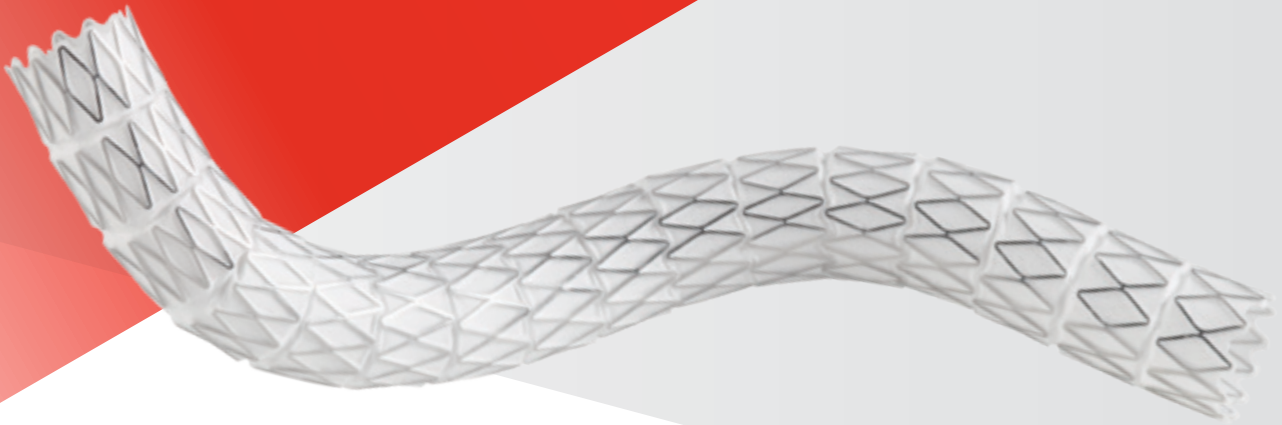




GORE® VIABAHN® VBX
Balloon Expandable Endoprosthesis

FLEXIBLE STRENGTH.
PROVEN SUCCESS.



Together, improving life

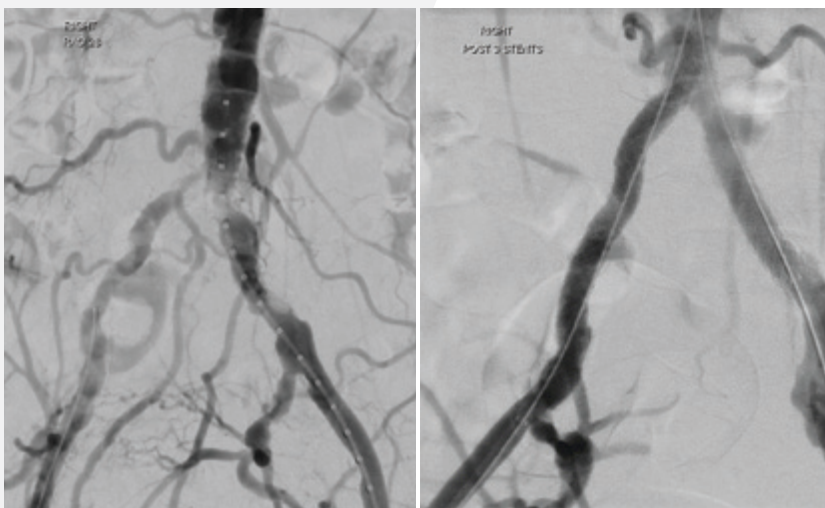
Proven procedural and clinical success

The Gore VBX FLEX Clinical Study is a prospective, multicenter, single-arm study of 134 patients with complex aortoiliac occlusive disease (32.1% TASC II C and D, 42.5% kissing stent).

In the study, 234 devices were delivered; 50% bilateral treatment, 18% contralateral deliveries and predilatation was not required.

100%

restoration of lumen diameter¹



Before

After

≤ 30% residual stenosis due to high radial strength, even in highly calcified and non-compliant lesions

100%

delivery to target lesion with no device dislodgement¹

100%

stent retention¹

100%

deployment at the target site¹

Proven patency and patient benefit

One-year outcomes

94.5%
primary patency²

96.1% primary patency in TASC C and D lesions at one year²

99.5% secondary patency²

Three-year outcomes

91.2% freedom from target lesion revascularization (fTLR)²

+0.17 improvement in mean resting ABI ($P < .001$, .93 mean ABI)^{*,2}

92% of patients improved ≥ 1 Rutherford category versus baseline²

* ($P < .001$) Statistically significant change from pre-procedure.

Clinically proven results³

VBX Stent Graft durability through five years assessed in a physician-initiated study that enrolled 59 patients from three participating centers representative of the VBX FLEX Study cohort.

Physician-initiated **five-year** follow-up of patients from three centers participating in the VBX FLEX Study

Five-year outcomes

89.5%

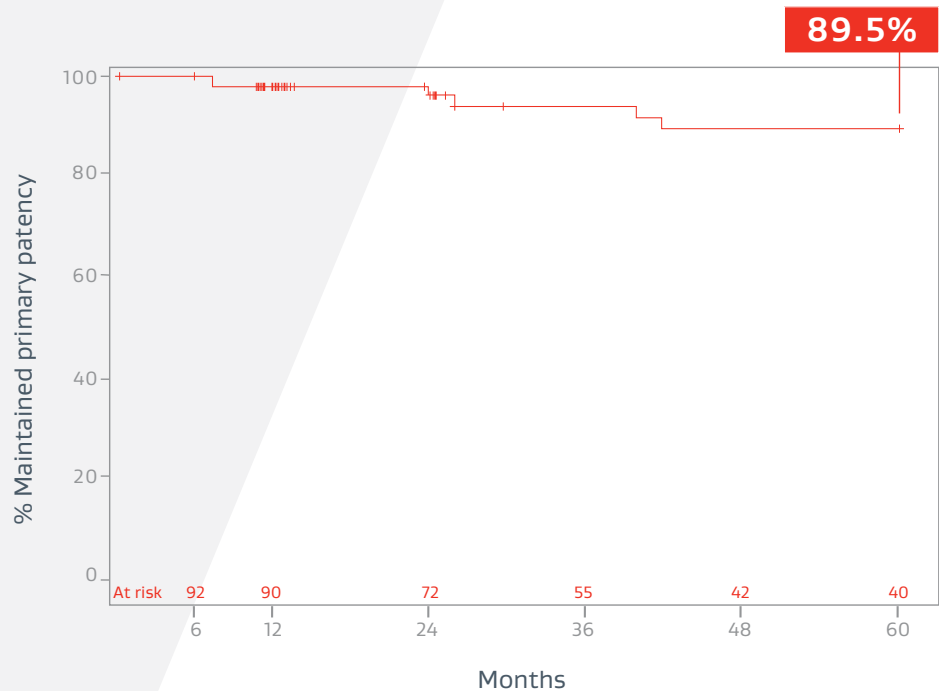
primary patency per lesion

96.1%

primary assisted patency per lesion

89.1%

fTLR per subject



Kaplan Meier graph of primary patency with number of lesions at risk

Additional patient benefits versus baseline³

Follow-up of patients treated with the **VBX Stent Graft**

Five-year outcomes

+.15

improvement in mean resting
ankle-brachial index (ABI)
(from .76 to .95) [P < .001]*

3x

improvement in median
WIQ measures

100%

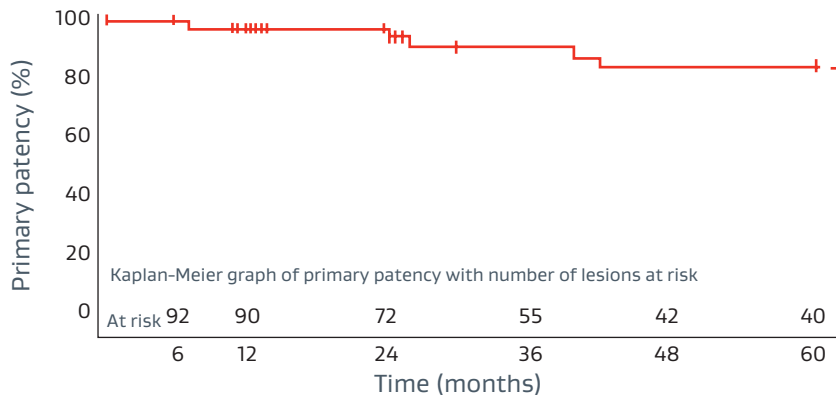
of evaluated (n=28) patients
improved \geq 1 Rutherford category
from baseline^{†,1}

* (P < .001) Statistically significant change from pre-procedure.

† 59 subjects participated and 28 were available through the end of the study at 5-year follow-up.

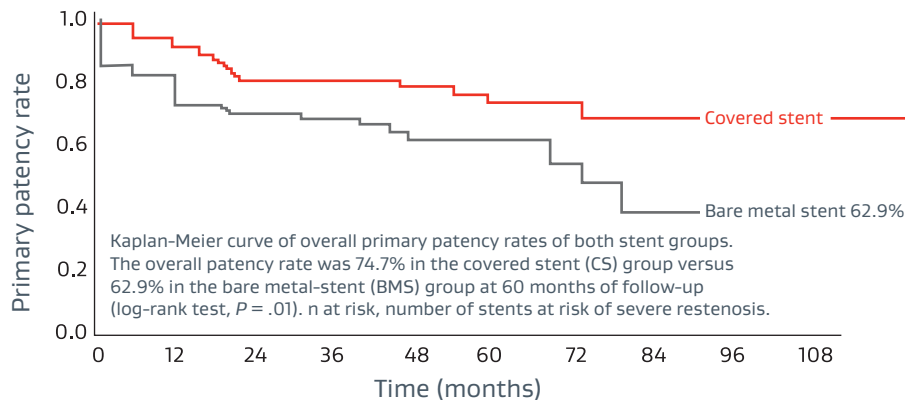
Physician-initiated five year follow-up elevates BX stent graft long-term data

Physician-initiated VBX Stent Graft follow-up³



VBX Stent Graft
primary patency
89.5%

COBEST Clinical Study⁴



CS
primary patency
74.7%

Note: Key differences in study design and patient population hinder a direct comparison of results from COBEST and physician-initiated study.

Advanced technology and unique design

The only BX stent graft with stainless steel independent rings⁵⁻⁹:

- Enhances flexibility and conformability
- Minimizes foreshortening
- Provides high radial strength



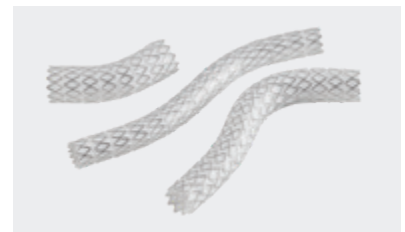
The only BX stent graft with a semi-compliant covered balloon⁵⁻⁹:

- Enables diameter customization
- Improves device retention on the catheter while tracking in tortuous anatomy and tight angles



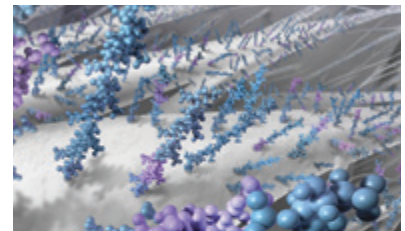
Broadest offering of diameters and lengths⁵⁻⁹:

- The longest BX stent graft
- Broadest range of diameter adjustability in a single device*



Proven leader in stent graft technology:

- Twenty years of peripheral stent graft clinical experience
- Leverages the stent graft technology of the GORE® VIABAHN® Endoprosthesis
- Featuring Gore's CBAS® Heparin Surface, the proven heparin bonding technology for lasting thromboresistance¹⁰



* Maximum post-dilated diameter up to 16 mm with 8L or 11 mm devices.

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