Okami MEDICAL®

A Revolutionary Peripheral Vascular Occlusion System

Okami At a Glance

Proven Leadership Team and Board	Established leadership team of innovators and industry veterans with decades of experience successfully developing, commercializing, and creating sustained growth and value.
Differentiated Technology	An innovative, yet simplified portfolio of peripheral occluders capable of matching the clinical versatility of coils, while addressing the significant limitations with their predictability, consistency, and durability. Robust portfolio of issued and pending patents.
Attractive, Immediately Addressable Market Opportunity	An immediate $600M+ U.S. TAM with established care pathways, focal interventional radiology call-point, and favorable reimbursement/economics. A market ripe for disruption with incumbent technologies lacking meaningful innovation for several decades.
Clinically Proven, Commercially Ready	500+ implants to-date confirming LOBO differentiation, validating its value proposition, and informing a focused commercial strategy initially targeting key clinical applications within select territories and accounts. 2 Sales Reps with $1M annualized territories each, ramping to 11 territories in 2024.
Talented Employee Base and Strong Culture	35 employees strong today, with plans to scale the business considerably over the next 3 years. Culture of unity, patient focus, winning with integrity, respect and accountability.

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Okami Medical Management Team

Decades of Experience in Developing and Commercializing Innovative Medical Technologies

Rhonda Robb
President & CEO
30+
Years of Experience

- GM Structural Heart at Medtronic, expanded globally and built a $1B commercial TAVR/surgical valve business
- COO at CSI, launched 20 new products and expanded globally, acquired by Abbott
- Board Member of 4C Medical, a TMVR start up

Medtronic | CSI CARDIOVASCULAR SYSTEMS, INC. | 4C MEDICAL

Bob Rosenbluth, Ph. D.
Co-Founder
35+
Years of Experience

- Founder Inceptus Medical
- Founder of Inari, Served as Inari CEO and Chairman
- Founder of Sequent Medical, acquired by Terumo
- Founder of MicroVention, acquired by Terumo
- Founder of Advanced Surgical Intervention

inceptus | INARI MEDICAL | Sequent Medical | MicroVention TERUMO

Paul Lubock
VP & Co-Founder
35+
Years of Experience

- Founder Inceptus Medical
- Founder of Inari, Served as Vice President and on the Board
- Founder of SenoRx, acquired by CR Bard
- Founder and President Abacus Design & Development
- Leadership at Shiley/Pfizer

inceptus | INARI MEDICAL | SENORX

Terry Hardin
VP Marketing
20+
Years of Experience

- VP Inceptus Medical
- VP, Technology & Product Management at Cianna Medical, launched SCOUT surgical guidance system, acquired by Merit Medical
- Product Development Engineer at Suros Surgical Systems, acquired by Hologic

inceptus | CIANNA MEDICAL | SUROS | Baxter

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History of Innovation by the Okami Team

Proven Track Record of Innovation, Successful Exits and Creating Enduring Value

		Transaction Multiple[1]	Today
 MicroVention TERUMO 1997	Acquired by TERUMO	5.7x	$750M 2024E Revenue
 SENORX 1998	IPO: SENO Acquired by BD BARD	2.4x	$350M 2024E Revenue
 Sequent Medical 2006	Acquired by TERUMO	26.6x	$175M 2024E Revenue
 INARI MEDICAL 2012	IPO: NARI	4.9x	$587M 2024E Revenue
 Okami MEDICAL 2018	FDA Cleared	*Commercially Launched in 2024 with >500 implants to date*	

1. Reflects FTM Revenue multiple at acquisiton(s); Inari reflects current FTM trading multiple

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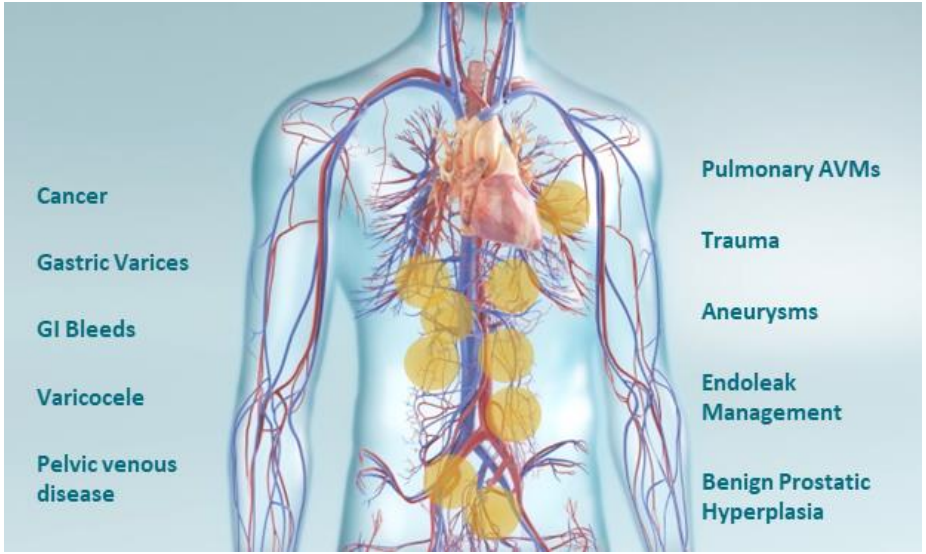
Purpose of Peripheral Vascular Occlusion

The Standard of Care for a Diverse Set of Clinical Applications

- Intravascular placement of a device or agent (solid or liquid) to produce an intentional vessel occlusion
- May be performed at any level, from large arteries or veins to capillary beds
- Percutaneous transcatheter occlusion may be curative or palliative



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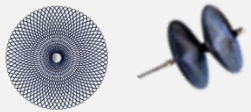
Limitations and Risks Posed by Current Technologies

Coils	Physicians Need an Option that is:	Current Plugs
• Highly dependent on operator technique and prone to vessel recanalization • Multiple coils per occlusion (2-8+) required at $1,000-$1,500+ per coil • 30+ SKU's creating operational inefficiencies (e.g., shelf space, training) • Longer (10+ min) procedural times increasing cost and radiation exposure • Creates metal artifact impacting future diagnostic/imaging procedures • Multiple options, limited differentiation	**Easy to Use** **Predictable** **Fast & Efficient** **Durable** **Versatile**	• Conventional braided devices typically require adjunctive coiling due to low wire count and large pore construction • Membrane devices prone to migrate in larger sizes and limited utility in curved vessels • Typically require adjunctive devices to achieve occlusion
 *Ruby* *POD* *Embold* *AZUR* *Concerto*	 **LOBO** ***HD*BRAID**	 *Amplatzer* *MVP*

LOBO Checks all the Boxes

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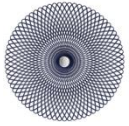
LOBO Implant

Redefining the Standard of Care in Peripheral Vascular Occlusion

Powered by *HD*BRAID Technology, an innovative, unique braiding method developed specifically for occluding vessels



***HD*BRAID**

Coil

LOBO Meets Customer Needs by Delivering a One-and-Done Solution

- Conforms to and occludes tortuous anatomy
- Low profile enables deliverability and target reach
- Highly stable across a range of clinical applications and target vessels, including large diameters and high flow environments. Fully retrievable.
- Can treat >80% of market with only 4 implant sizes. Reduces shelf space requirements. Streamlines training for physicians and cath. lab staff.
- Only one implant per occlusion – rapid (<2min), consistent, and durable outcome. Reduces procedural time, cost, and radiation exposure.
- Minimal CT artifact

Proprietary Patented Design

- High density (HD), small pore structure for optimal occlusions
- Extensive US and foreign patent protection

LOBO Commercial Highlights			
80%+ Gross Margins	**500+** Implants	**12** Accounts	Favorable Reimbursement and Customer Economics
Focal Interventional Radiology Call Point			

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SENDERO Delivery Catheters

Redefining the Standard of Care in Peripheral Vascular Occlusion

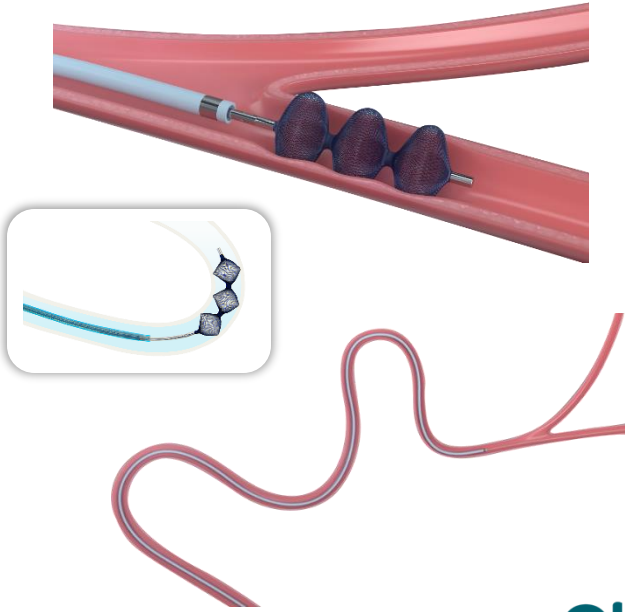
LOBO is harmonized with dedicated delivery catheters

SENDERO

Microcatheter (2.9F)
for LOBO-3 and LOBO-5

MAX (5.5F)
for LOBO-7 and LOBO-9
(Anticipating FDA Clearance in Fall 2024)

- Smooth, low friction
- Highly navigable, LOBO delivery (LOBO can also be delivered through commercially available catheters)
- Distal column strength for reliable retraction
- Radiopaque marker band for visualization
- Increases revenue per LOBO case



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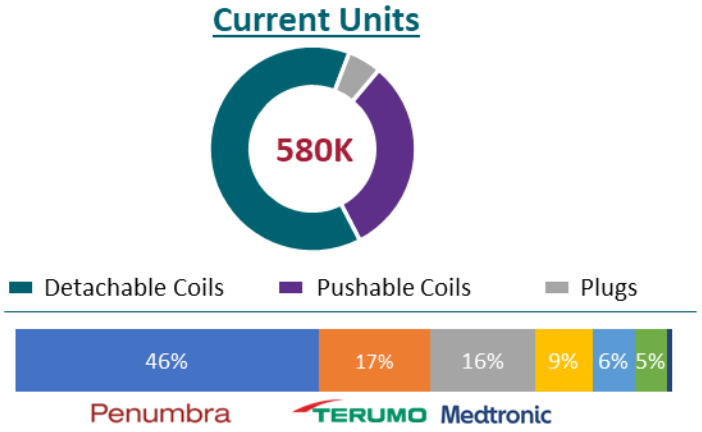
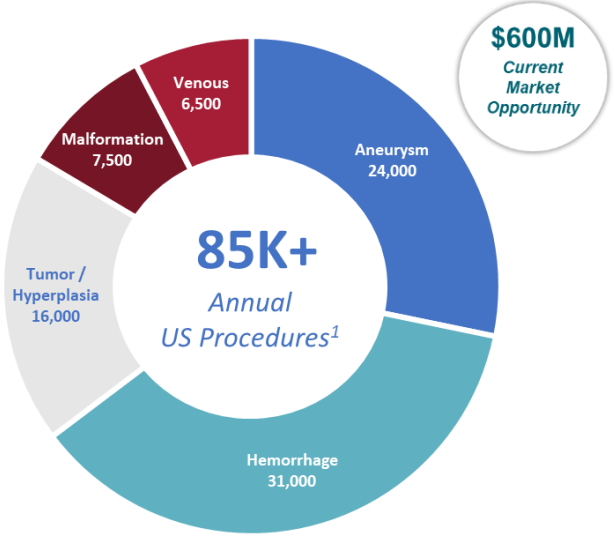
Large Established U.S. Market and LOBO TAM

Goal of Peripheral Vascular Occlusion – Occlude Vessels and Prevent Blood Flow

Coils and/or Plugs Used in >60% of Peripheral Embolization Procedures



Existing LOBO TAM[1]



1) Includes total US peripheral vascular embolization procedures (coils & plugs); per *DRG / Clarivate - Transcatheter Embolization and Occlusion Devices Market Insights*

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Clinical Insights from the LOBO LMR

Strong Feedback Demonstrates LOBO Clinical and Economic Differentiation

LOBO Delivers on the Unmet Clinical Needs

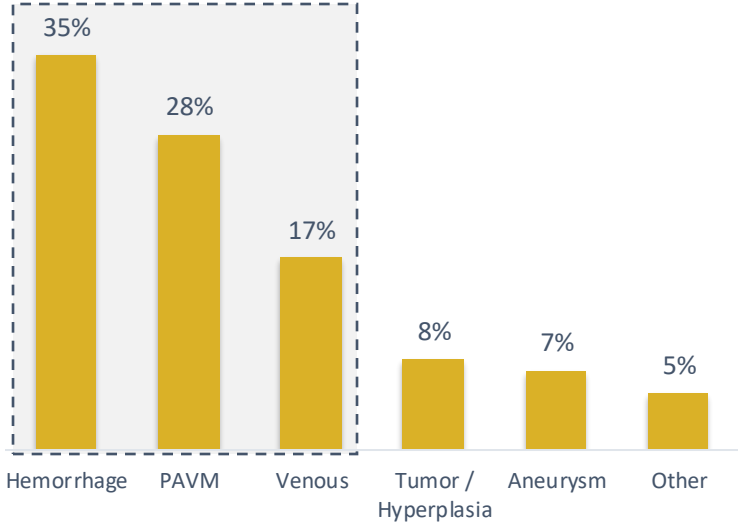
- Smooth trackability & delivery in a tortuous environment
- Generates minimal CT artifact
- Accurate & quick placement
- Single device for each occlusion/vessel
- Rapid, complete, and stable occlusion
- Reduced cost, saving time & reducing radiation exposure

LOBO LMR

300+	500+	<1.5 min
Cases	Devices Placed	Time-to-Occlusion

Replaced detachable coils in ~70% of implants, MVP/AVP in ~25% of implants

Clinical Mix 2023*



** Wide range of conditions treated including hemorrhage (GI bleeds, trauma related bleeds, splenic bleeds, postpartum bleeds), malformations (pulmonary AVMs), venous (varicocele, PeVD, gastric varices), tumor/hyperplasia (BPH, uterine fibroid, non-target embolization before Y90, iliac metastases), aneurysm (pseudoaneurysms, visceral aneurysms, endoleak management).*

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Okami's Early Implanters and KOL's

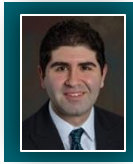
Esteemed Group of Interventional Radiologists with Influence and Credibility Amongst their Peers

Brian Funaki, M.D.
Interventional Radiologist

20+ Implants To-Date

- 200+ publications
- Former member of the Executive Council of SIR
- Associate editor of JVIR
- Former editor-in-chief of Updates in Interventional Radiology
- HHT Center of Excellence

AT THE FOREFRONT UChicago Medicine

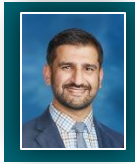


Nima Kokabi, M.D.
Interventional Radiologist

10+ Implants To-Date

- Associate Professor of Radiology
- Vice Chair of Clinical Research
- HHT Center of Excellence
- 100+ publications

UNC SCHOOL OF MEDICINE Radiology



Harris Chengazi, M.D.
Interventional Radiologist

50+ Implants To-Date

- Covers multiple hospitals in Buffalo
- Performs wide spectrum of peripheral embolization procedures

GLMI GREAT LAKES MEDICAL IMAGING

Tomas Appleton Figueira, M.D.
Interventional Radiologist

25+ Implants To-Date

- Level 1 trauma center
- Fellowship at MD Anderson Cancer Center

UMass Memorial Health

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Commercial Beachhead – Hemorrhage

An Immediately Accessible and Large Market Segment

- Hemorrhage represents the largest current peripheral occlusion market segment
- Critical, often life-saving, cases where LOBO provides compelling clinical and economic benefits
- Segment includes bleeds (e.g. GI, renal, post-partum, etc) and trauma. Bleeding due to trauma is the leading cause of death in the U.S. for individuals under 45 years old

Current Market Highlights

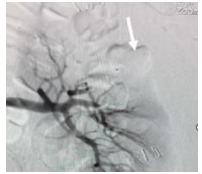
35%+	31K+	2-7mm
of Eligible Procedures	Eligible Procedures	Avg. Vessel Diameter

Strong Clinical Experience To-Date

"Quickly and effectively occluding the proximal splenic artery saved the patient's life"

"LOBO offers immediate and near instantaneous occlusion with a single device, critical for unstable bleeding situations."

Renal bleed before LOBO



Bleed completely stopped with LOBO

Manuscript in development

Successful Outcomes with the Low-Profile Braided Occluder for Transcatheter Proximal Splenic Embolization in Three Trauma Patients: A Brief Report

Christopher Stevens; Chintan Mehta, MD; Dylan Scott, Chaitanya Ahuja, MD; Massoud Allahyari, MD

Department of Radiology
Louisiana State University Health Sciences Center-Shreveport,
1501 Kings Highway, Shreveport, Louisiana 71103, USA

Benefits of LOBO in Hemorrhage

- ✓ Fast occlusion in time sensitive cases
- ✓ Eliminates need for multiple expensive detachable coils
- ✓ Precise deployment in critical anatomy
- ✓ Stability in high flow vessels

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Commercial Beachhead – Pulmonary AVMs

A Focused Disease State and Commercial Opportunity Favoring the LOBO Platform

- ~90% of patients with PAVMs have Hereditary Hemorrhagic Telangiectasia (HHT), a genetic condition characterized by abnormal blood vessel formation

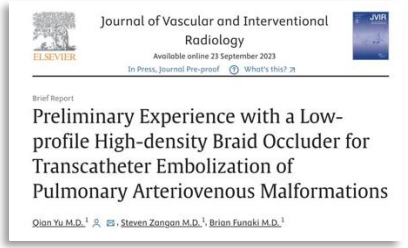
- Untreated PAVMs can lead to stroke and/or brain abscess
- Guidelines recommend that all PAVMs be treated with transcatheter occlusion

- PAVM procedure concentration and 27 U.S. HHT Centers of Excellence

PAVM Current Market Highlights

<10%	<10K	2-6mm
of Eligible Procedures	Eligible Procedures	Vessel Size Range

Strong Clinical Experience To-Date


Journal of Vascular and Interventional Radiology

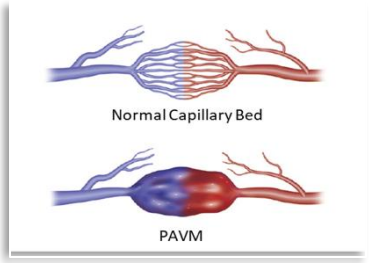
Available online 23 September 2023

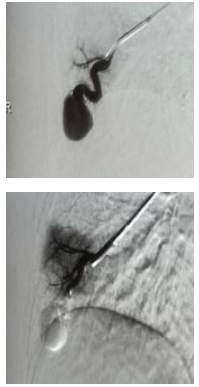
In Press, Journal Pre-proof

Brief Report

Preliminary Experience with a Low-profile High-density Braid Occluder for Transcatheter Embolization of Pulmonary Arteriovenous Malformations

Qian Yu M.D.[1], Steven Zangan M.D.[1], Brian Funaki M.D.[1]





PAVM before (top) and after (bottom) occlusion with LOBO

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Venous – Pelvic Venous Disease (PeVD)

Significantly Underdiagnosed, Misdiagnosed, and Undertreated Disease State (not within current label; seeking FDA Clearance in 2025)

- PeVD is caused by abnormally dilated veins around the ovaries and can be the cause of debilitating pelvic pain with significant quality of life implications
- Dilated veins result from a combination of dysfunctional or absent venous valves

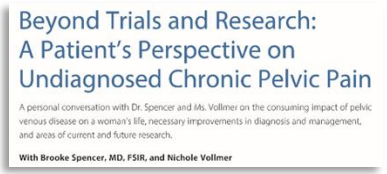
- Historically known as pelvic congestion syndrome, affects millions of women globally

- Conventional treatment options include medical management, hysterectomy, and vein ligation; however, these approaches do not address the underlying cause and/or are prone to symptom recurrence

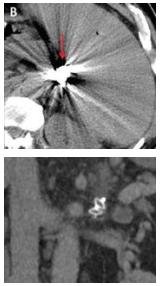
PeVD Current Market Highlights

<2%	<5K	$1.3B+	4-9mm
Penetration	Eligible Procedures	U.S. TAM	Vessel Size Range

Clinical Opportunity and TAM



Venogram demonstrates refluxing left ovarian vein



CT demonstrates significant artifact from coils (top) vs. LOBO (bottom)

Key Assumptions

67 Million
US Female Population Ages 18-50 in 2024[1]

15%
Prevalence of Chronic Pelvic Pain in Women Ages 18-50[2]

30%
Prevalence of PeVD in Women with CPP[3]

1.9%
Annual Incidence of CPP of Women Ages 18-50[4]

33%
of PeVD Patients Suitable for Embolization

$1.3B TAM

1 Resident population of the United States by sex and age as of July 1, 2022. https://www.statista.com/statistics/241488/population-of-the-us-by-sex-and-age/
2 Brown, et al. Pelvic Congestion Syndrome: Systematic Review of Treatment Success. Semin Intervent Radiol 2019
3 Philips, et al. Pelvic Congestion Syndrome: Etiology of Pain, Diagnosis, and Clinical Management. JVIR 2014.
4 Zondervan et al. Prevalence and incidence of chronic pelvic pain in primary care. Br J Obstet Gynaecol 1999.

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THANK YOU