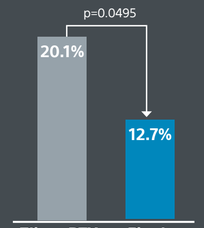
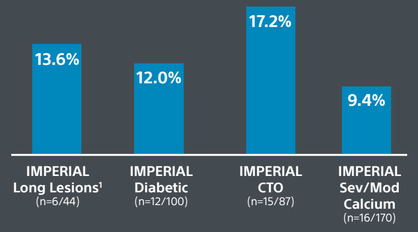
Consistent and Durable Clinical Outcomes at 2 Years

Statistically significant reduction in CD-TLR with Eluvia at 2 years vs. Zilver PTX

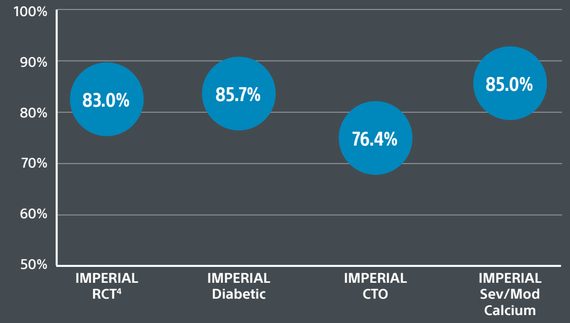


Consistently low 2-year CD-TLR in Challenging SFA Disease



Eluvia Demonstrated the Highest Ever 2-Year Primary Patency in an SFA Pivotal Trial for DES or DCB[2]

2-Year Kaplan-Meier Primary Patency Estimate[3]



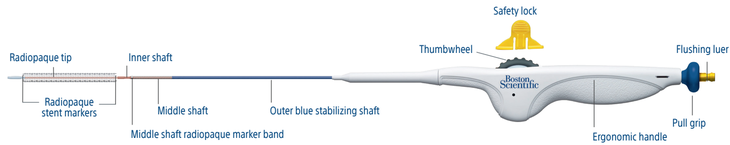
In IMPERIAL RCT, CEC adjudicated all-cause mortality rate at 2 years for Eluvia was 7.1% (21/295) vs. 8.3% (12/145) for Zilver PTX.

IMPERIAL RCT CD-TLR data is intention to treat and adapted from Iida, O. VIVA 2019 presentation
1. Long Lesion TLR is as-treated as presented at FDA Panel 2019. All other TLR data sets adapted from Gray, W. LINC 2020 Presentation, are intention to treat.
2. Highest-two year primary patency based on 24-month Kaplan-Meier estimates reported for IMPERIAL, IN.PACT SFA, ILLUMENATE, LEVANT II and Primary Randomization for Zilver PTX RCT.
3. Intention to treat. Kaplan-Meier estimate utilizing time-to-event of clinically-driven TLR up to 730 days and Duplex Ultrasound data at 24 months. Primary patency defined as duplex ultrasound PSVR ≤2.4, in the absence of clinically-driven target lesion revascularization or bypass of the target lesion, as assessed by the DUS core lab. Adapted from Gray, W, LINC. 2020 Presentation
4. In IMPERIAL RCT, Eluvia K-M Primary Patency was 83% vs. 77.1% for Zilver PTX at 24 months, p=0.1008

ELUVIA™

Drug-Eluting Vascular Stent System

Triaxial delivery system for more precise and predictable stent placement



		Stent diameter (mm)		
		6	7	
		Delivery system working length (cm)		
		130		Minimum sheath size
Stent Length (mm)	40	H74939294600410 08714729876571	H74939294700410 08714729876694	6F
	60	H74939294600610 08714729876588	H74939294700610 08714729876700	6F
	80	H74939294600810 08714729876595	H74939294700810 08714729876717	6F
	100	H74939294601010 08714729876601	H74939294701010 08714729876724	6F
	120	H74939294601210 08714729876618	H74939294701210 08714729876731	6F

ELUVIA™ DRUG-ELUTING VASCULAR STENT SYSTEM
CAUTION: Federal law (USA) restricts this device to sale by or on the order of a physician. Rx only. Prior to use, please see the complete "Directions for Use" for more information on Indications, Contraindications, Warnings, Precautions, Adverse Events, and Operator's Instructions.
INTENDED USE/INDICATIONS FOR USE: The ELUVIA Drug-Eluting Vascular Stent System is intended to improve luminal diameter in the treatment of symptomatic de-novo or restenotic lesions in the native superficial femoral artery (SFA) and/or proximal popliteal artery with reference vessel diameters (RVD) ranging from 4.0-6.0 mm and total lesion lengths up to 190 mm. **CONTRAINDICATIONS:** • Women who are pregnant, breastfeeding, or plan to become pregnant in the next 5 years should not receive an ELUVIA Drug-Eluting Stent. It is unknown whether paclitaxel will be excreted in human milk, and there is a potential for adverse reaction in nursing infants from paclitaxel exposure. • Patients who cannot receive recommended anti-platelet and/or anti-coagulant therapy. • Patients judged to have a lesion that prevents proper placement of the stent or stent delivery system. **WARNINGS:** A signal for increased risk of late mortality has been identified following the use of paclitaxel-coated balloons and paclitaxel-eluting stents for femoropopliteal arterial disease beginning approximately 2-3 years post-treatment compared with the use of non-drug coated devices. There is uncertainty regarding the magnitude and mechanism for the increased late mortality risk, including the impact of repeat paclitaxel-coated device exposure. Physicians should discuss this late mortality signal and the benefits and risks of available treatment options with their patients. See Section B.1 of the DFU for further information. • The delivery system is not designed for use with power injection systems. • Only advance the stent delivery system over a guidewire. • The stent delivery system is not intended for arterial blood monitoring. • In the event of complications such as infection, pseudoaneurysm or fistula formation, surgical removal of the stent may be required. • Do not remove the thumbwheel lock prior to deployment. Premature removal of the thumbwheel lock may result in an unintended deployment of the stent. • It is strongly advised that the treating physician follow the Inter-Society Consensus (TASC II) Guidelines recommendations (or other applicable country guidelines) for antiplatelet therapy pre-procedure to reduce the risk of thrombosis. Post-procedure dual antiplatelet therapy is required for a minimum of 60 days. **PRECAUTIONS:** • Stenting across a bifurcation or side branch could compromise future diagnostic or therapeutic procedures. • The stent is not designed for repositioning. • Once the stent is partially deployed, it cannot be "recaptured" or "recontrained" using the stent delivery system. • The stent may cause embolization from the site of the implant down the arterial lumen. • This product should not be used in patients with uncorrected bleeding disorders or patients who cannot receive anticoagulation or antiplatelet aggregation therapy. • Persons with a known hypersensitivity to paclitaxel (or structurally-related compounds), to the polymer or its individual components (see details in **Primer Polymer and Drug Matrix Copolymer Carrier** section), nickel, or titanium may suffer an allergic response to this implant. • Persons with poor kidney function may not be good candidates for stenting procedures. **PROBABLE ADVERSE EVENTS:** Probable adverse events which may be associated with the use of a peripheral stent include but are not limited to: • Allergic reaction (to drug/polymer, contrast, device or other) • Amputation • Arterial aneurysm • Arteriovenous fistula • Death • Embolization (air, plaque, thrombus, device, tissue, or other) •Hematoma • Hemorrhage (bleeding) • Infection/Sepsis • Ischemia • Need for urgent intervention or surgery • Pseudoaneurysm formation • Renal insufficiency or failure • Restenosis of stented artery • Thrombosis/thrombus • Transient hemodynamic instability (hypotensive/hypertensive episodes) • Vasospasm • Vessel injury, including perforation, trauma, rupture and dissection • Vessel occlusion. Probable adverse events not captured above that may be unique to the paclitaxel drug coating: • Allergic/immunologic reaction to drug (paclitaxel or structurally-related compounds) or the polymer stent coating (or its individual components) • Alopecia • Anemia • Gastrointestinal symptoms • Hematologic dyscrasia (including leukopenia, neutropenia, thrombocytopenia) • Hepatic enzyme changes • Histologic changes in vessel wall, including inflammation, cellular damage or necrosis • Myalgia/Arthralgia • Peripheral neuropathy. There may be other potential adverse events that are unforeseen at this time. **92306016 B.3**

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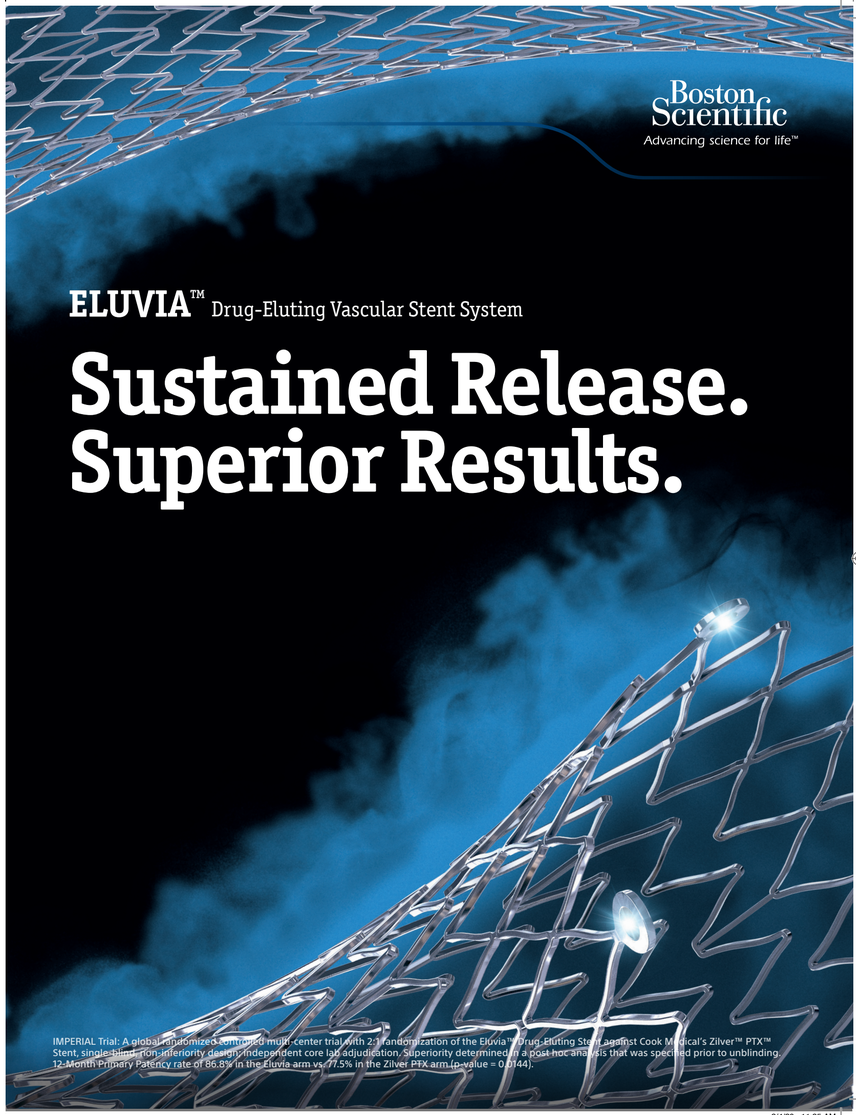
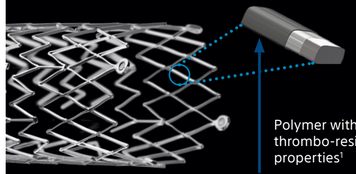


Lowest drug dose delivered by the world's most proven polymer

Polymer-based technology with proven biocompatibility

The Eluvia Stent uses the same fluoropolymer as the PROMUS™ and XIENCE™ coronary stents which have a proven history of safety in the body.

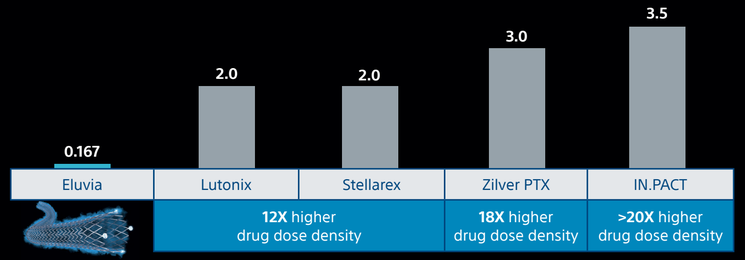


Polymer with thrombo-resistant properties[1]

20 Million+
Implants[2]

100,000+
Patients Studied in Clinical Trials[3]

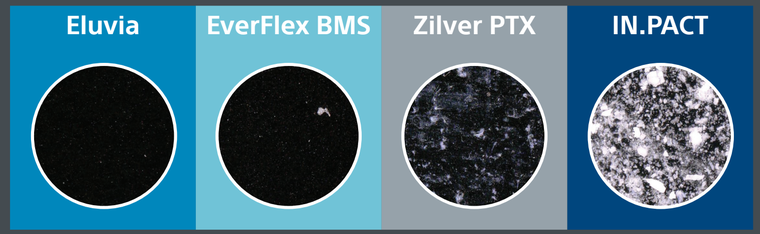
Eluvia has the lowest drug dose density of any drug-eluting SFA technology[4]



1. Mori H, et al. Expert Review of Medical Devices. 2017. doi:10.1080/17434440.2017.1363646.
2. Data on file at Boston Scientific. Represents total global sales of the PROMUS (Boston Scientific) and XIENCE (Abbott) stents since 2006.
3. Data on file at Boston Scientific. Represents total population of patients studied in the PROMUS and XIENCE series of clinical trials.
4. Data from Eluvia, Lutonix, Stellarex, Zilver PTX and IN.PACT Directions for Use.

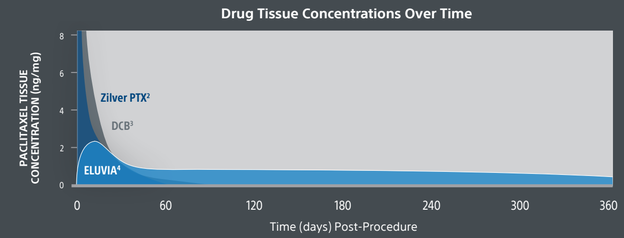
Highly controlled drug delivery, sustained to match the restenotic process

Eluvia's polymer ensures targeted delivery of the drug to the lesion and minimizes downstream particulates



Downstream particulates collected with polycarbonate filter[1]
Eluvia showed similar particulate loss compared to a bare metal stent

Eluvia's polymer sustains drug tissue concentrations beyond 12 months



Restenosis following nitinol stenting peaks at about 12 months in the SFA[5]

1. Devices were tested in simulated-use conditions with fluid recirculation. Media was collected using 5 µm pore size filters and imaged at 50x magnification.
2. Based on preclinical pharmacokinetic analysis for Zilver PTX. Dake MD, et al. J Vasc Interv Radiol. 2011;22(5):603-610.
3. Based on preclinical pharmacokinetic analysis for three drug-coated balloons (IN.PACT Pacific, Lutonix, Ranger). Gongora CA, et al. JACC Cardiovasc Interv. 2015 Jul;8(8):1115-1123. doi: 10.1016/j.jcin.2015.03.020.
4. Based on preclinical pharmacokinetic analysis for Eluvia. Muller-Hülsbeck S. Expert Opin Drug Deliv. 2016 Oct 5:1-6.
5. Iida, O. et al. Catheterization and Cardiovascular Interventions. 2011; 78:611-617.

Remarkable and consistent clinical efficacy in the most challenging SFA lesions

IMPERIAL is the first and only randomized trial comparing a low-dose polymeric drug-eluting stent to a high-dose non-polymeric drug-coated stent

ELUVIA™ **92.1%** vs Zilver™ PTX™ **81.8%**

Statistically Significant*
Kaplan-Meier Estimate[1]

One-year primary patency results in complex lesions

	IMPERIAL RCT[2] (n = 309)	IMPERIAL Long Lesions[3] (n = 50)	IMPERIAL Diabetic Subgroup Analysis[4] (n = 116)	IMPERIAL Severe/Moderate Calcium Subgroup Analysis (n = 193)	IMPERIAL CTO Subgroup Analysis (n=96)	Münster Registry (n = 62)
Study Design	RCT, multicenter, global	Single arm multicenter, global	RCT, multicenter, global	RCT, multicenter, global	RCT, multicenter, global	Single-center registry
12-month primary patency rate[1]	**92.1%**	**91.0%**	**95.2%**	**92.5%**	**86.4%**	**87.0%[5]**
Lesion length (mm)	86.5	162.8	87.0	89.9	94.4	200
Severe calcification	40%	28%	46%	n/a	n/a	42%[6]
Total occlusions	31%	32%	25%	n/a	100%	79%
	Statistically significantly **higher primary patency** vs. Zilver PTX	Remarkable primary patency in **long lesions**	Statistically significantly **lower TLR (3.7%) and stent thrombosis rate (0.9%)** vs. Zilver PTX	Remarkable primary patency and **2.8% TLR** in **heavy calcium**	Low TLR (7.9%) and **stent thrombosis rate** (2.2%)	**CLI in nearly half** of patients

Adapted from Holden, A LINC 2020 Presentation

*Kaplan-Meier Primary Patency Estimate through 1-year (including follow-up window) was statistically significant with a p-value of 0.0094.
1. Kaplan Meier Estimate; Primary patency as determined by duplex ultrasound (DUS) Peak Systolic Velocity Ratio (PSVR) is < 2.4 at the 12-month follow-up visit, in the absence of clinically-driven TLR or bypass of the target lesion.
2. In IMPERIAL RCT, Eluvia K-M Primary Patency was 92.1% vs. 81.8% for Zilver PTX at 12 months
3. Golzaar, J. et al, Journal of Endovascular Therapy, Jan 2020. https://doi.org/10.1177/1526602820901723
4. In IMPERIAL Diabetic Subgroup, Eluvia K-M Primary Patency was 95.2% vs 81.5% for Zilver PTX at 12 months
5. PSVR < 2.0
6. Moderate and severely calcified.