CARDIOVASCULAR SYSTEMS PRESENTING ORBIT II STUDY ONE-YEAR CORONARY DATA DURING 2014 AMERICAN COLLEGE OF CARDIOLOGY CONFERENCE

Company to Host Coronary Calcium Symposia Featuring Key Industry Thought Leaders

St. Paul, Minn.—Mar. 26, 2014 — Cardiovascular Systems, Inc. (CSI) (NASDAQ: CSII), will feature one-year data from the ORBIT II study of the company’s Diamondback 360® Coronary Orbital Atherectomy System. The study, which is one of the first to investigate treating severely calcified lesions, will be presented at the 2014 American College of Cardiology (ACC) conference in Washington, D.C., Mar. 29–31, 2014. This data, along with physician presentations that include case studies and commercial data, are part of CSI’s series of in-booth live talks at ACC.

The pivotal ORBIT II study evaluated the safety and effectiveness of the company’s orbital atherectomy technology in coronary arteries. CSI completed ORBIT II enrollment of 443 patients at 49 U.S. medical centers in November 2012. On October 21, 2013, the company received PMA approval from the U.S. Food and Drug Administration (FDA) to market its Diamondback 360 Coronary Orbital Atherectomy System as a treatment for severely calcified coronary arteries.

It is estimated that significant arterial calcium is present in nearly 40 percent of patients treated with interventional therapies. Calcium can cause complications, including difficult stent deployment, dissections and, when stents are under expanded, it can result in the need for a coronary bypass.

ORBIT II One-Year Data
WHAT: Jeffrey Chambers, M.D., Metropolitan Heart and Vascular Institute, Minneapolis, will present “Diamondback 360 Coronary Orbital Atherectomy System for Treating De Novo, Severely Calcified Lesions: 1-Year Results of the Pivotal ORBIT II Trial”

WHEN: Saturday, March 29, 9:30 a.m., 12:30 p.m., and Sunday, March 30, 3:30 p.m.

WHERE: Booth #1115
Walter E. Washington Convention Center
801 Mt. Vernon Place NW
Washington, DC 20001

Coronary Calcium Symposia
WHAT: CSI will be hosting an evening dinner symposia titled: Coronary Calcium: A New Revolution in Treatment. The objective of this interactive symposium is to establish an understanding of the complications and costs associated with treating calcified lesions. Additional focus will center on the ORBIT II one-year clinical data. A panel of key industry thought leaders will educate attendees on the production and deposition of calcium in the arteries and the clinical outcomes of orbital atherectomy and procedural considerations. Speakers will include:

- Jeffrey Chambers, M.D.
- Philippe Généreux, M.D.
- Stevan Himmelstein, M.D.
- Jeffrey Moses, M.D.
- Samin Sharma, M.D.
- Richard Shlomfritz, M.D.
- Renu Virmani, M.D.
WHEN: Saturday, March 29, 6:30-9:00 p.m.

WHERE: Grand Hyatt Washington
Constitution Ballroom
1000 H Street NW
Washington, DC 20001
(Pre-registration is required)

In-Booth Live Talk Series
WHAT: Join CSI for its series of In-Booth Live Talks. Discover the latest clinical evidence behind the company’s Diamondback 360® coronary and peripheral OAS systems from renowned physicians.

WHEN:

Richard Shlofmitz, M.D.—Coronary—10:15 a.m.
Diamondback 360® Coronary OAS Case Presentation

Arthur Lee, M.D.—One CSI—11:00 a.m.
Why Orbital MOA Matters: Diamondback 360® Peripheral & Coronary OAS Results

Samin Sharma, M.D.—Coronary—11:45 a.m.
Live Case from Main Stage

Jihad Mustapha, M.D.—Peripheral—1:15 p.m.
Case Review: Ultrasound-Guided Tibiopedal Access & OAS

Arthur Lee, M.D.—Peripheral—3:30 p.m.
Case Review: Pedal Arch Revascularization with OAS

Stevan Himmelstein, M.D.—Coronary—4:15 p.m.
A Demographic Comparison of the Initial 250 Diamondback 360® Coronary OAS Commercial Procedures and the ORBIT II Study

Sunday, March 30

Jihad Mustapha, M.D.—Peripheral—9:30 a.m.
Case Review: Ultrasound-Guided Tibiopedal Access & OAS

Stevan Himmelstein, M.D.—Coronary—10:15 a.m.
A Demographic Comparison of the Initial 250 Diamondback 360® Coronary OAS Commercial Procedures and the ORBIT II Study

Arthur Lee, M.D.—Peripheral—12:15 p.m.
Case Review: Tibiopedal Access with OAS vs Failed Antegrade Access

Nabil Dib, M.D.—One CSI—1:00 p.m.
Orbital MOA Matters: Diamondback 360® Peripheral & Coronary OAS Results

WHERE: Booth #1115
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CSI Booth at ACC: March 29 – 31
Visit CSI at booth #1115 9:30 a.m. – 4:45 p.m. Saturday, March 29, and Sunday, March 30; and 9:30 a.m. – 2 p.m. Monday, March 31, to meet the company’s calcium experts and learn more about CSI’s unique orbital technology.

About Coronary Artery Disease
Coronary Artery Disease (CAD) is a life-threatening condition and leading cause of death in men and women in the United States. CAD occurs when a fatty material called plaque builds up on the walls of arteries that supply blood to the heart. The plaque buildup causes the arteries to harden and narrow (atherosclerosis), reducing blood flow. The risk of CAD increases if a person has one or more of the following: high blood pressure, abnormal cholesterol levels, diabetes, or family history of early heart disease. According to the American Heart Association, 16.3 million people in the United States have been diagnosed with CAD, the most common form of heart disease. Heart disease claims more than 600,000 lives, or 1 in 4 Americans, in the United States each year. According to estimates, significant arterial calcium is present in nearly 40 percent of patients undergoing a percutaneous coronary intervention (PCI). Significant calcium contributes to poor outcomes and higher treatment costs in coronary interventions when traditional therapies are used, including a significantly higher occurrence of death and major adverse cardiac events (MACE).

About Peripheral Arterial Disease
More than 12 million Americans, most over age 65, suffer from PAD, which is caused by the accumulation of plaque in peripheral arteries (commonly the pelvis or leg) reducing blood flow. Symptoms include leg pain when walking or at rest. Left untreated, PAD can lead to severe pain, immobility, non-healing wounds and eventually limb amputation. With risk factors such as diabetes and obesity on the rise, the prevalence of PAD is growing at double-digit rates.

Millions of patients with PAD may benefit from treatment with orbital atherectomy utilizing the Stealth 360 and Diamondback 360, minimally invasive catheter systems developed and manufactured by CSI. These systems use a diamond-coated crown, attached to an orbiting shaft, which sands away plaque while preserving healthy vessel tissue—a critical factor in preventing reoccurrences. Balloon angioplasty and stents have significant shortcomings in treating hard, calcified lesions. Stents are prone to fractures and high recurrence rates, and treatment of hard, calcified lesions often leads to vessel damage and suboptimal results.

About Cardiovascular Systems, Inc.
Cardiovascular Systems, Inc., based in St. Paul, Minn., is a medical device company focused on developing and commercializing innovative solutions for treating vascular and coronary disease. The company’s Orbital Atherectomy Systems treat calcified and fibrotic plaque in arterial vessels throughout the leg and heart in a few minutes of treatment time, and address many of the limitations associated with existing surgical, catheter and pharmacological treatment alternatives. The U.S. FDA granted 510(k) clearance for the use of the Diamondback Orbital Atherectomy System in August 2007. To date, over 135,000 of CSI’s devices have been sold to leading institutions across the United States. In October 2013, the company received FDA approval for the use of the Diamondback Orbital Atherectomy System in coronary arteries. For more information, visit the company’s website at www.csi360.com.

Coronary Product Disclosure
Indications: The Diamondback 360® Coronary Orbital Atherectomy System (OAS) is a percutaneous orbital atherectomy system indicated to facilitate stent delivery in patients with coronary artery disease (CAD) who are acceptable candidates for PTCA or stenting due to de novo, severely calcified coronary artery lesions.

Contraindications: The OAS is contraindicated when the VIPERWIRE guide wire cannot pass across the coronary lesion or the target lesion is within a bypass graft or stent. The OAS is contraindicated when the patient is not an appropriate candidate for bypass surgery, angioplasty, or atherectomy therapy, or has angiographic evidence of thrombus, or has only one open vessel, or has angiographic evidence of significant dissection at the treatment site and for women who are pregnant or children.
**Warnings/Precautions:** Performing treatment in excessively tortuous vessels or bifurcations may result in vessel damage; The OAS was only evaluated in severely calcified lesions, a temporary pacing lead may be necessary when treating lesions in the right coronary and circumflex arteries; On-site surgical back-up should be included as a clinical consideration; Use in patients with an ejection fraction (EF) of less than 25 percent has not been evaluated.

See the instructions for use before performing DIAMONDBACK 360 coronary orbital atherectomy procedures for detailed information regarding the procedure, indications, contraindications, warnings, precautions, and potential adverse events. For further information call CSI at 1-877-274-0901 and/or consult CSI’s website at www.csi360.com.

**Caution:** Federal law (USA) restricts this device to sale by or on the order of a physician.

**Peripheral Product Disclosure**
The Diamondback 360™ Peripheral Orbital Atherectomy Systems are percutaneous orbital atherectomy systems indicated for use as therapy in patients with occlusive atherosclerotic disease in peripheral arteries and stenotic material from artificial arteriovenous dialysis fistulae. The peripheral systems are contraindicated for use in coronary arteries, bypass grafts, stents or where thrombus or dissections are present. Although the incidence of adverse events is rare, potential events that can occur with atherectomy include: pain, hypotension, CVA/TIA, death, dissection, perforation, distal embolization, thrombus formation, hematuria, abrupt or acute vessel closure, or arterial spasm.

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