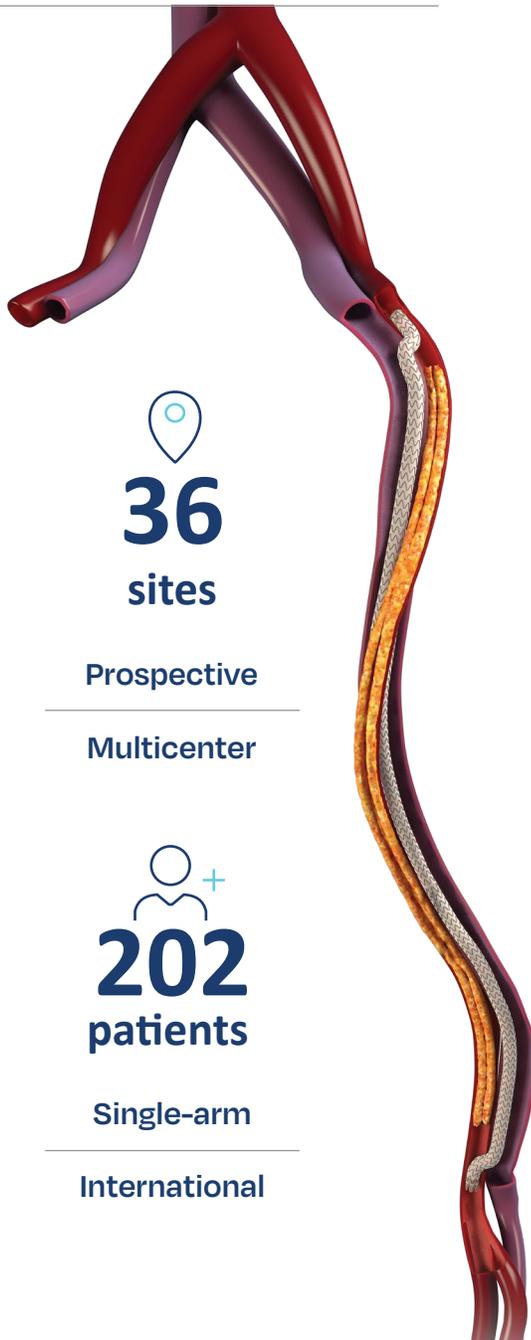


Percutaneous Bypass for Treatment of Femoropopliteal Disease: Three-Year Outcomes of the DETOUR2 Study

PTAB with the DETOUR System is safe and effective for patients with long SFA disease as shown by the DETOUR2 Study¹.

STUDY DESIGN¹



36
sites

Prospective

Multicenter

202
patients

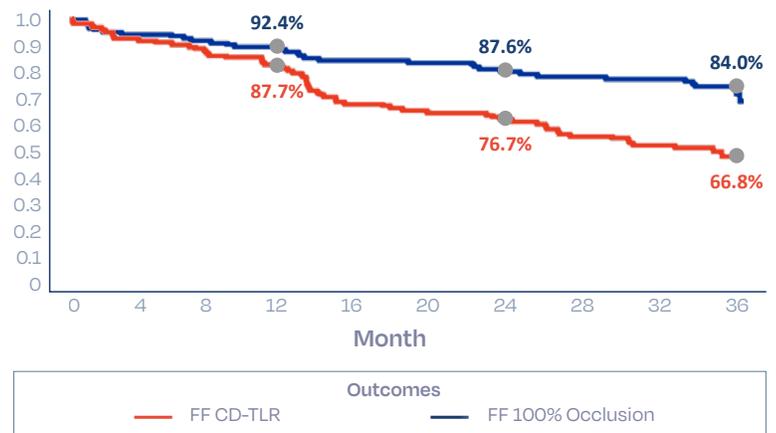
Single-arm

International

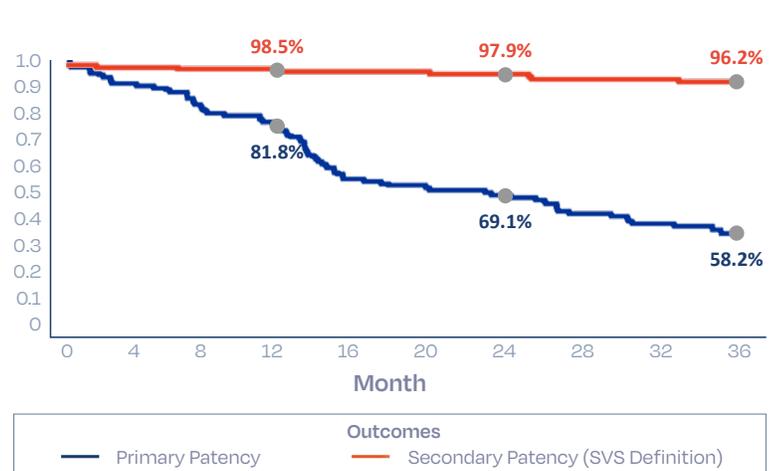
PROVEN EFFICACY ACHIEVED AT 3 YEARS²

96.7% of patients saw an improvement in their Rutherford Clinical Classification by ≥ 1 ²

Freedom from Clinically Driven Target Lesion Revascularization (CD-TLR)^{*2} and 100% Occlusion^{†2}



Primary^{‡2} and Secondary^{||2} Patency Results



PATIENT DEMOGRAPHICS¹

Predominately male
149 (73.8%)

Mean age
68.9 ± 9

The majority of patients presented with severe claudication



Rutherford Classification:
3 (77.7%)
4 (17.8%)
5 (4.5%)

LESION CHARACTERISTICS¹



32.7
mean lesion length (cm)



17%
of enrolled patients had in-stent restenosis



96%
chronic total occlusion before the DETOUR™ System



60%
had previous peripheral intervention

PROVEN SAFETY WITH MINIMAL HOSPITAL STAY AT 3 YEARS

At discharge²

1.1 day

Average hospital stay

At 30 days²

0.5% **93%**

Infection rate
Freedom from major adverse events

At 3 years²

4.1% **0%**

DVT rate
Pulmonary embolism



Scan QR code to see these results in action

*CD-TLR is defined as the revascularization of the treated lesion due to clinical symptoms.

†100% occlusion is characterized by fully blocked blood flow.

‡Primary patency is defined as freedom from additional or secondary surgical or endovascular procedures (TLR), or the interval from the time of the original intervention until any intervention designed to maintain or re-establish patency is performed.

§SVS secondary patency is defined as patency obtained with the use of an additional or secondary surgical or endovascular procedure **after** occlusion occurs.

References:

1. Lyden. Percutaneous Bypass for Treatment of Long-Segment Femoropopliteal Disease: 12 Month Results from the DETOUR 2 Trial Volume 75, Issue 6, E337-E338, June 2022
2. Lyden. Results of the DETOUR2 Study: Durability of Percutaneous Transmural Arterial Bypass for Treatment for Complex Femoropopliteal Disease. VAM 2024

INDICATIONS FOR USE:

The DETOUR™ System is indicated for use for percutaneous revascularization in patients with symptomatic femoropopliteal lesions from 200mm to 460mm in length with chronic total occlusions (100mm to 425mm) or diffuse stenosis >70% who may be considered suboptimal candidates for surgical or alternative endovascular treatments. The DETOUR™ System, or any of its components, is not for use in the coronary and cerebral vasculature.

CONTRAINDICATIONS:

The DETOUR™ System is contraindicated in patients with:

- A distal common femoral artery (CFA) <7 mm in diameter.
- Increased risk of deep vein thrombosis (DVT), such as patients with a recent history of DVT, thrombophilia, and disseminated malignancy. Untreated flow-limiting aortoiliac occlusive disease.

• Lack of patent single vessel tibial runoff to ankle.

• Known coagulopathy, bleeding diathesis, or thrombocytopenia that cannot be medically managed.

• Known hypersensitivities, allergies or contraindications to: Nitinol; PTFE; aspirin; heparin; antiplatelet; anticoagulant or thrombolytic therapy; or contrast media that cannot otherwise be medically managed.

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: Not all product components are available in every country. Please consult with your Endologix representative to confirm product availability.

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