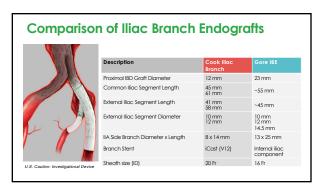


Disclosures

W. Anthony Lee is a consultant for Cook Medical and National Principal Investigator of PRESERVE II study

Zenith® Iliac Branch

- Acute internal iliac artery (IIA) occlusion is associated with a risk of pelvic ischemic symptoms or complications.
- Surgical and off-label endovascular techniques to maintain IIA perfusion can lead to increased morbidity.
- The Zenith Iliac Branch Graft (IBD) is a branched endograft intended to maintain perfusion to the IIA in aortoiliac or iliac aneurysms during FVAR.



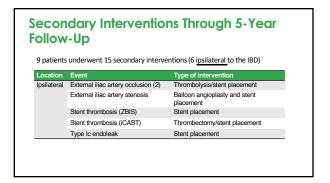
Study Design

- Prospective, multicenter, non-randomized study in 18 US sites (40
- Objective: evaluate safety and effectiveness of the Zenith IBD with iCAST branch stent in repair of aortoiliac or iliac aneurysms with an unsuitable distal sealing site for an iliac component proximal to the iliac bifurcation
- Endpoints:
- Primary: 6-month freedom from patency-related interventions
- Secondary: 6-month branch vessel patency 30-day freedom from morbidity
- Follow-up through 5 years (complete)

Study Outcomes

- Demographics
- Mean age 67.8 years, male 95%, mean CIA aneurysm size 36mm
- Primary endpoint (6-month freedom from patency-related secondary interventions) → 100%
- Secondary endpoints
- 30-day freedom from morbidity → 85% 6-month branch vessel patency → 100%

Freedom from: • All-cause mortality: 89% • Buthock claudication: 97% • Impotence: 87% No aneurysm-related mortality, ruptures, migrations, device integrity issues, or Type Ia, Ib, or Type III endoleaks (1-Type Ic endoleak)



Conclusion

The PRESERVE II study exceeded both its primary and secondary endpoints, achieving their predefined performance goals

5-year outcomes support the sustained safety and effectiveness of the Zenith IBD in with the iCAST branch stent for the treatment of aortoiliac aneurysms and preservation of IIA perfusion during EVAR