ACIST RXi®

ACIST **Diastolic Pressure Ratio** (dPR)

Non-hyperemic index for coronary physiology

Reducing costs, time and patient discomfort

ACIST diastolic pressure ratio (dPR), using the ACIST RXi® Rapid Exchange System, provides a non-hyperemic alternative for physiological assessment of coronary disease. Non-hyperemic pressure ratios, such as dPR, may reduce patient discomfort*, cost** and procedural time.***

Reduced Patient Discomfort

Reduced Cost

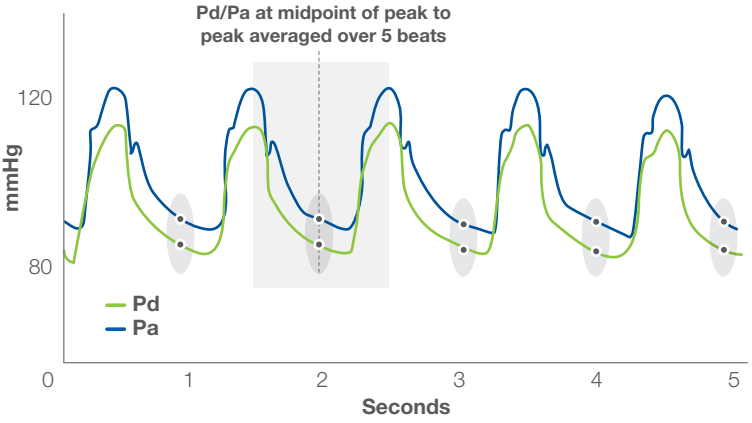
Reduced Time

ACIST RXi® Rapid Exchange System

Uses Navvus MicroCatheter, the go-to alternative to traditional pressure wires, enabling the physician to use their 0.014" guidewire of choice for reliable assessment of coronary physiology.

ACIST dPR algorithm

ACIST dPR is the ratio of Pd to Pa at the peak-to-peak midpoint, averaged over 5 consecutive heartbeats. ACIST dPR does not rely on an ECG signal to make the calculation.



ACIST dPR by the numbers (compared to iFR_{calc})[1]

0.89	0.999	98.3%	99.2%	98.3%	99.2%
dPR cutpoint	AUC	Sensitivity	Specificity	PPV	NPV

Analysis of the ACIST FFR Study[1]

Purpose

The data collected during the ACIST-FFR clinical study was retrospectively assessed by an independent, physiologic core laboratory to support ACIST's dPR algorithm on the ACIST RXi system.

Methods

The dPR value was calculated by the application of ACIST's fully automated off-line dPR software algorithm. iFR_{calc} was calculated off-line, by the same core lab, based on the original description of its derivation to determine a final value for iFR.[2]

11 sites

179 patients

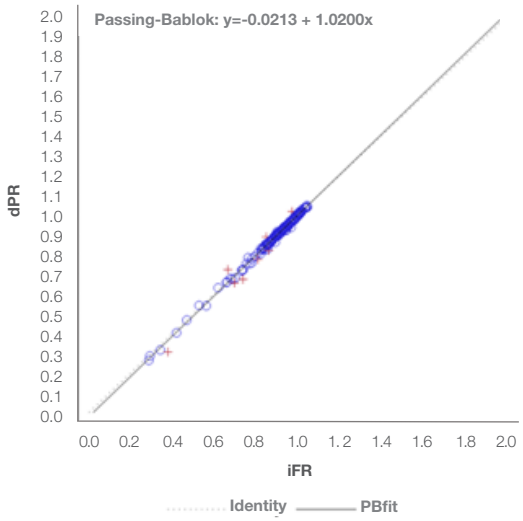
Results

Diagnostic accuracy of dPR (cutpoint of 0.89) referenced to iFR_{calc} (0.89) was **98.88%**

Key points

- ACIST dPR is highly correlated with iFR_{calc}
- ACIST dPR provides similar diagnostic accuracy as iFR_{calc}

Passing-Bablok Comparison between dPR (cutpoint 0.89) and iFR_{calc} (0.89)



Learn more about ACIST dPR* and the Navvus® Rapid Exchange Pressure MicroCatheter at **ACIST.com**

**ACIST dPR is available in select markets*

* Reduced side effect profile when comparing resting approach (iFR, dPR, Pd/Pa) to FFR with adenosine induced hyperemia
** Cost savings based on the reduced cost of utilizing a resting approach compared to conventional FFR and respective cost of administration of hyperemic agent (adenosine).
*** when comparing resting index (iFR, dPR, Pd/Pa) to FFR with adenosine induced hyperemia

1. Data on file TR-07879
2. Sen S, Escaned J, Malik IS, et al. Development and validation of a new adenosine-independent index of stenosis severity from coronary wave-intensity analysis: results of the ADVISE (ADenosine Vasodilator Independent Stenosis Evaluation) study. J Am Coll Cardiol. 2012;59(15):1392-1402. doi:10.1016/j.jacc.2011.11.003.