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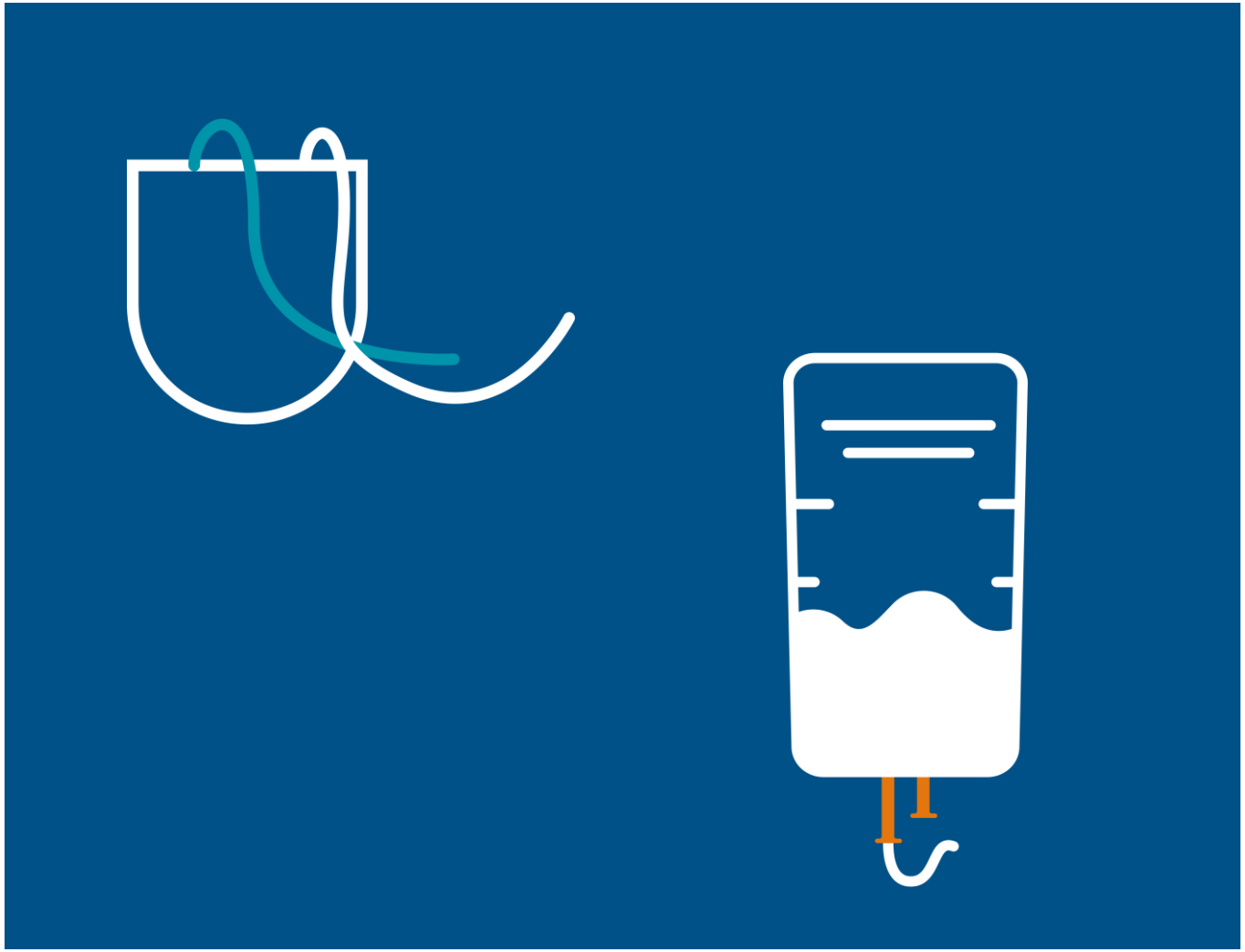

Pioneers in the treatment of fluid overload

liver disease, heart failure & cancer

Investor presentation – January 2023

Euronext: SEQUA.BR

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Regulatory disclaimer:

- The **alfa**pump® system has not yet received regulatory approval in the United States and Canada. Any statement in this presentation about safety and efficacy of the **alfa**pump® system does not apply to the United States and Canada. In the United States and Canada, the **alfa**pump® 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 visit www.poseidonstudy.com.
- DSR® therapy is still under development and it should be noted that any statements regarding safety and efficacy arise from ongoing pre-clinical and clinical investigations which have yet to be completed. DSR® therapy is currently not approved for clinical research in the United States or Canada. There is no link between DSR® therapy and ongoing investigations with the **alfa**pump® system in Europe, the United States or Canada.

COVID-19 disclaimer:

- Sequana Medical is closely following the evolution of the COVID-19 global health crisis and is in constant dialogue with its partners to assess the impact and adapt operations accordingly.
- Sequana Medical has put in place mitigation plans to minimise delays. The impact of increased demands on the healthcare systems, limitations on non-essential hospital visits and procedures, social-distancing and travel restrictions may result in further delays to execution of clinical studies and impact sales.
- Sequana Medical will continue to update the market as needed and whenever possible.

Note:

- **alfa**pump® is a registered trademark. DSR® is a registered trademark in the Benelux, China, the EU, United Kingdom, and Hong Kong.

Leading player in the treatment of fluid overload

- **Proprietary technologies meeting large and unmet clinical needs**
  - Key clinical problem in liver disease, heart failure, renal failure and cancer
  - We are not replacing diuretics – we are targeting those patients for whom they are not effective
  - Diuretic-resistance is common and alternative treatments have significant disadvantages
- **Strong granted IP portfolio**

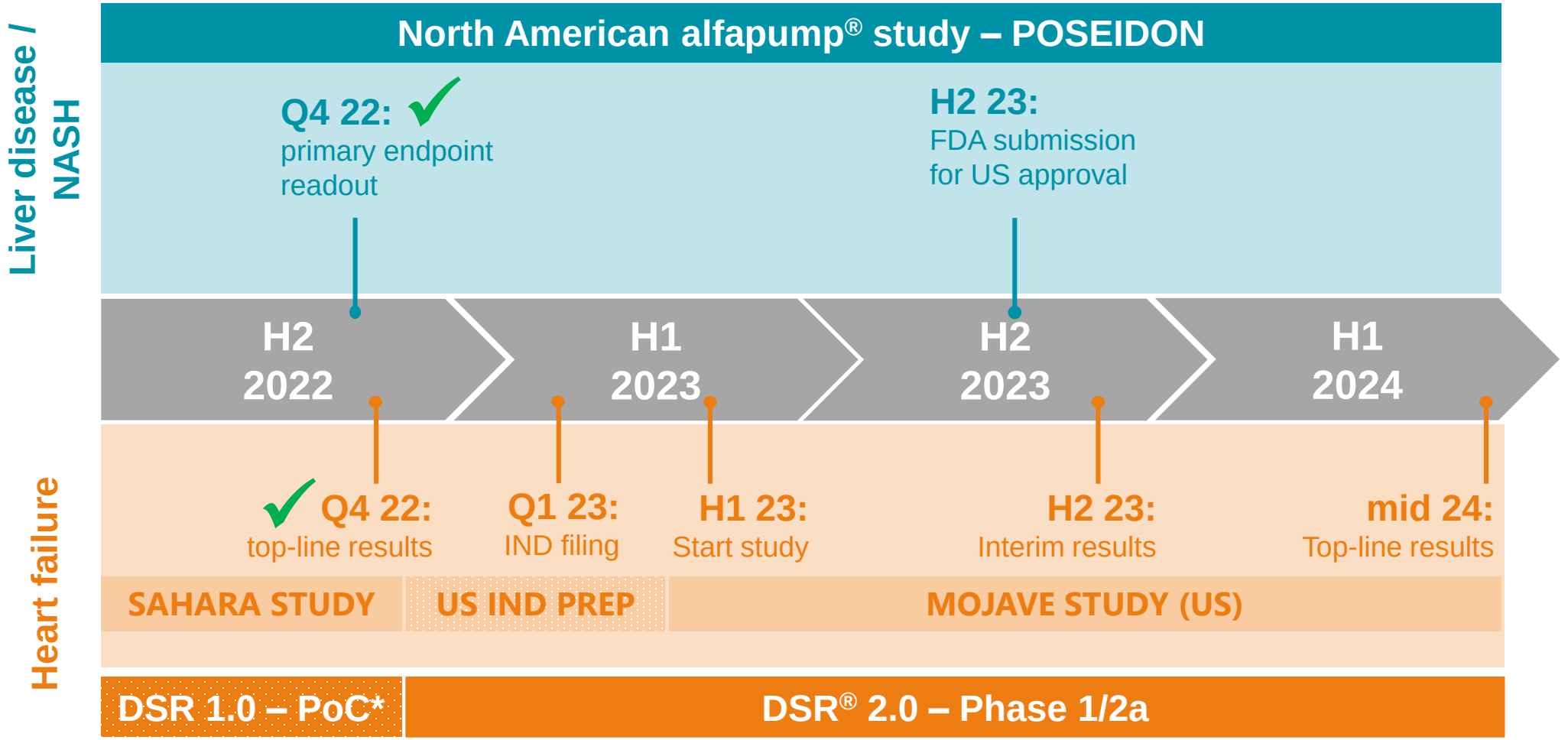
- **alfapump® in liver disease – market potential growing to over $2 billion by 2032**(1)
  - NASH is changing liver cirrhosis market and driving growth
  - Approved in EU / FDA breakthrough designation in US
  - North American pivotal study – met all primary effectiveness endpoints with statistical significance and primary safety endpoint data in line with expectations
  - Direct commercialization in US through salesforce targeting liver transplant centres

- **DSR® in heart failure – multi-billion market opportunity**
  - Disease-modifying heart failure drug therapy; short course of therapy
  - 1st generation DSR 1.0 – clinical proof-of-concept
  - 2nd generation DSR 2.0 – strong IP, preparing US IND to start MOJAVE (Ph. 1/2 study in H1 ’23)
  - Establish partnership based on MOJAVE readout

*Source 1: Based on US and Canada market assessment conducted by highly experienced international consulting group, estimating over 140,000 patients with recurrent or refractory ascites in North America by 2032, with estimated incidence of 60% and based on $25K for price of **alfa**pump*

***IP**: Intellectual Property; **IND**: Investigational New Drug*

Strong outlook for value drivers



Note: Description and timing of these studies are subject to change and/or feedback from applicable regulatory authorities

** PoC: Clinical Proof-of-Concept*

alfapump®

Proven step change in the treatment of liver refractory ascites

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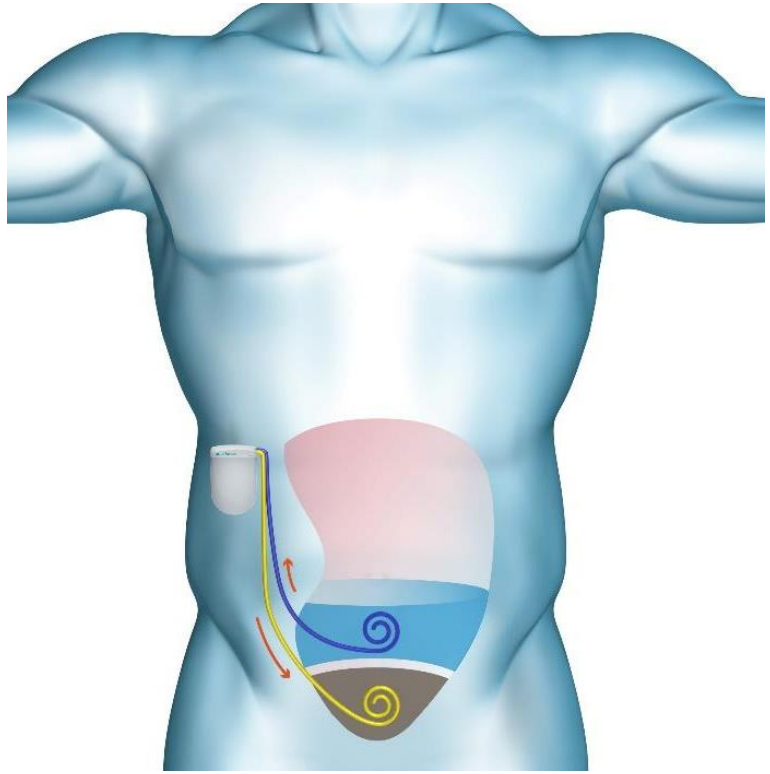
alfapump

Eliminating fluid from the peritoneal cavity – working in partnership with the bladder

- Fully implanted
- Automatic operation
- Wireless battery charging
- Settings wirelessly adjusted
- Remote data monitoring

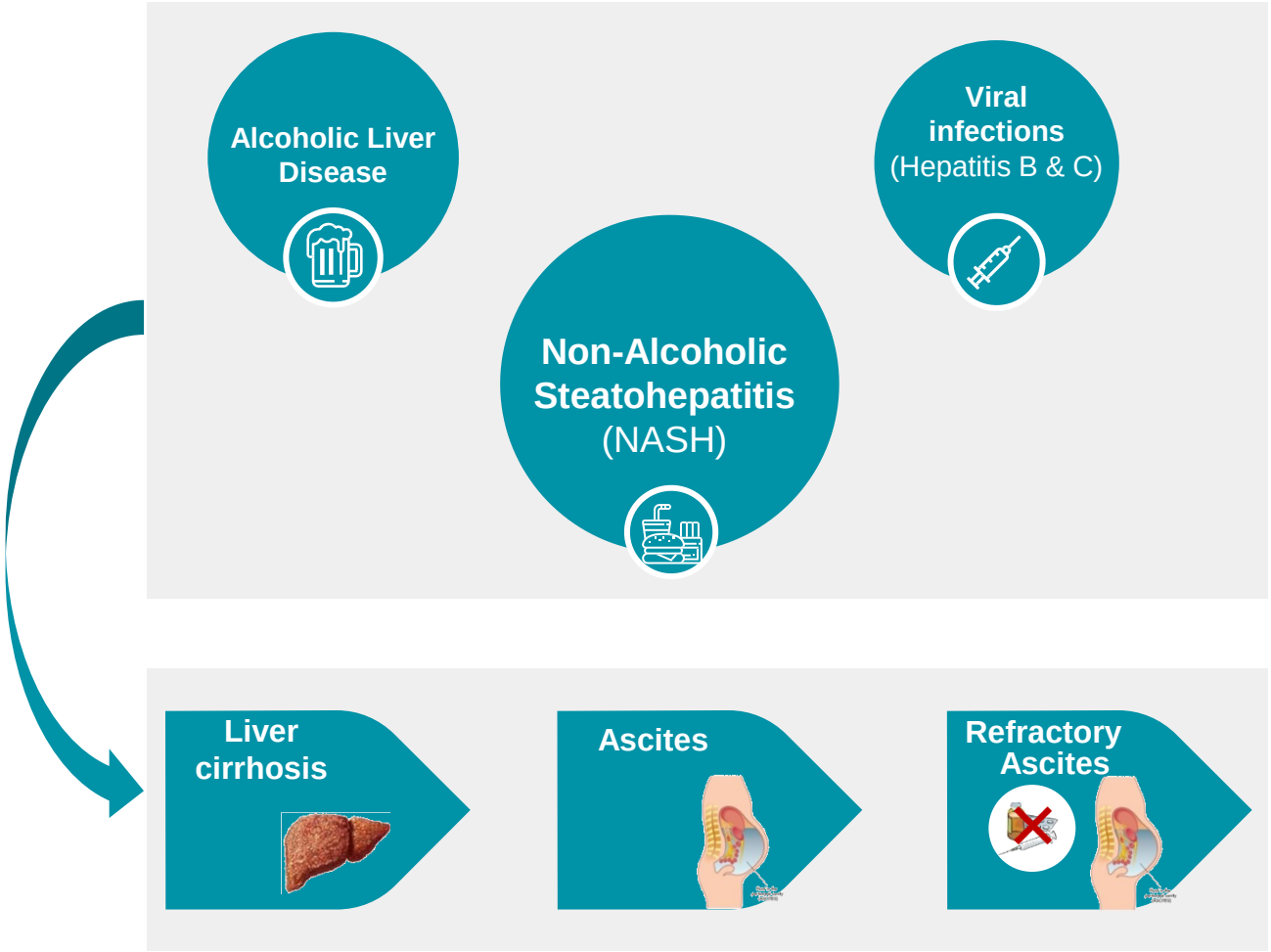


- Easy implantation
- Long-term implantation & catheter patency
- Moves up to 4 litres / day
- Virtually non-clogging
- No significant heating during charging and operation

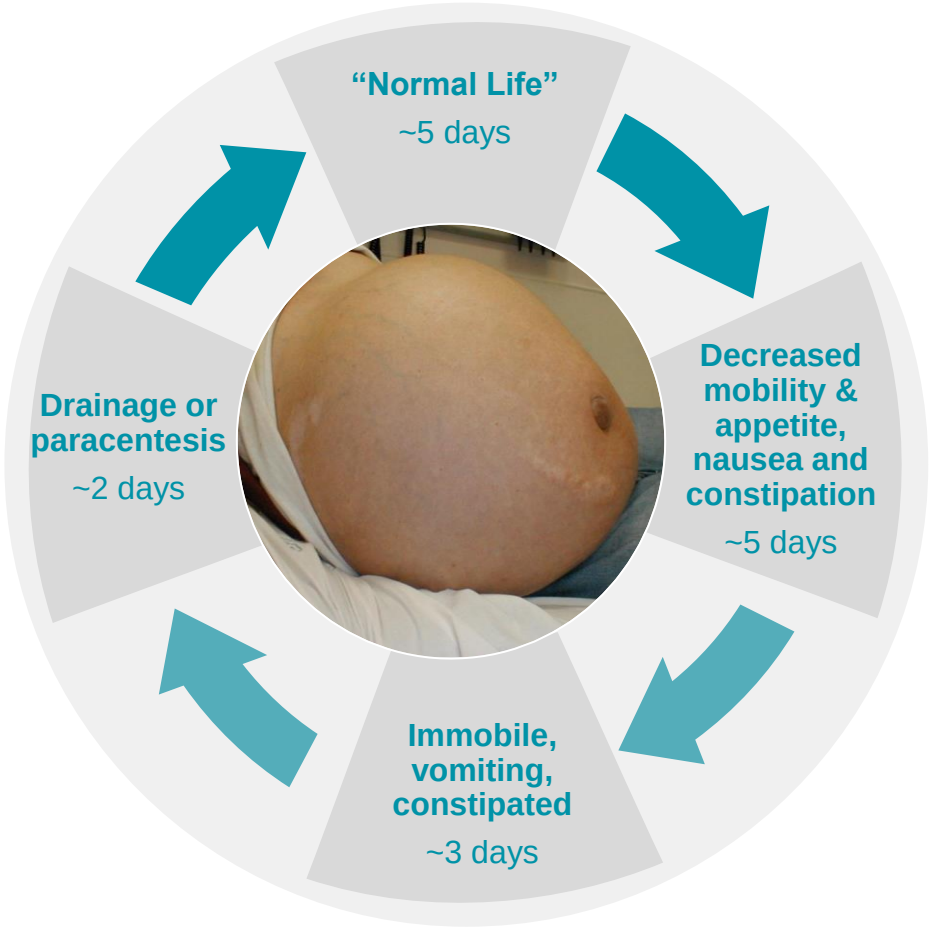
Proven capabilities – over 950 systems implanted
Strong IP barriers through extensive patent portfolio & know-how

Refractory ascites – key complication of liver cirrhosis

Fatty liver disease / NASH is driving dramatic growth and change in attitudes to liver cirrhosis patients



Typical patient life[1]



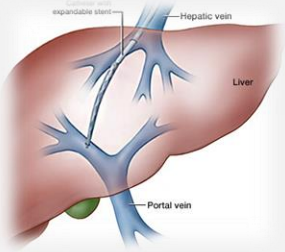
Source 1: Presentation of Dr. Rajiv Jalan at EASL in 2018, Large Volume Paracentesis (LVP) treatment cycle for refractory ascites

Limitations of existing therapies

Drainage ("Large Volume Paracentesis / LVP")

Painful, Poor Quality of Life, Short Term Benefit

Transjugular Intrahepatic Portosystemic Shunt (TIPS)



Complications, Contraindications

Permanent Catheter System

External Catheter, Risk for Infections / Blockage

Liver transplantation

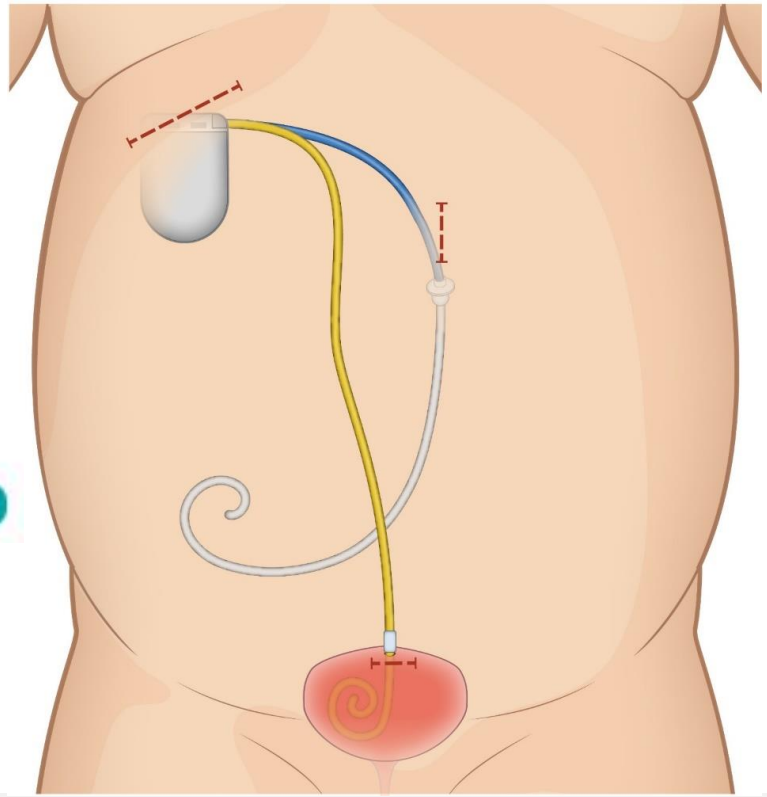
High Cost, Limited Availability

alfapump

alfapump strong clinical and economic rationale

Over 950 implants and hundreds of years of patient experience

DirectLink Technology



- Reduced burden of disease
- Improved patient QoL
- Cost savings for hospitals and payers

Estimated treatment cost / patient*:

LVP: ~$43K		**alfapump®: ~$35K**
~$1.8K / LVP(1)		~$25K / **alfa**pump
1 LVP / month		~$10K / implantation
24 months		

** Management estimate of US treatment costs, assuming no complications*

QoL: Quality of Life; LVP: Large Volume Paracentesis

CE

EASL The Home of Hepatology

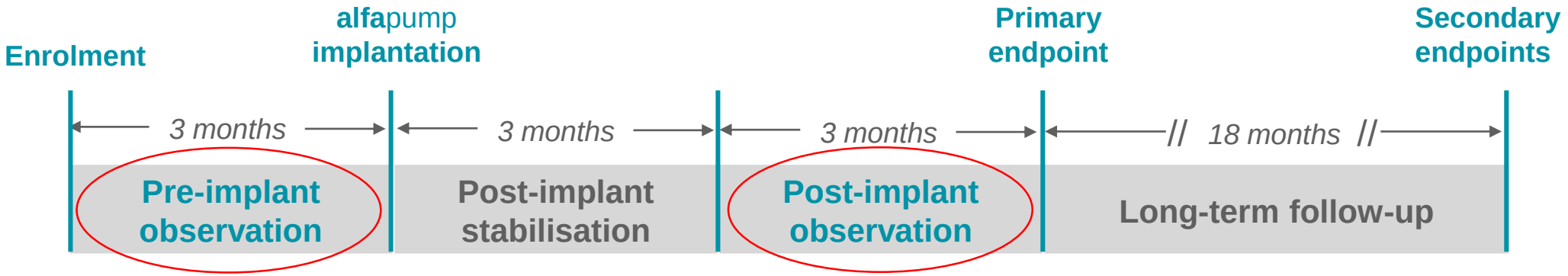
NICE National Institute for Health and Care Excellence

1913 DGVS Deutsche Gesellschaft für Gastroenterologie, Verdauungs- und Stoffwechselkrankheiten

FDA **Breakthrough Device** Designation

POSEIDON – North American pivotal study

Pivotal Cohort of 40 patients implanted with the alfapump



POSEIDON primary effectiveness endpoint hypotheses:

1) median per-patient ratio of post-implant three-month observation period to the pre-implant three-month observation period with respect to number of therapeutic paracentesis (TP) is less than 0.5 (or a median reduction of at least 50%)

2) at least 50% of patients achieve a 50% reduction in the requirement for TP in the same period

TP: Therapeutic Paracentesis

POSEIDON: Primary effectiveness endpoints met

Results substantially exceeded the predefined thresholds for study success

Pivotal Cohort N = 40	%*	p-value**
1. Frequency of Therapeutic Paracentesis (TP) a. median per-patient ratio b. mean per-patient ratio	 100% reduction 82% reduction	 P<0.001 Not applicable
2. Proportion of patients with a 50% reduction in number of TP post- vs pre-implantation	77% of patients	P<0.001

"These positive top-line results are very encouraging, indicating that the alfapump could provide great benefits to patients with cirrhosis and ascites, and dramatically reduce their visits to the hospital for paracentesis." – Dr. Wong, Principal Investigator POSEIDON

** Using pre-specified imputation methods for 14 patients that had exited the study prior to completing the 6-month post-implantation period.*
*** As per primary effectiveness endpoint hypotheses. Per protocol, testing conducted using nonparametric methods for data that is not normally distributed.*

TP: *Therapeutic Paracentesis*

POSEIDON: Primary safety endpoint in line with expectations

Primary safety endpoint (pivotal cohort N = 40):

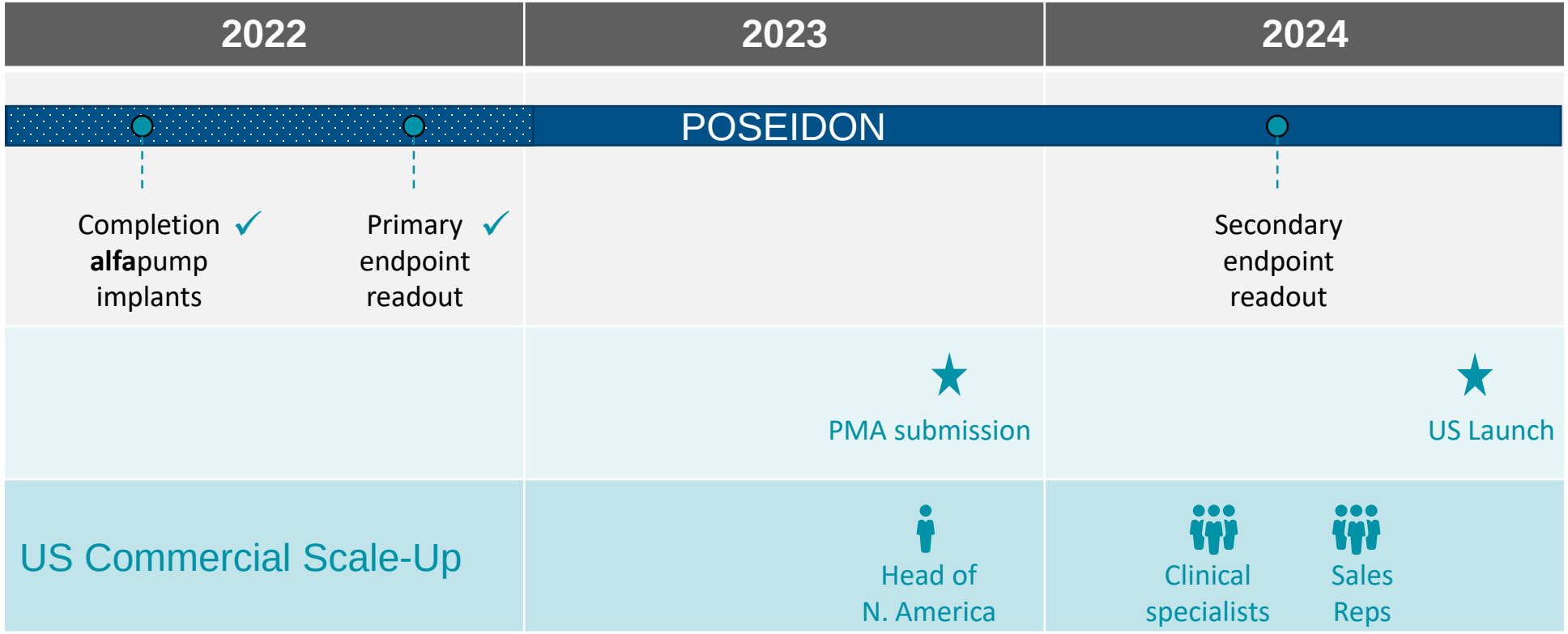
- Combined rate of i) open surgical re-intervention due to pump system-related AE or to restore pump functionality, ii) pump explant (without replacement) due to pump system-related AE, or iii) pump system-related death from time of pump implant through 6 months post-implantation as adjudicated by the CEC

- No unanticipated adverse device effects
- Six primary safety events – in line with expectations:
  - Wound erosion – **alfa**pump explant — 3 in 3 patients
  - Patient-reported discomfort – **alfa**pump explant — 3 in 3 patients → CEC: moderate severity

"The safety data regarding the primary safety endpoint are in line with expectations and reassuring for the potential of the alfapump as a long-term treatment in this patient population"
– Dr. Wong, Principal Investigator POSEIDON

AE: *Adverse Event;* ***CEC:*** *Clinical Events Committee*

North American alfapump approval expected in 2024



*NTAP for breakthrough devices de-risks reimbursement in key Medicare population**

*On the basis of existing ICD-10 codes issued for the **alfa**pump, the likely DRG coding will be 423, 424 and 425 "OTHER HEPATOBILIARY OR PANCREAS O.R. PROCEDURES"*

***PMA:** Pre-Market Approval; **NTAP:** New Technology Add-On Payment*

Large and growing North American patient population

NASH is forecast to drive significant growth for many years – and changing attitudes to cirrhosis

North American patients with recurrent or refractory ascites due to liver cirrhosis

- NASH is a key driver of growth, with alcohol continuing to play an important role
- Estimated incidence of 60%
- Market potential growing to over $2 billion by 2032*
- US and Canada market assessment conducted by highly experienced international consulting group
  - Claims analysis for commercial and CMS patients requiring paracentesis procedure with liver disease diagnosis codes

TRUVEN HEALTH ANALYTICS Watson Health

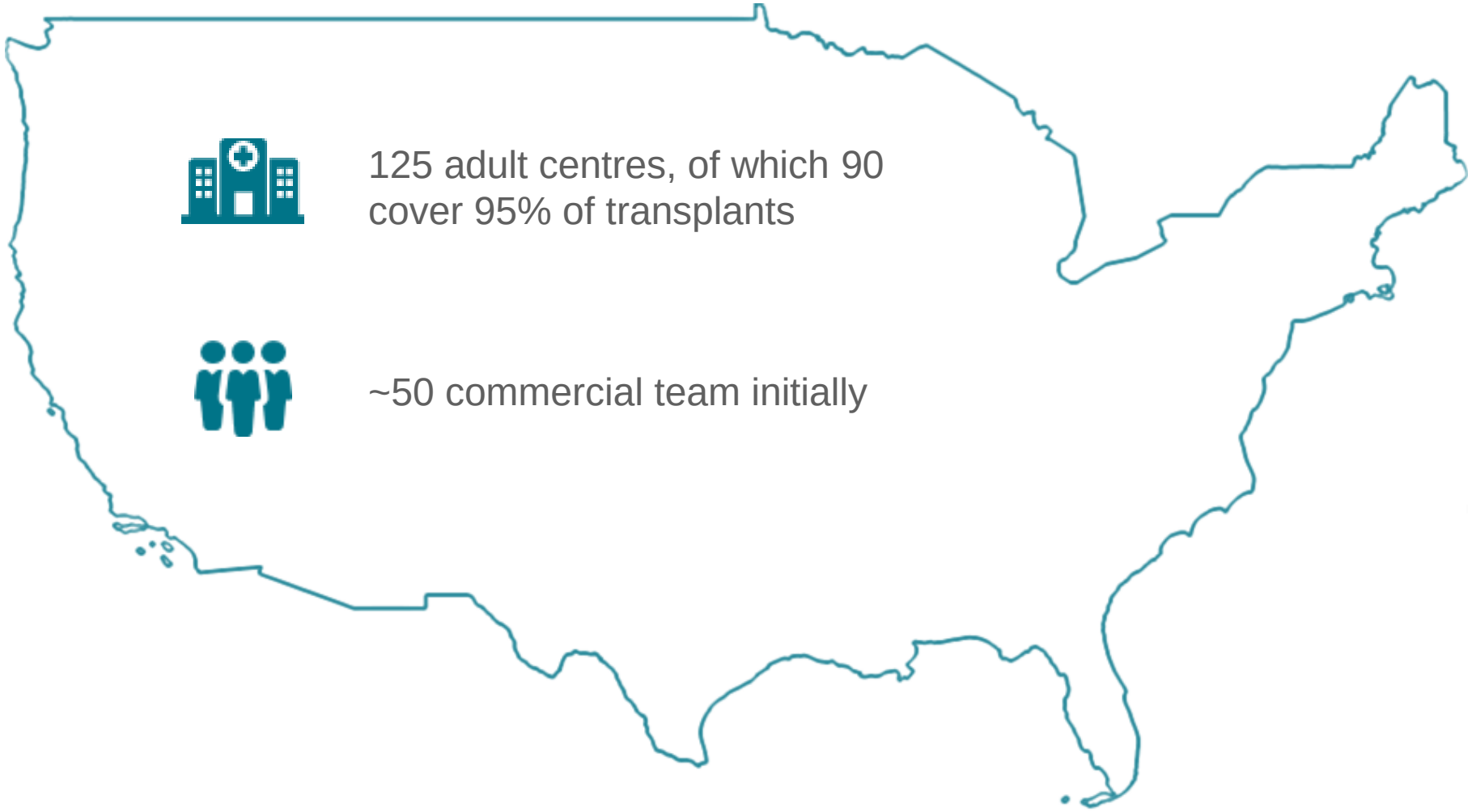
CMS CENTERS FOR MEDICARE & MEDICAID SERVICES

Based on price of **alfapump® of $25K*

***CMS:** Center for Medicare and Medicaid Services*

US – Go direct to 90 liver transplant centers

Highly efficient approach to target doctors and patients – driven by treatment guidelines



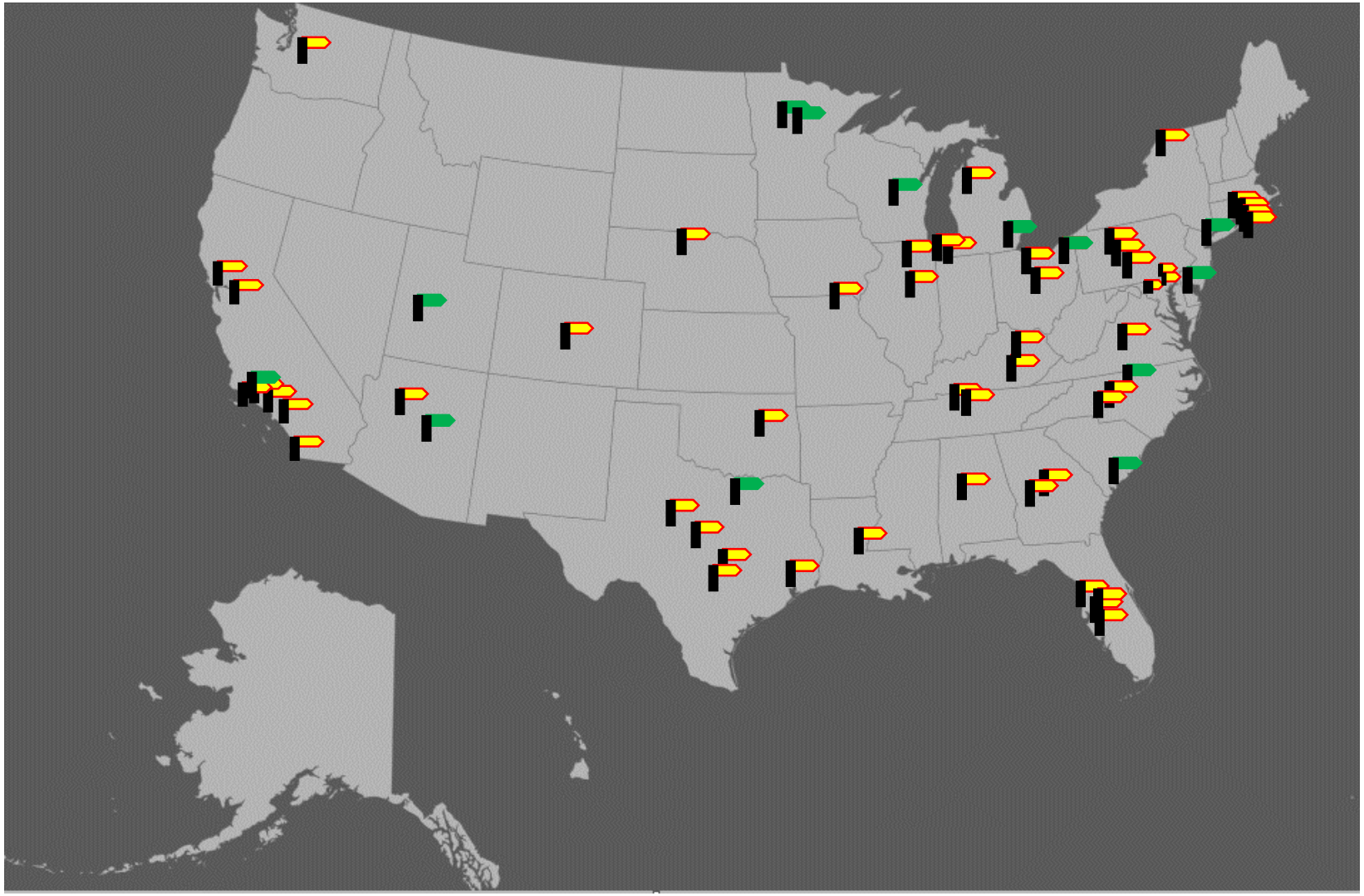
125 adult centres, of which 90 cover 95% of transplants

~50 commercial team initially

Top 60 liver transplant centers (2021)

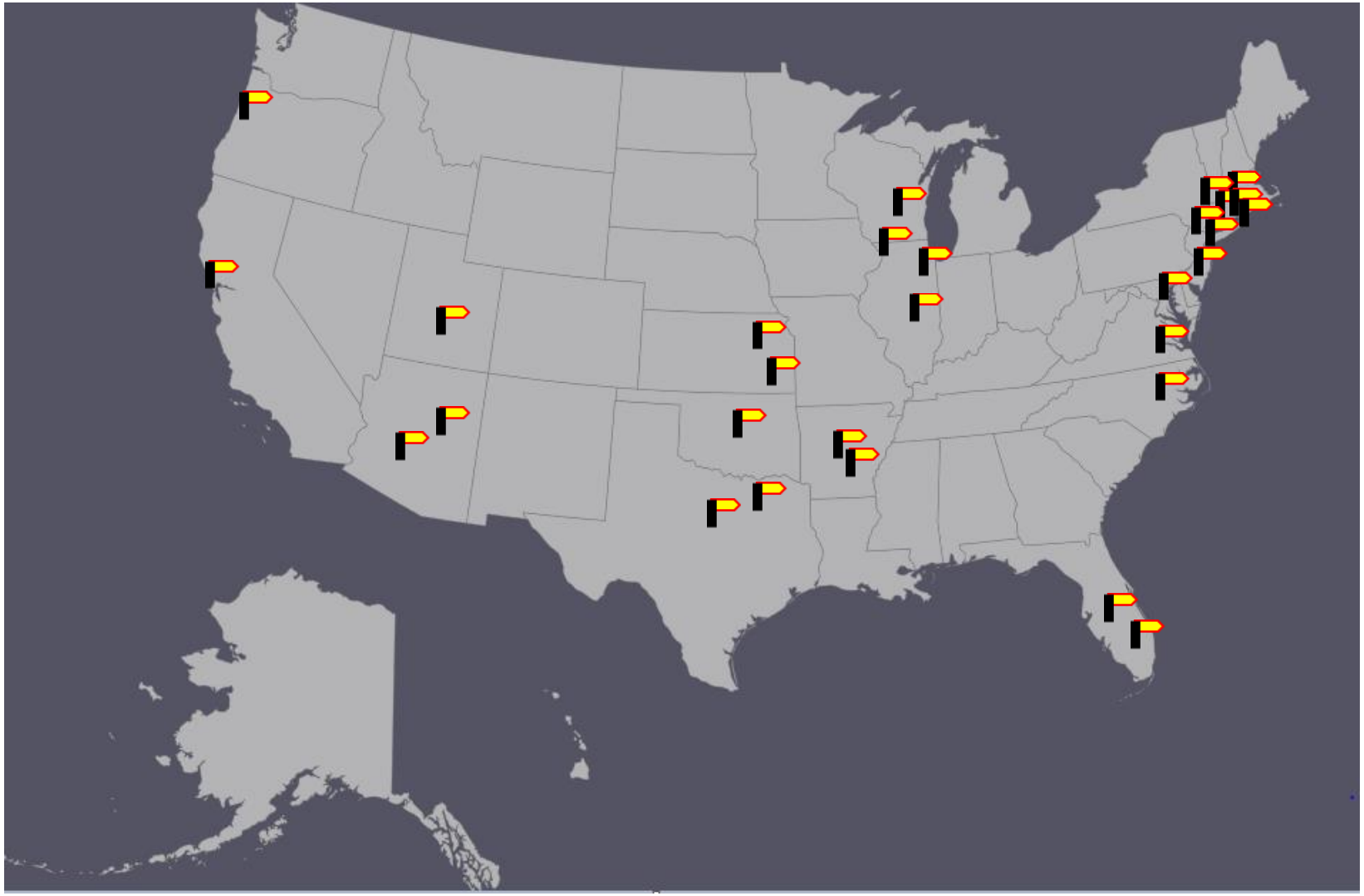
Top 60 centers cover 80% of transplants (6,967 out of 8,685)

POSEIDON center (N = 13)



Top 61 – 90 liver transplant centers (2021)

30 centers cover 15% of transplants (1,347 out of 8,685)



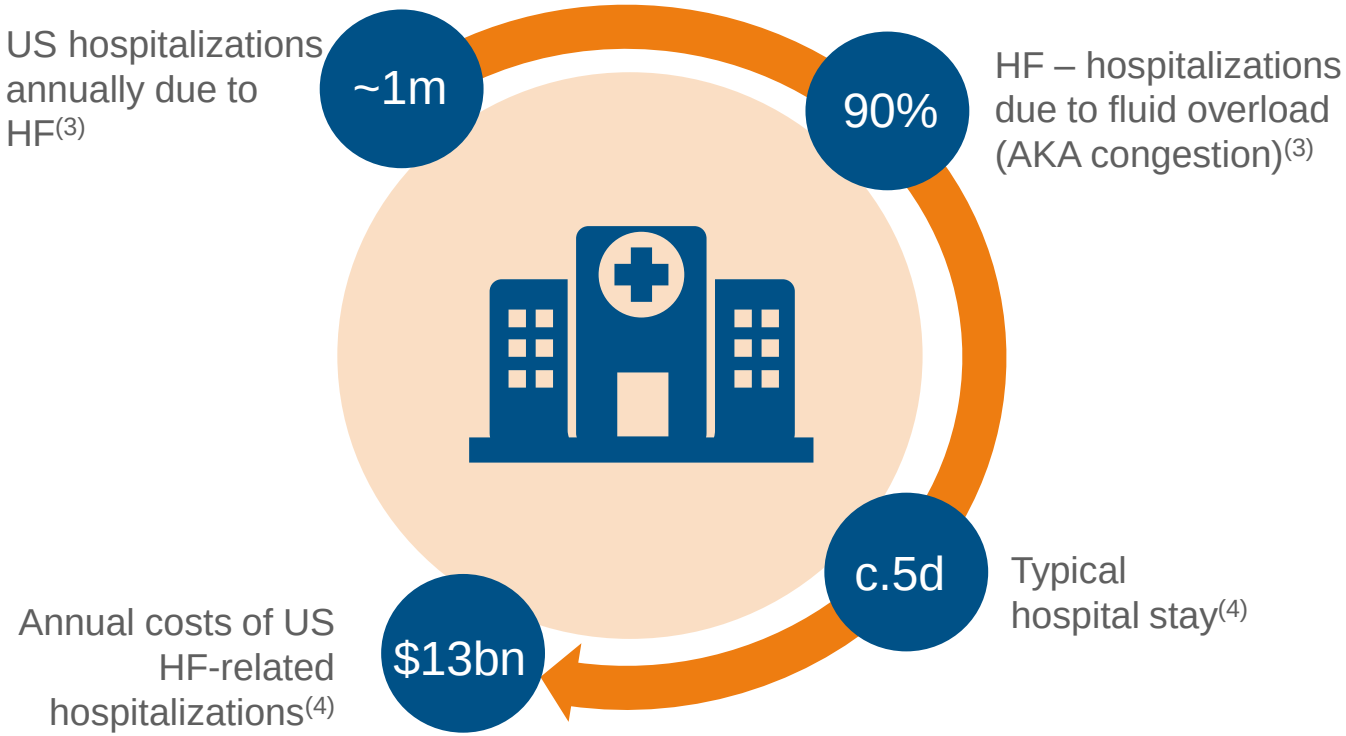
DSR®

Disease-modifying heart failure drug therapy

sequanamedical

Congestion is driver of morbidity and hospitalization

Diuretic-resistance is common and there are few effective clinical alternatives



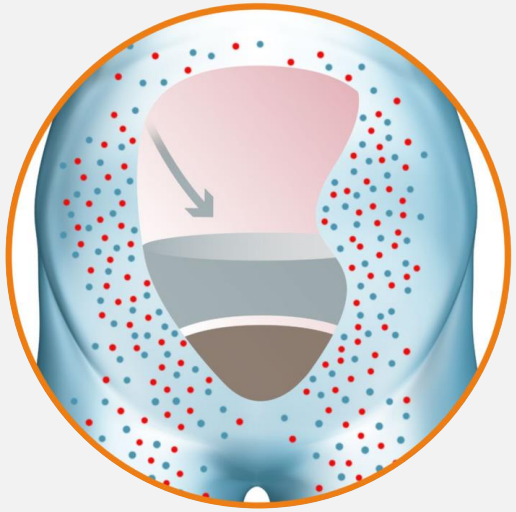
- *40% of heart failure patients on IV loop diuretics have a poor response(1)*
- *24% re-admission rate at 30 days(2)*

Source 1: Testani, Circ Heart Failure, 2014 & 2016; Source 2: Ross et al. (2010); Source 3: Costanzo et al., J. Am. Coll., 2007; Source 4: Kilgore et al. (2017)

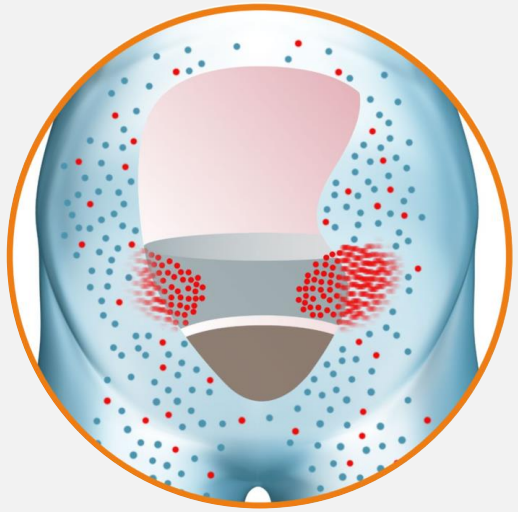
Direct Sodium Removal (DSR)

Eliminating fluid spread across the body – working in partnership with the kidneys

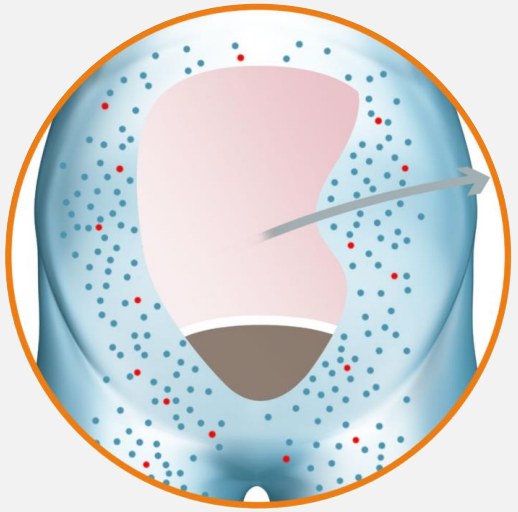
1 Sodium-free DSR product administered to peritoneal cavity



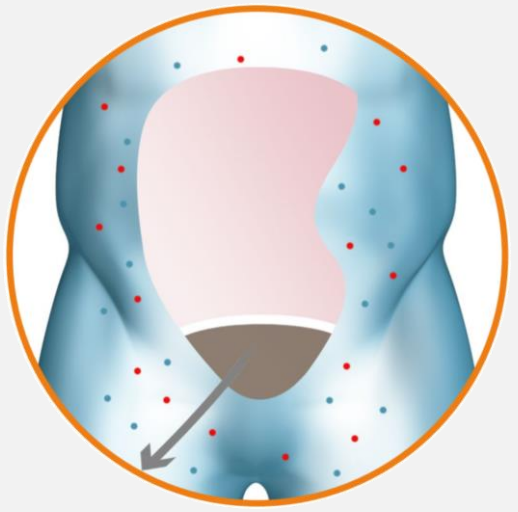
2 Sodium diffuses from body into DSR product



3 DSR product + extracted sodium removed from body



4 Body eliminates free water to restore sodium balance, reducing the fluid overload



- water
- sodium

Fundamental patents to reduce fluid overload in heart failure patients granted in the US and Europe

RED DESERT: Successful proof-of-concept study

8 euvolemic HF patients on high dose diuretics treated with DSR 3x per week up to 6 weeks

Highly effective management of fluid and sodium balance

- Generally safe and well tolerated; no clinically relevant hyponatremia

Significant improvement in cardio-renal status

- 30% decrease* in NT-proBNP** ($p<0.001$)
- 22% increase* in eGFR** ($p<0.001$)

Dramatic and sustained improvement in diuretic response***

- Over 150% increase** in six hour excretion of sodium

No congestion-related heart failure re-hospitalizations

Presented as Late-Breaker and Highlight at Heart Failure 2021

"Simultaneous normalization of diuretic response and improvement in cardio-renal status is a never before seen treatment effect" – Dr. Testani, Yale

** Paired statistical analysis of patients with baseline and D42 value (N=7); ** mean value; ***assessed by 6-hour excretion of sodium after IV administration of 40mg furosemide*

***NT-proBNP**: N-terminal-pro hormone B-type Natriuretic Peptide (analysed in local lab); **eGFR**: estimated glomerular filtration rate*

SAHARA: Expanding into decompensated patients

10 evaluable diuretic-resistant HF patients with persistent congestion on 2-6 weeks of intensive DSR therapy[1]

Safely, effectively and rapidly eliminate persistent congestion & restore euvolemia

- All patients achieved euvolemia within one week of intensive DSR therapy
- Weight loss* of 7kg vs. baseline at end of intensive DSR therapy & no clinically relevant hyponatremia

Considerably benefit cardio-renal status

- More than 30% reduction* in NT-proBNP
- Stable eGFR despite dramatic fluid loss

Dramatic and sustained improvement in diuretic response**

- End of intensive DSR therapy: more than 160% increase* (near normal levels)

No congestion-related heart failure re-hospitalizations

"The SAHARA results are highly encouraging and indicate the potential for DSR therapy to deliver clinically meaningful decongestion and durable improvements in cardio-renal function and thus diuretic response" – Dr. Testani, Yale

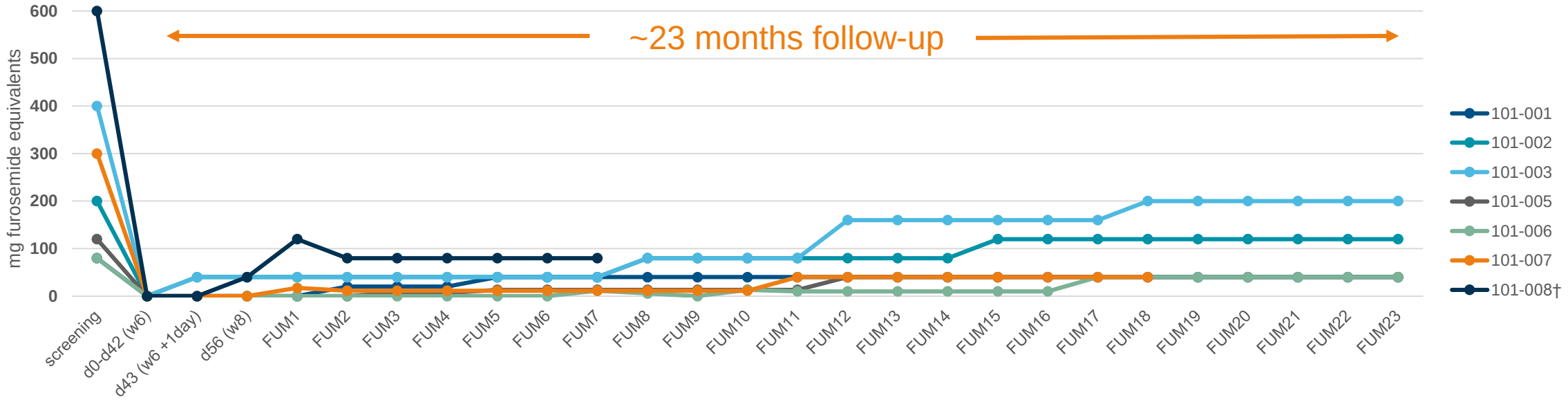
[1] two additional patients were dosed but one patient died due to a cardiac arrest three days after study initiation and for one patient the study protocol was not correctly applied

mean value; ** assessed by 6-hour excretion of sodium after IV administration of 40mg furosemide; **NT-proBNP: N-terminal-pro hormone B-type Natriuretic Peptide (analysed in local lab); **eGFR**: estimated glomerular filtration rate*

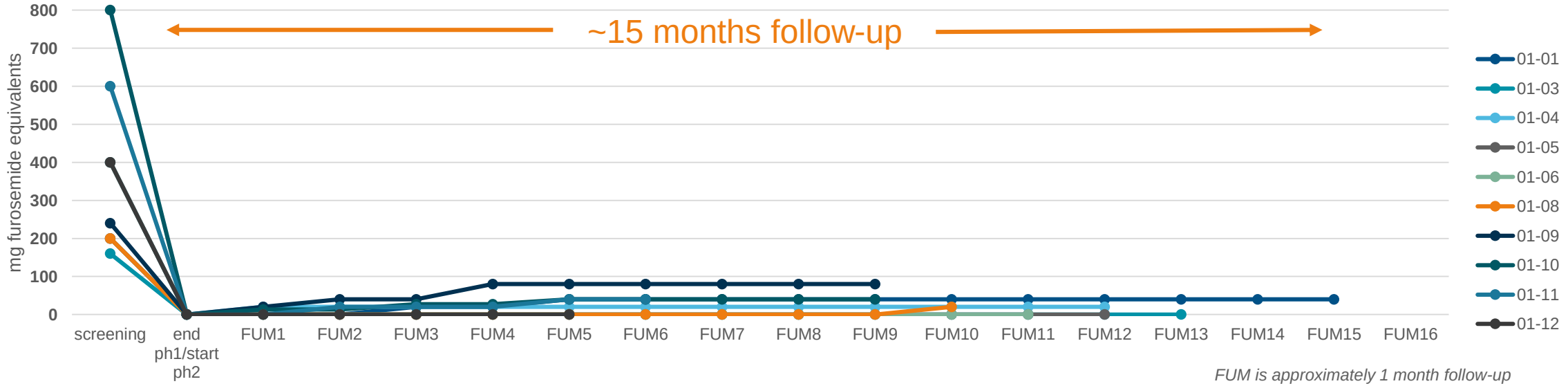
Long-term & major reduction in loop diuretic dosing

Clear demonstration of improvement in cardio-renal health – driving improved clinical outcomes

RED DESERT



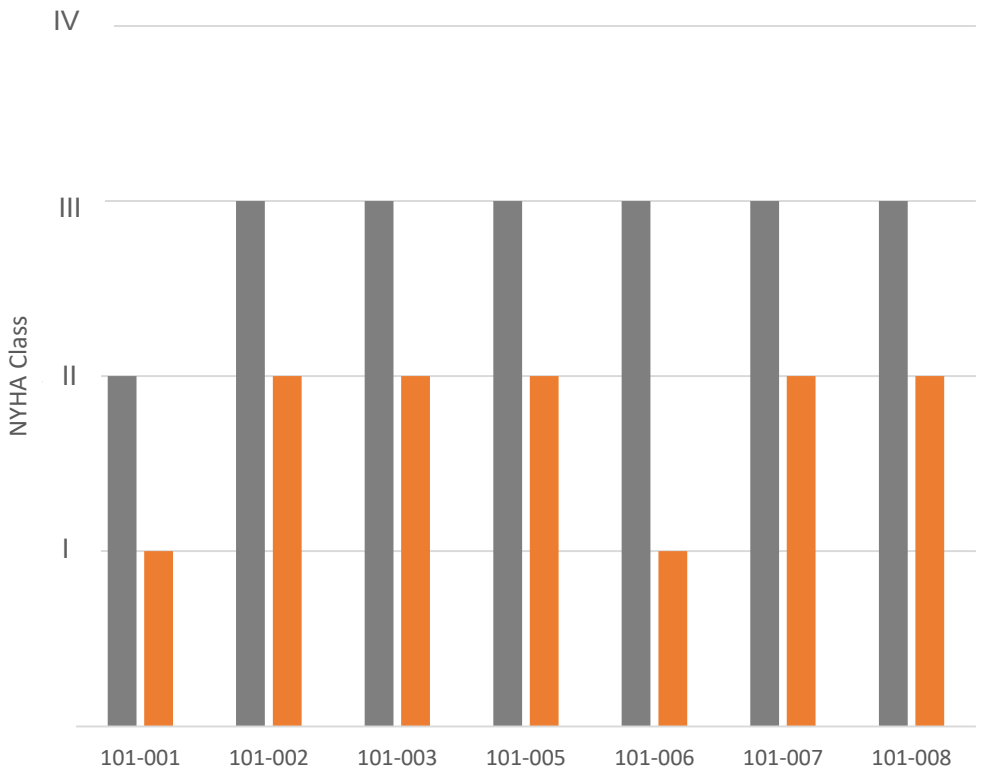
SAHARA



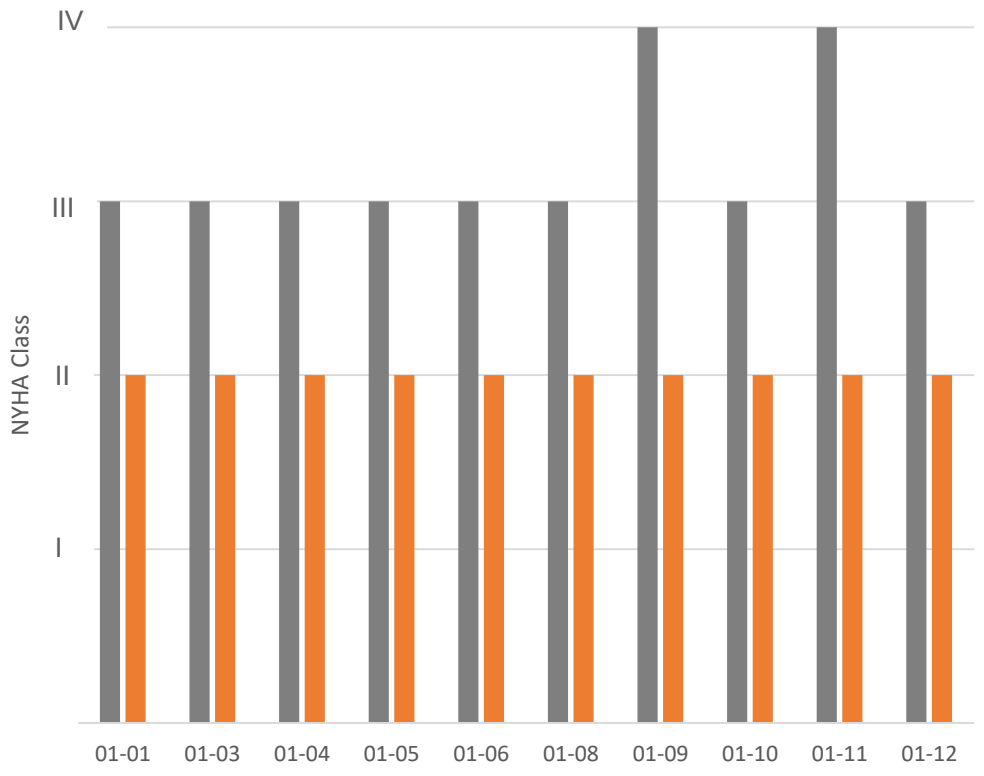
FUM is approximately 1 month follow-up

Consistently improved NYHA class at least one level

RED DESERT



SAHARA



at screening
post DSR*

** Post DSR = end of phase 1 (6w) in RED DESERT and day 42 in SAHARA*

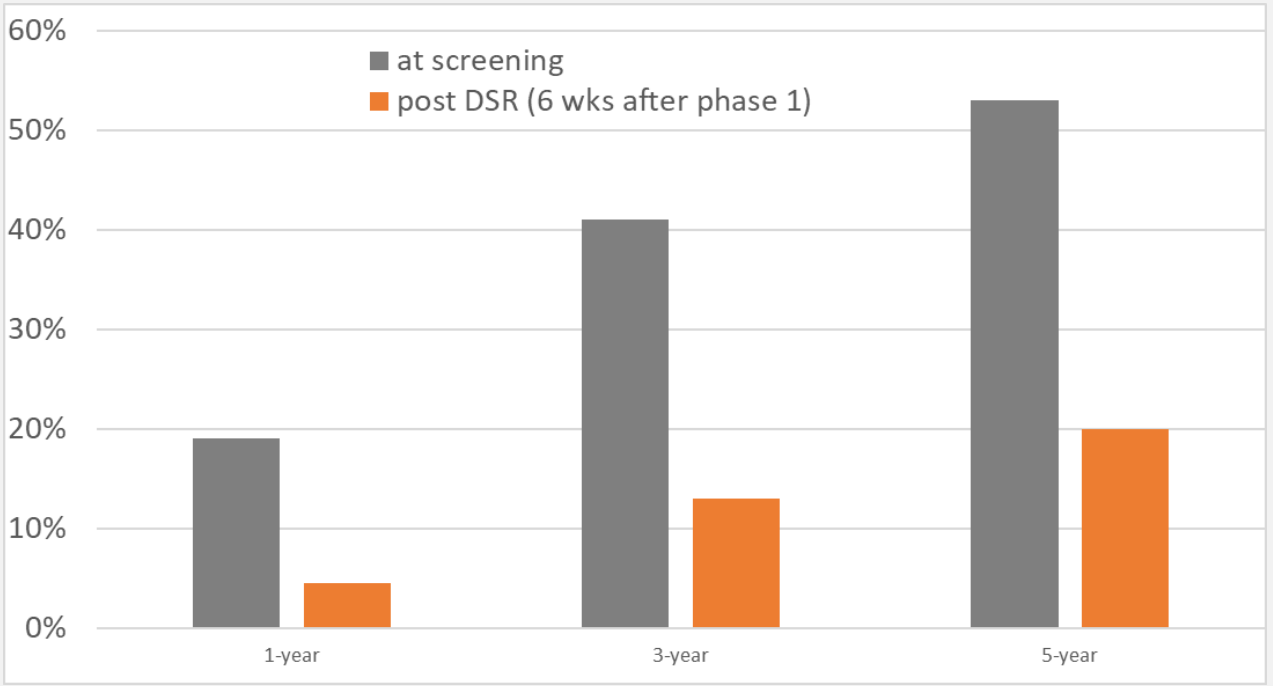
Note: data on NYHA classification collected outside study protocols of RED DESERT and SAHARA

Strong reduction in predicted mortality

Over 75% reduction in predicted one-year mortality based on Seattle Heart Failure Model*

- Seattle Heart Failure Model is a highly validated model to predict survival in heart failure
  - Validated in approx. 10,000 heart failure patients in over 46 countries with >17,000 person-years follow-up
  - Excellent accuracy, with predicted vs. actual one-year survival rate of respect. 90.5% vs. 88.5%-

- Substantial reduction in overall predicted mortality post DSR* vs. screening, at 1y, 3y and 5y:



** Predicted one-year survival analysis using Seattle Heart Failure Model with seven patients from RED DESERT and ten patients from SAHARA pre- and post-intensive DSR therapy. Analysis includes physician-assessed data collected post hoc.*

*** Post DSR = 6 weeks after phase 1 (phase 1 = 6th week in RED DESERT; 2nd, 4th or 6th week in SAHARA)*

DSR 2.0 has improved therapeutic and safety profile

Strong granted IP drives high margin recurring revenue stream

DSR 1.0
Sodium-free D10% (off-the-shelf)

- ✓ Clinical proof-of-concept
- ✓ Rapid clinical path
- ✗ Therapeutic profile / Ease of use
- ✗ Safety profile

RED DESERT – SAHARA

DSR 2.0
Sodium-free dextrose / icodextrin (proprietary)

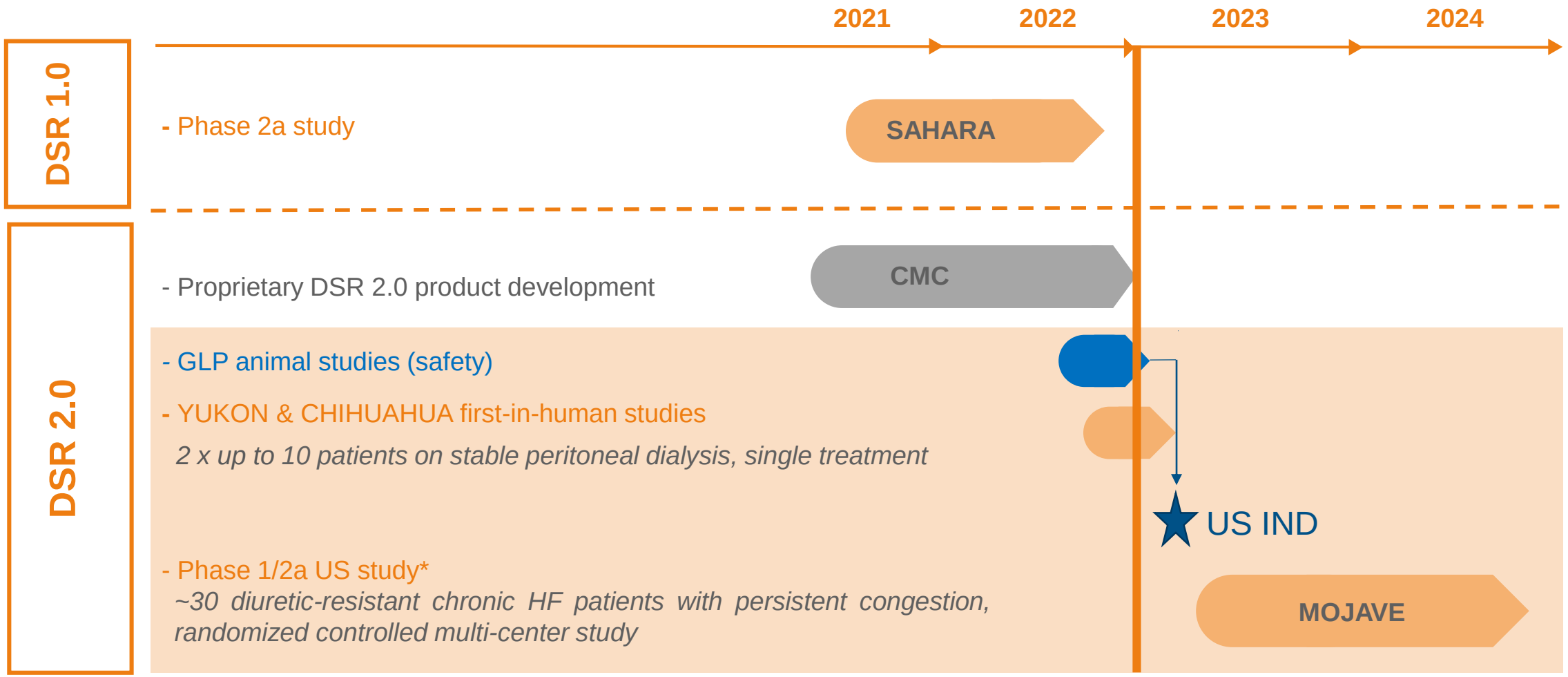
- ✓ Improved therapeutic profile
- ✓ Favorable safety profile
- ✓ Strong granted IP position in US & Europe
  - "Low or no sodium drug for the treatment of heart failure"
  - Drives recurring revenue from high gross margin consumable
- First-in-human insights with single DSR treatment in up to 20 patients – safety and dosing
- Preparations US IND filing ongoing to start Phase 1/2a MOJAVE study in H1 2023

YUKON – CHIHUAHUA – MOJAVE

IP: Intellectual Property; IND: Investigational New Drug

MOJAVE as package for DSR partnering

Leveraging the strengths of established HF player to realise commercial potential of DSR



** Description and timing of this study is subject to change and/or feedback from applicable regulatory authorities*

***GLP**: Good Laboratory Practice*

Multi-billion market opportunity

Delivering value through reduced hospitalization and improved survival

- ~400K chronically congested HF patients hospitalized per year in the US and EU (“frequent flyers”)
  - High cost patients with major burden on healthcare systems, payors and patients

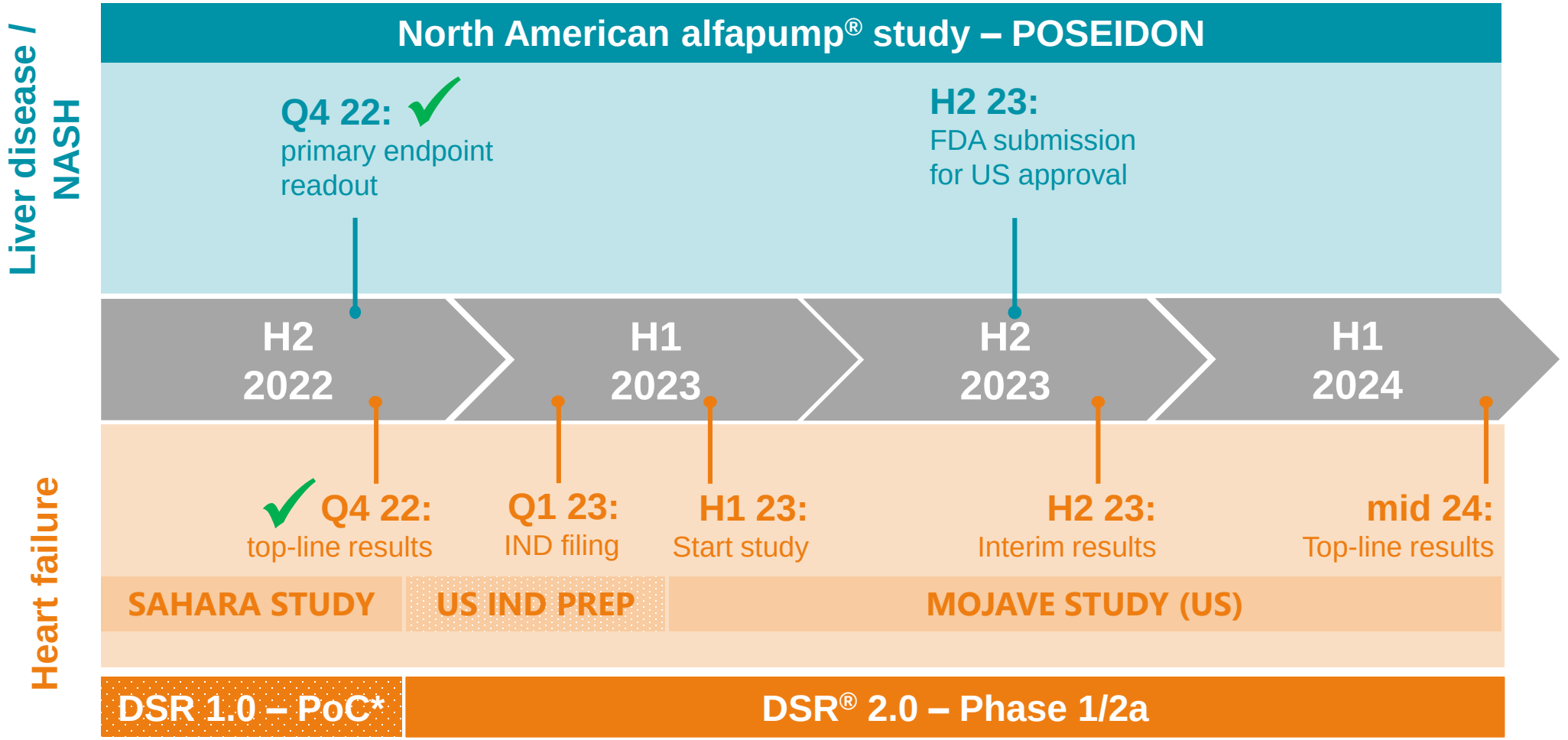
- Value based pricing of DSR drug driven by:
  - ⇨ Reduction in re-hospitalization ~$40K annual HF hospitalization cost per patient
  - ⇨ Increase in survival (gain in quality-adjusted life-year, “QALY”)

Outlook

Strong near term value drivers with clear long term potential

sequanamedical

Strong outlook for value drivers



Note: Description and timing of these studies are subject to change and/or feedback from applicable regulatory authorities

** PoC: Clinical Proof-of-Concept*

Leader in large and growing markets with unmet needs

alfapump® in liver disease – market potential growing to over $2 billion by 2032(1)

- NASH is changing liver cirrhosis market and driving strong growth
- FDA breakthrough device status / Strong IP portfolio
- North American pivotal study – reported strong primary endpoint data
- North American approval expected in 2024 / Go direct to 140 liver transplant centres

DSR® in heart failure – multi-billion market opportunity

- Disease-modifying heart failure drug therapy
- Clinical proof-of-concept with DSR 1.0 – Important and durable clinical benefits
- Transitioning to proprietary DSR 2.0 – Low development risk, improved profile & strong IP
- Establish partnership based on MOJAVE; Phase 1/2a randomized controlled US study

*Source 1: Based on US and Canada market assessment conducted by highly experienced international consulting group, estimating over 140,000 patients with recurrent or refractory ascites in North America by 2032, with estimated incidence of 60% and based on $25K for price of **alfa**pump*

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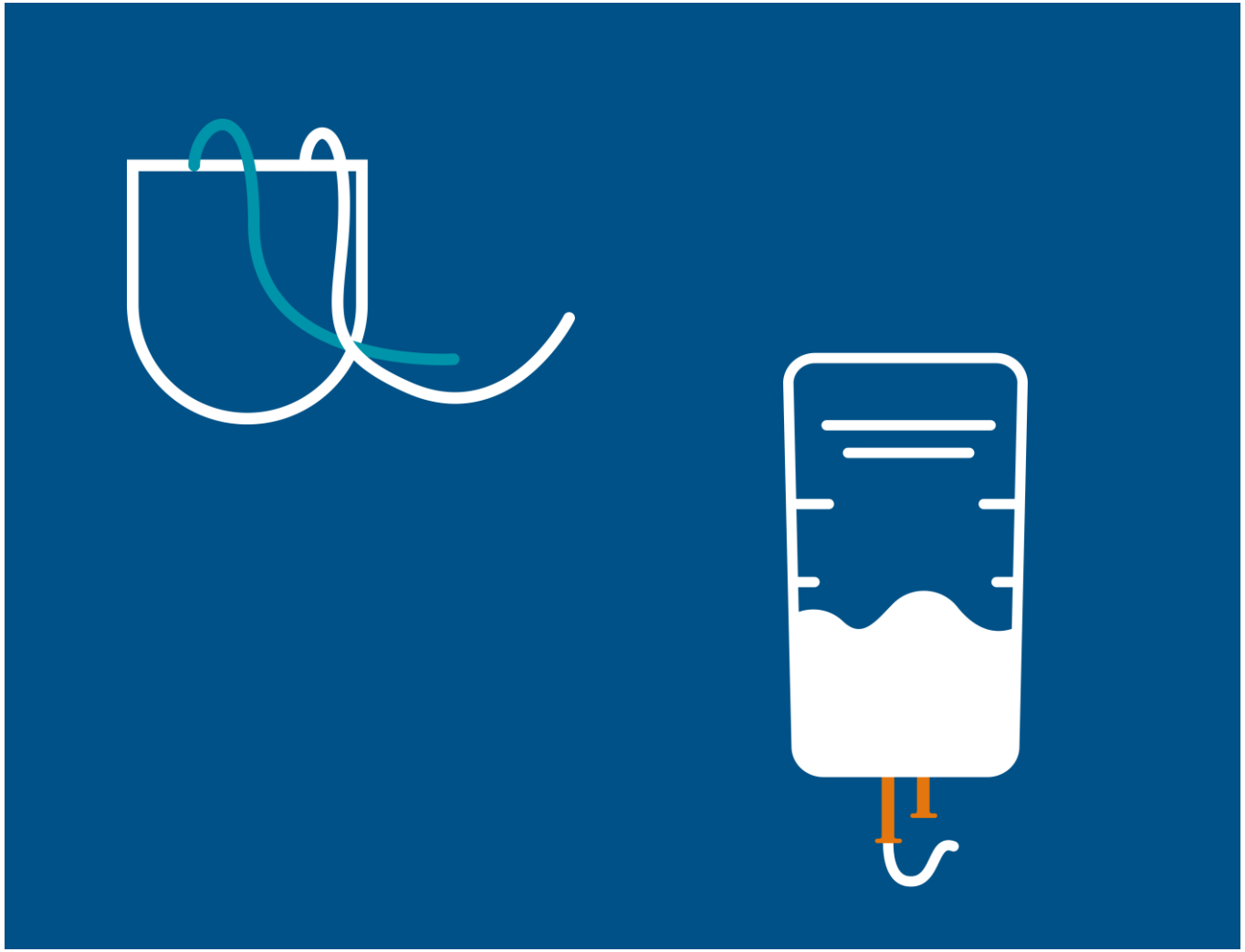


Back-up

Sequana Medical NV

- Founded in 2006
- Gent, Belgium (HQ): corporate, clinical, commercial
- Zurich, Switzerland: manufacturing, engineering, QA/RA
- >60 employees
- Euronext Brussels: SEQUA

Strong organisation

Highly experienced leadership team supported by committed and well-reputed shareholders

Executive team:

Ian Crosbie
Chief Executive Officer

Kirsten Van Bockstaele
Chief Financial Officer

Oliver Gödje
Chief Medical Officer

Dragomir Lakic
VP Manufacturing

Gijs Klarenbeek
Senior Medical Advisor

Martijn Blom
Chief Commercial Officer

Timur Resch
Global VP QM/QA/RA

Andreas Wirth
VP Engineering

Board of Directors:

Pierre Chauvineau
Board Chairman

Ian Crosbie
Chief Executive Officer

Wim Ottevaere
Director

Jackie Fielding
Director

Rudy Dekeyser
Director

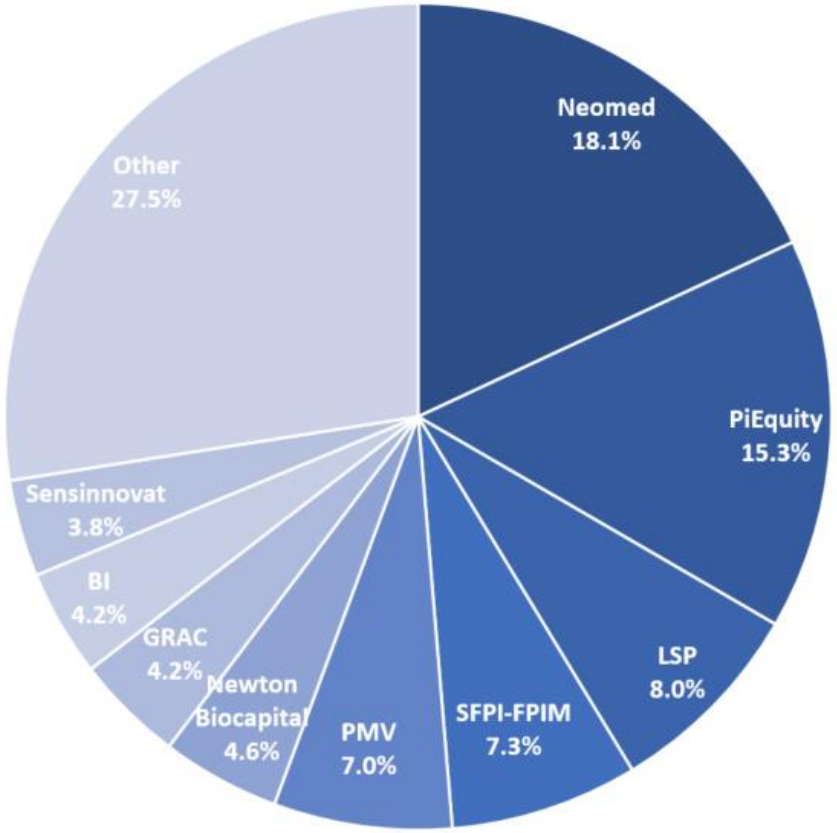
Doug Kohrs
Director

Alex Clyde
Director

Shareholders base and financial overview

Ticker: SEQUA – Euronext Brussels

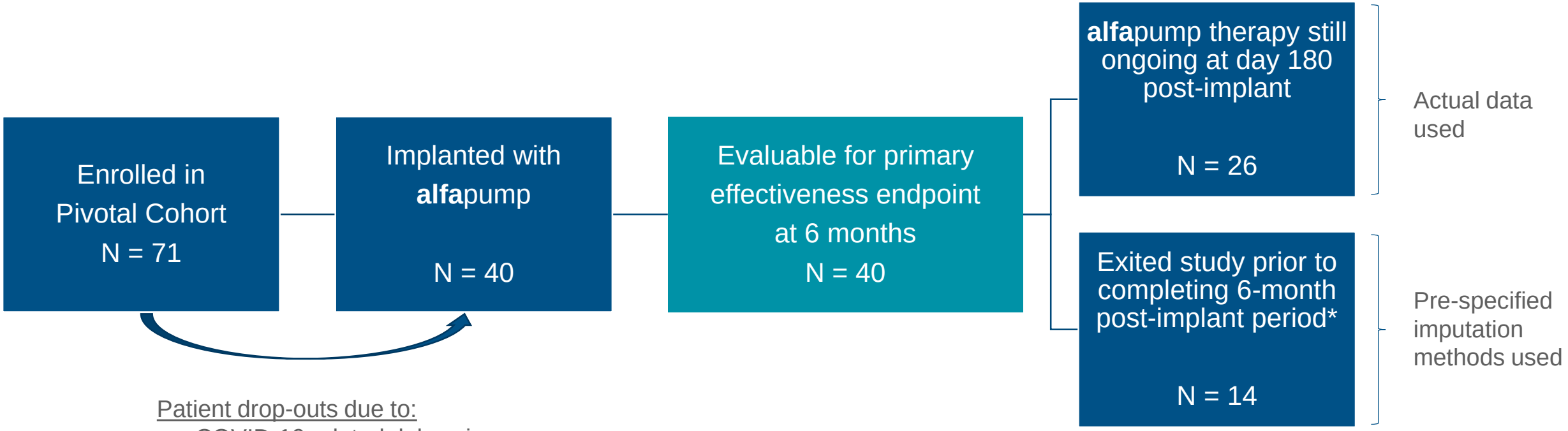
- Outstanding shares: 23.7M
- Outstanding shares corresponding to outstanding share options: 2.7M



- Analysts:
  - Degroof Petercam – Laura Roba
  - Edison – Pooya Hemami
  - H.C. Wainwright – Yi Chen
  - KBC Securities – Jeroen Van den Bossche
  - Kempen – Suzanne van Voorthuizen
  - Kepler Cheuvreux – Arsene Guekam
- Cash (30 June 2022): €23.8M
- Loan facility with Kreos Capital (July 2022): €10M
- Cash runway into Q3 2023

POSEIDON – Pivotal cohort

More than 1/3 of patients implanted with the alfapump® had NASH or combined NASH etiology



Patient drop-outs due to:
- COVID-19 related delays in elective surgery
- Not meeting inclusion criteria at time of implant decision

* Reasons for exiting study:
- death or withdrawal due to unrelated AE, liver transplant (N=8)
- **alfa**pump system, procedure or therapy related AE (N=6)

NASH: *Non-Alcoholic Steatohepatitis;* ***AE:*** *Adverse Event*

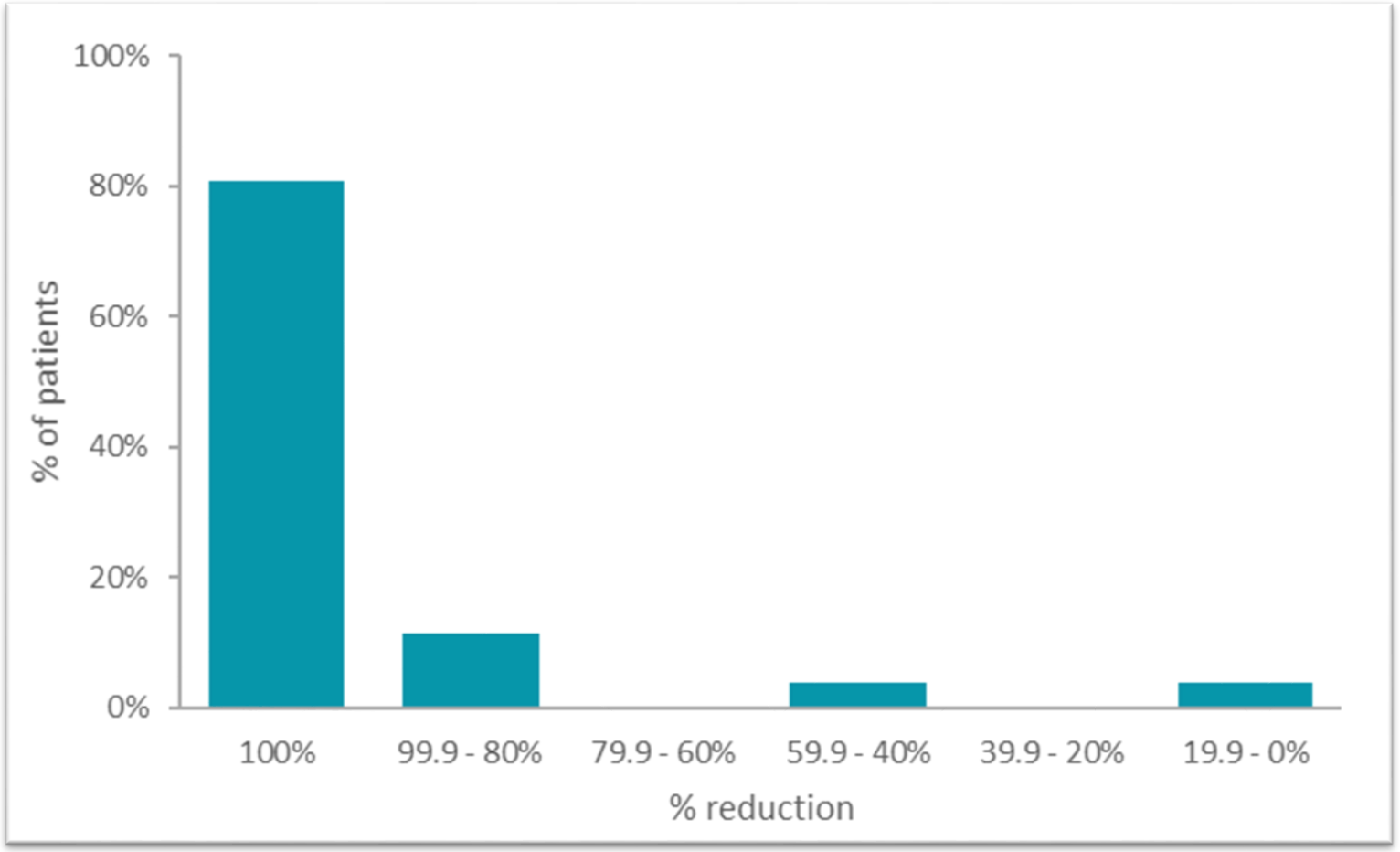
POSEIDON: Observed data from patients completing alfapump® therapy through day 180 post-implant*

N = 26	%
1. Frequency of TP a. median per-patient ratio b. mean per-patient ratio	 100% reduction 93% reduction
2. Proportion of patients with a 50% reduction in number of TP post- vs pre-implantation	92% of patients

** These observed patient data are not part of the main primary effectiveness endpoint analysis.*

POSEIDON: Observed data from patients completing alfapump® therapy through day 180 post-implant*

Distribution of reduction in Therapeutic Paracentesis post-implant vs pre-implant (N = 26)



** These observed patient data are not part of the main primary effectiveness endpoint analysis.*

Roll-In Cohort: Patient profile

26 patients with recurrent or refractory ascites

Age (mean)	63 y
MELD score (mean ± SD)	10.3 ± 3.9
Cirrhosis etiology	
- Alcohol	- 50.0%
- NASH	- 23.1%
- NASH / Alcohol	- 3.8%
- Alcohol / Hepatitis	- 11.5%
- Alcohol / Primary Sclerosing Cholangitis	- 3.8%
- Hepatitis C	- 3.8%
- Budd Chiari Syndrome	- 3.8%
TP per month prior to study (mean ± SD)	3.8 ± 1.4

N. American patients are treated early in their disease

NASH is becoming a major driver of ascites market

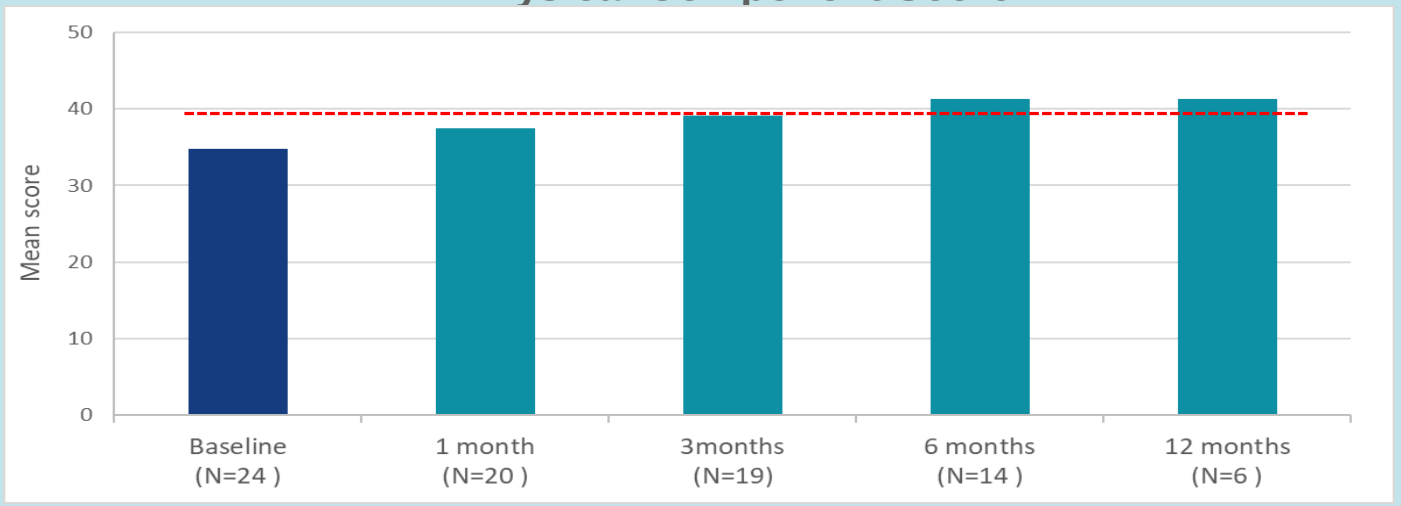
Higher number of TP compared to Europe

MELD: *Model for End-stage Liver Disease;* ***SD:*** *Standard Deviation;* ***NASH:*** *Non-Alcoholic Steatohepatitis;* ***TP:*** *Therapeutic Paracentesis*

Roll-In Cohort: Clinically important improvement in quality of life maintained up to 12 months

SF-36

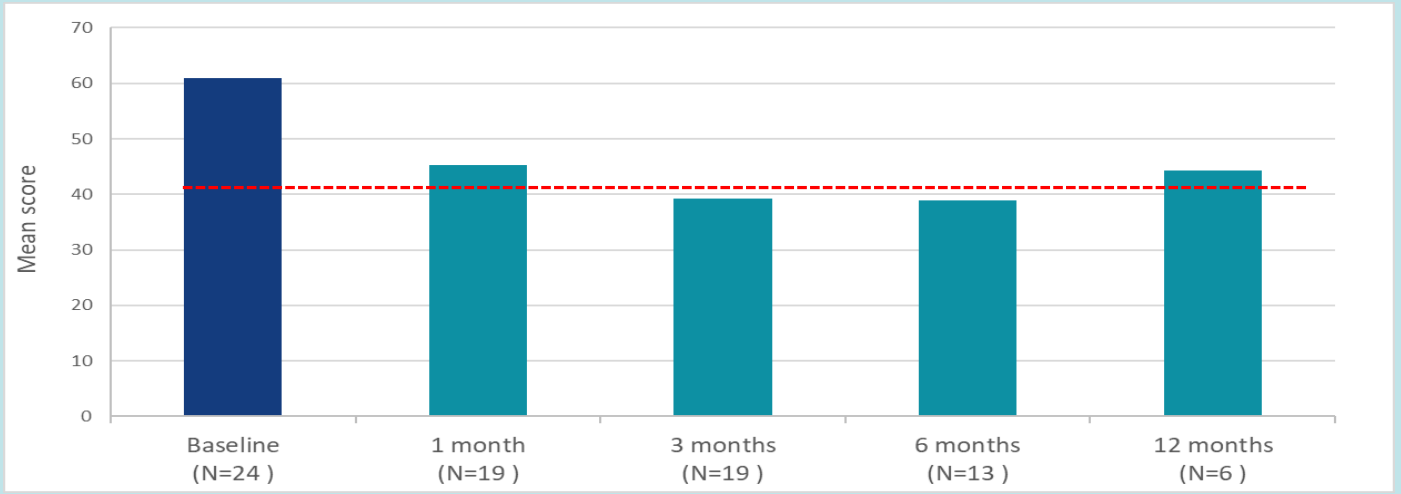
General health-survey questionnaire



Higher is better

Ascites Q

Specific health-survey questionnaire for ascites

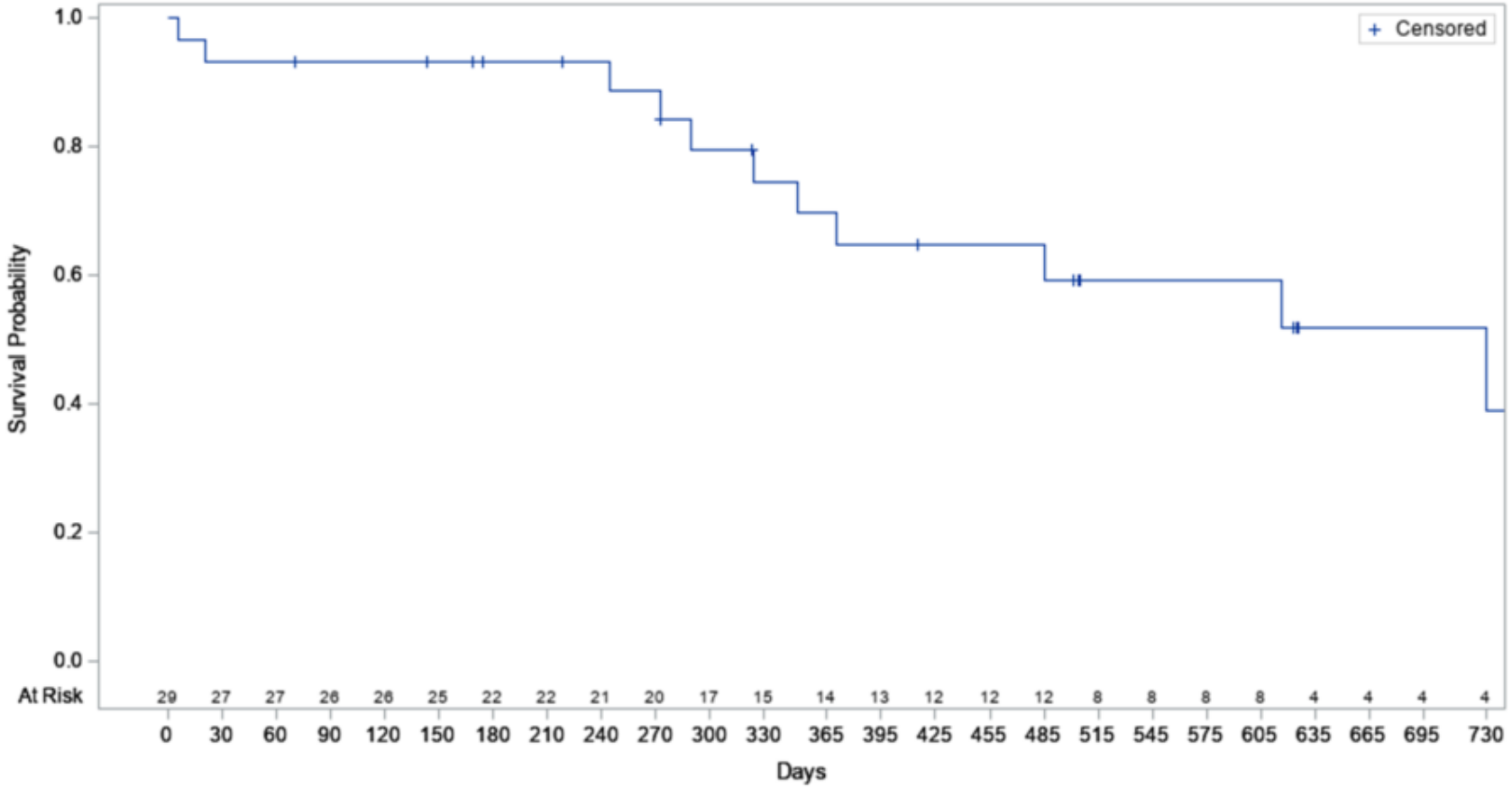


Lower is better

** Clinically important improvement: exceeding the threshold for Minimal Clinically Important Difference*

Interim POSEIDON: 70% survival at 12 months*

Compares favourably to published literature



Published literature cited in AASLD practice guidelines:

survival rate for refractory ascites patients of only 50% at 12 months[1]

**Preliminary survival rate analysis of Roll-In Cohort (25 March 2022)*

Source 1: Biggins et al., Hepatology, Vol. 74, No. 2, 2021, AASLD Practice Guidance; Moreau R et al., Liver International 2004: 24: 457-464

Leading experts as Heart Failure Scientific Advisors

Dr. Maria Rosa Costanzo

Medical Director of the Edward Center for Advanced Heart Failure
Medical Director Heart Failure Research for the Advocate Heart Institute

Dr. Wilson Tang

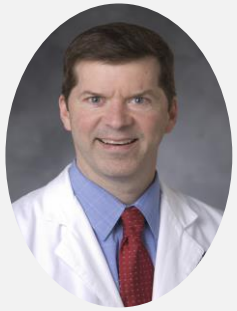
Professor of Medicine at Cleveland Clinic Lerner College of Medicine at Case Western Reserve University

Dr. Javed Butler

Professor and Chairman of the Department of Medicine at the University of Mississippi Medical Center

Dr. Jeffrey Testani

Associate Professor of Medicine and Director of Heart Failure Research at Yale University School of Medicine



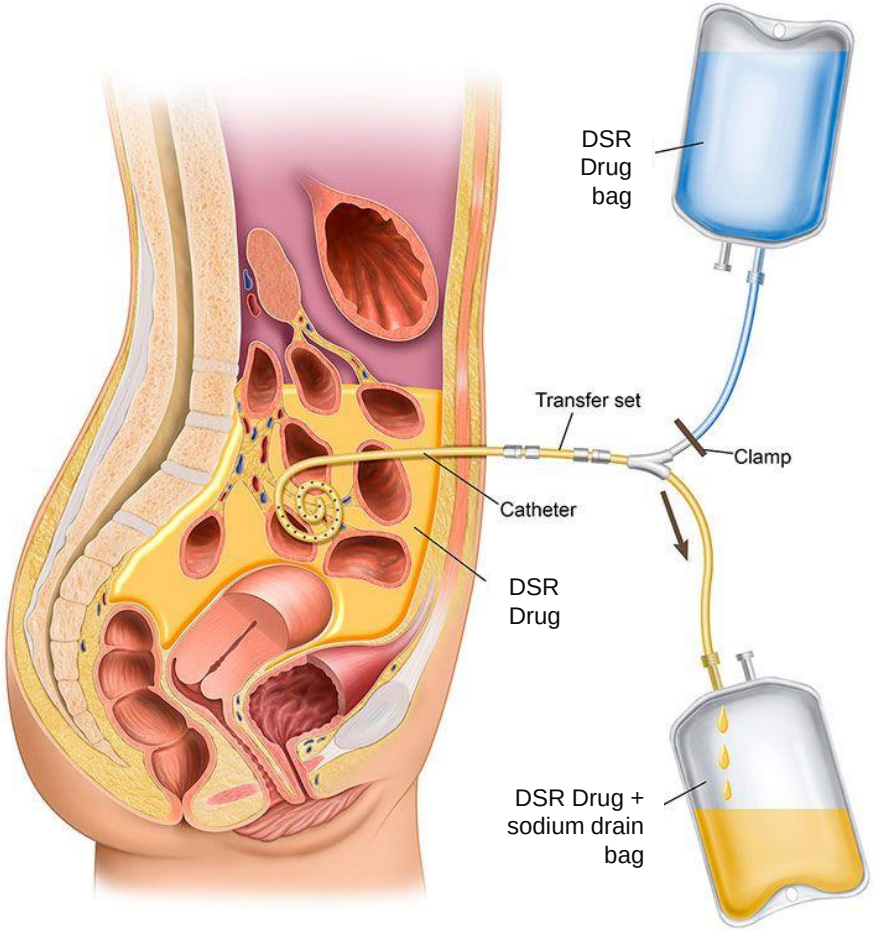
Dr. Michael Felker

Professor of Medicine in the Division of Cardiology at Duke University School of Medicine
Director of Cardiovascular Research at the Duke Clinical Research Institute and Vice-Chief for Clinical Research in the Division of Cardiology

Dr. Udelson

Chief of the Division of Cardiology at Tufts Medical Center
Professor of Medicine and Radiology at Tufts University School of Medicine

DSR® therapy treatment overview



Step 1: Peritoneal catheter placement

Step 2: DSR treatment episode

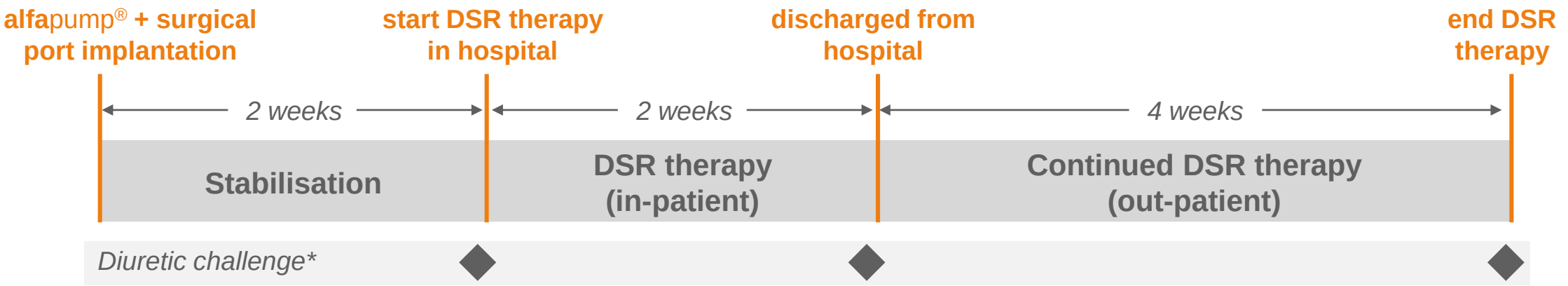
1. Infusion of DSR Drug
2. 24 hour dwell
3. Drainage

- Week 1: 5x DSR therapy
- Week 2-4: 3x/week DSR therapy

Step 3: Catheter removal

RED DESERT – The first repeated DSR® therapy study

Repeated dose proof-of-concept study of alfapump DSR® in stable heart failure patients on high dose diuretics



Study Endpoints

- **Primary:** absence/rate of device, procedure and/or therapy related serious adverse events
- **Secondary:** ability of the **alfa**pump DSR to maintain a neutral sodium balance in the absence of diuretic therapy and the sustained effect of DSR to maintain euvolemia
- **Exploratory:** impact of DSR to restore response to diuretics following DSR treatment

** 40mg intravenous furosemide to evaluate diuretic response (6 hour sodium and fluid excretion)*

RED DESERT: Highly effective management of fluid & sodium

No loop diuretics required during study despite mean baseline dose of >300 mg/day furosemide equivalents

Subject	Ejection Fraction (%)	NT-proBNP (pg/mL)	Daily Dose of loop diuretics (mg)**	
	At baseline	At baseline	At baseline	During DSR Treatment (D0 - 42)
101-001	26	6,110	80	0
101-002	27	2,863	200	0
101-003	28	1,536	400	0
101-005	25	1,628	120	0
101-006*	23	1,963	80	0
101-007*	26	5,927	300	0
101-008*	20	7,853	600	0
101-009†	20	8,831	800	0
Mean (± SD)	*24 ± 3*	*4,589 ± 2,945*	*323 ± 263*	

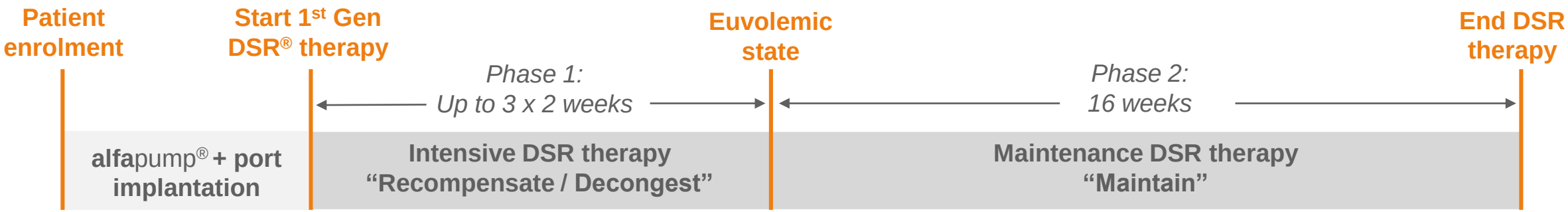
Study recruited severely ill heart failure patients on very high doses of oral loop diuretics

** in follow-up extension with DSR; † subject 101-009 died at D3*
*** loop diuretics in furosemide equivalents (mg)*

***NT-proBNP**: N-terminal-pro hormone B-type Natriuretic Peptide – analysed in local lab*

SAHARA: Ph. 2a in target patient population

Decompensated heart failure patients with persistent congestion on high dose diuretics



Study Endpoints

- **Primary:** safety and tolerability of **alfa**pump DSR® therapy
- **Secondary:** feasibility of DSR therapy to restore and maintain euvolemia without additional loop diuretics

SAHARA: Safety

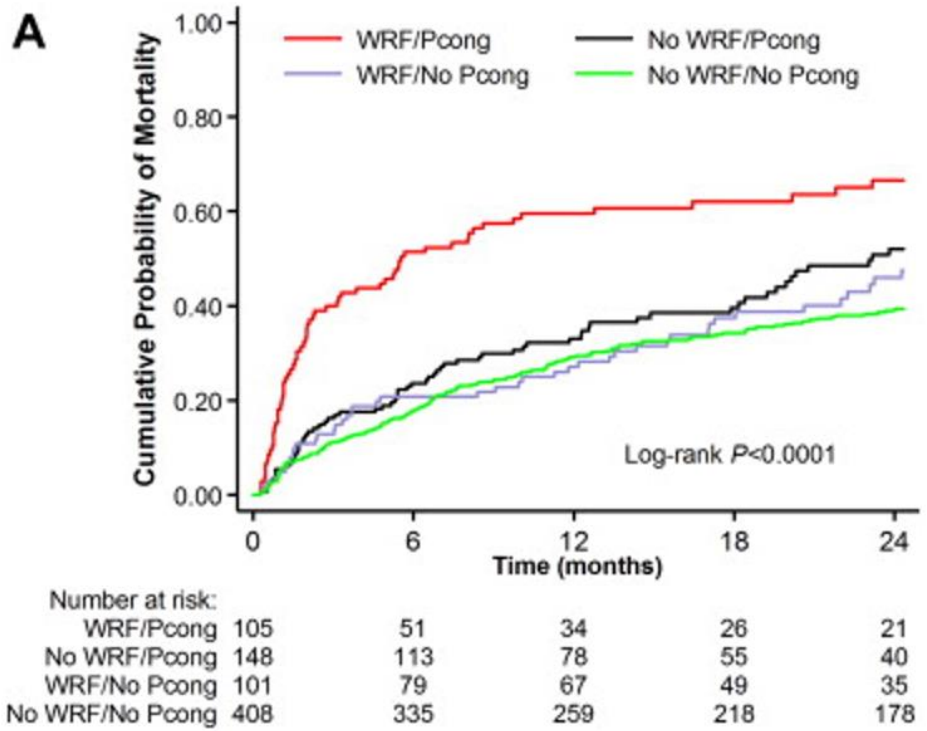
No clinically relevant changes in serum sodium levels or progressive hyponatremia

- 3 SAEs in 3 patients:
  - Blocked peritoneal catheter (phase 2) — 2 in 2 patients → DMC: related to study device but unrelated to implant procedure or treatment
  - Stable angina (extension) – ongoing — 1 in 1 patient → DMC: unrelated to study device, implant procedure or treatment
- No SAEs related to implant procedure or DSR treatment

SAE: *Serious Adverse Event;* ***DMC****: Data Monitoring Committee*

Persistent congestion and Worsening renal function

Persistent congestion and worsening renal function are key targets in decompensated heart failure



Wattad et al, American Journal of Cardiology, 2015: interaction between worsening renal function and persistent congestion in acute decompensated heart failure (study of 762 patients)

***WRF**: Worsening Renal Function; **ADHF**: Acute Decompensated Heart Failure; **Pcong:** Persistent Congestion*

Evaluating potential for DSR® in renal failure

Complementary opportunity leveraging heart failure programme capabilities

- Like heart failure, kidney failure / dialysis is one of the leading burdens for healthcare systems and carries a high mortality / morbidity burden
- Hemodialysis seeks to tackle two different challenges – removal of uremic toxins as well as managing the sodium and fluid balance – creating clinical and economic challenges
- DSR therapy has the potential to more effectively manage the fluid and sodium balance of this large patient group
  - ⇨ Leveraging all of our experience from congestion / fluid overload in heart failure
- We are exploring the potential of DSR in this large and important patient group, potentially reducing hospitalisations, the cost and burden of hemodialysis therapy as well as mortality
  - ⇨ Supporting work of Dr McIntyre (Lawson Health Research Institute, Ontario, Canada): evaluating the use of DSR therapy in effective volume management and sodium removal in prevalent hemodialysis patients (NCT04603014)