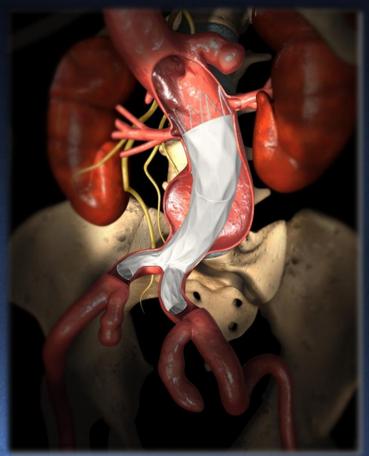


Large applicability of Anatomic FiXation

Jean-Marc Alsac
MD, PhD, Vascular Surgery

Hôpital Européen Georges Pompidou Paris, France







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• 120 AAA / year (20 ruptured via SOS Aorte)

- 50 Open Repair
- 70 EVAR



Experience Powerlink – Intuitrack - AFX

- 70 TEVAR with 10 AUI until 2012
- 2012: 13 Powerlink
- 2013: 20 Intuitrack
- 2014: 32 AFX
- 2015: 45 AFX



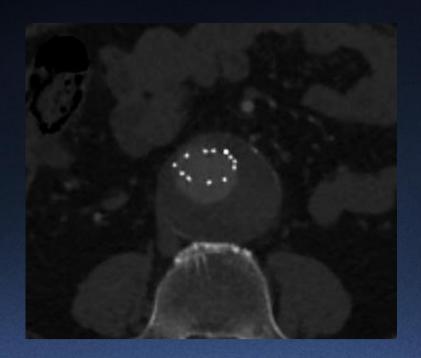
• 2016: 63 AFX ...

Anatomic Fixation Design Active Sealing Concept

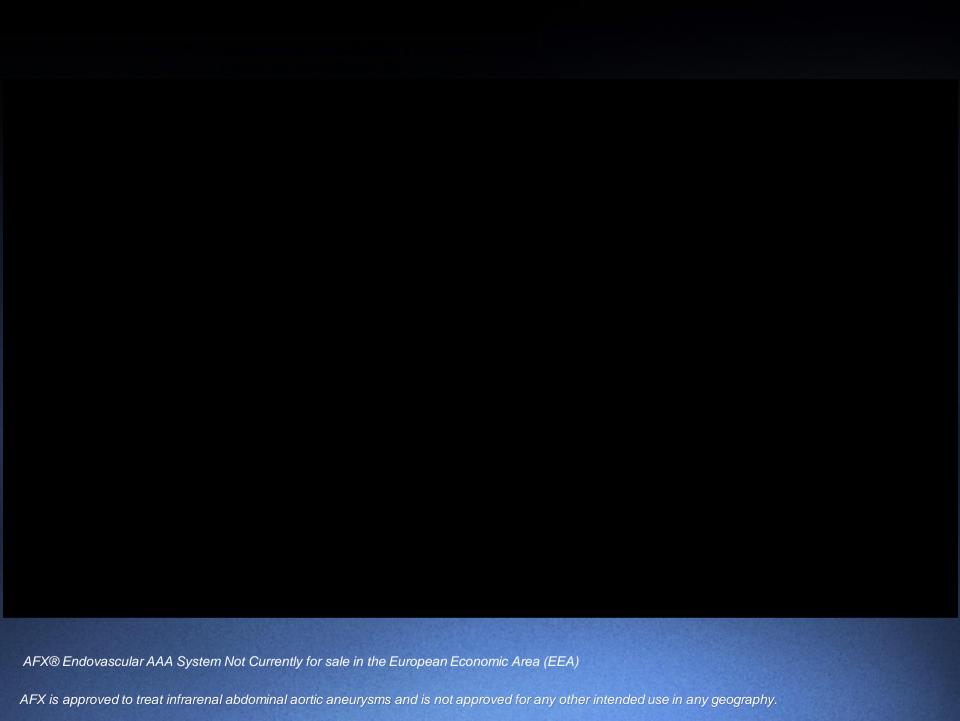


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AFX: Active Sealing Concept



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First Experiences with AFX

- Narrow distal aortic necks < 18 mm
- Competition between legs in a narrow distal aorta

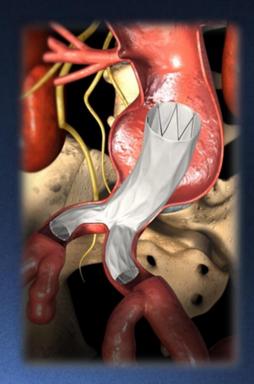
Aortic model of 14 mm

Bifurcated Stentgraft (Ipsi 13, Contro 16 mm)

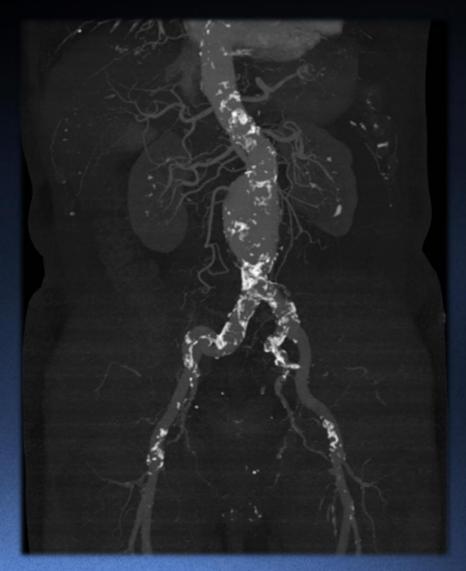


AFX 28 mm









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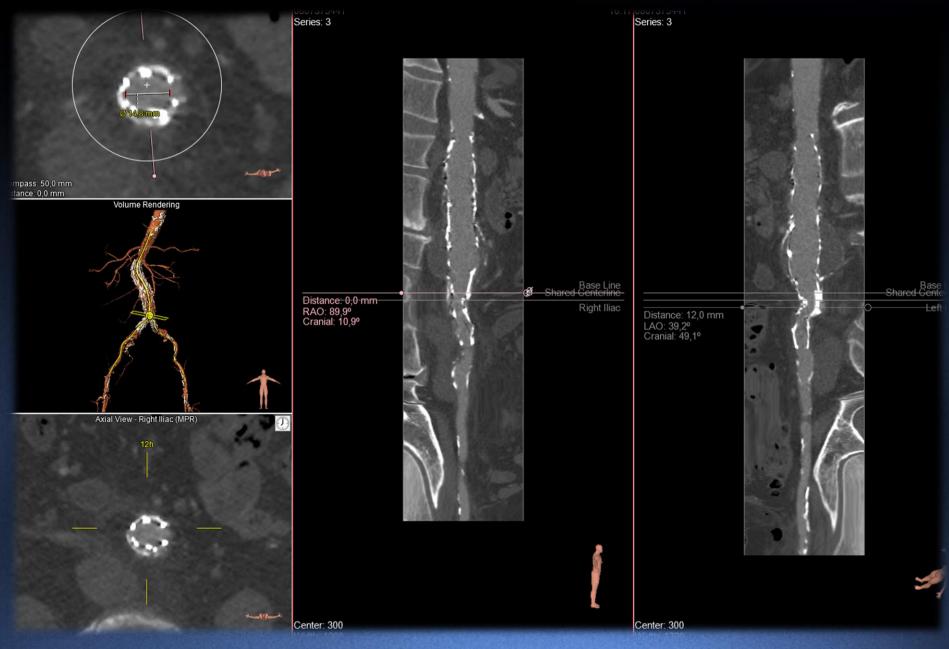


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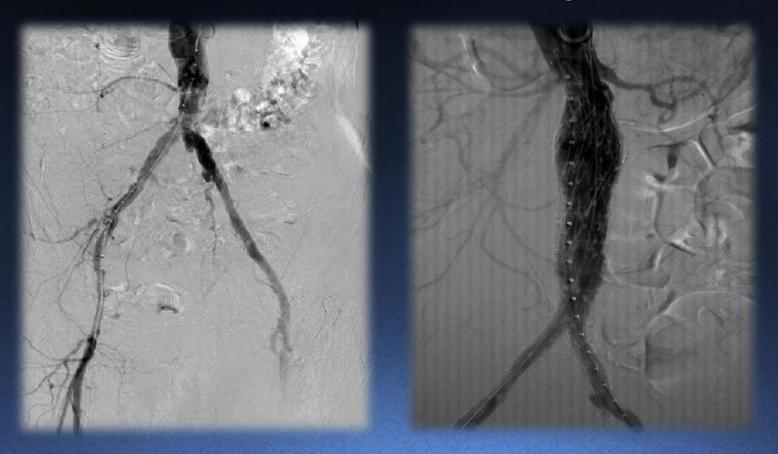


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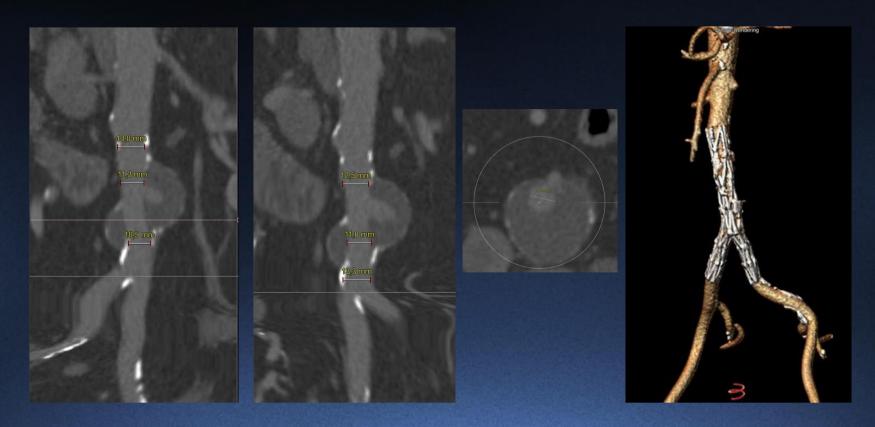
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Narrow iliac access 9 Fr / 19 Fr Start a percutaneous learning curve



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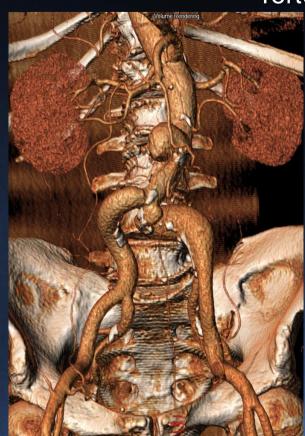
Sacciform aneurysms / PAUs



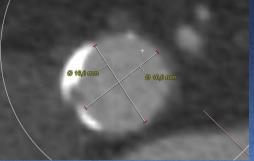
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Sacciform Aneurysms / PAUs

Tortuous / Complex Bifurcation









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Sacciform Aneurysms

Predictable Catheterism Complexity





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Proximal angulated aortic Neck Predictable catheterism complexity / Rigidity





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Proximal angulated aortic Neck

Predictable catheterism complexity / Rigidity

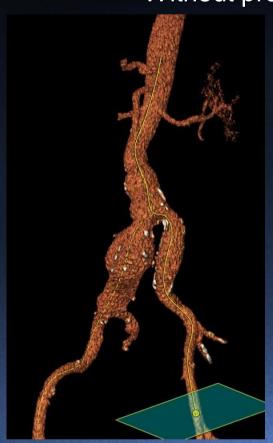


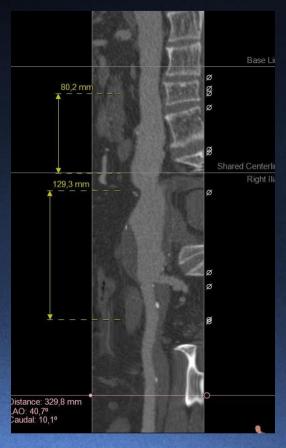


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Isolated iliac aneurysm

Without proximal iliac neck

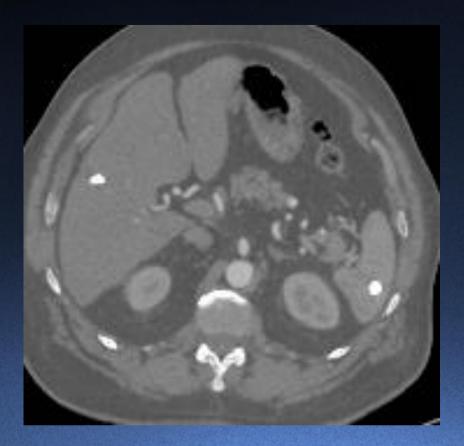




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Isolated iliac aneurysm

Without proximal iliac neck



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Aortic Dissections

Exclusion of distal re-entry tears



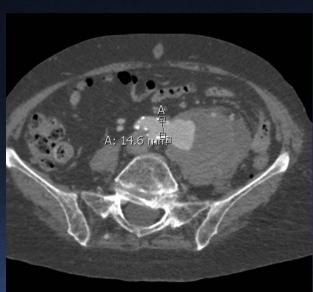


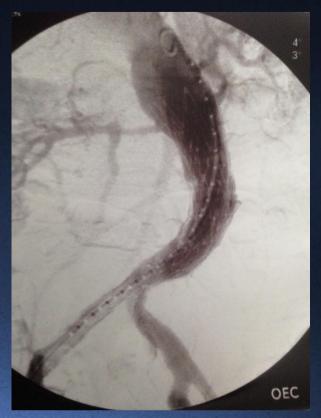
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Complex Ruptured Aneurysms

No Catheterism







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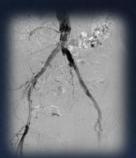
Large Anatomic Applicability







- No more AUI + Fem-Fem bypass
- No Leg Competition



- Narrow iliac access with 9Fr
 - No AUI + Fem-fem bypass
 - Possibility of later cross-over revascularizations



- Percutaneous Learning curve
 - Homolateral Sheath 19 Fr
 - Controlateral Sheath 9 Fr

Large Anatomic Applicability









Sacciform Aneurysms / PAUs

- Narrow Calcified Aorta
- More stable than an aortic tube
- No Catheterism

Proximal Angulated Necks

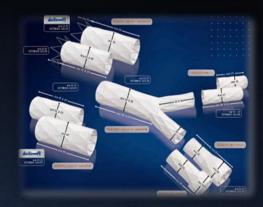
- Rigidity in the aortic Neck
- No catheterism
- Additional infrarenal extension for sufficient Overlap

Isolated Iliac Aneurysms

- Creates a Proximal iliac neck
- In a Narrow healthy Aorta

Large Clinical Applicability





Simple Inventory

Bifurcated Body: 22 / 25 / 28 mm

Proximal Extensions: 25 / 28 / 34 mm

Distal Extensions : 20 / 25 mm



Limited Emergency Stock of 6 pieces

- Simplified Sizing
- Standardized Procedure without catheterism

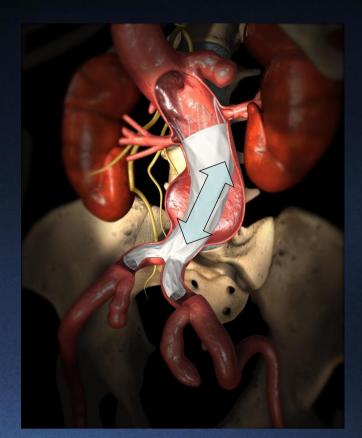
EVAR Experience HEGP 2005/2015 1 year results

381 elective patients / IFU	81 COOK	44 GORE	84 Endurant	96 AFX
Survival	96 %	90 %	94 %	98 %
Type I	6 %	2 %	1 %	3 %
Type II	21 %	30 %	15 %	12 %
Type III	4 %	2 %	1 %	1 %
Redo Endo	15 %	16 %	6 %	4 %
Open Conversion	6 %	9 %	5 %	1 %

Conclusions /



- Mature Stentgraft
 - Reliable Long term Results
- Standardized deployment Process
 - Reproducible
 - Reliable
- Anatomic Fixation
 - No Catheterism
 - No Iliac leg conflict
 - Possible Cross Over



Large Anatomic / Clinical Applicability

Type III endoleak: Cumulative Rate across EVAR Devices at 3 years

INDEPENDENT,
SYSTEMATIC REVIEW of

12 articles
including
26,000 patients
at 3-year follow up.

Type III endoleak

Maitrias, 2016, JVS
Kouvelos, 2015, JVS
Sirignano, 2015, JVIR
Zhou, 2014, JVS
Chaar, 2012 JVS
Jim, 2011, JET
Gambardella, 2010 Annals
Mehta, 2010, JVS
AbuRahma, 2009, JVS
Hobo, 2006, JVS
Drury, 2005, BJS
Haulon, 2003, EJVES

EVAR

4.0%

12% (3/28) 6% (36/641) 0.5% (1/191) 1% (2/213) 5% (2/44) 0% (0/156) 0.4% (1/238) 0.3% (5/1768) 0.4% (1/238) 5% (138/2846) 4% (832/19804) 6% (6/96) 95% CI: 3.8%, 4.3%

Multicenter, Prospective (France)
Systematic review, 26 articles (Greece)
Single center; Prospective (Italy)
VA study, single center (Palo Alto, CA)
Single center; Retrospective (Pgh, PA)
Multicenter, Prospective Talent trial
Single center; Retrospective (Ireland)
Single center, Retrospective (Albany, NY)
Single center; Retrospective (WV)
Eurostar Registry
Systematic review, 61 articles (UK)
Single center; Prospective (France)

Summary of outcomes from an independent, systematic cumulative rate data synthesis comparing published rates specific to EVAR devices. Analysis conducted in February, 2016. Publication dates range from 2000 – 2016. Across 66 publications and 97,000 patients, 12 articles across 26,000 patients report Type III endoleak rates. Rates reflect incidence from implant through 3 years. Data on file.

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Cumulative Event Rates by AFX Product Version

	AFX Product Version			
	AFX System + Strata	AFX System + Duraply™	AFX2 System	
Type IIIa Endoleak Rate	1.54% (366/23,828)	0.20% (34/17,139)	0.02% (1/4,143)	
Type IIIb Endoleak Rate	1.34% (320/23,828)	0.19% (33/17,139)	0% (0/4,143)	

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