



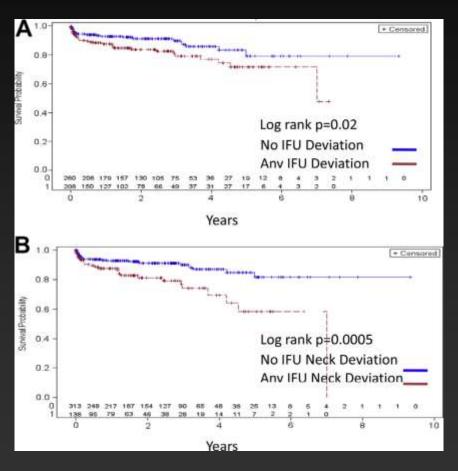
# Aortic Endografts Current Limitations



#### Anatomic Predictors of Type I Endoleak (N=238)

	Early type I endoleak		
Regression analyses	OR	95% CI	P
Univariate			
Neck angle	1.91	0.89-4.1	.0984
Neck length	4.59	1.76-11.93	.0018a
Diameter	0.93	0.26-3.34	.909
Calcified neck	5.5	1.93-15-65	.0014a
Circumferential thrombus	1.07	0.54-2.12	.8376
Reverse taper	5.97	2.87-12.42	<.0001a

#### On vs. Off Label EVAR Outcomes

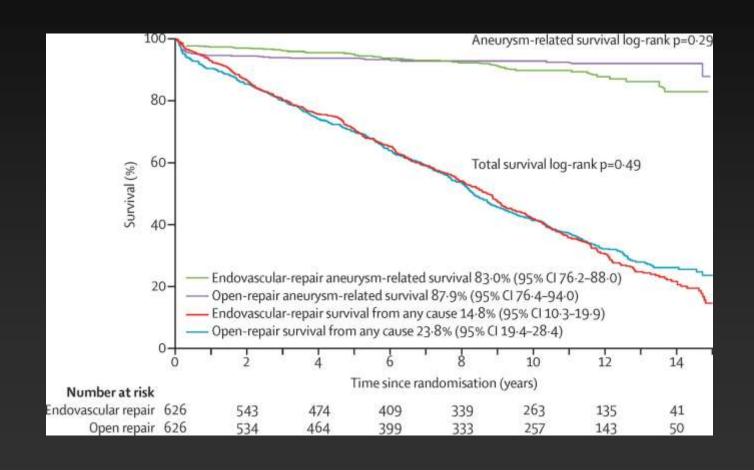


49% had ≥1 IFU deviation

- A. With and without any instructions for use (IFU) deviation.
- B. With and without neck IFU deviations.

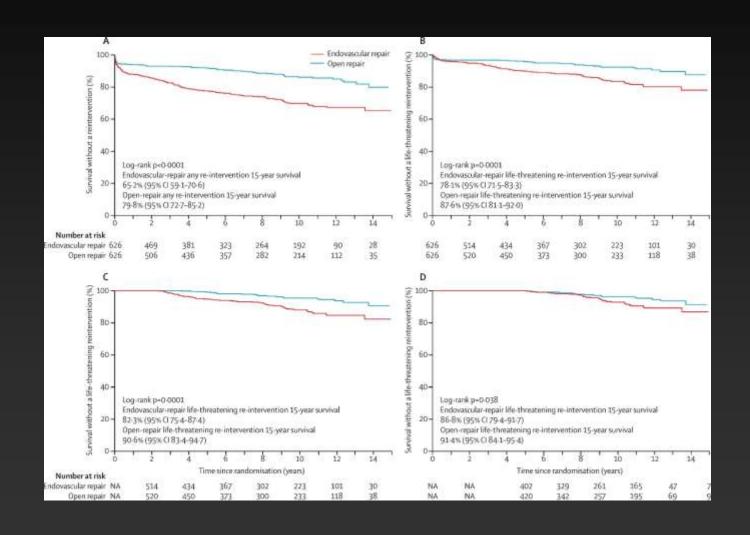


## EVAR-1 15-Year Survival





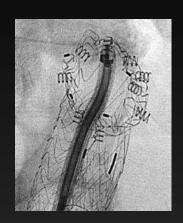
### 15-Year Reintervention



## ANCHOR Endostaple Registry





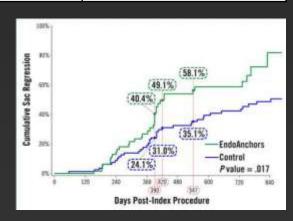






	Prophylactic Use (N=314)	Resolve Intraoperative Endoleak (N=123)	Resolve Late Endoleak (N=167)
Procedural Success	94.6%	87%	89%
Type la leak at 24 mos	0.0%	2.9%	11.1%
Re-intervention at 24 mos	7.9%	7.1%	20.1%

Significant sac shrinkage with prophylactic use as compared to propensity-matched controls (*P*=0.017)<sup>2</sup>



## Visceral Snorkels and Chimneys for Thoracoabdominal Aneurysms

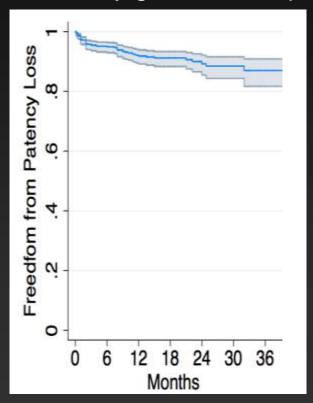


#### **PERICLES Trial**

#### Visceral Chimneys for Thoracoabdominal Aneurysms

Multicenter retrospective registry of 898 snorkel/chimney grafts in 517 patients

Type I Endoleak
Intraoperative 2.9%
At latest F/U 5.8%



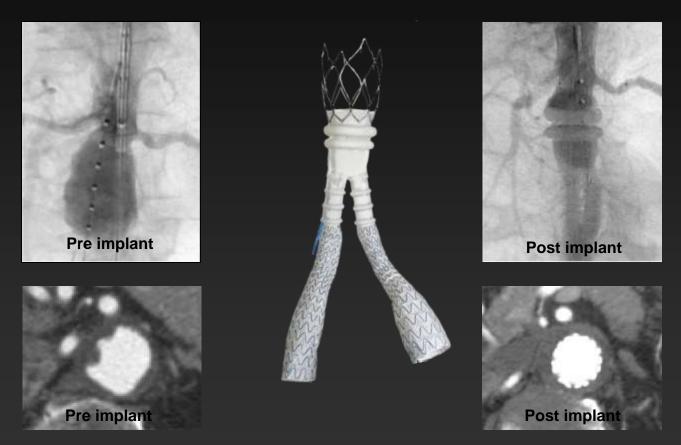
All graft types

Ave 1.7 chimneys/case

Primary chimney patency 94% at 17 months

### TriVascular Ovation Global Pivotal Trial

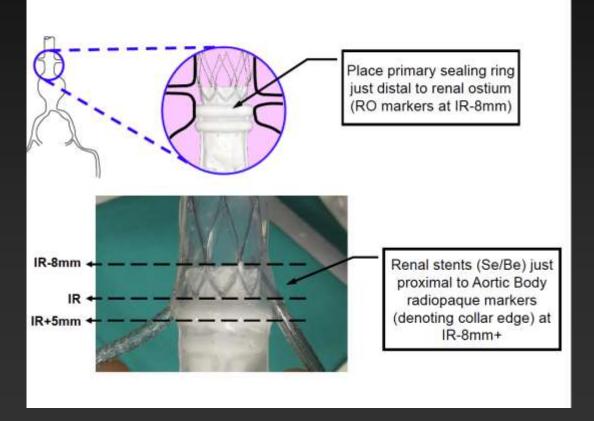
No Type I Leaks in Patients With Adverse Neck Anatomy



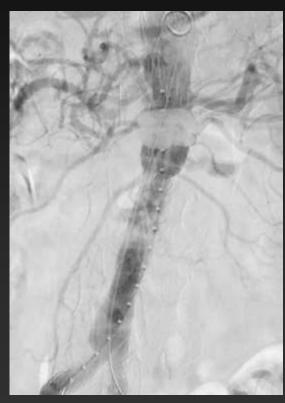
35% of enrolled patients had 1 or more hostile neck features (56/161)

## Venting Procedure

#### **Ovation & Chimney Graft Placement**



# Venting Procedure With TriVascular Ovation



Implant angiogram

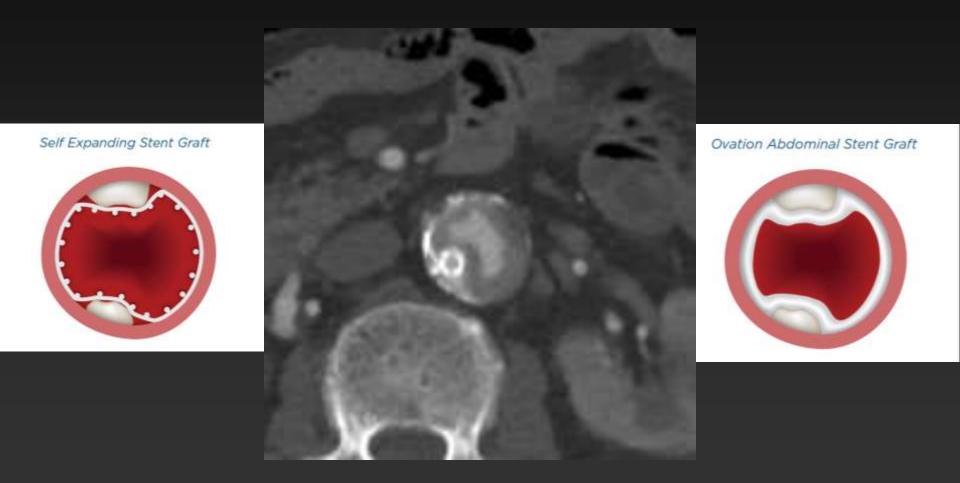


Post-op CTA



26-mo CTA

# TriVascular Ovation Sealing Rings Advantageous for Snorkeling



# Accessory Renal Snorkel Using TriVascular Ovation

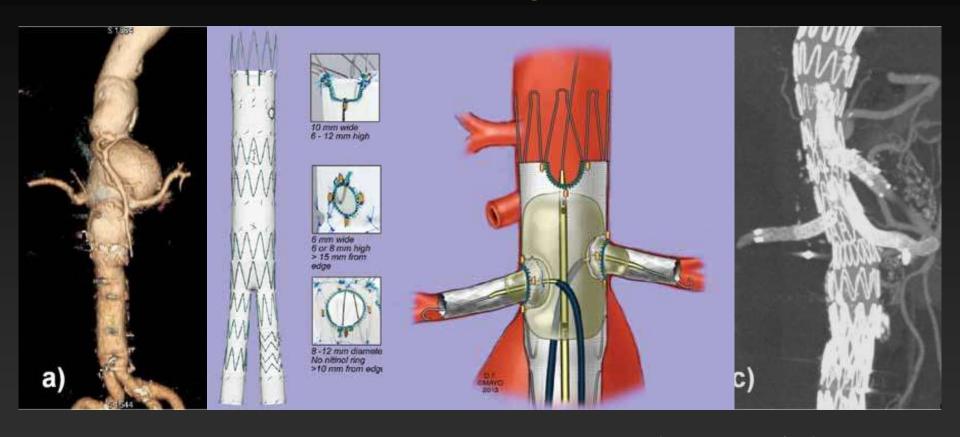


#### **Ovation Alto**

**Next Generation Design Elevated Sealing Ring**  $\sim$  7 mm IR Webbing at bifurcation to facilitate cannulation Ultra-low profile for small access and tortuous anatomy Offset aortic body legs for (3) improved visualization

First sealing ring is 7mm below fabric collar instead of 13 mm

## Fenestrated Endografts F-EVAR

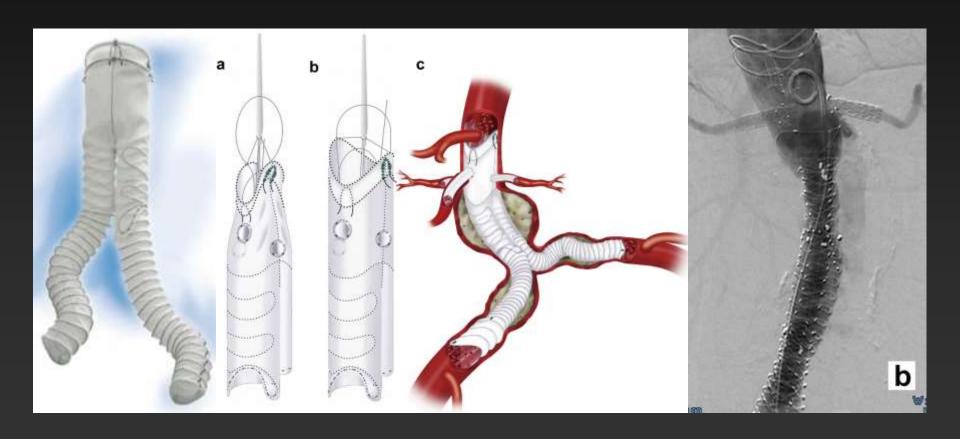


No type I endoleaks pre- or post-market release (N= 113, 56/57) Patency rates of visceral artery stents with F-EVAR were 95.7% at 1 year and 88.6% at 4 years (N=138)

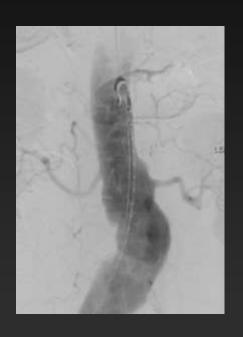
Grimme FAB et al *J Vasc Surg* 2014; 59: 298-306 Vemuri C et al *J Vasc Surg* 2014; 60: 295-300 Zenith Fenestrated AAA Endovascular Graft Annual Clinical Update 2013

## Anaconda Endograft

Flexible Design for Highly Angulated Necks and Fenestrated Aortic Cuff for Short Necks



## Hybrid Approach Using F-EVAR Grafts



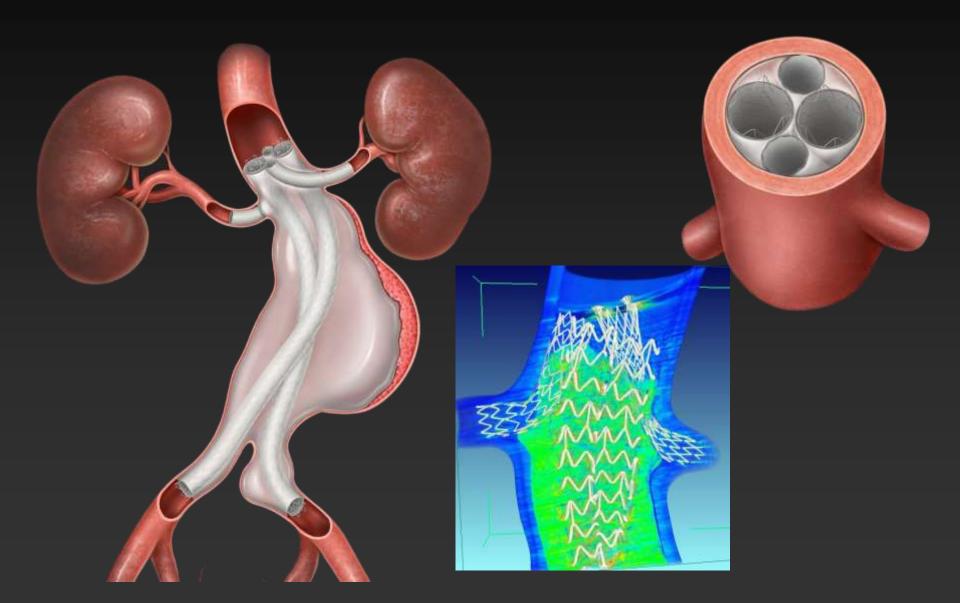




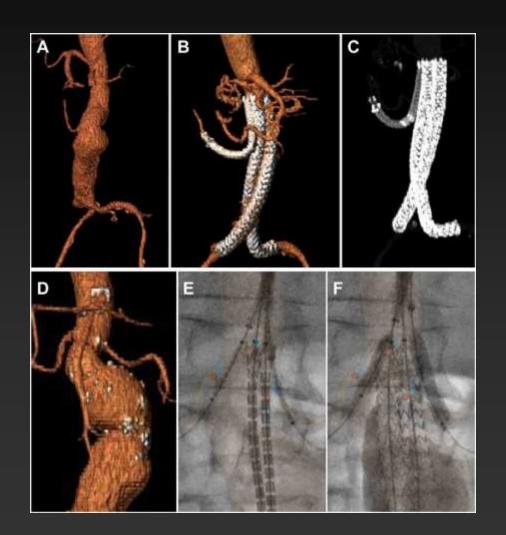


Debranching limited to the viscerals only

## **EVAS With Snorkel Grafts**



### **EVAS With Snorkel Grafts**





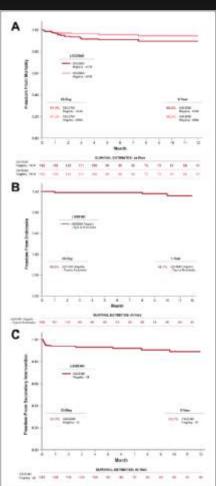
Thompson M et al J Endovasc Ther 2017: 24(6): 764–



An open-label, single-arm, post-market registry of the Nellix system with chimney grafts

1-year outcomes (N=154)

- Type Ia endoleak 4.3%
- Type II or III endoleak 0.0%
- Re-intervention 10.8%
- Aneurysm-related mortality 5.7%



### Chimney EVAS vs EVAR

	ASCEND¹ (N=154)	PROTAGORAS <sup>2</sup> (N=128)	PERICLES <sup>3</sup> (N=517)
Type la endoleak	4.3%	1.6%	5.8%
Chimney graft patency	96.3%	95.7%	94.1%
Re-intervention	10.8%	14.1%	5.2%
Aneurysm-related mortality	5.7%	NR	0.7%

<sup>1</sup>Thompson M et al *J Endovasc Ther* 2017; 24(6): 764–772 <sup>2</sup>Donas KP et al *J Vasc Surg* 2016; 63: 1-7

<sup>3</sup>Donas, KP et al *Ann Surg* 2015; 262: 546–553

## Next Generation Endografting Conclusions

- Endostapling reduces the risk of Type Ia endoleak in hostile neck anatomy cases
- F-EVAR devices are transforming our ability to seal adverse necks with few type I leaks and good visceral branch graft patency
- Biopolymer sealing rings provide superior sealing for Ch-EVAR with the potential for less gutter leak because of their better ability to conform/mold to snorkel grafts
- Whether endobags for Ch-EVAR provides a better solution for hostile neck anatomy is uncertain and requires further study and/or device modification.