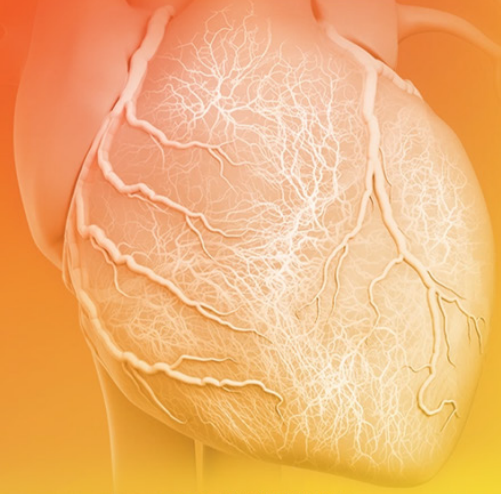



GO BEYOND THE ANGIOGRAM

To Enable More Informed Diagnostic
and Treatment Decisions



Angiography doesn't tell you the full story

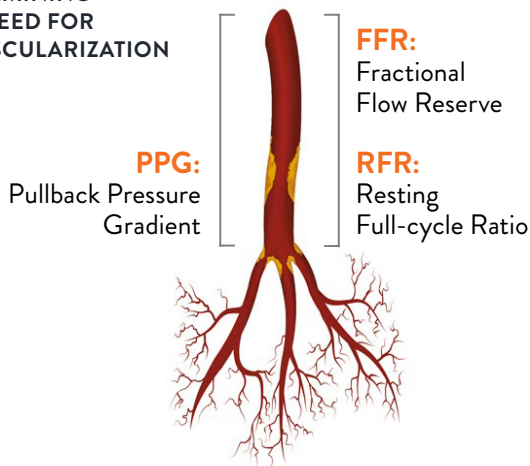
- 1 in 4**
patients despite angiographically successful PCI continue to experience residual angina¹
- 34%**
of the time coronary angiography is not accurate in comparison to FFR²
- 60%**
increase in clinical events at follow-up was observed in patients with low post-PCI FFR, despite angiographically successful PCI³
- 40-60%**
of all elective patients undergoing angiography suffer from ischemia and no obstructive coronary artery disease (INOCA)^{4,5}
- Up to 50%**
of INOCA patients might have recurring angina due to CMD⁶

 The AID-ANGIO study demonstrates that relying on angiography alone to make an actionable diagnosis of the cause of ischemia would result in an error of 78% in diagnosing INOCA⁷

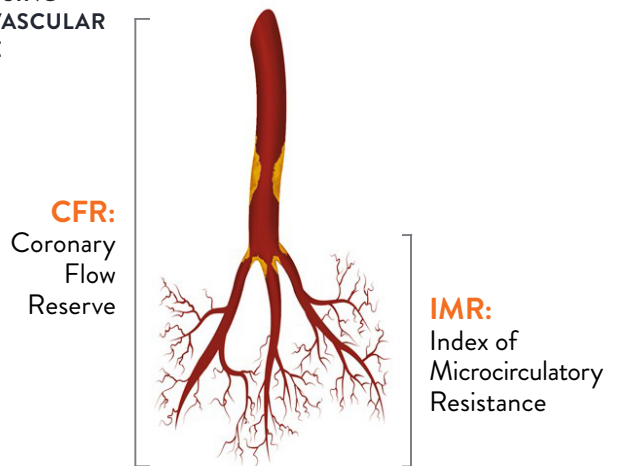
ASSESSING FULL PHYSIOLOGY LEADS TO BETTER OUTCOMES

- FFR-guided PCI leads to a **35%** risk reduction in death and myocardial infarction (MI), compared to relying only on angiography⁸
- RFR is a resting index used as an alternative to FFR in certain clinical situations that cannot utilize vasodilators like Adenosine⁹
- PPG is a novel epicardial index that objectively quantifies focal epicardial disease to identify patients that are most likely to benefit from PCI^{10,11}
 - Patients with high PPG (focal disease) reported **60%** fewer clinical events and greater improvement in angina and quality of life¹²
- 1-year CorMicA trial follow-up showed that an accurate diagnosis, enabled by IMR and CFR, resulted in:¹³
 - **27%** improvement in CMD patients' angina severity
 - **18%** improvements in quality of life

DETERMINING THE NEED FOR REVASCUARIZATION



DIAGNOSING MICROVASCULAR DISEASE



1. Jeremias A, et al. *J Am Coll Cardiol Interv.* 2019;12:1991-2001. 2. Corcoran et al., *Int J Cardiovasc Imaging.* 2017; 33(7): 961-974. 3. Wolfrum M, et al. *EuroIntervention.* 2018;14:e1324-31. 4. Jespersen L, et al. *Eur Heart J.* 2012;33:734-744. 5. Patel MR, et al. *N Engl J Med.* 2010;362:886-895. 6. Marinescu MA, et al. *JACC Cardiovasc Imaging.* 2015;8:210-220. 7. Jerónimo A, et al. *EuroIntervention.* 2025;21(1):35-45. 8. Pijls NH, et al. *J Am Coll Cardiol.* 2010;56(3):177. 9. Svanerud, J, et al. *EuroIntervention.* 2018;14:806-814. 10. Collet C, et al. *Circulation.* 2024;150:586-597. 11. Collet C, et al. *J Am Coll Cardiol.* 2019;74(14):1772-1784. 12. Wolfrum M, et al. *EuroIntervention.* 2018;14:e1324-31. 13. Ford T, et al. *JACC Cardiovasc Interv.* 2020;13(1):33-45.

Information contained herein for DISTRIBUTION outside of the U.S. ONLY. Check the regulatory status of the device in areas where CE marking is not the regulation in force.



CUTOFFS FOR FULL PHYSIOLOGY INDICES

	DIAGNOSING EPICARDIAL STENOSIS		DIAGNOSING CMD	
	FFR	RFR	IMR	CFR
Cutoff Value	≤0.8 ¹	≤0.89 ²	≥25 ^{3,*}	<2.5 ^{3,*}
Formula	Pd/Pa at Hyperemia	Lowest Pd/Pa Ratio of Whole-Cycle	Pd x Hyperemia Flow	Hyperemia Flow/Baseline Flow
Hyperemia	Yes	No	Yes	Yes

*IMR and CFR cutoffs in population of ischemia with no obstructive coronary artery disease (INOCA) patients.³

PHYSIOLOGY GUIDELINES – EPICARDIAL ASSESSMENT

RECOMMENDATIONS	COUNTRY/SOCIETY	CLASS ^a	LEVEL ^b
When evidence of ischaemia is not available, FFR or iwFR are recommended to assess the hemodynamic relevance of intermediate-grade stenosis.	Europe/ESC ⁴	I	A

RFR is recognized by the Appropriate Use criteria with approved coding recommendation by ACC/SCAI.⁵

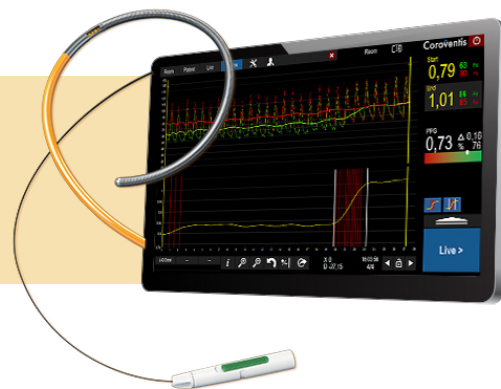
PHYSIOLOGY GUIDELINES – MICROVASCULAR ASSESSMENT

RECOMMENDATIONS	COUNTRY/SOCIETY	CLASS ^a	LEVEL ^b
In patients with Chronic Coronary Syndromes, invasive coronary functional assessment (including IMR and CFR) is recommended to confirm or exclude the diagnosis of obstructive CAD or INOCA.	Europe/ESC ⁶	I	B

iwFR = instantaneous wave-free ratio; a Class of recommendation b Level of evidence.

Level (Quality) of Evidence Level B-NR (non-randomized): moderate-quality evidence from 1 or more well designed, well executed nonrandomized studies, observational studies or registry studies. RCTs. Meta-analyses of such studies.

The PressureWire™ X Guidewire and CoroFlow† Cardiovascular System is the only* one-wire Full Physiology solution that quantifies focal and diffuse epicardial disease and assesses for CMD.⁷⁻⁹



*As compared to all commercially available Full Physiology solutions outside of the U.S. as of Q3, 2025. Refer to IFUs for additional information. Full Physiology refers to: Fractional Flow Reserve (FFR)/ Resting Full-cycle Ratio (RFR), Pullback Pressure Gradient (PPG), Index of Microcirculatory Resistance (IMR) and Coronary Flow Reserve (CFR).

1. Jeremias A, et al., *J Am Coll Cardiol*. 2017;69(22):2748-2758. 2. Kobayashi Y, et al., *J Am Coll Cardiol*. 2017;70(17):2105-2113. 3. Ford TJ, et al., *J Am Coll Card Intu*. 2020;13:33-45. 4. Neumann F, et al., *European Heart Journal* 2018; 40: 87-165. 5. ACC-SCAI Coding Recommendation. Coding for RFR (Resting Full-Cycle Ratio) and resting FFR (Pd/Pa without hyperemia). *J Am Coll Cardiol*. 2019;13. 6. Vrints C, et al. 2024 *Eur Heart J*. 2024;45(36):3415-3537. 7. CoroFlow† Cardiovascular System Instructions for Use (IFU). Refer to IFU for additional information. 8. PressureWire™ X Guidewire Instructions for Use (IFU). Refer to IFU for additional information. 9. Data on file at Abbott.

CAUTION: These products are intended for use by or under the direction of a physician. Prior to use, reference the Instructions for Use, inside the product carton (when available), manuals.eifu.abbott or at coroventis.com/ifu for more detailed information on Indications, Contraindications, Warnings, Precautions and Adverse Events. This material is intended for use with healthcare professionals only.

Information contained herein for DISTRIBUTION outside of the U.S. ONLY. Check the regulatory status of the device before distribution in areas where CE marking is not the regulation in force.

Illustrations are artist's representations only and should not be considered as engineering drawings or photographs. Photos on file at Abbott.

Abbott Vascular International BV

Park Lane, Culliganlaan 2B, 1831 Diegem, Belgium, Tel: 32.2.714.14.11

™ Indicates a trademark of the Abbott Group of Companies.

† Indicates a third-party trademark, which is property of its respective owner.

www.cardiovascular.abbott

©2025 Abbott. All rights reserved. MAT-2501160 v1.0

