

PRODUCT BROCHURE

# TREO<sup>®</sup>: Clinical Outcomes

When Experience Meets Evidence

TREO®

# The NEXT Evolution of EVAR is Here

The TREO Stent-Graft system is indicated for the endovascular treatment of **infrarenal abdominal aortic** and **aorto-iliac aneurysms** in adult patients who have appropriate anatomy as described below:

Adequate iliac or femoral access compatible with the required delivery systems and accessories

Suprarenal neck angle of less than 45 degrees

## Infrarenal landing neck length of:

- ▶ 10 mm or greater with an infrarenal angle of less than 60 degrees and an inside diameter of 17 mm – 32 mm

## OR:

- ▶ 15 mm or greater with an infrarenal angle between 60 and 75 degrees and an inside diameter of 16 mm – 30 mm

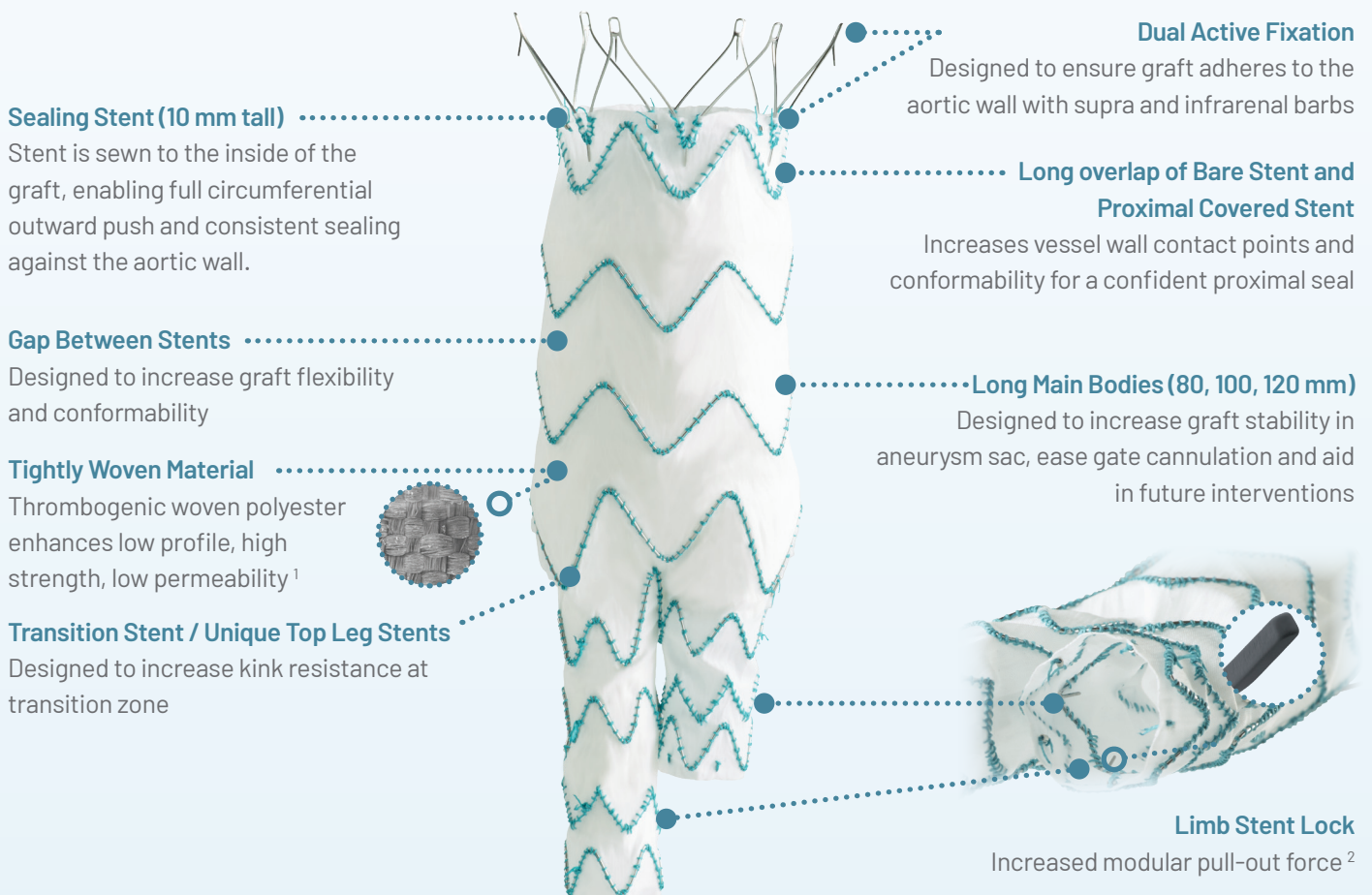
## Distal iliac landing neck of inside diameter:

- ▶ 8 mm – 13 mm and a length of at least 10 mm

## OR:

- ▶ >13 mm – 20 mm and a length of at least 15 mm

## Design Goals: Enhanced Durability, Expanded Patient Applicability



TREO®

## TiGER Registry<sup>3</sup>

# Real World Outcomes with the TREO® Endograft (Terumo Aortic): Results from the European TiGER Registry

### STUDY DESIGN

Real World

All-Comers Study

Site Reported

Peer Reviewed

## 330 Subjects

312 Elective; 18 Emergent

## 23 Sites

European Sites

## 2 Year Follow-up

(Mean follow-up 464.3 ± 362.4 days)

### RESULTS

## 97%

High technical success rates

318/327

## 0%

No device aortic-related mortality

0/330

## 0%

No migration or stent fractures

0/330

## 2%

Consistently low type I endoleaks

7/330

## 1%

Consistently low type III endoleaks

3/330

## 6%

Low reintervention rates

20/330

### CONCLUSION

Adding to the growing body of evidence, the TiGER registry confirms consistent and durable outcomes for TREO® in real-world practice. Overall, these findings align closely with previous studies and reinforce TREO® as a reliable choice for durable outcomes – even in emergent settings

**US IDE Study- 5-Year Results**<sup>4</sup>

# Long Term Safety And Effectiveness of the TREO® Stent Graft for the Endovascular Treatment of Infrarenal Abdominal Aortic Aneurysms

## STUDY DESIGN

Multi-center, non-blinded, non-randomized study of treatment in patients with abdominal aortic aneurysms.

**29** US Hospitals      **150** Patients

## RESULTS

**100%**

Technical Success at Index Procedure<sup>4</sup>

150/150

**93%**

Successful Aneurysm Treatment at 12 months<sup>5</sup>

123/132

**0.7%**

MAE Rate at 30 days<sup>4</sup>

1/150

Through 5-Years (0/150)

**0%**

- ▶ Aneurysm-related mortality<sup>5</sup>
- ▶ Conversion to open repair<sup>5</sup>
- ▶ Type III, IV endoleaks\*<sup>5</sup>
- ▶ Device related MAE's<sup>5</sup>
- ▶ Occlusion\*<sup>5</sup>
- ▶ Renal Failure\*\*<sup>5</sup>
- ▶ Paraplegia<sup>5</sup>

## CONCLUSION

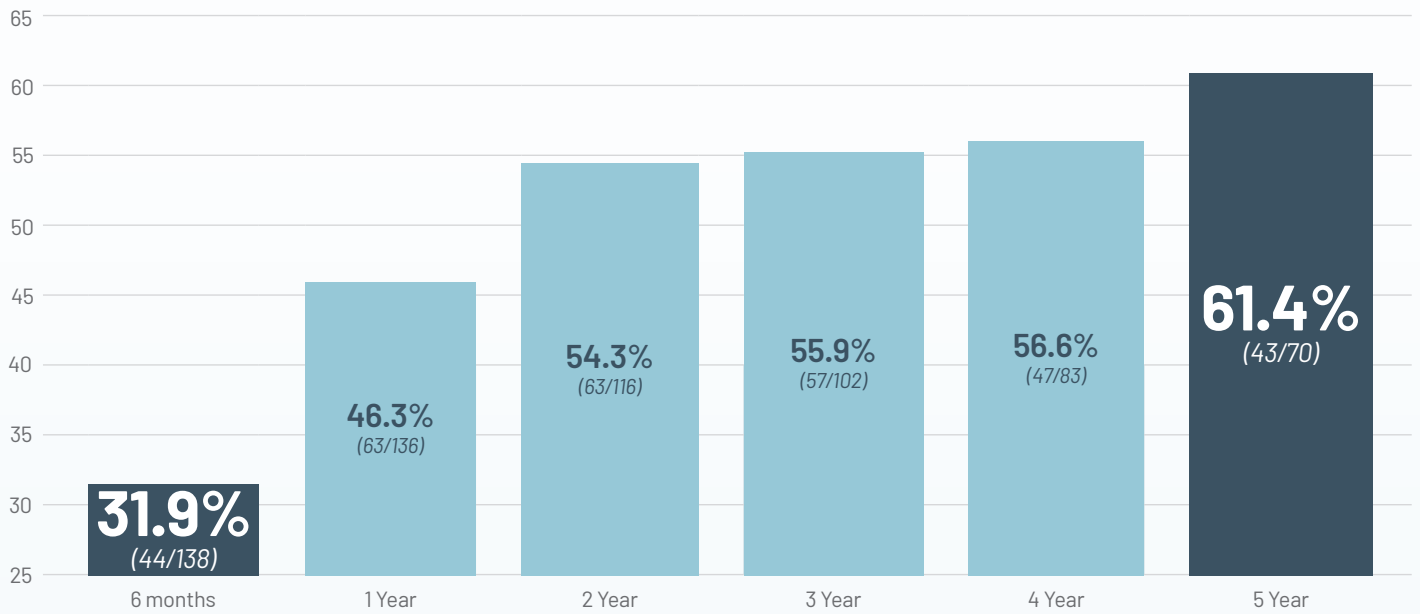
5-year follow-up for the TREO® Stent-Graft System demonstrated durable performance, with low rates of long-term morbidity and mortality, and high rates of long-term sac shrinkage, confirming sustained long-term safety and effectiveness in the repair of infrarenal abdominal aortic aneurysms.

\* Core Lab Reported.

\*\* Requiring Renal Replacement Therapy.

**US IDE Study- 5-Year Results <sup>4</sup>**

Sac Regression 5-year outcomes <sup>4</sup>

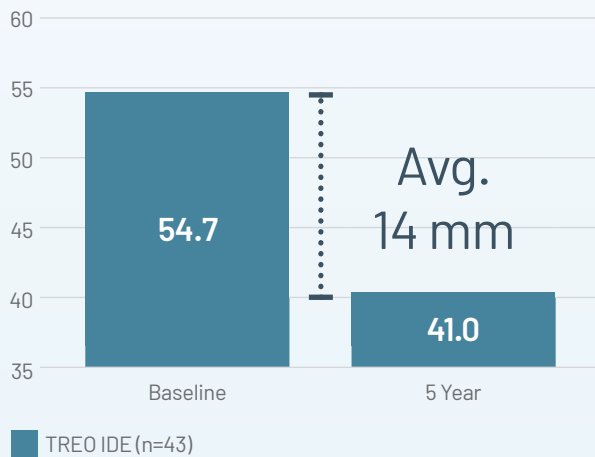


**0%**  
Aneurysm Rupture Through 5-years <sup>4</sup>  
(0/150)

**97%**  
Absence of Type I Endoleak through 5 years <sup>4</sup>  
(146/150)

**89%**  
Absence of Reinterventions through 5 years <sup>4</sup>  
(134/150)

TREO® IDE 5-Year Aneurysm Sac Average Maximum Diameter  
Sub-cohort: Subjects w/ Decrease >5 mm (Core Lab Reported) <sup>6</sup>



**26%**  
Aneurysm Sac Average Diameter Reduction

**Single Center Study <sup>7</sup>**

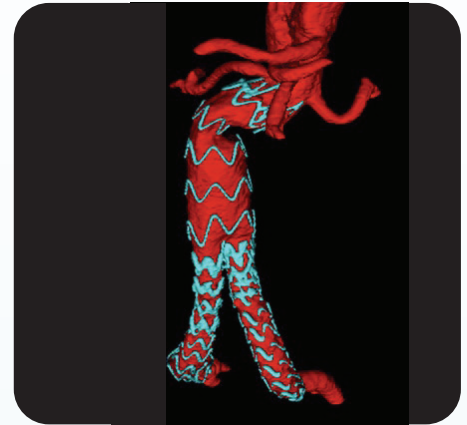
# Five-Year Outcomes of Endovascular Aortic Repair With the TREO® Abdominal Endograft

**OBJECTIVE**

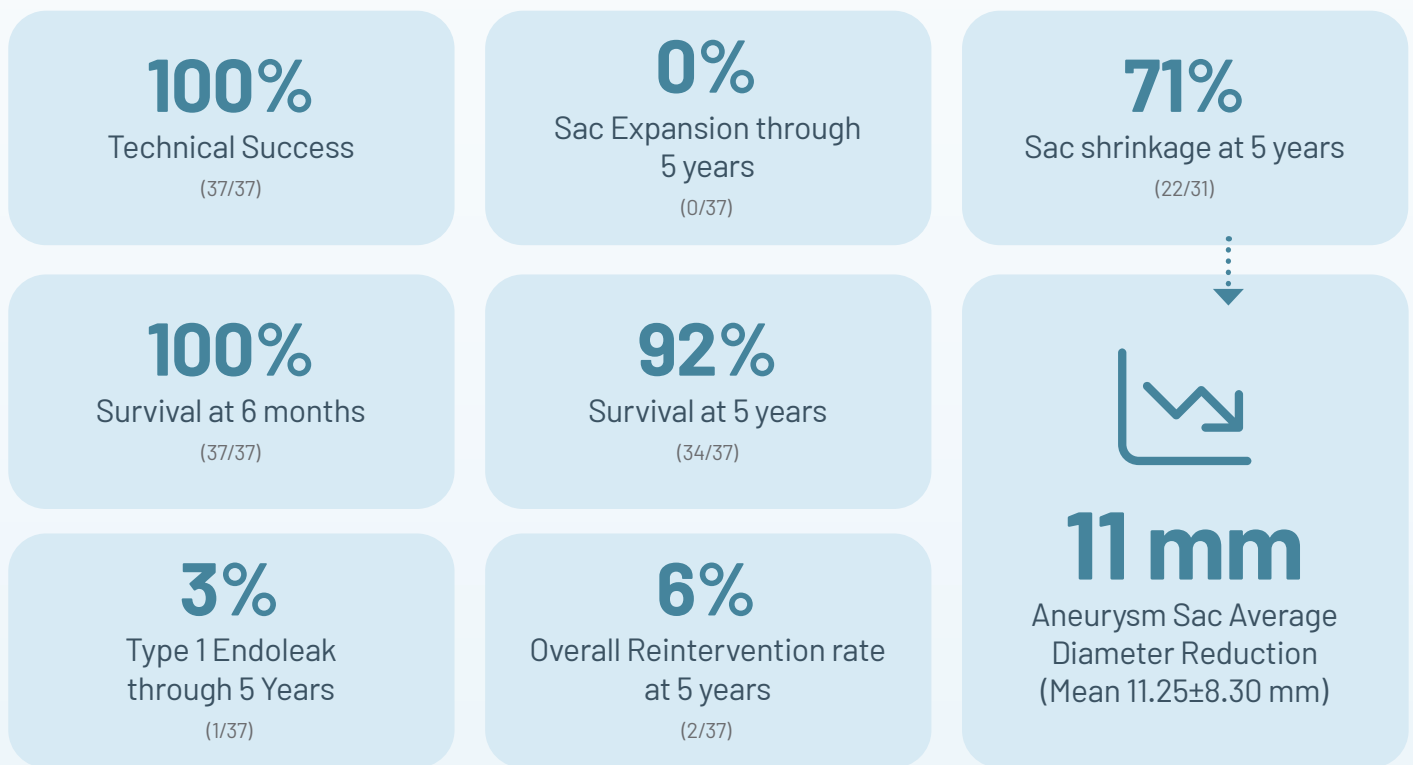
Show the long-term outcomes of endovascular aortic repair of both standard and hostile AAAs with the TREO® endograft.

**STUDY DESIGN**

**37** Patients **27** patients considered hostile anatomy



**RESULTS**



**CONCLUSION**

This case series contributes to the scientific validation of the TREO® abdominal aortic endograft over the long-term, focusing especially on its performance in treating AAAs with hostile anatomy.

TREO's 5-year outcomes confirm the optimal results previously reported at short- and mid-term follow-up.

## Summary of Results

## Clinical Study Summary Table

## RESULTS

	TIGER European Registry - 2 years <sup>3</sup>	TREGO® US IDE Study - 5 years <sup>4</sup>	Single Center Marone Study - 5 years <sup>7</sup>
Technical Success	<b>97%</b> (318/327)	<b>100%</b> <sup>5</sup> at index procedure (150/150)	<b>100%</b> (37/37)
Freedom from Device Related Mortality	<b>100%</b> (330/330)	<b>100%</b> (150/150)	<b>100%</b> (37/37)
Sac Regression	<b>N/A</b>	<b>61%</b> (43/70)	<b>71%</b> (22/31)
Freedom from Type I Endoleak	<b>98%</b> (323/330)	<b>97%</b> (145/150)	<b>97%</b> (36/37)
Freedom from Reintervention Rate	<b>94%</b> (310/330)	<b>89%</b> (134/150)	<b>94%</b> (35/37)

## TREGO® CLINICAL OUTCOMES SUMMARY

Across multiple data sources—including the TIGER European Registry, the TREGO® US IDE, and a 5-year single-center experience – TREGO® demonstrates consistently strong performance with high technical success, low aneurysm-related mortality, durable outcomes, and meaningful aneurysm sac regression over long-term follow-up.

These results reinforce TREGO® as a reliable EVAR platform designed to perform across a wide range of anatomies and clinical scenarios.

Versatile by Design. Fit for Any Anatomy.\*

\* Per IFU

## References

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2. Benchtop testing on file Terumo Aortic 2023.
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4. Eagleton MJ, et al. "Long-term safety and effectiveness of the TREO stent graft for the endovascular treatment of infrarenal abdominal aortic aneurysms." Journal of Vascular Surgery (2025) ; ISSN 0741-5214, <https://doi.org/10.1016/j.jvs.2025.08.032>.
5. TREO US IFU Rev D
6. Terumo Aortic US IDE Diameter Change, Data on File 2026
7. Marone et al. "Five-Year Outcomes of Endovascular Aortic Repair With the TREO Abdominal Endograft." Journal of Endovascular Therapy vol. 0, 0 (2023). doi:10.1177/15266028231170161



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