

VICTORIA™ is an independent multi-center, multi-year, post-marketing registry study designed to observe the impact of SPY® intra-operative fluorescence angiographic imaging on real-world, highly non-selective, everyday patient outcomes in coronary artery bypass graft (CABG) Surgery. Pre-operative, operative and 30 day post-operative data, including SPY images from United States Centers, are collected and coordinated by East Carolina University Heart Institute, Brody School of Medicine Division of Cardiovascular Medicine and Clinical Effectiveness under the direction of T. Bruce Ferguson, MD.

Raw imaging data and matched clinical criteria are evaluated and compared to the Society of Thoracic Surgeons (STS) National Adult Cardiac Surgery Registry Database benchmark. The STS Database is the cornerstone for cardiac surgery quality management. The use of STS proprietary risk adjustment algorithms, allows comparison of Registry data to the STS Database. Because there is no known statistical method of achieving a comparison to the STS Databases, comparison is made by the generation of a widely accepted Observed vs. Expected (O/E) Ratios for outcomes. This is the same methodology by which participants in the STS compare their own outcomes to those of other participating centers.

To date, more than 400 patients have been enrolled in VICTORIA. Observed outcomes data in VICTORIA, compared to 2007 STS Data, 2008 STS data (through Q3), suggests that:

- VICTORIA patients are older, have less hypertension, are equivalent in terms of diabetes, have a higher incidence of left main disease, a greater incidence of 3-vessel coronary artery disease and a higher incidence of ejection fractions < 40%.
- Outcomes in VICTORIA are more favorable than the national STS benchmarks for mortality and morbidity metrics including, re-operation, stroke, renal failure, prolonged ventilation, deep sternal wound infection and long length of stay (LOS).
- Short-term LOS wasn't quite as favorable as the STS, but may be attributable to the increased age, number of patients with 3-Vessel CAD and a higher number of patients with an EF of <40% in the registry population.
- Long-term LOS was favorable in the registry population, which suggests that although sicker than those in the STS database, these patients did not suffer prolonged LOS.
- As the number of VICTORIA sites and number of patients enrolled increases, improved outcomes remain a consistent finding when compared to STS benchmark data.

In summary, the use of SPY intra-operative imaging to improve the quality of CABG has been shown in the VICTORIA population to have an association with excellent outcomes compared to the STS National Database.

*“It is not at all surprising that the presence of intra-operative imaging to guide and confirm success at the point of care might be expected to improve the overall quality of outcomes in revascularization procedures as it enables surgeons to perform the best possible procedure for each individual patient.”*

T. Bruce Ferguson, MD., Principal Investigator for the VICTORIA® Registry Investigators

For more information about the VICTORIA Registry or the SPY Imaging System, please contact your local Novadaq Sales Representative or customer service at 1-800-230-3352 or visit Novadaq's website at [www.novadaq.com](http://www.novadaq.com).