We Have to Face the Reality

- Technology continues to drive towards less invasive solutions
- Payers and hospitals demand better resource utilization and demand to find a way to reduce the cost of the procedure

Least invasive Fast-Track EVAR (LIFE) Registry

Primary Objective of the LIFE Registry is to demonstrate the clinical and cost benefits associated with the ultra-low profile (14F) Ovation Abdominal Stent Graft platform under the least invasive conditions defined in the Fast-Track EVAR protocol:

- Percutaneous FA Access and repair ProGlide in a pre-close fashion
- No General Anesthesia
- No ICU Admission
- Next-day Discharge

PEVAR Trial

ProGlide Technical Success was 94%

<table>
<thead>
<tr>
<th>Procedure</th>
<th>PEVAR (N=50)</th>
<th>SEVAR (N=50)</th>
<th>Difference</th>
<th>p-value</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technical Success</td>
<td>94% (47/50)</td>
<td>94% (47/50)</td>
<td>0%</td>
<td>1.0000</td>
</tr>
<tr>
<td>Procedure Time (mins)</td>
<td>135 ± 54.9</td>
<td>141.1 ± 73.4</td>
<td>6.0</td>
<td>0.0056</td>
</tr>
<tr>
<td>Time to Hemostasis for Ipsilateral Access (mins)</td>
<td>9.8 ± 17.6</td>
<td>22.7 ± 22.9</td>
<td>-12.9</td>
<td>0.0023</td>
</tr>
</tbody>
</table>

LIFE Registry-Fast Track EVAR (local anesthesia, perc. approach, next day discharge)

Successful Bilateral PEVAR with ProGlide 97% (242/250)
30 Day Post EVAR Hospital Readmissions

- Median EVAR readmission cost $17,700 (if for graft occlusion) to $23,600 (for endoleak)
- Cost drivers are need for additional surgeries, ICU services, and length of stay

**LIFE readmission rate is 5x less than contemporary EVAR reports**

<table>
<thead>
<tr>
<th></th>
<th>EVAR Cases (N)</th>
<th>EVAR Time Period</th>
<th>Unplanned 30d Readmission</th>
<th>Operation during Readmission</th>
</tr>
</thead>
<tbody>
<tr>
<td>Gupta 2014</td>
<td>2369</td>
<td>2011</td>
<td>7.9%</td>
<td>28%</td>
</tr>
<tr>
<td>Chen 2016</td>
<td>3886</td>
<td>2012-2013</td>
<td>8.1%</td>
<td>-</td>
</tr>
<tr>
<td>LIFE Registry</td>
<td>250</td>
<td>2015-2016</td>
<td>1.6%</td>
<td>0%</td>
</tr>
</tbody>
</table>

**Vascular Surgery - Life Readmission Rate**

- 30 Day Post EVAR Hospital Readmissions
- LIFE Registry-Fast Track EVAR (local anesthesia, percutaneous approach, next day discharge)

**Real Life Experience With FA Repair Using ProGlide (Pre-close) vs. Surgical Repair**

- Abbott initiated retrospective study utilizing IBM® Explorys data from IBM Watson Health™
Percutaneous FA repair with ProGlide vs. Surgical FA Repair
  - Longitudinal data for~55 mil US pts since 2012-2016
  - Matched cohorts
  - Multivariate regression analysis controlled for baseline

**COST-ANALYSIS: Length of Stay, Multivariate Model**

- While controlling for index procedure, age, and gender, length of stay was a significant predictor of costs, each day was associated with a 4% increase in total cost for the hospitalization (p<0.05).

**Pericutaneous FA Access and Repair for LBC provides benefits across the whole health care delivery spectrum**

- **Patient Benefits**
  - Minimally Invasive
  - Avoid GA complications
  - Less blood loss
  - Fewer groin complications
  - Less pain
  - Quicker recovery time

- **Physician Benefits**
  - Quicker procedure
  - No anesthesia delay
  - Patient satisfaction
  - Improved efficiency

- **Hospital Benefits**
  - Patient satisfaction
  - Lower infection rates
  - Lower cost
  - Less blood transfusion
  - Improved efficiency

**Physician Benefits**

- **Predicted difference** $14,687
- **Predicted difference** $20,599

**Hospital Benefits**

- **Predicted difference** $25,000

**Physician and Hospital Benefits**

- **Predicted difference** $14,687
- **Predicted difference** $20,599
- **Predicted difference** $25,000

**As reported by multiple publications**
THANK YOU