

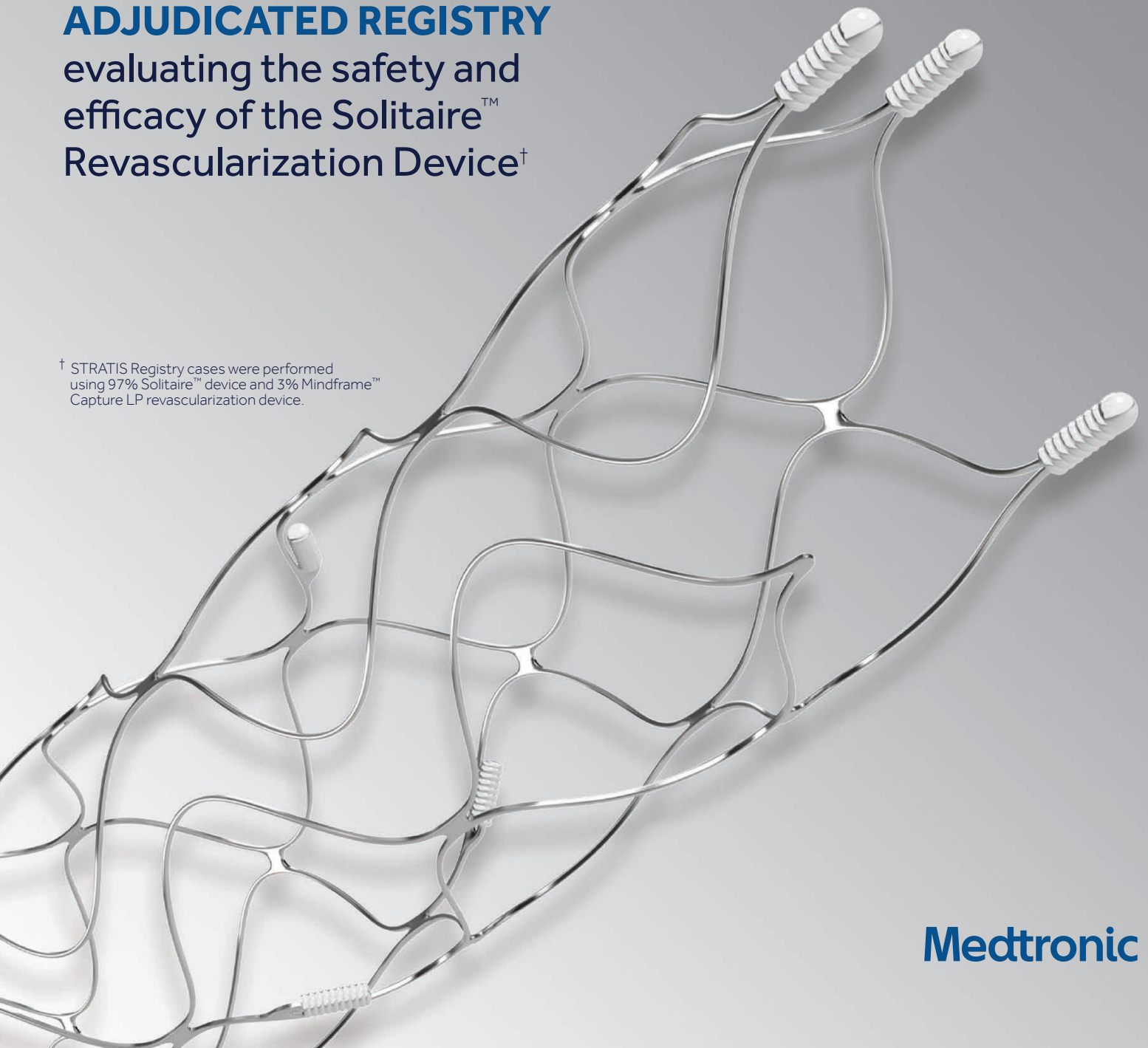
STRATIS STROKE REGISTRY

Systematic
Evaluation of Patients
TReated with Neuro-
thrombectomy
Devices for **A**cu**T**e
Ischemic **S**troke
(STRATIS) Registry

REAL-WORLD, CORE LAB ADJUDICATED REGISTRY

evaluating the safety and
efficacy of the Solitaire™
Revascularization Device†

† STRATIS Registry cases were performed
using 97% Solitaire™ device and 3% Mindframe™
Capture LP revascularization device.



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REAL- WORLD SETTING.

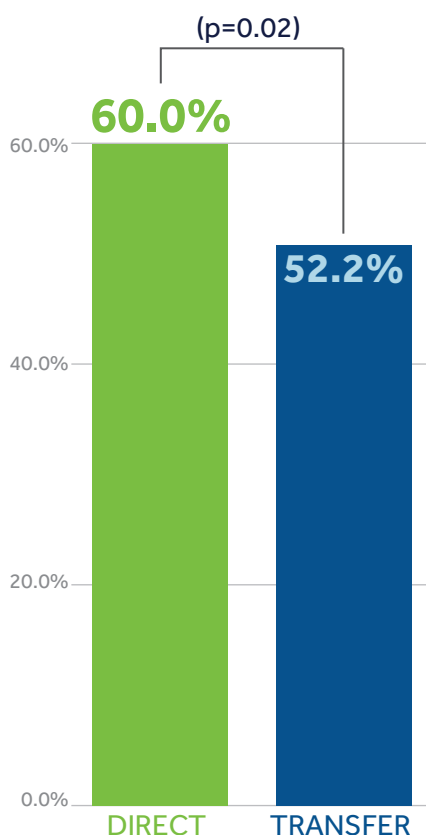
The Solitaire™ revascularization device results from the four RCTs (SEER¹) can be replicated in US centers, in a pragmatic, real-world setting.



HIGHER RATES OF FUNCTIONAL INDEPENDENCE WITH DIRECT.²

Patients admitted directly to endovascular capable centers have **significantly higher rates of functional independence @ 90 days** than transfer patients who received endovascular therapy due to reduced delays to treatment.

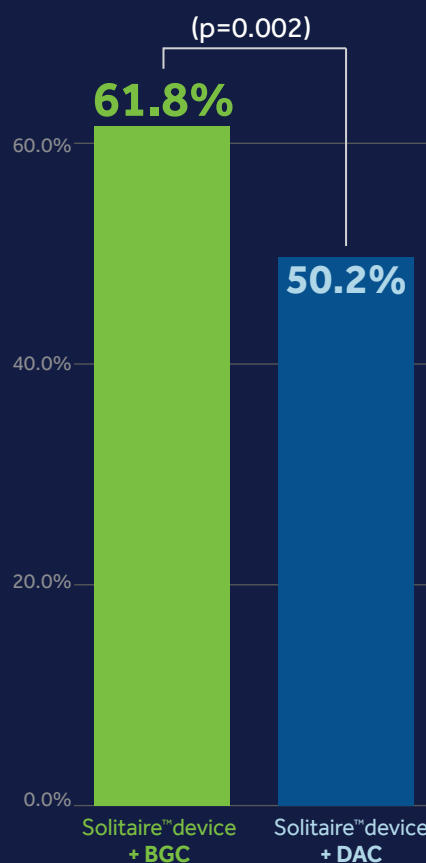
DIRECT VS. TRANSFER
(mRS 0-2 @ 90 days)



HIGHER RATES OF FUNCTIONAL INDEPENDENCE WITH BGC.³

Solitaire™ device + BGC vs. Solitaire™ device + Distal Access Catheter result in **higher rates of functional independence @ 90 days** (61.8% vs. 50.2%, p=0.002) with fewer passes (1.7 vs. 2.0, p=0.0008).

BGC VS. DAC
(mRS 0-2 @ 90 days)



STRATIS.

The largest study to date, with a focus on the impact of systems of care on clinical outcomes.

OBJECTIVE:

STRATIS was initiated to determine if the results of the 4 randomized controlled trials (RCTs) could be reproduced in a **real world setting** with a focus on studying systems of care and impact of different techniques on clinical outcomes.

DESIGN

Prospective, multicenter, observational, single-arm registry



POPULATION

Patients with acute ischemic stroke due to large vessel occlusion treated with Medtronic Neurovascular stent retrievers \leq 8 hours of symptom onset



SAMPLE SIZE

984 patients at 55 centers across the US

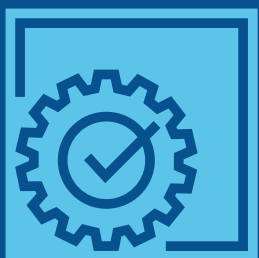


BASELINE CHARACTERISTICS⁴

Mean age (years)	67.8
Male Sex	54.2% (533/984)
Median initial qualifying NIHSS score	17.0

MEDICAL HISTORY

Atrial flutter/Atrial fibrillation	369/984 (37.5%)
Hypertension	712/984 (72.4%)
Diabetes mellitus	252/984 (25.6%)
Current or former tobacco use	465/984 (47.3%)



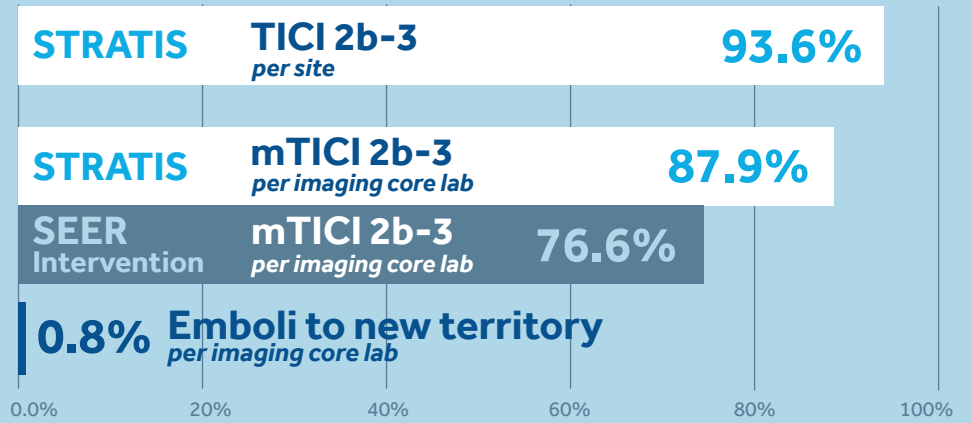
INDEPENDENT EVALUATIONS

Imaging Core Lab,
Technique Core Lab,
Clinical Events Committee

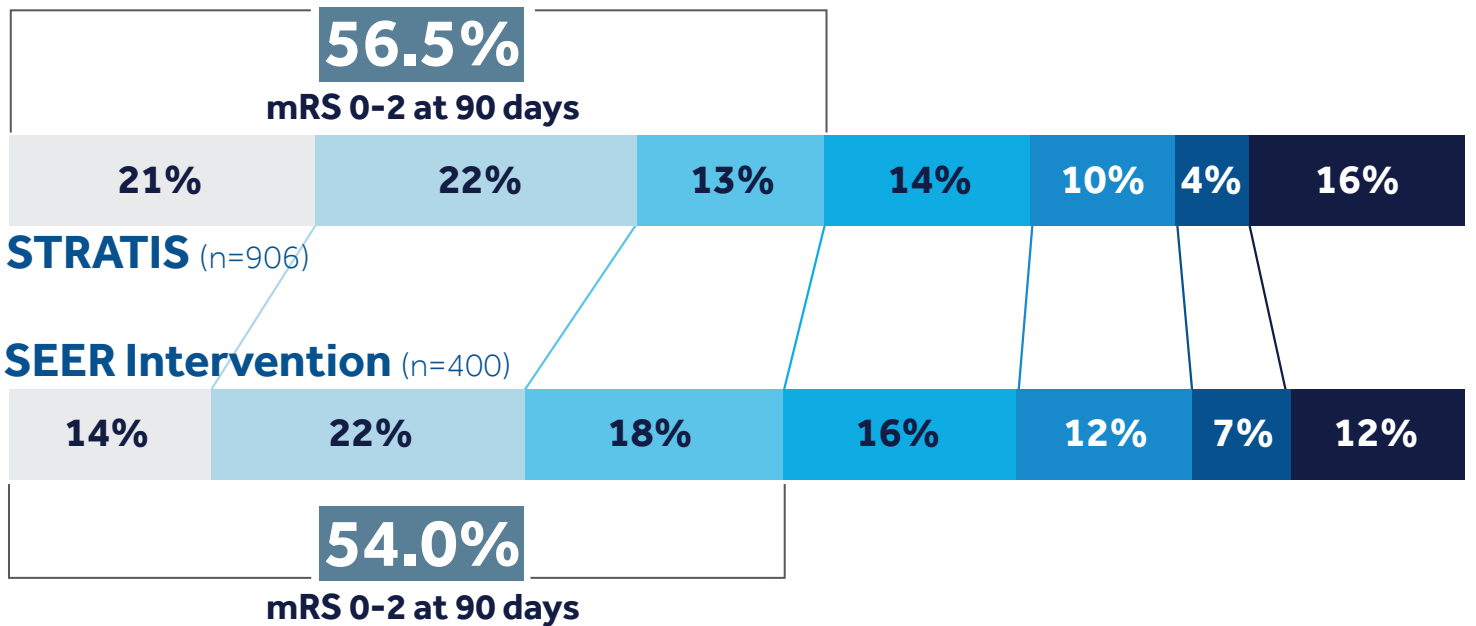
CORE LAB ADJUDICATION:

An independent group of experts reviewed imaging and operative notes to give an unbiased assessment of the results.

PRIMARY OUTCOMES⁴



FUNCTIONAL INDEPENDENCE AT 90 DAYS



Score on Modified Rankin Scale (mRS)



SAFETY OUTCOMES

	STRATIS	SEER Intervention	p VALUE
All-cause mortality at 90-day follow-up	14.4%	12.0%	0.26
sICH	1.4%	2.5%	0.25

OUTCOMES PER TECHNIQUE³

	SOLITAIRE™ DEVICE + BGC	SOLITAIRE™ DEVICE + DAC	p VALUE	
SPEED	PROCEDURAL CHARACTERISTICS			
	Time from puncture to revascularization (min)	44.0 ± 26.10	42.8 ± 30.91	0.11
	Number of device passes	1.7 ± 1.10	2.0 ± 1.30	0.0008
OUTCOME	REPERFUSION OUTCOMES			
	First Pass, TICl 2b-3 per technique core lab	66.9%	54.5%	0.0005
	Final, mTICl ≥ 2b-3 per image core lab	89.2%	87.8%	0.58
	CLINICAL OUTCOMES			
	mRS 0-2 at 90 days	61.8%	50.2%	0.002
SAFETY	SAFETY OUTCOMES			
	ENT (per imaging core lab)	0.9%	0.8%	0.87
	sICH	1.8%	1.2%	0.75
	All-cause mortality at 90 days	16.1%	14.9%	0.55

STEERING COMMITTEE

Nils H. Mueller-Kronast, MD - National PI
M. Ali Aziz-Sultan, MD
Michael T. Froehler, MD, PhD
Reza Jahan, MD
Richard P. Klucznik, MD
Jeffrey L. Saver, MD
Osama O. Zaidat, MD

CLINICAL EVENTS COMMITTEE

Nerses Sanossian, MD - Chair
Arun Amar, MD
Yince Loh, MD

CORE LAB

David S. Liebeskind, MD - Imaging
Osama O. Zaidat, MD - Techniques

Solitaire™ FR Revascularization Device, Solitaire™ 2 Revascularization Device, Solitaire™ Platinum Revascularization Device and MindFrame Capture™ LP Revascularization Device used in Intervention group.

CAUTION: Federal (USA) law restricts these devices to sale distribution and use by or on order of a physician. Indications, contraindications, warnings and instructions for use for Solitaire™ X Revascularization Device can be viewed at www.medtronic.com/manuals. Indications, contraindications, warnings and instructions for all other products can be found in the product labeling supplied with each device.

The MindFrame Capture™ LP Revascularization Device is intended to restore blood flow by removing thrombus from a large intracranial vessel in patients experiencing ischemic stroke within 8 hours of symptom onset. Patients who are ineligible for intravenous tissue plasminogen activator (IV t-PA) or who fail IV t-PA therapy are candidates for treatment. This Device should only be used by physicians¹ trained in interventional neuroradiology and treatment of ischemic stroke.

¹ Campbell BC, Hill MD, Rubiera M, et al. Safety and Efficacy of Solitaire Thrombectomy: Individual Patient Data Meta-Analysis of Randomized Trials. Stroke. Mar 2016; 47(3): 798-806.

² Froehler MT, Zaidat OO, Aziz-Sultan MA, Jahan R, Klucznik RP, Saver JL, et al. Interhospital transfer prior to thrombectomy is associated with delayed treatment and worse outcomes in the STRATIS registry. Presented at: International Stroke Conference 2017; February 23, 2017; Houston, TX.

³ Zaidat OO, Froehler MT, Jahan R, Aziz – Sultan MA, Klucznik RP, Saver JL, et al. Influence of balloon, conventional, or distal catheters on angiographic and clinical outcomes in the STRATIS registry. Presented at: International Stroke Conference 2017; February 22, 2017; Houston, TX.

⁴ Mueller-Kronast NC, Zaidat OO, Froehler MT, Jahan R, Aziz-Sultan MA, Klucznik RP, et al. Primary outcome results of the systemic evaluation of patients treated with neurothrombectomy devices for acute ischemic stroke (STRATIS) registry. Presented at: International Stroke Conference 2017; February 22, 2017; Houston, TX.

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