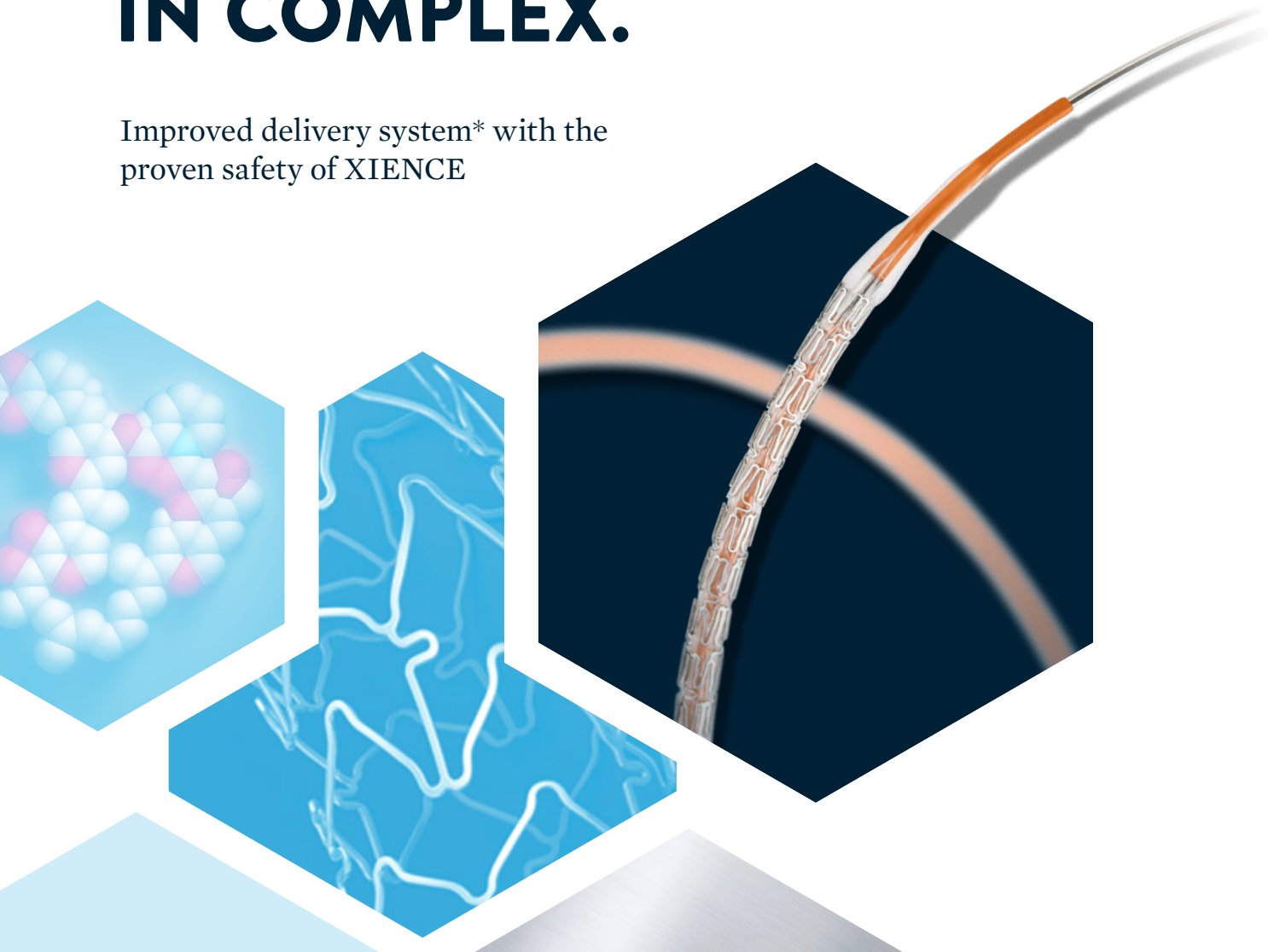
Xience PRO^A

EVEROLIMUS ELUTING CORONARY STENT SYSTEM

PERFORMANCE IN COMPLEX.

Improved delivery system* with the proven safety of XIENCE



VASCULAR

* In comparison with XIENCE PRO X.

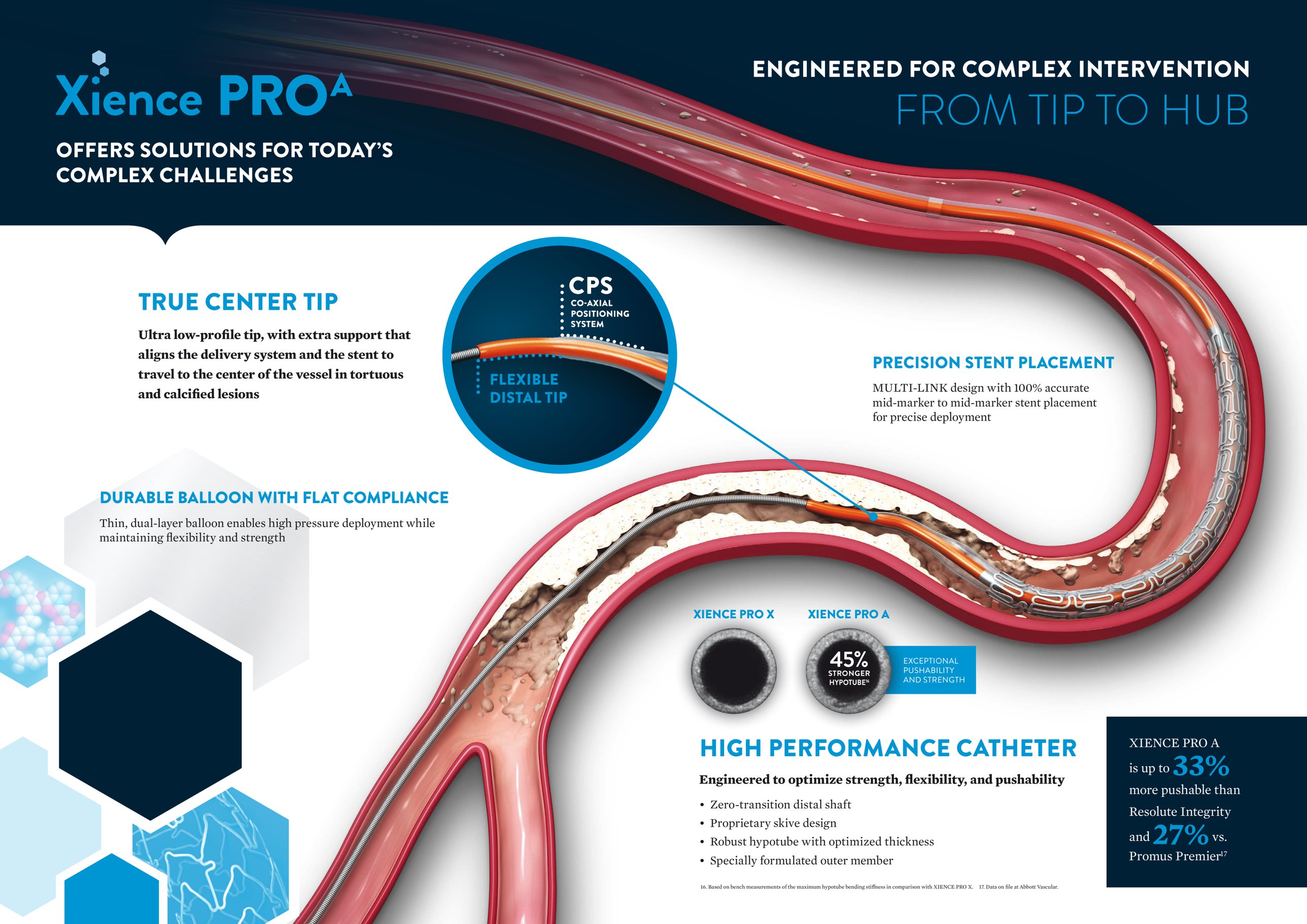
Abbott

Xience PRO^{A}

OFFERS SOLUTIONS FOR TODAY'S COMPLEX CHALLENGES

ENGINEERED FOR COMPLEX INTERVENTION

FROM TIP TO HUB



TRUE CENTER TIP

Ultra low-profile tip, with extra support that aligns the delivery system and the stent to travel to the center of the vessel in tortuous and calcified lesions

PRECISION STENT PLACEMENT

MULTI-LINK design with 100% accurate mid-marker to mid-marker stent placement for precise deployment

DURABLE BALLOON WITH FLAT COMPLIANCE

Thin, dual-layer balloon enables high pressure deployment while maintaining flexibility and strength

HIGH PERFORMANCE CATHETER

Engineered to optimize strength, flexibility, and pushability

- Zero-transition distal shaft
- Proprietary skive design
- Robust hypotube with optimized thickness
- Specially formulated outer member

XIENCE PRO A is up to **33%** more pushable than Resolute Integrity and **27%** vs. Promus Premier[17]

16. Based on bench measurements of the maximum hypotube bending stiffness in comparison with XIENCE PRO X. 17. Data on file at Abbott Vascular.

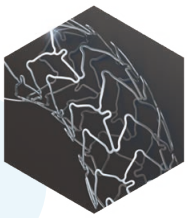
XIENCE SAFETY RESULTS FROM ITS UNIQUE DESIGN

"A DRUG-ELUTING STENT CONSISTS OF 3 COMPONENTS ... **A METALLIC PLATFORM, A POLYMER AND A DRUG**, ALL INFLUENCING ACUTE AND LONG TERM RESULTS BOTH IN SAFETY AND EFFICACY." **

FLUOROPOLYMER

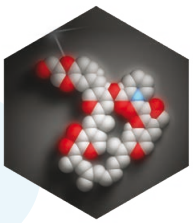
- Durability, flexibility and elasticity for stent coating use
- Biocompatible for cardiovascular implants[4,5,6]
  - Attracts albumin to surface for thromboresistance[8]
  - Minimal inflammation[4]
  - Fast and functional endothelialization[5,10,11]

COCR MULTI-LINK STENT DESIGN



- Flexible for conformability, less injury[1]
- Low metal to artery ratio reduces injury, inflammation[7]
- Thin well-apposed struts for rapid re-endothelialization, healing and reduced thrombogenicity[2,3,4]

EVEROLIMUS



- Elution rate matched to restenosis cascade by optimal coating thickness
- Low drug dose
- Broad therapeutic range

** Fajadet, J., et al. PLATINUM PLUS 30-day Poster, TCT 2012. 1. Colombo, et al.; J Amer Coll Cardiol 2002;40(6):1021-1033. 2. Kolandaivelu, et al.; Circulation 2011;123;1400-1409. 3. Kastrati ,et al.; Circulation 2001;103;2816-2821. 4. Otsuka et al JACC: Cardiovasc Intern 2012; 8: 1248-1260. 5. Perkins, et al. Journal of Interventional Cardiology 2009; 22: S28-S40. 6. Otsuka, Circ Cardiovasc Interv. 2014; 7: 330-342. 7. Data on file at Abbott Vascular. 8. Panchalingam V, et al. ASAIO J 1993;39:M305-M309. 9. Chinn et al. J Biomed Mater Res, 1998; 39: 130-140. 10. Joner et al. JACC 2008;52: 333-342. 11. Perkins, L. E. L., K. Boeke-Purkis, Q. Wang, S. K. Stringer, and L. A. Coleman (2009). "XIENCE V everolimus-eluting coronary stent system: a preclinical assessment." Journal of Interventional Cardiology 22(s1): S28-S40.

XIENCE SAFETY IN COMPLEX PCI

IS SAFETY FOR CHALLENGING PATIENTS ...

CTOS[12] DEF / PROB ST	**0.7%**	AT 1 YEAR
DIABETES[13] DEF / PROB ST	**0.5%**	AT 2 YEARS
LEFT MAIN[14] DEF ST	**0.7%**	AT 3 YEARS
HBR[15] DEF ST	**0.5%**	AT 1 YEAR

Note: Placement of the stent in the left main coronary artery has the potential to compromise blood flow to the distal anatomy. *** 10,000,000 implants number is based on data of DES implants through Q1 2017. Data on file at Abbott. 12. Teeuwen K, et al. PRISON IV Trial. JACC Cardiovasc Interv. 2016. doi: 10.1016/j.jcin.2016.10.017. 13. Kaul U. TUXEDO Trial 2-year data. TCT 2016. 14. Stone GW, et al. EXCEL Trial. N Engl J Med. 2016;375:2223-2235. doi: 10.1056/NEJMoa1610227. 15. de Belder A, et al. XIMA Trial. JACC. 2014;63:1371-1375.

ORDERING INFORMATION

STENT DIAMETER	STENT LENGTH							
	8 mm	12 mm	15 mm	18 mm	23 mm	28 mm	33 mm	38 mm
2.00 mm	1128200-08	1128200-12	1128200-15	1128200-18	1128200-23	1128200-28		
2.25 mm	1128225-08	1128225-12	1128225-15	1128225-18	1128225-23	1128225-28		
2.50 mm	1128250-08	1128250-12	1128250-15	1128250-18	1128250-23	1128250-28	1128250-33	1128250-38
2.75 mm	1128275-08	1128275-12	1128275-15	1128275-18	1128275-23	1128275-28	1128275-33	1128275-38
3.00 mm	1128300-08	1128300-12	1128300-15	1128300-18	1128300-23	1128300-28	1128300-33	1128300-38
3.50 mm	1128350-08	1128350-12	1128350-15	1128350-18	1128350-23	1128350-28	1128350-33	1128350-38
4.00 mm	1128400-08	1128400-12	1128400-15	1128400-18	1128400-23	1128400-28	1128400-33	1128400-38

STENT SPECIFICATIONS

Stent Design	MULTI-LINK, 3-3-3, nonlinear link	
Stent Material	L-605 Cobalt Chromium	
Drug	Everolimus	
Drug Dose	88 µg	
Polymer	Fluorinated Copolymer	
Strut Thickness	0.0032"	
Shortening	0% - nominal	
Maximum Expansion Diameter	Size (mm)	Maximum Exp. (mm)
	2.00-2.50	3.25
	2.75-3.00	3.75
	3.50-4.00	4.50

STENT DELIVERY SYSTEM SPECIFICATIONS

Working Catheter Length	145 cm		
GW Notch Width, Average	0.033"		
Nominal Pressure	10 atm		
Rated Burst Pressure	18 atm		
Balloon Material	Multilayer Pebax		
Crossing Profile	0.0425" (3.0 x 18 mm)		
Tip Entry Profile	0.017"		
Kissing Stent Compatibility	6F (0.070")		
Shaft Measurements	Proximal	Mid-Shaft	Distal
	0.028"	0.035"	0.033"

Tests performed by and data on file at Abbott Vascular.

Caution: This product is intended for use by or under the direction of a physician. Prior to use, reference the Instructions for Use provided inside the product carton (when available), at eifu.abbottvascular.com or at Manuals.sjm.com for more detailed information on Indications, Contraindications, Warnings, Precautions and Adverse Events. Information contained herein for Europe, Middle East and Africa ONLY. Check the regulatory status of the device before distribution in areas where CE marking is not the regulation in force. Illustrations are artist's representations only and should not be considered as engineering drawings or photographs. Photos on file at Abbott.

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