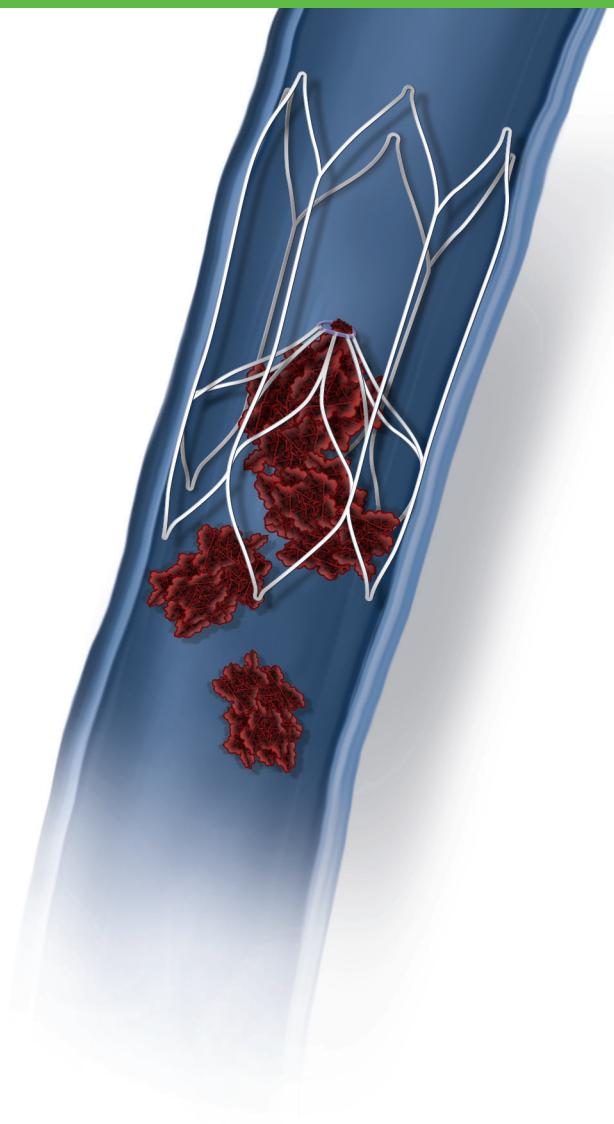
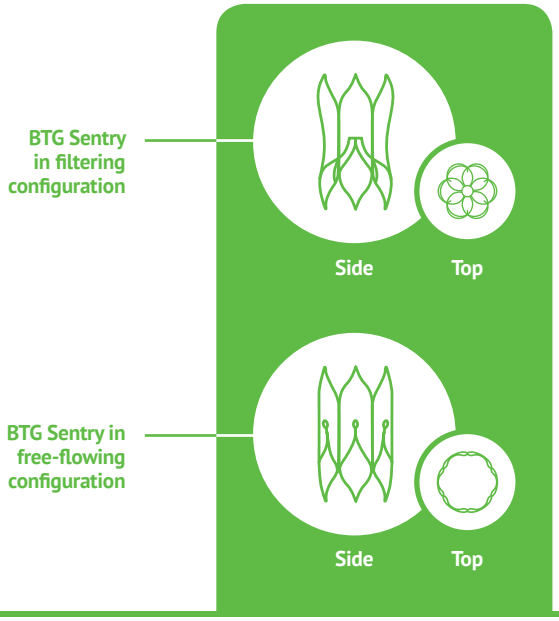
BTG **Sentry**



PROTECTION WHEN YOU NEED IT, PATENCY WHEN YOU DON'T

RE-INVENTING PE PROTECTION

The BTG Sentry Bioconvertible IVC Filter is designed to provide immediate protection[1] against Pulmonary Embolism (PE) in patients at transient risk of PE. The BTG Sentry is designed to bioconvert following that risk period, to leave a patent, unobstructed lumen[1], eliminating the need for retrieval procedures, as well as reducing the associated risks and complications[1] of conventional long-term filters[1].



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SETTING THE STANDARD FOR VASCULAR THERAPIES

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The BTG Sentry Bioconvertible IVC Filter System Contains:

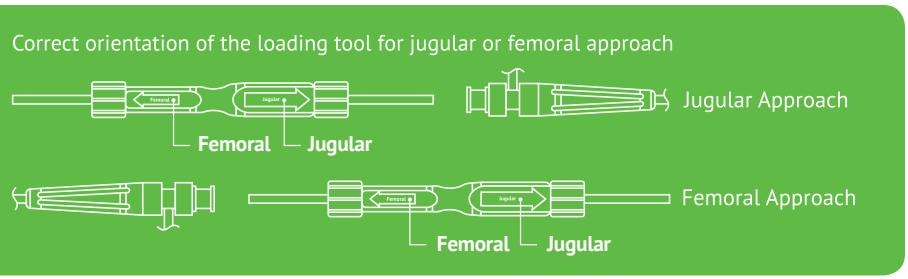
- IVC Filter
- Introducer Sheath
- Dilator
- Pusher
- Loading Tool

Product Specifications

- Indicated for IVCs with average diameters between 16 mm and 28 mm
- Maximum deployed length is 57.7 mm
- Designed for access via left or right femoral vein, or right jugular vein
- Delivered through a 7 Fr ID Introducer Sheath

Non-clinical testing has demonstrated that the BTG Sentry Bioconvertible IVC Filter is MR conditional. It can be scanned safely under the following conditions[18]:

- Static magnetic field of 1.5 T or 3.0 T
- Spatial gradient field of 40 T/m or 4,000 G/cm or less
- Maximum whole body averaged specific absorption rate of:
  - 2.0 W/kg at 1.5 T
  - 1.0 W/kg at 3.0 T



Unique Frame

- Cylindrical Nitinol frame designed to minimize migration, perforation, embolization, and tilt
- Self-expanding filter cone formed by 6 arms held centrally by a bioabsorbable filament[2]
- Self-centering filtering cone is designed to reduce the risk of tilting and thereby maximizes filtration capacity

Bioconvertible Design

- Designed to automatically bioconvert with arms retracting to the IVC wall after the period of transient risk (approximately 60 days)[1], providing protection when you need it[3-16]
- Bioconversion process leaves a patent lumen
- Eliminates the requirement, cost, and risk associated with IVC filter retrieval

Proven Results

- The prospective multicenter SENTRY study demonstrated a high level of safety and effectiveness
- The trial established 100% freedom from new symptomatic PEs through 12 months, while typical published rates of symptomatic PEs range from 0.5 – 6%[17]

Results	**0 – 1 month (n = 129)**	**1 – 2 months (n = 127)**	**2 – 6 months (n = 126)**	**6 – 12 months (n = 117)**
New Symptomatic PE	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Stability Complications	**1 month (n = 129)**	**2 months (n = 119)**	**6 months (n = 114)**	**12 months (n = 111)**
Tilt	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Migration	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Fracture	0 (0%)	0 (0%)	0 (0%)	0 (0%)
IVC Perforation	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Any Complication Found on Imaging	**0 (0%)**	**0 (0%)**	**0 (0%)**	**0 (0%)**

[1] Michael D. Dake, M.D. et al, Presented at VIVA 2017, Las Vegas, NV, September 2017. [2] Composed of Poly p-dioxanone (PPDO). [3] Brackenridge. *Am. J. Surg. 2011;* 201, 209 – 215 [4] Batty. *ANZ. J. Surg. 2012*; 82, 817–821 [5] Sing. *J. Trauma 2016*; 60, 732 – 735. [6] Coleman. *J. Am. Coll. Surg. 2015*; 220, 731 – 736. [7] Parvizi. *J. Arthroplasty 2015*; 30: 1,050 – 1,053. [8] Bjørnarå. *J. Bone Joint Surg. Br. 2006*; 88: 386 – 391. [9] Arcelus. *Thromb. Haemost. 2008*; 99: 546 – 551. [10] White. *Arch. Intern. Med. 1998*; 158: 1,525 – 1,531. [11] Hope. *Am. J. Surg. 2007*; 194, 814 – 819. [12] Douketis. *Arch. Intern. Med. 2000*; 160, 3,431 – 3,436. [13] Kearon. *CHEST J. 2016*; 149, 315 – 352. [14] Owings. *Arch. Surg. 1997*; 132: 862 – 867. [15] Spencer Netto. *Injury 2012*; 43: 1,502 – 1,506. [16] SooHoo. *J. Arthroplasty 2006*; 21: 705 – 711. [17] Caplin. *J. Vasc Interv. Radiol. 2011*; 22, 1,499 – 1,506. [18] See IFU for complete MR Conditional Information.

The BTG Sentry IVC Filter is indicated for the prevention of recurrent Pulmonary Embolism via percutaneous placement in the inferior vena cava in patients at transient risk of PE, in the following situations: pulmonary thromboembolism when anticoagulants are contraindicated; failure of anticoagulant therapy in thromboembolic diseases; emergency treatment following massive PE where anticipated benefits of conventional therapy are reduced.

Product availability varies by country. Prior to use, please refer to the applicable Instructions for Use (IFU) for complete product indications, contraindications, warnings, and precautions. **Caution**: Federal (USA) law restricts these devices to sale by or on the order of a physician.

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BTG Vascular | 11911 N. Creek Pkwy S. | Bothell, WA 98011 | 888.400.3567