



Xeltis named one of 15 most promising private medtech companies globally

First-ever company developing bioabsorbable heart valves and vessels to allow Endogenous Tissue Restoration in patients with heart conditions

Zurich, Switzerland, 14 October 2015 -- Xeltis has been named as one of the 15 most promising private medtech companies in the industry globally, as part of annual Fierce 15 list issued today. The list is compiled each year by *FierceMedicalDevices*, an internationally recognised authoritative daily report in medical technology.

Swiss-Dutch Xeltis is the first-ever medical device company developing bioabsorbable heart valves and vessels. The Xeltis novel technology is designed to allow a new therapeutic approach called Endogenous Tissue Restoration (ETR), potentially a complete paradigm shift in cardiovascular treatment.

The Xeltis products are made of bioabsorbable polymers structured as a porous matrix, which is designed to work as a valve or vessel once implanted, and to allow the body's natural healing process to pervade it with new functioning tissue. As the natural heart valve or vessel forms, the matrix is structured to be bioabsorbed and leave the patient with its own healthy tissue.

"Today's recognition acknowledges the extraordinary potential of our innovative technology - stated Laurent Grandier, CEO at Xeltis - 'and it is an important credit for a company whose products are still in development and a few years away from the market'".

ETR has the potential to help reduce the risk of patient complications generally caused by foreign material in the body, as well as the risk of repeated procedures normally needed for patients with existing replacement valves,^{1,2,3,4,5} therefore possibly lowering the overall healthcare costs.

"Xeltis is dedicated to transforming the standard of care in cardiovascular treatment - added Grandier - our ambition is offering patients that need heart valve or vessel replacement new hope for better and longer lives".

About the Xeltis technology and ETR

The Xeltis technology is based on Nobel prize-winning science of supramolecular chemistry by professor Jean-Marie Lehn. It stems from world-leading work in chemistry of materials, biomechanics and microstructure from the Eindhoven University of Technology, The Netherlands - a European center of excellence for technology and open innovation.

The Xeltis technological platform can be applied to a number of heart valves and vessels, providing the company's pipeline with extraordinary potential in cardiovascular treatment. The first product Xeltis is planning to bring to market in a few years is a pulmonary valve for pediatric patients.

There are around 80,000 children born each year with congenital heart defects requiring right ventricular outflow tract (RVOT) reconstruction,^{6,7,8} a procedure that involves pulmonary valve replacement. With a long-life span ahead of them, young patients would benefit even



more than adult patients from reduced risk of repeated surgeries.⁹ Xeltis has already secured positive data on ETR from its first clinical trial in patients born with only one functioning heart ventricle requiring the implantation of a heart conduit.

About Xeltis

Xeltis is a European medical device company developing the first ever bioabsorbable heart valves and vessels to allow Endogenous Tissue Restoration (ETR) as a new, transformational therapeutic approach in cardiovascular treatment. The company is based in Zurich, Switzerland and in Eindhoven, The Netherlands. Xeltis successfully completed an oversubscribed series B financing round of €27 million in November 2014. Investors include Life Sciences Partners, The Netherlands (LSP), Kurma Partners, France (Kurma), VI Partners, Switzerland (VI) and private shareholders.

About FierceMedicalDevices

FierceMedicalDevices keeps biopharma executives, device developers, engineers, and researchers updated on the must-know news, trends and developments in medical devices and diagnostics. More than 90,000 top industry professionals rely on *FierceMedicalDevices* for an insider briefing on the day's top stories. Signup is free at www.fiercemedicaldevices.com/sign-up.

This is *FierceMedicalDevices*' fourth annual Fierce 15 selection. Every year *FierceMedicalDevices* evaluates hundreds of private companies from around the world for its Fierce 15 list, which is based on a variety of factors such as the strength of its technology, partnerships, venture backers and a competitive market position. A complete list of Fierce 15 companies can be found online at <http://www.fiercemedicaldevices.com/special-reports/2015-fierce-15>.

- Ends -

For more information: www.xeltis.com

Xeltis: Laura Bertossi Monti +44 755 442 5402; laura.monti@xeltis.com

-
- 1 Hammermeister KE, Sethi GK, *et al.* A Comparison of Outcomes in Men 11 Years after Heart-Valve Replacement with a Mechanical Valve or Bioprosthesis. *New England Journal of Medicine*. 1993; 328:1289-1296 May 6, 1993
 - 2 Hammermeister KE, Sethi GK, *et al.* Outcomes 15 years after valve replacement with a mechanical versus a bioprosthetic valve: final report of the Veterans Affairs randomized trial. *Journal of the American College of Cardiology*. Volume 36, Issue 4, October 2000, Pages 1152–1158
 - 3 Bloomfield P, Wheatley DJ, *et al.* Twelve-year comparison of a Bjork-Shiley mechanical heart valve with porcine bioprostheses. *New England Journal of Medicine*. 1991; 324: 573–579.
 - 4 Lee C, Kim YM, Lee CH., Outcomes of pulmonary valve replacement in 170 patients with chronic pulmonary regurgitation after relief of right ventricular outflow tract obstruction: implications for optimal timing of pulmonary valve replacement. *Journal of the American College of Cardiology*. 2012;60:1005-1014.
 - 5 Lee C, Park CS, Lee CH, Durability of bioprosthetic valves in the pulmonary position: long-term follow-up of 181 implants in patients with congenital heart disease. *Journal of Thoracic Cardiovascular Surgery*. 2011;142:351-358.
 - 6 United Nations, Department of Economic and Social Affairs, Population Division (2013). *World Population Prospects: The 2012 Revision, DVD Edition*.
 - 7 Apitz C, Webb GD, Redington AN. Tetralogy of Fallot. *Lancet* 2009; 374:1462–1471

KELTIS

8 Wren C, et al.. Temporal variability in birth prevalence of cardiovascular malformations. Heart, 2000; 83:414-419.

9 Chen PC, Sager MS, Zurakowski D, Younger age and valve oversizing are predictors of structural valve deterioration after pulmonary valve replacement in patients with tetralogy of Fallot. Journal of Thoracic Cardiovascular Surgery. 2012;143:352-360.