PHILIPS

iFR

Modality



Proven outcomes.¹²³ Superior value.¹²

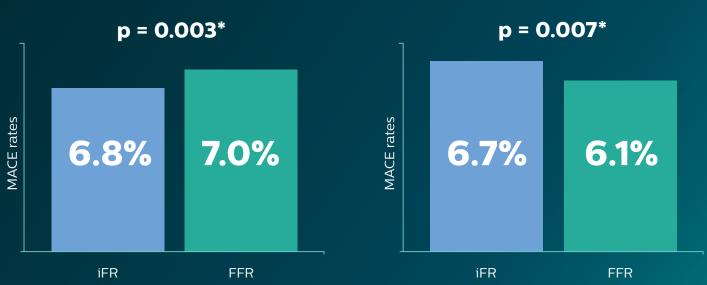
Proven outcomes.



Consistent patient outcomes using iFR guided strategy, as with FFR



iFR Swedeheart One year outcome results



* p-values are for non-inferiority of an iFR-guided strategy versus an FFR-guided strategy with respect to 1-year MACE rates; pre-specified non-inferiority margins were 3.4% and 3.2% in DEFINE FLAIR and iFR Swedeheart, respectively

A single dichotomous cut point, backed by data^{1,3,4}

- 0.89 iFR cut-point, backed by data

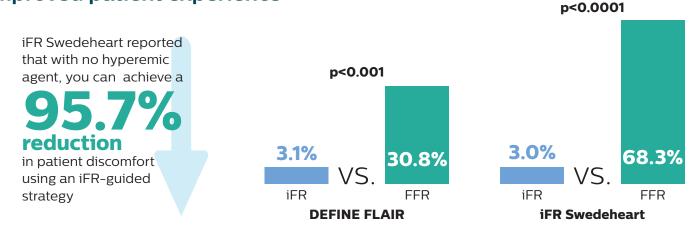


Superior value.^{1,2}

Reduced costs per patient



Improved patient experience



DEFINE FLAIR reported a **90% reduction** in patient discomfort

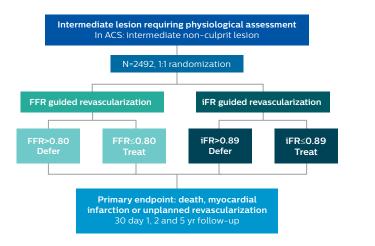
Less procedural time

10% reduction in procedure time using an iFR-guided strategy [p<0.01] DEFINE FLAIR procedural time: 40.5 minutes [iFR arm] vs. 45.0 minutes [FFR arm] [p<0.001]

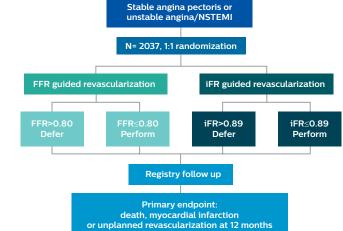
Philips is dedicated to the advancement of physiology guided PCI.

Since the introduction of hyperemia-free iFR modality in 2014, iFR has been studied in nearly 15,000 patients and used in over 4,000 cath labs around the world.⁵

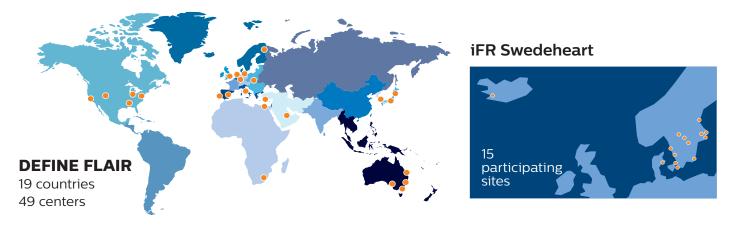
DEFINE FLAIR



iFR Swedeheart



First two global studies of physiology



- 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. Patel M. "Cost-effectiveness of instantaneous wave-Free Ratio (iFR) compared with Fractional Flow Reserve (FFR) to guide coronary revascularization decisionmaking." Late-breaking Clinical Trial presentation at ACC on March 10, 2018.
- 3. 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):1813-18233.
- 4. 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%. (From ADVISE II, and iFR Operator's Manual 505-0101.23).
- 5. Data on file at Philips.

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