GORE® TAG®
Thoracic Branch Endoprosthesis

A SIMPLIFIED SOLUTION WITHIN REACH

GET STARTED

Together, improving life
**FIRST-OF-ITS KIND**  
**FDA APPROVED DEVICE**

Designed for simplified, minimally invasive zone 2 TEVAR procedures.

- Deliver results without the potential risk and complexity of revascularization.

~40% of all TEVARS involve zone 2 landing

72% of all Type B dissections

59% of traumatic transections

30% of descending thoracic aneurysms

See the data
Single device, single procedure.

Eliminates the surgical staging and procedure to help simplify the treatment of zone 2 left subclavian artery (LSA) revascularization.

- No reported phrenic nerve injuries\(^2\)
- 25% potential reduction in hospital length of stay\(^3\)

High patency, low disabling stroke rate:

\[99.2\% \text{ LSA branch patency}^{*,2}\]

\[3.4\% \text{ disabling stroke rate}\]

Avoid LSA surgical revascularization procedure and related risks\(^3\)

\(^*\) 100% freedom from reintervention due to loss of LSA patency.
\(^†\) Through 12 months.
Based on the history of innovation of the GORE® TAG® Device family

Focused on the future, powered by the past.

1997
First thoracic device to enter clinical trials in U.S.

2005
FIRST FDA approved TEVAR device

2011
TEVAR device approved by FDA for treatment of aneurysms

2012
FIRST thoracic device FDA approved for isolated lesions including traumatic transections

2013
FIRST thoracic stent graft FDA approved for Type B dissections

2019
FDA approval of first thoracic stent graft designed to provide angulation control

2022
First FDA approved flexible off-the-shelf single branch thoracic endoprosthesis for patients requiring zone 2 treatment

Contact your Gore representative for additional information

References

Consult Instructions eifu.goremedical.com

INDICATIONS FOR USE IN THE U.S.: The GORE® TAG® Thoracic Branch Endoprosthesis is indicated for endovascular repair of lesions of the descending thoracic aorta, while maintaining flow into the left subclavian artery, in patients who have: Adequate iliac/femoral access; Proximal Aortic Landing Zones: For Isolated Lesion Patients: Non-aneurysmal, dissected, heavily calcified, or heavily thrombosed proximal landing zone; For Dissection Patients: Primary entry tear must be distal to the left subclavian artery and the proximal extent of the landing zone must not be dissected; Aortic inner diameter range 16-42 mm; Proximal segment length (length from distal edge of left subclavian artery to mid left common carotid ostium) of at least 2.0-4.0 cm, depending on Aortic Component selection; Proximal covered length (measured from distal edge of left subclavian artery to distal edge of left common carotid artery ostium) of at least 15–36 mm, depending on Aortic Component selection; For patients with prior ascending aorta or aortic arch repair with surgical graft: at least 2 cm landing zone proximal to the distal anastomosis; Left Subclavian Landing Zone: Landing zone cannot be aneurysmal, dissected, heavily thrombosed and severely tortuous (180 degree turn within the treated length); Left subclavian artery inner diameter of 6–18 mm, depending on Side Branch Portal diameter selected; Left subclavian artery minimum length of 2.5–3.0 cm, depending on Side Branch Portal diameter selected. Distal Landing Zone (Isolated Lesion Patients only): Outer curve length must be ≥ 2 cm proximal to celiac artery; Aortic inner diameter range 16–42 mm; Non-aneurysmal, dissected, heavily calcified, or heavily thrombosed landing zone; Native Aorta or previously placed GORE® TAG® Conformable Thoracic Stent Graft. Contraindications: The GORE® TAG® Thoracic Branch Endoprosthesis is contraindicated in: Patients with known sensitivities or allergies to the device materials [ePTFE (polytetrafluoroethylene), FEP (fluoroethylpropylene), Nitinol (nickel, titanium), Gold, SB Component only - Heparin (CBAS® Heparin Surface); Patients who have a condition that threatens to infect the graft; Patients with known hypersensitivity to heparin, including those patients who have had a previous incident of Heparin-Induced Thrombocytopenia (HIT) type II. Refer to Instructions for Use at eifu.goremedical.com for a complete description of all applicable indications, warnings, precautions and contraindications for the markets where this product is available. Products listed may not be available in all markets.

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