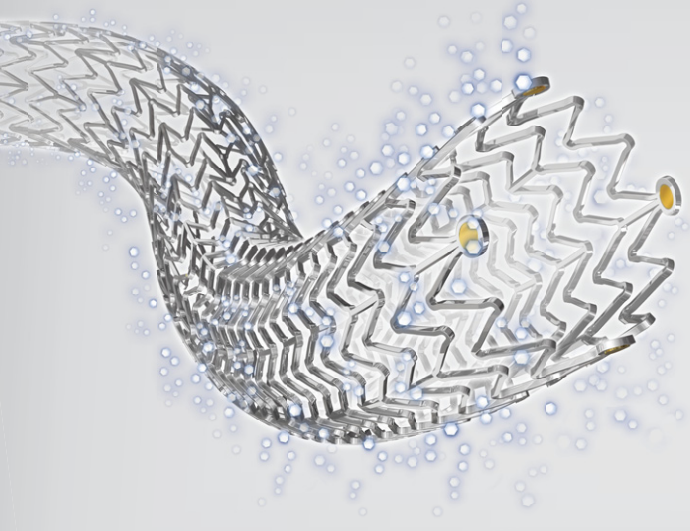
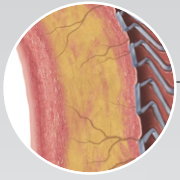
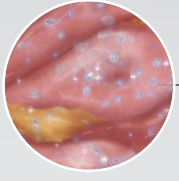
Only Zilver® PTX®, with its proven drug effect,[1] inhibits neointimal hyperplasia.



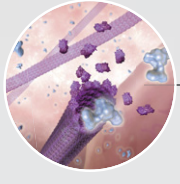
HOW IT WORKS



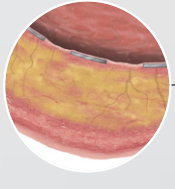
1. Release:
The drug paclitaxel is released from the polymer-free Zilver PTX stent within 72 hours.[2] Cook Medical's proprietary coating process eliminates the potential risks of adverse reactions that are associated with polymers.



2. Absorption:
Paclitaxel is eluted into the vessel wall and remains in arterial walls for up to 56 days.[2]



3. Inhibiting:
Inside the cell, paclitaxel binds to structures (microtubules) and inhibits proliferation (mitosis), which is a cellular response to the trauma of angioplasty and stenting that, when excessive, can prompt a reintervention.



4. Remodeling:
After a month, the inner lining of the artery has grown over the stent.[2] This process of endothelialization reduces the risk of clot formation.

Zilver® PTX®

DRUG-ELUTING PERIPHERAL STENT

1. Refer to the Instructions for Use (IFU) for full prescribing information, including indications, contraindications, warnings, precautions, and clinical data.
2. Dake MD, Van Alstine WG, Zhou Q, et al. Polymer-free paclitaxel-coated Zilver PTX Stents—evaluation of pharmacokinetics and comparative safety in porcine arteries. *J Vasc Interv Radiol.* 2011;22(5):603-610.

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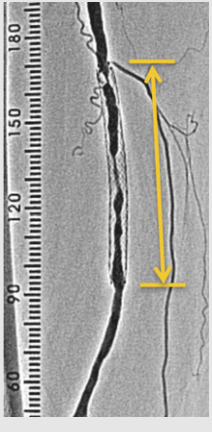
Bare-metal stents and angioplasty are suboptimal

Lesions in the superficial femoral artery (SFA) are difficult to treat. One-year restenosis rates can be as high as 67% for percutaneous transluminal angioplasty (PTA)[1] and nearly 40% for bare-metal stents (BMS)[3], which often lead to reinterventions.



Case study
Patient with diffuse restenosis of a bare metal stent at 244 days.

The downsides of reintervention

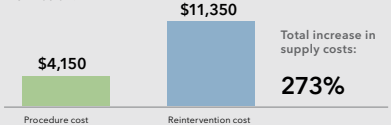
SFA reinterventions can place extra burdens on patients, physicians, and facilities. These procedures consume more time, radiation, and contrast, and often require lasers, embolic protection devices, and covered stents that can increase equipment costs by 270% over the original intervention.[4] And these reinterventions can spark a cascade of further reinterventions.[4]

Reinterventions result in…

MORE procedure time
MORE contrast
MORE radiation exposure
MORE supply use

MORE cost

Real-world example[4]
60-year-old male, end-stage renal disease with claudication, 9 cm lesion.

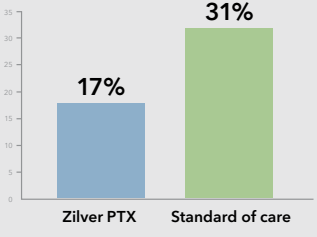


The drug-elution solution

In a randomized controlled trial, Zilver PTX showed a clear drug effect at four years by reducing reintervention rates 45% compared with the standard of care,[5] which consists of optimal PTA and BMS.

By reducing reinterventions, this drug effect benefits patients, physicians and facilities.

Reinterventions at four years



Zilver PTX cuts reinterventions by nearly half compared with the standard of care.

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DRUG-ELUTING PERIPHERAL STENT

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3. Schillinger M, Sabeti S, Loewe C, et al. Balloon angioplasty versus implantation of nitinol stents in the superficial femoral artery. *N Engl J Med*. 2006;354(18):1879-1888.
4. Burket M. The economic impact of restenosis and the economics of drug elution. Presented at: Vascular Interventional Advances (VIVA) 2011; October 18-21, 2011; Las Vegas, Nevada.
5. Ansel G. The Zilver PTX randomized trial of paclitaxel-eluting stents for femoropopliteal disease: 4-year results. Presented at: Vascular Interventional Advances (VIVA) 2013; October 8-11, 2013; Las Vegas, Nevada.