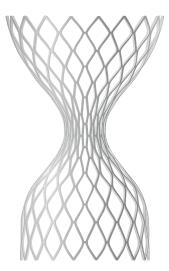
PROVIDING MUCH-NEEDED RELIEF TO PATIENTS WITH REFRACTORY ANGINA



Millions of patients suffer from angina pain, which is often a symptom of CAD, when plaque buildup occurs in the arteries supplying oxygen-rich blood to the heart, forcing the heart to work harder. Many of these patients can get relief from their angina through revascularization from a coronary intervention or surgery. However, 25-40% continue to suffer from refractory angina even after successful revascularization.^{1,2}

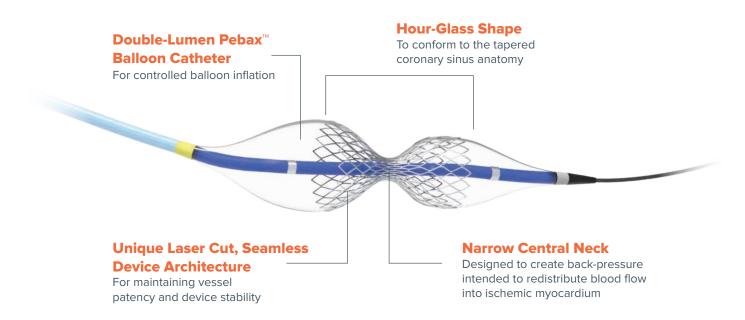
Additionally, angina with no obstructive coronary arteries (ANOCA) is increasingly recognized and may affect nearly one-third of patients undergoing invasive coronary angiography for suspected CAD. These patients do not have plaque buildup as a cause for their angina, and currently have limited options.^{3,4}

However, a first-of-its-kind treatment option is now at hand: Shockwave™ Reducer is an innovative technology designed to treat symptoms of refractory angina by creating a permanent, controlled narrowing of the coronary sinus.

SPECIFICALLY DESIGNED FOR ANGINA TREATMENT

Reducer is a small, balloon-expandable, hourglass-shaped device that establishes a narrowing in the coronary sinus. The resulting increase in back pressure redistributes blood into the ischemic myocardium to help reduce angina symptoms.

Before Reducer, there were limited options for treating refractory angina.^{5,6} Now, an effective, innovative treatment option is on hand for patients and physicians alike, designed to improve perfusion to ischemic myocardium.



PROVEN SAFETY, AND EFFICACY, TO TREAT REFRACTORY ANGINA

COSIRA PROSPECTIVE RANDOMIZED SHAM CONTROLLED TRIAL⁷

COSIRA trial enrolled 104 patients with Canadian Cardiovascular Society (CCS) class III or IV angina and myocardial ischemia who were not candidates for revascularization. The trial demonstrated patients receiving the Reducer device achieved a statistically significant improvement in angina symptoms and quality of life compared to patients in a sham control group.

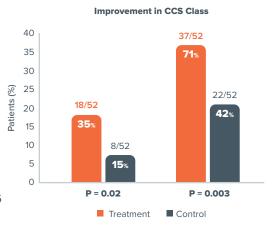
71% of patients

improved 1 or more CCS angina classes at 6 months.

35% of patients

improved 2 or more CCS angina classes at 6 months.

Quality of life improved 17.6 points for patients who received the implant, vs. 7.6 points for patients in the control group (improvement on a 100-point scale, 17.6 vs. 7.6 points; P = 0.03).



REDUCER I PROSPECTIVE, MULTI-CENTER, POST-MARKET STUDY⁸

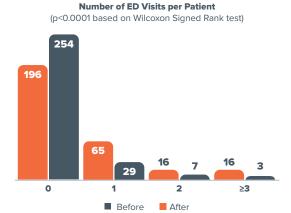
Emergency Department (ED) visits within 12 months significantly decreased in terms of visits per patients and the total number of ED visits decreased by 65.6%.

BEFORE Reducer Implant

- 33.1% (97/293) with ED visit
- 192 total ED visits
- \bullet 0.66 \pm 2.13 visits per pt

AFTER Reducer Implant

- 13.3% (39/293) with ED visit
- 66 total ED visits
- 0.23 ± 1.01 visits per pt (p<0.0001)*



REDUCER MAY BE A TREATMENT OPTION FOR PATIENTS:

- With refractory angina pectoris and objective evidence of reversible myocardial ischemia.
- Either not amenable to, or are high risk for, revascularization by coronary artery bypass grafting (CABG) or by initial or additional percutaneous coronary intervention (PCI).
- Who are not amenable to available medical treatment.

The coronary microvasculature (rather than epicardial vessels) is now being recognized as significantly contributing to maximal flow to myocardium. Patients diagnosed with microvascular dysfunction should be considered as potential candidates for Reducer.9

- 1. Abdallah, M. J Am Coll Cardiol 2017;69:2039-50.
- Stone, G. 2-year results from the ABSORB IV randomized trial. TCT 2019.
- Patel, M. N Engl J Med 2010; 362:886-895
- Samuels, B. J Am Coll Cardiol 2023; 82:1245-1263.
 Lantz R, Quesada O, Mattingly G, Henry TD. Contemporary Management of Refractory Angina. Interv Cardiol Clin. 2022 Jul;11(3):279-292.
- Verheye S., et al. N Engl J Med 2015;372:519-27.
- Verheye, S., Jolicœur, E. M., Behan, M. W., Pettersson, T., Sainsbury, P., Hill, J., Vrolix, M., Agostoni, P., Engstrom, T., Labinaz, M., de Silva, R., Schwartz, M., Meyten, N., Uren, N. G., Doucet, S., Tanguay, J.-F., Lindsay, S., Henry, T. D., White, C. J., & Edelman, E. R. (2015). Efficacy of a Device to Narrow the Coronary Sinus in Refractory Angina. New England Journal of Medicine, 372(6), 519-527. https://doi.org/10.1056/nejmoa1402556.
- 8. Verheye, S. Results from the REDUCER-I Study. ESC 2024.
- 9. David Tryon, Michel T. Corban, Mohamad Alkhouli, Abhiram Prasad, Claire E. Raphael, Charanjit S. Rihal, Guy S. Reeder, Brad Lewis, Diana Albers, Rajiv Gulati, Amir Lerman (2024). Coronary Sinus Reducer Improves Angina, Quality of Life, and Coronary Flow Reserve in Microvascular Dysfunction, JACC: Cardiovascular Interventions, Volume 17, Issue 24, 2024, 2893-2904, ISSN 1936-8798, https://doi.org/10.1016/j.jcin.2024.09.018.

Caution: In the United States, Shockwave™ Reducer is an investigational device, limited by United States law to investigational use

The Shockwave Reducer is subject of Investigational testing and is being studied in the COSIRA-II trial in Canada

The Shockwave Reducer is commercially available in certain countries outside the U.S. and Canada. Please contact your local representative for specific

Prior to use, please reference the Instructions for Use for more information on indications, contraindications, warnings, precautions and adverse events:

 $5403 \ Betsy \ Ross \ Drive, Santa \ Clara, CA \ 95054, \ United \ Statesl \ Phone: 1.877.775.4846 \ linfo@shockwavemedical.com \ livww.shockwavemedical.com \$ © 2025 Shockwave Medical. All rights reserved. SPL 70615 Rev. D.







^{*}Based on Wilcoxon Signed Rank test.