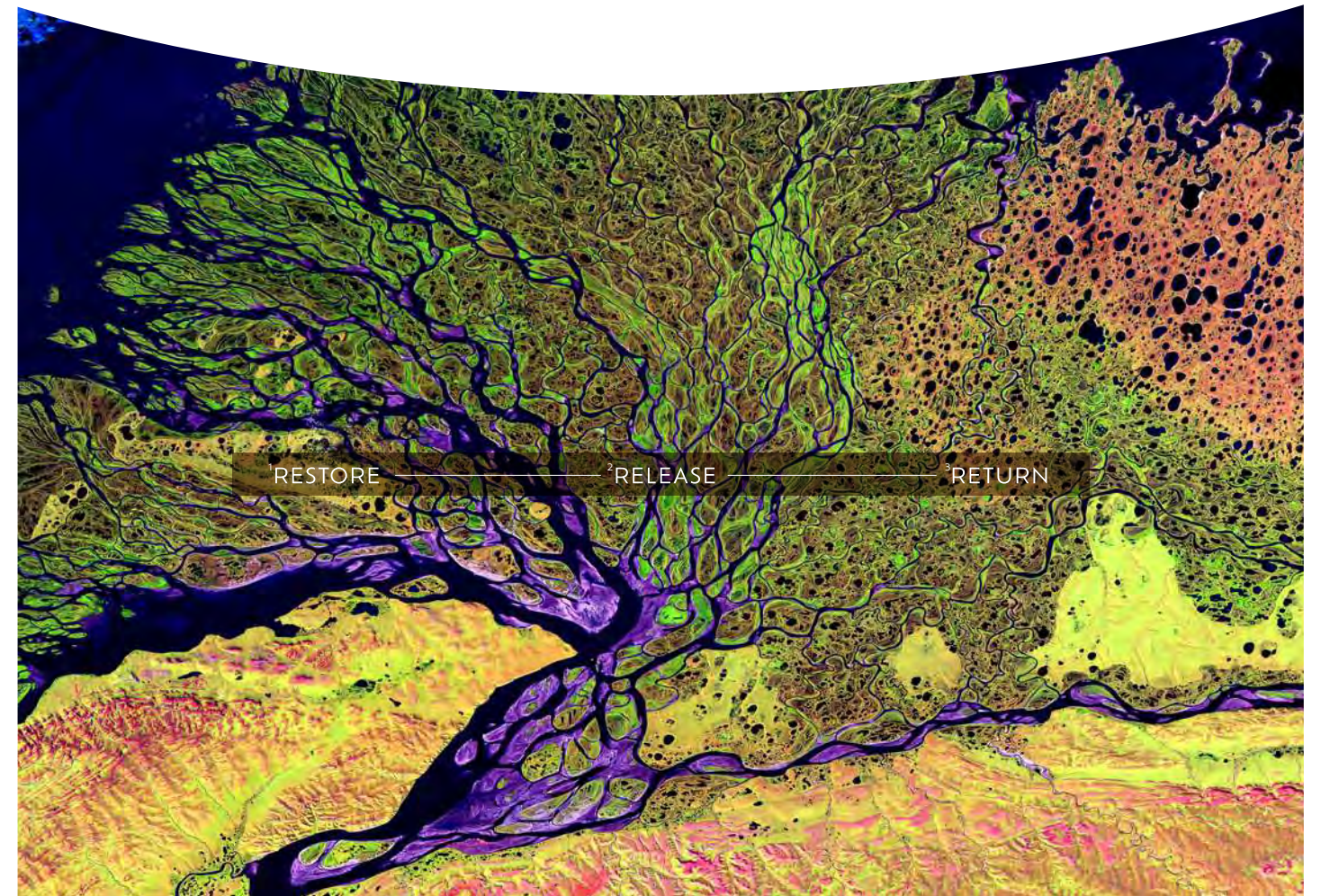


THE FUTURE OF VASCULAR
INTERVENTION WON'T JUST EVOLVE,
IT WILL ADAPT.



TRANSFORMATION. UNLOCKED.

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PMN 1626 Rev D





EVOLVING PCI
BY FOLLOWING
NATURE'S BLUEPRINT

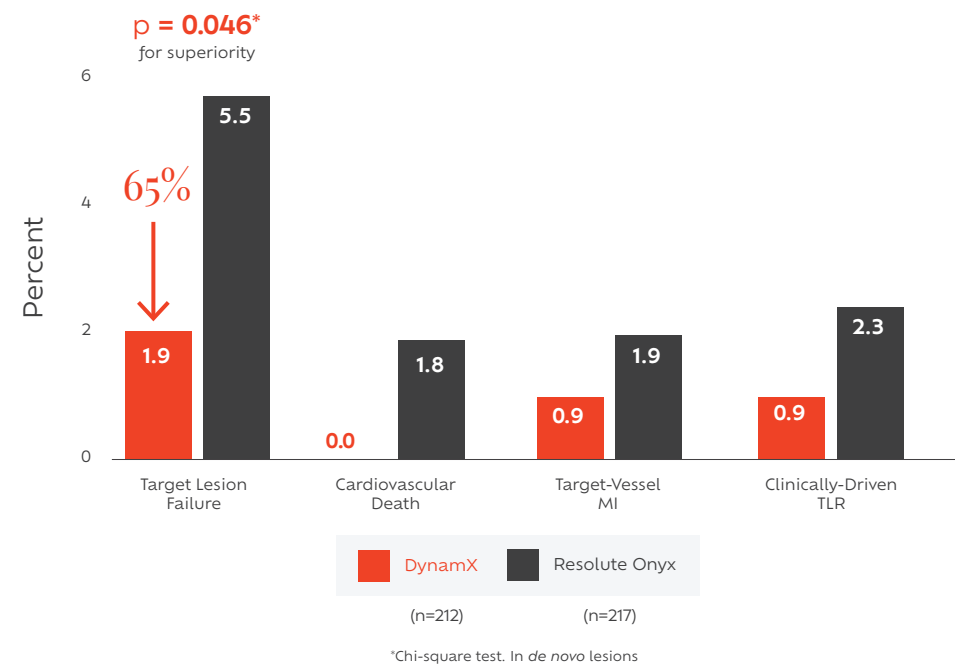
*LETTING VESSELS
FUNCTION AS INTENDED*



BREAKTHROUGH RESULTS IN CAD TREATMENT

SUSTAINED CLINICAL BENEFIT POWERED BY THE NOVEL MECHANISM OF ACTION

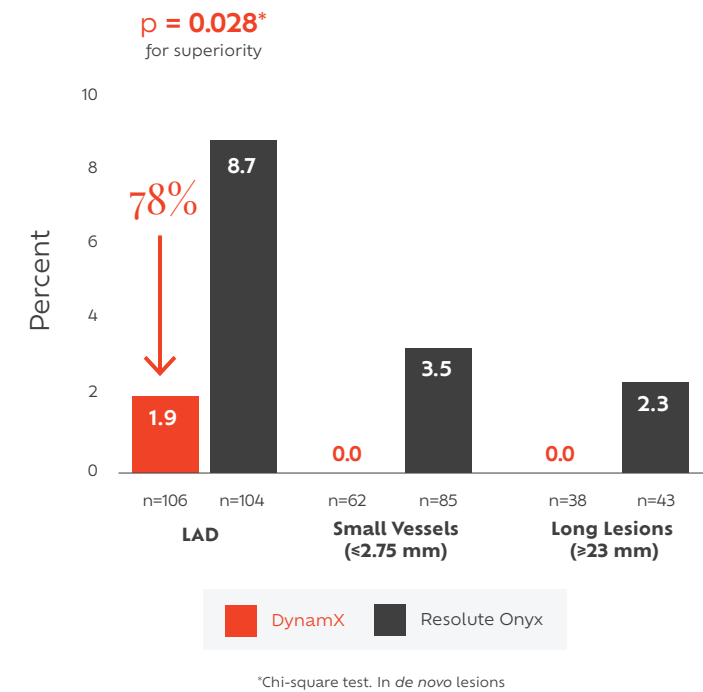
Significant TLF reduction at 2-years versus Resolute Onyx DES¹



SIGNIFICANCE WHERE IT MATTERS MOST

RESTORING VESSEL VIABILITY LEADS TO OUTSTANDING CLINICAL BENEFITS

Significant TLF reduction at 2-years in LAD lesions versus Resolute Onyx DES¹



THE UNCOMFORTABLE TRUTH OF LIFE-LONG STENTING

PERMANENT CAGING OF VESSELS LEAVES PATIENTS AT RISK OF LATE EVENTS¹

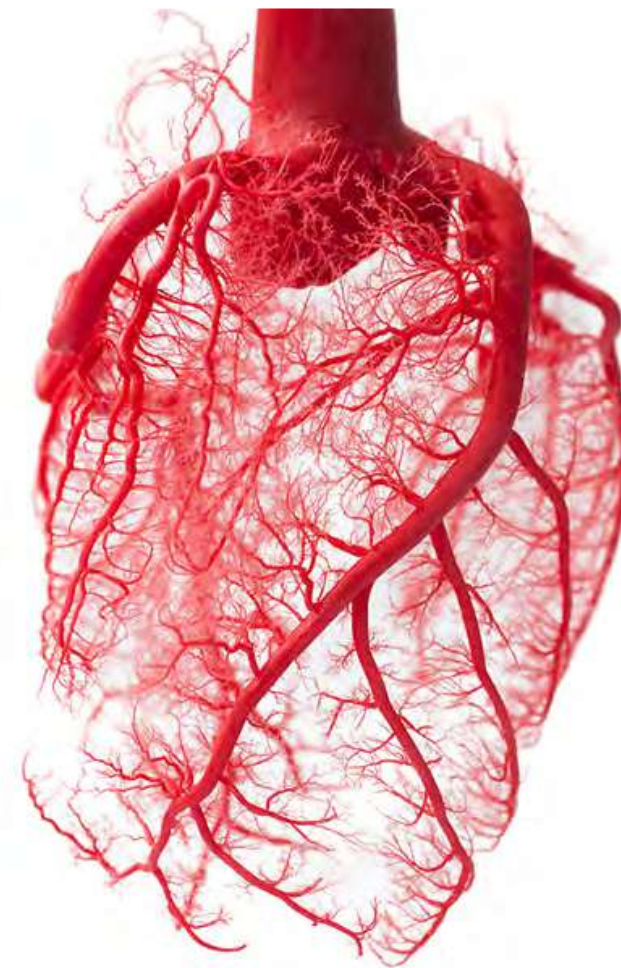
Drug-eluting stents have shown

> 50%

**lifetime risk of stent-related
Major Adverse Cardiac Events¹**

Reinforced by findings showing ongoing risk of about 2%
a year at least through 5-year follow-up with no sign of
plateau, irrespective of stent type²

Caging natural vascular motion and physiology can
contribute to stent fractures, restenosis, myocardial
infarctions, and cardiac death³



The heart is a dynamic, pulsating, living organ, arteries are no different. They do what they need to adapt to the heart's changing demands and sustain life.

Three-dimensional vasomotion

To meet the demands of every heartbeat

Pulsatility

To help maintain blood flow and pressure⁴

Positive adaptive remodeling

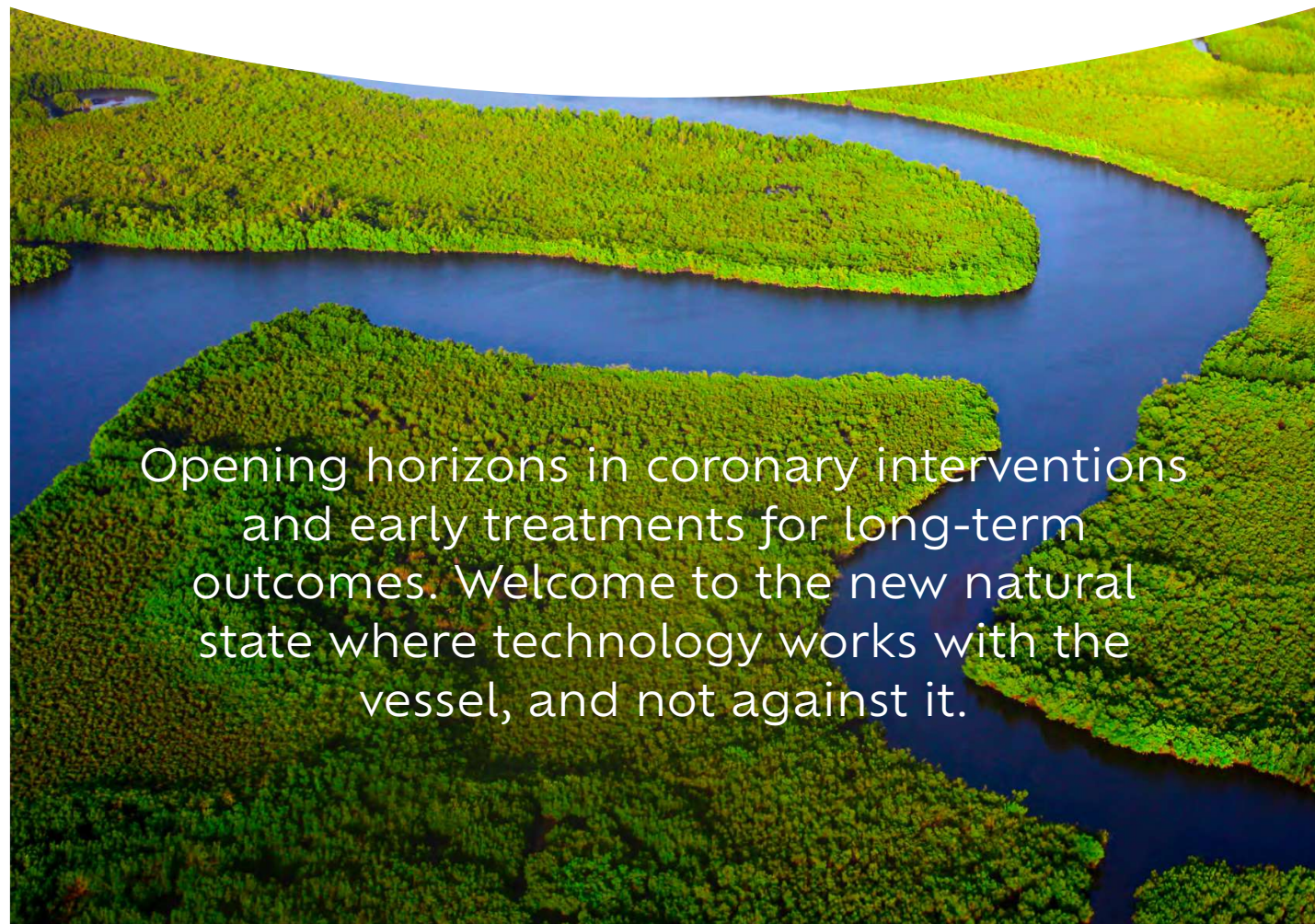
To mitigate against disease progression⁵

1. Kufner S, Joner M, Thanneimer A, et al. Ten-Year Clinical Outcomes From a Trial of Three Limus-Eluting Stents With Different Polymer Coatings in Patients With Coronary Artery Disease – Results From the ISAR-TEST 4 Randomized Trial. *Circulation*. 2019;139:325–333
2. Madhavan MV, Kirtane AJ, Redfors B, et al. Stent-Related Adverse Events >1 Year After Percutaneous Coronary Intervention. *J Am Coll Cardiol* 2020; 75:590–604.
3. Borovac JA, D’Amario D, Niccoli G. Neoatherosclerosis and Late Thrombosis After Percutaneous Coronary Intervention: Translational Cardiology and Comparative Medicine from Bench to Bedside. *Yale J Biol Med* 2017;90:463–70.

4. Kim HL, Weber T. Pulsatile Hemodynamics and Artery Disease. *Korean Circ J*. 2021
5. Glagov S, et al. Compensatory Enlargement of Human Atherosclerotic Coronary Arteries. *N Engl J Med* 1987; 316:1371-1375



THE ESSENTIALS OF *TRIPLE STAGE THERAPY*



Opening horizons in coronary interventions and early treatments for long-term outcomes. Welcome to the new natural state where technology works with the vessel, and not against it.

¹RESTORE *FLOW*

First step in any intervention is restoring blood flow. And, with DynamX® you will establish maximum flow lumen and restore blood flow without compromising the ability for the vessel to naturally heal.¹

²RELEASE *VESSEL*

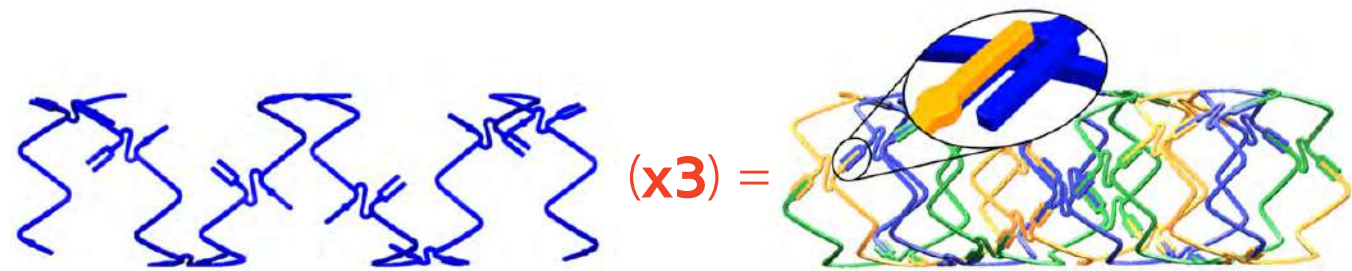
After 6 months the magic happens. DynamX unlocks itself, releasing the vessel while maintaining the established lumen flow.¹

³RETURN *FUNCTION*

Finally, the vessel returns back to its natural physiology, motion and function. The final phase provides continuing adaptive dynamic support to restore vessel hemodynamic modulation through restoration of pulsatility and adaptive blood flow volume and has shown evidence of plaque stabilization and regression in the lesion.¹

1. Saito S, et al. BIOADAPTOR RCT 12-month clinical and imaging data. eClinicalMedicine Lancet 2023

THE DYNAMX BIOADAPTOR: *LEAVING THE RIGHT THING BEHIND*



¹ LOCKED

Interlocked CoCr helical strands, fused by PLLA basecoat provide radial strength

Maximum flow lumen established and blood flow restored

² UNLOCK AND SEPARATE

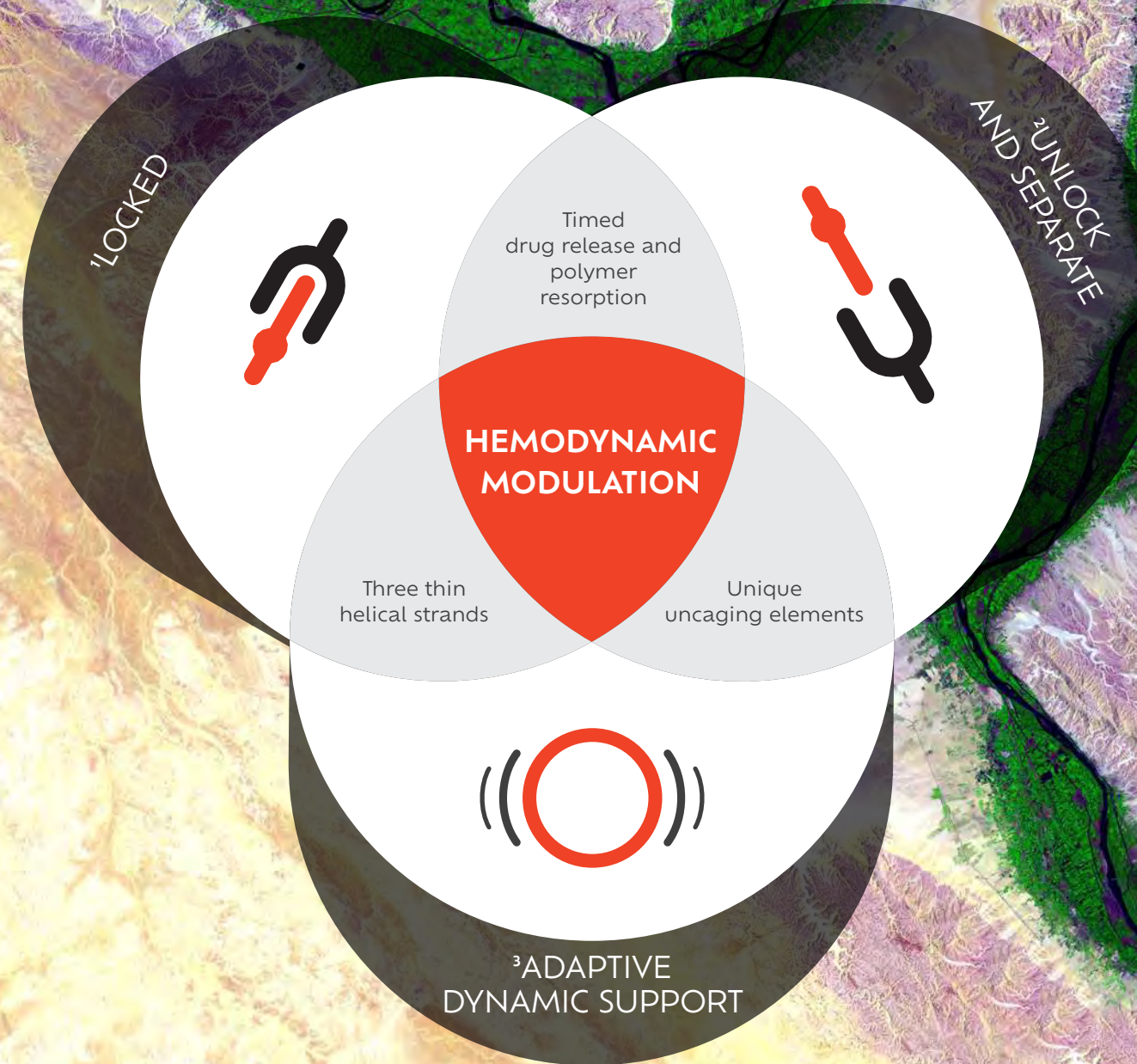
3-month resorption of polymer top coat and release of 'limus' drug enables optimal healing and thin neointima formation

Controlled resorption of basecoat polymer over 6 months enables the helical strands to unlock and separate while maintaining the established blood flow lumen, and growth of smooth muscle cells around the struts

³ ADAPTIVE DYNAMIC SUPPORT

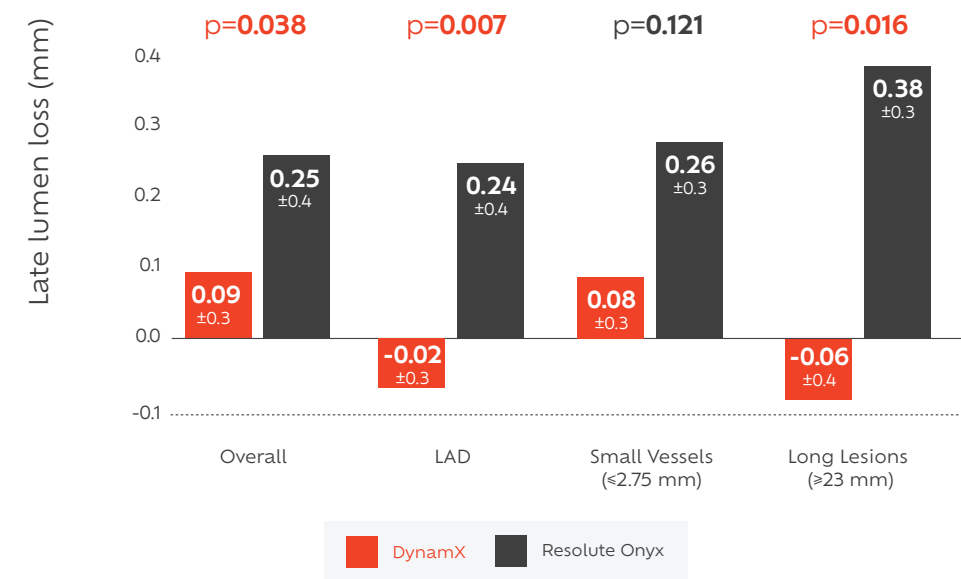
Separated helical strands provide continuing adaptive dynamic support to restore vessel hemodynamic modulation through restoration of pulsatility and adaptive blood flow volume

Thin struts and low metal volume make it possible for new smooth muscle cells to contract and achieve pulsatility and vasomotion



DYNAMX UNLOCKS TO
RELEASE THE VESSEL
*RESTORING POSITIVE ADAPTIVE
REMODELING AND MAINTAINING
ESTABLISHED LUMEN PATENCY*

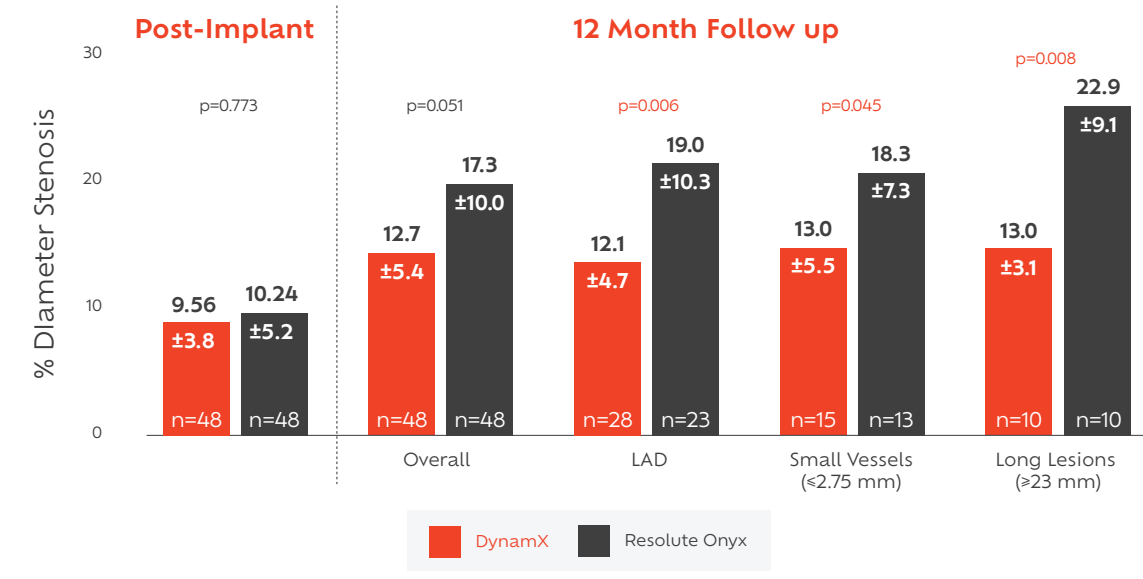
Significantly lower late lumen loss, especially in vessels and lesions at high risk of restenosis¹



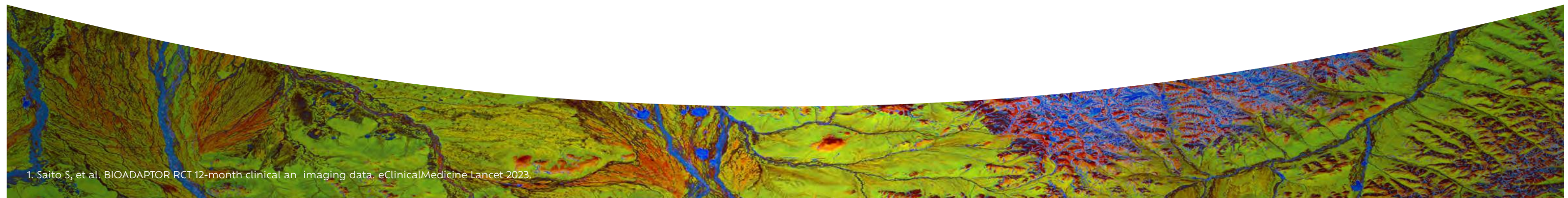
Bioadaptor: LLL in overall cohort and subgroups

MAINTAINING
FLOW LUMEN

Superior flow lumen maintained across vessel types¹



1. Saito S, et al. BIOADAPTOR RCT 12-month clinical an imaging data. eClinicalMedicine Lancet 2023.



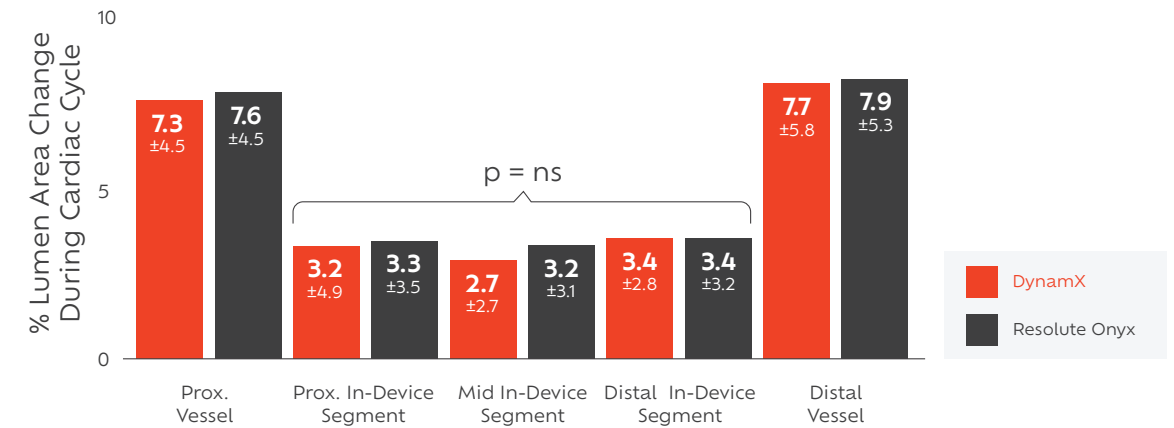
LIFE DOESN'T STAND STILL.
AND NOR SHOULD VESSELS.

*ONLY DYNAMX RESTORES
HEMODYNAMIC MODULATION
AND PULSATILITY*



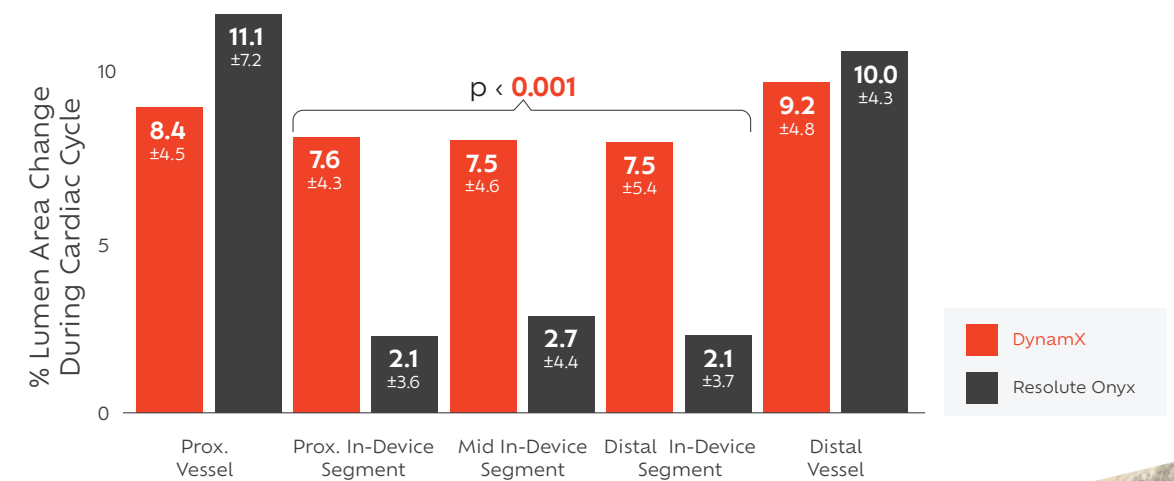
Immediately post-procedure:

Pulsatility is constrained in both DynamX bioadaptor and DES (p=ns)¹



At 12-months:

DynamX bioadaptor is unlocked to establish pulsatility and lumen area changes with every heartbeat vs DES¹



Findings from paired imaging analysis. Lumen area changes measured by stationary IVUS across at least 3 cardiac cycles (n=46 DynamX; n=46 DES). DES=drug-eluting stents. IVUS=intravascular ultrasound. ns=not significant.

1. Saito S, et al. BIOADAPTOR[®] RCT 12-month clinical and imaging data. eClinicalMedicine Lancet 2023.

THE DYNAMX FLOW EFFECT
*CHANGE IN BLOOD FLOW VOLUME
WITH EVERY HEARTBEAT*

↑ Pulsatility

7.5%

increase in lumen area
with every heartbeat

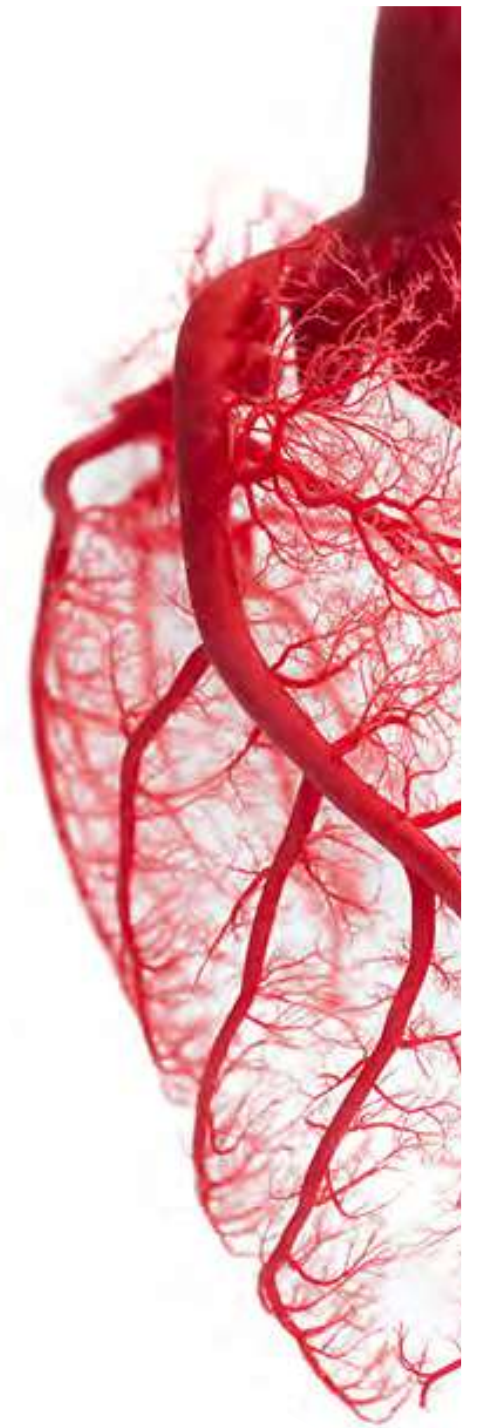
In-device % increase in lumen area:
2.7% (± 2.7) post-procedure and 7.5% (± 4.6)
at 12 months for DynamX¹

↑ Blood Flow

16.7%

increase in blood flow
volume with every heartbeat

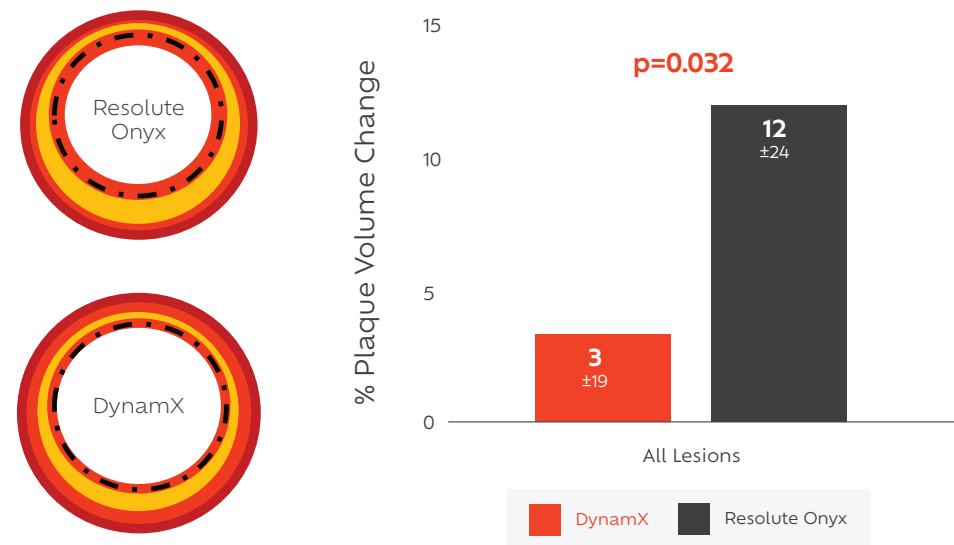
Blood flow volume increase per heartbeat:
6.5% (± 0.6) post-procedure and 16.7% (± 1.3)
at 12 months for DynamX¹



Findings from a preplanned imaging subgroup analysis.
Lumen area changes and blood flow increase measured by IVUS (n=48
DynamX; n=47 DES). IVUS=intravascular ultrasound.
1. Saito S, et al. BIOADAPTOR RCT 12-month clinical and imaging data.
eClinicalMedicine Lancet 2023 .

WITH SUPPORT, THE VESSEL RETURNS TO ITS NATURAL STATE
THEN SOMETHING EXTRAORDINARY HAPPENS

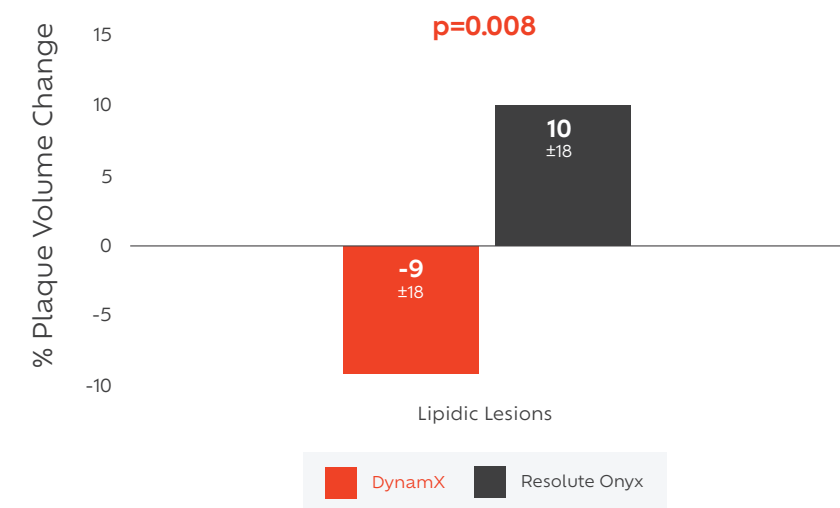
Plaque volume behind DynamX is stabilized, while increasing by 12% in the Resolute Onyx stent arm¹



% plaque volume change at 12 months (IVUS)

↓ 9%

Plaque volume regression in lipid rich lesions with DynamX vs. an increase with DES¹



An exploratory finding that points to a hypothesis of a synergistic effect between restoration of vessel motion and function and systemic use of lipid-lowering medications¹

Findings from a post-hoc imaging subgroup analysis (all lesions). % change in plaque volume measured by IVUS (all lesions: n=48 DynamX; n=47 DES) DES=drug-eluting stents. IVUS=intravascular ultrasound.
 1. Saito S, et al. BIOADAPTOR RCT 12-month clinical and imaging data. eClinicalMedicine Lancet 2023

Findings from a post-hoc imaging subgroup analysis (lipid-containing lesions). % change in plaque volume measured by IVUS (lipid-containing lesions: n=12 DynamX and n=21 DES. DES=drug-eluting stents. IVUS=intravascular ultrasound.