



The next level of deliverability<sup>1</sup>



Ultrathin struts<sup>2,a</sup>



Outstanding patient outcomes<sup>3</sup>



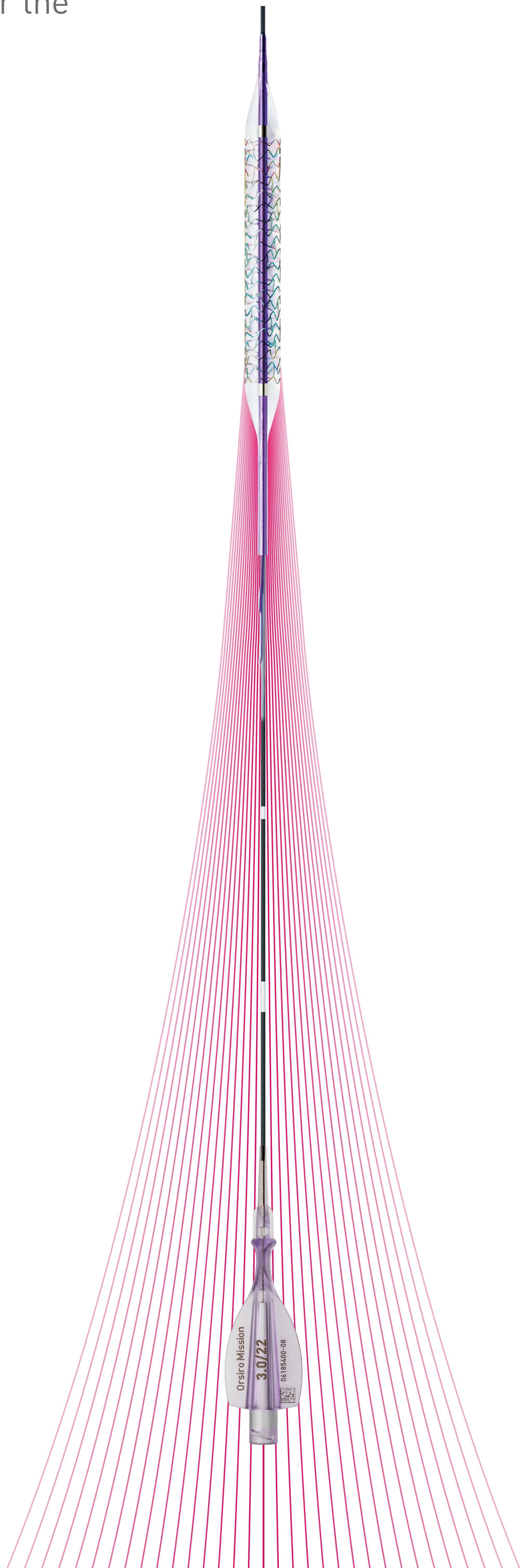
Technical data / ordering info

Vascular Intervention // **Coronary**  
Drug-Eluting Stent System



# Orsiro<sup>®</sup> Mission DES

Even better deliverability for the outstanding Orsiro DES

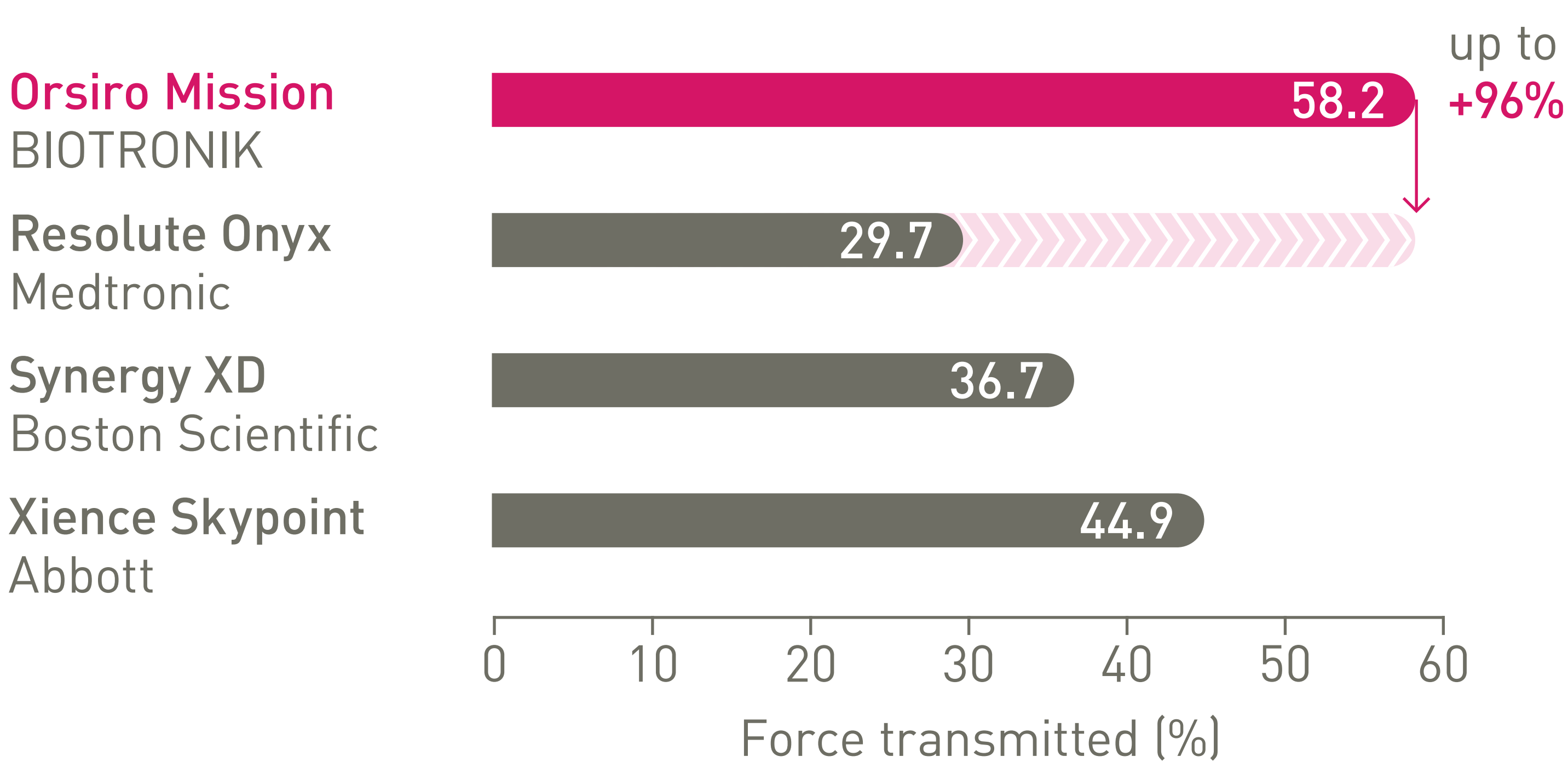


# Orsiro Mission<sup>DES</sup>

## The next level of deliverability<sup>1</sup>

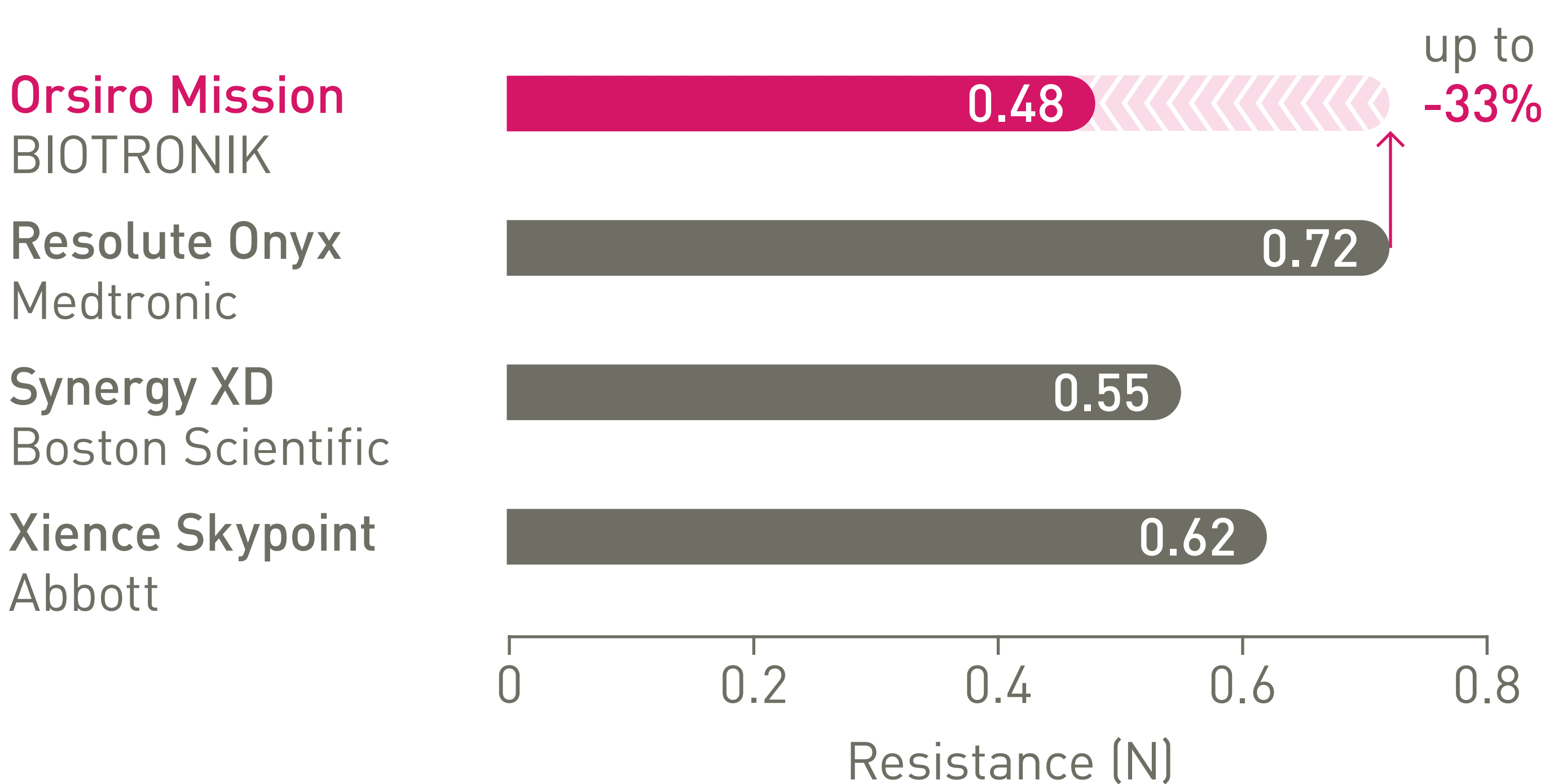
### 1st in Push<sup>4</sup>

Transmits more force from hub to tip.



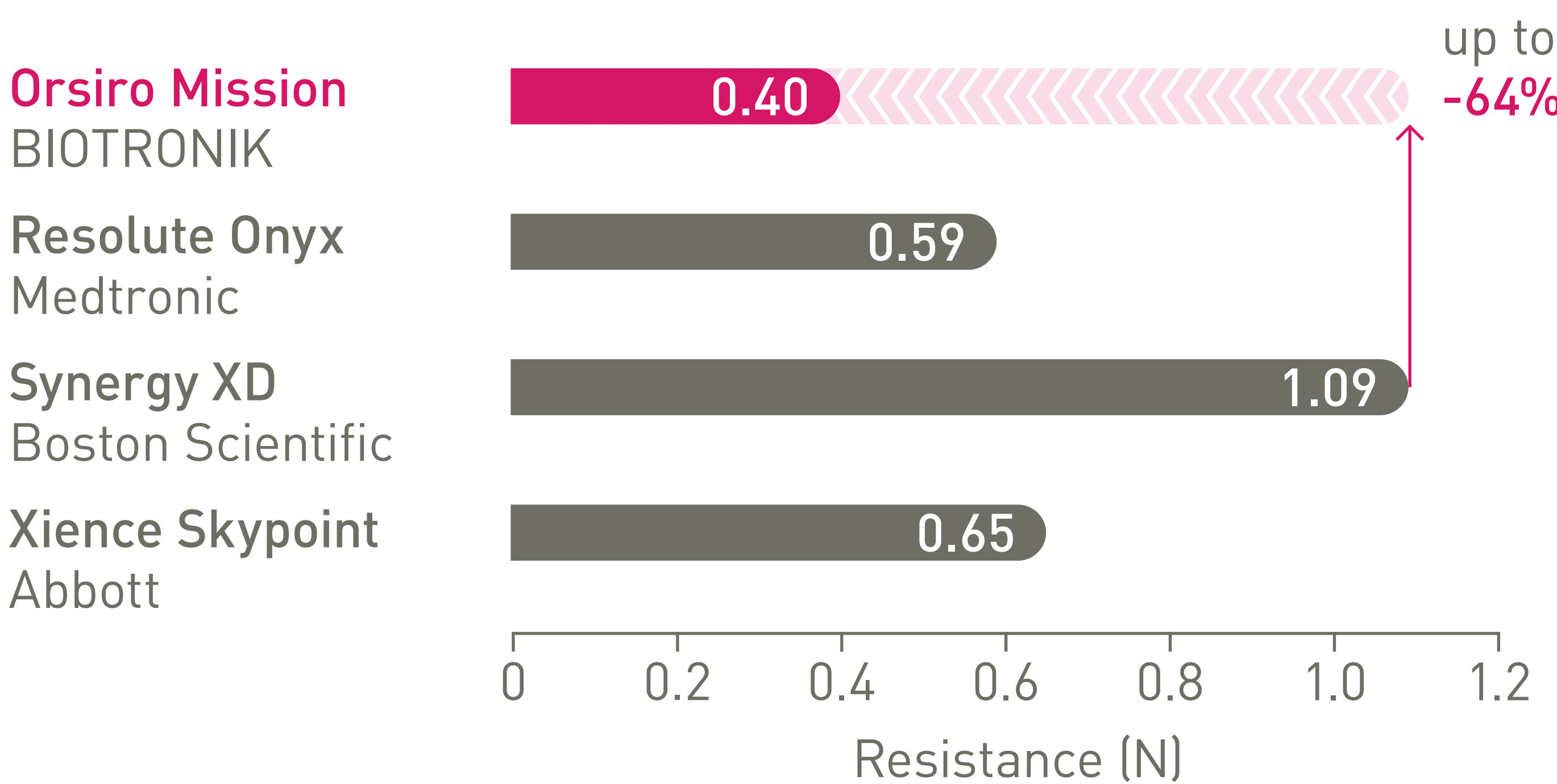
### 1st in Track<sup>4</sup>

Less force needed to follow the path.



### 1st in Cross<sup>4</sup>

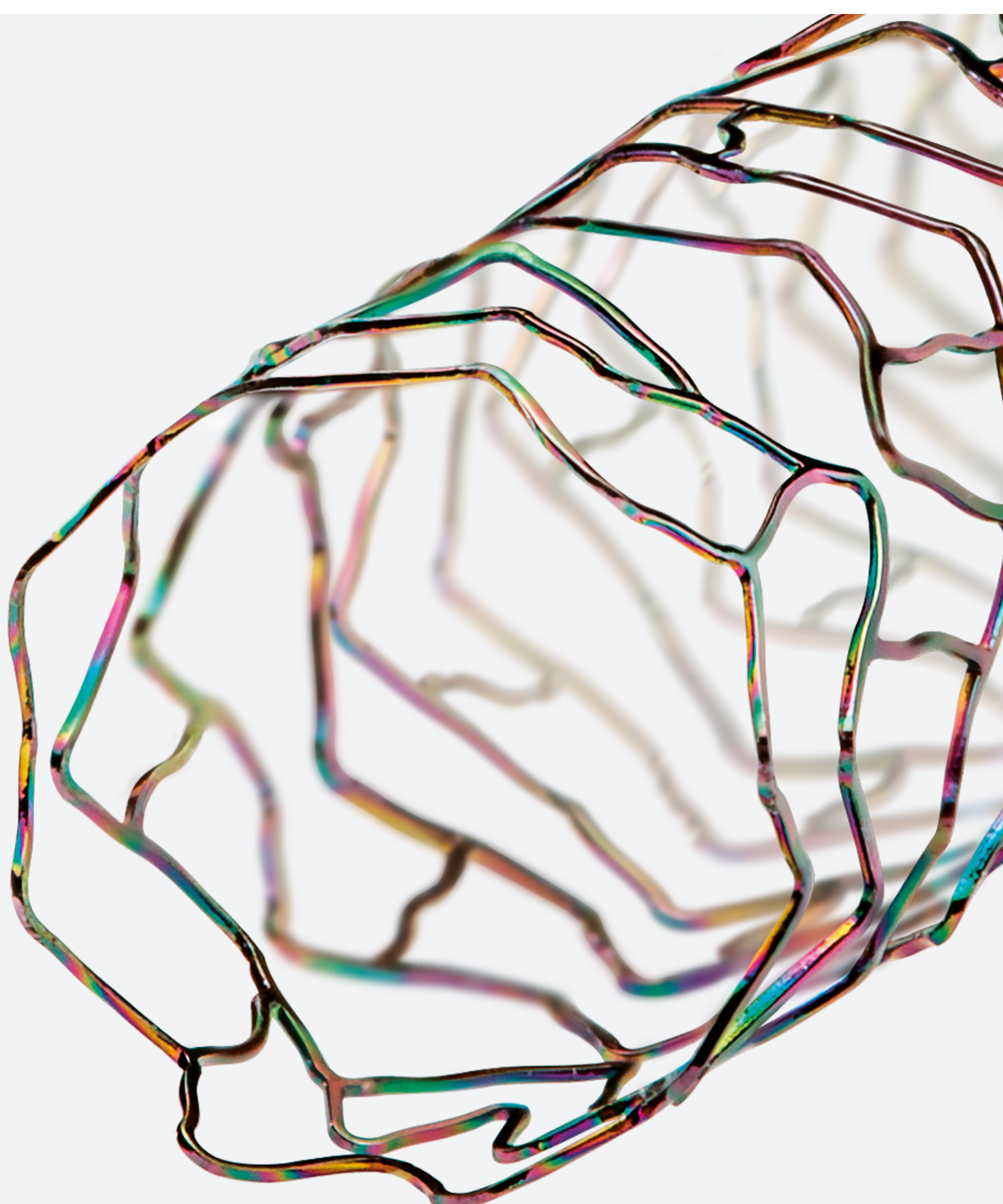
Less force needed to successfully cross demanding anatomies.



**96%**  
better push

**33%**  
better track

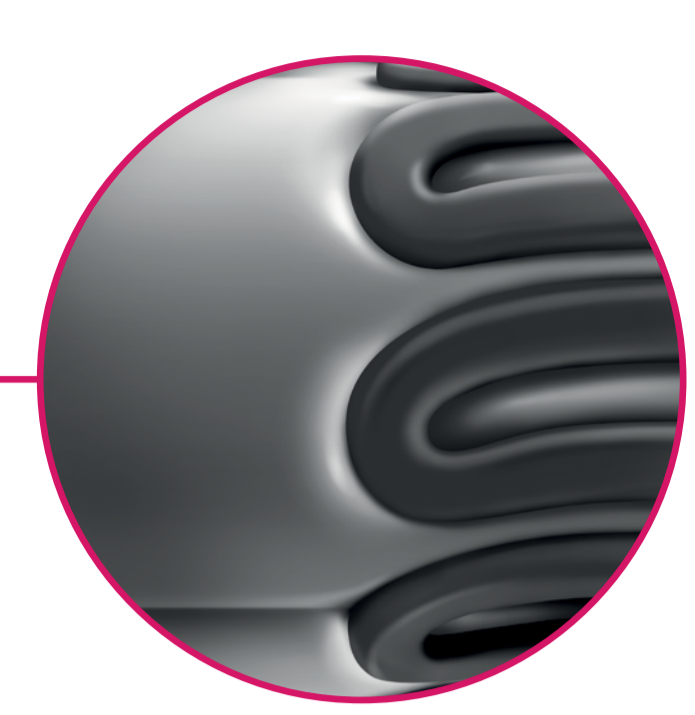
**64%**  
better cross





**proBIO™**

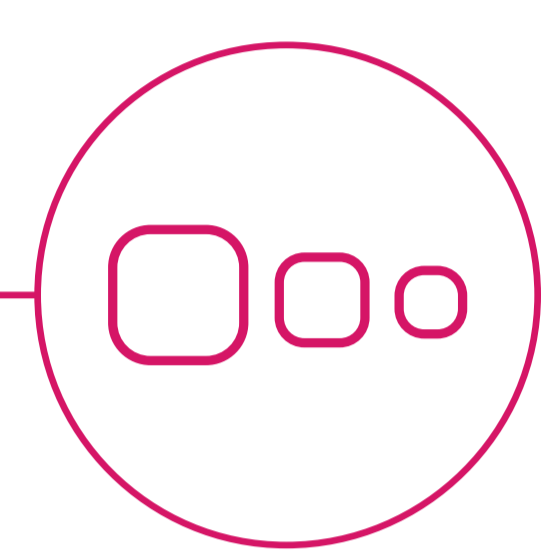
**Passive coating**  
for high biocompatibility



**NEW**  
**Deep embedding**  
for high cross

**BIOlute®**

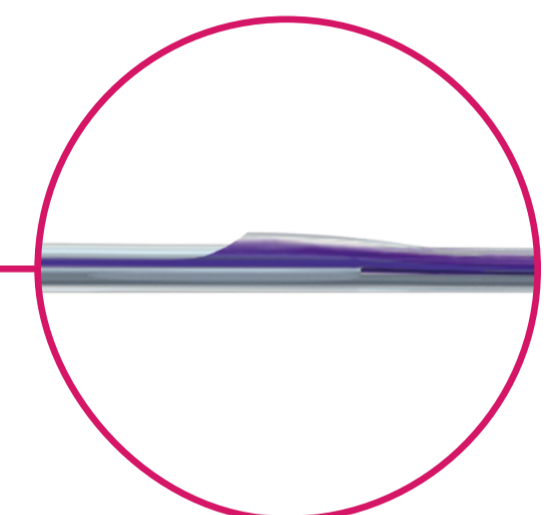
**Bioabsorbable coating**  
with controlled drug release and low thrombogenicity<sup>5</sup>



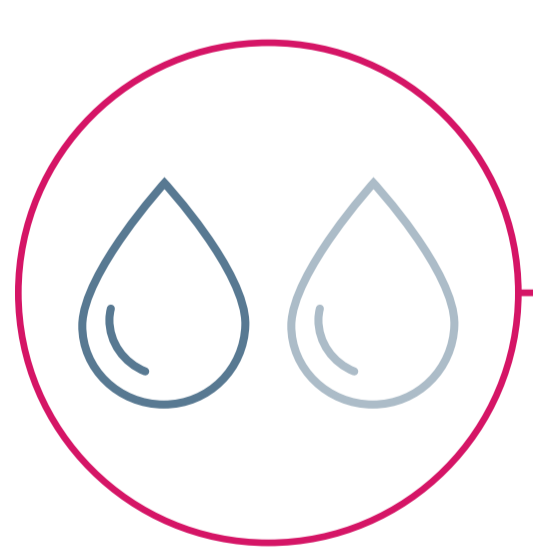
**Ultrathin**  
**60 μm<sup>a</sup> struts**  
for early endothelialization



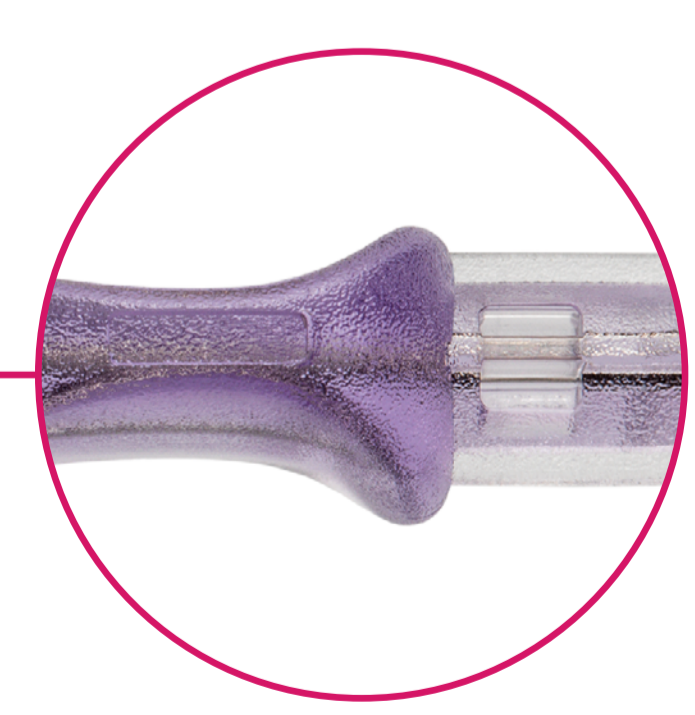
**NEW**  
**More flexible shaft**  
for high track



**Enhanced force transmission**  
for high push



**Dual-coating**  
on shaft for limited friction



**NEW**  
**Ergonomic hub**  
with kink resistance



<sup>a</sup> Nominal strut thickness for size ø 2.25 - 3.0 mm, mean diameter 62 μm.





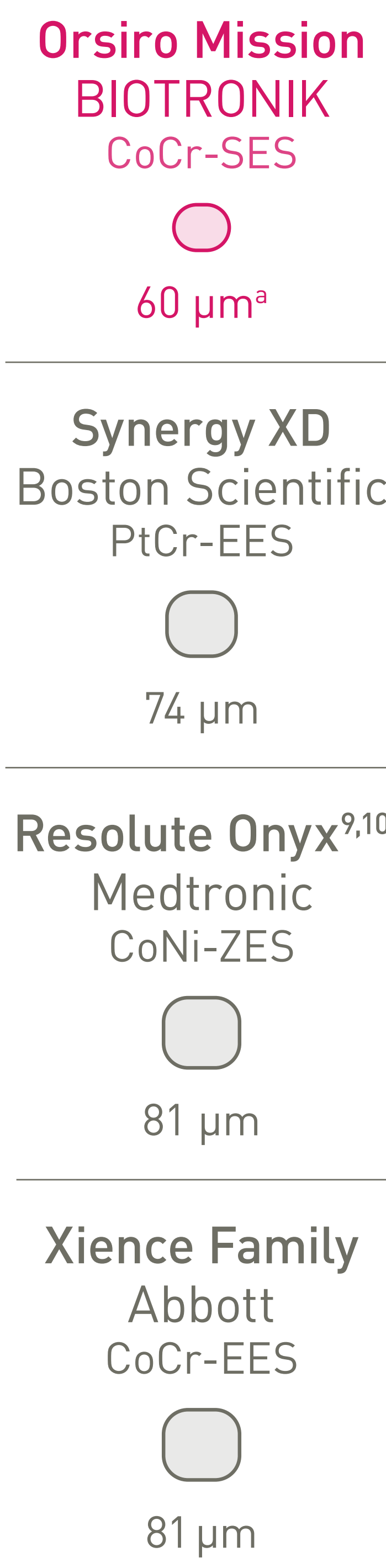
# Orsiro Mission<sup>DES</sup>

Ultrathin struts<sup>2,a</sup> –  
thinnest available in  
the US<sup>6</sup>

## Thinner struts make the difference<sup>7</sup>

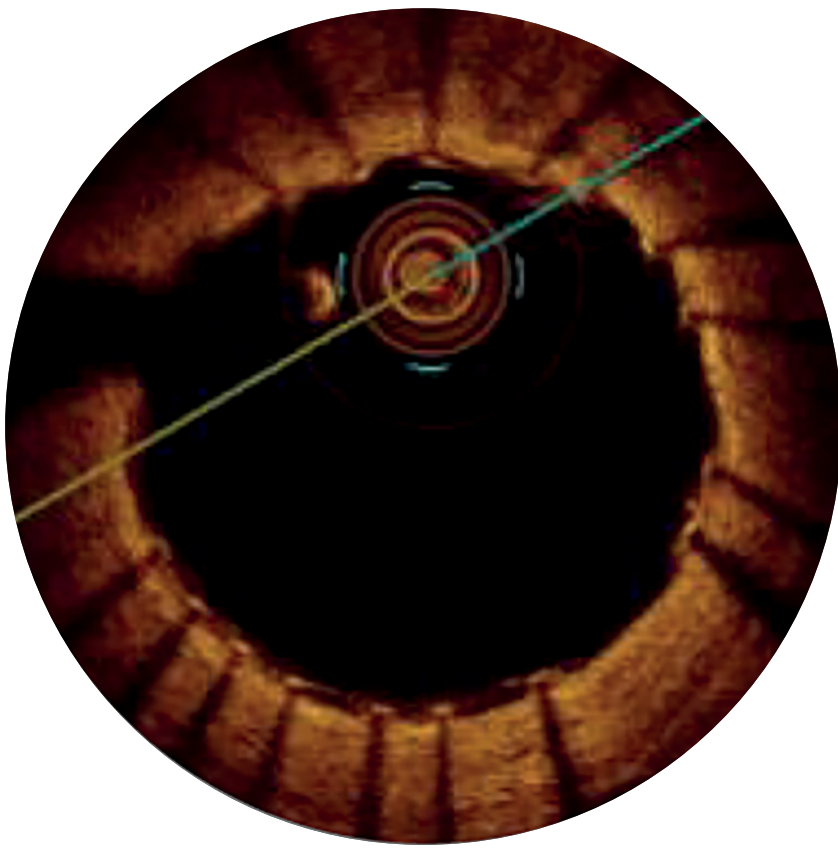
- Less disrupted flow
- Improved re-endothelialization

### Strut thickness in perspective<sup>8</sup>



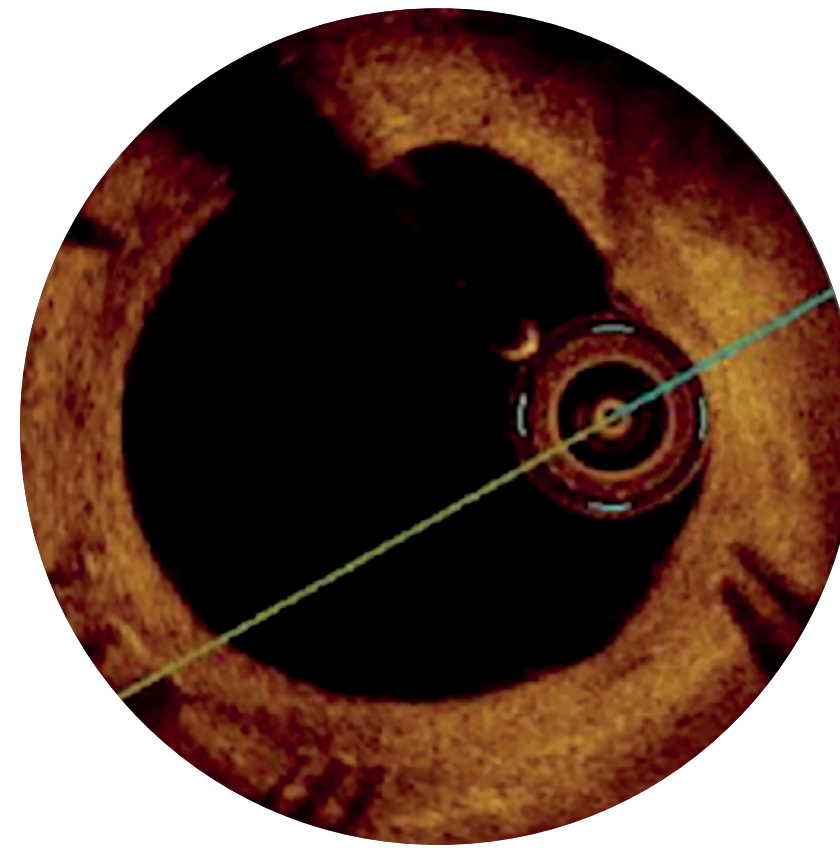
## For early endothelialization

Strut coverage<sup>11</sup>  
30 days<sup>b</sup>



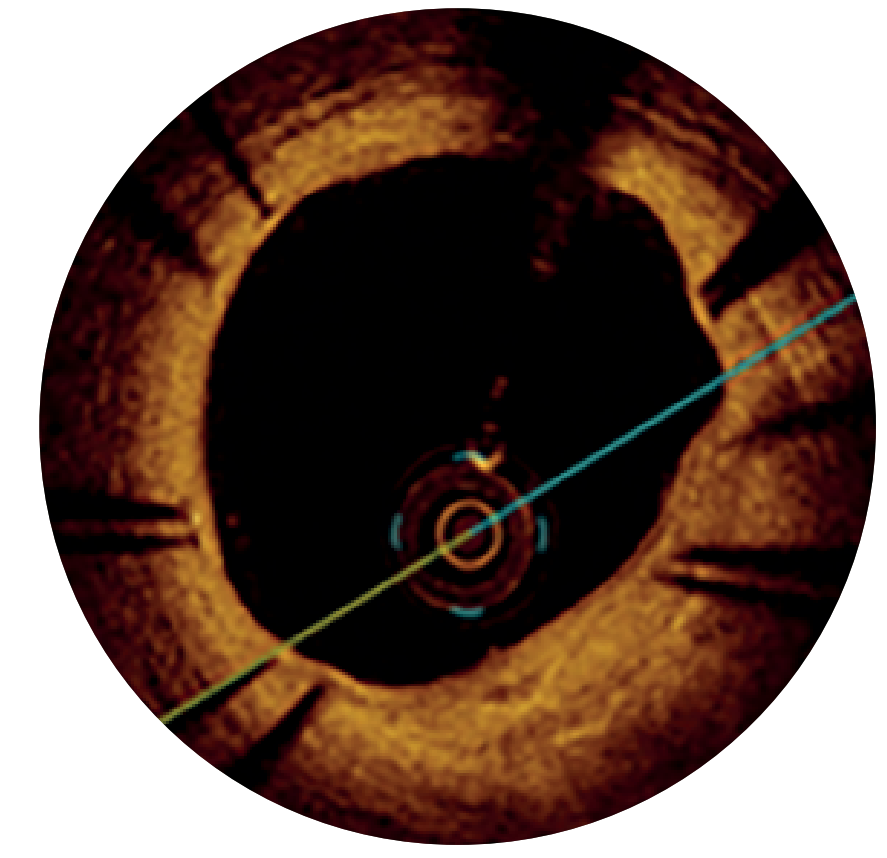
>80%  
589 struts analyzed

Strut coverage<sup>11</sup>  
90 days<sup>b</sup>



>97%  
874 struts analyzed

Strut coverage<sup>11</sup>  
180 days<sup>b</sup>

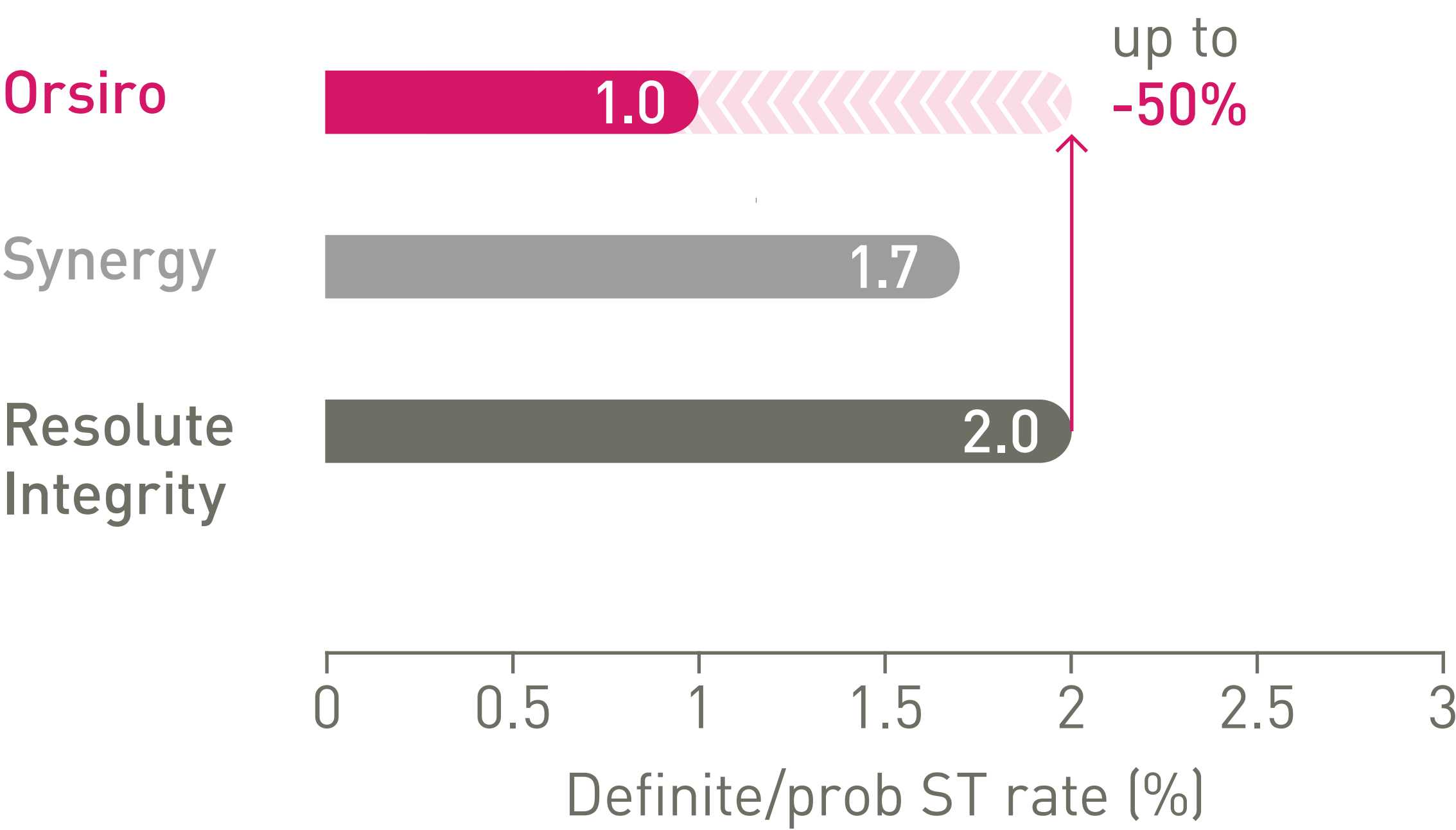


>98%  
1,130 struts analyzed



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

Low stent thrombosis (ST) at 5 years<sup>12</sup>



**50%**  
lower ST rate  
with **Orsiro** DES<sup>c</sup>  
p = 0.22

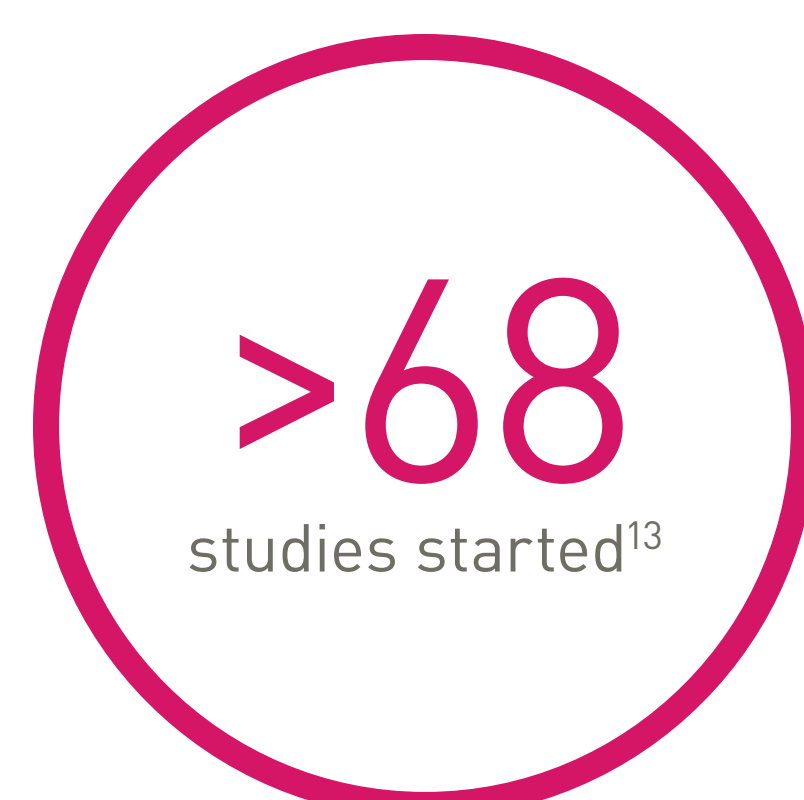
<sup>a</sup> Nominal strut thickness for size  $\varnothing$  2.25 - 3.0 mm, mean diameter 62  $\mu$ m.  
<sup>b</sup> Images: Secco G et al. Time-related changes in neointimal tissue coverage following a new generation. SES implantation: an OCT observational study. Presented at: euro PCR, May 20, 2014;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



# Orsiro Mission<sup>DES</sup>

## Outstanding patient outcomes<sup>3</sup>

### One of the most studied DES<sup>d</sup>



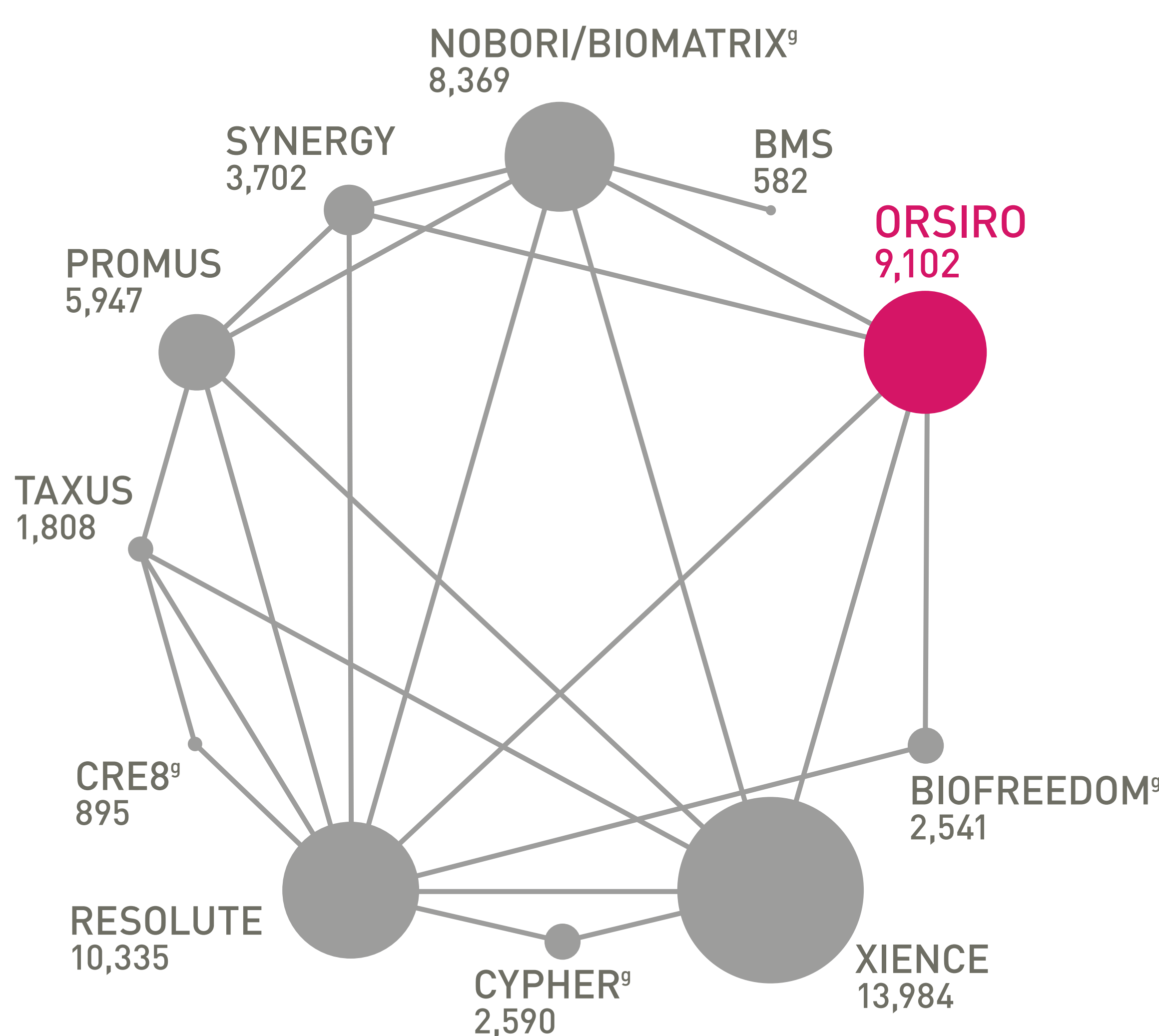
STUDY NAME	STUDY TYPE	PATIENTS	STATUS	PRIMARY ENDPOINT
BIOSTEMI	RCT	1,300	24-month FU available	TLF at 12 months
TAGLIERI et al.	Network Meta-Analysis	99,039	-	TLF at 12 months and the longest FU available
BIOFLOW-V	RCT	1,334	Completed 60-month FU available	TLF at 12 months
BIO-RESORT	RCT	3,514	Completed 60-month FU available	TVF at 12 months
BIONYX	RCT	2,488	36-month FU available	TVF at 12 months
BIO-SCIENCE	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<sup>14,e</sup>

99,039 patients in a network meta-analysis of 77 RCTs<sup>14</sup>

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<sup>f</sup> (OR [95% CI] 0.81 [0.68, 0.95], p = 0.01).

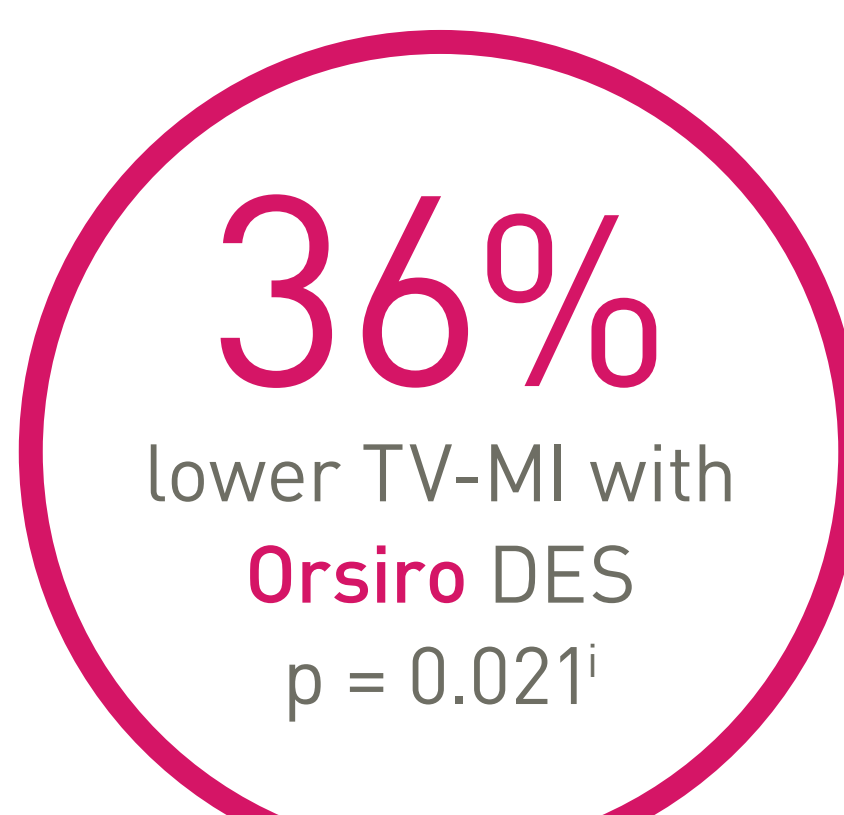
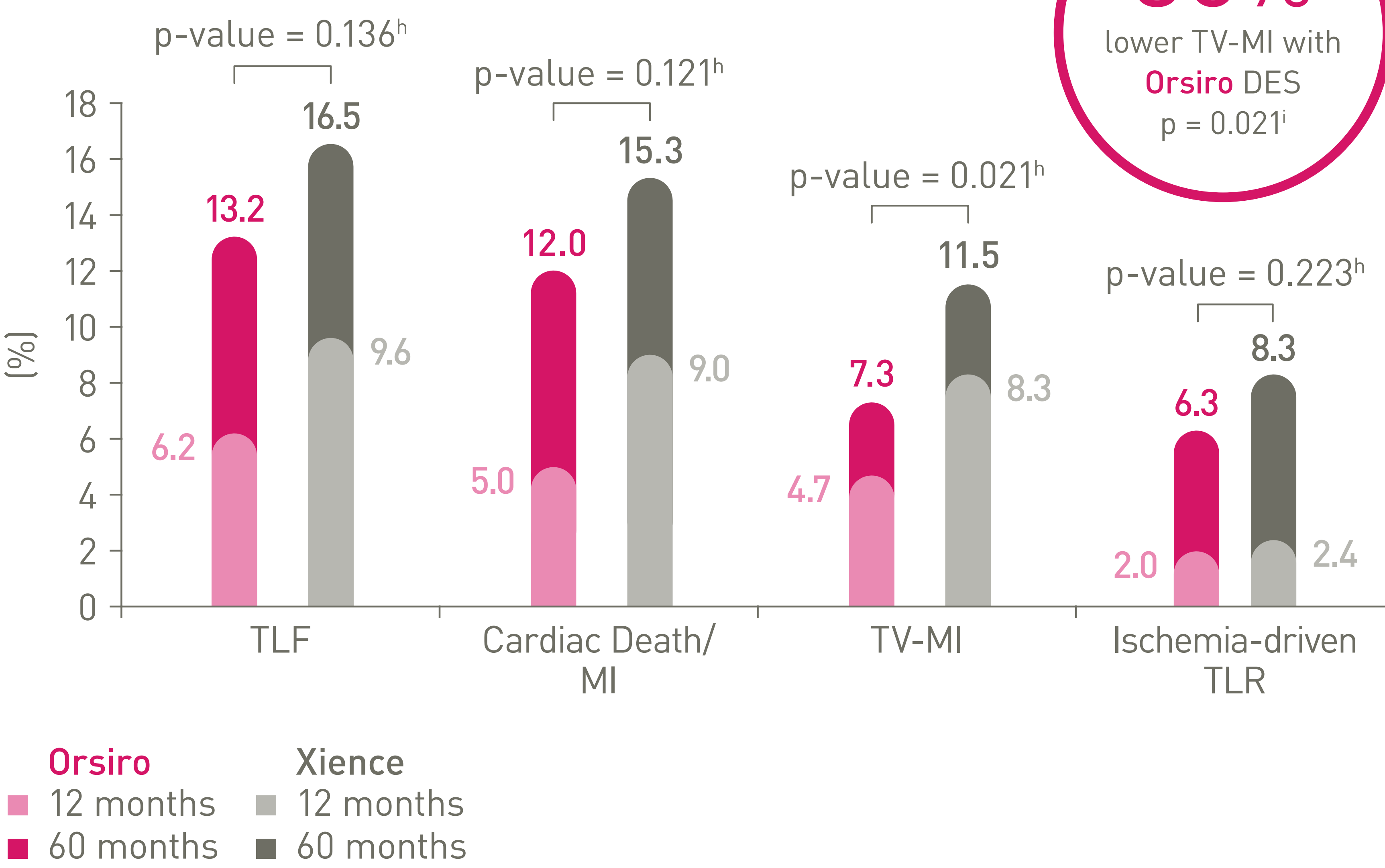


### BIOFLOW-V trial

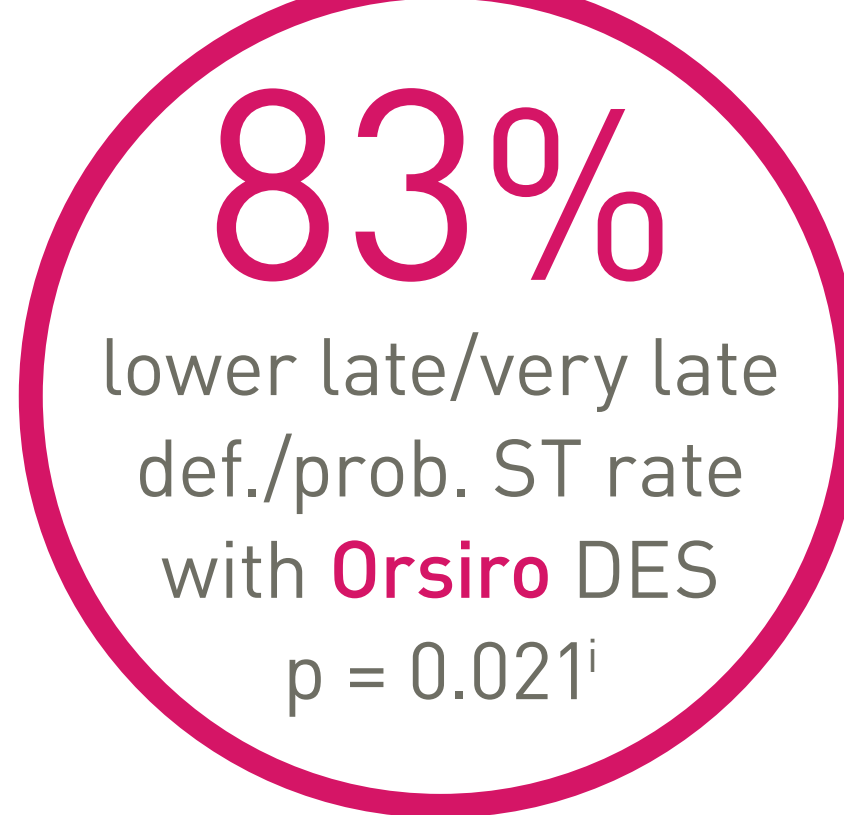
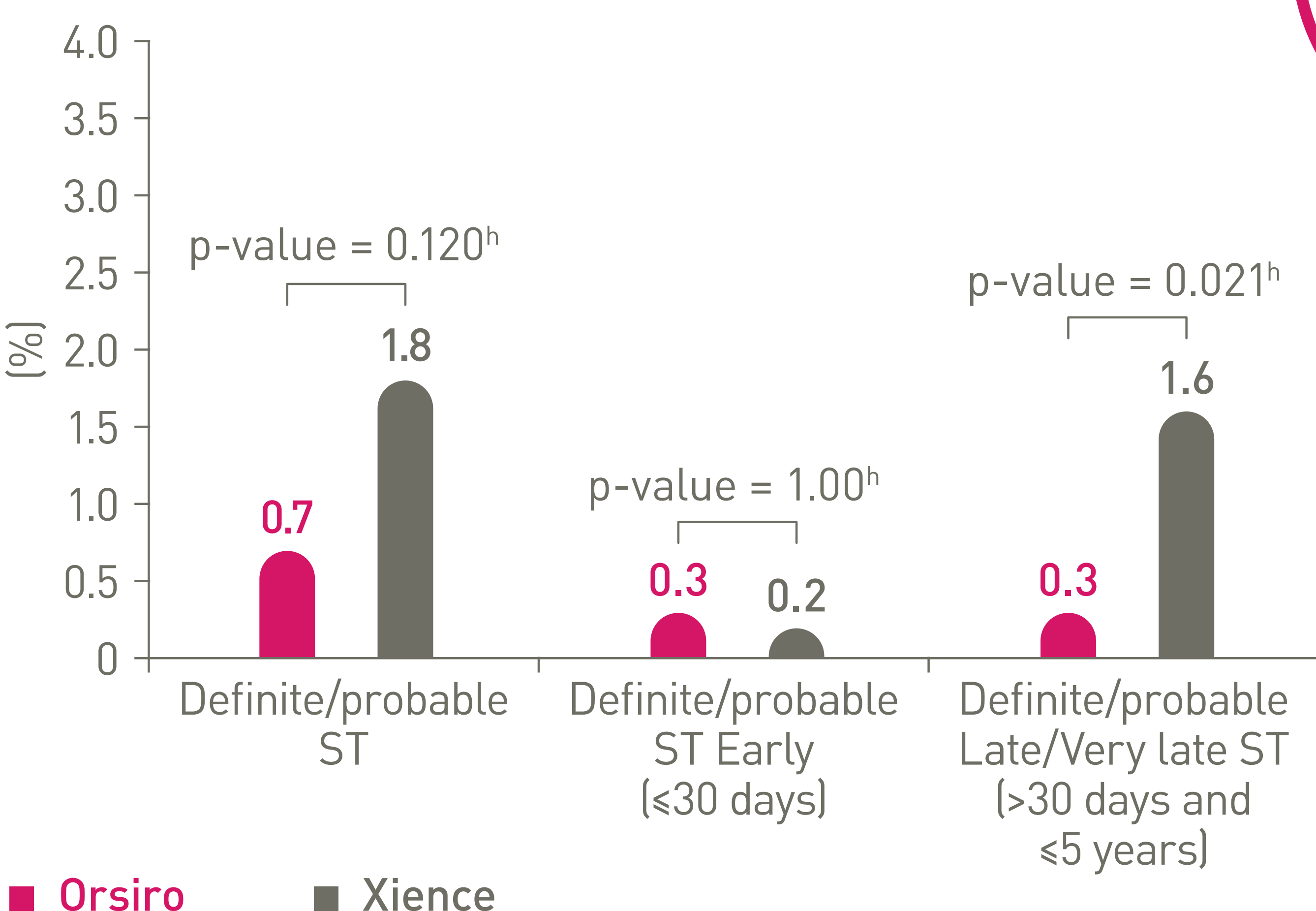
Pushing the boundaries of performance with Orsiro DES<sup>15</sup>

BIOFLOW-V (n = 1,334) FDA pivotal trial

TLF and components out to 5 years<sup>16,17,18</sup>



ST events out to 5 years<sup>16</sup>



TLF – Target Lesion Failure; TV-MI – Target Vessel Myocardial Infarction; TLR – Target Lesion Revascularization; ST – Stent Thrombosis.

<sup>d</sup> In large RCTs, based on Taglieri et al. Meta-analysis, against currently used DES.

<sup>e</sup> Based on 1-year TLF SUCRA score, in comparison to Xience, Resolute and Nobori/BioMatrix, after a median follow-up period of 50 months.<sup>14</sup>

<sup>f</sup> Resolute Integrity and Resolute Onyx.

<sup>g</sup> The Nobori, BioMatrix, Cre8, Biofreedom and Cypher drug eluting stents are not available in the US.

<sup>h</sup> p-values for 60-m frequentist analysis of BIOFLOW-V.<sup>16</sup>

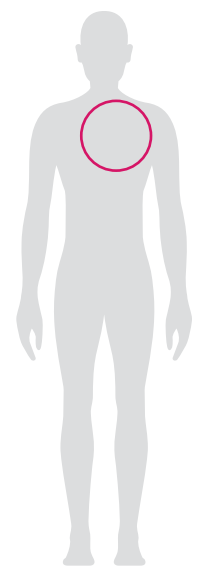
<sup>i</sup> In comparison to Xience, based on 60-m frequentist analysis of BIOFLOW-V.<sup>16</sup>



# Orsiro<sup>®</sup> Mission DES

Sirolimus-Eluting Coronary Stent System

Vascular  
Intervention  
Coronary



## 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	$\varnothing$ 2.25 – 3.0 mm: 60 $\mu\text{m}^{\text{a}}$ (0.0024"); $\varnothing$ 3.50 – 4.0 mm: 80 $\mu\text{m}$ (0.0031")
Passive coating	proBIO <sup>™</sup> (Amorphous Silicon Carbide)
Active coating	BIOlute <sup>®</sup> bioabsorbable drug matrix consisting of sirolimus and polymer poly-L-lactide (PLLA)
Drug dose	1.4 $\mu\text{g}/\text{mm}^2$

### Delivery system

Catheter type	Fast-exchange
Recommended guide catheter	5F (min. I.D. <sup>j</sup> 0.056")
Guide wire diameter	0.014" (0.36 mm)
Usable catheter length	140 cm
Balloon material	Semi crystalline polymer
Coating (distal shaft)	Hydrophilic
Coating (proximal shaft)	Hydrophobic
Marker bands	Two platinum-iridium markers
Proximal shaft diameter	2.0 F
Distal shaft diameter	2.7 F: $\varnothing$ 2.25 – 3.0 mm; 2.9 F: $\varnothing$ 3.5 – 4.0 mm
Nominal pressure (NP)	10 atm
Rated burst pressure (RBP)	16 atm

## Ordering Information

Stent $\varnothing$ (mm)	Stent Length (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

<sup>a</sup> Nominal strut thickness for size  $\varnothing$  2.25 - 3.0 mm, mean diameter 62  $\mu\text{m}$ ; <sup>j</sup> 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 et al. 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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