Dedicated to challenging lesions
The only stent designed to respect the natural calibre differences and adapt to the changes in vessel diameter caused by thrombus absorption that are often seen in challenging lesions.

- **STEMI**
- **Bifurcations**
- **Large Vessels**
- **Saphenous Vein Grafts**
- **Left Main**
- **Tapered Vessels**
- **Ectatic Vessels**

**Vessel Diameter Variability**: ≥1mm

**TIMI Thrombus Grade**: ≥4

**Vessel Diameter**: ≥4.5mm
by actively adapting and self-apposing to variances in vessel diameter
Xposition S is able to remove both the complications of distal oversizing and proximal undersizing.

- **Too small**
  - Proximal Malapposition, Underexpansion
    - Stent thrombosis
    - Restenosis

- **Too large**
  - Distal Overdilation
    - Dissection/Perforation
    - No reflow
    - Plaque Shift
and those procedural risks inherent in trying to optimise a conventional DES to varying diameters or thrombus presence.

Self-Apposing® Stents demonstrate complete and continuous apposition despite changes in vessel diameter over time

In STEMI Patients there was a **+19%** increase in Mean Distal Reference Vessel Area at 3 days

1 Van Geuns, Apposition IV final Results, Oral presentation at PCR 2014
Disconnectable Bridges

- The combination of flexion & rotation by a balloon allows the stent interconnector technology to disconnect. The stent can only disconnect in the cell where the balloon is passed.
- Disconnection does not affect the radial force of the stent.
- Post-dilation of the stent does not cause disconnections as it does not create any strain/stress on the interconnectors.

Once disconnected, connector remains aligned with surface of the stent, therefore no impact on vessel injury or balloon puncture.

Opening possible at any level along stent body (except the 2 most distal and proximal rows of stent.)
FASTER STRUT COVERAGE

Strut coverage at least ≥20µm at 4 months
OCT Analysis

- STENTYS
- Control
Sirolimus Eluting Self-Apposing Stents showed 0.0 mm Late lumen loss at 9 months

LOW MACE in STEMI

Major Adverse Cardiac Events at 24 months
(Post Dilation Group)

Cardiac Death: 1.80%
TV-MI: 1.90%
Clinical Indicated TLR: 8.40%
Definite Probable ST: 2.80%

LOW MACE in BIFURCATIONS

24 Month MACE (13.0%)

- Cardiac Death: 2.00%
- CABG: 0%
- TV MI: 5.40%
- cd TLR: 13.50%
- ST Definite: 1%
LOW MACE in COMPLEX CASES

Complex Patient Population

- STEMI
- NSTEMI / Unstable Angina
- Stable Angina

12 Month MACCE

- Ectasia
- Bifurcation
- No Ectasia

MACCE (%) vs Months

0% 1% 2% 3% 4% 5% 6% 7% 8%

0 1 2 3 4 5 6 7 8 9 10 11 12 Months

LOW MACE in COMPLEX CASES

Indications for STENTYS

- Aneurysm
- Ectasia
- Tapering
- Bifurcation lesion
- SVG
- Diameters 4.5–5.0
- High thrombus burden

Clinical Outcomes

1-year follow up
- Cardiac Death: 1.10%
- Clinically indicated TLR: 5.30%
- Stent Thrombosis (Definite and Probable): 6.90%

2-year follow up
- Cardiac Death: 2.90%
- Clinically indicated TLR: 6.90%
- Stent Thrombosis (Definite and Probable): 1.10%

Huangling Lu, Maik J. Grundeken, Jan Baan jr., Marije M. Vis, Jose P. Henriques, Jan J. Piek, Joanna J. Wykrzykowska, Jan G.P. Tijssen, Karel T. Koch, Robbert J. de Winter. Outcome Of Percutaneous Coronary Intervention With The STENTYS® Self-Apposing Coronary Stent In Patients Not Treated For STEMI Presented at TCT 2013.
LOW MACE in SVG

MACE at 6 Month (10%) PES version

- **Cardiac Death**: 0.0%
- **MI**: 6.6%
- **TLR**: 3.3%
- **Definite/Probable ST**: 0.0%