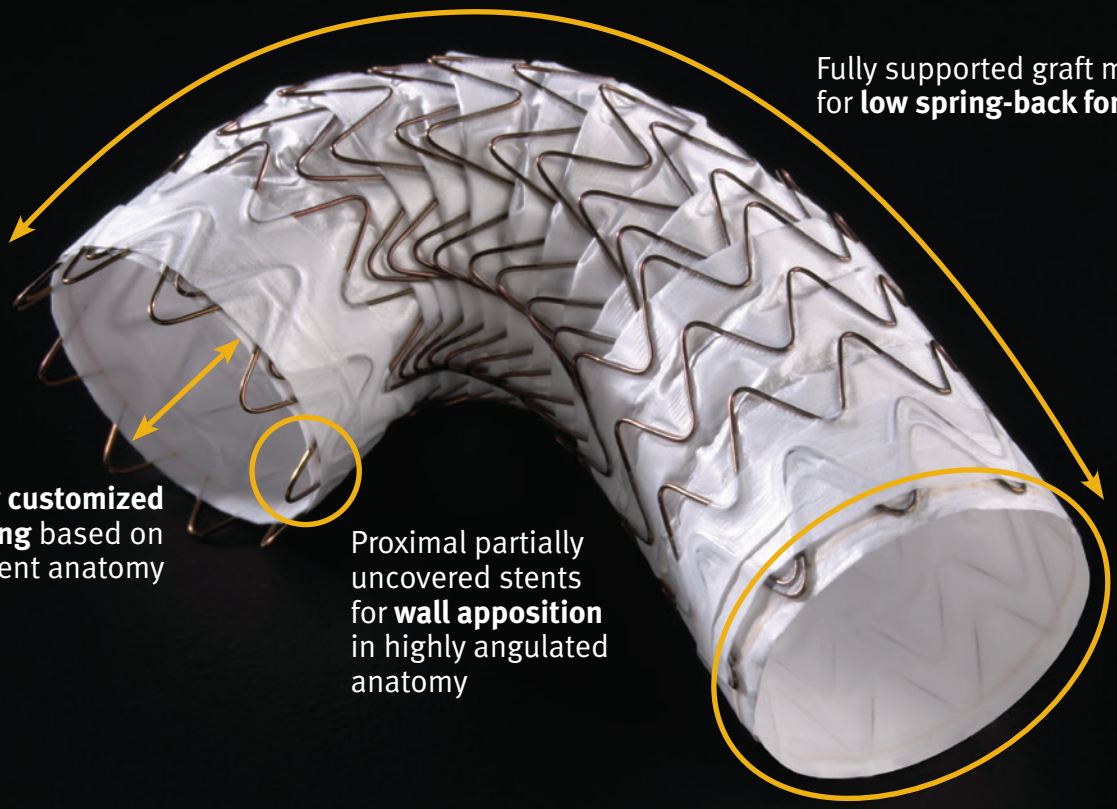
Unparalleled device *conformability* for long-term *durability* in Type B dissection



For more than two decades, we have worked closely with physicians to evolve TEVAR therapies and improve patient outcomes. That's why today, the Conformable GORE® TAG® Device is ***preferred by clinicians around the globe**** when treating Type B dissections. The device helps deliver excellent outcomes and reduce complication risks of treating patients with dissected aortas.

GORE
Creative Technologies Worldwide

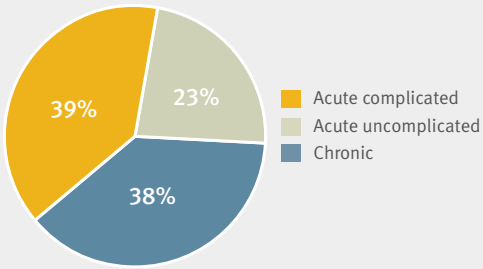
Proven results in acute Type B dissections

97% acute dissection-related survival through 1-year follow-up in GREAT real-world data**

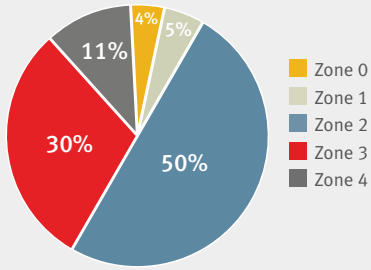
Acute dissection — Adverse event	GREAT data§ (%)
Dissection-related survival	97
Procedural survival	100
Retrograde Type A dissection	0.7
Stroke	1.4
Type Ia endoleak	1.4
Device compression	0
Paraparesis / paralysis	2.0
Conversion	0.7

GREAT pathologies

Dissection sub-types treated



Proximal landing zone||



90% dissection-related survival through 1-year follow-up in acute complicated Type B dissection IDE study

Acute dissection — Adverse event	Dissection study‡ (%)
Dissection-related survival	90
Procedural survival	100
Retrograde Type A dissection	4.0
Stroke	4.0
Type Ia endoleak	2.6
Device compression	0
Paraparesis / paralysis	2.6
Conversion	0

* Based on Millennium Research Group, Inc. data, reflecting unit and revenue share.
** Global Registry for Endovascular Aortic Treatment (GREAT). Prospective, observational, multicenter registry to actively track Gore commercial aortic endovascular device performance and associated patient outcomes in global markets with 10 years of follow-up.
† TAG 08-01 Acute Complicated Type B Dissection Study.
‡ Device-related retrograde Type A dissection (RTAD), debilitating stroke, endoleak, and paraparesis / paralysis persisting at 12-months post-procedure, device compressions and conversions occurring within 12-months post-procedure.
§ Includes Acute Type B dissections, events occurring within 12-months post-procedure.
|| The GORE® TAG® Thoracic Endoprosthesis is not indicated for the treatment of zone 0 and zone 1.

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. **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. ℞ Only

GORE
Creative Technologies Worldwide

W. L. Gore & Associates, Inc.
Flagstaff, AZ 86004

+65.67332882 (Asia Pacific)
00800.6334.4673 (Europe)
800.437.8181 (United States)
928.779.2771 (United States)

goremedical.com

Products listed may not be available in all markets.

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