



# INVESTOR & TECHNOLOGY DAY

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**JULY 2021**

9:30 – 10:50 AM ET

## | **BUSINESS PRESENTATIONS**

ANGIODYNAMICS OVERVIEW

GROWTH STRATEGY & TECHNOLOGY OVERVIEW

KEY TECHNOLOGY PLATFORM OVERVIEW

THROMBUS MANAGEMENT – **ANGIOVAC & ALPHAVAC**

PERIPHERAL ATHERECTOMY – **AURYON**

IRREVERSIBLE ELECTROPORATION – **NANOKNIFE**

VASCULAR ACCESS AND MED DEVICES

GLOBAL HEALTHCARE ECONOMICS

10:50 – 11:00 AM ET

## | **FINANCIAL GOALS & CAPITAL ALLOCATION**

11:00 – 11:30 AM ET

## | **Q&A**

## INVESTOR & TECHNOLOGY DAY

2021

### Notice Regarding Forward-Looking Statements

This presentation contains forward-looking statements within the meaning of the Private Securities Litigation Reform Act of 1995. All statements regarding AngioDynamics' expected future financial position, results of operations, cash flows, business strategy, budgets, projected costs, capital expenditures, products, competitive positions, growth opportunities, plans and objectives of management for future operations, as well as statements that include the words such as "expects," "reaffirms," "intends," "anticipates," "plans," "projects," "believes," "seeks," "estimates," "optimistic," or variations of such words and similar expressions, are forward-looking statements. These forward-looking statements are not guarantees of future performance and are subject to risks and uncertainties. Investors are cautioned that actual events or results may differ materially from AngioDynamics' expectations, expressed or implied. Factors that may affect the actual results achieved by AngioDynamics include, without limitation, the scale and scope of the COVID-19 global pandemic, the ability of AngioDynamics to develop its existing and new products, technological advances and patents attained by competitors, infringement of AngioDynamics' technology or assertions that AngioDynamics' technology infringes the technology of third parties, the ability of AngioDynamics to effectively compete against competitors that have substantially greater resources, future actions by the FDA or other regulatory agencies, domestic and foreign health care reforms and government regulations, results of pending or future clinical trials, overall economic conditions, the results of on-going litigation, challenges with respect to third-party distributors or joint venture partners or collaborators, the results of sales efforts, the effects of product recalls and product liability claims, changes in key personnel, the ability of AngioDynamics to execute on strategic initiatives, the effects of economic, credit and capital market conditions, general market conditions, market acceptance, foreign currency exchange rate fluctuations, the effects on pricing from group purchasing organizations and competition, the ability of AngioDynamics to obtain regulatory clearances or approval of its products, or integrate acquired businesses, as well as the risk factors listed from time to time in AngioDynamics' SEC filings, including but not limited to its Annual Report on Form 10-K for the year ended May 31, 2020. AngioDynamics does not assume any obligation to publicly update or revise any forward-looking statements for any reason.

In the United States, the NanoKnife System has received a 510(k) clearance by the Food and Drug Administration for use in the surgical ablation of soft tissue, and is similarly approved for commercialization in Canada, the European Union and Australia. The NanoKnife System has not been cleared for the treatment or therapy of a specific disease or condition.

### Notice Regarding Non-GAAP Financial Measures

Management uses non-GAAP measures to establish operational goals and believes that non-GAAP measures may assist investors in analyzing the underlying trends in AngioDynamics' business over time. Investors should consider these non-GAAP measures in addition to, not as a substitute for or as superior to, financial reporting measures prepared in accordance with GAAP. In this presentation, AngioDynamics has included adjusted earnings per share. Management uses these measures in its internal analysis and review of operational performance. Management believes that these measures provide investors with useful information in comparing AngioDynamics' performance over different periods. By using these non-GAAP measures, management believes that investors get a better picture of the performance of AngioDynamics' underlying business. Management encourages investors to review AngioDynamics' financial results prepared in accordance with GAAP to understand AngioDynamics' performance taking into account all relevant factors, including those that may only occur from time to time but have a material impact on AngioDynamics' financial results.

**Disclaimers:**

This presentation includes videos of key opinion leaders, who are paid consultants of AngioDynamics. The views and opinions expressed by these key opinion leaders are their own and do not necessarily reflect the views and opinions of AngioDynamics.

The FDA-approved/cleared labeling for all products may not be consistent with all uses described herein. These videos are in no way intended to promote the off-label use of medical devices. AngioDynamics only markets its products in accordance with their cleared or approved labeling.



**AngioDynamics has a rich history that is deeply rooted in upstate New York's region known as "Catheter Valley."**

**33**  
**YEARS**

**The Company has grown through its many phases to become a global, industry-leading provider of high-quality medical technology used by physicians for the treatment of cancer and peripheral vascular disease.**

# STRATEGIC TRANSFORMATION



## **PURSUE LARGER, FASTER GROWING MARKETS**

Active portfolio management enables us to compete in larger, faster growing markets relying on technology & innovation to produce measurable patient outcomes

## **DEPLOY FOCUSED RESOURCE DEVELOPMENT**

Resource deployment focused in areas that offer better opportunities for success

## **DRIVE PORTFOLIO TRANSFORMATION**

Portfolio transformation & strength driven by R&D, M&A, and Clinical & Regulatory

## **ATTRACT AND RETAIN TOP TALENT**

Strong and innovative portfolio combined with top talent drives value

# MED TECH

## Invest for Growth

### Thrombus Management

AngioVac Uni-Fuse<sup>+</sup>



### Peripheral Atherectomy

AURYON

### Irreversible Electroporation



# MED DEVICE

## Maintain Positioning

Vascular Access Catheters and Accessories

Diagnostic Catheters, Guidewires and Kits

Endovenous Laser Treatment

Microwave & Radiofrequency Tumor Ablation

Lung Biopsy Safety

Radiation Treatment Stabilization Balloons

AlphaVac commercial launch planned for 4<sup>th</sup> quarter calendar year 2021.



## Focus on Innovative Medical Technologies

Leveraging **three main drivers** to carve out our space in large, growing markets through innovative, disruptive technologies that treat patients with cancer, promote healthy blood flow and deliver critical therapies.

## Advancing Our Transformation

**R & D**

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**Clinical & Regulatory  
Pathway Expansion**

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**M & A**

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# FOCUSED TRANSFORMATION

U.S. Total Addressable Markets

**FY2025**

Planned Thrombectomy & PE portfolio additions & new indications increase market access

**FY2023**

Planned Thrombectomy & NanoKnife System portfolio additions & new indications increase market access

**FY2021**

Launch of the Auryon System gives us access to the peripheral atherectomy market

**FY2018**

Began our strategic initiative to become a growth company

**\$1.3B**

0-3%  
Mkt CAGR

**\$3.0B**

2-5%  
Mkt CAGR

**\$5.5B**

3-7%  
Mkt CAGR

**\$8.0B**

3-7%  
Mkt CAGR

# TECHNOLOGY PIPELINE

PRODUCT LAUNCHES

REGULATORY CLEARANCES

REIMBURSEMENT SUPPORT

**Thrombus  
Management**  
ALPHAVAC  
AngioVac

AlphaVac F22<sup>20</sup>, F22<sup>180</sup>

AlphaVac F18<sup>85</sup> PE, IDE Approval ★

IDE Study

AlphaVac F18<sup>85</sup>

AngioVac F18<sup>85</sup>

AlphaVac Lower Extremity (DVT), Smaller Cannula

**Peripheral  
Atherectomy**  
AURYON

Auryon 2.0 Catheter Enhancements

Auryon Expanded Indication

PAD Line Extensions

**Irreversible  
Electroporation**  
Nanoknife

Prostate PRESERVE Study

Pancreas DIRECT Study



The planned portfolio additions and new indications are not guarantees of future performance and are subject to risks and uncertainties including FDA clearance. Investors are cautioned that actual events or results may differ from AngioDynamics' expectations.



MED TECH

# THROMBUS MANAGEMENT

AngioVac |  ALPHAVAC | Uni-Fuse<sup>+</sup>

MULTIPURPOSE MECHANICAL ASPIRATION

# VTE Represents 390k Cases Annually

Deep Vein  
Thrombosis

## DVT

A blood clot that forms  
in a deep vein, usually  
the leg, groin or arm

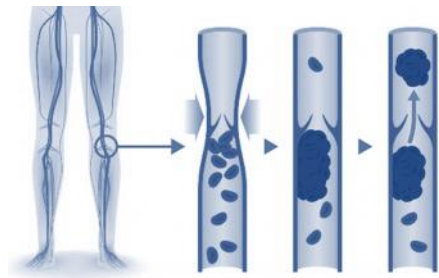
**208,000 Iliofemoral  
Cases<sup>1</sup>**

Pulmonary  
Embolism

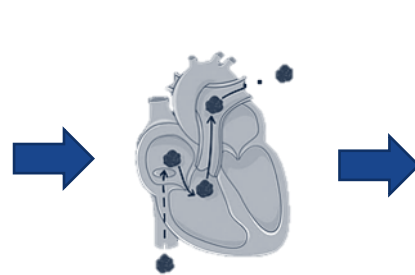
## PE

A DVT breaks free from a vein wall  
and travels to the lungs blocking  
some or all of the blood supply

**171,000 High-risk & intermediate-risk  
PE Cases<sup>1</sup>**



Stages of Clot



Clot in Transit  
(traveling through the heart)



Clot in Pulmonary  
Arteries (PE)

## Venous Thromboembolism

# VTE

*DVT and PE are collectively  
referred to as VTE*

- **VTE** Affects up to **900k** Americans each year
- **100,000** VTE-Related Deaths in the USA Annually<sup>2</sup>
- Roughly 30% of Americans who get a blood clot will have a recurrence in less than 10 years
- VTE Costs our US Healthcare system \$10 Billion a year

# DVT & PE TREATMENT OPTIONS

## Percutaneous Thrombectomy

Treatment "Type" Spectrum

SIMPLE

MODERATE

COMPLEX

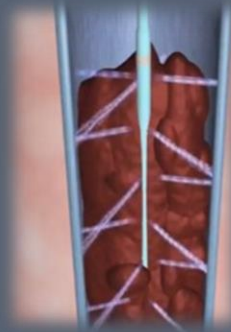
### Anticoagulation

Prescription  
Medication



### CDT & US-CDT

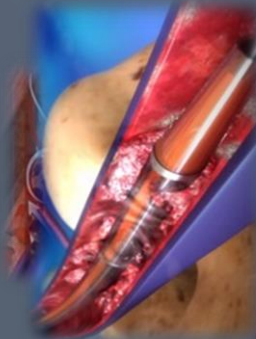
Catheter-Directed Thrombolysis  
(with or without the assistance of  
ultrasound)



Uni-Fuse<sup>+</sup>

### PCMT

Pharmacomechanical  
Thrombectomy



### MA

Mechanical Aspiration  
(Small & Large)



ALPHAVAC  
MULTIPURPOSE MECHANICAL ASPIRATION

### MT

Mechanical Retrieval  
Thrombectomy



Active Portfolio  
Development

Continuous Aspiration  
Suction Thrombectomy



AngioVac

Rx

Lytic Based

Non-Lytic Based

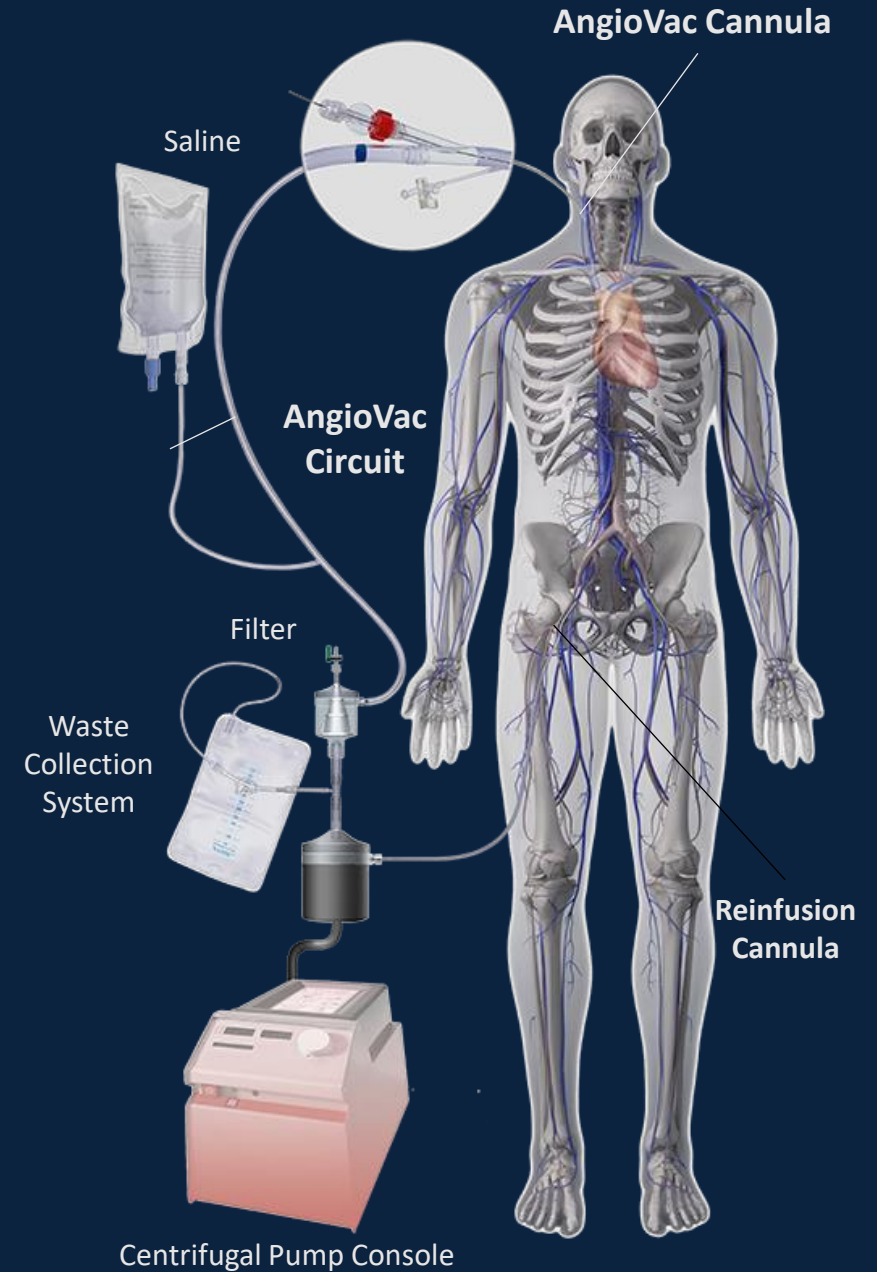
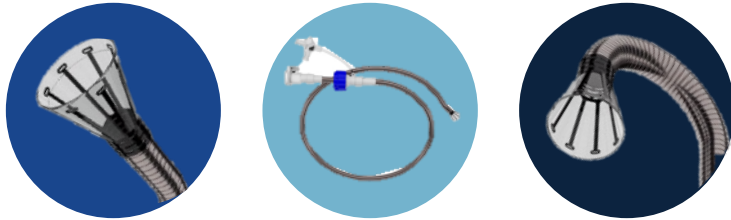


# The AngioVac Difference

The AngioVac System allows for the **continuous aspiration** of embolic material such as fresh, soft thrombi or vegetation from the venous system

Utilizing a self-expanding, nitinol reinforced **funnel tip**

**Simultaneously reinfusing** the patient's own filtered blood to limit procedural blood loss



# THE NEXT GENERATION OF ANGIOVAC

Physician requests for use in DVT drive new product development



## THE NEXT PORTFOLIO INNOVATION

A purpose-built, innovative product leveraging the strengths of the AngioVac cannula technology with *off-circuit* manual aspiration control



### Powerful

Proven funnel tip design allows efficient aspiration and compression of large clot burden



### Controlled

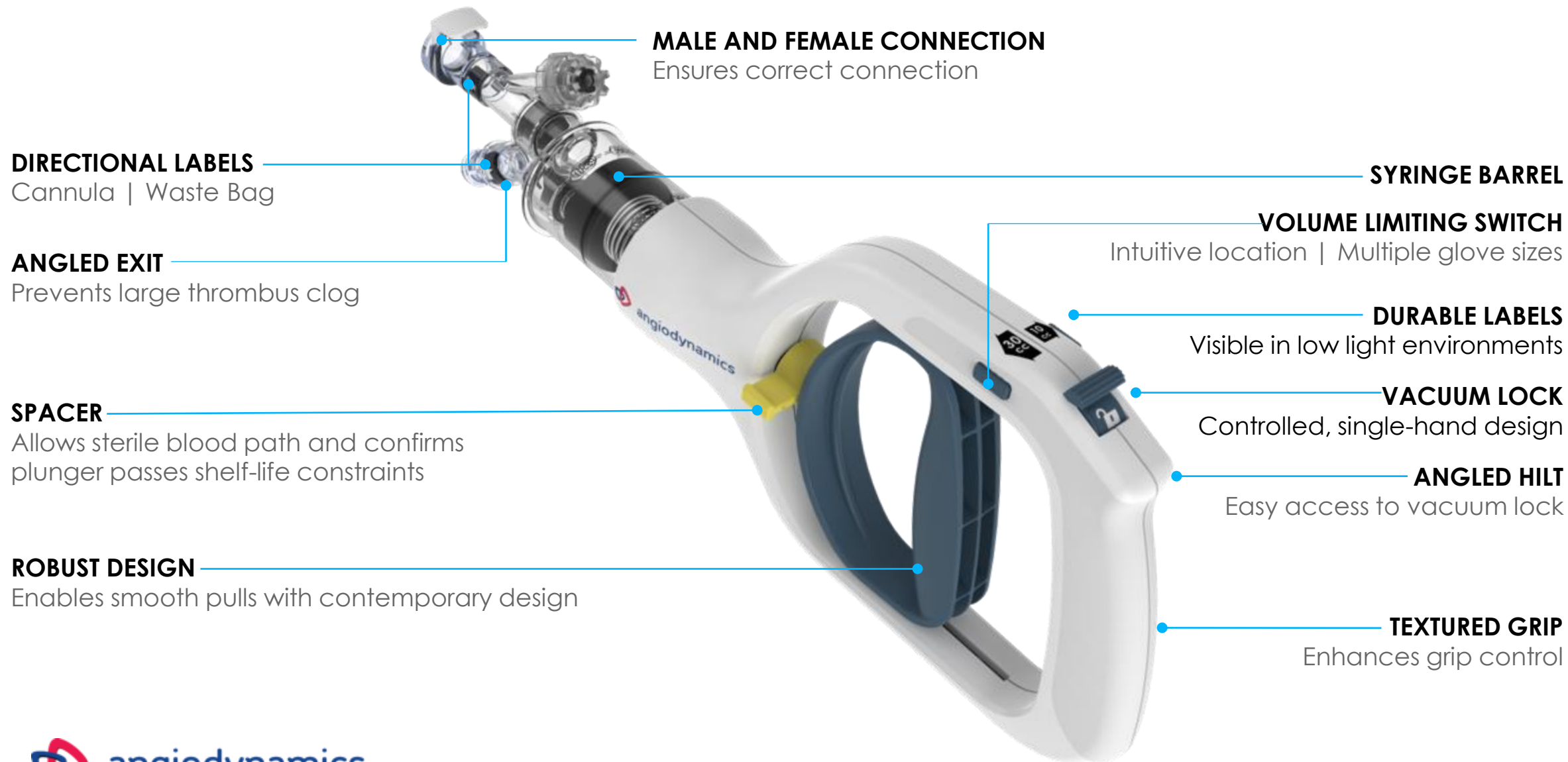
Designed to allow the end-user command and control of the mechanical aspiration



### Versatile

Broadens Thrombus Management portfolio and is designed to provide an intuitive, first-line treatment option without the need for lytics and advanced procedural support

# Handle | Control Features





# F18<sup>85°</sup> Cannula | Simple Design. Powerful Features.

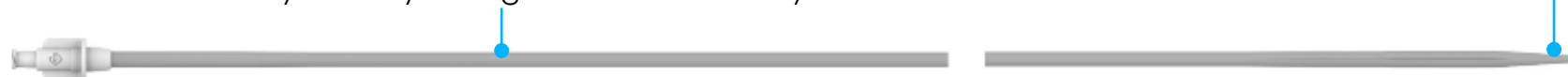
OBTURATOR

## Lubricious Shaft Material

Easy delivery through tortuous anatomy

## Tapered Distal Tip

Enhanced navigation and safety



SHEATH

## Quarter Turn Valve

Locks tip angle in place

## Side Arm Flush Port

Remove air between sheath and cannula

## Radiopaque Tapered Soft Tip

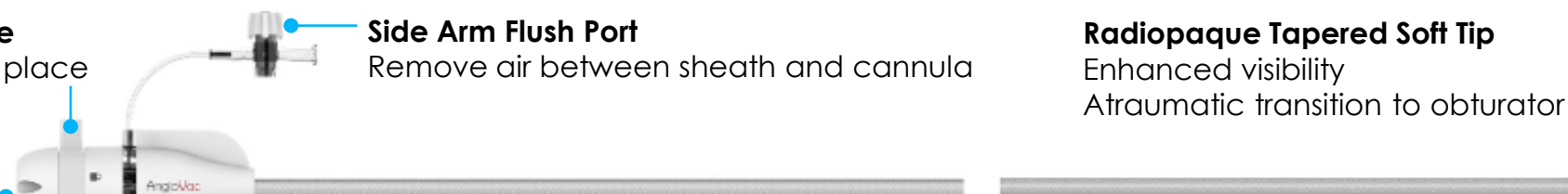
Enhanced visibility  
Atraumatic transition to obturator

## Funnel Shaped Handle

Guided device insertion

## Hemostasis Valve

Prevents blood loss during device exchange



CANNULA

## Handle Alignment Rib

Indicates cannula curve

## Triple Durometer Braided Shaft

Stiffness for powerful push, terminates with a more flexible atraumatic distal end with 1:1 torque

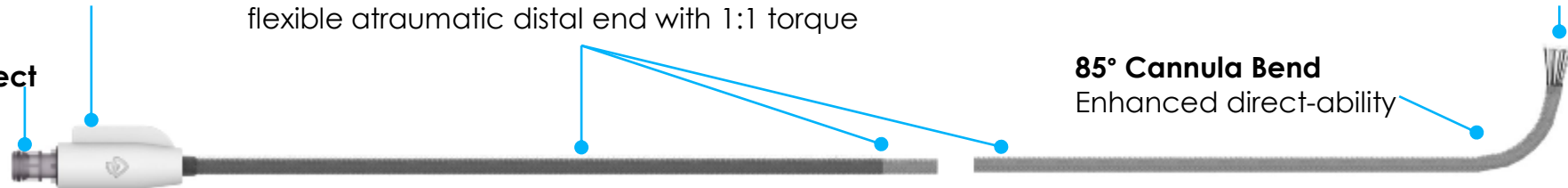
## Nitinol Reinforced Funnel Tip

Reliable clot entrapment and removal

## Quick Connect

## 85° Cannula Bend

Enhanced direct-ability



# Purpose-Built Portfolio to Address the Removal of Clot & Thrombus from Neck to Knee

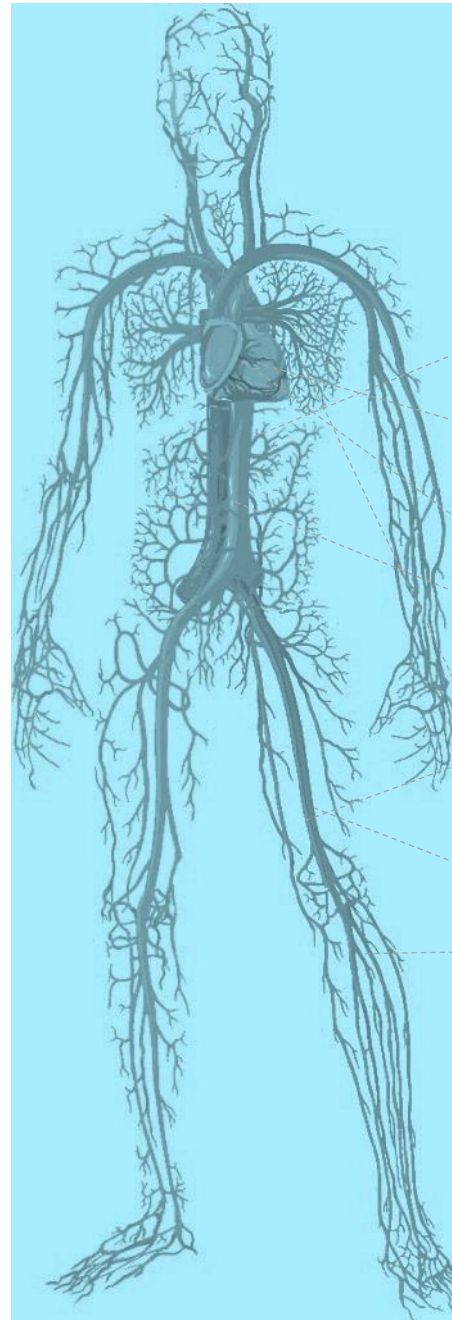
## AngioVac & AlphaVac Nomenclature

**F22<sup>180°</sup>**

Represents the French Size of our cannula

Represents the Angle/Degree of our cannula tip

Example



ALPHA  VAC

AngioVac



**F22<sup>20°</sup>**



**F22<sup>180°</sup>**



**F18<sup>85°</sup>**



**F13<sup>10°</sup>**

NA



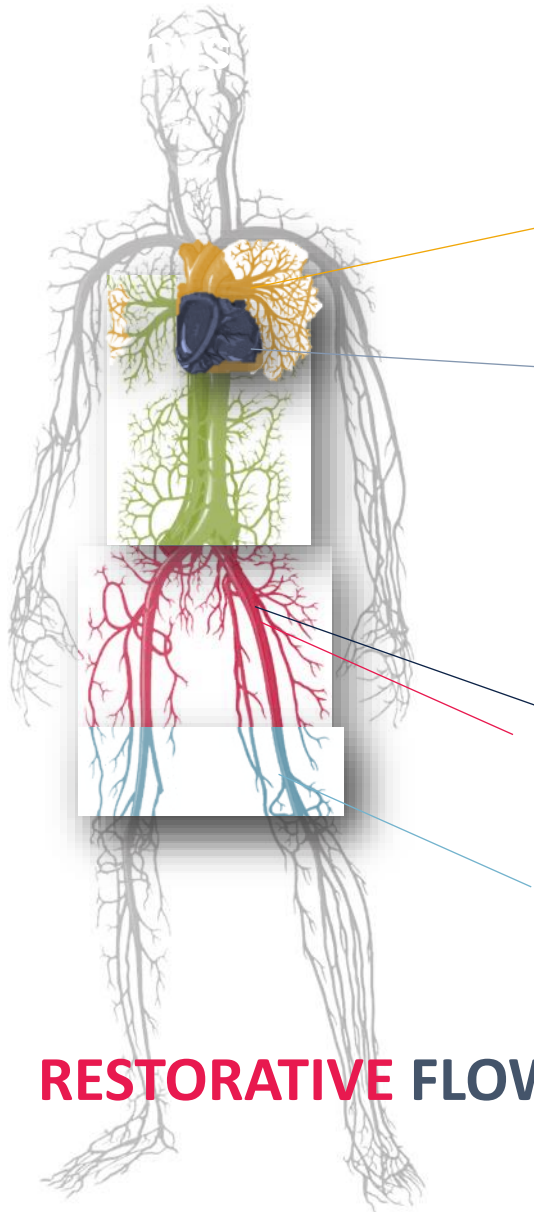
**F18<sup>85°</sup> PE**



AlphaVac F18<sup>85°</sup> and F13<sup>10°</sup> are not cleared by the Food and Drug Administration (FDA). These statements and the subject product have not been evaluated by the FDA. The device is not currently being marketed, nor is it available for sale in any country. AlphaVac commercial launch planned for 4<sup>th</sup> quarter calendar year 2021.

# MARKET

## Location



### PE

167K Patients  
\$1.6B TAM



Right  
Heart/Atrium  
97K Patients  
\$77M TAM



IVC/SVC – Caval DVT  
20K Patients  
\$360M TAM



Ilio-Femoral – DVT  
246K Patients  
\$700M TAM



Popliteal – DVT  
95K Patients  
\$300M TAM



## RESTORATIVE FLOW THERAPIES

istration (FDA). These statements and  
not currently being marketed, nor is it  
ted for PE.

## Deliberate Attention to Key Technology Elements

	AngioVac	F22 <sup>20</sup>	F22 <sup>180</sup>	F18 <sup>85</sup>	F13 <sup>10</sup>	F18 <sup>85</sup> PE
Funnel Tip Opening FR Size		42FR	42FR	33FR	~16FR	33FR
Cannula Angle Degree		20° 	180° 	85° 	10° 	85° 
Cannula FR Size		22FR Cannula 25FR Sheath	22FR Cannula 25FR Sheath	18FR Cannula 22FR Sheath	~13FR Cannula ~16FR Sheath	18FR Cannula 22FR Sheath
Modality Type						
Availability		FY22 Q2/3	FY22 Q2/3	FY22 Q3*	FY23 Q4*	FY24 Q4*

Shapes, Sizes and Angles will be  
available in both on/off circuit  
options (AlphaVac/AngioVac)

AlphaVac commercial launch planned for 4<sup>th</sup> quarter calendar year 2021.

# RAPID REGISTRY



# REGISTRY OF ANGIOVAC PROCEDURES IN DETAIL

Objective: To evaluate the patterns of use, safety and effectiveness data of the AngioVac device in bulk removal of endovascular material.

Principal Investigator: **Dr. John Moriarty, UCLA**

Number of patients enrolled: **234**

Number of sites: **21**

Recruitment goal: **200**

Timeline: **2016 - 2019**

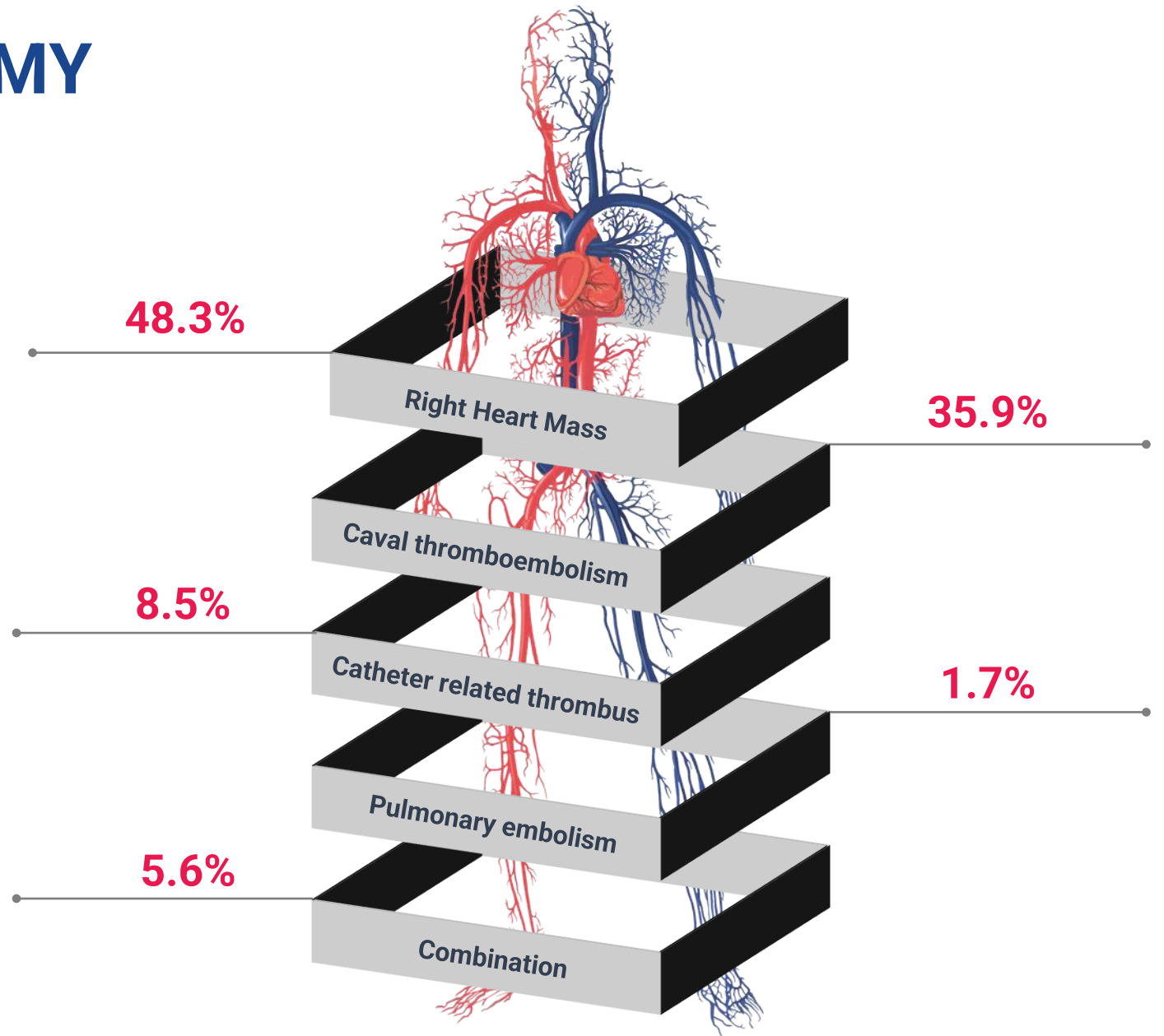


# RAPID – TARGET ANATOMY

- Right Heart Mass: **123**
- Caval thromboembolism\*: **91**
- Catheter related thrombus: **25**
- Pulmonary embolism\*: **7**
- Combination of above = **5.6 %**

\* Rounding decimals to the nearest whole number

Moriarty et al, Endovascular removal of thrombus and right heart masses using the AngioVac system. Results of 234 patients from the prospective multicenter registry of AngioVac procedures in detail (RAPID). JVIR. Accepted





# RAPID – KEY TAKEAWAYS

1

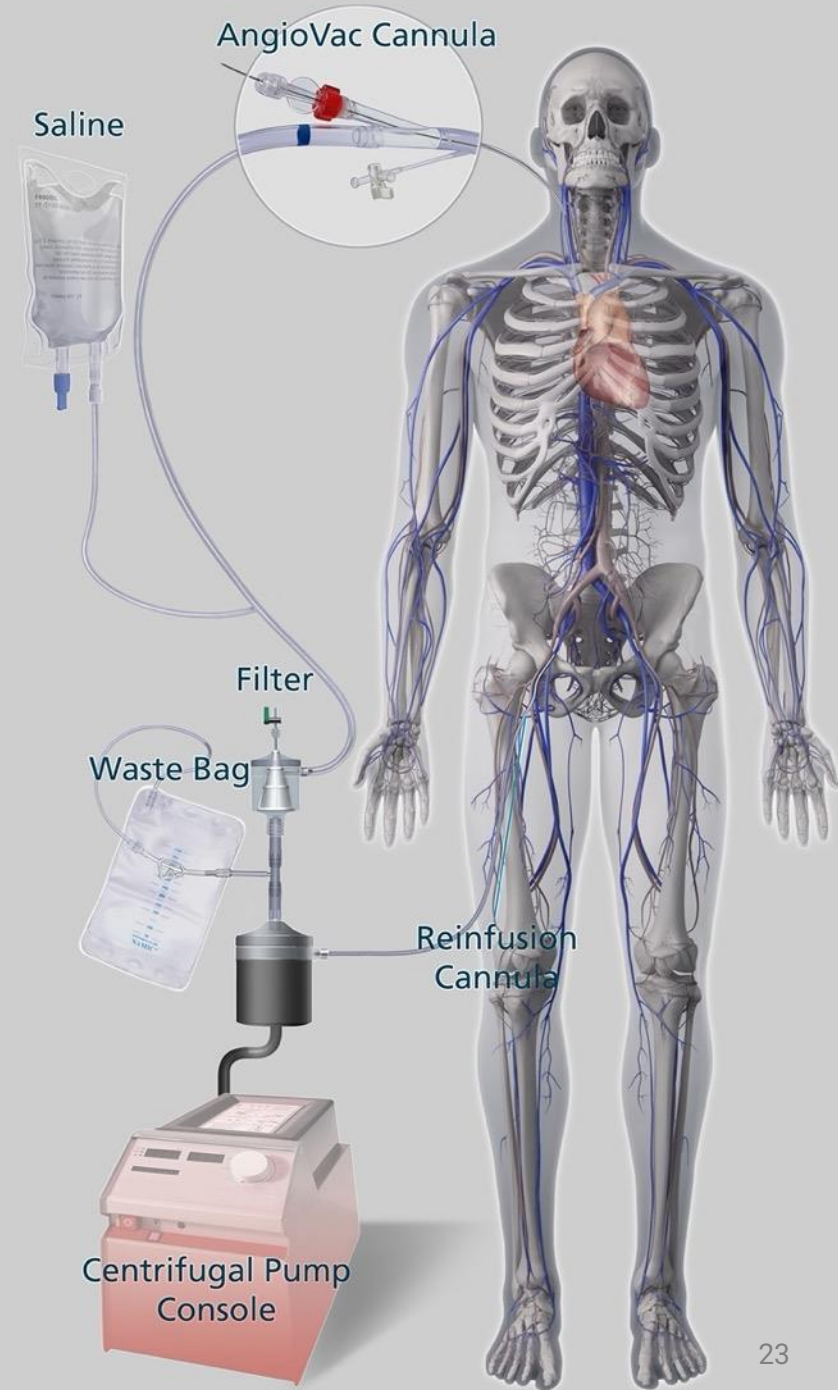
First large scale prospective multicenter assessment of the AngioVac system.



Effective: Majority of patients have > 70% clot/mass removed.



Safe: 75% of all cases no RBC transfusion with 6 (2%) major hemorrhage, 1 procedure-related death.



# PE IDE STUDY



# PE IDE Study: A Prospective, Multicenter, Single-arm Study

Seek **FDA clearance for Pulmonary Embolism**

**Indication:** Determine the safety and effectiveness of the AlphaVac F18<sup>85°</sup> in a prospective trial of patients with acute intermediate-risk pulmonary embolism (PE)

Patient Enrollment Target: **122**

Timeline: **2022-2024, Currently in study design discussions with FDA**



# Purpose Built Portfolio & Technology



## Right Atrium

**AngioVac's** use is currently focused on the Right Atrium, which is a \$77M addressable market.

# Pulmonary Embolism

**AlphaVac**, a multi-purpose mechanical aspiration device, will allow us to compete in the broader DVT & PE addressable markets (\$2.9B) with a first-line treatment option without the need for perfusion.

# Deep Vein Thrombosis

## DVT & PE

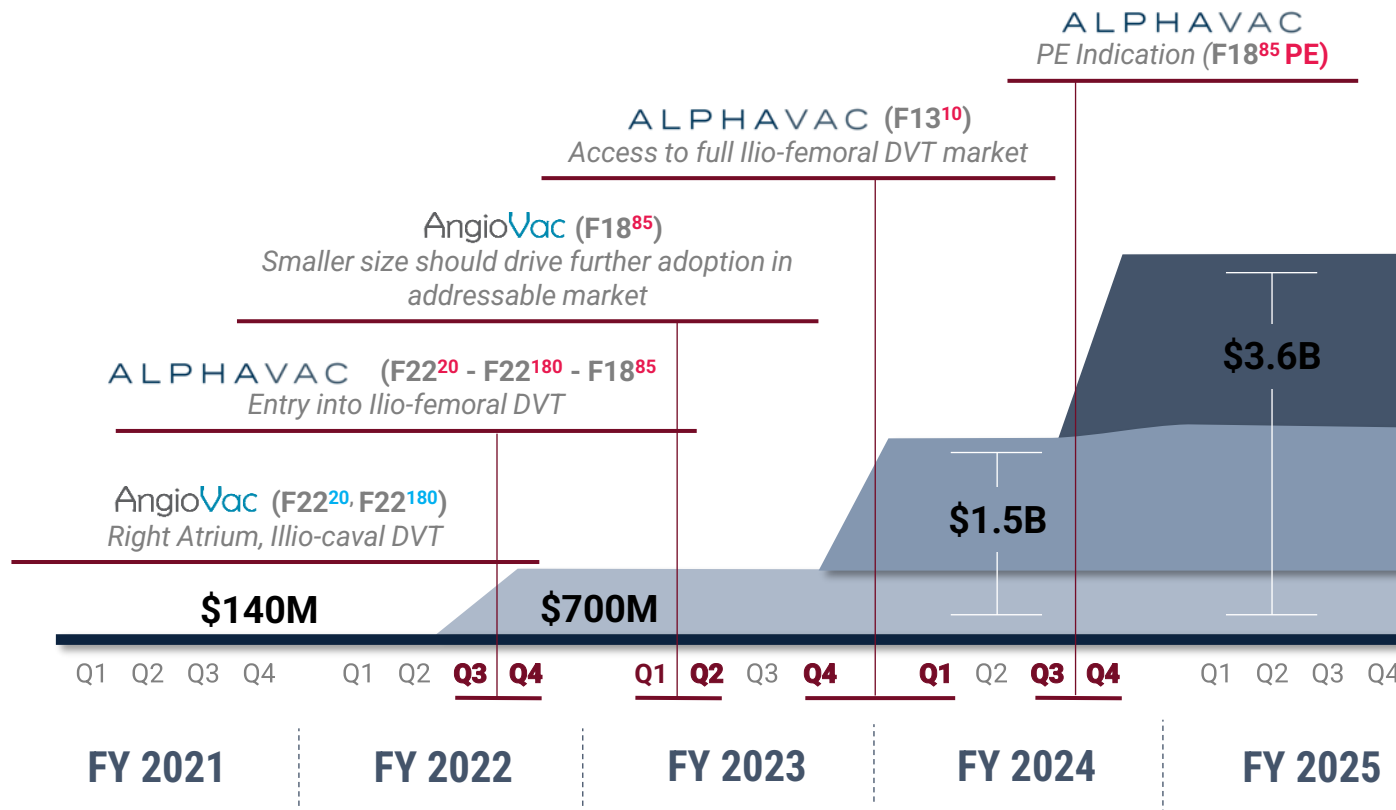
**Uni-Fuse+** catheter directed thrombolysis now has the additional indication for placement in the pulmonary artery.

SIMPLE



# THROMBUS MANAGEMENT

## Planned Portfolio Additions & U.S. Addressable Markets Expansion



## Purpose Built, Comprehensive, Thrombus Portfolio

\$1.3B<sup>1</sup>

### AngioVac

Continuous Aspiration with Simultaneous Reinfusion

F22<sup>20</sup> | F22<sup>180</sup> | F18<sup>85</sup> | 18<sup>85</sup> PE | F13<sup>10</sup>



### ALPHAVAC

Multi-purpose Mechanical/Manual Aspiration

F22<sup>20</sup> | F22<sup>180</sup> | F18<sup>85</sup> | 18<sup>85</sup> PE | F13<sup>10</sup>

### Uni-Fuse<sup>+</sup>

Catheter Directed Thrombolysis with PE Indication

A 3D medical illustration of a blood vessel, likely an artery, shown in cross-section. The vessel wall is a deep red color. Inside the vessel, there is a large, irregular, light-colored mass representing atherosclerotic plaque. A purple, mesh-like stent is deployed within the vessel, partially covered by the plaque. The background is a dark blue gradient.

MED TECH

# PERIPHERAL ATHERECTOMY

# AURYON



# PERIPHERAL ATHERECTOMY

## US Addressable Markets & Competitive Landscape

- Over 8 Million<sup>2</sup> Americans Suffer from PAD

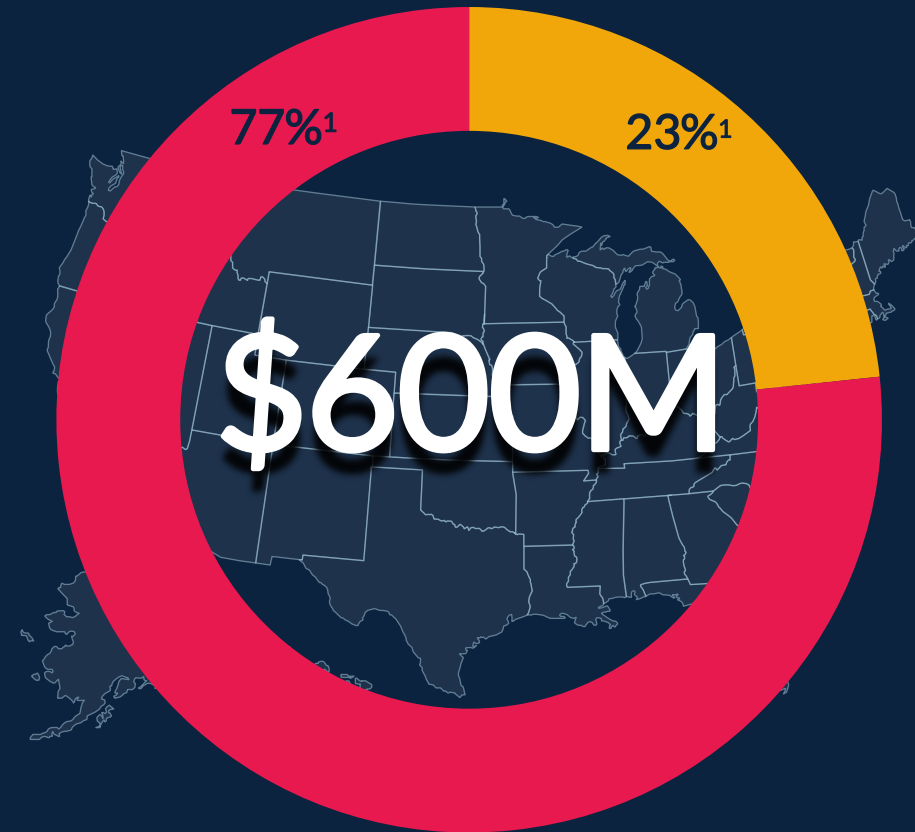
- Over 150,000 Limbs<sup>2</sup> are Lost Every Year because of PAD

- 50% Mortality Rate<sup>2</sup> Associated with PAD after Limb Loss

2021 Served Market

MECHANICAL

LASER

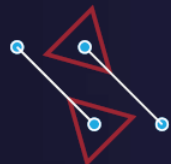


1. Peripheral Vascular Devices Medtech 360 Market Analysis US 2017. (2016, December). Millennium Research Group, Inc.

2. <https://www.cookmedical.com/peripheral-intervention/10-facts-about-peripheral-arterial-disease/>

# AURYON

*The Auryon System is indicated for use in the treatment, including atherectomy, of infrainguinal stenoses and occlusions, including in-stent restenosis (ISR)<sup>1</sup>.*



## ADAPTABLE

### Treats all levels of calcification<sup>1-4</sup>

- Cleared for in-stent restenosis\*
- Treats infrainguinal lesions both above and below the knee (including below the ankle)
- Built-in off-centering mechanism for eccentric lesions in largest catheter
- Nonreactive to contrast media for simultaneous ablation and observation of fluoroscopy image

\*Only the 2.0- and 2.35-mm catheters are cleared for in-stent restenosis (ISR).



## PRECISE

### Protective of the vessel wall<sup>1-3,5-8</sup>

- Performs targeted biological reactions to address risk of perforations
- Wavelength produces a photon energy that's hard on calcium and soft on vessel walls
- Vaporizes lesions without thermal ablation
- Can treat any lesion
- Built-in aspiration<sup>†</sup> addresses risk of embolization

<sup>†</sup>2.0- and 2.35-mm catheters.

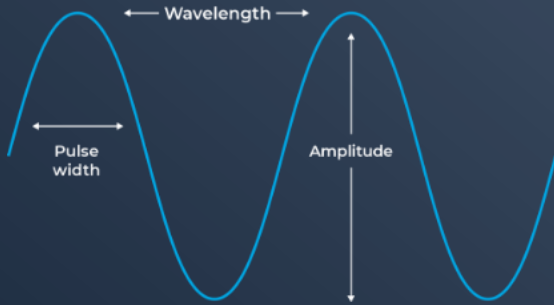


## EFFICIENT

### Performance designed for your lab<sup>1-3,9</sup>

- Defines a new standard in efficacy and safety outcomes
- Has the potential to debulk in fewer passes
- Small footprint, unparalleled portability, and simple storage
- Easy installation, using a 110V outlet, touchscreen, and low acoustic noise





**2.35 mm**

Aspiration and Off-Center capabilities and indicated for Peripheral Atherectomy and In-Stent Restenosis (ISR)

**2.0 mm**

Aspiration capability and indicated for Peripheral Atherectomy and ISR

**1.5 mm**

Indicated for Peripheral Atherectomy

**0.9 mm**

Indicated for Peripheral Atherectomy

## Why wavelength matters

Each type of tissue interacts differently with a given wavelength

The Auryon System produces a photon energy of 3.5 eV, which is low enough to be nonreactive to vessel endothelium, but high enough to vaporize calcium.<sup>b, c</sup>

## Why pulse width and amplitude matter

Greater amplitude is achieved with shorter pulses, which can deposit energy before thermal diffusion occurs

The Auryon System has a pulse width of 10 to 25 ns, ensuring enough power to target the lesion and spare the vessel.<sup>a</sup>



# The Science of the Auryon System – Solid State Technology

The Auryon System is designed to deliver an optimized wavelength, pulse width, and amplitude to remove lesions while preserving vessel wall endothelium.<sup>1,6</sup>

## Optimal waveform technology unlike any other

The Auryon System is designed to deliver an optimized wavelength and pulse width to remove all lesions while helping to preserve vessel wall endothelium.



AURYON



## Different science, different outcomes

Laser atherectomy devices are not created equal: There are tangible scientific differences between the Auryon System and Phillips CVX-300 Excimer Laser.

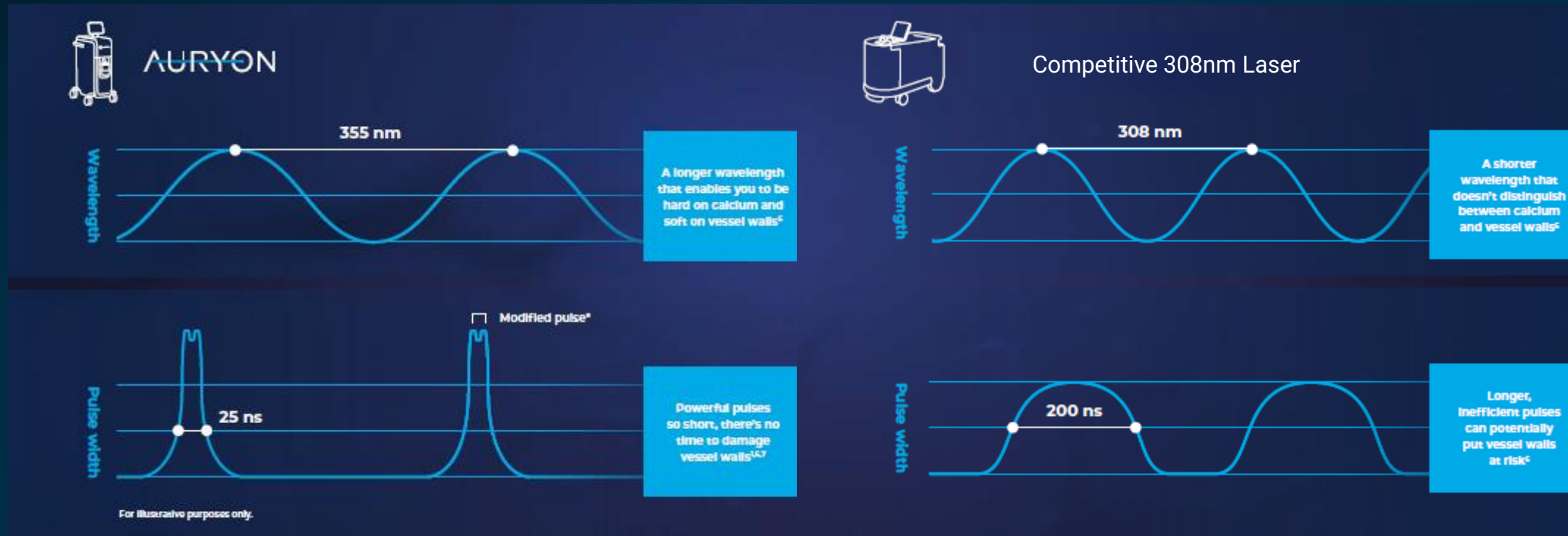


Competitive 308nm Laser



# The Science of the Auryon System

## Wavelength & Pulse Width



1. Rundback J, Chandra P, Brodmann M, Weinstock B, Sedillo G, Cawich I, et al. Novel laser-based catheter for peripheral atherectomy: 6-month results from the Eximo Medical B-Laser™ IDE study. *Catheter Cardiovasc Interv.* 2019;1-8. . Vogel A, Venugopalan V. Mechanisms of pulsed laser ablation of biological tissues. *Chem Rev.* 2003;103(2):577-644. 7. Akkus NI, Abdulbaki A, Jimenez E, Tandon N. Atherectomy devices: technology update. *Med Devices (Auckl).* 2015;8:1-10.



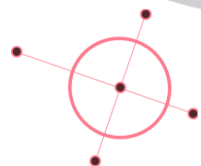


# Resiliency in the Face of ALL Lesions

*The Auryon System can handle it*



ISR\*



ATK/BTK



SEVERE  
CALCIUM



\*Only the 2.0 and 2.35mm catheters are cleared for in-stent restenosis (ISR).

# >5,000

FY21  
Procedures<sup>†</sup>

ATK  
Above the Knee

2,617  
52%

BTK  
Below the Knee

2,383  
48%



1,850	Common/Superficial Femoral Artery
767	Popliteal
507	Tibio-peroneal Trunk
945	Anterior Tibial
462	Peroneal Tibial
469	Posterior Tibial

<sup>†</sup>Data on file

# PATHFINDER-I Study Design

**POST MARKET, PROSPECTIVE, MULTICENTER, SINGLE-ARM, ALL-COMERS REGISTRY**

**104**

Patients de novo,  
re-stenotic, and ISR  
lesions

High procedural  
success with  
challenging lesions,  
including long  
occlusions, severely  
calcified lesions,  
and ISR

AURYON

**Treatment +/-  
Adjunctive  
Therapy**

**Primary  
endpoints:**

- 1) Acute Success:  
≤ 30% final RDS  
(by corelab)
- 2) Freedom from peri-  
procedural MAEs/  
complications by  
discharge

Complete six-month  
results are expected  
by the end of 2021

# Collaborations with our Physician Partners

## Retrospective Chart Reviews

Single Center  
Experience

**70**

Patients

3-year follow up

OBL Single Center  
Experience

**55**

Patients

## Prospective Investigator Initiated Trials

iDissection  
ATK

**29**

Patients

Procedural safety analyzed by  
IVUS post-laser  
completed and data to be  
published soon

iDissection  
BTK

Multi-site prospective registry

**60**

Patients

Procedural safety analyzed by  
IVUS post-laser  
Follow up of 1 year



# AURYON

A revolutionary experience is exactly what AngioDynamics is delivering in the world of interventional devices used to perform peripheral atherectomy for peripheral arterial disease (PAD). The introduction of Auryon may seem like it's another in a series of options for performing this procedure, but the experience physicians will have with it will be unlike any other.

November 1, 2019

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REVENUE

CUSTOMERS

INVENTORY

SALES REPRESENTATIVES

1

AMAZING  
TECHNOLOGY

*Giving Physicians a device that is finally adaptable as they are and as diverse as their patients.*

**CLINICALLY PROVEN**

**SAFE**

**CONVENIENT**



A Compelling Technology Being Endorsed Through  
Experienced Users and Convincing Patient Outcomes

**FY21**

47

132

5K

Auryon Commercial  
Representatives

Customers

Auryon  
Procedures

\$11M



MED TECH

# IRREVERSIBLE ELECTROPORATION





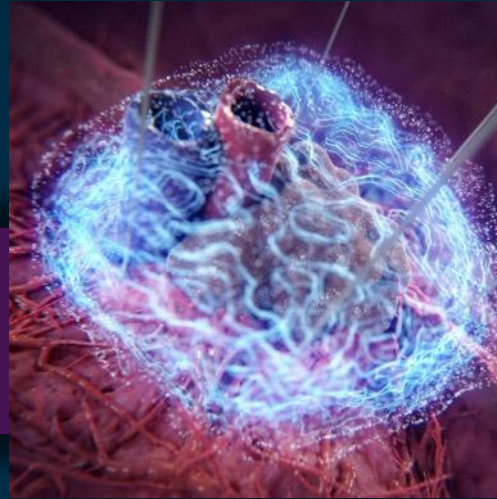
# INNOVATION DOCTORS NEED

Expands treatment options and help preserve patient's quality of life



## PROBE PLACEMENT

NanoKnife can be confidently used in all segments of an organ.<sup>1,2</sup>



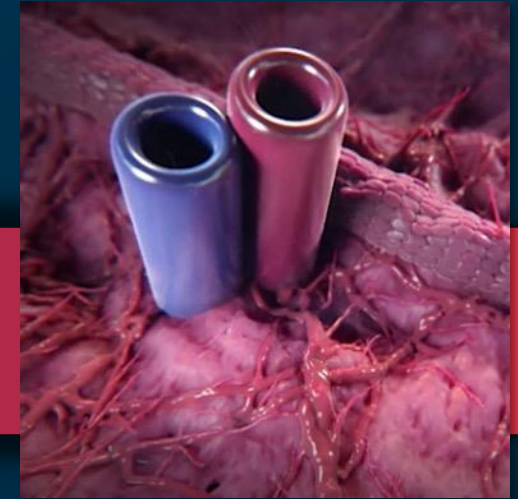
## DECELLULARIZATION

Destroys targeted tissue with precise treatment margins.<sup>1,2</sup>



## NON-THERMAL

Spares vital structures by retaining the structural integrity of tissue.<sup>3,4</sup>



## REVASCULARIZATION

Facilitates functional tissue regeneration post-ablation.<sup>3,4</sup>

1 Lee EW, Thai S, Kee ST. Irreversible electroporation: a novel image-guided cancer therapy. Gut Liver. (2010);4(SUPPL. 1):99–104. doi: 10.5009/gnl.2010.4.S1.S99

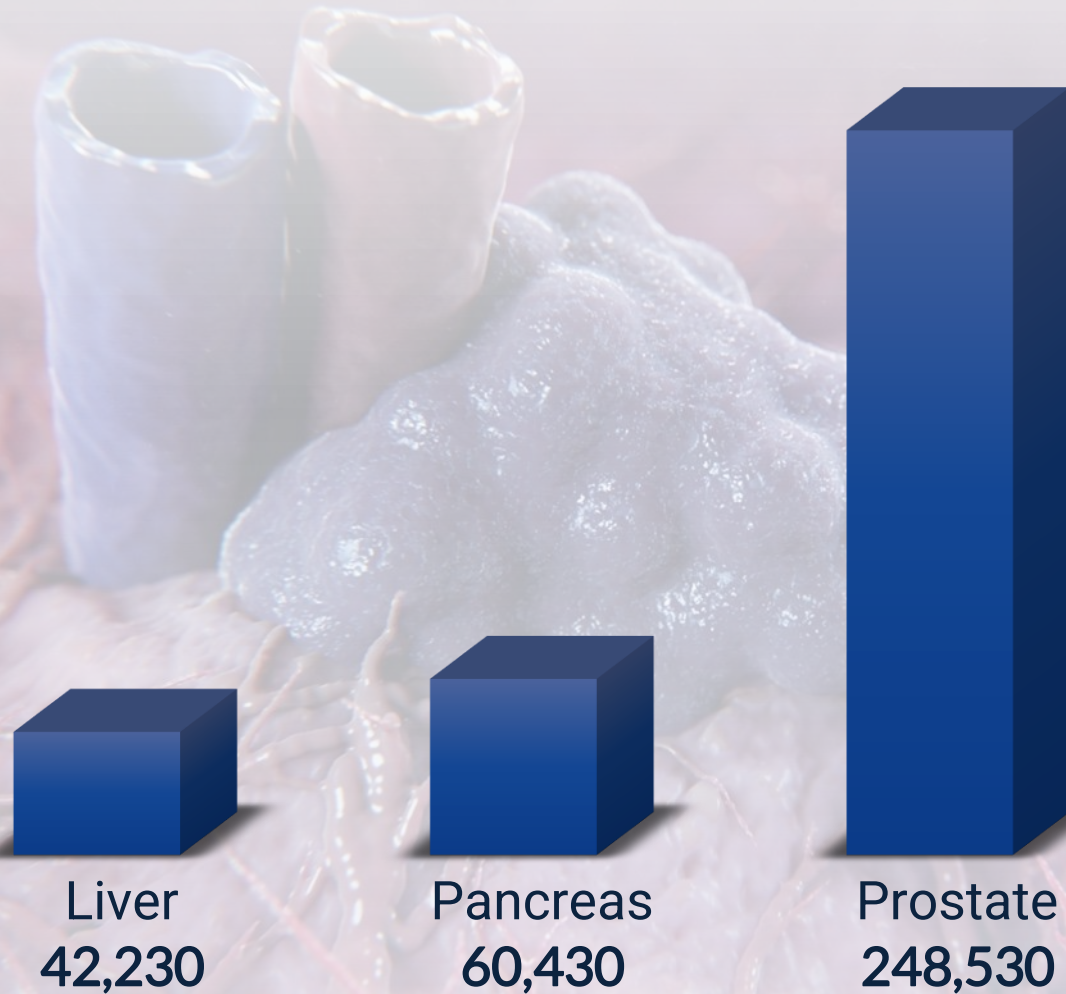
2 Guidance for Selection of NanoKnife Probe Array Configuration and Ablation parameters for the Treatment of Stage III Pancreatic Cancer.

3 Scheltema MJ, Chang JI, van den Bos W, Gielchinsky I, Nguyen TV, Reijke TM, Siriwardana AR, Böhm M, de la Rosette JJ, Stricker PD. Impact on genitourinary function and quality of life following focal irreversible electroporation of different prostate segments. Diagn Interv Radiol. 2018 Sep;24(5):268-275. doi: 10.5152/dir.2018.17374. PMID: 30211680; PMCID: PMC6135060.

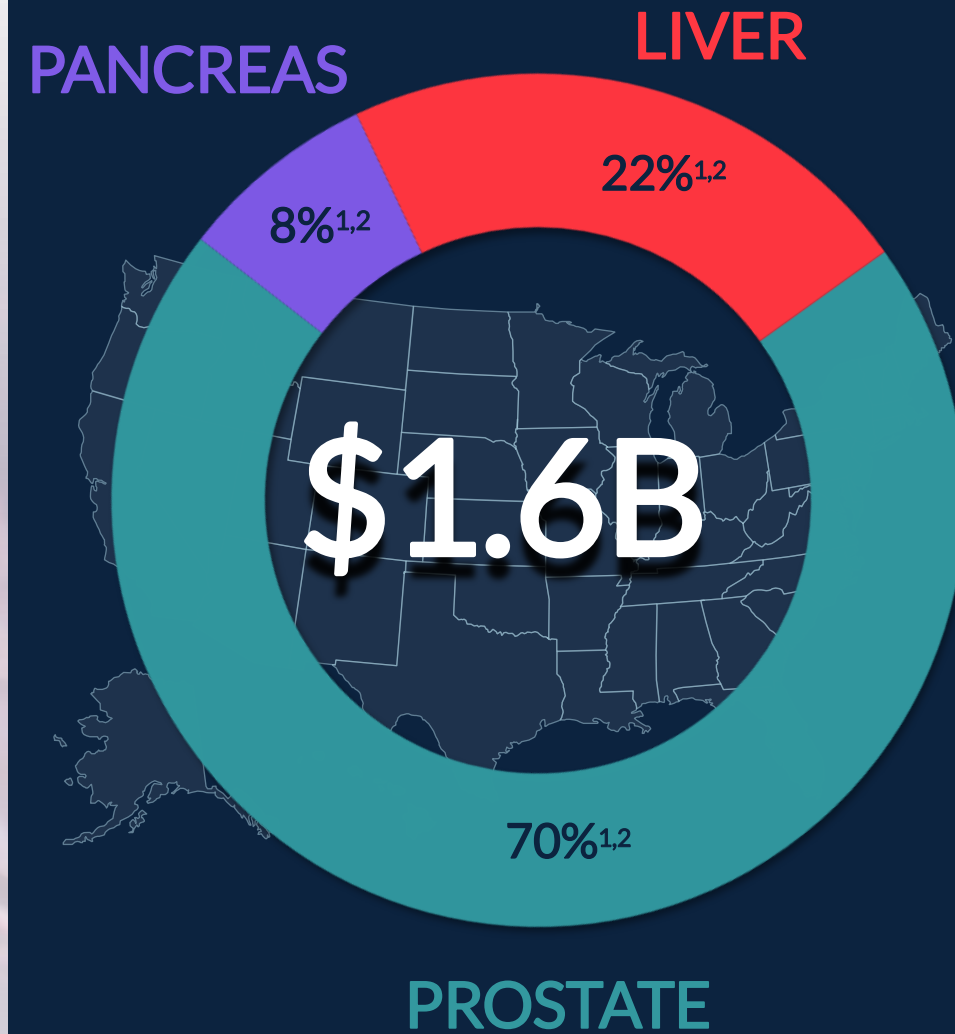
4 Li W, Fan Q, Ji Z, Qiu X, Li Z. The effects of irreversible electroporation (IRE) on nerves. PLoS One. 2011 Apr 14;6(4):e18831. doi: 10.1371/journal.pone.0018831. PMID: 21533143; PMCID: PMC3077412.

# THE NANOKNIFE SYSTEM

Estimated # of U.S. Patients Diagnosed in 2021<sup>2</sup>



2021 Total Addressable Market (TAM)



1. Interventional Oncology Devices Medtech 360 Market Analysis US 2016. (2016, December). Millennium Research Group, Inc.
2. "Cancer Facts & Figures 2021." American Cancer Society, [www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2021.html](http://www.cancer.org/research/cancer-facts-statistics/all-cancer-facts-figures/cancer-facts-figures-2021.html).



# PROSTATE CANCER

## Treatments

In 2021

# 248,530

men are estimated to  
be diagnosed with  
prostate cancer  
in the US.<sup>1</sup>

## 27%<sup>2</sup>

undergo

### RADICAL RADIATION

35% report erectile  
dysfunction<sup>3</sup>

## 31%<sup>2</sup>

undergo

### RADICAL SURGERY

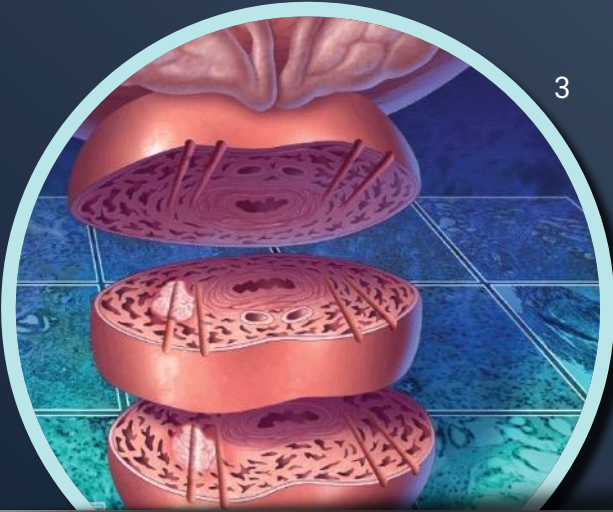
79% report erectile  
dysfunction<sup>4</sup>





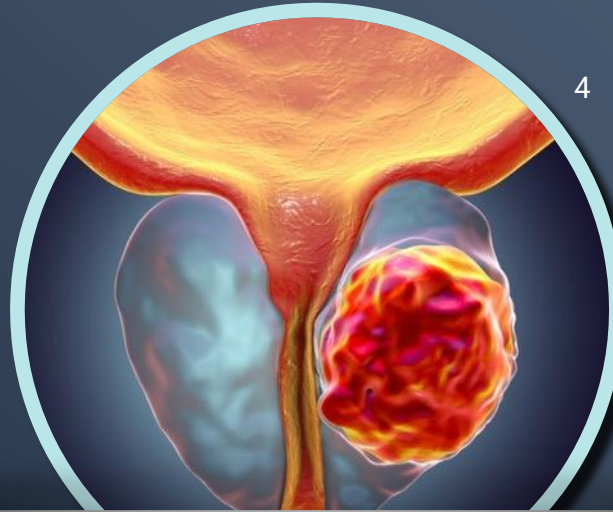
# FOCAL THERAPY

Bridges the gap between whole gland treatments and active surveillance<sup>1</sup>



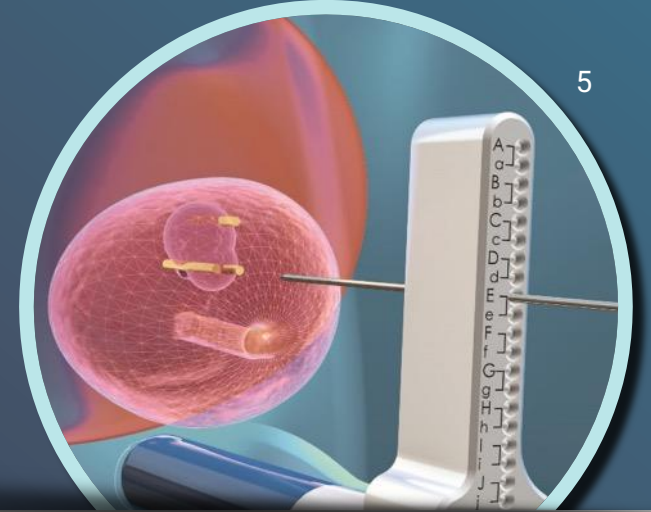
3

PSA adoption has led to a shift towards less aggressive prostate cancer being diagnosed.<sup>2</sup>



4

Genetic, molecular, and clinical evidence supports the dominant lesion paradigm.<sup>2</sup>



5

Improvements in prostate cancer diagnostic tools.<sup>2</sup>

1. Tareen B, Godoy G, Taneja SS. Focal therapy: a new paradigm for the treatment of prostate cancer. Reviews in urology. <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2809988/>. Published 2009. Accessed January 7, 2021.]

2. Lee, Byron H., et al. "Changing Landscape of Prostate Cancer Favoring Low-Risk Prostate Cancer: Implications for Active Surveillance Versus Focal Therapy." Imaging and Focal Therapy of Early Prostate Cancer, 2012, pp. 17–36., doi:10.1007/978-1-62703-182-0\_2.

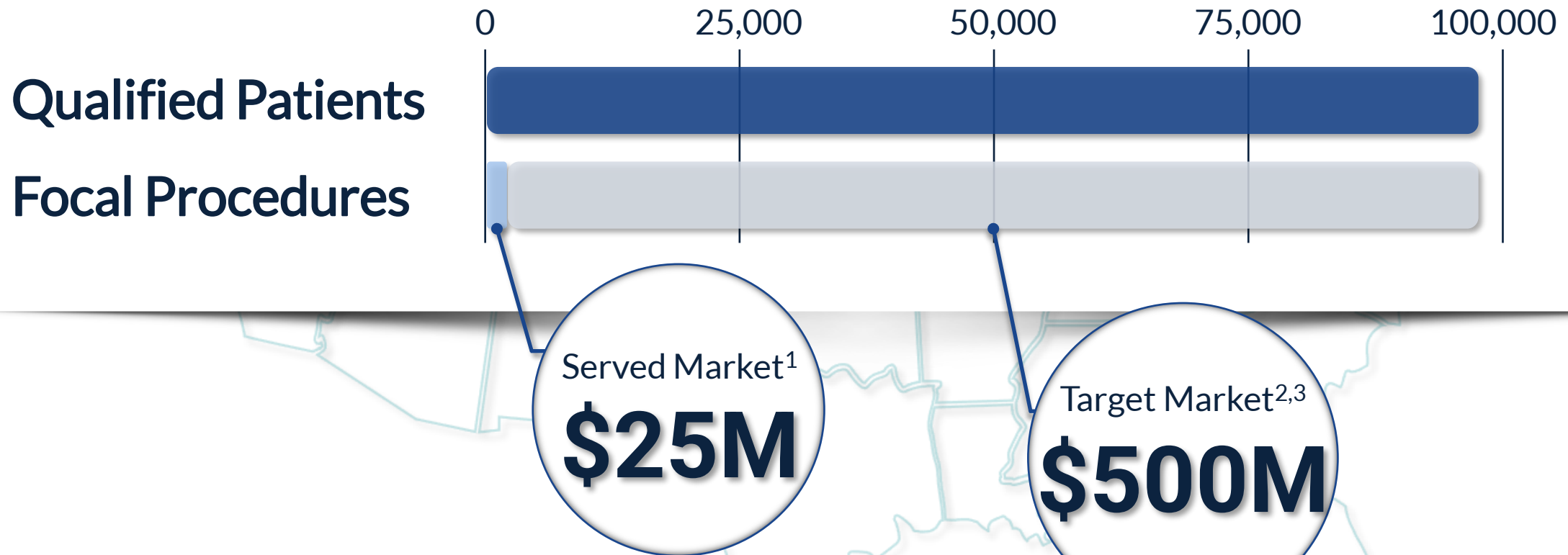
3. Klotz, MD, FRCSC, CM, Laurence Klotz. "Active Surveillance for Prostate Cancer: How to Do It Right." Oncology, 2017.

4. Cedars-Sinai Medical Center. Hormone Therapy Can Make Prostate Cancer Worse, Study Finds, Cedars-Sinai Medical Center, 31 Mar. 2021, [www.cedars-sinai.org/newsroom/hormone-therapy-can-make-prostate-cancer-worse-study-finds/](http://www.cedars-sinai.org/newsroom/hormone-therapy-can-make-prostate-cancer-worse-study-finds/).

5. <https://koelis.com/koelis-announces-first-procedures-in-3d-fusion-imaging-guided-focal-ablation-of-prostate-cancer-in-its-clinical-study-violette>

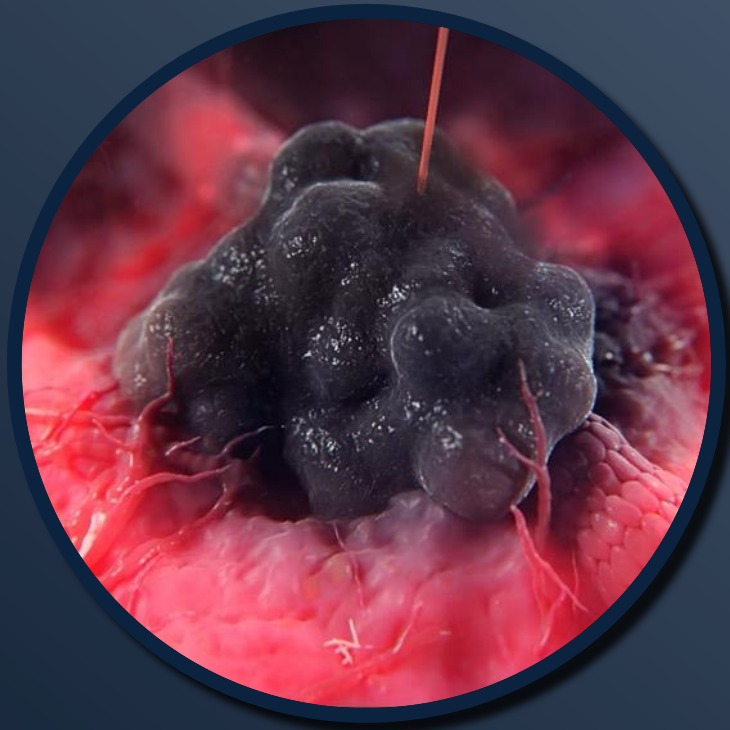
# FOCAL THERAPY

## U.S. Served and Target Markets

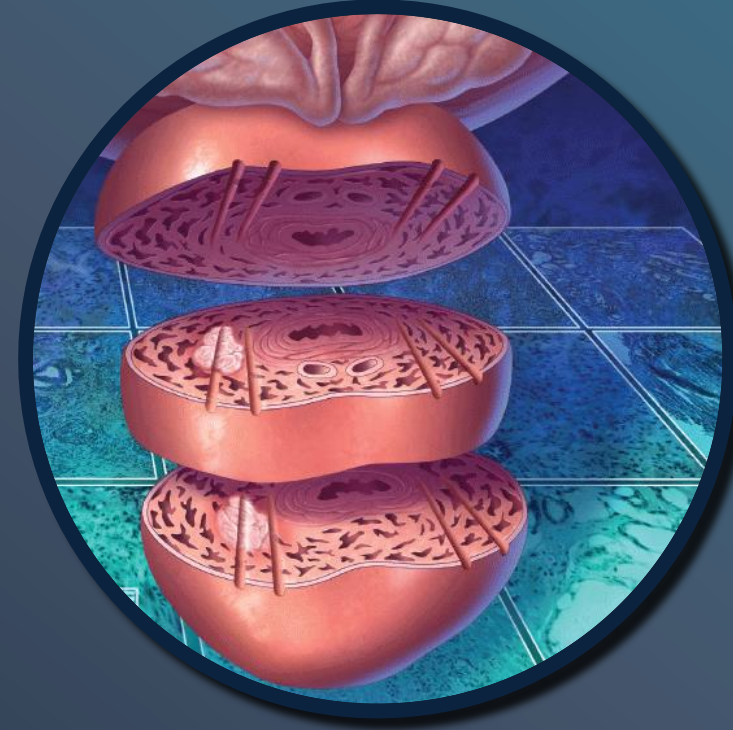


# FOCAL THERAPY ADOPTION

Remains low despite patient and physician interest



**Existing thermal technology  
has less than ideal  
outcomes<sup>1,2</sup>**



**Current data includes low-risk disease  
within the study cohorts<sup>1,3</sup>**





IRREVERSIBLE  
**DIRECT**  
 ELECTROPORATION

*To evaluate the effectiveness and safety of the NanoKnife System for the ablation of Stage 3 pancreatic cancer*





Memorial Sloan Kettering  
Cancer Center



MICHIGAN MEDICINE  
UNIVERSITY OF MICHIGAN

IDE Approved  
July 2<sup>nd</sup>, 2021

# PRESERVE

*Pivotal study of the NanoKnife System for ablation  
of prostate tissue in an intermediate-risk  
patient population*



## Up to 20 Sites in the U.S.

# PRESERVE Prostate IDE

SUO-CTC is a clinical research investigator network of 500+ members from more than 250 clinical sites in the US and Canada.

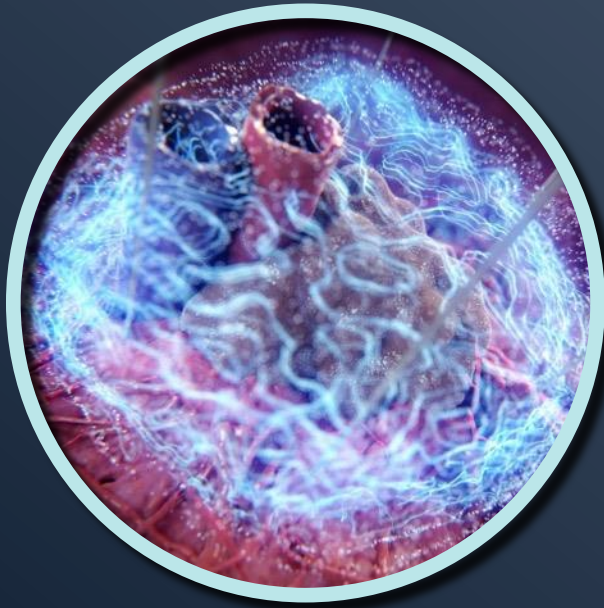


37	SUO-CTC US sites responded to Call for Sites
Up to 20	Sites to be selected, focused on geographic and demographic diversity, high-volume focal therapy institutions
100	Intermediate-risk patients enrolled through 1-year follow up

**Primary endpoint: Rate of negative in-field biopsy at 1 year**



## RIGHT TREATMENT



The NanoKnife System

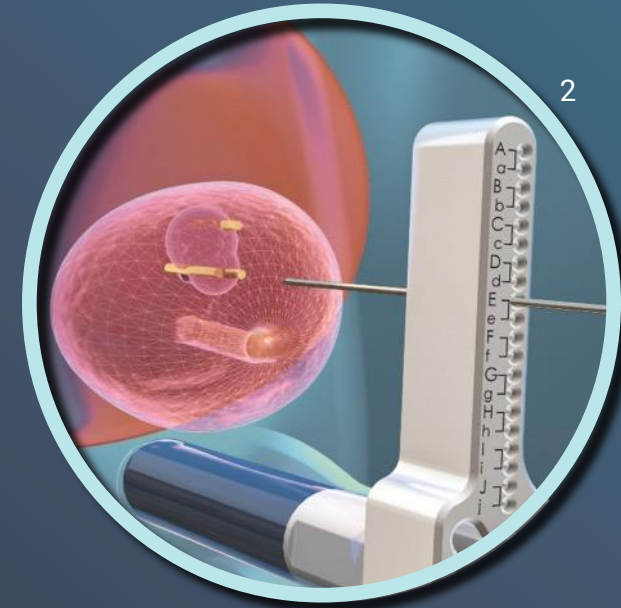
## RIGHT PATIENT



Intermediate-Risk Patients

**PRESERVE**

## RIGHT TIME



Advancements in focal therapy  
(Imaging, Staging, Technique)

MED DEVICE

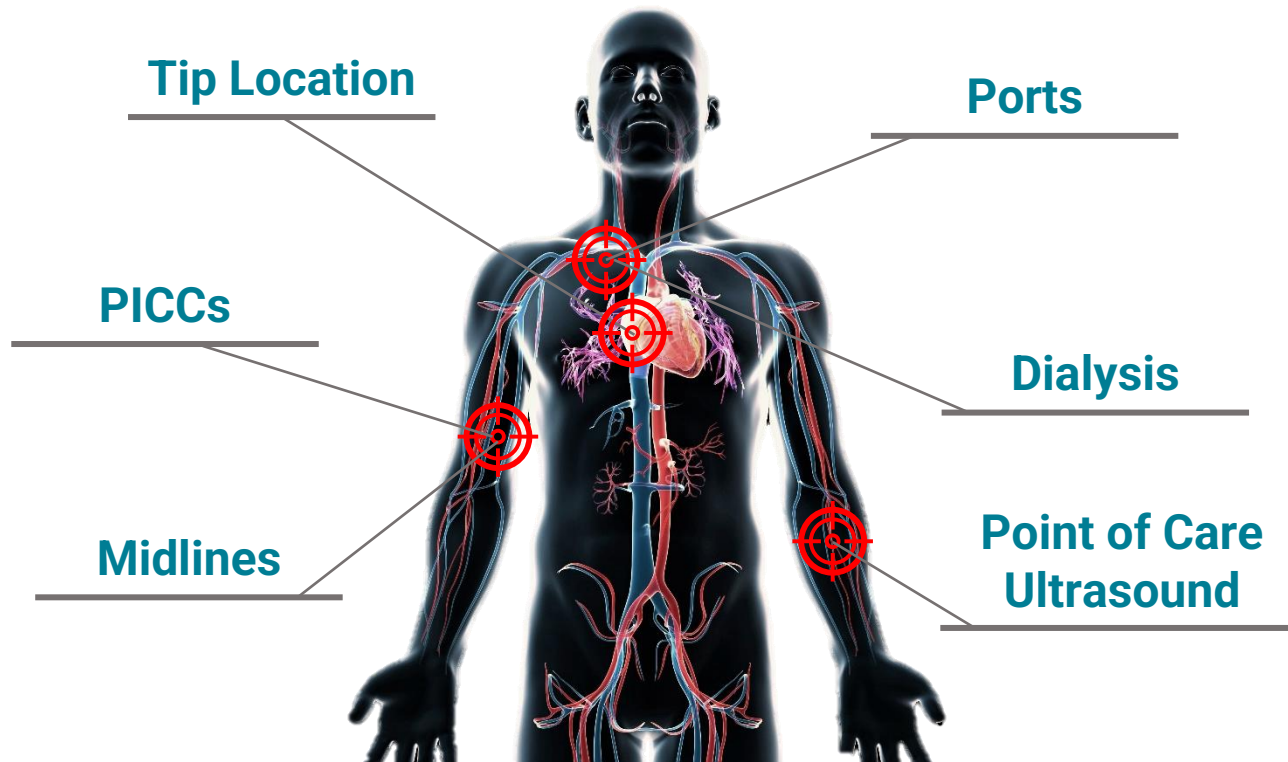
# VASCULAR ACCESS & DEVICES

SmartPort+



# VASCULAR ACCESS

Safely delivering medication to patients



## PORTFOLIO

Delivering on our product road map through a mix of R&D, clinical & regulatory pathway expansion and M&A will enable us to serve more patients with a differentiated portfolio that includes our BioFlo family of catheters



## MARKET ACCESS

Maximize clinical differentiation by reducing thrombus accumulation through the utilization of our BioFlo family of catheters




















## PERFORMANCE

Maintain a strong culture of execution and collaboration through disciplined sales & marketing plans



# Vascular Access Product Portfolio – Today and Beyond

		FY'19	FY'20	FY'21	FY'22	FY'23
Acute Patient	Midlines					 AST Midline/EDC
	PICCs	 	  Pediatric PICCs	 "PICCs for Patients of All Sizes"		 Next Gen C3 Wave
Chronic Patient	Ports	 		 		
	Dialysis	 			 	

# Healthcare Economics and Market Access Wins - IRE

## CY2021

Outpatient IRE assigned to APC equivalent to or higher than other ablation therapies  
PRESERVE approved  
Outpatient IRE Market Access Model

## CY2020

SIR Includes IRE in their universal training curriculum  
Medicare reviews new CPT for placement in APCs



## CY2019

SIR and ACOS Application for CPT codes specific to Irreversible Electroporation for physician billing

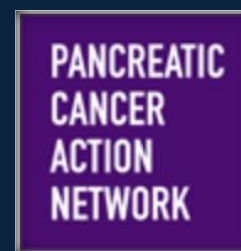
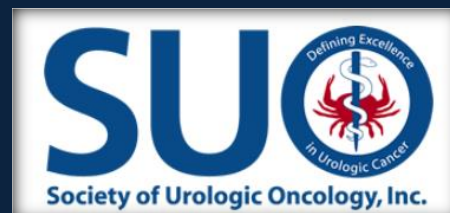


## CY2018

Medicare Implementation of ICD-10 codes specific to Irreversible Electroporation in Liver and Pancreas in the inpatient setting



# Advancing Market Access: Physician & Patient Society Engagement





# FINANCIAL GOALS & CAPITAL ALLOCATION STRATEGY

# Transformation Toward Double Digit Revenue Growth

AngioDynamics in investment mode throughout the planning horizon

## FY22

Revenue \$305M – \$310M  
Growth 5% - 7%

Gross Margin ~55%

Adjusted EPS \$0.00 - \$0.05

## FY23

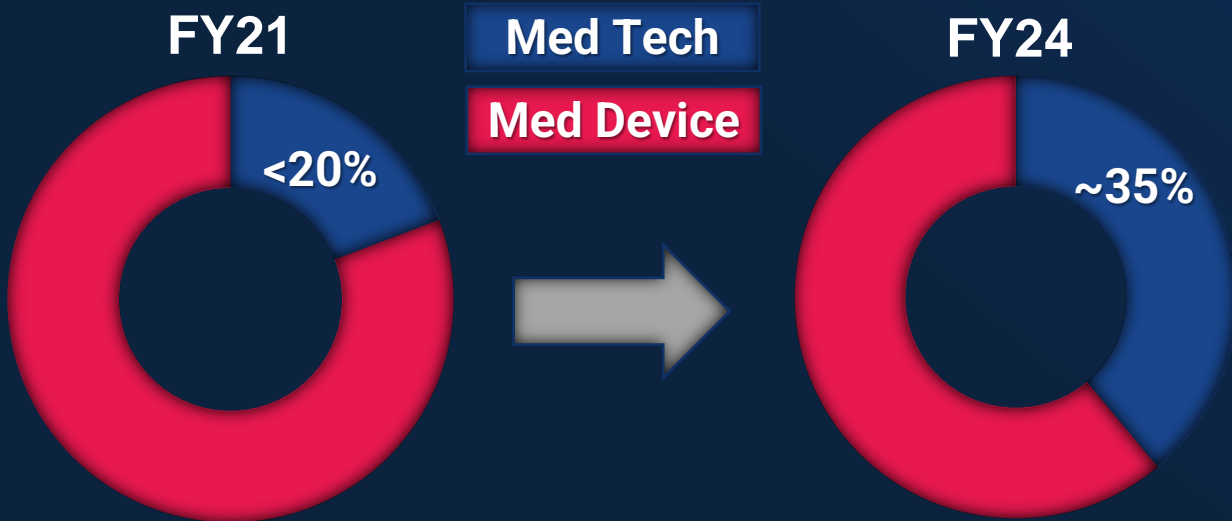
Revenue \$330M – \$336M  
Growth 7% - 9%

- Planned significant investment in Med Tech platforms drives top line growth
- Bottom line leverage will ramp slower than top line growth

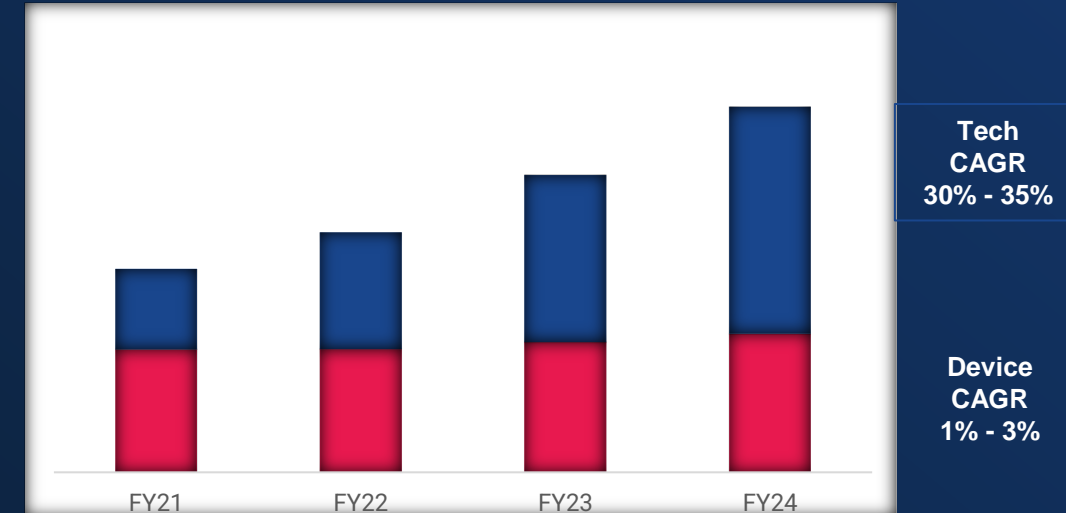
## FY24

Revenue \$360M – \$375M  
Growth 10% - 12%

### Revenue Contribution



### Revenue Growth CAGR



# Gross Margin

*Shifting to high margin portfolio expected to drive margin expansion*

## Headwinds

- Tight labor market
  - Drives increasing costs
  - Impacts absorption
- Raw Materials Inflationary Pressure
- Increasing Freight Costs
- Auryon Impacts – will abate over time
  - OBL vs Hospital Mix
  - Hardware placements

## Operational Focus

- Mix increase from Med Tech growth contribution
  - Growth from >70% margin products
- Make vs buy analysis
- Maintain service levels
- Continued focus on cost reduction opportunities
- Prioritization on service efficiency



# Capital Allocation

Focused on leveraging current operations to fund future investments in R&D and S&M

- Revolver capacity available for future opportunities if needed
- Strong banking group relationship
- Opportunistic and disciplined approach to tuck-in M&A prospects that support our Med Tech platforms
- Strategic plan to continue meaningful investment while being good stewards of the bottom line

# STRATEGIC TRANSFORMATION



## **PURSUE LARGER, FASTER GROWING MARKETS**

Active portfolio management enables us to compete in larger, faster growing markets relying on technology & innovation to produce measurable patient outcomes

## **DEPLOY FOCUSED RESOURCE DEVELOPMENT**

Resource deployment focused in areas that offer better opportunities for success

## **DRIVE PORTFOLIO TRANSFORMATION**

Portfolio transformation & strength driven by R&D, M&A, and Clinical & Regulatory

## **ATTRACT AND RETAIN TOP TALENT**

Strong and innovative portfolio combined with top talent drives value