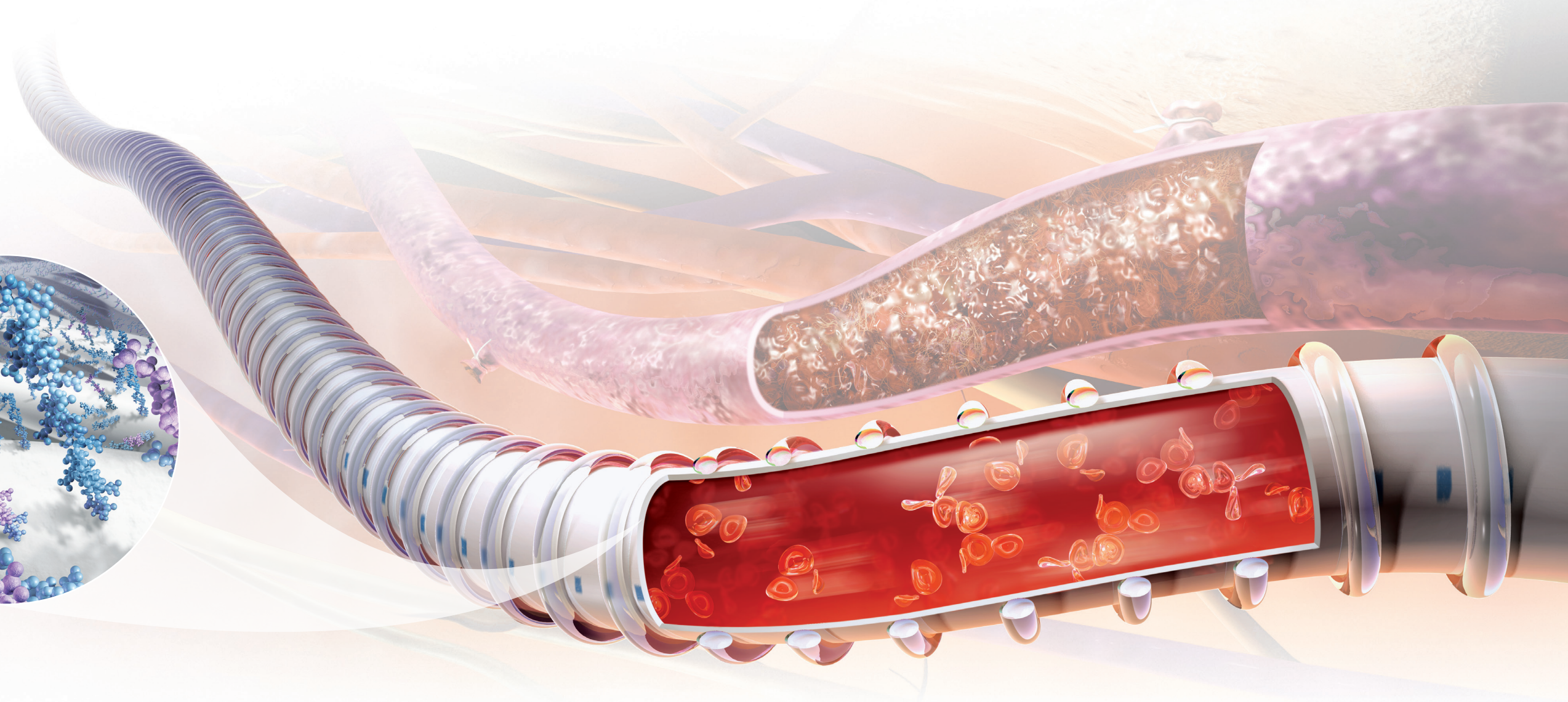
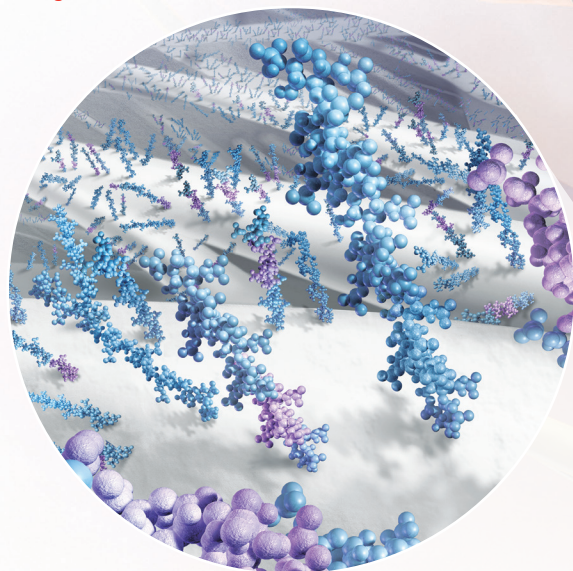


Features Gore's CBAS Heparin Surface, the proven heparin bonding technology for lasting thromboresistance, used in many of Gore's interventional and vascular surgery products. End-point covalent bonding keeps heparin anchored to the graft surface, while the bioactive site remains free to interact with the blood to help prevent clotting.⁷



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GORE® PROPATEN® Vascular Graft

Proven patency. Measurable value.



W. L. GORE & ASSOCIATES, INC.
Flagstaff, AZ 86004

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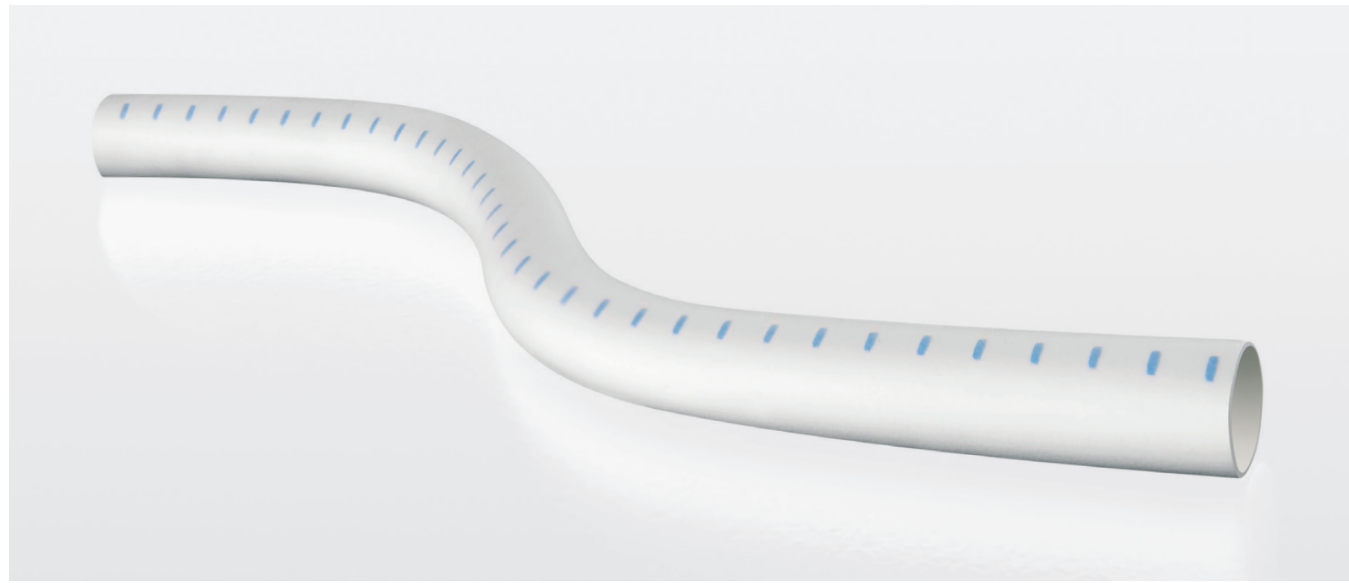
goremedical.com

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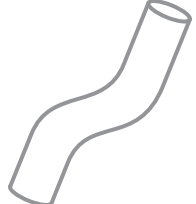
Strength of leadership

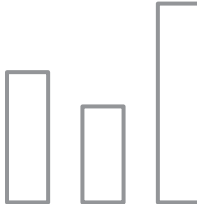


GORE® PROPATEN® Vascular Graft

A leading prosthetic vascular graft for lower extremity revascularization, specifically designed to reduce the risk of acute graft thrombotic failure. With more than a decade of strong performance that includes improving outcomes and reducing interventions, this longstanding bypass graft helps deliver both proven clinical and economic value for patients and hospitals.

See the proof at goremedical.com/propaten

 **600K+**
Devices
implanted

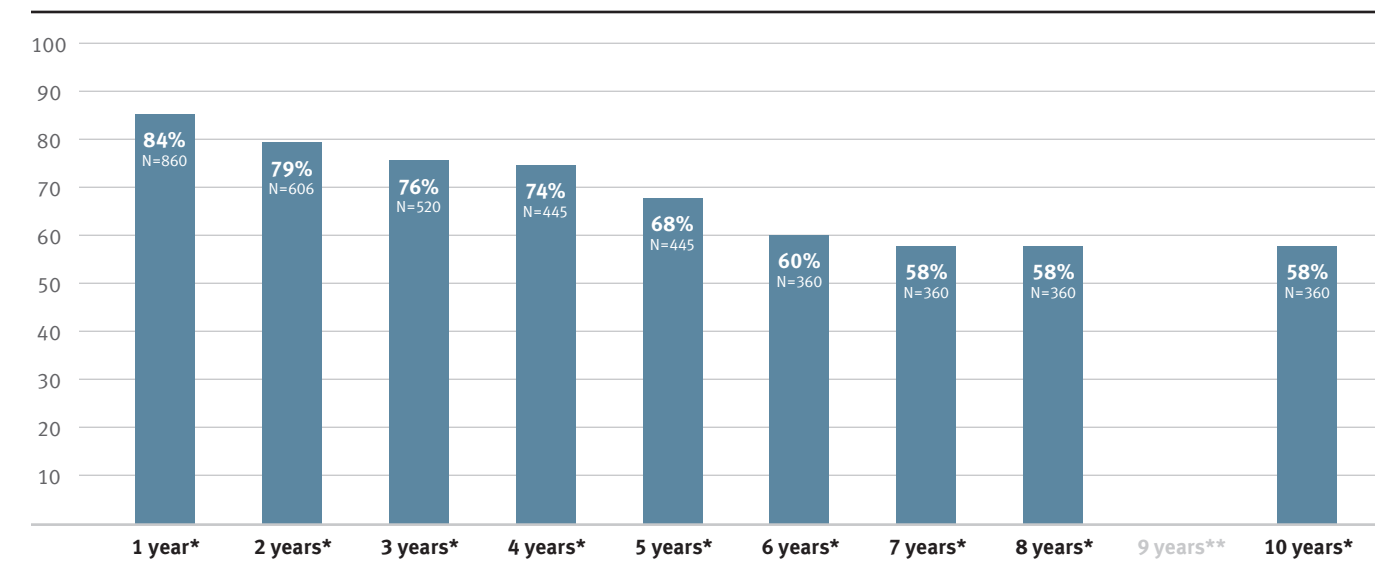
 **30+**
Clinical studies
over 10 years

 **2,000+**
Limbs
studied

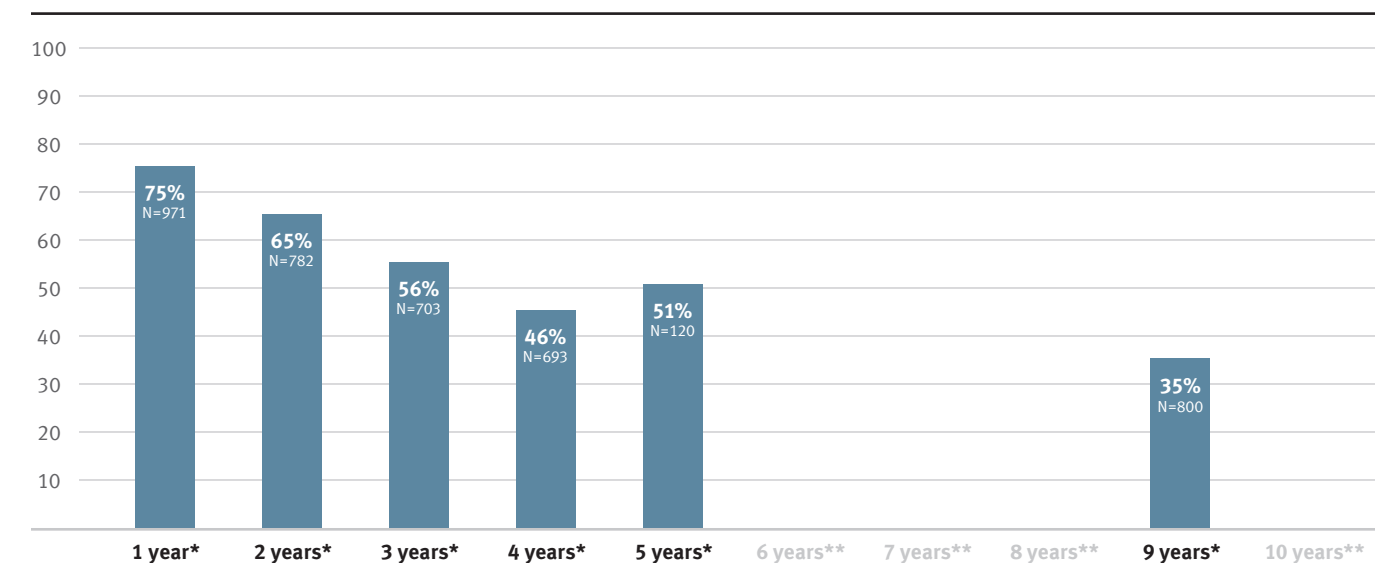
 **17+**
Years of
performance

A decade of performance

GORE® PROPATEN® Vascular Graft
Above-knee bypass primary patency



GORE® PROPATEN® Vascular Graft
Below-knee bypass primary patency



* Overall weighted average primary patency is based on data from 15 peer-reviewed publications meeting pre-determined inclusion criteria. Visit propatenperformance.com to see inclusion criteria, explore the data, and see publications.

** Data not reported.

Study size (N) reflects the initial cohort size of the study.

Proven patency

By substantially reducing acute graft thrombosis within hours after implantation, the CBAS Heparin Surface on the GORE® PROPATEN® Vascular Graft provides clinical benefits that standard ePTFE grafts do not.¹

 **Fewer occlusions**

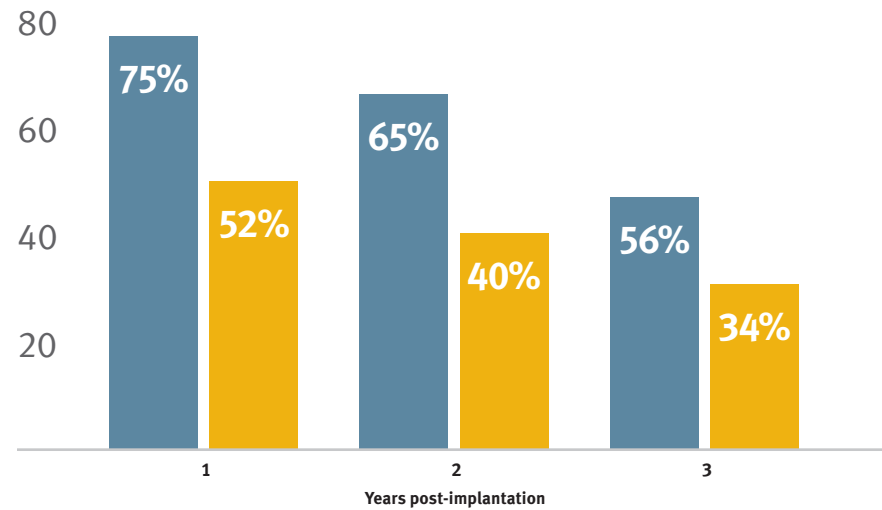
50% reduction in risk of graft occlusion compared to standard ePTFE in critical limb ischemia (CLI) patients.²

 **Improved patient outcomes**

Higher primary and secondary patency, and higher limb salvage for below-knee bypass compared to standard ePTFE from 1–3 years.³

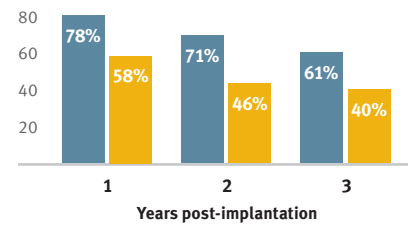
Improved clinical outcomes

Primary patency

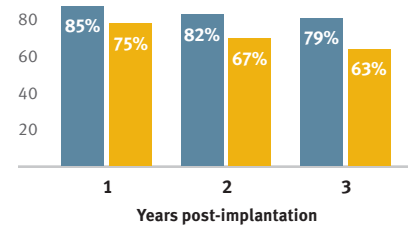


GORE® PROPATEN® Vascular Graft³ Standard ePTFE³

Secondary patency



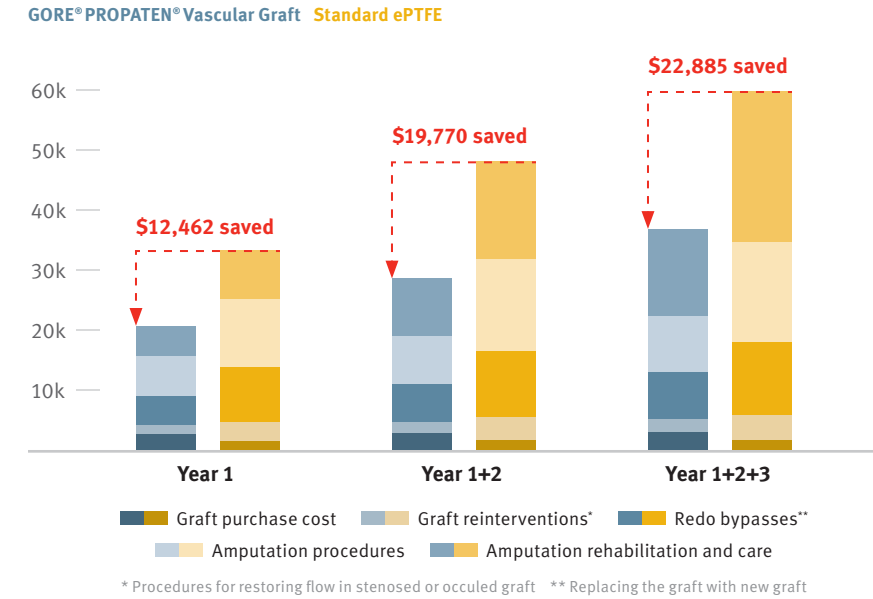
Limb salvage



Measurable value

The GORE® PROPATEN® Vascular Graft is the leading prosthetic bypass graft solution for proven clinical performance and low cumulative cost of care.

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



GORE® PROPATEN® Vascular Graft long-term value†

Patients
28%

Improvement in amputation-free survival

Physicians
36%

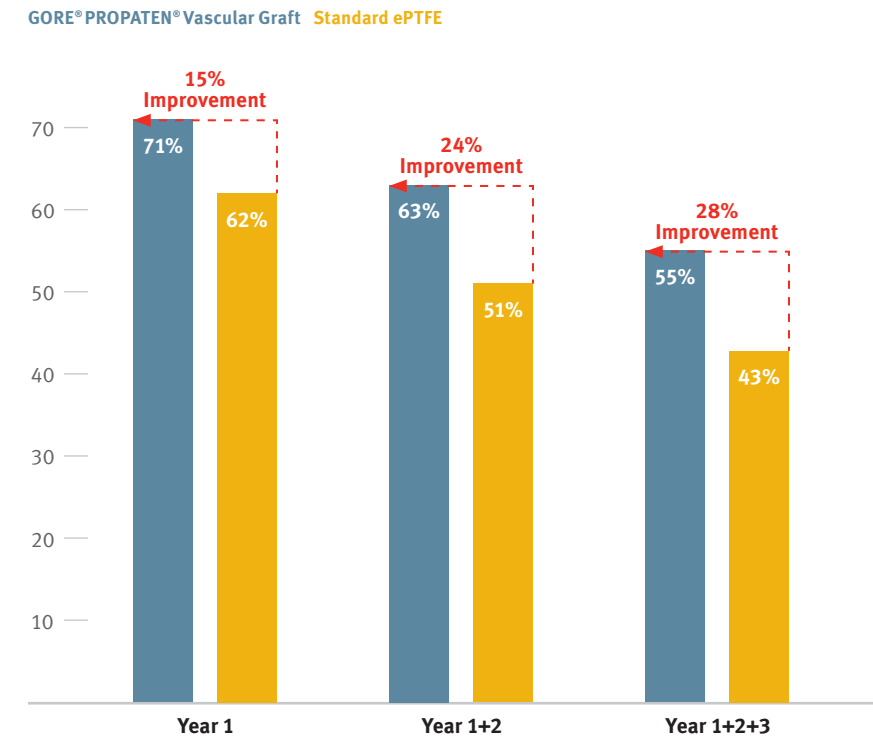
Decrease in revision procedures

Providers
38%

Decrease in average costs

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

Below-knee cumulative amputation-free survival



Amputation-free survival (avoided loss of limb or life) is the average reported mortality rate for standard ePTFE and the average reported amputation rates for standard ePTFE and GORE® PROPATEN® Vascular Graft.⁴

Lasting thromboresistance. Proven technology.*

CBAS Heparin Surface

The CBAS Heparin Surface of the GORE® PROPATEN® Vascular Graft consists of a proprietary covalent end-point bond that preserves the active site, thus retaining heparin's anticoagulant activity.



Proven heparin availability

Performance-ready heparin active site.^{4,6}



Proven heparin bioactivity

Unmatched, persistent ability to take up antithrombin.^{1,5}



Proven lasting thromboresistance

Improved surface hemocompatibility resulting from heparin availability and bioactivity.^{1,4-7}

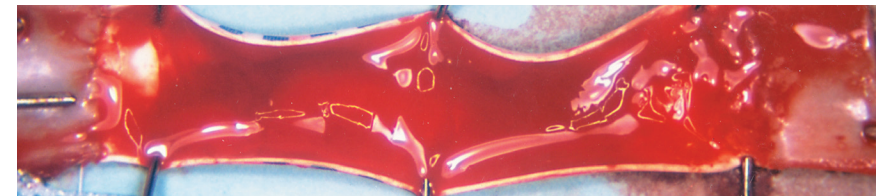
The CBAS Heparin Surface of a 3 mm diameter GORE® PROPATEN® Vascular Graft (top) remains free of thrombus, while the 3 mm diameter control ePTFE graft (bottom) is covered with thrombus in an acute two-hour in vivo canine carotid artery interposition model.

In vivo canine carotid artery interposition model

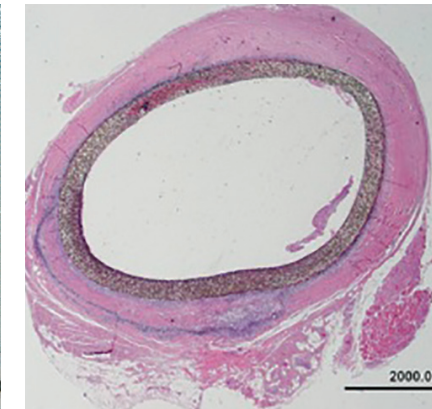
GORE® PROPATEN® Vascular Graft



Standard ePTFE



Sustained heparin bioactivity⁸

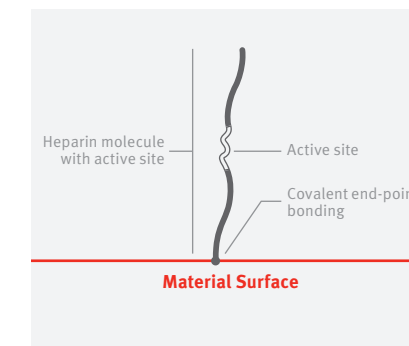


**8 Years
(Explant after 2,939 days)**

Heparin bioactivity detected above the level required for thromboresistance in a 8-year human explant. No adherent thrombus was found.

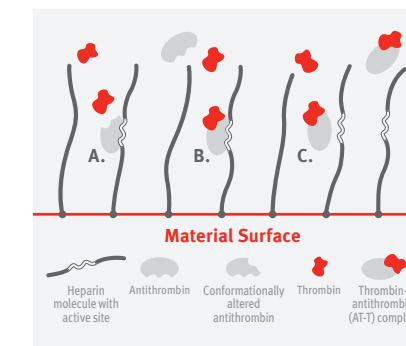
- Femoral to posterior tibial bypass with polyester Linton patch.
- Distal anastomosis occluded.

Proprietary covalent end-point bonding



Covalent end-point bonding allows the heparin to extend into the bloodstream, keeping the active site bioavailable, unlike a non-permanent bond that can be washed away in the bloodstream.

Mechanism of action



- A.** Bioactive site of the heparin molecule enables antithrombin to bind thrombin.
- B.** When antithrombin binds to thrombin, a neutral AT-T complex is formed.
- C.** Neutral AT-T complex detaches from the heparin molecule.
Active site becomes available to again bind antithrombin.

The anticoagulant function of heparin is dependent on the bioavailability of an active site within the molecule.

Some methods of covalent heparin bonding damage and/or obstruct the active site, and hence destroy heparin's anticoagulant activity.

* CBAS Heparin Surface. W. L. Gore & Associates Web site. <https://www.goremedical.com/cbas/references>. Accessed January 9, 2019.