

Inside

DES Summit	page 3
Vulnerable Plaque	page 5
Nurse and Technologists Symposium	page 6
Angioplasty Summit	
TCT AP 2007	page 6
Seoul Tour	page 7



Today's Highlights

Breakfast Meetings

7:00 AM-8:10 AM

Case Presentations with Experts' Review

8:30 AM-12:30 PM
Main Arena A

DES Summit IV

8:30 AM-10:30 AM
Main Arena B

Pathogenesis, Detection, and Treatment of Vulnerable Plaque

10:30 AM-1:00 PM
Main Arena B

The 9th Annual Conference for Cardiovascular Nurse & Technologist

12:30 PM-3:30 PM
Main Arena A

Interventional Vascular Simulation Center & IVUS Learning Center, Exhibit Hall Open

9:00 AM-12:30 PM
Exhibit Hall

Effectiveness and Limitations of Percutaneous Valvular Intervention

In a press conference on Hot Topics held at Tutorial B yesterday morning, Dr. Eberhard Grube (Siegburg Heart Center, Germany) gave a lecture on percutaneous aortic valve implantation.



He examined the data on **Core Valve implantation** for aortic disease, which is self-expanding stent and extends above coronaries. First in man 14 implants had been performed with first-generation device in India and showed discouraging results (78.6% procedural success,

50% death, and 7% conversion to surgery). Dr. Grube went into the details of the procedure. He also presented fancy experiences on second-generation Core Valve implantation in 18 patients. With technical improvement of the device, characterized by a broader upper segment for more secure fixation in the ascending aorta and more slender than previous one (21F vs. 24F), end results showed 88.2% procedure success, 5.6% death, and 11.8% switch to operation. "The application of Core Valve implantation opens a new era of percutaneous treatment of aortic valvular disease" said Dr. Eberhard Grube.

More details on percutaneous approaches to valvular disease will be discussed at today's Breakfast Meeting. Dr. Raoul Bonan (Montreal Heart Institute, Canada) will look at the effectiveness and limitations of percutaneous valvular intervention with a review of various techniques. For mitral valve regurgitation, percutaneous edge-to-edge repair with Edwards Milano II and E-valve will be introduced. Annuloplasty devices will also be featured.

Come and enjoy today's **Breakfast Meeting #10 on Structural Heart Disease** (7:00 ~ 8:10 AM, Room 2-1, Level 2).

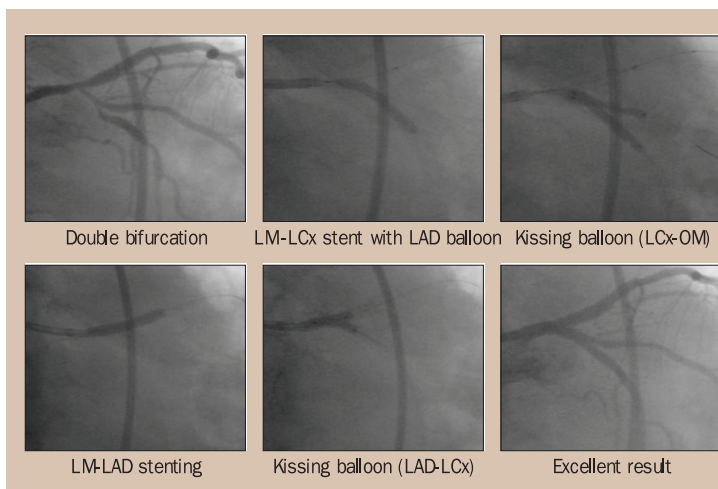
Yesterday's Hot Live

Dr. Jeffrey W. Moses modified classic crushing technique to allow kissing dilation of proximal LCx bifurcation

Dr. Jeffrey W. Moses showed excellent result in a patient with left main coronary artery (LMCA) bifurcation lesion from Asan Medical Center. The patient was a 61-year-old man presenting effort related chest pain for three months. His risk factors were smoking and hypertension. The baseline coronary angiogram showed significant double bifurcation lesion involving the distal LMCA and proximal left circumflex artery-obtuse marginal branch (LCx-OM) with stenosed distal LCx artery.

The intravascular ultrasound (IVUS) study showed tightly stenosed distal LMCA bifurcation involving both ostia (LAD and LCx)

with huge plaque. Dr. Moses decided to treat the LMCA bifurcation with stent crushing and the proximal LCx bifurcation with stent



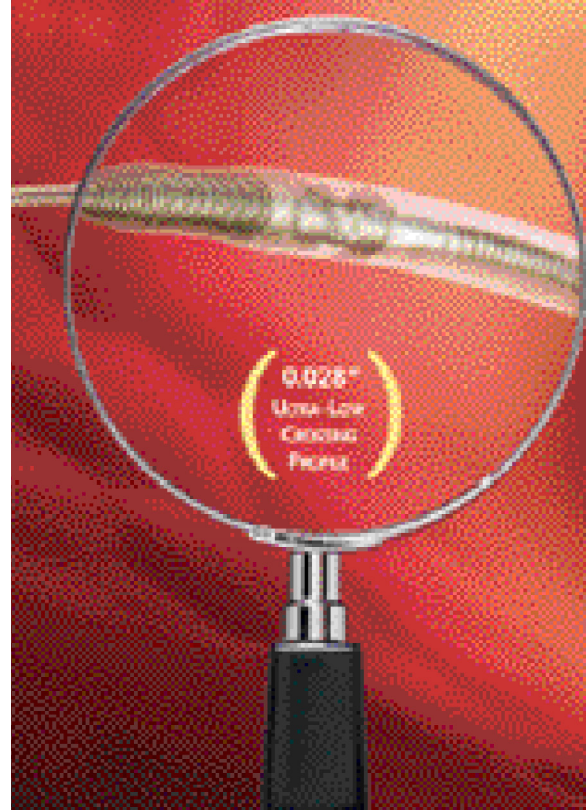
classical crush technique to easily allow kissing dilation of proximal LCx bifurcation before crushing LCx stent." After insertion of three wires into the LAD, LCx, and OM, he deployed a Cypher (3.0 × 23 mm) into the LCx ostium while keeping a 3.5 × 20 mm balloon in the distal LMCA to LAD, not a stent as usual. Remaining the balloon in the distal LAD, he rewired into the jailed OM and performed kissing dilation there. After removal of LCx wire, the balloon in the distal LAD was pulled back into the distal LMCA and inflated to crush the previously deployed LCx stent. The third Cypher (3.5 × 23 mm) was deployed into the distal LMCA to the proximal LAD, which crushed the ostial LCx stent. Finally, the procedure was completed with kissing balloon dilation.

The final angiogram and IVUS study demonstrated excellent result without any compromise.

We're Attracting Attention by Keeping a Low Profile

The new GuardWire® System has an ultra-low 0.028" (2.3F) crossing profile, resulting in guidewire-like performance in tortuous vessels and tight lesions.

Medtronic—continuing to focus on delivering a full range of embolic protection products.



Delivery focused

GUARDWIRE®
Temporary Occlusion and
Aspiration System

EXPORT®
Aspiration System



Medtronic
Wireless Capital on Medical Technology

www.Medtronic.com

Tel: 888.283.7868

© 2005 Medtronic AVE. All rights reserved. Medtronic is a registered trademark of Medtronic AVE. All other trademarks are the property of their respective owners.

Medtronic is a global company.

Xtent Treats Complex Diseases More Quickly and Easily

The Xtent™ DES System: The Single Solution for Multilesion, Multivessel, and Long Lesion Treatment ?

Dr. Eberhard Grube

Siegburg Heart Center, Germany
April 28, Friday, Main Arena B

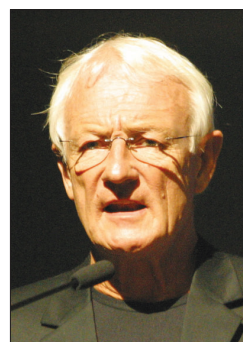
Dr. Eberhard Grube will kick off DES-IV summit session with hot topics of the Xtent system, modular integrating stent design, coated with Biolimus A9 and a bioerodable polymer.

He will give a video demonstration of the Xtent system. By allowing cardiologists to customize length in situ, the Xtent system allows the stent to fit to lesion length on the

spot and then move on to a second lesion to deliver a second custom-length stent. Similarly, for longer lesions, physicians may treat patients with the longest coronary stent of any kind ever delivered with a single catheter.

He will also present the **Xtent CUSTOM I trial**, demonstrating the capability of customizing stent length in situ during single lesion procedures performed on 30 patients (mean age 67 years, 63% male, 30 % diabetics) enrolled in June 2005.

Up to two lesions in a native artery could be treated. The primary



endpoint was major adverse cardiac event (MACE) at 8 months. The secondary endpoints were MACE rates at 1 and 4 months, incidence of stent thrombosis at 30 days and 8 months, and binary restenosis and late loss at 4 and 8 months. Clinical and Angio/IVUS follow up were scheduled.

The Xtent system was deployed successfully in 28 of 30 patients (93%). Lesion length was 16.67 ± 9.3 mm. The length of the first stent was 25.7 ± 6.6 mm and the second one was 17.3 ± 4.6 mm. During 30 days, neither death nor stent thrombosis occurred. Two cases of non-Q wave MI were noted.

At four months, there were no episodes of stent thrombosis. Late

loss was 0.28 ± 0.29 mm and in-stent binary restenosis rate was zero. The overall rate of MACE was zero. IVUS analysis showed no significant difference between post-procedure and follow-up in terms of minimal lumen area (5.99 ± 1.8 vs 6.06 ± 1.6 mm²) and NIH index (0.00 vs 0.10).

During his talk, he will introduce the Custom II trial, which began in December 2005, designed to apply the Xtent system to long-lesion, multi-lesion and multi-vessel disease. It will eventually enroll 80 patients in up to seven different European centers.

Both breakthroughs represent important milestones in Xtent's CUSTOM II clinical trial, and promise interventional cardiologists greater ability to treat more complex disease more quickly and easily, at reduced cost and with potentially fewer complications.

Better Freedom from Repeat Revascularization with DES

Multivessel and Multilesion Stenting In Drug Eluting Era: Results From ERACI III Trial

Dr. Alfredo Rodriguez

Otamendi Hospital, Argentina
April 28, Friday, Main Arena B

Dr. Alfredo Rodriguez will give a valuable talk on multivessel and multilesion stenting in DES era. ERACI III trial has been designed to compare current DES techniques versus previous BMS and CABG data in patients with multivessel disease.

From June 2002 to December 2004, 225 patients (mean age 66 years, 84% male, 20 % diabetics) treated with DES (Cypher 52%, Taxus 48%) in five centers in Buenos Aires meeting the inclusion criteria of the ERACI II trial were consecutively enrolled in this study. The end points of the ERACI III study were to compare major and minor cardiac adverse events at 1, 2, 3, and 5 years of follow-up between the ERACI III DES patients (n = 225) and ERACI II BMS (n = 225) and ERACI II CABG study patients (n = 225). Comparison of stent thrombosis



between the ERACI III and ERACI II PCI arm was one of the secondary endpoints.

Mean length and number of implanted stents were 36 mm and 1.8 per patient, respectively. Clinical follow-up was obtained in 100% of DES patients during the first 30 days and in 96% of all patients at one year.

More details on the one-year follow-up data will be obtained from his talk. As it is hinted by the ARTS II trial, can we expect that patients initially treated with DES be more free from repeat revascularization than those initially treated with BMS and, furthermore, superior to those with CABG? Will freedom from MACE be also significantly higher with PCI compared with CABG? Come and find the answer...

CYPHER Beneficial for Complex Cases in Real World Patients

A Prospective 'All Comers' CYPHER Nonrandomized Registry in Complex Patients From MATRIX

Dr. Roxana Mehran

Columbia University Medical Center, USA
April 27, Thursday, Breakfast Meeting

Yesterday, Dr. Roxana Mehran (Columbia University Medical Center, USA) provided updates on Hot Topics, MATRIX registry in DES summit II session.

MATRIX is a prospective, non-randomized, open-label registry of real-world consecutive patients with coronary artery disease treated with at least one Cypher stent.

A total of 3,500 patients with real-world characteristics and have not enrolled in previous randomize trials were included. The primary endpoint was 1-year target lesion revascularization (TLR) and the secondary endpoints were stent thrombosis, procedure success, and in-hospital, 30-day, 6-month, and 1-year events.

Enrollment as of April 2006 was 1,777 patients and data available on 1,398 lesions (22 mm in length) in 921 patients (65 years

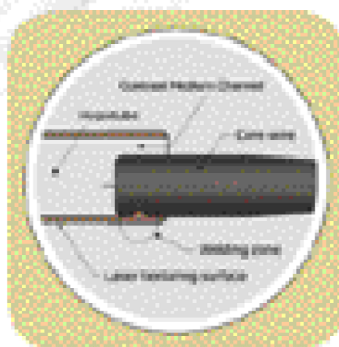


old, 74% male, 36% diabetes). Procedural success rate was excellent (95%) and in-hospital outcome

was favorable. The frequency of non-Q MI was quite small, 3.4% and stent thrombosis was extremely low, 0.4%. Outcomes at 6-months were 2.1% TLR and 8.5% major adverse cardiac events (MACE). Dr. Mehran ended her talk with the following conclusions: The frequency of in-hospital and early out-of-hospital MACE was low and similar to those previously reported in simple, low-risk patients. The use of Cypher in real-life clinical practice that includes high rates of multivessel and complex lesions is safe. Long-term follow-up will explore the effectiveness of Cypher in real-life percutaneous coronary interventions.



Responsive Performance



The ultra flexible shaft transition zone intensifies pushability.
The tapered soft tip design augments front end trackability
and provides smooth passage.



www.OrbusNeich.com
Designed for open hearts

Vulnerable Plaque: A Disaster Waiting to Happen!

The workshop for vulnerable plaque in Angioplasty Summit TCT Asia Pacific opened with a satellite lecture by Dr. Gregg W. Stone (Columbia University Medical Center, USA) on Wednesday, April 26.

First, he presented the annual incidence rate of myocardial infarction in the US and 50% of victims of sudden cardiac death were found to have no prior diagnosis of heart disease. He focused on the nonculprit lesions, showing the 1997-1999 data from the National Heart, Lung, and Blood Institute (NHLBI) Dynamic Registry: 5.8% of 3,747 patients undergoing percutaneous coronary intervention (PCI) developed clinical plaque progression at 1 year requiring unplanned PCI (62% presented with acute coronary syndrome). Plaques progressed from $42 \pm 21\%$ to $84 \pm 14\%$ during mean of 5.2 months.



According to previous researches, more than 90% of "normal" arteries had significant plaque burden as detected by intravascular ultrasound (IVUS) and 86.9% of lesions requiring PCI were 60% in severity of coronary artery stenosis before clinical progression. Therefore, he emphasized the necessity of detecting thin cap fibroatheroma, the precursor lesion of plaque rupture.

He discussed possible diagnostic technique of vulnerable plaques and vulnerable patients-lesions in patients with coronary artery disease that are prone to rupture and cause acute events. Enhanced spiral com-

puted tomography (ESCT), multislice computed tomography (MSCT), magnetic resonance imaging (MRI) and nuclear imaging were mentioned as noninvasive diagnostic methods of vulnerable plaque. He took the audience through an exciting tour of promising invasive diagnostic techniques to detect active and inflamed plaque: angioscopy, IVUS, thermography, optical coherence tomography (OCT), planography, spectroscopy, iv-MRI, VV imaging, and others. He also classified many diagnostic modalities into activity imaging and morphologic imaging. Activity imaging included thermography, spectroscopy, chemography, and MRI with targeted contrast media. Virtual histology, OCT, MRI, and VV imaging were classified as morphologic imaging technologies. **These modalities which play pivotal roles in the diagnosis of vulnerable plaque will be discussed further**

in this morning's "Vulnerable Plaque" session at Main Arena B (10:30 AM).

Dr. Gregg W. Stone introduced the PROSPECT (Providing Regional Observations to Study Predictors of Events in the Coronary Tree) study, which was designed to evaluate the natural history of plaque. A total of 700 patients with acute coronary syndrome from up to 40 sites in US and Europe will be included after successful and uncomplicated PCI of culprit lesions. Post-PCI three-vessel imaging (IVUS, virtual histology, palpography) will be performed, first on culprit artery, followed by nonculprit arteries. Event-driven clinical follow-up of up to 5 years will be scheduled on medications of aspirin, clopidogrel, and statin. Imaging in patients with events will be repeated. Repeat biomarkers at discharge and at 6 months later will be compared with those at the pre-PCI.

Optical Coherence Tomography

The highlight of the workshop will be the final session of "Vulnerable Plaque" to be held at Main Arena B this morning, where diverse topics from pathogenesis to new therapeutic paradigm of vulnerable plaque will be discussed.

Of these, Dr. Ik-Kyung Jang (Harvard Medical School, USA) will present up-to-date information on OCT and optical frequency domain imaging OFDI.

OCT is an optical analogue of IVUS that allows greater image clarity and high-resolution. The OCT characteristics for various components of atheromatous plaque have been validated in vitro: fibrous (homogenous, signal-rich), lipid

(echolucent, diffuse borders), calcific (echolucent, sharp borders). OFDI, touted as the next-generation OCT, dramatically increased imaging acquisition rates (prototype 108 fms @ PB speed of 12 mm/s). He will introduce his study which used OCT to evaluate the characteristics of culprit lesions in vivo in patients with various clinical presentations. According to his study, there is a trend toward higher frequency of lipid-rich plaque in patients with acute myocardial infarction (AMI) or acute coronary syndrome (ACS) compared with those with stable angina pectoris (SAP). Fibrous cap thicknesses were significantly thinner in patients with AMI or ACS than

those with SAP: 47.0 (25.3 to 215.5) B5m in the AMI group, 53.8 (18.7 to 184.3) B5m in the ACS group, and 102.6 (22.0 to 291.1) B5m in the SAP group, $p=0.034$). In addition, the frequency of thin-cap fibroatheroma (TCFA) was also significantly different among the groups (72% vs. 50% vs. 20%, $p=0.012$). The calcification was significantly more frequent in patients with SAP (10% vs. 15% vs. 41%, $p=0.049$). A thrombus was noted in 20% of AMI patients, 25% of those with ACS, and 35% of those with SAP.

"The resolution of OCT provides histology-grade definition of the microstructure of coronary plaque in vivo and allows greater understand-



ing of the mechanisms of coronary artery disease. The frequency of TCFA was significantly

higher in patients with AMI and ACS than those with SAP. This new technique may provide an opportunity to detect vulnerable plaques before rupture," said Dr. Ik-Kyung Jang.

He will also give us information on the limitations of OCT: the need for a blood-free environment, poor tissue penetration, and rather long image-acquisition time.

"If vulnerable plaque can be detected, and if it can be treated, a great advance in health would be achieved"

Aside from introducing various imaging technologies, Dr. Alan C. Yeung (Stanford University Medical Center, USA) will guide the audience on how to manage it systemically. For several years, researchers have reported insights on the tendency of acute coronary occlusions to cluster in predictable "hot spots" within the proxi-

mal third of the coronary arteries and that 34% of hearts with vulnerable plaques could be covered with one or two 20-mm stents. From these, stent has been suggested as one of the potentially locally directed preventive strategies for acute coronary occlusions. Photodynamic therapy, sonotherapy, cryotherapy, hyperthermia, and low-dose radia-

tion have also been included in focal and regional therapy category.

Dr. Yeung will present other options acting systemically, **pharmacologic approach or cell/gene therapy**. Diverse pharmacologic therapies for potential stabilization of vulnerable plaque have been evaluated, a aspirin, beta blocker, ACE inhibitor, and lipid lowering particularly



statins have biologic plausibility and positive clinical evidence.

He will also provide a valuable therapeutic strategy be-

yond conventional risk factor control in "Vulnerable Plaque" session held at Main Arena B this morning (10:30 AM).

Course Directors

Seung-Jung Park, MD Gary S. Mintz, MD

Course Co- DirectorsJohn R. Laird, Shigeru Saito, MD
MD Jean Marco, MD Hideo Tamai, MD
Seong-Wook Park, MD Alan C. Yeung, MD**TCT Asia Pacific Co-Directors**

Martin B. Leon, MD Gregg W. Stone, MD

Organizing CommitteeMyeong-Ki Hong, MD Jae-Ki Ko, MD
Yang Soo Jang, MD Dong Joo Oh, MD
Myung-Ho Jeong, MD Ki Bae Seung, MD
Hyo-Soo Kim, MD Seung-Jea Tahk, MD
Jae-Joong Kim, MD Joo-Young Yang, MD**Scientific Committee**Maurice Buchbinder, MD Young-Jo Kim, MD
Charles Chan, MD Sang Hoon Lee, MD
Seung-Yun Cho, MD Yean-Leng Lim, MD
Gyu-Bo Choi, MD Jeffrey W. Moses, MD
Antonio Colombo, MD Byung-Hee Oh, MD
Runlin Gao, MD Jeong Euy Park, MD
Junbo Ge, MD Young-Bae Park, MD
Eberhard Grube, MD Teguh Santoso, MD
Yaling Han, MD Patrick W. Serruys, MD
Mun Kyung Hong, MD Eak-Kyun Shin, MD
Yong Huo, MD Won-Heum Shim, MD
Ik-Kyung Jang, MD Takahiko Suzuki, MD
Jung Chae Kang, MD Tetsu Yamaguchi, MD
Osamu Katoh, MD Junghan Yoon, MD
Kwon-Bae Kim, MD**Angioplasty Summit 2006 Associations and Affiliations**

- * CardioVascular Research Foundation Asia (CVRF)
/Asan Medical Center, Seoul, Korea
- * Cardiovascular Research Foundation (CRF)
/Columbia University Medical Center, New York, USA
- * Transcatheter Cardiovascular Therapeutics (TCT)
- * The Paris Course on Revascularization (EuroPCR)
- * Complex Catheter Therapeutics (CCT)
- * Asian Pacific Society of Interventional Cardiology (APSIC)
- * The Korean Society of Circulation
- * The Korean Society of Interventional Cardiology
- * The Korean Study Group of Pediatric Interventional Cardiology
- * Cardiovascular Technology Association (CTA)

Editorial Committee of Angioplasty Summit-TCT Asia Pacific Daily**CardioVascular Research Foundation**Myeong-Ki Hong, MD Seung-Whan Lee, MD
Hyun Sook Kim, MD Duk Woo Park, MD
Young-Hak Kim, MD Jae Hyeong Park, MD
Bong Ki Lee, MD Kyung-Ae Kim
Jae-Hwan Lee, MD**MEDICAL**
Observer**MMK**
Medical Marketing Solutions

Sponsored by

**CVRF**
CardioVascular Research Foundation

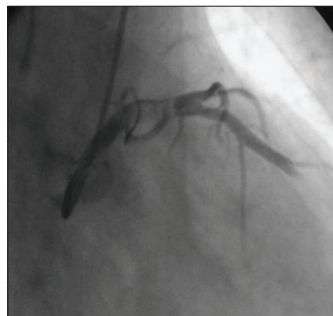
Interesting Cases with Experts' Review

8:30 AM ~ 12:30 PM, Main Arena A

This morning, the 20 Challenging cases will be presented with experts review.

The first case will be a 72-year-old smoker with hi-story of hypertension. He presented with acute STEMI (1 hour prior to arrival). Upon arrival he was in cardiogenic shock with a blood pressure of 60/40 mmHg. Coronary angiography showed occluded distal left main with big thrombus.

How do you treat this? Will glycoprotein IIb/IIIa inhibitor be necessary? Will distal pro-



tection device be helpful in improving outcome? Will DES implantation for primary percutaneous coronary intervention of STEMI be feasible and safe? A lot of questions and debates are expected.

You can enjoy another complex and interesting cases in the session.

Welcome to Innovation:

Conference for Cardiovascular Nurse and Technologist

12 : 30 ~ 3 : 30 PM, Main Arena A

After opening remark of Jae Yoon Ko (chairperson of CTA), the 9th year of conference for both cardiovascular nurse and technologist will follow with Dr. SJ Park's welcome.

Dr. SJ Park will also give an excellent summary of the use of DES and Dr. Gary Mintz will give a brief talk on the interpretation and practical applications of IVUS in the Cath Lab. The second set of didactic lectures of this year's Conference for Cardiovascular Nurse and Technologist, which follow the featured lectures, will begin with nice presentations by Yan Liu (China), Tsuyoshi Inada (Japan) and Toshikazu Yamaguchi (Japan). Enthusiastic researchers from many nations will complete this session with a review of interesting cases.

Also, Yan Liu will share his research data on the relationship between patient's compliance and social support after percutaneous coronary intervention (PCI), which are issues likely to be ignored eas-

ily. He monitored 152 patients for half a year after PCI, using "Questionnaire of Compliance after PCI" and "Evaluating Form of Social Support" in China.

Those data revealed that patients' compliance with taking medications was significantly different according to gender, economic condition, coverage of medical expense, and the number of deployed stents. Educational background made meaningful difference in compliance of risk factor control. More patients live in Beijing were willing to stop smoking than those in other cities. He also found that social support was positively related with compliance. Unfortunately China's social support level after PCI was low. He concluded: "Patient's compliance after PCI was relatively good, but compliance after follow-up remains a big concern. The factors that influence patient's compliance after PCI should be emphasized. Extensive social support can improve patient's compliance in several ways."

Angioplasty Summit 2007 -TCT Asia Pacific

Date: April 25-27, 2007

Venue: The Convention Center, Sheraton Walkerhill Grande Hotel, Seoul, Korea

Important Deadline**"Call for Abstracts"**

Abstract submission site open: October 1, 2006

Abstract submission deadline: November 10, 2006

"Call for Challenging Cases"

Deadline for Submission: January 10, 2007

Notification for accepted cases: February 9, 2007

"Pre-registration"

The deadline for pre-registration is Friday, April 6, 2007.

Harmony Between Ancient & Modern Culture

◇ Gyeongbok Palace

The 40-acre Gyeongbok Palace was built in 1394, the third year of the Joseon Dynasty. Geunjungjon, the largest and most impressive building in the palace, served as a throne room and an audience hall. Gyeonghoeru, a spacious two-story pavilion, overlooks a picturesque man-made pond just northwest of the throne hall.



◇ National Folk Museum

The National Folk Museum is in the Gyeongbok Palace complex. It explains the religious rituals, housing customs, household tools and implements, food and social dynamics of traditional Korean life.

◇ Insa-dong

Art galleries in Insa-dong display works of new and old artists all year round. You can stumble on several writing-brush shops in every corner. Heavy ancient tomes, antiques and unsophisticated handicrafts are available in most stores, the aroma of tea and the rhythm of gayageum permeate traditional teahouses and old taverns. Insa-dong is the place where you can experience the harmony of antique and modern art, and tradition in the midst of hectic urban life. It is the place where you can purchase various traditional handicrafts and ceramics that reflect the beat and taste of Korea.



◇ Changdeokgung palace

Changdeokgung palace includes a public official space, the king's

residence and the rear garden. Changdeokgung Palace is the only palace that preserves the architectural style of the Joseon Dynasty. The rear garden used to be the king's resting place where 300-year-old trees, pond and pavilion harmoniously blend with nature.

◇ World Cup Stadium

The architectural design reflects traditional Korean beauty and modern tech-

nological conveniences. When seen from above, the stadium is shaped like a giant square shield kite.

At night, the roof displays the soft, warm colors of Changho-ji, or mulberry paper.

◇ Han River Pleasure Boat Tour

Cruising on the Han River is a wonderful way to relax in Seoul. It is a special experience to watch the sunrise or sunset at the Han River.

Although high-rise buildings line the river, gardens on river terraces and hills on the banks give you a refreshed feeling.

The Han River winds through the heart of the nation and passes through Seoul, bisecting the capital. It has many scenic attractions and pleasures along its banks. Tourists can enjoy a leisurely view of Seoul while aboard a cruise boat.

Help protect against the threat of recurrent atherothrombotic events*...

*Myocardial infarction, stroke, or cardiovascular death.



Plavix
Clopidogrel 75mg
Take Protection Further. Today.

sanofi aventis

Bristol-Myers Squibb

PLX-0440-1205

TAXUS[™] Liberté[™]

Paclitaxel-Eluting Coronary Stent System

CONFIDENCE to deliver TAXUS[™] Liberté[™] Stent to complex lesions

CONFIDENCE to deliver paclitaxel uniformly

CONFIDENCE in the comprehensive TAXUS[™] clinical program

Boston
Scientific

Deliver
with Confidence

Deliver with Confidence
Acquiring type 1 lesion
Deliver with Confidence

**TAXUS[™] Liberté[™] Stent --
The First Second Generation DES
designed for Drug Delivery**

* Meet DES at BI Evaluation Booth & IVUS Learning Center

www.boston-scientific.com

Boston Scientific Corp.
300 Old Town, 137 Hudson along
Kingsboro Ave., Suite 130-004, Boston

Tel.: 617-665-7171
Fax: 617-665-7829

www.boston-scientific.com