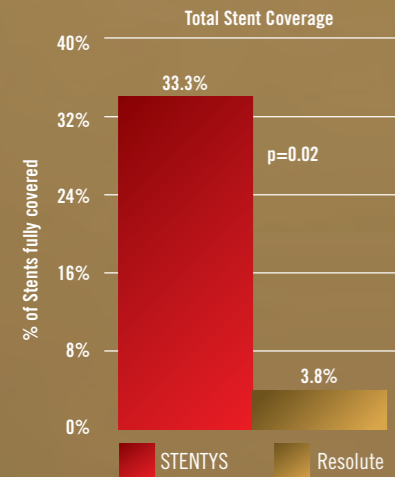


Excellent Clinical Results

Rapid Healing

Faster healing than Resolute™ – 33.8 % STENTYS sirolimus-eluting stents fully covered vs 3.8% Resolute at 4 months²



Low Late Lumen Loss²

0.00mm
LATE LUMEN LOSS
9 MONTHS

Low Stent Thrombosis in Challenging Lesions³

0.75%
DEFINITE AND PROBABLE
12 MONTHS

Clinical Outcomes in Challenging Lesions³

Vessel Diameter Variability
4.4%
12 Month MACE

High Thrombus Load
1.7%
12 Month MACE

Large Vessel
2.8%
12 Month MACE

² van Geuns et al. Self-Expanding Versus Balloon-Expandable Stents in AMI, JACC : I, Vol 5, 1 2 , 2012 Dec:1209-19. ³ P. Den Heijer et al; Worldwide everyday practice registry assessing the Xposition S Self-Apposing stent in challenging lesions with vessel diameter variance (SIZING registry), Poster presentation at TCT 2017.

Side Branch Access

Disconnection feature allows for side branch access if required, facilitating a provisional bifurcation stenting approach without the need for kissing balloon or proximal optimisation techniques.

- 1 Position the guidewire into the side-branch through the stent cell closest to the carina.
- 2 Inflate a regular PTCA balloon at low pressure (8atm) at the side-branch opening to disconnect the struts.
- 3 Stent interconnectors separate due to the combined effect of flexion and torsion created by the balloon.
- 4 Deflate and withdraw the balloon allowing the stent to expand fully. This creates an opening to the side-branch. Final kissing balloon is not required.

Product Codes

Indicated Reference Vessel Diameter (mm)	Stent nominal length			
	17mm	22mm	27mm	37mm
S 2.5 - 3.0mm	BDS02-2530-17	BDS02-2530-22	BDS02-2530-27	BDS02-2530-37
M 3.0 - 3.5mm	BDS02-3035-17	BDS02-3035-22	BDS02-3035-27	BDS02-3035-37
L 3.5 - 4.5mm	BDS02-3545-17	BDS02-3545-22	BDS02-3545-27	BDS02-3545-37

Guidewire compatibility: 0.014" (0.35mm).
Compatible with guiding catheters: 6F (2.0mm).
Useable catheter length 139cm

STENTYS S.A.
18 rue d'Hauteville
75010 Paris France
Tel: +33 1 44 53 99 42
Fax: +33 1 44 53 99 24
www.stentys.com

DEDICATED TO CHALLENGING LESIONS



Vessel Diameter Variability
≥1mm



TIMI Thrombus Grade
≥4



Vessel Diameter
≥4.5mm

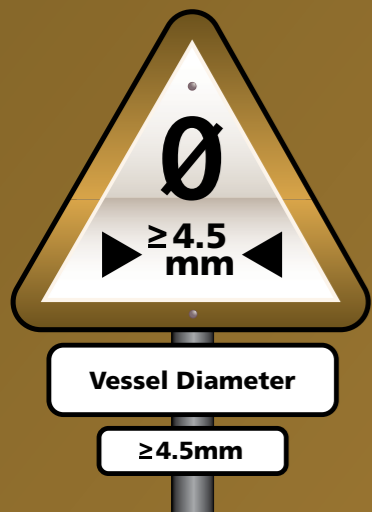
Dedicated to Challenging lesions



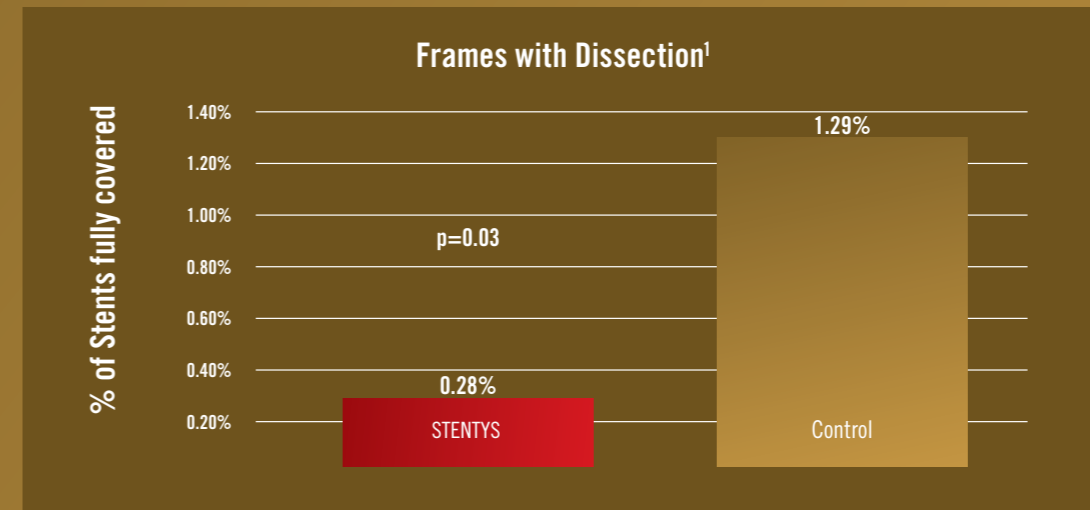
By **actively adapting** to variances in vessel diameter, Xposition S is able to **remove** both the **complications** of distal oversizing and proximal undersizing and those procedural risks inherent in trying to optimise a conventional DES to varying diameters.



Self-Apposing® Stents demonstrate **complete and continuous apposition** in situations where the true vessel diameter may be ambiguous and **despite changes in vessel diameter over time** caused by thrombus absorption and resolution of spasm.



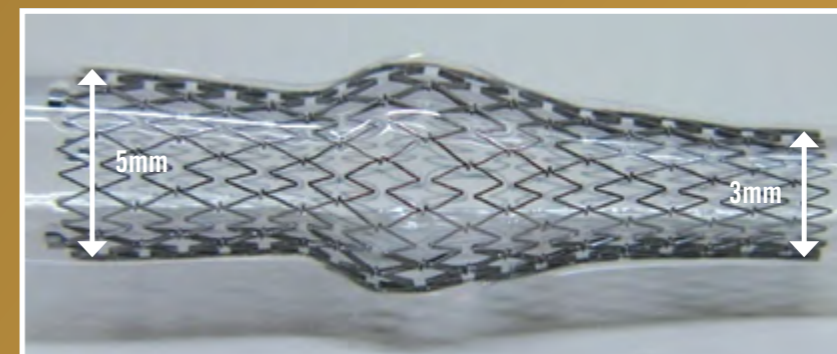
Unlike balloon expandable stents, Self-Apposing® Stents are able to **maintain their cell geometry and scaffolding** in the presence of proximal and distal diameter mismatch even in vessels **upto 6mm** in diameter.



Selecting Self-Apposing® Stent Size

		Vessel Diameter (mm)							
		2.5	3.0	3.5	4.0	4.5	5.0	5.5	6.0
S	Distal Vessel Diameter 2.5 - 3.0mm	Maximum Vessel Diameter* up to 4.0mm							
			Distal Vessel Diameter 3.0 - 3.5mm	Maximum Vessel Diameter* up to 5.0mm					
				Distal Vessel Diameter 3.5 - 4.5mm	Maximum Vessel Diameter* up to 6.0mm				

*Maximum Vessel Diameter for vessels with diameter variations (e.g. tapered, ectatic). Foreshortening can be over 10% outside the recommended reference vessel diameter range. At the stent size boundaries (3.0 & 3.5mm diameter), use the smaller size. As the vessel normally tapers, stent size should be selected according to the distal reference vessel diameter.



¹ van Geuns RJ, Tamburino C, Fajadet J, Vrolix M, Witzensbichler B, Eeckhout E, Spaulding C, Reczuch K, La Manna A, Spaargaren R, Garcia-Garcia HM, Regar E, Capodanno D, Van Langenhove G, Verhey S. Self-expanding versus balloon-expandable stents in acute myocardial infarction: results from the APPOSITION II study: self-expanding stents in ST-segment elevation myocardial infarction. JACC Cardiovasc Interv. 2012;5:1209-1219.

Xposition S, Sirolimus-eluting Self-Apposing® Coronary Stent System, is intended for improving coronary luminal diameter in the treatment of Acute Coronary Syndrome (ACS), unprotected left main disease, de novo lesions in vessels involving a side branch (bifurcation), de novo lesions in vessels with diameter variations (e.g. tapered, ectatic), in native coronary arteries and coronary bypass grafts.