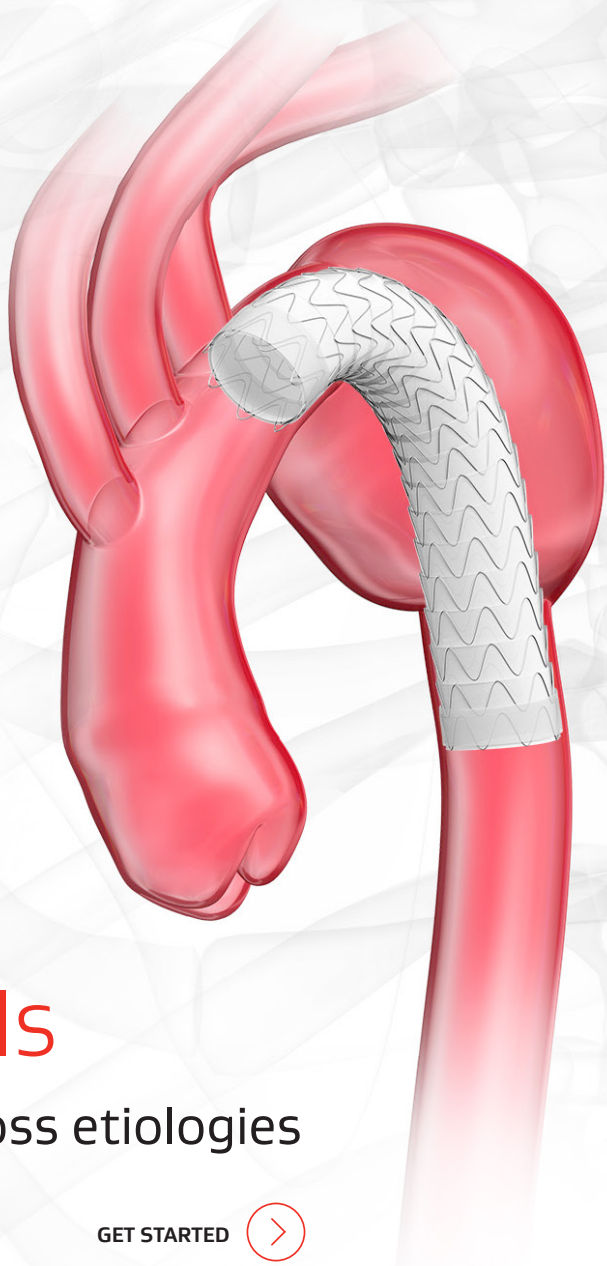
GORE® TAG®
Conformable Thoracic
Stent Graft



U.S. IDE Clinical Trials

Five-year data across etiologies

GET STARTED

Together, improving life

Longterm results you can trust

U.S. IDE Clinical Trials: Five year data across ALL etiologies

ZERO

- Migrations*
- Fractures
- Compressions
- Type III endoleaks
- Erosions

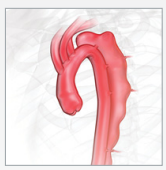
100%

Procedural survival

↓↓ Low rates of

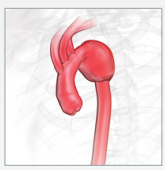
- Endoleaks requiring reintervention
- Device-related reinterventions

View trials



Acute Complicated Type B Dissection »

Traumatic Aortic Transection »

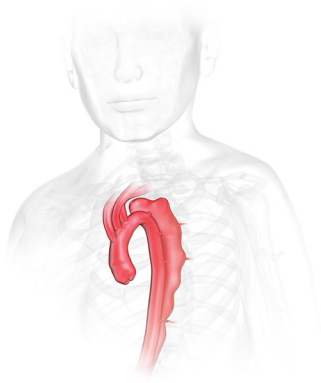


Thoracic Aortic Aneurysm »

* Migrations are reported as those requiring reintervention.

Acute Complicated Type B Dissection

Long-term outcomes in a prospective multicenter trial



U.S. IDE Clinical Trial

50 patients enrolled

100% procedural survival

5-year data

91%

of patients exhibited an increase in true lumen diameter*

87%

complete thrombosis observed

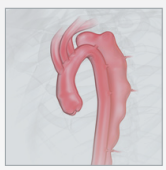
96%

of patients did not experience late deaths attributable to aortic pathology after 30 days†

ZERO

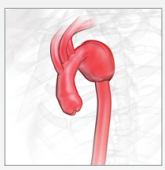
- Migrations‡
- Type III endoleaks
- Erosions
- Compressions
- Fractures
- Conversions to open surgical repair

View trials



Acute Complicated Type B Dissection »

Traumatic Aortic Transection »

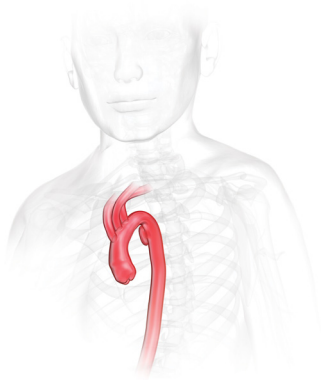


Thoracic Aortic Aneurysm »

* At five years.
† 8% 30-day mortality rate.
‡ Migrations are reported as those requiring reintervention.

Traumatic Aortic Transection

Long-term outcomes in a prospective multicenter trial



U.S. IDE Clinical Trial

101 patients enrolled

100% procedural survival

5-year data

100%
Freedom from aortic-related mortality

99%
did not experience a device/procedure-related stroke*

95%
Freedom from all-cause mortality at 30 days

89%
Freedom from all-cause mortality at 5 years

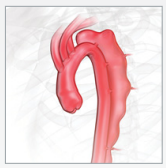
ZERO

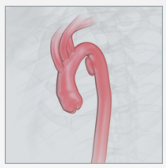
- Reinterventions
- Endoleaks†
- Ruptures‡
- Fractures
- Lumen obstructions
- Thrombus related events
- Conversions to open surgical repair
- Compressions
- Migrations§
- Erosions

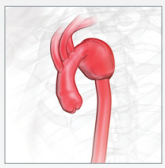
As published in:
The Annals of Thoracic Surgery (2021).

* n = 1 post procedural, ischemic, stroke.
† No serious endoleaks reported. Two minor endoleaks were reported which resolved without reintervention.
‡ Post procedure.
§ Requiring reinterventions.

View trials

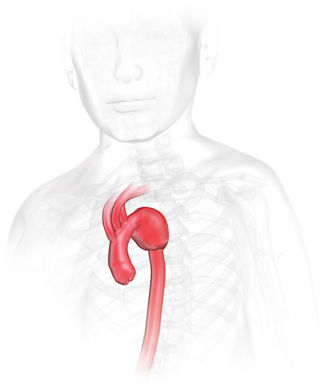

Acute Complicated Type B Dissection »


Traumatic Aortic Transection »


Thoracic Aortic Aneurysm »

Thoracic Aortic Aneurysm

Long-term outcomes in a prospective multicenter trial



U.S. IDE Clinical Trial

66 patients enrolled

100% procedural survival

5-year data

88%
Freedom from device-related reinterventions

82%
Stable aneurysm sac diameters

93%
Freedom from aneurysm-related mortality

ZERO

- Fractures
- Compressions
- Migrations*
- Type III endoleaks
- Conversions to open surgical repair
- Erosions

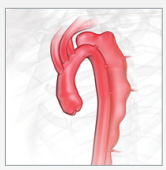
Low rates of

- Reintervention†
- Proximal leaks‡
- Rupture§

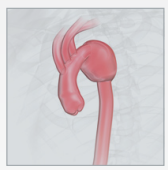
As published in:
Journal of Vascular Surgery (2021).

* With clinical sequelae resulting in reinterventions through five-years.
† Device related reinterventions: 7.6% (n=5) four of the five were treatments for endoleaks and one for a distal thoracic pseudoaneurysm.
‡ Type Ia was rare n = 1.
§ 1.5% n = 1.

View trials


Acute Complicated Type B Dissection »


Traumatic Aortic Transection »


Thoracic Aortic Aneurysm »

Contact a Gore representative to learn more.

tevar.tv

References

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OP871 Jordan WD, Desai N, Letter AJ, Matsumura JS. Long-term outcomes of the CTAG thoracic endograft in a prospective multicenter trial. *Journal of Vascular Surgery* 2021;74(5):1491-1498. https://www.sciencedirect.com/science/article/pii/S0741521421007485

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Consult Instructions for Use
eifu.goremedical.com

INDICATIONS FOR USE IN THE U.S.: The GORE® TAG® Conformable Thoracic Stent Graft 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. **CONTRAINDICATIONS:** The GORE® TAG® Conformable Thoracic Stent Graft is contraindicated in: Patients with known sensitivities or allergies to the device materials (Table 1); Patients who have a condition that threatens to infect the graft. 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. $\mathrm{R}_{\mathrm{X}\ \mathrm{Only}}$

INDICATIONS FOR USE UNDER CE MARK: The GORE® TAG® Conformable Thoracic Stent Graft 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 eifu.goremedical.com for a complete description of all applicable indications, warnings, precautions and contraindications for the markets where this product is available. $\mathrm{R}_{\mathrm{X}\ \mathrm{Only}}$

Products listed may not be available in all markets.

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