Humacyte Showcases Acellular Tissue Engineered Vessel (ATEV) Across Five Presentations at VEITHsymposium 2026

– Presentations highlighted arterial reconstruction with ATEV in an infected field, low susceptibility of ATEV to atherosclerosis, Phase 3 dialysis access results and ATEV use in military and civilian settings.

DURHAM, N.C., Nov. 23, 2026 (GLOBE NEWSWIRE) -- Humacyte, Inc. (Nasdaq: HUMA), a commercial-stage biotechnology platform company developing universally implantable, bioengineered human tissues at commercial scale, today announced that its acellular tissue engineered vessel (ATEV) was the subject of five presentations at the 53rd Annual VEITHsymposium in New York City, a major medical conference attended by vascular surgeons and other vascular specialists. Investigators from the University of Maryland School of Medicine, Mass General Brigham, Mayo Clinic, Dwight D. Eisenhower Army Medical Center and Humacyte made five presentations highlighting clinical and real-world results observed with the ATEV.

"Vascular surgeons create dialysis access and repair arteries in some of the toughest medical cases, and this week they saw presentations of the potential benefits of ATEV across multiple indications," said Dr. Laura Niklason, Founder, President and Chief Executive Officer of Humacyte. "Each presentation answers a different question surgeons ask about a new conduit. The three Phase 3 trials in the integrated analysis also support the supplemental BLA submitted this week, seeking dialysis access as the ATEV's second approved indication."

Real-world use of ATEV was highlighted by Rishi Kundi, M.D., Surgical Critical Care with Vascular Surgery, University of Maryland School of Medicine, who presented a vascular injury case report co-authored with Ashley Johnston, M.D. The patient, a 20-year-old man, arrived in hemorrhagic shock after multiple gunshot wounds to the pelvis and lower extremities. Amid a persistent polymicrobial infection, two reconstructions with bovine carotid artery grafts failed. With no usable vein of his own, surgeons controlled bleeding with a temporary stent graft, removed the infected graft material and debrided the field. They then rebuilt the artery with the ATEV, from the external iliac artery to the profunda femoris artery, with a jump graft to the superficial femoral artery. The patient recovered without further bleeding or infection and was discharged 19 days after surgery. CT angiography at four months showed a patent vessel with no dilation, aneurysm, or sign of infection, and imaging at ten months showed it had integrated with surrounding tissue. At the last reported follow-up, he was walking without limitation with the limb preserved.

Mohamad A. Hussain, M.D., Ph.D., a vascular and endovascular surgeon-scientist at the Heart and Vascular Institute, Mass General Brigham, and Associate Professor of Surgery at Harvard Medical School, presented pooled 12-month data on 323 patients randomized to receive the ATEV for hemodialysis access across the V006, V007 and V012 Phase 3 studies. Ninety percent were at high risk of fistula maturation failure: women, and men with diabetes, a BMI above 30, or aged 65 or older. Among women, 12-month secondary patency was consistent across the three trials, at 79%, 83%, and 78%, respectively. No unexpected safety concerns were observed.

Young Erben, M.D., of Mayo Clinic in Jacksonville, Florida, presented the prespecified interim analysis of V012 Phase 3 study in hemodialysis access which randomized women on catheter-based hemodialysis to the ATEV or an AV fistula. Among the first 80 patients to complete 12 months, women with the ATEV averaged 220 catheter-free days, versus 129 with a fistula ($p<0.001$), meeting the primary superiority endpoint. Time to access maturation was 1.7 months with the ATEV and 5.3 months with a fistula. Dialysis access-related infections, including catheter infections, occurred in 5.1% of ATEV patients and 15% of fistula patients.

Alexis Lauria, M.D., RPVI, of Dwight D. Eisenhower Army Medical Center, presented an analysis of atherogenic remodeling in ATEVs. Atherogenic remodeling refers to early vessel-wall changes that lead toward atherosclerosis, such as lipid buildup, lipid-laden foam cells and inflammatory cell infiltration. Conventional grafts, whether made from a patient's own vessels, synthetic materials, or animal tissue, carry a risk of atherosclerosis.

The study examined ATEV samples from 52 patients across five clinical trials: 49 with dialysis access and three with bypass for peripheral artery disease (PAD). Implant durations ranged from a few days to more than five years. Although atherosclerosis risk factors were common among these patients, the explants showed minimal lipid deposition (0.6% of tissue area on average) and scarce foam cells. Macrophages and other inflammatory cells linked to atherosclerosis were largely absent. Instead, the patients' own smooth muscle and endothelial cells had progressively repopulated the vessels. Atypical fatty streaks appeared in 4.7% of samples, and none showed vulnerable plaque. The authors describe the study as the first long-term clinical evaluation of atherosclerosis susceptibility in a tissue engineered blood vessel.

Todd Rasmussen, M.D., Humacyte's Chief Surgical Officer, made presentations on the ATEV in military and civilian settings and in PAD, and hosted a Memorial Tribute to Norman M. Rich, an icon and unique leader in vascular surgery.

For uses other than the FDA approval in the extremity vascular trauma indication, the ATEV is an investigational product and has not been approved for sale by the FDA or any other regulatory agency.

About Humacyte

Humacyte, Inc. (Nasdaq: HUMA) is developing a disruptive biotechnology platform to deliver universally implantable bioengineered human tissues, advanced tissue constructs, and organ systems designed to improve the lives of patients and transform the practice of medicine. The Company develops and manufactures acellular tissues to treat a wide range of diseases, injuries, and chronic conditions. Humacyte's Biologics License Application for the acellular tissue engineered vessel (ATEV) in the vascular trauma indication was approved by the FDA in December 2024. ATEVs are also currently in late-stage clinical trials targeting other vascular applications, including arteriovenous (AV) access for hemodialysis and peripheral artery disease (PAD). Preclinical development is also underway in coronary artery bypass grafts, pediatric heart surgery, treatment of type 1 diabetes, and multiple novel cell and tissue applications. Humacyte's 6mm ATEV for AV access in hemodialysis was the first product candidate to receive the FDA's Regenerative Medicine Advanced Therapy (RMAT) designation and has also received FDA Fast Track designation. Humacyte's 6mm ATEV for urgent arterial repair following extremity vascular trauma and for advanced PAD also have received RMAT designations. The ATEV received priority designation for the treatment of vascular trauma by the U.S. Secretary of Defense. For more information, visit www.Humacyte.com.

Forward-Looking Statements

This press release contains forward-looking statements that are based on beliefs and assumptions and on information currently available. In some cases, you can identify forward-looking statements by the following words: “may,” “will,” “could,” “would,” “should,” “expect,” “intend,” “plan,” “anticipate,” “believe,” “estimate,” “predict,” “project,” “potential,” “continue,” “ongoing” or the negative of these terms or other comparable terminology, although not all forward-looking statements contain these words. These statements involve risks, uncertainties, and other factors that may cause actual results, levels of activity, performance, or achievements to be materially different from the information expressed or implied by these forward-looking statements. Although we believe that we have a reasonable basis for each forward-looking statement contained in this press release, we caution you that these statements are based on a combination of facts and factors currently known by us and our projections of the future, about which we cannot be certain. Forward-looking statements in this press release include, but are not limited to, our plans and ability to commercialize Symvess and, if approved by regulatory authorities, our product candidates, successfully and on our anticipated timelines; the degree of market acceptance of and the availability of third-party coverage and reimbursement for Symvess and, if approved by regulatory authorities, our product candidates; our ability to manufacture Symvess and, if approved by regulatory authorities, our product candidates in sufficient quantities to satisfy our clinical trial and commercial needs; the anticipated benefits of our ATEVs relative to existing alternatives; our plans and ability to execute product development, process development and preclinical development efforts successfully and on our anticipated timelines; our ability to design, initiate and successfully complete clinical trials and other studies for our product candidates and our plans and expectations regarding our ongoing or planned clinical trials; the anticipated characteristics and performance of our ATEVs; the implementation of our business model and strategic plans for our business; our ability to execute and achieve the expected benefits of our cost-saving measures and whether our efforts will result in further actions or additional asset impairment charges that adversely affect our business; and the timing or likelihood of regulatory filings, acceptances and approvals. We cannot assure you that the forward-looking statements in this press release will prove to be accurate. These forward-looking statements are subject to a number of significant risks and uncertainties that could cause actual results to differ materially from expected results, including, among others, changes in applicable laws or regulations, the possibility that Humacyte may be adversely affected by other economic, business, competitive and/or reputational factors, and other risks and uncertainties, including those described under the header “Risk Factors” in our Annual Report on Form 10-K for the year ended December 31, 2025 and Form 10-Q for the quarter ended September 30, 2026, each filed by Humacyte with the SEC, and in future SEC filings. Most of these factors are outside of Humacyte’s control and are difficult to predict. Furthermore, if the forward-looking statements prove to be inaccurate, the inaccuracy may be material. In light of the significant uncertainties in these forward-looking statements, you should not regard these statements as a representation or warranty by us or any other person that we will achieve our objectives and plans in any specified time frame, or at all. Except as required by law, we have no current intention of updating any of the forward-looking statements in this press release. You should, therefore, not rely on these forward-looking statements as representing our views as of any date subsequent to the date of this press release.

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