

Forward Looking Statement

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This presentation contains forward-looking statements. Forward-looking statements are neither historical facts nor assurances of future performance. Instead, they are based on our current beliefs, expectations and assumptions regarding the future of our business, our future plans and strategies, our clinical results and other future conditions. All statements other than statements of historical facts contained in this presentation, including statements regarding future results of operations and financial position, business strategy, current and prospective markets or products, clinical activities, regulatory approvals, degree of market acceptance, and plans and objectives of management for future operations, are forward-looking statements. The words "may," "will," "should," "expect," "plan," "anticipate," "could," "intend," "target," "project," "estimate," "believe," "predict," "potential" or "continue" or the negative of these terms or other similar expressions are intended to identify forward-looking statements, although not all forward-looking statements contain these identifying words.

The forward-looking statements in this presentation represent our views as of the date of this presentation. Although we believe the expectations reflected in such forward-looking statements are reasonable, we can give no assurance that such expectations will prove to be correct. Accordingly, readers are cautioned not to place undue reliance on these forward-looking statements. Such statements are based on current assumptions that involve risks and uncertainties that could cause actual outcomes and results to differ materially. These risks and uncertainties, many of which are beyond our control, include risks described in the section entitled Risk Factors in our most recent 10-K filing and 10-Q filings made with the Securities and Exchange Commission. Except as required by applicable law, we do not plan to publicly update or revise any forward-looking statements contained herein, whether as a result of any new information, future events, changed circumstances or otherwise. No representations or warranties (expressed or implied) are made about the accuracy of any such forward-looking statements.

In addition, projections, assumptions and estimates of our future performance and the future performance of the markets in which we operate are necessarily subject to a high degree of uncertainty and risk. By attending or receiving this presentation you acknowledge that you will be solely responsible for your own assessment of the market and our market position and that you will conduct your own analysis and be solely responsible for forming your own view of the potential future performance of our business.



The less invasive standard in stroke prevention





> Every patient has the right to the best outcomes possible.

We are committed to reducing the risk of stroke and its devastating impact.

Image: Jackie, TCAR patient



Consequences of Stroke in the United States





DEBILITATION

>7 million survivors living with persistent disability



COST

\$50 billion in annual, stroke-related costs

Sources: CDC. "Stroke Facts | Cdc.Gov." *Centers for Disease Control and Prevention*, www.cdc.gov, 5 Apr. 2022, https://www.cdc.gov/stroke/facts.htm. Getting Stroke Treatments to People Earlier to Prevent Debilitating Outcomes." *Institute for Healthcare Policy & Innovation*, ihpi.umich.edu, 7 Nov. 2016, https://ihpi.umich.edu/news/getting-stroke-treatments-people-earlier-prevent-debilitating-outcomes.



34%

of ischemic strokes are caused by Carotid Artery Disease (CAD)

4.3M

PEOPLE IN THE U.S. SUFFER FROM CAD

>430,000

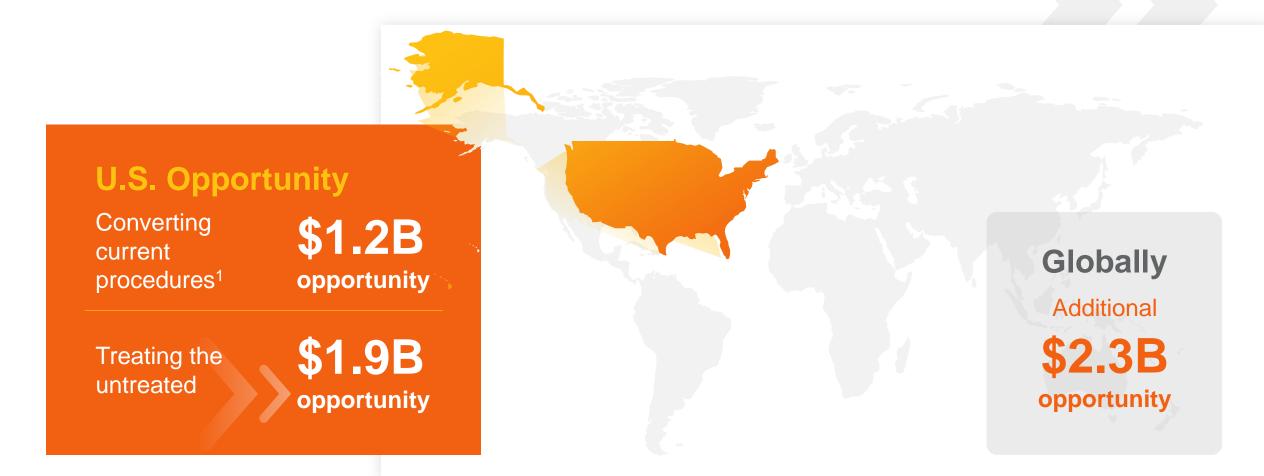
U.S. DIAGNOSES PER YEAR



Sources: Weerd M Stroke 2010; Modus Health Group for 2021, Vascularweb.org; Virani, Salim, et al. "Heart Disease and Stroke Statistics— 2020 Update." American Heart Association, 3 Mar. 2020.



Over \$5 Billion Global Market Opportunity



¹ 169,000 annual U.S. patients treated | Sources: Modus Health Group data for 2021; GlobalData Carotid and Renal Artery Stents Global Market Model, 2015-2030; Internal estimates. Note: \$1.2B calculated as annual procedures multiplied by average sales price of each TCAR product (1 unit each).



Recent Standard Surgical Risk Expansion

Broadening reach across the U.S.

U.S. Opportunity

Converting current procedures¹

\$1.2B opportunity

~170K

patients eligible for TCAR



High Surgical Risk



Standard Surgical Risk

All patients of all risk levels



¹ 169,000 annual U.S. patients treated | Sources: Modus Health Group data for 2021; GlobalData Carotid and Renal Artery Stents Global Market Model, 2015-2030; Internal estimates.

Driving Adoption and Sustained Growth through Mounting Clinical Evidence

Data on >18,000 TCAR patients

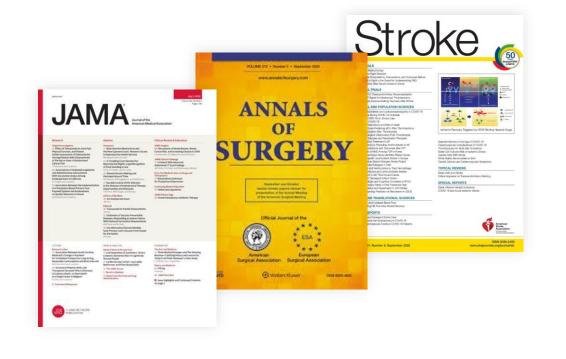
published in peer-reviewed journals

Low periprocedural stroke and death rates

Lower odds cranial nerve injury

Lower odds myocardial infarction

Lower odds hospital stay >1 day





Leveraging an Efficient Clinical Footprint



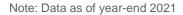
58 Sales Territories



~1,000 Hospitals

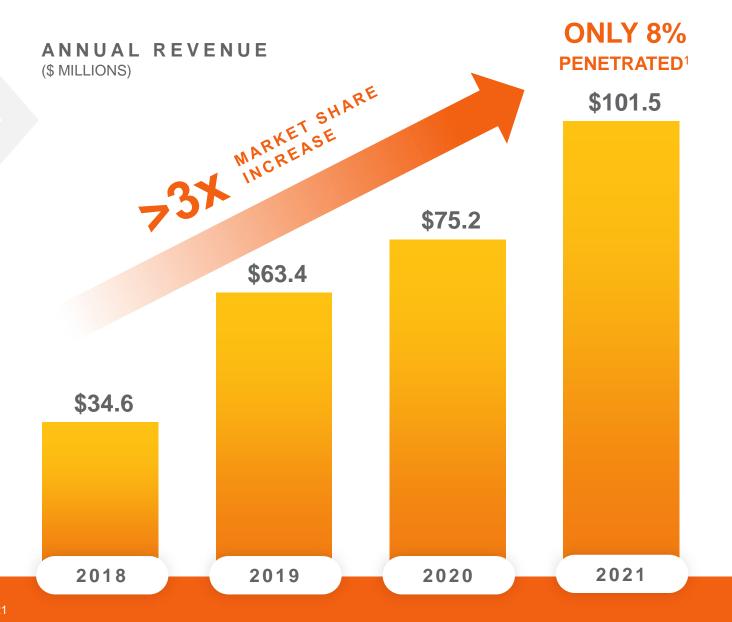


>2,000 Trained Physicians



Strong Growth Foundation

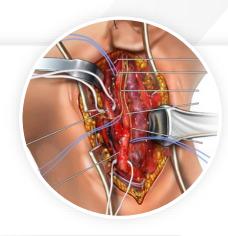
with significant opportunity ahead





New Era

of Transcarotid Therapy



70 YEARS:
A DATED STANDARD
OF CARE

Carotid Endarterectomy (CEA)

HIGHER RATE of procedural complications



PARADIGM SHIFT IN CARE



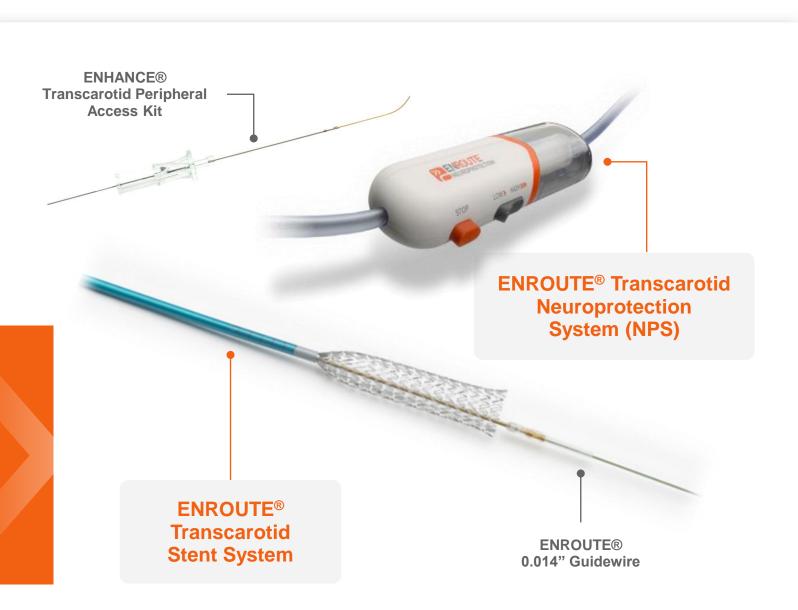
TCAR Portfolio

Purpose Built for Transcarotid



Direct carotid

Robust flow





Prioritizing the Patient

Shorter procedure time and hospital length of stay

Local anesthesia

Short recovery times

High patient satisfaction



The proof is in the filter





50,000+
TCAR procedures
worldwide1





Efficiencies of a Less Invasive Approach

Average Procedure Time¹

TCAR CEA

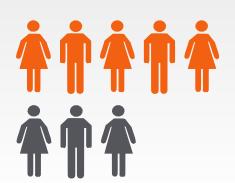
73 Mins vs.

121 Mins

Ability to treat

67% more

patients vs. CEA



Cost of Operating Room Time²

TCAR CEA

\$2,701

VS.

\$4,477

Reduced OR Time Cost over CEA:

\$1,776

\$\$\$

\$\$\$\$



¹ Annals of Surgery 2020 - M. Malas, Transcarotid Revascularization with Dynamic Flow reversal versus Carotid Endarterectomy in the Vascular Quality Initiative Surveillance Project.

² Childers et al. JAMA Surg 2018 Apr; 153(4).



Procedure Margin

Favorable Economic Value Proposition

TCAR also reduces in-hospital complications and length of stay

Source: Health Advances consulting and company analysis.

¹Procedure costs include OR time, devices, medication, overhead, etc. Excludes hospital length of stay expenses.

Growing TCAR Adoption



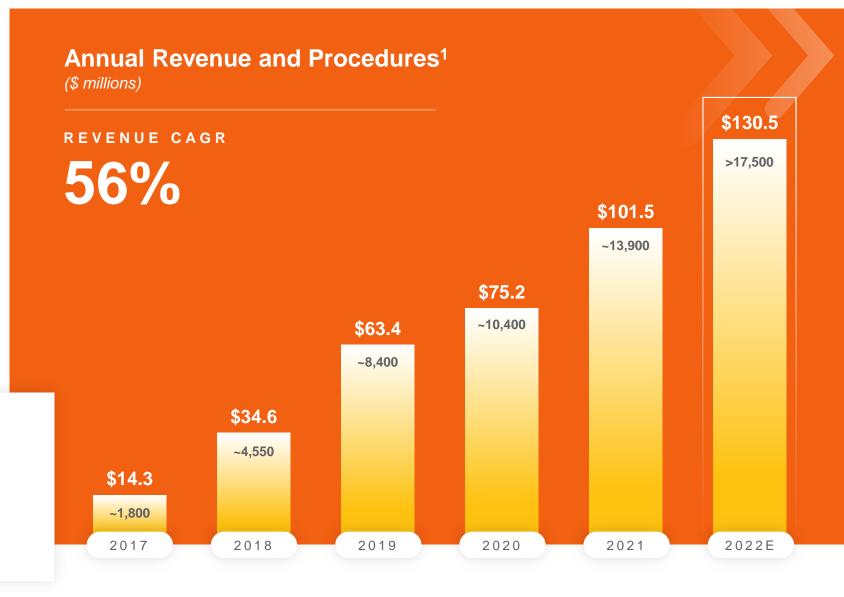




Strong Growth Profile

2022 REVENUE GUIDANCE:

\$128M to \$133M



¹ Represents compounded annual growth rate from 2017 through 2022 (using the midpoint of 2022 revenue guidance).



Sole Player in Expansive Greenfield Opportunity

Easy to Teach and Learn Procedure

Dedicated Carotid
Sales Force

Robust Intellectual Property Compelling
Clinical Data

TCAR-Specific Reimbursement

Unique Transcarotid Regulatory Label



