TRYTON
Built for Bifurcation

Safe
Superior Device Success°

Fast
Simplified Treatment

Proven
Predictable Outcomes

*As compared to a provisional stenting strategy. Post-hoc Individual-patient-data pooled analysis on Outcomes Tryton for true bifurcations – Königstein et al. – Catheter Cardiovasc Interv. 2018 – not powered to show statistical differences
TRYTON

Studied in Over 1800 patients and 60 sites

553 Patients: FDA Pivotal Trial

758 Patients: 8 Investigator Initiated Studies

492 Patients: Tryton Initiated Studies

Over 1800 Patients Studied
SAFE Strategy – NO MULTILAYER DRUG
Equal Revascularization in MB and SB with low thrombosis rates

Low Revascularization maintained at 5 Years

1 Year TVR shows no “Tryton - BMS” effect - DES in MB does not outperform Tryton in SB

1 Year Excellent safety profile in Complex Lesion Subset

TVR Location

<table>
<thead>
<tr>
<th>Location</th>
<th>1 Year Pivotal Analysis</th>
<th>5 Year Real World Analysis</th>
</tr>
</thead>
<tbody>
<tr>
<td>MB</td>
<td>6.8%</td>
<td>3.9%</td>
</tr>
<tr>
<td>SB</td>
<td>6.1%</td>
<td>4.3%</td>
</tr>
</tbody>
</table>

TVR Rate

1 Year

- MB: 6.8%
- SB: 6.1%

5 Year

- MB: 6.9%
- SB: 6.1%

TLR

1 Year

- MB: 6.9%
- SB: 6.1%

5 Year

- MB: 6.9%
- SB: 6.1%

THROMBOSIS RATE (ARC)

1 Year

- MB: 3.9%
- SB: 4.3%

5 Year

- MB: 3.9%
- SB: 4.3%

1.4%

See last slide for references
SAFE Strategy – NO MULTILAYER DRUG
Comparable DES Revascularization Outcomes

Tryton 5 - Year Follow Up (n=173, 60 mos) 6.9%
Post-hoc Patient Level Pooled Analysis RCT & Confirmatory (n=287, 12 mos) 6.8%
LEADERS Bifurcation BES (n=258), 12 mos 15%
CACTUS Crush (n=177, 6 mos) 12%
DK CRUSH II Crush (n=185, 12 mos) 14%
BBC-One Complex (n=250, 9 mos) 13%
BBK - Routine T-Stenting (n=101, 12mos) 17%

Tryton 2 Stent techniques

See last slide for references
SAFE Strategy – Excellent Revascularization* Maintained at 5 Year

2 Stent Techniques 5 Year Outcomes

- Tryton 5 year clinical Outcomes (N=173): 6.9%
- NORDIC I (N=202) - 2 stent arm: 18.3%
- LEADERS Bifurcation BES (N=258) - 2 stent arm: 10.1%
- DK CRUSH II (N=185) - 2 stent arm: 8.6%
- BBK (N=101) - 2 stent arm: 16.3%

Provisional 5 Year Outcomes

- Tryton 5 year clinical Outcomes (N=173): 6.9%
- NORDIC I (N=202) - Provisional arm: 15.3%
- DK CRUSH II (N=185) - Provisional arm: 16.2%
- BBK (N=101) - Provisional arm: 16.2%

*TLR defined as any repeat treatment of a lesion located within the index coronary segment

See last slide for references
Other 2 DES Techniques or Provisional NOT always FASTER

- POST HOC INDIVIDUAL-PATIENT-DATA POOLED ANALYSIS - TRYTON 5: 68.6 min
- POST HOC INDIVIDUAL-PATIENT-DATA POOLED ANALYSIS - PROVISIONAL 5: 56.6 min
- BBC - 2 STENT ARM 14: 57 min
- BBC - PROVISIONAL ARM 14: 78 min
- NORDIC I - 2 STENT ARM 19: 62 min
- NORDIC I - PROVISIONAL ARM 19: 76 min
- NORDIC IV - 2 STENT ARM 20: 73.9 min
- NORDIC IV - PROVISIONAL ARM 20: 92.6 min

See last slide for references
Superior device success confirms Tryton is more predictable compared to Provisional\(^5,6\).

Less Bailout Stenting is Important when patient becomes unstable\(^1,2,5,6\).

Significant IMPROVED Patency at 9 months protects myocardium\(^5,6\).

\(^1\) As compared to a provisional stenting strategy. Post-hoc Individual-patient-data pooled analysis on Outcomes Tryton for true bifurcations – Königstein et al. – Catheter Cardiovasc Interv. 2018 – not powered to show statistical differences.