



Setting New Standards for Venous Care

# April 2024 Investor Presentation

Nasdaq: NVNO  
[enVVeno.com](http://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)

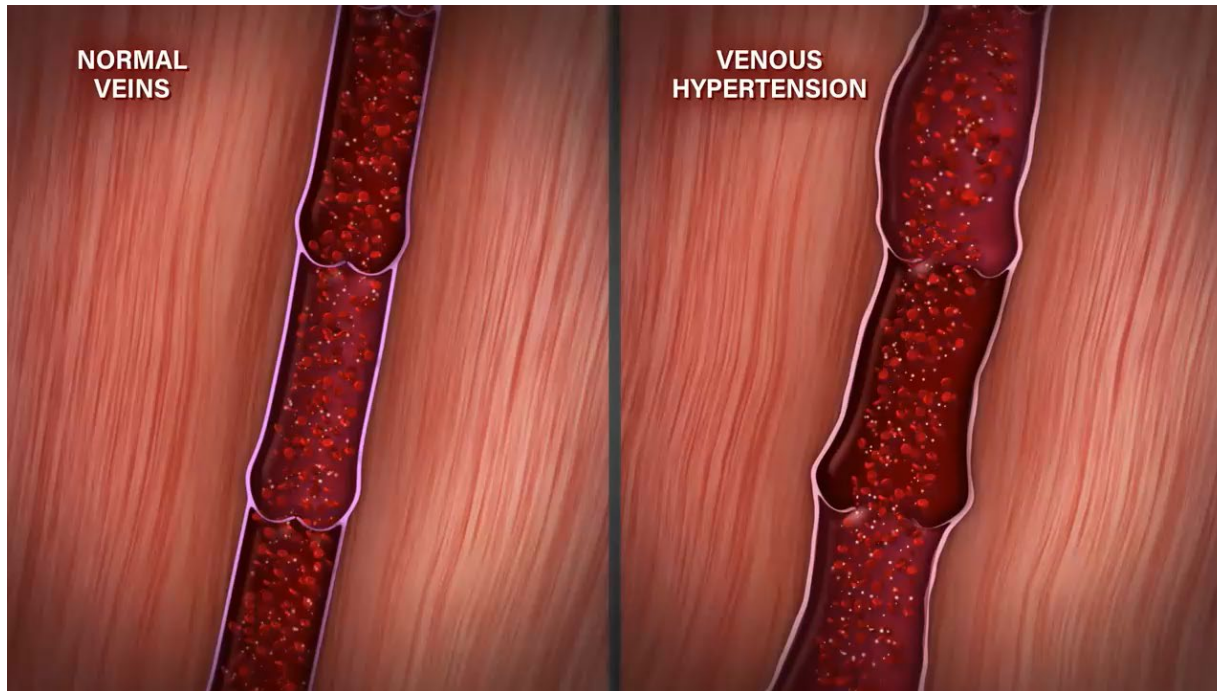


Learn More

# 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


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 ~2.5M  
 ~3.5M  
People in the U.S.<sup>1</sup>

~\$30k  
Spent on wound care  
per patient per year<sup>2</sup>



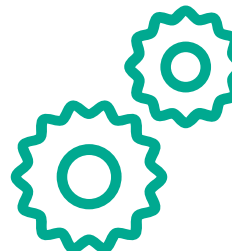
20-40%  
1-Year ulcer  
recurrence<sup>1</sup>



~\$3B  
Direct medical  
costs<sup>2</sup>



~40%  
More workdays  
missed<sup>3</sup>



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

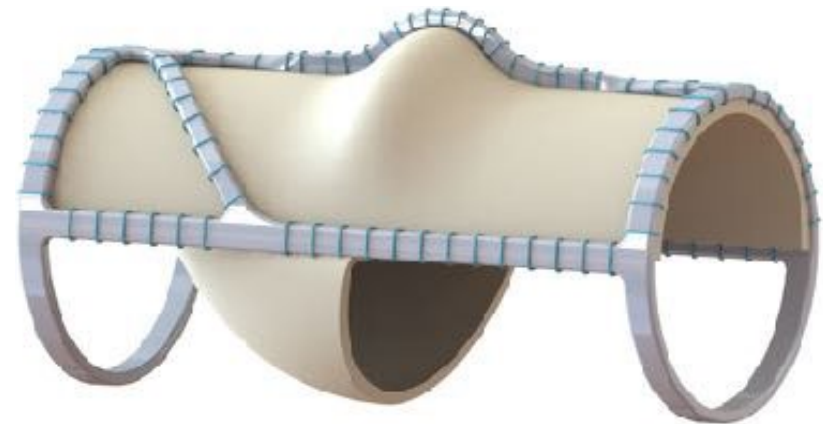


Compression Garments

Leg Elevation



venoValve





## First-In-Class Surgical Replacement Venous Valve

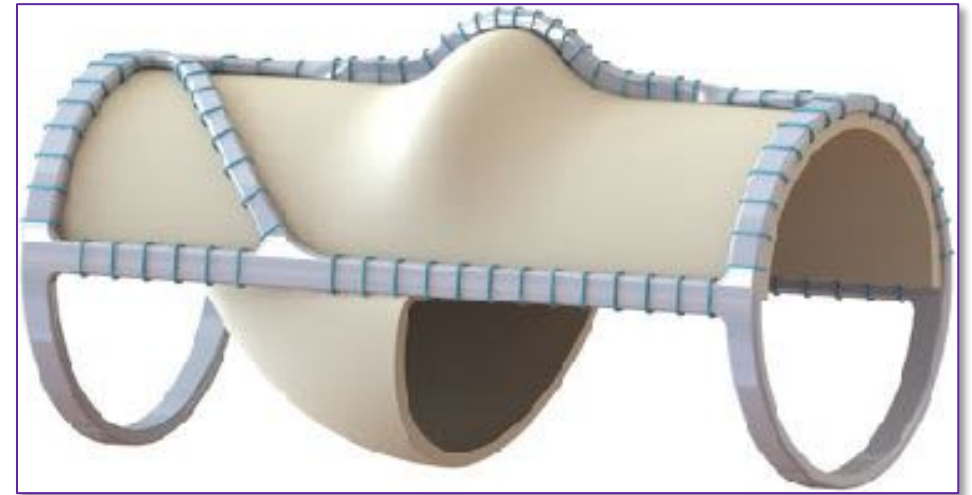
### Ongoing U.S. Pivotal Trial

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

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**PMA Application** Expected **Q4 2024**



FDA Breakthrough Device Designation

# veno valve



View Video

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

 **75 Patients**



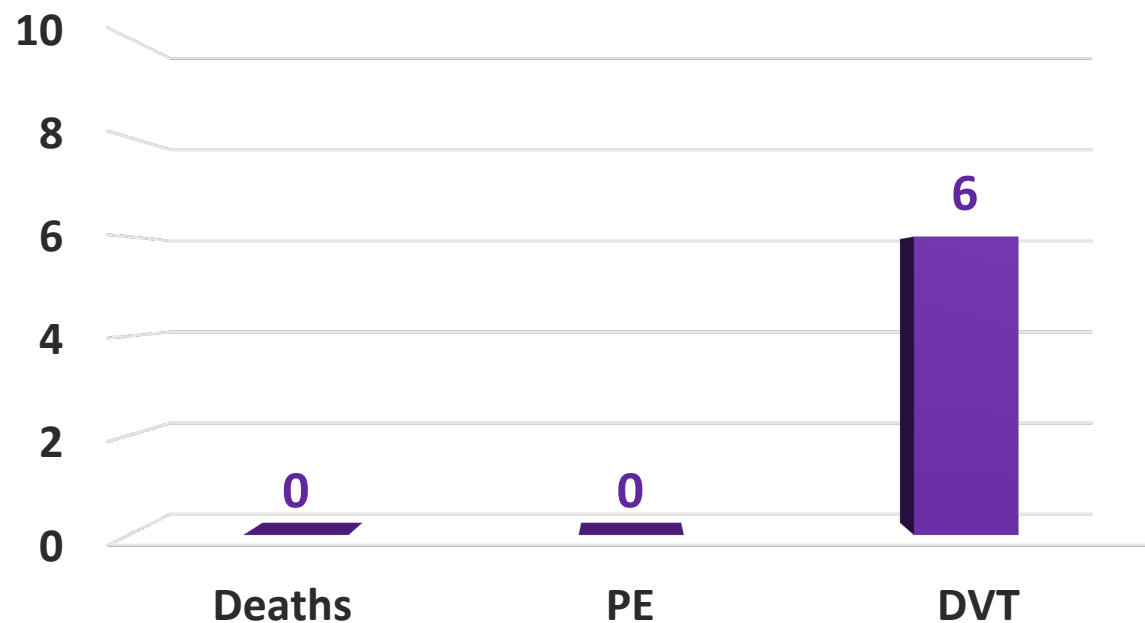
Across **21 Sites**  
in the U.S.

Primary Safety  
Endpoint **30 DAYS**

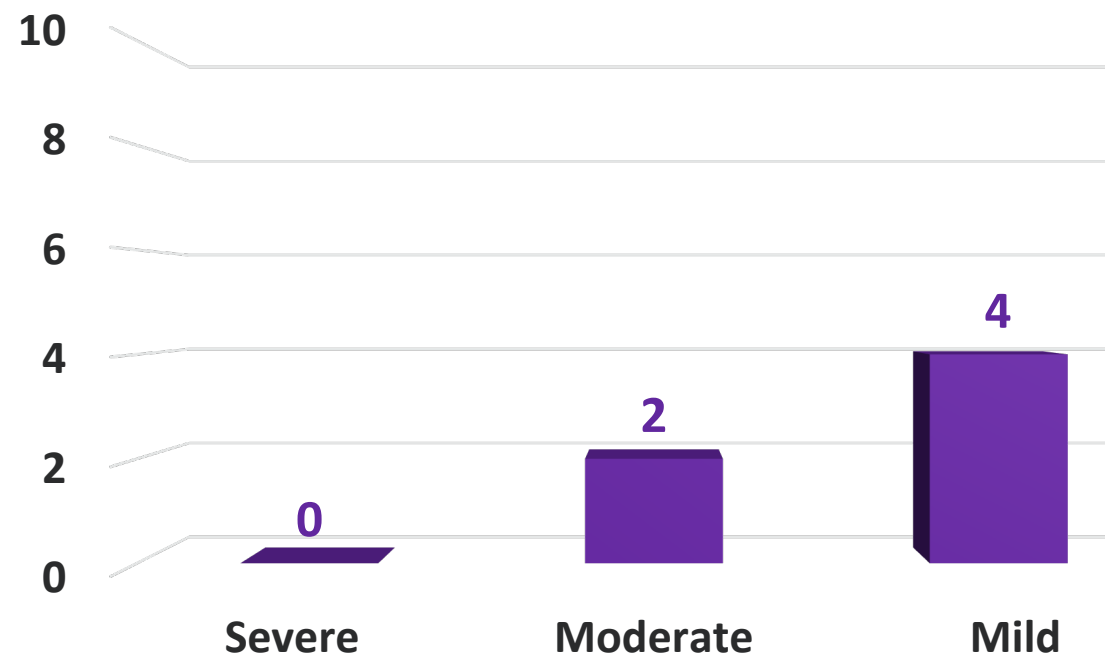
Efficacy  
Endpoints **180 DAYS**

## 30-Day Device Related Material Adverse Event (MAE)

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



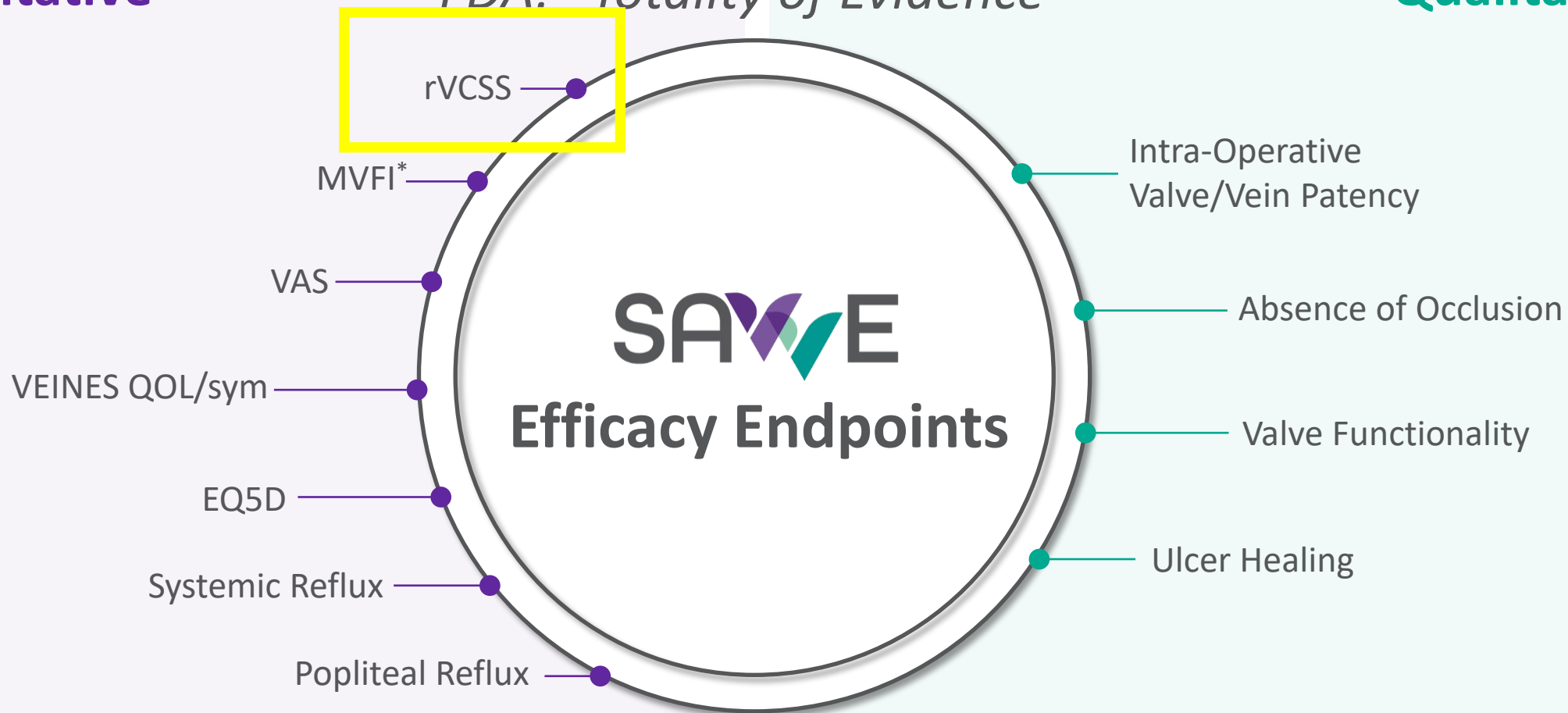
**SAVVE Device Related  
MAE Severity**



## Quantitative

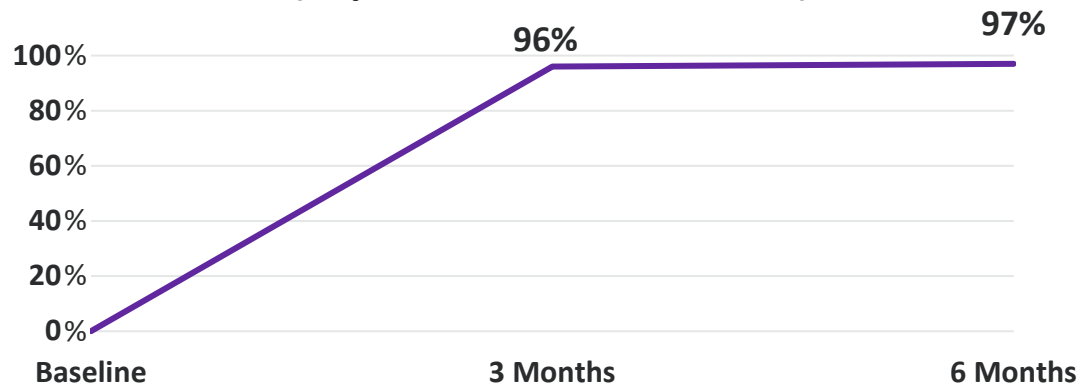
*FDA: "Totality of Evidence"*

## Qualitative

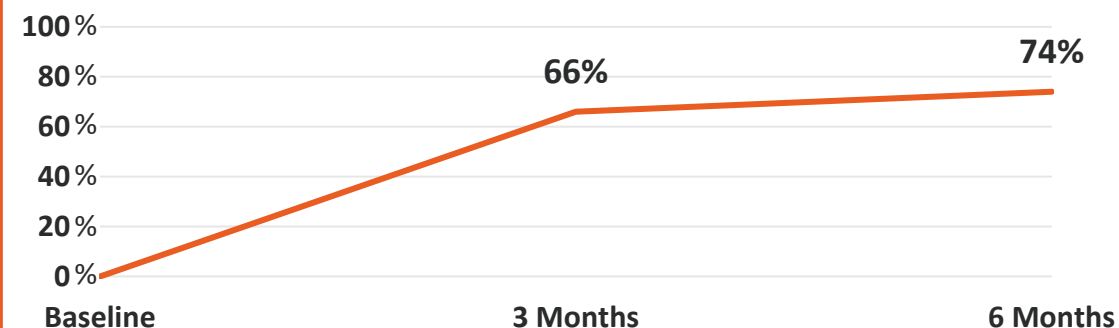


One Year Data in Support of PMA

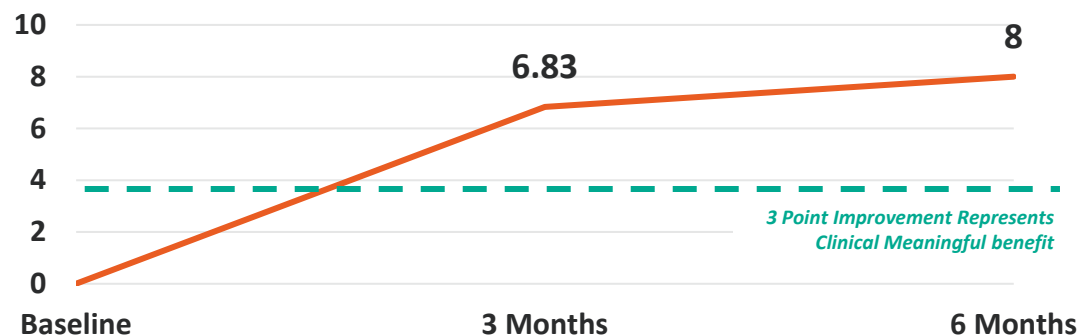
**% of Patients with Clinical Improvement  
(Improvement in rVCSS n=69)**



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



**Average rVCSS Point Improvement  
Patients with Clinical Meaningful Benefit at  
6 Months (n = 51)**



**Average rVCSS Score by CEAP Diagnosis in Patients  
with Clinically Meaningful Benefit (N=51)**



Subject A



12 Months

Subject B



Baseline



6 Months

Subject C



Baseline



6 Months



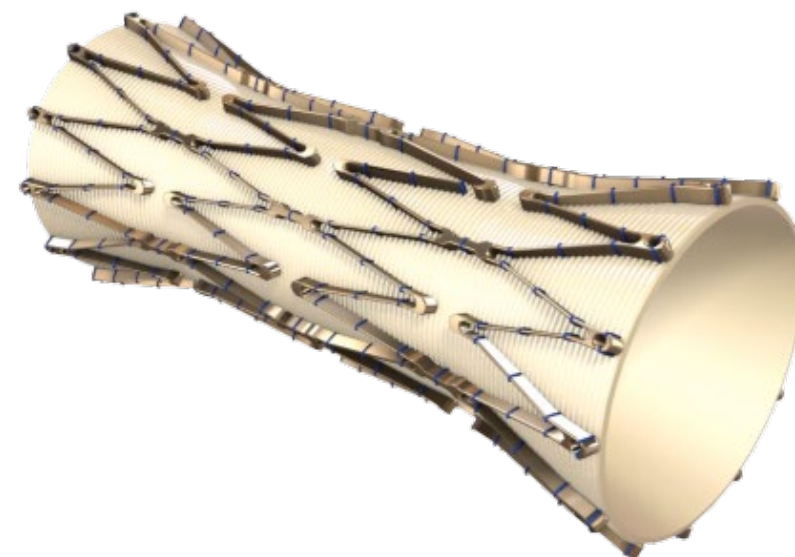


## Patient Testimonials From Pivotal Trial



[View Video](#)

enVve



## Next-Generation, Non-Surgical Replacement Venous Valve

Transcatheter-based **minimally invasive procedure**

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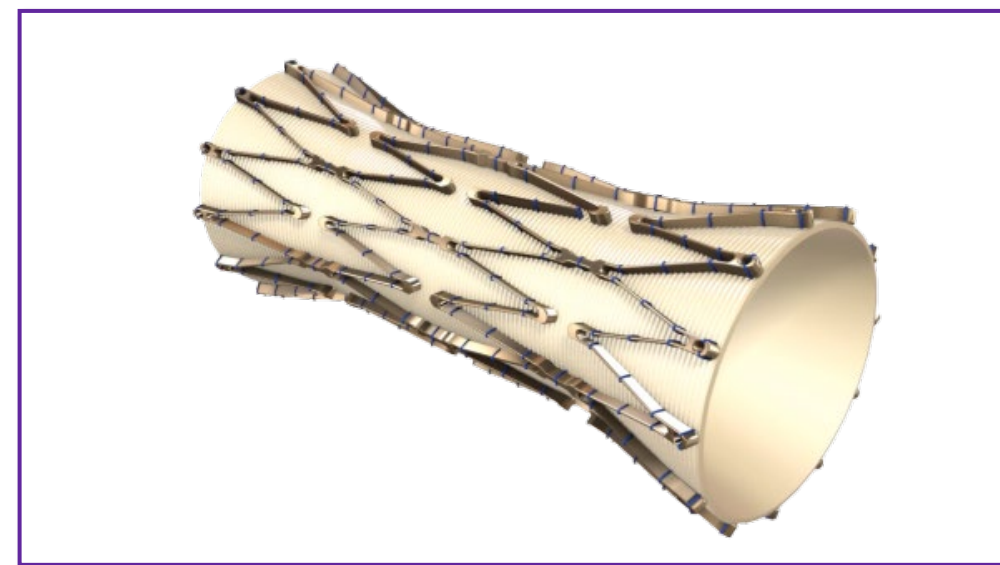
**No general anesthesia** or overnight **hospital stay**

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

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**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

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Capacity to support at least first  
5 years of commercialization

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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



## **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



## **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. 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



## **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

## Managed Risks



Setting New Standards for Venous Care

# Appendix

# Cap Table

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<b>Common Stock Outstanding</b>	<b>13,316,636</b>
<b>Warrants</b>	
<b>Pre-Funded Warrants</b>	<b>2,736,935</b>
<b>Other Warrants</b>	
Exercise Price:	
\$7	3,056,392*
\$7 - \$10	10,793,258
\$10 - \$50	536,830
> \$50	6,000
<b>Total Warrants</b>	<b>14,392,480</b>
<b>Equity Incentive Plan</b>	<b>5,185,276</b>
<b>Total Common Stock, Warrants and Options Outstanding</b>	<b>35,631,327</b>
<b>Total Authorized Shares</b>	<b>250,000,000</b>
<b>Preferred</b>	<b>10,000,000</b>