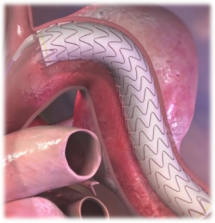
WHEN AND HOW TO USE GORE cTAG with ACTIVE CONTROL OPTIMALLY:

Advantages and Limitations



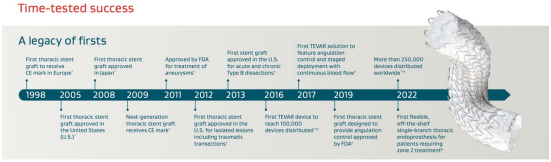
Sukgu M. Han, MD, MS
Professor of Surgery and Neurological Surgery
Chief, Division of Vascular Surgery and Endovascular Therapy
Co-director, Keck USC Aortic Center
Program Director, Integrated Vascular Residency And Fellowship Programs
Keck Medical Center of University of Southern California

DISCLOSURES

- Consultant: W.L. Gore & Associates, Cook Medical, Terumo Aortic, Medtronic
- Research Support: W.L. Gore & Associates
- Scientific Advisory Board: W.L. Gore & Associates, Vestek
- *Off-Label Procedures: Ascending TEVAR*

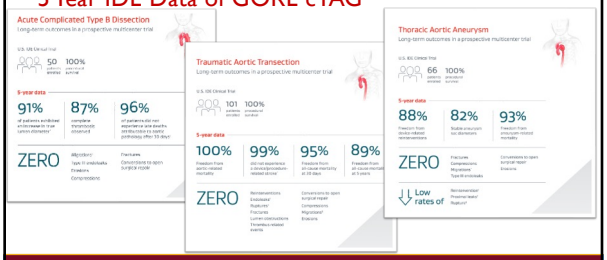
Time-tested success

A legacy of firsts

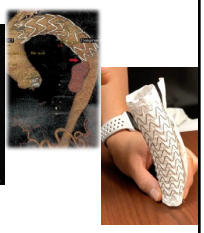


10 clinical studies
GREAT Global Registry for Endovascular Aortic Treatment
more than 20 years of clinical experience
more than 250,000[1] TAG® Devices distributed worldwide
40 years experience with ePTFE material

5 Year IDE Data of GORE cTAG



Distinguishing Features of the Gore cTAG Device

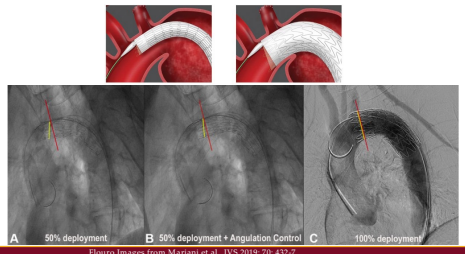


- Lower spring back force

The ACTIVE CONTROL System

- Smaller access
- Curved nose cone
- ***Multi-step deployment via nested handle***
- Intermediate diameter
  - Minimize windsock effect
- ***Angulation control - optional***

ANGULATION CONTROL

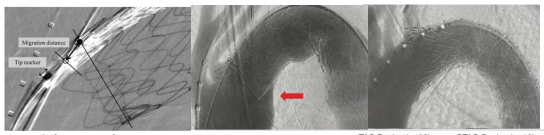


Flouro Images from Mariani et al. JVS 2019; 70: 432-7

Deployment Accuracy of the Conformable GORE® TAG® Thoracic Endoprosthesis in the Treatment of Zones 2 and 3 Aortic Arch Aneurysms Compared with the Previous TAG®

Eisaku Ito, MD, Yuji Kanaoka, MD, PhD, Koji Maeda, MD, Hiroki Ohta, MD, Atsushi Ishida, MD, PhD, and Takao Ohki, MD, PhD

Ann Vasc Dis Vol. 8, No. 2, 2015; pp 74–78



Deployment accuracy	
Number of subjects	
Deployed within 5 mm of intended location	
Deployed ≥5 mm from intended location	
Difference (mm) between intended vs. actual implantation locations (mean ± SD)	

	TAG Device (n=20)	CTAG Device (n=12)
Birdbeaking	8 (40%)	1 (8%)
Complications	2 (10%)	2 (17%)
Iliac artery dissection	1 (5%)	1 (8%)
Stent placement	1 (5%)	1 (8%)
Additional therapies		
Left common carotid artery stent	3 (15%)	2 (16%)

Clinical Investigation

One-Year Results From the SURPASS Observational Registry of the CTAG Stent-Graft With the Active Control System

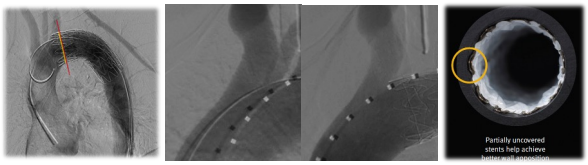
Giovanni Federico Torsello, MD[1], Angeliki Argyriou, MD[1], Konstantinos Stavroulakis, MD[1], Michel J. Bosiers, MD[1], Martin Austermann, MD[1], and Giovanni B. Torsello, MD[1] on behalf of the SURPASS Registry Collaborators

JOURNAL OF ENDOVASCULAR THERAPY
Journal of Endovascular Therapy 2020, Vol. 27(3) 421–427

DOI: 10.1177/1526602820913807
www.jevt.org
SAGE

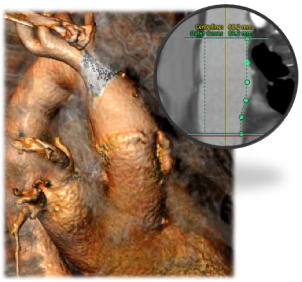
- 127 patients (1/3 TBAD, 1/3 DTA, 1/3 others)
- 97.6% technical success (3 partial coverage arch branches)
  - No type Ia/III endoleaks
  - Repositioning between stages in 62%
  - Angulation used in 50%
  - Rapid pacing NOT used in 93%
- 1 Year follow-up
  - 92.9% clinical success
  - 2 type Ia, 1 type III endoleaks
    - Repaired with additional TEVAR

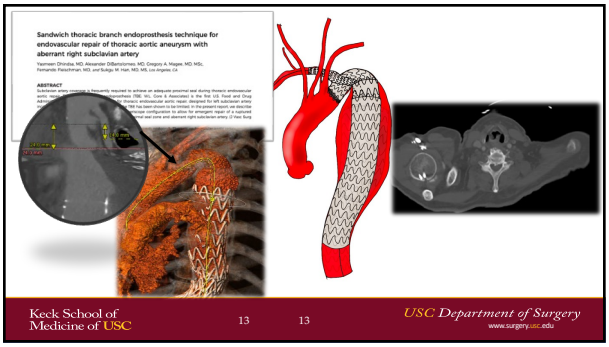
OPTIMIZING SEAL ZONE: *every mm counts*



- *Seal zone starts at the partially uncovered stent edge*

EXAMPLE DEPLOYMENT





ARE THERE DOWNSIDES?

- Access: 20~24Fr
- Lessons from the initial learning curve
  - Partially uncovered stents with double sleeves are COVERED along the outer curve
  - One way angulation control with different flexion points at 50% vs 100% deployment
  - Deliberate support of the delivery shaft during deployment
- Not well suited for in-situ fenestration
  - ePTFE, tighter Nitinol spacing, double sleeves

THANK YOU!!!