Endologix

Data speaks louder than words

Committed to clinical outcomes that meet your demands.

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

LEOPARD
Looking at EVAR Outcomes by Primary Analysis of Randomized Data

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.

99%
freedom from rupture

97%
freedom from ARC

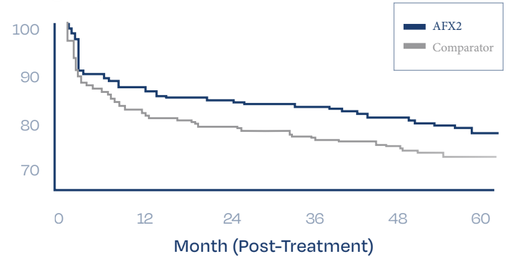
1.5%
AFX/AFX2 type III endoleak rate at 5 years

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



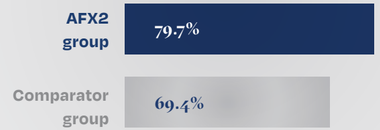
SURVIVAL ESTIMATES: AT RISK

AFX2	235	185	165	147	144	136	126	119	101	97	73	62	45
Comparator	220	157	131	116	111	100	94	88	87	78	72	60	40

*ARC is a composite endpoint consisting of perioperative death (≤30 days), rupture, conversion to open surgical repair, endoleaks, migration (≥10 mm), aneurysm enlargement (≥5mm), limb occlusion, and device, AAA-related reintervention.

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

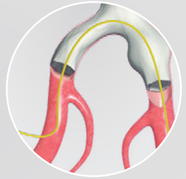
Overcome common challenges seen in specific anatomies

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

√ **Unibody design mimics the natural aorta**

√ **No competing limbs**

√ **Enables "up and over" procedures for future endovascular interventions**



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

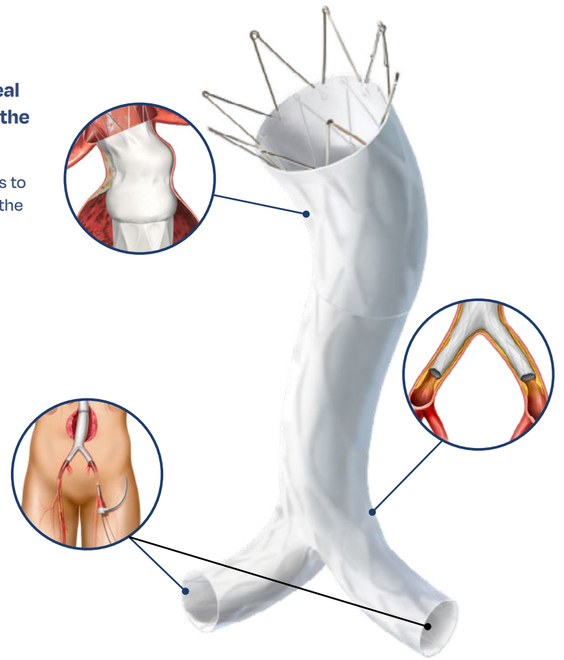
AFX2 introduces key design features that help address the unique needs of aortic anatomies

AFX2 System's Active Seal technology conforms to the aortic wall

- **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**



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%**

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

SHORTER PROCEDURE TIMES

79.5 minutes

(vs. 90.5)

REDUCED FLUOROSCOPY TIME

16 minutes

(vs. 18.5)

LESS CONTRAST VOLUME

68 mL

(vs. 84mL)

[1]Data cut August 31, 2022 used throughout

No need to cannulate the gate

Single-step, single-motion contralateral limb deployment

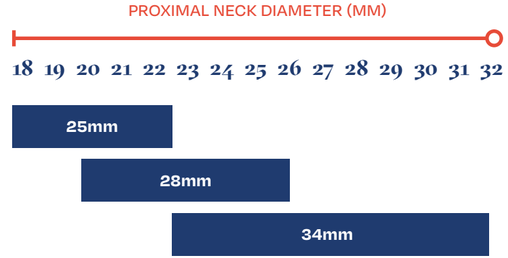
Ability to snare the pre-cannulated contralateral limb wire

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

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 ≥15mm, diameter ≥18 to ≤32mm and neck angle of ≤60° to the body of the aneurysm; aortic length ≥1.0cm longer than the body portion of the chosen bifurcated model; common iliac artery distal fixation site with length ≥15mm, diameter of ≥10 to ≤23mm, and with ability to preserve at least one hypogastric artery; and with an iliac angle of ≤90° 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 patents 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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