PHILIPS

iFR

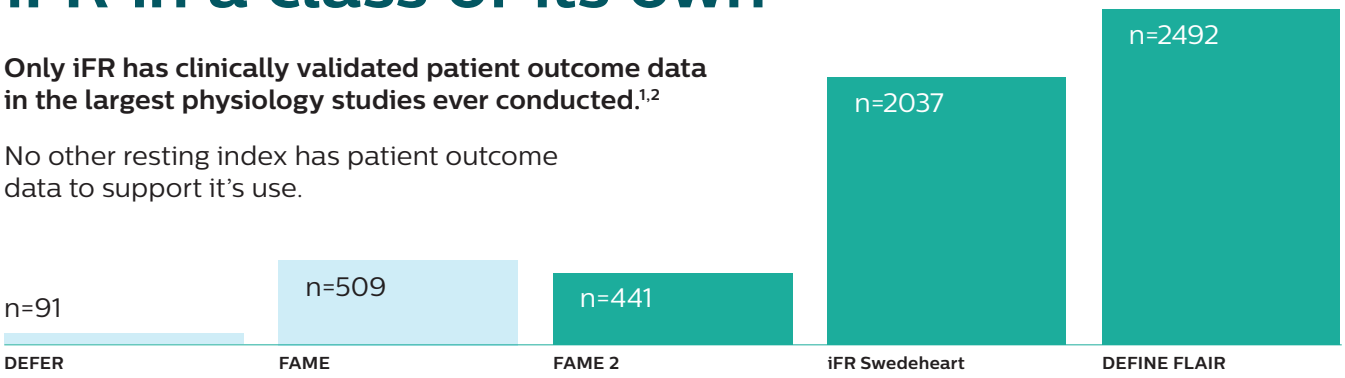
Modality

Proven outcomes. Superior value.[1,2,3]

iFR in a class of its own

Only iFR has clinically validated patient outcome data in the largest physiology studies ever conducted.[1,2]

No other resting index has patient outcome data to support it's use.



n=number of physiology guided patients

Only iFR has been proven to save time and money per patient, on average, in the cath lab.[1,2]

10% reduction
in procedure time

10% reduction
in cost

$896 saved
(as compared to FFR)

Only iFR has been proven to improve the patient experience (as compared to FFR).[1]

DEFINE FLAIR reported
a **90%** reduction
in patient discomfort

iFR Swedeheart reported that with no hyperemic agent, you can achieve
a **95.7%** reduction
in patient discomfort using an iFR-guided strategy

iFR is the gold standard[1,3]

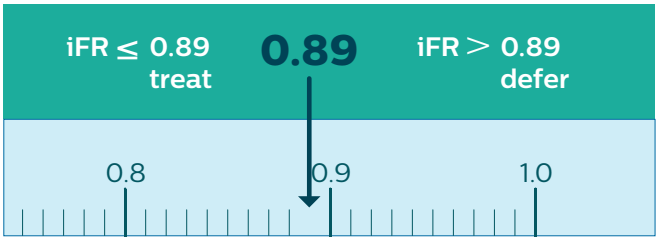
among resting indices

Only iFR has been included in both the AUC (ACC Appropriate Use Criteria)[4] and NCDR (National Cardiovascular Data Registry).[5]

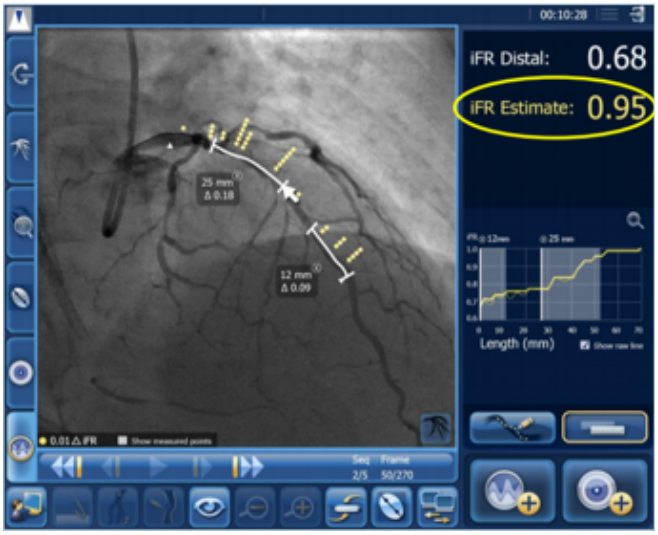
Only iFR has been designated as "Definitely Beneficial" by SCAI (Society of Cardiac Angiography and Interventions).[6]

Only iFR has received a Class IA ESC (European Society of Cardiology) guideline.[7]

Only iFR has been FDA cleared for ischemia testing using proven dichotomous cut-point.



Only iFR can provide information to help with lesion-specific functional assessment and post-PCI physiology estimates with virtual stent placement.



1. Davies JE, et al., Use of the Instantaneous Wave-free Ratio or Fractional Flow Reserve in PCI. N Engl J Med. 2017 May 11;376(19):1824-1834.
2. Patel M. "Cost-effectiveness of instantaneous wave-Free Ratio (iFR) compared with Fractional Flow Reserve (FFR) to guide coronary revascularization decisionmaking." Late-breaking Clinical Trial presentation at ACC on March 10, 2018.
3. Gotberg M, et al., iFR-SWEDEHEART Investigators.. Instantaneous Wave-free Ratio versus Fractional Flow Reserve to Guide PCI. N Engl J Med. 2017 May 11;376(19):1813-18233.
4. Patel M, et al., ACC/AATS/AHA/ASE/ASNC/SCAI/SCCT/STS 2017 Appropriate Use Criteria for Coronary Revascularization in Patients with Stable Ischemic Heart Disease. J Am Coll Cardiol. 2017 May 2;69(17):2212-2241.
5. ACC CathPCI Hospital Registry.
6. Lofti A, et al. Focused update of expert consensus statement: Use of invasive assessments of coronary physiology and structure: A position statement of the society of cardiac angiography and interventions. Catheter Cardiovasc Interv. 2018;1–12.
7. 2018 ESC/EACTS Guidelines on myocardial revascularization: The task force on myocardial revascularization of the European society of cardiology (ESC) and European association for cardio-thoracic surgery (EACTS). Eur Heart J. 2018;00:1-96.

D044901-00 092018

Philips
3721 Valley Centre Drive, Suite 500
San Diego, CA 92130 USA
www.philips.com/IGTdevices