



PATIENTS

PHYSICIANS

HOSPITALS







TIME SAVING



COST EFFECTIVE

- ¹ Data on file. N=5, REP-2010-12-T0, Internal benchtests. OpSens Inc.
- ² Cook, et al. Circ Cardiovasc Interv. 2016; 9:e002988. DOI: 10.1161/CIRCINTERVENTIONS.115.002988
- ³ N.Curzen. Comet Study. PCR 2017. Study presentation
- ⁴ Tateishi, et al. Comparison of accuracy of fractional flow reserve using optical sensor wire to conventional pressure wire. ESC 2018. Abstract presentation
- ⁵ Data on file. Internal benchtests. OpSens Inc

- ⁶ Tonino PA, De Bruyne B, Pijls NH, et al. Fractional flow reserve versus angiography for guiding percutaneous coronary intervention. N Engl J Med 2009;360:213-24.
- ⁷ Johnson N, et al. J Am Coll Cardiol Intv 2016;9:757-67
- 8 K192340
- ⁹ Kobayashi Y, et al. JACC Oct 2017
- ¹⁰ Data on file. Pooled analysis of the VERIFY 2, IRIS and LATINA





Your Pressure Guidewire to DIAGNOSE and TREAT with Confidence









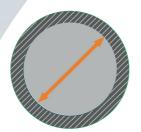
Unique support, torque response and guidewire control for vessel access



Traditional piezoelectric* pressure guidewire

- Eccentric design
- Smaller inner core diameter
- Stainless steel inner core

*Piezoelectric technology is used in Abbott and Philips devices



PCI workhorse guidewire

- ✓ Concentric design
- ✓ Large inner core diameter
- ✓ Nitinol inner core



2nd generation Fiber optic pressure guidewire

- ✓ Concentric design
- ✓ Large inner core diameter
- ✓ Nitinol inner core

OptoWire III EVEN MORE ROBUST AND DELIVERABLE THAN OptoWire 2: 74% MORE KINK RESISTANT AND 14% BETTER TORQUE RESPONSE¹



ACCURACY

OptoWire is Powered by Fidela™, 2nd Generation Fiber Optic Sensor

+ 30 % increase³

1st generation fiber optic

Drift occurrence baseline: piezoelectric **30%+**^{3,4}

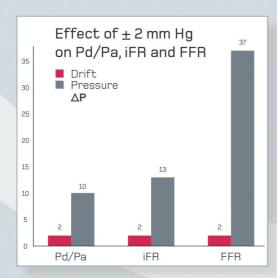
2nd generation fiber optic





Minimal adhesive usage

OptoWire⁵, THE PRESSURE
GUIDEWIRE WITH THE
LOWEST DRIFT IN THE INDUSTRY



N=447 Cook CM, et al. Circ Cardiovasc Interv 2016

DRIFT MATTERS: OVER 20% CORONARY PHYSIOLOGIC MEASUREMENTS
MISCLASSIFIED DUE TO DRIFT²



Take full control of your wire and reconnect with confidence



DISCONNECT

Take full control and cross challenging anatomies
Save time and costs by performing the PCI over the same guidewire

RECONNECT

Assess additional segments or arteries Perform post-PCI measurements

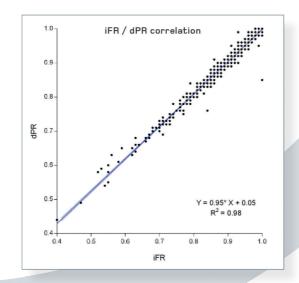


DISCONNECT/RECONNECT IN COMPLEX CASES WITHOUT THE NEED TO RE-EQUALIZE



CHOICE

Assess physiology with hyperemic or resting indices



OpSens dPR and iFR correlation with FFR10

dPR 79.33%¹⁰



All NHPR (resting Pd/Pa, iFR, dPR, RFR, DFR) showed equivalent diagnosis and prognosis performance¹⁰. Therefore, physicians can apply OpSens dPR algorithm in daily practice in the same manner as iFR.

-Dr Ahn, TCT 2019

RESTING INDICES ARE EQUIVALENT, PRESSURE GUIDEWIRES ARE NOT