

UNIQUE MECHANISM OF ACTION:

- Differentially removes arterial calcium
- Minimizes damage to the media
- Preserves treatment options

OAS helps preserve treatment options by reducing the need for bailout stents in calcified anatomy.

VESSEL PREP FOR PAD

Preparing the vessel using orbital atherectomy to remove or reduce the calcified plaque changes compliance for post-dilation at low balloon pressures.*

FEWER COMPLICATIONS

Our studies demonstrated OAS + low pressure PTA resulted in fewer complications and fewer bailout stents, which is especially critical for popliteal lesions.**

ADDITIONAL ACCESS SOLUTIONS

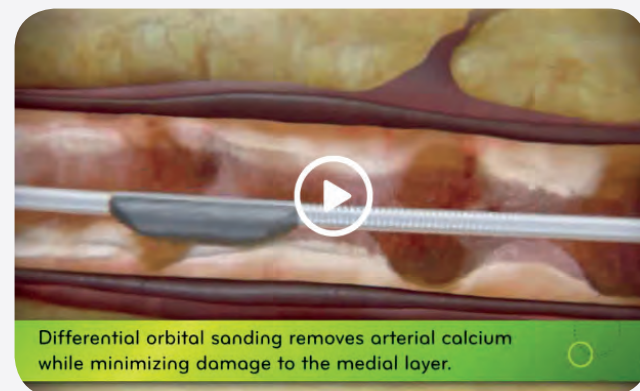
Treat popliteal and distal tibial vessels with confidence from multiple access sites.

TREAT MORE PATIENTS

Effectively treat via tibiopedal access with 4 Fr sheath compatibility, two different shaft lengths (60 and 145 cm), and a unique mechanism of action.

AN ADVANCED MECHANISM OF ACTION, DESIGNED SPECIFICALLY TO TREAT ARTERIAL CALCIUM.

The Diamondback Orbital Atherectomy System is designed to contact 360 degrees of the vessel wall and differentially treat hard plaque while minimizing damage to the media, unlike a directional device.



Visit us at whyorbital.com to see our unique mechanism of action at work.

OPTIMIZE TREATMENT AND PATIENT OUTCOMES WITH OUR LOW PROFILE SYSTEMS.

Diamondback 360® low profile orbital technology enables treatment of arterial calcium via more access sites than any other atherectomy device. Treat patients otherwise thought untreatable.

Use of smaller sheaths has been associated with:

- **Expanded options** with 4 Fr devices. The use of smaller sheaths may reduce the risk of access site complications³
- **Reduced time to ambulation** for better practice efficiency⁴
- **Reaching lesions and locations** previously thought untreatable, as far down as the foot

3. Ortiz B et al, Circ Cardiovasc Interv. 2014;7:821-828.
4. Goodney PP et al, J Vasc Surg 2008;48:1481-88.

THE DIAMONDBACK 360 SYSTEM CHOOSE THE RIGHT DEVICE FOR THE JOB.

CROWN SELECTION

With a portfolio of 3 unique crown designs in multiple sizes and varying lengths, the Diamondback 360 Peripheral Orbital Atherectomy System is redefining minimally invasive.

SOLID CROWNS

MODEL NUMBER	CROWN SIZE	SHAFT LENGTH	INTRODUCER SHEATH	QTY
DBP-125SOLID60	1.25 mm	60 cm	4 Fr	1
DBP-125SOLID145	1.25 mm	145 cm	4 Fr	1
DBP-150SOLID145	1.50 mm	145 cm	5 Fr	1
DBP-200SOLID145	2.00 mm	145 cm	6 Fr	1

CLASSIC CROWNS

MODEL NUMBER	CROWN SIZE	SHAFT LENGTH	INTRODUCER SHEATH	QTY
DBP-150CLASSIC145	1.50 mm	145 cm	5 Fr	1
DBP-200CLASSIC145	2.00 mm	145 cm	6 Fr	1

MICRO CROWNS

MODEL NUMBER	CROWN SIZE	SHAFT LENGTH	INTRODUCER SHEATH	QTY
DBP-125MICRO60	1.25 mm	60 cm	4 Fr	1
DBP-125MICRO145	1.25 mm	145 cm	4 Fr	1

The CSI Orbital Atherectomy System is a percutaneous orbital atherectomy system indicated for use as therapy in patients with occlusive atherosclerotic disease in peripheral arteries and stenotic material from artificial arteriovenous dialysis fistulae. Contraindications for the system include use in coronary arteries, bypass grafts, stents, or where thrombus or dissections are present. Although the incidence of adverse events is rare, potential events that can occur with atherectomy include: pain, hypotension, CVA/TIA, death, dissection, perforation, distal embolization, thrombus formation, hematuria, abrupt or acute vessel closure, or arterial spasm.

Caution: Federal law (USA) restricts this device to sale by, or on the order of, a physician.



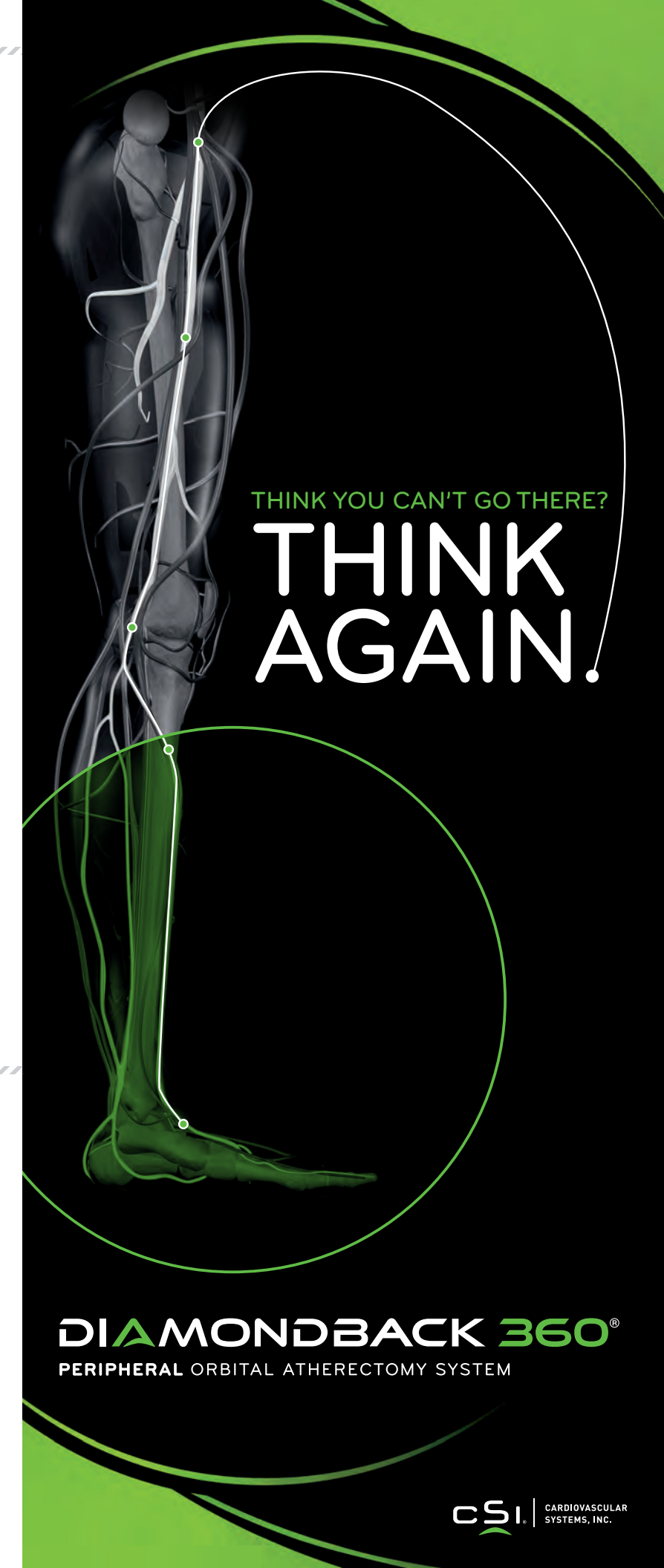
1225 Old Hwy 8 NW
St. Paul, MN 55112

T: 651-259-1600
877-274-0901

F: 612-677-3355
www.csi360.com

For more information, please contact your local CSI representative or call customer service at 1-877-274-0901.

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DIAMONDBACK 360®
PERIPHERAL ORBITAL ATHERECTOMY SYSTEM

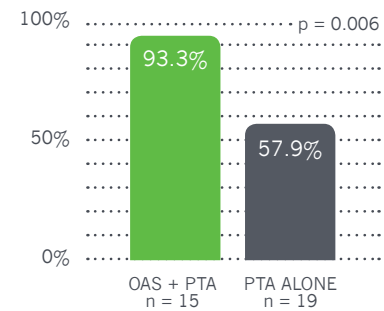


WHEN YOU SEE CALCIUM, THINK DIAMONDBACK.



When treating peripheral arterial disease (PAD), even with angiography, peripheral calcium tends to be underestimated.¹ And studies show that calcium negatively affects patient outcomes.² The answer is Diamondback 360® Peripheral Orbital Atherectomy System (OAS).

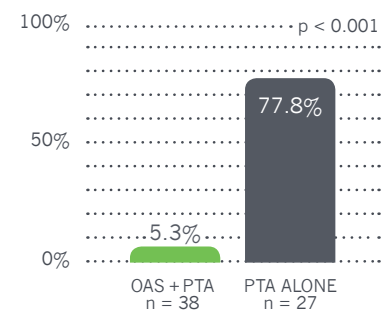
STUDIES DEMONSTRATE OAS IS THE SMARTER SOLUTION.



STATISTICALLY SIGNIFICANT DIFFERENCE IN FREEDOM FROM MAJOR ADVERSE EVENTS (MAE) AT 12 MONTHS

*Calcium 360® Study: randomized, multi-center study comparing orbital atherectomy + PTA to PTA alone in calcified lesions below-the-knee (BTK).

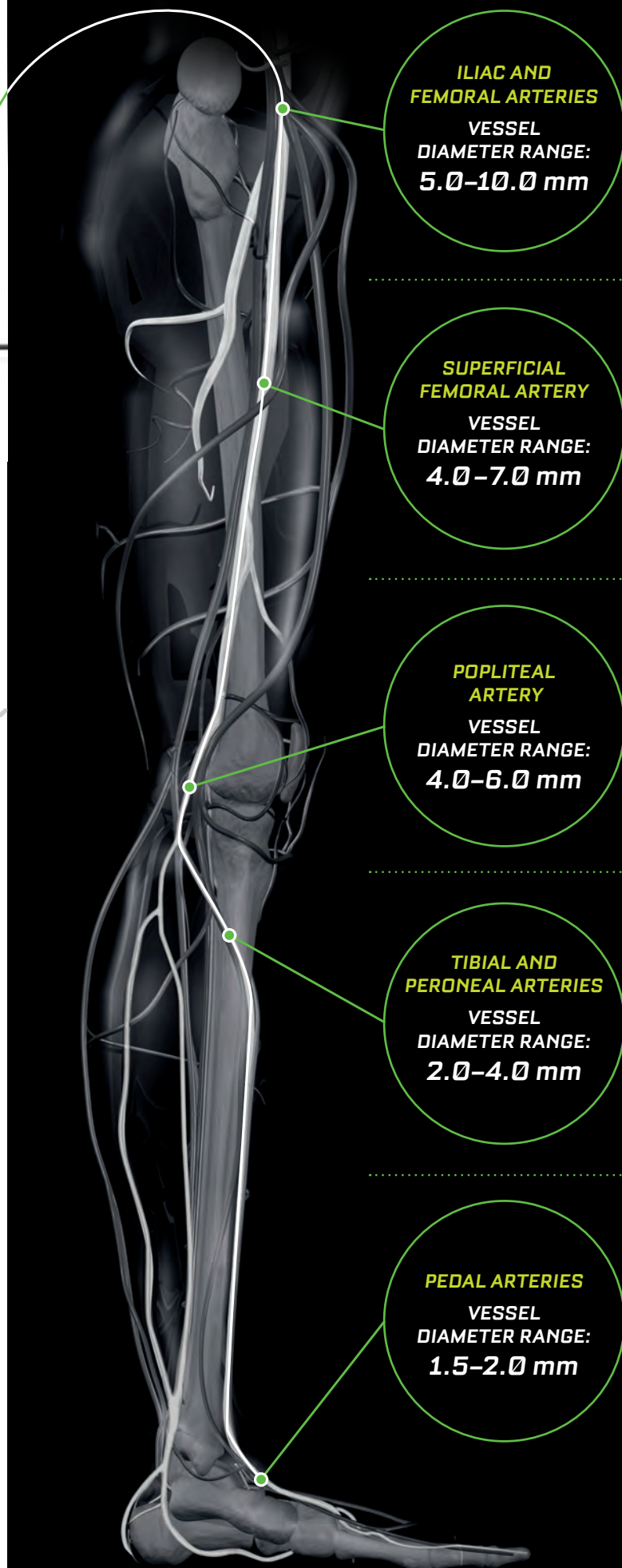
MAE: Device- or procedure-related major amputation (above-the-ankle), all-cause mortality and TLR/TVR.



PERCENT OF LESIONS REQUIRING BAILOUT STENTS

**COMPLIANCE 360® Study: prospective, randomized, multi-center study comparing orbital atherectomy + PTA to PTA alone in calcified lesions above-the-knee (ATK).

Bailout stent: stent placed due to residual stenosis >30%.



ILIAC AND FEMORAL ARTERIES
VESSEL DIAMETER RANGE: 5.0-10.0 mm

SUPERFICIAL FEMORAL ARTERY
VESSEL DIAMETER RANGE: 4.0-7.0 mm

POPLITEAL ARTERY
VESSEL DIAMETER RANGE: 4.0-6.0 mm

TIBIAL AND PERONEAL ARTERIES
VESSEL DIAMETER RANGE: 2.0-4.0 mm

PEDAL ARTERIES
VESSEL DIAMETER RANGE: 1.5-2.0 mm

DIAMONDBACK 360® PERIPHERAL ORBITAL ATHERECTOMY SYSTEM

DIAMONDBACK 360—PRIMARY TREATMENT FOR ARTERIAL CALCIUM

SOLID CROWN:

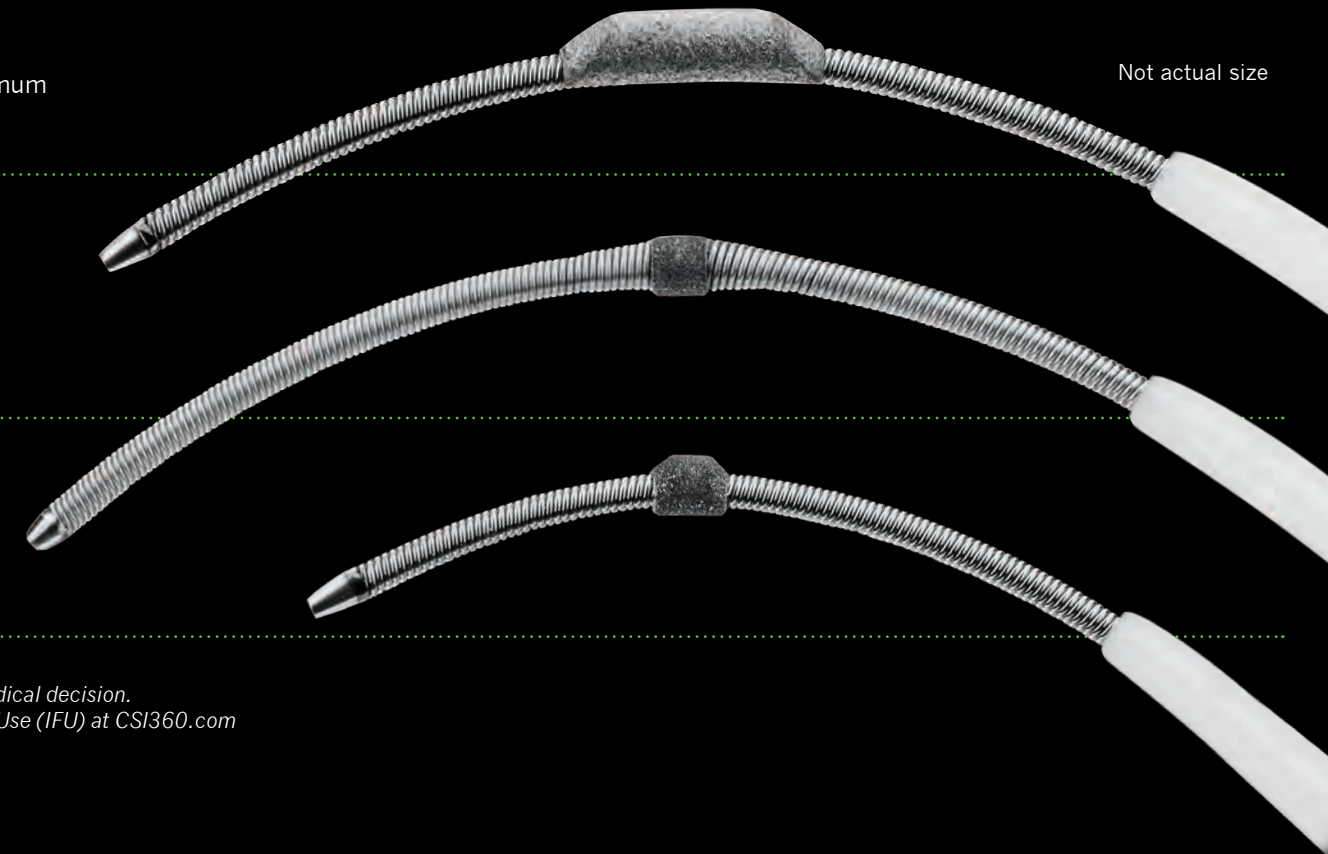
More mass for maximum calcium removal.

CLASSIC CROWN:

For vessel bends, ostial lesions and distal BTK procedures.

MICRO CROWN:

For tortuous vessels and tight bends BTK.



Device selection is a medical decision. Consult Instructions For Use (IFU) at CSI360.com

Enhancements introduced with the Diamondback 360 product line compared to Stealth 360® include:

- Small introducer sheath compatibility
- Increased deliverability and lesion engagement
- Reduced profile for better crossability
- Enhanced pushability and track



The Diamondback 360 Peripheral OAS Device

1. Kashyap, V, et al. J Endovasc Ther 2008; 15:117-125.

2. Fitzgerald PJ, Ports TA, Yock PG. Circulation. 1992; 86(1):64-70.