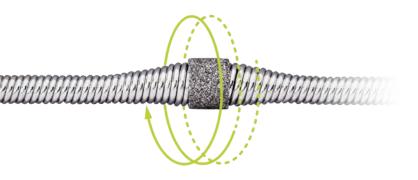
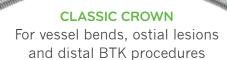
A SPECIALIZED APPROACH FOR PAD.

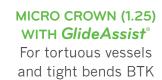
Our proprietary orbital technology is designed to facilitate crown contact with 360 degrees of the vessel wall. The diamond-coated crown differentially sands away arterial calcium from athersclerotic tissue, leveraging centrifugal force to facilitate compliance change, 1,2 while the orbital action allows continuous blood flow during treatment.1

See it at work at csi360.com.



SOLID CROWN More mass for maximum calcium removal

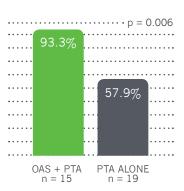




FEWER COMPLICATIONS

Using orbital atherectomy + low pressure PTA resulted in low complications³ and less bailout stents², which is especially critical for popliteal lesions.

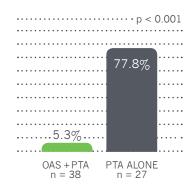
STUDIES DEMONSTRATE OAS IS THE SMARTER SOLUTION.



STATISTICALLY SIGNIFICANT DIFFERENCE IN FREEDOM FROM MAJOR ADVERSE EVENTS (MAE) AT 12 MONTHS³

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 STENTS²

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%.

CHOOSE THE RIGHT DEVICE FOR THE JOB.

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

DESCRIPTION	CROWN SIZE AND SHAFT LENGTH	SHEATH SIZE	MODEL NUMBER
Standard Length	1.25 MICRO, 145 CM with <i>GlideAssist</i> ®	4 Fr	DBP-125MICRO145
	1.25 SOLID, 145 CM	4 Fr	DBP-125SOLID145
	1.50 SOLID, 145 CM	5 Fr	DBP-150SOLID145
	2.00 SOLID, 145 CM	6 Fr	DBP-200SOLID145
	1.50 CLASSIC, 145 CM	5 Fr	DBP-150CLASSIC145
	2.00 CLASSIC, 145 CM	6 Fr	DBP-200CLASSIC145
Radial- Extended Length	1.25 SOLID, 200 CM	5 Fr	DBP-125S0L200
	1.50 SOLID, 200 CM	5 Fr	DBP-150S0L200
	1.75 SOLID, 180 CM	5 Fr	DBP-175SOL180

The CSI® Peripheral 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.

THAT'S THE POWER OF CONSTANT PROGRESS.

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



1225 Old Hwy 8 NW St. Paul, MN 55112

CARDIOVASCULAR SYSTEMS, INC. **T:** 651-259-1600 **F:** 612-677-3355 **877-274-0901 W:** csi360.com

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Adams GL, et al. Optimal Techniques with the Diamondback 360 System Achieve Effective Results for the Treatment of Peripheral Artery Disease. J Cardiovasc Transl Res. 2011 Apr; 4(2):220-9.

Dattilo R, et al. The COMPLIANCE 360° Trial: A Randomized, Prospective, Multicenter, Pilot Study Comparing Acute and Long Term Results of Orbital Atherectomy To Balloon Angioplasty For Calcified Femoropopliteal Disease. J Invasive Cardiol 2014; 26(8):355-60

³ Shammas NW, et al. Comparison of orbital atherectomy plus balloon angioplasty vs. Balloon angioplasty alone in patients with critical limb ischemia: Results of the CALCIUM 360 randomized pilot trial. J Endovasc Ther. 2012;19(4):480-488.

THE SMART SOLUTION TO TREAT YOUR PATIENTS.

Expand your PAD treatment options with multiple access solutions and low profile advantages of the revolutionary Diamondback 360° Peripheral Orbital Atherectomy device. The low profile design facilitates minimally invasive treatment options for those with peripheral artery disease.



 Sleek, electric-powered handle allows two-minute set-up and provides efficient torque transfer to the shaft and crown**

Easy, one-touch start button makes device power-up effortless

GlideAssist® Mode

Available on the 1.25 Micro Crown, this advanced feature enables the crown to spin at a slower speed (5k RPM), reducing friction to the system to facilitate tracking of the device, provide easier removal of the device, and allow smoother repositioning of the Viperwire Advance® during the procedure.*

CROWN SIZING GUIDE

2.00 mm Solid Crown

=

1.75 mm Solid Crown

ILIAC AND COMMON FEMORAL ARTERIES VESSEL

VESSEL
DIAMETER RANGE:
5.0–10.0 mm



2.00 mm Solid Crown



1.75 mm Solid Crown



1.50 mm Solid Crown



2.00 mm Classic Crown



1.25 mm Micro Crown with GlideAssist®



1.50 mm Solid Crown



1.25 mm Solid Crown



2.00 mm Classic Crown



1.25 mm Micro Crown with *GlideAssist*®



1.25 mm Solid Crown



1.50 mm Classic Crown



1.25 mm Micro Crown with *GlideAssist*®

***Do not use the device in a vessel that is too small for the crown.

The reference vessel diameter at the treatment area must be at least 2.00 mm in diameter for the 1.25 mm Micro Crown.

SUPERFICIAL FEMORAL ARTERY VESSEL

DIAMETER RANGE:

POPLITEAL ARTERY VESSEL DIAMETER RANGE:

4.0-6.0 mm

TIBIAL AND PERONEAL ARTERIES VESSEL

DIAMETER RANGE:

2.0-4.0 mm

DISTAL TIBIAL AND PEDAL ARTERIES VESSEL DIAMETER RANGE***:

2.0-2.5 mm

^{*}CSI data on file.

^{**} Set-up times may vary.