

SYNERGY™

Everolimus-Eluting Platinum Chromium Coronary Stent System

PATIENT INFORMATION GUIDE

You have recently had a SYNERGY drug-coated stent implanted in the coronary arteries of your heart. The following information is important for you to know, including the possible risks associated with having a stent implant along with medication recommendations and questions you may have about your stent.

SYNERGY Drug-Eluting Stent

The SYNERGY Stent is a metal stent with a special drug coating added to help reduce the chance of the artery becoming blocked again. The drug is released from the stent over the period of time during which re-blockage is most likely to occur. The stent was designed to be very flexible, allowing it to fit the shape of your artery. The SYNERGY Stent is made of a Platinum Chromium Alloy (PtCr), which consists of platinum, chromium, iron, nickel, and molybdenum.

The SYNERGY Stent is delivered to the artery using the SYNERGY Balloon Delivery Catheter. Together, the SYNERGY Stent and the SYNERGY Balloon Delivery Catheter make up the SYNERGY Stent System.

Polymer Coating

The SYNERGY Stent is coated with a bioabsorbable polymer that is positioned on the outside surface of the stent (side in contact with the coronary artery wall). The polymer carries and protects the drug before and during the procedure. Once the stent is implanted, it helps control drug release into the coronary arterial wall. The polymer on the SYNERGY Stent is bioabsorbable and preclinical data have shown that it should be absorbed by your body in approximately four months.

Drug Release

The SYNERGY Stent is coated with a drug (everolimus) and polymer and has been designed to allow for a consistent and controlled release of the drug from the stent surface into the artery walls. Both the amount of drug and the drug release rate have been selected so that healing can occur while minimizing the processes leading to restenosis (recurrent blockage of the artery), thus reducing the need for additional treatment in the stented area.

Potential adverse events (in alphabetical order) that may be associated with the use of coronary stents in native coronary arteries include but are not limited to:

- Abrupt stent closure
- Acute myocardial infarction
- Allergic reaction to anti-coagulant and/or antiplatelet therapy, contrast medium, or stent materials
- Angina
- Arrhythmias, including ventricular fibrillation and ventricular tachycardia
- Arteriovenous fistula
- Bleeding
- Cardiac tamponade
- Cardiogenic shock/pulmonary edema
- Coronary aneurysm
- Death
- Dissection
- Emboli, distal (air, tissue or thrombotic material or material from device(s) used in the procedure)
- Heart failure
- Hematoma
- Hemorrhage, which may require transfusion
- Hypotension/hypertension
- Infection, local or systemic
- Ischemia, myocardial
- Pain, access site
- Perforation or rupture of coronary artery
- Pericardial effusion
- Pseudoaneurysm, femoral
- Renal insufficiency or failure
- Respiratory failure
- Restenosis of stented segment
- Stent embolization or migration
- Stent deformation, collapse, or fracture
- Stent thrombosis/occlusion
- Stroke/cerebrovascular accident/transient ischemic attack
- Total occlusion of coronary artery
- Vessel spasm
- Vessel trauma requiring surgical repair or reintervention

Adverse events associated with daily oral administration of everolimus to organ transplant patients include but are not limited to:

- Abdominal pain
- Abnormal laboratory tests which may include:
 - Increased levels of creatinine in the blood (which reflect reduced kidney function)
 - Increased or decreased levels of potassium in the blood
 - Decreased levels of magnesium or phosphorous in the blood
 - Increased sugar (glucose) levels in the blood (possible new-onset diabetes)
 - Increased cholesterol levels in the blood
 - Increased levels of fats and triglycerides in the blood
- Back pain
- Blood in the urine
- Constipation
- Cough
- Decrease or changes in sense of taste
- Decreased red blood cell, white blood cell, or platelet cell counts (platelet cells help the blood clot)
- Decrease or loss of sperm count in men
- Delayed wound healing/fluid accumulation (may include surgical wounds)
- Diarrhea
- Dry or itchy skin
- Fatigue
- Fever
- Headache
- Increased blood pressure
- Indigestion
- Infections: increased risks of bacterial, viral, fungal, or protozoal infections (may include herpes virus infections, BK virus infection, polyoma virus infection, opportunistic infections, or a combination of the above)
- Inflammation of the lining of the digestive system and mucous membranes
- Inflammation of the lung (not due to infections)
- Infection of the lungs and upper airways
- Insomnia
- Interactions with medications that are influenced by the CYP3A4 metabolic pathway (consult your doctor for more information)
- Loss of appetite
- Lymphoma and other malignancies (may include skin cancers)
- Mouth ulcers or sores
- Nosebleeds
- Nausea
- Pain in the arms, chest, legs, incision site or related to the procedure
- Pain or difficulty with urination
- Presence of protein in the urine
- Rash
- Reactive swelling, usually in the face
- Shortness of breath, and lung or breathing problems
- Swelling in the body (usually in the legs) caused by water retention
- Tremor
- Urinary tract infection
- Vomiting
- Weakness

Live vaccines and close contact with people that have received them should also be avoided. There is also potential harm to a fetus for pregnant women.

When used with cyclosporine medication, there may be an increased risk of the following:

- Blood clots in the small blood vessels
- Bleeding that appears as purple patches or spots on the skin
- Blood clotting in the smallest blood vessels of the body that may affect the kidneys

There may be other potential adverse events that are unforeseen at this time.

Clinical Data Summary

The principal safety and effectiveness information for the SYNERGY Stent System is derived from the EVOLVE Clinical Trials. The safety and performance of the SYNERGY Stent were first studied in the EVOLVE Clinical Trial, which included 291 patients with planned follow-up to 5 years. The study results showed that at 6 months, the re-narrowing of the artery at the location of the implanted stent was similar and minimal for both, the SYNERGY and PROMUS Element Stent.

The safety and effectiveness of the SYNERGY Stent was then studied in the EVOLVE II Clinical Trial. The overall EVOLVE II trial had three components: a randomized controlled trial, a pharmacokinetic sub-study, and a diabetic sub-study. A brief description of each trial is listed below.

The EVOLVE II randomized controlled trial, compared the SYNERGY Stent to the PROMUS Element Plus Stent in 1684 patients with a planned five-year clinical follow-up. The study results showed that at one year, the combined occurrence of heart-related death, heart attack, bypass surgery and repeat angioplasty related to the lesion where the stent was placed was similar after implantation of a SYNERGY (6.7%) vs. PROMUS Element Plus (6.5%) Stent. Patients who received a SYNERGY Stent had a similar incidence of bypass surgery or repeat angioplasty in the lesion where the stent was placed when compared to patients who received a PROMUS Element Plus Stent.

The pharmacokinetic sub-study was done to determine the release of the drug (everolimus) from the SYNERGY Stent. There were 21 patients included in this sub-study with a planned five-year clinical follow-up. The drug release of the SYNERGY Stent was found to be similar to that from other previously approved everolimus-eluting stents.

The diabetic sub-study was conducted to determine the safety and effectiveness of the SYNERGY Stent in patients with medically treated diabetes. The sub-study primary endpoint is considered complete as all patients have completed the 12-month primary endpoint.

Finally, the EVOLVE II QCA study was conducted to determine the amount of re-narrowing that was observed in vessels treated with the SYNERGY Stent. The EVOLVE II QCA study included 100 patients with planned 12-month follow-up. There was similar re-narrowing in the SYNERGY Stent when compared to results from prior clinical trials using other drug-eluting stents.

Please consult with your physician for further information on the SYNERGY Everolimus-Eluting Platinum Chromium Coronary Stent System.

MEDICATIONS

Your cardiologist has prescribed a number of medications to thin the blood and prevent blood clots from forming and adhering to the surface of the stent. These medications include aspirin and blood-thinning drugs such as clopidogrel (Plavix®), ticlopidine (Ticlid®), prasugrel (Effient®) or ticagrelor (Brilinta®). It is extremely important to follow your medication regimen. **If you stop taking these medications before being instructed to do so by your cardiologist, the chances of blood clot formation on the stent, subsequent heart attack or even death are increased.**

If surgery or dental work is recommended that would require you to stop taking these medications prematurely, you and your doctors should carefully consider the risks and benefits of this additional surgery or dental work versus the possible risks from early discontinuation of these medications.

If you do require premature discontinuation of these medications because of significant bleeding, then your cardiologist will be carefully monitoring you for possible complications. Once your condition has stabilized, your cardiologist will probably put you back on these medications.

AFTER THE PROCEDURE

After the stent is implanted, you will rest in a cardiology ward for a short period where you can be monitored closely as you begin to recover. It may be one or more days before you are discharged from the hospital.

ACTIVITY

- Follow your doctor's guidelines.
- Return to normal activities gradually, pacing your return to activity as you feel better. Check with your doctor about strenuous activities.
- Let your doctor know about any changes in lifestyle you make during your recovery period.
- Report side effects from medications immediately. These may include headaches, nausea, vomiting or rash.
- Do not stop taking your medications unless you are asked to stop by the doctor who implanted your stent.
- Keep all follow-up appointments, including laboratory blood testing.
- Carry your Stent Implant Card at all times. If you receive dental or medical care or report to an emergency room/center, show your Stent Implant Card.

FREQUENTLY ASKED QUESTIONS

Can the stent move or rust?

Once positioned by your physician, the stent does not move on its own. It is manufactured so it will not rust.

Can I walk through metal detectors with a stent?

Yes, without any fear of setting them off.

How soon can I go back to work?

The majority of people return to work within a few days following the procedure.

What if I still have pain?

If you experience pain, immediately inform your cardiologist or the center where the procedure was performed.

Can I undergo MRI or scanner testing with a stent?

MRI safety testing has shown that the SYNERGY Stent is MR Conditional and that a patient with a SYNERGY Stent may safely undergo an MRI scan under certain conditions listed on the Stent Implant Card. Prior to undergoing an MRI scan, inform your doctor or MR technologist that you have a SYNERGY Stent.

Can I play sports?

Your doctor will tell you what sports you can play and when you can start them.

What should I change in my diet?

Your doctor may recommend changes to your diet in order to reduce your risk of future cardiac events.

Does everolimus (the drug delivered by the SYNERGY Stent) have any drug interactions that I should be concerned about?

Everolimus is delivered to the wall of your coronary artery from the stent placed in your coronary artery. It is estimated that the everolimus drug will be released into the surrounding arterial tissue for approximately 3 months following stent implantation. However, it is highly unlikely that the levels of everolimus in your blood will be measurable after one week or will have effects anywhere other than in your heart. The dose of everolimus that you would receive from the SYNERGY Stent is less than the recommended daily dose of everolimus that an organ transplant patient would be prescribed. Formal drug interaction studies with everolimus-based stents have not been conducted. Since some everolimus could remain on the stent, drug interactions at the location of the stent itself affecting the performance of the drug cannot be ruled out. Be sure to discuss with your doctor any drugs you are taking or are planning to take.

What if I have taken everolimus (the drug delivered by the SYNERGY Stent) before for cancer treatment and had a reaction to it?

Be sure to let your doctor know if you have had a previous allergic reaction to everolimus.

Where does the bioabsorbable polymer go once it's absorbed?

The bioabsorbable polymer is eliminated from the body as carbon dioxide and water through natural metabolic mechanisms.

SYNERGY™
Everolimus-Eluting Platinum Chromium Coronary Stent System

Non-clinical testing has demonstrated that the SYNERGY Stent is MR Conditional for single and overlapped conditions up to 75mm.

A patient with this device can be safely scanned in a Magnetic Resonance system meeting the following conditions:

- Static magnetic field of 3.0 and 1.5 Tesla only
- Maximum spatial gradient magnetic field of 2300 gauss/cm (23 T/m)
- Maximum Magnetic Resonance system reported, whole body averaged specific absorption rate (SAR) of <2 W/kg (Normal Operating Mode)

Under the scan conditions defined above, the SYNERGY Stent is expected to produce a maximum temperature rise of 3.1°C after 15 minutes of continuous scanning.

MR Image quality may be compromised if the area of interest is within the lumen or relatively near the stent. Therefore, it may be necessary to optimize MR imaging parameters for the presence of the stent. The image artifact extends approximately 1 cm from the stent when scanned in non-clinical MR testing specified in ASTM F2119-01. Image artifact was minimized using the spin echo sequence vs. gradient echo.

Please contact 888-272-1001 for more information about MR image artifact.

PLEASE CARRY YOUR CARD AT ALL TIMES.

Your cardiologist has prescribed a number of medications to thin the blood and prevent blood clots after your implant. It is extremely important to follow the medication regimen as prescribed by your cardiologist. Before considering any surgery or dental work that would require you to stop taking these medicines early, you and your doctors should consider the risks from premature discontinuation of these medications. **For questions regarding your Coronary Stent System or other procedures (e.g., MRI), please contact your implanting cardiologist.**

Patient Name:

Date of Birth:

Date of Implant:

Implanting Physician's Name:

Hospital:

City/State:

Phone Number

Stent Identification Information

Product Name:	Product Name:
Product Lot Number:	Product Lot Number:
Stent Location:	Stent Location:

Product Name:	Product Name:
Product Lot Number:	Product Lot Number:
Stent Location:	Stent Location: