibility
- Best DCB in SFA results
98.7% freedom of TLR and 90.4% PP
- Transfertechnology: nanotechnology for uniform and ultrathin layer Paclitaxel



Coating process

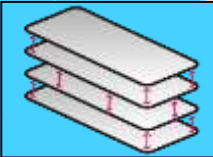


Dosage of uniform diameter nanodrops by ultrasonic deposition



Multi-layer technology

- Coating durability during the procedure
- No cracking

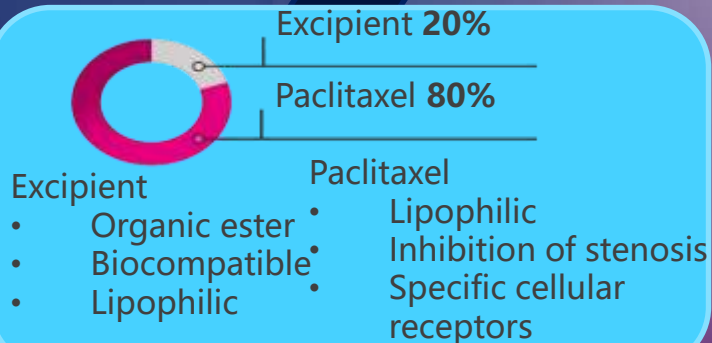


Dry-off

- Microcrystalline structure
- Optimal drug transfer to the vessel wall within 30-60s seconds



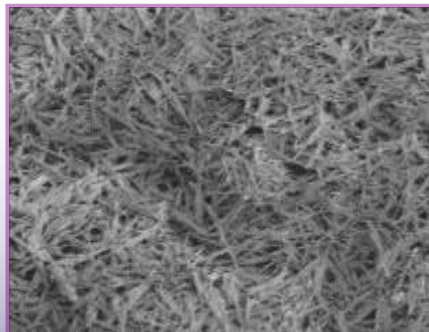
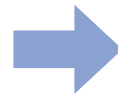
Nanotecnología
propia para un
**recubrimiento
durable, fino y
homogéneo**



TransferTech

Technological features

Dosage of uniform diameter nanodrops by direct spray ultrasonic deposition



SEM: magnify: x 1000

•Ultrathin multilayer coating:

- Increases adhesion to balloon
 - Lower loss related to manipulation
- Improves durability:
 - Lower loss during navigation
- Improves coating flexibility

•Homogeneous distribution of drug

- Same dose along the entire length

•Excellent drug Transfer

- Fast absorbtion 30- 60 sec

Crystalline Paclitaxel

www.ivascular.global

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Primary Endpoints:

1 Efficacy endpoint @ 6 month: Freedom from Male

Freedom from major adverse limb events (MALE) at 6 month defined as absence of above-ankle target limb amputation or major re-intervention to the target lesion(s) (i.e. new bypass, trombectomy, thrombolysis)

2 Safety endpoint @ 30 days:

Freedom from Male or POD

Peri-operative death (POD) at days, device or procedure related or any other cause

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Secondary Endpoints

1 Target vessel functional Flow Assessment @ 6 and 12 months

defined as the presence of bloodflow using duplex. If angiography is available within the 12 month visit it should be used instead of duplex.

2 Freedom from CD-TLR @ 6 and 12 months

defined as absence of any reintervention due to clinical deterioration, defined as:

- worsening of the patient's quality of life (EQ5D-questionnaire)
- worsening of Rutherford category with minimal 1 class
- worsening of wound status

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Secondary Endpoints

3 Amputation free survival @ 6 and 12 months

defined as alive with freedom from any above-the-ankle target limb amputation

4 Limb salvage @ 6 and 12 months

defined as freedom from any above-the-ankle target limb amputation at 6 and 12 months

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Secondary Endpoints

5 Procedural succes

defined as restoration of at least 1 below-the-knee (BTK) artery within <30 % residual stenosis in the final angiogram and outflow to the foot

6 Wound healing status

based on three parameters: the wound's diameter, the wound's depth and the % granulation tissue

7 Wound healing time !!!

defined as the number of days needed for the wound to heal completely after the index procedure

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Inclusion criteria

- Rutherford Classification 5
- Significant degree of stenosis $>70\%$ or chronic total occlusion (CTO)
- P3 to the ankle-joint level (not below-the-ankle)
- Wifi tissue loss grade 1-2 at baseline
- Wifi foot infection grade 0-2 at baseline
- Wifi ischemia grade 2-3 at baseline

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Inclusion criteria

- Target vessel should give direct or indirect run-off to the foot
- Successful predilatation of the target lesion ($<30\%$ residual stenosis)
- In-flow lesions can be included if lesions are treated successfully (residual stenosis $<30\%$) with same DCB platform and bail-out stenting with BMS

General inclusion

Tissue Loss

0: No ulcer and no gangrene

1: small ulcer and no gangrene

2: deep ulcer or gangrene limited to toes

3: extensive ulcer or extensive gangrene

Ischemia

Toe pressure (TP)

Transcutaneous oximetry (TcPO₂)

0: > 60 mmHg

1: 40-59 mmHg

2: 30-39 mmHg

3: < 30 mmHg

Infection

0: no symptoms or signs of infection

1: mild (< 2cm cellulitis)

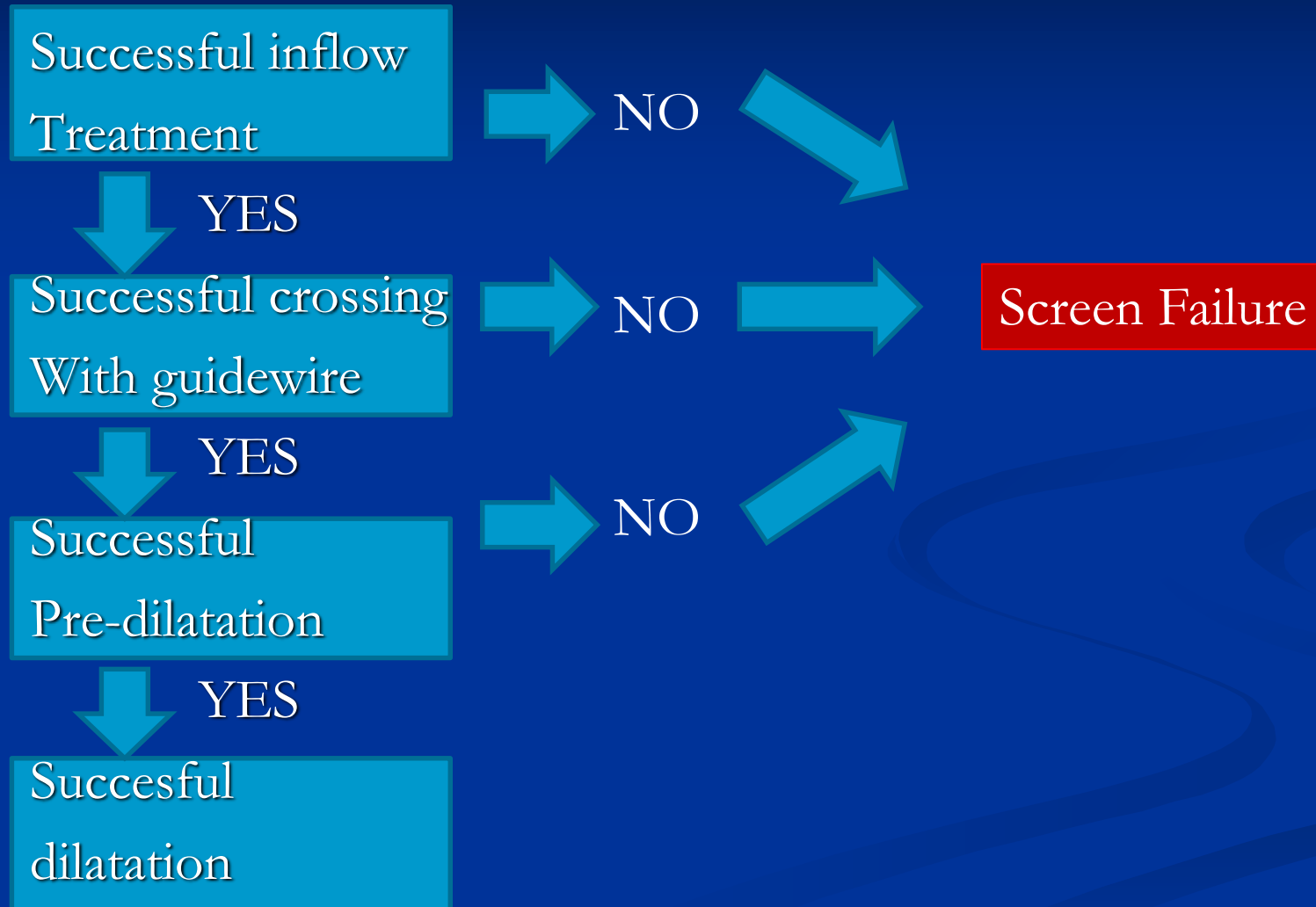
2: moderate (> 2cm cellulitis/purulence)

3: severe (systemic response/sepsis)

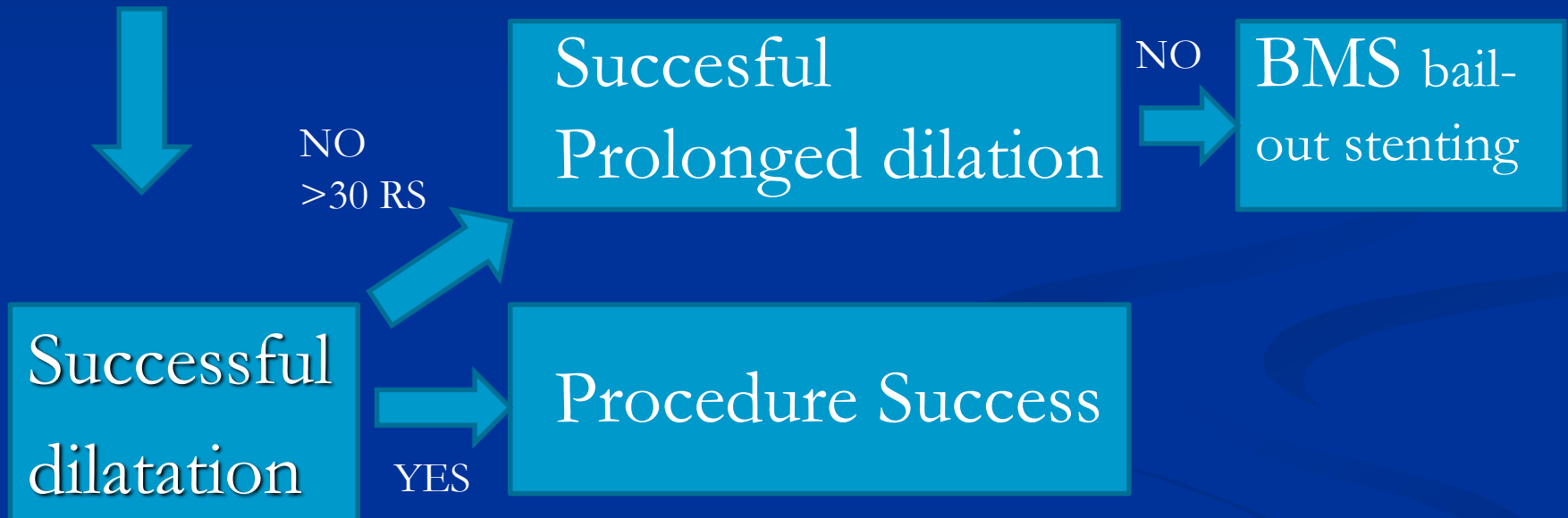
Procedure (before treating target lesion)

- Contralateral treatment; allowed
- Inflow lesion treatment: allowed
- Endovascular or surgical procedure 30 days after procedure in target limb: not allowed
- Vascular access : site standard of care
- Inflow limiting lesion ($>50\%$ stenosis)
 - Must be treated successfully ($<30\%$ stenosis)
 - Standard of care (if DCB: only Luminor)
- If multiple BTK arteries → 1 study lesion !
 - Non-target lesions : per standard of care (no drug eluting technologies)

Procedure overview



Procedure overview



DCB Balloon = longer than lesion 5mm healthy vessel
If more DCB's overlap mandatory = overlap of 1cm

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Luminor 14 Paclitaxel coated in BTK vessel i-vascular

- Start inclusions january 2019
- Hope to End inclusions january 2020
- Hope to Report results january 2021

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