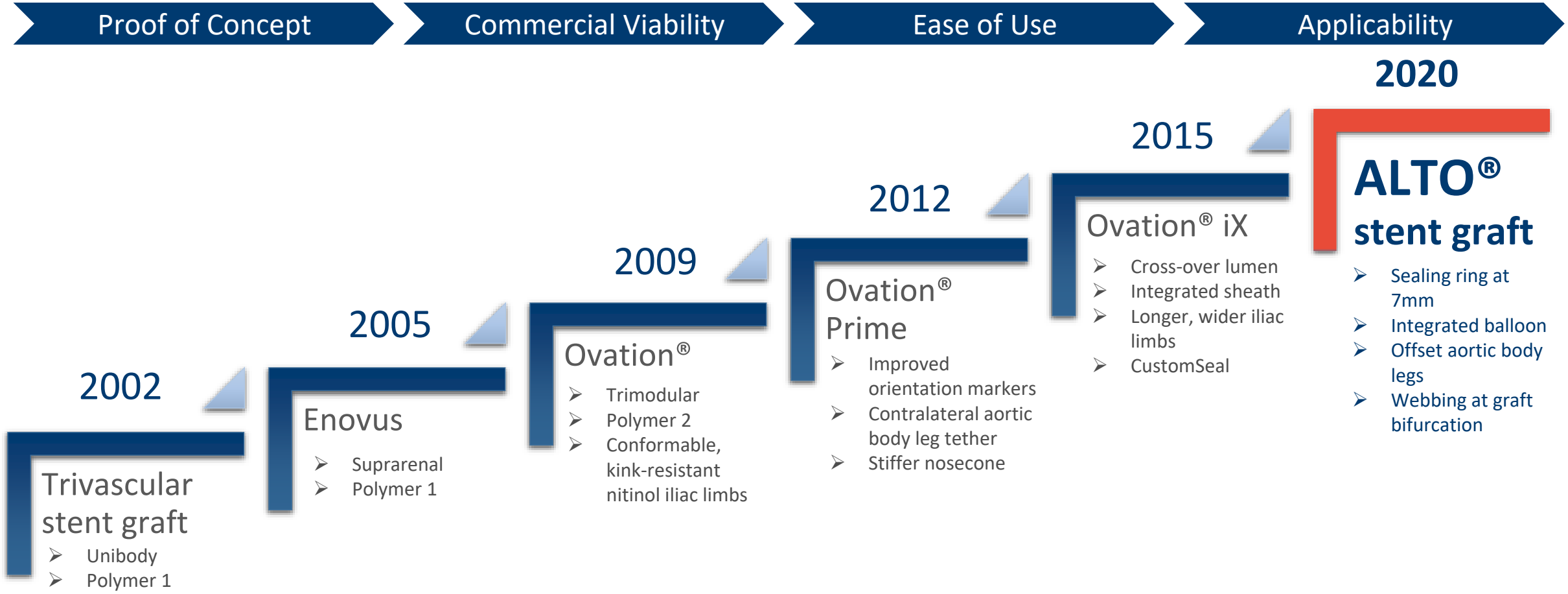
Endologix

Broadest indication.
Durable sealing technology.

ALTO® Abdominal Stent Graft System

Shaping the Treatment of Vascular Disease

The ALTO stent graft represents 20 years of evolution and refinement

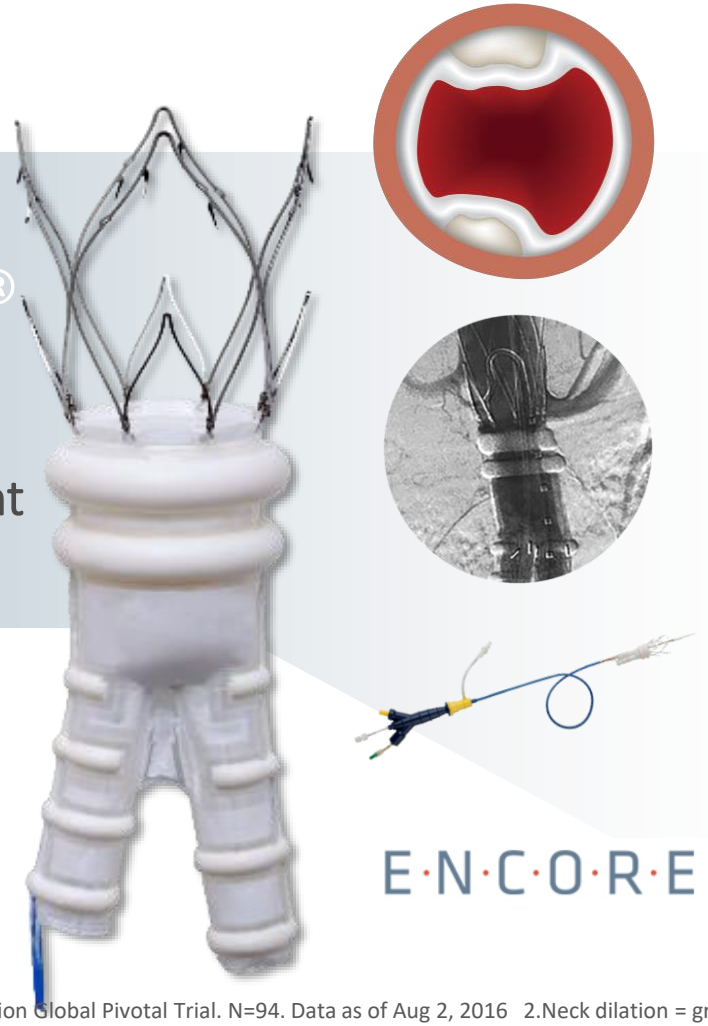


Confidence to treat more AAA patients on-label

Endologix

ALTO®

Abdominal Stent Graft System



E·N·C·O·R·E

ADAPTIVE SEALING TECHNOLOGY (AST)

Creates a personalized seal for every patient's unique anatomy

Results in stable neck diameters out to 5 years[1,2]

7MM NECK INDICATION

Enables on-label treatment of widest range of infrarenal neck anatomies

Ensures a precise seal in the healthiest tissue closest to renal arteries

LOWEST-PROFILE DEVICE ON THE MARKET WITH INTEGRATED FEATURES

Low profile sheath facilitates percutaneous delivery of the ALTO stent graft

13F ID/15F OD delivery system integrates sheath, compliant balloon, and crossover lumen

5-YEAR PROVEN CLINICAL OUTCOMES

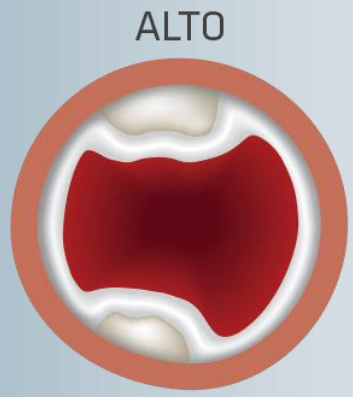
ENCORE demonstrates favorable[3] midterm durability at 5 years

1.Core Lab evaluation, Ovation Global Pivotal Trial. N=94. Data as of Aug 2, 2016 2.Neck dilation = growth > 3mm at 10mm, 13mm, and 15mm below renals 3. Favorable midterm durability at 5 years is evidenced by successful aneurysm exclusion and low aneurysm-related mortality, Swerdlow et al. J Vasc Surg. 2020; 71: 1528-1537.

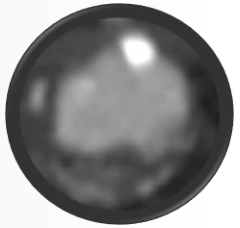
The ALTO® Abdominal Stent Graft System and associated components are not available in all countries or regions. Please contact your Endologix representative for details regarding product availability. Prior to use, refer to Instructions for Use for more information concerning Indications, Contraindications, Specific Anatomic Considerations, Warnings, Precautions, and Adverse Events. Rx only. MM2229 Rev 04

AST adapts to each patient's unique anatomy

- Adaptive sealing technology creates an effective seal around vessel wall, conforming to the patient's native anatomy
- Eliminates chronic radial force in the seal zone*, resulting in stable neck diameters out to 5 years[1,2]



Pre-operative CT illustration of an aortic neck with significant calcium and thrombus



17-month follow-up CT illustration of an aortic neck with sealing ring conforming to irregular surface, **creating a patient-specific seal**

*A seal zone for ALTO is defined as a location 7mm down for the lowest renal, with a lack of significant calcium or thrombus and a neck conicity <10%
1. Core Lab evaluation, Ovation Global Pivotal Trial. N=94. Data as of Aug 2, 2016 2. Neck dilation = growth > 3mm at 10mm, 13mm, and 15mm below renals.
Images courtesy of Jennifer Ash, MD, Christie Clinic, Champaign, Illinois.

On-label treatment of the broadest range of patients

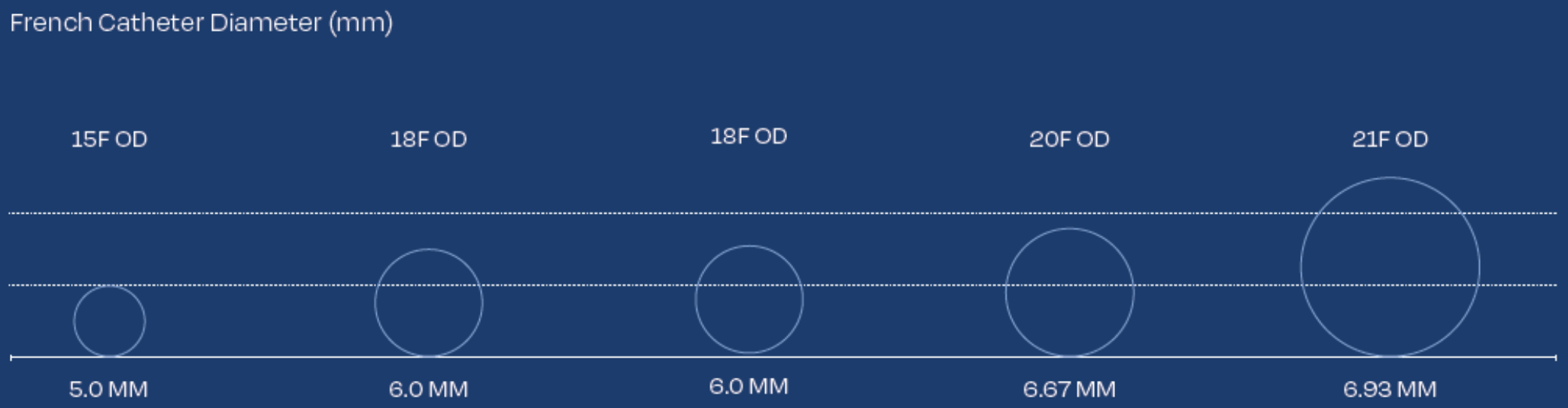


Diagram above is not to scale. French ODs are for illustrative purposes only.

† M2S analysis of ~44,000 measuring patient applicability based on IFU and vessel access parameters. Traditional AAA defined as proximal neck length >= 10mm. Comparison of devices without adjunct or ancillary devices.

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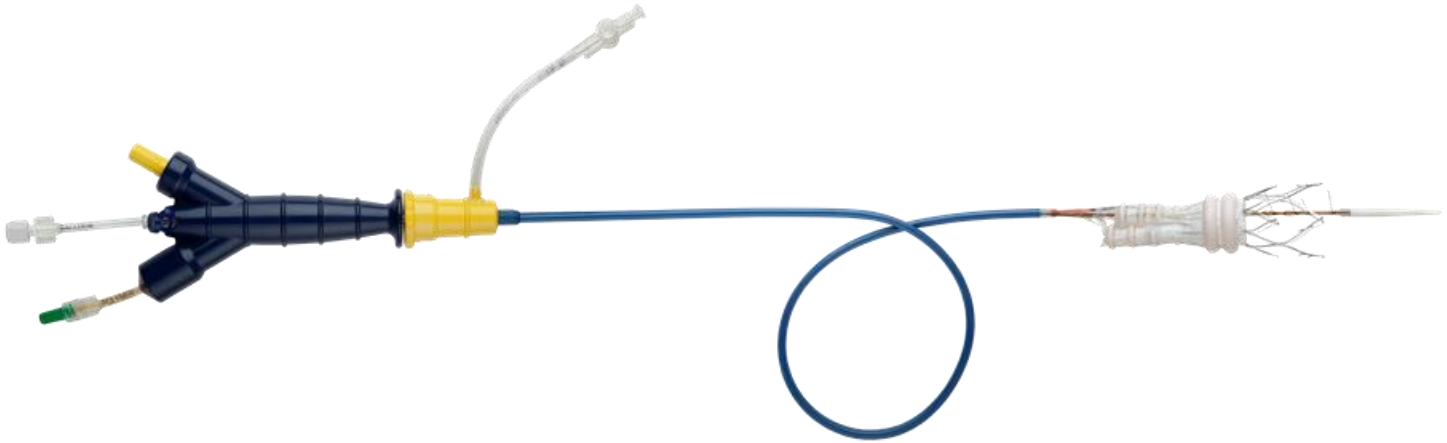
7mm neck indication treats wider range of patients

- The ALTO stent graft treats infrarenal neck lengths as short as 7mm and ≤60° juxtarenal angulation without adjunctive devices
- Seals in healthy tissue closest to renal arteries
- Indicated to treat a broad range of anatomies:
  - Challenging necks
  - Large necks
  - Short necks
  - Calcified aortic necks
  - Thrombus laden necks ≤8mm
  - Infrarenal angulated aortas

Lowest profile AAA device on the market

- Low profile sheath facilitates percutaneous delivery of the ALTO stent graft, shown to reduce access site complications
- Optimized for challenging anatomies
- Delivery system becomes a 13F ID sheath for ancillary device delivery and enables predictable procedures



Simplify procedure with integrated balloon

- Integrated compliant balloon enables time-saving interoperative deployment
- Optimizes molding of the sealing ring
- Provides stable inflation, helps retain wire position, and reduces the need for wire exchanges
- Minimizes need for ancillary products, like off-the-shelf occlusive balloons

Crossover lumen facilitates reliable gate access

- Proprietary crossover lumen allows easy cannulation
- Reduced ancillary device usage
- Reliable and simplifies contralateral gate access
- Offset legs enhance visibility for retrograde cannulation

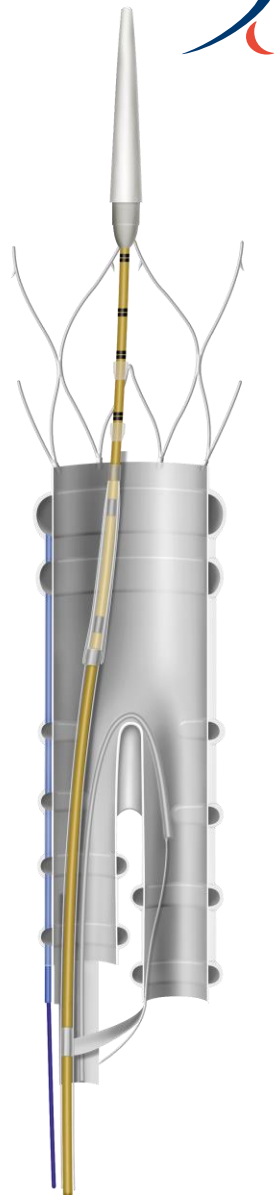
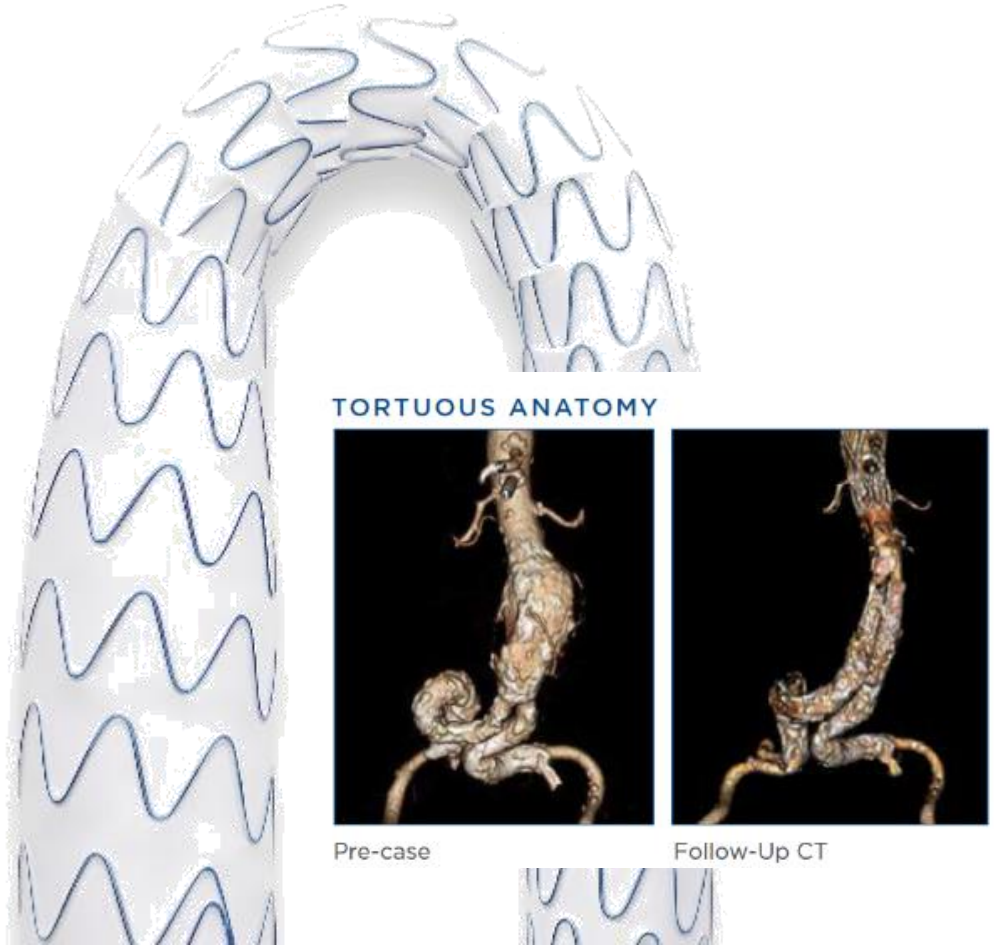


Image shown is a cross-sectional view of the ALTO stent graft displaying the crossover lumen.

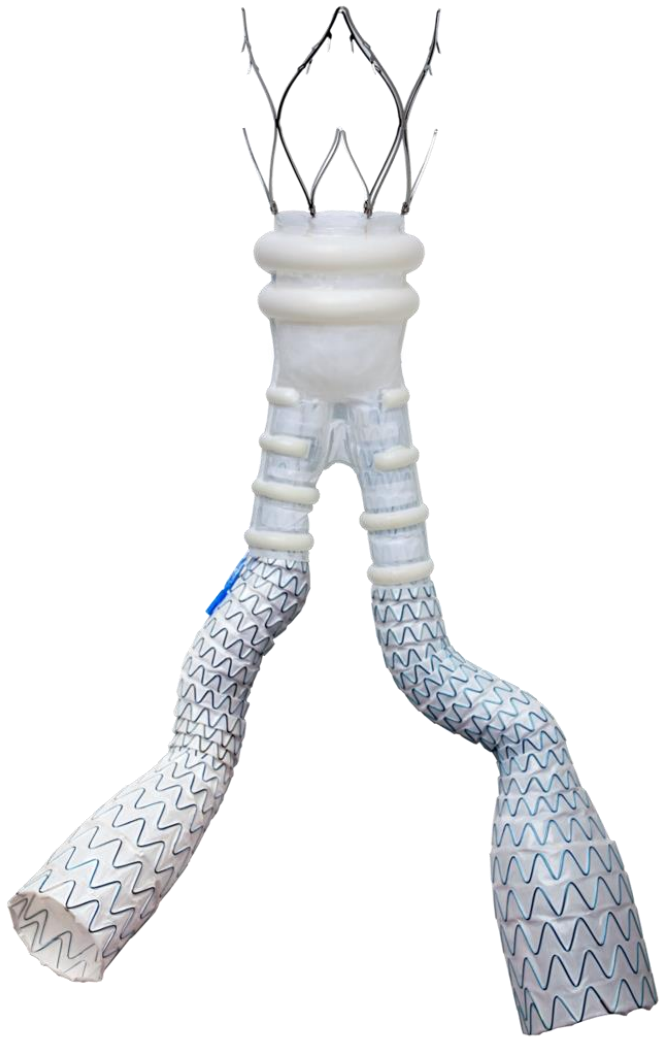
Highly conformable iliac limbs

- Engineered to inhibit thrombosis and limb occlusions
  - ➢ 1.9% limb occlusion rate at one year[1]
- PTFE iliac limbs with helical nitinol architecture provide exceptional flexibility and minimal luminal encroachment
- Enhanced kink resistance in the most tortuous anatomies



1. ENCORE Data Cut: March 20, 2019

Demonstrates favorable midterm durability



E·N·C·O·R·E

POLYMER EVAR-OVATION®

Modern, Systematic Evidence Base of 1,296 patients

Pooled, retrospective analysis of six trials demonstrate favorable* midterm durability at five-years

- 99.3% FF AAA-Related Mortality
- 95.7% FF Type IA Endoleak
- 99.5% FF Rupture
- 98.6% FF Conversion
- 90.2% FF Device-Related Reintervention

The ENCORE analysis pools data using a March 20, 2019 data cut.

*Favorable midterm durability at 5 years is evidenced by successful aneurysm exclusion and low aneurysm-related mortality, Swerdlow et al. J Vasc Surg. 2020; 71: 1528-1537.

ENCORE includes results from a real-world patient population. 3% of patients had neck characteristics beyond the FDA-approved anatomic IFU. Safety and effectiveness of Ovation and ALTO when used outside the IFU have not been established.

INDICATIONS FOR USE: The ALTO® Abdominal Stent Graft System is indicated for treatment of patients with infrarenal abdominal aortic aneurysms having the vascular morphology suitable for endovascular repair with the device, which includes the following:

- Adequate iliac/femoral access compatible with vascular access techniques (femoral cutdown or percutaneous), devices, and/or accessories,
- A proximal aortic landing zone for the sealing ring 7 mm below the inferior renal artery.
- An aortic sealing zone comprised of healthy aorta defined as:
    - Lack of significant thrombus > 8 mm in thickness; at any point along the aortic circumference at the level of 7mm below the inferior renal artery,
    - Lack of significant calcification at the level of 7 mm below the inferior renal artery,
    - Conicity < 10% as measured from the inferior renal artery to the aorta 7 mm below the inferior renal artery,
    - An inner wall diameter of no less than 16 mm and no greater than 30 mm at 7 mm below the inferior renal artery, and
    - An aortic angle of ≤ 60 degrees
- A distal iliac landing zone:
    - With a length of at least 10 mm, and
    - With an inner wall diameter of no less than 8 mm and no greater than 25 mm.

CONTRAINDICATIONS: The system is contraindicated for use in patients who have a condition that threatens to infect the graft and in patients with known sensitivities or allergies to the device materials including polytetrafluoroethylene [PTFE], polyethylene glycol [PEG]-based polymers, contrast agents, fluorinated ethylene propylene [FEP], titanium, nickel, platinum, or iridium.

Refer to Instructions for Use for more information concerning Indications, Contraindications, Specific Anatomic Considerations, Warnings, Precautions, and Adverse Events.

CAUTION: Federal (USA) law restricts this device to sale by or on the order of a physician.

NOTE: Not all product components are available in every country. Please consult with your Endologix representative to confirm product availability.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