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Results Of Revcore For Use In Chronic Deep Vein Stent Occlusion

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PERTINENT DISCLOSURES: INARI MEDICAL

DVT Pathophysiology and Chronic Sequela

Acute DVT
 Thrombus in a deep vein, typically in legs, may only be partly removed by lytic agents and anticoagulation

Inflammation
 Increased endothelial permeability and damage to vein wall

Venous hypertension
 Vein obstructions and narrowed vessel diameter increases pressure

Chronic venous obstruction
 Thrombus undergoes compositional and structural remodeling

Post thrombotic Syndrome
 Symptoms include swelling, pain, itchiness, skin changes, and venous leg ulcers

Purpose-built Toolkit for Venous Occlusions

Treat acute to chronic thrombus ClotRiever Thrombectomy System Launched 2021	ClotRiever BOLD Catheter Launched 2022	Capture clot in the IVC for complex DVT Protrieve Sheath Launched 2022	Treat chronic venous in-stent occlusions RevCore Thrombectomy Catheter Launched 2023	Treat chronic venous occlusions VenaCore Thrombectomy Catheter Launched 2024
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RevCore Thrombectomy Catheter

A single-use, sterile, over-the-wire catheter used for the minimally invasive treatment of thromboemboli in the peripheral vasculature system, including venous stents

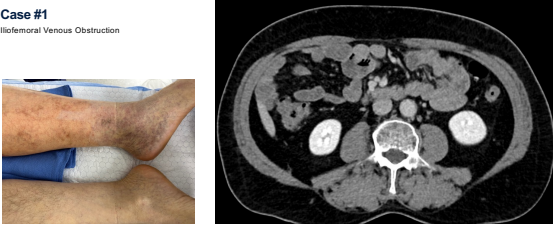
Published Clinical Case Studies

Journal of Vascular Surgery Cases, Innovations and Techniques
 Radiology Case Reports
 American Journal of Interventional Radiology
 Journal of Vascular Surgery Cases, Innovations and Techniques

Mechanical thrombectomy in-stent thrombosis with RevCore thrombectomy system: report of 2 cases
 Abdullah Shaikh MD, et al.

Maintained patency and symptom treatment of recurrent in-stent thrombosis with RevCore thrombectomy system: treatment of chronic left external and common iliac vein stent occlusion
 Anghel G. Maresal, et al.

Case #1
Iliofemoral Venous Obstruction



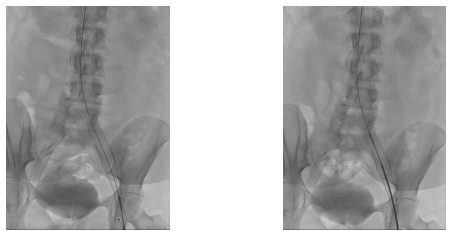
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Case #1
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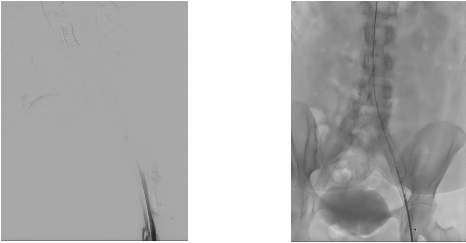
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Using the Device



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Using the Device



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Case Flow

- Ascending Venogram
- Cross
- Place ProTrieve
- Track Dilation
- Exposed Pullback
- Employ Device
- IVUS – Focal Treatment
- Aspirate ProTrieve



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Recent RevCore Study in Review

Objective: Assess the safety and effectiveness outcomes of the novel mechanical thrombectomy catheter for patients with IST and restore stent patency.

Design: Multi-center, retrospective analysis from March 2023 to December 2023

<p>Inclusion Criteria</p> <ul style="list-style-type: none"> • Age ≥ 18 years • Iliofemoral IST with at least 1 VLU • Treated using the RevCore thrombectomy catheter at 1 of 4 enrolling centers between March 2023 and November 2023 	<p>Endpoints</p> <ul style="list-style-type: none"> • Primary endpoint: postprocedural effective diameter ≥ 50% • Secondary endpoints: 30-day device-related major adverse events (MAEs) <ul style="list-style-type: none"> ◦ Mortality ◦ Vessel perforation ◦ Readmission ◦ Clinically significant pulmonary embolism
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Study Population: 44 patients with 12 VLUs secondary to IST treated using the RevCore thrombectomy catheter

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Baseline Characteristics

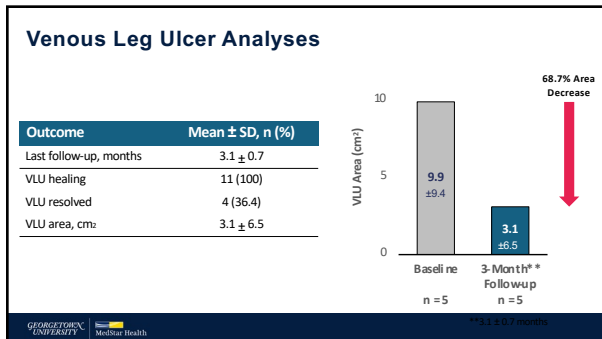
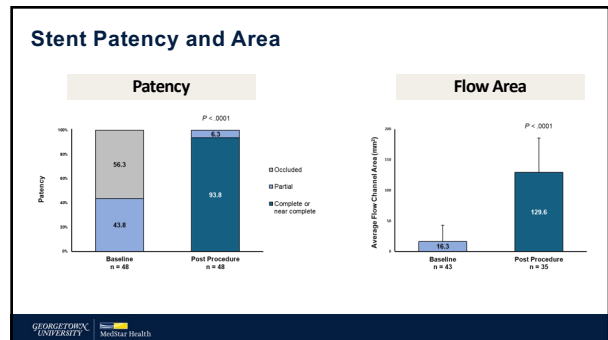
Characteristic	Patient N = 44 Mean ± SD, n (%), median [IQR]
Age (years)	54.8 ± 17.1
Female	23 (52.3%)
Bilateral IST	4 (9.1%)
Treated limbs	N = 48
IST Symptom duration, weeks	8.0 [2.0-104.0]
CEAP C6 disease	7 (14.6)
Treated stents	N = 65
Average effective diameter, %	20.2 ± 26.4
Average inner lumen area, mm ²	14.6 ± 25.2

Procedural Data

Characteristic	Procedure N = 46 Mean ± SD, n (%), median [IQR]
Thrombus removed, %	90 [60-90]
Thrombectomy time, min	28.8 ± 13.5
Chronic thrombus extracted	28 (84.8%)
Treated stents	N = 65
Postprocedural effective diameter ≥50%	65 (100%)
Postprocedural average effective diameter, %	90.0 ± 9.7
Postprocedural average inner lumen area, mm ²	128.1 ± 56.3
Stent migration or entanglement	0 (0%)

Safety Outcomes

Outcomes	Patient N = 44 Median [IQR], n(%)
Time to first follow-up, days	40.0 [29.0-62.5]
Mortality	0 (0%)
Readmission	0 (0%)
Pulmonary embolism	0 (0%)
Vessel Perforation	0 (0%)



RevCore for Treatment of In-Stent Thrombosis

A Real-world, Multicenter, Prospective Registry

Global Co-PIs: Karem Harth, MD & Ronald Winokur, MD
Steering Committee: Steven Abramowitz, MD, Ryan Cobb, MD, Michael Lichtenberg, MD, Abdullah Shalikh, MD

100 PATIENTS | 30 US SITES
Patients with a thrombosed venous stent placed >6 weeks before enrollment

#1 PRIMARY ENDPOINT
Successful stent recanalization (defined as patency ≥50% luminal diameter), post-procedure utilizing intravascular ultrasound

#2 SECONDARY ENDPOINTS
Device-related serious adverse events adjudicated by a clinical events committee through 30 days for mortality, clinically significant pulmonary embolism, vessel perforation, stent fracture/migration, rethrombosis

Imaging at 30-day, 6-month, and 1-year

- Presence of flow
- Recanalization of patency

Clinical outcomes at 30-day, 6-month, and 1-year

- Clinical-Etiology-Anatomy-Pathophysiology (CEAP) score
- Villalta score
- Quality of life with EQ-5D-5L

Conclusions on RevCore for In-stent Thrombosis

- RevCore remains the only FDA-cleared device designed for in-stent thrombosis
- Promising efficiency and clinical outcomes. As with any device, more experience provides more learnings
- REVIT study (NCT06394739) is enrolling