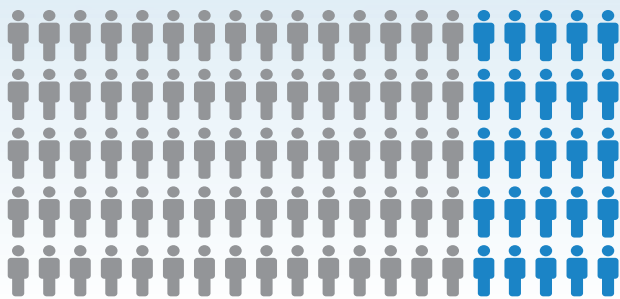


New Clinical Data on the Use of X-Tack For Closing Defects in the Upper and Lower Gastrointestinal Tract¹



■ Standard Closure with X-Tack ■ Closure only possible with X-Tack

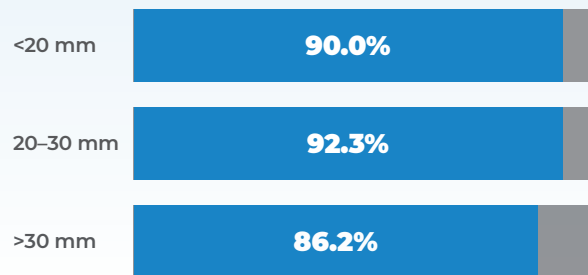
X-Tack Addresses a Significant, Unmet Clinical Need

Closure with an alternative device was determined to not be possible in **24.7%** of patients due to location, size, or shape of the defect.

X-Tack was Successful in Closing Defects of Various Shapes and Sizes

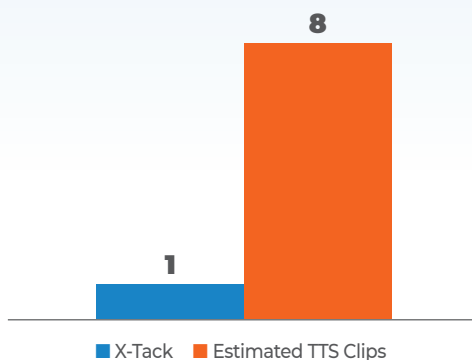
- Overall success rate was **89.2%**
- No serious adverse events
- Mild/moderate AEs occurred in **2.2%** of the cases

Technical Success Rate by Size of Defect



■ Technical Success Achieved

Median Number of Devices for Closure



X-Tack is Cost-Effective and Time-Efficient

- **68.8%** closures were completed with 1 X-Tack System
- 18% of defects were closed with 2 X-Tacks and 12% were closed with 3-4 X-Tacks
- Supplemental closure was used in 24% of patients with a mean defect size of 41.6 mm with an average of 4 TTS clips.*
- Endoscopists estimated the number of TTS clips they would have needed to perform the same closure.

New Clinical Data on the Use of X-Tack

For Closing Defects in the Upper and Lower Gastrointestinal Tract¹

Methods

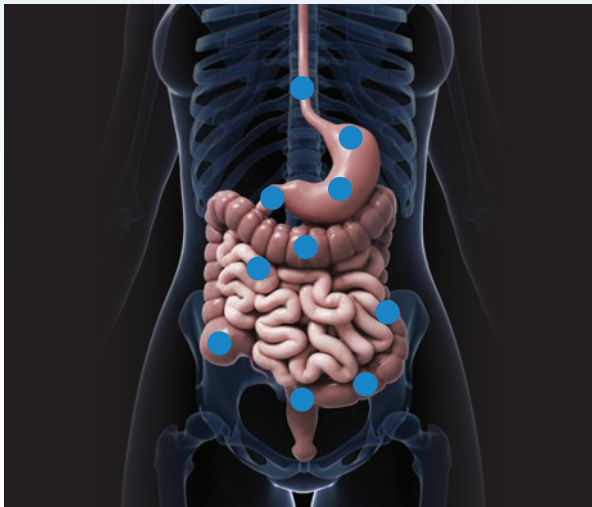
- Retrospective, multicenter study with 93 patients
- Eight centers in the US, both academic and private centers
- The study focused on various defect closures, including those difficult or impossible to close with alternative devices
 - Large and/or irregularly shaped
 - Hard to reach anatomy
 - Upper and lower gastrointestinal defects
- The primary outcomes were efficacy (technical success) and safety

Results

- Mean defect size was 37 mm ± 20 mm
- Technical success was achieved in 89.2% of patients
- Closure achieved with X-Tack was determined not to be possible with clips or endoscopic suturing devices in 24.7% of patients
- A median of only one X-Tack device was needed to successfully close defects of all sizes compared to a median 8 TTS clips for defects of similar sizes
- No serious adverse events occurred

Conclusion

“The novel, endoscopic, through-the-scope, X-Tack system is safe, efficient, and permits closure of large, irregularly-shaped, and proximal colon defects that were not possible with predicate devices.”



X-Tack Was Used Successfully in the Following Applications

- Endoscopic Mucosal Resections (EMR)
- Endoscopic Sub-mucosal Dissections (ESD)
- Fistulas
- Perforations
- Peroral Endoscopic Myotomies (POEM)
- Ulcers
- Post-polypectomy repairs
- Full Thickness Resections
- Mucosal Tears



To learn more visit: [X-Tack.com](https://www.x-tack.com)

¹ Mahmoud T, Storm AC, Initial Multicenter Experience Using a Novel Endoscopic Tack and Suture System for Challenging GI Defect Closure and Stent Fixation, *Gastrointestinal Endoscopy* (2021), doi: <https://doi.org/10.1016/j.gie.2021.10.018>.

* All these cases were performed at only one of the participating centers in the study, which may be due to operator preference for double layer closure as confidence is accumulated with use of the device.

X-Tack is a trademark of Apollo Endosurgery, Inc. Copyright © 2021 Apollo Endosurgery, Inc. All rights reserved. Caution: Federal law (USA) restricts this device sale by or on the order of a physician. The Apollo Endosurgery X-Tack Endoscopic Helix Tacking System is intended for approximation of soft tissue in minimally invasive gastroenterology procedures, e.g. closure of ESD/EMR sites, fistula, and perforation/leaks. The X-Tack™ System should not be used for acutely bleeding ulcers. X-Tack is not indicated for fixation of stents.