

RELAY[®] PRO

THORACIC STENT-GRAFT SYSTEM

Uniquely Inspired
for Ideal Placement



Confidence with On-Label Treatment of all Pathologies of the Descending Thoracic Aorta

Relay®Pro is indicated for the endovascular repair of all lesions of the descending thoracic aorta in patients having appropriate anatomy

- ▶ FDA approved for **Aneurysm** and **PAU** in 2021
- ▶ FDA approved for **Dissection** and **Transection*** in 2023

* The 22mm diameter device is only indicated for Transection

100%
1: 110/110
2: 56/56

Technical Success^{1,2}

98.9%
109/110

Freedom from aneurysm expansion through 12 months¹

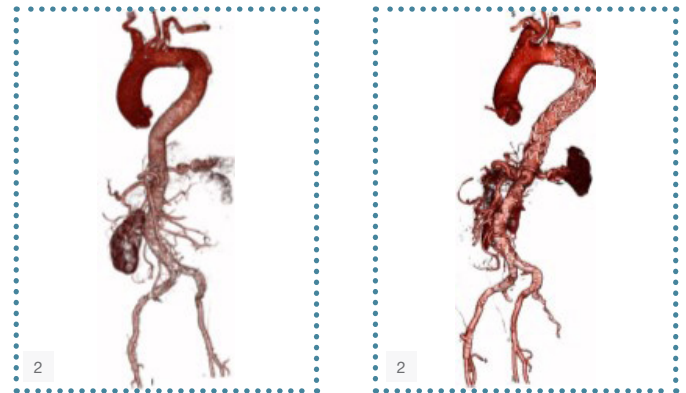
95.7%
45/47

Absence of false lumen perfusion through 30 days²

1 - Thoracic Aortic Aneurysm and Penetrating Atherosclerotic Ulcer Cohort
2 - Acute Complicated Type B Aortic Dissection Cohort; False lumen perfusion through the primary intimal tear



Patient with a type III arch and descending thoracic aortic aneurysm: on the left, preoperative CT 3-dimensional reconstruction shows a 58-mm aneurysm with proximal landing zone in the distal arch; on the right postoperative CT scan shows conformability of 2 Relay®Pro NBS devices.



On the left, preoperative volume rendered scan of a patient with an acute, complicated type B aortic dissection. On the right, volume-rendered follow-up scan at 2 years shows successful repair with 2 Relay®Pro NBS deployed distal to the left subclavian artery.

1. Szeto et al. – 2022 - One-Year Results with a Low-Profile Endograft in Subjects with Thoracic Aortic Aneurysm and Ulcer Pathologies, The Journal of Thoracic and Cardiovascular Surgery
2. Rossi et al. – 2024 - One-Year Results of a Low-Profile Endograft in Acute, Complicated Type B Aortic Dissection, The Annals of Thoracic Surgery
3. Kreibich, M et al. – 2020 - Aortic reinterventions after the frozen elephant trunk procedure, The Journal of Thoracic and Cardiovascular Surgery

Thinking Ahead with On-Label Endovascular Extension

Only On-Label Option to Extend Thoraflex™ Hybrid

If the lesion requires use of a distal extension, only a Relay® NBS configuration should be used.

Up to 33% of FET repairs need a future downstream intervention^{3^A}

“Though TEVAR extension is often required after FET, it is a safe and effective procedure with excellent postoperative outcomes in the short-, mid-, and long-term and allows successful treatment of complex aortic pathologies. Rigorous and specialized follow-up after FET is central to identify the right moment to intervene”⁴

Post-Operative Outcome after TEVAR extension:⁴

22.7%

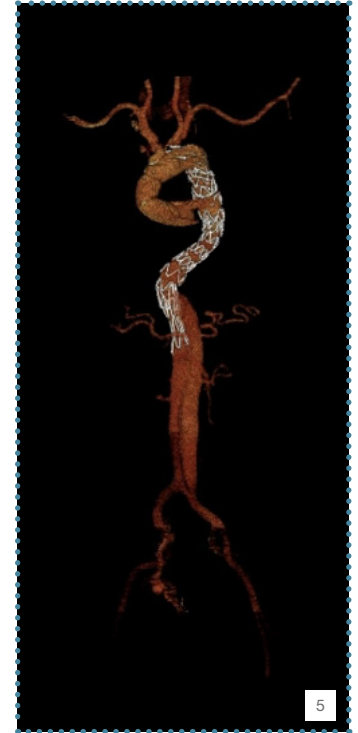
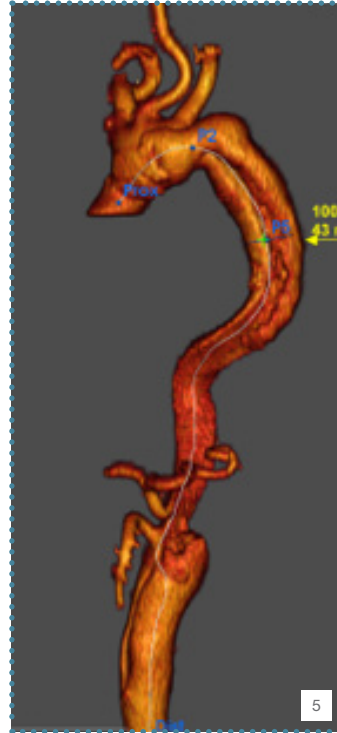
Need for further TEVAR Procedure
27/119

1.7%

In Hospital Death (intraoperative)
2/119

0%

Spinal Cord Ischaemia
0/119



44 yo, with acute type A aortic dissection repaired with Thoraflex™ Hybrid , extended with Relay®Pro NBS thoracic stent graft system

EXTEND

A global post-market study to evaluate the Thoraflex™ Hybrid device with and without Relay®Pro NBS distal extension



WATCH ON VUMEDI
2nd Stage TEVARing with Thoraflex™ Hybrid: Staying on Label at all Times

^A Reinterventions included endovascular, open surgery or hybrid approaches. Note the Thoraflex™ Hybrid is ONLY indicated for treatment in cases of aneurysm and/or dissection. The Relay®Pro device has not been evaluated in patients with connective tissue disease (e.g. Marfan's syndrome), is not indicated for coarctation and is only indicated for the DTA. Please refer to the device IFUs for complete indications, contraindications, warnings and precautions.

4. Di Marco et al. - 2023 - Staging TEVAR after FET - An exception or the rule?

5. Case images courtesy of Prof. Wilson Szeto, Cardiovascular Surgery, Penn Presbyterian Medical Center, <https://www.vumedi.com/video/2nd-stage-tevaring-with-thoraflextm-hybrid-staying-on-label-at-all-times/>



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