



# InspireMD Poised to Revolutionize the Carotid Intervention Market

**INSPIREMD**

Nasdaq: NSPR

# Disclaimers

## Forward Looking Statement

This presentation contains "forward-looking statements." Such statements may be preceded by the words "intends," "may," "will," "plans," "expects," "anticipates," "projects," "predicts," "estimates," "aims," "believes," "hopes," "potential" or similar words. For example, the Company is using forward-looking statements when it discusses the potential commercialization and market opportunities for its products and product candidates, its cash runway, and its anticipated future milestone Company events. Forward-looking statements are not guarantees of future performance, are based on certain assumptions and are subject to various known and unknown risks and uncertainties, many of which are beyond the Company's control, and cannot be predicted or quantified and consequently, actual results may differ materially from those expressed or implied by such forward-looking statements. Such risks and uncertainties include, without limitation, risks and uncertainties associated with (i) market acceptance of our existing and new products, (ii) negative clinical trial results or lengthy product delays in key markets, (iii) an inability to secure regulatory approvals for the sale of our products, (iv) intense competition in the medical device industry from much larger, multinational companies, (v) product liability claims, (vi) product malfunctions, (vii) our limited manufacturing capabilities and reliance on subcontractors for assistance, (viii) insufficient or inadequate reimbursement by governmental and other third party payors for our products, (ix) our efforts to successfully obtain and maintain intellectual property protection covering our products, which may not be successful, (x) legislative or regulatory reform of the healthcare system in both the U.S. and foreign jurisdictions, (xi) our reliance on single suppliers for certain product components, (xii) the fact that we will need to raise additional capital to meet our business requirements in the future and that such capital raising may be costly, dilutive or difficult to obtain and (xiii) the fact that we conduct business in multiple foreign jurisdictions, exposing us to foreign currency exchange rate fluctuations, logistical and communications challenges, burdens and costs of compliance with foreign laws and political and economic instability in each jurisdiction. More detailed information about the Company and the risk factors that may affect the realization of forward- looking statements is set forth in the Company's filings with the Securities and Exchange Commission (SEC), including the Company's Annual Report on Form 10-K and its Quarterly Reports on Form 10-Q. Investors and security holders are urged to read these documents free of charge on the SEC's web site at <http://www.sec.gov>. The Company assumes no obligation to publicly update or revise its forward-looking statements as a result of new information, future events or otherwise.

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# Executive Leadership Team

Deep industry experience and subject matter expertise



**Marvin Slosman**  
Chief Executive Officer

- 30+ years of medical device experience, NSPR since 2019
- Previous CEO/President of ITAMAR Medical, Ovalum Vascular, Phormax Medical
- Prior experience at JNJ, GE Healthcare and Baxter
- BS from University of Alabama, MBA from University of Chicago



**Shane Gleason**  
Chief Commercial Officer

- 20+ years of cardiovascular medical device experience, NSPR since 2023
- Previous CCO of Nuvaira; VP Sales of TriVascular, Cordis and Surmodics
- Prior experience at Abbott and Edwards Lifesciences
- BS in Engineering Science and Mechanics from Virginia Tech, MBA from University of Maryland



**Mike Lawless**  
Chief Financial Officer

- 20+ years of financial leadership management, NSPR since 2025
- Previous CFO of Lifeward Ltd.
- Prior leadership experience at Brooks Automation, PerkinElmer, MFS Investment Management
- BS in Economics from Swarthmore College, MBA from Tuck School of Business at Dartmouth College



**Andrea Tommosoli**  
Chief Operating Officer

- 20+ years of medical technology experience, NSPR since 2020
- Previous international leadership experience at Integra LifeSciences, St Jude (Abbott)
- BA in Nuclear Engineering from Bologna University, MBA from HEC Paris

# Now Approved in the U.S. CGuard® Prime Carotid Stent System

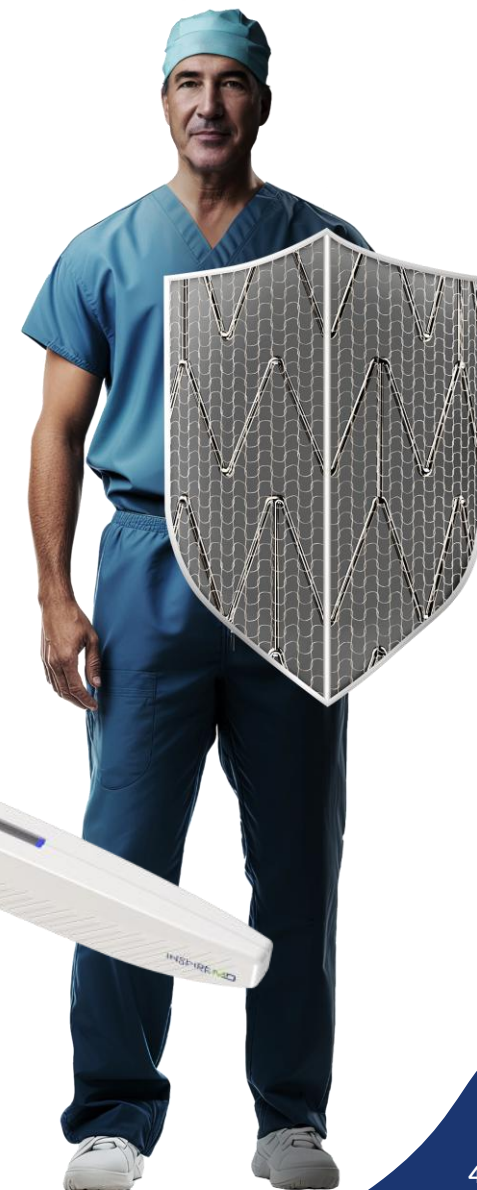
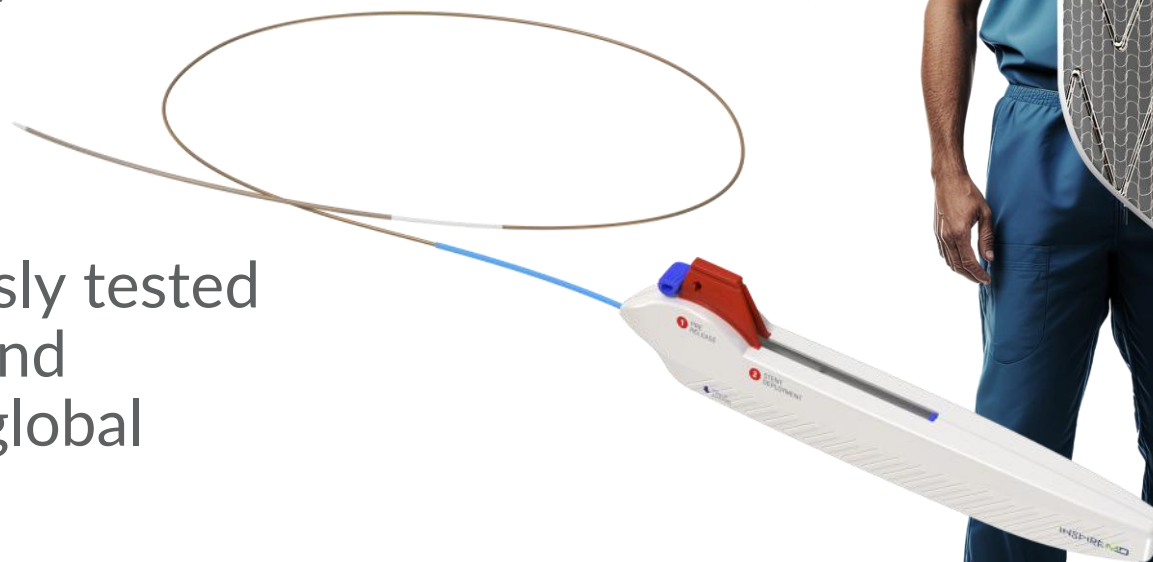
Ongoing U.S. Commercial Launch, With a Trained and Seasoned Salesforce at the Ready

## A New Level of Stroke Prevention is Here

- With 60,000+ patients treated worldwide, we're ready to elevate embolic prevention for U.S. physicians and their patients

## Tested. Trusted. Ready.

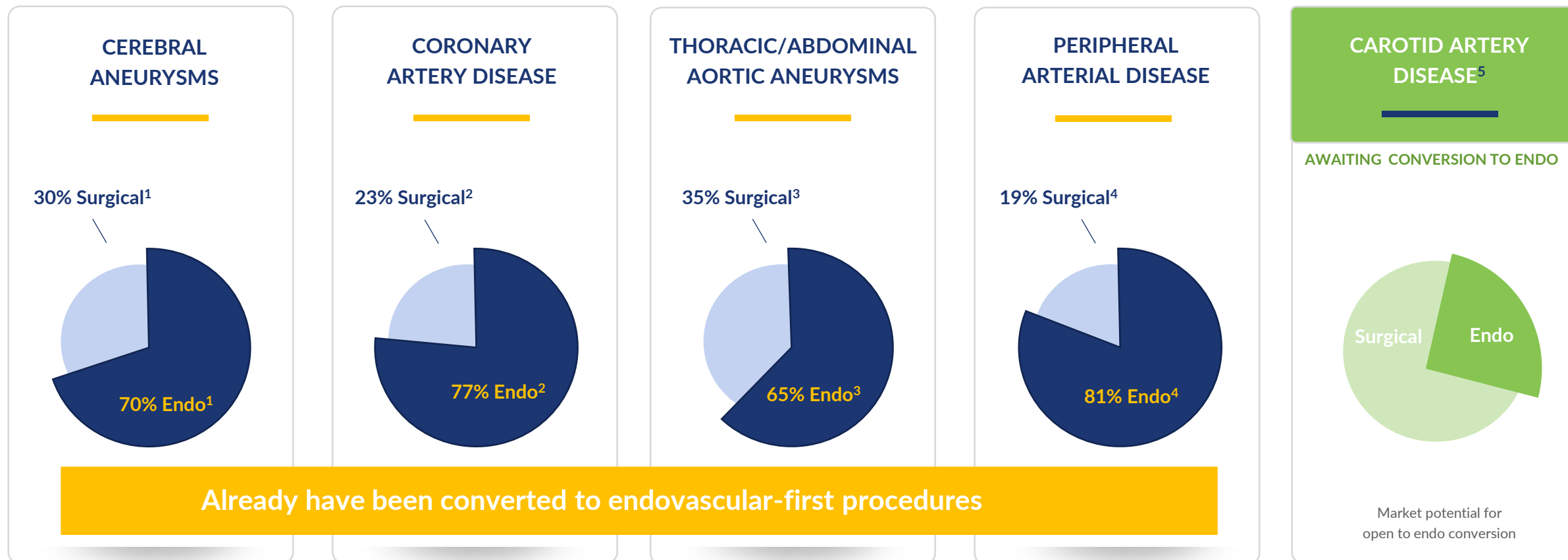
- Our U.S. entry brings a rigorously tested solution to stroke prevention and positions us to become a true global carotid technology leader





# Endovascular Revolution Has Arrived

MicroNet™ covered CGuard® stent platform could become the new gold standard



<sup>1</sup> Bekelis K, Gottlieb DJ, Su Y, et al. Comparison of clipping and coiling in elderly patients with unruptured cerebral aneurysms. J Neurosurg. 2017;126(3):811-818

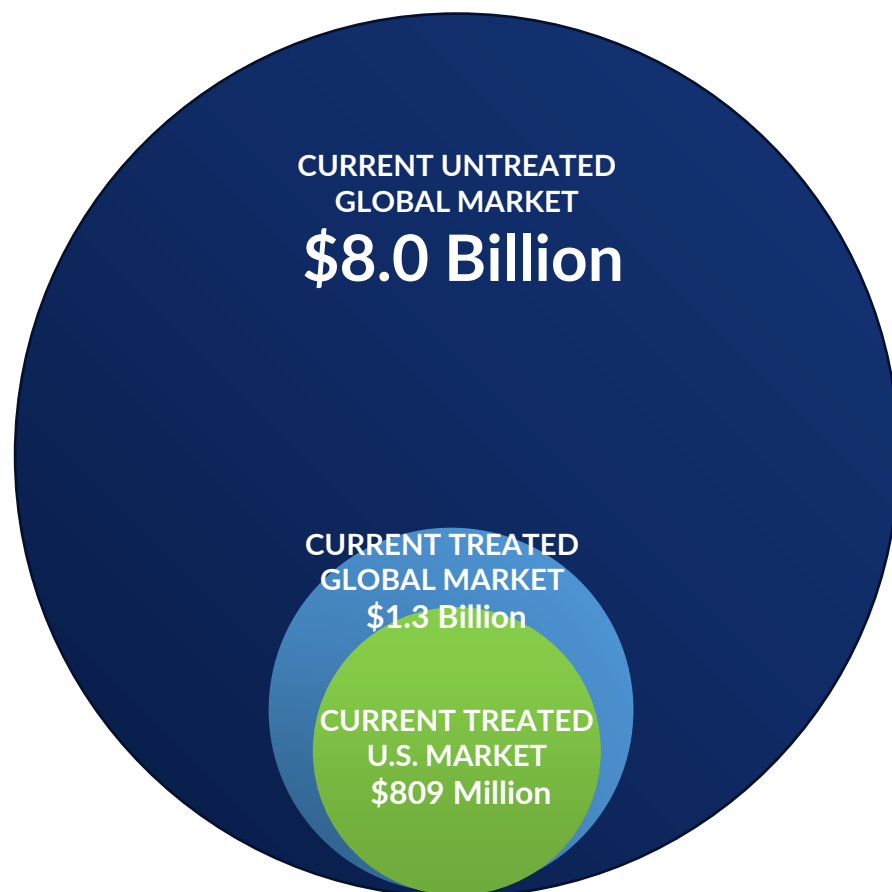
<sup>2</sup> Culler SD, Kugelmass AD, Brown PP, et al. Trends in Coronary Revascularization Procedures Among Medicare Beneficiaries Between 2008 and 2012. Circulation. 2015;131(4):362-70

<sup>3</sup> Beck AW, Sedrakyan A, Mao J, et al. Variations in Abdominal Aortic Aneurysm Care: A Report From the International Consortium of Vascular Registries. Circulation. 2016;134(24):1948-1958

<sup>4</sup> Guez, D., Hansberry, D. R., Gonsalves, C. F., Eschelman, D. J., Parker, L., Rao, V. M., & Levin, D. C. Recent Trends in Endovascular and Surgical Treatment of Peripheral Arterial Disease in the Medicare Population. AJR Am J Roentgenol. 2020 May;214(5):962-966.

<sup>5</sup> Procedures For Selected Nations, 2017 – 2025 presented to InspireMD, Inc. by Health Research International Personal Medical Systems, Inc. Sept. 13, 2021

# \$8B Global Market Potential



**~2.8 million**

People diagnosed with High Grade Carotid Stenosis (HGCS)



**~400,000**

Global procedures (CEA/CAS/TCAR) annually to treat HGCS <sup>(1)</sup>



**~155,000**

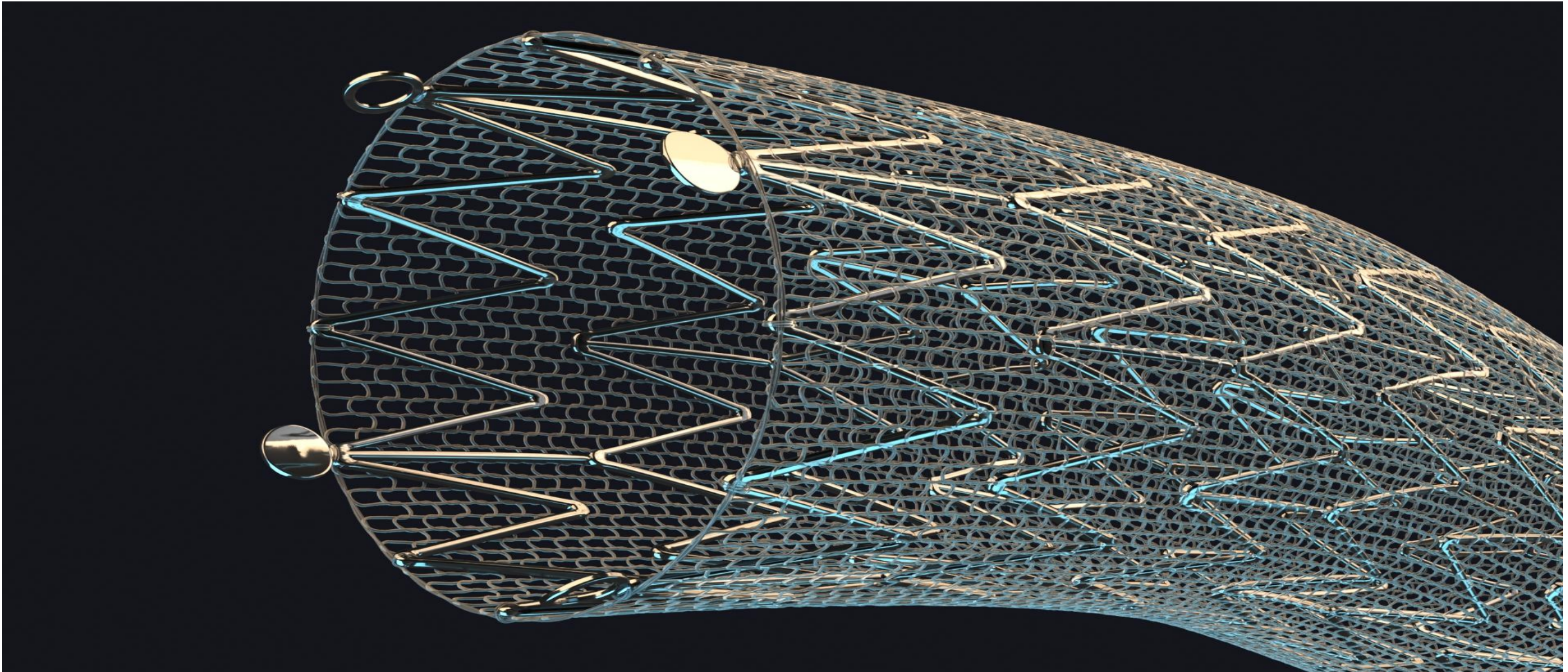
US Procedures (CEA/CAS/TCAR) annually

## Market Growth Driver

Reimbursement for the treatment of asymptomatic and standard surgical risk patients increases CAS potential, expected to increase screening and diagnosis

# Developer of CGuard® Prime Carotid Stent Platform

Dedicated to advancing the prevention of stroke and treatment of carotid artery disease



# Transforming the Carotid Intervention Market



## **CGuard® Carotid Stent Platform**

### **Proprietary MicroNet™ Technology**

Highly differentiated platform for treatment of carotid artery disease and stroke prevention



## **Unmatched Clinical Outcomes**

### **Short and Long-Term Results**

Ten clinical trials completed with >2,000 patients presented or published including US IDE trial



## **Deep Pipeline and Strategic Roadmap**

MicroNet™ technology pipeline; SwitchGuard NPS for TCAR; acute stroke with tandem lesions



## **CMS Coverage Expanded**

### **Standard Risk and Asymptomatic Reimbursement**

Enables stent-first approach to carotid revascularization



## **Significant Market Potential**

### **Current Treated Market: \$1.3 Billion**

(Patients treated with CEA + CAS globally), with significant growth potential



## **Expanding Commercial Footprint**

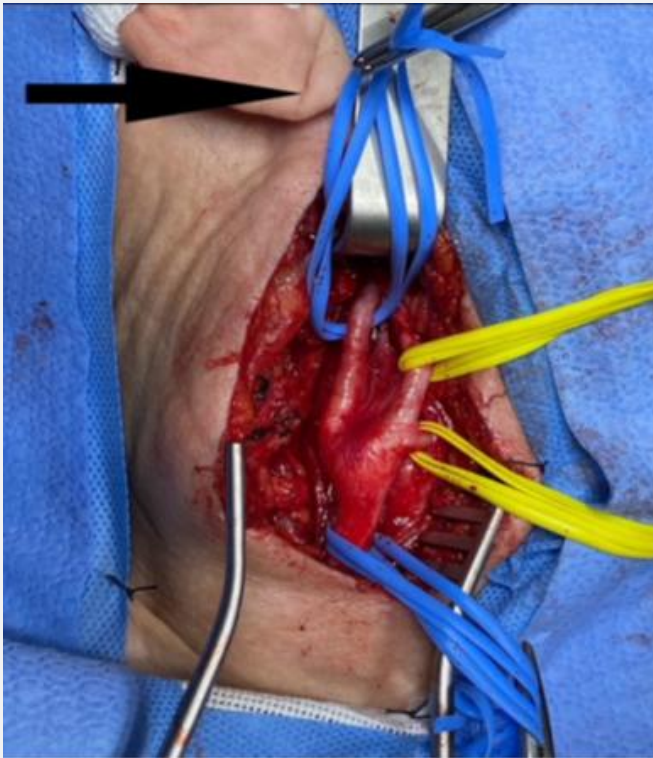
Double-digit market share in >30 served countries (>30% in Italy)

Over 65,000 stents sold to date

**CGuard Prime Received FDA Approval in June 2025**



# A Picture is Worth a Thousand Words...



Surgical Endarterectomy

VS



90% occlusion

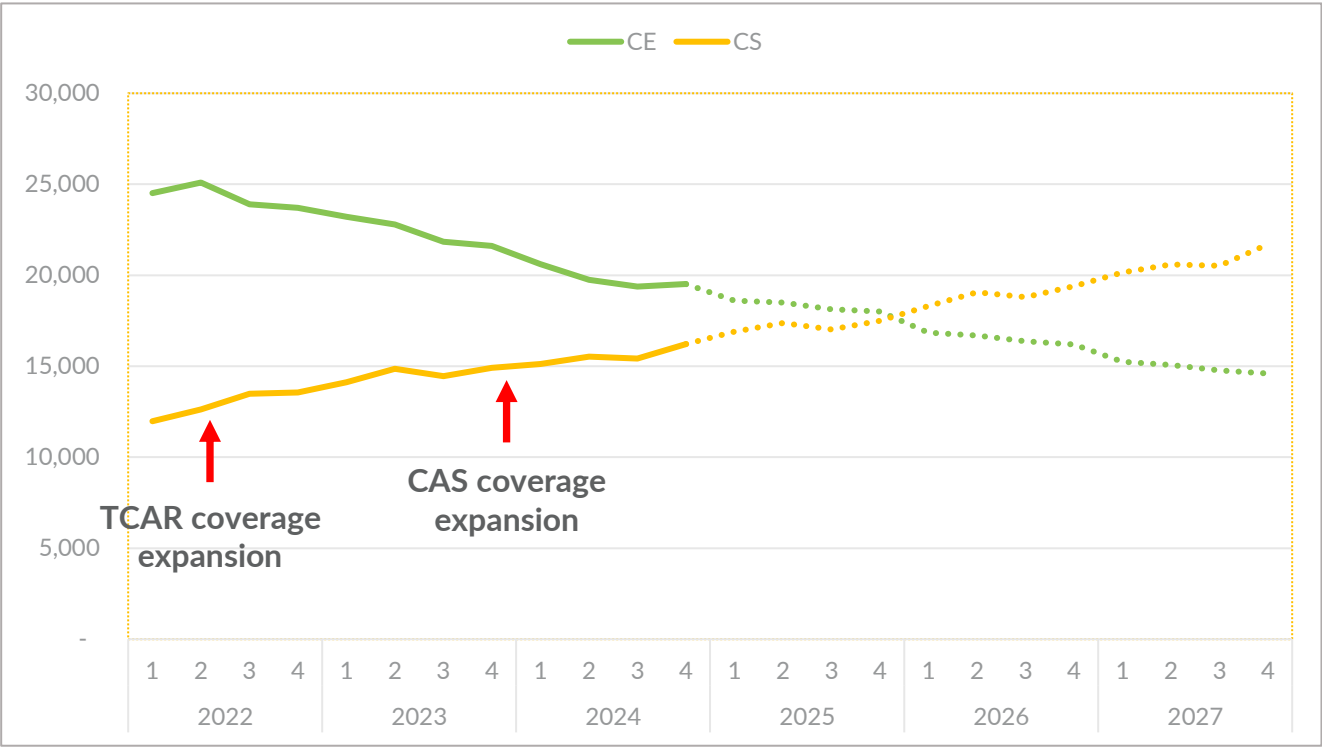


CGuard® Stent

Stenting

# Carotid Stenting (CAS + TCAR) is on the Rise

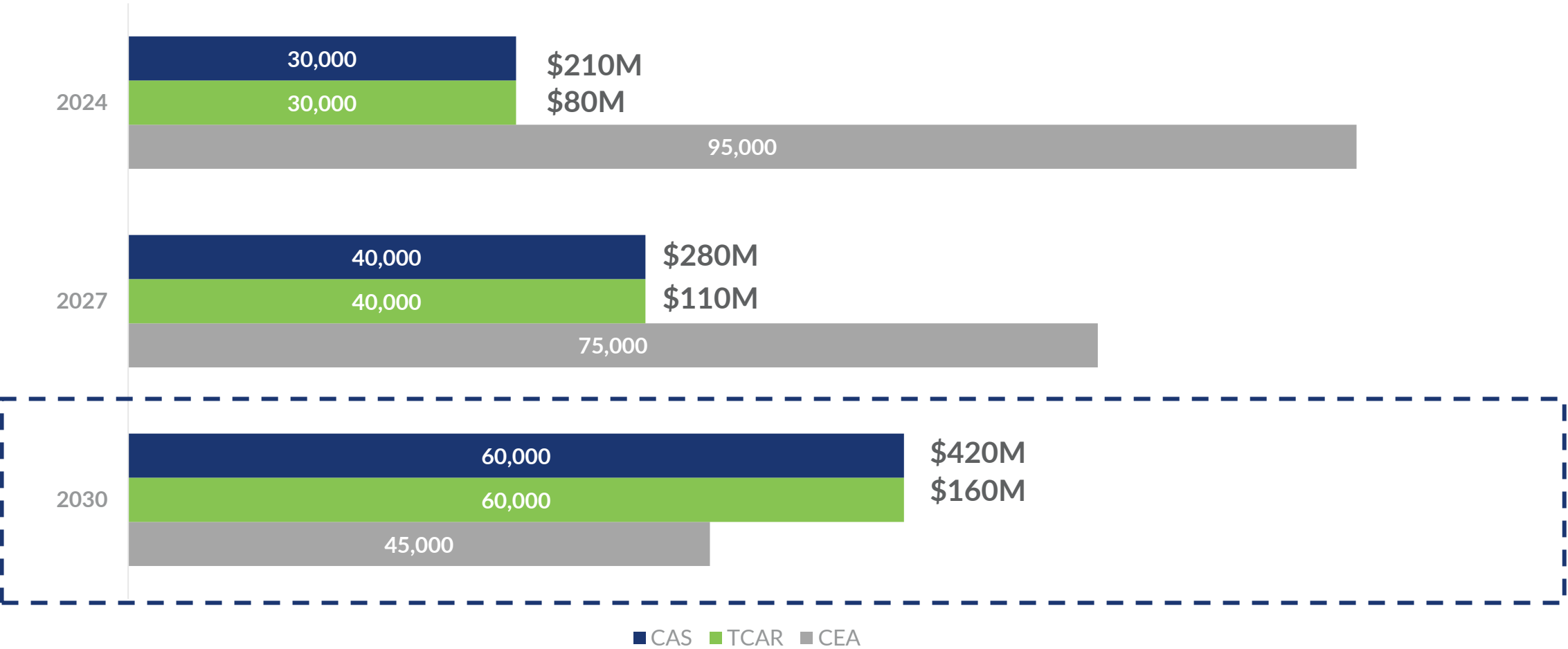
- DRG/CPT data by Facility and HCP
- Trailing 12 Quarters through Q4 2024 (one quarter in arrears)
- ~147K annual carotid intervention claims
  - Represents ~90% of procedures (does not include Kaiser, Gov't/DoD)
  - **10.6% stent (CAS + TCAR) CAGR over prior three years** (TCAR reimbursement expansion 2022, CAS 2023)



Diagnosis	2024 Patient Encounters
<div>●</div> Carotid Endarterectomy DRG 3 DRG Codes	79,239
<div>●</div> Carotid Artery Stent DRG 3 DRG Codes	62,273

# Market Shift

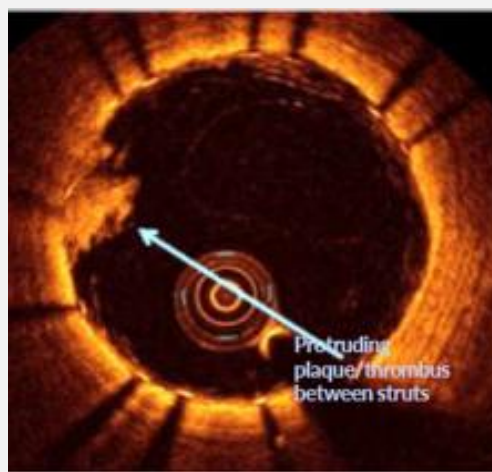
The market has already begun the shift from surgery to stents (procedures and revenue opportunity)



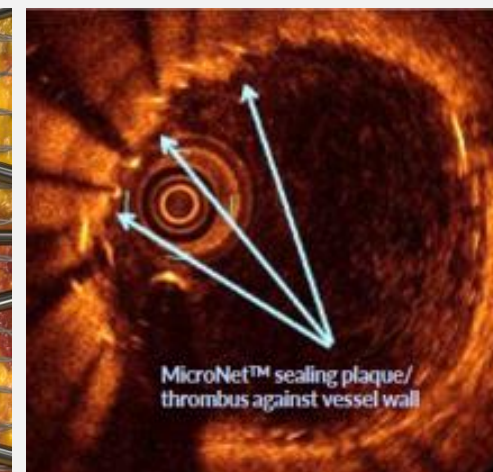


# The CGuard® Difference: The Impact of MicroNet™ Technology<sup>1</sup>

Approximately 2/3 of neurovascular events (stroke, TIA) occur after carotid interventions take place<sup>2</sup>. Prevention depends on the protection from the stent implanted



VS.



## Conventional Open Cell Stent (1<sup>st</sup> GEN):

Larger cell sizes allow increased plaque protrusion risk

## CGuard Stent System (2<sup>nd</sup> GEN):

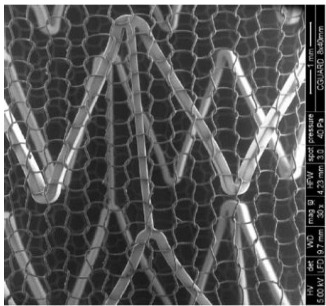
Stents are covered in MicroNet to minimize plaque prolapse

### MicroNet: Advanced Protection Technology

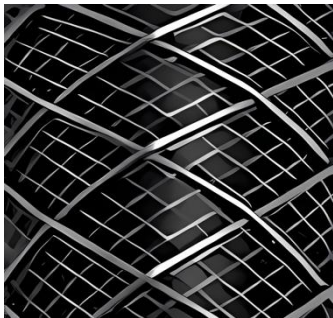
MicroNet captures and locks thrombus & plaque materials against the arterial wall, deterring debris from entering the bloodstream by acting as a mechanical barrier to prevent plaque prolapse



# Stent Cell Sizes (Mechanism of Action)



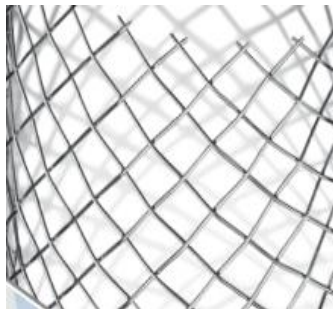
CGuard®



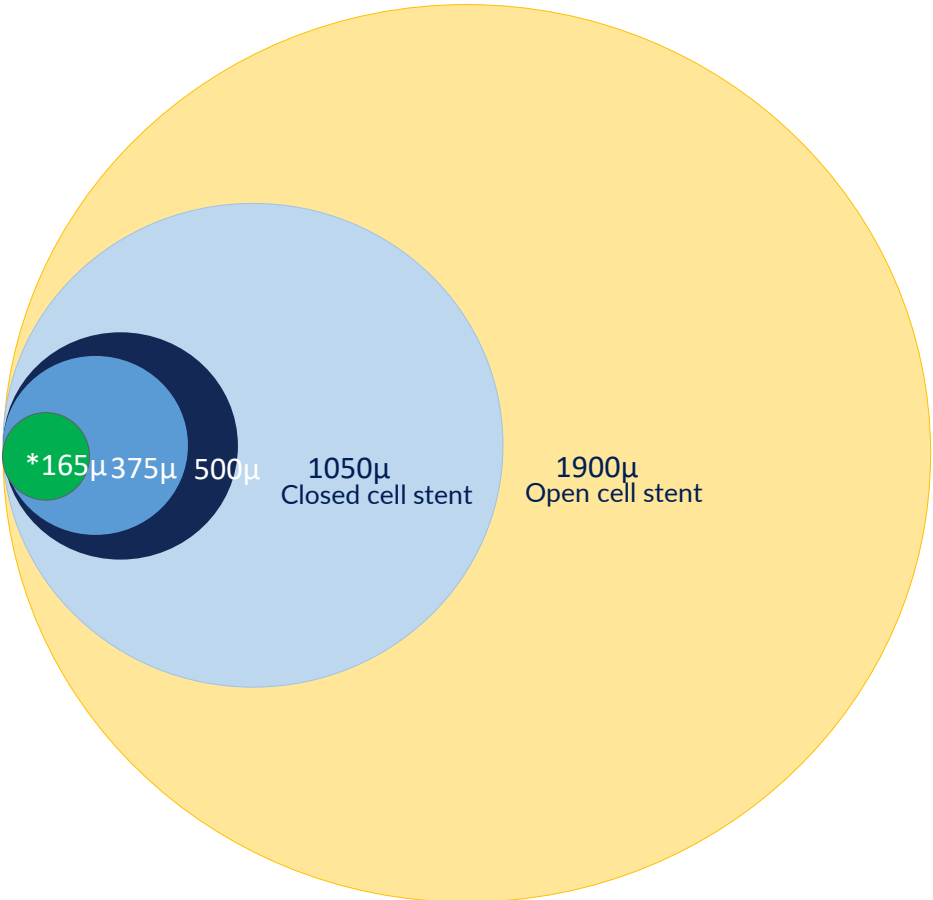
RoadSaver™



ACCULINK™

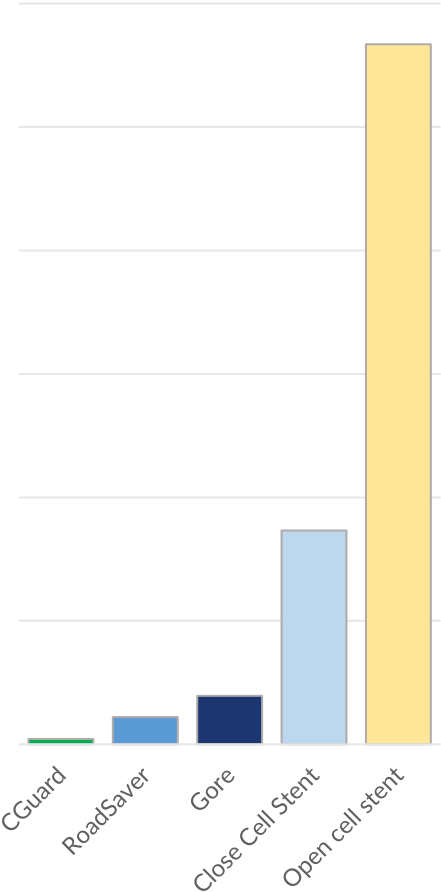


WallStent™



\* Average in lesion at expanded state

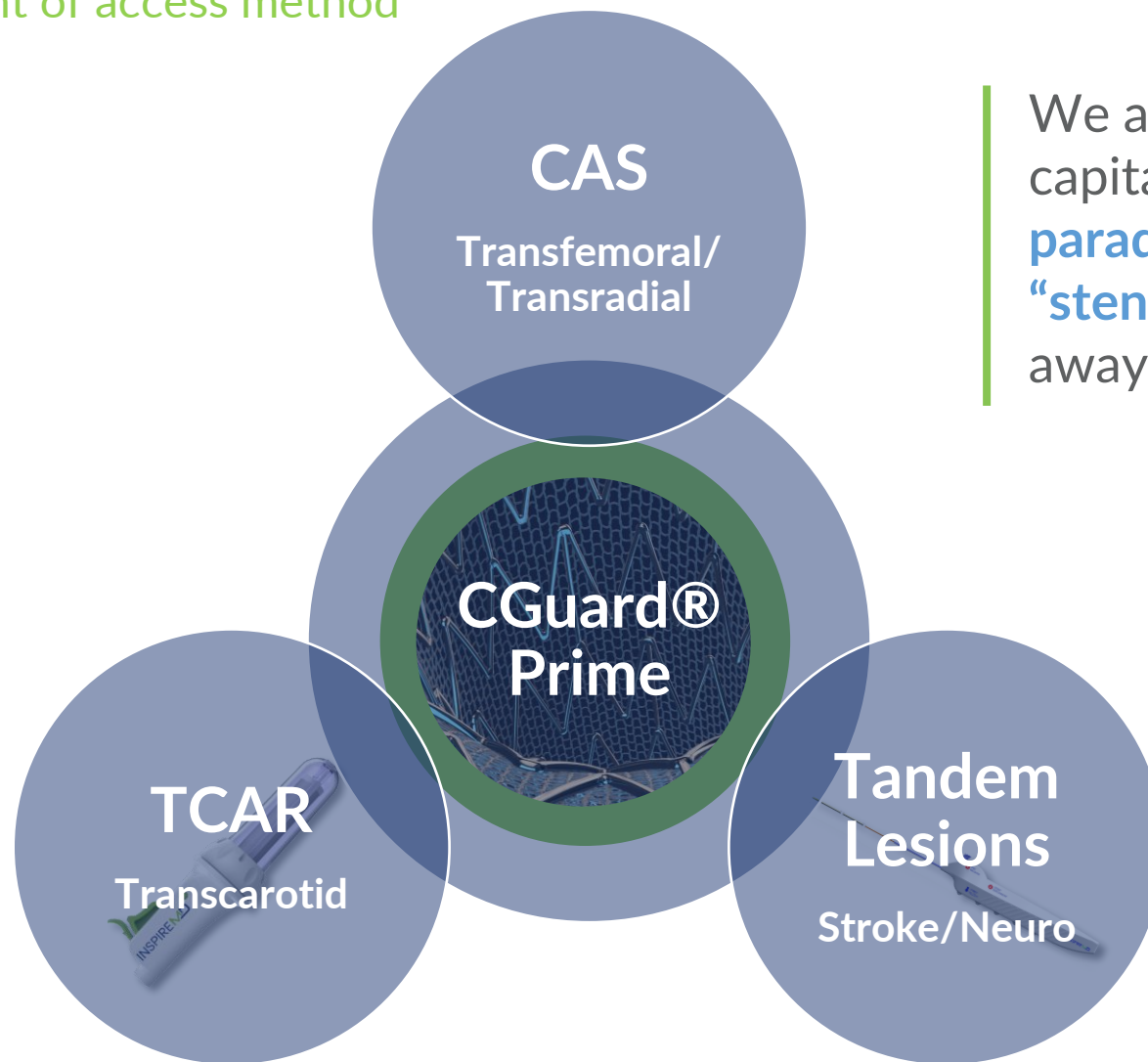
Area Comparison (mm<sup>2</sup>)



\* Bench test results may not necessarily be indicative of clinical performance.  
Stent images approximately at scale but not exact

# Long-Term Stent Performance is the Cornerstone of Our Business

Benefits are independent of access method



We are positioned to capitalize on the ongoing **paradigm shift toward a “stent first” approach** and away from surgery

# Scientific Advisory Board (Multidisciplinary KOLs)



Sean Lyden, M.D.  
Vascular Surgeon



Chris Metzger, M.D.  
Medical Director  
Cardiologist



Kenneth Rosenfield, M.D.  
Interventional Cardiologist



Adnan H. Siddiqui, M.D., Ph.D.  
Professor, Vice Chairman of  
the Department of  
Neurosurgery



# Unmatched Foundational Data and Evidence



# PMA Trial Design (C-GUARDIANS)

Prospective, multicenter international single-arm clinical trial



## Pivotal Study Objective

Evaluate the safety and efficacy of the CGuard® Carotid Stent System in the treatment of carotid artery stenosis



## Study Metrics

**316 Patients** – Enrollment completed (23 months)  
**24 Centers** (19 in the United States and 5 in Europe)



## Principal Investigators

Chris Metzger, M.D. (Ballad Health, Kingsport, TN)  
Piotr Musialek, M.D. (John Paul II Hospital, Krakow, Poland)



## Primary Endpoints

**Composite of DSMI through 30 days or ipsilateral stroke 31 - 365 days post-index procedure**

Calculation will be the composite of the following: incidence of the following major adverse events: death (all- cause mortality), all stroke, and myocardial infarction (DSMI) through 30-days post-index procedure, based on the clinical events or ipsilateral stroke from 31-365-day follow-up, based on CEC adjudication. The rate will be compared to a performance goal of 11.6% developed from published CAS literature.

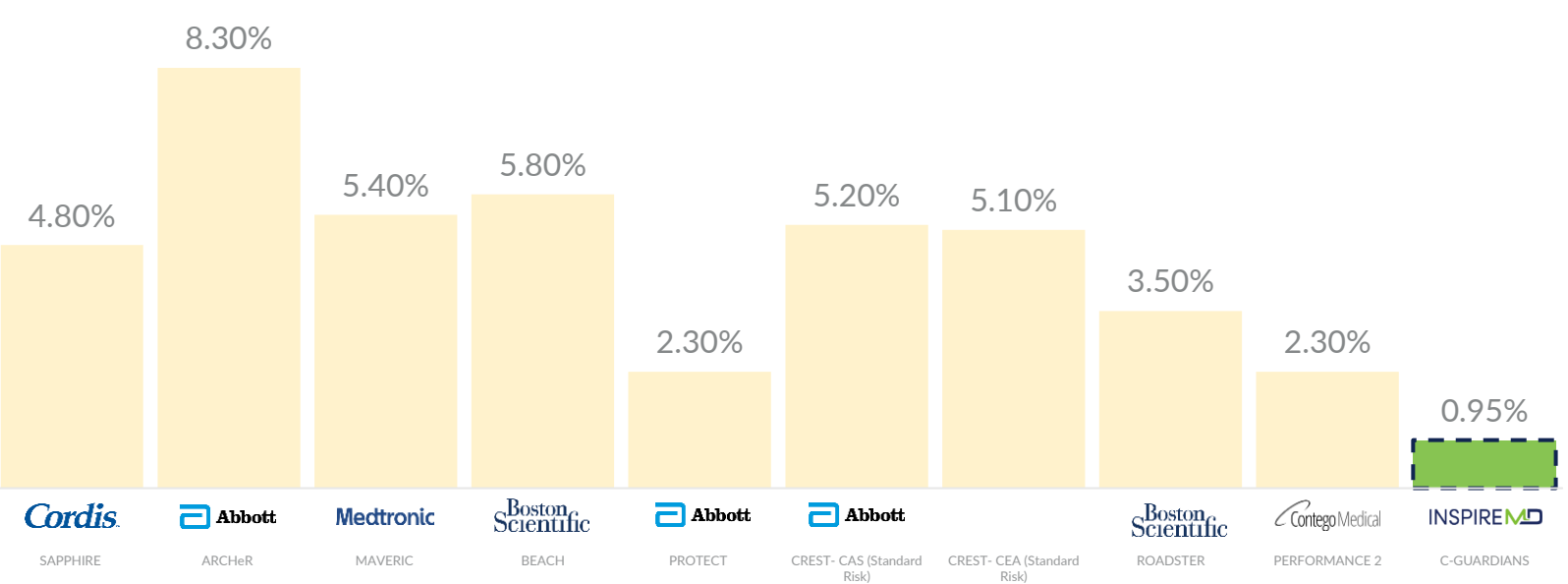
# C-GUARDIANS: 30-Day Safety Outcomes

30-Day Death/Stroke/MI (DSMI) rates, compared to other carotid trials

## CGUARDIANS 30-day outcomes

	Intention to Treat	Per Protocol <sup>1,2</sup>
30-day DSMI	0.95% (3)	0.63% (2)
Death	0.32% (1)	0.0% (0)
Stroke	0.95% (3)	0.63% (2)
MI	0.00% (0)	0.0% (0)

## 30-day DSMI (multiple FDA trials)



- Demonstrates the lowest 30-day DSMI rates of any FDA approval/clearance trial for carotid intervention (CAS or TCAR)
- Trial includes independent event adjudication
- 0.95% event rate consistent with 1.03% 30-day event rate from >1350 patients in peer-reviewed, published studies of real-world use, supporting the CGuard Stent as a front-line therapeutic option for carotid revascularization

1. Kaplan-Meier estimate for all 1-year endpoints  
2. Per Protocol Analysis excludes 15 patients with Major Protocol Deviations

Yadav JS, et al, N Engl J Med 2004;351:1493-501. Gray WA, et al, J Vasc Surg. 2006 Aug;44(2):258-68. Higashida RT, et al, Stroke. 2010 Feb;41(2):e102-9. White CJ, et al, CCI 2006 Apr;67(4):503-12. Iyer SS, et al, J Am Coll Cardiol. 2008 Jan 29;51(4):427-34. Matsumura JS, et al, J Vasc Surg. 2012 Apr;55(4):968-976.e5. SSED Premarket Approval Application (PMA) Number: P040012/SO34. Kwolek CJ, et al, J Vasc Surg. 2015 Nov;62(5):1227-34. W. Gray VIVA 2023

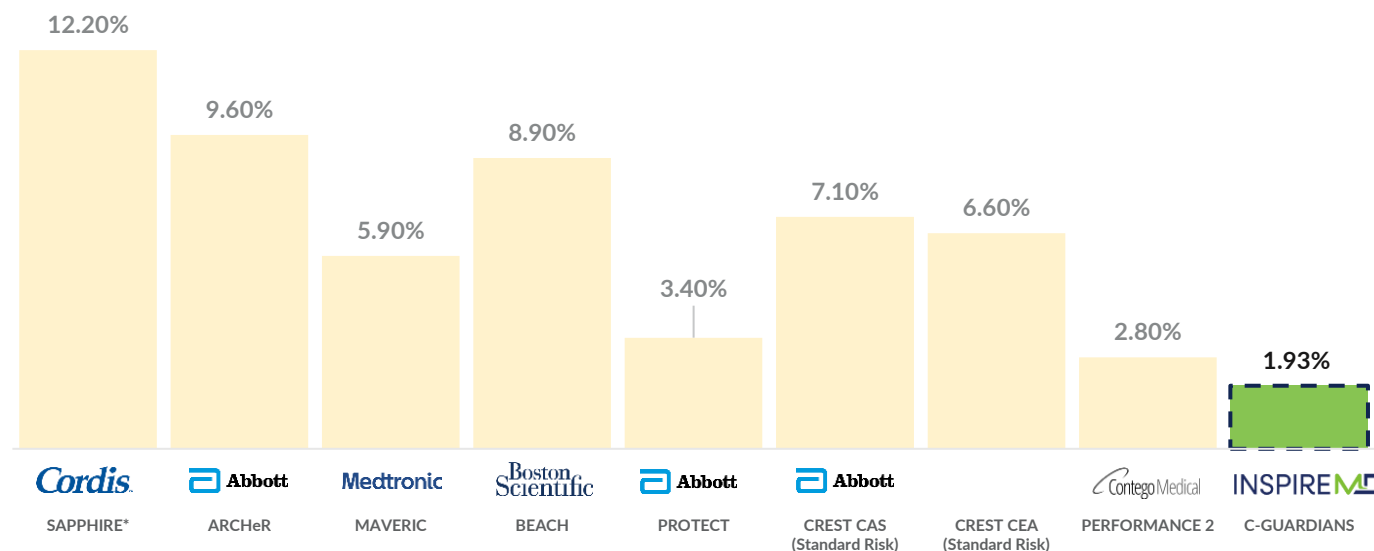
# C-GUARDIANS: 1 Year Outcomes

365-Day Death/Stroke/MI (DSMI) rates, compared to other carotid trials

## CGUARDIANS 365-day

	Intention to Treat	Per Protocol <sup>1,2</sup>
Primary Endpoint: 30-day Death, Stroke, or MI + Ipsilateral Stroke between 31 and 365 days	1.93% (6)	1.70% (5)
Target Lesion Revascularization (TLR) through 365 days.	0.98% (3)	1.01% (3)

## 365-day (multiple FDA trials)



- Demonstrates the lowest primary endpoint event rates of any FDA approval/clearance trial for CAS
- Trial includes independent event adjudication
- 1.93% event rate consistent with 1.99% 1-year event rate from >1100 patients in peer-reviewed, published studies of real-world use, supporting the CGuard Stent as a front-line therapeutic option for carotid revascularization

# OUS Clinical Data Supporting CGuard® Periprocedural Safety

CGuard commercially available in Europe since 2015 (CE Mark)

Study	Year	N	DS 30-Day % (n)	DSMI 30-Day % (n)
CARENET	2015	30	0.0%(0)	0.0%(0)
PARADIGM	2016	101	0.0%(0)	0.0%(0)
CASANA	2017	82	1.22%(1)	1.22%(1)
WISSGOTT I	2017	30	0.0%(0)	0.0%(0)
IRONGUARD I	2018	200	2.50%(5)	2.50%(5)
WISSGOTT II	2019	30	0.0%(0)	0.0%(0)
IRONGUARD 2	2020	733	0.5%(4)	1.09%(8)
GREEK Study	2021	103	0.0%(0)	0.0%(0)
SIBERIA	2021	50	0.0%(0)	0.0%(0)
<b>Total</b>		<b>1,359</b>	<b>0.80%(11)</b>	<b>1.03%(14)</b>



# CARMEN Meta-Analysis (112 Studies, 68K Patients)<sup>1</sup>

## 30-day and 12-month event rates by stent type (random-effect model)

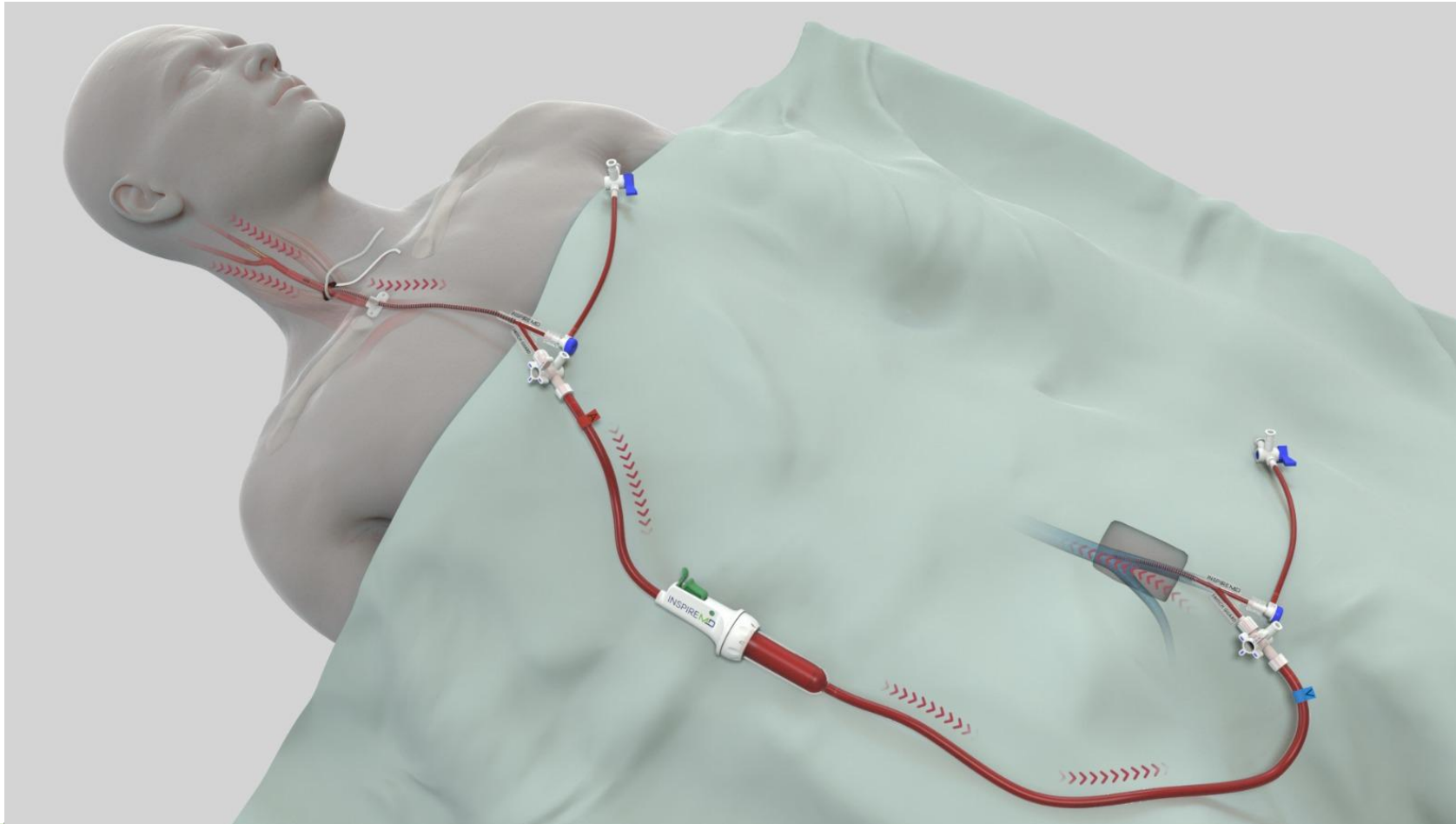
- Improvements from second-generation stents (SGS) relative to first-generation stents (FGS), but important differences exist amongst the SGS
- CGuard®'s MicroNet™ **drives improvement both in event reduction** (due to improved scaffolding) and **restenosis reduction** (due to less metal burden)

Event	FGS	SGS	Terumo RoadSaver/ Casper	Gore (not marketed)	INSPIRE MD CGuard
30-day Stroke [%] (95% CI)	3.01 (2.63-3.38)	0.60 (0.28-0.92)	0.50 (0.0-1.15)	2.89 (1.03-4.76)	0.54 (0.17-0.92)
30-day Death / Stroke / MI [%] (95% CI)	4.11 (3.65-4.56)	1.30 (0.64-1.96)	1.33 (0.0-2.66)	4.82 (2.44-7.2)	1.08 (0.55-1.60)
12-month Ipsilateral Stroke [%] (95% CI)	3.51 (2.52-4.50)	0.7 (0.0-1.47)	0.26 (0.0-1.27)	3.1 (1.11-5.1)	0.38 (0.0-0.9)
12-month Restenosis [%] (95% CI)	3.97 (0.28-5.14)	3.38 (1.39-5.37)	7.16 (4.45-9.86)	4.83 (2.36-7.29)	0.34 (0.0-0.82)
12-month Ipsilateral Stroke / Restenosis [%] (95% CI)	8.15 (6.34-9.93)	5.12 (2.14-8.10)	7.86 (5.04-10.68)	7.93 (4.82-11.04)	0.73 (0.0-1.44)



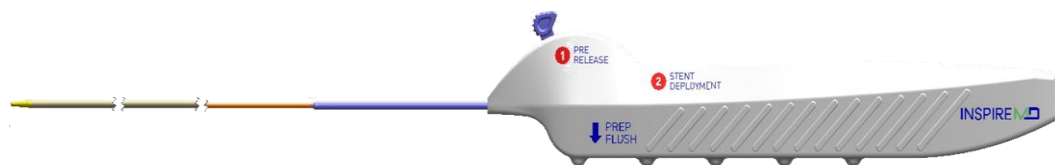
TCAR

# Transcarotid Arterial Revascularization (TCAR): Direct Carotid Access with Reverse Flow



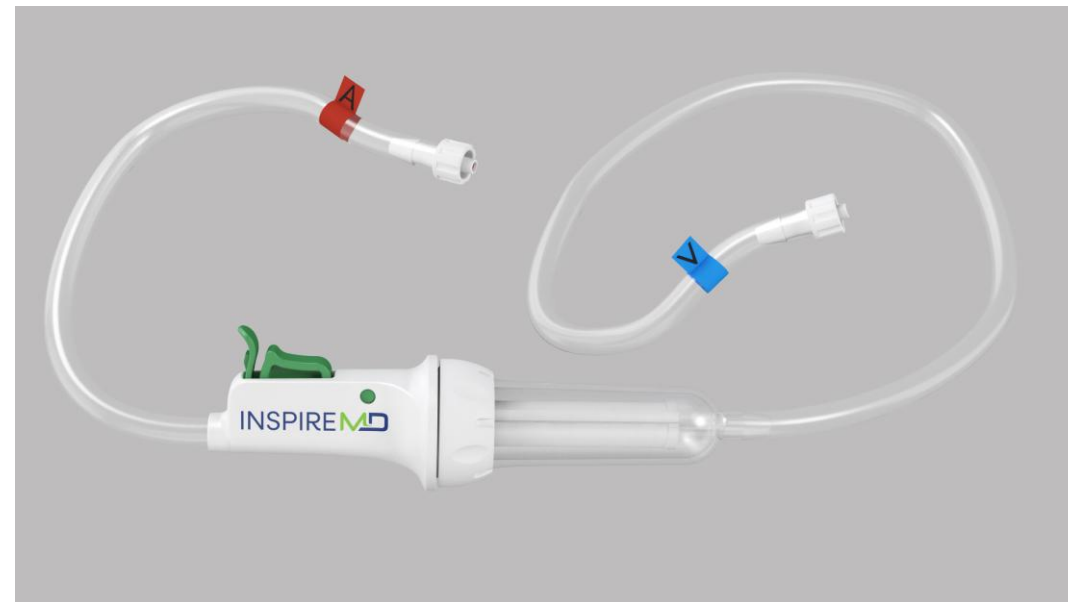
**InspireMD Combines SwitchGuard NPS with Best-in-Class CGuard® Implant**

# Developing Comprehensive TCAR Solution



80cm

**CGUARD<sup>®</sup> PRIME**



**SWITCH  
GUARD**

## TCAR Market Opportunity

~3,000 TCAR-trained physicians in the U.S.<sup>1</sup>

~30,000 TCAR procedures (~\$210M) performed in the U.S. in 2024, double-digit growth projected<sup>1,2</sup>





# Commercial and Corporate

# Roadmap / Milestones



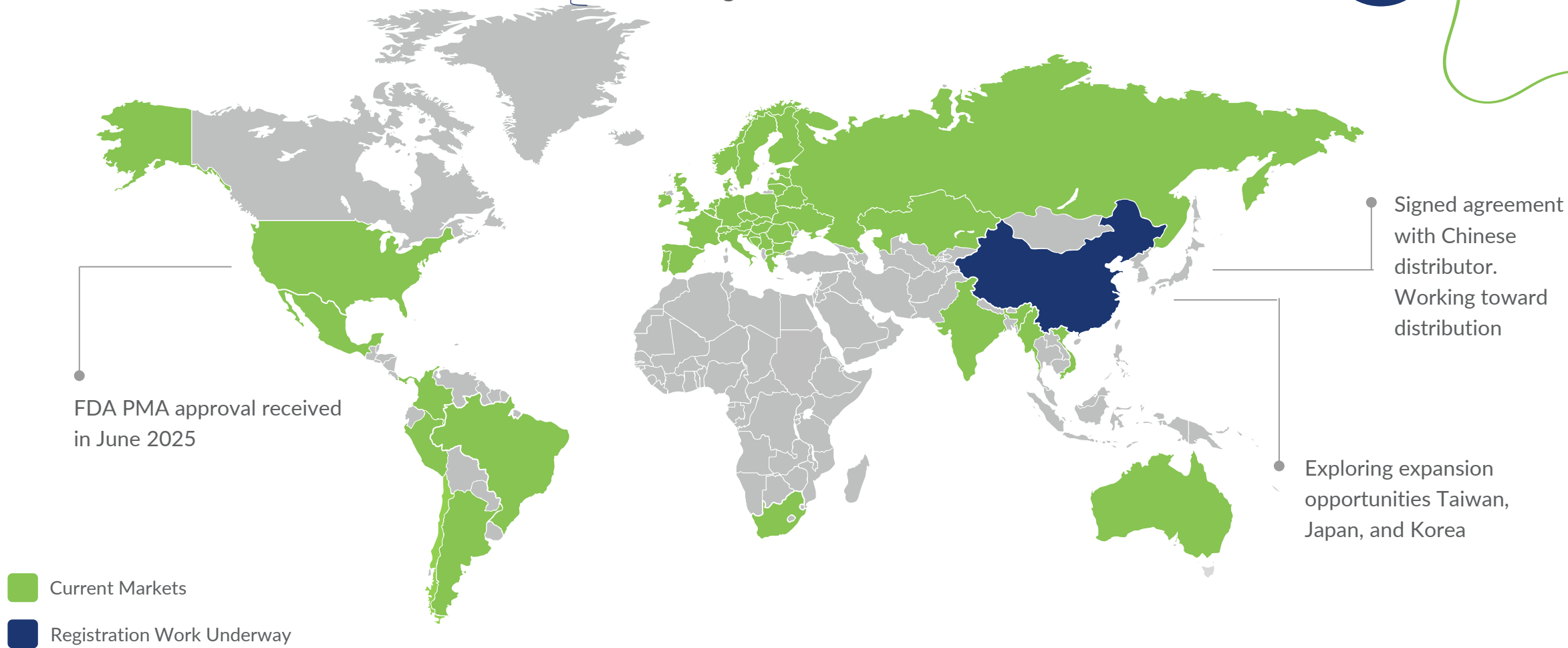
## Key Value Drivers

2025	2026	2027
<b>CGuard® Prime CAS Approval</b> Launch for CAS	<b>CGuard Prime CAS Market Expansion</b>	<b>SwitchGuard NPS Clearance / Launch (Full TCAR Tool Kit)</b>
<b>U.S Operational Expansion</b> Build out of U.S. HQ, Operational and Commercial	<b>CGuard Prime TCAR Approval</b> CGuard Prime indicated stent for TCAR	CGuard Prime indicated stent with SwitchGaurd Neuro Protection for TCAR
<b>Acute Stroke EFS- Tandem Lesions</b>		<b>Further Commercial Expansion in the U.S.</b>
<b>CGuard Prime FDA &amp; CE Mark Approval</b>		<b>Potential Global Expansion (Asia)</b>
		<b>Potential Portfolio Expansion</b>



# Commercial Footprint

- Active selling in more than 30 countries
- Over 65,000 systems sold
- Average CAS Market share of 25%



# Robust Intellectual Property Portfolio

Proprietary platform technology supported by IP

Patent Rights	Issued	Pending
USA	20	7
Rest of World	54	21

InspireMD will continue to strengthen and broaden its patent protection globally to enable future pipeline products

IP Counsel: Kligler and Associates, P.A.

# Transformational July 2025 PIPE and May 2023 Financing Up To \$153.7 Million

To advance the company towards successful U.S. commercialization and path to profitability

## July 2025 PIPE Financing of \$40.1 million

## May 2023 Financing of \$113.6 million

- \$42.2 million upfront funding
- \$71.4 million tied to the achievement of four milestones (\$17.9 million each) each expiring upon the earlier of 5 years or 20 trading days following the achievement of the following milestones:
  1. **Complete, July 2024:** Release of primary and secondary end points related to one year follow up study results from the C-Guardians pivotal trial;
  2. **Complete, July 2025:** Receipt of Premarket Approval (PMA) from the FDA for the CGuard® Prime Carotid Stent System (135 cm);
  3. Receipt of FDA approval for the SwitchGuard trans carotid system and CGuard Prime 80 cm; and
  4. Completion of four quarters of commercial sales of the CGuard in the U.S.

Strong validation from leading fundamental healthcare investors, with additional participation by select NSPR Board members.

ROSALIND

SOLEUS CAPITAL

NANTAHALA  
CAPITAL MANAGEMENT, LLC

VELAN  
CAPITAL

MARSHALL WACE

OrbiMed  
Healthcare Fund Management

PARKMAN  
HEALTHCARE  
PARTNERS

Ghisallo

TEKLA  
Capital Management LLC



# Summary Financials

August 4, 2025

## NASDAQ Capital Markets

NSPR

Stock Price	\$2.67
Average 3 Month Volume	170K
Shares Outstanding	41.7M
Shares Outstanding with Prefunded Warrants	85.8M
Market Capitalization with Prefunded Warrants	\$229.0M
Cash Balance - Aug 4, 2025	\$72.6M
Debt	\$0M

INSPIREMD



Nasdaq: NSPR