


Stroke Happens **PROTECTION Works**

A growing body of clinical evidence provides a strong foundation for the benefits of Cerebral Embolic Protection and the SENTINEL™ Cerebral Protection System



Stroke is a Devastating Event

All-Stroke occurs on average 4% of the time across contemporary studies, independent of center experience, operator volume, or patient risk score.¹⁻⁵





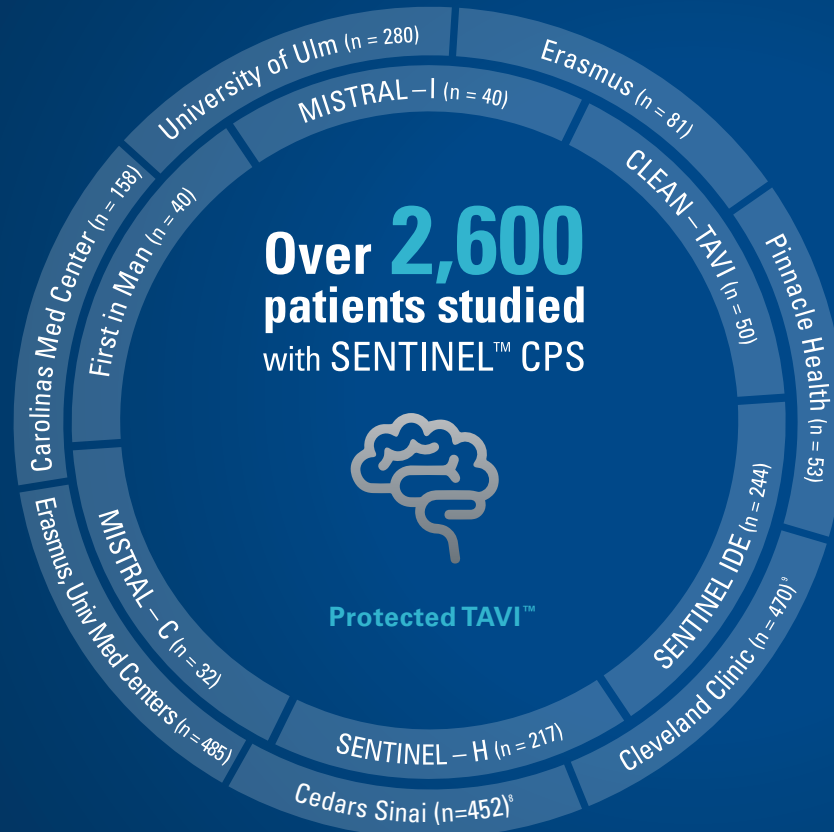
1/10

Post-procedure TAVI patients show overt signs of ischemic brain injury⁶

6x

Increase in stroke-related 30-day mortality, post TAVI⁷

1. Manoharan G, et al., *J Am Coll Cardiol Interv* 2015; 8:1359-67. **2.** Wendler O, et al., *Circulation* 2017; 135: 1123–1132. **3.** Seeger J, et al., *Eur Heart J*. 2018 Dec 24. doi: 10.1093/eurheartj/ehy847. **4.** Haussig S et al., *JAMA* 2016; 316:592–601. **5.** Kapadia S, Kodali S, Makkar R, et al., Protection against cerebral embolism during transcatheter aortic valve implantation. *JACC*. 2017; 69(4): 367–377. **6.** SENTINEL IDE Trial. Data presented at SENTINEL Advisory Panel, February 23, 2017. **7.** The CENTER Collaboration. N = 10982 Patients undergoing TF-TAVI with Edwards™ balloon-expandable valves or Medtronic™ self-expanding valves between 2007-2018 from 3 national registries and 7 local registries or prospective clinical trials.



8. CRT 2019 Snapshots from “Real World” High Volume Single-Center Experiences with SENTINEL Cerebral Embolic Protection. R Makkar.

9. CRT 2019 Why Embolic Protection Should Standard in TAVR and how to Incorporate it into a Busy Clinical Practice. S. Kapadia.

SENTINEL Cerebral Protection System is Investigated

SENTINEL CPS leads the way in clinical evidence for Cerebral Embolic Protection for **over 2,600 patients** across a randomized trial and multiple registries.



SENTINEL™

Cerebral Protection System

Performs

University of Ulm

The largest propensity matched meta-analysis comparison of All-Stroke and mortality.¹⁰

66% **REDUCTION**
in All-cause Mortality and Stroke*

65% **REDUCTION**
in All-procedural Stroke†

84% **REDUCTION**
in Disabling Stroke‡

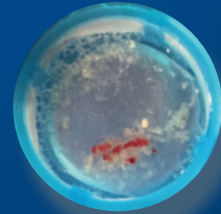
* $P = 0.0013$; with SENTINEL CPS (n = 11/533), without SENTINEL CPS (n = 32/533). † $P = 0.0028$; with SENTINEL CPS (n = 10/533), without SENTINEL CPS (n = 29/533). ‡ $P = 0.0045$; with SENTINEL CPS (n = 11/533), without SENTINEL CPS (n = 32/533). **10.** Seeger J., Snapshots from Real World High Volume Single Center Experiences with Sentinel Cerebral Embolic Protection During TAVI, University of Ulm, presented at TVT 2018.

In the SENTINEL IDE Trial

**SENTINEL Captured Debris
in 99% of Procedures⁶**

See the data

bostonscientific.eu/SENTINEL



6. SENTINEL IDE Trial. Data presented at SENTINEL Advisory Panel, February 23, 2017.

Illustrations for information purposes – not indicative of actual size or clinical outcome. All photographs taken by Boston Scientific.

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