LEADER IN EVAR TRIALS
MEANINGFUL EVIDENCE / STANDARD OF THE FUTURE

The first randomized controlled trial comparing the outcomes of endovascular aneurysm repair using commercially available devices in a real-world population.

LEOPARD DEMONSTRATES POSITIVE AFX2 PERFORMANCE OUTCOMES

1:1 RANDOMIZATION | 455 PATIENTS | 56 US CENTERS

STUDY DESIGN
Patient and vascular characteristics were comparable between the two cohorts.

EVAR Patients (N=455)

Anatomical Fixation (AF) (n=235)
  - AFX with Duraply/AFX2

Proximal Fixation (PF) (n=220)
  - ENDURANT
  - EXCLUDER
  - ZENITH

Primary Endpoint
Aneurysm-Related Complications (ARC)
  - Peri-procedural death (<30d)
  - Rupture
  - Conversion to Open Surgical Repair
  - Endoleak
  - Occlusion
  - Migration >10 mm
  - Aneurysm Enlargement >5 mm
  - Device, AAA-Related Reintervention

AFX2 REVEALED 5 YEAR RESULTS IN A RANDOMIZED CONTROLLED TRIAL COMPARABLE TO CONTEMPORARY PROXIMAL FIXATION ENDOGRAFTS

ADVANCING EVAR, MINIMIZING COMPLICATIONS

99% Freedom From Rupture
97% Freedom From ARC
1.5% AFX/AFX2 Type III Endoleak rate at 5 years

Data cut August 31, 2022 used throughout
**FIVE YEAR RESULTS DISPLAY NOTABLE FREEDOM FROM ANEURYSM RELATED COMPLICATIONS WITH AFX2, WHEN CONSIDERING TYPE II ENDOLEAK RATES**

Data cut August 31, 2022 used throughout

**EVENT TYPE** | **Freedom-from-Event Estimates at 5 years**
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Aneurysm-Related Mortality (ARM) | 97.0% AFX Duraply/AFX2 98.5% Comparators
Aneurysm Rupture | 98.9% 99.3%
Conversion to Open Repair | 100% 98.0%
Type I Endoleak | 93.3% 95.4%
Type II Endoleak | 79.7% 69.4%
Type III Endoleak | 98.6% 100%
Migration ≥ 10mm | 96.8% 97.9%
Device Occlusion | 96.6% 95.3%
Secondary Intervention | 84.4% 85.5%

**PROCEDURAL CHARACTERISTICS**

| | Anatomic Fixation | Proximal Fixation |
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Total Procedure Time (min, max) | 79.5 (30, 374) | 90.5 (34, 303)
Fluoroscopy Time (min, max) | 16.0 (3, 116) | 18.5 (5, 84)
Total Anesthesia Time (min, max) | 152.5 (57, 490) | 166 (65, 390)
Contrast Volume (mL) | 68 (15, 220) | 84 (15, 345)

**INDICATIONS FOR USE - EU**: The Endologix® AFX®2 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; a non-aneurysmally aortic neck between the renal arteries and the aneurysm: with length of ≥15mm, diameter of ≥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 10mm proximally and at least 15 to 20mm distally.

**CONTRAINDICATIONS - EU**: The Endologix® AFX®2 Endovascular AAA Systems are contraindicated for use in patients who have a condition that threatens to infect the graft and in patients with known sensitivities or allergies to the device materials. Refer to the Instructions for Use for more information concerning Indications, Contraindications, Warnings and Precautions, and Adverse Events.

**ELEVATED PROCEDURAL PERFORMANCE WITH COMPARABLE PERIOPERATIVE OUTCOMES**