



# Cardiac Rhythm Disease Management

## **Product Performance Report** *Important Patient Management Information for Physicians*



This report is available online at www.medtronic.com/CRDMProductPerformance

### **Our Commitment to Quality**

Medtronic was founded in 1949 and has grown to become a global leader in medical technology. Seeing what a difference medical technology could make in the lives of patients inspired our founder to develop the Medtronic Mission, which remains unchanged today.

The third tenet of the mission is all about quality:

"To strive without reserve for the greatest possible reliability and quality in our products, to be the unsurpassed standard of comparison, and to be recognized as a company of dedication, honesty, integrity, and service."

Regardless of function, all CRDM employees play a role in product quality. Whether designing new therapies, sourcing components, manufacturing products, hiring talented people, assigning financial resources to project teams, or serving in one of the hundreds of other roles, every employee has an influence on product quality.

Product performance information is received from many sources through various channels. Medtronic monitors information from many sources from Research and Development through Manufacturing and Field Performance Vigilance.

When a device is returned to Medtronic, laboratory technicians and engineers assess overall device function. Analysis of returned product is performed according to written procedures. These procedures determine the minimum analysis required. The analysis required varies depending on the type of device, age of the device, the associated information received with the device, actual experience with models of similar design, and other factors. Additional analysis is performed as necessary to investigate a performance concern from a customer, or to collect specific reliability data.

When a malfunction is identified, failure analysis is performed to provide the detailed information necessary to investigate possible causes and actions. Medtronic CRDM maintains in-house expertise and performs its failure analysis using facilities it owns and supports. This capability permits detailed failure analysis.

Analysis results are compared to original manufacturing records and design intent. Clinical observations are added to laboratory findings to help determine root cause. Each event is then compared to other events. If a pattern is detected, actions are taken to identify a common root cause, assess patient risk and an appropriate course of action.

Medtronic instituted the industry's first product performance reports in 1983 by publishing data on our chronic lead studies. Pacemakers and other devices followed as our performance reporting has constantly evolved based on customer needs and feedback. One thing has been a constant. It is our sincere commitment to communicate clearly, offering timely and appropriate product performance data and reliability information. This has always been and will continue to be our goal.

Tim Samsel Vice President, Quality and Regulatory Medtronic Cardiac Rhythm Disease Management Medtronic, Inc.

### **Contact Information**

We invite our customers to use these telephone numbers to call with suggestions, inquiries, or specific problems related to our products.

#### **US Technical Services Department**

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#### For questions related to this CRDM Product

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#### For questions related to returning explanted product or returning product that shows signs of malfunction, please contact:

Outside the United States:

Your Medtronic representative or international technical center at the number above.

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### **CRDM Product Performance Report**

Introduction 1 Method for Estimating CRT, ICD, and IPG Device Performance 6

- CRT Cardiac Resynchronization Therapy 10 CRT Survival Summary 17 CRT Reference Chart 20
- ICD Implantable Cardioverter Defibrillators 22 ICD Survival Summary 35 ICD Reference Chart 39
- IPG Implantable Pulse Generators 41 IPG Survival Summary 63 IPG Reference Chart 70

#### Leads

Method for Estimating Lead Performance 73

#### Left-Heart Leads 78

Lead Survival Summary 82 US Returned Product Analysis Summary 82 US Reports of Acute Lead Observations 82 Reference Chart 83

Defibrillation Leads 84 Lead Survival Summary 92 US Returned Product Analysis Summary 93 US Reports of Acute Lead Observations 93 Reference Chart 94

#### Pacing Leads 95

Lead Survival Summary 115 US Returned Product Analysis Summary 118 US Reports of Acute Lead Observations 119 Reference Chart 120

#### ICD and CRT-D Charge Time Performance 127

#### Advisories 135

(in order of communication date, from most recent to oldest)

#### Performance Notes 146

Dual Chamber Pacemakers with Measurement Lock-up ERI Kappa 600, 700, 800, 900, EnPulse, Adapta, Versa, Sensia, Relia, and Vitatron Models E50A1, E60A1, and G70A1 146
Clinical Management of VCM near Elective Replacement 147
General Follow-Up and Replacement of ICD Leads 148
Clinical Management of High-Voltage Lead System Oversensing 149
Tests and Observations for Clinical Assessment of Chronic Pacing Leads 150

### 2013 Second Edition Issue 69

Date cutoff for this edition is August 9, 2013 for devices and July 31, 2013 for PSR leads data

This report is available online at www.medtronic.com/CRDM ProductPerformance

Lead Survival Summary 123 US Returned Product Analysis Summary 124 US Reports of Acute Lead Observations 124 Reference Chart 124 VDD Single Pass Pacing Leads 125

Epi/Myocardial Pacing Leads 121

Lead Survival Summary 126 US Returned Product Analysis Summary 126 US Reports of Acute Lead Observations 126 Reference Chart 126

### Introduction

# All product performance reports are not created equal. For 30 years, Medtronic has monitored performance via both returned product analysis and multicenter clinical studies.

This Product Performance Report (PPR) presents device survival estimates, advisory summaries, performance notes, and other information pertinent to assessing the performance of Medtronic implantable pulse generators (IPGs), implantable cardioverter defibrillators (ICDs), cardiac resynchronization therapy (CRT) devices, and implantable pacing and defibrillation leads.

This Product Performance Report has been prepared in accordance with International Standard ISO 5841- 2:2000(E).

The survival estimates provided in this report are considered to be representative of worldwide performance.

#### Survival Estimates

Medtronic, like other companies, monitors CRT, ICD, and IPG device performance using returned product analysis. We also monitor CRT, ICD, and IPG device performance using an active multicenter clinical study.

Returned product analysis is a passive approach to assessing product performance. This approach provides a suitable measure of product performance only when a significant number of explanted products are returned to the manufacturer. Returned product analysis provides a measure of hardware performance, but not necessarily the total clinical performance (e.g., the incidence of complications such as infection, erosion, muscle stimulation, etc. are not estimated).

The survival estimates provided in this report for CRT, ICD, and IPG devices are based on returned product analysis. This approach is suitable because a significant number of explanted generators are returned for analysis.

Lead performance is monitored differently. In contrast to CRT, ICD, and IPG devices, a very small percentage of leads are returned to the manufacturer due to the difficulty of explanting them. For leads, an active clinical study provides more accurate survival estimates compared to estimates based solely on returned product analysis.

Survival estimates for leads are based on clinical observations recorded via Medtronic CRDM's System Longevity Study. This multicenter clinical study is designed to record clinical observations representative of the total clinical experience. Therefore, the lead survival estimates include both lead hardware failure and lead-related medical complications, and do not differentiate a lead hardware failure from other clinical events such as exit block, perforation, dislodgement, or concurrent pulse generator failure. The actuarial life table method is applied to the data collected for CRT, ICD, and IPG devices and leads to provide the survival estimates included in this report. A general introduction to understanding this method of survival analysis is given later in this introduction.

#### ICD Charge Times

Since May 2000, Medtronic has provided important information on charge time performance of ICDs. The information provided in this report shows how ICD charge time can vary during the time a device is implanted. The information is presented in graphical format showing charge time as a function of implant time. The data for charge times are collected from devices enrolled in the Product Surveillance Registry.

#### Advisory Summaries

This Product Performance Report includes summaries of all advisories applicable to the performance of the products included in the report. An advisory is added to the report when any product affected by the advisory remains in service and at risk of experiencing the behavior described in the advisory. The advisory will remain in the report until Medtronic estimates no product affected by the advisory remains active, or the risk of experiencing the behavior described in the advisory has passed.

For most advisories, the products subject to the advisory retain essentially the same survival probability as the products of the same model(s) not affected by the advisory. For those advisories where the survival probabilities of the affected and non-affected populations do differ significantly, Medtronic will provide separate survival data for each population. The separate survival data will remain in the report until Medtronic estimates no affected product remains in active service.

#### **Performance** Notes

This report concludes with a number of Performance Notes developed by Medtronic to provide additional product performance information relevant to follow-up practice and patient management.

# Medtronic urges all physicians to return explanted products and to notify Medtronic when a product is no longer in use, regardless of reason for explant or removal from use.

#### How You Can Help

Medtronic urges all physicians to return explanted products and to notify Medtronic when a product is no longer in use, regardless of the reason for explant or removal from use. The procedures for returning products vary by geographic location.

Mailer kits with prepaid US postage are available for use within the United States to send CRTs, ICDs, IPGs, and leads to Medtronic's CRDM Returned Product Analysis Lab. These mailers are sized to accommodate the devices and leads from a single patient or clinical event and are designed to meet US postal regulations for mailing biohazard materials.

If the product being returned is located outside the United States, please contact your local Medtronic representative for instructions.

Medtronic also requests the return of explanted products from non-clinical sources, such as funeral homes, and will assume responsibility for storage and disposal of the product once received.

Mailer kits can be obtained by contacting the Returned Product Lab. For information on how to contact the Lab, refer to the Contact Information page of this report.

We continually strive to improve this CRDM Product Performance Report. In keeping with this philosophy, we ask for your suggestions on the content and format of this report, as well as any information you have regarding the performance of Medtronic products. For information on how to comment on this report, see the Contact Information page of this report.

#### **Overview of Survival Analysis**

Medtronic uses the Cutler-Ederer actuarial life table method to estimate the length of time over which devices and leads will perform within performance limits established by Medtronic. This probability to perform within performance limits over time is called the *survival probability*.

Devices and leads are followed until an *event* occurs where the device or lead ceases to operate within performance limits. The length of time from implant to the event is recorded for individual devices and leads in the *population sample*. The population sample for CRT, ICD, and IPG devices is made up of patients whose devices are registered as implanted in the United States. For leads, the population sample is the patients enrolled in our multicenter, international prospective Product Surveillance Registry.

For IPGs and ICDs, the events can be normal battery depletion or a device malfunction. For leads, the events are complications as defined in the study protocol.

The actuarial life table method allows Medtronic to account for devices and leads removed from service for reasons unrelated to performance and for device and leads still in service. Devices and leads removed for reasons unrelated to performance or are still in service are said to be suspended. Examples of devices and leads removed from service for reasons unrelated to performance include:

- removed to upgrade the device or lead
- no longer in service due to the death of the patient for reasons unrelated to the device or leads
- implanted in patients who are lost to follow-up

For each suspension, the device or lead has performed within performance limits for a period of time, after which its performance is unknown.

#### An Example

The following example describes the survival analysis method used to establish the survival probability estimates for Medtronic CRDM devices and leads. The example is intended to provide an overview of the analysis process. The definitions of malfunctions and complications, and other details specific to calculating device and lead survival estimates, are provided in the articles *Method for Estimating CRT, ICD, and IPG Device Performance (page 6)* and *Method for Estimating Lead Performance (page 74)*.

# This simple example describes the survival analysis method used to establish the survival probability estimates for Medtronic CRDM devices and leads.

#### Figure 1

Implant times for devices of 16 patients. Gray bars with a yellow X indicate devices removed from service due to an event. Blue bars indicate suspended devices.

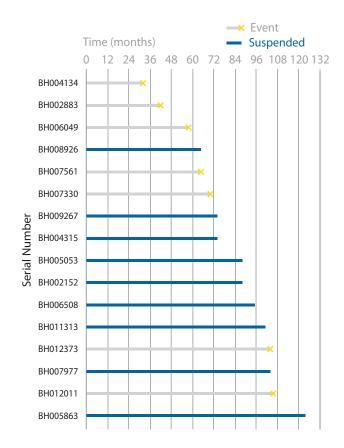


Figure 1 illustrates 16 patients who have implanted devices. The first patient's device (serial number BH004134) operated within performance limits for 32 months. At that time an event occurred. The fourth patient's device (serial number BH008926) did not have an event but is suspended, perhaps because it was still in service at the time of the analysis. This patient had 66 months of implant experience. In this example, Figure 1 shows that seven of the 16 devices suffered events, and nine are suspended.

The first step in the life table method is to divide the implant time into intervals of a specific length. This example will use 12-month intervals. The number of devices entered, suspended, and removed due to an event are counted and summarized, as shown in Table 1. For the first two intervals, all 16 devices survived and none were removed. In the interval (24-36 months), device BH004134 was removed due to an event. Therefore the table entries show that 16 entered the interval, none were suspended, and one was removed due to an event.

For the interval from 36-48 months, only 15 devices entered the interval and one was removed for an event. The remaining intervals are examined and the data entered in columns A, B, and C in like manner. The rest of the columns are filled in using calculations on the data in columns A, B, and C.

The *Effective Sample Size* (**D**) is the number of devices with full opportunity to experience a qualifying event in the interval. This is computed by subtracting one half the number suspended in the interval from the number that entered the interval. This calculation more accurately reflects the number of devices that could have experienced a qualifying event than simply using the number that entered the interval. Using the number of devices that enter an interval overestimates the sample size because the suspended devices do not complete the interval. Ignoring the suspended devices underestimates the sample size because suspended devices are not credited with their full service time. Using one half the number of suspended devices effectively splits the difference.

The next column in the table is the *Proportion with Event* (E). This is the proportion of devices that had an event in the interval. It is calculated by dividing the *Number of Events* (C) by the *Effective Sample Size* (D). The number can be interpreted as the estimated rate at which events occur in the time interval.

The *Interval Survival Probability* (**F**) is the estimate of probability of surviving to the end of the interval assuming the device was working at the beginning of the interval. It is calculated as 1 minus the *Proportion with Event* (**E**). This number can be interpreted as the estimated rate at which events **do not** occur in the time interval.

### Introduction continued

The Cumulative Survival Probabilities (G) from the last column of the life table can be plotted versus time intervals in the first column to give a survival curve. Figure 2 shows the survival curve for the data shown in Table 1.

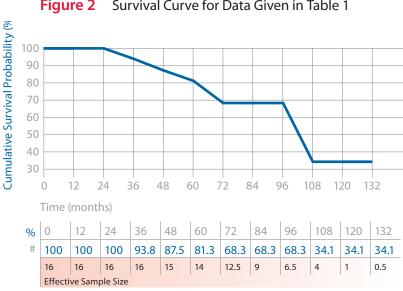
	А	В	с	D	E	F	G
Interval in Months	Number Entered	Number Suspended	Number of Events	Effective Sample Size	Proportion with Event	Interval Survival Probability	Cumulative Survival Probability
0	16	0	0	16	0.000	1.000	1.000
0-12	16	0	0	16	0.000	1.000	1.000
12-24	16	0	0	16	0.000	1.000	1.000
24-36	16	0	1	16	0.063	0.938	0.938
36-48	15	0	1	15	0.067	0.933	0.875
48-60	14	0	1	14	0.071	0.929	0.813
60-72	13	1	2	12.5	0.160	0.840	0.683
72-84	10	2	0	9	0.000	1.000	0.683
84-96	8	3	0	6.5	0.000	1.000	0.683
96-108	5	2	2	4	0.500	0.500	0.341
108-120	1	0	0	1	0.000	1.000	0.341
120-132	1	1	0	0.5	0.000	1.000	0.341

#### Table 1Life Table for Figure 1

Definitions:

A	B	C	D	E	F	G
Number	Number	Number	Effective	Proportion	Interval	Cumulative
Entered	Suspended	of Events	Sample Size	with Event	Survival	Survival
Number of devices active at the start of the interval	Number of devices removed from service for reasons other than an event	Number of units removed from service due to an event	Number of units with full opportunity to experience a qualifying event in the interval. Computed by subtracting one half the Number Suspended from the Number Entered.	Proportion of devices that had an event in the interval. Computed by dividing the Number of Events by the Effective Sample Size.	Probability The probability of surviving to the end of the interval, assuming the device was working at the beginning of the interval. Computed as 1 minus the Proportion With Event.	

*Cumulative Survival Probability* (G) is the estimate of the unconditional probability of surviving to the end of the interval. It is computed by multiplying the *Interval Survival Probability* (F) by the previous interval's Cumulative Survival Probability. The probability of surviving to 132 months in the example is estimated for the table to be 0.341, or 34.1%. The *Cumulative Survival Probabilities* (G) of the life table can be plotted versus time intervals in the first column to give a survival curve. Figure 2 shows the survival curve for the data in Table 1.



#### Survival Curve for Data Given in Table 1 Figure 2

#### **Confidence** Intervals

Since survival curves are based on a sample of the device and lead population, they are only estimates of survival. The larger the effective sample size, the more confident the estimate. A confidence interval can be calculated to assess the confidence in an estimate. In the Product Performance Report, Medtronic provides a 95% confidence interval. This can be interpreted as meaning that 95% of the time, the true survival of the device will fall somewhere in the interval.

#### Survival Curves in the Product **Performance Report**

Since the survival estimate can become very imprecise with small effective sample sizes, Medtronic truncates the survival curve when the effective sample size is less than 100 for CRTs, ICDs, and IPGs, and when the number entered is less than 50 for leads. The survival charts in the Product Performance Report show the effective sample size for each year interval where Medtronic has experience. When the effective sample size reaches 100 for CRTs, ICDs, and IPGs or when the number entered reaches 50 for leads, the next data point is added to the survival curve.

Although the report provides tabular data in one-year intervals, the curves are actually computed and plotted using 1-month intervals (for CRT, ICD, and IPG devices) or 3-month intervals (for leads).

A number of references are available for additional information on survival analysis using the Cutler-Ederer life table method.<sup>1</sup>

<sup>&</sup>lt;sup>1</sup> Lee, Elisa T.(2003) Statistical Methods for Survival Data Analysis – 3rd Edition (Wiley Series in Probability and Statistics).

Medtronic urges all physicians to return explanted products and to notify Medtronic when a product is no longer in use, regardless of reason for explant or removal from use.

The performance of CRT, ICD, and IPG devices is expressed in terms of device survival estimates, where "survival" refers to the function of the device, not the survival of the patient. These survival estimates are intended to illustrate the probability that a device will survive for a given number of years with neither malfunction nor battery depletion.

The survival estimates are determined from the analysis of Medtronic CRDM's United States device registration data and US returned product analysis data. These data are presented graphically and numerically.

Because this analysis is based on returned product analysis, the performance data does not reflect any device-related medical complications such as erosion, infection, muscle stimulation, or muscle inhibition.

#### Categorization of Depleted and Malfunctioning Devices for Survival Analysis

For survival estimation, every device returned to Medtronic CRDM and analyzed in the CRDM Returned Product Analysis laboratory is assigned to one of three categories. The device 1) is functioning normally, 2) has reached normal battery depletion, or 3) has malfunctioned. This categorization is combined with data from our device registry for the total number of implants and the implant durations to create the survival curves presented on the following pages.

#### **Definition of Malfunction**

Medtronic CRDM considers a device as having malfunctioned whenever the analysis shows that any parameter was outside the performance limits established by Medtronic while implanted and in service. To be considered a malfunction or battery depletion, the device must have been returned to Medtronic and analyzed.

Devices damaged after explant, damaged due to failure to heed warnings or contraindications in the labeling, or damaged due to interaction with other implanted devices (including leads) are not considered device malfunctions.

A device subject to a safety advisory is not considered to have malfunctioned unless it has been returned to Medtronic CRDM and found, through analysis, to actually have performed outside the performance limits established by Medtronic. Not all malfunctions expose the patient to a loss of pacing or defibrillation therapy. Some malfunctions included in the following survival estimates may not have been detected at all by the physician or the patient. These malfunctions, however, are included in the survival estimates and provide important feedback to our product development organization.

To provide insight into the nature of malfunctions, each malfunction is categorized as Malfunction with Compromised Therapy Function or Malfunction without Compromised Therapy Function.

For this report, Normal Battery Depletion, Malfunction with Compromised Therapy Function, and Malfunction without Compromised Therapy Function are defined as follows:

Normal Battery Depletion – The condition when:

- (a) a device is returned with no associated complaint and the device has reached its elective replacement indicator(s) with implant time that meets or exceeds the nominal (50 percentile) predicted longevity at default (labeled) settings, or
- (b) a device is returned and the device has reached its elective replacement indicator(s) with implant time exceeding 80% of the expected longevity calculated using the available device setting information.

Medtronic CRDM establishes expected longevity by statistically characterizing the power consumed by the device and the power available from the device battery. This characterization is applied to a number of parameter configurations to derive a statistical mean longevity value and standard deviation for each parameter configuration. The statistical mean value minus three standard deviations is used as the expected longevity for determining if a battery depleted normally.

continued

# The Standard Actuarial Method is used to estimate IPG and ICD survival. This product performance report has been prepared in accordance with International Standard ISO 5841-2:2000(E).

For reference purposes, the following pages include estimated longevities for each model. The actual longevity achieved for any device while implanted will depend on the actual programmed parameters and patient factors, and may differ significantly from these estimates.

#### Malfunction with Compromised Therapy Function

The condition when a device is found to have malfunctioned in a manner that compromised pacing or defibrillation therapy (including complete loss or partial degradation), while implanted and in service, as confirmed by returned product analysis.

*Examples:* Sudden loss of battery voltage; accelerated current drain such that low battery was not detected before loss of therapy; sudden malfunction during defibrillation therapy resulting in aborted delivery of therapy, intermittent malfunction where therapy is compromised while in the malfunction state.

#### Malfunction without Compromised Therapy Function

The condition when a device is found to have malfunctioned in a manner that *did not* compromise pacing or defibrillation therapy, while implanted and in service, as confirmed by returned product analysis.

*Examples:* Error affecting diagnostic functions, telemetry function, data storage; malfunction of a component that causes battery to lose power quickly enough to cause premature battery depletion, but slowly enough that the condition is detected through normal follow-up before therapy is lost; mechanical problems with connector header that do not affect therapy.

#### **Expanded Malfunction Detail**

The malfunctions are further divided into categories that identify the subject area of the malfunction. The malfunctions are divided into the following subject areas:

Electrical Component – Findings linked to electrical components such as integrated circuits, resistors, capacitors, diodes, etc.

Electrical Interconnect – Findings linked to the connections between electrical components such as wires, solder joints, wire bonds, etc.

Battery – Findings linked to the battery and its components

Software/Firmware – Findings linked to software or firmware function

Possible Early Battery Depletion – Findings where the actual reported implant time is less than 80% of the expected longevity calculated using the available device setting information with no device malfunction observed. There may not be sufficient device setting information to determine conclusively if battery depletion was normal or premature in the absence of a specific root cause finding. However, returned devices meeting the above criteria are conservatively classified as Possible Early Battery Depletion malfunctions.

Other – Findings related to other components such as insulators, grommets, setscrews, and packaging, and findings where analysis is inconclusive

#### **Returned Product Analysis Process**

Analysis of returned product is performed according to written procedures. These procedures determine the minimum analysis required. The analysis required varies depending on the type of device, age of the device, the associated information received with the device, actual experience with models of similar design, and other factors. Additional analysis is performed as necessary to investigate a performance concern from a customer, or to collect specific reliability data.

When a device is returned with a performance concern from a customer, the general analysis process includes a preliminary analysis of the device in its as-received condition, followed by an automated functional test using test equipment equivalent to the equipment used in manufacturing.

When a malfunction is identified, failure analysis is performed to provide the detailed information necessary to investigate possible causes and actions. Medtronic CRDM maintains in-house expertise and performs its failure analysis using facilities it owns and supports. This capability permits detailed failure analysis.

continued

Medtronic CRDM adjusts all-cause survival estimates to account for underreporting. While this lowers our all-cause survival estimates, we feel it gives a more accurate perspective on real performance.

#### Statistical Methods for Survival Analysis

Of the several different statistical methods available for survival analysis, the Standard Actuarial Method, with suspensions assumed distributed evenly within the intervals (Cutler-Ederer Method), is used to determine estimates of IPG and ICD survival. This method is commonly used by medical researchers and clinicians.

Implant times are calculated from the implant date to the earlier of the explant date or the cutoff date of the report. From this data an estimate of the probability of device survival is calculated at each monthly interval.

On the following pages, each graph includes a survival curve where events include malfunctions and normal battery depletions. This survival curve is a good representation of the probability a device will survive a period of time without malfunction and without battery depletion. For example, if a device survival probability is 95% after 5 years of service, then the device has a 5% chance of being removed due to battery depletion or malfunction in the first 5 years following implant.

In addition, a second curve is included to show survival excluding normal battery depletion. This curve is a good representation of the probability for a device to survive without malfunction. This curve includes only malfunctions as events and excludes normal battery depletion.

Since the survival estimate can become very imprecise with small effective sample sizes, Medtronic truncates the survival curve when the effective sample size is less than 100 for CRT, ICD, and IPG devices. The survival charts in the Product Performance Report show the effective sample size for each year interval where we have experience. When the effective sample size reaches 100, the next data point is added to the survival curve.

Although the report provides tabular data in one-year intervals, the curves are actually computed and plotted using one-month intervals.

The data in the tables are rounded to the nearest tenth of one percent. Occasionally, a graph may show 100% survival, but have one or more malfunctions or battery depletions. This occurs because, even with the malfunctions or battery depletions, the data rounds to 100%.

The survival curves are statistical estimates. As performance experience accumulates, the estimation improves. Confidence intervals are provided as a way to indicate the degree of certainty of the estimates. Greenwood's formula is used to calculate corresponding 95% confidence intervals for the standard errors, and the complementary log-log method is used to produce the confidence bounds.

### Sample Size and How the Population and Population Samples Are Defined

The population sample from which the survival estimates are derived is comprised of the devices registered as implanted in the United States as of the report cutoff date. The number of registered implants, as well as an estimate of the number that remain in active service, is listed for each model. To be included in the population, the device must have been registered with Medtronic's registration system and implanted for at least one day.

This sample based on US implants is considered to be representative of the worldwide population, and therefore the survival estimates shown in this report should be representative of the performance worldwide of these models.

A CRT, ICD, or IPG model or model family will be included in this report when it has accumulated at least 10,000 implant months and will remain in the report as long as at least 500 devices remain active.

### Methods Used to Adjust for Underreporting of Malfunction and Battery Depletion

The tables on the following pages show the actual number of malfunctions and battery depletions recorded by the analysis lab for US registered devices. Since not all devices are returned to Medtronic CRDM for analysis, these numbers underestimate the true number of malfunctions and battery depletions. To more accurately estimate the all-cause device survival probabilities, the number of malfunctions and battery depletions used to plot each interval of the all-cause survival curves is adjusted (multiplied) by a factor that is based on an estimate of the magnitude of underreporting. The magnitude of underreporting is estimated by analyzing experience in Medtronic's Device And Registrant Tracking (DART) system.

The DART system is an important element of Medtronic's Quality System. The DART system is designed to meet or exceed the US FDA's device tracking requirements set forth by the Safe Medical Devices Act. In the United States, over 98% of Medtronic's CRT, ICD, and IPG implants become registered in the DART system.

Because pacemakers do not cure the patient's underlying health problem, when a pacemaker stops functioning (due to either normal battery replacement or malfunction) it is replaced with a new pacemaker. Therefore, the replacement recorded in the DART system is a good indication that the previous pacemaker experienced either battery depletion or malfunction. The fraction of replaced devices that are subsequently returned can be used to estimate the correction factor for the under reporting of the combination of battery depletion and malfunction.

Note that devices of patients who have expired do not factor into the calculation of the correction. It is possible some proportion of these device experienced battery depletion or malfunction. Since these are not counted into the correction factor based on the return rate of replaced devices, a correction factor based only on the return rate of replaced devices may still underestimate the true rate of battery depletion and malfunction. However, devices that are replaced because the patient is receiving a system upgrade or are removed because the patient no longer needs it (e.g., due to heart transplant) do contribute to the calculation of the correction factor and therefore impart an opposite bias.

Also note that this method of calculating the correction factor cannot distinguish between devices that are removed due to malfunction and those due to normal battery depletion. It might seem intuitive that devices that unexpectedly malfunction should be much more likely to be returned to the manufacturer than a device with ordinary normal battery depletion. But this has not been conclusively demonstrated. Therefore, this method only provides a correction factor reflecting the combination of battery depletion and malfunction.

No adjustment for underreporting is applied to the malfunction-free survival curve because a method for estimating malfunction-only underreporting has not been developed.

#### Adjustments to Registered Implants to Compensate for Unreported Devices Removed from Service

Devices are at times removed from service for reasons other than device malfunction or battery depletion. Examples are devices removed from service due to nondevice related patient mortality and devices removed due to changes in the patient's medical condition. Because an accurate estimate of device survival depends on an accurate estimate of the number of devices in service, it is important not to overstate the number of devices in service.

To ensure the number of devices in service is not overstated, Medtronic addresses this underreporting in two ways. Regular updates obtained from the Social Security Administration about deceased persons is used to update Medtronic's DART data about patients who have died but whose deaths had not been reported to Medtronic. In addition, the patient mortality rate derived from our DART system is monitored and compared to published mortality rates for comparable patient populations. If, during calculation of the survival curves, the patient mortality indicated by the data in DART is significantly different from published rates, an adjustment is applied to correct the difference.

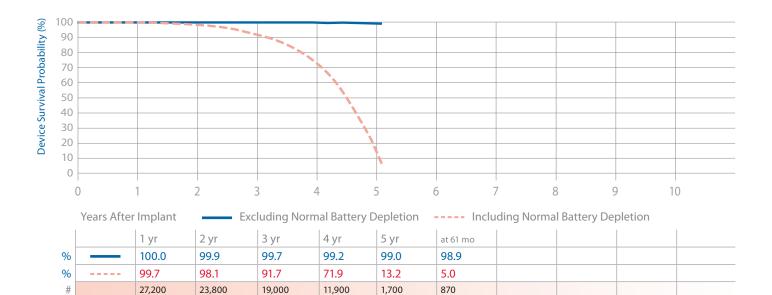
#### 7299 InSync Sentry

Effective Sample Size

US Market Release	Apr-05	Malfunctions (US)	178	NBD Code	VVE-DDDR
Registered US Implants	31,200	Therapy Function Not Compromised	168	Serial Number Prefix	PRK
Estimated Active US Implants	2,100	Electrical Component	18	Max Delivered Energy	35 J
Normal Battery Depletions (US)	9,674	Possible Early Battery Depletion	147	Estimated Longevity	See page 20
Advisories	None	Software Malfunction	2		
		Other	1		

Therapy Function Compromised

**Electrical Component** 



**Product Characteristics** 

10

10

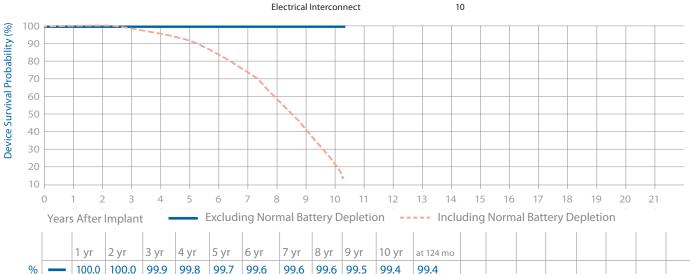
US Mark	ket Release		Apr	-05 Malfu	nctions (US)			111	NBD Code	VVE-DDDR
	red US Impla	nts	19,0		apy Function No	ot Compromi	sed	106	Serial Number Prefix	PRL
-	ed Active US		1,8		lectrical Compo	-		14	Max Delivered Energy	35 J
Normal	Battery Depl	etions (US)	5,3	309 B	Battery Malfunct	ion		1	Estimated Longevity	See page
Advisor	ies		No	one P	ossible Early Ba	ttery Depletio	n	90		
				(	Other			1		
				Ther	apy Function Co	ompromised		5		
					lectrical Compo	-		4		
				C	Other			1		
100										
100 90 80 70 60 50 40 30 20										
80										
70										
60										
50										
40 30										
20						1				
10										
0						<u>i</u>				
C		1	2	3	4	5	6	-	8 9	10

#### Effective Sample Size

#### 8040 InSync

US Market Release	Aug-01	Malfunctions (US)	34	NBG Code	DDDR
Registered US Implants	15,400	Therapy Function Not Compromised	24	Serial Number Prefix	PIN
Estimated Active US Implants	1,300	Electrical Component	4	Estimated Longevity	See page 21
Normal Battery Depletions (US)	1,386	Electrical Interconnect	16		
Advisories	None	Possible Early Battery Depletion	3		
		Other	1		

**Therapy Function Compromised** 



		1 yr	2 yr	3 yr	4 yr	5 yr	бyr	7 yr	8 yr	9 yr	10 yr	at 124 mo				
%		100.0	100.0	99.9	99.8	99.7	99.6	99.6	99.6	99.5	99.4	99.4				
%		99.8	99.5	98.0	95.7	90.8	83.5	73.1	58.5	40.7	20.6	10.3				
#		12,300	10,100	8,100	6,400	5,000	3,700	2,600	1,600	900	300	110				
	Effecti	ve Samp	ole Size													

#### 8042 InSync III

#### **Product Characteristics** US Market Release Feb-03 Malfunctions (US) NBG Code DDDR 23 **Registered US Implants** Serial Number Prefix PKF 39,500 **Therapy Function Not Compromised** 13 Estimated Active US Implants **Electrical Component** Estimated Longevity 14,100 2 See page 21 Normal Battery Depletions (US) 2,138 Electrical Interconnect 3 Advisories None Possible Early Battery Depletion 1 Other 7 **Therapy Function Compromised** 10 Electrical Interconnect 10 100 Device Survival Probability (%) ----90 ----80 70 60 50

40 30 20 10 0 2 3 4 5 6 7 8 9 10 1 Excluding Normal Battery Depletion ----- Including Normal Battery Depletion Years After Implant 2 yr 3 yr 4 yr 5 yr бyr 7 yr 8 yr 1 yr at 104 mo 100.0 99.9 99.9 99.9 % 100.0 100.0 99.9 99.9 99.9 % 99.9 99.8 99.2 97.7 95.1 89.7 77.2 50.8 15.4

12,500

8,100

4,400

#### 12 Medtronic CRDM Product Performance Report www.medtronic.com/CRDMProductPerformance

34,500

**Effective Sample Size** 

30,100

25,100

18,000

#

180

1,500

**Product Characteristics** 

10

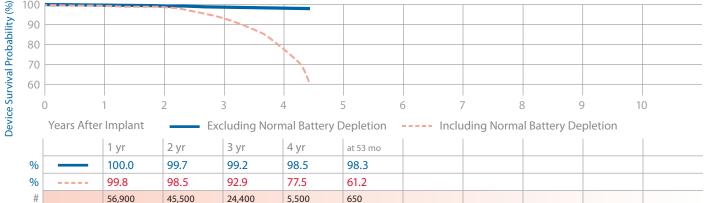
#### C154DWK, C164AWK, C174AWK Concerto

#### (N) (A) (N) (A) US Market Release May-06 May-06 Malfunctions (US) 1,377 1,298 NBD Code DDE-DDDR **Registered US Implants** PVU, PVT, PVR 81,500 3,500 Therapy Function Not Compromised 1,284 Serial Number Prefix 1,337 Estimated Active US Implants 22,600 200 **Electrical Component** 1,280 Max Delivered Energy 35 J 678 Normal Battery Depletions (US) 16,614 267 **Electrical Interconnect** 2 0 **Estimated Longevity** See page 20 Software/Firmware 0 Advisories: See page 139 - 2009 Potential 3 Reduced Device Longevity 4 Possible Early Battery Depletion 651 (N) = Non-advisory population Other 0 (A) = Advisory population 3 **Therapy Function Compromised** 40 14 **Electrical Component** 12 38 Electrical Interconnect 2 1 Other 0 1 100 Device Survival Probability (%) 90 80 70 60 50 40 30 20 10 0 2 5 8 9 10 0 3 4 6 7 Years After Implant Excluding Normal Battery Depletion ----- Including Normal Battery Depletion Non-Adv at 64 mo 1 yr 2 yr 3 yr 4 yr 5 yr % 100.0 99.8 99.5 98.4 96.8 96.8 % 99.8 98.3 93.4 79.3 41.5 18.1 # 72,800 64,100 53,900 38,000 9,000 1,900 **Effective Sample Size** 2 yr 3 yr at 43 mo 1 yr Advisory 99.4 79.1 % 99.8 51.2 % 99.7 97.5 59.9 8.0 3,100 2,700 1,500 200 #

Effective Sample Size

#### D224TRK, D234TRK, D204TRM, D214TRM Consulta CRT-D

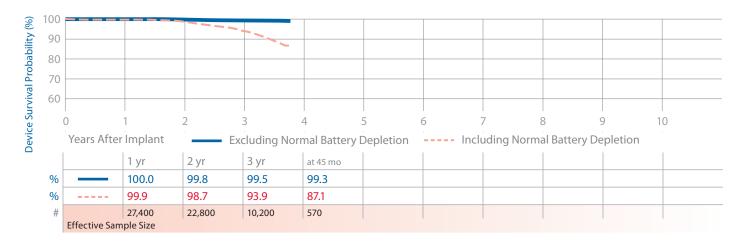
US Market Release	Sep-08	Malfunctions (US)	440	NBD Code	DDE-DDDR
Registered US Implants	66,700	Therapy Function Not Compromised	424	Serial Number Prefix	PUC , PUD, PYZ, PZA
Estimated Active US Implants	48,000	Electrical Component	24	Max Delivered Energy	35 J
Normal Battery Depletions (US)	2,844	Electrical Interconnect	1	Estimated Longevity	See page 20
Advisories	None	Possible Early Battery Depletion	393		
		Software Malfunction	5		
		Other	1		
		Therapy Function Compromised	16		
		Electrical Component	16		
- 100					



Effective Sample Size

#### D274TRK, D294TRK Concerto II CRT-D

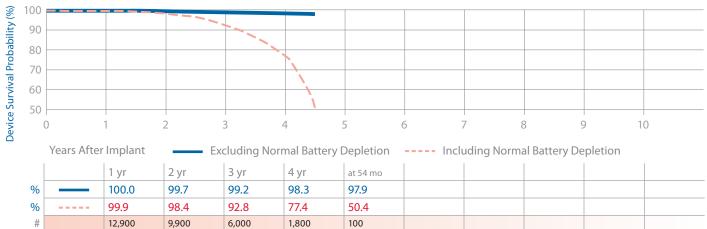
US Market Release	Aug-09	Malfunctions (US)	110	NBD Code	DDE-DDDR
Registered US Implants	30,200	Therapy Function Not Compromised	108	Serial Number Prefix	PZV, PZU
Estimated Active US Implants	22,900	Electrical Component	11	Max Delivered Energy	35 J
Normal Battery Depletions (US)	784	Possible Early Battery Depletion	96	Estimated Longevity	See page 20
		Software/Firmware	1		
Advisories	None	Therapy Function Compromised	2		
		Electrical Component	2		



**Product Characteristics** 

#### D264TRM, D284TRK Maximo II CRT-D

US Market Release	Sep-08	Malfunctions (US)	112	NBD Code	VVE-DDDR
Registered US Implants	14,900	Therapy Function Not Compromised	109	Serial Number Prefix	PZP, PZO
Estimated Active US Implants	10,300	Electrical Component	3	Max Delivered Energy	35 J
Normal Battery Depletions (US)	799	Possible Early Battery Depletion	106	Estimated Longevity	See page 20
Advisories	None	Therapy Function Compromised	3		
		Electrical Component	3		



Effective Sample Size

## D314TRG, D314TRM, D334TRG, D334TRM, D354TRG, D354TRM, D364TRG, D364TRM Protecta/Protecta XT DR

	10, 0304		otecta/i	TOLEC						Flouuc	I Characte	instics	
US Mar	ket Release		Mai	r-11	Malfund	tions (US)			16	NBD Cod	e		DDE-DDDR, VVE-DDDR
Registe	ered US Implan	ts	57,0	000	Therapy Function Not Compromised				13	Serial Number Prefix			PFS, PSE, PSF, PSI, PSL, PSO, PTB, PTE, PXI, PXJ
Estima	ted Active US li	mplants	53,7	700	Ele	ctrical Compo	nent		8	Max Deli	vered Energy		35J
Norma	l Battery Deple	tions (US)		67	Po	ssible Early Bat	tery Depletion	ı	5		See page 20		
Adviso	ries	None Therapy Function Compromised					3						
					Ele	ctrical Compo	nent		3				
100 90 80													
(	0	1	2	3	4	4	5	6	7	8	3	9	10
	Years After	<sup>-</sup> Implant	—— E	xcludin	g Norr	nal Battery I	Depletion		Includi	ng Norma	al Battery D	epletion	
100 90 80		1 yr	2 yr	at 28 r	no								
%		100.0	99.9	99.6									
%		99.9	99.1	97.9									
#		28,400	3,600	230									
	Effective Sam	nple Size											

**Product Characteristics** 

#

8,800

**Effective Sample Size** 

2,400

200

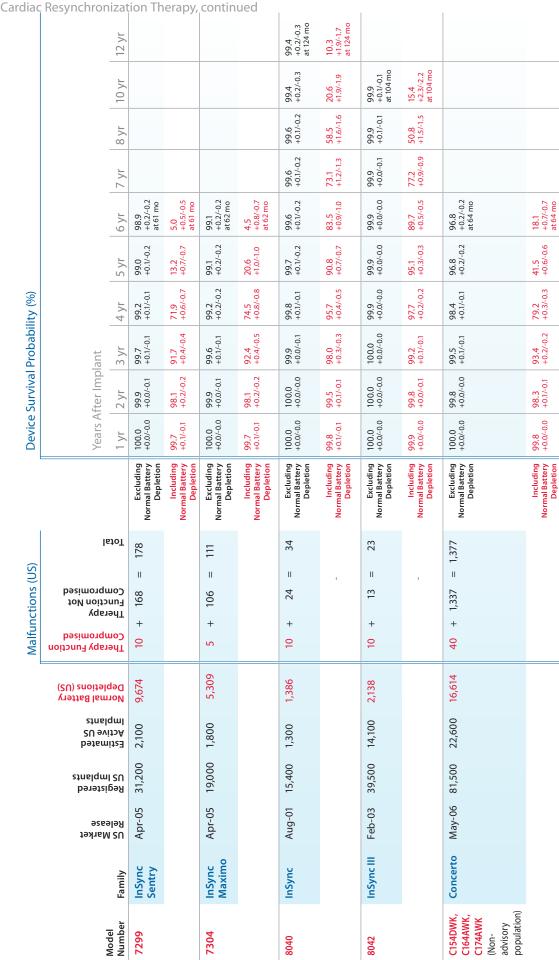
### C2TR01 Syncra CRT-P, C3TR01, C4TR01 Consulta CRT-P

#### US Market Release Mar-11 Malfunctions (US) 0 NBG Code OAE-DDDR, OOE-DDDR PVX, PZI, PZX **Registered US Implants Therapy Function Not Compromised** Serial Number Prefix 15,300 0 Estimated Active US Implants 14,000 **Therapy Function Compromised** 0 Max Delivered Energy NA Normal Battery Depletions (US) Estimated Longevity 2 See page 21 Advisories: See page 135 2013 Potential Loss of Device Hermeticity 100 Device Survival Probability (%) 90 80 2 3 4 8 9 10 0 5 6 7 Years After Implant Excluding Normal Battery Depletion ----- Including Normal Battery Depletion 1 yr 2 yr at 29 mo 100.0 100.0 100.0 % % 100.0 100.0 100.0

16 Medtronic CRDM Product Performance Report www.medtronic.com/CRDMProductPerformance

Device Survival Summary (95% Confidence Interval)

The following table shows CRT device survival estimates with 95% confidence intervals. Estimates are shown both with and without normal battery depletions included.

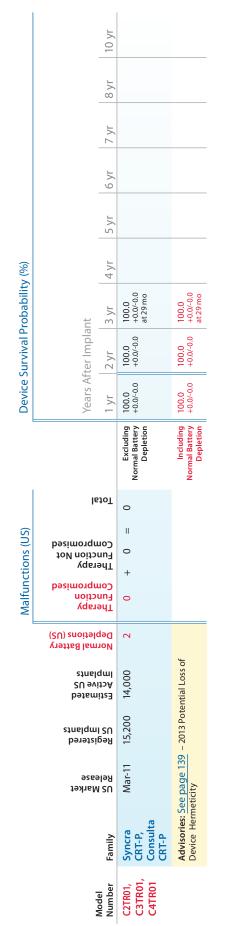


Source: Medtronic Device Registration and Returned Product Analysis Data as of August 9, 2013

		10 yr										
		8 yr   1(										
		r   7 yr										
		6 yr			-0.2 mo	0.1.9 m			-0.5 mo	-4.7 mo		
		5 yr			98.3 +0.2/-0.2 at 53 mo	61.2 +1.8/-1.9 at 53 mo			97.9 +0.4/-0.5 at 54 mo	50.4 +4.5/-4.7 at 54 mo		
ty (%)		4 yr	51.2 +2.2/-2.2 at 43 mo	8.0 +1.5/-1.3 at 43 mo	98.5 +0.2/-0.2	77.58 +0.7/-0.7	99.3 +0.2/-0.2 at 45 mo	87.1 +0.9/-1.0 at 45 mo	98.3 +0.3/-0.4	77.4 +1.3/-1.3		
Probabili	ant	3 yr	79.1 +1.6/-1.7	59.9 +1.9/-2.0	99.2 +0.1/-0.1	<b>92.9</b> +0.3/-0.3	99.5 +0.1/-0.1	93.9 +0.4/-0.4	99.2 +0.2/-0.2	92.8 +0.5/-0.6	99.6 +0.3/1.9 at 28 mo	97.9 +0.9/-1.5 at 28 mo
Device Survival Probability (%)	Years After Implant	2 yr	99.4 +0.2/-0.3	97.5 +0.5/-0.6	99.7 +0.0/-0.0	98.5 +0.1/-0.1	99.8 +0.0/-0.1	98.7 +0.1/-0.1	99.7 +0.1/-0.1	98.4 +0.2/-0.2	9.99 +0.0/-0.1	99.1 +0.2/-0.2
Device 3	Years Af	1 yr	99.8 +0.1/-0.2	99.7 +0.1/-0.3	100.0 +0.0/-0.0	<b>99.8</b> +0.0/-0.0	100.0 +0.0/-0.0	9.0-/0.0+	100.0 +0.0/-0.0	99.9 +0.0/-0.1	100.0 +0.0/-0.0	9.99 +0.0/-0.0
E			Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion
	le	tot	1,298		440		110		112		16	
(US)	npromised	uoj	1,284 =		424 =		Ш Ф		Ш Ф		<del>ε.</del> II	
ictions	rapy stion Not	əy i	Ń				õ		õ			
Malfunctions (US)	npromised		+		4		+ 108		+ 109		+	
-	ction stapy	uo) unj										
E	mal Battery sitapy stion	q90 nu7 9dT	+	ced	+		+		+		+	
E	itapy	Acti Imp Nor Dep The Fun Fun	4 +	ential Reduced			- +		+ m		+ m	
E	ive US Ilants Metions (US) Pietions (US)	US I Esti Acti Imp Nor Dep Gep The Fun Con	267 14 +	- 2009 Potential Reduced	2,845 16 +		784 2 +		799 3 +		+ m 0	
E	mplants ive US inated mat Battery bletions (US)	Rele Reg Dep Fun Dep Fun Con Con	200 267 14 +	e page 139– 2009 Potential Reduced :y	48,000 2,845 16 +		22,900 784 2 +		10,300 799 3 +		53,700 68 3 +	
E	sase mplants ve US mal Battery mal Battery lietions (US)	Rele Reg Dep Fun Dep Fun Con Con	3,500 200 267 14 +	Advisories: <u>See page 139</u> –2009 Potential Reduced Device Longevity	66,700 48,000 2,845 16 +		30,200 22,900 784 2 +		14,900 10,300 799 3 +		57,000 53,700 68 3 +	

18 Medtronic CRDM Product Performance Report www.medtronic.com/CRDMProductPerformance

### **CRT** Cardiac Resynchronization Therapy, continued



Device Survival Summary continued

#### **Reference Chart**

The longevity estimates provided are mean values calculated for the parameters given. The actual longevity achieved for any device while implanted will depend on the actual programmed parameters and patient factors, and may differ significantly from these estimates.

				Es	stimated	l Longev	/ity		Elective	Replacement	
7299 I 7304 I			*			RI)***	End of				
	Family	Volume/ Mass*	Delivered Energy	Charging Frequenci	100% Pacing‡	50% Pacing‡	15% Pacing‡	100% Sensing	Battery Voltage	Charge Time	Life (EOL) Battery Voltage
7299	InSync Sentry	40 cc 78 g	35 J	Monthly Quarterly Semiannual	3.3 4.5 5.0	3.8 5.3 6.0	4.1 6.2 7.1	4.3 6.6 7.7	≤ 2.62 V	> 16 second charge time	3 months after ERI
7304	InSync Maximo	40 cc 78 g	35 J	Monthly Quarterly Semiannual	3.3 4.5 5.0	3.8 5.3 6.0	4.1 6.2 7.1	4.3 6.6 7.7	≤ 2.62 V	> 16 second charge time	3 months after ERI

				Es	timated	Longe	vity			mmended	
Model Number	Family	Volume/ Mass*	Delivered Energy	Charging Frequency**	100% Pacing‡	50% Pacing‡	15% Pacing‡	100% Sensing	Battery Voltage Voltage	Time (KBLL) Trange	End of Service (EOS)
C154DWK, C164AWK, C174AWK	Concerto	38 cc 68 g	35 J	Monthly Quarterly Semiannual	3.8 5.5 6.3	4.3 6.8 8.0	4.8 8.0 9.8	5.0 8.8 10.9	≤ 2.62 V	_	3 month after RRT or > 16-second charge time
D224TRK, D234TRK, D204TRM, D214TRM	Consulta CRT-D CRT-D M4	38 cc/ 68 g	35 J	Monthly Quarterly Semiannual	3.2 4.4 4.8	3.8 5.5 6.2	4.4 6.8 7.9	4.7 7.5 9.0	≤ 2.63 V	_	3 month after RRT or > 16-second charge time
D274TRK D294TRK	Concerto II	38 cc/ 68 g	35 J	Monthly Quarterly Semiannual	3.2 4.4 4.8	3.8 5.5 6.2	4.4 6.8 7.9	4.7 7.5 9.0	≤ 2.63 V	-	3 month after RRT or > 16-second charge time
D284TRK, D264TRM	Maximo II CRT-D CRT-D M4	38 cc/ 68 g	35 J	Monthly Quarterly Semiannual	3.2 4.4 4.8	3.8 5.5 6.2	4.4 6.8 7.9	4.7 7.5 9.0	≤ 2.63 V	_	3 month after RRT or > 16-second charge time
D314TRG, D354TRG, D314TRM, D354TRM	Protecta XT CRT-D CRT-D M4	38 cc/ 68 g	35 J	Monthly Quarterly Semiannual	3.2 4.4 4.8	3.8 5.5 6.2	4.4 6.8 7.9	4.7 7.5 9.0	≤ 2.63 V	-	3 month after RRT
D334TRG, D364TRG, D334TRM, D364TRM	Protecta CRT-D CRT-D M4	38 cc/ 68 g	35 J	Monthly Quarterly Semiannual	3.2 4.4 4.8	3.8 5.5 6.2	4.4 6.8 7.9	4.7 7.5 9.0	≤ 2.63 V	_	3 month after RRT

\* Volume and mass differ by connector style.

\*\* A full charge is a full energy therapeutic shock or capacitor reformation.

\*\*\* The minimum time between ERI and EOL (or RRT and EOS) is 3 months (100% pacing, two charges per month).

‡ Pacing mode is DDD for CRT models. Parameter settings; lower rate at 60 ppm, sensing rate at 70 bpm, (A, RV, LV) 3.0 V amplitude, 0.4 ms pulse width, and 510-ohm pace load per applicable channel.

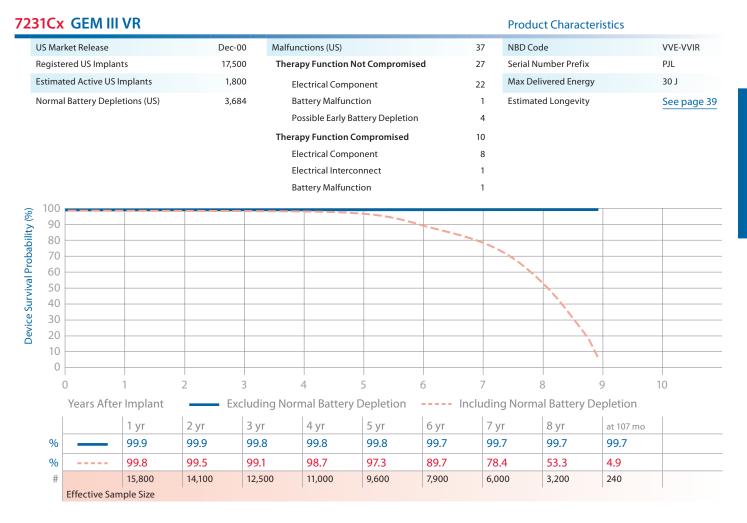
#### **Reference Chart**

The longevity estimates provided are mean values calculated for the parameters given. The actual longevity achieved for any device while implanted will depend on the actual programmed parameters and patient factors, and may differ significantly from these estimates.

		Est	timated Longevity	
Model Number	Family	Amplitude Setting	500 Lead $\Omega$	1,000 Lead $\Omega$
8040	InSync	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	11.9 8.9 6.6	13.7 11.4 9.1
8042	InSync III	Low 2.5 V (A, RV, LV) Nominal 3.5 V (A, RV, LV) High 5.0 V (A, RV, LV)	8.3 5.9 4.1	9.9 7.8 6.0
C2TR01	Syncra CRT-P	Low 2.5 V (A, RV) Normal 3.5 V (A, RV) High 5.0 V (A, RV)	8.7 6.0 3.3	10.7 8.2 5.1
C3TR01 C4TR01	Consulta CRT-P	Low 2.5 V (A, RV) Normal 3.5 V (A, RV) High 5.0 V (A, RV)	8.7 6.0 3.3	10.7 8.2 5.1

#### 7230Cx, B, E Marquis VR

5 Marl	ket Release			Dec-02	Malfunctions (US	)		61	NBD Code		VVE-VVIR
giste	ered US Implar	nts		19,400	Therapy Function	on Not Compro	omised	32	Serial Number Pr	efix	PKD, PLW, PL
timat	ted Active US	mplants		2,770	Electrical Co	mponent		15	Max Delivered Er	ergy	30 J
ormal	Battery Depl	etions (US)		2,753	Software/Fir	rmware		1	Estimated Longe	vity	See page
emat	ries: <u>See pag</u> ure Battery De				Battery Malf <i>to advisory</i> )	unction (1 mali	function due	1			
ittery	Short				Possible Ear	ly Battery Depl	etion	14			
					Other			1			
					Therapy Function	on Compromis	ed	29			
					Battery Malf <i>to advisory</i> )	unction (19 ma	lfunctions due	20			
					Electrical Co	mponent		9			
100											
90											
80											
70											
60											
50											
40											
30											
20											
10											
(	0	1	2	3	4	5	6	7	8	9	10
	Years Afte	r Implant		Excluding	Normal Batter	y Depletion	In	cluding N	Normal Battery	Depletion	
		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	at 112 mc
%		99.9	99.9	99.9	99.8	99.7	99.6	99.5	99.4	99.4	99.4
%		99.7	99.4	99.1	98.7	98.1	94.6	86.8	75.0	40.2	12.4
#		17,300	13,600	11,300	10,200	9,100	7,900	6,600	5,000	1,500	250



### 7232B, Cx, E Maximo VR

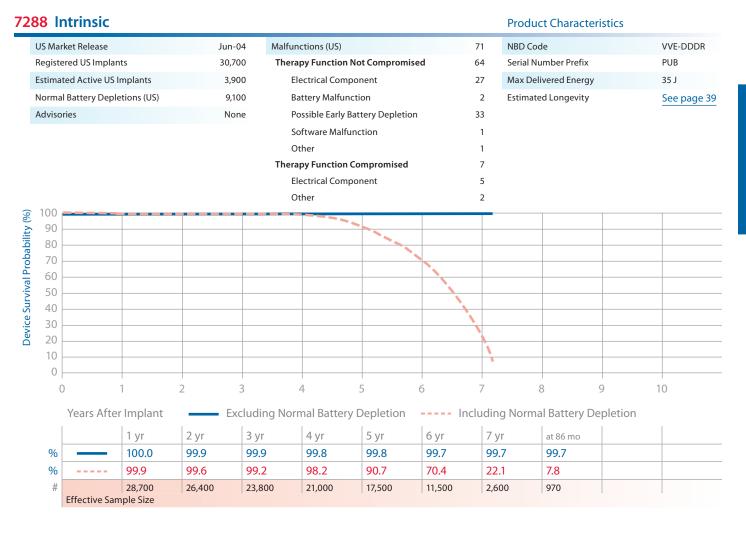
US Ma	arket Release			Oct-03	Malfunctions (US	5)		73 NBD Cod	e		VVE-VVIR
Regis	tered US Implan	ts		44,300	Therapy Function	on Not Compr	omised	57 Serial Nu	mber Prefix		PRN, PVF, PVG
Estim	ated Active US I	mplants		17,100	Electrical Co	omponent		28 Max Deli	vered Energy		35 J
Norm	al Battery Deple	tions (US)		3,737	Possible Ear	ly Battery Dep	letion	23 Estimate	d Longevity		See page 39
Advis	sories: See page	- 145 - 2005 P	otential		Other			6			
Prem	ature Battery De				Therapy Functi	on Compromi	sed	16			
Batte	ry Short				Electrical Co	omponent		13			
					Electrical In	terconnect		1			
					Possible Ear	ly Battery Dep	letion	1			
					Other			1			
<del>§</del> 100											
<u> </u>											
Device Survival Probability 00 20 06 60 06 60											
<b>eqo</b> 70											
La 60		1									
×1× 50											
uns 40	)								•		
vice	0	1	2	3	4	5	6	7	8	9	10
De	-			-		0				-	10
	Years After	Implant	Ex	cluding N	Normal Battery	/ Depletion	In	cluding Nor	mal Battery	Depletion	
		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	at 102 mo	
%	)	100.0	99.9	99.9	99.9	99.8	99.8	99.8	99.8	99.8	
%		99.9	99.7	99.4	99.1	97.7	91.5	83.1	71.5	44.8	
#	ŧ	40,800	36,700	32,800	28,900	25,000	19,900	13,700	5,600	420	
	Effective Sam	ple Size									

### 7274 Marquis DR

US Ma	arket Release			Mar-02	Malfuncti	ons (US)			196	NBD Code	VVE-DDDR
Regis	tered US Impla	ants		48,400	Therapy	Function N	ot Compromis	ed	89	Serial Number Prefix	РКС
Estim	ated Active US	Implants		2,300	Batte advi		ion (73 malfund	tions due to	6	Max Delivered Energy	30 J
Norm	nal Battery Dep	letions (US)		8,904	Elect	trical Compo	onent		31	Estimated Longevity	See page 39
Advis	sories: See pa	<mark>ge 145</mark> – 2005 P	otential		Poss	ible Early Ba	ttery Depletior	I	51		
	ature Battery [ ry Short	Depletion Due to	D	Other							
					Therapy	Function Co	ompromised		107		
					Batte advi		ion (3 <i>malfunct</i>	ions due to	80		
					Elect	rical Compo	nent		27		
§ 100											
100       90       80       70       60       70       60       70 <td></td>											
a 80 70											
60											
50											
4(								_			
30											
20											
1(	0										
(	0									<u> </u>	
	0	1	2	3	4		5	6	7	8	9 10
	Years Aft	er Implant		Excludi	ng Norm	al Battery	Depletion	In	cluding	Normal Battery De	pletion
		1 yr	2 yr	3 yr		4 yr	5 yr	бyr	7 yr	at 90 mo	
%		100.0	99.9	99.8	3	99.6	99.4	99.3	99.2	99.2	
%		99.8	99.5	98.6	5	97.3	92.1	72.5	34.2	2 1.1	
#	ŧ	43,000	34,600	26,6	00	22,500	18,500	12,100	4,10	400	

#### 7278 Maximo DR

JS Mar	rket Release			Oct-03	Malfunctions (US)			70	NBD Code		VVE-DDDR
Registe	ered US Implar	nts		37,700	Therapy Function N	Not Compromis	ed	60	Serial Number Pr	efix	PRM
Estima	ted Active US	Implants		5,800	Electrical Compo	onent		22	Max Delivered E	nergy	35 J
Norma	l Battery Depl	etions (US)		9,134	Possible Early Ba	attery Depletion	ı	34	Estimated Longe	vity	See page 39
		<mark>e 145</mark> – 2005 P			Other			4			
	ture Battery Do / Short	epletion Due to	0		Therapy Function C	ompromised		10			
,,					Electrical Compo	onent		9			
					Possible Early Ba	attery Depletion	ı	1			
100											
100 90											
80											
70											
60											
50											
40											
30											
20											
10											
0											
(	0	1	2	3	4	5	6	7	8	9	10
	Years Afte	r Implant		Excludin	ig Normal Battery	Depletion	Inc	luding	g Normal Batte	ry Deplet	ion
		1 yr	2 yr	3 yr	4 yr	5 yr	бyr	7 y	r at 88 m	0	
%		100.0	99.9	99.9	99.8	99.8	99.7	99.	7 99.7		
%		99.9	99.6	99.1	97.7	90.2	67.0	28.	5 3.2		
#		34,000	30,400	27,20	0 23,800	19,000	11,200	3,10	0 470		
	Effective Sar	nple Size									



### D154ATG, D154DRG EnTrust

US Market Release	Jun-05
Registered US Implants	28,200
Estimated Active US Implants	7,200
Normal Battery Depletions (US)	5,787
Advisories: See page 136 – 2012 Potenti Battery Depletion	ial Rapid

Malfunctions (US)	122
Therapy Function Not Compromised	108
Electrical Component (9 malfunctions due to advisory)	29
Electrical Interconnect	1
Software Malfunction	3
Possible Early Battery Depletion	74
Other	1
Therapy Function Compromised	14
Electrical Component (2 malfunctions due to advisory)	14

NBD Code	DDE-DDDR, VVE-DDDR
Serial Number Prefix	PNR
Max Delivered Energy	35 J
Estimated Longevity	See page 40

00	_	_								
90					-					
80										
70										
60										
50										
40										
30							<u> </u>			
0	1	2	2	4	-	l c	-	0	0	10
0	I	2	3	4	5	6	/	8	9	10
Years A	fter Implant	—— E	xcluding No	ormal Batter	y Depletion	In	cluding Nor	rmal Battery D	epletion	٦
	1 yr	2 yr	3 yr	4 yr	5 yr	бyr	7 yr	at 86 mo		
	100.0	99.9	99.8	99.7	99.4	99.4	99.4	99.6		
	99.8	99.6	99.1	97.9	90.5	69.6	32.8	21.4		
	26,300	24,100	21,700	19,100	15,400	9,500	2,100	668		
Effective.	Sample Size									

#### D154AWG, D164AWG Virtuoso DR

#### Product Characteristics

			(N)	(A)				(	N)	(A)			
S Mar	ket Release		May-06	May-06	Malfund	ctions (US)		1,:	219	1,874	NBD Code	DDE-DD	DR
egiste	ered US Implar	its	72,700	4,100	Therap	by Function N	ot Compromis	ed 1,	190	1,861	Serial Number Prefix	PVV, PUI	L
timat	ted Active US I	mplants	40,200	300	Ele	ectrical Compo	onent	1,(	056	1,860	Max Delivered Energy	35 J	
ormal	Battery Deple	etions (US)	4,514	117	Ele	ectrical Interco	onnect		2	0	Estimated Longevity	See pag	ge 4
dviso	red US Implants red Active US Implants Battery Depletions (US) ries: See page 139 – 20 rid Device Longevity	e 139 – 2009	Potential		Possible Early Battery Depletion				127	0			
educe	d Device Long	gevity			So	ftware Malfun	iction		1	0			
					Ot	her			4	1			
					Therap	by Function C	ompromised		29	13			
					Ele	ectrical Compo	onent		26	13			
					Po	ssible Early Ba	ttery Depletior	ı	1	0			
					Ot	her			2	0			
100													
90													
80	80						D154	AWG, D16	64AW	G (Non-ad	visory population) 97.2%		
70 60													
50								1					
40													
30							G (Advisory popu	lation) 46	004				
20					01344				070				
10													
0													
(	0	1	2	3		4	5	6		7	8 9	9 10	
	Vears Afte	r Implant		Evoludir	na Norn	nal Battery	Depletion		Inc	ludina	Normal Battery De	nletion	
1				1	-			1	inc	1			
	NUII-AUV		2 yr	3 yr		4 yr	5 yr	6 yr		at 77 r	no		
%			99.9	99.9		99.4	97.3	97.2		97.2			
%			99.7	99.4		98.0	89.5	70.6		46.9			
#	Effective San	1 1	62,400	56,90	00	49,400	30,500	7,700		690			
	Lifective San												
%	Advisory	1 yr	2 yr	3 yr		4 yr	at 49 mo						
%		100.0	99.9	90.5		49.5	46.0						
#		99.9	99.6	84.1		13.9	6.5						
		3,800	3,500	2,80	0	400	250						
	Effective San			_,				1					

Source: Medtronic Device Registration and Returned Product Analysis Data as of August 9, 2013

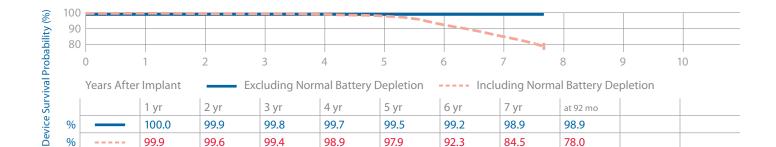
### **D154VRC EnTrust VR**

US Market Release	Jun-05	Malfunctions (US)	99	NBD Code	VVE-VVIR
Registered US Implants	14,500	Therapy Function Not Compromised	80	Serial Number Prefix	PNT
Estimated Active US Implants	6,900	Battery Malfunction	2	Max Delivered Energy	35 J
Normal Battery Depletions (US)	678	Electrical Component	44	Estimated Longevity	See page 40
Advisories	None	Possible Early Battery Depletion	24		
		Other	10		
		Therapy Function Compromised	19		

**Electrical Component** 

Other

9,900



8,700

6,800

#### D154VWC, D164VWC Virtuoso VR

**Effective Sample Size** 

13,700

12,400

11,200

#

US Market Release	May-06
Registered US Implants	33,100
Estimated Active US Implants	20,800
Normal Battery Depletions (US)	432
Advisories: See page 139– 2009 Potential Reduced Device Longevity	

Malfunctions (US)	306
Therapy Function Not Compromised	292
Electrical Component (4 malfunctions due to advisory)	273
Electrical Interconnect	1
Possible Early Battery Depletion	14
Other	4
Therapy Function Compromised	14
Electrical Component	14

#### **Product Characteristics**

290

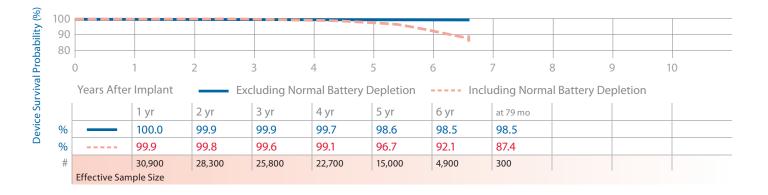
**Product Characteristics** 

18

1

3,400

	NBD Code	VVE-VVIR
	Serial Number Prefix	PUN, PUP
	Max Delivered Energy	35 J
	Estimated Longevity	See page 40

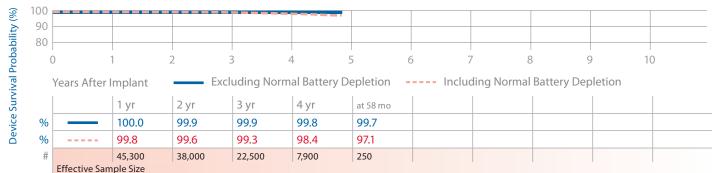


#### D224DRG, D234DRG, D204DRM, D214DRM Secura DR/DR

US Market Release	Sep-08	Malfunctions (US)	63	NBD Code	DDE-DDDR
Registered US Implants	50,800	Therapy Function Not Compromised	49	Serial Number Prefix	PUF, PUG, PZC, PZD
Estimated Active US Implants	42,400	Electrical Component	15	Max Delivered Energy	35 J
Normal Battery Depletions (US)	207	Possible Early Battery Depletion	23	Estimated Longevity	See page 40
Advisories	None	Software Malfunction	9		
		Other	2		
		Therapy Function Compromised	14		
		Electrical Component	12		
		Possible Early Battery Depletion	1		
		Software Malfunction	1		

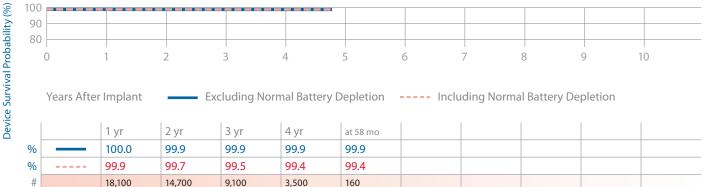
**Product Characteristics** 

**Product Characteristics** 



#### D224VRC, D234VRC, D204VRM, D214VRM Secura VR/VR

#### US Market Release Sep-08 Malfunctions (US) 15 NBD Code VVE-VVIR **Registered US Implants** 20,600 Serial Number Prefix PUK, PUX, PZF, **Therapy Function Not Compromised** 10 PZG Estimated Active US Implants Max Delivered Energy 17,300 **Electrical Component** 2 35 J Normal Battery Depletions (US) Possible Early Battery Depletion Estimated Longevity 38 5 See page 40 Advisories Software Malfunction None 2 Other 1 **Therapy Function Compromised** 5 **Electrical Component** 4 Software/Firmware 1



**Effective Sample Size** 

# D274DRG, D294DRG Virtuoso II DR

US Mark	et Release		Aug-	09 Mal	functions (US)			3	NBD Code		DDE-DDDR
Register	ed US Implants		22,2	00 Th	erapy Functio	n Not Compro	mised	2	Serial Number P	refix	PZS, PZT
Estimate	ed Active US Im	plants	18,8	00	Battery Malfu	unction		1	Max Delivered E	nergy	35 J
Normal	Battery Depleti	ons (US)		38	Possible Early	/ Battery Deple	etion	1	Estimated Long	evity	See page 40
Advisori	es		No	ne Th	erapy Functio	n Compromis	ed	1			
					Electrical Cor	nponent		1			
00 100 00 00 00 00 00 00 00 00 00 00 00	 	 	2	3	4	5	6	7	8	9	10
	Years After I	mplant	—— Ex	cluding N	ormal Batte	_	_	Includir	ig Normal Batte	-	
		1 yr	2 yr	3 yr	at 47 mo						

# D274VRC, D294VRC Virtuoso II VR

99.9

20,600

99.9

17,600

99.6

8,300

99.4

100

US Muder Deleges	1	Malf an etter a (UC)	2		\0/F \0/ID
US Market Release	Aug-09	Malfunctions (US)	3	NBD Code	VVE-VVIR
Registered US Implants	9,100	Therapy Function Not Compromised	3	Serial Number Prefix	PZQ, PZR
Estimated Active US Implants	7,800	Electrical Component	1	Max Delivered Energy	35 J
Normal Battery Depletions (US)	11	Possible Early Battery Depletion	1	Estimated Longevity	See page 40
Advisories	None	Software Malfunction	1		
		Therapy Function Compromised	0		



100

%

#

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**Effective Sample Size** 

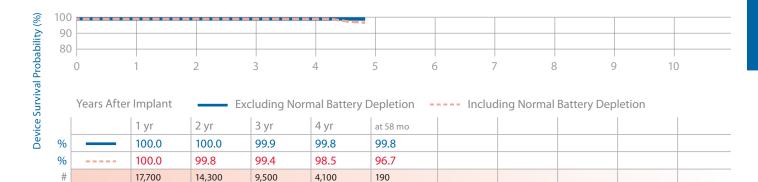
ity	90											
robability	80											
rob		0	1	2	3	4	5	6	7 8	3	9 1	0
/al P												
Survival		Years After	Implant	Exc	luding Norn	nal Battery D	epletion	Inclu	ding Norma	Battery Dep	oletion	
			1 yr	2 yr	3 yr	at 46 mo						
Device	%		100.0	100.0	99.9	99.9						
	%		99.8	99.8	99.7	99.7						
	#		8,600	7,200	3,300	150						
		Effective Sam	iple Size									

**Product Characteristics** 

## D264DRM, D284DRG Maximo II DR/DR

US Market Release	Sep-08	Malfunctions (US)	20	NBD Code	VVE-DDDR
Registered US Implants	19,700	Therapy Function Not Compromised	15	Serial Number Prefix	PUJ, PZM
Estimated Active US Implants	16,300	Electrical Component	4	Max Delivered Energy	35 J
Normal Battery Depletions (US)	84	Possible Early Battery Depletion	11	Estimated Longevity	See page 40
Advisories	None	Therapy Function Compromised	5		
		Electrical Component	5		

**Product Characteristics** 



## D264VRM, D284VRC Maximo II VR/VR

**Effective Sample Size** 

#### **Product Characteristics** US Market Release Malfunctions (US) NBD Code VVE-VVIR Sep-08 9 **Registered US Implants** 12,700 Serial Number Prefix PUZ, PZN **Therapy Function Not Compromised** 6 Estimated Active US Implants 10,700 **Electrical Component** 3 Max Delivered Energy 35 J Normal Battery Depletions (US) 27 Possible Early Battery Depletion Estimated Longevity See page 40 1 Advisories None Software Malfunction 2 **Therapy Function Compromised** 3 **Electrical Component** 2 Software Malfunction 1 100 Device Survival Probability (%) 90 80 2 3 9 0 1 4 5 6 7 8 10 Years After Implant **Excluding Normal Battery Depletion** ----- Including Normal Battery Depletion 1 yr 2 yr 3 yr 4 yr at 58 mo % 100.0 100.0 99.9 99.9 99.9 % 99.9 99.7 99.5 99.4 99.3 # 11,900 9,500 6,100 2,500 110 Effective Sample Size

# D314DRG, D314DRM, D334DRG, D334DRM, D354DRG, D354DRM, D364DRG, D364DRM Protecta/Protecta XT DR

64DRG, D36	4DRM P	rotecta/P	rotecta	XT DR				Product	Characte	ristics	
US Market Release		Mar-	11 Malf	unctions (US	5)		18	NBD Code	2		DDE-DDDR, VVE-DDDR
Registered US Implan	nts	52,30	00 The	erapy Functi	ion Not Compro	omised	13	Serial Nur	nber Prefix		PSC, PSD, PS PSK, PSM, PS PTC, PTF, PX PXP
Estimated Active US	Implants	50,00	00	Electrical Co	omponent		13	Max Deliv	ered Energy	,	35 J
Normal Battery Depl	etions (US)	:	26 <b>The</b>	erapy Functi	ion Compromis	ed	5	Estimated	Longevity		See page 4
Advisories		Nor	ne	Electrical Co	omponent		5				
100 90 80 0 Years Afte	1 1 er Implant	2 Ex	3 cluding No	4 2 ormal Batt	5 tery Depletic	6 n	7 Includir	۶ ng Normal		9 9 Depletion	10
	1 yr	2 yr	at 28 mo								
3 % <b>—</b>	100.0	100.0	100.0								
%	99.9	99.7	99.6								
#	28,000	4,000	320								
Effective Sar	mple Size										

# D314VRG, D314VRM, D334VRG, D334VRM, D354VRG, D354VRM, D364VRG, D364VRM Protecta/Protecta XT VR

US Market Re	lease	Mar-11	Malfu	nctions (US)			5	NBD Code			VVE-VVIR
Registered US	5 Implants	17,600	) Ther	apy Function	Not Compro	mised	3	Serial Num	ber Prefix		PSA, PSG, PS PSN, PSX, PT PTG, PXK, PX
Estimated Ac	tive US Implants	16,800	) E	lectrical Com	ponent		2	Max Delive	red Energy		35 J
Normal Batte	ery Depletions (US)	8	s (	Other			1	Estimated	Longevity		See page 4
Advisories		None	Ther	apy Function	Compromise	d	2				
			E	lectrical Com	ponent		2				
80   0	1	2	3	4	5	6	7	8		9	10
								a Normal I	Pattory Do	pletion	
Year	rs After Implant		uding Nor	mal Batter	y Depletion	<b>ר</b>	Includir		battery De	.piction	1
	rs After Implant 1 yr		uding Nor at 28 mo	rmal Batter	y Depletior	י	Includir		battery De		
Year		2 yr	5	rmal Batter	y Depletion		Includir				
%	1 yr	2 yr 99.9 99.8	at 28 mo	rmal Batter	ry Depletion		Includir				

# Device Survival Summary (95% Confidence Interval)

The following table shows ICD device survival estimates with 95% confidence intervals. Estimates are shown both with and without normal battery depletions included.

		:	st F			Not Ctions		Device S	urvival P	Device Survival Probability (%)	(%)					
loboM		Market ease	nslqml	bətemi SU əvi stnelc	sð lsm noifeld	alpy apron apron artion artion artion artion artion artion artion		Years Aft	Years After Implant	nt						
Number	Family	ləЯ SU	SU Səß	tэА		io) AT The		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	10 yr
7230Cx B, E	Marquis VR	Dec-02	19,400	2,700	2,770	29 + 32 = 61	Excluding Normal Battery Depletion	99.9 +0.0/-0.0	99.9 +0.0/-0.1	99.9 +0.0/-0.1	99.8 +0.1/-0.1	99.7 +0.1/-0.1	99.6 +0.1/-0.1	99.5 +0.1/-0.2	99.4 +0.1/-0.2	99.4 +0.2/-0.2 at 112 mo
	Advisories: <u>See page</u> 145 – 2005 Potential Premature Battery Depletion <u>Due to Battery</u> Short	e page 145 – e to Battery S	2005 Potent hort	tial Prematu	re Battery	(19) + (1) (20) (advisory-related subset)	Including Normal Battery Depletion	99.7 +0.1/-0.1	99.4 +0.1/-0.1	99.1 +0.1/-0.2	98.7 +0.2/-0.2	98.1 +0.2/-0.3	94.6 +0.4/-0.5	86.8 +0.7/-0.7	75.0 +1.0/-1.0	12.4 +1.7/-1.6 at 112 mo
7231Cx	GEM III VR	Dec-00	17,500	1,800	3,684	10 + 27 = 37	Excluding Normal Battery Depletion	99.9 +0.0/-0.0	99.9 +0.0/-0.1	99.8 +0.1/-0.1	99.8 +0.1/-0.1	99.8 +0.1/-0.1	99.7 +0.1/-0.1	99.7 +0.1/-0.1	99.7 +0.1/-0.1	99.7 +0.1/-0.1 at 107 mo
							Including Normal Battery Depletion	99.8 +0.1/-0.1	99.5 +0.1/-0.1	99.1 +0.1/-0.2	98.7 +0.2/-0.2	97.3 +0.3/-0.3	89.7 +0.6/-0.6	78.4 +0.9/-0.9	53.5 +1.2/-1.2	<b>4.9</b> +0.9/-0.8 at 107 mo
7232Cx B, E	Maximo VR	Oct-03	44,300	17,200	3,737	16 + 57 = 73	Excluding Normal Battery Depletion	100.0 +0.0/-0.0	9.99 +0.0/-0.0	9.9 +0.0/-0.0	9.99 +0.0/-0.0+	99.8 +0.0/-0.0	99.8 +0.0/-0.1	99.8 +0.0/-0.1	99.8 +0.1/-0.1	99.8 +0.1/-0.1 at 102 mo
	Advisories: <u>See page 145</u> – 2005 Potential Premature Battery Depletion <u>Due to Battery</u> Short	e page 145 – e to Battery S	2005 Poten hort	itial Prematu	ire Battery	(0) + (0) = (0) (advisory-related subset)	Including Normal Battery Depletion	9.99 +0.0/-0.0	99.7 +0.0/-0.1	99.4 +0.1/-0.1	99.1 +0.1/-0.1	97.7 +0.2/-0.2	91.5 +0.3/-0.4	83.1 +0.5/-0.5	71.5 +0.7/-0.7	44.8 +2.5/-2.5 at 102 mo
7274	Marquis DR	Mar-02	48,400	2,800	8,904	107 + 89 = 196	Excluding Normal Battery Depletion	100.0 +0.0/-0.0	9.99 +0.0/-0.0	99.8 +0.0/-0.1	99.6 +0.1/-0.1	99.4 +0.1/-0.1	99.3 +0.1/-0.1	99.2 +0.1/-0.1	99.2 +0.1/-0.1 at 90 mo	
	Advisories: <u>See page</u> 145 – 2005 Potential Premature Battery Depletion D <u>ue to Battery</u> Short	e page 145 – e to Battery S	2005 Poten hort	ıtial Prematu	ire Battery	(73) + (3) = (76) (advisory-related subset)	Including Normal Battery Depletion	<b>99.8</b> +0.0/-0.1	99.5 +0.1/-0.1	98.6 +0.1/-0.1	97.3 +0.2/-0.2	<b>92.1</b> +0.3/-0.4	72.5 +0.6/-0.7	34.2 +0.8/-0.8	1.1 +0.3/-0.3 at 90 mo	
7278	Maximo DR	Oct-03	37,600	5,800	9,134	10 + 60 = 70	Excluding Normal Battery Depletion	100.0 +0.0/-0.0	9.99 +0.0/-0.0	9.99 +0.0/-0.0	99.8 +0.0/-0.1	99.8 +0.0/-0.1	99.7 +0.1/-0.1	99.7 +0.1/-0.1	99.7 +0.1/-0.1 at 88 mo	
	Advisories: <u>See page</u> 145 – 2005 Potential Premature Battery Depletion Due to Battery Short	e page 145 – e to Battery S	2005 Poten hort	ıtial Prematu	ire Battery	(0) + (0) = (0) (advisory-related subset)	Including Normal Battery Depletion	<b>9.9</b> +0.0/-0.0	99.6 +0.1/-0.1	<b>99.1</b> +0.1/-0.1	97.7 +0.2/-0.2	<b>90.2</b> +0.4/-0.4	67.0 +0.7/-0.7	28.5 +0.8/-0.8	3.2 +0.6/-0.5 at 88 mo	
7288	Intrinsic	Jun-04	30,700	3,900	9,100	7 + 64 = 71	Excluding Normal Battery Depletion	100.0 +0.0/-0.0	9.99 +0.0/-0.0	9.99 +0.0/-0.0	99.8 +0.0/-0.1	99.8 +0.1/-0.1	99.7 +0.1/-0.1	99.7 +0.1/-0.1	99.7 +0.1/-0.1 at 86 mo	
							Including Normal Battery Depletion	<b>99.9</b> +0.0/-0.1	99.6 +0.1/-0.1	99.2 +0.1/-0.1	98.2 +0.2/-0.2	90.7 +0.4/-0.4	70.4 +0.7/-0.7	22.1 +0.8/-0.8	7.8 +0.6/-0.6 at 86 mo	

		10 yr							~			
		8 yr	99.4 +0.1/-0.1 at 86 mo	21.4 +1.2/-1.2 at 86 mo					98.8 +0.2/-0.3 at 92 mo	78.0 +1.8/-1.9 at 92 mo		
		7 yr	99.4 +0.1/-0.1	<b>32.8</b> +1.0/-1.0	97.2 +0.2/-0.2 at 77 mo	<b>46.9</b> +1.8/-1.9 at 77 mo			98.9 +0.2/-0.3	85.4 +0.8/-0.9	98.5 +0.2/-0.2 at 79 mo	87.4 +1.3/-1.5 at 79 mo
		6 yr	99.4 +0.1/-0.1	<b>69.6</b> +0.7/-0.7	97.2 +0.2/-0.2	70.6 +0.6/-0.6			99.2 +0.2/-0.2	92.3 +0.6/-0.6	98.5 +0.2/-0.2	92.1 +0.5/-0.5
		5 yr	99.4 +0.1/-0.1	90.5 +0.4/-0.4	97.3 +0.1/-0.2	89.5 +0.3/-0.3	46.0 +1.9/-1.9 at 49 mo	6.5 +1.2/-1.0 at 49 mo	99.5 +0.1/-0.2	97.9 +0.3/-0.3	98.6 +0.2/-0.2	96.7 +0.2/-0.3
y (%)		4 yr	99.7 +0.1/-0.1	97.9 +0.2/-0.2	99.4 +0.1/-0.1	98.0 +0.1/-0.1	49.5 +1.9/-1.9	13.9 +1.5/-1.4	99.7 +0.1/-0.1	98.9 +0.2/-0.2	99.7 +0.1/-0.1	<b>99.1</b> +0.1/-0.1
robability	. nt	3 yr	99.8 +0.0/-0.1	<b>99.1</b> +0.1/-0.1	9.99 +0.0/-0.0	99.4 +0.1/-0.1	90.5 +1.0/-1.1	84.1 +1.2/-1.3	99.8 +0.1/-0.1	99.4 +0.1/-0.2	9.99 +0.0/-0.0	<b>99.6</b> +0.1/-0.1
Device Survival Probability (%)	Years After Implant	2 yr	9.99 +0.0/-0.0	99.6 +0.1/-0.1	9.99 0.0-/0.0+	99.7 +0.0/-0.0	99.9 +0.1/-0.2	99.6 +0.2/-0.3	99.9 +0.0/-0.1	99.6 +0.1/-0.1	9.9 +0.0/-0.0	<b>99.8</b> +0.0/-0.1
Device	Years A	1 yr	100.0 +0.0/-0.0	99.8 +0.0/-0.1	100.0 +0.0/-0.0	99.9 +0.0/-0.0	100.0 +0.0/-0.0	<b>99.9</b> +0.1/-0.1	100.0 +0.0/-0.0	99.9 +0.0/-0.1	100.0 +0.0/-0.0	99.9 +0.0/-0.0
			Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion
Malfunctions	yteryy trion Not b9simorqu al	Ton Ton	108 = 122	) = (11) ted subset)	1,190 = 1,219		51 = 1,874		80 = 99	) = (48) ted subset)	2 = 306	= (4)
Malf	erapy notion besimorqu		14 +	<ul><li>(2) + (9) = (11)</li><li>(advisory-related subset)</li></ul>	29 + 1,1		13 + 1,861		19 + 8	<ul><li>(9) + (39) = (48</li><li>(advisory-related subset)</li></ul>	14 + 292	(0) + (4) = (4)
Malf		I9 D ID ID ID ID ID ID	+		+		+	ed Device	+		4 +	
E	pletions Prepy Action Mpromised	ind pol no n The The The The	14 +		29 +		<del>ت</del> +	ential Reduced Device	19		4 +	
E	olants rmal Battery pletions rction rction	US SU Moi Del Del The The	5,787 14 +		72,700 40,200 4,514 29 +		117 13 +	9 – 2009 Potential Reduced Device	678 19 +		4 +	
E	Implants ive US plants pletions pletions promised	Rel Su Su Su St Reg Mon Mon Mon Mon Mon Mon Mon Mon Mon Mon	7,200 5,787 14 +		40,200 4,514 29 +		200 117 13 +	ee <u>page 139</u> – 2009 Potential Reduced Device	6,900 678 19 +		4 +	
Device Survival Summary continued	easee jistered implants rive US platts pletions pletions promised	Rel Su Su Su St Reg Mon Mon Mon Mon Mon Mon Mon Mon Mon Mon	28,200 7,200 5,787 14 +	Advisories: <u>See page 136</u> – 2012 Potential Rapid Battery (2) + (9 Depletion (advisory-rela	72,700 40,200 4,514 29 +		4,100 200 117 13 +	Advisories: <u>See page 139</u> – 2009 Potential Reduced Device Longevity	14,500 6,900 678 19 +	Advisories: See page 136 - 2012 Potential Rapid Battery         (9)         + (39)           Depletion         (advisory-relation)         (advisory-relation)	4 +	Advisories: <u>See page 139</u> – 2009 Potential Reduced Device (0) + (4) Longevity

Device Survival Sum	mary cor	ntinued				
				Malfunctions		Device Survival Prob
ţ9;	bə stne	s Si pə	Battery snc	v n v v v v o v n v o v	bəzimo	

Device	Model Number D224DRG, D234DRG, D204DRM,	D214DRM D224VRC,	D234VRC, D204VRM , D214VRM	D274DRG, D294DRG
Source: Medtronic Dev Data as of August 9, 20	0	n and Returned F	Product Analysis	

		7 yr												
		6 yr												
		5 yr	99.7 +0.1/-0.3 at 58 mo	97.1 +0.4/-0.5 at 58 mo	99.9 +0.1/-0.1 at 58 mo	99.4 +0.1/-0.2 at 58 mo					99.8 +0.1/-0.2 at 58 mo	96.7 +0.7/-1.0 at 58 mo	99.9 +0.0/-0.1 at 58 mo	99.3 +0.2/-0.3 at 58 mo
(%) /		4 yr	99.8 +0.0/-0.1	98.4 +0.2/-0.2	99.9 +0.0/-0.1	99.4 +0.1/-0.2	100.0 +0.0/-0.0 at 47 mo	99.4 +0.2/-0.2 at 47 mo	99.9 +0.1/-0.1 at 46 mo	99.7 +0.1/-0.2 at 46 mo	99.8 +0.1/-0.1	98.5 +0.3/-0.3	9.99 +0.0/-0.1	99.4 +0.2/-0.2
robability	nt	3 yr	9.99.9 +0.0/-0.0	<b>99.3</b> +0.1/-0.1	99.9 +0.0/-0.1	<b>99.5</b> +0.1/-0.1	100.0 +0.0/-0.0	<b>99.6</b> +0.1/-0.1	99.9 +0.0/-0.1	99.7 +0.1/-0.2	99.9 +0.0/-0.1	<b>99.4</b> +0.1/-0.1	99.9 +0.0/-0.1	99.5 +0.1/-0.2
Device Survival Probability (%)	Years After Implant	2 yr	9.99 +0.0/-0.0	<b>99.6</b> +0.1/-0.1	9.99 +0.0/-0.0	99.7 +0.1/-0.1	100.0 +0.0/-0.0	<b>99.9</b> +0.0/-0.1	100.0 +0.0/-0.0	99.8 +0.1/-0.1	100.0 +0.0/-0.0	99.8 +0.1/-0.1	100.0 +0.0/-0.0	99.7 +0.1/-0.1
Device 5	Years Af	1 yr	100.0 +0.0/-0.0	99.8 +0.0/-0.0	100.0 +0.0/-0.0	99.9 +0.0/-0.0	100.0 +0.0/-0.0	99.9 +0.0/-0.0	100.0 +0.0/-0.0	<b>99.8</b> +0.1/-0.1	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	<b>99.9</b> +0.0/-0.1
L			Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion
	le	stoT	63		15		m		m		20		6	
	pəsimorqr	noJ	"				Ш		Ш		11		Ш	
ctions	rapy ction Not	an∃ adT	+ 49		+ 10		+ 2		∾ +		+ 15		9 +	
Malfunctions	rapy ction npromised	unj	4		Ś		-		0		Ŋ		m	
E	letions letions	Non Dep	207		38		38		11		84		27	
	bətem Ve US stnsl	itoA	42,400		17,300		18,800		7,800		16,300		10,700	
	istered stnslqm	I SN bəy	50,800		20,600		22,200		9,100		19,700		12,700	
	Aarket Ssse	ələЯ N SU	Sep-08		Sep-08		Aug-09		Aug-09		Sep-08		Sep-08	
		Family	Secura DR		Secura VR		Virtuoso II DR		Virtuoso II VR		Maximo II DR		Maximo II VR	
		Model Number	D224DRG, D234DRG, D204DRM, D214DRM		D224VRC, D234VRC, D204VRM , D214VRM		D274DRG, D294DRG		D274VRC, D294VRC		D284DRG, D264DRM		D284VRC, D264VRM	

8 yr

continued Medtronic CRDM Product Performance Report 37

		8 yr				
		7 yr				
		6 yr				
		5 yr				
(%)		4 yr				
Device Survival Probability (%)	ŋt	3 yr	100.0 +0.0/-0.0 at 28 mo	99.6 +0.1/-0.2 at 28 mo	99.9 +0.0/-0.1 at 28 mo	99.8 +0.1/-0.1 at 28 mo
survival P	Years After Implant	2 yr	100.0 +0.0/-0.0	99.7 +0.1/-0.1	9.99 1.0-/0.0+	99.8 +0.1/-0.1
Device 9	Years Af	1 yr	100.0 +0.0/-0.0	9.99 +0.0/-0.0	100.0 +0.0/-0.0	99.9 +0.0/-0.0
L			Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion
			N	Norm	N FION	Norm
	le	101	8		Ś	
		†OT	-			
suc	ubromised	רסו	<del>د</del> ۱		II m	
Malfunctions		Thé Cor Fur Fur	Π		П	
Malfunctions	iction Promised Propy Dot Not Desimory Clion Not	The The Cor The The The The	+ 		11 m +	
Malfunctions	oletions prepy promised promised promised promised promised	Act Imp Jog Cor Fur Cor Fur Fur Cor	2 + +		n 11 2 2	
Malfunctions	ive US blants plants pletions pretion promised promised notion not	USI Esti Act Imp Dep Dep Fur Fur Fur Cor	2 2 4 3 13 13		00 00 00 00 00 00 00 00 00 00 00 00 00	
Malfunctions	Implants ive US plants plants plations pretions	Relo Reco Los Dep Dep Fur Cor The Fur Cor	52,300 29 5 + 13 =		24,200 8 2 + 3 =	
Malfunctions	easee mpromised pants reapy retion Not retion Not retion Not retion Not retion Not	Relo Reco Los Dep Dep Fur Cor The Fur Cor	54,700 52,300 29 5 + 13 =		25,300 24,200 8 2 + 3 =	

38 Medtronic CRDM Product Performance Report www.medtronic.com/CRDMProductPerformance

# **Reference Chart**

The longevity estimates provided are mean values calculated for the parameters given. The actual longevity achieved for any device while implanted will depend on the actual programmed parameters and patient factors, and may differ significantly from these estimates.

				E	stimated	Longev	ity		Flactive	Replacement	
				×*						(ERI)***	
Model Number	Family	Volume/ Mass*	Delivered Energy	Charging Frequency*	100% Pacing‡	50% Pacing‡	15% Pacing‡	100% Sensing	Battery Voltage	Charge Time	Life (EOL) Battery Voltage
7230	Marquis VR	36 cc 75 g	30 J	Monthly Quarterly Semiannual	4.9 7.3 8.5	5.2 8.0 9.3	5.4 8.5 10.0	5.5 8.7 10.4	≤ 2.62 V	> 16-second charge time	3 months after ERI
7231Cx	GEM III VR	39 cc 77 g	30 J	Monthly Quarterly Semiannual	4.3 6.0 6.6	4.7 6.8 7.5	5.0 7.4 8.5	5.2 7.8 8.9	≤ 2.55 V	_	$\leq$ 2.40 V
7232 Cx, E	Maximo VR	39 cc 76 g	35 J	Monthly Quarterly Semiannual	4.4 7.0 8.2	4.7 7.5 9.0	4.8 8.0 9.7	4.9 8.3 10.0	≤ 2.62 V	> 16-second charge time	3 months after ERI
7274	Marquis DR	36 cc 75 g	30 J	Monthly Quarterly Semiannual	4.0 5.6 6.2	4.4 6.4 7.2	4.8 7.1 8.1	4.9 7.5 8.6	≤ 2.62 V	> 16-second charge time	3 months after ERI
7278	Maximo DR	39 cc 77 g	35 J	Monthly Quarterly Semiannual	3.7 5.3 6.0	4.1 6.1 7.0	4.3 6.8 8.0	4.5 7.1 8.5	≤ 2.62 V	> 16-second charge time	3 months after ERI
7288	Intrinsic	38 cc 76 g	35 J	Monthly Quarterly Semiannual	3.7 5.3 6.0	4.1 6.1 7.0	4.3 6.8 8.0	4.5 7.1 8.5	≤ 2.62 V	> 16-second charge time	3 months after ERI

\* Volume and mass differ by connector style.

\*\* A full charge is a full energy therapeutic shock or capacitor reformation.

\*\*\* The minimum time between ERI and EOL is 3 months (100% pacing, two charges per month).

<sup>‡</sup> Pacing mode is VVI for single chamber models and DDD for dual chamber models. Parameter settings; lower rate at 60 ppm, sensing rate at 70 bpm, (A, RV, LV) 3.0 V amplitude, 0.4 ms pulse width, and 510-ohm pace load per applicable channel.

Reference	Chart conti	nued			Estimated	Longev	ity		Recommended Replacement (RRT)***		
Model Number	Family	Volume/ Mass*	Delivered Energy	Charging Frequency**	100% Pacing‡	50% Pacing‡	15% Pacing‡	100% Sensing	Battery Voltage	Time	End of Service (EOS)
D154ATG, D154DRG	EnTrust	35 cc 68 g	35 J	Monthly Quarterly Semiannual	3.8 5.5 6.1	4.2 6.1 7.0	4.4 6.8 7.9	4.6 7.0 8.3	≤ 2.61 V	_	3 months after RRT or > 16-second charge time
D154AWG, D164AWG	Virtuoso DR	37 cc 68 g	35 J	Monthly Quarterly Semiannual	4.1 6.3 7.3	4.5 7.3 8.7	4.8 8.3 10.1	5.0 8.8 11.0	≤ 2.62 V	_	3 months after RRT or > 16-second charge time
D154VRC	EnTrust VR	35 cc 68 g	35 J	Monthly Quarterly Semiannual	4.8 7.5 9.0	5.0 8.3 10.0	5.2 8.8 10.7	5.3 9.0 11.0	≤ 2.61 V	_	3 months after RRT or > 16-second charge time
D154VWC, D164VWC	Virtuoso	37 cc 68 g	35 J	Monthly Quarterly Semiannual	4.8 8.1 10.0	5.1 9.0 11.2	5.3 9.6 12.3	5.4 10.0 12.9	≤ 2.62 V	—	3 months after RRT or > 16-second charge time
D224DRG, D234DRG, D204DRM, D214DRM	Secura DR/ DR M4	37 cc 68 g	35 J	Monthly Quarterly Semiannual	3.6 5.1 5.7	4.1 6.1 7.0	4.5 7.0 8.3	4.7 7.5 9.0	≤ 2.63 V	_	3 months after RRT or > 16-second charge time
D224VRC, D234VRC, D204VRM, D214VRM	Secura VR/ VR M4	37 cc 68 g	35 J	Monthly Quarterly Semiannual	4.3 6.7 7.8	4.7 7.7 8.9	4.9 8.1 9.8	5.0 8.4 10.3	≤ 2.63 V	-	3 months after RRT or > 19-second charge time
D274DRG, D294DRG	Virtuoso II DR	37 cc 68 g	35 J	Monthly Quarterly Semiannual	3.6 5.1 5.7	4.1 6.0 7.0	4.5 7.0 8.3	4.7 7.5 9.0	≤ 2.63 V	_	3 months after RRT or > 16-second charge time
D274VRC, D294VRC	Virtuoso II VR	37 cc 68 g	35 J	Monthly Quarterly Semiannual	4.3 6.7 7.8	4.7 7.5 8.9	4.9 8.1 9.8,	5.0 8.4 10.3	≤ 2.63 V	_	3 months after RRT or > 19-second charge time
D284DRG, D264DRM	Maximo II DR/DR M4	37 cc 68 g	35 J	Monthly Quarterly Semiannual	3.6 5.1 5.7	4.1 6.1 7.0	4.5 7.0 8.2	4.6 7.5 9.0	≤ 2.63 V	_	3 months after RRT or > 16-second charge time
D284VRC, D264VRM	Maximo II VR/ VR M4	37 cc 68 g	35 J	Monthly Quarterly Semiannual	4.3 6.6 7.7	4.6 7.4 8.8	4.9 8.1 9.7	5.0 8.4 10.2	≤ 2.63 V	_	3 months after RRT of > 19-second charge time
D314DRG, D354DRG, D314DRM, D354DRM	Protecta XT DR/DR M4	37 cc 68 g	35 J	Monthly Quarterly Semiannual	3.6 5.1 5.7	4.1 6.0 7.0	4.5 7.0 8.3	4.7 7.5 9.0	≤ 2.63 V	_	3 months after RRT
D314VRG, D354VRG, D314VRM, D354VRM	Protecta XT VR/VR M4	37 cc 68 g	35 J	Monthly Quarterly Semiannual	4.3 6.7 7.8	4.7 7.5 8.9	4.9 8.1 9.8	5.0 8.4 10.3	≤ 2.63 V	—	3 months after RRT
D334DRG, D364DRG, D334DRM, D364DRM	Protecta DR/ DR M4	37 cc 68 g	35 J	Monthly Quarterly Semiannual	3.6 5.1 5.7	4.1 6.0 7.0	4.5 7.0 8.3	4.7 7.5 9.0	≤ 2.63 V	_	3 months after RRT
D334VRG, D364VRG, D334VRM, D364VRM	Protecta VR/ VR M4	37 cc 68 g	35 J	Monthly Quarterly Semiannual	4.3 6.7 7.8	4.7 7.5 8.9	4.9 8.1 9.8	5.0 8.4 10.3	≤ 2.63 V	-	3 months after RRT

\* Volume and mass differ by connector style.

\*\* A full charge is a full energy therapeutic shock or capacitor reformation.

 $^{\ast\ast\ast\ast}$  The minimum time between RRT and EOS is 3 months (100% pacing, two charges per month).

‡ Pacing mode is VVI for single chamber models and DDD for dual chamber models. Parameter settings; lower rate at 60 ppm, sensing rate at 70 bpm, (A, RV, LV) 3.0 V amplitude, 0.4 ms pulse width, and 510-ohm pace load per applicable channel.

#### Adapta DR ADDR01, ADDR03, ADDR06, ADD01

•			
US Market Release	Jul-06	Malfunctions (US)	60
Registered US Implants	361,100	Therapy Function Not Compromised	38
Estimated Active US Implants	295,800	Electrical Component	36
Normal Battery Depletions (US)	570	Electrical Interconnect	1
Performance Note: See page 146 –		Other	1
Performance note on Dual Chamber with Measurement Lock-up ERI	r Pacemakers	Therapy Function Compromised	22
		Electrical Component	18
		Electrical Interconnect	2
		Other	2

#### **Product Characteristics**

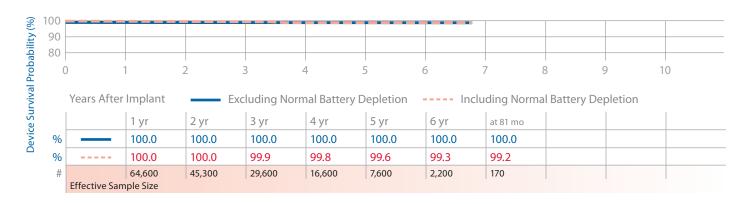
NBG Code	DDD, DDDR
Serial Number Prefix	NWB, NWC, NWD, NWF, PWB, PWC, PWD, PWF
Estimated Longevity	See page 70

90											
80											
0	)	1	2	3	4	5	6	7	8	9	10
1	Years After	Implant	Exc	luding Norn	nal Battery [	Depletion	Inclu	iding Norma	l Battery De	pletion	
		1 yr	2 yr	3 yr	4 yr	5 yr	бyr	at 82 mo			
%		100.0	100.0	100.0	100.0	100.0	100.0	100.0			
0/		100.0	100.0	00.0	00.0	00.4	00.7	077			

		1 yr	2 yr	3 yr	4 yr	5 yr	бyr	at 82 mo			
%		100.0	100.0	100.0	100.0	100.0	100.0	100.0			
%		100.0	100.0	99.9	99.8	99.4	98.7	97.7			
#		307,500	245,700	185,200	126,900	74,200	29,400	1,380			
	Effective Sample Size										

# Adapta DR ADDRL1

US Market Release	Jul-06	Malfunctions (US)	9	NBG Code	DDDR
Registered US Implants	81,800	Therapy Function Not Compromised	6	Serial Number Prefix	PWE, NWE
Estimated Active US Implants	73,700	Electrical Component	5	Estimated Longevity	See page 70
Normal Battery Depletions (US)	36	Electrical Interconnect	1		
Performance Note: See page 146 –		Therapy Function Compromised	3		
Performance note on Dual Chamber Pac Measurement Lock-up ERI	emakers with	Electrical Interconnect	1		
		Other	2		



# Adapta DR ADDRS1

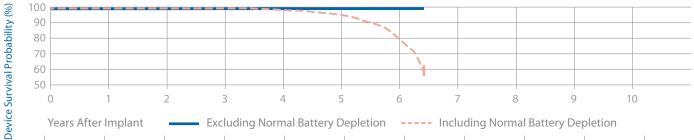
US Market Release	Jul-06	Malfunct
Registered US Implants	35,200	Therap
Estimated Active US Implants	26,100	Eleo
Normal Battery Depletions (US)	514	Pos
Performance Note: See page 146 –		Therap
Performance note on Dual Chamber Pace Measurement Lock-up ERI	Eleo	
		Oth

Malfunctions (US)
Therapy Function Not Compromised
Electrical Component
Possible Early Battery Depletion
Therapy Function Compromised
Electrical Component
Other

#### **Product Characteristics**

**Product Characteristics** 

NBG Code	DDDR
Serial Number Prefix	PWA, NWA
Estimated Longevity	See page 70



				_	-			_		
		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	at 77 mo		
%		100.0	100.0	100.0	100.0	100.0	99.9	99.9		
%		99.9	99.8	99.6	98.8	95.3	79.4	59.0		
#		28,600	21,700	15,600	9,900	5,300	1,400	190		
	Effective Sam	nple Size								

# Adapta SR ADSR01, ADSR03, ADSR06

•						
US Market Release	Jul-06	Malfunctions (US)	9	NBG Code	SSIR	
Registered US Implants	69,000	Therapy Function Not Compromised	5	Serial Number Prefix	NWN, NWM, NWP,	
Estimated Active US Implants	48,700	Electrical Component	3		PWP, PWM, PWN	
Normal Battery Depletions (US)	236	Electrical Interconnect	1	Estimated Longevity	See page 70	
		Possible Early Battery Depletion	1			
Advisories	None	Therapy Function Compromised	4			
		Electrical Component	3			
		Electrical Interconnect	1			



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	90 -											
	30 -											
a ja					1					1		
5	0		1	2	3 4	4 5	5 6	5 7	8	9	) 1	0
	Ye	ears After	lmplant 1 yr	Exc	luding Norm 3 yr	al Battery D 4 yr		6 yr	ding Norma at 81 mo	l Battery De	pletion	
% Cevice %	ó		100.0	100.0	100.0	100.0	100.0	100.0	100.0			
% د	ó		100.0	99.9	99.7	99.4	98.5	96.7	95.1			
#	ŧ 👘		57,000	42,600	30,600	20,400	11,600	4,400	310			

57,000 # Effective Sample Size

JS Market Release		Jul-(	06 Malfur	nctions (US)			0	NBG Cod	de		VDD
Registered US Implant	S	1,1(	00 Thera	Therapy Function Not Compromised			0	Serial Nu	umber Prefix		PWG, NWG
stimated Active US Ir	nplants	80	00 Thera	Therapy Function Compromised			0	Estimated Longevity		See page 7	
lormal Battery Deple	rmal Battery Depletions (US)										
Performance Note: <u>Se</u> Performance note on I Pacemakers with Meas	Dual Chamber	up ERI									
100											
90											
	1	2	3	4	5	6	7		3	9	10
90 80			_	4 mal Battery 4 yr 100.0 100.0	-	_	7 uding	-	al Battery D	-	

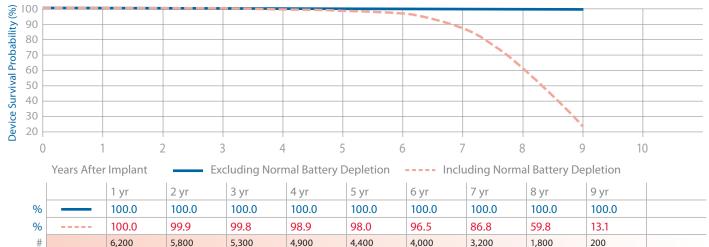
# Advisa DR / DR MRI A2DR01, A3DR01, A4DR01, A5DR01 Ensura MRI EN1DR01

US Market Release	Apr-11	Malfunctions (US)		0	NBG Code		OAE - DI OOE - D
Registered US Implants	8,500	Therapy Function	Therapy Function Not Compromised			Serial Number Prefix	
Estimated Active US Implants	8,400	Therapy Function	0	Estimated Longevity		See pa	
Normal Battery Depletions (US)	0						
Performance Note: <u>See page 146</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-	up ERI						
90							
80	2 3	4	5 6	7	8	9	10
100 90 80 0 1 Years After Implant 1 yr % 100.0 100.0		ing Normal Battery		- Including	Normal Batte	ry Depleti	on
% 100.0		0.0 100.0					
% 100.0		0.0 100.0					
# 9,300		00 150					

EnPulse DR E1DR01, E1DR03, E	1DR06			Product Characteristics	
US Market Release	Dec-03	Malfunctions (US)	1	NBG Code	DDDR
Registered US Implants	6,800	Therapy Function Not Compromised	1	Serial Number Prefix	PRA, PRB, PRE
Estimated Active US Implants	1,200	Electrical Component	1	Estimated Longevity	See page 70
Normal Battery Depletions (US)	1,298	Therapy Function Compromised	0		
Performance Note: <u>See page 146</u> – Performance note on Dual Chamber	1				

Pacemakers with Measurement Lock-up ERI

Facemakers with Measurement Lock-up En



Effective Sample Size

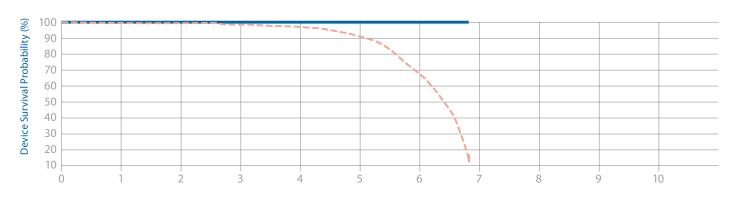
# EnPulse DR E1DR21

IFUISE DR EIDR21				Product Characteristics			
US Market Release	Dec-03	Malfunctions (US)	0	NBG Code	DDDR		
Registered US Implants	1,900	Therapy Function Not Compromised	0	Serial Number Prefix	PPT		
Estimated Active US Implants	150	Therapy Function Compromised	0	Estimated Longevity	See page		
Normal Battery Depletions (US)	374						

Performance Note: See page 146 –

Performance note on Dual Chamber

Pacemakers with Measurement Lock-up ERI

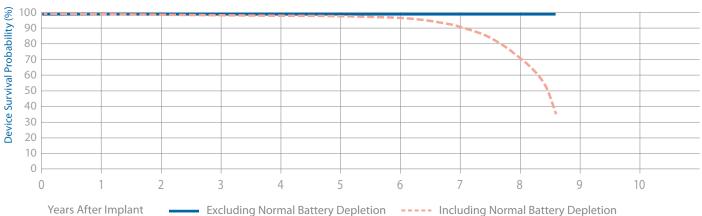


#### Years After Implant \_\_\_\_\_ Excluding Normal Battery Depletion \_\_\_\_\_ Including Normal Battery Depletion

		1 yr	2 yr	3 yr	4 yr	5 yr	бyr	at 80 mo		
%		100.0	100.0	100.0	100.0	100.0	100.0	100.0		
%		100.0	99.6	98.6	96.2	91.9	61.3	23.6		
#		1,600	1,500	1,300	1,200	1,000	500	110		
	Effective Sam	iple Size								

# EnPulse 2 DR E2DR01, E2DR03, E2DR06, E2D01, E2D03

US Market Release	Feb-04	Malfunctions (US)	26	NBG Code	DDD, DDDR
Registered US Implants	101,000	Therapy Function Not Compromised	20	Serial Number Prefix	PNB, PNC, PNF. PNG, PNH
Estimated Active US Implants	40,300	Electrical Component	17	Estimated Longevity	See page 70
Normal Battery Depletions (US)	8,189	Possible Early Battery Depletion	2		
Performance Note: See page 146 –		Other	1		
Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI		Therapy Function Compromised	6		
racemakers with medsarement book up En		Electrical Component	3		
		Electrical Interconnect	2		
		Battery Malfunction	1		



				5				5	/	1
		1 yr	2 yr	3 yr	4 yr	5 yr	бyr	7 yr	8 yr	at 103 mo
%		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
%		99.9	99.9	99.8	99.4	98.7	97.1	91.4	70.9	34.3
#		94,800	87,700	80,600	73,800	67,200	60,700	48,300	16,800	1,190
	Effective Sam	ple Size								

#### EnPulse 2 DR E2DR21 US Market Release Malfunctions (US) Feb-04 1 **Registered US Implants** 12,200 **Therapy Function Not Compromised** 0 Estimated Active US Implants 1,900 **Therapy Function Compromised** 1

**Electrical Component** 

2,074

#### **Product Characteristics**

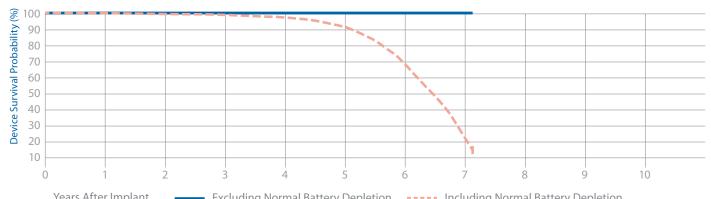
1

NBG Code	DDDR
Serial Number Prefix	PMU
Estimated Longevity	See page 70

Performance Note: See page 146 -Performance note on Dual Chamber

Normal Battery Depletions (US)

Pacemakers with Measurement Lock-up ERI



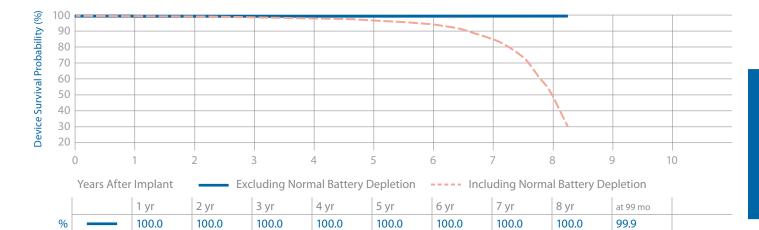
	rears Aiter	Impiant		xcluaing inc	ormal Batter	y Depletion	In	cluaing Nor	mai Battery D	epietion	
		1 yr	2 yr	3 yr	4 yr	5 yr	бyr	7 yr	at 85 mo		
%		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0		
%		99.9	99.5	98.9	97.1	91.0	67.7	22.5	14.5		
#		10,900	9,800	8,800	7,700	6,300	3,700	500	210		
	Effective Sam	ple Size									

### EnPulse 2 DR E2DR31, E2DR33

JS Market	t Release	04 Malf	unctions (US)			0	NBG Coc	le		DDDR	
Registered	d US Implants	60	00 <b>The</b>	rapy Function N	lot Compromis	ed	0	Serial Nu	ımber Prefix		PNL, PNM
stimated	d Active US Implants	40	00 <b>The</b>	Therapy Function Compromised			0	Estimate	d Longevity		See page 70
Normal Ba	attery Depletions (US)		10								
Performar	nce Note: <u>See page 146</u> – nce note on Dual Chamber ers with Measurement Lock <sup>.</sup>	-up ERI									
100											
90										•	
	1	2	3	4	5	6	7		8	9	10
90 - 80 - 0	1 rears After Implant	2 Ex 2 yr	-	4 ormal Battery	-	-	7	g Norma	8	•	10
90 - 80 - 0	1 2 rears After Implant		cluding No	ormal Battery	Depletion	In	7 cluding	g Norma r	8 Battery [	9 Depletion	10
90 80 0 Ye	/ears After Implant	2 yr	cluding No	ormal Battery	Depletion 5 yr	In 6 yr	7 cludin 7 7 y	g Norma r D.0	8 Battery [ 8 yr	9 Depletion at 104 mo	10

#### EnPulse 2 SR E2SR01, E2SR03, E2SR06

US Market Release	Dec-03	Malfunctions (US)	4	NBG Code	SSIR
Registered US Implants	25,500	Therapy Function Not Compromised	3	Serial Number Prefix	PMW, PMY,
Estimated Active US Implants	6,400	Electrical Component	2		PNA
Normal Battery Depletions (US)	1,754	Possible Early Battery Depletion	1	Estimated Longevity	See page 70
Advisories	None	Therapy Function Compromised	1		
		Other	1		



## EnPulse 2 VDD E2VDD01

**Effective Sample Size** 

%

#

US Market Release	Dec-03	Malfunctions (US)	0	NBG Code	VDD
Registered US Implants	600	Therapy Function Not Compromised	0	Serial Number Prefix	PMV
Estimated Active US Implants	200	Therapy Function Compromised	0	Estimated Longevity	See page 7
Normal Battery Depletions (US)	73				

97.3

12,800

94.1

10,900

84.6

7,500

53.1

1,200

**Product Characteristics** 

31.1

200

Performance Note: <u>See page 146</u> – Performance note on Dual Chamber

Pacemakers with Measurement Lock-up ERI

99.9

22,600

99.7

19,600

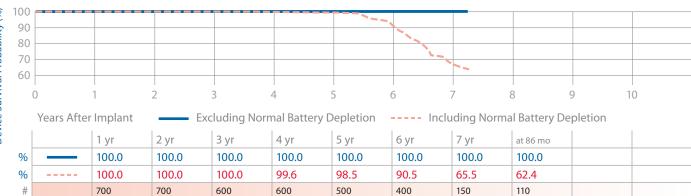
99.4

17,100

98.7

15,000





# 700 Effective Sample Size

# EnRhythm DR P1501DR

US Market Release	May-05	Malfunctions (US)	7,445	NBG Code	DDDRP
Registered US Implants	110,200	Therapy Function Not Compromised	7,392	Serial Number Prefix	PNP
Estimated Active US Implants	63,600	Battery Malfuntion (229 malfunctions due to advisory)	7,307	Estimated Longevity	See page 7
Normal Battery Depletions (US)	1,651	Electrical Component (2 malfunctions due to advisory)	38		
Advisories: See page 137 – 2010 Low Displayed at Device Interrogation	Battery Voltage	Possible Early Battery Depletion	45		
		Electrical Interconnect	2		
		Therapy Function Compromised	53		
		Electrical Component	37		
		Electrical Interconnect	4		
		Battery Malfunction	5		
		Possible Early Battery Depletion	2		
		Other	5		
100					
§ 100 90					
90					



		T yr	∠ yr	3 yr	4 yr	эyr	o yr	7 yr	at 89 mo		
%		100.0	100.0	99.8	98.9	95.7	89.0	83.8	82.6		
%		99.9	99.9	99.6	97.5	90.7	75.9	58.4	45.5		
#		104,200	96,700	82,900	66,000	48,000	28,400	10,200	1,500		
	Effective Sample Size										

# EnRhythm MRI EMDR01

#### **Product Characteristics**

US Mark	et Release			N/A	Malfunctio	ons (US)			10	NBG Coo	de		DDDRP
Registe	red US Implant	ts		100	Therapy Function Not Compromised			10	Serial Nu	umber Prefix		PTA	
Estimat	ed Active US In	mplants		80	Batte	ery Malfunc	tion		10	Estimate	ed Longevity		See page 70
Normal	Battery Deple	tions (US)		0	Therapy	Function C	ompromis	ed	0				
Advisor	ies		N	one									
					~								
90 80													
00		1	2	3	4		5	6	7	ç	3	9	10
		1	2	5	-		5	0	7		5	2	10
	Years After	Implant	E	xcludin	g Norma	l Battery	Depletic	n	Includin	g Norma	al Battery D	epletion	
		1 yr	2 yr	3 yr	a	at 45 mo							
%		100.0	100.0	100.	0 9	98.1							
%		100.0	100.0	100.	0 9	96.1							
#		200	200	100	1	100							
	Effective Sam	nple Size											

# Kappa 400 DR KDR401, KDR403

US Market Release	Jan-98	Malfunctions (US)				
Registered US Implants	46,700	Therapy Function Not Compromised				
Estimated Active US Implants	4,000	Electrical Component				
Normal Battery Depletions (US)	7,981	Electrical Interconnect				
Advisories	None	Possible Early Battery Depletion				
		Other				
	Therapy Function Compromised					
		Electrical Component				

#### Product Characteristics

27

15

10

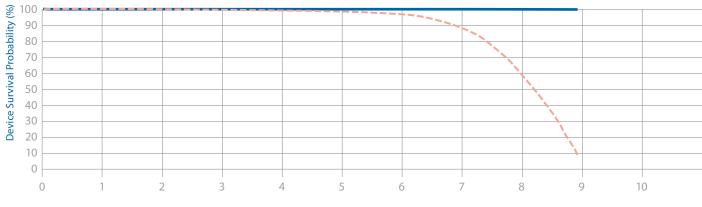
1

2 2 12

6

6

NBG Code	DDDR				
Serial Number Prefix	PER, PET				
Estimated Longevity	See page 71				



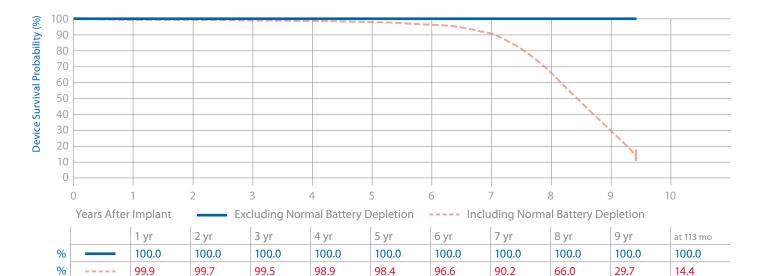
Electrical Interconnect

Years After Implant \_\_\_\_\_ Excluding Normal Battery Depletion \_----- Including Normal Battery Depletion

		1 yr	2 yr	3 yr	4 yr	5 yr	бyr	7 yr	8 yr	at 107 mo
%		100.0	100.0	100.0	100.0	99.9	99.9	99.9	99.9	99.9
%		99.9	99.8	99.7	99.4	98.8	97.1	88.1	58.8	7.8
#		44,200	41,100	37,900	34,800	31,500	27,700	21,300	9,800	670
	Effective Sample Size									

# Kappa 400 SR KSR401, KSR403

1.1					
US Market Release	Feb-98	Malfunctions (US)	5	NBG Code	SSIR
Registered US Implants	15,400	Therapy Function Not Compromised	4	Serial Number Prefix	PEU, PGD
Estimated Active US Implants	1,500	Electrical Component	3	Estimated Longevity	See page 71
Normal Battery Depletions (US)	1,547	Possible Early Battery Depletion	1		
Advisories	None	Therapy Function Compromised	1		
		Electrical Interconnect	1		



7,900

96.6

6,700

90.2

5,200

66.0

2,600

**Product Characteristics** 

29.7

600

14.4

150

12,000

99.5

10,500

9,200

### Kappa 700 DR KD701, KD703, KD706

**Effective Sample Size** 

99.9

13,600

%

#

pu	700 DIT 1		03, KD700						TTOULC	c characte	instics	
US Ma	rket Release		Jar	n-99 Ma	lfunctions (US)			0	NBG Code	2		DDD
Regist	ered US Implan	its		300 Th	Therapy Function Not Compromised			0	Serial Number Prefix			PHK, PHM, PH
Estima	ited Active US I	mplants		70 Th	nerapy Function	Compromised		0	Estimated	Longevity		See page 7
Norma	al Battery Deple	etions (US)		21								
	ories: See pag	<mark>e 140</mark> – 2009 Po nnect Wires	otential									
Perfor	mance Note: <u>S</u> mance note on akers with Mea		-up ERI									
100					<b></b>	+						
90												
80								_				
C	)	1	2	3	4	5	6	7	8	}	9	10
	Years After	r Implant	E	xcluding No	ormal Battery	Depletion	Inc	cludir	ng Norma	l Battery I	Depletion	
		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 )	/r	8 yr	at 98 mo	
%		100.0	100.0	100.0	100.0	100.0	100.0	10	0.0	100.0	100.0	
%		100.0	100.0	100.0	99.0	98.0	95.8	94	.7	86.5	84.8	
#		300	300	200	200	200	200	20	0	100	100	
	Effective San	nple Size										

## Kappa 700 DR KDR701, KDR703, KDR706

10 0 0

%

%

#

#### **Product Characteristics**

US Market Release	Jan-99	Malfunctions (US)	744	NBG Code	DDD , DDD/RO
Registered US Implants	206,200	Therapy Function Not Compromised	53	Serial Number Prefix	PGT, PGU,
Estimated Active US Implants	22,200	Electrical Component	26		PGW, PGY, PHJ
Normal Battery Depletions (US)	35,745	Electrical Interconnect	19	Estimated Longevity	See page 7
Advisories: See page 140–2009 Potential		Battery Malfunction	1		
Separation of Interconnect Wires		Possible Early Battery Depletion	4		
Performance Note: See page 146 –		Other	3		
Performance note on Dual Chamber Pacema with Measurement Lock-up ERI	kers	Therapy Function Compromised	691		
		Electrical Component	17		
		Electrical Interconnect (206 malfunctions due to advisory)	673		
		Possible Early Battery Depletion	1		
100					-
90					
80					
70					
60					
50					
40					
100       90       80       70       60       50       40       30       20					
20					
20					

5

5 yr

99.9

98.0

122,400

6

бyr

99.9

95.4

107,000

7

7 yr

99.7

85.9

83,000

8

8 yr

99.6

59.3

41,900

----- Including Normal Battery Depletion

9

9 yr

99.4

12.4

3,700

10

at 109 mo

99.4

3.2

1,600

2

-

2 yr

100.0

99.8

165,500

1 Years After Implant

**Effective Sample Size** 

1 yr

99.9

100.0

180,500

3

3 yr

99.9

99.6

151,000

4

Excluding Normal Battery Depletion

4 yr

99.9

99.1

136,600

# Kappa 700 DR KDR721

US Market Release	Feb-99
Registered US Implants	9,800
Estimated Active US Implants	700
Normal Battery Depletions (US)	1,349

Normal Battery Depletions (US)1,349Therapy Function CompromisedAdvisories: See page 140 – 2009 Potential<br/>Separation of Interconnect WiresElectrical Interconnect

Malfunctions (US)

**Therapy Function Not Compromised** 

**Electrical Component** 

Performance Note: See page 146 -

Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI

#### **Product Characteristics**

5

1

1

4

4

NBG Code	DDD/RO
Serial Number Prefix	PGR
Estimated Longevity	See page 71

100											
90											
80											
70											
60											
50											
40											
30											
20							\ \				
10								Υ			
0											
Ũ		1			4			7			
	0	I	2				0	/			0
	Years After	<sup>-</sup> Implant	Exe	cluding Norr	nal Battery D	)epletion	Inclu	iding Norma	al Battery De	pletion	
		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	at 86 mo		
%		100.0	100.0	100.0	100.0	99.9	99.9	99.9	99.9		
%		99.9	99.5	98.7	96.6	90.7	68.8	22.2	12.4		

4,500

2,300

300

130

8,600 Effective Sample Size

#

7,600

6,600

5,600

# Kappa 700 SR KSR701, KSR703, KSR706

Ka	рра	700 SR 🖡	(SR701, KSF	R703, KSR70	6					Produc	ct Characte	eristics	
	US Mai	rket Release		Jan	-99 M	alfunctions (US)			28	NBG Cod	de		SSIR
	Registe	ered US Implar	nts	55,2	200 T	herapy Function	Not Compromis	ed	4	Serial Nu	umber Prefix		PHR, PHT,
	Estima	ited Active US I	mplants	5,7	00	Electrical Com	oonent		2				PHU, PHW
	Norma	al Battery Deple	etions (US)	5,2	272	Electrical Intere	connect		1	Estimate	ed Longevity		See page 71
	Adviso	ories: See pag	<u>e 140</u> – 2009 F	Potential		Possible Early E	Battery Depletion	n	1				
	Separa	ation of Interco	nnect Wires		т	herapy Function	Compromised		24				
						Electrical Com	oonent		4				
						Electrical Intere	connect		20				
Device Survival Probability (%)	100 90												
bilit	90								-				
oba	80 70												
al Pr	70												
rviv	60 50												
e Su	40												
evic	40 30												
	20												
	10												
		0	1	2	3	4	5	6	7		8	9	10
		Years Afte	r Implant   1 yr	Ex 2 yr	cluding   3 yr	Normal Battery	/ Depletion 5 yr	In-	cluding 7 y	-	al Battery D	epletion 9 yr	at 116 mo
	%		100.0	100.0	100.0	100.0	100.0	100.0	99.	9	99.9	99.8	99.8
	%		99.9	99.7	99.3	98.5	97.0	93.5	84.	.2	61.5	29.5	8.5
	#	Effective San	48,300 nple Size	41,700	35,700	30,600	25,900	21,400	15,8	300	7,900	1,800	130

# Kappa 900 DR KDR901, KDR903, KDR906

	115 05) 112 115 00	
US Market Release	Jan-02	Malfunctions (US)
Registered US Implants	125,600	Therapy Function Not Compromised
Estimated Active US Implants	22,900	Electrical Component
Normal Battery Depletions (US)	21,661	Electrical Interconnect
Advisories	None	Other
Performance Note: See page 146 –		Therapy Function Compromised
Performance note on Dual Chamber	Pacemakers with	Electrical Component
Measurement Lock-up ER		
		Electrical Interconnect

#### **Product Characteristics**

74

21

16

4

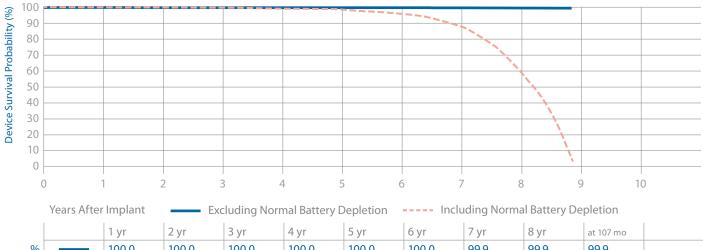
1

53

9

44

NBG Code	DDD, DDDR
Serial Number Prefix	PKM, PKN, PKP, PLB, PLC, PLD
Estimated Longevity	See page 71



		1 yr	2 yr	3 yr	4 yr	5 yr	бyr	7 yr	8 yr	at 107 mo
%		100.0	100.0	100.0	100.0	100.0	100.0	99.9	99.9	99.9
%		99.9	99.9	99.7	99.3	98.4	96.2	87.9	60.4	11.8
#		117,400	108,100	99,000	90,200	81,500	72,500	57,900	28,000	2,400
	Effective Sam	ple Size								

#### Kappa 900 SR KSR901, KSR903, KSR906

US Market Release	Jan-02
Registered US Implants	37,000
Estimated Active US Implants	5,700
Normal Battery Depletions (US)	3,480
Advisories: See page 140 – 2009 Po Separation of Interconnect Wires	otential

Malfunctions (US)
Therapy Function Not Compromised
Electrical Component
Possible Early Battery Depletion
Therapy Function Compromised
Electrical Interconnect

#### **Product Characteristics**

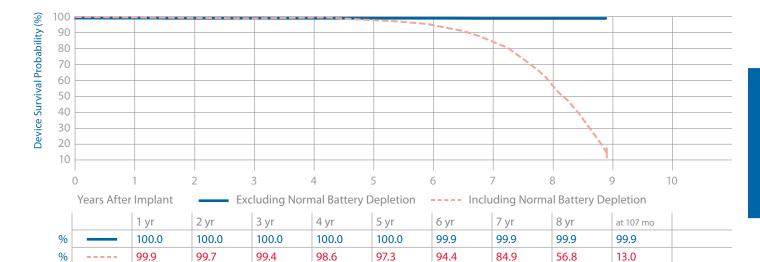
17

8

7

g

NBG Code	SSIR
Serial Number Prefix	PLF, PLG, PLH
Estimated Longevity	See page 71



17,700

14,900

10,880

4,100

260

Kappa 900 VDD KVDD901

**Effective Sample Size** 

32,000

27,600

24,000

20,700

#

#### **Product Characteristics** US Market Release NBG Code VDD Malfunctions (US) Jan-02 1 **Registered US Implants Therapy Function Not Compromised** Serial Number Prefix PLE 700 1 Estimated Active US Implants 100 Other Estimated Longevity See page 71 1 Normal Battery Depletions (US) 82 **Therapy Function Compromised** 0 Advisories: See page 140 – 2009 Potential Separation of Interconnect Wires Performance Note: See page 146 -Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI Device Survival Probability (%) 100 90 80 70 60 50 8 9 10 0 2 3 4 6 Including Normal Battery Depletion Years After Implant **Excluding Normal Battery Depletion** ----2 yr 1 yr 3 yr 4 yr 5 yr 6 yr 7 yr at 94 mo % 100.0 100.0 100.0 100.0 100.0 99.8 99.8 99.8 93.9 % 100.0 100.0 100.0 99.3 98.6 71.9 56.6 # 800 700 700 600 600 500 200 100

**Effective Sample Size** 

DG

Jan-02

16,300

1,400

2,823

Malfunctions (US)

**Therapy Function Not Compromised** 

**Electrical Component** 

Electrical Interconnect

**Therapy Function Compromised** 

# Kappa 920 DR KDR921

**Registered US Implants** 

Estimated Active US Implants

Normal Battery Depletions (US)

US Market Release

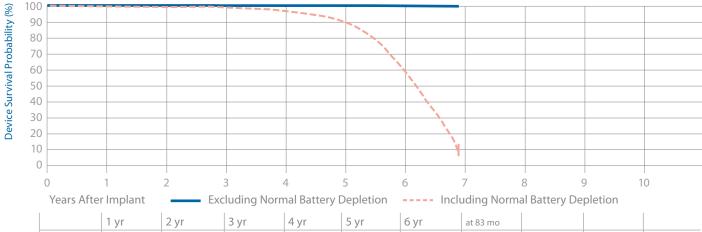
#### **Product Characteristics**

4	NBG Code	DDDR
1	Serial Number Prefix	PKR
1	Estimated Longevity	See page 71
3		
3		

Advisories: See page 140 – 2009 Potential Separation of Interconnect Wires

Performance Note: See page 146 -

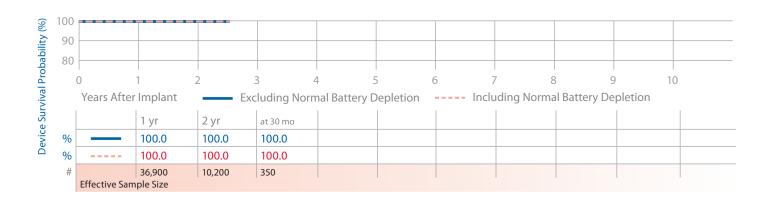
Performance note on Dual Chamber Pacemakers with Measurement Lock-up ER



		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	at 83 mo		
%		100.0	100.0	100.0	100.0	100.0	100.0	100.0		
%		99.9	99.6	99.0	96.8	89.7	59.5	0.5		
#		14,200	12,700	11,200	9,700	7,700	3,500	120		
	Effective Sam	ole Size								

#### **Revo MRI SureScan RVDR01**

US Market Release	Feb-11	Malfunctions (US)	5	NBG Code	DDDRP
Registered US Implants	58,700	Therapy Function Not Compromised	4	Serial Number Prefix	PTN
Estimated Active US Implants	56,600	Electrical Component	4	Estimated Longevity	See page 71
Normal Battery Depletions (US)	2	Therapy Function Compromised	1		
Advisories	None	Electrical Component	1		

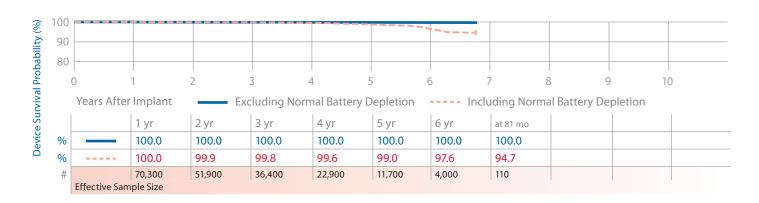


## Sensia DR SEDR01, SED01

JS Market Release		Jul	I-06 Mal	lfunctions (US)			24	NBG Code			DDD, DDD
Registered US Implar	nts	124,	600 Th	erapy Function	Not Compromise	d	14	Serial Num	har Profix		PWL, PWK
stimated Active US	Implants	93,	600	Electrical Comp	ponent		12	Senarivum	Del l'Tellx		NWL, NWI
Normal Battery Depl	etions (US)		250	Electrical Interc	connect		1	Estimated I	ongevity		See page
Performance Note: S				Other			1				
note on Dual Chambe Measurement Lock-u		with	Th	erapy Function	Compromised		10				
				Electrical Comp	ponent		4				
				Electrical Interc	connect		1				
				Other			5				
90											
80											
0 Years Afte				4 ormal Battery	y Depletion	1	1	-	Battery De	 9 epletion	10
0 Years Afte	1 yr	E 2 yr	Excluding N	ormal Battery	y Depletion	lr 6 yr	at 8	g Normal I		~	10
0 Years Afte	1 yr 100.0	2 yr 100.0	Excluding N 3 yr 100.0	ormal Battery 4 yr 100.0	y Depletion 5 yr 100.0	Ir 6 yr 100.0	at 8	g Normal I 1 mo <b>).0</b>		~	10
0 Years Afte	1 yr	E 2 yr	Excluding N	ormal Battery	y Depletion	lr 6 yr	at 8	g Normal I 1 mo 0.0		~	10

# Sensia SR SESR01, SES01

US Market Release	Jul-06	Malfunctions (US)	8	NBG Code	SSIR, SSI
Registered US Implants	87,800	Therapy Function Not Compromised	6	Serial Number Prefix	PWR, PWS,
Estimated Active US Implants	61,200	Electrical Component	5		NWR, NWS
Normal Battery Depletions (US)	198	Other	1	Estimated Longevit	See page 71
Advisories	None	Therapy Function Compromised	2		
		Electrical Component	1		
		Electrical Interconnect	1		



**Product Characteristics** 

Sigma 100 S SS103, SS106				Product Characteristics	
US Market Release	Aug-99	Malfunctions (US)	0	NBG Code	SSI
Registered US Implants	800	Therapy Function Not Compromised	0	Serial Number Prefix	PJG, PJH
Estimated Active US Implants	100	Therapy Function Compromised	0	Estimated Longevity	See page 71
Normal Battery Depletions (US)	26				
Advisories: See page 144 – 2005 Pote Separation of Interconnect Wires	ential				

 100
 90

 90
 90

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urviv		Years After	Implant	Exc	Excluding Normal Battery Depletion Including Normal Battery Depletion								
ce Sı			1 yr	2 yr	3 yr	4 yr 5 yr		бyr	7 yr	8 yr	9 yr	at 116 mo	
Jevio	%	100.0		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	
	%		100.0	100.0	99.6	99.6	98.8	98.8	97.0	93.8	85.7	79.6	
	#		600	500	400	300	300	200	200	200	100	100	
		Effective Sample Size											

# Sigma 200 DR SDR203

adus					9			s (US)					36	NBG							DD/R	0
eu 05	Implant	S			15,90	0 The	erapy Fu			npromi	sed		10	Seria	Numb	er Pref	fix			PJ	ID	
ed Acti	ive US In	nplants			3,10	0	Electric	al Com	oonent				1	Estim	ated Lo	ongevi	ity			S	ee pa	age
Batter	y Deplet	tions (US	5)		91								9									
ies: Se	e page	144 – 2	005 Pot	ential Se	paration	The	erapy Fu	nction	Compre	omised			26									
					009		Electric	al Com	oonent				2									
i Sepa	ration c	of interco	onnect v	vires			El a atulia						22									
											y)		23									
							Other						1									
							_							_								
									_										_			
	1 1	ן ו ג כ	і 2 Л	5	6	7	8	0	10	11	12	12 1	1	15	16	17	19	2	10	20	2	1
				5	-		-	-								.,				20	~	
Years	s After	Implar	nt I		Exclud	ling No	prmal t	Battery	/ Depl	etion		Incl	udin	g Nor	mal B	atter	y De	plet	ion	1	1	
	1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr	12 yr	at 14	48 mo								
	100.0	100.0	100.0	100.0	99.9	99.9	99.8	99.6	99.5	99.5	99.5	99.4	99.	4								
	100.0	99.9	99.9	99.7	99.4	98.8	97.3	94.3	90.3	83.5	69.9	51.9	41.4	4								
	14,200	12,700	11,300	10,100	9,000	8,000	6,900	5,900	4,800	3,500	1,900	500	160									
	es: <u>S6</u> ponec   Sepa	es: See page onnect Wires; Separation of lease leаse l	es: See page 144 – 2 ponnect Wires; See also I Separation of Interco 1 2 3 Years After Implan 1 yr 2 yr 100.0 100.0 99.9	Image: Second	es: See page 144 – 2005 Potential Sep onnect Wires; See also page 140 – 20 Separation of Interconnect Wires	es: See page 144 - 2005 Potential Separation onnect Wires; See also page 140 - 2009 I Separation of Interconnect Wires Separation of Interconnect Wires 1 2 3 4 5 6 Years After Implant Exclude 1 yr 2 yr 3 yr 4 yr 5 yr 100.0 100.0 100.0 100.0 99.9 14.200 12,700 11,300 10,100 9,000	es: See page 144 - 2005 Potential Separation ponnect Wires; See also page 140 - 2009 Separation of Interconnect Wires       - 2009 - 2009 - 2009         Separation of Interconnect Wires       - 2009         Image: Sep	(1 malful         es: See page 144 - 2005 Potential Separation ponnect Wires; See also page 140 - 2009         Separation of Interconnect Wires         Iseparation of In	(1 malfunction of linerconnect Wires; See also page 140 - 2009         Separation of Interconnect Wires         Separation of Interconnect Wires         Electrical Interconnect Wires         Electrical Interconnect Wires         Electrical Interconnect Wires         Electrical Interconnect Wires         Image: Separation of Interconnect Wires         Electrical Interconnect Wires         Electrical Interconnect Wires         Image: Separation of Interconnect Wires         Image: Separatint of Interconnect Wires	(1 malfunction due to a         es: See page 144 - 2005 Potential Separation         ponnect Wires; See also page 140 - 2009         Separation of Interconnect Wires         Separation of Interconnect Wires         Lectrical Interconnect (20 malfunctions due to a)         Other         Lectrical Interconnect         Lectric	(1 malfunction due to advisory)         es: See page 144 - 2005 Potential Separation ponect Wires; See also page 140 - 2009         Separation of Interconnect Wires         Separation of Intercon	(1 malfunction due to advisory) es: See page 144 - 2005 Potential Separation onnect Wires; See also page 140 - 2009 Separation of Interconnect Wires Electrical Component Electrical Interconnect (20 malfunctions due to advisory) Other	( <i>I malfunction due to advisory</i> ) es: See page 144 - 2005 Potential Separation onnect Wires; See also page 140 - 2009 ISeparation of Interconnect Wires User See also page 140 - 2009 ISeparation of Interconnect Wires User See also page 140 - 2009 User User See also page 140 - 200 User See also pag	es: See page 144 - 2005 Potential Separation of Interconnect Wires:       Therapy Function Compromised Electrical Component       26         Deparation of Interconnect Wires       Electrical Interconnect (20 malfunctions due to advisory)       21         Use paration of Interconnect Wires       Use paration of Interconnect Wires       23         Other       1       1         Image: Image in the paration of Interconnect Wires       0       1         Image: Image in the paration of Interconnect Wires       0       1         Image: Image in the paration of Interconnect Wires       0       1         Image: Image in the paration of Interconnect Wires       0       0         Image: Image in the paration of Interconnect Wires       0       0         Image: Image in the paration of Interconnect Wires       0       0         Image: Image in the paration of Interconnect Wires       0       0         Image in the paration of Interconnect Wires       0       0       0         Image in the paration of Interconnect Wires       0       0       0       0         Image in the paration of Interconnect Wires       0       0       0       0       0         Image in the paration of Interconnect Wires       0       0       0       0       0       0         Image in t	es: See page 144 - 2005 Potential Separation on ect Wires:       Therapy Function Compromised Electrical Component       26         Deparation of Interconnect Wires       23       23         Use paration of Interconnect Wires       23         Other       1         1       1       1         1       1       1         1       1       1         1       1       1         1       1       1         1       1       1         1       1       1         1       1       1         1       1       1         1       1       1         1       1       1         1       1       1         1       1       1         1       1       1         1       2       3       4       5       6       7       8       9       10       11       12       13       14       15         (1 yr       2 yr       3 yr       4 yr       5 yr       6 yr       7 yr       8 yr       9 yr       10 yr       11 yr       12 yr       at 148 mo         1 yr       2 yr       3 yr	es: See page 144 - 2005 Potential Separation of Interconnect Wires       26         Electrical Component       23         Component Wires       23         Other       1         Image: See also page 140 - 2009       23         Separation of Interconnect Wires       23         Component       23         Component       23         Other       1         Image: See also page 140 - 2009       1         Component       23         Component       23         Component       23         Component       24         Electrical Interconnect       23         Component       1         Image: See also page 140 - 2009       1 </td <td>(1 malfunction due to advisory)         Therapy Function Compromised Electrical Component       26         12         Electrical Interconnect       23         Other       23         Other       23         Other       1         1         Interconnect Wires       23         Other       1         Interconnect Colspan="6"&gt;(20 malfunctions due to advisory)         Other       1         Interconnect       23         Other       1         Interconnect Colspan="6"&gt;(20 malfunctions due to advisory)         Other       1         Interconnect Colspan="6"&gt;(20 malfunctions due to advisory)         Other       1         Interconnect Colspan="6"&gt;(20 malfunctions due to advisory)         Other       1         Interconnect       23         Interconnect       20         Interconnect       20         Interconnect       20         Interconnect       20         Interconnect       20</td> <td>es: See page 144 - 2005 Potential Separation of Interconnect Wires       26         Iseparation of Interconnect Wires       23         Uter is a set of the set of</td> <td>es: See page 144 - 2005 Potential Separation of Interconnect Wires       26         Iseparation of Interconnect Wires       23         Use and the second of the second</td> <td>es: See page 144 - 2005 Potential Separation onnect Wires; See also page 140 - 2009 [Separation of Interconnect Wires]       Therapy Function Compromised Electrical Component       26 Electrical Component       23 23 23 20         Liseparation of Interconnect Wires       23 20       23 20       23 20       23 20         Other       1       2       24</td> <td>es: See page 144 - 2005 Potential Separation of Interconnect Wires:       Therapy Function Compromised Electrical Component       26         Iseparation of Interconnect Wires:       Electrical Component       23         Electrical Interconnect (20 malfunctions due to advisory)       Other       1         Image: See also page 140 - 2009       Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page: See also page: See also page 140 - 2009       Image: See al</td> <td>es: See page 144 - 2005 Potential Separation onnect Wires; See also page 140 - 2009 [Separation of Interconnect Wires]       Therapy Function Compromised Electrical Component       26         Electrical Interconnect (20 malfunctions due to advisory) Other       23         Other       1         Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009         Other       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009         Other       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page: See also page: See also page 140 - 2009       <td< td=""></td<></td>	(1 malfunction due to advisory)         Therapy Function Compromised Electrical Component       26         12         Electrical Interconnect       23         Other       23         Other       23         Other       1         1         Interconnect Wires       23         Other       1         Interconnect Colspan="6">(20 malfunctions due to advisory)         Other       1         Interconnect       23         Other       1         Interconnect Colspan="6">(20 malfunctions due to advisory)         Other       1         Interconnect Colspan="6">(20 malfunctions due to advisory)         Other       1         Interconnect Colspan="6">(20 malfunctions due to advisory)         Other       1         Interconnect       23         Interconnect       20         Interconnect       20         Interconnect       20         Interconnect       20         Interconnect       20	es: See page 144 - 2005 Potential Separation of Interconnect Wires       26         Iseparation of Interconnect Wires       23         Uter is a set of the set of	es: See page 144 - 2005 Potential Separation of Interconnect Wires       26         Iseparation of Interconnect Wires       23         Use and the second of the second	es: See page 144 - 2005 Potential Separation onnect Wires; See also page 140 - 2009 [Separation of Interconnect Wires]       Therapy Function Compromised Electrical Component       26 Electrical Component       23 23 23 20         Liseparation of Interconnect Wires       23 20       23 20       23 20       23 20         Other       1       2       24	es: See page 144 - 2005 Potential Separation of Interconnect Wires:       Therapy Function Compromised Electrical Component       26         Iseparation of Interconnect Wires:       Electrical Component       23         Electrical Interconnect (20 malfunctions due to advisory)       Other       1         Image: See also page 140 - 2009       Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page: See also page: See also page 140 - 2009       Image: See al	es: See page 144 - 2005 Potential Separation onnect Wires; See also page 140 - 2009 [Separation of Interconnect Wires]       Therapy Function Compromised Electrical Component       26         Electrical Interconnect (20 malfunctions due to advisory) Other       23         Other       1         Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009         Other       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009         Other       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page 140 - 2009       Image: See also page 140 - 2009         Image: See also page: See also page: See also page 140 - 2009 <td< td=""></td<>

# Sigma 200 SR SSR203, SS203

Sig	gma 200 SR ssR203, ss203				Product Characteristics	
	US Market Release	Sep-99	Malfunctions (US)	14	NBG Code	SSI
	Registered US Implants	12,100	Therapy Function Not Compromised	0	Serial Number Prefix	PJC
	Estimated Active US Implants	1,700	Therapy Function Compromised	14	Estimated Longevity	Se
	Normal Battery Depletions (US)	434	Electrical Interconnect (13 malfunctions due to advisory)	14		
(%)	Advisories: See page 144–2005 Potentia Separation of Interconnect Wires; See also page 140–2009 Potential Separation of Interconnect Wires					
ilitv	90					
bab	80 80					
l Pro	70					
viva	60					
Sur	50					
Device Survival Probability	0 1 2 3 4 Vears After Implant	5	5 7 8 9 10 11 12 13	14 Inclui		9 20

Years After Implant	Excluding Normal Battery Depletion	Including Normal Battery Depletion
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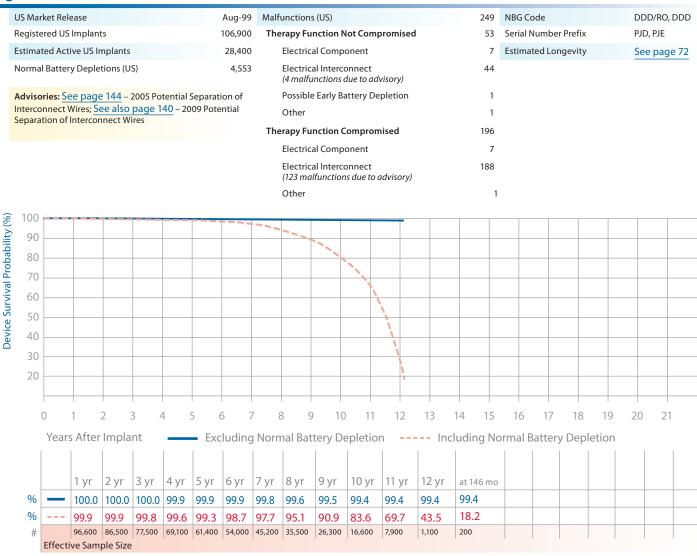
		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr	12 yr	at 154 mo				
%	—	100.0	100.0	100.0	100.0	99.9	99.9	99.8	99.7	99.6	99.6	99.6	99.6	99.6				
%		99.9	99.9	99.8	99.7	99.2	98.6	97.2	95.2	92.1	86.6	76.0	66.5	57.7				
#		10,300	8,700	7,400	6,400	5,500	4,800	4,100	3,600	2,900	2,200	1,400	700	130				
	Effecti	ve Sam	ple Size															

SSIR, SSI PJG

See page 72

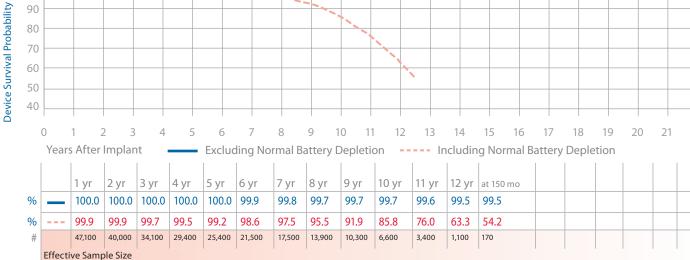
21

#### Sigma 300 DR SDR303, SDR306



# Sigma 300 SR SSR303, SSR306

US Market Release	Aug-99	Malfunctions (US)	57	NBG Code	SSIR, SSI
Registered US Implants	54,200	Therapy Function Not Compromised	15	Serial Number Prefix	PJG, PJH
Estimated Active US Implants	10,300	Electrical Component	1	Estimated Longevity	See page 72
Normal Battery Depletions (US)	1,420	Electrical Interconnect (3 malfunctions due to advisory)	12		
Advisories: See page 144 – 2005 Poter		Other	2		
of Interconnect Wires; See also page 14 Potential Separation of Interconnect Wir		Therapy Function Compromised	42		
		Electrical Component	3		
		Electrical Interconnect (20 malfunctions due to advisory)	39		
§ 100					
A11100 00 00 00 00 00 00 00 00 00 00 00 0					



# Sigma 300 VDD svDD303

US Market Release	Sep-99
Registered US Implants	650
Estimated Active US Implants	80
Normal Battery Depletions (US)	71

#### Malfunctions (US) **Therapy Function Not Compromised Therapy Function Compromised**

Electrical Interconnect (1 malfunction due to advisory)

#### **Product Characteristics**

1

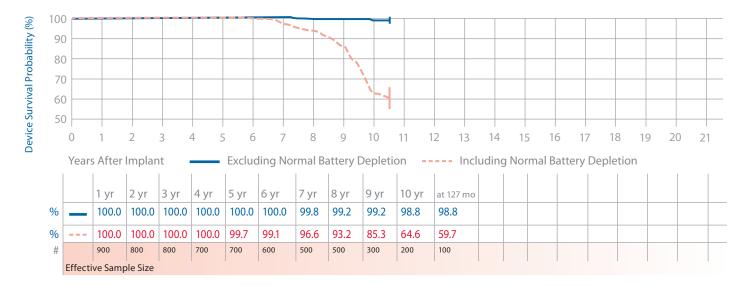
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NBG Code	VDDD
Serial Number Prefix	PJD
Estimated Longevity	See page 72

Advisories: See page 144 – 2005 Potential Separation of Interconnect Wires



### Versa DR vedro1

#### **Product Characteristics**

/														
	US Mar	ket Release		Jul	-06 I	Malfunc	tions (US)			13	NBG Code			DDDR
I	Registe	ered US Implant	ts	97,	400	Therap	y Function No	t Compromis	ed	7	Serial Numl	oer Prefix		PWH, NWH
1	Estimat	ted Active US Ir	mplants	73,	700	E	lectrical Comp	onent		5	Estimated L	ongevity.		See page 72
	Norma	l Battery Deple	tions (US)		245	E	lectrical Interc	onnect		2				
		nance Note: <mark>Se</mark>				С	Other			0				
		nance note on l akers with Meas	Dual Chamber surement Lock-	up ERI		Therap	y Function Co	mpromised		6				
						E	lectrical Comp	onent		2				
						С	Other			4				
Device Survival Probability (%)	100 90 80 (	)	1	2	3	4	. <u>Ľ</u>		6	7	8		9	10
Device Surv		Years After	Implant 1 yr	E 2 yr	xcluding 3 yr	g Norm	nal Battery [   4 yr	Depletion	In 6 yr	1	g Normal E	Battery D	epletion	
	%		100.0	100.0	100.0	)	100.0	100.0	100.0	10	0.0			
	%		100.0	99.9	99.9		99.7	99.2	98.2	97.				
	#		85,500	69,200	53,100	)	37,400	22,300	9,200	130				

**Effective Sample Size** 

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Sou Dat	Device Survival Summa	ary (95% Con	nfidence Interv	val)	
irce:	The following table shows IPG o	device survival	l estimates w	ith 95% confidence inte	ervals. Estimates are shown bo
Me of A	included.		Malfunction	s (US)	Device Survival Probabilit
dtror \ugus		(S ג	p	þ	

	Modél Number ADDR01, Jul-06 ADDR03, Jul-06 ADDR03, Jul-06 ADDR03, ADDR03, Jul-06 ACtive US ADDR06, ADDR03, Jul-06 ADDR06, ADDR01, Jul-06 See page 146 – Performance note on Dual Pacemakers with Measurement Lock-up ERI ADDR1 Jul-06 B1,800 73,700	8 Registered 8 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			F	р :													
	Jul-06 Beld e 146 – Perf kers with Mer	361,100 361,100	oətem SU əvi stnele	rətte8 lem 2U) znoitəlu	rapy stion npromised	rapy stion Noi simorqn			Years /	Years After Implant	olant								
	Jul-06	361,100	İJDA		no) nui adT	un-	toT		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	10 yr	12 yr	14 yr
	<u>e 146</u> – Perfe eers with Mee Jul-06		295,800	570	22	+	= 60	Excluding Normal Battery Depletion	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0 at 82 mo				
		ormance no asurement L	<u>See page 146</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	hamber				Including Normal Battery Depletion	<b>100.0</b> +0.0/-0.0	100.0 +0.0/-0.0	9.99 +0.0/-0.0	99.8 +0.0/-0.0	99.4 +0.0/-0.0	98.7 +0.1/-0.1	97.7 +0.2/-0.2 at 82 mo				
Adapta UK AUUALI		81,800	73,700	36	m	9 +	6	Excluding Normal Battery Depletion	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0 at 81 mo				
<u>See page</u> Pacemak	<u>See page 146</u> – Performance note on Dual Pacemakers with Measurement Lock-up ERI	ormance no asurement L	<u>See page 146</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	hamber				Including Normal Battery Depletion	<b>100.0</b> +0.0/-0.0	100.0 +0.0/-0.0	9.99 +0.0/-0.0	99.8 +0.0/-0.1	99.6 +0.1/-0.1	99.3 +0.2/-0.2	99.2 +0.2/-0.3 at 81 mo				
Adapta DR ADDRS1	Jul-06	35,200	26,100	514	4	9 +	= 10	Excluding Normal Battery Depletion	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	99.9 +0.0/-0.1	99.9 +0.0/-0.1 at 77 mo				
<u>See page</u> Pacemak	<u>See page 146</u> – Performance note on Dual Pacemakers with Measurement Lock-up ERI	ormance no asurement L	<u>See page 146</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	hamber				Including Normal Battery Depletion	9.99 +0.0/-0.0	99.8 +0.0/-0.1	99.6 +0.1/-0.1	98.8 +0.2/-0.2	95.3 +0.4/-0.5	79.4 +1.4/-1.5	59.0 +3.7/-3.9 at 77 mo				
Adapta SR ADSR01, ADSR03, ADSR06	Jul-06	69,000	48,700	236	4	+	6	Excluding Normal Battery Depletion	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0 at 81 mo				
								Including Normal Battery Depletion	100.0 +0.0/-0.0	9.99 +0.0/-0.0	99.7 +0.0/-0.1	<b>99.4</b> +0.1/-0.1	98.5 +0.2/-0.2	96.7 +0.3/-0.4	95.1 +0.7/-0.9 at 81 mo				
Adapta ADVDD01 VDD	00-lnf 10	1,100	800	7	0	" 0 +	0 =	Excluding Normal Battery Depletion	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0 at 71 mo					
See page Pacemak	<u>See page 146</u> – Performance note on Dual Pacemakers with Measurement Lock-up ERI	ormance no asurement L	<u>See page 146</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	hamber				Including Normal Battery Depletion	<b>100.0</b> +0.0/-0.0	100.0 +0.0/-0.0	<b>100.0</b> +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	97.2 +1.7/-4.5 at 71 mo					
Advisa DR A2DR01, MRI A3DR01, A4DR01, Ensura A5DR01, Ensura ENDR01	Apr-11	8,500	8,400	0	0	" 0 +	0	Excluding Normal Battery Depletion	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0 at 40 mo							
<u>See page</u> Pacemak	See page 146 – Performance note on Dual Pacemakers with Measurement Lock-up ERI	ormance no asurement L	<u>See page 146</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	hamber				Including Normal Battery Depletion	<b>100.0</b> +0.0/-0.0	100.0 +0.0/-0.0	<b>100.0</b> +0.0/-0.0	100.0 +0.0/-0.0 at 40 mo							

continued	
Device Survival Summary	

64

Vlimea	EnPulse	EnPulse	EnPulse DR
Medtronic CRDM Product	Performance Re	eport	
www.medtronic.com/C	RDMProductP	erformance	

IPG	Implantable Pulse Generators, continued
	implantable i abe deneratory continued

						Malfunctions (US)	ctions (	(SU)		Device	Surviva	Device Survival Probability (%)	ility (%)							
۱۱y	lel 1ber	larket ase	stered stnslqm	bəter VU SU SU SV STIR	ysəttery (SU) znoitəl	rapy Function perimorqu	rapy ction Not besimorq	ų		Years A	Years After Implant	lant								
me∃	poM nuV	ələЯ V SU		itoA		noJ	un	stoT		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	10 yr	12 yr	14 yr
EnPulse DR	E1DR01, E1DR03, E1DR06	Dec-03	6,800	1,200	1,298	+	<del></del>		Excluding Normal Battery Depletion	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0+0.0/-0.0	+0.0/-0.0	100.0 +0.0/-0.0	+0.0/-0.0	100.0 +0.0/-0.0 at 108 mo		
	<mark>See page</mark> Pacemake	<u>See page 146</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	irmance not surement Lo	te on Dual Ch ock-up ERI	namber				Including Normal Battery Depletion	<b>100.0</b> +0.0/-0.0	<b>99.9</b> +0.0/-0.1	99.8 +0.1/-0.2	<b>98.9</b> +0.2/-0.3	98.0 +0.4/-0.4	96.5 +0.5/-0.6	86.8 +1.0/-1.1	59.8 +1.7/-1.7	13.1 +1.7/-1.6 at 108 mo		
EnPulse DR	E1DR21	Dec-03	1,900	150	374	+	0	0	Excluding Normal Battery Depletion	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0++0.0/-0.0	100.0 +0.0/-0.0 at 80 mo				
	<mark>See page</mark> Pacemake	<u>See page 146</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	irmance not surement Lo	te on Dual Ch ock-up ERI	amber				Including Normal Battery Depletion	100.0 +0.0/-0.0	99.6 +0.2/-0.5	98.6 +0.5/-0.8	96.2 +0.9/-1.2	91.9 +1.4/-1.7	61.3 +3.2/-3.3	<b>23.6</b> +3.8/-3.6 at 80 mo				
EnPulse 2 DR	E2DR01, E2DR03, E2DR06, E2D01, E2D03	Feb-04	101,000	40,300	8,198	+ 9	20	= 26	Excluding Normal Battery Depletion	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	+0.0/-0.0	+0.0/-0.0	+0.0/-0.0	100.0 +0.0/-0.0 at 103 mo		
	<mark>See page</mark> Pacemake	<u>See page 146</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	irmance not surement Lo	te on Dual Ch ock-up ERI	amber				Including Normal Battery Depletion	9.99 +0.0/-0.0	99.9 +0.0/-0.0	99.8 +0.0/-0.0	99.4 +0.1/-0.1	98.7 +0.1/-0.1	97.1 +0.1/-0.1	91.4 +0.2/-0.2	70.9 3 +0.5/-0.5	34.3 +1.3/-1.3 at 103 mo		
EnPulse 2 DR	E2DR21	Feb-04	12,200	1,900	2,074	+	0	-	Excluding Normal Battery Depletion	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0+0.0/-0.0	100.0+0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0 at 85 mo			
	<mark>See page</mark> Pacemake	<u>See page 146</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	irmance not surement Lo	te on Dual Ch ock-up ERI	amber				Including Normal Battery Depletion	99.9 +0.0/-0.1	99.5 +0.1/-0.2	98.9 +0.2/-0.2	97.1 +0.3/-0.4	91.0 +0.6/-0.7	67.7 +1.2/-1.2	22.5 1 +1.6/-1.5 +	14.5 +1.8/-1.7 at 85 mo			
EnPulse 2 DR	E2DR31, E2DR33	Feb-04	600	400	10	+	0	0	Excluding Normal Battery Depletion	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0	100.0++0.0/-0.0	100.0 + +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0 at 104 mo		
	<mark>See page</mark> Pacemake	<u>See page 146</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	irmance not surement Lo	te on Dual Ch ock-up ERI	amber				Including Normal Battery Depletion	100.0 +0.0/-0.0	<b>100.0</b> +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0+0.0/-0.0	99.7 +0.2/-0.6	98.7 +0.5/-0.9	98.2 +0.7/-1.0	98.2 +0.7/-1.0 at 104 mo		
EnPulse 2 SR	E2SR01, E2SR03, E2SR06	Dec-03	25,500	6,400	1,754	+	ŝ	= 4	Excluding Normal Battery Depletion	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0++0.0/-0.0	100.0+0.0/-0.0	100.0 +0.0/-0. at 99 mo		
									Including Normal Battery Depletion	99.9 +0.0/-0.1	99.7 +0.1/-0.1	99.4 +0.1/-0.1	98.7 +0.2/-0.2	97.3 +0.2/-0.3	94.1 +0.4/-0.4	84.6 +0.7/-0.7	53.1 +1.6/-1.6	31.1 +3.0/-3.0 at 99 mo		

continued
Summary
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					ł	Malfunctions (US)	US)		Device	Device Survival Probability (%)	l Probak	ility (%)							
۷lin	nber del	təhreM əssə	jistered Implants	bətemi SU əvi stnald	Vəfteß lem (SU) znoitəld	srapy iction promised iction Not mpromised			Years A	Years After Implant	blant								
neA	oM nuN		I SN ნəუ	ţЪА		au A A The The	τot		1 yr	2 yr	3 yr	4 yr	5 yr (	6 yr	7 yr   8	8 yr	10 yr   12	12 yr   1	14 yr
EnPulse 2 VDD	E2VDD01	Dec-03	600	190	73	0 + 0	0	Excluding Normal Battery Depletion	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0++0.0/-0.0	100.0 1+0.0/-0.0	100.0 1+0.0/-0.0	100.0 1 +0.0/-0.0 +	100.0 +0.0/-0.0 at 86 mo			
	<mark>See page</mark> Pacemak€	<u>See page 146</u> – Performance note on Dual Pacemakers with Measurement Lock-up ERI	ormance no surement L	<u>See page 146</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	amber			Including Normal Battery Depletion	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	99.6 +0.3/-0.9	98.5 +0.7/-1.5	90.5 6	65.5 6 +4.9/-5.5 4 a	<b>62.4</b> +5.2/-5.8 at 86 mo			
EnRhythm DR	P1501DR	May-05	110,200	63,600	1,651	<b>53</b> + 7,392	= 7,445	Excluding Normal Battery Depletion	100.0 +0.0/-0.0	100.0 +0.0/-0.0	99.8 +0.0/-0.0	98.9 +0.1/-0.1	95.7 +0.2/-0.2	89.0 +0.3/-0.3 +	83.8 +0.4/-0.4 +	82.6 +0.4/-0.4 at 89 mo			
	See page at Device	<mark>e 137</mark> – 2010 Interrogatic	Low Battery on	See page 137 – 2010 Low Battery Voltage Displayed at Device Interrogation	olayed	(0) + (231) = 23 <sup>-</sup> (advisory-related subset)	= 231 d subset)	Including Normal Battery Depletion	9.99 +0.0/-0.0	9.99 +0.0/-0.0	99.6 +0.0/-0.0	97.5 +0.1/-0.1	90.7 +0.2/-0.2	75.9 5 +0.4/-0.4	58.4 +0.5/-0.5	<b>45.5</b> +1.0/-1.0 at 89 mo			
EnRhythm MRI	EMDR01	N/A	110	80	0	0 + 10	= 10	Excluding Normal Battery Depletion	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	98.1 +1.4/-5.7 at 45 mo							
								Including Normal Battery Depletion	100.0 +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	96.1 +2.4/-6.1 at 45 mo							
Kappa 400 DR	KDR401, KDR403	Jan-98	46,700	4,000	7,981	12 + 15	= 27	Excluding Normal Battery Depletion	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0++0.0/-0.0	99.9	99.9 + 0.0-/0.0+	99.9 + 0.0/-0.0+	99.9 +0.0/-0.0+	99.9 +0.0/-0.0 at 107 mo		
								Including Normal Battery Depletion	9.99 +0.0/-0.0	99.8 +0.0/-0.0	<b>99.7</b> +0.1/-0.1	99.4 +0.1/-0.1	98.8 +0.1/-0.1	97.1 8 +0.2/-0.2 +	88.1 5 +0.4/-0.4 +	58.8 +0.7/-0.7	7.8 +0.7/-0.7 at 107 mo		
Kappa 400 SR	KSR401, KSR403	Feb-98	15,400	1,500	1,547	1 + 4	=	Excluding Normal Battery Depletion	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 1+0.0/-0.0	100.0 1+0.0/-0.0	100.0 +	+0.0/-0.0	100.0 +0.0/-0.0 at 113 mo		
								Including Normal Battery Depletion	9.99 +0.0/-0.1	99.7 +0.1/-0.1	<b>99.5</b> +0.1/-0.1	98.9 +0.2/-0.2	98.4 +0.2/-0.3	96.6 +0.4/-0.4 +	90.2 +0.7/-0.7 +	66.0 +1.3/-1.4	14.4 +1.9/-1.8 at 113 mo		
Kappa 700 DR	KD701, KD703, KD706	Jan-99	300	100	21	0 + 0	0	Excluding Normal Battery Depletion	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 1+0.0/-0.0	100.0 +0.0/-0.0	100.0 ++0.0/-0.0	100.0++0.0/-0.0	100.0 +0.0/-0.0 at 98 mo		
	See page Interconn	<u>See page 140 – 2009 Potential Separation of Interconnect</u> Wires	Potential Se	eparation of		(0) + (0) = (0 (advisory-related subset)	= (0) l subset)	Including Normal Battery Depletion	100.0 +0.0/-0.0	100.0 +0.0/-0.0	<b>100.0</b> +0.0/-0.0	99.0 +0.7/-2.7	98.0 +1.2/-3.2	95.8 +2.1/-4.0 +	94.7 +2.4/-4.3 +	86.5 +4.5/-6.4	84.8 +4.8/-6.8 at 98 mo		
	See page Pacemake	<u>See page 146</u> – Performance note on Dual Pacemakers with Measurement Lock-up ERI	surement L	<u>See page 146</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	amber														

Source: Medtronic Device Registration and Returned Product Analysis Data as of August 9, 2013

#### Medtronic CRDM Product Performance Report 65 www.medtronic.com/CRDMProductPerformance

	Πριαπιαυ	eru	ise del	ierators, c	.onui	nueu		
		14 Vr						
		17 Vr						
		10 vr	99.4 +0.1/-0.1 at 109 mo	3.2 +0.3/-0.3 at 109 mo				
		8 vr	99.6 +0.0/-0.0	59.3 3.2 +0.3/-0.3 +0.3/-0.3 at 109 mo		99.9 +0.1/-0.1 at 86 mo	12.4 +2.0/-1.8 at 86 mo	
		7 vr	99.7 +0.0/-0.0	85.9 +0.2/-0.2		99.9 +0.1/-0.1	22.2 +2.0/-1.9	
		6 vr	99.9 +0.0/-0.0	95.4 +0.1/-0.1		99.9 +0.1/-0.1	68.8 +1.4/-1.5	
		5 Vr		98.0 +0.1/-0.1		99.9 +0.1/-0.1	90.7 +0.7/-0.8	
ility (%)		4 vr	9.9.9	99.1 +0.0/-0.0		100.0 +0.0/-0.0	96.6 +0.4/-0.5	
Device Survival Probability (%)	+ 4	3 Vr		99.6 +0.0/-0.0		100.0 +0.0/-0.0	98.7 +0.2/-0.3	
Surviva	the local rotton srow		100.0 +0.0/-0.0	99.8 +0.0/-0.0		100.0 +0.0/-0.0	99.5 +0.1/-0.2	
Device	V SACON	1 vr	100.0 +0.0/-0.0	9.99 +0.0-/0.0+		100.0 +0.0/-0.0	99.9 +0.1/-0.1	

Excluding Normal Battery Depletion

Ш

53

+

691

33,745

22,200

206,200

Jan-99

KDR701, KDR703,

KDR706

Total 44

Function Not Compromised

Compromised

Therapy

**Function** 

Тһегару

Depletions

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**SU** *stive* **U** 

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Registered US Implants

> Release Release

> > Number Model

**Normal Battery** 

Malfunctions

Including Normal Battery Depletion

(206)

Ш

0

+

(206)

See page 140- 2009 Potential Separation of Interconnect Wires

(advisory-related subset)

Excluding Normal Battery Depletion

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-

+

4

1,349

700

9,800

Feb-99

KDR721

See page 146 – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI Including Normal Battery Depletion

(advisory-related subset)

0

П

0

+

0

See page 140 – 2009 Potential Separation of Interconnect Wires

See page 146 – Performance note on Dual Chamber

Pacemakers with Measurement Lock-up ERI

99.8 +0.1/-0.1 at 116 mo

99.9 +0.0/-0.1

9.99 +0.0/-0.0

100.0 +0.0/-0.0

100.0 +0.0/-0.0

100.0 +0.0/-0.0

100.0 +0.0/-0.0

100.0 100.0 +0.0/-0.0

Excluding Normal Battery Depletion

28

Ш

4

+

24

5,273

5,700

55,300

Jan-99

KSR701, KSR703, KSR706

Kappa 700 SR 8.5 +1.3/-1.2 at 116 mo

61.5 +0.7/-0.8

84.2 +0.5/-0.5

93.5 +0.3/-0.3

97.0 +0.2/-0.2

98.5 +0.1/-0.1

99.3 +0.1/-0.1

99.7 +0.0/-0.1

9.99 +0.0/-0.0+

Including mal Battery Depletion

Nor

(advisory-related subset)

0

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0

+

0

See page 140 – 2009 Potential Separation of Interconnect Wires

Device Survival Summary continued

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continued
Summary
ce Survival
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Device Survival Probability (%)

Malfunctions

	16 yr		Gene														
	14 yr																
	12 yr																
	10 yr	99.9 +0.0/-0.0 at 107 mo	11.8 +0.5/-0.5 at 107 mo	99.9 +0.0/-0.1 at 107 mo	13.0 +1.5/-1.4 at 107 mo												
	8 yr	99.9 +0.0/-0.0	60.4 +0.4/-0.4	99.9 +0.0/-0.1	<b>56.8</b> +1.0/-1.0	99.8 +0.2/-1.3 at 94 mo	56.6 +5.3/-5.7 at 94 mo										
	7 yr	9.99 +0.0/-0.0	87.9 +0.2/-0.2	9.99 +0.0/-0.0	84.9 +0.6/-0.6	99.8 +0.2/-1.3	71.9 +4.1/-4.7		100.0 +0.0/-0.0 at 83 mo	.5 +0.6/-0.3 at 83 mo				100.0 +0.0/-0.0 at 81 mo	97.1 +0.6/-0.7 at 81 mo	100.0 +0.0/-0.0 at 81 mo	94.7 +0.8/-1.0 at 81 mo
	6 yr	100.0 +0.0/-0.0	<b>96.2</b> +0.1/-0.1	9.99 +0.0/-0.0	94.4 +0.3/-0.3	99.8 +0.2/-1.3	93.9 +1.8/-2.4		100.0 +0.0/-0.0	59.5 +1.1/-1.2				100.0 +0.0/-0.0	98.1 +0.2/-0.2	100.0 +0.0/-0.0	97.6 +0.3/-0.3
	5 yr	100.0 +0.0/-0.0	98.4 +0.1/-0.1	100.0 +0.0/-0.0	97.3 +0.2/-0.2	100.0 +0.0/-0.0	98.6 +0.7/-1.3		100.0 +0.0/-0.0	89.7 +0.6/-0.6				100.0 +0.0/-0.0	<b>99.1</b> +0.1/-0.1	100.0 +0.0/-0.0	99.0 +0.1/-0.1
	4 yr	100.0 +0.0/-0.0	<b>99.3</b> +0.0/-0.1	100.0 +0.0/-0.0	98.6 +0.1/-0.2	100.0 +0.0/-0.0	99.3 +0.4/-1.0		100.0 +0.0/-0.0	96.8 +0.3/-0.3				100.0 +0.0/-0.0	99.6 +0.0/-0.1	100.0 +0.0/-0.0	99.6 +0.1/-0.1
olant	3 yr	100.0 +0.0/-0.0	99.7 +0.0/-0.0	100.0 +0.0/-0.0	<b>99.4</b> +0.1/-0.1	100.0 +0.0/-0.0	100.0 +0.0/-0.0		100.0 +0.0/-0.0	99.0 +0.2/-0.2		100.0 +0.0/-0.0 at 30 mo	100.0 +0.0/-0.0 at 30 mo	100.0 +0.0/-0.0	<b>9.99</b> +0.0/-0.0	100.0 +0.0/-0.0	99.8 +0.0/-0.0
Years After Implant	2 yr	100.0 +0.0/-0.0	<b>99.9</b> +0.0/-0.0	100.0 +0.0/-0.0	99.7 +0.1/-0.1	100.0 +0.0/-0.0	<b>100.0</b> +0.0/-0.0		100.0 +0.0/-0.0	99.6 +0.1/-0.1		100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	<b>100.0</b> +0.0/-0.0	100.0 +0.0/-0.0	99.9 +0.0/-0.0
Years <i>A</i>	1 yr	100.0 +0.0/-0.0	<b>9.99</b> +0.0/-0.0	100.0 +0.0/-0.0	<b>9.99</b> +0.0/-0.0	100.0 +0.0/-0.0	<b>100.0</b> +0.0/-0.0		100.0 +0.0/-0.0	99.9 +0.0/-0.1		100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0
		Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion		Excluding Normal Battery Depletion	Including Normal Battery Depletion		Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion
rapy ction rapromised ction Not ction Not al	un] adT no) nu]	53 + 21 = 74 Excluding NormalBattery Depletion	Including Normal Battery Depletion	9 + 8 = 17 Excluding NormalBattery Depletion	(0)     +     (0)     =     (0)       Including     Normal Battery       (advisory-related subset)     Depletion	0 + 1 = 1 Excluding Normal Battery Depletion			3 + 1 = 4 Excluding Normal Battery Depletion	(0)     +     (0)     =     0       Including       (advisory-related subset)     Normal Battery		1 + 4 = 5 Excluding Normal Battery Depletion	Including Normal Battery Depletion	10 + 14 = 24 Excluding Normal Battery Depletion	Including Normal Battery Depletion	2 + 6 = 8 Excluding NormalBattery Depletion	Including Normal Battery Depletion
ction rapy ction Not npromised	no) nui adT no) nui adT adT adT adT ad	+ 21 = 74 Norm		+ 8 = 17 Norr	(0) + (0) = (0) Norm (advisory-related subset)	+ 1 = 1 Norm	(0) + (0) = 0 (advisory-related subset)	lber	+  = 4	(0)     +     (0)     =     0       (advisory-related subset)     1	lber	+ 4 = 5 Norm	Including Normal Battery Depletion	+ 14 = 24	Norr	+ 6 = 8 Norn	Including Normal Battery Depletion
letions rapy ction Not ction Not ction Not	Acti Imp Jep Gon Fun Con Fun The The The	53 + 21 = 74 Norm		9 + 8 = 17 Norm	(0) + (0) = (0) Norm (advisory-related subset)	0 + 1 = 1 Norm	(0) + (0) = 0 (advisory-related subset)	on Dual Chamber K-up ERI	8 + 1 = 1 4	(0)     +     (0)     =     0       (advisory-related subset)     1	on Dual Chamber k-up ERI	1 + 4 = 5 Norm	Including Normal Battery Depletion	10 + 14 = 24	Norr	2 + 6 = 8 Norm	Including Normal Battery Depletion
ve US lants mal Battery rapy ction npromised ction Not ction Not rapy	USI Estii Acti Imp Nori Dep Fun Fun Fun Con	21,661 53 + 21 = 74 Norm		3,480 9 + 8 = 17 Norm	(0) + (0) = (0) Norm (advisory-related subset)	82 0 + 1 = 1 Norm	(0) + (0) = 0 (advisory-related subset)	ance note on Dual Chamber ement Lock-up ERI	2,823 3 + 1 = 4	(0)     +     (0)     =     0       (advisory-related subset)     1	ance note on Dual Chamber ement Lock-up ERI	2 1 + 4 = 5 Norm	Including Normal Battery Depletion	250 10 + 14 = 24	Norr	198 2 + 6 = 8 Norr	Including Normal Battery Depletion
mplants mated ve US lants rapy ction rapy ction rapy rapy rapy	Reg Reg USI Esti Imp Nor Dep The Fun Fun Con	22,900 21,661 53 + 21 = 74 Norm		5,700 3,480 9 + 8 = 17 Norm	140-2009 Potential Separation     (0) + (0) = (0)       Norm       (advisory-related subset)	75 82 0 + 1 = 1 Norm	$\frac{140}{100} - 2009 \text{ Potential Separation} $ (0) + (0) = 0 (advisory-related subset)	46 – Performance note on Dual Chamber : with Measurement Lock-up ERI	1,400 2,823 3 + 1 = 4	$\frac{140}{100} - 2009 \text{ Potential Separation} \qquad (0) + (0) = 0 \qquad \text{Norm}$	46 – Performance note on Dual Chamber : with Measurement Lock-up ERI	56,600 2 1 + 4 = 5 Norm	Including Normal Battery Depletion	93,600 250 10 + 14 = 24	Norr	61,200 198 2 + 6 = 8 Norr	Including Normal Battery Depletion
nber nper npromised npromi	USN Reeg NSI NSI Nor Dep The Fun The Fun Con	125,600 22,900 21,661 53 + 21 = 74 Norm	See page 146         Performance note on Dual Chamber         Including           Pacemakers with Measurement Lock-up ERI         Depletion         Depletion	37,000 5,700 3,480 9 + 8 = 17 Norm	= (0) Norm subset)	650 75 82 0 + 1 = 1 Norm		See page 146 – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	16,300 1,400 2,823 3 + 1 = 4	) = 0 Norm id subset)	See page 146 – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	58,700 56,600 <b>2 1</b> + 4 = 5 Norm	Including Normal Battery Depletion	124,600 93,600 250 10 + 14 = 24	See page 146         Performance note on Dual Chamber         Including           Pacemakers with Measurement Lock-up ERI         Depletion	87,800 61,200 198 2 + 6 = 8 Norr	Including Normal Battery Depletion

Vlime7 🚡 📮 S R K K Source: Medtronic Device Registration and Returned Product Analysis Data as of August 9, 2013

#### Medtronic CRDM Product Performance Report 67 www.medtronic.com/CRDMProductPerformance

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Device Survival Probability (%)

Malfunctions

	14 yr			99.4 +0.2/-0.3 at 148 mo	41.4 +2.9/-2.9 at 148 mo	99.6 +0.1/-0.2 at 154 mo	57.7 +3.2/-3.4 at 154 mo	99.4 +0.1/-0.1 at 146 mo	18.2 +2.8/-2.6 at 146 mo	99.5 +0.1/-0.1 at 150 mo	54.2 +2.4/-2.5 at 150 mo
	12 yr			99.4 +0.2/-0.3	51.9 +2.0/-2.1	99.6 +0.1/-0.2	65.5 +2.1/-2.2	99.4 +0.1/-0.1	43.5 +1.3/-1.3	99.5 +0.1/-0.1	63.3 +1.5/-1.5
	10 yr	100.0 +0.0/-0.0 at 116 mo	79.6 +5.6/-7.3 at 116 mo	99.5 +0.1/-0.2	83.5 +1.0/-1.0	99.6 +0.1/-0.2	86.6 +1.1/-1.2	99.4 +0.1/-0.1	83.6 +0.4/-0.4	99.7 +0.1/-0.1	85.8 +0.6/-0.7
	8 yr	100.0 +0.0/-0.0	93.8 +2.6/-4.3	99.6 +0.1/-0.2	<b>94.3</b> +0.5/-0.6	99.7 +0.1/-0.2	95.2 +0.6/-0.7	99.6 +0.1/-0.1	95.1 +0.2/-0.2	99.7 +0.1/-0.1	95.5 +0.3/-0.3
	7 yr	100.0 +0.0/-0.0	97.0 +1.5/-3.0	99.8 +0.1/-0.1	97.3 +0.3/-0.4	99.8 +0.1/-0.2	97.2 +0.4/-0.5	99.8 +0.0/-0.0	97.7 +0.1/-0.1	99.8 +0.0/-0.1	97.5 +0.2/-0.2
	6 yr	100.0 +0.0/-0.0	98.8 +0.7/-2.0	99.9 +0.0/-0.1	98.8 +0.2/-0.2	99.9 +0.1/-0.2	98.6 +0.3/-0.3	99.9 +0.0/-0.0	98.7 +0.1/-0.1	99.9 +0.0/-0.0	98.6 +0.1/-0.1
	5 yr	100.0 +0.0/-0.0	98.8 +0.7/-2.0	99.9 +0.0/-0.1	<b>99.4</b> +0.1/-0.2	99.9 +0.0/-0.1	99.2 +0.2/-0.2	9.99 +0.0/-0.0	99.3 +0.1/-0.1	100.0 +0.0/-0.0	<b>99.2</b> +0.1/-0.1
	4 yr	100.0 +0.0/-0.0	99.6 +0.3/-1.3	100.0 +0.0/-0.0	99.7 +0.1/-0.1	100.0 +0.0/-0.0	99.7 +0.2/-0.2	9.9 +0.0/-0.0	9.6 +0.0/-0.0	100.0 +0.0/-0.0	99.5 +0.1/-0.1
plant	3 yr	100.0 +0.0/-0.0	99.6 +0.3/-1.3	100.0 +0.0/-0.0	99.9 +0.0/-0.1	100.0 +0.0/-0.0	99.8 +0.1/-0.1	100.0 +0.0/-0.0	99.8 +0.0/-0.0	100.0 +0.0/-0.0	99.7 +0.0/-0.1
Years After Implant	2 yr	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	99.9 +0.0/-0.1	100.0 +0.0/-0.0	99.9 +0.1/-0.1	100.0 +0.0/-0.0	99.9 +0.0/-0.0	100.0 +0.0/-0.0	9.99 +0.0/-0.0+
Years	1 yr	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	<b>100.0</b> +0.0/-0.0	100.0 +0.0/-0.0	99.9 +0.0/-0.1	100.0 +0.0/-0.0	99.9 +0.0/-0.0	100.0 +0.0/-0.0	9.9 +0.0/-0.0
		Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion
srapy iction srapy rction Not noromised al	AD AT AUT	0 == + 0	<ul><li>(0) + (0) = (0)</li><li>(advisory-related subset)</li></ul>	26 + 10 = 36	(20) + (0) = (20) (advisory-related subset)	14 + 0 = 14	(13) + (0) = (13) (advisory-related subset)	<b>196</b> + 53 = 249	(123) + (4) = (127) (advisory-related subset)	42 + 15 = 57	(20) + (3) = (23) (advisory-related subset)
del mber jistered ive US jants jants jents jents	Uun Reld Red US US US US I Mon I Mon I Mon	<mark>SS103,</mark> Aug-99 830 110 26 SS106	Advisories: See page 144 – 2005 Potential Separation of Interconnect Wires	SDR203 Aug-99 15,900 3,100 915	Advisories: See page 144 – 2005 Potential Separation of Interconnect Wires; See also page 140 – 2009 Potential Separation of Interconnect Wires	SSR203, Aug-99 12,100 1,700 434 SS203	Advisories: See page 144 – 2005 Potential Separation of Interconnect Wires; See also page 140 – 2009 Potential Separation of Interconnect Wires	SDR303, Aug-99 106,800 28,500 4,553 SDR306	Advisories: <u>See page</u> 144 – 2005 Potential Separation of Interconnect Wires; <u>See also page</u> 140 – 2009 Potential Separation of Interconnect Wires	SSR303, Aug-99 54,200 10,300 1,420 SSR306	Advisories: <u>See page 144</u> – 2005 Potential Separation (( of Interconnect Wires; <u>See also page 140</u> – 2009 Potential Separation of Interconnect Wires (6
۷lin	ne7	Sigma 100 S		Sigma 200 DR		Sigma 200 SR		Sigma 300 DR		Sigma 300 SR	

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68 Medtronic CRDM Product Performance Report www.medtronic.com/CRDMProductPerformance

			ulse	Gene			nued
			16 yr				
			14 yr				
			12 yr	98.8 +0.7/-1.8 at 127 mo	59.7 +5.3/-5.7 at 127 mo		
			10 yr	98.8 +0.7/-1.8	93.2 64.6 +1.8/-2.4 +4.8/-5.3		
			8 yr	99.2 +0.5/-1.2			
			7 yr	99.8 +0.2/-0.9	99.1 +0.5/-1.1 96.6 +1.2/-1.8	100.0 +0.0/-0.0 at 82 mo	97.0 +0.4/-0.4 at 82 mo
			6 yr	100.0 +0.0/-0.0	99.1 +0.5/-1.1	100.0 +0.0/-0.0	98.2 +0.2/-0.2
			5 yr	100.0 +0.0/-0.0	99.7 +0.2/-0.9	100.0 +0.0/-0.0	<b>99.2</b> +0.1/-0.1
	bility (%		4 yr	100.0         100.0         100.0         100.0         99.2           +0.0/-0.0         +0.0/-0.0         +0.0/-0.0         +0.0/-0.0         +0.2/-0.9         +0.5/-1.2	100.0 100.0 100.0 100.0 99.7 +0.0/-0.0 +0.0/-0.0 +0.2/-0.9	100.0 +0.0/-0.0	99.7 +0.0/-0.1
	al Proba	plant	3 yr	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 100.0 +0.0/-0.0 +0.0/-0.0	99.9 +0.0/-0.0
	e Surviva	Years After Implant	2 yr	100.0 +0.0/-0.0	100.0 +0.0/-0.0		99.9 +0.0/-0.0
	Device	Years /	1 yr	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	<b>100.0</b> +0.0/-0.0
				Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including         100.0         99.9         99.7         99.2         98.2         97.0           Normal Battery         +0.0/-0.0         +0.0/-0.0         +0.0/-0.0         +0.0/-0.1         +0.2/-0.2         +0.4/-0.4           Depletion
		le	toT	-	(1)	13	set)
	ons	ction Not besimorqn	uo) unj	= 1	Ш	II	lated subset)
	alfunctions	npromised srapy ction Not besimorqu	no) nui adT no)	+ 0 +			isory-related subset)
inued	Malfunctions	rapy ction Not bszimorqn	no) no) nui nui no)	0	= 0	9	(advisory-related subset)
<b>y</b> continued	Malfunctions	iction rapy iction Not besimorqu	q9d no) nu7 nu7 nu7 nu7 nu7	0	(1) + 0 =	+ 7 =	(advisory-related
ummary continued	Malfunctions	iletions reapy rotion promised rotion Not npromised	Acti Mor Dep The The The The The The	1 + 0	(1) + 0 =	73,700 245 6 + 7 =	(advisory-related
Ival Summary continued	Malfunctions	ive US mal Battery srapy rction npromised rction Not npromised	USI Esti Imp Nor Dep Fun Con Fun Con Con	71 1 + 0	(1) + 0 =	245 6 + 7 =	(advisory-related
e Survival Summary continued	Malfunctions	mpplants mated ve US mal Battery mpromised mpromised rction mpromised	Rele Reg DS1 The Fun The Fun Fun Con Fun Fun	80 71 1 + 0	44-2005 Potential Separation     (1) + 0 =	73,700 245 6 + 7 =	(advisory-related
Device Survival Summary continued	Malfunctions	mber Market mplants istered mated Matery Metions mpromised iston istpy mpromised mpromised	US1 Rele Reg Dep Lon The Fun Con The Fun Con	650 80 71 1 + 0	" 0 +	97,400 73,700 245 6 + 7 =	See page 146         Performance note on Dual Chamber           Pacemakers with Measurement Lock-up ERI         (advisory-related subset)

### **Reference Chart**

The longevity estimates provided are mean values calculated for the parameters given. The longevity estimates shown here assume a lower rate of 60 ppm, 100% pacing, and pulse width of 0.4 ms unless noted otherwise. The actual longevity achieved for any device while implanted will depend on the actual programmed parameters and patient factors, and may differ significantly from these estimates.

		Ε	stimated Longevity	
Family	Model Number	Amplitude Setting	500 Lead $\Omega$	1000 Lead Ω
Adapta DR	ADDR01, ADDR03, ADDR06, ADD01	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	7.4 6.0 4.5	8.2 7.4 6.0
Adapta DR	ADDRS1	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	5.5 4.3 3.2	6.1 5.4 4.4
Adapta DR	ADDRL1	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	9.0 7.3 5.4	10.0 8.9 7.2
Adapta SR	ADSR01, ADSR03, ADSR06	Low 2.5 V (RV) Nominal 3.5 V (RV) High 5.0 V (RV)	7.4 6.5 5.1	7.9 7.5 6.3
Adapta VDD	ADVDD01	Low 2.5 V (RV) Nominal 3.5 V (RV) High 5.0 V (RV)	6.2 5.5 4.4	6.5 6.2 5.4
Advisa DR	A4DR01, A5DR01	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	5.5 4.3 3.2	6.1 5.4 4.4
Advisa DR MRI+C82	A3DR01	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	5.4 4.3 3.0	6.0 5.4 4.2
EnPulse DR	E1DR01, E1DR03, E1DR06	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	7.5 6.2 4.4	8.5 7.6 5.9
EnPulse DR	E1DR21	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	5.4 4.3 3.0	6.0 5.4 4.2
EnPulse 2 DR	E2DR01, E2DR03, E2DR06, E2D01, E2D03	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	7.5 6.2 4.4	8.5 7.6 5.9
EnPulse 2 DR	E2DR21	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	5.4 4.3 3.0	6.0 5.4 4.2
EnPulse 2 DR	E2DR31, E2DR33	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	9.0 7.4 5.2	10.1 9.1 7.1
EnPulse 2 SR	E2SR01, E2SR03, E2SR06	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	7.2 6.3 4.8	7.7 7.3 6.1
EnPulse 2 VDD	E2VDD01	Low 2.5 V (RV) Nominal 3.5 V (RV) High 5.0 V (RV)	6.1 5.5 4.3	6.5 6.2 5.4
EnRhythm DR	P1501DR	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	9.7 7.3 4.9	11.2 9.4 7.1
EnRhythm MRI	EMDR01	Low 2.5 V (RV) Nominal 3.5 V (RV) High 5.0 V (RV)	6.1 5.5 4.3	6.5 6.2 5.4

continued

# **IPG** Implantable Pulse Generators, continued

eference Cha	<b>art</b> continued	Es	timated Longevity		
amily	Model Number	Amplitude Setting	500 Lead $\Omega$	1000 Lead $\Omega$	
Kappa 400 DR	KDR401,	Low 2.5 V (A, RV)	7.8	8.5	
	KDR403	Nominal 3.5 V (A, RV)	6.4	7.5	
		High 5.0 V (A, RV)	5.1	6.5	
Kappa 400 SR	KSR401,	Low 2.5 V (RV)	7.9	8.4	
	KSR403	Nominal 3.5 V (RV)	6.9	7.7	
		High 5.0 V (RV)	5.8	7.0	
Kappa 700 D	KD701,	Low 2.5 V (A, RV)	7.7	8.6	
	KD703,	Nominal 3.5 V (A, RV)	6.3	7.7	
	KD706	High 5.0 V (A, RV)	4.4	6.0	
Kappa 700 DR	KDR701,	Low 2.5 V (A, RV)	7.7	8.6	
	KDR703,	Nominal 3.5 V (A, RV)	6.3	7.7	
	KDR705, KDR706	High 5.0 V (A, RV)	4.4	6.0	
( 700 DD			5.5	<u> </u>	
Kappa 700 DR	KDR721	Low 2.5 V (A, RV)	5.5 4.4	6.1 5.5	
		Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	4.4 3.0	5.5 4.2	
(anna 700 CD	KCD701	_	7.4	7.9	
(appa 700 SR	KSR701,	Low 2.5 V (RV) Nominal 3.5 V (RV)	6.5	7.9	
	KSR703,	High 5.0 V (RV)	4.9	6.2	
	KSR706	5			
Kappa 900 DR	KDR901,	Low 2.5 V (A, RV)	7.7	8.6	
	KDR903,	Nominal 3.5 V (A, RV)	6.3	7.7	
	KDR906	High 5.0 V (A, RV)	4.4	6.0	
Kappa 920 DR	KDR921	Low 2.5 V (A, RV)	5.5	6.1	
(uppu )20 Dit	RUHUZI	Nominal 3.5 V (A, RV)	4.4	5.5	
		High 5.0 V (A, RV)	3.0	4.3	
Kappa 900 SR	KSR901,	Low 2.5 V (RV)	7.3	7.9	
	KSR903,	Nominal 3.5 V (RV)	6.4	7.4	
	KSR906	High 5.0 V (RV)	4.9	6.1	
Kappa 900 VDD	KVDD901	Low 2.5 V (RV)	6.2	6.6	
	RVDD901	Nominal 3.5 V (RV)	5.6	6.3	
		High 5.0 V (RV)	4.4	5.4	
Revo MRI	RVDR01	Low 2.5 V (A, RV)	9.7	11.2	
SureScan		Nominal 3.5 V (A, RV)	7.3	9.4	
		High 5.0 V (A, RV)	4.9	7.1	
Sensia DR	SEDR01,	Low 2.5 V (A, RV)	7.4	8.2	
	SED01	Nominal 3.5 V (A, RV)	6.0	7.4	
		High 5.0 V (A, RV)	4.5	6.0	
Sensia SR	SESR01,	Low 2.5 V (RV)	7.4	7.9	
	SES01	Nominal 3.5 V (RV)	6.5	7.5	
		High 5.0 V (RV)	5.1	6.3	
Sigma 100 S	SS103,	Low 2.5 V (RV)	10.1	11.1	
-	SS106	Nominal 3.5 V (RV)	8.2	9.8	
		High 5.0 V (RV)	6.4	8.4	

continued

### Reference Chart continued

		E	stimated Longevity	
Family	Model Number	Amplitude Setting	500 Lead $\Omega$	1000 Lead Ω
Sigma 200 DR	SDR203	Low 2.5 V (RV) Nominal 3.5 V (RV) High 5.0 V (RV)	10.1 8.2 6.4	11.1 9.8 8.4
Sigma 200 SR	SSR203	Low 2.5 V (RV) Nominal 3.5 V (RV) High 5.0 V (RV)	10.1 8.2 6.4	11.1 9.8 8.4
Sigma 300 DR	SDR303, SDR306	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	10.1 7.5 5.5	11.7 9.6 7.8
Sigma 300 SR	SSR303, SSR306	Low 2.5 V (RV) Nominal 3.5 V (RV) High 5.0 V (RV)	10.1 8.2 6.4	11.1 9.8 8.4
Sigma 300 VDD	SVDD303	Low 2.5 V (RV) Nominal 3.5 V (RV) High 5.0 V (RV)	8.9 7.3 5.8	9.7 8.6 7.4
Versa DR	VEDR01	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	7.4 6.0 4.5	8.2 7.4 6.0

# **Method for Estimating Lead Performance**

Medtronic CRDM has tracked lead survival for over 30 years with its multicenter, global chronic lead studies.

### **Leads Performance Analysis**

Implanted leads operate in the challenging biochemical environment of the human body and the body's response to foreign objects. Implanted leads are also subject to mechanical stresses associated with heart motion, body motion, and patient anatomy.

In this environment, pacemaker and defibrillation leads cannot be expected to last forever. While IPGs and ICDs have a battery that will deplete after a predictable length of time, a lead's longevity cannot be predicted, nor are there simple indicators that a lead is approaching the end of its service life. Therefore, regular monitoring while implanted, and evaluation of lead integrity upon IPG or ICD replacement, is necessary to determine if a lead may be approaching the end of its service life.

### Shortfalls of Using Returned Product and Complaints to Estimate Lead Performance

Leads and lead segments returned to Medtronic are analyzed to determine whether or not they meet performance limits established by Medtronic. Although returned product analyses are valuable for gaining insight into lead failure mechanisms, this data cannot be used by itself for determining the survival probability of leads because only a small fraction of leads are explanted and returned for analysis. Additionally, those leads that are returned cannot be assumed to be statistically representative of the performance of the total population for a given lead model. Partial or total lead extraction can result in significant damage to a lead, making a definitive analysis of a suspected failure, and its cause, impossible.

To account for the under reporting inherent with lead survival analysis based solely on returned product, some manufacturers add reported complaints where adverse product performance is evident but the product itself has not been returned. The improvement to the accuracy of survival estimates depends on the degree to which all complaints are actually communicated to the manufacturer. Since not all complaints are communicated to the manufacturer, adding complaints to the survival analysis does not completely solve the under reporting problem.

Thus, lead survival probabilities are more appropriately determined through a clinical surveillance study that includes active follow-up with the patients. Although Medtronic monitors returned product analysis and complaints, these are not used to determine lead survival estimates. Medtronic tracks lead survival through its Product Surveillance Registry. The registry is designed to record clinical observations representative of the total clinical experience. Therefore, the lead survival estimates include both lead hardware failure and lead-related medical complications, and do not differentiate a lead hardware failure from other clinical events such as exit block, perforation, dislodgement, or concurrent pulse generator failure. The lead need not be returned to Medtronic.

### **Product Surveillance Registry (PSR)**

Medtronic has been monitoring the performance of its cardiac therapy products with a multicenter study since 1983 and has evaluated the performance of more than 95,000 leads, with data reported from countries around the world. Throughout this time period, Medtronic has continually worked to adapt systems and processes to more effectively monitor product performance following market release. The following summarizes current registry requirements.

Medtronic's global Product Surveillance Registry has a prospective, non-randomized, observational design. A key purpose of the registry is to provide continuing evaluation and periodic reporting of the long-term reliability and performance of Medtronic marketreleased cardiac therapy products. Product-related adverse events, indicating the status of the product, are collected to measure survival probabilities. The data gathered may also be used to support the design and development of investigational plans for new cardiac therapy products. The registry is designed to continue indefinitely, encompassing new products as they become commercially available.

To ensure a sufficiently large and representative source of data, participating clinical sites must meet pre-specified selection criteria. The number of participants is regularly reviewed to ensure the necessary capacity to meet Medtronic's ongoing prospective post-market surveillance needs is available. Every effort is made to ensure participants are representative of the range of clinical environments in which Medtronic cardiac rhythm products are used. Eligible products for enrollment include Medtronic market-released cardiac rhythm therapy products for which additional information to further characterize product performance following market release is desired. Enrollment may be capped at a product when the number enrolled ensures sufficient precision to effectively characterize product survivability.

continued

### The Standard Actuarial Method is used to determine estimates of lead survival.

Enrolled patients are followed in accordance with the standard care practices of their care provider from their implant date until they can no longer be followed (e.g., death, lost to follow-up, etc.). However, to ensure regular patient status assessments are completed, follow-up windows consistent with typical care practices have been established with a minimum annual follow-up requirement. Product-related adverse events, system modifications and changes in patient status (e.g., death and withdrawal from the study) are required to be reported upon occurrence. This active surveillance model ensures a robust dataset for effectively monitoring product performance.

### Patients are eligible for enrollment if:

- They are intended to be implanted or are within 30 days post-implant of a Medtronic market-released lead connected to a market-released CRT, ICD, or IPG device, and the lead is used for a pacing, sensing, or defibrillation application, or
- They participated in a qualifying investigational study of a Medtronic cardiac therapy product that is now market-released; complete implant and follow-up data are available; and the data can be appropriately and legally released.

Each site must inform Medtronic whenever a lead complication has occurred or when a patient is no longer participating. Chronic product performance is analyzed as a function of time using the survival analysis method.

Medtronic continually evaluates the quality and integrity of the data through a combination of on-site and centralized monitoring activities.

### **Lead Complications**

The data presented characterizes chronic lead performance by estimating lead-related complicationfree survival probabilities. For analysis purposes, the complication criteria, which align with the AdvaMed 'Industry Guidance for Uniform Reporting of Clinical Performance of Cardiac Rhythm Management Pulse Generators and Leads', are defined below. These criteria do not, however, enable a lead integrity or "hardware" failure to be conclusively differentiated from other clinical events such as an undetected lead dislodgement, exit block, or concurrent pulse generator failure manifested as a sensing or capture problem. All reported lead-related adverse events are classified by the reporting investigator and are adjudicated by an independent event adjudication committee.<sup>1</sup> A leadrelated complication is considered to have occurred if a clinical observation occurs more than 30 days after implant, is adjudicated with at least one of the following event classifications and at least one of the following clinical actions is made. Events with an onset date 30 days or less after the implant are considered procedure-related and therefore not included as chronic lead-related complications.

**Event Classifications** 

- Failure to capture
- Failure to sense/undersensing
- Oversensing
- Abnormal pacing impedance (based on lead model, but normal range is typically 200 2,000 ohms)
- Abnormal defibrillation impedance (based on lead model, but normal range is typically 20 200 ohms)
- Insulation breach
- Conductor fracture, confirmed electrically, visually or radiographically
- Extracardiac stimulation
- Cardiac perforation
- Lead dislodgement

**Clinical Actions** 

- Lead surgically abandoned/capped
- Lead electrically abandoned
- Lead explanted
- Lead replaced
- Lead conductor taken out of service (polarity reprogrammed to remove defective conductor, e.g., bipolar to unipolar)

continued

<sup>1</sup>During the evolution of PSR, event adjudication was transitioned from a Medtronic technical review committee to an independent event adjudication committee in 2011. Data analyses include adjudication using both methods.

- Lead use continued based on medical judgment despite a known clinical performance issue
- Other lead-related surgery performed (e.g., lead mechanical alteration or unsuccessful repositioning)

Note: Successful lead repositioning is not a qualifying action.

#### **Data Analysis Methods**

The performance of leads is expressed in terms of lead survival estimates, where "survival" refers to the function of the lead, not the survival of the patient. These survival estimates are intended to illustrate the probability that a lead will survive for a given number of years without a chronic lead-related complication.

Survival times are calculated from the implant date to the earliest of the complication date, out-of-service date (for example, subject leaves the study or the lead is no longer being used) or the last follow-up date. If a lead experiences more than one complication, the first is used to calculate survival time; although all complications associated with a lead are included in the summary tables.

Of the several different statistical methods available for survival analysis, the Standard Actuarial Method, with suspensions assumed distributed across the intervals (Cutler-Ederer Method), is used to determine estimates of lead survival.

On the following pages, each graph includes a survival curve where events include qualifying lead-related complications. This survival estimate is a good representation of the probability a lead will survive a period of time without a lead-related complication. For example, if a survival probability is 95% after 5 years of service, then the lead has a 5% chance of experiencing a lead-related complication in the first 5 years following implant.

Although tabular data is provided in 1-year intervals, the curves are actually computed and plotted using 3-month intervals.

The data in the tables is rounded to the nearest tenth of one percent. Occasionally, a graph may show 100% survival, but have one or more complications. This occurs because even with the complications, the data rounds to 100%. The survival curves are statistical estimates. As performance experience accumulates, the estimation improves. Confidence intervals are provided as a way to indicate the degree of certainty of the estimates. Greenwood's formula is used to calculate the standard errors, and the log-log method is used to produce the 2-sided 95% confidence bounds.

Since the survival estimate can become very imprecise with small effective sample sizes, Medtronic truncates the survival curve when the number of leads entering an interval is less than 50 leads. When the number of leads entering an interval reaches 50, the next data point is added to the survival curve. For those lead models that do not have sufficient sample size, a survival curve will not be presented.

### **Definition of Analysis Dataset**

The survival estimates are derived from all device components successfully enrolled as of the data cutoff date. The number of enrollments is listed for each lead model.

This sample is considered to be representative of the worldwide population, and therefore the survival estimates shown should be representative of the performance worldwide of these models.

### **Criteria for Model Inclusion**

Performance information for a model or model family will be published when more than 100 leads have been enrolled and no fewer than 50 leads followed for at least 6 months. Models will continue to be published for at least 20 years as long as Medtronic estimates at least 500 leads remain active in the United States, based on estimated US implants.

Medtronic, at its discretion, may stop providing updated performance information on lead models that received original US market-release approval 20 or more years ago.

Medtronic urges all physicians to return explanted products and to notify Medtronic when a product is no longer in use, regardless of reason for explant or removal from use.

### **Returned Product Analysis Results**

Although the returned product analysis data is not used to generate the survival estimates, the data provides valuable insight into the causes of lead malfunction.

For reporting returned product analysis results, Medtronic CRDM considers a lead as having malfunctioned whenever the analysis shows that any parameter was outside the performance limits established by Medtronic while implanted and in service. To be considered a malfunction for returned product analysis reporting, the lead must have been returned to Medtronic and analyzed.

The results of the analysis is presented in four categories. The lead reporting categories are:

- Conductor Fracture: Conductor malfunction with complete or intermittent loss of continuity that could interrupt current flow (e.g., fractured conductors), including those associated with clavicle flex fatigue or crush damage.
- Insulation Breach: A malfunction of the insulation allowing inappropriate entry of body fluids or inappropriate current flow between the conductors, or between the conductor and the body. Examples include cuts, tears, depressions, abrasions, and material degradation.
- Crimps/Welds/Bonds: Any malfunction in a conductor or lead body associated with a point of connection.
- Other: Malfunctions of specific lead mechanical attributes, such as sensors, connectors, seal rings, or malfunction modes not included in the three categories above.

A lead subject to a safety advisory is not considered to have malfunctioned unless it has been returned to Medtronic CRDM and found, through analysis, to actually have performed outside the performance limits established by Medtronic.

For leads designed for either ventricular or atrial use, the numbers listed in the Returned Product Analysis tables include both.

The numbers of malfunctions listed in the Returned Product Analysis tables are the actual numbers confirmed in the returned product analysis from the United States. The numbers of complications listed in the complications tables are the actual numbers observed in the PSR centers around the world.

### US Reports of Acute Lead Observations (Occurring within First Month of Service)

In the first weeks following lead implantation, physiologic responses and lead performance can vary until longterm lead stability is attained. Acute (defined as the first month after implant) lead performance may be subject to a number of factors, including patient-specific anatomy, clinical conditions and/or varying implant conditions/ techniques. After a period of time, the implant and the lead performance stabilizes. It is for this reason that the Product Surveillance Registry results, which are intended to measure long-term performance, do not include complications that occur within the first 30 days after implant.

Information about the clinical experience in the first month of service is included in this report. The source for this information is Medtronic's complaint handling system database. The information is summarized in tables titled "US Reports of Acute Lead Observations." To be included in this summary of observations, a lead must first be successfully implanted and registered in Medtronic's Device and Registrant Tracking system.

Each Event Report received by Medtronic's complaint handling system is assigned one or more Reason for Report codes based on the information received. The Reason for Report codes have been grouped into Acute Lead Observation categories. The categories used for this product performance report are drawn from the "FDA Guidance for Submission of Research and Marketing Applications for Permanent Pacemaker Leads and for Pacemaker Lead Adapter 510(k) Submissions." The categories are:

- 1. Cardiac Perforation
- 2. Conductor Fracture
- 3. Lead Dislodgement
- 4. Failure to Capture
- 5. Oversensing
- 6. Failure to Sense
- 7. Insulation Breach
- 8. Impedance Abnormal

#### 9. Extracardiac Stimulation

10. Unspecified

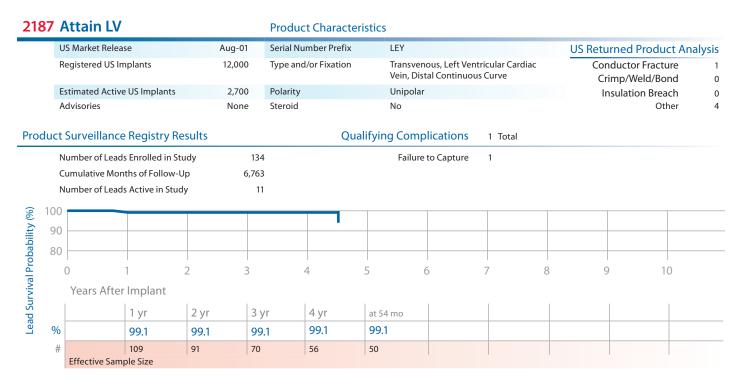
Although multiple observations are possible for any given lead, only one observation is reported per lead. The observation reported is the observation highest on the list. For example, if an Event Report includes observations for both Lead Dislodgement and Failure to Sense, Lead Dislodgement is reported.

The lead event reported to Medtronic may or may not have involved clinical action or product returned to Medtronic. The lead may have remained implanted and in service.

### Estimated Number of Implanted and Active Leads in the United States

In addition to providing the number of leads enrolled in the PSR, this report also provides the number of leads registered as implanted and the number remaining active in the United States based on the status recorded in the Medtronic Device and Registrant Tracking system.

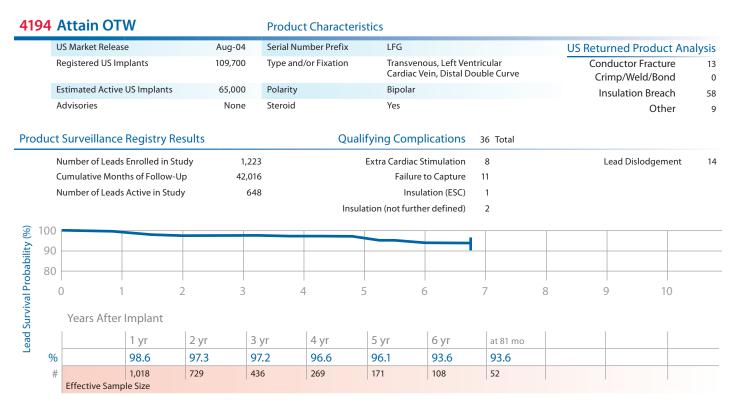
Some lead models do not have a survival curve presented in this report. These lead models do not have a survival curve because they have insufficient sample size in the Product Surveillance Registry. Returned Product Analysis results for these models are included here for reference and comparison.



### 4193 Attain OTW

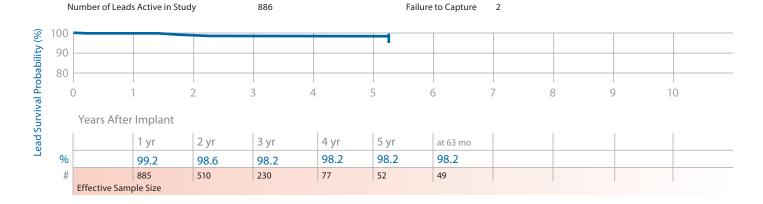
U	JS Market Releas	e	M	ay-02	Serial Number	Prefix	BAA				US Retu	rned Proc	duct Ana	alysi
R	legistered US Im	plants	10	0,800	Type and/or Fix	kation	Transveno Distal Dou		tricular Cardia	ac Vein,	<ul> <li>Conductor Fracture</li> <li>Crimp/Weld/Bond</li> </ul>			5
E	stimated Active	US Implants	3	4,100	Polarity		Unipolar				Ir	sulation Br	reach	
A	Advisories			None	Steroid Yes							C	Other	4
oduct	Surveillance	Registry R	esults			Qualifyin	g Compl	ications	39 Total					
N	lumber of Leads	Enrolled in St			Conductor Fracture 1					Lead Dislodgement				
С	Cumulative Mont	hs of Follow-	Up		Extra	a Cardiac St	imulation	8		Unspecified Clinical Failure				
N	Cumulative Months of Follow-Up31,62Number of Leads Active in Study103						Failure t	o Capture	13					
100														
90 80 %														
80											-			
	0 1		2	3	4	5	6		7	8	9		10	
	Years After	Implant												
		1 yr	2 yr	3 у	r 4 yı	r 5 y	r	бyr	7 yr	8 yı	r	at 105 mo		
%		95.9	95.0	94	.3 94.	0 93.	6	93.1	93.1	92.	2	92.2		
#		546	437	357	274	208		162	118	82		49		
	Effective Samp	ole Size												

# Left-Heart Leads



### 4195 Attain StarFix

	US Market Release	Aug-08	Serial Number Prefix	AAD		US Returned Product Analy		
	Registered US Implants	15,100	Type and/or Fixation	Transvenous, Left Ven Deployable Lobe Fixa	,	Conductor Fracture Crimp/Weld/Bond	1 0	
	Estimated Active US Implants	11,900	Polarity	Unipolar		Insulation Breach	1	
	Advisories	None	Steroid	Yes		Other	3	
Produ	ct Surveillance Registry Results		Qu	alifying Complications	15 Total			
	Number of Leads Enrolled in Study		)	Conductor Fracture	1	Insulation (not further defined)	1	
	Cumulative Months of Follow-Up		2	Extra Cardiac Stimulation	8	Lead Dislodgement	3	



Market Releas	e	May-09									
Registered US Implants 52,000			Serial Nun	Serial Number Prefix PVI				US Re	turned Proc	duct Ana	ilysi
istered US Im	plants	52,000	Type and/	or Fixation			ntricular Cardiac Veii				
mated Active	US Implants	43,100	Polarity		Bipolar				Insulation Breach		0
Advisories			Steroid		Yes				Other		
ırveillance	Registry Re	sults		Qual	ifying Comp	lications	46 Total				
nber of Leads	Enrolled in Stu	ıdy 1,8	78	Conductor Fracture 1					Lead Dislodgement		16
Cumulative Months of Follow-Up 43,029					Extra Cardiac	Stimulation	14				
Cumulative Months of Follow-Up Number of Leads Active in Study			04		Failure to Capture		15				
1		2 3	4	L	5 (	5	7 8		9	10	
'ears After	Implant										
yr	2 yr	3 yr at	45 mo								
8.0	97.4	96.8 9	6.8								
432	798	206 3									
	mated Active isories Irveillance nber of Leads nulative Mon- nber of Leads (ears After yr	nated Active US Implants isories isories inveillance Registry Re nber of Leads Enrolled in Stu nulative Months of Follow-U nber of Leads Active in Stud 1 2 2 yr 2 yr	mated Active US Implants 43,100 isories None irveillance Registry Results nber of Leads Enrolled in Study 1,8 nulative Months of Follow-Up 43,00 nber of Leads Active in Study 1,10 nber of Leads Active 1,10 nber of Leads 2,10 nber of Leads Active 1,10 nber of Leads 2,10 nber of	mated Active US Implants     43,100     Polarity       isories     None     Steroid   Inveillance Registry Results       nober of Leads Enrolled in Study     1,878       nulative Months of Follow-Up     43,029       nber of Leads Active in Study     1,104	mated Active US Implants 43,100 Polarity isories None Steroid rrveillance Registry Results Qual mber of Leads Enrolled in Study 1,878 mulative Months of Follow-Up 43,029 mber of Leads Active in Study 1,104 1 2 3 4 4 Years After Implant yr 2 yr 3 yr at 45 mo	Double of Leads     Double of Leads       Inveillance Registry Results     None       Inveillance Registry Results     Qualifying Company       Index of Leads Enrolled in Study     1,878       Inveillance Registry Results     Conduct       Inveillance Registry Results     Qualifying Company       Inveillance Registry Results     Qualifying Company       Inveillance Registry Results     Conduct       Inveillance Registry Results     1,878       Conduct     43,029       Extra Cardiact     Failure       Inveillance Registry Results     1,104       Inveillance Registry Results     Inveillance       Inveillance Registry Results     1,104       Inveillance Registry Results     Inveillance       Inveillance Registry Results     Inve	Double Curve       mated Active US Implants     43,100     Polarity     Bipolar       isories     None     Steroid     Yes <b>Prveillance Registry Results</b> Mone     Steroid     Yes <b>Qualifying Complications</b> nber of Leads Enrolled in Study     1,878     Conductor Fracture       Mone     43,029     Extra Cardiac Stimulation       nber of Leads Active in Study     1,104     Failure to Capture         1     2     3     4     5     6         Yes	Double Curve       mated Active US Implants     43,100     Polarity     Bipolar       isories     None     Steroid     Yes   urveillance Registry Results       Qualifying Complications     46     Total   nber of Leads Enrolled in Study       1,878     Conductor Fracture     1   nulative Months of Follow-Up       43,029     Extra Cardiac Stimulation     14   reads Active in Study       1,104     Failure to Capture     15   rears After Implant       yr     2 yr     3 yr     at 45 mo     at 45 mo	Double Curve       mated Active US Implants     43,100     Polarity     Bipolar       isories     None     Steroid     Yes         urveillance Registry Results     Qualifying Complications     46 Total         nber of Leads Enrolled in Study     1,878     Conductor Fracture     1   Invaluative Months of Follow-Up       43,029     Extra Cardiac Stimulation     14   Teads Active in Study       1     2     3     4     5     6     7     8   Years After Implant       yr     2 yr     3 yr     at 45 mo     Implant     Implant     Implant	Double Curve     Crimp/Weld//       mated Active US Implants     43,100     Polarity     Bipolar     Insulation Br       isories     None     Steroid     Yes     C       trveillance Registry Results     Qualifying Complications     46     Total       nber of Leads Enrolled in Study     1,878     Conductor Fracture     1     Lead Dislodge       nulative Months of Follow-Up     43,029     Extra Cardiac Stimulation     14       nber of Leads Active in Study     1,104     Failure to Capture     15	Double Curve Crimp/Weld/Bond   mated Active US Implants 43,100 Polarity Bipolar Insulation Breach   isories None Steroid Yes Other   rrveillance Registry Results   Qualifying Complications 46 Total   Inveillance Registry Results   Inveillance Registry Results Qualifying Complications 46   Inveillance Registry Results   Inveillance Registry Results Qualifying Complications 46   Inveillance Registry Results   Inveillance Registry Results Qualifying Complications 46   Inveillance Registry Results   Inveillance Registry Results Qualifying Complications 46   Inveillance Registry Results   Inveillance Registry Results Inveillance Registry Results   Inveillance Registry Results   Inveillance Registry Results Inveillance Registry Results   Inveillance Registry Results   Inveillance Registry Results Inveillance Registry Results   Inveillance Registry Results   Inveillance Registry Results Inveillance Registry Results   Inveillance Registry Results   Inveillance Registry Results Inveillance Registry Results   Inveillance Registry Results   Invein

4296	Attain	Abi	lity	Plus

	US Market Re	lease	Apr-11	Serial Number Pre	fix RRA			US Returne	d Product An	alysi	
	Registered U	S Implants	16,000	Type and/or Fixati		nous, Left Vent ouble Curve	tricular Cardiac Vein		tor Fracture Weld/Bond		
	Estimated Active US Implants Advisories		ve US Implants 15,000 Polarity Dual Electrodes					Insula	Insulation Breach		
			None	Steroid	Yes				Other		
oduc	t Surveillar	nce Registry Results			Qualifying Com	olications	3 Total				
	Number of Le	eads Enrolled in Study	819	,	Extracardiac	Stimulation	1				
	Cumulative N	Ionths of Follow-Up	6,360	1	Lead Dis	slodgement	2				
	Advisories  ct Surveillance Registry Res Number of Leads Enrolled in Stu Cumulative Months of Follow-Up Number of Leads Active in Study		679	1							
100	)										
90	)										
80	)										
	0	1 2	3	4	5	6	7 8	9	10		
	Years Af	ter Implant									
100 90 80	1 yr	at 15 mo									
	99.4	99.4									
#	179	96									
	Efforting C	ample Cize						1			

		oility Straight		Product Charac	teristics			
ι	US Market Relea	se	Mar-11	Serial Number Prefi	ix RAE		US Returned Product Ana	alysi
F	Registered US Im	ıplants	3,600	Type and/or Fixatio	on Transvenous, Left Ven Tines	tricular Cardiac Vein,	Conductor Fracture Crimp/Weld/Bond	
E	Estimated Active	US Implants	3,300	Polarity	Dual Electrodes		Insulation Breach	(
A	Advisories		None	Steroid	Yes		Other	(
oduct	Surveillance	Registry Results		C	Qualifying Complications	0 Total		
١	Number of Leads	s Enrolled in Study	211					
C	Cumulative Mon	ths of Follow-Up	2,520	1				
١	Number of Leads	s Active in Study	165					
100								
90								
90								
90 80								
90 80	0					7 8	9 10	
90 80	0	1 2	3	4	5 6	7 8	9 10	
80	0 Years After		3	4	5 6	7 8	9 10	
80	-		3	4	5 6	7 8	9 10	
80	Years After	Implant	3	4	5 6	7 8	9 10	
90 80 %	Years After 1 yr 100.0	at 15 mo	3	4	5 6	7 8	9 10	

### Lead Survival Summary (95% Confidence Interval)

		ISE		Study		iths of udy	Device	Survival	Probabil	lity (%)						
		et Relea	rolled	tive in :	ng ations	ive Mor Ip in Stu	Years A	fter Imp	ant	1	1		1	1		
Model Number	Family	US Market Release	Leads Enrolled	Leads Active in Study	Qualifying Complications	Cumulative Months of Follow-Up in Study	1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr
2187	Attain LV	Aug-01	134	11	1	6,763	99.1 +0.7/-5.1	99.1 +0.7/-5.1	99.1 +0.7/-5.1	99.1 +0.7/-5.1	99.1 +0.7/-5.1 at 54 mo					
4193	Attain OTW	May-02	675	103	39	31,621	95.9 +1.3/-1.9	95.0 +1.5/-2.1	94.3 +1.6/-2.2	94.0 +1.7/-2.3	93.6 +1.8/-2.5	93.1 +2.0/-2.7	93.1 +2.0/-2.7	92.2 +2.4/-3.4	92.2 +2.4/-3.4 at 105 mo	
4194	Attain OTW	Aug-04	1,223	648	36	42,016	98.6 +0.5/-0.9	97.3 +0.8/-1.2	97.2 +0.9/-1.2	96.6 +1.1/-1.5	96.1 +1.3/-2.0	93.6 +2.4/-3.6	93.6 +2.4/-3.6 at 81 mo			
4195	Attain StarFix	Aug-08	1,279	886	15	30,282	99.2 +0.4/-0.8	98.6 +0.6/-1.0	98.2 +0.8/-1.3	98.2 +0.8/-1.3	98.2 +0.8/-1.3	98.2 +0.8/-1.3 at 63 mo				
4196	Attain Ability	May-09	1,878	1,104	46	43,029	98.0 +0.6/-0.8	97.4 +0.7/-0.9	96.8 +0.8/-1.1	96.8 +0.8/-1.1 at 45 mo						
4296	Attain Ability Plus	Apr-11	819	679	3	6,360	99.4 +0.4/-1.3	99.4 +0.4/-1.3 at 15 mo								
4396	Attain Ability Straight	Mar-11	211	165	0	2,520	100.0	100.0								

Source: Product Surveillance Registry Data as of July 31, 2013

### **US Returned Product Analysis Summary**

Model Number	Family	US Market Release	Estimated US Implants	Estimated US Active	Conductor Fracture	Insulation Breach	Crimp/Weld/ Bond	Other
2187	Attain LV	Aug-01	12,000	2,700	1	0	0	4
4193	Attain OTW	May-02	100,800	34,100	52	8	0	48
4194	Attain OTW	Aug-04	109,700	65,000	13	58	0	9
4195	Attain StarFix	Aug-08	15,100	11,900	1	1	0	3
4196	Attain Ability	May-09	52,000	43,100	6	0	0	6
4296	Attain Ability Plus	Apr-11	16,000	15,000	0	0	0	2
4396	Attain Ability Straight	Mar-11	3,600	3,300	0	0	0	0

Source: Returned Product Analysis Data as of July 31, 2013

### **US Reports of Acute Lead Observations**

Model Number	Family	Estimated US Implants		Conductor Fracture		Failure to Capture	Oversensing	Failure to Sense		Impedance Abnormal	Extracardiac Stimulation	Unspecified
2187	Attain LV	12,000	0	0	9	3	0	1	0	0	1	0
4193	Attain OTW	100,800	0	0	45	11	1	0	0	0	16	2
4194	Attain OTW	109,700	2	2	121	36	2	0	0	6	29	5
4195	Attain StarFix	15,100	0	0	23	15	0	0	0	1	22	1
4196	Attain Ability	52,000	1	1	129	35	1	1	1	5	62	3
4296	Attain Ability Plus	16,000	1	0	51	8	0	0	1	0	17	0
4396	Attain Ability Straight	3,600	0	1	16	4	0	0	0	0	5	0

Report Cutoff Date: September 10, 2013

### **Reference Chart**

Model Number	Family	Туре	Insulation	Conductor Material	Tip Electrode	Connector Type
2187	Attain LV	Transvenous Cardiac Vein Preformed Body	Polyurethane (55D)	MP35N	Platinized Platinum	IS-1 UNI
4193	Attain OTW	Transvenous Cardiac Vein Preformed Body	Polyurethane (55D)	MP35N	Platinized Platinum	IS-1 UNI
4194	Attain OTW	Transvenous Cardiac Vein Preformed Body	Polyurethane (55D)/ Silicone (4719)	MP35N	Platinum Alloy	IS-1 BI
4195	Attain StarFix	Transvenous Cardiac Vein Deployable Lobes	Polyurethane (55D)	MP35N	Platinum Alloy	IS-1 UNI
4196	Attain Ability	Transvenous Cardiac Vein Preformed Body	Polyurethane (outer) SI-polyimide (inner)	Ag-core- MP35N	Platinum iridium alloy with titanium nitride coating	IS-1 BI
4296	Attain Ability Plus	Transvenous Cardiac Vein Distal Double Curve	Polyurethane (outer) Silicone (inner)	Ag-core- MP35N	Platinum iridium alloy with titanium nitride coating	IS-1 BI
4396	Attain Ability Straight	Transvenous Cardiac Vein Tines	Polyurethane (outer) Silicone (inner)	Ag-core- MP35N	Platinum iridium alloy with titanium nitride coating	IS-1 BI

# **Defibrillation Leads**

6721	Epicardia	l Patch		Produc	t Characteri	stics						
	US Market Relea	se	Mar-94	Serial Nu	mber Prefix	TBH, TBG, TBE	3		US	Returned Pr	roduct Ana	lysis
	Registered US In	nplants	2,900	Type and	/or Fixation	Epi Patch, Epi	cardial Suture			Conducto	r Fracture	12
	Estimated Active	e US Implants	1,100	Polarity		NA				Crimp/W	eld/Bond	0
	Advisories		None	Steroid		No				Insulatio	on Breach	1
											Other	0
Produ	ct Surveillance	e Registry Re	esults		Qu	alifying Com	plications	47 Total				
	Number of Lead	s Enrolled in Stu	udy 4	407		Conduc	tor Fracture	21	Insula	tion (not furthe	er defined)	2
	Cumulative Mor	nths of Follow-U	Jp 23,4	401		Failure	e to Capture	8		0,	versensing	12
	Number of Lead	s Active in Stud	ly	4		Impedance C	out of Range	4				
<b>•</b> 40	0											
୍ଡ 10 >												
6 jlity	0											
8 shak	0								_			
Jud 7	0											
/iva	0	1 2	2 3		4	5	б	7	8	9	10	
Lead Survival Probability (%) 2 8 6 01	Years After	Implant										
Lea		1 yr	2 yr 3	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	at 111 m	10
c	%	96.5	95.0	92.7	91.9	90.0	85.1	83.7	83.7	83.7	83.7	
	#	330	300 2	.56	208	176	132	95	65	55	50	
	Effective Sam	ple Size										

### 6930 Sprint Fidelis

#### **Product Characteristics**

US Market Release	Sep-04	Serial Number Prefix	LFK	US Returned Product Anal	ysis
Registered US Implants	400	Type and/or Fixation	Transvenous, Right Ventricle, Tines	Conductor Fracture	3
stimated Active US Implants	200	Polarity	True Bipolar/One Coil	Crimp/Weld/Bond	0
dvisories:		Steroid	Yes	Insulation Breach	0
<mark>ee page 142</mark> – 2007 Potential Co /ire Fracture	nductor			Other	0

### Product Surveillance Registry Results

### Qualifying Complications 0 Total

Number of Leads Enrolled in Study	4
Cumulative Months of Follow-Up	188
Number of Leads Active in Study	2

00 90	Survival estim	ate not available	e due to insuffic	ient sample size	2						
80											
(	0	1 2	2 3	3 4	4	5 (	6 7	7 8	8	9 1	0
	Years After	Implant									
	Years After	' Implant									
%	at 0 mo	Implant									
% #	at 0 mo	Implant									

U	JS Market Release	Sep-04	Serial N	umber Prefix	LFL			US Returned Product An	alysi
R	Registered US Implants	8,100	Type an	d/or Fixation	Transve	nous, Right Ven	tricle, Active Screw-in	Conductor Fracture	53
E	Estimated Active US Implants	3,500	Polarity		True Bip	oolar/One Coil		Crimp/Weld/Bond	
A	Advisories		Steroid		Yes			Insulation Breach	
	See page 142 – 2007 Potential Co Vire Fracture	nductor						Other	
ict	Surveillance Registry Resu	lts		Qu	alifving Co	nplications	43 Total		
	Number of Leads Enrolled in Study		294			uctor Fracture	24	Lead Dislodgement	2
	Cumulative Months of Follow-Up							5	-
			526		Fail	ure to Canture	3	()versensing	5
		13	,526 113			ure to Capture ailure to Sense	3 1	Oversensing	5
	Number of Leads Active in Study	13	,526 113		Fa	ailure to Sense	1	Oversensing	5
		13			Fa			Oversensing	5
N		13			Fa	ailure to Sense	1	Oversensing	5
N 00		13			Fa	ailure to Sense	1	Oversensing	5
N 00 90		13			Fa	ailure to Sense	1	Oversensing	5
N 00 90 80					Fa	ailure to Sense	1	Oversensing	5
N 90 80 70	Number of Leads Active in Study		113	4	Fi	e Out of Range			5
00 90 80 70	Number of Leads Active in Study	3	113	4	Fa	ailure to Sense		Oversensing	5
00 90 80 70	Number of Leads Active in Study		113	4 4 yr	Fi	e Out of Range			5
N 00 90 80 70	Number of Leads Active in Study           0         1         2           Years After Implant         1         yr         2	3	113		Fi Impedance	e Out of Range			5

	Product Characteris	stics		
Aug-96	Serial Number Prefix	ТСА	US Returned Product Ana	alysis
14,900	Type and/or Fixation	Transvenous, Right Ventricle, Tines	Conductor Fracture	22
4,200	Polarity	True Bipolar/One Coil	Crimp/Weld/Bond	0
None	Steroid	Yes	Insulation Breach	24
			Other	2
	14,900 4,200	Aug-96Serial Number Prefix14,900Type and/or Fixation4,200Polarity	14,900Type and/or FixationTransvenous, Right Ventricle, Tines4,200PolarityTrue Bipolar/One Coil	Aug-96Serial Number PrefixTCAUS Returned Product And Conductor Fracture14,900Type and/or FixationTransvenous, Right Ventricle, TinesConductor Fracture Crimp/Weld/Bond4,200PolarityTrue Bipolar/One CoilCrimp/Weld/BondNoneSteroidYesInsulation Breach

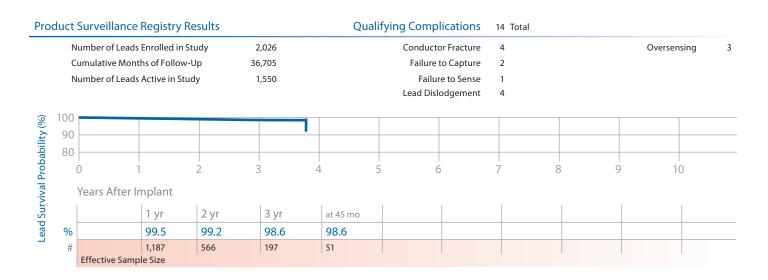
Product Surveillance Registry Results		Qualifying Complications	11 Total		
Number of Leads Enrolled in Study	412	Extra Cardiac Stimulation	1	Impedance Out of Range	2
Cumulative Months of Follow-Up	25,811	Failure to Capture	2	Oversensing	4
Number of Leads Active in Study	38	Failure to Sense	2		
100     100					



#### 6933, 6937, 6937A, SVC/CS **Product Characteristics** US Market Release Serial Number Prefix TAT, TBU, TDB **US Returned Product Analysis** Apr-94 Registered US Implants 11,900 Type and/or Fixation Transvenous, SVC/CS, Passive Conductor Fracture 127 Estimated Active US Implants 2,400 Polarity One Coil Crimp/Weld/Bond 0 Advisories None Steroid No Insulation Breach 17 Other 1 **Product Surveillance Registry Results Qualifying Complications** 47 Total 966 Number of Leads Enrolled in Study **Conductor Fracture** 16 Insulation (not further defined) 2 54,489 Cumulative Months of Follow-Up **Extra Cardiac Stimulation** 4 Lead Dislodgement 1 Number of Leads Active in Study 11 Failure to Capture 6 Oversensing 10 Failure to Sense 1 Unspecified Clinical Failure 4 Impedance Out of Range 3 100 Lead Survival Probability (%) 90 80 2 0 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 21 Years After Implant 6 yr 9 yr | 10 yr | 11 yr | <sub>at 138 mo</sub> 1 yr 2 yr 3 yr 4 yr 5 yr 7 yr 8 yr 92.2 91.2 91.2 91.2 % 98.4 97.5 97.2 96.7 95.4 94.9 93.9 93.4 # 49 809 676 565 470 380 297 212 162 107 77 57 **Effective Sample Size**

### 6935 Sprint Quattro Secure

•					
US Market Release	Nov-08	Serial Number Prefix	TAU	US Returned Product Ana	alysis
Registered US Implants	42,900	Type and/or Fixation	Transvenous, Right Ventricle, Active Screw-in	Conductor Fracture	61
Estimated Active US Implants	38,800	Polarity	True Bipolar/One Coil	Crimp/Weld/Bond	0
Advisories	None	Steroid	Yes	Insulation Breach	2
				Other	35

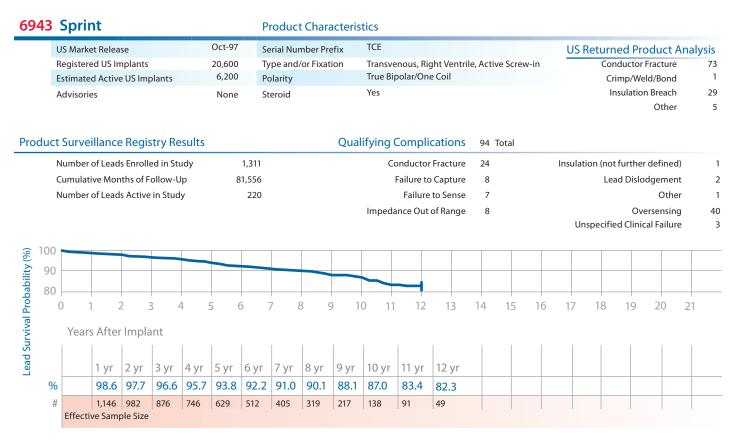


	US Market Release	Aug-12	Serial Number	r Prefix	TDL			<b>US</b> Retur	ned Product Ana	alysi
	Registered US Implants	12,700	Type and/or Fi	ixation	Transvenous, I	Right Ventricle	e, Active Screw-in	Co	onductor Fracture	
	Estimated Active US Implants	12,400	Polarity		True Bipolar/C	ne Coil		(	rimp/Weld/Bond	
	Advisories	None	Steroid		Yes				Insulation Breach	
									Other	
duc	t Surveillance Registry Result	S		Qua	lifying Comp	lications	1 Total			
	Number of Leads Enrolled in Study	39			Other	1				
	Cumulative Months of Follow-Up	43								
	Number of Leads Active in Study	3	07							
10	00					1				
10 g										
9	90									
9	30		4		5	5	7 8	9	10	
9		3	4		5	5	7 8	9	10	
9	30	3	4		5	6	7 8	9	10	
9		3	4		5	5	7 8	9	10	
9	0 1 2 Years After Implant	3	4		5	5	7 8	9	10	

### 6942 Sprint

US Market Release	Jul-97	Serial Number Prefix	ТСВ	US Returned Product Ana	alysis
Registered US Implants	ts 17,700 Type and/or Fixation		Transvenous, Right Ventricle, Tines	Conductor Fracture	15
Estimated Active US Implants	5,300	Polarity	Integrated Bipolar/Two Coils	Crimp/Weld/Bond	1
Advisories	None	Steroid	Yes	Insulation Breach	22
				Other	4

roduct	Surveillance	e Registry R	esults		C	Qualifying Co	mplications	7 Total			
C	Number of Leac Cumulative Mor Number of Leac	nths of Follow-	Up	351 19,347 25	Conductor Fracture Failure to Sense Lead Dislodgement			1 1 1	1         Oversens           1         Unspecified Clinical Fail           1         1		
000 1000 90 80 0 80 0 %											
(	0 Years Afte	 1 r Implant	2	3	4	5	6	7	8	9	10
		1 yr	2 yr	3 yr	4 yr	5 yr	бyr	7 yr	8 yr	9 yr	at 111 mo
%		99.1	99.1	98.1	97.5	96.8	96.8	96.8	96.8	96.8	96.8
#	Effective Sam	294 Iple Size	230	179	140	117	100	77	66	53	48



### 6944 Sprint Quattro

US Market Release	Dec-00	Serial Number Prefix	TDC	US Returned Product An	alysis
<b>Registered US Implants</b>	41,900	Type and/or Fixation	Transvenous, Right Ventricle, Tines	Conductor Fracture	106
Estimated Active US Implants	21,900	Polarity	True Bipolar/Two Coils	Crimp/Weld/Bond	1
Advisories	None	Steroid	Yes	Insulation Breach	3
				Other	4

Prod	luct	Surveillance	e Registry Re	esults		C	Qualifying Co	omplications	7 Total				
	N	lumber of Lead	s Enrolled in St	udy	520		Con	ductor Fracture	2		Unspeci	fied Clinical Fai	lure 1
	C	umulative Mon	ths of Follow-U	Up	18,398			Failure to Sense	1				
	Ν	lumber of Lead	s Active in Stud	dy	270		Impedan	ce Out of Range	1				
								Oversensing	2				
<b>@</b> 1	00												
Survival Probability (%)	90												
ilida													
eqo.	80												
I PI	(			2	3	4	5	6	7	8	9	10	
viva		Years After	' Implant										
l Sur			1 yr	2 yr	3 yr	4 yr	5 yr	бyr	at 81 mo				
Lead	%		100.0	100.0	99.5	97.9	97.9	95.6	95.6				
_	#		417	274	158	91	66	60	50				
		Effective Sam	ple Size										



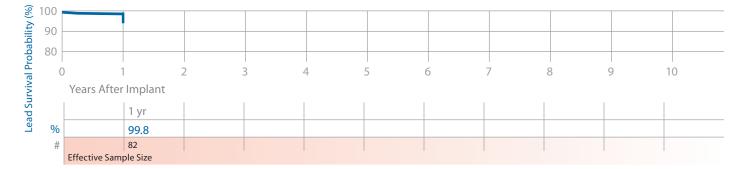
### 6947M Sprint Quattro Secure

#### **Product Characteristics**

US Market Release	Feb-12	Serial Number Prefix	ТДК	US Returned Product Anal	ysis
Registered US Implants	30,200	Type and/or Fixation	Transvenous, Right Ventricle, Active Screw-in	Conductor Fracture	3
Estimated Active US Implants	29,300	Polarity	True Bipolar/Two Coils	Crimp/Weld/Bond	0
Advisories	None	Steroid	Yes	Insulation Breach	0

Other 4

Product Surveillance Registry Results		Qualifying Complications	2 Total
Number of Leads Enrolled in Study	1,212	Failure to Capture	2
Cumulative Months of Follow-Up	7,132		
Number of Leads Active in Study	1,125		



	US Market Release	Nov-01	Serial Number Prefix	, TDG			LIC Dotu		ct Analysis
				Transvonous Pigl	nt Ventricle, Activ	/e		rned Produc	
	Registered US Implants	362,600	Type and/or Fixation	Screw-In					
	Estimated Active US Implants	243,500	Polarity	True Bipolar/Two	Coils			Crimp/Weld/Bc	ond 4
	Advisories	None	Steroid	Yes				Insulation Brea	
								Ot	her 211
odu	ict Surveillance Registry Result	S		Qualifying Complicati	i <mark>ons</mark> 41 Tota	I			
	Number of Leads Enrolled in Study	18	Conductor Fra	cture 8			Lead Dislodge	ment	
	Cumulative Months of Follow-Up	34	Failure to Capture 1					nsing 1	
	Number of Leads Active in Study	26		Unspecified Clinical Failure		ailure			
				Impedance Out of R	ange 8				
				Insulation (not further def	ined) 3				
10	0							1	
10									
10 9	00								
10 9 8									
10 9 8	00	3	4	5 6	7	8	g	) 1	0
10 9 8	00 00 00	3	4	5 6	7	8	ç	) 1	0
10 9 8				5 6		8 8 3 yr	9 yr	) 1 10 yr	0 at 123 mo
9	0 1 2 Years After Implant	r 3	yr 4 yr		7 yr 8		-		1

# 6948 Sprint Fidelis

021		print raciis		i fouuct chai	acteristic	.5						
	U	S Market Release	Sep-04	Serial Number Pr	refix	LFH			US F	Returned Pr	oduct Ana	alysis
	Re	egistered US Implants	10,400	Type and/or Fixa	tion	Transvenous	, Right Ventri	cle, Tines		Conductor	Fracture	154
	Es	stimated Active US Implants	s 4,700	Polarity		True Bipolar/	Two Coils			Crimp/We	eld/Bond	0
		dvisories		Steroid		Yes				Insulation Breach		2
		<mark>ee page 142</mark> – 2007 Potent /ire Fracture	tial Conductor								Other	2
Produ	uct	Surveillance Registry	Results	Qualifying Complications 2				2 Total				
	N	umber of Leads Enrolled in	Study	30		Conduct	or Fracture	2				
	C	umulative Months of Follow	/-Up 1,	462								
	Ν	umber of Leads Active in St	udy	12								
<b>a</b> 10	)0 г											
» n	90	Survival estimate not avail	able due to insuffici	ent sample size								
bilit												
oba	30											
IPr	0	) 1	2 3	4	5	6		7	8	9	10	
Lead Survival Probability (%)		Years After Implant										
d Su		at 0 mo										
Lea	%											
	#											
		Effective Sample Size										

ι	JS Market Release	Sep-04	Serial Num	nber Prefix	LFJ			US Ret	turned Product An	alysis
R	Registered US Implants	186,800	Type and/o	or Fixation	Transveno Screw-in	us, Right Vent	ricle, Active		Conductor Fracture	6,376
E	stimated Active US Implants	76,100	Polarity			ar/Two Coils			Crimp/Weld/Bond	3
A	Advisories		Steroid		Yes				Insulation Breach	29
	<mark>See page 142</mark> – 2007 Potential Con <mark>Vire Fracture</mark>	ductor							Other	69
uct	Surveillance Registry Result	ts		Qua	lifying Com	olications	80 Total			
Ν	Number of Leads Enrolled in Study	796		Conduc	tor Fracture	38	Insulatio	n (not further defined)	2	
	Cumulative Months of Follow-Up	922		Failure to Capture 2				Lead Dislodgement	1	
	lumber of Leads Active in Study			Failure to Sense 4			Oversensing			
N	Number of Leads Active in Study 2		217		Failu	ire to Sense	4		Oversensing	16
Ν	with Set Of Leads Active in Study		217		Failu Impedance O		4 16	Unsp	Oversensing becified Clinical Failure	16
			217					Unsp	5	16 1
00			217					Unsp	pecified Clinical Failure	
00 90			217					Unsp	pecified Clinical Failure	
00 90 80		3		4	Impedance O			Unsp	pecified Clinical Failure	
00 90 80				4	Impedance O	ut of Range	16		Decified Clinical Failure Other	
00 90 80		3		4 4 yr	Impedance O	ut of Range	16		Decified Clinical Failure Other	
00 90 80	D 1 2 Years After Implant	3 /r 3		1	Impedance O	ut of Range	16 7	8	Decified Clinical Failure Other	

### 6996 Sub-Q Lead

US Market Release	Jun-01	Serial Number Prefix	TCR	US Returned Product Ana	alysis
Registered US Implants	3,900	Type and/or Fixation	Subcutaneous, Defibrillation, Suture on Anchor Sleeve	Conductor Fracture	20
Estimated Active US Implants	2,300	Polarity	One Coil	Crimp/Weld/Bond	0
Advisories	None	Steroid	No	Insulation Breach	0
				Other	0

Pro	duct	Surveillance	e Registry Re	sults		Qual	lifying Com	olications	2 Total			
	Ν	lumber of Lead	s Enrolled in Stu	ıdy	43		Conduc	tor Fracture	1			
	C	Cumulative Mon	ths of Follow-U	р	1,190		Impedance O	ut of Range	1			
	Ν	lumber of Lead	s Active in Stud	у	20							
y (%)	100 90	Survival estima	ate not available	due to insuffic	ient sample size							
bilit	80											
Probability	(	) D 1	1 2	2 3	 }	1 5	5 6	5	7	8	 9 1	0
val		Years After	Implant									
Lead Survi		at 0 mo										
Lea	%											
	#											
		Effective Sam	ple Size									

		əssələ	bəl	thut2 ni عγudγ	sue	sdînoM vbuî2 ni q	Device (	urvival I	Device Survival Probability (%)	ity (%)									
		Ret R	lloın∃				Years Af	Years After Implant	ant										
ləboM dmuN	γlime٦	ieM 2U	l sbeəJ		(ìileu) Iqmo)		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	10 yr	12 yr	14 yr	16 yr	18 yr
t Perforr	Epicardial Patch	Mar-94	407	4	47	23,401	96.5 +1.4/-2.4	95 .0 +1.8/-2.8	92.7 +2.3/-3.3	91.9 +2.5/-3.5	90 .0 +2.9/-4.0	85.1 +3.9/-5.2	83.7 +4.3/-5.5	83.7 +4.3/-5.5	83.7 +4.3/-5.5 at 111 mo				
6930	Sprint Fidelis	Sep-04	4	2	0	188	100.0 at 0 mo												
	Advisories: See page 142 – 2007 Potential Conductor Wire Fracture	2007 Potent	ial Conduct	or Wire Fra	cture														
6931	Sprint Fidelis	Sep-04	294	113	43	13,526	98.2 +1.0/-2.5	96.2 +1.7/-3.2	93.0 +2.6/-4.1	88.4 +3.6/-5.1	81.9 +5.0/-6.5	78.1 +5.8/-7.5							
	Advisories: See page 142 – 2007 Potential Conductor Wire Fracture	2007 Potent	ial Conduct	or Wire Fra	cture							at 69 mo							
6932	Sprint	Aug-96	412	38	11	25,811	99.2 +0.5/-1.7	98.3 +0.9/-2.0	98.3 +0.9/-2.0	98.3 +0.9/-2.0	97.8 +1.2/-2.5	97.8 +1.2/-2.5	97.8 +1.2/-2.5	96.8 +1.7/-3.7	95.6 +2.4/-5.0	92.6 +3.8/-7.5 at 138 mo			
6933, 6937, 6937A	svc/cs	Apr-94	966	11	47	54,489	98.4 +0.6/-1.1	97.5 +0.9/-1.3	97.2 +0.9/-1.4	96.7 +1.1/-1.5	95.4 +1.4/-1.9	94.9 +1.5/-2.1	93.9 +1.8/-2.5	93.4 +1.9/-2.7	91.2 +2.8/-4.1	91.2 +2.8/-4.1 at 138 mo			
6935	Sprint Quattro Secure	Nov-08	2,026	1,550	14	36,705	99.5 +0.3/-0.5	99.2 +0.4/-0.7	98.6 +0.7/-1.3	98.6 +0.7/-1.3 at 45 mo									
6935M	Sprint Quattro Secure	Aug-12	339	307	-	75,241	99.6 +0.3/-2.4 at 3 mo												
6942	Sprint	Jul-97	351	25	7	19,347	99.1 +0.6/-1.9	99.1 +0.6/-1.9	98.1 +1.1/-2.7	97.5 +1.4/-3.1	96.8 +1.8/-3.7	96.8 +1.8/-3.7	96.8 +1.8/-3.7	96.8 +1.8/-3.7	96.8 +1.8/-3.7 at 111 mo				
6943	Sprint	Oct-97	1,311	199	94	83,217	98.6 +0.5/-0.8	97.7 +0.7/-1.0	96.6 +0.9/-1.2	95.7 +1.1/-1.4	93.8 +1.4/-1.8	92.2 +1.6/-2.0	91.0 +1.8/-2.3	90.1 +2.0/-2.5	87.0 +2.7/-3.4	82.3 +4.2/-5.3 at 144 mo			
6944	Sprint Quattro	Dec-00	520	270	2	18,398	100.0	100.0	99.5 +0.5/-3.2	97.9 +1.4/-4.4	95.6 +2.6/-6.1	95.6 +2.6/-6.1	95.6 +2.6/-6.1 at 81 mo						
6945	Sprint	Sep-97	1,155	111	40	68,458	99.4 +0.3/-0.7	98.7 +0.6/-1.0	98.2 +0.7/-1.1	97.6 +0.8/-1.3	96.8 +1.1/-1.6	96.1 +1.2/-1.8	95.6 +1.4/-2.0	94.5 +1.7/-2.4	92.3 +2.3/-3.3	90.7 +3.0/-4.2 at 147 mo			
6947	Sprint Quattro Secure	Nov-01	2,718	1,026	41	122,934	99.5 +0.2/-0.4	99.2 +0.3/-0.4	98.9 +0.4/-0.5	98.5 +0.5/-0.7	98.1 +0.6/-0.9	97.5 +0.8/-1.2	97.0 +1.0/-1.4	96.7 +1.1/-1.6	95.9 +1.4/-2.1 at 123 mo				
6947M	Sprint Quattro Secure	Feb-12	1,212	1,125	5	7,132	99.8 +0.2/-0.7 at 12 mo												
6948	Sprint Fidelis	Sep-04	30	12	7	1,462	100.0 at 0 mo												
	Advisories: See page 142 -	– 2007 Potential Conductor Wire Fracture	ial Conduct	or Wire Fra	cture														
<b>6946</b> Ct Analys	Sprint Fidelis Sep-04 796 217 80 Advisories: See bage 142 – 2007 Potential Conductor Wire Fracture	Sep-04 2007 Potenti	796 ial Conduct	217 or Wire Frac		38,922	98.5 +0.6/-1.2	96.8 +1.1/-1.6	94.1 +1.6/-2.1	92.1 +1.9/-2.5	89.3 +2.4/-3.0	84.9 +3.1/-3.8	81.8 +3.9/-4.8	80.4 +4.5/-5.6 at 87 mo					
6996	Sub-Q Lead	Jun-01	43	20	5	1,190	100.0												
2	טעט-ע רפמע		2	ì	1	>>====	at 0 mo												

Lead Survival Summary (95% Confidence Interval)

92 Medtronic CRDM Product Performance Report www.medtronic.com/CRDMProductPerformance Source: Medtronic Device Registration and Returned Product Analysis Data as of July 31, 2013

### **US Returned Product Analysis Summary**

6930 Sr	picardial Patch	Mar-94				Breach	Weld/Bond	Other
	and the second second		2,900	1,100	12	1	0	0
	print Fidelis	Sep-04	400	200	3	0	0	0
6931 Sp	print Fidelis	Sep-04	8,100	3,500	532	1	0	5
6932 Sr	print	Aug-96	14,900	4,200	22	24	0	2
6933, 6937, 6937A SV	VC/CS	Apr-94	11,900	2,400	127	17	0	1
6935 Sr	print Quattro Secure	Nov-08	42,900	38,800	61	2	0	35
6935M Sr	print Quattro Secure	Aug-12	12,700	12,400	0	0	0	1
6942 Sp	print	Jul-97	17,700	5,300	15	22	1	4
6943 Sr	print	Oct-97	20,600	6,200	73	29	1	5
6944 Sr	print Quattro	Dec-00	41,900	21,900	106	3	1	4
6945 Sp	print	Sep-97	42,700	12,600	127	40	1	6
6947 Sr	print Quattro Secure	Nov-01	362,600	243,500	504	36	4	211
6947M Sr	print Quattro Secure	Feb-12	30,200	29,300	3	0	0	4
6948 Sr	print Fidelis	Sep-04	10,400	4,700	154	2	0	2
6949 Sp	print Fidelis	Sep-04	186,800	76,100	6,376	29	3	69
6996 Su	ub-Q Lead	Jun-01	3,900	2,300	20	0	0	0

Source: Returned Product Analysis Data as of July 31, 2013

### **US Reports of Acute Lead Observations**

Model Number	Family	Estimated US Implants	Cardiac Perforation	Conductor Fracture	Lead Dislodgement	Failure to Capture	Oversensing	Failure to Sense			Extracardiac Stimulation	Unspecified
6721	Epicardial Patch	2,900	1	2	0	0	1	1	0	3	0	0
6930	Sprint Fidelis	400	0	0	0	0	0	0	0	0	0	1
6931	Sprint Fidelis	8,100	1	2	1	1	3	1	0	0	0	1
6932	Sprint	14,900	0	0	4	2	0	2	0	1	0	2
6933, 6937, 6937A	SVC/CS	11,900	0	0	1	1	0	0	0	0	0	5
6935	Sprint Quattro Secure	42,900	12	0	27	16	27	5	1	10	0	5
6935M	Sprint Quattro Secure	12,700	1	0	16	13	16	1	0	1	3	0
6942	Sprint	17,700	0	1	1	4	1	0	0	2	0	1
6943	Sprint	20,600	1	0	0	1	1	1	1	2	0	0
6944	Sprint Quattro	41,900	0	2	17	11	11	3	0	8	0	6
6945	Sprint	42,700	1	1	4	6	7	2	2	0	1	2
6947	Sprint Quattro Secure	362,600	24	18	99	66	113	29	4	47	2	22
6947M	Sprint Quattro Secure	30,200	2	1	32	18	11	3	0	2	1	0
6948	Sprint Fidelis	10,400	0	2	7	6	1	0	0	0	0	3
6949	Sprint Fidelis	186,800	10	41	23	32	30	19	6	17	0	25
6996	SubQ	3,900	0	0	1	1	0	0	0	2	0	0

Report Cutoff Date: September 10, 2013

### **Reference Chart**

			Pin Conf	figuration			
Model Number	Family	Туре	Pace/Sense	High Voltage	Lead Body Diameter	Insulation, Lead Body	Fixation, Steroid
6721	Epicardial Patch	Epi Patch	_	DF-1	S, M, L	Silicone, Single Lumen	Suture
6930	Sprint Fidelis	Endo RV True Bipolar Sensing	IS-1	DF-1	6.6 Fr	Silicone with Polyurethane Overlay, Multilumen	Passive, Steroid
6931	Sprint Fidelis	Endo RV True Bipolar Sensing	IS-1	DF-1	6.6 Fr	Silicone with Polyurethane Overlay, Multilumen	Active, Steroid
6932	Sprint	Endo RV True Bipolar Sensing	IS-1	DF-1	7.8 Fr	Silicone, Multilumen	Passive, Steroid
6933	SVC/CS	Endo SVC/CS Coil	_	DF-1	7 Fr	Silicone, Single Lumen	Passive
6935	Sprint Quattro Secure	Endo RV True Bipolar Sensing	IS-1	DF-1	8.6 Fr	Silicone with Polyurethane Overlay, Multilumen	Active, Steroid
6935M	Sprint Quattro Secure	Endo RV True Bipolar Sensing	DF-4	DF-4	8.6 Fr	Silicone with Polyurethane Overlay, Multilumen	Active, Steroid
6937	SVC/CS	Endo SVC Coil	_	DF-1	5.5 Fr	Silicone, Single Lumen	Passive
6937A	SVC/CS	Endo SVC Coil	-	DF-1	7.5 Fr	Silicone with Polyurethane Overlay, Single Lumen	Passive
6942	Sprint	Endo RV/SVC Integrated Bipolar Sensing	IS-1	2 DF-1	7.8 Fr	Silicone, Multilumen	Passive, Steroid
6943	Sprint	Endo RV True Bipolar Sensing	IS-1	DF-1	7.8 Fr	Silicone, Multilumen	Active, Steroid
6944	Sprint Quattro	Endo RV/SVC True Bipolar Sensing	IS-1	2 DF-1	8.2 Fr	Silicone with Polyurethane Overlay, Multilumen	Passive, Steroid
6945	Sprint	Endo RV/SVC Integrated Bipolar Sensing	IS-1	2 DF-1	7.8 Fr	Silicone, Multilumen	Active, Steroid
6947	Sprint Quattro Secure	Endo RV/SVC True Bipolar Sensing	IS-1	2 DF-1	8.6 Fr	Silicone with Polyurethane Overlay, Multilumen	Active, Steroid
6947M	Sprint Quattro Secure	Endo RV/SVC True Bipolar Sensing	DF4	DF4	8.6 Fr	Silicone with Polyurethane Overlay, Multilumen	Active, Steroid
6948	Sprint Fidelis	Endo RV/SVC True Bipolar Sensing	IS-1	2 DF-1	6.6 Fr	Silicone with Polyurethane Overlay, Multilumen	Passive, Steroid
6949	Sprint Fidelis	Endo RV/SVC True Bipolar Sensing	IS-1	2 DF-1	6.6 Fr	Silicone with Polyurethane Overlay, Multilumen	Active, Steroid
6996	Sub-Q Lead	SQ Coil	_	DF-1	7.5 Fr	Silicone, Single Lumen	Passive

# **Pacing Leads**

0 SelectSecure		Product Characteris	stics		
US Market Release	Aug-05	Serial Number Prefix	LFF	US Returned Product Ana	lysis
Registered US Implants	21,600	Type and/or Fixation	Transvenous, Atrium or Right Ventricle, Fixed Screw	Conductor Fracture	4
Estimated Active US Implants	16,400	Polarity	Bipolar	Crimp/Weld/Bond	0
Advisories	None	Steroid	Yes	Insulation Breach	14
				Other	3

#### **Atrial Placement** Product Surveillance Registry Results

Ν	lumber of Lead	ds Enrolled in	Study	778		Card	iac Perforation	1		Failu	ire to Capture	
C	Cumulative Mo	nths of Follov	v-Up	25,544		Cond	ductor Fracture	1		Fa	ilure to Sense	
Ν	lumber of Lead	ds Active in St	udy	493		Extra Card	iac Stimulation	1		Lead I	Dislodgement	
00												
90												
80												
(	)	1	2	3	4	5	6	7	8	9	10	
	Years Afte	r Implant										
		1 yr	2 yr	3 yr	4 yr	5 yr	at 66 mo					
%		99.2	99.2	99.2	99.2	99.2	99.2					
#		672	456	229	111	67	51					

#### **Ventricular Placement**

	t Surveillance		esults		Q	ualifying Co	mplications	4 Total			
	Number of Lead	s Enrolled in St	udy	482		Fail	ure To Capture	1			
	Cumulative Mon	ths of Follow-U	Jp	17,389		Impedanc	e Out of Range	1			
	Number of Lead	s Active in Stud	ly	283		Lead	Dislodgement	2			
- 100											
<u>چ</u> 100											
06 bility											
08 bab											
Pro	0 1	1	2	3	4	5	6	7	8	9	10
Lead Survival Probability 8006											
Surv	Years After	Implant									
ad		1 yr	2 yr	3 yr	4 yr	5 yr	at 69 mo				
۳ %		99.3	99.3	99.3	99.3	99.3	99.3				
#		416	291	167	96	65	51				
	Effective Sam	ple Size									

	CapSure SP										
	US Market Release	Oct-91	Serial Nu	mber Prefix	LAJ			US R	eturned Pro	duct Ana	alysis
	Registered US Implants	219,400	Type and	/or Fixation	Transve	nous, Right Ventr	cle, Tines		Conductor F	racture	:
	Estimated Active US Implants	40,700	Polarity		Bipolar				Crimp/Weld	d/Bond	
	Advisories	None	Steroid		Yes				Insulation	Breach	1
										Other	
duo	ct Surveillance Registry Resul	ts		Qu	alifying Co	mplications	4 Total				
	Number of Leads Enrolled in Study	1,	.215		Fail	ure to Capture	3				
	Cumulative Months of Follow-Up	50									
	Cumulative Months of Follow-Op	50,	987	Ins	sulation (not fu	rther defined)	1				
	Number of Leads Active in Study	50,	987 10	Ins	sulation (not fu	irther defined)	1				
		50,		Ins	sulation (not fu	rther defined)	1				
10	Number of Leads Active in Study	50,			sulation (not fu	rther defined)	1			-	
9	Number of Leads Active in Study	50,			sulation (not fu	rther defined)	1			1	
	Number of Leads Active in Study									1	
9	Number of Leads Active in Study	3		4	5	rther defined)	7	8	9	10	
9	Number of Leads Active in Study							8	9	10	
9	Number of Leads Active in Study	3						8 8 yr	9 9 yr	<b>1</b> 10 at 117	mo
9	Number of Leads Active in Study	3	10	4	5	6	7				
91 81	Number of Leads Active in Study	/r = 3 .8 _ 5	10 3 yr	4 4 yr	5 5 yr	6 6 yr	7 7 yr	8 yr	9 yr	at 117	

	LIS Mari	et Relea	60			Mar-96	Sar	ial Num	ber Prefi	N .	LCE							oture	d Dro	duct /	halve	c i c
						24,300						svenous	. Atrium	or Right	t Ventricle		US R	eturne			anaiys	
	Registe	red US In	nplants			21,500	Тур	e and/c	r Fixatio	n		ve Screw		rornigin	ventricie	,		Cond	ductor F	racture		
		ed Active	e US Imp	olants		29,800		arity			Bipo	lar							np/Wel			
	Advisor	ies				None	Ste	roid			Yes							Ins	sulation	Breach Other		1
																				other		
	Placer t Surve		Regis	stry Re	sults					Quali	fying (	Compl	icatio	<mark>15</mark> 86	Total							
	Numbe	r of Lead	s Enroll	ed in Stu	udy		2,413				Co	onducto	r Fractu	re 3					Insula	tion (ES	C)	
	Cumula	tive Mor	ths of F	ollow-L	lp	13	5,071				Extra Ca	ardiac St	imulati	on 3					Insulat	ion (MI	C)	
	Numbe	r of Lead	s Active	in Stud	у		224				I	Failure t	o Captu	re 23			Insulat	ion (not	furthe	define	d)	
												Failure	e to Sen	se 16				Lea	ad Dislo	dgeme	nt	
											Impeda	ince Out	ofRan	ge 11						ersensir	5	
																	Ur	nspecifie	ed Clinic	al Failu:	re	
100																						
90	) <u> </u>													<b>-</b>								
80	) <u> </u>													-								
	0	1	2	3	4	5 6	5	7 8	3 9	10	) 11	12	13	14	15	16	17	18	19	20	21	
100 90 80	Year	rs After	Impla	ant																		
	I				1	1	1	I	1	I	1	1		I	1	1		1	I	I	I	
		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr	12 yr	13 yr	at 165 m	10						
%	6	98.9	98.7	98.2	98.0	97.4	97.2	96.5	94.9	94.0	93.1	91.7	90.3	89.1	85.8							
#	#	1,907	1,636	1,370	1,115	895	735	580	475	372	288	212	156	94	50							
		ive Sam																				

## Ventricular Placement

Effective Sample Size

Proc	duct	Surve	illance	Regis	stry Re	esults					Qua	lifying	Comp	olicatio	ns 56	Total						
	Ν	lumber	of Lead	s Enroll	ed in Stu	udy		1,799				C	Conduct	tor Fractu	ire 3			I	mpedar	nce Out	of Rang	e 16
	C	umulati	ve Mor	ths of F	ollow-L	Jp	9	96,956				Extra C	Cardiac	Stimulati	on 2			Insulat	ion (not	further	defined	J) 1
	Ν	lumber	of Lead	s Active	in Stud	ly		128					Failure	to Captu	ire 22					Ove	ersensing	g 7
													Failu	ire to Sen	ise 3			Un	specifie	d Clinic	al Failur	re 2
ility (%)	100 90																					
obab	80						-	-														
Lead Survival Probability (%)	(	0 Years	l 6 After	2 Impla	ant	4	5	6	/	8	9 1	0 1	1 1	2 13	3 14	15	16	17	18	19	20	21
d Sui			1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr	12 yr	at 150 m	0						
Lea	%		99.3	98.7	98.7	98.2	97.8	97.0	95.6	94.6	92.6	92.2	91.6	89.4	89.4							
	#		1.427	1,218	1,031	831	683	535	409	313	237	154	90	62	50							

#### 4074 CapSure Sense **Product Characteristics** Jun-02 BBD US Market Release Serial Number Prefix **US Returned Product Analysis** Registered US Implants 94,100 **Conductor Fracture** Type and/or Fixation Transvenous, Right Ventricle, Tines 3 **Estimated Active US Implants** 58,800 Polarity Bipolar Crimp/Weld/Bond 0 Advisories Steroid Yes Insulation Breach 20 None Other 0 **Atrial Placement** Product Surveillance Registry Results **Qualifying Complications** 2 Total Failure to Sense Number of Leads Enrolled in Study 214 1 Cumulative Months of Follow-Up 15,716 Lead Dislodgement 1 Number of Leads Active in Study 132 Lead Survival Probability (%) 100 90 80 0 2 3 4 5 6 7 8 9 10 Years After Implant 1 yr 2 yr 3 yr 4 yr 5 yr 6 yr 7 yr 8 yr % 99.1 99.1 99.1 99.1 99.1 99.1 99.1 99.1 # 199 189 183 171 153 122 82 54 **Effective Sample Size**

### **Ventricular Placement**

duc	t Surveilland	e Registry R	esults		Q	ualifying Co	mplications	3 Total			
	Number of Lea Cumulative Mo	nths of Follow-	Up	988 35,488		Impedanc	lure to Capture e Out of Range	1			
10(	Number of Lea	ds Active in Stud	dy	618		Lead	l Dislodgement				
9(	0										
8	0										
	0	1	2	3	4	5	б	7	8	9	10
	Years Afte	er Implant									
		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr		
9	6	99.8	99.6	99.6	99.6	99.6	99.6	99.6	99.6		
	#	665	474	339	305	262	176	100	54		
	Effective San	nple Size									

Number of Leads Active in Study

653

US Mar	ket Release	Feb-	04 Serial N	lumber Prefix	BBL			US R	eturned Product Ana	lysis
Registe	red US Implants	452,20	00 Type an	nd/or Fixation	Transve Active S	nous, Atrium or F crew-in	ight Ventricle,		Conductor Fracture	
Estimat	ed Active US Implants	347,6	00 Polarity	1	Bipolar				Crimp/Weld/Bond	
Advisor	ies	No	ne Steroid		Yes				Insulation Breach	
									Other	
ial Place										
duct Surv	eillance Registry F	Results		Qu	alifying Co	mplications	9 Total			
Numbe	r of Leads Enrolled in S	Study	1,663		Cond	uctor Fracture	1		Lead Dislodgement	
Cumula	tive Months of Follow	-Up	65,593		Fail	ure to Capture	2			
		, du	894		F	ailure to Sense				
Numbe	r of Leads Active in Stu	udy	0.94			anute to sense	2			
	r of Leads Active in St	udy	094	Ins	sulation (not fu		1	1		
100 90	r of Leads Active in St			In:			-			
100 90 80	r of Leads Active in St				sulation (not fu	rther defined)	1			
100 90 80 0	r of Leads Active in Str	2	3	In:			-	3	9 10	
100 90 80 0	1 rs After Implant	2	3	4	sulation (not fu	rther defined)	1	3	9 10	
100 90 80 0	1				sulation (not fu	rther defined)	- 1 7 8	3	9 10	
100 90 80 0 Yea	1 rs After Implant 1 yr	2 2 yr	3 3 yr	4 4 yr	sulation (not fu	rther defined)	1 7 8 mo	3	9 10	

00											
90											
80											
(	0	1	2	3	4	5	6	7	8	9	10
	0 Years After	1 Implant	2	3	4	5	6	7	8	9	10
	-	1 Implant 1 yr	2   2 yr	3   3 yr	4   4 yr	5 5 yr	6 6 yr	7 at 81 mo	8	9	10
	-	1.	2 2 yr 99.8	3 3 yr 99.7		-		7 at 81 mo 99.0	8	9	10

Impedance Out of Range

2

4092	2 CapSure	SP Novi	JS	P	Product Cha	aracterist	ics						
	US Market Releas	se	Sep	-98 s	erial Number	Prefix	LEP				US Re	turned Prod	uct Analysis
	Registered US Im	plants	179,2	200 T	ype and/or Fix	ation	Transven	ous, Right	Ventricle,	Tines		Conductor Fra	cture 1
	Estimated Active	US Implants	80,7	700 P	olarity		Bipolar					Crimp/Weld/	Bond
	Advisories		No	one S	teroid		Yes					Insulation B	reach 5
												(	Other 2
Produ	ict Surveillance	Registry F	Results			Qual	ifying Con	nplicatio	<mark>ns</mark> 19	Total			
	Number of Leads	Enrolled in S	Study	1,147			Condu	ictor Fractu	ure 3		Im	pedance Out o	fRange
	Cumulative Mon	ths of Follow	-Up	66,685			Extra Cardia	c Stimulati	ion 1			Lead Dislod	gement
	Number of Leads	s Active in Stu	ıdy	261			Failu	re to Captu	ure 9				
<b>%</b> 10	00												
ility	90												
bab	30												
Pro	0 1		2	3	4		5	6	7		8	9	10
vival	Years After	Implant	2	9			, ,	0	1		0	2	10
Lead Survival Probability (%)		1 yr	2 yr	3 yr	4 yr	5 yı	6)	r :	7 yr	8 yr	9 yr	10 yr	at 123 mo
-eac	%	98.9	98.8	98.7	98.4	98.	1 97	.7 9	97.7	97.7	97.7	97.7	97.7
-	#	928	831	734	636	553	451	3	326	220	145	54	40
	Effective Samp	ole Size											

### 4524 CapSure SP

**Product Characteristics** 

US Market Release	Oct-91	Serial Number Prefix	LAR	US Returned Product Ana	lysis
Registered US Implants	100,300	Type and/or Fixation	Transvenous, Atrium, J-Shape, Tines	Conductor Fracture	1
Estimated Active US Implants	23,200	Polarity	Bipolar	Crimp/Weld/Bond	0
Advisories	None	Steroid	Yes	Insulation Breach	67
				Other	3

Pro	duct	Survei	llance	Regis	try Re	sults					Qual	ifying	Comp	licatio	ns	6 To	otal						
	Ν	lumber o	of Leads	Enrolle	d in Stu	ıdy		911					Failure	to Capti	ure	3							
	C	umulati	ve Mon	ths of Fo	ollow-U	р	40	0,951					Failu	re to Ser	nse	2							
	Ν	lumber o	of Leads	Active	in Study	ý		29				L	ead Dis	odgeme	ent	1							
(%	100												ū										
lity (9	90																						
babi	80																_						
Pro		0 1	2	2 3	3 4	4 5	5 6	5 7	7 8	3	9 1	0 1	1 1	2 13	3 1	4	15	16	17	18	19	20	21
Lead Survival Probability (%)		Years	After	Impla	nt																		
ad Su			1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr										
Lea	%		99.6	99.3	99.3	99.0	99.0	99.0	99.0	99.0	99.0	99.0	99.0										
	#		682	536	426	328	250	182	133	87	64	55	49										
		Effectiv	e Samp	le Size																			

501	M Screw-In				tics						
	US Market Release	Nov-94	Serial Num	nber Prefix	LDC			US Re	eturned Pro	duct Anal	lysis
I	Registered US Implants	19,700	Type and/o	or Fixation	Transvend	ous, Atrium-J, A	ctive Screw-in		Conductor F	racture	
1	Estimated Active US Implants	3,800	Polarity		Bipolar				Crimp/Weld	d/Bond	
	Advisories	None	Steroid		No				Insulation	Breach	
										Other	
duct	t Surveillance Registry Resul	ts		Qua	lifying Com	plications	12 Total				
	Number of Leads Enrolled in Study		539		Electrical Ab	oandonment	1	lı	mpedance Out	of Range	
					Insulation (not further defined)						
(	Cumulative Months of Follow-Up	280		Failur	e to Capture	3	Insulati	ion (not further	defined)		
	Cumulative Months of Follow-Up Number of Leads Active in Study	23,2	280 5			e to Capture ure to Sense	3 2	Insulati		defined) ersensing	
I		23,2						Insulati			
100	Number of Leads Active in Study	23,2						Insulati			
I	Number of Leads Active in Study	23,2						Insulati			
100	Number of Leads Active in Study	23,2						Insulati			
100 90	Number of Leads Active in Study	23,2	5	4			2	Insulati			
100 90	Number of Leads Active in Study		5	4	Fail	ure to Sense	2	<u> </u>	Ove	ersensing	
100 90	Number of Leads Active in Study	3	5	4 4 4 yr	Fail	ure to Sense	2	<u> </u>	Ove	ersensing	
100 90	Number of Leads Active in Study	, , , r , r , r	5		<b>Fail</b>	lure to Sense	2	8	9	ersensing	

#### 4568 CapSureFix **Product Characteristics** US Market Release Jan-97 Serial Number Prefix LDD **US Returned Product Analysis** 69,500 Transvenous, Atrium, J-Shape, Screw-in **Registered US Implants Conductor Fracture** Type and/or Fixation 5 Estimated Active US Implants 21,100 Polarity Bipolar Crimp/Weld/Bond 0 Advisories Steroid Yes Insulation Breach None 86 52 Other Product Surveillance Registry Results **Qualifying Complications** 36 Total 656 Lead Dislodgement Number of Leads Enrolled in Study Failure to Capture 18 9 32,664 4 Medical Judgment Cumulative Months of Follow-Up Failure to Sense 1 Number of Leads Active in Study 115 4 Impedance Out of Range Lead Survival Probability (%) 100 90 80 0 2 3 4 5 6 7 8 9 10 Years After Implant 6 yr 1 yr 2 yr 3 yr 4 yr 5 yr 7 yr 8 yr 9 yr at 111 mo 94.7 94.0 94.0 92.9 92.2 90.8 90.8 % 95.3 96.8 96.4 # 494 431 349 292 241 187 87 60 54 143 **Effective Sample Size**

### 4574 CapSure Sense

	US Market Release	Jun-02	Serial Nu	umber Prefix	BBE		US	Returned Pr	oduct Ana	alysis
	Registered US Implants	62,900	Type and	d/or Fixation	Transvenous, Atrium, J-9	Shape, Tines		Conducto	r Fracture	
	Estimated Active US Implants	42,200	Polarity		Bipolar			Crimp/W	eld/Bond	
	Advisories	None	Steroid		Yes			Insulatio	on Breach	
									Other	
luc	t Surveillance Registry Result	S		Qual	lifying Complications	4 Total				
	Number of Leads Enrolled in Study		520		Failure to Capture	1				
	Cumulative Months of Follow-Up	7,	525		Lead Dislodgement	3				
	Number of Leads Active in Study		387							
	Number of Leads Active in Study	:	387							
100	-	: 	387							
	0		387							
100 90			387							
100			387							
100 90		3	387	4	5 6	7	8	9	10	
100 90			387	4	5 6	7	8	9	10	
100 90		3	387	4	5 6	7	8	9	10	
100 90	0 1 2 Years After Implant			4	5 6	7	8	9	10	
100 90 80	0 0 0 0 1 2 Years After Implant 1 1 yr 2 y 6 99.0 99.0 99.0	3 7 0	at 30 mo	4	5 6	7	8	9	10	

### 4592 CapSure SP Novus

US Market Release	Oct-98	Serial Number Prefix	LER	US Returned Product Ana	alysis
Registered US Implants	86,300	Type and/or Fixation	Transvenous, Atrium, J-Shape, Tines	Conductor Fracture	7
Estimated Active US Implants	40,700	Polarity	Bipolar	Crimp/Weld/Bond	0
Advisories	None	Steroid	Yes	Insulation Breach	18
				Other	1

Prod	uct	Surveillance	Registry Res	ults		Quali	fying Compl	ications	7 Total			
	Number of Leads Enrolled in Study Cumulative Months of Follow-Up Number of Leads Active in Study				283 ,887 56	Failure to Capture4Failure to Sense1Lead Dislodgement2						
(%) 1	00											
oilit	90											
obal	80											
I Pr	(	D 1	2	3	4	5	6	7	8	9	1	0
rviva		Years After	Implant									
Lead Survival Probability (%)			1 yr	2 yr	3 yr	4 yr	5 yr	бyr	7 yr	8 yr	9 yr	
Ľ	%		98.2	98.2	98.2	98.2	97.4	97.4	97.4	96.0	96.0	
	#		193	170	152	130	112	103	82	68	48	
		Effective Samp	le Size									

	US Marke	+ Deless			Feb	06	Serial Nu	mala au Dua	£	LDK							d Due du	1. at A.a	a lu c
													viala Tina	_	USF		d Produ		aly
	Registere					800	Type and	l/or Fixati	on			ight venti	ricle, Tine	S			luctor Fra		
			US Impla	nts		500	Polarity			Unipo	lar						np/Weld/		
/	Advisorie	es			No	ne	Steroid			Yes						Ins	ulation Br	each	
	ct Surveillance Registry Resul														C	)ther			
duct	ct Surveillance Registry Resu		y Resul	ts				Quali	fying Co	omplica	ations	31 To	tal						
I	Number	of Leads	Enrolled	in Study		1,89	9			Car	diac Perf	oration	1			Impedar	nce Out of	Range	
(	Cumulati	ive Mont	hs of Foll	ow-Up		101,93	3			Cor	nductor F	racture	8		Insula	tion (not	further d	efined)	
I	Number	of Leads	Active in	Study		13	4			Fa	ailure to C	apture	15			Lea	d Dislodo	gement	
												•							
100																			
100 90												-							
90																			
						6	7	0		11	12	12	14 1		17	10	10	20	21
90	0	1 2	3	4	5	6	7	8	9 10	) 11	12	13	14 1	5 16	5 17	18	19	20	21
90	0	1 2 s After	3 Implan		5	6	7	8	9 10	) 11	12	13	14 1	5 16	5 17	18	19	20	21
90	0	1 2 s After			5	6	7	8	9 10	) 11	12	13	14 1	5 16	5 17	18	19	20	21
90	0	1 2 s After		t 	5 4 yr					9 yr	12	13	14 1 12 yr	5 16	5 17		19		21
90	0 Years		Implan <sup>:</sup>			6 5 yr 98.8	7 6 yr 98.3	8 7 yr 97.7	9 10 8 yr 96.9							18 15 yr 93.9			21

	US I	Marke	t Relea	se		Feb	96	Serial Nur	nber Prefix	x	LDF					US Re	eturne	d Prod	duct A	nalys
	Reg	istere	d US In	nplants		55,4	-00	Type and,	or Fixatior	n <sup>,</sup>	Transven	ous, Right	Ventricle,	Tines		_		uctor Fr		
	Esti	mated	Active	e US Imp	lants	12,2	200	Polarity			Bipolar						Crim	p/Weld	l/Bond	
	Adv	visorie	S			No	ne	Steroid			Yes						Insu	lation	Breach Other	
luc	t Su Nur Cun	nber o nulativ	f Lead ve Mon	s Enrolle	try Res d in Stuc bllow-Up in Study		386 44,612 111	1			Condu Failu Fai	nplicatio actor Fractu re to Captu ilure to Ser Out of Ran	ure 1 ure 2 nse 1	Total						
100	)																			
90																				
80	, L																			
	0	1		2 3	8 4	5	6	7	8 9	10	11	12 13	3 14	15	16	17	18	19	20	21
	١	/ears	After	Impla	nt															
			4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr	12 yr	13 yr	14 yr							
%			99.5	99.5	99.5	98.8	98.8	98.8	98.8	98.8	98.8	97.8	97.8							
% #	ŧ 🗌		373	<b>99.5</b> 354	<b>99.5</b> 330	<b>98.8</b> 294	98.8 249	98.8 207	<b>98.8</b> 184	98.8 155	98.8 116	97.8 82	97.8 49							
	ŧ Et		373 e																	
# tria	t Su Cul t Su Nur Cun	ar P urvei	373 e Size acer llance	354 nent e Regis s Enrolle	330 try Res d in Stuc	294 ults		207	184	155	116 ng Com Condu Failu		49 ns 11 ure 1 ure 7	Total			Lead	d Disloo	dgemer	nt
# trie luct	t Su Cul Nur Cun Nur	ar P urvei	373 e Size acer llance	354 nent e Regis s Enrolle	330 try Res d in Stuc	294 ults	249 1,209 44,680	207	184	155	116 ng Com Condu Failu	82 aplicatio	49 ns 11 ure 1 ure 7	Total			Lead	d Disloo	dgemen	ıt
# tric luct	t Su Cul t Su Nur Cun Nur	ar P urvei	373 e Size acer llance	354 nent e Regis s Enrolle	330 try Res d in Stuc	294 ults	249 1,209 44,680	207	184	155	116 ng Com Condu Failu	82 aplicatio	49 ns 11 ure 1 ure 7	Total			Lead	d Disloc	dgemen	nt
# trie luct	t Su Nur	ar P urvei	373 e Size	354	330 try Res d in Stuc ollow-Up in Study	294 ults y	1,209 44,680 11	207	184	Qualifyi	116 ng Com Condu Failu Fai	82	49           ns         11           ure         1           ure         2           ise         2							
# tric luct	t Si Cul t Si Nur Cun Nur 0	ffective ample ar P urvei nber c nulative nber c	373 e Size Size flaccer flance of Lead	354 nent Regis s Enrolle ths of Fc s Active 2	330 try Res d in Stuc ollow-Up in Study 3 4	294 ults ly	249 1,209 44,680	207	184	Qualifyi	116 ng Com Condu Failu	82	49 ns 11 ure 1 ure 7		16	17	Lead	d Disloc		
# tric luct	t Si Cul t Si Nur Cun Nur 0	ffective ample ar P urvei nber c nulative nber c	373 e Size Size flaccer flance of Lead	354	330 try Res d in Stuc ollow-Up in Study 3 4	294 ults y	1,209 44,680 11	207	184	Qualifyi	116 ng Com Condu Failu Fai	82	49           ns         11           ure         1           ure         2           ise         2		16	17				
# tric luct	t Si Cul t Si Nur Cun Nur 0	ffective ample ar P urvei nber c nulative nber c	373 e Size Size flaccer flance of Lead	354 nent Regis s Enrolle ths of Fc s Active 2	330 try Res d in Stuc ollow-Up in Study 3 4	294 ults y	1,209 44,680 11	207	184	Qualifyi	116 ng Com Condu Failu Fai	82	49           ns         11           ure         1           ure         2           ise         2		16					
# tric luct	t Si Cul t Si Nur Cun Nur 0	ffective ample ar P urvei nber c nulativ nber c	373 e Size Size ilance of Lead f Lead	asta asta asta asta asta asta asta asta	330 try Res d in Stuc billow-Up in Study 3 4 nt	294 ults y 5	1,209 44,680 11 6	207	8 9	Qualifyi	116 ng Com Condu Failu Fai	82	49           ns         11           ure         1           ure         2           ise         2		16	17				
# tric luct	t Su Nur Cun Nur	ffectivity ample ar P nulativ nber c nulativ nber c	373 e Size Size flaccer flance of Lead	354 nent Regis s Enrolle ths of Fc s Active 2	try Res d in Stuce ollow-Up in Study 3 4 nt 3 y	294 ults y 5 r 4 yr	1,209 44,680 11 6 5 y	207 7 7	8 c 7 yr	Qualifyi	116 ng Com Condu Failu Fai	82	49           ns         11           ure         1           ure         2           ise         2		16	17				

### 5054 CapSure Z Novus

**Product Characteristics** 

US Market Release	Jun-98	Serial Number Prefix	LEH	US Returned Product Ana	alysis
Registered US Implants	96,600	Type and/or Fixation	Transvenous, Right Ventricle, Tines	Conductor Fracture	10
Estimated Active US Implants	41,100	Polarity	Bipolar	Crimp/Weld/Bond	1
Advisories	None	Steroid	Yes	Insulation Breach	25
				Other	3

#### **Atrial Placement**

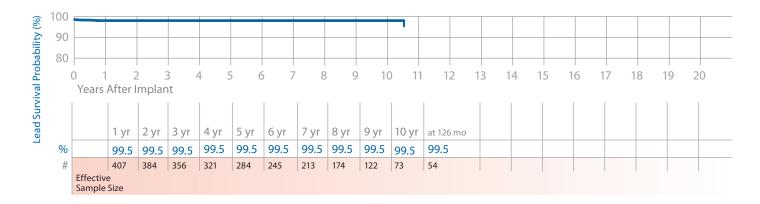
Product Surveillance Registry Results

Qualifying Complications	2	Total
Failure to Capture	1	

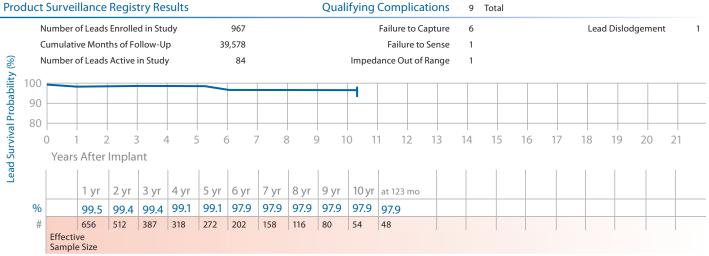
Lead Dislodgement

1

Number of Leads Enrolled in Study	424
Cumulative Months of Follow-Up	34,515
Number of Leads Active in Study	115



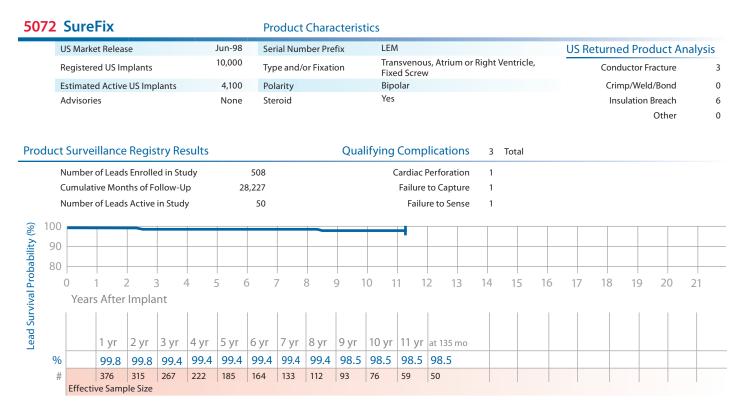
#### **Ventricular Placement**



1	JS Marke	et Releas	e			Jan-97	Ser	rial Num	ber Pref	ix	LDJ					LIS R	aturne	d Pro	duct A	nalysis
	Registere					02,400			or Fixatic		Trans	venous, Atriui e Screw-in	m or Righ	. Ventricl	e,	05110		uctor Fi		2
E	Estimated	d Active	US Imp	lants		28,800	Pol	larity			Bipol	ar					Crin	np/Welc	d/Bond	
A	Advisorie	es				None	Ste	eroid			Yes						Ins	ulation	Breach	1
																			Other	8
	lacem											- 1								
duct	Survei	illance	Regis	try Re	sults					Quali	lying C	Complicatio	ons 6	Total						
Ν	Number	of Leads	Enrolle	ed in Stu	ıdy		968				F	ailure to Capt	ure 2				Lea	d Dislo	dgemen	t
						2	1 202											0	ersensin	~
C	Number of Leads Enrolled in Study Cumulative Months of Follow-Up	р	34	4,293				Impeda	nce Out of Rar	nge 1					Ove	sensing	y			
	Sumulati Number o					34	4,293 29					nce Out of Rar t further defin						Ove	er sen sing	g
						34												Ove	rsensing	y
						34												Ove		9
Ν						34														y
м 100						34														y
۲ 100 90 80			Active	in Study	y	5 6	29	7 8	3 9	Insula			led) 1	15	16	17	18	19	20	21
۲ 100 90 80	Number (	of Leads	Active	in Study	y		29	7 8	3 9	Insula		t further defin	led) 1	15	16	17	18			
۲ 100 90 80	Number (	of Leads	Active	in Study	y		29	7 8	3 9	Insula		t further defin	led) 1	15	16	17	18			
۲ 100 90 80	Number (	of Leads	Active	in Study	y 1		29	7 8 7 yr	3 9 8 yr	Insula	tion (no	t further defin	led) 1	15	16	17	18			
۲ 100 90 80	Number (	of Leads	Active	in Study	y 1	5 6	29			Insula	tion (no 11 10 yr	t further defin	led) 1	15	16	17	18			

### Ventricular Placement

Ν	lumber	of Lead	s Enrolle	ed in Stu	ıdy		1,362				Co	onductor Frac	ture	1				Lea	d Dislo	dgemer	nt
C	umulat	ive Mon	ths of F	ollow-U	p	4	0,745					Failure to Cap	oture	2					Ove	rsensin	g
Ν	lumber	of Lead	s Active	in Stud	у		56				Impeda	nce Out of Ra	ange	1			Un	specifie	d Clinic	al Failui	re
										Insula	ation (no	t further defi	ned)	1							
100																					
90													_								
80																					
	0	1	2 3	3 4	4	5 (	5 7	7 8	3 9	) 10	0 11	12	13	14	15	16	17	18	19	20	21
	Year	s After	Impla	nt																	
		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	at 129 mo									
%		99.9	99.7	99.5	99.2	99.2	99.2	98.5	97.2	97.2	97.2	97.2									
70													_								



ι	JS Mark	et Releas	se		A	ug-00	Ser	ial Num	ber Pref	fix	PJN					US	Retur	ned Pr	oduct A	nalysis
F	Register	ed US Im	plants		1,5	52,400	Тур	be and/o	or Fixatio	on		isvenous, ve Screw-	Atrium or l	Right V	entricle,		Co	onductor	Fracture	43
E	Estimate	d Active	US Imp	lants	9	81,100	Pol	arity			Bipo		111				(	Crimp/W	eld/Bond	
/	Advisori	es				None	Ste	roid			Yes							Insulatio	n Breach	45
																			Other	18
	Placen Surve	nent illance	Reais	trv Re	sults					Oual	ifvina	Compli	cations	28	Total					
		of Leads					2,744					ardiac Pe		1			Imper	lance Oi	ut of Rang	e
		ive Mon			-		2,851					onductor		3		Insu	-		er defined	
		of Leads					593					ardiac Sti		2					odgemer	
												Failure to	Capture	6				0	versensin	g
												Failure	to Sense	2					Othe	er
100																				
90																				
80	0		2	3 4	1	5 (	5	7	8	9 1	1	+ +  1 12	2 13	14	15	16 1	+		9 20	21
% #		1 yr 99.6 2,088	2 yr 99.6		4 yr 98.9	5 yr 98.7	6 yr 98.5 931	7 yr 98.5	8 yr 98.3 452	9 yr 98.3 268		at 129 r 97.8	no							
#		ve Samp		1,538	1,310	1,124	931	084	452	208	120	121					1			
uct I	Surve Number Cumulat	Placen illance of Leads ive Mon of Leads	Regis Enrolle ths of Fo	ed in Stu ollow-Up	dy o		9,416 247			Quali	C	Complin ardiac Pe onductor Failure to	rforation Fracture	14 1 2 5	Total		-	dance O	re to Sens ut of Rang lodgemer	le
		0. 2000	, neuve				2.0					i unui e to	cupture	5					lougeniei	
100																			-	
90																				
80																				
	0 Year	s After	1 Impla		2		3		4		5	6		7		8		9	10	
	1				1															
			1		2		2		4		<b>F</b>	-		-		0		0	- I.	10
%			1 yr 99.6		2 yr		3 yr		4 yr 99.0		5 yr 99.0		yr 8.6	7 <u>-</u> 98	, 	8 yr		9 yr 97.7		10 yr 9 <b>7.7</b>

1,084 Effective Sample Size

#

903

746

611

499

404

306

203

115

56

### 5086MRI CapSureFix Novus

**Product Characteristics** 

US Market Release	Feb-11	Serial Number Prefix	LFP	US Returned Product Ana	lysis
Registered US Implants	128,800	Type and/or Fixation	Transvenous, Atrium or Right Ventricle, Active Screw-in	Conductor Fracture	3
Estimated Active US Implants	124,700	Polarity	Bipolar	Crimp/Weld/Bond	0
Advisories	None	Steroid	Yes	Insulation Breach	5
				Other	8

#### Product Surveillance Registry Results

Number of Leads Enrolled in Study2,532Cumulative Months of Follow-Up25,622Number of Leads Active in Study2,216

# Qualifying Complications 2 Total Lead Dislodgement 2

00		1								
90										
80										
0	1	2	3	4	5	6	7	8	9	10
0 Years	1 After Implant	2	3	4	5	б	7	8	9	10
0 Years	1 5 After Implant   1 yr	2   at 21 mo	3	4	5	6	7	8	9	10
0 Years			3	4	5	6	7	8	9	10

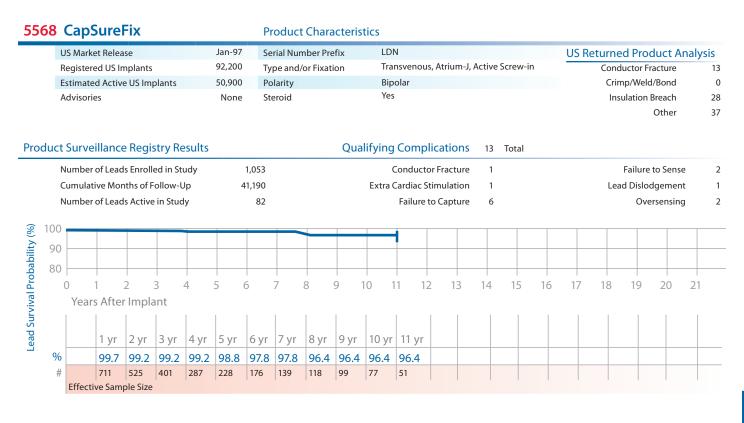
#### **Ventricular Placement**

roduc	t Surveillance	e Registry Re	sults			Qualifying Co	mplications	4 Total			
	Number of Lead	ls Enrolled in Stu	ıdy	2,518		Fa	lure to Capture	2			
	Cumulative Mor	nths of Follow-U	р	25,436		I	ailure to Sense	1			
	Number of Lead	ls Active in Study	ý	2,206		Lead	l Dislodgement	1			
100											
90 80	)										
80											
	0	1	2	3	4	5	6	7	8	9	10
	Years After	r Implant									
		1 yr	at 21 mo								
%	6	99.8	99.8								
#	#	770	92								
	Effective Sam	ple Size									

#### 5092 CapSure SP Novus **Product Characteristics** US Market Release Jun-98 Serial Number Prefix LET **US Returned Product Analysis** Registered US Implants 134,300 Transvenous, Right Ventricle, Tines **Conductor Fracture** Type and/or Fixation 11 Estimated Active US Implants 61,100 Polarity Bipolar Crimp/Weld/Bond 0 Advisories Steroid Yes Insulation Breach 38 None Other 3 Product Surveillance Registry Results **Qualifying Complications** 9 Total 1,172 Number of Leads Enrolled in Study Extra Cardiac Stimulation 1 Cumulative Months of Follow-Up 48,445 2 Failure to Capture Number of Leads Active in Study 125 Impedance Out of Range 1 Lead Dislodgement 5 Lead Survival Probability (%) 100 90 80 2 3 4 5 6 8 9 10 0 7 Years After Implant 5 yr 6 yr 7 yr 8 yr 9 yr 10 yr 1 yr 2 yr 3 yr 4 yr at 123 mo % 99.0 99.0 98.6 98.6 98.6 98.6 98.6 98.6 99.5 99.2 99.4 # 812 517 407 315 239 180 131 91 59 650 51 **Effective Sample Size**

#### 5534 CapSure Z **Product Characteristics** US Market Release Feb-96 Serial Number Prefix LDG **US Returned Product Analysis** 25,800 Transvenous, Atrium-J, Tines Registered US Implants **Conductor Fracture** Type and/or Fixation 3 Estimated Active US Implants 6,700 Polarity Bipolar Crimp/Weld/Bond 0 Advisories Steroid Yes Insulation Breach 4 None Other 4 Product Surveillance Registry Results **Qualifying Complications** 6 Total 5 264 Number of Leads Enrolled in Study Failure to Capture Cumulative Months of Follow-Up 13,141 Impedance Out of Range 1 Number of Leads Active in Study 5 100 Lead Survival Probability (%) 90 80 0 2 3 4 5 6 8 9 10 7 Years After Implant 2 yr 5 yr 4 yr 1 yr 3 yr 6 yr at 78 mo % 98.3 97.8 97.8 97.1 97.1 97.1 97.1 # 207 182 154 1087 71 55 50 Effective Sample Size

54	CapSure	Z Novus		Produ	uct Character	istics					
	US Market Relea	se	Jun-98	Serial N	Number Prefix	LEJ			US Return	ed Product Ana	lysis
	Registered US In	nplants	62,500	Type a	nd/or Fixation	Transv	enous, Atrium-J, T	ines		ductor Fracture	ç
	Estimated Active	US Implants	29,100	Polarit	у	Bipola	r		Cri	mp/Weld/Bond	0
	Advisories		None	Steroio	ł	Yes			In	sulation Breach	18
	et Sumueillen ee Degistry Degult									Other	1
duc	t Surveillance	Registry Re	sults		Qu	ualifying Co	mplications	5 Total			
	Number of Lead	s Enrolled in Stu	ıdy	344		Fa	ilure to Capture	2		Oversensing	1
	Cumulative Mon	ths of Follow-U	p .	15,883		Impedan	ce Out of Range	1			
	Number of Lead	s Active in Stud	у	33		Lead	d Dislodgement	1			
100	0										
90	0 0										
8(	0										
	0	1 :	2	3	4	5	6	7 8	3 9	10	
	Years After	Implant									
		1 yr	2 yr	3 yr	4 yr	5 yr	бyr	at 78 mo			
%	6	100.0	99.2	98.7	98.2	98.2	98.2	98.2			
ŧ	#	272	227	182	158	137	80	48			
	Effective Sam	ple Size									



U	JS Market Release	Jun-98	Serial Num	nber Prefix	LEU			US Re	eturned Product An	alvsis
Re	Registered US Implants	35,000	Type and/	or Fixation	Transveno	us, Atrium-J, Ti	nes		Conductor Fracture	
	stimated Active US Implants	19,000	Polarity		Bipolar				Crimp/Weld/Bond	
	Advisories	None	Steroid		Yes				Insulation Breach	
									Other	
duct	Surveillance Registry Resu	lts		Qua	llifying Com	plications	5 Total			
N	lumber of Leads Enrolled in Study		672		Failur	e to Capture	3			
C	Cumulative Months of Follow-Up	31,	531		Lead Di	slodaement	2			
	Cumulative Months of Follow-Up		531 106		Lead Di	slodgement	2			
N	Cumulative Months of Follow-Up Number of Leads Active in Study		531 106		Lead Di	slodgement	2			
	•				Lead Di	slodgement	2			
N	•				Lead Di	slodgement	2		1	
N 100	•				Lead Di	slodgement	2			
N 100 90 80	Number of Leads Active in Study		106				2	8	9 10	
N 100 90	Number of Leads Active in Study		106	4	Lead Di	slodgement	2	8	9 10	
N 100 90 80	Number of Leads Active in Study		106	4			2	8	9 10	
N 100 90 80	Aumber of Leads Active in Study	3	106		5	6	7			
N 100 90 80 0	Aumber of Leads Active in Study	3	106	4 yr	5 5 5 yr	6 6 yr	7 7 7 yr	8 yr	at 111 mo	
N 100 90 80	Aumber of Leads Active in Study	yr :	106		5	6	7			

Leads

### 5594 CapSure SP Novus

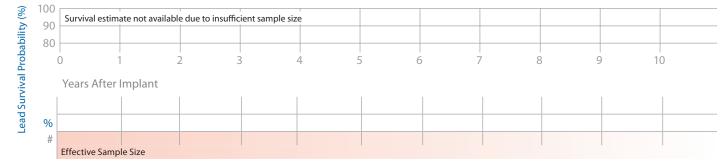
#### **Product Characteristics**

US Market Release	Jun-01	Serial Number Prefix	LFD	US Returned Product Analysis	5
Registered US Implants	16,100	Type and/or Fixation	Transvenous, Atrium-J, Tines	Conductor Fracture	5
Estimated Active US Implants	10,500	Polarity	Bipolar	Crimp/Weld/Bond	0
Advisories	None	Steroid	Yes	Insulation Breach	7
				Other	1

Product Surveillance Registry Results

Qualifying Complications 0 Total

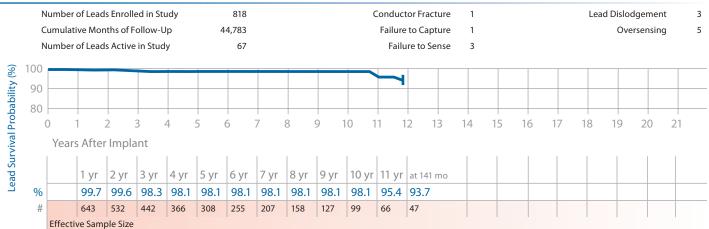
Number of Leads Enrolled in Study	20	
Cumulative Months of Follow-Up	1,568	
Number of Leads Active in Study	9	



# 6940 CapSureFix

#### **Product Characteristics**

US Market Release	Oct-98	Serial Number Prefix	ТСР	US Returned Product Ana	lysis
Registered US Implants	25,400	Type and/or Fixation	Transvenous, Atrium-J, Active Screw-in	Conductor Fracture	12
Estimated Active US Implants	7,100	Polarity	Bipolar	Crimp/Weld/Bond	0
Advisories	None	Steroid	Yes	Insulation Breach	18
				Other	12
roduct Surveillance Registry Result	5	Qua	alifying Complications 13 Total		



Pacing Leads continued	Pacing	Leads	continued
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		əssələ	pə	in Study	su	sdtnoM (but2 ni c	Device	ce Survival Probability (%)	Probabil	lity (%)										
٨	ıper	A teals	iloın∃ ö		ęniyi oitsoilo		Years A	Years After Implant	ant				_			_	_	_	_	
lims7	nedD	W SN	peəJ				1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	10 yr	12 yr	14 yr	16 yr	18 yr	20 yr
SelectSecure	Atrial	Aug-05	778	493	7	25,544	99.2 +0.4/-1.0	99.2 +0.4/-1.0	99.2 +0.4/-1.0	99.2 +0.4/-1.0	99.2 +0.4/-1.0	99.2 +0.4/-1.0 at 66 mo								
SelectSecure	Vent	Aug-05	482	283	4	17,389	99.3 +0.4/-1.4	99.3 +0.4/-1.4	99.3 +0.4/-1.4	99.3 +0.4/-1.4	99.3 +0.4/-1.4	99.3 +0.4/-1.4 at 69 mo								
CapSure SP	Vent	Oct-91	1,215	10	4	50,987	99.9 +0.1/-0.5	99.8 +0.2/-0.7	99.8 +0.2/-0.7	99.8 +0.2/-0.7	99.8 +0.2/-0.7	99.8 +0.2/-0.7	99.8 +0.2/-0.7	99.8 +0.2/-0.7	98.8 +1/-5.0 at 117 mo					
CapSureFix	Atrial	Mar-96	2,413	224	86	135,071	98.9 +0.4/-0.5	98.7 +0.4/-0.6	98.2 +0.5/-0.7	98.0 +0.6/-0.8	97.4 +0.7/-0.9	97.2 +0.7/-1.0	96.5 +0.9/-1.2	94.9 +1.3/-1.7	93.1 +1.7/-2.2	90.3 +2.4/-3.2	85.8 +4.1/-5.7 at 165 mo			
CapSureFix	Vent	Mar-96	1,799	128	56	96,956	99.3 +0.3/-0.6	98.7 +0.5/-0.7	98.7 +0.5/-0.7	98.2 +0.6/-0.9	97.8 +0.7/-1.0	97.0 +0.9/-1.3	95.6 +1.3/-1.8	94.6 +1.5/-2.1	92.2 +2.1/-2.9	89.4 +3.4/-4.9 at 150 mo				
CapSure Sense	Atrial	Jun-02	214	132	7	15,716	99.1 +0.7/-2.8	99.1 +0.7/-2.8	99.1 +0.7/-2.8	99.1 +0.7/-2.8	99.1 +0.7/-2.8	99.1 +0.7/-2.8	99.1 +0.7/-2.8	99.1 +0.7/-2.8 at 96 mo						
CapSure Sense	Vent	Jun-02	998	618	Μ	35,488	99.8 +0.2/-0.7	99.6 +0.3/-0.9	99.6 +0.3/-0.9	99.6 +0.3/-0.9	99.6 +0.3/-0.9	99.6 +0.3/-0.9	99.6 +0.3/-0.9	99.6 +0.3/-0.9 at 96 mo						
CapSureFix Novus	Atrial	Feb-04	1,663	894	6	65,593	99.8 +0.2/-0.4	99.6 +0.2/-0.5	99.4 +0.3/-0.6	99.4 +0.3/-0.6	99.4 +0.3/-0.6	99.0 +0.6/-1.7	99.0 +0.6/-1.7 at 78 mo							
CapSureFix Novus	Vent	Feb-04	1,229	653	9	51,284	99.8 +0.1/-0.5	99.8 +0.1/-0.5	99.7 +0.2/-0.6	99.6 +0.3/-0.8	99.0 +0.6/-1.4	99.0 +0.6/-1.4	99.0 +0.6/-1.4 at 81 mo							
CapSure SP Novus	Vent	Sep-98	1,147	261	19	66,685	98.9 +0.5/-0.9	98.8 +0.5/-0.9	98.7 +0.6/-0.9	98.4 +0.6/-1.1	98.1 +0.7/-1.2	97.7 +0.9/-1.3	97.7 +0.9/-1.3	97.7 +0.9/-1.3	97.7 +0.9/-1.3 at 123 mo					

Source: Medtronic Device Registration and Returned Product Analysis Data as of July 31, 2013

Lead Survival Summary (95% Confidence Interval)

continued

		- 1-	əseəle	pə	in Study		in Study Nontک	Device 5	Survival	Device Survival Probability (%)	lity (%)										
				Enroll		oitecil		Years Af	ears After Implant	ant											
(lime7		ImedD		speəl		illenØ IqmoD		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	10 yr	12 yr	14 yr	16 yr	18 yr	20 yr
ure	CapSure SP At	Atrial Oct	Oct-91	911	29	Q	40,951	99.6 +0.2/-0.8	99.3 +0.4/-1.0	99.3 +0.4/-1.0	99.0 +0.5/-1.3	99.0 +0.5/-1.3	99.0 +0.5/-1.3	99.0 +0.5/-1.3	99.0 +0.5/-1.3	99.0 +0.5/-1.3	99.0 +0.5/-1.3 at 132 mo				
Screw-In		Atrial No	Nov-94	539	Ŋ	12	23,280	99.3 +0.5/-1.4	99.3 +0.5/-1.4	99.3 +0.5/-1.4	99.3 +0.5/-1.4	99.3 +0.5/-1.4	97.6 +1.5/-4.2	96.5 +2.1/-5.2	96.5 +2.1/-5.2	91.8 +4.3/-8.7 at 108 mo					
CapSureFix		Atrial Jan	Jan-97	656	115	36	32,664	96.8 +1.2/-1.8	96.4 +1.3/-1.9	95.3 +1.5/-2.2	94.7 +1.7/-2.4	94.0 +1.8/-2.6	94.0 +1.8/-2.6	92.9 +2.2/-3.2	92.2 +2.5/-3.5	90.8 +3.3/-5.0 at 111 mo					
CapSure Sense		Atrial Jun	Jun-02	520	387	4	7,525	99.0 +0.7/-1.8	99.0 +0.7/-1.8	99.0 +0.7/-1.8 at 30 mo											
CapSure SP Novus		Atrial Oct	Oct-98	283	56	~	14,887	98.2 +1.1/-3.0	98.2 +1.1/-3.0	98.2 +1.1/-3.0	98.2 +1.1/-3.0	97.4 +1.6/-3.8	97.4 +1.6/-3.8	97.4 +1.6/-3.8	96.0 +2.3/-5.5	96.0 +2.3/-5.5 at 108 m0					
CapSure Z		Vent Fek	Feb-96 1,	1,899	134		101,933	99.7 +0.2/-0.4	99.6 +0.2/-0.5	99.1 +0.4/-0.7	99.0 +0.4/-0.8	98.8 +0.5/-0.9	98.3 +0.7/-1.1	97.7 +0.9/-1.4	96.9 +1.1/-1.7	96.0 +1.4/-2.1	95.6 +1.6/-2.4	93.3 +2.5/-4.0	93.3 +2.5/-4.0 at 186 mo		
CapSure Z		Atrial Fek	Feb-96	386	111	5	45,612	99.5 +0.4/-1.5	99.5 +0.4/-1.5	99.5 +0.4/-1.5	99.5 +0.4/-1.5	99.5 +0.4/-1.5	99.5 +0.4/-1.5	98.8 +0.7/-1.9	98.8 +0.7/-1.9	98.8 +0.7/-1.9	98.8 +0.7/-1.9	97.8 +1.4/-4.1 at 168 mo			
CapSure Z		Vent Fek	Feb-96 1,	1,209	11	11	44,680	99.7 +0.2/-0.6	99.4 +0.3/-0.8	99.1 +0.5/-1.0	98.8 +0.6/-1.1	98.8 +0.6/-1.1	98.8 +0.6/-1.1	98.1 +1.1/-2.7	96.6 +2.2/-5.6 at 96 mo						
CapSure Z Novus		Atrial Jun	Jun-98	424	115	7	34,515	99.5 +0.4/-1.4	99.5 +0.4/-1.4	99.5 +0.4/-1.4	99.5 +0.4/-1.4	99.5 +0.4/-1.4	99.5 +0.4/-1.4	99.5 +0.4/-1.4	99.5 +0.4/-1.4	99.5 +0.4/-1.4 at 126 mo					
CapSure Z Novus		Vent Jun	Jun-98	967	84	0	39,578	99.5 +0.3/-0.8	99.4 +0.4/-0.9	99.4 +0.4/-0.9	99.1 +0.5/-1.2	99.1 +0.5/-1.2	97.9 +1.1/-2.3	97.9 +1.1/-2.3	97.9 +1.1/-2.3	97.9 +1.1/-2.3 at 123 mo					

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116 Medtronic CRDM Product Performance Report www.medtronic.com/CRDMProductPerformance

Lead Survival Summary continued

		20 yr														
		18 yr														
		16 yr														
		14 yr			98.5 +1.1/-4.1 at 135 mo											
		12 yr	97.6 +1.5/-4.2 at 126 mo	97.2 +1.6/-3.7 at 129 mo	98.5 +1.1/-4.1	97.8 +0.9/-1.6 at 129 mo							96.4 +1.8/-3.7 at 132 mo			93.7 +3.5/-7.6 at 141 mo
		10 yr	97.6 +1.5/-4.2	97.2 +1.6/-3.7	98.5 +1.1/-4.1	97.8 +0.9/-1.6	97.7 +1.2/-2.3 at 120 mo			98.6 +0.8/-1.6 at 123 mo			96.4 +1.8/-3.7	98.9 +0.6/-1.6 at 111 mo		98.1 +0.9/-1.6
		8 yr	97.6 +1.5/-4.2	97.2 +1.6/-3.7	99.4 +0.4/-1.7	98.3 +0.6/-0.8	98.3 +0.8/-1.4			98.6 +0.8/-1.6			96.4 +1.8/-3.7	98.9 +0.6/-1.6		98.1 +0.9/-1.6
		7 yr	99.3 +0.4/-1.2	98.5 +0.9/-2.6	99.4 +0.4/-1.7	98.5 +0.5/-0.8	98.3 +0.8/-1.4			98.6 +0.8/-1.6	97.1 +1.6/-3.5 at 78 mo	98.2 +1.1/-3.0 at 78 mo	97.8 +1.2/-2.5	98.9 +0.6/-1.6		98.1 +0.9/-1.6
		6 yr	99.3 +0.4/-1.2	99.2 +0.5/-1.5	99.4 +0.4/-1.7	98.5 +0.5/-0.8	98.6 +0.7/-1.2			98.6 +0.8/-1.6	97.1 +1.6/-3.5	98.2 +1.1/-3.0	97.8 +1.2/-2.5	98.9 +0.6/-1.6		98.1 +0.9/-1.6
		5 yr	99.3 +0.4/-1.2	99.2 +0.5/-1.5	99.4 +0.4/-1.7	98.7 +0.5/-0.7	99.0 +0.5/-0.9			99.0 +0.5/-1.1	97.1 +1.6/-3.5	98.2 +1.1/-3.0	98.8 +0.7/-1.6	98.9 +0.6/-1.6		98.1 +0.9/-1.6
ty (%)		4 yr	99.3 +0.4/-1.2	99.2 +0.5/-1.5	99.4 +0.4/-1.7	98.9 +0.4/-0.6	99.0 +0.5/-0.9			99.0 +0.5/-1.1	97.1 +1.6/-3.5	98.2 +1.1/-3.0	99.2 +0.4/-1.0	98.9 +0.6/-1.6		98.1 +0.9/-1.6
Device Survival Probability (%)	ant	3 yr	99.3 +0.4/-1.2	99.5 +0.4/-1.2	99.4 +0.4/-1.7	99.4 +0.3/-0.5	99.3 +0.4/-0.7			99.2 +0.4/-0.9	97.8 +1.3/-3.0	98.7 +0.9/-2.6	99.2 +0.4/-1.0	99.3 +0.5/-1.2		98.3 +0.8/-1.5
survival F	ears After Implant	2 yr	99.6 +0.3/-0.9	99.7 +0.2/-0.9	99.8 +0.2/-1.4	99.6 +0.2/-0.4	99.4 +0.3/-0.6	99.9 +0.1/-0.3 at 21 mo	99.8 +0.1/-0.3 at 21 mo	99.4 +0.3/-0.8	97.8 +1.3/-3.0	99.2 +0.6/-2.4	99.2 +0.4/-1.0	99.3 +0.5/-1.2		99.6 +0.3/-0.9
Device 5	Years Af	1 yr	99.6 +0.3/-0.9	99.9 +0.1/-0.7	99.8 +0.2/-1.4	99.6 +0.2/-0.3	99.6 +0.2/-0.5	99.9 +0.1/-0.3	99.8 +0.1/-0.3	99.5 +0.3/-0.7	98.3 +1.0/-2.7	100.0	99.7 +0.2/-0.7	99.7 +0.3/-1.0	100.0 at 0 mo	99.7 +0.2/-0.8
sdīnoM Vbuīč ni c			34,293	40,745	28,227	142,851	69,416	25,622	25,436	48,445	13,141	15,883	41,190	31,531	1,568	44,783
su		Qualif IqmoD	Q	8	ε	28	14	2	4	6	Q	5	13	5	0	13
۲put2 ni ع	9 VitoA	speəl	29	56	50	593	247	2,216	2,206	125	ŝ	33	82	106	6	67
pə	Enroll	speəJ	968	1,362	508	2,744	1,539	2,532	2,518	1,172	264	344	1,053	672	20	818
əseələ	rket R	₽W SU	Jan-97	Jan-97	Jun-98	Aug-00	Aug-00	Feb-11	Feb-11	Jun-98	Feb-96	Jun-98	Jan-97	Jun-98	Jun-01	Oct-98
	oer	վաթվշ	Atrial	Vent	A or V	Atrial	Vent	Atrial	Vent	Vent	Atrial	Atrial	Atrial	Atrial	Atrial	Atrial
		γlime٦	CapSureFix	CapSureFix	SureFix	CapSureFix Novus	CapSureFix Novus	CapSureFix Novus	CapSureFix Novus	CapSure SP Novus	CapSure Z	CapSure Z Novus	CapSureFix	CapSure SP Novus	CapSure SP Novus	CapSureFix
Vedtronic I		ləboM dmuN	5068	5068	5072	5076	5076	5086MRI	5086MRI	5092	5534	5554	5568	5592	5594	<b>0769</b> duct Per

Source: Medtronic Device Registration and Returned Product Analysis Data as of July 31, 2013

### **US Returned Product Analysis Summary**

Model		US Market	Estimated	Estimated	Conductor	Insulation	Crimp/	
Number	Family	Release	US Implants	US Active	Fracture	Breach	Weld/Bond	
3830	SelectSecure	Aug-05	21,600	16,400	4	14	0	3
4024	CapSure SP	Oct-91	219,400	40,700	28	183	0	12
4068	CapSureFix	Mar-96	124,300	29,800	50	167	0	93
4074	CapSure Sense	Jun-02	94,100	58,800	3	20	0	0
4076	CapSureFix Novus	Feb-04	452,200	347,600	39	35	1	18
4092	CapSure SP Novus	Sep-98	179,200	80,700	11	53	0	2
4524	CapSure SP	Oct-91	100,300	23,200	1	67	0	3
4558M	Screw-in	Nov-94	19,700	3,800	1	21	0	20
4568	CapSureFix	Jan-97	69,500	21,100	5	86	0	52
4574	CapSure Sense	Jun-02	62,900	42,200	7	3	0	0
4592	CapSure SP Novus	Oct-98	86,300	40,700	7	18	0	1
5033	CapSure Z	Feb-96	2,300	500	1	0	0	3
5034	CapSure Z	Feb-96	55,400	12,200	12	15	0	7
5054	CapSure Z Novus	Jun-98	96,600	41,100	10	25	1	3
5068	CapSureFix	Jan-97	102,400	28,800	41	56	2	83
5072	SureFix	Jun-98	10,000	4,100	3	6	0	0
5076	CapSureFix Novus	Aug-00	1,552,400	981,100	435	452	0	186
5086MRI	CapSureFix Novus MRI	Feb-11	128,800	124,700	3	5	0	8
5092	CapSure SP Novus	Jun-98	134,300	61,100	11	38	0	3
5534	CapSure Z	Feb-96	25,800	6,700	3	4	0	4
5554	CapSure Z Novus	Jun-98	62,500	29,100	9	18	0	1
5568	CapSureFix	Jan-97	92,900	50,900	13	28	0	37
5592	CapSure SP Novus	Jun-98	35,000	19,000	4	4	0	0
5594	CapSure SP Novus	Jun-01	16,100	10,500	5	7	0	1
6940	CapSureFix	Oct-98	25,400	7,100	12	18	0	12
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Source: Returned Product Analysis Data as of July 31, 2013

### **US Reports of Acute Lead Observations**

Model Number	Family	Estimated US Implants	Cardiac Perforation	Conductor Fracture	Lead Dislodgement	Failure to Capture	Oversensing	Failure to Sense		Extracardiac Stimulation	Impedance Abnormal	Unspecified
3830	SelectSecure	21,600	6	1	29	14	3	1	1	0	0	2
4024	CapSure SP	219,400	13	11	49	103	1	16	1	2	8	20
4068	CapSureFix	124,300	5	3	31	23	0	5	1	1	2	4
4074	CapSure Sense	94,100	10	1	32	30	0	1	0	0	3	0
4076	CapSureFix Novus	452,200	54	4	134	66	6	17	1	9	12	12
4092	CapSure SP Novus	179,200	1	4	22	29	0	0	1	2	0	2
4524	CapSure SP	100,300	2	2	23	15	0	4	2	1	0	12
4558M	Screw-in	19,700	2	0	2	2	0	1	0	1	1	1
4568	CapSureFix	69,500	3	1	4	6	1	1	0	0	2	1
4574	CapSure Sense	62,900	0	1	39	16	1	8	0	0	0	4
4592	CapSure SP Novus	86,300	0	0	25	8	1	1	1	0	0	2
5033	CapSure Z	2,300	0	0	0	0	0	0	0	0	0	1
5034	CapSure Z	55,400	2	2	14	28	0	3	3	0	0	12
5054	CapSure Z Novus	96,600	1	1	22	22	0	0	1	0	2	9
5068	CapSureFix	102,400	16	4	20	31	1	5	1	0	1	7
5072	SureFix	10,000	0	0	2	2	0	0	0	0	0	0
5076	CapSureFix Novus	1,552,400	167	11	529	241	28	36	8	13	14	31
5086MRI	CapsureFix Novus	128,800	119	2	151	74	20	13	1	10	4	0
5092	CapSure SP Novus	134,300	5	1	51	34	1	6	3	3	0	9
5534	CapSure Z	25,800	0	0	6	3	0	1	0	1	0	4
5554	CapSure Z Novus	62,500	0	1	31	28	0	2	0	0	0	3
5568	CapSureFix	92,200	8	0	33	19	2	2	1	2	2	4
5592	CapSure SP Novus	35,000	1	0	27	4	0	2	0	0	0	1
5594	CapSure SP Novus	16,100	0	0	8	0	0	0	0	0	0	2
6940	CapSureFix	25,400	0	1	6	1	0	0	0	0	1	0

Report Cutoff Date: September 10, 2013

Leads

### **Reference Chart**

Model Number	Family	Туре	Insulation	Conductor Material	Tip Electrode	Connector Type
3830	SelectSecure	Transvenous V or A Screw-In	Polyurethane/Silicone (55D,4719)	MP35N 5 Filars/ Cable	1.8 mm Helix/Steroid	IS-1 BI
4024	CapSure SP	Transvenous Ventricular Tines	Polyurethane (55D)	MP35N 4/5 Filars	Porous Platinized/ Steroid	IS-1 BI
4068	CapSureFix	Transvenous V or A Screw-In	Polyurethane (80A/55D)	MP35N 4/3 Filars	1.8 mm Helix/Steroid	IS-1 BI
4074	CapSure Sense	Transvenous Ventricular Tines	Polyurethane/Silicone (55D, 4719)	MP35N 5/5 Filars	TiN Coated Platinum Iridium/ Steroid	IS-1 BI
4076	CapSureFix Novus	Transvenous V or A Screw-In	Polyurethane/Silicone (55D, 4719)	MP35N 4/6 Filars	TiN Coated Platinum Alloy/Steroid	IS-1 BI
4092	CapSure SP Novus	Transvenous Ventricular Tines	Polyurethane/Silicone (55D/4719)	MP35N 6/4 Filars	Porous Platinized/ Steroid	IS-1 BI
4524	CapSure SP	Transvenous Atrial-J Tines	Polyurethane (55D)	MP35N 4/5 Filars	Porous Platinized/ Steroid	IS-1 BI
4558M	Screw-In	Transvenous Atrial-J Screw-In	Polyurethane (80A/55D)	MP35N 6/3 Filars	1.8 mm Helix/Steroid	IS-1 BI
4568	CapSureFix	Transvenous Atrial-J Screw-In	Polyurethane (80A/55D)	MP35N 6/3 Filars	1.8 mm Helix/Steroid	IS-1 BI
4574	CapSure Sense	Transvenous Atrial -J Tines	Polyurethane/Silicone (55D,4719)	MP35N 5/5 Filars	TiN Coated Platinum Iridium	IS-1 BI
4592	CapSure SP Novus	Transvenous Atrial-J Tines	Polyurethane/Silicone (55D/4719)	MP35N 6/3 Filars	Porous Platinized/ Steroid	IS-1 BI
5033	CapSure Z	Transvenous Ventricular Tines	Silicone	MP35N 4 Filars	CapSure Z Platinized/Steroid	IS-1 UNI
5034	CapSure Z	Transvenous Ventricular Tines	Silicone	MP35N 4/5 Filars	CapSure Z Platinized/Steroid	IS-1 BI
5054	CapSure Z Novus	Transvenous Ventricular Tines	Silicone (4719)	MP35N 5/5 Filars	CapSure Z Porous/Platinized/ Steroid	IS-1 BI
5068	CapSureFix	Transvenous V or A Screw-In	Silicone	MP35N 4/3 Filars	1.8 mm Helix/Steroid	IS-1 BI
5072	SureFix	Transvenous V or A Screw-In	Silicone	MP35N 4/5 Filars	1.8 mm Helix/Steroid	IS-1 BI
5076	CapSureFix Novus	Transvenous V or A Screw-In	Silicone (4719)	MP35N 4/6 Filars	Porous Platinized/ Steroid	IS-1 BI
5086MRI	CapsureFix Novus	Transvenous A or V Screw-in	Silicone	MP35N	Titanium nitride coated platinum alloy	IS-1 BI
5092	CapSure SP Novus	Transvenous Ventricular Tines	Silicone (4719)	MP35N 5/5 Filars	Porous Platinized/ Steroid	IS-1 BI
5534	CapSure Z	Transvenous Atrial-J Tines	Silicone	MP35N 4/5 Filars	CapSure Z Platinized/Steroid	IS-1 BI
5554	CapSure Z Novus	Transvenous Atrial-J Tines	Silicone (4719)	MP35N 6/5 Filars	CapSure Z Porous Platinized/ Steroid	IS-1 BI
5568	CapSureFix	Transvenous Atrial-J Screw-In	Silicone	MP35N 6/3 Filars	1.8 mm Helix/Steroid	IS-1 BI
5592	CapSure SP Novus	Transvenous Atrial-J Tines	Silicone (4719)	MP35N 6/5 Filars	Porous Platinized/ Steroid	IS-1 BI
5594	CapSure SP Novus	Transvenous Atrial-J Tines	Silicone (4719)	MP35N 6/5 Filars	Platinized Platinum/ Steroid	IS-1 BI
6940	CapSureFix	Transvenous Atrial-J Screw-In	Silicone	MP35N 3/6 Filars	Platinum Alloy	IS-1 BI

# Epi/Myocardial Pacing Leads

os cap:	Sure Epi		Product	t Characterist							
US Mark	et Release	Sep-96	Serial Nur	nber Prefix	LBT			US	Returned P	roduct Ana	lysis
Register	ed US Implants	20,900	Type and/	/or Fixation	Myocardial, Suture	Atrium or Rig	ght Ventricle,		Conducto	r Fracture	17
Estimate	d Active US Implants	9,400	Polarity		Unipolar				Crimp/W	/eld/Bond	
Advisori	es	None	Steroid		Yes				Insulati	on Breach	3
										Other	
duct Surve	illance Registry Resu	llts		Qual	lifying Comp	lications	12 Total				
Number	of Leads Enrolled in Study	,	219		Conducto	or Fracture	5	Insu	lation (not furt	ner defined)	
Cumulat	ive Months of Follow-Up	7,	,786		Failure	to Capture	3		(	Oversensing	
	ive Months of Follow-Up of Leads Active in Study	7,	.786 24			to Capture re to Sense	3 1		. (	Oversensing	
		7,					3			Oversensing	
Number		7,					3 1			Dversensing	
Number		7,		7			3			Dversensing	
Number 100 90	of Leads Active in Study				Failur	re to Sense	3 1 	8			
Number		7,		4		re to Sense	1	8	9	Dversensing	
Number	of Leads Active in Study			4 yr	Failur	re to Sense	1	8			
Number	of Leads Active in Study	3	24	I	Failur	re to Sense	1	8			

# Epi/Myocardial Pacing Leads continued

58 Cap	Sure Epi		Produc	t Characteri	stics						
US Mar	ket Release	Sep-99	Serial Nu	ımber Prefix	LEN			US Re	turned Prod	uct Anal	lysis
Registe	red US Implants	29,000	Type and	d/or Fixation	Myocardi Suture	al, Atrium or Ri	ght Ventricle,		Conductor Fra	cture	3
Estimat	ed Active US Implants	17,900	Polarity		Bipolar				Crimp/Weld/	Bond	
Advisor	ries	None	Steroid		Yes				Insulation Br	reach	1
									C	Other	
luct Surv	eillance Registry Resu	ılts		Qua	alifying Com	plications	59 Total				
Numbe	er of Leads Enrolled in Study	/	819		Condu	ctor Fracture	12	In	npedance Out of	f Range	!
	ative Months of Follow-Up		,146		Extra Cardia	c Stimulation	2		on (not further d		
	er of Leads Active in Study		312			re to Capture	21			sensing	1
	. or zedab kente in braa j		5.2			ilure to Sense	3		0101	Other	
100											
90										-	
80											
0	1 2	3		4	5	б	7	8	9	10	
Yea	rs After Implant										
	1 yr 2	2 yr	3 yr	4 yr	5 yr	бyr	7 yr	8 yr	9 yr	10 y	r
%	99.5	97.6	95.9	93.6	92.5	90.9	89.0	89.0	86.4	84.9	
#	646	547	447	350	285	210	155	109	66	50	
Effec	tive Sample Size										

#### 5071 Screw-in

#### Product Characteristics

US Market Release	Dec-92	Serial Number Prefix	LAQ	US Returned Product Analy	sis
Registered US Implants	45,200	Type and/or Fixation	Myocardial, Right Ventricle, Fixed Screw-in.	Conductor Fracture	13
Estimated Active US Implants	15,400	Polarity	Unipolar	Crimp/Weld/Bond	0
Advisories	None	Steroid	No	Insulation Breach	2
				Other	0

Pro	duct	Surveillance	e Registry Re	sults		Qua	alifying Con	nplications	15 Total			
		Number of Lead	s Enrolled in Stu	ıdy	302		Failu	ire to Capture	12			
		Cumulative Mor	nths of Follow-U	р	8,521		Impedance	Out of Range	1			
		Number of Lead	s Active in Study	ý	63			Oversensing	2			
(%)	100											
Lead Survival Probability (%)	90						4					
obal	80						-					
al Pr		0	1 2	2	3	4	5	6	7	8	9	10
Irviv		Years After	r Implant									
d SL			1 yr	2 yr	3 yr	4 yr	5 yr					
Lea	%		96.9	94.0	91.8	91.8	90.1					
	#		153	105	78	63	48					
		Effective Sam	ple Size									

		Ð		۲pu														
		seələ	pə	lS ni é	su		Device S	Device Survival Probability (%)	robabilit	ty (%)								
	Λ	nket R	Enroll	9vitoA	ying vite2il	əvital 1U-wo	Years Aft	Years After Implant	nt									
əboM dmuN	(lims7	ºW SU	speəJ		filenØ qmoጋ		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	10 yr	12 yr	14 yr	16 yr
4965	CapSure Epi	Sep-96	219	24	12	7,786	99 .0 +0.8/-3.0	98.2 +1.3/-3.9	97.2 +1.8/-4.7	92.8 +3.6/-7.0	88.1 +5.4/-9.3 at 54 mo							
4968	CapSure Epi	Sep-99	819	312	59	41,146	99.5 +0.3/-0.9	97.67 +0.9/-1.5	95.9 +1.3/-2.0	93.6 +1.8/-2.5	92.5 +2.0/-2.8	90.9 +2.4/-3.2	89.0 +2.9/-3.8	89.0 +2.9/-3.8	84.9 +4.4/-6.0 at 120 mo			
5071	Screw -in	Dec-92	302	63	15	8,521	96.9 +1.6/-3.3	94.0 +2.7/-4.9	91.8 +3.6/-6.1	91.8 +3.6/-6.1	90.1 +4.3/-7.3 at 60 mo							

Lead Survival Summary (95% Confidence Interval)

# Epi/Myocardial Pacing Leads continued

# Epi/Myocardial Pacing Leads continued

### **US Returned Product Analysis Summary**

Model Number	Family	US Market Release	Estimated US Implants	Estimated US Active	Conductor Fracture	Insulation Breach	Crimp/ Weld/Bond	Other
4965	CapSure Epi	Sep-96	21,200	9,400	171	37	1	0
4968	CapSure Epi	Sep-99	29,000	17,900	35	17	0	1
5071	Screw-in	Dec-92	45,200	15,400	13	2	0	0

Source: Returned Product Analysis Data as of July 31, 2013

### **US Reports of Acute Lead Observations**

Model Number	Family	Estimated US Implants	Cardiac Perforation	Conductor Fracture	Lead Dislodgement	Failure to Capture	Oversensing	Failure To Sense	Impedance Abnormal	Extracardiac Stimulation
4965	CapSure Epi	21,200	0	1	0	4	1	4	4	0
4968	CapSure Epi	29,000	0	0	3	14	2	0	2	0
5071	Screw-in	45,200	1	0	0	33	0	2	2	3

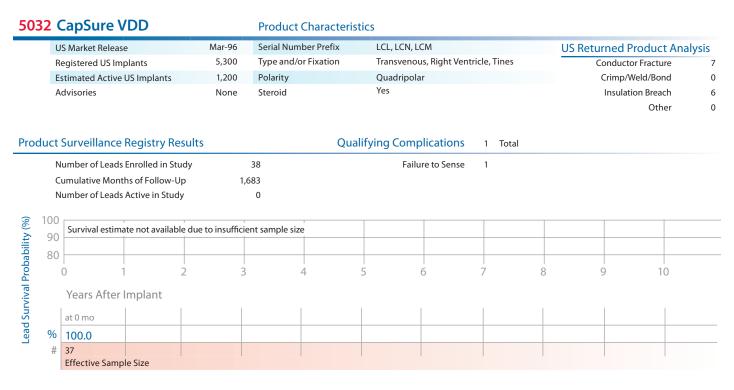
Model Number	Family	Estimated US Implants	Insulation Breach	Unspecified
4965	CapSure Epi	20,900	0	3
4968	CapSure Epi	27,800	1	0
5071	Screw-in	44,300	0	1

Report Cutoff Date: Data as of September 10, 2013

### **Reference Chart**

Model Number	Family	Туре	Insulation	Conductor Material	Tip Electrode	Connector Type
4965	CapSure Epi	Epicardial Suture V or A	Silicone	MP35N 5 Filars	Porous Platinized/ Steroid	IS-1 UNI
4968	CapSure Epi	Epicardial Suture V or A	Silicone	MP35N 5 Filars	Porous Platinized/ Steroid	IS-1 B1
5071	Screw-in	Myocardial Screw-In Ventricular	Silicone	MP35N Multifilars	2-Turn Helix	IS-1 UNI

# **VDD Single Pass Pacing Leads**



038	<b>3</b> CapSure	VDD-2		Produ	ct Characteri	stics						
	US Market Releas	e	Sep-98	Serial N	umber Prefix	LEE, LEC	i, or LEF		U	S Returned I	Product Ana	lysis
	Registered US Im	plants	9,200	Type an	d/or Fixation	Transve	nous, Right Vent	ricle, Tines		Conduct	or Fracture	4
	Estimated Active	US Implants	3,600	Polarity		Quadrip	olar			Crimp/	Weld/Bond	(
	Advisories		None	Steroid		Yes				Insulat	ion Breach	
											Other	(
odu	ct Surveillance	Registry Res	sults		Qu	alifying Co	mplications	6 Total				
	Number of Leads	Enrolled in Stu	dy	558		Conc	uctor Fracture	3				
	Cumulative Mon	ths of Follow-Up	o 20	,842		Fail	ure to Capture	1				
	Number of Leads	Active in Study	,	41		F	ailure to Sense	2				
3 10	00											
, i	90											
8	30											
	0 1		2 3		4	5	6	 7	8	9	10	
	Years After				7	5	0	1	0	2	10	
-		1										
5		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	at 81 mo				

134

82

52

Leads

307

220

176

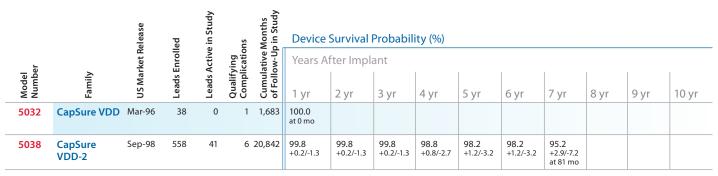
419

Effective Sample Size

#

# **VDD Single Pass Pacing Leads**

Lead Survival Summary (95% Confidence Interval)



Source: Product Surveillance Registry Data as of July 31, 2013

### **US Returned Product Analysis Summary**

Model Number	Family	US Market Release	Estimated US Implants	Estimated US Active	Conductor Fracture	Insulation Breach	Crimp/Weld/ Bond	Other
5032	CapSure VDD	Mar-96	5,300	1,200	7	6	0	0
5038	CapSure VDD-2	Sep-98	9,200	3,600	4	1	0	0

Source: Returned Product Analysis Data as of July 31, 2013

### **US Reports of Acute Lead Observations**

Model Number	Family	Estimated US Implants	Lead Dislodgement	Failure to Capture	Failure to Sense	Extracardiac Stimulation	Unspecified
5032	CapSure VDD	5,300	1	1	1	0	1
5038	CapSure VDD-2	9,200	2	1	1	1	0

Report Cutoff Date: September 10, 2013

### **Reference Chart**

Model Number	Family	Туре	Insulation	Conductor Material	Tip Electrode	Connector Type
5032	CapSure VDD	Transvenous V and A Tines	Silicone	MP35N 5/6/1 Filars	Porous Platinized/ Steroid	Atr. IS-1 BI, Vent. IS-1 BI
5038	CapSure VDD-2	Transvenous V and A Tines	Silicone	MP35N	Porous Platinized/ Steroid	Atr. IS-1 BI, Vent. IS-1 BI

# ICD and CRT-D Charge Time Performance

# Medtronic continues its commitment to providing updated information on charge time performance.

#### Introduction

Information on charge time performance of Medtronic products is presented in this section of the CRDM Product Performance Report. Medtronic implemented the collection of charge time data on July 1, 1999. The data are collected via our ongoing active clinical study of long-term system performance called the Product Surveillance Registry. The study protocol requests device data be routinely taken and sent to Medtronic at no more than 6-month intervals.

In our analysis performed for this report, only charge times resulting from full energy charges are considered. To ensure consistent reporting across devices, the charge time reported at implant represents the last charge time available from date of implant. When more than one charge time is available in a 6-month interval, a conservative approach has been adopted whereby only the maximum charge time in each 6-month interval is reported. As charge time is directly proportional to the time elapsed since the last capacitor reformation, charges occurring within 15 days of a previous charge are excluded. This precludes the reporting of overly optimistic results.

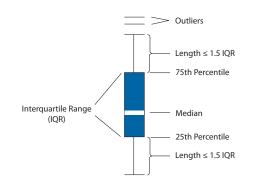
Data from over 20,000 devices contribute to the charge time data in this report. By tracking and reporting this charge time data, Medtronic is able to ascertain the actual performance of its charging circuitry. The insight gained through this information is applied to Medtronic's ongoing efforts to provide charge times that are short and consistent over the life of the product.

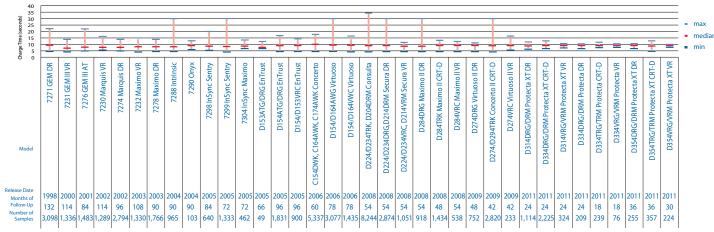
#### **Data Presentation**

Charge time data for ICD and CRT-D models are presented using boxplots at 6-month intervals. The shaded box on the plots represents the middle half of the data – the Interquartile Range (IQR). The white line in the middle of each box is the median charge time. The top of the box representing the IQR is the third quartile or the 75th percentile (i.e., 75% of all charge times fall below this line), whereas the bottom of the box represents the first quartile or the 25th percentile. Vertical lines are drawn from the quartiles to the farthest value not more than 1.5 times the interquartile range. Any values more extreme than the vertical lines are considered outliers.

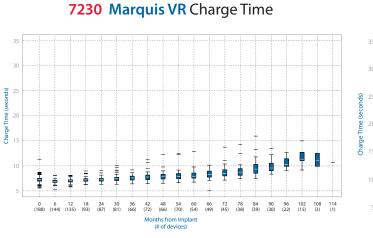
#### Results

The graph below shows the overall maximums, minimums, and medians for Medtronic ICD and CRT-D products.

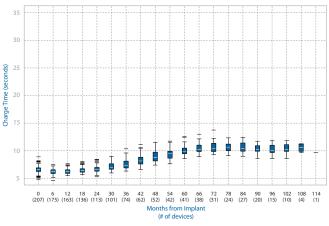




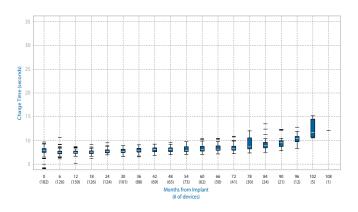
#### Medtronic CRT-D and ICD Charge Time Performance



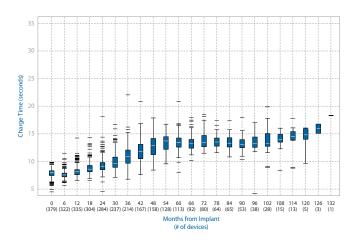
### 7231 GEM III VR Charge Time



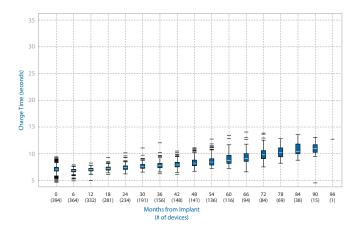
7232 Maximo VR Charge Time



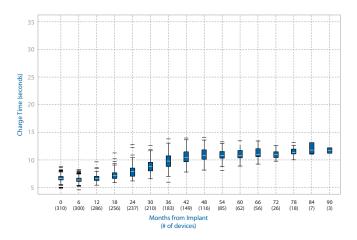
7271 GEM DR Charge Time



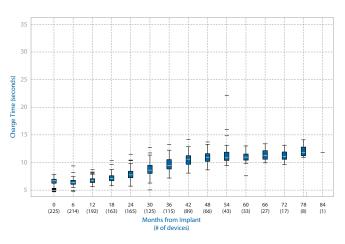
7274 Marquis DR Charge Time



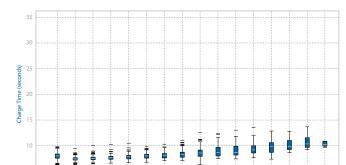
7275 GEM III DR Charge Time



128 Medtronic CRDM Product Performance Report www.medtronic.com/CRDMProductPerformance Source: System Longevity Study Data as of July 31, 2013



### 7276 GEM III AT Charge Time



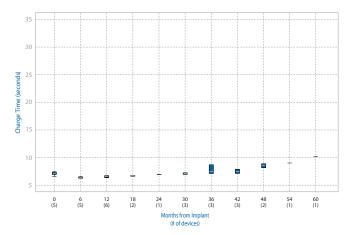
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### 7278 Maximo DR Charge Time

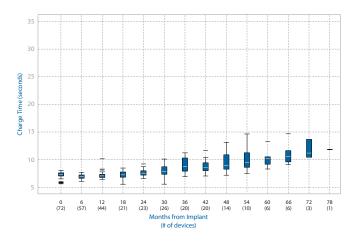


0 6 12 18 24 30 36 42 48 54 60 66 72 78 84 (217) (201) (178) (165) (151) (146) (129) (121) (108) (90) (79) (72) (54) (33) (16)

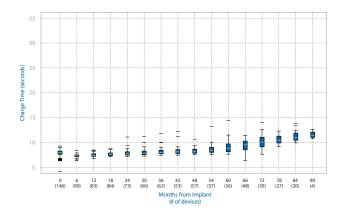
Months from Implant (# of devices)



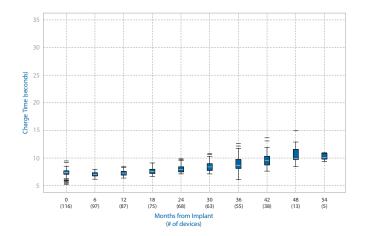




7288 Intrinsic Charge Time

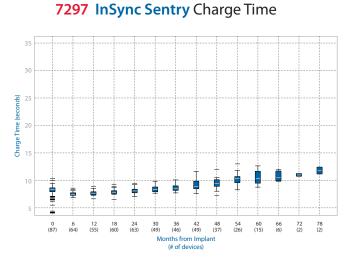


7289 InSync II Marquis Charge Time

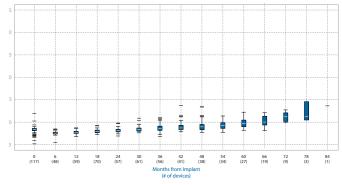


90 (6)

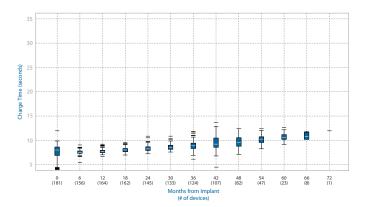
Source: Product Surveillance Registry Data as of July 31, 2013



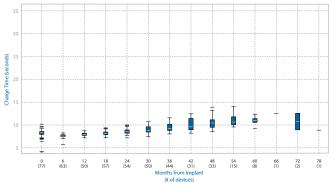
### 7298 InSync Sentry Charge Time



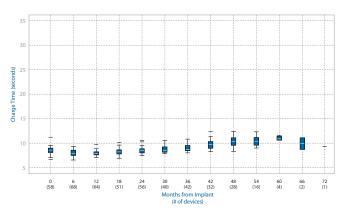
7299 InSync Sentry Charge Time



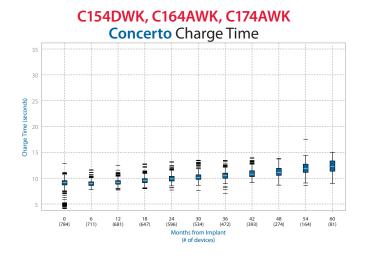
7303 InSync Maximo Charge Time



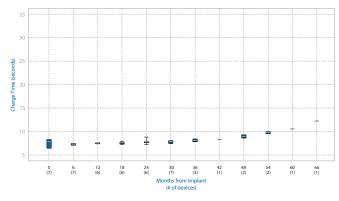
### 7304 InSync Maximo Charge Time



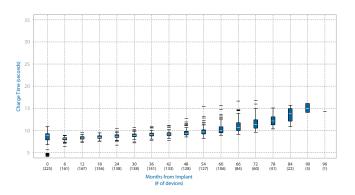
130 Medtronic CRDM Product Performance Report www.medtronic.com/CRDMProductPerformance



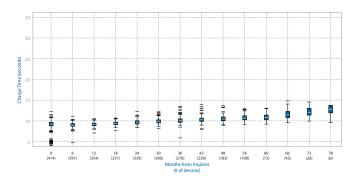
### D153ATG/DRG EnTrust Charge Time



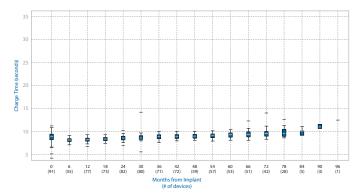
D154ATG/DRG EnTrust Charge Time



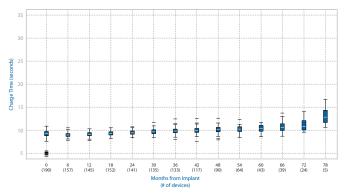
D154AWG/164 Virtuoso Charge Time



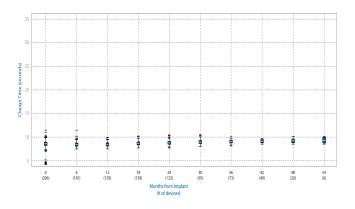
D154VRC/153 EnTrust Charge Time



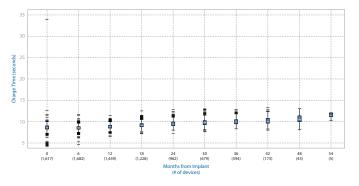
D154VWC/164 Virtuoso Charge Time



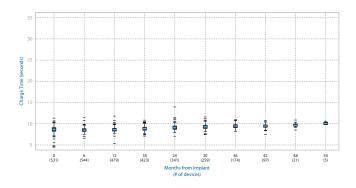
D224VRC/234 Secura VR Charge Time



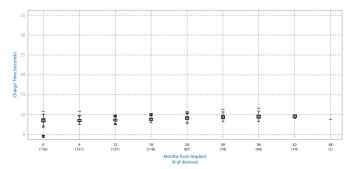
### D224TRK/234/204TRM Consulta Charge Time



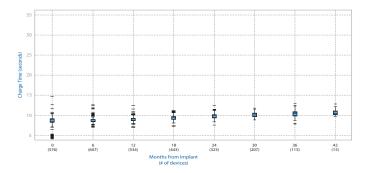
### D224DRG/234/204DRM Secura DR Charge Time



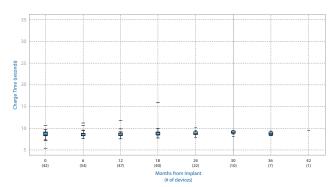
D274DRG Virtuoso II DR Charge Time

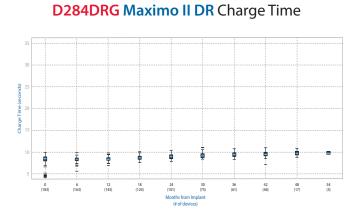


### D274TRK/294 Concerto II CRT-D Charge Time

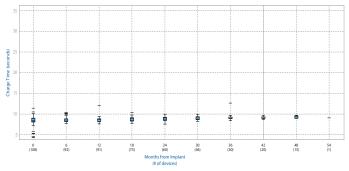


### D274VRC Virtuoso II VR Charge Time

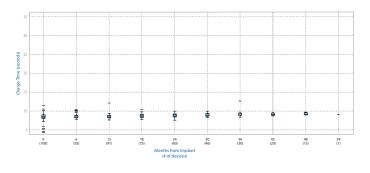




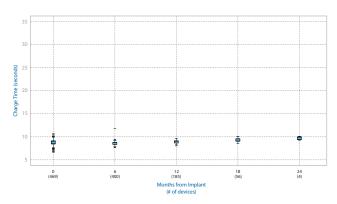
### D284TRK Maximo II CRT-D Charge Time



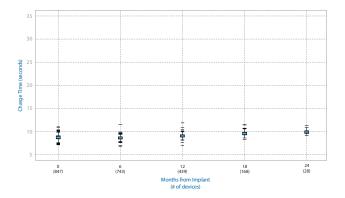
D284VRC Maximo II VR Charge Time



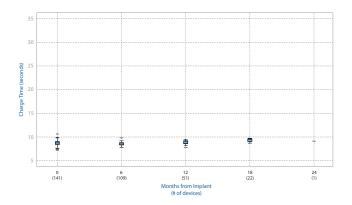
### D314DRG/DRM Protecta XT DR Charge Time



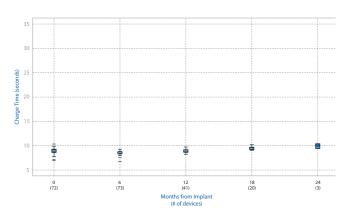
### D314TRG/TRM Protecta XT CRT-D Charge Time

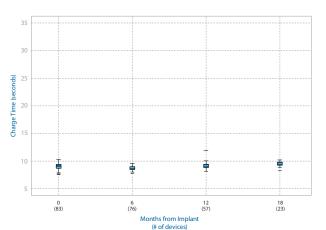


### D314VRG/VRM Protecta XT VR Charge Time

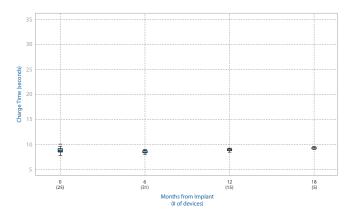


### D334DRG/DRM Protecta DR Charge Time

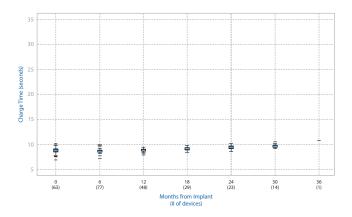




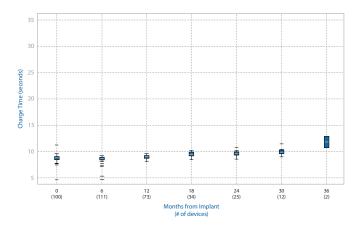
### D334VRG/VRM Protecta VR Charge Time



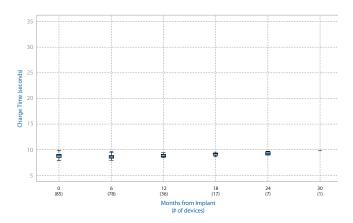
### D354DRG/DRM Protecta XT DR Charge Time



### D354TRG/TRM Protecta XT CRT-D Charge Time



### D354VRG/VRM Protecta XT VR Charge Time



#### 134 Medtronic CRDM Product Performance Report www.medtronic.com/CRDMProductPerformance

#### Source: System Longevity Study Data as of July 31, 2013

### D334TRG/TRM Protecta CRT-D Charge Time

# **Advisories**

Consulta CRT-P and Syncra CRT-P Original Date of Advisory: June 2013

#### Potential Loss Of Device Hermeticity

#### Product

Consulta® CRT-P and Syncra® CRT-P

#### Advisory

Medtronic has identified an issue with a connector bracket weld on a subset of Consulta CRT-P models and Syncra CRT-P devices manufactured between April 1 and May 13, 2013. This type of connector bracket weld is unique to Consulta and Syncra CRT-P devices and no other Medtronic device models are affected.

An out-of-specification weld could result in a loss of device hermeticity and compromised device functionality. **There have been no reported or confirmed device failures or patient injuries.** Medtronic estimates the rate of out-of-specification welds to be 1-2% in this subset of devices.

Non-implanted devices from this subset have been recalled to Medtronic for re-inspection with additional controls to ensure that the weld meets specification. In June 2013, Medtronic communicated to impacted physicians that up to 779 devices worldwide (43 in the U.S.) may have been implanted from this subset.

# Patient Management Recommendations (As of June 2013)

As a result of on-going investigation and consultation with Medtronic's Independent Physician Quality Panel, Medtronic offers the following patient management recommendations:

- Physicians should advise their patients to seek medical attention immediately if they experience a return of symptoms related to bradycardia or heart failure.
- If considering prophylactic device replacement for pacemaker-dependent patients with a device in the identified subset, physicians should carefully assess individual patient circumstances against the known risk of a device replacement.
- Physicians should continue routine follow-up in accordance with standard practice.

### Status Update

As of September 10, 2013, 536 of the 779 devices have been returned from field inventory. Medtronic estimates the remaining 243 devices (44 in the U.S.) have been implanted. **There have been no reported or confirmed device failures or patient injuries.** 

Initial Affected Population	Number of Confirmed Advisory Related Events	Estimated Remaining Active Population	Current Malfunction Rate (Confirmed Malfunctions over total population)
Up to 779 Worldwide	<ul><li><b>0</b> Worldwide</li><li>(<b>0</b> United States)</li></ul>	243 Worldwide	<b>0%</b> Worldwide
(44 United States)		(43 United States)	( <b>0%</b> United States)

# Advisories continued

### EnTrust ICDs

Original Date of Advisory: March 2012

### Potential Rapid Battery Depletion

#### Product

All EnTrust ICDs.

#### Advisory

A small percentage of EnTrust ICDs may not meet expected longevity or provide at least three months of device operation between the Elective Replacement Indicator (ERI) and End of Life (EOL) due to a morerapid-than-expected drop in battery voltage. No patient deaths or serious injuries have been reported as a result of this issue.

The reported events have involved a drop in battery voltage from ~3.0 V to ERI (2.61 V) over a time period ranging from approximately one week to six months. All reported events have occurred at least 30 months after implant.

Medtronic has identified the cause of these occurrences to be an internal battery short that develops as the battery capacity is consumed.

# Patient Management Recommendations (As of March 2012)

After consultation with Medtronic's Independent Physician Quality Panel, Medtronic offers the following patient management recommendations:

- Physicians should continue routine follow-up sessions at least every three months in accordance with product labeling.
- Physicians should program the audible patient alerts for "Low Battery Voltage ERI" and "Excessive Charge Time EOL" to ON.
- Physicians should replace devices promptly after they reach ERI if the decline in voltage is more rapid than expected.
- Prophylactic replacement of EnTrust ICDs is not recommended.

### Status Update

As of September 10, 2013, there have been 83 confirmed events. No patient deaths have been reported due to this issue. No reports have been made of a failure to deliver high voltage therapy.

Initial Affected Population	Number of Confirmed Advisory Related Events	Estimated Remaining Active Population	Current Malfunction Rate (Confirmed Malfunctions over total population)
<b>69,000</b> Worldwide ( <b>43,200</b> United States)	83 Worldwide (63 United States)		0.12% Worldwide (0.15% United States)

#### **EnRhythm Pacemakers** Original Date of Advisory: February 2010

### Low Battery Voltage Displayed at Device Interrogation

#### Product

All EnRhythm pacemakers.

#### Advisory

Two specific battery issues with EnRhythm pacemakers have been identified and both are addressed by a Medtronic software update.

#### First Issue

As of February 2010, Medtronic had received 62 reports (out of approximately 110,000 devices worldwide) indicating that the battery voltage at device interrogation was lower than the battery voltage that is tracked by the device to provide data for the elective replacement indicator (ERI) notification. The lower voltage measurement caused confusion and occasionally resulted in unnecessary explants.

Medtronic's investigation has shown that none of these reports resulted in loss of therapy. Importantly, the ERI notification, which uses the nightly battery measurement, is unaffected and accurate. Medtronic has identified the root cause as higher than expected battery resistance.

Medtronic's internal testing has shown that there is no current risk for compromised therapy delivery. If the software update referenced above is not implemented, there will be a potential risk of loss of device functionality in a small percent (less than 0.08% 6 years post-implant) of devices. The software update eliminates this risk.

#### Second Issue

Through internal accelerated testing, Medtronic has identified a second issue that projects battery voltage could decrease sooner than expected due to a slightly increased rate of lithium depletion. This issue has not been clinically observed and is not expected to occur until approximately 9 years post-implant. If the software update referenced above is not implemented, there may be a potential risk for loss of therapy at or near ERI in a small number of devices. The software will eliminate this issue by changing ERI criteria.

### Software Update (As of October 2010)

The battery issues described above and subsequent software update are summarized in the table below. When a device receives the software update, if battery impedance is greater than the new ERI threshold, ERI will be triggered shortly thereafter. Therefore, clinicians may observe an ERI/EOL indicator at the next patient follow-up. When ERI is triggered by battery impedance, additional battery capacity remains and can support device function at ERI parameters for at least one year. Medtronic is not aware of any reports of loss of therapy due to this issue.

As a reminder, when ERI is triggered, EnRhythm devices revert to VVI pacing at 65 ppm at the programmed output settings. EOL is declared 90 days after ERI or at a battery voltage of 2.69 V, whichever comes sooner.

Battery Issue	Software Update
Battery voltage could decrease sooner than expected due to a slightly increased rate of lithium depletion	Changed ERI battery voltage threshold from 2.59 V to 2.81 V to ensure 90 days of therapy from ERI to EOL
Higher than expected battery impedance	Added a secondary ERI trigger based on battery impedance. This new criteria will identify devices with increased battery impedance before device performance is impacted. If triggered, displayed battery voltage is reset to 2.81 V to ensure alignment with ERI battery voltage threshold.

# Updated Performance Information (as of August 2011)

We now have access to battery impedance and ERI performance on more than 5,000 EnRhythm devices that have received the EnRhythm software update. Our modeling based on these data shows that approximately 6-10% of devices will reach ERI within 5 years post-implant. Consistent with our previous communications, we continue to expect average device longevity to be reduced by approximately 10-15%, with the expected average longevity remaining at 8.5 to 10.5 years, depending on device settings.<sup>1</sup>

# Updated Patient Management Recommendations (as of August 2011)

After consultation with Medtronic's Independent Physician Quality Panel, we recommend:

Performing a device follow-up within 90 days after the software download to identify devices that triggered ERI shortly after the software update. Subsequent follow-up can be performed per standard practice. During programmer interrogation of a device at ERI, there is a slight possibility a transient drop in pacing amplitude could occur. If this is noted, either remove the programmer head or temporarily program to a higher output voltage.

continued

EnRhythm Pacemakers

Original Date of Advisory: February 2010

### Low Battery Voltage Displayed at Device Interrogation, continued

If an unanticipated ERI/EOL is declared, it is likely due to battery impedance. In such cases, additional battery capacity remains and can support device function at ERI parameters for at least one year. However, when ERI or EOL (typically 90 days after ERI) declaration is seen, schedule device replacement.

<sup>1</sup> The 8.5 year estimate represents a high use scenario (DDD, 100% pacing in atrium and ventricle with 3.0 V output in both chambers). The 10.5 year estimate represents a typical use scenario for a sinus node dysfunction patient with the MVP function ON (AAI(R) <=> DDD(R), 50% pacing in atrium and 5% pacing in ventricle with 3.0 V output in both chambers). Projections are based on modeling and not actual field returns, due to limited availability of implant experience beyond 6 years. Field performance will continue to be monitored and modeling updated to reflect actual data.

#### Status Update

As of September 10, 2013, 381 devices out of approximately 146,500 devices worldwide have been confirmed as having exhibited an advisory event related to the original advisory, in which higher than expected battery impedance caused a drop in battery voltage at interrogation.

Initial Affected Population	Number of Confirmed Advisory Related Events	Estimated Remaining Active Population	Current Malfunction Rate (confirmed malfunctions over total population)	The software update eliminates any potential future risk of the two battery issues described above by changing the ERI criteria.
All EnRhythm pacemakers ( <b>146,500</b> Worldwide)	381 Worldwide	84,700 Worldwide	0.25%	

Included in the August 2011 Performance Update was information about the projected percentage of devices that would encounter an early ERI due to unexpected high battery impedance. As of February 25, 2013, percentage of devices that have encountered ERI due to battery impedance has not exceeded the rate of 6-10% within 5 years post-implant as communicated with our August 2011 Performance Update.

Initial Affected	Number of Confirmed	Estimated Remaining	Only devices using the updated software can trigger ERI due to impedance.
Population	Advisory Related Events	Active Population	
All EnRhythm pacemakers ( <b>146,500</b> Worldwide)	8,805 Worldwide	84,700 Worldwide	

### Potential Reduced Device Longevity

#### Product

A subset of Concerto CRT-D and Virtuoso ICD devices may not meet expected device longevity. Go to <u>www.medtronic.</u> <u>com/CRDMProductPerformance</u> to determine if a specific device is affected.

#### Advisory

A subset of Concerto CRT-D and Virtuoso ICD devices may not meet expected device longevity due to gradually increasing current drain caused by low voltage capacitor degradation. This issue may present in the affected devices as reaching the Recommended Replacement Time (RRT) earlier than projected. This issue does not compromise device functionality or affect therapy delivery.

Based on information from returned devices, Medtronic expects that affected devices will continue to provide at least 3 months of normal device function between RRT and End of Service (EOS) as described in device labeling.

A total of 8,900 devices worldwide are affected by this advisory. An estimated 6,300 of these devices were active at the time of the original advisory communication.

Concerto and Virtuoso devices in the affected subset were manufactured primarily in 2006 and can be traced to a specific subset of low voltage capacitors.

#### **Patient Management Recommendations**

After consultation with Medtronic's Independent Physician Quality Panel, Medtronic offers the following recommendations for patients with devices in the affected subset:

Physicians should continue routine follow-up sessions at least every 3 months in accordance with product labeling.

Physicians should verify that the Low Battery Voltage RRT alert is programmed to "On-High." This provides an audible, alternating tone when the device reaches RRT. These devices are shipped with this alert programmed nominally to "On-High."

Physicians may consider monitoring patients through CareLink. The CareLink home monitor can be used to automatically notify the clinician when the device reaches RRT.

#### **Status Update**

As of September 10, 2013, 3,684 devices out of approximately 8,900 devices in this subset worldwide have been confirmed as having exhibited this capacitor degradation. Out of the initial advisory population of 8,900 worldwide, less than 300 remain implanted worldwide.

Initial Affected Population	Number of Confirmed Advisory Related Events	Estimated Remaining Active Population	Current Malfunction Rate (Confirmed Malfunctions over total population)
8,900 Implanted Worldwide ( <b>7,000</b> United States)	3,684 Worldwide (3,168 United States)	< 300 Worldwide (< 300 United States)	42% Worldwide (45% United States)

Concerto CRT-D and Virtuoso ICD Original Date of Advisory: September 2009

## Kappa 600/700/900 Pacemakers Sigma 100/200/300 Pacemakers Original Date of Advisory: May 2009

# Potential Separation of Interconnect Wires (2009)

### Product

A specific subset of Kappa and Sigma series pacemakers may fail due to separation of interconnect wires from the hybrid circuit. Go to <u>www.medtronic.com/CRDMProductPerformance</u> to determine if a specific device is affected.

# **Advisory Population**

Specific subsets of Kappa and Sigma series pacemakers may fail at a higher than expected rate due to separation of wires that connect the electronic circuit to other pacemaker components (e.g., battery, connector). This may present clinically as loss of rate response, premature battery depletion, loss of telemetry, or no output.

Some patients, whose devices experience a wire separation resulting in a loss of pacing output, will experience a return of bradycardia symptoms (e.g., fainting or lightheadedness). In rare cases involving pacemaker dependent patients, loss of pacing output may result in death or serious injury.

Since 1997, there have been over 1.7 million Kappa and Sigma devices implanted worldwide. At the time of the original advisory communication, an estimated 15,200 Kappa and 6,100 Sigma devices affected by the advisory remained implanted and active. These devices were manufactured primarily between November 2000 and November 2002. Most of these devices have been implanted in patients for five years or longer and may be nearing normal elective replacement time.

There is no provocative testing that can predict which specific devices may fail, and no device programming can mitigate this issue if it occurs.

### **Patient Management Recommendations**

We realize that each patient requires unique clinical consideration and we support your judgment in caring for your patients. After consultation with Medtronic's Independent Physician Quality Panel, Medtronic offers the following recommendations for patients:

- Physicians should advise their patients to seek medical attention immediately if they experience symptoms (e.g., fainting or lightheadedness).
- Physicians should consider device replacement for patients who are both pacemaker dependent and who have been implanted with a device in the affected subsets. Medtronic will offer a supplemental device warranty if the device is not already at elective replacement time.
- Physicians should continue routine follow-up in accordance with standard practice for those patients who are not pacemaker dependent.

# Status Update

#### Advisory Population

#### Patient management recommendations remain

**unchanged.** As of September 10, 2013, Medtronic has observed 458 Kappa devices and 299 Sigma devices with this failure mechanism from the Kappa and new Sigma device subsets. This represents 0.79% (Kappa) and 2% (Sigma) of the original affected implant population.

Four hundred twenty-one (421) of the Kappa devices (0.72%) and 232 of the Sigma devices (1.56%) were returned with information indicating a problem with the patient's pacing system prior to explant. The remaining 37 Kappa devices (0.06%) and 67 Sigma devices (0.44%) were returned with no information indicating a potential malfunction while implanted or with insufficient information to determine the state of the device at explant. Lacking definite information indicating proper operation until explant, these remaining devices are conservatively categorized as having experienced interconnect wire separation while implanted.

As of May 2009, our modeling predicts failure rates due to this issue of 1.1% (Kappa) and 4.8% (Sigma) over the remaining lifetime of those pacemakers still in service at that time.

Out of the initial advisory population of 58,300 Kappa devices and 14,900 Sigma devices worldwide, less than 200 Kappa devices remain implanted worldwide and 2,000 Sigma devices remain implanted worldwide. Of these, 500 Sigma devices are in the United States.

# **Continued Vigilance**

Included in the advisory communication was information about an additional subset of Kappa devices where we have observed a much lower rate of occurrence of this issue. Less than 200 devices of this subset remain active. We have observed a failure rate of approximately 0.096% in this subset and our May 2009 modeling predicts a failure rate of 0.12% over the remaining device life of those pacemakers still in service at that time. After review with our Independent Physician Quality Panel, we do not recommend any specific actions for this group of devices. We will continue to monitor performance and inform you if any specific patient management recommendations are warranted.

continued

# Kappa 600/700/900 Pacemakers

Sigma 100/200/300 Pacemakers Original Date of Advisory: May 2009

# Potential Separation of Interconnect Wires, continued

Initial Affected Population Kappa Pacemakers	Number of Confirmed Advisory Related Events	Estimated Remaining Active Population	Current Malfunction Rate (Confirmed and Unconfirmed Malfunctions over total population)	Predicted Malfunction Rate Over the Remaining Life of the Devices Still Implanted Population
58,300 Implanted Worldwide (est.) (17,600 United States)	<b>421</b> Worldwide ( <b>221</b> United States) with information indicating a clinical presentation. An additional <b>37</b> worldwide ( <b>25</b> US) without information indicating a clinical presentation or with insufficient information to determine the state of the device at explant.	< 200 Worldwide (< 100 United States)	0.79% Worldwide 1.40% (United States)	1.1%
Sigma Pacemakers		•	'	
14,900 Implanted Worldwide (est.) (3,700 United States)	<b>232</b> Worldwide ( <b>49</b> United States) with information indicating a clinical presentation. An additional <b>67</b> worldwide ( <b>17</b> US) without information indicating a clinical presentation or with insufficient information to determine the state of the device at explant.	<b>2,000</b> Worldwide ( <b>500</b> United States)	2% Worldwide 1.8% (United States)	4.8%

6930, 6931, 6948, 6949 Sprint Fidelis Defibrillation Leads Original Date of Advisory: October 2007

Potential Conductor Wire Fracture

# Product

All Model 6930, 6931, 6948, and 6949 implantable defibrillation leads

# Advisory

There are two primary locations where chronic conductor fractures have occurred on Sprint Fidelis leads: 1) the distal portion of the lead, affecting the anode (ring electrode) and 2) near the anchoring sleeve tie-down, predominantly affecting the cathode (helix tip electrode), and occasionally the high voltage conductor. These two locations account for approximately 90% of the chronic fractures identified in Returned Product Analysis (RPA). The remaining 10% of chronic fractures occurred in the DF-1 connector leg and the proximal portion of the RV coil. High voltage conductor fractures could result in the inability to deliver defibrillation therapy. Anode or cathode conductor fractures (at either location) may present clinically as increased impedance, oversensing, increased interval counts, multiple inappropriate shocks, and/or loss of pacing output.

# Patient Management Recommendations (Updated April 2011)

The Lead Integrity Alert (LIA) provides three days advance notice prior to inappropriate therapy to 76% of patients with lead fractures.<sup>1</sup> As a result, we strongly recommend that all Sprint Fidelis patients who have the ability to upgrade to Lead Integrity Alert do so promptly. Also ensure that high voltage lead impedance alerts (maximum of 100 ohms) are programmed. When a lead fracture is suspected or confirmed, immediate patient attention is strongly recommended. Physicians should inform their patients to seek medical attention without delay if they experience unexpected shocks

- If a Fidelis lead fracture of any type has occurred, we recommend implanting a new high voltage lead with or without extraction of the Fidelis lead.
- In patients with normal device function and no manifestation of lead fracture, no action is recommended. The risk of prophylactic intervention appears to be greater than serious injury resulting from lead fracture even for pacemaker dependent patients, except in select individual patient circumstances as determined by the physician.
- In the event of a device change-out or upgrade procedure, with no manifestation of lead fracture, consider the patient age and lead model data above, as well as patient life expectancy, co-morbidities, ease of extraction related to implant time, patient preference, etc., for the following options:
  - Leave a properly performing lead intact.
  - Implant a new ICD lead without extraction of the existing lead.

- Carefully consider all factors before prophylactic placement of a pace-sense lead. Data shows an increased risk of high voltage conductor fracture if a pace-sense conductor fracture has previously occurred. This data is available at www.medtronic.com/fidelis
- Individual patient circumstances may warrant extracting and implanting a new ICD lead. If warranted, Medtronic's Independent Physician Quality Panel recommends the lead extraction procedure be performed by a physician with extensive lead extraction experience.<sup>2</sup>

# Status Update

As of September 10, 2013, of the initial implant population of 205,600 in the United States, approximately 88,300 remain implanted. According to Product Surveillance Registry results, lead survival is estimated to be 80.4% (+4.5/-5.6) at 87 months. As the implanted population ages and the sample size increases for each time interval, the accuracy of the estimated survival probability will increase as shown by tighter confidence intervals.

- <sup>1</sup> Swerdlow C, Gunderson B, Ousdigian K, et al. Downloadable Algorithm to Reduce Inappropriate Shocks Caused by Fractures of Implantable Cardioverter-Defibrillator Leads, *Circulation*. November 2008;118:2122-2129.
- <sup>2</sup> Wilkoff B, Love C, Byrd C, et al. Transvenous Lead Extraction: Heart Rhythm Society Expert Consensus on Facilities, Training, Indications, and Patient Management. *Heart Rhythm.* July 2009;6:1085-1104.

continued

# 6930, 6931, 6948, 6949 Sprint Fidelis Defibrillation Leads

Original Date of Advisory: October 2007

# Potential Conductor Wire Fracture, continued

# **Keeping Physicians Informed**

The most recent Sprint Fidelis lead performance information, including survival curves, physician letters, and subpopulation data, can be found at www.medtronic.com/fidelis and will be updated semi-annually. Medtronic's website also has a selected list of peerreviewed publications related to Fidelis lead performance and extraction. Medtronic is committed to answering your questions and keeping you informed. If you have any questions or concerns, please contact your Medtronic Representative or Medtronic Technical Services at 1 (800) 723-4636 (US).

Initial Affected Population	Number of Confirmed Advisory Related Events	Estimated Remaining Active Population	Additional information about the Sprint Fidelis lead is available at: www.medtronic.com/fidelis.
279,500 Worldwide	6,330 Worldwide	<b>120,000</b> Worldwide	
(205,600 United States)	(4,471 United States)	( <b>83,300</b> United States)	

# Sigma Implantable Pulse Generators

Original Date of Advisory: November 2005

# Potential Separation of Interconnect Wires (2005)

### Product

A specific subset of Sigma series pacemakers may fail due to separation of interconnect wires from the hybrid circuit. Go to <u>www.medtronic.com/CRDMProductPerformance</u> to determine if a specific device is affected.

## Advisory

This subset of Sigma series pacemakers that may fail due to separation of interconnect wires from the hybrid circuit may present clinically as loss of rate response, premature battery depletion, intermittent or total loss of telemetry, or no output.

Separation of redundant interconnect wires has been observed on hybrid terminal blocks. Device failure occurs only where both interconnect wires separate from a hybrid terminal block. In October 2005, testing and analysis identified the root cause of these failures and the affected population. Hybrid circuits used in this subset of devices were cleaned during manufacturing with a particular cleaning solvent that could potentially reduce the strength of the interconnect wire bond over time.

No provocative testing can predict which devices may fail.

### **Patient Management Recommendations**

Recommendation for the management of patients who have pacemakers affected by this advisory were changed in May 2009. Current recommendations are:

We realize that each patient requires unique clinical consideration and we support your judgment in caring for your patients. After consultation with Medtronic's Independent Physician Quality Panel, Medtronic offers the following recommendations for patients in the 2005 Sigma advisory:

- Physicians should advise their patients to seek medical attention immediately if they experience symptoms (e.g., fainting or lightheadedness).
- Physicians should consider device replacement for patients who are both pacemaker dependent and who have been implanted with a device in the affected subsets. Medtronic will offer a supplemental device warranty if the device is not already at elective replacement time.
- Physicians should continue routine follow-up in accordance with standard practice for those patients who are not pacemaker dependent.

# Status Update

**Patient management recommendations remain unchanged.** As of September 10, 2013, 806 devices out of approximately 40,000 devices worldwide have been confirmed as having experienced interconnect wire separation.

Four hundred forty-two (442) of the Sigma devices (1%) were returned with information indicating a problem with the patient's pacing system prior to explant. The remaining 364 Sigma devices (0.90%) were returned with no information indicating a potential malfunction while implanted or with insufficient information to determine the state of the device at explant. Lacking definite information indicating proper operation until explant, these remaining devices are conservatively categorized as having experienced interconnect wire separation while implanted.

Our original modeling predicted a failure rate from 0.17% to 0.30% over the remaining lifetime of these pacemakers. However, as of May 2009, updated modeling now predicts a failure rate of 3.9% over the remaining device life of those devices still in service at that time.

Out of the initial advisory population of 40,000 worldwide, approximately 5,900 remain implanted. Approximately 1,400 of these are in the United States.

Initial Affected Population	Number of Confirmed Advisory Related Events	Estimated Remaining Active Population	Current Malfunction Rate (Confirmed and Unconfirmed Malfunctions over total population)	Predicted Malfunction Rate Over the Remaining Life of the Devices Still in Service as of May 2009
<b>40,000</b> Implanted Worldwide (est.) ( <b>9,900</b> United States)	442 Worldwide (86 United States) with information indicating a clinical presentation.An additional 364 Worldwide (66 US) without information indicating a clinical presentation or with insufficient information to determine the state of the device at explant.	<b>5,900</b> Worldwide ( <b>1,400</b> United States)	2.0% Worldwide 1.5% (United States)	3.9%

7274 Marquis DR 7278 Maximo DR 7230 Marguis VR

7232 Maximo VR

7277 InSync Marguis 7289 InSync II Marquis 7279 InSync III Marquis 7285 InSync III Protect

Original Date of Advisory: February 2005

# Potential Premature Battery Depletion Due to Battery Short

# Product

The specific subset of Marquis family ICD and CRT-D devices having batteries manufactured prior to December 2003 is affected. Devices manufactured with batteries produced after December 2003 are not affected. Go to www.medtronic.com/CRDMProductPerformance to determine if a specific device is affected.

## Advisory

Medtronic Marquis family of ICD and CRT-D devices having batteries manufactured prior to December 2003 may experience rapid battery depletion due to a specific internal battery short mechanism. Battery design changes were implemented in December 2003 that eliminate the possibility of this internal shorting mechanism.

Highly accelerated bench testing indicated the rate of this shorting mechanism may increase as the battery is depleted. As of February 2005, the rate of shorting was approximately 1 in 10,000 (0.01%); bench test data indicated the rate may increase to between 0.2% and 1.5% over the second half of device life.

No provocative testing can predict which of these devices will experience this issue. Once a short occurs, battery depletion can take place within a few hours to a few days. After depletion the device ceases to function. It is also possible that as the battery depletes quickly, patients may experience temporary warmth in the area surrounding the ICD.

# **Patient Management Recommendations**

We recommend you consider the following patient management options:

· Conduct quarterly (i.e., every 3 months) follow-up procedures

- Inform patients that should they experience warmth in the area surrounding the ICD to seek follow-up care promptly
- Program Low Battery Voltage ERI Patient Alert to "On-High." This will result in an audible, alternating tone in the limited circumstances where a battery depletes slowly over a number of days. Data indicates most shorts will occur rapidly and will not be detected by this feature.
- Provide a hand-held magnet to patients to check device status and program the Low Battery Voltage ERI Patient Alert to "On-High." Device operation may be monitored periodically (e.g., daily) by patients placing the magnet over the device for 1-2 seconds. If the device is functional, a steady tone will sound for approximately 20 seconds. If no tone is heard, follow-up care should be sought promptly.

# **Status Update**

The Marquis Family device performance related to the battery shorting mechanism continues to be within Medtronic's engineering projections. As of September 10, 2013, 193 Marquis Family devices have been confirmed as having this internal battery shorting mechanism. One hundred fifteen (115) of these devices were returned from the United States.

Out of the initial advisory population of 87,000 worldwide, approximately 1,600 remain implanted. Approximately 1,400 of these are in the United States.

The Patient Management Recommendations set forth in the advisory remain unchanged.

Initial Affected Population	Number of Confirmed Advisory Related Events	Estimated Remaining Active Population	Current Malfunction Rate (Confirmed Malfunctions over total population)	Predicted Malfunction Rate Over the Remaining Life of the Devices Still Implanted Population
87,000 Implanted Worldwide ( <b>76,000</b> United States)	<b>193</b> Worldwide ( <b>115</b> United States)	<b>1,600</b> Worldwide ( <b>1,400</b> United States)	0.22% Worldwide (0.15% United States)	Consistent with Medtronic projections, the observed rate of shorting may increase to between <b>0.2%</b> and <b>1.5%</b> over the second half of device life.

# **Performance Notes**

# Dual Chamber Pacemakers with Measurement Lock-up ERI Kappa 600, 700, 800, 900, EnPulse, Adapta, Versa, Sensia, Relia, and Vitatron Models E50A1, E60A1, and G70A1

## Purpose of this Information

This Performance Note describes a rare measurement lock-up issue that impacts the Medtronic dual chamber pacemakers listed above. If this measurement lock-up occurs, the device will trigger a false Elective Replacement Indicator (ERI). A reset is available to clear this condition and there is no need to explant the device. This issue does not impact battery longevity.

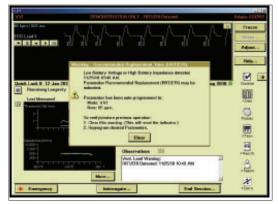
## Background

If this rare measurement lock-up occurs in the pacemaker, it causes the device to read a value of zero for battery voltage. After four measurements of zero, the device will trigger ERI and revert to a VVI pacing mode at 65 bpm. There is no loss of ventricular pacing and the output voltage will remain the same.

### Programmer Software Reset Method (Adapta, Versa, Sensia, Relia, Vitatron Series E and G)

Programmer software is available which can differentiate a regular ERI and an ERI caused by the measurement lock-up issue. Upon interrogation of a device with the measurement

#### Example 1 – Programmer Software Detects Measurement Lock-up ERI

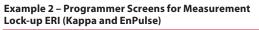


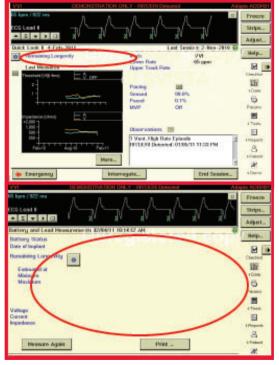
lock-up ERI, the programmer software recognizes the issue and guides the clinician to clear the ERI (Example 1). Following an ERI reset, the device parameters should be reviewed and reprogrammed to clinician specifications.

### Reset Method for Kappa and EnPulse

A service tool continues to be available through Medtronic Technical Services to clear the measurement lock-up issue for Kappa and EnPulse devices.

The issue can be identified using the programmer or via CareLink transmission; the battery voltage measurements and remaining longevity will appear as blank values (Example 2). If this measurement lock-up occurs, contact Medtronic Brady Technical Services at 1-800-505-4636 for assistance.





# Performance Notes continued

# **Clinical Management of VCM near Elective Replacement**

# Background

Medtronic Technical Services has received reports of devices going to ERI or end of life (EOL) sooner than expected after a normal follow-up in which the device longevity was projected to be approximately 18 months. It has been noted that these cases typically involve Kappa 700 devices where Ventricular Capture Management set the ventricular lead to high output (5 V, 1 ms), which occurs by device design when a high threshold is measured. It is important for physicians and allied professionals to understand VCM behavior as it relates to longevity so that they can, in turn, understand how this affects management of the device and follow-up visits as VCM equipped IPGs near the end of their expected longevity.

# **Device Longevity and VCM Behavior**

Ventricular Capture Management is a feature that uses evoked response sensing to determine the stimulation threshold needed to capture the ventricular chamber. Proper detection of the evoked response is crucial to the VCM algorithm determining an accurate capture threshold. There are rare conditions, however, during which the VCM algorithm will not be able to measure the evoked response accurately.<sup>1</sup> When this occurs, for safety reasons the VCM algorithm will reprogram the output to 5 V, 1 ms until the subsequent VCM measurement.

If the device has considerable remaining longevity, these occasional excursions to high output do not substantially affect remaining longevity. However, if the device has less than approximately 18 months remaining longevity, there is the possibility that the high output condition caused by the 5 V, 1 ms output will drain the battery and trigger ERI.

When ERI is declared by the device, VCM is disabled and the outputs are left at 5 V, 1 ms until the device is reprogrammed at an in-office follow-up. This increased current drain of a high output condition will speed depletion of the device, possibly resulting in the device getting to the EOL (battery voltage  $\leq 2.15$  V).

Please note that the following parameter changes occur when the device goes to ERI:

Tahle.	IPG 7	<sup>-</sup> heranu	Parameter	Changes a	+ ERI
TUDIC.	11 0 1	пстиру	<i>L ui uui uui uui uui uui uuuuuuuuuuuuu</i>	Chunges u	

Parameter	Value
Pacing Mode	VVI
Lower Rate	65 bpm
Single Chamber Hysteresis	OFF
Sleep Function	OFF
Ventricular Capture Management	OFF
Atrial Sensing Assurance	OFF
Ventricular Sensing Assurance	OFF

Kappa 700 is Medtronic's first-generation VCM algorithm, which has a relatively higher incidence of evoked response undersensing compared to subsequent algorithms, resulting in more frequent high output conditions. Therefore, Kappa 700 products are the primary focus of this note. It should be noted that IPGs equipped with the second-generation VCM algorithm (Kappa 900, EnPulse, Adapta/Versa/Sensia, and Relia) have not been observed with evoked response undersensing in the general population, though the items listed in "Follow-Up Considerations" may also be used on these devices.

## **Follow-Up Considerations**

- Estimated longevity in the event the device goes to high output can be determined by the following steps. This allows the clinician to determine follow-up frequency if he or she is concerned the device may go to ERI due to high output.
  - Program the ventricular channel to 5 V, 1 ms
  - Navigate to Data/Battery and Lead Measurements
  - When the message stating "Warning Old Data" is displayed, select "Yes" to measure battery voltage and lead impedance at the new ventricular outputs
  - An updated remaining longevity estimate will be calculated on the elevated outputs. Note the "Minimum Remaining Longevity." Clinical decisions can be based on this value.
  - Program the Amplitude and Pulse Widths back to their original values before leaving the session
- If the capture trends and lead impedance trends are stable, VCM can be programmed to "Monitor Only" for the remaining device life. This should be considered only if remaining longevity is 18 months or less.
- Follow-up frequency can be increased for those patients who do not have stable capture or lead impedance trends. This can be done via a CareLink Home Monitor, or in-office.

<sup>1</sup> Medtronic, Inc. (2001). Medtronic Kappa 700/600 Series Pacemaker Reference Guide (Chapter 4, p. 27). Can be retrieved from http://manuals.medtronic.com.

# **Performance Notes**

# General Follow-Up and Replacement of ICD Leads

Implanted leads operate in the challenging biochemical environment of the human body and the body's response to foreign objects. Implanted leads are also subject to mechanical stresses associated with heart motion, body motion, and patient anatomy.

In this environment, pacemaker and defibrillation leads cannot be expected to last forever. Unlike implantable cardioverter defibrillators (ICDs), a lead's longevity cannot be predicted nor are there simple indicators that a lead is approaching the end of its service life. The determination that a lead may be approaching end of service life requires follow-up of the chronically implanted lead and thorough evaluation of lead integrity at ICD replacement.

## Follow-Up of Chronically Implanted Leads

The frequency of follow-up for ICD patients will depend on a number of factors including the patient's medical condition, ICD system implant time, hospital/clinic follow-up practice, and Medicare guidelines. In all cases, it is important to assess the functionality of the ICD system and the integrity. For newly implanted leads, it is beneficial to establish a baseline of chronic performance parameters once the lead has stabilized, generally within 6 to 12 months after implant. These performance parameters should include pacing and sensing thresholds and impedance. During routine patient follow-up, these procedures can be used to evaluate lead integrity.

- Measure pacing and sensing threshold and compare to the chronic baseline. Significant increases or decreases may be indicative of lead failure, dislodgement, perforation, exit block, etc.
- Measure pacing impedance where possible and compare to the chronic baseline. Decreases of 30% or more or pacing impedances below 200-250 ohms may be indicative of insulation failure. Sudden and significant increases in pacing impedance may be indicative of conductor fracture.
- High voltage lead circuit impedance should be between 10-75 ohms at system implant. Chronic measurements below 10 and above 200 ohms may be indicative of high voltage lead circuit failure.
- Carefully review ECGs or the nonsustained detection log on Medtronic ICDs for indications of pacing and/or sensing abnormalities such as oversensing, undersensing, and loss of capture
- Elicit and investigate any patient complaints/symptoms that may be suggestive of potential lead failure

Where routine follow-up indicates, additional tools should be used to further evaluate performance. Tools include radiographic data, ICD electrograms, ICD Patient Alert and performance information from the Product Surveillance Registry (PSR).

The final decision on the functional integrity and continued use of an implanted lead must be a matter of medical judgment based on these factors as well as specific patient conditions.

## **General Criteria for Lead Replacement**

The evaluation of a chronically implanted lead is an important part of the decision to continue to use the lead with a new ICD. However, these results alone do not necessarily predict the future integrity of that lead. With the expected longevity of today's ICDs varying between approximately 5 and 10 years, a physician replacing a device should consider a number of factors, including those listed below.

Factors that should be considered in a decision to replace or continue to use include:

- Pacing and sensing thresholds should be evaluated for the potential to maintain acceptable levels
- Pacing impedance should be measured. Bear in mind that pacing impedance below 250 ohms results in excessive battery current drain, which may seriously compromise ICD longevity, regardless of lead integrity.
- The physical appearance of the lead should be examined for insulation cracks, breaches, or other indications of lead wear or degradation
- Medtronic System Longevity Study data should be referenced. Actuarial survival of the lead and the observed lead failure mechanisms are specific factors to consider. Use of a new lead should be considered if failure mechanisms suggest an increased time dependency as suggested in the shape of performance curve for the specific lead model.
- Current publications may provide additional information on the clinical management of leads.<sup>1-3</sup> Ultimately, the decision to replace an implanted lead involves medical judgment.
- <sup>1</sup> Hauser RG, Cannom D, Hayes DL, et al. Long-term structural failure of coaxial polyurethane implantable cardioverter defibrillator leads. *PACE*. June 2002;25(6):879-882.
- <sup>2</sup> Ellenbogen KA, Wood MA, Shepard RK, et al. Detection and management of an implantable cardioverter defibrillator lead failure: incidence and clinical implications. *J Am Coll Cardiol.* January 1, 2003;41(1):73-80.
- <sup>3</sup> Hauser RG, Kallinen LM, Almquist AK, Gornick CC, Katsiyiannis WT. Early failure of a small-diameter high-voltage implantable cardioverter-defibrillator lead. *Heart Rhythm.* July 2007;4(7):892-896.

# Performance Notes continued

# **Clinical Management of High-Voltage Lead System Oversensing**

Appropriate sensing by an ICD system refers to the sensing of cardiac events that may or may not require therapy delivery. ICD systems must sense relatively large QRS complexes while avoiding sensing of smaller T waves, yet continue to sense often small variable amplitude ventricular fibrillation. Thus, ICD systems attempt to dynamically adjust sensing of electrical events and discriminate between them based on detection algorithms and programmed settings.

Inappropriate sensing can occur when an ICD system classifies events of non-cardiac origin as QRS/VF events, or senses and counts T and far-field P waves as ventricular depolarizations. This is often referred to as "oversensing," and may result in delivery of inappropriate high-voltage therapies. This is due, in part, to the desire to err on the side of delivering lifesaving high voltage therapy rather than withholding it. Thus, an ICD system that is experiencing oversensing issues will continue to deliver therapeutic shocks as required, but may also subject the patient to unnecessary shocks.

Oversensing can be difficult to manage, in that the precipitating cause of the oversensing can be problematic to isolate. Oversensing can be caused by many factors, including myopotentials/farfield sensing, electromagnetic interference, T wave sensing, connector issues, incomplete or complete conductor fractures, and insulation breaches. While the individual physician must exercise medical judgment in determination of appropriate clinical management of ICD systems, the chart below may assist in the process of causal factor differentiation and possible intervention.

Phenomenon	Causal Factors	Characteristics	Management/Comments
Myopotentials/ Far-field sensing	Diaphragmatic muscle potentials in breathing, wide tip-to-ring (coil on integrated bipolar leads) spacing	Nonphysiological sensed event on EGM, which may confuse detection potentially resulting in false positive shocks	Check R waves for deterioration. Reprogram sensitivity. Try repositioning lead. Consider change-out to true bipolar lead, or if true bipolar lead in use, one with closer tip-to-ring spacing than current lead.
EMI (Electro-Magnetic Interference)	Arc welders, electrical generators, store walk-through security scanners, poorly insulated electrical equipment	Multiple and consecutive short intervals (< 140 ms) independent of underlying sinus beats. Associated with proximity to the EMI source.	Avoid EMI areas. True bipolar leads less susceptible.
T-wave sensing	Drugs, ischemic tissue, exercise, Long QT syndrome, electrolyte imbalance	Sense markers seen on EGM related to T wave. False positive detection.	Check for R wave deterioration and characteristics. If R wave > 3.0 mV, reprogram sensitivity. If R wave < 3.0 mV, reposition/replace lead. Address causal factor (e.g., drugs [if appropriate/medically viable]).
Connector problems	Loose setscrew, cross-threaded setscrew, incomplete lead insertion into header	This is an acute phenomenon seen within 6 months of implant (usually sooner)	Requires invasive check of connections. May be reproducible with pocket manipulation.
Incomplete conductor fracture	One or more filars of a multifilar conductor fracturing while leaving enough filars intact to provide a conduction circuit	Characterized by chaotic oversensing related to motion of the fracture site	Check EGMs and x-rays. Manipulate lead at suspected fracture site if possible as a provocative test. If confirmed, replace lead.
Lead insulation breach	Cuts, tears, metal ion oxidization, abrasion, cold flow, environmental stress cracking	Characterized by cyclical and/or erratic, intermittent, spontaneous oversensing; often post-pace or post-shock can cause false positives	Replace lead. If acute, usually secondary to implant damage/replacement damage. If late, material characteristic.
Oversensing during interrogation with programming head (not wireless telemetry) with complete lead fracture	Interrogation with a programming head in combination with complete lead fracture that creates an open circuit can induce noise on the sensing circuitry inside the ICD can	Nonphysiologic sensed event on EGM. If detection is enabled during interrogation, oversensing may result in inappropriate therapy.	Quickly remove the programming head. CANCEL the interrupted interrogation and manually load the software for the specific device model. Reposition the programmer head over the device and immediately select SUSPEND. Device will resume detection when programming head is removed, or when RESUME is selected. Replace lead.

Technical Services is available at all times to advise clinicians in the troubleshooting and management of Medtronic products. For assistance in the United States, please call 1 (800) 723-4636. In other countries, please contact your local Medtronic representative.

# **Performance Notes**

# Tests and Observations for Clinical Assessment of Chronic Pacing Leads

Test/Observation	Possible Insulation Failure	Possible Conductor Failure	Possible Other System Failure	Effect on Test/ Observation
Pacing Impedance (Telemetered or Measured Invasively)	Sudden and Significant Decrease	Sudden and Significant Increase	Dislodgement. Perforation. Electrolyte Imbalance. Improper IPG/Lead Connection	Increase or Decrease Increase or Decrease
Pacing Thresholds (Telemetered/Programmed or Measured Invasively)	Sudden and Significant Increase, Especially in Bipolar System	Sudden and Significant Increase	Dislodgement. Exit Block. Infarct at Electrode Site. Perforation. Improper IPG/Lead Connection.	Increase Increase Increase
Electrograms (Telemetered or Measured Invasively)	Sudden and Significant Decrease in Amplitudes and/or Slew Rates for P and/or R Waves	Sudden and Significant Decrease or Disappearance of Amplitudes and/or Slew Rates for P and/or R Waves	Dislodgement. Perforation Infarct at Electrode Site Electrolyte Imbalance Improper IPG/Lead Connection	Decrease Decrease .Decrease
Waveform Analysis (Oscillographs of Pacer Artifact from ECG Electrodes)	Sudden Increase in Ratios of Leading-Edge Voltages to Trailing-Edge Voltages (i.e., over 25% increase)	Intermittent or No Pacer Artifacts (Even in Asynchronous Mode)	Improper IPG/Lead Connection	Intermittent or No Pacer Artifacts (Even in Asynchronous Mode)
Radiographs (Post-Implant, Recent, Current)	Not Discernible	Visual Observation of Conductor/Connector/ Electrode Fracture (Sometimes Discernible)	Dislodgement or Perforation. Improper IPG/Lead Connection.	Sometimes Discernible
Visual Inspection (Invasive)	Insulation Breach and/or Degradation, or Ligature Cut-Through	Not Easily Discernible	Connector Defect or Connector Pulled Apart. Improper IPG/ Lead Connection.	Sometimes Discernible
Pectoral Muscle Stimulation	Sudden Onset, Especially in Bipolar System		Connector Defect in Bipolar or Unipolar. Hypersensitivity to Unipolar Pulse Generator Can. Anti-Stim Coating or Protection Deficient.	
Phrenic Nerve/ Diaphragmatic Stimulation	Sudden Onset in Bipolar or Unipolar Systems		Perforation or Displacement of Atrial Lead (Phrenic Nerve)	
Pacemaker ECG Stimulus Artifact Size and Morphology Change (May Not Be Possible with Digital ECG)	Sudden Onset and Significant Change, Especially in Bipolar System (Increase in Size)	Sudden Changes, Usually a Decrease in Size	Perforation or Dislodgement. Connector Defect. Improper IPG/ Lead Connection.	Sometimes Discernible
Oversensing (Intermittent or Continuous)	Sudden Onset, Especially in Bipolar Systems		Physical Contact between the Electrode(s) on the Lead and that of Another Lead. Inappropriate IPG Parameter Setting. Improper IPG/Lead Connection.	Sometimes Discernible
Undersensing (Intermittent or Continuous)	Sudden Onset in Either Unipolar or Bipolar Systems	Sudden Onset in Either Unipolar or Bipolar Systems	Dislodgement or Perforation. Infarct at Electrode Site. Electrolyte Imbalance. Inappropriate IPG Parameter Setting. Improper IPG/Lead Connection.	Sometimes Discernible
Loss of Capture	See "Pacing Thresholds" Above	See "Pacing Thresholds" Above	See "Pacing Thresholds" Above	

# **Mailer Kits Available for Returning Product**

Medtronic urges all physicians to return explanted products and to notify Medtronic when a product is no longer in use, regardless of reason for explant or removal from use. The procedures for returning products vary by geographic location.

Mailer kits with prepaid US postage are available for use within the United States to send CRT, ICD, IPG, and leads to Medtronic's CRDM Returned Product Analysis Lab. These mailers are sized to accommodate the devices and leads from a single patient or clinical event and are designed to meet US postal regulations for mailing biohazard materials.

If the product being returned is located outside the United States, please contact your local Medtronic representative for instructions.

Medtronic also requests the return of devices from non-clinical sources, such as funeral homes, and will assume responsibility for storage and disposal of the product once received.

Mailer kits can be obtained by contacting the Returned Product Lab.

CRDM Returned Product Analysis Laboratory Phone: 1 (800) 328-2518, ext. 44800 Email: crdm.returnedproduct@medtronic.com



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