Evasc Introduces New, Improved eCLIPs eB Series For Intracranial Aneurysms (IA)

It is time to abandon the uncertainty of balloon-assisted coiling (BAC) and the technical and thrombotic challenges of stent-assisted coiling (SAC) in favor of the more effective *eCLIPs eB*.

1. *eCLIPs eB* is delivered across the neck of the aneurysm using a shapeable, steerable, torquable guide wire, and <u>self-aligns beneath the neck and detaches electrolytically.</u>

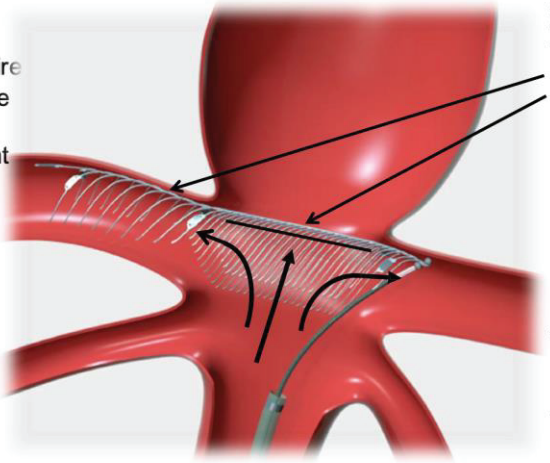
eCLIPs Innovative : Spine-Rib Design*: Bridges Neck-Retains Coils-Diverts Flow

***eCLIPs* Ease of Use**

- Self-aligning delivery
- Steerable, shapeable delivery wire
- Full retractableand repositionable before detachment
- Non-shortening upon deployment

Non-tubularDesign

- Does not impede access to side branches or impair flow to perforators
- improved wall apposition and conformability
  - Possibly less need for long term DAPagents



Two discrete and independently functional segments

- Anchor segment: exerts stability
- Leaf segment bridges neck
  - Coil retention at any timepoint
  - Flow diversion
    - Blocks water hammer effect
    - Mitigates compaction of intrasaccular contents
  - Platform for endothelial growth

Extra-saccular

- Agnostic to aneurysm metrics

Clinical Improvement

- Satisfactory occlusion is 90% vs 60% (with current treatment options) and persists over time (data out 5 years)

*The French Ministry of Health's Forfait Innovation Program Award granted to eCLIPs; https://www.legifrance.gouv.fr/jorf/id/JORFTEXT000042722732

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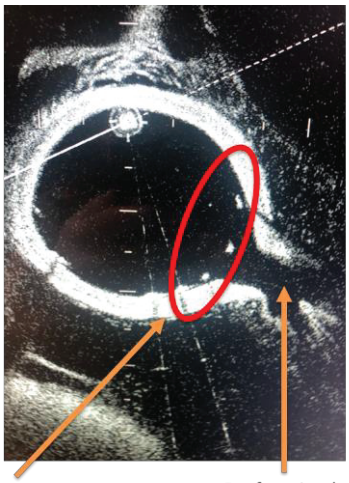
2. *eCLIPs'* <u>non-tubular design</u> improves wall apposition, judged by optical coherence tomography (OCT),the industry standard, compared with stents, thereby potentially reducing thromboembolic events.

eCLIPs

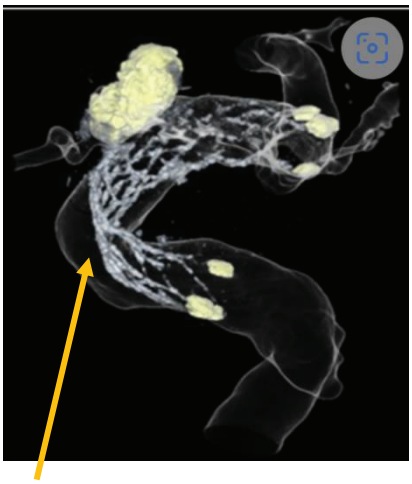


eCLIPs markers
Perfect wall apposition

Perforating branch

Courtesy SMH, Toronto, unpublished

Stent



Tubular stent malapposition

JNIS, 2020: 12(2), 192

3. **The *eCLIPs eB* confers competitive advantages over existing technologies to treat bifurcation IA. Only *eCLIPs eB* possesses all features necessary for long term success and safety.**

eCLIPs Provides Strong Competitive Differentiation to Competitors

FEATURES	Evasc *eCLIPs*	Stent Assisted Coiling (e.g. *Neuroform Atlas*)[1]	Balloon Assisted Coiling	Coil Retaining Devices (e.g. *PulseRider*)[2]	Tubular Flow Diversion (e.g. *Pipeline*)[3]	Intrasaccular Flow Diversion (e.g. *WEB*)[4]
Bifurcation	√	√	√	√		√
Sidewall	√	√	√		√	
Unimpeded side branch access	√		√			√
Coil retention	√	√		√	√	N/A
Flow diversion	√				√	
Positional precision	√		√	√		√
Excellent wall apposition	√		N/A			N/A
Bridges neck at bifurcation	√					
Mitigates jet effect	√				√	
Platform for endothelial growth	√				√	

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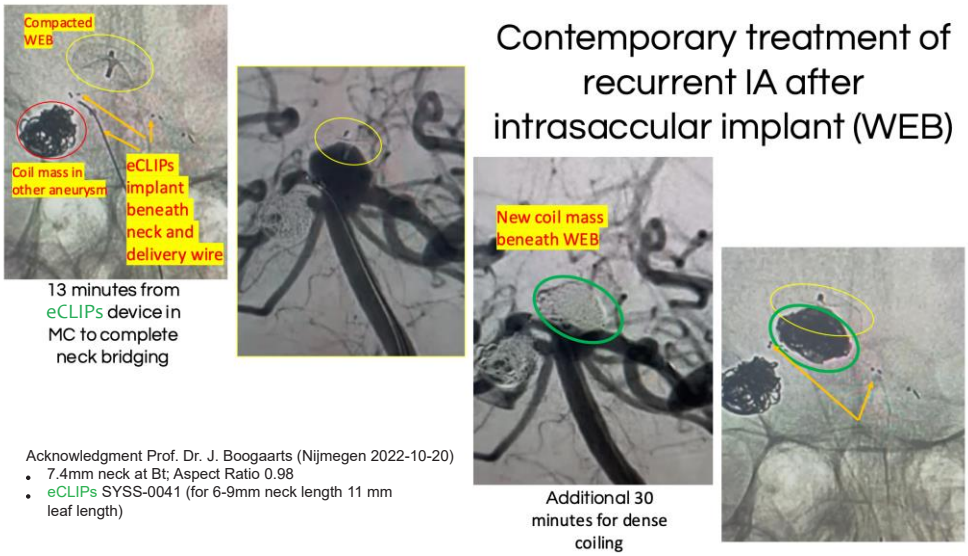
1) Stryker 2) J&J Cerenovus 3) Medtronic 4) Microvention/ Terumo

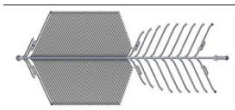
4. ***eCLIPs eB* is ideally suited to treatment of IA recurrence after treatment by intrasaccular implants, allowing dense coiling beneath the compacted intrasaccular mass.**

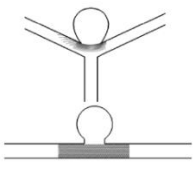


Acknowledgment Prof. Dr. J. Boogaarts (Nijmegen 2022-10-20)

- 7.4mm neck at Bt; Aspect Ratio 0.98
- eCLIPs SYSS-0041 (for 6-9mm neck length 11 mm leaf length)

5. **New *eCLIPs bifurcation flow diverter (eBFD)* slows flow velocity in a <u>bifurcation IA</u> to the same degree as a prototypical Flow Divertor, *Pipeline*™, does in a <u>sidewall IA</u>.**

Series	Implant Figure		Metal Coverage (Density)	Common Geometry Implanted	
		eBFD	35%	Bifurcation aneurysm	eBFD (Bifurcation) V = 0.0014 m/s
Pipeline (PED)			30%	Sidewall aneurysm	PED (sidewall) V = 0.0013 m/s



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