FilterWire EZTM

Embolic Protection System



Predictable Protection Made Easy*

The FilterWire EZ™ Embolic Protection System is meant to provide ease of use to make this system ideal for carotid artery stenting. With clinically proven safety and efficacy, the FilterWire EZ™ System is engineered to provide predictable outcomes.

Predictable Protection*

Clinically Proven

 30-day BEACH¹ and CABERNET² trial results demonstrate safety and efficacy.

Captures Debris Effectively*

- 110 µm pore filter design permits continuous blood flow while maintaining embolic capture efficiency.
- Suspended nitinol filter loop provides 360° apposition in straight or tortuous anatomy.*

Ease of Use

Promotes Procedural Efficiency

- Peel-away delivery sheath with pre-loaded protection wire designed to simplify device preparation while providing rapid exchange convenience.
- Radiopaque loop designed for full deployment verification with one angiographic view.

Eases Crossing and Retrieval

- 3.2F (1.1mm) delivery sheath crossing profile and silicone-coated tip designed to facilitate crossing of lesions.
- Retrieval sheath designed for maximum filter coverage while withdrawing through deployed stent.
- Nitinol filter loop closes for effective particle retention during retrieval.

Simplifies Filter Sizing

 One size provides protection in vessels with 3.5mm to 5.5mm diameter landing zone.

BEACH 30-Day			
Major Adverse Event Rates			

Composite 30-Day	5.6%
• Death	1.5%
Stroke	4.2%
- Minor Ipsilateral	1.9%
- Major Ipsilateral	1.0%
MI Rate	0.8%
Technical Success	97.1%

N=480

CABERNET 30-Day Major Adverse Event Rates²

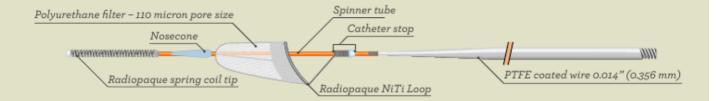
Composite 30-Day	3.9%
• Death	0.5%
Stroke	3.4%
- Minor Ipsilateral	2.1%
- Major Ipsilateral	1.3%
MI Rate	0.2%
Technical Success	99.1%

N=443

^{*}Data on file, Boston Scientific Corporation.







Product Information 6F (2 mm) Guide Catheter or Sheath-Compatible (minimum ID 0.066" / 1.68 mm)				
Order Number	Description	Crossing Profile	Vessel Diameter Coverage	
H749 20105-190 0	FilterWire EZ System, 190cm*	3.2F (1.1mm, 0.042")	3.5mm-5.5mm	
H749 20105-300 0	FilterWire EZ System, 300cm	3.2F (1.1mm, 0.042")	3.5mm-5.5mm	
H749 50100-150 0	EZ Bent Tip Retrieval Sheath	4.0F (1.3mm, 0.052")	N/A	

^{*}Compatible with AddWire™ Extension Wire order code H749 22150-010.

Carotid Solutions from Boston Scientific

Boston Scientific offers great depth of technology specifically designed to address challenges of carotid artery disease. From surgical to endovascular options, Boston Scientific delivers tools physicians need to provide the right treatment to patients.

BEACH Trial Design: Multi-center, prospective, single-arm study. Na 747, Roll-In Group Na 189, Bilateral Group Na 78, Pivotal Group Na 480 (symptomatic a50% stenosis Na 112; saymptomatic a50% stenosis Na 358, 47 U.S. clinical sites

with carotid artery stenosis at high risk for carotid enderterectomy (CEA) using the Carotid WALLSTENTIN Monoral M Endoproxifiesis and the Filterit/line EXIM and Filterit/line EXIM Distal Protection Systems.

Primary Endpoints: A 1-year composite endpoint of

- cumulative morbidity and morbality that included:
 • «24 hours: all non-Q-wave Myocardial Infarction (MI)
 • «30 days: all Q-wave MI, all Death, all Stroke
- participated in the shady.

 *>>00 days, of year-(published) Strible and Neurological Death
 BEACH Trial Objective: To evaluate the outcomes of patients

 BEACH 30-Day Major Adverse Event Rates:

BEACH 1-Year Major Adverse Event Rates:

System Technical Success includes FilterWire EZTM
System Technical Success combined with
Carotid WALLSTENTTM MonorailTM Endoproethesis

CABERNET: Carotid Artery Revascularization using the Boston Scientific EPI FilterWise EZ and the EndoTex Nex Stant.

*CABERNET Trial Design: A prospective, non-rendomized, Primary Endpoint #1

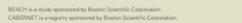
CABERNET Trial Objective: To evaluate the safety and efficacy of the NexStent™ Monorai™ Carotid Stent and Delivery System and the Boston Scientific FiterWire EX™ ICA, CCA or ICA/CCA bifurcation who are at high risk for

CABERNET 1-Year Major Adverse Event Rates:

Primary Endpoint #2

Note: All DJS/MI means any death, stroke or MI that is related or NOT related to the target treated lesion/vesse For example, if a patient died of cancer, their death was

- Death: 4.5%**





Defining tomorrow, today."

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