

Medis QFR[®] 3.0

Physiology made **simple.**

Image-based coronary physiology powered by AI deep learning

ALL GOOD THINGS COME IN **3.0**



Simple

Convenient access from anywhere within the hospital network.



Fast

Enables analysis in less than 30 seconds.



Proven

Supported by robust “best-in-class” clinical validation.

The new standard in angiography-based FFR

Available anywhere, anytime

Accessible anywhere within the hospital network eliminating the need for QFR[®] client installation.

3-step interface

Quick and efficient analysis with results available on the Large Display Monitor.

Cost-efficient

Tiered server specifications optimize costs for scaling and use.



Exceptional performance

3x

3-fold decrease in the risk of adverse events associated with a Post-PCI cut off value > 0.89¹

32%

Reduction in MACE compared to angiographic group after 2 years²

30%

Faster than wire-based FFR guided approach³

What's new in Medis QFR[®] 3.0?

- Optimized treatment planning with a physiology and morphology-based workflow.
- Streamlined and automatic workflow powered by AI-based vessel selection, pathline and contour detection, with control for AI review.
- Per vessel analysis time of <30 seconds with unmatched accuracy.

Clinical evidence

The angio-based solution supported by the greatest number of peer-reviewed scientific publications⁴.

User friendly

Simple & intuitive workflow, applicable for in-procedure as well as offline usage.

Time & cost efficiency

No pressure wire, no adenosine. Reduces treatment costs and procedure time.

Eccentric lesions

Accurate even in the case of eccentric lesions.

What **experts** say about Medis QFR[®]

“QFR[®] streamlines the Cath Lab workflow, increasing the adoption of coronary physiology. The benefits are the cost effectiveness as well as the time efficiency.

Dr. Yuhei Kobayashi

New York Presbyterian Hospital, United States
Interventional cardiologist / Cardiologist



“This technique is simpler, safer and less expensive with equivalent outcomes and will conceivably be readily and widely adopted.

Dr. Morton J. Kern

University of California, United States
Interventional cardiologist / Cardiologist



“State-of-the-art approach in acute coronary syndrome targets on the “pancoronary risk”. This can be assessed easily, safely and reproducibly by QFR[®].

Dr. David M. Leistner

Universitätsklinikum Frankfurt am Main, Germany
Interventional cardiologist / Cardiologist



“QFR[®] is a robust technology and it provides good diagnostic data and guiding information.

Dr. Niels Holm

Aarhus University, Denmark
Clinical Researcher



References

1. Biscaglia, S., Tebaldi, M., Brugaletta, S., Cerrato, E., Erriquez, A., Passarini, G., Ielasi, A., Spitaleri, G., Di Girolamo, D., Mezzapelle, G., Geraci, S., Manfrini, M., Pavasini, R., Barbato, E., & Campo, G. (2019). Prognostic Value of QFR Measured Immediately After Successful Stent Implantation: The International Multicenter Prospective HAWKEYE Study. *JACC. Cardiovascular interventions*, 12(20), 2079–2088. <https://doi.org/10.1016/j.jcin.2019.06.003>
2. Song L. et al., 2-Year Outcomes of Angiographic Quantitative Flow Ratio-Guided Coronary Interventions. *J Am Coll Cardiol*. 2022 Nov, 80 (22) 2089–2101
3. Westra J. et al., Diagnostic Performance of In-Procedure Angiography-Derived Quantitative Flow Reserve Compared to Pressure-Derived Fractional Flow Reserve: The FAVOR II Europe-Japan Study. *J Am Heart Assoc*. 2018. DOI: 10.1161/JAHA.118.009603
4. EuroIntervention 2023. Expert Consensus: <https://eurointervention.pconline.com/doi/10.4244/EIJ-D-23-00194>

Legal Statements

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QFR 3.0 has market clearance for the EU