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MEDICAL

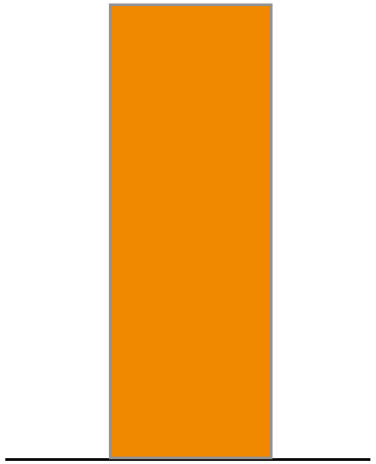
Acutus Medical, Inc. (AFIB)

AcQForce Flutter Trial Results

AcQForce Flutter Trial Meets Primary Endpoint with Strong Safety and Efficacy Results

Primary Safety Endpoint

100%*

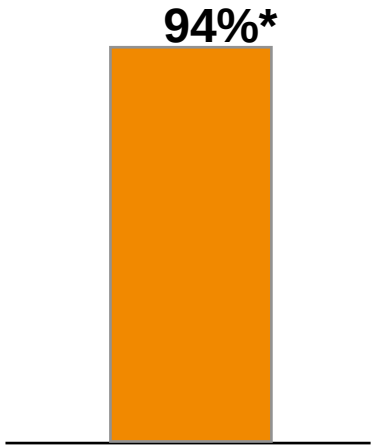


Freedom of pre-specified device/procedure related SAEs through 7-days post ablation

*No events met the definition of a primary safety event as independently adjudicated by the Safety Officer

Primary Effectiveness Endpoint

94%*

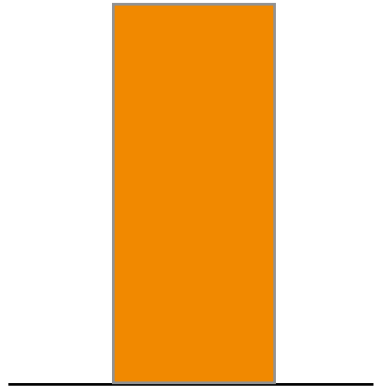


Demonstration of bidirectional CTI block at least 20 minutes following the last RF application

*Of the 110 *Treated* subjects, 109 subjects had conclusive endpoint documentation and confirmed attestation by an independent reviewer. The one unevaluable subject was treated as both a success (103/110) and a failure (102/110) and the primary effectiveness endpoint was still met.

Observational Effectiveness Endpoint

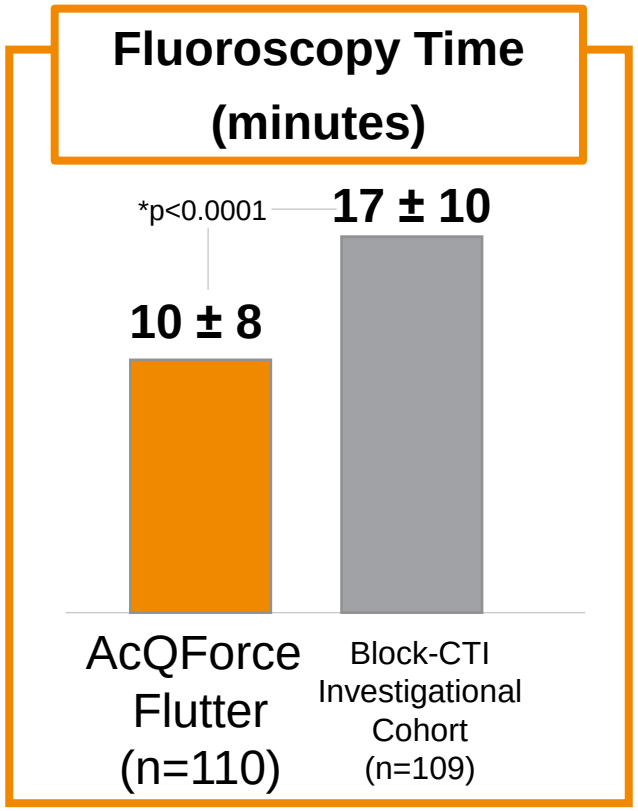
93%*

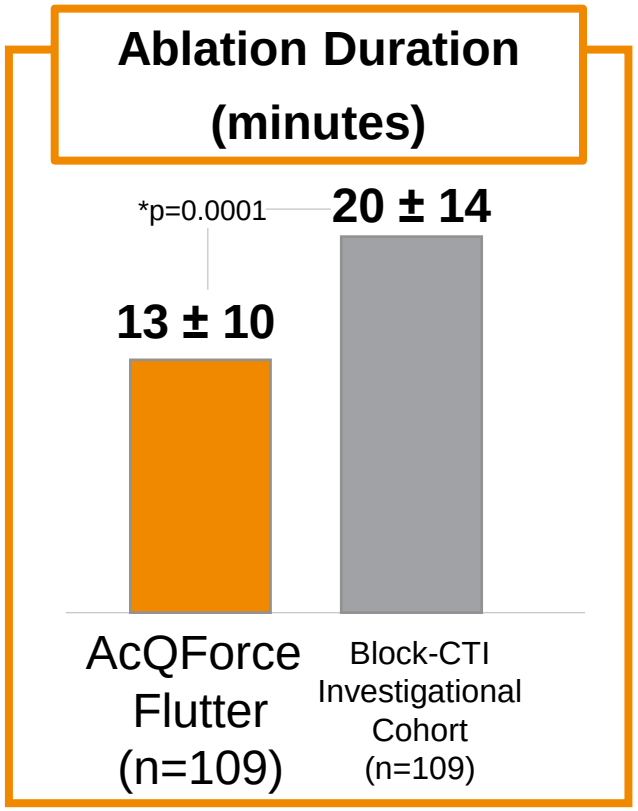


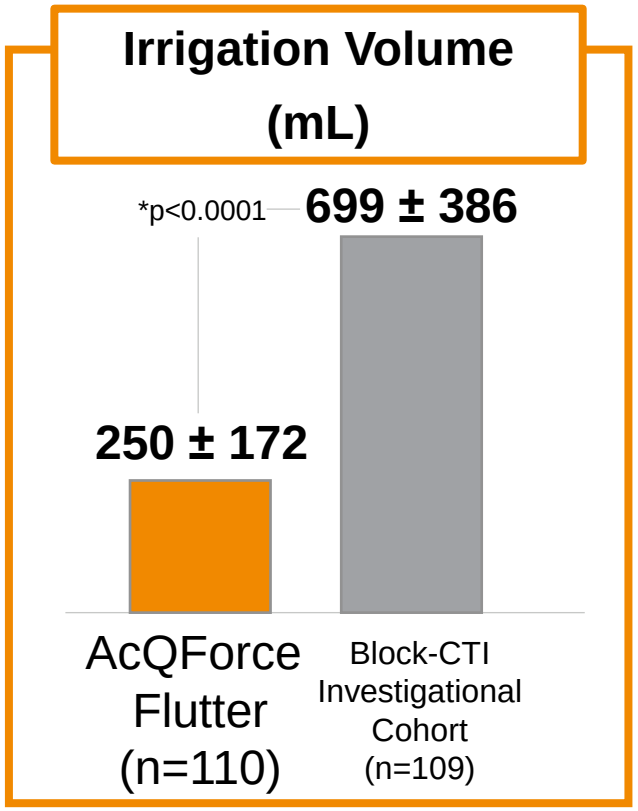
Freedom from recurrent CT dependent AFL off AA meds at 30 days post ablation

*100 patients out of 109 met criteria for observational effectiveness endpoint. 93 patients remained arrhythmia free at 30 days off AADs. 2 patients failed to meet the endpoint due to recurrence of atrial flutter. 5 patients did not complete 24hr CECG monitor (subject refusal, sponsor logistical issues)

Study Demonstrated Significantly Shorter Ablation Times and Lower Fluid Volumes







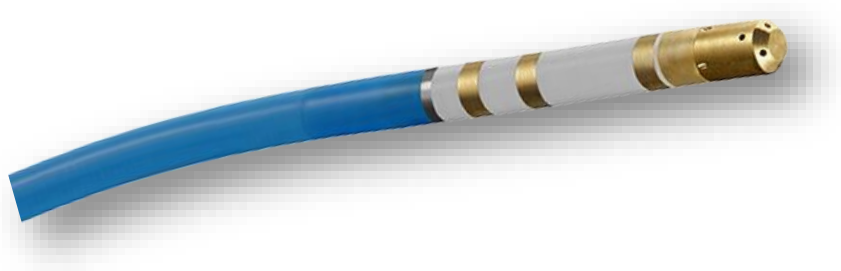
Fast, safe lesions and significantly reduced irrigation volume

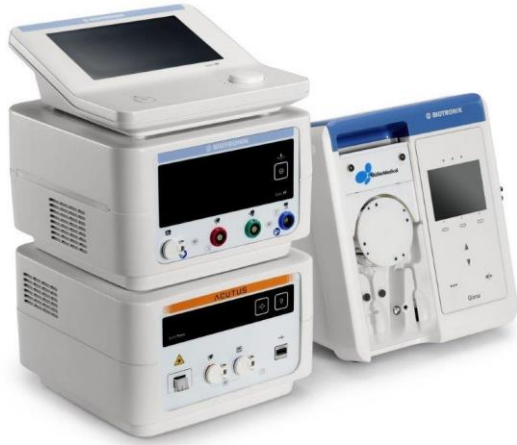
AcQForce AFL vs BLOCk-CTI SSED trials: ablation data comparison. Variables are given as mean ± std. For each parameter, n represents the number of subjects with available data. P-values were based on two-sample t-tests for two unmatched groups: AcQBlate FORCE treated subjects compared to the BLOCk-CTI investigational cohort. Per protocol instructions for use, irrigation flow rate for AcQBlate FORCE was 8mL/min for less than 30W and 15mL/min for ≥30W. [1] Values reported in BLOCk-CTI SSED for the Blazer Open-Irrigated Ablation catheter with 4 mm platinum tip.

Feedback From Dr. Gery Tomassoni – Principal Investigator of the AcQForce Study

"AcQBlate's novel gold tip ablation catheter performed extremely well during the clinical IDE atrial flutter cases. Short procedural times, stable contact force, and less irrigation volume contributed to efficient and safe ablation procedures. The delivery of low irrigation volumes during ablation should result in better fluid management and post-procedure patient recovery."

-Dr. Gery Tomassoni, Electrophysiologist, Baptist Health Lexington, KY





AcQBlate Force-Sensing Ablation Catheter and System

The Qubic RF generator (BIOTRONIK SE & Co. KG) and the Qiona irrigation pump (Möller medical GmbH) are available through the *BIOTRONIK/Acutus Alliance for Electrophysiology*

AcQForce Flutter Trial Design

Prospective, multi-center, non-randomized study

- Safety and effectiveness of the AcQBlate® Force Sensing System in Rx of symptomatic cavotricupsid isthmus (CTI) dependent atrial flutter (AFL)

Primary Safety Endpoint

- Freedom of pre-specified device/procedure related Serious Adverse Events (SAEs) through 7-days post ablation

Primary Effectiveness Endpoint

- Acute procedural success
- Demonstration of bidirectional CTI block by pacing from CS ostium & annular low RA at least 20 minutes following the last RF application

Observational Effectiveness Endpoint

- Freedom from recurrent CTI dependent AFL off AA meds at 30 days post ablation

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