Speaker Slideset

Product with radiopaque markers planned for European availability in 2016.

GORE VIABAHN ENDOPROSTHESIS PROPATEN BIOACTIVE SURFACE

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- Image Materials

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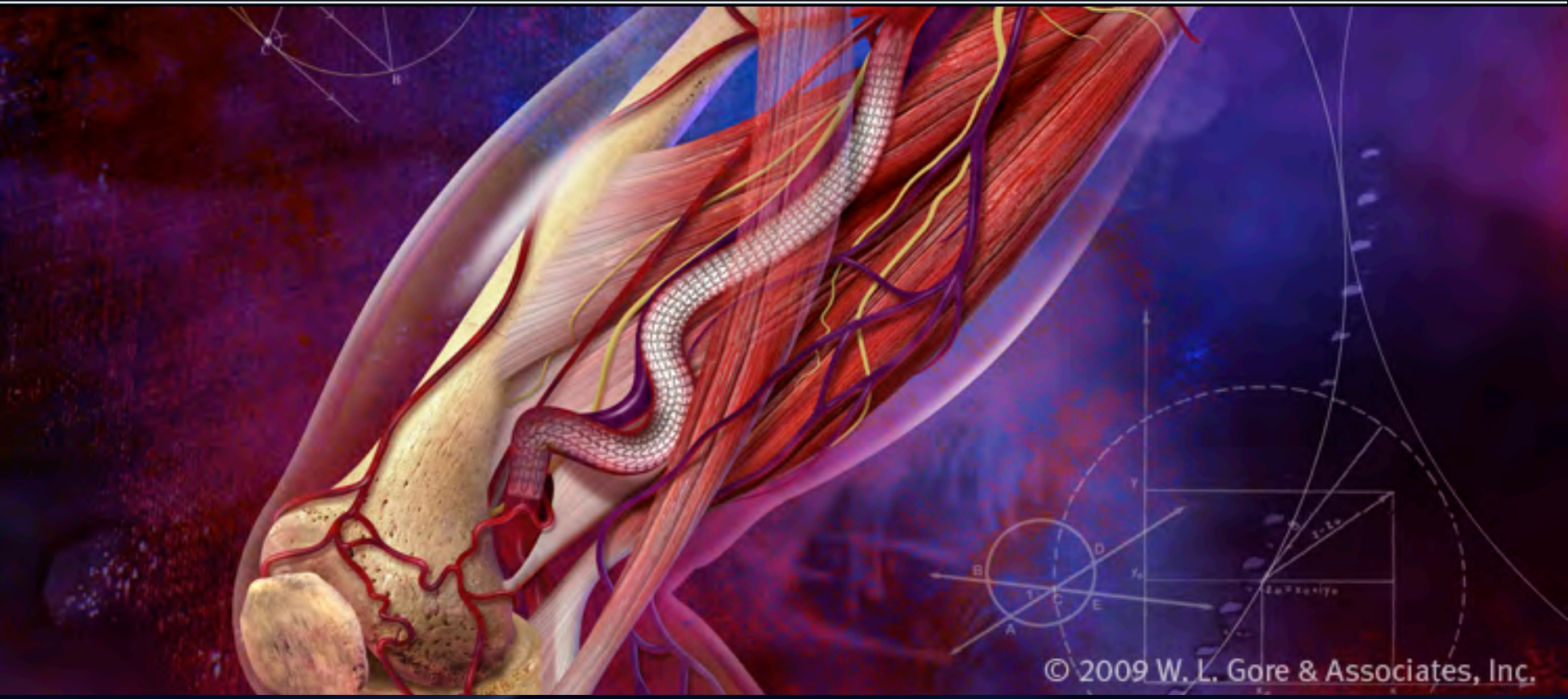
GORE VIABAHN ENDOPROSTHESIS PROPATEN BIOACTIVE SURFACE

Product Overview



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Product Overview

The GORE® VIABAHN® Endoprosthesis is a flexible, self-expanding endoluminal prosthesis for endovascular grafting of peripheral arteries. The GORE® VIABAHN® Endoprosthesis is also indicated for improving blood flow in symptomatic obstructions of peripheral veins.

℞ Only

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Product Overview

Contraindications

Non-compliant lesions where full expansion of an angioplasty balloon catheter was not achieved during pre-dilation, or where lesions cannot be dilated sufficiently to allow passage of the delivery system.

Patients with known hypersensitivity to heparin, including those patients who have had a previous incidence of Heparin Induced Thrombocytopenia (HIT) Type II.

Refer to Instructions for Use at goremedical.com for a complete description of all contraindications, warnings, precautions and adverse events. ℞ Only

VIABAHN® ENDOPROSTHESIS
PROPATEN BIOACTIVE SURFACE

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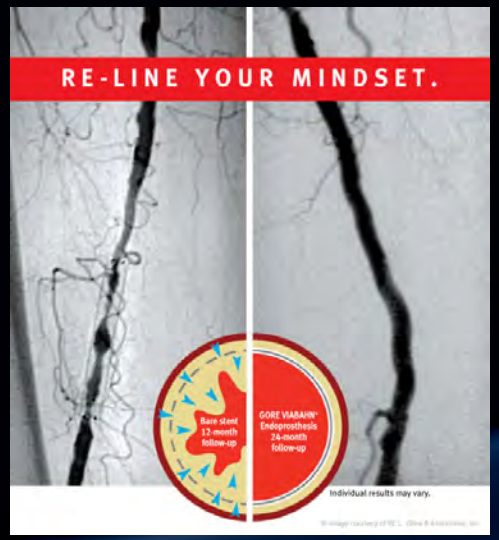
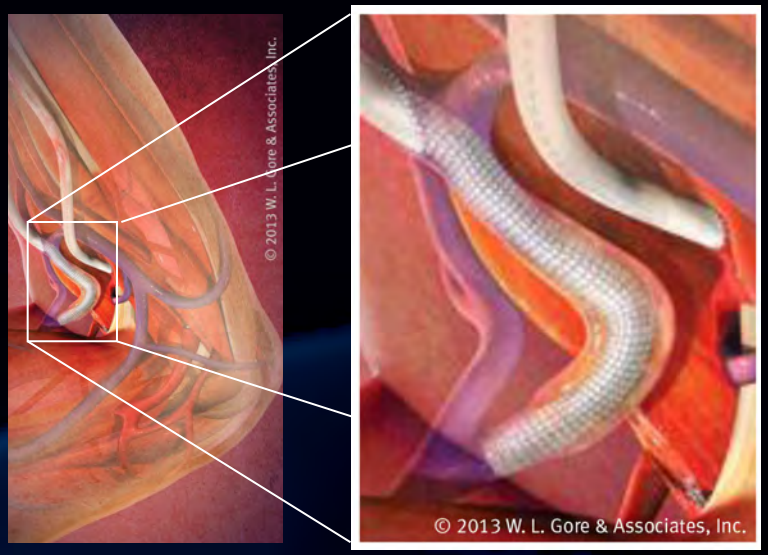
Total Endoluminal Bypass: Preventing In-Stent Restenosis





Individual results may vary.

The GORE® VIABAHN® Endoprosthesis covers and seals off the diseased and irregular tissue of the vessel wall. In contrast, a bare nitinol stent covers only a small portion of the diseased lumen.

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Features and Benefits

- CARMEDA® BioActive Surface (CBAS® Heparin Surface)
  - Intended to provide thromboresistant surface
  - Proprietary covalent bond
  - Sustained bioactivity[1]
- ePTFE Lining
  - Intended to limit in-stent restenosis
- Nitinol Stent
  - Conformable yet durable
- Contoured Proximal Edge
  - May improve flow dynamics as blood enters endoprosthesis

[1] See references on slides 47-51.

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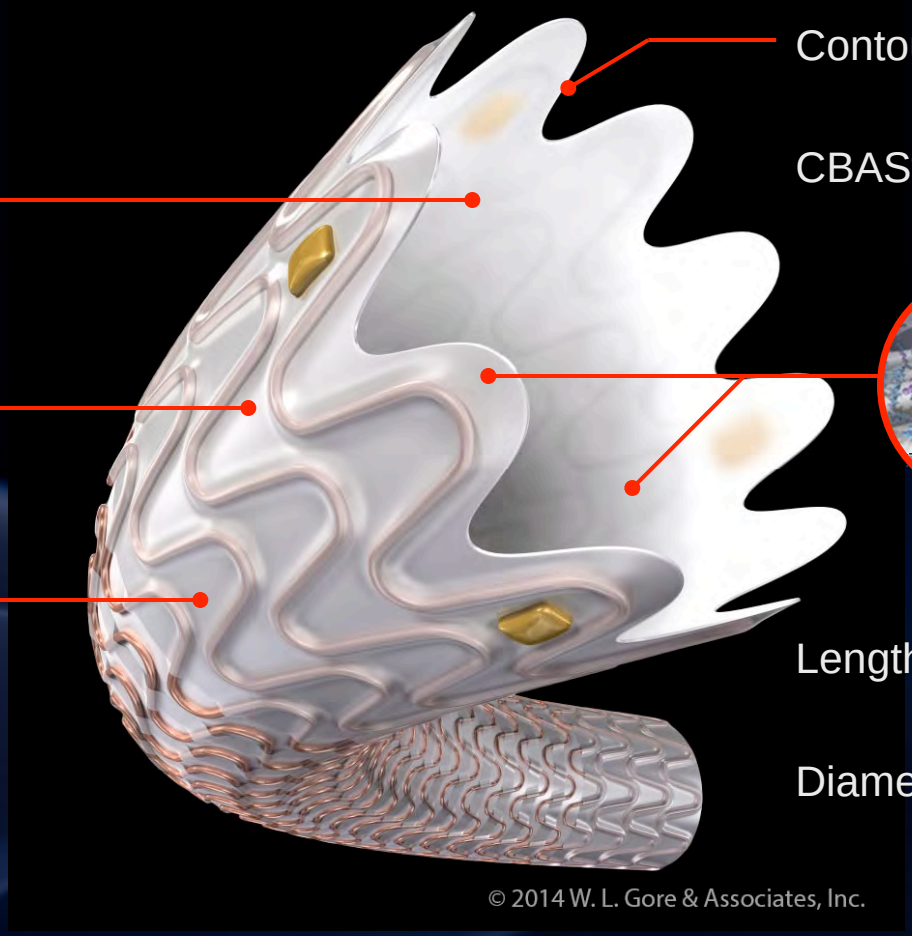
GORE VIABAHN® ENDOPROSTHESIS PROPATEN BIOACTIVE SURFACE

Endoprosthesis Description



Product with radiopaque markers planned for European availability in 2016.

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Endoprosthesis Sizing Table

Device Sizing		Introducer Sheath Size (Fr) Guidewire Diameter 0.035" (0.889 mm)	Introducer Sheath Size (Fr) Guidewire Diameter 0.018" (0.460 mm)	Available Device Lengths[1] (cm)	Recommended Balloon Diameter for Device Touch-up (mm)[2]
Labeled Device Diameter (mm)	Recommended Vessel Diameter (mm)				
5	4.0–4.7	7	6	2.5, 5, 10, 15, 25	5.0
6	4.8–5.5	7	6	2.5, 5, 10, 15, 25	6.0
7	5.6–6.5	8	7	2.5, 5, 10, 15, 25	7.0
8	6.6–7.5	8	7	2.5, 5, 10, 15, 25[3]	8.0
9	7.6–8.5	9	–	5, 10, 15	9.0
10	8.6–9.5	11[4]	–	2.5, 5, 10, 15	10.0
11	9.6–10.5	11	–	2.5, 5, 10	12.0
13	10.6–12.0	12	–	2.5, 5, 10	14.0

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1. Labeled device lengths are nominal.
2. For the 11 and 13 mm diameter devices, balloon inflation pressure should not exceed 8 atm.
3. The 8 mm x 25 cm device is not compatible with the 7 Fr COOK® CHECK-FLO® FLEXOR® sheath.
4. The 10 mm diameter device is compatible with the following 10 Fr introducer sheaths: CORDIS® AVANTI® Sheath Introducer, Boston Scientific SUPER SHEATH Introducer Sheath, B. Braun INTRADYN Tear-Away Introducer Sheath.

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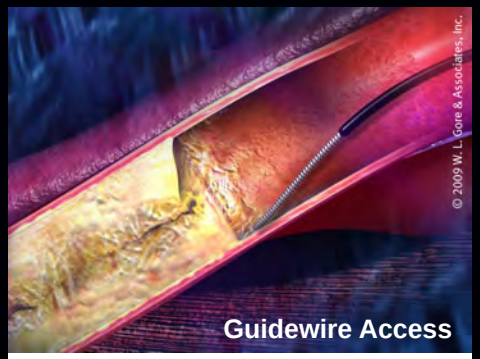
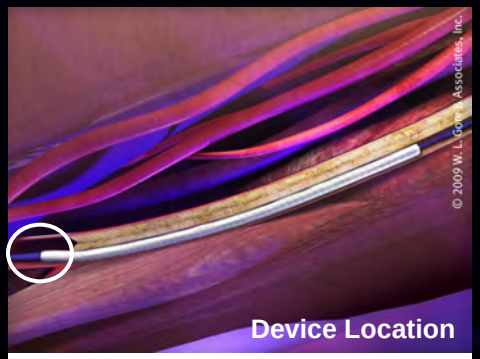
Directions for Use – PAD

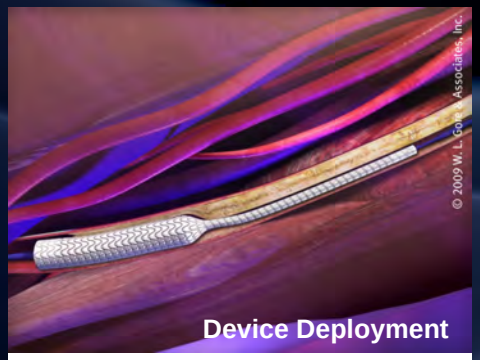


1. Gain access to appropriate lesion with the guidewire.

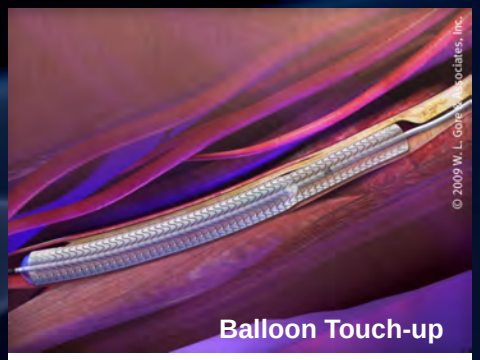
2. Pre-dilate with appropriately sized balloon.



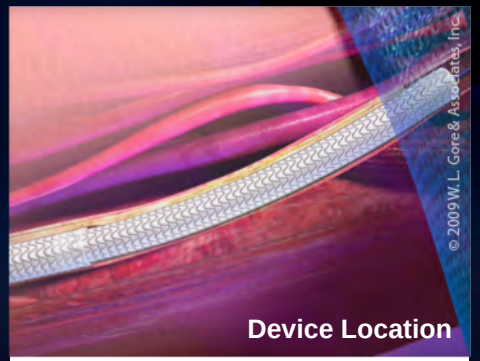
3. Confirm initial landing zone before deployment.



4. Slowly pull deployment knob in a smooth motion.



5. Seat balloon well inside device during touch-up.



6. Land proximal edge at least 1 cm into healthy vessel.

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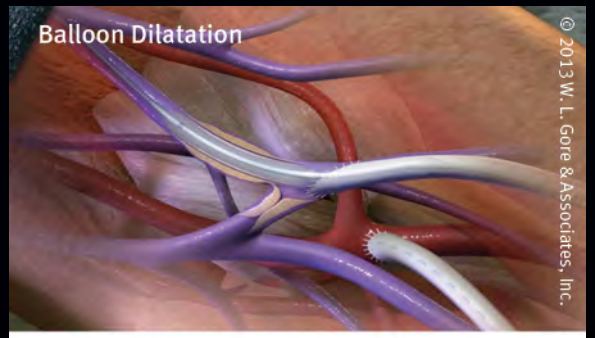
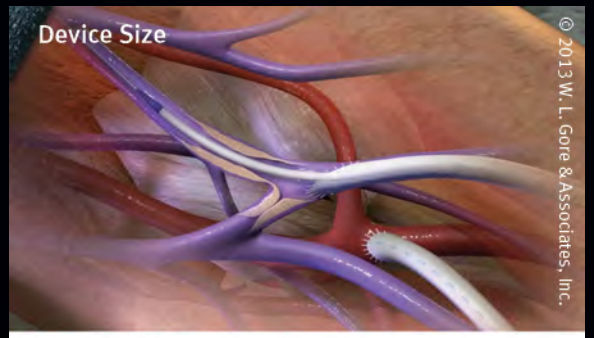
Directions for Use – AVR

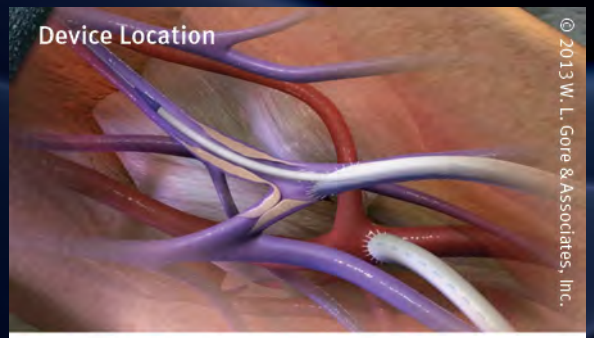
1. Gain access to appropriate lesion with the guidewire.



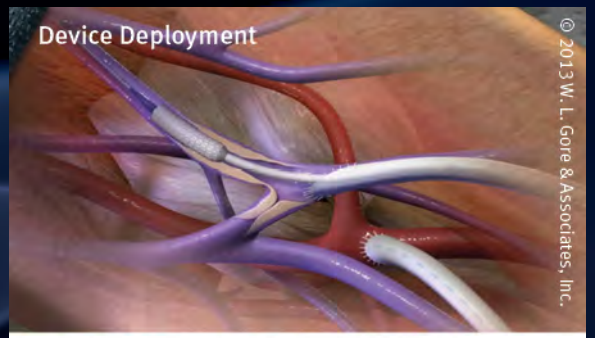
2. Pre-dilate with appropriately sized balloon.



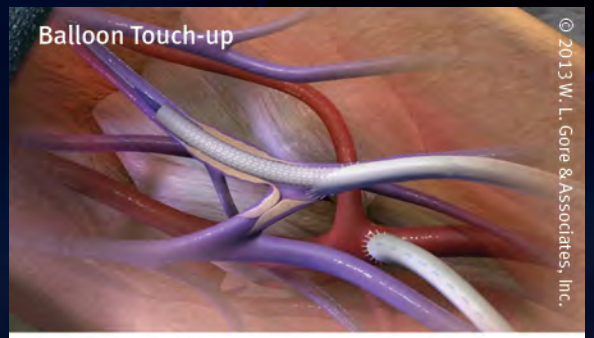
3. Select device diameter based on the graft diameter.



4. Confirm initial landing zone before deployment.



5. Slowly pull deployment knob in a smooth motion.



6. Seat balloon well inside device during touch-up.

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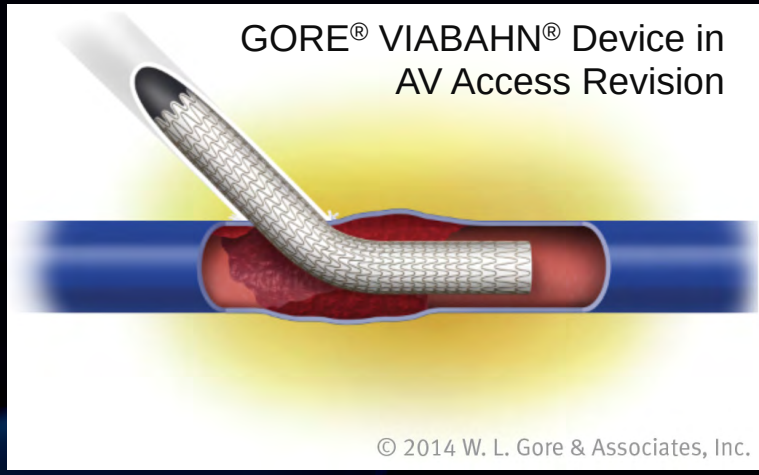
Top 10 Technical Considerations

1. Avoid excessive oversizing
   - PAD: size to both the inflow and outflow
   - AVR: size to the graft only
2. Treat all of the disease
3. Prescribe appropriate antiplatelet therapy
4. Assure adequate inflow and outflow
5. Landing zones
   - PAD: Place in 1 cm in healthy tissue proximal and distal to the lesion
   - AVR: Place at least 1 cm of the device in graft and 1 cm into healthy vein
6. Overlap devices by at least 1 cm
7. Post-dilate
8. Do not use PTA outside of the device
9. Regular duplex ultrasonography follow-up
10. Treat progressing disease



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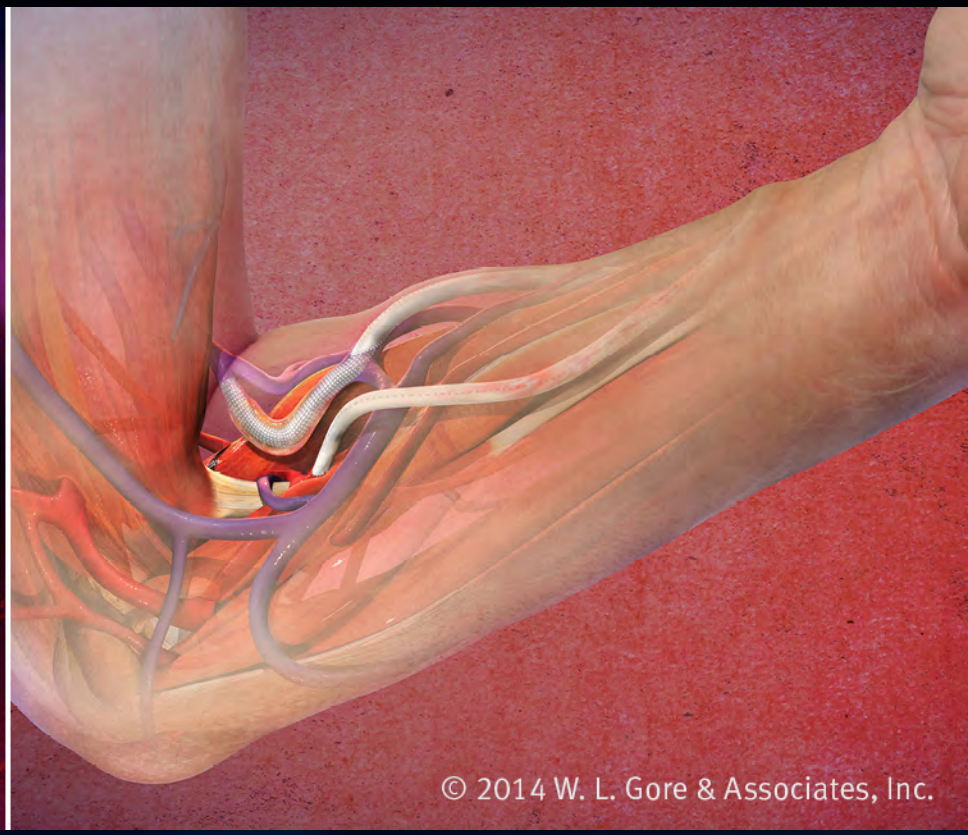
Mechanical Properties



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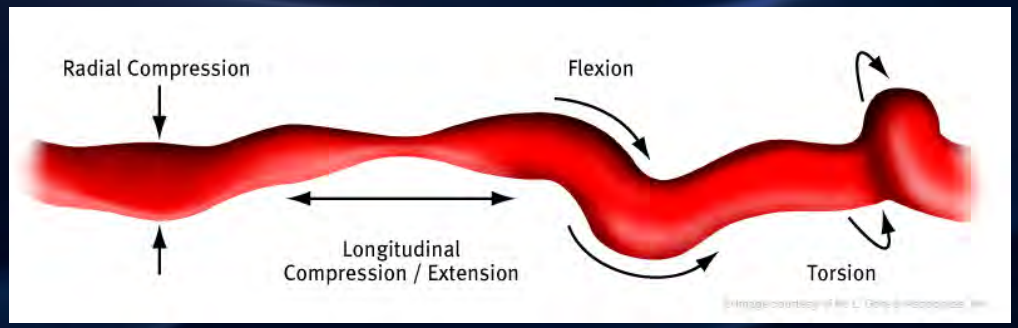
Compliant with the Mechanical Forces within the Native Vasculature

- More than 500,000 GORE® VIABAHN® Endoprostheses sold worldwide
- Very low incidence of reported fractures
  — < 0.015% reported commercially*
  — None reported in the 24-month Gore REVISE Clinical Study, including across the elbow
- Capable of longitudinal compression with little residual force
- Superb flexibility



* Data on file

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GORE VIABAHN ENDOPROSTHESIS PROPATEN BIOACTIVE SURFACE

Compliant with the Mechanical Forces within the Native Vasculature

- Flexion
  - "The curvature of the femoral vessels was studied and quantified in stretched and flexed positions… Three or more small curves were seen proximal to the knee joint in all volunteers".[2]
  - Outstanding bending and flexibility
- Durability
  - "One premise is that the SFA … undergo[es] unique and severe conformational changes that can literally pull apart a metal device (stent)." [3]
  - Very low incidence of reported fractures (< 0.015%)

Product with radiopaque markers planned for European availability in 2016.

[2, 3] See references on slides 47-51.

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GORE VIABAHN® ENDOPROSTHESIS PROPATEN BIOACTIVE SURFACE

Mechanical Forces: Flexion

- Flexion
  - "The curvature of the femoral vessels was studied and quantified in stretched and flexed positions… Three or more small curves were seen proximal to the knee joint in all volunteers."[2]

CORDIS® S.M.A.R.T.® CONTROL® Stent

Covidien PROTÉGÉ® EVERFLEX® Stent

GORE® VIABAHN® Endoprosthesis

BARD® LIFESTENT® Vascular Stent

IDEV® SUPERA® Stent

BARD® FLUENCY® Plus Stent

[2] See references on slides 47-51.

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Mechanical Forces: Flexion *(continued)*

Abbott ABSOLUTE PRO® LL Stent

OptiMed SINUS-SUPERFLEX Stent

COOK® ZILVER® PTX® Stent

BARD® LUMINEXX® Stent

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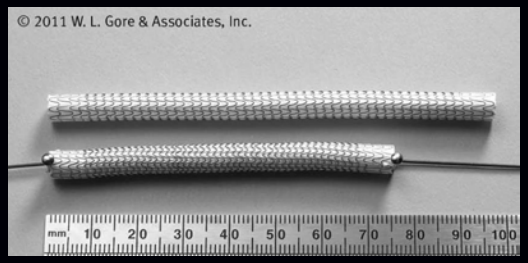
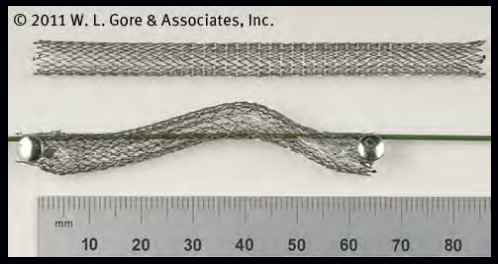
Mechanical Forces: Longitudinal Compression

The GORE® VIABAHN® Endoprosthesis is capable of longitudinal compression with little residual force.

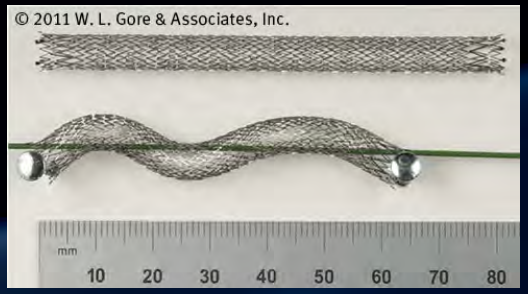
- Longitudinal compression
  - "From the supine position to the fetal position, the SFA shortened 13% ± 11% (P < .001)."[4]



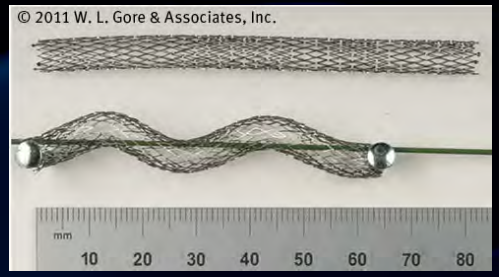
GORE® VIABAHN® Endoprosthesis



Cordis S.M.A.R.T.® CONTROL® Stent



BARD® LIFESTENT® Vascular Stent



Covidien PROTEGE® EVERFLEX® Stent

FLUENCY® Plus Stent

[4] See references on slides 47-51.

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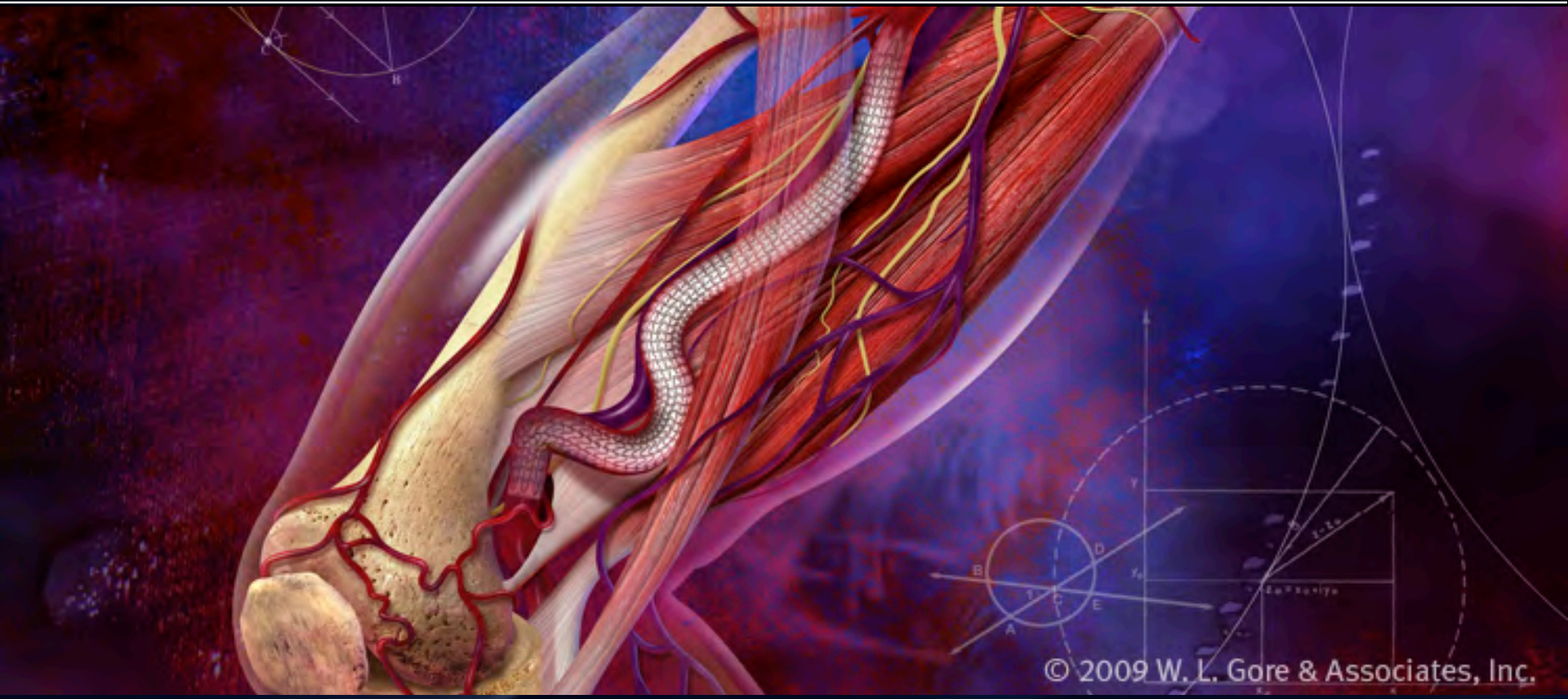
Clinical Performance



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Reported Patencies of GORE® VIABAHN® Endoprosthesis in the SFA (1,338 Limbs, 17 Studies)

Reported patency rates of GORE® VIABAHN® Endoprosthesis / GORE® HEMOBAHN® Endoprosthesis (5–8 mm) treating the SFA in studies of at least 50 limbs

Author	Year	Journal Publication / Presentation	No. of Limbs	Lesion Length (cm)	% Occlusions	Primary Patency (Years / %) 1	2	3	4
Lammer	2000	Radiology. 2000;217(1):95-104.[5]	80	13.8		79			
Jahnke	2003	J Vasc Interv Radiol. 2003;14(1):41-51.[6]	52	8.5	83	78	74	62	
Bleyn	2004	Controversies & Updates in Vascular & Cardiac Surgery. 2004;14:87-91.[7]	67	14.3	100	82	73	68	54
Chopra	2006	14th Annual AIMS; November 13-16, 2006; New York, NY. Page II 2.1.[8]	70	20.0	71	93	87	72	
Coats	2006	Endovascular Today 2006;5(9):76-78.[9]	83		47	89			
Fischer	2006	J Endovasc Ther. 2006;13(6):281-290.[10]	59	10.7	87	67	58	57	52
Saxon*	2007	J Vasc Interv Radiol. 2007;18(11):1341-1350[11]	87	14.2	42	76	65	60	55
Alimi	2008	Eur J Vasc Endovasc Surg. 2008;35(3):346-352[12]	102	11.7		74	71	71	
Djelmami-Hani	2008	J Am Coll Cardiol. 2008;51(10)Supplement 2:B796[13]	132	21.0	39	80			
Saxon*	2008	J Vasc Interv Radiol. 2008;19(6):823-832.[14]	97	7.0	21	65			
McQuade	2010	J Vasc Surg. 2010;52(3):584-591.[15]	50	25.6		72	63	63	59
Fritschy	2010	J Cardiovasc Surg. 2010;51(6):783-790.[16]	96			76	70	67.7	
Lensvelt	2012	J Vasc Surg. 2012;56(1):118-125.[17]	56	18.5		76			
Johnston	2012	J Vasc Surg. 2012;56(4):998-1007.e1.[18]	65	26.0	58	57			
Saxon	2013	J Vasc Interv Radiol. 2013;24(2):165-173.[19]	119	19.0	56	73	41	27	
Geraghty	2013	J Vasc Surg. 2013;58(2):386-395.e4.[20]	72	19.0	60	51			
Lammer	2013	J Am Coll Cardiol. 2013;62(15):1320-1327.[21]	66	19.0	79	78			
Average / Total			**1,338**	**16.4**	**58**	**76**	**67**	**61**	**55**

Blank= Not Reported

*** Total limbs corrected for repeated data from Saxon 2007 and 2008**

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[5-21] See references on slides 47-51.

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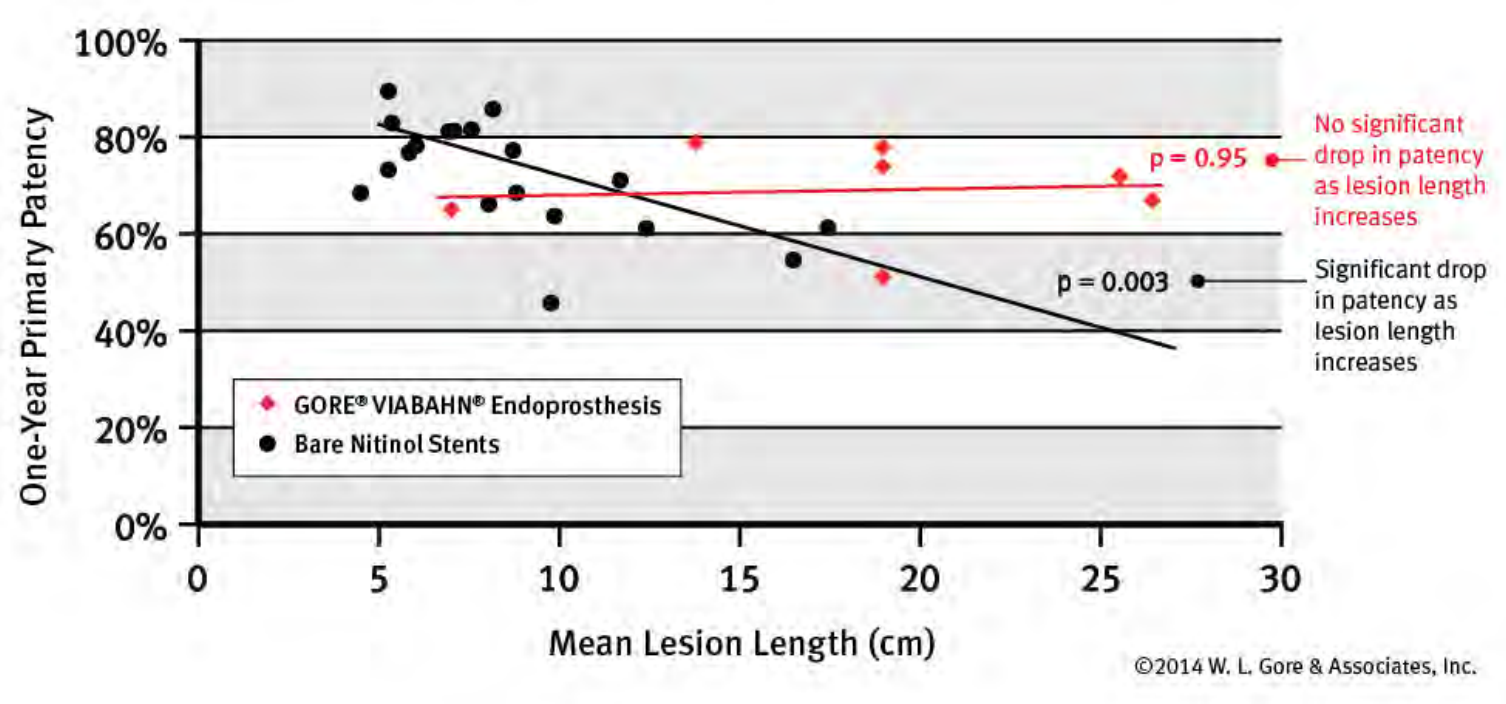
GORE® VIABAHN® Endoprosthesis in Long Lesions

- The GORE® VIABAHN® Endoprosthesis exhibits proven performance in long, challenging SFA lesions.



Prospective Randomized or Prospective Multi-Center (> 2 sites) SFA studies included.[5, 14, 15, 19-30, 32-37] Registry studies not included. Patency definitions may vary: where Kaplan-Meier estimates with a PSVR of ≥ 2.5 are available, these were used for comparison. P-values indicate results of t-test on slope of weighted linear regression compared to zero. Note that McQuade *et. al,* 2010 reported stented length, not lesion-length.

[5, 14, 15, 19-30, 32-37] See references on slides 47-51.

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Competitive Data – BMS

Author	Study	Year	Device	Made By	N (Limbs)	Lesion Length (cm)	One-year Primary Patency	Study Type*
Krankenberg et al [27]	FAST	2007	LUMINEXX Device	C. R. Bard, Inc.	123	4.5	68%	R
Dake et al [28]	ZILVER PTX	2011	Bare ZILVER® Stent	Cook Medical	59	5.3	73%	R
Dake et al [28]	ZILVER PTX	2011	ZILVER® PTX® Device	Cook Medical	61	5.3	90%	R
Dake et al [28]	ZILVER PTX	2011	ZILVER® PTX® Device	Cook Medical	236	5.4	83%	R
Zeller et al [25]	FACT	2008	CONFORMEXX Device	C. R. Bard, Inc.	110	5.9	77%	SAS
Medtronic [32]	Complete SE	2013	COMPLETE® SE Stent	Medtronic	196	6.1	78%	SAS
Laird et al [24]	RESILIENT	2010	LIFESTENT® Device	C. R. Bard, Inc.	134	7.1	81%	R
Bosiers [33]	4-EVER	2013	Pulsar – 18 Stent	Biotronik	120	7.2	81%	SAS
Cordis [34]	STROLL	2013	S.M.A.R.T.® CONTROL® Stent	Cordis	250	7.7	82%	SAS
Dick et al [29]	ASTRON	2009	ASTRON® Device	Biotronik	34	8.2	66%	R
Soukas [35]	SUPERB	2013	SUPERA® Stent	IDEV Techonogies, Inc.	264	8.3	86%	SAS
Matsumura et al [26]	Durability II	2012	EVERFLEX Device	Covidien	287	8.9	77%	SAS
Lammer et al [36]	STRIDES	2011	DYNALINK® Stent with Everolimus	Abbott Laboratories	109	9.1	68%	SAS
Banerjee et al [37]	COBRA – Control Arm	2012	Multiple	Multiple	45	10.0	44%	R
Schillinger et al [26]	VIENNA (Absolute)	2006	DYNALINK® Device /ABSOLUTE® Device	Abbott Laboratories	51	10.1	63%	R
Banerjee et al [37]	COBRA – Cryoplasty Arm	2012	Multiple	Multiple	45	12.0	77%	R
Duda et al [30]	SUPER-SL	2009	S.M.A.R.T.® Device / LUMINEXX Device	Cordis /C. R. Bard, Inc.	199	12.8	60%	R
Lammer et al [21]	VIASTAR (BMS Arm)	2013	Multiple	Multiple	63	17.0	54%	R
Geraghty [20]	VIBRANT (BMS Arm)	2013	Multiple	Multiple	76	18.0	61%	R

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[20, 21, 23-30, 32-37] See references on slides 47-51.

* Prospective randomized or prospective multi-center (>2 centers) SFA studies included. Registry studies not included. Patency definitions may vary: where Kaplan-Meier estimates with a PSVR of ≥ 2.5 are available, these were used for comparison.

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GORE VIABAHN® ENDOPROSTHESIS PROPATEN BIOACTIVE SURFACE

Key Studies: McQuade 2010

Randomized comparison of percutaneous GORE® VIABAHN® Endoprosthesis versus prosthetic femoral-popliteal bypass in the treatment of superficial femoral arterial occlusive disease[15]

	GORE® VIABAHN® Endoprosthesis (N = 50)		ePTFE or DACRON® Graft Bypass (N = 50)	
Diameter	5.7 mm		7.4 mm	
Length	25.6 cm		–	
TASC II A and B	n = 39		n = 35	
TASC II C and D	n = 11 (22%)		n = 15 (30%)	
	Primary	Secondary	Primary	Secondary
1 Year Patency	72%	83%	76%	86%
2 Year Patency	63%	74%	63%	76%
3 Year Patency	63%	74%	63%	76%
4 Year Patency	59%	74%	58%	71%

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[15] See references on slides 47-51.

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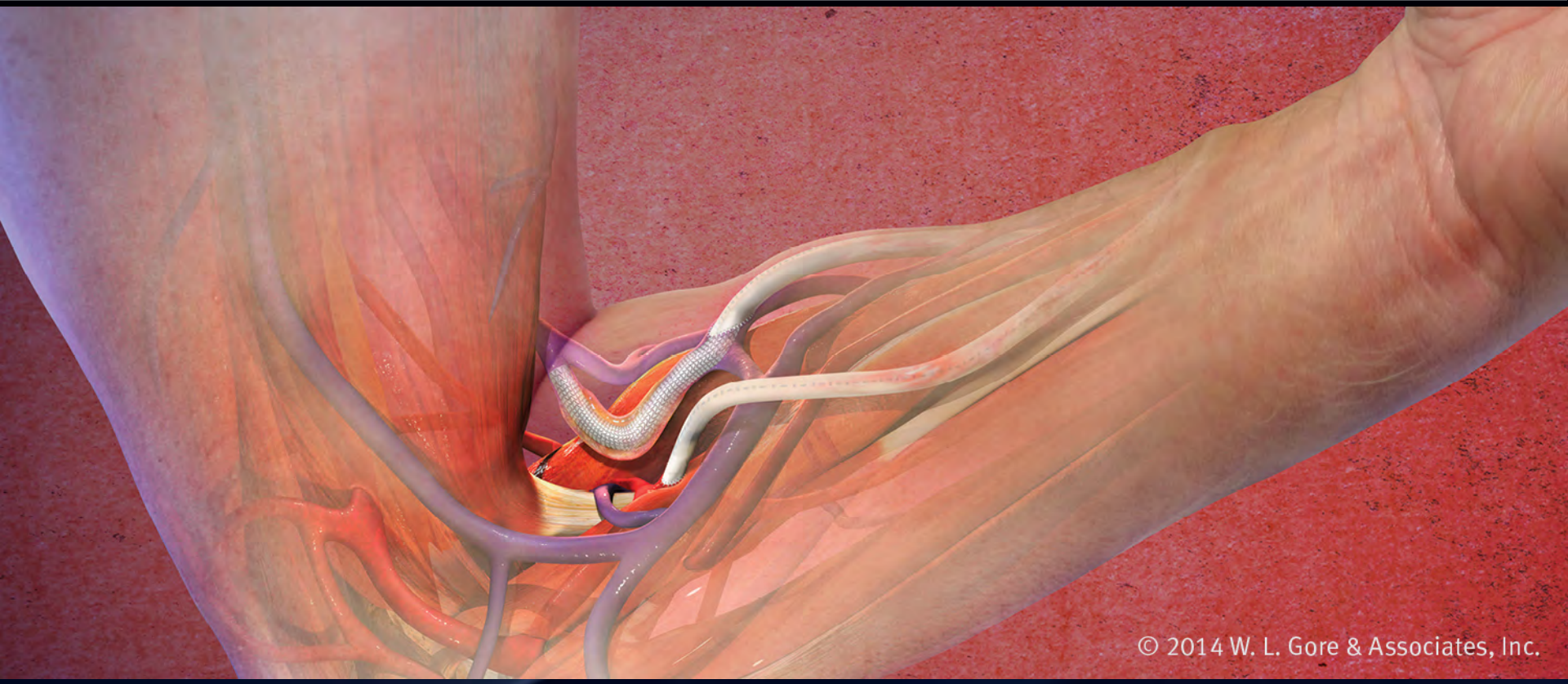
Clinical Performance – AVR



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VIABAHN® ENDOPROSTHESIS
PROPATEN BIOACTIVE SURFACE

Bare Metal Stent Outcomes Similar to PTA

Circuit Primary Patency of BMS in Treating Dysfunctional AVGs between 2004 and 2013

Citation	Author	N	Study type	6 mo
J Vasc Interv Radiol. 2004;15(10):1051-1060.	Vogel and Parise[38]	53	Retrospective	51%
J Vasc Interv Radiol. 2005;16(12):1619-1626.	Vogel and Parise[39]	25	Prospective	67%
Korean J Radiol. 2006;7(2):118-124.	Liang et al[40]	23	Observational	41%
Kidney Int. 2006;69(5):934-937.	Maya and Allon[41]	14	Prospective	19%
Clin J Am Soc Nephrol. 2008;3(3):699-705.	Chan et al[42]	211	Retrospective	25%
Int J Nephrol. 2011; 2011: 464735.	Hatakeyama et al[43]	25	Prospective	28%
J Korean Soc Radiol. 2012;66(6):519-526.	Yoon et al[44]	11	Prospective	29%
Cardiovasc Intervent Radiol. 2012;35(4):832-838.	Kim et al[45]	32	Retrospective	41%
			Weighted Average	**33%**

Circuit Primary Patency of PTA in Treating Dysfunctional AVGs from Randomized Controlled

Citation	Study Name	N	Study type	6 mo
J Vasc Interv Radiol. 2005;16(12):1593-1603.	Cutting Balloon Study[46]	167	Prospective	36%
N Engl J Med. 2010;362(6):494-503.	Bard FLAIR® Pivotal Study[47]	93	Prospective	20%
Data on File, not yet published	Gore REVISE Clinical Study[48]	138	Prospective	29%
			Weighted Average	**30%**

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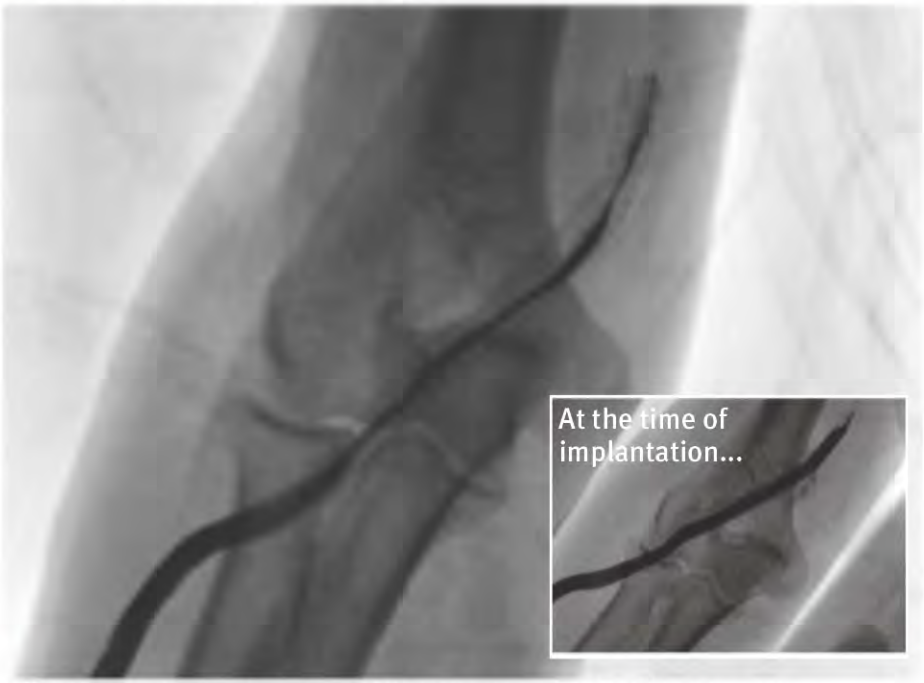
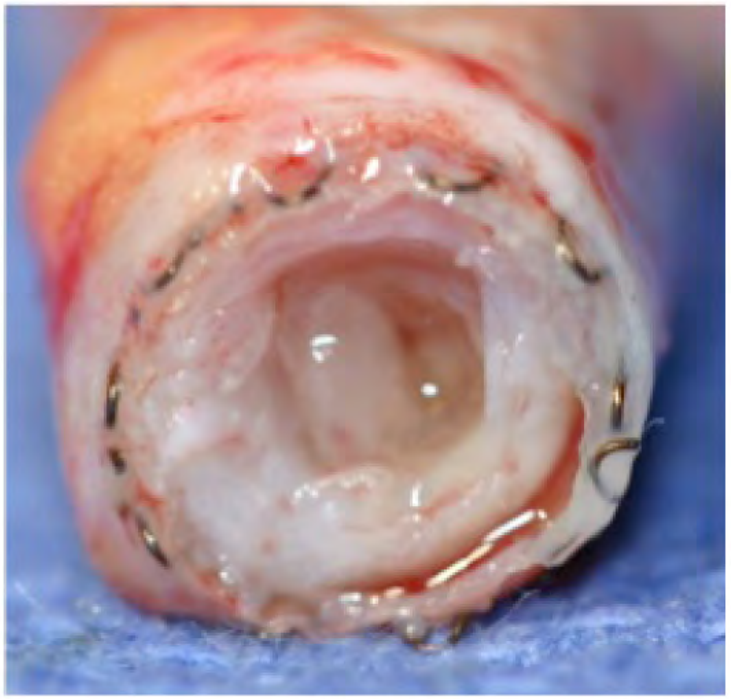
Diffuse In-stent Stenosis is the Common Failure Mode of Bare Metal Stents

206 days after implantation



AV graft occluded on day 291 after repeated PTA attempts[44]

Explanted Vein with BMS



Courtesy of Tom Vesely, MD

[44] See references on slides 47-51.

These studies are representative cases. Individual results may vary.

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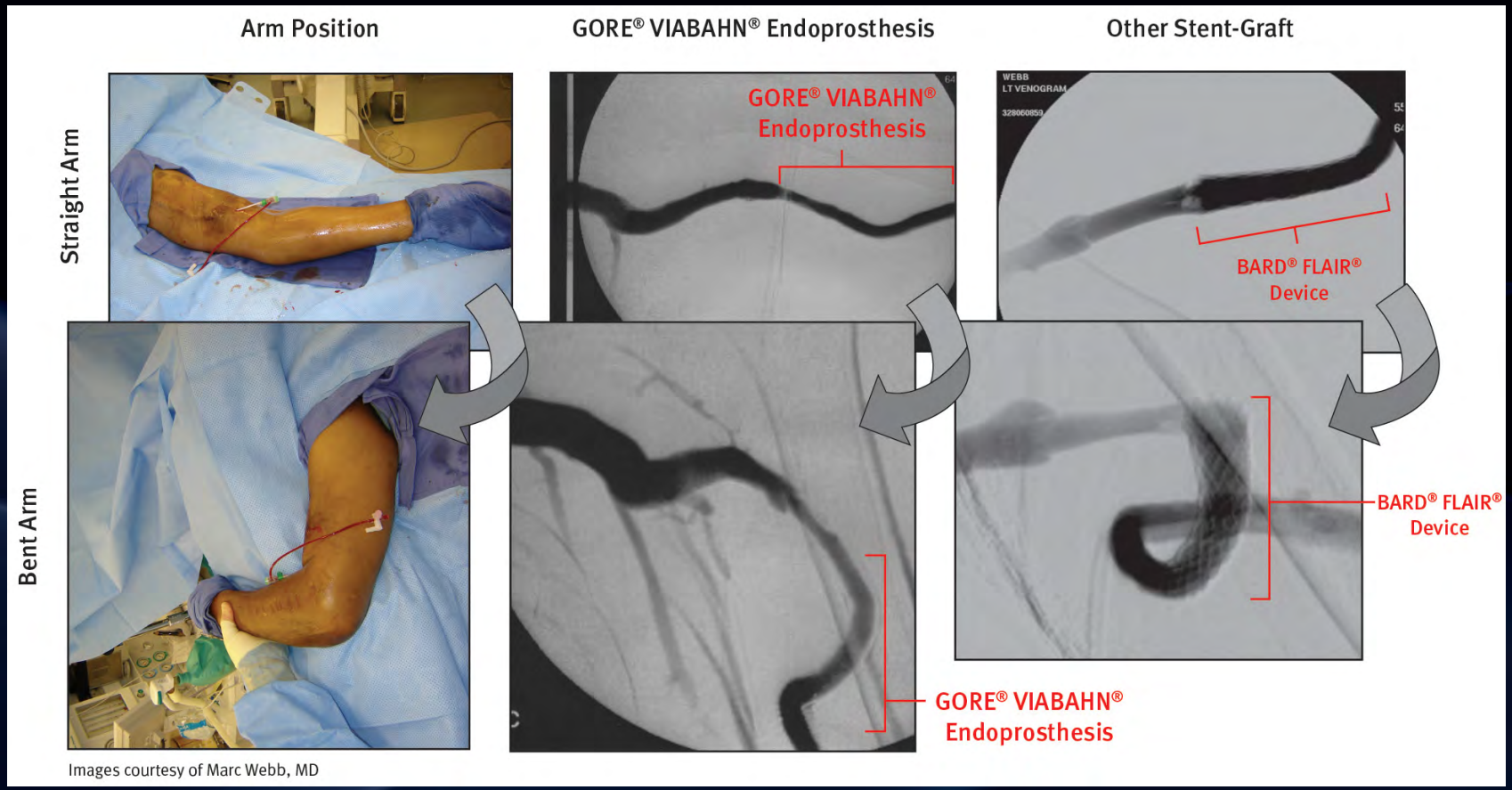
Flexibility to Conform with the Anatomy



Images courtesy of Marc Webb, MD

These studies are representative cases. Individual results may vary.

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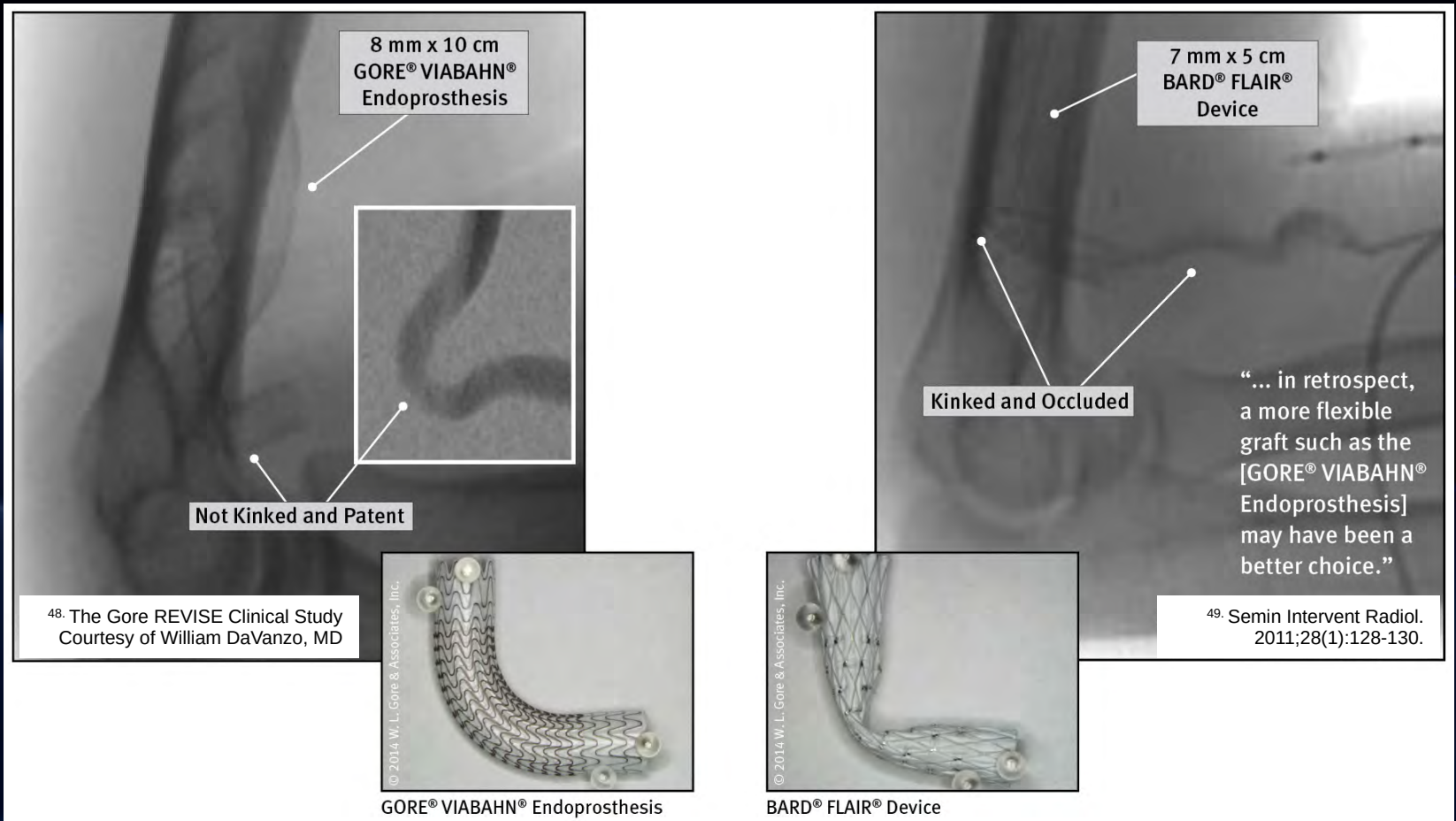
Flexibility to Conform with the Anatomy



[48,49] See references on slides 47-51.

These studies are representative cases. Individual results may vary.

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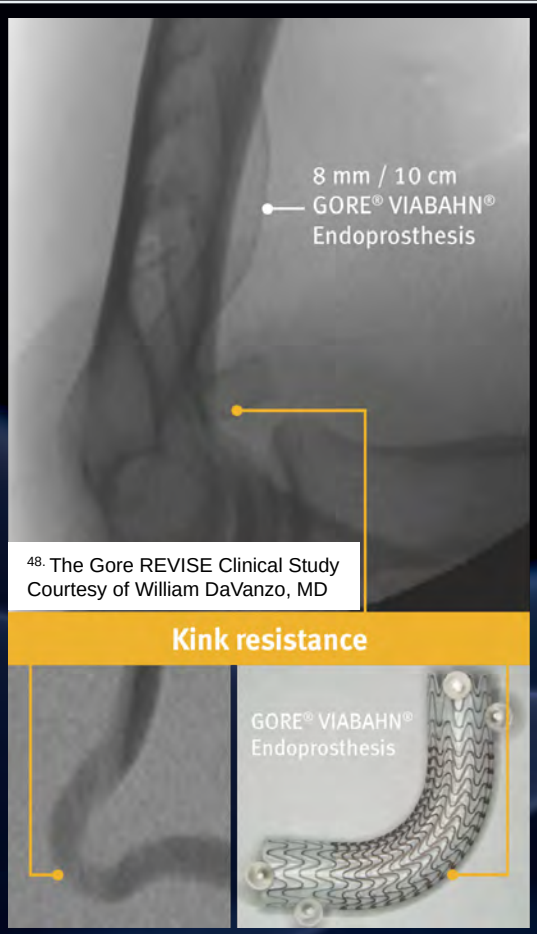
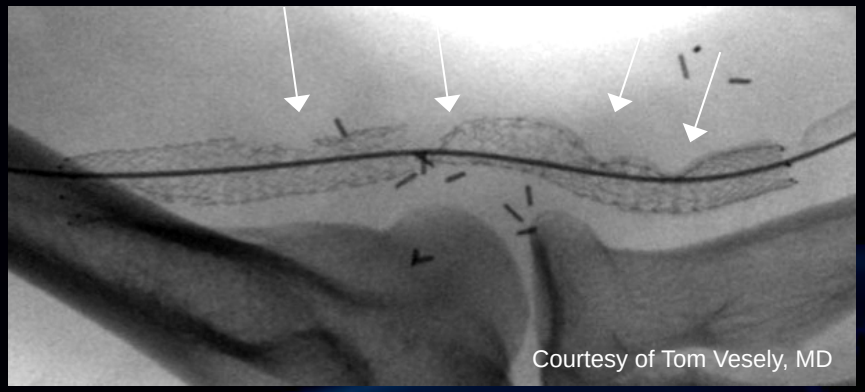
Durability to Last Under Mechanical Strain



BMS across elbow with multiple fractures



No reported fractures in the 24-month study period in Gore REVISE Clinical Study

[48] See references on slides 47-51.

These studies are representative cases. Individual results may vary.

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Outflow Vein Wall Apposition Not Necessary

Outcomes When the Outflow Vein Diameter is 1 mm Greater than the GORE® VIABAHN® Endoprosthesis Diameter (n = 49) [48]				
Patency	3 months	6 months	12 months	24 months
Target Lesion Primary Patency	77%	62%	44%	22%
Circuit Primary Patency	69%	48%	34%	16%
Access Secondary Patency	98%	94%	89%	77%

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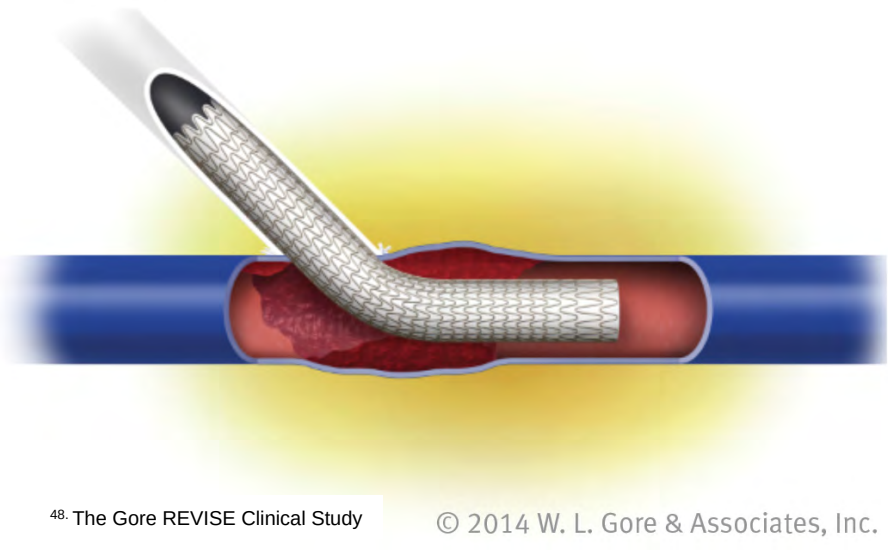

[48] The Gore REVISE Clinical Study

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Stents / Stent-Grafts to Maintain Secondary Patency

Secondary Patency of the PTA Group in the GORE REVISE Clinical Study [48]

n = 138	3 months	6 months	12 months	24 months	Δ at 24 months
With Stents / Stent-Grafts	88%	87%	79%	67%	**– 52%**
Without Stents / Stent-Grafts	74%	65%	51%	35%	

Access secondary patency was maintained in the PTA group by implanting 61 stents / stent- grafts (53 GORE® VIABAHN® Endoprosthesis) during a subsequent intervention. In this analysis, the impact of stent / stent-grafts on access secondary patency in the PTA group were assessed by considering the implantation of a device as a loss of patency similar to a surgical bypass or abandonment.

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GORE VIABAHN® ENDOPROSTHESIS PROPATEN BIOACTIVE SURFACE

Key Study: Gore REVISE Clinical Study [48]

A 24-month multi-center, RCT demonstrating the safety and effectiveness of the GORE® VIABAHN® Device in treating stenosis or thrombotic occlusions at the AV graft venous anastomosis.

GORE® VIABAHN® Device (n = 131)	53%	65%	69%
	6-month Primary Patency	Non-Thrombatic 6-month PP	24-month Secondary Patency
PTA Group (n = 138)	36%	46%	67%[a]

a. The PTA arm required 61 stent / stent-grafts (53 GORE® VIABAHN® Devices) to maintain secondary patency.

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Key findings:

- Device benefits both stenotic and thrombotic occlusion patients (exceeds KDOQI expectations)
- Reduces the frequency of repeat interventions to maintain patency
- Successful while crossing the elbow

[48] See references on slides 47-51.

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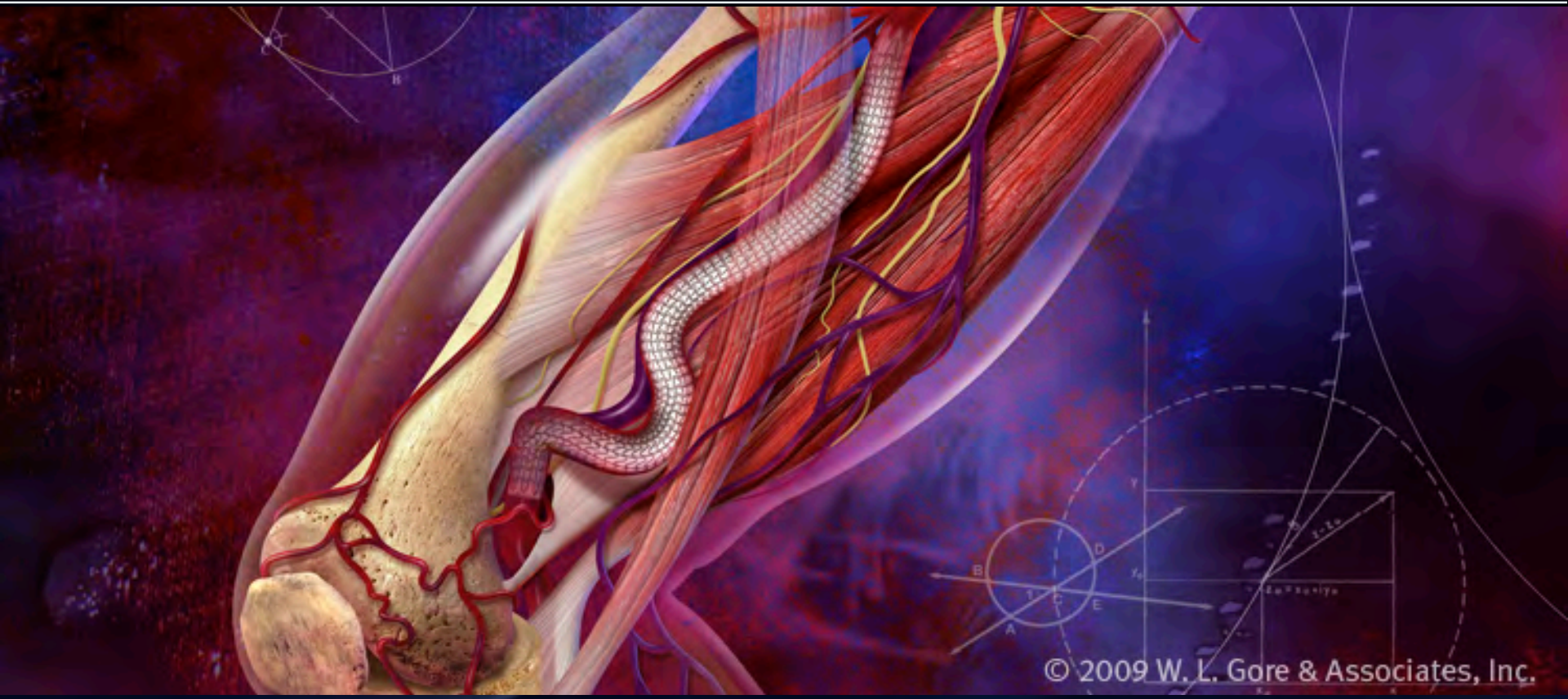
GORE VIABAHN ENDOPROSTHESIS PROPATEN BIOACTIVE SURFACE

Continued Device Evolution



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VIABAHN ENDOPROSTHESIS
PROPATEN BIOACTIVE SURFACE

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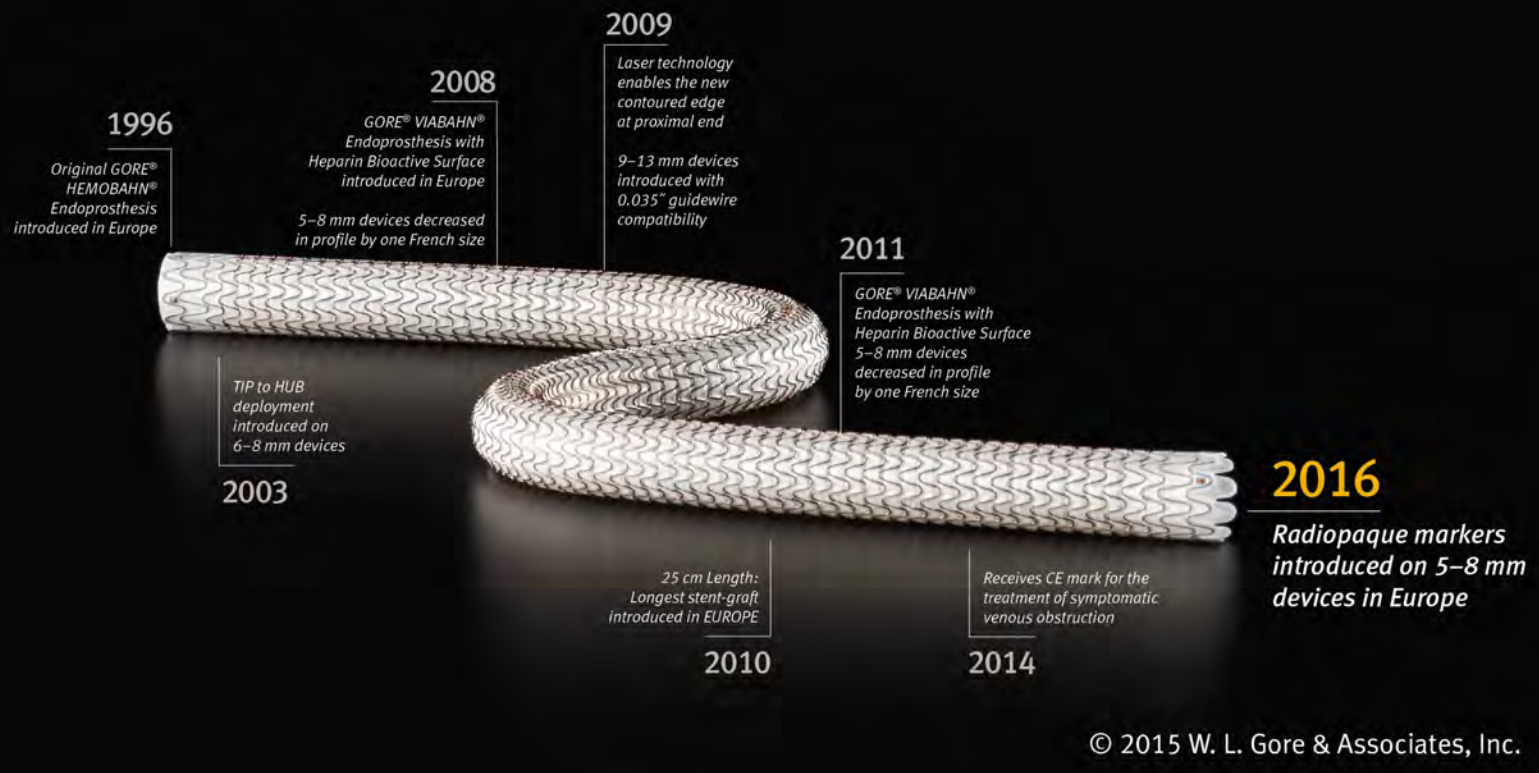
Continued Device Evolution



Product with radiopaque markers planned for European availability in 2016.

The GORE® VIABAHN® Endoprosthesis with PROPATEN Bioactive Surface is sold in some markets as the GORE® VIABAHN® Endoprosthesis with Heparin Bioactive Surface.

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25 cm GORE® VIABAHN® Endoprosthesis
Longest Stent or Stent-Graft Available

- Covers more lesion with one device
- May reduce the need for overlapping devices

GORE
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ENDOPROSTHESIS
PROPATEN
BIOACTIVE SURFACE

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GORE® VIABAHN® Endoprosthesis
Lowest Profile Stent-Graft

- Reduced profile on 5 – 8 mm devices
  - 5 – 6 mm at **6 Fr**
  - 7 – 8 mm at **7 Fr**
- Catheter compatible with 0.018" or 0.014" guidewire
- Stiffer catheter material maintains pushability and trackability

GORE VIABAHN ENDOPROSTHESIS
PROPATEN BIOACTIVE SURFACE

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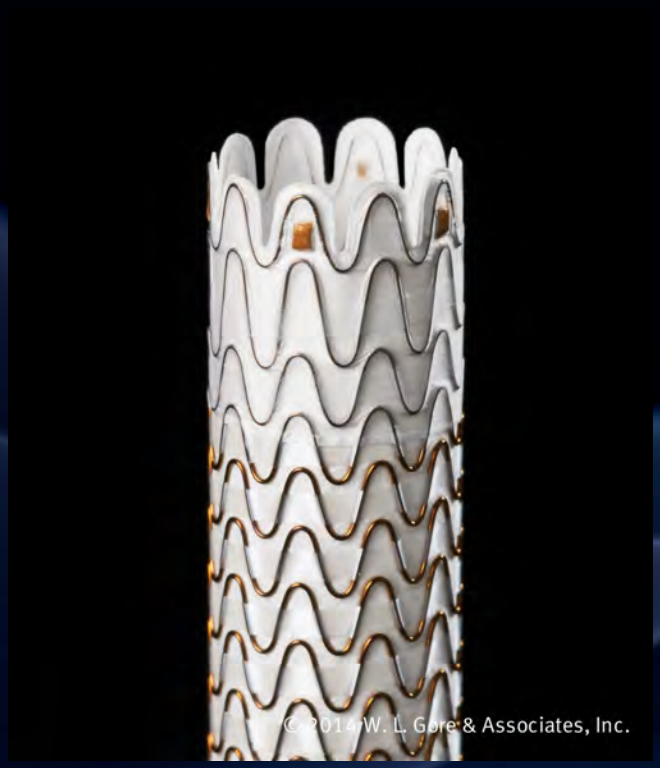
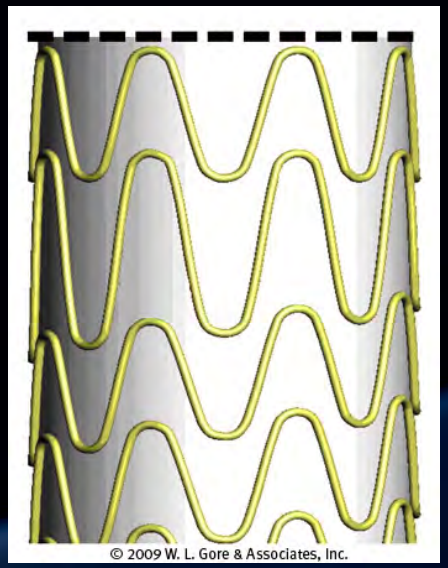
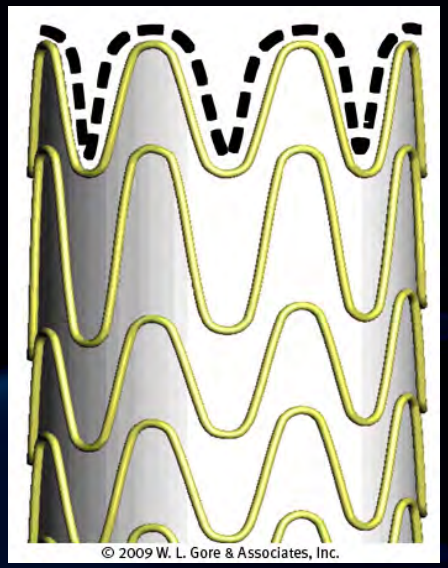
GORE® VIABAHN® Endoprosthesis
with Contoured Edge



Product with radiopaque markers planned for European availability in 2016.





- Precision laser trimming technology enables manufacturing change
- Excess graft material is removed
- Contoured trim is on ***proximal*** edge only

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Reason for Contoured Edge Modification

- Manufacturing process change enables excess graft material removal at proximal margin of device
- Contoured edge may improve flow dynamics at proximal edge

Product with radiopaque markers planned for European availability in 2016.

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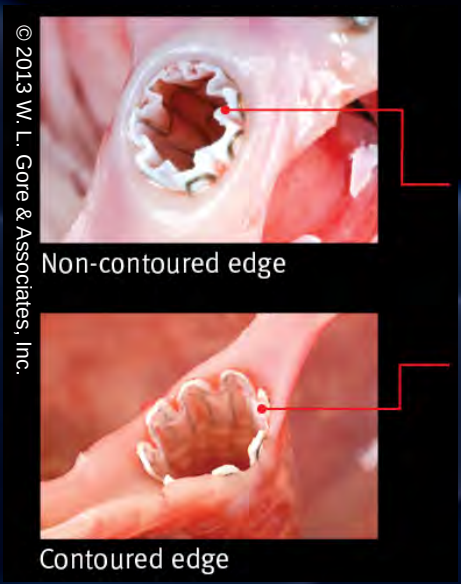
Contoured Edge: Canine Model

Contoured proximal edge — precision laser trimming technology enables manufacturing change. Post-mortem dissection demonstrates device apposition to artery.

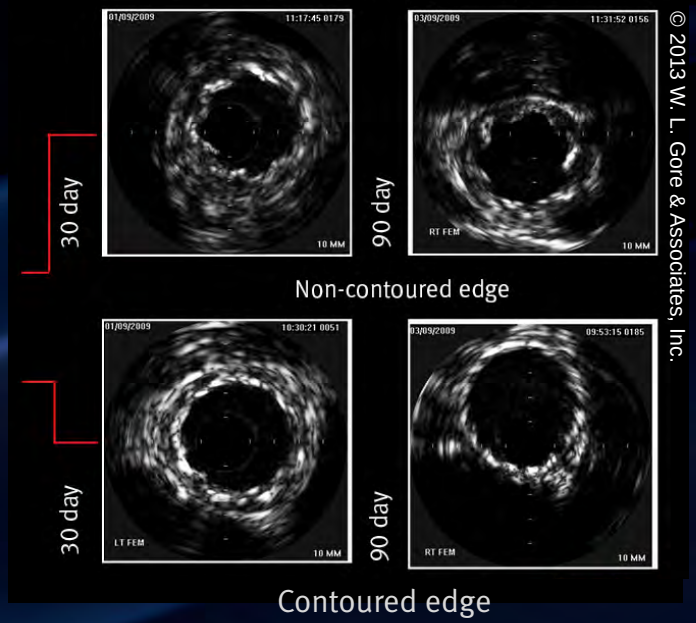
Animal acute examples



Excess material removed at the device margin of the contoured edge compared to a non-contoured edge

Intravascular ultrasound (IVUS) demonstrates device apposition to artery in canine model.

Canine *in vivo* IVUS Examples



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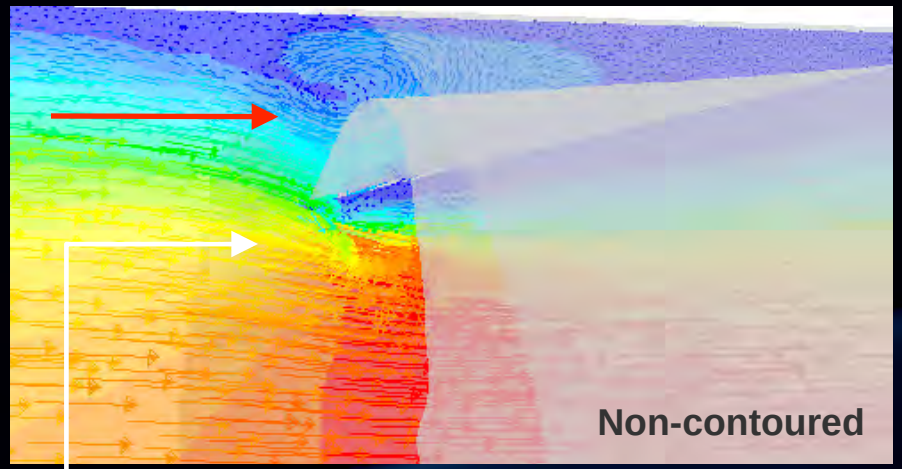
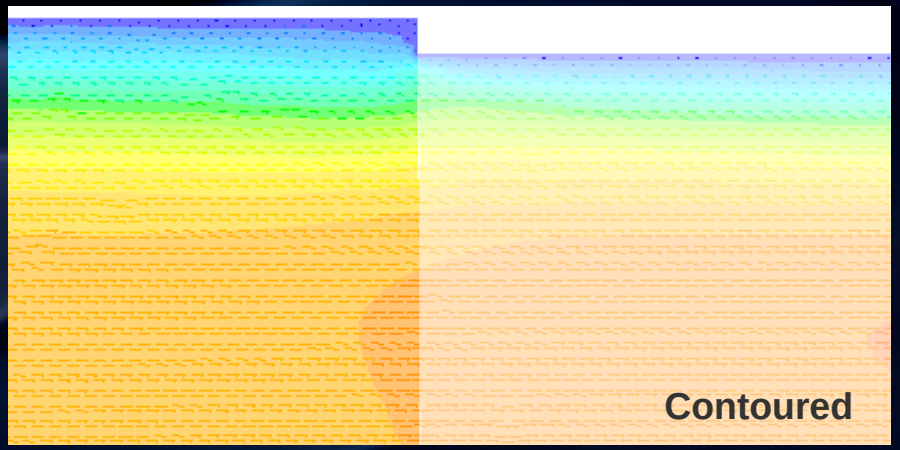
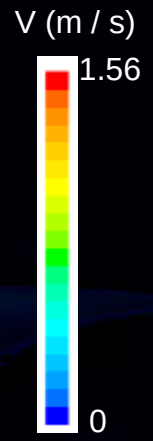
Flow Dynamics Simulation

ePTFE infold







Note the absence of recirculation in the contoured device (red arrow).

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CBAS® Heparin Surface: Unique Bioactive Heparin Bonding Technology

- Proprietary end-point covalent bonding
  - CBAS® Heparin Surface technology allows for retention of bioactivity
- Sustained bioactivity[1]
  - Heparin active site catalytically facilitates antithrombin-thrombin complex formation and then becomes available to repeat the reaction
- Intended to provide a thromboresistant surface
  - Long-term, safe, clinical history of the CBAS® Heparin Surface

[1] See references on slides 47-51.

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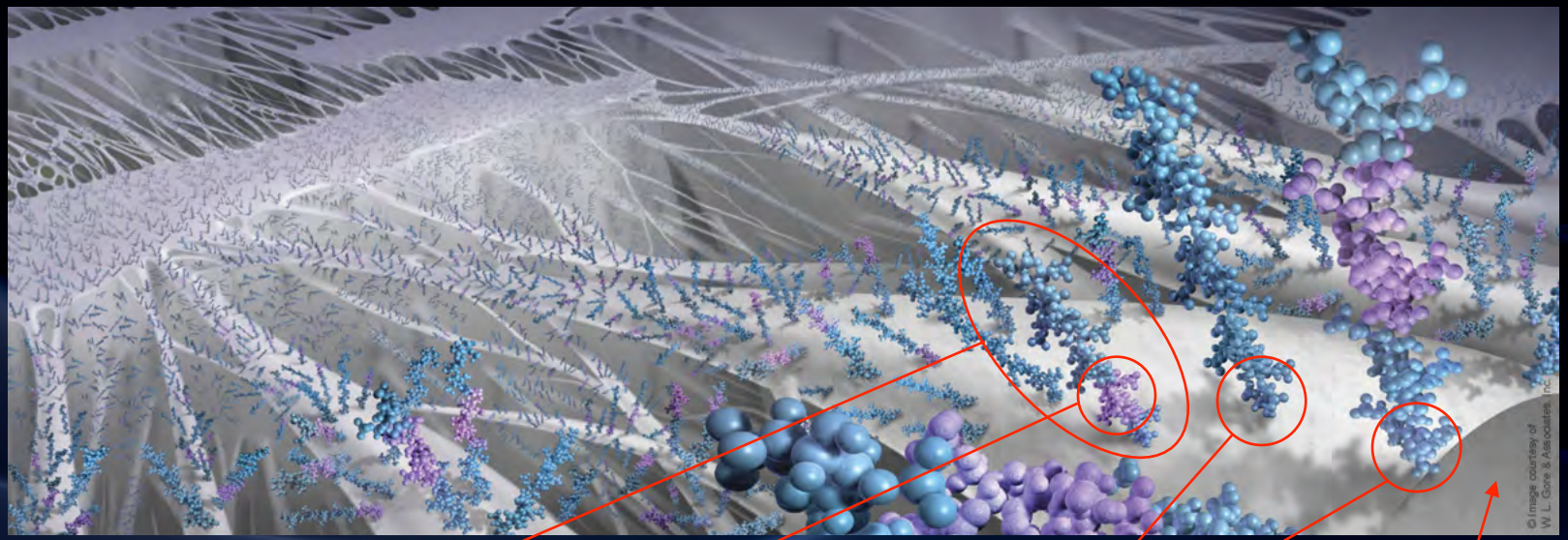
VIABAHN® ENDOPROSTHESIS
PROPATEN BIOACTIVE SURFACE

Unique Bioactive Heparin Bonding Technology

Inside the microstructure



Heparin molecule

Bioactive heparin site

ePTFE fibril

Heparin molecules are bonded via **end-point linkage** mechanism to the surface of the endoprosthesis while retaining heparin's anticoagulant activity.

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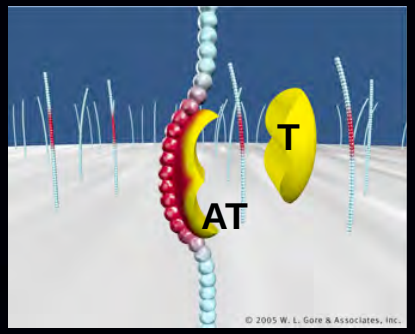
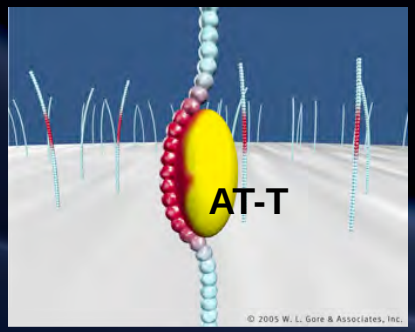
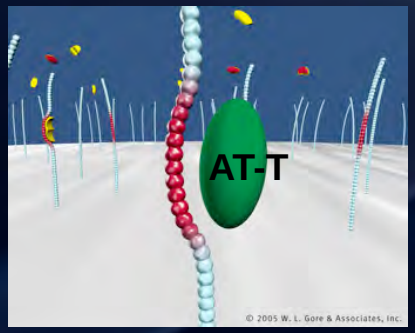
Mechanism of Action



- Heparin molecules are bonded to the endoprosthesis surface.
- Bioactive site of the heparin molecule binds to antithrombin (AT).



- Antithrombin (AT) binds to thrombin (T) – a neutral AT-T complex is formed.
- Thrombin loses its ability to catalyze the conversion of fibrinogen to fibrin.



- Neutral AT-T complex detaches from the heparin molecule.
- Heparin bioactive site becomes available to again bind antithrombin.

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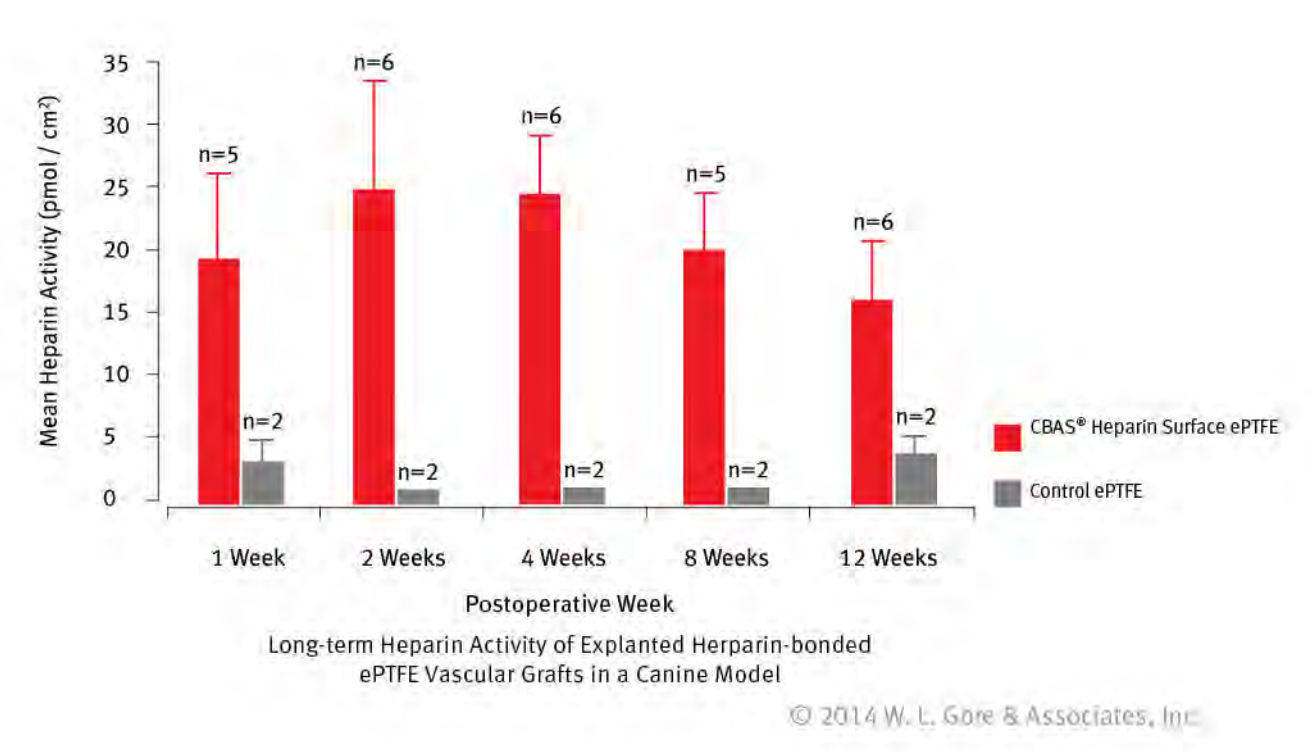
Sustained Heparin-bonded Bioactivity[1]

- Anchored to the endoprosthesis surface
- Bonded heparin does not elute *(data on file)*
- Intended to provide sustained thromboresistance



[1] See references on slides 47-51.

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Acute Thromboresistance

- Illustration of thromboresistant characteristics exhibited by the CBAS® Heparin Surface

GORE® VIABAHN® Endoprosthesis with PROPATEN Bioactive Surface

Control Endoprosthesis

The bioactive luminal surface of a 5 mm diameter GORE® VIABAHN® Endoprosthesis with PROPATEN Bioactive Surface appears free of thrombus after two hours in an *in vitro* blood loop model. The non-bioactive luminal surface of a control endoprosthesis (5 mm diameter) appears covered with thrombus after 90 minutes in the same blood loop model. *(data on file)*

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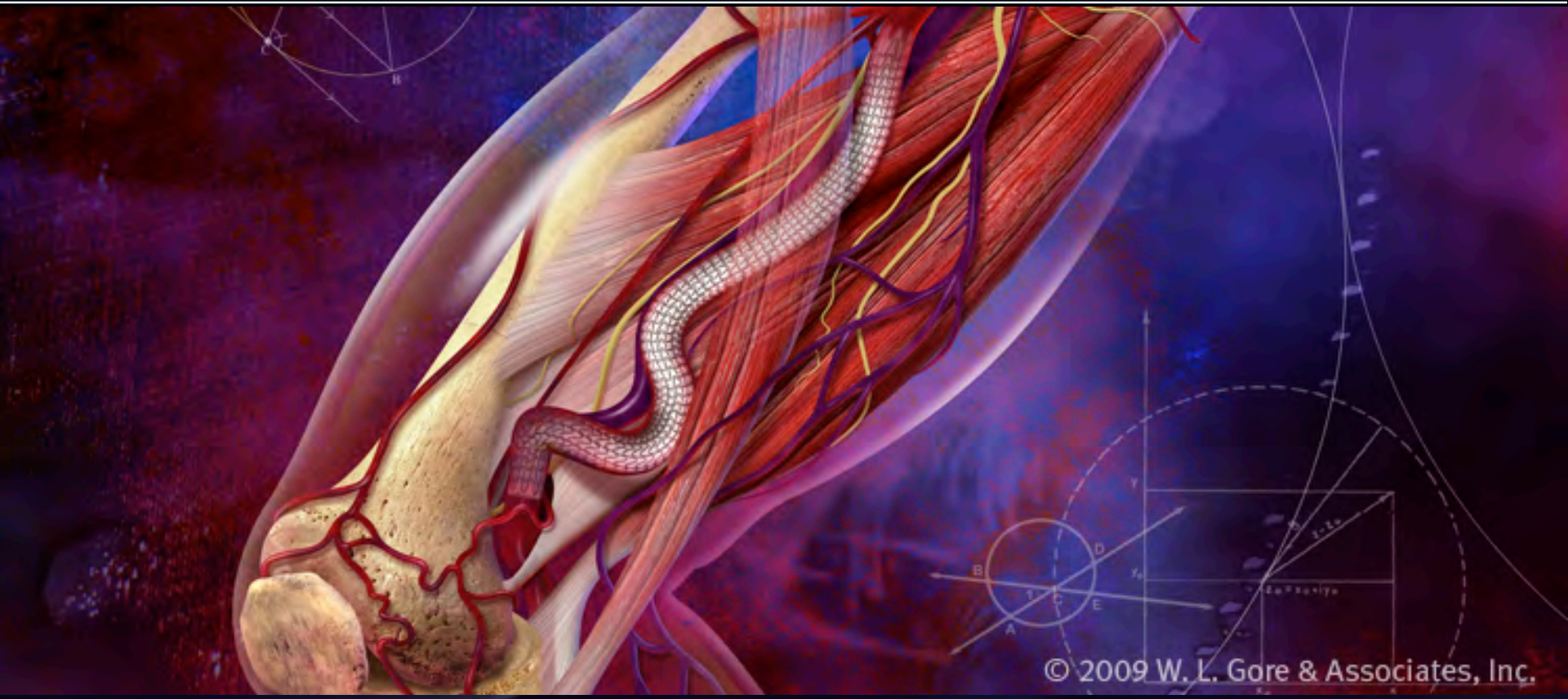

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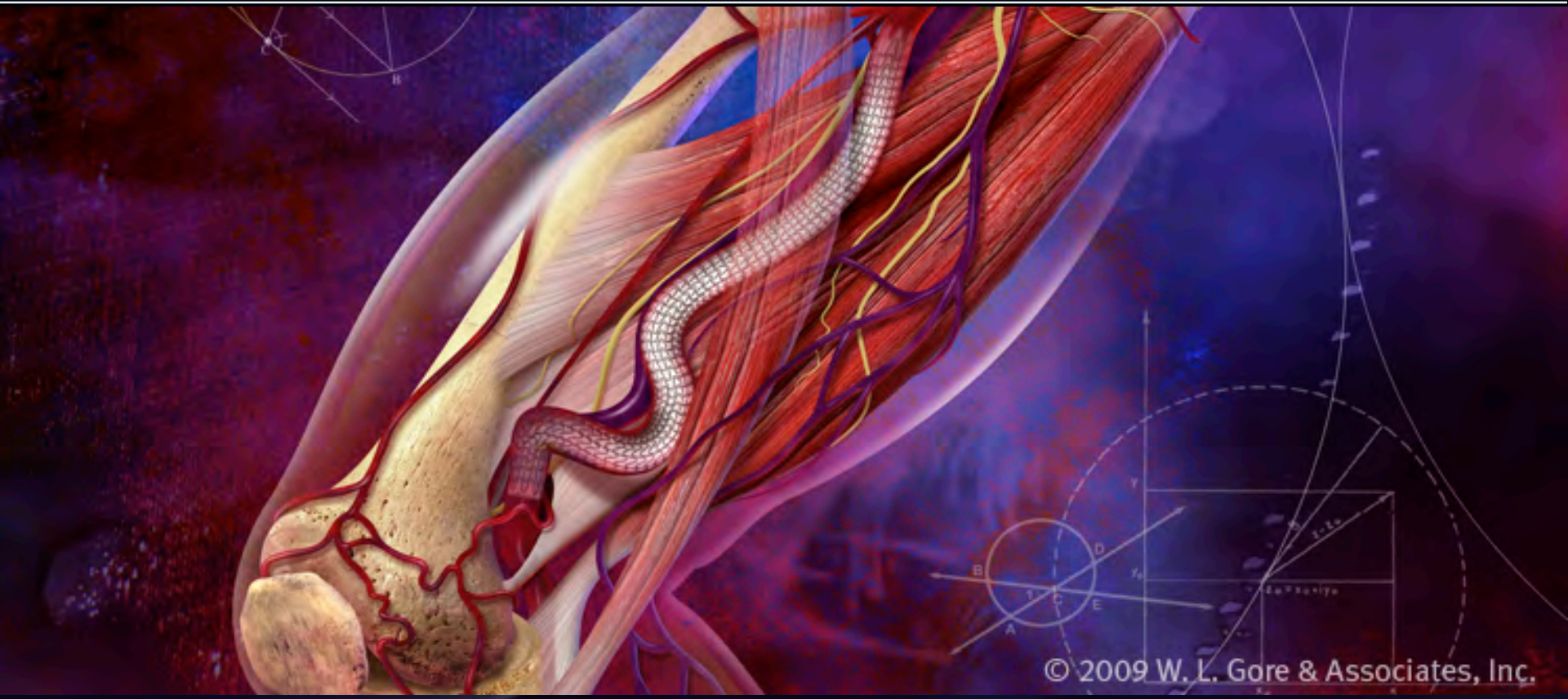

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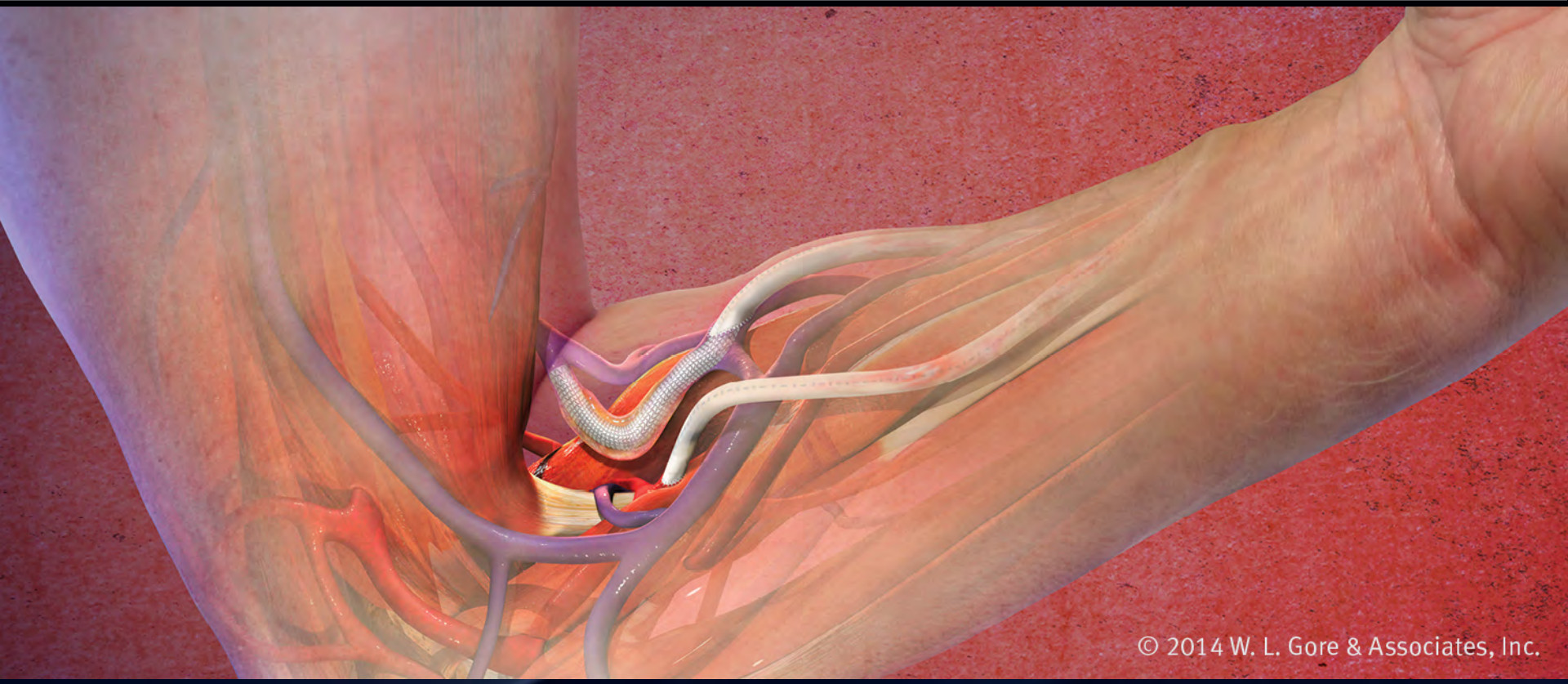

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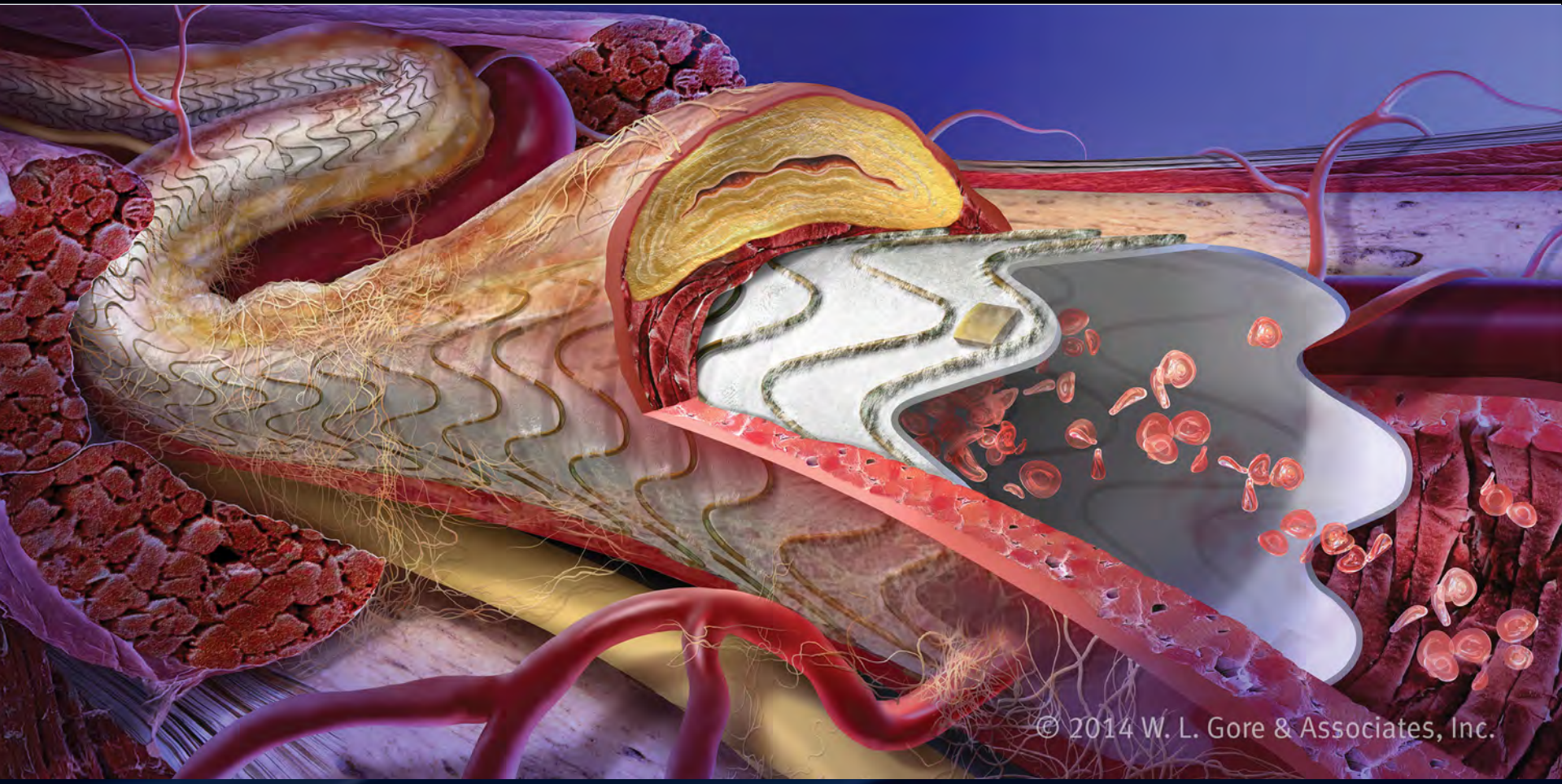

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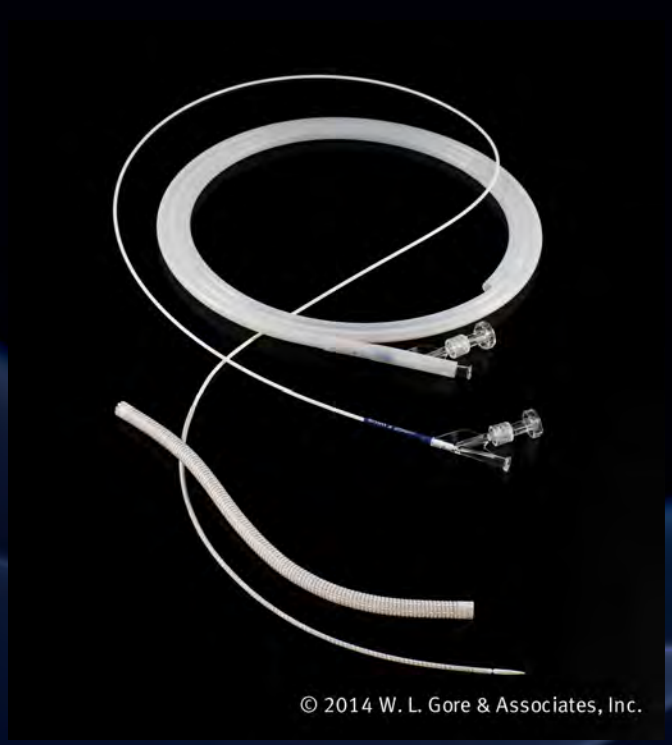

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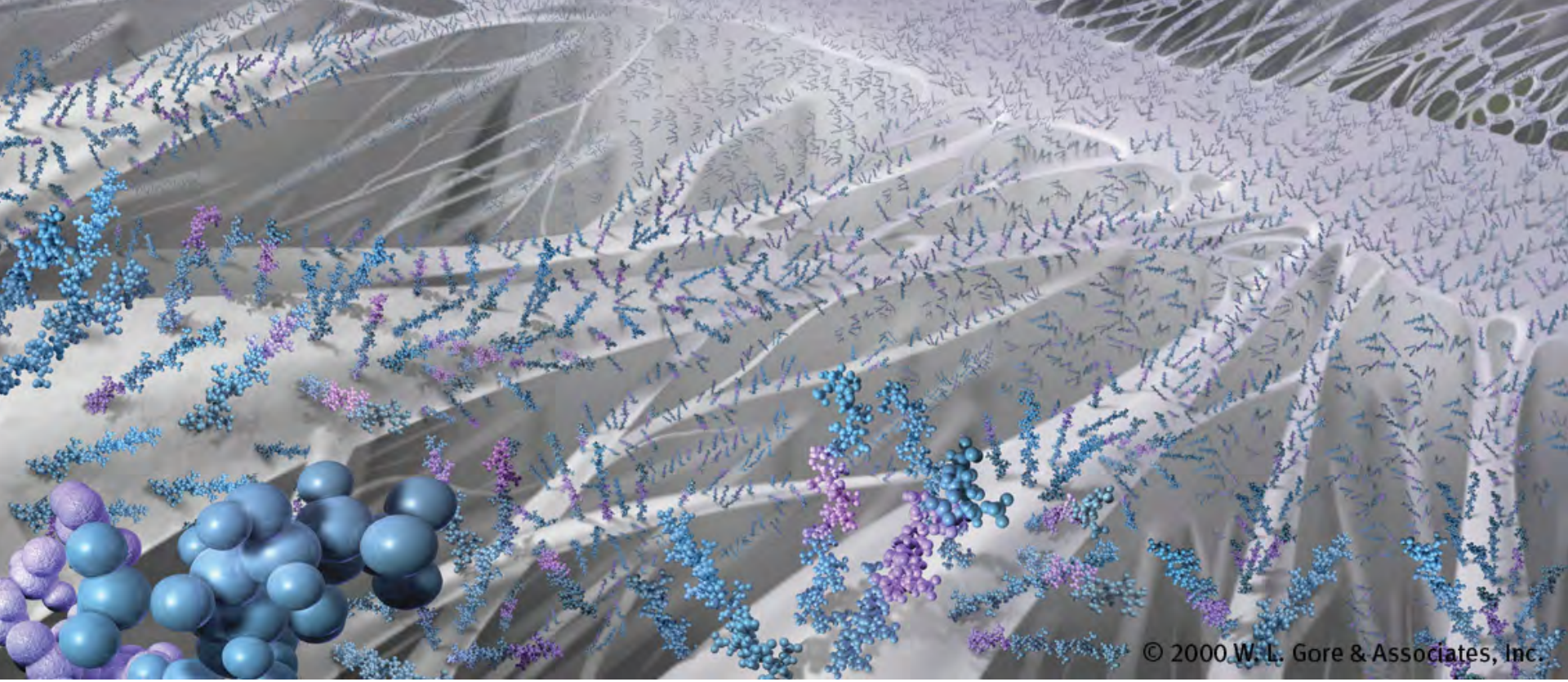

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