

Update on Optimal Bridging Stentgrafts for F/BEVAR: Advantages and Disadvantages of BeGraft, BeGraft PLUS and Advanta V12 (iCAST) Experience with more than 2000 Target Vessels



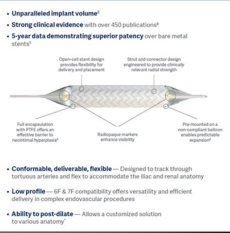
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Disclosures

- William Cook Europe/Cook Inc.
 - Consultant & Research Grants
- Getinge
 - Consultant
- Bentley
 - Part of “Early Launch” Group of the BeGraft PLUS
 - PI of the on-label study BeGraft in FEVAR
 - Consultant

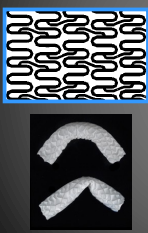
Advanta V12-ICAST (Getinge)

- For more than 15 years, the Advanta V12 balloon expandable covered stent has been trusted by physicians for its proven and reliable outcomes
- Available lengths: 22, 32, 38, 59mm
- Profile: 7F



- **Unparalleled implant volume!**
- **Strong clinical evidence** with over 400 publications!
- **5-year data demonstrating superior patency** over bare metal stents!
- **Conformable, deliverable, flexible** – Designed to track through tortuous anatomy and flex to accommodate the flex and renal anatomy.
- **Low profile** – 6F, 7F compatibility offers versatility and efficient delivery in complex endovascular procedures.
- **Ability to post-dilate** – Allows a customized solution to complex anatomy.

Evolution Advanta V12-ICAST (Getinge) New open cell stent design/Crimping Process on Balloon



- Increased flexibility
- Greater radial strength
- Lower recoil
- Lower crossing profile
- Higher stent retention
- Smooth inner surface

Nuremberg Experience with Advanta V12 (2010-2020)


- TAAA: N=426
 - Advanta V12: N=1202 (76.3%)
- Pararenal: N=582
 - Advanta V12: N= 1258 (92.3%)
- IBD: N= 130 (154 IBDs)
 - Advanta V12: N=123 (76.6%)

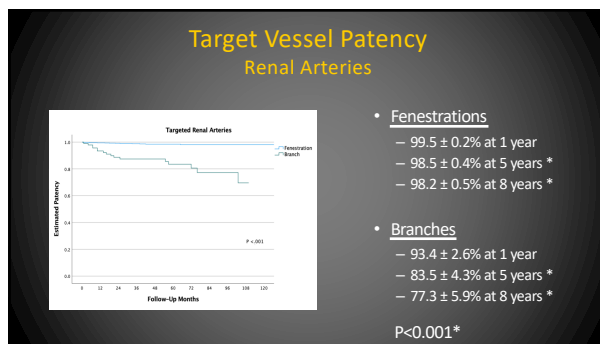
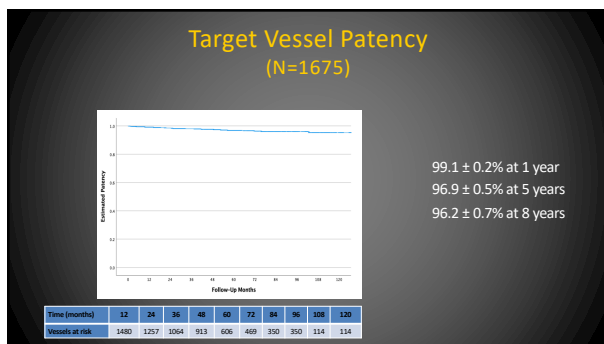
Total Advanta V12: 2583/3104 (83.2%)

Nuremberg Experience with Advanta V12 (Patients with FU in Nuremberg)

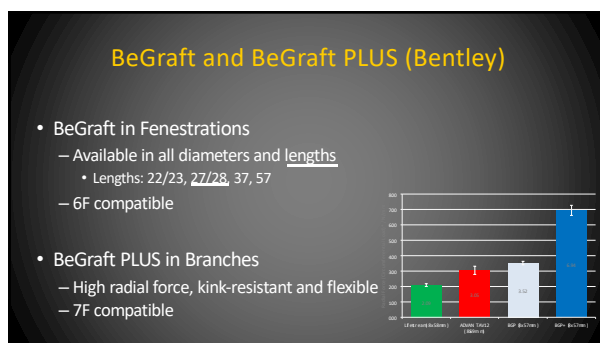
- TAAA: N= 231
- Pararenal: N= 405

**Total Advanta V12: 1702
(1675 target vessels)**

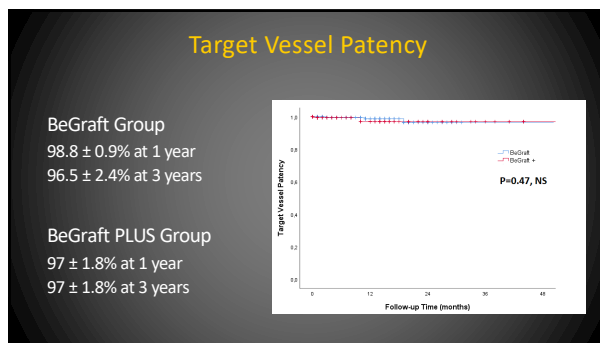


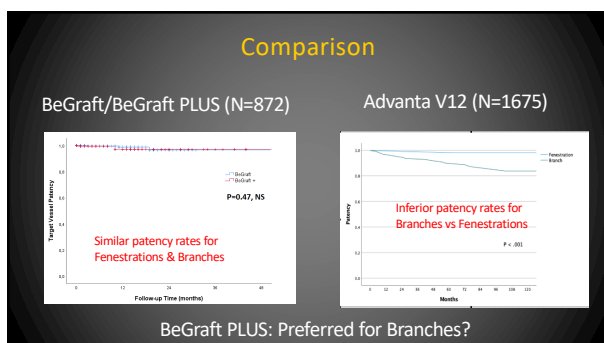


- ### BeGraft and BeGraft PLUS (Bentley)
- Clear interest in development of dedicated covered stents for Fenestrations and Branches
 - Factory in Germany
 - Reliable Logistics/Large Variety of Lengths



- ### BeGraft & BeGraft PLUS Nuremberg Experience (2017-2024): N=1548
- (Paper accepted by EJVES)
- BeGraft: N= 669**
 - F/BEVAR: 624
 - IBD: 2
 - F/B Arch: 11
 - Other indications: 32
 - BeGraft Plus: N= 332**
 - F/BEVAR: 248
 - IBD: 58
 - F/B Arch: 9
 - Other indications: 17





On the Way to on-label Bridging stent-grafts...

FEVAR STUDY
ENROLLMENT COMPLETED

The next milestone is made: bridging from off- to on-label for covered stents in FEVAR procedures - study enrollment completed!

BEVAR STUDY
ENROLLMENT COMPLETED

The next milestone is made: bridging from off- to on-label for covered stents in BEVAR procedures - study enrollment completed!

- ### Trial Design
- Prospective, single arm, multi-center, clinical study
 - 9 Clinical Centres in Germany
Nürnberg (Verhoeven) / Münster (Austermann) / Munich (Tsilimparis) / Regensburg (Pfister) / Aachen (Kotelis) / Stuttgart (Geisbüsch) / Gießen (Kalder) / Freiburg (Czerny) / Hamburg (Kölbel)
 - 100 Patients (expected: about 250 BeGrafts)

- ### Objective
- To evaluate the **safety** and **performance** of the **BeGraft** balloon expandable covered stent Graft System (Bentley Innomed, Hechingen, Germany) implanted as bridging stent in **FEVAR** (fenestrated endovascular aortic repair) for complex aortic aneurysms

- ### Primary Endpoints
- **Efficacy** endpoint
 - a. Technical success, defined as successful introduction and deployment of the BeGraft
 - b. Bridging stent patency at 12 months, defined as absence of restenosis ($\geq 50\%$ stenosis) or sole target vessel occlusion based on CT Angio at 12 months
 - **Safety** endpoint
 - Absence of procedure related complications and bridging stent related endoleaks at 12 months.

- ### Results
- Inclusion: Q1/2021-Q3/2023: N=103
 - Patients: 90% male, mean age 72 (52-92)
 - ASA III/IV: 82%
 - Cook Fenestrated grafts: 86%
 - 350 Vessels with BeGrafts (almost all 3x-4xFEVAR)
 - Deployment Issues: 1.14%

Patient Outcome

- Overall Mortality: N = 13 (13%)
 - Surgical Mortality: N = 1 (0.97%)
 - Died at day 25 due to MOF
- SAE: N = 75
 - Related to the device: N = 2
 - Related to the procedure: N = 25

Results at 12 months

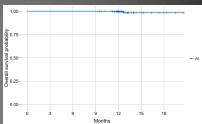
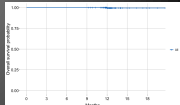
	Patients (n)	Occlusions per Patient
Patency at 12MFU	80	2 (2.44%)*

Patency at 1 Year per Vessel in 80 Patients: 274/276 (99.3%)

* 1 CT occlusion on DUS; 1 SMA Occlusion on CTA
(both incidental findings – no clinical events)

1-Year Results: Primary Endpoints

- Efficacy endpoint
 - a. Technical success: **97.4% (337/346)**
 - b. Bridging stent patency: **99.3%**
- Safety endpoint
 - Absence of procedure related complications
 - SAE related to bridging procedure: N=13
 - SAE with relation to bridging stent: N=4
 - Absence of bridging stent related endoleaks: **99.6%**

Conclusions

- Fenestrations: BeGraft and Advanta V12 both EXCELLENT
- Branches: BeGraft PLUS seems superior to Advanta V12
- Overall, if compared, both have smaller advantages/disadvantages
- BeGraft now officially the first bridging stentgraft to achieve on-label indication in FEVAR.