WIRE SYSTEM **MULTI-MODALITY**

Verrata[®] 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. Data on file.

Part Number Description Verrata Pressure Guide Wire, 185 cm, Straight 10185J Verrata Pressure Guide Wire, 185 cm, J-Shape 10300 Verrata Pressure Guide Wire, 300 cm, Straight Verrata Pressure Guide Wire, 300 cm, J-Shape 435-0100.30 iFR® Modality CORE01 CORE[™] Precision Guided Therapy System CORE[™] Mobile Precision Guided Therapy System COREmb120

\Lambda VOLCANO

PRECISION GUIDED THERAPY

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FR[®] Modality instant wave-Free Ratio[™]

5

0.85

0.80

iFR Scout[™] technology reveals the physiologic profile of the entire vessel, so when you encounter diffuse disease or serial lesions you can make informed treatment decisions. Make the shift to functionally guided treatment with iFR Scout.

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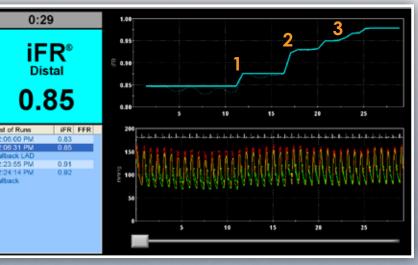




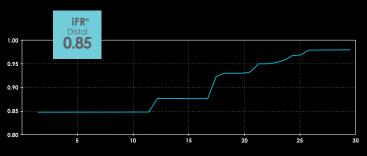
Make the Shift from Justification to Guidance

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.



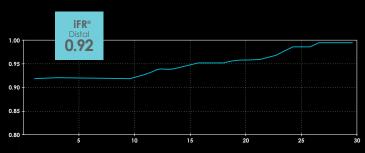


Plan the Treatment Strategy



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

Confirm the Result

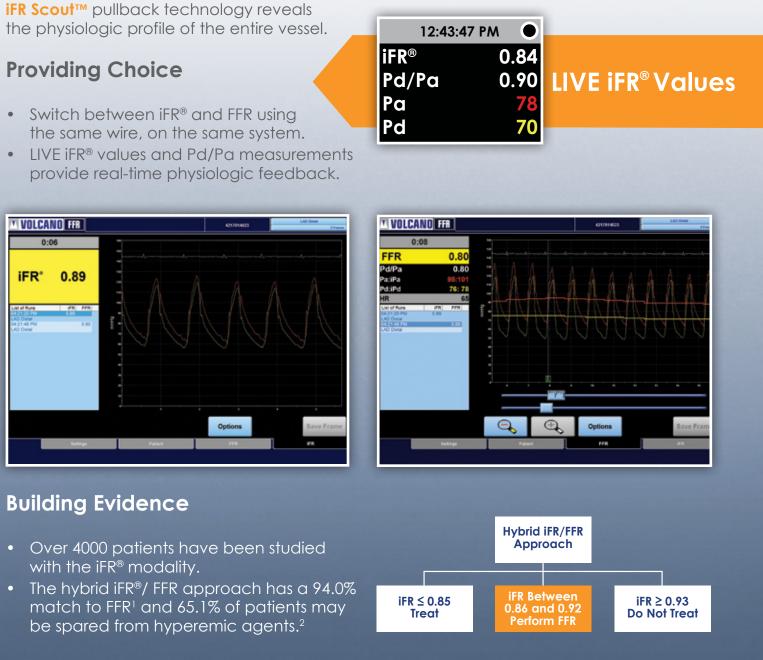


After placing two DES in the areas of focal disease, iFR Scout pullback demonstrates a functional gain from 0.85 to 0.92.

iFR Scout[™] Pullback Technology

Simplifying Workflow

iFR Scout™ pullback technology reveals



- of 96.2%.
- 3. Escaned J. ADVISE II: A Prospective, Registry Evaluation of iFR vs FFR. TCT 2013. Lecture conducted from San Francisco.

Using the iFR cut points of 0.85 and 0.94 matches best with an FFR ischemic cut-point of 0.80 with a specificity of 90.7% and sensitivity

The ADVISE II study illustrated a 5.8%, i.e. (17+23)/690, classification discordance between the iFR Hybrid Approach and FFR. Among 477 lesions that would be assessed without hyperemia by the iFR Hybrid Approach, 40 (17+23) were due to classification discordance