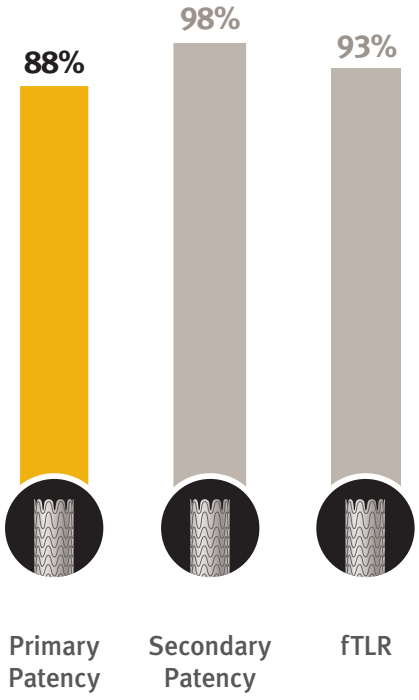
Exceptional outcomes.
Proven again.

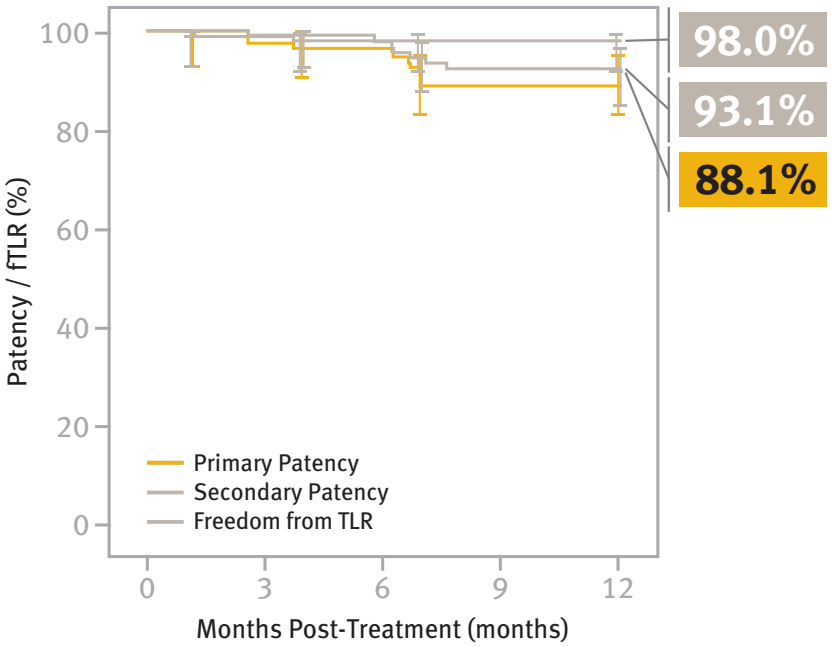
Japan IDE Clinical Study Results: Proven patency in complex SFA lesions.

88% **12-month primary patency in long, complex SFA lesions (n = 103)** [1]

- 21.8 cm average lesion length
- 65.7% chronic total occlusions (CTOs)
- 84.5% TASC II C&D lesions

12-Month Patencies: GORE® VIABAHN® Endoprosthesis Japan IDE Clinical Study*





* GORE® VIABAHN® Endoprosthesis Japan IDE Clinical Study demonstrated 12-month primary patency of 92% as defined by evidence of flow with no Target Lesion Revascularization (TLR). The same study demonstrated 88% 12-month primary patency when defined by PSVR of < 2.5 without a TLR.

GORE VIABAHN® ENDOPROSTHESIS
HEPARIN BIOACTIVE SURFACE

Proven Patency for Complex SFA Lesions.

359 *Limbs Studied*

255 CTOs

21 cm *Average Lesion Length**

78% *Average Primary Patency***

Study	Number of Limbs	Lesion Length (cm)	CTOs (%)	12-Month Primary Patency	12-Month Secondary Patency
Japan IDE Clinical Study[1]	103	22	66	**88**	**98**
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
Combined Results (Weighted average, as appropriate)	**359**	**21**	**70**	**78**	**94**

Read the Japan IDE Clinical Study Abstract at goremedical.com/viabahn/publications

* Weighted Average Lesion Length

** 12-Month Weighted Average Primary Patency

1. 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.
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.

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.

Products listed may not be available in all markets.

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