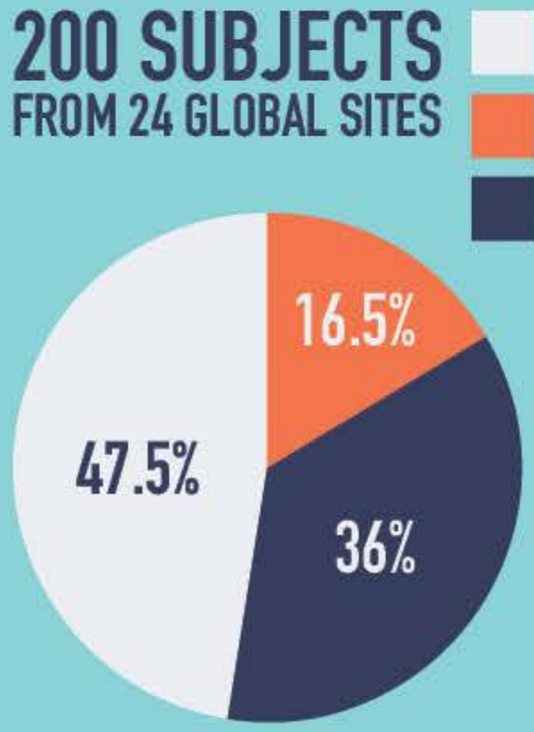
ABRE STUDY

SINGLE-ARM, MULTICENTER, PROSPECTIVE STUDY

Precision. Strength. Flexibility. Integrity.

200 SUBJECTS FROM 24 GLOBAL SITES



TOTAL STENTED LENGTH (MM)

(Mean ± SD): 121.5 (45, 283)

ABRE VENOUS SELF-EXPANDING STENT SYSTEM WAS PROVEN

☑ SAFE AND EFFECTIVE

PRIMARY ENDPOINT (AT 12 MONTHS): 88%[1]

aDVT	87.1%
NIVL	98.6%
PTS	79.8%

MAJOR ADVERSE EVENTS (THROUGH 30 DAYS): 2%[2]

[1] **PRIMARY ASSISTED PATENCY** (AT 12 MONTHS): 91.8%[3]

[2] **SECONDARY PATENCY** (AT 12 MONTHS): 92.9%[4]

100% DEVICE SUCCESS

NO STENT FRACTURES

CHALLENGING POPULATION TREATED IN THE ABRE STUDY:

Stents in **88 SUBJECTS (44%)** extended below the inguinal ligament.

All groups demonstrated sustained and clinically **meaningful improvements** in QoL measures and venous functional assessment scores at 12 months compared to baseline.

[1] (162/184) Primary patency defined as freedom from occlusion of the stented segment of the target lesion, restenosis ≥ 50% of the stented segment of the target lesion, and clinically-driven target lesion revascularization.

[2] (4/200) Major adverse events (MAEs) include all-cause death occurring post-procedure, clinically significant pulmonary embolism, procedural major bleeding, stent thrombosis confirmed by imaging as assessed by core lab, and stent migration confirmed by imaging as assessed by core lab.

[3] (169/184) Primary assisted patency: uninterrupted patency of the stented segment of the target lesion with a secondary intervention, also known as an adjunctive treatment (e.g., balloon venoplasty, subsequent stenting).

[4] (171/184) Secondary patency: patency of the stented segment of the target lesion after subsequent intervention for an occlusion.