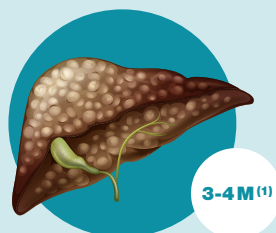


What is ascites?

Ascites is caused by the abnormal accumulation of **fluid in the abdomen** and is associated with a significant decline in patient survival. It is the most common reason for hospitalisation of patients with **advanced liver cirrhosis**. Cirrhosis, one of the leading manifestations of liver disease, is the **progressive scarring of the liver**. In the past, the key causes of liver cirrhosis were alcoholic liver disease and viral hepatitis but this is changing due to the rise of non-alcoholic steatohepatitis (**NASH**).

Liver cirrhosis

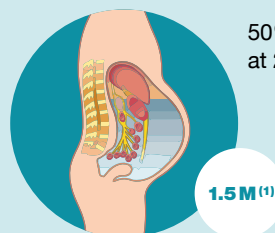


50%

3-4 M⁽¹⁾

Reduced blood flow through liver leads to increased blood pressure in portal veins
Reduced albumin in blood leads to reduced water retention in veins

Ascites formation



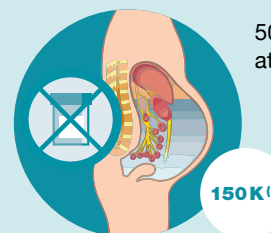
50% survival rate at 2 years

10%

1.5 M⁽¹⁾

Fluid leaks from the liver into abdominal cavity

Refractory ascites



50% survival rate at 1 year

150 K⁽¹⁾

Ascites formation becomes unresponsive to low sodium diet and high-dose diuretics

(1) U.S. population forecast due to NASH

Poor quality of life

Patients may accumulate 10-15 litres of ascites every 15 days, associated with extreme discomfort due to the severe swelling of the abdomen, causing pain, difficulty in breathing, sleeping and eating, severe nausea and constipation as well as increased risk of spontaneous bacterial peritonitis (SBP) and acute kidney injury (AKI).



Up to 30%

Up to 50%



SBP

AKI

"Normal Life"
~5 daysDecreased mobility &
appetite, nausea and constipation
~5 days

TYPICAL PATIENT LIFE

Drainage
~2 daysImmobile, vomiting, constipated
~3 days

Treatment options have severe limitations

A **low sodium** diet (2g salt per day) and **diuretics** become ineffective over time.

Large volume paracentesis (LVP) (involving a needle being inserted into the peritoneal cavity to remove fluid) is a painful, burdensome hospital procedure offering only temporary relief and with severe risk of infections, renal impairment & hypotension (~\$1.8K/procedure in U.S.).

Transjugular intrahepatic portosystemic shunt (TIPS) (liver bypass to alleviate ascites formation) is contraindicated for patients with heart failure and reduced liver function and is associated with increased risk of hepatic encephalopathy in patients >65 yrs of age (~\$50K/procedure in U.S.).

Liver transplantation is the only curative treatment, but has limited availability and high costs (>\$500K in U.S.).

Sequana Medical's **alfapump** is an innovative treatment option that automatically and continuously removes ascites, improving patients' quality of life and potentially preventing complications and reducing hospital visits and healthcare costs.

For more information, visit www.sequanamedical.com

Regulatory disclaimer: The **alfapump** system is not currently approved in the United States or Canada. In the United States and Canada, the **alfapump** system is currently under clinical investigation (POSEIDON Study) and is being studied in adult patients with refractory or recurrent ascites due to cirrhosis. For more information regarding the POSEIDON clinical study see www.poseidonstudy.com.

References: Global Data Forecast 2026; Estes (2018); Runyon (2009); Ginès (2004); Fortune (2017); Perri (2013); Jalan (EASL 2018); Russ (2015); Kouloukidis (2007); Kwan (2018); Habka (2015)