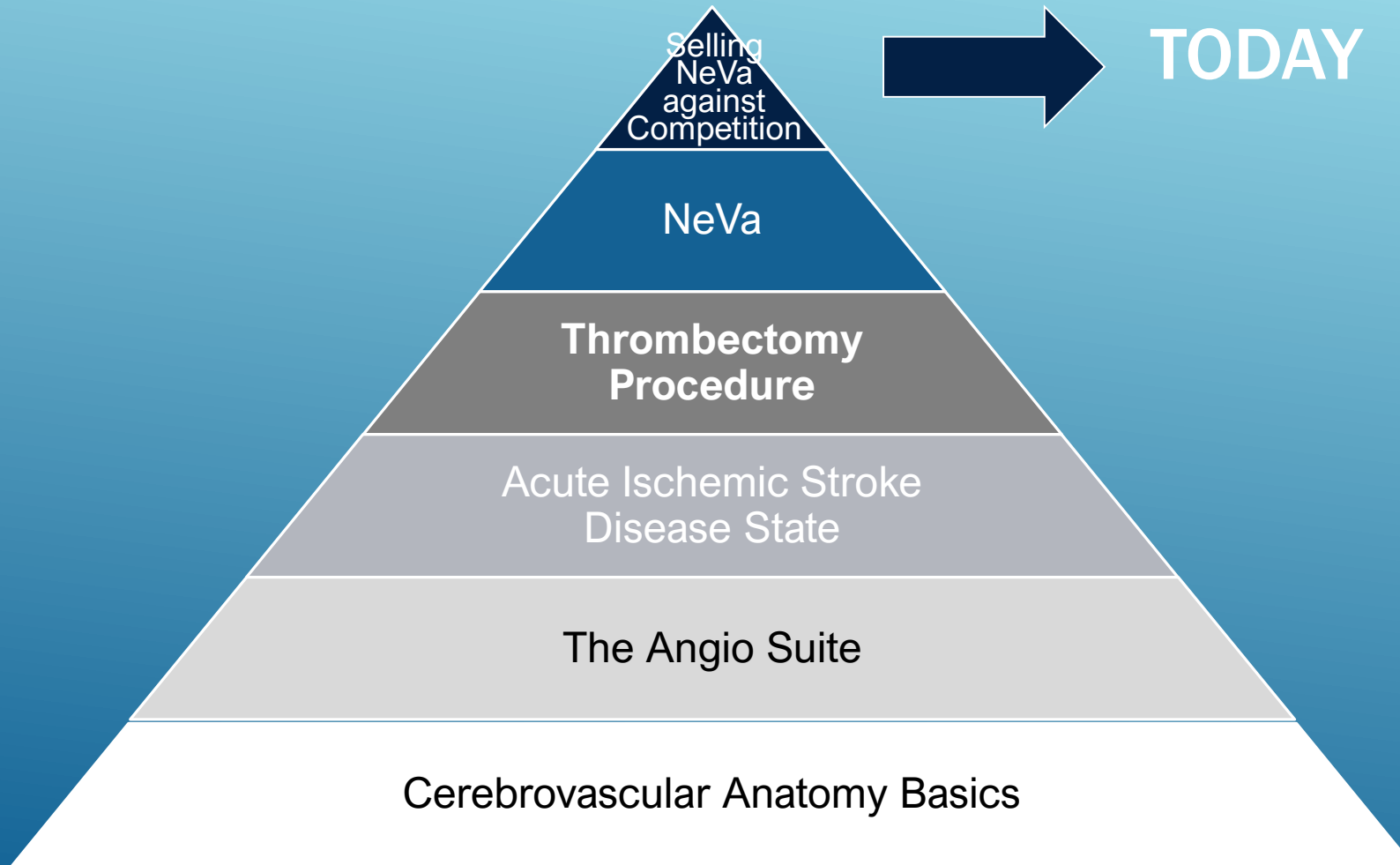


# THE ESALIO DISTRIBUTOR TRAINING PROGRAM

Designed to give you confidence & credibility in front of physicians





**NEXT GENERATION STROKE TREATMENT**

Designed for first pass success

A series of thin, white, wavy lines that span the width of the slide, positioned just above the module title. They resemble stylized waves or a network of connections.

## **MODULE 6: COMPETITION & SELLING NEVA**

# COMPETITION AND SELLING NEVA

## 6.1. Stent Retriever Technology

- Technology
- History
- Why make another one

## 6.2 Competition Features & Comparison

- Stent retriever features
- Who is the competition
- How do the current stent retrievers compare

## 6.3. Selling NEVA

- Approach
- Value Proposition & Key Messages
- How can you win
- Tools

# COMPETITION AND SELLING NEVA

## 6.1. Stent Retriever Technology

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# Neva<sup>TM</sup>

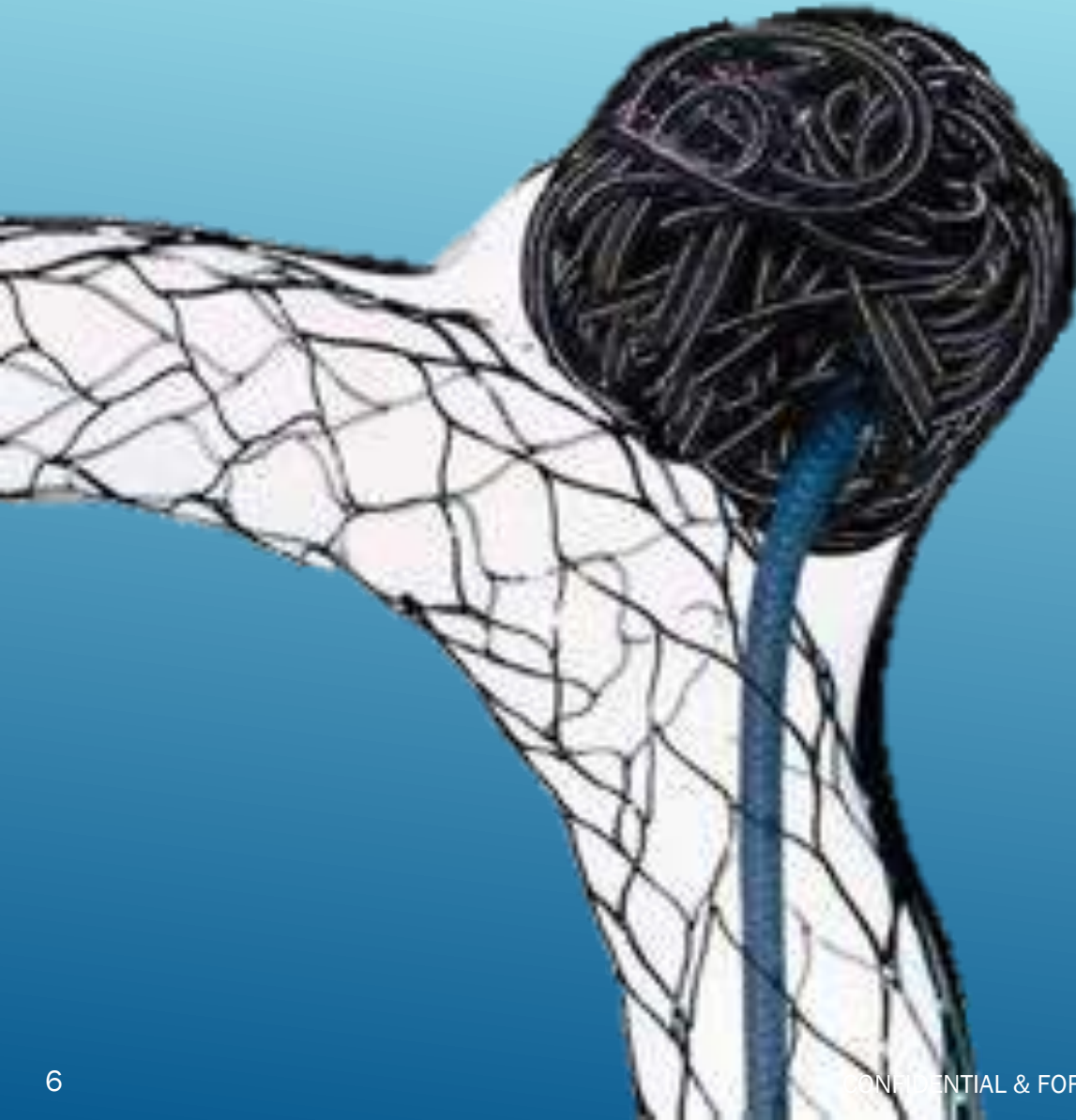
## NEXT GENERATION STROKE TREATMENT

Designed for first pass success



### 6.1: STENT RETRIEVER TECHNOLOGY

# STENTS



- Stents were used as COIL ASSIST products and sometimes for ANGIOPLASTY
- Very effective to prevent coil protrusion into the parent artery
- Implant Risks : thromboembolic complications and compromised distal flow
- Used in wide neck aneurysms
- About 1 in 5 coiling cases



# STENT RETRIEVERS

Use of stents as clot retrievers started in 2007 and became popular thanks to the better efficiency and safety profile they had versus previous technologies (MERCİ & PENUMBRA)

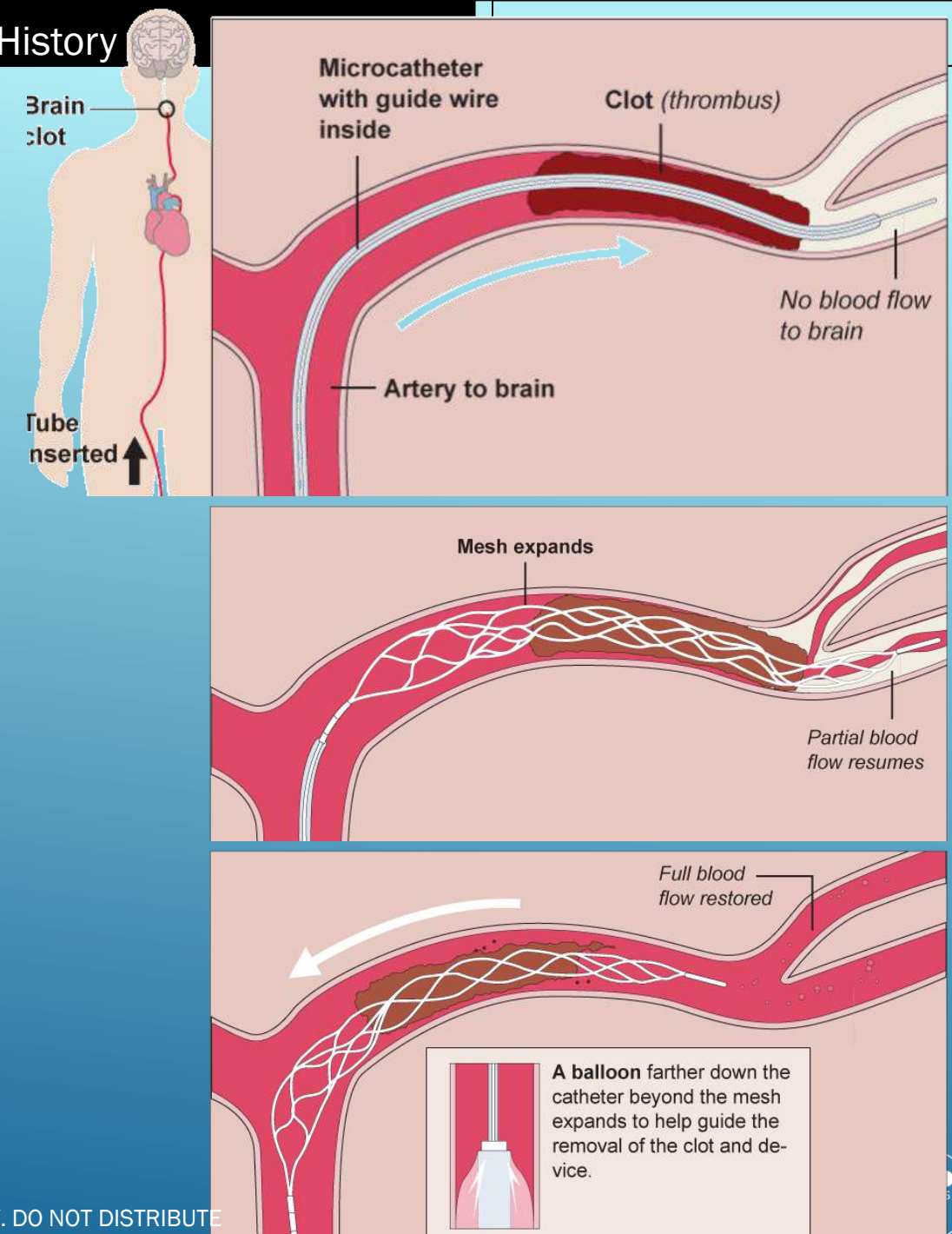
The term started getting used in the 2010s

Stent retrievers were used employing several techniques:

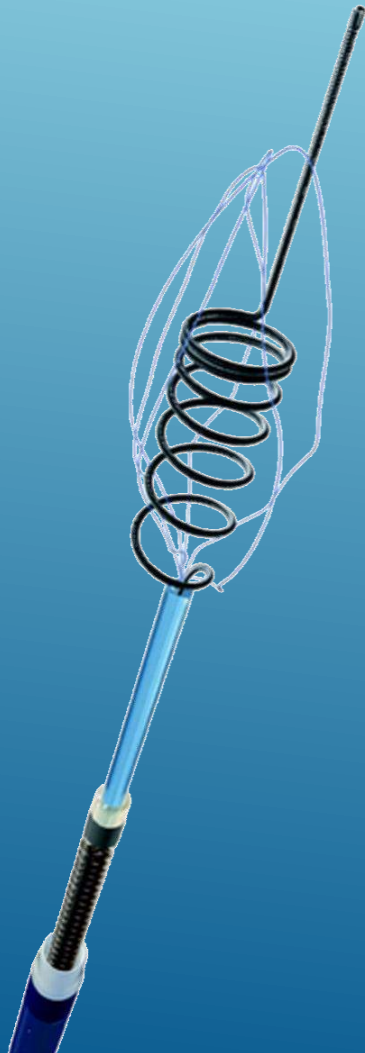
FLOW ARREST – balloon GC

LOCAL ASPIRATION– IC / DAC

CO-AXIAL – simple GC (used less and less and not recommended)



## THE FIRST GENERATION DEVICES: MERCI & PENUMBRA



- The MERCI & PENUMBRA 3D SEPARATOR devices are generally considered to be the first generation thrombectomy devices
- They were the first attempts of the medical community at trying devices for recanalization
- Trials (in 2008 & 2009 respectively) showed better rates of recanalization but significantly increased rates of symptomatic ICH



# COMPARE MERCI & PENUMBRA TO IV & IA THROMBOLYSIS

STUDY	PATIENT SELECTION	TREATMENT WINDOW	TREATMENT STUDIED
1. NINADS	AIS with clear time of onset and measurable NIHSS deficit. CT scan excluded for ICH.	3hrs	IV Thrombolysis vs placebo
2. ECASS	AIS with ability to receive drug within 3 – 4.5 hours. CT scan excluded for ICH and major infarction	4.5 hrs	IV Thrombolysis
3. PROACT II	MCA occlusions within 6 hours of AIS onset with complete occlusion of M1 or M2. Minimum NIHSS score of 4. CT and angiography excluded for ICH and other factors	6 hrs	IA Thrombolysis
4. MULTI MERCI	AIS for under 8h and NIHSS ≥8 with occlusion of the vertebral artery, basilar artery, ICA, or MCA (M1, M2).	8 hrs	Thrombectomy with Device tPA 29% pt
5. PENUMBRA	AIS within 8h of stroke onset and NIHSS ≥8 with occlusion of a large vessel. Excluded for infarctions greater than 1/3 of MCA and ICH.	8 hrs	Thrombectomy with Device tPA ~10% pt.

# COMPARE MERCI & PENUMBRA TO IV & IA THROMBOLYSIS

	No. of PTs	Base NIHSS	Recanalization TIMI 2-3	Clinical Outcome mRS @ 90 days	Symptomatic ICH (<24hrs)	Mortality at 90 days
1.NINADS placebo	165	14	~ 25%	20% (mRS<1)	N/A <2%	21%
IV rtPA	147		N/A 40%??	60% (mRS<1)	6%	17%
2. ECASS	418	11	N/A	52.4% (mRS<1)	7,9%	7,7%
3. PROACT II	121	17	66% (in MCA vessels only)	40% (mRS<2)	10,2%	25%
4. MULTI MERCI	164	19	68% (for all vessels) 1st gen: 48% (w. IA 69.5%) 2nd gen: 57% (w IA 69.5%)	36% (mRS<2)	9.8%	34%
5. PENUMBRA	125	17	81.6% (for target vessel)	25% (mRS<2)	11,2%	32,8%

These studies established IV thrombolysis as the gold standard treatment of AIS.

## THE SECOND GENERATION

- The CATCH & SOLITAIRE AB devices started getting used around 2007 and TREVO soon followed with pre-CE marking evaluation
- Better recanalization and safety profile led to widespread use and excitement within the INR community, who wanted to establish thrombectomy with these new gen stent retrievers as the new gold standard
- Solitaire FR & TREVO got launched.
- The SWIFT & TREVO II studies (2012) established the new generation stent retrievers as the new standard in mechanical thrombectomy.



Solitaire FR, Nov 2009



Trevo, Oct 2010



# COMPARE SOLITAIRE & TREVO TO MERCI

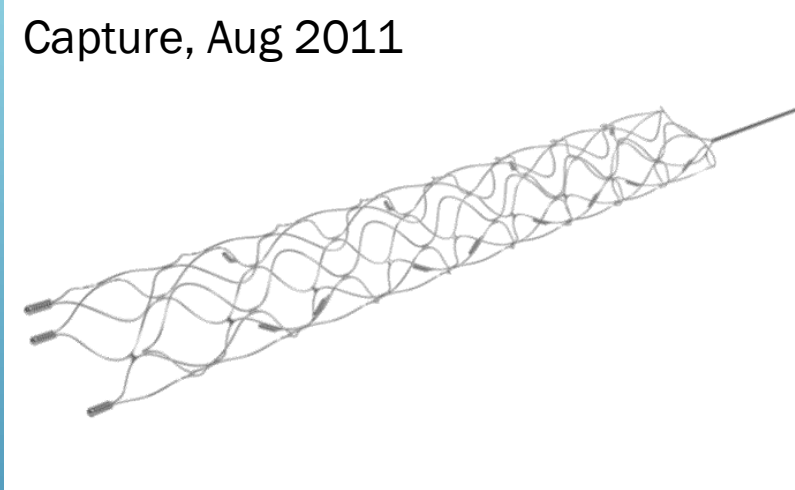
STUDY	PATIENT SELECTION	TREATMENT WINDOW	TREATMENT STUDIED
1. SWIFT	AIS with NIHSS $\geq 8$ and $\leq 30$ within 8 h of stroke symptom onset ineligibility for or failure to respond to IV rt-PA	8hrs	Solitaire vs. Merci
2. TREVO2	AIS with NIHSS $\geq 8$ and $\leq 29$ Angio-graphically confirmed large vessel occlusion ineligibility for or failure to respond to IV rt-PA	8 hrs	Trevo vs. Merci

	No. of PTs	Base NIHSS	Recanalization Rates	Clinical Outcome @ 90 days (mRS<2)	Symptomatic ICH (<24hrs)	Mortality at 90 days
SWIFT Solitaire	58	17.3	TIMI $\geq 2$ 61%	58%	2%	17%
SWIFT Merci	56	17.4	TIMI $\geq 2$ : 24%	33%	11%	38%
TREVO Trevo	86	18.3	TICI $\geq 2$ 86%	40%	4%	33%
TREVO Merci	89	17.9	TICI $\geq 2$ : 60%	22%	2%	24%

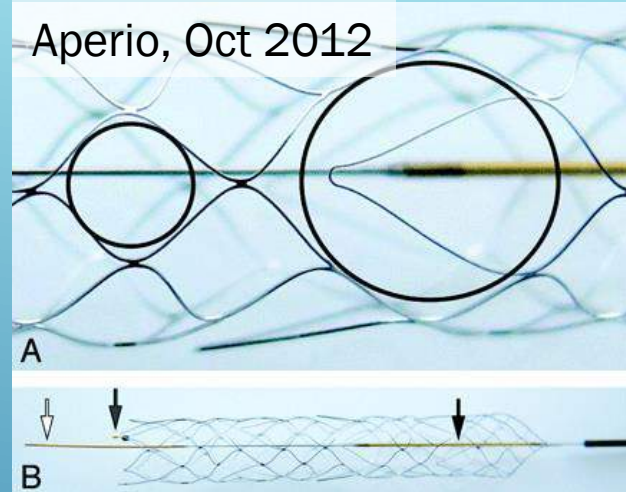
Outcome scores were not as good as the IV trials. Patient selection explains this, nevertheless, it was a limiting effect for these therapies until MrClean got published

## MORE STENT RETRIEVERS FLOODED THE MARKET

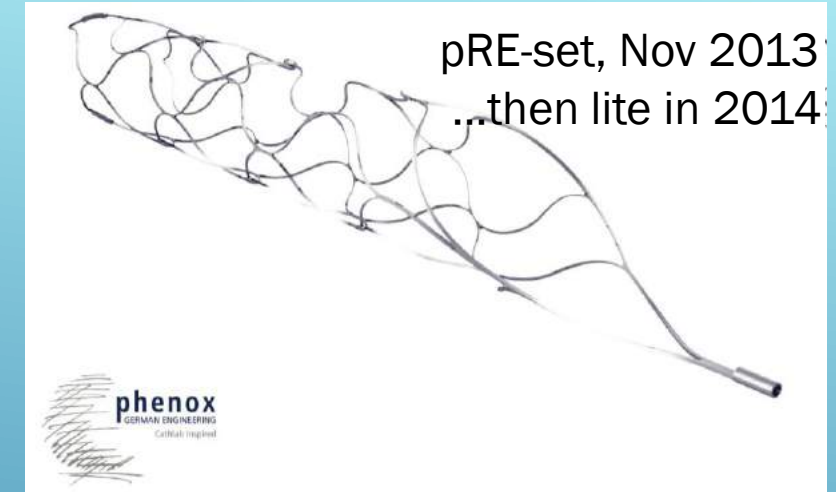
Capture, Aug 2011



Aperio, Oct 2012



pRE-set, Nov 2013  
...then lite in 2014



Basic stent retriever design:  
open end, uniform radial force & cell structure along working length



# EMERGENCE OF CLOSED TIP

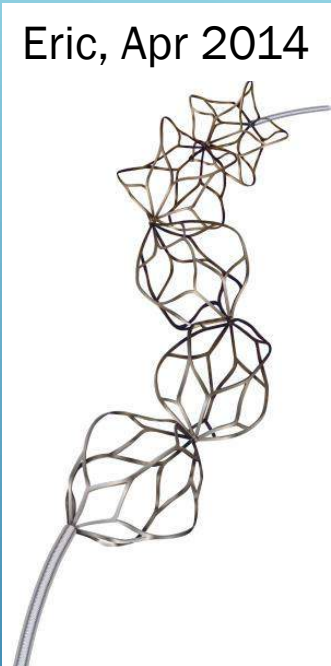
## FIRST CLOSED TIP

ReVive, May 2011, June 2013



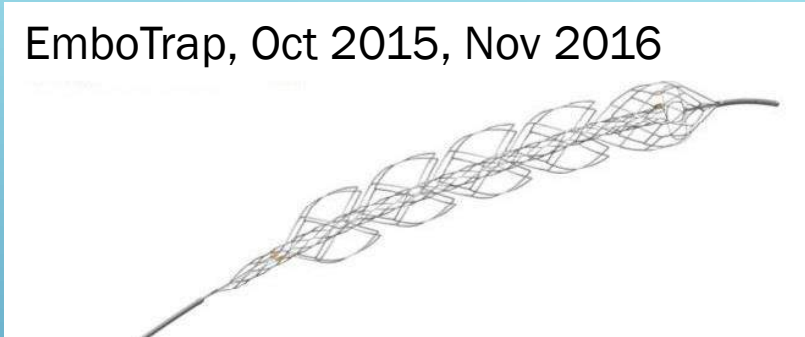
## INTERLINKED CAGES

Eric, Apr 2014



## OPEN DESIGN

EmboTrap, Oct 2015, Nov 2016



## CONTROLLED EXPANSION

Tigertriever, Jan 2016



The “Closed tip” idea emerged to reduce risk of distal emboli:

- with a denser basket in ReVive
- with interlinked cages in Eric
- with hand controlled expansion in Tigertriever
- with open design and flow corridor in Embotrap



## IN THE MEANTIME...



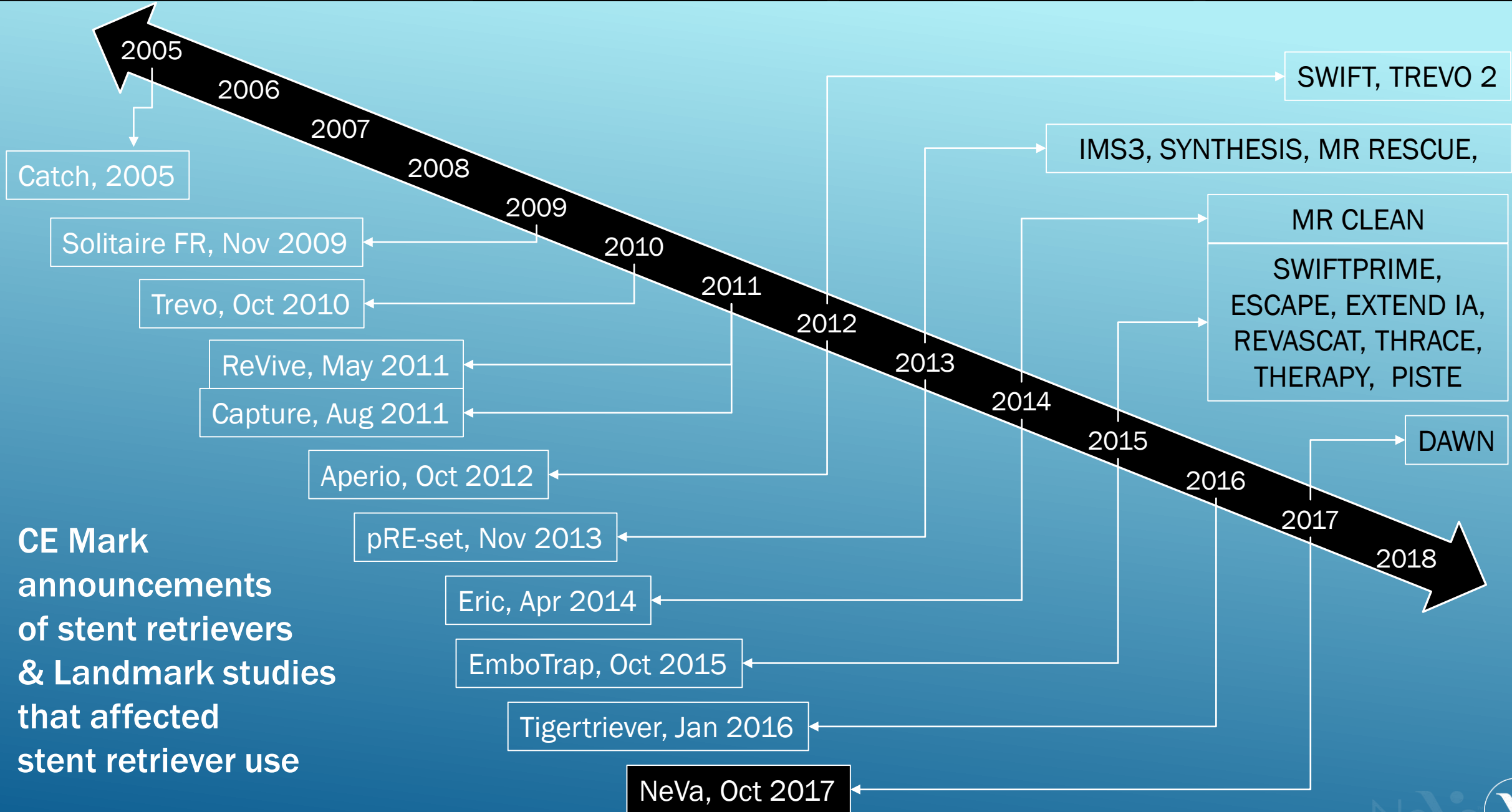
### TREVO Evolution:

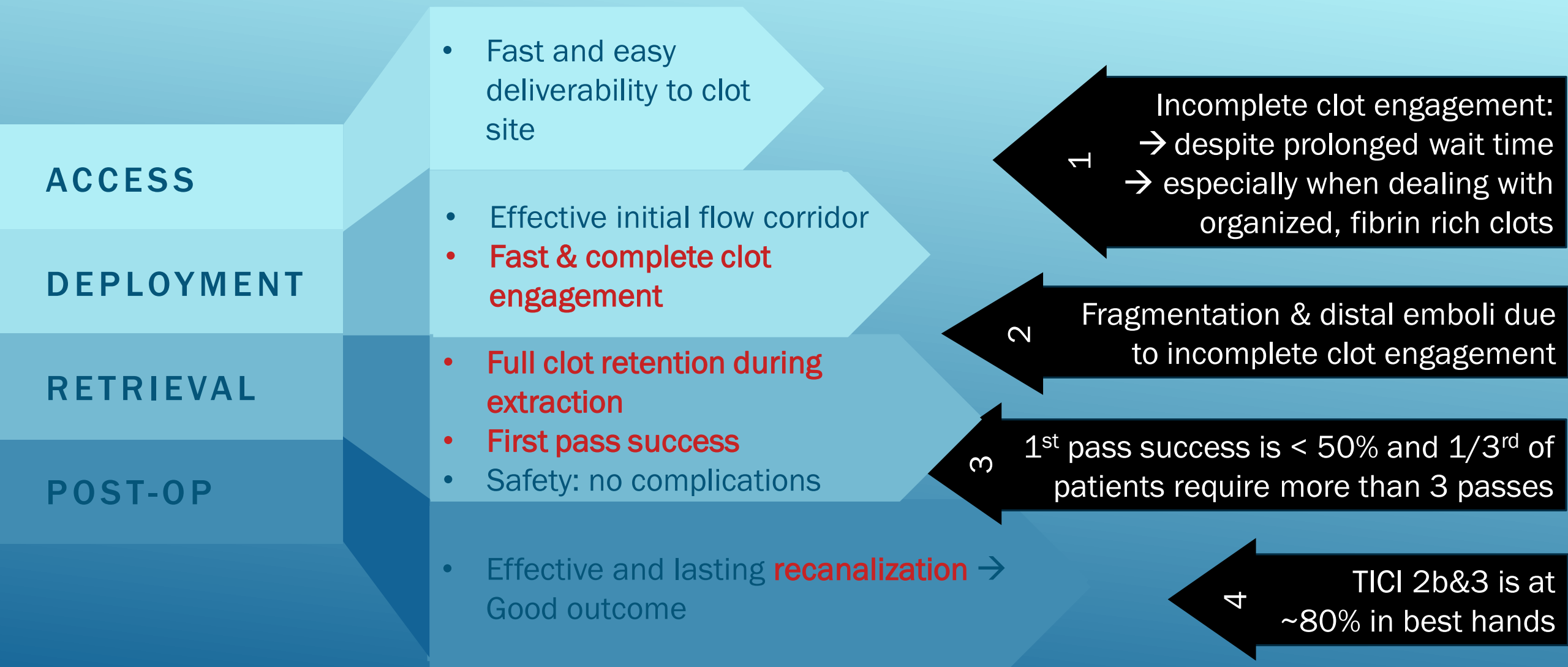
- Available in Europe 2010
- Available in the US 2012
- Strut size change
- New sizes (3 mm)
- Fully visible Trevo® ProVue™ (Nov 2012)
- Fully visible 6mm Trevo® XP ProVue™ (Feb 2014)



### SOLITAIRE Evolution

- Available in Europe Nov 2009
- Available in the US Mar 2012
- New size (6mm)
- Solitaire FR made undetachable (~2015)
- Solitaire™ Platinum with visible markers on stent body (Nov 2016)





## RECAP 6.1. STENT RETRIEVER TECHNOLOGY

- First clot retrievers were cork-screw design products like the MERCI device. They created higher level recanalization rates than IV thrombolysis, but had high ICH complication rates.
- Use of stents that were initially designed for angioplasty or coil assisting, as clot retrievers started with CATCH & SOLITAIRE around 2007. TREVO followed with tubular design in 2009.
- In 2012, SWIFT and TREVO 2 studies established the superiority of these second generation stent retrievers versus MERCI.
- From 2012 to today, the market has seen the emergence of several new brands as well as various upgrades of existing devices making incremental improvements, but some of the main “needs” remain unmet.

# COMPETITION AND SELLING NEVA

## 6.1. Stent Retriever Technology

- Technology
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## 6.3. Selling NEVA

- Approach
- Value Proposition & Key Messages
- How can you win
- Tools



**NEXT GENERATION STROKE TREATMENT**

Designed for first pass success

A series of thin, white, wavy lines that resemble a stylized landscape or a series of overlapping waves, positioned horizontally across the middle of the slide.

## **6.2: COMPETITION FEATURES & COMPARISON**



# LET'S HAVE A LOOK AT KEY FEATURES OF STENT RETRIEVERS

# KEY FEATURES OF STENT RETRIEVERS 1

## 1. Available sizes & compatibility with microcatheters



- Smaller sizes can be delivered in smaller microcatheters and be delivered to more distal territories
- Could become an advantage for:
  - anterior circulation cases
  - distal clots (M2 and further)
  - when there is an unusual worry about vessel damage



- Larger sizes have traditionally been used for proximal clots but also to enhance clot engagement (larger nitinol stents have proportionally higher radial force)

# KEY FEATURES OF STENT RETRIEVERS 2

## 2. Basket design

- Material: Nitinol or not
- Laser cut ? Braided?
- Cell size
- Radial Force
- Other features



- Nitinol has memory: takes its initial shape when heated → stent retrievers laser cut from nitinol have good radial force versus braided ones
- Radial force is higher when
  - stent retriever is cut from tube versus sheet
  - when cell size is smaller (more metal more force)
  - when cell orientation is perpendicular

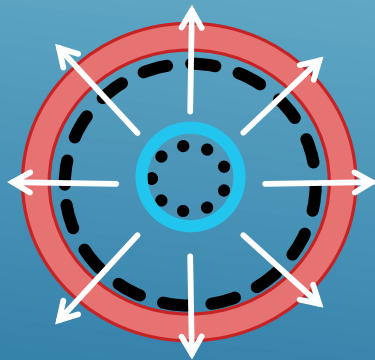


ADVANTAGES	DISADVANTAGES
<ul style="list-style-type: none"><li>▪ Flow corridor</li><li>▪ Penetration of certain clot types</li><li>▪ Lumen patency during retrieval</li></ul>	<ul style="list-style-type: none"><li>▪ Shearing of vessel wall: endothelial damage</li></ul>

## KEY FEATURES OF STENT RETRIEVERS 2 MORE ON Radial Force

### EXPANSIVE RADIAL FORCE

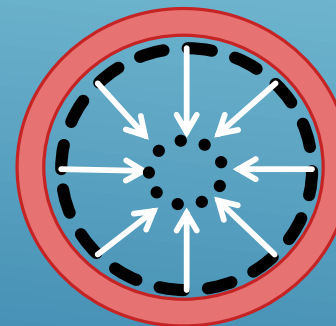
The force that the device exerts on the arterial wall (and clot) to create the flow corridor and push on the clot



UNDEPLOYED DEVICE INSIDE THE MICROCATHETER  
EXPANDS INTO THE ARTERY THANKS TO EXPANSIVE  
RADIAL FORCE

### COMPRESSIVE RADIAL FORCE

The force required to compress the expanded device to retrieve it within the artery



DEPLOYED DEVICE INSIDE THE ARTERY  
IS SUBJECT TO COMPRESSIVE RADIAL FORCE FROM  
THE ARTERY AND CLOT

## KEY FEATURES OF STENT RETRIEVERS 2 MORE ON Radial Force

### EXPANSIVE RADIAL FORCE



**HIGH EXPANSIVE RADIAL FORCE IS NEEDED**  
TO EFFECTIVELY EXPAND TOWARDS THE ARTERY  
WALL, CREATE A FLOW CORRIDOR AND INCORPORATE  
THE CLOT INTO THE DEVICE

### COMPRESSIVE RADIAL FORCE



**COMPRESSIVE RADIAL FORCE**  
**NEEDS TO BE MEASURED**  
TO MINIMIZE SHEARING

## KEY FEATURES OF STENT RETRIEVERS 3



- Closed tip will help keep the clot inside the stent retriever and hamper distal embolization or embolization of previously non-affected territories
- **IMPORTANT: The clot must be INSIDE the stent retriever for the tip to do its job!**

### 3. Closed or open tip design



## KEY FEATURES OF STENT RETRIEVERS 4

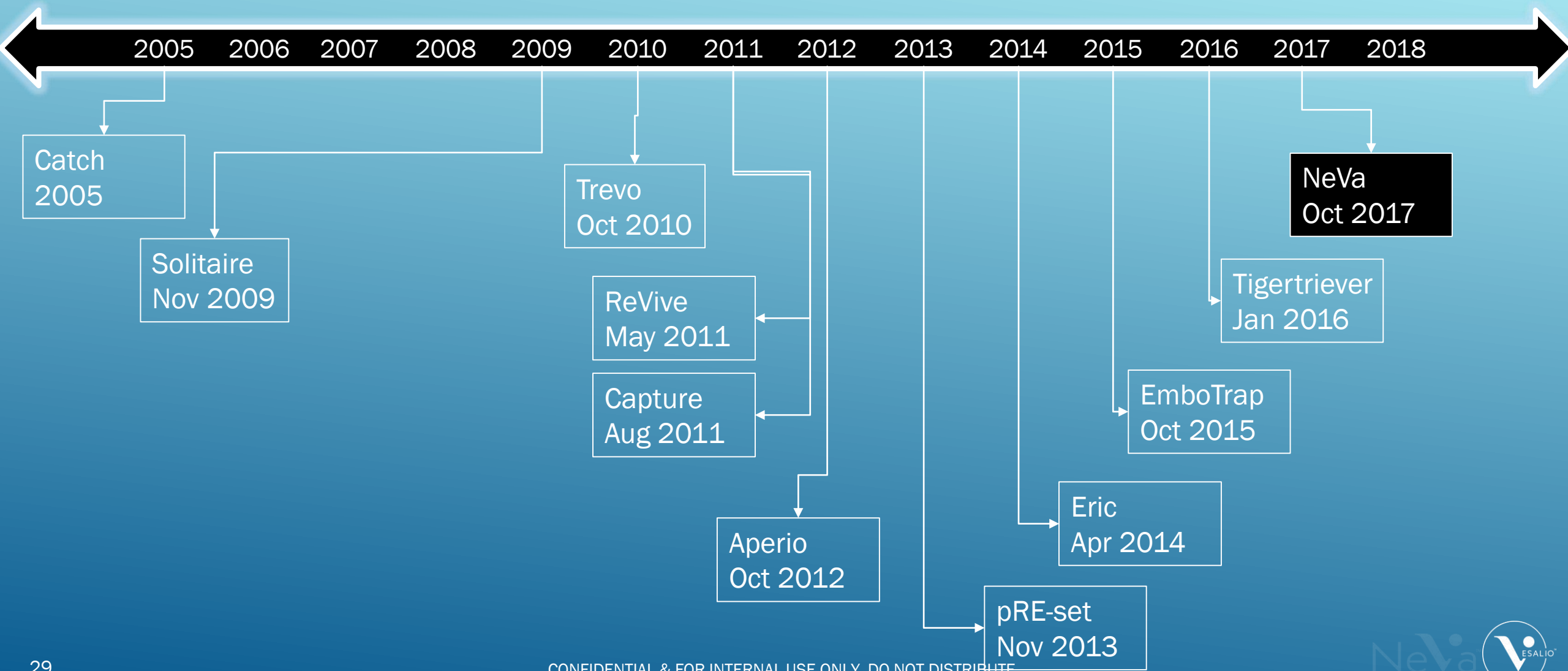


- Radio-opaque markers help physicians in many ways during the intervention:
  - Positioning of the device across the clot
  - Determining the level of engagement of device with the clot
  - Observing clot retention during retrieval: Behavior of device during retrieval could have an effect on clot retention

### 4. Markers/ Visibility under fluoro

LET'S NOW HAVE A  
LOOK AT HOW  
CURRENT STENT  
RETRIEVERS COMPARE  
TO ONE ANOTHER

# INITIAL CE MARKING ANNOUNCEMENTS OF STENT RETRIEVERS



SIZE & COMPATIBILITY

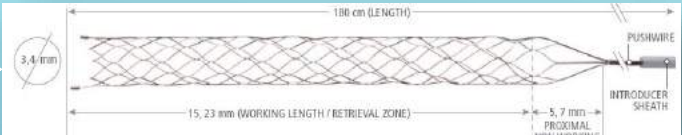
Device Name	Company	Max diameter x available lengths (mm)	Indicated Vessel diameter range (mm)	Compatibility - MC ID (inches)
SOLITAIRE Platinum	MEDTRONIC	4.0 x 20, 40 6.0 x 20, 24, 40	2.0 – 4.0 3.0 – 5.5	0.021 0.027
SOLITAIRE 2		4.0 x 15, 20, 40 6.0 x 20, 30	2.0 – 4.0 3.0 – 5.5	0.021 0.027
CAPTURE		3.0 x 15 (20), 23 (36) 4.0 x 15 (20), 23 (36)	2.0 – 3.0 2.5 – 4.0	0.017
TREVO Pro Vue	STRYKER	3.0 x 20 (36) 4.0 x 20 (32) 4.0 x 30 (44) 6.0 x 25 (40)	1.5 & up 3.0 & up 3.0 & up 6.0 & up	0.018 0.021 0.021 and 0.027 0.021 and 0.027
pREset pREset Lite	PHENOX	4.0 x 20 and 6.0 x 30 3.0 x 20 and 4.0 x 20	2.0 – 4.0 and 3.0 – 6.0 1.5 – 4.0	0.021 0.0165
EMBOTRAP	CERENOVUS	5.0 x 21 and 5.0 x 33	1.5 – 5.0	0.021
CATCH+	BALT	4.0 x 15 5.0 x 20 6.5 x 30 11.0 x 55	1.5 & up 3.0 & up 6.0 & up 9.0 & up	0.017 0.021 0.024 0.040
APERIO	ACANDIS	3.5 x 28 4.5 x 30, 40 6.0 x 40	1.5 – 3.0 2.0 – 4.0 3.5 – 5.5	0.0165 - 0.021 0.0165 - 0.021 - 0.027 0.021 - 0.027
ERIC	MICROVENTION	3.0 x 15,20 4.0 x 24,30 6.0 x 44	2.0 – 6.0	0.017
TIGERTRIEVER TIGERTRIEVER 17	RAPID MEDICAL	4.5 x 32 2.5 x 23	1.5 – 6,0 0.5 – 3.0	0.021 0.017

# BASKET DESIGNS: OBSERVE CELL SIZE & DISTAL TIPS

SOLITAIRE



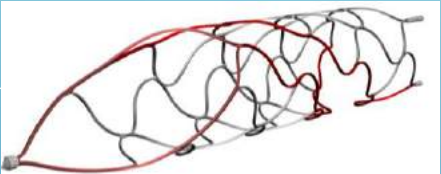
CAPTURE



TREVO



PRESET



EMBOTRAP



CATCH PLUS



APERIO



ERIC



TIGERTRIEVER



	INITIAL FLOW CORRIDOR CREATION
SOLITAIRE PLATINUM	+
CAPTURE	+
TREVO PRO VUE	+
PRESET	+
EMBOTRAP	+
REVIVE SE	+
CATCH+	+
APERIO	+
ERIC	+
TIGERTRIEVER	+
NEVA	+

All stent retrievers claim to be effective at creating an initial flow corridor.

Logically, the ones with **higher radial force** will be better at this.

Remember radial force will be affected by basket design (nitinol + tube + cell size).

**EMBOTRAP** has a specific design feature (a flow corridor in the middle of the stent retriever) so claims not to need radial force to succeed in creating the initial flow corridor.

**NEVA** flow restoration zone is designed to create the initial flow corridor.

**NEVA** has a very strong radial force.



	INITIAL FLOW CORRIDOR CREATION	ENGAGEMENT CLOT ENGAGEMENT LARGE WHITE CLOTS
SOLITAIRE PLATINUM	+	0%
CAPTURE	+	0%
TREVO PRO VUE	+	0%
PRESET	+	0%
EMBOTRAP	+	20% <sup>†</sup>
REVIVE SE	+	20% <sup>†</sup>
CATCH+	+	20% <sup>†</sup>
APERIO	+	NA
ERIC	+	0%
TIGERTRIEVER	+	NA
NEVA	+	60%

## CLOT ENGAGEMENT PROPERTIES

The percentages are from the Machi bench study.

- Average of successful pulls with large white clots.
- † when minimal displacement without full retrieval.
- Aperio and Tigertriever not tested.

## PIN & DRAG vs FULL CLOT INCORPORATION



1. Conventional stent retrievers **pin** the clot to the artery wall & **drag** it down.
2. In most cases, clot penetration is partial.
3. Hard clots simply slide outside the basket and remain in place.

## NEVA'S DROP ZONES CHANGE THE PARADIGM

NEVA is engineered to incorporate all types of clot, including the most challenging fibrin rich ones and retain them during retrieval.

	INITIAL	ENGAGEMENT	ENGAGEMENT & EXTRACTION
	FLOW CORRIDOR CREATION	CLOT ENGAGEMENT RED vs BIG WHITE	VISIBILITY UNDER FLUORO
SOLITAIRE PLATINUM	+	70% / 0%	Markers on body
CAPTURE	+	43% / 0%	Markers at tips
TREVO PRO VUE	+	67% / 0%	Full body
PRESET	+	73% / 0%	Markers at tips
EMBOTRAP	+	60% / 20% <sup>†</sup>	Markers at tips
REVIVE SE	+	60% / 20% <sup>†</sup>	Markers at tips
CATCH+	+	43% / 20% <sup>†</sup>	Markers at tips
APERIO	+	-	Markers at tips
ERIC	+	30% / 0%	Markers at tips
TIGERTRIEVER	+	-	Full body

NEVA	+	60%	Smart markers
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VISIBILITY PROPERTIES

TrevoProVue and Tigetrierer have their full basket visible under fluoro.

NeVa and Solitaire Platinum have markers along the basket.

Other stent retrievers have markers only at the distal and proximal tip of the device.

NEVA'S SMART MARKERS

The drop zone help the operator not just observe but also act on clot incorporation during the procedure.

	INITIAL	ENGAGEMENT	ENGAGEMENT & EXTRACTION	EXTRACTION	
	FLOW CORRIDOR CREATION	CLOT ENGAGEMENT RED vs BIG WHITE	VISIBILITY UNDER FLUORO	CLOSED TIP	MINIMIZED SHEARING
SOLITAIRE PLATINUM	+	70% / 0%	Markers on body		
CAPTURE	+	43% / 0%	Markers at tips		
TREVO PRO VUE	+	67% / 0%	Full body		
PRESET	+	73% / 0%	Markers at tips		
EMBOTRAP	+	60% / 20% <sup>†</sup>	Markers at tips	+	?
REVIVE SE	+	60% / 20% <sup>†</sup>	Markers at tips	+	
CATCH+	+	43% / 20% <sup>†</sup>	Markers at tips		
APERIO	+	-	Markers at tips		
ERIC	+	30% / 0%	Markers at tips	+	+
TIGERTRIEVER	+	-	Full body	+	+
NEVA	+	60%	Smart markers	+	+

NEVA, REVIVE, ERIC, EMBOTRAP & TIGERTRIEVER have closed ended designs to help limit or eliminate distal embolization.

Shoulders help limit shearing effect but this is also affected by radial force & amount of metal.

	INITIAL	ENGAGEMENT	ENGAGEMENT & EXTRACTION	EXTRACTION		NEVA, REVIVE, ERIC, EMBOTRAP &
	FLOW CORRIDOR CREATION	CLOT ENGAGEMENT RED vs BIG WHITE	VISIBILITY UNDER FLUORO	CLOSED TIP	MINIMIZED SHEARING	
FOOD FOR THOUGHT						
Note that the clot needs to be integrated inside the basket for the closed tip to hamper distal emboli.						
So: How well your stent retriever engages clot and entraps it will end up affecting how much your distal tip can do its job!						
EMBOTRAP	+	60% / 20% <sup>†</sup>	Markers at tips	+	?	eliminate distal embolization.  Shoulders help limit shearing effect but this is also affected by radial force & amount of metal.
REVIVE SE	+	60% / 20% <sup>†</sup>	Markers at tips	+		
CATCH+	+	43% / 20% <sup>†</sup>	Markers at tips			
APERIO	+	-	Markers at tips			
ERIC	+	30% / 0%	Markers at tips	+	+	
TIGERTRIEVER	+	-	Full body	+	+	
NEVA	+	60%	Smart markers	+	+	

	INITIAL	ENGAGEMENT	ENGAGEMENT & EXTRACTION	EXTRACTION		
	FLOW CORRIDOR CREATION	CLOT ENGAGEMENT RED vs BIG WHITE	VISIBILITY UNDER FLUORO	CLOSED TIP	MINIMIZED SHEARING	CLINICAL EVIDENCE
SOLITAIRE PLATINUM	<p>The older stent retrievers have accumulated some evidence but this evidence has not helped set them apart from SOLITAIRE or TREVO. (Acknowledgement of “me too” status.)</p> <p>MEDTRONIC and STRYKER have heavily invested into clinical studies to establish broader stent retriever use and hence may now have an edge with regards to reimbursement status and customer loyalty.</p>					+++
CAPTURE						
TREVO PRO VUE						+++
PRESET						+
EMBOTRAP						+
REVIVE SE						
CATCH+						+
APERIO						+
ERIC						+
TIGERTRIEVER						
NEVA	+	60%	Smart markers	+	+	

	INITIAL	ENGAGEMENT	ENGAGEMENT & EXTRACTION	EXTRACTION		
	FLOW CORRIDOR CREATION	CLOT ENGAGEMENT RED vs BIG WHITE	VISIBILITY UNDER FLUORO	CLOSED TIP	MINIMIZED SHEARING	CLINICAL EVIDENCE
SOLITAIRE PLATINUM	+	70% / 0%	Markers on body			+++
CAPTURE	+	43% / 0%	Markers at tips			
TREVO PRO VUE	+	67% / 0%	Full body			+++
PRESET	+	73% / 0%	Markers at tips			+
EMBOTRAP	+	60% / 20% <sup>‡</sup>	Markers at tips	+	?	+
REVIVE SE	+	60% / 20% <sup>‡</sup>	Markers at tips	+		
CATCH+	+	43% / 20% <sup>‡</sup>	Markers at tips			+
APERIO	+	-	Markers at tips			+
ERIC	+	30% / 0%	Markers at tips	+	+	+
TIGERTRIEVER	+	-	Full body	+	+	
NEVA	+	60%	Smart markers	+	+	



## RECAP 6.2 COMPETITION FEATURES & COMPARISON

- Stent retriever design tries to achieve **FULL CLOT ENGAGEMENT** and **SAFE RETRIEVAL** using a mixture of features. The end goal is achieving **FAST & COMPLETE RECANALIZATION**.
- In thinking about features and comparing devices, one needs to think holistically:
  - What does this feature do? Why is it there?
  - How does this feature work with other features?
- **NEVA design** has an interesting mix of features that **promises superior clot engagement capabilities and safe retrieval** versus traditional stent retrievers. It interacts with clot differently. We are starting to and **hope to continue to observe the effect of this design in clinical practice**.

# COMPETITION AND SELLING NEVA

## 6.1. Stent Retriever Technology

- Technology
- History
- Why make another one

## 6.2 Competition Features & Comparison

- Stent retriever features
- Who is the competition
- How do the current stent retrievers compare

## 6.3. Selling NEVA

- Approach
- Value Proposition & Key Messages
- How can you win
- Tools



**NEXT GENERATION STROKE TREATMENT**

Designed for first pass success

A detailed illustration of a medical catheter device, showing its flexible, braided structure and various components like the handle and tip.

## **6.3 SELLING NEVA AGAINST COMPETITION**

# APPROACH

# REMEMBER WHAT PHYSICIANS EXPECT & WHERE COMPETITION MAY HAVE FAILED

## ACCESS

- Fast and easy deliverability to clot site

## DEPLOYMENT

- Effective initial flow corridor
- **Fast & complete clot engagement**

## RETRIEVAL

- **Full clot retention during extraction**
- **First pass success**
- Safety: no complications

## POST-OP

- Effective and lasting **recanalization** → Good outcome

1

Incomplete clot engagement:  
→ despite prolonged wait time  
→ especially when dealing with organized, fibrin rich clots

2

Fragmentation & distal emboli due to incomplete clot engagement

3

1<sup>st</sup> pass success is < 50% and 1/3<sup>rd</sup> of patients require more than 3 passes

4

TICI 2b&3 is at ~80% in best hands

# PAY ATTENTION TO THE INDIVIDUAL AND HIS/HER HISTORY

## HISTORY

- Which product did I use when I was training?
- Who influences me?
- Which country have I worked in?

## DRIVERS

- Are my decisions driven experience and clinical need?
- Are relationships the main driver for me?
- Do I like to get attention/ publish/ present/ give design input, etc. ?
- Am I cost conscious?

## PERSONALITY

- Do I want complexity or simplicity?
- How attached am I to my habits?  
- Am I technology driven, an innovator/early adopter? Or...Am I a follower?
- Do I trust my gut feeling or do I demand clinical proof systematically?
- Am I ambivalent/ I treat AIS but am not too motivated by the details?



# BEFORE YOU TRY TO CONVINCE A CUSTOMER: FIND OUT WHO YOU ARE TALKING TO

- Learn about them, **assume nothing**
- Talk to many people in an account to get a full picture of the dynamics
- Understand their HISTORY, DRIVERS and PERSONALITY
- Understand their current practice and what they care about

# BEFORE YOU TRY TO CONVINCE A CUSTOMER: UNDERSTAND WHY THEY USE WHAT THEY USE

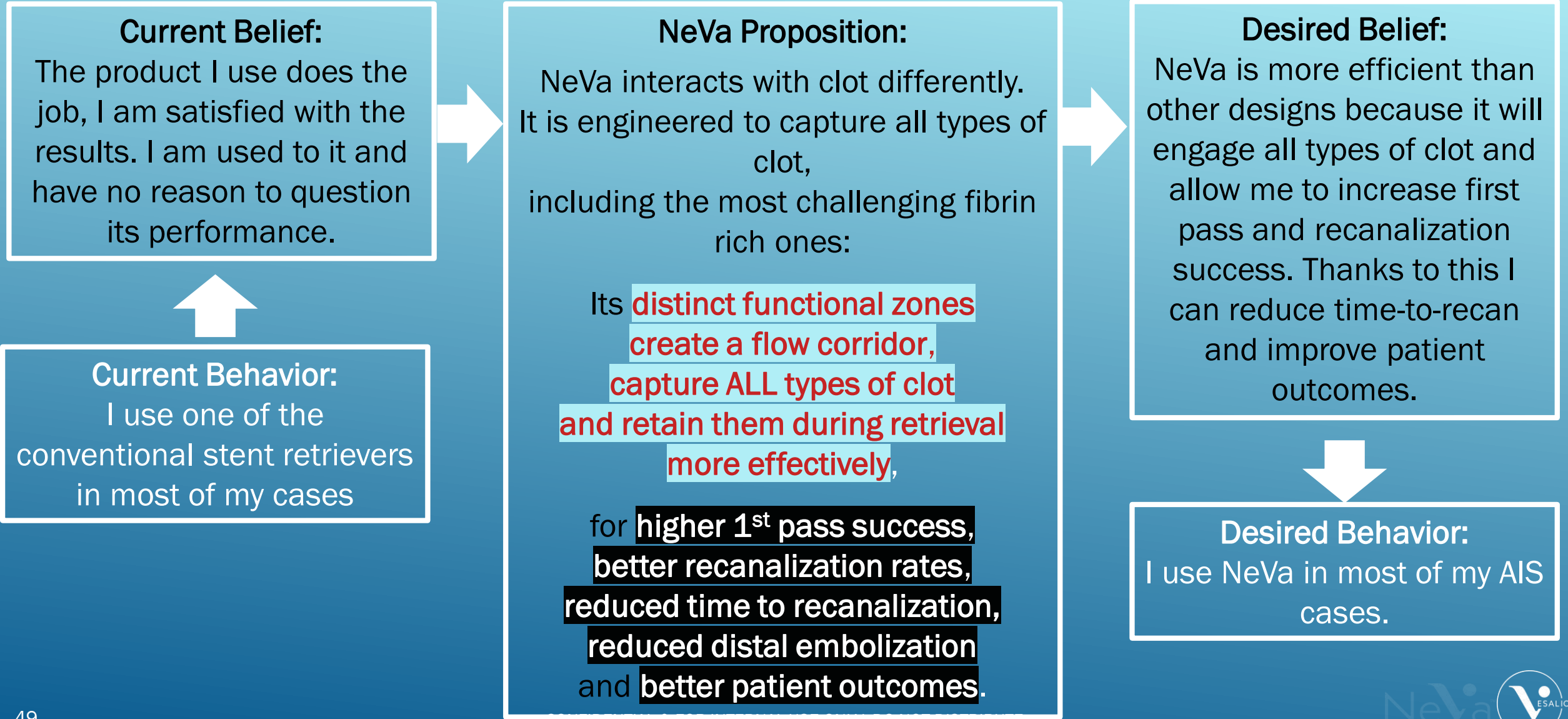
- Become an expert on competition but **do NOT** rely on features alone
  - Remember the *non product* reasons why they use your competitor
- Value the reasons why they use your competitor
  - Some of these will be the reasons why they will use NeVa
- Don't tell a Solitiare or Trevo user they have been using a “poor” product all these years

## NO FEATURE SELLING

- Highlight the most relevant meaningful benefit that can sometimes be doctor-specific
- Reinforce their behavior while appealing to their needs
- Give training & support

# NEVA VALUE PROPOSITION

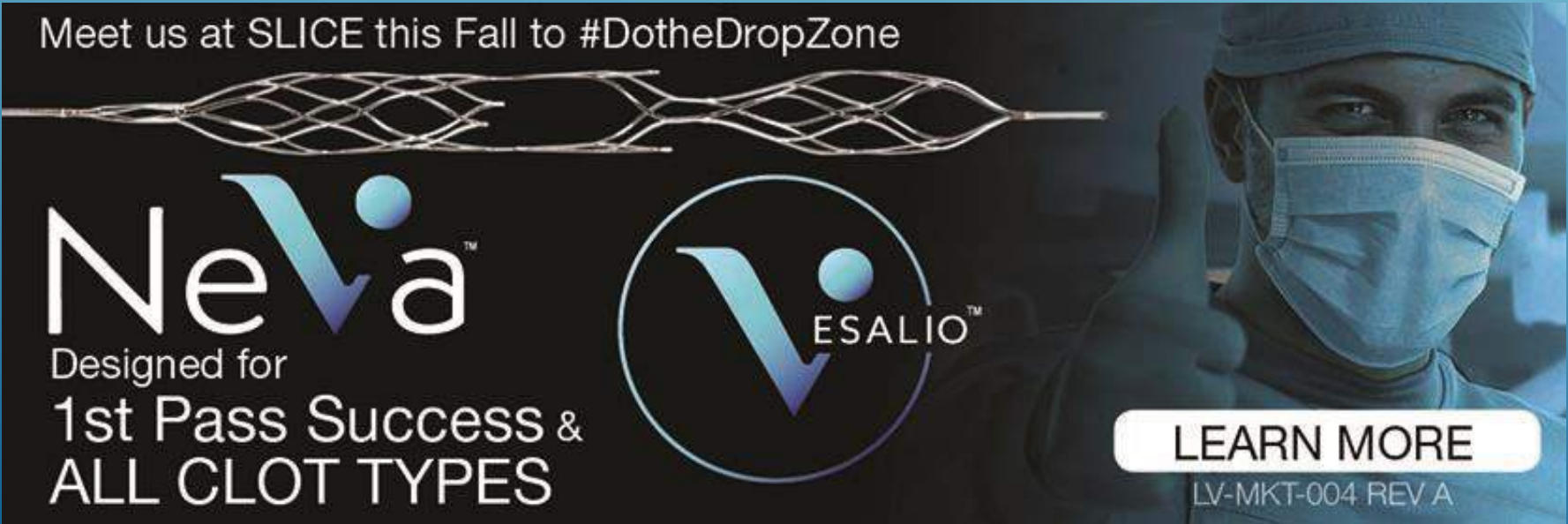
# VALUE PROPOSITION



# NEVA MESSAGING

Designed for  
1<sup>st</sup> PASS SUCCESS  
with ALL CLOT TYPES

Meet us at SLICE this Fall to #DotheDropZone

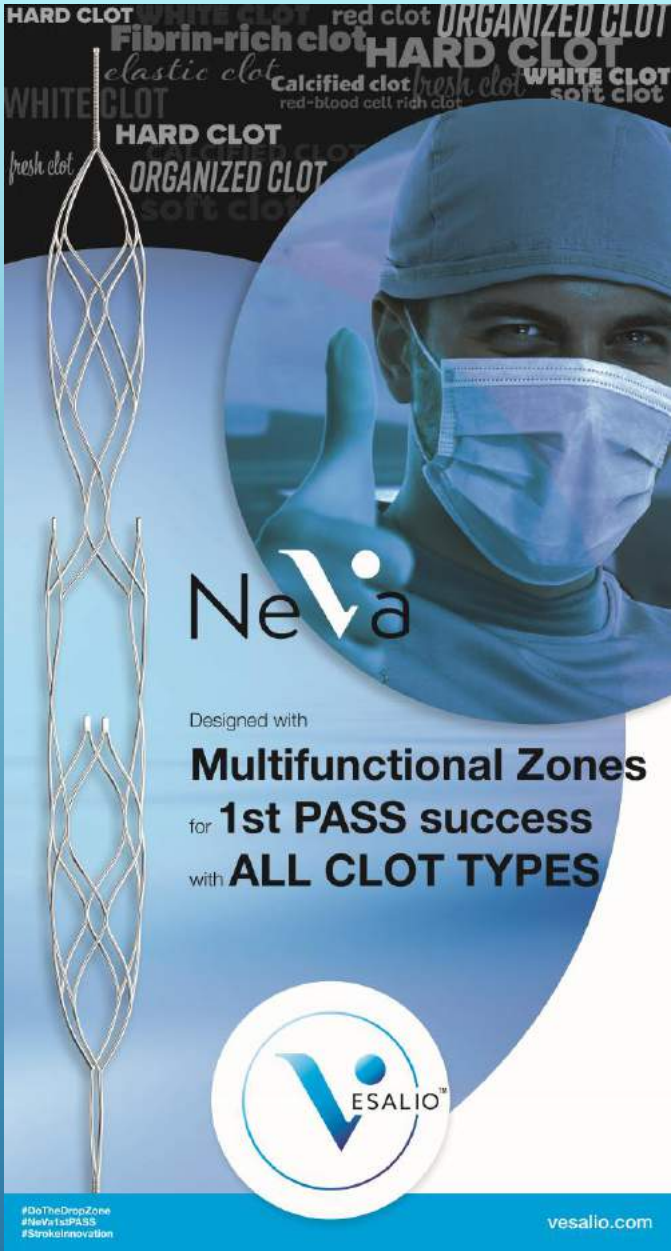


**Neva**  
Designed for  
1st Pass Success &  
ALL CLOT TYPES

**ESALIO**

LEARN MORE

LV-MKT-004 REV A



**Neva**

Designed with  
**Multifunctional Zones**  
for **1st PASS success**  
with **ALL CLOT TYPES**

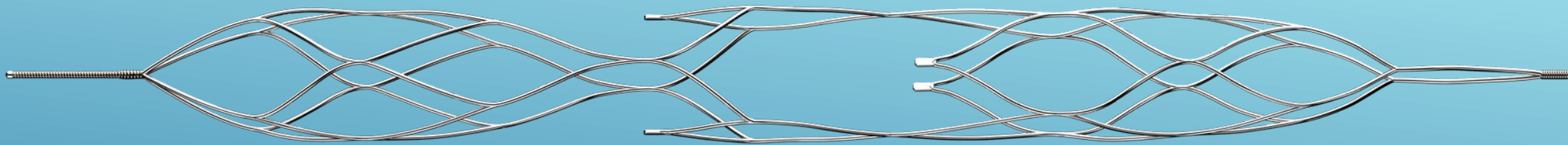
**ESALIO**

#DoTheDropZone  
#Neva1stPASS  
#SarakInnovation

vesalio.com



# EMPHASIZE DIFFERENTIATING FEATURES THAT BRING MEANINGFUL BENEFIT TO YOUR CUSTOMER



## Drop Zones: Unique Differentiator

NeVa does not need to penetrate the clot in order to capture it.

**NO WAIT TIME: REDUCED  
TIME TO RECANALIZATION**

Drop zones allow capture of even the hardest clots.

**BETTER OVERALL  
RECANALIZATION RATES**

90% opposition of drop zones ensure clot capture within the basket (one-two punch)

**FIRST PASS SUCCESS**

# EMPHASIZE DIFFERENTIATING FEATURES THAT BRING MEANINGFUL BENEFIT TO YOUR CUSTOMER



Other retrievers also have closed tips, but which one can combine superior clot capture with closed tip?



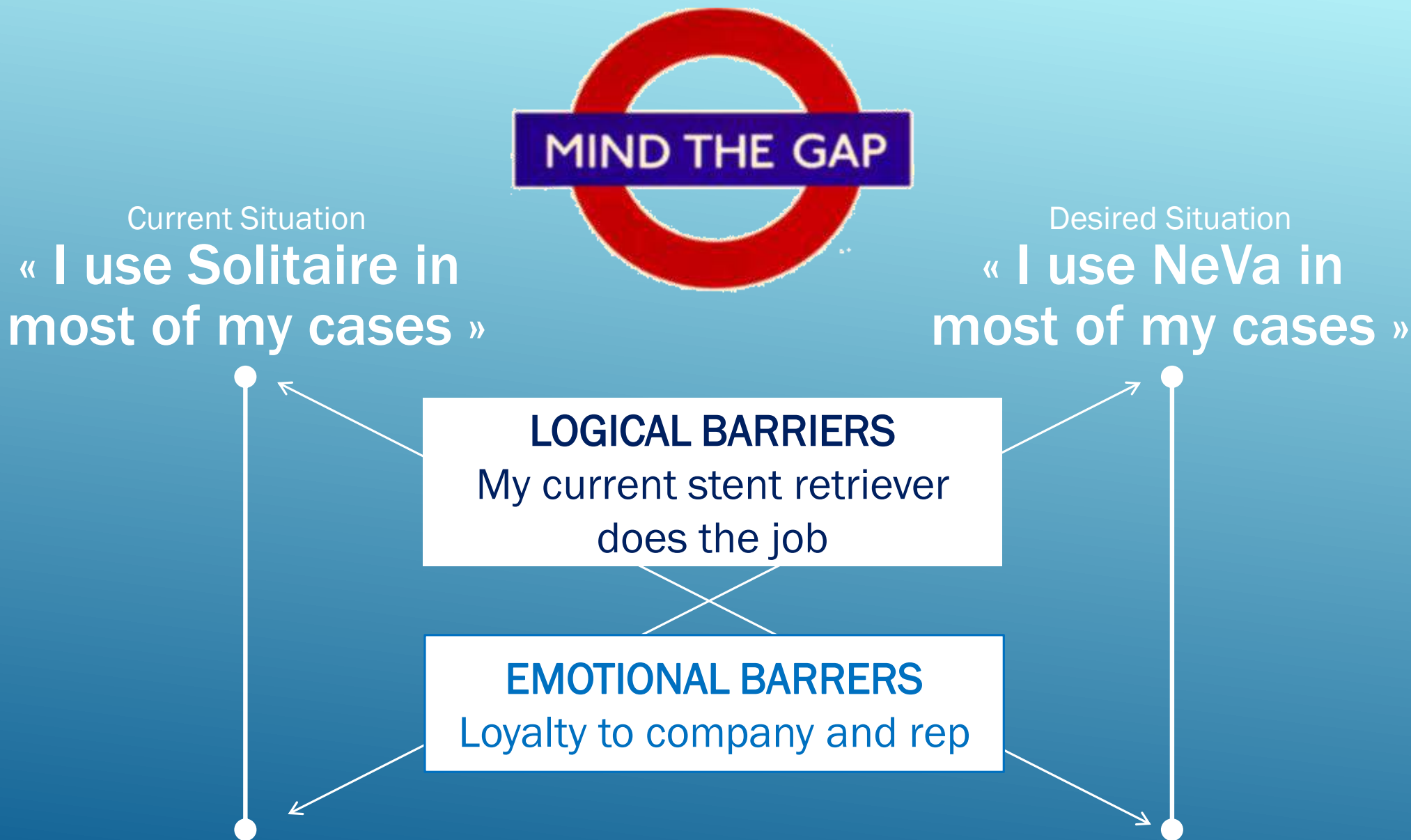
90% opposition of drop zones ensure clot capture within the basket (one-two punch)

**NEVA INTERACTS WITH CLOT DIFFERENTLY AND GETS THE CLOT INTO THE BASKET**

Once inside the basket, the closed tip ensures that clot does not leave the basket

**NEVA KEEPS THE CLOT NO DISTAL EMBOLIZATION**

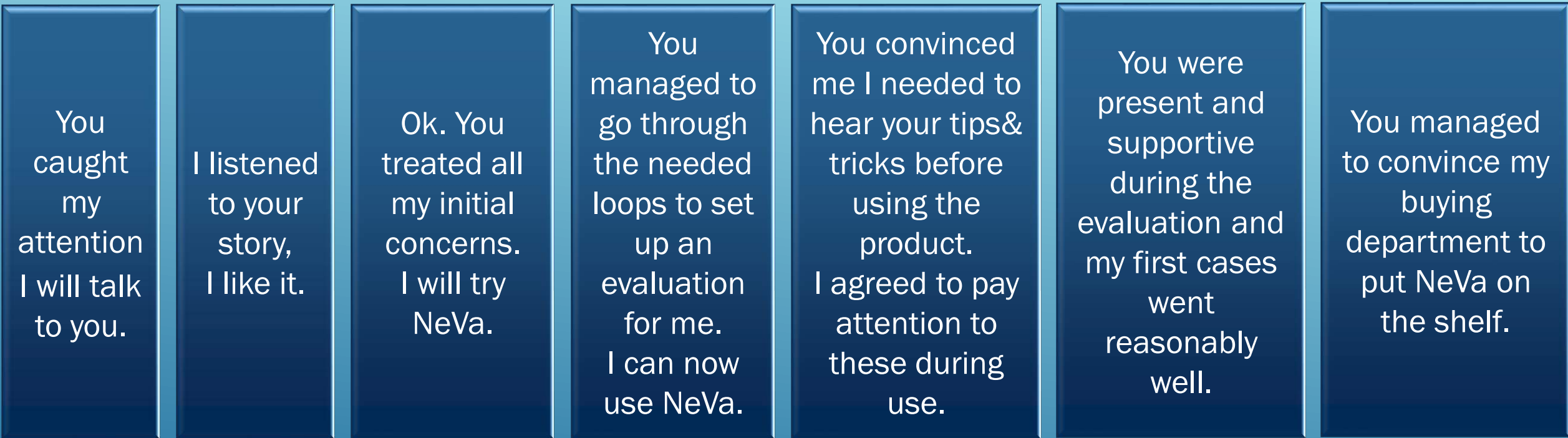
# HOW CAN YOU WIN?



# WHAT ARE WE UP AGAINST?

Medtronic	Company	Stryker
Solitaire Platinum, Mindframe Capture, Lazarus, Cello, Arc & Riptide aspiration System	Portfolio	Trevo ProVue, Merci FlowGate, Axs Catalyst
Most Comprehensive Portfolio	Signature Statement	Success Accelerated
Documented	Most...	Visible
Partner that educates & invests in clinical evidence	Company Positioning in AIS	1 <sup>st</sup> AIS company offering an improved solution
Swift, SwiftPrime, Revascats, Extend IA	Study investments	Trevo, Mr Clean, DAWN
Long standing visitation centers for professional education and investment into KOL & society relationships	Most Important Activities	Long standing visitation centers for professional education and investment into KOL & society relationships

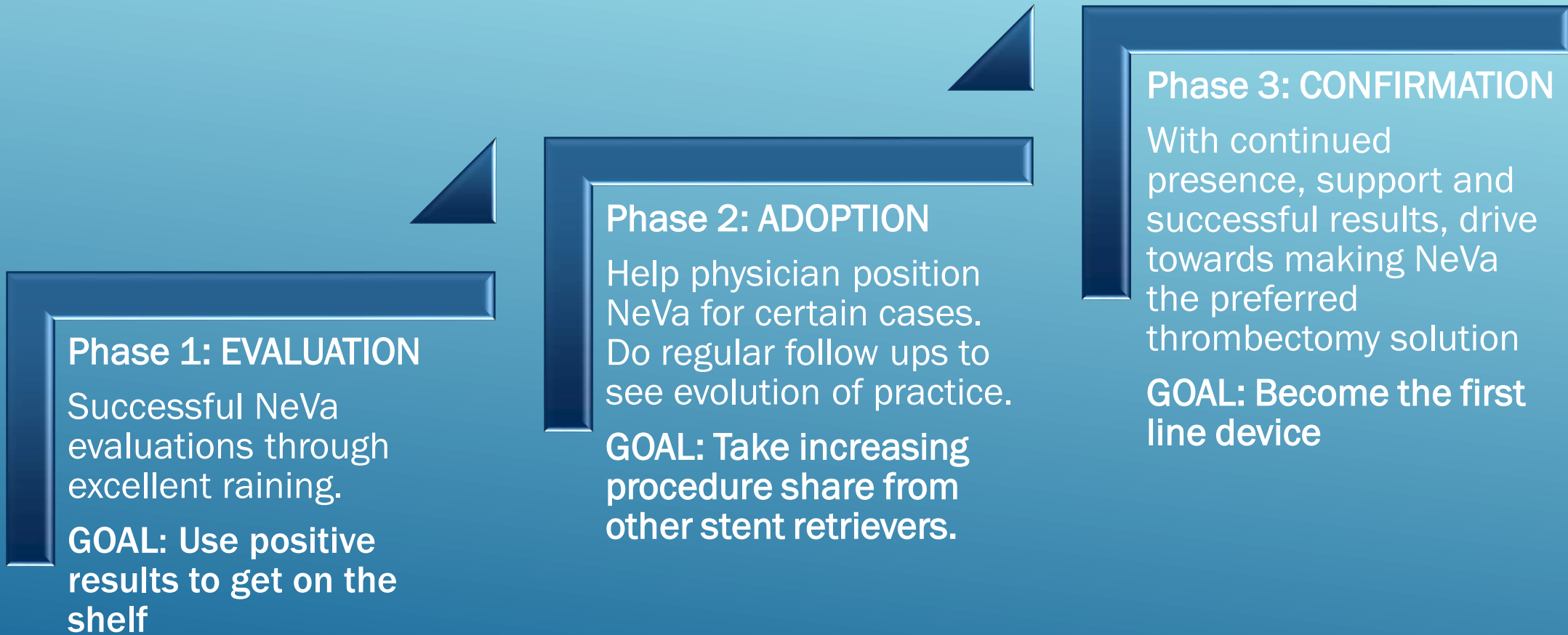
# YOU HAVE NOT SOLD AFTER THE FIRST PRESENTATION

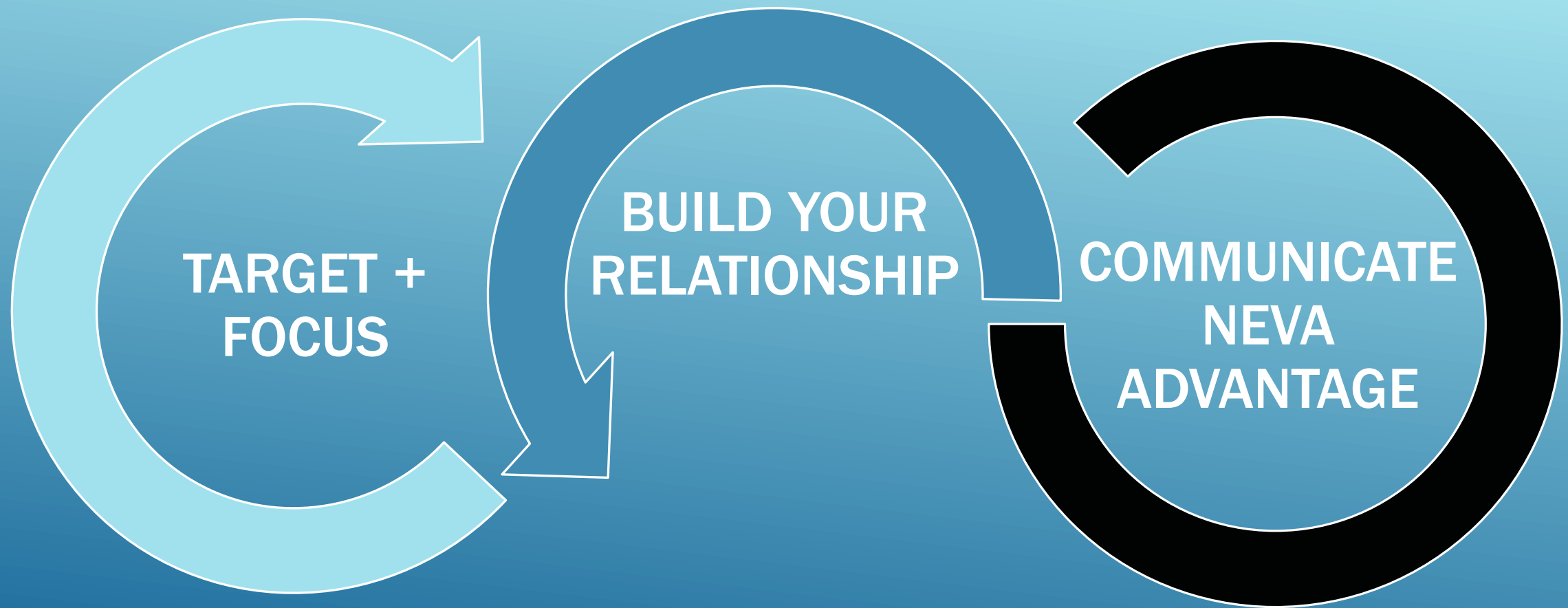


During this time:      You found ways of appealing to my non-product needs  
I started to like and trust you



# EVALUATION IS THE FIRST STEP TO ADOPTION





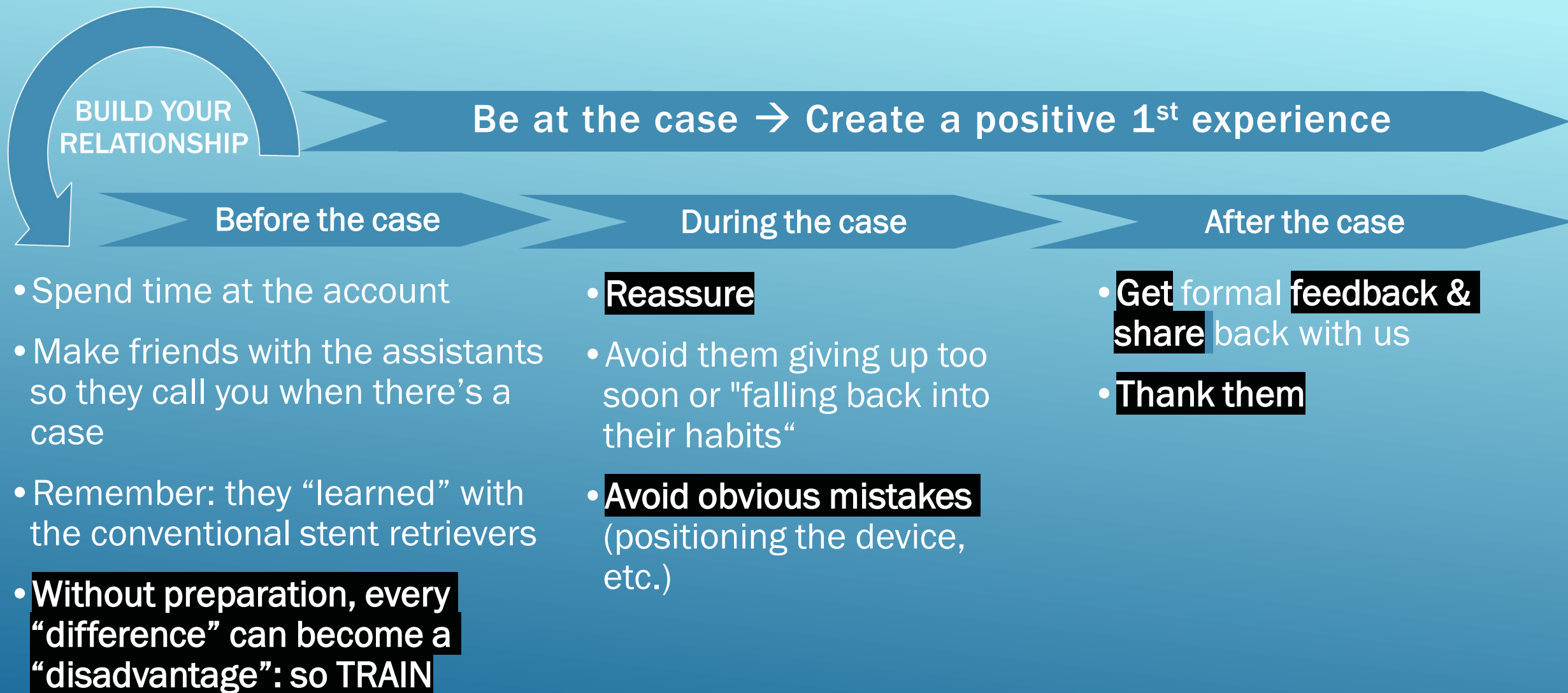


## 1. Decide who to focus on

- Stent retriever selling is demanding
- You may not be able to outspend competition everywhere but you can make a hit with focused efforts

## 2. Invest Wisely

- Assess “buy in” of concept and loyalty to competitor company before deciding where to invest
- Concentrate on physicians that do the cases
- Use NeVa HQ activities (clinical education offer, international congresses) to further engage key customers





- Distinct functional zones
- Closed distal tip

Features



NeVa interacts with clot differently. It is engineered to **capture all types of clot**, including the most challenging fibrin rich ones and retrieve them safely, **limiting risk of distal embolization.**

Benefits

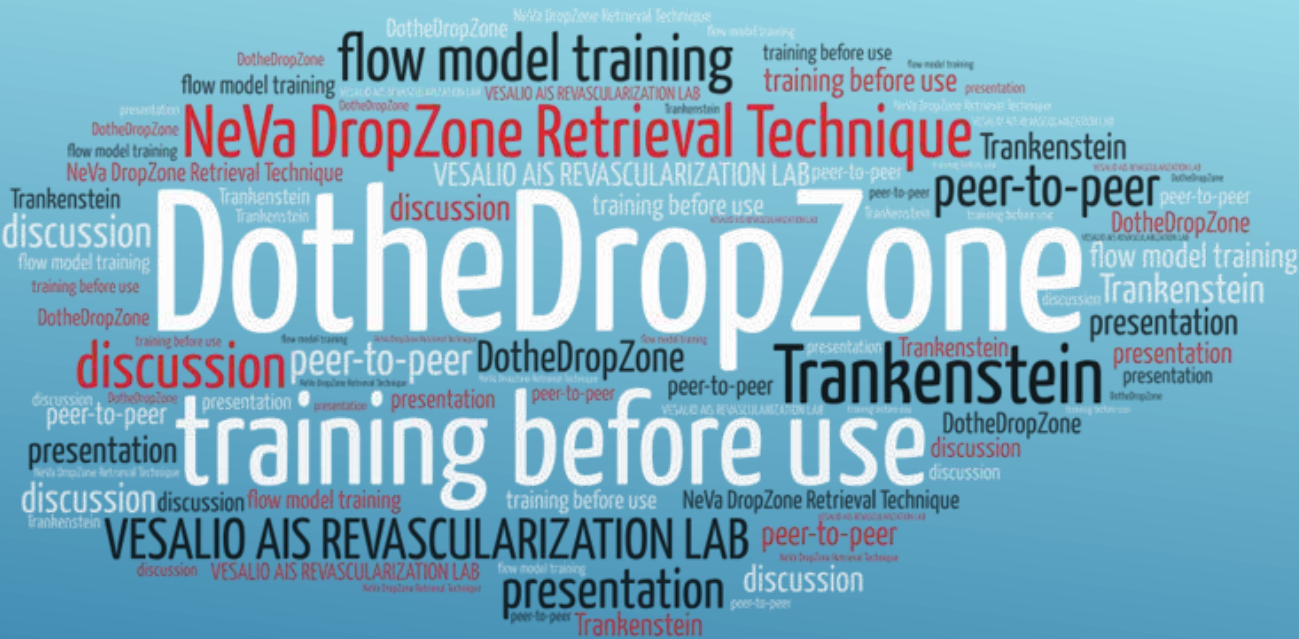


- Higher 1<sup>st</sup> pass success
  - Better recanalization rates (more 2b, 2c & 3)
  - Reduced time-to-recan
  - Reduced distal embolization
- ↓
- Better patient outcomes

High level benefits

# ON THE QUESTION OF TRAINING...

- Why we need to train on NeVa before use
- When to train
- How to deliver the training
- What we need to train on



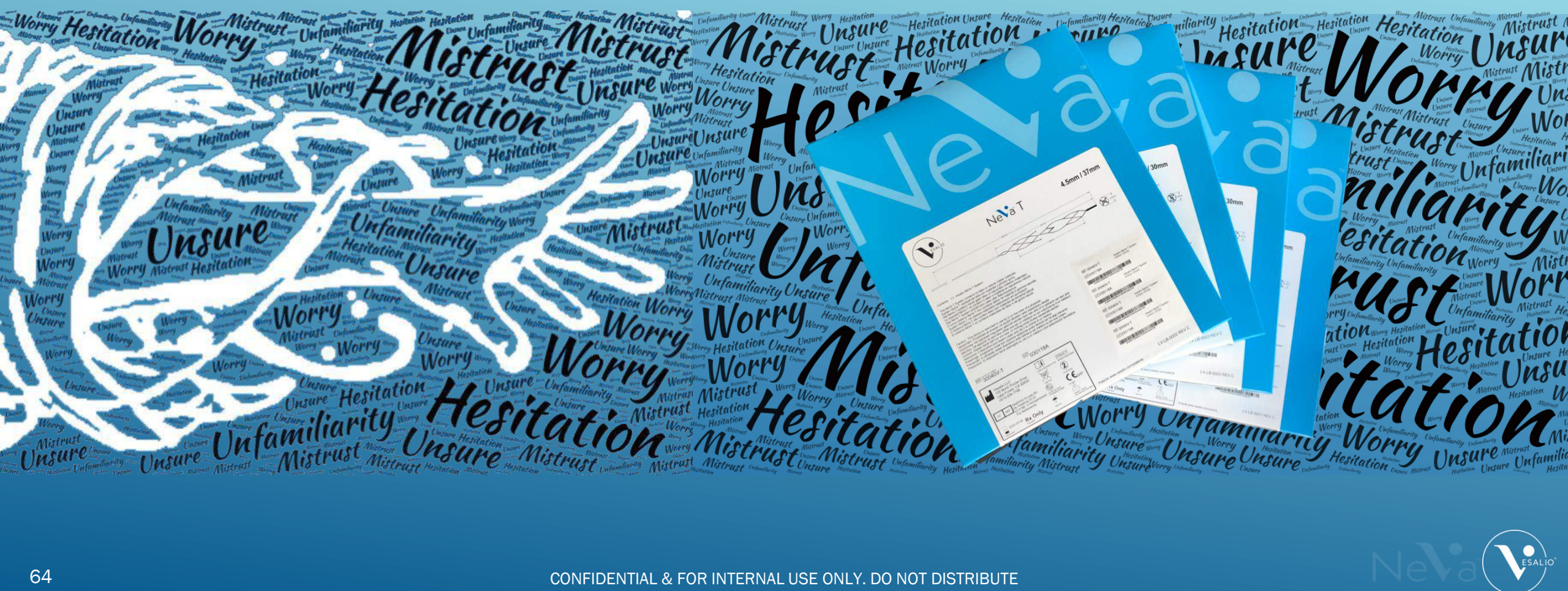
# ➤ Why train on NeVa™



# WHY TRAIN ON NEVA BEFORE USE → BECAUSE AIS IS STRESSFUL

Thrombectomy is an emergency procedure & TIME is BRAIN

Overcoming habits is difficult



# WHY TRAIN ON NEVA BEFORE USE → TAKE STRESS OUT OF THE EQUATION

Thrombectomy is an emergency procedure & TIME is BRAIN



Overcoming habits is difficult



Being at the case is the best choice but organising this is difficult at best



Training  
before  
use  
makes  
the  
difference



1. Helps overcome the unfamiliarity factor
2. Reassures
3. Teaches the differences hence avoids misconceptions & mistakes
4. Creates a good first experience: increases first pass effect

WHY TRAIN ON NEVA BEFORE USE → CREATE A GREAT 1<sup>ST</sup> EXPERIENCE

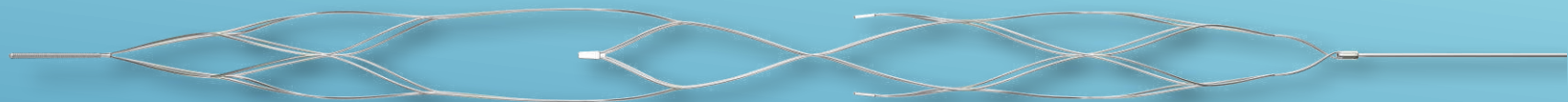




## WHY TRAIN ON NEVA BEFORE USE → INCREASE 1<sup>ST</sup> PASS SUCCESS

NeVa does NOT require learning a completely different interventional technique:

Access & Delivery are the SAME, Retrieval is VERY SIMILAR



Reassure

The NEVA DROP ZONE RETRIEVAL TECHNIQUE™ is a slight adjustment of the standard technique used for stent retrieving

GOAL: maximizing the impact of NeVa's design

INTENTION: improving clot engagement, first pass rates and the final recanalization results when using NeVa

# #DotheDropZone

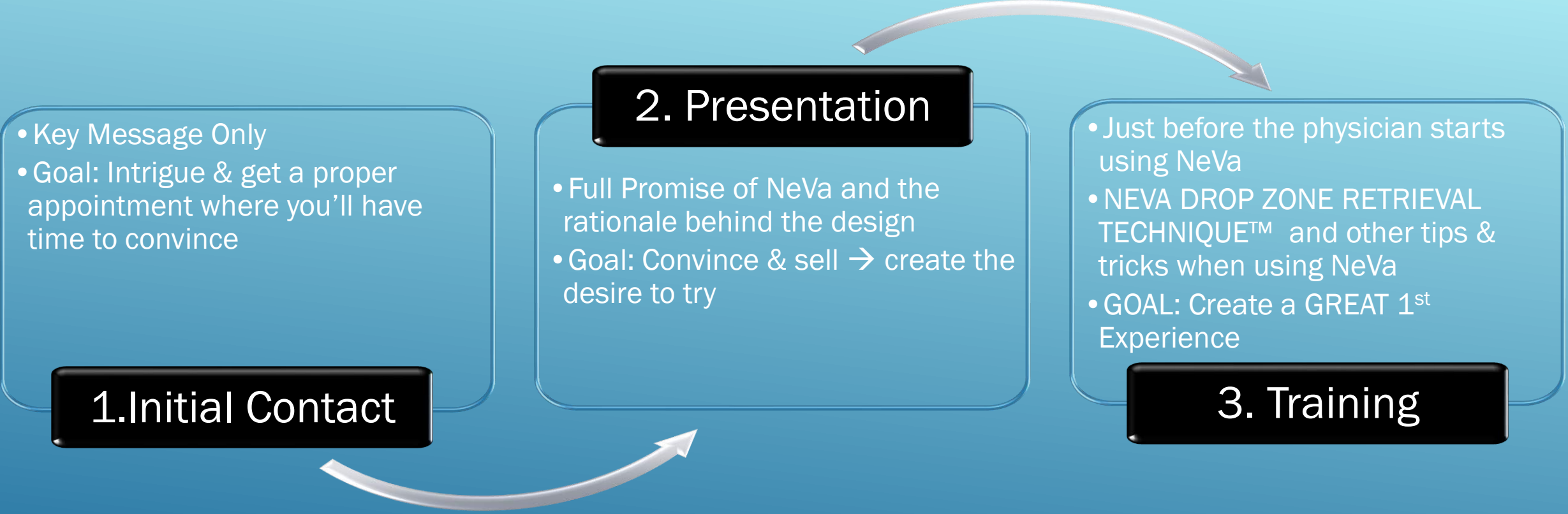
## WHY TRAIN ON NEVA BEFORE USE → INCREASE 1<sup>ST</sup> PASS SUCCESS

- **Choosing the right size**
- Access & Confirmation
- Preparation & Insertion
- Delivery & Deployment
- **Correct Positioning**
- **Using the Markers**
- **Clot integration & retrieval Technique**
- Repositioning and Recapturing



# ➤ When to train physicians on NeVa

# WHEN IS THE BEST TIME TO TRAIN PHYSICIANS AND CATH LAB STAFF ON THE NEVA DROP ZONE RETRIEVAL TECHNIQUE?



**DO NOT SKIP THE PRESENTATION STEP TO AVOID FALL OUT !**



# ➤ How to train physicians on NeVa

# HOW TO TRAIN PHYSICIANS ON NEVA

+

-

!

	Presentation of the NEVA DROPZONE RETRIEVAL TECHNIQUE™	FLOW MODEL TRAINING	VESALIO AIS REVASCULARIZATION LAB
	<ul style="list-style-type: none"> <li>No monetary investment needed</li> <li>Easy to organize</li> <li>May be appropriate for international KOLs</li> </ul>	<ul style="list-style-type: none"> <li>Practical &amp; cost efficient for all parties</li> <li>Physicians appreciate</li> <li>Great for relationship building in an account</li> </ul>	<ul style="list-style-type: none"> <li>Most impressive</li> <li>Most life-like</li> <li>Great for relationship building with key physicians</li> </ul>
	<ul style="list-style-type: none"> <li>The physician will do the real discovery as they do their first case</li> </ul>	<ul style="list-style-type: none"> <li>It is silicone and water and fake clot vs live vessel structure and blood and real clot</li> </ul>	<ul style="list-style-type: none"> <li>Normally costly- <i>but VESALIO support this year !</i></li> <li>Physician needs to take a day out of practice</li> </ul>
	<ul style="list-style-type: none"> <li>You need to be trained if you are delivering the presentation</li> <li>Or organize call with D</li> </ul>	<ul style="list-style-type: none"> <li>You need to invest in a flow model</li> <li>You HAVE TO be trained before can organize flow model trainings</li> </ul>	<ul style="list-style-type: none"> <li>Animal Lab Training</li> <li>VESALIO AIS REVASCULARIZATION LABs</li> </ul>

# HOW TO TRAIN PHYSICIANS ON NEVA

## PRESENTATION OF THE NEVA DROPZONE RETRIEVAL TECHNIQUE

+

- No monetary investment needed
- Easy to organize
- May be appropriate for international KOLs

-

- The physician will do the real discovery as they do their first case

!

- You need to be trained if you are delivering the presentation
- Or organize call with D

- You can do this on your own if you feel you can deliver the presentation and answer questions credibly
- 6 Module VESALIO training and some experience should get you there!
- If you do not feel confident enough: do not hesitate to ask for help; it is possible to organize teleconferences, or even visit the account if this is a very important one for us

## HOW TO TRAIN PHYSICIANS ON NEVA FLOW MODEL TRAINING

+

- Practical & cost efficient for all parties
- Physicians appreciate
- Great for relationship building in an account

-

- It is silicone and water and fake clot vs live vessel structure and blood and real clot

!

- You need to invest in a flow model
- You **HAVE TO** be trained before can organize flow model trainings

- Those that have attended the flow model training lab in Budapest can deliver these trainings on their own
- Distributors that have trained staff can order their flow model from HEALTHLINK from first week of OCT 2018
- The models will be delivered as they get produced on a first come first serve basis.
- Part Name = Vesalio Flow Model
- Product Number = 30100V-FM
- Ex-works Price = USD \$2 995
- Warranty = One Year from Invoice Date

# HOW TO TRAIN PHYSICIANS ON NEVA

## VESALIO AIS REVASCULARIZATION LABS

+

- Most impressive
- Most life-like
- Great for relationship building with key physicians

-

- Normally costly- *but VESALIO support this year !*
- Physician needs to take a day out of practice

!

- Animal Lab Training
- VESALIO AIS REVASCULARIZATION LABs

- 1 day training with peers from Barcelona in real life AIS conditions
- Arrival: the night before – team dinner
- Departure: after lab + team lunch with faculty
- Lab costs: VESALIO, Distributors only pay for travel
- Seats will be reserved on a first come, first serve basis
- Team members welcome as long as we have space in the CathLab

# TOOLS

# YOUR TOOLS

- WHERE TO FIND THEM
- HOW TO USE THEM
- INTERNAL/ EXTERNAL USE?
- POSSIBLE TALK TRACK/ TIPS AND TRICKS ON HOW TO PRESENT THESE



## WHERE TO FIND YOUR TOOLS

➤ <https://www.vesalio.com>

➤ Click on DISTRIBUTORS and Enter your password

- TRAINING DOCUMENTS – these are for internal use only
- CUSTOMER FACING TOOLS
- NEVA CLINICALS

# TRAINING DOCUMENTS



1. ANATOMY



2. CATH LAB



3. AIS DISEASE STATE



4. THROMBECTOMY



5. NEVA



6. SELLING



7. MICRO-CATHETER  
CONSIDERATIONS



8. CUSTOMER PRESENTATION  
TALK TRACK



9. FIELD REPORT

NOTICE - All documents in this section are for internal use only. These documents are for training purposes and should not be shared with or shown to physicians. Please use the tools provided in the CUSTOMER FACING TOOLS section for physician meetings and trainings.

# CUSTOMER FACING TOOLS



PRODUCT BROCHURE



1. NEVA CUSTOMER PRESENTATION



2. NEVA DROP ZONE TECHNIQUE



3. NEVA CASE FEEDBACK FORM



4. NEVA TRAINING CERTIFICATE

# NEVA CLINICALS



1. ULM - NEVA  
ANIMAL TESTING



2. MACHI - NEVA  
IN VITRO TESTING



3. RIBO - NEVA  
FIM



4. GEYIK NEVA  
INITIAL EXPERIENCE



5. SOUROUR NEVA  
INITIAL EXPERIENCE

6.3 SELLING NEVA		Approach	Value Proposition & Key Messages		How can you win	Tools
<b>SELLING</b>  GOAL: Get your customer to agree to evaluate.	CUSTOMER PRESENTATION	EXTERNAL	CUSTOMER FACING TOOLS	This deck is for presenting NeVa to your customers, intrigue them and get buy in on concept. <ul style="list-style-type: none"><li>Explains the design of NeVa and its difference</li><li>Provides proof of concept from publications and clinical experience</li></ul>		
	CUSTOMER PRESENTATION TALK TRACK	INTERNAL	TRAINING DOCUMENTS	This document is a talk track to to help you prepare your communication. <ul style="list-style-type: none"><li>You can translate to your own language for your teams and use this to prepare on how to present the CUSTOMER PRESENTATION.</li></ul>		
	NEVA BROCHURE	EXTERNAL	CUSTOMER FACING TOOLS	Your main leave behind sales tool. <ul style="list-style-type: none"><li>Please note that the 300cm exchange length versions are not currently being commercialized.</li></ul>		
	NEVA CLINICALS & ONE PAGERS	EXTERNAL	CLINICALS	These could be relevant for physicians/ buying departments. <ul style="list-style-type: none"><li>Provide links to the publications rather than printing them out wherever possible.</li></ul>		
<b>TRAINING BEFORE USE</b>  GOAL: Create a great first experience	NEVA DROP ZONE TECHNIQUE	EXTERNAL	CUSTOMER FACING TOOLS	This deck is for preparing customers to NeVa use. It includes the recommended techniques and tips and tricks. <ul style="list-style-type: none"><li>Explains the rationale behind the recommendations and links these to the design of NeVa.</li><li>Note the notion of “different mechanisms of interaction with clot”, which is our main differentiation with the standard stent retrievers</li></ul>		
	<u>NEVA TRAINING CERTIFICATE</u>	EXTERNAL	CUSTOMER FACING TOOLS	This attendance form is for printing and using at larger training events. <ul style="list-style-type: none"><li>Allows you to have a record of who was trained and makes your trainings more formal.</li><li>Thanks to Carl Haubold from Prisma Plus team for the idea!</li></ul>		
	<u>MICRO-CATHETER CONSIDERATIONS</u>	INTERNAL	TRAINING DOCUMENTS	This is a training document to guide your communication. <ul style="list-style-type: none"><li>Updated in light of your latest reports from users in the field and our recent micro-catheter testing done in Beaumont Hospital in Ireland (with the help of Diane O’Hora from Manatech team: THANK YOU DIANE),</li><li>The “statements” can be communicated externally.</li><li>The “discussion points” are for face-to-face exchanges with doctors.</li></ul>		
<b>GETTING FEEDBACK</b>  GOAL: Formalize and track feedback	NEVA FEEDBACK FORM	EXTERNAL	CUSTOMER FACING TOOLS	This feedback form is to print or provide electronically to the centers you are initiating evaluations in. <ul style="list-style-type: none"><li>Best filled together with the physician.</li><li>Excellent for keeping track of evaluations, for getting involved where needed and for having a good understanding of your strengths when you go back to negotiate after the evaluation phase</li></ul>		
	<u>FIELD REPORT</u>	INTERNAL	TRAINING DOCUMENTS	This is an internal communication document for you to fill when there is customer feedback to share after a case. <ul style="list-style-type: none"><li>This can be used together with the NEVA FEEDBACK FORM or on its own.</li><li>You can use this form for noting recommendations from your physicians but also when you want to report a concern or issue during a case</li></ul>		

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CONFIDENTIAL & FOR INTERNAL USE ONLY. DO NOT DISTRIBUTE.

NeVa



# WATCH ON YOUR OWN TIME...

## CUSTOMER PRESENTATION

➤ <https://recordings.join.me/bScyK7jJNkSkQsjpWZqC3A>

## NEVA DROP ZONE TECHNIQUE

➤ <https://recordings.join.me/nAc07Ix05kSGN9Xo8cE0vw>

➤ from min 12



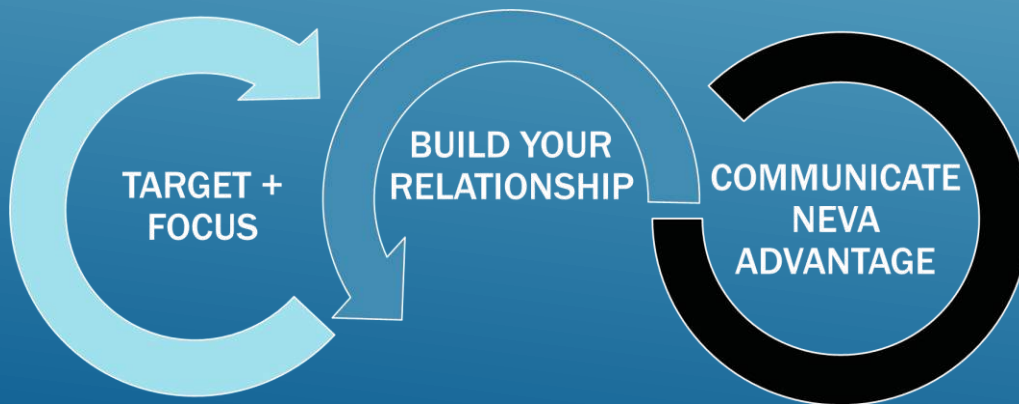
# RECAP 6.3. SELLING NEVA

In selling NEVA remember to MIND THE GAP:



1. Habits drive behavior in time sensitive AIS cases
2. Loyalty and non-product reasons of preference cannot be ignored

In order to win:



NeVa Proposition:

## Features

- Distinct functional zones
- Closed distal tip

## Benefits

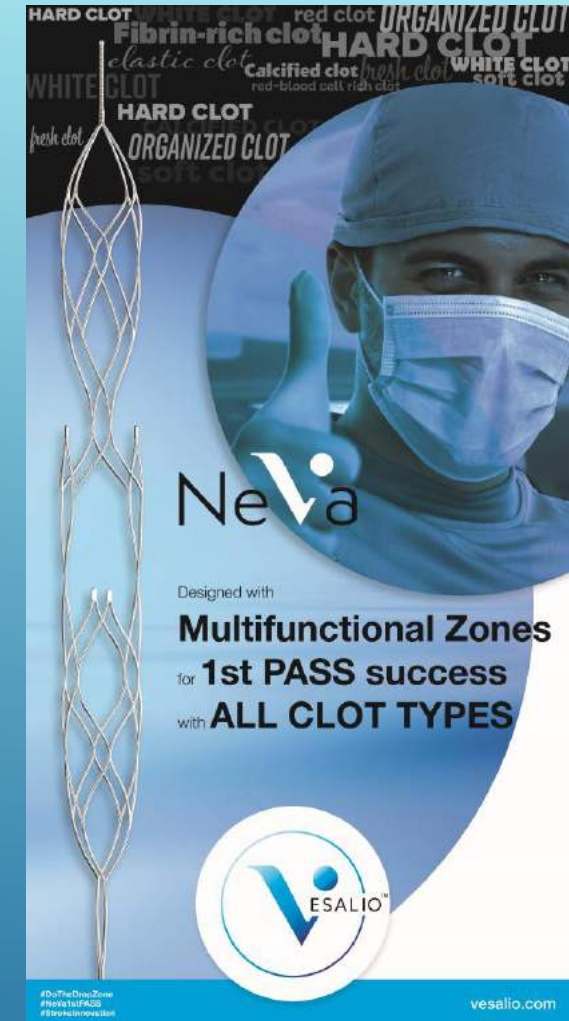
NeVa interacts with clot differently. It is engineered to **capture all types of clot**, including the most challenging fibrin rich ones and retrieve them safely, **limiting risk of distal embolization**.

## High level benefits

- Higher 1<sup>st</sup> pass success
- Better recanalization rates (more 2b, 2c & 3)
- Reduced time-to-recanalization
- Reduced distal embolization



- Better patient outcomes



# RECAP 6.3. CREATE A GREAT FIRST EXPERIENCE

## TRAINING BEFORE USE IS CRUCIAL

1. Helps overcome the unfamiliarity factor
2. Reassures
3. Teaches the differences hence avoids misconceptions & mistakes
4. Creates a good first experience: increases first pass effect

## TRAINING CAN COME IN MANY FORMS

1. Presentation of the NEVA DROPZONE RETRIEVAL TECHNIQUE™
2. FLOW MODEL TRAINING
3. VESALIO AIS REVASCULARIZATION LAB

## KEY TRAINING POINTS FOR NEVA

- Different design, different feeling (navigation, anchoring)
- Choosing the right size
- Correct Positioning
- Using the Markers
- #DotheDropZone



# Congratulations!

on completing  
THE  VESALIO DISTRIBUTOR TRAINING PROGRAM