

NEWS RELEASE

Imperative Care Announces Positive New Data Demonstrating the Use of Zoom Aspiration Catheters is Associated with Lower Procedural Cost in Patients with Acute Ischemic Stroke

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Early Data Published in Interventional Neuroradiology Shows Angled TRX Tip Catheters Lead to Faster and Less Costly Stroke Thrombectomy Procedures

CAMPBELL, Calif.--(BUSINESS WIRE)-- **Imperative Care**, a medical technology company developing connected innovations to elevate care for people affected by stroke and other ischemic diseases, today announced the publication of clinical data in Interventional Neuroradiology (INR) of the Zoom Aspiration Catheters in patients with large and medium vessel occlusions.

Data from the independent study evaluating real-world experiences and associated cost of thrombectomy procedures before and after the introduction of the Zoom Aspiration Catheters at a comprehensive stroke center were published in a paper titled, **Use of angled-tip aspiration catheters is associated with a lower cost of thrombectomy in patients with acute ischemic stroke secondary to large and medium vessel occlusions**. Conducted by Mohamad Ezzeldin, M.D. and colleagues at HCA Kingwood Medical Center in Houston, the 163-patient study demonstrated significant benefits, including a 20% cost reduction and shorter time to achieve reperfusion following the introduction of the Zoom Aspiration Catheters.

Patients were divided into two groups: those who were treated during the 18-month period prior to the institution adopting the Zoom Aspiration Catheters (58%), and those who were treated after the introduction of the Zoom Aspiration Catheters (42%). The full portfolio of the angled tip Zoom Aspiration Catheters were utilized in this study,

which includes a range of purposefully designed vessel-matching reperfusion catheters, Zoom 35, 45, 55 and 71.

Results from the study demonstrated a significant reduction of approximately 20% in mean thrombectomy procedure cost: \$9,728 in patients treated after the introduction of the Zoom Aspiration Catheters, or post-Zoom group, compared to \$12,127 in the pre-Zoom group ($p=0.002$). Additionally, mean procedural cost when using an aspiration-first technique supported by the Zoom Aspiration Catheters was approximately 57% lower (\$5,754) than a combined aspiration-stent retriever approach (\$13,498; $p<0.001$).

Findings from the study also demonstrated that patients who received treatment following the adoption of the Zoom Aspiration Catheters experienced:

- Shorter times to achieve $\text{TICI} \geq 2\text{B}$ reperfusion by 28% (38 minutes compared to 53 minutes; $p=0.018$) as well as shorter times to achieve $\text{TICI} \geq 2\text{C}$ reperfusion (45 minutes vs. 69 minutes, respectively; $p=0.042$)
- Shorter times from puncture to procedure completion by 26% (46 min compared to 62 min; $p=0.022$)
- No difference in the rate of hemorrhage compared to patients treated before the introduction of the Zoom Aspiration Catheters.

"The Zoom Aspiration Catheters have changed how I treat ischemic stroke. In my practice, I have tried numerous flat tip aspiration catheters but remained reliant on a combined technique," said Dr. Ezzeldin. "Zoom has enabled me to reduce my stent retriever utilization by almost half, making my mechanical thrombectomy procedures less costly, simpler and more efficient."

"These findings underscore the value of an aspiration-first technique supported by the Zoom Aspiration Catheters, providing both economic advantages and faster procedure times while maintaining efficacy in patients with ischemic stroke," added Dr. Ezzeldin.

"We are pleased to see this foundational evidence support the potential cost benefits of the Zoom Aspiration Catheters in treating patients with acute ischemic stroke," said Ariel Sutton, General Manager of Imperative Care's Stroke business. "We believe the unique features of the Zoom Aspiration Catheters, such as proven trackability and the ability to engage clot with the angled tip, allow for improvements in procedural outcomes. These data are consistent with our growing body of clinical evidence demonstrating the Zoom Stroke Solution is associated with faster and better reperfusion, while using fewer devices^{1,2}."

About the Zoom Stroke Solution

The Zoom Stroke Solution is the complete stroke system from access through reperfusion for fast and effective clot removal for patients with acute ischemic stroke. The system includes the Zoom 88 Large Distal Platform and Zoom

RDL Radial Access Platform for neurovascular access, four vessel-matched Zoom Aspiration Catheters, the Zoom Pump, the Zoom POD and accessories. All Zoom catheters are designed with the TRX™ Tip which provides 15% greater clot engagement area at the tip of the catheter³ and are designed to enable smooth tracking through challenging vasculature. For complete product information, including indications, contraindications, warnings, precautions and adverse events visit: <http://bit.ly/2Vx0Qcf>

About Imperative Care, Inc.

Imperative Care is a commercial-stage medical technology company researching and developing connected innovations to elevate care for people affected by devastating vascular diseases such as stroke and pulmonary embolism. The company has four businesses focused on addressing specific gaps in treatment and care to make an impact across the entire patient journey. Imperative Care is based in Campbell, Calif. <https://imperativecare.com>.

1. Al-Kawaz M, Milburn J, Tomalty D, et al Higher intracranial positioning of 8fr-guide catheter improves efficacy of aspiration thrombectomy in large vessel occlusion stroke Journal of NeuroInterventional Surgery 2023;15:A131.
2. Milburn J, Vidal G, Gulotta P, et al Intracranial large bore guide catheter placement is associated with excellent reperfusion: a single institution experience Journal of NeuroInterventional Surgery 2022; 14:A210.
3. Vargas J, Blalock J, Venkatraman A, et al Efficacy of beveled tip aspiration catheter in mechanical thrombectomy for acute ischemic stroke Journal of NeuroInterventional Surgery 2021;13:823-826.

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