ACIST RXi®

ACIST **Diastolic Pressure Ratio** (dPR)

Non-hyperemic index for coronary physiology

Reducing costs, time and patient discomfort

ACIST diastolic pressure ratio (dPR), using the ACIST RXi® Rapid Exchange System, provides a non-hyperemic alternative for physiological assessment of coronary disease. Non-hyperemic pressure ratios, such as dPR, may reduce patient discomfort*, cost** and procedural time.***

Reduced Patient Discomfort

Reduced Cost

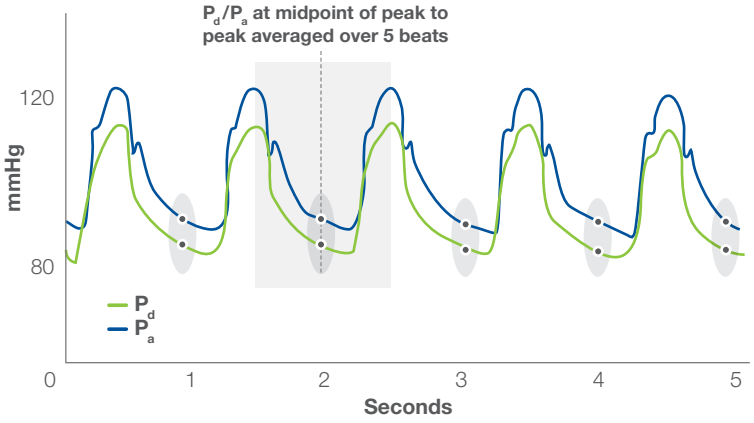
Reduced Time

ACIST RXi® Rapid Exchange System

Uses Navvus MicroCatheter, the go-to alternative to traditional pressure wires, enabling the physician to use their 0.014" guidewire of choice for reliable assessment of coronary physiology.

ACIST dPR algorithm

The dPR algorithm provides a non-hyperemic alternative for evaluating coronary artery stenosis by measuring a ratio of P_d to P_a at the peak-to-peak midpoint, averaged over five consecutive heartbeats, without relying on an ECG signal for the calculation.



ACIST dPR by the numbers (compared to iFR)[1]

0.89	0.993	99.68%	88.92%
dPR cutpoint	AUC	Sensitivity	Specificity

Analysis of the ACIST dPR vs. iFR[1]

Purpose

Waveform data collected during the CONTRAST[2] clinical study was retrospectively assessed on both the ACIST RXi System and Philips CORE Mobile System to compare dPR and iFR results.

Methods

A validated hemodynamic test fixture was used to simulate signals to the RXi and Philips consoles for 671 paired lesions.

12 sites | **763** patients

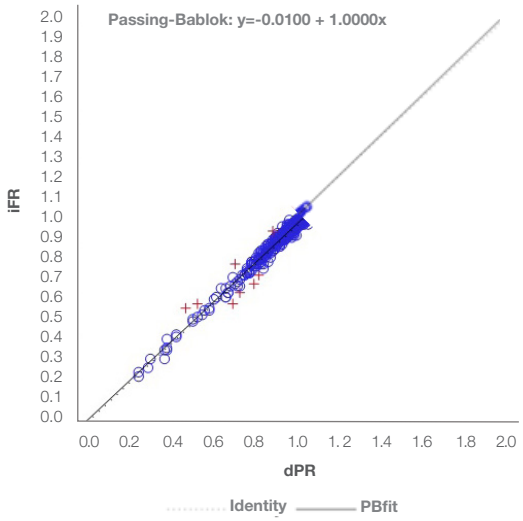
Results

Diagnostic accuracy of dPR (cutpoint of 0.89) referenced to iFR (0.89) was **93.89%**

Key points

- ACIST dPR is highly correlated with iFR
- ACIST dPR provides similar diagnostic accuracy as iFR

Passing-Bablok Comparison between dPR (cutpoint 0.89) and iFR (0.89)



Learn more about ACIST dPR* and the Navvus® Rapid Exchange Pressure MicroCatheter at **ACIST.com**

℞Only

* Reduced side effect profile when comparing resting approach (iFR, dPR, Pd/Pa) to FFR with adenosine induced hyperemia.
** Cost savings based on the reduced cost of utilizing a resting approach compared to conventional FFR and respective cost of administration of hyperemic agent (adenosine).
*** When comparing resting index (iFR, dPR, Pd/Pa) to FFR with adenosine induced hyperemia.

1. Data on file TR-14743.
2. Johnson NP, Jeremias A, Zimmermann FM, et al. Continuum of Vasodilator Stress From Rest to Contrast Medium to Adenosine Hyperemia for Fractional Flow Reserve Assessment. JACC Cardiovasc Interv. 2016;9(8):757-767. doi:10.1016/j.jcin.2015.12.273.

ACIST®