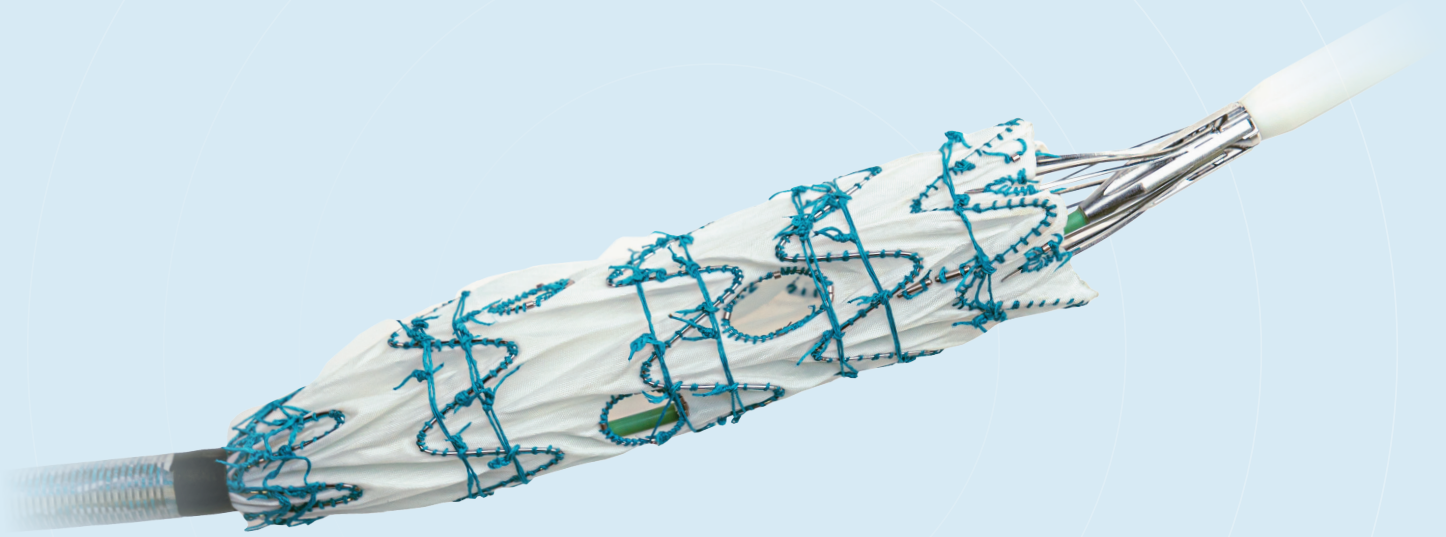
TERUMO AORTIC

CE MARKED



CLINICAL OUTCOMES

Fenestrated TREO®

When Experience Meets Evidence

Custom Solutions

FENESTRATED TREO®

The All-Encompassing Next Generation Fenestrated Endograft

Proximal Landing Zone

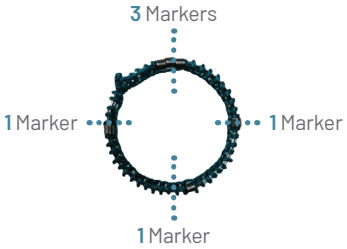
- **≥9 mm** length between proximal edge of the graft and first fenestration
- **20–32 mm** diameter
- **≤60°** angle relative to the axis of the suprarenal aorta
- **≤60°** angle relative to the long axis of the aneurysm

Distal (Iiac) Landing Zone

- **8–13 mm** inside diameter / ≥10 mm length
- **>13–20 mm** inside diameter / ≥15 mm length

* Distal aortic diameter (above the iliac bifurcation) ≥70% of the sum of the iliac limb graft diameters (not applicable for failed EVAR)

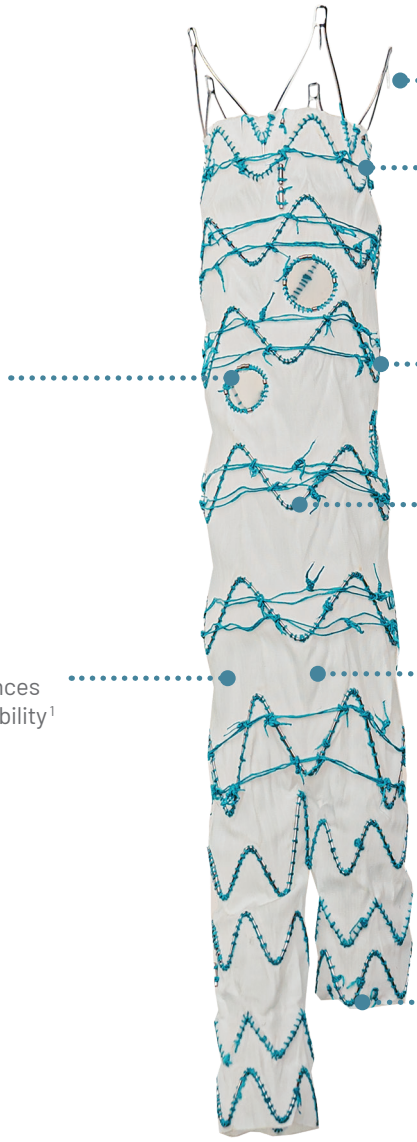
Design Goals: Enhanced Durability, Expanded Patient Applicability

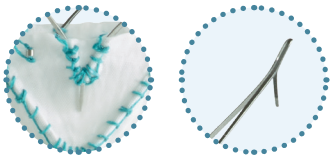


Fenestration Radiopaque Markers
for improved visualisation and alignment accuracy

Tightly Woven Material
Thrombogenic woven polyester enhances low profile, high strength, low permeability [1]

Distal Leg Clasp
- Provides improved proximal and distal control of the device, torque control and prevents premature deployment of the ipsilateral leg





Dual Active Fixation
Designed to ensure graft adheres to the aortic wall with supra and infrarenal barbs

Constraining Ties
Staged expansion with circumferential reduction ties supports fenestration alignment with the target vessel

Freedom to position stents and up to 6 fenestrations

Main body can allow up to 40mm of free space between stents for fenestration placement

Limb Stent Lock
Increased modular pull-out force [2]

Fenestrated TREO®
- Ability to axially and radially reposition graft while partially expanded
- Additional sealing stents can be added to provide a longer proximal sealing zone
- Ability to cannulate from above and below

1. Kester, R C. "The thrombogenicity of Dacron arterial grafts and its modification by platelet inhibitory drugs." *Annals of the Royal College of Surgeons of England* vol. 66,4 (1984): 241-6.
2. Benchtop testing on file Terumo Aortic 2023.

Custom Solutions

Midterm Results of Custom-Made Fenestrated TREO® Abdominal Stent-Graft in Endovascular Repair of Complex Abdominal Aortic Aneurysms [3]

STUDY DESIGN

4 Hospitals

High-Volume European Medical Centres

- Amsterdam, The Netherlands
- Utrecht, The Netherlands
- Genoa, Italy
- Barcelona, Spain

42 Patients

- 33 Juxtarenal Aneurysms
- 6 Infrarenal Aneurysms
- 3 Pararenal Aneurysms

149 Fenestrations

- 64% patients treated with 4 fenestrations device

17%

Patients had previous TEVAR/EVAR *(7/42)*

- Underscoring the challenging nature of this patient population

99%
Target Vessel Cannulation Success
148/149

81%
Patients treated with percutaneous approach
34/42

91%
Technical Success*
38/42

MID-TERM RESULTS

2-Years with median follow-up duration was 12.9 months

0%
Type Ia Endoleak
0/42

4.7%
Type Ib Endoleak
2/42

59%
Sac Shrinkage**
20/34

98%
Target Vessel Patency***
146/149

KEY FINDING

Fenestrated TREO® has shown high technical success, favorable mid-term survival, low rates of aneurysm related morbidity and mortality, and impactful sac shrinkage outcomes.

3. Cherchi, Manuela, *et al.* "Midterm Results of Custom-Made Fenestrated TREO Abdominal Stent-Graft in Endovascular Repair of Complex Abdominal Aortic Aneurysms." *Journal of Endovascular Therapy, 2026*, pp. 1-7, https://doi.org/10.1177/1526602826142507

* Technical success was defined as successful endovascular implantation of the stent graft with preservation of antegrade flow to the target vessels, and absence of type 1 or 2 endoleak (EL) at the first postoperative computed tomography angiography

** Any sac shrinkage. 16/34 subjects with >5mm

*** Branch stenosis or occlusions 3/149 all in one patient because of coagulation disorder

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Custom made devices are specifically made in accordance with a written prescription of any person authorised by national law by virtue of that person's professional qualifications; which gives (1) specific design characteristics provided under that person's responsibility and (2) is intended for the sole use of a particular patient exclusively to meet their individual conditions and needs. Custom made devices are not available in the US and availability is subject to local regulatory approval.

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