

GORE® TAG®
Conformable Thoracic
Stent Graft



U.S. IDE Clinical Trials

Five-year data across etiologies

GET STARTED 

Together, improving life



Longterm results you can trust

U.S. IDE Clinical Trials: Five year data across ALL etiologies

ZERO

Migrations*
Fractures
Compressions

Type III endoleaks
Erosions

100%

Procedural
survival

↓↓ Low
rates of

Endoleaks
requiring
reintervention

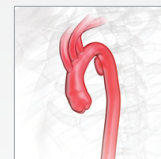
Device-related
reinterventions



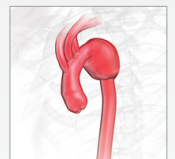
View trials



Acute Complicated
Type B Dissection »



Traumatic Aortic
Transection »

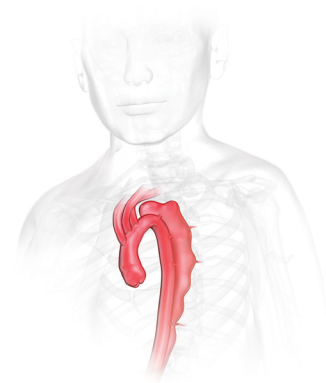


Thoracic Aortic
Aneurysm »

* Migrations are reported as those requiring reintervention.

Acute Complicated Type B Dissection

Long-term outcomes in a prospective multicenter trial



U.S. IDE Clinical Trial



50
patients
enrolled

100%
procedural
survival

5-year data

91%

of patients exhibited
an increase in true
lumen diameter*

87%

complete
thrombosis
observed

96%

of patients did not
experience late deaths
attributable to aortic
pathology after 30 days†

ZERO

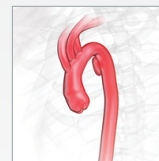
Migrations‡
Type III endoleaks
Erosions
Compressions

Fractures
Conversions to open
surgical repair

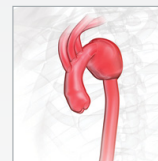
View trials



Acute Complicated
Type B Dissection »



Traumatic Aortic
Transection »



Thoracic Aortic
Aneurysm »

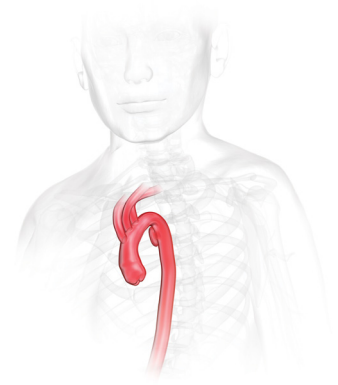
* At five years.

† 8% 30-day mortality rate.

‡ Migrations are reported as those
requiring reintervention.

Traumatic Aortic Transection

Long-term outcomes in a prospective multicenter trial



U.S. IDE Clinical Trial

 **101** patients enrolled
100% procedural survival

5-year data

100%

Freedom from aortic-related mortality

99%

did not experience a device/procedure-related stroke*

95%

Freedom from all-cause mortality at 30 days

89%

Freedom from all-cause mortality at 5 years

ZERO

Reinterventions
Endoleaks[†]
Ruptures[‡]
Fractures
Lumen obstructions
Thrombus related events

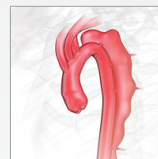
Conversions to open surgical repair
Compressions
Migrations[§]
Erosions



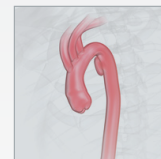
As published in:
The Annals of Thoracic Surgery (2021).

* n = 1 post procedural, ischemic, stroke.
† No serious endoleaks reported. Two minor endoleaks were reported which resolved without reintervention.
‡ Post procedure.
§ Requiring reinterventions.

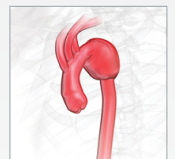
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Acute Complicated Type B Dissection »



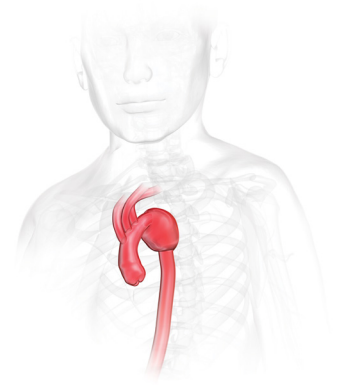
Traumatic Aortic Transection »



Thoracic Aortic Aneurysm »

Thoracic Aortic Aneurysm

Long-term outcomes in a prospective multicenter trial



U.S. IDE Clinical Trial



66
patients
enrolled

100%
procedural
survival

5-year data

88%

Freedom from
device-related
reinterventions

82%

Stable aneurysm
sac diameters

93%

Freedom from
aneurysm-related
mortality

ZERO

Fractures
Compressions
Migrations*
Type III endoleaks

Conversions to open
surgical repair
Erosions

 **Low
rates of**

Reintervention[†]
Proximal leaks[‡]
Rupture[§]



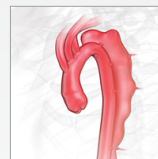
As published in:
Journal of Vascular Surgery (2021).

* With clinical sequelae resulting in reinterventions through five-years.

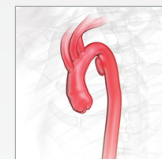
† Device related reinterventions: 7.6% (n=5)
four of the five were treatments for endoleaks
and one for a distal thoracic pseudoaneurysm.

‡ Type Ia was rare n = 1.
§ 1.5% n = 1.

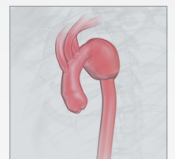
View trials



Acute Complicated
Type B Dissection »



Traumatic Aortic
Transection »



Thoracic Aortic
Aneurysm »

Contact a Gore representative to learn more.
tevar.tv

References

OP869 Farber MA, Krishnasastry KV, Desai N, Starnes BW, Matsumura JS, Tohill BC; TAG 08-02 Clinical Trial Investigators. Five-year outcomes with Conformable GORE® TAG® endoprosthesis used in traumatic aortic transections. *Annals of Thoracic Surgery*. In press. <https://www.sciencedirect.com/science/article/pii/S0003497521010134>

OP871 Jordan WD, Desai N, Letter AJ, Matsumura JS. Long-term outcomes of the CTAG thoracic endograft in a prospective multicenter trial. *Journal of Vascular Surgery* 2021;74(5):1491-1498. <https://www.sciencedirect.com/science/article/pii/S0741521421007485>

W. L. Gore & Associates. Evaluation of the GORE Conformable TAG® Thoracic Endoprosthesis for Treatment of Acute Complicated Type B Aortic Dissection. Bethesda, MD: National Library of Medicine; 2009. NLM Identifier: NCT00908388. Published May 25, 2009. Updated October 27, 2017. Accessed March 1, 2022. Available from: <https://clinicaltrials.gov/ct2/show/NCT00908388>

 Consult Instructions
for Use
eifu.goremedical.com

INDICATIONS FOR USE IN THE U.S.: The GORE® TAG® Conformable Thoracic Stent Graft 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:** The GORE® TAG® Conformable Thoracic Stent Graft is contraindicated in: Patients with known sensitivities or allergies to the device materials (Table 1); Patients who have a condition that threatens to infect the graft. 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. Rx Only

INDICATIONS FOR USE UNDER CE MARK: The GORE® TAG® Conformable Thoracic Stent Graft 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 eifu.goremedical.com for a complete description of all applicable indications, warnings, precautions and contraindications for the markets where this product is available. Rx Only

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