Proven Performance Through Innovative Design*
The COVERA™ Vascular Covered Stent builds upon proven technologies from the category leader in AV Access. This covered stent platform, specifically engineered for the AV Access circuit, was designed to balance the flexibility and strength required for tortuous venous outflow anatomy of the venous anastomosis. Flared and straight configurations allow for precise sizing and adaptation to the vessel wall, while an easy-to-use thumbwheel delivery system provides placement control.

In the AVeVA Clinical Study, patients who received the COVERA™ Vascular Covered Stent showed 71% Target Lesion Primary Patency (TLPP) at 6 months.*
Improved Patency*

The AVeVA Clinical Study is the latest trial to demonstrate that covered stents are effective in the treatment of stenosis at the vein-graft anastomosis.

**71%**
Target Lesion Primary Patency through 6 Months

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### Results
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Differences in study design may impact results. Reference full manuscript for complete study design details.

In the AVeVA Clinical Study, the COVERA™ Vascular Covered Stent was studied in a challenging patient cohort.

**72%**
Improved Patency

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**40%**
Non-Target Lesions

**25%**
Increased Flexibility

Atraumatic tip designed to facilitate smooth insertion and removal at the access site

Stability sheath for smooth and precise delivery

Dual-speed thumbwheels for operator control

Ergonomic grip for one-handed deployment

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Helical Design for Radial Strength and Flexibility

Unique, flexible base stent architecture designed to conform to native vessel in challenging AV anatomy

Demonstrated effective pushability, trackability, and visibility under fluoroscopy on a low profile delivery system platform in a pre-clinical model

Innovative Design

Thumbscrew Delivery

facilitates Accurate Placement Control

New, intuitive triaxial delivery system designed for precise placement and to facilitate optimal lesion coverage

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Important: The flexion, compression, and torsion properties of the COVERA™ stent are designed to provide flexibility during deployment while maintaining stability during use. These properties may impact the performance of the COVERA™ stent in an actual clinical setting. The performance of the COVERA™ stent in an actual clinical setting may differ from its predicted performance. Please refer to the product labeling for details on the performance characteristics of the COVERA™ stent.

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71% Target Lesion Primary Patency through 6 Months

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**Innovative Design**

**Helical Design for Radial Strength and Flexibility**

Unique, flexible base stent architecture designed to conform to native vessel in challenging AV anatomy

- Contoured edges designed to optimize vessel apposition and provide laminar flow
- Tantalum markers designed for enhanced visibility under fluoroscopy
- Engineered for flexing, compressing, and torsion, with helical struts and angled bridges
- Full encapsulation between two ePTFE layers designed to resist neointimal hyperplasia in the treatment area

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**Straight and flared configurations for optimized hemodynamic flow at the venous anastomosis**

**Summary of BD AV Graft Clinical Trials at 6 Months**

<table>
<thead>
<tr>
<th>Study Device</th>
<th>Randomized PTA</th>
<th>TLPP Summary of BD AV Graft Clinical Trials at 6 Months</th>
</tr>
</thead>
<tbody>
<tr>
<td>FLAIR®</td>
<td></td>
<td>Target Lesion Primary Patency through 6 Months</td>
</tr>
<tr>
<td>FLAIR® Endovascular Stent Graft</td>
<td>51%</td>
<td>91</td>
</tr>
<tr>
<td>COVERA™</td>
<td></td>
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</tr>
<tr>
<td>COVERA™ Vascular Covered Stent</td>
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**Differences in study design may impact results.**

Reference full manuscript for complete study design details.

**AVeVA** was a prospective, non-randomized, single arm multi-center study of the COVERA™ Vascular Covered Stent used to treat stenoses at the anastomosis of an arteriovenous graft and outflow vein. 110 patients were treated with the COVERA™ Vascular Covered Stent at 14 investigational sites in the US.

**Results based on pre-clinical testing. Pre-clinical testing may not be indicative of clinical performance.**

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- Atraumatic tip designed to facilitate smooth insertion and removal at the access site
- Stability sheath for smooth and precise delivery
- Dual-speed thumbwheels for operator control
- Ergonomic grip for one-handed deployment
- Demonstrated effective pushability, trackability, and visibility under fluoroscopy on a low profile delivery system platform in a pre-clinical model

**Length (mm)**

<table>
<thead>
<tr>
<th>Diameter (mm)</th>
<th>50</th>
<th>60</th>
<th>60</th>
<th>80</th>
<th>100</th>
</tr>
</thead>
<tbody>
<tr>
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<tr>
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**30 mm lengths available in straight configuration only**
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In the AVeVA Clinical Study, the COVERA™ Vascular Covered Stent was studied in a challenging patient cohort.

72% Reduction in Target Lesions

40% Reduction in Non-Target Lesions

25% Reduction in Mortalities

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Helical Design for Radial Strength and Flexibility

Unique, flexible base stent architecture designed to conform to native vessel in challenging AV anatomy

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<tr>
<th>Contoured edges</th>
<th>Helical design for smooth insertion and removal at the access site</th>
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<tr>
<td>Carbon impregnation</td>
<td>Engineered for flexibility, compression, and torsion, with helical struts and angled bridges</td>
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<td>Engineered for smooth hemodynamic flow at the venous anastomosis</td>
<td>Demonstrate effective pushability, trackability, and visibility under fluoroscopy on a low profile delivery system platform in a pre-clinical model</td>
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<tr>
<td>Stabilized shaft for smooth and precise delivery</td>
<td>Straight and flared configurations for optimized hemodynamic flow at the venous anastomosis</td>
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<td>Carbon impregnation throughout the lumen to reduce early stage platelet adhesion</td>
<td>Topography, grip for one-handed deployment</td>
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Straight and flared configurations for optimized hemodynamic flow at the venous anastomosis

Tubular marker for smooth insertion and removal at the access site

Demonstrated effective pushability, trackability, and visibility under fluoroscopy on a low profile delivery system platform in a pre-clinical model

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