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This presentation contains "forward-looking statements." Such statements may be preceded by the words "intends," "may," "will," "plans," "expects," "anticipates," "projects," "predicts," "estimates," "aims," "believes," "hopes," "potential" or similar words. For example, the Company is using forward-looking statements when it discusses the potential commercialization and market opportunities for its products and product candidates, its cash runway, and its anticipated future milestone Company events. Forward-looking statements are not guarantees of future performance, are based on certain assumptions and are subject to various known and unknown risks and uncertainties, many of which are beyond the Company's control, and cannot be predicted or quantified and consequently, actual results may differ materially from those expressed or implied by such forward-looking statements. Such risks and uncertainties include, without limitation, risks and uncertainties associated with (i) market acceptance of our existing and new products, (ii) negative clinical trial results or lengthy product delays in key markets, (iii) an inability to secure regulatory approvals for the sale of our products, (iv) intense competition in the medical device industry from much larger, multinational companies, (v) product liability claims, (vi) product malfunctions, (vii) our limited manufacturing capabilities and reliance on subcontractors for assistance, (viii) insufficient or inadequate reimbursement by governmental and other third party payors for our products, (ix) our efforts to successfully obtain and maintain intellectual property protection covering our products, which may not be successful, (x) legislative or regulatory reform of the healthcare system in both the U.S. and foreign jurisdictions, (xi) our reliance on single suppliers for certain product components, (xii) the fact that we will need to raise additional capital to meet our business requirements in the future and that such capital raising may be costly, dilutive or difficult to obtain and (xiii) the fact that we conduct business in multiple foreign jurisdictions, exposing us to foreign currency exchange rate fluctuations, logistical and communications challenges, burdens and costs of compliance with foreign laws and political and economic instability in each jurisdiction. More detailed information about the Company and the risk factors that may affect the realization of forward- looking statements is set forth in the Company's filings with the Securities and Exchange Commission (SEC), including the Company's Annual Report on Form 10-K and its Quarterly Reports on Form 10-Q. Investors and security holders are urged to read these documents free of charge on the SEC's web site at http://www.sec.gov. The Company assumes no obligation to publicly update or revise its forward-looking statements as a result of new information, future events or otherwise.

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## **Executive Leadership Team**

Deep industry experience and subject matter expertise



Marvin Slosman
Chief Executive Officer

- 30+ years medical device experience, NSPR since 2019
- Previous CEO/President of ITAMAR Medical, Ovalum Vascular, Phormax Medical
- Prior experience at JNJ, GE Healthcare and Baxter
- BS from University of Alabama, MBA from University of Chicago



**Shane Gleason**Chief Commercial Officer

- 20+ years cardiovascular medical device experience, NSPR since 2023
- Previous CCO of Nuvaira; VP Sales of TriVascular, Cordis and Surmodics
- Prior experience at Abbott and Edwards Lifesciences
- BS in Engineering Science and Mechanics from Virginia Tech, MBA from University of Maryland



**Craig Shore**Chief Financial Officer

- 25+ years of international financial management, NSPR since 2010
- Previous CFO of RIT Technologies
- Prior experience at GE, Dunn and Bradstreet, Pfizer Pharmaceuticals and Bristol Meyer Squibb
- BS in Finance from Penn State, MBA from George Washington University



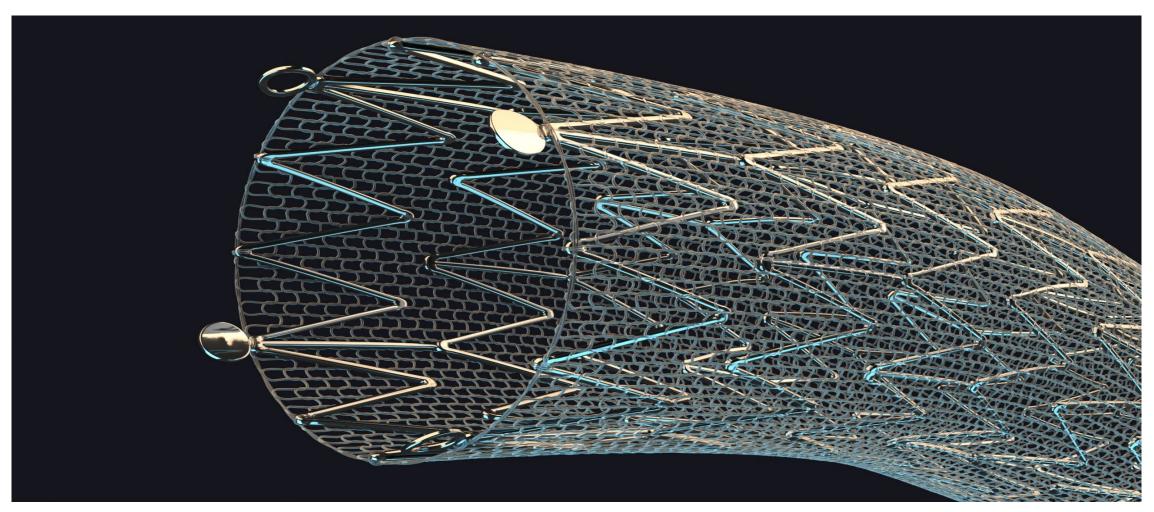
**Andrea Tommosoli**Chief Operating Officer

- 20+ years of medical technology experience, NSPR since 2020
- Previous international leadership experience at Integra LifeSciences, St Jude (Abbott)
- BA in Nuclear Engineering from Bologna University, MBA from HEC Paris



## **Developer of CGuard Prime Carotid Stent Platform**

Dedicated to advancing the prevention of stroke and treatment of carotid artery disease





## **Transforming the Carotid Intervention Market**



#### **CGuard Carotid Stent Platform**

Proprietary MicroNet™ Technology

Highly differentiated platform for treatment of carotid artery disease and stroke prevention



#### **Unmatched Clinical Outcomes**

**Short and Long-Term Results** 

Ten clinical trials completed with >2,000 patients presented or published including US IDE trial



#### **Deep Pipeline and Strategic Roadmap**

MicroNet™ technology pipeline; SwitchGuard NPS for TCAR; acute stroke with tandem lesions



#### **CMS Coverage Expanded**

**Standard Risk and Asymptomatic Reimbursement** 

Enables stent-first approach to carotid revascularization



#### **Significant Market Potential**

**Current Treated Market: \$1.3 Billion** 

(Patients treated with CEA + CAS globally), with significant growth potential



#### **Expanding Commercial Footprint**

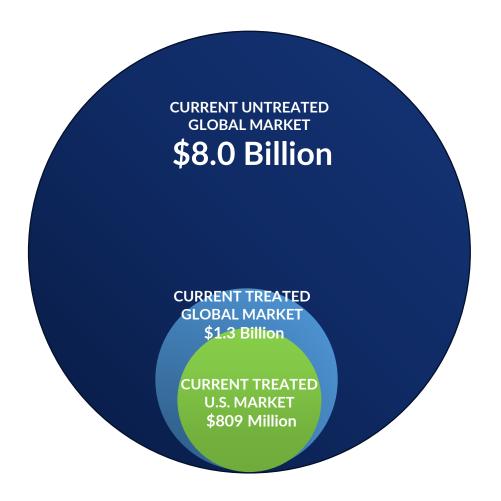
Double-digit market share in >30 served countries (>30% in Italy)

Over 60,000 stents sold to date

## **CGuard Prime FDA Approval Anticipated in 1H25**



## **Potential \$8B Global Market Opportunity**



- ~2.8 million
  - People diagnosed with High Grade Carotid Stenosis (HGCS)
- ~400,000
  Global procedures (CEA/CAS/TCAR) globally to treat HGCS
- 155,000 US Procedures Annually

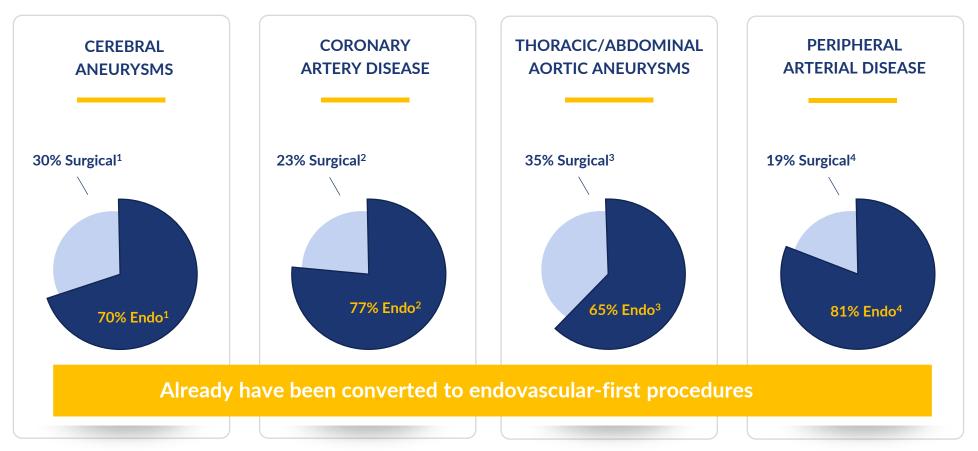
#### **Market Growth Driver**

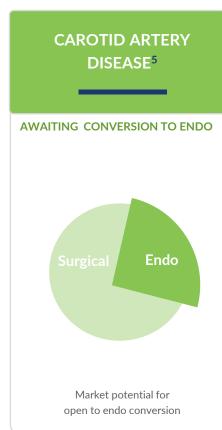
Reimbursement for the treatment of asymptomatic and standard surgical risk patients increases CAS potential, expected to increase screening and diagnosis



## **Endovascular Revolution Has Arrived**

MicroNet<sup>TM</sup> covered CGuard<sup>TM</sup> stent platform could become the new gold standard







<sup>&</sup>lt;sup>1</sup>Bekelis K, Gottlieb DJ, Su Y, et al. Comparison of clipping and coiling in elderly patients with unruptured cerebral aneurysms. J Neurosurg. 2017;126(3):811–818

<sup>&</sup>lt;sup>2</sup> Culler SD, Kugelmass AD, Brown PP, , et al. Trends in Coronary Revascularization Procedures Among Medicare Beneficiaries Between 2008 and 2012. Circulation. 2015;131(4):362-70

Beck AW, Sedrakyan A, Mao J, et al. Variations in Abdominal Aortic Aneurysm Care: A Report From the International Consortium of Vascular Registries. Circulation. 2016;134(24):1948-1958

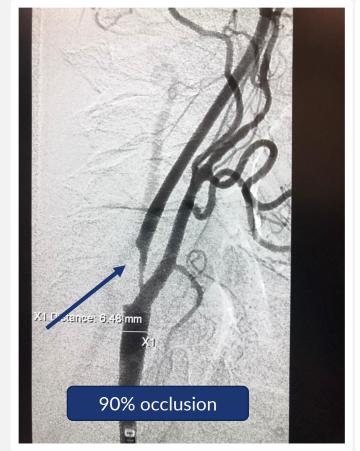
Guez, D., Hansberry, D. R., Gonsalves, C. F., Eschelman, D. J., Parker, L., Rao, V. M., & Levin, D. C. Recent Trends in Endovascular and Surgical Treatment of Peripheral Arterial Disease in the Medicare Population. AJR Am J Roentgenol. 2020 May;214(5):962-966.

EProcedures For Selected Nations, 2017 - 2025 presented to InspireMD, Inc. by Health Research International Personal Medical Systems, Inc. Sept. 13, 2021

## A Picture is Worth a Thousand Words...



VS



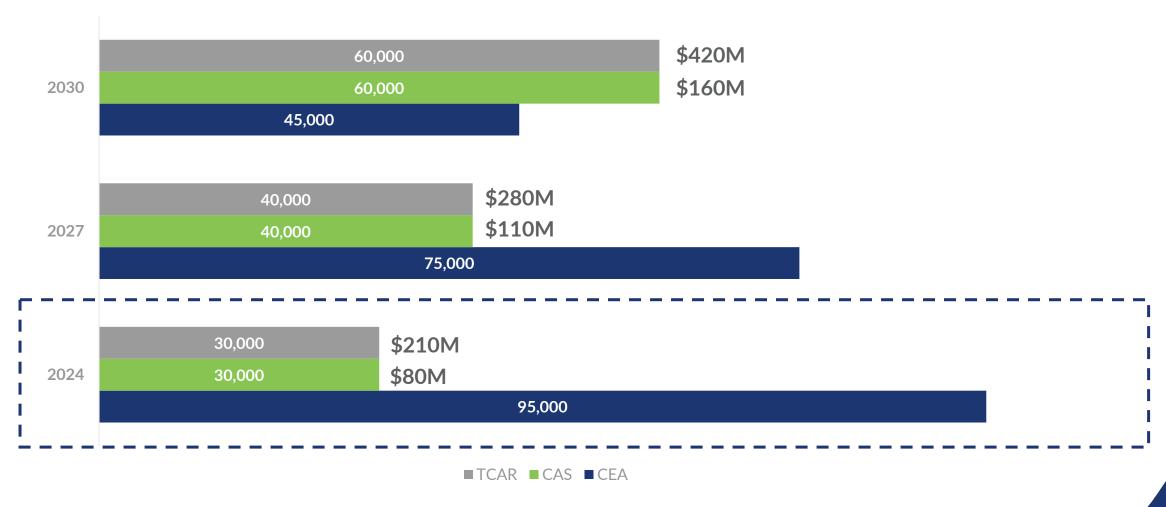


Stenting



## **Market Shift**

The market has already begun the shift from surgery to stents (procedures and revenue opportunity)



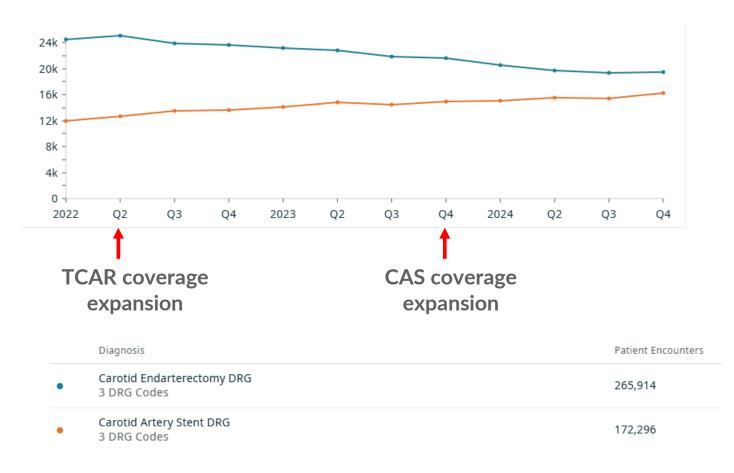


## Carotid Stenting (CAS + TCAR) is on the Rise

#### ~147K annual carotid intervention claims

Represents ~90% of procedures (does not include Kaiser, Gov't/DoD)

10.6% stent (CAS + TCAR) CAGR over prior three years (TCAR reimbursement expansion 2022, CAS 2023)

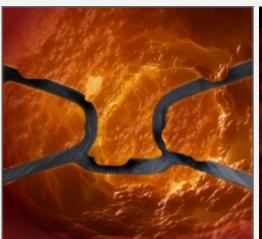


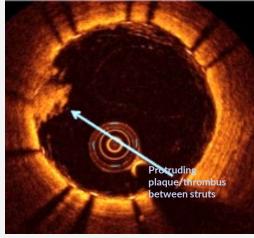
- DRG/CPT data by Facility and HCP
- Trailing 12 Quarters (one quarter in arrears)



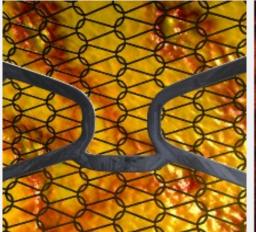
## The CGuard Difference: The Impact of MicroNet<sup>TM</sup> Technology<sup>1</sup>

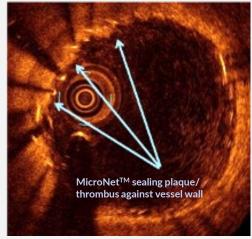
Approximately 2/3 of neurovascular events (stroke, TIA) occur after carotid interventions take place<sup>2</sup>. Prevention depends on the protection from the stent implanted











Conventional Open Cell Stent (1<sup>St</sup> GEN):

Larger cell sizes allow increased plaque protrusion risk

#### CGuard Stent System (2<sup>nd</sup> GEN):

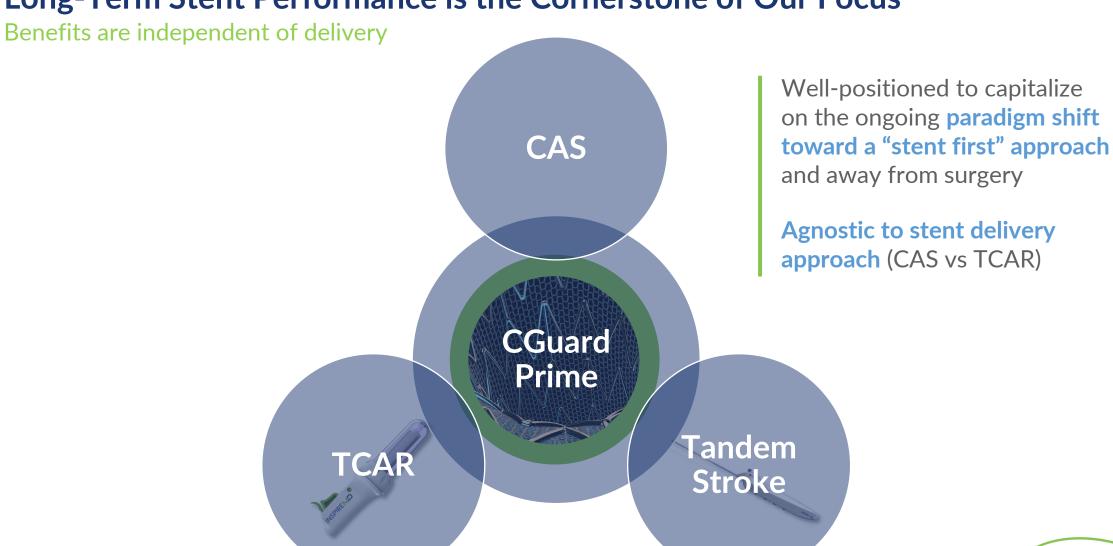
Stents are covered in MicroNet to minimize plaque prolapse

#### MicroNet: Advanced Protection Technology

MicroNet captures and locks thrombus & plaque materials against the arterial wall, deterring debris from entering the bloodstream by acting as a mechanical barrier to prevent plaque prolapse



## **Long-Term Stent Performance is the Cornerstone of Our Focus**

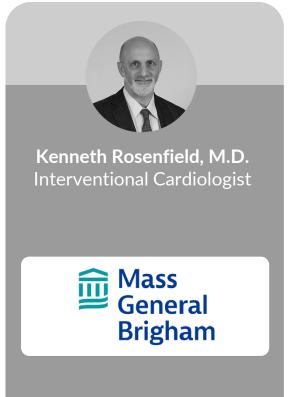


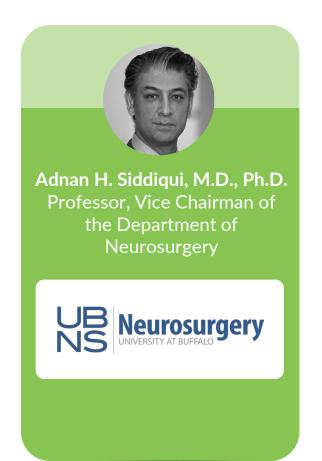


## Scientific Advisory Board (Multidisciplinary KOLs)











**Unmatched Foundational Data and Evidence** 



## PMA Trial Design (C-GUARDIANS)

Prospective, multicenter international single-arm clinical trial



#### **Pivotal Study Objective**

Evaluate the safety and efficacy of the CGuard™ Carotid Stent System in the treatment of carotid artery stenosis



#### **Study Metrics**

316 Patients - Enrollment completed (23 months)24 Centers (19 in the United States and 5 in Europe)



#### **Principal Investigators**

Chris Metzger, M.D. (Ballad Health, Kingsport, TN)
Piotr Musialek, M.D. (John Paul II Hospital, Krakow, Poland)



#### **Primary Endpoints**

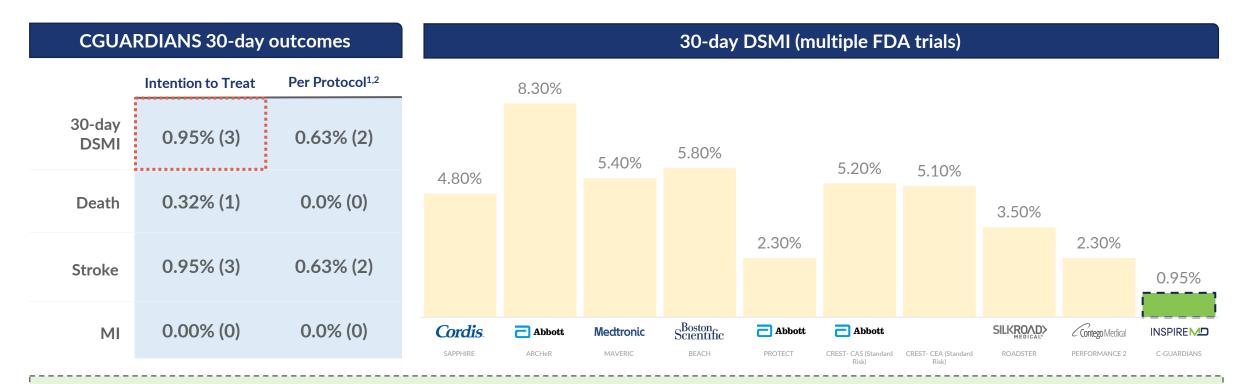
Composite of DSMI through 30 days or ipsilateral stroke 31 - 365 days post-index procedure

Calculation will be the composite of the following: incidence of the following major adverse events: death (all- cause mortality), all stroke, and myocardial infarction (DSMI) through 30-days post-index procedure, based on the clinical events or ipsilateral stroke from 31-365-day follow-up, based on CEC adjudication. The rate will be compared to a performance goal of 11.6% developed from published CAS literature.



## **C-GUARDIANS: 30-Day Safety Outcomes**

30-Day Death/Stroke/MI (DSMI) rates, compared to other carotid trials



- Demonstrates the lowest 30-day DSMI rates of any FDA approval/clearance trial for carotid intervention (CAS or TCAR)
- Trial includes independent event adjudication
- 0.95% event rate consistent with 1.03% 30-day event rate from >1350 patients in peer-reviewed, published studies of real-world use, supporting the CGuard Stent as a front-line therapeutic option for carotid revascularization



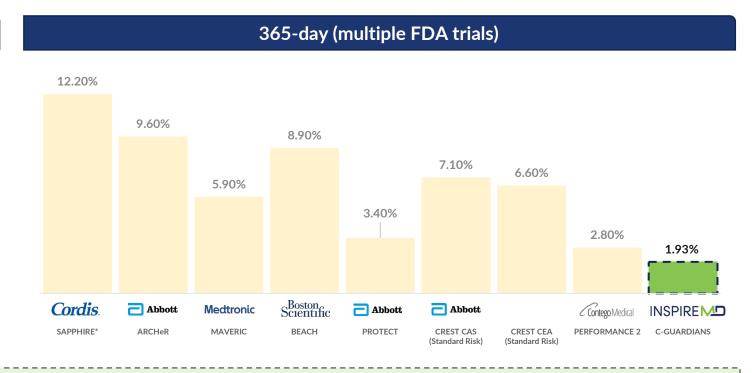
<sup>1.</sup> Kaplan-Meier estimate for all 1-year endpoints

<sup>2.</sup> Per Protocol Analysis excludes 15 patients with Major Protocol Deviations

## **C-GUARDIANS: 1 Year Outcomes**

365-Day Death/Stroke/MI (DSMI) rates, compared to other carotid trials

# Primary Endpoint: 30-day Death, Stroke, or MI + Ipsilateral Stroke between 31 and 365 days Target Lesion Revascularization (TLR) through 365 days. Intention to Treat Per Protocol<sup>1,2</sup> 1.93% (6) 1.70% (5) 1.70% (5)



- Demonstrates the <u>lowest primary endpoint event rates</u> of any FDA approval/clearance trial for CAS
- Trial includes independent event adjudication
- 1.93% event rate consistent with 1.99% 1-year event rate from >1100 patients in peer-reviewed, published studies of real-world use, supporting the CGuard Stent as a front-line therapeutic option for carotid revascularization



- 1. Kaplan-Meier estimate for all 1-year endpoints
- 2. Per Protocol Analysis excludes 15 patients with Major Protocol Deviations
- 3. SAPPHIRE one-year primary endpoint also included Death/MI from 31-365 days

## CARMEN Meta-Analysis (112 Studies, 68K Patients)<sup>1</sup>

## 30-day and 12-month event rates by stent type (random-effect model)

- Improvements from secondgeneration stents (SGS) relative to first-generation stents (FGS), but important differences exist amongst the SGS
- CGuard's MicroNet drives improvement both in event reduction (due to improved scaffolding) and restenosis reduction (due to less metal burden)

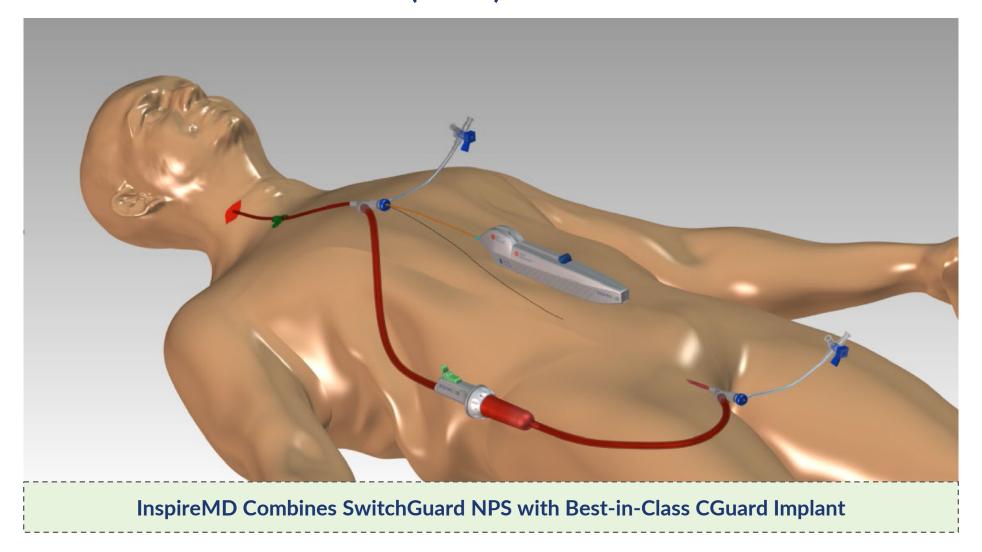
Event	FGS	SGS	Terumo RoadSaver/ Casper	Gore (not marketed)	INSPIRE CGuard
30-day Stroke [%] (95% CI)	<b>3.01</b> (2.63-3.38)	<b>0.60</b> (0.28-0.92)	<b>0.50</b> (0.0-1.15)	<b>2.89</b> (1.03-4.76)	<b>0.54</b> (0.17-0.92)
30-day Death / Stroke / MI [%] (95% CI)	<b>4.11</b> (3.65-4.56)	<b>1.30</b> (0.64-1.96)	<b>1.33</b> (0.0-2.66)	<b>4.82</b> (2.44-7.2)	<b>1.08</b> (0.55-1.60)
12-month Ipsilateral Stroke [%] (95% CI)	<b>3.51</b> (2.52-4.50)	<b>0.7</b> (0.0-1.47)	<b>0.26</b> (0.0-1.27)	3.1 (1.11-5.1)	<b>0.38</b> (0.0-0.9)
12-month Restenosis [%] (95% CI)	<b>3.97</b> (0.28-5.14)	<b>3.38</b> (1.39-5.37)	<b>7.16</b> (4.45-9.86)	<b>4.83</b> (2.36-7.29)	<b>0.34</b> (0.0-0.82)
12-month Ipsilateral Stroke / Restenosis [%] (95% CI)	<b>8.15</b> (6.34-9.93)	<b>5.12</b> (2.14-8.10)	<b>7.86</b> (5.04-10.68)	<b>7.93</b> (4.82-11.04)	<b>0.73</b> (0.0-1.44)



## **TCAR**



## Transcarotid Arterial Revascularization (TCAR): Direct Carotid Access with Reverse Flow





## **SwitchGuard NPS (TCAR)**







## **TCAR Market Opportunity**

~3,000 TCAR-trained physicians in the U.S.<sup>1</sup>

~30,000 TCAR procedures (~\$210M) performed in the U.S. in 2024, double-digit growth projected<sup>1,2</sup>



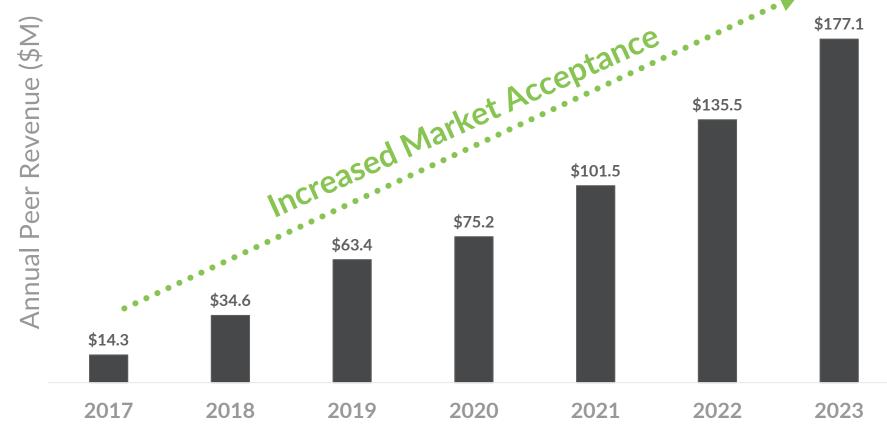
# **Market Positioning**



## **Strong Tailwinds in the Carotid Space**

We are Following A Proven Playbook & Path to Success

Strong Market Traction Demonstrated by Our Peer\*, Whose Portfolio was Limited to TCAR Only



Peer supported over 100K procedures in 2024

InspireMD has sold over 60K stents before reaching the US market

Strong international volumes validate our technology and support thesis for U.S. adoption

<sup>\*</sup>Publicly available revenue data from industry peer – Silk Road Medical – prior to its 2024 acquisition by Boston Scientific



# **Commercial and Corporate**



## Roadmap / Milestones

**Key Value Drivers** 

2025

2026

2027

**CGuard Prime CAS Approval** 

Launch for CAS

**U.S Operational Expansion** 

Build out of U.S. HQ, Operational and

Commercial

**Acute Stroke EFS- Tandem Lesions** 

**CGuard Prime CE Mark** 

**CGuard Prime CAS Market Expansion** 

**CGuard Prime TCAR Approval** 

**CGuard Prime indicated stent for TCAR** 

SwitchGuard NPS Clearance / Launch (Full TCAR Tool Kit)

**CGuard Prime indicated stent with** 

SwitchGaurd Neuro Protection for TCAR

Further Commercial Expansion in the U.S.

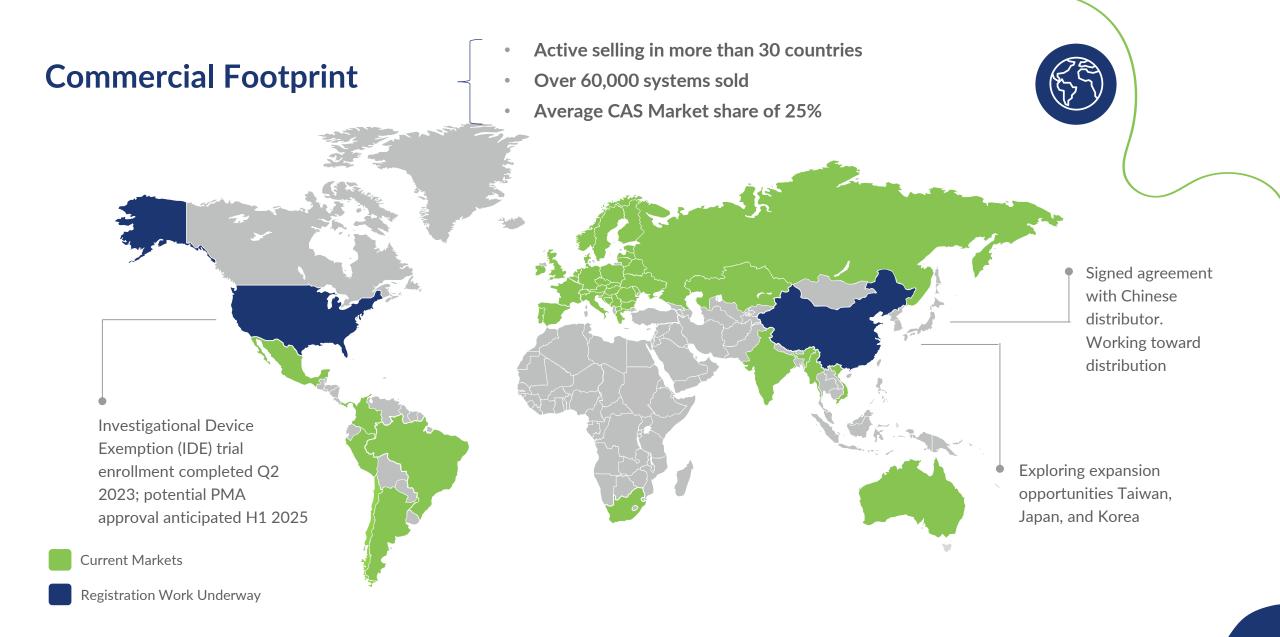
**Global Expansion in Asia** 

**Potential Portfolio Expansion** 











## **Transformational May 2023 Financing Up To \$113.6 Million**

To advance the company towards potential US approval and launch of CGuard EPS and other value-creating milestones

## **\$42.2 million** upfront funding

**\$71.4 million** tied to the achievement of four milestones (**\$17.9 million** each) each expiring upon the earlier of 5 years or 20 trading days following the achievement of the following milestones:

- 1. <u>Complete</u>: Release of primary and secondary end points related to one year follow up study results from the C-Guardians pivotal trial;
- 2. Receipt of Premarket Approval (PMA) from the FDA for the CGuard Prime Carotid Stent System (135 cm);
- 3. Receipt of FDA approval for the SwitchGuard trans carotid system and CGuard Prime 80 cm; and
- 4. Completion of four quarters of commercial sales of the CGuard in the United States.

**Strong validation** from leading fundamental healthcare investors, with additional participation by select NSPR Board members.















# **Summary Financials**

March 5, 2025

NASDAQ Capital Markets	NSPR
Stock Price	\$2.90
Average 3 Month Volume	45.1K
Shares Outstanding	21.8M
Shares Outstanding with Prefunded Warrants	32.0M
Market Capitalization with Prefunded Warrants	\$100.9M
Cash Balance - December 31, 2024	\$34.7M
Debt - December 31, 2024	\$0M



