



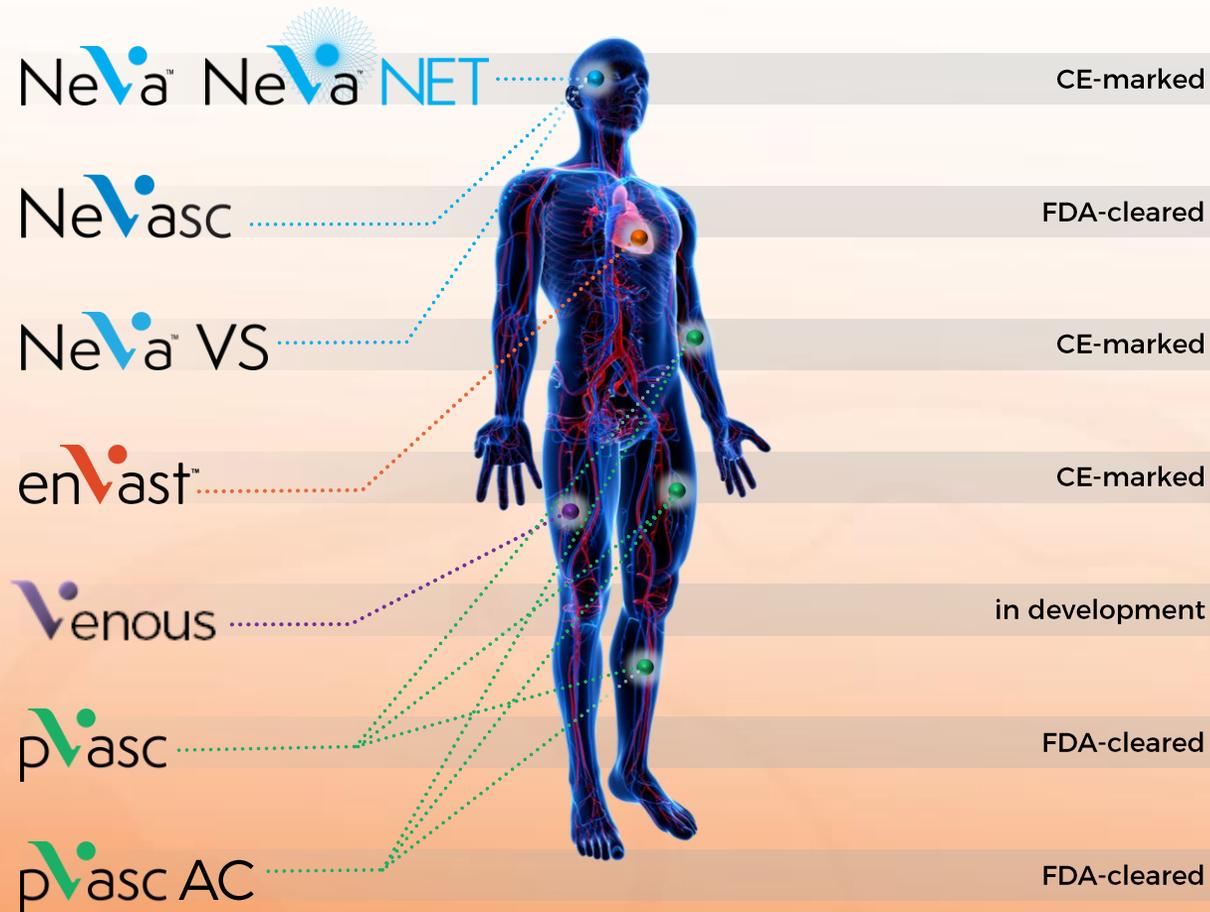
**CHANGING OUTCOMES
CHANGING LIVES**

envast[™]

REDEFINING CORONARY THROMBECTOMY

VESALIO CHANGING OUTCOMES CHANGING LIVES

Vesalio is advancing patient care in vascular occlusion by innovating in thrombectomy technologies to improve clinical outcomes



Founded by
physicians treating
vascular occlusion

Backed by world-class
investors

Present in more than
60 countries
worldwide

CLOT BURDEN MANAGEMENT: SIGNIFICANT IN STEMI

≈15.9 million people affected by acute myocardial infarct each year worldwide¹

30% are STEMIs → fatal without treatment²

91% show angiographic presence of thrombus³

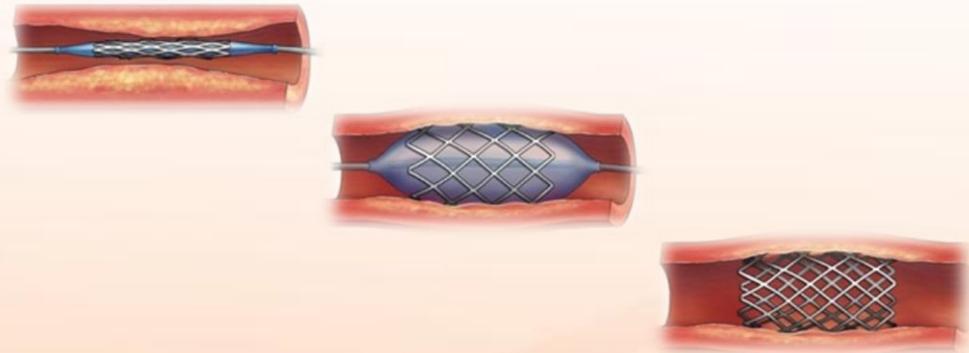
28% have large thrombus burden⁴

**There is no established technique for managing LTB
in acute coronary syndrome**

TREATMENT MODALITIES FOR ACUTE MI

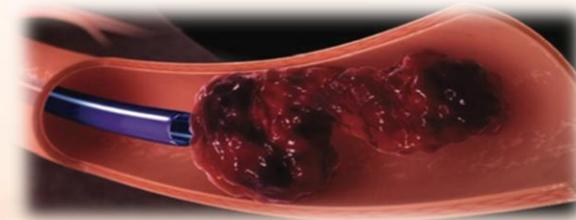
Standard endovascular treatment involves opening the artery with balloon & stent¹

- Outcomes remain poor in ~50% due to residual thrombus in the vessel



Endovascular aspiration continues to be debated²⁻⁴

- TAPAS², TASTE³, TOTAL⁴ studies showed success in clot removal but also increased risk of stroke and mixed results



Studies show thrombus aspiration alone does not improve reperfusion or outcomes and poses higher potential for stroke

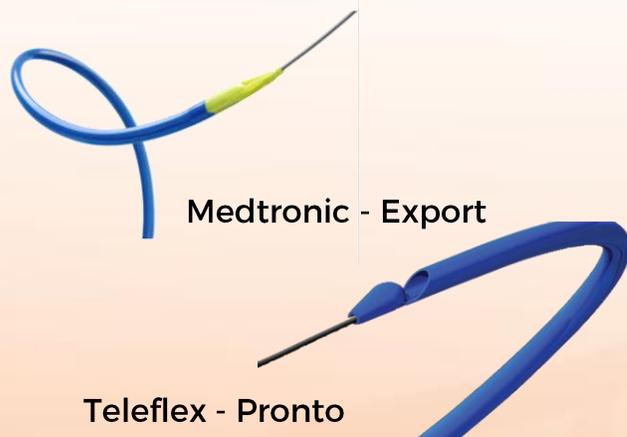
THROMBECTOMY TECHNOLOGY EVOLUTION

2000's
First Generation

2017
Second Generation

**2025: Redefining
Coronary Thrombectomy**

Aspiration (Manual)



RCTs showed higher stroke incidence and mixed results

Aspiration (Pump)



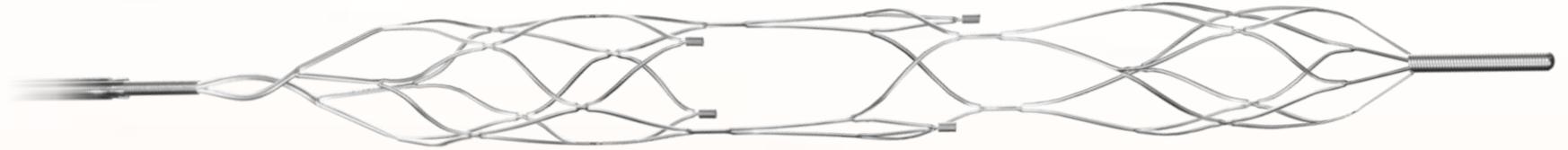
Still aspiration!
Removing large, organized clots remains a challenge



Comprehensive Clot Removal:
→ Large Volume
→ Full Range of Clots
Proximal-to-Distal Clot Engagement

REDEFINING CORONARY THROMBECTOMY

en^vast™



- A LTB retriever made of self-expanding nitinol
- Exceptional navigation with low profile delivery catheters
- Instantaneously re-establishes blood flow upon device self-expansion
- Secure clot removal enabled by Drop Zone™ technology
- > 1,100 cases to date with growing body of evidence: NATURE RCT, multi-center study in the EU
- No capital equipment

First of its kind cleared for coronary thrombectomy

Comprehensive Clot Removal

full range of clots
larger volumes of clot

Proximal-to-Distal Clot Engagement

designed to mitigate
distal embolization
and stroke risk

Engineered for Vessel Conformity

adapts to anatomical
challenges
allows complete clot
integration

enviaast

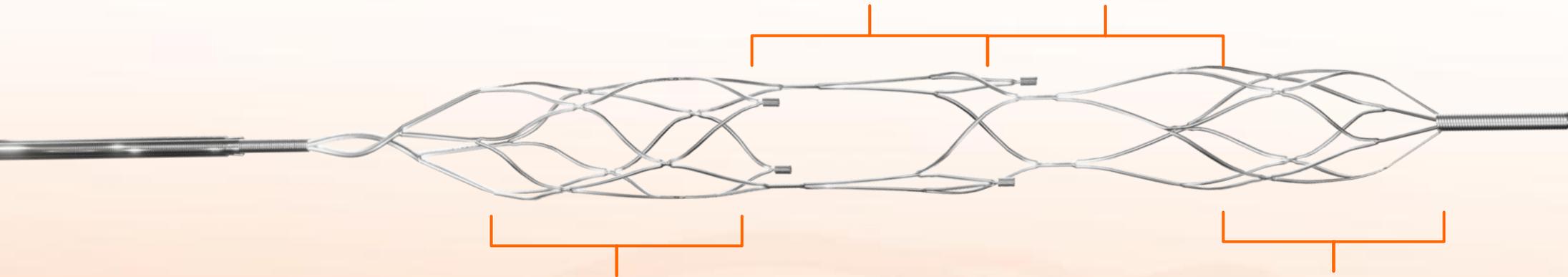
REDEFINING CORONARY THROMBECTOMY



enVast™ DROP ZONE™ TECHNOLOGY

DROP ZONES

entry points for large, organized thrombi



FLOW RESTORATION ZONE

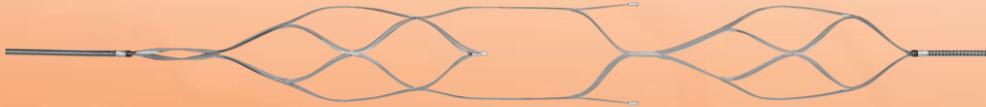
radial force optimized for artery apposition

CLOSED DISTAL BASKET

clot retention inside structure

Designed for rapid, hi-flow reperfusion

enVast™ PORTFOLIO

Product Name	Code	Maximal diameter	Working Length	Full Length	Drop Zones	Pusher Wire Length	Recommended Vessel Diameter (mm)	Min delivery catheter ID
enVast 4.0 x 30	EV-4030-F2RR	4.0 mm	30 mm	39 mm	2	200 cm	≥ 2.0 & ≤ 3.5	.021"
								
enVast 4.5 x 37	EV-4537-F2RR	4.5 mm	37 mm	57 mm	2	200 cm	≥ 2.0 & ≤ 4.5	.021"
								
enVast 4.5 x 46	EV-4546-F3RR	4.5 mm	46 mm	66 mm	3	200 cm	≥ 2.0 & ≤ 4.5	.021"
								
enVast 6.0 x 35	EV-6035-F2RR	6.0 mm	35 mm	55 mm	2	200 cm	≥ 3.5 & ≤ 6.0	.027"
								

CLINICAL STUDIES

en^vast™

REDEFINING CORONARY THROMBECTOMY



FIRST IN MAN:

- 2 centers in Switzerland (Bern, Lugano)
- 61 consecutive ACS patients with LTB (TTG \geq 3)
- All efficacy data core-lab adjudicated by an independent center

Efficacy Endpoints

- ST-segment elevation resolution
- TIMI flow
- TIMI Thrombus Grade
- Myocardial Blush Grade

Safety Endpoints

- Device and procedure-related adverse events
- MACCE and Bleedings at 30 days

enVast™ FIRST IN MAN OUTCOMES (N = 61)

EFFECTIVE

85%

immediate reperfusion
at enVast deployment

90%

TIMI 3
after enVast

98%

TIMI 3 achieved
at the end of PCI

72%

Myocardial Blush
Grade 2-3 after
enVast

72%

ST Resolution
>50%

SAFE

Procedural Outcomes

0

- coronary dissection
- coronary perforation
- cardiac tamponade
- life-threatening arrhythmia
- flow-limiting spasm

1.6%

coronary embolization^o
(all resolved)

0

- stroke
- recurrent MI
- bleeding BARC 3 or 5

3.3%

cardiovascular death
(patients were in cardiogenic
shock at admission)

STUDY CONCLUSION

“In this first-in-human study, the enVast* mechanical thrombectomy device, in combination with aspiration through the guiding catheter or a guiding catheter extension, proved safe and effective in removing coronary thrombus and allowed immediate prompt restoration of flow in a high proportion of patients with ACS and LTB.”

enVast™ FIRST IN MAN CASES

61-year-old man with acute MI and functional occlusion of mid LAD

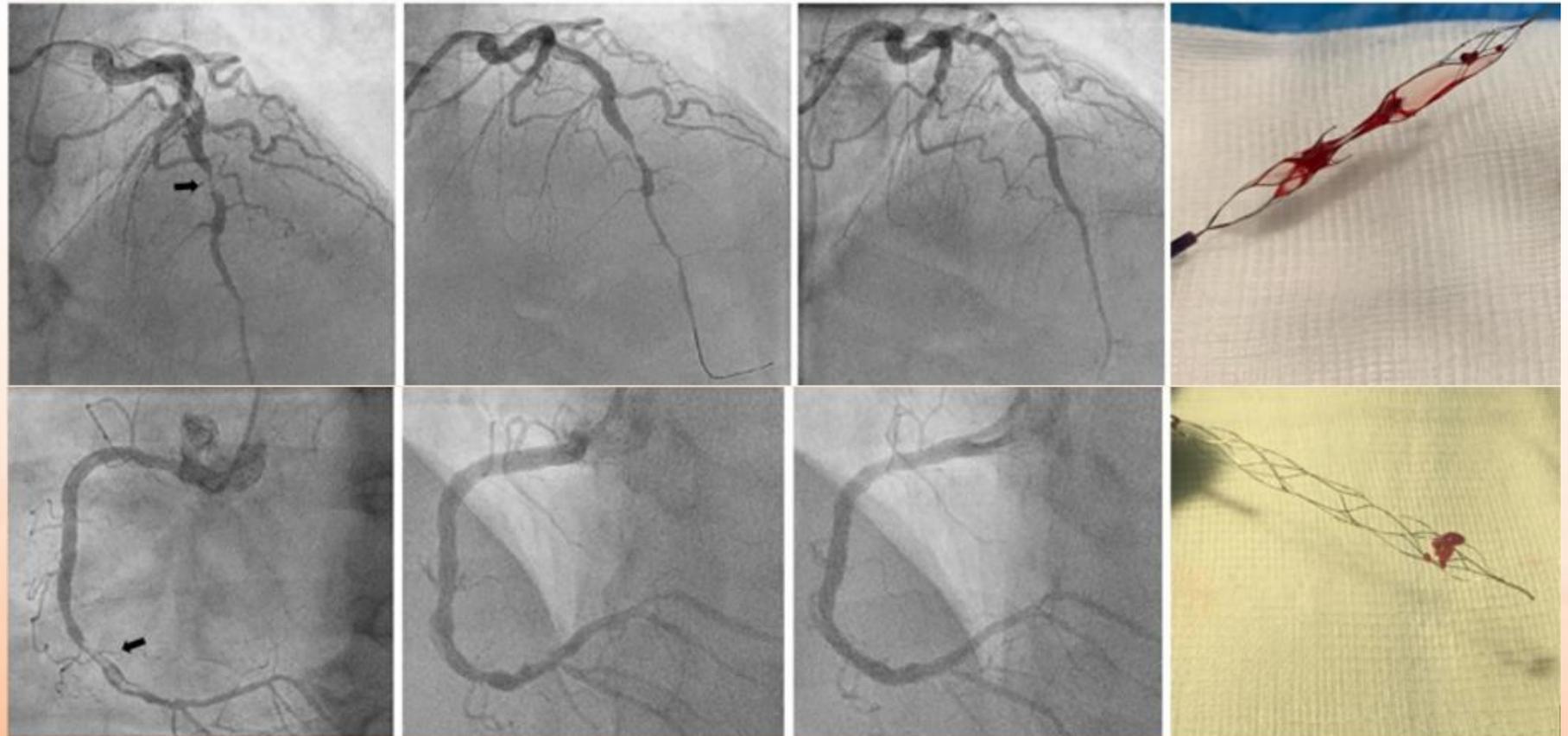
51-year-old man with acute MI and thrombotic sub-occlusion of mid-distal RCA

BASELINE

AFTER enVast

END OF PCI

THROMBUS



enVast™ VALGIMIGLI: EU MULTI-CENTER (N = 221)

EU MULTI-CENTER EXPERIENCE:

- Single arm, retrospective
- 6 centers from Switzerland (Bern, Lugano, Luzern), Italy (Niguarda), UK (Newcastle), Germany (Augsburg)
- MI patients with LTB undergoing mechanical thrombectomy with enVast
- Physician-initiated
- Ongoing

Efficacy Endpoints

- TIMI flow
- TIMI Thrombus Grade
- Myocardial Blush Grade

Safety Endpoints

- Device and procedure-related adverse events
- MACCE and Bleedings at 30 days

EFFECTIVE

90%

TIMI 2-3
after enVast

97%

TIMI 2-3
end of PCI

94%

TIMI Thrombus Grade 0-2
end of PCI

SAFE

Procedural Outcomes

0

- coronary dissection
- coronary perforation

4.1%

flow-limiting spasm
(all resolved)

3.6%

coronary embolization
(half were resolved)

0.5%

stroke
(was hemorrhagic)

4.5%

all-cause mortality

enVast™ ONGOING CLINICAL PROJECTS BY VESALIO

NATURE RCT

- Prospective, multi-center, randomized
- Up to 150 subjects at 12 sites (CH, IT, NE)
- Comparing enVast + conventional tX to conventional tX alone
- enVast to be deployed as the first measure and up to 3 times, to obtain reperfusion at the occlusion site
- Conventional tX defined as: ballooning, manual aspiration thrombectomy, stenting

IIS – ENROLLING

- Prospective, single-center
- 52 patients, dual arm
- OCT measurements
- Assessing enVast & aspiration

ENVAST REGISTRY – IN PREPARATION

- Prospective, multi-center
- Up to 200 subjects at up to 15 sites
- Assessing the efficacy and safety of enVast + conventional tX

CURRENT PRACTICE

en^vast™

REDEFINING CORONARY THROMBECTOMY



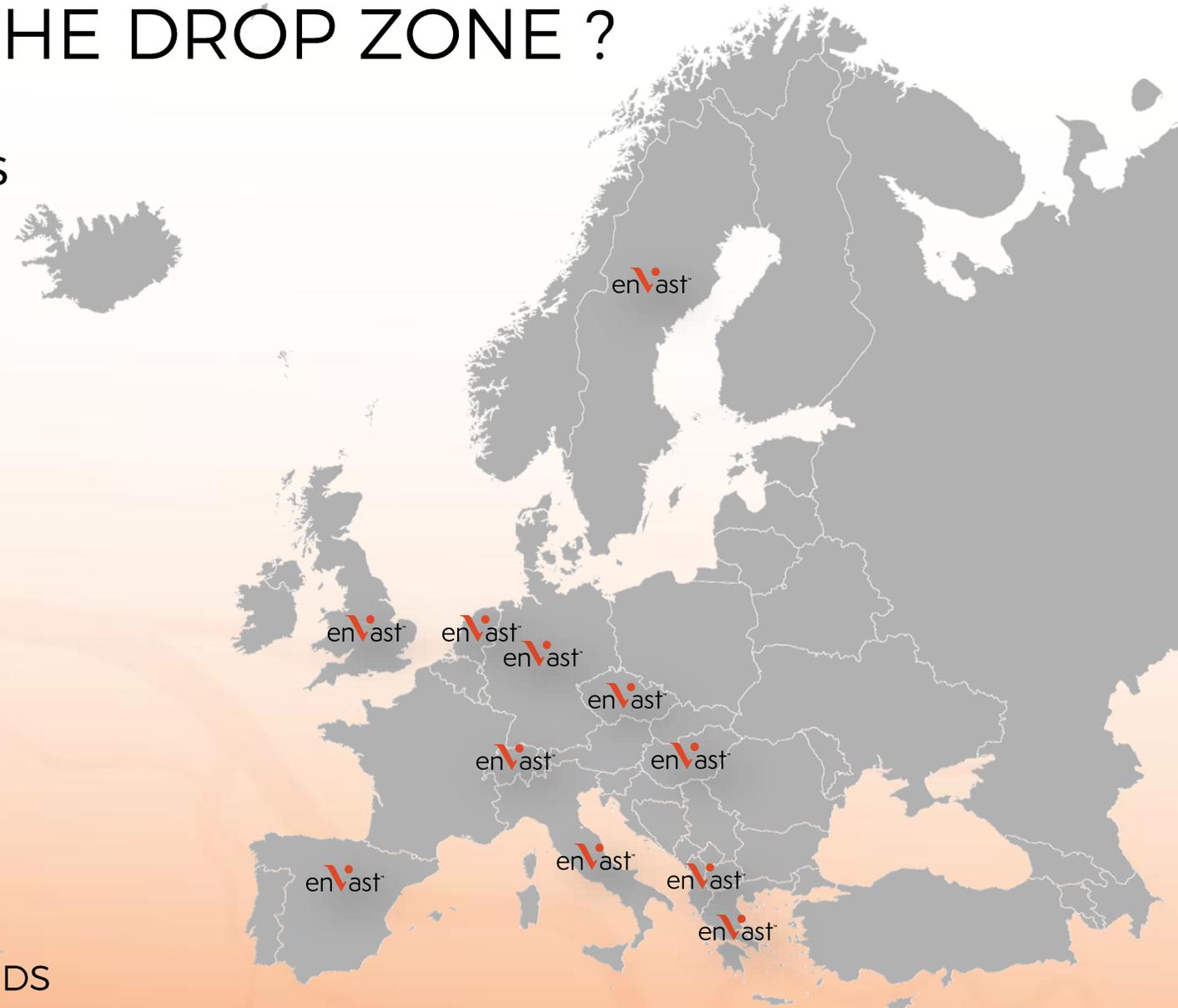
enVast™ WHO'S DOING THE DROP ZONE ?

Established users in 11 countries

- Across 64 hospitals

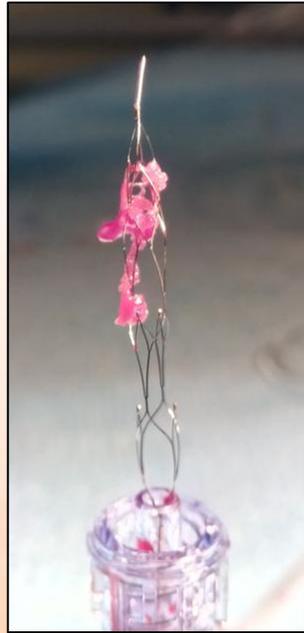
9 expert European proctors

- Dr Marco Valgimigli, SWITZERLAND
- Dr Dario Bongiovanni, GERMANY
- Dr Andras Katona, SWEDEN
- Dr Carlo Penzo, ITALY
- Dr Mohammad Alkhalil, UK
- Dr Tomaso Piva, ITALY
- Dr Andrea Milzi, SWITZERLAND
- Dr Antonio Landi, SWITZERLAND
- Dr Wijnard den Dekker, THE NETHERLANDS



map from freevectormaps.com

enVast™



REDEFINING CORONARY THROMBECTOMY