Endologix

Data speaks louder than words

Committed to clinical outcomes that meet your demands.

AFX®2
Endovascular
AAA System
with ActiveSeal™

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 ARM

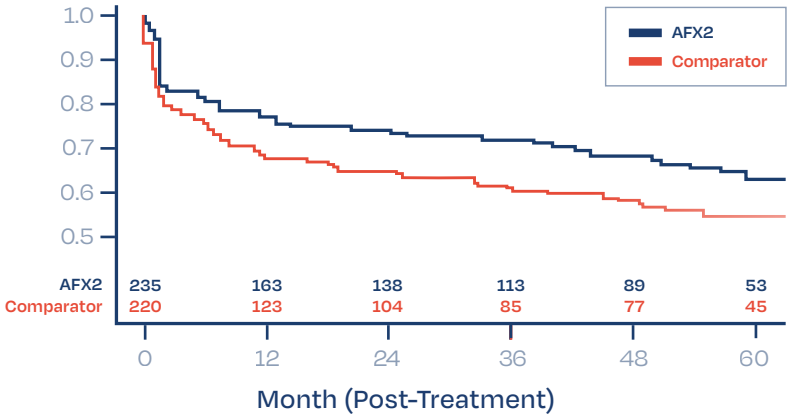
1.5%
AFX/AFX2 type III endoleak rate at 5 years

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.

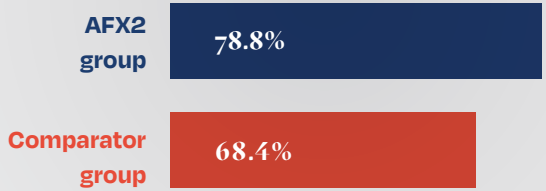
Freedom from aneurysm-related complications (ARC)* through 5-years



*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

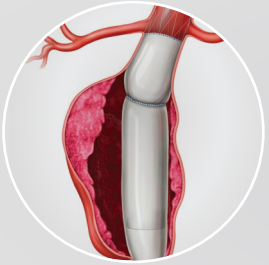


Contact your rep to learn more about other data sets that support the performance of AFX2

Overcome common challenges seen in specific anatomies

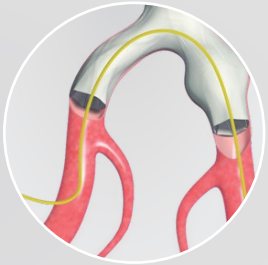
Unlike proximal fixation endografts, the AFX2 bifurcated unibody design preserves the native bifurcation and separates graft fixation from the sealing zone

√ **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)

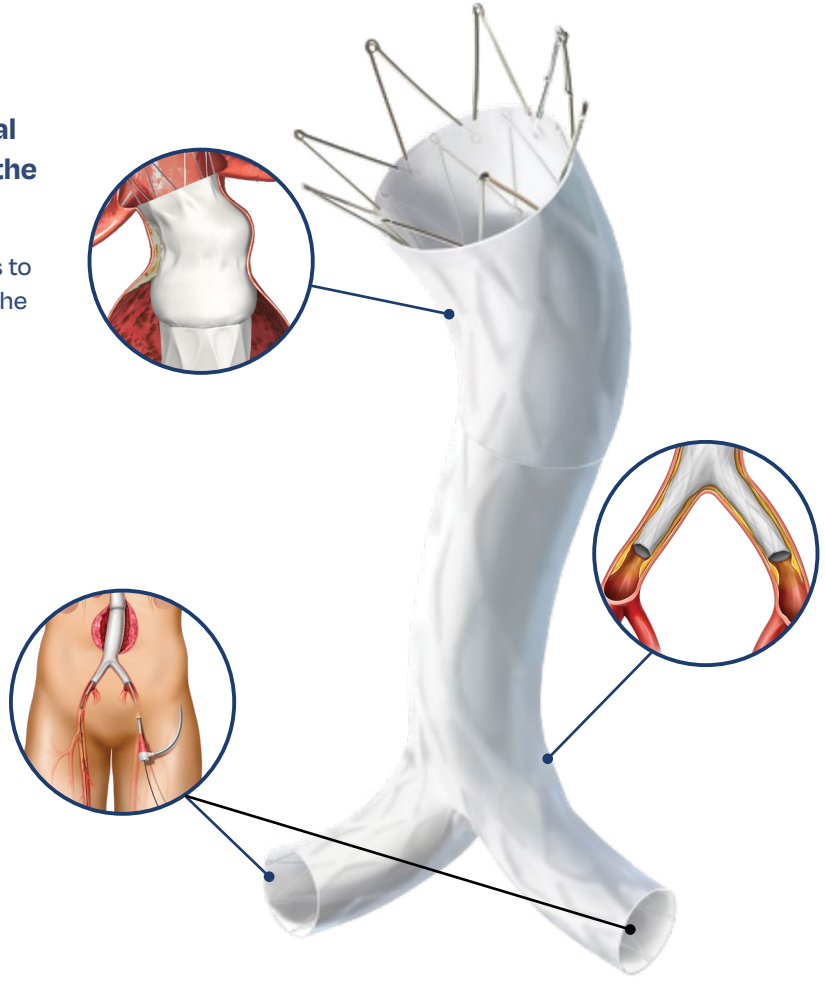
AFX2 introduces key design features that help address the unique needs of aortic anatomies

AFX2 System's ActiveSeal 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%**

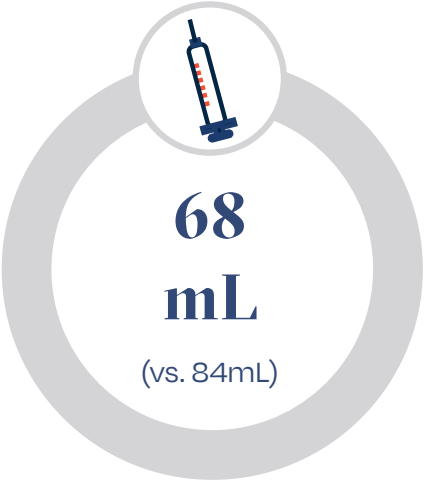
Less Time, Intuitive Design, Greater Efficiency

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

SHORTER PROCEDURE TIMES

REDUCED FLUOROSCOPY TIME

LESS CONTRAST VOLUME



Kwolek CJ, et al. Five-year results of the LEOPARD trial of commercially available endografts. J Vasc Surg. 2023 Aug;78(2):324-332 used throughout.

No need to cannulate the gate

Single-step, single-motion contralateral limb deployment

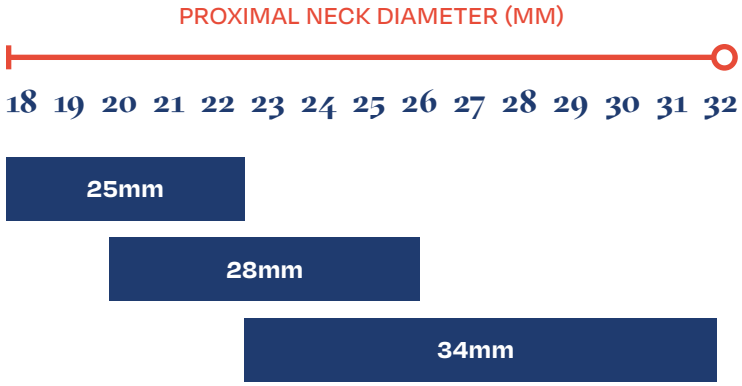
Ability to snare the pre-cannulated contralateral limb wire

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

SOURCE

Kwolek CJ, et al. Five-year results of the LEOPARD trial of commercially available endografts. J Vasc Surg. 2023 Aug;78(2):324-332 used throughout.

INDICATIONS FOR USE (US): The Endologix® AFX®2 Endovascular AAA System is indicated for endovascular treatment in patients with AAA using a surgical vascular access technique or a bilateral percutaneous technique. The devices are indicated for patients with suitable aneurysm morphology for endovascular repair, including: Adequate iliac/femoral access compatible with the required delivery systems (diameter ≥ 6.5 mm); Non-aneurysmal aortic neck between the renal arteries and the aneurysm: with a length of ≥ 15 mm; with a diameter of ≥ 18 mm and ≤ 32 mm; with a neck angle of ≤ 60° to the body of the aneurysm. Aortic length ≥ 1.0 cm longer than the body portion of the chosen bifurcated model. Common iliac artery distal fixation site: with a distal fixation length of ≥ 15 mm; with ability to preserve at least one hypogastric artery; with a diameter of ≥ 10 mm and ≤ 23 mm; 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 40 mm proximally and at least 15 to 20 mm distally.

INDICATIONS FOR USE (EU): The Endologix® AFX®2 Endovascular AAA System is indicated for endovascular treatment in patients with AAA using a surgical vascular access technique. The devices are indicated for patients with suitable aneurysm morphology for endovascular repair, including: Adequate iliac/femoral access compatible with the required delivery systems (diameter ≥ 6.5 mm); Non-aneurysmal aortic neck between the renal arteries and the aneurysm: with a length of ≥ 15 mm; with a diameter of ≥ 18 mm and ≤ 32 mm; with a neck angle of ≤ 60° to the body of the aneurysm. Aortic length ≥ 1.0 cm longer than the body portion of the chosen bifurcated model. Common iliac artery distal fixation site: with a distal fixation length of ≥ 15 mm; with ability to preserve at least one hypogastric artery; with a diameter of ≥ 10 mm and ≤ 23 mm; 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 40 mm proximally and at least 15 to 20 mm distally.

CONTRAINDICATIONS: The Endologix® AFX®2 Endovascular AAA System is 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 the Instructions for Use for more information concerning Indications, Contraindications, Warnings and Precautions, and Adverse Events.

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

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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