The SYNTAX II Trial evaluated the SYNERGY™ BP-EES Stent in a procedure-related trial involving a multitude of variables when treating patients with three-vessel disease including:

**PHYSIOLOGY**
- Use of physiology assessment resulted in deferring of intervention in 31% of patients.
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**SYNTAX II I**
- SYNTAX I: 53%
- SYNTAX II: 87%
- +64%

**CROSSING**
- We learned that contemporary CTO PCI in SYNTAX II demonstrated a significantly higher procedural success rate compared to those in SYNTAX I.
- PCI with CTO procedural success rates jumped from 53% in SYNTAX I to 87% in SYNTAX II. That represents a 64% increase in successful CTO treatment.

**STENT OPTIMIZATION**
- SYNTAX II shows that physiological assessment, contemporary CTO techniques, use of the SYNERGY BP-EES Stent, and IVUS guidance demonstrate CABG-like outcomes in patients with three-vessel disease. Boston Scientific has a minimally-invasive complete revascularization portfolio to address these needs for patients. Contact a rep today for more information.

**TREATMENT**
- We learned that SYNERGY™ BP-EES together with other contemporary technologies and techniques proved PCI could be an option for patients with complex three-vessel disease.
- Low rates of revascularization, peri-procedural MI and acute ST suggest that SYNERGY BP-EES might help in reducing procedural related complications.

**SYNTAX I and SYNTAX II ARC Def. ST Comparisons:**
- SYNTAX I PCI Arm: 2.3%
- SYNTAX II: 0.7% (p=0.045)
- 74% relative risk reduction
- SYNTAX I MACCE CABG arm: 11.2%
- SYNTAX II: 10.7%
- 42% relative risk reduction

**TREATMENT**
- We learned that IVUS helps to optimize stent placement and achieve better outcomes when used as a part of contemporary PCI.
- Post-Implantation IVUS was performed in 84% of patients leading to further stent optimization in 30% of lesions.

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