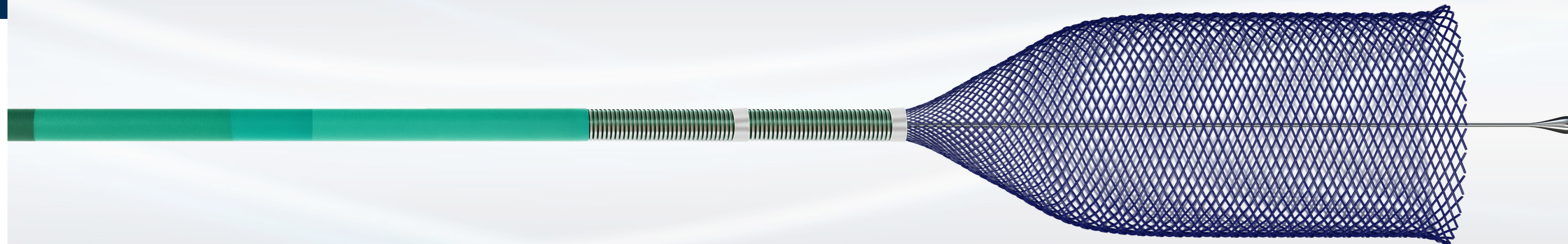


Compatible with 0.017" MC

p48™ LITE HPC Flow Modulation Device

REF	Max. vessel diameter [mm]	Implant length in max. vessel [mm]	Min. vessel diameter [mm]	Implant length in min. vessel [mm]
P48-LT-HPC-200-9	2	9	1.5	12.5
P48-LT-HPC-200-12	2	12	1.5	16.4
P48-LT-HPC-200-15	2	15	1.5	20.5
P48-LT-HPC-250-9	2.5	9	2.0	13.7
P48-LT-HPC-250-12	2.5	12	2.0	18.1
P48-LT-HPC-250-15	2.5	15	2.0	22.6
P48-LT-HPC-250-18	2.5	18	2.0	27.7
P48-LT-HPC-300-9	3	9	2.5	12.2
P48-LT-HPC-300-12	3	12	2.5	16.4
P48-LT-HPC-300-15	3	15	2.5	20.5
P48-LT-HPC-300-18	3	18	2.5	24.6
P48-LT-HPC-300-21	3	21	2.5	28.5



p48™ LITE HPC ,
designed to go distal and approved for use with SAPT*

*If justified by individual circumstances



Every p48™ LITE Device is also available as a non-coated bare version. When ordering, please exclude "HPC" from the REF-Code (e.g. P48-LT-300-9).



PAX p48™ LITE HPC

Flow Modulation Device

Designed to Go Distal

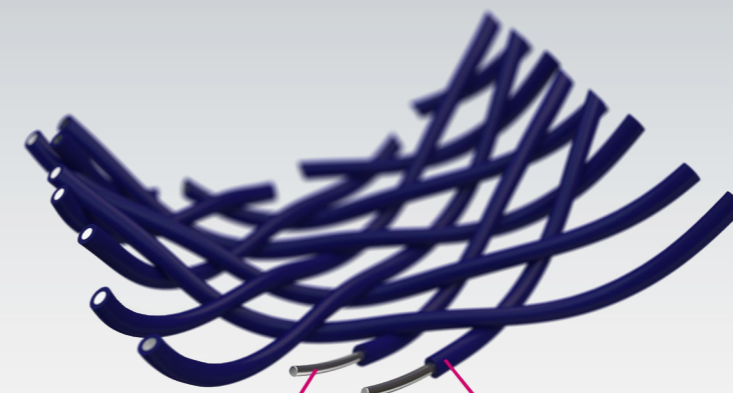
The p48™ LITE Flow Modulation Devices comprise the latest technological advances in the field of neurovascular aneurysm treatment.

The compatibility with 0.017" microcatheters enables having access to distal anatomies.

Drawn filled tubing (DFT) wires form a fully visible braided mesh to combine the radiopacity of platinum with the superelastic characteristic of nitinol.

Fluorosafe markers are now available on p48™ LITE.

Visibility



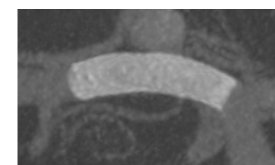
Platinum core wire

Radiopaque to make the p48™ LITE visible

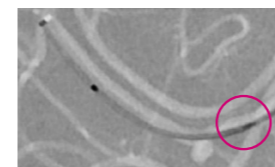
Nitinol outer tube

Superelastic property for better wall apposition in challenging vessel anatomies

Radiopacity



Optimal wall apposition can be assessed more easily by the fully visible p48™ LITE resulting in more precise positioning.

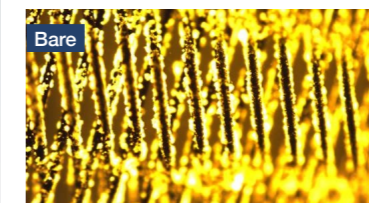


A radiopaque marker indicates the "point of no return" up to which the p48™ LITE can be resheathed into the microcatheter.

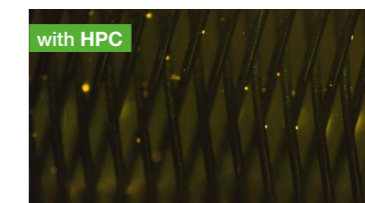
Images shown are demonstrations using the p64 MW Flow Diverter.

Approved for use with SAPT*

HPC coating technology

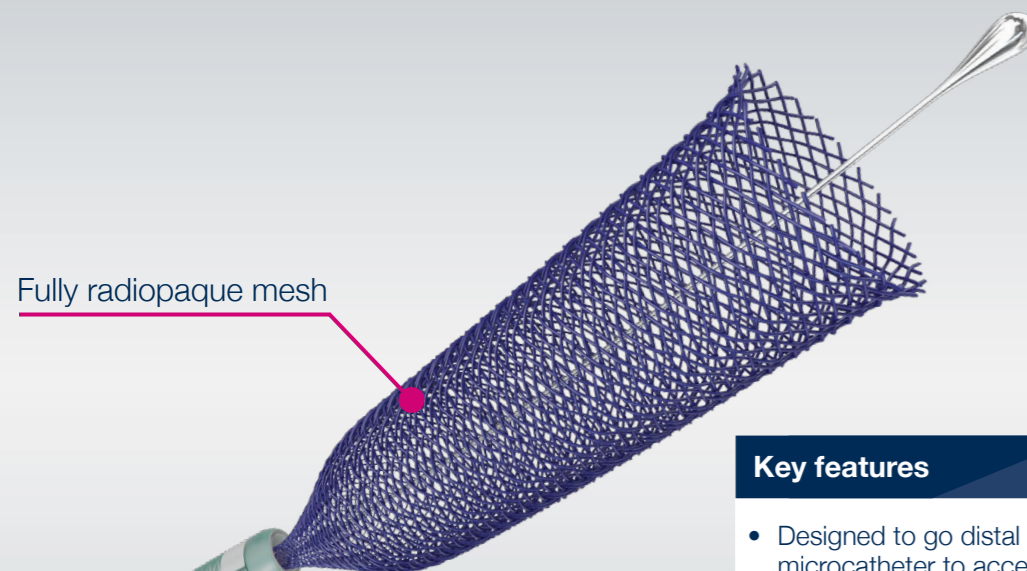


Bare



with HPC

HPC covalently bonds to the surface of the stent. The layer is mechanically stable and firmly adherent. Significantly reduced platelet adhesion can be observed after human blood exposure.



Fully radiopaque mesh

0.017" Microcatheter

Key features

- Designed to go distal - Compatible with 0,017" microcatheter to access even distal anatomy
- Available with our antithrombogenic HPC coating — proven to reduce thrombogenicity based on in-vitro data¹.
 - P48-LT-XXX-XX
 - P48-LT-HPC-XXX-XX
- Treatable vessel diameter from 1.5mm to 3mm, sizing steps 0.5 mm to generate a good coverage rate
- Platinum filled DFT wires provide full visibility
- Friction-locking principle for easy detachment
- The p48™ LITE version does not include the movable wire

*Please refer to compatibility table in Instructions For Use

The p48™ LITE Flow Modulation Devices have received the CE Mark (CE 0297). They are not approved for sale nor are they available for sale or use in the United States.

Key Highlights from the COATING Randomized Controlled Trial at 30 days follow-up²

3.1% Morbidity rate in the whole population - similar proportion with no statistical difference between the arms (mRS>2 @ 30 days FU)

Non-inferiority: DWI lesions depicted via MRI at 48h post procedure

0% Mortality in both arms at 30 days

The COATING trial was conducted with p64™ MW & p64™ MW HPC devices

²If justified by individual circumstances

¹ Lenz-Habijan, T., Bhogal, P., Peters, M., Bufe, A., Moreno, R.M., Bannewitz, C., Monstadt, H.D., & Henkes, H. (2018). Hydrophilic Stent Coating Inhibits Platelet Adhesion on Stent Surfaces: Initial Results In Vitro. Cardiovascular and Interventional Radiology, 41, 1779 - 1785. ² Pierot, L. (2025, October). 1-month safety results in a randomized controlled trial (COATING) evaluating a surface-modification flow diverter (p64-MW-HPC) under single antiplatelet treatment. J Neurointerv Surg 2025 Nov 27;jnis-2025-024306. doi: 10.1136/jnis-2025-024306. ³ de Castro-Afonso, L.H., Abud, D.G.; DART study group. (2025, October). Thrombectomy for Acute Ischemic Stroke With the pRESET Stent Retriever: The DART Study. J Neurointerv Surg. Published online October 21, 2025. doi:10.1136/jnis-2025-024144

Key Highlights from the DART study at 30 days follow-up³

Statistical non-inferiority of mRS shift (MAPT group versus DAPT one)

Lower complication rates in MAPT Group (Statistically non-significant)

1.5% morbidity/mortality in MAPT group

The DART study was conducted with p48™ MW HPC device