### ROOM 1 - MAIN ARENA 1

**Friday, January 29, 2016**

<table>
<thead>
<tr>
<th>Time</th>
<th>Event</th>
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<tbody>
<tr>
<td>09:00 - 12:30</td>
<td><strong>Critical issues and pioneering solutions in aortic endografting</strong></td>
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<td><strong>Moderators:</strong> A. Stella, M. Malina</td>
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<td><strong>Summary of current techniques and results</strong> F. Criado</td>
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<td><strong>Nexus aortic arch stent-graft system: early results of the on-going studies</strong> M. Lachat</td>
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<td>09:54 - 10:01</td>
<td>Experience with the new Thoraflex graft for aortic arch replacement F. W. Mohr</td>
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<td>10:01 - 10:08</td>
<td>How to overcome obstacles in treating chronic aortic dissections? T. Larzon</td>
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<td>10:08 - 10:15</td>
<td>Open and endovascular treatment of Lusorian artery M. Jacobs</td>
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<td>10:15 - 10:45</td>
<td><strong>Live case transmission from Leipzig</strong></td>
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<td>10:45 - 10:52</td>
<td>Challenging endovascular treatment of Lusorian artery PAU S. Seifert</td>
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<td>10:52 - 10:59</td>
<td>Minimal invasive segmental artery coil embolization to prevent spinal cord ischemia after EVAR of TAAA D. Branzan</td>
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<td>10:59 - 11:06</td>
<td>Homografts for mycotic aneurysms and infected grafts: summary of techniques and outcomes O. Richter</td>
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<td>11:13 - 11:20</td>
<td>2 in 1 stentgraft to reduce aortic coverage in T-Branch P. Kasprzak</td>
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<td>11:20 - 12:00</td>
<td><strong>Live case transmission from Münster</strong></td>
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<td>12:00 - 12:30</td>
<td>Discussion and conclusion</td>
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</table>
Disclosure

Speaker name: Mario LACHAT

Clinical proctor & PI FIM NEXUS study Endospan
Nexus™ Delivery System

Nexus™ low-profile 20Fr delivery system makes this EVAR option available for a wide range of patients.

Hydrophilically coated
Innominate branch

Module 1
Module 1

Ascending fenestration.
Module 2
± Supraaortic Fenestration
Implantation technique

Trough & Trough GW
20 Fr sheath
Implantation technique

Trough & Trough GW
20 Fr sheath
H.B.S – Nx_can_#14

Ø BCA – 14/17/20 mm

L BCA – 30/40 mm

NO LCC fenestration

L DESC – 180 mm

Ø DESC – 32/36/40/44 mm
Customization
Challenging Zone 0

CC Patient from N. Mangialardi
CC Patient from N. Mangialardi
Latex modell
Individual Proof of Feasibility
Review of strategy
Angles pre-registration on WS
Perfused Model
Registration/fusion
In situ Simulation
Procedure “déjà vu”
Procedure “déjà vu”
Implantation sites (6)

- Montreal, Canada (Cherrie ZA)
- Hradec Kralove, Czech Republic (Raupach J)
- Zurich, Switzerland (Lachat M)
- Rome, Italy (Mangialardi N)
- Modena, Italy (Coppi G)
- Toronto, Canada (Lindsay T)

- **FIM Study**: limited to study centers
- **Compassionate Case**: free submission
N (14)
Management of SA truncs (14 patients)

- Rerouting Z0 (1)
- SA bypass (14)
- Periscopes (6)
# Nexus™ FIM Study (6) & Compassionate Cases (8)

## One year – Clinical/radiological Outcomes

<table>
<thead>
<tr>
<th>Events</th>
<th># of Patients</th>
<th>Details</th>
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<tbody>
<tr>
<td>Technical success</td>
<td>14/14</td>
<td>5 Nexus with carotid fenestration (36%)</td>
</tr>
<tr>
<td>Death</td>
<td>2/14</td>
<td>FIM #1: 11 days post implantation, due to respiratory decompensation and MOF</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Compassionate #3: 2 days post implantation, due to MI</td>
</tr>
<tr>
<td>Stroke</td>
<td>Stroke 4/14</td>
<td>FIM #1: left side hemiparesis</td>
</tr>
<tr>
<td></td>
<td>Permanent deficits 0/14</td>
<td>FIM #5: right arm paresis</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Compassionate #1: right side hemi-syndrome</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Compassionate #4: right arm paresis</td>
</tr>
<tr>
<td>Spinal Cord Ischemia</td>
<td>1/14</td>
<td>Compassionate #4: CSFD post implantation, recovered</td>
</tr>
<tr>
<td>Endoleak type Ia or III (&gt; 30-day)</td>
<td>1/12</td>
<td>Compassionate #2: Type III Endoleak at 3 month follow up, In addition 2/13 Type Ib (gutters of PG)</td>
</tr>
</tbody>
</table>
Nexus™ FIM Study (6) & Compassionate Cases (8)
One year – Clinical/radiological Outcomes

<table>
<thead>
<tr>
<th>N. at risk/ Months</th>
<th>0</th>
<th>4</th>
<th>8</th>
<th>12</th>
</tr>
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<tr>
<td>FIM</td>
<td>6</td>
<td>4</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Compassionate</td>
<td>8</td>
<td>4</td>
<td>4</td>
<td>3</td>
</tr>
<tr>
<td>Overall</td>
<td>14</td>
<td>8</td>
<td>6</td>
<td>3</td>
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CONCLUSIONS - NEXUS

Advantages

- **Off-the Shelf** device
  - Potentially fits most arch anatomies
  - CM option(s)
- “**Low”**-profile sheath
  - 20 F for up to 45mm stent-graft
- **T&T** technique allow **accurate positioning/adjustment**
  - Minimum of manipulations in arch
Thank You!
**Critical issues and pioneering solutions in aortic endografting**

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**Panel:** T. Nolte, R. Chiesa, W. Ritter, T. Larzon, F. Criado, M. Jacobs

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  - F. Criado

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- **10:59 - 11:06** Homografts for mycotic aneurysms and infected grafts: summary of techniques and outcomes  
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- **11:06 - 11:13** Long-term follow-up of semi-conservative treatment of mycotic aneurysms and graft infections: Is radical surgery really justified?  
  - M. Malina

- **11:13 - 11:20** 2 in 1 stentgraft to reduce aortic coverage in T-Branch  
  - P. Kasprzak

- **11:20 - 12:00** Discussion and conclusion

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