Protocol Number: SUR18-001

**AVess FIH Study** 



<u>A</u> Prospective, Multi-Center, Single-Arm Study to Assess the Safety and Performance of the Surmodics Drug Coated Balloon in the Treatment of Subjects with Obstructive Lesions of Arteriovenous Fistulae for Hemodialysis, Including Native or Synthetic Grafts (AVess FIH Study)

## **CLINICAL PROTOCOL SUR18-001**

Version: 2.0

Date: 15 January 2020

## Investigational Device: Surmodics SurVeil<sup>TM</sup> Drug Coated Balloon (SurVeil DCB)

**Sponsored By** 

Surmodics, Inc.

9924 West 74<sup>th</sup> Street

Eden Prairie, MN 55344 USA

This document contains confidential information for use only by investigators participating in the clinical study. This document should be maintained in a secure location and should not be copied or made available for review by unauthorized personnel.

Version 2.0: 15Jan2020

Confidential

AVess FIH Study Protocol Synopsis

Sponsor	Surmodics, Inc.							
Protocol Title	<u>A</u> Prospective, Multi-Center, Single-Arm Study to Assess the Safety and Performance of the							
	Surmodics Drug Coated Balloon in the Treatment of Subjects with Obstructive Lesions of							
	Arteriovenous Fistulae for Hemodialysis, Including Native or Synthetic Grafts (AVess FIH Study)							
Protocol Number	SUR18-001							
Test Device	SurVeil™ Drug Coated Balloon (SurVeil DCB)							
Device Sizes								
	Working	Balloon	Balloon length (mm)		Rate	Minimum		
	Length	diameter			Burst	Introducer		
	(cm)	(mm)	40	80	Pressure (atm)			
	135	5.0	Х	Х	14	6Fr		
		6.0	Х	Х	12	6Fr		
		7.0	Х	Х	10	7Fr		
Indication	The SurVeil DCB will be indicated for percutaneous transluminal angioplasty, after appropriate vessel preparation, of obstructive lesions of native or synthetic arteriovenous dialysis fistulae.							
Study Design	Prospective, multi-center, single arm, first-in-man feasibility study							
Study Size	Up to 15 subjects will be enrolled in the study. At up to 3 sites in Australia, New Zealand and/ Europe.						New Zealand and/or	
Study Population	Subjects with obstructive lesion of native arm arteriovenous fistulae for hemodialysis intended						nodialysis intended	
	with treatment with balloon angioplasty.							
Study Purpose	To evaluate the safety and performance of the SurVeil DCB in subjects with obstructive lesions							
	of arteriover	of arteriovenous fistulae for hemodialysis.						
Study Endpoints	Primary Endpoints:							
	1. Target Lesion Primary Patency at 6 months post procedure							
	Secondary Endpoints:							
	1. Absence of all-cause death up to 30 days.							
	2. Rate of device and procedure related adverse events through 30 days.							
	3. Secondary Patency: defined as supporting hemodialysis with a pump speed of at least							
	<ul> <li>300ml/min through 6 months.</li> <li>4. Patency of Target Lesion as defined by duplex ultrasound at 30 days, 6 months, 9 months and 1 year.</li> </ul>							
	5. Number of interventions required to maintain target lesion patency at 30 days, 6							
Statistical	The sample	size for this	s feasibility	studv is bas	ed on clinic	al considerat	ions and not power	
Considerations	requirement	s for a forma	al statistical h	ypothesis te	est. All calcul	ated p-values	will be nominal. The	
	data from th	is FIH study v	will be utilize	d to inform t	the sample s	ize for future	larger studies.	
Inclusion Criteria	1. Subj	ects must be	≥18 years of	age.				
	2. Native AV fistula has been created ≥60 days prior to the index procedure.						dure.	
	3. AV fistula, located in the arm, has undergone one or more successful hemodialysis							
	sess	ions.						

	4. Target de novo or non-stented restenotic lesion consisting of a ≥50% stenosis by				
	operator visual estimate.				
	<ol><li>Fistula vessel diameter ≥5 mm and ≤7 mm by operator visual estimate.</li></ol>				
	<ol><li>Target lesion or tandem lesion ≤120 mm in total length by operator visual estimate.</li></ol>				
	NOTE: Only 2 tandem lesions permitted. Tandem lesions must be able to be treated				
	as a single lesion and separated by a gap of ≤30 mm. The total combined lesion length				
	including the gap must be ≤120 mm in length by operator visual estimate.				
	7. Successful pre-dilatation of the target lesion. Defined as crossing of the guide wire AND				
	pre-dilatation with a PTA balloon resulting in:				
	a Residual stenosis of <30% AND				
	h Dissection < Grade B				
	9. Subject has provided written informed concent and is willing to comply with study				
	6. Subject has provided written informed consent and is wining to comply with study				
	Tonow-up requirements.				
	9. Subject has a life expectancy of ≥1 year.				
Exclusion Criteria	1. Subject has a synthetic AV graft				
	2 Determined by operator to have a lesion that prevents complete inflation of an				
	angionlasty balloon				
	angiopiasty balloon.				
	3. Presence of pseudoaneurysm or aneurysm requiring treatment at				
	the lesion site.				
	4. Target lesion is located <30 mm from any stent.				
	5. Thrombosis of the access site 30 days prior to procedure.				
	6. Surgical revision of the access site planned within 30 days of procedure.				
	7. Blood coagulative disorder, sepsis, or current AV access infection (white blood count				
	≥12,000).				
	8. Known contraindication (including allergic reaction) or sensitivity to antiplatelet				
	therapy, anticoagulation therapy or paclitaxel (mild to severe cases), that cannot be				
	adequately managed with pre-and post-procedure medication.				
	9. Subjects who are taking immunosuppressive therapy or are routinely taking ≥10mg of				
	prednisone per day.				
	10. Scheduled for kidney transplant or peritoneal dialysis within the next 6 months post				
	procedure.				
	11. Myocardial infarction 30 days prior to procedure.				
	12. Stroke or TIA 90 days prior to procedure.				
	13. Women who are pregnant, breast-feeding or intend to become pregnant or men who				
	intend to father children during the time of the study.				
	14 Subject is participating in any other investigational study that has not completed				
	reiman and sint (a) and ustice on that slinically interforce with the and sint from this				
	primary endpoint(s) evaluation of that clinically interferes with the endpoint from this				
	study.				
Subject screening	Subjects with signed informed consent who meet ALL inclusion and NONE of the exclusion				
and enrollment	criteria and attempted treatment with investigational device will be considered enrolled into				
process	the study.				
Follow-up	Preoperative, Intra-Procedure, Post-Procedure, 30 days and at 6, 12, 24, 36, 48, and 60 months.				
Schedule					
Enrollment and	The enrollment period is expected to last approximately 6 months and study duration is expected				
Study Duration	to be approximately 66 months from study initiation				
Study Duration	to be approximately of months nom study initiation.				