Between October 2018 and July 2019, a total of 20 Relay®Pro prostheses were implanted in the thoracic aorta in 17 patients. Indications for the treatment included aortic dissection (n = 6), penetrating aortic ulcers (n = 5), and aortic aneurysm (n = 6). **Results:** The implantation was transfemoral with a mean duration of 85 min. The access site diameter was 7 mm in 24% of patients. TEVAR implantation in the zone I/II was performed in seven patients with simultaneous double transposition or carotid subclavian bypass. In the remaining cases, the proximal landing zone was in zone 3 or existing endovascular prosthesis. The technical success was 100%, and there were no deaths or complications. Endoleak was seen in two patients. The fluoroscopy time averaged 14 minutes. **Conclusion:** Due to the modified release mechanism, the new Relay®Pro TEVAR prosthesis is characterized by very good controllability and safe handling, and due to the reduction in profile, it is also suitable for use in narrow vascular access or in the passage of existing endograft. These early experiences need to be consolidated by increasing the number of cases and following patients.

OR1.11

Aorfix and Altura Endovascular Stent Grafts for Abdominal Aortic Aneurysm Repair

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Objectives: To study the efficacy, 30-day morbidity and mortality, re-intervention rate, and durability of using the Aorfix and Altura devices for abdominal aortic aneurysm (AAA) repair. **Methods:** A prospective cohort study of patients undergoing AAA repair with Aorfix or Altura stent was maintained by the vascular studies unit at Northampton General Hospital. Patients were followed up routinely with scans at 6 weeks, 3 months, 6 months, 1 year, and annually thereafter. Case notes and discharge summaries were studied to identify the immediate postoperative complications. Clinic follow-up letters and any readmission were analyzed if related to original procedure. Results are presented for Aorfix (Group1) and Altura (Group 2) devices separately. **Results:** Group 1 consisted of seven patients who underwent AAA repair with Aorfix, between October 2015 and January 2019. The median age was 75 (65–87) years. The median AAA diameter was 63 mm (55–75). The median ASA and Detsky scores for this group were 3 and 5, respectively. Two patients had a percutaneous procedure, and five had open access. The median neck length was 31.5 mm (15–60). The median neck diameter was 19.5–22.5 mm (19–24.5). Beta neck angulation was 60.5° (30°–98°). The median follow-up duration was 2.5 years (2–4). One patient had an endoleak (type 1a) noted at the time of the procedure, which was treated conservatively and resolved during the hospital stay. One patient died 3 months after the procedure due to unrelated reasons. In Group 2, five patients underwent AAA repair with the Altura device between February and May 2016. The median age was 67 (65–73) years. The median AAA diameter was 57 mm (55–59). The median ASA and Detsky scores were 3 and 0, respectively. Two patients had a percutaneous procedure and three had open access. One of the three patients who had open access was converted to an open procedure due to issues with the stent deployment device. The median neck length was 36.5 mm. The median neck diameter was 18.5–20.5 mm. The median follow-up duration was 3.5 years (3.5–4). In both groups, all cases were elective. None of the patients had acute kidney injury postprocedure. Technical success rate was 100% with both devices. There was a small endoleak noted in one patient who had the Aorfix stent, which was treated conservatively and resolved spontaneously. There were no 30-day morbidities in both groups. Only one of the total 11 patients died, but this was due to complications from his metastatic bladder cancer. At the time of follow-up, at year 3, there was one type 3 endoleak in the Aorfix group which was treated by endovascular extension of the iliac limb. No stent migrations identified. **Conclusion:** Although it was used in highly angulated and challenging anatomy, our initial experiences with Aorfix and Altura are promising with no 30-day morbidities or mortalities. There were no long-term complications at the time of follow-up. Technical success was 100%. Further studies are still required to validate our initial experiences.

OR2.1

One-Year Outcomes of the Paclitaxel-Eluting Stent for TASC C and D Femoropopliteal Lesions in Real World

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Objectives: The aim of this study was to assess the 1-year outcomes of the paclitaxel-eluting stent (PES) for TASC C and D femoropopliteal lesions. **Methods:** This study is a single-center, retrospective observational study of PES for peripheral arterial disease. From February 2017 and May 2018, the patients who underwent PES (two types; Zilver PTX, COOK Medical and Eluvia, Boston Scientific) for TASC C/D femoropopliteal lesions were included. Primary patency, target lesion revascularization, and event-free survival up to 12 months after the procedure were evaluated. **Results:** A total of 34 patients (37 limbs) were included (30 males and 4 females; mean age: 71.9 ± 9.1 years; range: 53–90 years). Twenty-five limbs (68%) were TASC D lesions and 12 limbs (32%) were TASC C lesions. The mean lesion length was 24.6 ± 6.6 cm (range, 9–46 cm). Seventeen lesions (46%) had more than a moderate calcific burden. The mean number of stents was 2.5 ± 0.7 (1–3), covering 24.3 ± 7.9 cm (range: 6–35 cm). A total of 23 Zilver PTX stents and 14 Eluvia stents were used. The Kaplan–Meier estimate of 1-year primary patency (PP) and freedom from target lesion revascularization (fTLR) were 78% and 88% (Zilver PTX, 81% and 76%; Eluvia, 91% and 100%). Event-free survival was 84% in two patients. Major adverse events requiring treatment occurred in two patients (2/34, 5.8%), which were acute thrombotic occlusions. **Conclusion:** The 1-year outcome of PES for TASC C/D femoropopliteal lesion in the real world showed promising PP and fTLR rates, which are not significantly different from previous data.