INDICATIONS FOR USE
The Nellix® EndoVascular Aneurysm Sealing System can be used in patients who have an infrarenal abdominal aortic (AAA) or aortoiliac aneurysm with suitable anatomy as indicated below:

- Iliac and femoral artery access that allows for atraumatic device introduction
- Aortic proximal neck diameter range of 18 to 32 mm
- Minimum aortic proximal neck length > 10 mm
- Infrarenal aortic neck angulation of ≤ 60°
- Aortic aneurysm with a blood lumen diameter ≤ 70 mm
- Iliac arteries luminal diameter range of 9 to 35 mm
The Nellix® EndoVascular Aneurysm Sealing System can be used in patients who have an infrarenal abdominal aortic or aortoiliac aneurysm (AAA) with suitable anatomy as stated in the Instructions for Use, including iliac artery luminal diameter range of 9 to 35mm. Nellix is not approved for treatment of an isolated iliac artery aneurysms.

Jean-Paul P.M. de Vries, J.T. Boersen
Dept Vascular Surgery
St. Antonius Hospital, Nieuwegein, The Netherlands
Disclosures

Speaker name:
J.P.P.M de Vries

I have the following potential conflicts of interest to report:

- Consulting: Endologix Inc, Medtronic
  Employment in industry
  Stockholder of a healthcare company
  Owner of a healthcare company

- Educational grants Bard, BTG, Cardionovum
  Advisory Board Member Endologix Inc.
Background

- CIA in 16.8% of 7,554 EVAR patients
- Patients with CIA had more:
  - Type Ib and II endoleaks
  - Secondary re-interventions
  - Aneurysm ruptures

Hobo et al. J Endovasc Ther 2008
Treating Concomitant Common Iliac Aneurysms

The Nellix® EndoVascular Aneurysm Sealing System can be used in patients who have an infrarenal abdominal aortic or aortoiliac aneurysm (AAA) with suitable anatomy as stated in the Instructions for Use, including iliac artery luminal diameter range of 9 to 35mm. Nellix is not approved for treatment of an isolated iliac artery aneurysms. MM1469 Rev 01
Iliac Artery Aneurysms are Common and Morbidly Problematic

• Most found in 1/3 of all AAA patients\(^1\)
  o 70% occur in the common iliac arteries; 20% and 10% involve the internal and external iliac arteries\(^1,2\)

• Most are asymptomatic or may present with thrombosis and embolization

• Expand ~3mm per year and may rupture\(^3\)

• Treatment with EVAR associated with higher incidence of Type I endoleaks and increased need of secondary interventions\(^4\)

Iliac Artery Aneurysm and EVAR

• Most EVAR devices are not indicated for treatment of iliac aneurysm >25mm
• Adjuvant endovascular procedures are often required to achieve effective exclusion
• May require coil embolization/coverage of internal iliac artery, causing moderate to severe ischemic complications
  o Buttock claudication, erectile dysfunction, and colonic or spinal ischemia
  o Complications more severe and more frequent with bilateral IIA occlusions
• Emphasizes the importance of preserving the internal iliac artery (IIA) when possible
Iliac Branch Devices (IBDs)

- Designed to improve EVAR outcomes for aorto-iliac aneurysm and CIAA
- Preserves hypogastric artery
- Risk of iliac endoleak and pelvic ischemia lower than with embolization
  - Type 1b endoleak up to 17%
  - Type II endoleak up to 20%
- Gore Excluder Iliac Branch Endograft conformable in challenging iliac anatomies (stenotic, tortuous, or small access vessels)
- Cook PRESERVE-Zenith Iliac Branch System with adjunctive, Atrium V12 stents

2. Pratesi, LINC Symposium 2015

The Nellix® EndoVascular Aneurysm Sealing System can be used in patients who have an infrarenal abdominal aortic or aortoiliac aneurysm (AAA) with suitable anatomy as stated in the Instructions for Use, including iliac artery luminal diameter range of 9 to 35mm. Nellix is not approved for treatment of an isolated iliac artery aneurysms. MM1469 Rev 01
Iliac Branch Devices (IBDs) – Limitations

• Complex Sizing and Case Planning

• Multiple Exclusion Criteria: Only 35% of screened patients were candidates

Iliac Branch Devices (IBDs) - Complications

IBDs are not benign to *branch occlusion* and *secondary intervention*

<table>
<thead>
<tr>
<th>Author (Year)</th>
<th>n</th>
<th>Branches</th>
<th>Mortality</th>
<th>Technical Success</th>
<th>Mean FU (months)</th>
<th>Branch occlusion</th>
<th>Re-intervention</th>
</tr>
</thead>
<tbody>
<tr>
<td>Haulon (2007)</td>
<td>52</td>
<td>53</td>
<td>0%</td>
<td>94%</td>
<td>14</td>
<td>11%</td>
<td>-</td>
</tr>
<tr>
<td>Dias (2008)</td>
<td>22</td>
<td>23</td>
<td>0%</td>
<td>91%</td>
<td>20</td>
<td>13%</td>
<td>18%</td>
</tr>
<tr>
<td>Ferreira (2010)</td>
<td>37</td>
<td>54</td>
<td>0%</td>
<td>97%</td>
<td>22</td>
<td>11%</td>
<td>-</td>
</tr>
<tr>
<td>Parlani (2012)</td>
<td>100</td>
<td>100</td>
<td>0%</td>
<td>95%</td>
<td>17</td>
<td>7%</td>
<td>9%</td>
</tr>
<tr>
<td>Wong (2013)</td>
<td>130</td>
<td>138</td>
<td>0%</td>
<td>94%</td>
<td>20</td>
<td>15%</td>
<td>16%</td>
</tr>
<tr>
<td>Bisdas (2014)</td>
<td>18</td>
<td>22</td>
<td>0%</td>
<td>100%</td>
<td>-</td>
<td>0%</td>
<td>10%</td>
</tr>
<tr>
<td>Pratesi (2014)</td>
<td>81</td>
<td>85</td>
<td>0%</td>
<td>99%</td>
<td>20</td>
<td>2%</td>
<td>12%</td>
</tr>
<tr>
<td>Torsello (2015)</td>
<td>178</td>
<td>188</td>
<td>0.3%</td>
<td>99%</td>
<td>20</td>
<td>8%</td>
<td>23%</td>
</tr>
</tbody>
</table>

Oclusion up to 15%
Re-intervention up to 23%
Iliac Branch Devices (IBD) – Other Limitations

- Technically demanding
- Prolonged procedure times
- Trans-brachial approach
- Expensive
- Inventory
- Learning curve

Parallel Stent-Grafts

- 40 pts/ 48 IIAs
- 100% technical success
- 0% mortality
- Mean, 12 months FU
- 6.25% occlusions

Endovascular Aneurysm Sealing (EVAS)

Concomitant CIA

- Preservation of IIA flow
- No additional costs
- No stents in IIA or EIA

Extension into EIA

- No need to embolize IIA
- Low risk of type IB / II endoleak
Case #1

Male, 72 years
CABG, Hypertension
The Nellix® EndoVascular Aneurysm Sealing System can be used in patients who have an infrarenal abdominal aortic or aortoiliac aneurysm (AAA) with suitable anatomy as stated in the Instructions for Use, including iliac artery luminal diameter range of 9 to 35mm. Nellix is not approved for treatment of an isolated iliac artery aneurysms. MM1469 Rev 01
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EVAS for Iliac Artery Aneurysm Publications

Krievins  Aortic aneurysm with common iliac artery aneurysm repair using an endoprosthesis designed to eliminate Endoleaks: mid-term (5 years) follow-up (Poster Presentation, ESVS 2015)

Youssef  Initial Experience in the Treatment of Extensive Iliac Artery Aneurysms With the Nellix Aneurysm Sealing System. J Endovasc Ther 2016, Vol. 23(2) 290–296

EVAS Global Registry Results

De Vries  Endovascular sealing of common iliac artery aneurysms - multi center experience (Presentation, CX Symposium 2016)
The Nellix® EndoVascular Aneurysm Sealing System can be used in patients who have an infrarenal abdominal aortic or aortoiliac aneurysm (AAA) with suitable anatomy as stated in the Instructions for Use, including iliac artery luminal diameter range of 9 to 35mm. Nellix is not approved for treatment of an isolated iliac artery aneurysms.

- 48 AAA patients with 54 concomitant CIA
- Treated between 2008 and 2015
- IIA preserved in all cases
- Mean follow-up 2.8 years (range 1-5 years)

Krievins et al. ESVS Annual Meeting. September 2015.
Long-Term Durability of Complete Aneurysm Sealing with Nellix in CIA

METHODS:
Outcomes were analyzed in three groups:
   A. Untreated common IAA (n=15)
   B. Partially excluded IAA (n=15)
   C. Completely excluded IAA (n=24)

RESULTS:
Treated CIA diameters 20.2 – 46.4 mm
100% technical success with preservation of hypogastric arteries
No aneurysm-related death
Mean maximum IAA diameter changes over time were:
   0.25 ± 0.08mm/yr (Group A)
   0.67 ± 0.15 mm/yr (Group B)
   No change (Group C) - Completely excluded aneurysm

This difference between groups is highly significant (P<.0001)

Krievins et al. ESVS Annual Meeting. September 2015.
CONCLUSION and KEY LEARNING:

1. EVAS is a simple, safe, and effective technique for simultaneous treatment of AAA combined with iliac artery aneurysm and hypogastric preservation

2. HOWEVER, full exclusion of the iliac aneurysm sac is needed to avoid further iliac aneurysm enlargement

3. NO aneurysm enlargement was seen when the CIA was completely excluded (n=24, p<0.0001)

Krievins et al. ESVS Annual Meeting. September 2015.
Treatment of Extensive Iliac Artery Aneurysms with Nellix

May 2013 & June 2015, 230 patients (Mainz and Augsburg)

Methods:
50 patients had 60 CIAAs (5 bilateral)
Median diameter of 4 cm (range 3.5–7).

35 (70%) had aortoiliac aneurysms
10 (20%) had isolated CIAAs
5 (10%) had iliac anastomotic aneurysms

Youssef et al. J Endovasc Ther 2016
Treatment of Extensive Iliac Artery Aneurysms with Nellix

Results:
17 (34%) CIAA treated with Nellix in combination with an IBD
33 (66%) CIAA treated with Nellix using 1 (n=5), 2 (n=22), or 3 Nellix grafts (n=6)
Technical success rate:100%
No graft-related complications were reported postoperatively.

At 12 months: No buttock claudication, reinterventions, graft thrombosis, or endoleaks

Conclusion:
Nellix grafts are feasible and safe for the treatment of extensive iliac artery aneurysms.
The long-term durability of these grafts should be validated in larger patient cohorts before this promising alternative endovascular technique can gain widespread acceptance.

Youssef et al. J Endovasc Ther 2016
The Nellix® EndoVascular Aneurysm Sealing System can be used in patients who have an infrarenal abdominal aortic or aortoiliac aneurysm (AAA) with suitable anatomy as stated in the Instructions for Use, including iliac artery luminal diameter range of 9 to 35mm. Nellix is not approved for treatment of an isolated iliac artery aneurysms. MM1469 Rev 01
Multicenter Study of EVAS in CIA

Study PI - Jean-Paul de Vries, Nieuwegein, NL
Retrospective review, 9 centers (Europe and New Zealand)
72 patients treated between 2012-2015
13 month follow-up

Multicentre Study of EVAS in CIA

<table>
<thead>
<tr>
<th>Variable</th>
<th>Values</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gender (Male)</td>
<td>71/72 (98.9%)</td>
</tr>
<tr>
<td>Age (mean, range)</td>
<td>74.3 (54.2 – 88.7)</td>
</tr>
<tr>
<td>ASA Class</td>
<td></td>
</tr>
<tr>
<td>•+1 - Normal/Healthy</td>
<td>1/69 (1.4%)</td>
</tr>
<tr>
<td>•+2 - Mild Symptomatic Disease</td>
<td>32/69 (46.4%)</td>
</tr>
<tr>
<td>•+3 - Severe Symptomatic Disease</td>
<td>29/69 (42.0%)</td>
</tr>
<tr>
<td>•+4 - Severe and Life Threatening</td>
<td>7/69 (10.1%)</td>
</tr>
<tr>
<td>Patient treated within IFU</td>
<td>30/72 (41.7%)</td>
</tr>
</tbody>
</table>

The Nellix® EndoVascular Aneurysm Sealing System can be used in patients who have an infrarenal abdominal aortic or aortoiliac aneurysm (AAA) with suitable anatomy as stated in the Instructions for Use, including iliac artery luminal diameter range of 9 to 35mm. Nellix is not approved for treatment of an isolated iliac artery aneurysms. MM1469 Rev 01
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### Vascular Characteristics

<table>
<thead>
<tr>
<th>Anatomic Measures</th>
<th>Mean ± St Dev (Range)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Maximum AAA Diameter (mm)</td>
<td>47.7 ± 15.4 (23 – 76)</td>
</tr>
<tr>
<td>Infra-renal neck length (mm)</td>
<td>34.7 ± 23.9 (0 – 130)</td>
</tr>
<tr>
<td>Infra-renal neck diameter (mm)</td>
<td>25.2 ± 4.5 (18 – 39)</td>
</tr>
<tr>
<td>Infra-renal neck angulation</td>
<td>38.9 ± 25.6 (0 – 90)</td>
</tr>
<tr>
<td>Max. left CIA diameter (mm)</td>
<td>28.9 ± 12.7 (11 – 90)</td>
</tr>
<tr>
<td>Max. right CIA diameter (mm)</td>
<td>34.5 ± 12.9 (7 – 85)</td>
</tr>
</tbody>
</table>
Maximum CIA Diameters

The Nellix® EndoVascular Aneurysm Sealing System can be used in patients who have an infrarenal abdominal aortic or aortoiliac aneurysm (AAA) with suitable anatomy as stated in the Instructions for Use, including iliac artery luminal diameter range of 9 to 35mm. Nellix is not approved for treatment of an isolated iliac artery aneurysms. MM1469 Rev 01
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- Embolization of the Right Internal Iliac Artery: 7/72 (9.7%)
- Embolization of the Left Internal Iliac Artery: 5/72 (6.9%)

<table>
<thead>
<tr>
<th>Aneurysm Location</th>
<th>N/Observations (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Concomitant Infrarenal</td>
<td>50/72 (69.4%)</td>
</tr>
<tr>
<td>Iliac (Left)</td>
<td>38/66 (57.6%)</td>
</tr>
<tr>
<td>Iliac (Right)</td>
<td>47/66 (71.2%)</td>
</tr>
<tr>
<td>Bilateral</td>
<td>19/72 (26.4%)</td>
</tr>
</tbody>
</table>

Index Procedure
### Implant-Related Procedure Parameters

<table>
<thead>
<tr>
<th>Procedure Parameter</th>
<th>Result</th>
</tr>
</thead>
<tbody>
<tr>
<td>Access</td>
<td></td>
</tr>
<tr>
<td>• Percutaneous</td>
<td>31.4%</td>
</tr>
<tr>
<td>• Cutdown</td>
<td>68.6%</td>
</tr>
<tr>
<td>Prefill Performed</td>
<td>59 (84.3%)</td>
</tr>
<tr>
<td>Distal Extensions Used</td>
<td>20 (16.5%)</td>
</tr>
<tr>
<td>Polymer Fill Pressure (mm Hg)</td>
<td>203.5 ± 47.1 (130 – 248)</td>
</tr>
<tr>
<td>Polymer Fill Volume (mL)</td>
<td>80.7 ± 42.8 (23 – 165)</td>
</tr>
</tbody>
</table>
The Nellix® EndoVascular Aneurysm Sealing System can be used in patients who have an infrarenal abdominal aortic or aortoiliac aneurysm (AAA) with suitable anatomy as stated in the Instructions for Use, including iliac artery luminal diameter range of 9 to 35mm. Nellix is not approved for treatment of an isolated iliac artery aneurysms. MM1469 Rev 01

<table>
<thead>
<tr>
<th>Operative Characteristics</th>
<th>Mean ± St Dev (Range)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total Procedure Time (mins)</td>
<td>107.7 ± 36.1 (60 – 220)</td>
</tr>
<tr>
<td>Contrast Volume Used (mL)</td>
<td>182.7 ± 104.9 (40 – 410)</td>
</tr>
<tr>
<td>Estimated Blood Loss (mL)</td>
<td>203.7 ± 212.2 (40 – 900)</td>
</tr>
<tr>
<td>Fluoroscopy Time (mins)</td>
<td>11 ± 7 (4 – 34)</td>
</tr>
</tbody>
</table>
## Operative Characteristics

<table>
<thead>
<tr>
<th>Residual Endoleak (completion angio)</th>
<th>N/Observations (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type IA</td>
<td>0/72 (0%)</td>
</tr>
<tr>
<td>Type IB (L)</td>
<td>1/72 (1.4%)*</td>
</tr>
<tr>
<td>Type IB (R)</td>
<td>0/72 (0.0%)</td>
</tr>
<tr>
<td>Type II</td>
<td>0/72 (0.0%)</td>
</tr>
</tbody>
</table>

*Nellix with periscope in IIA*
The Nellix® EndoVascular Aneurysm Sealing System can be used in patients who have an infrarenal abdominal aortic or aortoiliac aneurysm (AAA) with suitable anatomy as stated in the Instructions for Use, including iliac artery luminal diameter range of 9 to 35mm. Nellix is not approved for treatment of an isolated iliac artery aneurysm.

**First Follow-Up (<60 Days)**

- Stent Graft Occlusion 2/54 (3.7%) → Thrombectomy + relining (Viabahn)
  - 2 Stenosis: conservative policy

<table>
<thead>
<tr>
<th>Endoleak Type, Migration, or Occlusion</th>
<th>N/Observations (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type IA</td>
<td>0/54(0%)</td>
</tr>
<tr>
<td>Type IB (L)</td>
<td>0/54 (0%)</td>
</tr>
<tr>
<td>Type IB (R)</td>
<td>1/54 (1.6%)</td>
</tr>
<tr>
<td>Type III</td>
<td>0/54 (0%)</td>
</tr>
<tr>
<td>Type II IMA</td>
<td>0/54 (0%)</td>
</tr>
<tr>
<td>Type II Lumbar / acc. renal artery</td>
<td>1/54 (1.6%)</td>
</tr>
<tr>
<td>Type II Internal iliac artery right</td>
<td>1/54 (1.6%)</td>
</tr>
<tr>
<td>Type II Internal iliac artery left</td>
<td>0/54 (0%)</td>
</tr>
</tbody>
</table>

Stent Graft Occlusion 2/54 (3.7%) → Thrombectomy + relining (Viabahn)

- 2 Stenosis: conservative policy
Most Recent Follow-Up (13.1 + 9 months)

<table>
<thead>
<tr>
<th>Imaging at Last Follow-up</th>
<th>Count</th>
</tr>
</thead>
<tbody>
<tr>
<td>CT</td>
<td>39</td>
</tr>
<tr>
<td>US</td>
<td>19</td>
</tr>
<tr>
<td>CEUS</td>
<td>8</td>
</tr>
<tr>
<td>MRA</td>
<td>1</td>
</tr>
</tbody>
</table>
The Nellix® EndoVascular Aneurysm Sealing System can be used in patients who have an infrarenal abdominal aortic or aortoiliac aneurysm (AAA) with suitable anatomy as stated in the Instructions for Use, including iliac artery luminal diameter range of 9 to 35mm. Nellix is not approved for treatment of an isolated iliac artery aneurysms. MM1469 Rev 01

### Nellix System Assessment

<table>
<thead>
<tr>
<th>Nellix System Assessment</th>
<th>N/Observations (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>New Stent Graft Wire form Fracture(s)</td>
<td>0/67 (0%)</td>
</tr>
<tr>
<td>Stent Graft Occlusion Left</td>
<td>1/67 (1.5%)</td>
</tr>
<tr>
<td>Stent Graft Occlusion Right</td>
<td>1/67 (1.5%)</td>
</tr>
</tbody>
</table>

- 1 stenosis: PTA of Nellix stent
### Endoleaks

<table>
<thead>
<tr>
<th>Endoleak Type, Migration</th>
<th>N/Observations (Percentage)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Type IA</td>
<td>1/67 (1.5%)</td>
</tr>
<tr>
<td>Type IB (L)</td>
<td>0/67 (0%)</td>
</tr>
<tr>
<td>Type IB (R)</td>
<td>0/67 (0%)</td>
</tr>
<tr>
<td>Type III (L)</td>
<td>0/67 (0%)</td>
</tr>
<tr>
<td>Type II IMA</td>
<td>0/67 (0%)</td>
</tr>
<tr>
<td>Type II Lumbar</td>
<td>0/67 (0%)</td>
</tr>
<tr>
<td>Type II Internal iliac artery right</td>
<td>1/67 (1.5%)</td>
</tr>
<tr>
<td>Type II Internal iliac artery left</td>
<td>1/67 (1.5%)</td>
</tr>
<tr>
<td>Migration</td>
<td>0/67 (0%)</td>
</tr>
</tbody>
</table>

- All conservative treatment
The Nellix® EndoVascular Aneurysm Sealing System can be used in patients who have an infrarenal abdominal aortic or aortoiliac aneurysm (AAA) with suitable anatomy as stated in the Instructions for Use, including iliac artery luminal diameter range of 9 to 35mm. Nellix is not approved for treatment of an isolated iliac artery aneurysms. MM1469 Rev 01
Concomitant CIA:

- Tortuous iliac anatomy
- Partially excluded aneurysm (Not landing in healthy tissue)
- Large flow lumen >35mm (Off-IFU)
- 190-200mm length not enough (renal-internal iliac)
The Nellix® EndoVascular Aneurysm Sealing System can be used in patients who have an infrarenal abdominal aortic or aortoiliac aneurysm (AAA) with suitable anatomy as stated in the Instructions for Use, including iliac artery luminal diameter range of 9 to 35mm. Nellix is not approved for treatment of an isolated iliac artery aneurysms. MM1469 Rev 01

Why Nellix?
EVAS for Iliac Artery Aneurysm

• Excludes common iliac artery aneurysms with minimal distal neck
• Treats iliac artery blood-flow lumen diameters 9-35mm
• Allows for preservation of IIA (CIA)
  • Pre-fill facilitates optimal placement
  • Endobag flush to side branch orifice
  • Flow maintained through uncovered stent struts
• If extension into EIA, no need to embolize with coils or plugs
  • Endobag placement across EIA blocks retrograde flow and potential Type IB / II endoleak
Nellix Enables You To

*Treat more patients within IFU*

- ONLY device with iliac blood flow lumen diameter 9 –35 mm within IFU
- Longer stents

*With a simplified procedure*

- Predictable distal seal performance enhanced by the distal endobag attachment
- Minimal need of additional devices (coils, plugs, covered stents and IBD)
- Less complex procedure and less time consuming

*And reliable results*

- At 1 year very low incidence of Type IB endoleak, iliac aneurysm-related reinterventions, and no stent fractures
The Nellix® EndoVascular Aneurysm Sealing System can be used in patients who have an infrarenal abdominal aortic or aortoilia
caneurysm (AAA) with suitable anatomy as stated in the
Instructions for Use, including iliac artery luminal diameter range of 9 to 35mm. Nellix is not approved for treatment of an
isolated iliac artery aneurysms. MM1469 Rev 01

Trial Centres

- P. Berg, R. Stroetges  Mariën hospital, Kevelaer, Germany
- D. Böckler  Heidelberg University Hospital, Germany
- J.T. Boersen, J.P.P.M. de Vries  St. Antonius Hospital, Nieuwegein, Netherlands
- J.L. de Bruin, M.M. Thompson  St. George’s Vascular Institute, London, UK
- J.M. Heyligers, P.W. Vriens  St. Elisabeth Hospital, Tilburg, Netherlands
- A. Holden, A. Hill  Auckland City Hospital, Auckland, New Zealand
- D. Krievins  Stradins University Hospital, Riga, Latvia
- M.M. Reijnen, L.H. van den Ham  Rijnstate Hospital, Arnhem, Netherlands
- S. Zerwes, R. Jakob  Klinikum Augsburg, Germany
Questions?

The Nellix® EndoVascular Aneurysm Sealing System can be used in patients who have an infrarenal abdominal aortic or aortoiliac aneurysm (AAA) with suitable anatomy as stated in the Instructions for Use, including iliac artery luminal diameter range of 9 to 35mm. Nellix is not approved for treatment of an isolated iliac artery aneurysms. MM1469 Rev 01