SOMATOM go.Top Cardiovascular Edition

Siemens Healthineers
https://usa.healthcare.siemens.com/computed-tomography/single-source-ct/somatom-go-top-cardiovascular-edition
(888) 826-9702

KEY FEATURES
- Designed for outpatient imaging centers
- Enables advanced cardiovascular capabilities
- Patient-friendly mobile workflow

The SOMATOM go.Top Cardiovascular Edition, a new version of the established CT system from Siemens Healthineers, is designed to deliver a robust cardiac scanning platform aimed at extending imaging services to patients who can be ideally managed in a cardiovascular office setting. The SOMATOM go.Top Cardiovascular Edition extends personalized patient dose control in all types of routine cardiovascular imaging. The cost-effective, 128-slice scanner offers outpatient cardiology offices and hospitals access to not only coronary CTA but also advanced tests, including the HeartFlow fractional flow reserve CT (FFRCT) analysis (HeartFlow, Inc.).

The unique tablet-based mobile workflow simplifies and streamlines cardiac image acquisition as well as enables the technologist to remain with patients to help ensure that they are comfort and calm. The SOMATOM go.Top Cardiovascular Edition also has a fast native temporal resolution for optimal visualization of coronary arteries. The HeartFlow FFRCT analysis can aid clinicians in the functional evaluation and assessment of coronary disease.

The SOMATOM go.Top Cardiovascular Edition is available in the United States.

DownStream System

TherOx, Inc.
www.therox.com
(800) 699-4631
(949) 757-1999

KEY FEATURES
- Significantly reduces infarct size post-PCI
- Works by improving microvascular flow and tissue level perfusion
- FDA-sanctioned clinical trials demonstrate repeated safety and effectiveness

The DownStream System delivers SuperSaturated Oxygen (SSO_2) therapy, a novel therapy that delivers hyperbaric levels of dissolved oxygen to at-risk myocardial tissue in patients with anterior wall ST-segment elevation myocardial infarction. SSO_2 therapy is a 60-minute infusion of the patient's superoxygenated blood, administered to the left main coronary artery immediately after percutaneous coronary intervention (PCI). The mechanism of action is to improve microvascular flow and tissue level perfusion, which, in turn, limits the extent of infarction. In clinical evidence from the AMIHOT II trial, adjunctively administered SSO_2 demonstrated a relative infarct size reduction of 26% compared to PCI alone. Reductions in infarct size are correlated in the literature with significant reductions in mortality and heart failure.

"SSO_2 is the only therapy shown in a pivotal randomized trial to reduce infarct size in patients with large anterior myocardial infarction, offering the potential to further improve outcomes in these high-risk patients despite successful primary angioplasty," said Gregg W. Stone, MD, Professor of Medicine at Columbia University Medical Center in New York, New York.

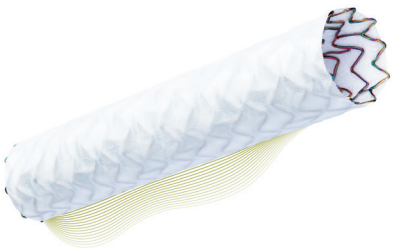
The DownStream System is approved for sale in the United States.

PK Papyrus Covered Coronary Stent System

Biotronik
www.pkpapyrus.com
www.biotronik.com
(800) 547-0394

KEY FEATURES

- Low crossing profile
- Superior flexibility
- 5 F compatible with 2.5- to 4-mm vessels; 6 F compatible with 4.5- to 5-mm vessels



Biotronik's PK Papyrus covered coronary stent is the first device in nearly 2 decades to be approved by the FDA for the treatment of acute perforations of native coronary arteries and coronary bypass grafts. The covered stent, which is available worldwide, is flexible and has a small crossing profile. PK Papyrus is available in 17 sizes, extending the ability to treat acute perforations in vessels between 2.5 and 5 mm in diameter.

"In rare cases of a coronary perforation, time is the enemy," said Dean Kereiakes, MD, interventional cardiologist and Medical Director of The Christ Hospital Heart and Vascular Center in Cincinnati, Ohio. "The device's superior flexibility and tracking means that PK Papyrus delivers more like a conventional stent and can treat a perforation quickly, avoiding further complications. Hospitals need to have this potentially lifesaving device ready for physicians to use." ■

Humanitarian Device. Authorized by Federal law for use in the treatment of acute perforations of native coronary arteries and coronary bypass grafts in vessels 2.5 to 5 mm in diameter. The effectiveness of this device for this use has not been demonstrated.