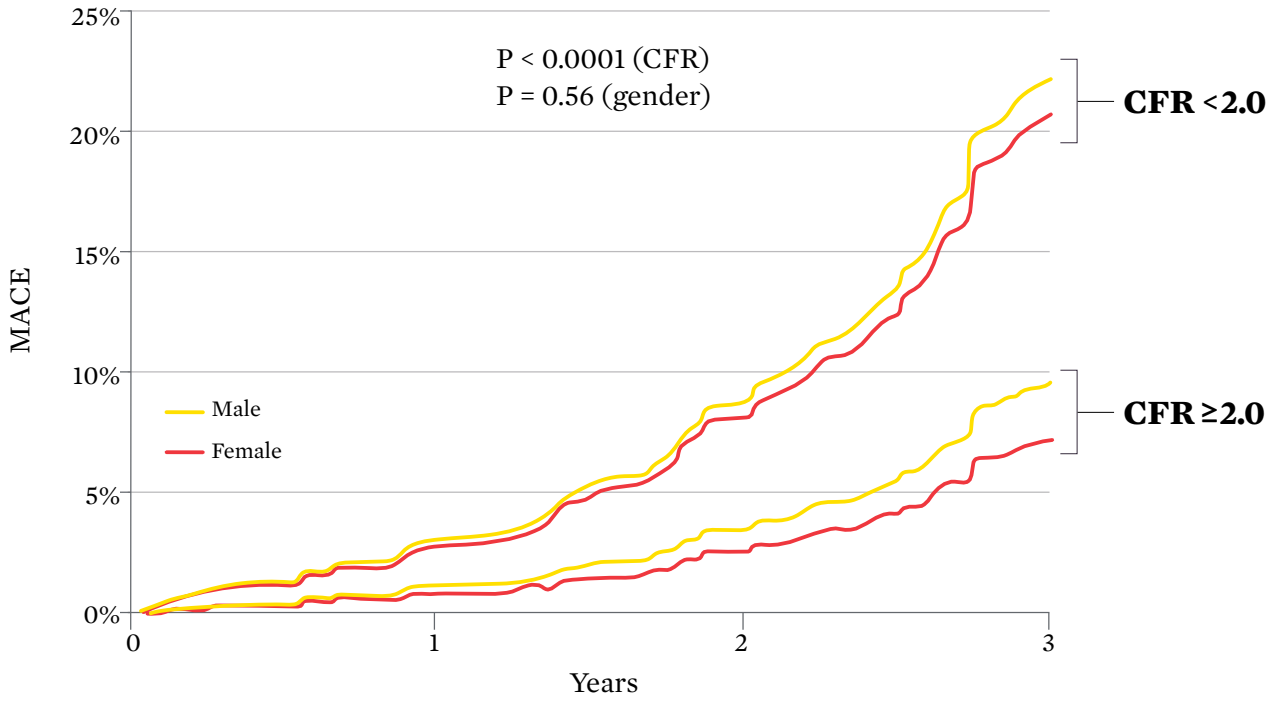
UNDERSTANDING THE IMPORTANCE OF **CORONARY MICROVASCULAR DYSFUNCTION** DIAGNOSIS

PressureWire™ X Guidewire with the CoroFlow‡ Cardiovascular System is the **only solution in the catherization laboratory (cath lab)** able to detect both epicardial disease and microvascular dysfunction with Index of Microcirculatory Resistance (IMR) and Coronary Flow Reserve (CFR).[1,2]

CORONARY FLOW RESERVE ASSOCIATED WITH MACE RISKS[3]



CMD is defined by cardiac positron emission tomography/computed tomography CF <2 in patients without overt obstructive coronary artery disease. MACE= Major adverse cardiovascular events

Image adapted from Taqueti et al, *J Am Coll Cardiol* 2018[3]

1. PressureWire™ X Guidewire Instructions for Use (IFU) & CoroFlow‡ Cardiovascular System IFU. Refer to IFU for additional information.
2. Ford TJ, et al. 1-year outcomes of angina management guided by invasive coronary function testing (CorMicA). *JACC Intv.* 2020; 13:33-45.
3. Taqueti VR, et al. Coronary microvascular disease pathogenic mechanisms and therapeutic options: JACC state-of-the-art review. *J Am Coll Cardiol.* 2018;72:2625–2641. doi:10.1016/j.jacc.2018.09.042.

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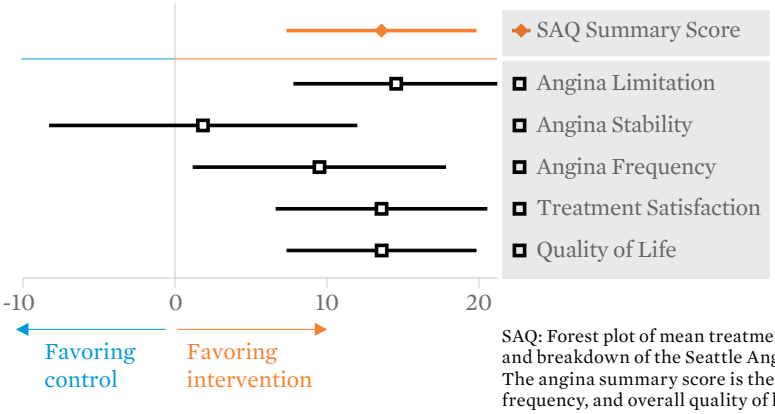
IMPROVING QUALITY OF LIFE FOR CMD PATIENTS

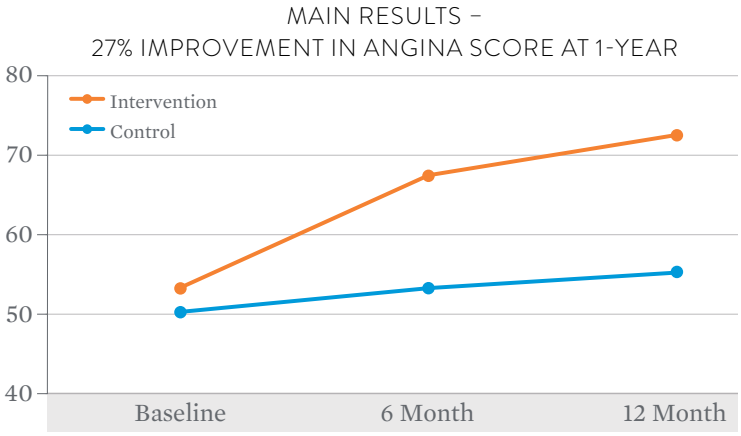
In the CorMicA trial, diagnosing and treating CMD with stratified medical therapy led to sustained angina improvement and better quality of life.[1]



SAQ: Forest plot of mean treatment in angina summary score (95% CI) and breakdown of the Seattle Angina Questionnaire (SAQ) score domains. The angina summary score is the mean of 3 angina domains (limitation, frequency, and overall quality of life).

Comprehensive physiology assessment of epicardial arteries (with Fractional Flow Reserve: FFR) and the microvasculature (with IMR and CFR) and treatment with medical therapy was compared to angio-only assessment.

The CorMicA trial provides a hypothesis-generating diagnostic and treatment approach that improved quality of life for patients with INOCA at 1 year following invasive coronary angiography.[1]



TREATMENTS PRESCRIBED IN CORMICA:

- Guideline directed therapy for microvascular angina – e.g., beta-blocker & lifestyle
- Guideline directed therapy for vasospastic angina – e.g., calcium-channel blocker & lifestyle
- Cease antianginal therapy for non-cardiac chest pain +/- non-cardiac Ix

In the cath lab, IMR is more reproducible and specific for assessing the microvasculature than CFR and may be more predictive of outcomes.[2]

1. Ford TJ, et al. 1-year outcomes of angina management guided by invasive coronary function testing (CorMicA). *JACC Intv.* 2020; 13:33-45.
2. Fearon WF, et al. Prognostic value of the Index of Microcirculatory Resistance measured after primary percutaneous coronary intervention. *Circulation.* 2013;127(24):2436-2441. doi:10.1161/CIRCULATIONAHA.112.000298

CAUTION: This product is intended for use by or under the direction of a physician. Prior to use, reference the Instructions for Use, inside the product carton (when available) or at *vascular.eifu.abbott* or at *medical.abbott/manuals* for more detailed information on Indications, Contraindications, Warnings, Precautions and Adverse Events. This material is intended for use with healthcare professionals only.

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