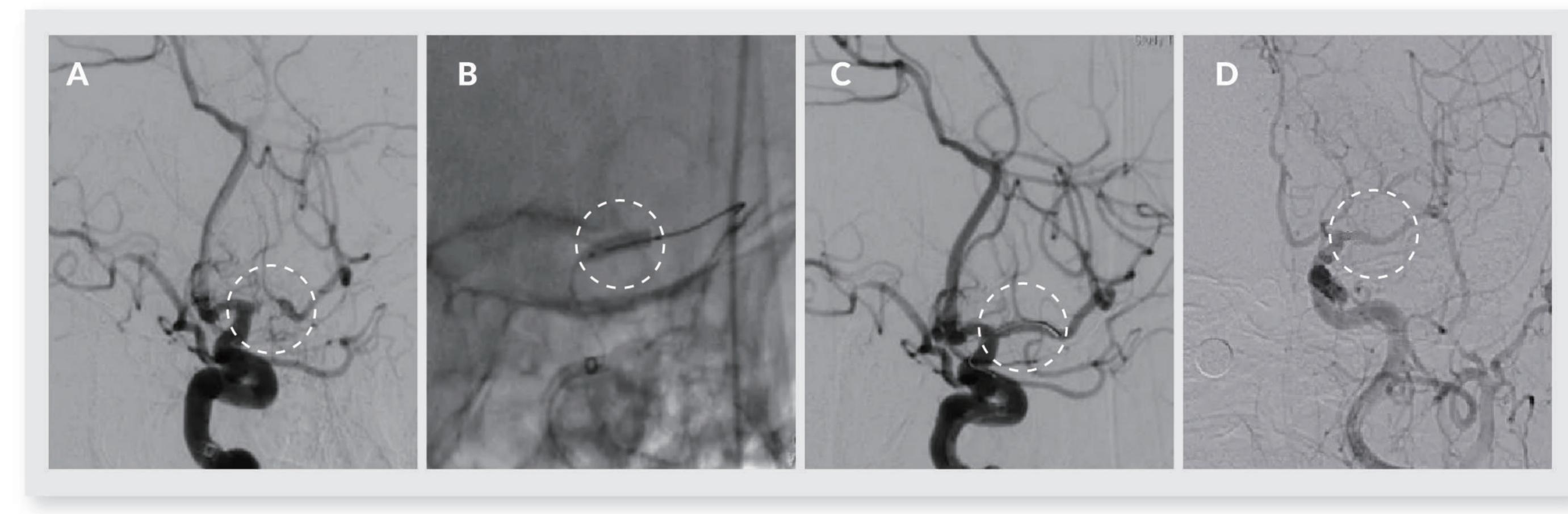
♦ Case 1

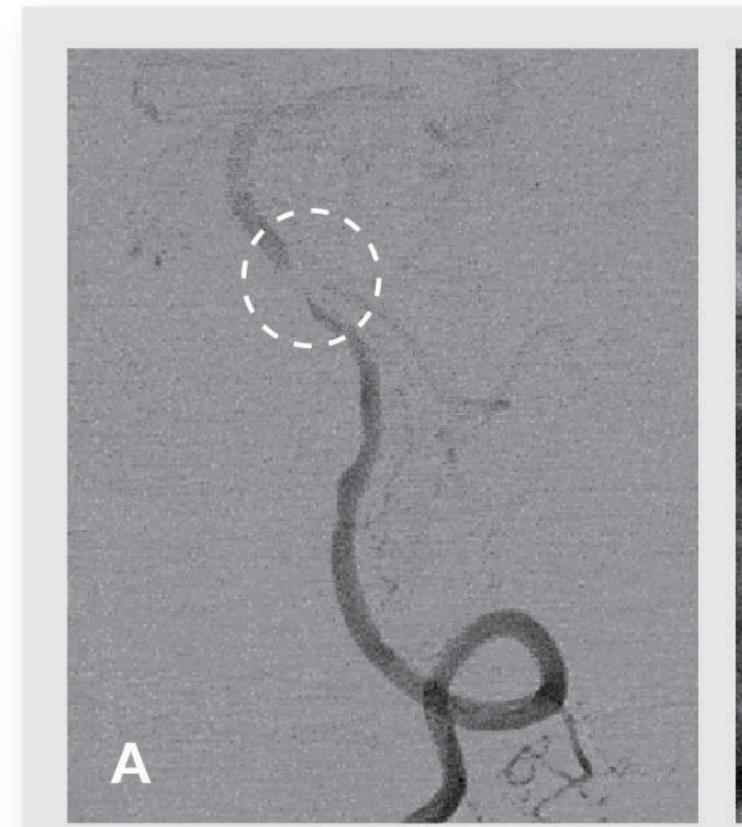
A 64-year-old female presented with symptomatic left MCA stenosis. She had stroke risk factors of hypertension and diabetes mellitus, and had no improvement in her symptoms after aggressive medical therapy.

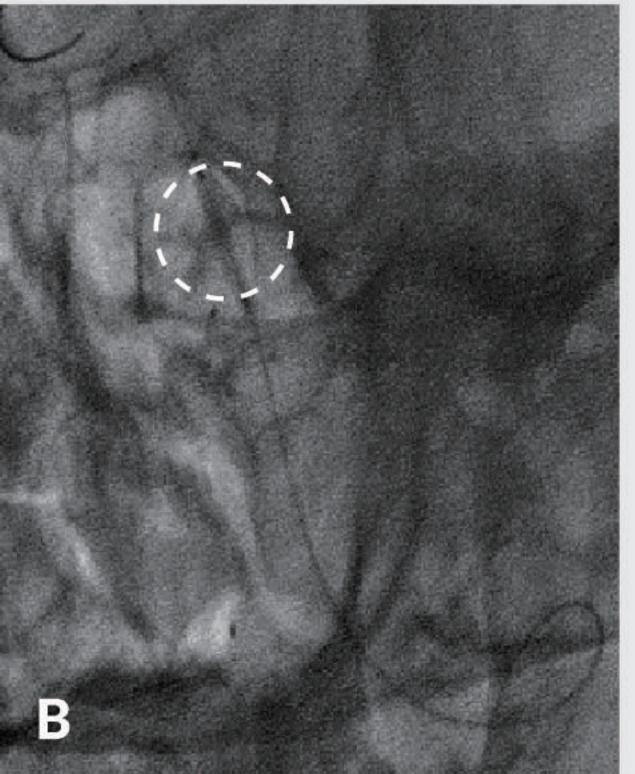


- the degree of stenosis >90%, stenosis length about 5mm, slow blood flow, poor distal perfusion, poor collateral compensation, mTICI
- B The lesion was treated with one APOLLO™ stent (2.5mm × 8mm) to completely cover the entire lesion.
- C Immediate outcomes after stenting were no residual stenosis, restored distal perfusion and mTICI grade III.
- One-year follow-up showed no in-stent restenosis, and the blood flow was unobstructed with great distal perfusion, mTICI grade III. The patient did not experience any ischemic events after proce-

♦ Case 2

A 57-year-old male presented with symptomatic proximal basilar artery(BA) stenosis.









- A DSA showed severe proximal BA stenosis, with the degree of steno-
- B The lesion was treated with one APOLLO™ stent (2.5 mm × 15 mm) to completely cover the entire lesion.
- C Immediate outcomes after stenting were no residual stenosis, restored distal perfusion and mTICI grade III. The perforating artery was not occluded.
- D One-year follow-up showed excellent BA patency with no in-stent restenosis and great distal perfusion.

PUBLICATIONS

[1] Miao Z, Zhang Y, Shuai J, et al. Thirty-Day Outcome of a Multicenter [4] Zhang Y, Rajah GB, Liu P, et al. Balloon-mounted versus self-ex-Registry Study of Stenting for Symptomatic Intracranial Artery Stenosis in panding stents for symptomatic intracranial vertebrobasilar artery China. Stroke. 2015;46(10):2822-2829.

[2] Ma N, Zhang Y, Shuai J, et al. Stenting for symptomatic intracranial arte- 704-713. rial stenosis in China: 1-year outcome of a multicentre registry study. Stroke [5] Jia B, Feng L, Liebeskind DS, et al. Mechanical thrombectomy and Vasc Neurol. 2018;3(3):176-184.

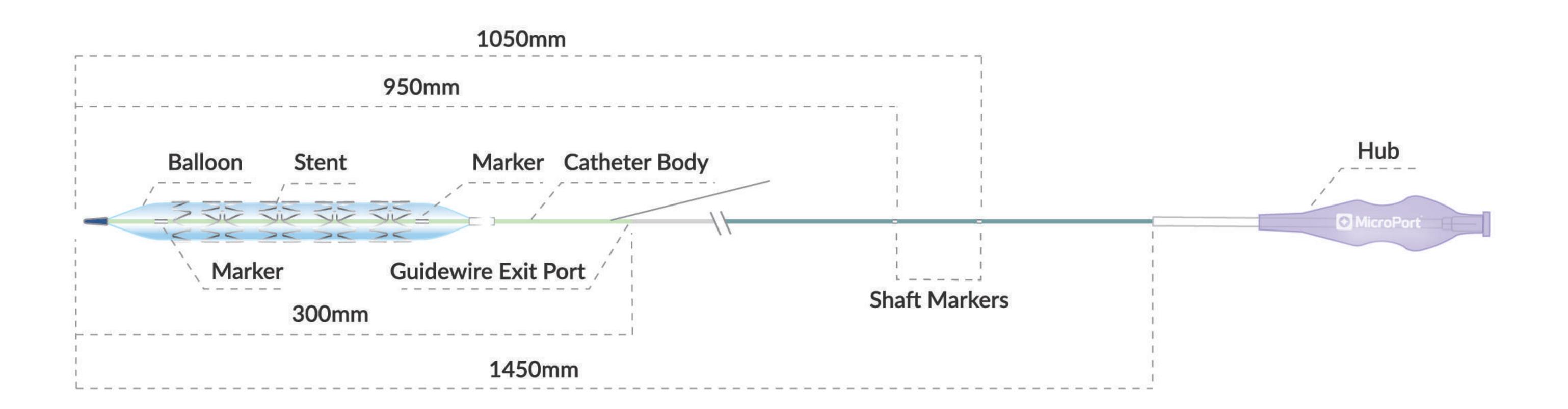
[3] Li G, Wang N, Li X, et al. Balloon-Mounted versus Self-Expanding Stent atherosclerosis. J Neurointerv Surg. 2018, 10(8): 746-750. Outcomes in Symptomatic Middle Cerebral Artery Stenosis Combined with [6] Wu C, Chang W, Wu D, et al. Angioplasty and/or stenting after Poor Collaterals in China: A Multicenter Registry Study. World Neurosurg. thrombectomy in patients with underlying intracranial atherosclerotic 2019, S1878-8750(19)30061-0.

stenosis combined with poor collaterals. Neurol Res. 2019, 41(8):

rescue therapy for intracranial large artery occlusion with underlying

stenosis. Neuroradiology. 2019, 61(9):1073-1081.

Product Structure



♦ Product Specification

Product Catalog Number	Stent Inner Diameter at Nominal Pressure (mm)	Stent Length (mm)	Compatible Guiding Catheter Size	Maximum Outer Diameter of Guide Wire
A2508	2.5	08	6F	0.014 inch
A2513		13		
A2518		18		
A3008	3.0	08		
A3013		13		
A3018		18		
A3023		23		
A3508	3.5	08		
A3513		13		
A3518		18		
A3523		23		
A4008	4.0	08		
A4013		13		
A4018		18		
A4023		23		

- ♦ Nominal Expansion Pressure: 6 atm
- ♦ RBP is based on the results of in vitro testing.
- ♦ Rated Burst Pressure(RBP): 12 atm
- ♦ At least 99.9% of the balloons (with a 95% confidence) will not burst at or below their RBP.

Indication for use

The APOLLO™ Intracranial Stent System is indicated for use in improving cerebral artery lumen diameter in patients with atherosclerotic disease in intracranial vessels ranging from 2.5 to 4.0 mm in diameter with >50% stenosis and that are accessible to the stent system.

Contraindications

The APOLLO™ Intracranial Stent System is contraindicated for use in: 1) Lesions that are highly calcified or otherwise could prevent access or appropriate expansion of the stent.

2)Patients in whom anticoagulant and/or antiplatelet therapy is contraindi-

MicroPort NeuroTech

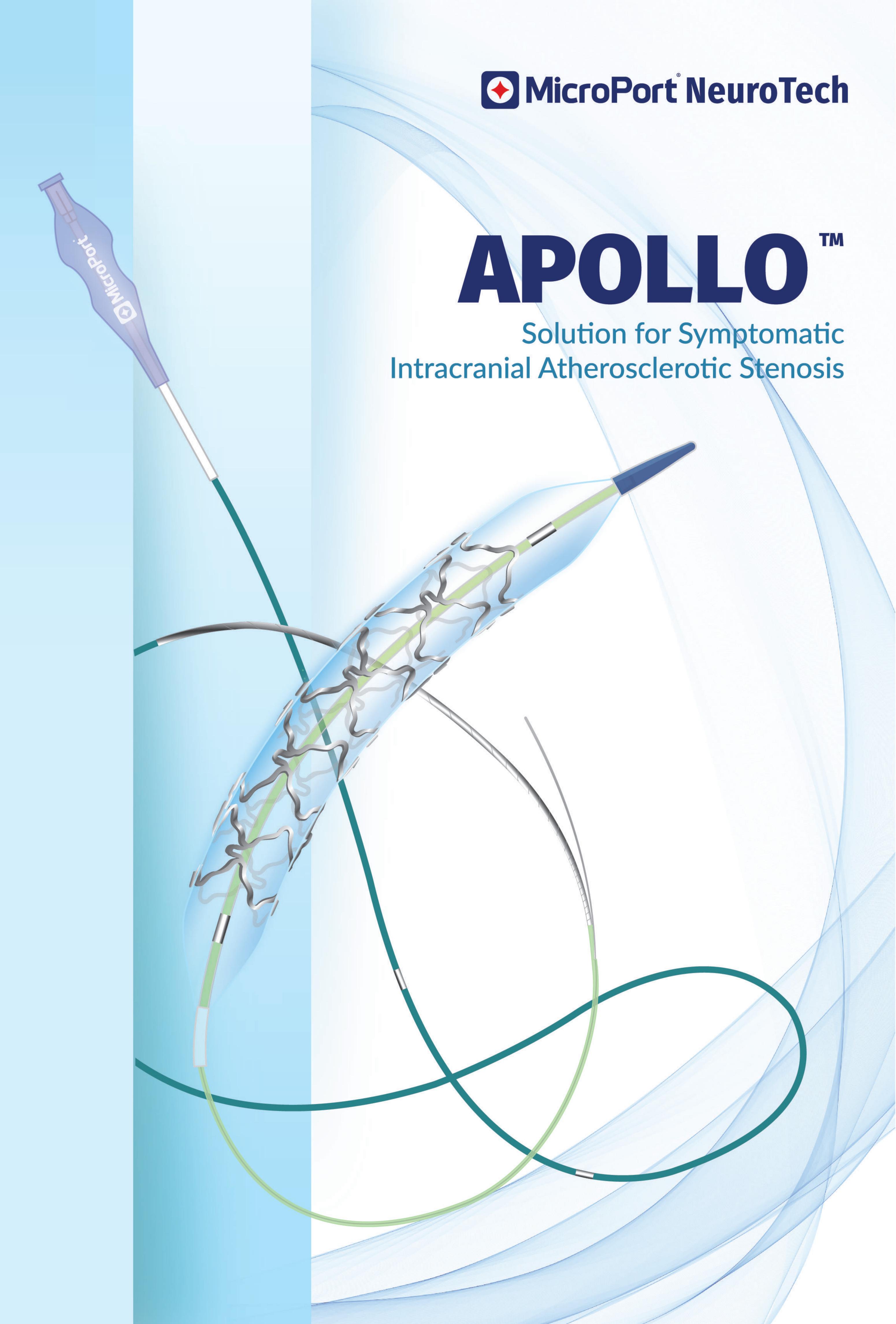
https://www.medneurotech.com/en/indexen

Tel: (86)(21)38954600-55200

E-mail: NT_IBD@microport.com

Address: 1661 Zhangdong Road, Zhangjiang High-tech Park, Pudong New District, Shanghai, PRC Copyright © 2022 MicroPort® NeuroTech (Shanghai) Co., Ltd.

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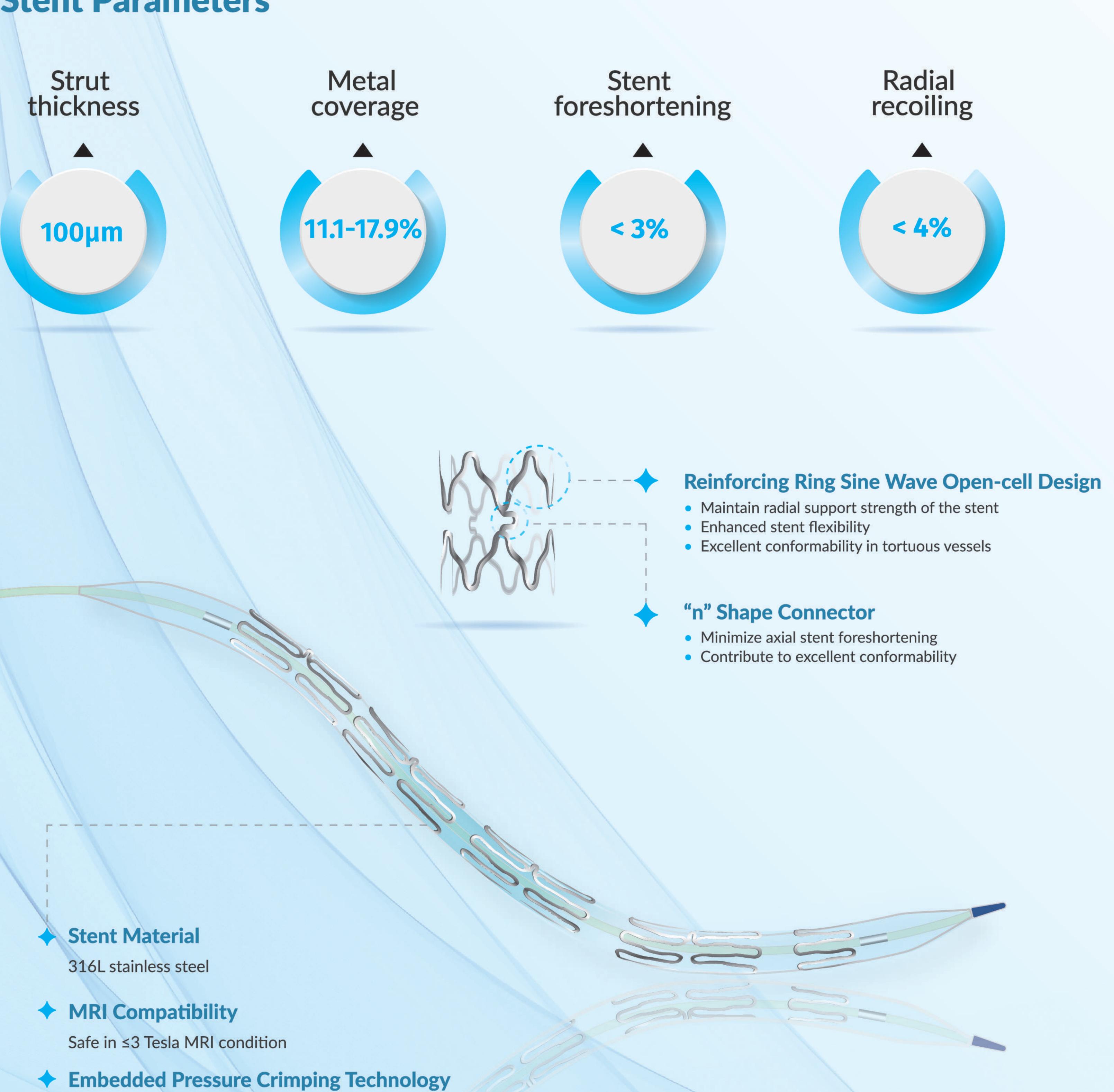
♦ Stent structure

Tightly crimped on the balloon

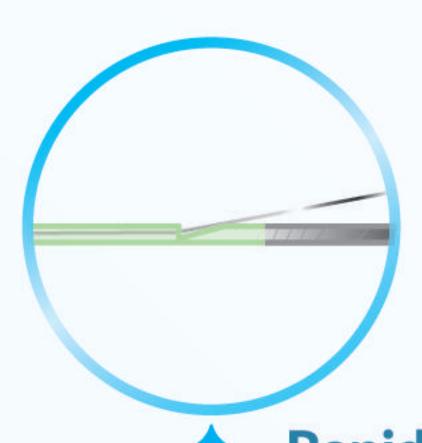
Ease and safe access to tight lesions

Lower the crossing profile

Stent Parameters



→ Delivery system



2mm Ultra-short Soft Tip 🔷

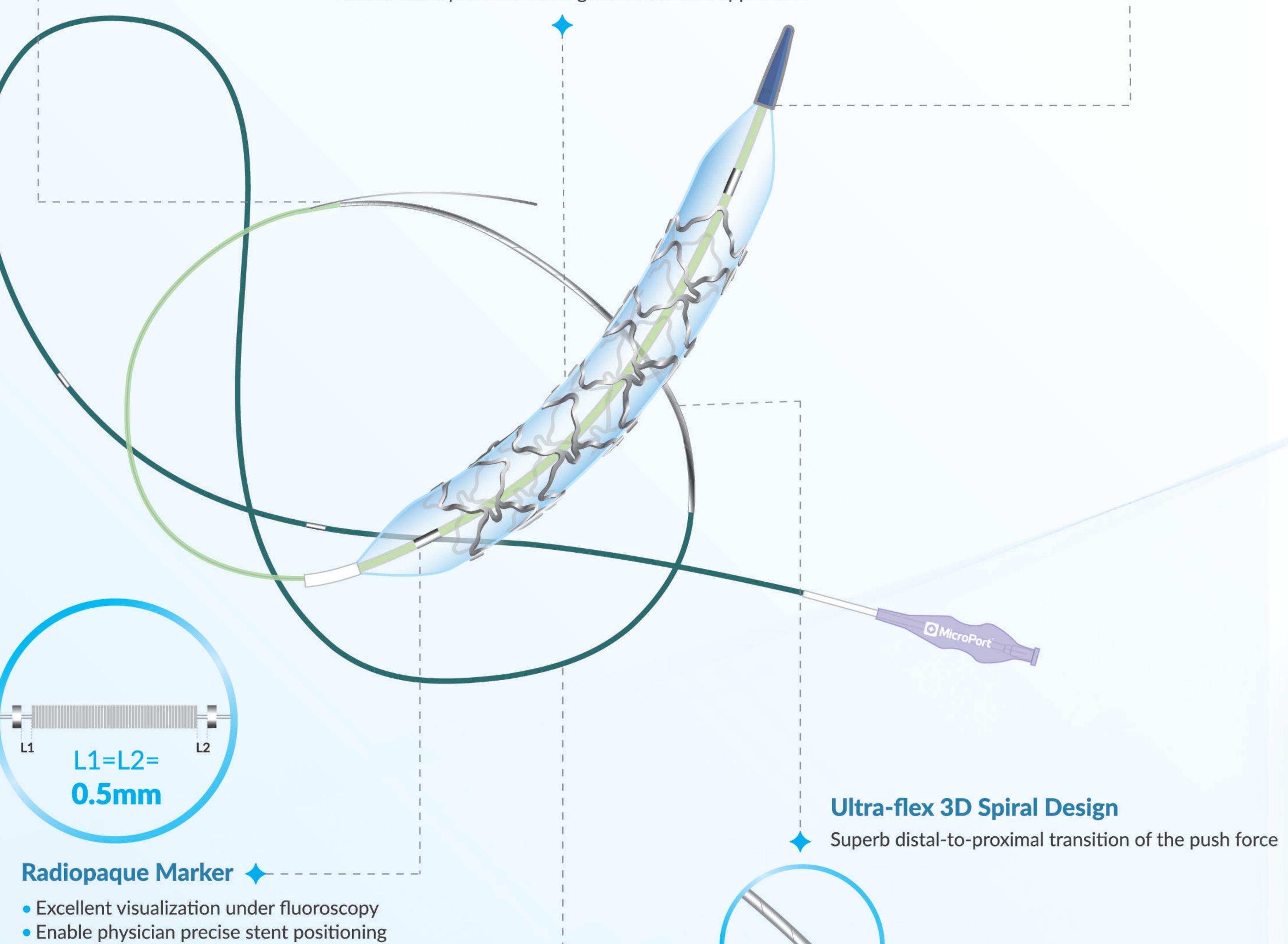
- Improved system trackability in tortuous vessels Atraumatic to the vessel wall

Rapid Exchange Delivery System (300mm)

- Ease of use system for operator
- Faster and more convenient exchange of devices
- Reduce operation time and fluoroscopy exposure

Balloon Expandable Stent

- Stent pre-mounted on the balloon
- Precise stent placement and good vessel wall apposition

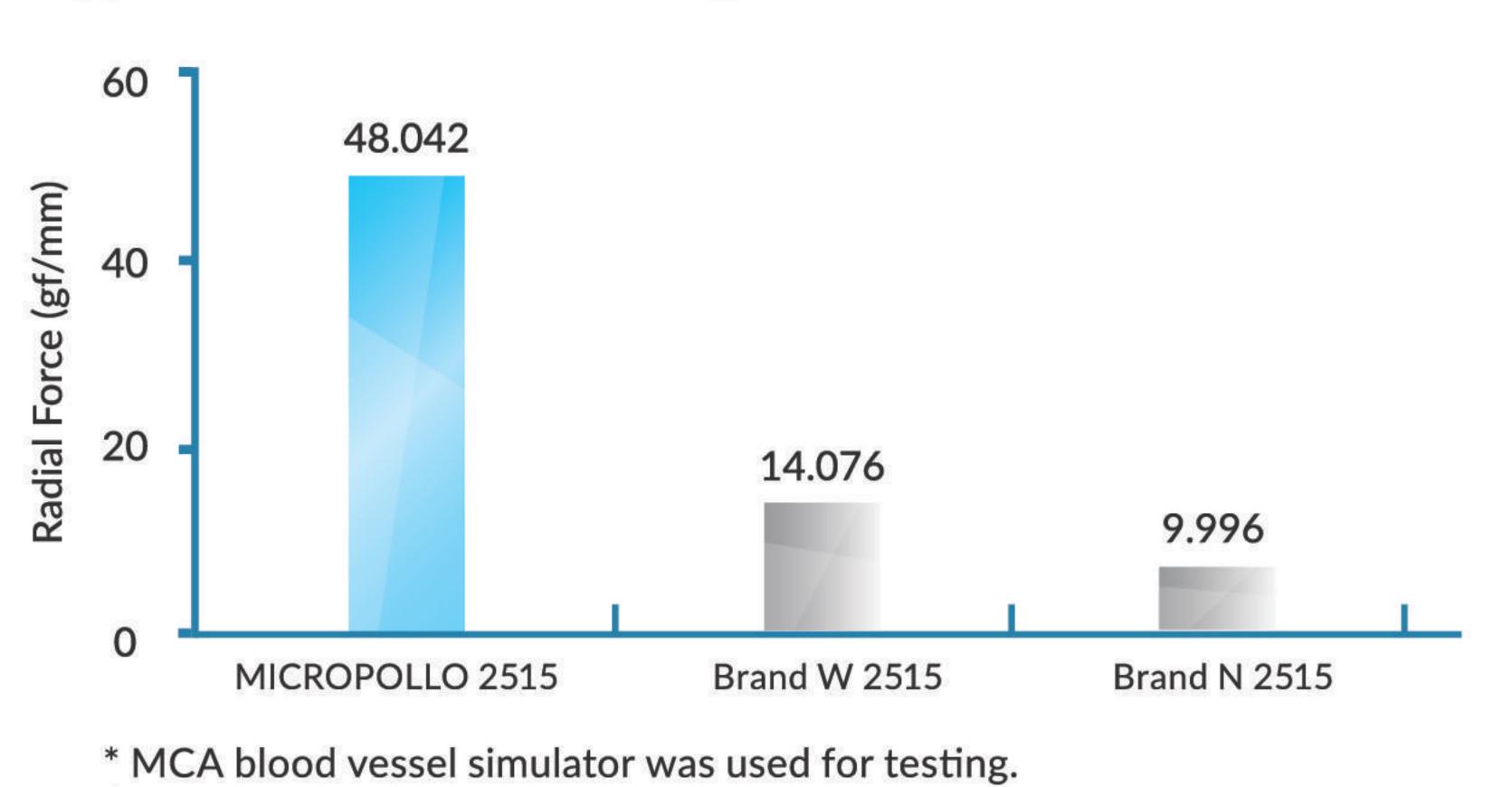


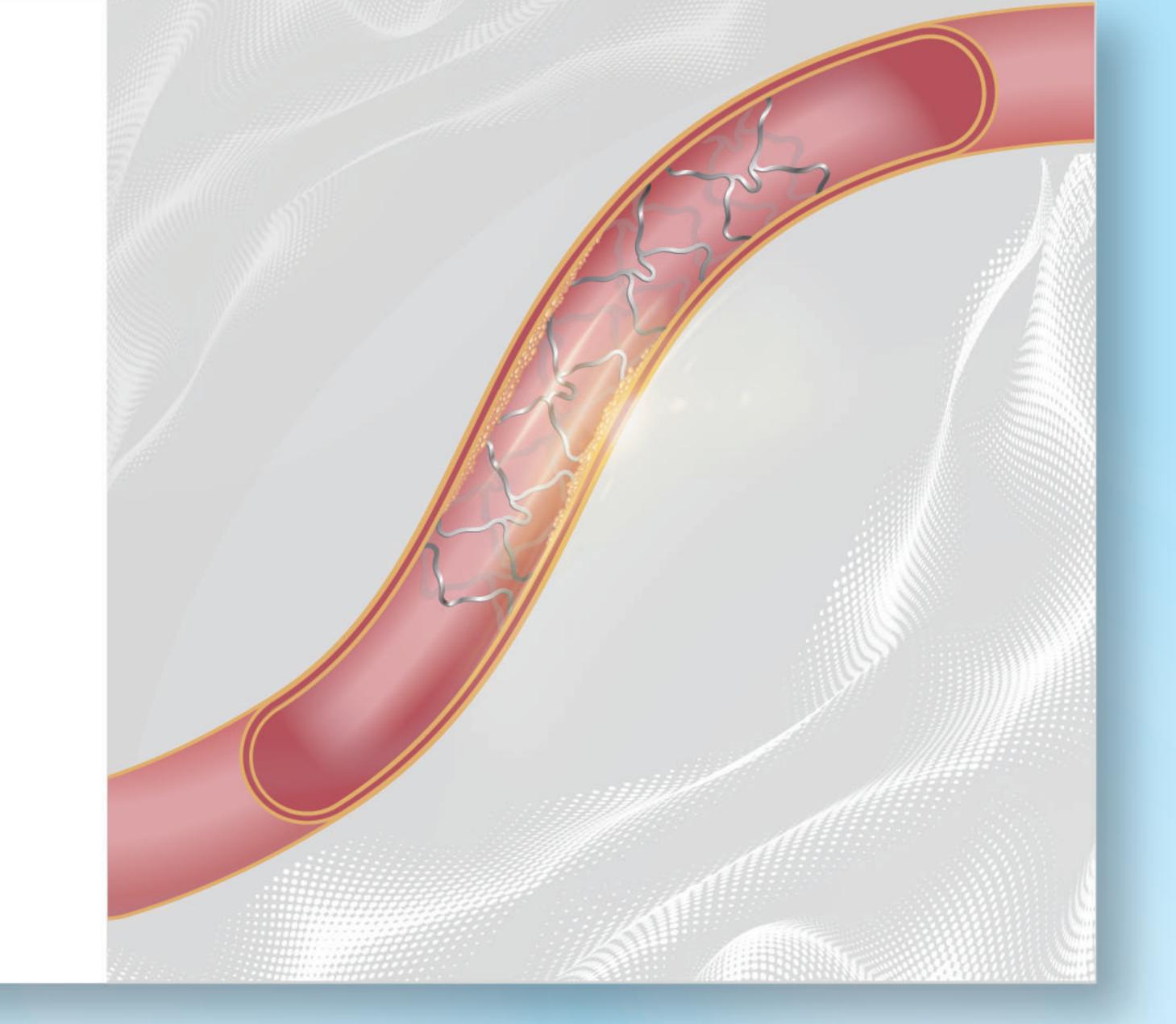
Hydrophilic Coating

Facilitate smooth device delivery even in tortuous anatomies

→ High Radial Force

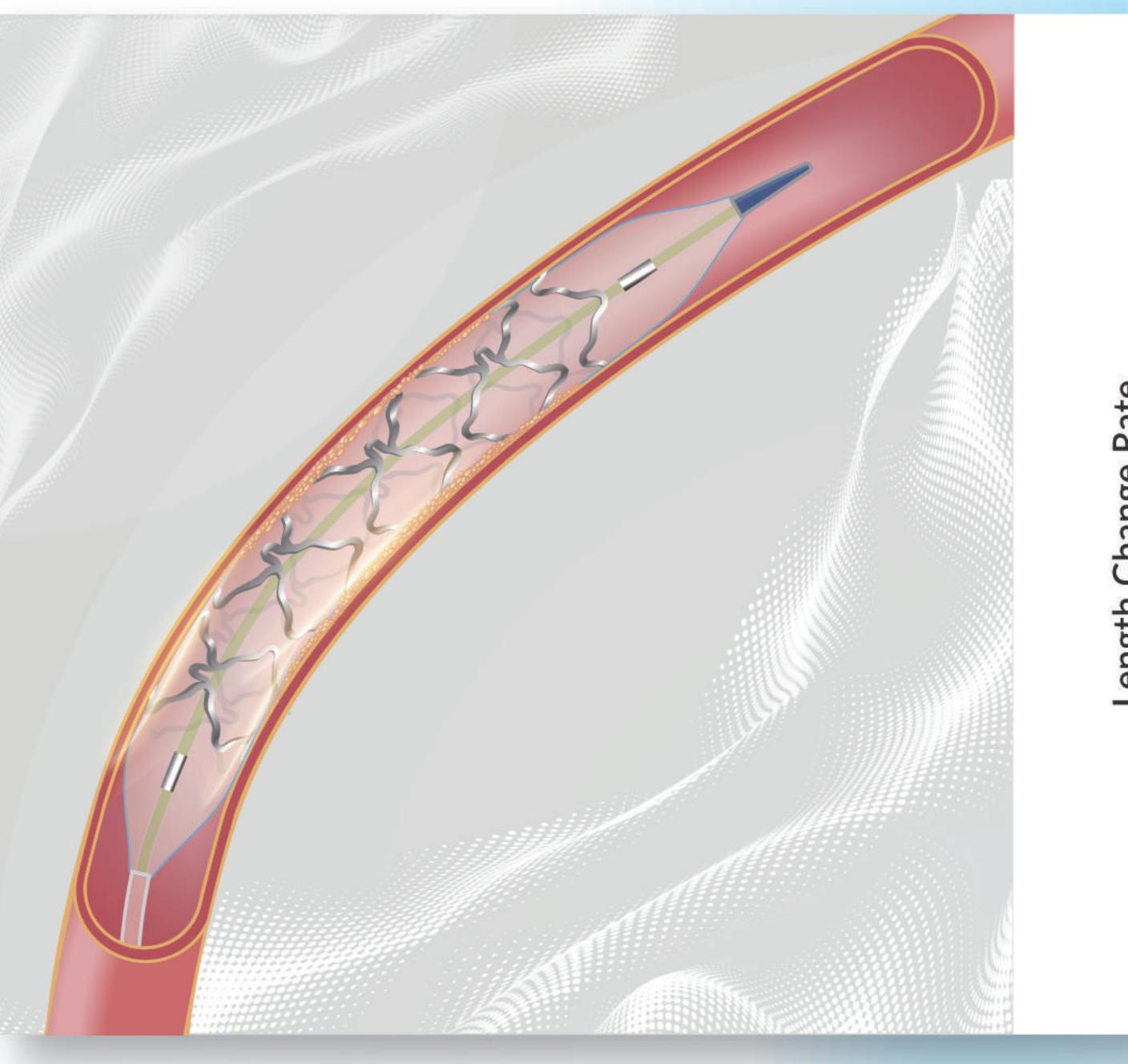
Support better stent scaffolding and less residual stenosis.

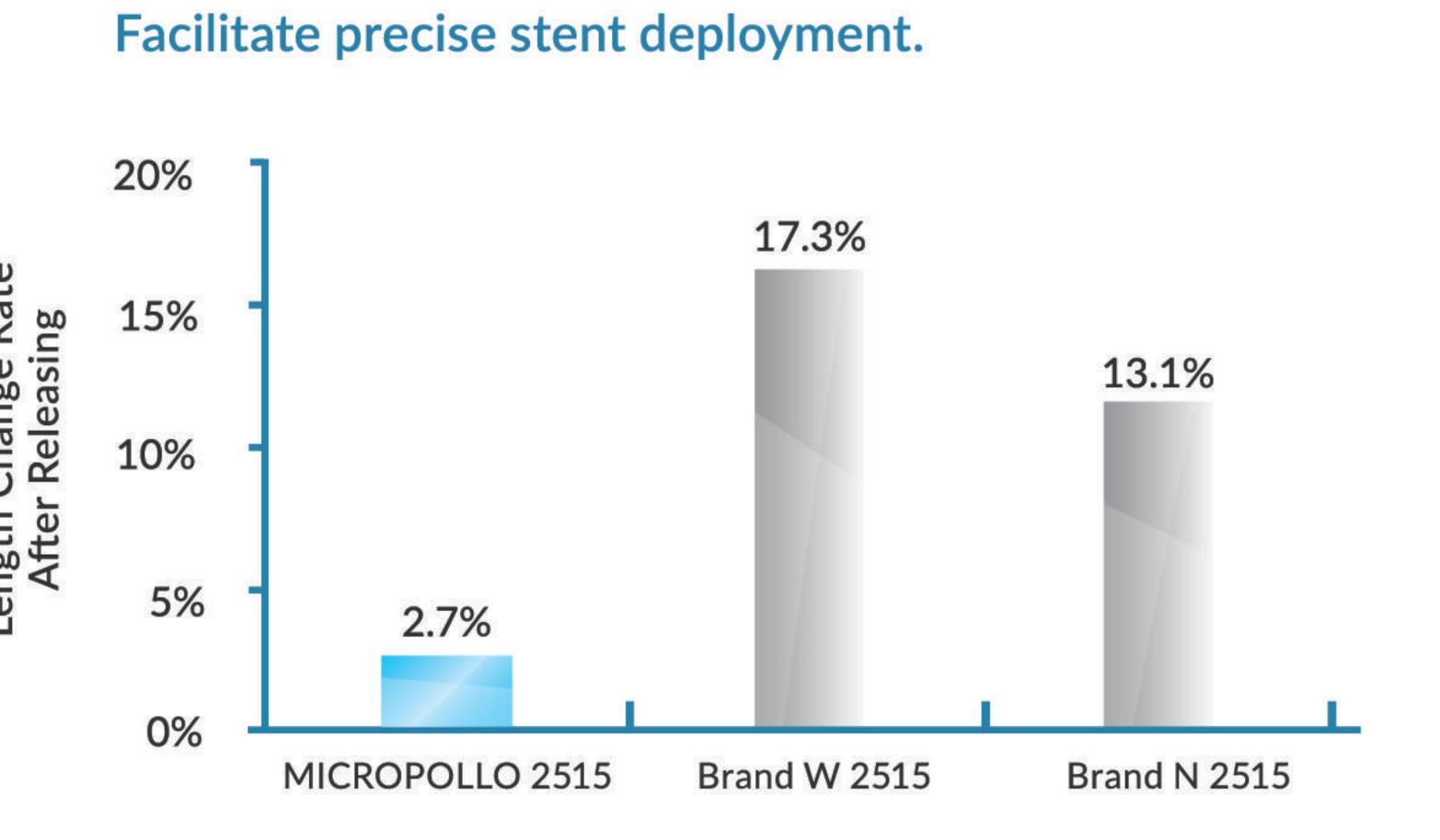




* 2.5 mm/15 mm stents were used for this bench-top testing.

Less Stent Foreshortening





* MCA blood vessel simulator was used for testing.

* 2.5 mm/15 mm stents were used for this bench-top testing.

→ Rapid Exchange Delivery System

