DURABLE
CONSISTENT
SAFE

#1 DCB
WORLDWIDE†

IN.PACT™ Admiral™
Drug-Coated Balloon

Medtronic
Further, Together

PROVEN SAFETY[1]

0

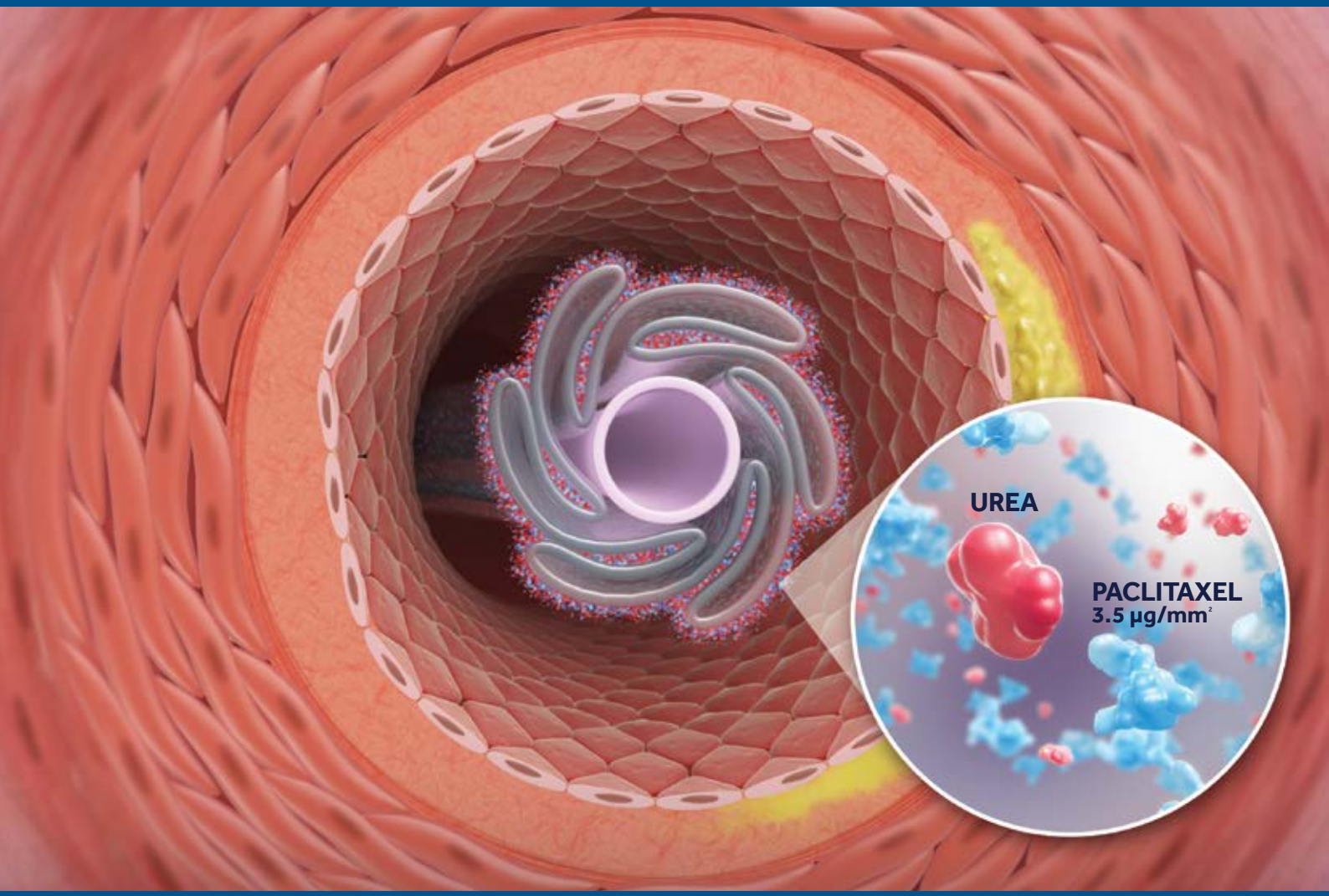
No paclitaxel-related embolic events

No amputations

No device- or procedure-related deaths

A UNIQUE FORMULATION

A unique combination of drug dose and excipient deliver solid phase drug to tissue.



PRODUCT COMPARISON

	EXCIPIENT	DRUG	DOSE DENSITY
IN.PACT™ Admiral™ DCB	Urea	Paclitaxel	3.5 µg/mm²
Lutonix™ DCB	Polysorbate, Sorbitol	Paclitaxel	2.0 µg/mm²
Stellarex™ DCB	Polysorbate Glycol (PEG)	Paclitaxel	2.0 µg/mm²

- IN.PACT™ Admiral™ DCB's unique formulation delivers ample drug dose to the tissue.
- Urea does not change the composition of paclitaxel, so it is released into the tissue in solid phase and becomes available slowly over time.

SUSTAINED DRUG IN TISSUE

Paclitaxel, a proven anti-restenotic drug, remains in the vessel for over 180 days at therapeutic levels.[2]

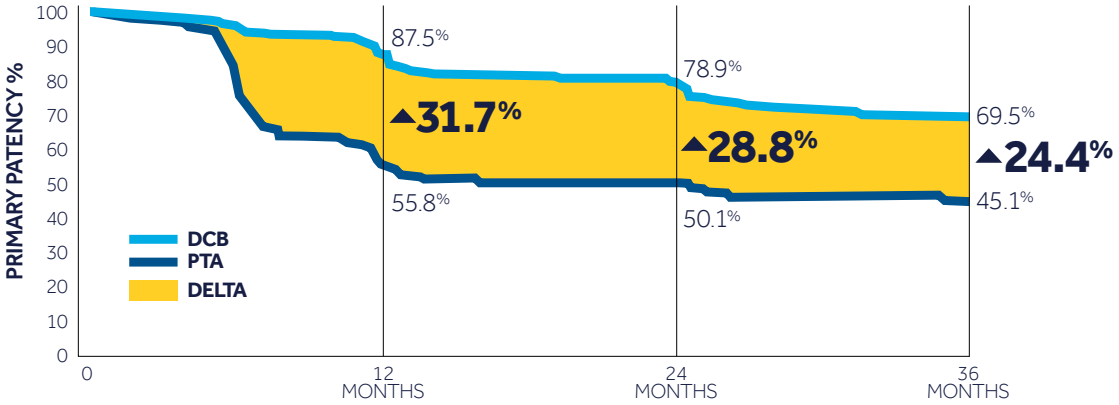
180 DAYS

PACLITAXEL REMAINS IN THE VESSEL FOR OVER 180 DAYS TO BRIDGE THE RESTENOTIC CASCADE.

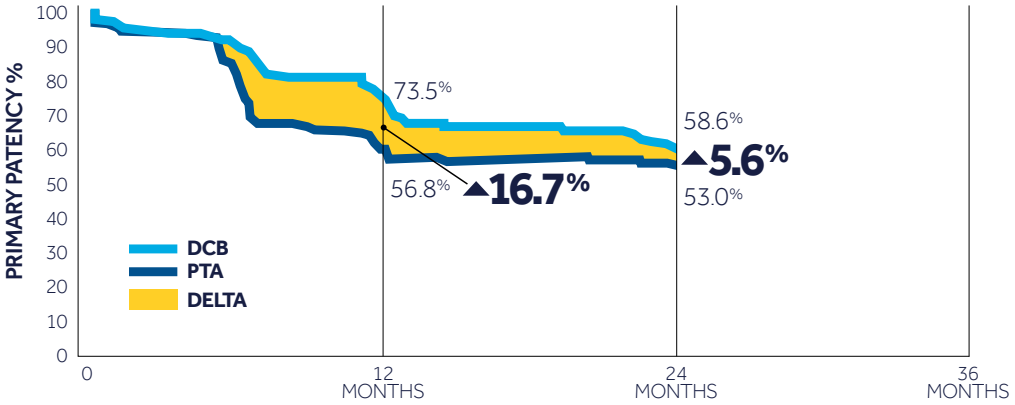
PROVEN EFFICACY THROUGH 3 YEARS

IN.PACT™ Admiral™ DCB is the only DCB proven to be safe and effective through 3 years.[1]

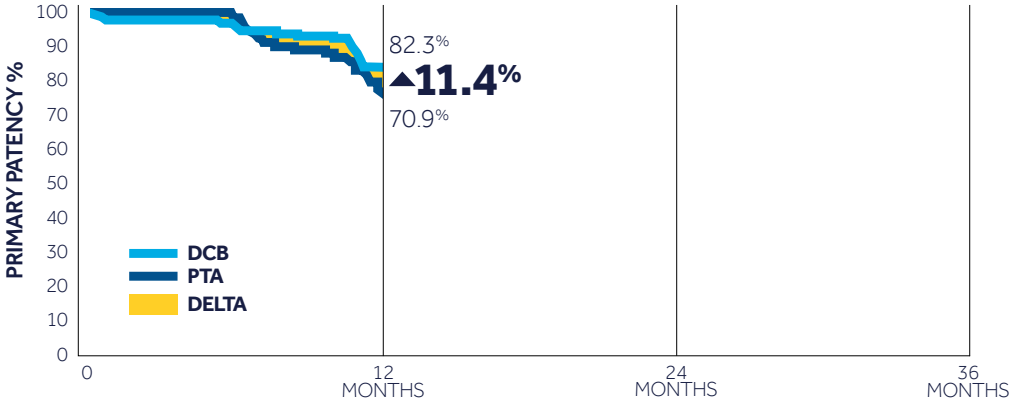
IN. PACT™ Admiral™ DCB[1]



Lutonix™* DCB[3]



Stellarex™* DCB[4]



A GREATER DELTA EQUALS BETTER OUTCOMES.

Charts are for illustration only and not for direct comparison.

ORDERING INFORMATION
IN.PACT™ Admiral™ Drug-Coated Balloon

Ref. N° Usable Length 40 cm	Ref. N° Usable Length 80 cm	Ref. N° Usable Length 130 cm	Balloon Diameter (mm)	Balloon Length (mm)	Recomm. Introducer Sheath (F)	RBP (atm)
SBI 040 040 04P	SBI 040 040 08P	SBI 040 040 13P	4	40	5	14
SBI 040 060 04P	SBI 040 060 08P	SBI 040 060 13P	4	60	5	14
SBI 040 080 04P	SBI 040 080 08P	SBI 040 080 13P	4	80	5	14
-	SBI 040 120 08P	SBI 040 120 13P	4	120	5	14
-	SBI 040 150 08P	SBI 040 150 13P	4	150	5	14
SBI 050 040 04P	SBI 050 040 08P	SBI 050 040 13P	5	40	6	14
SBI 050 060 04P	SBI 050 060 08P	SBI 050 060 13P	5	60	6	14
SBI 050 080 04P	SBI 050 080 08P	SBI 050 080 13P	5	80	6	14
-	SBI 050 120 08P	SBI 050 120 13P	5	120	6	14
-	SBI 050 150 08P	SBI 050 150 13P	5	150	6	14
SBI 060 040 04P	SBI 060 040 08P	SBI 060 040 13P	6	40	6	14
SBI 060 060 04P	SBI 060 060 08P	SBI 060 060 13P	6	60	6	14
SBI 060 080 04P	SBI 060 080 08P	SBI 060 080 13P	6	80	6	14
-	SBI 060 120 08P	SBI 060 120 13P	6	120	6	14
-	SBI 060 150 08P	SBI 060 150 13P	6	150	6	14
SBI 070 040 04P	SBI 070 040 08P	SBI 070 040 13P	7	40	7	14
SBI 070 060 04P	SBI 070 060 08P	SBI 070 060 13P	7	60	7	14
SBI 070 080 04P	SBI 070 080 08P	SBI 070 080 13P	7	80	7	14
SBI 080 040 04P	SBI 080 040 09P	SBI 080 040 13P	8	40	7	10
SBI 080 060 04P	SBI 080 060 08P	SBI 080 060 13P	8	60	7	10
SBI 080 080 04P	SBI 080 080 08P	SBI 080 080 13P	8	80	7	10
SBI 090 040 04P	SBI 090 040 08P	SBI 090 040 13P	9	40	7	10
SBI 090 060 04P	SBI 090 060 08P	SBI 090 060 13P	9	60	7	10
SBI 090 080 04P	SBI 090 080 08P	SBI 090 080 13P	9	80	7	10
SBI 100 040 04P	SBI 100 040 08P	SBI 100 040 13P	10	40	7	9
SBI 120 040 04P	SBI 120 040 08P	SBI 120 040 13P	12	40	9	9

† Data on file with Medtronic.

[1] Medtronic Data: 1-year Outcomes: IN.PACT Admiral IFU M052624T001 Rev. 1F. 2-year Outcomes: Laird et al, JACC, VOL .66, NO. 21, 2015. 3-year: Krishnan, P. VIVA, 2016. Primary patency is defined as freedom from clinically-driven TLR and freedom from restenosis as determined by DUS PSVR, ≤2.4 Primary Efficacy reported on Kaplan-Meier survival analysis. The figures are illustrative only and not for direct comparison.

[2] Remains in vessel wall for over 180 days at therapeutic levels. Data on file at Medtronic (GLP Study FS201; GLP Study FS207).

[3] Bard Data: LEVANT 2 Trial. SVS 2015: Primary patency is defined as the absence of target lesion restenosis defined by PSVR of ≥2.5 and target lesion revascularization. Primary Efficacy reported on Kaplan-Meier Survival analysis, not pre-specified.

[4] Spectranetics Data: ILLUMENATE Pivotal Trial, TCT 2016: Primary patency defined as freedom from target lesion restenosis (determined by duplex ultrasound PSVR ≤2.5) and freedom from clinically-driven TLR at 12 months.

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