CE LABEL UPDATE
XIENCE™ 1-MONTH DAPT[1]

Xience™

PROTECTING PATIENTS
WITH SHORT DAPT NEEDS

XIENCE™ Stent is supported by the largest body of DAPT patient evidence and has a proven anti-thrombotic fluoropolymer[2,3]

1. XIENCE Sierra IFU – 2019.
2. Généreux P, et al. *Circ Cardiovasc Interv.* 2015;8(5):1-16; Natsuaki et al., *Cardiovasc Interv and Ther.* 2016. 31:196–209; Watanabe H, et al. *JAMA*. 2019;321(24):2414-2427; Hahn J, et al. ACC 2019 – SMART CHOICE; Valgimigli M, et al. *Circulation*. 2012;125:2015-2026; Gilard M, et al. J Am Coll Cardiol 2015;65:777-786; Hong SJ, et al. *J Am Coll Cardiol Intv.* 2016;9:1438–1446. Gwon HC, et al. ACC 2011 - EXCELLENT.
3. Jinnouchi H, et al. TCT 2019. Comparison of thromboresistance between everolimus-eluting fluoropolymer stent and other drug-eluting stents in an ex vivo swine shunt model under single (i.e. ASA) anti-platelet therapy. Confocal photomicrographs (CD42b/CD61 - red color). XIENCE vs. other DES. P < 0.01 based on mean percentage of platelet immunofluorescence relative to total scanned surface area (mm). Data on file at Abbott.

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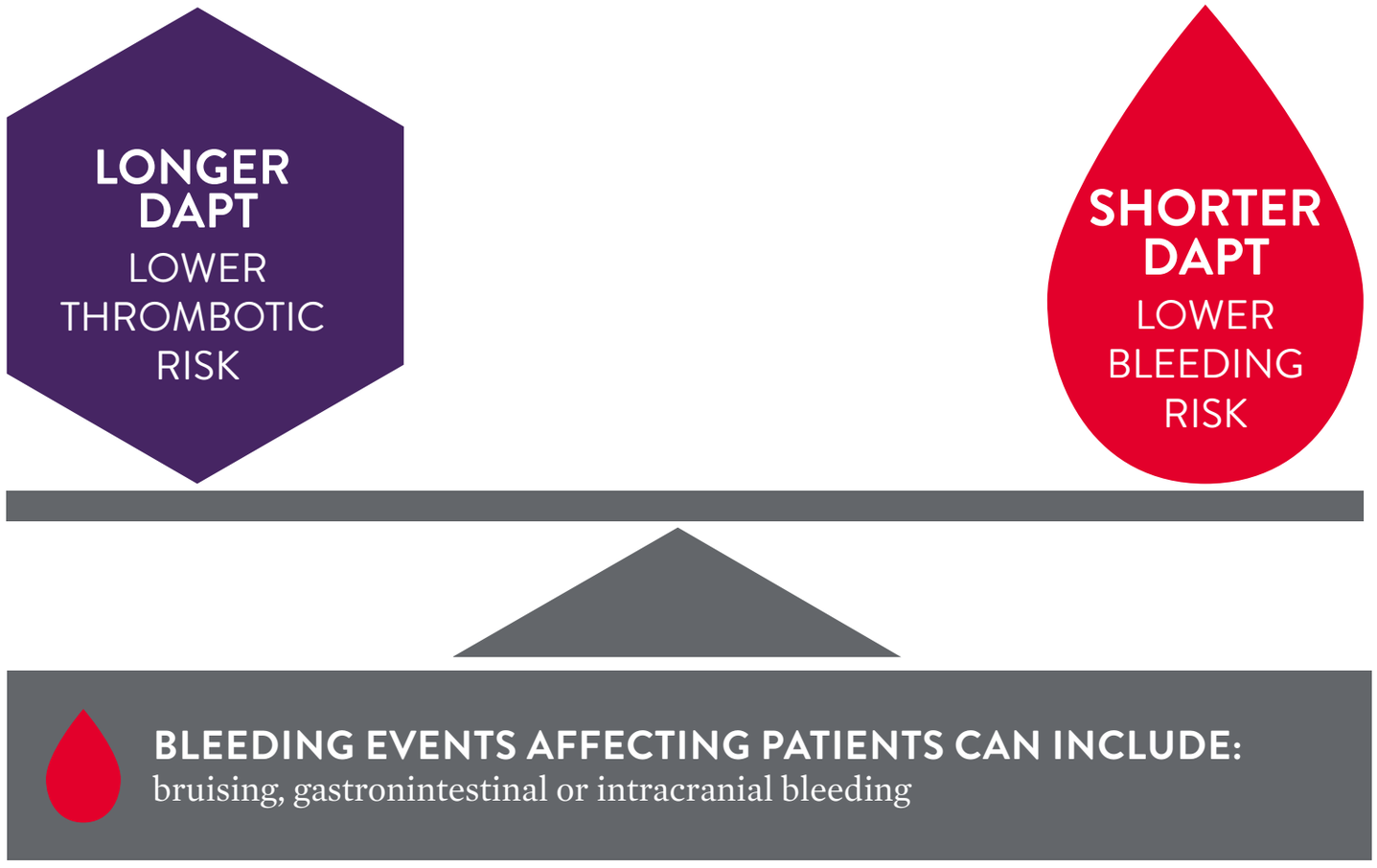
PROTECTING PATIENTS WITH SHORT DAPT NEEDS

BALANCING THE RISK

OF THROMBOTIC EVENTS AND BLEEDING EVENTS FOR PCI PATIENTS CAN BE A TOUGH CHOICE



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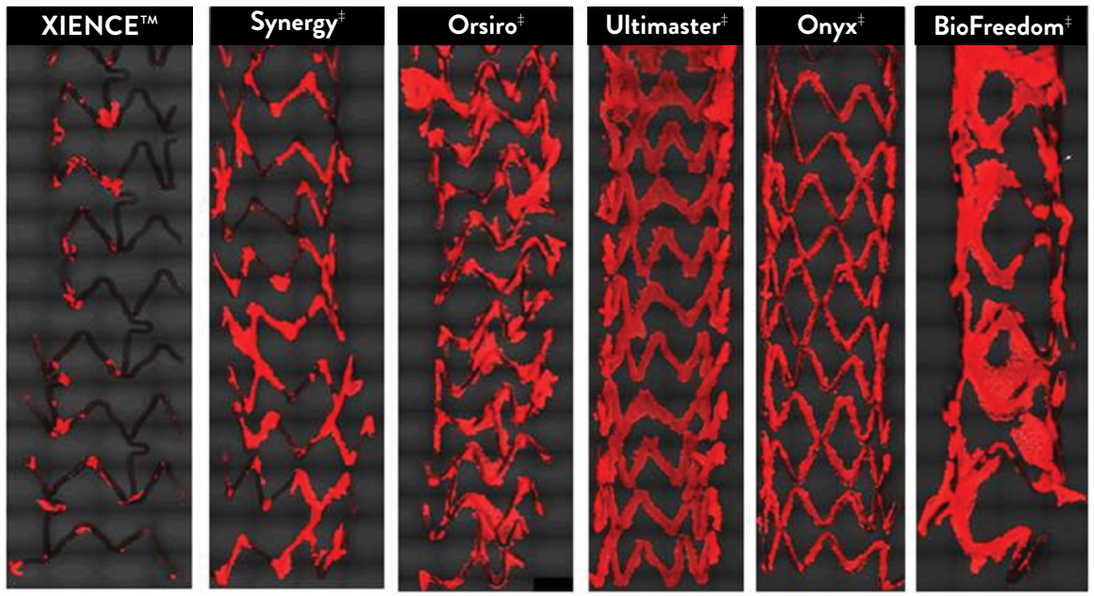
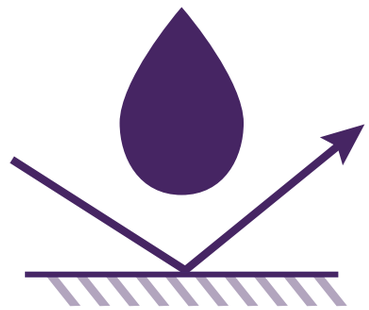
PROTECTING PATIENTS WITH SHORT DAPT NEEDS

FOR PATIENTS WITH SHORT DAPT NEEDS, **NOT ALL DES ARE THE SAME.**

Important differences exist amongst DES. XIENCE™ Stent is significantly more anti-thrombotic than other DES[1]



XIENCE™ Stent Difference



ANTI-THROMBOTIC FLUOROPOLYMER

Blood Platelet Adhesion to Stent Surface. Pre-Clinical aspirin only setting. Platelet adhesion to stent surface is involved in stent thrombosis.

XIENCE™ STENT'S ANTI-THROMOBOTIC FLUOROPOLYMER OFFERS **SIGNIFICANTLY MORE THROMBORESISTANT PROTECTION FOR PCI PATIENTS**

XIENCE™ Stent shows significantly ($p < 0.01$) less platelet adhesion vs. other DES[1]

1. Jinnouchi H, et al. TCT 2019. Comparison of thromboresistance between everolimus-eluting fluoropolymer stent and other drug-eluting stents in an ex vivo swine shunt model under single (i.e. ASA) anti-platelet therapy. Confocal photomicrographs (CD42b/CD61 - red color). XIENCE vs. other DES. $P < 0.01$ based on mean percentage of platelet immunofluorescence relative to total scanned surface area (mm). Data on file at Abbott.

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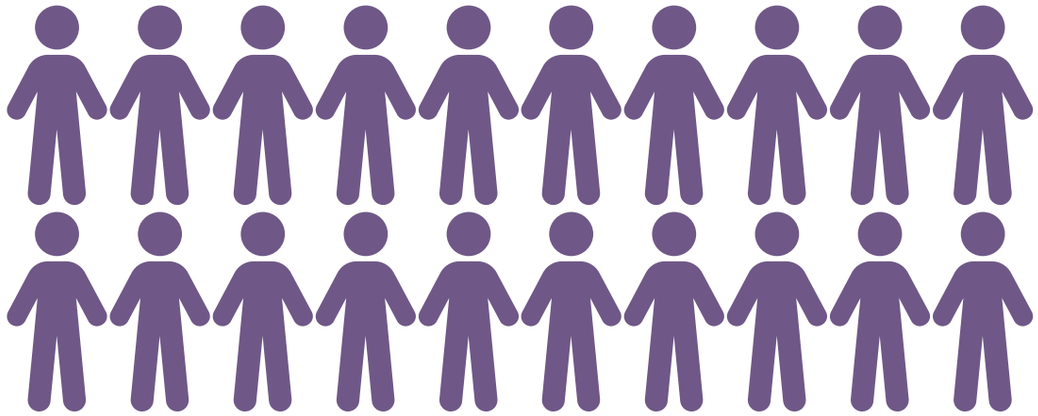
DID YOU KNOW?

XIENCE™ STENT HAS THE LARGEST BODY OF DAPT PATIENT EVIDENCE[1]



20K PATIENTS ANALYSED[1]

ANTI-PLATELET OPTIONS

1, 3, 6, or 12 months DAPT; Aspirin or P2Y12 monotherapy

1. Généreux P, et al. *Circ Cardiovasc Interv.* 2015;8(5):1-16; Natsuaki et al., *Cardiovasc Interv and Ther.* 2016. 31:196–209; Watanabe H, et al. *JAMA*. 2019;321(24):2414-2427; Hahn J, et al. ACC 2019 – SMART CHOICE; Valgimigli M, et al. *Circulation.* 2012;125:2015-2026; Gilard M, et al. J Am Coll Cardiol 2015;65:777-786; Hong SJ, et al. *J Am Coll Cardiol Intv.* 2016;9:1438–1446. Gwon HC, et al. ACC 2011 - EXCELLENT.

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PROTECTING PATIENTS WITH SHORT DAPT NEEDS

XIENCE™ STENT IS THE ONLY DES WITH 1-MONTH AND 3-MONTH SHORT DAPT DATA STUDIED WITH BOTH ASPIRIN AND/OR P2Y12 MONOTHERAPY[1]

	SHORT DAPT ASPIRIN MONOTHERAPY		SHORT DAPT P2Y12 MONOTHERAPY		HBR PATIENTS
DES	1 mo.	3 mo.	1 mo.	3 mo.	
XIENCE™	●	●	●	●	●
Synergy‡	●	●	–	●	●
Resolute Onyx‡	●	●	●	–	●
BioFreedom‡	●	–	●	–	●
Ultimaster‡	–	–	–	–	–
Orsiro‡	–	–	–	●	–

1. Généreux P, et al. *Circ Cardiovasc Interv.* 2015;8(5):1-16; Natsuaki et al., *Cardiovasc Interv and Ther.* 2016. 31:196–209 - STOPDAPT; Watanabe H, et al. *JAMA*. 2019;321(24):2414-2427 – STOPDAPT 2; Hahn J, et al. ACC 2019 – SMART CHOICE; Watanabe H, et al. TCT 2019 – STOPDAPT 2 – HBR SubAnalysis; Varenne O, et al. 2018. *Lancet*. 391:41-50 – SENIOR; Kirtane A, et al. TCT 2019 – EVOLVE Short DAPT. Windecker S, et al. TCT 2019 – OnyxOne; Postma W, et al. 2019. *Cather Cardiovasc Inter.* 1-5 – DAPT STEMI.

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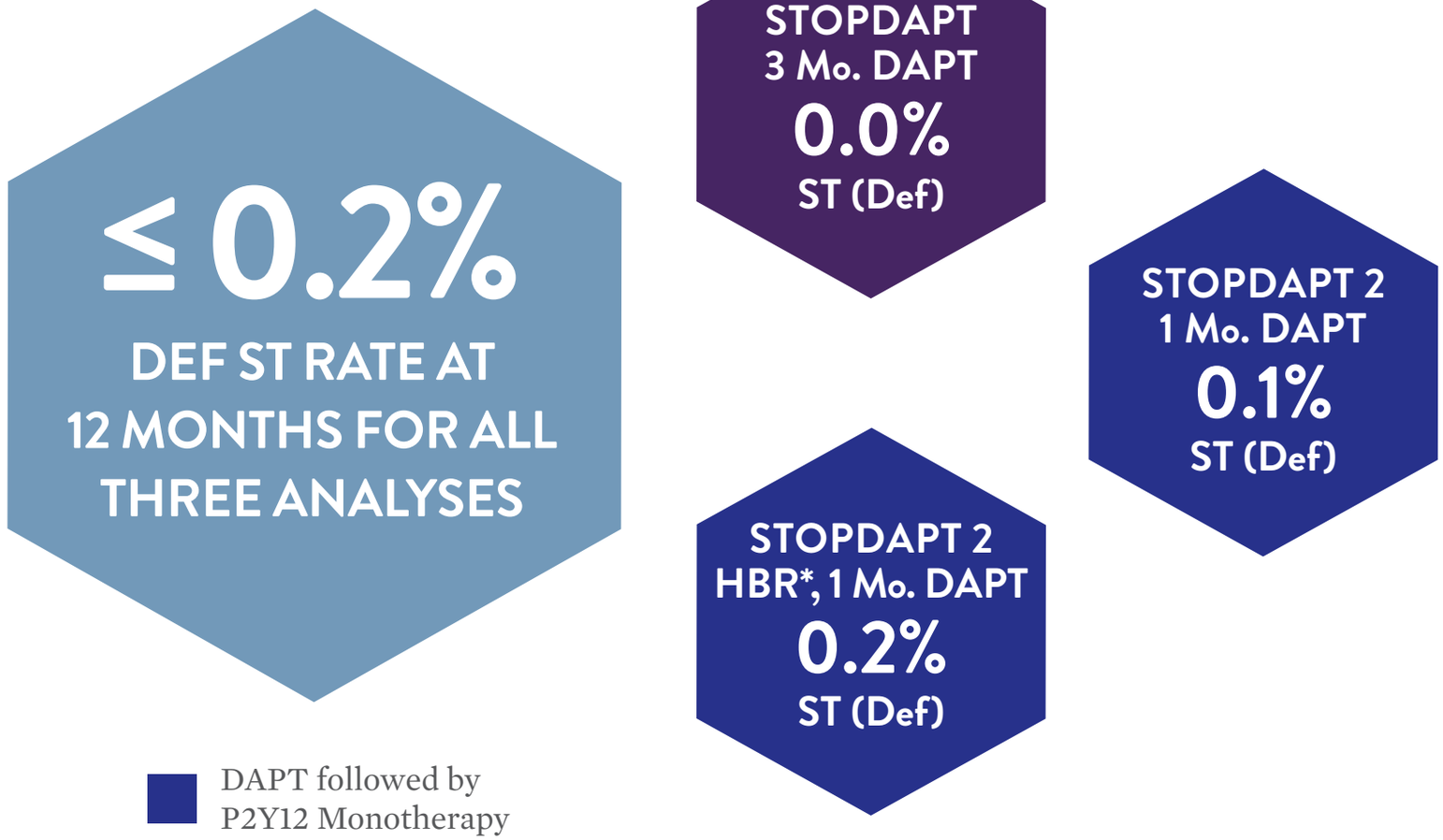
PROTECTING PATIENTS WITH SHORT DAPT NEEDS

XIENCE™ STENT HAS SHOWN CONSISTENTLY LOW COMPLICATION RATES (ST) WHEN USING SHORT DAPT[1,2,3]

0.2% DEF. ST OR LOWER WITH 1-MONTH DAPT

Consistently low complication rates[1,2,3]



1. Natsuaki et al., *Cardiovasc Interv and Ther.* 2016. 31:196–209 – STOPDAPT.
2. Watanabe H, et al. *JAMA*. 2019;321(24):2414-2427 – STOPDAPT 2.
3. Watanabe H, et al. TCT 2019 – STOPDAPT 2 – HBR SubAnalysis. 1,154 patient sub-analysis – patients taken from STOPDAPT 2 patient population using latest ARC HBR criteria.

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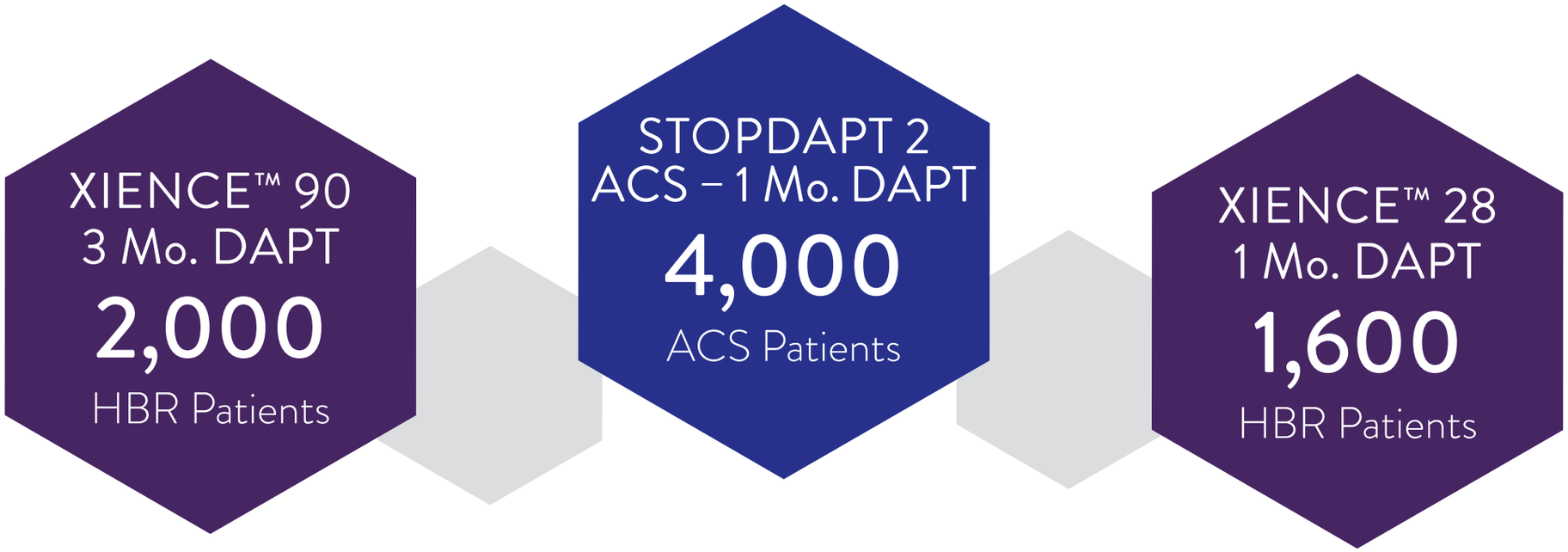
PROTECTING PATIENTS WITH SHORT DAPT NEEDS

XIENCE™ STENT HAS SHOWN CONSISTENTLY LOW COMPLICATION RATES (ST) WHEN USING SHORT DAPT[1,2,3]

XIENCE™ 28[4,5], XIENCE 90[6] AND STOPDAPT 2 ACS[7]
Ongoing patient studies



DAPT followed by Aspirin Monotherapy

DAPT followed by P2Y12 Monotherapy

1. Natsuaki et al., *Cardiovasc Interv and Ther.* 2016. 31:196–209 – STOPDAPT.
2. Watanabe H, et al. *JAMA*. 2019;321(24):2414-2427 – STOPDAPT 2.
3. Watanabe H, et al. TCT 2019 – STOPDAPT 2 – HBR SubAnalysis. 1,154 patient sub-analysis – patients taken from STOPDAPT 2 patient population using latest ARC HBR criteria.
4. XIENCE 28 Global Study, clinicaltrials.gov identifier NCT0335574.
5. XIENCE 28 USA Study, clinicaltrials.gov identifier NCT03815175.
6. XIENCE 90: A Safety Evaluation of 3-month DAPT After XIENCE Implantation for HBR Patients. clinicaltrials.gov identifier NCT03218787.
7. ShorT and OPtimal Duration of Dual AntiPlatelet Therapy-2 Study for the Patients With ACS (STOPDAPT-2 ACS), clinicaltrials.gov identifier NCT03462498.

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CAUTION: This product is intended for use by or under the direction of a physician. Prior to use, reference the Instructions for Use, inside the product carton (when available) or at *eifu.abbottvascular.com* or at *medical.abbott/manuals* for more detailed information on Indications, Contraindications, Warnings, Precautions and Adverse Events.

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Illustrations are artist's representations only and should not be considered as engineering drawings or photographs. Photos on file at Abbott.

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