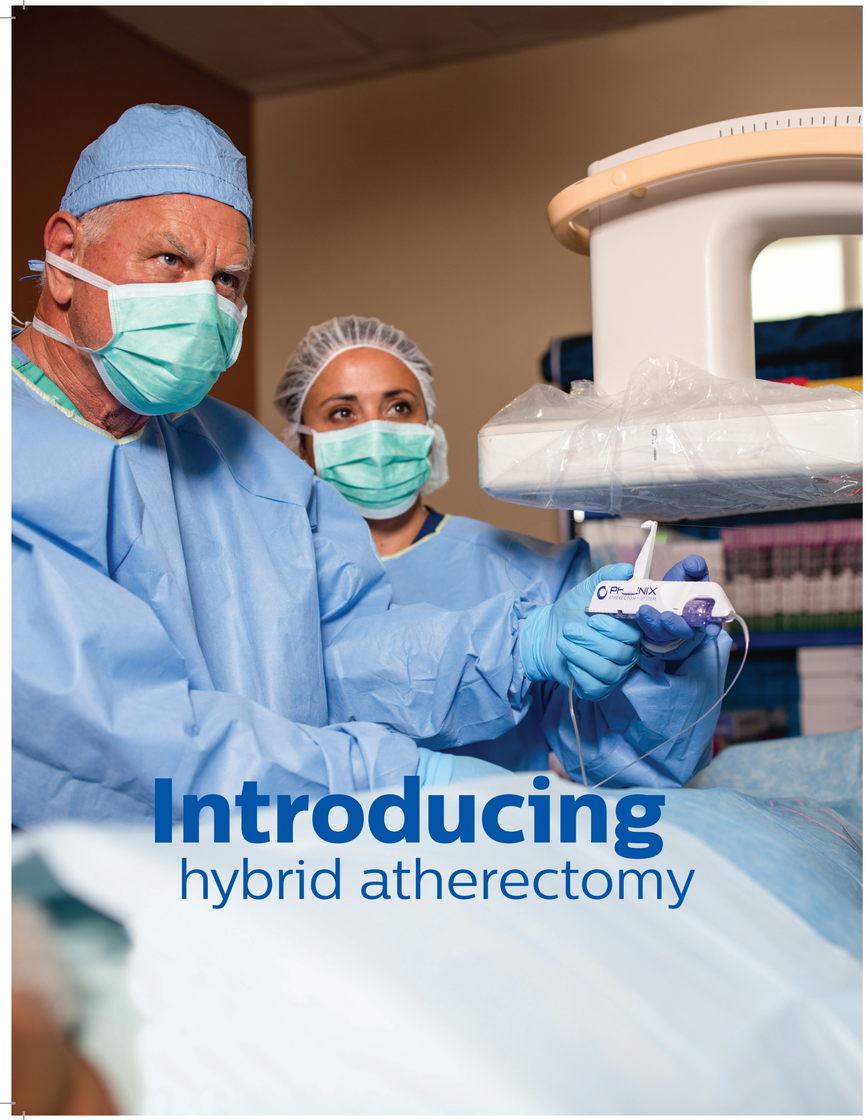
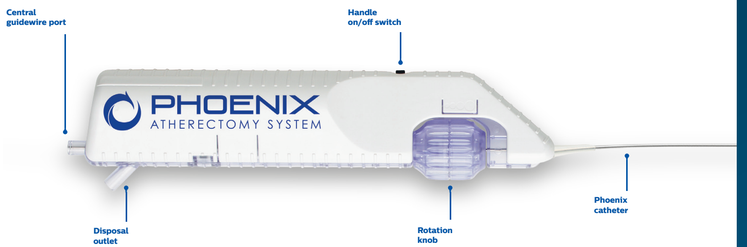


# Introducing
## hybrid atherectomy

## Phoenix atherectomy system

| Part number | Catheter size | Introducer size | Working length | Guidewire diameter |
|---|---|---|---|---|
| P18130K | 1.8 mm tracking | 5F (>1.8 mm) | 130 cm | 0.014" |
| P18149K | 1.8 mm tracking | 5F (>1.8 mm) | 149 cm | 0.014" |
| P22130K | 2.2 mm tracking | 6F (>2.2 mm) | 130 cm | 0.014" |
| P22149K | 2.2 mm tracking | 6F (>2.2 mm) | 149 cm | 0.014" |
| PD24127K | 2.4 mm deflecting | 7F (>2.4 mm) | 127 cm | 0.014" |

## A simple and easy to use system




See why Phoenix is the atherectomy system
you've been waiting for: **www.phoenixatherectomy.com**



601-0500.48/LB

**Philips Volcano**
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San Diego, CA 92130 USA
www.volcanocorp.com

PHILIPS

VOLCANO

*Phoenix*

Atherectomy system

# Finally
the next generation of
peripheral atherectomy is here

The Phoenix atherectomy catheter family combines the benefits of existing atherectomy systems to deliver a unique, hybrid atherectomy option. This will help you tailor your treatment approach for your patients.

## Safe[1]

| Clinical concern | Phoenix solution | Safety data[1] |
|---|---|---|
| Vessel injury | Front cutter clears tissue in a way that may help reduce potential trauma to the vessel | 1.9% perforation<br>0.9% dissection* |
| Distal embolization** | Design of the Phoenix cutter head allows debulked material to be continuously captured | <1% distal embolization<br>0% use of distal protection |

*grade C or greater

**requiring intervention

## Effective

- EASE trial data confirms Phoenix's ability to effectively treat a broad range of tissue types, from soft plaque to calcified arteries, for lesions both above and below the knee.[2] The effectiveness endpoint set in the EASE trial was exceeded, and a <1% clinically driven target lesion revascularization (TLR) was acheived.[3]
- Three catheters diameters have been shown to effectively treat most peripheral vasculature.[2]
  - 1.8 and 2.2 mm (tracking) are suited for treating small vessels or highly stenosed lesions.
  - 2.4 mm (deflecting) is suited for larger vessels or eccentric lesions.

## Easy

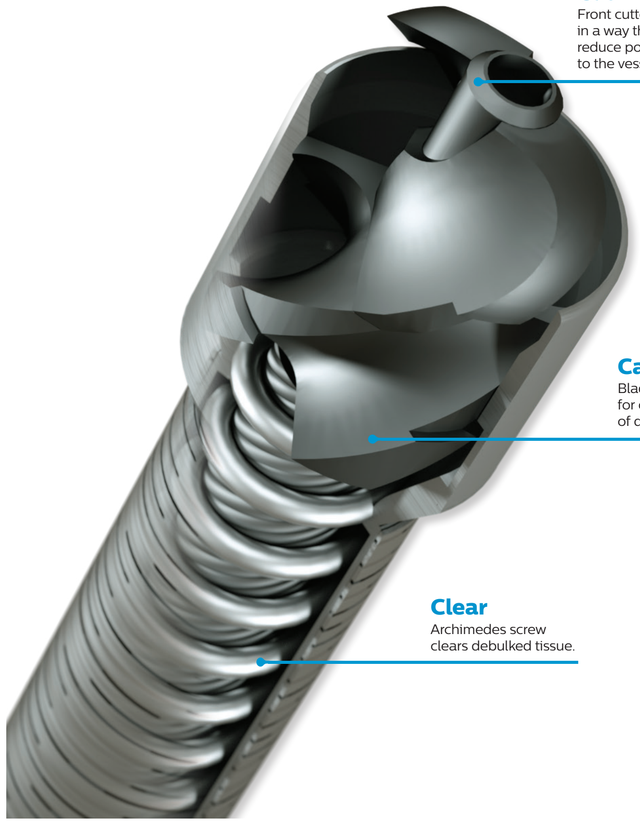
- Single insertion: no need to remove and clean out debulked material.
- Battery powered handle operated. No capital equipment or additional procedural accessories required.
- Low profile, front cutting design allows for direct lesion access without having to first pass a nosecone.

| Product landscape | Hybrid | Directional | Laser | Orbital | Rotational |
|---|---|---|---|---|---|
| Front cutting for direct lesion access | • | | • | • | • |
| Plaque removal | • | • | | | • |
| Directional cutting ability*** | • | • | | | |
| Single insertion | • | | • | • | • |
| No need for capital equipment or procedural accessories | • | • | | | |

***Available with Phoenix 2.4 deflecting catheter

The Phoenix atherectomy 1.8 mm tracking catheter is indicated for vessels 2.5 mm in diameter or above. The Phoenix atherectomy 2.2 mm tracking and 2.4 mm deflecting catheters are indicated for vessels 3.0 mm in diameter or above. While the 1.8 mm and 2.2 mm tracking catheters are indicated for femoral, popliteal, or distal arteries located below the knee, the Phoenix 2.4 mm deflecting catheter is indicated for femoral and popliteal only.

# Phoenix has a cut, capture, and clear mechanism of action



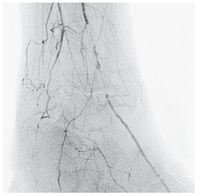
### Cut
Front cutter clears tissue in a way that may help reduce potential trauma to the vessel.[1]

### Capture
Blades are designed for continuous capture of debulked material.

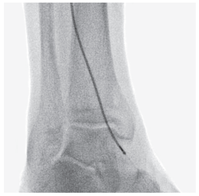
### Clear
Archimedes screw clears debulked tissue.

# Low profile system for distal lesion access[2,4]

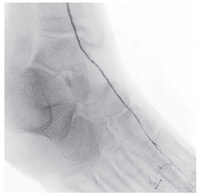
Case performed by Dr. Christopher LeSar at the Vascular Institute of Chattanooga.



Lesion identified in the dorsalis pedis.[2]



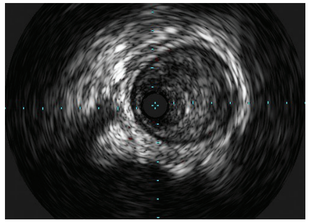
Low profile (5F), front cutting device allowed for direct access to very distal lesion location.[2]



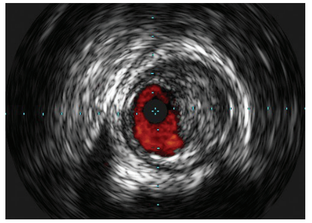
Flow is restored post treatment with Phoenix.

# Phoenix created 67% luminal gain without vessel injury[4]

Case performed by Dr. Joseph Griffin at Baton Rouge General Hospital.



IVUS pre-Phoenix: lesion identified in the popliteal artery. IVUS showed length of plaque and vessel diameter, confirmed Phoenix as optimal treatment choice and helped physician choose DCB length and size.



IVUS post-Phoenix: 2.4 mm device increased lumen more than 67%. This was done without adventitial injury or flow limiting dissections.

1. Endovascular Atherectomy Safety and Effectiveness Study (EASE), ClinicalTrials.gov Identifier NCT01541774 (accessed 23Oct2015). Results presented at the Vascular Interventional Advances (VIVA) Conference in October of 2013 (Las Vegas, NV) by Stephen Williams, MD.
2. Phoenix Atherectomy device is indicated for vessels 2.5mm in diameter and above.
3. EASE trial effectiveness data: Target lesion locations: ATK (48%) and BTK (52%). Technical success rate was 95.1% (performance goal was 86%).
4. Case study results are not predictive. Results in other cases may vary