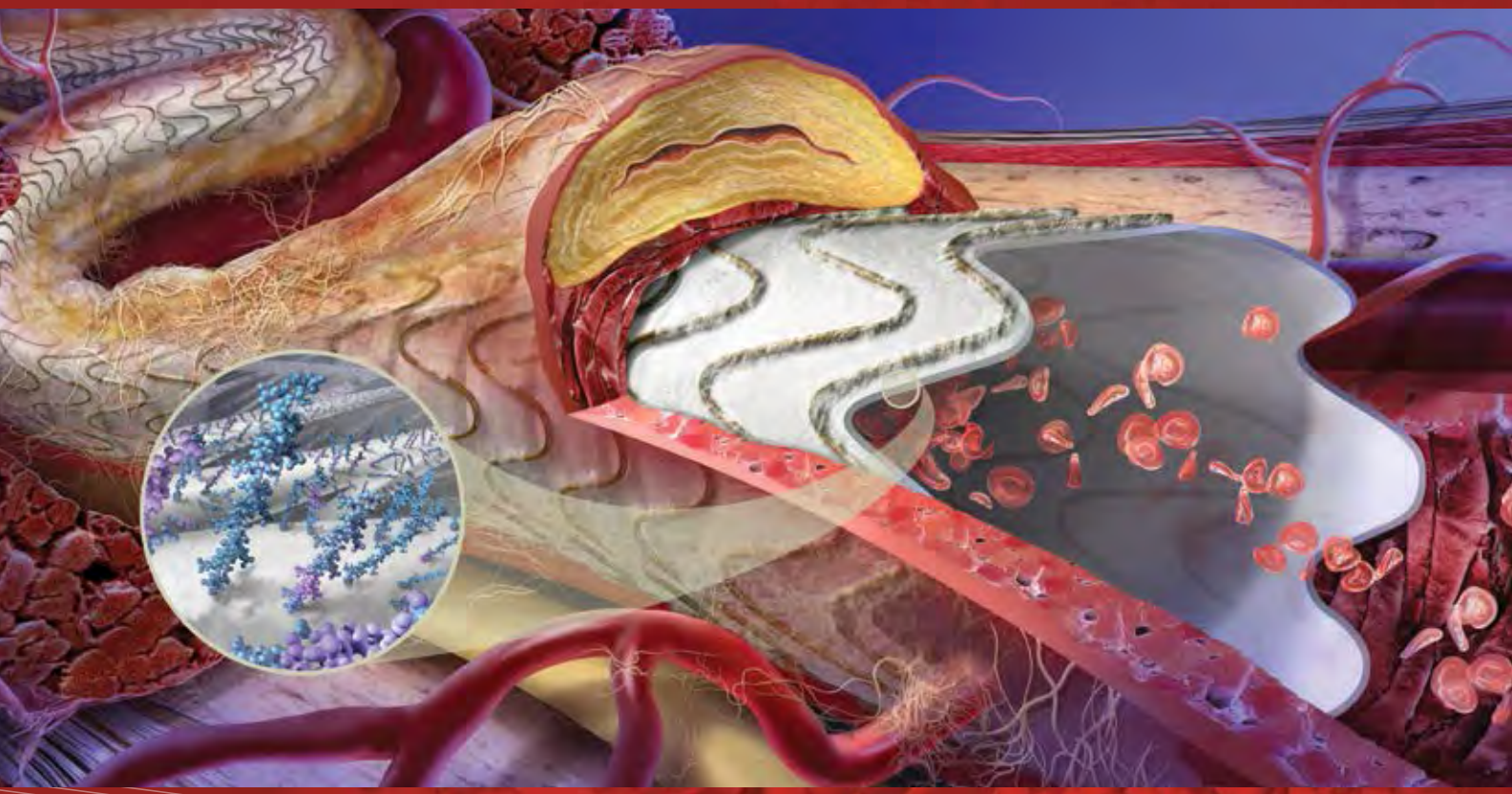
Reline

with Confidence.



PERFORMANCE through innovation

THE CONTINUING EVOLUTION OF A REVOLUTIONARY DEVICE

GORE VIABAHN® ENDOPROSTHESIS

HEPARIN BIOACTIVE SURFACE

1996

Original GORE® HEMOBAHN® Endoprosthesis introduced in Europe

2002

Original device introduced in US as GORE® VIABAHN® Endoprosthesis

2003

TIP to HUB deployment introduced on 6 – 8 mm devices

6 – 8 mm devices in US receive FDA approval for SFA indication

2005

GORE® VIABAHN® Endoprosthesis with Heparin Bioactive Surface introduced in US

5 – 8 mm devices decreased in profile by one French size

2007

All device sizes receive FDA approval for iliac artery indication

2008

GORE® VIABAHN® Endoprosthesis approved in Taiwan for SFA and Iliac artery indications

2009

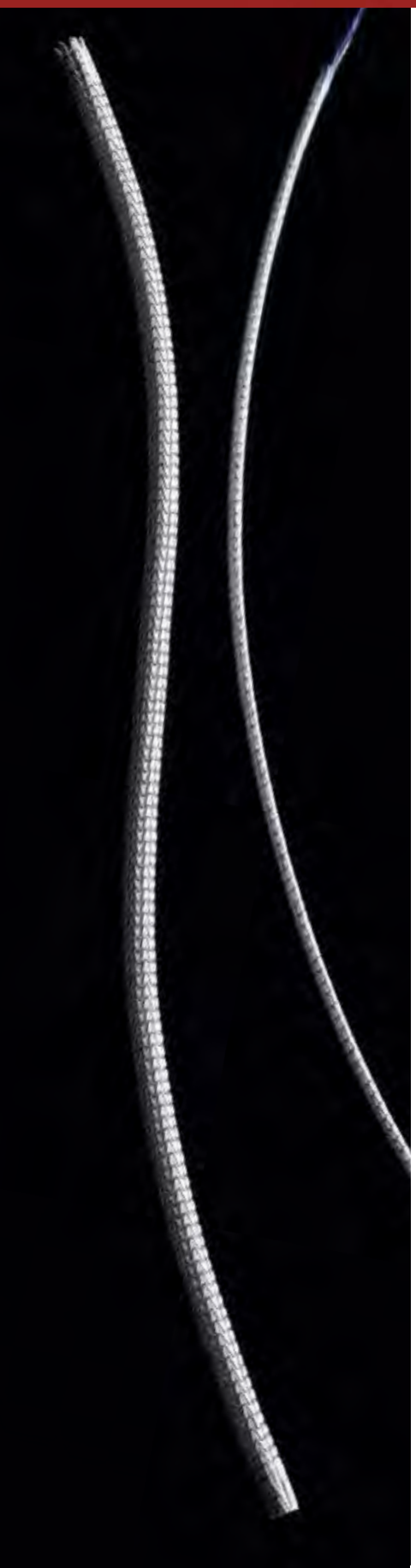
Laser technology enables the new contoured edge at proximal end

9 – 13 mm devices introduced with 0.035″ guidewire compatibility

2015

GORE® VIABAHN® Endoprosthesis with Heparin Bioactive Surface and lower profile approved by Taiwan FDA

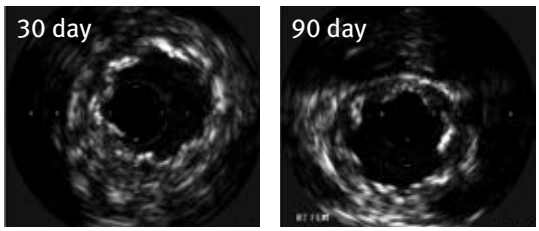
Gore continues to evolve the GORE® VIABAHN® Endoprosthesis, demonstrating our commitment to providing our customers with innovative products.



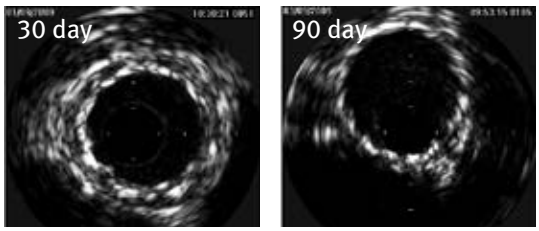
A New Beginning for the Proximal End

- New precision laser trimming technology enables manufacturing change
- Excess material at the proximal edge removed
- Contoured edge may improve flow dynamics at proximal end
- The *Instructions for Use*, including sizing and placement recommendations, remain unchanged

Canine In Vivo IVUS Examples



Non-contoured edge



Contoured edge

Excess material removed at the device margin of the contoured edge compared to a non-contoured edge

The Endoluminal SFA Bypass

Cover with Confidence
Covers and excludes the diseased irregular tissue of the arterial wall

ePTFE Lining
Provides barrier to in-stent restenosis

Nitinol Stent
Conformable yet durable

Heparin-Bonded Surface
Intended to provide sustained thromboresistance

CBAS® Heparin Surface

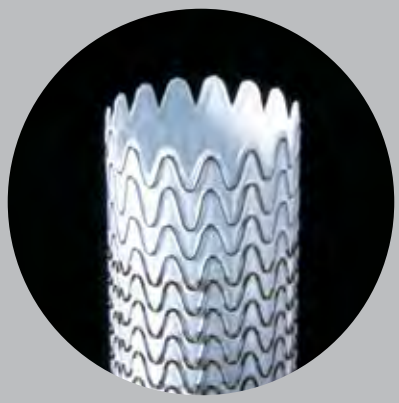
- Intended to provide a thromboresistant surface
- Sustained bioactivity*
- Proprietary end-point covalent bonding

GORE® VIABAHN® Endoprosthesis with
Heparin Bioactive Surface

The bioactive luminal surface of a 5 mm diameter GORE® VIABAHN® Endoprosthesis with Heparin Bioactive Surface appears free of thrombus after two hours in an in vitro blood loop model.

Control Endoprosthesis

The non-bioactive luminal surface of a control endoprosthesis (5 mm diameter) appears covered with thrombus after 90 minutes in the same blood loop model (data on file).

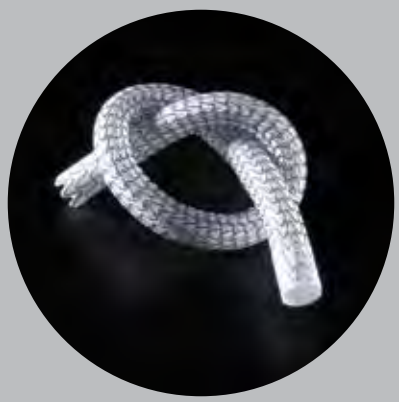


Smaller Profiles

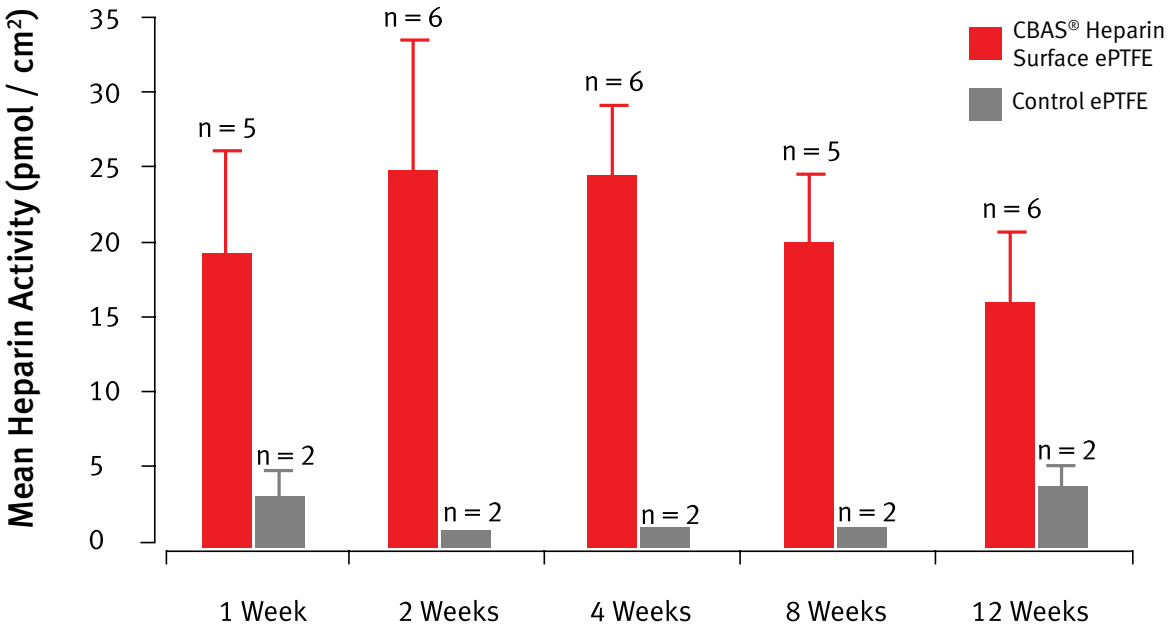
Reduced delivery profile for 5 – 8 mm devices

Diameter (mm)	Profile (Fr)	Guidewire
5	6	0.014" or 0.018"
6	6	0.014" or 0.018"
7	7	0.014" or 0.018"
8	7[4]	0.014" or 0.018"

New catheter design maintains pushability and trackability of previous generation



Sustained Bioactivity

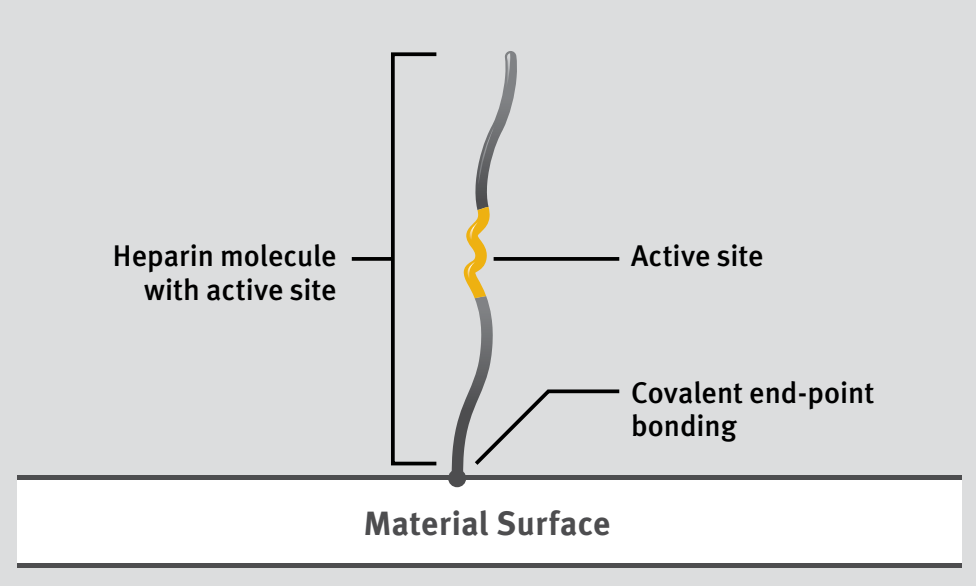


Postoperative Week

Long-term Heparin Activity of Explanted Heparin-bonded ePTFE Vascular Grafts in a Canine Model*

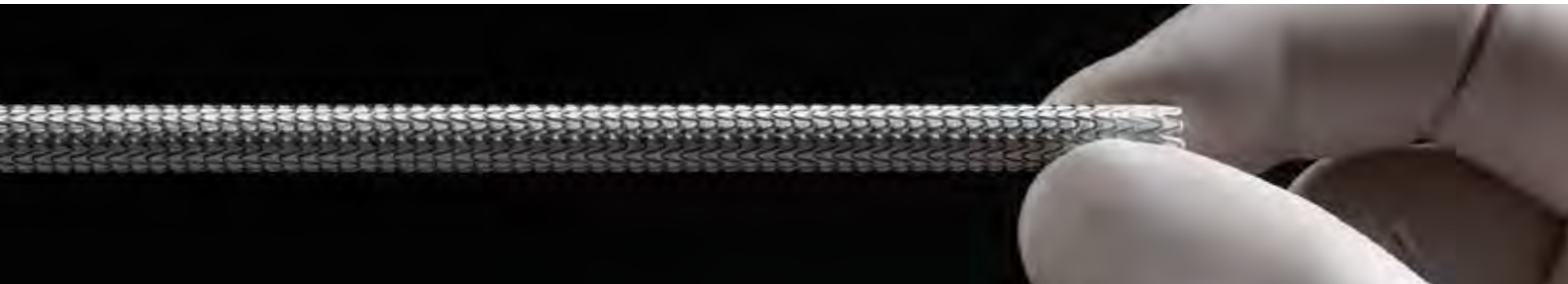
* Begovac PC, Thomson RC, Fisher JL, Hughson A, Gällhagen A. Improvements in GORE-TEX® Vascular Graft performance by Carmeda® bioactive surface heparin immobilization. *European Journal of Vascular and Endovascular Surgery* 2003;25(5):432-437.

Proprietary Covalent End-point Bonding



Covalent end-point bonding allows the heparin to extend into the bloodstream, keeping the active site bioavailable, unlike a non-permanent bond that can be washed away in the bloodstream.

- The anticoagulant function of heparin is dependent on the bioavailability of an active site within the molecule.
- Some methods of covalent heparin bonding damage and / or obstruct the active site, and hence destroy the heparin's anticoagulant activity.
- The CBAS® Heparin Surface of the GORE® PROPATEN® Vascular Graft consists of a proprietary covalent end-point bond that preserves the active site, thus retaining heparin’s anticoagulant activity.



Sizing Table

0.035" Guidewire Compatibility

Device Sizing		Introducer Sheath (Fr)				
Endoprosthesis Labeled Diameter [1] (mm)	Recommended Vessel Diameter [2] (mm)	2.5 cm Device Length [1]	5 cm Device Length [1]	10 cm Device Length [1]	15 cm Device Length [1]	Recommended Balloon Diameter for Device Touch-up [3] (mm)
5	4.0 – 4.7	7	7	7	7	5
6	4.8 – 5.5	7	7	7	7	6
7	5.6 – 6.5	8	8	8	8	7
8	6.6 – 7.5	8	8	8	8	8
9	7.6 – 8.5	–	9	9	9	9
10	8.6 – 9.5	11 [4]	11 [4]	11 [4]	11 [4]	10
11	9.6 – 10.5	11	11	11	–	12
13	10.6 – 12.0	12	12	12	–	14

0.018" Guidewire Compatibility

Device Sizing		Introducer Sheath (Fr)				
Endoprosthesis Labeled Diameter [1] (mm)	Recommended Vessel Diameter [2] (mm)	2.5 cm Device Length [1]	5 cm Device Length [1]	10 cm Device Length [1]	15 cm Device Length [1]	Recommended Balloon Diameter for Device Touch-up [3] (mm)
5	4.0 – 4.7	6	6	6	6	5
6	4.8 – 5.5	6	6	6	6	6
7	5.6 – 6.5	7	7	7	7	7
8	6.6 – 7.5	7	7	7	7	8

1 Labeled device diameters and lengths are nominal.

2 Recommended endoprosthesis compression within the vessel is approximately 5 – 20%.

3 For the 11 and 13 mm diameter devices, balloon inflation pressure should not exceed 8 atm.

4 The 10 mm diameter device is compatible with the following 10 Fr introducer sheaths: Cordis AVANTI® Sheath Introducer, Boston Scientific SUPER SHEATH Introducer Sheath, B. Braun INTRADYN Tear-Away Introducer Sheath. The 8 mm x 25 cm device is not compatible with the 7 Fr COOK® CHECK-FLO® FLEXOR® Sheath.

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* Begovac PC, Thomson RC, Fisher JL, Hughson A, Gällhagen A. Improvements in GORE-TEX® Vascular Graft performance by Carmeda® bioactive surface heparin immobilization. *European Journal of Vascular and Endovascular Surgery* 2003;25(5):432-437.

Products listed may not be available in all markets.