CEDAR REGISTRY
GP Letter

Version 2.0
10th June 2025

To be printed on site letter headed paper

<<Date>>
<< Physician Name>>
<<Address 1>>
<<Address 2>>
<<City, Post Code>>

Study Title: **European Multi-Centre Castor™ Branched Endovascular Arch Repair registry**
Study ID: **CEDAR REGISTRY**

Re: patient participation in post market registry study

Dear Colleague,

Your patient, <<Patient Name>>, is participating in a post market clinical registry as identified above. The registry study is sponsored by Shanghai MicroPort Endovascular MedTech (Group) Co., Ltd (Endovastec™) and managed by Lombard Medical Ltd.

Study Objective:
This is a post-market registry to assess the clinical outcomes of the Castor™ system in an all-comers real world patient population with subjects receiving endovascular treatment for their thoracic aortic aneurysm (TAA).

Study Evaluations:

Primary Outcome:
- 30-day all-cause mortality
- Technical success rate

Secondary Outcomes:
- Clinical success rate at 30 days, 6 and 12 months, as well as at 2-5 years
- Rate of Endoleak
- 30 day, 6 month and 1 year branch occlusion rate
- Rate of perioperative retrograde type A aortic dissections
- 30 day, 6 month and 1 year reintervention rate
- Combined endpoint major adverse events at 30 days, 6 month and 1 year (all-cause mortality, myocardial infarction, respiratory failure with postoperative prolonged mechanical ventilation > 24h, renal function declining in a GFR > 50% reduction to perioperative, bowel ischemia requiring surgical resection), major stroke and permanent paraplegia).
- Spinal cord ischemia
- Stroke rate 30-day, 6 month and 1-5 years
- 6 month and 1-5 years all-cause mortality

Recently the single-branched device called Endovastec™ Castor™ Branched Aortic Stent Graft System, manufactured by MicroPort Endovastec™ (Shanghai, China), for thoracic aortic endovascular aortic repair (TEVAR) of aortic arch involving pathologies has been made available in the European market. It offers a unibody design that can incorporate one supra-aortic branch, specifically for the left subclavian artery (LSA). There is currently a paucity of

data on its use and outcomes in the European population. Larger series have so far only been published on its use in Asian populations.

Participants will be followed-up procedurally, to hospital discharge, 30 days, 6 months and thereafter annually up to 5 years (total follow-up commitment) as per institutional standard of care. For any medical concerns outside this study, your patient will be directed back to you.

If you would like to discuss the inclusion / exclusion criteria, receive additional information on the study, and / or if you know of any reason why your patient should not continue in the study, I would be grateful if you could let me know as soon as possible.

Yours faithfully

_____
Name of the investigator
Hospital:
Address:
Contact details: