ENHANCE OUTCOMES AND DURABILITY

Aptus™ Heli-FX™ EndoAnchor™ System
TAILORED SEAL AND FIXATION
IN PRIMARY AND REVISION EVAR AND TEVAR CASES

Helical shaped EndoAnchor™ implants lock the endograft to the aorta and provide the ability to customize placement and address patient-specific needs.

- Confidently and rapidly target and seal Type I endoleaks
- Intraoperative endoleaks that occur upon endograft placement
- Late endoleaks that require treatment in a revision setting

Enhance durability to the level of a surgical anastomosis and address concerns for future complications

- In complex aortic necks:
  - Type I endoleaks are 4.5 times more likely to occur one year after EVAR in patients with complex aortic necks³
  - Aneurysm-related mortality is 9 times greater in patients with complex aortic neck anatomies⁵
  - When more than one hostile neck anatomical variable (short, conical, wide, and/or high angulation) is present, there is additional significant risk of mortality, major adverse events, intraoperative endoleaks, and adjunctive procedures⁶
- In long term repair regardless of anatomy:
  - Over time, the chance of complications increases for EVAR, overall⁷

ENDOANCHOR™ IMPLANT³

Helical shape
- 3.0 mm diameter × 4.5 mm length
- MPSSN-LT material; demonstrated durability, excellent radiopacity

Conical tip
- Atraumatic and nondamaging to compatible stent grafts

Crossbar
- Prevents over penetration

APPLIERS

Two-stage EndoAnchor™ deployment
- Allows placement confirmation and repositioning

Motorized controls, light panel
- Ease of deployment, guides user through each step

GUIDE

Deflectable tip
- Allows the user to position the EndoAnchor™ implant precisely to intended location in diverse and complex anatomies

16 F / 18 F profile
- Compatible with current EVAR and TEVAR procedures

Guide markers
- Ease orienting and positioning of Guide

Multiple deflection lengths
- Accommodate large range of aortic neck diameters

ENDOANCHOR™ FIXATION CASE REVIEWS

Primary AAA
- Used Prophylactically in Multi-Variate Complex Infra-Renal Neck Anatomy
- 80 year old male with 5.6cm AAA
- Proximal neck with reverse taper and angulation

Revision AAA
- Used to Treat a Delayed Type Ia Endoleak
- 72 year old female with 5.5cm AAA
- Final angio of primary EVAR demonstrated no endoleaks.

Primary TAA
- Used Prophylactically in Complex Proximal and Distal Neck Anatomies
- Patient with 7.5cm TAA
- Short proximal and distal necks

Revision TAA
- Used to Treat a Late Type Ia Endoleak
- At 5-year follow-up, loss of proximal seal observed due to disease progression and neck dilatation

1 Case images courtesy of Jeff Vialle, MD and John Anaya, MD, Yale New Haven Hospital
2 Case images courtesy of TDC Verhoeven, MD, FEND, Amsterdam, Germany
3 Case images courtesy of Michael A. DeBakey, MD and MCW Medical Center, Milwaukee, WI
4 Case images courtesy of Colin Bostock, MD and Northampton Hospital, MD, Ipswich College, London, UK
5 Bench Test Data on file at Medtronic. Data not indicative of clinical performance.

5 Based on average total duration for EndoAnchor™ fixation in “prophylactic EndoAnchor™ implantation” per ANCHOR August 2015 data set, data on file.
ADVANCE TREATMENT OF TYPE 1 ENDOLEAKS AND SIMPLIFY REPAIR OF COMPLEX ANATOMY

ESTABLISHED IN EVAR
- To date, more than 10,000 patients have been treated worldwide. 1
- Of these patients, 7 in 10 have been treated in a primary EVAR setting. 1
- EndoAnchor™ implant utilization from international, real-world experiences in the ANCHOR registry shows:
  - In the primary setting, 85% were treated prophylactically to address concerns for future complications and 15% were treated for intraoperative Type I endoleaks or endograft distal misdeployment. 1
  - Within one year of the index procedure in the primary setting, the rate of Type Ia endoleaks occurring was 4.2%.
  - Hostile aortic necks identified in the majority of patients (78% and 75%, respectively for prophylactic subjects in the primary arm and therapeutic subjects in the primary and revision arms). 3

WHEN CAN ENDOANCHOR™ IMPLANT BENEFIT YOUR PATIENTS?
SELECT SUBSET OF ENDOVASCULAR PATIENTS

EXISTING SEAL COMPLICATIONS
- Acute & late Type I endoleaks 1
- Type I endoleaks in urgent or ruptured EVAR
- Augmenting stability in migrated grafts 1

HIGHLY CHALLENGING ANATOMIES
- Irregularly shaped necks (short, wide, highly angulated, conical) 1
- Difficult landing zones 1

MITIGATING RISK FACTORS
- Severe comorbidities
- Patients potentially lost during F/U 3
- Long remaining life expectancy 1

ENDOGRAFTS USED, BY BRAND

50% Medtronic Endurant™
32% Gore Excluder™
14% Cook Zenith™
1% Jotec E™
4% Other

EVAR ORDERING INFORMATION

<table>
<thead>
<tr>
<th>AAA Components (mm)</th>
<th>Deflected Tip Reach (mm)</th>
<th>Recommended Neck Diameter (mm)</th>
<th>Working Length (cm)</th>
<th>GO (F)</th>
<th>Catalog Number</th>
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<tbody>
<tr>
<td>Heli-FX™ Guide, 22</td>
<td>22</td>
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<td>16</td>
<td>SG-64</td>
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</table>

TEVAR ORDERING INFORMATION

<table>
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<tr>
<th>TAA Components (mm)</th>
<th>Deflected Tip Reach (mm)</th>
<th>Recommended Neck Diameter (mm)</th>
<th>Working Length (cm)</th>
<th>GO (F)</th>
<th>Catalog Number</th>
</tr>
</thead>
</table>

  3 Presentation by Jordan WD. Managing Complex EVAR Cases. Results from the ANCHOR Registry, VIVA 2014.
SECURE YOUR PATIENT’S FUTURE

MINIMIZE RISK WITH PROVEN SAFETY

- Confirmed compatibility with Medtronic, Cook, Gore and Jotec endografts
- In more than 10,000 cases and an estimated over 50,000 EndoAnchor™ implants placed to date, no evidence of graft damage or late EndoAnchor™ dislocation or fracture
- Maximize the seal without expanding seal area, potentially avoiding risks associated with more complex procedures

ENABLE SIMPLE AND EFFECTIVE TREATMENT IN MORE COMPLEX CASES

- Strong follow-up results after prophylactic use in complex EVAR:
  - No ruptures, endograft migrations or open surgical conversions over mean 14 month follow-up (range 0-28 months)
  - High freedom from Type Ia endoleaks (98.5%) and AAA expansion (98.4%) in post-operative CT follow-up
  - EVAR with EndoAnchor™ system had substantially lower Type I endoleak rates as compared to EVAR alone (1.6% vs 9.8-11%)
- Effective in treating Type I endoleaks and maintaining seal:
  - High success in sealing intra-operative (83%) and late Type I endoleaks (80%), at final angiography
  - High success in preventing further complications after treatment of:
    - Intra-operative Type Ia endoleaks (97% freedom from proximal seal complications at 15 month mean follow-up)
    - Late Type Ia endoleaks (91% freedom from proximal seal complications at 17 month mean follow-up)
    - Late Type I endoleaks with endograft migration (95% freedom from proximal seal complications at 16 month mean follow-up)

DELIVER RAPID BAILOUT FOR TYPE I ENDOLEAK

- In patients with ruptured aneurysms or at high risk for rupture, confidently and quickly target and seal Type I endoleaks:
  - Implant with minimal time: reported average EndoAnchor™ implantation time in urgent and emergency EVAR is 15 minutes

ENHANCE DURABILITY TO THE LEVEL OF A SURGICAL ANASTOMOSIS AND ADDRESS CONCERNS FOR FUTURE COMPLICATIONS

DISPLACEMENT FORCE IN NEWTONS

No EndoAnchor™ implants 4-6 EndoAnchor™ implants

1 Data on file at Medtronic as of July 2016
2 If the Instructions for Use for the EndoAnchor™ implant state that use with Talent and Valiant endografts is contraindicated, this statement applies.
4 Podium presentation by Jordan WD: Benefit of EndoAnchors in Endovascular Aneurysm Repair. 2014 Vascular Annual Meeting for SVS
7 Abstract presentation on EndoAnchor™ in Urgent EVAR by Peter Schneider at the VIVA late-breaking sessions, 2014

* Third party brands are trademarks of their respective owners.
2. Presentation on EndoAnchor in Urgent EVAR by Dr. Peter Schneider at VIVA late-breaking clinical trials, 2016.