



AGENT IDE is a prospective, multicenter, randomized controlled trial in the United States to evaluate the safety and effectiveness of the AGENT™ Drug-Coated Balloon (DCB) compared to balloon angioplasty in patients with in-stent restenosis (ISR).¹

#### AGENT IDE Study Design

#### Prospective, randomized, multicenter, superiority trial across 40 US Sites (N=600 patients\*)

- Key Inclusion Criteria: Patients with ISR of a lesion previously treated with BMS or DES; lesion length <26 mm, RVD >2.0 ≤4.0 mm, and %DS >70 <100% (asymptomatic) or %DS >50 <100% (symptomatic)</p>
- > Key Exclusion Criteria: Recent STEMI, bifurcation, LM, SVG or arterial graft, thrombus in target vessel



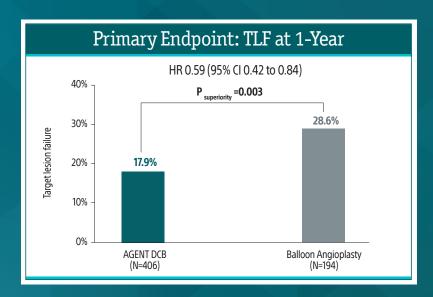
**Primary Endpoint:** Target Lesion Failure at 1-year (composite of TLR, TV-MI, or cardiac death) **Clinical follow-up:** In-hospital, 30 days, 6 months, 1-year and annually between 2 and 5 years)

### Primary Endpoint<sup>2</sup>

AGENT DCB showed statistically superior outcomes compared to balloon angioplasty for TLF at 1-year. (17.9% versus 28.6% P= 0.003).

The TLF relative risk reduction from using AGENT DCB was approximately 41%.

relative risk reduction for TLF

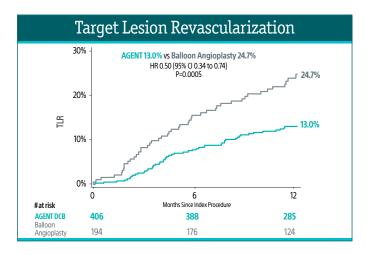


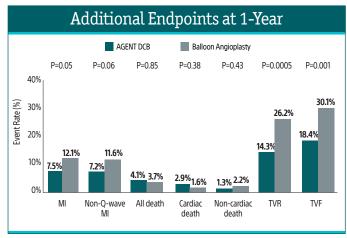


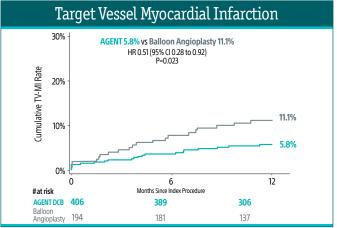
## ➤ Additional Endpoints<sup>2</sup>

At 1-year, AGENT DCB also demonstrated statistically lower event rates:

- > 50% risk reduction in TLR (13.0% vs. 24.7%, P=0.0005)
- ▶ 49% risk reduction in TV-MI (5.8% vs. 11.1%, P=0.023)
- > Zero definite/probable ST (0.0% vs. 3.2%, P=0.0004)



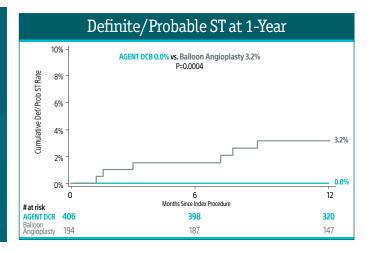




# > Antiplatelet Therapy

DAPT with aspirin and a P2Y12 inhibitor was required for at least 1-month post-procedure. Antiplatelet monotherapy was continued thereafter for the entire duration of the study.

1. Yeh, R, et all, Rationale and design of a randomized study comparing the agent drug coated balloon to the plain old balloon angioplasty in patients with In-Stent Restenosis,



#### Learn more:



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<sup>2.</sup> AGENT IDE Clinical Trial data presented at CRT 2024 by Dr. Robert Yeh.