



Setting New Standards for Venous Care

April 2024 Investor Presentation

Nasdaq: NVNO
enVVeno.com



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Chronic Venous Insufficiency (CVI) is Caused by the Failure of Valves in the Veins of the Leg

There are Currently No Effective Treatment Options for Deep Venous CVI



Surgical replacement venous valve
Ongoing SAVVE U.S. pivotal trial
Potential U.S. TAM: 2.5 million patients



Non-surgical replacement venous valve
IDE for pivotal trial expected Q4 2024
Potential U.S. TAM: 3.5 million patients

Expect to File PMA Application for VenoValve in Q4 2024

Sufficient Capital to Fund Operations Through the End of 2025

Chronic Venous Insufficiency (CVI)

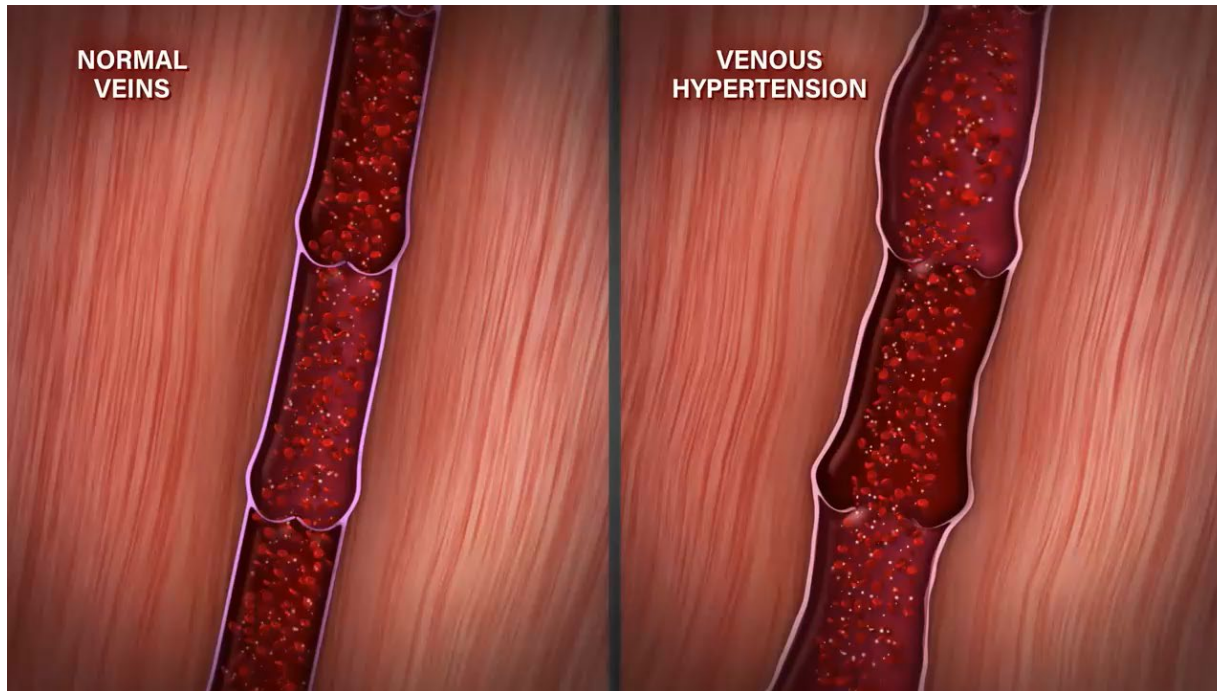


Learn More

Chronic Venous Insufficiency (CVI)

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Occurs as a result of increased venous pressure (venous hypertension) within the veins of the leg, due to failure of valves within the veins




Leads to:

- Reflux – blood flows in the wrong direction
- Blood pooling in the lower leg
- Venous hypertension
- Pain
- Edema
- Ulceration

CVI Patients Need an Effective Treatment


6

 ~2.5M
 ~3.5M
People in the U.S.¹

~\$30k
Spent on wound care
per patient per year²



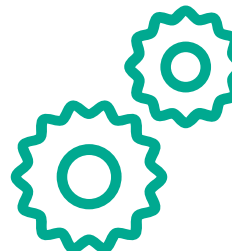
20-40%
1-Year ulcer
recurrence¹



~\$3B
Direct medical
costs²



~40%
More workdays
missed³



1. Yost, Mary, The Sage Group, Chronic Venous Disease, Epidemiology, Costs, and Consequences, 2016
2. Sachdev, Ulka, et. al. Suppressed Networks of Inflammatory Mediators Characterize Chronic Venous Insufficiency, Journal of Vascular Surgery: Venous and Lymphatic Disorders, May 2018
3. Rice, J. Bradford, Burden of Venous Leg Ulcers in the United States, Journal of Medical Economics, Volume 17, 2014

Deep Venous CVI: Current Standard of Care

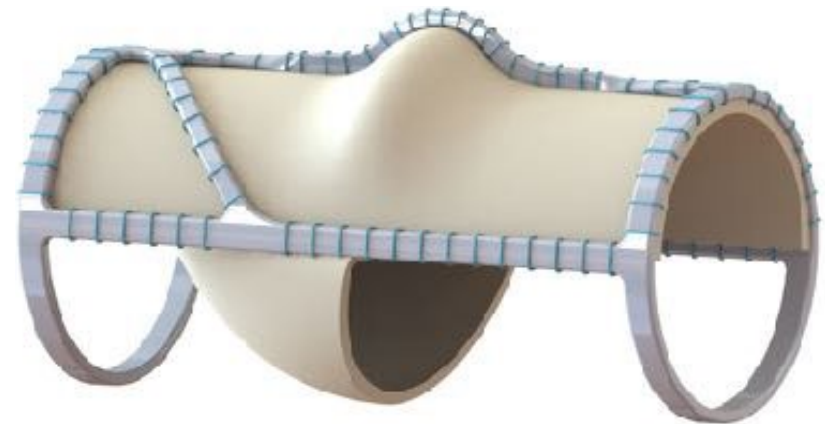
7



Compression Garments

Leg Elevation

venoValve

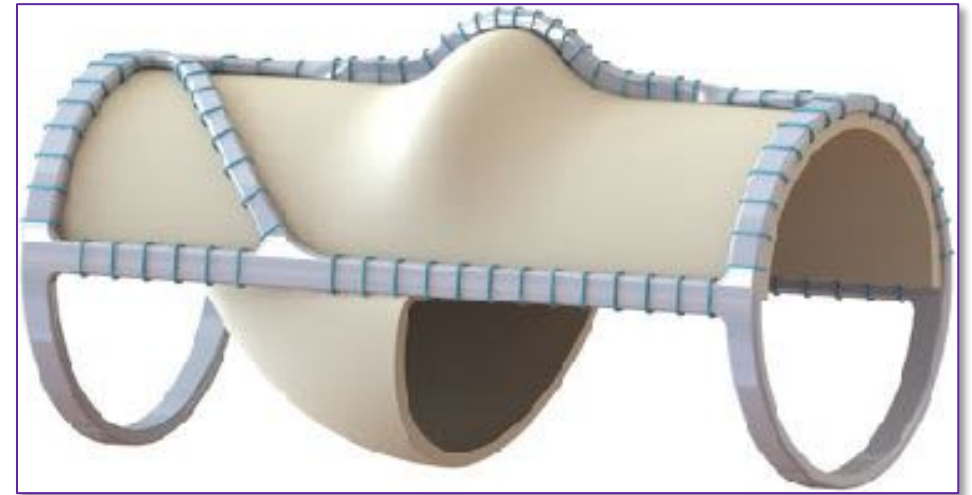


Potential First-In-Class Surgical Replacement Venous Valve

Ongoing U.S. Pivotal Trial

Significant Opportunity with **~2.5 million**
Potential Patients in the U.S.

PMA Application Expected **Q4 2024**



FDA Breakthrough Device Designation

veno valve



View Video

Prospective, Non-Blinded, Single Arm, Multi-Center Study

 **75 Patients**



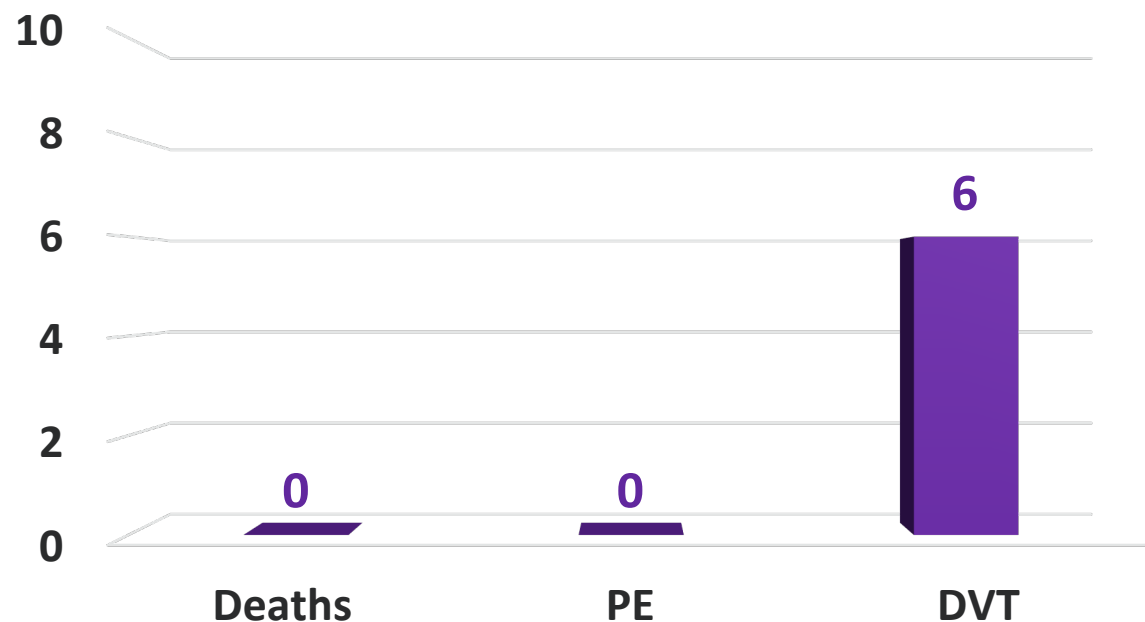
Across **21 Sites**
in the U.S.

Primary Safety
Endpoint **30 DAYS**

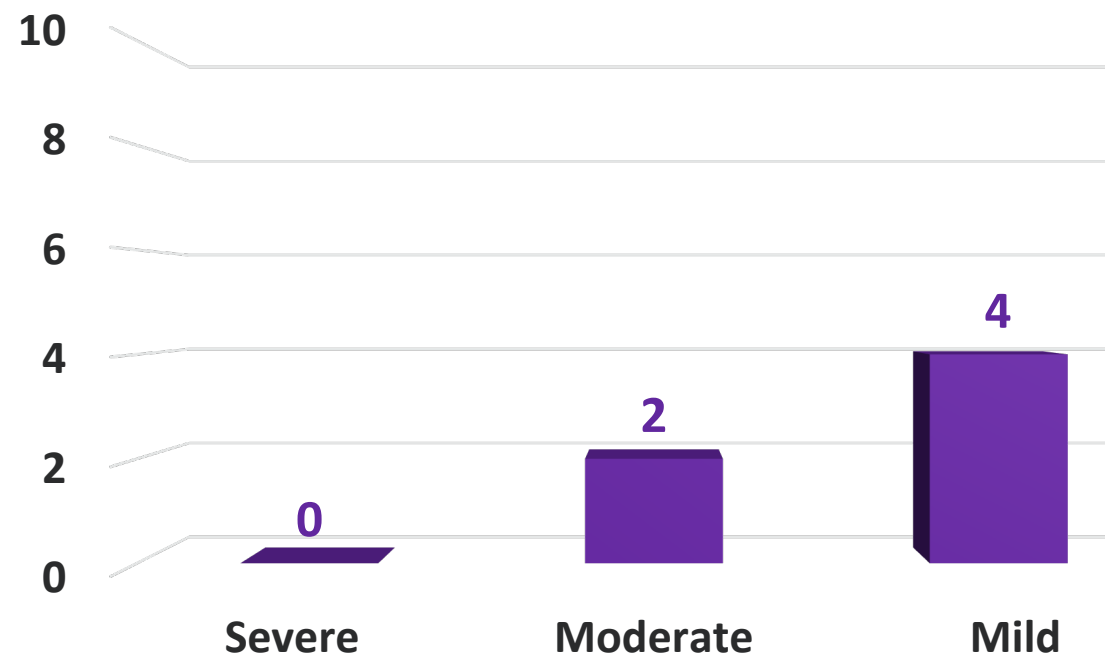
Efficacy
Endpoints **180 DAYS**

30-Day Device Related Material Adverse Event (MAE)

**SAVVE Device Related MAEs N=75
(6 MAEs)**



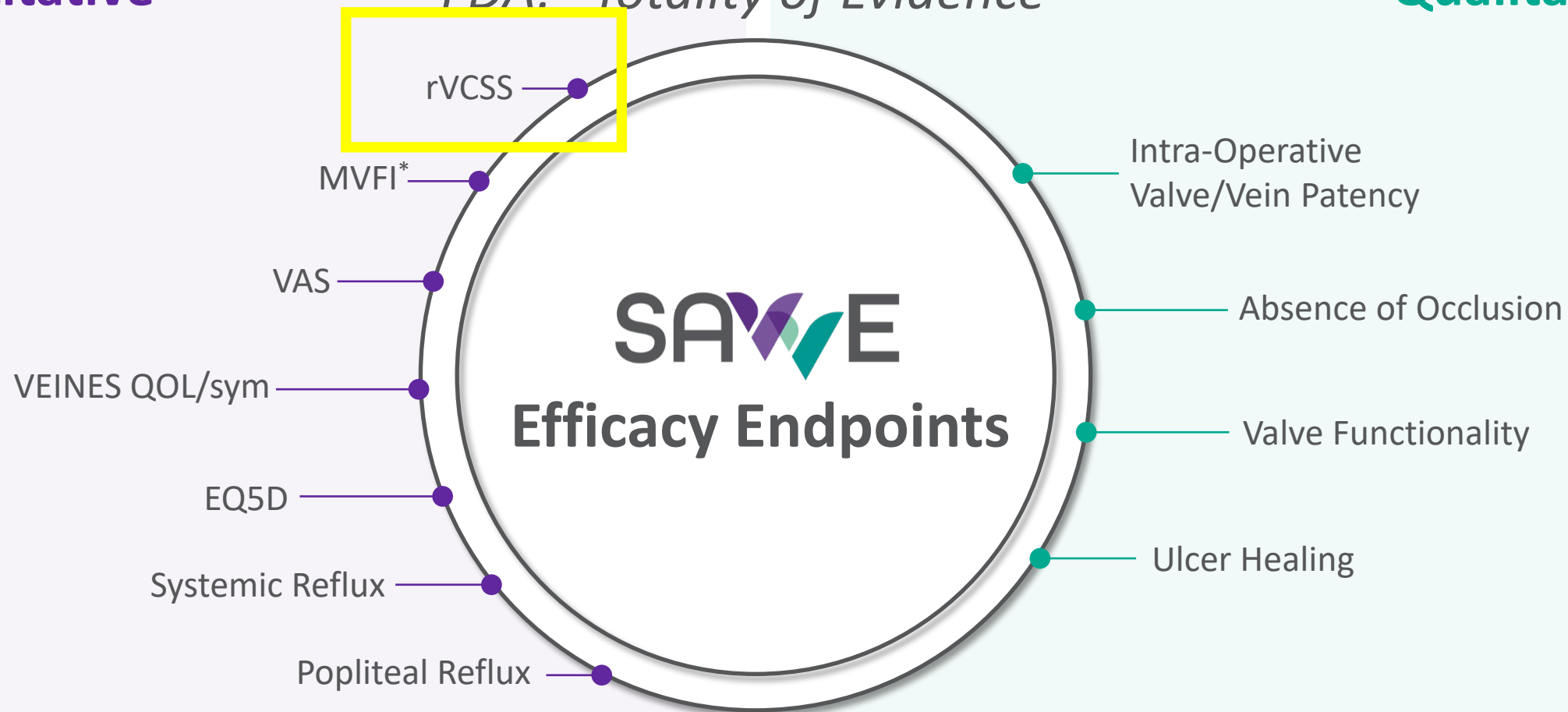
**SAVVE Device Related
MAE Severity**



Quantitative

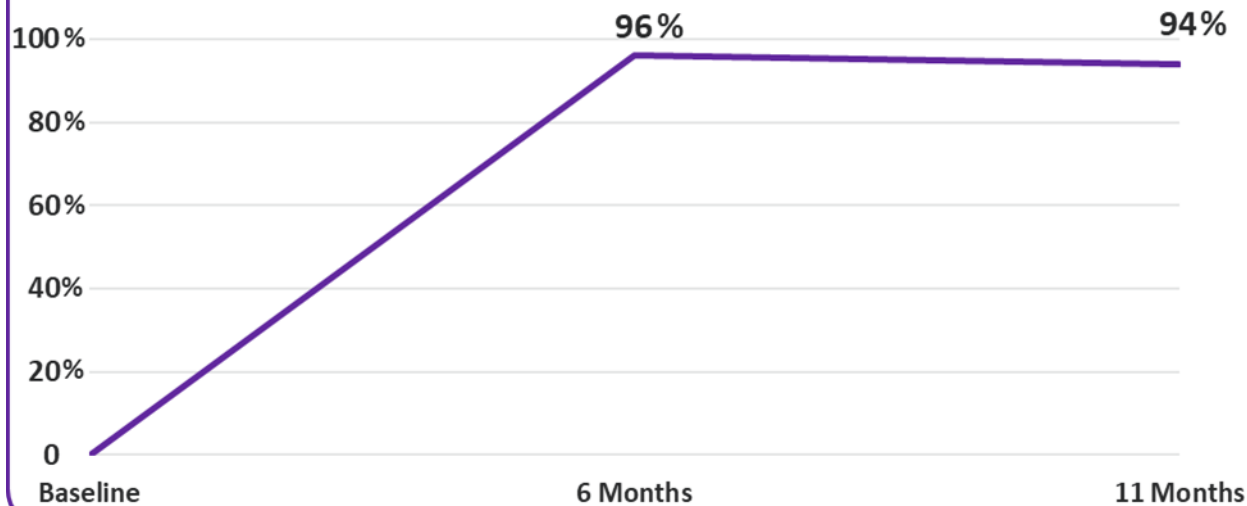
FDA: "Totality of Evidence"

Qualitative

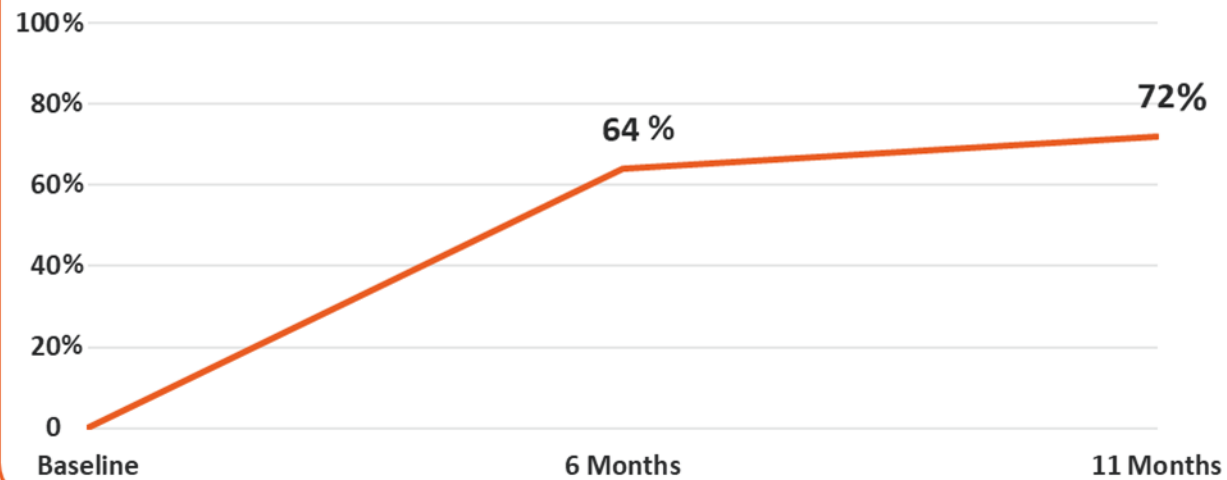


One Year Data in Support of PMA

Clinical Improvement
% of Patients with Clinical Improvement
(Improvement in rVCSS n=69)

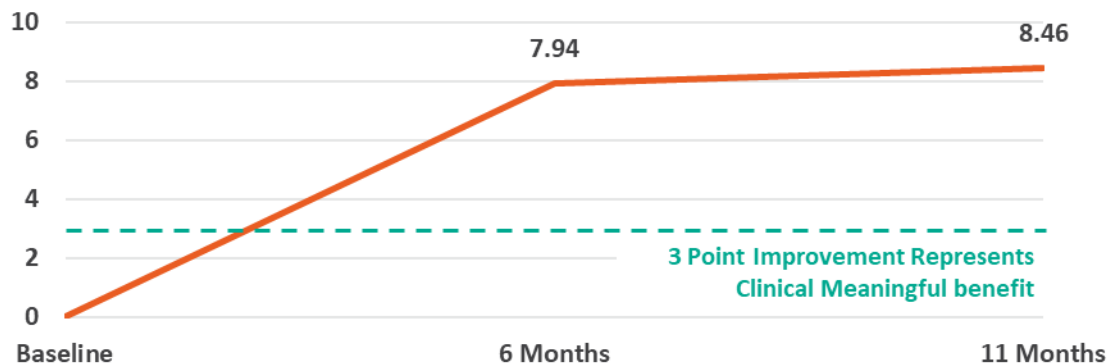


Clinical Meaningful Benefit
% of Patients with Clinical Meaningful Benefit
(Improvement \geq 3 Points in rVCSS (n=69))

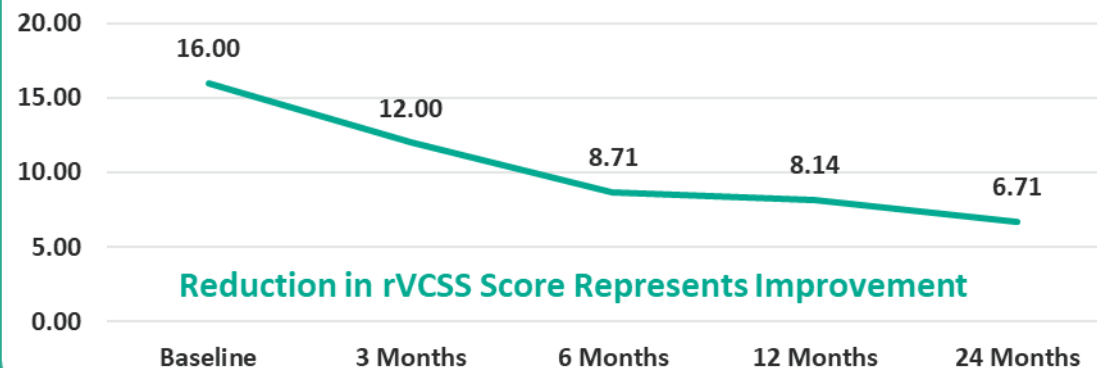


Clinical Meaningful Benefit Cohorts

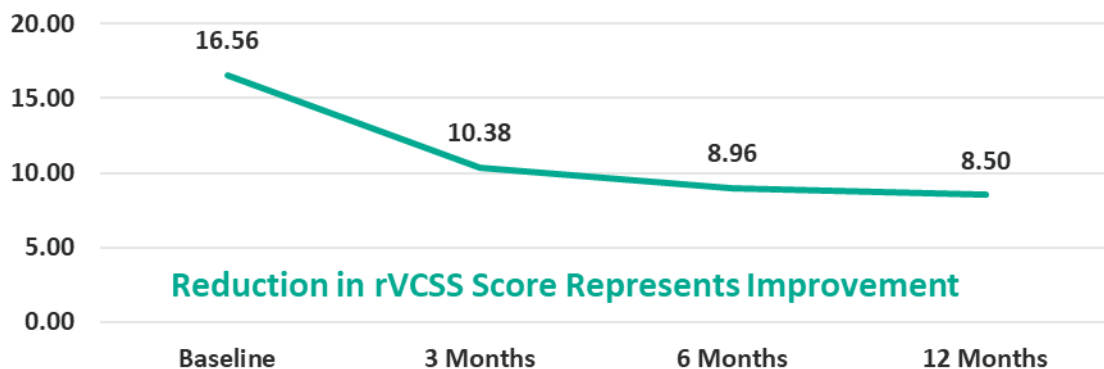
Average rVCSS Point Improvement
Patients with Clinical Meaningful Benefit
11 Months Average (n = 50)



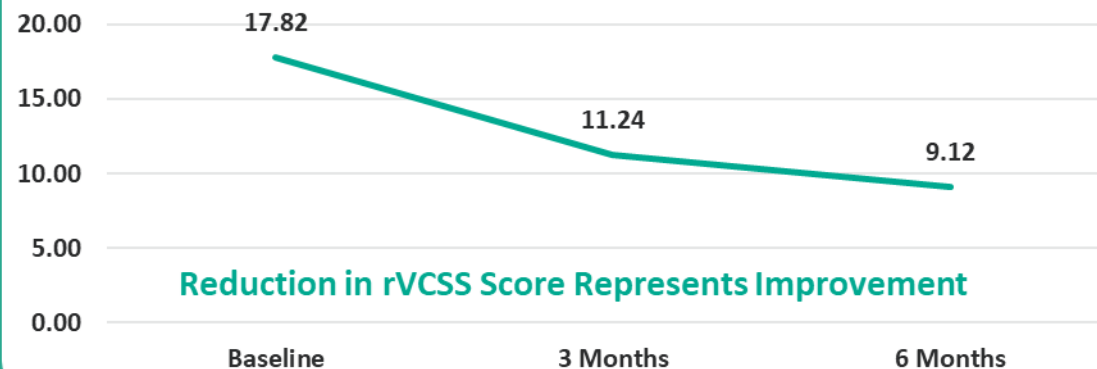
Average rVCSS Score
Patients with Clinical Meaningful Benefit at 24 Months (n=7)
9.29 Point Average Improvement



Average rVCSS Score
Patients with Clinical Meaningful Benefit at 12 Months (n=26)
8.08 Point Average Improvement



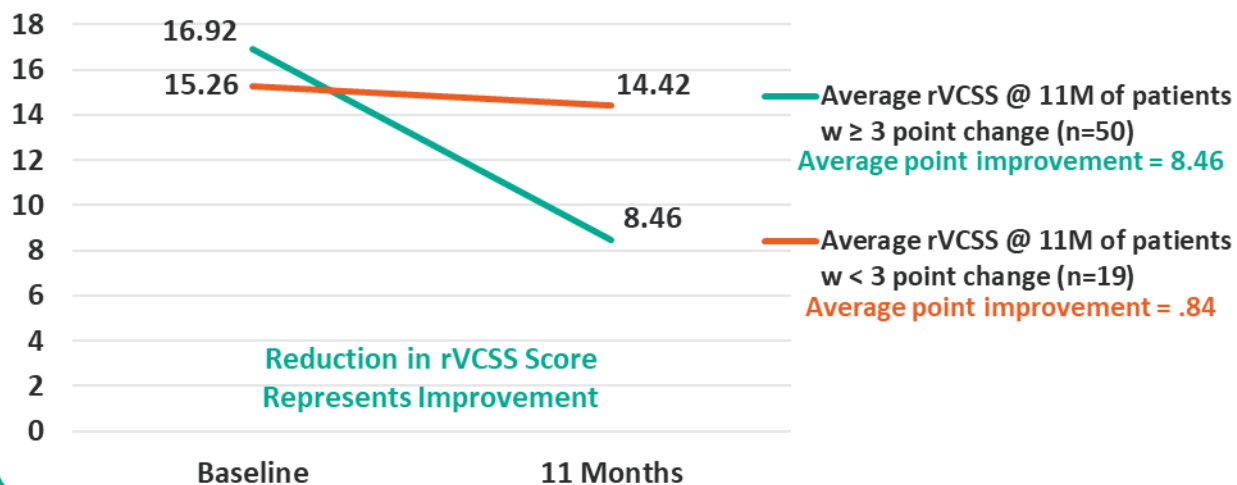
Average rVCSS Score
Patients with Clinical Meaningful Benefit at 6 Months (n=17)
8.71 Point Average Improvement



Clinical Meaningful Benefit

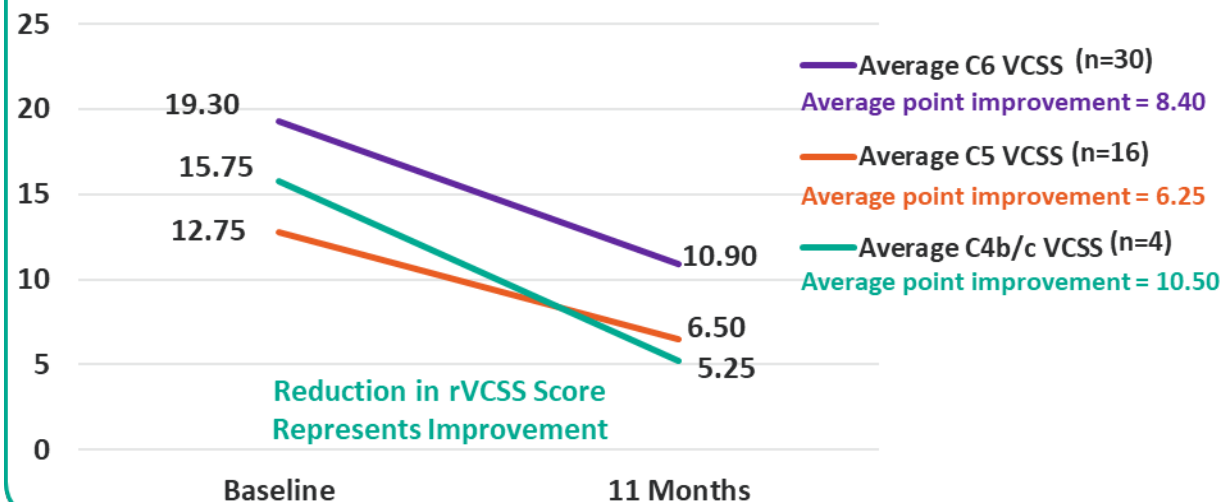
Average rVCSS Scores

Patient Cohorts (rVCSS < 3 points) (rVCSS ≥ 3 points)



Clinical Meaningful Benefit

Average rVCSS Score by CEAP Diagnosis in Patients with Clinically Meaningful Benefit (n=50)



SAVVE Ulcer Healing

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Subject A



12 Months

Subject B



Baseline



6 Months

Subject C



Baseline



6 Months

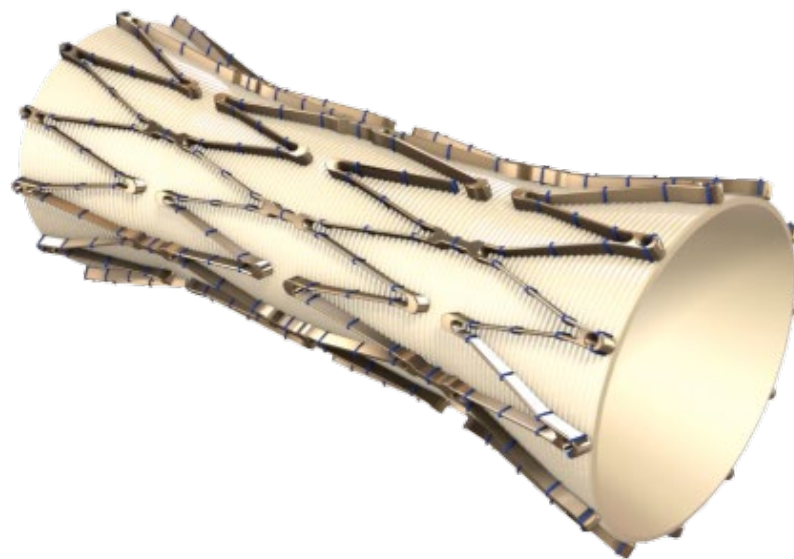


Patient Testimonials From Pivotal Trial



[View Video](#)

enVve



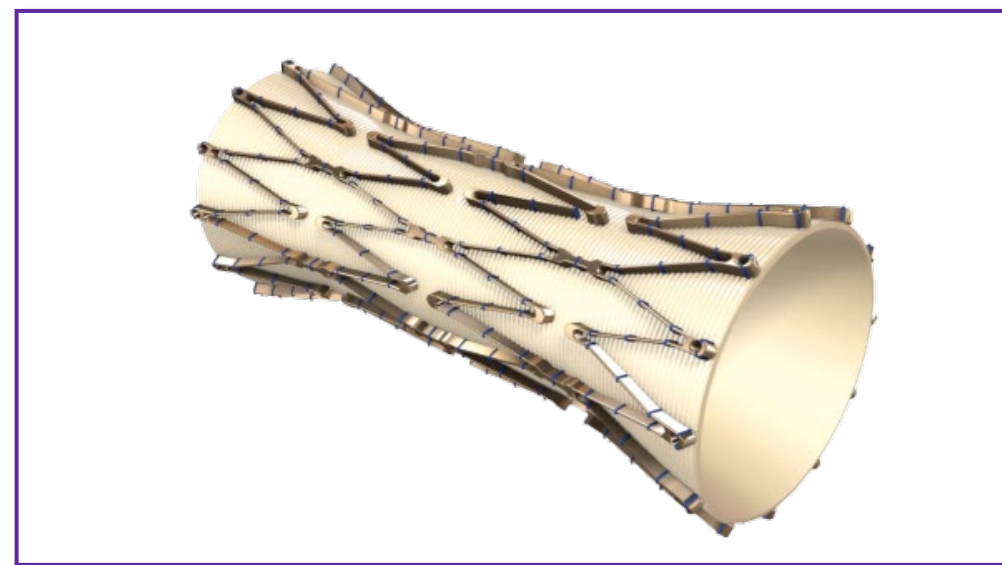
Potential Next-Generation, Non-Surgical Replacement Venous Valve

Transcatheter-based **minimally invasive procedure**

No general anesthesia or overnight **hospital stay**

Significant opportunity with **~3.5 million** potential patients in the U.S.

IDE filing for pivotal trial expected **Q4 2024**





[View Video](#)



Corporate Overview

Commercial Manufacturing

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14,000 square foot facility
in Irvine, CA

Capacity to support at least first
5 years of commercialization

Limited capital investment in plant
and equipment required for
VenoValve commercialization



Financial Overview

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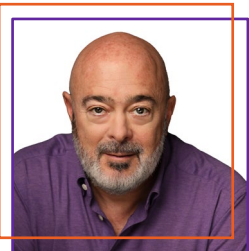
Cash on Hand Sufficient to Fund Current Operations,
Including Multiple Value Driving Milestones, Through End of 2025



Perceptive Advisors – Lead Investor

Management Team

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ROBERT BERMAN

Chief Executive Officer, Director

- Former CEO – Anixa Biosciences (Nasdaq:ANIX)
- Former COO Acacia Research Corporation (Nasdaq:ACTG)
- B.S. Wharton, Univ. of Pennsylvania, JD Northwestern Law



CRAIG GLYNN

Chief Financial Officer

- Over 30 years financial experience
- M.S. and B.S. Accounting – California State University Northridge
- Member – American Institute of CPAs



DR. MARC GLICKMAN

Senior VP and Chief Medical Officer

- Board Certified Vascular Surgeon
- Director of Vascular Services – Sentara Health Care
- Past President – Vascular Society of America



DR. HAMED ALAVI

Senior VP and Chief Technology Officer

- Edwards Lifesciences, Medtronic
- PhD Biomedical Engineering – U.C. Irvine
- M.S. Biomedical Engineering, B.S. Mechanical Engineering



ANDREW CORMACK

Chief Commercial Officer

- 25-year career in med-tech in both start-up and large medical device companies
- Extensive experience in formulating and executing strategies for new product launches



KEVIN BELTEAU

VP Clinical

- Clinical operations Medtronic
- MBA – University of South Florida
BS Biomedical Engineering – Texas A&M University
- More than 75 clinical studies for class III medical devices seeking PMA approval

Collective Industry Experience



Board of Directors

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DR. FRANCIS DUHAY

Director

- Former Chief Medical Officer – Edwards Lifesciences
- Expert in surgical and transcatheter heart valves
- General manager Acendra business unit



DR. SANJAY SHRIVASTAVA

Director

- Business Development – Johnson and Johnson
- 18 years – VP Marketing and Strategy, R&D
- BTG, Medtronic, Abbott Vascular, Edwards Lifesciences



MATTHEW JENUSAITIS

Director

- Chief of Staff and Chief of Innovation and Transformation – UC San Diego Health System
- Former President Boston Scientific – Peripheral Division
- Four successful vascular company exits



BOB GRAY

Director*

- Former Chief Financial Officer – Highmark, Inc.
- Health insurer with over 20 years subscribers
- Rate setting and reimbursement negotiations

*Chairman, Audit Committee

Collective Industry Experience



Upcoming Milestones

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 = VenoValve

 = enVeno

 ✓ SAVVE: Positive Initial
Topline Efficacy Data

 Begin GLP Study

Q1
2024

 ✓ Present Additional
Topline Efficacy Data

Q2
2024

 PMA Eligibility to File for
FDA Approval

 File IDE Application for Pivotal Trial

Q4
2024

“Green Field” Opportunity, Very Large Market

Clinical

Positive Device Related Safety Data
Initial Topline Efficacy – March 2024

Capital

Sufficient capital to fund
operations through end of 2025

Execution

World-class team of executives
and advisors driving execution



Setting New Standards for Venous Care

Appendix

Cap Table

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Common Stock Outstanding	13,329,842
Warrants	
Pre-Funded Warrants	2,736,935
Other Warrants	
Exercise Price:	
\$7	3,056,392*
\$7 - \$10	5,970,654
\$10 - \$50	528,600
> \$50	6,000
Total Warrants	9,561,646
Equity Incentive Plan	5,158,958
Total Common Stock, Warrants and Options Outstanding	30,787,381
Total Authorized Shares	250,000,000
Preferred	10,000,000