**Vascular Research NEWS LETTER**

**Zenith TX2 TAA Endovascular Graft Post-Approval study: Endovascular treatment of patients with aneurysms/ulcers of the descending thoracic aorta.**

Key Inclusions: Thoracic aneurysm >5cm or growth>0.5/year, or ulcer > 10mm/depth/20mm diameter

Key Exclusions: treatment length>357 mm/ for 28-32mm (D) straight graft/32mm (D) tapered graft; >354 mm/for 34-36mm (D)tapered graft;338 mm/34-38 mm (D) straight graft/38 mm (D) tapered graft; >364 mm/40-42mm (D) straight graft/ 38mm tapered graft;>356mm/40-42mm (D) tapered graft. Proximal neck L < 25mm distal neck L<25mm

Sponsor: Cook Incorporated

PI: Martin Back, M.D.

**Pivotal Study of the Safety and Effectiveness of Autologous Bone Marrow Aspirate Concentrate (BMAC) for the Treatment of Critical Limb Ischemia Due to Peripheral Arterial Occlusive Disease: Treatment for patients with CLI with NO other treatment options.**

Key Inclusions: Rutherford 5, ABI<0.5, toe artery occlusive pressure<50mm Hg/TBI<0.5, NO other treatment Options

Key Exclusions: Renal Failure, malignancy, uncontrolled diabetes, Failed attempt of revascularization/1month

Sponsor: Harvest Technologies

PI: Karl Illig, M.D.

**Zenith Dissection Clinical Trial:**

Key Inclusions: Treatment for acute, complicated type B aortic dissection/aortic rupture/branch vessel obstruction/compromise results in malperfusion.

Key Exclusions: Dissection proximal to Left subclavian artery, landing zone length <20mm

Sponsor: Cook Inc.

PI: Karl Illig, M.D.

**TX2 LP (Low Profile) trial (Cook): Thoracic endograft placed via 16-20 Fr. Sheaths**

Key Inclusions:Thoracic aneurysm>5cm or growth >5mm/year, or penetrating ulcer 1cm deep/wide

Key Exclusions: Emergent/rutpture, landing zones<20mm

Sponsor: Cook Inc.

PI: Karl Illig, M.D.

**Talent Converter Post-Approval Study: Secondary intervention after AneuRx Bifurcated Stent Graft for inadequate proximal fixation.**

Key Inclusions: vessel access procedure was/will be performed with Talent Converter Stent Graft

Key Exclsuions: treatment performed other than as secondary intervention; prior repair with stent graft other than Talent or AneuRx.

Sponsor: Medtronic

PI: Murray Shames, M.D.

**Endovascular Procedures Rehearsals Using an Endovascular Simulator: Rehearsal of Endovascular procedures to improve outcomes.**

Key Inclusions: Endovascular Intervention carotid, iliac, femoral and endovascular.

Key Exclusions: Renal Insufficiency

PI: Karl Illig, M.D.

**ANCHOR Study: Aneurysm Treatment using the HeliFX Aortic Securement System Global Registry.**

Key Inclusions: Subjects with asymptomatic, symptomatic, or ruptured abdominal aortic aneurysms, subject has previous endograft or undergoing repair with any device compatible with HeliFX system

Key Exclusions: Previously treated with EndoAnchor device, infrarenal aortic neck with significant thrombus or calcium that precludes adequate EndoAnchor penetration of the aortic wall

Sponsor: Aptus

PI: Martin Back, M .D.

**NTACT: Non-Invasive Treatment of Abdominal Aortic Aneurysm Clinical Trial**

Key Inclusions: AAA with max( D)35 mm and no greater than 50 mm in men; larger than 35 mm and no greater than 45 mm in women.

Key Exclusions: Renal artery involvement or suprarenal extension of aneurysm, documented failure of aneurysm to increase in size over 2 years, iliac artery aneurysm > 2.5 cm in diameter

Sponsor: NIH

PI: Murray Shames, M.D.

**MST-188: Evaluation of the MST-188 In Acute Lower Limb Ischemia: A Phase 2 Randomized, Double-Blind, Placebo-Controlled, Multi-Center Clinical Trial Evaluating the Safety and Efficacy of MST-188 in Subject with Acute Lower Limb Ischemia Receiving Catheter Directed Recombinant Tissue Plasminogen Activator.**

Key Inclusions: Acute Ischemia <14 days and Rutherford IIa or IIb; angio confirmation of arterial occlusion > 10 cm in length; planned rt-PA treatment; TcPO2 <40 mmhg; ABI ,0.60

Key Exclusions: Prosthetic graft occlusion within 1 month of implantation; prior major amputation; occlusion of all of the following: tibial arteries, anterior tibial, posterior tibial and peroneal.

PI: Karl Illig, M.D.

Sponsor: Mast Therapeutics, Inc.