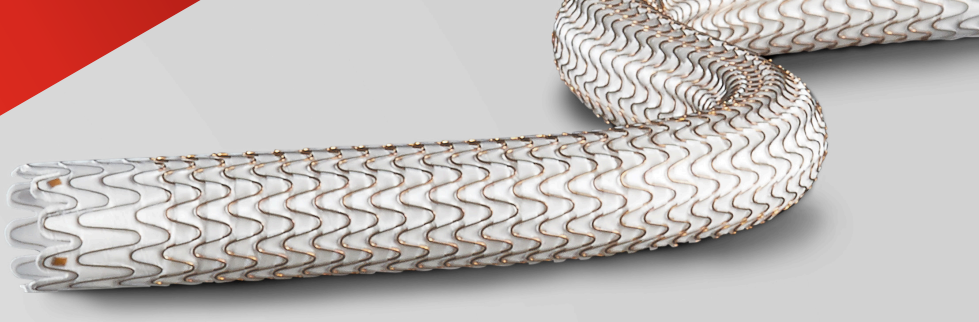
GORE® VIABAHN®
Endoprosthesis with
Heparin Bioactive Surface*



THE VANQUISH STUDY[1]

A prospective, multicenter, real-world study of the VIABAHN® Device in femoropopliteal occlusive disease

Large real-world study of the VIABAHN® Device

343
Lesions in the full coverage cohort

Proven patency

80.3%
Primary patency at one year

Consistent with other endovascular therapies, sole risk factor for loss of patency was small vessel diameter (as measured by intravascular ultrasound (IVUS).

Challenging disease

25 cm
Mean lesion length

71.4%
Chronic total occlusions (CTO)

23.3%
Chronic limb ischemia

90.1%
TASC II C (39.4%) and D (50.7%)

80% average primary patency at one year in over 1,000 lesions[1–7]

Proven patency in complex superficial femoral artery lesions across seven multicenter, prospective, randomized or single-arm studies

Gore VIPER Clinical Study[2] N = 119	VIASTAR Trial[3] N = 66	25 cm Trial[4] N = 71	SuperB Study[5] N = 63	Gore Japan IDE Clinical Study[6] N = 103	Gore Japan Post Market Clinical Study[7] N = 324	VANQUISH Study[1] N = 343
19 cm Mean lesion length	**19 cm** Mean lesion length	**27 cm** Mean lesion length	**23 cm** Mean lesion length	**22 cm** Mean lesion length	**24 cm** Mean lesion length	**25 cm** Mean lesion length
56% CTO	**79%** CTO	**93%** CTO	**75%** CTO†	**66%** CTO	**70%** CTO‡	**71%** CTO

* As used by Gore, Heparin Bioactive Surface refers to Gore's proprietary CBAS Heparin Surface.

Together, improving life

References and citations

† CTO percentage defined as percentage of TASC II D.

‡ Data on file 2020; W. L. Gore & Associates, Inc; Flagstaff AZ.

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3. Lammer J, Zeller T, Hausegger KA, *et al.* Sustained benefit at 2 years for covered stents versus bare-metal stents in long SFA lesions: the VIASTAR Trial. *Cardiovascular & Interventional Radiology* 2015;38(1):25-32.
4. Zeller T, Peeters P, Bosiers M, *et al*. Heparin-bonded stent-graft for the treatment of TASC II C and D femoropopliteal lesions: the Viabahn-25 cm Trial. *Journal of Endovascular Therapy* 2014;21(6):765-774.
5. Reijnen MMPJ, van Walraven LA, Fritschy WM, *et al.* 1-year results of a multicenter randomized controlled trial comparing heparin-bonded endoluminal to femoropopliteal bypass. *JACC: Cardiovascular Interventions* 2017;10(22):2320-2331.
6. Ohki T, Kichikawa K, Yokoi H, *et al.* Outcomes of the Japanese multicenter Viabahn trial of endovascular stent grafting for superficial femoral artery lesions. *Journal of Vascular Surgery* 2017;66(1):130-142.e1.
7. Yamaoka T. VIABAHN the latest real world clinical data from Japan to the worlds PMS 1Y/IDE 5Y VIABAHN. Presented at JETTALKS on Air; April 18-19, 25-26, 2020; Osaka, Japan.

Consult Instructions for Use
eifu.goremedical.com

INDICATIONS FOR USE IN THE U.S.: The GORE® VIABAHN® Endoprosthesis is indicated for improving blood flow in patients with symptomatic peripheral arterial disease in superficial femoral artery de novo and restenotic lesions up to 270 mm in length with reference vessel diameters ranging from 4.0 – 7.5 mm. The GORE® VIABAHN® Endoprosthesis is indicated for improving blood flow in patients with symptomatic peripheral arterial disease in superficial femoral artery in-stent restenotic lesions up to 270 mm in length with reference vessel diameters ranging from 4.0 – 6.5 mm. The GORE® VIABAHN® Endoprosthesis is indicated for improving blood flow in patients with symptomatic peripheral arterial disease in iliac artery lesions up to 80 mm in length with reference vessel diameters ranging from 4.0 – 12 mm. The GORE® VIABAHN® Endoprosthesis is also indicated for the treatment of stenosis or thrombotic occlusion at the venous anastomosis of synthetic arteriovenous (AV) access grafts. **CONTRAINDICATIONS:** The GORE® VIABAHN® Endoprosthesis with Heparin Bioactive Surface is contraindicated for non-compliant lesions where full expansion of an angioplasty balloon catheter was not achieved during pre-dilatation, or where lesions cannot be dilated sufficiently to allow passage of the delivery system. Do not use the GORE® VIABAHN® Endoprosthesis with Heparin Bioactive Surface in 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. ℞ Only

Products listed may not be available in all markets.

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