



## Reengineering the art of EVAR



14 French Ultra-low profile



Customisable tri-modular design



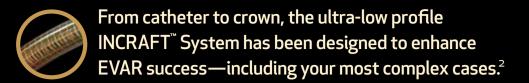
Efficacy and durability without compromise'



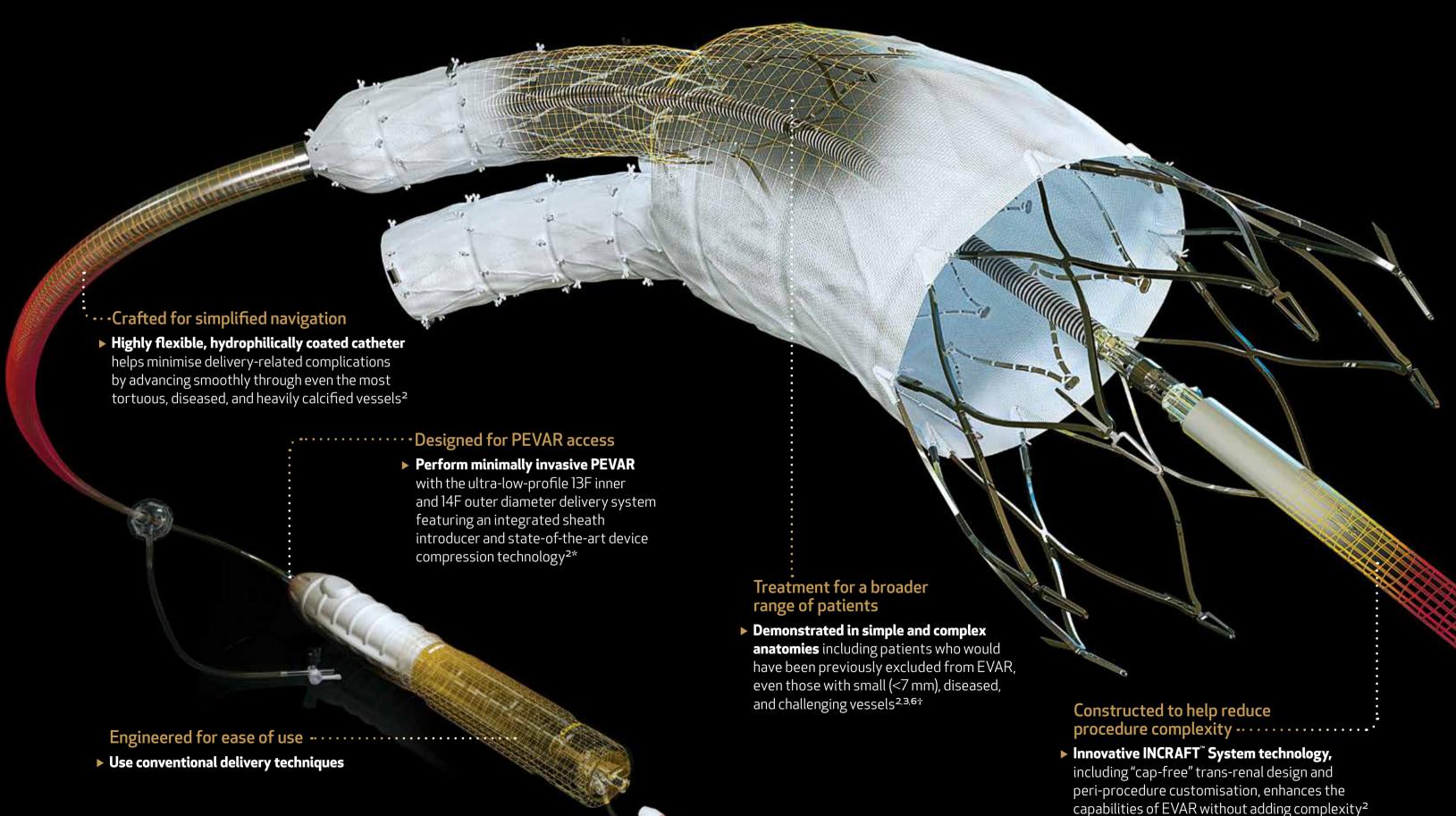
Few units fit most anatomies

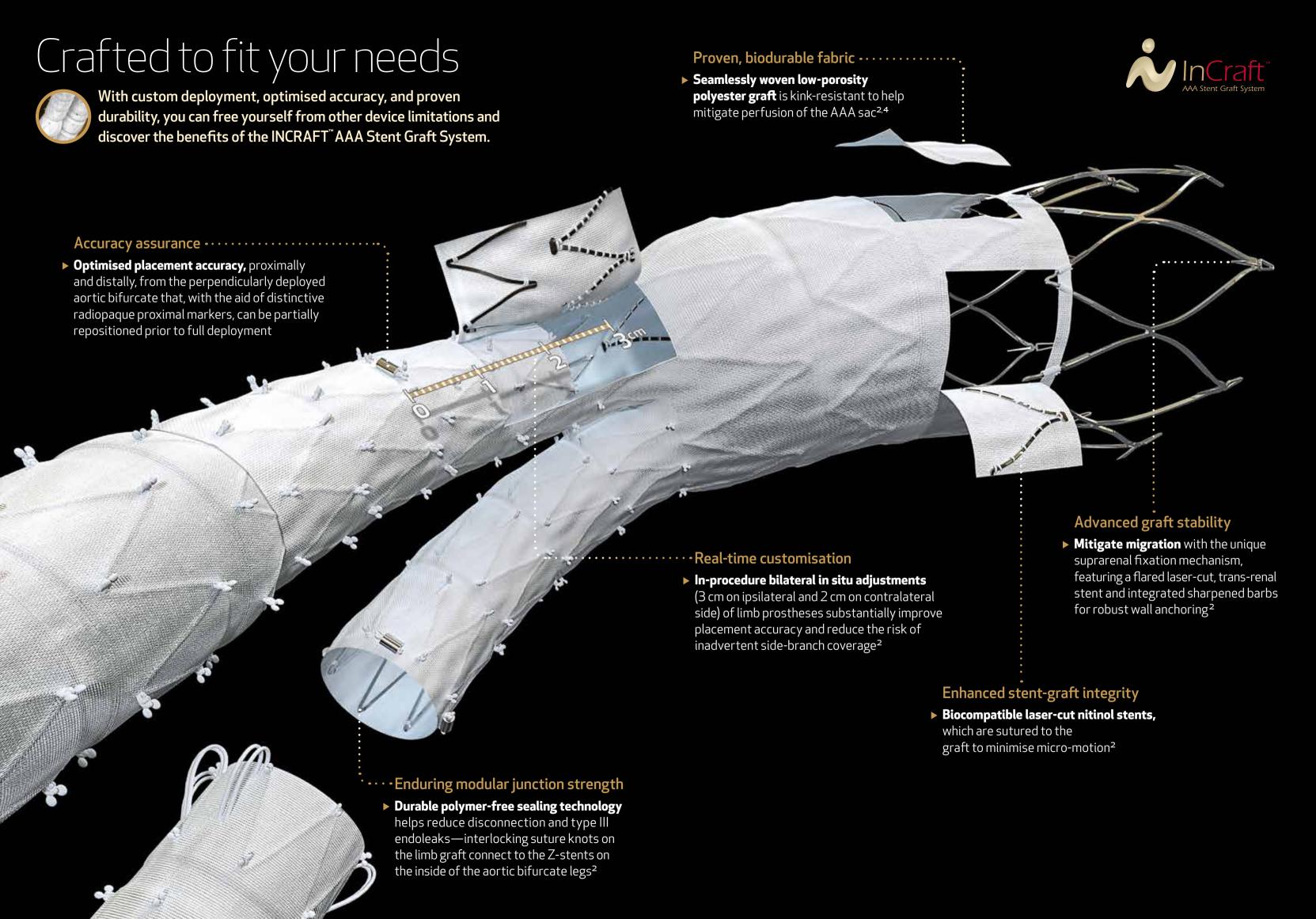
Demonstrated in **standard** and complex anatomies. <sup>2,3,5</sup>

### Reengineering the EVAR you know



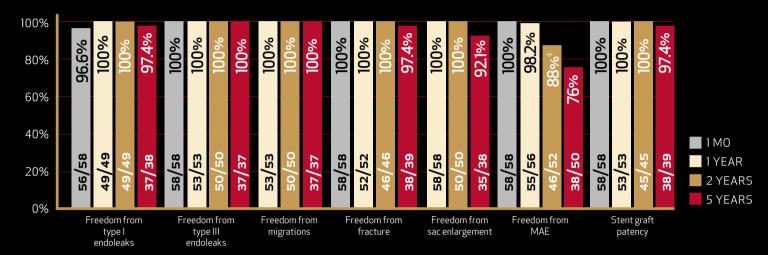






# The art of EVAR stands the test of time

### No compromise in the durability of the AAA repair at 5 years<sup>6,8†</sup>



Freedom from device/procedure related MAE at 1 month: 100.0% (58/58) [93.8%, 100.0%]



#### Few-fit-most surgical graft concept<sup>7</sup>

Fewer units designed for in-procedure customisation deliver broad anatomical coverage through a wide range (3–6 mm) of oversizing—allowing you to streamline preoperative planning and inventory management.

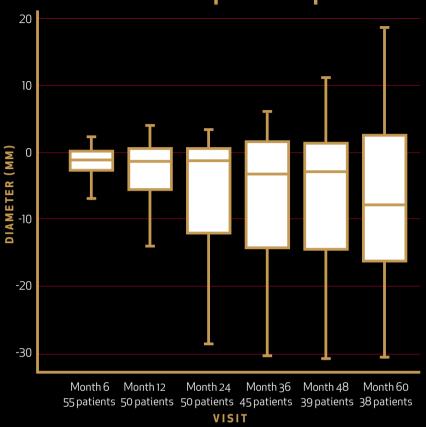
- ▶ 4 aortic bifurcate diameters
- ▶ 19 iliac limb diameter sizes



Without compromising durability, the INCRAFT<sup>™</sup> AAA Stent Graft System delivers the clinical efficacy you require, as demonstrated through 5 years in the INNOVATION Trial.<sup>±</sup>



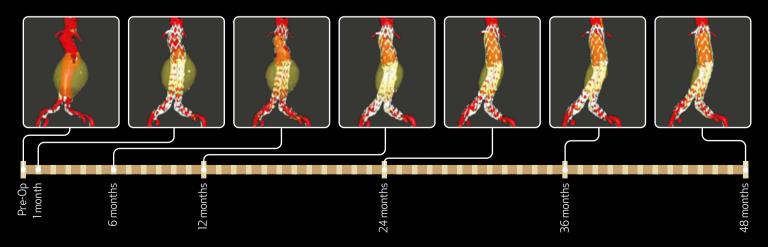
### Mean AAA diameters at 1, 6, 12, and 60 months post-implantation<sup>1</sup>



Proven aneurysm reduction at 5 years<sup>1+</sup>

- > 7.15 mm average sac diameter decrease
- ▶ Aneurysm sac enlargement (>5mm, %) is 8% (3/38) at 5 years

### Case demonstration: Long-term clinical success through 4 years<sup>2</sup>





### Reengineering the art of EVAR



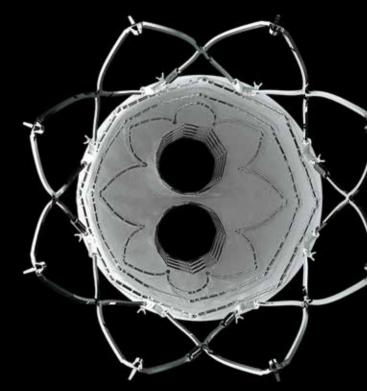
Ultra-low-profile delivery (13F inner and 14F outer diameter) to simplify access, navigation, and deployment.1



Customisable tri-modular design that leads to a tailored approach to EVAR.1



Efficacy and durability without compromise demonstrated through 5 years in the INNOVATION Trial.<sup>2</sup>





Few-fit-most concept requires fewer units to optimise procedure planning and inventory management.1

#### Talk to a Cordis representative about incorporating the INCRAFT™ AAA Stent Graft System into your EVAR programme.

The INCRAFT™ AAA Stent Graft System should only be used by physicians and teams trained in vascular interventional techniques, including training in the use of this device. Specific training expectations are described in the Instructions for Use. As part of its continuous product development policy, Cordis reserves the right to change product specifications without prior notification.

References: 1. Torsello G, Brunkwall J, Scheinert D. Cordis INCRAFT<sup>TM</sup> ultra-low profile AAA stent-graft system. *J Cardiovasc Surg* (Torino). 2011;52(5):661-667.

2. Pratesi G. INCRAFT<sup>TM</sup> AAA Stent Graft System 2-year clinical data from the INNOVATION Trial. Presented at: Charing Cross International Symposium. April, 2014. London, UK. 3. Chaikof EL, Fillinger MF, Matsumura JS. Identifying and grading factors that modify the outcome of endovascular aortic aneurysm repair. *J Vasc Surg*. 2002;35(5):1061-1066. 4. Kannan RY1, Salacinski HJ, Butler PE, et al. Current status of prosthetic bypass grafts: a review. *J Biomed Mater Res B Appl Biomater*. 2005;74(1):570-581. 5. Makaroun, M., Ouriel, K., Teigen, C., et. Al. (2019, June). 5-Year Results from the INCRAFT<sup>TM</sup> INSPIRATION Regulatory Study, Presented at the Society of Vascular Surgery (SVS) Vascular Annual Meeting in Maryland, USA. 6. Cordis Data on File. 5 YR INNOVATION CSR. 7. Pratesi G, Pratesi C, Chiesa R, Coppi G, Scheinert D, Brunkwall JS, Van der Meulen S, Torsello G. The INNOVATION Trial: four-year safety and effectiveness of the INCRAFT(TM) AAA Stent-Graft System for endovascular repair. J Cardiovasc Surg (Torino). 2017 Oct;58(5):650-657. 8. Torsello et. al, Aortoiliac remodeling and 5-year outcome of an ultralow-profile endograft. Journal of Vascular Surgery. June 2019, Volume 69, Issue 6, Pages 1747–1757.

\*15F inner and 16F outer diameter for the 34 mm aortic bifurcate.

† Ensure that femoral access vessels are adequate and compatible withvascular access techniques and accessories used with a 14F delivery profile.

 $\pm$  As demonstrated in clinical trials. \*\*1 patient developed a late graft occlusion at day 666 treated with thrombectomy and bypass.

†1 death occurred within up to 1 year, 5 within the 2-year timeframe, all non-AAA related. All deaths were CEC adjudicated and confirmed to be unrelated to the device or to the procedure.

‡2 patients underwent re-intervention for the correction of a Type I EL at day 61 and 278.

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