TREAT THE PATIENT NOT JUST THE CLOT

This is why we EKOS.
A REASON TO INTERVENE
IN MORE PE CASES

LOW LYTIC | LOW BLOOD LOSS | LOW TRAUMA

This safe, repeatable and reliable treatment dissolves thrombus quickly with low lytic, low blood loss and low trauma, resulting in proven long-term outcomes. EKOS leverages the power of targeted ultrasonic waves to thin and separate fibrin strands and to accelerate lytic dispersion deeper into the clot. Backed by long-term data, EKOS is the first choice, smart choice and right choice.

THE DECISION TO INTERVENE IS BACKED BY PATIENT OUTCOMES AND LONG-TERM, CLINICAL EVIDENCE

<table>
<thead>
<tr>
<th>2014</th>
<th>2015</th>
<th>2018</th>
<th>2021</th>
</tr>
</thead>
<tbody>
<tr>
<td>ULTIMA&lt;sup&gt;1&lt;/sup&gt;</td>
<td>SEATTLE II&lt;sup&gt;2&lt;/sup&gt;</td>
<td>OPTALYSE&lt;sup&gt;3&lt;/sup&gt;</td>
<td>KNOCOUT&lt;sup&gt;4&lt;/sup&gt;</td>
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<tr>
<td>Level 1 Prospective RCT n=59 Showed that EKOS was more effective than anticoagulants alone in RV/LV reduction and was just as safe</td>
<td>Prospective n=150 Confirmed EKOS improved RV function, pulmonary hypertension and clot burden without an increase in bleeding</td>
<td>Prospective n=101 Lower doses and shorter infusion times showed similar efficacy as previous studies Long-term data showed RV re-modeling out to one year</td>
<td>Retrospective and Prospective n=1,500 Patient Registry to understand OPTALYSE protocol adoption and to provide additional safety, efficacy, and long-term data to the EKOS data set</td>
</tr>
</tbody>
</table>
75,000 PATIENTS AND COUNTING*

There are 75,000 reasons why physicians choose to intervene in Pulmonary Embolism cases with EKOS. No other device used to treat PE has been studied as much as EKOS. It’s a low risk, and minimally invasive, 15-minute procedure. EKOS has been the interventional treatment of choice for patients suffering from PE.

*data on file
EKOS™ Endovascular System

THE FIRST CHOICE
+ Long legacy built on successful patient outcomes and long-term, clinical evidence
+ Up to 88-92% less thrombolytic dose than standard systemic treatment

THE SMART CHOICE
+ Most studied device in the PE space
+ The only interventional device to treat PE with long-term data
+ Proven to reduce RV/LV ratio by more than 23% on average in as little as 2 hours of therapy

THE RIGHT CHOICE
+ Patient safety and efficacy
+ Minimized risk of bleeding
+ Avoid potential thrombectomy-related complications
+ Only device with a prescribed protocol that allows for predictable procedural workflow and proven patient outcomes
Ultrasonic Core Technology

+ Minimally invasive, 15-minute procedure that is quick to perform
+ Lytic agent: as low as 8 mg tPA used³
+ Ultrasonic waves accelerate clot dissolution by unwinding and thinning fibrin strands to expose more drug receptor sites; acoustic streaming drives the drug deeper into the clot for safe dissolution

ONE 15-MINUTE PROCEDURE

BEFORE EKOS ULTRASOUND

Fibrin protein strands collect in a mesh-like structure strengthening thrombus formation.

AFTER EKOS ULTRASOUND

EKOS Ultrasonic Core Technology unwinds and thins fibrin strands to expose more drug receptor sites.
EkoSonic™ Endovascular System

**Indications for Use:**
- The EkoSonic Endovascular System is indicated for the:
  - Ultrasound facilitated, controlled and selective infusion of physician-specified fluids, including thrombolytics, into the vasculature for the treatment of pulmonary embolism.
  - Infusion of solutions into the pulmonary arteries.
  - Controlled and selective infusion of physician-specified fluids, including thrombolytics, into the peripheral vasculature.

**Contraindications:**
- Not designed for peripheral vasculature dilation purposes.
- This system is contraindicated when, in the medical judgment of the physician, such a procedure may compromise the patient's condition.

**Potential Complications:**
- Vessel perforation or rupture
- Distal embolization of blood clots
- Vessel spasm
- Hemorrhage
- Hematoma
- Pain and tenderness
- Sepsis/Infection
- Thrombophlebitis
- Tricuspid and pulmonic valve damage
- Pulmonary infarct due to tip migration and spontaneous wedging, air embolism, and/or thromboembolism
- Right bundle branch block and complete heart block
- Intramural dissection
- Vascular thrombosis
- Drug reactions
- Allergic reaction to contrast medium
- Arteriovenous fistula
- Thromboembolic episodes
- Amputation
- Pneumothorax
- Perforation of the pulmonary artery
- Cardiac Arrhythmias – most frequently occurring during placement, removal or following displacement into the right ventricle.

**Sources:**

For more information, please visit www.bostonscientific.com/ekos
#whyweEKOS

**Product Options:**

<table>
<thead>
<tr>
<th>Product</th>
<th>Working Length</th>
<th>Treatment Zone</th>
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<td>6 cm</td>
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<tr>
<td>500-55112</td>
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<tr>
<td>500-56150</td>
<td>135 cm</td>
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</tr>
</tbody>
</table>

5.4 F infusion catheter for all EKOS products
(106 cm long, 0.035 inch guidewire compatible) and one ultrasonic core matched to infusion length.

(135 cm long, 0.035 inch guidewire compatible) and one ultrasonic core matched to infusion length.