

Exceptional outcomes. Proven again.

SuperB Study results: Quality of life (QOL) benefits in complex SFA lesions.

100%

Limb salvage in long, complex SFA lesions (n = 63)¹

- 23.3 cm average lesion length
- 38.1% critical limb ischemia (CLI)
- 96.7% TASC II C&D lesions



Improvement in 1-month patient outcomes

Multicenter, randomized controlled trial comparing GORE® VIABAHN® Endoprosthesis to Femoropopliteal Bypass¹

	GORE® VIABAHN® ENDOPROSTHESIS (n = 63)	SURGICAL BYPASS (n = 62)*	P VALUE
Improvement in patient outcomes			
Hospitalization time	3.7 days	6.0 days	P = 0.002
QOL (SF-36, 1 month)	50.2%	37.1%	P = 0.011
Walking impairment questionnaire (1 month)	68.5%	47.6%	P < 0.05
Total complications (1 month)	25	61	P = 0.048
No difference in 12-month patencies or reinterventions			
Primary	64.8%	63.6%	–
Secondary	85.9%	83.3%	–
Freedom from CD-TLR	77.0%	70.0%	–

* 67.7% Vein; 32.3% Prosthetic graft.



Proven patency for complex SFA lesions.

422 Limbs Studied

302 CTOs

22cm Average Lesion Length*

75% Average Primary Patency**



STUDY	NUMBER OF LIMBS	LESION LENGTH (cm)	CTOs (%)	12-MONTH PRIMARY PATENCY (%)	12-MONTH SECONDARY PATENCY (%)
SuperB ¹	63	23	75	65	78
Gore VIPER Clinical Study ²	119	19	56	73	92
VIASTAR Trial ³	66	19	79	78	90
25 cm Trial ⁴	71	27	93	67	97
Japan IDE Clinical Study ⁵	103	22	66	88	98
Combined results (weighted average, as appropriate)	422	22	70	75	92

Read the SuperB Study Abstract at goremedical.com/viabahn/superb.

* Weighted average lesion length.

** 12-Month weighted average primary patency.

1. Reijnen MMPJ, van Walraven LA, Fritschy WM, *et al.* 1-year results of a multicenter randomized controlled trial comparing heparin-bonded endoluminal to femoropopliteal bypass. *JACC: Cardiovascular Interventions* 2017;10(22):2320-2331.
2. Saxon RR, Chervu A, Jones PA, *et al.* Heparin-bonded, expanded polytetrafluoroethylene-lined stent graft in the treatment of femoropopliteal artery disease: 1-year results of the VIPER (Viabahn Endoprosthesis with Heparin Bioactive Surface in the Treatment of Superficial Femoral Artery Obstructive Disease) Trial. *Journal of Vascular & Interventional Radiology* 2013;24(2):165-173.
3. Lammer J, Zeller T, Hausegger KA, *et al.* Heparin-bonded covered stents versus bare-metal stents for complex femoropopliteal artery lesions: the randomized VIASTAR trial (Viabahn endoprosthesis with PROPATEN bioactive surface [VIA] versus bare nitinol stent in the treatment of long lesions in superficial femoral artery occlusive disease). *Journal of the American College of Cardiology* 2013;62(15):1320-1327.
4. Zeller T, Peeters P, Bosiers M, *et al.* Heparin-bonded stent-graft for the treatment of TASC II C and D femoropopliteal lesions: the Viabahn-25 cm Trial. *Journal of Endovascular Therapy* 2014;21(6):765-774.
5. Ohki T, Kichikawa K, Yokoi H, *et al.* Outcomes of the Japanese multicenter Viabahn trial of endovascular stent grafting for superficial femoral artery lesions. *Journal of Vascular Surgery* 2017;66(1):130-142.e1.

INTENDED USE / INDICATIONS: The GORE® VIABAHN® Endoprosthesis is indicated for improving blood flow in patients with symptomatic peripheral arterial disease in superficial femoral artery de novo and restenotic lesions up to 270 mm in length with reference vessel diameters ranging from 4.0 – 7.5 mm, in superficial femoral artery in-stent restenotic lesions up to 270 mm in length with reference vessel diameters ranging from 4.0 – 6.5 mm, and in iliac artery lesions up to 80 mm in length with reference vessel diameters ranging from 4.0 – 12 mm. The GORE® VIABAHN® Endoprosthesis is also indicated for the treatment of stenosis or thrombotic occlusion at the venous anastomosis of synthetic arteriovenous (AV) access grafts. Refer to *Instructions for Use* at goremedical.com for a complete description of all contraindications, warnings, precautions and adverse events.



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Consult Instructions for Use

Products listed may not be available in all markets.

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