Welcome to Pulse Biosciences AF Symposium 2026 Analyst Event

Friday February 6th

12:00-12:30 pm – Lunch

12:30- Prepared Remarks followed by Q&A

Pulse Biosciences®

Today's Speakers:

1st Speaker:

Dr. Vivek Reddy

Director of Cardiac Arrhythmia Services at the Mount Sinai Fuster Heart Hospital, NY, and principal investigator of the study

Presenting: Clinical Data Overview

2nd Speaker:

Dr. David Kenigsberg

Medical Director of Cardiac Electrophysiology at HCA Westside Hospital and Chief Medical Officer, Electrophysiology at Pulse Biosciences

Presenting: Pulse Biosciences IDE Overview

Joining for Q&A:

Paul LaViolette

Chief Executive Officer
Co-Chairman of the Board

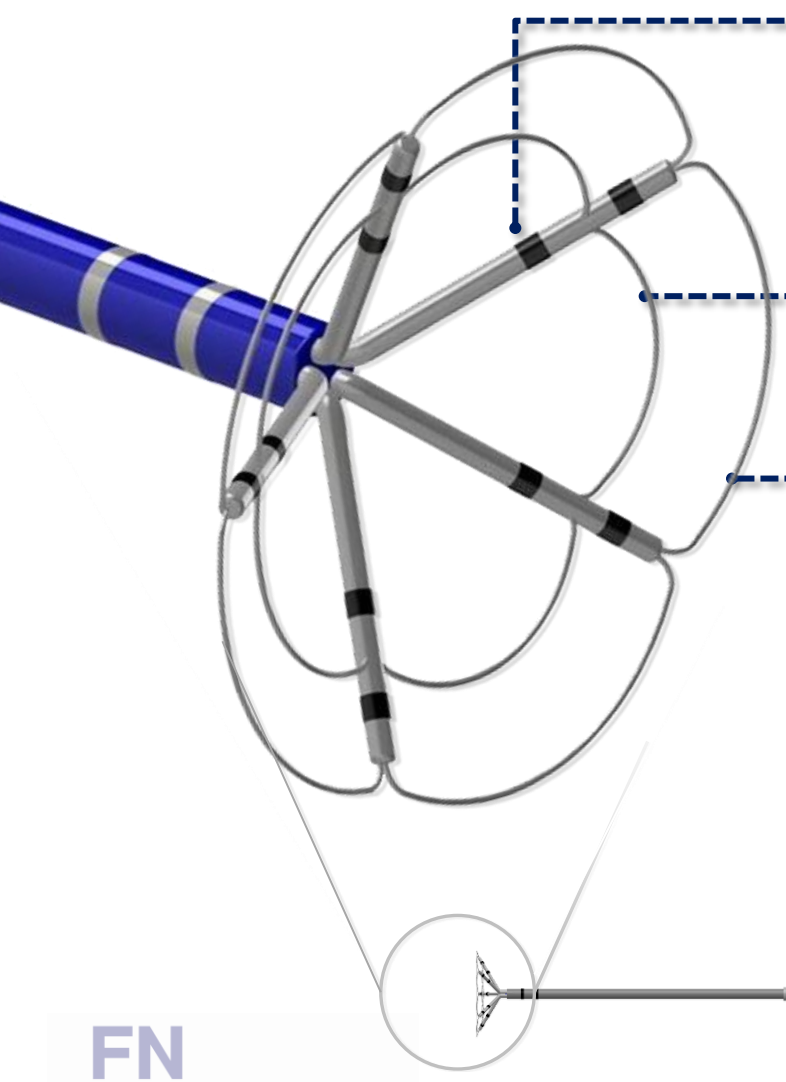
Darrin Uecker

Chief Technology Officer
Director

Pulse Biosciences®

Nanosecond PFA

System Characteristics

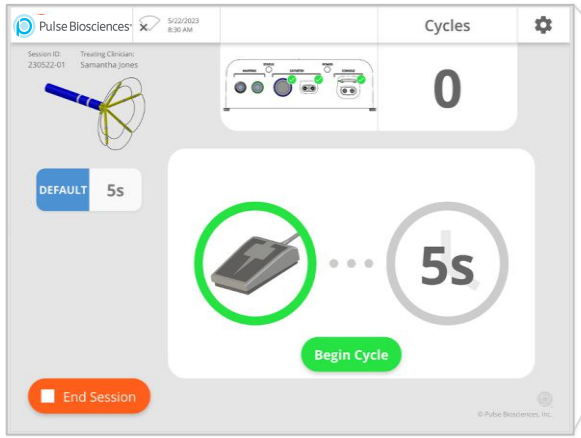


12 sensing electrodes (10 on spline, 2 on shaft)
1 EM Sensor internal

22mm inner ring ablation electrode

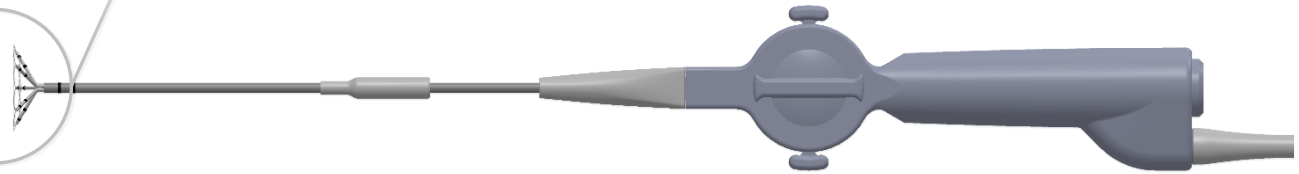
30mm outer ring ablation electrode

Graphical User Interface



nPulse Console

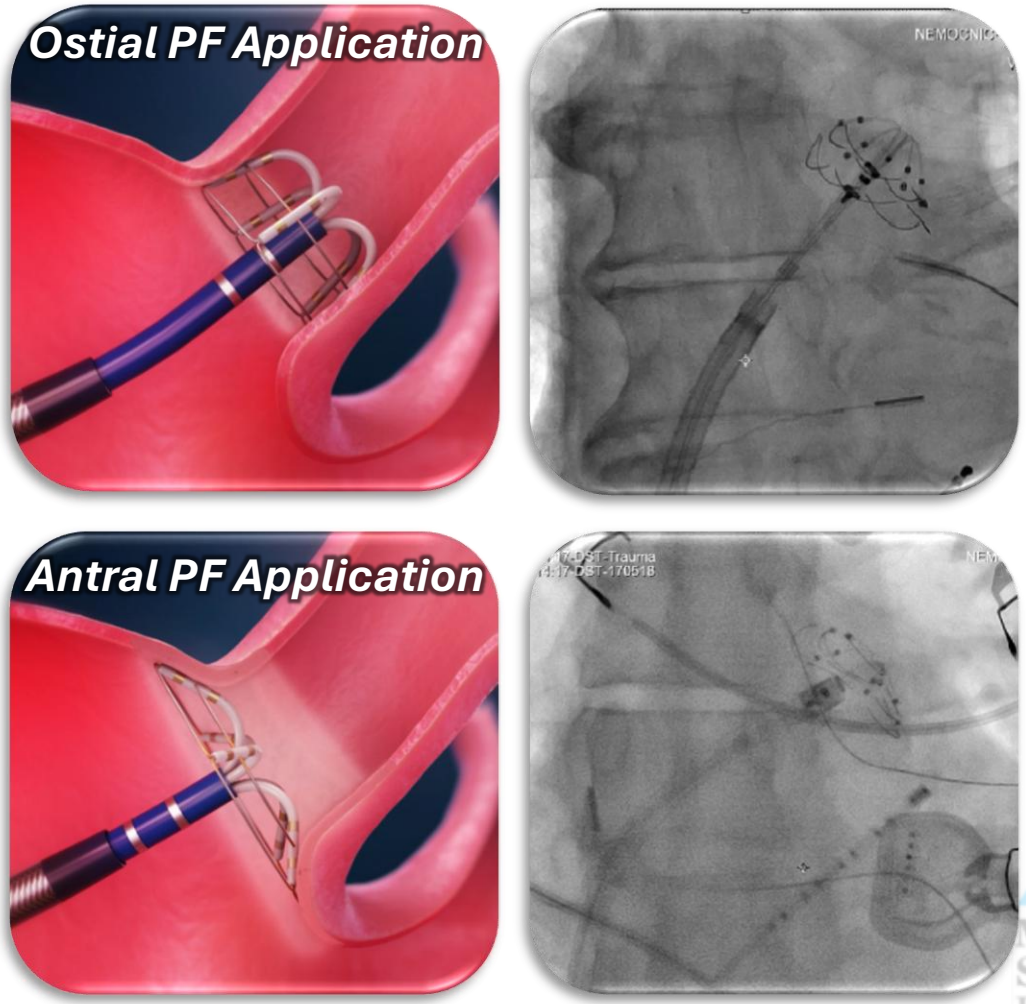
Epicenter Catheter



nsPFA Catheter

PVI Workflow

- Two Applications per PV
  - Single ostial application
  - Single antral application
- Depending on Anatomy
  - Single anterior carina applications on each side
  - Potential additional right-sided lesions on the PV anterior aspect



nsPFA FIH Trial

Study Overview

Study Objective:

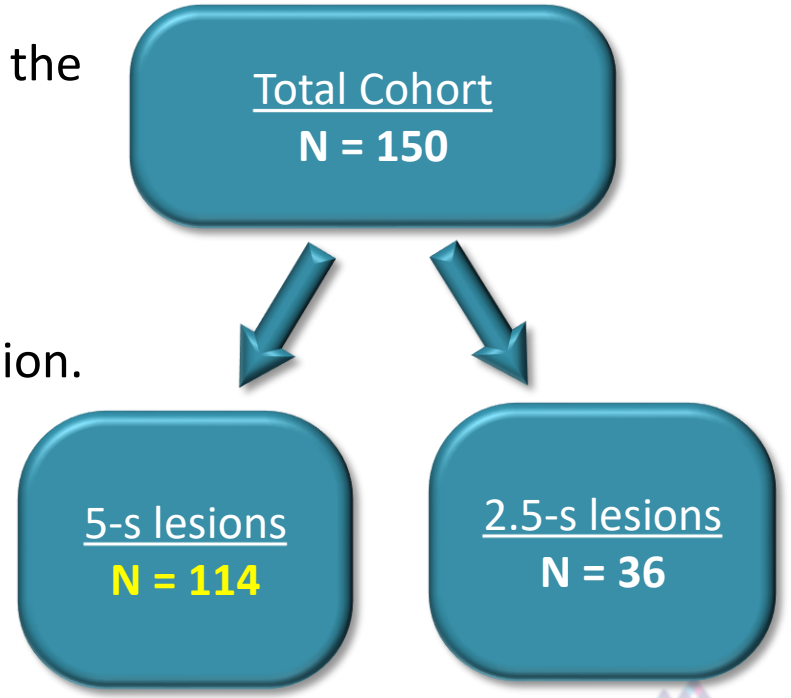
- To assess initial **safety** (rate of acute adverse events within 30 days post-ablation) and **effectiveness** (acute procedural success at 6 and 12 months) the Epicenter Catheter System.

Study Population:

- Adult patients who have **failed or poorly tolerated at least one AAD** with **paroxysmal atrial fibrillation** who are clinically indicated for catheter ablation.

Study Design:

- Prospective, non-randomized, open-label, single-arm feasibility study to evaluate initial clinical safety and device performance of nsPFA to treat AF
  - 3 Centers (Homolka – P.Neuzil; Jessa/Belguim – J.Vijgen; Rome – A.Natale)
  - Total number of operators = 9
- Primary safety & effectiveness endpoints assessed at 1, 6 & 12 mo post-ablation



FN M+H Homolka

Mount Sinai Fuster Heart Hospital

Procedure Time and %Success

	Total Population	5s Total Cohort	5s PVI + PWI
# of Subjects	150	114	63
Procedure Time, mins	65 ± 27	65 ± 28	55 ± 31
LA Dwell Time, mins	21.3 ± 13.5	21.0 ± 13.3	20.8 ± 12.7
Fluoroscopy Time, mins	8.9 ± 5.4	9.8 ± 5.8	11.6 ± 6.3
Avg # Applications	15.9 ± 4.9	16.1 ± 5.2 (12.8 ± 2.5)*	17.6 ± 3.5
Acute PVI Success, %	100	100	100
# of Subjects Completing EAM at 3M	135	99	43
3M PVI Success/Vein, %	89% (469/529)	92% (356/387)	94% (158/168)
3M PVI Success/Patient, %	80% (108/135)	87% (86/99)	88% (38/43)
6M Procedure Success by Holter, %	98.1% (104/106)	100% (75/75)	100% (32/32)
12M Procedure Success by Holter, %	94.0% (63/67)	95.7% (45/47)	100% (23/23)

*PV ablations only

nsPFA FIH Trial

Primary Safety Endpoint

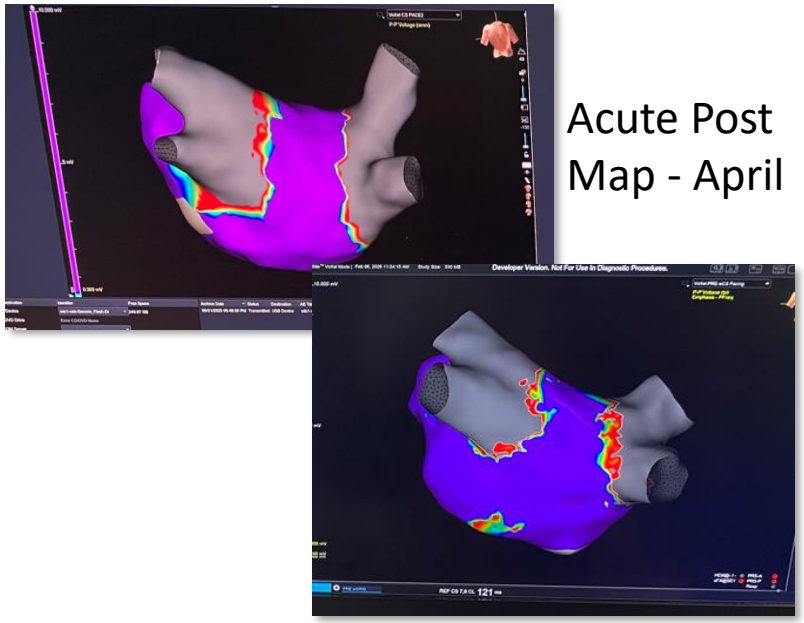
	Total Population N=150	5.0-Sec Cohort N=114
Asymptomatic Cerebral Embolism	--	--
Atrio-esophageal Fistula	--	--
Bleeding Requiring Transfusion	--	--
Cardiac Perforation/Tamponade *	**1**	**1**
Death	--	--
Esophageal Injury Resulting in Perforation	--	--
Myocardial Infarction	--	--
Pericarditis Requiring Intervention or Hospitalization	--	--
Phrenic Nerve Injury/Diaphragmatic Paralysis	--	--
Pulmonary Edema/Respiratory Insufficiency	--	--
Pulmonary Vein Stenosis (≥70% diameter reduction)	--	--
Stroke or Transient Ischemic Attack †	**1**	**1**
Vagal Nerve Injury Resulting in Esophageal Dysmotility or Gastroparesis	--	--
Vascular Access Complication Requiring Intervention	--	--
Total	2 / 150 (**1.3%**)	2 / 114 (1.8%)

* Effusion developed over course of 5 days; during pericardiocentesis, pericardial bleeding → successful surgical repair.
† Stroke – mild neurological deficit (NIHSS 4) of left arm hemiparesis, hypoesthesia, leg drift (brain MRI lesions observed).

nsPFA FIH Trial

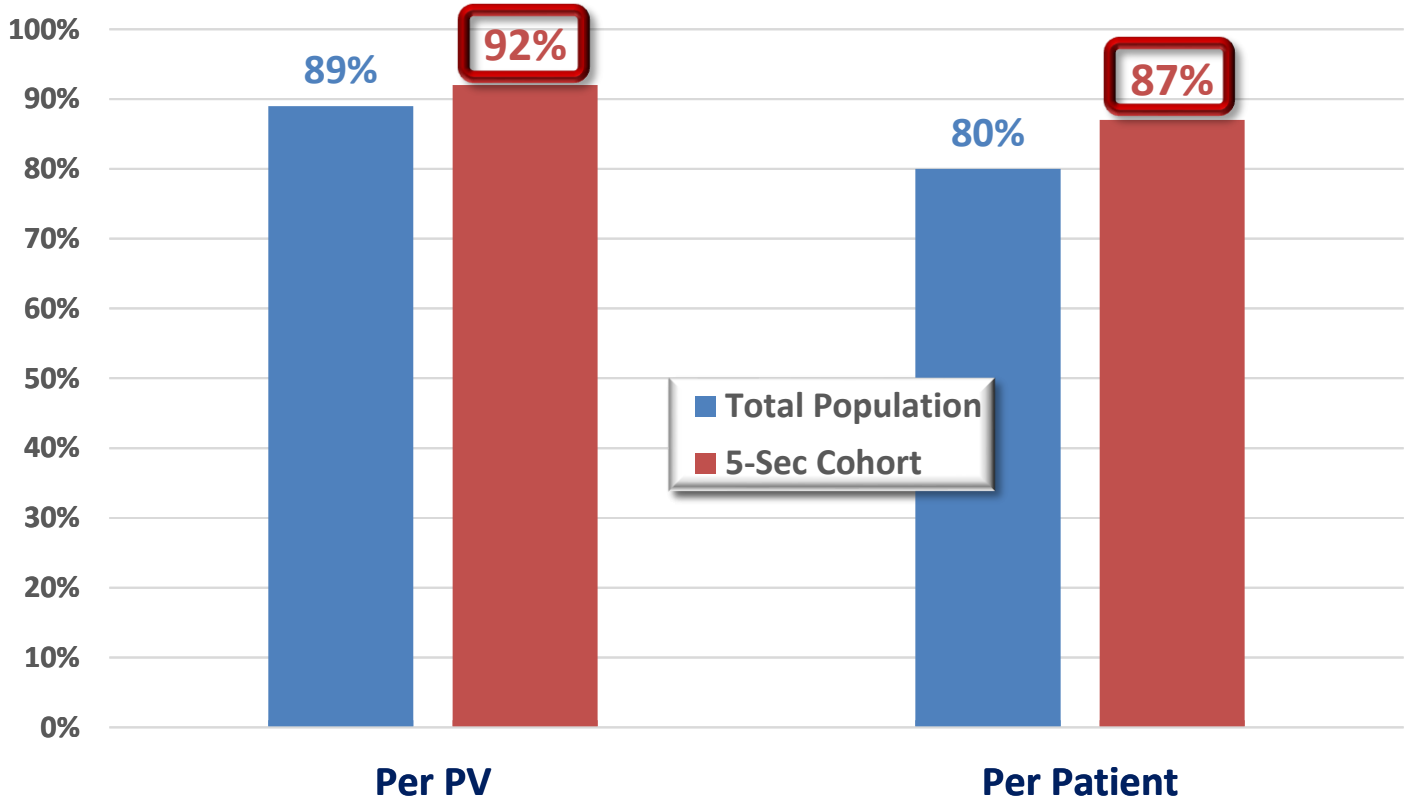
3M Remapping: PVI Durability

- Total no. of patients completing 3M electroanatomical mapping:
  - ✓ Total Cohort: 135 pts
  - ✓ 5-Sec Cohort: **99 pts**



Acute Post Map - April

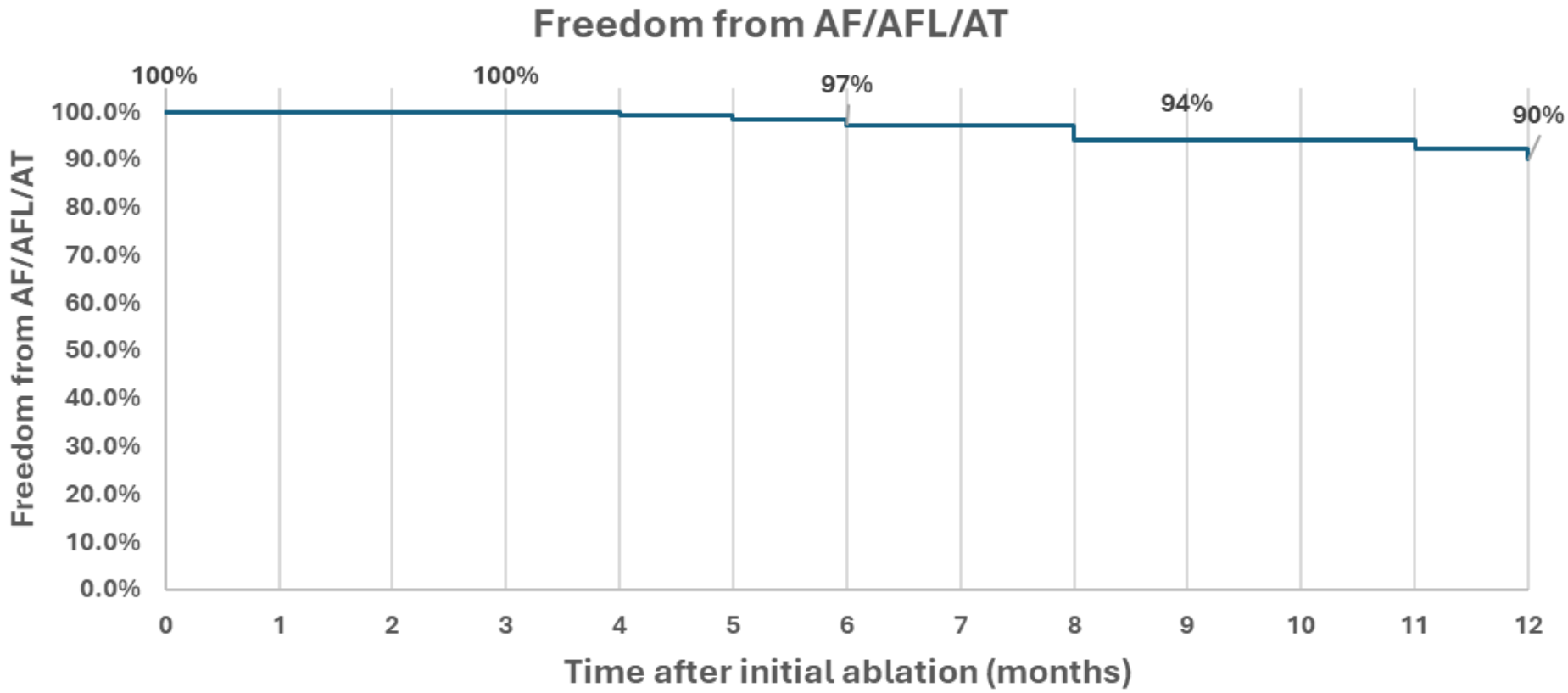
Re-map February 6, 2026



nsPFA FIH Trial

Freedom from AF/AFL/AT

- Follow-up: TTMs (weekly) & 24hr-Holters (6 & 12 M)



nsPFA FIH Trial

Conclusions

- Nanosecond PFA is:
  - ✓ Efficient
    - ✓ Average No. of applications for PVI/pt = 12.8±2.5
    - ✓ Left atrial dwell time = 21.0±13.3 min
  - ✓ Safe
  - ✓ Durable
  - ✓ Excellent clinical outcomes
- Limitations:
  - Intermittent monitoring follow-up
  - Most cases performed with minimal EAM support
    → now integrated

IDE Overview

Dr. David Kenigsberg – Chief Medical Officer, Electrophysiology

Pulse Biosciences

NANOPULSE-AF Study Overview

A prospective, multi-center, single-arm clinical investigation

IDE trial evaluating the nPulse™ Cardiac Catheter Ablation System

Participating Sites

Up to 30 centers in the United States and Europe

Study Population

Paroxysmal Atrial Fibrillation

Up to 215 patients including roll-ins

Primary Effectiveness Endpoint

Bayesian analysis to allow prediction of 12 month freedom from treatment failure when all patients are through 6 months

Primary Safety Endpoint

Composite rate of defined device and/or procedure-rated serious adverse events occurring within a specified time post procedure (7-days, 30-days, or 6-months depending on event)

Questions