ASX ANNOUNCEMENT

20 September 2022

ANTERIS INVESTOR WEBINAR AT TCT 2022

Brisbane, Australia and Boston Massachusetts, USA, Anteris Technologies Ltd (**Anteris** or the **Company**) (ASX: AVR) is pleased to provide the attached investor presentation held at the annual Transcatheter Cardiovascular Therapeutics (TCT) medical conference in Boston, Massachusetts, the world's largest interventional cardiology conference.

The webinar can be viewed on the Company website or at the following address:
http://ow.ly/VUZv50KNtg4

END

About Anteris Technologies Ltd (ASX: AVR)

Anteris Technologies Ltd is a structural heart company that delivers clinically superior and durable solutions through better science and better design.

Its focus is developing next-generation technologies that help healthcare professionals deliver consistent life-changing outcomes for patients.

Anteris' DurAVR™ 3D single-piece aortic heart valve replacement addresses the needs of today's younger and more active aortic stenosis patients by delivering superior performance and durability through innovations designed to last the remainder of a patient's lifetime.

The proven benefits of its patented ADAPT® tissue technology, paired with the unique design of our DurAVR™ 3D single-piece aortic heart valve, have the potential to deliver a game-changing treatment to aortic stenosis patients worldwide and provide a much-needed solution to the challenges facing doctors today.

Authorisation and Additional information

This announcement was authorised by Mr Stephen Denaro, Company Secretary.

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Investor Webcast Presentation

TCT 2022

September 19th 2022

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Disclaimer

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ANTERIS

ADAPT ® + DurAVR™ +ComaSUR™

Three distinct and novel technology families that are the future of AS treatment

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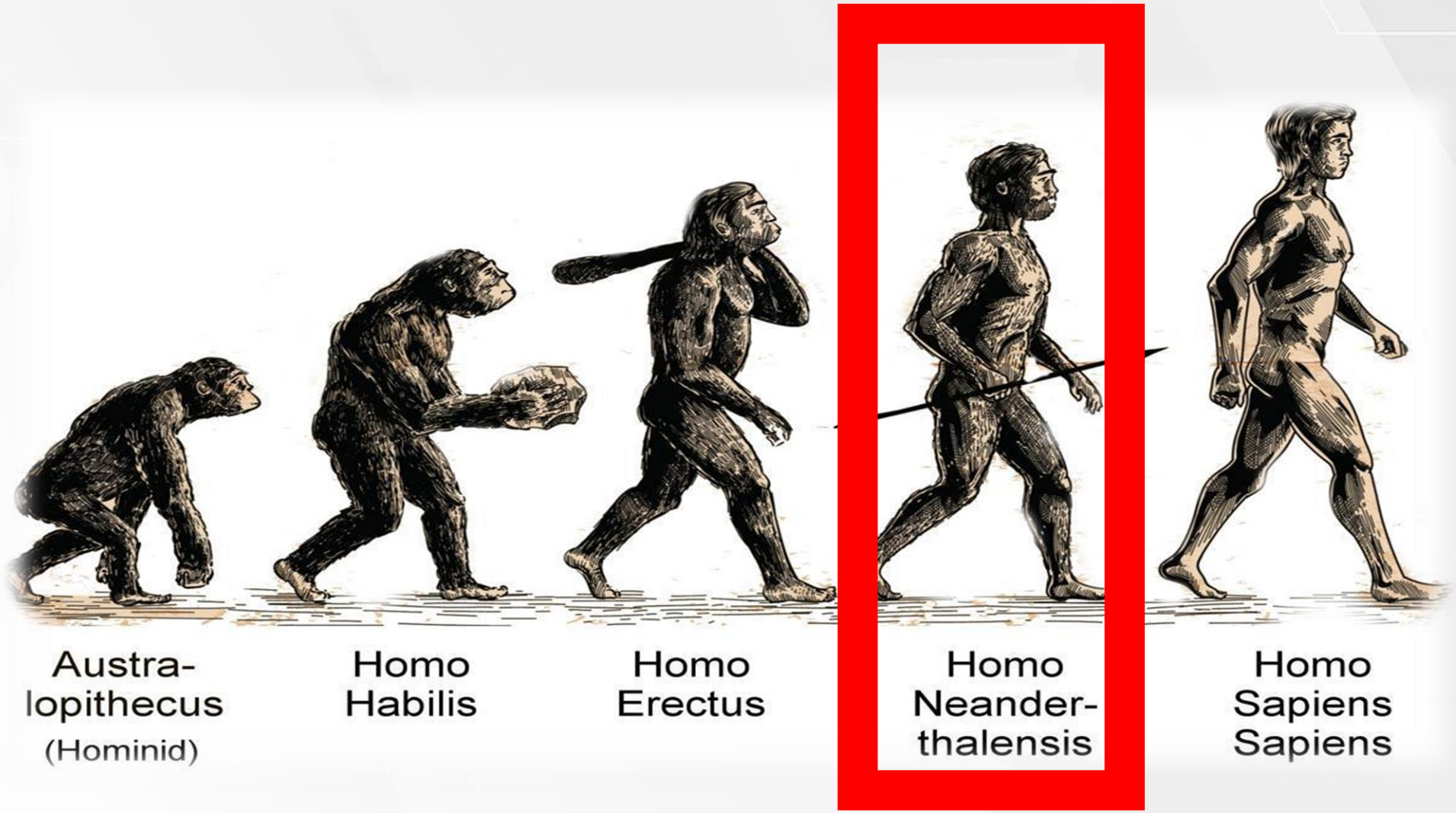
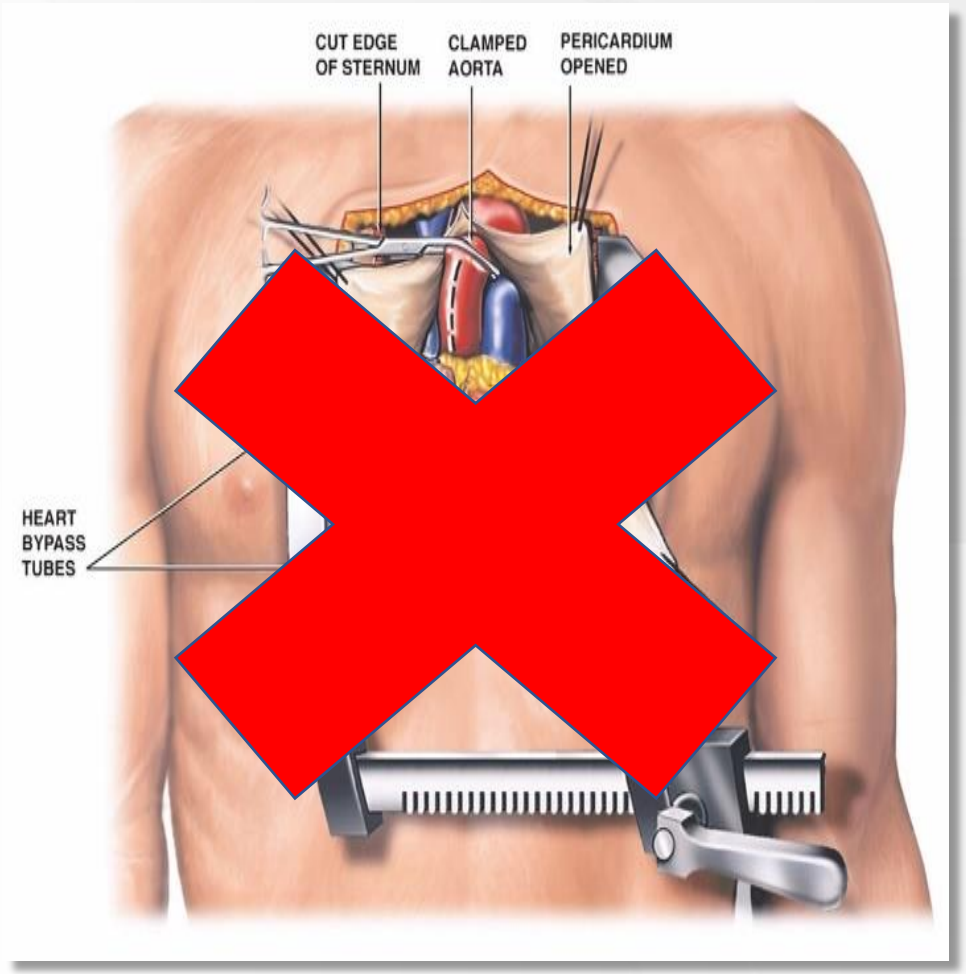
AVR has “evolved” over the past decades but the technology remains several decades old

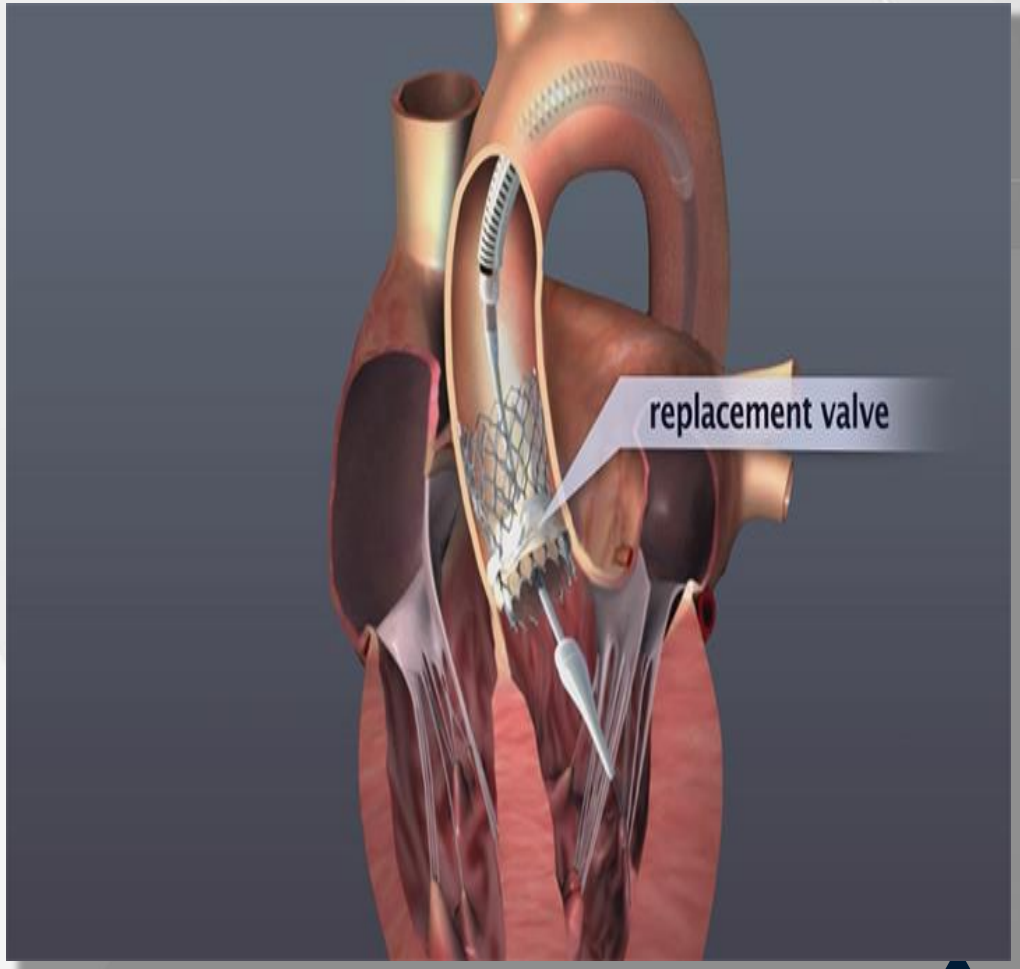


Originally TAVR's were designed for "high risk" patients

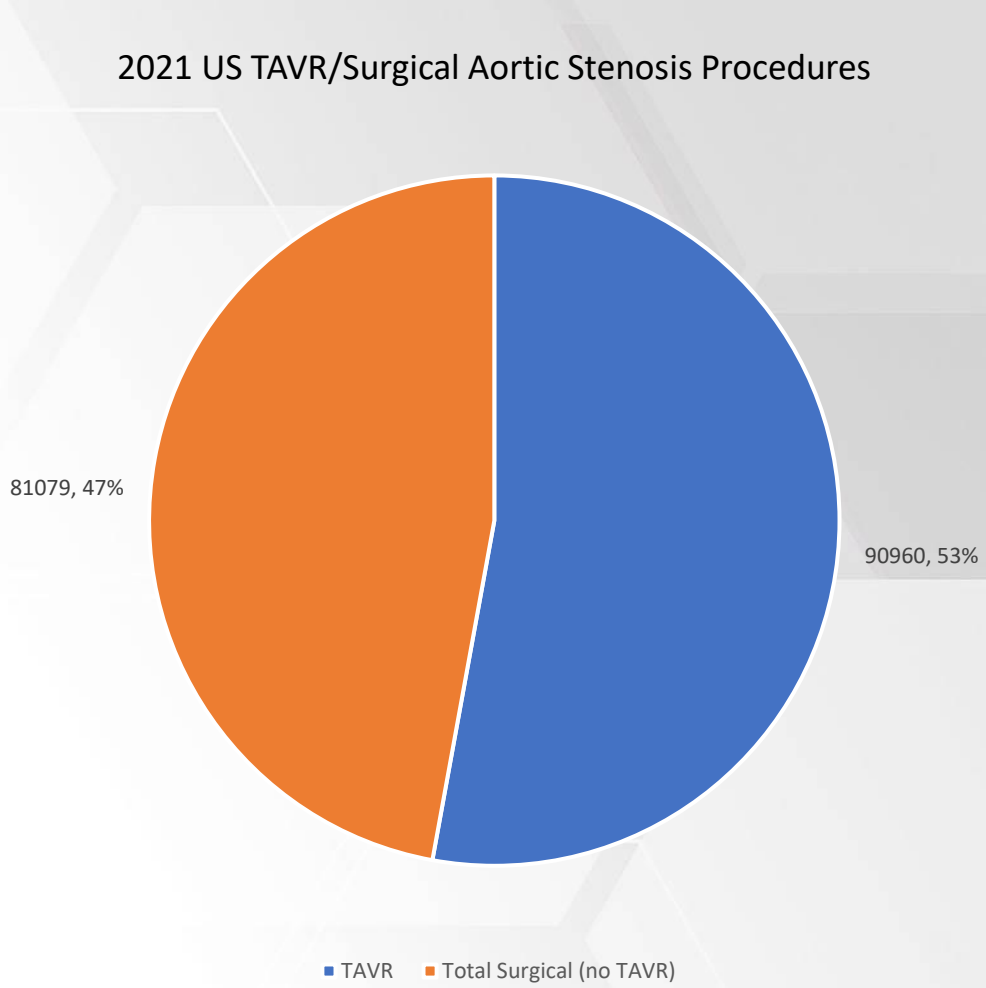
SAVR (Surgical Aortic Valve Replacement)

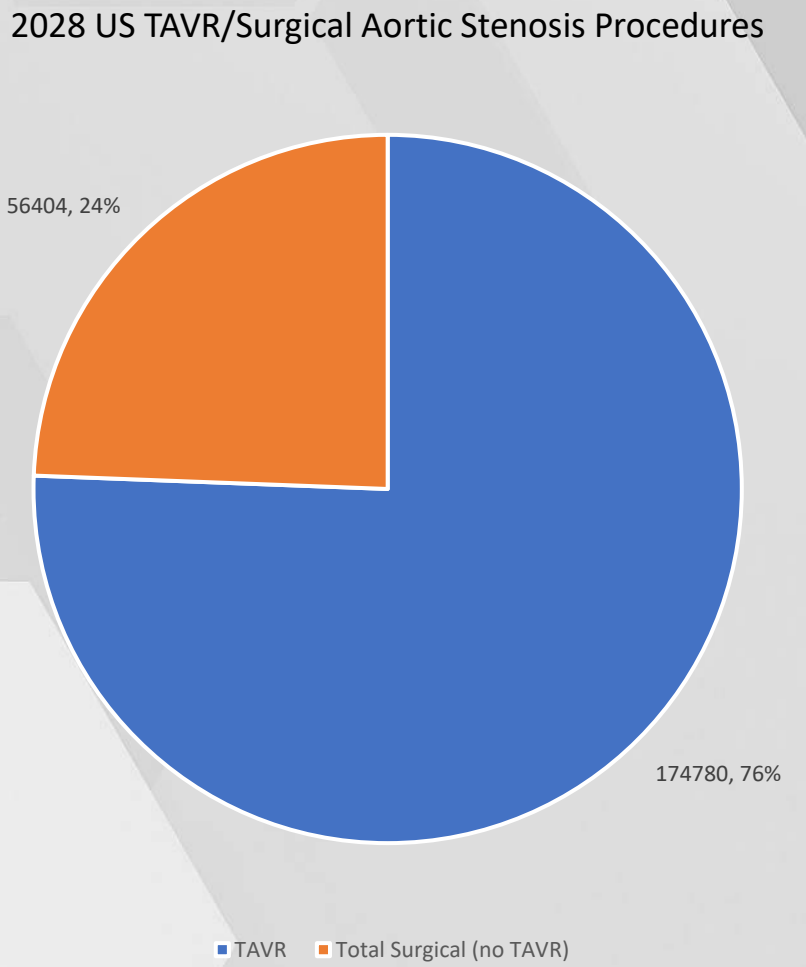


TAVR (Transcatheter Aortic Valve Replacement)



However…..TAVR will account for 75% of AVR's by 2028 many of whom will be younger lower risk patients





Yesterdays TAVR's were not imagined for todays patients

1st -2nd Generation TAVR's designed to solve a different problem to todays patients needs

Patient needs a safe alternative to open heart surgery"

1st and 2nd GENERATION TAVR

>85yrs

2010 – 2019 Average patient age was 85

"Patient needs a valve that restores an active lifestyle for the rest of their life"

DurAVR™

3rd Generation

>65yrs

From 2019 the average pt age is 73 and declining

DurAVR™ was designed for more active patients

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Todays TAVR's need to address the needs of younger as well as older patients

Current products fall short in two critical areas


WHY IT
MATTERS?

Patients need new solutions that Last Longer and Work Better

Valve science must progress beyond 3 piece designs

Younger pts now eligible

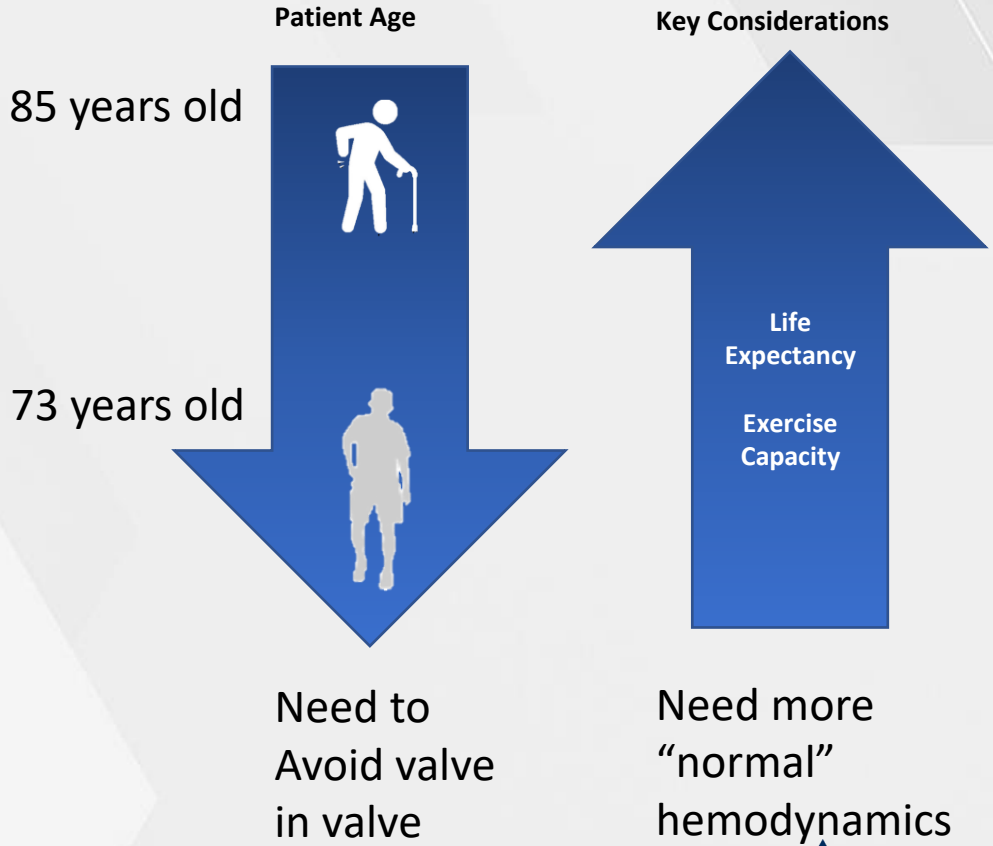
Guidelines
TAVR as class(I) for ages 65-80

Indications:
- **Moderate**
- **Asymptomatic**

EXPAND TAVR

THE EARLY TAVR TRIAL

What Does this Mean?



Otto, et al. ACC/AHA Guideline, JACC,2021, 77, e25-197
Bagur R, et al. Heart. 2017;103:1756-1759
Carroll, et al STS ACC TVT Registry JACC

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DurAVR™ THV satisfies all 4 key areas

ComASUR™ delivery system is more predictable with commissural alignment

Better hemodynamics at rest and during increased cardiac output (exercise)

DurAVR's ™3D shaped uni-body design has greater structural integrity + ADAPT® anti calcification treatment

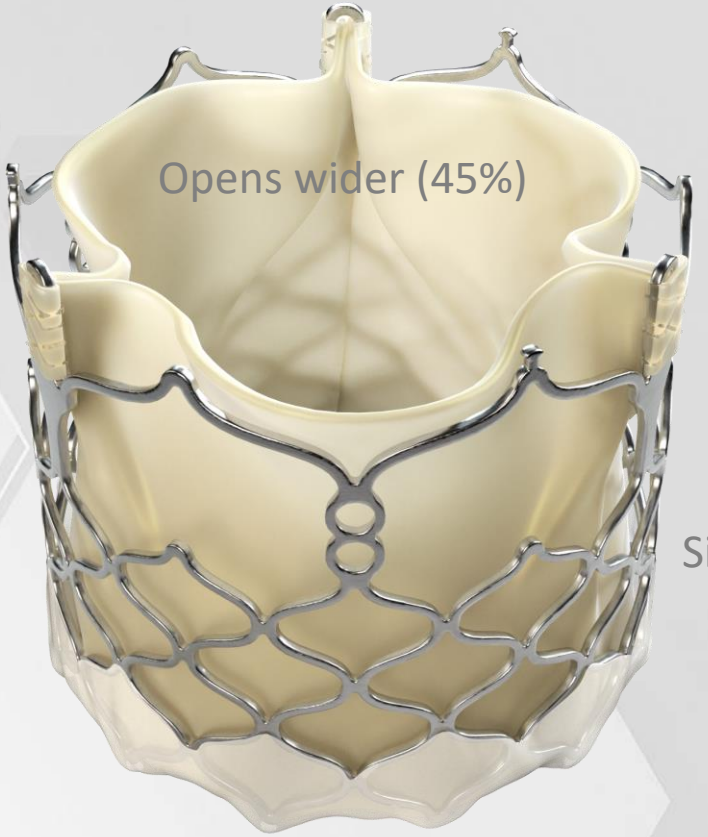
Predictable Procedure → **Optimal Hemodynamic Performance** → **Low Incidence of Complications** → **Durability**

DurAVR™
Transcatheter Heart Valve
(an ADAPT® Product)

DurAVR - A more “human like” valve

Lasts Longer Works Better

Designed to be anatomically correct



Restores pre disease hemodynamics

Single piece design as greater structural integrity

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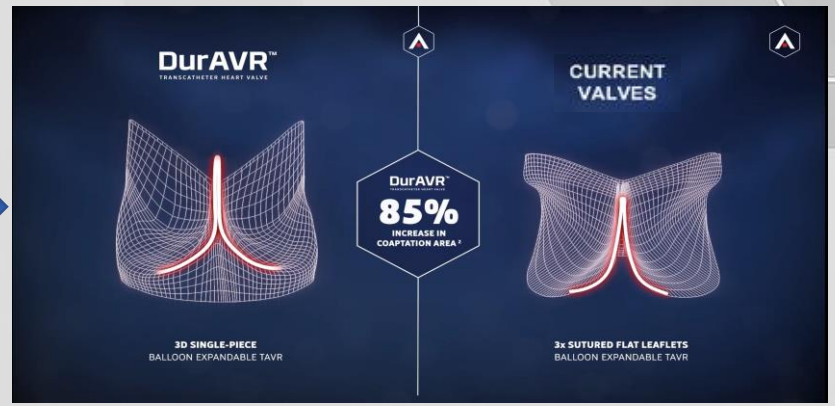
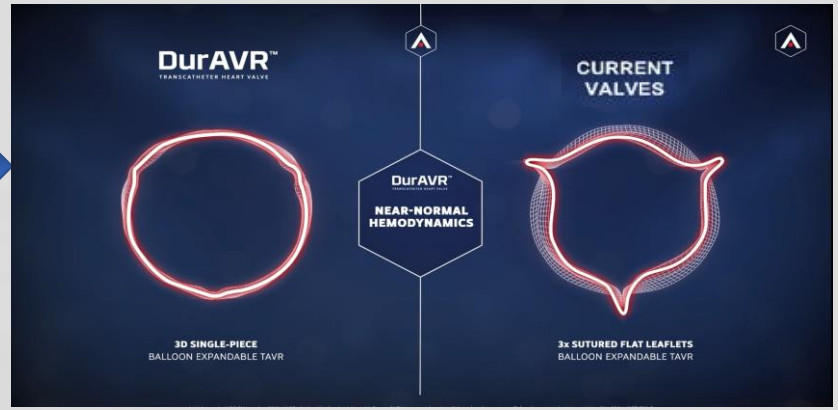
DurAVR™ uniquely shaped single piece design

Unique Design of a Single Piece of Tissue 3D Molded to Mimic the Native Aortic Valve Anatomy

- Designed in diastole (closed position)
- Opens wider with less pressure
- Remains open longer with the purpose of improving hemodynamics





* Data on file, Anteris

** Lim KH et al., *Flat or Curved Pericardial Aortic Valve Cusps: A Finite Element Study.* J Heart Valve Dis. 2004;13:792-797.

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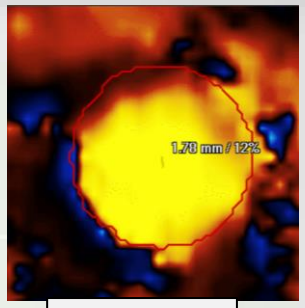
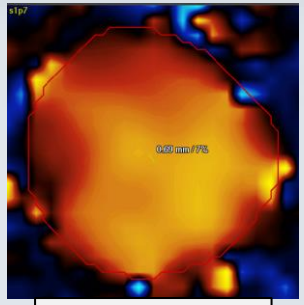
DurAVR™ closely matches native valve performance

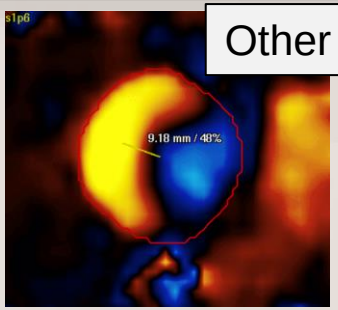


Control

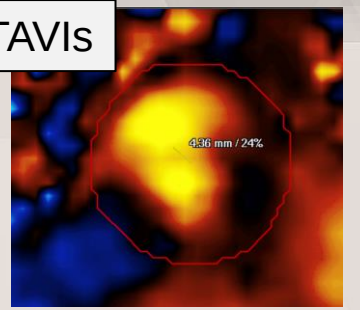


DurAVR™

Other TAVIs

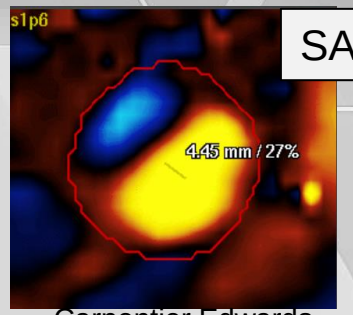


Sapien 3

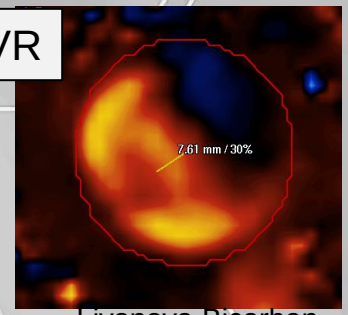


CoreValve Evolute R

SAVR

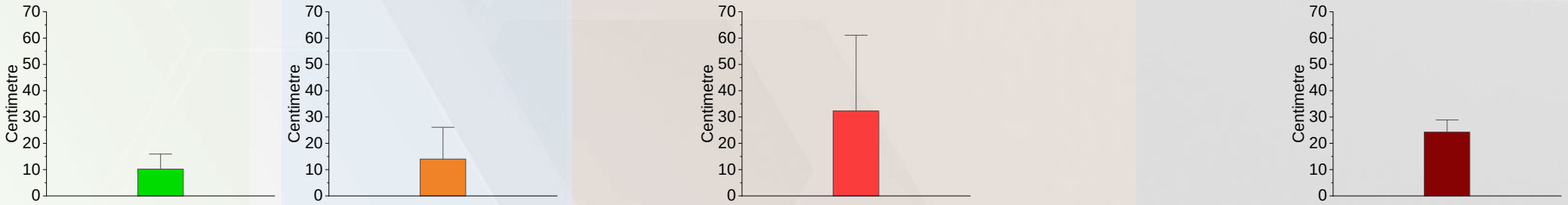


Carpentier Edwards Perimount Magna Ease

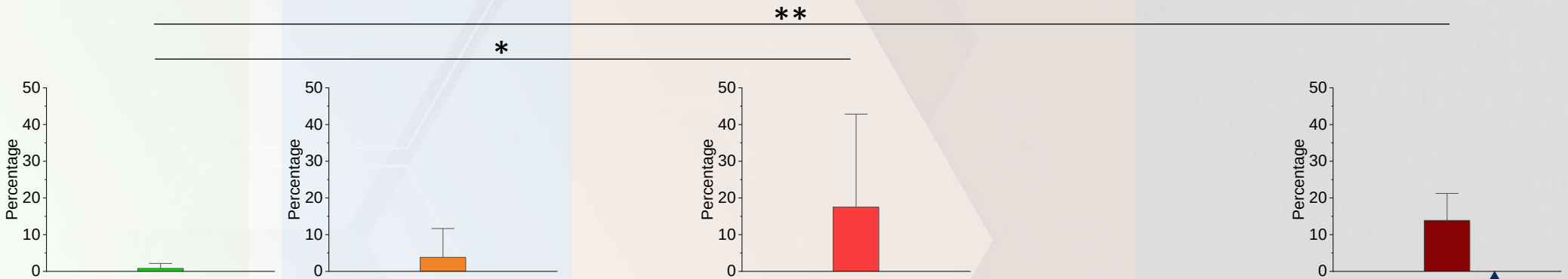


Livonova Bicarbon Bileaflet Slim Line

Peak systolic aortic flow displacement



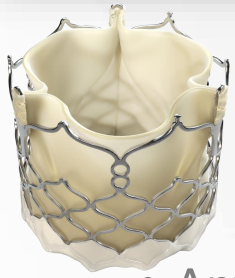
Peak systolic aortic flow reversal



*P<0.05; **P<0.01

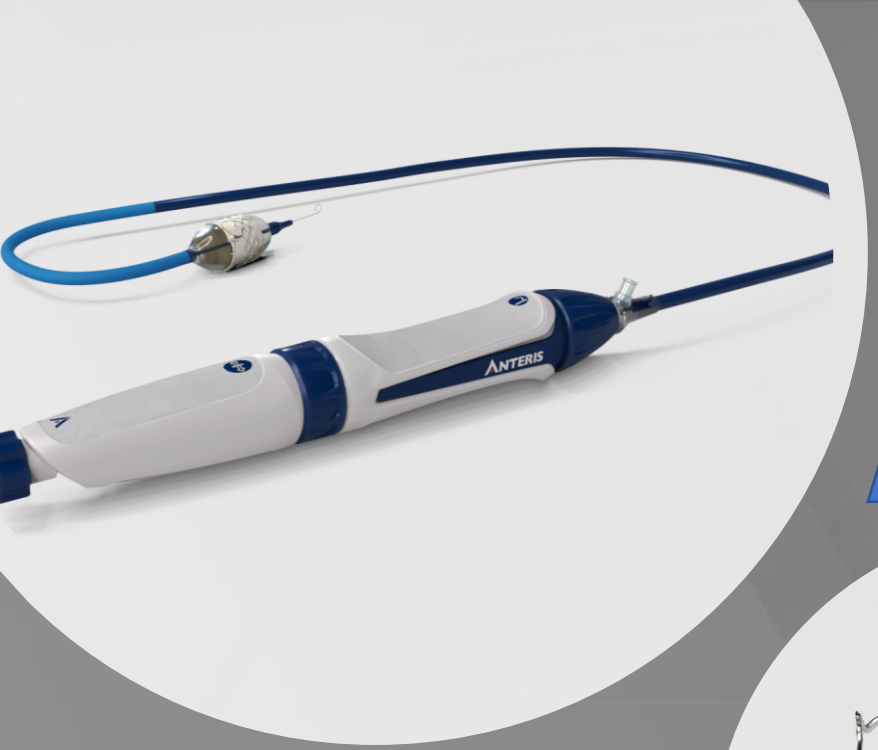
ANTERIS

Anteris has created the next generation Aortic stenosis treatment

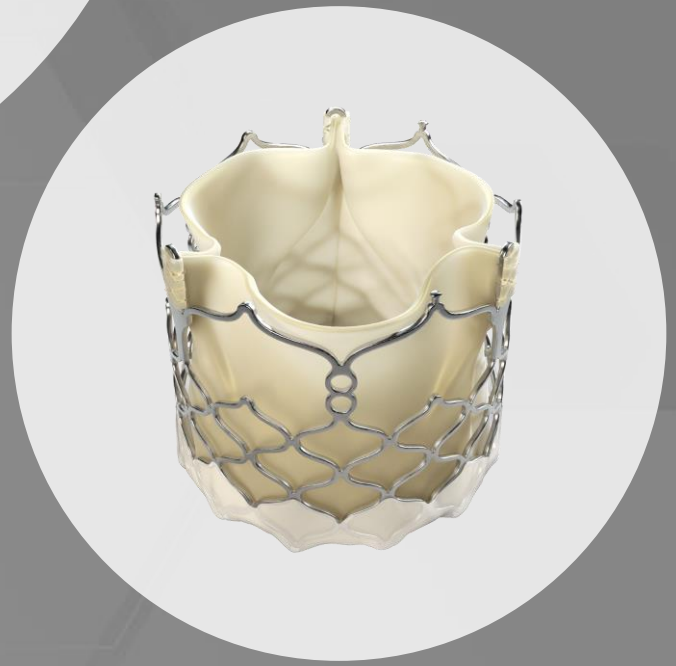


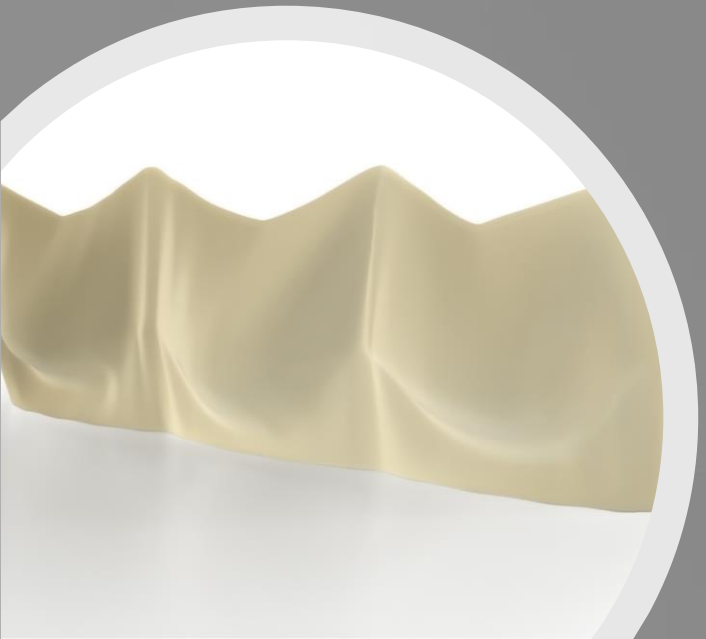
Anteris has developed and combined 3 unique medical technologies that address current unmet medical needs

- Anteris™ is competing in a **US$10bn market.**
- **ADAPT®** is the unique anti-calcification treatment platform technology on which our structural heart products are built.
- **ADAPT®** is the only anti calcification treatment to demonstrate zero calcification in humans over 10 years.
- **ADAPT®** has unique properties that are critical to longer lasting aortic valves and has been used in over **35,000** patients globally and is FDA approved.
- **DurAVR™,** built with ADAPT® technology, is a novel and highly durable 3D sahped single-piece aortic valve for the treatment of aortic stenosis.
- **ComaSUR™** is a unique delivery system/catheter that will be used to place DurAVR™in upcoming studies.



Anteris has addressed Tissue science, Valve design and Delivery





By combining

- Tissue Science,(Adapt®)
- Valve design (DurAVR™)
- Physician developed delivery system (ComASUR™)

Anteris has created a more “human like” aortic valve replacement with results that reflect pre disease states

Lasts Longer, Works Better

ANTERIS TECHNOLOGIES
A Structural Heart Company

DurAVR™
TRANSCATHETER HEART VALVE SYSTEM

A Valve Designed **for Life.**

DurAVR Programatic Update

Christopher U. Meduri, MD MPH
Karolinska University Hospital

Vinnie Bapat, MD
Abbott Northwestern, MN

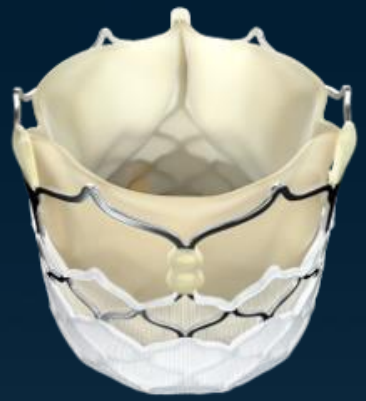
Susheel Kodali, MD
Columbia University

TAVR as an Evolving Field Consists of Compromises

Current TAVR platforms impair optimal lifetime management strategies

Balloon Expandable Advantages

- **Low frame height**
- **Ease of use**



Self Expandable Advantages

- **Optimal Hemodynamics**
- **Commissure Alignment**

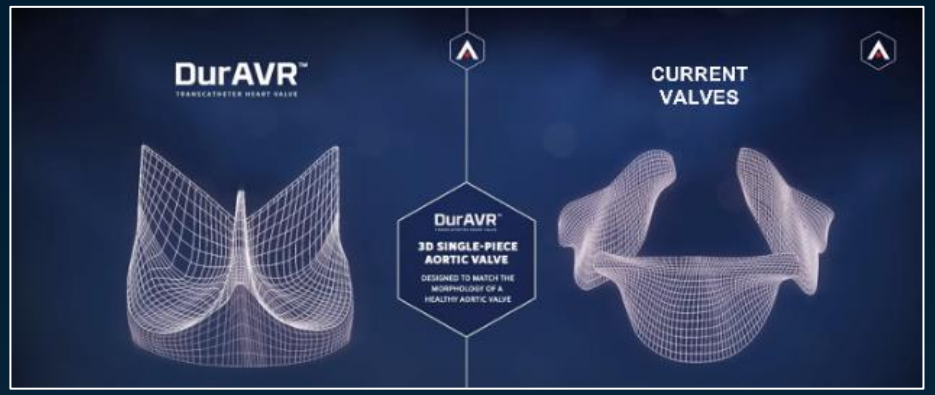
DurAVR™ THV

Potential Future

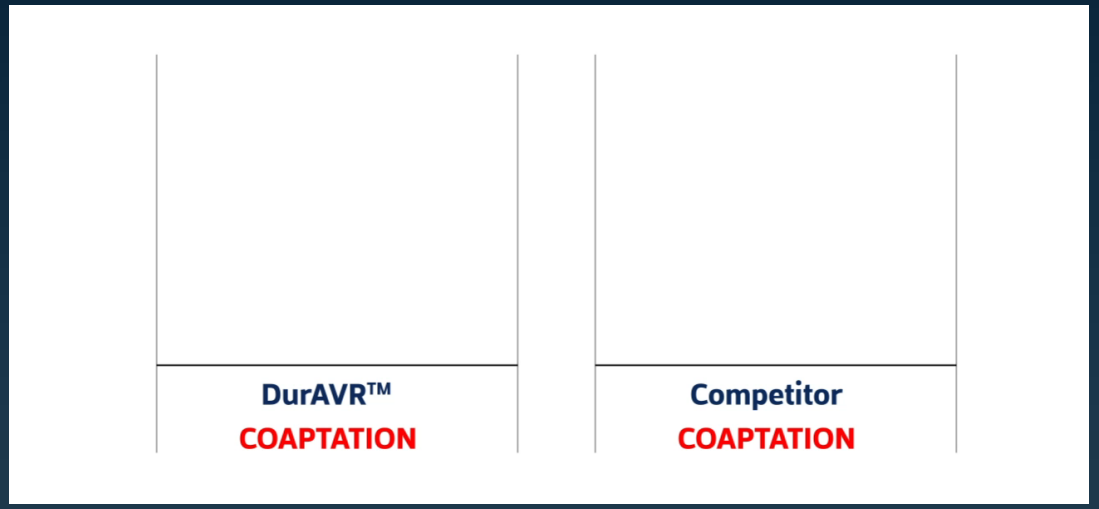
- ***Native-like flow dynamics***
- ***Native leaflet Design***
- ***Advanced Acellular Tissue (lowers immunogenicity)***

DurAVR™ Shaped to Perform like Native Aortic Valve

- ***Restore optimal hemodynamic performance***
  - ***Optimizes flow dynamics***



Single Piece **Three Piece**

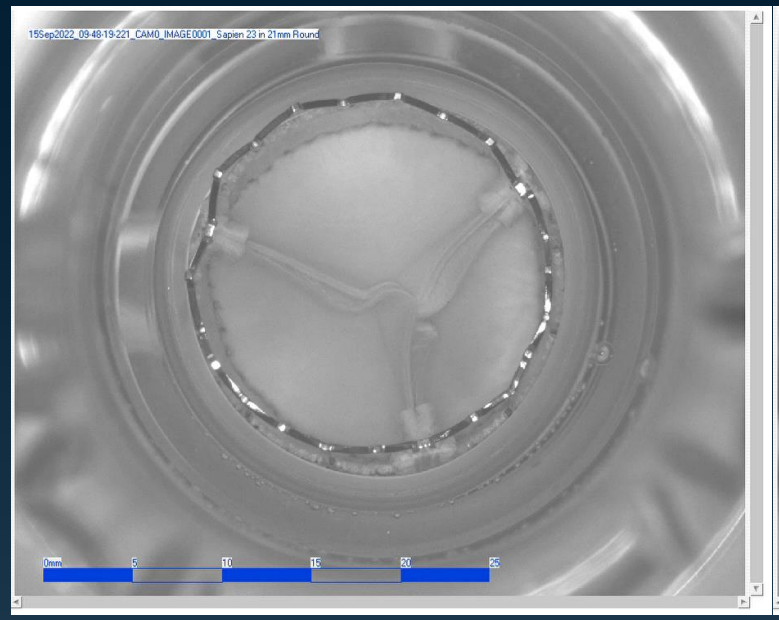


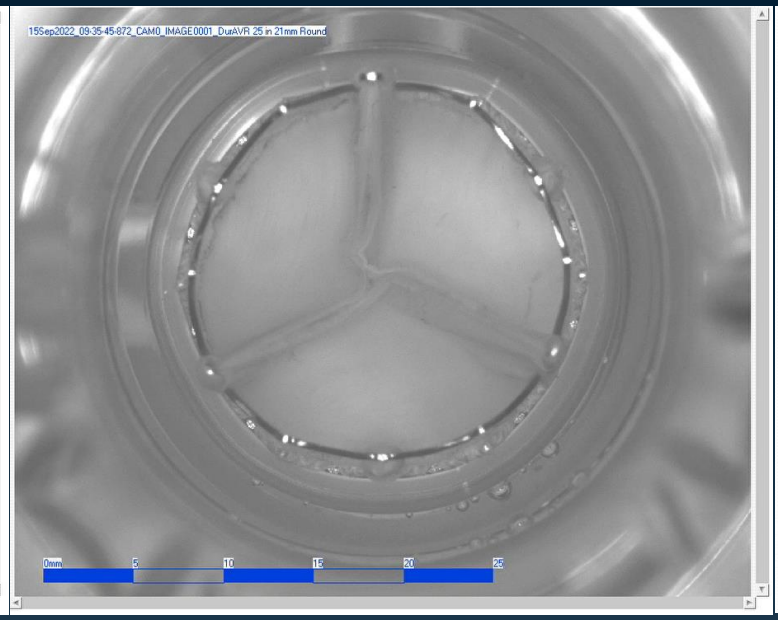
Graphical representation of the 3D single-piece geometry of DurAVR™ THV (left), and standard balloon-expandable TAVI devices (right).

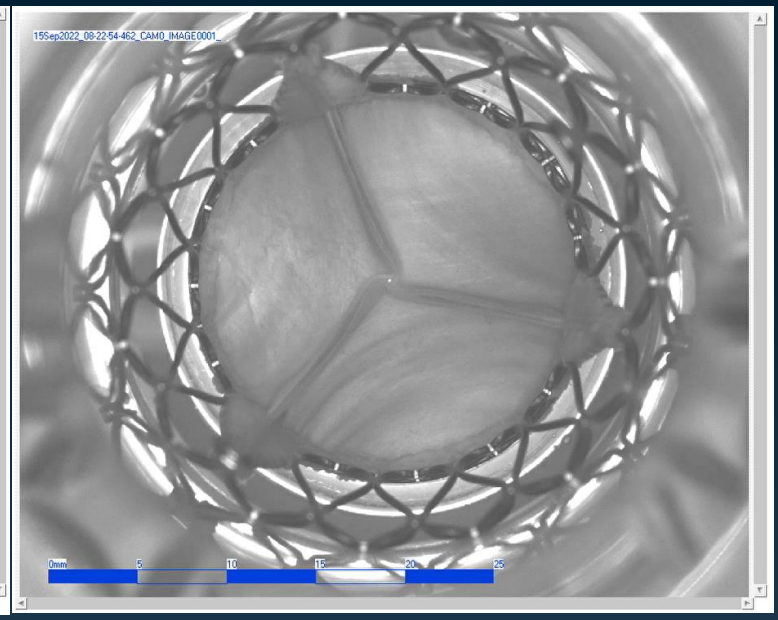
10 Lim et al., JHVD 2004 (PMID: 15473482)

DurAVR vs. Sapien vs. Evolut

- 21mm round fixture







Sapien Hydrodynamics
EOA: 2.30 mm2
Gradient: 8.8 mmHg

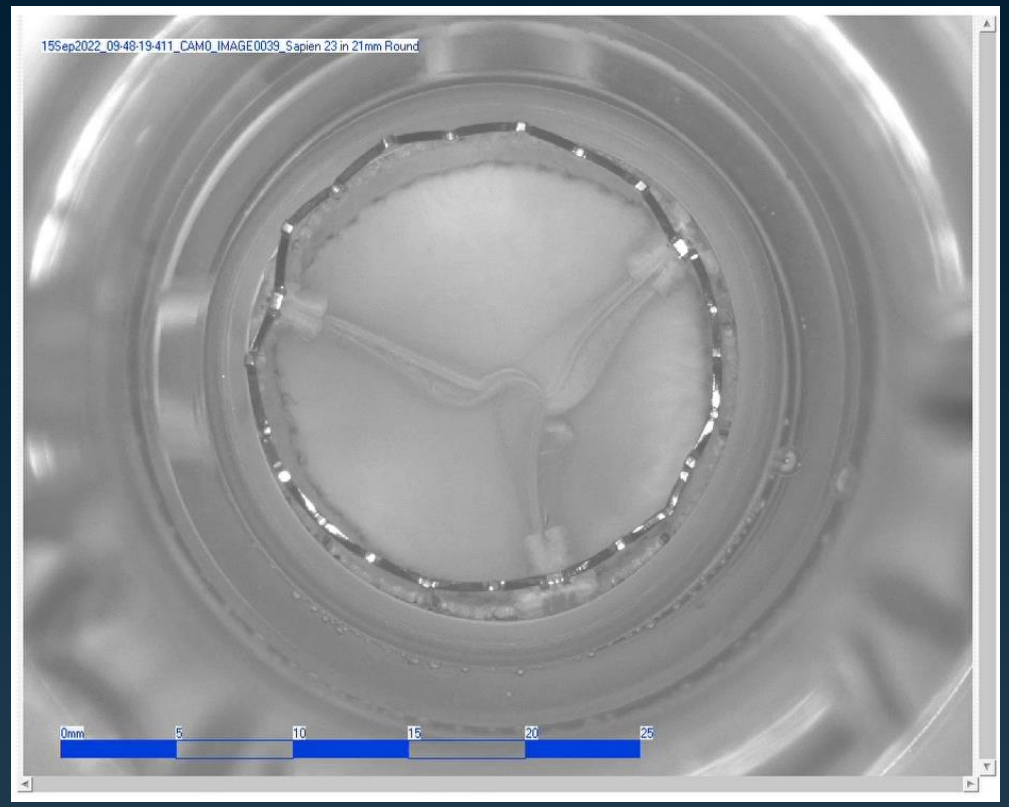
DurAVR Hydrodynamics
EOA: 2.83 mm2
Gradient: 5.9 mmHg

Evolut Hydrodynamics
EOA: 2.41 mm2
Gradient: 8.3 mmHg

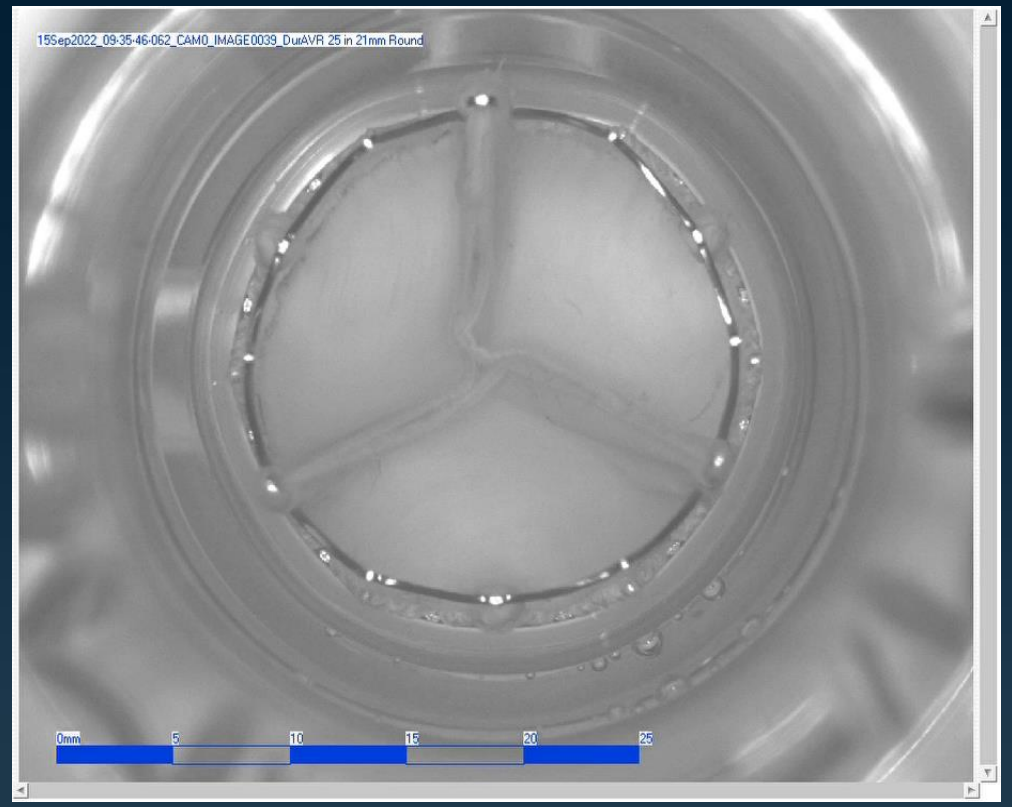
Courtesy of Janar Sathananthan

Slow Motion Videos

- Sapien 3 and DurAVR valve opening



Sapien 3

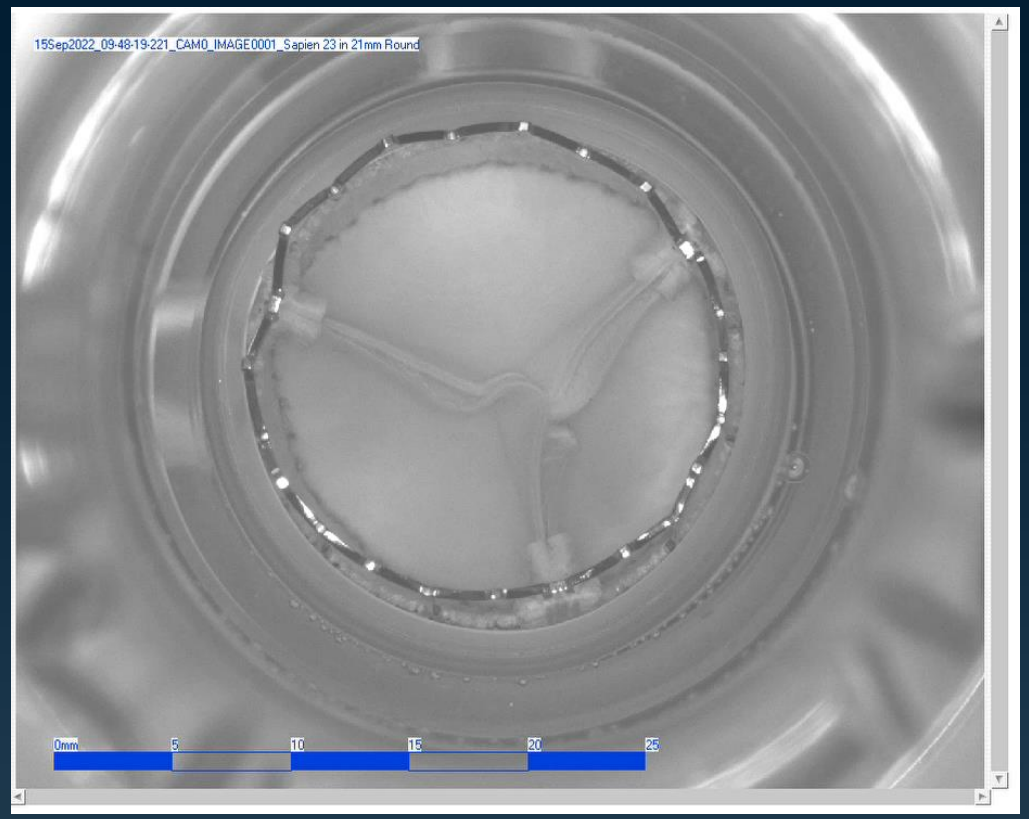


DurAVR

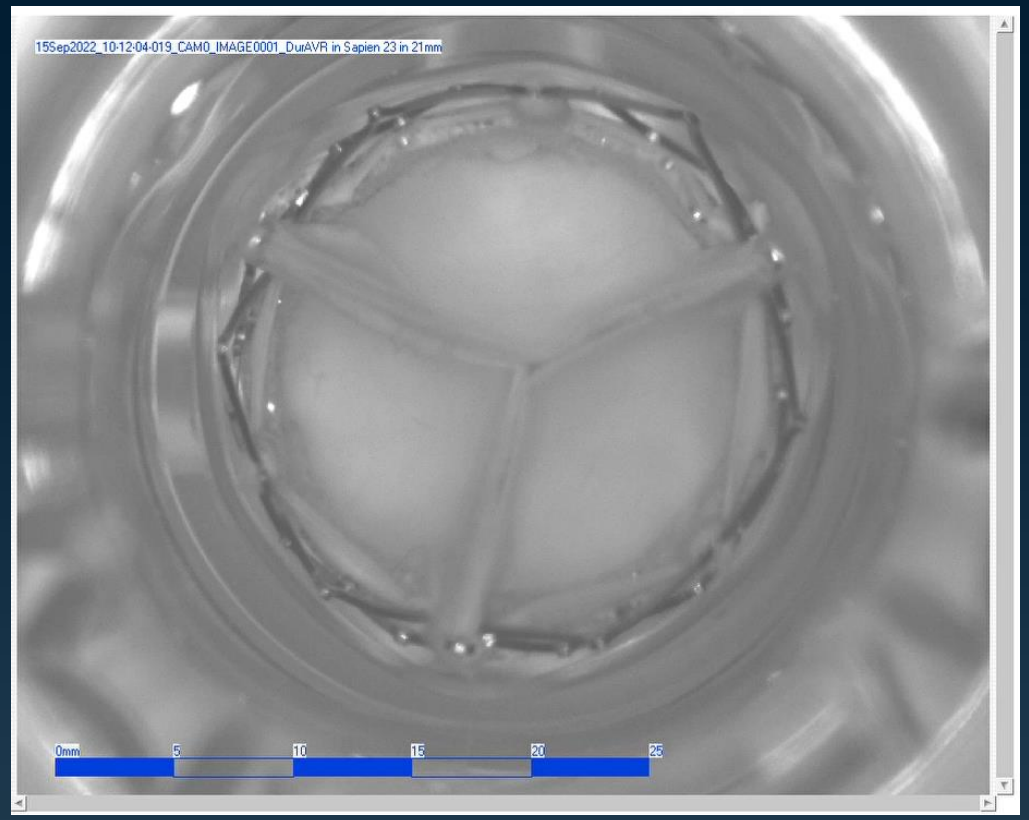
Courtesy of Janar Sathananthan

VinV: DurAVR performance in a Sapien valve

- 23mm Sapien in a 21mm round fixture



Sapien 3 Hydrodynamics
EOA: 2.01 mm2
Gradient: 11.3 mmHg



DurAVR in Sapien 3 Hydrodynamics
EOA: 2.29 mm2
Gradient: 9.3 mmHg

DurAVR™ 3D Single-piece THV System

Designed for Lifetime Management of AS Patients

Designed to Last Longer & Work Better

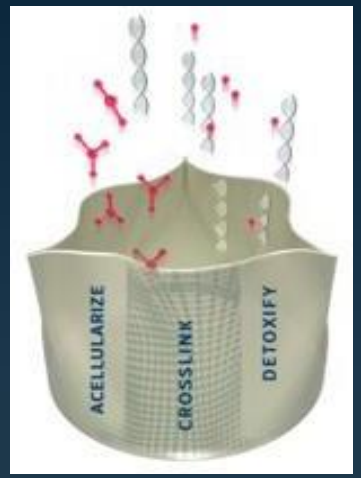
NEAR-NORMAL HEMODYNAMICS

Unique **3D single-piece** valve design with **large EOA**, **85% greater coaptation** and **35% less stress****

PROVEN TISSUE DURABILTY

Superior anti-calcification tissue process (ADAPT®)*

- DNA and glutaraldehyde free
- 10 years in clinical use



PARAVALULAR LEAK SOLUTION

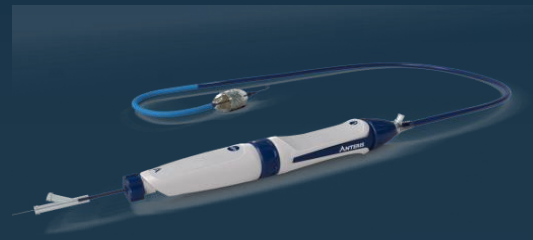
Proven benefits of PET outer skirt

IMPROVED CORONARY ACCESS

Large, open cell geometry

ComASUR™ TF Delivery System

Ability to uniquely rotate valve at the annular level for predictable commissural alignment



CRF TCT

* Neethling, *JHVD 2008; JHVD 2010; ICVTS 2018.*
Brizard, JTCVS 2014; doi: 10.1016/j.jtcvs.2014.08.002.
Neethling, Front Ped 2020; doi.org/10.3389/fped.2020.00198
Strange, Exp Re. Med Dev 2015; doi:10.1586/17434440.2015.985651

*** Lim KH et al., JHVD. 2004; PMID: 15473482*

DurAVR™ THV First-in-Human Study Design

Design

Prospective, non-randomized, single-arm, single-center (Tbilisi Heart Center, Georgia)

Purpose

Evaluate the safety and feasibility of the DurAVR™ THV System

Population

13 subjects with symptomatic severe aortic stenosis treated to date

Assessments & Duration

Clinical, echo, MDCT, and cardiac MRI assessments. Follow-up to 1 year.

CRF TCT

MDCT = Multidetector Computed Tomography, MRI = Magnetic Resonance Imaging

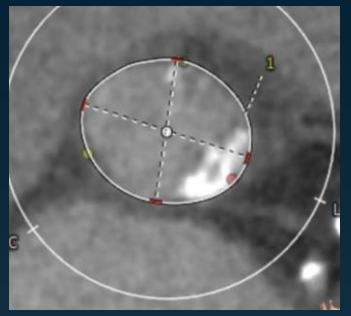
Baseline Characteristics

Baseline characteristics	n = 13
Age (years)	73.92 ± 6.4
Gender (female)	77%
STS Prom (%)	2.34 ± 1.07
Area-derived annulus diameter (mm)	22.95 ± 1.09
NYHA Class	
II	85%
III	15%

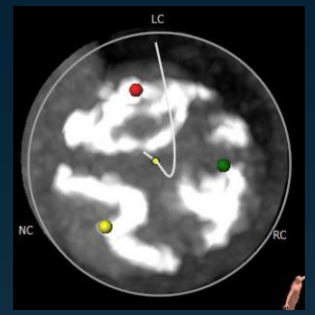
Challenging Anatomies Treated

(Baseline CT)

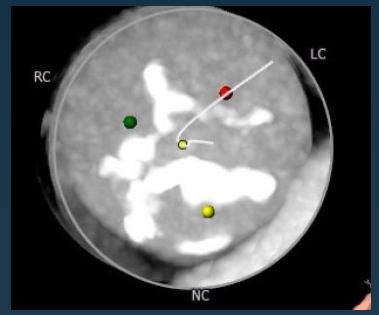
Severe Annular Calcium



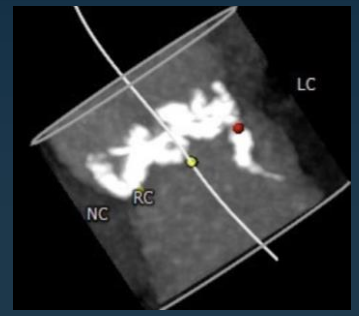
Extreme Leaflet Calcium



Type 1 Bicuspid

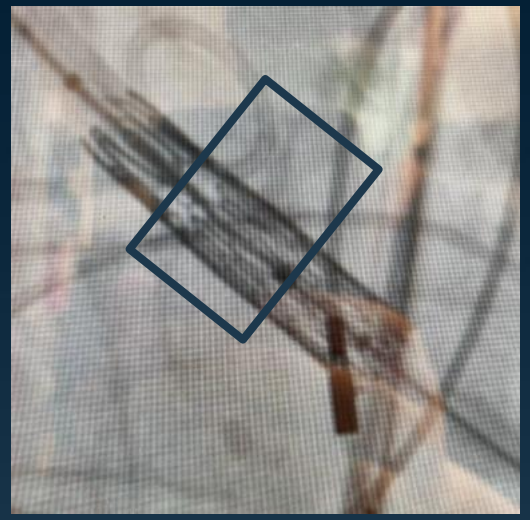


Extreme LVOT Calcium

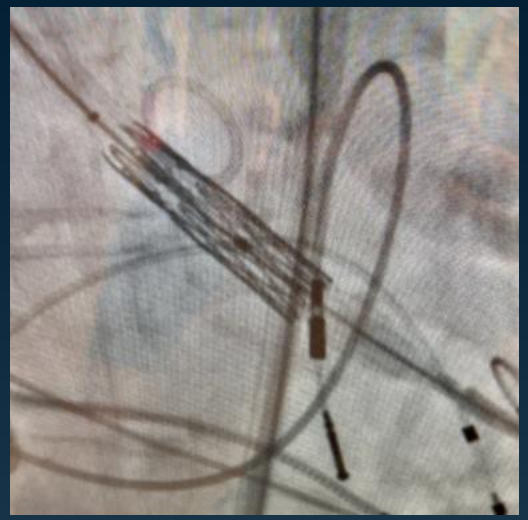


Procedural Results

100% Procedural Success



Rotation for Alignment



Deployment

Mean coaptation length
8.3 mm

Clinical Outcomes

- ✓ No death
- ✓ No stroke
- ✓ No bleeding
- ✓ No reoperation or reintervention
- ✓ No myocardial infarction
- ✓ No device deficiency

Post-procedural Outcomes

- ✓ No device-related complications
- ✓ No moderate or severe paravalvular leak
- ✓ One mild/moderate central AR (early case before valve sizing optimization)
- ✓ One access site complication (resolved on POD 1)
- ✓ One new pacemaker in a patient with baseline RBBB and LAFB (POD 6)

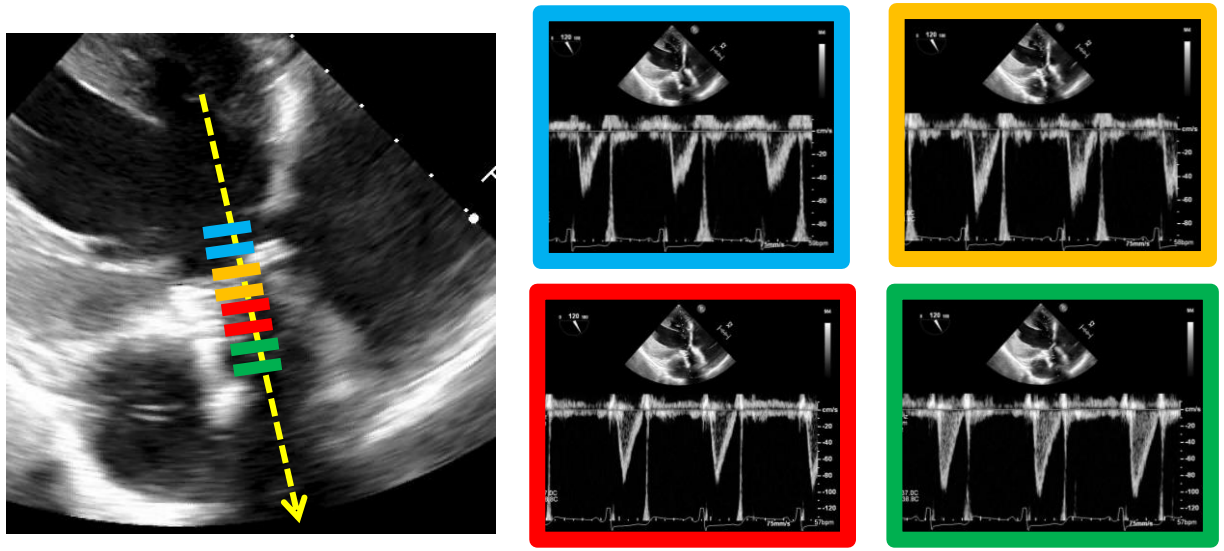
AR = Aortic Regurgitation, LAFB = Left Anterior Fascicular Block, POD = Post Operative Day, RBBB = Right Bundle Branch Block

Unique Native Like Leaflets Result in Native Like Function

Restores Normal Aortic Flow Dynamics

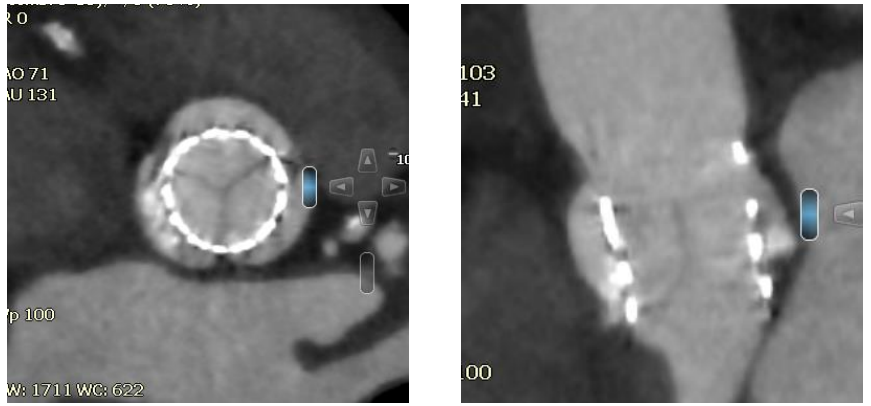
30 Days Echo

Consistent laminar flow throughout valve



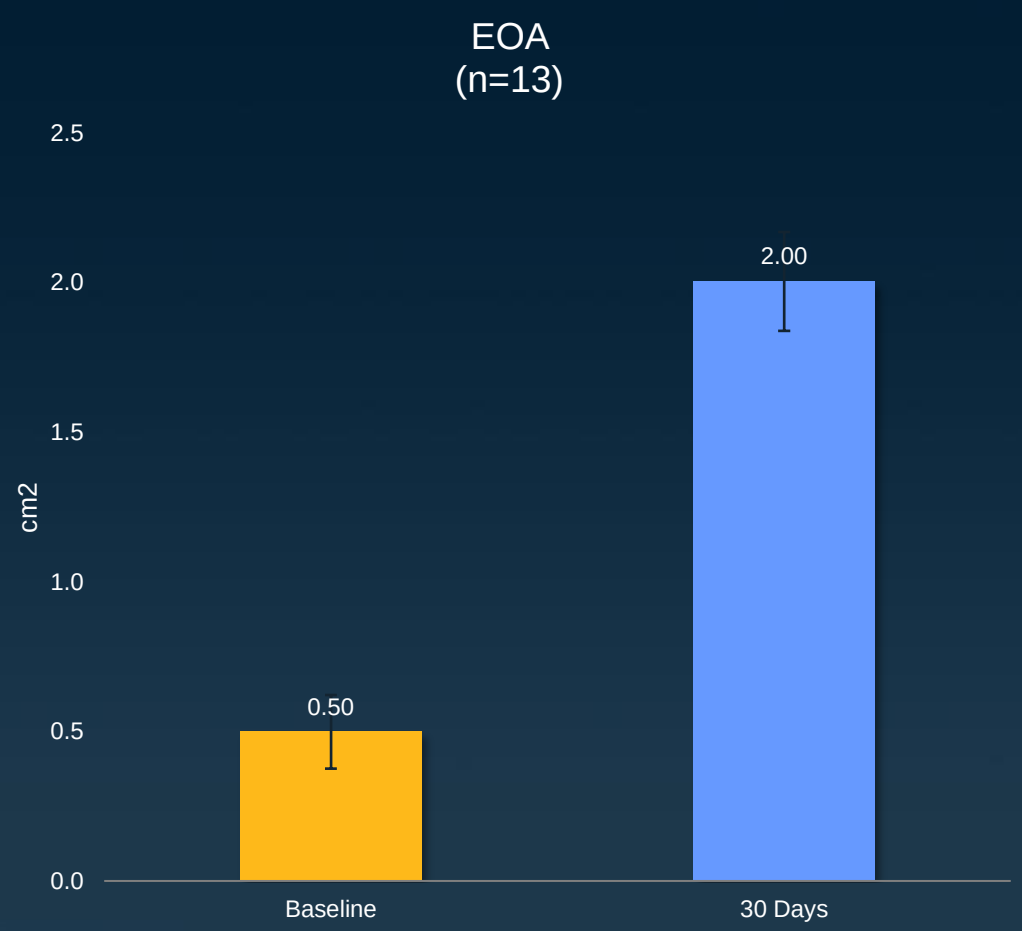
30 Days MDCT

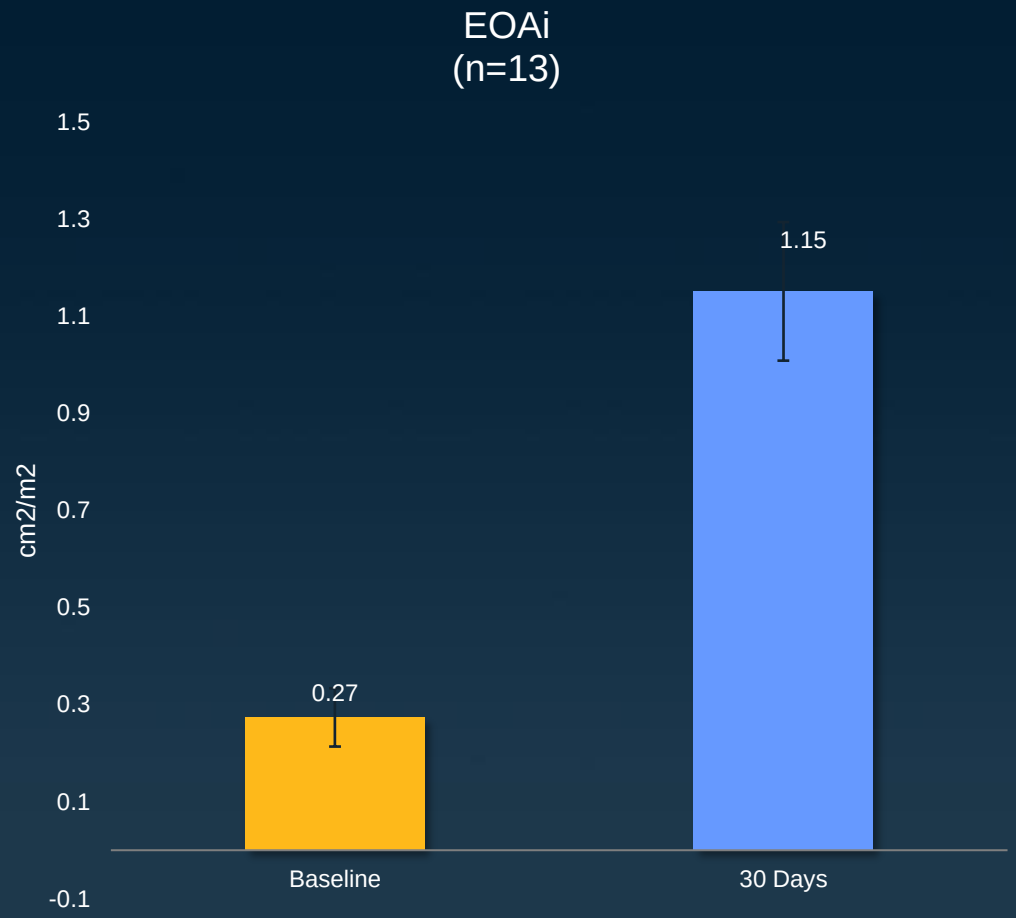
Native valve-like leaflet function



Exceptional Hemodynamic Results at 30 Days in Balloon Expandable Platform

Mean annulus size: 22.95 mm



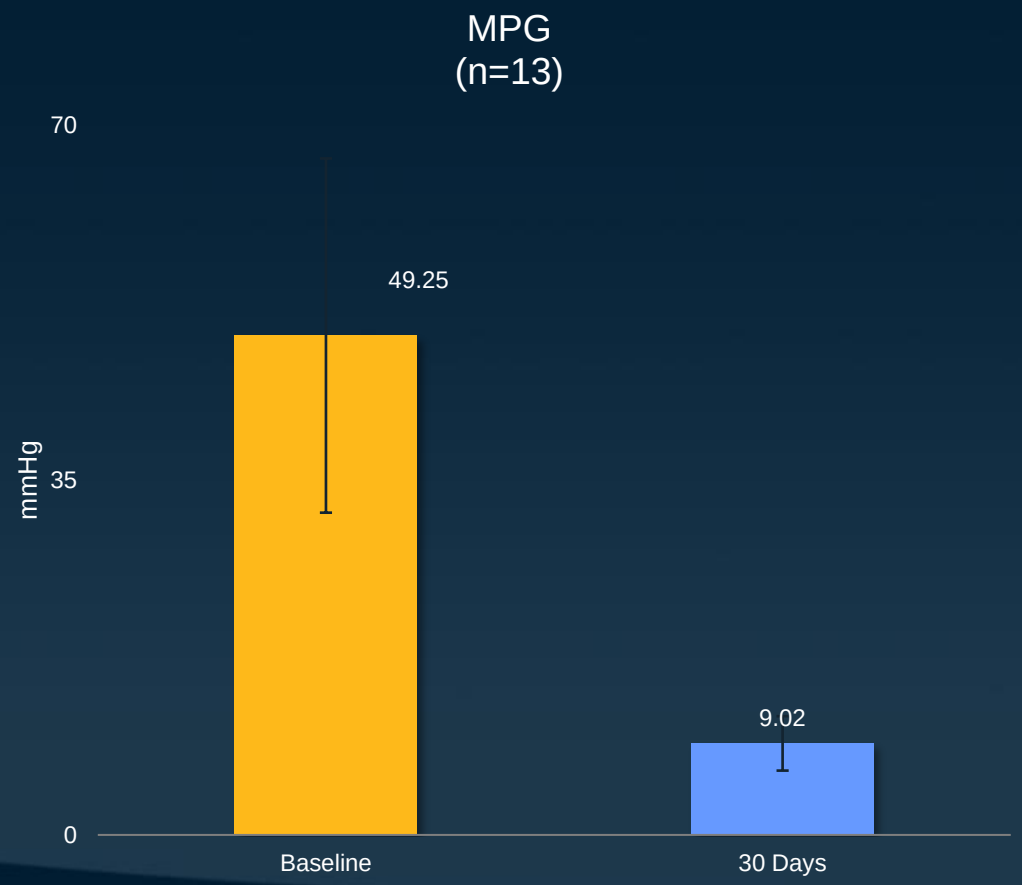


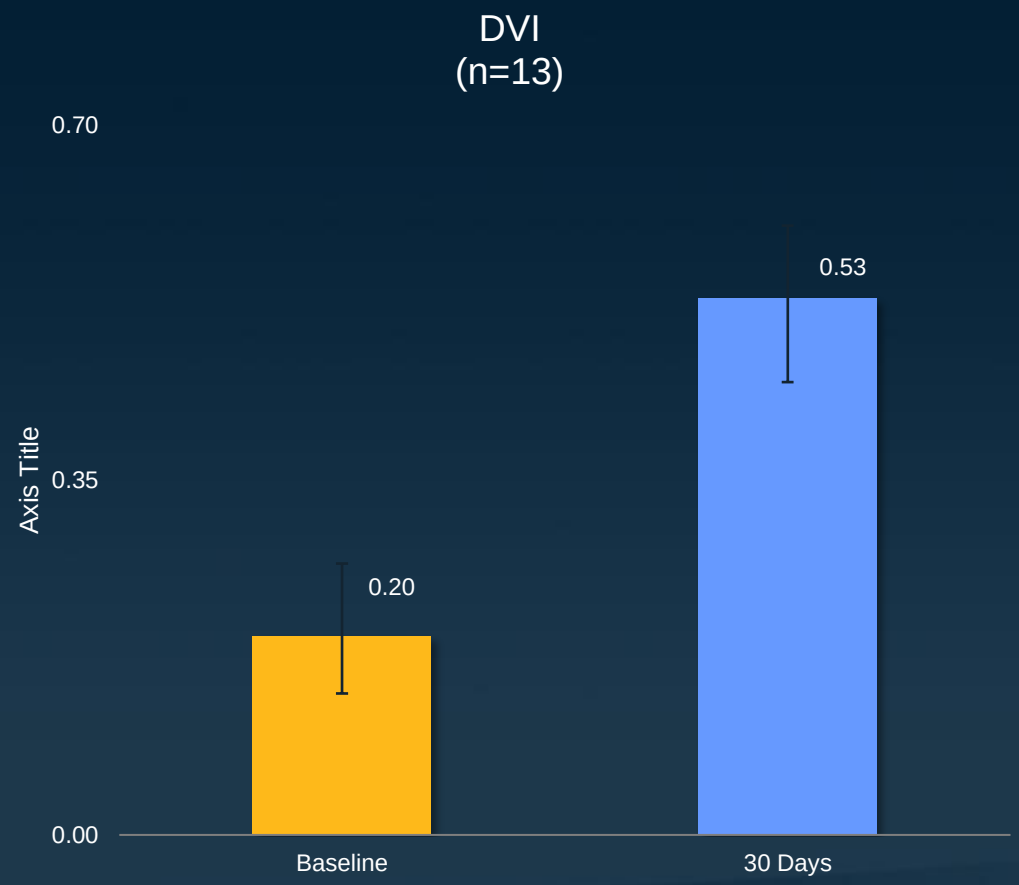
CRF TCT

EOA = Effective Orifice Area
EOAi = Effective Orifice Area Indexed

Exceptional Hemodynamic Results at 30 Days in Balloon Expandable Platform

Mean annulus size: 22.95 mm



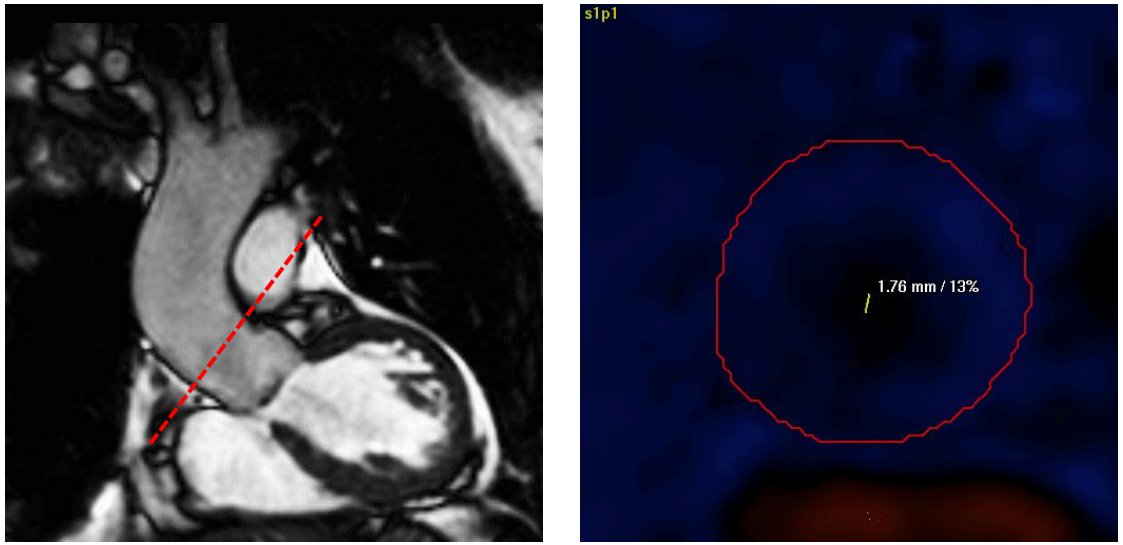


CRF TCT

MPG = Mean Pressure Gradient
DVI = Doppler Velocity Index

DurAVR™ Restores Normal Aortic Flow Dynamics

Severe AS

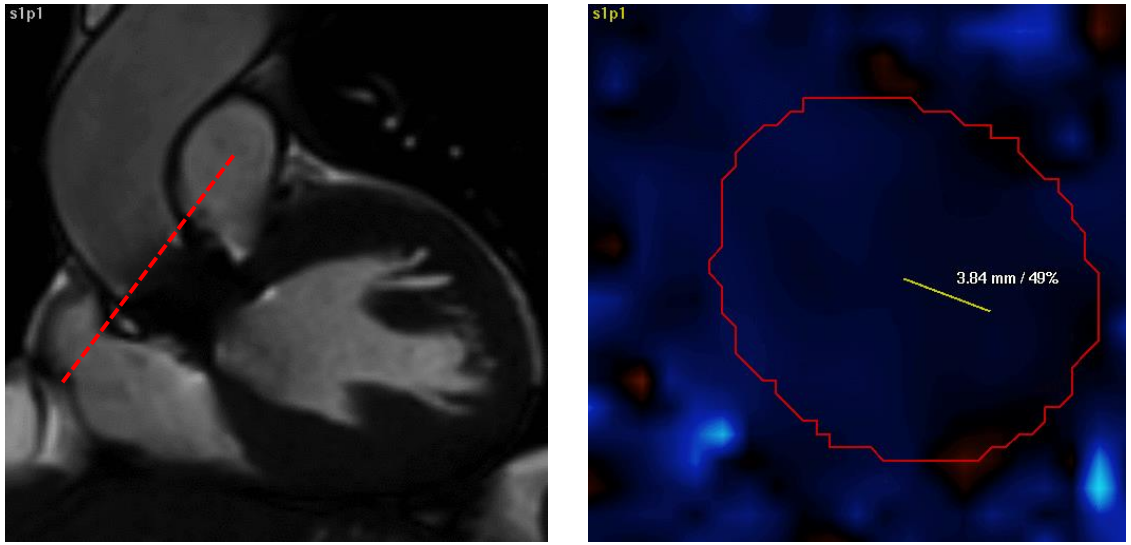


Flow Displacement = 46%
Flow Reversal Ratio = 23%

Eccentric & turbulent aortic flow

Post DurAVR THV

(6-month 2D Cardiac MRI)



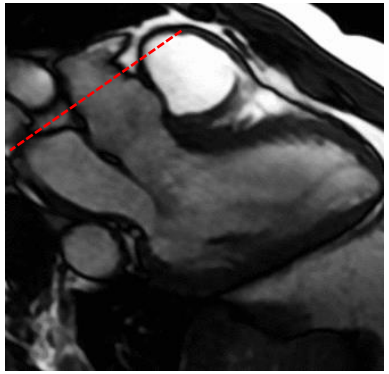
Flow Displacement = 7%
Flow Reversal Ratio = 0%

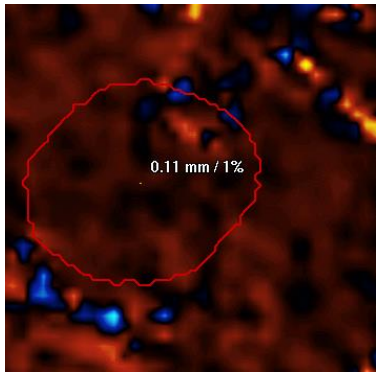
Normalized laminar aortic flow!!

CRF TCT

DurAVR™ : First AVR Shown to Restore Normal Aortic Flow

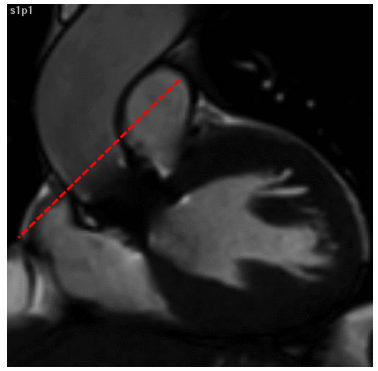
Healthy Aortic Valve

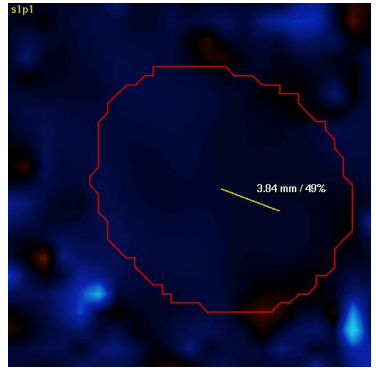




FD = 12%
FRR = 0%

Post DurAVR THV

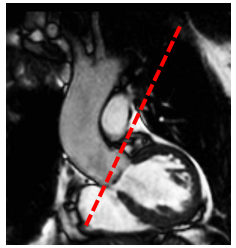




FD = 7%
FRR = 0%

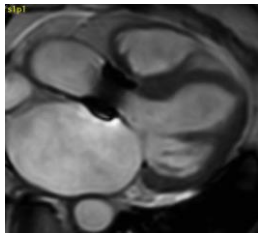
Impaired Aortic Flow

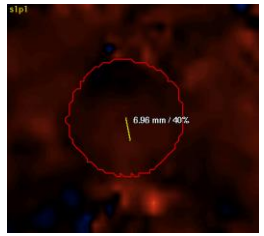
Severe AS



FD = 46% *FRR = 23%*

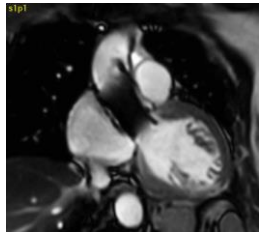
Sapien 3

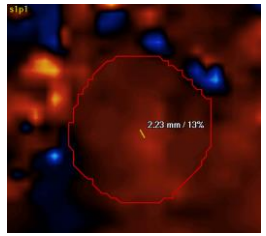




FD = 48% *FRR = 35%*

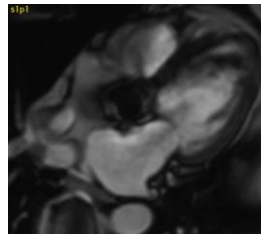
Evolut R

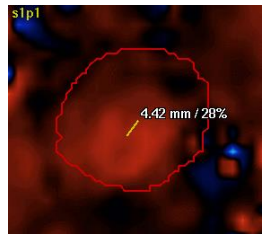




FD = 25% *FRR = 4%*

CEP Magna Ease





FD = 27% *FRR = 30%*

CRF TCT

AS= Aortic Stenosis FD = Flow Displacement
FRR = Flow Reversal Ratio

DurAVR™ : Challenging the AS Treatment Paradigm

- Provides the benefits of balloon expanding and self-expanding valve in one platform
- Restores normal function through unique 3D single piece native shaped valve
- FIH study shows remarkable safety and hemodynamic performance (EOA=2.0 with mean annulus of 22.9 mm and area 411)
- *The first AVR (TAVR or SAVR) to demonstrate restoration of normal flow dynamics*
- Further studies needed to understand restoration of normal flow dynamics impact on:
  - Durability, Myocardial recovery, Myocardial remodeling, Aortopathies, Thrombosis

19 September 2022

Investor Q&A