



Now  
**APPROVED**  
for  
*Dissection*

**PERFORMANCE** by design

*Pioneering TEVAR Therapy,  
Time and Time Again.*



THORACIC  
ENDOPROSTHESIS

## Time-Tested Success

For more than **15 years**, the GORE® TAG® Device has demonstrated impressive success in both clinical studies and real-world commercial use.

### More than **71,000 Devices** Distributed Worldwide

For more than a decade, we have worked alongside physicians in the evolution of the GORE® TAG® Device. Our collaboration has resulted in the distribution of more than 71,000 devices, for the treatment of more than **41,000 patients** worldwide<sup>1</sup>.

### Proven Clinical Results

The GORE® TAG® Device is supported by more than **15 years** of clinical experience.

### Most Studied Thoracic Endograft Available

With the first clinical implant occurring in 1998, the GORE® TAG® Device has been studied in **ten FDA approved clinical studies**, one European clinical trial (ADSORB), and one worldwide registry (GREAT).

### Thirty-Five Years of Experience with ePTFE Graft Material

Having pioneered ePTFE graft technology **35 years** ago, Gore continues to collaborate with physicians and scientists to create a robust and reliable design platform based on proven clinical performance.

**2005**

**FIRST** thoracic stent-graft approved in US



**2012**

**FIRST** thoracic stent-graft approved in US for isolated lesions including traumatic transections\*

**2013**

**FIRST** thoracic stent-graft approved in US for aneurysms, transections, *and* acute and chronic Type B Dissections

<sup>1</sup>Data on file

\* Conformable GORE® TAG® Device was approved in US for DTA aneurysms in 2011.



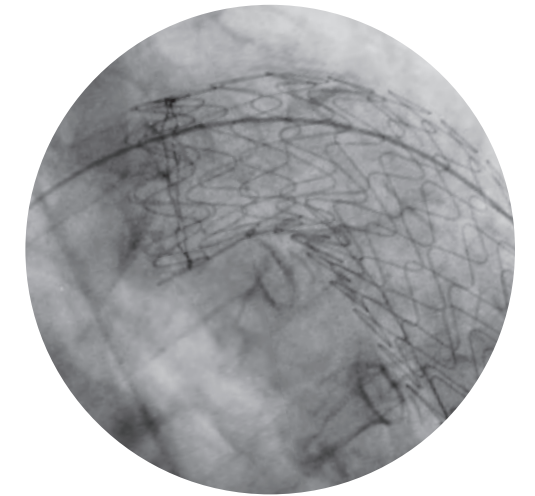
## Conformable GORE® TAG® Device is *Conformability Without Compromise*

### Designed to treat compromised aortas

- ① No bare springs or barbs
- ② Designed with optimal radial force to decrease the risk of intimal damage

### Highly conformable to accommodate natural anatomy

- ③ Optimized graft construct to maximize device durability and conformability
- ④ Partially uncovered stents maximize circumferential wall apposition to aid in sealing of the primary entry tear and depressurization of the false lumen while not compromising aortic blood flow
- ⑤ Fully covered distal end provides a transition between the stent frame and the septum, decreasing the risk of septum perforation



## Able to treat more patients

- Small diameter and tapered devices offer a large treatment range
- Broad 6 – 33% oversizing windows allow physicians to choose device with the correct radial fit for patient anatomy
- Larger device oversizing windows engineered, tested, and proven to accommodate differences in proximal and distal landing zone diameters

## Flexible delivery system tracks in challenging anatomy

- Soft leading catheter tip for navigation through tortuous and fragile dissection anatomy
- Easy one-step deployment

## Proven compression resistance

- No reports of compression with more than 12,000 devices distributed worldwide\*
- Increased wire diameter optimizes radial force to resist compression in high flow aortas
- Nine apex stent pattern further distributes point load and contributes to long-term durability in maximum oversizing conditions
- Unique sutureless design and stent-graft construction facilitates consistent conformability throughout the device for uniform arch support



**With the FDA approved indication for acute and chronic Type B dissections, Conformable GORE® TAG® Device is the first thoracic stent-graft approved in the US to treat aneurysms, transections, and Type B dissections.**

For more than a decade, we have worked closely with physicians to evolve TEVAR therapies and improve patient outcomes. That's why today, Conformable GORE® TAG® Device is still a leading less-invasive treatment option.

Engineered for flexibility in tortuous anatomy, the Conformable GORE® TAG® Device provides enhanced conformability to treat the challenges associated with dissected aortas.

**INDICATIONS FOR USE:** The GORE® TAG® Thoracic Endoprosthesis 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,  $\geq 20$  mm non-aneurysmal aorta proximal and distal to the lesion; Type B dissections in patients who have appropriate anatomy, including: adequate iliac / femoral access,  $\geq 20$  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:** Patients with known sensitivities or allergies to the device materials; patients who have a condition that threatens to infect the graft. Refer to *Instructions for Use* at [goremedical.com](http://goremedical.com) for a complete description of all warnings, precautions, and adverse events. Rx Only

Products listed may not be available in all markets.

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