GORE® TAG®
Thoracic Branch Endoprosthesis

A SIMPLIFIED SOLUTION WITHIN REACH

GET STARTED

Together, improving life

FIRST-OF-ITS KIND FDA APPROVED DEVICE

Designed for simplified, minimally invasive zone 2 TEVAR procedures.

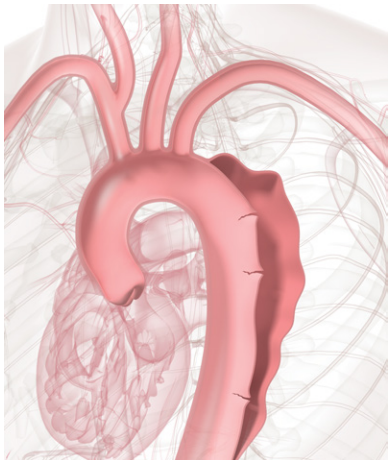
- Deliver results without the potential risk and complexity of revasularization.

~40%

of all TEVARS involve zone 2 landing[1]

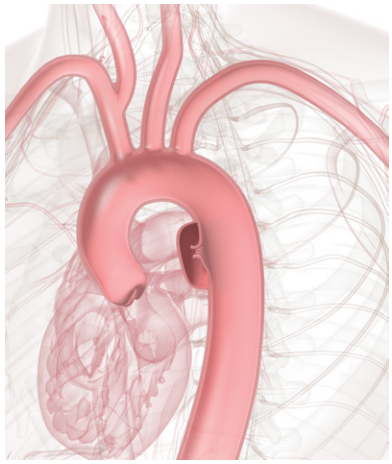
72%

of all Type B dissections[1]



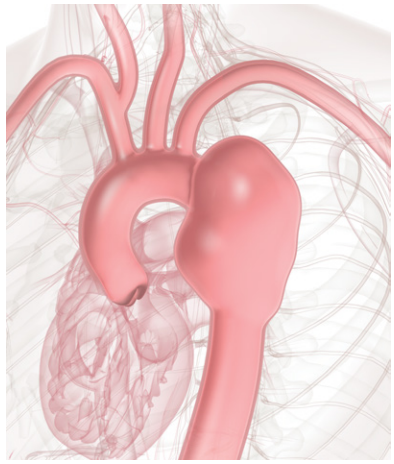
59%

of traumatic transections[1]



30%

of descending thoracic aneurysms[1]

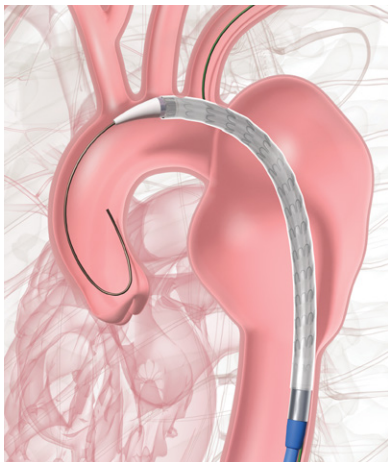


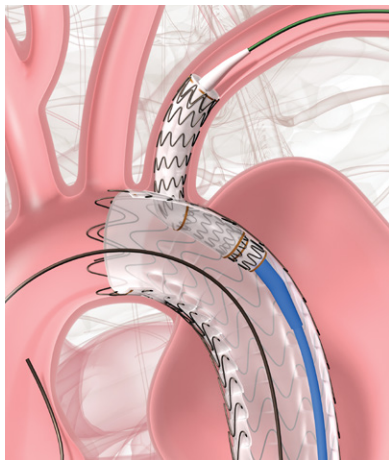
SEE THE DATA

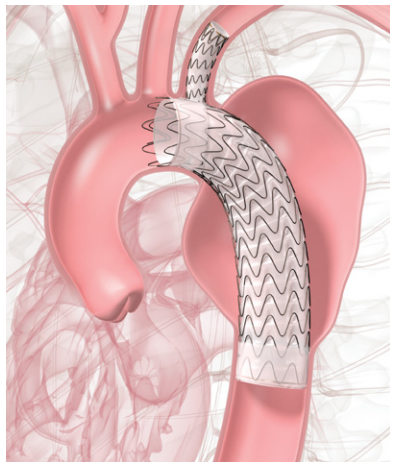
Single device, single procedure.

Eliminates the surgical staging and procedure to help simplify the treatment of zone 2 left subclavian artery (LSA) revascularization.

- No reported phrenic nerve injuries[2]
- 25% potential reduction in hospital length of stay[3]







WATCH THE DEPLOYMENT

High patency, low disabling stroke rate:

99.2% LSA branch patency*,[2]

3.4% disabling stroke rate

Avoid LSA surgical revascularization procedure and related risks[3]

HISTORY OF INNOVATION

* 100% freedom from reintervention due to loss of LSA patency.
† Through 12 months.

Built on the history of innovation of the GORE® TAG® Device family

Focused on the future, powered by the past.

1997 — First thoracic device to enter clinical trials in U.S.

2005 — FIRST FDA approved TEVAR device

2011 — TEVAR device approved by FDA for treatment of aneurysms

2012 — FIRST thoracic device FDA approved for isolated lesions including traumatic transections

2013 — FIRST thoracic stent graft FDA approved for Type B dissections

2019 — FDA approval of first thoracic stent graft designed to provide angulation control

2022 — First FDA approved flexible off-the-shelf single branch thoracic endoprosthesis for patients requiring zone 2 treatment

Contact your Gore representative for additional information

References

1. OP916 Dake MD, Brinkman WT, Han SM, *et al*. Outcomes of endovascular repair of aortic aneurysms with the GORE® Thoracic Branch Endoprosthesis for left subclavian artery preservation. *Journal of Vascular Surgery.* In press. Open access https://www.sciencedirect.com/science/article/pii/S0741521422016421.
2. Squiers JJ, DiMaio JM, Schaffer JM, *et al*. Surgical debranching versus branched endografting in zone 2 thoracic endovascular aortic repair. *Journal of Vascular Surgery* 2022;75(6):1829-1836.e3.
3. GORE® TAG® Thoracic Branch Endoprosthesis. [Instructions for Use]. Flagstaff, AZ: W. L. Gore & Associates, Inc. 2022; MD184153. Rev. 2.

Consult Instructions for Use
eifu.goremedical.com

INDICATIONS FOR USE IN THE U.S.: The GORE® TAG® Thoracic Branch Endoprosthesis is indicated for endovascular repair of lesions of the descending thoracic aorta, while maintaining flow into the left subclavian artery, in patients who have: **Adequate iliac/femoral access; Proximal Aortic Landing Zones:** For Isolated Lesion Patients: Non-aneurysmal, dissected, heavily calcified, or heavily thrombosed proximal landing zone; For Dissection Patients: Primary entry tear must be distal to the left subclavian artery and the proximal extent of the landing zone must not be dissected; Aortic inner diameter range 16-42 mm; Proximal segment length (length from distal edge of left subclavian artery to mid left common carotid ostium) of at least 2.0-4.0 cm, depending on Aortic Component selection; Proximal covered length (measured from distal edge of left subclavian artery to distal edge of left common carotid artery ostium) of at least 15–36 mm, depending on Aortic Component selection; For patients with prior ascending aorta or aortic arch repair with surgical graft: at least 2 cm landing zone proximal to the distal anastomosis; **Left Subclavian Landing Zone:** Landing zone cannot be aneurysmal, dissected, heavily thrombosed and severely tortuous (180 degree turn within the treated length); Left subclavian artery inner diameter of 6–18 mm, depending on Side Branch Portal diameter selected; Left subclavian artery minimum length of 2.5–3.0 cm, depending on Side Branch Portal diameter selected. **Distal Landing Zone (Isolated Lesion Patients only):** Outer curve length must be ≥ 2 cm proximal to celiac artery; Aortic inner diameter range 16-42 mm; Non aneurysmal, dissected, heavily calcified, or heavily thrombosed landing zone; Native Aorta or previously placed GORE® TAG® Conformable Thoracic Stent Graft. **Contraindications:** The GORE® TAG® Thoracic Branch Endoprosthesis is contraindicated in: Patients with known sensitivities or allergies to the device materials [ePTFE (polytetrafluoroethylene), FEP (fluoroethylpropylene), Nitinol (nickel, titanium), Gold, SB Component only - Heparin (CBAS® Heparin Surface]; Patients who have a condition that threatens to infect the graft; Patients with known hypersensitivity to heparin, including those patients who have had a previous incident of Heparin-Induced Thrombocytopenia (HIT) type II. Refer to *Instructions for Use* at eifu.goremedical.com for a complete description of all applicable indications, warnings, precautions and contraindications for the markets where this product is available. ℞ Only

Products listed may not be available in all markets.

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