CARDIAC RHYTHM & HEART FAILURE

Product Performance Report

Important Patient Management Information for Physicians



1st Edition – Issue 82

Medtronic

CRHF Product Performance Report

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Cutoff date for this edition is 31 Jan 2020 for Lead Study data and 10 April 2020 for all other data, unless otherwise stated.

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 CRHF 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 CRHF 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.

Contact Information

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

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Outside the United States: Your Medtronic representative or international technical center at the number above.

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Introduction

For 36 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's PAN Registry. 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.

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 PAN registry.

Introduction continued

Customer Communications - 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 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.

Customer Communications- 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.

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, ICMs, and leads to Medtronic's Cardiac Rhythm and Heart Failure (CRHF) 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 CRHF 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.

Introduction continued

Overview of Survival Analysis

Medtronic uses the Cutler-Ederer actuarial life table method for devices and Kaplan-Meier for leads to estimate the length of time over which they 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 CRTs, 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.

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 device curves are actually computed and plotted using the Cutler-Ederer method and 1-month intervals (for CRT, ICD, and IPG devices) and leads curves are computed and plotted using Kaplan-Meier, which uses individual survival times.

A number of references are available for additional information on survival analysis using the Cutler-Ederer life table method¹ and for the Kaplan-Meier method.²

Lee, Elisa T. (2003) Statistical Methods for Survival Data Analysis – 3rd Edition (Wiley Series in Probability and Statistics).

² Klein, John P., Moeschberger, Melvin L. Survival Analysis Techniques for Censored and Truncated Data, New York: Springer-Verlag New York, Inc., 1997.

Method for Estimating CRT, ICD, and IPG Device Performance

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 without malfunction or battery depletion.

The survival estimates are determined from the analysis of Medtronic Cardiac Rhythm and Heart Failure (CRHF'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 CRHF and analyzed in the CRHF 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 CRHF 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 CRHF 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 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.

(c) a device is taken out of service without an associated complaint and with evidence the battery reached its elective replacement indicator(s).

Method for Estimating CRT, ICD, and IPG Device Performance continued

Medtronic CRHF 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. 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 CRHF maintains in-house expertise and performs its failure analysis using facilities it owns and supports. This capability permits detailed failure analysis.

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 survival estimates for CRT, IPG and ICD devices. 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%.

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 CRHF for analysis, these numbers underestimate the true number of malfunctions and battery depletions. To more accurately estimate the device survival probabilities, the number of malfunctions and battery depletions used to plot each interval of the "Including Normal Battery Depletion" 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 comparing data in Medtronic's Device And Registrant Tracking (DART) system with data from Returned Product Analysis.

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 devices 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 non-device 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. Medtronic addresses this under reporting to ensure the number of devices in service is not overstated . Regular updates obtained from the Social Security Administration about deceased persons are 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. The correction factor for under reporting devices is also applied to account for devices that were removed and not reported or returned.



Excluding Normal Battery Depletion
Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	at 97 mo
Excluding NBD	100.0%	99.7%	99.3%	98.9%	98.8%	98.7%	98.7%	98.7%	98.7%
Including NBD	99.3%	97.9%	92.3%	79.4%	55.2%	23.6%	12.8%	8.8%	7.4%
Effective Sample Size	57474	52308	45402	34872	19624	6304	2100	249	111

D224TRK	Consulta	CRT-D		
US Market Release		Sep-08	Total Malfunctions	602
CE Approval Date			Therapy Function Not Compromised	571
Registered USA Imp	lants	65,980	Battery Malfunction	2
Estimated Active US	SA Implants	11,114	Electrical Component	65
Normal Battery Depletions		18,826	Electrical Interconnect	1
			Other Malfunction	1
			Poss Early Battery Depltn	496
			Software Malfunction	6
			Therapy Function Compromised	31
			Battery Malfunction	5
			Electrical Component	26



• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	at 97 mo
Excluding NBD	100.0%	99.7%	99.3%	98.9%	98.8%	98.7%	98.7%	98.7%	98.7%
Including NBD	99.3%	97.9%	92.3%	79.4%	55.2%	23.6%	12.8%	8.8%	7.4%
Effective Sample Size	57474	52308	45402	34872	19624	6304	2100	249	111

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	ODELL		

US Market Release		Total Malfunctions
CE Approval Date	Mar-08	Therapy Function Not Compromised
Registered USA Implants	3	
Estimated Active USA Implants	1	Therapy Function Compromised
Normal Battery Depletions		





Years	1	2	3	4	5	6	7	8	at 97 mo
Excluding NBD	100.0%	99.7%	99.3%	98.9%	98.8%	98.7%	98.7%	98.7%	98.7%
Including NBD	99.3%	97.9%	92.3%	79.4%	55.2%	23.6%	12.8%	8.8%	7.4%
Effective Sample Size	57474	52308	45402	34872	19624	6304	2100	249	111

D264TRM Maximo II CRT-D

US Market Release	Jan-12	Total Malfunctions	1
CE Approval Date	Jul-10	Therapy Function Not Compromised	1
Registered USA Implants	15	Other Malfunction	1
Estimated Active USA Implants	4	Therapy Function Compromised	0
Normal Battery Depletions	5		



• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	at 99 mo
Excluding NBD	100.0%	99.7%	99.3%	98.8%	98.7%	98.7%	98.7%	98.7%	98.7%
Including NBD	99.3%	97.8%	92.6%	79.8%	53.9%	26.1%	18.0%	15.6%	15.2%
Effective Sample Size	12826	11569	10063	7671	4058	1425	697	250	106

D274TRK Concerto II CRT-D

US Market Release	Aug-(
CE Approval Date	
Registered USA Implants	30,17
Estimated Active USA Implants	5,785
Normal Battery Depletions	7,969

-09	Total Malfunctions	186	
	Therapy Function Not Compromised	175	
173	Battery Malfunction	1	
35	Electrical Component	22	
69	Poss Early Battery Depltn	151	
	Software Malfunction	1	
	Therapy Function Compromised	11	
	Battery Malfunction	1	
	Electrical Component	10	



Years	1	2	3	4	5	6	7	8	at 105 mo
Excluding NBD	100.0%	99.8%	99.5%	99.2%	99.1%	99.1%	99.1%	99.1%	99.0%
Including NBD	99.3%	98.0%	92.9%	80.2%	54.7%	23.4%	15.0%	13.3%	12.3%
Effective Sample Size	25215	23028	20060	15301	8120	2570	1290	976	166





• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 85 mo
Excluding NBD	100.0%	99.9%	99.9%	99.8%	99.8%	99.7%	99.7%	99.7%
Including NBD	99.6%	98.7%	94.7%	85.6%	64.7%	31.7%	17.8%	15.4%
Effective Sample Size	55304	50929	44790	35399	21406	7949	1014	282



Years	1	2	3	4	5	6	7	at 85 mo
Excluding NBD	100.0%	99.9%	99.9%	99.8%	99.8%	99.7%	99.7%	99.7%
Including NBD	99.6%	98.7%	94.7%	85.6%	64.7%	31.7%	17.8%	15.4%
Effective Sample Size	55304	50929	44790	35399	21406	7949	1014	282



Years	1	2	3	4	5	6	7	at 85 mo
Excluding NBD	100.0%	99.9%	99.9%	99.8%	99.8%	99.7%	99.7%	99.7%
Including NBD	99.6%	98.7%	94.7%	85.6%	64.7%	31.7%	17.8%	15.4%
Effective Sample Size	55304	50929	44790	35399	21406	7949	1014	282







• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 85 mo
Excluding NBD	100.0%	99.9%	99.9%	99.8%	99.8%	99.7%	99.7%	99.7%
Including NBD	99.6%	98.7%	94.7%	85.6%	64.7%	31.7%	17.8%	15.4%
Effective Sample Size	55304	50929	44790	35399	21406	7949	1014	282

0%



Medtronic CRHF Product Performance Report







Years	1	2	3	4	5	6	mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%
Including NBD	99.9%	99.7%	99.0%	96.9%	92.5%	84.8%	75.5%
Effective Sample Size	90039	82693	72023	53586	31723	9697	1305



Effective Sample Size







Medtronic CRHF Product Performance Report



Sample Size



Sample Size



Sample Size



Effective Sample Size

34826

32307

29044

22220

7104

246







Years	1	2	3	4	at 49 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.7%	99.4%	99.4%
Effective Sample Size	54094	32542	14048	960	356



Effective Sample Size



Effective Sample Size


Years	1	2	3	mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.3%	98.1%
Effective Sample Size	18878	10278	2561	105





Medtronic CRHF Product Performance Report



Effective Sample Size



Effective 54094 32542 14048 960

Sample Size

356



Years	1	2	3	4	mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.7%	99.4%	99.4%
Effective Sample Size	54094	32542	14048	960	356



Effective Sample Size



at 49 Years 1 2 3 4 mo

Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.7%	99.4%	99.4%
Effective Sample Size	54094	32542	14048	960	356



• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	at 129 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.7%	99.4%	99.0%	98.7%	98.6%
Including NBD	99.3%	98.9%	98.0%	95.8%	92.0%	85.2%	73.3%	55.3%	37.3%	25.9%	18.4%
Effective Sample Size	30302	25940	22267	19023	15868	12135	8622	5550	3143	1206	161

C2TR01 Syncra CRT-P

US Market Release	Mar-11	Total Malfunctions	6
CE Approval Date	May-10	Therapy Function Not Compromised	6
Registered USA Implants	10,229	Other Malfunction	1
Estimated Active USA Implants	5,990	Poss Early Battery Depltn	5
Normal Battery Depletions	399	Therapy Function Compromised	0



Excluding Normal Battery Depletion
Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 90 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%
Including NBD	99.9%	99.9%	99.5%	98.2%	96.0%	92.1%	84.0%	71.6%
Effective Sample Size	26798	24066	21419	18088	13540	7989	2626	415



Years	1	2	3	4	5	6	7	mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%
Including NBD	99.9%	99.9%	99.5%	98.2%	96.0%	92.1%	84.0%	71.6%
Effective Sample Size	26798	24066	21419	18088	13540	7989	2626	415



					al JJ
Years	1	2	3	4	mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.7%	99.5%	98.2%	96.0%
Effective Sample Size	7659	6876	5404	2144	217





Years	1	2	at 32 mo
Excluding NBD	100.0%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.9%
Effective Sample Size	4160	1200	123







Years	1	2	at 34 mo
Excluding NBD	100.0%	100.0%	100.0%
Including NBD	100.0%	99.9%	99.5%
Effective Sample Size	15338	5781	115



Years	1	2	at 34 mo
Excluding NBD	100.0%	100.0%	100.0%
Including NBD	100.0%	99.9%	99.5%
Effective Sample Size	15338	5781	115

49



Excluding NBD	100.0%	100.0%	100.0%
Including NBD	100.0%	99.9%	99.5%
Effective Sample Size	15338	5781	115

7232Cx Maxi	mo VR		
US Market Release	Oct-03	Total Malfunctions	72
CE Approval Date	Oct-03	Therapy Function Not Compromised	57
Registered USA Implants	43,451	Electrical Component	28
Estimated Active USA Impla	ants 4,619	Other Malfunction	2
Normal Battery Depletions	10,238	Poss Early Battery Depltn	25
		Software Malfunction	2
		Therapy Function Compromised	15
		Electrical Component	12
		Electrical Interconnect	1
		Other Malfunction	1
		Poss Early Battery Depltn	1



Excluding Normal Battery Depletion
Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	at 165 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.3%	99.0%	98.6%	98.2%	96.6%	90.7%	82.2%	70.0%	44.5%	18.3%	13.5%	12.7%	11.9%	11.0%
Effective Sample Size	37916	33916	30217	26622	23430	20350	17170	13697	8090	2760	1669	1251	784	144

D164AWG Virtuoso DR

US Market Release		Total Malfunctions
CE Approval Date	Mar-06	Therapy Function Not Compromised
Registered USA Implants	10	
Estimated Active USA Implants	3	Therapy Function Compromised
Normal Battery Depletions	3	





Years	1	2	3	4	5	6	7	8	9	10	at 129 mo
Excluding NBD	100.0%	99.9%	99.9%	99.4%	97.1%	96.9%	96.9%	96.8%	96.8%	96.7%	96.7%
Including NBD	99.4%	99.1%	98.7%	97.2%	88.8%	69.6%	42.8%	22.9%	11.0%	6.4%	5.0%
Effective Sample Size	63040	57789	52618	47768	40542	29401	16260	7438	2950	1314	290





4

• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	at 137 mo
Excluding NBD	100.0%	99.9%	99.9%	99.7%	98.1%	96.8%	96.8%	96.6%	96.6%	96.6%	96.6%	96.6%
Including NBD	99.5%	99.3%	99.0%	98.5%	95.6%	86.4%	74.9%	56.0%	39.0%	25.9%	15.3%	7.8%
Effective Sample Size	28358	25839	23525	21502	19105	15968	12879	8859	5528	3247	939	110

D204DRM Secura DR

US Market Release	Jan-12	Total Malfunctions
CE Approval Date		Therapy Function Not Compromised
Registered USA Implants	1,878	Other Malfunction
Estimated Active USA Implants	965	Therapy Function Compromised
Normal Battery Depletions	180	Battery Malfunction
		Electrical Component







Years	1	2	3	4	5	6	7	8	9	at 111 mo
Excluding NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.7%	99.6%	99.5%	99.5%	99.5%
Including NBD	99.5%	99.3%	98.9%	98.0%	95.2%	87.8%	69.9%	38.5%	20.7%	17.4%
Effective Sample Size	44814	41943	39379	36540	32706	26427	16893	6413	1434	267









Years	1	2	3	4	5	6	7	8	9	at 111 mo
Excluding NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.7%	99.6%	99.5%	99.5%	99.5%
Including NBD	99.5%	99.3%	98.9%	98.0%	95.2%	87.8%	69.9%	38.5%	20.7%	17.4%
Effective Sample Size	44814	41943	39379	36540	32706	26427	16893	6413	1434	267



Years	1	2	3	4	5	6	7	8	9	at 119 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.7%	99.7%	99.6%
Including NBD	99.7%	99.5%	99.3%	99.0%	98.6%	98.1%	96.2%	91.3%	76.4%	37.1%
Effective Sample Size	17988	16787	15808	14730	13519	12269	10500	7633	3803	294

D224DRG Secur	a DR		
US Market Release	Sep-08	Total Malfunctions	151
CE Approval Date		Therapy Function Not Compromised	115
Registered USA Implants	49,914	Battery Malfunction	14
Estimated Active USA Implan	ts 11,377	Electrical Component	38
Normal Battery Depletions	9,789	Other Malfunction	4
		Poss Early Battery Depltn	50
		Software Malfunction	9
		Therapy Function Compromised	36
		Battery Malfunction	20
		Electrical Component	13
		Other Malfunction	1
		Poss Early Battery Depltn	1
		Software Malfunction	1



• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	at 111 mo
Excluding NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.7%	99.6%	99.5%	99.5%	99.5%
Including NBD	99.5%	99.3%	98.9%	98.0%	95.2%	87.8%	69.9%	38.5%	20.7%	17.4%
Effective Sample Size	44814	41943	39379	36540	32706	26427	16893	6413	1434	267

D224VRC Secura V	′R		
US Market Release	Sep-08	Total Malfunctions	51
CE Approval Date		Therapy Function Not Compromised	35
Registered USA Implants	20,044	Battery Malfunction	14
Estimated Active USA Implants	7,099	Electrical Component	10
Normal Battery Depletions	1,526	Other Malfunction	1
		Poss Early Battery Depltn	8
		Software Malfunction	2
		Therapy Function Compromised	16
		Battery Malfunction	8
		Electrical Component	6
		Poss Early Battery Depltn	1
		Software Malfunction	1



Excluding Normal Battery Depletion
Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	at 119 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.7%	99.7%	99.6%
Including NBD	99.7%	99.5%	99.3%	99.0%	98.6%	98.1%	96.2%	91.3%	76.4%	37.1%
Effective Sample Size	17988	16787	15808	14730	13519	12269	10500	7633	3803	294



Years	1	2	3	4	5	6	7	8	9	mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.7%	99.7%	99.6%
Including NBD	99.7%	99.5%	99.3%	99.0%	98.6%	98.1%	96.2%	91.3%	76.4%	37.1%
Effective Sample Size	17988	16787	15808	14730	13519	12269	10500	7633	3803	294



Years	1	2	3	4	5	6	7	8	9	mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%	99.9%	99.8%	99.8%	99.7%	99.7%	99.7%
Including NBD	99.8%	99.6%	99.4%	99.2%	98.8%	98.1%	95.4%	89.2%	75.0%	41.1%
Effective Sample Size	11060	10364	9750	9064	8327	7542	6424	4663	2243	169



Excluding Normal Battery Depletion Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	at 110 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.7%	99.6%	99.6%	99.6%
Including NBD	99.7%	99.5%	99.1%	98.5%	95.9%	89.0%	70.3%	38.1%	23.8%	22.6%
Effective Sample Size	19082	17910	16856	15662	13955	11211	7197	3118	714	257

D274VRC Virtuoso I	I VR		
US Market Release	Aug-09	Total Malfunctions	19
CE Approval Date		Therapy Function Not Compromised	12
Registered USA Implants	9,122	Battery Malfunction	5
Estimated Active USA Implants	3,454	Electrical Component	4
Normal Battery Depletions	559	Poss Early Battery Depltn	2
		Software Malfunction	1
		Therapy Function Compromised	7
		Battery Malfunction	6
		Electrical Component	1



Excluding Normal Battery Depletion Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	at 116 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%	99.7%	99.7%	99.7%
Including NBD	99.6%	99.6%	99.4%	99.3%	98.9%	98.5%	96.9%	92.4%	81.1%	51.2%
Effective Sample Size	7648	7178	6768	6300	5813	5284	4691	3820	1790	131





Excluding Normal Battery Depletion Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	at 116 mo
Excluding NBD	100.0%	100.0%	99.9%	99.8%	99.7%	99.7%	99.6%	99.4%	99.4%	99.4%
Including NBD	99.6%	99.4%	99.1%	98.2%	95.5%	87.3%	71.8%	48.7%	33.1%	29.2%
Effective Sample Size	17375	16213	15236	14148	12653	10047	6169	2641	911	139





• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	at 120 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%	99.9%	99.8%	99.8%	99.7%	99.7%	99.7%
Including NBD	99.8%	99.6%	99.4%	99.2%	98.8%	98.1%	95.4%	89.2%	75.0%	41.1%
Effective Sample Size	11060	10364	9750	9064	8327	7542	6424	4663	2243	169

D294DRG Virtuoso II DR **US Market Release**

CE Approval Date Aug-08 2

Total Malfunctions Therapy Function Not Compromised

Registered USA Implants Estimated Active USA Implants

Cumulative Survival P...



Years After Implant

• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	at 110 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.7%	99.6%	99.6%	99.6%
Including NBD	99.7%	99.5%	99.1%	98.5%	95.9%	89.0%	70.3%	38.1%	23.8%	22.6%
Effective Sample Size	19082	17910	16856	15662	13955	11211	7197	3118	714	257



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• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 95 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.7%
Including NBD	99.8%	99.7%	99.5%	99.0%	97.3%	91.6%	79.2%	41.1%
Effective Sample Size	54709	51405	48237	44751	40271	32671	17201	588



Years	1	2	3	4	5	6	7	8	mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.9%	99.8%	99.6%	99.3%	98.9%	97.7%	91.8%	83.2%
Effective Sample Size	26155	24512	23099	21502	19777	17685	12054	1993	171





Years	1	2	3	4	5	6	7	8	mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.9%	99.8%	99.6%	99.3%	98.9%	97.7%	91.8%	83.2%
Effective Sample Size	26155	24512	23099	21502	19777	17685	12054	1993	171



• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 95 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.7%
Including NBD	99.8%	99.7%	99.5%	99.0%	97.3%	91.6%	79.2%	41.1%
Effective Sample Size	54709	51405	48237	44751	40271	32671	17201	588



Years	1	2	3	4	5	6	7	8	mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.9%	99.8%	99.6%	99.3%	98.9%	97.7%	91.8%	83.2%
Effective Sample Size	26155	24512	23099	21502	19777	17685	12054	1993	171





Years	1	2	3	4	5	6	7	8	mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.9%	99.8%	99.6%	99.3%	98.9%	97.7%	91.8%	83.2%
Effective Sample Size	26155	24512	23099	21502	19777	17685	12054	1993	171


Effective Sample Size













Sample Size





Years	1	2	3	4	5	6	mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%
Including NBD	99.9%	99.9%	99.8%	99.7%	99.5%	99.1%	98.5%
Effective Sample Size	161237	126089	92126	61159	35800	13865	163



Effective Sample Size





Effective 40941 25534 9900



177











Years	1	2	3	at 46 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.8%	99.8%
Effective Sample Size	40941	25534	9900	177

DVFC3D1 Visia MRI AF S US Market Release Oct-16 Total Malfunctions CE Approval Date Sep-16 Therapy Function Not Compromised Registered USA Implants 954 Therapy Function Compromised Estimated Active USA Implants 915 Therapy Function Compromised Normal Battery Depletions Vision Active USA Implants 915



• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	at 46 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.8%	99.8%
Effective Sample Size	40941	25534	9900	177

Visia MRI AF S DVFC3D4 **US Market Release** Jan-16 **Total Malfunctions** 1 **CE Approval Date** Oct-15 **Therapy Function Not Compromised** 1 **Registered USA Implants** 325 **Battery Malfunction** 1 **Estimated Active USA Implants Therapy Function Compromised** 0 314

Normal Battery Depletions





Years	1	2	3	at 46 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.8%	99.8%
Effective Sample Size	40941	25534	9900	177





Effective Sample Size



Actuality NDD	100.070	100.070	33.370	33.370	33.070	33.070	33.070
ncluding NBD	100.0%	99.9%	99.8%	99.6%	99.5%	99.2%	99.1%
Effective Sample Size	53483	50187	46957	37653	19769	4595	553



Effective Sample Size



Years	1	2	3	4	5	6	at 76 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%	99.8%
Including NBD	100.0%	99.9%	99.8%	99.6%	99.5%	99.2%	99.1%
Effective Sample Size	53483	50187	46957	37653	19769	4595	553

A2DR01	Advisa DR	MRI		
US Market Release		Jan-13	Total Malfunctions	53
CE Approval Date			Therapy Function Not Compromised	49
Registered USA Impla	ants	346,324	Battery Malfunction	1
Estimated Active USA	A Implants	316,421	Electrical Component	29
Normal Battery Depletions		262	Electrical Interconnect	2
			Other Malfunction	1
			Poss Early Battery Depltn	14
			Software Malfunction	2
			Therapy Function Compromised	4
			Electrical Component	4



Years After Implant

Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	2	3	4	5	6	at 74 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	100.0%	99.9%	99.9%	99.7%	99.4%	98.8%
Effective Sample Size	315579	293918	214626	129594	57251	7650	2275

A3DR01 Advisa DR MRI

US Market Release		Total Malfunctions
CE Approval Date	Jun-09	Therapy Function Not Compromised
Registered USA Implants	17	
Estimated Active USA Implants	9	Therapy Function Compromised
Normal Battery Depletions	1	
100%		A3DR01, A5DR01, EN1DR01, Survival Curve



• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	at 74 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	100.0%	99.9%	99.9%	99.7%	99.4%	98.8%
Effective Sample Size	315579	293918	214626	129594	57251	7650	2275







Years After Implant

• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	at 135 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.8%	99.8%	99.6%	99.4%	98.9%	98.0%	94.1%	83.5%	64.3%	47.6%	36.2%
Effective Sample Size	402042	378318	352367	322388	290900	254401	211848	162849	105699	46350	7003	504



Sample Size







Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	at 114 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.8%	99.7%	99.5%	99.1%	98.5%	97.4%	94.5%	85.3%	55.6%	18.0%
Effective Sample Size	73776	64880	57419	49840	41650	31875	22585	13082	3791	327

ADSR06 Adapta SR **US Market Release** Jul-06 **Total Malfunctions** 2 **CE Approval Date** Sep-05 **Therapy Function Not Compromised** 2 **Registered USA Implants** 2,830 Electrical Component 2 **Estimated Active USA Implants** 1,137 **Therapy Function Compromised** 0



• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	at 114 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.8%	99.7%	99.5%	99.1%	98.5%	97.4%	94.5%	85.3%	55.6%	18.0%
Effective Sample Size	73776	64880	57419	49840	41650	31875	22585	13082	3791	327

ADVDD01 Adapta VDD

US Market Release	Jul-06	Total Malfunctions
CE Approval Date	Sep-05	Therapy Function Not Compromised
Registered USA Implants	1,413	
Estimated Active USA Implants	671	Therapy Function Compromised
Normal Battery Depletions	86	
1000/		ADVDD01 Survival Curv





Years	1	2	3	4	5	6	7	8	at 107 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	100.0%	100.0%	100.0%	100.0%	97.2%	86.7%	63.2%	51.2%
Effective Sample Size	1220	1123	994	906	799	676	469	229	105

AT	DR01 Attesta	DR MRI		
US	Market Release	Aug-17	Total Malfunctions	
CE	Approval Date	Jun-17	Therapy Function Not Compromised	
Reç	gistered USA Implants		Therepy Eurotion Compromised	
Est	imated Active USA Implants		merapy runction compromised	
NUI				ATTESTA DR. Survival Curve
¹	100% -			ATTESTA, DR, Survival Surve
ival	80% -			
Survi	60% -			
ive S	40%			
ulat	200/			
Cum	20% -			
•	0%		0 #NAN	
			Years After Implant	
			•	
Fx	Years			
In	cluding NBD			
	Effective Sample Size			
AT	DRL1 Attesta	L DR MRI		
US	Market Release	Aug-17	Total Malfunctions	
CE	Approval Date	Jun-17	Therapy Function Not Compromised	
Reç	gistered USA Implants	1		
Est	imated Active USA Implants		I herapy Function Compromised	
NO	mai Battery Depletions			ATDDLA SDDDLA Survival Curve
¹	100%			ATDRET, SPDRET, SULVIVAL CUIVE
ival	80% -			
Survi	60% -			
ive	40% -			
nlat	200/			
Curr	20%			
	0% –		0.#NAN	
			Years After Implant	
			•	
	Voars			
Exe	Years Cluding NBD			
Ex:	Years Cluding NBD Cluding NBD			





 Including NBD
 100.0%
 99.9%
 99.8%
 99.8%
 99.8%

 Effective
 22971
 19758
 10798
 1156
 424

Sample Size

P1501DR	EnRhythm	DR		
US Market Release		May-05	Total Malfunctions	15,068
CE Approval Date		Aug-04	Therapy Function Not Compromised	15,013
Registered USA Imp	olants	109,812	Battery Malfunction	14,882
Estimated Active US	SA Implants	17,645	Electrical Component	59
Normal Battery Dep	letions	16,983	Electrical Interconnect	2
			Other Malfunction	1
			Poss Early Battery Depltn	69
			Therapy Function Compromised	55
			Battery Malfunction	6
			Electrical Component	38
			Electrical Interconnect	4
			Other Malfunction	5
			Poss Early Battery Depltn	2



• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	at 126 mo
Excluding NBD	99.9%	99.9%	99.7%	98.0%	93.6%	86.9%	81.5%	78.0%	76.1%	75.7%	75.7%
Including NBD	99.6%	99.5%	99.0%	96.5%	90.1%	78.0%	62.5%	45.4%	29.7%	14.3%	4.6%
Effective Sample Size	94564	88256	82223	75218	65266	51255	36875	23533	13017	3736	580



Effective 402042 Sample Size



Years	1	2	3	4	5	6	7	8	9	mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.8%	99.7%	99.5%	99.1%	98.5%	97.4%	94.5%	85.3%	55.6%	18.0%
Effective Sample Size	73776	64880	57419	49840	41650	31875	22585	13082	3791	327


99.9% 99.9% 99.8% 99.7% 99.5% 98.9% 96.3% 89.1% Including NBD Effective 59993 56640 53790 50503 46601 42411 34129 11962 378 Sample Size



• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	at 176 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.7%	99.6%	99.5%	99.4%	99.3%	99.3%	99.2%	99.2%	99.2%
Including NBD	99.6%	99.5%	99.3%	99.0%	98.6%	97.8%	96.7%	93.9%	89.4%	81.9%	70.5%	53.9%	36.6%	22.4%	10.4%
Effective Sample Size	86959	76982	68012	59772	52352	45772	39618	34184	29330	24366	18657	11382	5632	2038	255

SDR303 Sigma 300 DR

US Market Release	Aug-99	•
CE Approval Date	Dec-98	•
Registered USA Implants	104,531	
Estimated Active USA Implants	10,653	
Normal Battery Depletions	10,895	

Total Malfunctions	288
Therapy Function Not Compromised	62
Electrical Component	9
Electrical Interconnect	51
Other Malfunction	1
Poss Early Battery Depltn	1
Therapy Function Compromised	226
Electrical Component	7
Electrical Interconnect	218
Other Malfunction	1



• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	at 176 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.7%	99.6%	99.5%	99.4%	99.3%	99.3%	99.2%	99.2%	99.2%
Including NBD	99.6%	99.5%	99.3%	99.0%	98.6%	97.8%	96.7%	93.9%	89.4%	81.9%	70.5%	53.9%	36.6%	22.4%	10.4%
Effective Sample Size	86959	76982	68012	59772	52352	45772	39618	34184	29330	24366	18657	11382	5632	2038	255





Medtronic CRHF Product Performance Report







Years After Implant

 • Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	at 170 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.8%	99.7%	99.7%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%
Including NBD	99.8%	99.5%	99.2%	98.8%	98.3%	97.4%	95.9%	93.2%	88.2%	79.8%	65.5%	48.0%	34.9%	19.5%	14.1%
Effective Sample Size	40552	33476	27697	23003	19132	15896	13197	10959	8898	6834	4655	2626	1333	235	107

Sigma 300 SR **SSR303**

US Market Release	Aug-99	Total Malfunctions	58
CE Approval Date	Dec-98	Therapy Function Not Compromised	11
Registered USA Implants	51,232	Electrical Interconnect	10
Estimated Active USA Implants	4,148	Other Malfunction	1
Normal Battery Depletions	3,008	Therapy Function Compromised	47
		Electrical Component	3
		Electrical Interconnect	44



• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	at 170 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.8%	99.7%	99.7%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%
Including NBD	99.8%	99.5%	99.2%	98.8%	98.3%	97.4%	95.9%	93.2%	88.2%	79.8%	65.5%	48.0%	34.9%	19.5%	14.1%
Effective Sample Size	40552	33476	27697	23003	19132	15896	13197	10959	8898	6834	4655	2626	1333	235	107







Years	1	2	at 28 mo
Excluding NBD	100.0%	100.0%	100.0%
Including NBD	100.0%	100.0%	100.0%
Effective Sample Size	104361	14456	560



Years	1	2	mo
Excluding NBD	100.0%	100.0%	100.0%
Including NBD	100.0%	100.0%	100.0%
Effective Sample Size	104361	14456	560



	2SR01 Astr	a XT SR MRI	SureScan		
US	S Market Release		Total Malfunctions		
CE	E Approval Date	Mar-17	Therapy Function Not Compromised		
Re	egistered USA Implants	lanta	Therapy Euroction Compromised		
ES No	ormal Battery Depletions	lants	merapy runction compromised		
				ASTRA, SR. Survival Curve	
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ative	40% -				
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			Years After Implant		
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V	Sample Size				
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08	S Market Release	Mar 17	Total Malfunctions		
CE Re	S Market Release E Approval Date egistered USA Implants	Mar-17	Total Malfunctions Therapy Function Not Compromised		
US CE Re Es	6 Market Release 5 Approval Date •gistered USA Implants •timated Active USA Impl	Mar-17	Total Malfunctions Therapy Function Not Compromised Therapy Function Compromised		
CE Re Es No	6 Market Release E Approval Date egistered USA Implants itimated Active USA Impl prmal Battery Depletions	Mar-17 lants	Total Malfunctions Therapy Function Not Compromised Therapy Function Compromised		
US CE Re Es No	S Market Release E Approval Date egistered USA Implants timated Active USA Impl prmal Battery Depletions	Mar-17 lants	Total Malfunctions Therapy Function Not Compromised Therapy Function Compromised	ASTRA, DR, Survival Curve	
CE Re Es No 	Market Release Approval Date egistered USA Implants timated Active USA Impl prmal Battery Depletions	Mar-17	Total Malfunctions Therapy Function Not Compromised Therapy Function Compromised	ASTRA, DR, Survival Curve	
CE Re S No Jurvival P	6 Market Release E Approval Date egistered USA Implants timated Active USA Impl prmal Battery Depletions	Mar-17	Total Malfunctions Therapy Function Not Compromised Therapy Function Compromised	ASTRA, DR, Survival Curve	
ve Survival P N H H Survival P	6 Market Release E Approval Date egistered USA Implants timated Active USA Impl prmal Battery Depletions	Mar-17	Total Malfunctions Therapy Function Not Compromised Therapy Function Compromised	ASTRA, DR, Survival Curve	
Inlative Survival P N B B S	S Market Release E Approval Date egistered USA Implants stimated Active USA Impl prmal Battery Depletions	Mar-17	Total Malfunctions Therapy Function Not Compromised Therapy Function Compromised	ASTRA, DR, _Survival Curve	
Cumulative Survival P O G B D C	S Market Release E Approval Date egistered USA Implants stimated Active USA Impl prmal Battery Depletions	Mar-17	Total Malfunctions Therapy Function Not Compromised Therapy Function Compromised	ASTRA, DR, Survival Curve	
Cumulative Survival P X H B C	6 Market Release E Approval Date egistered USA Implants stimated Active USA Impl prmal Battery Depletions 100% 80% 60% 40% 20% 0%	Mar-17	Total Malfunctions Therapy Function Not Compromised Therapy Function Compromised	ASTRA, DR, Survival Curve	
Cumulative Survival P Z A B C	Approval Date E Approval Date egistered USA Implants stimated Active USA Impl prmal Battery Depletions	Mar-17	Total Malfunctions Therapy Function Not Compromised Therapy Function Compromised	ASTRA, DR, Survival Curve	
Cumulative Survival P A B B C	Approval Date egistered USA Implants stimated Active USA Impl prmal Battery Depletions 100% 40% 20% 0%	Mar-17	Total Malfunctions Therapy Function Not Compromised Therapy Function Compromised	ASTRA, DR, Survival Curve	
Cumulative Survival P A B B C	Approval Date egistered USA Implants stimated Active USA Impl prmal Battery Depletions 100% 80% 60% 40% 20% 0% Years	Mar-17	Total Malfunctions Therapy Function Not Compromised Therapy Function Compromised 0.#NAN Years After Implant	ASTRA, DR, Survival Curve	
Cumulative Survival P A B B C	S Market Release E Approval Date egistered USA Implants stimated Active USA Impl prmal Battery Depletions 100% 80% 60% 40% 20% 0%	Mar-17	Total Malfunctions Therapy Function Not Compromised Therapy Function Compromised 0.#NAN Years After Implant	ASTRA, DR, _Survival Curve	
Cumulative Survival P O S 2 2	S Market Release E Approval Date egistered USA Implants stimated Active USA Implormal Battery Depletions 100% 80% 60% 40% 20% 0%	Mar-17	Total Malfunctions Therapy Function Not Compromised Therapy Function Compromised 0.#NAN Years After Implant	ASTRA, DR, Survival Curve	



Excluding NBD Including NBD Effective Sample Size

Method for Estimating Lead Performance

Medtronic Cardiac Rhythm and Heart Failure (CRHF) has tracked lead survival for over 36 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 easily based on mechanical measurements, 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. Some leads are modified due to adverse device effect, however may not be explanted. 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.

Lead survival probabilities are more appropriately determined through a prospective 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 consolidated all cardiac rhythm surveillance registries into the PAN Registry. The PAN Registry is a patient centric surveillance platform which follows patients implanted with Medtronic cardiac rhythm product(s). The Product Performance Report (PPR) tracks PAN Registry enrolled patients to monitor lead performance status in vivo. The PAN Registry is designed to record clinical observations representative of the total clinical experience. Lead survival estimates include both lead hardware failure and lead-related clinical events that are classified as product performance events, and do not differentiate a lead hardware failure from other clinical events such as Failure to capture, perforation, dislodgement, or concurrent pulse generator failure.

PAN Registry

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 131,000 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 product surveillance registry is a world-wide study that 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 market-released cardiac rhythm therapy products. Product-related adverse events, indicating the status of the product, are collected to measure product survival probabilities. The data gathered may also be used to support the design and development of 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 prespecified selection criteria. Patients are enrolled upon implantation of a Medtronic Cardiac rhythm product. 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 marketreleased cardiac rhythm therapy products for which additional information to further characterize product performance following market release is desired. Number of enrollments is reviewed regularly to ensure adequate sample size is obtained for each individual product. Enrollment may be capped and follow-up discontinued when sufficient duration and precision is achieved to effectively characterize product survivability.

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:

- Patient is intended to be implanted or is within 30 days post-implant of a Medtronic marketreleased cardiac lead connected to a market-released CRT, ICD, or IPG device, and the lead is used for a pacing, sensing, or defibrillation application, or
- Patient participated in a qualifying investigational study of a Medtronic cardiac rhythm 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 is require to inform Medtronic whenever a lead event has occurred, a lead is modified, or when a patient is no longer participating. Timely, accurate, and complete reporting and analysis of safety information for surveillance is crucial for the protection of patients, clinicians, and the sponsor Medtronic continually evaluates the quality and integrity of the data through a combination of on-site and centralized monitoring activities.

Lead Complications

Chronic lead performance is characterized by estimating lead related complication free 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, perforation, 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 committee¹. A lead-related event with at least one of the following classifications that is adjudicated by the committee as a complication and occurs more than 30 days after implant is considered a product performance event and will contribute to the survival analysis endpoint. Events with an onset date of 30 days or less after the implant are considered procedure related and therefore are not included as product performance events. Product performance events include, but are not limited to:

- Failure to capture
- Failure to sense/undersensing
- Oversensing
- Elevated pacing thresholds
- 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)
- Lead Insulation breach
- Lead Conductor fracture, confirmed electrically, visually or radiographically
- Extracardiac stimulation
- Cardiac perforation
- Lead dislodgement
- Structural Lead Failure

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.

Active surveillance normally begins at the time of implant and continues until a product performance or censoring event occurs. In some cases in the PAN Registry, active surveillance of a device starts after the device was implanted. The survival probability of such device is conditional on survival to the time when the device enters the Registry. This phenomenon is called Left-truncation². PPR lead survival analysis is estimated using the Kaplan-Meier method, a statistical method to incorporate data from these retrospectively enrolled devices, left-truncated data, was applied. The statistical technique uses data from existing devices while appropriately adjusting the device survival curves for the time the device was not actively followed in the registry. Thus, in some cases sample sizes may fluctuate from one time interval to the next interval.

On the following pages, each graph includes a survival curve for each lead model. The survival estimates is the probability that a lead is free of a product performance event at a given time point. 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.

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 sample size increases and 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 received cut-off date (e.g. date of data entry at a study site). 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. 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.

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 CRHF 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 CRHF 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. 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 long-term 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 our reporting. 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."

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 reporting 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, we also provide 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.

Footnotes:

1: During the evolution of SLS, 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.

2: Klein, John P., Moeschberger, Melvin L. Survival Analysis Techniques for Censored and Truncated Data, New York: Springer-Verlag New York, Inc., 1997.

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	US Mar	rket F	Release			03Aug20	005		US Ret	urned P	roduct Ar	nalys	sis	US Acute Lead Observ	ations	
	СЕ Арр	proval				31Jan20	03		Conductor	Fracture			27	Cardiac Perforation		24
	Registe	ered l	JSA Implan	its		64,960			Crimp Wel	d Bond			21	Conductor Fracture		2
	Estima	ated A	ctive USA I	mplants		52,639			Insulation F	Breach			43	Extracardiac Stimulation		5
F	ixation	п Туре	;			Fixed Sc	rew		Other	broadh			8	Failure To Capture		219
F	Pace Se	ense	Polarity			Bipolar			Outor				0	Failure To Sense		17
3	Steroid I	Indica	ator			Yes								Impedance Abnormal		2
														Insulation Breach		1
														Lead Dislodgement		261
														Oversensing		50
														Unspecified		2
Δtri	al Pla	aco	mont													_
Proc	luct Si	urve	illance Re	agistry R	esults			Qualif	iving Con	nlicatio	ns		18			
Num	per of Le	eads	Enrolled in	Study		1	209	Cardiao	c Perforatio	n		1	Impedance A	bnormal	2	
Cum	Ilative N	Month	s of Follow	un		59	755	Conduc	ctor Fractur	ю Э		2	Insulation Br	aach	1	
Num	her of L	eads	Active in St	udv		00	538	Extraca	ardiac Stim	ulation		1	Load Disloda	omont	1	
Num		cuus		luuy			000	Failure	To Capture			4	Leau Disibuy	ement	4	
								Failure	To Sense	<i>,</i>		3				
	100%	_										Ū				
	00%	_														
vival	000/															
Sun	80%												 Uppe 	r 95 Pct Confidence		
ead	70%	_											• Cum	ulative Survival Probability		
	60%	_											 Lowe 	er 95 Pct Confidence		
	50%			1	1		1		1							
		0		20	40)	60		80	10	0	12	0			
						Мо	nths After	Implant								
Year	s <u>1</u>	1	2	3	4	5	6	7	8	9	at 114 mo					
9	99.4 • 05	4% 56	99.1%	99.1%	99.0%	98.8%	98.5%	97.9%	97.3%	96.9%	96.9%					
		00	101	050	524	440	303	291	220	101	59					
	FIAC	enn		a di a fan a E	a a vilta			Qualit					40			
Proc	luct Si	urve			esuits			Qualit	rying Con	nplicatio	ns		13			
Num	per of Le	eads	Enrolled in	Study			693	Failure	To Capture	e		11	Lead Dislodg	ement	1	
Cum	lative N	Montr	is of Follow	up		8	,914						Oversensing		1	
Num	per of Le	.eads	Active in Si	ludy			585									
	100%					_										
Val	90%	_			<u>ـ</u>	_										
invi	80%	_											• Uppe	r 95 Pct Confidence		
ad S	70%	_											• Cum	ulative Survival Probability		
Ë.	60%	_											Lowe	er 95 Pct Confidence		
	50%											,				
	JU /0	0		20	40)	60		80	10	00	12	0			
						Мо	nths After	mplant								
Year	a 1	1	2	3	at 42 mo											
0	6 98 3	2%	96.6%	96.6%	93.8%											
,																

240 131 78 55

Ventricular Placement

Prod	uct Surve	illance R	egistry R	esults			Qualif	fying Cor	nplications	1	13	
Numb	er of Leads	Enrolled in	n Study		1	,008	Failure	To Captur	e	6	Impedance Abnormal	1
Cumu	lative Month	ns of Follow	vup		38	,848					Lead Dislodgement	5
Numb	er of Leads	Active in S	Study			542					Other Complication	1
Lead Survival	00%		20	4	0 Mor	60 nths After I	mplant	80	100	 120	 Upper 95 Pct Confidence Cumulative Survival Probability Lower 95 Pct Confidence 	
Years	1	2	3	4	5	6	7	8	at 108 mo			
%	99.1%	98.8%	98.5%	98.3%	98.3%	97.4%	97.4%	96.9%	96.9%			
#	654	535	434	332	278	212	170	123	56			

se		
23Jun2002	US Returned Product Analysis	US Acute Lead Observations
01Feb2002	· · · · · · · · · · · · · · · · · · ·	
771		
246		
Tines		
Unipolar		
Yes		
	23Jun2002 01Feb2002 771 246 Tines Unipolar Yes	US Returned Product Analysis 01Feb2002 771 246 Tines Unipolar Yes



Medtronic CRHF Product Performance Report

407	' 4	CapSi	ure Se	nse												
ι	JS Market I	Release			23Jun20	02		US Reti	urned Pr	oduct A	nalvsis		US Acu	te Lead Ob	servations	
(CE Approva	al			01Feb20	02	,	Conductor	Fractura	oudot / i	10		Cardiac P	erforation		27
	Registered	USA Implar	nts		135,936				Bond		10		Conductor	Fracture		2
	Estimated A	Active USA	Implants		81,237			nsulation F	Breach		45		Extracardi	ac Stimulation	n	3
F	ixation Typ	e			Tines			Athor	neach		40		Eailure To	Capture		115
F	ace Sense	Polarity			Bipolar		,	Julei					Failure To	Sense		6
S	teroid Indic	ator			Yes								Impedance	e Abnormal		3
													Insulation	Breach		Ū
													Lead Dislo	daement		150
													Oversensi	na		7
													Unspecifie	ed		
Δtri	al Place	mont												-		
Brod			ogistry P	oculte			Qualify	ving Com	plication	c	2					
Numb	er of Leads		Study	esuits		227	Failure	To Sense	iplication	5	1 10		mont		1	
Cumu	lative Mont	ths of Follow	/up		25	425	1 andre	ro ocnise			' Lea	au Disiouge	ement		I	
Numb	er of Leads	s Active in S	tudv		20,	96										
			,													
1	00%															
-	90%															
IVIV	80%															
d Su	70%											 Upper 	95 Pct Co	onfidence		
Lead	0.00/											• Cumu	lative Sur	vival Probabi	ility	
	60%											 Lower 	r 95 Pct Co	onfidence		
	50%		50	10	0	150		200	25(n	300					
	0		00	10		the After l	mulant	200	200	0	000					
					Mon	шых мпег п	погант									
Voars	: 1	2	3	Δ	Mon		7	8	q	10	11	12	13	at 162 mo		
Years	99.1%	2	3	4	5 99 1%	6 99.1%	7 99.1%	8	9	10	11 99 1%	12	13	at 162 mo		
Years %	99.1% 214	2 99.1% 205	3 99.1% 198	4 99.1% 183	5 99.1% 167	6 99.1% 158	7 99.1% 148	8 99.1% 135	9 99.1% 127	10 99.1% 115	11 99.1% 106	12 99.1% 102	13 99.1% 68	at 162 mo 99.1% 58		
Years % #	99.1% 214	2 99.1% 205	3 99.1% 198	4 99.1% 183	5 99.1% 167	6 99.1% 158	7 99.1% 148	8 99.1% 135	9 99.1% 127	10 99.1% 115	11 99.1% 106	12 99.1% 102	13 99.1% 68	at 162 mo 99.1% 58		
Years % # Ven	1 99.1% 214 tricular	2 99.1% 205 Placem	3 99.1% 198 eent	4 99.1% 183	5 99.1% 167	6 99.1% 158	7 99.1% 148	8 99.1% 135	9 99.1% 127	10 99.1% 115	11 99.1% 106	12 99.1% 102	13 99.1% 68	at 162 mo 99.1% 58		
Years % # Ven Prod	1 99.1% 214 tricular uct Surve	2 99.1% 205 Placem eillance Re	3 99.1% 198 eent egistry Ro	4 99.1% 183 esults	Mon 5 99.1% 167	6 99.1% 158	7 99.1% 148 Qualify	8 99.1% 135 ying Com	9 99.1% 127	10 99.1% 115	11 99.1% 106 11	12 99.1% 102	13 99.1% 68	at 162 mo 99.1% 58	0	
Years % # Ven Prod	tricular uct Surve	2 99.1% 205 Placem eillance Ro	3 99.1% 198 eent egistry Ro Study	4 99.1% 183 esults	5 99.1% 167 1,	6 99.1% 158	7 99.1% 148 Qualify Conduc	8 99.1% 135 ying Com tor Fracture	9 99.1% 127 aplication	10 99.1% 115 S	11 99.1% 106 11 1 Imp	12 99.1% 102	13 99.1% 68	at 162 mo 99.1% 58	2	
Years % # Ven Prod Numb Cumu	tricular uct Surve	2 99.1% 205 Placem eillance Ro s Enrolled in ths of Follow	3 99.1% 198 egistry Ro Study /up	4 99.1% 183 esults	Mon 5 99.1% 167 1, 69,	6 99.1% 158 173 143 208	7 99.1% 148 Qualify Conduc Failure	8 99.1% 135 ying Com tor Fracture To Capture	9 99.1% 127 aplication	10 99.1% 115 S	11 99.1% 106 11 1 Im 3 Ins	12 99.1% 102 pedance At	13 99.1% 68 onormal ach	at 162 mo 99.1% 58	2	
Years % # Ven Prod Numb Cumu Numb	99.1% 214 tricular uct Surve er of Leads lative Mont er of Leads	2 99.1% 205 Placem eillance Re s Enrolled in ths of Follow s Active in S	3 99.1% 198 eent egistry Ro Study /up tudy	4 99.1% 183 esults	Mon 5 99.1% 167 1, 69,	6 99.1% 158 173 143 298	7 99.1% 148 Qualify Conduc Failure	8 99.1% 135 ying Com tor Fracture	9 99.1% 127	10 99.1% 115 S	11 99.1% 106 11 1 Imp 3 Ins Lea	12 99.1% 102 pedance At ulation Bre ad Dislodge	13 99.1% 68 onormal ach ement	at 162 mo 99.1% 58	2 2 2 2 1	
Years % # Ven Prod Numb Cumu Numb	1 99.1% 214 tricular uct Surve er of Leads lative Mont er of Leads	2 99.1% 205 Placem eillance Re s Enrolled in ths of Follow s Active in S	3 99.1% 198 eent egistry Ro Study /up tudy	4 99.1% 183 esults	Mon 5 99.1% 167 1, 69,	6 99.1% 158 173 143 298	7 99.1% 148 Qualify Conduc Failure	8 99.1% 135 ying Com tor Fracture To Capture	9 99.1% 127	10 99.1% 115 S	11 99.1% 106 11 1 Im 3 Ins Lea Oth	12 99.1% 102 pedance At ulation Bre ad Dislodge ner Complic	13 99.1% 68 onormal ach ement cation	at 162 mo 99.1% 58	2 2 2 1	
Years % # Ven Prod Numb Cumu Numb	1 99.1% 214 tricular uct Surve er of Leads lative Mont er of Leads	2 99.1% 205 7 Placem eillance Re s Enrolled in ths of Follow s Active in S	3 99.1% 198 eent egistry Ro Study /up tudy	4 99.1% 183 esults	5 99.1% 167 1, 69,	6 99.1% 158 173 143 298	7 99.1% 148 Qualif Conduc Failure	8 99.1% 135 ying Com tor Fracture	9 99.1% 127	10 99.1% 115 S	11 99.1% 106 11 1 Im 3 Ins Lea Oth	12 99.1% 102 pedance At sulation Bre ad Dislodge her Complic	13 99.1% 68 onormal ach ement cation	at 162 mo 99.1% 58	2 2 2 1	
Years % # Ven Prod Numb Cumu Numb	1 99.1% 214 tricular uct Surve er of Leads lative Mont er of Leads	2 99.1% 205 Placem eillance Re s Enrolled in ths of Follow s Active in S	3 99.1% 198 eent egistry Ro Study /up tudy	4 99.1% 183 esults	5 99.1% 167 1, 69,	6 99.1% 158 173 143 298	7 99.1% 148 Qualify Conduc Failure	8 99.1% 135 ying Com tor Fracture To Capture	9 99.1% 127	10 99.1% 115 s	11 99.1% 106 11 1 Im 3 Ins Lea Oth	12 99.1% 102 pedance At sulation Bre ad Dislodge her Complic	13 99.1% 68 onormal ach ement cation	at 162 mo 99.1% 58	2 2 2 1	
Years % # Ven Prod Numb Cumu Numb	99.1% 214 tricular uct Surve er of Leads lative Mont er of Leads 00%	2 99.1% 205 Placem eillance Re s Enrolled in ths of Follow s Active in S	3 99.1% 198 eent egistry Ro Study rup tudy	4 99.1% 183 esults	5 99.1% 167 1, 69,	6 99.1% 158 173 143 298	7 99.1% 148 Qualify Conduc Failure	8 99.1% 135 ying Com tor Fracture	9 99.1% 127	10 99.1% 115 S	11 99.1% 106 11 1 Im 3 Ins Lea Oth	12 99.1% 102 pedance At sulation Bre ad Dislodge her Complic	13 99.1% 68 onormal ach ement cation	at 162 mo 99.1% 58	2 2 2 1	
Years % Frod Numb Cumu Numb	99.1% 99.1% 214 tricular er of Leads lative Mont er of Leads 00%	2 99.1% 205 Placem eillance Re s Enrolled in ths of Follow s Active in S	3 99.1% 198 eent egistry Ro Study /up tudy	4 99.1% 183 esults	5 99.1% 167 1, 69,	6 99.1% 158 173 143 298	7 99.1% 148 Qualify Conduc Failure	8 99.1% 135 ying Com tor Fracture To Capture	9 99.1% 127	10 99.1% 115 \$	11 99.1% 106 11 3 Ins Lea Oth	12 99.1% 102 pedance At ulation Bre ad Dislodge her Complic	13 99.1% 68 onormal ach ement cation	at 162 mo 99.1% 58	2 2 2 1	
Years % # Ven Prod Numt: Numt: 1 Ieviving pee	1 99.1% 214 tricular er of Leads lative Mont er of Leads 00%	2 99.1% 205 7 Placem eillance Re s Enrolled in ths of Follow s Active in S	3 99.1% 198 eent egistry Ro Study rup tudy	4 99.1% 183 esults	5 99.1% 167 1, 69,	6 99.1% 158 173 143 298	7 99.1% 148 Qualify Conduc Failure	8 99.1% 135 ying Com tor Fracture To Capture	9 99.1% 127	10 99.1% 115 S	11 99.1% 106 11 1 Im 3 Ins Lea Oth	12 99.1% 102 pedance At sulation Bre ad Dislodge her Complic	13 99.1% 68 onormal ach ement cation	at 162 mo 99.1% 58	2 2 2 1	
Years % # Ven Prod Numb Cumu Numb	1 99.1% 214 tricular uct Surve er of Leads lative Mont er of Leads 00% - 90% - 80% - 70% - 60% -	2 99.1% 205 Placem Billance Re is Enrolled in the of Follow is Active in S	3 99.1% 198 eent egistry Ro Study /up tudy	4 99.1% 183 esults	5 99.1% 167 1, 69,	6 99.1% 158 173 143 298	7 99.1% 148 Qualify Conduc Failure	8 99.1% 135 ying Com tor Fracture	9 99.1% 127	10 99.1% 115 S	11 99.1% 106 11 1 Imj 3 Ins Lea Oth	12 99.1% 102 pedance At sulation Bre ad Dislodge her Complic • Upper • Cumu • Lower	13 99.1% 68 onormal ach ement cation	at 162 mo 99.1% 58	2 2 2 1	
Years % # Ven Prod Numb Cumu Numb	1 99.1% 214 tricular uct Surve er of Leads lative Mont er of Leads 90%	2 99.1% 205 Placem eillance Re s Enrolled in ths of Follow s Active in S	3 99.1% 198 eent egistry Ro Study /up tudy	4 99.1% 183 esults	Mon 5 99.1% 167 1, 69,	6 99.1% 158 173 143 298	7 99.1% 148 Qualify Conduc Failure	8 99.1% 135 ying Com tor Fracture To Capture	9 99.1% 127	10 99.1% 115 S	11 99.1% 106 11 1 Imp 3 Ins Lea Oth	12 99.1% 102 pedance At sulation Bre ad Dislodge her Complic • Upper • Cumu • Lower	13 99.1% 68 onormal ach ement cation	at 162 mo 99.1% 58	2 2 1	
Years % # Ven Prod Numb Cumu Numb	1 99.1% 214 tricular uct Surve er of Leads lative Mont er of Leads 00% - 90% - 80% - 70% - 60% - 50% - 0	2 99.1% 205 Placem eillance Re s Enrolled in ths of Follow s Active in S	3 99.1% 198 egistry Ro Study rup tudy	4 99.1% 183 esults	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6 99.1% 158 173 143 298	7 99.1% 148 Qualify Conduc Failure	8 99.1% 135 ying Com tor Fracture To Capture 200	9 99.1% 127 pplication	10 99.1% 115 s	11 99.1% 106 11 3 Ins Lea Oth	12 99.1% 102 pedance At sulation Bre ad Dislodge her Complic • Upper • Cumu • Lower	13 99.1% 68 onormal ach ement cation 95 Pct Co lative Sur r 95 Pct Co	at 162 mo 99.1% 58	2 2 1	
Years % # Ven Prod Numb Cumu Numb	1 99.1% 214 tricular er of Leads lative Mont er of Leads 00% - 90% - 80% - 70% - 60% - 0	2 99.1% 205 Placem eillance Re s Enrolled in ths of Follow s Active in S	3 99.1% 198 eent egistry Ro Study /up tudy	4 99.1% 183 esults	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	6 99.1% 158 173 143 298 175 150 ths After In	7 99.1% 148 Qualify Conduc Failure	8 99.1% 135 ying Com tor Fracture To Capture	9 99.1% 127 oplication	10 99.1% 115 s	11 99.1% 106 11 3 Ins Lea Oth 300	12 99.1% 102 pedance At ulation Bre ad Dislodge her Complic	13 99.1% 68 onormal ach ement cation	at 162 mo 99.1% 58	2 2 1	

1,022

407	76	CapS	ureFix	Novus	\$											
	US Market	Release			25Feb20	004		US Ret	urned Pr	oduct A	nalvsi	s	US Acute	Lead Obser	vations	
	CE Approv	al			14Jun20	004		Conductor	Fracture	oudot / i	10		Cardiac Per	foration		153
	Registered	l USA Impla	nts		658,808	3		Crimp Wel	d Bond		10	1	Conductor F	racture		10
	Estimated	Active USA	Implants		452,402	2		Insulation F	Breach		15	51	Extracardia	Stimulation		21
F	ixation Typ	be			Active So	crew In		Other	Jiodon		2	20	Failure To C	Capture		195
F	Pace Sense	e Polarity			Bipolar			outor			-		Failure To S	ense		86
5	Steroid Indi	cator			Yes								Impedance	Abnormal		33
													Insulation B	reach		1
													Lead Dislod	gement		535
													Oversensing	3		67
													Unspecified			10
Atri	al Place	ement														
Prod	uct Surv	eillance R	eaistry R	esults			Qualif	vina Con	olication	IS	2	25				
Numb	er of Lead	s Enrolled ir	n Study		3	,880	Cardiad	Perforatio	n		1	Insulation Br	each		2	
Cumu	lative Mon	ths of Follov	vup		205	,898	Conduc	tor Fractur	e		2	Lead Dislodo	iement		7	
Numb	er of Lead	s Active in S	Study		1	,570	Failure	To Capture	Э		8	Oversensing	Jointoint		1	
			,			,	Failure	To Sense			3	Other Compl	ication		1	
	00%															
_	90% -															
viva	0.00/															
Sur	00 %											 Uppe 	er 95 Pct Con	fidence		
ead	70% -											• Cum	ulative Survi	val Probability		
_	60%											 Lowe 	er 95 Pct Cor	fidence		
	50%		50	4.0	0	150		200	25	0	200					
	0		50	10	JU Maa	100 100		200	20	0	300					
¥		0	0	4	- MOI			0	0	40						
rears	6 1	2	3	4	5	00.00/	(8	9	10	00.70	at 144 m	0			
7	99.0%	99.7%	99.0%	1 0 90	99.4%	90.9% 1 007	90.7%	509	90.7%	90.7%	90.77	⁷⁰ 90.7%	-			
1	• 0,100	2,710	2,343	1,909	1,010	1,227	049	390	422	201	129	15				
ven	tricular	Placen	ient													
Prod	uct Surv	eillance R	egistry R	esults			Qualif	ying Con	nplication	IS	1	1				
Numb	per of Lead	s Enrolled ir	n Study		1	,674	Conduc	tor Fractur	e		1	Impedance A	bnormal		2	
Cumu	lative Mon	ths of Follow	vup		98	,275	Extraca	rdiac Stimu	ulation		1	Lead Dislodg	jement		1	
Numb	er of Lead	s Active in S	Study			463	Failure	To Capture	e		5	Other Compl	ication		1	
	100%															
val	90% -															
iurvi	80%											• Uppe	er 95 Pct Con	fidence		
ad S	70%											• Cum	ulative Survi	val Probability		
Ľ	60%											Lowe	er 95 Pct Cor	fidence		
	50%															
	0		50	10	00	150		200	25	0	300					
					Мо	nths After I	mplant									
Years	s 1	2	3	4	5	6	7	8	9	10	11	12	at 150 mo			
%	99.7%	99.7%	99.7%	99.6%	99.4%	99.4%	99.0%	99.0%	98.7%	98.7%	98.7%	6 98.7%	98.7%			
#	# 1,383	1,191	1,061	897	727	592	452	360	291	191	126	81	59			

40	92	С	apSu	re SP	Nov	us													
	US Ma	rket Rele	ease			17	Sep1998			US Ret	urned	Prod	uct A	Analys	is	US Acute I	ead Observ	ations	
	CE App Registr Estima Fixation	proval ered US/ ated Activ n Type ense Pol	A Implants ve USA Im arity	s nplants		15 18 61 Tin Bin	Apr1998 85,516 ,446 es			Conductor Crimp Wel Insulation Other	Fracture d Bond Breach	9			19 90	Cardiac Perfo Conductor Fra Extracardiac S Failure To Ca	ration acture Stimulation pture		4 4 1 35
	Steroid	Indicator				Ye	5									Failure To Se Impedance Al Insulation Bre Lead Dislodge Oversensing Unspecified	nse onormal ach ement		2 1 35 1 1
Pro	duct S	urveilla	ince Reg	gistry Re	sults				Qual	ifying Cor	nplicat	ions			21				
Num	ber of L	eads En	rolled in S	Study			1,19	9	Condu	uctor Fractu	re			3	Impedar	nce Abnormal		1	
Cum	ulative	Months c	of Followu	р			69,12	4	Extrac	cardiac Stim	ulation			1	Lead Di	slodgement		4	
Num	100% 90%	eads Ac	tive in Stu	dy			3	7	Failur	e To Captur	e			12					
Lead Surviv	80% 70% 60% 50%	 0		50		100		150		200		250		30	•	Upper 95 Pct Confi Cumulative Surviva Lower 95 Pct Confi	dence Il Probability dence		
							Month	s After In	nplant										
Year	rs ´	1	2	3	4		5	6	7	8	9		10	at 132	mo				

97.8%

528

97.4%

402

97.4%

327

97.4%

266

97.4%

218

97.4%

134

97.4%

68

98.8%

952

%

#

98.7%

849

98.5%

757

98.1%

45	74	CapSure Sei	nse							
	US Market R	elease	23Ji	un2002		US Returi	ned Product	Analysi	s US Acute Lead Obse	ervations
	CE Approval		01F	eb2002		Conductor Fra	acture	1	1 Cardiac Perforation	1
	Registered l	JSA Implants	95,4	419		Crimp Weld B	ond		Conductor Fracture	1
	Estimated A	ctive USA Implants	61,7	724		Insulation Bre	ach	1	6 Extracardiac Stimulation	1
	Fixation Type	•	J-sha	ape, tines		Other			Failure To Capture	75
	Pace Sense I	Polarity	Bipo	lar					Failure To Sense	31
	Steroid Indica	ator	Yes						Impedance Abnormal	3
									Insulation Breach	
									Lead Dislodgement	179
									Oversensing	5
									Unspecified	4
Pro	duct Surve	illance Registry Re	sults		Quali	fving Compl	ications	1	1	
Num	ber of Leads	Enrolled in Study		1.230	Condu	ictor Fracture		2	l ead Dislodgement	7
Cum	ulative Month	is of Followup		48,995	Failure	e To Capture		2	Loud Diolodgomont	
Num	ber of Leads	Active in Study		607		- 1				
		,								
	100%									
<u>_</u>	90%									
IVIX.	80%									
l Su	70%								 Upper 95 Pct Confidence 	
eac	70% -								 Cumulative Survival Probability 	У
_	60% -								Lower 95 Pct Confidence	
	50%	20	40	60		00	100	120		
	0	20	40	00		00	100	120		
				Months After I	Implant					
Yea	r s 1	2 3	4 5	6	7	at 96 mo				

98.9%

447

99.1%

973

%

#

99.1%

732

99.1%

593

98.6%

306

98.6%

219

98.6%

125

98.6%

4592	2 CapSure S	P Novus						
US CI R E Fix	S Market Release E Approval egistered USA Implants stimated Active USA Implants ation Type	05Oct1998 15Apr1998 88,220 30,972 J-shape, tines		US Returns Conductor Fract Crimp Weld Bor Insulation Bread Other	ed Product A ture nd th	Analysis 10 30	US Acute Lead Obse Cardiac Perforation Conductor Fracture Extracardiac Stimulation Failure To Capture	rvations 10
Pa Ste	ce Sense Polarity eroid Indicator	Bipolar Yes					Failure To Sense Impedance Abnormal Insulation Breach Lead Dislodgement Oversensing Unspecified	2 1 37 2 2
Produ Numbe Cumula Numbe	ct Surveillance Registry r of Leads Enrolled in Study tive Months of Followup r of Leads Active in Study	Results 357 20,326 42	Qual Failur Failur	ifying Complic e To Capture e To Sense	ations	8 5 Lea 1	ad Dislodgement	2
Lead Survival	00% - 00% - 00% - 00% - 00% - 00% - 0 20	40 60	80	100	120	140	 Upper 95 Pct Confidence Cumulative Survival Probability Lower 95 Pct Confidence 	/

Years	1	2	3	4	5	6	7	8	9	at 120 mo
%	97.7%	97.7%	97.7%	97.7%	97.0%	97.0%	97.0%	96.0%	96.0%	96.0%
#	246	221	198	180	153	125	96	84	68	52

Months After Implant

50	54	Cap	Sure Z I	Novus												
	US Marke	et Release			03Jun19	98		US Ret	urned Pr	oduct A	nalvsis		US Acut	e Lead (Observation	าร
	CE Appro	val			05Jun19	97		Conductor	Fracture		15		Cardiac Pe	rforation		
	Registere	ed USA Imp	olants		98,882			Crimp Wel	d Bond		10		Conductor	Fracture		2
	Estimated	d Active US	A Implants		31,121				Breach		/3		Extracardia	o Stimula	tion	2
1	Fixation Ty	уре			Tines			Othor	Jieach		43		Eailure To (Conture	luon	23
1	Pace Sens	se Polarity			Bipolar			Other					Failure To	Sonso		20
:	Steroid Inc	dicator			Yes								Impodance	Abnorma	1	,
														Roach	u	-
														daement		3(
														agement		50
													Unepocifier	4		c
Λ + -		omont											Unspecified	1		
Au	di Fidu	voillanco	Pogistry P	Poculte			Qualif	wing Con	aplication	c	2					
Num		ds Eprolled	tin Study	esuits		426	Eailuro	To Century		3	1	od Dialada	omont		4	
Cum	ulative Mo	onthe of Foll	lowup		10	343	i alluie				' Le	au Disiodg	ement		T	
Num	ber of Lea	ds Active in	n Study		40	47										
Ttarri			rolddy													
	100%	-														
_	90% -															
viva	0.00/															
Sur	80% -											 Uppe 	r 95 Pct Co	nfidence		
ead	70%											 Cumi 	ulative Surv	ival Prob	ability	
	60% -											 Lowe 	r 95 Pct Co	nfidence		
	50% -r		1		1	1		1	1							
	0)	50	10	00	150		200	25	0	300					
					Мо	nths After I	mplant									
Year	s1	2	3	4	5	6	7	8	9	10	11	12	13	14	at 174 mo	
	6 99.5%	<u> </u>	5 99.5%	99.5%	99.5%	99.5%	99.5%	99.5%	99.5%	99.5%	99.5%	99.5%	99.5%	99.5%	99.5%	
	# 412	392	359	323	290	253	219	185	152	128	107	92	74	64	56	
ver	ntricula	ar Place	ment													
Proc	duct Sur	veillance	Registry R	Results			Qualif	ying Con	nplication	S	11					
Num	ber of Lea	ds Enrolled	l in Study			988	Failure	To Capture	e		7 In	npedance A	bnormal		1	
Cum	ulative Mo	onths of Foll	lowup		34	,312	Failure	To Sense			2 Le	ead Dislodg	ement		1	
Num	ber of Lea	ds Active ir	n Study			29										
	4000/															
	100% -															
ival	90%															
NIN	80% -											• Uppe	r 95 Pct Co	nfidence		
ad S	70% -											• Cumi	ulative Surv	ival Prob	ability	
Ľ.	60%											 Lowe 	r 95 Pct Co	nfidence		
	50%		1			1										
	0)	50	10	00	150		200	25	0	300					
					Мо	nths After I	mplant									
Year	s 1	2	3	4	5	6	7	8	9	10	11	at 138 m	D			
0	6 99.3%	6 99.1%	98.8%	98.4%	98.4%	97.0%	97.0%	96.3%	96.3%	96.3%	96.3%	96.3%				

483

507	' 6		CapS	ureFix	Novus												
	JS Mar	rket R	elease			31Aug20	000		US Reti	urned Pr	oduct A	nalys	is	US Acut	te Lead Ob	oservatio	ons
	CE App	oroval				12Aug19	999		Conductor	Fracture		1.1	12	Cardiac Pe	erforation		1,137
	Registe	ered l	JSA Implar	nts		2,697,76	65		Crimp Weld	d Bond		.,.		Conductor	Fracture		25
	Estimat	ted A	ctive USA	Implants		1,788,60	09		Insulation E	Breach		1,1	74	Extracardi	ac Stimulatio	on	86
F	ixation	Туре				Active Sc	rew In		Other			1	80	Failure To	Capture		1,407
F	ace Se	ense F	Polarity			Bipolar						-		Failure To	Sense		562
S	steroid I	Indica	itor			Yes								Impedance	e Abnormal		149
														Insulation	Breach		11
														Lead Dislo	odgement		3,524
														Oversensi	ng		440
														Unspecifie	d		26
Atri	al Pla	ace	ment														
Prod	uct Si	urvei	illance R	egistry R	esults			Qualif	vina Con	nolication	s	:	83				
Numb	er of Le	eads	Enrolled in	Study		9	.567	Cardiao	Perforatio	n	-	2	Impedance A	bnormal		7	,
Cum	lative N	Month	s of Follow	vup		417	.965	Conduc	ctor Fractur	e		11	Insulation Bre	each		2	,
Numb	er of Le	eads	Active in S	studv		4	.316	Extraca	ardiac Stimu	Jation		3	Lead Disloda	ement		20)
				,			,	Failure	To Capture	9		14	Oversensing	omont		20	
								Failure	To Sense			6	Other Compli	cation		5	
	00%	_														-	
	90%	_															
vival	000/																
Sur	80%	_											 Uppe 	r 95 Pct Co	onfidence		
ead	70%	_											• Cum	ulative Sur	vival Probab	oility	
	60%	_											 Lowe 	r 95 Pct Co	onfidence		
	50%						1		1	1							
		0		50	10	00	150		200	250)	300)				
						Mor _	iths After I	mplant					10	1.0			
Years	i 1	6%	2	3	4	5	6	08.3%	8	9	10	07.0	12	13	14	15	at 186 mo
7	99.0	0%	5 760	99.3% 4.666	3 5 8 5	2 808	90.0%	90.3%	90.2%	90.2% 733	90.1% 505	97.9	% 97.0% 2 200	97.5%	97.2%	97.2%	55
1	,0		5,700	4,000	3,303	2,000	2,072	1,403	1,019	755	505	570	290	202	119	00	55
ven	tricu	llar	Placem	ient													
Prod	uct Sı	urvei	illance R	egistry R	esults			Qualif	ying Con	nplication	S	;	31				
Numb	er of Le	eads	Enrolled in	Study		3	,054	Cardiad	e Perforatio	n		1	Impedance A	bnormal		4	ŀ
Cumu	lative N	Month	s of Follow	vup		123	,039	Conduc	ctor Fractur	e		6	Lead Dislodg	ement		5	5
Numb	er of Le	eads	Active in S	study			968	Failure	To Capture	e		12	Oversensing			1	
								Failure	To Sense			1	Other Compli	cation		1	
	000/																
	00%							3									
val	90%	_															
nıvi	80%	_											Uppe	r 95 Pct Co	onfidence		
ado	70%	_											• Cumi	lative Sur	vival Probab	oility	
Ге	60%	_											Lowe	r 95 Pct Co	onfidence	2	
	50%																
	,.	0		50	10	00	150		200	25	D	300)				
						Мог	nths After I	mplant									
Years	s 1		2	3	4	5	6	7	8	9	10	11	12	13	at 168 mo		
%	99.5	5%	99.2%	99.2%	99.0%	98.7%	98.3%	98.2%	97.7%	97.2%	97.2%	96.8	% 96.8%	96.3%	95.4%		
1	2 ,0	11	1,509	1,237	1,003	847	639	440	336	260	202	164	129	93	61		

508	36MRI	Capsi	ureFix	Novus	MRI									
	US Market	Release			08Feb20)11		US Retu	rned Product	Analys	is US	Acute Lead Observ	vations	
	CE Approv	al			21Jan20	09		Conductor E	racture	Analyc	97 Car	diac Perforation	ationio	214
	Registered	I USA Impla	nts		208,610)		Crimp Weld	Bond		Con	ductor Fracture		214
	Estimated	Active USA	Implants		175,872			Insulation Br	each	1	45 Extr	acardiac Stimulation		18
F	ixation Typ	be			Active Sc	rew In		Othor	each	1	45 Exti			1/2
F	Pace Sense	e Polarity			Bipolar			Other			Fail			28
S	Steroid Indi	cator			Yes						Imp			20
											Insi	lation Breach		1
											lea	d Dislodgement		309
														31
											Line	necified		51
A 4!											0113	pecilied		
Atri	al Place	ement												
Prod	luct Surv	eillance R	legistry R	esults			Quali	ying Com	plications		19			
Numb	per of Lead	s Enrolled ir	n Study		3	,114	Condu	ctor Fracture		3	Lead Dislodgeme	nt	11	
Cumu	ulative Mon	ths of Follow	wup		130	,316	Failure	To Capture		3	Oversensing		1	
Numb	per of Lead	s Active in S	Study		1	,478					Other Complication	n	1	
	100%													
a	90%													
Nivir	80%										Linner OF	Pot Confidence		
d Si	70%										Opper 95	ret Confidence		
Геа	60%											Pet Confidence		
	500/										 Lower 95 	Pet Confidence		
	50% -r- 0		20	4	0	60		80	100	12	0			
	0		20	-	° Moi	oo hths After I	mplant	00	100		•			
Voar	n 1	2	3	1	5	6	7	at 00 mo						
i ear:	5 1 (00.8%	00.6%	00.6%	4	00.4%	08.0%	08.3%	08.3%						
	• <u>99.070</u>	2 282	1 99.0 %	1 / 22	671	2/13	161	111						
Ver	÷ 2,000		1,001	1,420	0/1	240	101							
ven	itriculai	Placen	nent											
Prod	luct Surv	eillance R	legistry R	esults			Qualif	ying Com	plications		19			
Numb	per of Lead	s Enrolled ir	n Study		3	,053	Condu	ctor Fracture		2	Impedance Abnor	mal	2	
Cumu	ulative Mon	ths of Follow	wup		128	,922	Failure	To Capture		8	Lead Dislodgeme	nt	3	
Numb	per of Lead	s Active in S	Study		1	,453	Failure	To Sense		1	Oversensing		2	
											Other Complication	n	1	
	100%													
al	90%													
urviv	80%										Linner 95	Pct Confidence		
s p	70%										Cumulativ	ve Survival Probability		
Lea	60%											Pot Confidence		
	50%										 Lower 35 	r et connuellee		
	30% -r- 0		20	4	0	60		80	100	12	0			
	5			-	Mo	nths After I	mplant				-			
Vear	a 1	2	2	Α	5	e	7	at 00 mg						
rears	9 1	∠ 00.7%	00 6%	4	00.6%	00 10/	07 7%	07 7%						
	4 2.663	2 258	1 860	1 416	659	237	161	112						
,	2,000	2,200	1,000	1, 110	000	201	101	112						

5092 CapSure SP Nov	/us				
US Market Release	03Jun1998	US Returned Product	Analysis	US Acute Lead Observ	vations
CE Approval	25Sep1997	Conductor Fracture	23	Cardiac Perforation	7
Registered USA Implants	140,132	Crimp Weld Bond		Conductor Fracture	2
Estimated Active USA Implants	48,838	Insulation Breach	65	Extracardiac Stimulation	3
Fixation Type	Tines	Other	1	Failure To Capture	49
Pace Sense Polarity	Bipolar			Failure To Sense	7
Steroid Indicator	Yes			Impedance Abnormal	1
				Insulation Breach	3
				Lead Dislodgement	72
				Oversensing	1
				Unspecified	8
Product Surveillance Registry Results		Qualifying Complications	10		
Number of Leads Enrolled in Study	1,213	Extracardiac Stimulation	1 Impedane	ce Abnormal	1
Cumulative Months of Followup	53,454	Failure To Capture	3 Lead Dis	odgement	5
Number of Leads Active in Study	32				
100%					



55	54	CapSi	ure Z N	lovus										
	US Market F	Release			03Jun19	98		US Ret	urned Product	Analys	sis	US Acute Lead Ob	servations	6
	CE Approva	I			05Jun19	97		Conductor	Fracture		21	Cardiac Perforation		
	Registered	USA Implar	nts		64,426			Crimp Wel	d Bond			Conductor Fracture		1
	Estimated A	ctive USA I	mplants		22,429			Insulation I	Breach		37	Extracardiac Stimulatio	n	
	Fixation Type	Э			Tines			Other				Failure To Capture		31
	Pace Sense	Polarity			Bipolar							Failure To Sense		2
	Steroid Indic	ator			Yes							Impedance Abnormal		1
												Insulation Breach		
												Lead Dislodgement		38
												Oversensing		
												Unspecified		3
Pro	duct Surve	illance Re	egistry R	esults			Qualif	ving Con	plications		5			
Nun	ber of Leads	Enrolled in	Study			364	Failure	To Capture	e	2	Impe	edance Abnormal	1	
Cun	ulative Montl	ns of Follow	up		9	,077					Lead	d Dislodgement	1	
Nun	ber of Leads	Active in S	tudy			11					Ove	rsensing	1	
Lead Survival	100%		20	4	0	60 oths After	Implant	80	100	12	0	 Upper 95 Pct Confidence Cumulative Survival Probab Lower 95 Pct Confidence 	ility	
Var	ro 1	2	2	4	WO1		ot 94 ma							
rea	% 100.0%	∠ 98.2%	97.2%	96.0%	96.0%	96.0%	96.0%	-						

#

55	92 Cap	Sure SP	Novus									
US Market Release			03Jun1998		US Returned Product Ana					US Acute Lead Obse	US Acute Lead Observations	
CE Approval Registered USA Implants Estimated Active USA Implants Fixation Type		25Sep1997	97		Conductor Fracture		6		Cardiac Perforation		1	
		36,930			Crimp Weld Bond Insulation Breach				Conductor Fracture			
		15,767						6	Extracardiac Stimulation			
		Dinelar			Other				Failure To Capture		4	
	Pace Sense Polarity		Біроіаі							Failure To Sense		3
	Steroid Indicator		res							Impedance Abnormal		
										Insulation Breach		
									Lead Dislodgement		43	
										Oversensing		1
									Unspecified		1	
Pro	duct Surveillance	Registry Res	sults		Qual	ifying Comp	olications		5			
Number of Leads Enrolled in Study			718		Failur	e To Capture		3	Le	ead Dislodgement	2	
Cum	nulative Months of Fo	lowup	37,768									
Num	ber of Leads Active i	n Study	40									
_	100%											
viva	000/											
Sur	80% -									 Upper 95 Pct Confidence 		
ead	70% -								 Cumulative Survival Probability 			
Ē	60% -	60% -								Lower 95 Pct Confidence		
	50%	50	100	150		200	250	30) 00			

98.9%

99

at 144 mo

98.9%

58

11

98.9%

84

Months After Implant

6

98.9%

191

7

98.9%

152

8

98.9%

134

9

98.9%

114

2

99.3%

446

3

99.3%

361

4

98.9%

306

5

98.9%

251

1

99.6%

538

Years

%

#

55	594 CapSure SP	Novus						
	US Market Release	25Jun2001	US Returne	d Product	Analysis	US Acute Lead Obser	rvations	
	CE Approval	23Mar2001	Conductor Fract	ure	14	Cardiac Perforation		
	Registered USA Implants	17,588	Crimp Weld Bon	ıd		Conductor Fracture		
	Estimated Active USA Implants	8,793	Insulation Breac	h	17	Extracardiac Stimulation		
	Fixation Type	Tines	Other			Failure To Capture		4
	Pace Sense Polarity	Bipolar				Failure To Sense		
	Steroid Indicator	Yes				Impedance Abnormal		
						Insulation Breach		
						Lead Dislodgement		14
						Oversensing		
						Unspecified		2
Pro	oduct Surveillance Registry Re	sults	Qualifying Complic	ations	3			
Nun	nber of Leads Enrolled in Study	37	Conductor Fracture		1 Insulation	Breach	1	
Cun	nulative Months of Followup	3,471			Oversensi	ing	1	
Nun	nber of Leads Active in Study	10						
Lead Survival	100% - 90% - 80% - 70% - 60% - 50% - 0 20	40 60 Months After I	, 80 mplant	100	• U) • Ci • Lo	oper 95 Pct Confidence umulative Survival Probability ower 95 Pct Confidence	r	
Yea	ars at 0 mo							

6721 Epicardial Patch							
US Market Release	31Mar1994	US Returned Product	Analysis	US Acute Lead Observations			
CE Approval	01Jan1993	Conductor Fracture	13	Cardiac Perforation		1	
Registered USA Implants	3,204	Crimp Weld Bond		Conductor Fracture		2	
Estimated Active USA Implants	1,094	Insulation Breach	1	Extracardiac Stimulation			
Fixation Type	Suture	Other		Failure To Capture		2	
Pace Sense Polarity	n/a			Failure To Sense		1	
Steroid Indicator	None			Impedance Abnormal		17	
				Insulation Breach			
				Lead Dislodgement			
				Oversensing		1	
				Unspecified			
Product Surveillance Registry Results		Qualifying Complications	47				
Number of Leads Enrolled in Study	417	Conductor Fracture	21 Impedance	Abnormal	4		
Cumulative Months of Followup	23,931	Failure To Capture	8 Insulation B	8 Insulation Breach			
Number of Leads Active in Study	7		Oversensing]	12		
100% - 90% - 80% - 70% - 60% - 50% - 0 20	40 60 Months After Ir	80 100 nplant	• Upp • Cun • Low	er 95 Pct Confidence nulative Survival Probability er 95 Pct Confidence			
Years 1 2 3 4	5 6	7 8 at 108 mo					
% 96.6% 94.6% 92.1% 91.0%	6 80.2% 84.5%	83 1% 83 1% 83 1%					

#

69	30	Sprint Fidelis							
	US Market F	Release	02Sep	2004	US Retu	rned Product	Analysis	US Acute Lead Observations	
	CE Approva				Conductor F	racture	5	Cardiac Perforation	
Registered USA Implants Estimated Active USA Implants		350		Crimp Weld	Bond	-	Conductor Fracture		
		109		Insulation Br	each		Extracardiac Stimulation		
I	Fixation Type	9	Tines		Other			Failure To Capture	
	Pace Sense	Polarity	True B	ipolar/One Coil	Othor			Failure To Sense	
:	Steroid Indicator		Yes					Impedance Abnormal	
								Insulation Breach	
								Lead Dislodgement	
								Oversensing	
								Unspecified	1
Pro	duct Surve	illance Registry Resi	ults						
Num	ber of Leads	Enrolled in Study		4					
Cum	ulative Month	is of Followup		293					
Num	ber of Leads	Active in Study		1					
	100%								
_	90%								
Niva	80%								
Sul	300/0							Upper 95 Pct Confidence	
ead	70% -							 Cumulative Survival Probability 	
	60%							Lower 95 Pct Confidence	
	50%	1	1	1	1	1			
	0	20	40	60	80	100	120		
			M	Ionths After Impla	ant				
Year	s at 0 mo								

% 100.0%

69	31 Sprint Fidelis						
	US Market Release	02Sep2004	US Returned Product	Analys	US Acute Lead Obser	vations	
	CE Approval		Conductor Fracture	6	49 Cardiac Perforation		1
	Registered USA Implants	8,057	Crimp Weld Bond		Conductor Fracture		2
	Estimated Active USA Implants	1,927	Insulation Breach		1 Extracardiac Stimulation		
Fixation Type		Active Screw In	Other		5 Failure To Capture		1
	Pace Sense Polarity	True Bipolar/One Coil	Caller		Failure To Sense		1
	Steroid Indicator	Yes			Impedance Abnormal		
					Insulation Breach		
					Lead Dislodgement		1
					Oversensing		3
					Unspecified		1
Pro	duct Surveillance Registry Results		Qualifying Complications		58		
Nur	nber of Leads Enrolled in Study	311	Conductor Fracture	35	Impedance Abnormal	10	
Cur	nulative Months of Followup	17,687	Failure To Capture	3	Lead Dislodgement	2	
Nur	nber of Leads Active in Study	16	Failure To Sense	1	Oversensing	7	
100% - 90% - 80% - 70% - 60% - 50% -					 Upper 95 Pct Confidence Cumulative Survival Probability Lower 95 Pct Confidence 		
	0 20	40 60	80 100	120	0		

Months After Implant 6

74.3%

103

7

72.3%

68

at 90 mo

72.3%

52

1

98.2%

272

Years

%

#

2

96.2%

242

3

93.1%

214

4

88.3%

170

5

82.2%

69	35		Sprint	Quatt	ro Sec	ure S									
US Market Release					01Nov2008			US Retu	Irned P	roduct An	alys	sis US Acute Lead Obser	vations		
	CE Approval Registered USA Implants				31Mar20	800		Conductor I	Fracture		- 3	355 Cardiac Perforation		24	
Registered USA Implants				61,326			Crimp Weld	Bond			Conductor Fracture		3		
	Estir	Estimated Active USA Implants				46,450 Active Screw In			Insulation Breach				11 Extracardiac Stimulation		1
I	Fixati								Other				41 Failure To Capture		27
1	Pace	Sense I	Polarity			True Bip	olar/One Co	I					Failure To Sense		12
:	Stero	id Indica	ator			Yes							Impedance Abnormal		25
												Insulation Breach		1	
											Lead Dislodgement		58		
													Oversensing		61
											Unspecified		5		
Proc	duct	Surve	illance R	egistry R	esults			Qualif	ying Com	plicatio	ns		49		
Num	ber of	f Leads	Enrolled in	n Study		2	,734	Cardiad	Cardiac Perforation			1	Impedance Abnormal	6	
Cum	ulativ	e Month	s of Follov	vup		129	,726	Conductor Fracture				18	Lead Dislodgement	7	
Num	ber of	f Leads	Active in S	Study			893	Extraca	Extracardiac Stimulation				Oversensing	7	
								Failure	Failure To Capture			6	Unspecified	1	
									Failure To Sense			1	Other Complication	1	
	100%	% -						anna.	and the second						
a	90%	%													
<u>NZI</u>	80% -										Linner 05 Det Confidence				
d SL	709	%											Opper 95 Pct Confidence		
Lea	10/0											Cumulative Survival Probability			
	50% - 50% -										Lower 95 Pct Confidence				
			4	40 60			80 100		12	20					
		· •		-	Months After Imn		nplant	blant		-		-			
Year	S	1	2	3	4	5	6	7	8	9	at 114 mo				
9	<mark>⁄6</mark> 9	9.5%	99.2%	98.9%	98.6%	98.4%	98.0%	97.4%	96.8%	95.3%	95.3%				
	# 2	2,346	1,882	1,501	1,170	951	765	493	254	114	66				
69	35	Μ	Sprint	Quatt	ro Sec	ure S									
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	US	Market F	Release			02Aug20	012		US Retu	Irned Pro	duct Ana	lys	sis US Acute Lead Obse	rvations	s
	CE	Approva	I			12Jul20	12		Conductor I	Fracture		3	350 Cardiac Perforation		113
	Re	gistered	USA Impla	nts		236,743	}		Crimp Weld	Bond			Conductor Fracture		8
	Est	imated A	ctive USA	Implants		220,286	5		Insulation B	reach			16 Extracardiac Stimulation		21
	Fixa	tion Type	e			Active So	crew In		Other				59 Failure To Capture		217
	Pace	e Sense	Polarity			True Bip	olar/One C	oil					Failure To Sense		66
	Ster	oid Indica	ator			Yes							Impedance Abnormal		60
													Insulation Breach		2
													Lead Dislodgement		375
													Oversensing		186
													Unspecified		
Pro	duc	t Surve	illance R	egistry R	esults			Quali	fying Com	plications			54		
Num	ber (of Leads	Enrolled in	n Study		6	,507	Cardia	c Perforatior	ı		1	Impedance Abnormal	4	
Cum	ulati	ve Month	ns of Follov	vup		200	,903	Condu	ctor Fracture	e		15	Insulation Breach	2	
Num	ber	of Leads	Active in S	Study		4	,065	Extrac	ardiac Stimu	lation		1	Lead Dislodgement	13	
								Failure	To Capture			12	Oversensing	2	
								Failure	To Sense			1	Unspecified	1	
	100)%											Other Complication	2	
a	90)%													
Vivi	80)%											- Unner 05 Bet Confidence		
d Si	70)%											Opper 35 FCt Confidence		
Lea	60	0/											Cumulative Survival Probability		
	50	//0											Lower 35 Pct Confidence		
	50	0% -⊫ 0		20	4	0	60		80	100		12	0		
		•				Mo	nths After	mplant					-		
Year	s	1	2	3	4	5	6	at 78 mo							
c	/ <u> </u>	99.6%	99.5%	99.2%	98.9%	98.6%	98.0%	98.0%							
	#	4,933	3,864	2,650	1,459	685	181	61							

693	37A	Trans	vene S	SVC-C	S									
	US Market F	Release			06Apr20	01		US Retu	Irned P	roduct An	alys	sis	US Acute Lead	Observations
	CE Approva	l						Conductor	Fracture			5	Cardiac Perforation	1
	Registered	USA Impla	nts		2,634			Crimp Weld	Bond				Conductor Fracture	. 3
	Estimated A	Active USA	Implants		1,557			Insulation E	Breach				Extracardiac Stimul	lation
F	Fixation Type	e			Passive			Other					Failure To Capture	
F	Pace Sense	Polarity			One Coil								Failure To Sense	
0	Steroid Indic	ator			None								Impedance Abnorm	nal
													Insulation Breach	
													Lead Dislodgement	t
													Oversensing	
													Unspecified	2
Proc	luct Surve	illance R	egistry R	esults			Qualif	ying Com	plication	ns		14		
Num	per of Leads	Enrolled in	n Study			122	Conduc	tor Fractur	е		5	Impedance	Abnormal	1
Cum	ulative Montl	hs of Follov	vup		13	,706						Insulation B	reach	2
Num	per of Leads	Active in S	Study			9						Lead Dislod	gement	1
												Unspecified		4
												Other Comp	olication	1
	100%													
<u></u>	90% -													
NIV	80%													
l Su	70%											 Upp 	er 95 Pct Confidence	5
-eac	10 /0											• Cun	nulative Survival Pro	bability
_	60%											 Low 	ver 95 Pct Confidence	e
	50%		50	4.	20	150		200	25	0	20	0		
	0		50	1	50	150		200	20	0	30	0		
					Mor	ntns After li	nplant							
Year		-	-			_		0	0					
	s 1	2	3	4	5	6	7	8	9	at 114 mo				

69	44 Sprint Quattro							
	US Market Release	13Dec2000	US Returned Product A	nalys	sis	US Acute Lead Observa	ations	
	CE Approval	05Nov1999	Conductor Fracture	-	204	Cardiac Perforation		
	Registered USA Implants	44,776	Crimp Weld Bond		1	Conductor Fracture		2
	Estimated Active USA Implants	18,283	Insulation Breach		4	Extracardiac Stimulation		
	Fixation Type	Tines	Other		4	Failure To Capture		17
	Pace Sense Polarity	True Bipolar/Two Coils				Failure To Sense		3
	Steroid Indicator	Yes				Impedance Abnormal		10
						Insulation Breach		
						Lead Dislodgement		24
						Oversensing		18
						Unspecified		6
Pro	oduct Surveillance Registry Results		Qualifying Complications		29			
Nur	mber of Leads Enrolled in Study	619	Conductor Fracture	16	Impedance A	bnormal	4	
Cur	mulative Months of Followup	33,828	Failure To Capture	4	Oversensing		3	
Nur	mber of Leads Active in Study	123	Failure To Sense	1	Unspecified		1	
survival	100%				• Uppe	r 95 Pct Confidence		
ad S	70% -				• Cumi	ulative Survival Probability		
Ē	60% -					v 95 Pct Confidence		

8

90.5%

100

7

91.2%

140

100

at 114 mo

90.5%

59

9

90.5%

72

120

- Cumulative Survival Probability
- Lower 95 Pct Confidence

60% -

50% -r

0

2

99.8%

445

1

100.0%

531

Years

%

#

20

3

99.2%

373

40

5

95.1%

236

4

97.3%

301

60

Months After Implant

6

91.8%

6946M Sprint Quattro				
US Market Release	05Jan2016	US Returned Product Analysis	US Acute Lead Observations	
CE Approval	12Sep2013		Cardiac Perforation	
Registered USA Implants	2,215		Conductor Fracture	
Estimated Active USA Implants	2,131		Extracardiac Stimulation	
Fixation Type	Tines		Failure To Capture	2
Pace Sense Polarity	True Bipolar/Two Coils		Failure To Sense	
Steroid Indicator	Yes		Impedance Abnormal	
			Insulation Breach	
			Lead Dislodgement	5
			Oversensing	5
			Unspecified	



694	47		Sprint	Quatt	ro Sec	ure											
	USI	Market R	elease			12Nov20	001		US Ret	urned Pr	oduct A	nalysis		US Acut	e Lead C	bservation	s
	CE /	Approval				04Oct20	01		Conductor	Fracture		1,195		Cardiac Pe	rforation		29
	Reg	istered l	JSA Impla	nts		374,976			Crimp Weld	Bond		4		Conductor	Fracture		25
	Esti	mated A	ctive USA	Implants		188,756			Insulation E	Breach		97		Extracardia	c Stimulat	tion	2
F	-ixat	ion Type	1			Active Sc	rew In		Other			189		Failure To	Capture		81
F	Pace	Sense I	Polarity			True Bipo	olar/Two Co	ils						Failure To	Sense		34
	Sterc	oid Indica	ator			Yes								Impedance	Abnormal	I	59
														Insulation E	Breach		4
														Lead Dislo	dgement		122
														Oversensin	g		140
														Unspecified	ł		20
Proc	luct	Surve	illance R	egistry R	esults			Quali	fying Con	plication	S	88					
Num	oer o	of Leads	Enrolled in	n Study		4	445	Condu	ctor Fractur	е		31 Im	pedance Ab	onormal		12	
Cum	ulativ	/e Month	s of Follov	vup		257	153	Failure	To Capture	•		7 Ins	sulation Bre	ach		5	
Num	oer o	of Leads	Active in S	Study		1,	,038	Failure	To Sense			2 Le	ad Dislodge	ement		5	
												O	versensing			19	
												Ur	nspecified			3	
	100	%										Ot	ther Complic	cation		4	
a	90	%															
NIVIN	80	%											Linner	OF Dat Ca	nfielence		
d Sl	70	%											• Opper	95 PCL CO	ivel Breke	. In 1114	
Lea	60	0/											• Cumu	A DE Bot Co	ival Propa	ability	
	50	/0											 Lower 	95 PCI C0	nndence		
	50	% 0		50	10	0	150		200	25	0	300					
		-				Mor	nths After Ir	nplant			-						
Year	s	1	2	3	4	5	6	7	8	9	10	11	12	13	14	at 174 mo	
9	6 9	99.5%	99.3%	99.0%	98.7%	98.2%	97.9%	97.6%	97.1%	96.6%	95.9%	95.4%	94.7%	94.7%	94.1%	93.4%	
;	#	3,834	3,304	2,797	2,353	1,953	1,561	1,157	893	614	323	174	110	90	70	60	

694	47M	Sprint	Quatt	ro Sec	ure								
	US Market I	Release			13Feb20)12		US Retu	Irned Product	Analys	sis	US Acute Lead Observ	vations
	CE Approva	d			12Mar20	010		Conductor I	Fracture	1	60	Cardiac Perforation	32
	Registered	USA Impla	nts		118,538	;		Crimp Weld	Bond		00	Conductor Fracture	9
	Estimated A	Active USA	Implants		104,466	i		Insulation E	reach		12	Extracardiac Stimulation	10
F	ixation Typ	е			Active So	rew In		Other			27	Failure To Capture	96
F	Pace Sense	Polarity			True Bipo	olar/Two C	oils	outor			2.	Failure To Sense	36
3	Steroid Indic	ator			Yes							Impedance Abnormal	26
												Insulation Breach	
												Lead Dislodgement	201
												Oversensing	72
												Unspecified	
Proc	luct Surve	illance R	egistry R	esults			Qualif	ying Com	plications		17		
Num	per of Leads	Enrolled ir	Study		2	,136	Conduc	ctor Fracture	9	9	Lead Dislo	odgement	1
Cum	ulative Mont	hs of Follov	vup		96	,581	Failure	To Capture		4	Other Con	nplication	1
Num	per of Leads	Active in S	Study			906	Failure	To Sense		2			
	100%						_						
a	90%												
'IZI'	80%										• Ur	anor 95 Pet Confidence	
o p	70%											imulativo Survival Probability	
Lea	60%										• •		
	500/										• 20	wei 55 Fet Gonndence	
	50% -r- 0		20	4	0	60		80	100	12	0		
					Мо	nths After I	mplant				-		
Year	s 1	2	3	4	5	6	at 84 mo						
9	6 99.7%	99.5%	99.3%	99.3%	99.0%	99.0%	98.3%						
;	# 1,737	1,453	1,258	1,007	823	584	162						

694	48	Sprint Fidelis					
	US Market F	Release	02Sep2004	US Returned Prod	uct Analysis	US Acute Lead Obse	ervations
	CE Approva	l		Conductor Fracture	207	Cardiac Perforation	
	Registered	USA Implants	10,341	Crimp Weld Bond		Conductor Fracture	2
	Estimated A	ctive USA Implants	2,768	Insulation Breach	3	Extracardiac Stimulation	
F	Fixation Type	9	Tines	Other	4	Failure To Capture	7
F	Pace Sense	Polarity	True Bipolar/Two Coils			Failure To Sense	
3	Steroid Indica	ator	Yes			Impedance Abnormal	
						Insulation Breach	
						Lead Dislodgement	7
						Oversensing	1
						Unspecified	3
Proc	duct Surve	illance Registry Res	sults C	ualifying Complications	4		
Num	ber of Leads	Enrolled in Study	39 0	onductor Fracture	3 Impedan	e Abnormal	1
Cum	ulative Month	s of Followup	2.278		• Impedant	Se Abriorniai	1
Num	ber of Leads	Active in Study	5				
		, louro III oladaj	^o				
	100%						
	90% -						
viva	00%						
Sur	80% -				• U	pper 95 Pct Confidence	
ead	70%				• C	umulative Survival Probabilit	ty
Ľ	60% -				• L	ower 95 Pct Confidence	
	50%	1	1 1	1			
	0	20	40 60	80 100	120		
			Months After Impla	nt			
Year	s at 0 mo						
9	6 100.0%						
;	#						

Medtronic CRHF Product Performance Report

694	49		Sprint	Fideli	S											
	US	Market F	Release			02Sep20	004		US Retu	urned Pro	duct A	Analys	is	US Acute Lead Obser	vations	
	CE	Approva	I						Conductor	Fracture		7.8	87	Cardiac Perforation		10
	Re	gistered	USA Impla	nts		185,957	,		Crimp Weld	d Bond		.,0	3	Conductor Fracture		46
	Est	timated A	ctive USA	Implants		41,559			Insulation E	Breach			37	Extracardiac Stimulation		
I	Fixa	tion Type	e			Active So	rew In		Other				99	Failure To Capture		32
	Pac	e Sense	Polarity			True Bipo	olar/Two Co	oils	0 1101					Failure To Sense		19
:	Ster	oid Indica	ator			Yes								Impedance Abnormal		19
														Insulation Breach		5
														Lead Dislodgement		22
														Oversensing		35
														Unspecified		25
Pro	duc	t Surve	illance R	egistry R	esults			Quali	fying Con	plications	;		128	·		
Num	ber	of Leads	Enrolled in	Study			978	Condu	ctor Fractur	e		73	Impedance	Abnormal	19	
Cum	ulat	ive Month	ns of Follov	vup		55	,317	Failure	To Capture	Э		5	Insulation I	Breach	2	
Num	ber	of Leads	Active in S	Study			84	Failure	To Sense			6	Lead Dislo	dgement	1	
													Oversensir	ng	21	
													Other Com	plication	1	
	100	0%														
m	90	0%														
NN	80)%														
d SL	70	10/2											• Up	per 95 Pct Confidence		
eac	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	J /0											• Cu	mulative Survival Probability		
	60	J% -											• Lo	wer 95 Pct Confidence		
	50)%		50	10	0	150		200	250		30(
		0		50		Mo	the After I	mplant	200	200		000	,			
Vac	-	4	2	2	4	F	inis Aiter i		0	0	10	at 100				
rear	5 /	08.5%	2	ى 03 /1%	4	5 88.2%	84.4%	81 5%	0	9 78.6%	77 2%	at 120	26			
	"	849	729	621	525	431	336	220	156	98	66	55	70			

	US Market Releas	e	11Jun2001		US Retu	rned Product	t Analysis	s US Acute Lead Obs	ervations
	CE Approval		19Dec1997		Conductor F	Fracture	3	2 Cardiac Perforation	1
	Registered USA I	mplants	5,197		Crimp Weld	Bond	0.	Conductor Fracture	
	Estimated Active	USA Implants	2,804		Insulation B	reach		Extracardiac Stimulation	
	Fixation Type		Suture on Anche	or Sleeve	Other			Failure To Capture	1
	Pace Sense Polari	ty	One Coil		Other			Failure To Sense	
	Steroid Indicator		None					Impedance Abnormal	12
								Insulation Breach	1
								Lead Dislodgement	1
								Oversensing	1
Dro	duct Surveillen	a Registry Re	aulto	0.	ulifying Com	plications	2	onspeoned	
Nur	bor of Loodo Enrol	lod in Study	50115	G	anying com	plications	1		0
Curr	ulative Menthe of F		2 209	00		;	1	mpedance Abnormal	2
Cun		ollowup	2,306						
Num	IDEI OI LEAUS ACTIVE	e in Study	0						
	100% -								
	90% -								
vival	50 /8								
Sun	80% -							 Upper 95 Pct Confidence 	
ead	70% -							Cumulative Survival Probabili	ity
Ľ	60% -							Lower 95 Pct Confidence	
	50% -	1	1		1	1			
	0	20	40 6	0	80	100	120		
			Months Af	er Implan	t				
Yea	rs at 0 mo								
	% 100.0%								
	#								

2187 Attain	LV						
US Market Release		28Aug2001	US Retu	rned Product	Analysis	US Acute Lead Observations	
CE Approval			Conductor	Fracture	1	Cardiac Perforation	
Registered USA Impla	ants	11,909	Crimp Weld	Bond		Conductor Fracture	
Estimated Active USA	Implants	1,648	Insulation E	reach	3	Extracardiac Stimulation	1
Fixation Type		Distal Continous	Curve		2	Failure To Capture	3
Pace Sense Polarity		Unipolar				Failure To Sense	1
Steroid Indicator		None				Impedance Abnormal	
						Insulation Breach	
						Lead Dislodgement	9
						Oversensing	
						Unspecified	
Product Surveillance F	Registry Result	S	Qualifying Com	plications	3		
Number of Leads Enrolled i	n Study	140	Failure To Capture		3		
Cumulative Months of Follo	wup	6,922					
Number of Leads Active in S	Study	7					
100%							
<u> </u>							
80%							
л 70% –						Upper 95 Pct Confidence	
Lead						Cumulative Survival Probability	
60% -						Lower 95 Pct Confidence	
50% -	20	40 60	20	100	120		
U	20	Hontha Affa	r Implant	100	120		
		months Arte	er impiant				
Years 1 2	3 /	at 51 mo					

#

89

69

56

41	93 Attain OTW								
	US Market Release	03May2002		US Returned Produc	t Analy	sis	US Acute Lead Obser	rvations	
	CE Approval	22Dec2000		Conductor Fracture		86	Cardiac Perforation		
	Registered USA Implants	100,387		Crimp Weld Bond			Conductor Fracture		
	Estimated Active USA Implants	21,555		Insulation Breach		30	Extracardiac Stimulation		18
	Fixation Type	Double Curve		Other		12	Failure To Capture		11
	Pace Sense Polarity	Unipolar					Failure To Sense		
	Steroid Indicator	Yes					Impedance Abnormal		
							Insulation Breach		
							Lead Dislodgement		45
							Oversensing		1
							Unspecified		2
Pro	duct Surveillance Registry Results		Qua	lifying Complications		48			
Nun	nber of Leads Enrolled in Study	802	Cond	ductor Fracture	1	Impedance	Abnormal	2	
Cun	nulative Months of Followup	40,416	Extra	acardiac Stimulation	9	Lead Dislod	gement	14	
Nun	nber of Leads Active in Study	58	Failu	re To Capture	19	Unspecified		3	
	4009/								
	100% -								
Va	90% -								
Survi	80% -					• Upp	er 95 Pct Confidence		
ad S	70% -					• Cun	nulative Survival Probability		
ē	60% -						ver 95 Pct Confidence		

• Lower 95 Pct Confidence



4194	4 Attain OT	W						
U	S Market Release	24Aug2004	US Return	ed Product Analy	sis	US Acute Lead Observ	ations	
C R Fiv Pa Ste	E Approval legistered USA Implants stimated Active USA Implan kation Type lice Sense Polarity eroid Indicator	14Jul2003 114,863 114,863 Double Curve Bipolar Yes	Conductor Frac Crimp Weld Bo Insulation Bread Other	ture nd ch	41 145 2	Cardiac Perforation Conductor Fracture Extracardiac Stimulation Failure To Capture Failure To Sense Impedance Abnormal Insulation Breach Lead Dislodgement Oversensing		2 49 42 9 151 2 4
Produ	ct Surveillance Regist	ry Results	Qualifying Complie	cations	65	Chopcollica		
Numbe	er of Leads Enrolled in Study	y 1,642	Conductor Fracture	2	Insulation Br	each	2	
Cumula	ative Months of Followup	88,590	Extracardiac Stimulation	on 11	Lead Dislodg	gement	30	
Numbe	r of Leads Active in Study	313	Failure To Capture	19	Insulation Br	each Esc	1	
Lead Survival	00% - 00% - 30% - 50% - 50% - 0 50	100 150	200	250 30	• Uppe • Cum • Lowe	er 95 Pct Confidence ulative Survival Probability er 95 Pct Confidence		

8

93.5%

273

7

94.2%

357

10

93.1%

112

9

93.5%

173

at 132 mo

92.6%

69

1

98.6%

1,381

Years

%

#

2

97.4%

1,161

3

96.7%

975

5

95.6%

678

4

96.1%

811

Months After Implant

6

94.4%

41	95 Atta	in StarFix									
	US Market Release		15Aug2008		US Retur	ned Product	Analys	sis	US Acute Lead Obser	vations	
	CE Approval		13May2005		Conductor Fr	acture	-	10	Cardiac Perforation		
	Registered USA Im	plants	17,413		Crimp Weld F	Bond			Conductor Fracture		
	Estimated Active U	SA Implants	10,236		Insulation Bre	each		3	Extracardiac Stimulation		29
	Fixation Type		Deployable Lobe	Fixation	Other			2	Failure To Capture		21
	Pace Sense Polarity		Unipolar						Failure To Sense		
	Steroid Indicator		Yes						Impedance Abnormal		4
									Insulation Breach		
									Lead Dislodgement		29
									Oversensing		
									Unspecified		1
Pro	duct Surveillance	Registry Resul	lts	Qual	ifying Comp	lications		36			
Nur	nber of Leads Enrolle	d in Study	1,486	Conde	uctor Fracture		4	Impedance A	Abnormal	2	
Cur	nulative Months of Fo	llowup	76,937	Extrac	cardiac Stimula	ation	13	Insulation Br	each	5	
Nur	nber of Leads Active i	in Study	334	Failur	e To Capture		7	Lead Dislode	gement	5	
Lead Survival	100% - 90% - 80% - 70% - 60% - 50% - 0	20	40 60 Months Afte	r Implant		100	12	• Uppo • Cum • Low	er 95 Pct Confidence ulative Survival Probability er 95 Pct Confidence		
			months Afte	a mpiant							

Years	1	2	3	4	5	6	7	8	9	at 114 mo
%	99.2%	98.6%	98.3%	97.8%	97.3%	97.0%	96.5%	95.8%	95.3%	95.3%
#	1,270	1,089	927	736	593	444	307	184	97	59

419	6	Attain	Ability	,										
ι	JS Market F	Release			15May2	009		US Ret	urned Produc	t Analys	sis	US Acute Lead Ob	servations	
(CE Approva	I			24Jul200	07		Conductor	Fracture		24	Cardiac Perforation		3
	Registered	USA Impla	nts		69,152			Crimp Wel	d Bond			Conductor Fracture		2
	Estimated A	Active USA	Implants		44,573			Insulation	Breach		2	Extracardiac Stimulation	n	94
F	ixation Type	е			Double C	Curve		Other			9	Failure To Capture		63
F	ace Sense	Polarity			Bipolar							Failure To Sense		1
S	steroid Indica	ator			Yes							Impedance Abnormal		10
												Insulation Breach		1
												Lead Dislodgement		214
												Oversensing		1
												Unspecified		2
Prod	uct Surve	illance R	egistry R	esults			Qualif	ying Cor	nplications		83			
Numb	er of Leads	Enrolled in	n Study		2	,292	Conduc	ctor Fractu	re	3	Impedan	ce Abnormal	2	
Cumu	mber of Leads Enrolled in Study mulative Months of Followup			102	,987	Extracardiac Stimulation			14	Insulatio	n Breach	1		
Numb	er of Leads	Active in S	Study			417	Failure	To Captur	е	38	Lead Dis	lodgement	22	
											Other Co	omplication	3	
1	00%													
0	90%													
IVN.	80%													
d SL	70% -										• (Jpper 95 Pct Confidence		
Lea	con/										• (Sumulative Survival Probabi	llity	
	00% -										• 1	ower 95 Pct Confidence.		
	50%		20	л Д	0	60		80	100	12	0			
	0		20		Mo	oo nths After I	mnlant	00	100	12				
Voor	1	2	2	4	5	6	7	0	ot 109 mo					
rears	98.0%	∠ 97.3%	96.5%	4 95.9%	95.5%	94.7%	94.4%	94.4%	93.7%					
±	t 1 902	1 501	1 169	918	722	536	375	250	93.770					
	1,002	1,001	1,100	010	122	000	010	200	00					

42	96	Att	ain Ability	Plus									
	US Ma	rket Releas	e	C)1Apr2011		US Retu	rned Prod	uct Analy	sis	US Acute Lead Obse	rvations	
	CE App Registr Estima Fixation Pace Se Steroid	proval ered USA In ated Active I a Type ense Polari Indicator	mplants USA Implants ty	1 : : : : : : : : : : : : : : : : : : :	8Dec2009 34,716 26,618 ouble Curve ual Electrodes es		Conductor F Crimp Weld Insulation B Other	racture Bond each		4	Cardiac Perforation Conductor Fracture Extracardiac Stimulation Failure To Capture Failure To Sense Impedance Abnormal Insulation Breach Lead Dislodgement Oversensing Unspecified	2 1 60 30 10 4 115	
Pro	duct S	urveilland	ce Registry Re	sults		Qualif	ying Com	olications		35	5		
Nun	nber of Leads Enrolled in Study				1,458	Extraca	Extracardiac Stimulation		12	2 L	ead Dislodgement	13	
Cun	nulative I	Months of F	ollowup		60,064	Failure	To Capture		(Э С	Other Complication	1	
Lead Survival	100% 90% 80% 70% 60% 50%	eads Active	e in Study	40	451	Implant	80	100	1		 Upper 95 Pct Confidence Cumulative Survival Probability Lower 95 Pct Confidence 	/	
Yea	rs 1	1 2	2 3	4	5 6	at 84 mo							

97.9%

920

98.7%

1,150

%

#

97.6%

745

97.2%

620

96.7%

490

96.5%

279

96.5%

42	98	3	Attain	Perfor	ma											
	US	6 Market F	Release			01Aug20	14		US Retu	urned Pr	oduct Analy	sis	s	US Acute Lead Observ	vations	
	CE	Approva	I			01Jan20	13		Conductor	Fracture		4	4	Cardiac Perforation		5
	Re	egistered	USA Impla	nts		80,775			Crimp Weld	d Bond				Conductor Fracture		1
	Es	stimated A	ctive USA	Implants		74,475			Insulation E	Breach				Extracardiac Stimulation		178
	Fixa	ation Type	9			Double C	urve		Other			10	6	Failure To Capture		96
	Pac	ce Sense	Polarity			Bipolar								Failure To Sense		1
	Ste	roid Indic	ator			Yes								Impedance Abnormal		24
														Insulation Breach		
														Lead Dislodgement		162
														Oversensing		
														Unspecified		
Pro	duo	ct Surve	illance R	egistry R	esults			Qua	lifying Com	plication	S	1	6			
Num	ber	of Leads	Enrolled ir	n Study		2,	083	Extra	cardiac Stimu	ulation	4	L	_ead Dislod	gement	11	
Cum	ulat	tive Montl	ns of Follow	vup		52,	042					C	Other Comp	lication	1	
Num	ber	of Leads	Active in S	Study		1,	419									
	10	0%														
a	9	0% -														
urvi	8	0% -											 Upp(er 95 Pct Confidence		
s pe	7	0%											• Cum	ulative Survival Probability		
Lea	6	0%											 Low 	er 95 Pct Confidence		
	5	0%														
		0		20	4	40	60		80	100) 12	20				
						Mon	ths After I	mplant								
Yea	rs	1	2	3	4	at 54 mo										
	%	99.3%	99.0%	98.9%	98.9%	98.9%										
	#	1,404	997	643	295	145										

43	96	Attain Ability	Straight				
	US Market	Release	31Mar2011	US Returned Produ	ict Analys	uS Acute Lead Obs	servations
	CE Approv Registered Estimated Fixation Ty Pace Sens Steroid Ind	ral d USA Implants Active USA Implants pe e Polarity icator	18Dec2009 8,067 6,135 Tines Dual Electrodes Yes	Conductor Fracture Crimp Weld Bond Insulation Breach Other		5 Cardiac Perforation Conductor Fracture Extracardiac Stimulation Failure To Capture Failure To Sense Impedance Abnormal Insulation Breach Lead Dislodgement Oversensing Unspecified	1 2 1 10 34
Pro	oduct Surv	eillance Registry Re	sults	Qualifying Complications		8	
Nur	nber of Lead	ls Enrolled in Study	465	Extracardiac Stimulation	1	Insulation Breach	1
Cur	nulative Mor	nths of Followup	19,388	Failure To Capture	4	Lead Dislodgement	2
Nur	nber of Leac	Is Active in Study	174				
/al	100% 90%						
Lead Surviv	80% 70% 60%					 Upper 95 Pct Confidence Cumulative Survival Probabil Lower 95 Pct Confidence 	lity
	50% −⊢ 0	20	40 60	80 100	12	0	

					Mon	ths After I	mplant
Years	1	2	3	4	5	6	at 78 mo
%	99.8%	99.2%	98.1%	98.1%	98.1%	98.1%	98.1%
#	369	292	252	208	151	83	57

4398	B Att	ain Perfo	orma Straigl	nt							
US	S Market Relea	se	10D	ec2014	US Re	aturned Prod	luct Analys	sis	US Acute Lead Obser	rvations	
CI R E Fix Pa Ste	Registered USA Implants Estimated Active USA Implants Fixation Type Pace Sense Polarity Steroid Indicator Product Surveillance Registry Results Number of Leads Enrolled in Study Cumulative Months of Followup		01Ja 24,ç 23,3 Tines Bipol Yes	an2013 126 128 1328	Conducto Crimp W Insulation Other	or Fracture eld Bond n Breach		2	Cardiac Perforation Conductor Fracture Extracardiac Stimulation Failure To Capture Failure To Sense Impedance Abnormal Insulation Breach Lead Dislodgement Oversensing		6 73 37 5 29
Produ	ct Surveillan	ce Registry	Results		Qualifying Co	omplications		7	Unspecified		
Numbe	r of Leads Enro	lled in Study		1,230	Failure To Captu	ure	3	Impedanc	e Abnormal	1	
Cumula	ative Months of	Followup		19,960				Lead Dislo	odgement	3	
Numbe	r of Leads Activ	e in Study		966					0		
10 Fead Survival 6 5	00% - 00% - 0% - 0% - 0% - 0 0	20	40	60 Months After In	1 80 nplant	100	12	• Uj • Ci • Lo	oper 95 Pct Confidence umulative Survival Probability ower 95 Pct Confidence		
Years	1	2 3	at 48 mo								

99.7%

636

%

#

99.7%

313

98.7%

152

98.7%

459	8 Atta	ain Perform	na S						
U	JS Market Releas	e	10Dec20)14	US Retu	rned Product	Analysis	US Acute Lead Observ	ations
С	E Approval		01Jan20	13	Conductor F	racture	4	Cardiac Perforation	8
F	Registered USA Ir	mplants	45,599		Crimp Weld	Bond		Conductor Fracture	1
E	Estimated Active I	JSA Implants	42,771		Insulation Br	reach		Extracardiac Stimulation	77
Fi	xation Type		S-shape		Other		6	Failure To Capture	43
Pa	ace Sense Polarit	У	Quad Po	le				Failure To Sense	
St	teroid Indicator		Yes					Impedance Abnormal	14
								Insulation Breach	
								Lead Dislodgement	48
								Oversensing	1
								Unspecified	
Produ	uct Surveilland	e Registry Res	ults		Qualifying Com	plications	9		
Numbe	er of Leads Enroll	ed in Study	1	,223	Extracardiac Stimul	ation	2 Lead D	islodgement	6
Cumul	ative Months of F	ollowup	26	,383	Failure To Sense		1		
Numbe	er of Leads Active	e in Study		883					
lval	00%								
Survi	80% -						•	Upper 95 Pct Confidence	
ad S	70% -						•	Cumulative Survival Probability	
Le	60% -						•	Lower 95 Pct Confidence	
	50% -		1		1				
	0	20	40	60	80	100	120		
			Мо	nths After Im	plant				
Years	1 2	. 3 a	t 48 mo						
%	99.2% 99.0	0% 99.0%	99.0%						

#

477

260

4965 CapSure Epi					
US Market Release	06Sep1996	US Returned Produc	t Analysis	US Acute Lead Observ	vations
CE Approval	01Jan1993	Conductor Fracture	283	Cardiac Perforation	1
Registered USA Implants	23,375	Crimp Weld Bond	1	Conductor Fracture	1
Estimated Active USA Implants	8,278	Insulation Breach	62	Extracardiac Stimulation	
Fixation Type	Suture	Other		Failure To Capture	10
Pace Sense Polarity	Unipolar			Failure To Sense	5
Steroid Indicator	Yes			Impedance Abnormal	16
				Insulation Breach	
				Lead Dislodgement	
				Oversensing	1
				Unspecified	3
Product Surveillance Registry Results		Qualifying Complications	17		
Number of Leads Enrolled in Study	234	Conductor Fracture	10 Insulation B	reach	1
Cumulative Months of Followup	7,335	Failure To Capture	3 Oversensing	g	2
Number of Leads Active in Study	6	Failure To Sense	1		
100% - 90% - 80% - 70% - 60% - 50% - 0 20	40 60 Months After I	, , , , , , , , , , , , , , , , , , ,	• Upp • Cun • Low 120	er 95 Pct Confidence nulative Survival Probability ver 95 Pct Confidence	
Years 1 2 3 4	at 54 mo				
% 98.6% 95.8% 94.8% 86.49	% 81.7%				

#

113

93

68

496	58		CapS	ure Ep	i											
I	US Marl	ket R	elease			16Sep19	999		US Retu	urned Pr	oduct A	nalysi	is	US Acute Lead Observ	vations	
(CE App Registe	roval red I	ISA Implai	nts		21Apr19	98		Conductor	Fracture		1(04	Cardiac Perforation		1
	Estimat		rtive LISA	Implants		30 442			Crimp Weld	d Bond				Conductor Fracture		3
F	ivation	Type		Implanto		Suture			Insulation E	Breach		Ę	54	Extracardiac Stimulation		4
F	Pace Se	nse F	Polarity			Bipolar			Other				1	Failure To Capture		57
	Steroid I	ndica	tor			Vee								Failure To Sense		5
		nuica	101			163								mpedance Abnormal		9
														Insulation Breach		1
														Lead Dislodgement		6
														Oversensing		21
														Unspecified		
Prod	luct Su	ırvei	llance R	egistry R	esults			Qualif	ying Com	plication	s	9	93			
Numb	per of Le	eads l	Enrolled in	Study		1	,023	Conduc	ctor Fractur	е		24	Impedance Ab	onormal	5	
Cumu	ulative M	1onth	s of Follow	vup		60	,089	Extraca	ardiac Stimu	ulation		2	Insulation Brea	ach	3	
Numb	per of Le	ads /	Active in S	study			226	Failure	To Capture	9		29	Lead Dislodge	ment	1	
								Failure	To Sense			3	Oversensing		24	
													Other Complic	ation	2	
1	100% ·	_														
_	90% -	_														
Niva	80%	_					~									
Sul	300/0												 Upper 	95 Pct Confidence		
ead	70% ·						-						 Cumu 	lative Survival Probability		
	60% ·	_											 Lower 	95 Pct Confidence		
	50% ·			1			1		1	1						
		0		50	10	00	150		200	250)	300)			
						Mor	nths After II	mplant								
Years	s 1		2	3	4	5	6	7	8	9	10	11	at 144 mo			
%	6 99.5	5%	97.5%	96.1%	94.2%	93.0%	90.9%	89.0%	89.0%	84.5%	83.5%	79.69	% 74.9%			
#	# 819	9	718	632	521	440	358	297	231	161	113	82	61			

507	71	Screw	/-in											
	US Market I	Release			03Dec19	992		US Retu	rned Prod	uct Analy	sis	S US Acute Lead Obser	ations	
	CE Approva	al			01Jan19	93		Conductor F	racture		25	5 Cardiac Perforation		1
	Registered	USA Impla	nts		54,438			Crimp Weld	Bond			Conductor Fracture		
	Estimated A	Active USA	Implants		16,487			Insulation Br	each		2	2 Extracardiac Stimulation		6
F	ixation Typ	e			Fixed Sci	rew		Other			1	Failure To Capture		84
F	Pace Sense	Polarity			Unipolar							Failure To Sense		3
0	Steroid Indic	ator			None							Impedance Abnormal		8
												Insulation Breach		
												Lead Dislodgement		2
												Oversensing		1
												Unspecified		1
Proc	luct Surve	eillance R	egistry R	esults			Quali	fying Comp	lications		31	1		
Num	per of Leads	Enrolled in	n Study			447	Condu	ctor Fracture		3	l Ir	npedance Abnormal	1	
Cum	nber of Leads Enrolled in Study nulative Months of Followup		14	,100	Extrac	ardiac Stimula	ation	1	L	ead Dislodgement	1			
Num	per of Leads	Active in S	Study			88	Failure	e To Capture		20	0	Oversensing	2	
							Failure	e To Sense		2	C	Other Complication	1	
Lead Survival	100% - 90% - 80% - 70% - 60% - 50% - 0		20	4	0	60 othe Affer In		80	100	12	1 20	 Upper 95 Pct Confidence Cumulative Survival Probability Lower 95 Pct Confidence 		
Ver	- 1	0	0	4	Mor	ntns After In	npiant							
rear	5 1	2	3	4	5	at 72 mo								
7	9 0.4%	186	147	115	88	62								

US Market Release 10Sep1998 US Returned Product Analysis US Acute Lead O CE Approval 15Apr1997	bservations
CE Approval 15Apr1997	
Registered USA Implants 10,335 Conductor Fracture 8 Cardiac Perforation Registered USA Implants 3,580 Crimp Weld Bond Conductor Fracture Fixation Type Tines Insulation Breach 2 Extracardiac Stimulati Pace Sense Polarity Quadripolar Other Failure To Capture Steroid Indicator Yes Impedance Abnormal Insulation Breach Lead Dislodgement Oversensing Oversensing Oversensing Oversensing	on 1 3 1 6 1
Product Surveillance Registry ResultsQualifying Complications8Number of Leads Enrolled in Study568Conductor Fracture3Cumulative Months of Followup15,802Failure To Capture2Number of Leads Active in Study3Failure To Sense3	
100% -	bility
Years 1 2 3 4 5 6 at 84 mo % 00.7% 00.2% 02.0% 02.0% 02.0% 04.4%	

#

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 CRHF 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.

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.

Model Number	Brand
7232Cx	Maximo VR

D154AWG, D164AWG

Brand

Virtuoso DR

Model Number

D164AWG

	15 -																					
spuc	10														т	Т	Ι	Ī	T	T	Ţ	-
Seco	10 -	I	Ŧ	Ŧ	Ŧ	Ţ	I	I	Ţ	Ţ	Ţ	Ţ	Ţ	Ţ		Ţ	I	T	I	T	-	
	5 -	000 (183)	006 (129)	012 (133)	018 (128)	024 (128)	030 (106)	036 (92)	042 (75)	048 (75)	054 (78)	060 (71)	066 (56)	072 (50)	078 (37)	084 (37)	090 (32)	096 (24)	102 (21)	108 (13)	114 (5)	120 (1)
									Ν	Nont	hs (# of	Dev	ices)							



D154VWC, D164VWC		
Model Number	Brand	
D164VWC	Virtuoso VR	

D204DRM, D214DRM, D224DRG, D234DRG

Model Number	Brand
D204DRM	Secura DR
D214DRM	Secura DR
D224DRG	Secura DR
D234DRG	Secura DR

D204TRM, D214TRM, D224TRK, D234TRK

Model Number	Brand
D204TRM	Consulta CRT-D
D214TRM	Consulta CRT-D
D224TRK	Consulta CRT-D
D234TRK	Consulta CRT-D

D204VRM, D214VRM, D224VRC, D234VRC

Model Number	Brand
D204VRM	Secura VR
D214VRM	Secura VR
D224VRC	Secura VR
D234VRC	Secura VR



Months (# of Devices)







Medtronic CRHF Product Performance Report

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D264DRG, D284DRG, D384DRx, D394DRx

Model Number	Brand
D264DRM	Maximo II DR
D284DRG	Maximo II DR
D384DRG	Cardia DR
D394DRG	Egida DR

D264TRM, D284TRK, D384TRx, D394TRx

Model Number	Brand
D264TRM	Maximo II CRT-D
D284TRK	Maximo II CRT-D
D384TRG	Cardia CRT-D
D394TRG	Egida CRT-D

D264VRM, D284VRC, D384VRx, D394VRx

Model Number	Brand
D264VRM	Maximo II VR
D284VRC	Maximo II VR
D384VRG	Cardia VR
D394VRG	Egida VR

D274DRG, D294DRGModel NumberBrandD274DRGVirtuoso II DRD294DRGVirtuoso II DR



D274VRC, D294VRC

Brand

Virtuoso II VR

Virtuoso II VR

Model Number

D274VRC

D294VRC



Months (# of Devices)













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D314DRx

Model Number	Brand
D314DRG	Protecta XT DR
D314DRM	Protecta XT DR



Brand
Protecta XT CRT-D
Protecta XT CRT-D



R
R

D334DRx, D3	864DRx
Model Number	Brand
D334DRG	Protecta DR
D334DRM	Protecta DR
D364DRG	Protecta DR
D364DRM	Protecta DR













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D354DRx

Model Number	Brand
D354DRG	Protecta XT DR
D354DRM	Protecta XT DR

20 -																
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5 -	000 (130)	006 (103)	012 (106)	018 (97)	024 (87)	030 (73)	036 (68)	042 (65)	048 (50)	054 (46)	060 (45)	066 (31)	072 (25)	078 (18)	084 (8)	090 (1)
							Mont	hs (#	of De	vices))					

D3541Rx	
Model Number	Brand
D354TRG	Protecta XT CRT-D
D354TRM	Protecta XT CRT-D



D354VRx	
Model Number	Brand
D354VRG	Protecta XT VR
D354VRM	Protecta XT VR

DDxxxxx, DI	२
Model Number	Brand
DDBB1D1	Evera XT
DDBB1D4	Evera XT
DDBB2D1	Evera XT
DDBB2D4	Evera XT
DDBC3D1	Evera S
DDBC3D4	Evera S
DDMB1D1	Evera MRI XT
DDMB1D4	Evera MRI XT
DDMB2D1	Evera MRI XT
DDMB2D4	Evera MRI XT
DDMC3D1	Evera MRI S
DDMC3D4	Evera MRI
DDMD3D1	Primo
DDMD3D4	Primo
DDME3D4	Mirro





Months (# of Devices)

DTxxxx, CF	RT-D
Model Number	Brand
DTBA1D1	Viva XT
DTBA1D4	Viva XT
DTBA1Q1	Viva Quad XT
DTBA1QQ	Viva Quad XT
DTBA2D1	Viva XT
DTBA2D4	Viva XT
DTBA2Q1	Viva Quad XT
DTBA2QQ	Viva Quad XT
DTBB1D1	Viva S
DTBB1D4	Viva S
DTBB1Q1	Viva Quad S
DTBB1QQ	Viva Quad S
DTBB2D1	Viva S
DTBB2D4	Viva S
DTBB2QQ	Viva Quad S
DTBC2D1	Brava
DTBC2D4	Brava
DTBC2Q1	Brava Quad
DTBC2QQ	Brava Quad
DTBX1QQ	Viva Quad C
DTBX2QQ	Viva Quad C
DTMA1D1	Claria MRI
DTMA1D4	Claria MRI
DTMA1Q1	Claria MRI
DTMA1QQ	Claria MRI
DTMA2D1	Claria MRI
DTMA2D4	Claria MRI
DTMA2Q1	Claria MRI
DTMA2QQ	Claria MRI
DTMB1D1	Amplia MRI
DTMB1D4	Amplia MRI
DTMB1Q1	Amplia MRI
DTMB1QQ	Amplia MRI
DTMB2D1	Amplia MRI
DTMB2D4	Amplia MRI
DTMB2Q1	Amplia MRI
DTMB2QQ	Amplia MRI
DTMC1D1	Compia MRI
DTMC1QQ	Compia MRI
DTMC2D1	Compia MRI
DTMC2D4	Compia MRI
DTMC2QQ	Compia MRI



Months (# of Devices)

ł
Brand
Visia AF
Visia AF
Visia AF XT
Visia AF S
Evera XT
Evera XT
Evera XT
Evera XT
Evera S
Evera S
Visia MRI AF
Visia MRI AF
Visia MRI AF XT
Visia MRI AF XT
Visia MRI AF S
Visia MRI AF S
Evera MRI XT
Evera MRI XT
Evera MRI XT
Evera MRI S
Evera MRI S
Primo
Primo
Mirro
Mirro





Potential for Partial Reset During Programmer Interrogation

Claria MRI, Amplia MRI, Compia MRI and CRT-Ds

Original Date of Communication: March 2020

Model

CareLink™ 2090 Programmer with Software Application SW034 version 8.3

CareLink™ 29901 Programmer with Software Application SW034 version 8.3

STATUS UPDATE – MAY 2020

As documented in the original communication (March 2020), the risk for a partial reset on first interrogation with a programmer with software release SW034 version 8.3 is approximately 2%. As of April 24, 2020, there have been zero (0) adverse events reported as a result of this behavior.

Recommendations remain unchanged from the original posting. Medtronic recommends continued routine management of your patients. We recognize that a one-time loss of stored device information may limit your ability to assess your patient's clinical status – particularly when an audible alert, symptoms or VF shock delivery has been reported. Please work with your Medtronic Representative to identify data management options that may be available to your clinic.

ORIGINAL COMMUNICATION - MARCH 2020

This notice provides information regarding the potential for a one-time loss of diagnostic information due to a partial electrical reset that may occur for patients implanted with a Medtronic ClariaMRI, Amplia MRI or Compia MRI Cardiac Resynchronization Defibrillator (CRT-D). Based on data available as of March 2020, the calculated occurrence rate of this one-time partial reset is approximately 2%. **Device therapy and programmed settings are not affected by a partial electrical reset.**

A patient with a Claria MRI, Amplia MRI, or Compia MRI may experience a partial electrical reset when the patient has their device interrogated with a programmer that has been updated to software application SW034 version 8.3, and it is the **first** interrogation with this new software.

Background Information

Medtronic analysis identified that the 2% risk for a partial electric reset during the interrogation process is due to an uncommon scenario when a software update is installed simultaneously with routine critical memory scans. Should a reset occur, the clinician will be prompted to "Clear" the reset condition on the programmer (guidance to clear a partial reset is documented in the Instructions for Use for the above-named devices). When the "Clear" option is selected, the programmer will automatically interrogate the device again, and will successfully write the software enhancement to the device memory. Importantly, 98% of download attempts will successfully complete without an electrical reset. **Once the software update has been successfully installed into the device, the potential for a future partial reset due to this interaction no longer exists.**

Additional Details

As documented in the Instructions for Use, a partial electrical reset will result in the loss of stored diagnostic information and episodes. The device longevity estimator will show an "initializing" status for the next seven (7) days, and Recommended Replacement Time (RRT) status will continue to function as normal. Device programmed parameters, and all functions including detection and therapies are maintained. All Claria MRI, Amplia MRI and Compia MRI CRT-D devices are updated with the new software when interrogated for the first time by a programmer with software application SW034 version 8.3.

Medtronic recommends continued routine management of your patients. We recognize that a one-time loss of stored device information may limit your ability to assess your patient's clinical status – particularly when an audible alert, symptoms or VF shock delivery has been reported. Please work with your Medtronic Representative to identify data management options that may be available to your clinic.

Performance Note: Potential For Premature Battery Depletion in a Subset of ICD and CRT-D Devices

Battery Enhancements Implemented

Medtronic identified a rare failure mechanism in the battery design of specific implantable cardioverter defibrillator (ICD and cardiac resynchronization therapy defibrillator (CRT-D models that could result in rapid battery depletion. The rapid depletion is caused by a latent shorting mechanism resulting from lithium plating between the anode and cathode elements of the battery. As a result of our understanding of this phenomenon, Medtronic implemented battery design enhancements. All products currently in distribution contain the battery enhancement, however approximately 607,800 devices distributed worldwide were manufactured prior to implementing the battery enhancement and were distributed under the following brand names¹:

- Claria MRI™/Amplia MRI™/Compia MRI™ CRT-Ds
- Viva[™]/Brava[™] CRT-Ds
- Visia AF™/Visia AF MRI™ ICDs
- Evera[™]/Evera MRI[™]/Primo MRI[™]/Mirro MRI[™] ICDs

Potential for Premature Battery Depletion in a subset of ICD and CRT-D devices prior to battery enhancement

Approximately 0.04% of devices exhibit this behavior. The battery continues to perform within projected estimates. There have been no reports of permanent harm to patients as a result of this issue.

Under rare circumstances, a small percentage of ICD and CRT-D devices manufactured prior to the battery enhancement may develop lithium plating. If lithium bridges between a positive (cathode) and a negative (anode) element in the battery, an internal short will develop and the battery will deplete rapidly. If this occurs, the device may not meet expected longevity or provide at least three months of device operation between the Recommended Replacement Time (RRT) and End of Service (EOS).

All events have occurred during the mid-portion of device life; typically, 1-4 years after implant. Note, there have been no reports of this issue occurring after RRT has triggered under normal conditions. Therefore, when a device reaches RRT based on its programmed settings and use conditions, the device is likely performing as expected and time between RRT and EOS should be as labeled.

Continue to Follow Normal Clinical Practice per Instructions for Use – Pay Attention to Unexpected RRT or Unexpected Changes in Longevity

• Medtronic, in consultation with our Independent Physician Quality Panel, does not recommend prophylactic replacement of any ICD or CRT-D devices manufactured prior to the battery enhancement. Physicians can continue normal patient follow-up in accordance with standard practice.

• Where possible, take advantage of the CareLink[™] home monitoring system and the low battery voltage wireless CareAlert to assist with remote management of patients.

• As always, remind patients to seek medical attention if they hear a device audible alert (shipped On with high urgency toning for low battery voltage indicator).

• At each follow-up, verify the status of the implanted system as well as the clinical effectiveness of the device. Monitor changes in device longevity and note any unexpected device status indicators such as RRT and/or EOS, the inability to interrogate the device or to transmit data.

• As with all unexpected events, including a rapid unexplained voltage drop, inform a Medtronic representative immediately if any of the above behaviors are observed. Further device analysis may be warranted to determine if immediate replacement is necessary.

• If there is evidence of rapid battery voltage drop, patients may need to have their devices replaced urgently as device failure may lead to intended therapy not being delivered.

Additional Details

Contact Medtronic Technical Services if you have concerns on a specific patient. A serial number look-up to assist with identifying if an ICD or CRT-D was manufactured prior to the battery enhancement is available at: https://wwwp.medtronic.com/productperformance/

Confirmed premature battery depletions, regardless of cause, are reported in our semi-annual Product Performance report under the confirmed "Malfunctions" section for each device model. Product Performance information can be accessed directly at: https://wwwp.medtronic.com/productperformance/

01) Can any ICD or CPT-D battery that uses lithium experience this rare

Q1) Can any ICD or CRT-D battery that uses lithium experience this rare, latent shorting mechanism?

Yes. Industry-wide, every ICD or CRT-D battery that uses lithium has the potential for plating to develop under normal use conditions and create an internal short. Lithium plating leading to an internal short is influenced by a number of factors including the battery design. There are differences in the battery design (e.g. layout and insulation) for each manufacturer. Note that the lithium plating phenomenon described in this Performance Note is different, and more rare, than lithium "cluster" formations that result from high current pulsing (charging) as has been described in literature.^{2,3,4}

Q2) Are all device models equally susceptible to this rare failure mechanism?

Devices with higher use conditions (such as CRT-D devices) are less susceptible to the failure mode. This is because the free electrolyte element of the battery, which contributes to lithium plating, is consumed by the cathode more rapidly under high current conditions. Additionally, devices that reach RRT as expected, based on programmed settings and use conditions, are also not likely to experience lithium plating since the electrolyte is consumed as part of the normal discharge process of the battery.

¹Device models vary by geography; not all models are available in all geographies.

²Aggarwal, A, et. al. Accelerated Implantable Defibrillator Battery Depletion Secondary to Lithium Cluster Formation: A Case Series. PACE 2016;39:375-7.

³Pokorney, SD, et. al. Novel mechanism of premature battery failure due to lithium cluster formation in

implantable cardioverter defibrillators. Heart Rhythm 2014;11:2190-5.

⁴Hayashi, Y, et. al. A case of unexpected early battery depletion caused by lithium cluster formation in

implantable cardioverter-defibrillator. J Cardiol Cases 2017;15:184-6.

STATUS UPDATE – MAY 2020

As of May 1, 2020, The Battery continues to perform within projected estimates and there have been no reports of permanent harm to patients as a result of this issue.

Confirmed premature battery depletions, regardless of cause, are reported in our semi-annual Product Performance report under the confirmed "Malfunctions" section for each device model. Product Performance information can be accessed directly at: product performance.medtronic.com

CFx Longevity Estimator Software Error

Subset of IPG, ICD, CRT-P, CRT-D, and Micra TPS devices

Original Date of Advisory: October 2019

Affected Programmers & Remote Monitoring Software Apps

Affected Devices

2090 CareLink™ Programmer 29901 Encore™ Programmer CareLink Network Application Software 2491 CareLink SmartSync™ Device Manager MyCareLink Heart™ Mobile Application Subset of the following devices: Claria MRI™/Amplia MRI™/Compia MRI™/Viva™/Brava™ CRT-Ds Visia AF™/ Visia AF MRI™/Evera™/ Evera MRI™/Primo MRI™/Mirro MRI™ ICDs Azure™/Astra™ IPGs Percepta™/Serena™/Solara™ CRT-Ps Micra™TPS

STATUS UPDATE - MAY 2020

As of April 22, 2020, there have been 83 total complaints received related to the software displaying a lower-than-expected longevity estimate. Within the 83 complaints reported, no patient harm was reported and two (2) devices were prematurely explanted after observing an inaccurate longevity estimate. The devices were explanted prior to the device reporting Recommended Replacement Time (RRT); i.e. the clinician took action before RRT was triggered.

As disclosed in the original communication, Medtronic remains on track to begin the release of software updates to correct for this issue in mid-calendar year 2020.

Patient management recommendations remain unchanged from the original October 2019 communication.

ORIGINAL ADVISORY – OCTOBER 2019

Medtronic identified the potential for Medtronic programmer and remote monitoring software applications to display an inaccurate remaining longevity estimate for a subset of implanted cardiac device models. This issue does not impact device functionality. Furthermore, the Recommended Replacement Time (RRT) remains an accurate indicator for device replacement.

Through September 18, 2019 there have been three (3) reported complaints and there have been no (0) serious adverse events or deaths.

The inaccurate longevity estimation is limited to a well-defined subset of devices manufactured between October 2018 and April 2019, and only occurs in the middle (plateau) phase of the device life, as illustrated in the graph below. Approximately 53,100 devices worldwide, out of 1.23 million distributed or sold from the identified device families, are susceptible to displaying inaccurate longevity.

The cause of the inaccurate longevity estimate is a slightly lower-than-typical discharge voltage during the plateau phase of the battery depletion curve (dashed line), compared to a typical voltage plateau (solid line), as illustrated in the graph below. During this plateau period, the Carbon Monofluoride (CFx) in the battery cathode is powering the device. Note, longevity estimates early after implantation and later in the device life are unaffected, as shown below. The battery remains within operating specifications.



Software updates to programmers and remote monitoring systems are under development to correct for the

inaccuracy in longevity estimates. Medtronic is targeting regulatory approval and release of the software updates to begin in mid-2020. Once available, Medtronic will inform you of the availability of the software and work with you to install the software onto clinic and hospital programmers. Software updates to individual patient devices will not be necessary to correct this issue, since longevity estimation resides on the programmers, mobile app and the CareLink Network.

Internal analysis estimates approximately 11% of the 53,100 identified devices are projected to display an inaccurate longevity estimate before mid-2020.

Patient Management Recommendations

We realize that each patient requires unique clinical considerations. In consultation with our Independent Physician Quality Panel, Medtronic provides the following guidance:

• **Prophylactic device replacement is not recommended,** as device functionality, true longevity and the RRT indicator are not impacted by the inaccurate longevity estimate.

Until the software update becomes available:

• Continue normal patient follow-up in accordance with standard practice.

• Per labeling, continue to use the RRT notification to identify when device replacement should be scheduled. Where available, utilize the low battery voltage RRT audible alert or wireless CareAlert™.

• At any time, if a lower-than-expected remaining longevity estimate occurs, contact Medtronic Technical Services for assistance – additional analysis of stored device information will be required to assess if the decreased longevity estimate is due to this issue.

Note: For Azure IPG or Percepta/Serena/Solara CRT-P patients remotely monitored via the MyCareLink Heart mobile app, patients' mobile app longevity estimates will not change until the software update has been released.

We sincerely regret any difficulties this may cause you and your patients. Medtronic remains dedicated to patient safety and will continue to monitor device performance to ensure we meet your needs and those of your patients.
Performance Note: Potential for no output/no telemetry condition in subset of IPG and CRT-P products due to ceramic capacitor leakage pathway

Azure[™] and Astra[™] pacemakers, and Percepta[™], Serena[™] and Solara[™] CRT-P

Original Date of Communication: May 2019

Medtronic has identified a rare but potentially serious failure mode in a population of Azure[™] and Astra[™] pacemakers, and Percepta[™], Serena[™] and Solara[™] cardiac resynchronization therapy pacemakers (CRT-P), manufactured with a specific multilayer ceramic capacitor. These devices continue to perform within reliability projections.

While inherently very reliable, a known failure mode of these capacitors is the potential for internal cracking that can be caused by thermal-mechanical stress during manufacturing. Under rare conditions, internal cracking within a capacitor may result in the development of a leakage pathway, causing high current drain and leading to rapid battery depletion. While the issue presents as rapid battery depletion, this is not a battery performance issue.

As of April 26, 2019, three complaints out of ~266,700 devices distributed worldwide since February 2017, have been received that included a no output /no telemetry scenario resulting from rapid battery depletion. Battery depletion due to this issue can range from several days to several weeks. One of these reported events contributed to a patient death. The three confirmed failures occurred within 9 months post implant. The projected rate for this issue is 0.0028%, with the most susceptible period for a leakage pathway to develop in the capacitor being the first 12 months post implant.

Based on the low predicted rate of failure and the recent implementation of process and component enhancements, Medtronic expects few, if any, additional events to occur. Medtronic, in consultation with our Independent Physician Quality Panel, does not recommend device replacement. Physicians should continue normal patient follow-up in accordance with standard practice, and where possible, continue to utilize the low battery voltage wireless CareAlert[™] (shipped ON), together with remote monitoring via CareLink[™] home monitor or the MyCareLink Heart[™] mobile app. Per the instructions for use, at each follow-up, verify the status of the implanted system as well as the clinical effectiveness of the device. Pay attention to any unexpected changes in remaining longevity estimates or the inability to interrogate the device and/or transmit data.

Contact Medtronic Technical Services if you have concerns on a specific patient. Brady Technical Services |rs.techservices@medtronic.com| 800-505-4636

STATUS UPDATE - MAY 2020

As of May 1, 2020, there have been a total of 13 confirmed events worldwide associated with this failure mode. One of the additional confirmed events was reported as patient death*.

Product manufactured after June 1, 2019, is not susceptible to this issue as these products utilize a different low voltage capacitor. Product manufactured prior to June 1, 2019 (i.e. manufactured with the original low voltage capacitor) continues to perform within our reliability projections as established as part of the product development process.

Confirmed premature battery depletions, regardless of cause, are reported in our semi-annual Product Performance report under the confirmed "Malfunctions" section for each device model. Product Performance information can be accessed directly at: https://

wwwp.medtronic.com/productperformance/

*Cause of death was reported as acute cerebrovascular accident, which occurred several days prior to hospital admission. Manner of death was reported as natural; loss of pacing therapy could not be ruled out as a contributing factor.

Dual Chamber IPG Circuit Error

Adapta, Versa, Sensia, Relia, Attesta, Sphera, and Vitatron A, E, G, Q series

Original Date of Advisory: January 2019

Product

A subset of Medtronic dual chamber pacemakers distributed worldwide between 10 March 2017 and 7 January 2019 under the brand names Adapta[™], Versa[™], Sensia[™], Relia[™], Attesta[™], Sphera[™], and Vitatron[™]A, E, G, Q series may experience a circuiterror that affects device functionality. Please note that not all devices within these brand names are affected by this recall. You may use the "Search for Information by Serial Number" tool on home page of this web site to determine if a specific device is affected.

Advisory

Devices in the affected subset, when programmed to a dual chamber mode with a trial-sensing, may experience a circuit error that affects device functionality. See Table 1 for modes that are susceptible to this circuiterror. For this error to occur, a unique combination of events must take place while the device is processing an atrial-sensed event. If this error occurs, the device will be unable to provide pacing until a ventricular-sensed event (VS) is detected. Once a VS is detected, normal pacing functionality is restored immediately. If a VS is not detected, the device will withhold both atrial and ventricular pacing. In addition, until a VS is detected, the device will be unable to programmer, initiate a session with a CareLink™ remote monitor, or respond to a magnet. Singlechamber and dual chamber pacing modes that do not sense atrialactivity are not susceptible to this circuit error(see Table 1).

Table 1:Identification of modes susceptible/not susceptible to circuit error

Modes susceptible to circuit error	Modes NOT susceptible to circuit error
DDD, DDDR DDI, DDIR VDD ADI, ADIR VDI, VDIR ODO OAO MVP - when operating in DDD, DDDR, DDI or DDIR mode	VVI, VVIR DVI, DVIR AAI, AAIR VOO, VOOR AOO, AOOR DOO, DOOR OVO VVT, AAT

Through 4 January 2019, Medtronic is aware of four (4) reported occurrences in two (2) patients where a pause in pacing therapy was clinicallyapparent due to this circuit error. These reported events occurred in three (3) devices from a total of 156,957 devices sold worldwide. No deaths have been reported as a result of this issue.

Patient risk is determined by the patient's underlying cardiac rhythm and whether the device is in a susceptible pacing mode as described above. Through our analysis of this issue, Medtronic estimates that on average, a device in a susceptible pacing mode has a 2.8% chance per month of experiencing a pacing pause of 1.5 seconds or longer. Risk is minimized in patients who have an escape rhythm adequate to prevent syncope during a loss of ventricular pacing, since a VS restores full device functionality. No risk of a pause due to this circuit error exists for patients programmed to a non-susceptible pacing mode.

The root cause for this issue is related to a design change to an integrated circuit in a subset of devices that were distributed between 10 March 2017 and 7 January 2019.

Medtronic is developing a software update that can be installed into affected devices to correct this issue. Medtronic estimates submission of this software update to regulatory agencies by the 2nd half of 2019. Upon subsequent regulatory approval, Medtronic will notify customers of its availability. Until that time, Medtronic is providing the patient management recommendations described below and depicted in Appendix A.

Patient Management Recommendations

We realize that each patient requires unique clinical considerations. In consultation with Medtronic's Independent Physician Quality Panel (IPQP), **Medtronic recommends programming to a non-susceptible pacing mode as the primary mitigation for patients implanted with an affected device until the software update has been installed.** Specific patient risk assessment and programming recommendations are outlined below and provided in Appendix A.

• For patients whose device is programmed to a non-susceptible mode (see Table 1), no action is needed at this time. Continue routine clinical monitoring.

• For patients whose device is programmed to a susceptible mode and are continually in persistent atrial fibrillation, reprogramming the device to the non-susceptible VVI or VVIR mode is recommended to eliminate risk due to this issue until the software update has been installed. Continue routine clinical monitoring.

• For patients whose device is programmed to a susceptible mode and either: have no underlying ventricular escape rhythm; or are at risk for a symptomatic pause until a ventricular escape beat occurs, programming to a non-susceptible mode is recommended to eliminate risk due to this issue until the software update has been installed. Continue routine clinical monitoring.

• For patients who do not tolerate programming to a non-susceptible pacing mode and either: have no underlying ventricular escape rhythm; or are at risk for a symptomatic pause until a ventricular escape beat occurs, continue clinical monitoring in a susceptible mode until the software update is available, or consider device replacement.

o The estimated per patient mortality risk due to this issue is 0.021% when programmed to a susceptible pacing mode over the estimated time until the software update becomes available. This risk is comparable to the Medtronic estimated per-patient mortality risk associated with a device replacement (0.027%) *.

o If a patient reports symptoms consistent with a pacing pause, and you would like assistance assessing whether a patient had a pause due to this issue, contact your Medtronic representative.

• Advise patients remaining in a susceptible mode to seek immediate medical attention if they experience new or unexpected symptoms consistent with a pacing pause.

• Other than reprogramming to a non-susceptible pacing mode, no additional programming options have been identified to mitigate this issue.

*Medtronic Data on File. MDT2260884-CRHF CIED Infection Report; MRCS: MDT2260884, Version 2.0, 11/02/2015.

Appendix A: Programming decision flow chart



STATUS UPDATE - MAY 2020

• In September 2019 Medtronic released several software updates to correct for this issue. These software applications are:

- o For Adapta/Versa/Sensia IPGs Software model SW003 v8.2
- o For Relia IPGs SW010 v8.2
- o For Attesta/Sphera IPGs SW043 v8.2
- o For Vitatron IPGs VSF20 v8.2 and FSF21 v8.2

• Once a device is interrogated by a programmer with the updated software, any pacemaker programmed to a non-susceptible pacing mode, specifically to avoid a circuit error, may be reprogrammed to any pacing mode.

• Once a device is updated (update is installed onto devices via interrogation by a programmer with one of the above software

applications), if the circuit error were to occur, the pacing cycle will automatically reset; this may be observed as a single dropped beat. • As of May 1, 2020, 89,000 devices remain active out of an original population of 156,957 devices worldwide.

Initial Affected Population	Number of Confirmed Advisory Related Events	Estimated Remaining Active Population	Current Malfunction Rate (confirmed malfunctions over total population)
156,957 Worldwide	35 Worldwide	89,000 Worldwide	0.02%Worldwide

Potential Loss of Device Functionality Lower Risk Subset

Amplia, Claria, Compia, and Viva CRT-D, and Evera and Visia ICD

Original Date of Advisory: March 2018

Product

In January 2018, Medtronic completed notification to physicians about a subset of 48 Medtronic Cardiac Resynchronization Therapy Defibrillators (CRT-Ds) and Implantable Cardioverter Defibrillators (ICDs) underwent a specific sequence of manufacturing processes that could result in an unexpected loss of device functionality, including high-voltage therapy.

Within this Lower-Risk Subset of 752 devices, if the device delivered the maximum number of shocks until battery depletion, we estimate 0.5% of these devices would experience arcing during high voltage charging, with failure occurring within the first two (2) high-voltage charges in 0.18% of the devices. See table below for comparison of device subsets.

Through 8 March 2018, there have been zero (0) complaints related to internal arcing in these 752 devices. While the risk for failure is lower in this group of devices, it is not possible to identify which of these 752 devices may fail or when they may fail. Successful delivery of previous high-voltage therapy does not ensure future performance.

You may use the "Search for Information by Serial Number" tool at http://wwwp.medtronic.com/productperformance/ to determine if a specific device is affected.

January 2018	March 2018
48 Implanted Higher-Risk Devices	752 Lower-Risk Devices
One field failure has been observed with no deaths reported	No field failures have been observed
7.7% of these devices are projected to fail during the first two	0.18% of these devices are projected to fail during
high-voltage charges	the first two high-voltage charges
Medtronic communicated a recommendation to strongly consider prophylactic replacement in these devices.	Patient management recommendations follow below.

Patient Management Recommendations – Lower Risk Subset

We realize that each patient requires unique clinical considerations. In consultation with Medtronic's Independent Physician Quality Panel (IPQP), Medtronic provides the following recommendations to physicians for patients who have been implanted with one of the identified devices:

- Prophylactic device replacement should be considered for patients at higher risk, including patients whose clinical history indicates prior need for high-voltage therapy and/or for pacemaker-dependent patients.
- Physicians should carefully weigh the risks and benefits of device replacement. The estimated per patient risk for mortality due to this issue is 0.02% to 0.04% considering the risk of device failure and the likelihood of a patient requiring high voltage therapy. This is comparable to the estimated per patient mortality risk of complications associated with a device replacement (0.04%)^{[1],[1].}
- For patients in whom it is determined that replacement is not warranted:
 - Consider programming changes to reduce the potential for high-voltage charges associated with arrhythmia detection and therapies, such as enabling ATP *before* charging for fast ventricular rhythms or programming a separate fast VT via VF zone with ATP. For assistance with patient-specific programming needs, contact Medtronic Technical Services at 800-723-4636.
 - Continue three-month in-clinic or remote follow-ups to verify device functionality. Inability to interrogate a device or a failed remote monitoring transmission may be an indication that internal arcing has occurred.

Devices that have failed will not send an alert as telemetry and all device functionality is immediately lost if internal arcing occurs.

• Advise patients to seek medical attention immediately if they experience new or unexpected symptoms suspicious for a ventricular arrhythmia.

STATUS UPDATE - MAY 2020

Within the 752 lower-risk devices, there have been zero confirmed failures (0%) through April 22, 2020. An estimated 508 devices remain active

Initial Affected Population	Number of Confirmed Advisory Related Events	Estimated Remaining Active Population	Current Malfunction Rate (confirmed malfunctions over total population)
752 Worldwide (all in USA, Puerto Rico or US Virgin Islands.)	0	508	0% Worldwide

^[1]Medtronic Data on File. MDT2260884-CRHF CIED Infection Report; MRCS: MDT2260884, Version 2.0, 11/02/2015. ^[1]Birnie, D et al. Complications associated with defibrillation threshold testing: The Canadian experience. Heart Rhythm, Volume 5, Issue 3, Pages 387-390.

PotentialLoss of Device Functionality

Amplia, Claria, Compia, and Viva CRT-D, and Evera and Visia ICD

OriginalDate of Advisory: January 2018

Product

A subset of 48 Medtronic Cardiac Resynchronization Therapy Defibrillators (CRT-Ds) and Implantable Cardioverter Defibrillators (ICDs) underwent a specific sequence of manufacturing processes that could result in an unexpected loss of device functionality, including high-voltage therapy. You may use the "Search for Information by Serial Number" tool on home page of this web site to determine if a specific device is affected. No other Medtronic devices are included in this advisory.

Advisory

These 48 devices were sent through a manufacturing sequence that introduced the potential for internal arcing during highvoltage charging, leading to the immediate and permanent loss of device functionality. Through 12 January 2018, Medtronic has confirmed one (1) implanted device failure resulting in loss of high-voltage therapy related to this issue, where the patient was rescued with external defibrillation.

Due to the nature of this issue, it is not possible to identify which of these 48 devices may fail or when they may fail. Further, we cannot predict how many high-voltage charges can occur prior to a potential failure. Based on testing of a limited number of available devices that underwent this manufacturing sequence, this failure was observed during highvoltage cycle testing to battery depletion in 23% of these devices, with failure observed within the first two (2) highvoltage charges in 7.7% of the tested devices. Successful delivery of previous high-voltage therapy does not guarantee future performance.

PATIENT MANAGEMENT RECOMMENDATIONS

We realize that each patient requires unique clinical considerations. In consultation with Medtronic's Independent Physician Quality Panel (IPQP), Medtronic provides the following recommendation:

• Prophylactic device replacement should be strongly considered for patients who have been implanted with one of the devices in the affected subset.

STATUS UPDATE - MAY 2020

Within the 48 devices, there has been 1 confirmed failure (2.1%) through April 22,2020. An estimated 3 devices remain active.

Initial Affected Population	Number of Confirmed Advisory Related Events	Estimated Remaining Active Population	Current Malfunction Rate (confirmed malfunctions over total population)
48 Worldwide (all USA)	1	3	2.1% Worldwide

Potential Rapid Battery Depletion Due To Circuit Component

Viva™ CRT-D and Evera™ ICD

Original Date of Advisory: August 2016

Product

A specific subset of 78 Viva CRT-D and Evera ICD may experience rapid battery depletion due to a low resistance path developing within a circuit component. You may use the "Search for Information by Serial Number" tool at http://wwwp.medtronic.com/productperformance to determine if a specific device is affected.

Advisory

Devices in the affected population may experience rapid battery depletion due to a low resistance path developing within a circuit component. This is not related to a failure within the battery.

Development of a low resistance path in the circuit component in some cases has been reported to cause battery depletion in seven (7) days or less and may present clinically during a patient follow-up visit as:

- One or more electrical resets, which will display as an observation on the programmer.
- No pacing or defibrillation therapy output.
- No telemetry.
- Programmer screen display of "SERIOUS DEVICE MEMORY FAILURE."

Patient audible alerts and CareAlerts™ may not reliably notify the patient or clinician, due to this issue.

Reported complications have included shortness of breath, pocket heating, low heart rate, and early device explant.

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 options for managing patients implanted with an affected device:

Advise patients to seek medical attention immediately if they experience symptoms (e.g., fainting or lightheadedness) or if the audible patient alert sounds.

For pacemaker-dependent patients or those at a higher risk of Ventricular Tachycardia (VT) or Ventricular Fibrillation (VF):

• Physicians should consider device replacement.

For patients where the physician does not believe device explant is the best course of action, Medtronic offers these additional options:

- Program the audible alerts for "Low Battery Voltage RRT" to "On-High". It is possible that alerts may not sound if the battery is depleted. Therefore physicians should also consider one of the following:
 - Provide a handheld magnet to patients to frequently check device status.
 - Requires one or more audible alerts be programmed ON.
 - Device operation may be monitored frequently (e.g., daily) by patients placing the magnet over the device for 1-2 seconds and then removing the magnet. If the device is functional, a steady tone will sound for approximately 10 seconds. If no tone or an oscillating high/low tone is heard, advise patients to seek care immediately.
 - Prescribe either a CareLink[™] transmission be performed by the patient, or a maintenance transmission by the clinic, on a more frequent basis (e.g., weekly or daily) based on the unique patient considerations. The clinic should review these transmissions upon receipt.
 - If the transmission is unsuccessful the patient should be brought into the clinic for immediate follow-up as this may be an indication that the device battery has depleted to a level where it can no longer support telemetry.
 - Review transmissions for any signs of this issue (e.g., one or more electrical resets, or notification that a device alert has occurred).
 - Each transmission will decrease battery longevity by approximately one day

STATUS UPDATE - MAY 2020

Within the 78 devices, there have been 10 confirmed failures (13%) through April 22,2020. Medtronic modeling predicts an additional three (3) failures may occur in the remaining active population. An estimated 28 devices remain active

Initial Affected Population	Number of Confirmed Advisory Related Events	Estimated Remaining Active Population	Current Malfunction Rate (confirmed malfunctions over total population)
78 Worldwide	10 Worldwide	28 Worldwide	13% Worldwide

Potential High Battery Impedance

InSync® III Model 8042

Original Date of Advisory: November 2015

Product

All InSync[®] III Model 8042 Pacemakers

Advisory

Medtronic has identified an issue related to long-term battery performance. Through 27 October 2015, Medtronic has confirmed 30 devices (0.03%) worldwide have been impacted by this issue, for which the root cause is unexpected high battery impedance.

Unexpected high battery impedance can result in the battery's inability to supply sufficient electrical current, impacting device function. Twelve (12) of the 30 devices had reports of unexpected loss of pacing capture. The other 18 devices experienced some form of erratic behavior, including early elective replacement indication (ERI), significant fluctuations in remaining longevity estimates, and inaccurate lead impedances. Through 27 October 2015, events associated with this issue have occurred in devices with implant durations of 53 months or more. Medtronic has received one report of a patient death, where it is possible, but unconfirmed, that this issue was a contributing factor.

If pacing capture is compromised, some patients may experience a return of heart failure symptoms due to loss of biventricular pacing. In cases involving pacemaker-dependent patients, a loss of pacing capture could result in serious injury or death.

The Physician Letter for this issue is available at http://www.medtronic.com/insync-iii-crt-p

Patient Management Recommendations (As of November 2015)

We realize that each patient requires unique clinical consideration. After consultation with Medtronic's Independent Physician Quality Panel (IPQP), Medtronic offers the following recommendations for patients with an InSync III CRT-pacemaker:

- Prophylactic device replacement in non-pacemaker-dependent patients is not recommended.
- For pacemaker-dependent patients, physicians should carefully weigh the risks and benefits of device replacement to mitigate this issue on an individual patient basis
 - The estimated per patient mortality risk of this issue (0.007% to 0.02%) is comparable to the estimated per patient mortality risk of complications associated with an incremental, early device replacement (0.005%).
- Continue routine patient follow up in accordance with standard practice, and advise patients to seek medical attention immediately if they experience new or unexpected symptoms.

STATUS UPDATE - MAY 2020

As of April 22, 2020, approximately 900 devices remain active worldwide, from an original implant population of 96,800. In the United States, 400 active devices remain. Our modeling predicts an estimated failure rate between 0.16% and 0.6% for the remaining active devices. Due to the unpredictable nature of this issue, it is not possible to identify which devices might fail or when they might fail. The issue cannot be mitigated by programming changes or increasing patient follow-up frequency. InSync III CRT-pacemakers are no longer distributed.

Initial Affected Population	Number of Confirmed Advisory Related Events	Estimated Remaining Active Population	Current Malfunction Rate (confirmed malfunctions over total population)
96,800 Worldwide	171 Worldwide (95	900 Worldwide (400	0.18% Worldwide
(39,900 United States)	United States)	United States)	(0.24% United
			States)

Potential Conductor Wire Fracture

6930, 6931, 6948, 6949 Sprint Fidelis Defibrillation Leads

Original Date of Advisory: October 2007

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 fractures¹. 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:
 - o Leave a properly performing lead intact.
 - o 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 http://www.medtronic.com/us-en/healthcare-professionals/products/product-performance/sprint-fidelis-11-2015-update.html
 - 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.²

STATUS UPDATE - MAY 2020

As of April 22, 2020, of the initial implant population of 205,600 in the United States, approximately 46,000 remain implanted. According to Product Surveillance Registry results, lead survival is estimated to be 73.1% (+4.9/-4.6%) at 126 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.

Initial Affected Population	Number of Confirmed Advisory Related Events	Estimated Remaining Active Population
279,500 Worldwide (205,600	7,235 Worldwide (5,149	63,000 Worldwide
United States)	United States)	(46,000 United States)

Footnotes:

1: Swerdlow C, Gunderson, B, et al. "Downloadable Algorithm to Reduce Inappropriate Shocks Caused by Fractures of Implantable Cardioverter-Defibrillator Leads", Circulation, November 2008, 118: 2122-2129.

2: "Transvenous Lead Extraction: Heart Rhythm Society Expert Consensus on Facilities, Training, Indications, and Patient Management", Heart Rhythm, Vol 6, No 7, July 2009.

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 CRHF 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.

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



Medtronic 710 Medtronic Parkway Minneapolis, MN 55432-5604 USA Tel: (763) 514-4000 Fax: (763) 514-4879

Toll-free:1 (800) 328-2518 (24-hour technical support for physiciansand medical professionals)

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