

*International report***Tryton Medical's Side-Branch Stent featured in live studies****A Medical Device Daily Staff Report**

Tryton Medical (Newton, Massachusetts), reported marking "new milestones" in stent technology by a global demonstration of how the firm's Side-Branch Stent offers "unparalleled ease of use and the best option to safely and definitively treat bifurcation lesions."

Tryton transmitted a live satellite feed of a successful clinical case to an audience of interventional cardiologists at TCT Asia 2007 in Seoul, Korea, performed by Robert van Geuns, MD, PhD, a cardiologist at the **Thoraxcenter of Erasmus Medical Center** (Rotterdam, the Netherlands).

Patrick Serruys, MD, head of the department of interventional cardiology at the Thoraxcenter, moderated the event. "This technology has the capacity to redefine the treatment of bifurcation lesions and resolve a frequent dilemma of the interventional cardiologist," Serruys said.

The Side-Branch Stent also was featured at the **American College of Cardiology's** i2 Summit in New Orleans in March, where a live satellite feed of a clinical case performed by George Sianos, MD, senior interventionalist at the Thoraxcenter, was transmitted to demonstrate the ease of use and angiographic results that can be achieved by using the Tryton stent.

Another live case was performed in front of 1,000 interventional cardiologists at the Joint Interventional Meeting (JIM 2007) in Rome.

"Unlike other stents and techniques used to treat bifurcation lesions, Tryton's stent is easy to deliver as it uses standard equipment and techniques compatible with 5 and 6 French guiding catheters," said Sianos. "This device has greatly facilitated the treatment of these patients. The Tryton strategy allows the interventionist to secure the side branch and then treat the main vessel with his stent of choice."

"Tryton continues to demonstrate impressive results and growth as it becomes clear that our stent will eventually provide a new standard of care, thereby enabling any

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By analyzing patient characteristics and device trends over time, we can determine if changes need to be made to our medical protocols to ensure the best patient care possible."

— *Laurent Lewkowiez, MD, director of clinical cardiac electrophysiology at the **University of Colorado Hospital** (Denver), talking about the "invaluable" new ICD Registry, which includes data provided by 1,450 hospitals, related to nearly 3,900 physicians and for more than 100,000 patients, "Cardio associations release 1st national in-hospital ICD registry," pp. 1, 6.*

interventional cardiologists to treat the entire spectrum of bifurcation lesions they encounter every day," said H. Richard Davis, Tryton's chief technology officer.

"The benefits of our Side-Branch Stent have been witnessed by thousands of interventional cardiologists in Asia, Europe and America." He said. "While others pursue the elusive goal of treating bifurcation lesions, we are already definitively treating these lesions. Interventional cardiologists can quickly grasp how to use our stent to treat complex lesions. Tryton's dedicated save-the-side branch approach, allows for securing the side-branch first, after which the main vessel is stented in a predictable manner."

The company said that every year, more than half a million bifurcation coronary lesions are "sub-optimally treated, as no commercially available optimized solution exists for treating bifurcation lesions." As a result, it said cardiologists "are forced to use a provisional strategy which avoids the deployment of a second stent — leaving the side branch vulnerable to thrombosis and restenosis."