

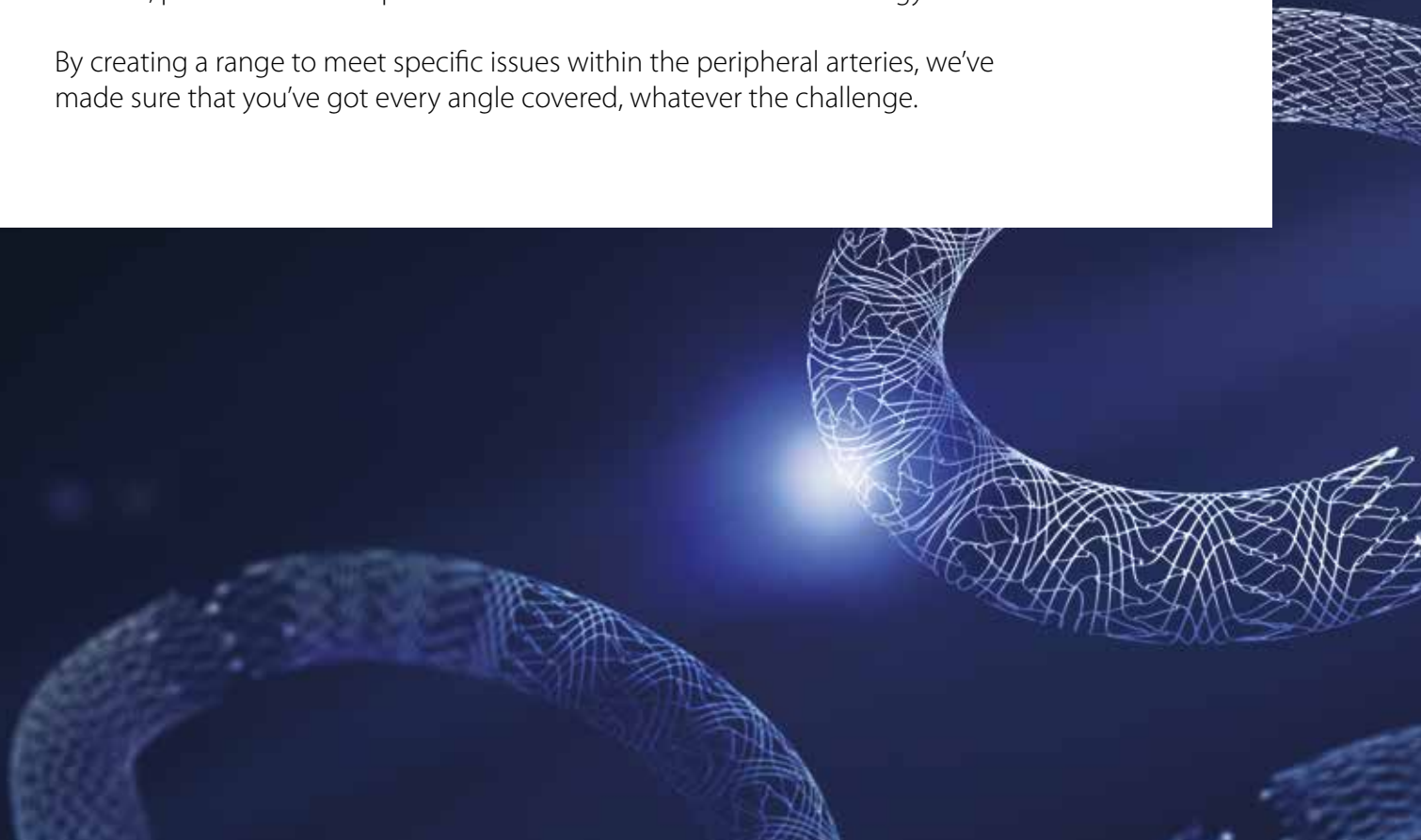
S.M.A.R.T[™] CONTROL[™] & S.M.A.R.T[™] FLEX FAMILY OF STENTS
PREDICTABLE FROM EVERY ANGLE

Predictable from every angle

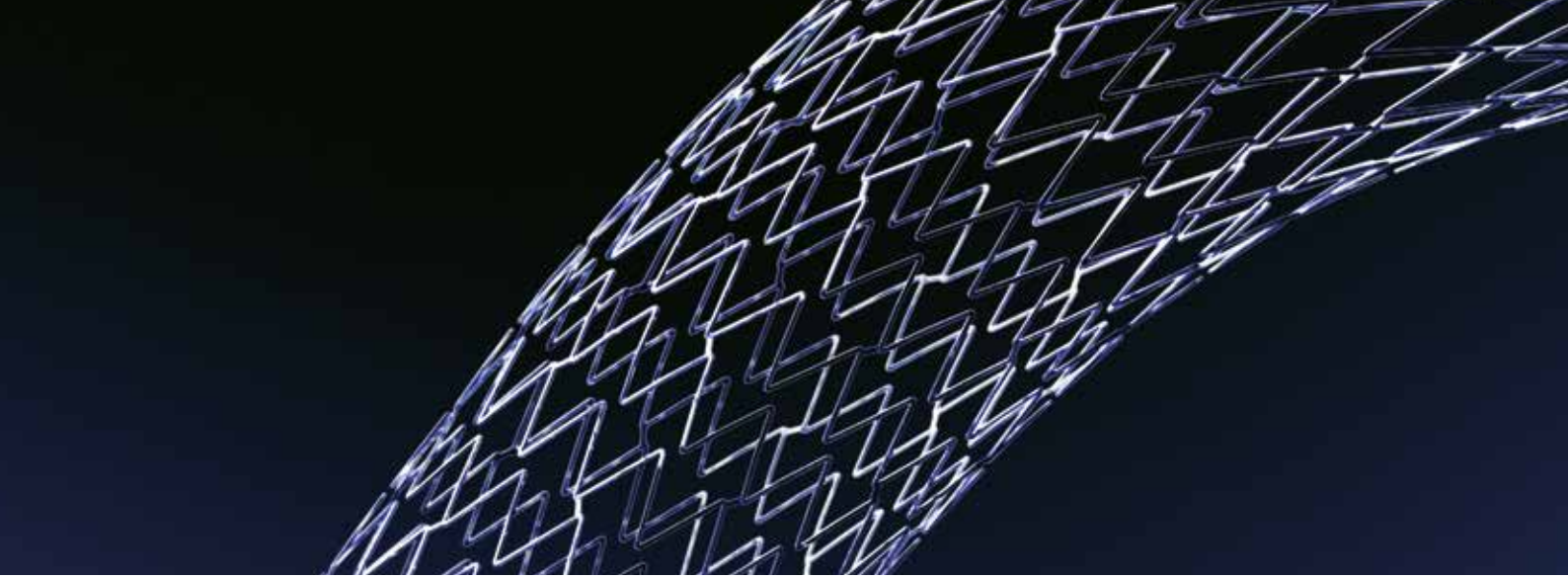
The Cordis S.M.A.R.T™ family now offers more versatility and performance than ever.

Treating peripheral artery disease is anything but predictable, so you need a self-expanding stents range that's designed to perform in all circumstances, providing both control and flexibility. The Cordis S.M.A.R.T™ range offers exactly this balance, plus the choice of proven and economical or newer technology.

By creating a range to meet specific issues within the peripheral arteries, we've made sure that you've got every angle covered, whatever the challenge.







S.M.A.R.T.[™] Control[™]

Clinically proven in more than 2,000 patients studied.

Here's the tried and tested solution for all types of Iliac and proximal to mid SFA cases including post-DCB. S.M.A.R.T.[™] Control[™] is designed for the treatment of complex problems, offering predictability, consistency and definitive control.

The design is unique, incorporating optimal scaffolding, excellent longitudinal stability and high radial force. It's also well proven, showing exceptional clinical results with up to five years follow up, including for challenging lesions in the SFA.



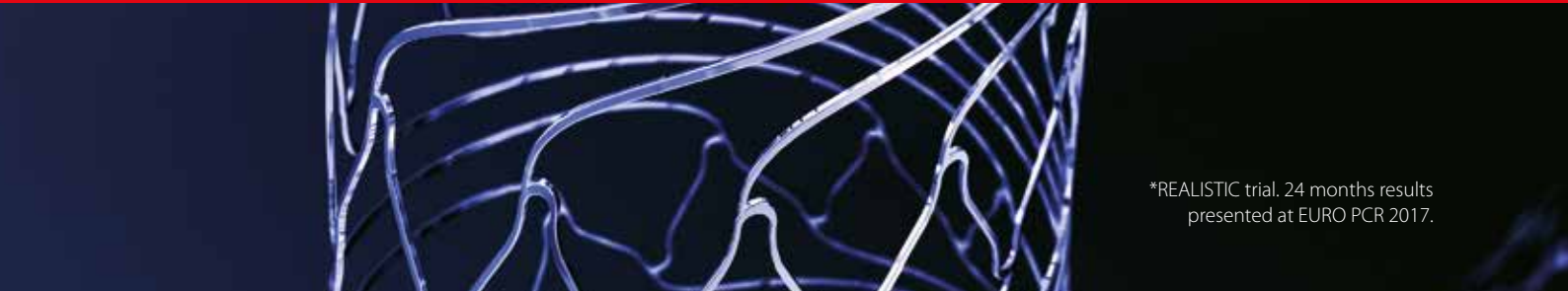


S.M.A.R.T™ Flex

The fully connected, yet flexible stent designed to meet biomechanical challenges of the SFA.

S.M.A.R.T™ Flex is designed for every type of SFA case, from proximal to P1, including post-DCB. It is tailor-made for the treatment of highly complex cases, including long calcified lesions [TASC II C&D].

Capable of responding to the natural anatomic forces of the artery, S.M.A.R.T™ Flex overcomes biomechanical challenges as the data clearly demonstrates. The REALISTIC trial shows 74% Primary Patency in medial lesions of 163mm at 24 months.*



*REALISTIC trial. 24 months results presented at EURO PCR 2017.



Optimal Stent Design

Stent performance is assured by a unique design, comprising of 36 struts and 6 bridges. It ensures an optimal combination of radial force, longitudinal stability and scaffolding.

Proven Solution

Over five years of published follow-up data confirms that this is the proven performance and economical choice.*

Accurate Placement

Six laser-cut markers and 1 mm flare inspires confidence in placing the stent accurately.

Low Re-Intervention Rate

Designed with high radial force to increase luminal gain, the S.M.A.R.T™ Control™ reduces the risk of restenosis long-term*.

*Retrospective multi center analysis of S.M.A.R.T vs Luminexx (5 year experience: Circulation Journal, 2011)

**REALISTIC trial. 24 months results presented at EURO PCR 2017.



Fully Connected Yet Flexible

Designed to allow for an excellent combination of high radial force, great scaffolding and superior longitudinal stability, coupled with increased flexibility.

Unparalleled Durability

Superior fracture resistance - 0% fracture rates in long lesions at 24 months in the REALISTIC trial**.

High Conformability

Enables treatment of complex SFA disease including long and calcified lesions.

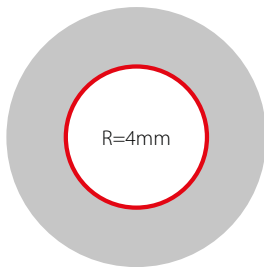
S.M.A.R.T™ Control™ key strengths

The benefits of this proven and trusted solution are clear. Providing High Radial Force for exceptional long-term durability, S.M.A.R.T™ Control™ achieves a 74% Primary Patency rate at five years in TASC II and D lesions* and a cumulative TLR rate of 21% at 48 months**.

High Longitudinal stability and optimal scaffolding result in a 2.03% fracture rate at 12 months and effectiveness (all type I fractures***).

Placement can be achieved with pinpoint precision for Iliac and Proximal SFA, and minimal shortening allows for extremely accurate stent placement and lesion coverage.

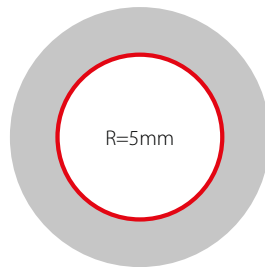
Based on Poiseuille's Equation, S.M.A.R.T™ Control™ High Radial Force enables an increase in Luminal Gain without significant oversizing:



R=4mm

Flow = $16 \pi V$

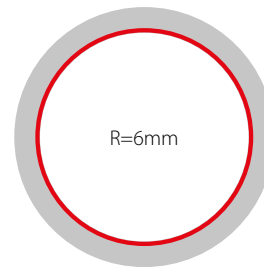
Greater Radial Force =
Larger Lumen = More Flow



R=5mm

Flow = $25 \pi V$

1mm gain in radius =
56% greater flow



R=6mm

Flow = $36 \pi V$

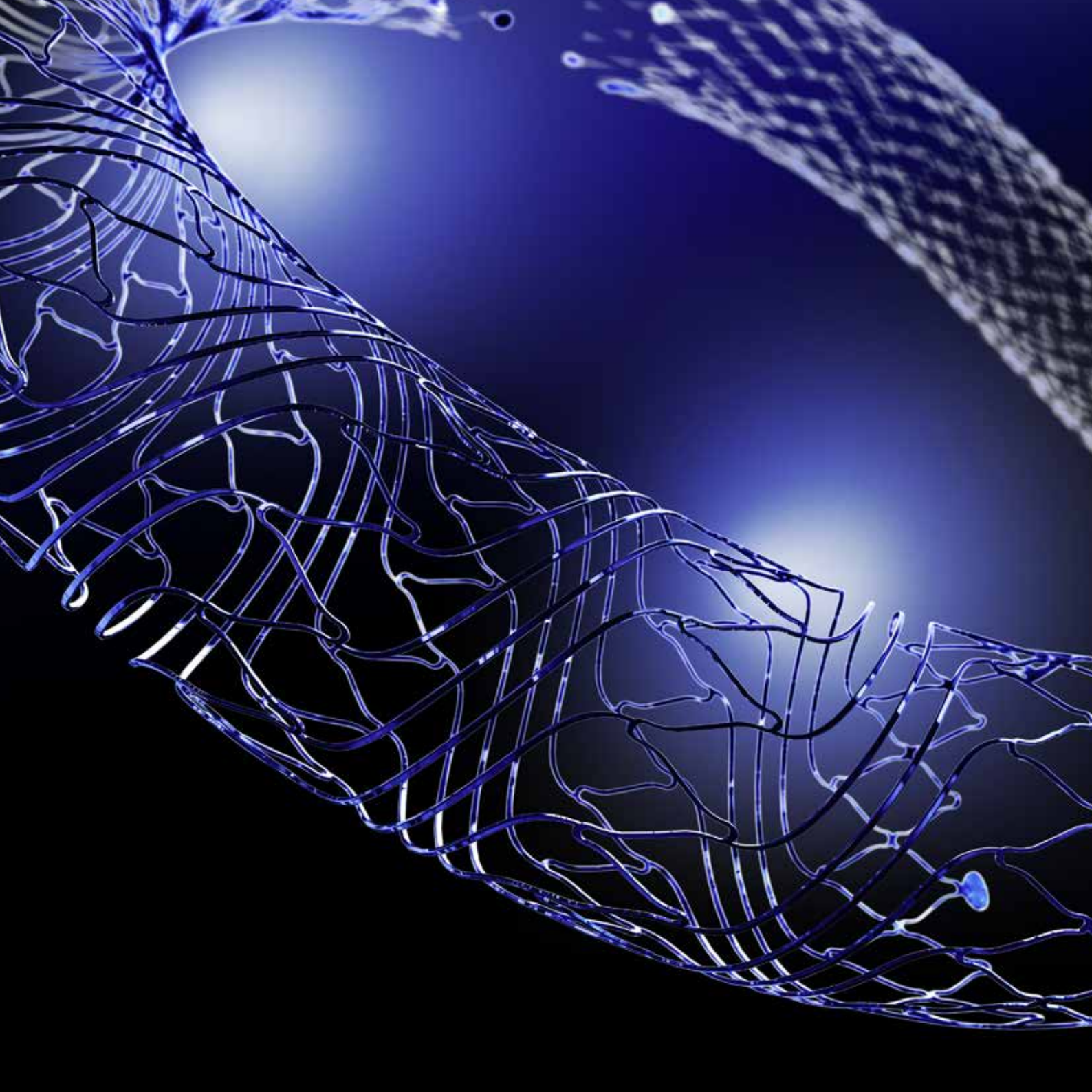
2mm gain in radius =
125% greater flow

*Retrospective multi center analysis of S.M.A.R.T vs Luminexx (5 year experience: Circulation Journal, 2011

** SIROCCO II: Prof. Duda presentation at EURO PCR, 2007

*** STROLL: J of Vasc Interv Radiology





S.M.A.R.T™ Flex key strengths

Designed to meet unpredictable biochemical challenges, the S.M.A.R.T™ Flex brings new levels of responsive versatility to the family.

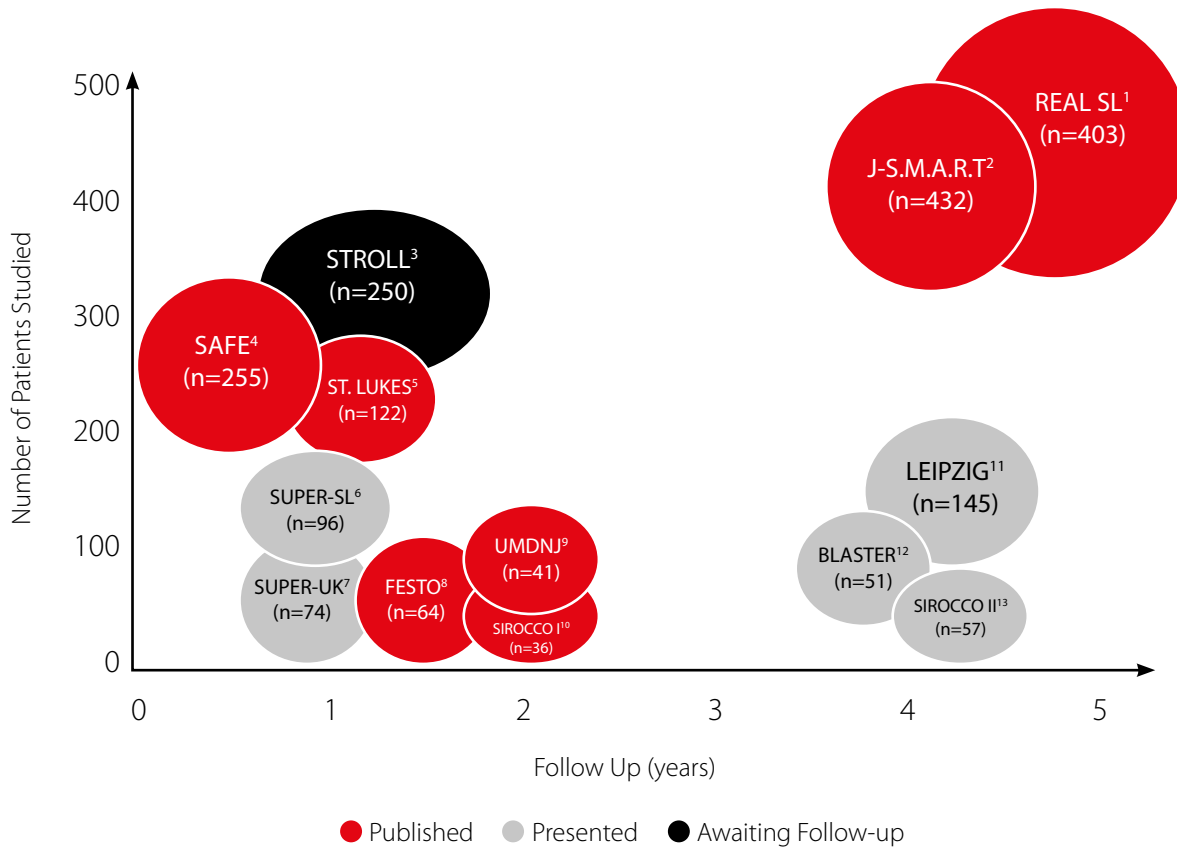
With greater longitudinal stability and fracture resistance, plus high radial force, a 0% fracture rate and 74% primary patency were achieved at 24 months in average lesion length of 163mm.

61% of all lesions with moderate to high calcification.

S.M.A.R.T™ Flex also delivers high vessel conformability – 34% of all lesions located in distal SFA and Popliteal arteries. S.M.A.R.T™ Flex is a proven solution in real life patient populations*.



Clinical Experience with S.M.A.R.T™ Stent in the SFA



1 Circ J. 2011;75(4):939-44. Epub 2011 Feb 11. 2 Osamu I, et al., Circ J. 2011; 75: 421 – 427. 3 STROLL Study Results presented by Dr. Michael Jaff during Late Breaking Trial session at VIVA 2012. 4 Presse Med. 2010 Dcc;39(12):e265-72. Epub 2010 Sep 15. 5 Mewissen MW et al. Tech Vasc Interv Radiol 2004;7:2-5 6 Presented by Dr. Stephan H. Duda for the SUPER-SL Investigators at LINC Congress (2009). 7 A Pooled Analysis of the SUPER-UK & SIT-UP Trials presented by Dr. Nicholas Chalmers (Manchester Royal Infirmary, Manchester, UK) at LINC 2010 8 Scheinert D et al. J Am Coll Cardiol. 2005;45:312-315 9 Data on file at Cordis 10 Duda SH et al. J Endovasc Ther 2006;13:701-10 11 Scheinert D. Long-term outcomes of endovascular treatment in the SFA. Presented at CIRSE/TCT 2007 12 Ansel GM. Longer-term results of complex SFA nitinol stenting. Presented at LINC 2008 13 Duda SH et al. Sirocco 4 Year results EuroPCR 07.

Important Information:

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