



*News Release*

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Contact: Ronald C. Trahan, APR, President, Ronald Trahan Associates Inc., +1-508-359-4005, x108

## Stentys appoints Scientific Advisory Board

Company is positioning industry's first *next-generation dedicated* stent for treatment of blocked coronary artery *bifurcations* as simple and effective as a conventional stenting procedure

**“We are on schedule to begin first-in-man studies by mid-year, and therefore the creation of such a prominent Scientific Advisory Board is an important step forward for Stentys.”**

Gonzague Issenmann, Co-Founder and CEO, Stentys

PARIS, April 5, 2007—Stentys ([www.stentys.com](http://www.stentys.com)) announced today that it has appointed a **Scientific Advisory Board (SAB)** that includes some of the most prominent names in cardiology. Stentys is the first company to develop the *next-generation of dedicated* drug-eluting stents for treatment of blocked coronary artery *bifurcations* so that hundreds of thousands of patients might avoid open-chest surgery.

The Stentys Scientific Advisory Board will include: **Maurice Buchbinder, M.D.**, director of interventional cardiology and co-director of the cardiac catheterization lab at Scripps Memorial Hospital, La Jolla, Calif.; **Eberhard Grube, M.D.**, chief of cardiology and angiology at the Helios Herzzentrum Heart Center, Seigburg, Germany, and a consulting professor of medicine at Stanford University; **Jean-Claude Laborde, M.D.**, co-director of the interventional cardiology unit at Clinique Pasteur, Toulouse, France; **Thierry Lefevre, M.D.**, head of interventional cardiology and research at the Institut Cardiovasculaire Paris Sud at Institut Hospitalier Jacques Cartier, Massy, France; and **Patrick W. Serruys, M.D.**, chief of interventional cardiology at the Thoraxcenter-Erasmus University, Rotterdam.

“We are extremely proud to be associated with these outstanding interventional cardiologists, whom we expect will play a crucial role in helping Stentys make treatment of blocked coronary artery bifurcations as simple and effective as a conventional stenting procedure,” said Stentys’ CEO and co-founder, **Gonzague Issenmann**.

Coronary artery disease is caused by fatty lesions that narrow the coronary artery’s inside diameter (*stenosis*), consequently reducing the blood flow and depriving the heart muscle of oxygen. The dramatic consequence of this blockage is an often-lethal myocardial infarction. *Bifurcation* is the area where one main vessel branches out into two smaller vessels, one being the continuation of the *main vessel*, and the other often referred to as the *side branch*. Narrowings at a bifurcation site are quite common. Indeed, 18 percent of percutaneous coronary interventions involve a bifurcation stenosis. Of those, *restenosis* (re-occurrence of the blockage) occurs in 20-25 percent of bifurcations treated with drug-eluting stents (DES).

The patent-pending innovation of Stentys’ bifurcated stent is that the stent-opening for the side branch can be created *anywhere* in the stent *after* it is implanted in the vessel. In short, the procedure’s success is independent from accurate positioning. The Stentys procedure is performed in three simple steps: (1) Stentys is implanted in the main vessel with an *approximate* positioning, like a standard stent; (2) the cardiologist chooses the optimal location for the side branch opening by inserting a balloon through the stent mesh, which is a cath lab-standard procedure; and, (3) the balloon inflation disconnects the mesh and creates the opening—the Stentys approach allows the *in situ modeling* of the stent to fit the patient’s unique arterial anatomy.

Based in Paris, Stentys intends to make treatment of blocked coronary artery *bifurcations* as simple and effective as a regular stenting procedure.

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