
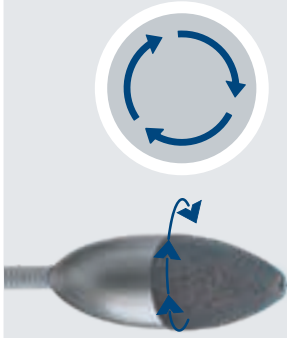
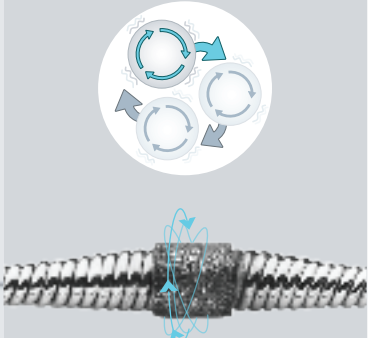
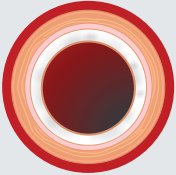

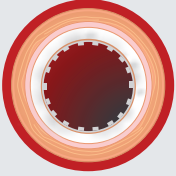
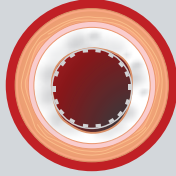




DIRO: 1st Direct Comparison of Rotational & Orbital Atherectomy

ROTAPRO™ Rotational Atherectomy System shown to deliver optimal lumen gain in severely calcified lesions

Study Design	Head-to-Head Atherectomy Devices	
<p>Investigator-Led Randomized Single-Center, Japan</p> <p>Patients N = 100 with baseline OCT showing de novo lesions with calcium arc > 180 or moderate/severe calcification by angiography when OCT could not advance distal to lesion.¹</p>  <p>Primary endpoints</p> <ul style="list-style-type: none"> ▶ Stent expansion (MSA/Distal reference lumen area) ▶ Plaque modification <p><i>Study endpoints also included OCT findings and other procedural outcomes.</i></p>	<p>Rotational</p> <p>Mechanism of Action: Diamond-tipped burr spins in uniform concentric circles.</p> 	<p>Orbital</p> <p>Mechanism of Action: Offset crown oscillates in an unpredictable orbital path.</p> 
Study Results	Rotational Atherectomy	Orbital Atherectomy
<p>▶ Significantly greater maximum plaque modification area demonstrated by the Rotational Atherectomy Group ($P < 0.01$)</p>	 <p>1.24 mm²</p>	 <p>0.89 mm²</p>
<p>▶ Significantly greater stent expansion² demonstrated by the Rotational Atherectomy Group ($P = 0.02$)</p>	 <p>99.5%</p>	 <p>90.6%</p>

Learn more about the ROTAPRO™ System:



1. Key exclusion criteria for the study included Ostial LM or ostial RCA, patients who may be pregnant, and patients with a life expectancy <12 mo.

2. Assessed by Distal Reference.

3. Okamoto N, et al. Direct Comparison of Rotational vs Orbital Atherectomy for Calcified Lesions Guided by Optical Coherence Tomography. JACC Cardiovasc Interv. 2023;16:2125–2136.

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