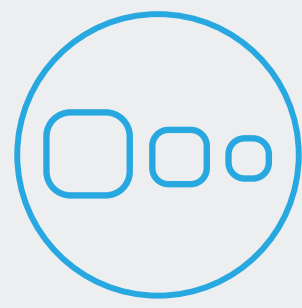




The nex level of
deliverability



Ultrathin struts



Outstanding patient
outcomes



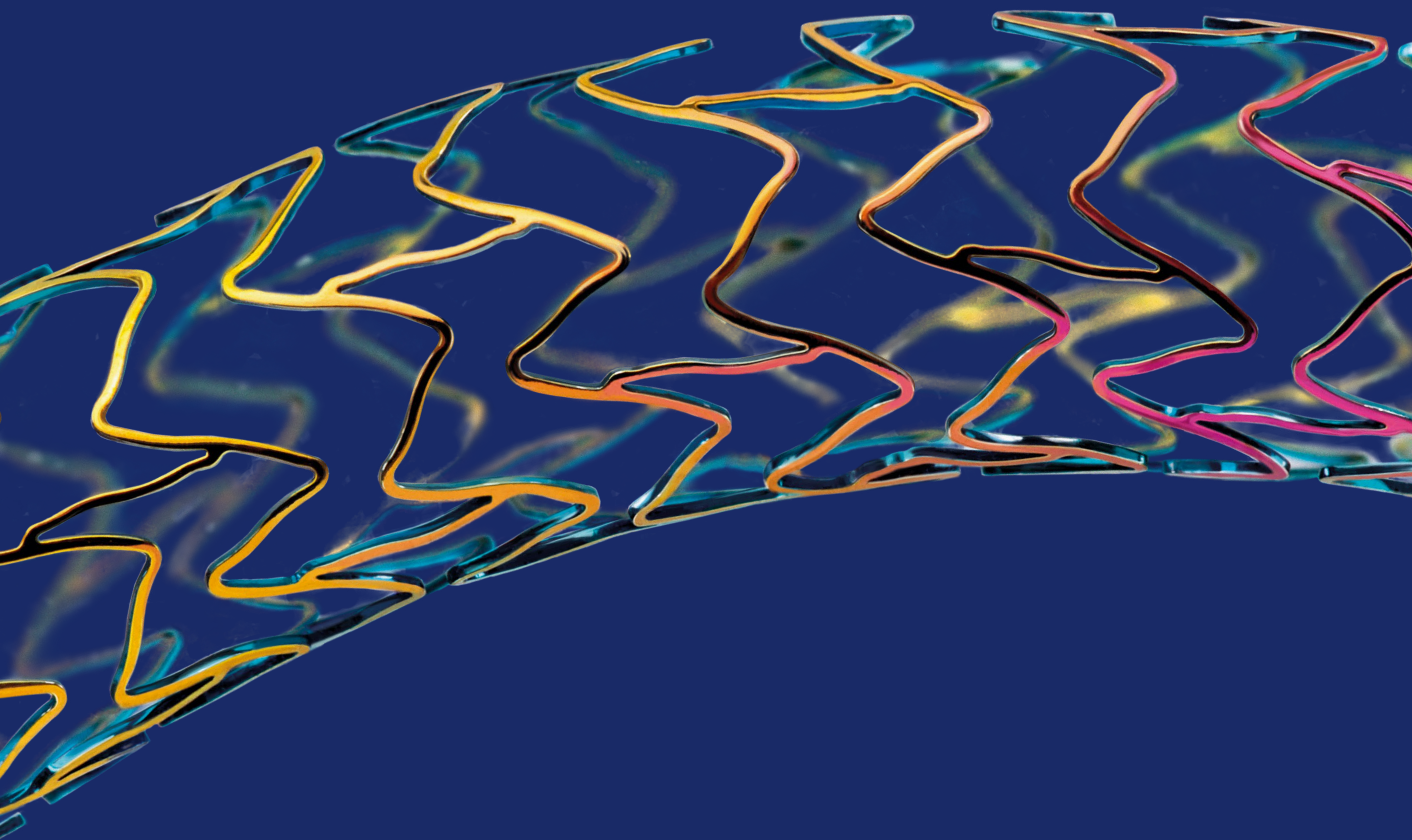
Technical data /
ordering info

Teleflex[™]
Empowering the future of healthcare

Orsiro[™] Mission[™]

Drug-Eluting Stent (DES)

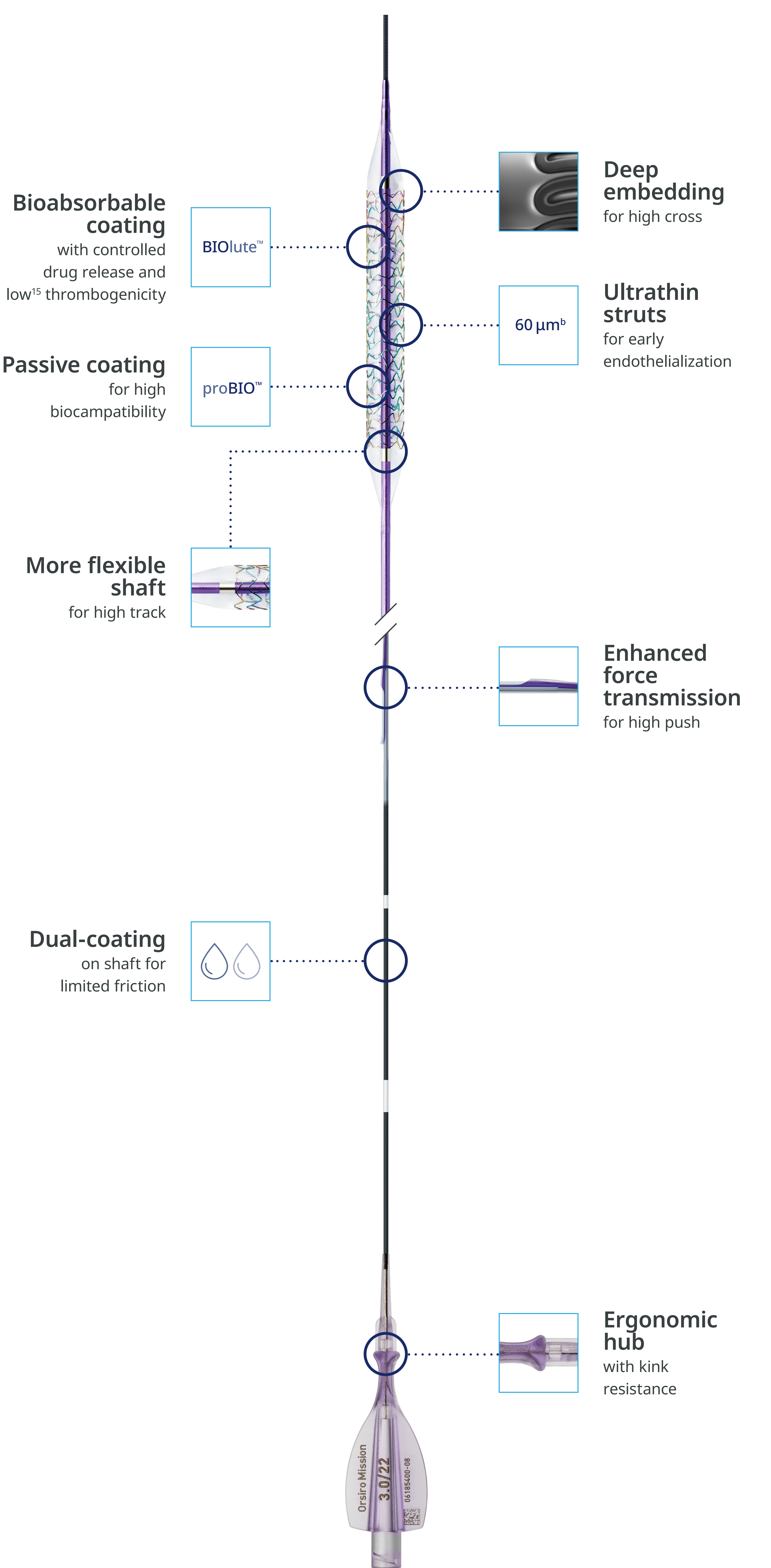
Delivering superiority^{1,a}



Orsiro™ Mission™ DES

Delivering superiority^{1,a}

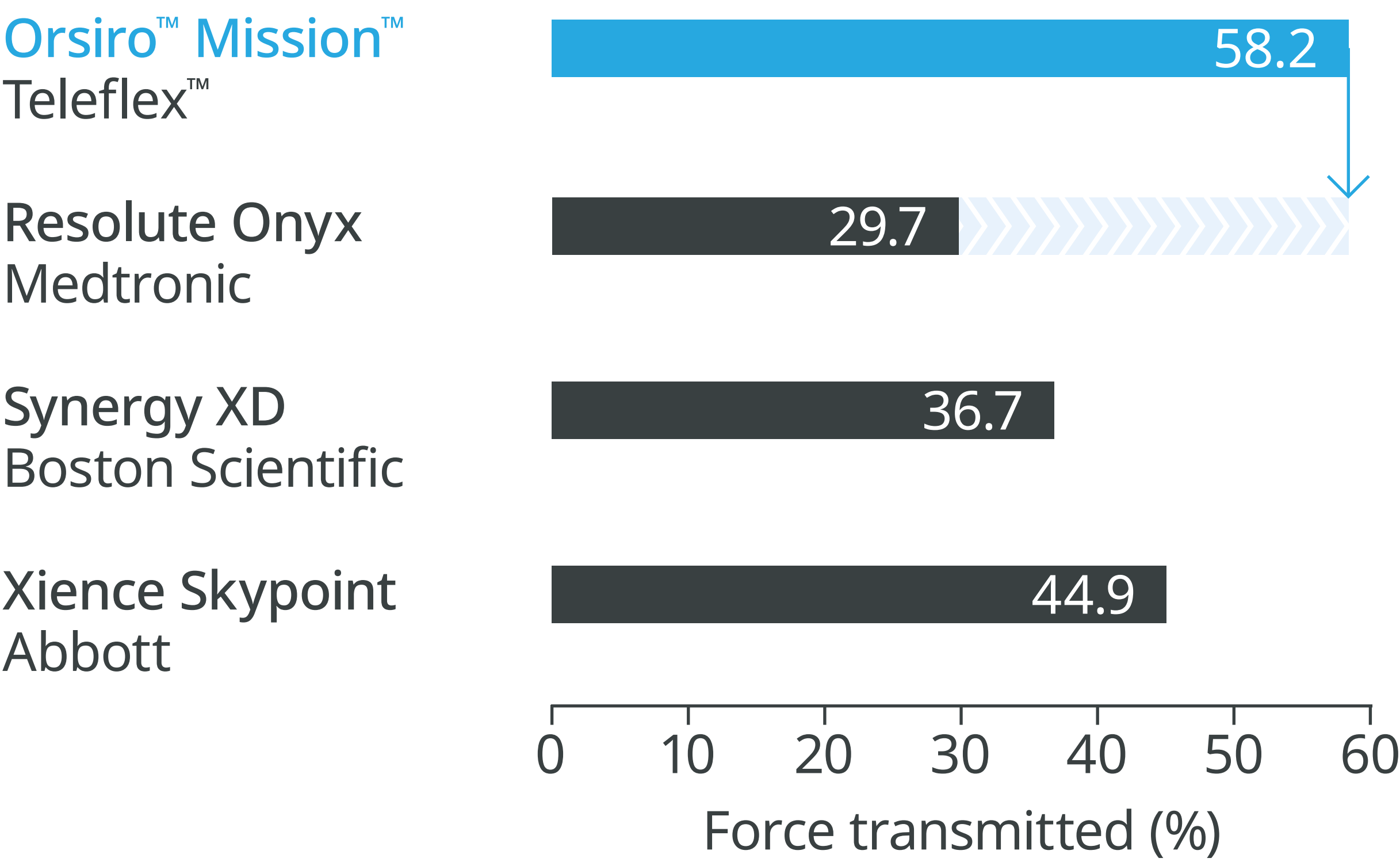
The Orsiro™ Mission™ Sirolimus-Eluting Coronary Stent System is a drug-eluting balloon-expandable stent pre-mounted on a rapid-exchange PTCA catheter delivery system.



The next level of deliverability²

Better pushability³

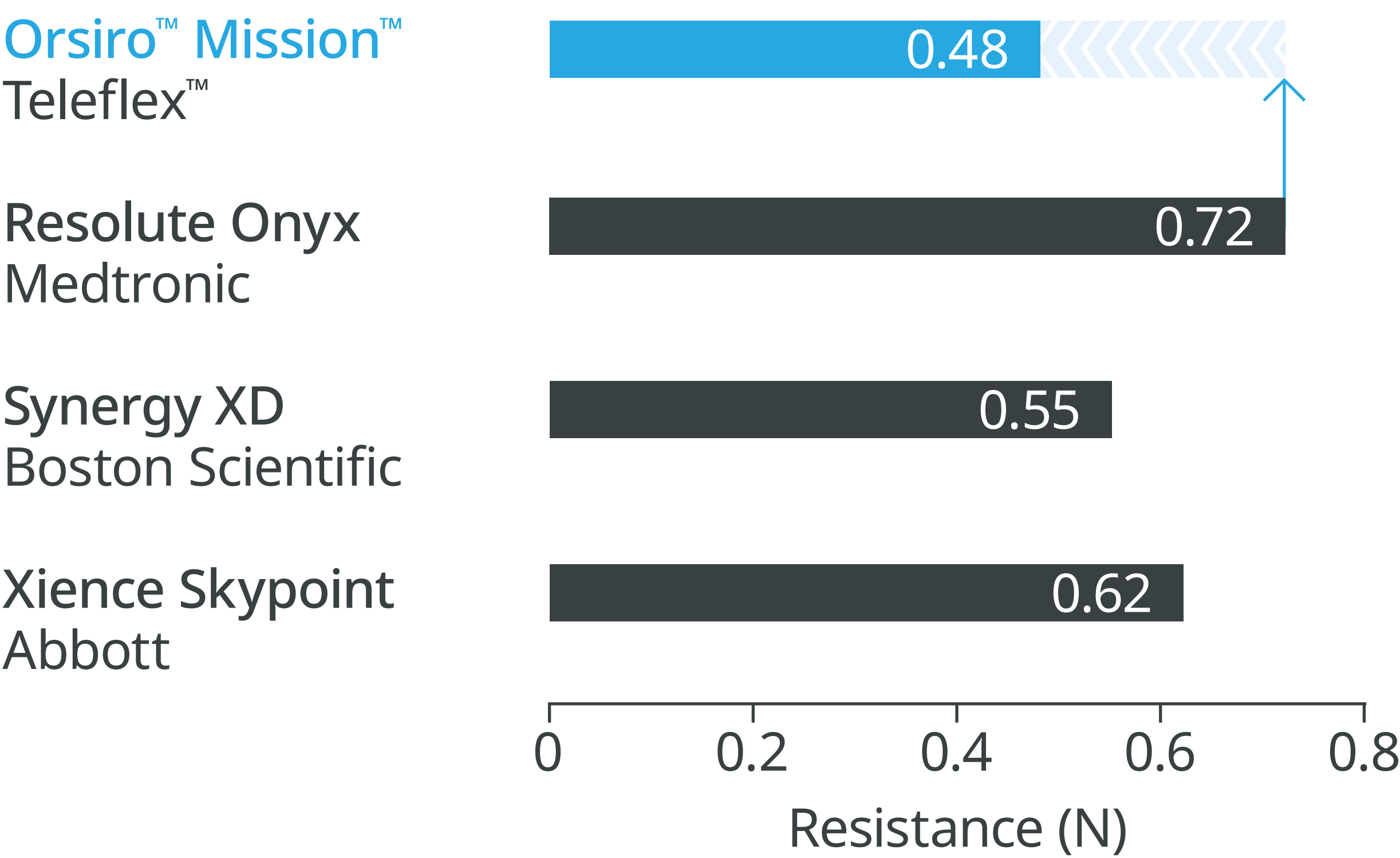
Transmitting up to **96 % more force** from hub to tip.



1st
in Push³

Better trackability³

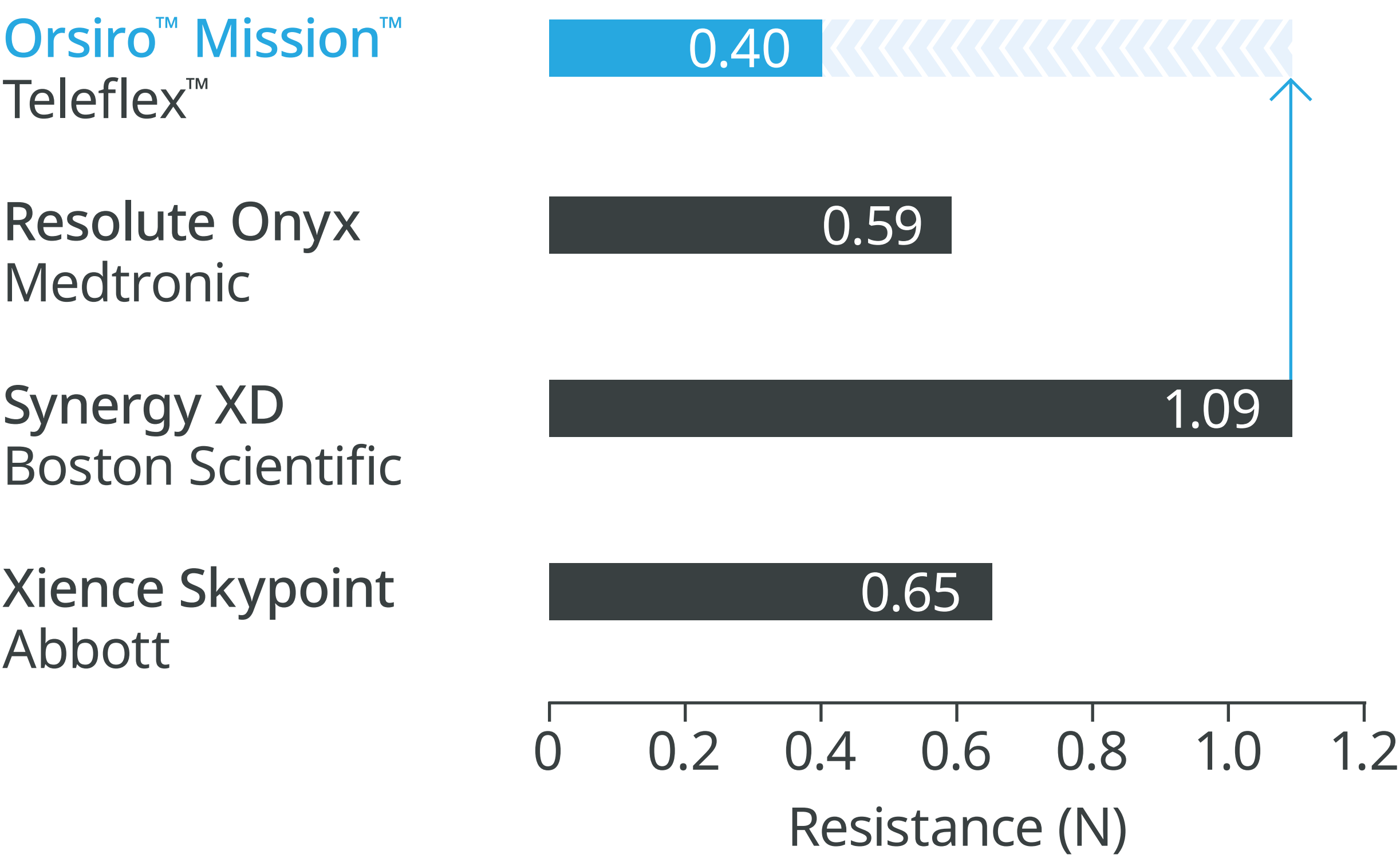
Up to **33 % less force** needed to follow the path to the lesion.



1st
in Track³

Better crossability³

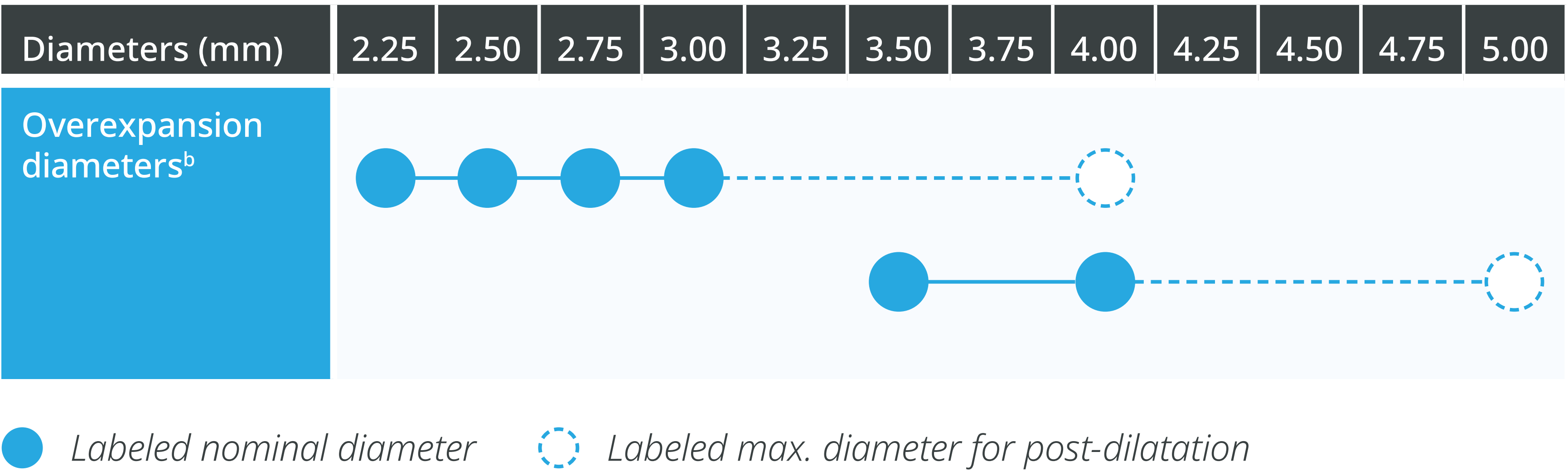
Up to **64 % less force** needed to successfully cross demanding anatomies.



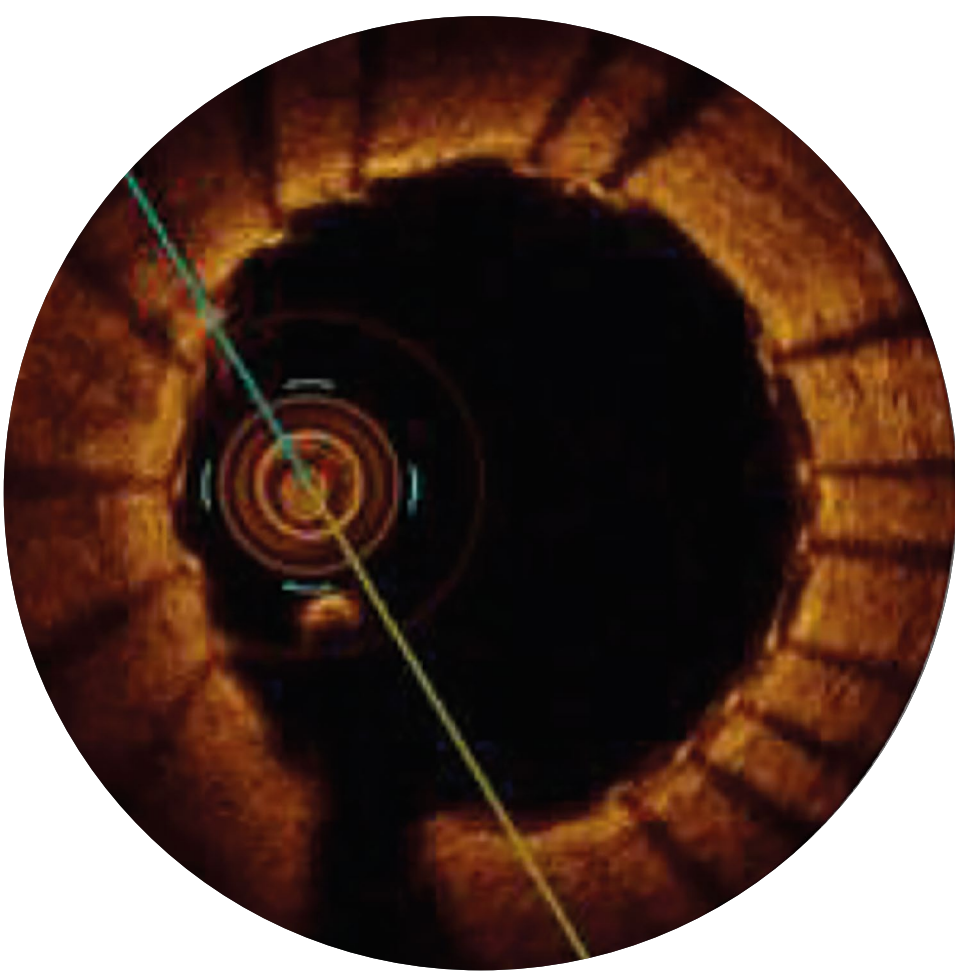
1st
in Cross³

Ultrathin struts⁷

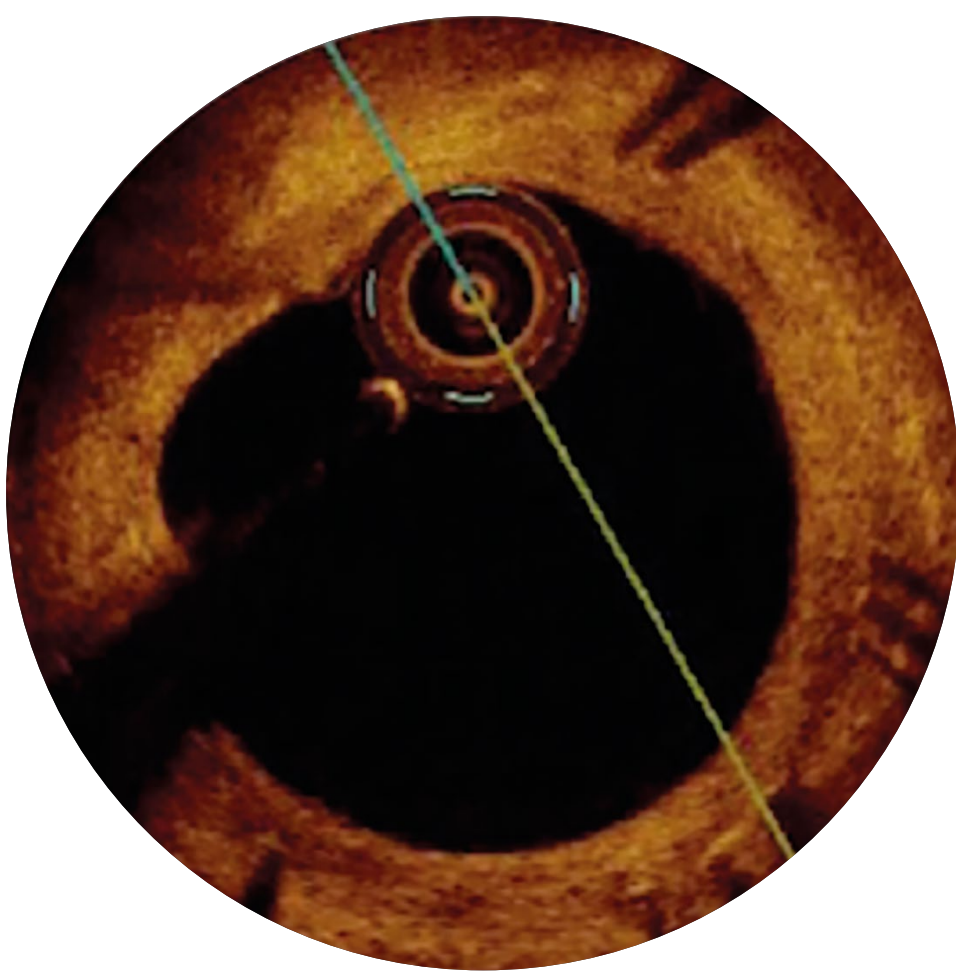
Conforming to a wider range of vessels^{8,c}



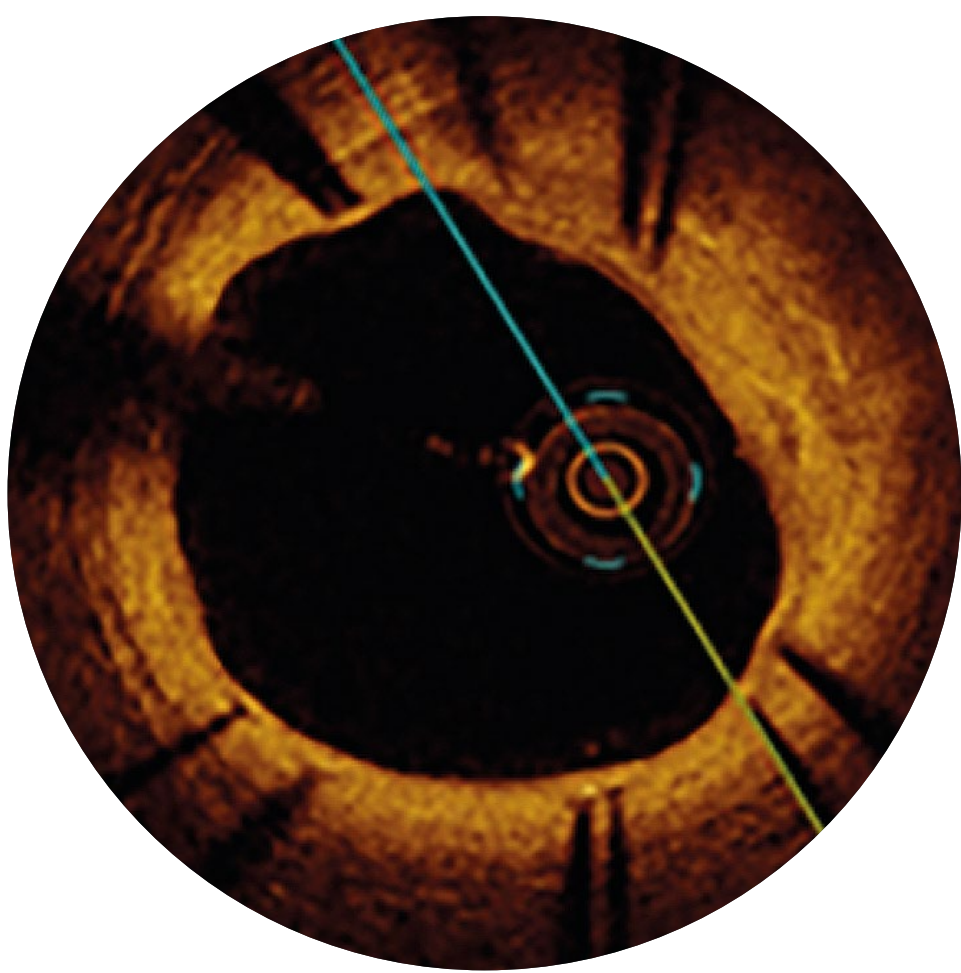
Early endothelialization



Strut coverage⁹
30 days^d
>80 %
n = 589









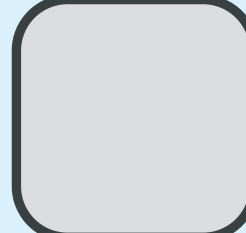
Strut coverage⁹
90 days^d
>97 %
n = 874



Strut coverage⁹
180 days^d
>98 %
n = 1,130



Strut thickness in perspective⁴

<div>Orsiro™ Mission™ Teleflex™ CoCr-SES</div> <div></div> <div>60 μm^b</div>	<div>Synergy XD Boston Scientific PtCr-EES</div> <div></div> <div>74 μm</div>	<div>Ultimaster Terumo CoCr-SES</div> <div></div> <div>80 μm</div>	<div>Resolute Onyx^{5,6} Medtronic CoNi-ZES</div> <div></div> <div>81 μm</div>
<div>Xience Family Abbott CoCr-EES</div> <div></div> <div>81 μm</div>	<div>Promus Boston Scientific PtCr-EES</div> <div></div> <div>81 μm</div>	<div>BioMatrix Biosensors 316L-BES</div> <div></div> <div>120 μm</div>	

n = number of struts analyzed. TLF = target lesion failure.

a. Data on file (n = 5), based on statistically significant differences on the bench for Pushability, Trackability, and Crossability compared to Xience Skypoint, superior to Xience in STEMI patients; b. ø 2.25–3.0 mm strut thickness 60 μm, ø 3.5–4.0 mm strut thickness 80 μm; c. Always refer to the Instruction for Use (IFU) for the maximum diameter for post-dilatation applying in your coun-try; d. Images: Secco G et al. Time-related changes in neointimal tissue coverage following a new generation SES implantation: an OCT observational study. Presented at: EuroPCR, May 20, 2014; Paris, France; e. Clinical data collected with the Orsiro DES device within the Orsiro DES family clinical program; f. Clinical data collected with the Orsiro Mission DES device within the Orsiro DES family clinical program; g. At 5-year in STEMI patients; h. As per IFU: ACS – Acute Coronary Syndrome; B2/C – Complex Lesions; DAPT – Dual Antiplatelet Therapy; DM – Diabetes Mellitus; HBR – High Bleeding Risk; MVD –Multi-Vessel Disease; STEMI – ST-Elevation Myocardial Infarction; SV – Small Vessels; i. Compared to Xience, up to 5 years. Orsiro DES: 7.7 %, Xience DES: 11.1 %, BIOSTEMI with historical infor-mation RR, 0.70; 95 % BCI, 0.51–0.95, Bayesian posterior probability, 0.988; j. Please refer to the IFU for indications and post-procedure antiplatelet therapy recommendations.

Outstanding patient outcomes^{10,e}

Orsiro™ family of DES – One of the most studied DES^{11,e,f}

>100,000

patients enrolled or planned in total^{12,e,f}

>71,000

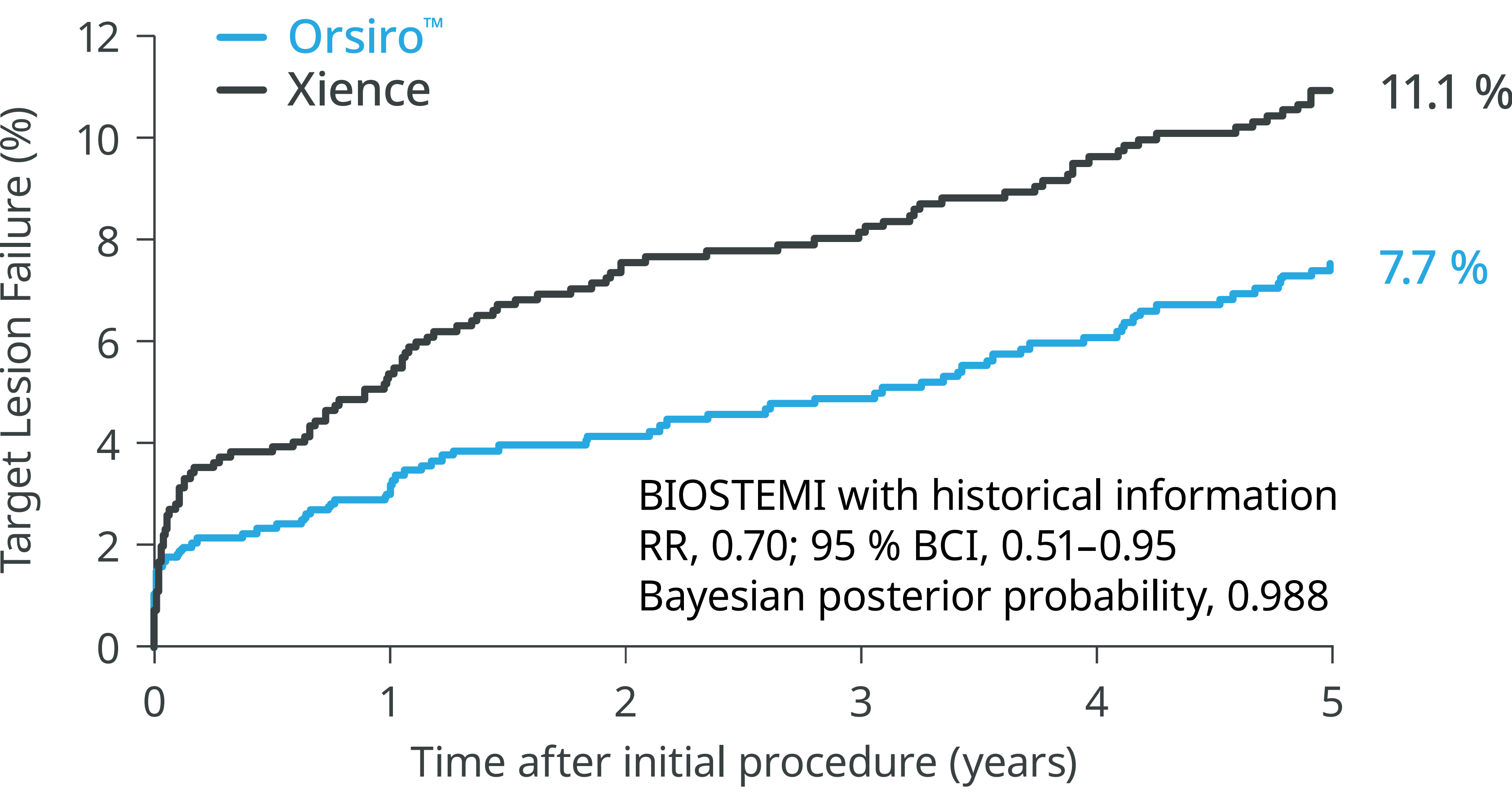
patients enrolled^{12,e,f}

>86

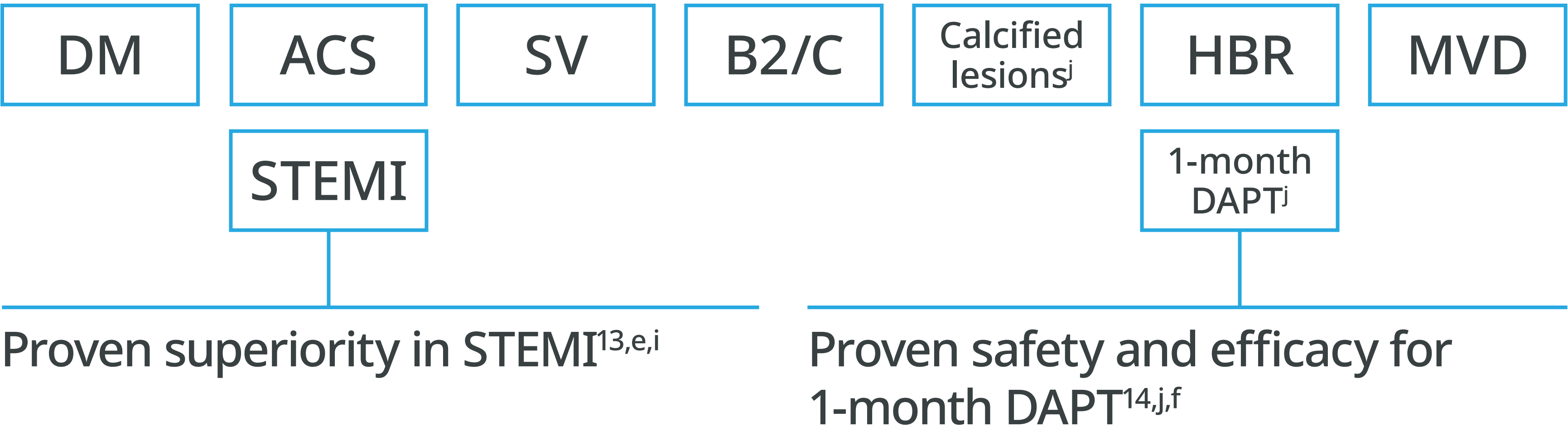
studies started^{12,e,f}

BIOSTEMI

TLF at 5 years – continued superiority in STEMI^{13,e}



Orsiro™ Mission™ DES is indicated for complex patients and lesions^h





Indication

Orsiro™ Mission™ DES is indicated for improving coronary luminal diameter in patients with symptomatic ischemic heart disease due to discrete de-novo stenotic lesions and in-stent restenotic lesions (length ≤40 mm) in the native coronary arteries with a reference vessel diameter of 2.25 mm to 4.0 mm including the following patient and lesion subsets:

<ul style="list-style-type: none">Acute Coronary Syndrome (ACS)ST-Elevation Myocardial Infarction (STEMI)Diabetes Mellitus (DM)High Bleeding Risk (HBR)One month of Dual Antiplatelet Therapy (DAPT) in HBR patientsCalcified lesions (moderate/severe calcification)	<ul style="list-style-type: none">Complex Lesions (B2/C)Long Lesions (LL) (e.g. ≥20 mm)Small Vessels (SV) (e.g. ≤2.75 mm)Multi-Vessel Disease (MVD)Male/FemaleOld Patients (e.g. >65 y)
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Technical Data

STENT	
Stent material	Cobalt chromium, L-605
Strut thickness	ø 2.25–3.0 mm: 60 µm (0.0024"); ø 3.50–4.0 mm: 80 µm (0.0031")
Passive coating	proBIO™ (Amorphous Silicon Carbide)
Active coating	BIOlute™ bioabsorbable Poly-L-Lactide (PLLA) eluting a limus drug
Drug dose	1.4 µg/mm²

Delivery System

DELIVERY SYSTEM	
Catheter type	Rapid exchange
Recommended guide catheter	5F (min. I.D. 0.056")
Guide wire diameter	0.014"
Usable catheter length	140 cm
Balloon material	Semi crystalline polymer
Coating (Distal shaft)	Hydrophilic
Coating (Proximal shaft)	Hydrophobic
Marker bands	Two swaged platinum-iridium markers
Lesion entry profile	0.017"
Distal shaft diameter	2.7F: ø 2.25–3.0 mm; 2.9F: ø 3.5–4.0 mm
Proximal shaft diameter	2.0F
Nominal pressure (NP)	10 atm
Rated burst pressure (RBP)	16 atm

Ordering Information

SCAFFOLD Ø	SCAFFOLD LENGTH				
	9 mm	13 mm	15 mm	18 mm	22 mm
2.25 mm	419101	419107	419113	419119	419125
2.50 mm	419102	419108	419114	419120	419126
2.75 mm	419103	419109	419115	419121	419127
3.00 mm	419104	419110	419116	419122	419128
3.50 mm	419105	419111	419117	419123	419129
4.00 mm	419106	419112	419118	419124	419130

SCAFFOLD Ø	SCAFFOLD LENGTH			
	26 mm	30 mm	35 mm	40 mm
2.25 mm	419131	419137	419143	419149
2.50 mm	419132	419138	419144	419150
2.75 mm	419133	419139	419145	419151
3.00 mm	419134	419140	419146	419152
3.50 mm	419135	419141	419147	419153
4.00 mm	419136	419142	419148	419154

References:

1 Iglesias JF, et al, Long-term outcomes with biodegradable polymer sirolimus eluting stents versus durable polymer everolimus-eluting stents in ST-segment elevation myocardial infarction: 5-year follow-up of the BIOSTEMI randomized superiority trial, The Lancet, 2024.

2 In comparison to Xience Sierra, Resolute Onyx and Synergy for bench tests on pushability, trackability and crossability, data on file.

3 In comparison to Resolute Onyx, Xience Sierra and Synergy, data on file.

4 Stefanini GG et al. Coronary stents: novel developments. Heart. 2014 Jul 1;100 (13):1051-61.

5 Low AF. Stent plat-form for procedural success: Introducing the Continuous Sinusoidal & Core Wire Technologies. Presented at: AsiaPCR; 22-24 January, 2015; Singapore, Singapore.

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8 Kapoor A. et al., The road to the ideal stent: A review of stent design optimization methods, findings, and opportunities, Materials&Design, 2024.

9 Secco G. et al. Time-re-lated changes in neointimal tissue coverage of a novel Sirolimus eluting stent: Serial observations with optical coherence tomography. Cardiovascular Revascularization Medicine 17.1 (2016): 38-43.

10 Based on investigator's interpretation of BIOFLOW-V primary endpoint result.

11 In large RCTs based on Taglieri et al. Meta-analysis, against currently used DES.

12 Including Orsiro DES and Orsiro Mission DES, data on file, as of February 2023.

13 Based on TLF primary endpoint. Iglesias, JF. et al. Long-term outcomes with biodegradable polymer sirolimus-eluting stent versus durable polymer everolimus-eluting stents in ST-segment elevation myocardial infarction: 5-year follow-up of the BIOSTEMI randomized superiority trial, presented at TCT 2023.

14 Based on primary and secondary outcomes, Valgimigli M. et al BIOFLOW DAPT Circulation 2023.

15 Per investigators' interpretation of pre-clinical studies with Orsiro as mentioned in Cassese et al. J Thorac Dis 2018;10 (O2):688-692.

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