



SAFETY & EFFICACY

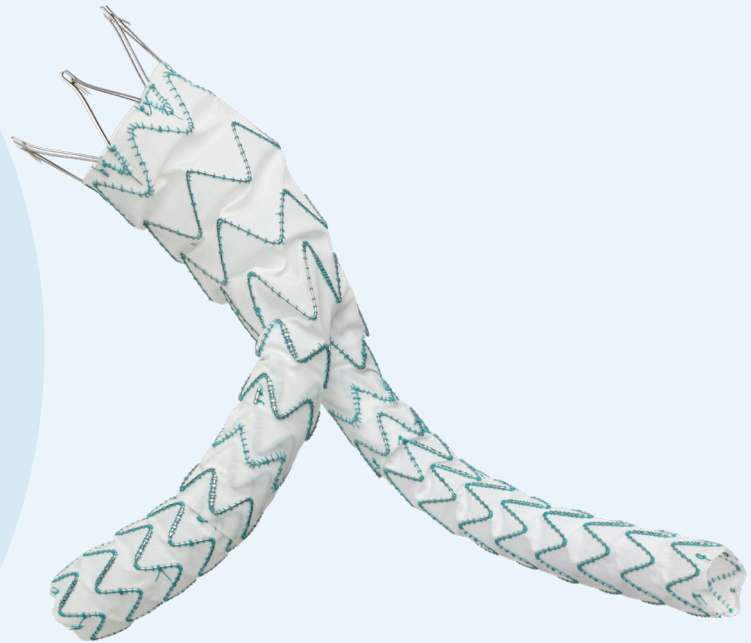


TREO[®]

ABDOMINAL STENT-GRAFT SYSTEM

Versatile by Design.
Fit for any Anatomy.*

*Per IFU.



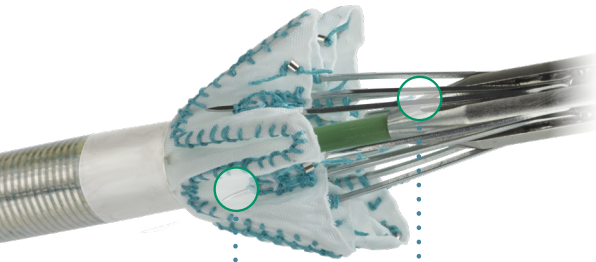
For more information, visit
[terumo.com/aortic/features-benefits](https://www.terumo.com/aortic/features-benefits)

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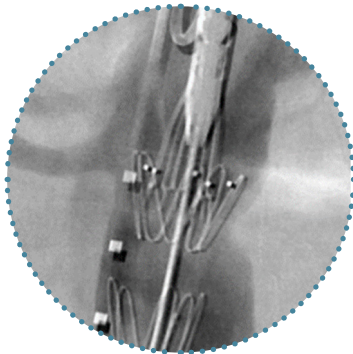


Optimised Design for Patient Safety and Procedural Success

Proximal clasp allows for safe graft re-positioning and delivery system removal



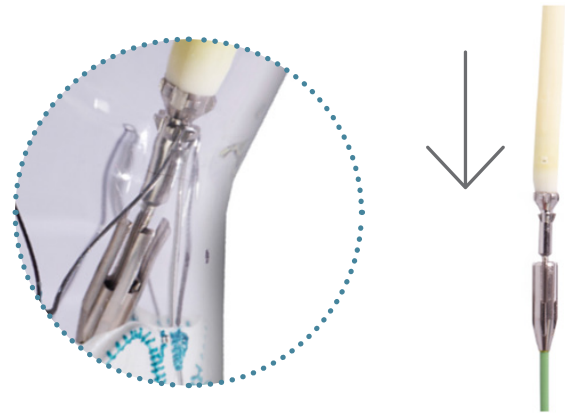
- A** Infrarenal bars are obscured in graft fabric "valleys" prior to final clasp release
- B** Suprarenal bars are completely covered allowing graft to be safely repositioned until clasp is released



Proximal clasp prevents barb engagement with vessel wall until released

Technical Success¹
(at index procedure; 150/150)

100%



Proximal Clasp Simple Caudal Removal
Easily withdraw delivery system without added steps or risk of entanglement

Conversions to open repair²
(150/150)

0%

1. Per TREO IFU

2. Eagleton, M.J et al. 2021. Safety and effectiveness of the TREO stent graft for the endovascular treatment of abdominal aortic aneurysms. Journal of vascular surgery, 74(1), pp.114-123.

A Low Profile Delivery System and Leave Behind Sheath

Designed to expand patient applicability, enable percutaneous access and fewer sheath exchanges, with the aim to reduce:

- ▶ Access vessel trauma and complications ^{3,4}
- ▶ Procedural time, hospital length of stay and cost ^{3,4}
- ▶ Patient post-operative pain ³

TREO Percutaneous Access ⁵
(305/321)

95%



Main Body Delivery System		Leg Extension Delivery System	
20 - 28mm	30 - 36mm	9 - 15mm	17 - 24mm
18Fr(OD) 	19Fr(OD) 	13Fr(OD) 	14Fr(OD) 

3. El Beyrouti, H et al. 2020. Early results of a low-profile stent-graft for thoracic endovascular aortic repair. PLoS One, 15(11), p.e0240560.

4. Bi, G et al. 2022. Is percutaneous access superior to cutdown access for endovascular abdominal aortic aneurysm repair? A meta-analysis. Vascular, 30(5), pp.825-833.

5. US Post Approval Study; Data on File



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