REVA MEDICAL PRESENTS KEY DATA SETS AT THE TRANSCATHETER CARDIOVASCULAR THERAPEUTICS CONFERENCE 2018

Sydney, Australia and San Diego, California (Monday, 24 September 2018 - AEST) – REVA Medical, Inc. (ASX: RVA) ("REVA" or the "Company"), a leader in bioresorbable polymer technologies for vascular applications, presented four key data sets demonstrating the capabilities of the Company's Fantom® bioresorbable scaffold ("BRS") at the Transcatheter Cardiovascular Therapeutics ("TCT") conference being held September 21st through September 25th in San Diego, California, USA. The presentations included new procedural data from an indication expansion study in patients experiencing acute heart attacks as well as positive clinical and imaging results of the Fantom BRS through two years.

FANTOM STEMI Procedural Results

New data from the FANTOM STEMI pilot study showed procedural success and clinical utility of the Fantom bioresorbable scaffold in a series of nine patients with acute heart attacks called ST-segment elevated myocardial infarction ("STEMI"). Patients experiencing a STEMI are a new patient population for Fantom. While these patients have a higher risk of complications than stable patients, the characteristics of their arterial blockages are typically well suited to BRS. The data were presented by Dr. Lukasz Koltowski from the Medical University of Warsaw in Warsaw, Poland.

"The first priority when treating heart attack patients is removing the arterial blockage to restore blood flow to the heart," said Dr. Koltowski. "The data presented today demonstrate that Fantom, which is x-ray visible and easy to use, works effectively during these emergency procedures. Many heart attack patients are young with single blockages in their arteries, and the Fantom bioresorbable scaffold creates an opportunity for recovery without the risk of a permanent metal drug-eluting stent."

FANTOM II Clinical Results

Two-year clinical results from the FANTOM II study were presented by Dr. Yuichi Saito from the Yale University School of Medicine in New Haven, Connecticut, USA. The data demonstrated safety and efficacy of Fantom at two years with the following outcomes:

- Low 5.0% rate of Major Adverse Cardiac Events ("MACE")
- A single very late scaffold thrombosis event for a rate of 0.4%

FANTOM II Imaging Results

Two-year optical coherence tomography ("OCT") imaging results from the FANTOM II study were presented by Dr. Neils Holm from the Aarhus University Hospital in Aarhus, Denmark. The data showed an excellent healing profile for Fantom with sustained vessel lumen patency and no evidence of chronic scaffold recoil through two years.

FANTOM Clinical Review

Dr. Ulf Landmesser, Professor of Cardiology at Charité Universitätsmedizin Berlin in Berlin, Germany delivered a comprehensive presentation of the Fantom BRS program. In addition to reviewing available clinical data, Dr.

Landmesser provided an update on the Fantom Post Market Trial which is currently enrolling in Europe to evaluate the safety of Fantom in routine clinical practice.

The presentation materials delivered at the conference are attached hereto. Copies of the presentations are also available in the Investor Relations section of REVA's website at www.ir.revamedical.com.

About Fantom and Fantom Encore

Fantom and Fantom Encore are sirolimus-eluting bioresorbable scaffolds developed as alternatives to metallic stents for the treatment of coronary artery disease. Scaffolds provide restoration of blood flow, support the artery through the healing process and then disappear (or "resorb") from the body over a period of time. This resorption is intended to allow the return of natural function of the artery and reduce the risk of adverse events associated with a permanent metallic drug-eluting stent. Fantom and Fantom Encore are the only coronary bioresorbable scaffolds made from Tyrocore, REVA's proprietary tyrosine-derived polymer designed specifically for vascular scaffold applications. Tyrocore is inherently radiopaque, making Fantom and Fantom Encore visible under x-ray fluoroscopy. Fantom and Fantom Encore are designed with thin struts while maintaining strength and with distinct ease-of-use features such as x-ray visibility and expansion with one continuous inflation.

About REVA Medical

REVA Medical is a medical device company focused on the development and commercialization of bioresorbable polymer technologies for vascular applications. The Company's lead products are the Fantom and Fantom Encore bioresorbable vascular scaffolds for the treatment of coronary artery disease. REVA is currently selling Fantom in Germany, Switzerland, Austria, the Netherlands, Belgium, Luxembourg, Italy and Turkey. REVA is based in San Diego, California, and employs more than 50 people in the U.S. and Europe.

Forward-Looking Statements

This announcement contains or may contain forward-looking statements that are based on management's beliefs, assumptions, and expectations and on information currently available to management. All statements that are not statements of historical fact, including those statements that address future operating plans or performance and events or developments that may occur in the future, are forward-looking statements, such as those statements regarding the projections and timing surrounding commercial operations and sales, clinical trials, pipeline product development, and future financings. No undue reliance should be placed on forward-looking statements. Although management believes forward-looking statements are reasonable as and when made, forward-looking statements are subject to a number of risks and uncertainties that may cause actual results to vary materially from those expressed in forward-looking statements, including the risks and uncertainties that are described in the "Risk Factors" section of our Annual Report on Form 10-K filed with the US Securities and Exchange Commission (the "SEC") on March 7, 2018, and as updated in our periodic reports thereafter. Any forward-looking statements in this announcement speak only as of the date when made. REVA does not assume any obligation to publicly update or revise any forward-looking statements, whether as a result of new information, future events, or otherwise.

United States
Investor & Media Enquiries:
REVA Medical, Inc.
Brandi Roberts
Chief Financial Officer
+1 858-966-3003

David Schull
Russo Partners
+1 858-717-2310
david.schull@russopartnersllc.com

Australia
Investor Enquiries:
Perpetuity Capital Pty Ltd
Kim Jacobs
+61 438 217 279
Andrew Cohen
+61 408 333 452

Australia
Media Enquiries:
Buchan Consulting
Rebecca Wilson
+61 3 9866 4722

Primary PCI in STEMI with sirolimus eluting FANTOM bioresorbable vascular scaffold first guided with optical coherence tomography– acute results from a FANTOM STEMI pilot study.

Authors: Lukasz Koltowski[1], Mariusz Tomaniak[1], Jakub Maksym[1], Martyna Zaleska[1], Zenon Huczek[1], Arkadiusz Pietrasik[1],dam Rdzanek[1], Tomasz Mazurek[1], Ewa Pędzich-Placha[1], Grzegorz Opolski[1], Janusz Kochman[1] 1st Department of Cardiology, Medical University of Warsaw Poland

Background.

There is paucity of data on acute performance of a **second generation bioresorbable scaffold** (BRS), in ST segment elevation myocardial infarction (STEMI) patients undergoing primary percutaneous coronary intervention (PCI). Clinical and imaging results of PCI with first generation BRS differ between stable coronary artery disease and STEMI.

Aim & methods.

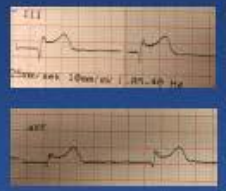
- In this study we evaluated the safety and acute performance of the Fantom (REVA Medical, CA, USA) BRS in the acute setting of myocardial infarction with unstable lesions and thrombogenic milieu.

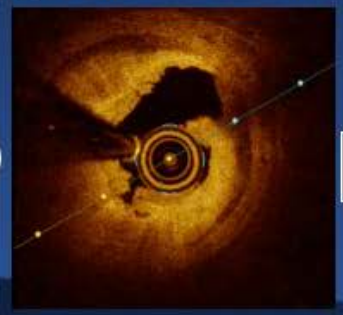
FANTOM BRS

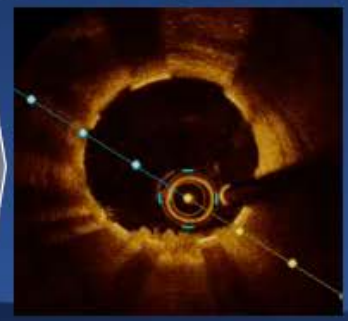
- Thin strut profile (125 µm)
- Stable for room temperature shipping and storage
- Novel Tyrocore polymer:
  - X-ray visible for treatment accuracy
  - High tensile strength 100-110 MPa
  - Improved biocompatibility
  - 120-200% elongation (single-step inflation, higher expansion range)

FANTOM STEMI

- First study evaluating Fantom BRS in STEMI patient
- Prospective, observational study of optical coherence tomography guided primary PCI:
  - The scaffold sizing
  - Positioning
  - Optimization
- Dual antiplatelet therapy was administered for 12 months post scaffold implantation







Results

Patient Clinical Characteristics	All patients (n=9)
Age (years)	59.4±8.9
Gender (female)	64%
Weight (kg)	83.4±21.7
History of CAD	44%
Prior PCI/CABG/MI	0%
Hypertension	67%
Hyperlipidemia	33%
Diabetes	11%
Chronic heart failure	11%
History of smoking	66%

Clinical presentation	
STEMI	
anterior	33%
lateral	11%
inferior	55%
LV EF (%)	50±8.9
Target vessel:	
LAD	33%
Dg	11%
LCx	0%
RCA	66%

Procedural characteristics	
ASA	100%
Ticagrelor	77%
Clopidogrel	22%
UFH	100%
Thrombectomy	22%
Pre-dilatation	100%
Pre-dilatation pressure	12 atm.
Post-dilatation	89%
Post-dilatation pressure	18 atm.
Scaffold diameter	3.0 mm
Scaffold length	24 mm

OCT | Baseline characteristics	
OCT guidance	89%
Lumen area, mean (mm^2)	4.1±0.9
Lumen diameter, mean (mm)	2.6±0.3
Lipid arc, mean (degree)	141±46
Calcium arc (degree)	33°
Calcium arc >180°	0%

Angiographic characteristics	
Baseline	
Proximal RVD, mean (mm)	3.2±0.2
Distal RVD, mean (mm)	2.9±0.3
TIMI 0	77%
TIMI 2	22%
Eccentric lesion	22%
Post implantation	
TIMI III flow	100%
Slow-flow post	22%
In-scaffold MLD, mean (mm)	2.8±0.2
In-scaffold DS% (%)	3.6±3.3

OCT | Post implantation	
Lumen area, mean (mm^2)	7.4±0.6
Lumen diameter, mean (mm)	3.3±0.2
In-stent area, mean (mm^2)	6.4±0.6
In-stent area, min. (mm^2)	5.4±0.6
In-stent area, max. (mm^2)	7.2±0.7
In-stent diameter, mean (mm)	2.9±0.1
In-stent diameter, min. (mm)	2.6±0.1
In-stent diameter, max. (mm)	3.0±0.2
Malapposition (>0.4 mm, >1 mm)	0%
Malapposed distance (mm)	0.12±0.02
Edge dissection	0%

Conclusions

Acute performance and safety of Fantom BRS was confirmed in patients presenting with STEMI.

tct2018

Aarhus University Hospital

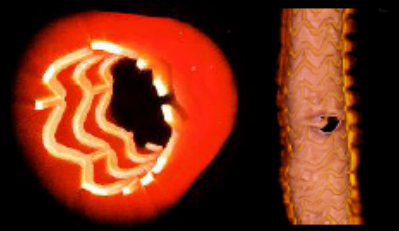
FANTOM II

Two-year healing patterns after implantation of the FANTOM bioresorbable scaffold

niels.holm@clin.au.dk

Emil Nielsen Holck | Jo Krogsgaard Simonsen | Didier Carrié | Darius Dudek | Norbert Frey | Matthias Lutz | Bernard Chevalier | Jeffrey Anderson | Jouke Dijkstra | Evald Høj Christiansen | Alexandre Abizaid | **Niels Ramsing Holm**

FANTOM BRS

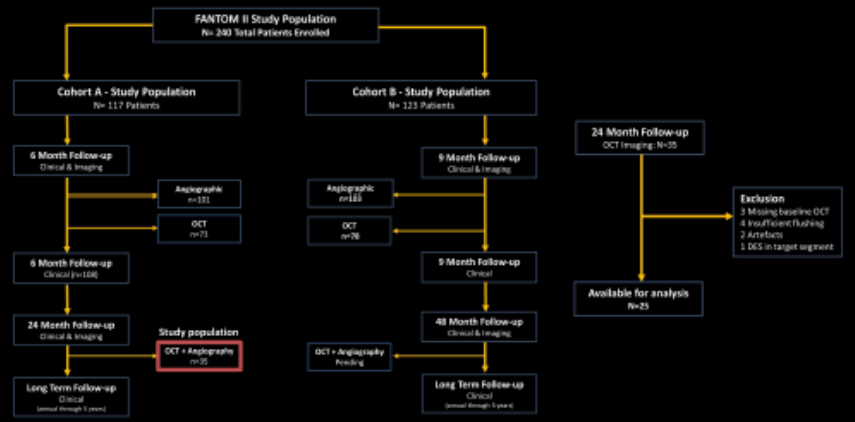


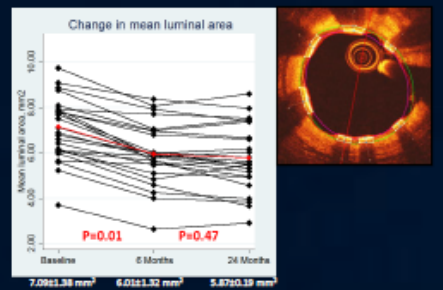
- Desaminotyrosine (DAT) based backbone polymer
- Radiopaque
- Sirolimus eluting
- 80% MW loss at 12M
- Strut thickness: 125um

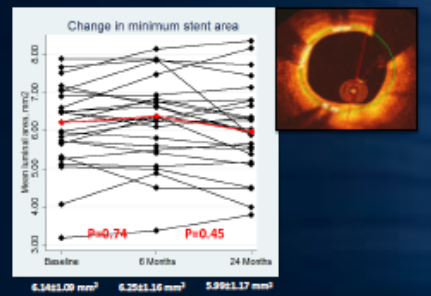
Lesion characteristics

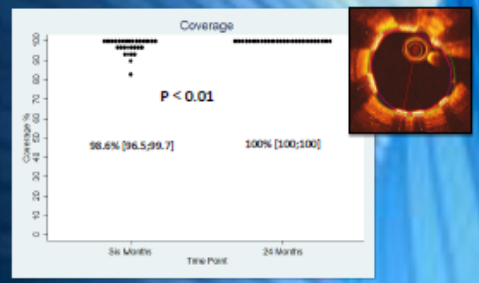
Aspirin preloading	35 (100)
ADP receptor antagonist preloading	22 (62.9)
Diameter stenosis	79.4±11.1
ACC/AHA classification	
Type A	7 (20.0)
Type B1	15 (42.8)
Type B2	13 (37.1)
Reference vessel diameter	2.94±0.26
Lesion length	13.9±2.99
Pre dilatation diameter	2.74±0.35
Scaffold diameter	2.93±0.18
Scaffold length	18.2±1.01
Post dilatation diameter	3.16±0.29
PSP	8 (22.8)

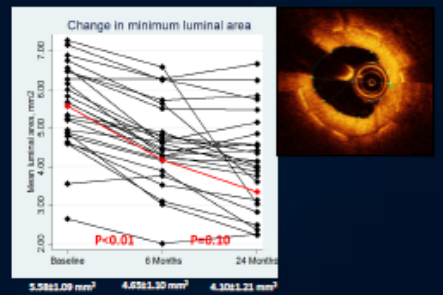
FANTOM II study – 24m follow-up

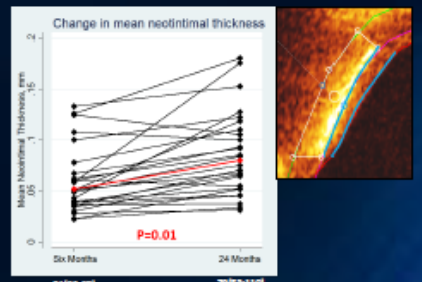


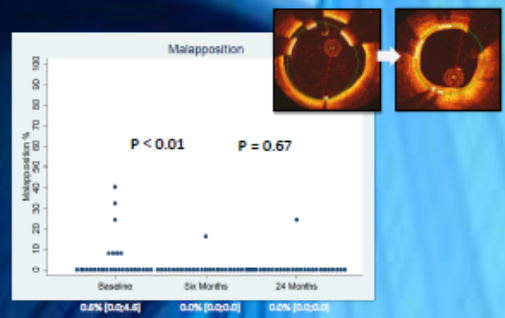


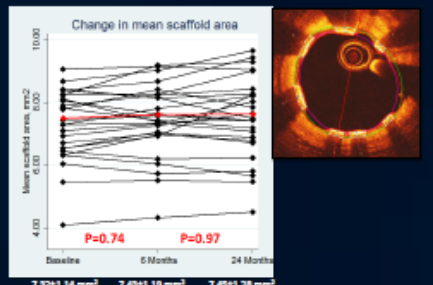


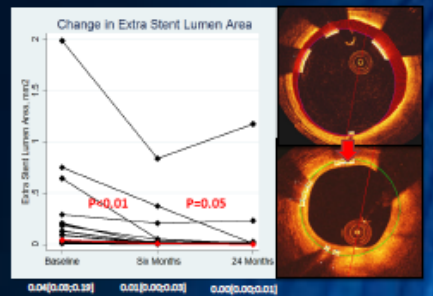












Conclusion

At 24 months the FANTOM BRS showed:

- Complete strut coverage
- No mean lumen reduction from 6 to 24 months
- No significant MLA reduction from 6 to 24m
- No acquired malapposition
- No evaginations
- No late scaffold recoil

Disclosure: ENH, JKS, EHC, AA and NRH received institutional research grants from REVA Medical. JA is an employee at REVA Medical

FANTOM II Trial: Safety & Performance Study of the Fantom Sirolimus-Eluting Bioresorbable Coronary Scaffold – 24-Month Follow-up Clinical Outcomes Final Results

Yuichi Saito, Georgios Bouras, Alexandre Abizaid, Matthias Lutz, Didier Carrié, Joachim Weber-Albers, Darius Dudek, Jeffrey Anderson, Alexandra Lansky

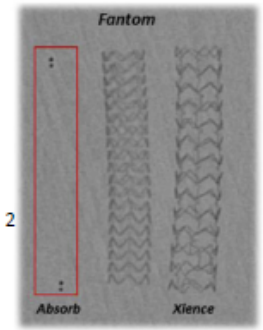
From Yale University School of Medicine and Yale Cardiovascular Research Center, CT

Background

Bioresorbable vascular scaffolds (BRS) may help restore normal vessel reactivity, positive remodeling, and reduce chronic inflammation. However, 1st generation BRS had some safety concerns.[1]

Methods

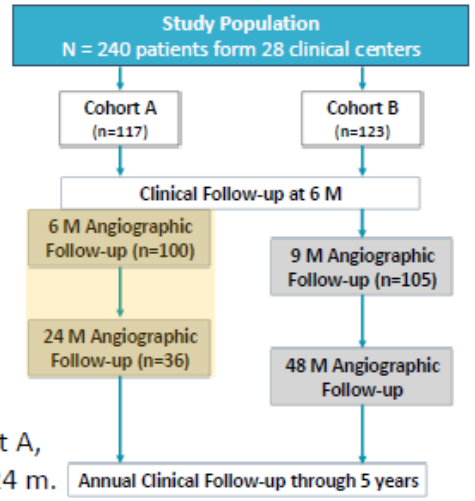
Fantom BRS (REVA Medical)



- ✓ **Thin struts:** 125 µm
- ✓ **Sirolimus-eluting:** completely resorption ~4 years
- ✓ **Best-in-class radial strength**
- ✓ **Minimal fracture risk:** can be expanded 0.75 mm above nominal [2]
- ✓ **Radiopaque:** tyrosine polycarbonate (Tyrocore™)
- ✓ **Stable:** for room temperature shipping and storage

FANTOM II Trial

- 240 patients in 2 cohorts
- 2.5 to 3.5 mm vessels
- Lesion length ≤ 20 mm
- Angiographic follow-up (6 and 9 months)
- Serial imaging sub-study (24 and 48 months)
- IVUS and OCT sub-study
- Independent assessment for images and events



- Here, we present angiographic analysis in cohort A, and clinical endpoints in total cohorts at 6 and 24 m.

Results

Patient Characteristics

Variable	All patients (n=240)
Age (years)	62.7±10.1
Male	169 (70%)
Hypertension	177 (74%)
Diabetes	57 (24%)
Hyperlipidemia	170 (71%)
Current/former smoker	143 (60%)
Prior PCI	105 (44%)
Prior CABG	7 (3%)
Prior MI	63 (26%)

Lesion Characteristics

Variable	All lesions (n=238)
Total lesion location	
LAD	116 (49%)
LCX	74 (31%)
RCA	48 (20%)
ACC/AHA Lesion Class	
Type A	44 (19%)
Type B1	118 (50%)
Type B2	70 (29%)
Type C	6 (3%)

Acute Procedural Outcomes

Acute Technical Success (1)	95.8%
Acute Procedural Success (2)	99.1%
Clinical Procedural Success (3)	99.6%

(1) Defined as successful delivery and deployment of the intended scaffold in the intended lesion without device related complications.
(2) Defined as acute technical success (see definition above), resulting in a residual stenosis of ≤50% with no immediate (in-hospital) MACE.
(3) Defined as acute procedural success (see definition above), with no MACE 30 days post-intervention and with a final diameter stenosis ≤50%

Clinical Endpoints (modified ITT): non-Hierarchical	6 Months (n = 240)	24 Months (n=240)
MACE	2.1% (5)	5.0% (12)
Cardiac Death	0.4% (1)	0.8% (2)
MI	1.3% (3)	1.7% (4)
Target Vessel		1.3% (3)
Non-Target Vessel		0.4% (1)
Clinically Driven TLR	0.8% (2)	2.9% (7)

In-Scaffold Analysis	Baseline (n=238)	Cohort A 6 Mo. (n=100)	Cohort A 24 Mo. (n=36)
RVD (mm)	2.71±0.37	2.70±0.36	2.67±0.33
MLD (mm)	0.82±0.31	2.23±0.41	2.18±0.48
Diameter Stenosis (%)	69.5±11.0	15.3±15.2	15.1±17.9
Acute Gain (mm)	1.68±0.41		
Acute Recoil (%)	4.0±8.3		
Mean LLL (mm)		0.25±0.40	0.23±0.49
In-Segment Analysis			
Mean LLL (mm)		0.17±0.34	0.21±0.49

There were 2 definite or probable scaffold thrombosis (0.8%), 1 in sub-acute and 1 in very late.

Conclusion

FANTOM II demonstrates safe and stable performance of the Fantom BRS at 24 months

September 22, 2018. SAN DIEGO

Reference: 1. EuroIntervention. 2017;13:734-50. 2. JACC Cardiovasc Interv. 2017;10:1832-8.

On-going Activities with a Radiopaque Tyrosine-Carbonate-Based Polymeric BRS: Fantom

Ulf Landmesser, MD

Charité – Universitatsmedizin Berlin,

Berlin, Germany

Disclosure Statement of Financial Interest

Speaker or

Advisory Honoraria from

Biotronik, Abbott, REVA.

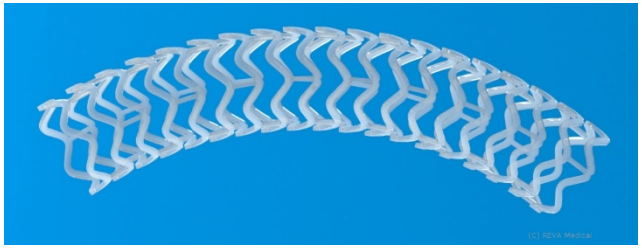
Lessons Learned from 1st Generation BRS

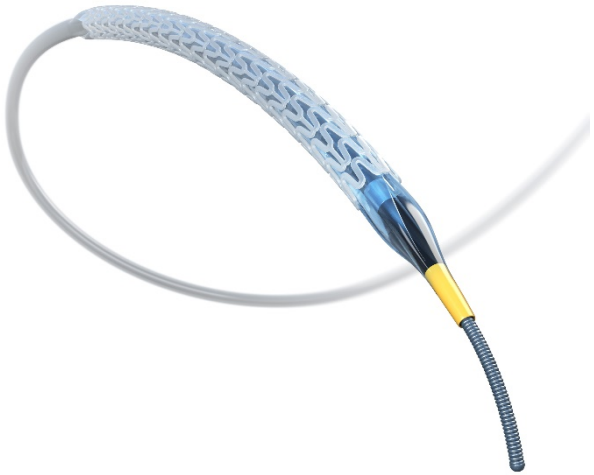
- **Importance of implant technique**
  - Selecting the right patients
  - Accurate sizing
  - Complete scaffold apposition
- **Opportunities for design improvement**
  - Thinner struts
  - Improved deliverability
  - Increased strength and expansion capability

2nd Generation Fantom BRS
Improves Over 1st Generation Devices

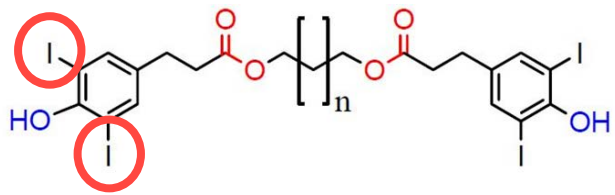
REVA's Advanced Tyrocore Polymer Makes Fantom Unique

- ✓ **Thin strut profile (125 µm)** for deliverability and vessel healing
- ✓ **X-ray visible** for treatment accuracy
- ✓ Key **ease-of-use** features like single-step inflation and higher expansion range
- ✓ **Biocompatible** for safety
- ✓ **Stable** for room temperature shipping and storage

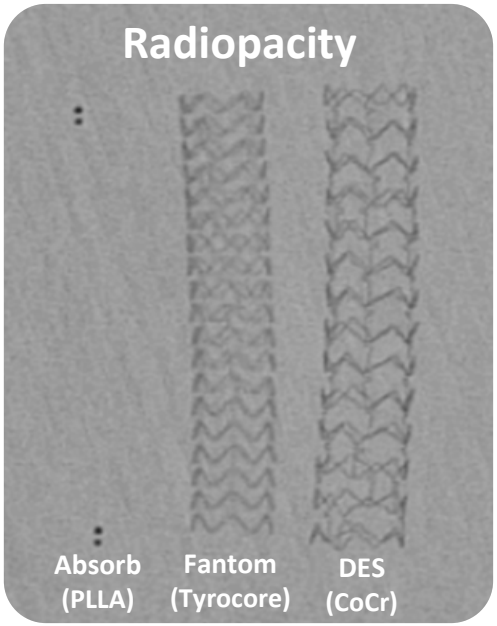




Fantom's Novel Tyrocore Polymer
Designed Specifically for BRS



Iodinated desamino-tyrosine



Tyrocore Characteristics:

- **Biocompatible** - derived from tyrosine amino acid
- **Strong** - phenyl ring structure
- **Radiopaque** - bound iodine
- **Degradation**
  - Vessel uncaged in 1 year
  - Complete resorption in ~ 4 years

Fantom & Fantom Encore
Global Clinical Trial Program

Enrollment Complete – In Follow Up

FANTOM I	**First-in-human safety study (n=7)**	**Year 4**
FANTOM II Cohorts A&B (CE-mark Study)	**Multi-center safety and performance study (n=240)**	**Year 2-3**

Enrolling

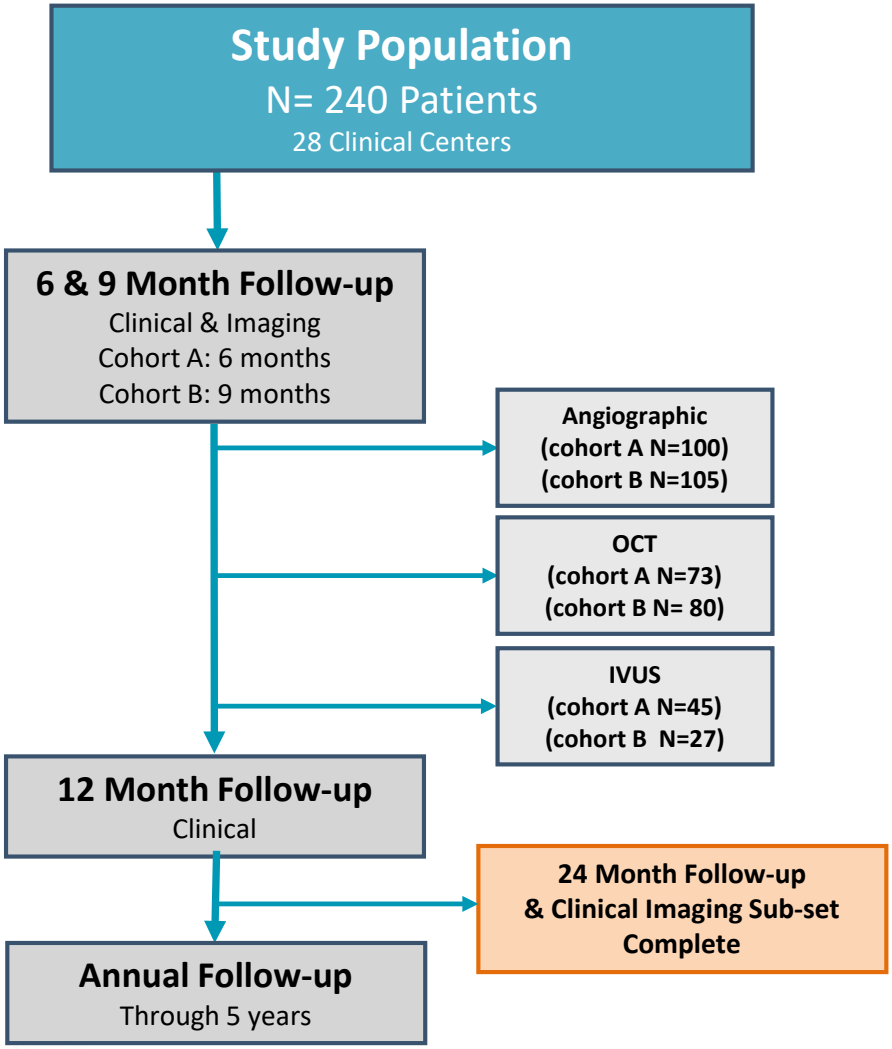
FANTOM II Cohort C	**Long lesion and multiple vessel study (n=30-50)**	**enrolling**
FANTOM STEMI	**Single center pilot study in STEMI (n=10-20)**	**enrolling**
FANTOM Post Market Trial	**Global Post-market Trial (n=1,500)**	**enrolling**

Planning

FANTOM III (Pivotal trial for US approval)	**Multi-center RCT vs. metallic DES (n=1,800-2,200)**	**planning**
FANTOM Asia	**Multi-center RCT vs. metallic DES (n=350-400)**	**planning**

Key Study Overview

FANTOM II Primary Safety Study (CE-approval Study)



Patient Characteristics (N=240)	
Patient Age (average years)	62.7 ± 10.1
Male	70.4%
Diabetes	23.8%
Current/Former Smoker	59.6%
Hypertension	73.8%
Hyperlipidemia	70.8%
Prior PCI	43.8%
Prior CABG	2.9%
Prior MI	26.3%
Recent LVEF <40%	0.0% (N=231)

FANTOM II – Cohorts A & B Clinical Results (CEC-adjudicated)

Components of 6-Month Primary Endpoint (modified ITT): non-Hierarchical	6 Month (n = 240)	12 Months (n = 240)	24 Months (n=240)
MACE	**2.1% (5)**	**4.2% (10)**	**5.0% (12)**
Cardiac Death	0.4% (1)[1]	0.8% (2)[1,2]	0.8 % (2)
MI	1.3% (3)	1.3% (3)	1.7% (4)[3]
Clinically Driven TLR	0.8% (2)	2.5% (6)	2.9% (7)

- As adjudicated by an independent Clinical Events Committee

(1) One patient died between 0-6 months. Exact cause of death not determined. Patient died at home 4 weeks after subsequent TAVI procedure.

(2) One death occurred between 6-12 months. Patient was reported to have died of COPD by treating physician but cardiac relation could not be excluded.

(3) Three target vessel related MI and one non-target vessel related MI.

FANTOM II – Cohorts A & B

24-Month Scaffold Thrombosis (CEC-adjudicated)

Definite or Probable Scaffold Thrombosis (N = 240 Patients)	
Acute (0 – 1 day)	0.0% (0)
Sub-acute (2 – 30 days)	0.4% (1)[1]
Late (31 – 365 days)	0.0% (0)
Very Late (>365 days)**	0.4% (1)[2]

- As adjudicated by an independent Clinical Events Committee

** Maximum day=761 days

(1) Target lesion was not fully covered with scaffold. Significant untreated stenosis was present at index procedure. Patient returned 5 days post procedure with a scaffold thrombosis

(2) Distal segment of scaffold was in a 2.0mm vessel and the scaffold had significant malaposition that was not corrected (Below the protocol limit of 2.4 mm)

FANTOM II Angiographic Results (Core lab analysis)

Sustained Performance through 24 Months

In-Scaffold Analysis	Baseline (n=238)[1]	Cohort A – 6 Mo. (n=100)	Cohort A – 24 Mo.[3] (Subset n=36)
RVD (mm)	2.71 ± 0.37	2.70 ± 0.36	2.67 ± 0.33
MLD (mm)	0.82 ± 0.31	2.23 ± 0.41	2.18 ± 0.48
Diameter Stenosis (%)	69.5 ± 11.0	15.3 ± 15.2	15.1 ± 17.9
Acute Gain (mm)	1.68 ± 0.41		
Acute Recoil (%)	4.0 ± 8.3[2]		
Mean LLL (mm)		0.25 ± 0.40	0.23 ± 0.49
In-Segment Analysis			
Mean LLL (mm)		0.17 ± 0.34	0.21 ± 0.49

(1) Baseline angiographic data was not available for two enrolled patients

(2) N = 156 patients available for recoil analysis

(3) Average follow up days=744

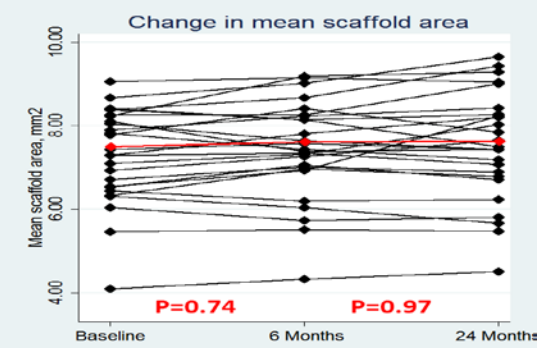
FANTOM II – OCT Substudy Results

Evidence of Healing and Benign Scaffold Degradation through 24 Months (n=25) – OCT Core lab

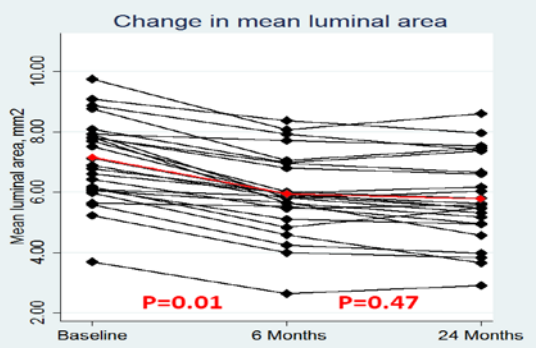
- **Excellent Strength**
  - No late recoil
  - Stable lumen diameter between 6 and 24 months

- **Complete coverage**
  - Early malaposition resolution
  - Complete strut coverage at 24 months

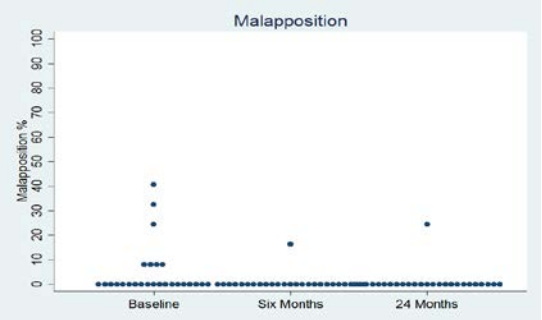
Mean Scaffold Area



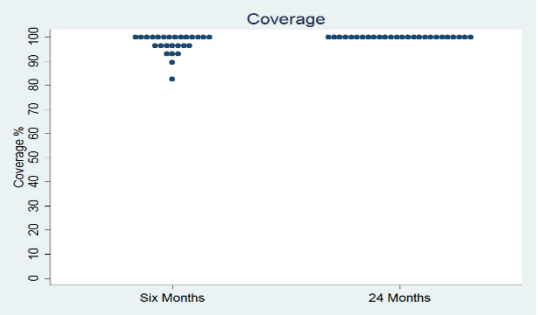
Mean Lumen Area



Scaffold Strut Apposition



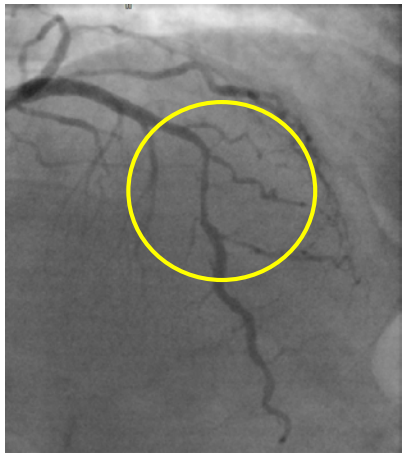
Scaffold Strut Coverage



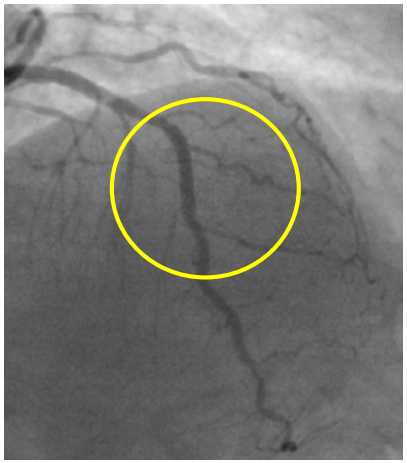
FANTOM II

Long Term Follow-up Case Sample

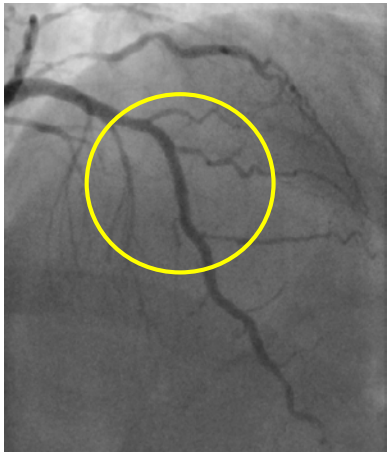
Index - Pretreatment



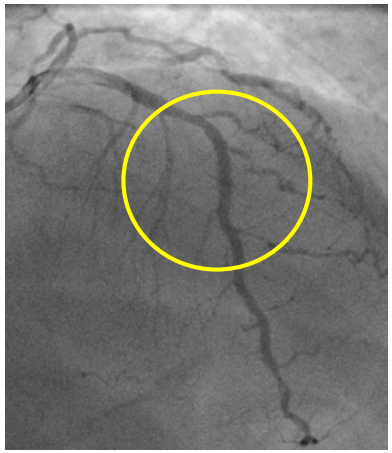
Index – Post Implant



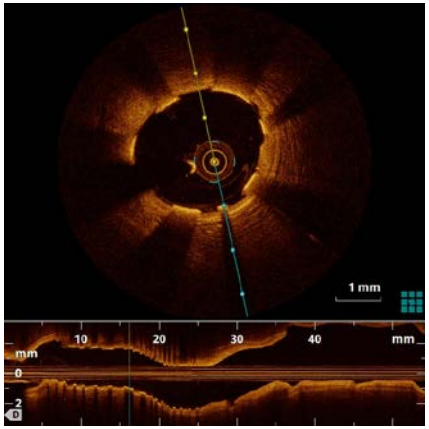
Follow-up 6 Mo.



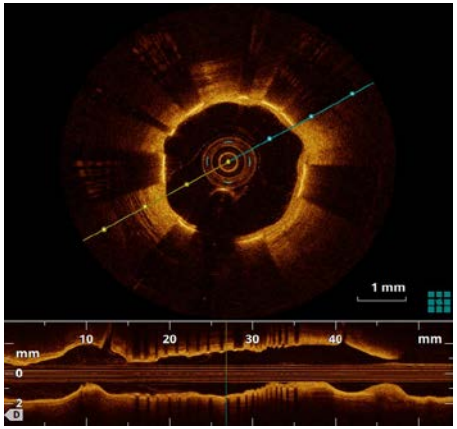
Follow-up 24 Mo.



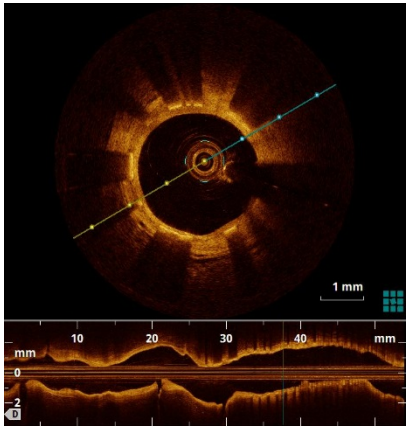
Index – Post Implant



Follow-up 6 Mo.



Follow-up 24 Mo.



Fantom & Fantom Encore
Global Clinical Trial Program

Enrollment Complete – In Follow Up

FANTOM I	**First-in-human safety study (n=7)**	**Year 4**
FANTOM II Cohorts A&B (CE-mark Study)	**Multi-center safety and performance study (n=240)**	**Year 2-3**

Enrolling

FANTOM II Cohort C	**Long lesion and multiple vessel study (n=30-50)**	**enrolling**
FANTOM STEMI	**Single center pilot study in STEMI (n=10-20)**	**enrolling**
FANTOM Post Market Trial	**Global Post-market Trial (n=1,500)**	**enrolling**

Planning

FANTOM III (Pivotal trial for US approval)	**Multi-center RCT vs. metallic DES (n=1,800-2,200)**	**planning**
FANTOM Asia	**Multi-center RCT vs. metallic DES (n=350-400)**	**planning**

Key Study Overview
Global Fantom Post Market Trial

Currently Enrolling in Europe

- Global Prospective Study
- Enrolling up to 1,500 patients in appr.100 clinical centers
- Primary endpoint: Target Lesion Failure at 12 months
- Clinical follow-up: 30 days and annual from 1-5 years

  (CEC adjudication of clinical events)
- Independent DSMB to monitor safety and adverse events

Global Fantom Post Market Trial

Currently Enrolling

Focused on Clinical Outcome

R = Right Patient Selection

- Is the patient a good candidate for a scaffold?

E = Excellent Vessel Preparation

- Can a stent like result be achieved in the preparation process?

V = Vessel Sizing

- Is the vessel in the target treatment range ?

A = Apposition

Key Protocol Requirement

Lesion Selection:

- Visually estimated RVD ≥ 2.5 to ≤ 3.75 mm
- No vessel segment < 2.4 mm or > 3.75 mm

Lesion Preparation:

- Mandatory pre-dilatation
- NC balloon sized 1:1 to distal RVD and uniformly expanded to its intended diameter

Post Dilatation:

- Mandatory post-dilatation
- NC balloon sized 0 – max. 0.50 mm larger than distal RVD inflated to ≥ 16 atm
- Goals
  - >90 % Scaffold expansion after post-dilatation
  - Full scaffold apposition to arterial wall

Fantom Encore – CE Mark Approved

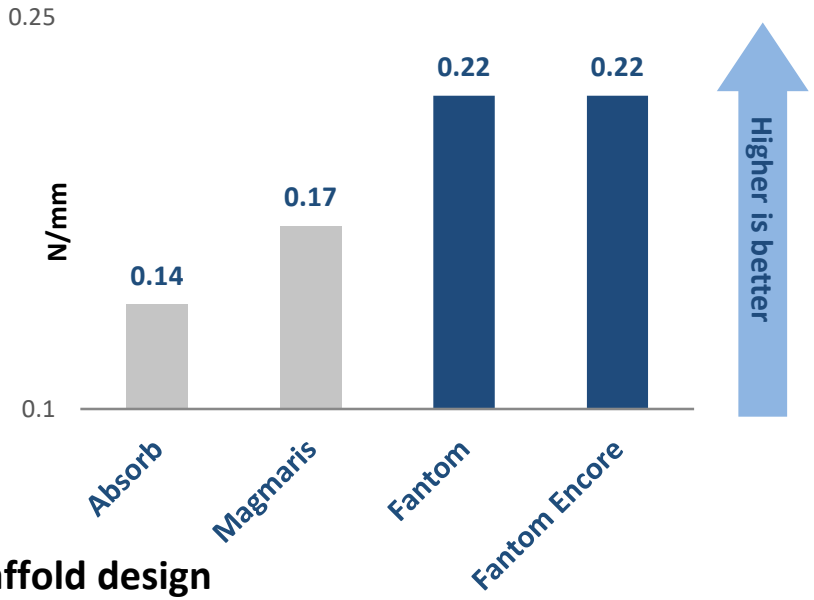
3rd Generation Bioresorbable Scaffold

Thinner Struts (again) without Compromising Radial Strength

Strut Thickness (µm)

	Absorb[1]	Magmaris[1]	Fantom	Fantom Encore
2.5 mm	157 µm	n/a	125 µm	**95** µm
3.0 mm	157 µm	166 µm	125 µm	**105** µm
3.5 mm	157 µm	166 µm	125 µm	**115** µm

Radial Strength[2]



- **No changes to Tyrocore polymer composition or scaffold design**
- **Improved polymer processing and manufacturing techniques**

1) Includes coating. Ormiston, J. New BRS Platforms. Presented EBC Rotterdam 2016.; Foin, N. Biomechanical Assessment of Bioresorbable Devices. Presented CRT 2017.
2) Bench testing on 3.0 mm scaffolds in water at 37°C. Radial strength measured at 15% compression. Tests performed by and data on file at REVA Medical.

Conclusions

- **Fantom, a 2nd generation BRS**
  - Demonstrated device safety through 24 months
    - 5.0% MACE @ 24 months; 0.4% VLST
- **Fantom Encore, a 3rd generation BRS**
  - The thinnest struts of any clinically available BRS[1]
    - No compromise to radial strength or radiopacity
    - Unique Tyrocore polymer
- **Fantom clinical program expanding**
  - Global Fantom Post Market Trial - enrolling
    - 1500 patients across 100 to 150 clinical centers
  - Indication expansion studies in long lesions and STEMI

1) 95 µm strut thickness in the 2.5 mm diameter size