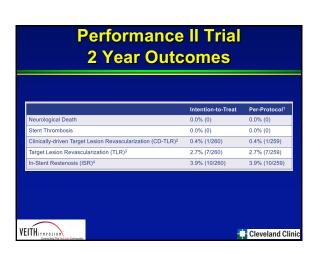
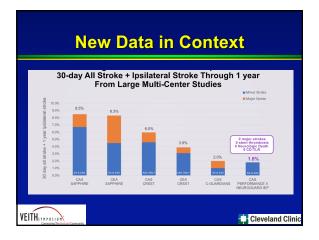


Performance II Trial 30 Day and 1 Year Outcomes					
N=305 I	Intention-to-Treat		Per-Protocol ¹		
Minor stroke 1	1.31% (4) 1.31% (4) 0.0% (0)		0.98% (3) 0.98% (3) 0.0% (0)		
All Stroke - Asymptomatic Patients 0	0.81% (2)		0.81% (2)		
All Stroke - Contralateral	0.0% (0)		0.0% (0)		
n=270	1	Intention-to-Treat	Per-Protocol		
30 Day Death/Stroke/MI + Ipsilateral Stroke between D to 12 Months)ay 31 💠	2.67% (8)	2.33% (7)		
Ipsilateral Stroke, day 31 to 12 months Minor stroke Major stroke		0.37% (1) 0.37% (1) 0.0% (0)	0.37% (1) 0.37% (1) ¹ 0.0% (0)		
30 Day All Stroke + Ipsilateral Stroke Day 31 to 12 mor	nths	1.68% (5)	1.34% (4)		
Neurological Death		0.0% (0)	0.0% (0)		
CD-TLR Target Lesion Revascularization		0.0% (0) 1.47% (4)	0.0% (0) 1.47% (4)		
CD-TLR: Any wwascularization procedure of the original treatment tabe associated with nem heli index-procedure. One Minor Strokke Between ID No Major Strokke s No Neurological Deat	Day 31 ar at One Ye	nd 12 Months ear			
P 0 S I U M excine The Vescular Conversity			C		

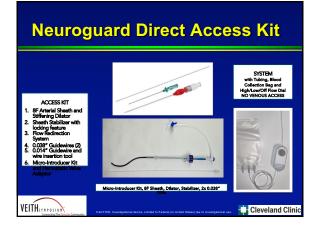




PERFORMANCE III IDE Study Neuroguard IEP[®] Direct Access

Objective	To evaluate the safety and effectiveness of direct carotid access using the Neuroguard IEP® Direct Access System in subjects at elevated risk for adverse events following carotid endarterectomy (CEA).
Study Design	A prospective, multi-center, single-arm study at up to 30 sites
Patient Population	Symptomatic and asymptomatic patients requiring carotid revascularization who are at high risk for complications from carotid endarterectomy (CEA)
Sample Size	Approximately 229 subjects; up to 80 lead in subjects and 149 pivotal subjects
Primary Endpoint	Composite 30-day rate of Major Adverse Events (MAE), defined as the cumulative incidence of all stroke, myocardial infarction (MI) or death within 30 days of the index procedure
Principal Investigators	Sean Lyden, MD; D. Christopher Metzger, MD;
ITH	Cleveland C





Neuroguard IEP Direct System			
Advantages of Neuroguard IEP Direct System			
Mintegrated filter = double protection (40-micron filter and flow reversal)			
M Integrated angioplasty balloon for stent post-dilation = fewer procedural steps			
Closed cell stent with optimized flexibility and radial strength			
No venous access			
Slexible sheath with pre-formed curve, 8F ID and 9.5 F OD			
VEITH Cleveland Clinic			



