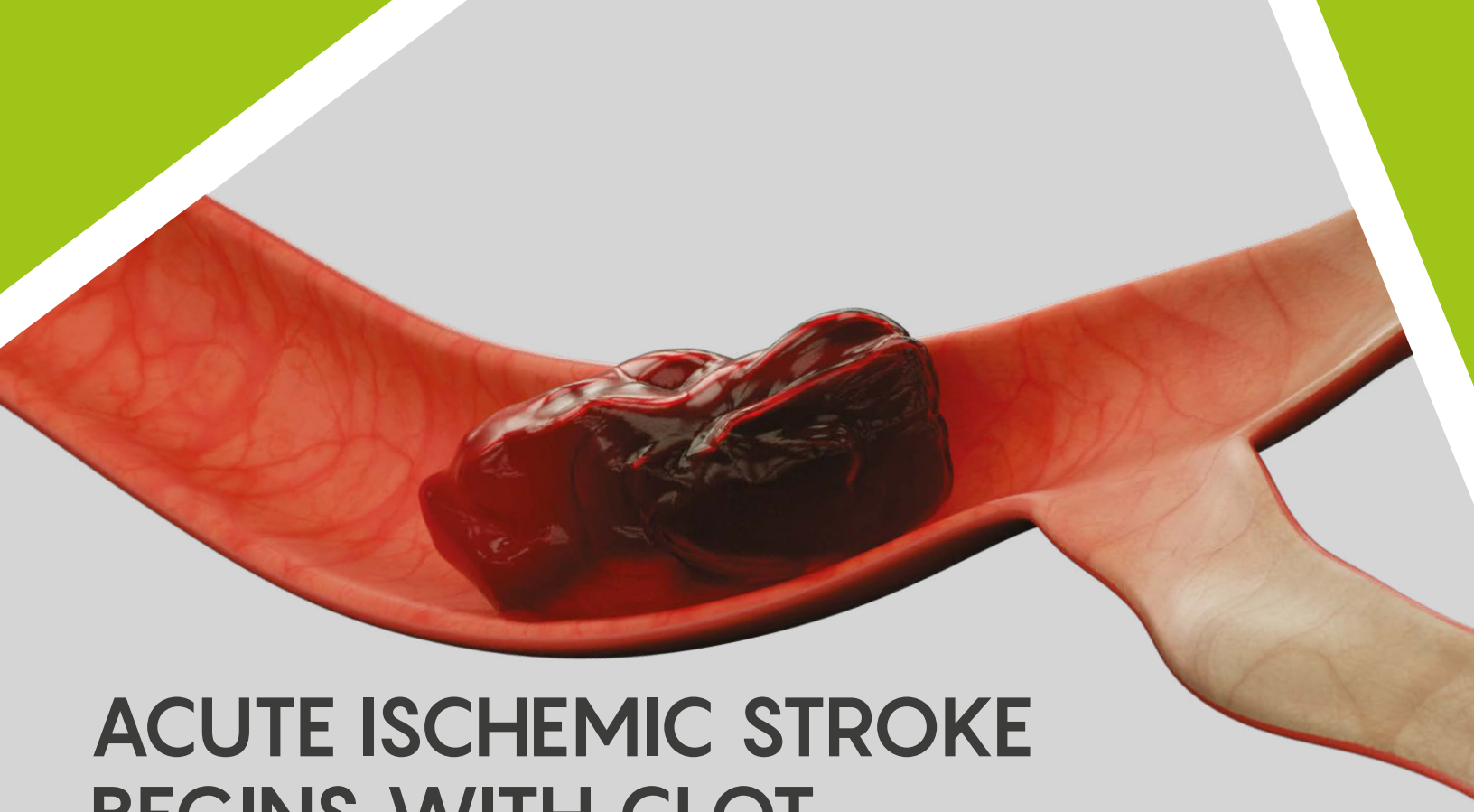

ACUTE ISCHEMIC STROKE BEGINS WITH CLOT.

SO DID WE...

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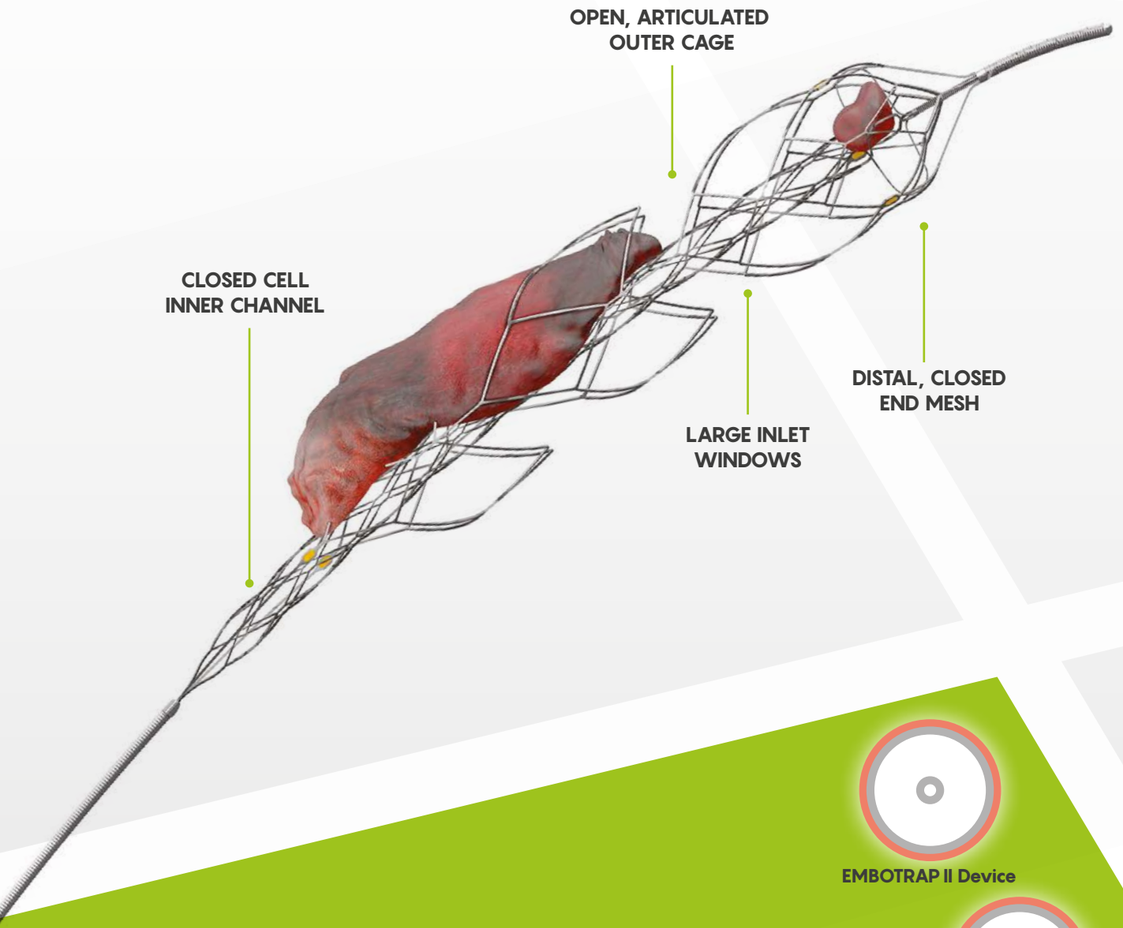
EMBOTRAP® II

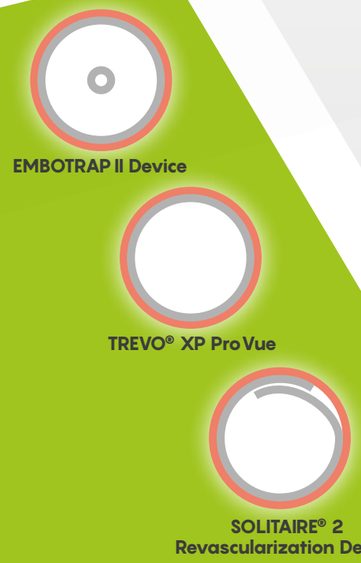
revascularization device

EMBOTRAP®II Revascularization Device

Innovative, Dual Layer Design



Designed to engage and grip clots differently, to remove various clot types and engineered to maximize the First Pass Effect (FPE)[α]



EMBOTRAP®II Revascularization Device Feature = Function

Open, articulated, outer cage serves to engage and grip the clot

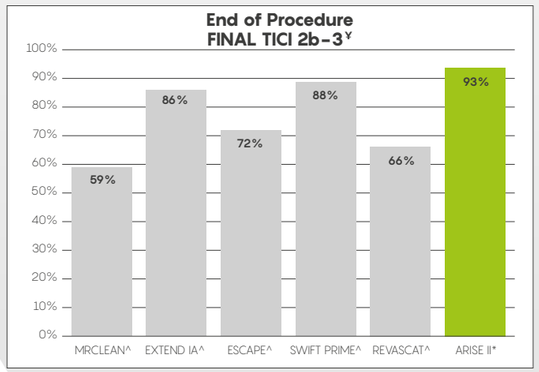
Multiple, large inlet windows allow clot to move into the cage

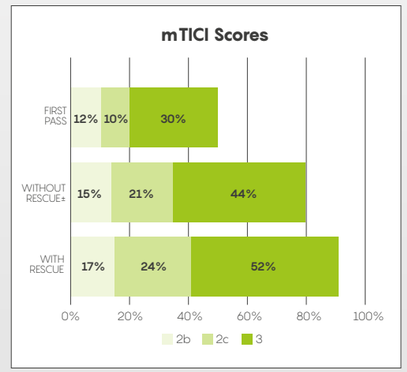
Closed cell, inner channel secures and stabilizes clot to maintain engagment

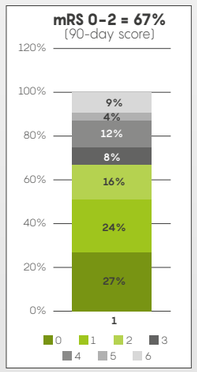
Distal, closed end mesh maintains control during retrieval

An articulating outer cage maintains wall apposition during retrieval

The results of the ARISE II study showed that the patients treated with the EMBOTRAP®II Revascularization Device reported successful revascularization rates







¥Direct comparisons cannot be made.
^Outcomes generated from a Randomized Controlled Trial.
*ARISE II study reports the end of procedure revascularization results which includes patients who had been treated with other therapies post initial use of EMBOTRAP II Device.

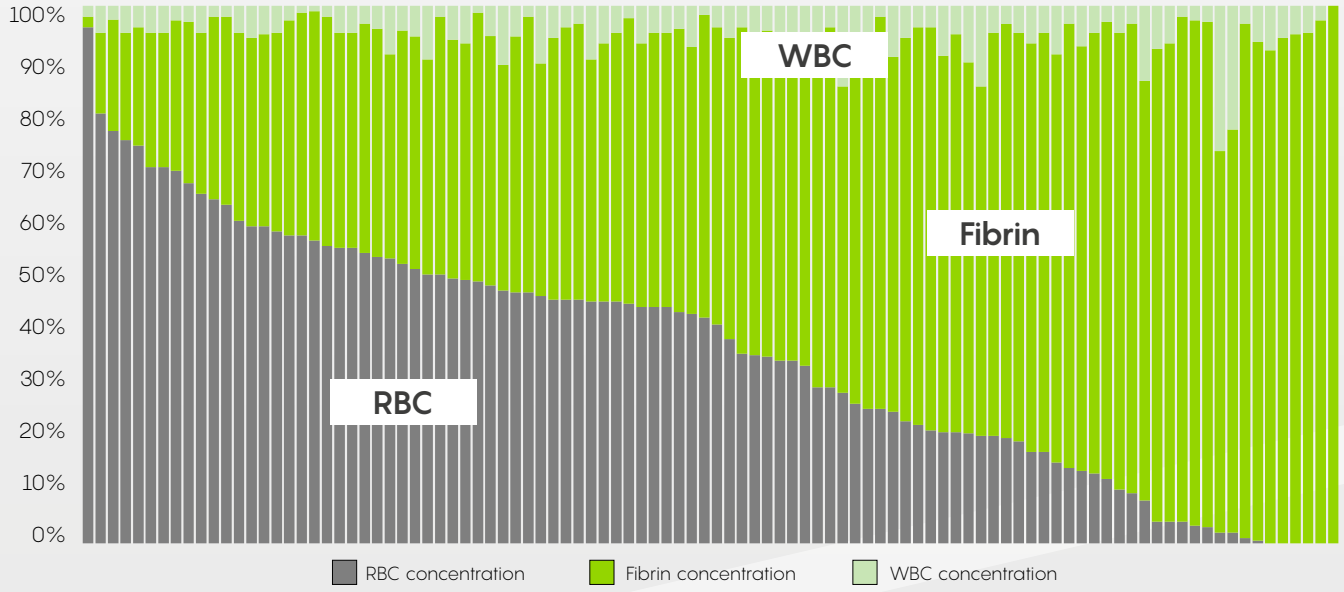
+Clinical outcomes seen in the ARISE II treated population include results for all patients treated with the EMBOTRAP II Device (N=227). Primary endpoint data (successful revascularization, mTICI ≥2b, measured within three passes of the EMBOTRAP II Device) does not exclude data for patients who also received additional treatment (rescue therapy, e.g. IA-tPA, aspiration, intracranial stenting or other stentrievers) subsequent to measurement of the revascularization rate for vessels treated with the EMBOTRAP II Device. Patients, however, treated with rescue prior to completion of three passes with EMBOTRAP II Device were treated as failures to meet the primary revascularization endpoint.
Please consult the EMBOTRAP II Device IFU for full product information and a summary of the FDA ITT Cohort which only included data for patients treated with the EMBOTRAP II Device who met all study eligibility criteria, and also treated rescue therapy at any point in the procedure as failure to meet the primary revascularization endpoint and secondary good clinical outcome (mRS 0-2). Missing mRS data was also treated as a failure for good clinical outcome.

Berkhemer OA, et al. A randomized trial of intraarterial treatment for acute ischemic stroke. N Engl J Med 2015. (MRCLEAN)
Campbell BC, et al. Endovascular therapy for ischemic stroke with perfusion-imaging selection. N Engl J Med 2015. (EXTEND IA)
Goyal M, et al. Randomized assessment of rapid endovascular treatment of ischemic stroke. N Engl J Med 2015. (ESCAPE)
Saver JL, et al. Stent-retriever thrombectomy after intravenous t-PA vs. t-PA alone in stroke. N Engl J Med 2015. (SWIFT PRIME)
Jovin TG, et al. Thrombectomy within 8 hours after symptom onset in ischemic stroke. N Engl J Med 2015. (REVASCAT)
*Zaidat OO,et al. Primary Results of the Multicenter ARISE II Study (Analysis of Revascularization in Ischemic Stroke With EmboTrap). Stroke 2018. (ARISE II)

CLOT SCIENCE

- Full spectrum of clot compositions occur in Acute Ischemic Stroke (AIS).
- Different clot types may present different retrieval challenges.
- EMBOTRAP®II Revascularization Device has been shown to retrieve various clot types, whether fibrin-rich clot (hard) or RBC-rich clot types (soft).

Histopathologic Composition of 100 Retrieved Clots[1,2,3]



80% RBC | 40% RBC | 5% RBC | 0% RBC (LD) | 0% RBC (HD)

[1]Liebeskind DS, et al. CT and MRI early vessel signs reflect clot composition in acute stroke. Stroke 2011.
[2]Boeckh-Behrens T, et al. The Impact of Histological Clot Composition in Embolic Stroke. Clin Neuroradiol 2016.
[3]Cline B, et al. Pathological analysis of extracted clots in embolectomy patients with acute ischaemic stroke. J Neurointerv Surg 2013.

EMBOTRAP®II revascularization device	NAME	CATALOG #	RECOMMENDED VESSEL DIAMETER	MICRO CATHETER COMPATIBILITY	DIAMETER	WORKING LENGTH	DEVICE LENGTH	TIP LENGTH
	5x21	ET009521	1.5-5.0 mm	0.021" ID - 0.027" ID	5.0 mm	21 mm	194 cm	4 mm
	5x33	ET009533				33 mm	195 cm	

[a] The FPE is a direct correlation of the ability of a thrombectomy device to restore complete revascularization (TICI 2c-3) in a single pass through the clot. In the ARISEII study, analysis of the FPE includes patients who achieved TICI 2c-3 following the first pass with the EMBOTRAP®II Revascularization Device. Patients who achieved TICI 2c-3 in a single pass (n=91) but had additional passes and/or rescue therapy were also included in this analysis. This figure is based on the percentage of patients that achieve the FPE among those that attained complete revascularization (TICI 2c-3, n=172).

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Galway, H91 K5YD
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To place an order, call 1-800-255-2500.
For technical/product questions, contact your local CERENOVUS representative.

Limited warranty and disclaimer: CERENOVUS products are sold with a limited warranty to the original purchaser against defects in workmanship and materials. Any other express or implied warranties, including warranties of merchantability or fitness, are hereby disclaimed. Please also refer to the package insert(s) or other labeling associated with the devices identified in this document for additional information.

Important information: Prior to use, refer to the instructions for use supplied with this device for indications, contraindications, side effects, warnings and precautions.

Caution: US law restricts this device to sale by or on the order of a physician.

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