Introducing the

RADIANZ

RADIAL PERIPHERAL SYSTEM™

RADIAL-SPECIFIC DESIGN.

PATIENT-FOCUSED BENEFITS.

Cordis®

ADVANCING **RADIAL.** TAKING **PERIPHERAL** NEW PLACES.

The Radianz Radial Peripheral System™ is purposely engineered to deliver exceptional outcomes and a high level of patient satisfaction with tools optimized for radial access and treatment — including the first and only self-expandable stent indicated for iliac lesions with a transradial delivery system.

BRITE TIP RADIANZ™ Guiding Sheath

The first multi-segmented thin-walled guiding sheath specifically designed to optimize lower-extremity lesion access from a radial approach.

SABERX RADIANZ™ Percutaneous Transluminal Angioplasty (PTA) Dilatation Catheter

The most clinically comprehensive radial peripheral PTA size matrix that facilitates broader treatment of lesions and delivers exceptional performance.

S.M.A.R.T. RADIANZ™ Vascular Stent System

Purposely engineered to treat iliac, SFA and proximal popliteal lesions from the radial approach. The first radial peripheral self-expanding stent indicated for iliac lesions.

DRIVE PATIENT SATISFACTION WITH RADIAL ACCESS

Multiple studies demonstrate an overwhelming patient preference for radial access due to its many benefits over femoral access.[1,2]

- **85%** reduction in **access site complications**[3]
- Lower **bleeding risk**[2]
- Improved **patient mobility** and **earlier discharge**[1]
- Reduced **body and back pain** during recovery[1]
- Improved **quality of life** post procedure[1]

Radial access **reduced major bleeding by**

73%

compared to femoral access[4]

80%

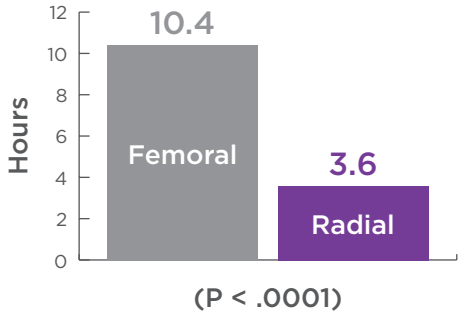
of patients who underwent both access methods **strongly preferred radial access**[1]

CHOOSE RADIAL FOR **INCREASED EFFICIENCY**

Adoption of radial access may improve procedural efficiencies compared to femoral access:

- Reduce **post-procedure complications**[4]
- Improve **recovery room patient turnover** with **+95% reduction in time to ambulation** from 2–4 hours to minutes[1,5]
- Enable **bilateral treatment** of lower-extremity lesions in the peripheral vasculature

Median Length of Stay[1]



Radial access resulted in a **65%** **reduction in time to discharge.**[1]

RADIAL ACCESS CAN REDUCE THE **TOTAL COST OF CARE**[6]

A systematic review of 14 randomized controlled trials found radial access lowered hospital costs:

Reduced time to hemostasis by 13 minutes

Decreased major complications, major bleeding, and hematoma

Saved $1,116 per procedure in duration of stay costs compared to femoral access[7]

ENHANCE QUALITY OF LIFE VIA S.M.A.R.T.® VASCULAR STENTS

Backed by the numbers, a strong foundation of clinical evidence validates the performance and value of S.M.A.R.T.® Vascular Stents.

Favorable Patient Outcomes[8]

>85%

of patient reported PAD **quality of life improvements** sustained out to 3 years

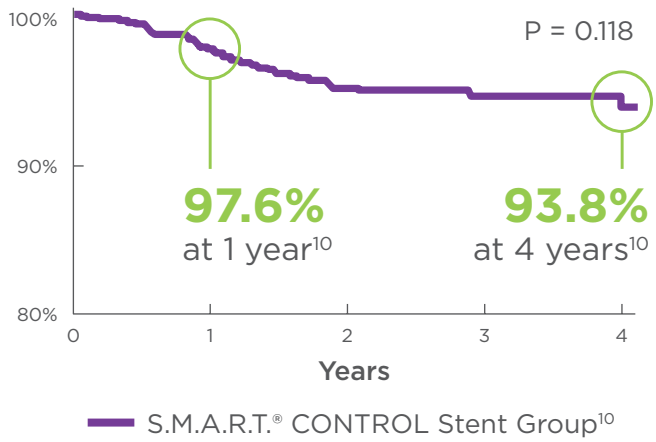
The Stent with the Stats:*

3,000+

patients studied with **10-year follow-up data**

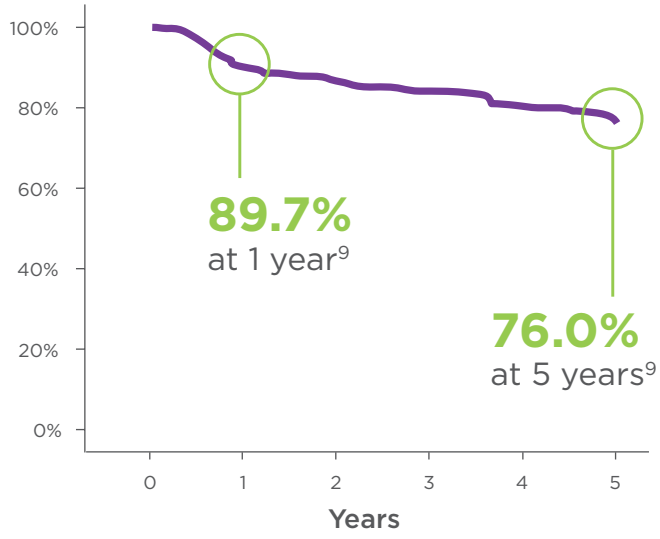
ILIAC

Freedom from TLR[10]



SFA

Freedom from TLR[9]



*Clinical data was collected using the S.M.A.R.T.® Vascular Stent System via femoral access. The stent delivered and its indications for use is identical to the S.M.A.R.T. RADIANZ™ Vascular Stent System.

RADIANZ
RADIAL PERIPHERAL SYSTEM™

RADIAL-SPECIFIC DESIGN. **PATIENT-FOCUSED** BENEFITS.

The Radianz Radial Peripheral System™

Proven peripheral technologies optimized for radial peripheral procedures.

- BRITE TIP RADIANZ™ Guiding Sheath
- SABERX RADIANZ™ PTA Catheter
- S.M.A.R.T. RADIANZ™ Vascular Stent System

Learn more at **Cordis.com** or contact your local Cordis sales rep or customer service at 800.327.7714.

1. Cooper CJ, El-Shiekh RA, Cohen DJ, et al. Effect of transradial access on quality of life and cost of cardiac catheterization: A randomized comparison. *Am Heart J.* 1999 Sep;138(3 Pt 1):430-6. **2.** Kok MM, Weernink MGM, von Birgelen C, Fens A, van der Heijden LC, van Til JA. Patient Preference for Radial versus Femoral Vascular Access for Elective Coronary Procedures: The PREVAS Study. *Catheter. Cardiovasc. Interv.* 2018;91(1):17–24. **3.** Basu D, Singh PM, Tiwari A, Goudra B. Meta-analysis comparing radial versus femoral approach in patients 75 years and older undergoing percutaneous coronary procedures. *Indian Heart Journal.* 2017;69(5):580-588. **4.** Jolly SS, Amlani S, Hamon M, Yusuf S, Mehta SR. Radial versus femoral access for coronary angiography or intervention and the impact on major bleeding and ischemic events: a systematic review and meta-analysis of randomized trials. *Am Heart J.* 2009;157(1): 132-40. **5.** Kern MJ. Radial Access in Practice. Tips for starting a successful program. Cardiac Interventions Today. September/ October 2015. **6.** Mitchell MD, Hong JA, Lee BY, et al. Systematic Review and Cost–Benefit Analysis of Radial Artery Access for Coronary Angiography and Intervention. *Circ Cardiovasc Qual Outcomes.* 2012;5:454-462. **7.** Ansaarie I, Goldfaden RF, Hardy J, et al. A Retrospective Cohort Study to Evaluate the Efficacy, Safety, and Cost of MáLEI via Transradial vs Transfemoral Peripheral Revascularizations. *Vascular Disease Management.* 2021. **8.** Bunte MC, Cohen DJ, Jaff MR, et al. Long term clinical and quality of life outcomes after stenting of femoropopliteal artery stenosis: 3 year results from the STROLL study. *Catheter Cardiovasc Interv.* 2018;92:106 114. **9.** Matsumi J, Tobita K, Shishido K, et al. Long term outcomes of SMART stent implantation in patients with femoro popliteal disease. *Catheter Cardiovasc Interv.* 2016;88(5):832-841. **10.** Lida O, et al. *Journal of Endovascular Therapy* 2013 Jun; 20(3): 431-439.

CAUTION: Federal (USA) law restricts these devices to sale by or on the order of a physician. Important information: Prior to use, refer to the instructions for use supplied with this device for indications, contraindications, side effects, suggested procedure, warnings and precautions.

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