The Combination that lasts

Now Available

Integrated Rings

PERFORMANCE through collaboration
A NEW CATEGORY in Vascular Bypass.

Gore is the first company to introduce a new category in vascular bypass built on proven elements you can trust — a combination of innovation and a history of clinical success.

- More than 30,000 successful GORE PROPATEN® Vascular Graft implants worldwide.
- More than 200 scientific papers including numerous clinical studies have demonstrated the safety, efficacy and performance of the end-point covalent heparin bonding technology.
- More than 25 million Gore clinical ePTFE implants worldwide.
- More than 30 years of experience in medical device implants.
PROPRIETARY END-POINT COVALENT BONDING

- Only the end of the heparin molecule is bonded to the graft surface
  - The heparin bioactive site remains free to interact with the blood

- Heparin molecules are bonded to the graft’s luminal surface
- Bioactive site of the heparin molecule binds to antithrombin (AT)

- Antithrombin 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

End-point covalent bonding keeps heparin anchored to the graft surface over time

Proprietary Gore technology

HEPARIN

- A proven anticoagulant
- Derived from heparin sourced in North America
- Reduced molecular weight heparin of porcine origin

ePTFE

- Unchanged GORE-TEX® Vascular Graft handling properties

Stretch Technology

Integrated Rings

Thin and standard-walled

Removable Rings
GORE PROPATEN® Vascular Graft

### Sustained bioactivity

- Anchored to the graft surface
- Heparin active sites are not compromised

### Thromboresistant luminal graft surface that retains the intrinsic bioactive properties of heparin

The bioactive luminal surface of a 3 mm diameter GORE PROPATEN® Vascular Graft (below) remains free of thrombus, while the non-bioactive surface of a control graft (top; 3 mm diameter) is covered with thrombus. Grafts were explanted after two hours in a challenging carotid shunt canine model.

### Intimal Hyperplasia Reduction

— Lin, et al.²

Neointimal hyperplasia at the distal anastomoses of an aortoiliac bypass graft model in baboons. Statistically significant reduction in neointimal hyperplasia at the distal anastomosis was observed for the GORE PROPATEN® Vascular Graft as compared to untreated control ePTFE.

A) Distal anastomosis of untreated control ePTFE graft  B) Distal anastomosis of the GORE PROPATEN® Vascular Graft. L: Lumen; N: Neointima; G: ePTFE Graft; Collagens are blue, elastin is black, others are red. (Verhoeff-Masson stain; original magnification X40) Images reproduced with permission from Elsevier.

### Bonded — Does not elute

- No systemic heparinization
- Thromboresistance remains over time
Performance as nature intended.

Anything better below-knee would be a vein.

<table>
<thead>
<tr>
<th>TOTAL</th>
<th>N = 494</th>
<th>1 year</th>
<th>75%</th>
<th>3 years</th>
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<td>82%</td>
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<td>81%</td>
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<td>BK Fem-Pop</td>
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<td>79%</td>
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<td>BK Infrapopliteal</td>
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<td>69%</td>
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Overall weighted average primary patency based on GORE PROPATEN® Vascular Graft literature

Remember GORE-TEX® Suture;
The Perfect Close to Your Vascular Procedures
References and Bibliography

† Weighted Average = \frac{(N_1 \times \text{Primary Patency}_1) + (N_2 \times \text{PP}_2) + \ldots + (N_n \times \text{PP}_n)}{N_1 + N_2 + \ldots + N_n}

- References 3 – 11 were used to calculate the number of patients and patency values.
- References 3 – 6 and 8 – 11 were used to calculate the number of patients and patency values. Note that references 5, 6 and 8 reported on clinical series that were predominantly BK Fem-Pop bypasses.
- References 3, 4, and 9 – 11 were used to calculate the number of patients and patency values.