



GORE® VIABAHN® VBX
Balloon Expandable Endoprosthesis

NOW
6Fr
compatible

**GREATER
VERSATILITY**

TRUSTED PERFORMANCE.
UNMATCHED VERSATILITY.*



* Across indications and configurations of covered stents.

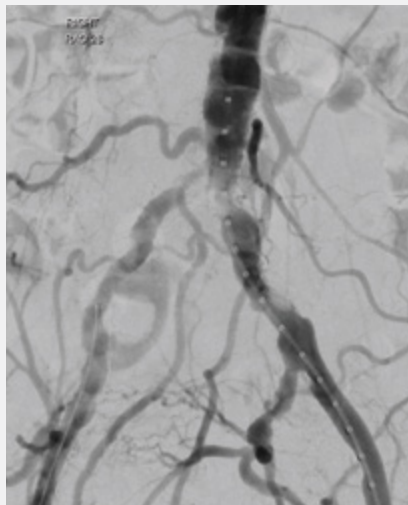
Together, improving life

Proven procedural and clinical success*

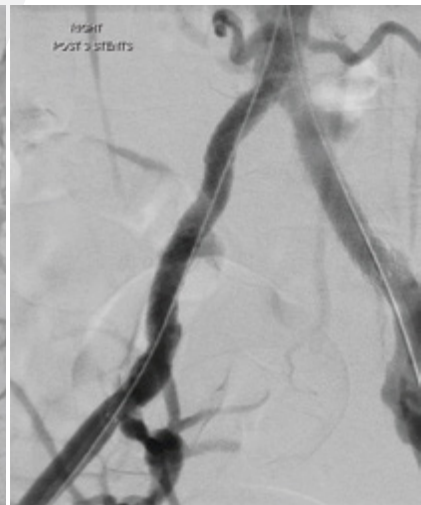
The Gore VBX FLEX Clinical Study is a prospective, multicenter, single-arm study of 134 patients with complex aortoiliac occlusive disease (32.1% TASC II C and D, 42.5% kissing stent).

In the study, 234 devices were delivered; 50% bilateral treatment, 18% contralateral deliveries and predilatation was not required.

100%
restoration of lumen diameter¹



Before



After

≤ 30% residual stenosis due to high radial strength, even in highly calcified and non-compliant lesions

100%
delivery to
target lesion
with no device
dislodgement¹

100%
stent retention¹

100%
deployment at
the target site¹

* Based on prior clinical data. New evaluation of reduced profile delivery is underway.

Proven patency and patient benefit^{*}

1-year outcomes

94.5%
primary patency²

96.1% primary patency in TASC C and D lesions at 1 year²

99.5% secondary patency²

3-year outcomes

91.2% freedom from target lesion revascularization (fTLR)²

+ .17 improvement in mean resting ABI ($P < .001$, .93 mean ABI)^{†,2}

92% of patients improved ≥ 1 Rutherford category versus baseline²

^{*} Based on prior clinical data. New evaluation of reduced profile delivery is underway.

[†] ($P < .001$) Statistically significant change from pre-procedure.

Clinically proven results^{*,3}

VBX Stent Graft durability through five years assessed in a physician-initiated study that enrolled 59 patients from 3 participating centers representative of the VBX FLEX Study cohort.

Physician-initiated **5-year** follow-up of patients from 3 centers participating in the VBX FLEX Study

5-year outcomes

89.5%

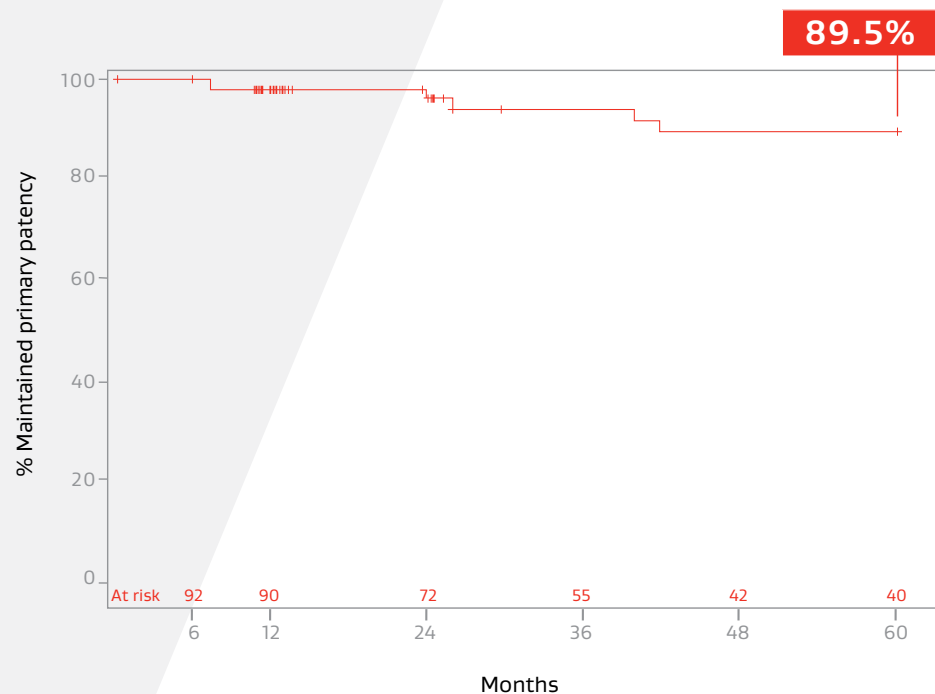
primary
patency per
lesion

96.1%

primary
assisted patency
per lesion

89.1%

fTLR
per subject



Kaplan-Meier graph of primary patency with number of lesions at risk

* Based on prior clinical data. New evaluation of reduced profile delivery is underway.

Additional patient benefits versus baseline^{*,3}

Follow-up of patients treated with the **VBX Stent Graft**

5-year outcomes

+.15

improvement in mean resting
ankle-brachial index (ABI)
(from .76 to .95) [$P < .001$][†]

3x

improvement in median
WIQ measures

100%

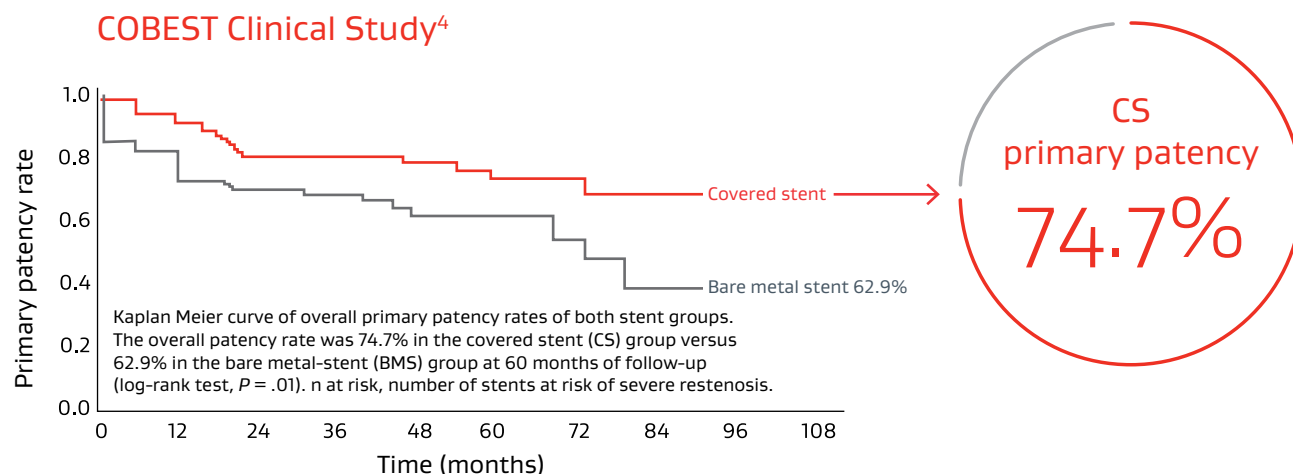
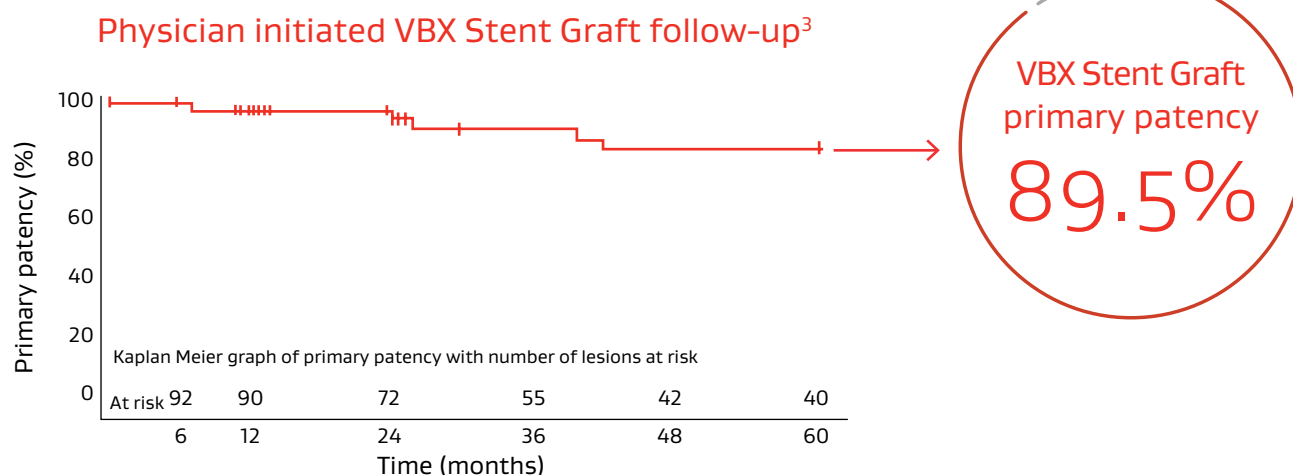
of evaluated (n=28) patients
improved ≥ 1 Rutherford category
from baseline^{‡,3}

* Based on prior clinical data. New evaluation of reduced profile delivery is underway.

† ($P < .001$) Statistically significant change from pre-procedure.

‡ 59 subjects participated and 28 were available through the end of the study at 5-year follow-up.

Physician initiated 5 year follow-up elevates BX stent graft long-term data*



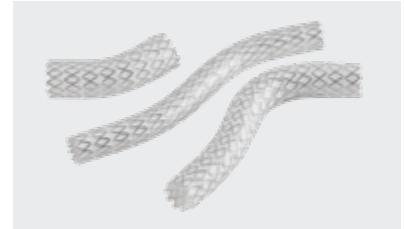
Note: Key differences in study design and patient population hinder a direct comparison of results from COBEST and physician-initiated study.

* Based on prior clinical data. New evaluation of reduced profile delivery is underway.

Advanced technology and unique design

Broadest offering of diameters and lengths⁵⁻⁹:

- The longest BX stent graft
- Broadest range of diameter adjustability in a single device*
- The most 6 Fr compatible configurations



The only BX stent graft with stainless steel independent rings⁵⁻⁹:

- Enhances flexibility and conformability
- Minimizes foreshortening
- Provides high radial strength



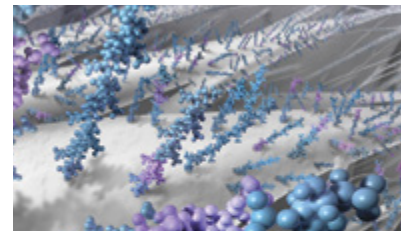
The only BX stent graft with a covered semi-compliant balloon⁵⁻⁹:

- Improves device retention on the catheter while tracking in tortuous anatomy and tight angles
- Enables diameter customization



Proven leader in stent graft technology:

- Twenty years of peripheral stent graft clinical experience
- Leverages the stent graft technology of the GORE® VIABAHN® Endoprosthesis
- Featuring Gore's CBAS® Heparin Surface, the proven heparin bonding technology for lasting thromboresistance¹⁰



* Maximum post-dilated diameter up to 16 mm with 8L or 11 mm devices.

References

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