



VEITH SYMPOSIUM
Connecting The Vascular Community



Xeltis Vascular aXess Graft:
Update on the US IDE Pivotal Study

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November 23rd 2024

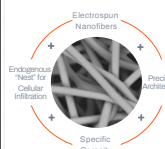


Disclosure statement

National PI of the aXess IDE trial

Xeltis' vascular access conduit for hemodialysis driven by a revolutionary advancement in novel polymer technology

Precise electrospinning

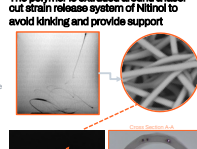


Endogenous "Nest" for Cellular Infiltration

Specific Porosity

Porous conduit design allows for patient's cells to infiltrate and generate healthy response

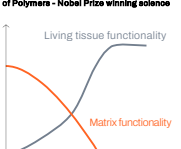
The polymer is extruded around a laser cut strain release system of Nitinol to avoid kinking and provide support



Endogenous "Nest" for Cellular Infiltration

Specific Porosity

Supramolecular chemistry creating novel class of Polymers - Nobel Prize winning science



Living tissue functionality


Matrix functionality

Polymer degradation and new tissue creation go hand in hand

Exclusively to Xeltis

The aXess AV dialysis access conduit
Enabling the body to create its own vessel

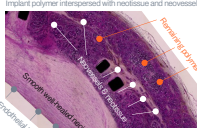
From an arteriovenous Implant...



Endogenous Tissue Restoration (ETR)

... to a living natural conduit

14 months follow-up in human



Implant polymer interspersed with neotissue and neovessels

Endothelial layer

Smooth muscle layer

Intimal layer

Extracellular matrix

Remnant polymer

FDA Breakthrough device designation granted in November 2024

Over time aXess becomes like a native vessel

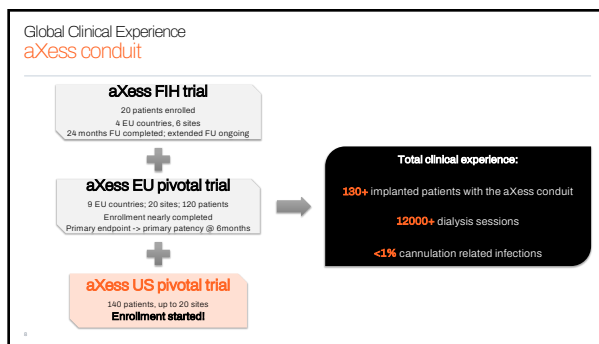
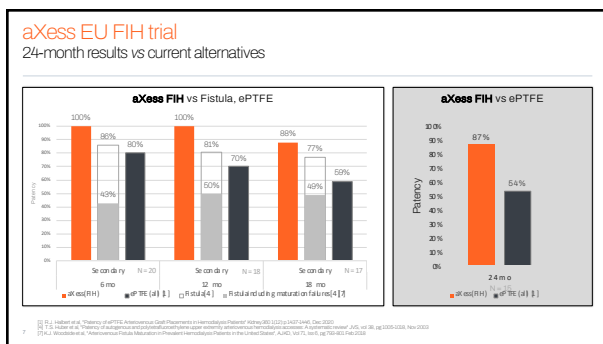


“At 6 months, the aXess conduit is soft and flexible, very similar to a native vessel.”

Dr. Jan de Letter
Vascular Surgeon, AZ Sint-Jan Brugge, Belgium

ePTFE grafts vs The aXess conduit

ePTFE grafts	aXess conduit
<ul style="list-style-type: none"> • Small pores • Limited cell ingrowth • Biofilm formation • No remodeling • No neointima / endothelization 	<ul style="list-style-type: none"> • Large pores • Significant cell ingrowth • No biofilm formation • Positive remodeling with neotissue and neovessels development • Neointima formation and evidence of endothelization



aXess US Pivotal trial

Study overview

Study scope

- Subjects aged 18 and above
- end-stage kidney disease (or starting HD within 6 months)
- unsuitable for fistula creation (in target extremity)

Stage 1: up to 20 subjects and 5 sites
Results of the first 10 subjects will be assessed at 6mo by the DSMB. If there are no safety concerns,

Stage 2: up to 120 subjects and 20 sites

Assessed at baseline, day of procedure, 1, 3, 6, 12, 18, 24, 36, 48, and 60 months

Primary endpoints

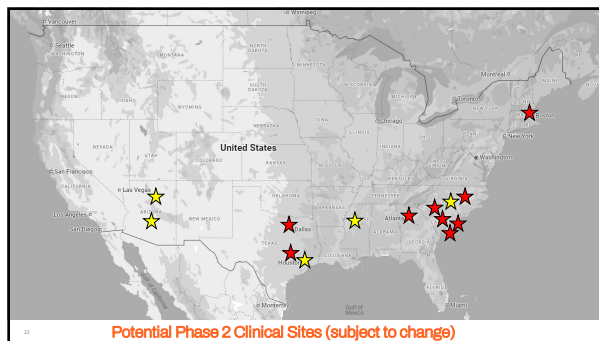
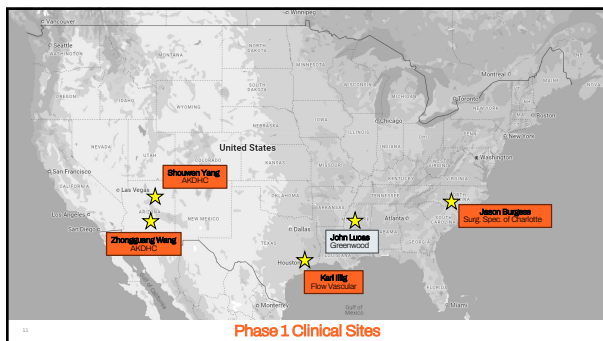
- Rate of device related infections and bleeding at 12 months
- Secondary patency rate at 12 months in survivors

aXess US Pivotal trial

Study design

- 1 US IDE, Pivotal trial
- 2 Multi-center, prospective, single-arm, non-randomized, staged
- 3 Up to 20 centers within the US
- 4 Approximately 140 subjects in total
- 5 Full study follow-up – 5 years


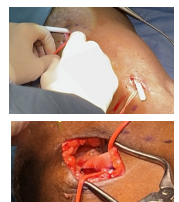

XELTIS



aXess US Pivotal trial
First patient enrolled on Nov 11th 2024





aXess US Pivotal trial
Second patient enrolled on Nov 18th 2024



aXess US Pivotal trial
Conclusion

- **The aXess conduit has the potential to combine** short term benefits of an AVG with long term benefits of an AVF.
- **Significant clinical experience in Europe.** 130+ patients implanted.
- **aXess US Pivotal trial stage 1 has started enrolling** expecting completion in Q1 2025.
- **US experience will be added to the EU study** add further evidence and strengthen results.



Thank you!
John F. Lucas III



SAVE *The* DATE
2025 PRACTICUM
May 16-17, 2025
Washington University
St. Louis, Missouri



Access Excellence.