## Indigo<sup>™</sup> System Coronary Mechanical Thrombectomy

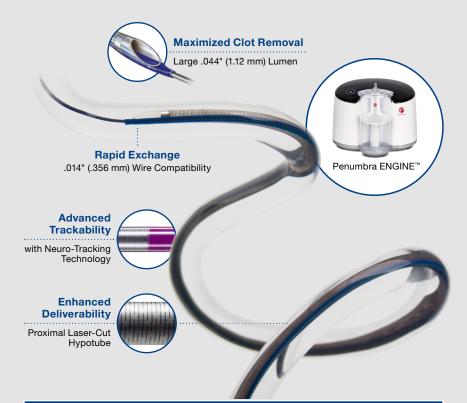


# Coronary Data Overview

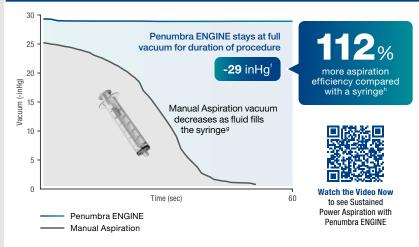


	Initial Experience	Stony Brook Experience	UH Cleveland Experience <sup>°</sup>	СНЕЕТАН	
	72	34	123	400	Patients
Q	Retrospective   Multicenter Investigator Initiated	Retrospective   Single-center Investigator Initiated Stony Brook University, NY	Retrospective   Single-center Investigator Initiated University Hospitals Cleveland, OH	Prospective   Multicenter Frontline use of CAT RX Penumbra Sponsored	Study Design
کل	RCA, LAD, LCx	RCA, LAD, LCx, SVG, Ramus	RCA, LAD, LCx, SVG, LM, OM	RCA, LAD, LCx	Primary Vessels Treated
M	86.1%	88%		<b>85%</b> (TIMI 2–3 flow)	Post CAT RX TIMI 3 Flow
¥ ₩ ₩	<b>97.2</b> %		<b>90,2%</b> 70% of patients who did not achieve TIMI 3 flow received balloon dilatation prior to CAT RX	<b>97.5</b> %	Final TIMI 3 Flow
₹∰		0°	O	<b>O</b> ° device-related	lschemic Stroke
Q <sub>yy</sub>	In our initial experience, aspirating thrombus from ACS patients using the Indigo CAT RX Aspiration System before PCI was safe and effective for reducing thrombus burden and restoring flow.	Penumbra CAT RX system appears to be safe and highly effective at thrombus removal in the acute setting without increased stroke risk seen with manual aspiration.	We strongly believe that the Penumbra CAT RX device should be used before any balloon angioplasty in patients with high thrombus burden	Sustained power aspiration with CAT RX is safe for the removal of high thrombus burden with low rates of distal embolization and improved myocardial perfusion. e. There were 3 (77%) incidence of non-device related strokes as adjudicated by Independent Medical Reviewer. Timeframe: 30 days post-procedure. Mathews SJ, Parikh SA, WU W, et al. Sustained mechanical aspiration thrombecomy for high thrombus burden coronary vessel occlusion: the multicenter CHEETAH study. <i>Circ Cardiovasc Interv</i> . 2023 Feb;16(2):e012433.	Key Takeaways
	a. There was 1 (1.4%) incident of hemorrhagic stroke reported. Timeframe: 30 days post-procedure. Mathews SJ, et al. Initial experience with a continuous mechanical aspiration system for thrombus removal before percutaneous coronary intervention. <i>Catheter Cardiovasc Interv.</i> 2022 Nov;100(6):950–954. doi:10.1002/ccd.30389. Epub 2022 Oct 2.	b. Timeframe: post-procedure. Gilchrist Jr IC, Fordham MJ, Pyo R, et al. Mechanical aspiration thrombectomy using the penumbra CAT RX system for patients presenting with acute coronary syndrome. Cardiovasc Revasc Med. 2021 Jul 2;S1553–8389(21)00501–7. doi:10.1016/j.carrev.2021.06.130.	c. 11 patients (8.9%) experienced an adverse cardiovascular event (3 MI, 8 heart failure) and there were 14 patient (11.3%) deaths within 6 months. d. Timeframe: not specified. Tashtish N, Chami T, Dong T, et al. Routine use of the "Penumbra" thrombectomy device in myocardial infarction: a real-world experience—ROPUST study. <i>J Interv Cardiol</i> . 2022 Mar 26;2022:5692964. doi:10.1155/2022/5692964.	doi:10.1161/CIRCINTERVENTIONS.122.012433. Epub 2023 Feb 21. The safety and effectiveness of this device for use in the treatment of ST-Elevation Myocardial Infarction (STEMI) has not been established. Complications from the use of this device in this manner could lead to death, permanent impairment, and/or the need for emergency medical intervention. Penumbra ENGINE <sup>®</sup> and Penumbra Pump MAX <sup>®</sup> were both used during CHEETAH Study.	
	The clinical results presented herein are for informational purposes only, and may not be predictive for all patients.				

CAT<sup>™</sup> RX • Sustained. Power. Aspiration.



## Sustained Power Aspiration vs. Manual Syringe-Based Aspiration



f. Tests performed and data on file at Penumbra, Inc. Bench test results may not be indicative of clinical performance. g. Tests performed and data on file at Penumbra, Inc. Bench test results may not be indicative of clinical performance. Data obtained using a 30 cc syringe connected to manual aspiration catheter with vacuum gauge attached to proximal barrel of syringe and continuous filling of syringe.

h. Aspiration efficiency defined as volume under graph.





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