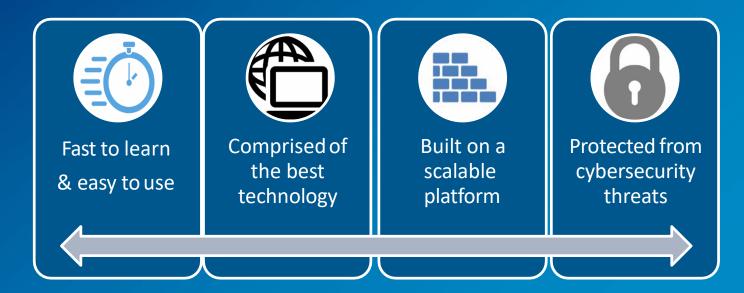


IntraSight customer presentation

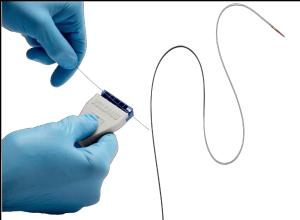
innovation #you



In recent years, our customers have asked for a system that is...









SMART

Delivering Philips' best-in-class imaging, physiology and co-registration tools on a foundational applications based platform



Digital IVUS imaging



Peripheral imaging



Rotational IVUS imaging



ChromaFlo imaging





CONFIDENTIAL- PHILIPS INTERNAL USE ONLY

All-new IntraSight features optimize performance















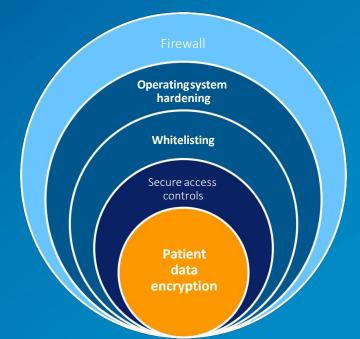


The first IVUS & Physiology platform to run on Windows 10



Michasival Windows agurity protection

- Latest data encryption methods
- Secure Access
- Secure Data Management

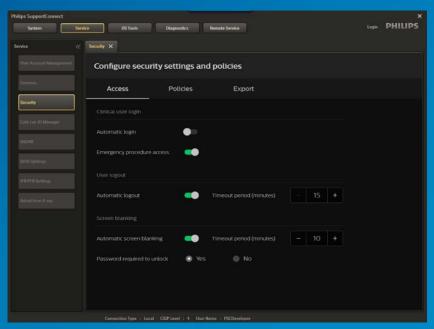




Advanced cybersecurity with secure data management & access tools



Custom security levels to fit your particular organizational needs





Philips Remote Services

Enables the user to enjoy the benefits of:

- Keeping systems running smoothly
- Diagnosing problems remotely
- Improving uptime
- Accelerating field service response times

Minimize downtime, maximize first time right fix





Foundational platform architecture for current and future applications

Scalable software and hardware to meet the evolving needs of your lab



Intuitive redesign



- Modern & simple interface
- Fast to learn & easy to use.





Seamless integration of data across modalities

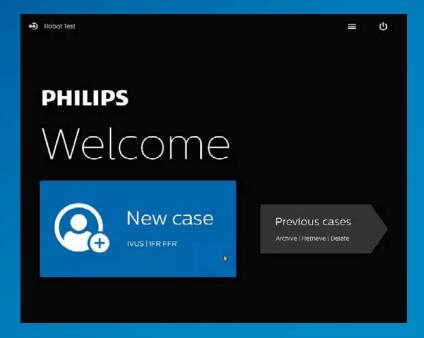




Seamless integration of patient data with Azurion and Allura Systems



- Import directly to IntraSight
- Increase efficiency
- Reduce errors





Optimize training with demo mode





Best in class technology



Only IntraSight offers iFR, the only resting index...







Included in both the ACCAUC¹ and the NCDR²

Designated as "Definitely Beneficial" by the SCAI³

Included in the ESC guidelines as a Class IA recommendation⁴

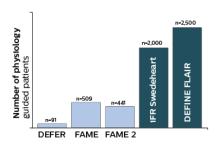
^{1.} Patel M, et al., ACC/AATS/AHA/ASE/ASNC/SCAI/SCCT/STS 2017 Appropriate Use Criteria for Coronary Revascularization in Patients with Stable Ischemic Heart Disease. J Am Coll Cardiol. 2017 May 2;69(17):2212-2241.

^{2.} ACC CathPCI Hospital Registry. https://www.ncdr.com/WebNCDR/cathpci/home/datacollection.

^{3.} Loft i., et al. Focused update of expert consensus statement: Use of invasive assessments of coronary physiology and structure: A position statement of the society of cardiac angiography and interventions. Cathetr Cardiovasc Interv. 2018;1–12.
4. 2018 ESC/EACTS Guidelines on myocardial revascularization: The task force on myocardial revascularization of the European associety of cardiologye (ESC) and European association for cardio-otheracis customere (EACTS). Extremely 1. 2018;00:15.

Proven outcomes._{1,2}Superior value._{1,3}

Proven outcomes



- Validated in more than 4,500 patients^{1,2}
- Consistent outcomes as with FFR
- 0.89 cut-point backed by data^{1,2,4}



- \$896 cost savings per patient¹
- 10% reduction in proceduretime¹
- 90% reduction in patient discomfort¹

^{1.}Davies 15, et al., DEFINE-FLAIR: A Multi- Centre, Prospective, International, Randomized, Bilinded Comparison of Clinical Outcomes and Cost Efficiencies of iFR and FFR Decision-Making for Physiological Guided Coronary Revascularization. New England Journal of Medicine, equit March 18, 2017

^{2.} Gotberg M, et al., Instantaneous Wave-Free Ratio Versus Fractional Flow Reserve Guided Intervention (IFR-SWEDEHEART): A Multicenter, Prospective, Registry-Based Randomized Clinical Trial. New England Journal of Medicine, epub March 18, 2017 3... Patel M. "Cost-effectiveness of instantaneous wave-Free Ratio (IFR) compared with Fractional Flow Reserve (FFR) to guide coronary revascularization decision-making." Late-breaking Clinical Trial presentation at ACC on March 10, 2018.

A. An IFR cut-onior 10.28 matches best with an FFR is Exhemic cut-onior of G8.08 with a sensification of 87.88 with an exhibition of 20.88 matches best with an FFR is 10.85 of 10.11.23!

DEFINE PCI results show an opportunity to improve PCI

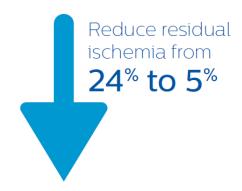
1 in 4 patients leave the cath lab with post-PCI residual ischemia (iFR < 0.90)

"Most patients with impaired post-PCI physiology had residual focal lesions related to or distant from the stented segment that potentially could be further optimized by additional PCI."

If all focal lesions with post-PCI iFR<0.90 were successfully treated with additional PCI, the iFR was modeled to become non-significant

Only 23 of the 467 patients (4.9%) with qualified post-PCI iFR pullbacks would remain ischemic (iFR<0.90)

Results imply a possibility to



Optimize PCI with iFR co-registration



Easily identify and treat the regions causing ischemia with iFR co-registration.

Before a stent is even placed, use virtual stenting to ensure your treatment maximizes physiologic gain.

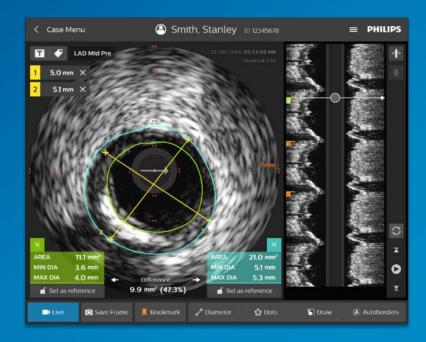


Only IntraSight offers plug-and-play IVUS



Ultimate ease of use with digital IVUS

Maximum choice with the broadest portfolio of IVUS catheters.



See clearly & treat optimally with IVUS co-registration



Map the 3D vessel anatomy to the angiogram to understand precisely where the disease begins and ends.

Appropriately size the stent diameter, length, and placement for improved outcomes.

Combine with iFR for Tri-registration and get the complete picture.



Also new within the IntraSight Ecosystem



SyncVision 4.2

- Compatible with IntraSight
- Significant usability upgrades
- Automatic co-registrations



New Automatic IVUS Co-Registration workflow



- IVUS co-registration is now hands-free like iFR
 - Same workflow for both modalities

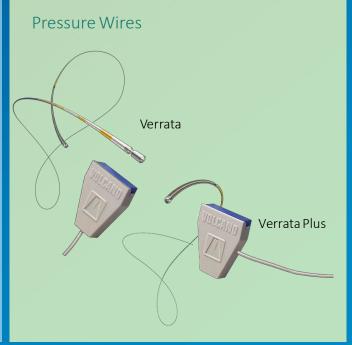


pullback under fluoro angiogram co-registration complete

Compatible with the complete line of current & future Philips catheters and pressure wires







IntraSight Configurations: 3, 5 and 7



SYSTEM/FEATURE	IntraSigh t 3	IntraSigh t 5	IntraSigh t 7
IntraSight interventional applicationsplatform (Includes IntraSight CPU with Windows 10 OS, 19" monitor kit, mouse & keyboard, cablingkit)	✓	✓	✓
Imaging (IVUS) License (Includes Digital, Rotational, and ChromaFloIVUS)	✓	✓	✓
Physiology License (Includes iFR Hyperemia Free Lesion Assessment Modality, FFR Modality)		✓	✓
Touch Screen Module (TSM)	✓	✓	✓
Philips Remote Services	✓	✓	✓
IVUS and iFR co-registration/tri-registration (Includes Syncvision CPU & v 4.2 software, monitor, joystick, mouse & keyboard, cabling kit)			✓
Device Detection			✓
Quantitative coronary analysis			✓
Vessel enhancement			✓



Appendix: Software "Buttonology"

Welcome to IntraSight



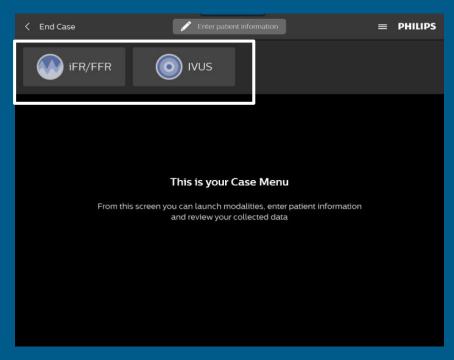
Get started immediately and proceed through cases with a simple and intuitive interface.

Right from the start, users are presented with a simple choice...either start a case, or access previous cases.

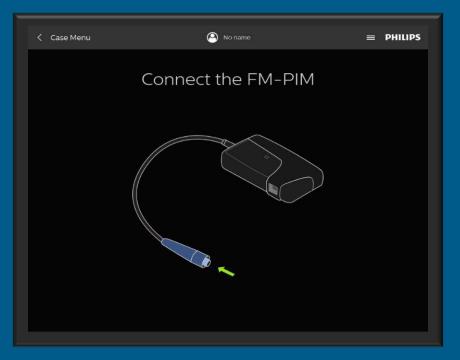


Shared Case Menu

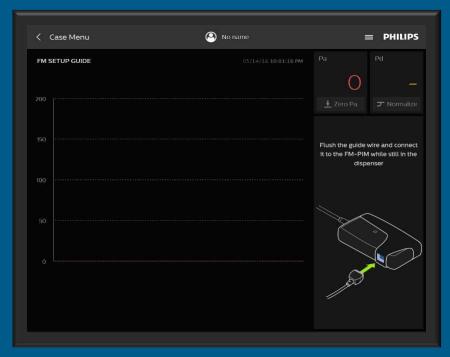








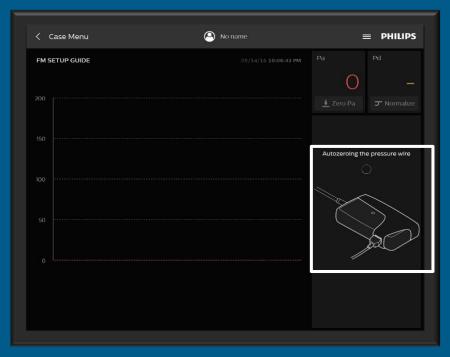












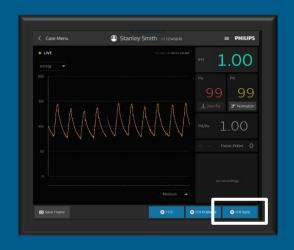


The blue buttons indicate the likely next step in the workflow



iFR Spot









Select iFRSpot

iFR Spot Results

iFR Pullback







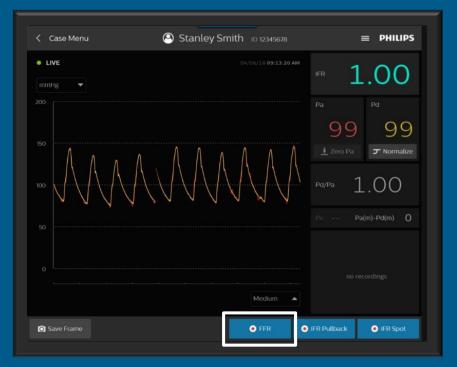


Select iFR Pullback

iFR Pullback Results

FFR Measurement Workflow





FFR Measurement Workflow



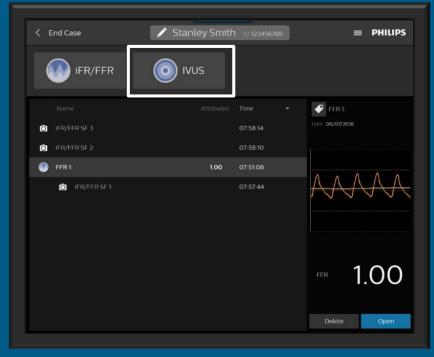


FFR Measurement Workflow

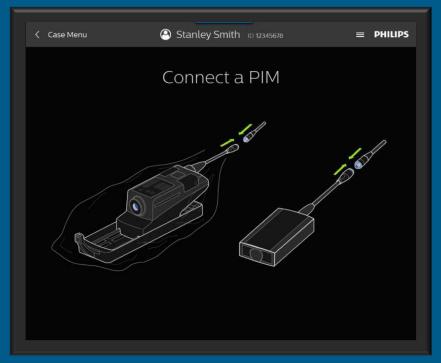












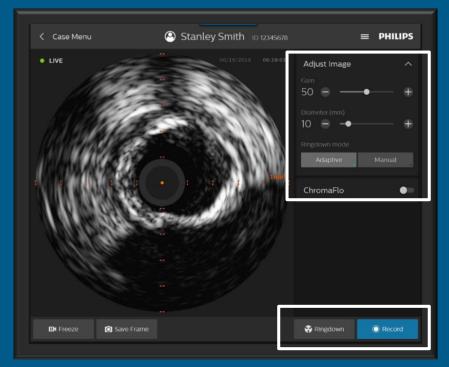








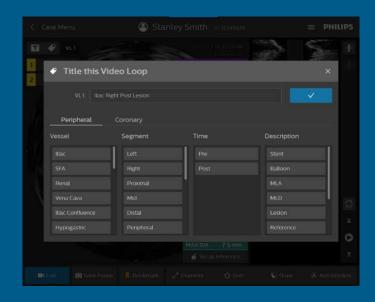


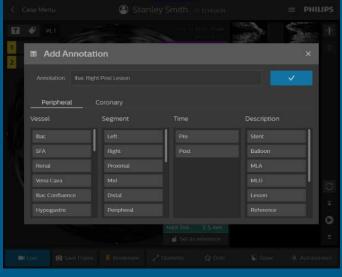












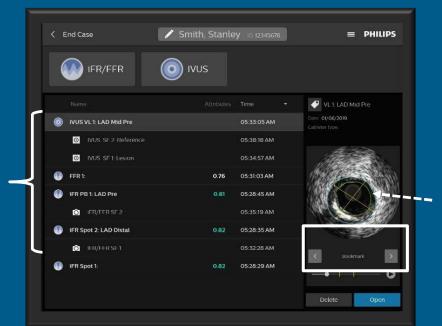




Sample Populated Case Menu



Combined IVUS and Physiology case data all in one place



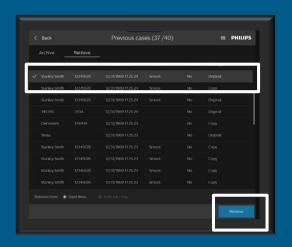
Video loop playback within the menu for easy recall

Case Retrieval





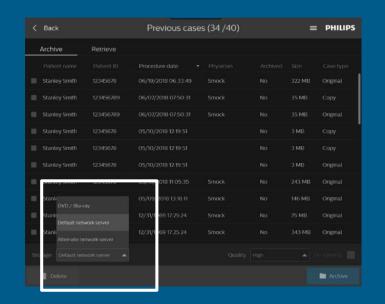
Select Retrieve from Welcome Screen

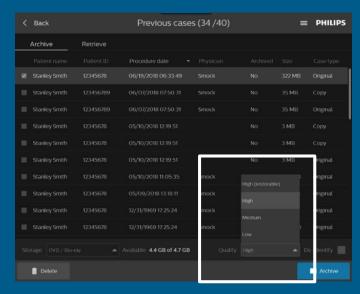


Select Case from list and then Retrieve

Archive & Retrieval





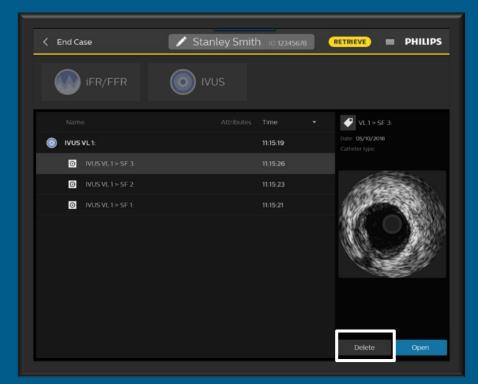


Multiple cases can be archived and deleted at one time to DVD/Blu-Ray or DICOM network

Multiple compression settings

Case Deletion





Select Delete