PHILIPS

Phoenix

Atherectomy system

The safe, simple and **effective choice**

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 0.9% dissection*
Distal embolization**	Design of the Phoenix cutter head allows debulked material to be continuously captured	<1% distal embolization 0% use of distal protection

*grade C or greater
**requiring intervention

Simple

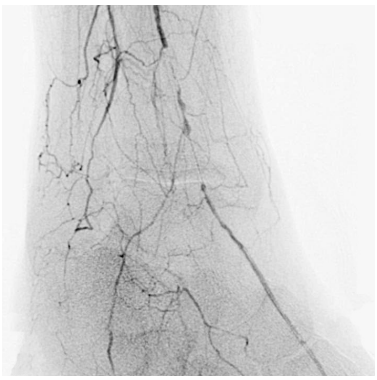
- Single insertion: no need to remove and clean out debulked material
- Battery powered handle operated. No capital equipment or additional procedural accessories required
- Low profile, front cutting design allows for direct lesion access without having to first pass a nosecone

Effective

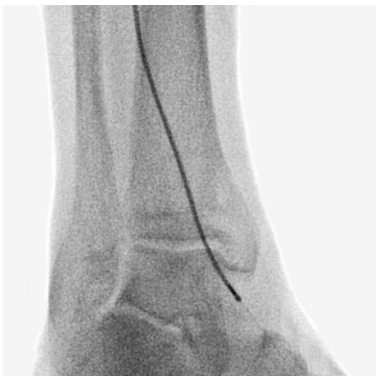
EASE trial data confirms Phoenix's ability to effectively treat a broad range of tissue types, from soft plaque to calcified arteries, for lesions both above and below the knee. The effectiveness endpoint set in the EASE trial was exceeded, and a <1% clinically driven target lesion revascularization (TLR) was acheived.[2]

Low profile system for **distal lesion access**[2,3]

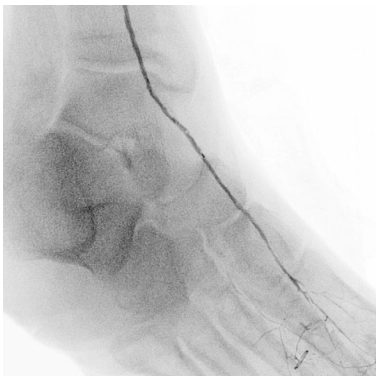
Case performed by Dr. Christopher LeSar at the Vascular Institute of Chattanooga



Lesion identified in the dorsalis pedis[2]



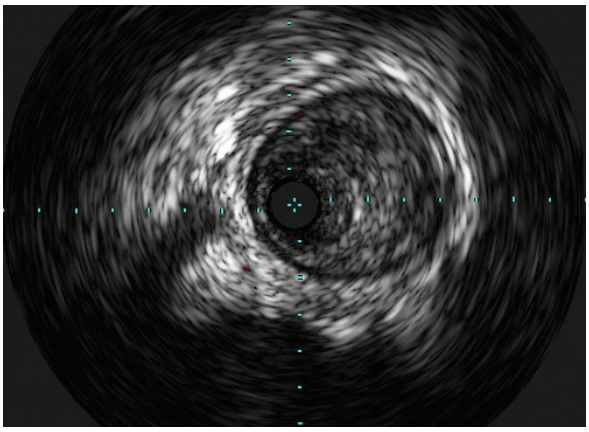
Low profile (5F), front cutting device allowed for direct access to very distal lesion location[2]



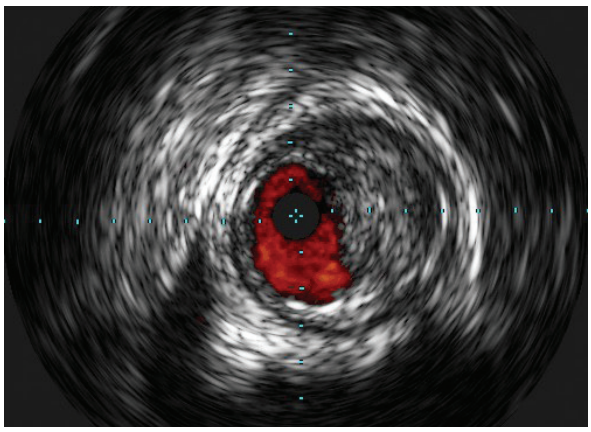
Flow is restored post treatment with Phoenix[2]

Phoenix created 67% **luminal gain without vessel injury**[3]

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



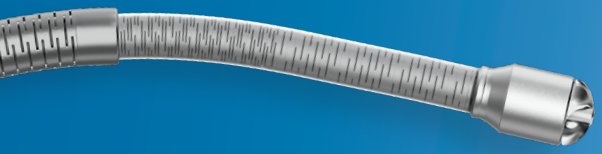
IVUS pre-Phoenix: lesion identified in the popliteal artery
IVUS showed length of plaque and vessel diameter, confirmed Phoenix as optimal treatment choice and helped physician choose DCB length and size



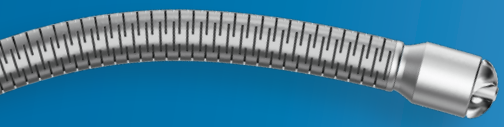
IVUS post-Phoenix: 2.4 mm device increased lumen more than 67%
This was done without adventitial injury or flow limiting dissections

1. Davis, Thomas et al., Safety and effectiveness of the Phoenix Atherectomy System in lower extremity arteries: Early and midterm outcomes from the prospective multicenter EASE study. Vascular. September 27, 2017, DOI: 10.1177/1708538117712383. Target lesion locations: ATK (48%) and BTK (52%). Technical success rate was 95.1% (performance goal was 86%).
2. 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, 2.4 mm tracking and 2.4 mm deflecting catheters are indicated for vessels 3.0 mm in diameter or above. 1.8 mm, 2.2 mm and 2.4 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.
3. Case study results are not predictive. Results in other cases may vary.

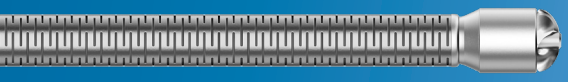
2.4 mm deflecting



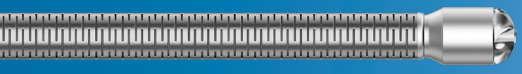
2.2 mm deflecting



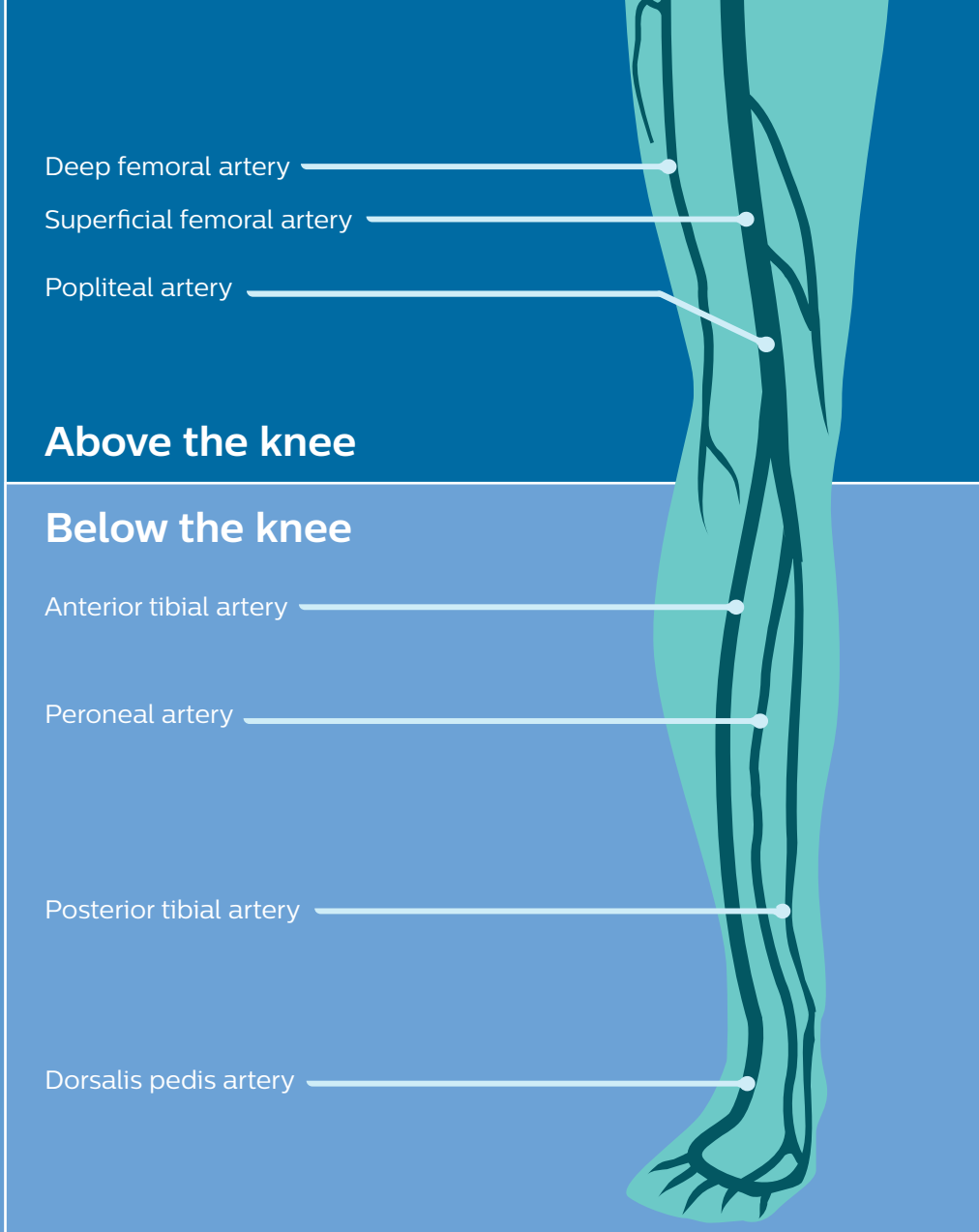
2.4 mm tracking



2.2 mm tracking



1.8 mm tracking



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"
PD22130K	2.2 mm deflecting	6F (>2.2 mm)	130 cm	0.014"
P24130K	2.4 mm tracking	7F (>2.4 mm)	130 cm	0.014"
PD24127K	2.4 mm deflecting	7F (>2.4 mm)	127 cm	0.014"

Part number	Type	Diameter	Length	Tip	Style
PG14300LF	Silicone coated nitinol core	.014"	300 cm	Floppy	Light support
PG14300XF	Silicone coated stainless steel core	.014"	300 cm	Floppy	Extra support

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