VARIPULSE™ Platform | Tailored for enhanced PVI*

PFA is in the formative stage...

While PFA is tissue selective...

Porcine model phrenic nerve and esophageal injury

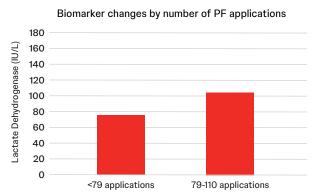


Verma A, et al. Circ Arrhythm Electrophysiol. 2021;14(9):e010086. Koruth JS, et al. Circ Arrhythm Electrophysiol. 2020;13(3):e008303.

...PFA is associated with risk

Biomarker changes for RFA vs PFA (1/0) 120 80 60 40 20 RFA \(\triangle \triang

... Especially when increasing applications



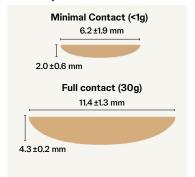
Lactate dehydrogenase, a biomarker for hemolysis, increased with PFA as compared with RFA. This biomarker increased as the number of PF applications increased. Lakkireddy D, et al. JACC Clin Electrophysiol. 2025;11(25):00274-9

...Data validates that contact, tissue proximity indicator (TPI), mapping and integration improve PFA delivery

Contact matters

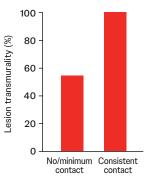
Contact increases lesion depth and transmurality

Lesion depth



Figures adapted from Di Biase L, et al. Europace. 2024; 26(9):euae220. under the Creative Commons Attribution License: https://creativecommons.org/licenses/by/4.0/

Lesion transmurality



Figures adapted from Okumura Y, et al. Heart Rhythm. 2025;22(4):952-960. under the CC BY license: http://creativecommons.org/licenses/by/4.0/

Integration matters

100%

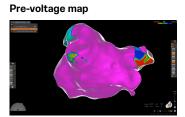
Correlation of ablation tags with post-ablation low voltage areas

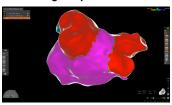
3D mapping integration enables the precise labeling of every PFA applications, resulting in a high degree of precision in the overlap of ablation tags and low voltage areas.

Fink T, et al. Pacing Clin Electrophysiol. 2025;48(5):471-479.

Precision matters

Post-voltage map

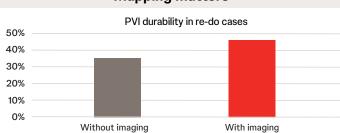




A reduced extent of posterior wall involvement in the isolation area after pulmonary vein isolation (PVI) may reduce the risk of roof-dependent macro-reentrant atrial tachycardias, as observed with a pentaspline PFA catheter.

Del Monte A, et al. Heart Rhythm O2. 2025. Doi:10.1016/j.hroo.2025.05.005

Mapping matters



When PVs were mapped in prior to a re-do case in MANIFEST Re-do, PVI durability higher when the first case had been completed with the support of imaging (3D mapping, ultrasound).

Scherr D, et al. Europace. 2025;2025(1):euaf012.

An Integrated VARIPULSE™ Platform and optimized workflow...

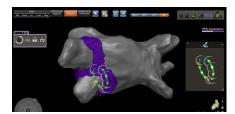
Create FAM shell using VARIPULSE™ Catheter or CARTOSOUND™ Module

Use CARTO VIZIGO™ Sheath and TPI to position VARIPULSE™ Catheter*

Mark ablation locations with VISITAG™ Module

Use grid overlay to assist with PVI

Partner with clinical expert to assess lesions





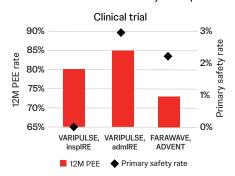
Deliver 4 ablations (12 applications) per vein

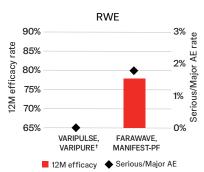
If isolation is not obtained, apply additional applications of PF ablation where needed.

Delivers optimized results.

Better efficacy with strong safety**

Better efficacy with optimized VARIPULSE™ Platform workflow





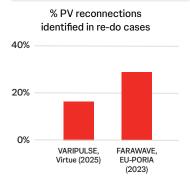
Freedom from fluoro¹

7ero fluoro cases

Average fluoro

> Reddy VY, et al. Circulation. 2024;150(15):1174-1186

Better PVI outcomes



When re-mapping pulmonary veins for re-do cases, the VARIPULSE™ Platform demonstrated stronger per vein durability as compared to FARAWAVE.

Compatibility with deep sedation[‡]

Deep sedation patients satisfied with pain management



complications 0% complications

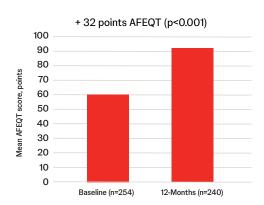
Deep sedation

An integrated CARTO™ 3 System workflow for the VARIPULSE™ Platform safely allows for use with deep sedation.

Grimaldi M, et al. Europace. 2023;25(9):euad222.

Improved quality of life

of patients asymptomatic with respect to AF 1 year after VARIPULSE™ Platform PFA treatment



Patient quality of life transformed 1 year after PFA with the VARIPULSE™ Platform.

Reddy VY, et al. Circulation.2024;150(15):1174-1186.

- * This product can only be used by healthcare professionals in EMEA
- ** Than Farawave.

 †VARIPULSE™ Platform 12M efficacy results in process.
- *Based on a subset of 29 deep sedation patients from the inspIRE study and 60 patients in inpsIRE study. Procedures completed under sedation vs general anesthesia had comparable safety rates and procedure times, demonstrating safety and procedural efficiency.
- 1. Always verify catheter tip location using common clinical practice for real-time verification (inspection of IC signals, direct imaging guidance such as fluoroscopy or ultrasound, etc.) and consult the CARTOTM 3 System User Guide regarding recommendations for fluoroscopy use. Canpolat, U. et al. J Innov Cardiac Rhythm Manag. 2020;11(3):4018-4029. Sommer, P. et al. Europace, 2018;20(12):1952-1958.

