

Lessons Learned From The Nellix Experience: Why Sac Sealing Should Still Be Pursued For EVAR, But Not From The Nellix Platform: What Changes Would Make Sac Sealing Devices Work

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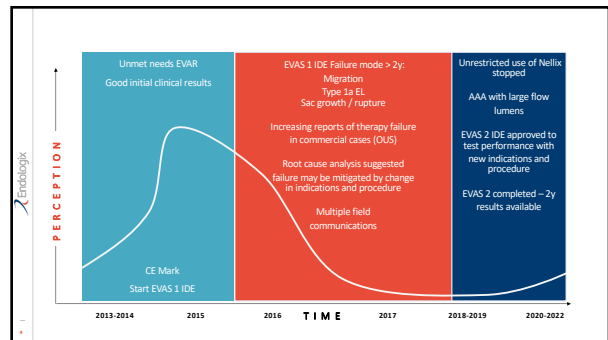
**Disclosure**  
Matt Thompson:  
I have the following potential conflicts of interest to report:

Employment and shareholder in Endologix LLC

Board Member: Vivos Therapeutics, Lifesal Vascular

**Endovascular Aneurysm Sealing (EVAS) - Nellix**

- EVAS pioneered active management of the aneurysm sac
- Design intent to reduce post-EVAR perfusion of the aneurysm sac and prevent sac growth
- Use of polymer filled endobags for proximal seal, distal seal, fixation and sac filling
- Mid-term failure mode with original indications, migration leading to Type 1a endoleak



**EVAS 2 IDE 2 Year Results**

| Outcome                 | 60 months |
|-------------------------|-----------|
| Freedom from:           |           |
| Type IA endoleak        | 95.3%     |
| Type II endoleak        | 95.3%     |
| Type III endoleak       | 100%      |
| Migration               | 97.3%     |
| Graft occlusion         | 96.8%     |
| Secondary interventions | 84.2%     |
| Aortic rupture          | 100%      |
| Aortic related death    | 99%       |
| All Cause mortality     | 82.4%     |

- Primary safety and efficacy end points met
- Applicability low due to constrained IFU (<20% all AAA)
- Outcomes off refined IFU poor

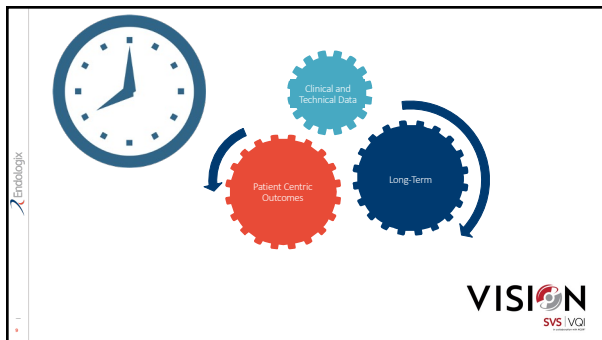


### Initial clinical experience with a sac-anchoring endoprosthesis for aortic aneurysm repair

**Endograft Design**

- Aorta is a hostile environment for medical devices:
  - Multiple endografts have failed clinical / regulatory trials
- Small changes matter:
  - Original Nellix was designed with rigid stainless-steel stent; change to cobalt-chromium allowed more flexibility
  - Unintended consequence was reduced longitudinal strength, increased tendency to lateral movement and migration
- Separation of components responsible for major attributes desirable:
  - Fixation
  - Seal
  - Active sac management

### Regulatory Environment



### Understand Real World Device Performance (Off Label)

- Aortic endografts are routinely and repeatedly used off label
- Majority of EVAR literature demonstrates a gradual deterioration of outcomes with the degree of off-label use
- Nellix achieves positive outcomes – only – when used within restrictive anatomic parameters

**33% patients anatomically outside IFU**

### Benefits of Active Sac Management

- Design intent of active sac management (Type 2 EL) was realized
- Active sac management with the Nellix system was associated with:
  - Low rates of Type 2 endoleak through 5y
  - Reduced rate of Post Implantation Syndrome (PIS)
  - Reduced all cause mortality to 3y

**Freedom from Type 2 EL EVAS 2 IDE**

|       |       |       |
|-------|-------|-------|
| 12 Mo | 35 Mo | 60 Mo |
| 97.8% | 95.3% | 95.3% |

### Benefits of Active Sac Management

|                      |             |              |
|----------------------|-------------|--------------|
|                      | EVAS (n=58) | EVAR (n=111) |
| <b>Incidence PIS</b> | 13.8%       | 38.7%        |

**Multivariate analysis:**  
EVAS only independent predictor of lower PIS (OR 0.2 [0.08-0.5])

**All Cause Mortality AAA > 5.5cm**

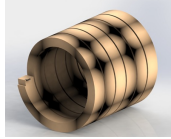
EVAS vs. EVAR  
2-year mortality HR: 0.29 (95%CI 0.13-0.62), p<.002

EVAS vs. EVAR  
5-year mortality HR: 0.82 (95%CI 0.48-1.4), p=.46

83% EVAR  
82% EVAS

## Concluding Remarks

- EVAS / Nellix was a new therapy – not a new EVAR product:
  - Significant implications for launch metrics and outcome reporting
- Active management of aneurysm sac with Nellix demonstrated positive findings
- Active sac management should conform to principles that have been successful in EVAR – separation of function (fixation, seal, sac management)
  - Ability to replicate these with proposed adjunctive therapies to current endografts? - Lifeseal Vascular / Shape Memory



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