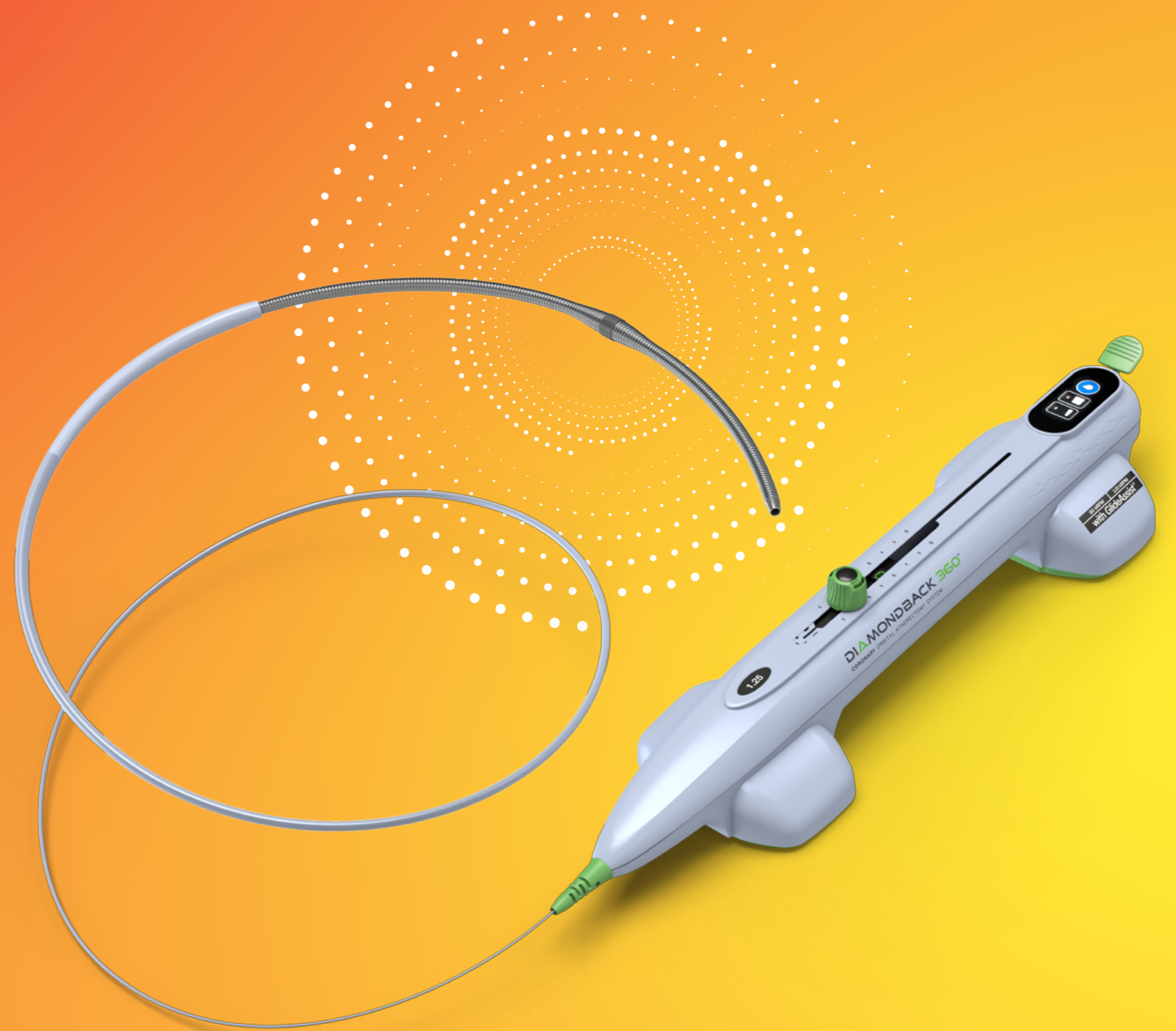


Diamondback 360™

Coronary Orbital Atherectomy System

SEVERE CALCIUM. ONE SOLUTION.

DUAL-ACTION + VERSATILE + PROVEN



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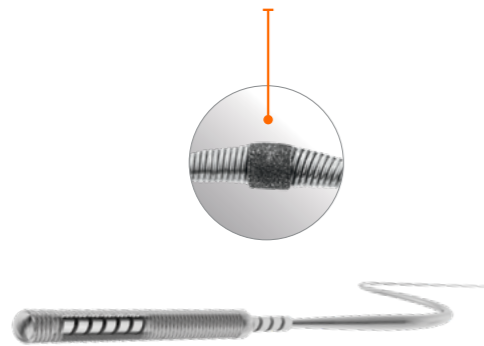


DIAMONDBACK 360™ CORONARY ORBITAL ATHERECTOMY SYSTEM (OAS)

Diamondback 360™ is the only atherectomy system with a diamond-coated crown that orbits 360 degrees, specifically designed to target severe calcium for optimal stent delivery, expansion and apposition.^{1,2-4}

SINGLE 1.25 MM CROWN

eccentrically mounted diamond-coated crown with bi-directional capabilities that treats a range of vessels enabling single device treatment of multiple lesions and vessel sizes



VIPERWIRE ADVANCE™ NITINOL

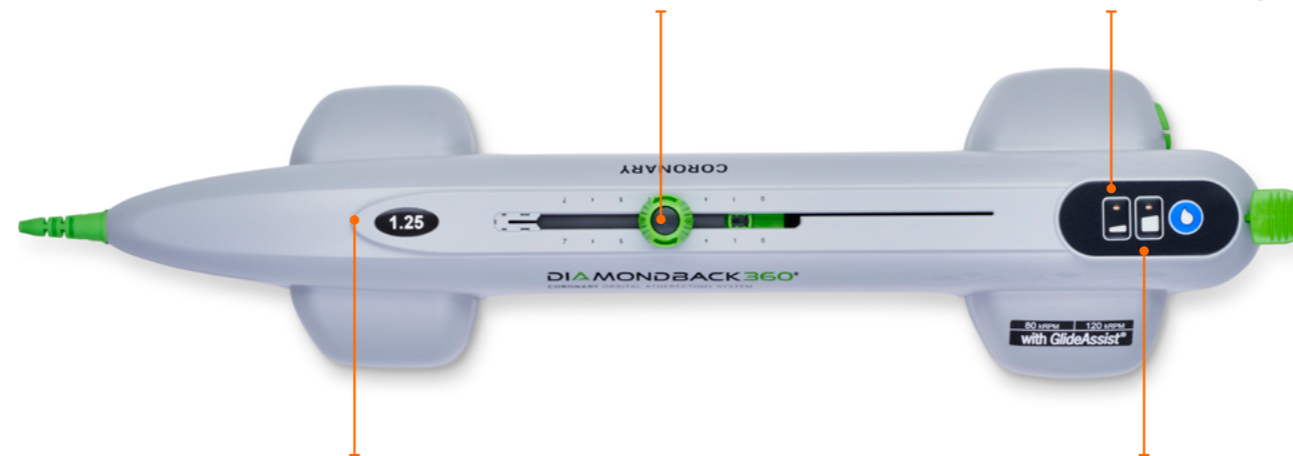
coronary nitinol guide wire with flex tip

ONE-TOUCH OPERATOR-CONTROLLED START BUTTON

makes device power up effortless

GLIDEASSIST™

enables the crown to spin at a slower speed for easy tracking and device removal



ELECTRIC-POWERED HANDLE WITH SMART SUITE SOFTWARE^{5,6}

allows two-minute set up and features software designed to maintain and monitor device function†

TWO CONVENIENT SPEED CONTROLS

allow for quick speed adjustments within the sterile field

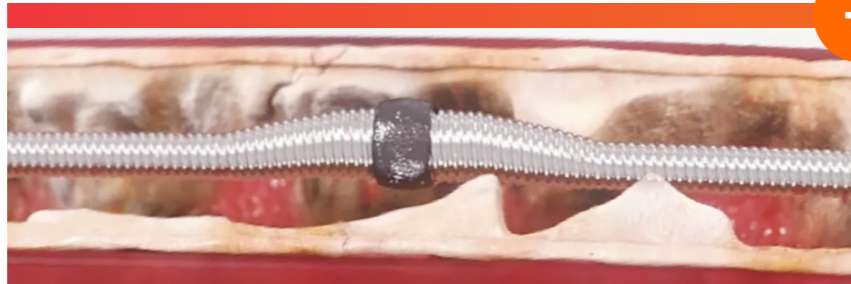
Data on file at Abbott, unless otherwise noted.
See references on page 7.
† Set up times may vary.

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DUAL-ACTION

Uniquely designed for calcium: Differential sanding and pulsatile forces enable simultaneous modification of both intimal and medial calcium for optimal stent delivery, expansion, and apposition in severely calcified lesions. One device treats eccentric, concentric, and nodular calcium.^{1,2-4,7,8}

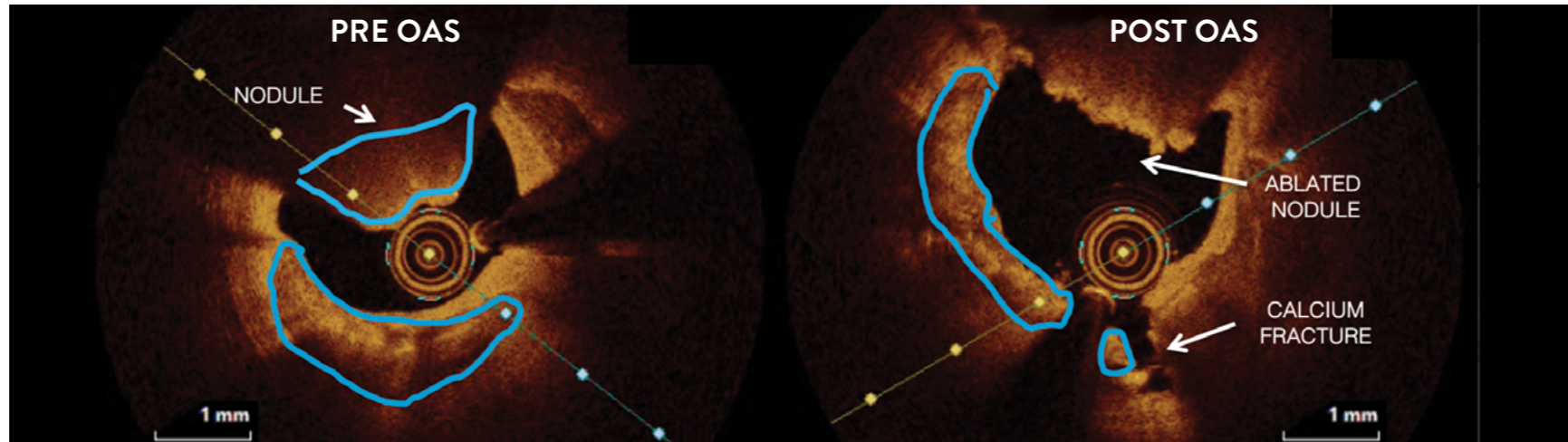
MODIFIES INTIMAL CALCIUM



FRACTURES MEDIAL CALCIUM



OPTICAL COHERENCE TOMOGRAPHY (OCT) IMAGING



See references on page 7.
Case courtesy of Richard Shlofmitz, MD, St. Francis Hospital, Roslyn, NY. Results may vary.

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VERSATILE

Patients with percutaneous coronary intervention procedures can be challenging. Diamondback 360™ OAS gives you the versatility to treat those challenging cases, including the most severely calcified lesions, with under 2-minute setup^{5,6} and predictable procedure times.²

Facilitates antegrade and retrograde treatment of:

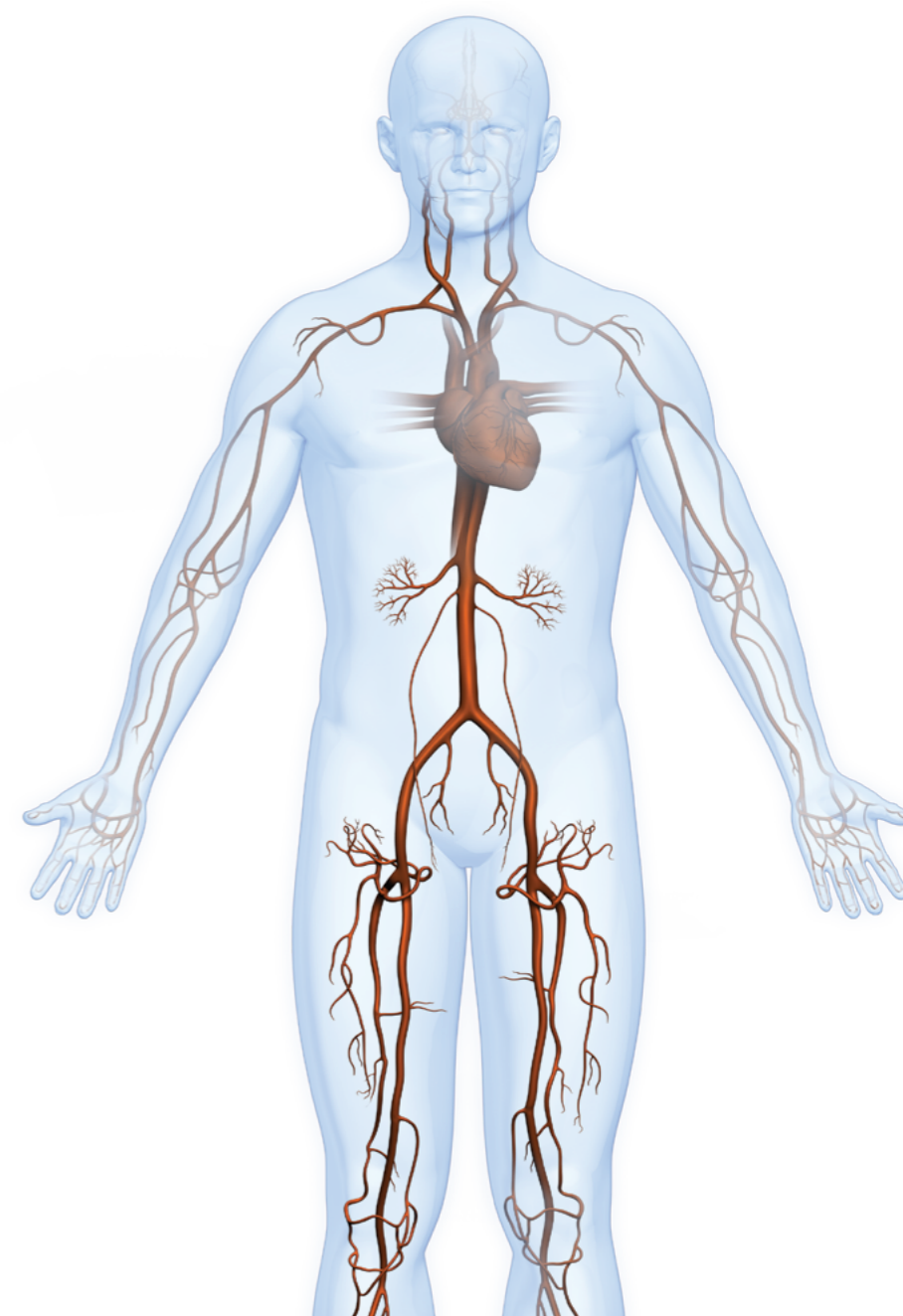
- **LONG, DIFFUSE LESIONS**
Successfully treated lesions up to **60 mm** in length in real-world study.⁹
- **HEAVILY STENOSED LESIONS**
Crossed **>99%** of lesions with **<2%** pre-dilatation in the ORBIT II study.^{1,10}
- **NODULAR LESIONS**
Effectively treats nodular calcification.^{7,8}
- **OSTIAL LESIONS**
Safely treats ostial lesions.¹¹

Low Profile

6F compatible for femoral or radial access.

Multiple Vessel Sizes

Single device treatment of multiple lesions and vessel sizes.



See references on page 7.

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PROVEN

Extensively studied, and with over 100,000 patients treated, orbital atherectomy has been demonstrated to perform effectively and safely in the treatment of severely calcified lesions.

>2,200
Patients Across
11 Robust Studies^{7,9}

PROVEN SAFETY
<1%
Component Angiographic
Complications in Two
Real-world Studies^{9,12}

PROCEDURAL SUCCESS
97.7%
Crossing and Stent
Deployment in
ORBIT II Study¹

LOW Q-WAVE MI RATE
0.9%
In the ORBIT II
Study
at 30 days¹

ORBIT II TARGET LESION REVASCULARIZATION (TLR)¹³

Sustained Clinical Performance
Data are for ORBIT II TLR in the OA+DES
patient cohort.

3.4%
AT 1 YEAR

5.1%
AT 2 YEARS

6.6%
AT 3 YEARS

The ORBIT II trial included patients with severely calcified lesions and demonstrated low rates of TLR at 1, 2, and 3 years.

Data on file at Abbott.
See references on page 7.

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PRODUCT ORDERING INFORMATION

Diamondback 360™ Orbital Atherectomy Device

MODEL NUMBER	CROWN SIZE	LENGTH	QUANTITY
C-2DB-CL125-135	1.25 mm Classic	135 cm	1 each

ViperWire Advance™ Coronary Guide Wire with Flex Tip

MODEL NUMBER	DESCRIPTION	LENGTH	QUANTITY
GWC-12325LG-FT	.012" Shaft/.014" Flex Tip	325 cm	5 per box

ViperSlide™ Lubricant

MODEL NUMBER	DESCRIPTION	QUANTITY
VPR-SLD2	100 mL Bag	10 bags per box

OAS Pump

MODEL NUMBER	DESCRIPTION	QUANTITY
SIP-3000	Saline Pump	1 each

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2. Shlofmitz, E., et al., *Expert Rev Med Devices.* 2017;14(11):867-879.
3. Yamamoto, M., et al., *Catheter Cardiovasc Interv.* 2019;93(7):1211-1218.
4. Kini, A., et al., *Catheter Cardiovasc Interv.* 2015;86(6):1024-1032.
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7. Shlofmitz, E., et al., *Interv Cardiol.* 2019;14(3):169-173.
8. Abellas-Sequeiros, M., et al., *REC Interv Cardiol.* 2022;4(2):163-164.
9. Beohar, N., Orbital Atherectomy for Treating De Novo Severely Calcified Coronary Lesions. A Tertiary Center Experience, Presented at TCT Connect 2020.
10. Data on file at Abbott (CLN-0001-R.D_ORBIT II Clinical Report). In the ORBIT II study, the OAS was inserted and activated in 434 subjects, but in 2 cases, the OAS was unable to cross the lesion.
11. Lee, et al., *J Interv Cardiol.* 2018;31(1):15-20.
12. Lee, MS, et al., *J Interv Cardiol.* 2016;29(4):357-362.
13. Data on file at Abbott (CLN-0001-R.D supplement: Kaplan-Meier Tables 3-year data-stent type 05Feb16).

These instructions do not replace the Diamondback 360™ Coronary OAS with GlideAssist™ Instructions for Use (IFU). Refer to the Diamondback 360™ Coronary OAS with GlideAssist™ IFU for the use and operation of the Diamondback 360™ Coronary OAS.

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

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