



VERITAS
AORTIC SOLUTIONS

Designed for Speed, Precision, and Coronary Safety

Arshad Quadri, MD.

Exec. Chairman & CMO

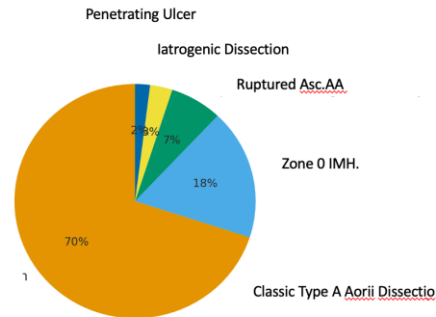
InQB8 Medical Technologies

USA

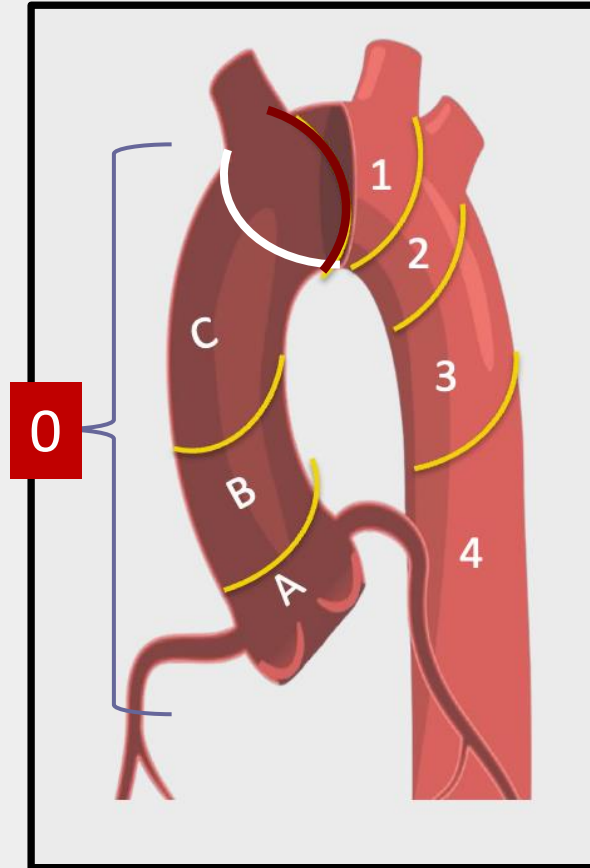
Conventional to Transformative: A Catheter Based Solution for Acute Aortic Syndromes.



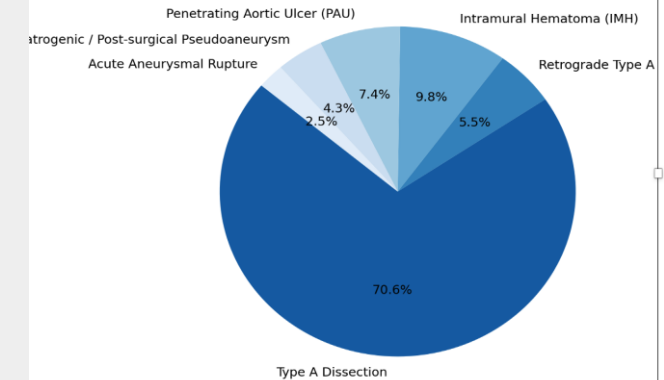
Acute Aortic Syndrome with Dissection



US Incidence 3.0-- 4 per 100,000 / year
Global: Varies , Average 3to5 100,000
Japan; 6.8/100,000



Acute Aortic Syndromes (Type A + Non-Dissection



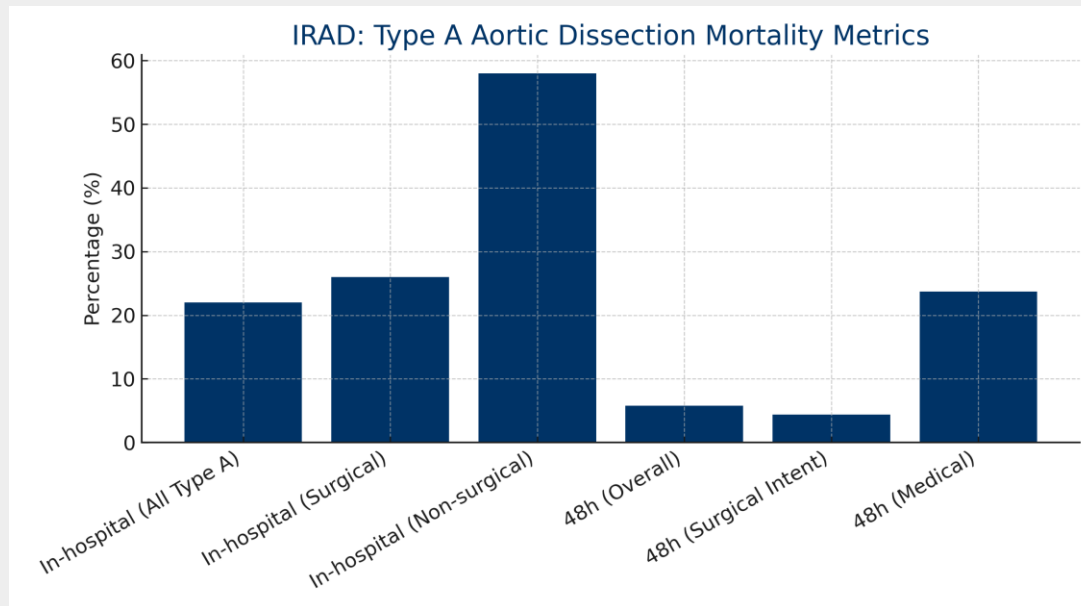
US Incidence 9.0 per 100,000/year
Global: 1 to 4 / 100,000/ year.

Complete reconstruction of Zone 0 must include the aortic valve, coronaries, and the ascending aorta.

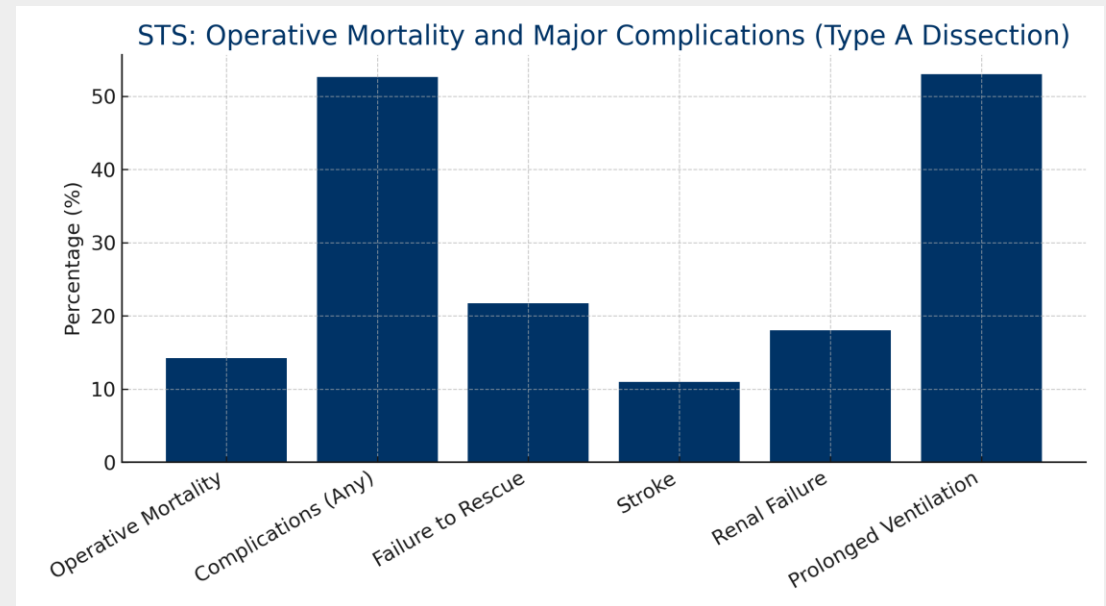


Current State of Affairs

IRAD – Mortality Metrics



STS – Operative Mortality & Complications





AS Of Yesterday!!!

Endo-Bentall Attempts remain constrained by root dynamics, coronary alignment precision, and inadequate proximal fixation.

They solve the incision problem but not the root Anatomy & physiology problem.





THE VERITAS ENDOGRAFT

The Key Innovations :

Precision Alignment for Coronary Safety & Patency
“ Chameleon Eye” design.

Anchoring of Aortic Valve in a Non-Calcified “ Soft “ annulus
“ Trap-Door “ mechanism

A conformable Ascending Aortic PTFE graft
“ Conformable” Feature

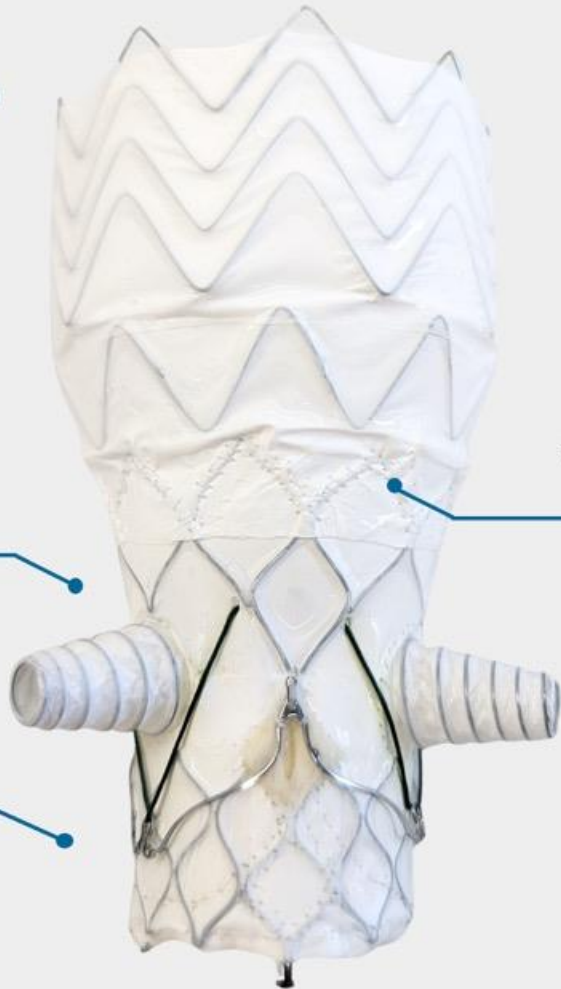


Veritas Endovascular Implant

Conformable
Ascending
Rings

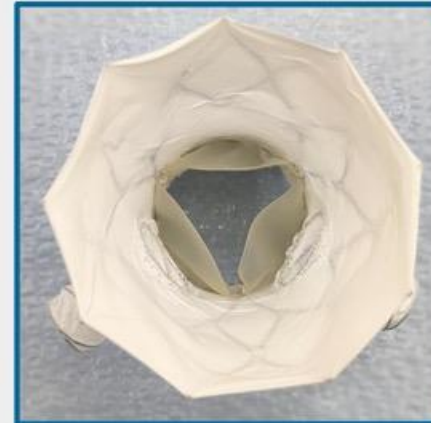
Chameleon Eye™
Coronary Flow
Channel

Trap Door
Fixation

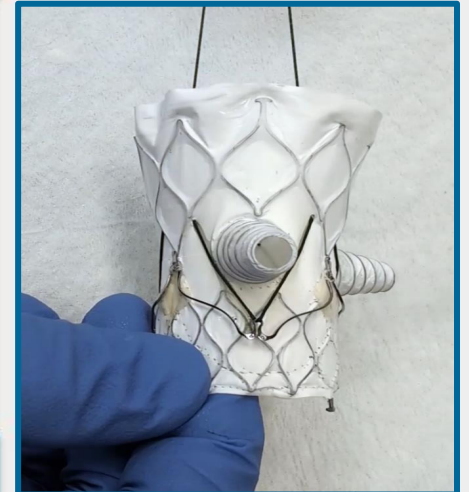


ePTFE Covering

Porcine Tissue Valve



Chameleon Eye
Design



Coronary Cannulation ; “Chameleon Eye”



Background Research

Osteal Height

10-25 mm Height

Approximately 95% of the population according to literature

Aligns with Dissection CT Dataset

Osteal Height

Accommodates large eccentricities

Chameleon eyes set at 120° apart

Human anatomy 90 to 120°

SOV Size

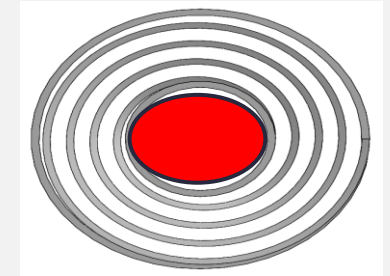
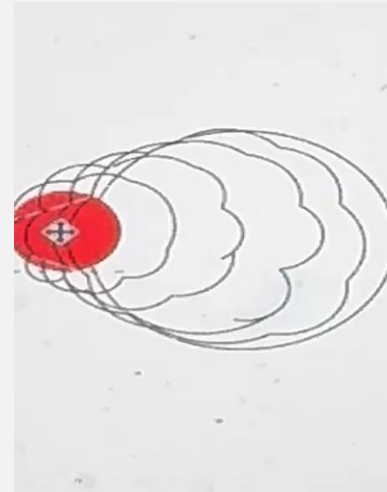
> 30 mm

STJ Size&Height

> 30 mm

< 15 mm

“The Chameleon EYE”

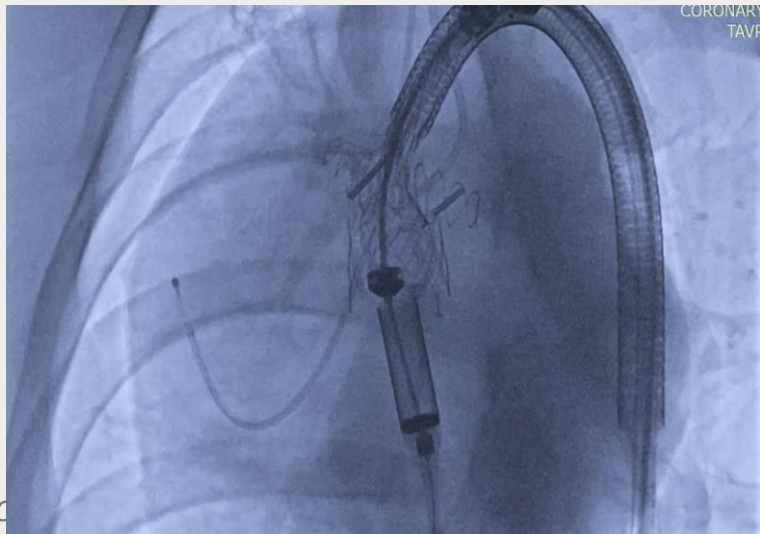
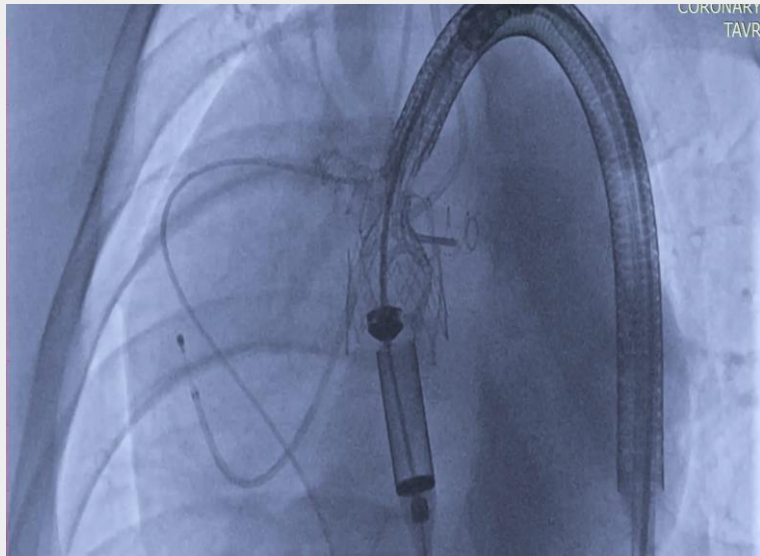


Multi Directional
Kink-Resistant Conduit

Flat Pattern
spiral cut nitinol



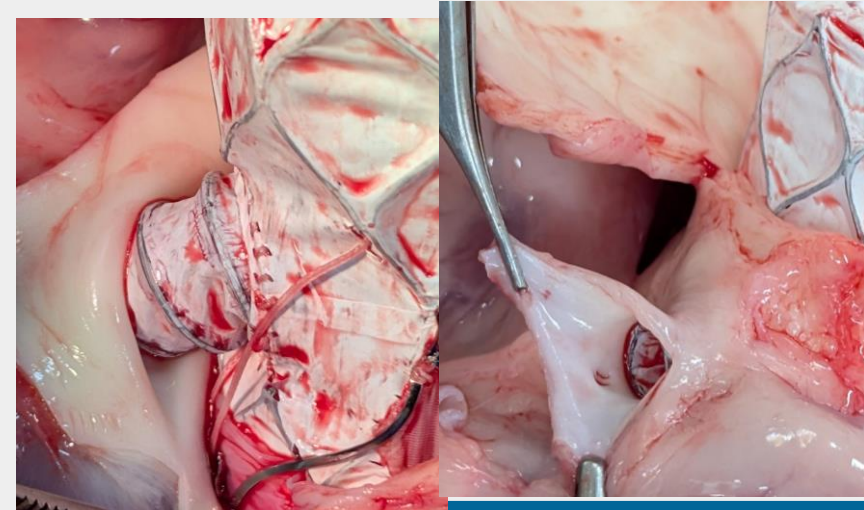
Coronary Artery patency.



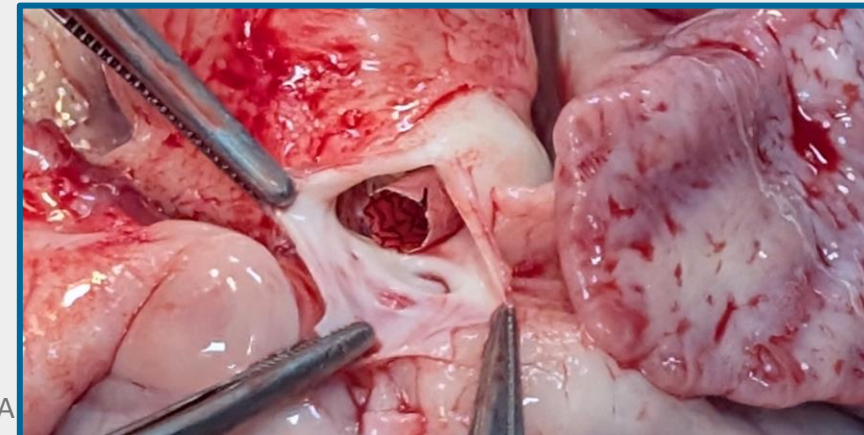
inC

CONFIDENTIAL

Cannulated Coronaries



Optional Balloon Stent Compatibility



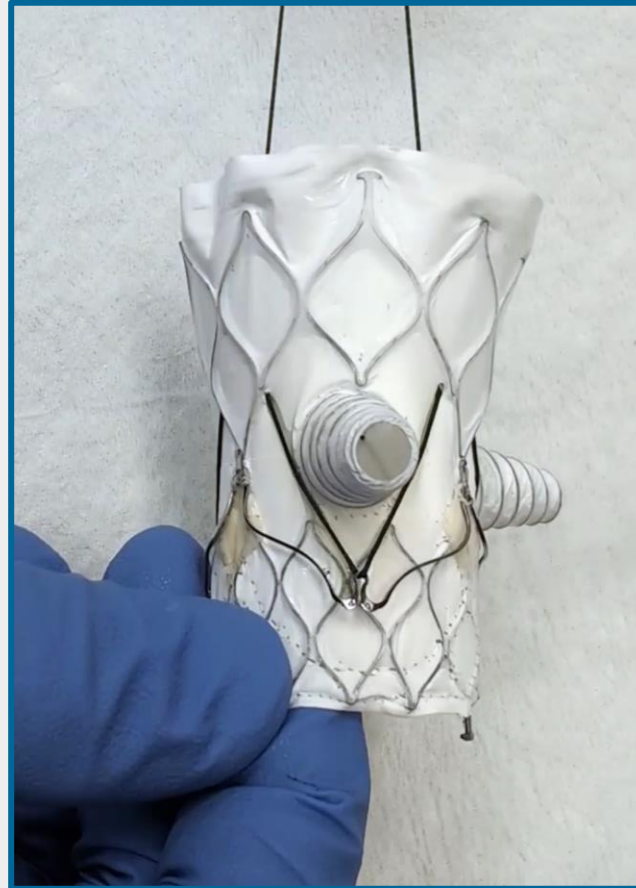


“Soft” Annular Fixation:

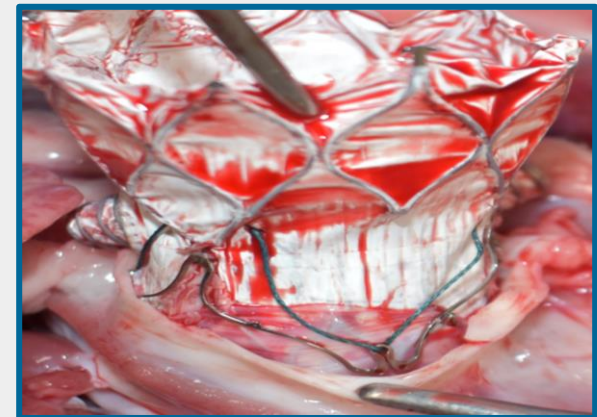
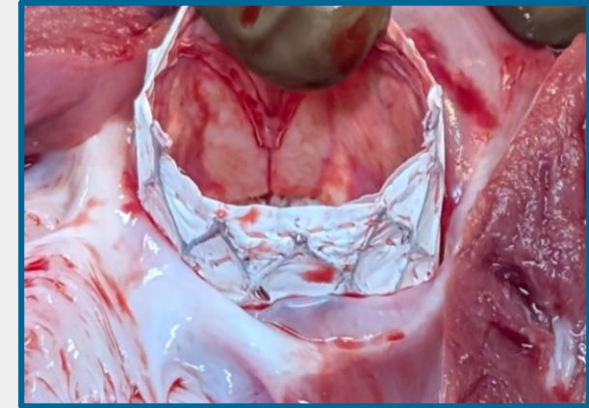
Facts.

- Most TAAD patients have non-calcified/soft annuli
- Estimated incidence of non-calcified annulus: ~85–95%
- Annular calcification mainly in elderly/AS patients
- Aortic stenosis prevalence:
 - <75 years: ~1–7%
 - ≥75 years: ~16%

The Fix. (Trap DOOR Mechanism).



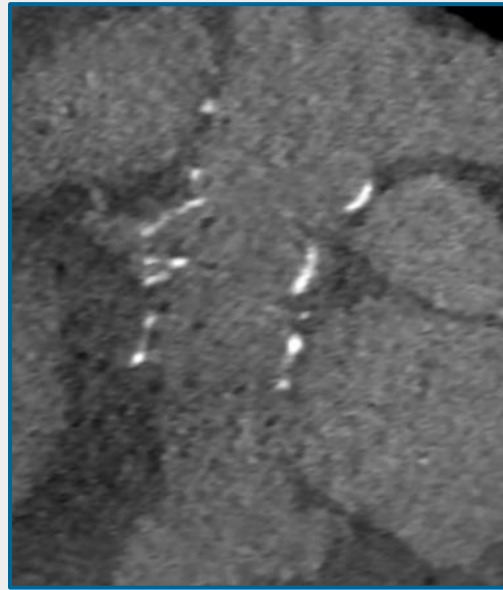
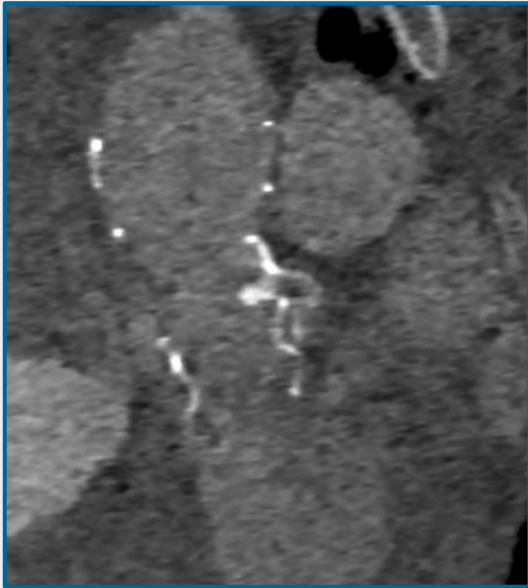
The proof





Chronic Animal

- Successful 38 Day Explant
 - EAO 1.99cm²
 - Mean Pressure Gradient 7 mmHg
 - No gross significant findings
- N = 2 90 Day Chronic Running
 - Planned explant 12/04



Spectrum Pathology

SciSol Study # 3136 (INQ-725-23)

Chameleon Eyes: Slide B:

The section was completely patent. Coronary artery narrowing was not noted. The portion of the device entering the coronary artery was not covered with neointima. The metal struts in the coronary artery were variably surrounded with layers of inflammatory cells primarily composed of macrophages. The coronary artery lumen was lined by flattened endothelial cells. The metal struts in the body of the valve were covered with variably thick layer of neointima multifocally lined by endothelial cells. Variable numbers of macrophages and multinucleated cells mixed with fibrin and hemorrhage were noted throughout the neointima, primarily around the metal struts and wire.

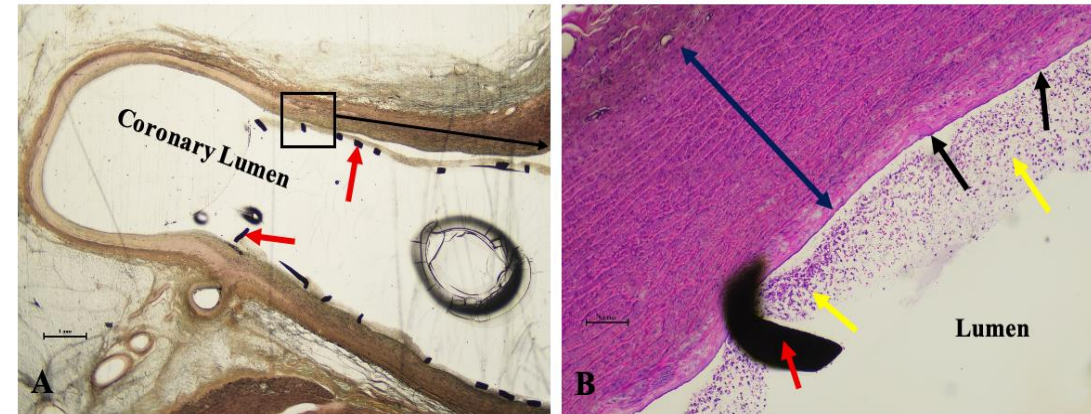
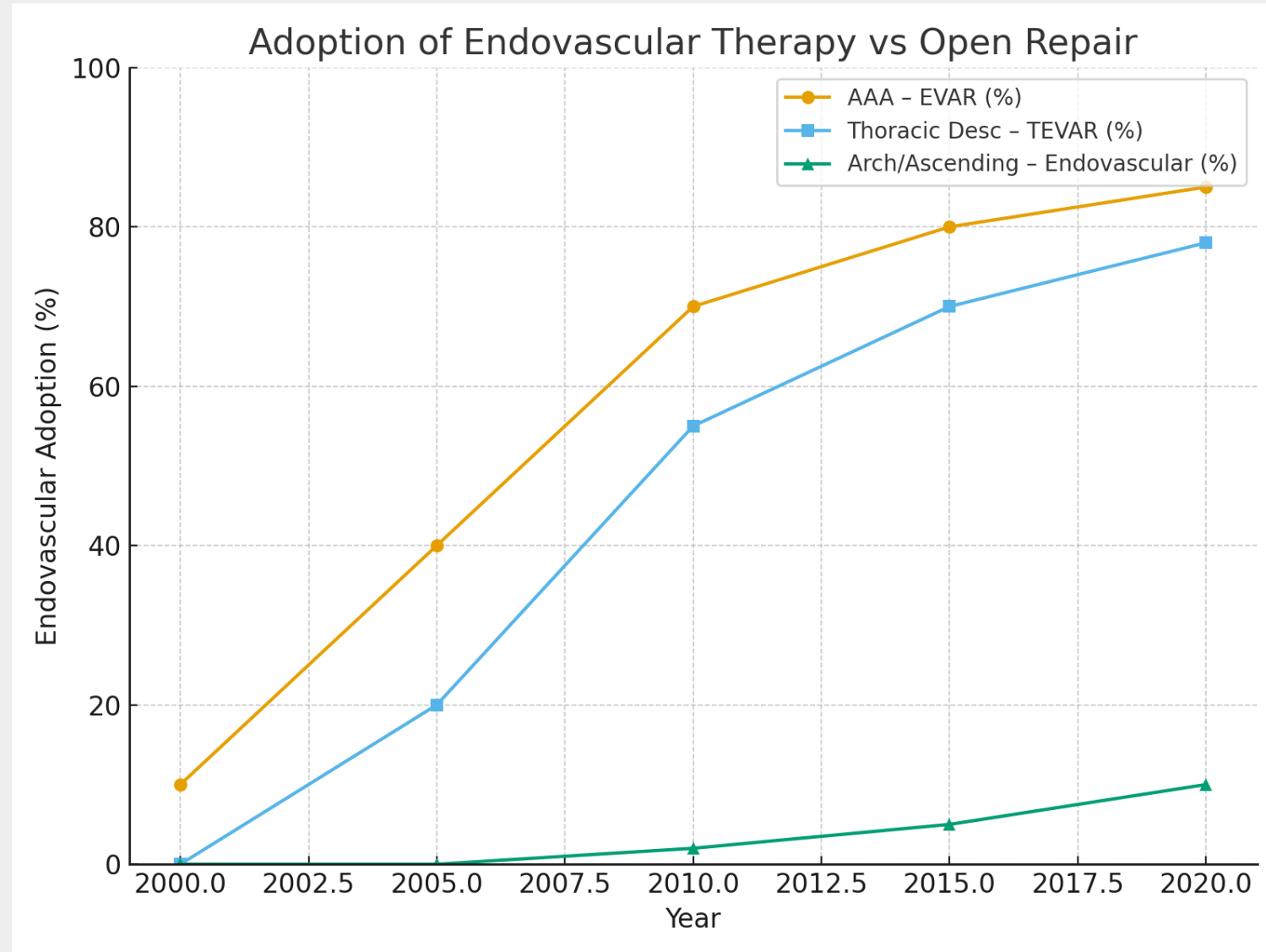


Figure 2. Animal 440. Chameleon Eyes. Slide B. The section was completely patent. Coronary artery narrowing was not noted. The portion of the device entering the coronary artery was not covered with neointima. The metal struts (red arrows) in the coronary artery were variably surrounded with layers of inflammatory cells (yellow arrows) primarily composed of macrophages. The coronary artery lumen was lined by flattened endothelial cells (black arrows). Tunica media (between blue arrows). Pentachrome stain. A. Objective 1X. H&E stain. B. Objective 4X.



Adoption Curves (2000–2025)





My Team



Arshad Quadri, MD
*Co-Founder Veritas
Chairman*

- 15+ years as practicing cardiothoracic surgeon
- Co-Founder and Chairman of CardiAQ
 - Acquired by Edwards Lifesciences (\$400M)
- Founded inQB8 MedTech
 - TTVR acquired by Peijia (Undisclosed)



Brent Ratz, BS, MBA
*Co-Founder Veritas
CEO*

- Co-Founder of inQB8 MedTech
- Co-Founder of COO of CardiAQ
- CEO of InnovHeart
- Board of Directors at Access Vascular



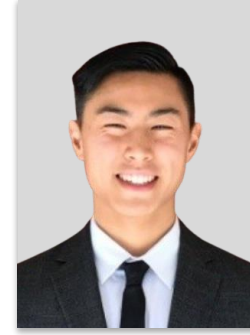
James Wittel
Dir. Engineering

- 10+ years designing cardiovascular implants and delivery systems
- Experience in early-stage R&D through device commercialization



Sydney Fletcher
Staff R&D Engineer

- 5+ years in hands-on R&D roles at Edwards Lifesciences
- Expert in complex delivery system design and development



Craig Chavez
Staff R&D Engineer

- 5+ years in implant design and testing at Edwards Lifesciences
- Expert in complex Nitinol devices
- Experience in structural heart and percutaneous implants



Paul Cornelison
VP RA/QA

- VP RA/QA/Clinical – Corwave
- VP RA/QA/Clinical – Cardiac Implants
- VP RA/QA – 4Tech Cardio
- VP RA/QA/Clinical – CardiAQ Valve Technologies



Hardip Thakerar
VP Clinical Affairs

- VP Clinical – Pi-Cardia
- VP Clinical – 4tech cardio
- VP Clinical – Twelve Inc
- VP Global Director of Structural Heart at Boston Scientific

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