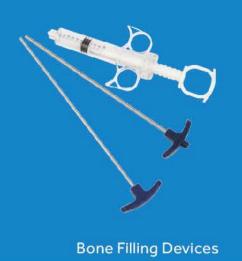
Product Portfolio

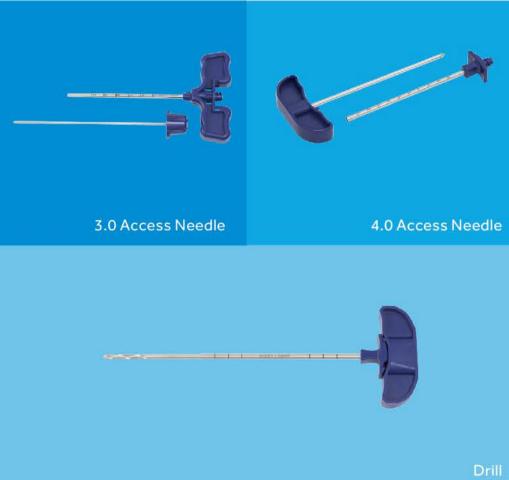
Kyphoplasty Surgical Tools — Using for channel establishment and closing, including access, introducer, biopsy, drilling, and BFD





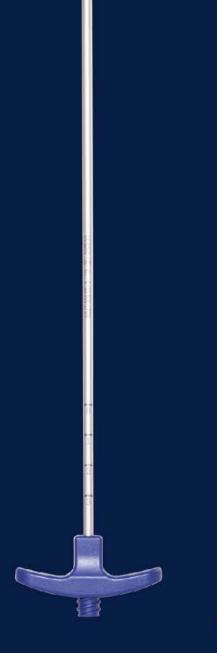
ESSENT

VCF Total Solution

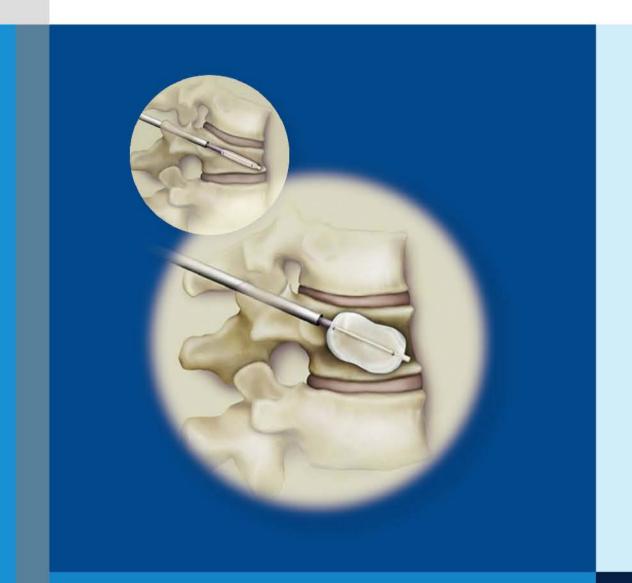
















ESSENT BKP System

IBT Portfolio



IBT inflation syringe



Easy monitoring of pressure and contrast volume allows for convenient visualization and control of balloon inflation endpoints.

Product pipeline-- ESSENT™ Kits

ESSENT™ Standard Procedure Kits	ESSENT™ One-step Procedure Kits	Cementing System	Additional sets list
2.6/3.0/3.6 Access system Inflating Syringe Introducing system Biopsy Drill Balloon	 4.0 Access system Inflating Syringe Biopsy Drill Balloon 	 Heraeus Cement 10ml Syringe Bone filling Devices 	Marker pen Ruler Blade Hammer Disposal cup Spatula/disposal stick

- 1. Tillman J, Shabe P, Rose M, Elson P, Wülfert E, Ashraf T. Fracture Reduction Evaluation Study 24-month final clinical study report, August 27, 2010. Medironic Spinal and Biologics Europe 8V8A.

 2. Van Meirhaeghe J, Bastian L, Boonen S, et al. A randomized trial of balloon kyphoplasty and non-surgical management for treating acute vertebral compression fractures: vertebral body kyphos Spine. 2013 38(12), pp 971-983

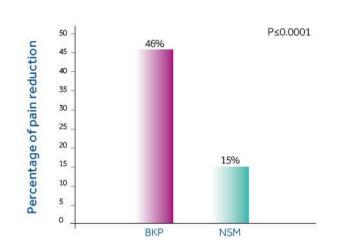
 3. Wardaw D, Cummings SR, Van Meirhaeghe J, et al. Efficacy and safety of balloon kyphoplasty compared with non-surgical care for vertebral compression fracture (FREE): a randomised controlled.
- 2137 3/190001/10-24.
 4. Boonen S, Van Meirhaeghe J, Bastian L, et al. Balloon kyphoplasty for the treatment of acute vertebral compression fractures: 2-year results from a randomized trial. J Bone Miner Res. 2011. Jul;26(7):1627-1637
- Bounders, van men negres, based et al. belioon kypriopiesty for the treatment of active vertebral compression fractures; 2-year fesults from a fandomize 5, Lindsay R. Silverman S. Cooper C., et al. Risk of new vertebral fracture in the year following a fracture; JAMA, 2001;285(3):230-232.
 Ross P, Davis J, Epstein R, et al. Pre-Existing Fractures and Bone Mass Predict Vertebral Fracture Incidence in Women. Ann Intern Med. 1991;114(11):919-923.

Clinical Efficacy

Comparison of Pain, Quality of Life, and Mobility

BKP gains significantly better pain relief results, better Quality of Life, and more mobility days vs NSM

> 3 times greater pain reduction at 1 week vs non-surgical management (NSM) (46% BKP vs 15% NSM); Significantly better pain relief results were seen at 1 month and maintained for up to 2 years vs NSM^[2,3,4]



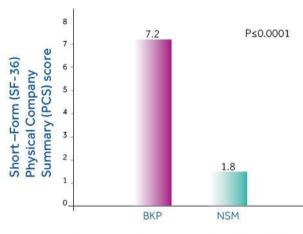
4 times greater improvement

in quality of life at 1 month vs

NSM. Significantly improved

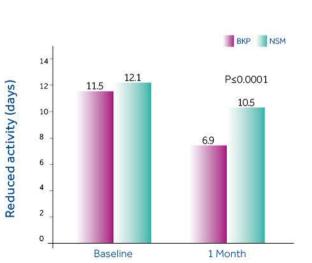
quality of life when averaged

across 2 years vs NSM^[2,3,4]



Significantly improved quality of life when averaged across 2 years vs NSM



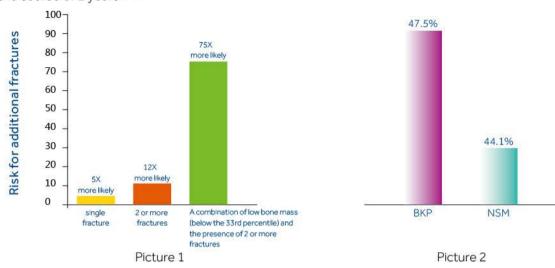


Rapid return to daily activities maintained up to 2 years vs NSM

Subsequent Fracture

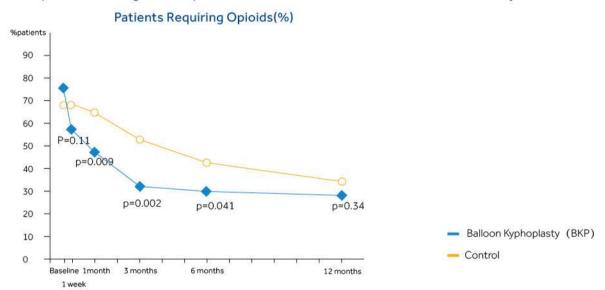
Figure 1: Once a VCF has occurred, the risk for additional fracture increases

Figure 2: Patients treated with BKP showed no additional risk of subsequent fractures vs non-surgical management over the course of 2 years[3,4,5,6]



Opioid Use

Reduction in patients needing narcotic pain medication from above 70% to below 30% after 1 year with BKP^[3,4]



Kyphotic Angle Correction

BKP Restores Vertebral Kyphotic Angle and is Maintained Long Term. At 24 months, the change in kyphotic angulation was significantly improved with BKP (average 3.1° of correction for BKP compared to 0.8° for NSM, p=0.003)¹²¹



