Anteris' DurAVR THV Demonstrates 1% Heart Failure Hospitalization, Single-Digit Gradients and No Valve-Related Deaths at 1 Year in Patients with Small Aortic Annuli

Late-breaking 1-year data in 100 patients presented at PCR London Valves 2026: No moderate or severe paravalvular leak, 96% in NYHA class I/II and 97% free from moderate or severe prosthesis-patient mismatch at 30 days

MINNEAPOLIS, United States and **BRISBANE, Australia, Nov. 23, 2026: Anteris Technologies Global Corp.** ("Anteris" or the "Company") (NASDAQ: AVR, ASX: AVR) today announced 1-year clinical and hemodynamic outcomes for the DurAVR® Transcatheter Heart Valve (THV) in 100 patients with severe aortic stenosis and small aortic annuli (annulus area 404 ± 37 mm^2), the anatomy in which transcatheter valves most often leave patients with elevated gradients and prosthesis-patient mismatch* (PPM).

At 1 year, 1% of patients had been hospitalized for heart failure. DurAVR THV maintained a mean pressure gradient of 8.9 mmHg and a mean effective orifice area (EOA) of 2.2 cm^2, with no moderate or severe paravalvular leak (PVL) observed and no valve-related mortality reported. At 30 days, 97% of patients were free from moderate or severe PPM. Symptoms improved substantially: the proportion of patients who achieved New York Heart Association (NYHA) class I/II rose from 39% at baseline to 96% at 1 year.

These results were achieved in a symptomatic and clinically complex population. At baseline, 61% of patients were in NYHA class III/IV, the mean STS-PROM score was 4.7 ± 4.0%, and the cohort included heavy calcification and bicuspid anatomy (9%). Patients were pooled from the EMBARK and early feasibility studies (EFS) conducted in the United States and Europe; previously, 30-day data from this cohort were presented at PCR London Valves 2025.

The late-breaking abstract, titled "One-Year Clinical and Hemodynamic Outcomes of a Novel Biomimetic Balloon-Expandable THV in Small Aortic Annuli," was presented by Rishi Puri, MD, PhD, of Cleveland Clinic, during the TAVI Hotline – Part 1 session at PCR London Valves on Sunday, November 22, 2026.

1 Year Results Highlights

- **Heart failure hospitalization:** 1% at 1 year compares favorably to mid-to-high single-digit rates reported in contemporary clinical trials with currently marketed products.[1,2]
- **Hemodynamics:** Mean pressure gradient fell from 48.1 ± 17.0 mmHg at baseline to 8.9 ± 4.3 mmHg at 1 year, and mean EOA increased from 0.8 ± 0.2 cm^2 to 2.2 ± 0.9 cm^2. These results were similar to those reported at 30 days in 2025.
- **Hemodynamic Valve Deterioration:** No moderate or severe hemodynamic valve deterioration was observed at 1 year.
- **Valve performance:** No moderate or severe PVL was observed and no valve-related deaths were reported through 1 year.
- **Symptoms:** Patients in NYHA class I/II increased from 39% at baseline to 96% at 1 year, and 81% of patients experienced symptom improvement.
- **Clinical events at 1 year:** All-cause mortality 6% (2 CV mortalities; 2 non-cardiac infections; 1 cancer; 1 car accident), stroke 3% and new permanent pacemaker implantation 9%.
- **Cardiac remodeling:** In a cardiac magnetic resonance (CMR) substudy (n = 64), left ventricular (LV) mass, a marker of modifying the underlying disease, regressed by 24% at 1 year. LV mass in the

patients evaluated was similar to that reported in matched controls without aortic valve disease[3]. These findings are consistent with sustained unloading of the left ventricle.

“Small aortic annuli are where we most often see elevated gradients and mismatch after TAVR, and these patients are disproportionately women. In this symptomatic cohort, DurAVR delivered single-digit gradients, no moderate or greater paravalvular leak and 97% freedom from moderate or severe mismatch at 30 days. While cross-trial comparisons should be interpreted with caution, what stands out to me is heart failure hospitalization of just 1% at one year. These patients had a mean STS score of 4.7%, and most were in NYHA class III or IV, yet 1% is well below the hospitalization rates reported in contemporary clinical trials with currently marketed products. These are encouraging results, and the randomized PARADIGM trial is the right next test,” said Rishi Puri, MD, PhD, Interventional Cardiologist, Cleveland Clinic, Cleveland, Ohio, United States.

“Small annuli are the hardest test in TAVR, and these patients were symptomatic, with 61% in NYHA class III or IV at baseline. At one year, heart failure hospitalization was just 1%, a fraction of the rate typically observed after valve replacement. Heart failure admissions are the event patients feel most, health systems pay for most and that most closely predicts mortality. The cardiac MRI data show why DurAVR is different: with single-digit gradients and no moderate or severe paravalvular leak, left ventricular mass regressed by 24%, which tells us the heart is unloading and beginning to remodel. We believe DurAVR's biomimetic design and its potential to restore more physiologic blood flow may contribute to improved cardiac remodeling. These findings are consistent with that hypothesis, and PARADIGM is designed to test DurAVR head-to-head against today’s commercial valves. These results give us strong conviction going into the pivotal trial,” said Chris Meduri, MD, MPH, Chief Medical Officer of Anteris.

“Reducing heart failure hospitalization is among the most consequential events after aortic valve replacement, due to its proven correlation with CV mortality. In a pooled analysis of more than 3,400 patients treated with TAVR or surgical aortic valve replacement in the PARTNER trials, the 1-year heart failure hospitalization rate was 6.7%, and these hospitalizations were associated with increased mortality.[1] In the randomized SMART trial of small-annulus patients at lower predicted risk (mean STS-PROM 3.3%), 1-year heart failure hospitalization was 4.1% with the Evolut valve and 3.5% with the SAPIEN valve.[2] Against this backdrop, our current dataset gives us great confidence for the ongoing pivotal PARADIGM study where cardiovascular hospitalization is also a component of the primary endpoint,” said Wayne Paterson, Vice Chairman and Chief Executive Officer of Anteris.

The DurAVR THV is being studied in the pivotal PARADIGM Trial (ClinicalTrials.gov ID NCT07194265), a randomized, head-to-head comparison against commercially available TAVR valves that is actively enrolling patients across the United States and Europe.

[1]Huded CP, et al. *Circ Cardiovasc Interv.* 2022;15(12):e012195.

[2]Herrmann HC, et al. Self-Expanding or Balloon-Expandable TAVR in Patients with a Small Aortic Annulus. N Engl J Med. 2024;390:1959-1971. Component rates (Kaplan-Meier) from SMART results posted at ClinicalTrials.gov, NCT04722250.

[3]Garg P, et al. European Heart Journal, Valvular & Structural Disease; 2026.

[*]Prosthesis-patient mismatch (PPM) occurs when an implanted valve’s effective opening is too small for the patient’s body size, resulting in higher-than-expected gradients. PPM is common after transcatheter aortic valve replacement (TAVR) in patients with small aortic annuli and has been associated with reduced long-term survival after surgical aortic valve replacement (SAVR).

ENDS

About the PARADIGM Trial

The PARADIGM Trial is a prospective randomized controlled trial which will evaluate the safety and effectiveness of the DurAVR Transcatheter Heart Valve compared to commercially available transcatheter aortic valve replacements (TAVRs).

This head-to-head study will enroll approximately 1,000 patients in the 'All Comers Randomized Cohort' with 1:1 randomization of patients who will receive either the DurAVR THV or TAVR using commercially available and approved THVs. The PARADIGM Trial will assess non-inferiority on a primary composite endpoint of all-cause mortality, all stroke and cardiovascular hospitalization at one year post procedure.

For further information, please refer to ClinicalTrials.gov NCT07194265.

About Anteris

Anteris Technologies Global Corp. (NASDAQ: AVR, ASX: AVR) is a global healthcare company committed to designing, developing, and commercializing cutting-edge medical devices to restore healthy heart function. Founded in Australia, with a significant presence in Minneapolis, USA, Anteris is a science-driven company with an experienced team of multidisciplinary professionals delivering restorative solutions to structural heart disease patients.

Anteris' lead product, the DurAVR THV, was designed in collaboration with the world's leading interventional cardiologists and cardiac surgeons to treat aortic stenosis – a potentially life-threatening condition resulting from the narrowing of the aortic valve. The balloon-expandable DurAVR THV is the first biomimetic valve, which is shaped to mimic the performance of a healthy human aortic valve and aims to replicate normal aortic blood flow. DurAVR THV is made using a single piece of molded ADAPT® tissue, Anteris' patented anti-calcification tissue technology. ADAPT tissue, which is FDA-cleared, has been used clinically for over 10 years and distributed for use in over 55,000 patients worldwide. The DurAVR THV System is comprised of the DurAVR valve, the ADAPT tissue, and the balloon-expandable ComASUR® Delivery System.

DurAVR THV is intended for INVESTIGATIONAL USE ONLY. Not available for commercial use or sale worldwide. CAUTION—Investigational device. Limited by Federal (or United States) law to investigational use.

Forward-Looking Statements

This announcement contains forward-looking statements. Forward-looking statements include all statements that are not historical facts. Forward-looking statements generally are identified by the words "believe," "project," "expect," "anticipate," "estimate," "intend," "budget," "target," "aim," "strategy," "plan," "guidance," "outlook," "may," "should," "could," "will," "would," "will be," "will continue," "will likely result" and similar expressions, although not all forward-looking statements contain these identifying words. These forward-looking statements are subject to a number of risks, uncertainties, and assumptions, including those described under "Risk Factors" in Anteris' Annual Report on Form 10-K for the fiscal period ended December 31, 2025 and subsequent Quarterly Reports on Form 10-Q, that were filed with the Securities and Exchange Commission and ASX. Early or pooled clinical results, including those described in this announcement, may not be predictive of future results, including results in the PARADIGM pivotal trial. Readers are cautioned not to put undue reliance on forward-looking statements, and except as required by law, Anteris does not assume any obligation to update any of these forward-looking statements to conform these statements to actual results or revised expectations.

Authorisation and Additional information

This announcement was authorised for release on the ASX by Wayne Paterson, Vice Chairman and Chief Executive Officer.

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