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New High-Performance Balloon Catheter Reinforces Cordis' Innovation and Endovascular Leadership

Fremont, Calif., July 1, 2014 - Cordis Corporation announced today the launch of its SABER™ PTA Dilatation Catheter ("SABER™ Catheter") for the treatment of patients with Peripheral Arterial Disease (PAD). The SABER™ Catheter is cleared for use and now available in Europe, the United States and Japan. This new CORDIS® product offers outstanding crossability and a comprehensive offering of balloon sizes on the widely-used .018" over-the-wire platform. Physicians can now treat a wider range of PAD patients with a single balloon brand.

Developed to complement the CORDIS® PTA portfolio as a next-generation, high-performance workhorse .018" PTA balloon catheter, SABER™ Catheter is intended to dilate stenoses in iliac, femoral, ilio-femoral, popliteal, infrapopliteal and renal arteries and for the treatment of obstructive lesions of native or synthetic arteriovenous dialysis fistulae. The device is also indicated for post-dilation of balloon-expandable and self-expanding stents in the peripheral vasculature.

SABER™ Catheter is available in balloon diameters of 2-10mm and lengths of 20-300mm. SABER™ Catheter combines a durable dual layer hydrophilic coating with a low-profile body and new molded tip design to enhance crossability. The catheter has exceptional rated burst pressures of up to 18 atm due to its construction with trusted DURALYN® Material.

"In my initial experience with SABER™ Catheter, I see outstanding crossability in very tight lesions as well as excellent deflation times," said Peter Goverde, MD, ZNA Antwerpen in Brussels, Belgium. "Given these performance characteristics combined with the size offering that SABER™ Catheter provides, I see the value in adopting this as the preferred .018" workhorse balloon in my practice."

It is estimated that approximately 27 million people in Western Europe and North America have PAD, which is associated with significant morbidity and mortality.¹

"SABER™ Catheter is the third new product launch from Cordis in the PAD space in the past 12 months, expanding our existing high-performance lower extremity portfolio, including the S.M.A.R.T.® Stent vascular line of products, such as our unique S.M.A.R.T.® Flex Stent, and the highly differentiated specialty Chocolate® Balloon Catheter," said Celine Martin, Worldwide President, Cordis Corporation. "With the addition of both the Chocolate® Balloon Catheter and extensive line of SABER™ Catheter products, we've strengthened and deepened our overall offering in both the specialty and workhorse PTA segments."

About Peripheral Arterial Disease

Peripheral artery disease (PAD) is caused by the build-up of fatty substances that collect and adhere to the linings of the arteries, in a process known as atherosclerosis. The build-up causes the internal lining of the artery to thicken, narrowing the artery and limiting blood flow to vital tissues and organs. Commonly affected arteries include those located in the legs, arms, neck and kidneys. The vast majority of patients with PAD also have significant concomitant coronary artery disease (CAD) and a high proportion of morbidity and mortality in these patients is related to myocardial infarction, ischaemic stroke or cardiovascular death.^{2,3}

About Cordis Corporation

Cordis Corporation is a worldwide leader in the development and manufacture of interventional vascular technology. Through the company's innovation, research and development, Cordis partners with clinicians to treat millions of patients who suffer from cardiovascular disease worldwide. More information about Cordis Corporation can be found at www.cordis.com.

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¹ Belch JJ, Topol EJ, Agnelli G, Bertrand M, Califf RM, Clement DL et al. Critical issues in peripheral arterial disease detection and management: a call to action. Arch Intern Med 2003 April 28;163(8):884-92.

² 2011 ACCF/AHA Focused Update of the Guideline for the Management of patients with peripheral artery disease (Updating the 2005 Guideline): a report of the American College of Cardiology Foundation/American Heart Association Task Force on practice guidelines. Circulation 2011 November 1;124(18):2020-45.

³ Lau JF, Weinberg MD, Olin JW. Peripheral artery disease. Part 1: clinical evaluation and noninvasive diagnosis. Nat Rev Cardiol 2011 July;8(7):405-18.

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