

Clinical Highlights from TCT 2009

SYNTAX Trial Design



62 EU Sites

+



23 US Sites

De novo 3VD and/or LM (isolated, +1,2,3 VD)

Limited Exclusion Criteria

Previous interventions , Acute MI with CPK>2x, Concomitant cardiac surgery

Heart Team (Surgeon & Interventional Cardiologist)

Amenable for both
treatment options

Amenable for only one
treatment approach

Stratification:
LM and Diabetes

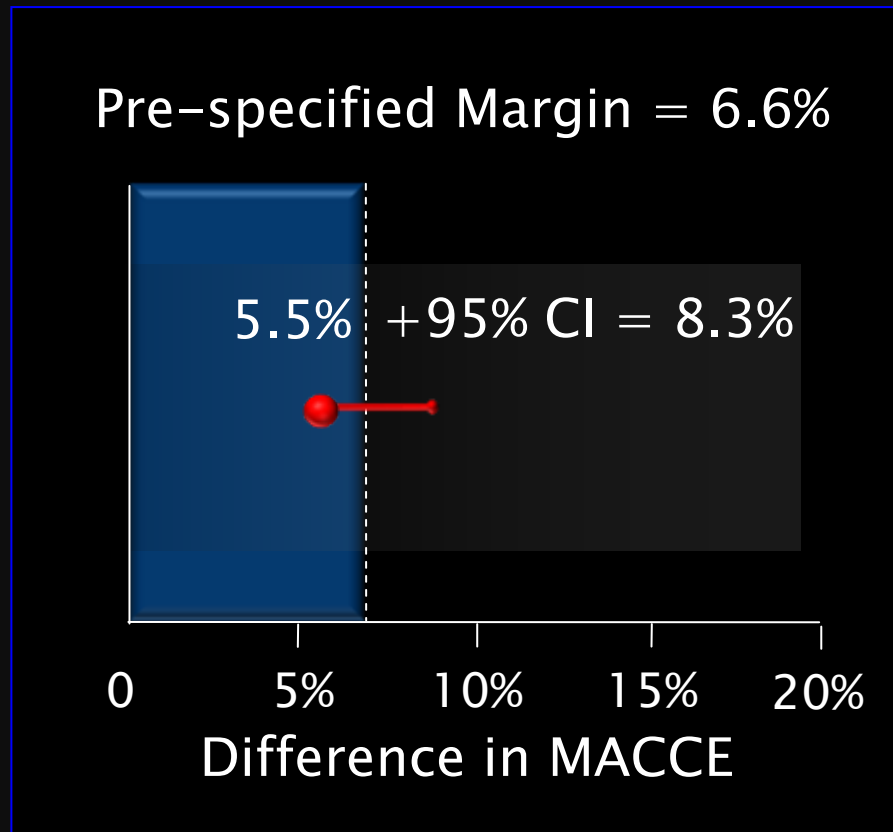
Randomized Arms
N=1800

Two Registry Arms
N=1275

SYNTAX Primary Endpoint

12-Month MACCE

Non-inferiority analysis

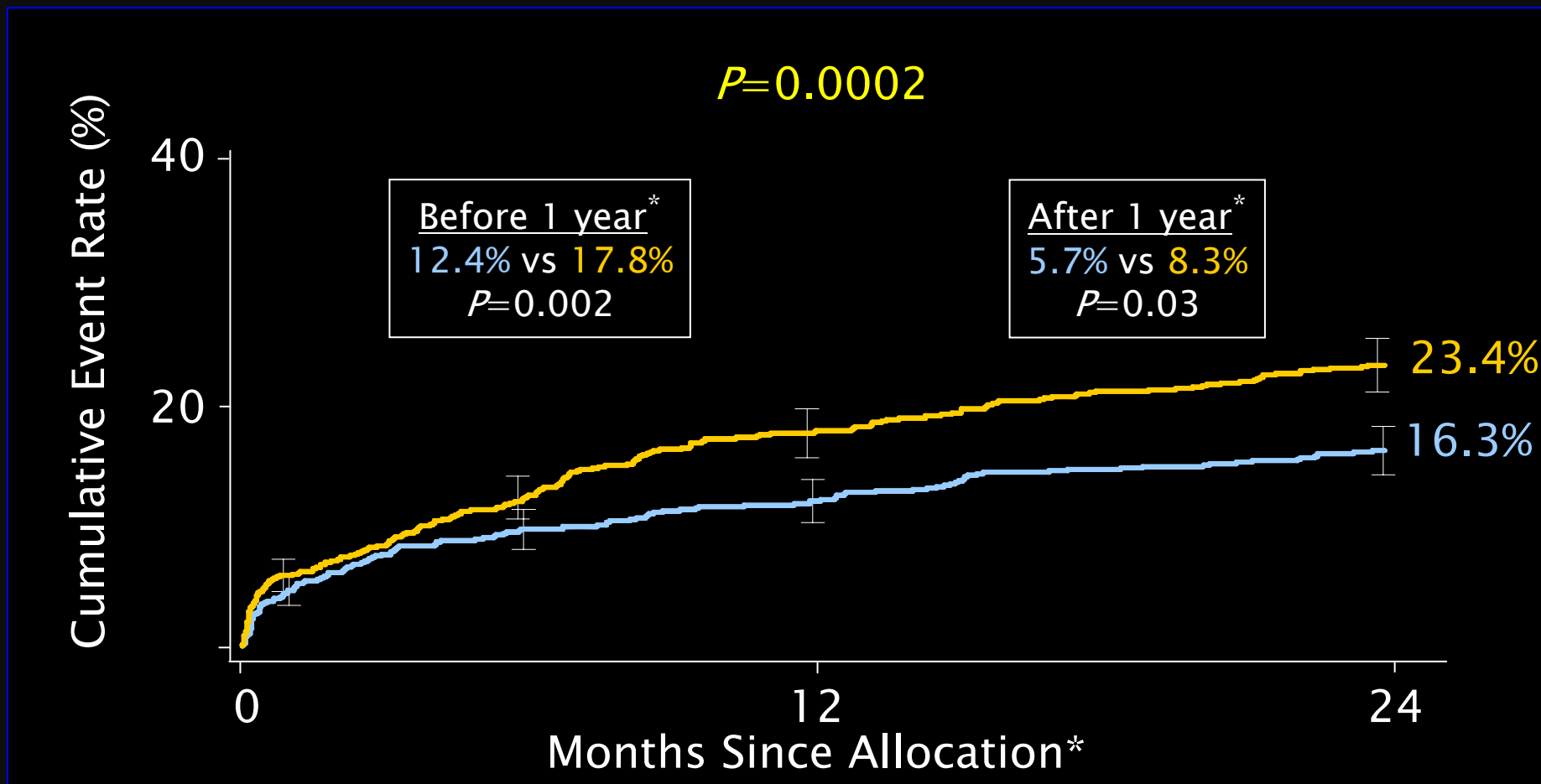


→ The criteria for non-inferiority comparison was not met for the primary endpoint, further comparisons for the LM and 3VD subgroups are observational only and hypothesis generating

SYNTAX MACCE to 2 Years

■ CABG (N=897)

■ TAXUS™ Express™ Stent (N=903)



Cumulative KM Event Rate \pm 1.5 SE; log-rank *P* value; *Binary rates

ITT population

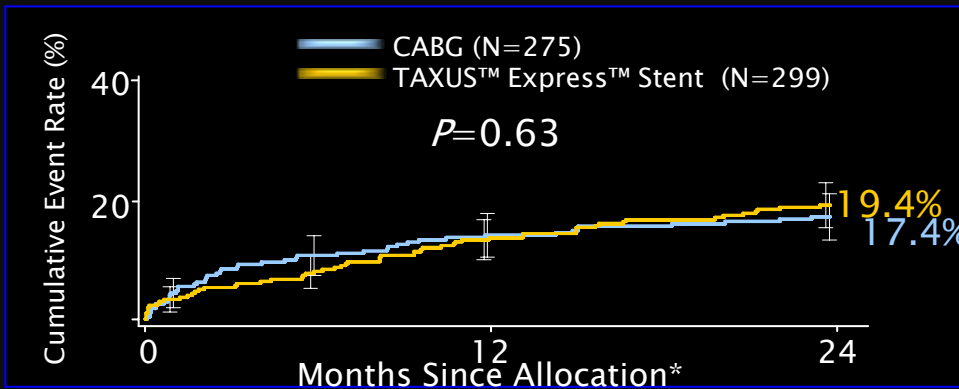
*Randomization

Presented at ESC September 2009 by A. Pieter Kappetein MD PhD

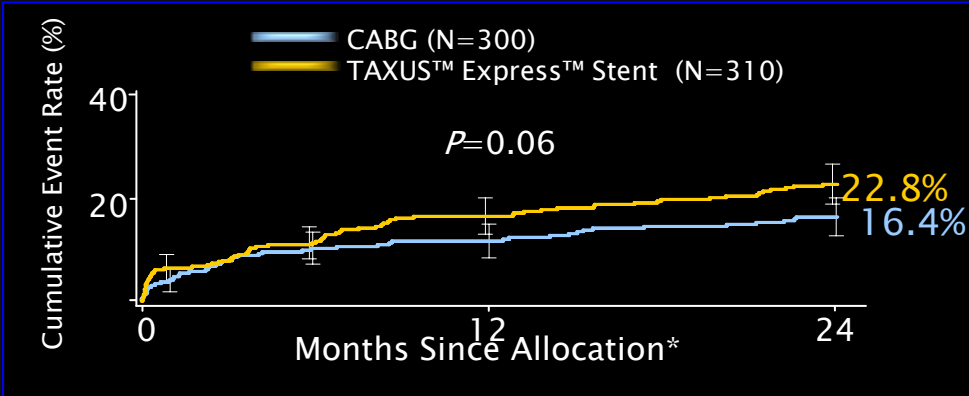
See Glossary for prescribing information

MACCE to 2 Years by SYNTAX Score™ Tercile

Low Scores (0-22)

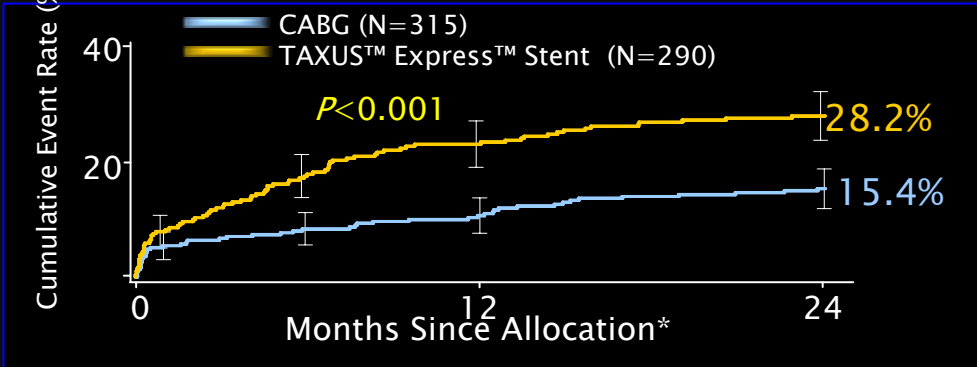


Intermediate Scores (23-32)



Cumulative KM Event Rate ± 1.5 SE; log-rank P value

High Scores (<32)



*Randomization

Presented at ESC September 2009 by A. Pieter Kappetein MD PhD

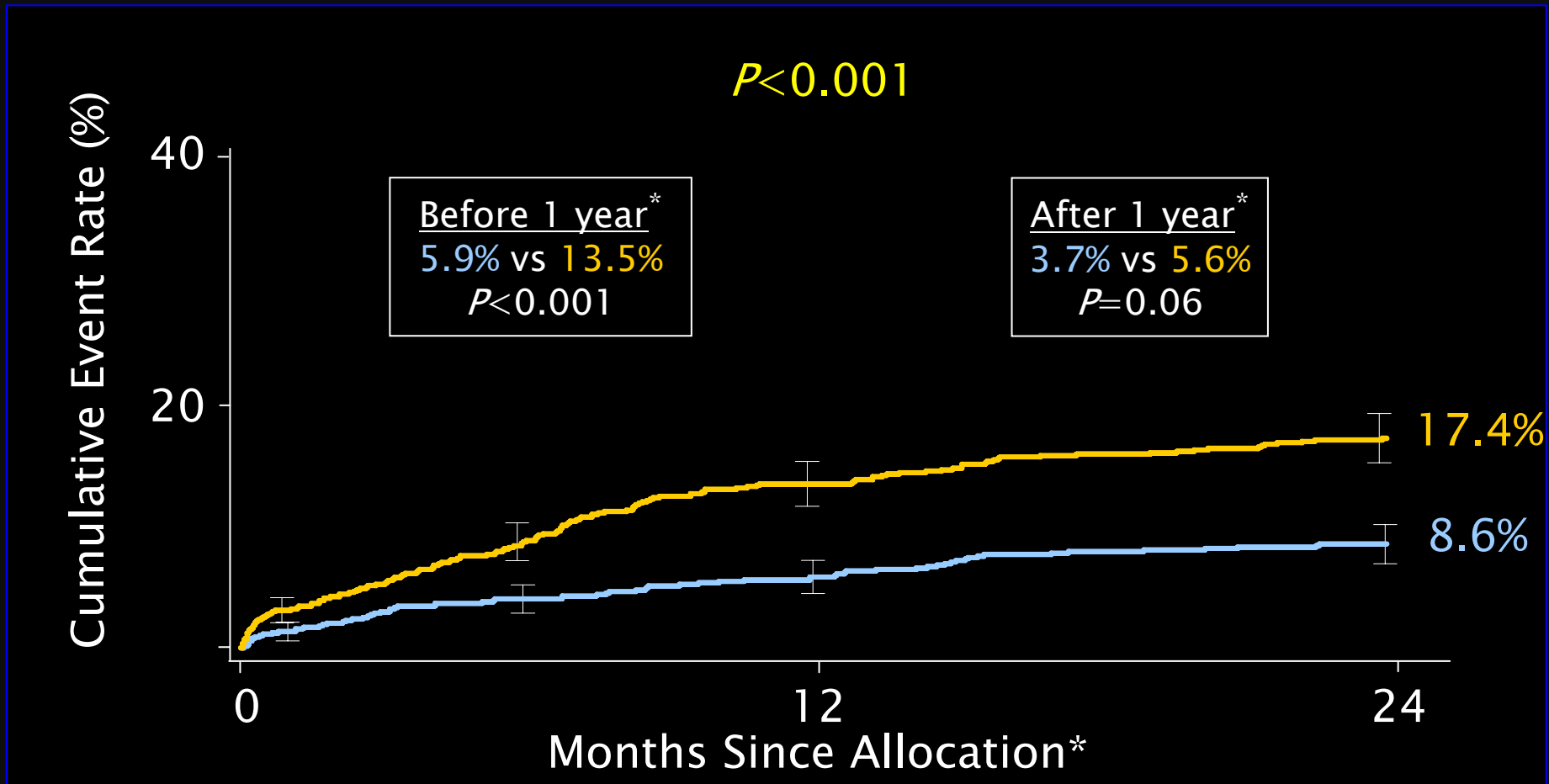
The SYNTAX Score™ is made possible by support from Boston Scientific Corporation and Cardialysis BV.

See Glossary for prescribing information

SYNTAX Repeat Revascularization to 2 Years

■ CABG (N=897)

■ TAXUS™ Express™ Stent (N=903)



Cumulative KM Event Rate \pm 1.5 SE; log-rank P value; *Binary rates

ITT population

*Randomization

Presented at ESC September 2009 by A. Pieter Kappetein MD PhD

See Glossary for prescribing information

SYNTAX 2 Year Outcomes Following Repeat Revascularization

Patients with Repeat Revascularization (n=224)

CABG Group
n=72
15% CABG/88% PCI

PCI Group
n=152
22% CABG/86% PCI

Patients with events post-first repeat revascularization*
N=15 (21%)

Death n=5 33%
MI n=1 7%
Revasc n=10 67%
ST n=1 7%

Death n=16 27%

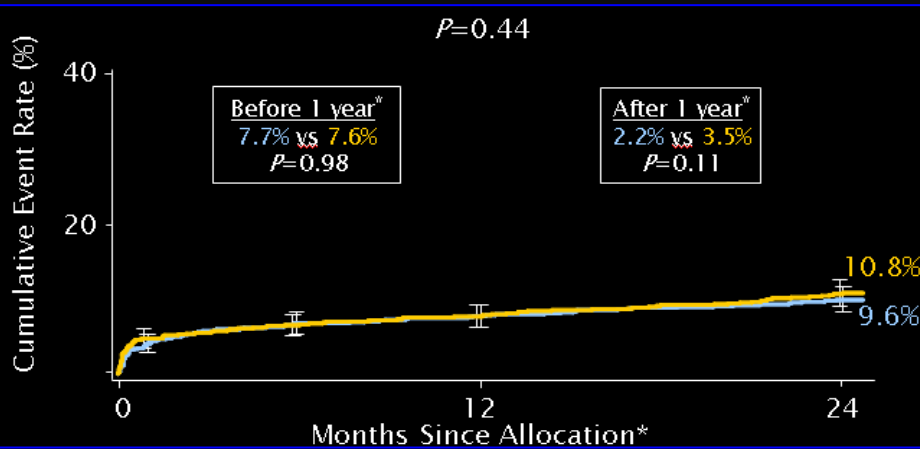
Revasc n=44 73%
ST n=9 15%

Cardiac Death
n=4
27%

*Events per patient; a patient may have had more than one event in each category

SYNTAX Safety Measures at 2 Years

All-Cause Death/CVA/MI

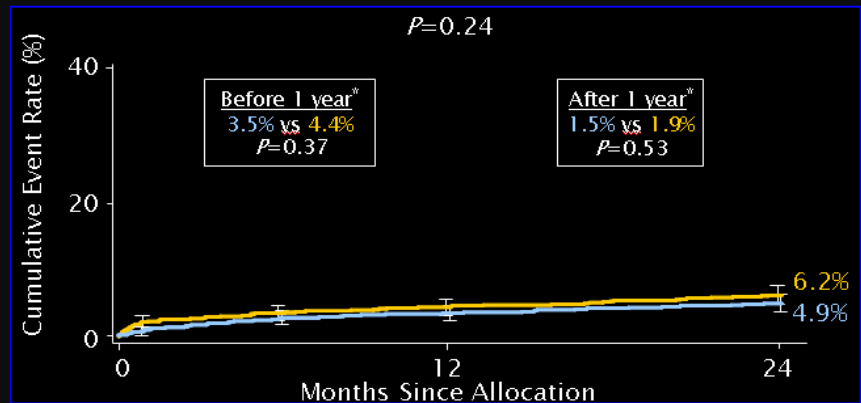


■ CABG (N=897) ■ TAXUS™ Express™ Stent (N=903)

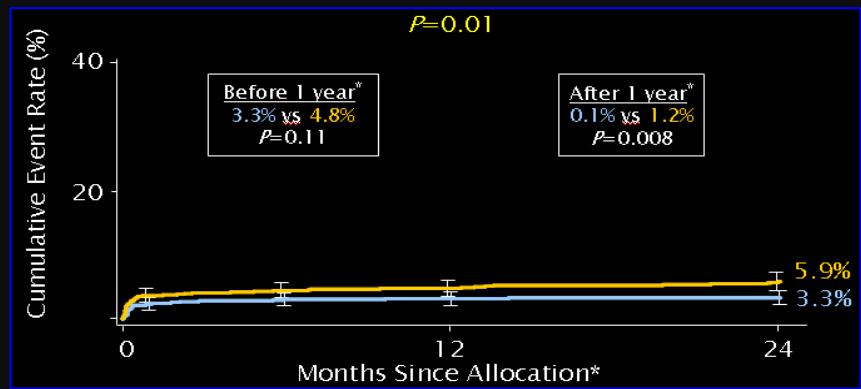
Cumulative KM Event Rate \pm 1.5 SE; log-rank P value; *Binary rates
Allocation = randomization

ITT population

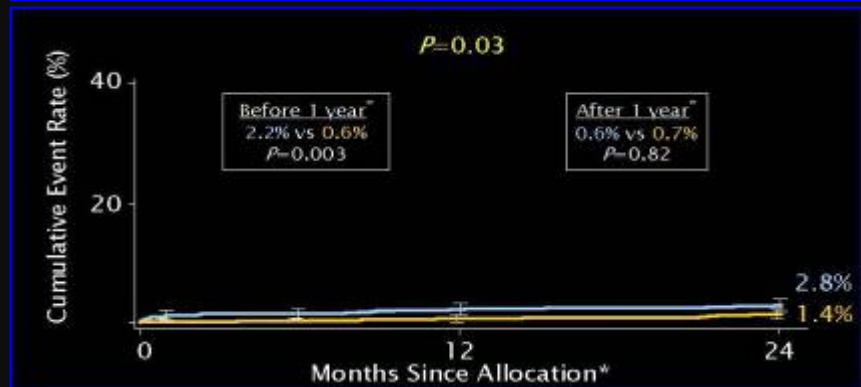
All Cause Death



Myocardial Infarction

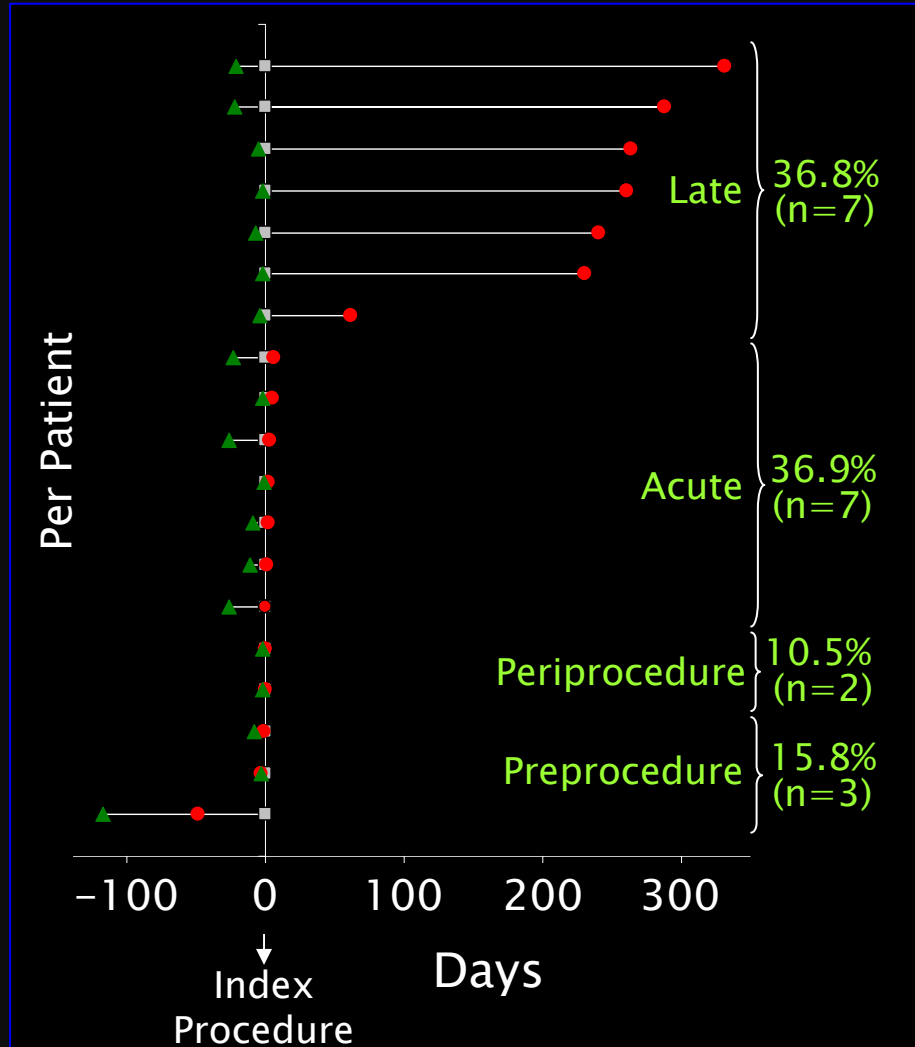


CVA (Stroke)

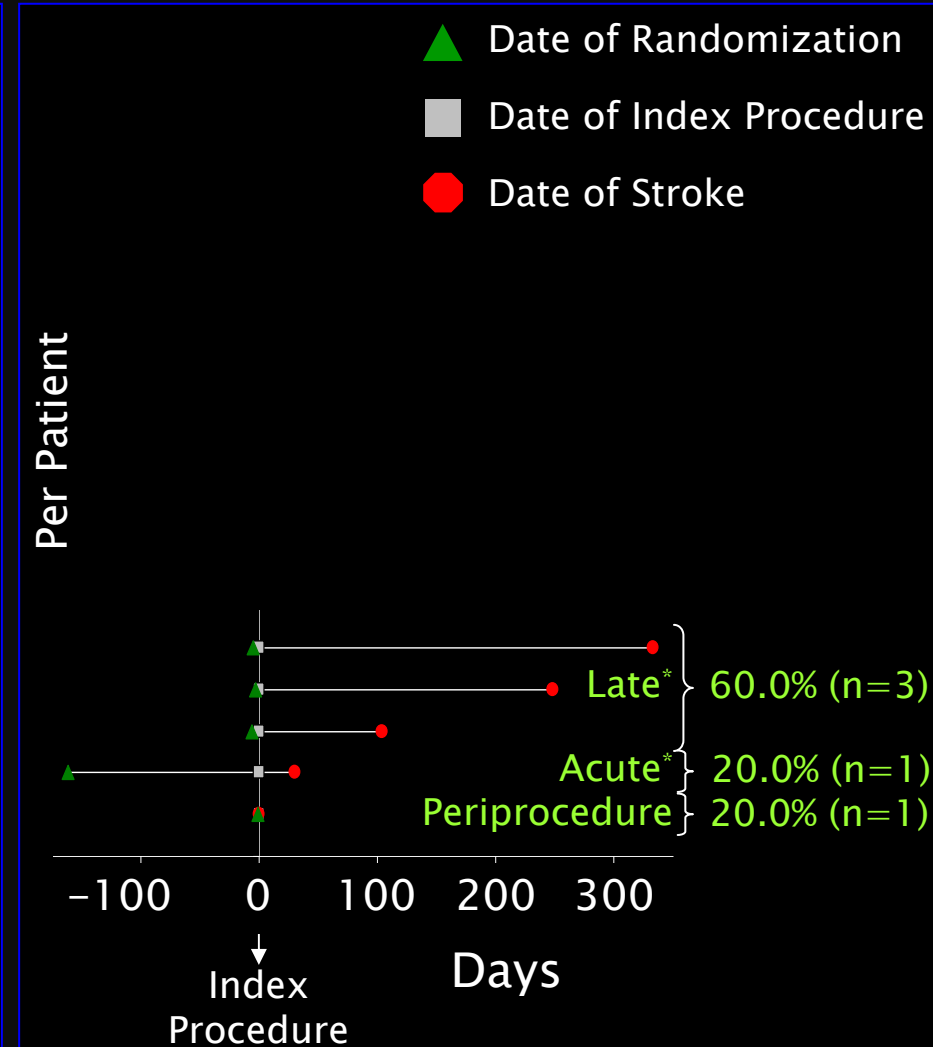


SYNTAX Timing of Stroke (Per Patient)

CABG Arm (n=19)



PCI Arm (n=5)

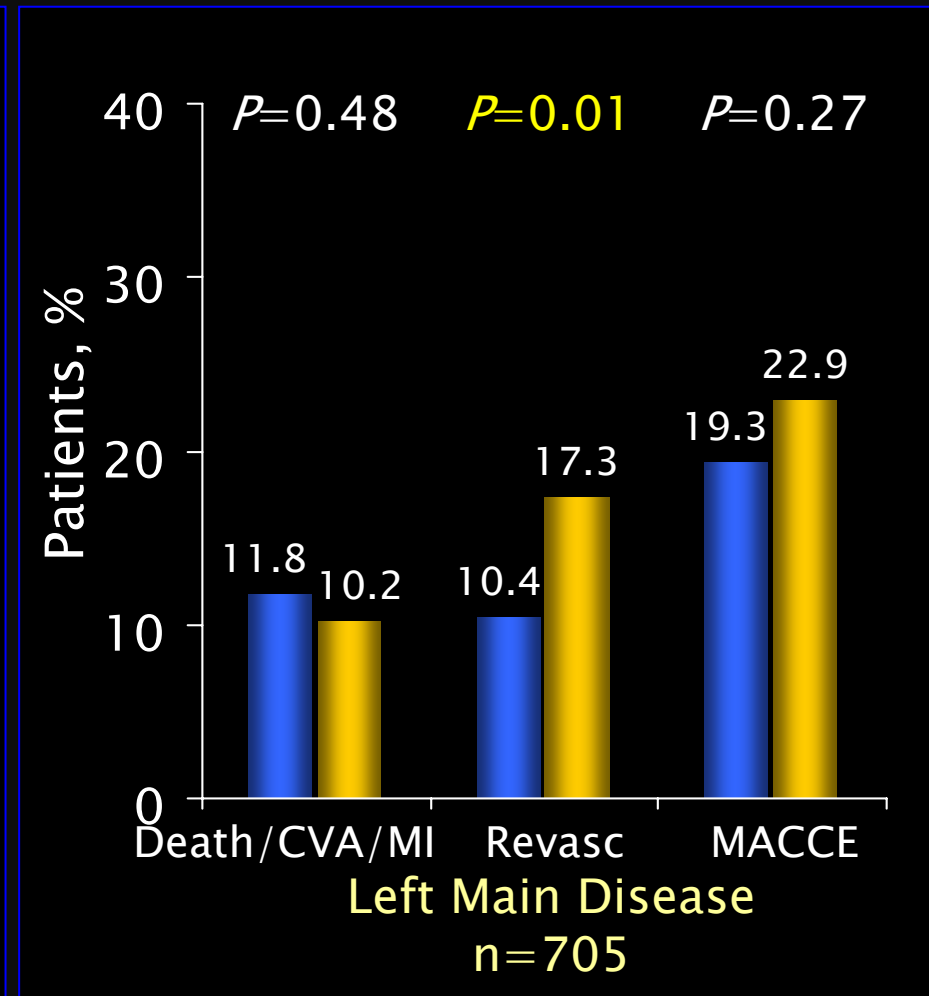
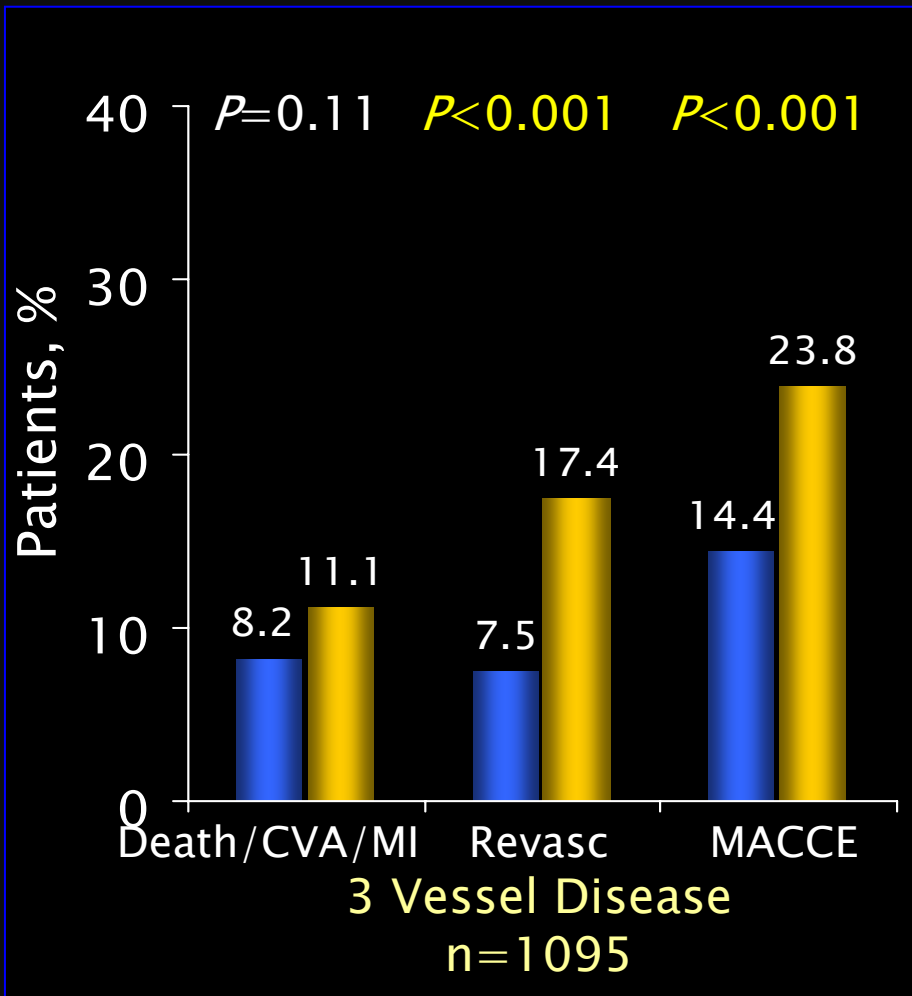


*Late: >30days; Acute: postprocedure to ≤30d

SYNTAX 3VD and LM Subgroups

2 Year Outcomes

■ CABG ■ TAXUS™ Express™ Stent

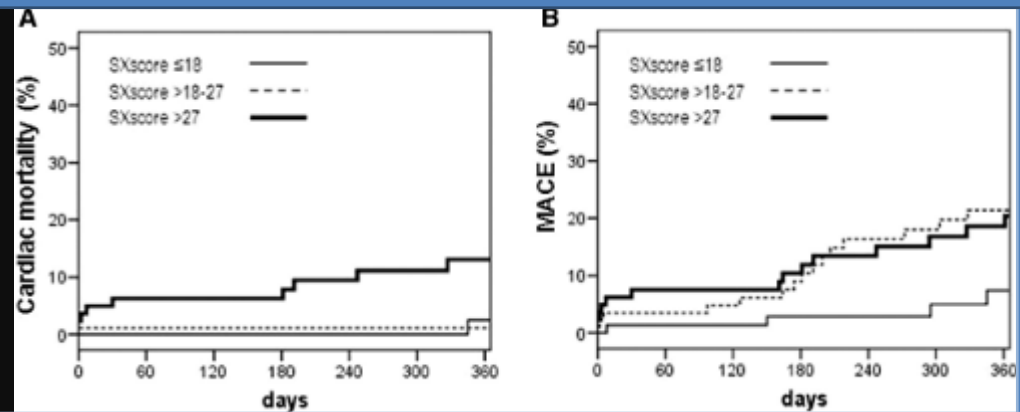


SYNTAX Score™ Examined at TCT 2009

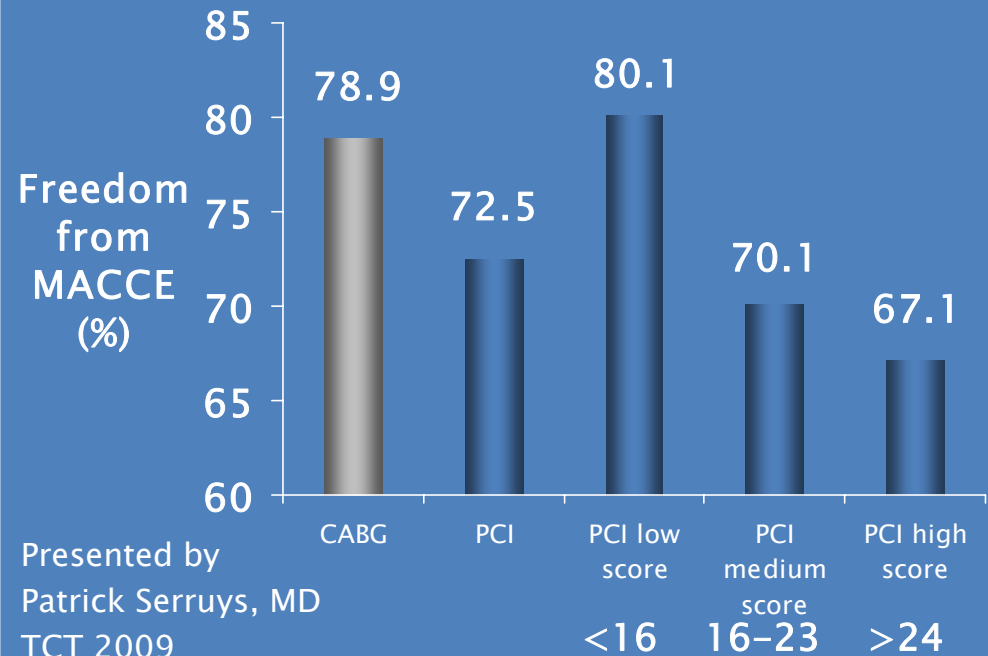
Usefulness of the SYNTAX Score for Clinical Outcome After Percutaneous Coronary Intervention of Unprotected Left Main Coronary Artery Disease

“Using classification tree analysis, discrimination levels of [SYNTAX Score] 34 and 37 were identified as the optimal cutoff to distinguish between patients at low and high risk of cardiac death and MACE, respectively.”

–Capodanno, et.al, *Circ Cardiovasc Intervent.* 2009;2:302–308. Presented TCT 2009



5-Year ARTS II Results Analyzed by SYNTAX Score Terciles



SYNTAX Score Reproducibility Study

–2009 study validates 2006 study

Mean difference between investigator score vs core lab core

2006: 2.1 ± 9.1

2009: 2.1 ± 7.6

Presented by Scot Garg, MD, TCT 2009

HORIZONS-AMI

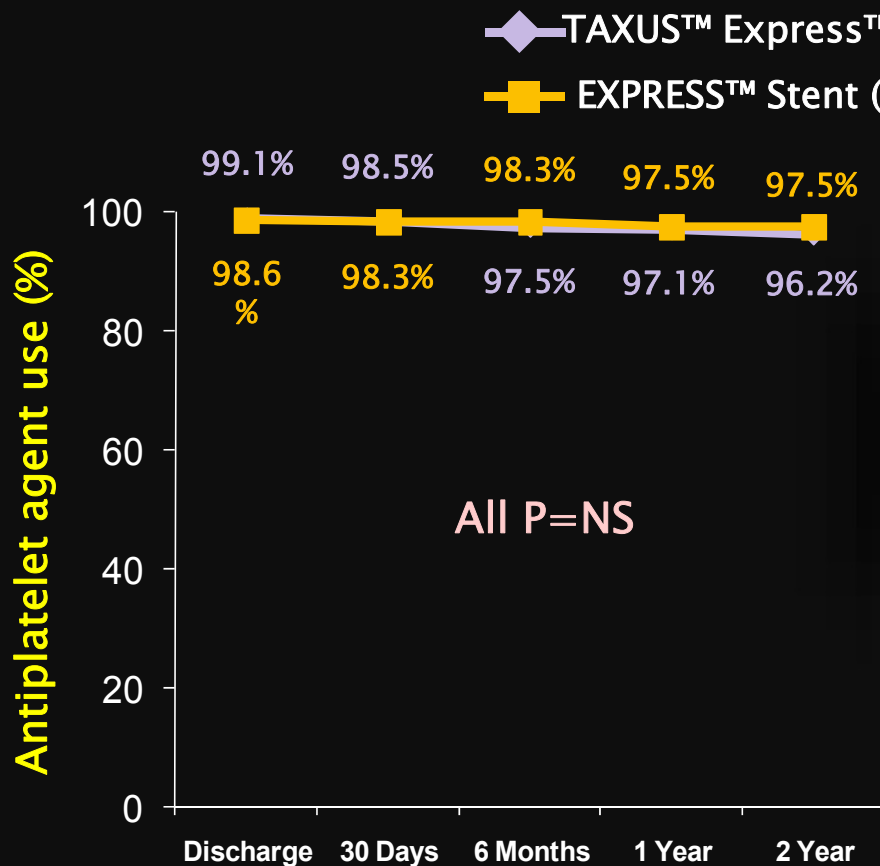
24-Month Clinical Results

Study Objective:	To evaluate the safety and efficacy of the TAXUS™ Express™ Stent and bare metal Express™ Stent in patients with STEMI undergoing primary PCI	
Efficacy Endpoint:	Ischemia-driven TLR (superiority)	
Safety Endpoint:	Safety MACE (death, reinfarction, stroke, or stent thrombosis; non-inferiority)	
Study Design:	Global, multi-center, prospective, randomized clinical trial	
Number of Patients:	TAXUS Express Stent	n=2,257
	Bare Metal Express Stent (3:1 randomization)	n=749
Presented By:	Gregg W. Stone, MD; TCT 2009	

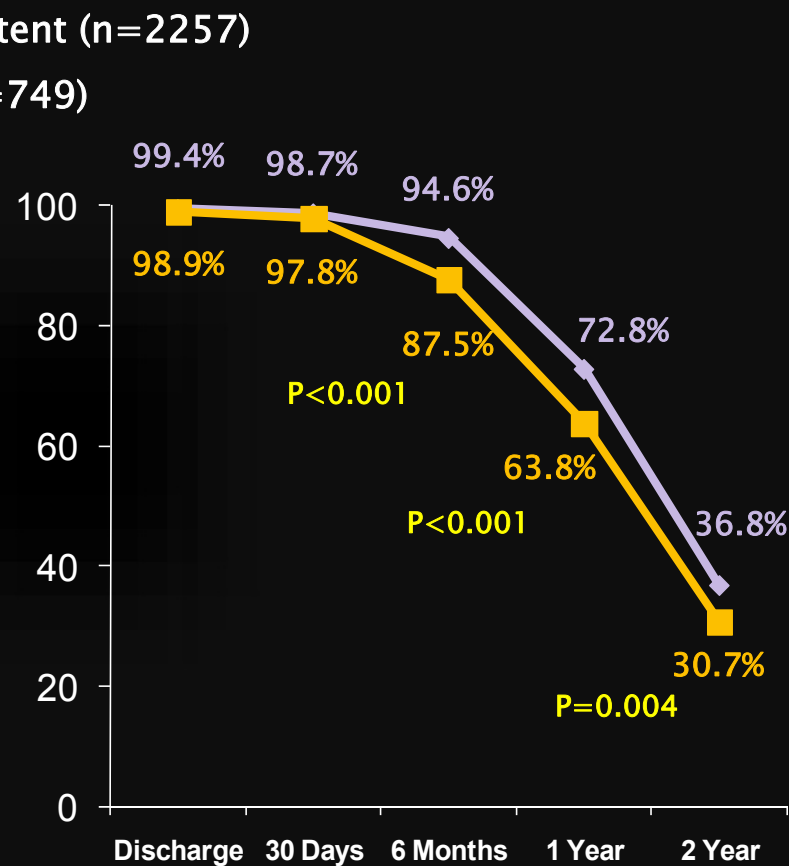
HORIZONS-AMI

Aspirin™ and Thienopyridine Use Stent Randomization

Regular* aspirin use (%)



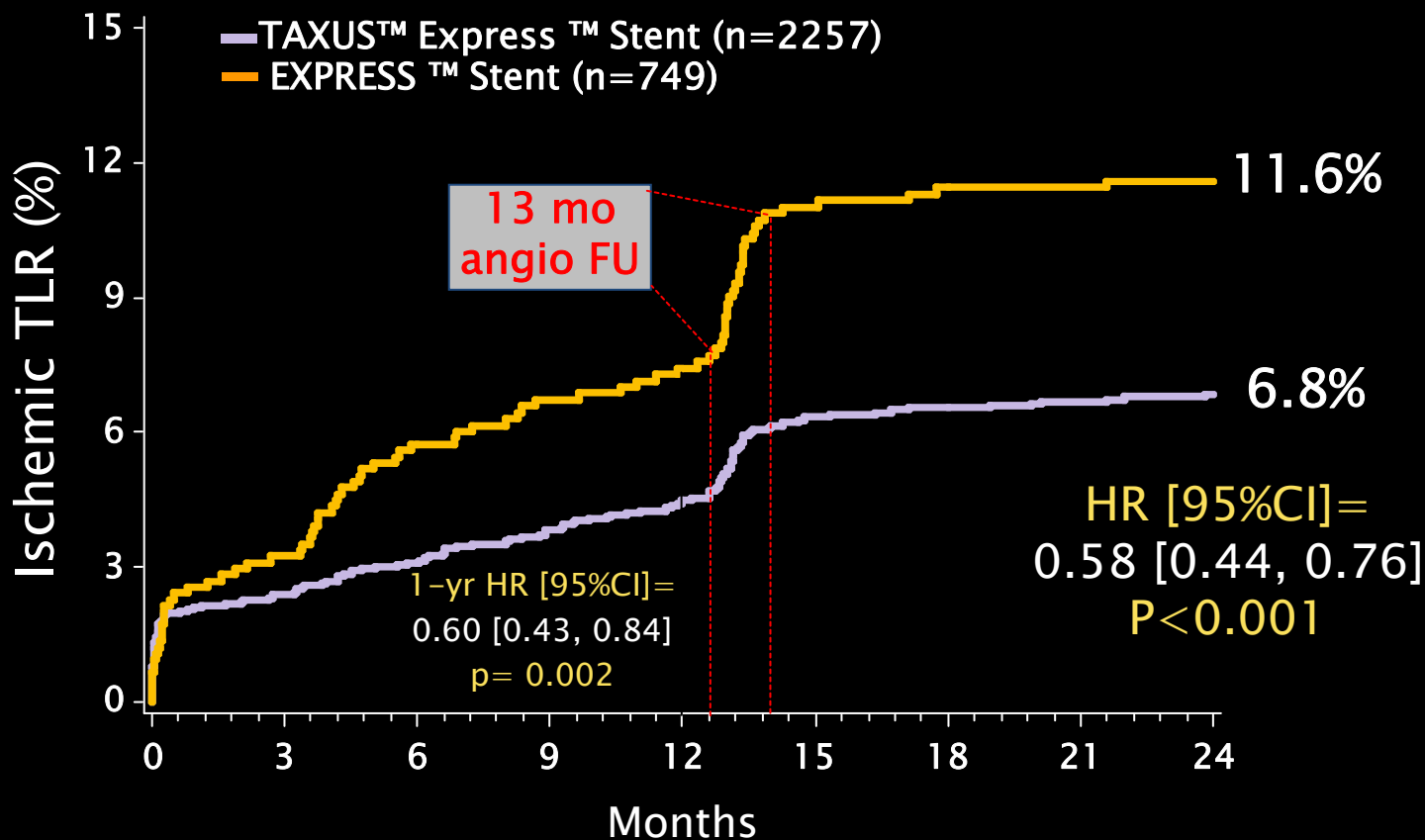
Regular* thieno. use (%)



*Taken >50% of days since last visit

HORIZONS – AMI

Primary Efficacy Endpoint: Ischemic TLR

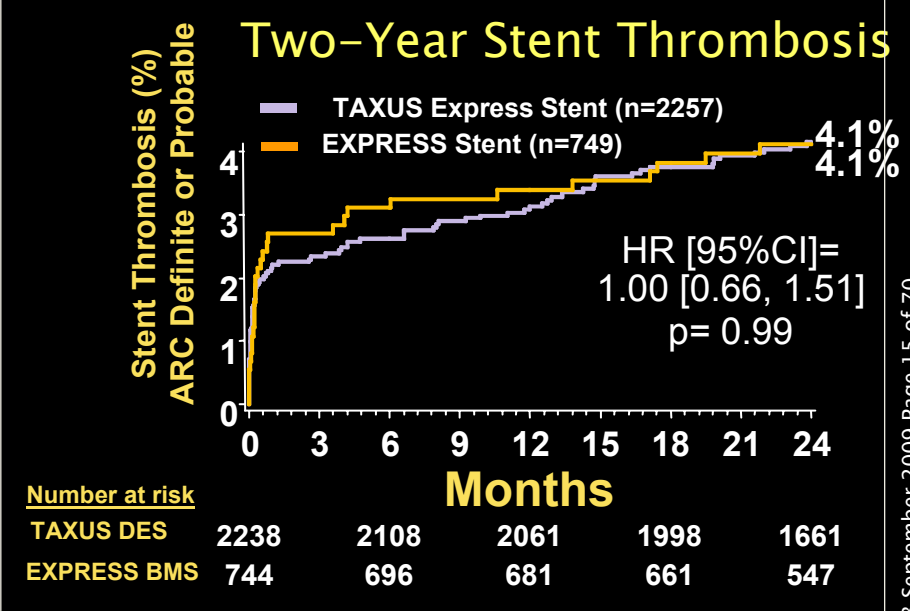
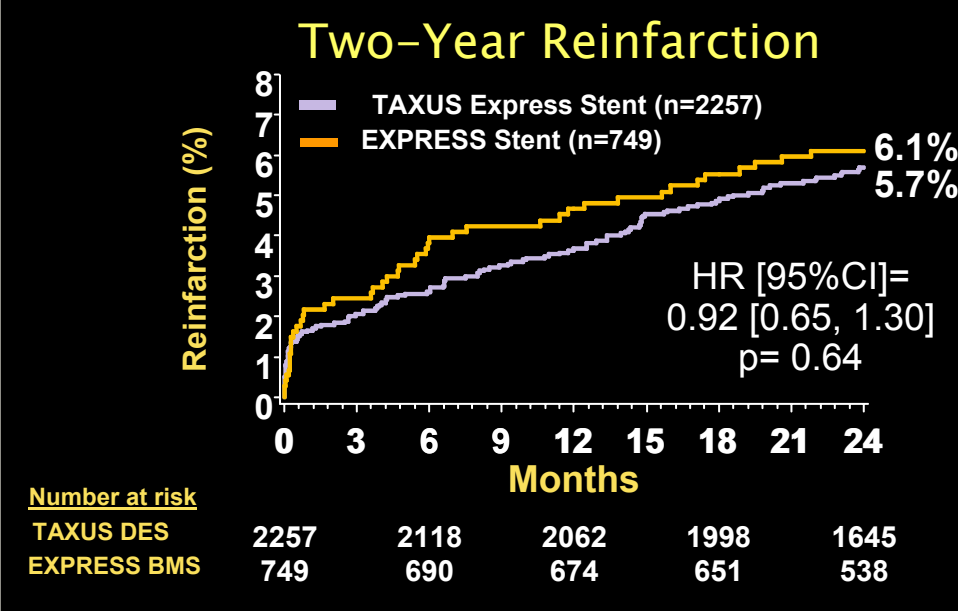
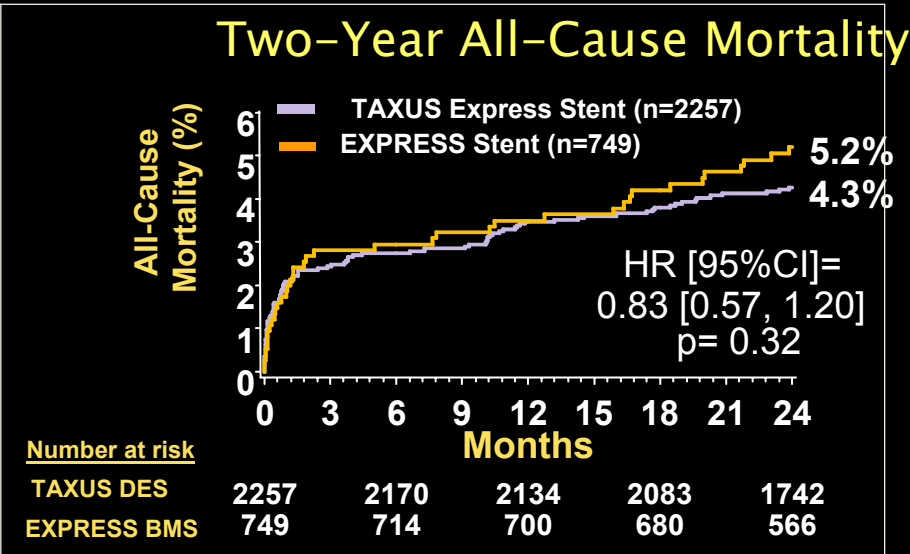
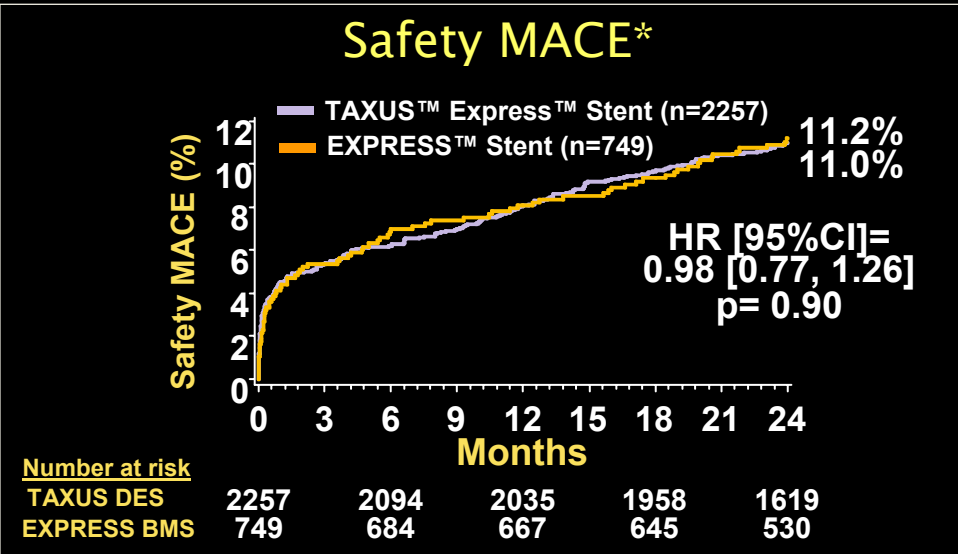


Number at risk

	0	3	6	9	12	15	18	21	24
TAXUS Express ²	2257	2115	2075	2035	2041	1949	1915	1880	1618
EXPRESS ²	749	685	625	565	654	611	575	540	507

HORIZONS - AMI

Primary Safety Endpoint: Safety MACE*



* Safety MACE = death, reinfarction, stroke, or stent thrombosis
See Glossary for prescribing information

TAXUS I, II (SR), IV, & V Meta Analysis

Final 5-Year Results

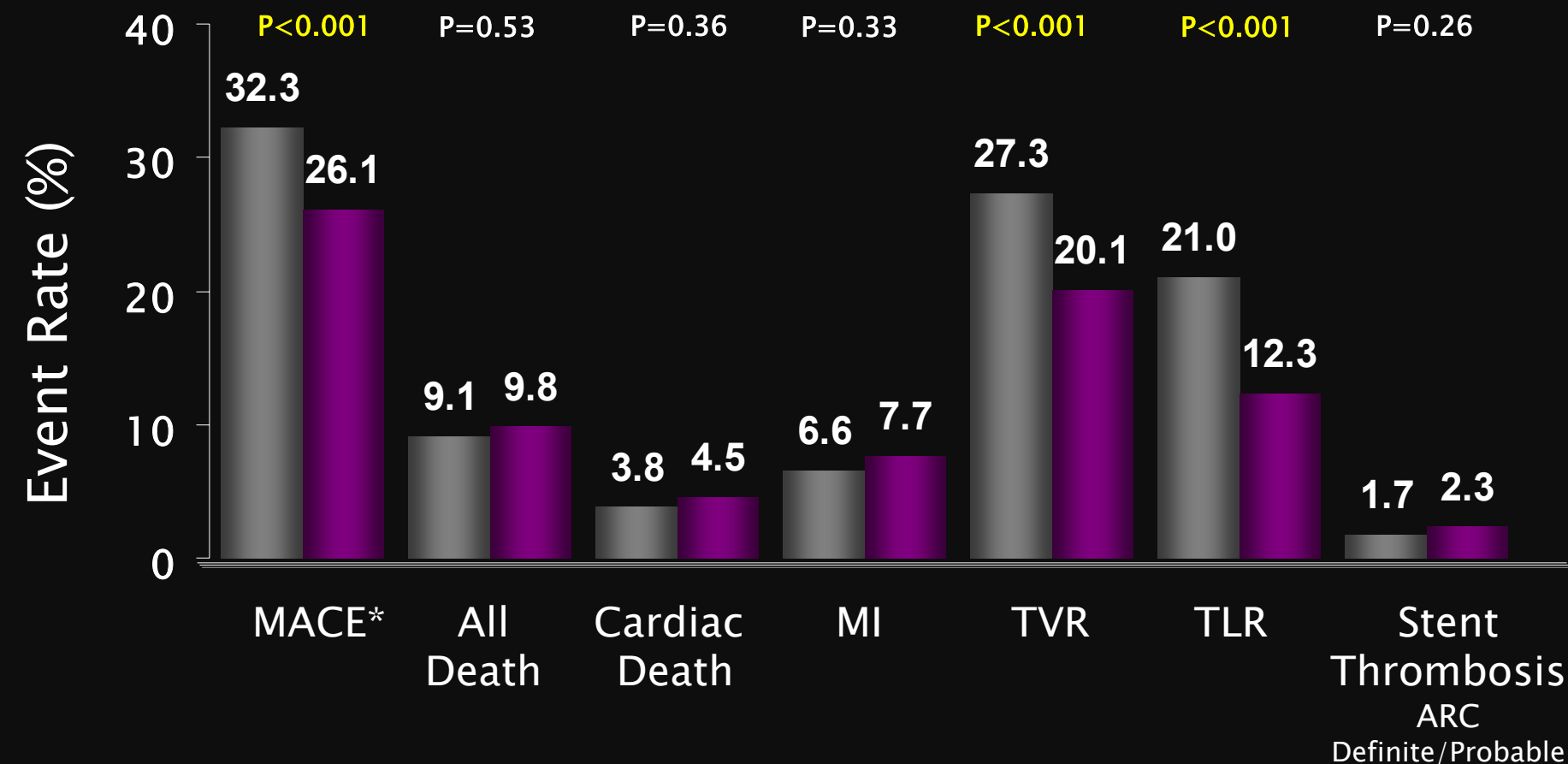
Study Objective:	To evaluate the long-term safety and effectiveness of the TAXUS™ Express™ Stent compared with a bare-metal stent in a pooled analysis of the TAXUS Clinical Trials (I, II (SR), IV & V)	
Study Design:	Global, prospective, randomized, multi-center trial	
Number of Patients:	TAXUS Express Stent	n = 1,400
	Bare-Metal Stent	n = 1,397
Presented by:	Gregg W. Stone, MD; TCT 2009	

TAXUS I, II (SR), IV, & V Meta Analysis

Final 5-Year Results

Control (N = 1397)

TAXUS™ Express™ (N = 1400)



*MACE = Death, MI, or TVR

Presented by: Gregg W. Stone, MD; TCT 2009

See Glossary for prescribing information

TAXUS™ Liberté™ and PROMUS™ Drug-eluting Stent Systems

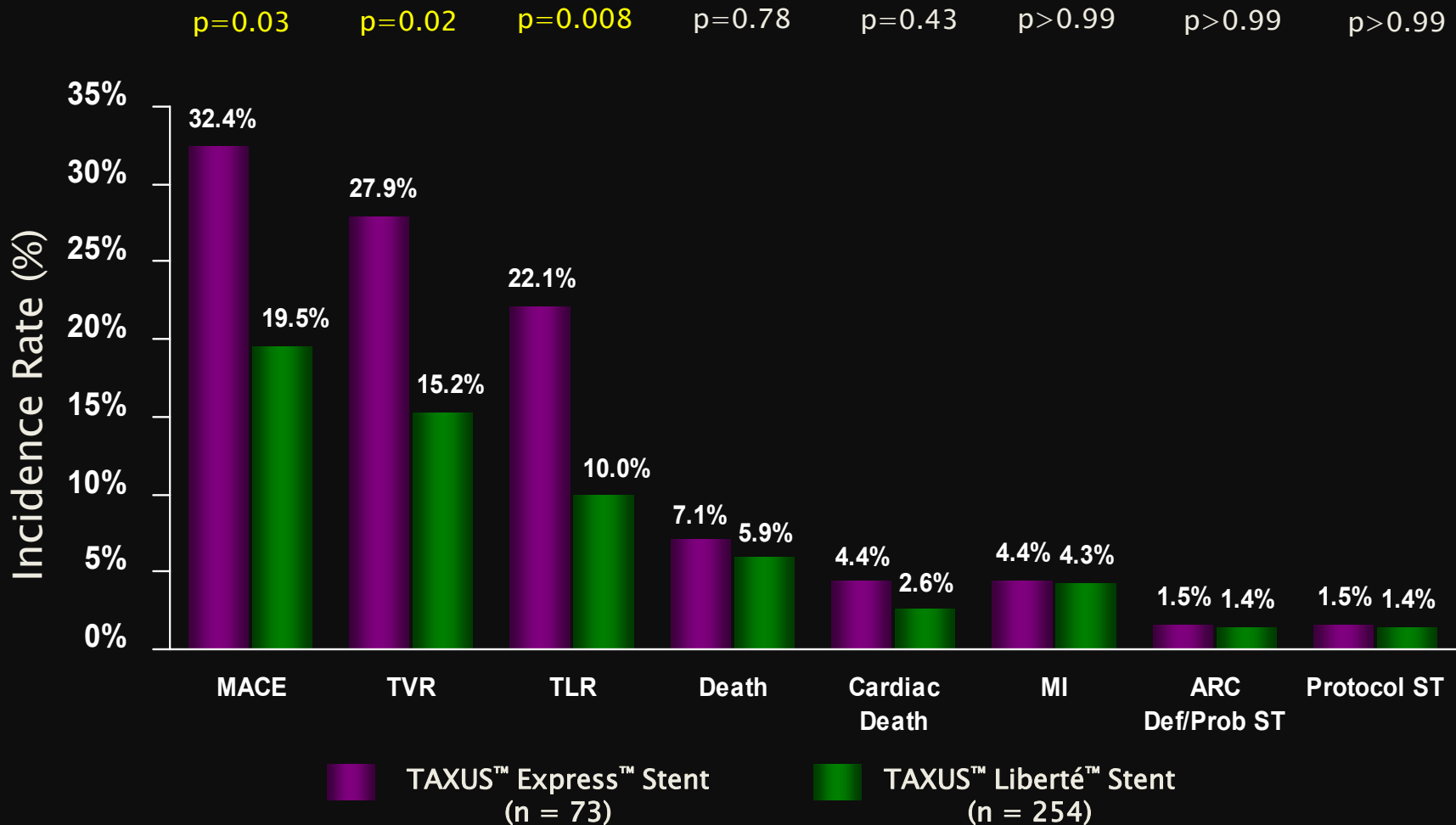
TAXUS ATLAS Small Vessel

3-Year Clinical Results

Study Objective:	To evaluate safety and effectiveness of the thin-strut TAXUS™ Liberté™ Stent compared with the earlier TAXUS™ Express™ Stent in patients with small vessels.	
Study Design:	Global, prospective, multi-center, single-arm historically controlled (TAXUS V) trial	
Number of Patients:	TAXUS Liberté Stent	n = 261
	TAXUS Express Stent	
	Historical Control	n = 75
Presented by:	Mark Turco, MD; TCT 2009	

TAXUS ATLAS Small Vessel Trial

3-Year Clinical Results



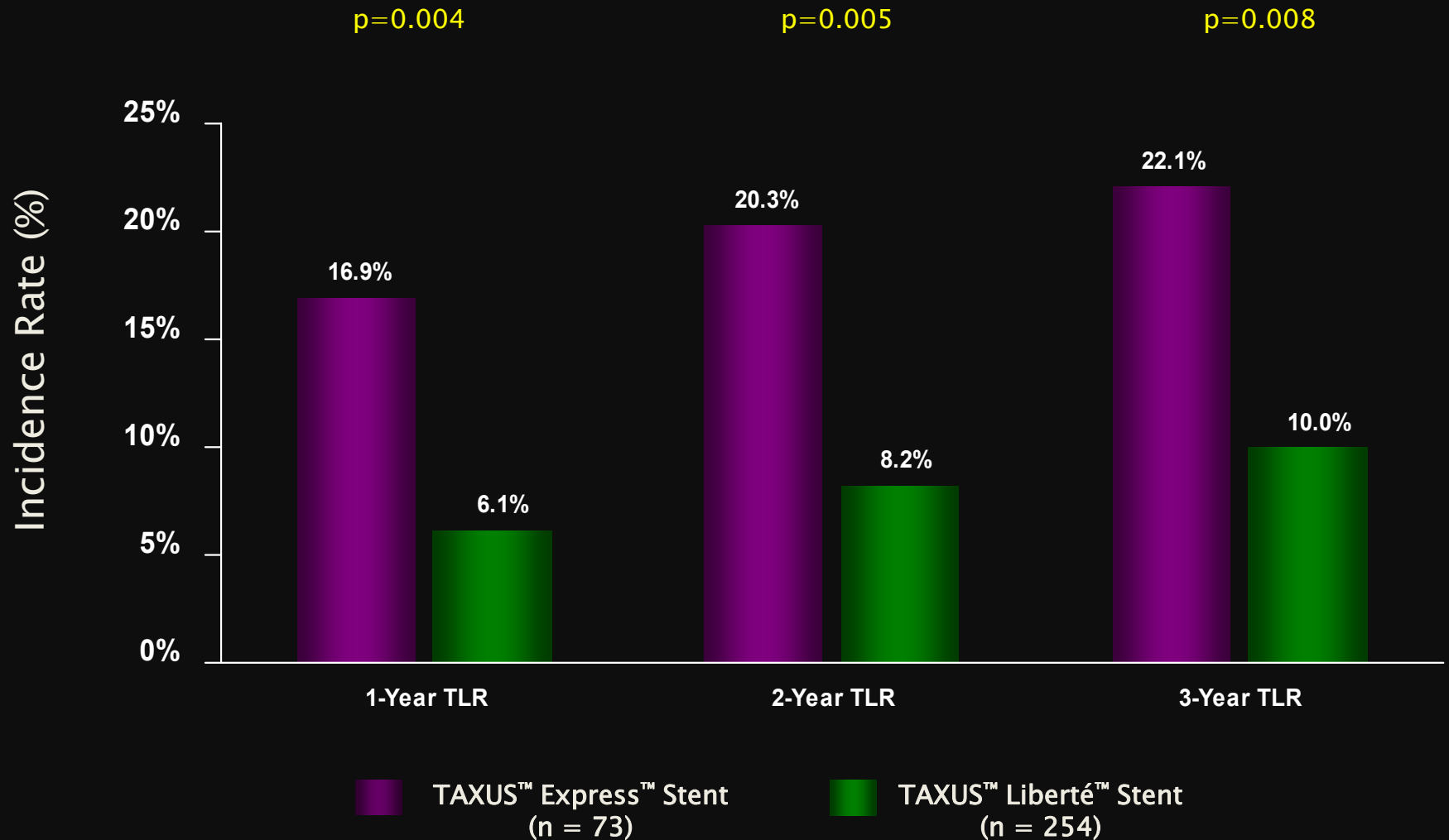
Binary Rates, Study Stent Population

Presented by Mark Turco, MD, TCT 2009.

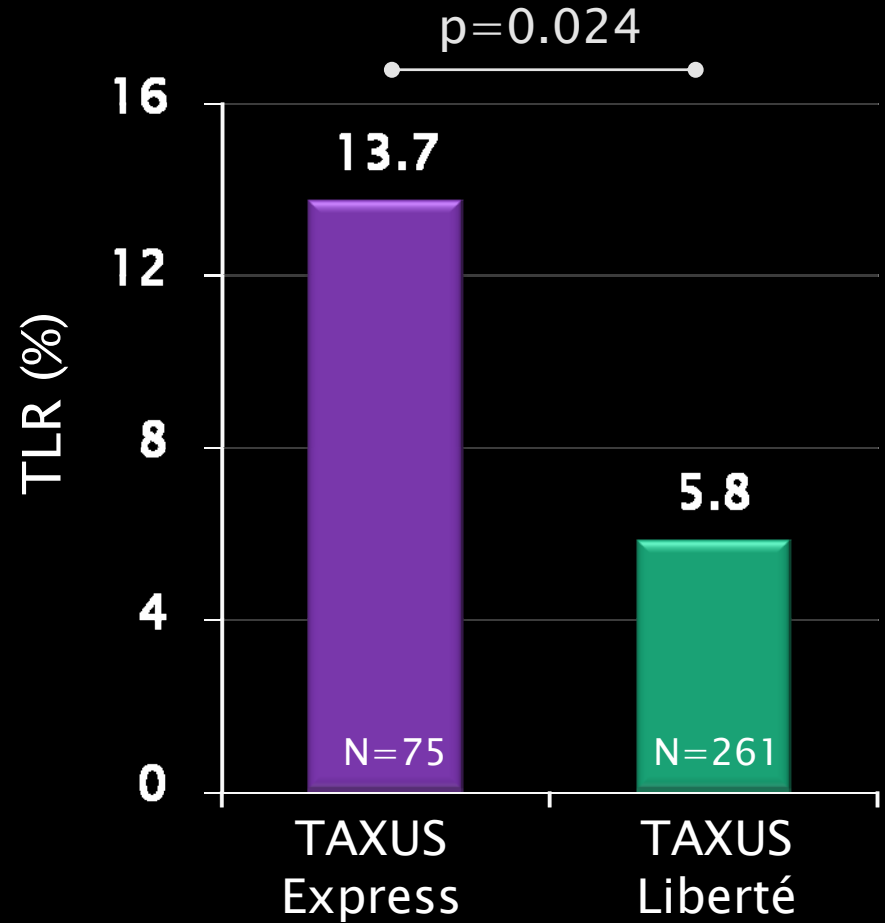
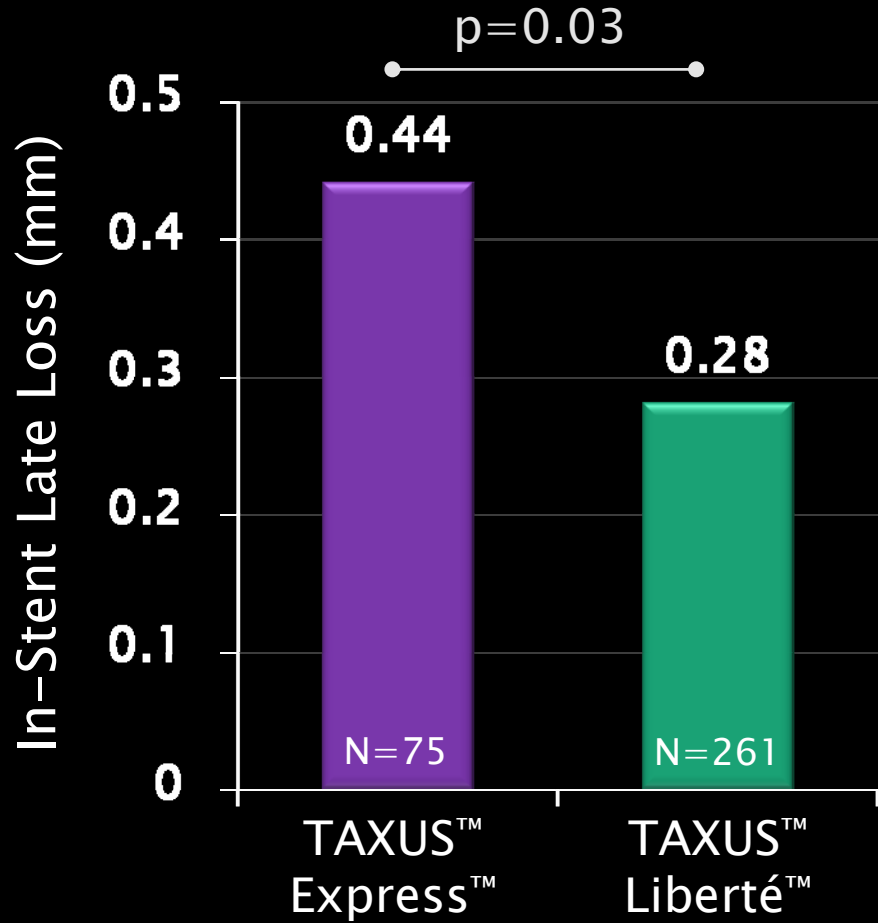
See Glossary for prescribing information

TAXUS ATLAS Small Vessel Trial

1, 2, and 3-Year TLR Results



TAXUS ATLAS Small Vessel Trial

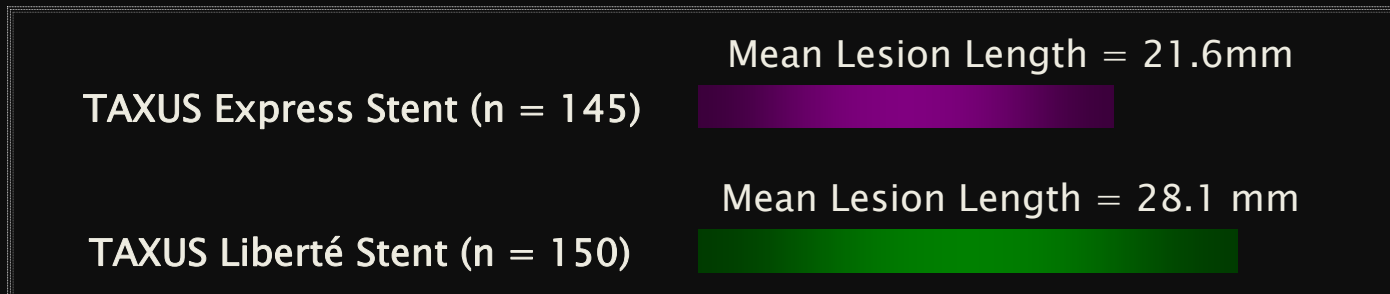


TAXUS ATLAS Long Lesion Trial

3-Year Clinical Results

Study Objective: To evaluate safety and effectiveness of the thin-strut TAXUS™ Liberté™ Long Stent compared with the earlier TAXUS™ Express™ Stent in patients with long lesions

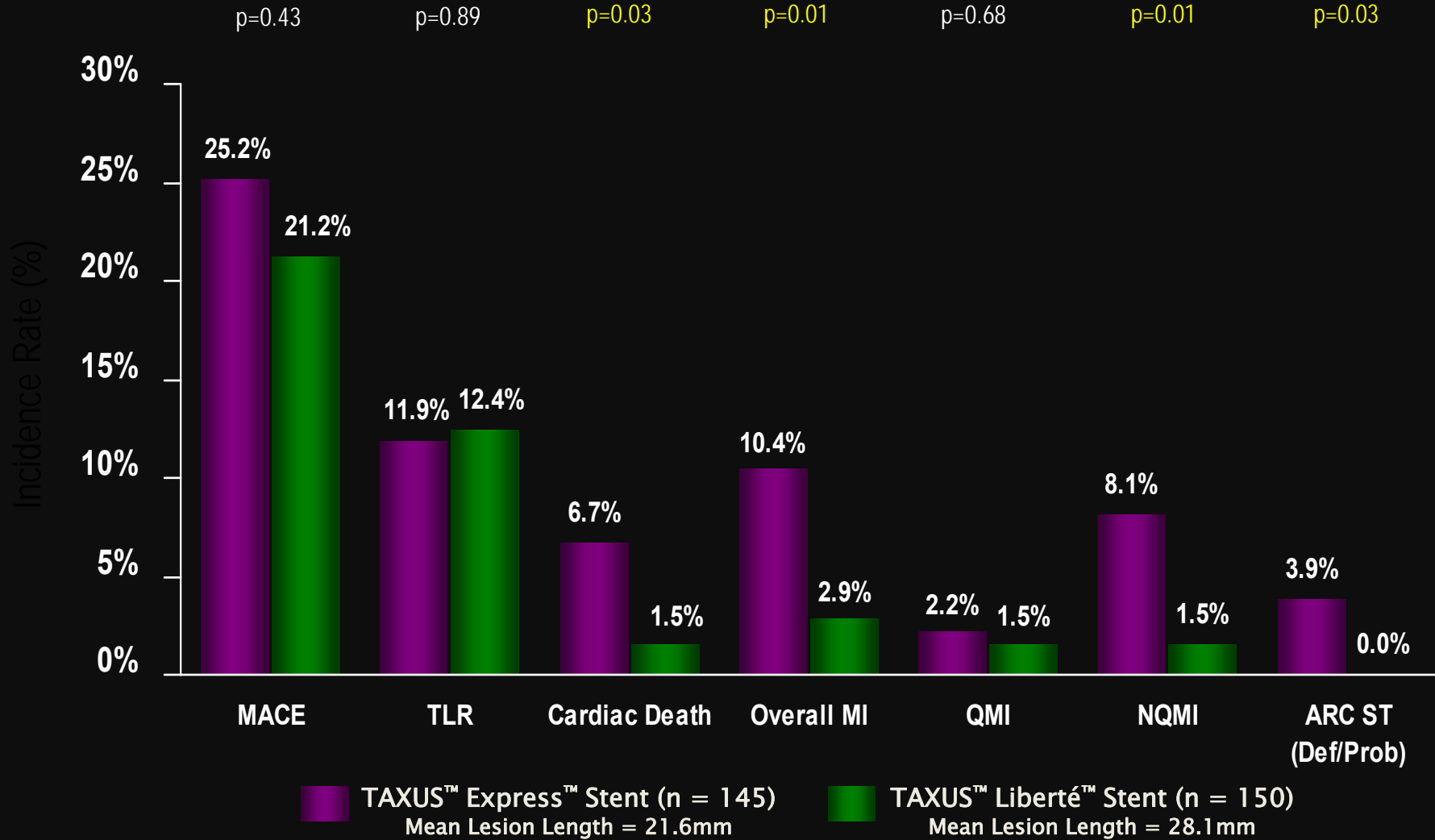
Study Design: Global, prospective, multi-center, single-arm historically controlled (TAXUS IV and TAXUS V) trial



Presented By: Mark Turco, MD; TCT 2009

TAXUS ATLAS Long Lesion Trial

3-Year Clinical Results



Binary Rates, Study Stent Population

Presented by Mark Turco, MD, TCT 2009.

See Glossary for prescribing information

Clinical Trial Key Points

TAXUS, ATLAS, and SPIRIT Programs

- The TAXUS™ Express™ Stent established superiority over the bare-metal Express™ stent in the TAXUS clinical program
- The TAXUS Express²™ Stent System is now discontinued
- The second generation TAXUS™ Liberte™ Stent System has been clinically compared to the TAXUS Express² Stent System in the ATLAS clinical program
 - TAXUS Liberte clinically outperformed TAXUS Express in MI and TLR rates
- The PROMUS™ Stent System has been clinically compared to the TAXUS Express² Stent System in the SPIRIT III and IV clinical trials

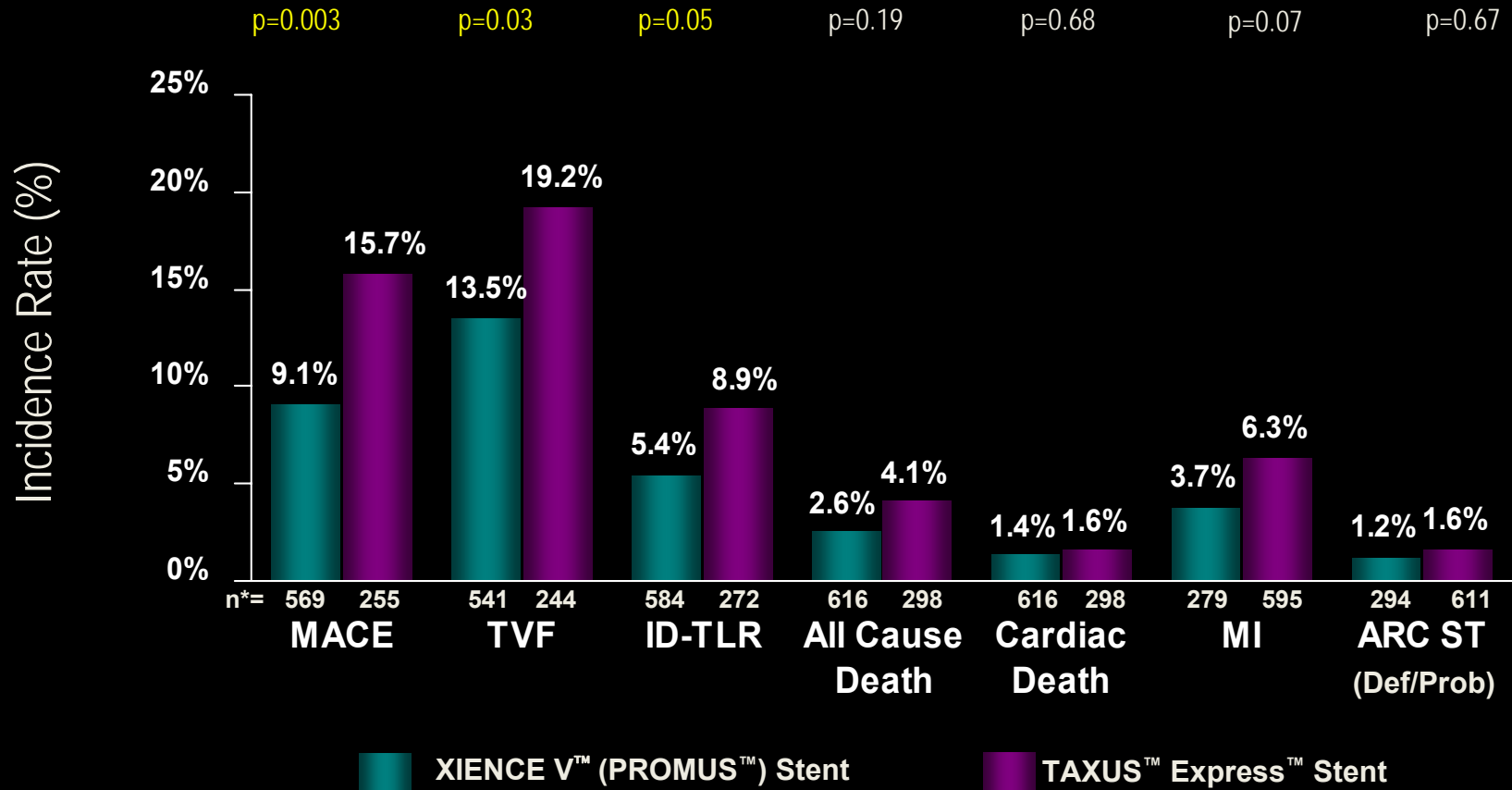
SPIRIT III Trial

3-Year Clinical Results

Study Objective:	To evaluate the safety and efficacy of the PROMUS™ (XIENCE V™) Stent compared to the TAXUS™ Express™ Stent	
Study Design:	Prospective, randomized (2:1), single-blind, non-inferiority	
Primary Endpoint:	Angiographic in-stent late loss at 8 months	
Co-Primary Endpoint:	Ischemia-driven TVF (Composite of cardiac death, all MI or ischemia-driven TVR) at 9 months	
Number of Patients:	TAXUS Express Stent	n = 333
	PROMUS (XIENCE V) Stent	n = 669
Number of Sites:	65 Sites (U.S.)	
Presented By:	Gregg W. Stone, MD; TCT 2009	

SPiRiT III Trial

3-Year Clinical Results

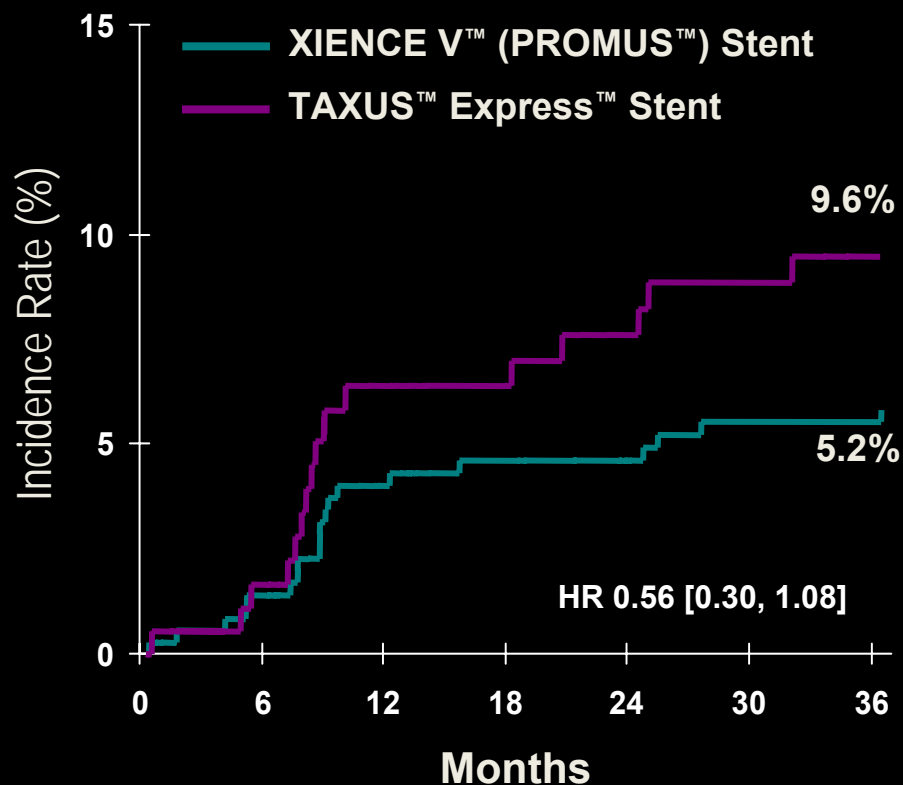


Kaplan-Meier rates. *n=patients at risk
 Presented by Gregg W. Stone, MD, TCT 2009. The PROMUS Stent is a private-labeled XIENCE V Everolimus Eluting Coronary Stent System manufactured by Abbott and distributed by Boston Scientific Corporation. XIENCE V is a trademark of Abbott Laboratories group of companies. SPiRiT is sponsored by Abbott. TVF = Cardiac Death, MI or Ischemia Driven TVR. MACE = Cardiac Death, MI or Ischemia-driven TLR.
 See Glossary for prescribing information

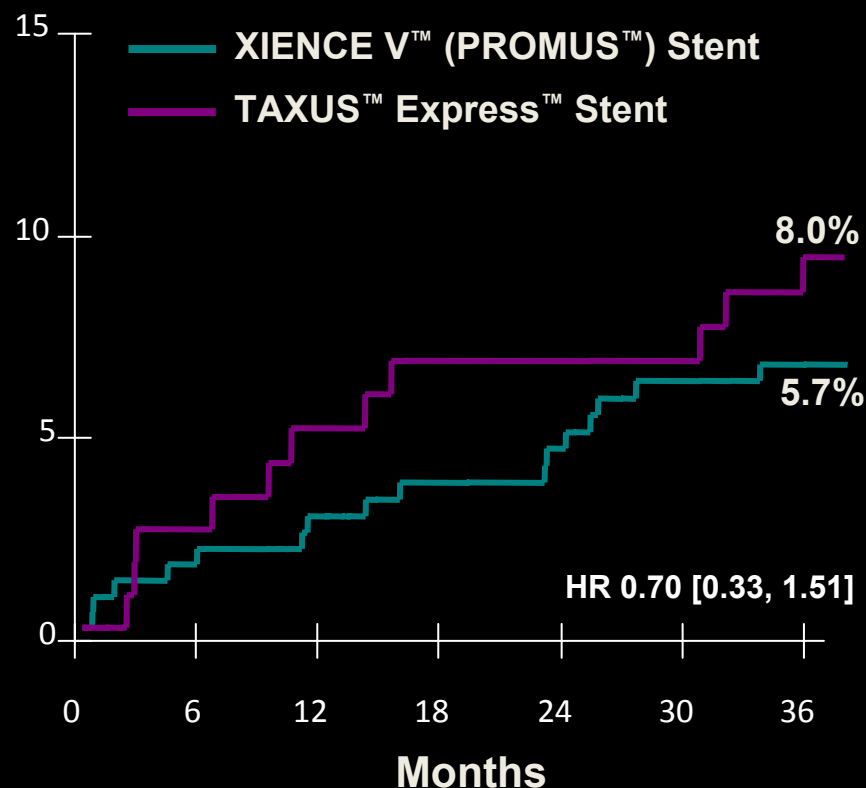
SPIRIT III Trial

3-Year Angio and Non-Angio TLR Results

**3-Year TLR Rates
Angiographic FU Group (n=522)**



**3-Year TLR Rates
No Angiographic FU Group (n=412)**



Number at risk

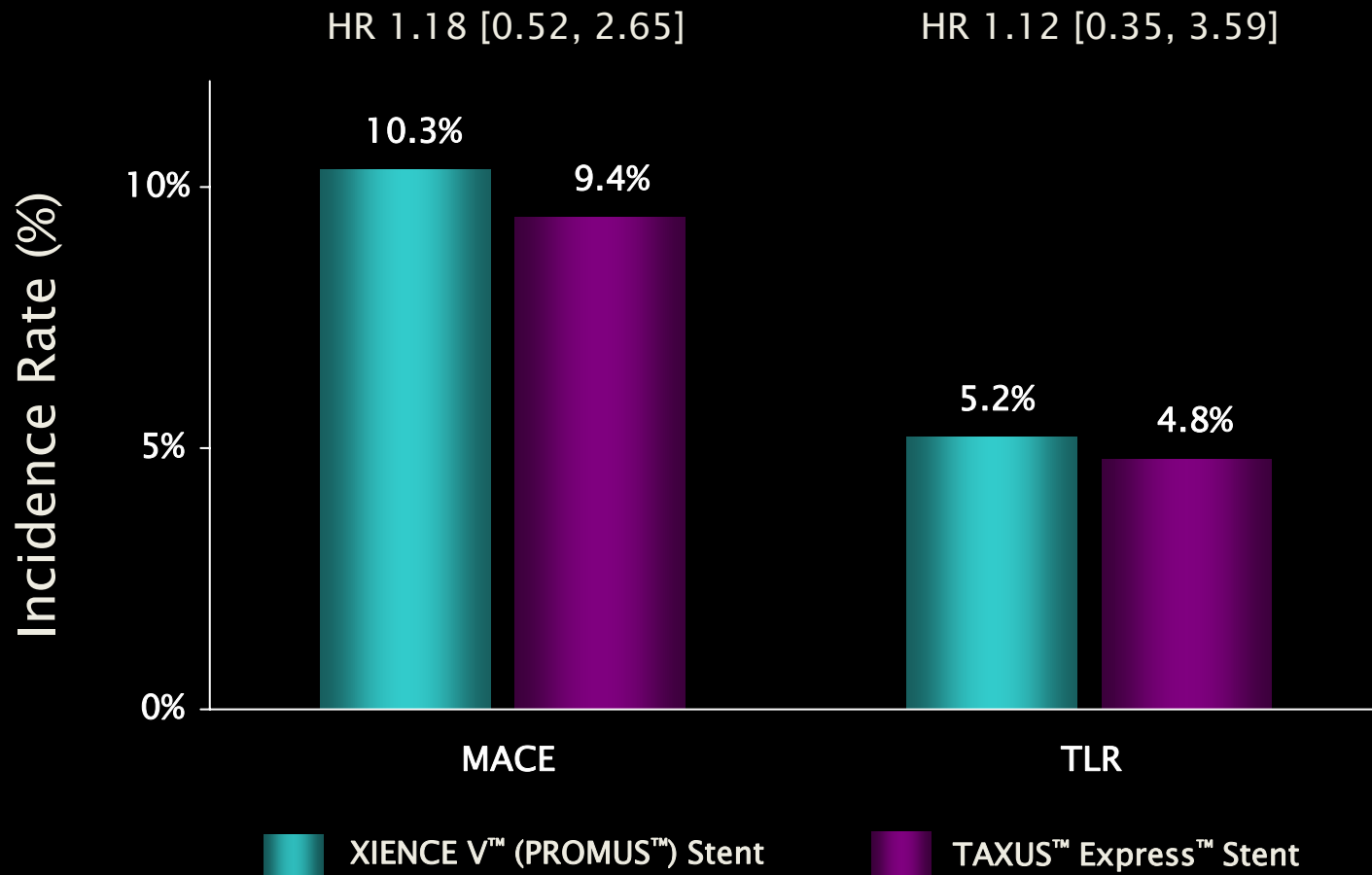
XIENCE V/PROMUS	376	366	348	341	332	329	329
TAXUS Express	187	180	166	157	154	152	149

Number at risk

XIENCE V/PROMUS	293	285	275	268	262	258	255
TAXUS Express	145	137	131	128	127	125	123

SPIRIT III Trial Diabetic Subset Analysis

3-Year MACE and TLR Results



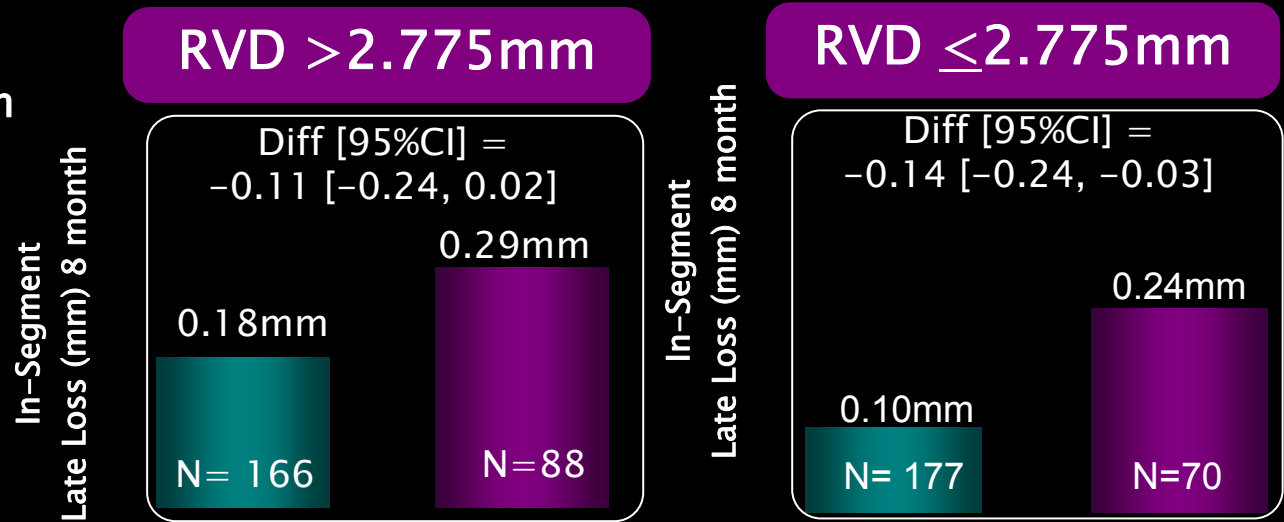
Kaplan–Meier rates. n=patients at risk

Presented by Gregg W. Stone, MD, TCT 2009. The PROMUS Stent is a private-labeled XIENCE V Everolimus Eluting Coronary Stent System manufactured by Abbott and distributed by Boston Scientific Corporation. XIENCE V is a trademark of Abbott Laboratories group of companies SPIRIT is sponsored by Abbott.. MACE = Cardiac Death, MI or Ischemia-driven TLR. See Glossary for prescribing information

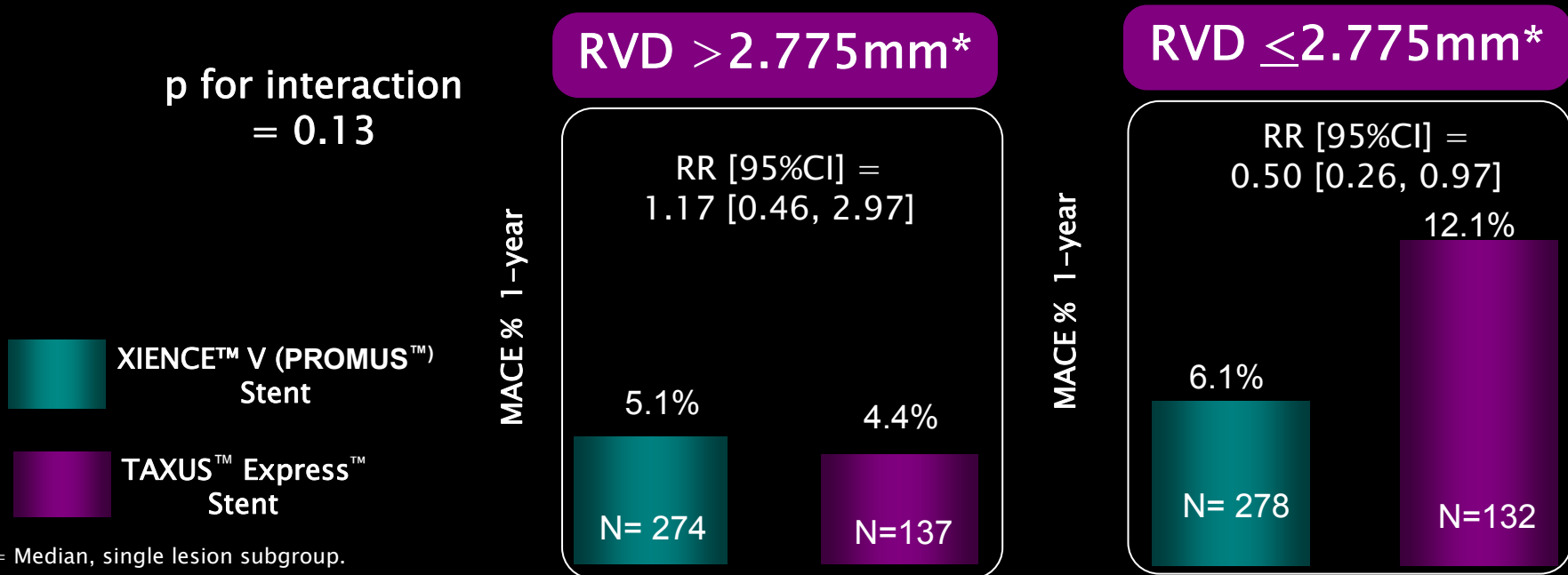
SPIRIT III Small Vessel Subgroup Analysis

1-Year Results - most of the benefit is in small vessels

p for interaction
= 0.74



p for interaction
= 0.13



XIENCE™ V (PROMUS™) Stent

TAXUS™ Express™ Stent

* = Median, single lesion subgroup.

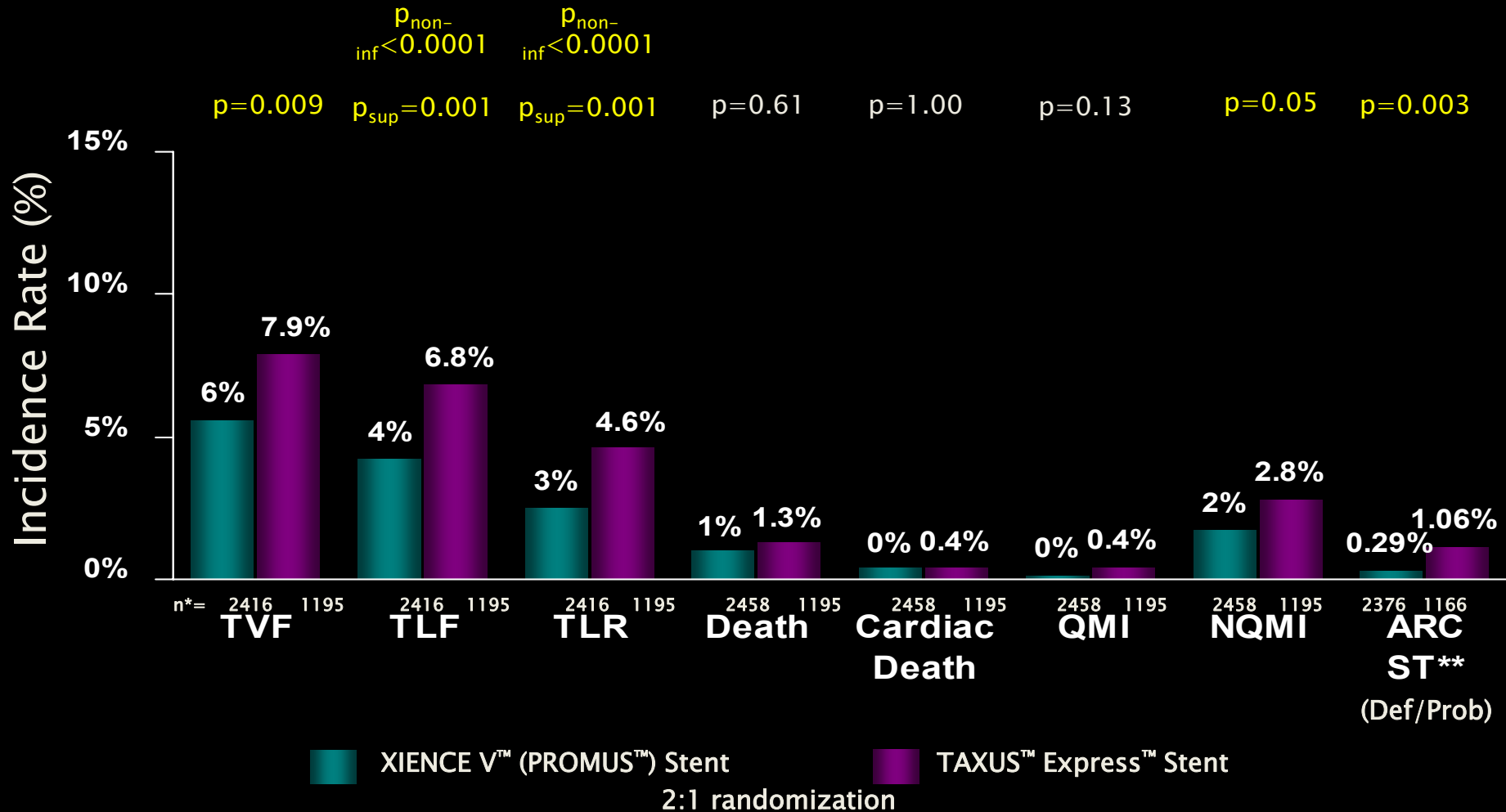
SPiRiT IV Trial

12-Month Results

Study Objective:	To evaluate target lesion failure (TLF) and ischemia-driven TLR in patients receiving PROMUS™ (XIENCE V™) Stent vs. TAXUS™ Express™ Stent	
Study Design:	A prospective, randomized (2:1), multi-center study	
Primary Endpoint:	Target lesion failure (TLF) at 1 year	
Number of Patients:	TAXUS Express Stent	n = 1,229
	PROMUS (XIENCE V) Stent	n = 2,458
Number of Sites:	66 sites (U.S.)	
Presented By:	Gregg W. Stone, MD; TCT 2009	

SPiRiT IV Trial

12-Month Clinical Results

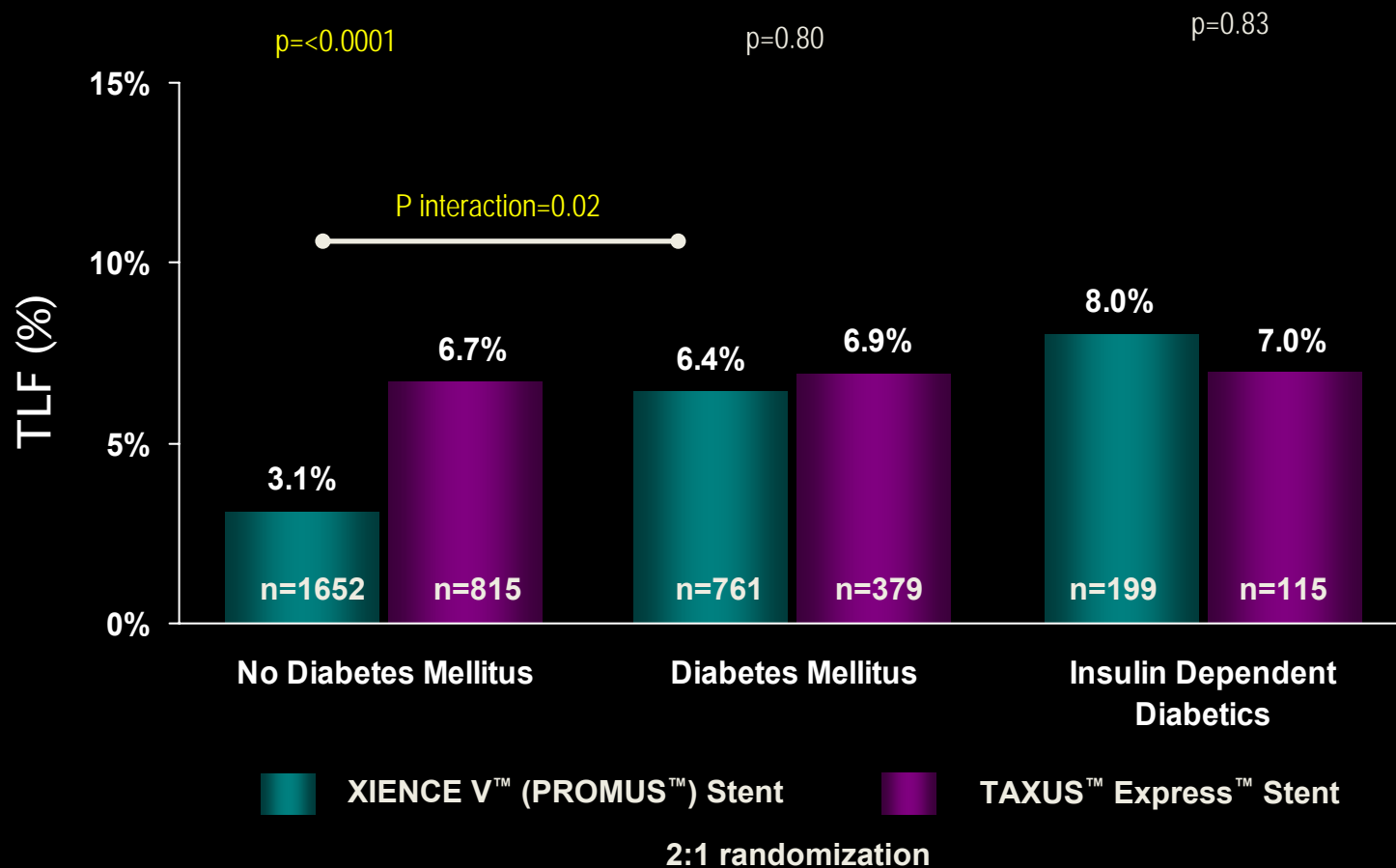


*n=patients at risk. **ARC ST Kaplan Meier Rate.

Presented by Gregg W. Stone, MD, TCT 2009. The PROMUS Stent is a private-labeled XIENCE V Everolimus Eluting Coronary Stent System manufactured by Abbott and distributed by Boston Scientific Corporation. XIENCE V is a trademark of Abbott Laboratories group of companies. SPIRiT is sponsored by Abbott. TVF = Cardiac Death, MI, or Ischemia Driven TVR. TLF = Cardiac Death, Target Vessel MI or Ischemia-driven TLR. See Glossary for prescribing information

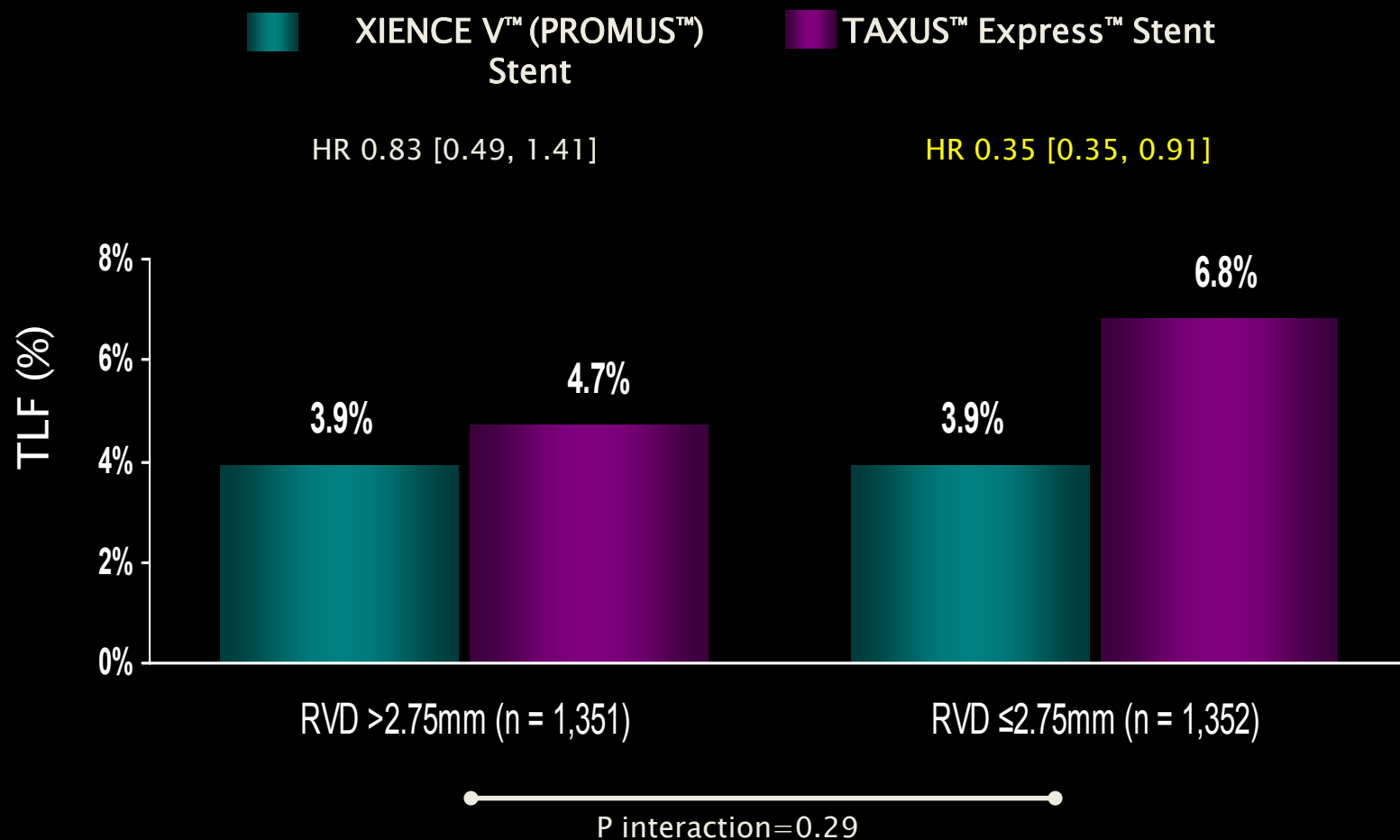
SPIRIT IV Trial

Impact of Diabetic Status on TLF – 12 month



SPIRIT IV Trial

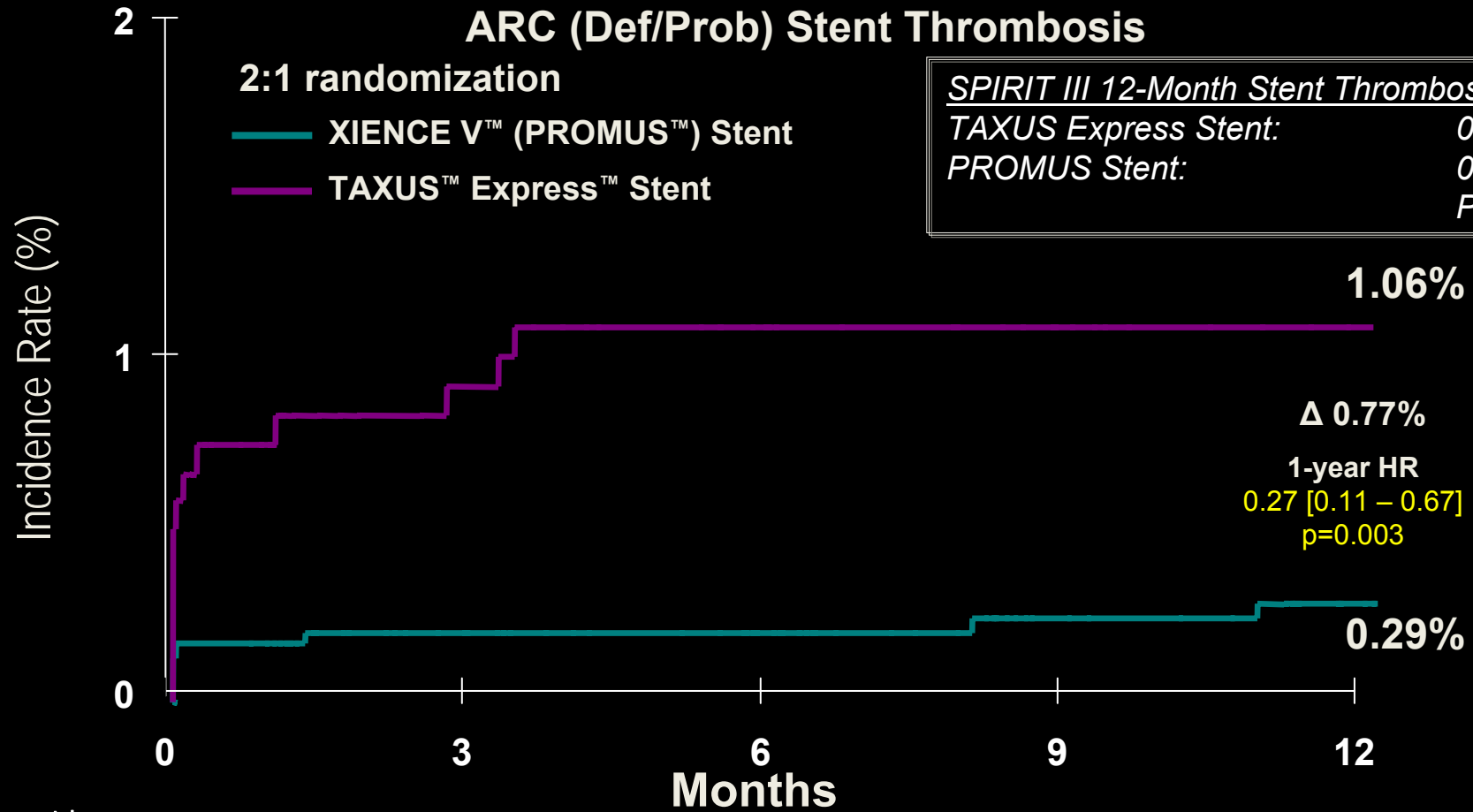
Impact of Vessel Size on TLF – 12 month



TLF = cardiac death, target vessel MI, or ischemia-driven TLR

SPIRIT IV Trial

Stent Thrombosis – 12 month

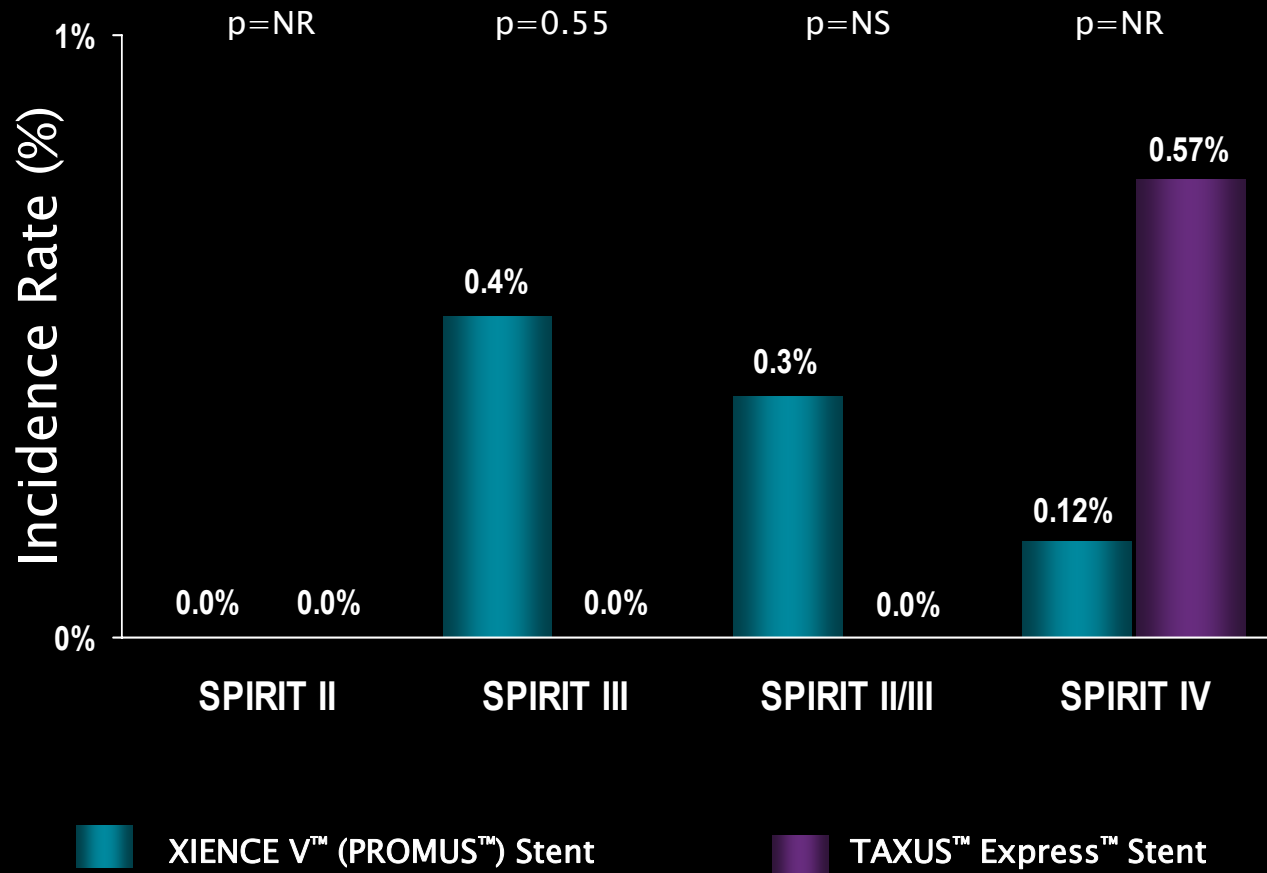


Number at risk

XIENCE V/ PROMUS	2458	2426	2412	2388	2376
TAXUS Express	1229	1195	1184	1174	1166

SPIRIT Clinical Trials: II, III, II&III Meta, & IV

≤ 30-Day Stent Thrombosis Results*



*All event rates protocol stent thrombosis. SPIRIT II: Ruygrok et al, EuroIntervention 2007;3:315–320, SPIRIT III Presented by Gregg W. Stone, MD, TCT 2007, SPIRIT II/III presented by Patrick Serruys, MD, TCT 2007, SPIRIT IV presented by Gregg Stone, MD, TCT 2009. The PROMUS Stent is a private-labeled XIENCE® Everolimus Eluting Coronary Stent System manufactured by Abbott and distributed by Boston Scientific Corporation. XIENCE V is a trademark of Abbott Laboratories group of companies. SPIRIT is sponsored by Abbott. See Glossary for prescribing information

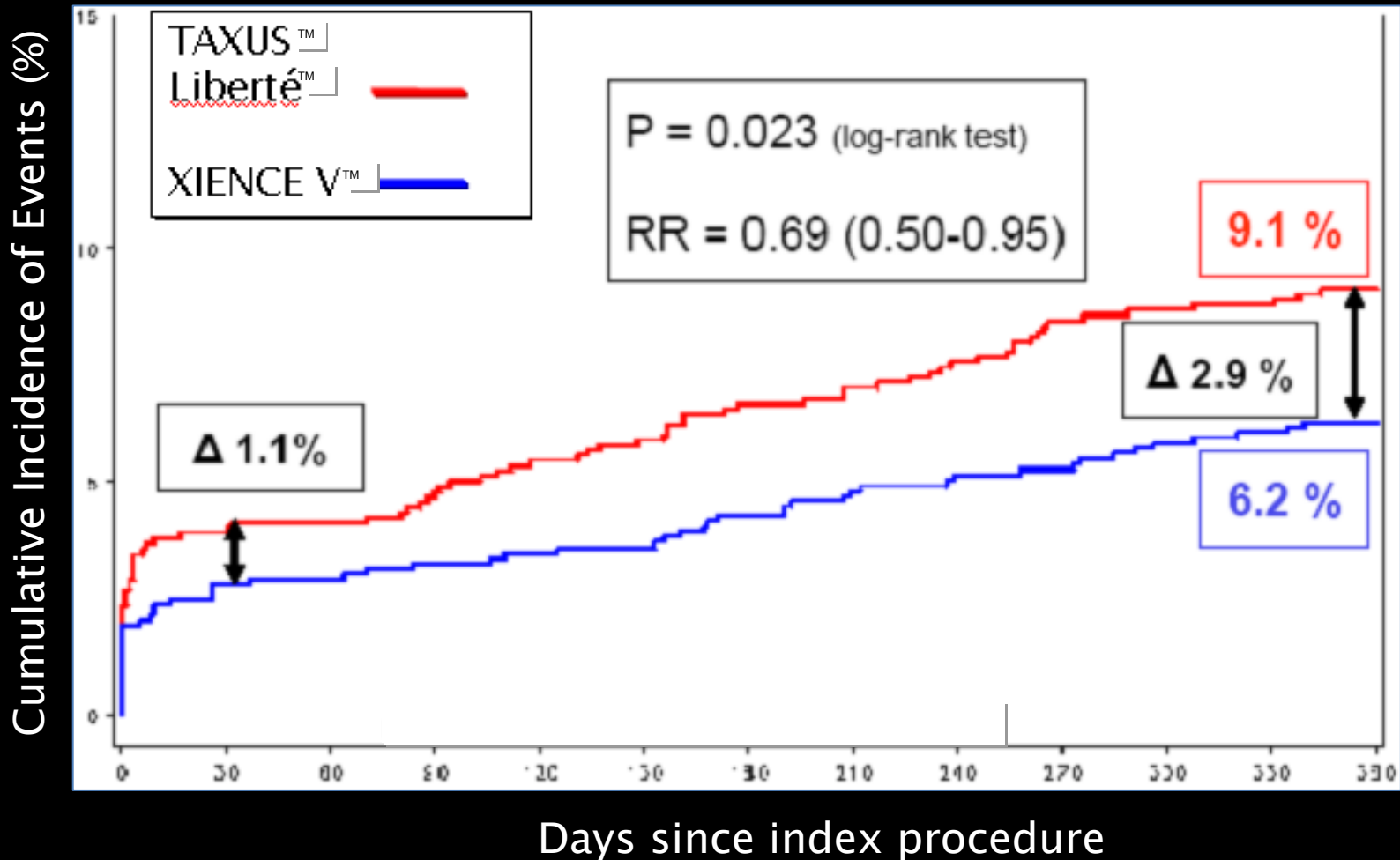
COMPARE Trial

12-Month Results

Study Objective:	Investigate the safety and efficacy of the PROMUS™ (XIENCE V™) Stent and TAXUS™ Liberté™ Stent in an all-comer / real world patient population	
Study Design:	Prospective, randomized all-comer trial single center	
Primary Endpoint:	12-month MACE (composite of death, non-fatal MI, and clinically driven target vessel revascularization)	
Patient Population:	PROMUS (XIENCE V) Stent	n = 903
	TAXUS Liberté Stent	n = 897
Number of Sites:	1 site (Maasstad Ziekenhuis, Rotterdam, Netherlands)	
Presented By:	Peter Smits, MD; TCT 2009	

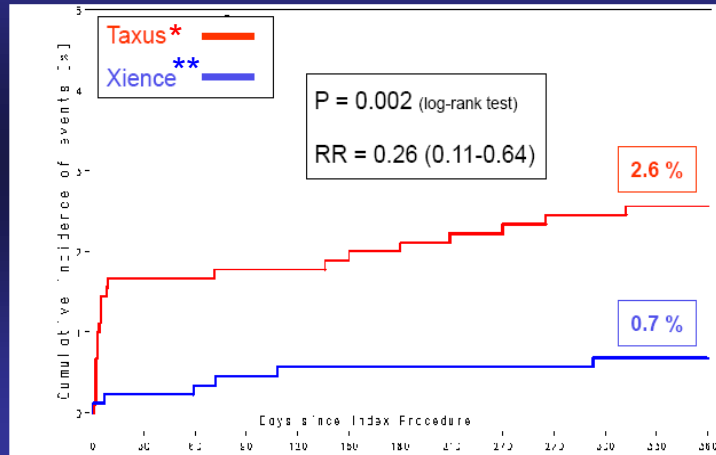
COMPARE Trial Primary Endpoint Result

12 month MACE (All Death, Non-fatal MI, and TVR)

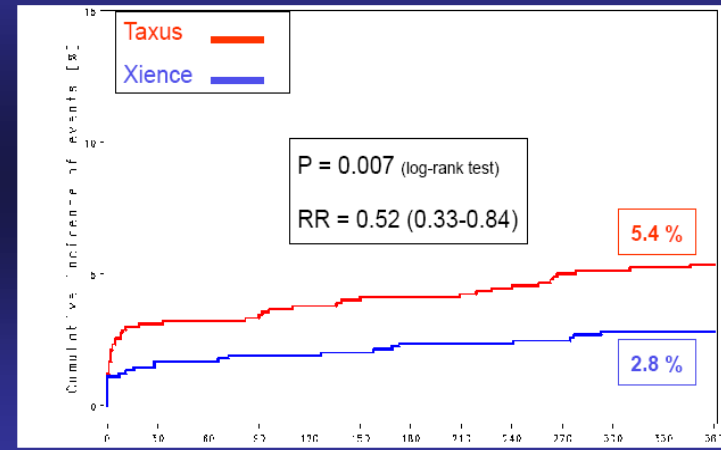


COMPARE Trial 12-Month Non-hierarchical Clinical Results

Secondary Endpoint Result Stent Thrombosis (Definite & probable according to ARC)

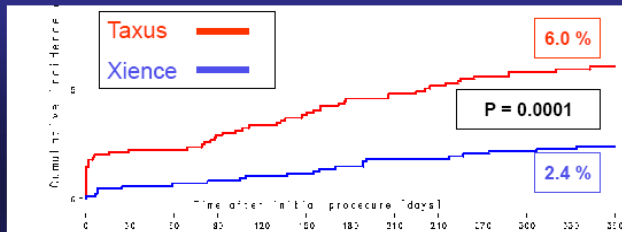


Endpoint Analysis Non Fatal MI

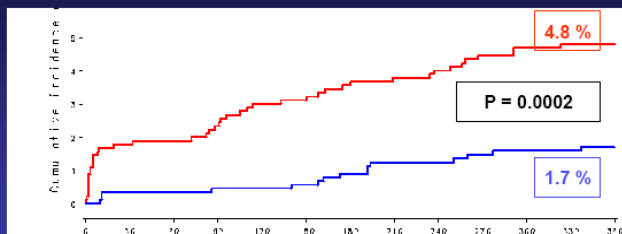


Endpoint Analysis TVR & Ischemic driven TLR

TVR

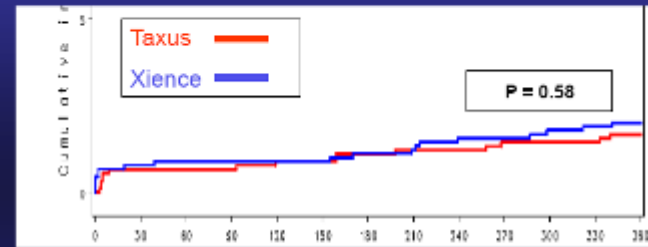


TLR

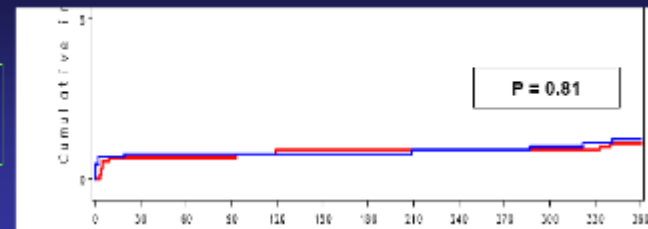


Endpoint Analysis All Death & Cardiac Death

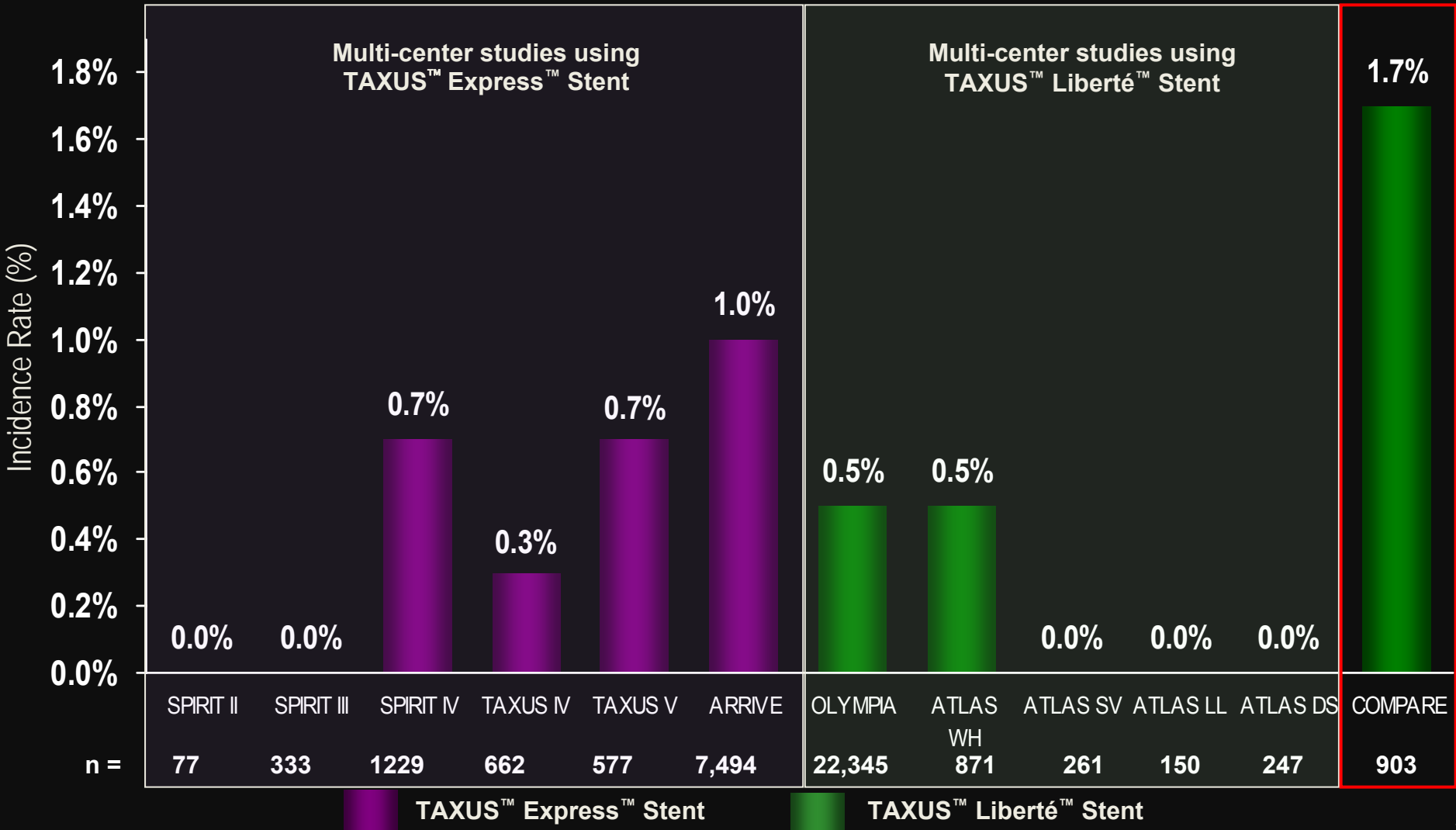
All
Death



Cardiac
Death



30-Day ARC Def/Probable Stent Thrombosis: TAXUS in Multi-Center studies versus COMPARE



SPiRiT II: Presented by Patrick Surreys ,MD, ESC 2006; SPiRiT III and IV: Presented by Gregg Stone, MD, TCT 2009, Gregg Stone, MD. SPiRiT IV: 1-yr presentation at TCT 2009, Gregg Stone, MD. TAXUS IV, V, ARRIVE, ATLAS WH, LL, SV, DS, data on file at BSC. COMPARE: Presented by Peter Smits, MD, TCT 2009. The PROMUS Stent is a private-labeled XIENCE V Everolimus Eluting Coronary Stent System manufactured by Abbott and distributed by Boston Scientific Corporation. XIENCE V is a trademark of Abbott Laboratories group of companies. SPiRiT is sponsored by Abbott. **The TAXUS Express Stent (59 patients) and TAXUS Liberté Stent (17 patients) were the controls in SPiRiT II. See Glossary for prescribing information

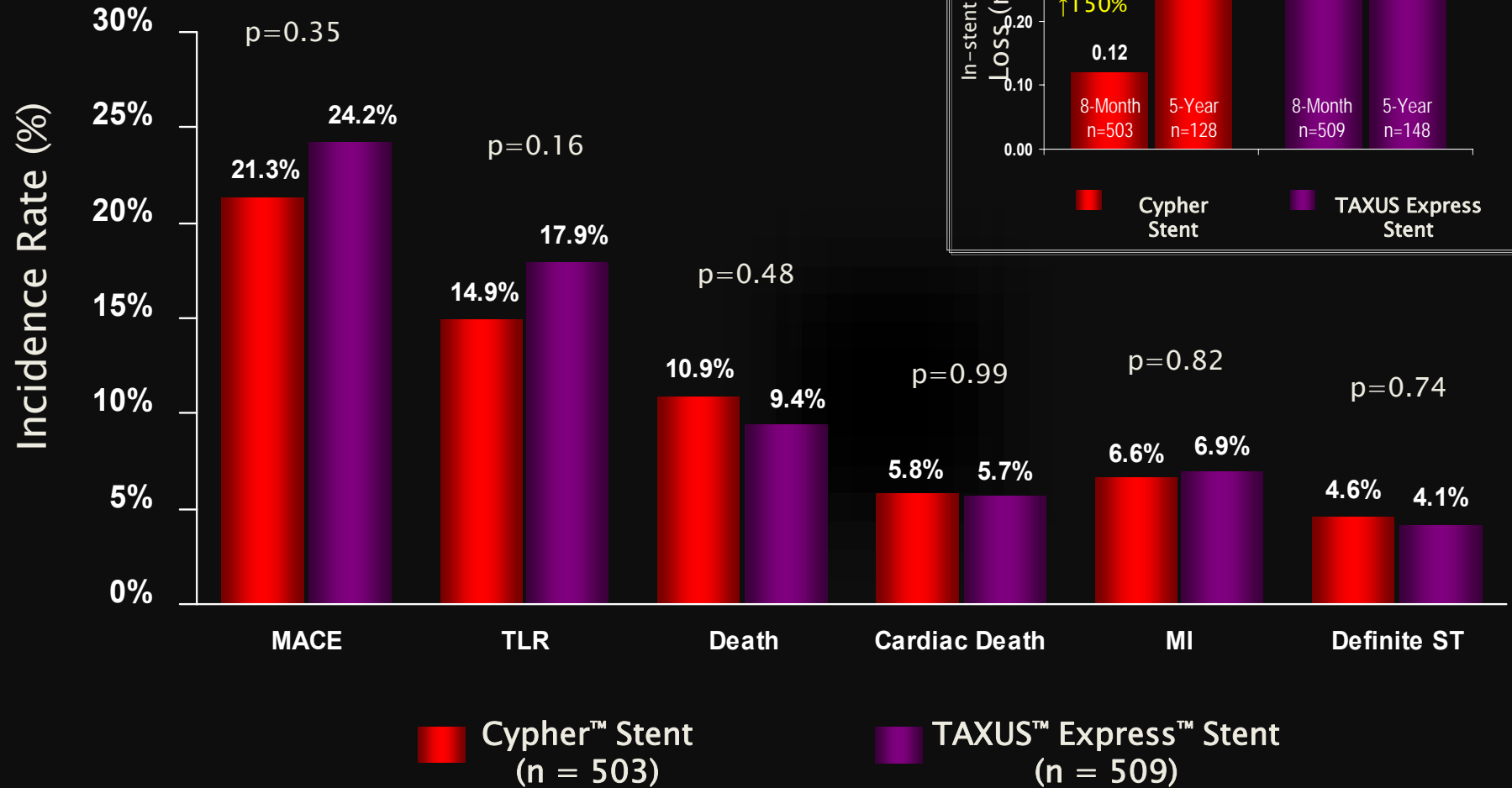
SIRTAX Study

5-Year Results

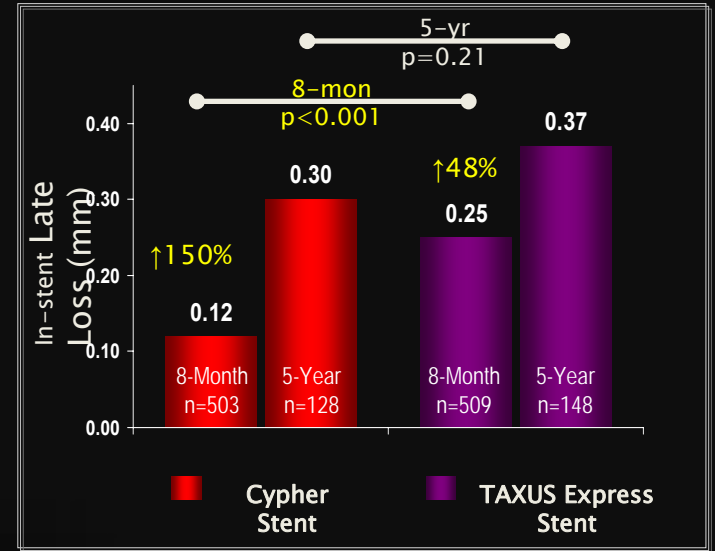
Study Objective:	Evaluate the late clinical outcomes of the Cypher™ Sirolimus–Eluting Stent (SES) and the TAXUS™ Express™ Paclitaxel–Eluting Stent (PES) in unrestricted clinical use	
Study Design:	Randomized, prospective, multi-center study	
Follow up:	5-year clinical and angiographic	
Patients Enrolled:	TAXUS Express Stent	n = 509
	Cypher Stent	n = 503
Number of Sites:	2 centers (Bern and Zurich)	
Data Presented By:	Lorenz Räber, MD; TCT 2009	

SIRTAX LATE Study

5-Year Results



8-Month and 5-Year In-stent Late Loss Results



T-SEARCH Registry

5-Year Clinical Results

Study Objective:	Long-term, real-world, consecutively enrolled comparison of the TAXUS™ Express™ Stent with historical groups of consecutive patients implanted with the Cypher™ Stent.	
Study Design:	Prospective registry of unselected patients with <i>de novo</i> lesions	
Primary Endpoint:	MACE as defined by all-cause death, MI, or TVR	
Number of Patients:	TAXUS Express Stent (Feb '03 – Sep '03)	n = 576
	Cypher Stent (Apr '02 – Oct '02)	n = 508
Number of Sites:	1 (Thoraxcenter, Erasmus Heart Center, Rotterdam, Netherlands)	
Data Presented By:	Yoshinobu Onuma, MD; TCT 2009	

T-SEARCH Registry

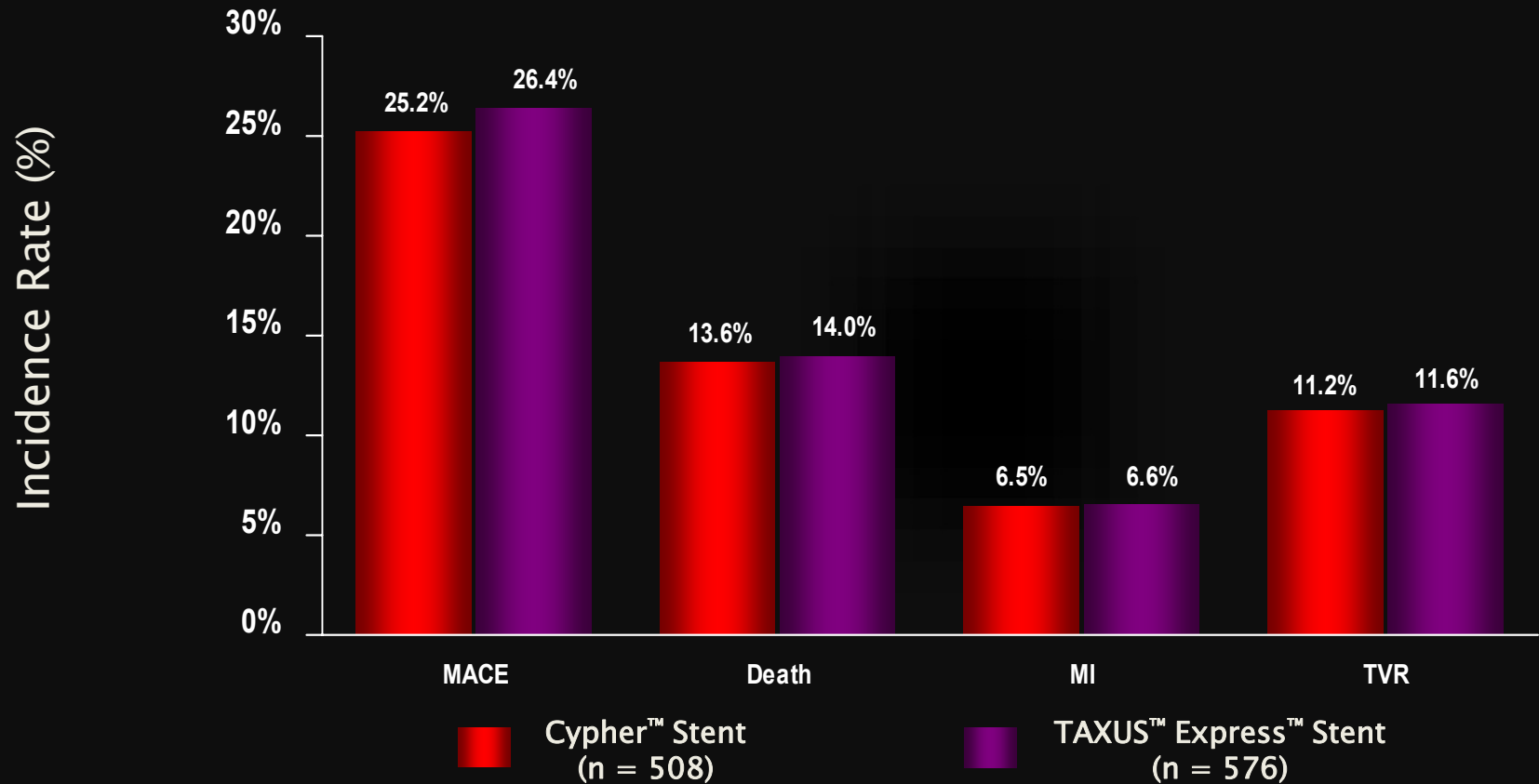
5-Year Clinical Results

p=0.5
 HR: 1.06 [0.83 - 1.35]*
 p=0.6*

p=0.7
 HR: 1.09 [0.78 - 1.51]*
 p=0.6*

p=0.8
 HR: 0.94 [0.58 - 1.52]*
 p=0.8*

p=0.7
 HR: 0.96 [0.67 - 1.39]*
 p=0.8*



Kaplan-Meier rates.

*-Adjusted for baseline characteristics. HR is for TAXUS Express Stent versus Cypher Stent
 Presented by Yoshinobu Onuma, MD, TCT 2009.

See Glossary for prescribing information

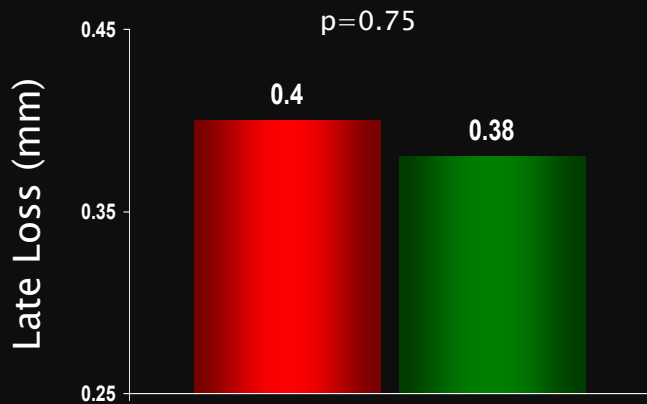
ISAR-DESIRE 2 Trial

12-Month Clinical Results

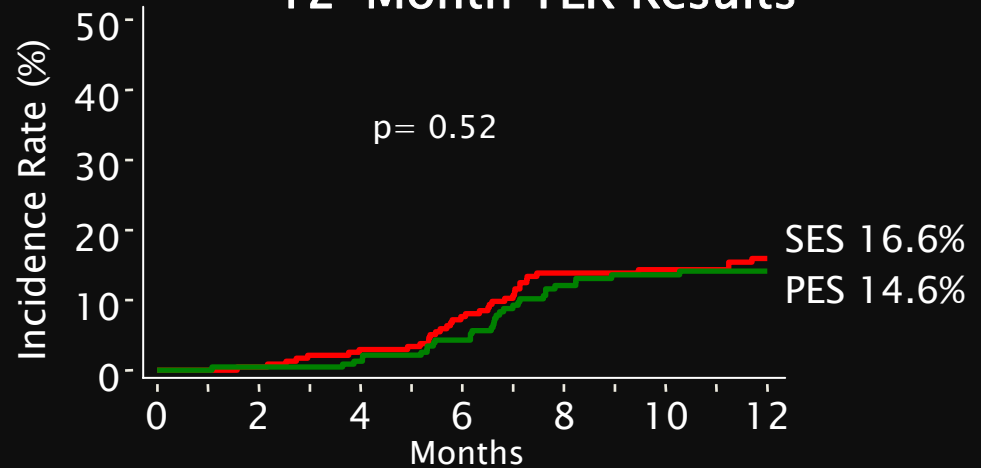
Study Objective:	To evaluate the optimal treatment strategy for in-stent restenosis using the Cypher™ Stent and the TAXUS™ Liberté™ Stent in patients with Cypher-restenosis.	
Study Design:	Prospective, randomized, open-label, active-control trial	
Primary Endpoint:	6-8 months In-stent late loss	
Number of Patients:	Cypher Stent	n = 225
	TAXUS Liberté Stent	n = 225
Number of Centers:	2 sites in Munich, Germany	
Presented by:	Robert Byrne, MD; TCT 2009	

ISAR-DESIRE 2 Trial

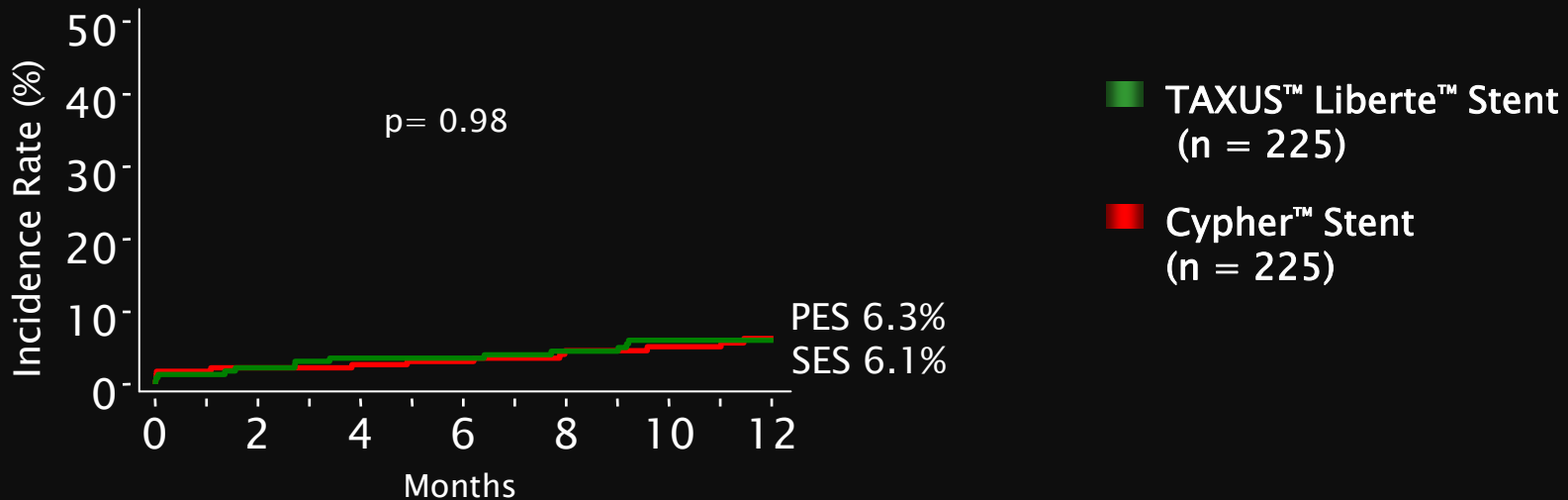
9-mo In-Stent Late Loss



12-Month TLR Results



12-Month Death, MI, or Stent Thrombosis



X-SEARCH Diabetic Registry

12-Month Clinical Results

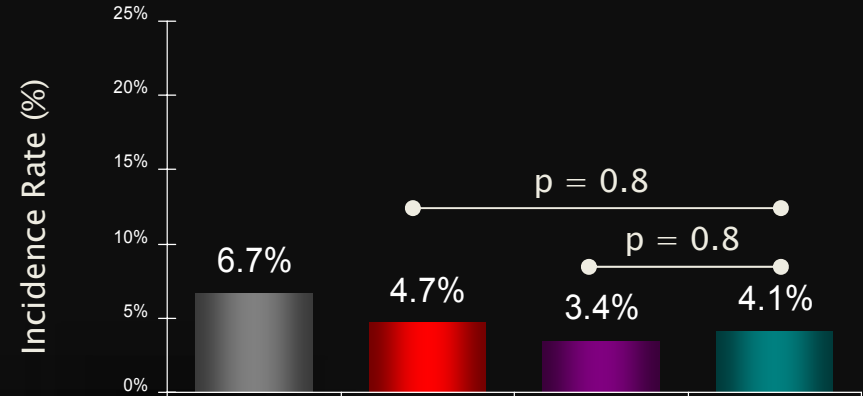
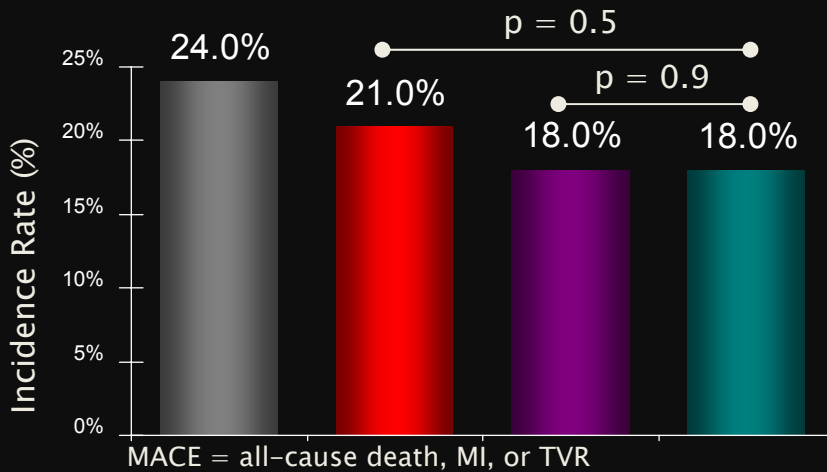
Study Objective:	Real-world comparison of the PROMUS™ (XIENCE V™) Stent with historical groups of consecutive diabetic patients implanted with TAXUS™ Express™, Cypher™ and Bare Metal Stents								
Study Design:	Prospective registry of unselected patients with <i>de novo</i> lesions								
Primary Endpoint:	All-cause mortality at 12 months								
Number of Patients:	<table><tr><td>PROMUS (XIENCE V) Stent (Mar '07 – Oct '07)</td><td>n = 130</td></tr><tr><td>TAXUS Express Stent (Feb '03 – Sep '03)</td><td>n = 522</td></tr><tr><td>Cypher Stent (Apr '02 – Oct '02)</td><td>n = 153</td></tr><tr><td>Bare Metal Stent (not reported)</td><td>n = 310</td></tr></table>	PROMUS (XIENCE V) Stent (Mar '07 – Oct '07)	n = 130	TAXUS Express Stent (Feb '03 – Sep '03)	n = 522	Cypher Stent (Apr '02 – Oct '02)	n = 153	Bare Metal Stent (not reported)	n = 310
PROMUS (XIENCE V) Stent (Mar '07 – Oct '07)	n = 130								
TAXUS Express Stent (Feb '03 – Sep '03)	n = 522								
Cypher Stent (Apr '02 – Oct '02)	n = 153								
Bare Metal Stent (not reported)	n = 310								
Number of Sites:	1 (Thoraxcenter, Erasmus Heart Center, Rotterdam, Netherlands)								
Data Presented By:	Yoshinobu Onuma, MD; TCT 2009								

X-SEARCH Diabetic Registry

12-Month Adjusted Clinical Safety Results

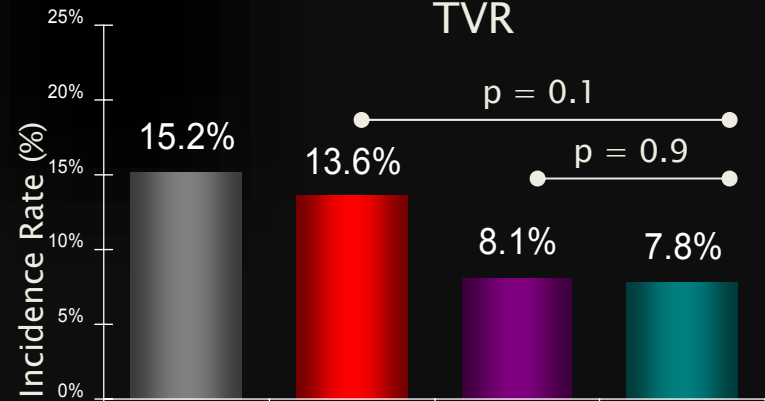
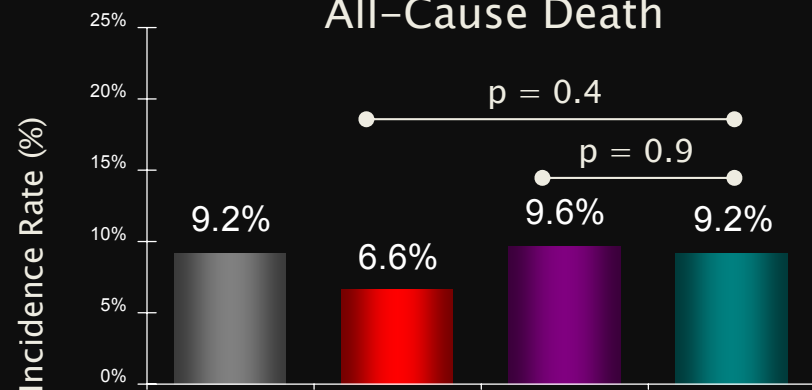
MACE

MI



All-Cause Death

TVR



Bare-Metal Stent
(n = 310)

Cypher™ Stent
(n = 153)

TAXUS™ Express™ Stent
(n=522)

PROMUS™ (XIENCE V™) Stent
(n = 130)

ENDEAVOR IV

3-Year Clinical Results

Study Objective: To assess the equivalence in safety and efficacy of the Endeavor™ Stent compared to the TAXUS™ Express™ Stent for the treatment of single de novo lesions in native coronary arteries with a reference vessel diameter (RVD) of 2.5–3.5 mm

Primary Endpoint: Target Vessel Failure (TVF – composite of Cardiac Death, MI and TVR) at 9 months

Study Design: Prospective, randomized, non-inferiority trial

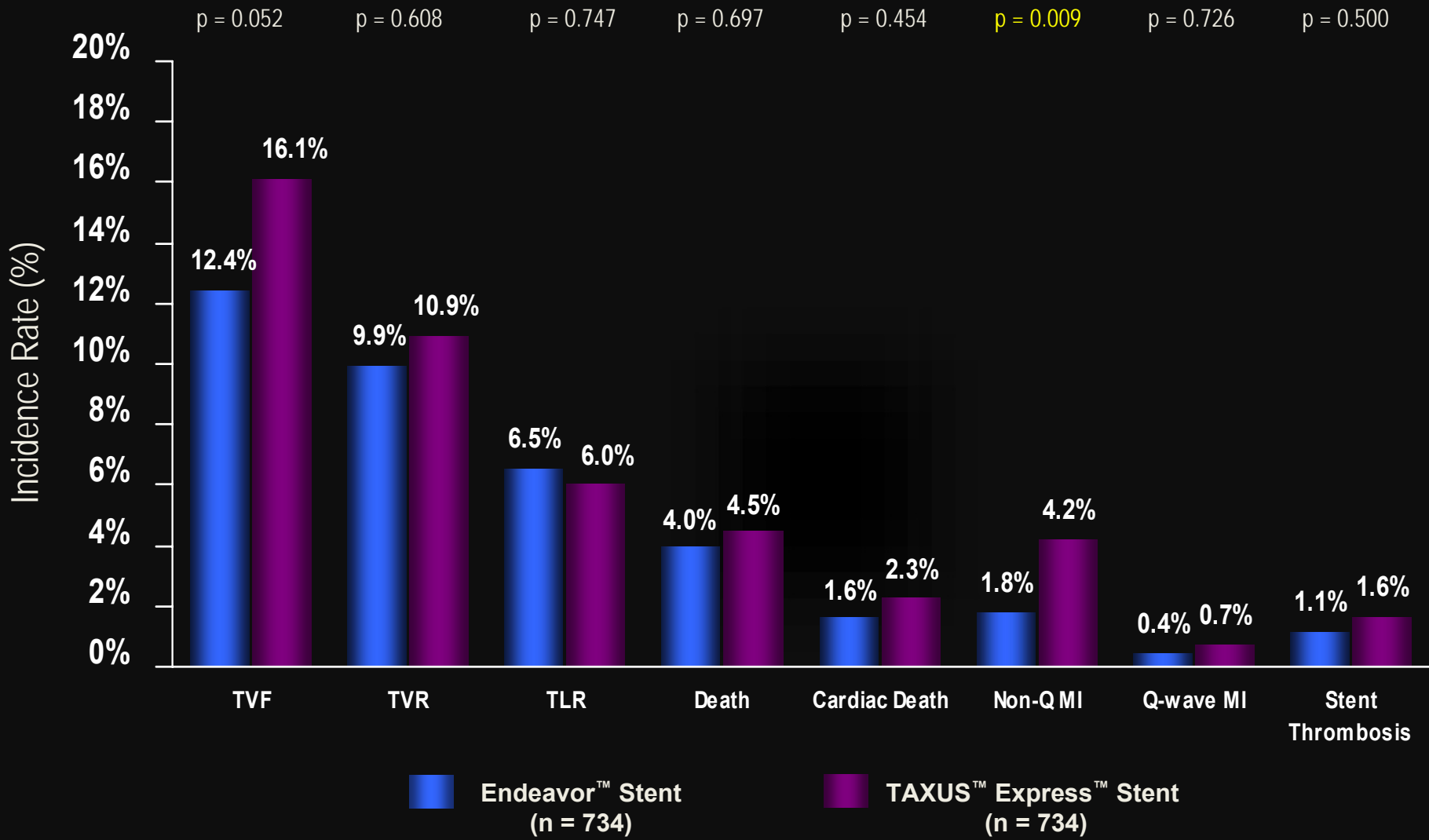
Number of Patients: 1,548

Number of Sites: 80 (US)

Presented By: Martin B. Leon, MD; TCT 2009

ENDEAVOR IV

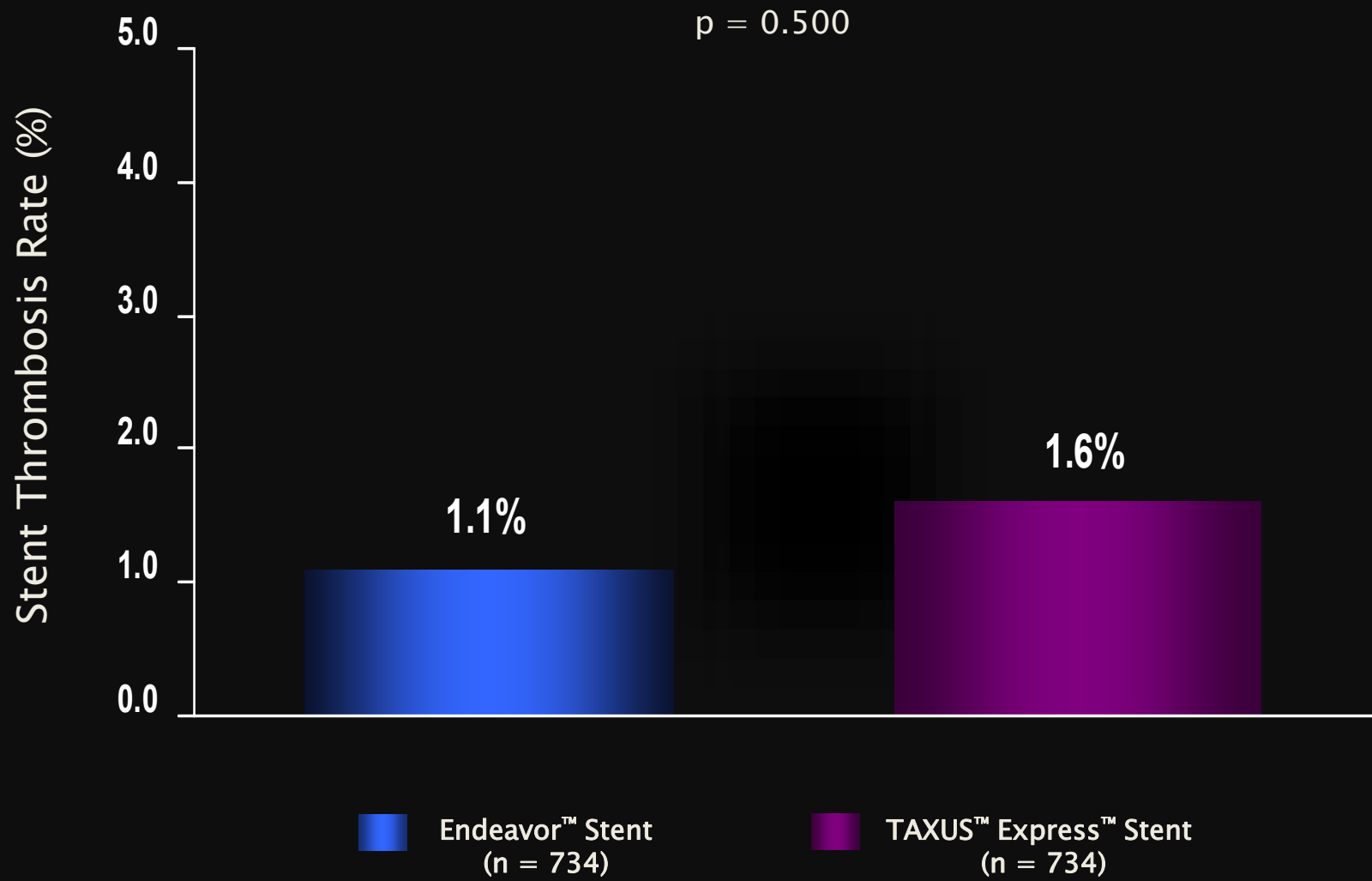
3-Year Clinical Results



TVF = Cardiac Death, MI and TVR

ENDEAVOR IV

3-Year ARC Definite + Probable ST

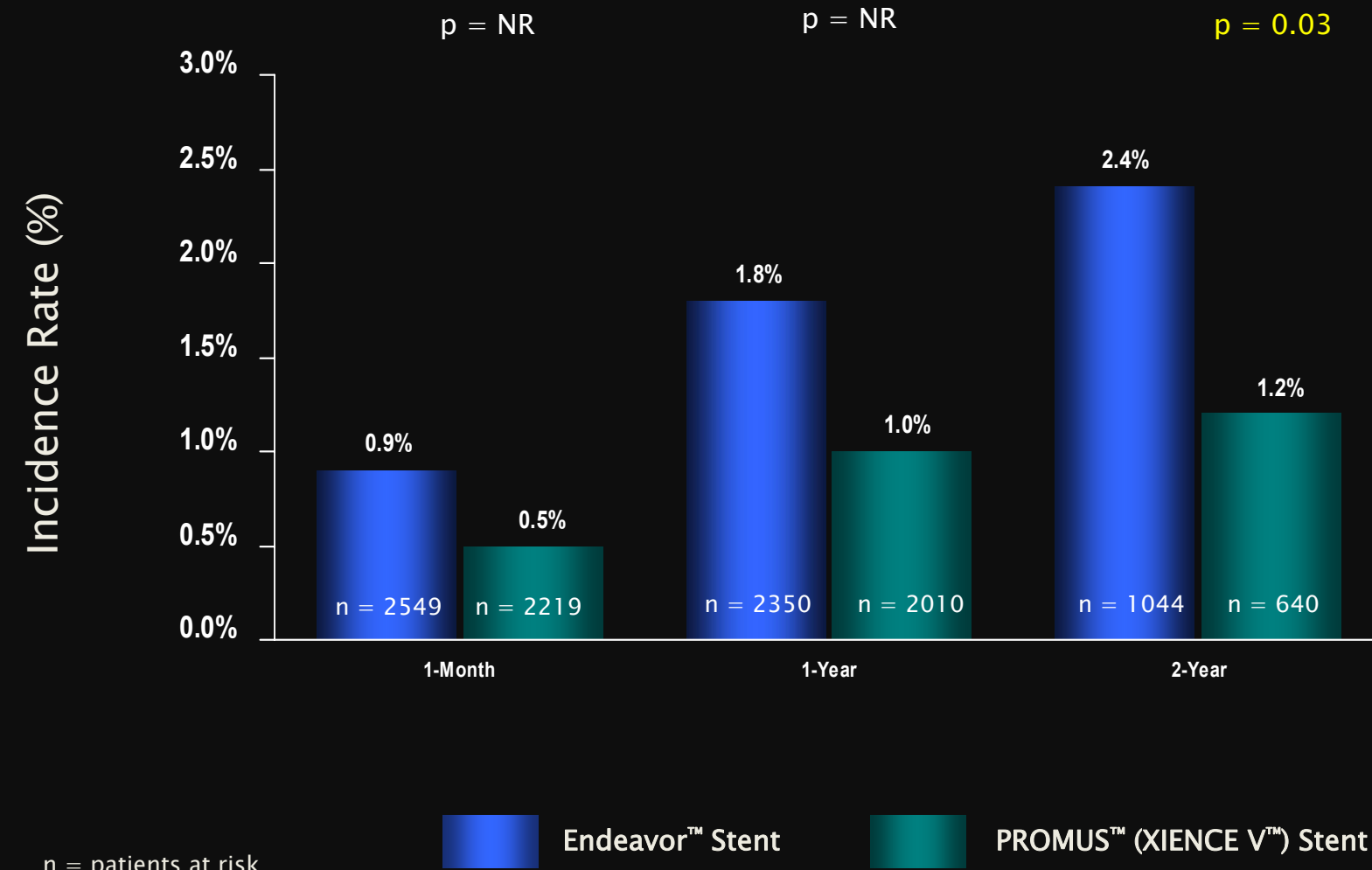


ESTROFA-2 Registry

Objective:	A registry to assess stent thrombosis in real practice with second generation drug-eluting stents		
Primary Endpoint:	Stent thrombosis		
Design:	Multicenter registry		
Number of Patients:	4,768		
	Endeavor™ Stent		n = 2,549
	XIENCE V™/ PROMUS™ Stent		n = 2,219
Number of Sites:	34 centers in Spain		
Presented by:	Jose M. de la Torre Hernandez, MD, PhD;		

ESTROFA-2 Registry

ARC Definite/Probable/Possible Stent Thrombosis Results



Presented by Jose M^a de la Torre Hernandez, TCT 2009. The PROMUS Stent is a private-labeled XIENCE V Everolimus Eluting Coronary Stent System manufactured by Abbott and distributed by Boston Scientific Corporation. XIENCE V is a trademark of Abbott Laboratories group of companies.

See Glossary for prescribing information

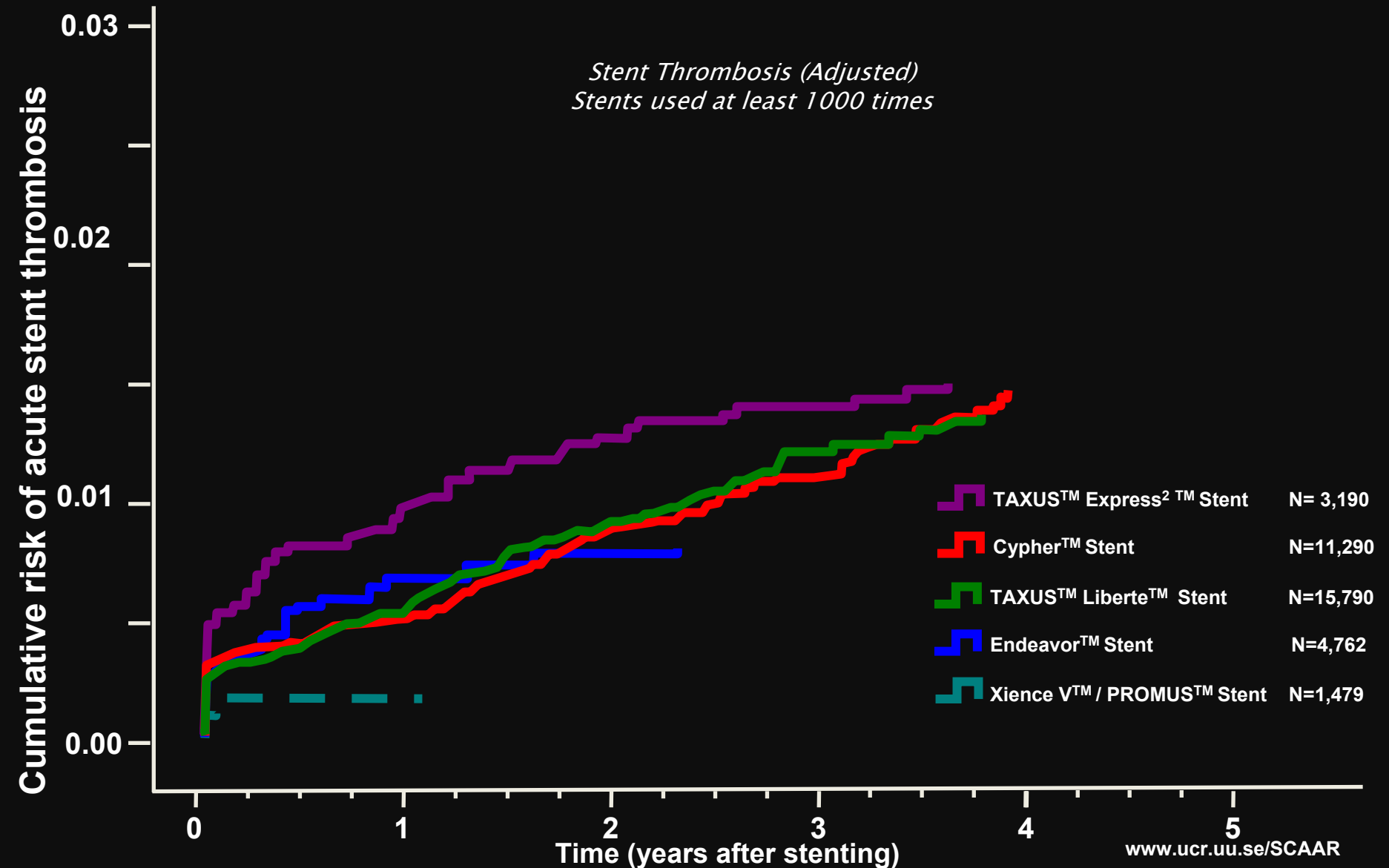
Notable Data from European Society of Cardiology 2009

SCAAR Registry

Objective:	Evaluate the real world outcomes of DES in unrestricted clinical practice
Design:	Consecutive patient enrollment (2003 – 2009)
Follow up:	6-year max followed
Number of Patients:	TAXUS™ Express ² ™ Stent = 3,190 TAXUS™ Liberte™ Stent = 15,790 Cypher™ Stent = 11,290 Endeavor™ Stent = 4,762 Xience V™/ PROMUS™ Stent = 1,479
Number of Sites:	29 centers in Sweden
Data Presented By:	Stefan James, MD. ESC 2009

SCAAR Registry Update

Including 1 yr XIENCE/PROMUS Data



Presented by Stefan James, MD, ESC 2009. Cypher is a registered trademark of J&J Cordis, Endeavor is a registered trademarks of Medtronic, Inc. The PROMUS Stent is a private-labeled XIENCE V Everolimus Eluting Coronary Stent System manufactured by Abbott and distributed by Boston Scientific Corporation. XIENCE V is a trademark of Abbott Laboratories group of companies.

See Glossary for prescribing information

FAME Trial Sub-Study

Study Objective:	To assess 1 year clinical outcome of PCI with ZES, SES, and PES in multi-vessel disease
Study Design:	Observational comparison of MACE in the patients from the FAME study that were treated exclusively with one type of DES (ZES, SES, or PES)
Follow up:	≥ 1 year
Number of Patients:	820 Patients, 2039 DES Stents
Endpoint:	Composite of death, myocardial infarction, or repeat revascularization (“MACE”) at 1 year
Data Presented By:	P.A.L. Tonina et al, ESC 2009, Barcelona, Spain

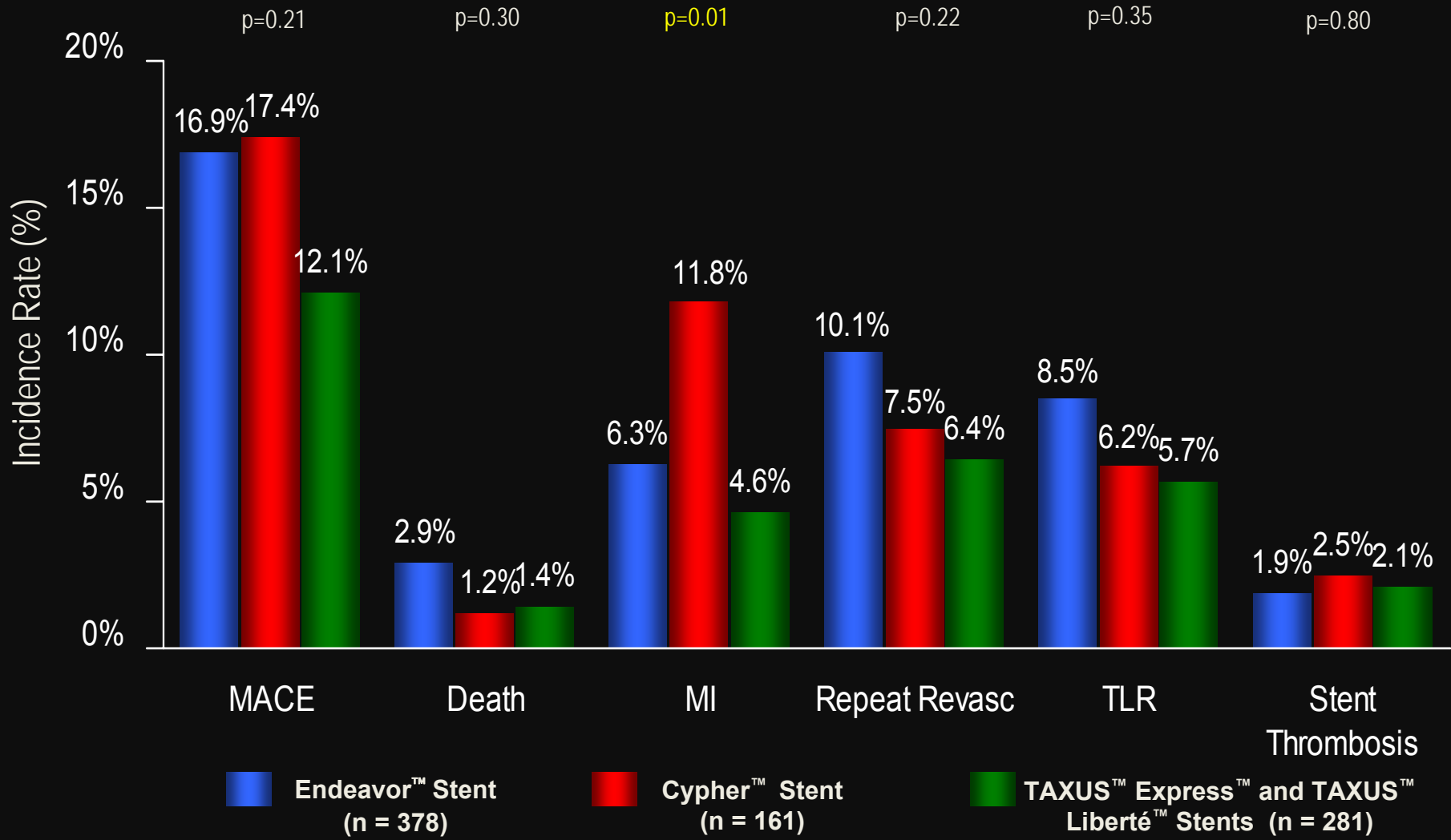
FAME Trial Sub-Study

Baseline and Procedural Characteristics

	Zotarolimus (378)	Sirolimus (161)	Paclitaxel (281)
Age – yrs	64.7±10.2	63.9±10.1	62.3±10.6
Diabetes – n (%)	74 (20)	54 (34)	76 (27)
Previous PCI – n (%)	82 (22)	46 (29)	85 (30)
Pts. with total occlusion – n (%)	43 (11)	13 (8)	23 (9)
SYNTAX Score™ ± SD	13.0±6.5	16.7±10.9	14.7±8.6
Stents per pt. – n. ± SD	2.5±1.2	2.5±1.1	2.4±1.2
Stent diameter per pt. – mm ± SD	2.94±0.35	2.90±0.31	2.95±0.36
Total stent length per pt. – mm ± SD	44.2±22.9	49.7±23.9	47.2±25.0

FAME Trial Sub-Study

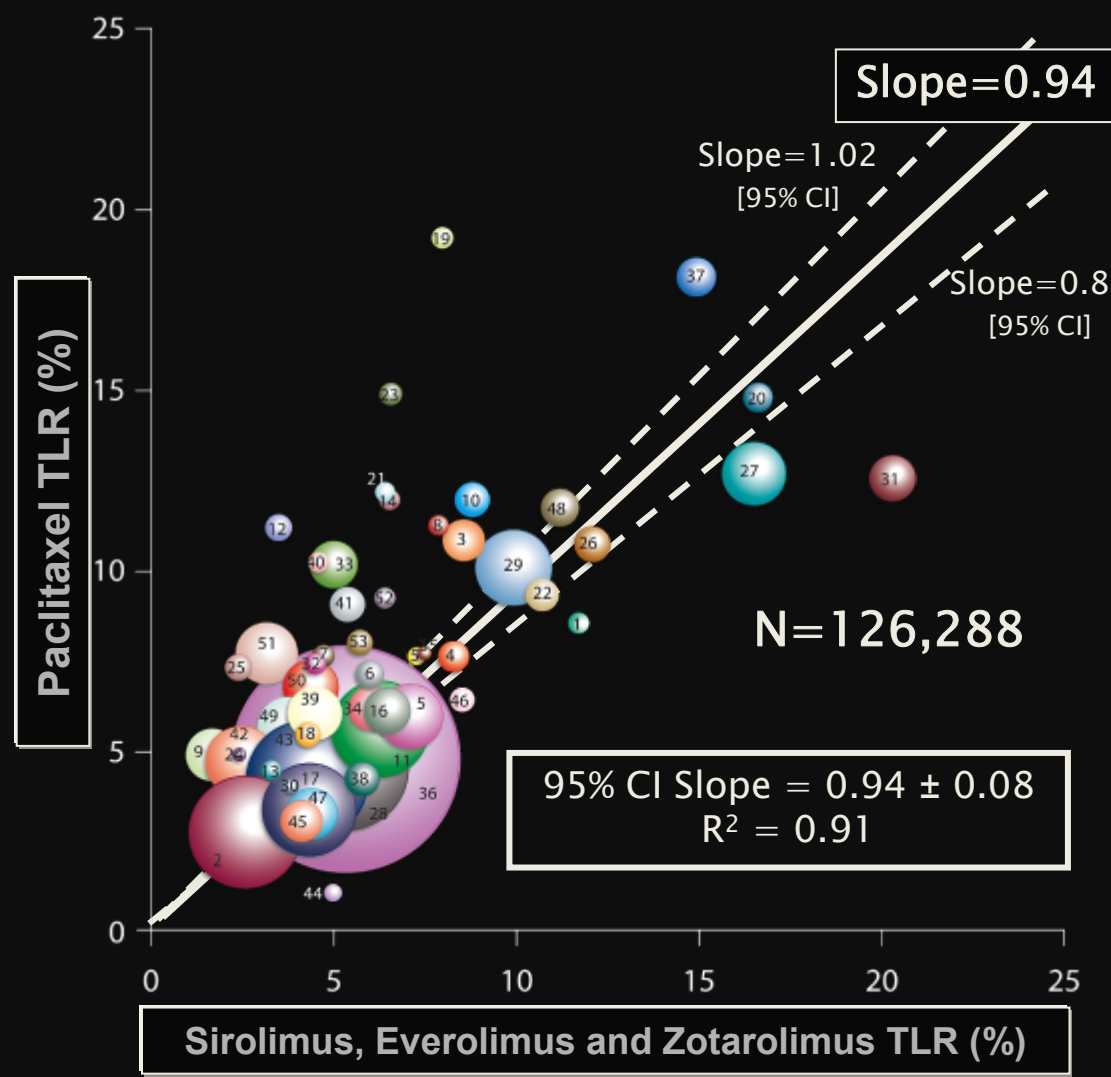
12-Month Clinical Results



MACE = Combined endpoint of mortality, myocardial infarction and repeat revascularization

Paclitaxel compared to Sirolimus, Everolimus and Zotarolimus Stents

Target Lesion Revascularization



- | | |
|--|--|
| 1 ABSOLUTE (n=239) | 26 Main-Compare* (n=858) |
| 2 ARRIVE I, II E-CYPHER* ¹ (n=8509) | 27 MILAN (n=2615) |
| 3 Asian Registry (n=1132) | 28 New York State (n=11781) |
| 4 BASKET* (n=545) | 29 Ontario Registry* (n=4108) |
| 5 C&T Reward (n=2769) | 30 Petronio LL in LAD – IVUS (n=100) |
| 6 CEZAR* (n=400) | 31 Prairie Heart* (n=1540) |
| 7 Chinese LM Registry* (n=220) | 32 PROSIT (n=305) |
| 8 Chinese Registry* (n=164) | 33 REAL ¹ (n=1676) |
| 9 COMPARE (n=1800) | 34 REALITY (n=1353) |
| 10 CORPAL (652) | 35 RESEARCH long lesion * (n=122) |
| 11 DEScover* (n=6509) | 36 SCAAR (n=35478) |
| 12 DES-DM (n=400) | 37 SIRTAX-LATE (n=974) |
| 13 Di Lorenzo AMI Trial (n=180) | 38 SOLACI* (n=745) |
| 14 DiabeDES (n=153) | 39 SORT OUT II (n=2098) |
| 15 DIABETES I & DIABETES II (n=153) | 40 SPIRIT II (n=264) |
| 16 Endeavor IV (n=1469) | 41 SPIRIT III (n=856) |
| 17 Event (n=6035) | 42 SPIRIT IV (n=3611) |
| 18 Han YL - Multivessel Disease (n=416) | 43 STENT* (n=10159) |
| 19 I-DESIRE* (n=200) | 44 TAXI (n=202) |
| 20 I-Desire 2 (n=450) | 45 TAXUS IV, SIRIUS ¹ (n=1195) |
| 21 ISAR DIABETES (n=250) | 46 TAXUS V ISR / SISR ¹ (n=450) |
| 22 ISAR Left Main (n=607) | 47 TC-WYRE* (n=1558) |
| 23 I-SMART (n=360) | 48 T-SEARCH* (n=1084) |
| 24 Korean Registry (n=169) | 49 Western Denmark PES/SES (n=3500) |
| 25 Long DES II (n=500) | 50 X-SEARCH - Propensity Match (n=1947) |
| | 51 ZEST (n=2645) |
| | 52 ZEST-AMI (n=328) |
| | 53 Zhang Q (n=449) |

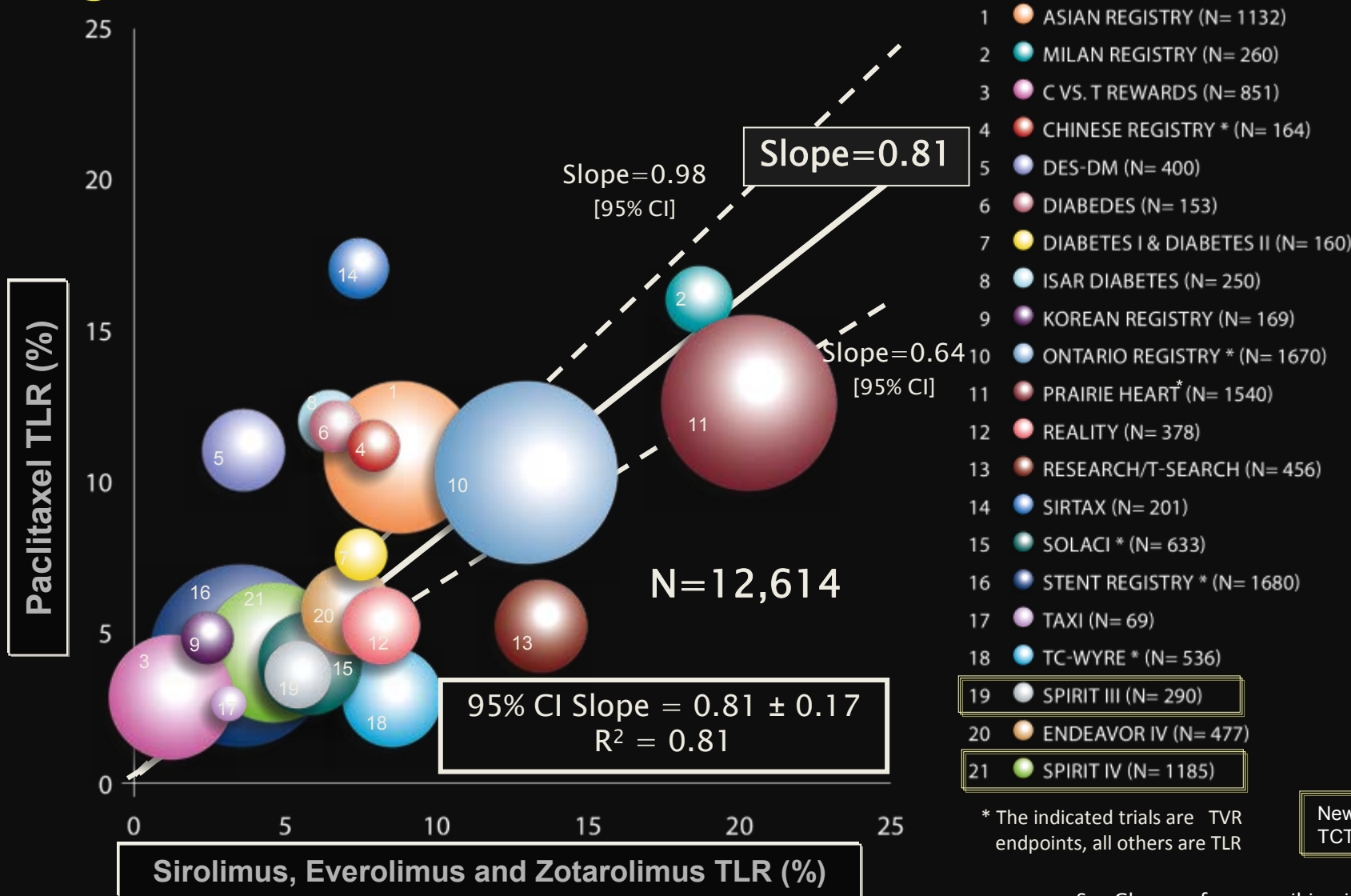
* The indicated trials are TVR endpoints, all others are TLR.

New from TCT 2009

¹ Data points represent similar lesion types from the referenced trials but are not head-to-head trials.

See Glossary for prescribing information

Paclitaxel compared to Sirolimus, Everolimus and Zotarolimus Stents Target Lesion Revascularization in Diabetic Patients



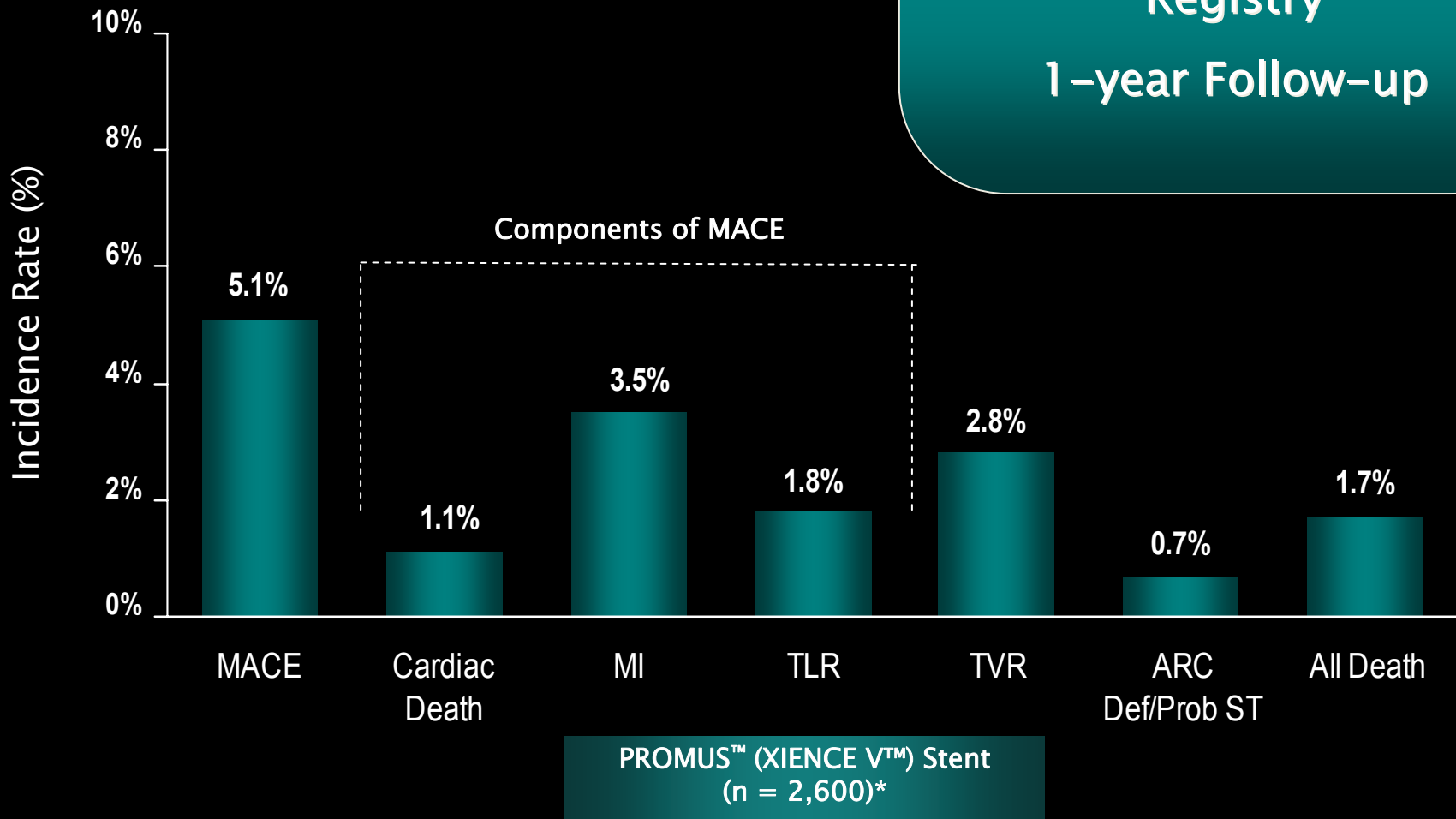
New from
TCT 2009

See Glossary for prescribing information

SPIRIT V Registry

1-Year Clinical Results

SPIRIT V
OUS Post-Approval
Registry
1-year Follow-up

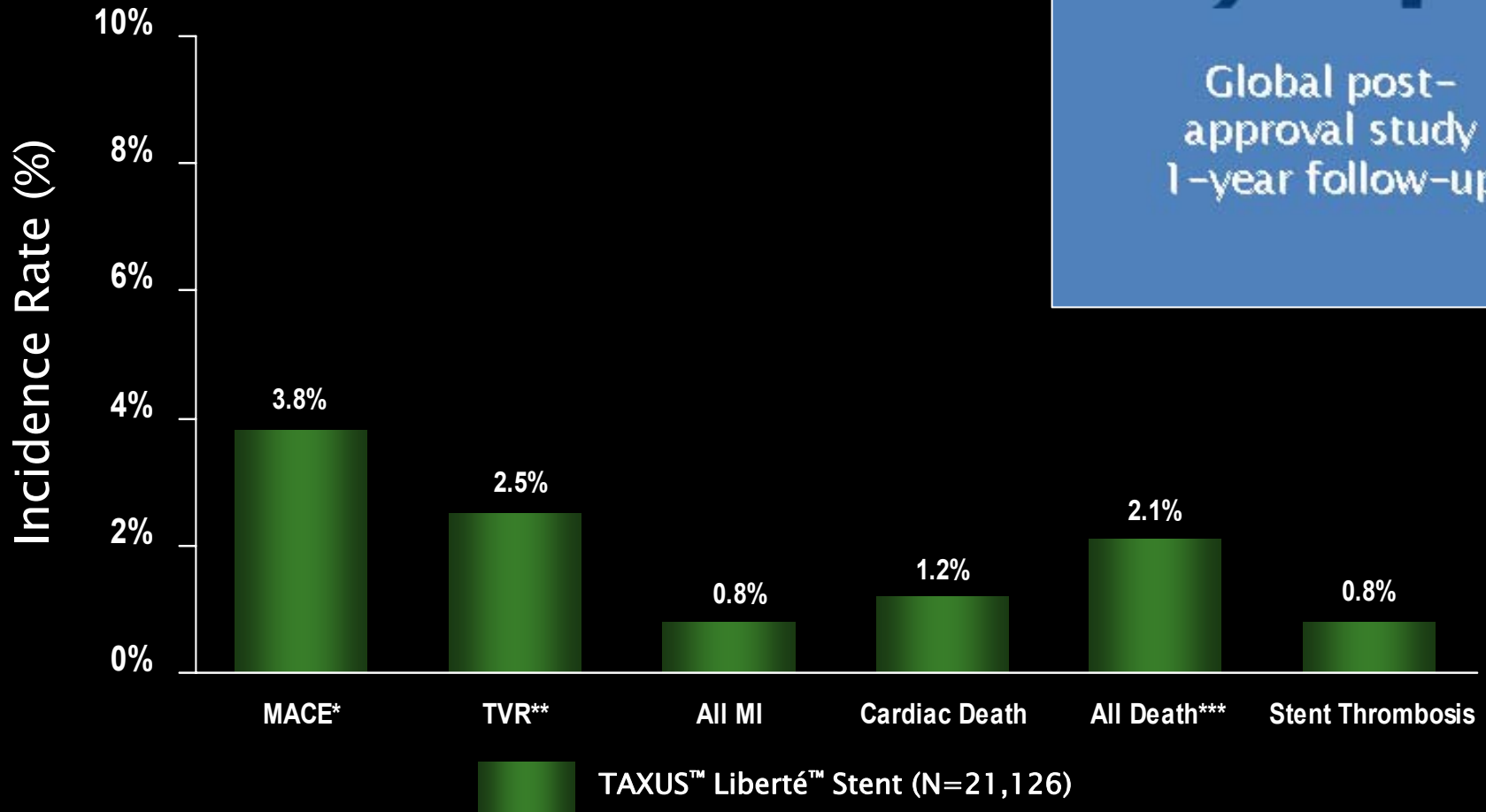


* Includes 3 patients with an event prior to 1-year follow-up who did not return for 1-year follow-up

Presented by Eberhard Grube, MD; PCR 2009. The PROMUS Stent is a private-labeled XIENCE V Everolimus Eluting Coronary Stent System manufactured by Abbott and distributed by Boston Scientific Corporation. XIENCE V is a trademark of Abbott Laboratories group of companies. SPIRIT is sponsored by Abbott Laboratories group of companies. See Glossary for prescribing information

TAXUS OLYMPIA Registry

12-Month Clinical Results



*TAXUS Liberté-related Composite Cardiovascular Events (includes a composite of cardiac death, MI (including Q- and non Q-wave MI) and TAXUS-related reintervention)

**TAXUS-related reintervention

***May include deaths that are not necessarily related to the TAXUS Liberté Stent

Glossary

Important information regarding the SYNTAX Score™

Important information: The SYNTAX Score™ is a tool developed in connection with the SYNTAX Trial, a trial comparing PCI and Cardiac Surgery in complex, high-risk LM* and/or 3VD** patients. It is important to note that the safety and effectiveness of drug-eluting stents may have not been established in these high risk patients, and physicians are strongly encouraged to review the indications, contraindications, warnings and instructions included in the products' Directions for Use.

The SYNTAX Score and related materials are not intended to provide medical advice or guidance as to appropriate treatment strategies for individual patients. Risks and benefits should be carefully considered for each patient taking into account all available data and treatment options and physicians and other healthcare providers should always exercise their own clinical judgment for any given situation. In cases where SYNTAX Score and related materials are relevant to the diagnosis, prevention or treatment of medical conditions which can also be diagnosed, prevented or treated by any products, physicians and other healthcare providers must take care to always follow individual product instructions for use in order to ensure safe use and that the products intended performance(s) is/are achieved. Physicians and other healthcare providers are therefore cautioned that such tools are not intended to supersede individual product instructions for use in any way.

The SYNTAX Score and related materials were developed under the direction of the SYNTAX Steering Committee, and was made possible by support from Boston Scientific Corporation and Cardialysis BV.

* isolated or in conjunction with 1, 2, 3 VD

** revascularization for all 3 vascular territories

Glossary (continued)

Sponsorships:

- I-DIABETES – is a clinical trial sponsored by Johnson and Johnson
- I-SMART – is a clinical trial sponsored by Johnson and Johnson
- I-DESIRE – is a clinical trial sponsored by Johnson and Johnson
- ARRIVE I, II, is a clinical trial sponsored by Boston Scientific
- TAXI is a clinical trial sponsored by Clinic Cecil Cardiovascular
- DISCOVER is a clinical trial sponsored by Johnson & Johnson
- S.T.E.N.T. Is an independent registry
- SOLACI is an independent registry
- SIRTAX – is a an independent study
- TAXUS V ISR is a clinical trial sponsored by Boston Scientific
- MILAN is an independent REGISTRY
- C & T Reward is an independent registry
- TAXUS IV is a clinical trial sponsored by Boston Scientific
- SIRIUS is a clinical trial sponsored by Johnson & Johnson
- CORPAL is a clinical trial sponsored by Johnson & Johnson
- SYNTAX is a study sponsored by Boston Scientific
- SCAAR is an independent registry
- X-Search is an independent registry
- FAME is a study sponsored by St. Jude Medical
- ESTROFA is an independent study
- HORIZONS AMI is sponsored by The Cardiovascular Research Foundation, with unrestricted support from Boston Scientific and The Medicine's Co.
- SYNTAX is a study sponsored by Boston Scientific
- OLYMPIA is a registry sponsored by Boston Scientific
- HORIZONS is a study sponsored by CRF
- The SPIRIT family of trials and Meta- Analysis is sponsored by Abbott Group of Companies
- ZEST is a trial supported by Cordis Corporation and Medtronic Corporation
- NCDR/ CMS Registry is an independent registry.
- ONTARIO is an independent study
- REAL is an independent registry
- LONG DES II is an independent study
- SORT OUT II is an independent study
- BASKET is an independent study
- CERVINKA is an independent study
- Di Lorenzo is an independent study
- Han YL is an independent study
- Petronio is an independent study
- PROSIT is an independent study
- Zhang Q is an independent study
- New York State REGISTRY is an independent registry
- Western Denmark is an independent registry
- REALITY is a clinical trial sponsored by Johnson & Johnson
- T-SEARCH/RESEARCH is an independent registry
- TC-WYRE is a clinical trial sponsored by Boston Scientific

Glossary (continued)

- **Terms:**

- BMS : Bare Metal Stent
- TLR : Target Lesion Revascularization
- TVR : Target Vessel Revascularization
- MI : Myocardial Infarction
- DES : Drug Eluting Stent
- SES: Sirolimus Eluting Stent
- PES: Paclitaxel Eluting Stent
- ZES: Zotarolimus Eluting Stent
- PCI: Percutaneous Coronary Intervention
- CABG: Coronary Artery Bypass Graft
- ARC : The abbreviation for Academic Research Consortium

- **Additional notes:**

- All cited trademarks are the property of their respective owners.
- PROMUS, TAXUS and Express² are trademarks of Boston Scientific Corporation or its affiliates
- Cypher and Cypher Select are registered trademark of J&J Cordis
- Driver and Endeavor are registered trademarks of Medtronic
- XIENCE is a trademark of Abbott Laboratories group of companies
- PROMUSTM Stent is a private-labeled XIENCE V Everolimus Eluting Coronary Stent System manufactured by Abbott and distributed by Boston Scientific Corporation
- AspirinTM is a trademark of Bayer, AG

DES Indications and Contraindications

TAXUS™ Express²™ Stent System

Indications

- The TAXUS™ Express²™ Paclitaxel-Eluting Coronary Stent System is indicated for improving luminal diameter and reducing restenosis within the Stent and at the Stent edges for the treatment of de novo lesions in native coronary arteries.
- TAXUS has been shown to improve patient outcomes at 12 months when compared to uncoated stents. Specifically, TAXUS has proven to significantly reduce restenosis, Target Lesion Revascularization (TLR) and Late loss while allowing for healthy tissue growth over struts of the stent.
- TAXUS is also indicated for treatment of abrupt or threatened closure in patients with failed interventional therapy.
- The treated lesion length should be less than the nominal stent length (8 mm, 12 mm, 16 mm, 20 mm, 24 mm, 28 mm or 32 mm) with reference vessel diameters from 2.25 to 5.0 mm.

Contraindications:

- TAXUS™ Express²™ Stent System is contraindicated for use in patients with in-stent restenosis at the lesion site
- TAXUS™ Express²™ Stent System is contraindicated for use in patients with Myocardial Infarction < 72 hours prior to TAXUS index procedure
- TAXUS™ Express²™ Stent System is contraindicated for use in patients with lesions located in a Saphenous Vein Grafts
- TAXUS™ Express²™ Stent System is contraindicated for use in patients with unprotected left main coronary artery
- TAXUS™ Express²™ Stent System is contraindicated for use in patients with total occlusion of target vessel
- TAXUS™ Express²™ Stent System is contraindicated for use in patients with heavily calcified lesions
- TAXUS™ Express²™ Stent System is contraindicated for use in patients with lesions involving arterial segments with highly tortuous anatomy
- TAXUS™ Express²™ Stent System is contraindicated for use in patients with lesions involving a bifurcation
- TAXUS™ Express²™ Stent System is contraindicated for use in patients with left ventricular ejection fraction < 30%
- TAXUS™ Express²™ Stent System is contraindicated for use in patients with cardiogenic shock
- TAXUS™ Express²™ Stent System is contraindicated for use in patients with lesions with presence of definite or probable intraluminal thrombus

Other:

- TAXUS™ Express²™ Stent System is not approved for use in patients with coronary artery reference vessel diameters < 2.25mm or > 5.0mm
- TAXUS™ Express²™ Stent System is not approved for use in patients with lesions longer than 32mm

DES Indications and Contraindications

■ TAXUS™ Liberté™ Stent System

Indications:

- The TAXUS Liberté Stent System is indicated for treatment of de novo and restenotic lesions or total occlusions in patients with coronary artery disease – angina; silent ischemia; acute myocardial infarction – to improve luminal diameter and reduce restenosis within the stent and at the stent edges in native coronary arteries.
- The TAXUS Liberté Stent System is also *indicated for patients with concomitant diabetes mellitus* as well as treatment of abrupt or threatened closure in patients with failed interventional therapy. The treated lesion length should be less than the nominal stent length (8 mm, 12 mm, 16 mm, 20 mm, 24 mm, 28 mm, 32 mm or 38 mm) with reference vessel diameters from 2.25 to 5.00 mm.

Contraindications:

- TAXUS™ Liberté™ Stent System is contraindicated for stenting of Saphenous Vein Grafts
- TAXUS™ Liberté™ Stent System is contraindicated for use in patients with unprotected left main coronary artery
- TAXUS™ Liberté™ Stent System is contraindicated for use in patients with heavily calcified lesions
- TAXUS™ Liberté™ Stent System is contraindicated for use in patients with lesions involving arterial segments with highly tortuous anatomy
- TAXUS™ Liberté™ Stent System is contraindicated for use in patients with lesions involving a bifurcation
- TAXUS™ Liberté™ Stent System is contraindicated for use in patients with left ventricular ejection fraction < 30%
- TAXUS™ Liberté™ Stent System is contraindicated for use in patients with cardiogenic shock
- TAXUS™ Liberté™ Stent System is contraindicated for use in patients with lesions with presence of definite or probable intraluminal thrombus
- TAXUS™ Liberté™ Stent System is contraindicated for use in patients judged to have a lesion which may prevent proper stent deployment
- TAXUS™ Liberté™ Stent System is contraindicated for direct stenting of total occlusion

■ Other:

- TAXUS™ Liberté™ Stent is not approved for use in patients with coronary artery reference vessel diameters < 2.25mm or > 5.0mm
- TAXUS™ Liberté™ Stent is not approved for use in patients with lesions longer than 38mm

DES Indications and Contraindications

PROMUS™ Stent System

Indications:

- The PROMUS™ Everolimus Eluting Coronary Stent System is indicated for improving coronary luminal diameter in patients with symptomatic ischemic heart disease due to discrete *de novo* native coronary artery lesions (length \leq 28 mm) with a reference vessel diameter of 2.25 mm – 4.0 mm.

Contraindications:

- Patients in whom anti-platelet and / or anti-coagulant therapy is contraindicated.
- Patients judged to have a lesion that prevents complete inflation of an angioplasty balloon.
- Patients with a known hypersensitivity or contraindication to Everolimus, cobalt, chromium, nickel, tungsten, acrylic and fluoro – polymers may have an allergic reaction to this implant; therefore, the implant is not recommended for such patients.

Other:

- PROMUS™ Stent is not approved for use in patients with coronary artery reference vessel diameters $<$ 2.25mm or $>$ 4.0mm
- PROMUS™ Stent is not approved for use in patients with lesions longer than 28mm
- PROMUS™ stent is a private-labeled XIENCE™ V Everolimus Eluting Coronary Stent System manufactured by Abbott and distributed by Boston Scientific Corporation.
- PROMUS is a trademark of Boston Scientific Corporation or its affiliates. XIENCE is a trademark of Abbott Laboratories group of companies.

Trials Included in TLR Regression Analysis

1) I-DIABETES	N=250	31) X-Search	N=1,947
2) I-SMART	N=360	32) SCAAR	N=35,478
3) I-DESIRE*	N=200	33) Event	N=6,035
4) ARRIVE I, II, E-CYPHER	N=8,509	34) ISAR-Left Main	N=607
5) TAXI	N=202	35) Chinese LM	N=220
6) DEScover*	N=6,509	36) FAME	N=820
7) S.T.E.N.T.*	N=10,159	37) Endeavor IV	N=1,468
8) SOLACI*	N=745	38) Zest	N=2,645
9) SIRTAX	N=1,012	39) Zest-AMI	N=328
10) TAXUS V ISR/SISR	N=450	40) SPIRIT II	N=264
11) MILAN	N=2,615	41) SPIRIT III	N=856
12) C & T Reward	N=2,769	42) SPIRIT IV	N=3,611
13) TAXUS IV, SIRIUS	N=1,195	43) CEZAR	N=400
14) CORPAL	N=652	44) COMPARE	N=1,800
15) REALITY	N=1,353	45) ABSOLUTE	N=359
16) T-SEARCH/RESEARCH*	N=1,084	46) Asian Registry	N=1,132
17) DIABETES I, II	N=160	47) Chinese Registry	N=164
18) TC-WYRE*	N=1,558	48) DES-DM	N=400
19) REAL*	N=1,676	49) DiabeDES	N=153
20) LONG DES II	N=500	50) Korean Registry	N=169
21) SORT OUT II	N=2,098	51) Ontario Registry	N=4,108
22) RESEARCH long lesion*	N=122	52) Prairie Heart	N=1,540
23) BASKET	N=545		
24) Di Lorenzo	N=180		
25) Han YL	N=416		
26) Petronio	N=100		
27) PROSIT	N=308		
28) Zhang Q	N=449		
29) New York State	N=11,781		
30) Western Denmark	N=3,500		