LifeStent Vascular Stent System

Bard Peripheral Vascular, Inc.
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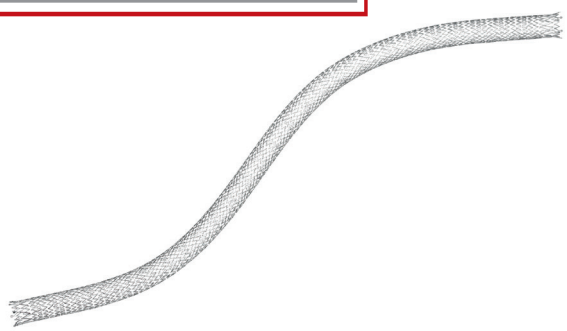
www.bardpv.com

KEY FEATURES

- FDA approved for the SFA and entire popliteal artery
- LifeStent Solo Vascular Stent is the longest commercially available stent with a length of 250 mm
- LifeStent Vascular Stent System is the only SFA and popliteal bare-metal stent with level 1 data[1,2]



Bard Peripheral Vascular, Inc. announced the US Food and Drug Administration (FDA) approval of an extended indication for the LifeStent and LifeStent Solo Vascular Stent for the full popliteal artery. The ETAP study demonstrated that the LifeStent Vascular Stent had double the primary patency and significantly higher freedom from target lesion revascularization in the popliteal artery as compared with percutaneous transluminal angioplasty at 24 months.[1]

The LifeStent Vascular Stent is a self-expanding nitinol stent with a helical design engineered for bending, compression, and torsion with dynamic vessel conformity. The LifeStent Vascular Stent is offered in 5-, 6-, and 7-mm diameters and 20- to 170-mm lengths. The LifeStent Solo Vascular Stent is offered in 6- and 7-mm diameters and 200- and 250-mm lengths. The LifeStent Solo Vascular Stent is the longest bare-metal stent for the superficial femoral artery (SFA) and popliteal artery.

The LifeStent Solo and LifeStent Solo Vascular Stents are intended to improve luminal diameter in the treatment of symptomatic de novo or restenotic lesions up to 240 mm in length in the native SFA and popliteal artery with reference vessel diameters from 4 to 6.5 mm.

1. Rastan A, et al. J Endovasc Ther. 2015;22:22-27. N = 246. Primary patency rates at 24 months: PTA = 31.3% (n = 94), stent = 64.2% (n = 89). Patency and TLR rates calculated when provisional stenting is considered TLR. Event-free survival, a composite of freedom from death, TLR, myocardial infarction, and major or minor amputation of the target limb, was as good as or better for the LifeStent group compared to PTA through 24 months. Event-free survival was significantly longer in the stent group (605 days) than the PTA group (455 days; $P < .001$) when provisional stent placement was considered a TLR. Kaplan-Meier analysis with Mantel-Cox log-rank test. The LifeStent 5 mm and LifeStent Solo were not included in this study.
2. Laird et al. Circ Cardiovasc Interv. 2010;3:267-276.

Flex Scoring Catheter

VentureMed Group
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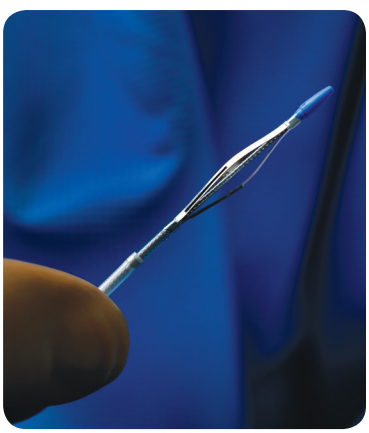
KEY FEATURES

- 0.014/0.018-compatible over-the-wire plaque modification catheter
- 120-cm working length; 6-F sheath compatible
- Precision dynamic scoring of the entire lesion in a single insertion without the need for multiple balloon inflations
- Tri-element design with nonballoon apposition allowing for the three atherotomes to conform to any vessel size



The Flex scoring catheter is an endovascular surgical device that scores atherosclerotic lesions of any length as it passes through the femoropopliteal anatomy. The proprietary tri-atherotome design allows the operator to prepare any length diseased vessel with a single catheter in a single pass, in preparation for adjunctive therapy (balloon or stent).

By incorporating dynamic scoring technology, Flex offers an alternative to balloon-based scoring. Without the need for multiple balloon inflations, the operator can treat a much wider range of vessel lengths and diameters. Flex is indicated for use in the femoral and popliteal arteries and native or synthetic arteriovenous fistulae.

The Flex scoring catheter recently received US Food and Drug Administration 510(k) clearance and is now available for use in the United States and Europe.

Asahi Caravel Microcatheter

Asahi Intecc USA, Inc.
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KEY FEATURES

- 1.9-F crossing profile
- 0.014-inch guidewire compatible
- Available in 135- and 150-cm lengths
- Act One precision braided shaft

The Asahi Caravel microcatheter is approved for both coronary and peripheral applications. Caravel has Asahi's proprietary Act One precision braided shaft, which provides flexibility and guidewire support with a 1.9-F crossing profile.

Craig Walker, MD, the Founder, President, and Medical Director of the Cardiovascular Institute of the South in Houma, Louisiana, said, "The Asahi Caravel microcatheter crossed a complex lesion as if there was no lesion at all. I think that this will become a very important part of complex peripheral interventions, particularly with transcollateral crossing cases."

Manos Brilakis, MD, added, "In a coronary case, the Asahi Caravel microcatheter tracked very well through tortuous septal collateral without requiring rotation. Its low profile and hydrophilic coating make it an excellent tool for complex interventions." Dr. Brilakis is the Director of Cardiac Catheterization Laboratories at the VA North Texas Health Care System in Bonham, Texas.

This microcatheter is compatible with 0.014-inch guidewires and is available in 135- and 150-cm lengths. It is available in the United States, Europe, and Japan. ■