

The RNS[®] System: Post-Approval Study Data



The Impact of Drug-Resistant Epilepsy

Focal epilepsy is the most common form of drug-resistant epilepsy (DRE), which means that patients' seizures are not controlled by drug therapy. It often results in a lifetime of debilitating seizures from the time of childhood or adolescence and remains a significant unmet medical need:

30-40%
of all epilepsy
diagnoses are DRE¹

~1.2 million
people in the U.S. are
affected by DRE¹

Only 6.5K
DRE patients get
treatment beyond the
drugs that failed them²

CLOSING THE GAP: Revolutionizing Seizure Treatment for DRE

The RNS[®] System is the first and only FDA-approved responsive neuromodulation platform that delivers personalized, real-time seizure treatment, helping people with focal DRE attain unmatched seizure control and a better standard of care.



3-year results from the ongoing post-approval study (PAS) of the NeuroPace RNS System show:

82% median seizure reduction at 3 years³

62% median seizure reduction at 6 months³

42% seizure freedom for 6+ months^{3,*}

3x lower incidence of Sudden Unexpected Death in Epilepsy (SUDEP)⁴

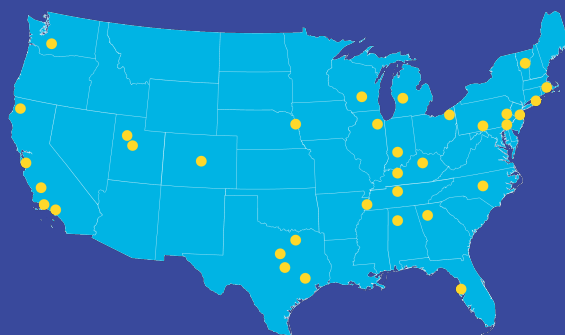
1 in 3 patients did not require intracranial monitoring³

The RNS System PAS is the Largest Prospective Study in Neuromodulation for Focal Epilepsy

As the largest FDA-reviewed study in neuromodulation for focal epilepsy,^{3,5,6,**} the PAS includes outcomes from:

324 patients

from **32 Level 4 Comprehensive Epilepsy Centers** across the U.S.



1. Chen, Z., et al., JAMA Neurology, 2018.
 2. Ostendorf, et al, Neurology, 2022.
 3. RNS System Post-approval Study Oral Presentation, American Academy of Neurology, April 2025, all outcomes are ITT, median seizure reduction is observed case data, seizure freedom at last follow-up is LOCF
 4. Compared to placebo arm of ASM trial. 2.3/1000 patient years rate of SUDEP in RNS System prospective studies (AAN Oral Presentation, April 2025) vs 6.9/1000 patient years rate of SUDEP in Anti-seizure Medication (ASM) placebo; Ryvlin et al, Lancet Neurol, 2011
 5. Salanova et al., Neurology, 2015
 6. DeGiorgio et al, Epilepsia, 2000
 * At some point during the study
 ** Therapies were studied using different study designs. Caution must be exercised when comparing results.