

**RANGER™** Paclitaxel-Coated PTA Balloon Catheter

**Exceptional Outcomes.  
Effortless Deliverability.**



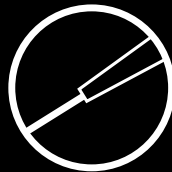
# RANGER™

Drug-Coated Balloon



## Exceptional Outcomes:

Ranger demonstrated consistent results with nearly 90% patency at 12-months in the RANGER II SFA and COMPARE Trials<sup>1</sup>



## Effortless Deliverability:

Ranger is built on the .018" Sterling™ Balloon Platform with .018"/.014" guidewire compatibility and a low tip entry profile



## Efficient Drug Transfer:

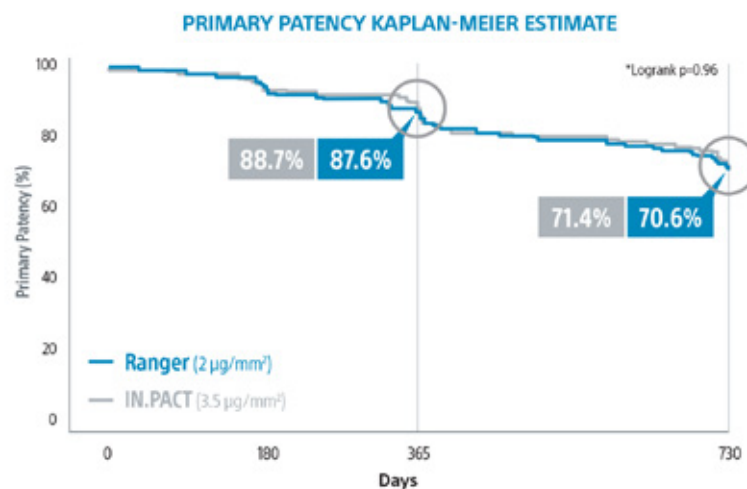
TransPax™ is a next generation coating that efficiently transfers drug into the tissue, resulting in patency near 90% at 12-months<sup>1</sup> while reducing downstream particulates<sup>9</sup> and systemic drug exposure for the patient<sup>10</sup>

# Exceptional Outcomes

**Ranger™ DCB demonstrated consistent results with nearly 90% patency at 12-Months in the COMPARE<sup>1</sup> and RANGER II SFA<sup>2</sup>**

## COMPARE Clinical Trial

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 with half the total drug dose<sup>3</sup> at 12 & 24 Months

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

1. COMPARE Clinical Trial 24-Month Results presented by Sabine Steiner, MD. LINC 2021. 12-Month Primary Endpoints: Binary Primary Patency = 83.0% for Ranger DCB and 81.5% for IN.PACT DCB ( $P_{\text{non-inferiority}} < 0.01$ ). Freedom from Major Adverse Events = 91.0% for Ranger DCB and 92.6% for IN.PACT DCB ( $P_{\text{non-inferiority}} < 0.01$ ).

2. RANGER II SFA Pivotal Trial 12-Month Results presented by Marianne Brodmann. LINC 2020. K-M Primary Patency = 89.8%.

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](http://www.medtronic.com) and the Ranger™ Paclitaxel-Coated PTA Balloon Catheter Instructions for Use.

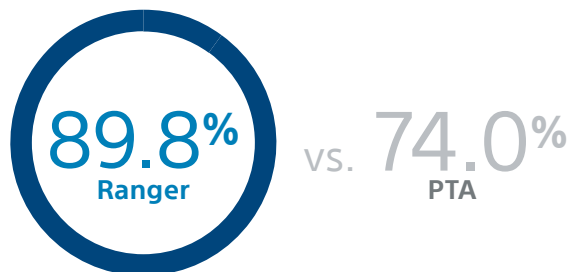
# Exceptional Outcomes

Ranger™ DCB demonstrated consistent results with nearly 90% patency at 12-Months in the COMPARE<sup>1</sup> and RANGER II SFA<sup>2</sup>

## RANGER™ II SFA Pivotal Trial

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\*



Key Baseline Characteristics	Ranger	PTA	p-value
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

\* Logrank p = 0.0005.

\*\* 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.

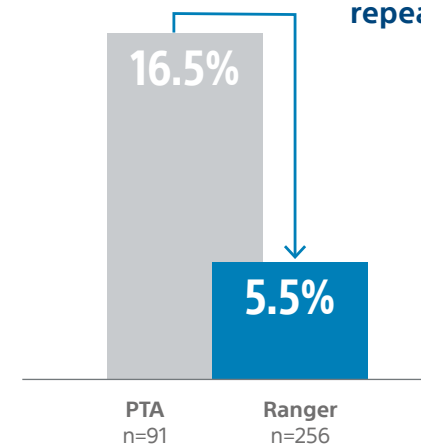
1. COMPARE Clinical Trial 24-Month Results presented by Sabine Steiner, MD. LINC 2021.

2. RANGER II SFA Pivotal Trial 12-Month Results presented by Marianne Brodmann. LINC 2020.

3. 12-month all-cause mortality: Ranger 1.9% (n=2603) vs. PTA 2.1% (n=922), p=0.87942

### CLINICALLY DRIVEN TLR

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

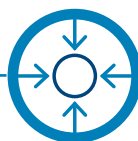
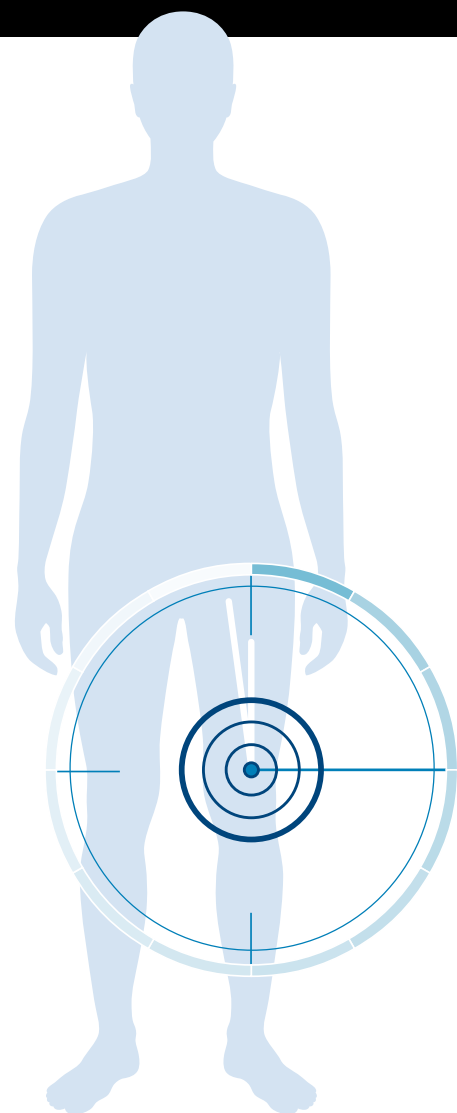


Ranger demonstrated significantly lower CD-TLR and no difference in mortality vs. PTA at 12-months<sup>3</sup>.

# Efficient Drug Transfer

TransPax™ reduces downstream particulates<sup>2</sup> and systemic drug exposure for the patient<sup>3</sup>

TransPax (Citrate Ester + Low Dose Paclitaxel\*) is a next generation coating that efficiently transfers drug into the tissue



**TransPax is LIPOPHILIC**  
(loves fatty lesion tissue)

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



**HIGH PATENCY<sup>1</sup>**

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**

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



**LOW SYSTEMIC DRUG EXPOSURE**

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/mm<sup>2</sup>.

1. COMPARE Clinical Trial 24-Month Results presented by Sabine Steiner, MD. LINC 2021. 12-Month Primary Endpoints: Binary Primary Patency = 83.0% for Ranger DCB and 81.5% for IN.PACT DCB ( $P_{\text{non-inferiority}} < 0.01$ ). RANGER II SFA Pivotal Trial 12-Month Results presented by Marianne Brodmann. LINC 2020. K-M Primary Patency = 89.8%.

2. 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.



# Effortless Deliverability

Ranger™ DCB is built on the .018" Sterling™ Balloon Platform

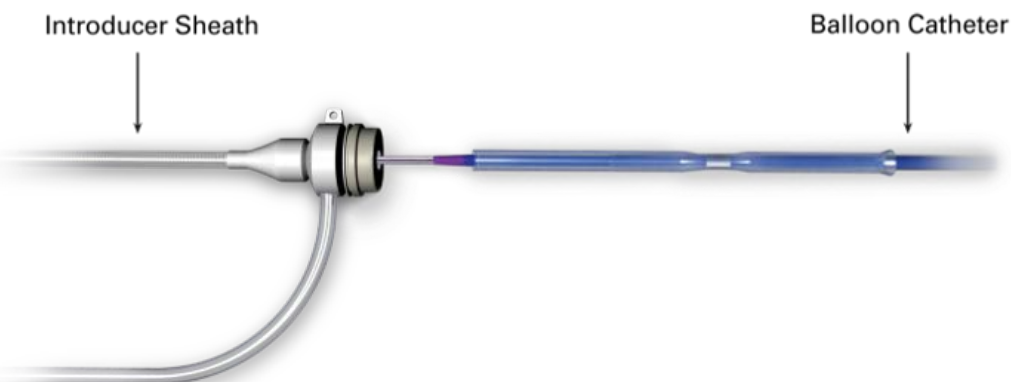
Ranger DCB has a low tip entry profile  
with .014"/.018" guidewire compatibility



Ranger pictured over .014" guidewire.

## Ranger's Proprietary Loading Tool

serves as the balloon and drug protector to help prevent drug loss during insertion and limit physician's exposure to the drug.

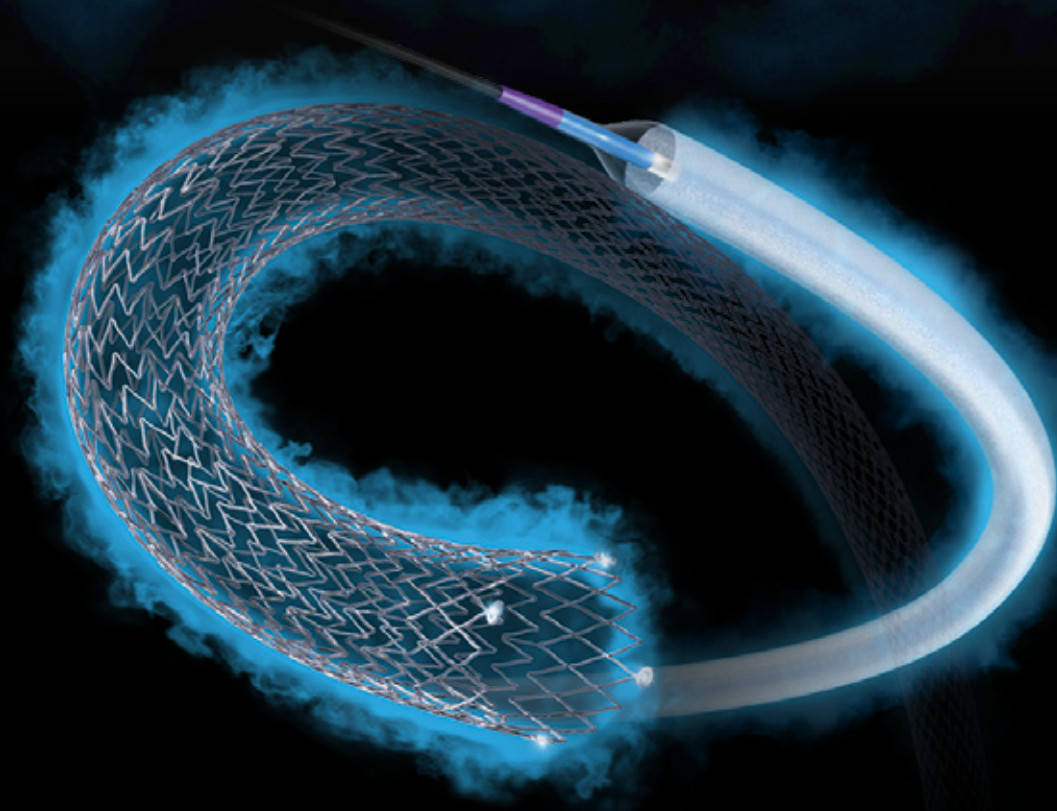


Ranger DCB has a comprehensive matrix:

Balloon (mm)	30 mm	40 mm	60 mm	80 mm	100 mm	120 mm	150 mm	200 mm
2 mm				4F	4F	4F	4F	
2.5 mm				4F	4F	4F	4F	
3 mm				4F	4F	4F	4F	
3.5 mm				4F	4F	4F	4F	
4 mm	5F	5F	5F	4F/5F	4F/5F	4F	4F	5F
5 mm	5F	5F	5F	5F	5F	5F	5F	5F
6 mm	5F	5F	5F	5F	5F	5F	5F	5F
7 mm		5F	5F	6F	6F	6F	6F	6F
8 mm		5F	5F	6F				

**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.



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