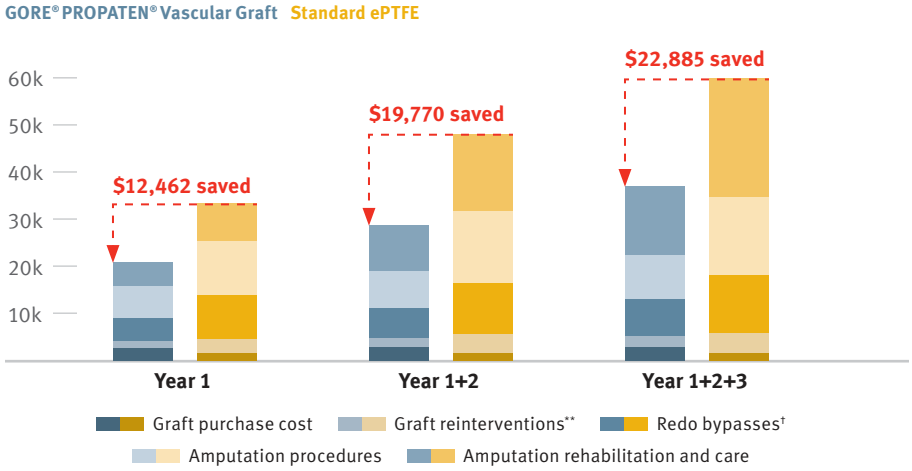


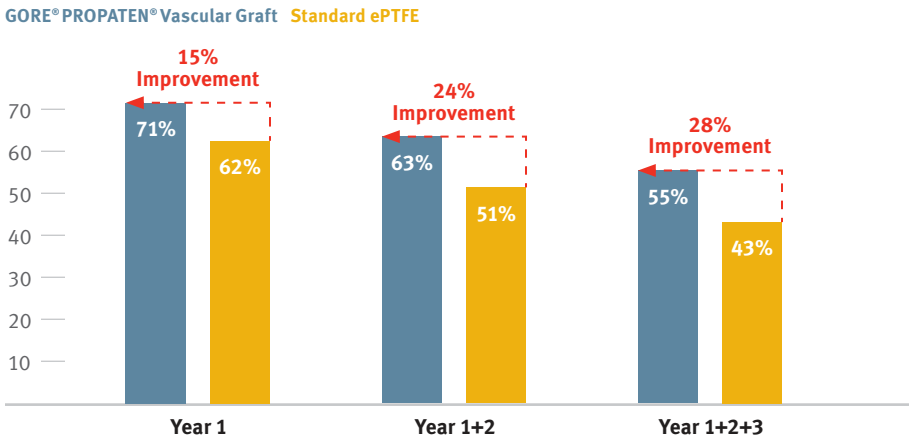
GORE® PROPATEN® Vascular Graft

Proven patency. Measurable value.

Comparison of average cumulative treatment costs per patient years 1 to 3 post index below-knee bypass



Cumulative amputation-free survival‡



GORE® PROPATEN® Vascular Graft long-term value§

Patients

28%

Improvement in amputation-free survival

Physicians

36%

Decrease in revision procedures

Providers

38%

Decrease in average costs

Health economic model methodology*

This data was obtained from a health economic model that was developed to evaluate costs. The model was based on the average reported clinical outcomes (see reverse) of using the GORE® PROPATEN® Vascular Graft compared to standard ePTFE grafts for infragenicular (below-knee) bypass.

The rates for outcomes of primary patency, secondary patency, and limb salvage were taken from the clinical literature.[5] Patients who lost primary patency were treated with either thrombectomy or thrombolysis. Patients who lost secondary patency were treated with thrombectomy, thrombolysis, percutaneous transluminal angioplasty (PTA), redo bypass, medical management, or had a major amputation.

It was estimated that the average reported mortality rates for ePTFE bypasses were the same for all patients in the model and no cost was associated with patient death. The model excluded the rate of complications and associated costs during the initial bypass procedure since they were the same across all patient populations.

All patients received the same post-operative care, with the same associated costs. Dollar amounts (USD) were derived using U.S. Medicare national average cost methodology while cost assumption for amputation was taken from McKenzie 2007.[1,2] Costs of devices are taken from 2018 DRG Price track Data.‖

* This information is intended to demonstrate cost / benefit relationships based on the use of medical devices from W. L. Gore & Associates, Inc. (Gore). The data, economic assumptions, and calculations used are based on currently available information. The user's individual results may vary depending on the specific details of the practice or hospital, and underlying data may change over time. The user remains responsible for interpreting the results and making appropriate decisions regarding the use of medical technologies. Gore does not directly or indirectly practice medicine, and decisions regarding medical treatment for patients may only be made by licensed healthcare providers.

** Procedures for restoring flow in stenosed or occluded graft.

† Replacing the graft with new graft.

‡ Amputation-free survival data obtained from the average reported mortality rate for standard ePTFE[5] and the average reported amputation rates for standard ePTFE[5] and GORE® PROPATEN® Vascular Graft.[5]

§ Based on the 3-year published clinical performance and economic model.

‖ Based on Millennium Research Group, Inc. data, reflecting ASP, unit and revenue share.

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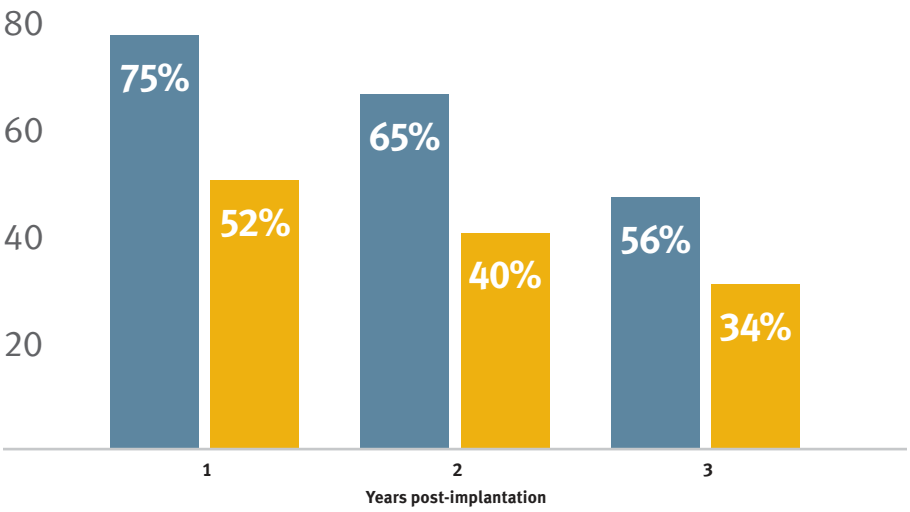
Peripheral artery disease and the role of prosthetic bypass grafts

Peripheral arterial disease (PAD) is an atherosclerotic process that reduces blood flow to the limbs. In the U.S., approximately 8.5 million people have PAD, including 12–20% of individuals older than age 60.[3] In many patients, PAD symptoms will progress to critical limb ischemia (CLI) which has high mortality (approximately 25% dying within one year) and morbidity (about one-third needing a major lower limb amputation within a year) rates. A total of $4.37 billion was spent on PAD-related treatment and 88% of expenditures were for inpatient care.[4]

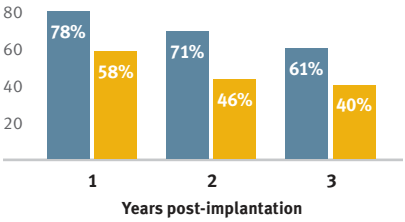
Prosthetic grafts are frequently used in lower limb bypass procedures to restore blood flow in occluded or stenosed arteries. These grafts may require further reinterventions as PAD progresses or other complications arise. Multiple reinterventions are costly to the hospital and burdensome for patients. The GORE® PROPATEN® Vascular Graft is a leading prosthetic bypass graft solution for proven clinical performance and low cumulative cost of care.

Improved clinical outcomes

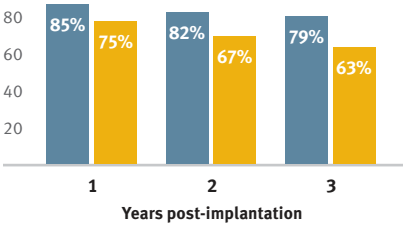
Primary patency



Secondary patency



Limb salvage



GORE® PROPATEN® Vascular Graft[5] Standard ePTFE[5]

References

Health economic model and the impact of PAD within the U.S.

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2. Centers for Medicare & Medicaid Services (2019) *Hospital Outpatient Prospective Payment- Notice of Final Rulemaking with comment* (NFRM) Online. Available at: https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/HospitalOutpatientPPS/Hospital-Outpatient-Regulations-and-Notices-Items/CMS-1695-FC.html?DLPage=1&DLEntries=10&DLSort= 2&DLSortDir=descending. Accessed on April 3, 2019.
3. Centers for Disease Control and Prevention (CDC). Peripheral Arterial Disease (PAD) Fact Sheet. https://www.cdc.gov/dhdsp/data_statistics/fact_sheets/fs_pad.htm. Published June 16, 2016. Accessed March 27, 2019.
4. Hirsch AT, Hartman L, Town RJ, Virnig BA. National health care costs of peripheral arterial disease in the Medicare population. Vasc Med. 2008 Aug;13(3): 209-15. doi: 10.1177/1358863X08089277. PubMed PMID: 18687757.
5. GORE® PROPATEN® Vascular Graft. W. L. Gore & Associates Web site. https://www.goremedical.com/propaten/references. Accessed May 15, 2019.

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