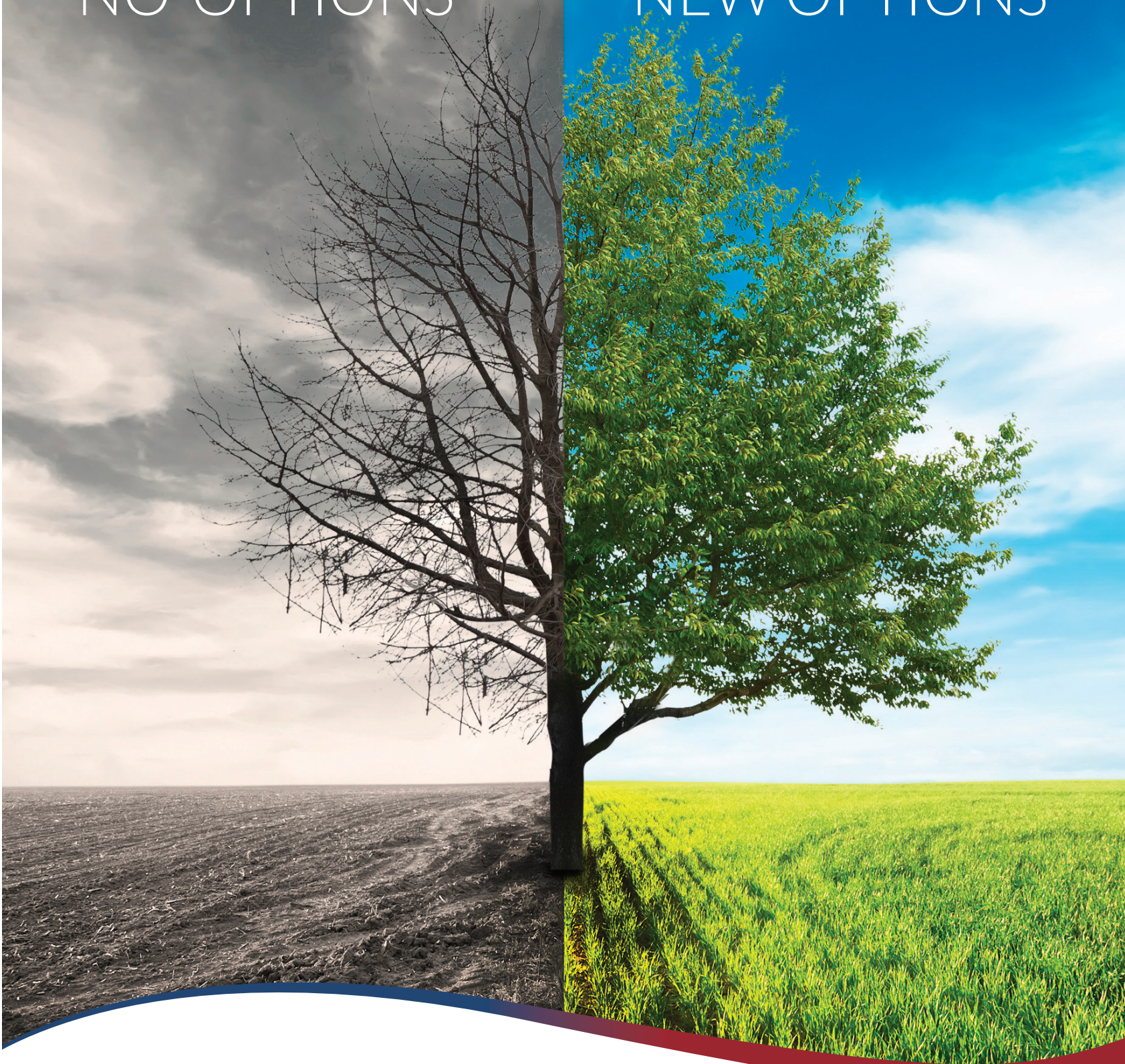


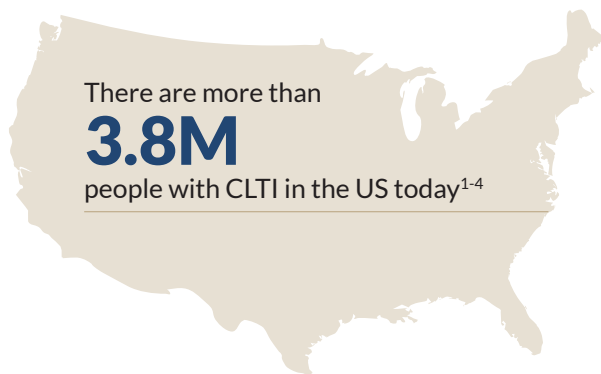
From
NO-OPTIONS

To
NEW OPTIONS



Global Burden of CLTI and Patient Suffering

In its late stage, Peripheral Artery Disease (PAD) evolves into Chronic Limb-Threatening Ischemia (CLTI) and patients' options become limited. Many of these patients are no longer candidates for endovascular or open surgery and face limb amputation as their only therapeutic option.



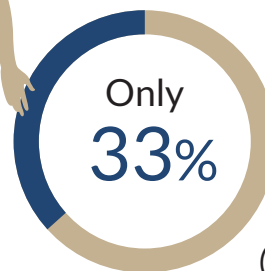
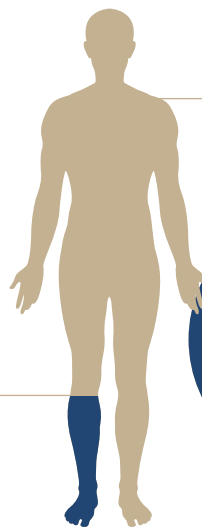
~264K

new no-option* patients annually

Incidence is 0.4% of US population⁷⁻⁹

~150K

US patients suffer lower limb amputation every year⁵



of no-option patients **remain alive and amputation free**

(AFS) at 12 months⁶

The Problem with Amputations

Costly¹⁰

\$114,292 hospitalization cost over the 2-year period

Lethal

High postoperative mortality **4-22%**¹¹

High mortality at one year **47.93%**¹²

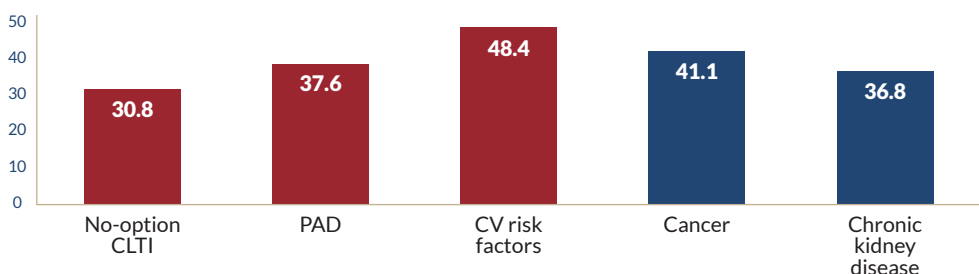
Debilitating¹³

Only **5%** develop mobility post BKA

Only **25%** develop mobility post AKA

One third of patients never leave nursing homes

No-option patients' impaired quality of life¹⁴



Population average
lower scores mean poorer QoL
SF-36 PCS scores
across disease areas

*No-option patients are those in late-stage CLTI where conventional revascularization options are no longer feasible.

LimFlow® Patients Are Typically No-Option CLTI Patients¹⁵

To relieve the symptoms of CLTI, patients today are treated primarily with angioplasty or open bypass surgery. In many late-stage patients, however, neither option is feasible due to extensive disease in the target arteries or other anatomical constraints.

No-option CLTI patients are defined as being ineligible for conventional surgical or endovascular options due to severe vascular disease.

They are usually diagnosed with the following medical conditions:

Rutherford 5 or 6 _____

Generally high levels of comorbidity including history of smoking, hypertension, diabetes, and end-stage renal disease _____

Not eligible for further conventional endovascular or surgical treatments to resolve artery blockage or CLTI _____

Doctor's recommendation to consider amputation of the foot or leg _____

Lower extremity vascular disease _____

Foot ulcers that are not healing _____



Clinical Evidence to Address the Challenge

Since the first-in-human study in 2013¹⁶, Transcatheter Arterialization of Deep Veins (TADV) with the LimFlow[®] System has been studied in more than 150 patients globally, targeting CLTI patients typically excluded from other clinical studies.^{15, 18, 19}

PROMISE I Feasibility Study¹⁹

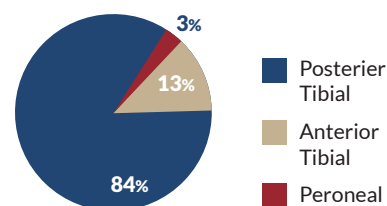
Prospective, single-arm early feasibility study



32
No-option patients enrolled

Baseline characteristics (n=32)
Age (avg. years) 71 (42-94)
Gender (% male) 66%

Target Vein



7
Participating sites across the U.S.

Comorbidities

Diabetes 69%
Type I 13%
Type II 56%
Hypertension 88%
Renal Insufficiency 34%

Primary endpoint Amputation free survival (AFS)

Patient eligibility No-option CLTI
Rutherford 5/6
stable dialysis allowed

97% Technical Success Rate

PROMISE II Pivotal Study¹⁵

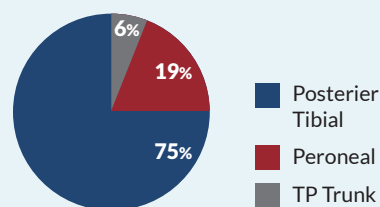
PROMISE II, a landmark pivotal trial in CLTI population, was a success and met its primary endpoint.



105
No-option patients enrolled

Baseline characteristics (n=105)
Mean Age 70 (38-89)
Gender (% male) 69%
African American 15%
Hispanic or Latino 28%

Target Vein



20
Participating sites across the U.S.

Comorbidities

Diabetes 77%
Hypertension 91%
Dialysis 18%
Chronic Kidney Disease 39%
Rutherford 5 65%
Rutherford 6 35%

Primary endpoint AFS at 6 months
Amputation free survival

Patient eligibility No-option CLTI
Rutherford 5/6
stable dialysis allowed

99% Technical Success Rate

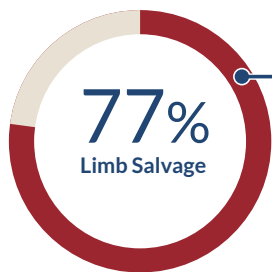
“Sickest population of CLTI patients ever enrolled in a pivotal trial”

Dan Clair

No-Option Patients Will Be Redefined

The LimFlow® System is designed to help heal wounds and avoid major limb amputation, while redefining the no-option CLTI patients with excellent clinical outcomes.

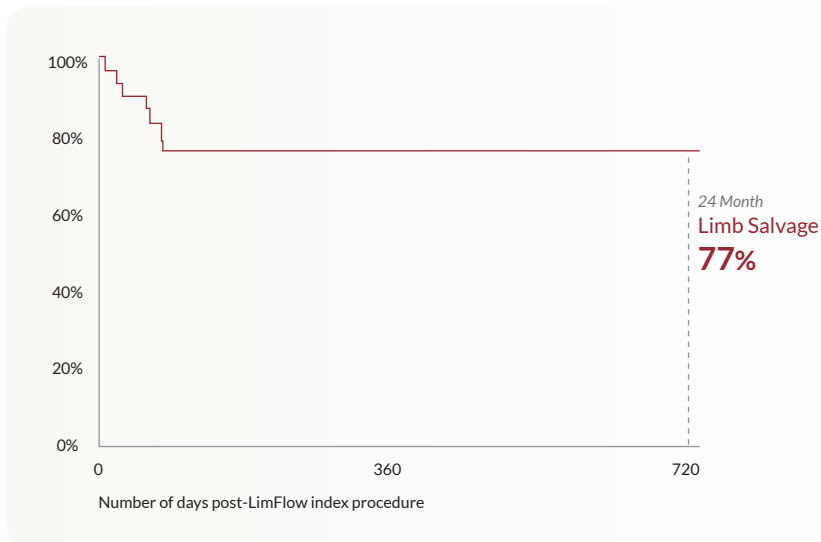
PROMISE I 24-Month Results¹⁹



Limb preservation
in no-option patients



Wound healing in
patients with
**non-healing
chronic wounds**



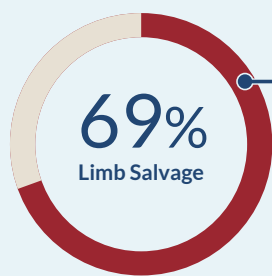
PROMISE II 12-Month Results²⁰

Primary Endpoint: 6-month AFS, Limb Salvage, Survival



The NEW ENGLAND
JOURNAL of MEDICINE

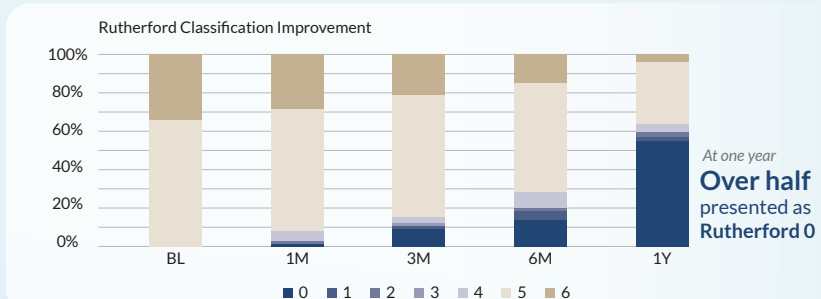
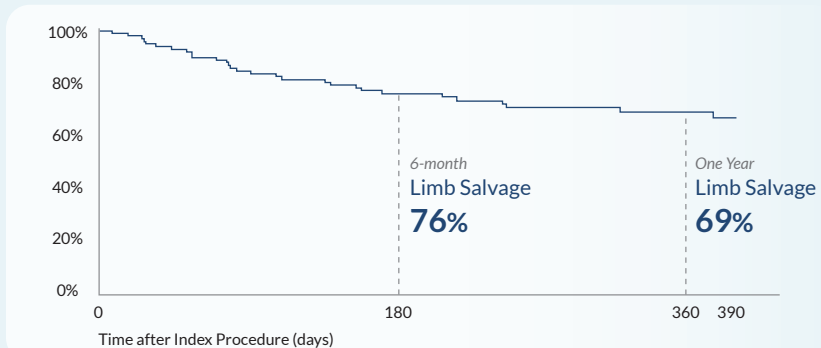
6-Month Results Published in New English Journal of Medicine



Limb preservation
in no-option patients



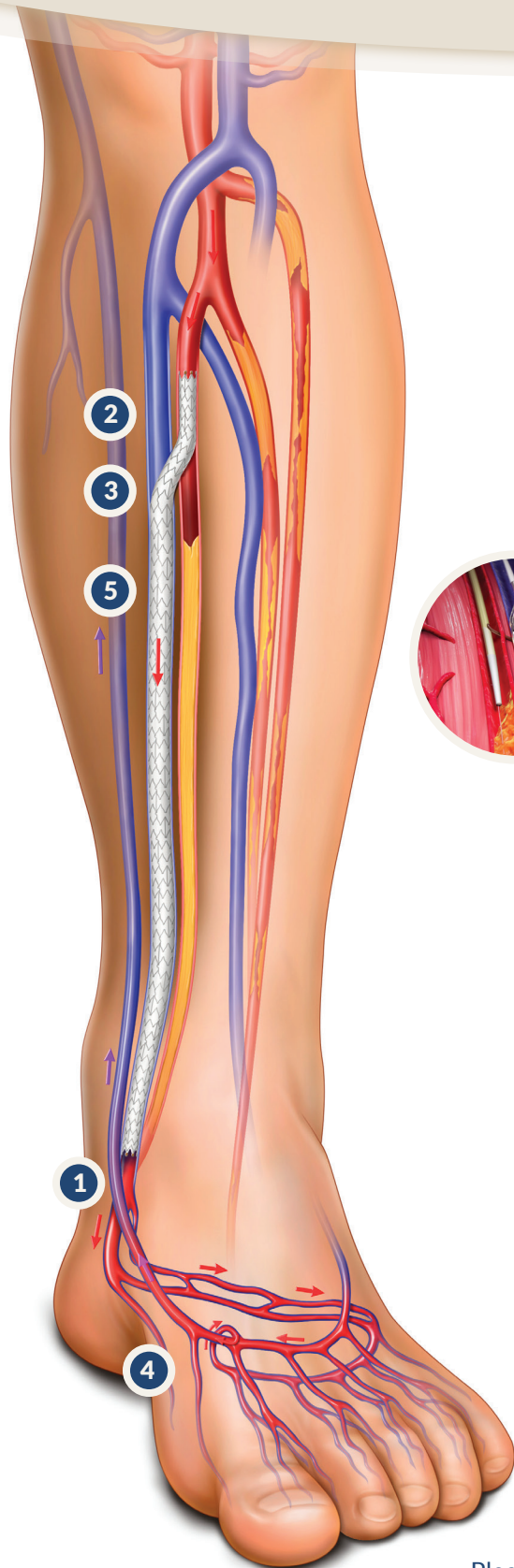
Wound healing in
patients with
**non-healing
chronic wounds**



The LimFlow[®] System

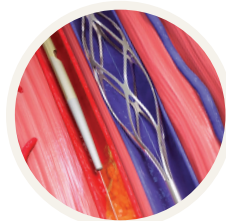
LimFlow is a minimally-invasive technology designed to divert blood around diseased arteries in the leg and into the tibial veins that feed the foot, bringing blood and oxygen to starved tissues in the foot.

An abundance of oxygen in the tissue can relieve pain and promote healing of chronic wounds for many patients, improving their quality of life and getting them back to the things they love.



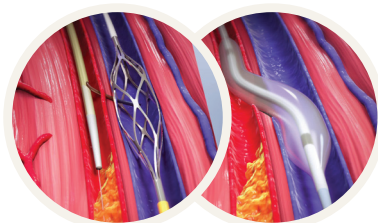
Step 1

The 4F venous catheter is advanced into the tibial vein, while the arterial catheter is navigated simultaneously into the tibial artery.



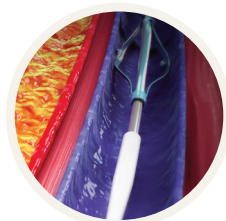
Step 2

After arriving at the artery to vein crossing point, the venous catheter is deployed and the arterial catheter is rotated for optimal alignment.



Step 3

The embedded needle of the 6F arterial catheter is inserted into the venous catheter's snaring mesh. A micro guidewire is advanced through the crossing needle and a low-profile angioplasty balloon is inflated to allow passage of other devices.



Step 4

The 4F valvulotome is introduced to cut through valves from the crossing point down into the foot, rendering them incompetent and thus facilitating forward flow.



Step 5

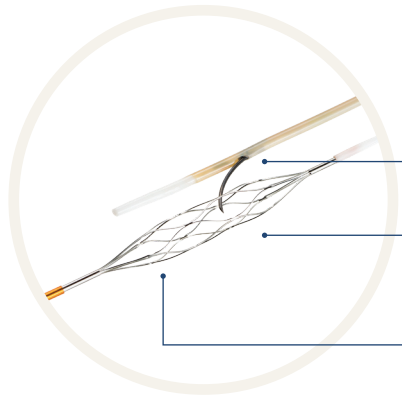
Deployment of nitinol-covered crossing and extension stents finalizes the creation of the arterio-venous channel, which rushes blood into the foot.

The LimFlow[®] System is the only device for TADV that has received **PMA approval from the FDA**

Please refer to the products' IFUs for full procedure recommendation guidelines.

Turning No-Options to New Options

LimFlow® is the only purpose-built TADV system.

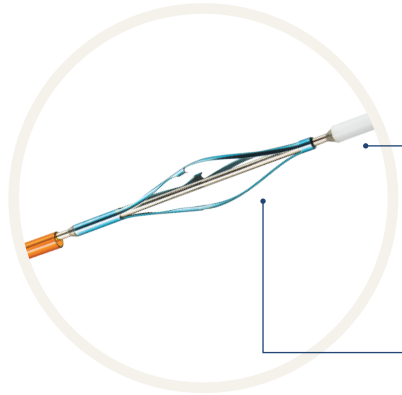


The LimFlow ARC® (Arterial Catheter) and V-Ceiver® (Venous Catheter)¹⁷

The LimFlow ARC and V-Ceiver is the only purpose-built for artery to vein crossing.

The proprietary ARC (arterial catheter) and V-Ceiver (venous catheter) enable optimal visual alignment under fluoroscopy and provide a dependable solution in the setting of below-the-knee artery to vein crossing.

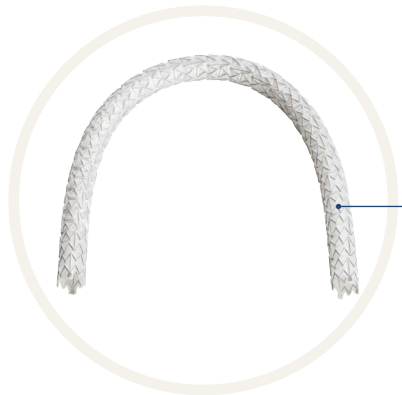
The V-Ceiver's radiopaque mesh fills the vein to provide a distinct visual target and the ARC's embedded crossing needle has a long reach to allow for multiple crossing options.



The LimFlow Vector® (Valvulotome)¹⁷

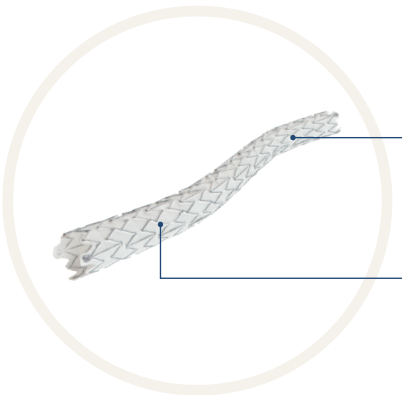
The LimFlow Vector is a unique and purpose-made 4Fr, over-the-wire "Push Valvulotome" that is specifically designed to lyse venous valves by pushing downward from the tibial to the distal pedal veins to enable blood to flow into the foot. This makes the process of rendering the valves incompetent more reproducible than the more traditional process of pulling through the valve and is designed for full and immediate pedal arch arterialization.

Vector's cutting basket with forward-facing hooks is designed to preserve the walls of the veins of the foot and avoid vessel trauma by obviating the need for high-pressure ballooning to improve outflow.



LimFlow Covered Extension Stents¹⁷

Novel electrospun PTFE-covered nitinol extension stents are designed to maximize outflow to the foot by keeping valves in the calf open while blocking smaller veins from taking flow back to the heart.



LimFlow Covered Crossing Stents¹⁷

The proprietary crossing stent system is designed to create the channel for the blood to move from artery to vein, and offers precise and easy deployment with a distinct nitinol stent design and an enhanced stent delivery system.

The novel tapered crossing stent with electrospun PTFE cover material is specifically designed to optimize sizing for both the artery and vein to maximize flow.

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www.LimFlow.com

Tel : +1 888 478 7705

Email : info@limflow.com

LimFlow, Inc 3031 Tisch Way | 110 Plaza West San Jose, CA 95128 USA



LimFlow System **Intended Use/Indications for Use:** The LimFlow System is indicated for patients who have chronic limb-threatening ischemia with no suitable endovascular or surgical revascularization options and are at risk of major amputation. **Contraindications:** Patients with deep venous thrombus in target vein; Patients with uncorrected bleeding disorders or patients who cannot receive anticoagulation or antiplatelet aggregation therapy. **Warnings and Precautions:** Use in patients with concomitant hepatic insufficiency has not been evaluated; Use in patients with poor cardiac output, e.g., NYHA Class IV, has not been evaluated; Use in pregnant and breastfeeding women has not been evaluated; Implanting the device in the distal half of the calcaneus may result in stent fracture. **Adverse Events:** Acute renal impairment requiring dialysis; Cardiac arrest; Death; Embolization; Graft rupture, trans-graft leak, site leak; Hematoma; Insufficient blood flow to foot; Ischemia; Myocardial infarction; Occlusion; Pain; Peripheral edema; Procedural bleeding; Restenosis of stented segment; Sepsis / Infection; Stent damage, implant migration; Stent graft fracture; Stent graft misplacement, deformation, or migration; The need for surgical or endovascular interventions to rectify an access site problem; Thrombosis; Vessel dissection, perforation, injury; Vessel spasm. Please reference product Instructions for Use for more information regarding indications, warnings, precautions, contraindications and adverse events. **LimFlow ARC Intended Use/Indications for Use:** The LimFlow ARC is intended to facilitate placement and positioning of guidewires and catheters within the peripheral vasculature. **LimFlow V-Ceiver Intended Use/Indications for Use:** The LimFlow V-Ceiver is intended for use in the cardiovascular system to manipulate and retrieve guidewires specified in the IFU. **LimFlow Vector Intended Use/Indications for Use:** The LimFlow Vector is intended for the treatment of vascular disorders and more particularly for excising or disrupting venous valves. **Important Information:** Prior to use, refer to the Instructions for Use for indications, contraindications, suggested procedure, warnings, adverse events, and precautions. **Caution:** Federal (USA) law restricts these devices to sale by or on the order of a licensed healthcare practitioner.

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