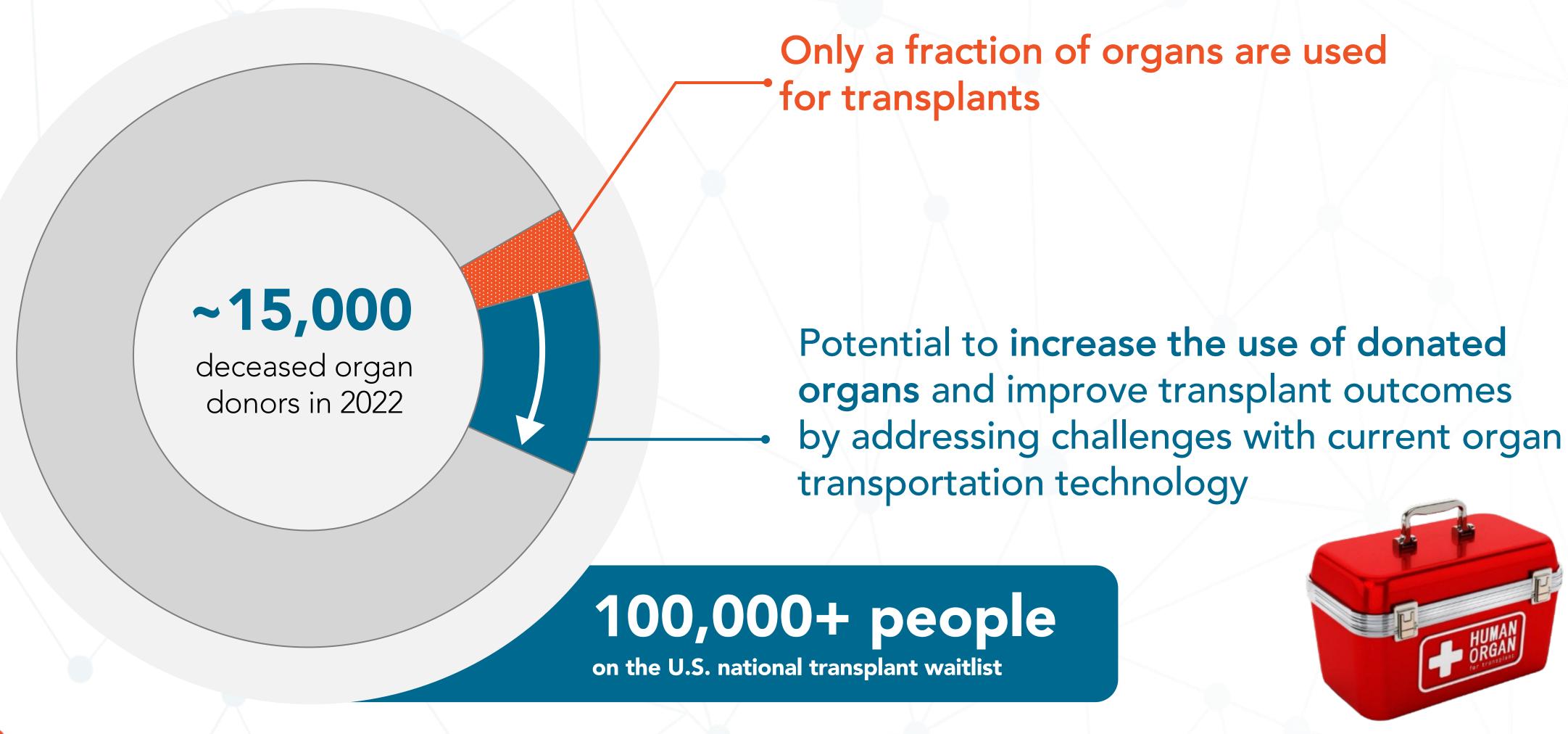


SAVING ORGANS SAVING LIVES





Organ Transplant Underutilized Despite Donor Availability





Providing More Patients with Access to Organ Transplants

VP.S ENCORE®

Designed to address key challenges with existing organ transport options and enable more heart transplant procedures



Portable



Easy to Use



Accessible



Reusable
Transport
Case

Single-Use
System
Heart Cartridge
Pump, oxygenator, & filter



Extends Cardiac Viability

No Need for Blood or Red Blood Cells

FDA Breakthrough Device Designation

Strong IP: 8 Patents on File



Market Allocation: Available Hearts in the US for Transplant 2023

UNOS DATA

Heart transplants increased overall by 10.6 percent (4,545 in 2023)

DBD heart transplants increased 4.4 percent (3,933 in 2023)

DCD heart transplants increased 78.4 percent (612 in 2023)

Approx. 16,000
Deceased
Donors

30% Utilization Rate

4,545 Hearts Transplanted

11,455 Potential Hearts for Transplant

Cooler



44%
DBD
(Standard Criteria)

Paragonix SherpaPak



DBD (Standard Criteria)

TransMedics & NRP



16% DCD + Extended Criteria

40%

Utilized Hearts

U.S. Cardiac Market

70% Not utilized

(Standard Criteria + Extended Criteria + DCD + Not Transplantable)

DBD Donor after Brain Death

DCD
Donor after
Circulatory Death

Extended
Criteria
Donors >55
years old +
clinical criteria

Not Utilized Hearts

U.S. Cardiac Market



Positioned to Have Meaningful Advantages vs. Competitors

	Standard of Care	Paragonix	Transmedics	XVIVO	VP.S ENCORE®
	HUNAN ORGAN PER TETERABLES		TransMedics	X VIVO PERFUSION	VRS O
U.S. Market Share (volume)*	60% ↓	30% ↑	10% ↑	n/a	n/a
System Type	Cold storage (no oxygen)	Cold Storage (no oxygen)	Normothermic perfusion	Hypothermic Oxygenated Perfusion	Hypothermic Oxygenated Perfusion
Requirements	n/a	n/a	Blood, full recovery team, and surgeon	Proprietary Perfusate with Cocaine + Packed Red Blood Cells	Off-the-shelf perfusate solution
FDA Approval	Standard criteria hearts	Standard criteria hearts	Extended criteria hearts and DCD hearts	Clinical Trial ongoing Extended Criteria Hearts and DCD	Not approved (Targeting Extended Criteria + DCD
CC to CC Time for FDA	4 hours (including CC time)	4 hours (including CC time)	Non - suitable hearts with > 4 hours of CC time	Not determined EU Safety Study: 4.2 hours Australian/NZ Safety Trial: 7.2 hours	Up to 8 hours total CC time
Cost	Low Cost	\$20K	\$250K + \$65K per cartridge	\$207K + \$30K per cartridge	≈\$40k*
Company Status	Standard of Care	Private \$26M Series B in Mar '23	\$2.4B market cap \$93.5M 2022 revenue	Public, \$737M market cap \$38M 2022 revenue	Private
	DBD		DBD Extended Criteria DCD		1. DBD Extended + DCD 2.DBD



DCD

2.DBD

Management Team and Consultants

Management Team



Rafael J Veraza, PhD, **MPH**

Chief Executive Officer & President















Kristina Andrijauskaite, PhD, MEd, MS

Scientific Director













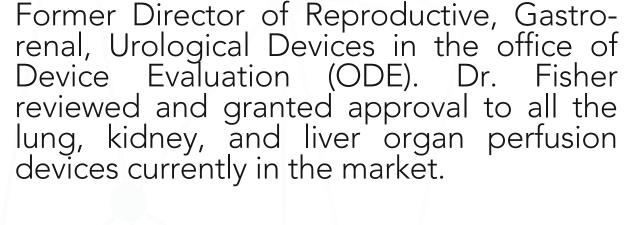
Kurt Dasse, PhD

Consultants



Benjamin Fisher, PhD

> Former FDA Director





Regulatory

30+ years developing and commercializing cardiovascular medical devices including the first implantable left ventricular assist device (HeartMate 1000 IP) for end-stage heart-failure patients.



Tyler Dean

Director of Product Development







Toni Haenninen

Fractional CFO









Bennu

Engineering and Design

Developed Tevosol's EVOSS. acquired by Bridge to Life and then by TransMedics.





Josh Seidenfeld

Legal Counsel

Handled 350+ venture capital financings with an aggregate deal value of more than \$5 billion.





Technical Team



George Lamberson Principal Mechanical Engineer













Zachary Maxwell Lab Operations Manager / EA









Isabella Cano **Research Engineer**









Maria Basurto Electrical Engineer



Exal Cisneros Research Engineer



Riley Lopez Research Engineer













Scientific and Clinical Advisory Board

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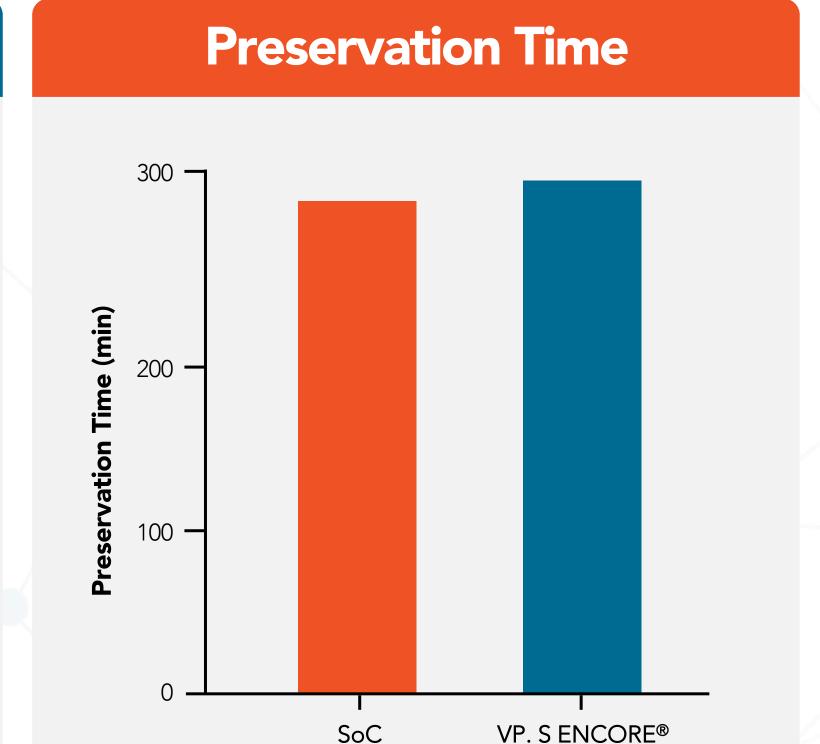


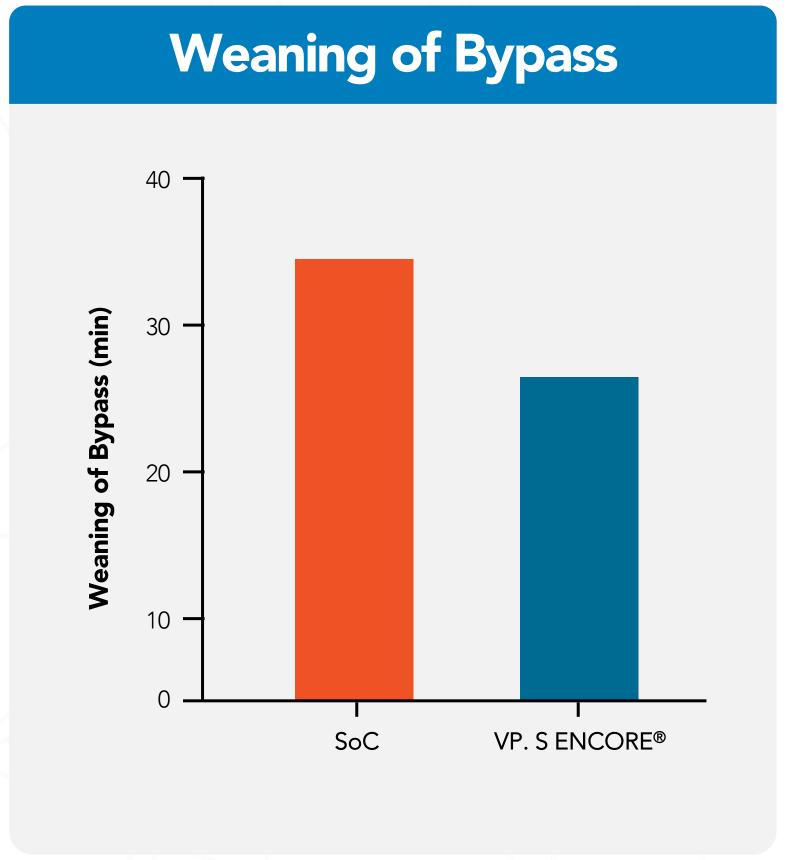
Recent Animal Study Demonstrates VP.S Advantages vs. SoC

Porcine Orthotopic Heart Transplant Case (July-August 2023)

Study Background

- Porcine Orthotopic Heart Transplant
- Control Arm: SoC (cc-cc: 350mins)
- Experimental Arm: VP.S ENCORE® (cc-cc: 383 mins)
- Conducted at The Texas Heart Institute
- Followed up period: 6 hours post weaning off bypass

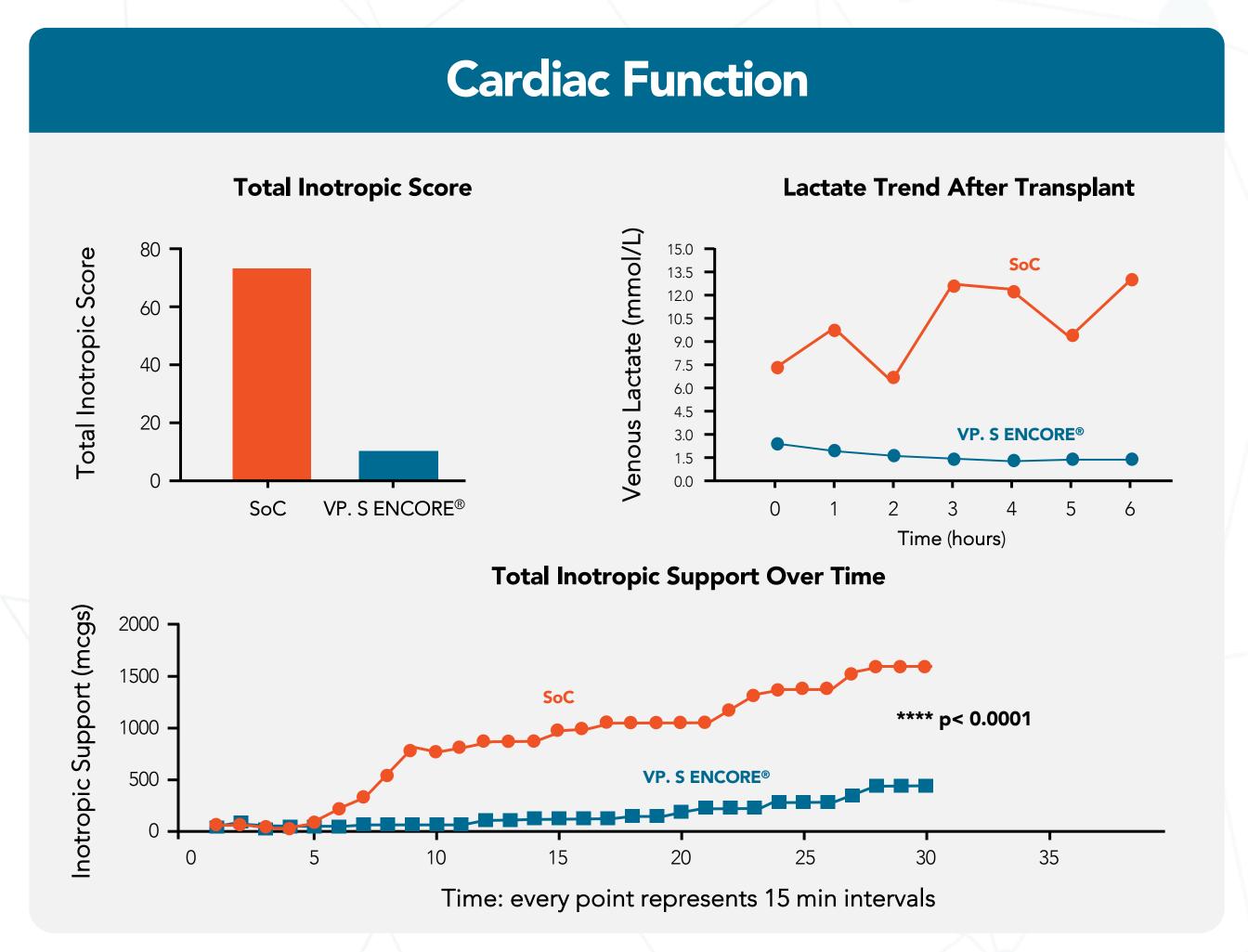




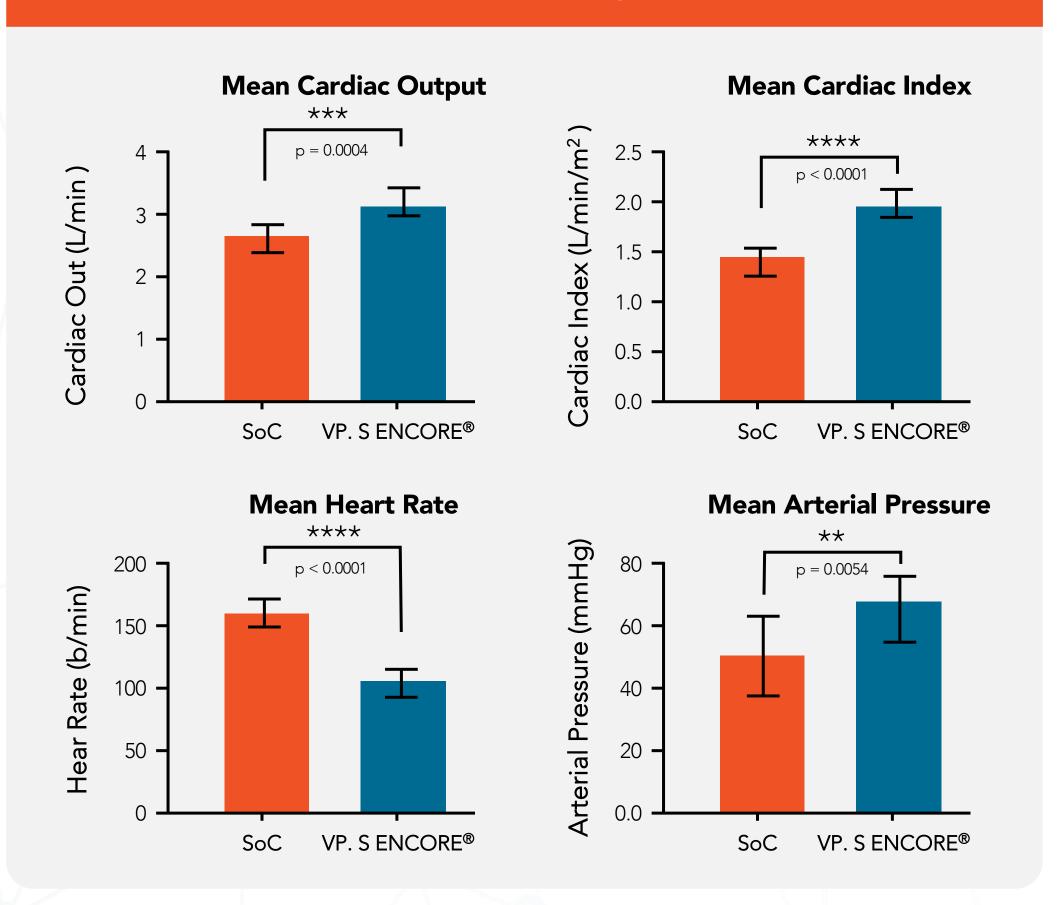


VP.S ENCORE® Heart Healthier Post Transplant

Compared to Standard of Care during 6-hour post Transplant follow-up



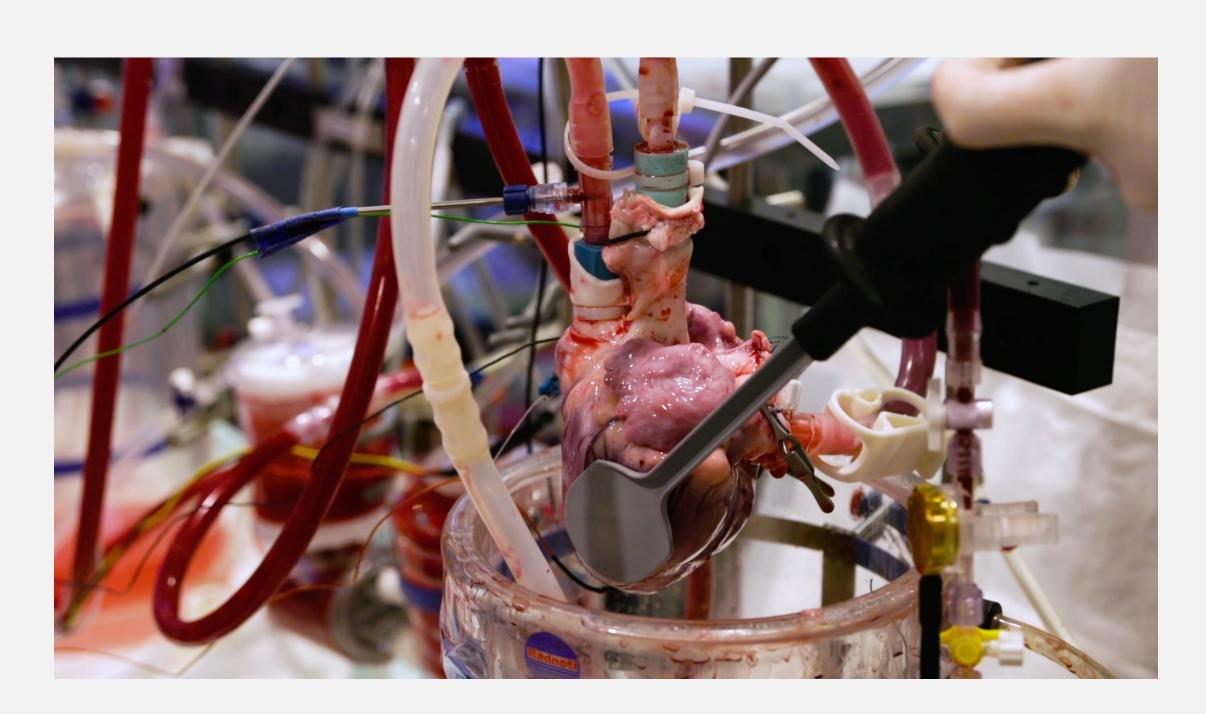
Cardiac Hemodynamics





VP.S ENCORE® Demonstrates Improved LV Contractility vs. SoC

24-hour Porcine Heart vs 4-hour Control Standard of Care

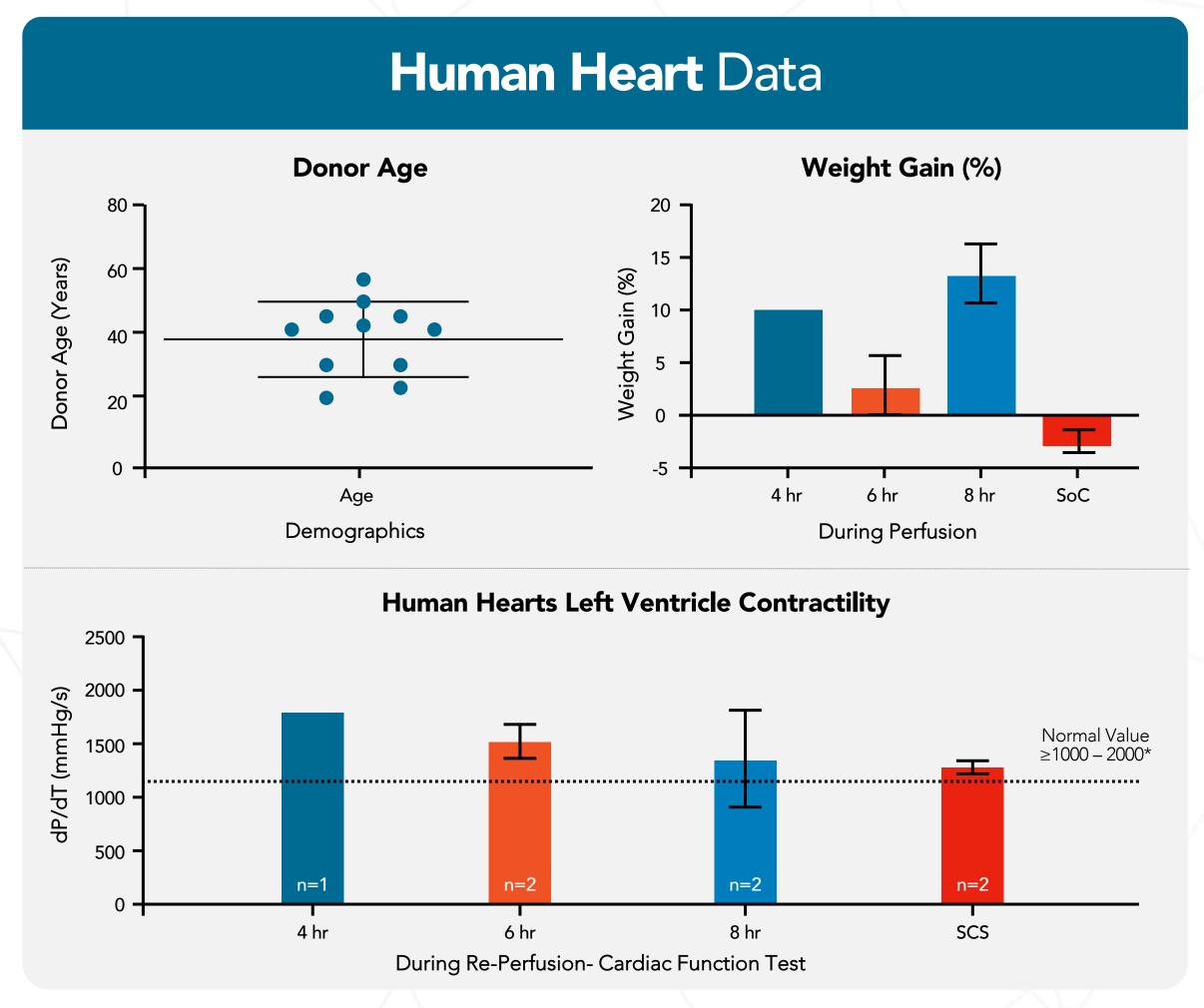


Click Here

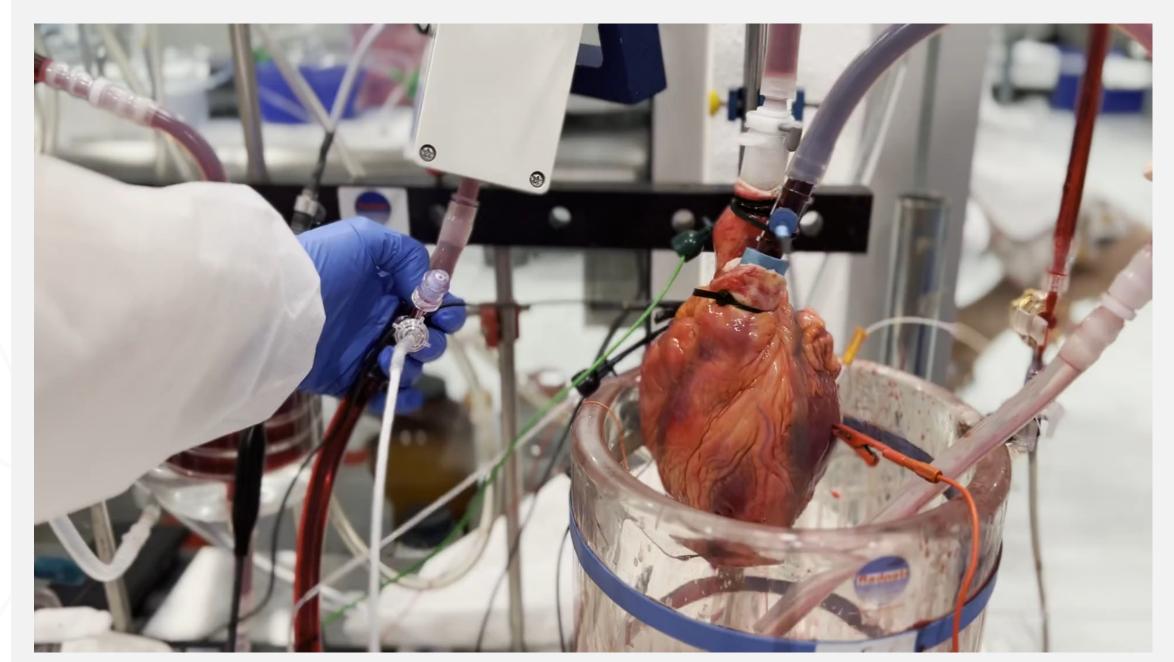
Porcine Hearts Left Ventricular Contractility 3000 2000 dP/dT (mmHg/s) 1000 N=5 N=3N=3N=4-1000 SoC VP.S **ENCORE® ENCORE® ENCORE®** 4 hours 4 hours 8 hours 24 hours *p < 0.05



VP.S ENCORE® Preserved Human Hearts Suitable for Transplant



VP.S ENCORE® Heart on Langendorff Apparatus



Click Here



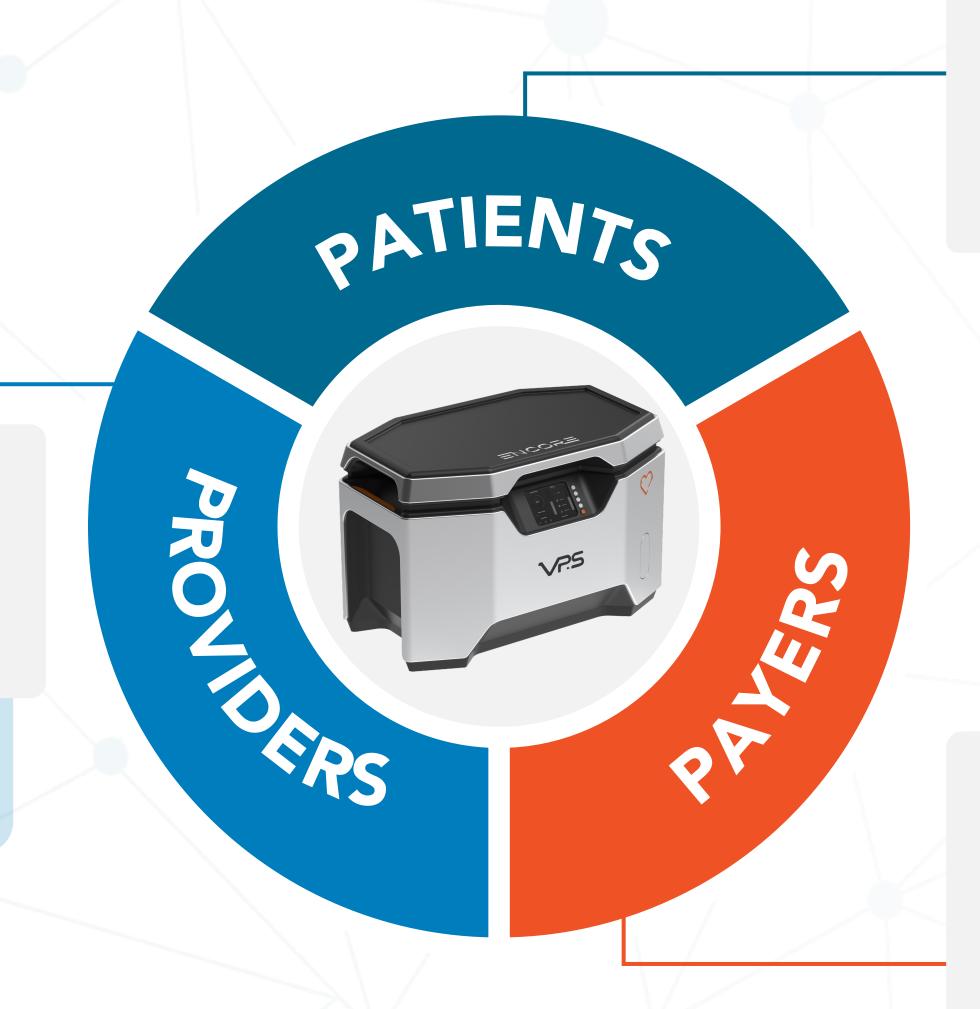
Delivering Value to Patients, Providers and Payers

Higher Volumes, Improved Results and Metrics

- Efficient and cost-effective solution to improve transplant center outcomes
- Increase organ utilization rate

65%

Of hearts are not used



Shorter Wait List, Better Clinical Outcomes, Fewer Complications

- Reduced ischemic injury during transport
- Lower or no primary graft dysfunction
- Fewer procedure-related interventions

15%

occurrence of primary graft dysfunction in cardiac transplant procedures



>2X

cost of transplant procedure when primary graft dysfunction occurs

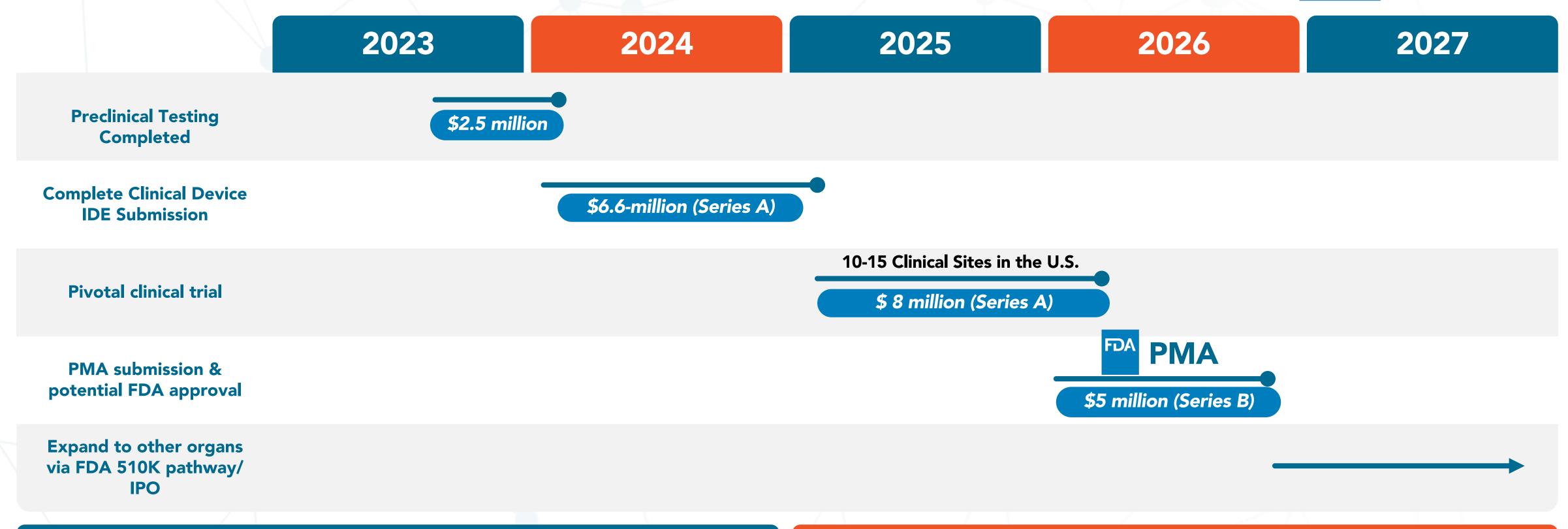
Lower Patient Costs

- Reduced/absence of mechanical circulatory support, intra-aortic balloon pump, extracorporeal membrane oxygenation or ventricular assist device
- Fewer days in the intensive care unit



U.S. Pathway to FDA Approval and Organ Expansion FDA





Estimated Funding Requirements to Achieve Key Milestones

\$8.2 million raised to date SAFE \$1.4M/\$2.5M (Jan 2024)

Series A targeting \$15 million

DARPA & ARPA-H Non-Dilutive Funding

\$1.3 million in 2023-24

Next-generation perfusate to further extend preservation times



Use of Proceeds Series A \$15M

	2024
Q1	\$500K ENCORE: Prototype Evaluation- User Input and Performance Testing
Q2	\$1.5M ENCORE: Implement User-Centric and Performance Design Changes Initiate Device Build and Documentation
Q3	\$2.3M ENCORE: Receive Builds/Initiate Formal FDA Testing
Q4	\$2.3M ENCORE: Complete Formal FDA Testing / Complete Technical file documentation and FDA Clinical submission

2025

\$2.5M

IDE Approval and Clinical Trial Start-up Costs (Start with 2 sites)
Support Manufacturing and Supply Chain

\$2.5M

Enroll 8 sites Initiate Design Enhancements for Commercial Encore

\$1.5M

Clinical Trial Expenses and Operating Costs/Commercial Continue Design Enhancements

\$1.5M

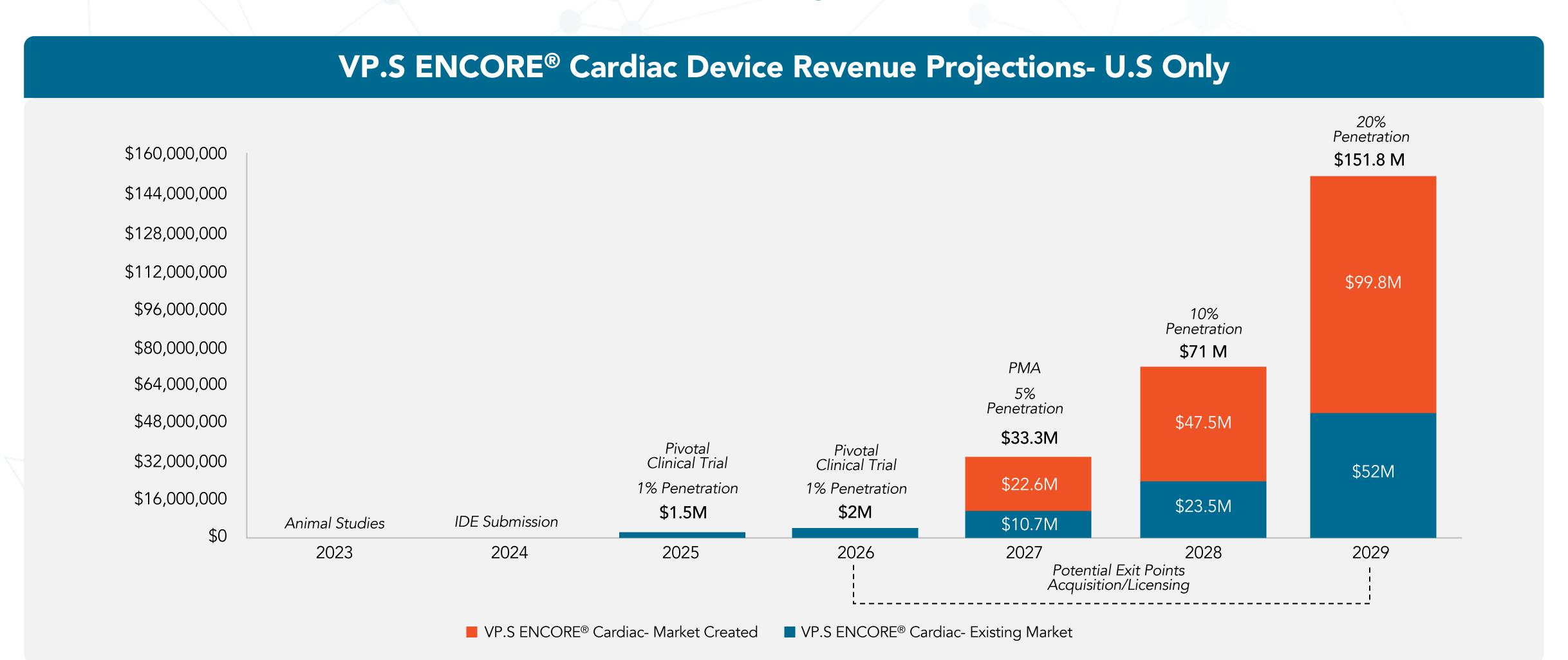
Continue with Clinical Trial
Continue Design Enhancements. Freeze Design Based on Clinical Trial Timing

\$6.6M

\$8M



Our Expected Growth Device Projected Revenue





Line of Sight to >\$1 Billion Market Opportunity

Initial Market Opportunity

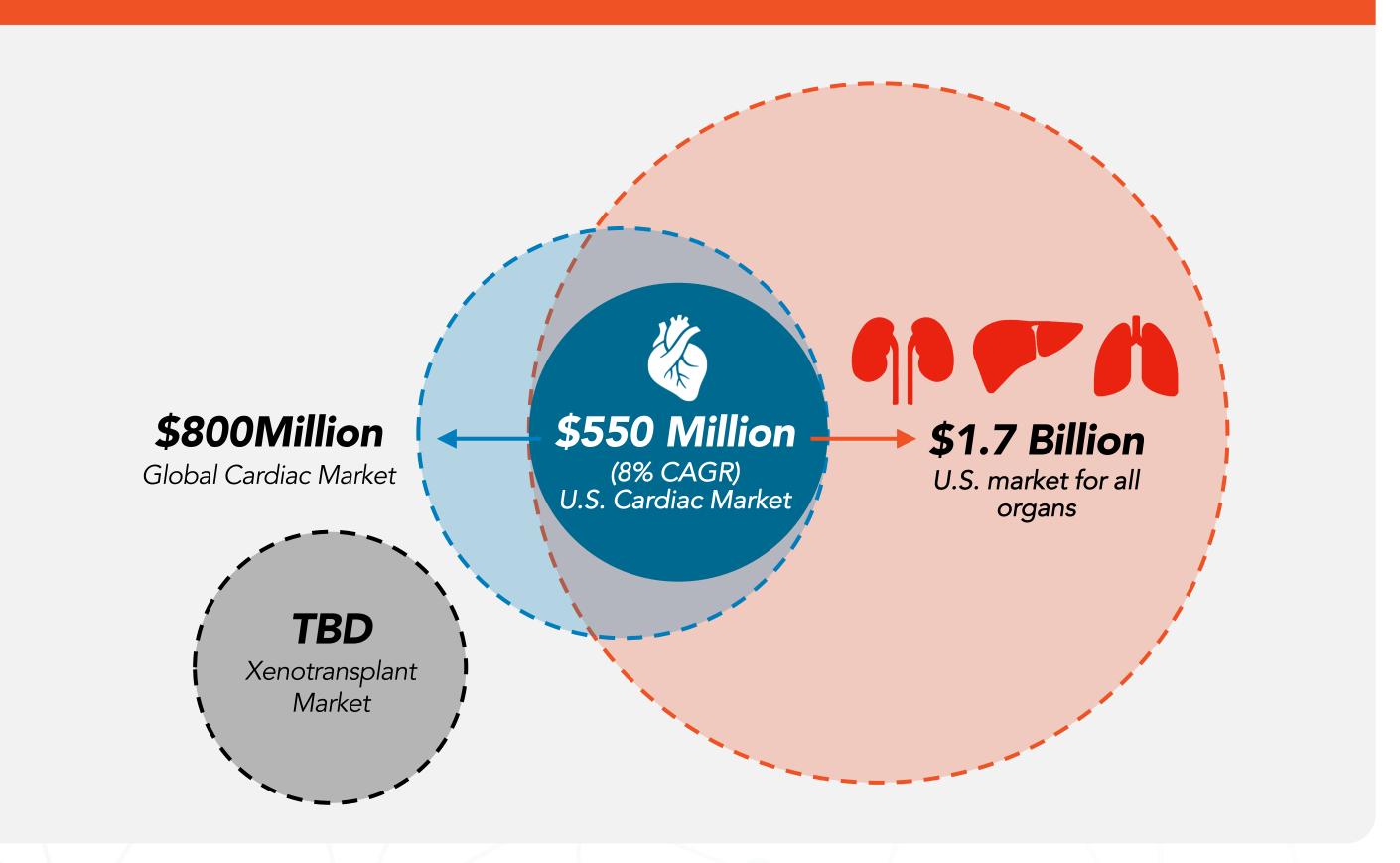


13,703 available donor hearts in 2022

Only ~30% were used

Potential to accelerate market growth with VP.S ENCORE®

Future Market Opportunity





Compelling Commercial Model



Focused U.S. customer base

- 35 major cardiac transplant centers
- 57 organ procurement organizations



Attractive customer economics

- Improve outcomes at lower cost
- Increase transplant volume
- Strengthen quality metrics



High revenue growth potential

- Reimbursed for clinical trial procedures
- Positioned to take share from existing market
- Opportunity to expand the market due to longer preservation times



Operating leverage and TAM expansion

- Additional transplant indications (kidney, liver, lung)
- Global expansion
- 80%+ gross margin at scale



Collaborations





















Pipeline and Non-Dilutive Funding Projects



Novel Perfusate At Room **Temperature**

- Testing hibernating compounds to preserve hearts at room temperature without the need of ice
- VPS has exclusive access to IP for novel hibernating compounds from Harvard
- \$1.3M in Grants Wyss \ Institute





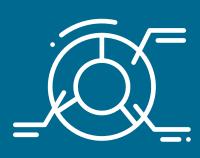


ENCORE® Pediatric Indication

- No pediatric heart preservation device in the market
- Gentle perfusion with **ENCORE**
- Interest from major PEDS centers
- Initial grant awarded \$25K







Ex-vivo Gene editing Partnerships

- Proof of concept data for viral vector delivery during perfusion.
- siRNA delivery during perfusion proof-of concept



Industry Partners



Al + RNAseq Novel **Perfusates to** decrease Rejection

- Initial partnership with Al Techbio company to explore heart perfusion data to identify potential targets of endothelial activation to reduce rejection.
- Grants for endothelial activation- Proprietary Perfusates







Contact: Rafael Veraza, PhD, MPH CEO & President rafa@vascularperfusion.solutions





