

Practice integration made easy with simplicity and speed³



Experience a new level of efficiency in action^{2,6,7}

Fast and easy-to-use

- Streamlined procedure takes approximately 15 to 30 minutes

On-demand with simple storage

- Minimal set-up time
- Compact, light-weight, portable system can be moved throughout care setting
- Disposable cartridges allow for easy storage

Smart, intuitive interface

- Hand-held touchscreen controller prompts user throughout steps to eliminate guesswork



See how C2 CryoBalloon™ can help you treat more patients

Request a demo. Talk to your Territory Manager to schedule a visit.

References:

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2. Canto MI, Shaheen NJ, Almario JA, Voltaggio L, Montgomery E, Lightdale CJ. Multifocal nitrous oxide cryoballoon ablation with or without EMR for treatment of neoplastic Barrett's esophagus (with video). *Gastrointest Endosc*. 2018. [Epub ahead of print]
3. Canto MI. Safety, efficacy, and durability of endoscopic nitrous oxide cryoballoon ablation for eradication of Barrett's neoplasia. Poster to be presented at: Digestive Disease Week; June 2-5, 2018. Washington, DC.
4. Van Munster SN, Overwater A, Haidry R, Bisschops R, Bergman J, Weusten BL. CryoBalloon ablation of dysplastic Barrett's esophagus causes shorter duration and less severe post-procedural pain as compared to radiofrequency ablation. Oral presentation to be presented at: Digestive Disease Week; June 2-5, 2018. Washington, DC.
5. Dumot JA. The little engine that could. *Gastrointest Endosc*. 2018;87(2):582-583.
6. C2 Therapeutics. C2 Cryoballoon Catheter Instructions for Use (LBL-1030 Rev 2). January 2018.
7. Künzli HT, Schölvink DW, Meijer SL, Seldenrijk KA, Bergman JGHM, Weusten BLAM. Efficacy of the CryoBalloon Focal Ablation System for the eradication of dysplastic Barrett's esophagus islands. *Endoscopy*. 2017;49(2): 169-175.

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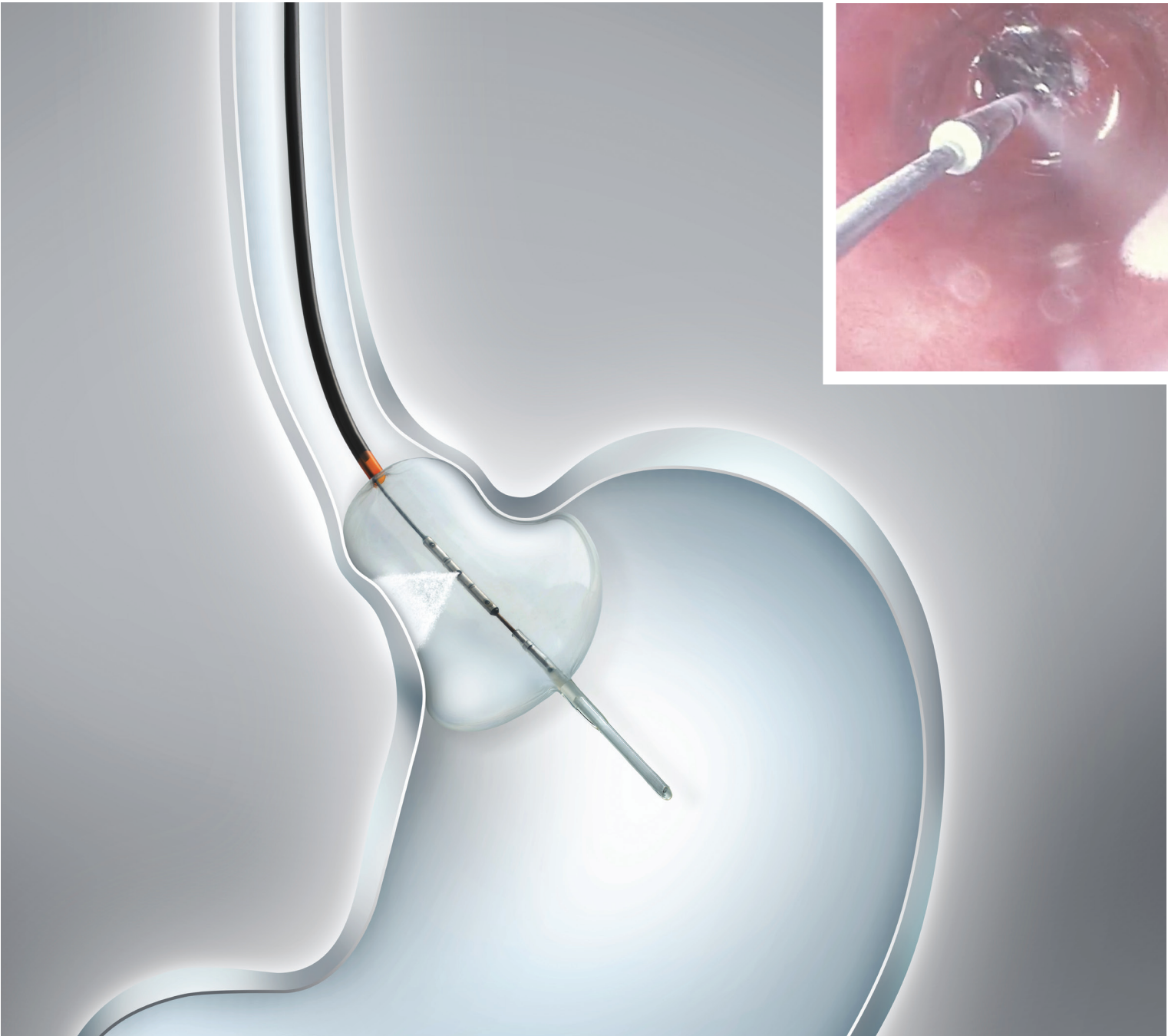
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C2 CryoBalloon™ Ablation

Elevating ablation. Exceeding expectations.^{1,2}

A vital part of your comprehensive offering for patients with Barrett's esophagus with dysplasia





This device changes how you see Barrett's esophagus²

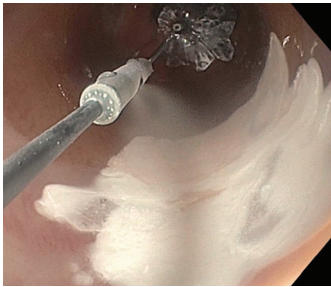


Ready to ablate a wide range of patients²

- Highly effective and safe in both naïve and refractory patients with Barrett's esophagus
- New catheter designs reach tubular structures, gastroesophageal junction (GEJ), and lesions big and small



C2 Cryoballoon™ 90° Standard Catheter ablating treatment naïve tissue



C2 Cryoballoon™ Focal Pear Catheter at GEJ



Enhanced visualization and control^{5,6}

- Transparent balloon pushes tissue flat for better apposition and controlled therapeutic delivery
- Physician selectively targets and ablates diseased tissue while sparing healthy tissue using advanced rotational and translational reach of diffuser mechanism
- Intuitive controls give physician total control of balloon inflation, deflation, diffuser positioning, and ablation



"With C2, I can offer my patients the latest and most effective treatment options and develop a more comprehensive Barrett's center."

-Harshit S. Khara, MD, FACG, FASGE
Clinical Associate Professor of Medicine
Director of Endoscopic and Translational Research
Geisinger Medical Center

Generating a robust clinical data pipeline in Barrett's esophagus and beyond



Highly effective and durable response through 2 years^{2,3}

1-year results:

95% CED
88% CEIM

2-year results:

95% CED
90% CEIM

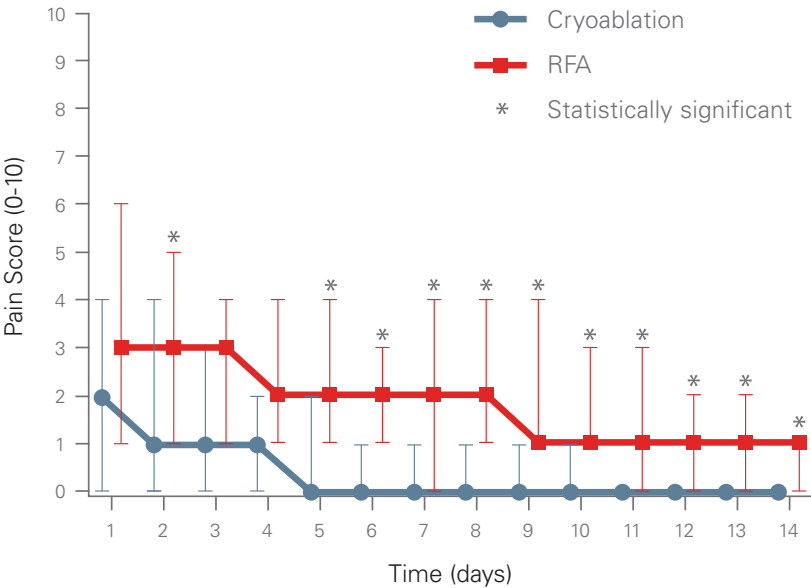
- No disease progression noted in a single patient at 2 years (N=41)
- No patient required narcotic medication after Day 7 following treatment
- Median number of ablation procedures was 3

Patients experienced less post-procedure pain and need for narcotic medication⁴

As found in a multicenter, non-randomized cohort study

- Peak pain was lower after cryoballoon ablation (median VAS 2 vs 4, $P<.01$)
- Duration of pain was shorter after cryoballoon ablation (median 2 vs 4 days, $P<.01$)

Cryoablation is significantly less painful than RFA⁴



CED=complete eradication of dysplasia
CEIM=complete eradication of intestinal metaplasia
RFA=radiofrequency ablation
VAS=visual analog scale