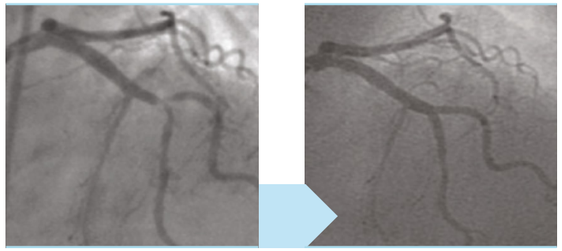
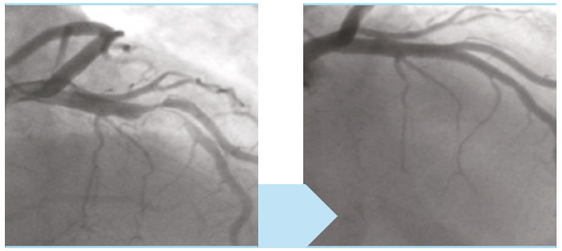
TRYTON Side Branch Stent

Predictable Outcomes in Complex Bifurcations treated with TRYTON

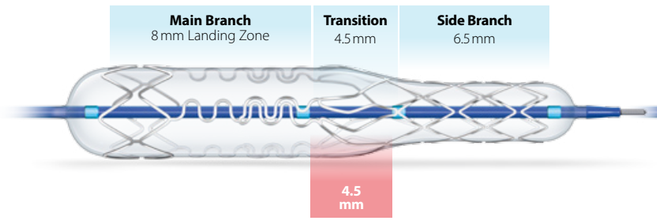


Courtesy of E. Grübe MD and R. Müller MD

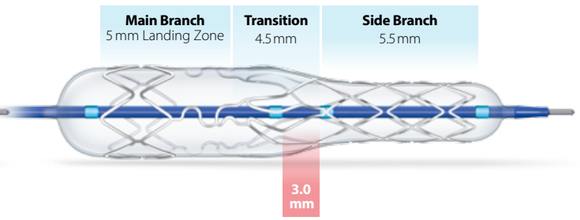


Courtesy of M. Kutcher MD

2.5 mm Side Branch (19 mm)



3.0 - 3.5 mm Side Branch (15 mm)



Ordering Information

Product Codes	Diameter SB - MB (mm)	Length (mm)	Minimum Guiding Catheter Diameter	Maximum Post-expansion Diameter SB - MB (mm)	Nominal Pressure (atm)	RBP (atm)
2.5 mm Side Branch						
T52525191US	2.5 - 2.5	19	5 F	3.0 - 4.0	8	14
T52530191US	2.5 - 3.0	19	5 F	3.0 - 4.0	10	14
T52535191US	2.5 - 3.5	19	5 F	3.0 - 4.0	10	14
3.0 - 3.5 mm Side Branch						
T53035151US	3.0 - 3.5	15	6F	4.0 - 4.5	8	14
T53540151US	3.5 - 4.0	15	6F	4.0 - 4.5	10	14

[1] Outcomes Tryton in Bifurcations Large Side Branches – RCT Subanalysis - Généreux Et Al - CCI 2016.
[2] Outcomes Tryton Confirmatory Study Généreux, Et Al. JACCInterv. 2016.
[3] RCT Post-Hoc intended Cohort analysis (SB RVD ≥2.25mm QCA); note that the RCT was not powered to show statistically significant differences in secondary endpoints or in primary endpoints in sub-populations.
[4] Device Success: Achievement of final in-stent residual stenosis <30% (by QCA) in SB using the assigned study device without malfunction.
[5] Procedural Success: Achievement of a final in-stent diameter stenosis of <50% (by QCA) using the assigned device and with any adjunctive devices, without the occurrence of cardiac death, Q wave or non-Q wave MI, or repeat revascularization of the target lesion during the hospital stay
[6] RCT Dedicated Bifurcation Stent Vs. Provisional – Généreux, Et Al. JACC. 2015
[7] Data on File With Tryton Medical Inc.
[8] Acute: within 24 hours; Subacute: ≥ 1 day - 30 days; Late: 31 days - 1 year; Very Late > 1 year
[9] Garg, et al. Euro Intervent. 2011; 6: 928-93
[10] Hildick-Smith, et al. Circulation 2010; 121: 1235-1243
[11] Chen, et al. J Am Coll Card. 2011; 57: 914-920
[12] Columbo, et al. Circulation 2009; 119: 71-78
[13] Urban, et al. NEJM. 2015; 373:21

For customer service, call 1.800.327.7714. For more information, visit cordis.com/tryton

CAUTION: Federal (USA) law restricts this device to sale by or on the order of a physician. For healthcare professionals only. Prior to use, refer to the instruction for use supplied with this device for indications, contraindications, side effects, suggested procedure, warnings and precautions. WARNINGS: Use of the Tryton Side Branch Stent in appropriately sized main vessels and side branches is required for safe and effective performance of the device. Do not use the Tryton Stent in small side branches [<2.50 mm in diameter by visual assessment or <2.25 mm in diameter by quantitative coronary angiography (QCA)], as its use may lead to an increased risk of adverse cardiac events such as myocardial infarction and the need for repeat revascularization. To confirm appropriately-sized side branch diameters, the diameter of the pre-dilation balloon inflated to nominal pressure may be used as a reference. Alternatively, the use of quantitative imaging methods such as on-line quantitative coronary angiography, intravascular ultrasound or optimal coherence tomography should be considered. Use of the Tryton Side Branch Stent, as with percutaneous coronary stent implantation procedures in general, is known to be associated with the following risks: Vessel thrombosis. Increased length of hospital stay relative to those of coronary balloon angioplasty alone. Judicious selection of patients to receive this device rather than balloon angioplasty alone is strongly advised. infection secondary to contamination of the stent may lead to thrombosis, pseudoaneurysm or rupture. The stent may cause spasm, distal embolization, thrombus, or could migrate from the site of implantation. Excessive dilatation of the artery may cause vessel rupture and life-threatening bleeding. Stents may not be fully expanded during deployment, particularly in resistant lesions. Stent dislodgment fromthe balloon surface during deployment and/or dislodgment from the target site post-deployment can occur. Major bleeding.

TRYTON is manufactured by Tryton Medical and distributed by Cordis. 155-9076 07/17

D2251G_V02 Rev. 2

Cordis
A Cardinal Health company

cordis.com/tryton

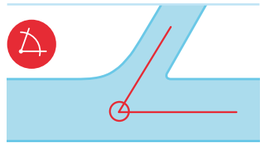
TRYTON Side Branch Stent

Built for Bifurcation

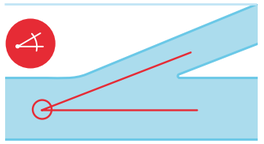
- Simplify treatment
- Superior procedural and device success[1]
- Predictable outcomes

Treatment of Bifurcations is Challenging

Varying Angulations

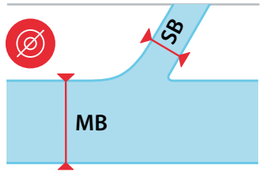


Wide Angle

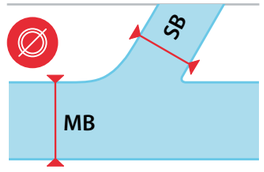


Narrow Angle

Diameter Differences



Large Difference



Small Difference

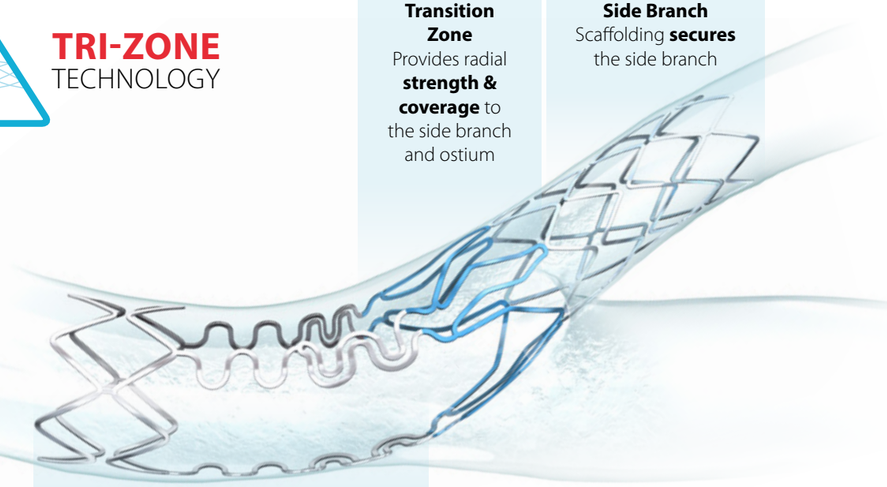
Simplify Treatment with TRYTON Side Branch Stent
Technology Built for Bifurcations

The TRYTON Side Branch Stent is specifically designed to actively treat, protect and secure the entire bifurcation lesion, offering ease of implantation and complete main vessel stent integration.

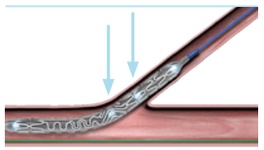
TRI-ZONE
TECHNOLOGY

Transition Zone
Provides radial **strength & coverage** to the side branch and ostium

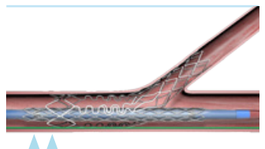
Side Branch
Scaffolding **secures** the side branch



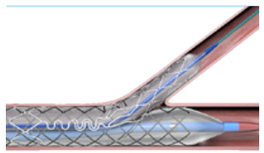
Main Branch Zone
Minimal metal to artery ratio for **easy integration** with your DES



Wire SB and MB. Position TRYTON and Deploy



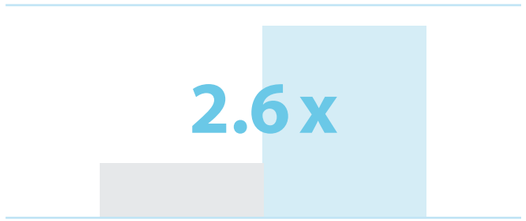
Rewire MB and Deploy DES



Finish with Kissing Balloons

Prior to use, please refer to the Instructions for Use available for download at cordis.com/tryton

TRYTON Superior Device and Procedural Success[3,4,5]
RCT Intended Population



Superior Device Success[4]

TRYTON demonstrates
2.6 x more device success
versus provisional treatment.

Device Success: < 30 % Residual Stenosis, without Malfuntion

Superior Procedural Success[5]

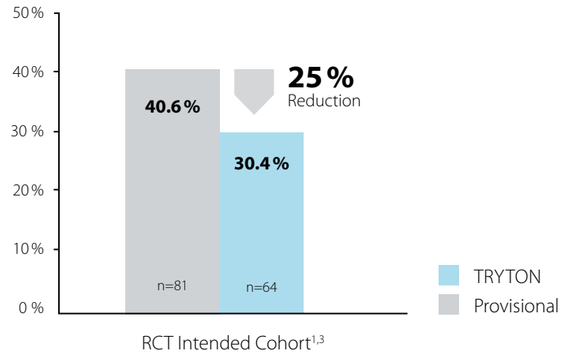
TRYTON demonstrates
1.3 x more more procedural success
versus provisional treatment.

Procedural Success: < 50 % Residual Stenosis, without TVF

Predictable Outcomes Demonstrated
In Largest Randomized Bifurcation Trial[6]

- Significant reduction in Percent Diameter Stenosis[1,3]
- DES-like TVR in complex lesions[1,3]
- 0 % Late / Very Late Stent Thrombosis Rate[3,7,8]

Percent Diameter Stenosis



RCT Intended Cohort[1,3]

TVR