Pre-Clinical Evidence of Downstream Effects
in Non-Target Organs[3]

Two separate pre-clinical animal studies were performed utilizing the Lutonix™ 035 DCB Catheter at **1x** and **3x** the therapeutic DCB dose of paclitaxel.

Organ	**Study 1** (1x Dose) Treatment Related Findings	**Study 2** (3x Dose) Organ Function
Lung	None	Normal
Liver	None	Normal
Kidney	None	Normal
Heart	None	Normal
Spleen	None	Not Tested
Brain	None	Not Tested

Study 1
n=18, Healthy Swine
Bilateral AVF creation of external femoral arteries and veins to evaluate the treatment of Lutonix™ 035 DCB at 1x the dose. Complete necropsy and histopathology performed at 28 and 60 days.

Study 2
n=10, Healthy Swine
Evaluated the downstream effects of Lutonix™ 035 DCB in a swine femoral vein and external jugular model. Target 24 mg/pig (~3x anticipated maximal clinical dose). Plasma, organ function and complete necropsy evaluated at 28 and 60 days.

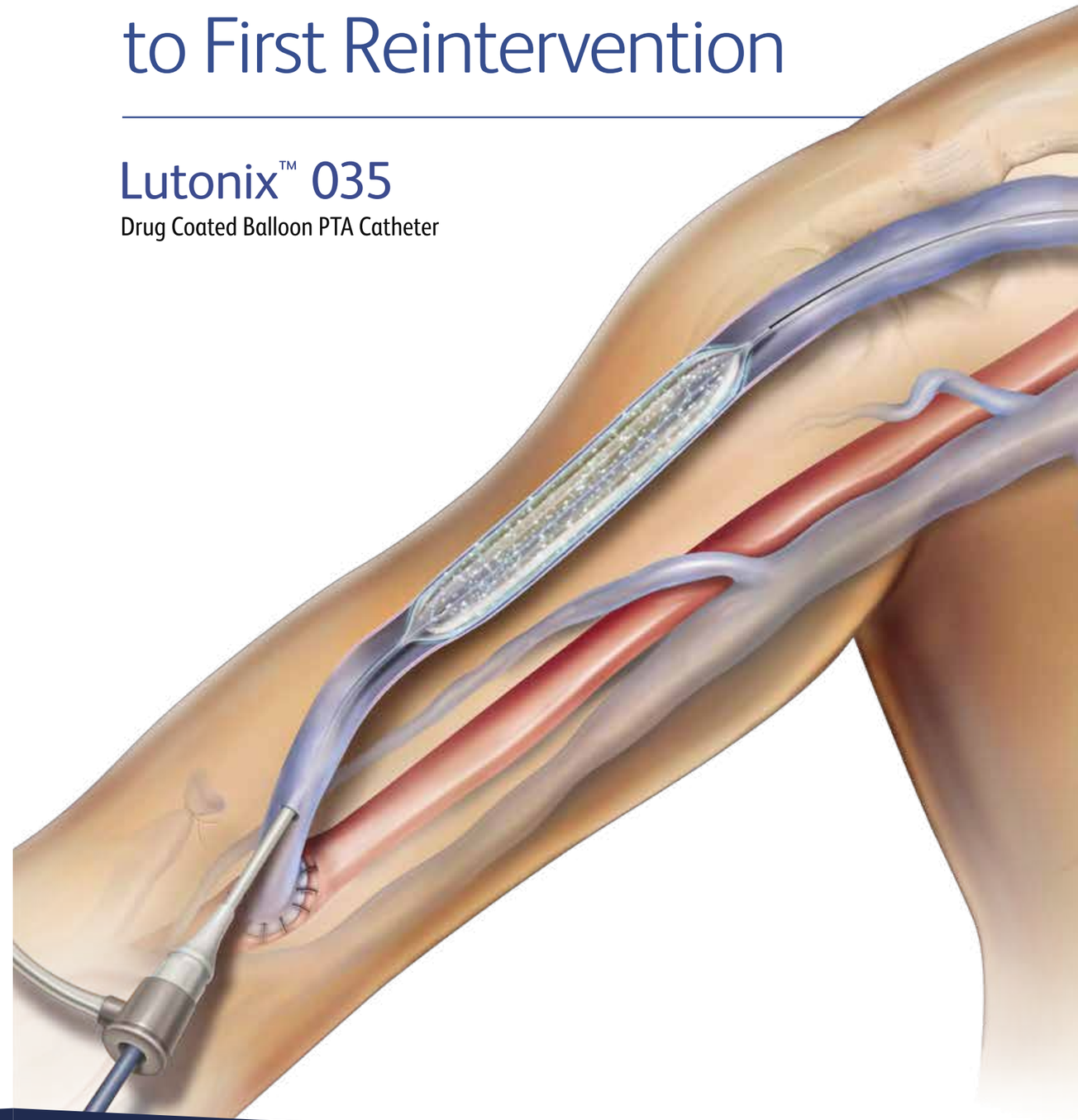
[1] Lutonix™ AV Clinical Trial data on file. N=285. At 6 months, treatment with Lutonix™ 035 DCB resulted in a primary patency rate of 71.4% versus 63.0% with PTA alone. Primary patency defined as ending with a clinically driven re-intervention of the target lesion or access thrombosis. The primary effectiveness 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 6 months were 44 in DCB arm versus 64 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 noninferiority for DCB vs. PTA was met with one-sided p-value of p = 0.0019. Percentages reported are derived from Kaplan-Meier analyses. Mean time to TLPP event for subjects with an event was longer for DCBs (321.8 vs. 207.4 d; p<.0001)

[2] Bench test data on file. Bench results may not be indicative of clinical performance. Different test methods may yield different results. Bard Peripheral Vascular, Inc, Tempe, AZ.

[3] Pre-clinical animal data on file. Animal test results may not be indicative of clinical performance. Different test methods may yield different results. Bard Peripheral Vascular, Inc., Tempe, AZ.

Extended Time
to First Reintervention

Lutonix™ 035
Drug Coated Balloon PTA Catheter



Lutonix™ 035 Drug Coated Balloon PTA Catheter

Indications for Use: The Lutonix™ Catheter is indicated for percutaneous transluminal angioplasty (PTA), after pre-dilatation, for treatment of stenotic lesions of dysfunctional native arteriovenous dialysis fistulae that are 4 mm to 12 mm in diameter and up to 80 mm in length.

Contraindications: 1) Women who are breastfeeding, pregnant or are intending to become pregnant or men intending to father children over the next 2 years. It is unknown whether paclitaxel will be excreted in human milk and there is a potential for adverse reaction in nursing infants from paclitaxel exposure. **2)** Patients judged to have a lesion that prevents complete inflation of an angioplasty balloon or proper placement of the delivery system.

Warnings: A signal for increased risk of late mortality has been identified following the use of paclitaxel-coated balloons and paclitaxel-eluting stents for femoropopliteal arterial disease beginning approximately 2-3 years post-treatment compared with the use of non-drug coated devices. There is uncertainty regarding the magnitude and mechanism for the increased late mortality risk, including the impact of repeat paclitaxel device exposure. Inadequate information is available to evaluate the potential mortality risk associated with the use of paclitaxel-coated devices for the treatment of other diseases/conditions, including this device indicated for use in arteriovenous dialysis fistulae. Physicians should discuss this late mortality signal and the benefits and risks of available treatment options with their patients. **1)** Contents supplied STERILE using ethylene oxide (EO) process. Do not use if sterile barrier is damaged or opened prior to intended use. **2)** Do not use after the "Use by" date. **3)** Do not use if product damage is evident. **4)** The Lutonix™ Catheter is for use in one patient only; do not reuse in another patient, reprocess or resterilize. Risks of reuse in another patient, reprocessing, or resterilization include: · Compromising the structural integrity of the device and/or device failure which, in turn, may result in patient injury, illness or death. · Creating a risk of device contamination and/or patient infection or cross-infection, including, but not limited to, the transmission of infectious disease(s) from one patient to another. Contamination of the device may lead to patient injury, illness or death. **5)** Do not exceed the Rated Burst Pressure (RBP) recommended for this device. Balloon rupture may occur if the RBP rating is exceeded. To prevent over-pressurization, use of a pressure monitoring device is recommended. **6)** Use the recommended balloon inflation medium of contrast and sterile saline (≤50% contrast). Never use air or any gaseous medium to inflate the balloon as this may cause air emboli in case of balloon burst. **7)** This product should not be used in patients with known hypersensitivity to paclitaxel or structurally related compounds as this may cause allergic reaction (difficulty in breathing, skin rash, muscle pain).

Precautions: General Precautions: 1) The Lutonix™ Catheter should only be used by physicians trained in peripheral vascular percutaneous interventional procedures. **2)** Consideration should be given to the risks and benefits of use in patients with a history of non-controllable allergies to contrast agents. **3)** The safety and effectiveness of the Lutonix™ Catheter have not been established for treatment in cerebral, carotid, coronary, or renal vasculature. **4)** The safety and effectiveness of using multiple Lutonix™ drug coated balloons that deliver greater than 7.6 mg paclitaxel in a patient has not been clinically evaluated.

Potential Adverse Events: Potential adverse events which may be associated with a PTA balloon dilation procedure include, but are not limited to, the following: · Additional intervention · Allergic reaction to drugs or contrast medium · Aneurysm or pseudoaneurysm ·Arrhythmias · Embolization ·Hematoma · Hemorrhage, including bleeding at the puncture site · Hypotension/hypertension · Inflammation · Loss of permanent access · Occlusion · Pain or tenderness · Sepsis/infection · Shock · Steel Syndrome · Stroke · Thrombosis ·Vessel dissection, perforation, rupture, or spasm

Although systemic effects are not anticipated, refer to the Physicians' Desk Reference for more information on the potential adverse events observed with paclitaxel.

Potential adverse events, not described in the above source, which may be unique to the paclitaxel drug coating include, but are not limited to, the following: · Allergic/immunologic reaction to the drug coating (paclitaxel) · Alopecia ·Anemia · Blood product transfusion · Gastrointestinal symptoms ·Hematologic dyscrasia (including leukopenia, neutropenia, thrombocytopenia) · Hepatic enzyme changes · Histologic changes in vessel wall, including inflammation, cellular damage, or necrosis · Myalgia/Arthralgia ·Myelosuppression · Peripheral neuropathy

Please consult product labels and instructions for use for indications, contraindications, hazards, warnings and precautions. ℞ only

crbard.com/peripheral-vascular | bd.com

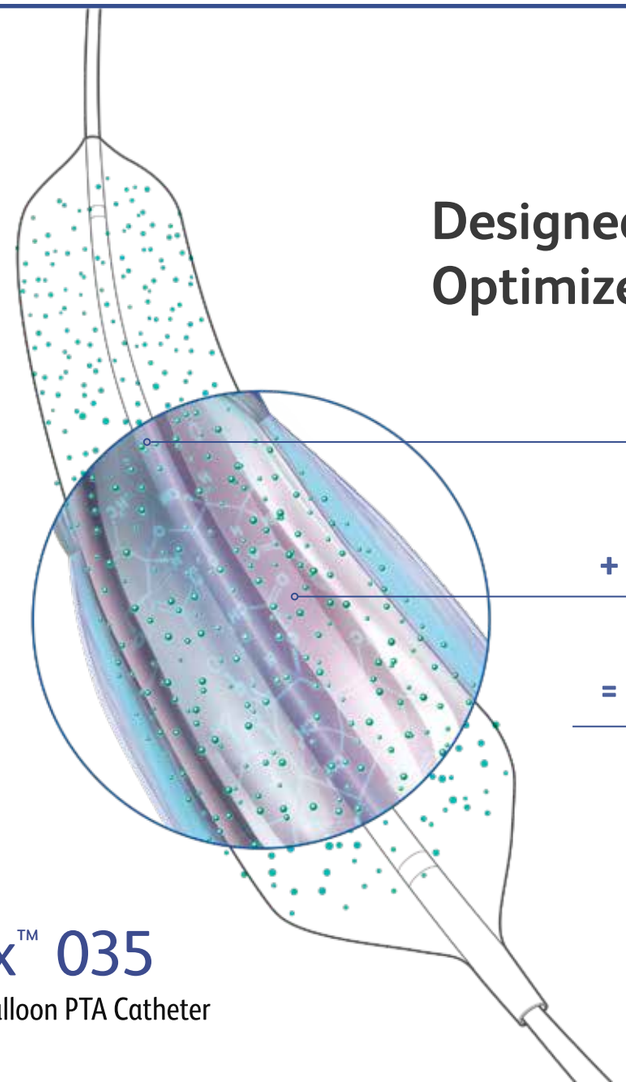
Time to Expect More
from Angioplasty

The Lutonix™ 035 DCB was shown to enable **longer AV fistula function** due to **increased time to first reintervention** compared to standard angioplasty.[1]

OPTIMIZED **DCB DESIGN**

ROBUST **AV TRIAL**

MEASURABLE **OUTCOMES**



OPTIMIZED **DCB DESIGN**

Designed with an **Optimized Coating**

Drug

Lutonix™ 035 DCB drug dose of paclitaxel is 2 µg/mm^2

+ Carrier

Polysorbate and sorbitol

= Coating

Facilitate drug retention and release of therapeutic drug dose at the treatment site

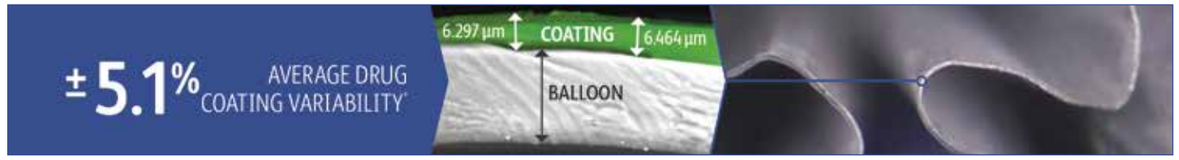
Lutonix™ 035
Drug Coated Balloon PTA Catheter

OPTIMIZED **DCB DESIGN**

Designed to **Deliver Drug Effectively**

Uniformity & **Durability**[1]

- **± 5.1%** average drug coating variability*
- Coating thickness: **6.46 µm**

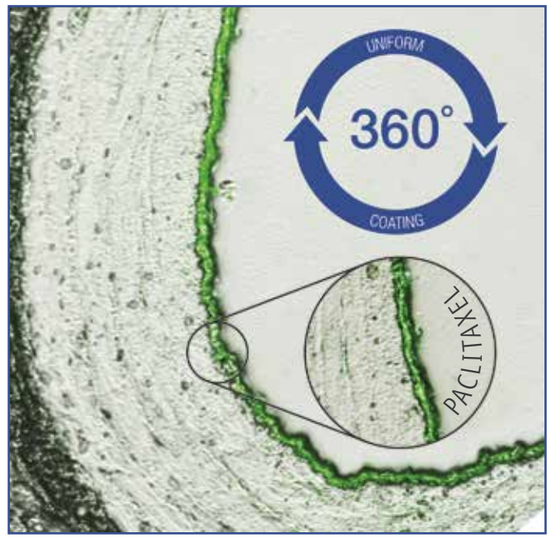


* Bench testing showed that the Lutonix™ 035 catheter's drug coating varied on average up to ± 5.1% per balloon segment relative to total balloon drug coating ratio. Data on file, Bard Peripheral Vascular, Inc. Different test methods may yield different results.

Lutonix™ 035 balloon and coating cross section

Uniformity
During Inflation

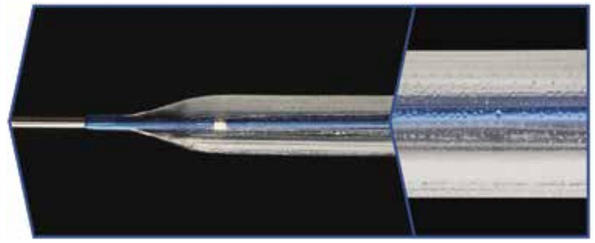
The Lutonix™ 035 DCB has a **consistent coating**, enabling **360° paclitaxel treatment** at the target vessel.



Uniform delivery in-vivo at 1 hour
(animal arterial cross section after 30 seconds of inflation based on pre-clinical studies, may not be indicative of actual clinical performance)

Durability
of the Coating

The Lutonix™ 035 DCB coating is designed to **inhibit restenosis** in the vessel wall while allowing the lumen to **restore and reendothelialize**.[3]



ONLY 0.9% DRUG
ON HEMOSTATIC VALVE
AFTER BALLOON PASSAGE [2]

5F Sheath, 5 x 100 mm Lutonix™ 035 DCB PTA Catheter
(n=10 in an AV model, mean value represented)

Lutonix AV Clinical Trial
Study Design & Procedure Summary

Lutonix AV Clinical Trial Design

Trial Design	Prospective, Global, Multi-Center, Randomized, Core Lab Blinded
Number of Patients/Sites	285 randomized subjects at 23 clinical sites
Treatment Area	Upper extremity stenotic single lesion from the fistula anastomosis to the axillosubclavian junction
Key Inclusion Criteria	Mature fistulae after successful pre-dilatation
Lesion Type	Length ≤ 10 cm, ≥ 50% stenosis, diameter 4-12 mm
Primary Effectiveness Endpoint	Target Lesion Primary Patency (TLPP) - 6 months
Primary Safety Endpoint	Freedom from any serious adverse event(s) involving the AV access circuit through 30 days
Follow Up	1, 3, 6, 9, 12, 18, 24 months

Clinical Trial Procedure Summary

Pre-Dilatation with PTA to Reach ≤ 30% Residual Stenosis
30% of patients received ≥ 25 ATM · 21 ATM mean inflation · 40% of patients received multiple inflations (between 2 and 6 inflations)

▼

Randomization
Patients randomly assigned treatment device

▼

Treatment with Lutonix™ 035 DCB
100% of patients received a single inflation

OR

Treatment with Standard Angioplasty
15.9% of patients received more than one inflation (up to 3 inflations)

▼

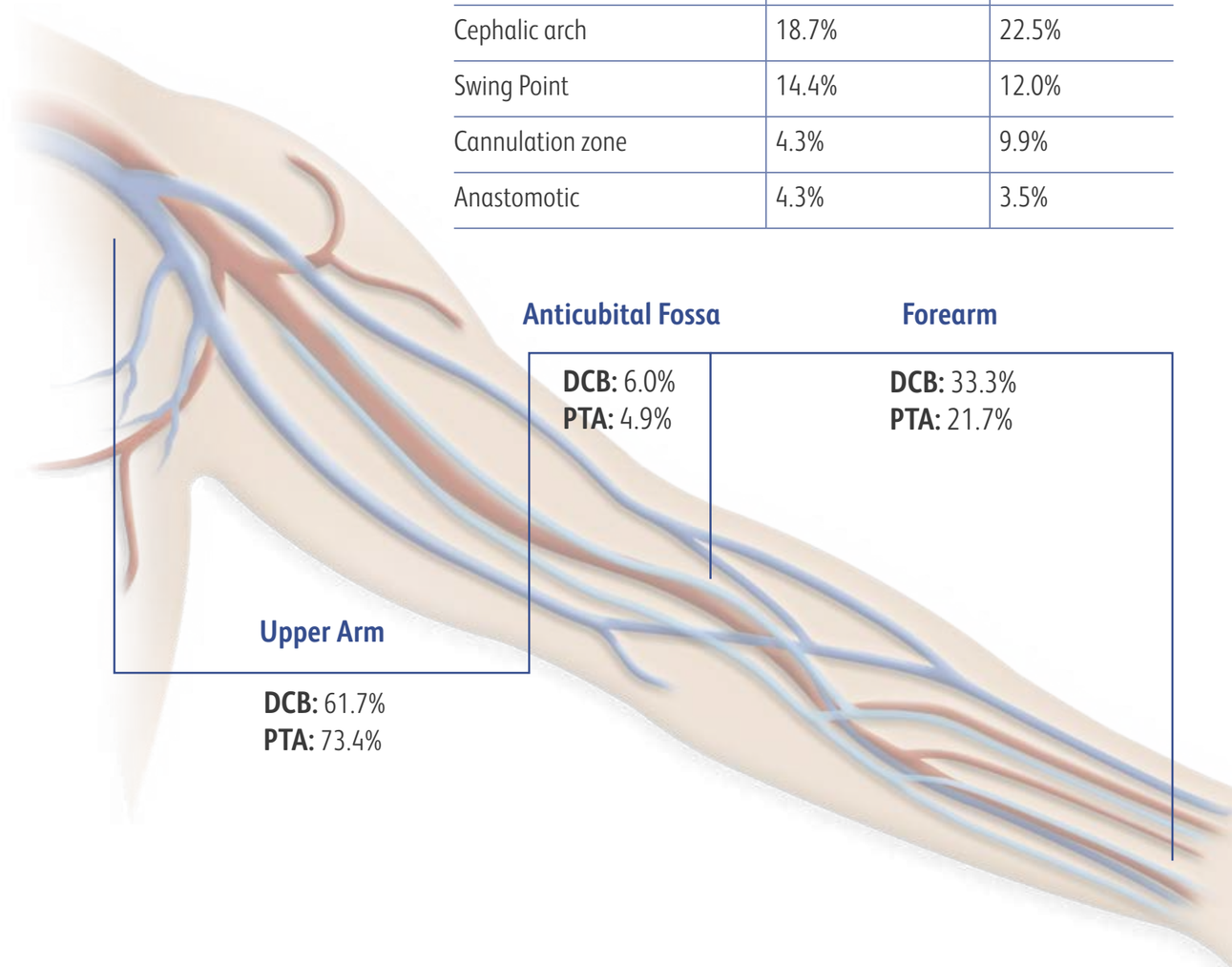
Post-Dilatation as Needed

Lutonix AV Clinical Trial
Patient Demographics

- Both treatment arms were balanced with no significant differences in patient demographics
- **69.5%** of lesions were **restenotic**
- Patients with **previous thromboses** were included
- Patients with **stents** in the access circuit were included
- Patients with **secondary non-target lesions** were included

Fistula Locations

Target Lesion Location	DCB (N=141)	PTA (N=144)
Inflow	33.8%	29.6%
Outflow	24.5%	22.5%
Cephalic arch	18.7%	22.5%
Swing Point	14.4%	12.0%
Cannulation zone	4.3%	9.9%
Anastomotic	4.3%	3.5%

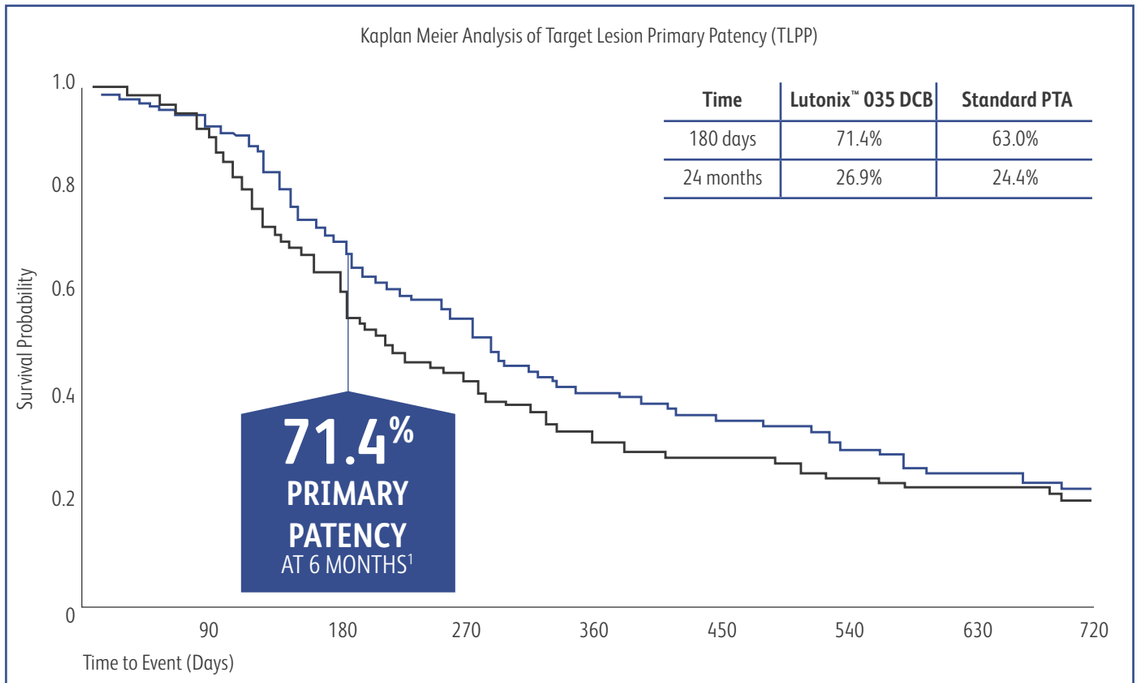


MEASURABLE
OUTCOMES

Lutonix AV Clinical Trial
Measurable Outcomes

Primary Patency

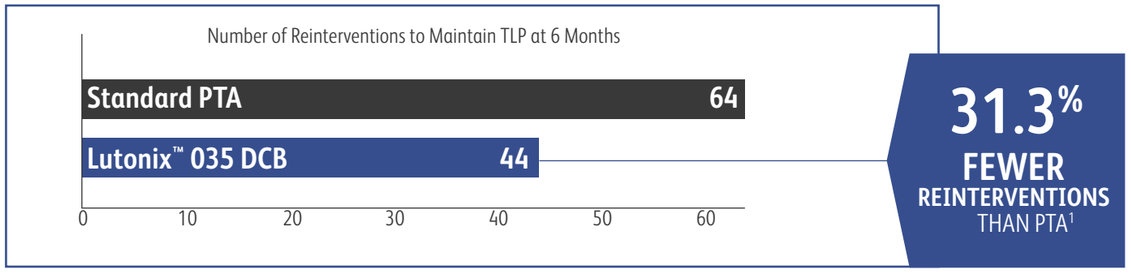
Lutonix™ 035 DCB demonstrated **improved target lesion primary patency** compared to PTA at 24 months



Time	Lutonix™ 035 DCB	Standard PTA
180 days	71.4%	63.0%
24 months	26.9%	24.4%

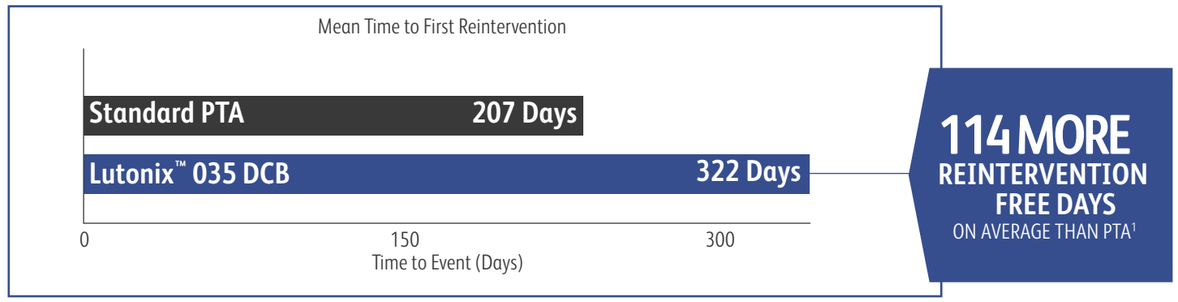
Lutonix™ 035 DCB
Standard PTA

Reinterventions to Maintain TLP at 6 Months



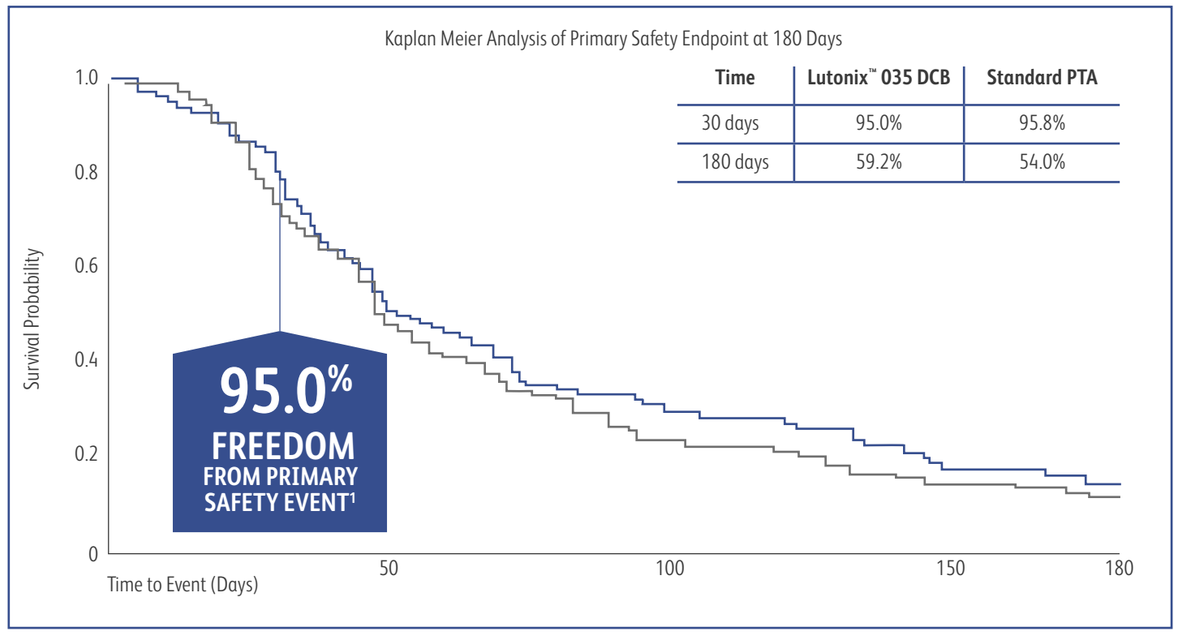
Reintervention Free Days

At 24 months, patients treated with a Lutonix™ 035 Drug Coated Balloon PTA Catheter went an average of **322 days before receiving a target lesion reintervention compared to 207 days** when treated with PTA alone.[1]



Safety

Lutonix™ 035 DCB **met the primary safety endpoint** and demonstrated a safety profile that is as safe as PTA



Time	Lutonix™ 035 DCB	Standard PTA
30 days	95.0%	95.8%
180 days	59.2%	54.0%

Lutonix™ 035 DCB
Standard PTA