

# PHILIPS

## Physiology

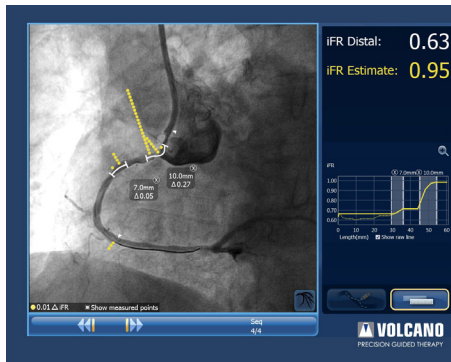


## See clearly and treat optimally with SyncVision's iFR Co-registration

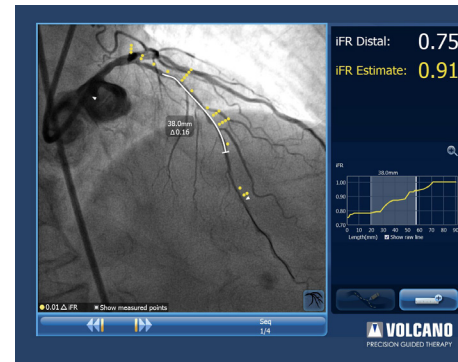
- With iFR Co-registration there is no need for hyperemic drugs, no need for time consuming pullback devices and no need for guesswork
- **See clearly:** quickly identify locations of iFR drops to better understand diffuse vs. focal disease
- **Treat optimally:** plan your procedure with physiology and determine the potential impact of treatment on the patient's ischemia

## See clearly

Understand focal versus diffuse disease. iFR Co-registration graphically displays the iFR drop along the angiogram, highlighting which portion of the vessel is ischemic.



Focal disease

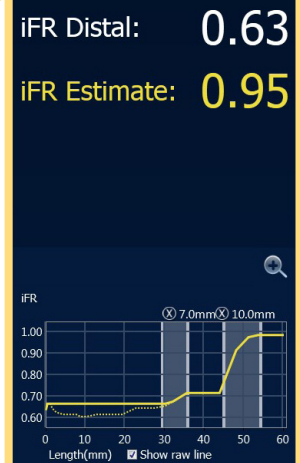
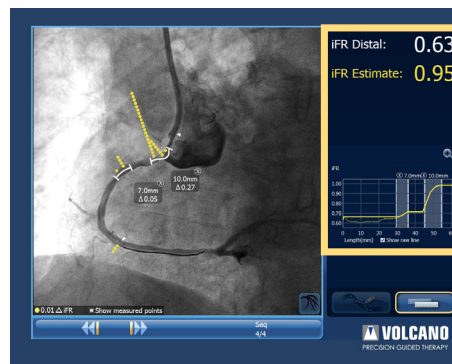


Diffuse disease

## Treat optimally

iFR Co-registration is calibrated for distance, so with a simple manual pullback you can make measurements on the angiogram and trend line.

Click and drag to quickly understand the potential impact of a stent on the patient's ischemia by reviewing the iFR estimate.



## iFR has proven patient outcomes<sup>1,2</sup>

More than  
**4500**  
patients

**2**  
prospective  
randomized  
controlled trials

Published in  
**The New  
England Journal  
of Medicine**

- An iFR-guided strategy is statistically comparable to an FFR-guided strategy for patient outcomes
- DEFINE FLAIR reported 1 year MACE rate of 6.8% in iFR arm, compared to 7.0% in FFR arm,  $p=0.003$  (for non-inferiority)<sup>1</sup>
- iFR Swedeheart reported 1 year MACE rate of 6.7% in iFR arm, compared to 6.1% in FFR arm,  $p=0.007$  (for non-inferiority)<sup>2</sup>

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. 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;37(19):1813-18233.