

# One wire, one system, multi-modality

## Verrata Plus pressure guide wire

- Quickly disconnect and reliably reconnect
- Improved\* proximal wire design resists kinks and repels moisture
- Clip connector has multiple back-up contact points for a secure signal

## Core precision guidance system provides choice to meet your needs

- Core control pad – touch control in the sterile field
- Core integrated precision guidance system
- Core mobile precision guidance system
- FFR and iFR modality compatible

\* Compared to PrimeWire Prestige Plus.

Part number	Description
10185P	Verrata Plus pressure guide wire, 185 cm, straight
10185JP	Verrata Plus pressure guide wire, 185 cm, J-shape
10300P	Verrata Plus pressure guide wire, 300 cm, straight
10300JP	Verrata Plus pressure guide wire, 300 cm, J-shape
435-0100.30	iFR modality
CORE01	Core precision guided therapy system
COREmb120	Core Mobile precision guided therapy system

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. 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):1813-1823
3. 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%. (iFR Operator's Manual 505-0101.23)



PHILIPS

iFR

Modality

Make the shift from  
justification to guidance  
with the iFR modality



# iFR provides a hyperemia free measurement in as few as five heartbeats

## Simplifying workflow

- One wire, one system, multi-modality
- iFR scout pullback allows you to assess ischemia along the entire length of the vessel

### FFR workflow



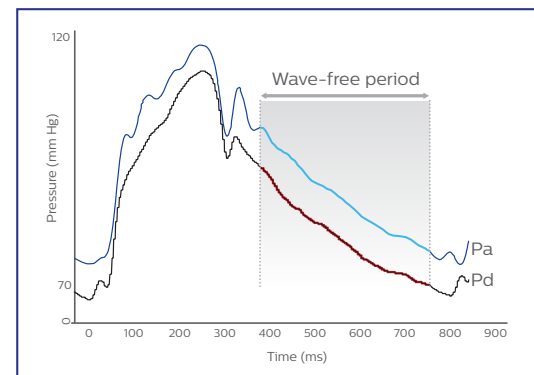
### iFR workflow



# iFR is the only resting index validated by patient outcomes<sup>1,2,3</sup>

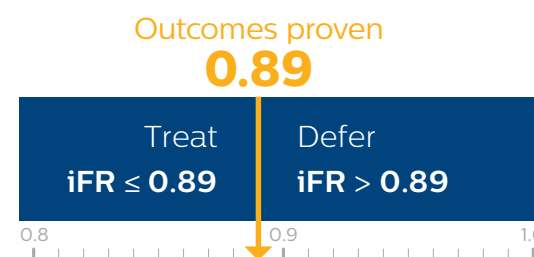
## Outcomes proven

- iFR outcome results from more than 4,500 patients, two prospective randomized controlled trials, published in the New England Journal of Medicine
- An iFR guided approach provides consistent patient outcome as with an FFR guided approach



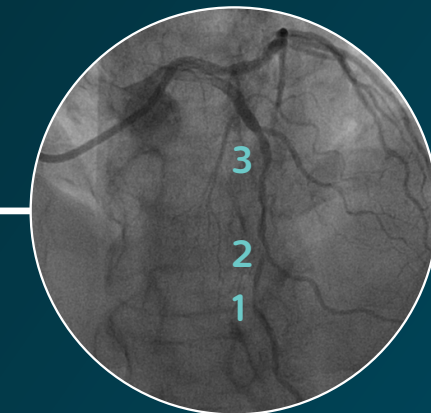
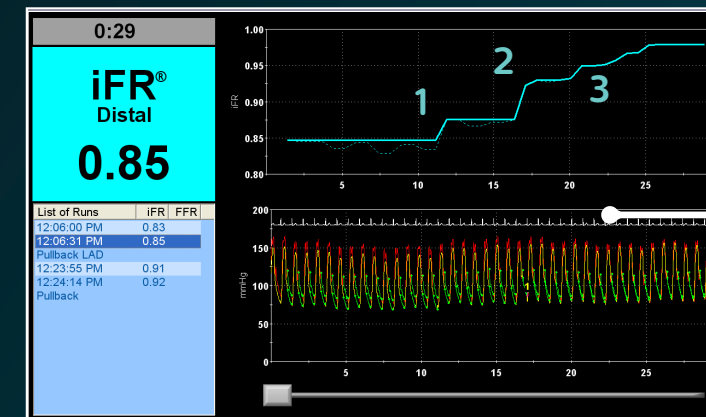
## Reassuring advantages

- An iFR cut-point of 0.89 is backed by data
- No need for hyperemic agents in your physiology measurements
- Achieve a 90% reduction in patient discomfort when you don't need to use hyperemic agent
- Save 10% of procedural time with an iFR guided approach



# iFR Scout pullback technology

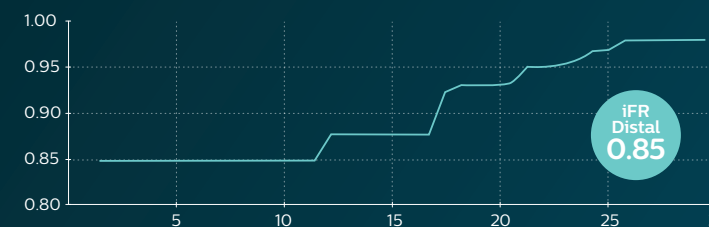
Physiology is more than a justification tool. Hyperemia-free iFR Scout pullback technology makes it easier to assess physiology before, during and after your procedure.



Which areas of the vessel are most physiologically significant?

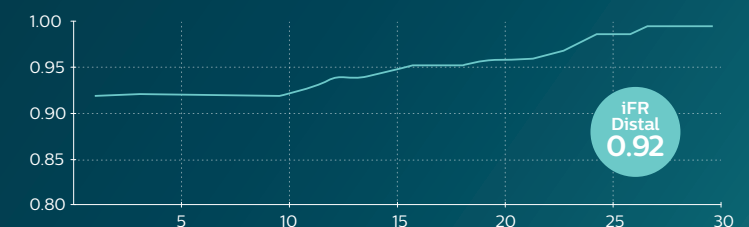
The iFR Scout pullback shows that the vessel is physiologically significant, with areas of focal disease (1 and 2) and diffuse disease (3).

## Plan the treatment strategy

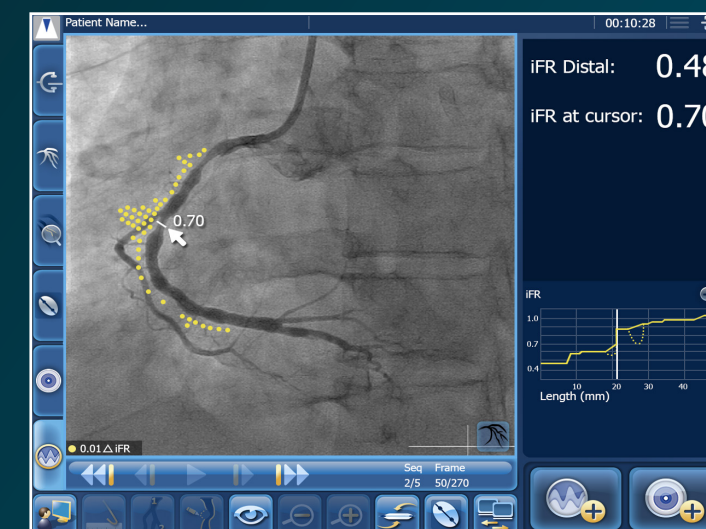


The most significant gradient is in the mid-vessel lesion with diffuse proximal disease.

## Confirm the result



After placing two DES in the areas of focal disease, iFR Scout pullback demonstrates a functional gain from 0.85 to 0.92.



## SyncVision

Only iFR-coregistration allows you to map physiological measurement to angiographic images, taking the guesswork out of the procedure for you.