

IMAGING MATTERS IN CALCIFIED LESIONS

ABBOTT'S OCT SYSTEM IS LEADING THE WAY IN INTRAVASCULAR IMAGING

IT'S TIME TO RAISE THE PCI STANDARD. ANGIOGRAPHY IS NOT ENOUGH.

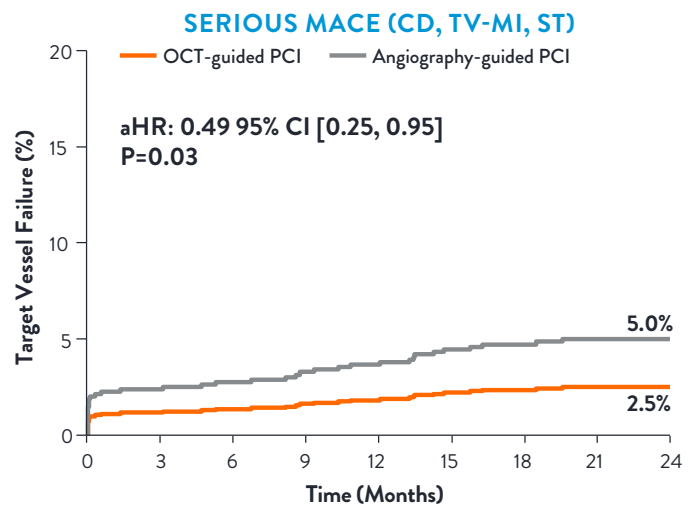
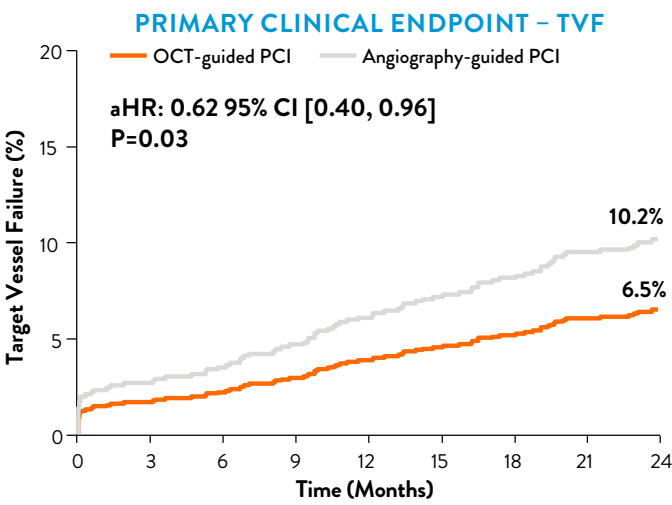


About 30% of patients undergoing PCI have moderate to severe coronary calcium. Calcific lesions limit stent expansion. Stent underexpansion is a major predictor of stent failure. Proper vessel prep before PCI allows both optimal stent delivery and stent expansion.^{1,2}

Abbott's OCT provides key information that leads to better intra-procedural decisions, better acute results and consequently better long-term outcomes, in complex lesions and specifically in calcified lesions.³⁻⁶

ILUMIEN IV Calcified Lesions Substudy

In patients with calcified lesions, OCT guidance leads to improved procedural and long-term patient outcomes, especially with safety compared to angiography as seen in ILUMIEN IV calcified lesions substudy.³

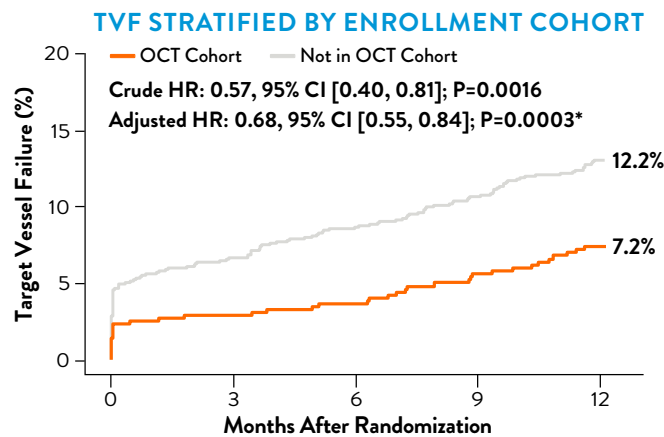


CALIPSO

The CALIPSO trial showed OCT-guided PCI was superior to angiography-guided PCI in complex calcified lesions, with greater minimal stent area and no difference in contrast usage and procedure time.⁷

ECLIPSE

In the management of severely calcified lesions, as shown in the ECLIPSE trial, Abbott's OCT was associated with significantly lower 1-year event rates for vessel preparation with both orbital atherectomy and conventional balloon angioplasty.⁴

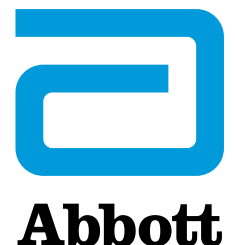


*Inverse probability-weighted multivariable adjusted analysis.

Variables included in the model: age, sex, smoking, history of PVD, -CABG, -MI, and -PCI, DM, eGFR category, single/multi lesion (per core lab), core lab-assessed Ca length, -pre-procedure RVD, and -pre-procedure MLD.

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THE EUROPEAN SOCIETY OF CARDIOLOGY RECOMMENDS INTRA-VASCULAR IMAGING AS A CLASS 1A RECOMMENDATION FOR USE IN PCI IN COMPLEX CORONARY LESIONS.⁵

RECOMMENDATION	CLASS	LEVEL
ASSESSMENT OF PROCEDURAL RISKS AND POST-PROCEDURAL OUTCOMES		
Intracoronary imaging guidance by IVUS or OCT is recommended when performing PCI on anatomically complex lesions, in particular left main stem, true bifurcation and long lesions ⁵	I	A

The **SCAI consensus document** recommends the use of intravascular imaging whenever feasible to determine the use of calcium modification techniques.⁸

Abbott's AI-enabled Ultrreon™ 2.0 Software automatically detects and quantifies calcium severity—arc, length and thickness—to support efficient PCI procedures and positive outcomes.⁹⁻¹³



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