PHILIPS

AngioSculpt Evo

RX PTCA scoring balloon catheter

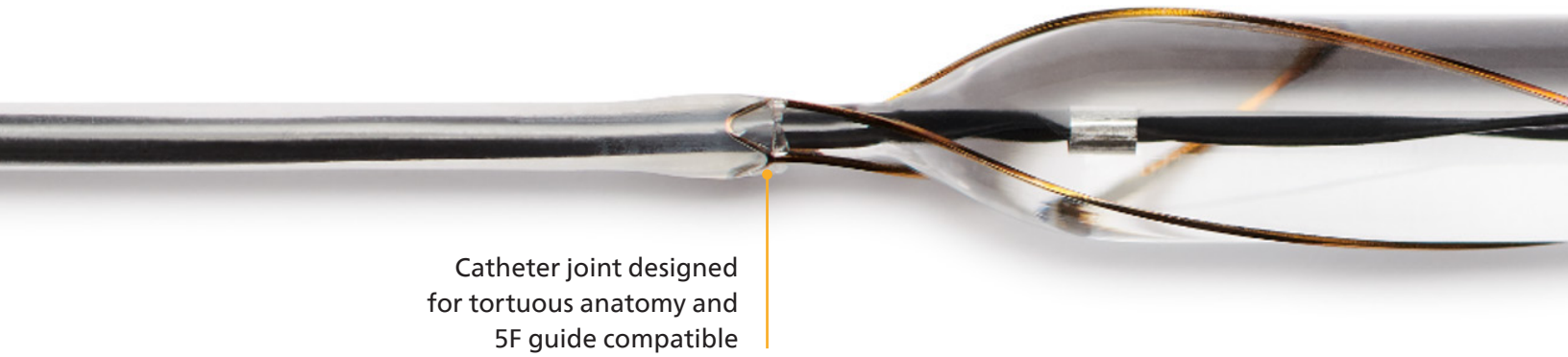
Maximize gain. Minimize risk.

Philips' most deliverable specialty balloon[1,2,3]

Tip to tail

AngioSculpt Evo is designed to deliver great power and achieve more luminal gain[3,4]

Deliverability, crossability, and dilatation power are key factors when selecting a balloon. The Philips Scoring Balloon Catheter, AngioSculpt Evo, is designed for exceptional performance in all three factors.



Catheter joint designed for tortuous anatomy and 5F guide compatible

Superior deliverability

Physicians reported that AngioSculpt Evo is more deliverable than the leading scoring/cutting balloon[5]

AngioSculpt Evo is
43% smaller and
44% more deliverable
than Wolverine[1]

AngioSculpt Evo scoring balloon compared with Wolverine cutting balloon

Indications for use	**AngioSculpt Evo[2,6]**	**Wolverine[8]**
In-stent restenosis (ISR)	✓	✗
ACC/AHA lesion specific classification Type B2 and C	✓	✗
Total occlusions – traversable by guidewire	✓	✗
Moderately and severely calcified	✓	✗
Eccentric lesions	✓	✗
Ostial lesions	✓	✗
Long lesions > 20 mm diffuse disease	✓	✗

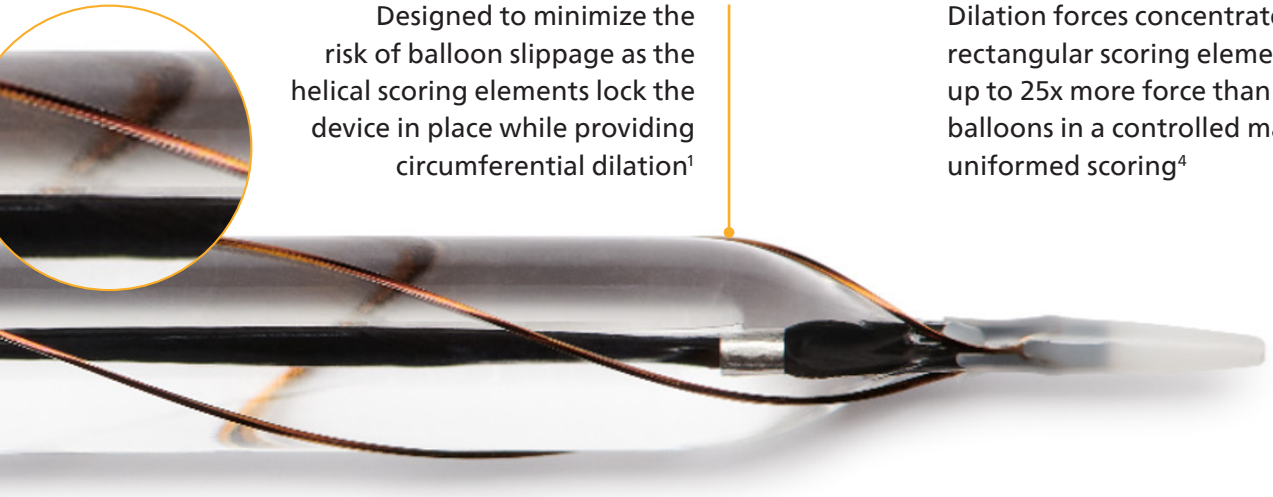
Strong safety profile*

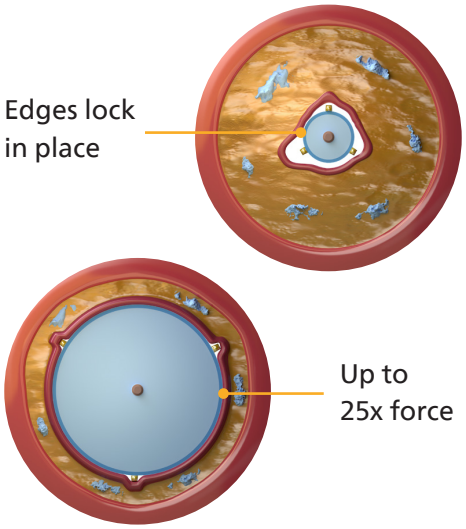
AngioSculpt Evo is indicated for use in the treatment of hemodynamically significant coronary artery stenosis, including in-stent restenosis (ISR) and complex type C lesions[2,6]

- Low risk of dissection – A U.S. pivotal study reported only 1% Type D-F flow-limiting dissections post-AngioSculpt, underscoring its safety*[6]
- Designed to minimize the risk of balloon slippage as the helical scoring elements lock the device in place while providing circumferential dilation[1]
- Delivers up to 25X the force of conventional balloons[4]
- 93% angiographic success treating bifurcations and ostial lesions as demonstrated by the AGILITY Study[7]

91% of physicians

rated AngioSculpt Evo overall performance better than Wolverine[5]





Controlled power

- Tested for 20 dilatations[1]
- Designed to deliver greater power and achieve more luminal gain[3,4]
- Demonstrated 39% more acute gain compared to direct stenting and 26% more acute gain compared to POBA[3]

Ordering information

Number	Balloon diameter (mm)	Balloon length (mm)	Catheter length	Guidewire compatibility	Guide catheter compatability
2200-2006-B	2.0	6	139	0.014″	5Fr
2200-2010-B	2.0	10	139	0.014″	5Fr
2200-2015-B	2.0	15	139	0.014″	5Fr
2200-2020-B	2.0	20	139	0.014″	5Fr
2200-2506-B	2.5	6	139	0.014″	5Fr
2200-2510-B	2.5	10	139	0.014″	5Fr
2200-2515-B	2.5	15	139	0.014″	5Fr
2200-2520-B	2.5	20	139	0.014″	5Fr
2200-3006-B	3.0	6	139	0.014″	5Fr
2200-3010-B	3.0	10	139	0.014″	5Fr
2200-3015-B	3.0	15	139	0.014″	5Fr
2200-3020-B	3.0	20	139	0.014″	5Fr
2200-3506-B	3.5	6	139	0.014″	5Fr
2200-3510-B	3.5	10	139	0.014″	5Fr
2200-3515-B	3.5	15	139	0.014″	5Fr
2200-3520-B	3.5	20	139	0.014″	5Fr

AngioSculpt Evo PTCA important safety information

The AngioSculpt Evo Scoring Balloon Catheter is indicated for use in the treatment of hemodynamically significant coronary artery stenosis, including in-stent restenosis and complex type C lesions, for the purpose of improving myocardial perfusion.

The AngioSculpt Evo catheter should not be used for coronary artery lesions unsuitable for treatment by percutaneous revascularization, and coronary artery spasm in the absence of a significant stenosis.

Possible adverse effects include, but are not limited to: death; heart attack (acute myocardial infarction); embolism, total occlusion of the treated coronary artery; coronary artery dissection, perforation, rupture, or injury; pericardial tamponade; no/slow reflow of treated vessel; emergency coronary artery bypass (CABG); emergency percutaneous coronary intervention; CVA/stroke/embolic stroke; pseudoaneurysm; restenosis of the dilated vessel; unstable angina; thromboembolism or retained device components; irregular heart rhythm (arrhythmias, including life-threatening ventricular arrhythmias); severe low (hypotension)/high (hypertension) blood pressure; coronary artery spasm; hemorrhage or hematoma; need for blood transfusion; surgical repair of vascular access site; creation of a pathway for blood flow between the artery and the vein in the groin (arteriovenous fistula); drug reactions, allergic reactions to x-ray dye (contrast medium); and infection. This information is not intended to replacea discussion with your healthcare provider on the benefits and risks of this procedure to you.

Caution: Federal law restricts this device to sale by or on the order of a physician.

Compliance chart

Pressure (atm)	Pressure (kPa)	Balloon diameter (mm)			
		2.0	2.5	3.0	3.5
2	203	1.69	1.04	2.42	2.87
4	405	1.80	2.15	2.54	3.03
6	608	1.86	2.25	2.68	3.19
8	811	1.93	2.36	2.83	3.35
10	1013	2.01	2.46	2.96	3.46
12	1216	2.09	2.54	3.06	3.54
14	1419	2.16	2.61	3.14	3.61
16	1621	2.24	2.69	3.22	3.67
18	1824	2.33	2.76	3.31	3.73

6, 10, 15, 20 mm length balloons

Normal pressure Rated burst pressure

*Based on AngioSculpt PTCA clinical data

References

1. D051336-01 Report, AngioSculpt EVO Marketing Claims Report 2. Data on file at Philips IGTD: D050055_Clinical Evaluation Report AngioSculpt EVO and PTCA Scoring Balloon Catheter. 3. Costa JR, Mintz GS, Carlier SG, et al. Nonrandomized comparison of coronary stenting under intravascular ultrasound guidance of direct stenting without predilation versus conventional predilation with a semi-compliant balloon versus predilation with a new scoring balloon. Am J Cardiol. 2007;100:812-817. 4. Data on file, SR-1571. 5. D059995 Customer Preference Study Report Evo Claims validated by clinician feedback on clinical cases performed with AngioSculpt EVO, with a sample size of 39 physicians using AngioSculpt EVO on 105 cases. Clinicians participating in the survey reported primarily using Wolverine as their current scoring/cutting balloon. 6. AngioSculpt Evo IFU P015608-B. 7. Weisz, G., Metzger, D. C., Liberman, H. A., O'Shaughnessy, C. D., Douglas, J. S., Jr, Turco, M. A., Mehran, R., Gershony, G., Leon, M. B., & Moses, J. W. (2013). A provisional strategy for treating true bifurcation lesions employing a scoring balloon for the side branch: final results of the AGILITY trial. Catheterization and cardiovascular interventions : official journal of the Society for Cardiac Angiography & Interventions, 82(3), 352–359. https://doi.org/10.1002/ccd.24630 8. WOLVERINE™ Coronary Cutting Balloon. Boston Scientific. (n.d.). Indications, safety, and warnings. Boston Scientific. Retrieved August 25, 2025, from https://www.bostonscientific.com/us/en/healthcare-professionals/products/balloons-catheters-and-guidewires/cutting-balloons/wolverine-coronary-cutting-balloon/fp00000353/indications-safety-and-warnings.html

MAT-3760-v2 102025

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