MEDCO FORUM®

PRESENTING INNOVATIVE PRODUCTS & SERVICES TO HEALTHCARE PROFESSIONALS

The Resulsts are in!

TVR: 2.9%

TLR: 6.2%

ORBIT II two-year data demonstrates low TVR/TLR rates.

CSI announces two-year results for the prospective, single arm, pivotal ORBIT II trial of 443 patients with *de novo,* severely clacified lesions treated with the Diamondback 360® Coronary Orbital Atherectomy System (OAS).

ORBIT II: SAFETY ENDPOINT & MACE RATE COMPONENTS

	30-Day	One-Year	Two-Year
MACE:	**10.4%**	**16.4%**	**19.4%**
MI*:	**9.7%**	**9.7%**	**9.7%**
Non Q-wave	8.8%	8.8%	8.8%
Q-wave	0.9%	0.9%	0.9%
TVR/TLR:	**1.4%**	**5.8%**	**8.1%**
TVR	0.7%	1.9%	2.9%
TLR	0.7%	4.7%	6.2%
Cardiac death:	**0.2%**	**3.0%**	**4.3%**

*Based on reported CK-MB >3X ULN

Key Presentations at CHIP and ACC.15

Friday, March 13, 2015 | 6:30 p.m. - 9:10 p.m.

Complex and High-Risk Interventional Procedures (CHIP) - A comprehensive update of the latest clinical breakthroughs in the percutaneous treatment of CAD.

Saturday, March 14, 2015 | 3:45 p.m. - 4:30 p.m., Poster Hall B1

Does Calcium Burden Impact on Culprit Lesion Morphology and Clinical Results: An ADAPT-DES IVUS Sub-Study. Shan,

P., et al.

Predictors of Newly Implanted Stent Expansion in In-Stent Restenotic Lesions: an ADAPT-DES IVUS Sub-Study. Goto, K., et al.

For information about ORBIT II or Diamondback 360 Coronary OAS, visit CSI at booth #429!

For additional information please contact your CSI representative, call 1-877-274-0901, or simply visit our www.csi360.com to learn more!

Indication: The Diamondback 360® Coronary Orbital Atherectomy System (OAS) is a percutaneous orbital atherectomy system indicated to facilitate stent delivery in patients with coronary artery disease (CAD) who are acceptable candidates for PTCA or stenting due to de novo, severely calcified coronary artery lesions. Contraindications: The OAS is contraindicated when the ViperWire® guide wire cannot pass across the coronary lesion or the target lesion is within a bypass graft or stent. The OAS is contraindicated when the patient is not an appropriate candidate for bypass surgery, angioplasty, or atherectomy therapy, or has angiographic evidence of thrombus, or has only one open vessel, or has angiographic evidence of significant dissection at the treatment site and for women who are pregnant or children. Warnings/Precautions: Performing treatment in excessively tortuous vessels or bifurcations may result in vessel damage; The OAS was only evaluated in severely calcified lesions, A temporary pacing lead may be necessary when treating lesions in the right coronary and circumflex arteries; On-site surgical back-up should be included as a clinical consideration; Use in patients with an ejection fraction (EF) of less than 25% has not been evaluated. See the instructions for use before performing Diamondback 360 coronary orbital atherectomy procedures for detailed information regarding the procedure, indications, contraindications, warnings, precautions, and potential adverse events. Caution: Federal law (USA) restricts this device to sale by or on the order of a physician