



Ordering Information

	Stent Length (mm)						
Stent diameter (mm)	9	14	19	24	29	33	36
2.25	BFC1-2209	BFC1-2214	BFC1-2219	BFC1-2224	BFC1-2229	-	-
2.50	BFC1-2509	BFC1-2514	BFC1-2519	BFC1-2524	BFC1-2529	BFC1-2533	BFC1-2536
2.75	BFC1-2709	BFC1-2714	BFC1-2719	BFC1-2724	BFC1-2729	BFC1-2733	BFC1-2736
3.00	BFC1-3009	BFC1-3014	BFC1-3019	BFC1-3024	BFC1-3029	BFC1-3033	BFC1-3036
3.50	BFC1-3509	BFC1-3514	BFC1-3519	BFC1-3524	BFC1-3529	BFC1-3533	BFC1-3536
4.00	BFC1-4009	BFC1-4014	BFC1-4019	BFC1-4024	BFC1-4029	-	-

Identify your HBR or HBR to become patients using the ARC-HBR app







- 1. Ueki et al. Validation of Bleeding Risk Criteria (ARC-HBR) in Patients Undergoing Percutaneous Coronary Intervention and Comparison with Contemporary Bleeding Risk Scores. EuroIntervention. 2020 Feb 18. doi: 10.4244/EU-D-20-00052.
- 2. Data on BioFreedom Ultra in LEADERS Free III. Eberli et al. Polymer-free Biolimus-A9 coated thin strut stents for patients at high bleeding risk 1-year results from the LEADERS FREE III study. Catheter Cardiovasc Interv. 2022 Feb;99(3):593-600. doi: 10.1002/ccd.29869.

 3. Data on BioFreedom in LEADERS Free. Urban et al. Polymer-free Drug-Coated Coronary Stents in Patients at High Bleeding Risk.
- N Engl J Med. 2015 Nov 19;373(21):2038-47. doi: 10.1056/NEJMoa1503943.
- Data on Gazelle in LEADERS Free. Urban et al. Polymer-free Drug-Coated Coronary Stents in Patients at High Bleeding Risk. N Engl J Med. 2015 Nov 19;373(21):2038-47. doi: 10.1056/NEJMoa1503943.
- 5. Data on BioFreedom in LEADERS Free. Garot P et al. 2-Year Outcomes of High Bleeding Risk Patients After Polymer-Free Drug-Coated Stents.
- J Am Coll Cardiol. 2017 Jan 17;69(2):162-171. doi: 10.1016/j.jacc.2016.10.009. 6. BioFreedom IFU 11677-000 - Antiplatelet regimen section.
- 7. Valgimigli et al. 2017 ESC focused update on dual antiplatelet therapy in coronary artery disease developed in collaboration with EACTS: The Task Force for dual antiplatelet therapy in coronary artery disease of the European Society of Cardiology (ESC) and of the European Association for Cardio-Thoracic Surgery (EACTS). Eur Heart J. 2018 Jan 14;39(3):213-260. doi: 10.1093/eurheartj/ehx419.
- Data on BioFreedom in LEADERS Free II. Krucoff et al. Global Approach to High Bleeding Risk Patients With Polymer-Free Drug-Coated Coronary Stents: The LF II Study. Circ Cardiovasc Interv. 2020 Apr;13(4):e008603. doi: 10.1161/CIRCINTERVENTIONS.119.008603.
- 9. Data on BioFreedom in LEADERS Free Japan. Saito et al. The BioFreedom Japan Study A Companion Trial to LEADERS FREE. EuroPCR 2017.
- 10. Biosensors International data on file.
- 11. With BioFreedom compared to BMS. BioFreedom is the predicate device of BioFreedom Ultra.
- 12. Data on BioFreedom in RUDI-FREE. Sardella et al. Safety and efficacy of polymer-free biolimus-eluting stents in all-comer patients: the RUDI-FREE study. EuroIntervention. 2018 Sep 20;14(7):772-779. doi: 10.4244/EIJ-D-18-00148.
- Data on BioFreedom in BESAMI MUCHO. Squeglia et al. Angiographic and clinical performance of polymer-free biolimus-eluting stent in patients with ST-segment elevation acute myocardial infarction in a metropolitan public hospital: The BESAMI MUCHO study. Catheter Cardiovasc Interv. 2018 Apr 1;91(5):851-858. doi: 10.1002/ccd.27206.
 Mehta et al. Burnout and Career Satisfaction Among U.S. Cardiologists. J Am Coll Cardiol. 2019 Jul 2;73(25):3345-3348. doi: 10.1016/j.jacc.2019.04.031.
- 15. Mehta et al. Practice factors affecting cardiologists' wellbeing: the American College Of Cardiology 2019 Well Being Study. Presented on: March 28, 2020. ACC 2020.
- 16. Tzafiri et al. Sirolimus analog lipophillicity dictates release kinetics and tissue retention after implantation of polymer free drug eluting stents. Poster Presentation EuroPCR 16-19 May 2017.
- §. Struts for specific stent diameter (small vessel).

BioFreedom Ultra is a trademark or registered trademark of Biosensors International Group, Ltd. BioFreedom™ Ultra is CE Mark approved.

CAUTION: The law restricts these devices to sale by or on the order of a physician and these products are intended for the use by or under the direction of a physician. Indications, contraindications, warnings and instructions for use can be found in the product labeling supplied with each device. Not available in the United States and any other country where applicable health authority product registration has not been obtained. Information contained herein only for presentation outside the US and France. © 2023 Biosensors International Group, Ltd. All rights reserved.

Printed on sustainable FSC® paper source.

www.biosensors.com



BIOSENSORS EUROPE SA

Rue de Lausanne 29 1110 Morges Switzerland

Tel: +41 (0)21 804 80 00 Fax: +41 (0)21 804 80 01

BIOSENSORS INTERVENTIONAL TECHNOLOGIES PTE LTD

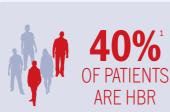
36 Jalan Tukang Singapore 619 266 Tel: +65 6213 5777 Fax: +65 6213 5737





LEADING THE WAY AT **DECISIVE**

What if the choices you make today, could allow you to focus on what matters most to you?



WHEN **BLEEDING RISK** IS DECISIVE It is all about when patients become HIGH BLEEDING RISK

Use the ARC HBR App to identify your patients

ULTRA EFFICACY

LEADERS FREE LEGACY WITH LONG TERM DATA

EASE OF NAVIGATION THROUGH TORTUOUS VESSELS

BA9[™] UNIQUE DRUG PROPERTIES

ULTRA SAFETY

Long term safety

0.1% very late ST at 2 years⁵

Most BA9™ is released from the stent in 1 month

For patients in whom DAPT longer than >1 month poses safety concerns, you could shorten the DAPT down to 1 month⁶ thanks to the BioFreedom™ Family concept

With this advanced design, you get the best of both worlds:

Safety benefit = BMS like Efficacy benefit = DES like









99% **DEVICE SUCCESS**

WHEN

AN EFFICIENT PROCEDURE IS DECISIVE

1 Month

WHEN **FLEXIBILITY IN DAPT** IS DECISIVE



Clinical outcomes at 1 year

Primary Safety Endpoint*

Def/Prob. Stent Thrombosis

Myocardial Infarction

Clinically-Driven TLR**

Procedural characteristics

* p-value for non-inferiority vs DCS LF I: 0.0006 (non-infer ** p-value for superiority vs BMS LF I: < 0.0001

Cardiac Death

BARC 3-5

All Death

Lesion Success

Device Success

Procedure Success

Ease of navigation through tortuous anatomy, while maintaining **longitudinal strength** thanks to the combination of **thin Cobalt Chromium**

DCS CoCr LF III²

(n=401)

8.0%

3.7%

4.4%

1.0%

4.2%

5.4%

6.4%

99%

99%

97%

rity margin: 3.9%)

ALL-COMER HBR: HBR, HBR-ACS, UNCERTAIN

DCS StS LF I³

(n=1221)

9.2%

4.1%

5.9%

2.0%

4.9%

7.2%

7.5%

98%

98%

94%

BMS LF I⁴

(n=1211)

12.7%

5.1%

8.7%

2.2%

9.3%

7.2%

8.7%

98%

98%

94%

struts (84 µm)§, stent design and improved delivery system











1% ST at 1 year²





FOCUS ON WHAT **MATTERS**

In your patient journey, BioFreedom™ Ultra is designed to simplify device related concerns, so that you can focus on what matters to You!

before implantation

Peer recommendation

To date BioFreedom™ is the only commercially available DCS stent referenced in the ESC DAPT guidelines7

> BL REPRODUCI



ULTRA **DELIVERABLE**

Efficient procedure

Improved deliverability to shorten procedure time. BioFreedom™ Ultra enhances procedure success for the benefit of the patient²

450'000 patients treated

Quality of life

51% reduction in Cardiac Death with BioFreedom™3,11

1% ST at 1 year in HBR patients with BioFreedom™ Ultra²

PATIENTS GLOBALLY

Positive outcomes reproducible to all patients

The LEADERS FREE global clinical trial program (I, II, III, Japan)^{2,8,9} proves a significant improvement of outcomes across a broad spectrum in HBR patients

3000 HBR patients¹⁰ studied in Randomized Clinical Trials

13 publications covering all presentations from the LEADERS FREE trial program. They include detailed subgroup analysis showing the patient benefit brought by BioFreedom and covering most patients encountered in the cath lab.

Real life data

BioFreedom™ demonstrated a very **favorable** safety (0.4% ST) and efficacy profile (1.4% TLR) at one year in real world clinical setting in the all-comer **RUDI FREE** registry¹²

In all-comer STEMI patients BioFreedom demonstrated a **low 4.6% MACE** rate at one year with only 0.6% Cardiac Death and 1.1% def/prob ST. The **BESAMI MUCHO** registry¹³ adds more evidence to the **increased benefit** seen for BA9[™] stents in AMI patients.





SIDE BY SIDE IN DEMANDING MOMENTS

As job requirements become more complex, the burden on individuals increases. When we add the pressure of everyday life, it impacts significantly on our decision making and our ability to manage decisive moments.

We know that health care professionals are particularly exposed14,15. They must deal, in a short time, with a large volume of work and a great complexity of tasks. In the cath lab, staying calm is vital during those decisive moments that matter to you and ultimately, the patient.

At Biosensors International, we are doing everything we can to reduce complexity. The experience and interaction of all our staff is there to support you especially at important moments.

Everything we do, from the design of new devices to our high-quality customer service, aspires to contribute to the well-being not only of patients, but also of the medical community.

OPTIMIZED PROCEDURE

BioFreedom™ Ultra polymer and carrier-free Drug-Coated Stent

BA9™ (Biolimus A9™) is the only drug designed specifically for coronary stent application

After many years of research and up to 11 iterations, BA9 was selected for properties that would support healing and re-endothelialization.

An enhanced lipophilicity makes the drug hydrophobic, allowing for a rapid transfer of the drug to the vessel wall, in the absence of a polymer or carrier and with no loss to the systemic system.

With greater local bioavailability and a longer in-tissue residence time of 20 days, BA9 is a unique drug and is proprietary of Biosensors International Group, Ltd.









SMS: Selectively Microstructured Surface

Only the abluminal surface of the stent receives the SMS treatment, allowing BA9™ to be contained in the microstructured surface and delivered with high specificity to the vessel wall of the coronary lesions.

With no polymer or carrier, BA9+SMS makes BioFreedom™ a true Drug-Coated Stent (DCS).

The SMS process allows for an increased surface area for a uniform dose of BA9 to be delivered to the target lesion.



STENT











S-CONNECTOR

STRAIGHT CONNECTOR







Excellent radial and longitudinal force with optimal struts thickness

Stent overexpansion

Strut thickness 84 µm

Strut thickness 88 µm



2.25, 2.5, 2.75, 3.0 mm



3.5, 4.0 mm



4.76* mm

Max. exp. outer diameter

5.95⁺ mm



Max. opening 2.08** mm

 Θ Max. opening 2.34** mm

- * BioMatrix Alpha stent: 3.0x19 mm (n=1)- Limited sample size. Post-dilated with a 5.0 mm balloon at nominal pressure. ** BioMatrix Alpha stent: 4.0x19 mm (n=1)- Limited sample size. Post-dilated with a 6.0 mm balloon at nominal pressure.
- BioMatrix Alpha stent: 3.0x19 mm (n=1) Limited sample size. Post-dilated with a 6.0 mm balloon at nominal pressure. ++ BioMatrix Alpha stent: 4.0x19 mm (n=1) Limited sample size. Post-dilated with a 5.0 mm balloon at nominal pressure.

Caution: In vitro testing only. Overexpansion increases stent stiffness which may increase the risk of metal fatigue and the potential risk of fractures over time. Dilatation beyond stent labelled is not recommended as mechanical efficiency and drug delivery efficiency both remain unknown under such extreme overexpansion. Physicians should refor to the product IFU. All figures from bench test data on file Biosensors International Group, Ltd.

