



Setting New Standards for Venous Care

August 2022 Investor Presentation

Nasdaq: NVNO
enVVeno.com



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Investment Highlights

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Lead product candidate, VenoValve® being evaluated for the treatment of lower limb deep venous Chronic Venous Insufficiency (CVI)

VenoValve® Demonstrated
efficacy and safety
in first-in-human trial

Ongoing SAVVE U.S. pivotal trial

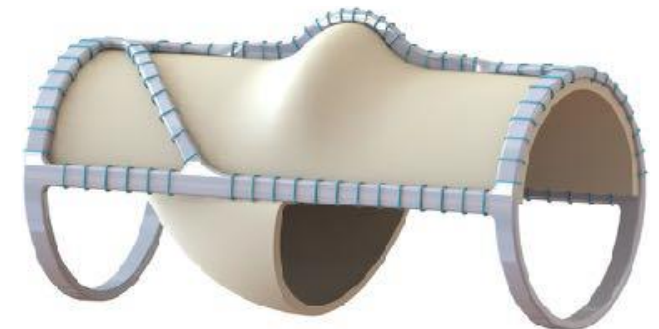
Sufficient capital to fund operations
through pivotal data readout

veno^{valve}

Potential to redefine the standard of care in
lower limb Chronic Venous Insufficiency (CVI)

Breakthrough Device Designation

Significant opportunity with
~2.4 million potential patients in the U.S.



VenoValve

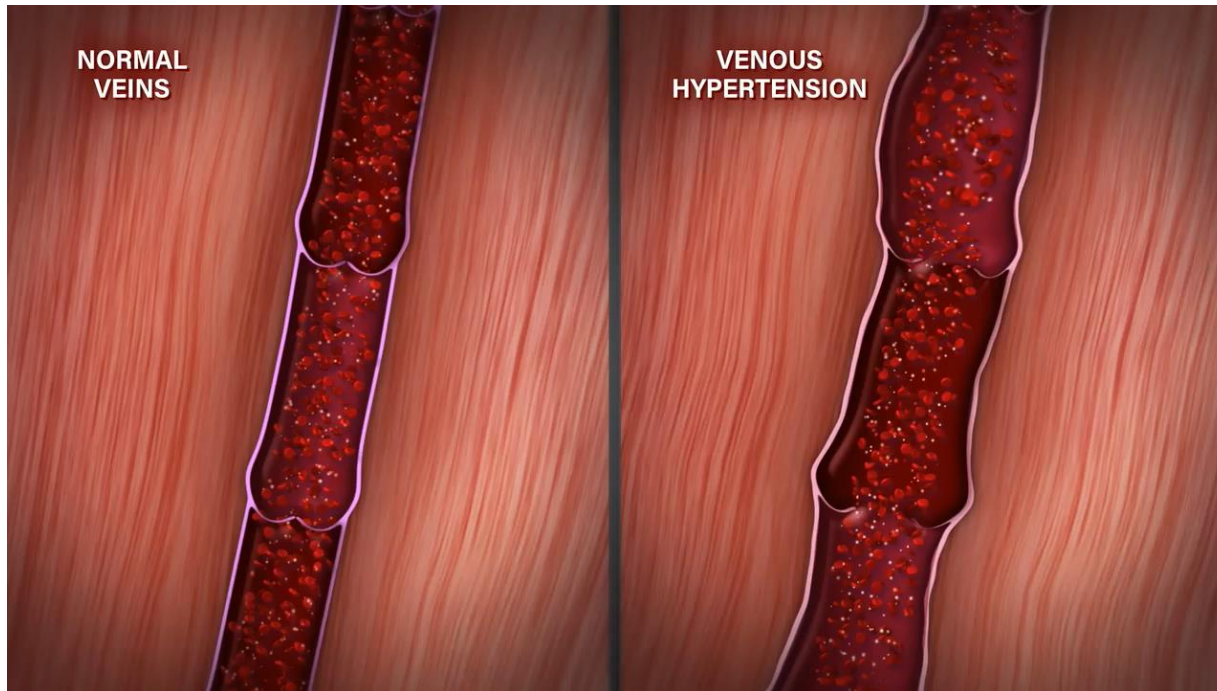


View Video

Chronic Venous Insufficiency (CVI)

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Occurs as a result of increased venous pressure (venous hypertension) within the veins of the leg, most often caused by 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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~2.4M
People in
the U.S.¹



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



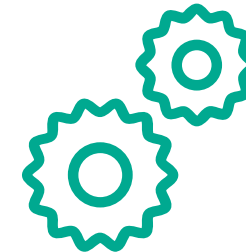
20-40%
1-Year ulcer
recurrence¹



~\$30B
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



Compression Garments

Leg Elevation

CVI: Trial Endpoints

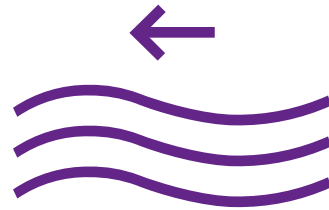
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Safety



Number device related
adverse events

Reflux



Backwards flow of
blood measured
via a duplex scan

rVCSS (Venous Clinical Severity Score)



Progressive ranking of
disease manifestations and
severity

Pain VAS (Visual Analogue Score)

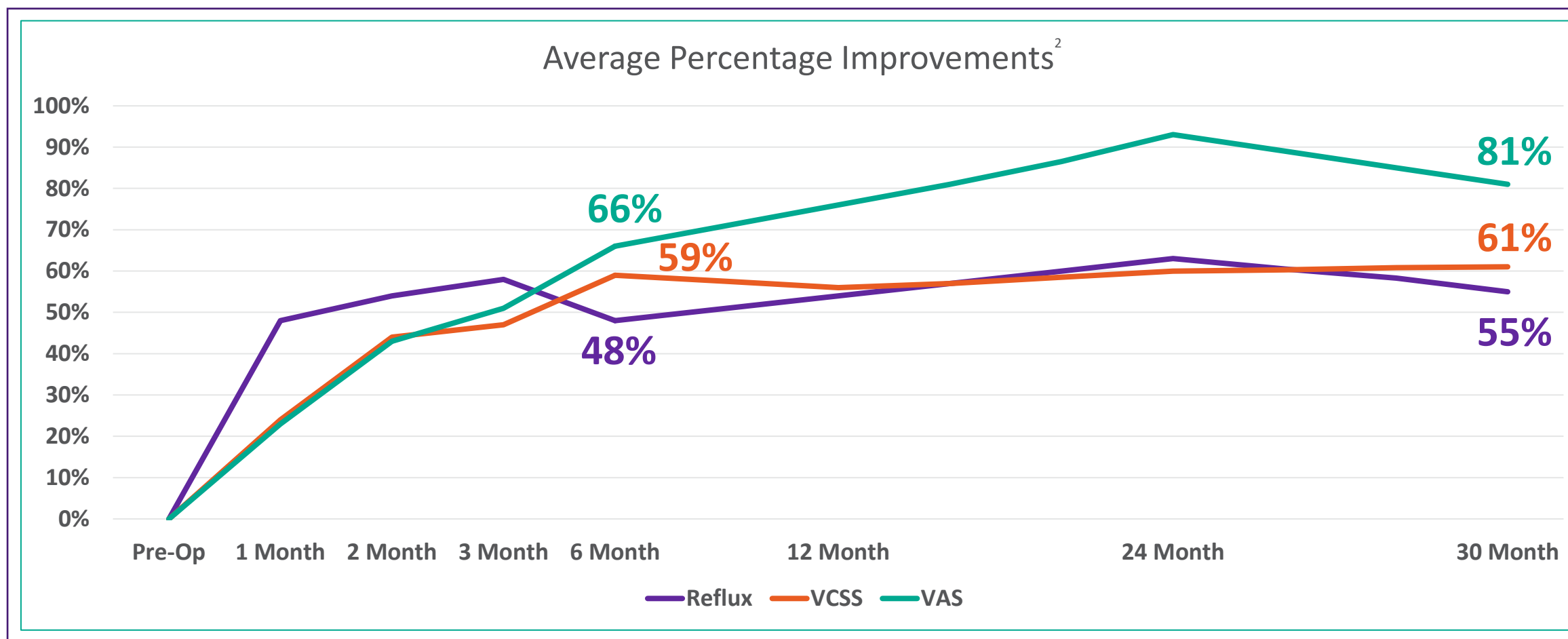


Numerical score of
the severity of the
perception of pain

venoValve Results from First-In-Human Trial¹

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Improvement is Maintained for 2.5 Years Without Adverse Events



1. No device related adverse events. Safety issues in first year included 1 seroma (which was aspirated), 3 minor wound infections, 1 over anticoagulation and 1 occlusion due to patient non-compliance. No device-related issues reported between months 12 and 30; one reported case of contralateral ulcer development.
2. One-year results for 11 patients compared to Pre-VenoValve® implantation. 30-month results for 8 patients compared to Pre-VenoValve® implantation

Results from First-in-Human Trial



BEFORE



AFTER

BEFORE



AFTER



BEFORE



AFTER



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

 **75 Patients**



Up to **20 Sites**
across the U.S.

Primary Safety
Endpoint

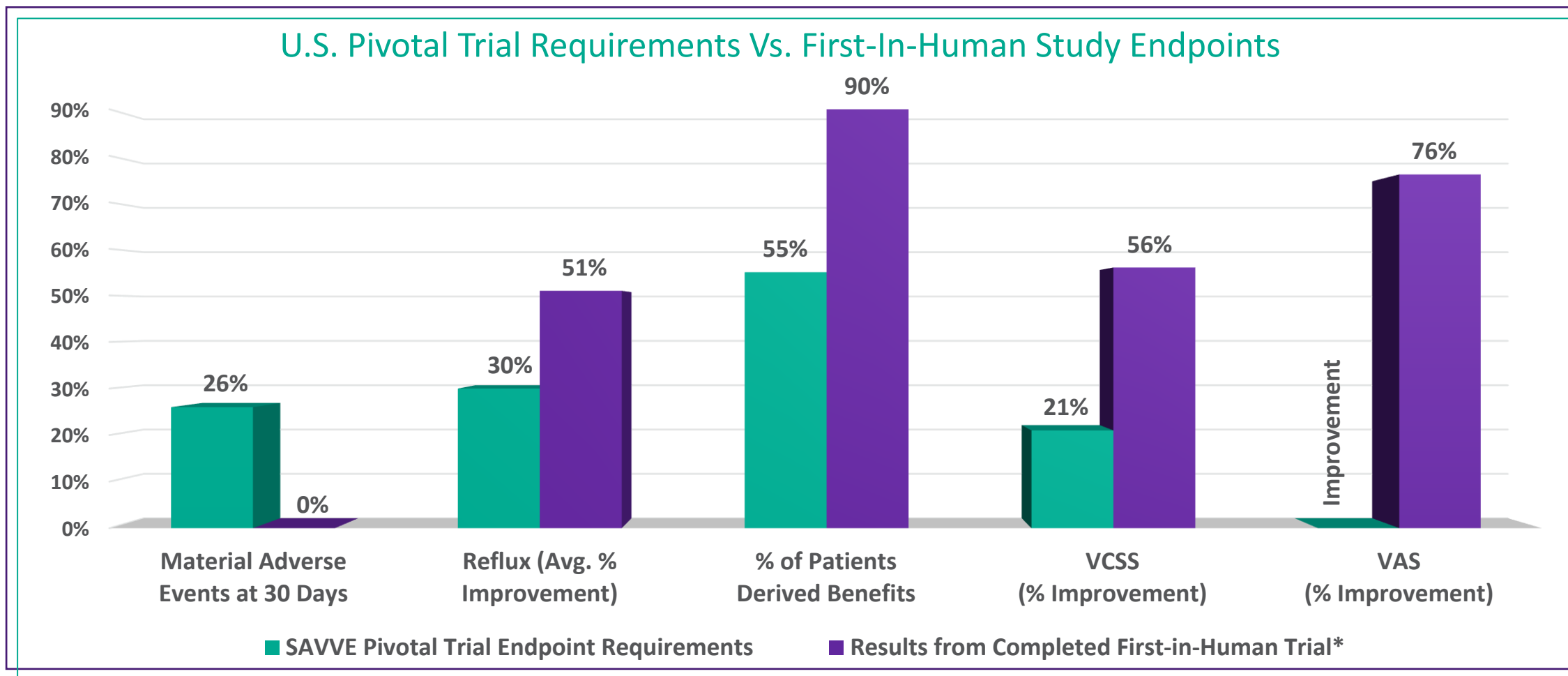
30 Days

Primary Efficacy
Endpoint

6 Months

SAVE

U.S. Pivotal Trial Requirements Compared to First-In-Human Results





Commercial Strategy

Stakeholder Appeal

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Patients



- Potential to cure debilitating disease
- No effective alternatives

Doctors



- No existing treatment
- Short learning curve
- Incremental revenue

Hospital (VAC)



- No capital investment
- Profitable procedure
- Eliminate wound care

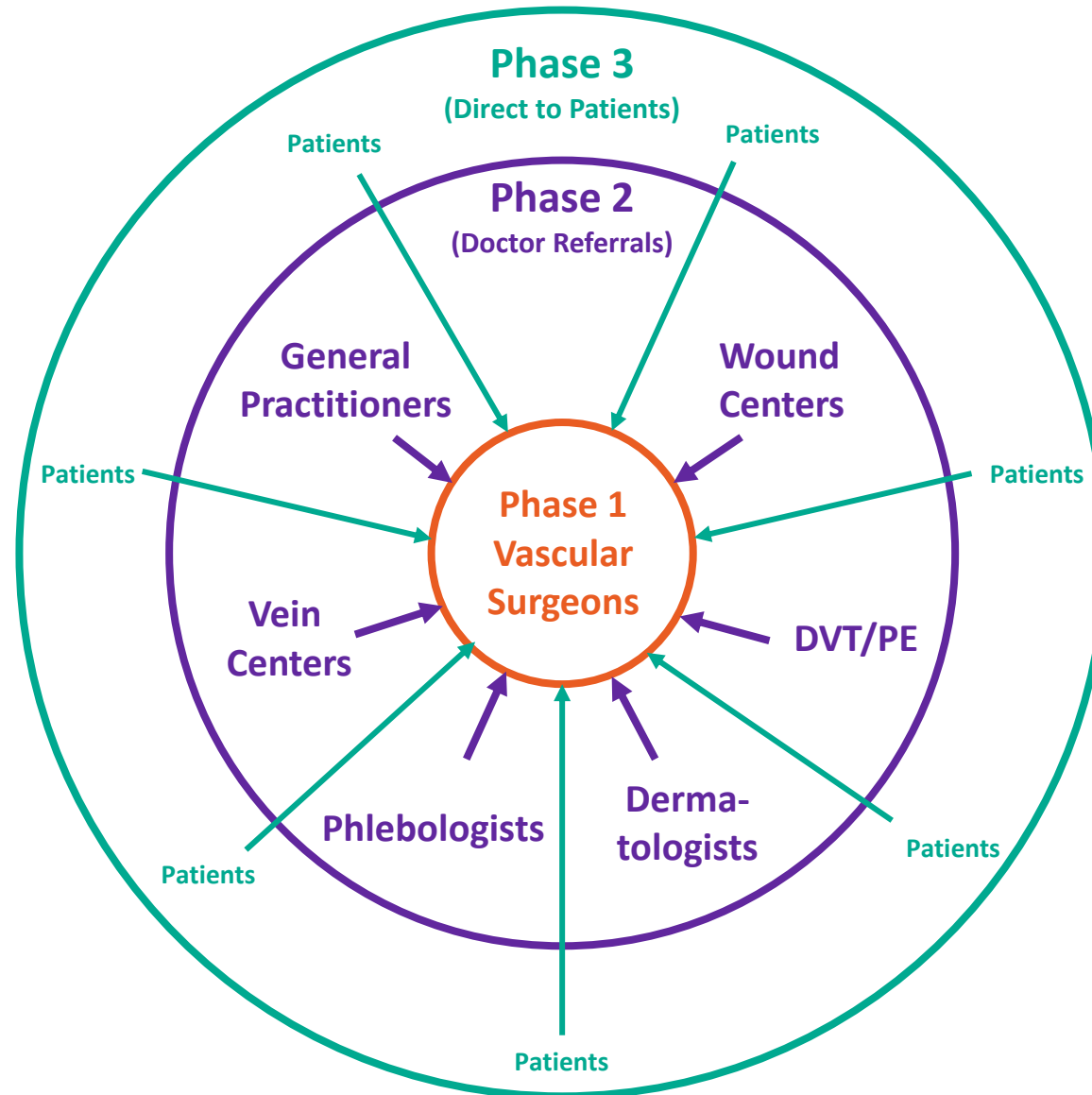
Payers



- \$30,000-year wound care
- High recurrence
- Society and KOL support

Focused Commercial Rollout Strategy

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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 for commercialization

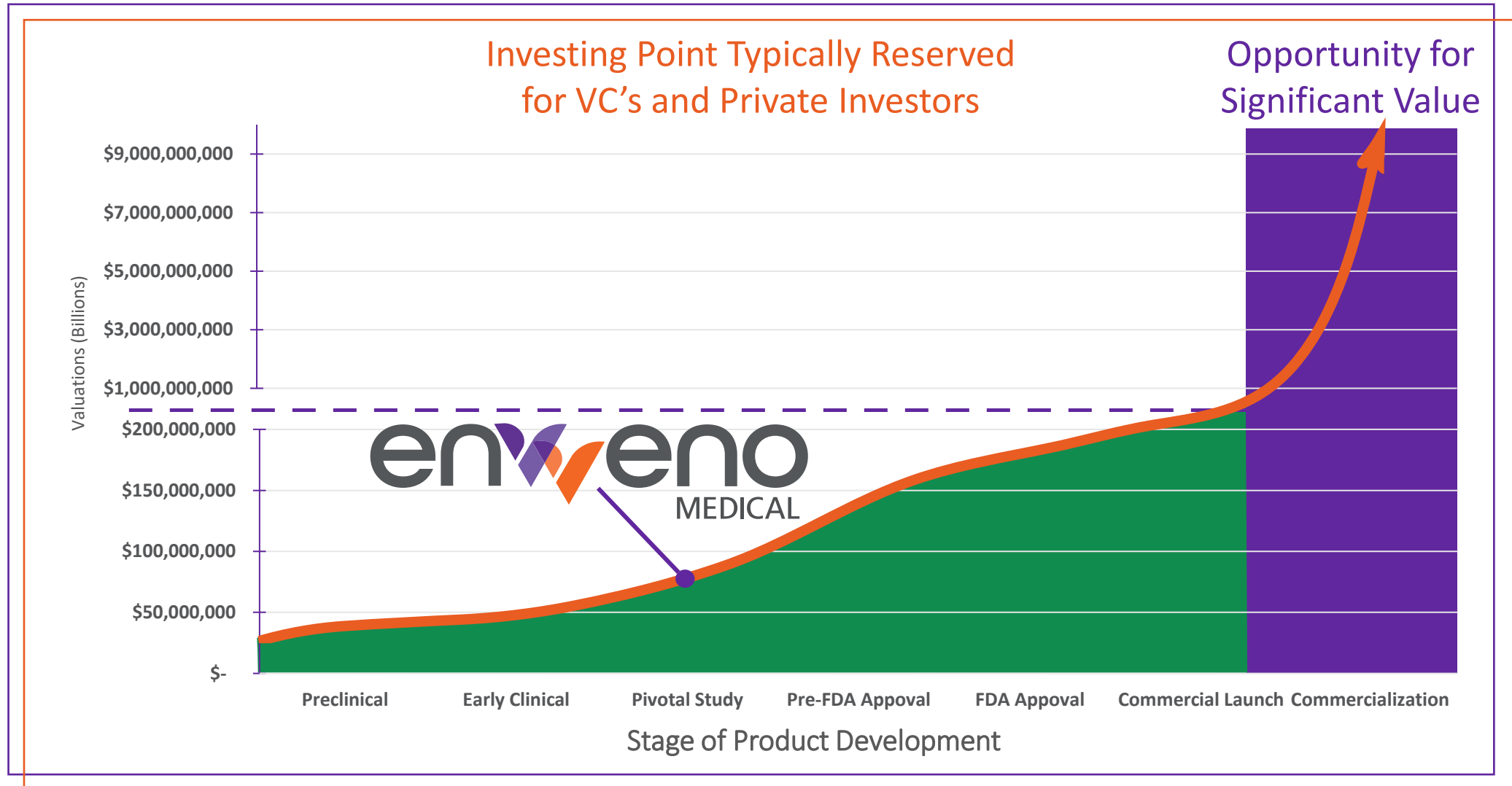




Corporate Overview

Potential for Significant Value Creation

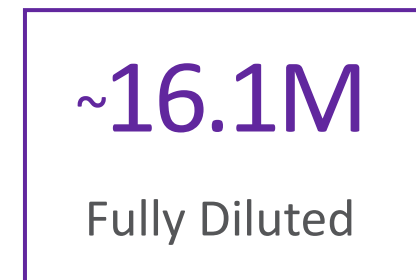
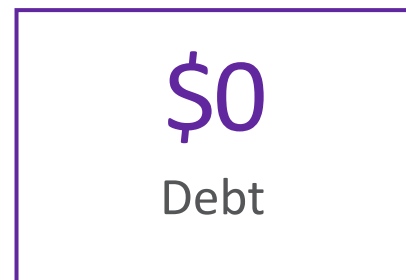
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Financial Overview

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Sufficient Capital to Fund Operations Through Topline Data of SAVVE Pivotal Trial



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

VP, Research and Development

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



KEVIN BELTEAU

VP, Clinical Operations

- 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

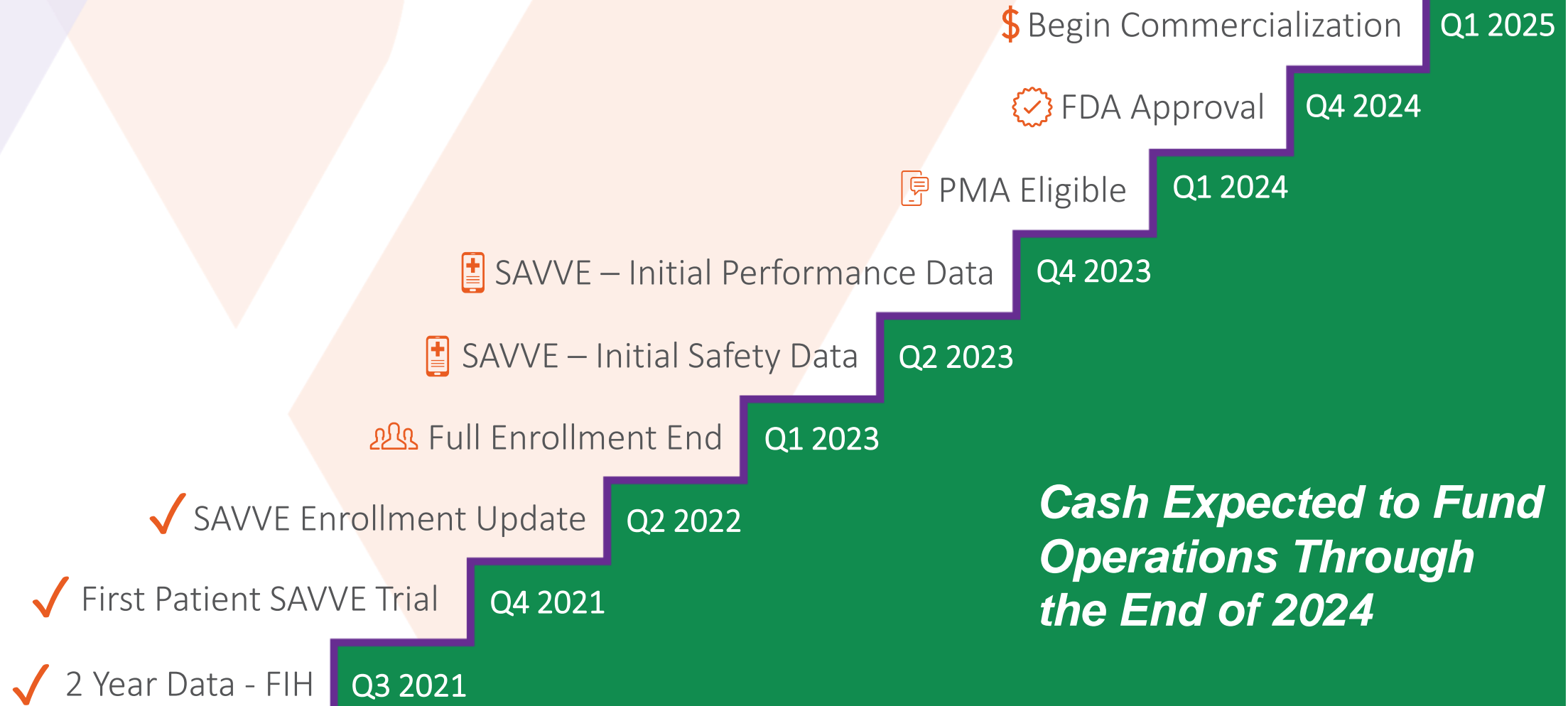
Collective Industry Experience



Upcoming Milestones



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Potential for Huge Upside with Managed/Limited Risk
We Believe Upside Far Outweighs the Risk

Clinical

Demonstrated efficacy and safety
in first-in-human trial

Capital

Sufficient capital to fund
operations through topline
data of SAVVE pivotal trial

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	9,468,324
Warrants	
Perceptive Pre-Funded Warrants*	1,759,035
Other Warrants	
Exercise Price:	
\$7	2,957,142
\$7 - \$10	906,917
\$10 - \$50	536,812
> \$50	153,600
Total Warrants	4,554,471
Equity Incentive Plan	3,843,989
Total Common Stock, Warrants and Options Outstanding	19,625,819
Total Authorized Shares	250,000,000
Preferred	10,000,000

* Perceptive paid for these shares at close. They are structured as a prefunded warrant to avoid affiliate classification.