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

- Designed to treat etiologies of the descending thoracic aorta including aneurysms, transections, and acute and chronic Type B dissections
- Designed to treat compromised aortas
  - Optimized aortic wall apposition in angulated arch anatomy without excessive radial force, barbs, or flared bare springs
  - Proven compression resistance with no reports of compression with more than 110,000 devices distributed worldwide¹
  - Highly conformable to accommodate natural anatomy
  - Includes off-the-shelf tapered devices for extremely tapered anatomy often observed in young trauma patients

**Time tested success with the GORE® TAG® Device family**

- More than 125,000 devices distributed worldwide
- Supported by more than 20 years of clinical experience
- Studied in ten FDA approved clinical studies, one European clinical trial (ADSORB), and one worldwide registry (GREAT)

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The only thoracic endograft engineered to perform in 6–33% oversizing conditions.

The 16–42 mm range can be treated with as few as five sizes.

- 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
- Small diameter and tapered devices offer a large treatment range

Consult Instructions for Use

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.

INDICATIONS FOR USE IN THE U.S.: 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. CONTRAINDICATIONS: Patients with known sensitivities or allergies to the device materials; patients who have a condition that threatens to infect the graft. Refer to Instructions for Use at goremedical.com for a complete description of all warnings, precautions, and adverse events.

Products listed may not be available in all markets.

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