

Pioneering TEVAR therapy, time and time again



T H O R A C I C E N D O P R O S T H E S I S

Time-tested success

For more than **20 years**, the GORE[®] TAG[®] Device family has demonstrated impressive success in both clinical studies and real-world commercial use.

More than 125,000 devices distributed worldwide

For more than two decades, we have worked alongside physicians in the evolution of the GORE[®] TAG[®] Device family. Our collaboration has resulted in the distribution of more than 125,000 devices, for the treatment of more than 73,500 patients worldwide.¹

Proven clinical results

The GORE® TAG® Device family is supported by more than **20** years of clinical experience.

Most studied thoracic endograft available

With the first clinical implant occurring in 1998, the GORE[®] TAG[®] Device family has been studied in ten FDA approved clinical studies, one European clinical trial (ADSORB), and one worldwide registry (GREAT).

Forty years of experience with ePTFE graft material

Having pioneered ePTFE graft technology more than 40 years ago, Gore continues to collaborate with physicians and scientists to create a robust and reliable design platform based on proven clinical performance.

1998

FIRST thoracic stent graft to receive CE Mark in Europe

2005 FIRST thoracic stent graft approved in U.S.

2008

FIRST thoracic stent graft approved in Japan

2012

FIRST thoracic stent graft approved in U.S. for isolated lesions including traumatic transections*

2013

FIRST thoracic stent graft approved in U.S. for aneurysms, transections, *and* acute and chronic Type B Dissections

2016

FIRST TEVAR device to reach 100,000 devices distributed worldwide

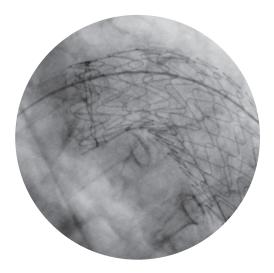


Conformable GORE® TAG® Device is *conformability without compromise*

Designed to treat compromised aortas

No bare springs or barbs

2 Designed with optimal radial force to decrease the risk of intimal damage



Highly conformable to accommodate natural anatomy

3 Optimized graft construct to maximize device durability and conformability

- Partially uncovered stents maximize circumferential wall apposition to aid in sealing of the primary entry tear and depressurization of the false lumen while not compromising aortic blood flow
- 5 Fully covered distal end provides a transition between the stent frame and the septum, decreasing the risk of septum perforation

Able to treat more patients

- Small diameter and tapered devices offer a large treatment range
- Broad 6 33% oversizing windows allow physicians to choose device with the optimal radial fit for patient anatomy
- Larger device oversizing windows engineered, tested, and proven to accommodate differences in proximal and distal landing zone diameters

Flexible delivery system tracks in challenging anatomy

- Soft leading catheter tip for navigation through tortuous and fragile dissection anatomy
- Easy one-step deployment

Proven compression resistance

- No reports of compression with more than 110,000 devices distributed worldwide*
- Increased wire diameter optimizes radial force to resist compression in high flow aortas
- Nine apex stent pattern further distributes point load and contributes to long-term durability in maximum oversizing conditions
- Unique sutureless design and stent graft construction facilitates consistent conformability throughout the device for uniform arch support







With the FDA approved indication for acute and chronic Type B dissections, Conformable GORE® TAG® Device is the *first thoracic stent graft* approved to treat aneurysms, transections, and Type B dissections.

For more than two decades, we have worked closely with physicians to evolve TEVAR therapies and improve patient outcomes. That's why today, Conformable GORE® TAG® Device is still a leading less-invasive treatment option.

Engineered for flexibility in tortuous anatomy, the Conformable GORE® TAG® Device provides enhanced conformability to treat the challenges associated with dissected aortas.



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INDICATIONS FOR USE IN THE US: The GORE® TAG® Thoracic Endoprosthesis is intended for endovascular repair of all lesions of the descending thoracic aorta, including: Isolated lesions in patients who have appropriate anatomy, including: adequate iliac / femoral access, aortic inner diameter in the range of 16–42 mm, ≥ 20 mm non-aneurysmal aorta proximal and distal to the lesion; Type B dissections in patients who have appropriate anatomy, including: adequate iliac / femoral access, ≥ 20 mm landing zone proximal to the primary entry tear; proximal extent of the landing zone must not be dissected, diameter at proximal extent of proximal landing zone in the range of 16–42 mm. INDICATIONS FOR USE UNDER CE MARK: The GORE® TAG® Thoracic Endoprosthesis is indicated for endovascular repair of the descending thoracic aorta. CONTRAINDICATIONS: Patients with known sensitivities or allergies to the device materials; patients with a systemic infection who may be at increased risk of endovascular graft infection. Refer to *Instructions for Use* at goremedical.com for a complete description of all warnings, precautions, and adverse events. $\frac{R}{N}$ only

Products listed may not be available in all markets.

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