NEW SIRIUS: Setting the Standard in Drug-eluting Stent Outcomes

cypher™

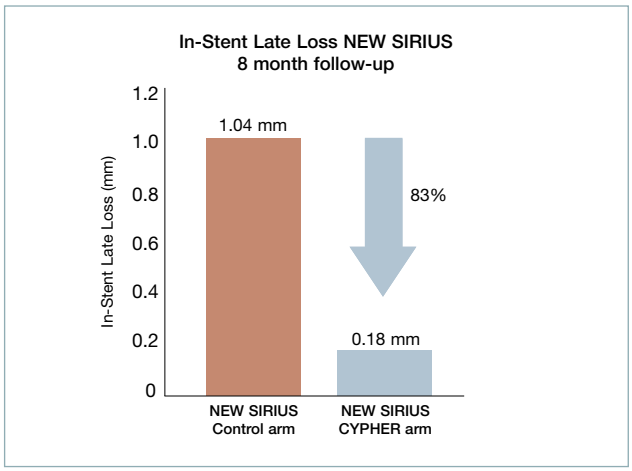
Sirolimus-eluting Stent

NEW* SIRIUS: Setting the Standa

Unmatched Results...

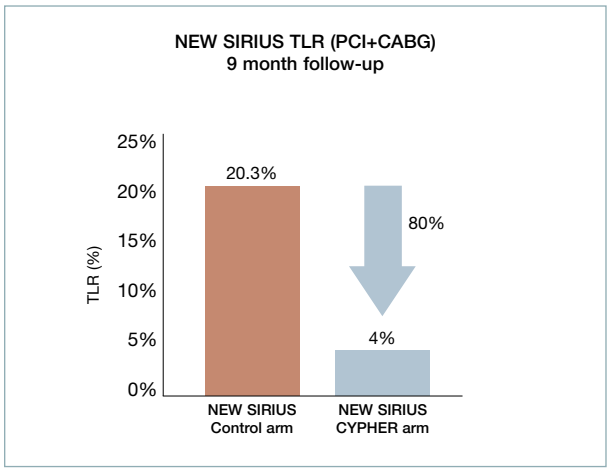
• 0.18 mm In-Stent Late Loss

- Late Loss: most precise angiographic measure of tissue growth within the stent
- NEW SIRIUS: very low late loss (0.18 mm) in high risk patients; 83 % reduction compared to control group



• 4% TLR PCI+CABG

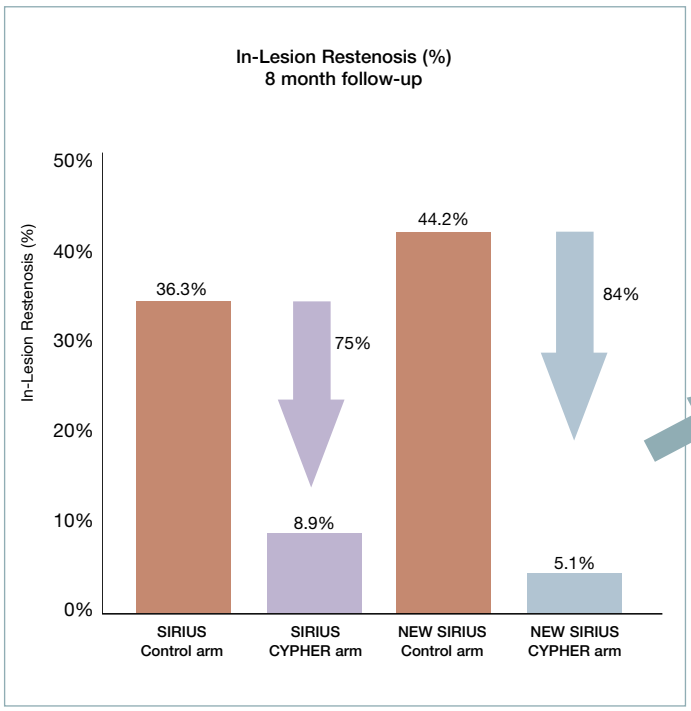
- TLR: target lesion revascularization, PCI or CABG
- NEW SIRIUS: only 4% TLR in a very challenging patient population; 80 % reduction compared to control group



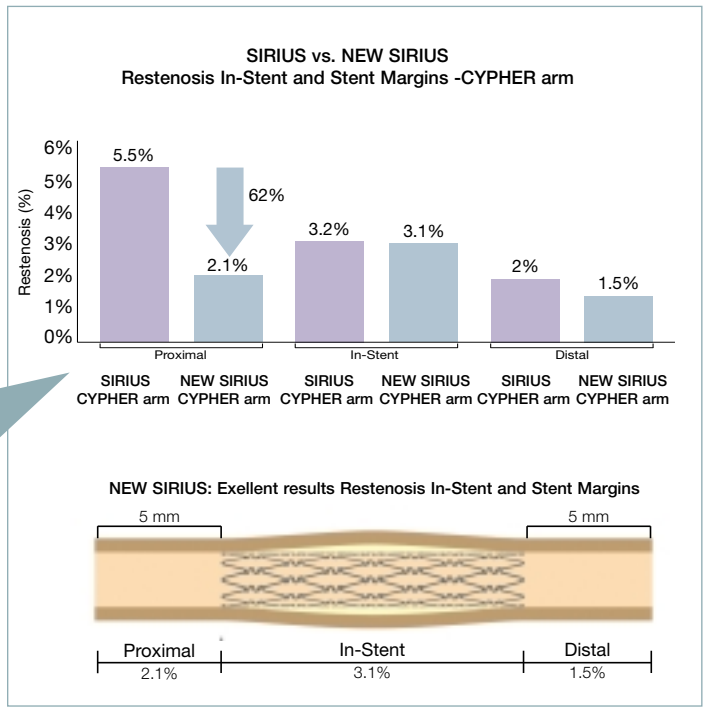
• 5.1% In-Lesion Restenosis

NEW SIRIUS vs. SIRIUS

- Only 5.1% In-Lesion restenosis and greater relative reduction of restenosis compared to control group (84%) despite a more challenging patient population



- Improvements in restenosis across the entire lesion site
- Significant Reduction of Proximal Restenosis



* Pooled data from the double blind, randomised controlled E- & C-SIRIUS Trials, 8 month angio follow-up, 9 month clinical follow-up

rd in Drug-eluting Stent Outcomes

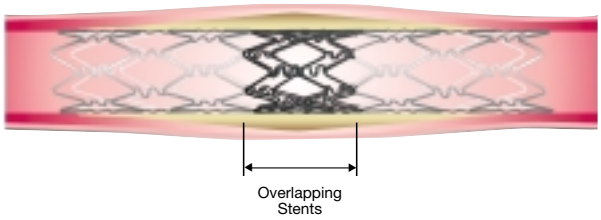
In Patients with higher risk factors…

- **NEW SIRIUS, patients with higher risk factors and more challenging lesion types than SIRIUS**

- More current smokers (36.3% vs. 20.8%), more previous MI (42.4% vs. 30.5%)
- Longer Lesions (14.8 mm vs. 14.4 mm lesion length, 23.3 mm vs. 21.5 mm stented length)
- Smaller Vessels (2.57 mm vs. 2.80 mm RVD)
- More Overlapping Stents (35.4% vs. 28.5%), More patients with Multiple Stents (48% vs. 35%)

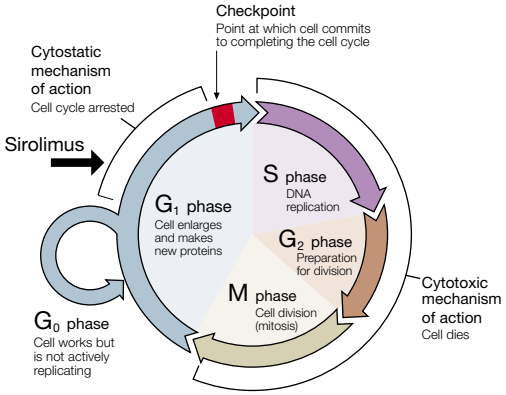
Made possible by improved techniques

- Use Longer Stents
  - Stent Normal Reference Vessel (NRV) to NRV
- Minimize Vessel Trauma
  - When Pre-Dilating or Post Dilating, use a shorter balloon
  - Do not post Dilate outside the stent edges
- Fully deploy the stent
  - The stent must be in full contact with the vessel
  - If the Stent is not fully deployed, use a larger post dilatation balloon
- Do not leave gaps but overlap Stents
  - 3 to 4 mm overlap is recommended to avoid geographic miss



Made possible by Sirolimus

- Triple Mechanism of Action & Selective to proliferating Cells
  - Anti Proliferative, Anti Migratory, Anti Inflammatory
  - Does not interfere with Endothelial Cell Regrowth
- Cytostatic Mechanism of Action
  - Cells return to a resting stage and are not killed
- Broad Therapeutic Window
  - Biological Activity at doses ranging from 18µg to 1200µg (6 X the dose of CYPHER Stent) with no evidence of toxicity to the vessel wall



NEW* SIRIUS: Setting the Standard in Drug-eluting Stent Outcomes

Patient demographics & lesion characteristics	NEW SIRIUS	SIRIUS
# DES Patients	225	533
Mean Age	61.6	62.1
Number of men (%)	70.2	72.6
Previous MI (%)	42.4	30.5
Current Smokers (%)	36.3	20.8
Diabetics (%)	20.0	24.6
RVD (mm)	2.57	2.80
Stented length (mm)	23.3	21.5
Lesion Length (mm)	14.8	14.4
Patients with overlapping stents (%)	35.4	28.5
Direct stenting (%)	27.0	0.0
QCA In-Stent Analysis (8 months) and Clinical Results (9 months)		
In-Stent MLD (mm)		
Pre	0.87	0.98
Post	2.45	2.67
Follow Up @ 8 mo.	2.27	2.50
Late Loss (mm): in stent (mm)	0.18	0.17
Late Loss (mm): in lesion (mm)	0.17	0.24
Binary restenosis (%): In-lesion	5.1	8.9
Binary restenosis (%): In-stent	3.1	3.2
Binary restenosis (%): Proximal Edge	2.1	5.5
Binary restenosis (%): Distal Edge	1.5	2.0
TLR (PCI+CABG) (%)	4.0	4.1

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NEW SIRIUS...

Setting the Standard in Drug-eluting Stent Outcomes:

- 0.18 mm late loss
- 4% TLR
- 5.1% In-Lesion Restenosis

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Sirolimus-eluting Stent