



- New EWOLUTION two-year results confirm that WATCHMAN™ is safe and effective in stroke risk reduction
- Use of the GUIDEZILLA™ II Guide Extension Catheter in Order to Deliver Stents in Tortuous and Calcified Distal Lesions
- Dr. Ferenc is using SAMURAI Workhorse wire for its trackability and pushability in complex lesions



- Case imaging & culotte stenting technique: Left main bifurcation in elderly patient at high risk of bleeding
- IncathLab Live Case: New fundamentals and perspectives in coronary stenting
- Treat complex lesions with the new WOLVERINE™ Cutting Balloon



- ACURATE neo™ Aortic Valve System shows safety & efficacy results comparable to SAPIEN 3
- SYNTAX II Study: CABG-like outcomes with SYNERGY™ BP Stent in patients with multi-vessel disease
- ACURATE neo™: A “very safe” TAVI system providing “extremely good results in almost all patients”



- WATCHMAN™ LAAC Device: DFU change of post-implant drug regimen
- Join the Complex PCI community



Congresses and Events

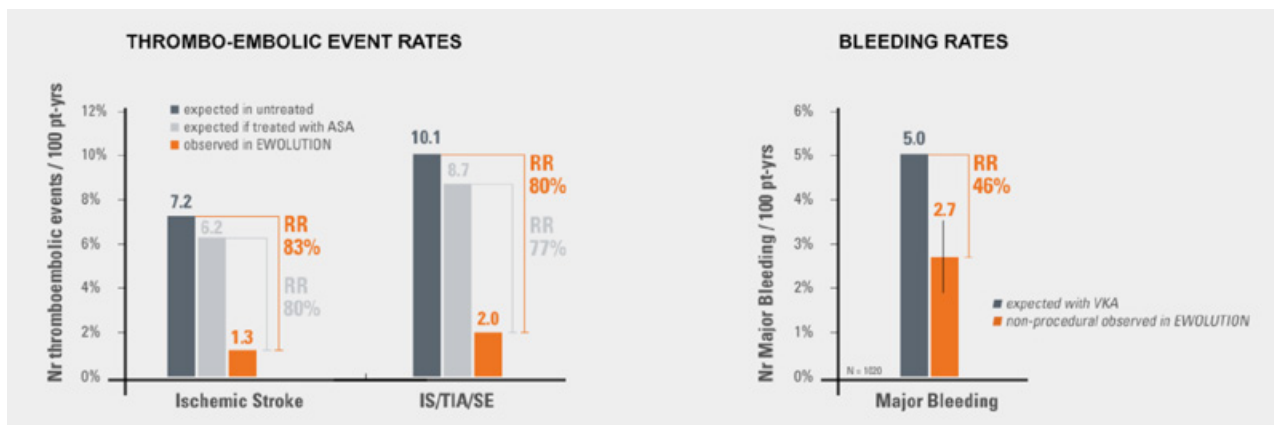
New EWOLUTION two-year results confirm that WATCHMAN™ is safe and effective in stroke risk reduction

The EWOLUTION 2 years data presented at EHRA 2018 congress, confirm that WATCHMAN is safe and effective in stroke risk reduction.

EWOLUTION, the largest prospective real-life study on WATCHMAN, showed a high success of implant and sealing, with low procedural adverse event rates.¹

Two-year results confirm that WATCHMAN is safe and effective in a high risk population, with more than 70% of the patients deemed unsuitable for any oral anti-coagulation showing:

- **83% reduction in ischemic stroke rate** (1.3 per 100 pt-yrs)² as compared to the expected rate with no therapy.³
- **46% reduction in non-procedural major bleeding rate** (2.7 per 100 pt-yrs)² compared to the expected rate with warfarin.⁴



[WATCH THE EWOLUTION RESULTS »](#)

References

1. Boersma LV et al. Efficacy and safety of left atrial appendage closure with WATCHMAN in patients with or without contraindication to oral anticoagulation: 1-Year follow-up outcome data of the EWOLUTION trial. Heart Rhythm. 2017 Sep;14(9):1302-1308.
2. Boersma LV et al., Stroke, bleeding and mortality of WATCHMAN Left Atrial Appendage Closure in Patients with or without Contraindication to Oral Anticoagulation: 2-year final outcome data of the EWOLUTION Study. Presented at EHRA 2018
3. Friberg L, et al., Evaluation of risk stratification schemes for ischaemic stroke and bleeding in 182 678 patients with atrial fibrillation: the Swedish Atrial Fibrillation cohort study. European Heart Journal (2012) 33, 1500–1510
4. Lip GYK, et al., Comparative Validation of a Novel Risk Score for Predicting Bleeding Risk in Anticoagulated Patients With Atrial Fibrillation. J Am Coll Cardiol. 2011 Jan 11;57(2):173-80



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Congresses and Events

Use of the GUIDEZILLA™ II Guide Extension Catheter in Order to Deliver Stents in Tortuous and Calcified Distal Lesions

Dr. Tim G. Schäufele, Head of Coronary Interventions, Head of Cath Lab
Robert-Bosch-Krankenhaus, Stuttgart, Germany

The percentage of complex procedures has increased significantly over the last years, bringing along the need to use the best tools to manage complications. GUIDEZILLA™ II is a new Guide Extension Catheter which provides additional back-up support and facilitates easy delivery of ancillary devices. Learn more about Dr. Schäufele's experience in using GUIDEZILLA II through complex anatomies.



Dr. Tim G. Schäufele
Robert-Bosch-Krankenhaus
Stuttgart, Germany

"Among the tools that really have augmented my interventional toolbox, there is the recently launched GUIDEZILLA™ II that comes along with a full size matrix of 6, 7 and 8 French"

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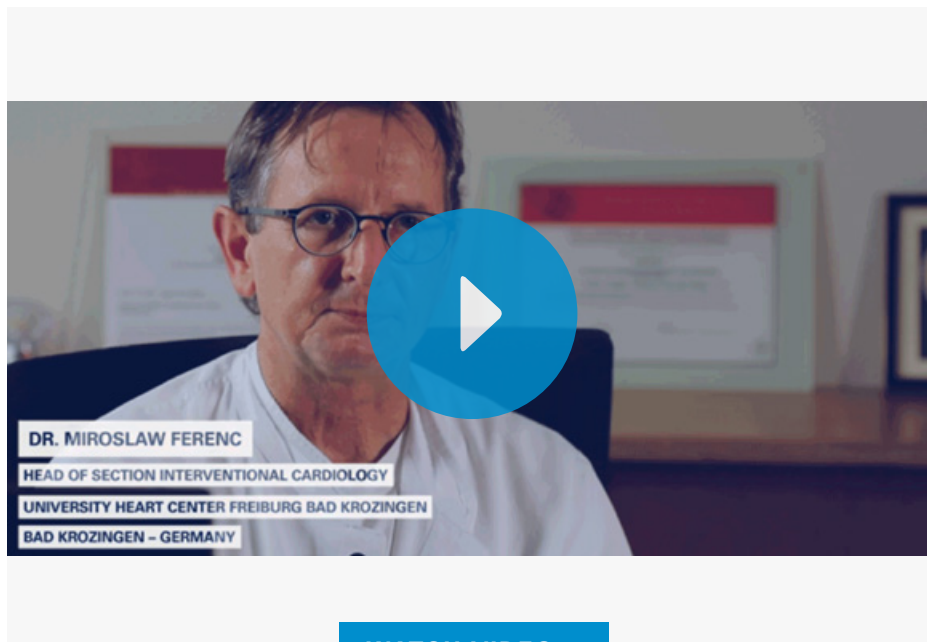
Congresses and Events

Dr. Ferenc is using SAMURAI™ Workhorse wire for its trackability and pushability in complex lesions

Dr Miroslaw Ferenc, Head of Section Interventional Cardiology
University Heart Center Freiburg Bad Krozingen, Germany

Learn more about the SENTAI™ Guidewire Family and watch Dr M. Ferenc sharing his experience with the SAMURAI™ Workhorse Wires. With its one-piece stainless steel core with innovative compound-taper, the SAMURAI's innovative design provides exceptional torque performance, trackability and pushability in tortuous anatomy.

"I like SAMURAI wires because I can work cross lesions very fast, very safe" says Dr Ferenc.



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Educational Corner

Case imaging & culotte stenting technique: Left main bifurcation in elderly patient at high risk of bleeding

Dr. Stuart Watkins, Golden Jubilee National Hospital, Glasgow

A case imaging presented by Dr. S. Watkins, who illustrates how to do a culotte bifurcation technique with a step by step approach, presenting unique bench views of the stent deployment. The use of IVUS and the choice of the stent to use can help achieve successful outcomes in the treatment of Left Main bifurcations in complex high risk patient (CHIP).

**LEFT MAIN BIFURCATION
IN ELDERLY PATIENT AT HIGH
RISK OF BLEEDING**

**CASE IMAGING & CULOTTE
STENTING TECHNIQUE**

Dr. Stuart Watkins,
Interventional Cardiologist

*Golden Jubilee National Hospital
Glasgow*

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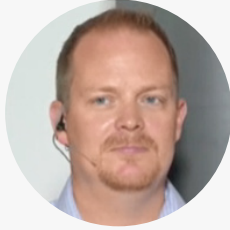
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Educational Corner

IncathLab Live Case: New fundamentals and perspectives in coronary stenting



Dr Sébastien Levesque,
France



Dr Johan Bennett,
Belgium

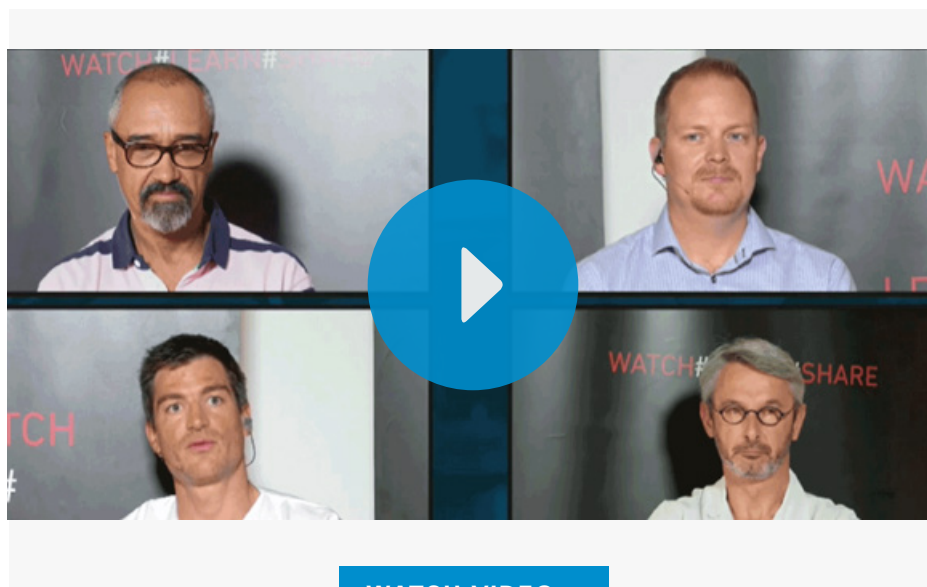


Dr Laurent Quilliet,
France



**Dr Luc-Philippe
Christiaens,**
France

In this live case, a panel of experts show how to master complex lesions and manage complications, by comparing different techniques and discussing the choice of devices. Watch this web symposium to improve your knowledge on coronary angioplasty and learn more about the best approach strategies you can adopt.



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Educational Corner

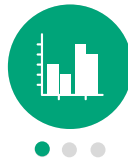
Treat complex lesions with the new WOLVERINE™ Cutting Balloon

Coronary cutting balloon is intended for opening coronary arteries in those circumstances where a resistant lesion is encountered and unable to be opened with traditional balloon angioplasty.



[FIND OUT MORE ABOUT CUTTING BALLOON »](#)

The new WOLVERINE™ Cutting Balloon combines a proprietary atherotome and low pressure balloon design to directly address complex lesions and complications like vessel dissection, poor luminal gain, lesion recoil, balloon slippage, and poor stent apposition.



Clinical Studies

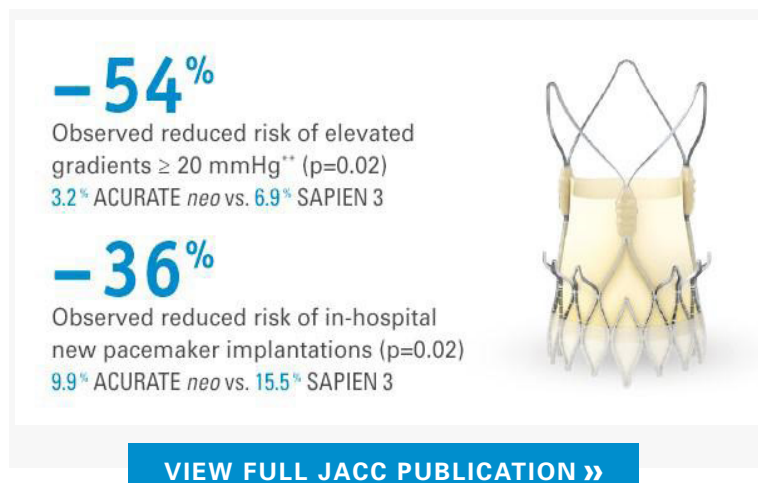
ACURATE *neo*TM Aortic Valve System shows safety & efficacy results comparable to SAPIEN 3¹

Multi-centre comparison study¹ between ACURATE *neo* Aortic Valve System and Edwards SAPIEN 3 Transcatheter Heart Valve (JACC Cardiovascular Interventions) shows comparable procedural outcomes.

Key facts highlighted in the study:

Comparable performance with no significant differences at 30 days in safety outcomes, including the VARC-2 early safety and device failure composite endpoints.*

- Comparable procedural outcomes
- Superior hemodynamics
- Lower new permanent pacemaker implantation rates



Learn more and see interview with Won-Keun Kim from PCR London Valves 2017:



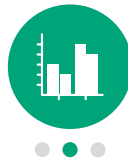
References

* Comparable VARC-2 device failure composite endpoint with ACURATE *neo* versus SAPIEN 3 (10.9% vs. 9.6%, p=n.s.) and early safety composite endpoint (15.8% vs. 15.6%, p=n.s.).

** According to VARC-2, elevated gradients >20 mmHg are defined as mild stenosis, are assessed as Device Failure and may indicate prosthetic valve dysfunction.

1. Husser O, et al. Multicenter comparison of novel self-expanding versus balloon-expandable transcatheter heart valves. JACC Cardiovasc Interv. 2017 Oct 23;10(20):2078-2087

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Clinical Studies

SYNTAX™ II Study: CABG-like outcomes with SYNERGY™ BP Stent in patients with multi-vessel disease

Physiological assessment, use of the SYNERGY™ BP-EES Stent, IVUS guidance and complete revascularization of CTOs using contemporary CTO techniques, leads to CABG-like outcomes in patients with three-vessel disease. This is the result of the SYNTAX™ II Study, which evaluated the SYNERGY™ BP-EES Stent in a procedure-related trial involving a multitude of variables when treating patients with three-vessel disease.



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Clinical Studies

ACURATE *neo*™: A “very safe” TAVI system providing “extremely good results in almost all patients”

Dr. Christian Hengstenberg (Division of Cardiology, Department of Internal Medicine II, Medical University of Vienna, Austria)

In February's issue of Cardiovascular News, Dr. C. Hengstenberg comments that with the ACURATE *neo* valve, “you have very high rates of implantation success and a low pacemaker rate”. In addition, it stated that the valve is “particularly suitable for patients with Left Ventricle ejection fraction” thanks to its very low permanent pacemaker implantations rates, observed in a 1000 patients registry.¹

ACURATE neo: A “very safe” TAVI system providing “extremely good results in almost all patients”

The ACURATE neo (Edwards Lifesciences) is a transcatheter aortic valve replacement (TAVR) system that consists of a self-expanding aortic valve and a delivery catheter. The valve is made of a nitinol alloy and is designed to be implanted via a minimally invasive approach, such as transcatheter aortic valve replacement (TAVR). The ACURATE neo valve is designed to be implanted in the aortic annulus, replacing the native aortic valve. The valve is made of a nitinol alloy and is designed to be implanted via a minimally invasive approach, such as transcatheter aortic valve replacement (TAVR). The ACURATE neo valve is designed to be implanted in the aortic annulus, replacing the native aortic valve. The valve is made of a nitinol alloy and is designed to be implanted via a minimally invasive approach, such as transcatheter aortic valve replacement (TAVR).

Key points:

- The ACURATE neo valve is a self-expanding aortic valve replacement (TAVR) system.
- The valve is made of a nitinol alloy and is designed to be implanted via a minimally invasive approach, such as transcatheter aortic valve replacement (TAVR).
- The ACURATE neo valve is designed to be implanted in the aortic annulus, replacing the native aortic valve.
- The valve is made of a nitinol alloy and is designed to be implanted via a minimally invasive approach, such as transcatheter aortic valve replacement (TAVR).

SEE FULL PUBLICATION »

See Prof. Dr. med. Helge Möllmann (Saint Johannes Hospital Department of Cardiology, Dortmund) presenting the ACURATE *neo* device as well as SAVI TF 1000 patients registry, at latest TCT conference in Denver, USA.

ACURATE neo™ Valve

Stabilization Arches

Axial self-aligning

Upper Crown

Minimal supra-annular anchoring

Captures native leaflets and provides coronary clearance

Lower Crown

Minimal protrusion into LVOT

Low risk of conduction system interference

Supra-annular Valve

Porcine pericardium leaflets

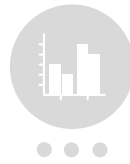
Calcification

Leak skirts

Frame

ACURATE NEO™ TF VALVE: REVIEW OF THE DEVICE AND THE SAVI TF1000 DATA

1. Möllmann H, Hengstenberg C, et al.; EuroIntervention 2018;13:e1764-e1770



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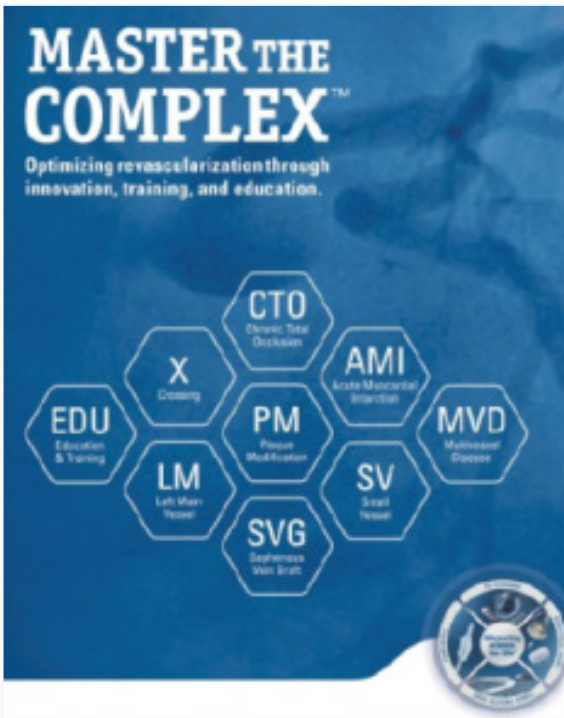
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WATCHMAN™ LAAC Device: DFU change of post-implant drug regimen

As a result of the robust clinical results observed in the EWOLUTION Registry, Boston Scientific is now able to recommend an updated post-implant drug regimen for the WATCHMAN device. Patients for who there is no specific medical need for continued use of aspirin could be taken off the drug after a minimum period of 12 months.

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Stay up to date with the latest advances for optimizing revascularization.

Join the Complex PCI Community to download the Lancet article: "Drug-eluting stents in elderly patients with coronary artery disease (SENIOR), a randomized single-blind trial" by prof Olivier Varenne et al.

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