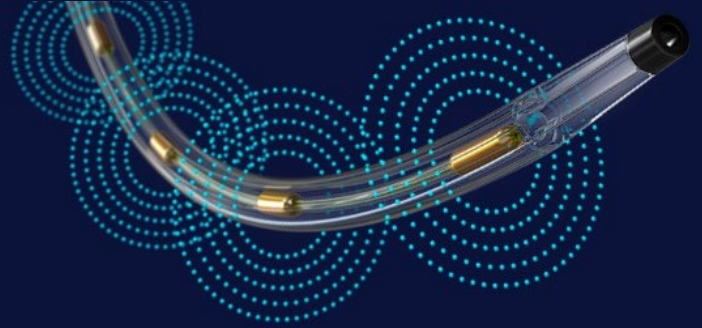


Boston Scientific
Advancing science for life™

THIS IS WHY WE EKOS™

WHY EKOS

A first-line PE intervention, EKOS uses ultrasound to accelerate clot resolution with the lowest lytic dose and shortest duration.

SAFE

EKOS consistently demonstrates excellent safety outcomes.

SIMPLE

Designed for simplicity: predictable procedure delivering predictable results.

STUDIED

Committed to serving the medical community by boldly advancing PE interventional data, for 10 years & counting

 PI-1728903-AB

Boston Scientific
Advancing science for life™

EKOS™
Endovascular System

EKOS stands alone as a first-line PE intervention.

 PI-1728903-AB

EKOS stands alone as a first-line PE intervention

This is why we EKOS.

Used to treat

100,000

PE patients and counting[1]

Ultrasound Power: Accelerating Clot Resolution
Low dose. Low duration. EKOS enables fast lysis.

Minimize Procedural Risks
EKOS delivers outstanding outcomes with a safe, predictable procedure.

A Toolkit Approach to Treat PE
Understand the benefits of different interventions and the impacts to patients.

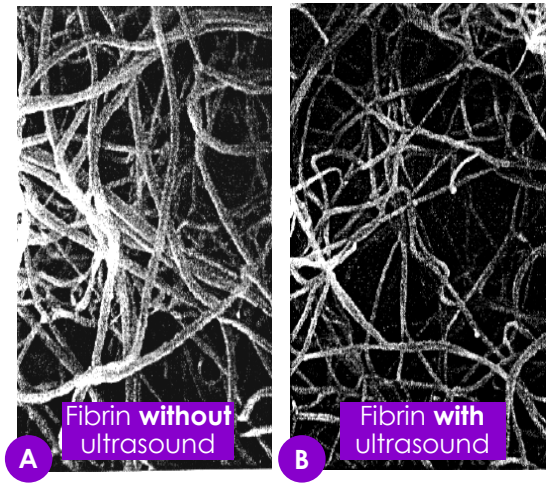
1. Data on file at Boston Scientific

Boston Scientific

EKOS accelerates clot resolution

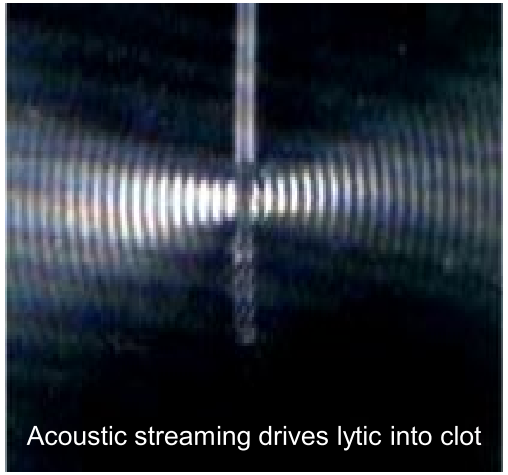
Fibrin Separation[1]

Ultrasound energy separates fibrin allowing for deeper penetration of lytic



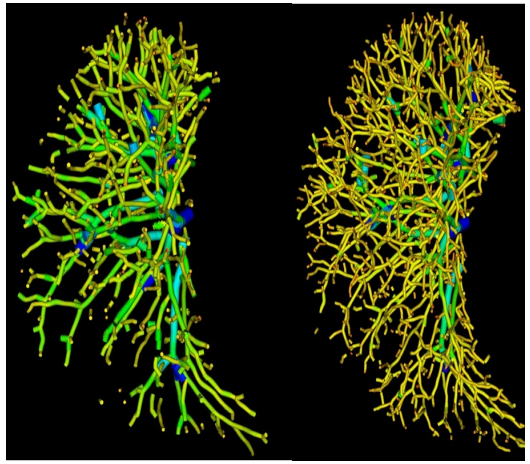
Active Drug Delivery[2,3]

Drug is actively driven into clot by "acoustic streaming"



Distal Vascular Reperfusion[4]

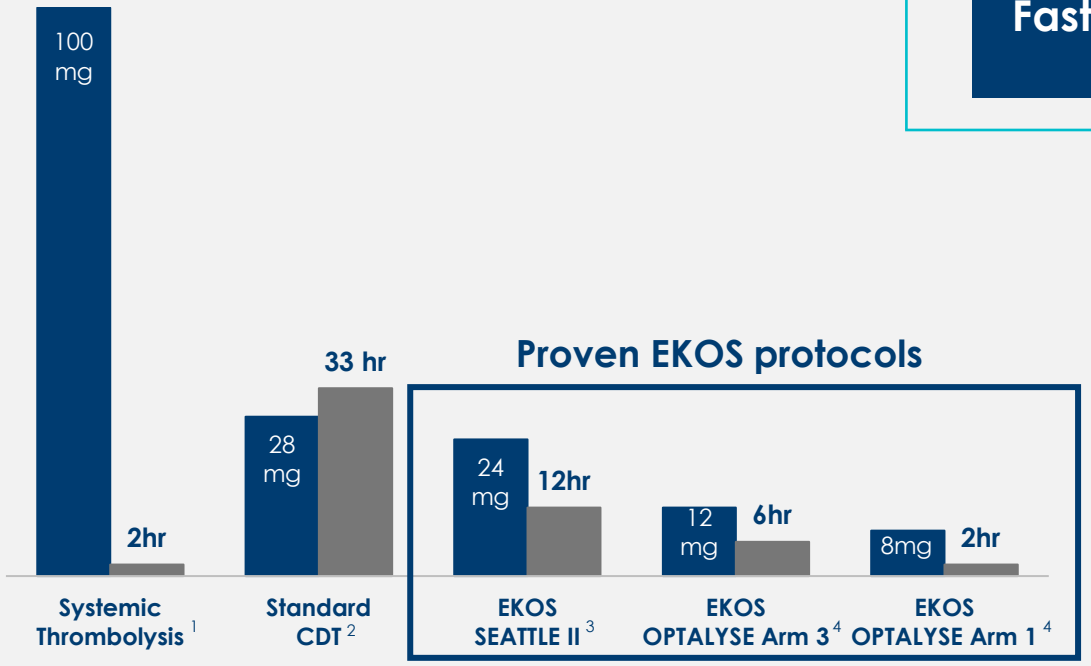
Unique mechanism of action can improve distal response



1. Braaten JV et al. Ultrasound reversibly disaggregates fibrin fibers. *Thromb Haemost* 1997;78:1063-8. 2. Francis CW et al. Ultrasound accelerates transport of recombinant tissue plasminogen activator into clots. *Ultrasound in Medicine and Biology* 1995;21(5):419-24. 3. Siddiqi F et al. Ultrasound increases flow through fibrin gels. *Thromb Haemost* 1995;73(3):495-8. 4. Rahaghi F et al. Quantification and significance of pulmonary vascular volume in predicting response to ultrasound-facilitated catheter-directed fibrinolysis in acute PE (SEATTLE-3D). *Circ Cardiovasc Imaging* 2019;12(12):e009903. DOI: 10.1161/CIRCIMAGING.119.009903

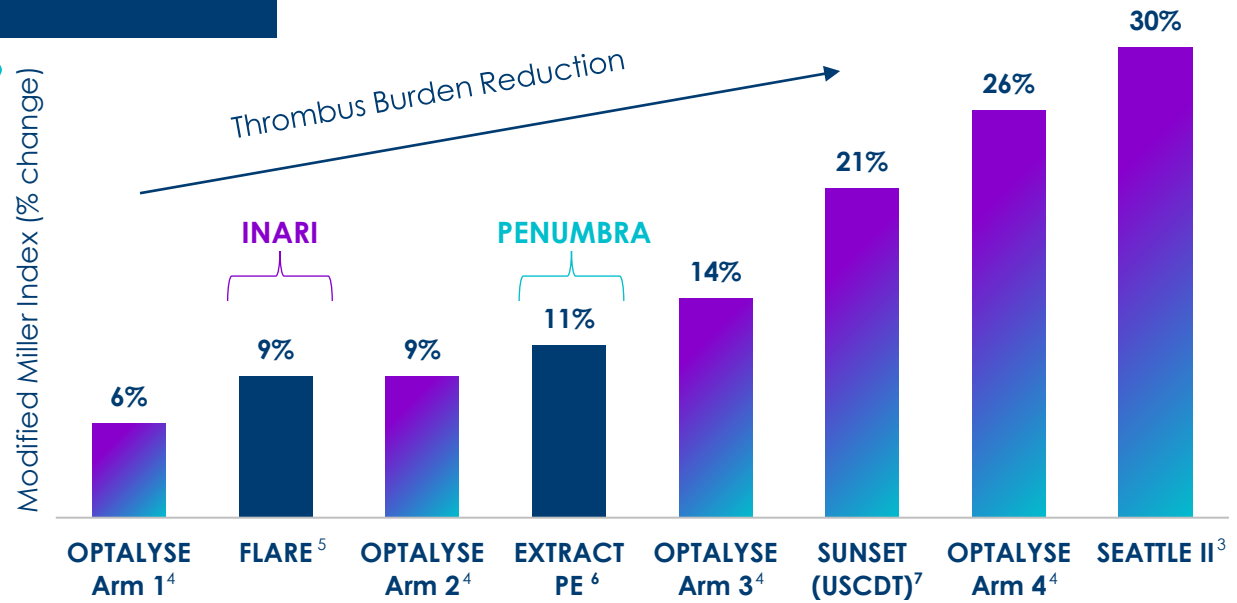
Only EKOS uses ultrasound to achieve results

Lowest Dose, Shortest Duration Therapy



Ultrasound Technology
enables
Fast, Effective Clot Lysis

Effective Thrombus Burden Reduction



1. Konstantinides S et al. Heparin plus alteplase compared with heparin alone in patients with submassive pulmonary embolism. *N Engl J Med*. 2002;347:1143–1150. 2. Kuo W et al. PE response to fragmentation, embolectomy, and catheter thrombolysis (PERFECT). *CHEST* 2015; 148(3):667 673. 3. Piazza G et al. A prospective, single-Arm, multicenter trial of ultrasound-facilitated catheter-directed low-dose fibrinolysis for acute massive and submassive PE (SEATTLE II). *J Amer Coll Cardiol: Cardiovasc Interventions* 2015; 8(10):1382-1392. 4. Tapson VF et al. A randomized trial of the optimum duration of acoustic pulse thrombolysis procedure in acute intermediate-risk pulmonary embolism: the OPTALYSE PE trial. *JACC Cardiovasc Interv*. 2018;11:1401-1410. doi: 10.1016/j.jcin.2018.04.008. 5. Tu T et al. A prospective, single-arm, multicenter trial of catheter-directed mechanical thrombectomy for intermediate-risk acute PE (FLARE). *JACC Cardiovasc Interv*. 2019;12(9):859-869. 6. Sista A et al. Indigo aspiration system for treatment of PE (EXTRACT-PE). *JACC Cardiovasc Interv*. 2021;14(3):319-329. 7. Avgerinos E et al. Randomized trial comparing standard versus ultrasound-assisted thrombolysis for submassive PE (SUNSET PE). *JACC Cardiovasc Interv*. 2021;14(12)1364-1373.

Results from clinical studies are not predictive of results in other studies. Results in other studies may vary. Results from different clinical investigations are not directly comparable. Information provided for educational purposes only.

EKOS offers outcomes that can save lives

RV/LV ratio ≥0.9 is an independent predictor of mortality[1,2]

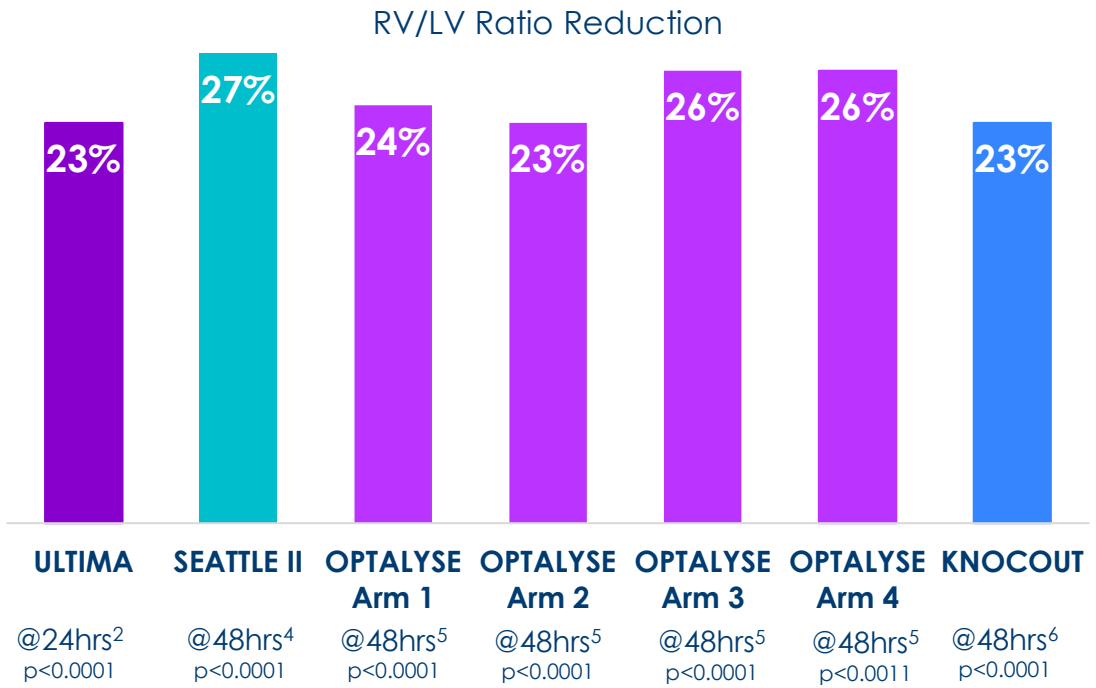
40%
Higher **mortality** at 3 months[1]

3x
Higher likelihood of **recurrence**[3]

RVD is associated with higher mortality even in the absence of hemodynamic instability.

EKOS can restore RV function quickly.

Demonstrated ≥23% reduction in RV/LV ratio by 48 hrs[2,4-6]



1. van der Meer RW, Pattynama PM, van Strijen MJ, et al. Right ventricular dysfunction and pulmonary obstruction index at helical CT: prediction of clinical outcome during 3-month follow-up in patients with acute pulmonary embolism. Radiology. 2005;235(3):798-803. 2. Kucher N et al. Randomized, controlled trial of ultrasound-assisted catheter-directed thrombolysis for acute intermediate-risk pulmonary embolism (ULTIMA). *Circulation* 2014;129(4):479-486. 3. Grifoni S, et al. Association of persistent right ventricular dysfunction at hospital discharge after acute pulmonary embolism with recurrent thromboembolic events. Arch Intern Med. 2006;166(19):2151-2156. 4. Piazza G et al. A prospective, single-Arm, multicenter trial of ultrasound-facilitated catheter-directed low-dose fibrinolysis for acute massive and submassive PE (SEATTLE II). *J Amer Coll Cardiol: Cardiovasc Interventions* 2015; 8(10):1382-1392. 5. Tapson VF et al. A randomized trial of the optimum duration of acoustic pulse thrombolysis procedure in acute intermediate-risk pulmonary embolism (OPTALYSE). *JACC Cardiovasc Interv*. 2018;11:1401-1410. doi: 10.1016/j.jcin.2018.04.008. 6. Sterling KM et al. Prospective Multicenter International Registry of Ultrasound-Facilitated Catheter-Directed Thrombolysis in Intermediate-High and High-Risk Pulmonary Embolism (KNOCOUT PE). Circ Cardiovasc Interv. 2024;17:e013448. doi: 10.1161/CIRCINTERVENTIONS.123.013448.

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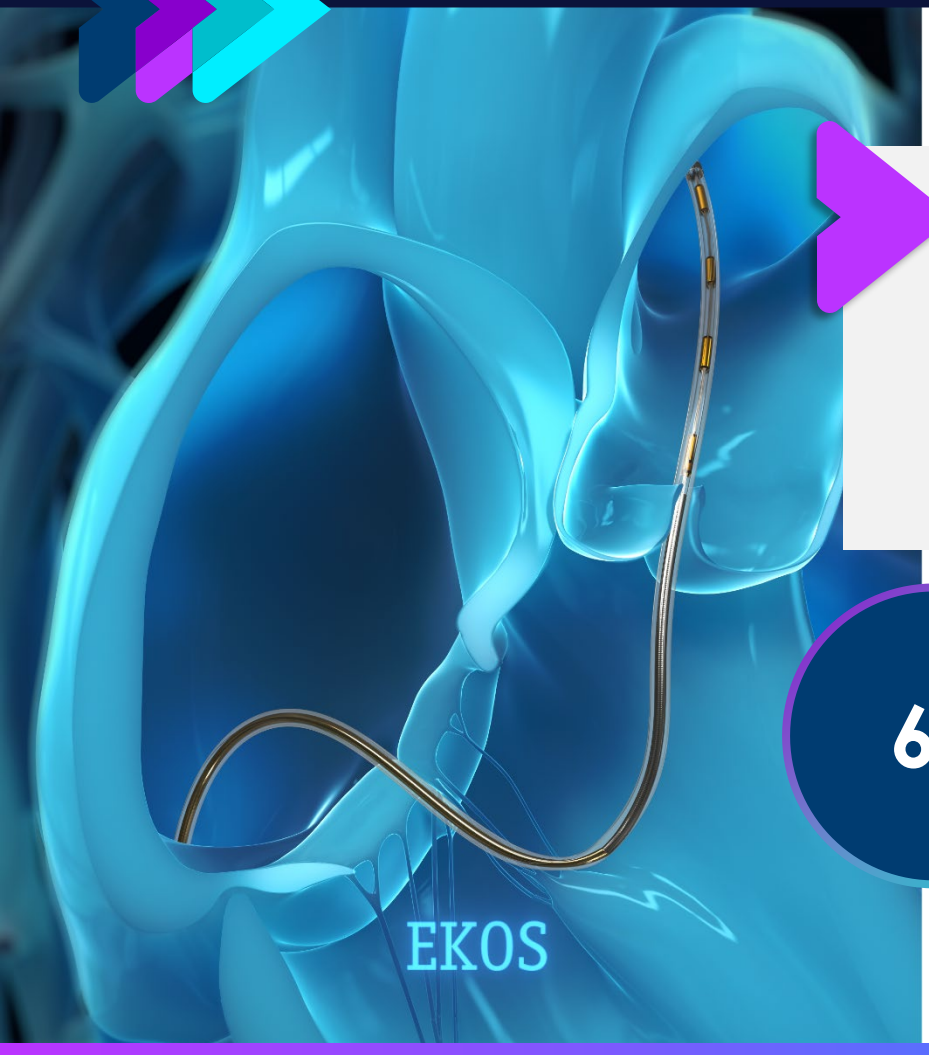
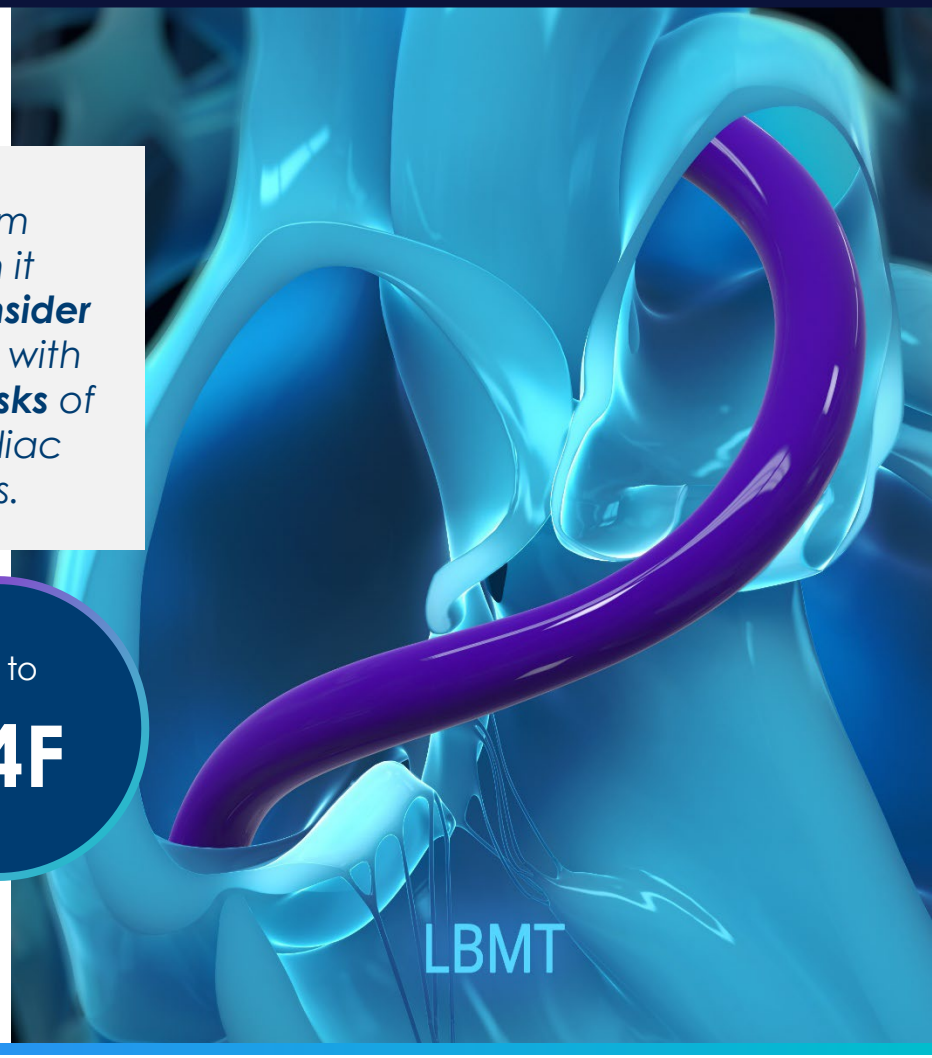
Truths About Procedural Risks

*Intervening on a pulmonary embolism with a **large bore device** carries with it **inherent risk.** One must **carefully consider whether the benefits** of a procedure with such a catheter truly **outweigh the risks** of passing the device through the cardiac structures into the pulmonary arteries.*

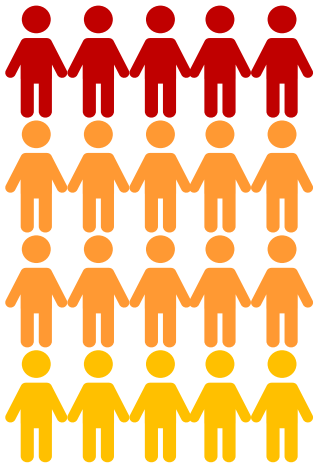




Procedural blood loss with MT is **not trivial**

FlowTriever™ | Inari™

Estimated Blood Loss
in FLASH Registry[1]



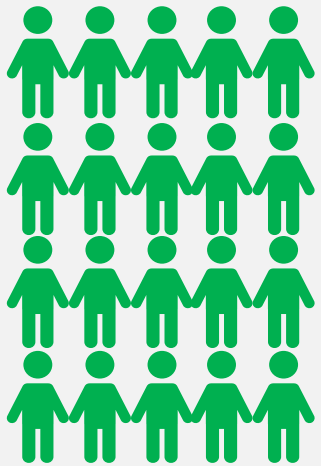
25% of patients: blood loss >400mL

50% of patients: blood loss 100-400mL

25% of patients: blood loss <100mL

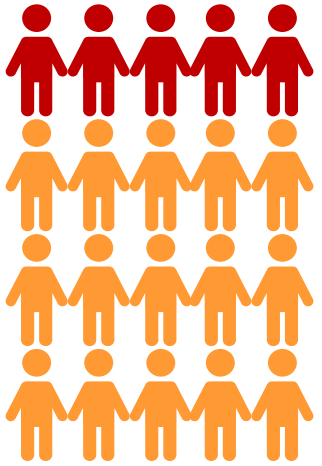
EKOS

Minimal blood loss
based on EKOS design and MOA



Indigo™ | Penumbra™

Estimated Blood Loss
in EXTRACT-PE Study[2]



27% of patients: blood loss >400mL

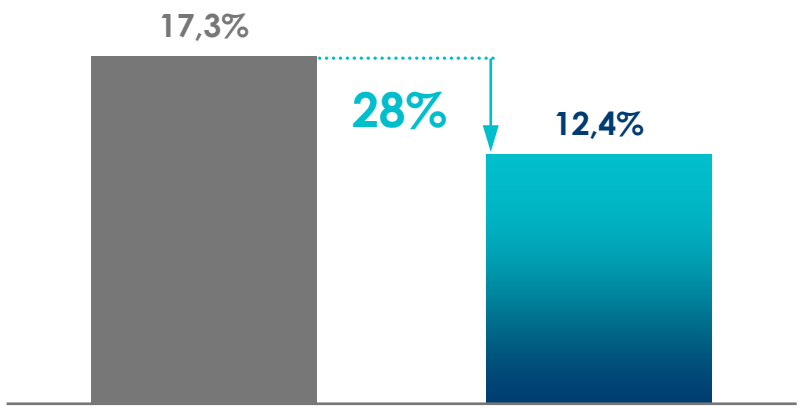
73% of patients: blood loss <400mL

1. FLASH Results Presented at SIR 2021.
2. Sista A et al. Indigo aspiration system for treatment of PE (EXTRACT-PE). *JACC Cardiovasc Interv.* 2021;14(3):319-329

Reality Check: Lower Major Bleeding Rate with EKOS

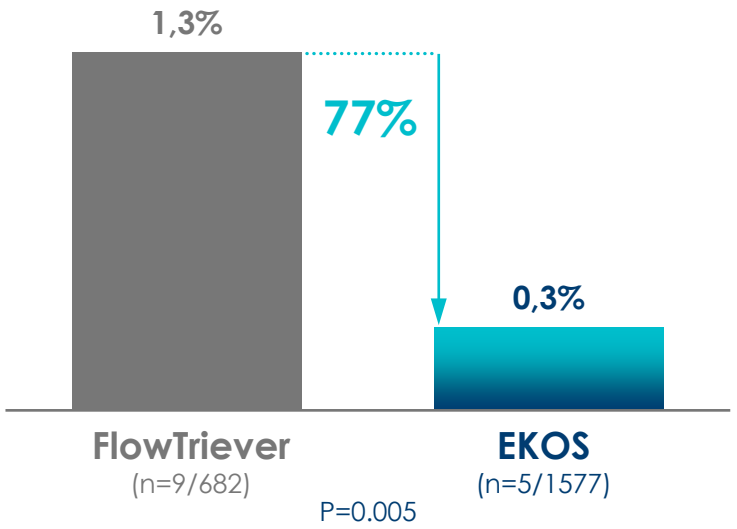
In the REAL-PE Analysis, patients treated with EKOS had statistically significant lower rates of major bleeding and ICH than those treated with FlowTriever™.

Major Bleeding



ISTH Bleeding Definition

Intracerebral Hemorrhage



ICH events based on ICD10CM and SNOMED codes

1. Monteleone P, et al. Modern Treatment of Pulmonary Embolism (USCDT versus MT): Results from Real-World, Big Data Analysis (REAL-PE). Journal of the Society for Cardiovascular Angiography & Interventions; Oct 2023

Boston Scientific provided funding to Truveta for data reporting.

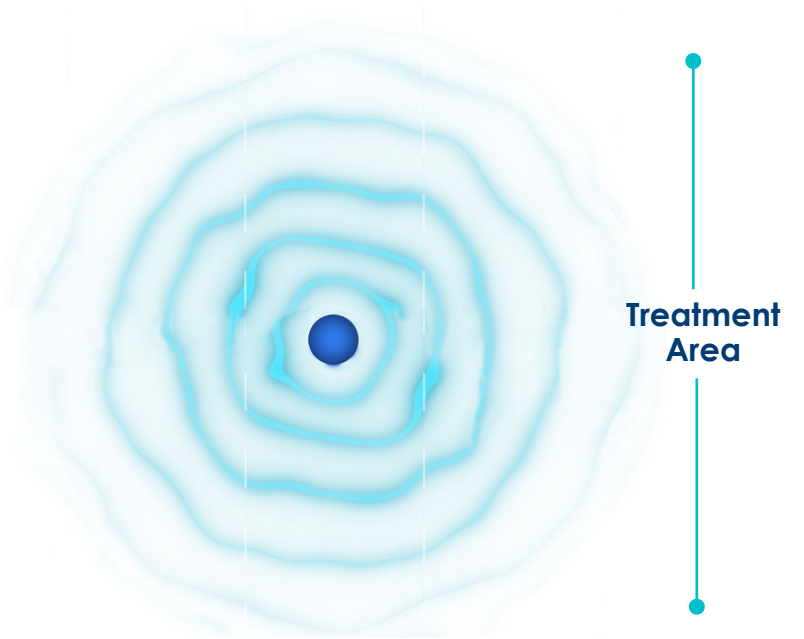
Boston Scientific

EKOS: Small profile, less trauma, large treatment area

LBMT
is more invasive and carries **higher procedural risks**, including:

- **Blood Loss**
- **Access Site Complications**
- **Vessel Damage**
- **Perforations**

EKOS
uses ultrasound to reach more clot with less trauma



A Toolkit Approach to Treat PE

sCDT

Standard Catheter Directed Thrombolysis

- **No Level-1 clinical data** to treat PE
- **No standard dose/duration protocols**
- **Passive drug delivery, limited treatment area**

EKOS™

Ultrasound-Accelerated Catheter-Directed Thrombolysis
An intervention designed to save lives

Intermediate and High Risk PE patients

Low lytic dose, short duration protocols

Demonstrated reduction in thrombus burden & RV/LV ratio

Simple catheter delivery, minimizes patient trauma

LBMT

Large-Bore Mechanical Thrombectomy

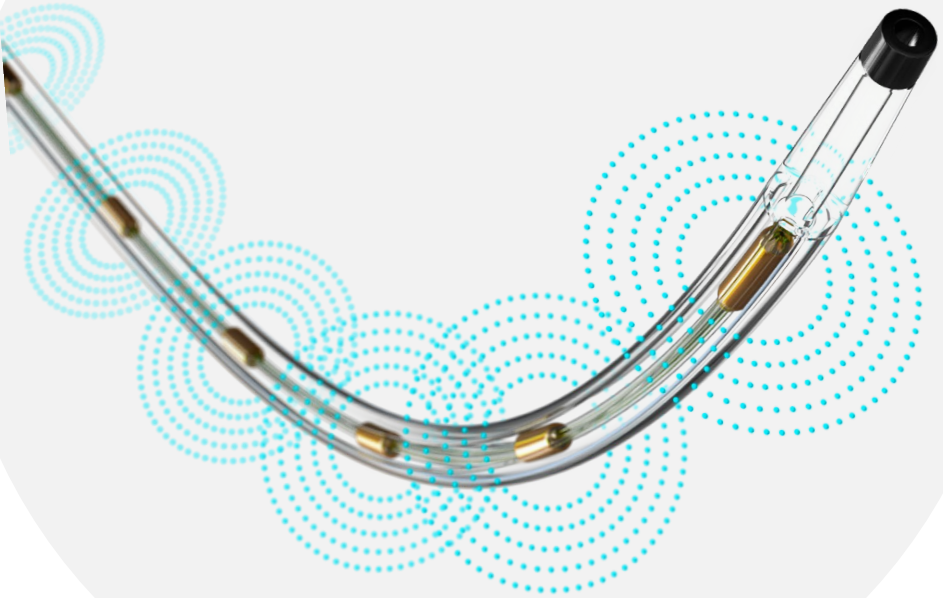
- **High Risk PE Patient Subset**
  who need *rapid* clot removal despite potential for:
  - Blood loss
  - Structural trauma
- ***Absolute* contraindication to lytic**

Boston Scientific
Advancing science for life™

EKOS™
Endovascular System

SAFE.
Excellent safety outcomes. Consistently proven.

EKOS has an excellent safety profile



- Low lytic dose.
- Low bleeding rates.
- Low mortality.

This is why we EKOS

 PI-1728903-AB

CDT has proven low major bleeding. EKOS has the lowest dose.

PERT Consortium Quality Database

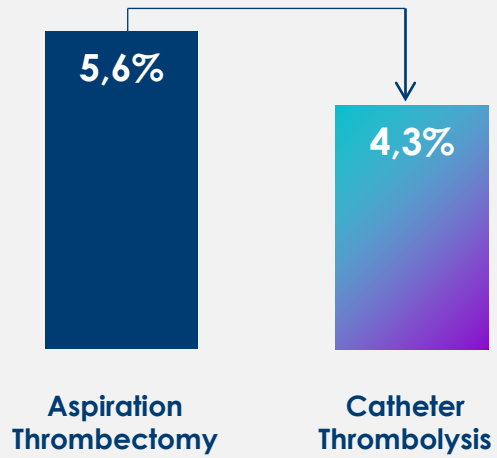
An **independent** multi-center database of patient-level data.[1]

5,700
patients

1,233
received catheter-based therapy

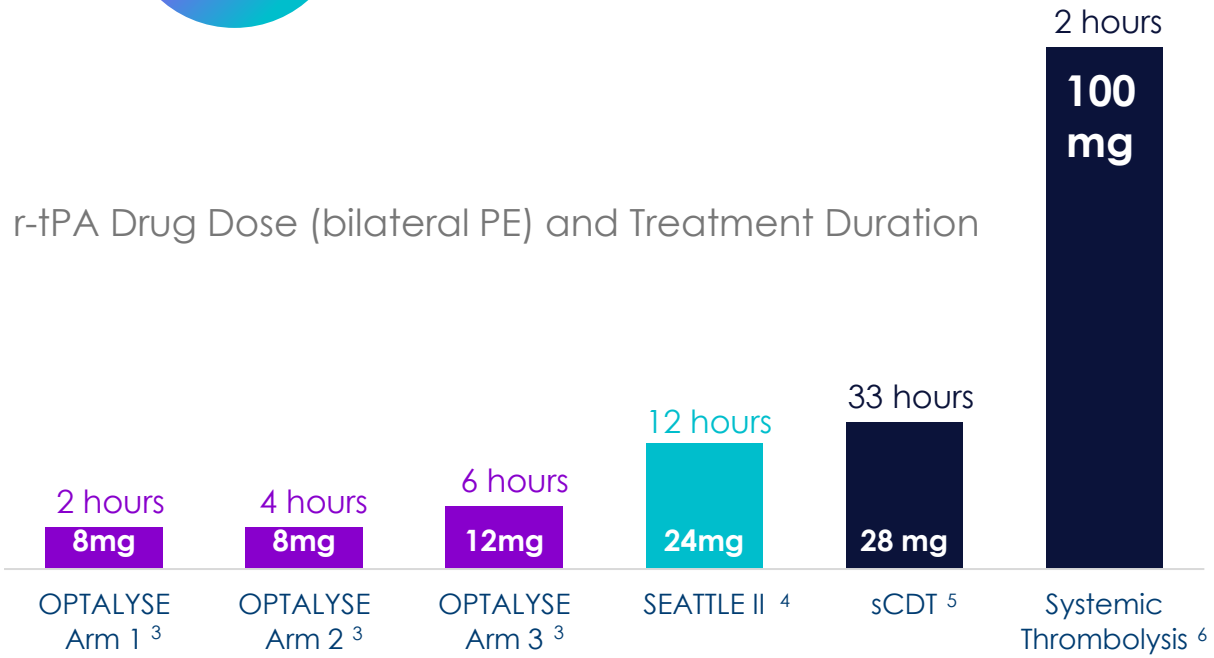
56%
received CDT

In-Hospital Major Bleeding



76% **Less thrombolytic drug dosage** than systemic thrombolysis[2]

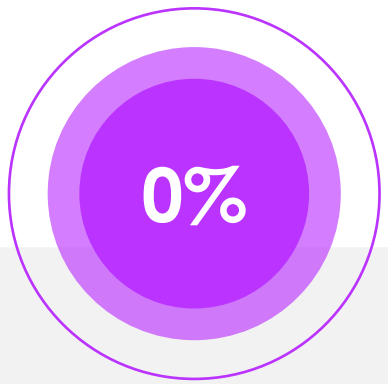
r-tPA Drug Dose (bilateral PE) and Treatment Duration



1. Lookstein R. The PERT Consortium Quality Database. Presented at: PERT, September, 2022. 2. Elder M et al. The Search for the Holy Grail of NEW PE Devices. *EVT:* July 2020 Supplement. 3. Tapson VF et al. A randomized trial of the optimum duration of acoustic pulse thrombolysis procedure in acute intermediate-risk pulmonary embolism: the OPTALYSE PE trial. *JACC Cardiovasc Interv*. 2018;11:1401-1410. doi: 10.1016/j.jcin.2018.04.008. 4. Piazza G et al. A prospective, single-Arm, multicenter trial of ultrasound-facilitated catheter-directed low-dose fibrinolysis for acute massive and submassive PE (SEATTLE II). *J Amer Coll Cardiol: Cardiovasc Interventions* 2015; 8(10):1382-1392. 5. Kuo W et al. PE response to fragmentation, embolectomy, and catheter thrombolysis (PERFECT). *CHEST* 2015; 148(3):667 673. 6. Konstantinides S et al. Heparin plus alteplase compared with heparin alone in patients with submassive pulmonary embolism. *N Engl J Med*. 2002;347:1143–1150.

Low major bleeding rates.

Proven consistently across all studies.



ULTIMA

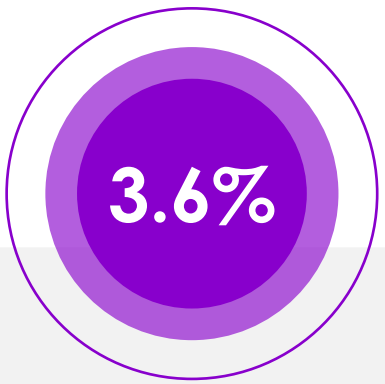
Major bleeding at 90 days
ISTH[1]

0 ICH

SEATTLE II

Major bleeding within 30 days
GUSTO severe (10% moderate)[2]

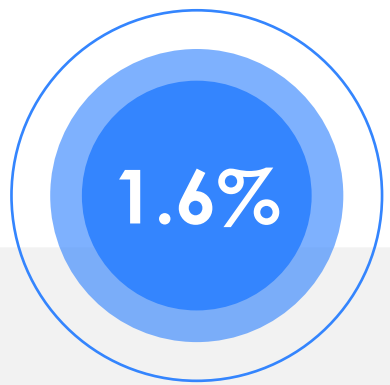
0 ICH



OPTALYSE

Major bleeding within 72 hours
ISTH[3]

1 ICH



KNOCOUT

Major bleeding at 72 hours
ISTH[4]

0 ICH

1. Kucher N et al. Randomized, controlled trial of ultrasound-assisted catheter-directed thrombolysis for acute intermediate-risk pulmonary embolism (ULTIMA). *Circulation* 2014;129(4):479-486. 2. Piazza G et al. A prospective, single-Arm, multicenter trial of ultrasound-facilitated catheter-directed low-dose fibrinolysis for acute massive and submassive PE (SEATTLE II). *J Amer Coll Cardiol: Cardiovasc Interventions* 2015; 8(10):1382-1392. 3. Tapson VF et al. A randomized trial of the optimum duration of acoustic pulse thrombolysis procedure in acute intermediate-risk pulmonary embolism (OPTALYSE). *JACC Cardiovasc Interv*. 2018;11:1401-1410. doi: 10.1016/j.jcin.2018.04.008. 4. Sterling KM et al. Prospective Multicenter International Registry of Ultrasound-Facilitated Catheter-Directed Thrombolysis in Intermediate-High and High-Risk Pulmonary Embolism (KNOCOUT PE). Circ Cardiovasc Interv. 2024;17:e013448. doi: 10.1161/CIRCINTERVENTIONS.123.013448

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Statistically significant lower rates of major bleeding & ICH

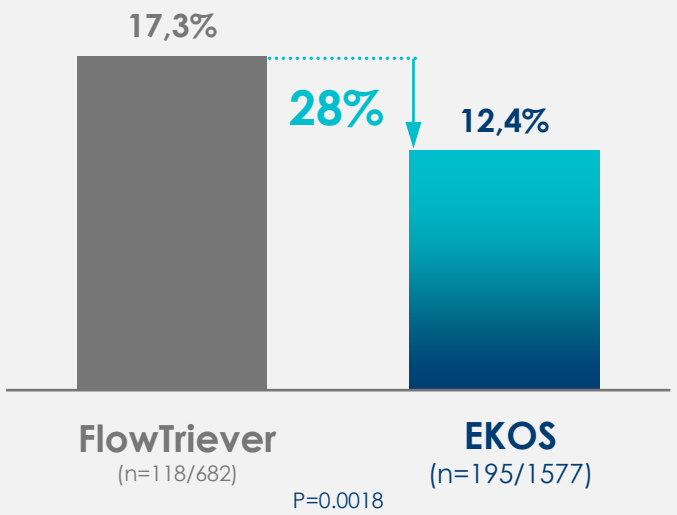
When compared to Inari's FlowTriever Device

The REAL-PE Analysis:
Real World. Real Answers.

REAL-PE studied >2200 real-world PE patients treated with EKOS or FlowTriever and found:

- Patients treated with EKOS had **statistically significant lower rates of major bleeding and ICH** than those treated with FlowTriever.
- **All safety events studied trended in favor of EKOS**, including ischemic stroke and in-hospital mortality.

Major Bleeding



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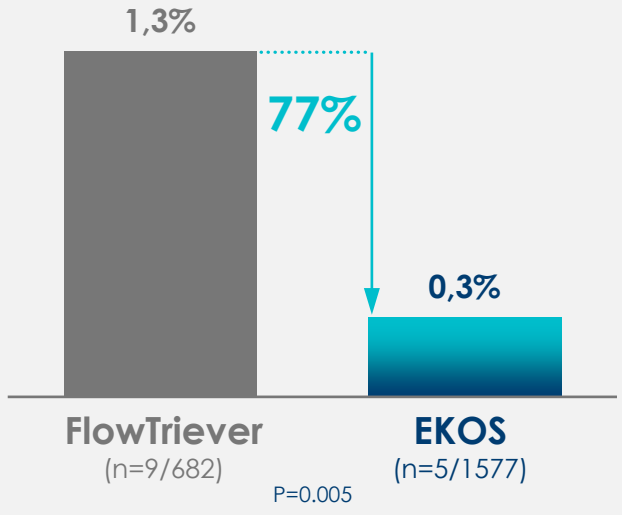
Intracerebral Hemorrhage



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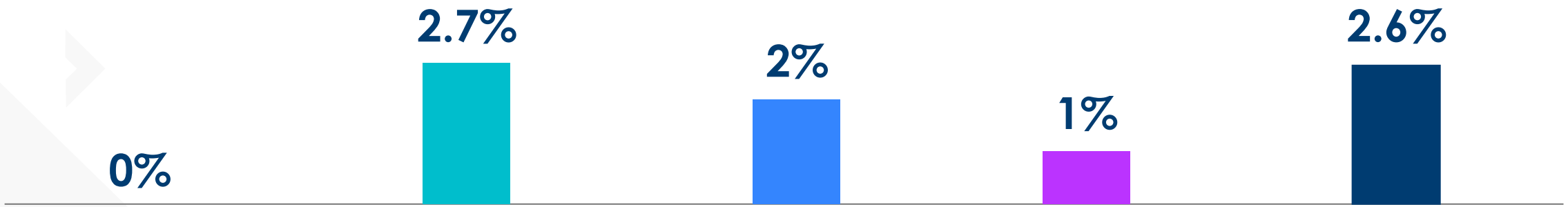
Boston Scientific provided funding to Truveta for REAL-PE data reporting.

Low mortality rates across all clinical studies

And Proven in the Real World.

Mortality Rate



ULTIMA
No deaths up to 90 days[1]
N= 59

SEATTLE II
30-day mortality all 4 unrelated to device/procedure[2]
N=150

OPTALYSE
Long-term mortality rates at 365 days[3]
N= 101

KNOCOUT
30-day international multicenter registry[4]
N=489

REAL-PE
7-day in-hospital mortality[5]
N=1577

1. Kucher N et al. Randomized, controlled trial of ultrasound-assisted catheter-directed thrombolysis for acute intermediate-risk pulmonary embolism (ULTIMA). *Circulation* 2014;129(4):479-486. 2. Piazza G et al. A prospective, single-Arm, multicenter trial of ultrasound-facilitated catheter-directed low-dose fibrinolysis for acute massive and submassive PE (SEATTLE II). *J Amer Coll Cardiol: Cardiovasc Interventions* 2015; 8(10):1382-1392. 3. Tapson VF et al. A randomized trial of the optimum duration of acoustic pulse thrombolysis procedure in acute intermediate-risk pulmonary embolism (OPTALYSE). *JACC Cardiovasc Interv.* 2018;11:1401-1410. doi: 10.1016/j.jcin.2018.04.008. 4. Sterling KM et al. Prospective Multicenter International Registry of Ultrasound-Facilitated Catheter-Directed Thrombolysis in Intermediate-High and High-Risk Pulmonary Embolism (KNOCOUT PE). Circ Cardiovasc Interv. 2024;17:e013448. doi: 10.1161/CIRCINTERVENTIONS.123.013448 5. Monteleone P, et al. Modern Treatment of Pulmonary Embolism (USCDT versus MT): Results from Real-World, Big Data Analysis (REAL-PE). Journal of the Society for Cardiovascular Angiography & Interventions; Oct 2023

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EKOS™
Endovascular System

SIMPLE.
Designed for Simplicity to deliver predictable results.

 PI-1728903-AB

Designed for Simplicity

To deliver predictable results.

INTUITIVE **PLATFORM**

PREDICTABLE **PROCEDURE**

STANDARDIZED **PROTOCOLS**

With a short learning curve, EKOS is **appropriate for all interventionists** performing PE procedures.

PE cases can be complex.

Your device doesn't need to be.

SIMPLE PLATFORM

- **Intuitive control unit touch screen** for ease of use.
- Two ports to **simplify bilateral PE**
- Built in battery enables therapy during transit

Contacts

For information on EKOS CU4.0 service plans
CEServiceContracts@bsci.com

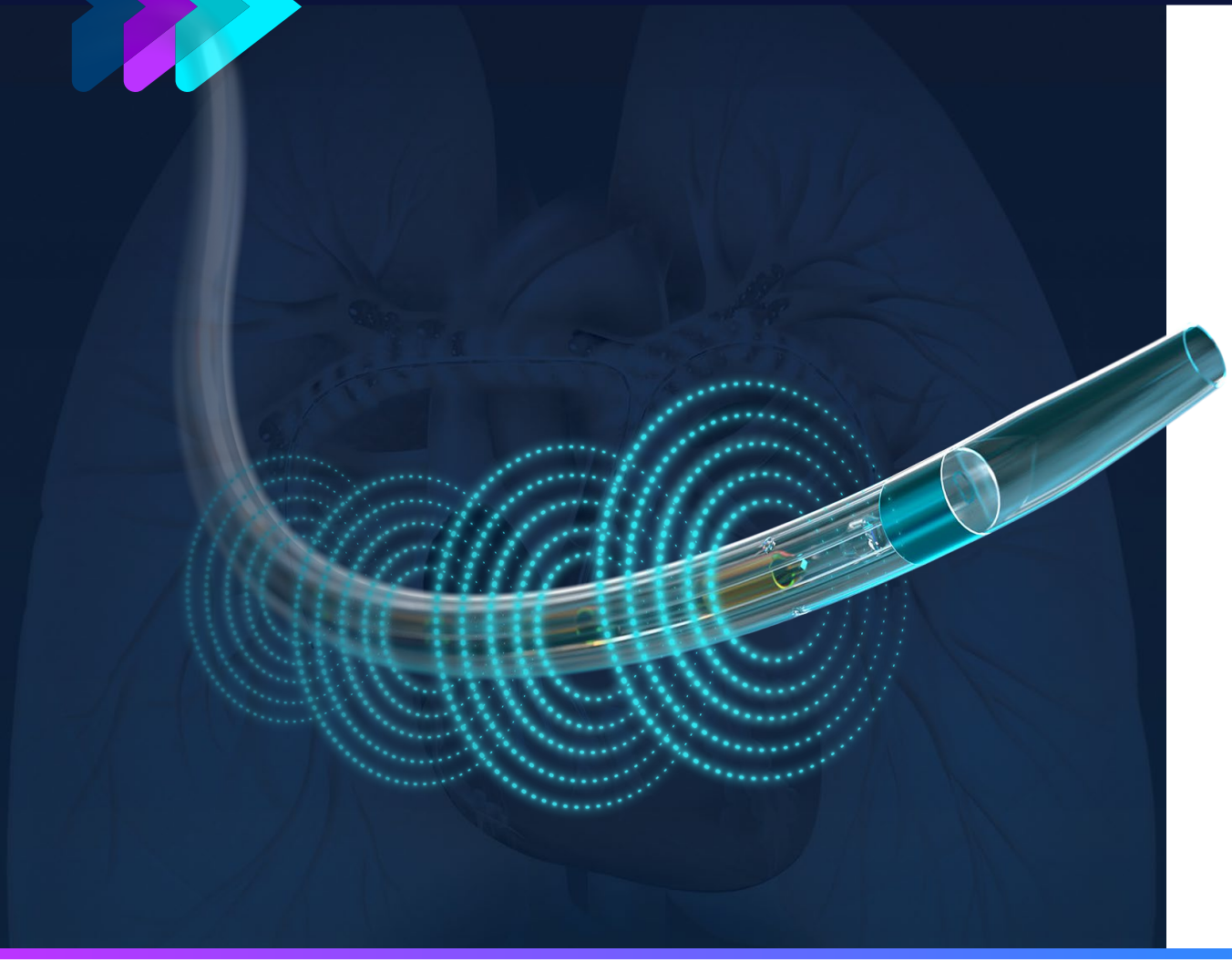
For technical support
CETechSupportEMEA@bsci.com or +800 5555 7707

For non-technical requests such as preventive maintenance or electrical safety tests CECustomerServiceEMEA@bsci.com

For returns
CETSReturnsEMEA2@BSCI.COM

 PI-1728903-AB

Efficient Procedure. Predictable Results.



- Minimally-invasive, **15-min endovascular procedure**, clot burden relief on the **first try**
- 6F catheters make reaching **smaller distal pulmonary vessels** much easier
- Low profile for **predictable access site management**
- **Increased case throughput** due to procedure predictability

 PI-1728903-AB

Boston Scientific

Proven protocols guide decision making[1]

OPTALYSE TRIAL	PROTOCOL
Arm 1	**2 mg/hr/cath** for **2 hrs**
Arm 2	**1 mg/hr/cath** for **4 hrs**
Arm 3	**1 mg/hr/cath** for **6 hrs**

Clinically-verified protocols with defined duration indicate when treatment is complete

1. Tapson VF, Sterling K, Jones N, et al. A randomized trial of the optimum duration of acoustic pulse thrombolysis procedure in acute intermediate-risk pulmonary embolism: the OPTALYSE PE trial. JACC Cardiovasc Interv. 2018;11:1401-1410.

Boston Scientific
Advancing science for life™

EKOS™
Endovascular System

STUDIED.

Committed to advancing PE interventional data, for a decade and counting.

 PI-1728903-AB

Building a legacy of quality PE data.

For a decade and counting.

3400+ patients

6 clinical studies

EKOS is the **only** PE device with **long-term outcomes**

Prospective trials validated by **real-world data**

Partnering with physicians to deliver the data you need

ULTIMA
2014, Prospective RCT, n=59

SEATTLE II
2015, Prospective Study, n=150

OPTALYSE
2018, Prospective Study, n=101

KNOCOUT
2021, Prospective Study, n=489

REAL-PE
2023, Real-World EHR Analysis n=2259

HI-PEITHO
2024, Prospective RCT n=406-544

SONIC-PE
Coming Soon!
A collaborative study on EKOS+

Results from clinical studies are not predictive of results in other studies. Results in other studies may vary.
Boston Scientific provided funding to Truveta for REAL-PE data reporting.

Boston Scientific

Boldy committed to advancing data in PE

ULTIMA

First head-to-head trial in PE intervention and ***the only RCT to date*** for interventional strategy

Prospective, RCT vs. Standard of Care, n=50

CONCLUSION:

EKOS was superior to anticoagulation alone without an increase in bleeding complications.[1]

OPTALYSE

First long-term data for PE

Prospective, multi-center, parallel-group trial, n=101

CONCLUSION:

Low dose/short duration EKOS protocols showed the same efficacy as previous studies.[3]

REAL-PE

The largest real-world dataset on advanced PE therapies

Real-world EHR Analysis, n=2259

CONCLUSION:

Patients treated with EKOS had **statistically significant lower rates of major bleeding and ICH** than patients treated with FlowTriever.[5]

2014 2015 2018 2021 2023 2024

SEATTLE II

Largest published prospective **trial** in **interventional treatment of PE**

Prospective, multi-center, single-armed trial, n=150

CONCLUSION:

EKOS continued to show efficacy and safety in reducing RV dilation in patients with acute submassive and massive PE.[2]

KNOCOUT

Confirmed EKOS is safe for ALL physicians

Registry, n=991 retrospective, n=489 prospective patients

CONCLUSION:

EKOS users have shifted their clinical practice toward lower-dose/shorter-duration protocols. Confirmed again safety & efficacy of EKOS.[4]

HI-PEITHO

First interventional PE trial **against standard of care**

Prospective, multi-center RCT, n=406-544

OBJECTIVE:

To compare the outcomes of **EKOS +AC vs. AC alone** for the treatment of intermediate-high risk.

1. Kucher N et al. Randomized, controlled trial of ultrasound-assisted catheter-directed thrombolysis for acute intermediate-risk pulmonary embolism (ULTIMA). *Circulation* 2014;129(4):479-486. 2. Piazza G et al. A prospective, single-Arm, multicenter trial of ultrasound-facilitated catheter-directed low-dose fibrinolysis for acute massive and submassive PE (SEATTLE II). *J Amer Coll Cardiol: Cardiovasc Interventions* 2015; 8(10):1382-1392. 3. Tapson VF et al. A randomized trial of the optimum duration of acoustic pulse thrombolysis procedure in acute intermediate-risk pulmonary embolism (OPTALYSE). *JACC Cardiovasc Interv*. 2018;11:1401-1410. doi: 10.1016/j.jcin.2018.04.008. 4. Sterling KM et al. Prospective Multicenter International Registry of Ultrasound-Facilitated Catheter-Directed Thrombolysis in Intermediate-High and High-Risk Pulmonary Embolism (KNOCOUT PE). Circ Cardiovasc Interv. 2024;17:e013448. doi: 10.1161/CIRCINTERVENTIONS.123.013448 5. Monteleone P, et al. Modern Treatment of Pulmonary Embolism (USCDT versus MT): Results from Real-World, Big Data Analysis (REAL-PE). Journal of the Society for Cardiovascular Angiography & Interventions; Oct 2023.

Results from clinical studies are not predictive of results in other studies. Results in other studies may vary.
Boston Scientific provided funding to Truveta for REAL-PE data reporting.

Boston Scientific

REAL-PE: A first-of-its-kind study based on EHR data

REAL-PE evaluated safety outcomes in EKOS vs. FlowTriever™

Patients treated with EKOS had a statistically significant **28% lower rate of major bleeding and 77% lower rate of ICH** than those treated with FlowTriever.

All safety events studied trended in favor of EKOS, including ischemic stroke and in-hospital mortality.

Patients experienced equal median lengths of hospital stay (3.6 days), regardless of therapy.

Data for REAL-PE analysis were provided by Truveta

18%
daily clinical care captured

>100M
de-identified patient records

>500k
PE patients Jan '09- May '23

- Real-world and near real-time EHR data from Truveta, which provides EHR data from >30 U.S. health systems & >800 hospitals
- Complete EHR data, not just medical coding, including lab values, images, and test results

1. Monteleone P, et al. Modern Treatment of Pulmonary Embolism (USCDT versus MT): Results from Real-World, Big Data Analysis (REAL-PE). Journal of the Society for Cardiovascular Angiography & Interventions; Oct 2023.

Boston Scientific provided funding to Truveta for data reporting.

KNOCOUT PE: Proven outcomes for all interventionists[1]

Real World, Real Results

64
Centers Across U.S./Europe

489
Prospective Patients

0
ICH

1.6%
Major bleed within 72 hours

31%
of patients received 12mg or less of r-tPA

EKOS™

Reflective of contemporary clinical practice, KNOCOUT PE demonstrated the safety and efficacy of EKOS

1. Sterling KM et al. Prospective Multicenter International Registry of Ultrasound-Facilitated Catheter-Directed Thrombolysis in Intermediate-High and High-Risk Pulmonary Embolism (KNOCOUT PE). Circ Cardiovasc Interv. 2024;17:e013448. doi: 10.1161/CIRCINTERVENTIONS.123.013448

Results from clinical studies are not predictive of results in other studies. Results in other studies may vary.

OPTALYSE: Demonstrated quality of life improvement

And the only PE device with long-term outcomes.

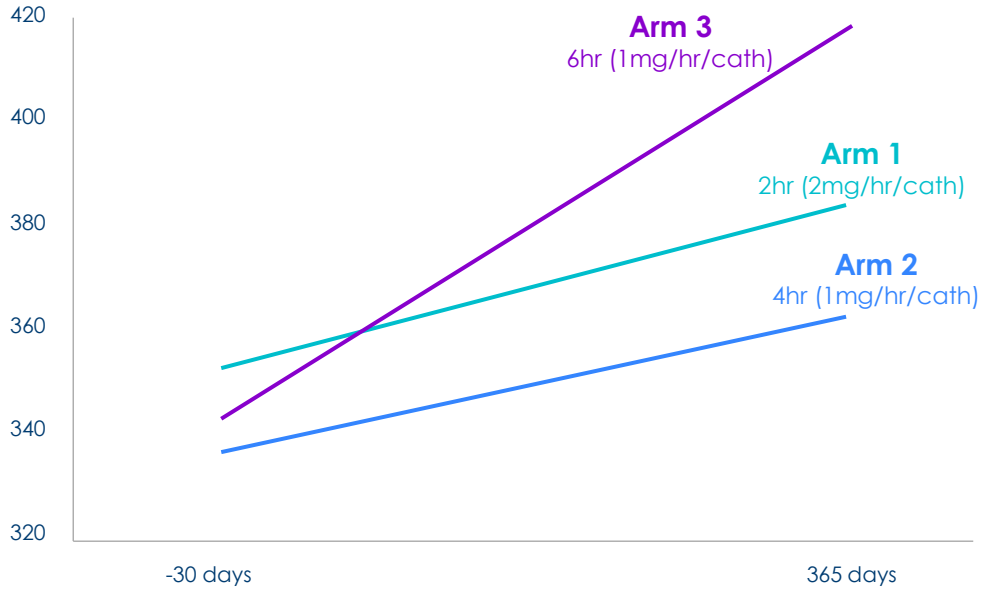
1-Year **OPTALYSE outcomes with EKOS** demonstrated **significant improvement** across dosing protocols in[1]:

- **RV/LV ratio reduction**
- **Tricuspid Annual Plane Systolic Excursion (TAPSE)**
- **RV systolic pressure**

only **2%** symptomatic recurrent PE *at 1 year*

only **2%** all-cause mortality *at 1 year*

OPTALYSE 6-minute Walking Test



1. Piazza G et al. One-Year Echocardiographic, Functional, and Quality of Life Outcomes after Ultrasound-Facilitated Catheter-Based Fibrinolysis for PE. *Circ: Cardiovascular Interventions* 2020. 13(8):e009012

Results from clinical studies are not predictive of results in other studies. Results in other studies may vary.

HI-PEITHO: First & largest study of its kind in PE

Addressing a critical gap in PE clinical evidence

Designed to **generate the most rigorous, highest level of data,** contributing to the body of evidence for the treatment and outcomes in acute intermediate-high risk PE

Collaborative study in partnership with the **National PERT Consortium** and the **University Medical Center Mainz**

Primary endpoint: 7-day composite of PE-related mortality, PE recurrence, cardiorespiratory decompensation or collapse

406–544 patients

65 centers U.S. & Europe

Follow-up through **1 year**

EKOS + Anticoagulation vs. Anticoagulation Alone

Designed to Inform Clinicians & Guidelines

Results from clinical studies are not predictive of results in other studies. Results in other studies may vary.

Boston Scientific
Advancing science for life™

This is why we EKOS.™

Intervene with EKOS:

- A safe choice for your patients.
- A simple procedure for you.
- Supported by 10+ years of data.

 PI-1728903-AB

EKOS™ Endovascular Device

Results from clinical studies are not predictive of results in other studies. Results in other studies may vary. Boston Scientific provided funding to Truveta for REAL-PE data reporting.

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