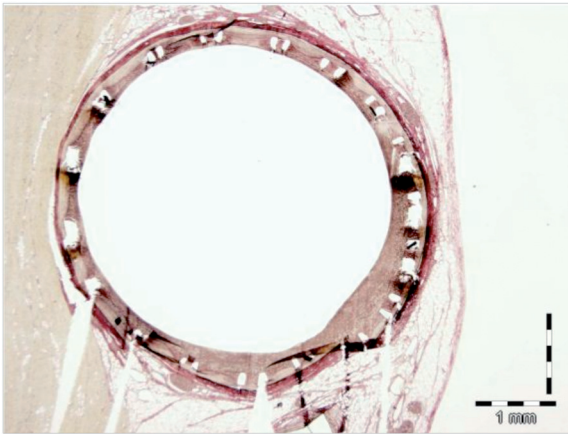
STENTYS
SIMPLE STENT SOLUTIONS

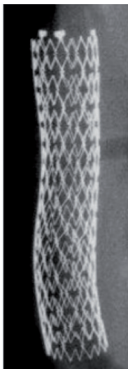
PRE-CLINICAL RESULTS AND TECHNICAL INFORMATION

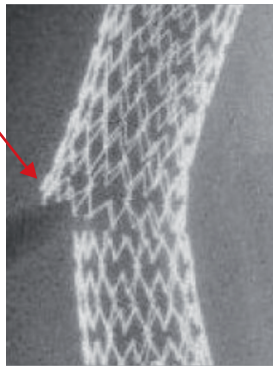
Animal Studies

The STENTYS™ self-expanding, bare-metal stent shows a maintained open lumen in this porcine histology picture with good coverage of struts at 90 days.



The STENTYS™ stent demonstrates good vessel conformability at 30 days in these porcine radiographs.

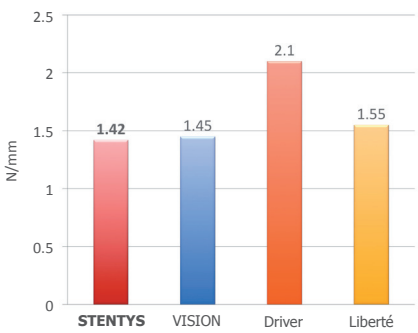




Mechanical Properties[1]

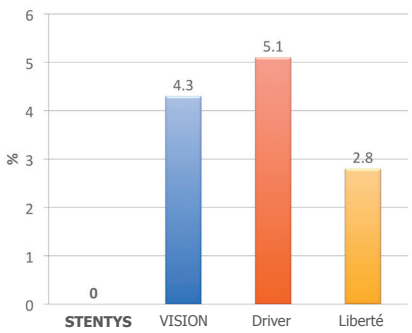
Radial Force

The "crush-resistance force" of the STENTYS™ stent is comparable with balloon-expandable stents.



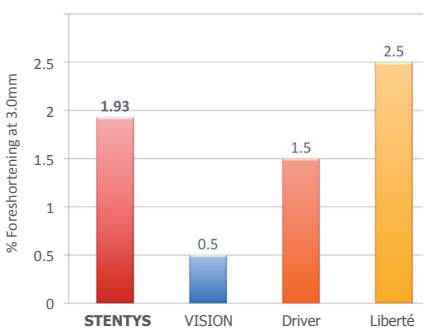
Stent Recoil

Due to its self-expanding nature, the STENTYS™ stent exhibits no recoil.



Foreshortening

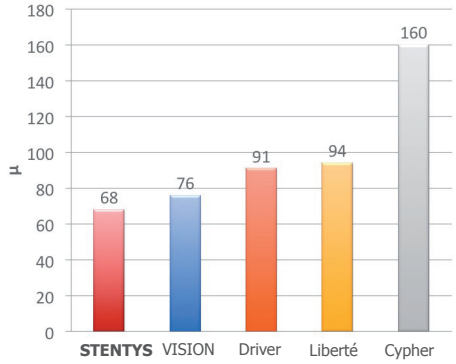
The STENTYS™ stent foreshortening is comparable to competitor stents.



Stent Design

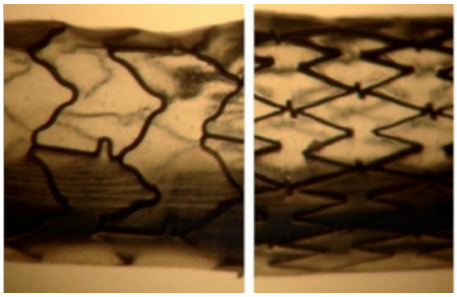
Strut Width[1]

The STENTYS strut width is narrower than competitive stents, while still providing a strong, competitive radial force.



Cell Area

Small, closed-cell design may result in fewer complications[2] and provides better coverage of thrombus to avoid distal embolisation and the possibility of no-reflow.

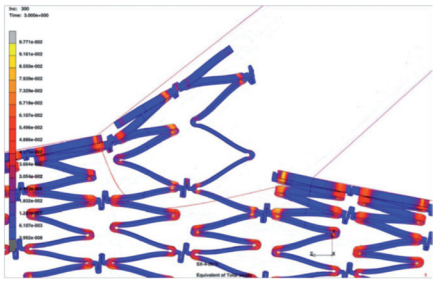


Vision stent cell area[1]
3.86mm²

STENTYS™ stent cell area
0.95mm²

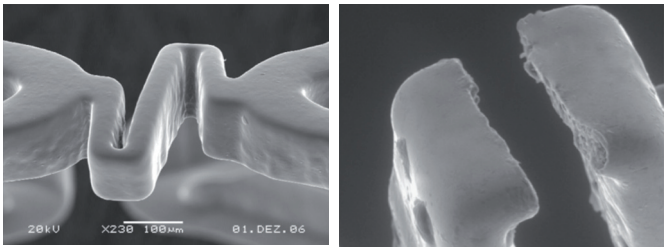
Load-bearing Elements

This Finite Element Analysis (FEA) image shows the STENTYS™ stent deployed in a bifurcation model. The levels of strain placed on the stent when deployed confirm that disconnectors are not load-bearing elements of the stent.



Stent Connectors

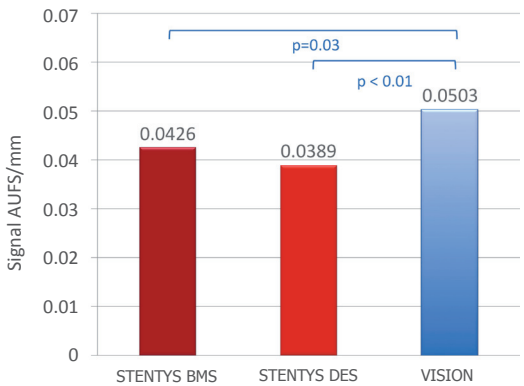
These Scanning Electron Microscope (SEM) pictures show microscopic views of the connector on the STENTYS™ stent, and the clean and safe separation of the connector when it is disconnected by a PTCA balloon.



Material Properties

Thrombogenicity

The STENTYS™ BMS and DES stents show a statistically significant reduction in susceptibility for thrombosis in an in vitro physiologic coronary flow system with porcine blood when compared with the Vision stent (CBSET, Lexington, Massachusetts).



[1] Data held on file

[2] Eur J Vasc Endovasc Surg. 2007 Feb; 33(2):135-41

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