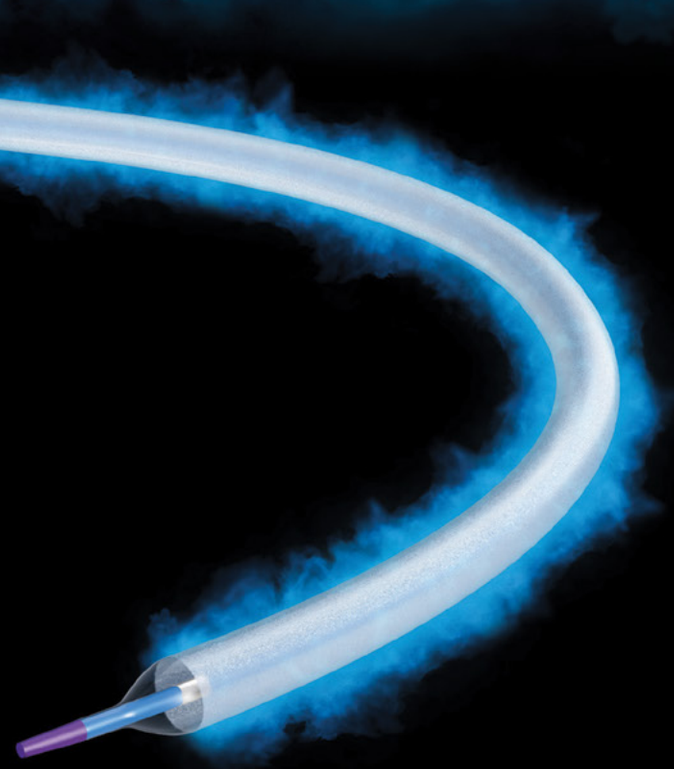
Boston Scientific
Advancing science for life™

RANGER™ Paclitaxel-Coated PTA Balloon Catheter

Exceptional Outcomes. Effortless Deliverability.

RANGER™

Drug-Coated Balloon



Exceptional Outcomes:

NEARLY 90%

Ranger demonstrated consistent results with nearly 90% patency at 12-months in the RANGER II SFA and COMPARE Trials[1]

Effortless Deliverability:

Ranger is built on the .018" Sterling™ Balloon Platform with .018"/.014" guidewire compatibility and the lowest tip entry profile[7]

Efficient Drug Transfer:

1 hour

TransPax™ is a next generation coating that efficiently transfers drug into the tissue, resulting in patency near 90% at 12-months[1] while reducing downstream particulates[9] and systemic drug exposure for the patient[10]

Exceptional Outcomes

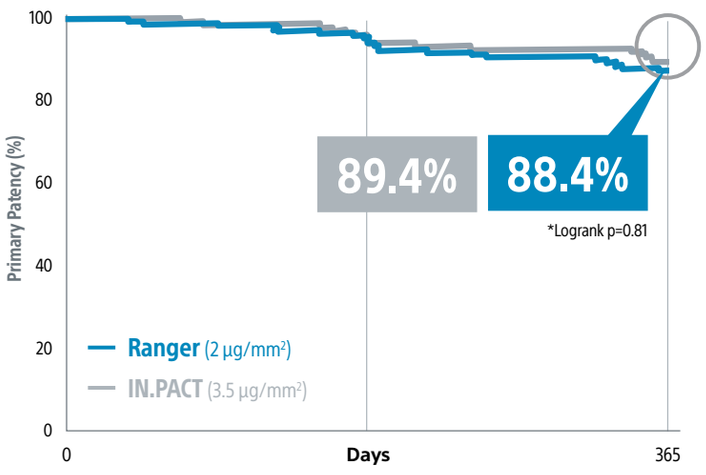
Ranger™ DCB demonstrated consistent results with nearly 90% patency at 12-Months in the RANGER II SFA and COMPARE Trials[1]

COMPARE Clinical Trial[2]

World's First Head-to-Head Prospective, RCT (1:1) comparing low dose Ranger Drug-Coated Balloon to higher dose IN.PACT™ Drug-Coated Balloon.

Ranger demonstrated similar primary patency as IN.PACT with half the total drug dose[3] at 12-months

12-MONTH PRIMARY PATENCY KAPLAN-MEIER ESTIMATE



Ranger n=207 **IN.PACT** n=207

The average Target Lesion Length in the COMPARE Trial was ~126 mm

At 24 months, Ranger also had similar primary patency as IN.PACT[4] with half the total drug dose[3]

*Logrank p-value compares the entire K-M curves from time zero to full 1-year follow-up window.

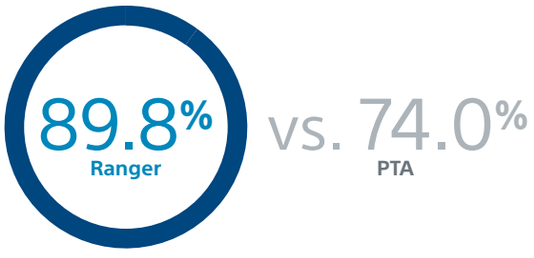
1. COMPARE Clinical Trial 12-Month Results presented by Sabine Steiner, MD. LINC 2020. K-M Primary Patency = 88.4%. RANGER II SFA Pivotal Trial 12-Month Results presented by Marianne Brodmann. LINC 2020. K-M Primary Patency = 89.8%.
2. COMPARE Clinical Trial 12-Month Results presented by Sabine Steiner, MD. LINC 2020. 12-Month Primary Endpoints: Binary Primary Patency = 83.0% for Ranger DCB and 81.5% for IN.PACT DCB ($P_{non\text{-}inferiority}$ <0.01). Freedom from Major Adverse Events = 91.0% for Ranger DCB and 92.6% for IN.PACT DCB ($P_{non\text{-}inferiority}$ <0.01).
3. Based on total drug dose for 4mmx60mm or averages for full size matrix per the IN.PACT™ Admiral™ Drug-Coated Balloon Instructions for Use, www.medtronic.com and the Ranger™ Paclitaxel-Coated PTA Balloon Catheter Instructions for Use.
4. Results from the 150-patient COMPARE-1 Pilot phase. LINC 2019. 75% Ranger Patency (n=62) vs. 77% IN.PACT Patency (n=61) at 24 months. K-M estimate, p= 0.57 (logrank test).
5. RANGER II SFA Pivotal Trial 12-Month Results presented by Marianne Brodmann. LINC 2020. 12-Month Primary Endpoints: Binary Primary Patency = 82.9% for Ranger DCB and 66.3% for PTA (p= 0.0017). Freedom from Major Adverse Events = 94.1% for Ranger DCB and 83.5% for PTA ($P_{non\text{-}inferiority}$ <0.0001).

RANGER™ II SFA Pivotal Trial[5]

Prospective, Multi-Center, Randomized Controlled Trial. Ranger Drug-Coated Balloon vs. Uncoated Balloon (3:1). Follow-up through 5 years.

12-MONTH PRIMARY PATENCY KAPLAN-MEIER ESTIMATE

*Logrank p = 0.0005.



Key Baseline Characteristics	Ranger	PTA	p-value
Age	70.6	69.1	0.189
Current/Former Smoker*	85.3%	84.7%	0.019
Diabetic	42.4%	43.9%	0.806
Target Lesion Length (mm)**	82.5	79.9	0.655
Moderate/Severe Calcium***	47.8%	62.2%	0.73

Ranger n=278 **PTA** n=98

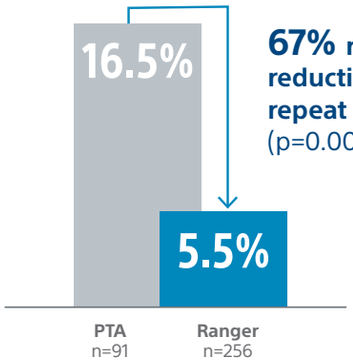
* Current smokers: Ranger 31.3%, PTA 45.9%, p-value=0.009. Previous smokers: Ranger 54.0%, PTA 38.8%, p-value=0.010

** Core lab

*** PACSS Grade 3/4 may be considered similar to moderate/severe calcification. Grade 3: 36.3% Ranger, 52.0% PTA, p=0.006, Grade 4: 11.5% Ranger, 10.2% PTA, p=0.724

Ranger demonstrated significantly lower CD-TLR and no difference in mortality vs. PTA at 12-months

CLINICALLY DRIVEN TLR



67% relative reduction in repeat procedures (p=0.0011)

12-month all-cause mortality:
Ranger 1.9% (n=260[3]) vs. PTA 2.1% (n=92[2]), p=0.8794[2]

Effortless Deliverability

Ranger™ DCB is built on the market-leading .018" Sterling™ Balloon Platform[6]

Ranger has the lowest tip entry profile[7] with .014"/.018" guidewire compatibility

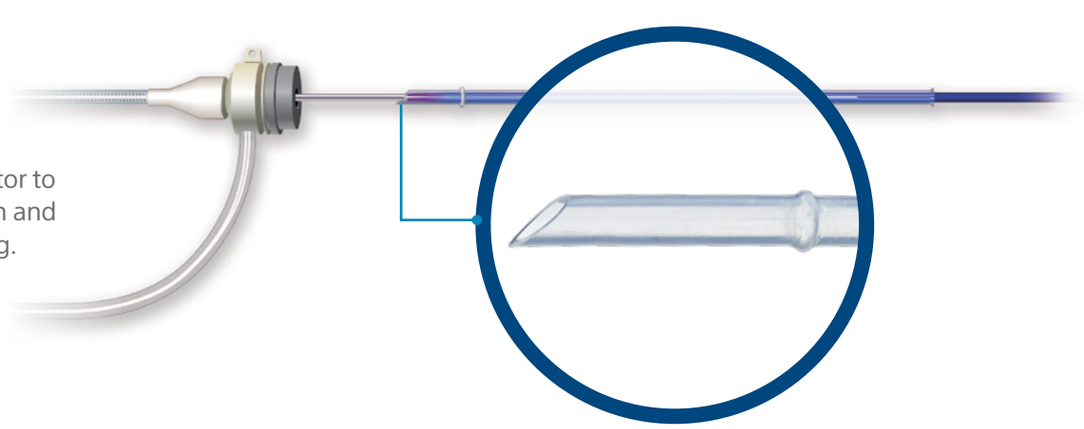
Ranger pictured over .014" guidewire

Ranger DCB has a comprehensive matrix and is compatible with pedal access[8]

Ranger Matrix	40 mm	60 mm	80 mm	100 mm	120 mm	150 mm	200 mm
4 mm	5F	5F	5F	5F	5F	5F	5F
5 mm	5F	5F	5F	5F	5F	5F	5F
6 mm	5F	5F	5F	5F	5F	5F	5F
7 mm	6F	6F	6F	6F	6F	6F	6F

Over-the-wire catheter with working lengths of 80 cm, 90 cm, 135 cm and 150 cm

Ranger's Proprietary Loading Tool serves as the balloon and drug protector to help prevent drug loss during insertion and limit a physician's exposure to the drug.

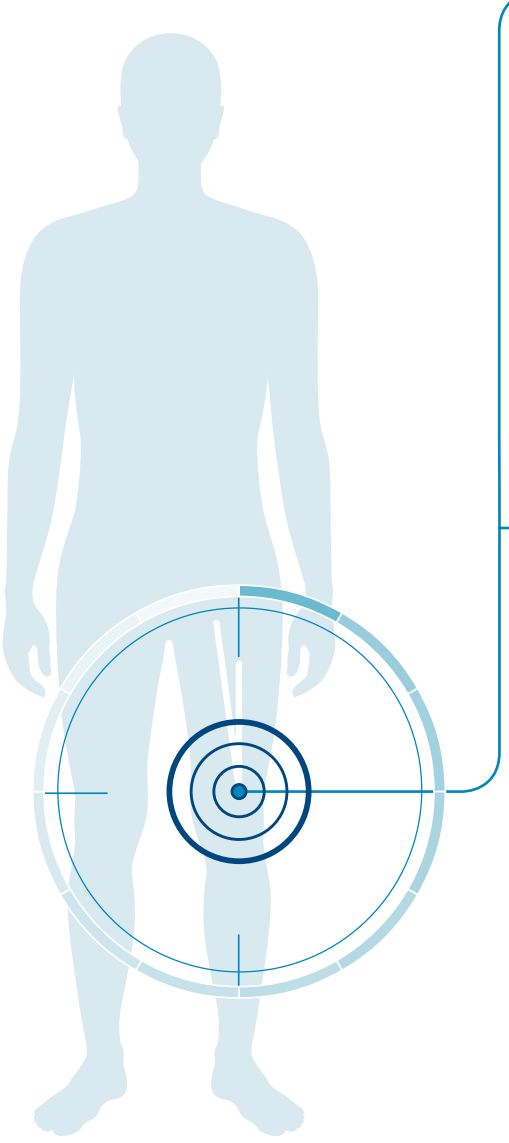


6. DRG data, CY 2019, 0.018" PTA Balloons.
7. Boston Scientific Data on File. Ranger Catheter Competitive Testing Report, 92517674. Measurements taken from 6 x 120 devices for Ranger DCB, Lutonix™ 035 DCB, IN.PACT Admiral DCB and Stellarex™ 035 DCB. Lutonix 018 DCB measurements taken from 6 x 120 devices.
8. Boston Scientific Data on File. Ranger Catheter Competitive Testing Report, 92517674. Ranger diameters ≤6mm, testing done with Terumo GLIDESHEATH SLENDER™ 5F.

Efficient Drug Transfer

TransPax™ reduces downstream particulates[9] and systemic drug exposure for the patient[10]

TransPax (Citrate Ester + Low Dose Paclitaxel*) is a next generation coating that efficiently transfers drug into the tissue, resulting in patency near 90% at 12-months[1]



TransPax is LIPOPHILIC
(loves fatty lesion tissue)

Enables targeted and efficient delivery of low dose paclitaxel into the lesion

90%

HIGH PATENCY[1]

Ranger demonstrated near 90% primary patency at 12-months in both COMPARE and RANGER II SFA

TransPax is HYDROPHOBIC
(repels water)

Protects the drug from dissolving in blood prior to deployment and limits drug waste

REDUCED DOWNSTREAM PARTICULATES[9]

As published in JACC CI, Ranger had the least amount of downstream particulates

1 hour

LOW SYSTEMIC DRUG EXPOSURE[10]

In the Ranger II SFA PK Substudy, within one hour the majority of patients, 11 out of 12, had no measurable levels of paclitaxel in their bloodstream

*Drug dose density = 2 µg/mm²

9. Gongora et al. Comparative Drug-Coated Balloon Study. JACC Cardiovasc Interv. 2015 doi.org/10.1016/j.jcin.2015.03.020
10. RANGER II SFA PK Substudy presented by Ravish Sachar, MD. VIVA 2019. At one hour 11 out of 12 patients had no measurable levels of paclitaxel in their bloodstream. At three hours the 12th patient had no measurable levels of paclitaxel in their bloodstream. The limit of quantification was defined as <1 ng/ml.

TWO DRUG-ELUTING SOLUTIONS. ONE TRUSTED PARTNER.

THE ONLY COMPANY WITH HEAD-TO-HEAD RCTs

Eluvia™ Drug-Eluting Stent and Ranger™ Drug-Coated Balloon are the only PAD devices backed by Level-1, Head-to-Head, Randomized Controlled Trials that demonstrate exceptional outcomes with differentiated technology – helping physicians make better, data-driven treatment decisions with a best-in-class drug-eluting portfolio.

RANGER DRUG COATED BALLOON

CAUTION: Federal law (USA) restricts this device to sale by or on the order of a physician. Rx only. Prior to use, please see the complete "Instructions for Use" for more information on Indications, Contraindications, Warnings, Precautions, Adverse Events, and Operator's Instructions.

WARNING: A signal for increased risk of late mortality has been identified following the use of paclitaxelcoated 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 coated device exposure. Physicians should discuss this late mortality signal and the benefits and risks of available treatment options with their patients. See Section 8.1 (in the eIFU) for further information. INTENDED USE / INDICATIONS FOR USE: The Ranger Drug Coated Balloon (DCB) is indicated for percutaneous transluminal angioplasty (PTA) of de novo or restenotic lesions up to 180 mm in length located in native superficial femoral and proximal popliteal arteries (SFA/PPA) with reference vessel diameters of 4 mm to 7 mm. **CONTRAINDICATIONS:** Use of the Ranger DCB is contraindicated in: • Patients with known hypersensitivity to paclitaxel (or structurally-related compounds). • Patients who cannot receive recommended antiplatelet and/or anticoagulation therapy. • Women who are breastfeeding, pregnant, or men intending to father children. • Patients judged to have a lesion that prevents complete inflation of an angioplasty balloon or proper placement of the delivery system. • Coronary arteries, renal arteries, and supra-aortic/cerebrovascular arteries. **WARNINGS:** • To reduce the potential for vessel damage, the inflated diameter of the balloon should approximate the diameter of the vessel segment to be treated. The inflated length of the balloon (shoulder to shoulder) may exceed the length of the lesion/stenosis by approximately 10 mm on either side within the targeted artery. • The safety of using multiple Ranger DCBs with a total drug dosage exceeding 9266 µg of Paclitaxel in a patient has not been studied. • Using a drug-eluting stent in conjunction with Ranger DCB at the same treatment site has not been studied. **PRECAUTIONS:** • The balloon catheter should be used only by physicians trained in the performance of percutaneous transluminal angioplasty. • The balloon catheter should be used with caution for procedures involving calcified lesions due to the abrasive nature of these lesions. • The balloon catheter is not intended for injection of contrast medium. • Full arterial wall apposition of the Ranger DCB is necessary for proper drug transfer to the vessel. • Do not touch, wipe, bend, or squeeze the balloon. Do not allow it to contact any liquids including organic solvents such as alcohol or detergents prior to insertion. Damage to the balloon coating or premature release of the drug may occur. • This product should not be used in patients with uncorrected bleeding disorders or patients who cannot receive anticoagulation or antiplatelet aggregation therapy. • If treating a long lesion (longer than the maximum balloon length available), each individual segment should be treated only once with a drug-coated balloon. Treat each segment with a new balloon and minimize overlapping of treated segments. **Pregnancy / Lactation** This product has not been tested in pregnant or breastfeeding women or in men intending to father children; effects on the developing fetus have not been studied and the risks and reproductive effects remain unknown. It is not recommended that the Ranger DCB be used in women attempting to conceive, or who are pregnant. Prior to use, careful consideration should be given to the continuation of breastfeeding, taking into account the importance of the procedure to the mother. It is not known whether paclitaxel is distributed in human milk. In lactating rats, milk concentrations appeared to be higher than maternal plasma levels and declined in parallel with the maternal levels. Mothers should be advised of the potential for serious adverse reactions to paclitaxel in nursing infants. **Drug Information** The mechanism of action by which paclitaxel reduces or reverses neointima formation and proliferation, leading to restenosis, as demonstrated in clinical studies has not been established. It is known that paclitaxel promotes the assembly of microtubules from tubulin dimers and stabilizes microtubules by preventing depolymerization. This stability results in the inhibition of the normal dynamic reorganization of the microtubule network that is essential for vital interphase and mitotic cellular functions. **Drug Interaction** Possible interactions of paclitaxel with concomitantly administered medications have not been formally investigated. Drug interactions of systemic chemotherapeutic levels of paclitaxel with possible concomitant medications are outlined in the labeling for finished pharmaceuticals containing paclitaxel, such as TAXOL™. **Carcinogenicity, Genotoxicity, and Reproductive Toxicology** No long-term studies in animals have been published in peer-reviewed literature to evaluate the carcinogenic potential of paclitaxel. Paclitaxel interacts with microtubules; this is the major mechanism by which it inhibits cell growth. One consequence is the loss of whole chromosomes via interactions with spindle microtubules during cell division. As such, paclitaxel is defined as an aneugen (agent causing an alteration in chromosome number). This indirect action is consistent with positive responses in in vitro and in vivo micronucleus genotoxicity assays, which detect DNA fragments. Positive results have also been reported for chromosomal aberrations in primary human lymphocytes. It is not known whether paclitaxel has a separate direct action on DNA in the generation of DNA strand breaks or fragments. It is negative in assays for gene mutation, including salmonella and CHO/HPRT. Paclitaxel administered via IV prior to and during mating produced impairment of fertility in male and female rats at doses >1 mg/kg. Administration of paclitaxel during the period of organogenesis to rabbits at doses of 3 mg/kg/day caused embryo- and fetotoxicity. Maternal toxicity was also observed at this dose. No teratogenic effects were observed at 1 mg/kg/day; teratogenic potential could not be assessed at higher doses due to extensive fetal mortality. For comparison, the worst-case dose of paclitaxel delivered by the Ranger DCB (assuming maximum size and number of balloons used in a lesion) is 9266 µg, which is approximately 6 and 19 times less than the dose that saw effects in rats and rabbits, respectively, when normalizing to body weight. **Pre and Post Procedure Antiplatelet Therapy** It is strongly advised that the treating physician follow the Inter-Society Consensus (TASC II) Guidelines recommendations (or other applicable country guidelines) for antiplatelet therapy pre- and postprocedure. **ADVERSE EVENTS:** Potential adverse events include, but are not limited to, the following: • Allergic reaction (device, contrast medium, medications) • Arteriovenous fistula • Death • Hematoma • Hemorrhage/Bleeding • Hypotension/Hypertension • Infection/Sepsis • Pseudoaneurysm • Thromboembolic episodes • Vascular thrombosis • Vessel injury (e.g., dissection, perforation, rupture) • Vessel occlusion • Vessel spasm Potential adverse events not captured above that may be unique to the paclitaxel drug coating: • Allergic/immunologic reaction to drug (paclitaxel or structurally-related compounds) or coating or its individual components • 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 • Peripheral neuropathy Apart from hypersensitivity reactions (allergic/immunologic reactions), the likelihood of paclitaxel related adverse events is low, due to the low exposure. There may be other potential adverse events that are unforeseen at this time. **92618589 B.3**

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