



SELUTION SLR™ 014 PTCA

EN Instructions for use

SELUTION SLR™ 014 PTCA

Sustained Limus Release Drug-Eluting PTCA Balloon Catheter



Device Description

The SELUTION SLR™ 014 PTCA is a Sirolimus-Eluting Balloon catheter for Percutaneous Transluminal Coronary Angioplasty (PTCA) procedures. It is a Rapid Exchange (RX) catheter that is 0.014" (0.36 mm) guidewire compatible and has a usable length of 140cm. The balloon that is affixed to the distal portion of the catheter includes a surface coating containing Sirolimus, a drug that acts both as an anti-proliferative agent and as an anti-inflammatory immunosuppressant.

The distal end of the catheter incorporates a coaxial design with two lumens. One lumen is used for balloon inflation and is accessed through the catheter port on proximal side and ends with the balloon. The second lumen is accessed through the RX port system to the distal tip and allows passage of a guidewire. Two radiopaque markers, located under the proximal and distal ends of the balloon, delineate the working length of the balloon and facilitate fluoroscopic visualization of the balloon during delivery, positioning and inflation.

The SELUTION SLR™ 014 PTCA is available in an assortment of balloon sizes. Nominal balloon diameters and lengths are printed on the hub. Each device is packaged with a protector sheath over the balloon and a disposable wire stylet in the distal tip – both of which are to be removed prior to use.

How Supplied

The SELUTION SLR™ 014 PTCA is supplied sterile and for single use only. It is sterilized by E-beam irradiation. If left unopened and stored properly, the device will remain stable through the labeled Use By date.

The sterile packaging contains one (1) SELUTION SLR™ 014 PTCA that is stored inside a catheter dispenser coil, which is placed inside a sealed aluminum foil pouch along with an oxygen absorber and desiccant.

Storage

The SELUTION SLR™ 014 PTCA should be stored in its original packaging in a dry and dark location, at room temperature of 21°C (70°F); excursions permitted to 15-25°C (59-77°F).

Drug Coating Description

The drug coating on the balloon part of the SELUTION SLR™ 014 PTCA is a proprietary formulation, consisting of Sirolimus (also known as Rapamycin) as the Active Pharmaceutical Ingredient (API) and four excipients. The first excipient is a biodegradable polymer (Poly-lactic-co-glycolic acid – PLGA) that encapsulates the Sirolimus into micro-reservoirs which regulate drug release via matrix degradation. The remaining three excipients constitute a phospholipid blend, all of

which aim to reduce wash-off of the micro-reservoirs into the bloodstream and help to adhere the drug coating to the surrounding tissues when the SELUTION SLR™ 014 PTCA balloon is inflated inside the diseased vessel. The drug coating is evenly distributed across the working length of the SELUTION SLR™ 014 PTCA balloon with a Sirolimus concentration of 1 µg/mm².

Summary of Characteristics

Catheter Design	Rapid Exchange PTCA
Usable Catheter Length	140 cm
Balloon Inflation Pressure	Nominal Pressure: 600 kPa (= 6 bar) Rated Burst Pressure (RBP): 1200 kPa (= 12 bar)
Minimum Guide Catheter	Outer diameter (OD) ≥ 5Fr (1.67 mm) Inner Diameter (ID) ≥ 0.056" (1.42 mm) for balloon, diameters 1.50 - 3.75 mm Outer diameter (OD) ≥ 6Fr (2.00 mm) Inner Diameter (ID) ≥ 0.070" (1.78 mm) for balloon diameters 4.00 - 5.00 mm
Guidewire Compatibility	Compatible with 0.014" (0.36 mm) guidewires
Active Pharmaceutical Ingredient	Sirolimus at 1.0 µg/mm ² dose density

Tables included at the end of this document provide information about each available size of SELUTION SLR™ 014 PTCA:

[1] **Drug Dosage Chart:** Nominal dose of Sirolimus  present on each balloon size

[2] **Reference Numbers Chart:** Reference Number  or order code for each balloon size.

Intended Use / Indications for Use

The SELUTION SLR™ 014 PTCA is intended for use as a Percutaneous Transluminal Coronary Angioplasty (PTCA) balloon catheter to dilate de novo or restenotic coronary lesions, for the purpose of improving myocardial perfusion and decreasing the incidence of restenosis.

Contraindications

The SELUTION SLR™ 014 PTCA is contraindicated for use in:

- Patients with known allergies or hypersensitivities to Sirolimus (or analogs).
- Patients who cannot receive recommended antiplatelet and/or anticoagulant therapy.
- Patients with known sensitivity to contrast agents.
- Pregnant or breast-feeding women.
- Lesions that cannot be crossed with a guidewire.

Warnings

- Contents are supplied STERILE using an E-beam irradiation sterilization process.
- DO NOT USE if sterile barrier is damaged or opened prior to intended use.
- The SELUTION SLR™ 014 PTCA is intended for SINGLE USE only. DO NOT RESTERILIZE AND/OR REUSE. Resterilization and/or reuse may create a risk of contamination of the device and/or cause patient infection or cross-infection, including the transmission of infectious disease(s) from one patient to another. Contamination of the device may lead to patient injury, illness, or death. Reuse and/or resterilization may compromise the structural integrity of the device and/or lead to device failure, which in turn, may result in patient injury, illness, or death.
- The drug eluting balloon surface is effective for a single inflation only.
- Inspect the SELUTION SLR™ 014 PTCA prior to the procedure to verify that the device is intact and functional. DO NOT USE if the outer or the inner packaging is damaged or opened or if any information on the package is obscured or damaged.
- DO NOT USE after the labeled "Use By" date.
- DO NOT EXCEED the Rated Burst Pressure (RBP) recommended for this device. Balloon rupture may occur if the RBP rating is exceeded. To prevent over-pressurization, use of a pressure-monitoring device is recommended.
- Use the recommended balloon inflation medium of contrast and sterile saline ($\leq 50\%$ contrast). Never use air or any gaseous medium to inflate the balloon.

Precautions

Device Handling Precautions

- The SELUTION SLR™ 014 PTCA should only be used by physicians trained in PTCA procedures.
- Replace any device where the balloon has come into contact with organic solvents (e.g. alcohol).
- Pre-dilatation of the target lesion with an uncoated standard PTCA balloon is required prior to use of the SELUTION SLR™ 014 PTCA. The coated balloon portion should be handled with dry sterile gloves whenever possible prior to use. Care should be taken to minimize unnecessary contact with the coated balloon portion of the SELUTION SLR™ 014 PTCA during preparation and insertion.
- The balloon protector sheath and disposable wire stylet must stay in place during preparation of the SELUTION SLR™ 014 PTCA and not be removed until just prior to flushing with saline and placing the device over the guidewire.
- If difficulty is encountered while removing the balloon protector sheath, a new SELUTION SLR™ 014 PTCA must be utilized.
- It is recommended that a guiding catheter be used to facilitate placement. Refer to the product label for information on the appropriate guiding catheter size.
- During insertion, do not over-tighten the hemostasis valve (if used) around the SELUTION SLR™ 014 PTCA shaft as lumen constriction may occur, affecting inflation/deflation of the balloon.
- To ensure therapeutic drug delivery:
 - Open the hemostasis valve sufficiently to allow an easy passage of the drug eluting balloon through the valve during catheter insertion
 - Do not inflate the SELUTION SLR™ 014 PTCA prior to reaching the target lesion.

- Ensure that there is full contact of the inflated balloon with the lesion across the entire length of the treated area.
- Maintain balloon inflation for a minimum of 30 seconds and a target of 1 minute if tolerated. Use the maximum balloon inflation time per your institution's standard of care.
- Maintain tight Luer connections and always advance and retrieve the SELUTION SLR™ 014 PTCA under negative pressure.
- The SELUTION SLR™ 014 PTCA should always be manipulated under fluoroscopic observation when in the body.
- Do not continue to use the SELUTION SLR™ 014 PTCA if the shaft has been bent or kinked.
- The use of the SELUTION SLR™ 014 PTCA should be used in a medical environment which affords timely access to open surgery conversion, and acute peri-procedural access to percutaneous reintervention.
- After use, the SELUTION SLR™ 014 PTCA may be a biohazard. Handle and dispose of all such devices in accordance with accepted medical practice and applicable hospital, administrative, and government regulations.

Use in Conjunction with Other Procedures

- The SELUTION SLR™ 014 PTCA should not be used in conjunction with other drug eluting balloons or drug eluting stents to treat the same lesion in the same procedure except in cases of bail-out. The safety of combinations of different drug-device products has not been assessed.
- In the case that a bail-out stent is needed, a limus drug eluting stent (DES) should be used.

Pre- and Post-Procedure Antithrombotic Regimen

Pre-procedure:

The patient should receive an anticoagulant regimen for drug eluting balloons as per hospital standard of care.

Post-procedure:

Following the procedure, dual antiplatelet therapy should be given for at least for 4 weeks; follow-on therapy should be given per hospital standards for PTCA procedures.

Drug Information

Mechanism of Action

Sirolimus is a macrocyclic lactone produced by the bacteria *Streptomyces hygroscopicus*. It is known that Sirolimus inhibits T and B-lymphocyte activation and smooth muscle and endothelial cell proliferation in response to cytokine and growth factor stimulation. In cells, Sirolimus binds to the immunophilin, FK Binding Protein-12 (FKBP-12). The Sirolimus-FKBP-12 complex binds to and inhibits activity of the mechanistic Target of Rapamycin (mTOR). mTOR is a serine/threonine protein kinase that regulates cell growth, cell proliferation, cell motility, cell survival, protein synthesis, autophagy, and transcription. Inhibition of mTOR stops cell cycle progression from the G1 to the S phase.

Metabolism

Sirolimus is extensively metabolized by the hepatic CYP3A4 enzyme and is also a substrate for the P-glycoprotein (P-gp) transmembrane efflux pump found in the intestinal epithelium, liver cells, proximal tubule of the kidney and capillary endothelial cells. The clearance of Sirolimus is affected by both of these pathways and displays a large inter-patient variability. The majority of the metabolites, including demethyl and hydroxydemethyl Sirolimus are formed via O-demethylation and hydroxylation. Sirolimus is the major component in human whole blood and contributes to more than 90% of the immunosuppressive activity. The metabolites account for less than 10% of the immunosuppressant activity of Sirolimus. Biliary and fecal pathways serve as the primary routes of Sirolimus elimination. The half-life of Sirolimus ranges from 57 to 63 hours in the bloodstream.

Drug Interactions

Consideration should be given to the potential for drug interaction when deciding to use a SELUTION SLR™ 014 PTCA in a patient who is taking a drug that could interact with Sirolimus. The effect of drug interactions on the safety or efficacy of the SELUTION SLR™ 014 PTCA has not been determined, however, since the SELUTION SLR™ 014 PTCA exhibits its treatment effect locally and at a low dosage, it is not expected that concomitant treatment with other drugs will affect the effectiveness or safety of the SELUTION SLR™ 014 PTCA.

There is no specific clinical data available for the interactions of Sirolimus with other drugs. However, drugs like Tacrolimus that may act through the same binding proteins (FKBP-12) may interfere with the efficacy of Sirolimus.

Co-administration of Sirolimus with strong inhibitors of CYP3A4 and/or P-gp (such as ketoconazole, voriconazole, itraconazole, erythromycin, telithromycin, or clarithromycin) or strong inducers of CYP3A4 and/or P-gp (such as rifampin or rifabutin) is not recommended. Exercise caution with weaker modulators. Grapefruit juice should be avoided as it also inhibits CYP3A4-mediated metabolism.

Potential Adverse Events

Potential adverse events, which may be associated with a PTCA procedure, include, but are not limited to:
Allergic reaction to contrast medium, anticoagulants and antiplatelets

- Aneurysm or pseudoaneurysm
- Arteriovenous (AV) fistula
- Arrhythmias
- Death
- Embolization
- Fever
- Hematoma
- Hemorrhage, incl. bleeding at puncture site
- Hypotension/hypertension
- Increased Procedure Time/Additional Interventions
- Inflammation
- Myocardial Infarction
- Occlusion
- Pain or tenderness
- Pneumothorax or hemothorax
- Renal failure
- Sepsis/infection
- Shock
- Stroke
- Thrombosis
- Vessel dissection, occlusion, perforation, recoil, restenosis, rupture, or spasm

Potential adverse events that may be unique to the SELUTION SLR™ 014 PTCA Sirolimus drug coating include, but are not limited to:

- Abnormal liver function tests
- Anemia
- Arthralgias
- Diarrhea
- Hypercholesterolemia
- Hypersensitivity, including anaphylactic/anaphylactoid type reactions
- Hypertriglyceridemia
- Hypokalemia
- Infections
- Interstitial lung disease
- Leukopenia
- Lymphoma and other malignancies
- Thrombocytopenia

The potential adverse events listed above are related to the oral administration of Sirolimus at significantly higher doses than what would be delivered by the SELUTION SLR™ 014 PTCA locally to the vessel wall. Therefore, due to the local administration and low dosage, these pharmacological interactions are not expected.

Procedure

Prior to angioplasty, carefully examine all equipment and materials to be used during the procedure, including the SELUTION SLR™ 014 PTCA, to verify proper functioning. Verify that the SELUTION SLR™ 014 PTCA size is suitable for the specific procedure for which it is intended.

In addition to the SELUTION SLR™ 014 PTCA, the following standard materials may also be required:

- 0.014" (0.36 mm) guidewire
- Torque device
- Guiding Catheter (appropriate size as per label)
- Contrast medium
- Sterile saline
- Inflation device with manometer
- Luer lock syringe for purging

Handle the SELUTION SLR™ 014 PTCA with extreme caution in order to avoid any damage to the folded balloon. Avoid exposing the balloon's drug coating to excessive handling or contact with liquids prior to preparation and delivery, as the coating may be susceptible to damage or premature drug release.

Do not touch the part of the device that is coated with Sirolimus.

1. Inflation Device Preparation

- a. Prepare the inflation device according to the manufacturer's instructions.
- b. Prior to use, carefully examine the carton, pouch, and catheter to verify that neither the SELUTION SLR™ 014 PTCA nor the sterile packaging have been damaged in shipment.

2. SELUTION SLR™ 014 PTCA Selection

- a. The chosen nominal balloon size should be equal to the reference vessel diameter. The balloon should extend ≥ 1 mm beyond the lesion both proximally and distally. If multiple SELUTION SLR™ 014 PTCA are required to complete the treatment of a lesion, the sequentially used devices should be minimally sized and angiographically positioned so that the balloon marker bands of consecutively placed devices overlap by ≥ 1 mm.
- b. Predilatation with a standard PTCA balloon inflated to the same size as the reference vessel diameter is required.

3. SELUTION SLR™ 014 PTCA Preparation

- a. Carefully remove the device from the packaging.
- b. Purge the SELUTION SLR™ 014 PTCA of air prior to use. Keep the balloon protector sheath in place during the purging procedure. Begin by pointing the distal tip of the SELUTION SLR™ 014 PTCA downward while holding it vertically. Connect a stopcock and Luer lock syringe partially filled with the saline-contrast mixture to the inflation port of the SELUTION SLR™ 014 PTCA hub. Apply negative pressure until air is completely evacuated and release the plunger. Repeat this operation until migration of air bubbles towards the syringe stops. Close the stopcock while vacuum is being applied to the device.
- c. While the device is under vacuum, remove the stylet and the protector sheath from the balloon and discard. Do not use the balloon protector sheath as an introduction aid or rewinding tool.
- d. Flush the guidewire lumen thoroughly with sterile heparinized saline or a similar isotonic solution from the distal tip.

4. Inflation Device Connection

- a. To remove any air lodged in the distal Luer fitting of the inflation device, purge approximately 1 ml (cc) of diluted contrast medium.
- b. With the stopcock in the closed position, disconnect the syringe used in preparation, slightly applying positive pressure. A meniscus of contrast medium will appear in the inflation port of the SELUTION SLR™ 014 PTCA hub when the syringe is removed. Verify that a meniscus of contrast medium is evident in both the inflation port of the SELUTION SLR™ 014 PTCA hub and the inflation device's connection. Securely couple the inflation device to the inflation port of the SELUTION SLR™ 014 PTCA hub.

5. Use of the SELUTION SLR™ 014 PTCA

- a. Load the distal tip of the SELUTION SLR™ 014 PTCA onto the guidewire.
- b. Open the hemostasis valve to allow for easy passage of the balloon and to prevent damage to the balloon coating. With the balloon fully deflated, advance the SELUTION SLR™ 014 PTCA through the guiding catheter. To avoid kinking, advance the SELUTION SLR™ 014 PTCA slowly, in small increments, until the proximal end of the guidewire emerges from the catheter. Close the hemostasis valve of the introducer sheath only as much as is needed to prevent blood return while permitting easy movement of the SELUTION SLR™ 014 PTCA. If the SELUTION SLR™ 014 PTCA encounters resistance, do not advance it through the hemostasis valve of the guiding catheter.
- c. Under fluoroscopy, use the balloon's radiopaque markers to position the balloon within the lesion to be dilated; then inflate the balloon to reference vessel diameter using the appropriate pressure (refer to the balloon compliance chart included on the product label and do not exceed the RBP of the balloon). Once inflation has begun, do not move or reposition the SELUTION SLR™ 014 PTCA.
- d. Maintain balloon inflation for a minimum of 30 seconds. Use the maximum balloon inflation time per your institution's standard of care.
Note: The SELUTION SLR™ 014 PTCA is intended for a single inflation only.
- e. Apply negative pressure to fully deflate the SELUTION SLR™ 014 PTCA. Prior to removal, confirm that the balloon is fully deflated under fluoroscopy.
- f. Perform angiography to confirm successful dilatation of the lesion.
- g. Open the hemostasis valve and withdraw the SELUTION SLR™ 014 PTCA from the body under negative pressure. Maintain the guidewire across the stenosis.
- h. After confirming that satisfactory dilation was achieved, remove all equipment from the body and close the access site per standard clinical practice. If a greater than 30% residual stenosis is present by visual estimate after using the SELUTION SLR™ 014 PTCA, it is recommended to use a bailout procedure per hospital standards to further increase the lumen diameter inside the lesion.

Warranty / Liability

The manufacturer warrants that each component of the SELUTION SLR™ 014 PTCA has been designed, manufactured, packaged and tested with standard reasonable care. However, the manufacturer has no control over the conditions under which the device is used and a partial or complete failure of the intended function of the device may occur for various reasons. In this respect, the warnings in these Instructions for Use are expressly to be considered as an integral part of this Disclaimer and provide more detailed information. **THEREFORE, TO THE EXTENT ALLOWABLE BY APPLICABLE LAW, THIS WARRANTY IS EXCLUSIVE AND IS EXPRESSLY IN LIEU OF ANY OTHER EXPRESS OR IMPLIED WARRANTY OF MERCHANTABILITY OR FITNESS FOR ANY PARTICULAR PURPOSE AND OF ANY OTHER OBLIGATION OF THE MANUFACTURER.**

Clinical Data Summary

To date MedAlliance has conducted one pre-market coronary clinical trial using the SELUTION SLR™ 014 PTCA.

This trial was an open label, prospective, non-randomized, multi-center evaluation of the SELUTION SLR™ 014 PTCA in the treatment of coronary artery disease. 56 patients were recruited at 6 sites in India and followed up at 30 days, 6 months and 12 months. The primary endpoint of the study was freedom from device and procedure-related mortality through 30 days.

Secondary endpoints included:

- % diameter stenosis, binary restenosis rate and late lumen loss by quantitative coronary angiography (QCA) at 6-month follow-up (FU)
- Major Adverse Cardiac Events (MACE) rate, (composite of Cardiac Death, Myocardial Infarction (MI) or Target Lesion Revascularization (TLR)) at 6 and 12 months
- Efficacy on the basis of TLR, Target Vessel Revascularization (TVR) through 6 months
- Thrombosis in the Target Vessel through 6 months
- Device, Procedural and Clinical Success

Patient demographics: mean age was 57.9 years and 84% were male, mean BMI was 24, 47% had diabetes (84% non-insulin dependent), 84% hypertension, 66% dyslipidemia, 30% were smokers, 18% had prior myocardial infarction, 29% prior revascularization procedures, mean LVEF was 48, 88% had de novo and 12% in-stent restenosis (ISR) lesions. Pre-procedure the mean lesion length, RD and %DS were 10.61 mm, 2.21 mm and 68%, respectively. Clinical follow-up was available in 100% of patients at 30 days and 91% at 6 months. 6-month angiographic follow-up was available for 82% of patients. The primary endpoint of the study (freedom from device and procedure-related mortality at 30-days) was met by 100% of patients. Primary and secondary endpoint data is presented below:

End Point	Result	n
Freedom from device and procedure related death at 30 days	100%	56/56
%DS post-procedure (Mean, SD)	22.1 ± 10.2%	45/55
%DS 6-months (Mean, SD)	30.5 ± 16.7%	45/55
Late Lumen Loss (LLL) (median [IQR]) (Mean, SD)	0.13 mm [0.05, 0.26] 0.26 ± 0.45 mm	45/55
MACE at 30 days	0%	0/56
MACE at 6 months	2%	1/51
TLR/TVR at 30 days	0%	0/56
TLR/TVR at 6 months	2%	1/51
Target vessel thrombosis at 30 days	0%	0/56
Target vessel thrombosis at 6 months	0%	0/51
Device success	100%	56/56
Procedure success	96%	54/56
Clinical success	96%	54/56

Note: 12-month data for all endpoints is pending

The low level of adverse events recorded in this study supports the safety of the SELUTION SLR™ 014 PTCA. Only one TLR was reported giving a low 2% MACE rate at 6 months. The efficacy surrogate endpoint for the study was late lumen loss at 6 months. Based on the study data the SELUTION SLR™ 014 PTCA was effective at maintaining target vessel patency and preventing angiographic binary restenosis in a relatively high-risk population with relatively high prevalence of complex lesion morphology.

Explanation of symbols on package labeling:

	Reference number		Temperature limit
	Serial Number		Do not use if package is damaged
	Date of Manufacturer		Contents
	Manufacturer		Sirolimus Dose Density
	Use-by date		Importer
	Nominal Pressure		Balloon Length
	Rate Burst Pressure		Balloon Diameter
	Rapid Exchange		Balloon Pressure
	Medical Device		Do not re-sterilize
	Caution		Sterilized using irradiation
	Do not re-use		Minimum Guide Catheter Inner Diameter / Guide Catheter Outer Diameter
	Keep dry		Consult instructions for use
	Keep away from sunlight		EU Authorized Representative



SELUTION SLR™ 014 PTCA

		↔ [mm]						
		10	15	20	25	30	35	40
∅ [mm]	1.5	47 µg	71 µg	94 µg	118 µg	141 µg	165 µg	188 µg
	2.0	63 µg	94 µg	126 µg	157 µg	188 µg	220 µg	251 µg
	2.25	71 µg	106 µg	141 µg	177 µg	212 µg	247 µg	283 µg
	2.5	79 µg	118 µg	157 µg	196 µg	236 µg	275 µg	314 µg
	2.75	86 µg	130 µg	173 µg	216 µg	259 µg	303 µg	346 µg
	3.00	94 µg	141 µg	188 µg	236 µg	283 µg	330 µg	377 µg
	3.25	102 µg	153 µg	204 µg	255 µg	306 µg	357 µg	408 µg
	3.50	110 µg	165 µg	220 µg	275 µg	330 µg	385 µg	440 µg
	3.75	118 µg	177 µg	236 µg	295 µg	353 µg	412 µg	471 µg
	4.00	126 µg	188 µg	251 µg	314 µg	377 µg	440 µg	503 µg
	4.50	141 µg	212 µg	283 µg	353 µg	424 µg	495 µg	565 µg
	5.00	157 µg	236 µg	314 µg	393 µg	471 µg	550 µg	628 µg

 = $\emptyset$ × ↔ × $\pi \approx 3.1415$ × 
[µg] [mm] [mm] [µg/mm²]

REF SELUTION SLR™ 014 PTCA

		↔ [mm]						
		10	15	20	25	30	35	40
∅ [mm]	1.5	SC14-150010	SC14-150015	SC14-150020	SC14-150025	SC14-150030	SC14-150035	SC14-150040
	2.0	SC14-200010	SC14-200015	SC14-200020	SC14-200025	SC14-200030	SC14-200035	SC14-200040
	2.25	SC14-225010	SC14-225015	SC14-225020	SC14-225025	SC14-225030	SC14-225035	SC14-225040
	2.5	SC14-250010	SC14-250015	SC14-250020	SC14-250025	SC14-250030	SC14-250035	SC14-250040
	2.75	SC14-275010	SC14-275015	SC14-275020	SC14-275025	SC14-275030	SC14-275035	SC14-275040
	3.00	SC14-300010	SC14-300015	SC14-300020	SC14-300025	SC14-300030	SC14-300035	SC14-300040
	3.25	SC14-325010	SC14-325015	SC14-325020	SC14-325025	SC14-325030	SC14-325035	SC14-325040
	3.50	SC14-350010	SC14-350015	SC14-350020	SC14-350025	SC14-350030	SC14-350035	SC14-350040
	3.75	SC14-375010	SC14-375015	SC14-375020	SC14-375025	SC14-375030	SC14-375035	SC14-375040
	4.00	SC14-400010	SC14-400015	SC14-400020	SC14-400025	SC14-400030	SC14-400035	SC14-400040
	4.50	SC14-450010	SC14-450015	SC14-450020	SC14-450025	SC14-450030	SC14-450035	SC14-450040
	5.00	SC14-500010	SC14-500015	SC14-500020	SC14-500025	SC14-500030	SC14-500035	SC14-500040



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