Data speaks louder than words

Committed to clinical outcomes that meet your demands.

Endologix

AFX®2
Endovascular AAA System
Comparable performance, outstanding results

AFX2 Endovascular AAA System demonstrated positive 5-year results and similar outcomes to commercially available endografts in the LEOPARD randomized controlled trial.

The LEOPARD (Looking at EVAR Outcomes by Primary Analysis of Randomized Data) trial is the first randomized controlled trial (RCT) comparing the outcomes of endovascular aneurysm repair (EVAR) using commercially available devices in a real-world population.

Freedom-from-event estimates were comparable to contemporary proximal fixation endografts.

The first-ever head-to-head comparison of EVAR endograft systems

The LEOPARD trial is the first RCT comparing an anatomically fixated endograft (AFX Duraply/AFX2) to proximal fixation endografts.

Freedom from aneurysm-related complications (ARC) through 5-years

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<th>AFX2</th>
<th>Comparator</th>
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Comparability performance, outstanding results

99% freedom from rupture

97% freedom from ARC

1.5% AFX2/AFX2 type III endoleak rate at 3 years

The LEOPARD (Looking at EVAR Outcomes by Primary Analysis of Randomized Data) trial is the first randomized controlled trial (RCT) comparing the outcomes of endovascular aneurysm repair (EVAR) using commercially available devices in a real-world population.

The supporting evidence, including the LEOPARD RCT, continues to reinforce the clinical utility of our AFX2 System in the treatment of patients with abdominal aortic aneurysms. AFX2 had greater freedom from type II endoleaks vs the Comparator Group—the main driver for the difference seen in ARC.

Contact your rep to learn more about other data sets that support the performance of AFX2.

Survival estimates: at risk

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AFX2 group: 99.7%

Comparator group: 98.4%

Survival estimates: at risk

AFX2: 99.7%

Comparator: 98.4%

0.0 12 24 36 48 60 0.0 12 24 36 48 60

AFX2 had greater freedom from type II endoleaks vs the Comparator Group—the main driver for the difference seen in ARC.
Overcome common challenges seen in specific anatomies

Unlike proximal fixation endografts, the AFX2 bifurcated unibody design preserves the native bifurcation and separates graft fixation from the sealing zone.

AFX2 introduces key design features that help address the unique needs of aortic anatomies

Unibody design mimics the natural aorta
No competing limbs
Enables “up and over” procedures for future endovascular interventions

Unibody structure mimics natural anatomy
Graft limbs start at aortic bifurcation
Eliminates limb competition and promotes the natural flow of blood
Low occlusion rates observed in LEOPARD. Freedom-from-event estimates were 97.2%

~20% of AAA patients experience concomitant peripheral artery disease (PAD)

Establishes seal and adjusts to changes that may occur to the aortic neck
Allowing the graft material to billow and adapt to the patient’s anatomy

7F contralateral sheath—the industry’s lowest
Allows for a broad range of femoral access options
Less Time, Intuitive Design, Greater Efficiency

Shorter times for overall procedure, fluoroscopy, and anesthesia as well as less contrast used on average compared to proximal fixation

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<tr>
<th>Shorter Procedure Times</th>
<th>Reduced Fluoroscopy Time</th>
<th>Less Contrast Volume</th>
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<td><strong>79.5 minutes</strong> (vs. 90.5)</td>
<td><strong>16 minutes</strong> (vs. 18.5)</td>
<td><strong>68 mL</strong> (vs. 84mL)</td>
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No need to cannulate the gate

Single-step, single-motion contralateral limb deployment

Ability to snare the pre-cannulated contralateral limb wire

Standardized, rapid procedure steps

Broad range of aortic neck diameters treated with simplified sizing options

Design provides the ability to oversize device components without concern of in-folding.

Largest on-label indication for oversizing compared to proximal fixation grafts.

Experience the data for yourself.

Speak with a representative about using AFX2 today

Data cut August 31, 2022 used throughout
**Indications for use**
The Endologix AFX®/AFX2 Endovascular AAA Systems are indicated for treatment of patients with abdominal aortic aneurysms having the vascular morphology suitable for endovascular repair using a surgical vascular access technique or a bilateral percutaneous technique; a non-aneurysmal aortic neck between the renal arteries and the aneurysm: with length of $\geq 15\text{mm}$, diameter $\geq 18$ to $\leq 32\text{mm}$ and neck angle of $\leq 60^\circ$ to the body of the aneurysm; aortic length $\geq 1.0\text{cm}$ longer than the body portion of the chosen bifurcated model; common iliac artery distal fixation site with length $\geq 15\text{mm}$, diameter of $\geq 10$ to $\leq 23\text{mm}$, and with ability to preserve at least one hypogastric artery; and with an iliac angle of $\leq 90^\circ$ to the aortic bifurcation. Extension stent grafts must have the ability to overlap the bifurcated stent graft by at least 30 to 40mm proximally and at least 15 to 20mm distally.

**Contraindications**
The Endologix AFX/AFX2 Endovascular AAA Systems are contraindicated for use in patients who have a condition that threatens to infect the graft and in patients with sensitivities or allergies to the device materials.

Refer to Instructions for Use for more information concerning Indications, Contraindications, Specific Anatomic Considerations, Warnings, Precautions, and Adverse Events.

**Caution:** Federal (USA) law restricts this device to sale by or on the order of a physician.

**Note:** Endologix products and associated components are not available in all countries or regions. Please consult with your Endologix representative for details regarding product availability.

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