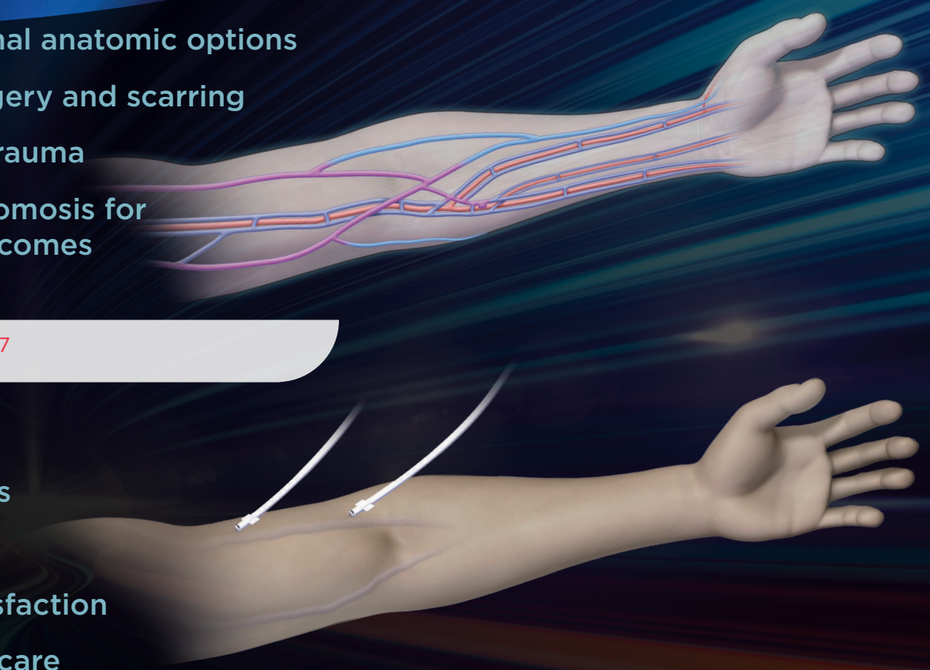
WHAT COULD everlinQ™ 4 MEAN FOR YOU AND YOUR PATIENTS?

Endovascular AVF Creation[1,2]

- Provides additional anatomic options
- Avoids open surgery and scarring
- Reduces vessel trauma
- Consistent anastomosis for reproducible outcomes



Clinical Impact[1,5-7]

- Low failure rate
- Low interventions
- Durable patency
- High patient satisfaction
- Reduced cost of care

For more information, visit us at **www.tvamedical.com** or email **info@tvamedical.com**.

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REFERENCES: 1) TVA Medical. data on file. EASE Clinical Study. 2) TVA Medical data on file. RR0055 GLP Animal Study 3) Bharat A, Jaenicke M, Shenoy S. A novel technique of vascular anastomosis to prevent juxta-anastomotic stenosis following arteriovenous fistula creation. J Vasc Surg 2012;55:274-80. 4) Roy-Chaudhury P, Spergel LM, Besarab A, et al. Biology of arterivenous fistula failure. J Nephrol 2007;20:150-163. 5) Rajan DK, Ebner A, Desai SB, et al. Percutaneous creation of an arteriovenous fistula for hemodialysis acces. J Vasc Interv Radiol. 2015;26(4):484-490. 6) Loik C, Rajan DK, Clement J, et al. Endovascular Proximal Forearm Arteriovenous Fistula for Hemodialysis Access: Results of the Prospective, Multicenter Novel Endovascular Access Trial (NEAT). Am J Kidney Dis. 2017 Jun 9. pii: S0272-6386(17)30692-3. 7) Yang S, Lok C, Arnold R, et al. Comparison of post-creation procedures and costs between surgical and an endovascular approach to arteriovenous fistula creation. J Vasc Access 2017; 18(Suppl. 2): 8 - 14.

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PIONEER A NEW PATH FOR DIALYSIS ACCESS

everlinQ™ 4 endoAVF System creates an AV Fistula for hemodialysis without open surgery utilizing a 4 Fr design

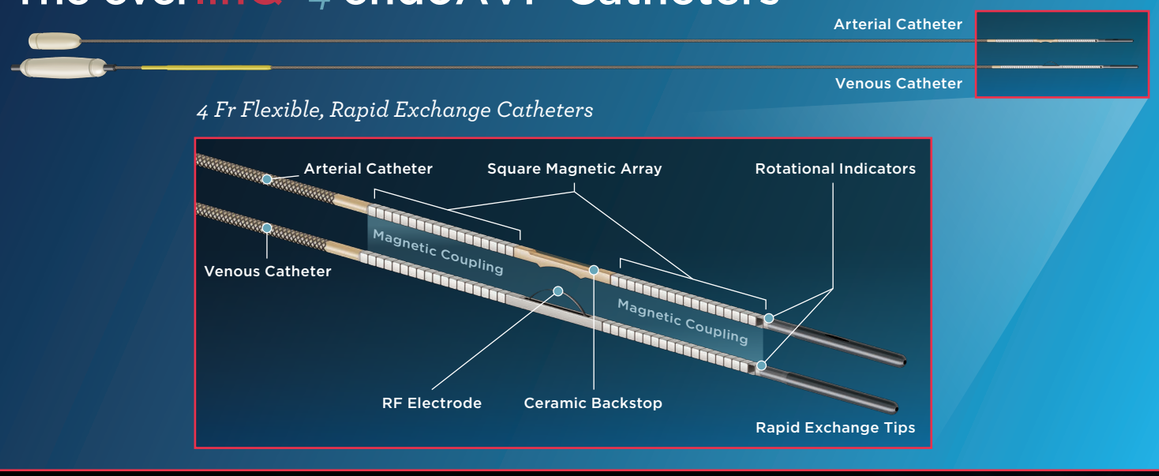
Introducing the latest innovation in AV fistula creation

everlinQ™ 4 | AVF

For the creation of an arteriovenous fistula used for hemodialysis

EXPANDING THE OPTIONS TO IMPROVE YOUR PATIENTS' OUTCOMES

The everlinQ™ 4 endoAVF Catheters



Unique features of the everlinQ™ 4 endoAVF System

- Small profile for vessel access and navigation
- Square magnets for automatic alignment
- Rotational indicators for easy alignment confirmation

Performance of the everlinQ™ 4 endoAVF System[1]

97%

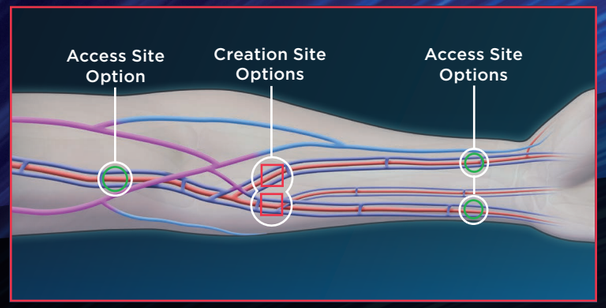
Procedure Success

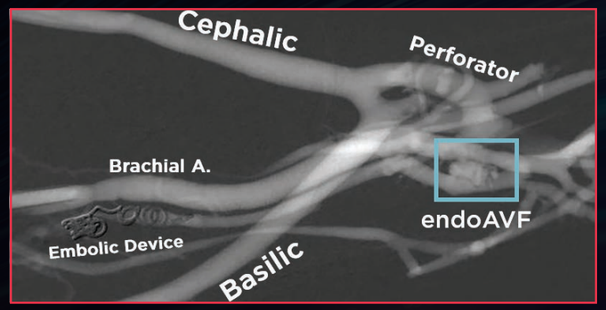
3%

Procedure Complications

- Access gained from brachial, radial or ulnar approach
- No access complications observed

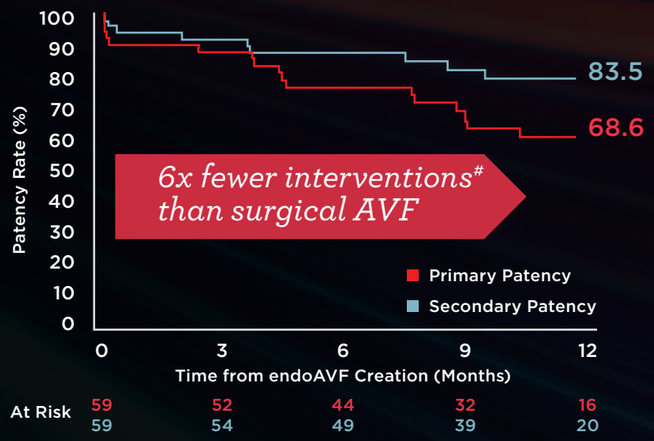
HOW IT WORKS





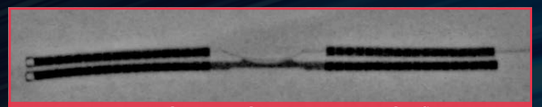
- Minimizes vessel trauma[2]
- Endothelializes within 30 days[2]
- Avoids juxta-anastomotic stenosis, a hallmark of surgical fistula failure[3,4]

Outcomes for the endoAVF [5,7]



Creating the endoAVF

1. Access is gained from a brachial, radial or ulnar approach.
2. Arterial and venous catheters are advanced to creation site and automatically aligned by the square magnets



everlinQ 4 endoAVF System under fluoroscopy

3. The endoAVF is created via a burst of RF energy that cuts a channel between the vein and artery
4. A brachial vein is embolized to divert more flow through the perforator to the superficial veins, cephalic, medial cubital and/or basilic veins for dialysis

Example endoAVF at 30 days from a dissected sheep artery

- 91% physiological maturation*
- 92% functional patency
- 96% patients satisfied satisfied with endoAVF
- 88% of patients claimed endoAVF was easy to use

Note: Outcomes data collected on endoAVFs created with the 6 Fr everlinQ endoAVF System. Both 6 Fr and 4 Fr systems utilize the same mechanism of action to create the endoAVF.

*Physiological maturation defined as ≥500 ml/min arterial flow with ≥4 mm vien diameter
#Interventions include AVF interventions (PTA, thrombectomy, surgical revision, etc), CVC placement and infection-related procedures