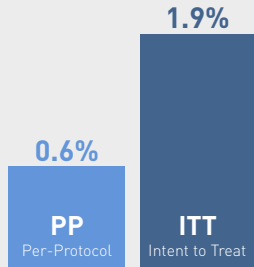


30-Day All Stroke^{1,2,3}

TCAR

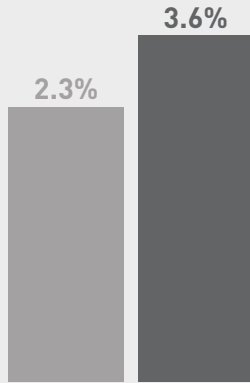
TransCarotid Stenting with Reverse Flow Neuroprotection



ROADSTER 2
High Surgical Risk

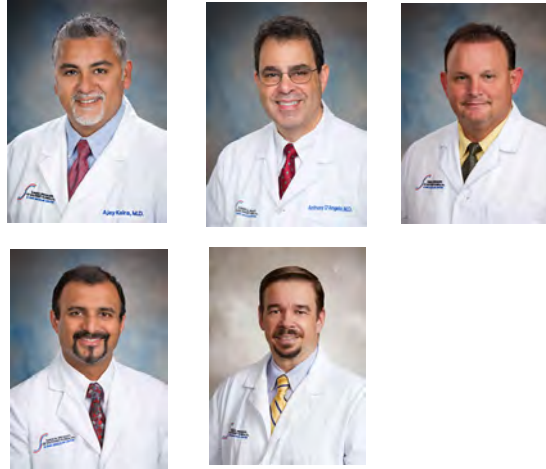
CEA

Surgical Option



CREST RR
Standard Risk

SVS HSR REGISTRY
High Risk



Top Left to Right: Ajay Kalra, MD, FACS; Anthony D'Angelo, MD, FACS; Thad Kammerlocher, MD, FACS;
Bottom Left to Right: Biju Thomas MD, FACS, RPVI; John A. Moss, DO, FACOS

Locations:

6821 Palisades Park Ct. #1
Ft. Myers, FL 33912

3637 Del Prado Blvd. S #101
Cape Coral, FL 33904

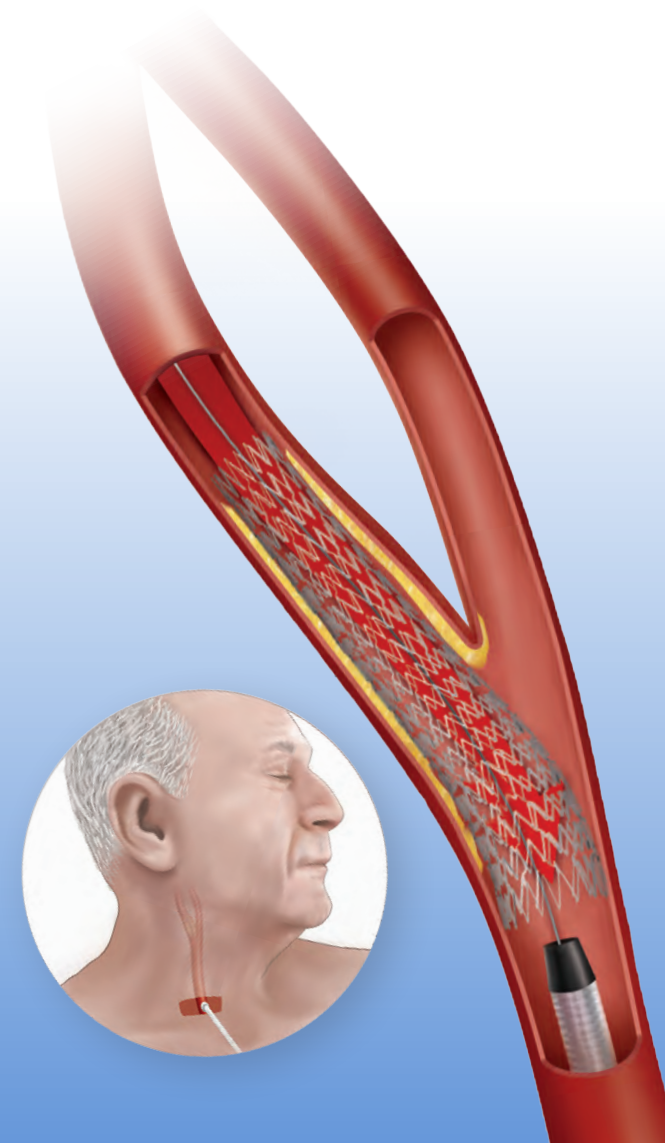
Phone: 239-936-8555

www.surgspecswfl.com

TCAR

TransCarotid Artery Revascularization

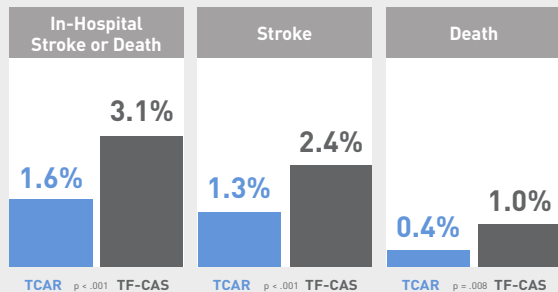
Clinically Proven, Less Invasive Way to **Protect Against Stroke**



“The stroke rate of **0.6%** after TCAR in the Per Protocol population may be the lowest reported rate after **any carotid intervention.**”

- Stroke 2020; 51:2620-2629

Microembolism Matters 30-Day Outcomes



As Seen in **JAMA** Dec 2019⁴:

TCAR vs. Transfemoral Carotid Artery Stenting (TF CAS)

1. ROADSTER 2: Trial Results -Stroke. 2020;51:2620-2629; Kashyap V, Schneider P.
2. CREST Trial: N Engl J Med 2010;363:11-23
3. JAMA. 2019 Dec 17;322(23):2313-2322
4. SVS Registry: J Vasc Surg. 2018 May;57(5):1318-24.
5. Marc Schermerhorn, MD; VEITH Symposium Presentation, November 2018
6. CREST Standard Surgical Risk: N Engl J Med. 2016 Mar 17;374(11):1011-20.
7. M. Malas, MD; VAM Presentation 2019
8. ROADSTER: J Vasc Surg. 2015 Nov;62(5):1227-34

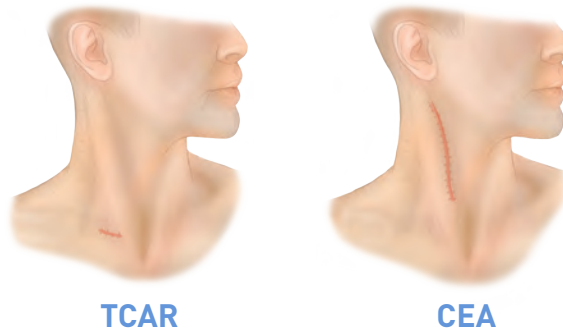
Caution: Federal (USA) law restricts this device to sale by or on the order of a physician. Please refer to package insert for indications, contraindications, warnings, precautions, and instructions for use.
ENROUTE Logo is a registered trademarks of Silk Road Medical, Inc.

TCAR

TCAR is a patient-friendly, endovascular procedure that incorporates the neuroprotection principles of CEA. It utilizes the ENROUTE® Transcarotid Neuroprotection System to temporarily reverse blood flow away from the brain, collecting any potential debris in the device filter, before returning the blood to a vessel in the leg.

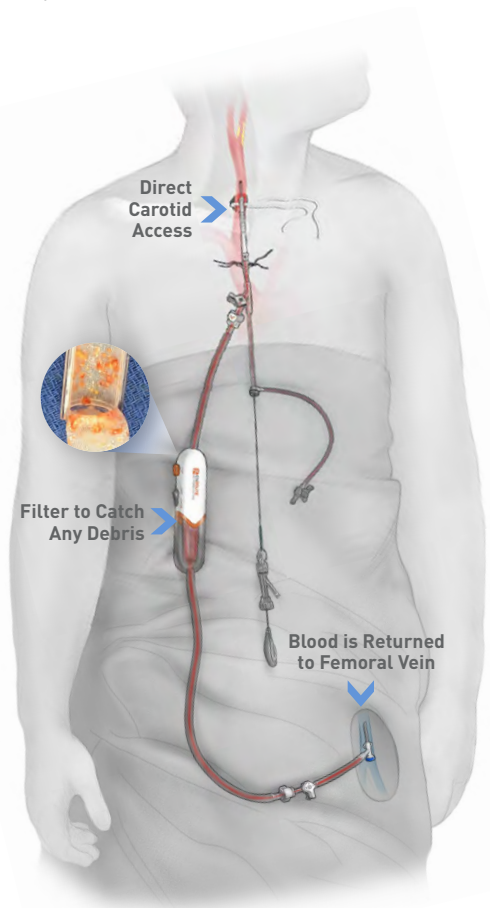
With reverse flow neuroprotection established, the ENROUTE® Transcarotid Stent is then implanted in the lesion for long-term plaque stabilization and stroke prevention.

Benefits of a Less Invasive Approach



Studies show the following significantly favor TCAR when compared to CEA^{1,3,4,5}

-  Less Myocardial Infarction
-  Less Cranial Nerve Injury
-  Less Time in the Hospital >1 Day
-  Less Time in OR
-  Less Clamp Time
-  Can Be Done with Local vs. General



Sending Your Patients for a TCAR

Carotid artery disease is estimated to be the source of stroke in up to one third of cases¹ and there are 400,000 new diagnoses of carotid artery disease made every year in the United States alone². Most cases of carotid artery disease are medically managed.

Carotid intervention is indicated when:

- Symptomatic** patients with stenosis $\geq 50\%$
- Asymptomatic** patients with stenosis $\geq 80\%$

TCAR is well-suited for patients who are at higher risk of surgical complications due to age, medical co-morbidities, or anatomical issues. The TCAR Surveillance Project, a quality initiative led by the Society of Vascular Surgeons, has established Medicare coverage and reimbursement for symptomatic and asymptomatic patients.

Choosing the Right Specialty

Treatment Providers	Carotid Treatment Capabilities			
	OMT	TF CAS	TCAR	CEA
Neurology	<input checked="" type="checkbox"/>			
Interventional Cardiology	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>		
Vascular Surgery	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>

1. Society of Vascular Surgery's Patient-Resources, for more information & disclaimer: vascular.org/patient-resources/vascular-conditions/carotid-artery-disease
 2. Kochanek KD, Smith BL. Deaths: preliminary data for 2002. Natl Vital Stat Rep. 2004 Feb 11;52(13):1-47. PMID: 14998175.