



PROTEGE™ RX

Carotid Stent System

INSTRUCTIONS FOR USE

CAUTION: Federal (U.S.A.) law restricts this device to sale by or on the order of a physician.

The PROTÉGÉ™ RX Carotid Stent System (**Table 1**) is a self-expanding Nitinol stent system intended for permanent implantation. The self-expanding stent is made of a nickel titanium alloy (Nitinol) and comes pre-mounted on a 6 Fr, 0.014" rapid exchange delivery system. The stent is cut from a Nitinol tube in an open lattice design, and is designed with tantalum radiopaque markers at the proximal and distal ends of the stent. Upon deployment, the stent achieves its predetermined diameter and exerts a constant, gentle outward force to establish patency.

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Stent positioning at the targeted lesion is achieved prior to deployment utilizing the tantalum radiopaque markers (7, 8) on the constrained stent. For stent deployment, the Tuohy-Borst valve is turned counter-clockwise to unlock the outer sheath.

The outer sheath retraction is achieved by pulling the Y-connector (5) toward the proximal grip (10) resulting in stent deployment.

| Unconstrained Stent Diameter (mm) | Stent Length (mm) | 7cbÜ[i fUh]cb | Lumen Diameter (mm) |
|-----------------------------------|-------------------|----------------|---------------------------|
| 6 | 20, 30, 40, 60 | Straight | 4.5 - 5.5 |
| 7 | 20, 30, 40, 60 | Straight | 5.5 - 6.5 |
| 8 | 20, 30, 40, 60 | Straight | 6.5 - 7.5 |
| 9 | 20, 30, 40, 60 | Straight | 7.5 - 8.5 |
| 10 | 20, 30, 40, 60 | Straight | 8.5 - 9.5 |
| 8 - 6 | 30, 40 | Tapered | (6.5 - 7.5) - (4.5 - 5.5) |
| 10 - 7 | 30, 40 | Tapered | (8.5 - 9.5) - (5.5 - 6.5) |

The diagram illustrates the Tuohy-Borst Valve assembly with two views: a side profile and a top-down view of the catheter tip. Dimensions are provided for the side profile: a total length of 162cm, a distance of 136cm from the proximal end to the distal marker band, and a 20cm distance from the proximal end to the catheter distal tip. The top-down view shows the catheter tip with a central guidewire exit port and a proximal grip. Numbered components (1-11) are labeled on both views.

Dimensions:

- 162cm (Total length)
- 136cm (Distance from proximal end to distal marker band)
- 20cm (Distance from proximal end to catheter distal tip)

Numbered Components:

1. Tuohy-Borst Valve
2. Catheter Distal Tip
3. Distal Marker Band
4. Proximal Retainer/Marker Band
5. Y-Connector
6. Y-Connector Port
7. Distal Stent Tantalum Markers
8. Proximal Stent Tantalum Markers
9. Constrained Stent
10. Proximal Grip
11. Guidewire Exit Port

The PROTÉGÉ RX Carotid Stent System, when used in conjunction with the ev3, Inc. embolic protection systems, is indicated for the treatment of patients at high-risk for adverse events from carotid endarterectomy who require percutaneous carotid revascularization and meet the criteria outlined below:

1. Patients with carotid artery stenosis (> 50% for symptomatic patients by ultrasound or angiography or 80% for asymptomatic patients by ultrasound or angiography) of the common or internal carotid artery, AND
2. Patients must have a reference vessel diameter within the range of 4.5 mm and 9.5 mm at the target lesion.

Use of the PROTÉGÉ® RX Carotid Stent System is contraindicated under these circumstances:

- ‡ Patients in whom anticoagulant, antiplatelet therapy or thrombolytic drugs is contraindicated.
- ‡ Patients with vascular tortuosity or anatomy, which precludes the safe introduction of the sheath, guide catheter, embolic protection device, or stent system.
- ‡ Patients with known hypersensitivity to nickel-titanium.
- ‡ Patients with uncorrected bleeding disorders.
- ‡ Lesions in the ostium of the common carotid artery.

Only physicians who have received appropriate training and are familiar with the principles, clinical applications, complications, side effects and hazards commonly associated with carotid interventional procedures should use this device.

Refer to the Instructions for Use supplied with all interventional devices to be used in conjunction with the PROTÉGÉ RX Carotid Stent System for their intended uses, contraindications and potential complications.

[illegible][illegible]

As with any type of vascular implant, infection secondary to contamination of the stent may lead to thrombosis, pseudoaneurysm, or rupture.

Stenting across a major bifurcation may hinder or prevent future diagnostic or therapeutic procedures.

In patients requiring the use of antacids and/or H2-antagonists before or immediately after stent placement, oral absorption of antiplatelet agents (e.g., aspirin) may be adversely affected.

The appropriate antiplatelet and anticoagulation therapy should be administered pre- and post-procedure as suggested in these instructions. Special consideration should be given to those patients with recently active gastritis or peptic ulcer disease.

When multiple stents are required, stent materials should be of similar composition. The safety and effectiveness of the PROTÉGÉ RX Carotid Stent System have NOT yet been established in patients with the characteristics noted below.

General Characteristics

- † Low to moderate risk for adverse events from carotid endarterectomy.
- † Pregnant patients or patients under the age of 18.
- † Patients in whom femoral access is not possible.
- † Chronic or paroxysmal atrial fibrillation that is not treated by Coumadin®.
- † Prior stenting of the target carotid artery.
- † Documented intolerance to both heparin and Angiomax.
- † Allergy or contraindication to aspirin, or to clopidogrel AND ticlopidine, or to nickel or titanium.
- † Active bleeding diathesis requiring blood transfusion within 1 month prior to procedure.
- † Myocardial infarction (total CK > 3 times lab normal and MB above the normal limit) within 72 hours prior to procedure.
- † Coronary artery bypass graft or vascular surgery within 30 days prior to procedure.
- † Major residual neurological deficit (stroke scales: Barthel < 60, NIH > 15 or Rankin > 3) at pre-procedure neurological exam.
- † Transient ischemic attack or amaurosis fugax within 48 hours prior to procedure.
- † Cerebral vascular accident or retinal artery occlusion within 1 month prior to procedure.
- † Allergy to radiographic contrast that cannot be pre-treated.
- † Abnormal blood counts with platelets < 50,000 or > 700,000 mm³ or white blood cell count < 3000 mm³.
- † Current radiation treatment for cerebral carcinoma or sarcoma presenting with occluded or sclerosed vessels.
- † Patients who exhibit persistent acute intraluminal thrombus of the proposed lesion site, post thrombolytic therapy.
- † Perforation at the angioplasty site evidenced by extravasation of contrast medium.
- † Patients contraindicated for PTA.

Angiographic Characteristics

- † Peripheral vascular disease that precludes safe sheath insertion.
- † Total occlusion of target carotid artery.
- † Ostial common carotid artery stenosis requiring treatment.
- † Multiple carotid stenoses in the same vessel that cannot be covered by one stent.
- † Ipsilateral intracranial stenosis that requires treatment.
- † Presence of any intracranial tumor(s), arteriovenous malformations (AVMs), or an aneurysm requiring treatment.

The safety and effectiveness of concurrent treatment of lesions in patients with bilateral carotid artery disease have not been established.

4.2 Specific

The device is provided sterile for single use only. DO NOT reprocess or resterilize. Reprocessing and resterilizing increase the risk of patient infection and risk of compromised device performance.

Do not use the product after the “Use By Date” printed on the package.

Maintain the patient’s Activated Clotting Time (ACT) at > 250 seconds throughout PROTÉGÉ RX Carotid Stent System usage to prevent thrombus formation on the device.

T→ embolism or trauma to the artery.

Implanting a stent may lead to dissection of the vessel distal and/or proximal to the stent and may cause acute closure of the vessel, requiring additional intervention (carotid endarterectomy, further dilatation, or placement of additional stents).

The stent may cause thrombus, distal embolization or may migrate from the site of implant down the arterial lumen. Appropriate sizing of the stent to the vessel is required to reduce the possibility of stent migration. In the event of thrombosis of the expanded stent, thrombolysis and PTA should be attempted.

Overstretching of the artery may result in rupture and life-threatening bleeding.

Never withdraw or move an intravascular device against any resistance until the cause is determined. Advancing with such resistance may lead to embolization of debris, and vessel and/or device damage.

Exercise caution when advancing or withdrawing the PROTÉGÉ RX Carotid Stent System through any previously placed devices.

Allow for and maintain adequate distance between the embolic protection device and the stent delivery system or deployed stent to avoid potential entanglement.

Ensure optimal positioning of the stent prior to deployment. Once deployment is initiated, the stent cannot be repositioned or recaptured. Stent retrieval methods (use of additional wires, snares and/or forceps) may result in additional trauma to the carotid vasculature and/or the vascular access site. Complications may include death, stroke, bleeding, hematoma or pseudoaneurysm.

5. PRECAUTIONS

Carefully inspect the sterile package and device prior to use to verify that neither has been damaged during shipment. Do not use damaged equipment.

Do not remove the stent from its delivery system as removal may damage the stent. The stent and delivery system are intended to perform as a system. If removed, the stent cannot be put back on the delivery system.

The delivery system should not be used in conjunction with other stents.

Venous access should be available during carotid stenting to manage bradycardia and/or hypotension by either pharmaceutical intervention or placement of a temporary pacemaker, if needed.

If resistance occurs during movement through the sheath, carefully withdraw the stent system.

If resistance is felt when initially retracting the outer deployment sheath, do not force deployment. Carefully withdraw the stent system without deploying the stent.

Only one stent should be used to cover the target lesion. If more than one stent is required to cover the lesion after initial stent deployment, the sequential stents must be overlapped; however, the amount of overlap should be kept to a minimum.

Use caution when crossing a deployed stent with any adjunct device.

5.1 MRI Compatibility

Through non-clinical testing, the PROTÉGÉ RX Carotid Stent has been shown to be MR Conditional¹ when used in accordance with the instructions for use. The device is safe for use in the MRI environment for overlapping stents or stents with a rate (SAR) of 3 W/kg for 20 minutes of MR. The effect of heating in the MRI environment for overlapping stents or stents with

MR image quality may be compromised if the area of interest is in the exact same area or relatively close to the position of the stent.

6. ADVERSE EVENTS

The PROTÉGÉ GPS Carotid Stent System was evaluated for the treatment of internal and/or common carotid artery stenoses in high-risk patients via the Carotid Revascularization with ev3 Arterial Technology Evolution (CREATE) Trial. A total of 419 patients were enrolled in the CREATE Pivotal Trial. The primary objective of the study was to demonstrate the safety and effectiveness of the PROTÉGÉ GPS Carotid Stent System and SPIDER™ Embolic Protection Device in the treatment of common and/or internal carotid artery stenoses for subjects that are at high-risk for carotid endarterectomy.

Table 3 presents the cause of all patient deaths.

TABLE 2: Serious Adverse Event Summary (30 Days, 365 Days)

| Description of Event | 30 Days (N=417) | | 365 Days (N=395)* | |
|-------------------------------------------------------------------|-----------------|-------|-------------------|-------|
| | n | % | n | % |
| All Death, Stroke and MI | 26 / 417 | 6.2% | 37 / 395 | 9.4% |
| Ö^æ@ ç••â•tâ^,}^â) Stroke-Related Not Stroke-Related | 8 / 417 | 1.9% | 21 / 395 | 5.3% |
| | 5 / 417 | 1.2% | 9 / 395 | 2.3% |
| | 3 / 417 | 0.7% | 12 / 395 | 3.0% |
| All-cause Death | 8 / 417 | 1.9% | 35 / 395 | 8.7% |
| Ipsilateral Stroke | 16 / 417 | 3.8% | 19 / 395 | 4.8% |
| Major | 14 / 417 | 3.4% | 16 / 395 | 4.1% |
| Minor | 3 / 417 | 0.7% | 4 / 395 | 1.0% |
| Non-ipsilateral Stroke | 4 / 417 | 1.0% | 4 / 395 | 1.0% |
| Non-stroke Neurological ² | 8 / 417 | 1.9% | 8 / 395 | 2.0% |
| Restenosis (70% stenosis as measured by ultrasound) ³ | 0 / 417 | 0.0% | 1 / 395 | 0.3% |
| Restenosis (50% stenosis as measured by ultrasound) ⁴ | 14 / 417 | 3.4% | 27 / 395 | 6.8% |
| Target Lesion Revascularization (TLR) ⁵ | 0 / 417 | 0.0% | 1 / 395 | 0.3% |
| Cardiac | 14 / 417 | 3.4% | 16 / 395 | 4.1% |
| MI | 4 / 417 | 1.0% | 4 / 395 | 1.0% |
| Arrhythmia | 2 / 417 | 0.5% | 3 / 395 | 0.8% |
| Angina | 0 / 417 | 0.0% | 0 / 395 | 0.0% |
| Congestive Heart Failure (CHF) | 7 / 417 | 1.7% | 8 / 395 | 2.0% |
| Coronary Artery Disease (CAD) | 1 / 417 | 0.2% | 1 / 395 | 0.3% |
| Procedural Complication | 81 / 417 | 19.4% | 81 / 395 | 20.5% |
| Hypotension | 71 / 417 | 17.0% | 71 / 395 | 18.0% |
| Arrhythmia | 12 / 417 | 2.9% | 12 / 395 | 3.0% |
| Vasospasm | 0 / 417 | 0.0% | 0 / 395 | 0.0% |
| Dissection | 5 / 417 | 1.2% | 5 / 395 | 1.3% |
| In-stent Thrombosis | 0 / 417 | 0.0% | 0 / 395 | 0.0% |
| Emergent CEA | 0 / 417 | 0.0% | 0 / 395 | 0.0% |
| Emergent Intervention | 3 / 417 | 0.7% | 3 / 395 | 0.8% |
| Access Site Complication ⁶ | 11 / 417 | 2.6% | 11 / 395 | 2.8% |
| Requiring Repair/Transfusion | 8 / 417 | 1.9% | 8 / 395 | 2.0% |
| Vascular ⁷ | 3 / 417 | 0.7% | 4 / 395 | 1.0% |
| Hemodynamic ⁸ | 4 / 417 | 1.0% | 4 / 395 | 1.0% |
| Bleeding ⁹ | 22 / 417 | 5.3% | 25 / 395 | 6.3% |
| Requiring transfusion | 20 / 417 | 4.8% | 22 / 395 | 5.6% |
| GI bleeding | 7 / 417 | 1.7% | 12 / 395 | 3.0% |
| Blood Dyscrasia ¹⁰ | 0 / 417 | 0.0% | 0 / 395 | 0.0% |
| Respiratory ¹¹ | 5 / 417 | 1.2% | 5 / 395 | 1.3% |
| Gastrointestinal ¹² | 0 / 417 | 0.0% | 5 / 395 | 1.3% |
| Genitourinary ¹³ | 3 / 417 | 0.7% | 5 / 395 | 1.3% |
| Infection ¹⁴ | 3 / 417 | 0.7% | 3 / 395 | 0.8% |
| Metabolic ¹⁵ | 7 / 417 | 1.7% | 7 / 395 | 1.8% |
| Musculoskeletal ¹⁶ | 0 / 417 | 0.0% | 0 / 395 | 0.0% |
| Other ¹⁷ | 4 / 417 | 1.0% | 6 / 395 | 1.5% |

* Patients were excluded if they missed the one-year visit, withdrew or were lost-to-follow-up and did not have any reported adverse events.

8 YU\h'fgh iXm!XYÜbYXL. The Clinical Events Committee (CEC) adjudicated all deaths to determine if the death was considered as a "study-related death." Deaths were categorized as follows: (1) study-related deaths, which included deaths adjudicated by the CEC as being related to the study treatment; (2) non-study-related deaths, which included deaths adjudicated as non-study related by the CEC including accident, cancer, respiratory failure, renal failure, cardiac death, and unknown death.

³ **Restenosis:** 70% stenosis as determined via duplex ultrasound scan

⁵ **Target Lesion Revascularization (TLR):** any repeat invasive procedure, including angioplasty, stenting, endarterectomy, or thrombolysis, performed to open or increase the luminal diameter inside or within 10 mm of the previously treated lesion.

⁷ **Vascular:** peripheral arterial disease, artery perforation and deep vein thrombosis.

⁹ **Bleeding:** includes non-access site bleeding, anemia up to 30 days, GI bleed up to 30 days and subarachnoid hemorrhage.

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¹¹ **Respiratory:** includes pneumonia, embolism, chronic obstructive pulmonary disease (COPD) and respiratory failure.

¹² **Gastrointestinal:** includes nausea, ulcer, bowel obstruction and GI bleed later than 30 days.

¹³ **Genitourinary:** includes urinary tract infection, hematuria, urosepsis and prostatic hyperplasia.

¹⁴ **Infection:** includes laryngitis, puncture site infection, sepsis, endocarditis and bacteremia from IV site.

¹⁵ **Metabolic:** ÁÁá & | á^• Ááááà^c^•ÉÁ/ ^&c! | ^c^Áá { àæ|æ } & ^ÉÁ { ^cæà | á&Áæ&áá [•á•ÉÁ! ^ } æ|Áá } • ~-, &á^ } & ^Áæ } áÁ! ^ } æ|Á-æá! ^É

¹⁶ **Musculoskeletal:** includes pain, fractures and joint replacements.

¹⁷ Other:^aAÜ~à&{ }v' &cæçA/A { :|! æ* Aæ} à&[çá] á-çA^ ^ Á.&G { } àæ: ^k | /çç) MFDEI.c.A çÁ { .o } æ&A ^) cçç) MFDEÍ, [c^ Á] Á^- | :ææ } A through delivery catheter (n=1), psychiatric admission for major depression(n=1), drug side effect (n=2).

TABLE 3: Cause of All Death (30 Days, 365 Days)

| Cause of Death | 30 Days | | 365 Days | |
|----------------|-------------|------|--------------|------|
| | Pivotal N=8 | % | Pivotal N=35 | % |
| Stroke | 5/417 | 1.2% | 9/395 | 2.3% |
| Cardiac | 3/417 | 0.7% | 14/395 | 3.5% |
| Cancer | NA | NA | 4/395 | 1.0% |
| Infection | NA | NA | 2/395 | 0.5% |
| Accidental | NA | NA | 2/395 | 0.5% |
| Other | NA | NA | 2/395 | 0.5% |
| Unknown | NA | NA | 2/395 | 0.5% |

6.2 Potential Adverse Events

Based on the literature, and on clinical and commercial experience with carotid stents and embolic protection devices, the following alphabetical list includes possible adverse events associated with the use of these devices:

- ‡ Abrupt closure
- ‡ Allergic reactions to procedural medications, contrast dye or device materials
- ‡ Amaurosis fugax
- ‡ Aneurysm
- ‡ Angina/coronary ischemia
- ‡ Arrhythmia
- ‡ Arterial occlusion or thrombosis at puncture site or remote site
- ‡ Arteriovenous fistula
- ‡ Bacteremia or septicemia
- ‡ Bleeding from anticoagulant or antiplatelet medications
- ‡ Bleeding, with or without transfusion
- ‡ Cerebral edema
- ‡ Cerebral hemorrhage
- ‡ Cerebral ischemia or transient ischemic attack (TIA)
- ‡ Congestive heart failure (CHF)
- ‡ Death
- ‡ Detachment of a component of the device system
- ‡ Embolism (air, tissue, thrombus)
- ‡ Emergent or urgent endarterectomy surgery (CEA)
- ‡ Fever
- ‡ Filter thrombosis or occlusion
- ‡ Fluid overload
- ‡ Groin hematoma, with or without surgical repair
- ‡ Hemorrhage, with or without transfusion
- ‡ Hyperperfusion syndrome
- ‡ Hypotension or hypertension
- ‡ Infection and/or pain at the puncture site
- ‡ Ischemia or infarction of tissue/organ
- ‡ Myocardial infarction (MI)
- ‡ Pain (head, neck)
- ‡ Pseudoaneurysm, femoral
- ‡ Renal failure/insufficiency (new or worsening)
- ‡ Restenosis of stented segment
- ‡ Seizure
- ‡ Severe unilateral headache
- ‡ Slow/no flow during procedure
- ‡ Stent/filter collapse or fracture
- ‡ Stent/filter entanglement or damage
- ‡ Stent/filter failure to deploy
- ‡ Stent embolization, migration or misplacement
- ‡ Stent or vessel thrombosis/occlusion
- ‡ Stroke/cerebrovascular accident (CVA)
- ‡ Total occlusion of carotid artery
- ‡ Vessel dissection, flap, perforation, or rupture
- ‡ Vessel spasm or recoil

Any device-related adverse event occurring involving the PROTÉGÉ RX Carotid Stent System should be reported immediately to ev3 Inc. Customer Service: 1-800-716-6700.

7. CLINICAL STUDIES

7.1 Create Pivotal

The Carotid Revascularization with ev3 Inc. Arterial Technology Evolution (CREATE) Pivotal Trial was a prospective, non-blinded, parallel, randomized controlled trial comparing the safety and efficacy of the SPIDER Embolic Protection Device (SPIDER EPD) to standard of care (SOC) in the treatment of carotid artery stenosis. The trial was conducted at 31 clinical sites across the United States and Europe. The primary endpoint was the rate of periprocedural stroke, death, or myocardial infarction (MACE) within 30 days of the procedure. The secondary endpoints included the rate of periprocedural embolic protection device (EPD) failure, the rate of periprocedural embolic protection device (EPD) migration, and the rate of periprocedural embolic protection device (EPD) occlusion. The trial was completed in 2014, and the results were published in the *Journal of Vascular Medicine and Biology* in 2015. The trial demonstrated that the SPIDER EPD was safe and effective in the treatment of carotid artery stenosis, with a significantly lower rate of MACE compared to SOC.

TABLE 4: Overview of CREATE Pivotal Trial

Core laboratories provided independent assessments of angiographic and ultrasound data. Monitors reviewed all data to ensure appropriate reporting of adverse events and adherence to the study protocol. A Clinical Events Committee (CEC) consisting of non-investigators adjudicated adverse events reports for study subjects. A Data Safety Monitoring Board (DSMB) monitored study progress and adverse events to ensure patient safety.

[illegible]

Hypothesis

 $H_0: p = 16\%$

H_A: $p < 16\%$

[illegible]

Male and female patients who presented for percutaneous treatment of an internal and/or common carotid artery intervention were considered for enrollment. To be included, the patients were required to be at least 18 years old and considered to be at high-risk for carotid endarterectomy.

Patients were considered symptomatic if their target stenosis was associated with ipsilateral transient or visual TIA evidenced by amaurosis fugax, ipsilateral hemispheric TIAs or ipsilateral ischemic stroke within 6 months prior to enrollment. Patients who

High-risk criteria are included in **Table 5**.

| Clinical Criteria ¹ | Anatomic Criteria ¹ |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. Age >75 2. CCS angina class 3-4 or unstable angina 3. CHF class III-IV 4. LVEF <35% 5. Myocardial infarction <6 weeks pre- procedure 6. Coronary artery disease with >two-vessel disease in major vessel and history of angina 7. Severe pulmonary disease: home oxygen, resting pO ₂ <60 or FEV ¹ <50% 8. Permanent contralateral cranial nerve injury | 1. Contralateral carotid artery occlusion 2. High cervical lesion (above the angle of the jaw) 3. Infraclavicular lesion 4. Tandem lesions >70% 5. Previous cervical radiation treatment, tracheostomy/stoma, or radical neck dissection 6. Restenosis from previous carotid endarterectomy 7. Cervical immobility due to fusion or arthritis 8. Bilateral carotid stenoses, both requiring treatment |

¹ The subjects were required to meet at least ONE or more high-risk criterion in EITHER the clinical or anatomical section.

Table 6 summarizes patient follow-up compliance in the CREATE Pivotal Trial.

| Time | Compliance |
|-----------|---------------------|
| Procedure | 419 / 419 (100%) |
| Discharge | 417 / 419 (99.5%) |
| 30 Days | 405 / 419 (96.7%) |

| Time | Compliance |
|------------------|---------------------|
| 6 Months | 386 / 419 (92.1%) |
| 12 Months | 353 / 419 (84.2%) |
| Primary Endpoint | 370 / 419 (88.3%) |

Baseline demographics and lesion characteristics for subjects enrolled in the CREATE Pivotal trial are presented in **Table 7**.

TABLE 7: Baseline Demographics and Lesion Characteristics (All Patients Treated)

| Patient Characteristics | Pivotal (N=419) |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Age (yrs.) Mean SD (N) Range (min, max) | 73.6 9.1 (419) 48 (46, 94) |
| Male | (255 / 419) 60.9% |
| Diabetes Mellitus | (131 / 419) 31.3% |
| Hypertension | (377 / 419) 90.0% |
| Hyperlipidemia | (367 / 419) 87.6% |
| Ū^}æ ü}•^-,&^}&^ | (80 / 419) 19.1% |
| Smoking Never Current Former >1 Year | (96 / 419) 22.9% (69 / 419) 16.5% (254 / 419) 60.6% |
| History of Arrhythmia | (84 / 419) 20.0% |
| History of Myocardial Infarction | (126 / 419) 30.1% |
| History of previous PTCA/CABG | (219 / 419) 52.3% |
| History of CEA | (123 / 419) 29.4% |
| History of Other Treatment to Target Artery | (3 / 419) 0.7% |
| History of TIA | (97 / 419) 23.2% |
| History of Stroke | (85 / 419) 20.3% |
| Current Carotid Bruit | (318 / 411) 77.4% |
| Lesion Location Common Internal Both | (25 / 444) 5.6% (334 / 444) 75.2% (85 / 444) 19.1% |
| Lesion Length (mm) | 17.5 |
| Eccentric Lesion | (337 / 442) 76.2% |
| Ôæ &i,^â Š^•i[} | (222 / 442) 50.2% |
| Ulcerated Lesion | (173 / 442) 39.1% |
| Symptomatic | (73 / 419) 17.4% |
| Pre-procedure % Stenosis | 82.2 |
| Pre-reference Vessel Diameter | 5.5 |
| Pre-vessel Diameter (minimum lumen diameter) Mean SD (N) Range (min, max) | 1.9 0.8 (377) 7.3 (0.4, 7.7) |
| Post-vessel Diameter Mean SD (N) Range (min, max) | 4.4 0.83 (365) 4.8 (2.4, 7.2) |
| High Risk Factors Anatomical Clinical Both | (100 / 419) 23.9% (196 / 419) 46.8% (123 / 419) 29.4% |
| Clinical Risk Factors Age >75 CCS Angina 3-4 CHF NYHA III-IV CAD LVEF <35% MI <6 weeks Perm. Contralateral Injury Severe Pulmonary Disease | (209 / 419) 49.9% (17 / 419) 4.1% (28 / 419) 6.7% (146 / 419) 34.8% (41 / 419) 9.8% (3 / 419) 0.7% (0 / 419) 0.0% (16 / 419) 3.8% |
| Anatomical Risk Factors Bilateral Carotid Stenosis CEA Restenosis Cervical Immobility High Cervical Lesion Contralateral Occlusion Hostile Neck Infraclavicular Lesion Tandem Lesions >70% | (43 / 419) 10.3% (100 / 419) 23.9% (11 / 419) 2.6% (26 / 419) 6.2% (40 / 419) 9.5% (29 / 419) 6.9% (1 / 419) 0.20% (3 / 419) 0.70% |

Clinical Results Summary

The primary endpoint of the CREATE Pivotal Trial was a composite of MI, ipsilateral stroke, procedure-related contralateral stroke or death within 30 days of implantation and ipsilateral stroke within one year of implantation (also referred to as MACCE). Reported primary endpoint events in the CREATE Pivotal Trial included four myocardial infarctions; 16 ipsilateral strokes, 14 of which were &|æ••i,^â|æ••{ æ[|ü@|^|^|][&^â~^E|^]æ^â|&[]c|æ|æ|^]æ|•c[\^•E|^i~^c|â^æ@•|æ)â|c@|^|^|]•i|æc^]æ|•c[\^•|â^c,^•})|HF|æ)â|H| |â æ^•æ|U-|c@^•^|^c^•)•E|F|â|[-|c@^|H|â,^|^|&|æ••i,^â|æ•|â^c|æ^E|^]æ^â|â^~|c@^|Ô|j)î&|H|Ôc^•)•iÔ[{ { æc^•^E|**Figures 2 and 3** contain primary endpoint Kaplan-Meier Survival Estimates overall and by symptom group. In **Table 8**, each component of the overall T(EOÖOâ^,)æ[]î&•|î•c^ââ, æ@î&c•&[||^•][]âi}^â[&~|^|^•] &^E|â Y@^|c@|^|^|c^]æ||H|E|æ^•^T(EOÖOâ)~{ â^|â, æ•|&æ|&^]æ^â|æ|æ, æ•â done in a hierarchical fashion and only the worst event that occurred in any subject was counted. The individual components of MACCE were actually counted per occurrence.

Kaplan-Meier Analysis of Time to Primary Endpoint (All Patients)



FIGURE 2: Primary Endpoint Overall Pivotal Cohort

| All Patients | | | | | |
|------------------------------|------|-------|-------|-------|-------|
| Months After Index Procedure | 0 | 1 | 3 | 6 | 12 |
| Number At Risk | 419 | 391 | 384 | 376 | 366 |
| Number Censored | 0 | 2 | 9 | 14 | 24 |
| Number of Events | 0 | 26 | 26 | 29 | 29 |
| Percent Event Free | 100% | 93.8% | 93.8% | 93.0% | 93.0% |

Kaplan-Meier Analysis of Time to Primary Endpoint (Symptomatic vs. Asymptomatic Subjects)

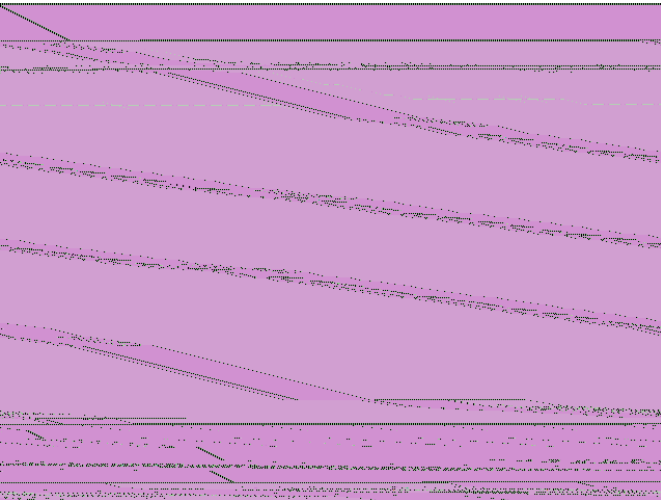


FIGURE 3: Primary Endpoint by Symptom Group

| Asymptomatic Patients | | | | | |
|------------------------------|------|-------|-------|-------|-------|
| Months After Index Procedure | 0 | 1 | 3 | 6 | 12 |
| Number At Risk | 346 | 328 | 322 | 317 | 308 |
| Number Censored | 0 | 2 | 8 | 11 | 20 |
| Number of Events | 0 | 16 | 16 | 18 | 18 |
| Percent Event Free | 100% | 95.4% | 95.4% | 94.8% | 94.8% |

| Symptomatic Patients | | | | | |
|------------------------------|------|-------|-------|-------|-------|
| Months After Index Procedure | 0 | 1 | 3 | 6 | 12 |
| # At Risk | 73 | 63 | 62 | 59 | 58 |
| # Censored | 0 | 0 | 1 | 3 | 4 |
| # Events | 0 | 10 | 10 | 11 | 11 |
| % Event Free | 100% | 86.3% | 86.3% | 84.9% | 84.9% |

