BURSTDR™ STIMULATION

Distributed by

Ariste health

BURSTDR™ STIMULATION

PAIN IS MULTIDIMENSIONAL

Help your patients regain **better quality of life** by uniquely **managing both pain intensity** and **suffering*** with BurstDR™ stimulation.1

This may help reduce the fear, frustration, anxiety and depression associated with their pain.1

LOW-ENERGY, LOW-MAINTENANCE THERAPIES

BurstDR™ stimulation is a unique and proprietary waveform with a carryover effect2 allowing it to be **dosed without sacrificing efficacy** and **optimizing battery longevity**.**

SIMPLICITY OF PROGRAMMING

Patients and healthcare professionals **may spend less time** programming BurstDR™ stimulation using the BoldXR™ Dosing Protocol.3

FlexBurst360™ therapy provides a tailored, flexible solution to help treat patients with multi-site and evolving pain.4

NeuroSphere™ Virtual Clinic provides access to remote consultations, programming and troubleshooting adjustments.5,6

Addressing **Global Pain** With **BurstDR™** Stimulation Therapy

PAIN IS MULTIDIMENSIONAL

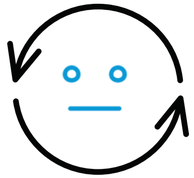
REGAINPATIENTS' QUALITY OF LIFE BY UNIQUELY CONTROLLING ALL ELEMENTS OF THEIR PAIN

Help your patients regain **better quality of life** by uniquely **managing both pain intensity** and **suffering*** with BurstDR™ stimulation.1

This may help reduce the fear, frustration, anxiety and depression associated with their pain.1

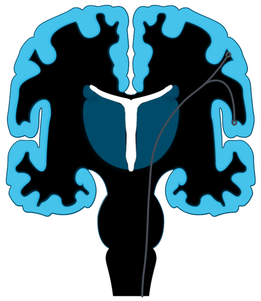
The Anatomy of Pain and Suffering in the Brain and Its Clinical Implications1

GLOBAL PAIN =



PAINFULNESS

Pain Intensity
Activates Lateral Pathway



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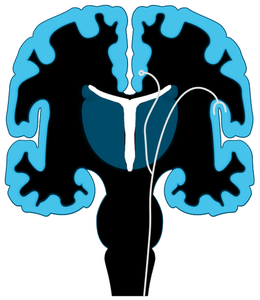
SUFFERING

Attentionto Pain
Activates Medial Pathway



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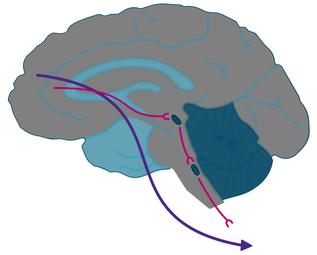
INHIBITION

Inhibition Activates

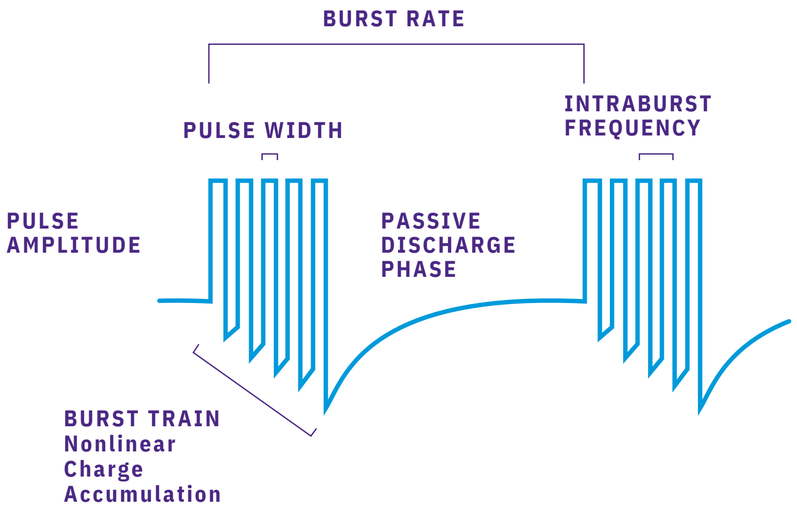
Descending Pathway



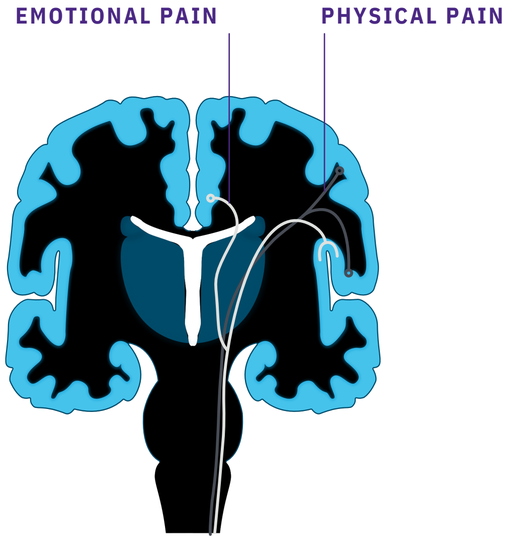
BurstDR™ Stimulation Is Proprietary From Abbott

BurstDR™ stimulation,*** exclusively from Abbott, is a proven technology inspired by nature[7] that advances neurostimulation therapy by treating the whole patient. Not only does BurstDR™ stimulation offer your patients superior pain relief over tonic stimulation,[8] it also relieves the suffering* associated with their chronic pain.

BURSTDR™ STIMULATION UNIQUELY MIMICS BURST FIRING IN THE BRAIN[9]



GIVING PATIENTS RELIEF FROM BOTH THE PHYSICAL PAIN AND THE EMOTIONAL SUFFERING* ASSOCIATED WITH PAIN[8]

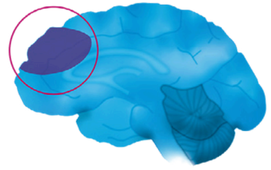


MULTIPLE BRAIN IMAGING STUDIES CONFIRM UNIQUE MODULATION OF THE MEDIAL PATHWAY[10-12]

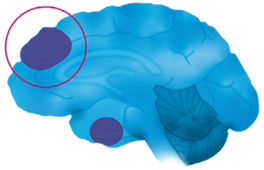
BURSTDR™ STIMULATION VS. TONIC STIMULATION

ANTERIOR CINGULATE CORTEX
Main Function: Salience Processing

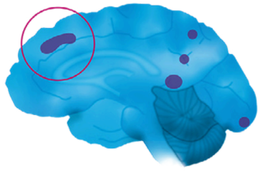
EEG – DE RIDDER, 20139



EEG – DE RIDDER, 201611



PET – YEARWOOD, 201612



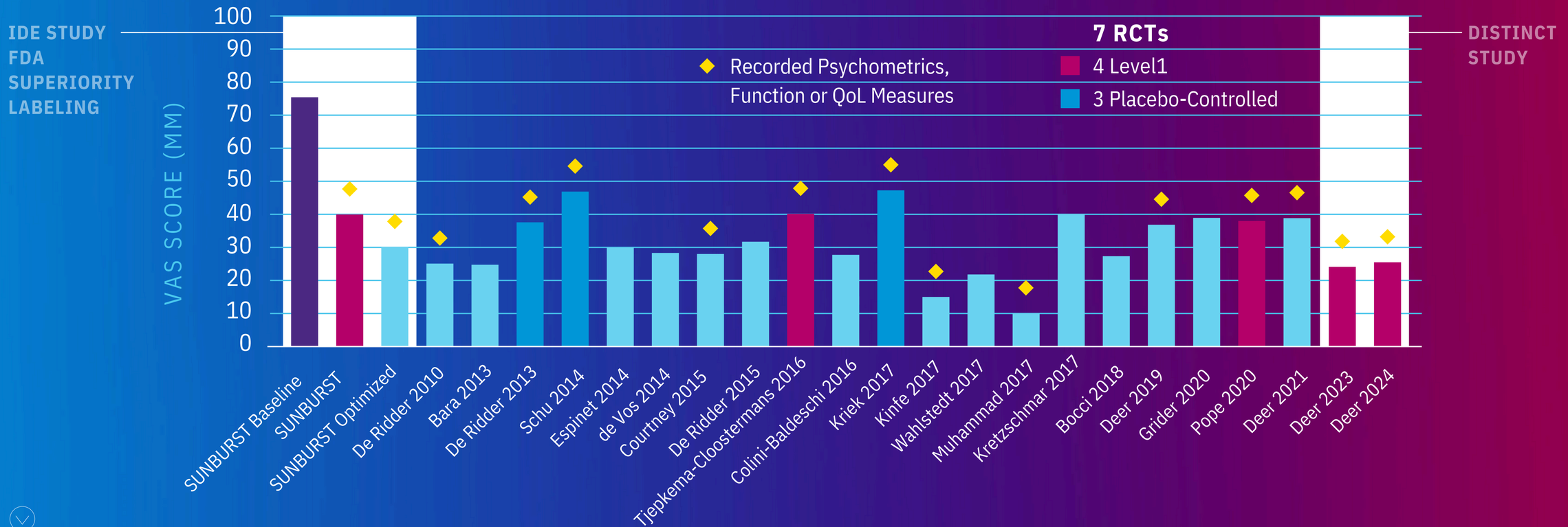
BURSTDR™ STIMULATION CLINICAL EVIDENCE OVERVIEW

BurstDR™ Stimulation Delivers Consistent, Positive Results[3,8-10,13-35]

1,000+ PATIENTS STUDIED

10+ YEARS

3 CONTINENTS



BURSTDR™ STIMULATION CLINICAL EVIDENCE OVERVIEW

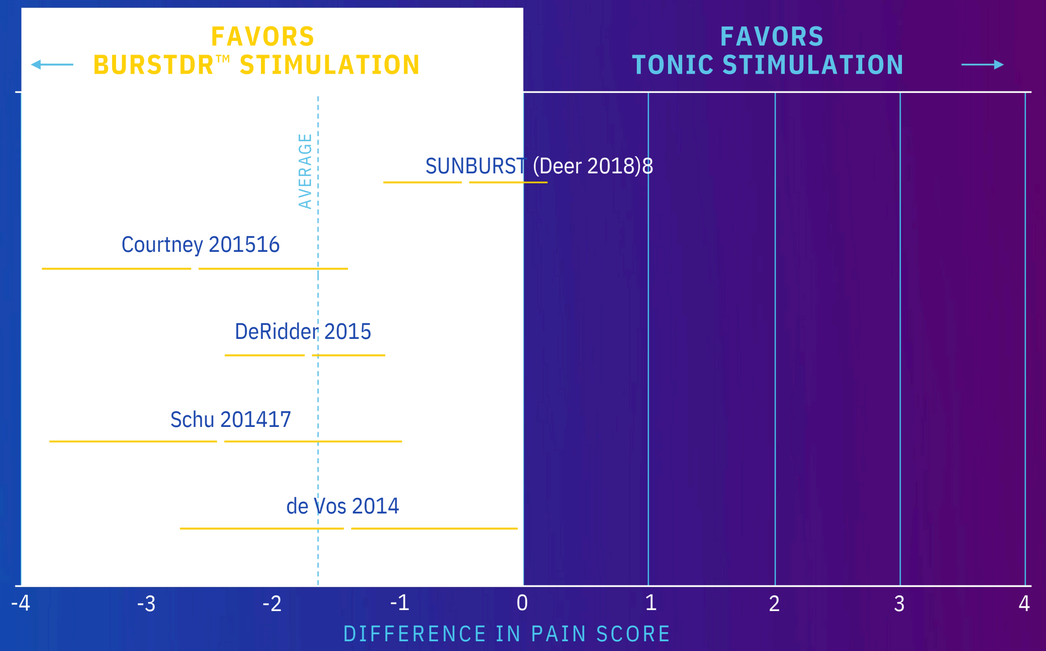
BurstDR™ Stimulation Is Now the First Waveform to Have Level 1A Evidence Demonstrating Superiority Over Tonic for Chronic Pain36

LEVEL OF EVIDENCE FOR THERAPEUTIC STUDIES37

- **1A** Systematic review (with homogeneity) of RCTs
- **1B** Individual RCT (with narrow confidence intervals)
- **1C** All or none study
- **2A** Systematic review (with homogeneity) of cohort studies
- **2B** Individual cohort study (including low-quality RCT [e.g., <80% follow-up])
- **2C** “Outcomes” research; ecological studies
- **3A** Systematic review (with homogeneity) of case-control studies
- **3B** Individual case-control study
- **4** Case series (and poor-quality cohort and case-control study)
- **5** Expert opinion without explicit critical appraisal or based on physiology bench research or “first principles”

BURSTDR™ STIMULATION WAVEFORM

Level 1A Evidence (N = 268)



KEY RESULTS

1. A **POOLED META-ANALYSIS** of five studies comparing BurstDR™ stimulation and tonic waveforms revealed a significant reduction in pain scores, **FAVORING BURSTDR™ STIMULATION OVER TONIC STIMULATION (N = 268, P < 0.001).** 36

2. Two out of three studies comparing high frequency to tonic were **UNABLE TO ESTABLISH HIGH-FREQUENCY WAVEFORM SUPERIORITY OVER TONIC STIMULATION.**36

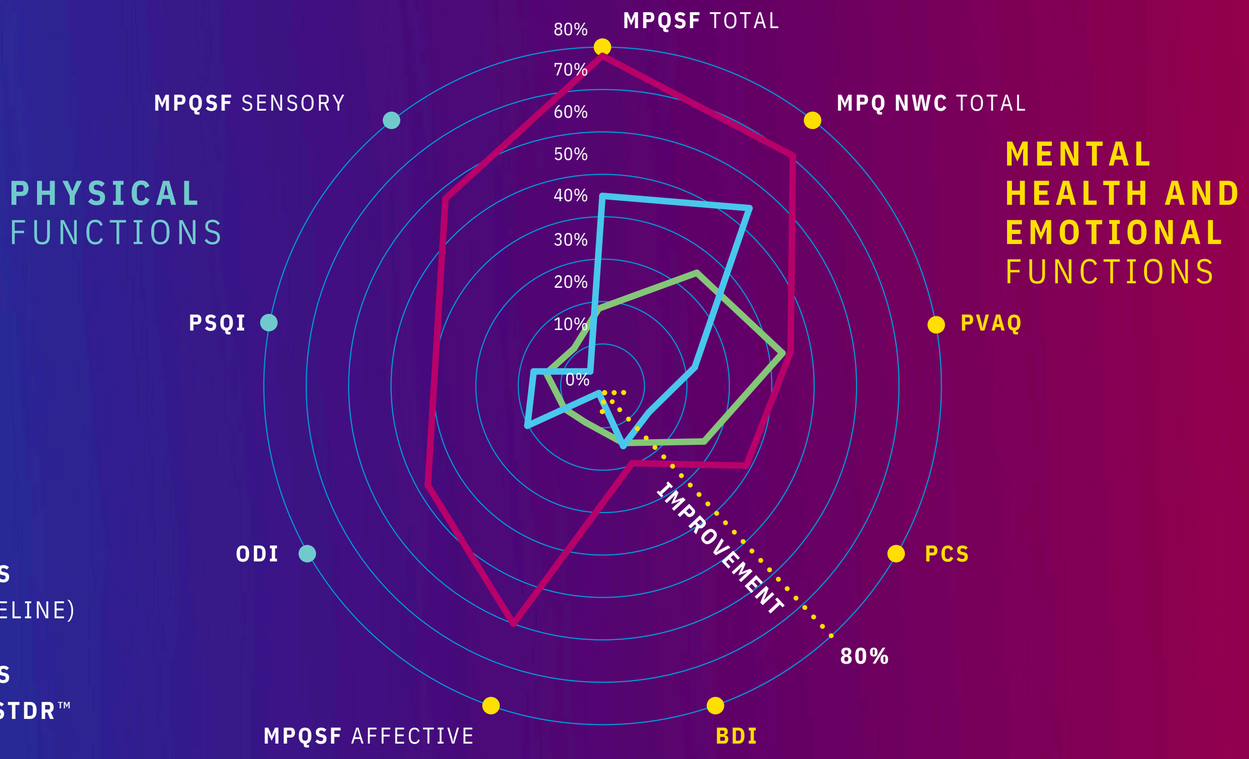
BURSTDR™ STIMULATION CLINICAL EVIDENCE OVERVIEW

Patient Health and Well-Being Enhancement

BurstDR™ stimulationimpactsmore than painintensity, providing the patient better control of the emotional suffering* associated with the pain.

- Demonstrated significant improvement in physical functions
- Improved mental health functions
- Improved quality of life and social well-being

TOTAL PRO SCORE (%) OF A POOLED ANALYSIS OF 9 STUDIES WITH 427 PATIENTS[38]



PCS, PVAQ AND BDI SCORES ARE EXCELLENT INDICATORS OF **MEDIAL PAIN PATHWAY MODULATION.**

BurstDR™ Stimulation

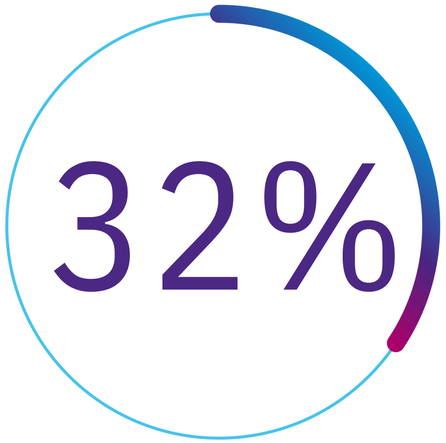
LOW-ENERGY, LOW-MAINTENANCE THERAPIES

BurstDR™ stimulationisa uniqueandproprietary waveform with a carryover effect2 allowing it to be **dosed without sacrificing efficacy** and **optimizing battery longevity.****

There Is a Need for Lower-Maintenance Devices[39]

PATIENTS PREFER A LOWER-MAINTENANCE OPTION [39]

REPORTED DIFFICULTY PLACING THE CHARGER

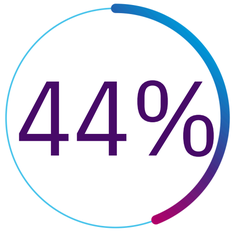


REPORTED RECHARGING IS UNCOMFORTABLE

SAY THEY WOULD HAVE TRADED A LARGER IPG FOR THE CONVENIENCE OF NOT HAVING TO RECHARGE AT ALL

There Is a Need to Reduce the Side Effects of Charging

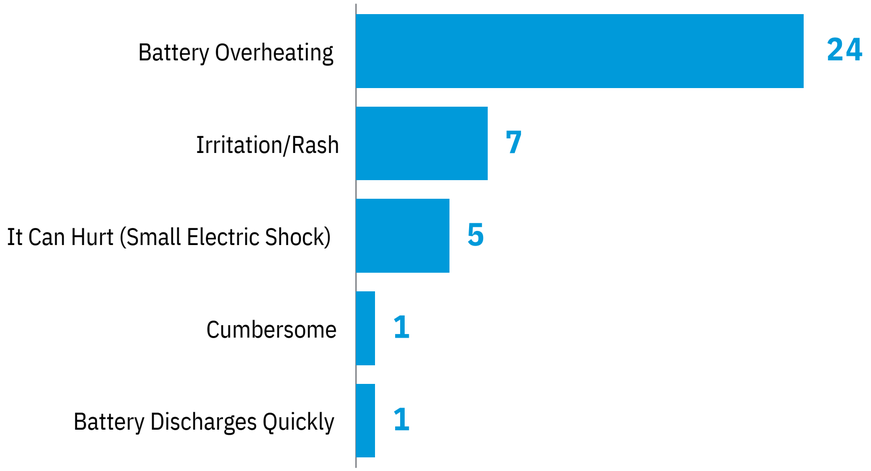
OF PATIENTS SOUGHT MEDICAL ASSISTANCE FOLLOWING THE SIDE EFFECTS RELATED TO CHARGING40



OF PATIENTS FIND RECHARGING UNCOMFORTABLE, TIME-CONSUMING AND RESTRICTIVE OF THEIR ACTIVITIES [40]

OF PATIENTS CLAIMED THAT, IF THEY COULD GO BACK IN TIME, THEY WOULD HAVE CHOSEN A NON-RECHARGEABLE DEVICE40

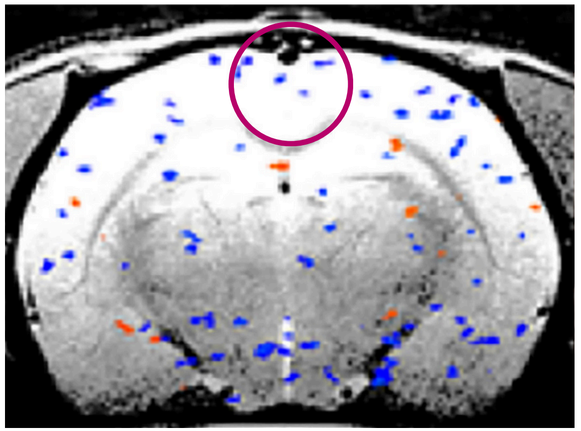
SIDE EFFECTS



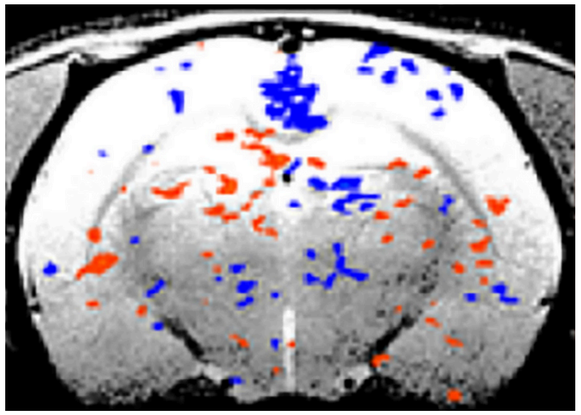
Further Research of BurstDR™ Stimulation Found There Is an Observed Carryover Effect2

BURSTDR™ STIMULATION IS EFFECTIVE EVEN WHEN STIMULATION IS TURNED OFF.

TONIC STIMULATION

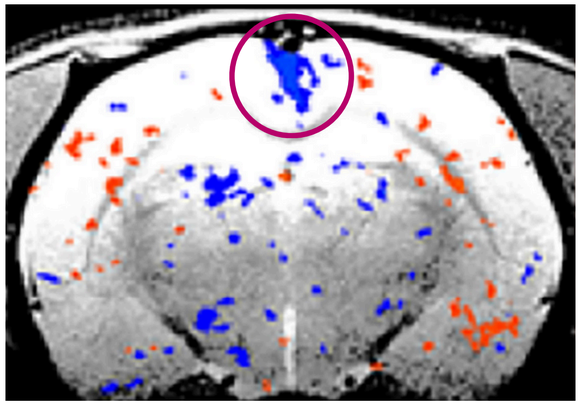


BURSTDR™ STIMULATION



Unlike tonic SCS, BurstDR™ stimulation has an inhibitory effect in the anterior cingulate cortex.

DOSED BURSTDR™ STIMULATION



This effect persists even while dosing the input.

ANTERIOR CINGULATE
(Medial Pathway)

BOLD: Dosing BurstDR™ Stimulation3

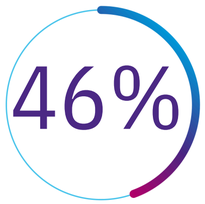
Deer TR, et al. Novel intermittent dosing burst paradigm in spinal cord stimulation. *Neuromodulation*. 2021;24(3):566-573.

ALL PATIENTS ARE TRIALED WITH DOSED THERAPY (PROGRAM 5)

IPG ACTIVATION > PATIENT TRIES PROGRAM 1 FOR 2–3 DAYS > RELIEF ≥ TRIAL RELIEF?

RELIEF ≥ TRIAL RELIEF? > NO: SWITCH TO NEXT PROGRAM

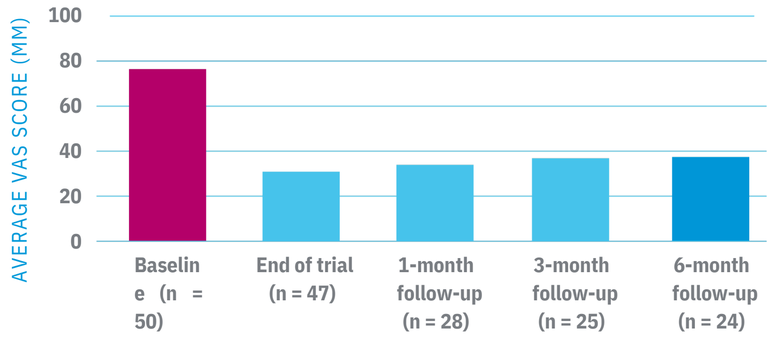
RELIEF ≥ TRIAL RELIEF? > YES: REMAIN ON PROGRAM



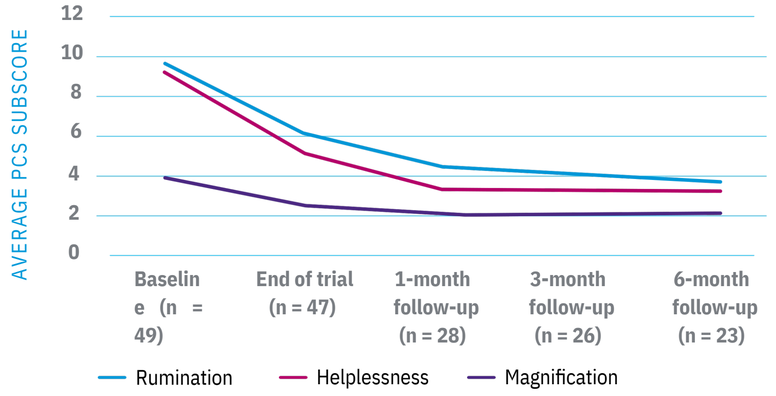
OF PATIENTS ARE UTILIZING THE PROGRAM WITH THE LOWEST DOSE SETTING. PATIENTS ARE USING THERAPY FOR 6 HOURS OR LESS PER DAY.

PROGRAM	PARAMETER
1	30 seconds on/360 seconds off
2	30 seconds on/240 seconds off
3	30 seconds on/150 seconds off
4	30 seconds on/120 seconds off
5	30 seconds on/90 seconds off

AVERAGE OVERALL PAIN VAS



AVERAGE PCS SUBSCORES



BOLDER Study: Dosing BurstDR™ Stimulation [34]

DeerT,etal. Ultra-low energycycledburstspinalcordstimulationyieldsrobustoutcomesin pain, function, and affective domains: a subanalysis from two prospective, multicenter, international clinical trials. *Neuromodulation*. 2022;25(1):137-144.

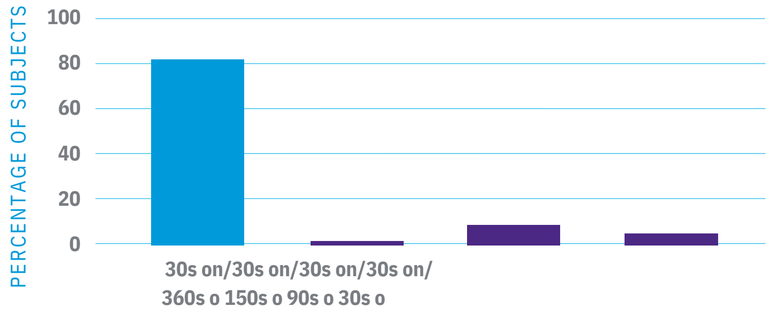
BOLDER (N = 195)

REALITY (N = 95)	**TRIUMPH** (N = 100)
CYCLING: 30 SECONDS ON/360 SECONDS OFF	**CYCLING**: 30 SECONDS ON/90 SECONDS OFF
1.8 HOURS OF STIMULATION PER DAY	**6 HOURS OF STIMULATION PER DAY**

6-MONTH FOLLOW-UP

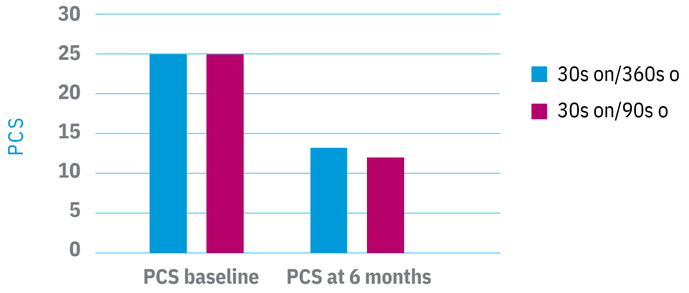
- Real-world evidence (n = 195) supports the effectiveness of BurstDR™ stimulation with long stimulation-off intervals.
- Over **81% of patients** who started at **ultra-low 30 seconds on/360 seconds off** settings stayed on the lowest BurstDR™ stimulation settings.
- **80% and 77%** of patients improved across a **multidimensional responder rate**, which considers both **PAIN RELIEF AND QUALITY OF LIFE** improvements for the 30 seconds on/90 seconds off and 30 seconds on/360 seconds off settings, respectively.
- By extending the usable battery life, utilization of low-energy stimulation may reduce health costs and surgical risk.

DOSING PROGRAM USAGE



Dosing program usage at the 6-month follow-up visit for patients in the REALITY cohort

AVERAGE PCS OUTCOMES



E ects of dosing BurstDR™ stimulation on subjects' pain catastrophizing

BurstDR™ Stimulation From Abbott Delivered on Low-Maintenance IPGs

Dosing BurstDR™ stimulation allows you to provide your patients with low-energy, low-maintenance neuromodulation devices.

PROCLAIM™ XR SCS SYSTEM

RECHARGE-FREE, LOW-MAINTENANCE

- Up to 10-year battery life at low dose settings**
- Freedom from the hassles of recharging
- Superior† BurstDR™ stimulation therapy
- Familiar mobile devices
- Upgradeable platform
- Full-body MR Conditional labeling††

ETERNA™ SCS SYSTEM

RECHARGEABLE, LOW-MAINTENANCE

- Smallest rechargeable implant profile41††† IPG (13.6 cc)4
- Charge 5 times per year42,43 § with Xtend™ energy technology
- Implant depth4 between 0.5–2.5 cm
- TotalScan™ MRI Technology
- Superior† BurstDR™ stimulation therapy
- Patient-centric user interface
- Upgradeable platform

SIMPLICITY OF PROGRAMMING

Patients and healthcare professionals **may spend less time** programming BurstDR™ stimulation using the BoldXR™ Dosing Protocol.3

FlexBurst360™ therapy provides a tailored, flexible solution to help treat patients with multi-site and evolving pain.4

NeuroSphere™ Virtual Clinic provides access to remote consultations, programming and troubleshooting adjustments.5,6

BURSTDR™ STIMULATION

BurstDR™ Stimulation Continues to Evolve

2005

WAVEFORM DEVELOPED

PATENT SUBMISSION

First patients programmed with BurstDR™ stimulation

2010

WAVEFORM DEVELOPED

FIRST IN-HUMAN TRIAL

Effective axial and limb pain reductions vs. tonic stimulation

Noticeable reduction in the affective component of pain

2017

CONTINUOUS BURSTDR™ STIMULATION

SUNBURST RCT: LEVEL 1 EVIDENCE8

Superiority§§ of BurstDR™ stimulation vs. traditional SCS

FDA approval

2018

AMPLITUDE OPTIMIZED

SUNBURST: OPTIMIZED LOWER AMPLITUDE8

Amplitude titration study resulting in further reductions in pain scores

2019

DOSING FEASIBILITY

BOSS: THE ORIGINAL DOSING TRIAL44

Initial dosing study showed that favorable outcomes with smaller doses of BurstDR™ stimulation were possible

2021

OPTIMIZED DOSING

BOLD: ADVANCED DOSING3

Full-scale study to determine optimum dosing parameters, culminating in the BoldXR™ Dosing Protocol

2025

ADVANCED CUSTOMIZATION

FLEXBURST360™ THERAPY

Multiple areas

Spatial dosing

NEXT GENERATION OF BURSTDR™ STIMULATION

Patients Experience Multi-Site and Evolving Pain

THERE REMAIN UNMET CLINICAL NEEDS WITH EXISTING WAVEFORMS.

88%

EXPERIENCE MULTI-SITE PAIN

88% of chronic pain patients have two or more noncontiguous painful areas.45

30%

EXPERIENCE LESS EFFECTIVE THERAPY DUE TO EVOLVING PAIN

Roughly 30% of SCS patients experience less effective therapy due to pain becoming more complex over time.46

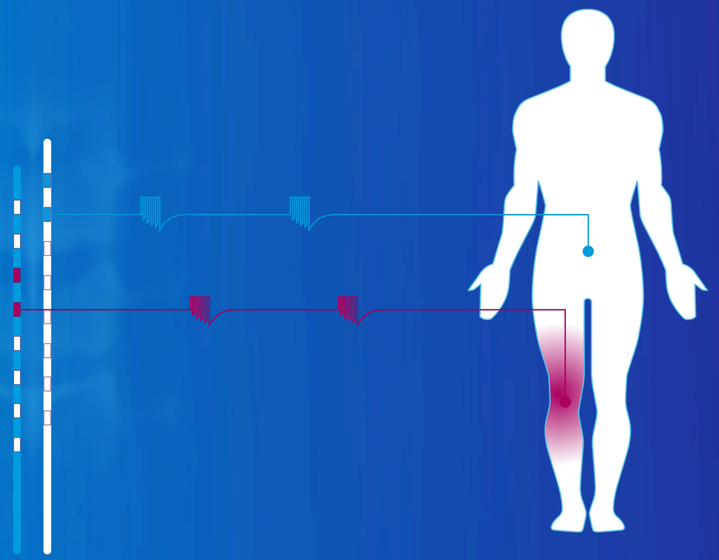
Energy required for perception varies at different levels of the spine, which may lead to over-/understimulation of a pain area.

NEXT GENERATION OF BURSTDR™ STIMULATION

FlexBurst360™ Therapy Offers a Solution to Manage Therapy Over the Lifetime of the Device

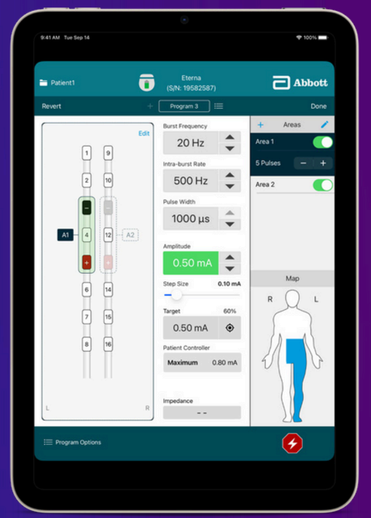
THERAPY SELECTION AT TIME OF IMPLANT

The Eterna™ SCS System with FlexBurst360™ therapy offers a solution for patients with single-area or multi-site pain (for example, pain in both the back and the legs).



OPTIONS FOR EVOLVING PAIN

The Eterna™ SCS System with FlexBurst360™ therapy offers a solution to manage patients with evolving pain patterns over the lifetime of the device.



YEAR 1 — **1 AREA**

YEAR 2 — **3 AREAS**

YEAR 3 — **4 AREAS**

NEXT GENERATION OF BURSTDR™ STIMULATION

BurstDR™ Stimulation: Simplicity of Programming With BoldXR™ Dosing Protocol

BOLDXR™ DOSING PROTOCOL

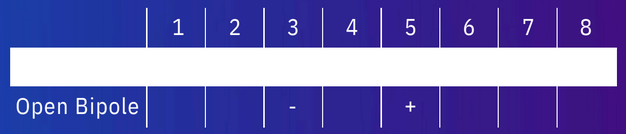
A REVOLUTIONARY LOW-ENERGY PROTOCOL3

Theworld'sfirst standardized electronic dosing protocol for BurstDR™ stimulation is designed to improve patient experience.

USE SIMPLE PROGRAMMING CONFIGURATIONS

The programming parameters shown below, as supported through clinical data, are considered the "best" parameters to maintain outcomes and provide optimal paresthesia coverage.47

Ensure the following programming options are used:



Keep the amplitude at a maximum of 0.6 mA.

ENABLE BURSTDR™ STIMULATION MODE AND USE BOLDXR™ DOSING PROTOCOL

FOR TRIAL

Useone areaof BurstDR™ stimulation.

Program 1: 30 seconds on, 1 minute 30 seconds off (6 hours of therapy/day)

FOR IMPLANT

Use one area of BurstDR™ stimulation. Use FlexBurst360™ therapy for patients with ongoing programming needs.§§§

Create three copies of the program with different dosing levels.

Program 1: 30 seconds on, 6 minutes off (2 hours of therapy/day)
Program 2: 30 seconds on, 3 minutes off (4 hours of therapy/day)
Program 3: 30 seconds on, 1 minute 30 seconds off (6 hours of therapy/day)

FlexBurst360™ Therapy48	NUMBER OF AREAS	FREQUENCY
	2	**20 Hz**
	3 or more	10 Hz

ACCESS TO REMOTE CONSULTATIONS, PROGRAMMING AND TROUBLESHOOTING ADJUSTMENTS

Extend Care Beyond Clinic Walls With NeuroSphere™ Virtual Clinic

ENHANCED THERAPY MANAGEMENT [5,6]

More follow-up options, faster troubleshooting, improved patient trust, better therapy access for geographically distant patients, and more efficient consultations

FLEXIBILITY AND EFFICIENCY IN THE CLINIC [5,6]

Fewer cancellations, delays and overrun; reduced waiting lists; flexible clinic planning; better use of clinic space; and greater patient reach

LOWER PATIENT BURDEN RELATED TO TRAVELING TO THE CLINIC [5,6]

Lower costs and time for patients and accompanying persons, and reduced stress and fatigue

REDUCTION OF CO_2 EMISSIONS [5,6]

Contributions to sustainability with lower costs and less traffic in and around the clinic

NEUROSPHERE™ VIRTUAL CLINIC

KEY LEARNINGS AND MESSAGES

BurstDR™ Stimulation Is a Proprietary Waveform That Is Uniquely Dosable

PAIN IS MULTIDIMENSIONAL

REGAINPATIENTS' QUALITY OF LIFE BY UNIQUELY CONTROLLING ALL ELEMENTS OF THEIR PAIN

1

BURSTDR™ STIMULATION IS A PROPRIETARY WAVEFORM

That mimics natural firing patterns in the brain[3]

2

BURSTDR™ STIMULATION PRODUCES CONSISTENT, SUPERIOR§§ AND REPLICABLE RESULTS[3,8,9,13-34]

In diverse clinical settings aroundthe world

- 1,000+ patients over 10 years on 3 continents
- 7 level 1 RCTs
- 3 placebo-controlled level I RCTs
- The only waveform with level 1A studies showing superiority compared to tonic stimulation

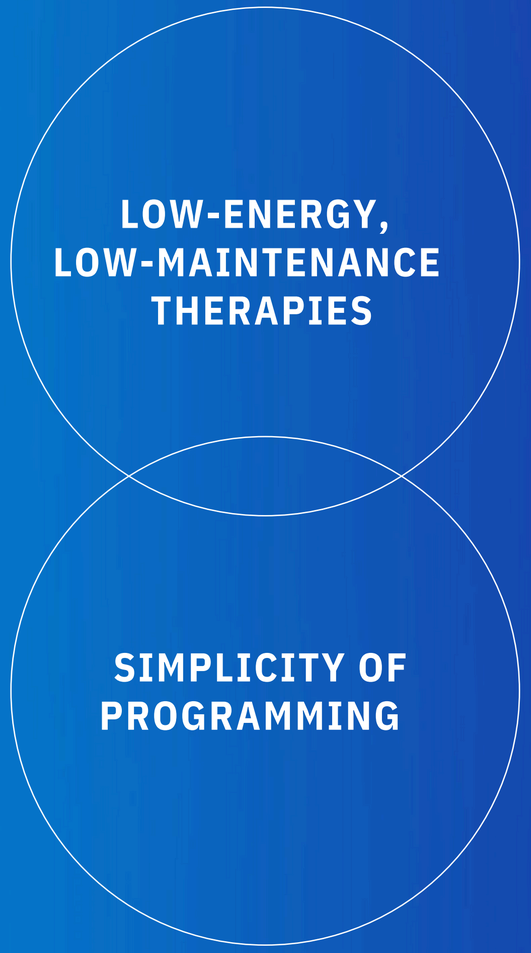
3

BURSTDR™ STIMULATION IMPROVES PHYSICAL, MENTAL AND SOCIAL HEALTH FUNCTIONS[38,49]

10studies showed improvementsinphysical,mentalandsocialhealthfunctionswithBurstDR™stimulation compared to tonic stimulation

KEY LEARNINGS AND MESSAGES

BurstDR™ Stimulation Is a Proprietary Waveform That Is Uniquely Dosable



4

BURSTDR™ STIMULATION LEADS TO AN OBSERVED CARRYOVER EFFECT2

Meaningthetherapyiseffective evenafter stimulation is turnedoff. Usethelowesttherapeuticdosewithout sacrificing therapy effectiveness. BurstDR™ stimulation is delivered on low-maintenance recharge-free and rechargeable IPGs

5

SIMPLE AND EFFECTIVE SUBTHRESHOLD PROGRAMMING3

Patientsandhealthcare professionals**may spendlesstime**programming BurstDR™ stimulation using the BoldXR™ Dosing Protocol3

6

ACCESS TO REMOTE CONSULTATIONS, PROGRAMMING AND TROUBLESHOOTING ADJUSTMENTS WITH NEUROSPHERE™ VIRTUAL CLINIC

Help manage patients more flexibly and efficiently while improving access to therapy management[5,6]

BDI	Beck Depression Inventory	IFU	Instructions for Use	MPQSF	McGill Pain Questionnaire Short Form	PCS	Pain Catastrophizing Scale	PSQI	Pittsburgh Sleep Quality Index	RCT	randomized controlled trial
EEG	electroencephalogram	IPG	implantable pulse generator	NWC	number of words chosen	PET	positron emission tomography	PVAQ	pain awareness and vigilance questionnaire	SCS	spinal cord stimulation
IDE	investigational device exemption	MPQ	McGill Pain Questionnaire	ODI	Oswestry Disability Index	PRO	patient-reported outcome	QoL	quality of life	VAS	Visual Analog Scale

*Pain and suffering as measured by VAS. **Up to 10 years of battery longevity at the lowest dose setting: 0.6mA, 500 Ohms, duty cycle 30s on/360s off.
NOTE: In neurostimulation therapy, 'dose' refers to the delivery of a quantity of energy to tissue. Safety comparisons
and specific dose-response curves for each dosage have not been clinically established. Refer to the IFU for additional
information. Hassle-free means recharge-free.

***BurstDR™ stimulation, patented technology exclusively from Abbott, is also referred to as burst stimulation in clinical literature.

†When compared to traditional tonic stimulation.

†† Within approved parameters. Refer to the IFU for full details on the MR Conditional scan parameters.

††† Smallest size determined by volume in cubic centimeters. Based off comparison to volumetric measurement of the following IPGs: Boston Scientific‡ WaveWriter Alpha‡ 16, 20.1 cc; Medtronic‡ Intellis‡, 13.9 cc; Nevro‡ Omnia‡, 26 cc; Saluda‡ Evoke‡, 33 cc.

§Approximately three hours five times per year (69 to 74 days between charges) at standard (nominal) settings for BurstDR™ stimulation programs: 30/90 dosing when programmed with amplitude of 0.6mA and all other BurstDR™ stimulation settings are left at default.

§§Superiority when compared to traditional tonic stimulation in the SUNBURST study.

§§§FlexBurst360™ therapy is available on the Eterna™ SCS System.

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