

PHILIPS

iFR

Modality



Proven outcomes.^{1,2,3}
Superior value.^{1,2}

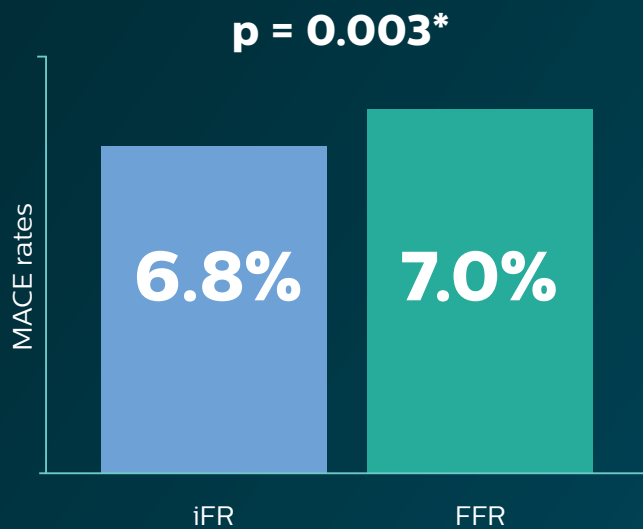
Proven outcomes.



Consistent patient outcomes using iFR guided strategy, as with FFR

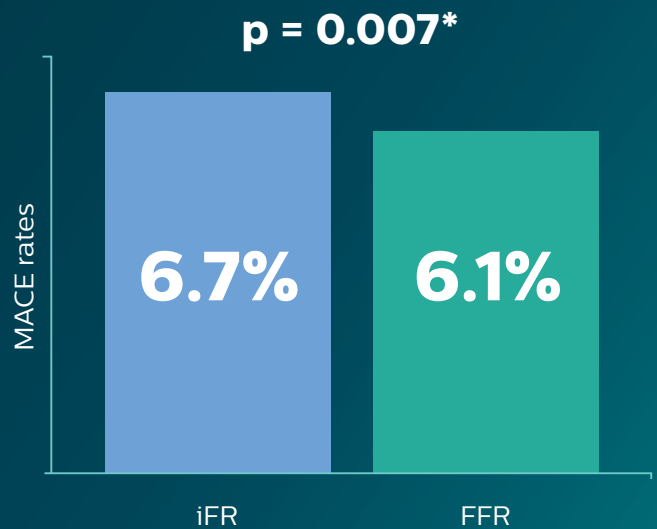
DEFINE FLAIR

One year outcome results



iFR Swedeheart

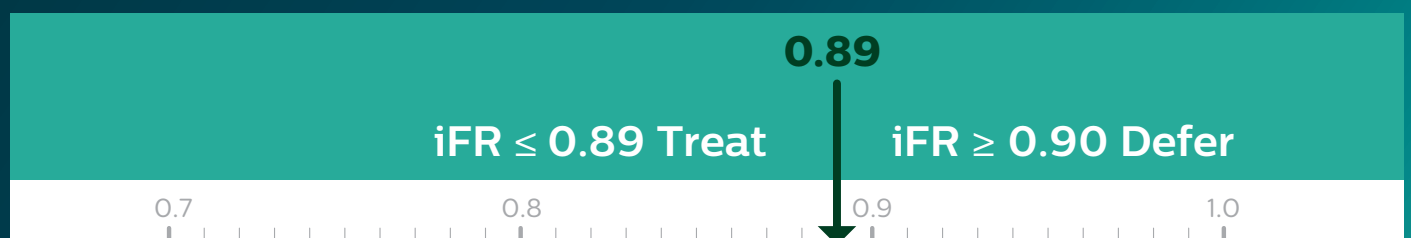
One year outcome results



* p-values are for non-inferiority of an iFR-guided strategy versus an FFR-guided strategy with respect to 1-year MACE rates; pre-specified non-inferiority margins were 3.4% and 3.2% in DEFINE FLAIR and iFR Swedeheart, respectively

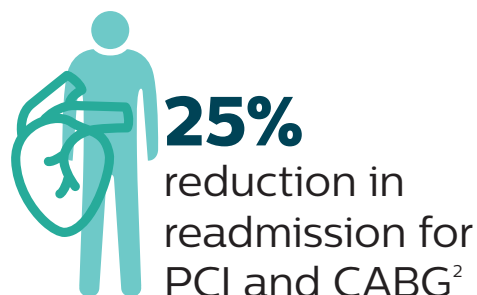
A single dichotomous cut point, backed by data^{1,3,4}

Included in the **Appropriate Use Criteria (AUC)**⁵ and the **National Cardiovascular Data Registry (NCDR)**



Superior value.^{1,2}

Reduced costs per patient

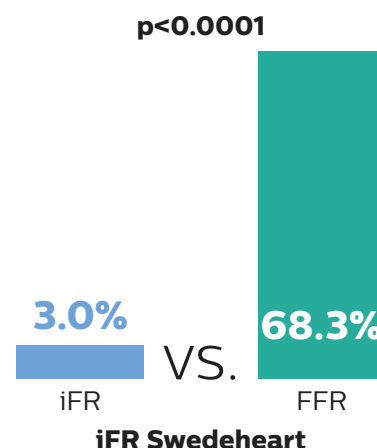
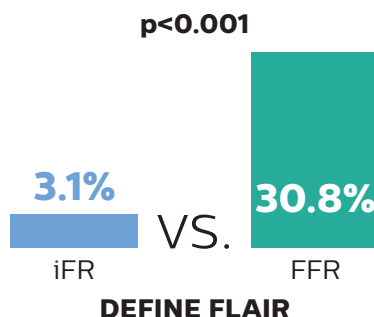


Improved care

iFR Swedeheart reported that with no hyperemic agent, you can achieve a

95.7%
reduction

in patient discomfort using an iFR-guided strategy



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

Less procedural time



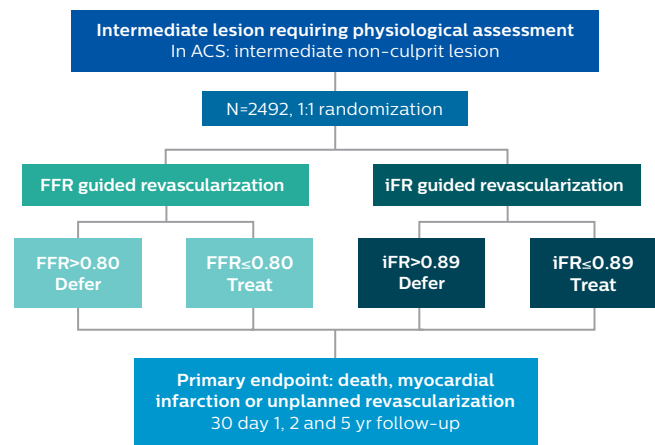
10% reduction
in procedure time using
an iFR-guided strategy
[**p < 0.01**]



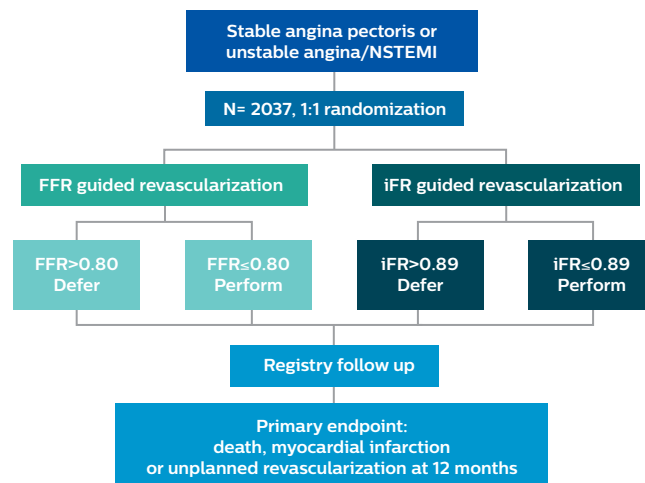
DEFINE FLAIR
procedural time:
40.5 minutes [iFR arm]
vs. **45.0 minutes** [FFR arm]
[**p < 0.001**]

Philips is dedicated to the advancement of physiology guided PCI. Since the introduction of hyperemia-free iFR modality in 2014, iFR has been studied in nearly 15,000 patients and used in over 4,000 cath labs around the world.⁶

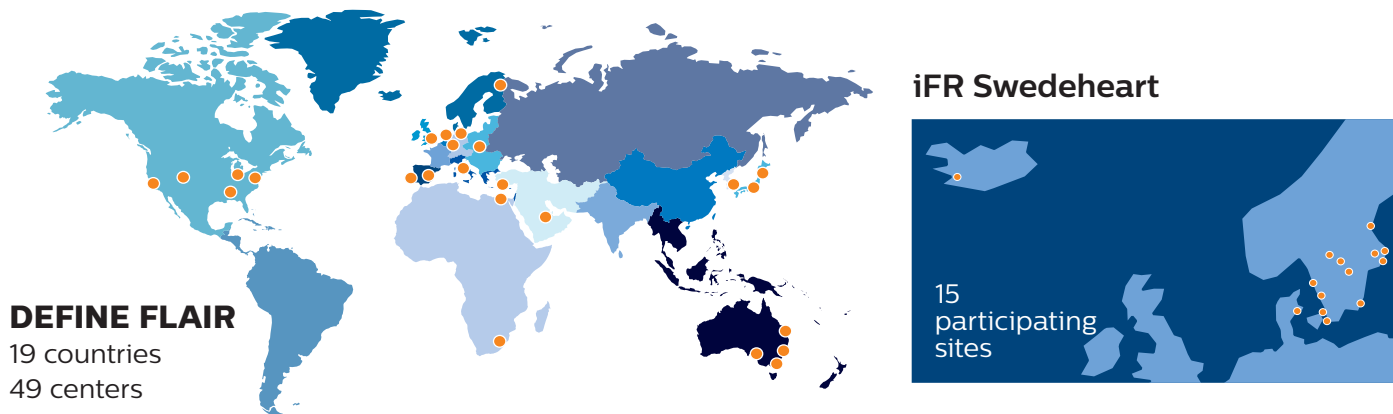
DEFINE FLAIR



iFR Swedeheart



First two global studies of physiology



DEFINE FLAIR
 19 countries
 49 centers

iFR Swedeheart
 15 participating sites

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 decision-making." 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. An iFR cut-point of 0.89 matches best with an FFR ischemic cut-point of 0.80 with a specificity of 87.8% and sensitivity of 73.0%. (From ADVISE II, and iFR Operator's Manual 505-0101.23).
5. Manesh R. Patel, John H. Calhoon, Gregory J. Dehmer, James Aaron Grantham, Thomas M. Maddox, David J. Maron, Peter K. Smith. ACC/AATS/AHA/ASE/ASNC/SCAI/SCCT/STS 2017 Appropriate Use Criteria for Coronary Revascularization in Patients With Stable Ischemic Heart Disease. Journal of the American College of Cardiology May 2017, 69 (17) 2212-2241; DOI: 10.1016/j.jacc.2017.02.001.
6. Data on file at Philips.

