Next Generation BioResorbable Scaffold.

- Hybrid cell design
- Scaffold backbone PLLA 100 µm strut thickness
- Optimal side branch access
- Low profile, 1.2 mm & deliverable system
- High radial strength, 22.30 N
- Low recoil, 1.23%
- Low balloon overhang, short, abrupt balloon shoulders
- 24% scaffold to artery ratio

Size Matrix
Diameters - 2.50, 2.75, 3.00, 3.25, 3.50, 4.00, 4.50 mm
Lengths - 13, 16, 19, 24, 29, 32, 37, 40 mm
MeRes100 - BRS Enhanced Radiopacity

MeRes100 couplets of tri-axial RO markers at either end of the scaffold, gives a sense of virtual tubing and high operator comfort.

Proximal End of MeRes100 System
Balloon distal RO marker edge
Scaffold proximal RO marker edge
Distance from edge of Balloon RO marker (both proximal & distal) to edge of Scaffold RO = 1.3 mm

MeRes100 - BRS Best-in-Class Strut Thickness

MeRes100 is a 100 μm strut thickness scaffold with a propensity to minimize vascular injury & ensure early endothelialization.

Unique manufacturing process, novel hybrid design concept incorporating strut width variability allows for best-in-class, DES-like strut thickness in MeRes100.

MeRes100 - BRS Best-in-Class Crossing Profile

Average profile of 1.2 mm for Ø 3.00 mm

Unique crimping process, novel hybrid design concept incorporating low strut thickness allows for best-in-class, DES-like crossing profile in MeRes100.
MeRes-1 first-in-man safety and efficacy study in patients with single, de-novo coronary lesion (in up to two vessels) treated by MeRes100 - BRS.

N = 108, Prospective, Non-Randomized, Multi-Centre Study (16 Investigating sites in India)

Primary Demographics-Treatment Influencing Factors
Diabetics (28%), Hypertensive (42%), Dyslipidemics (13%), Smokers (17%)

Lesion characteristics-Lesion class A (7%), B1 (32%), B2 (56%), C (5%)
Post Dilatation 108 (100%) and Device Success 108 (100%)

Clinical Endpoint at 1-Year*

<table>
<thead>
<tr>
<th>Clinical Endpoint</th>
<th>In-Hospital</th>
<th>1-Month</th>
<th>6-Months</th>
<th>1-Year</th>
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</thead>
<tbody>
<tr>
<td>MACE Composite of</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>1 (0.93%)</td>
</tr>
<tr>
<td>Cardiac Death</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Myocardial Infarction^</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Ischemia-driven TLR</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>1 (0.93%)</td>
</tr>
<tr>
<td>Ischemia-driven TVR</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Scaffold Thrombosis^</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
</tr>
<tr>
<td>Non-cardiac death</td>
<td>0 (0%)</td>
<td>0 (0%)</td>
<td>1' (0.9%)</td>
<td>0 (0%)</td>
</tr>
</tbody>
</table>

Late Lumen Loss (LLL)

6-Months f/up*

![Graph showing late lumen loss](image)

![Graph showing late lumen loss at 6 months](image)

OCT at 6-Months showed virtually complete strut coverage (99.3%)

*Myocardial Infarction defined as per WHO criteria. ^ Death due to aminophylline induced anaphylactic shock. $ ARC defined criteria.
MeRes100 - BRS Implantation²

Mid LAD sub-occlusive stenosis and clinical outcome.

47 Years | Male | Non Diabetic | Non Hypertensive | Smoker | No Family History of CAD | Unstable Angina

Baseline

6-Months f/up

2-Years f/up

Post-Tx
### MeRes100 - BRS TECHNICAL SPECIFICATIONS

#### SCAFFOLD BACKBONE
- **Scaffold Material**: BioResorbable PLLA (Poly L-lactide)
- **Scaffold Strut Thickness**: 100 µm
- **Scaffold Diameters**: 2.50, 2.75, 3.00, 3.25, 3.50, 4.00, 4.50 mm
- **Scaffold Lengths**: 13, 16, 19, 24, 29, 32, 37, 40 mm

#### SCAFFOLD RO MARKERS
- **Tri-axial RO Markers**: Platinum (Couplets of tri-axial RO markers at either end, 120° apart from each other)

#### TOP COAT-DRUG+POLYMER
- **Drug**: Sirolimus
- **Equivalent Drug Dose**: 1.25 µg / mm²
- **Polymer**: BioResorbable PDLLA (Poly D, L-lactide)

#### DELIVERY SYSTEM
- **Delivery System**: Rapid Exchange
- **Nominal Pressure (NP)**: 9 atm
- **Rated Burst Pressure (RBP)**: 16 atm
- **Balloon Overhang**: < 0.5 mm
- **Shaft Outer Diameter**: Proximal 1.95 F / Distal 2.7 F
- **Radiopaque Markers**: 2 - Platinum / Iridium
- **Usable Catheter Length**: 140 cm
- **Guide Catheter Compatibility**: 6 F (Min. I D 0.070” / 1.8 mm)
- **Max. Guidewire**: 0.014” (0.36 mm)

### MeRes100 - BRS ORDERING INFORMATION

<table>
<thead>
<tr>
<th>Dia / Lengths</th>
<th>13 mm</th>
<th>16 mm</th>
<th>19 mm</th>
<th>24 mm</th>
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<td>MRS25016</td>
<td>MRS25019</td>
<td>MRS25024</td>
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<tr>
<td>2.75 mm</td>
<td>MRS27513</td>
<td>MRS27516</td>
<td>MRS27519</td>
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<td>MRS30016</td>
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<td>3.25 mm</td>
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<td>MRS32516</td>
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<td>3.50 mm</td>
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<td>MRS35016</td>
<td>MRS35019</td>
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<tr>
<td>4.00 mm</td>
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<td>MRS40016</td>
<td>MRS40019</td>
<td>MRS40024</td>
</tr>
<tr>
<td>4.50 mm</td>
<td>MRS45013</td>
<td>MRS45016</td>
<td>MRS45019</td>
<td>MRS45024</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Dia / Lengths</th>
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<th>32 mm</th>
<th>37 mm</th>
<th>40 mm</th>
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<tbody>
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<td>MRS25040</td>
</tr>
<tr>
<td>2.75 mm</td>
<td>MRS27529</td>
<td>MRS27532</td>
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<td>MRS27540</td>
</tr>
<tr>
<td>3.00 mm</td>
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<td>MRS30032</td>
<td>MRS30037</td>
<td>MRS30040</td>
</tr>
<tr>
<td>3.25 mm</td>
<td>MRS32529</td>
<td>MRS32532</td>
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<td>MRS32540</td>
</tr>
<tr>
<td>3.50 mm</td>
<td>MRS35029</td>
<td>MRS35032</td>
<td>MRS35037</td>
<td>MRS35040</td>
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<tr>
<td>4.00 mm</td>
<td>MRS40029</td>
<td>MRS40032</td>
<td>MRS40037</td>
<td>MRS40040</td>
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<tr>
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<td>MRS45029</td>
<td>MRS45032</td>
<td>MRS45037</td>
<td>MRS45040</td>
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1. OCT Image courtesy of Dr. Daniel Chamié, Dante Pazzanese Institute of Cardiology, Sao Paulo, Brazil. 2. Data on file at Meril Life Sciences Pvt. Ltd. Information for the use only in countries with applicable health authority product registrations.

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