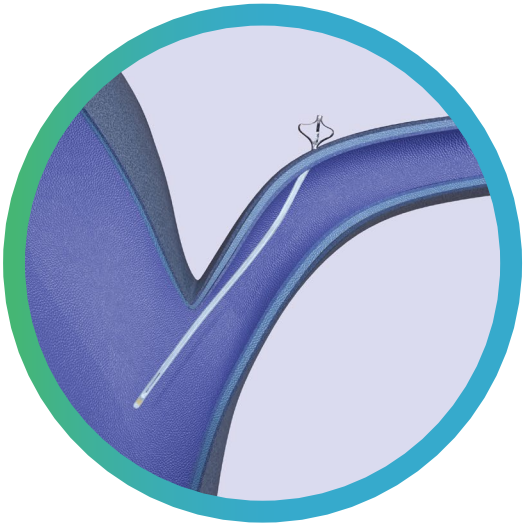
Stride
CLINICAL TRIAL



THE ENDOVASCULAR eShunt® SYSTEM

For the Treatment of Normal Pressure Hydrocephalus

The STRIDE Clinical Trial is evaluating the safety and efficacy of the investigational eShunt System—an endovascular approach to treating normal pressure hydrocephalus (NPH).[1]

CAUTION: Investigational device. Limited by United States law to investigational use.

Go to STRIDEClinicalTrial.com to see if your patients prequalify

Normal Pressure Hydrocephalus

Not Simply a Sign of Aging

NPH is a condition in which there is an abnormal buildup of CSF in the brain. NPH typically affects adults over 60 years of age, and is often misdiagnosed as Parkinson's disease, early Alzheimer's disease, or mistaken for normal aging.[2]

The Triad of Key NPH Symptoms[2]

Gait disturbance, often seen as a slow shuffling of the feet

Cognitive impairment or dementia

Incontinence

These symptoms can adversely impact a patient's quality of life but, NPH is treatable.[2]

If your patients experience any of these symptoms, particularly a shuffling gait, it could be NPH, and they could be eligible for the STRIDE Clinical Trial.

Visit STRIDEClinicalTrial.com to find out if your patients prequalify

80% of people with NPH in the US are untreated[3]

88% is the 5-year mortality rate for untreated NPH, similar to that of advanced lung and bronchus cancer[4,5]

CSF, cerebrospinal fluid.

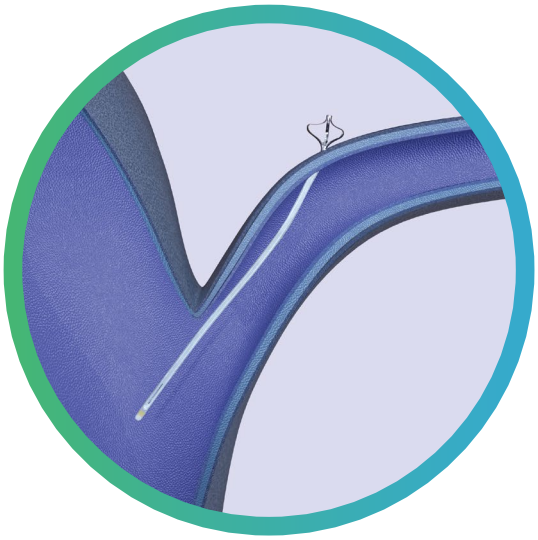
The Endovascular eShunt® System

A CSF Shunt Without Open Brain Surgery

The eShunt System is a new, investigational treatment for people with NPH. It is the only endovascular shunt, and the first new treatment option developed for NPH since VP shunts were introduced more than 70 years ago.[5]

The eShunt implant is designed to drain excess CSF from the brain by mimicking the body's natural drainage process.[1]

The procedure is performed endovascularly through femoral venous access, making it less invasive than open brain surgery with VP shunts.[1]



With the eShunt System, there is potential to reduce patient and caregiver burden due to challenges seen with VP shunts.

The FDA recently designated the eShunt System as a Breakthrough Device because of its potential to provide improved treatment for NPH.[6]*

View a short video about the eShunt System at CereVasc.com

18% of VP shunts placed for NPH result in a surgical revision[7]

25% of patients with NPH who received a VP shunt had a surgical complication or hospital readmission within 30 days[8]

FDA, Food and Drug Administration; VP, ventriculoperitoneal.
*Breakthrough designation does not imply approval or guaranteed safety and effectiveness.

The STRIDE Clinical Trial

A Head-to-Head Trial Comparing the eShunt® System and VP Shunts

The STRIDE Clinical Trial is the largest, randomized, controlled trial in NPH, evaluating the safety and efficacy of the endovascular eShunt System vs the standard-of-care VP shunt.[1]

The primary efficacy endpoint in STRIDE is **improvement in gait impairment at 6 months compared to baseline** and the primary safety endpoint is a comparison of the total number of **adverse events observed within the first 6 months following treatment.**[1]

YOUR PATIENTS WITH NPH MAY BE RIGHT AND READY FOR STRIDE[1]

Overview of STRIDE eligibility requirements

HISTORY	TESTING
• Aged ≥60 years • History or evidence of gait impairment for ≥3 months • Clinical presentation consistent with NPH, including ≥2 of the 3 key symptoms	• Results from additional testing, including lumbar drain and MoCA • Confirmation of anatomy suitable for the eShunt procedure with imaging (CT and MRI)
CONSENT	**COMMITMENT**
• Patient or caregiver is able and willing to provide written informed consent, attend all scheduled visits, and comply with study procedures	• Only 1 overnight stay for patients randomized to the eShunt System group • 1 year of follow-up post-procedure with up to 5 years of focused care

Key exclusion criteria*, includes[1]:

- Inability to walk 33 feet (10 meters) with or without an assistive device
- Diagnosed with obstructive hydrocephalus
- Prior or existing shunts, endoscopic third ventriculostomy, or any previous surgical intervention for hydrocephalus

Treatment with the eShunt System does not preclude future use of VP shunt, if needed[1]

CT, computed tomography; MoCA, Montreal Cognitive Assessment; MRI, magnetic resonance imaging.

*For a complete list of exclusion criteria, contact your local STRIDE clinical trial representative.

Explore STRIDEClinicalTrial.com to learn more about the endovascular eShunt System

REFERENCES: . **1.** Data on file. CereVasc, Inc. **2.** Hydrocephalus Association. Normal pressure hydrocephalus (NPH). Accessed October 7, 2024. https//www.hydroassoc.org/normal-pressure-hydrocephalus-2/ **3.** Tullberg M, Persson J, Petersen J, et al. *Acta Neurochir (Wien).* 2018;160(3):509-518. **4.** Jaraj D, Wikkelsø C, Rabiei K, et al. *Alzheimers Dement.* 2017;13(8):850-857. **5.** Yamada S, Ishikawa M, Nakajima M, Nozaki K. *Front Neurol.* 2022;12:798488. **6.** National Institutes of Health. Breakthrough device designation requests. Accessed October 7, 2024. https://seed.nih.gov/sites/default/files/2023-10/Breakthrough-Device-Designation-Requests.pdf **7.** Giordan E, Palandri G Lanzino G, Murad HM, Elder B. *J Neurosurg.* 2018;131(4):1024-1036. **8.** Nadel JL, Wilkinson DA, Linzey JR, Maher CO, Kotagal V, Heth JA. *Neurosurgery.* 2020;84(6):843-850.

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