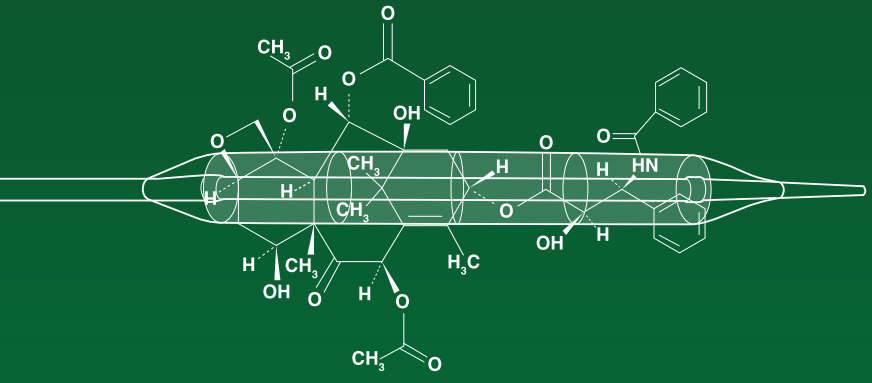
LEADING WITH EVIDENCE

FROM SFA TO AV TO BTK

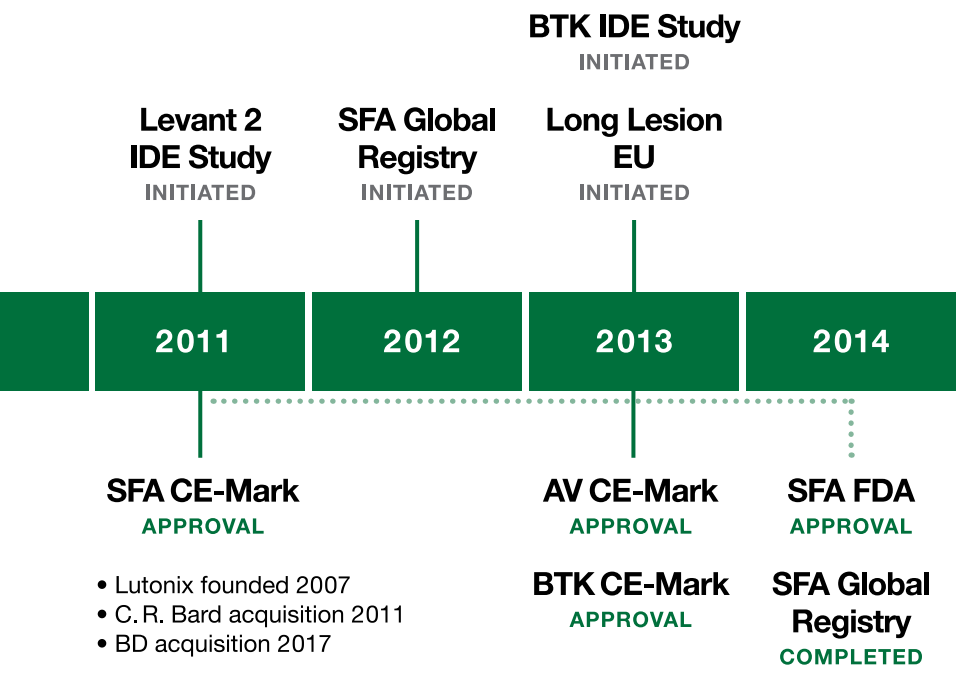


LUTONIX® 035

Drug Coated Balloon PTA Catheter

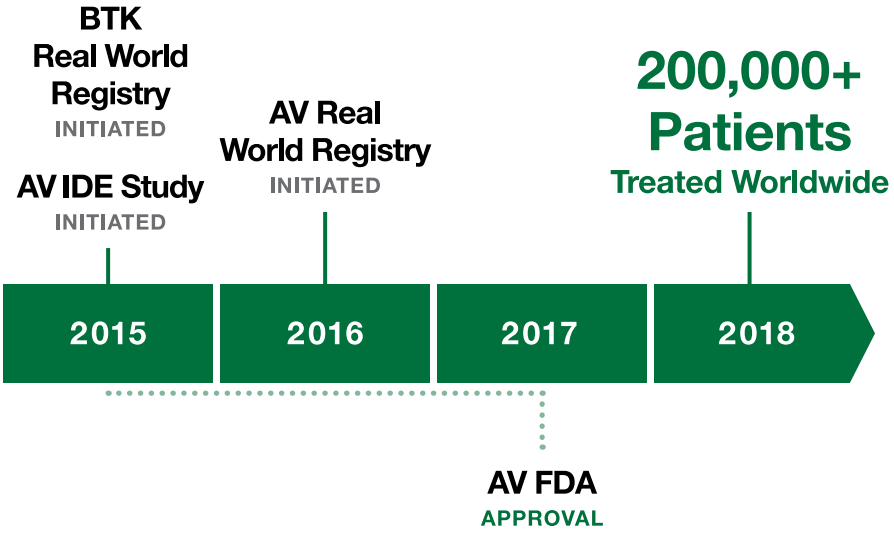
BD

First in clinical evidence



- Lutonix founded 2007
- C. R. Bard acquisition 2011
- BD acquisition 2017

Lutonix 035 has led the way in DCB innovation, starting with the first Global prospective randomizes trial, making it the first FDA approved DCB in the US. This was followed by the first prospective randomizes trial of Lutonix 035 DCB in dysfunctional AV Fistulae. And, Lutonix 035 is the only company studying the benefit and safety of DCB BTK in a prospective global randomized trial. Lutonix 035 has continued to prospectively study DCB benefit in SFA, BTK and AV disease in Real World Registry settings.

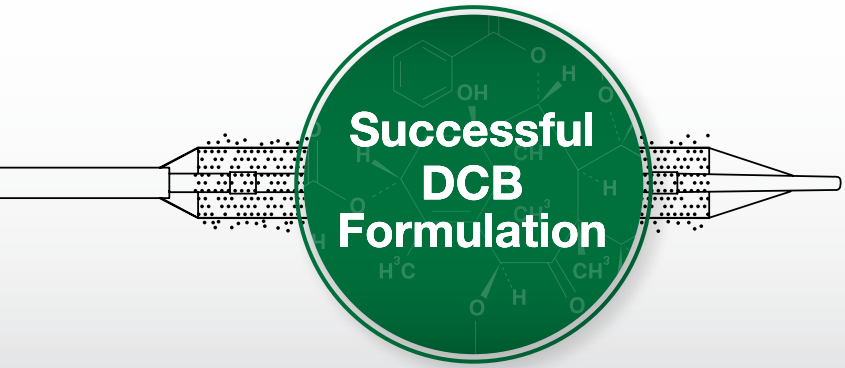


LUTONIX® 035

Drug Coated Balloon PTA Catheter

Patient **safety** starts with the right coating

Coating Uniformity + **Drug Retention** + **Drug Release** =



Formulation Matters

- Drug coated balloons use paclitaxel with differing carriers
- DCB coating differs depending on carrier and manufacturing process

Rigorously Evaluated Formulation

>225 Carriers
Hundreds of carrier molecules screened

>250 Formulations
(Paclitaxel Dose + Carriers)
Over 45 pre-clinical studies completed

120 Coatings
Over 3,400 Devices Tested

Drug dose of paclitaxel is 2µg/mm²

Final Optimized

LUTONIX® 035

DCB

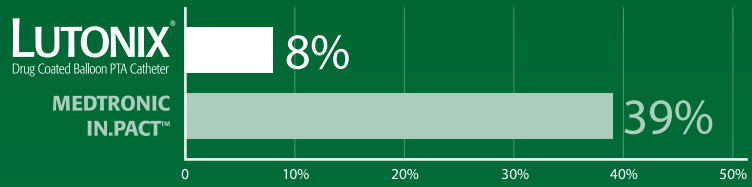
Carrier of polysorbate and sorbitol

Lutonix is **designed** to minimize downstream effects

- **ZERO** preclinical evidence of downstream necrosis at 90 days[1]
- **ZERO** preclinical evidence of downstream crystalline material at 90 days[1]
- Coating formulation is designed to limit downstream effects

Pre-clinical testing has shown differences in downstream vascular changes among DCBs.

Study I: Percentage of sections observed with vascular changes in downstream non-target tissue from arteries harvested at 28 days.[2]



Pre-Clinical head-to-head comparison of vascular changes (inflammation, smooth muscle cell necrosis, fibrinoid necrosis, nuclear pyknosis). 3X Balloons. 30 second inflation.

2. Journal of Vascular and Interventional Radiology: Comparison of Particulate Embolization after Femoral Artery Treatment with In.Pact Admiral versus Lutonix® 035 Paclitaxel-Coated Balloons in Healthy Swine. Limitations associated with this pre-clinical study include: Pathologic findings are limited to healthy swine and do not account for the fact that human PAD presents with co-morbidities; and transferring pre-clinical findings in healthy animal arteries to humans with peripheral arterial disease is complex, as lesions can be complicated by fibrosis, necrosis and calcification. This study was funded by Lutonix, Inc. (New Hope, Minnesota). Article available at: http://dx.doi.org/10.1016/j.jvir.2016.06.036. Kolodgie et al, JVIR D-15-01131R1.

Preclinical results may not be indicative of clinical performance. Different test methods may yield different results.

Lutonix is **designed** to minimize downstream effects

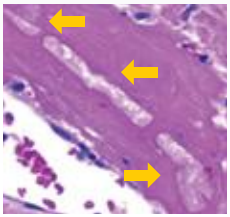
- **ZERO** preclinical evidence of downstream necrosis at 90 days[1]
- **ZERO** preclinical evidence of downstream crystalline material at 90 days[1]
- Coating formulation is designed to limit downstream effects

Pre-Clinical head-to-head comparison of downstream crystalline material[1,2]

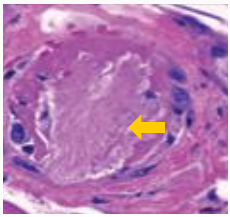
LUTONIX®
Drug Coated Balloon PTA Catheter

ZERO
Crystalline Material Observed at 1x and 3x Balloons

In.Pact™ Admiral DCB
FreePac™ Coating



1x Balloon Observed at 28 Days



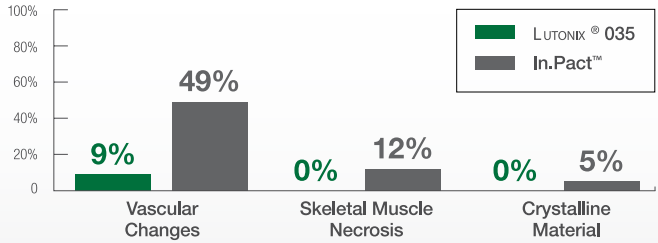
3x Balloon Observed at 28 Days

Comparison of Particulate Embolization after Femoral Artery Treatment with IN.PACT™ Admiral versus LUTONIX ® 035 Paclitaxel-Coated Balloons in Healthy Swine. Journal of Vascular and Interventional Radiology.

Frank D. Kolodgie, PhD, Erica Pacheco, MS, Kazuyuki Yahagi, MD, Hiroyoshi Mori, MD, Elena Ladich, MD and Renu Virmani, MD

Arrows indicating crystalline material observed at 28 days. 1X and 3X Balloons.

Pre-Clinical Downstream Arterial Findings at 90 Days[3]



1. Preclinical results may not be indicative of clinical performance. Different test methods may yield different results.

2. Journal of Vascular and Interventional Radiology: Comparison of Particulate Embolization after Femoral Artery Treatment with In.Pact Admiral versus Lutonix® 035 Paclitaxel-Coated Balloons in Healthy Swine. Limitations associated with this pre-clinical study include: Pathologic findings are limited to healthy swine and do not account for the fact that human PAD presents with co-morbidities; and transferring pre-clinical findings in healthy animal arteries to humans with peripheral arterial disease is complex, as lesions can be complicated by fibrosis, necrosis and calcification. This study was funded by Lutonix, Inc. (New Hope, Minnesota). Article available at: http://dx.doi.org/10.1016/j.jvir.2016.06.036. Kolodgie et al. JVIR D-15-01131R1.

3. Virmani, Renu. "Comparison of Particulate Embolization after Femoral Artery Treatment with IN.PACT Admiral versus Lutonix 035 Paclitaxel-Coated Balloons in Healthy Swine." Journal of Vascular and Interventional Radiology, Elsevier, 15 Sept. 2016.

The first DCB with proven performance in **SFA**[1]

- 85.4% Primary Patency at 12 months for Real-World Registry
- Challenging patient demographic for Real-World Registry:
  - 43.4% of patients were diabetic
  - 70.6% of patients were Rutherford Category 3 & 4
  - 50.2% of patients had calcified lesions

SFA REAL-WORLD REGISTRY

Freedom from TLR

94.1%

AT 12 MONTHS[2]

90.3%

AT 24 MONTHS[2]

2. LUTONIX Global SFA Real World Registry, n=691. Primary efficacy endpoint is defined as freedom from TLR at 12 months. TLR Free rate by subject counts at 12 months was 93.4% (605/648). The Kaplan-Meier TLR-Free survival estimate was 94.1% at 12 months and 90.3% at 24 months. In the LEVANT 2 IDE Clinical Trial, treatment with LUTONIX® 035 DCB resulted in freedom from TLR rate of 87.7% at 12 months (250/285) and a freedom from TLR rate of 82.0% at 24 months. Data on file, Bard Peripheral Vascular, Inc.

The first DCB with proven performance in **SFA**[1]

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Global SFA Real-World Registry

Primary Endpoints

- 30 day safety*

* (n/N = 681/685)

- Freedom from Target Lesion Revascularization (TLR) at 24 months[1]

Secondary Endpoints (at 24 months)[1]

All Cause Death, % (n/N)	5.9% (36/615)
Major Index Limb Amputation, % (n/N)	0.9% (5/582)
Minor Index Limb Amputation, % (n/N)	0.7% (4/580)
Reintervention for Treatment of Embolization to the Distal Vasculature, % (n/N)	0.7% (4/580)
Reintervention for Treatment for Thrombosis of the Target Vessel, % (n/N)	2.7% (16/583)

LUTONIX® DCB demonstrated favorable efficacy and safety in real world patients.

Sub-Group Analysis (at 24 months)

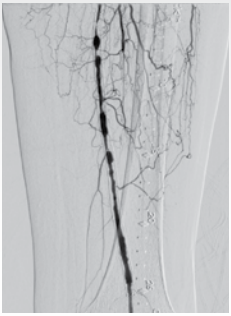
Subgroup	Freedom from TLR, % (Kaplan-Meier)
Females	85.8%

LUTONIX® DCB demonstrated efficacy in complex and challenging sub groups - Calcified Lesions, CTOs, In-stent Restenosis and Long Lesions (140-500 mm)

Subgroup	Freedom from TLR, % (n/N)
Calcified Lesions	88.3% (174/197)
Chronic Total Occlusion	89.5% (162/181)
In-stent Restenosis	85.5% (60/70)
Long Lesions (140-500mm)	89.4% (95/106)

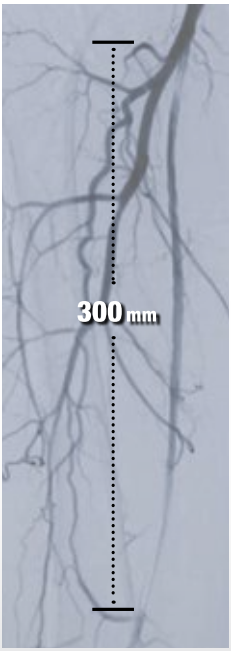
1. In LEVANT 2 Clinical Trial at 12 months, treatment with Lutonix® DCB resulted in freedom from Target Lesion Revascularization rate of 89.7% (n=316, Kaplan-Meier), all cause death rate of 2.4% (7/290), major amputation rate of 0.3% (1/286), minor amputation rate of 0.0% (0/285), rate of reintervention for thrombosis and distal emboli 0.4% (1/285). Data on file.

LUTONIX® SFA ISR Randomized Controlled Trial



12 MONTH PRIMARY ENDPOINTS (Interim Results)[2]	LUTONIX® 035 DCB	PTA
Primary Effectiveness	**66.2%** (N=31)	49.6% (N=8)
	33.5% Improvement Over PTA	
Freedom From TLR (Secondary Endpoint)	**78.4%** (N=43)	61.0% (N=14)
	29.0% Improvement Over PTA	
Safety	**72.6%** (N=40)	61.0% (N=14)

LUTONIX® Long Lesion Study (Europe)



LUTONIX 035® is now indicated for Long Lesions up to 300mm in the U.S.

SELECTED DEMOGRAPHICS

Baseline Angiographic Data	LUTONIX® 035 DCB (N=118)
Lesion Length	212.5 ± 68.3 mm
CTO	52.1%
Proximal SFA	51.3%
Mid SFA	35.9%
Distal SFA	14.5%

12 MONTH PRIMARY ENDPOINTS (Interim Results)[3]	LUTONIX® 035 DCB
Primary Effectiveness	**70.1%**[4] (N=79)
Freedom From TLR (Secondary Endpoint)	**87.4%**[5] (N=97)
Safety	**82.3%** (N=92)

2. Results are comprised of 82 randomized patients, from 20 sites, with 86.6% follow-up compliance through 12 months.
3. Results are comprised of 118 patients, from 14 sites, with 89.0% follow-up compliance through 12 months. Follow-up through 36 months is ongoing.
4. Primary effectiveness endpoint is primary patency defined as freedom from CEC-adjudicated clinically-driven TLR and from core-lab adjudicated binary restenosis. Result is a Kaplan-Meier estimate.
5. Result is a Kaplan-Meier estimate.

The first and only DCB with proven performance in dysfunctional **AV fistulae**

- 31.1% fewer reinterventions in dysfunctional AV fistulae compared to PTA
- Safety profile non-inferior to PTA
- 95.0% freedom from primary safety event after 30 days

71.4 %[1]

PRIMARY PATENCY
AT 6 MONTHS

120
MORE
REINTERVENTION FREE DAYS
AT 24 MONTHS

33.6 %

IMPROVEMENT OBSERVED
VS. PTA AT 12 MONTHS

1. The Lutonix® AV Clinical Trial was a prospective, multicenter, controlled study comparing the Lutonix® 035 AV drug-coated balloon (DCB) to standard PTA for the treatment of dysfunctional AV fistulae. The study enrolled 285 patients (DCB: 141, PTA: 144) at 23 investigational sites in the U.S. from June 2015 to March 2016. The primary safety endpoint, freedom from serious adverse events involving the AV access circuit through 30 days, was 94.2% for the DCB group and 95.8% for the PTA group (proportional based analysis) while the primary efficacy endpoint, target lesion primary patency (TLPP) through 6 months, was 71.4% for the DCB group and 63% for the PTA group (Kaplan-Meier analysis at 180 days). Interim data, site reported, subject to change.

The first and only DCB with proven performance in dysfunctional **AV fistulae**

- 31.1% fewer reinterventions in dysfunctional AV fistulae compared to PTA
- Safety profile non-inferior to PTA
- 95.0% freedom from primary safety event after 30 days

Level 1 Clinical Evidence for Dysfunctional AV Fistulae

Prospective, Randomized, of Lutonix® 035 DCB in Dysfunctional AV Fistulae

- Trial included many challenging lesions and no stent zones
  - 69.5% of treated lesions were restenotic
  - 18.7% of cases were in cephalic arch
- 71.4% Primary patency at 6 Months
- 33.6% Improvement in primary patency over PTA at 24 months
- 95.0% Freedom from primary safety events at 30 days

Fistula Locations

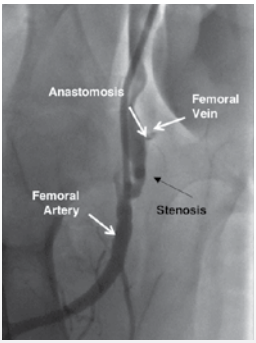
Upper arm:
DCB: 61.7% vs. PTA: 73.4%

Antecubital fossa:
DCB: 5.0% vs. PTA: 4.9%

Forearm:
DCB: 33.3% vs. PTA: 21.7%

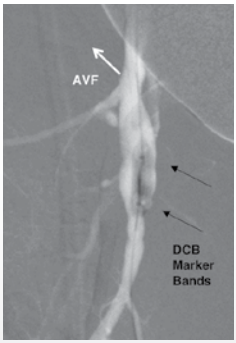
Pre-Clinical Stenosed AVF Porcine Model[1]

Stenosed AV Fistula



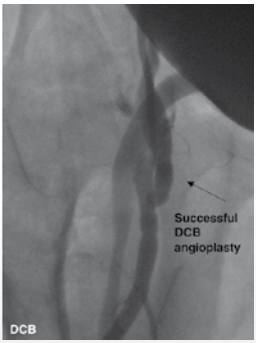
14 days post fistula creation, a stenosis is evident

®035 DCB Treatment



The LUTONIX® 035 DCB is placed across the lesion and drug delivered

Post DCB Treatment

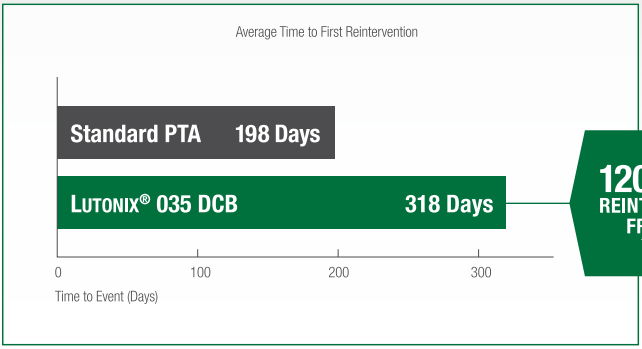


Post angioplasty, the effect of the drug and safety profile can be evaluated in the model

1. Pre-clinical animal data on file. Animal test results may not be indicative of clinical performance. Different test methods may yield different results.

Reintervention-Free Days

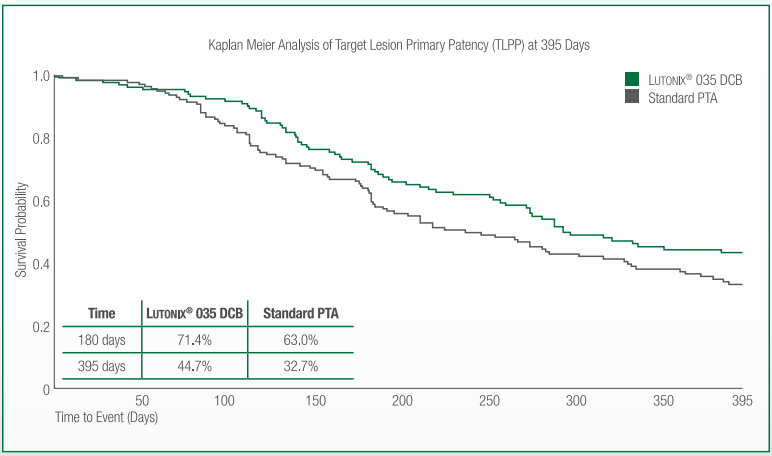
- LUTONIX® 035 DCB was shown to **lengthen the time to first reintervention** compared to PTA



2. LUTONIX® AV Clinical Trial data on file. N=285. At 6 months, treatment with LUTONIX® 035 DCB resulted in a primary patency rate of 71.4% versus 63.0% with PTA alone. Primary patency defined as ending with a clinically driven re-intervention of the target lesion or access thrombosis. The primary effectiveness analysis for superiority of DCB vs. PTA was not met with a one sided p-value of p = 0.0562. Number of interventions required to maintain TLP at 24 months were 195 in DCB arm versus 211 in the PTA arm. At 30 days, treatment with LUTONIX® 035 resulted in a freedom from primary safety event rate of 95.0% versus 95.8% with PTA alone. Primary safety defined as freedom from localized or systemic serious adverse events through 30 days that reasonably suggests the involvement of the AV access circuit. The primary safety endpoint for non-inferiority for DCB vs. PTA was met with one-sided p-value of p = 0.0019. Percentages reported are derived from Kaplan-Meier analysis. Interim data at 24 months, site reported, subject to change.

Target Lesion Primary Patency: 6 & 12 months

- **33.6% Improvement Observed** vs. PTA at 12 months



The first and only **BTK** DCB in an ongoing real-world registry and IDE clinical trial[1]

- BTK Registry interim data has had 5.2% major amputations at 12 months, compared to published 30% amputations at 12 months
- BTK Registry has had **ZERO** re-interventions for distal embolizations at 12 months

Lutonix DCB BTK Registry

90.6%[2]

FREEDOM FROM TLR
AT 6 MONTHS

96%[2]

FREEDOM FROM AMPUTATION
AT 6 MONTHS

2. Lutonix® DCB BTK Registry Study 6 Month Outcomes. A Prospective, Multicenter, Single-Arm Real-World Registry Investigating the Clinical Use and Safety of the Lutonix Drug Coated Balloon PTA Catheter for Treatment of Below-the-Knee (BTK) Arteries. Interim data, site reported and subject to change. 3. TASC II. (2007). Journal of Vascular Surgery, Volume 45, Number 1, Supplement S

The first and only **BTK** DCB in an ongoing real-world registry and IDE clinical trial[1]

- BTK Registry interim data has had 5.2% major amputations at 12 months, compared to published 30% amputations at 12 months
- BTK Registry has had **ZERO** re-interventions for distal embolizations at 12 months

Only BTK multicenter on-going registry study

95.3%
PRIMARY SAFETY
AT 6 MONTHS

- **ZERO re-interventions for distal embolization**
- **4% major amputation rate**

Freedom from TLR

Study Statistics
- Up to 500 subjects
- Up to 35 international sites

Primary Safety Endpoints
Freedom from Major Adverse Limb Events and All-Cause Periperative Death at 30 days

Primary Efficacy Endpoints
Freedom from TLR at 6 months

Safety profile consistent with the safety profile of the LUTONIX® 035 DCB in PAD

. Randomized, Controlled Trial Comparing the Lutonix Drug Coated Balloon Versus Standard Balloon Angioplasty for Treatment of Below-the-Knee (BTK) Arteries, Protocol #NCT01870401

2. Interim data; updated December 2017

Medical History

	ALL SUBJECTS
Current or Previous Smoker, % (n/N)	62.1% (226/364)
Diabetes, % (n/N)	64.0% (233/364)
Dyslipidemia, % (n/N)	62.4% (227/364)
Hypertension, % (n/N)	86.8% (316/364)

Enrollment ongoing and may change

Preliminary Rutherford Classification

	ALL SUBJECTS
3, % (n/N)	23.7% (86/363)
4, % (n/N)	10.5% (38/363)
5, % (n/N)	65.8% (239/363)

Data presented is interim and subject to change

Classification (Difficult Patient Population)

	ALL SUBJECTS
Calcification	68.2% (238/349)
Severe Calcification	24.4% (72/295)

Data presented is interim and subject to change

The first and only BTK DCB in an ongoing IDE clinical trail

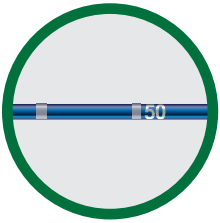
Study Statistics
- Sites within U.S, Japan and Europe

Primary Safety Endpoints
Freedom from Major Adverse Limb Events and All-Cause Periperative Death at 30 days

Primary Efficacy Endpoints
Composite of Limb Salvage and Primary Patency at 6 months

Data Monitoring Committee (DMC) has met routinely and unanimously recommended continuation of study with no modifications

ADDITIONAL PRODUCT HIGHLIGHTS:



The only DCB with the **GeoAlign® Marking System** designed to help increase procedure efficiency and decrease radiation exposure by minimizing fluoroscopy time

The only DCB with all **5F[1] sheath profile sizes** for SFA minimizing the size of the access site

1. Not all AV sizes are 5F compatible. Please refer to specification sheet for AV sheath profile compatibility information.

LUTONIX® 035

Drug Coated Balloon PTA Catheter

THE ONLY DCB WITH TRIALS IN

SFA, AV AND **BTK**

200,000+ PATIENTS

TREATED WORLDWIDE

Bard India Healthcare Pvt. Ltd.
501, Hub Town Solaris, N.S.Phadke Marg, Andheri (E), Mumbai-400069
Phone +912261361111
Email: bard.india@crbard.com, bard.india@vsnl.net

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BD