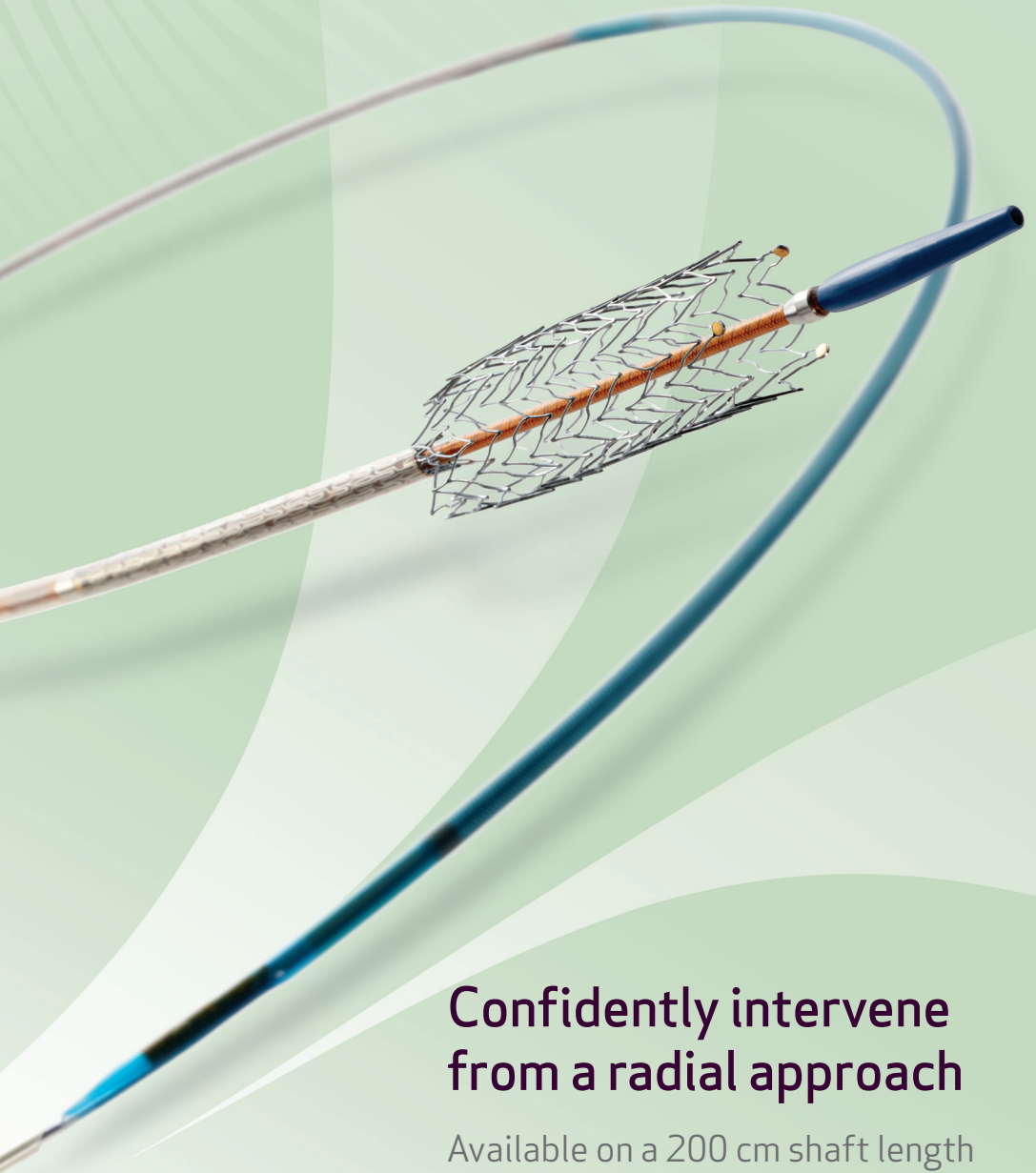


INTERVENE

**R2P<sup>®</sup> Misago<sup>®</sup>**  
RX Self-expanding Peripheral Stent

# **R2P<sup>®</sup> Misago<sup>®</sup>**

RX Self-expanding Peripheral Stent



**Confidently intervene  
from a radial approach**

Available on a 200 cm shaft length

**TERUMO**  
INTERVENTIONAL  
SYSTEMS

**R2P<sup>®</sup> Misago<sup>®</sup>**

RX Self-expanding Peripheral Stent

# PROVEN PERFORMANCE IN TREATING PAD PATIENTS WORLDWIDE<sup>1-3</sup>

After one year in the **OSPREY** clinical trial<sup>3</sup>:

**88.6%\***

**Freedom from target lesion revascularization**

Measured using Kaplan-Meier analysis<sup>1</sup>

**82.9%\***

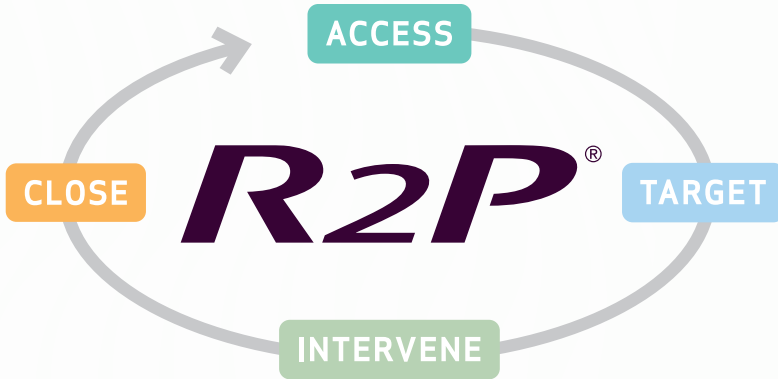
**Sustained patency**

Measured using Kaplan-Meier analysis (PSVR of  $\leq 2.4$ )<sup>1</sup>

**99.1%\***

**Freedom from stent fracture** per stent post-procedure<sup>1</sup>

\*KM Analysis at 12 Months



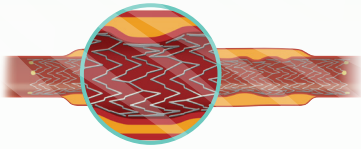
R2P<sup>®</sup> is the first and only portfolio of longer-length radial devices specifically designed for peripheral procedures, including above-the-knee PAD/CLI vascular interventions.

<sup>3</sup>These results are based on clinical data using femoral artery access and are not based on data specifically related to transradial access.

# TERUMO IS IN EVERY DETAIL

## Increased flexibility lowers the potential for stent fracture<sup>4</sup>

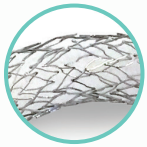
The continuous spine-free stent is designed to promote optimal blood flow and eliminate high-strain stress zones that can lead to fracture.<sup>4</sup>



Combined high crush resistance<sup>4</sup> and moderate radial force<sup>5</sup> helps to maintain vessel patency along the full length of the lesion.

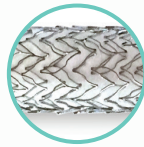
## Responsive *in-vitro* performance in severe bend situations<sup>4</sup>

No stent fractures recorded during:



### 90% Torsion Test

Simulated rotation between supine and fetal position



### 40% Compression Test

Simulated response during high compression

*More flexible stents may be associated with improved patency.<sup>6</sup>*

## Precise deployment at the lesion site<sup>1</sup>

- **Minimizes jumping, recoil or foreshortening** – with a simplified thumbwheel system that allows for single operator deployment
- **Enables exact stent placement** – with the pushability of a triaxial catheter design





# PUSHING BOUNDARIES

Terumo Interventional Systems is **committed to your success** with innovative procedural solutions and ongoing support for your most challenging cases.

We are relentlessly seeking new ways to help you apply effective solutions and achieve **better outcomes for more patients.**

**FIND OUT MORE** 📞 Phone: 800.888.3786 🌐 [terumo.com](http://terumo.com)

#### Indications

The R2P® MISAGO® RX Self-expanding Peripheral Stent is indicated to improve luminal diameter in symptomatic patients with *de novo* or restenotic native lesions or occlusions of the Superficial Femoral Artery (SFA) and/or proximal popliteal artery with reference vessel diameters ranging from 4 mm to 7 mm and lesion length up to 150 mm.

#### Important Safety Information

Do not use this device in patients who exhibit angiographic evidence of severe thrombus in the target vessel or lesion site before/after undergoing Percutaneous Transluminal Angioplasty (PTA) procedure, patients with contraindication to antiplatelet and/or anticoagulation therapy, patients who are judged to have a lesion that prevents proper placement or deployment of the stent, a lesion that is within an aneurysm or an aneurysm with a proximal or distal segment to the lesion, or a lesion through which a guidewire cannot pass. This device should only be used by a physician who is familiar with, and well trained in, Percutaneous Transluminal Angioplasty (PTA) techniques, stent implantation, and transradial access.

**RX ONLY. Refer to the product labels and package insert for complete warnings, precautions, potential complications, and instructions for use.**

#### References:

**1.** MISAGO® RX Self-expanding Peripheral Stent [Instructions for Use.] Tokyo, Japan: Terumo Corporation; 2020-02. **2.** Schulte KL, Müller-Hülsbeck S, Cao P, et al. MISAGO 1: first-in-man clinical trial with MISAGO nitinol stent. *EuroIntervention*. 2010;5:687-691. **3.** Schulte KL, Krajc I, Gissler HM, et al. MISAGO 2: one-year outcomes after implantation of the MISAGO self-expanding nitinol stent in the superficial femoral and popliteal arteries of 744 patients. *J Endovasc Ther*. 2012;19:774-788. **4.** Müller-Hülsbeck S, Schäfer PJ, Charalambous N, Yagi H, Heller M, Jahnke T. Comparison of second-generation stents for application in the superficial femoral artery: an *in-vitro* evaluation focusing on stent design. *J Endovasc Ther*. 2010;17(6):767-776. **5.** Deloose K, Bosiers M, Callaert J. TVR reduction in the SFA. *Endovascular Today*. October 2014;44-47. <https://evtoday.com/2014/10/tvr-reduction-in-the-sfa/>. Accessed March 6, 2019. **6.** Smouse R. Achieving long-term SFA treatment success: stent design or patient selection. International Symposium on Endovascular Therapy (ISET) 2014, January 18-22, 2014; Miami Beach, FL.

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