

One wire, one system, multi-modality

Verrata Plus pressure guide wire

- Quickly disconnect and reliably reconnect
- Proximal wire design resists kinks and repels moisture
- Clip connector has multiple back-up contact points for a secure signal

IntraSight interventional applications platform

- Delivers today's best-in-class imaging, physiology and co-registration* tools including iFR and iFR Co-registration
- Minimizes learning curves, increases workflow confidence and provides an outstanding user experience with a modern and intuitive interface
- Optimizes lab performance with efficient data management and user controls, remote service diagnostics, and advanced cybersecurity protection

Part number	Description
10185P	Verrata Plus pressure guide wire, 185 cm, straight
10185JP	Verrata Plus pressure guide wire, 185 cm, J-shape
10300P	Verrata Plus pressure guide wire, 300 cm, straight
10300JP	Verrata Plus pressure guide wire, 300 cm, J-shape
435-0100.30	iFR modality
IntraSight07	IntraSight interventional applications platform
COREmb120	CoreMobile precision guided therapy system

* Co-registration tools available within IntraSight 7 configuration via SyncVision.

1. Davies JE, et al., Use of the Instantaneous Wave-free Ratio or Fractional Flow Reserve in PCI. N Engl J Med. 2017 May 11;376(19):1824-1834
2. Gotberg M, et al., iFR-SWEDEHEART Investigators.. Instantaneous Wave-free Ratio versus Fractional Flow Reserve to Guide PCI. N Engl J Med. 2017 May 11;376(19):1813-1823
3. An iFR cut-point of 0.89 matches best with an FFR ischemic cut-point of 0.80 with a specificity of 87.8% and sensitivity of 73.0%. (iFR Operator's Manual 505-0101.23)



PHILIPS

iFR

Modality

Make the shift from justification to guidance with the iFR modality



Simplify workflow

- One wire, one system, multi-modality
- iFR Scout pullback allows you to assess ischemia along the entire length of the vessel
- iFR provides a hyperemia pullback technology free measurement in as few as five heartbeats



iFR is the only resting index validated by patient outcomes^{1,2,3}

Proven outcomes

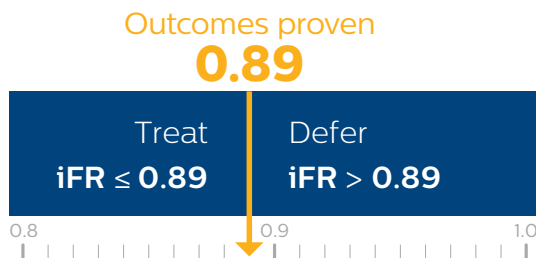
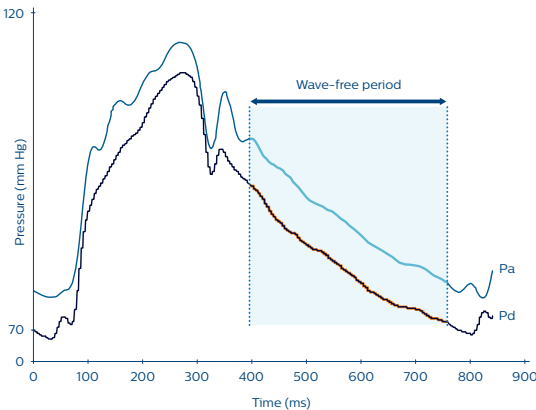
- iFR outcome results from more than 4,500 patients, two prospective randomized controlled trials, published in the New England Journal of Medicine
- An iFR guided approach provides consistent patient outcome as with an FFR guided approach

Superior value

- 10% cost reduction per patient on average compared to FFR
- \$896 saved per patient on average compared to FFR

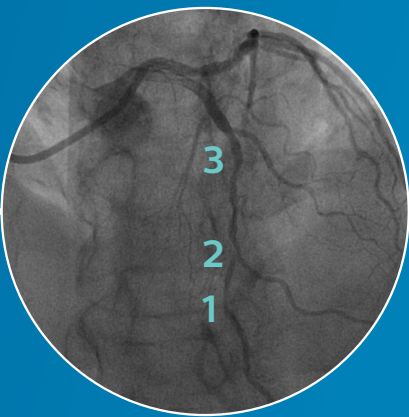
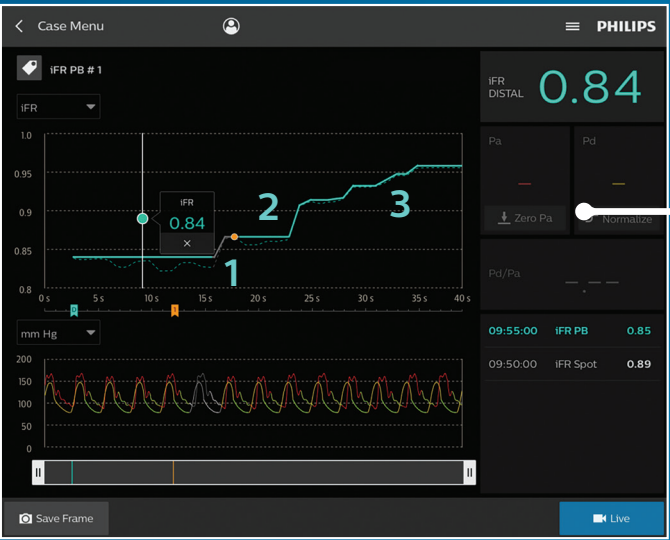
Reassuring advantages

- An iFR cut-point of 0.89 is backed by data
- No need for hyperemic agents in your physiology measurements
- Achieve a 90% reduction in patient discomfort when you don't need to use hyperemic agent
- Save 10% of procedural time with an iFR guided approach



iFR Scout pullback technology

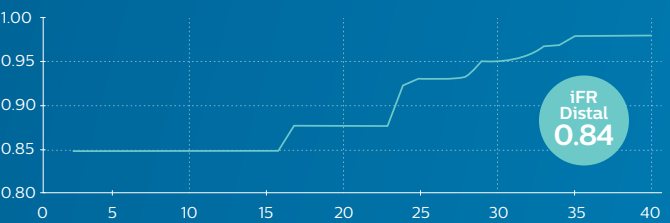
Physiology is more than a justification tool. Hyperemia-free iFR Scout pullback technology makes it easier to assess physiology before, during and after your procedure.



Which areas of the vessel are most physiologically significant?

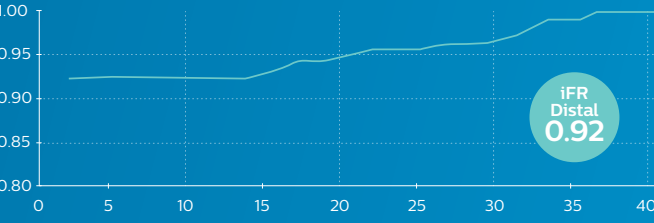
The iFR Scout pullback shows that the vessel is physiologically significant, with areas of focal disease (1 and 2) and diffuse disease (3).

Plan the treatment strategy

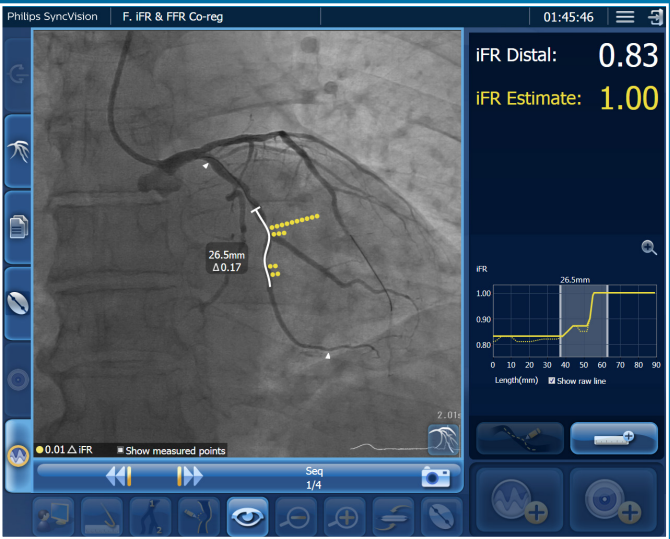


The most significant gradient is in the mid-vessel lesion with diffuse proximal disease.

Confirm the result



After placing two DES in the areas of focal disease, iFR Scout pullback demonstrates a functional gain from 0.85 to 0.92.



Physiologic guidance

Only iFR Co-registration allows you to map physiological measurement to angiographic images, taking the guesswork out of the procedure and helping you plan your treatment strategy.