

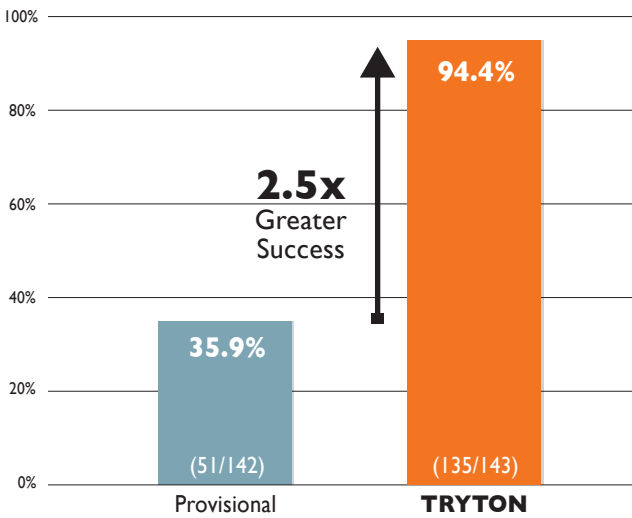
**LARGEST RANDOMIZED BIFURCATION TRIAL!
TRYTON CHALLENGES PROVISIONAL AND TWO STENT THERAPY**

PREDICTABLE ACUTE OUTCOMES

PREDICTABILITY



2.5X GREATER Acute Device Success*



COVERAGE



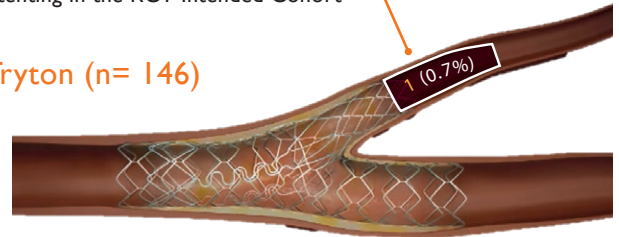
8X LESS Required Additional Stenting

Provisional (n= 143)



Numerical Reduction of Additional Stenting in the RCT Intended Cohort²

Tryton (n= 146)

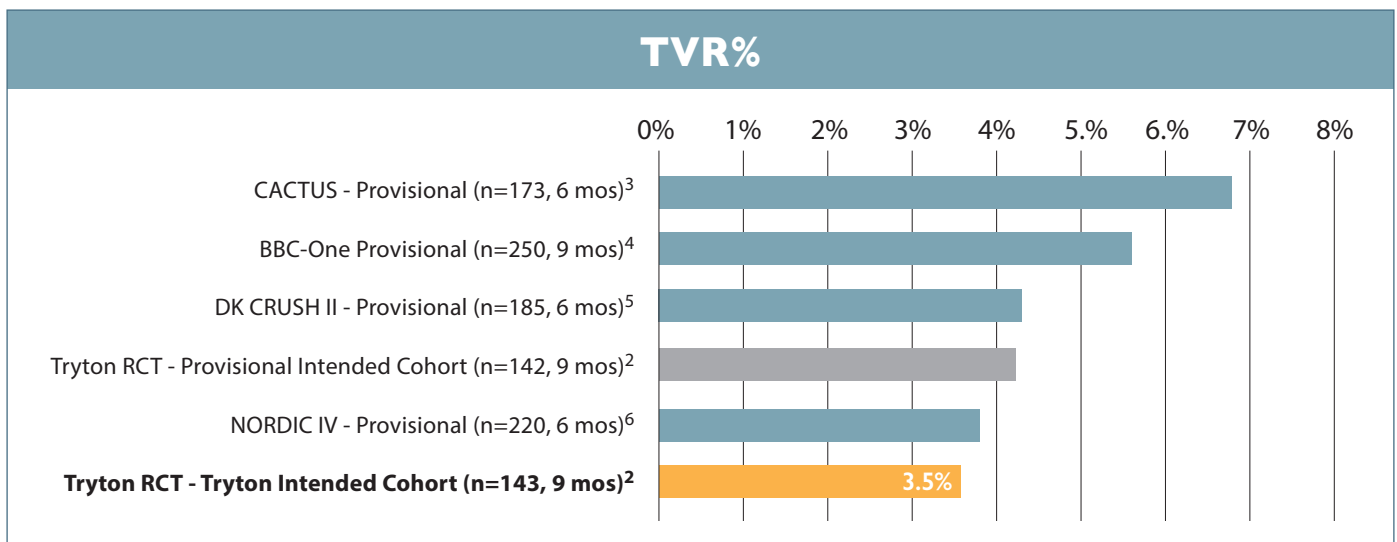


*Post 'final kissing balloon' residual SB diameter stenosis <30% (QCA) and without device malfunction.
RCT post-hoc intended cohort analysis SB RVD ≥2.25mm (QCA)²

LOWER TVR

Compared to Landmark Bifurcation Studies²⁻⁶

RESULTS

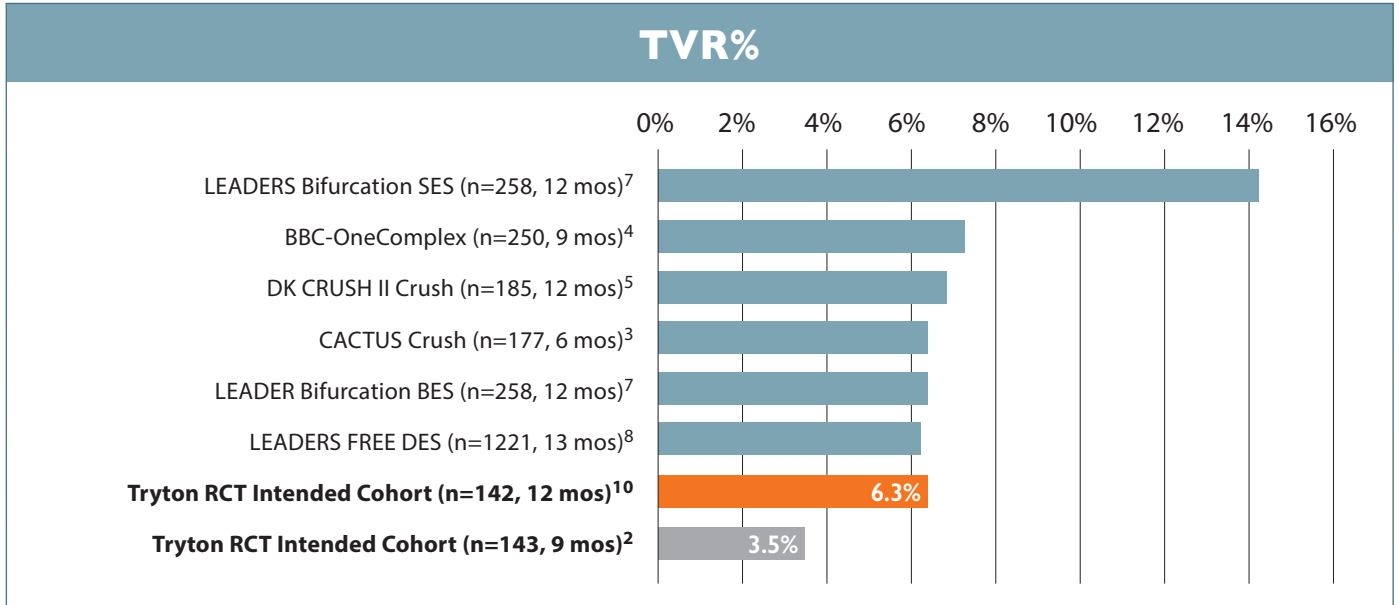


COMBINED MAIN BRANCH DES + TRYTON SIDE BRANCH STENT DELIVERS LOW TVR RATES IN COMPLEX LESIONS

RESULTS



EQUAL TO DES CLINICAL OUTCOMES



THE TRYTON SIDE BRANCH STENT

- **Designed for optimal ostial scaffolding** to support varying bifurcation angulations and types
- **No compromise** to main branch DES outcomes¹
- Open architecture **facilitates maximized DES wall contact** without “double-drug” risk⁹

References:

1 Génereux, et al. JACC. Vol 65. No 6. 2015 2 Génereux, et al. Cath and Card Intervent. 2015 3 Colombo, et al. Circulation. 2009; 119:71-78 4 Hildick-Smith, et al. Circulation. 2010; 121:1235-1243 5 Chen, et al. J Am Coll Card. 2011; 57:914-920 6 The Nordic-Baltic Bifurcation Study IV. Presented at TCT 2013 7 Garg, et al. Euro Intervent. 2011; 6: 928-93 8 Urban, et al. NEJM. 2015; 373:21 9 Zimarino, et al. JACC Intervent. 2013 10 M. Leon - EuroPCR 2014 - Tryton IDE clinical outcomes at one year

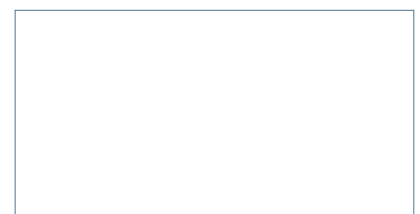
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BUILT FOR BIFURCATION

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