



MAXIMIZE control. MINIMIZE migration.

PRECISE DELIVERY*
Non-foreshortening design for accurate placement
Tap for details

LOWEST MIGRATION RATE¹
Atraumatic anchoring fins help reduce migration rates to 25X less than other fully covered stents
Tap for details

HIGH PRIMARY PATENCY^{5,6}
Prevents tissue ingrowth and promotes the highest reported patency rates for patients with malignant strictures
Tap for details

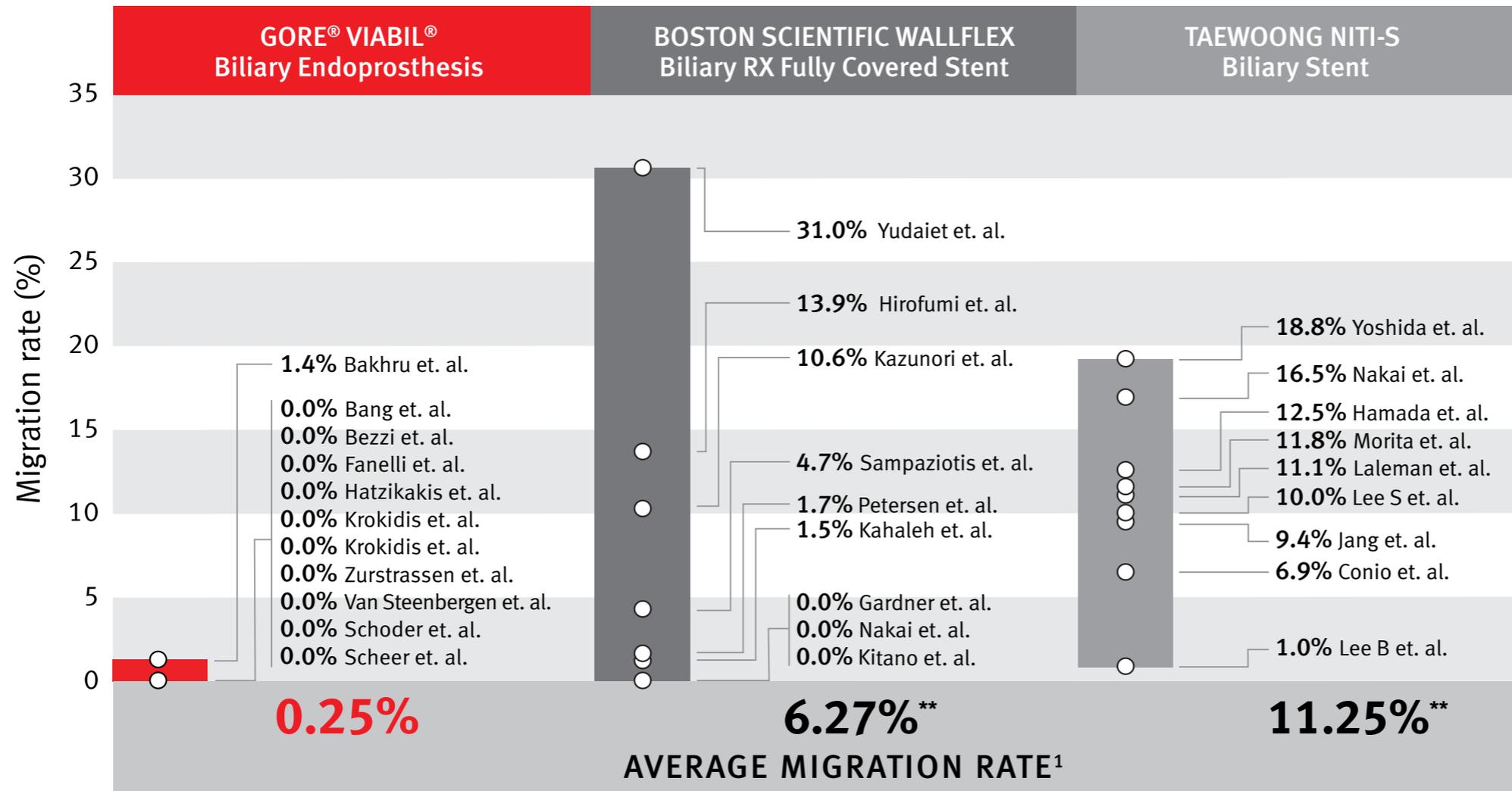
OPTIMAL CONFORMABILITY^{2,3,4}
Low axial strength and moderate radial strength
Tap for details



25X REDUCTION IN MIGRATION RATES

Malignant biliary stricture migration rate comparison¹

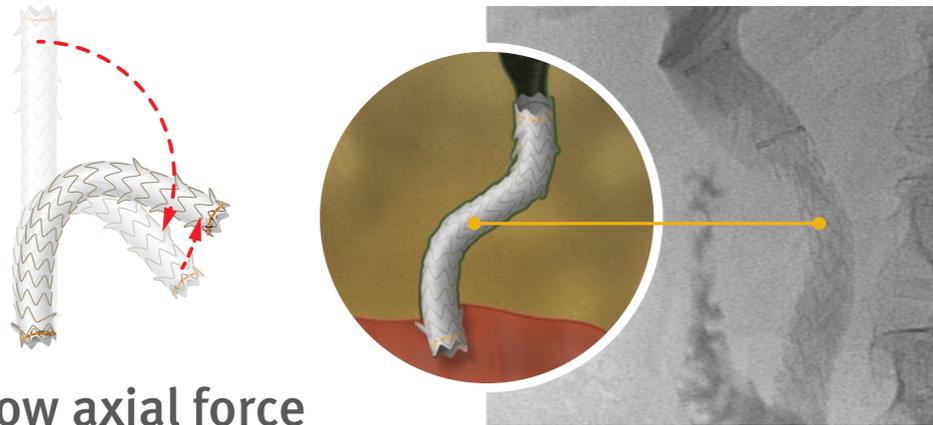
(Based on 47 papers published from 2002 to 2018.)



Atraumatic anchoring fins help to reduce migration rates.

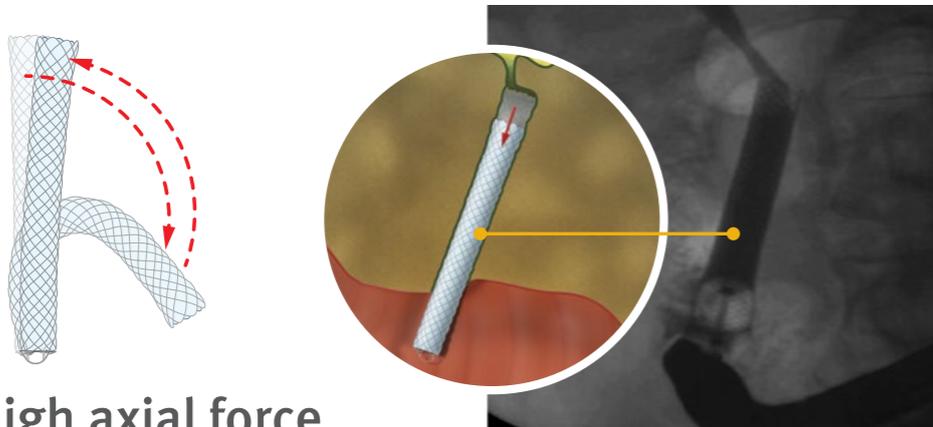


OPTIMAL COMFORTABILITY



Low axial force

GORE® VIABIL® Biliary Endoprosthesis is the preferred combination of low Af and moderate Rf to minimize risk of migration, conforming naturally to the bile duct anatomy.²



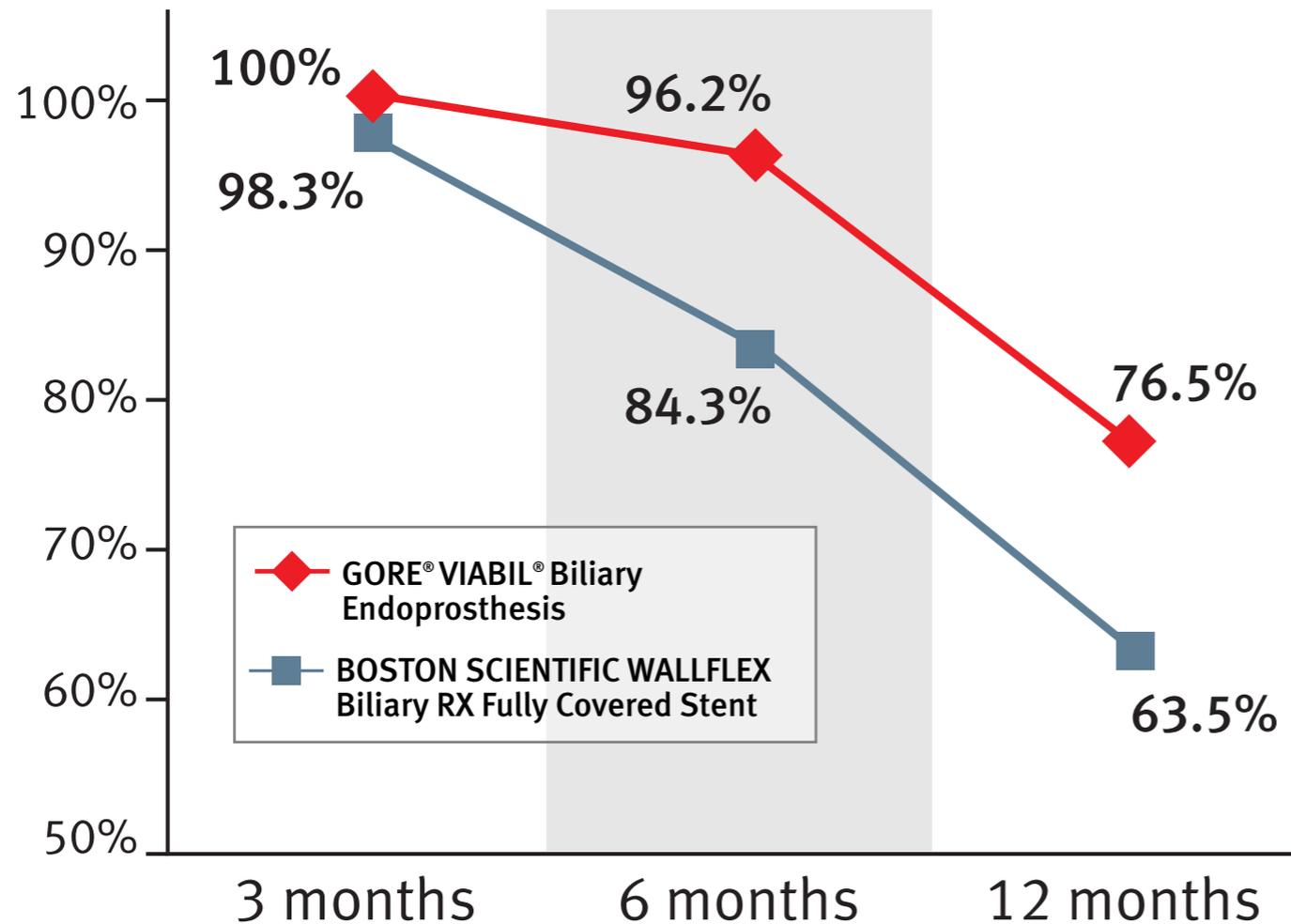
High axial force

SEMS with high Af do not conform well in the curved bile duct, increasing the risk of stent migration. Additionally, the duct tends to kink at the proximal edge of the stent, causing sludge formation or cholangitis.³

Compared to the BOSTON SCIENTIFIC WALLFLEX Biliary RX Fully Covered Stent, the **GORE® VIABIL® Biliary Endoprosthesis** has low Axial Force and moderate Radial Force,⁴ **the preferred combination for reducing migration and achieving higher patency.²**



HIGHER PRIMARY PATENCY

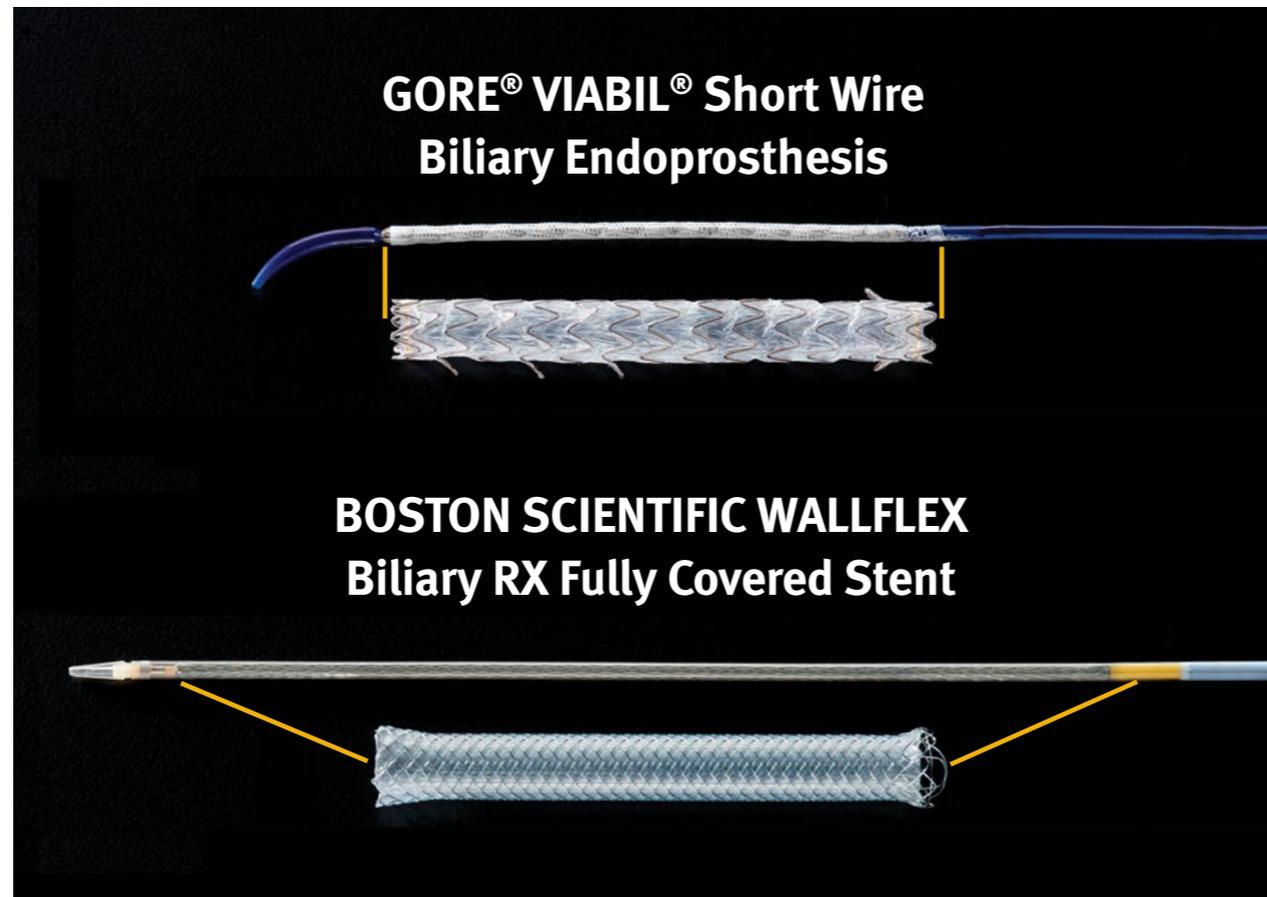


GORE® VIABIL® Biliary Endoprosthesis maintains higher primary patency than the leading competitor at 3, 6, and 12-months for malignant biliary strictures.^{5,6}



PRECISE DELIVERY

Non-foreshortening design for precision you can count on.



During delivery:

- Unlike other stents, eliminates repositioning associated with typical push / pull delivery
- Will not appreciably change in length*

GORE® VIABIL® Short Wire Biliary Endoprosthesis

Intended for palliation of malignant strictures in the biliary tree



* If deployed as instructed, the endoprosthesis will not appreciably foreshorten.

** $p < 0.00000001$, when compared to GORE® VIABIL® Biliary Endoprosthesis migration rates.

1. W. L. Gore & Associates, Inc; *Biliary Fully Covered Metal Stents Systematic Review of the Clinical Literature*. Flagstaff, AZ; 2019. [Work plan]. WP111272.
2. Isayama H, Nakai Y, Toyokawa Y, *et al.* Measurement of radial and axial forces of biliary self-expandable metallic stents. *Gastrointestinal Endoscopy* 2009;70(1):37-44.
3. Isayama H, Mukai T, Itoi T, *et al.* Comparison of partially covered nitinol stents with partially covered stainless stents as a historical control in a multicenter study of distal malignant biliary obstruction: the WATCH study. *Gastrointestinal Endoscopy* 2012;76(1):84-92.
4. W. L. Gore & Associates, Inc; *Radial Force and Bend Stiffness Characterization of Biliary Stents*. Flagstaff, AZ; 2012. [Work plan]. WP103837.
5. Krokidis M, Fanelli F, Orgera G, Bezzi M, Passariello R, Hatzidakis A. Percutaneous treatment of malignant jaundice due to extrahepatic cholangiocarcinoma: covered Viabil stent versus uncovered Wallstents. *Cardiovascular & Interventional Radiology* 2010;33(1):97-106.
6. Kitano M, Yamashita Y, Tanaka K, *et al.* Covered self-expandable metal stents with an anti-migration system improve patency duration without increased complications compared with uncovered stents for distal biliary obstruction caused by pancreatic carcinoma: a randomized multicenter trial. *Am J Gastroenterol.* 2013 Nov;108(11):1713-22.



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