CARDIAC RHYTHM & HEART FAILURE

Product Performance Report

Important Patient Management Information for Physicians



2nd Edition – Issue 83

Medtronic

CRHF Product Performance Report

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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 37 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

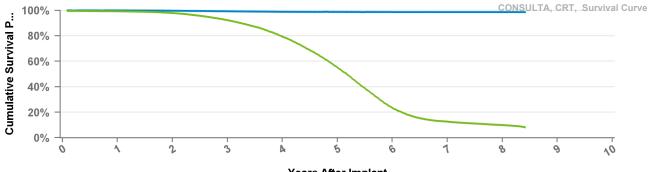
Devices are at times removed from service for reasons other than device malfunction or battery depletion. Examples are devices removed from service due to non-device related patient mortality and devices removed due to changes in the patient's medical condition. Because an accurate estimate of device 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 101 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%	55.1%	23.4%	12.7%	10.0%	8.1%
Effective Sample Size	57376	52192	45293	34773	19534	6232	2403	816	147

D224TRK	Consulta	CRT-D		
US Market Release		Sep-08	Total Malfunctions	602
CE Approval Date			Therapy Function Not Compromised	571
Registered USA Implants		65,980	Battery Malfunction	2
Estimated Active US	A Implants	10,888	Electrical Component	65
Normal Battery Depletions		18,859	Electrical Interconnect	1
			Other Malfunction	1
			Poss Early Battery Depltn	496
			Software Malfunction	6
			Therapy Function Compromised	31
			Battery Malfunction	5
			Electrical Component	26



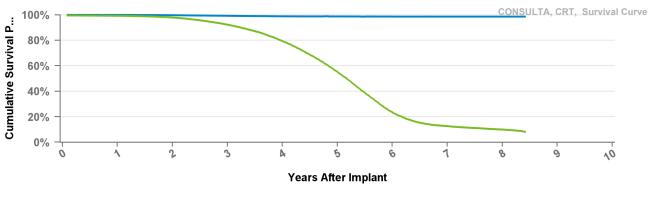
Years After Implant

• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	at 101 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%	55.1%	23.4%	12.7%	10.0%	8.1%
Effective Sample Size	57376	52192	45293	34773	19534	6232	2403	816	147

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D234TRK	(`opeu	Ita CRT-D
	U U U I AU	

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		

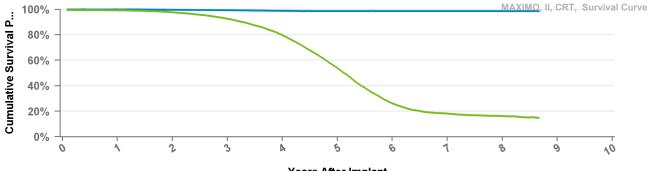




Years	1	2	3	4	5	6	7	8	at 101 mo
Excluding NBD	100.0%	99.7%	99.3%	98.9%	98.8%	98.7%	98.7%	98.7%	98.7%
Including NBD	99.3%	97.9%	92.3%	79.4%	55.1%	23.4%	12.7%	10.0%	8.1%
Effective Sample Size	57376	52192	45293	34773	19534	6232	2403	816	147

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		



Years After Implant

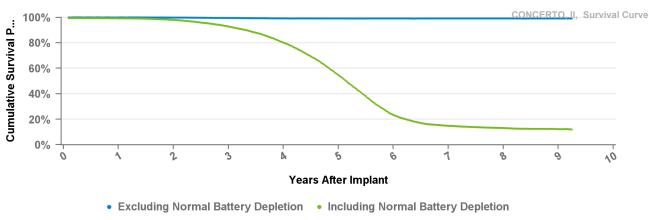
• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	at 104 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%	97.7%	92.6%	79.7%	53.9%	26.1%	18.1%	16.2%	14.7%
Effective Sample Size	12810	11551	10047	7659	4051	1421	774	402	116

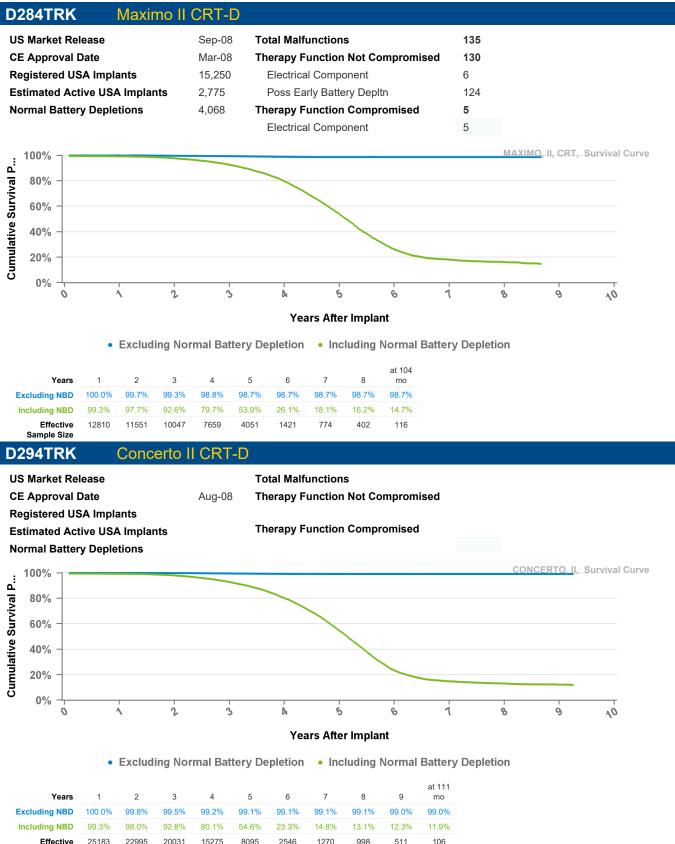
D274TRK Concerto II CRT-D

US Market Release	Aug-0
CE Approval Date	
Registered USA Implants	30,17
Estimated Active USA Implants	5,709
Normal Battery Depletions	7,973

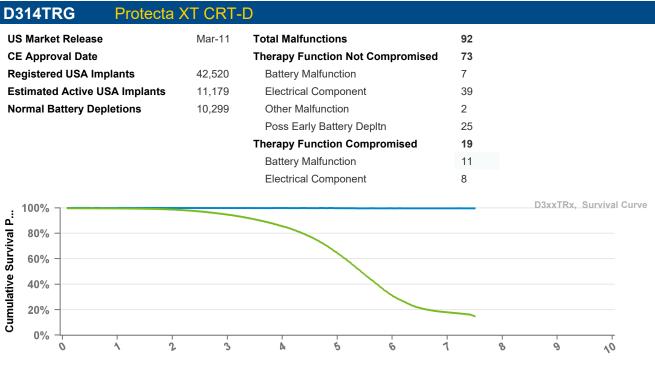
-09	Total Malfunctions	186
	Therapy Function Not Compromised	175
73	Battery Malfunction	1
9	Electrical Component	22
'3	Poss Early Battery Depltn	151
	Software Malfunction	1
	Therapy Function Compromised	11
	Battery Malfunction	1
	Electrical Component	10



Years	1	2	3	4	5	6	7	8	9	at 111 mo
Excluding NBD	100.0%	99.8%	99.5%	99.2%	99.1%	99.1%	99.1%	99.1%	99.0%	99.0%
Including NBD	99.3%	98.0%	92.8%	80.1%	54.6%	23.3%	14.8%	13.1%	12.3%	11.9%
Effective Sample Size	25183	22995	20031	15275	8095	2546	1270	998	511	106



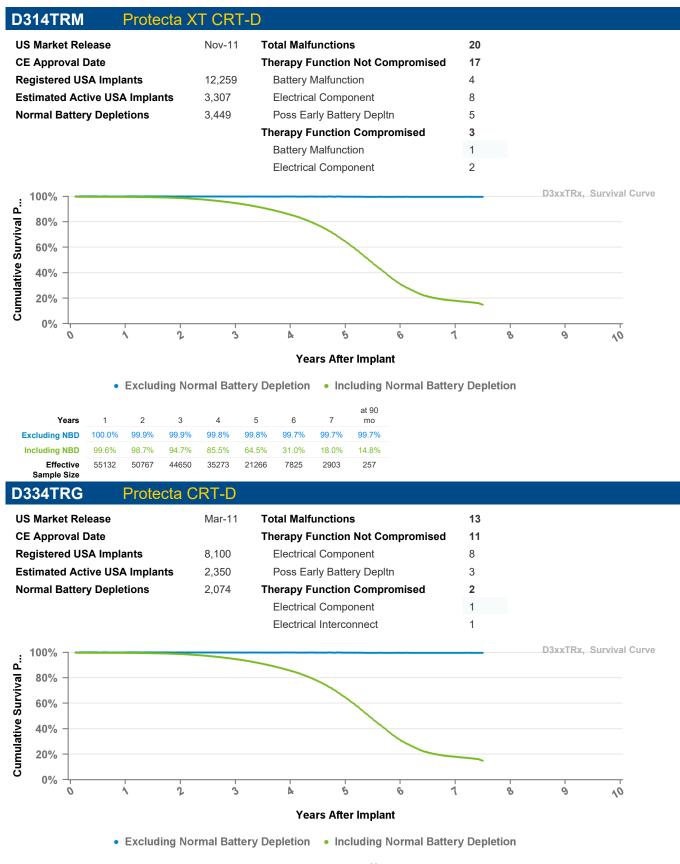
Effective Sample Size



Years After Implant

• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 90 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%	85.5%	64.5%	31.0%	18.0%	14.8%
Effective Sample Size	55132	50767	44650	35273	21266	7825	2903	257

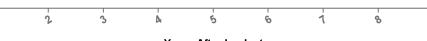


Years	1	2	3	4	5	6	7	at 90 mo
Excluding NBD	100.0%	99.9%	99.9%	99.8%	99.8%	99.7%	99.7%	99.7%
Including NBD	99.6%	98.7%	94.7%	85.5%	64.5%	31.0%	18.0%	14.8%
Effective Sample Size	55132	50767	44650	35273	21266	7825	2903	257



Years	1	2	3	4	5	6	7	at 90 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%	85.5%	64.5%	31.0%	18.0%	14.8%
Effective Sample Size	55132	50767	44650	35273	21266	7825	2903	257









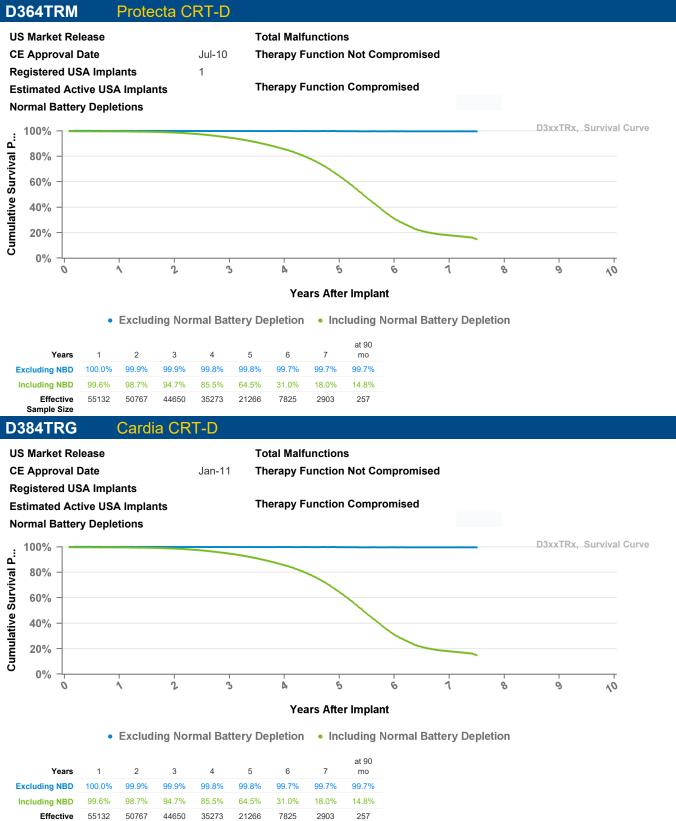
Years	1	2	3	4	5	6	7	at 90 mo
Excluding NBD	100.0%	99.9%	99.9%	99.8%	99.8%	99.7%	99.7%	99.7%
Including NBD	99.6%	98.7%	94.7%	85.5%	64.5%	31.0%	18.0%	14.8%
Effective Sample Size	55132	50767	44650	35273	21266	7825	2903	257

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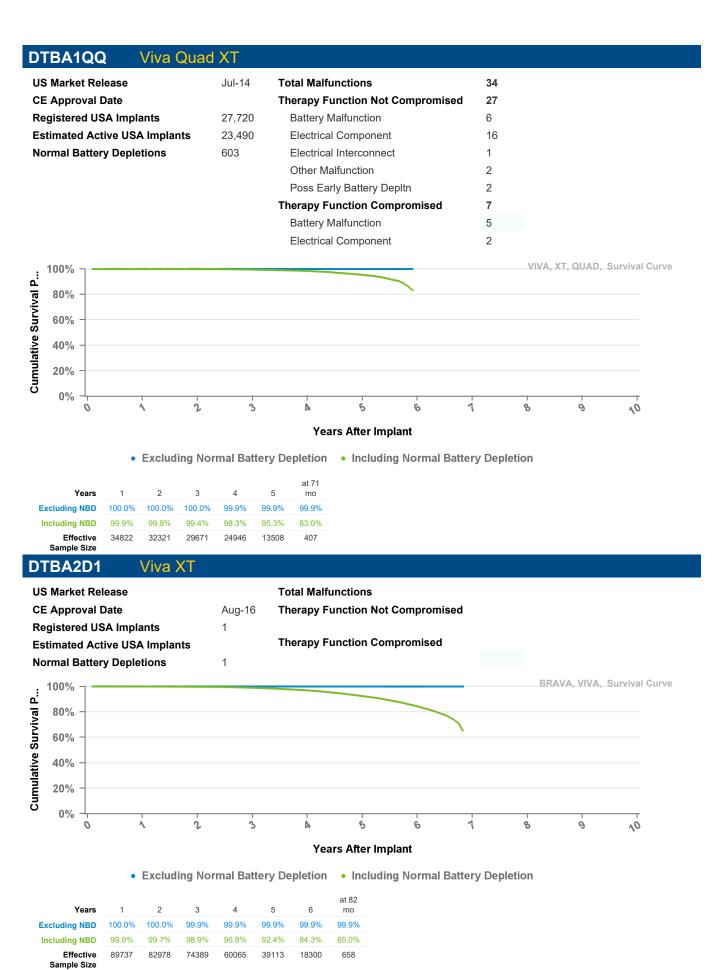


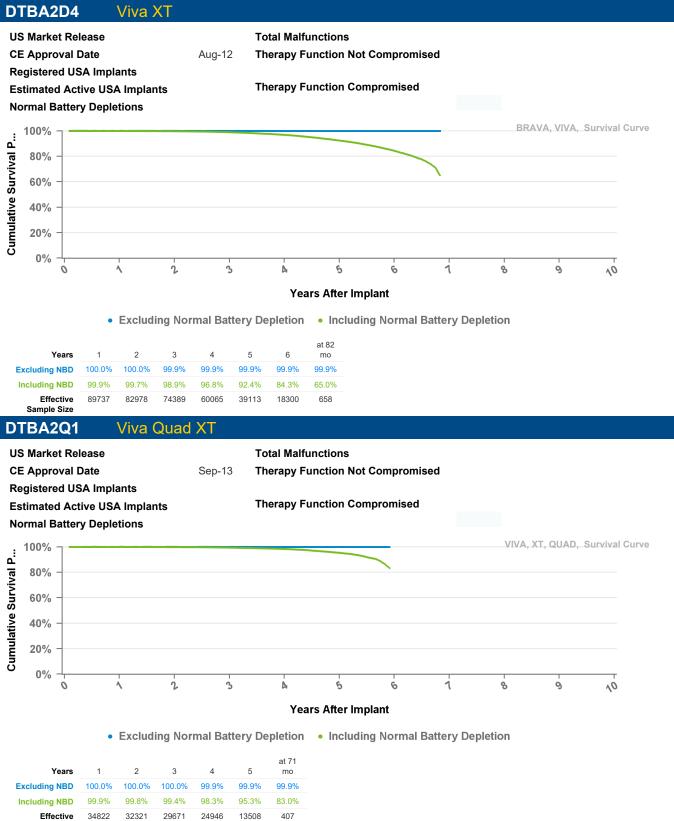


Medtronic CRHF Product Performance Report

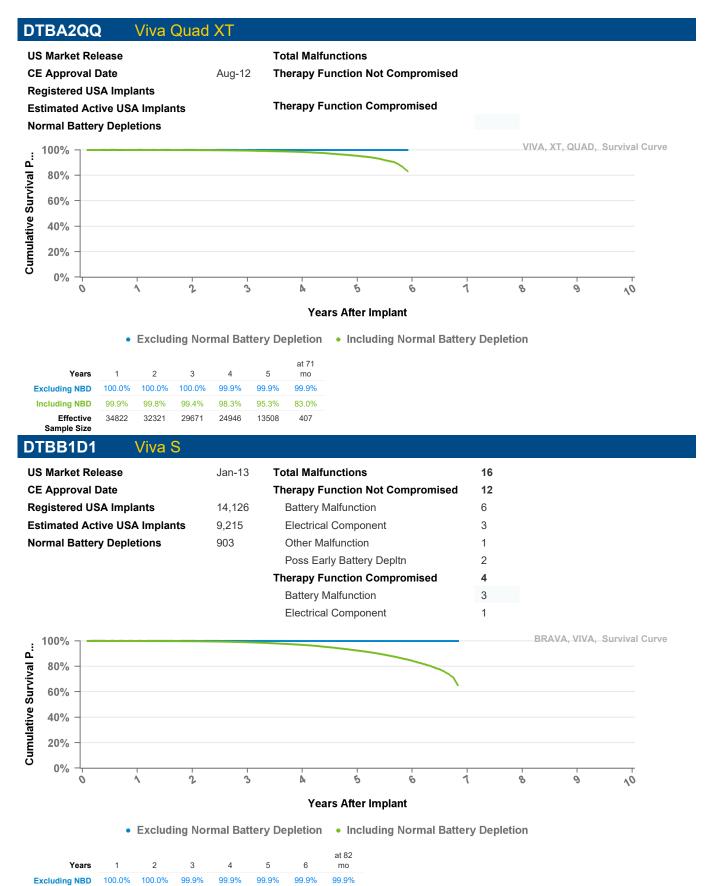


Sample Size

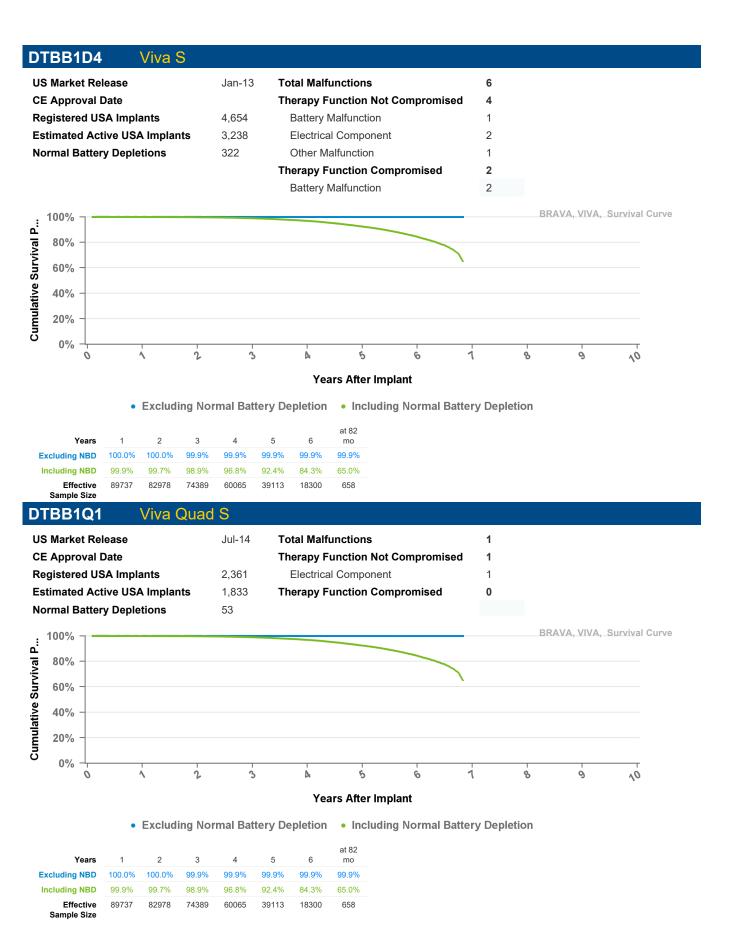


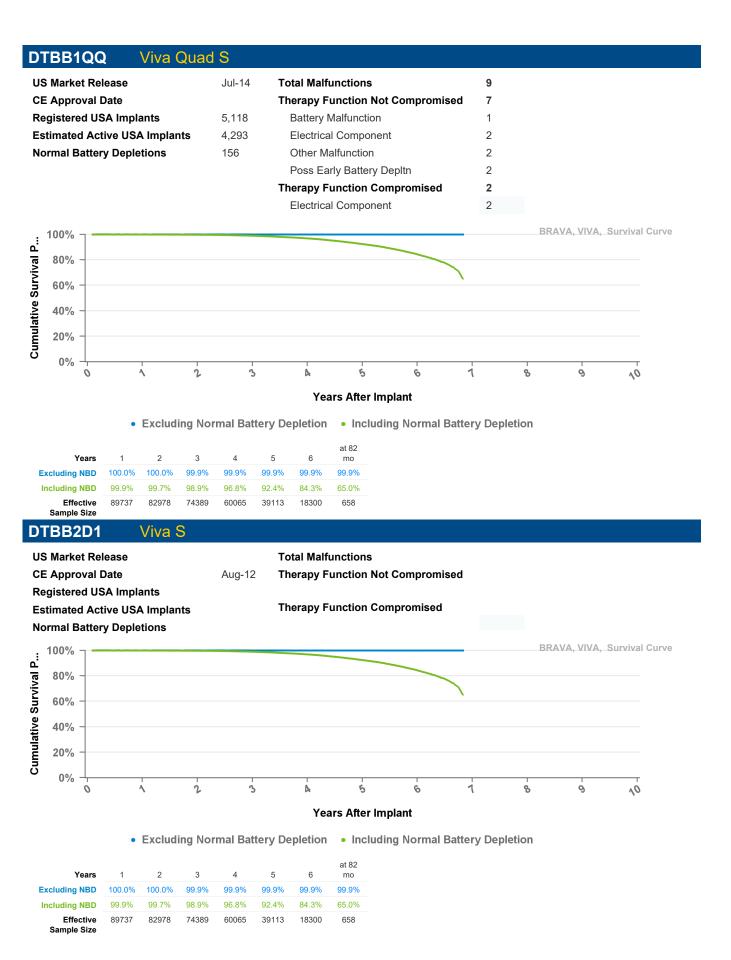


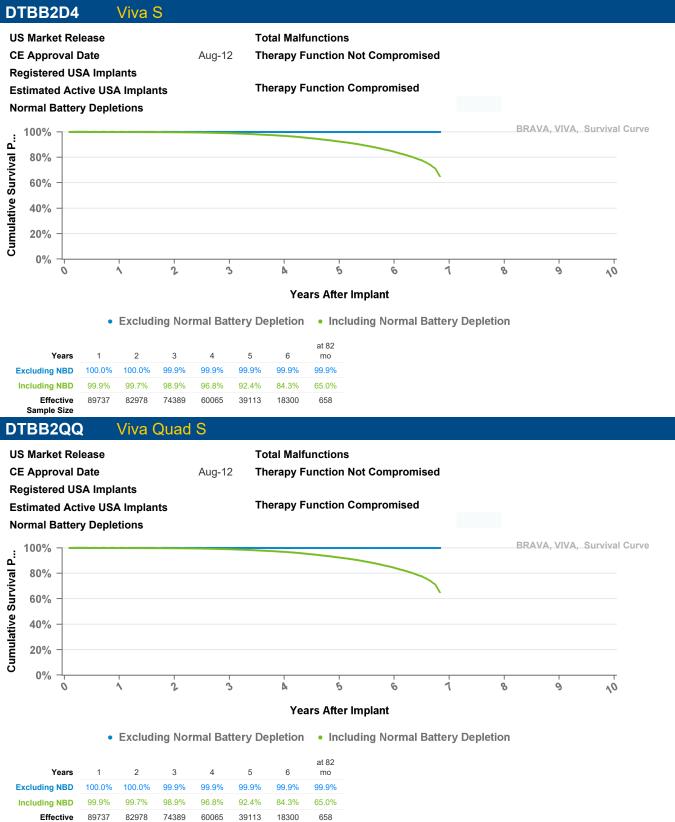
Effective Sample Size



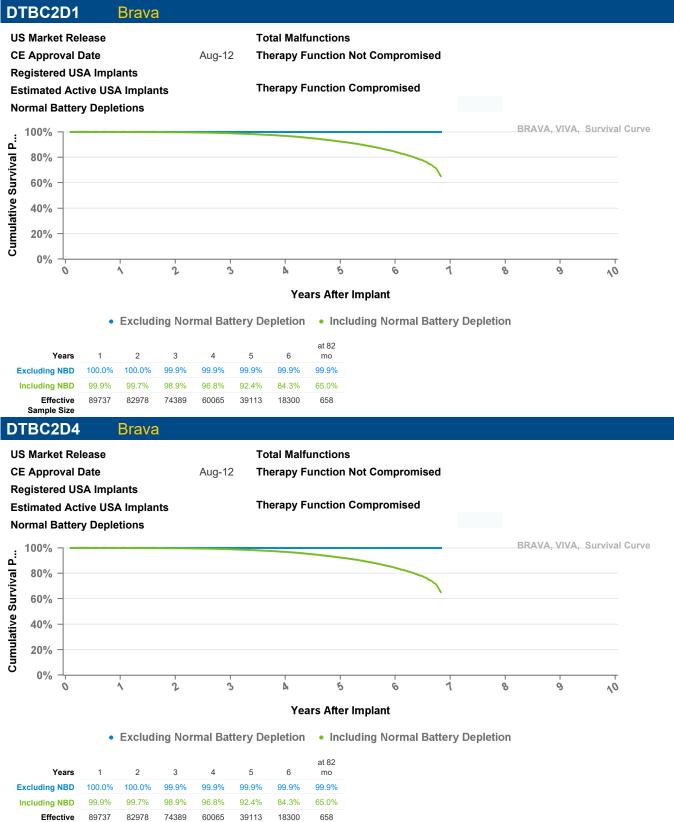
Including NBD	99.9%	99.7%	98.9%	96.8%	92.4%	84.3%	65.0%
Effective Sample Size	89737	82978	74389	60065	39113	18300	658



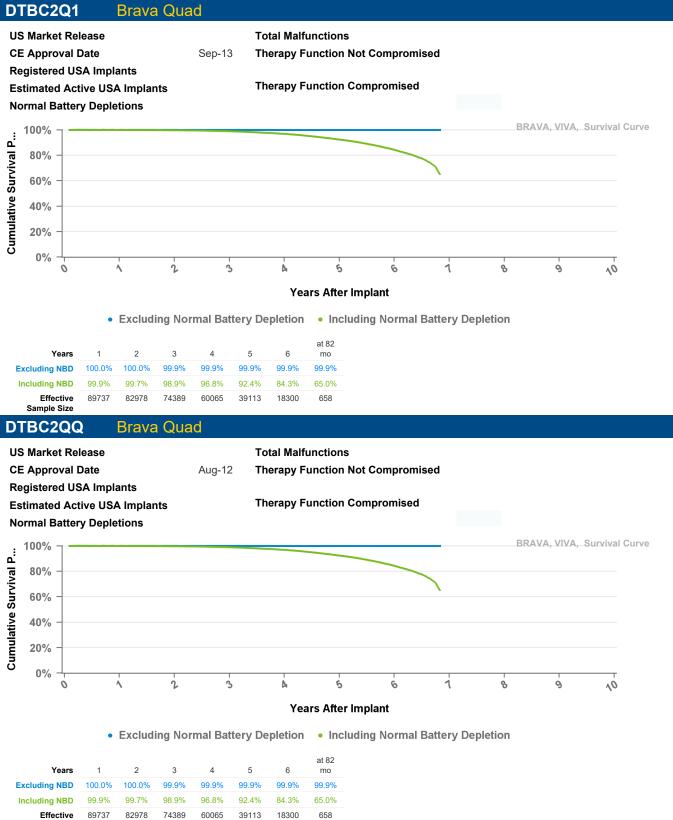




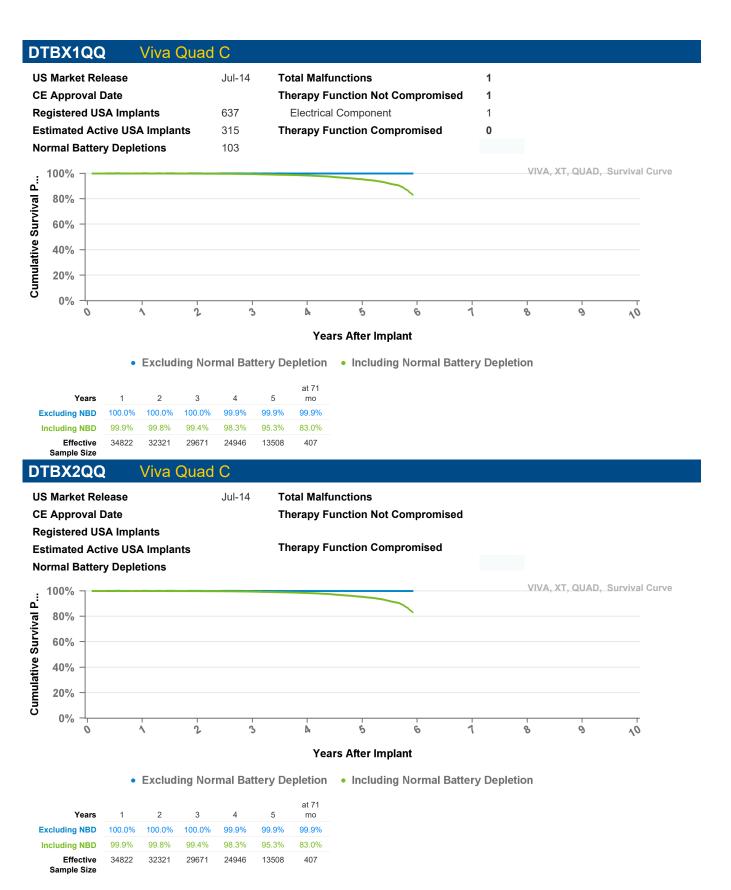
Effective Sample Size

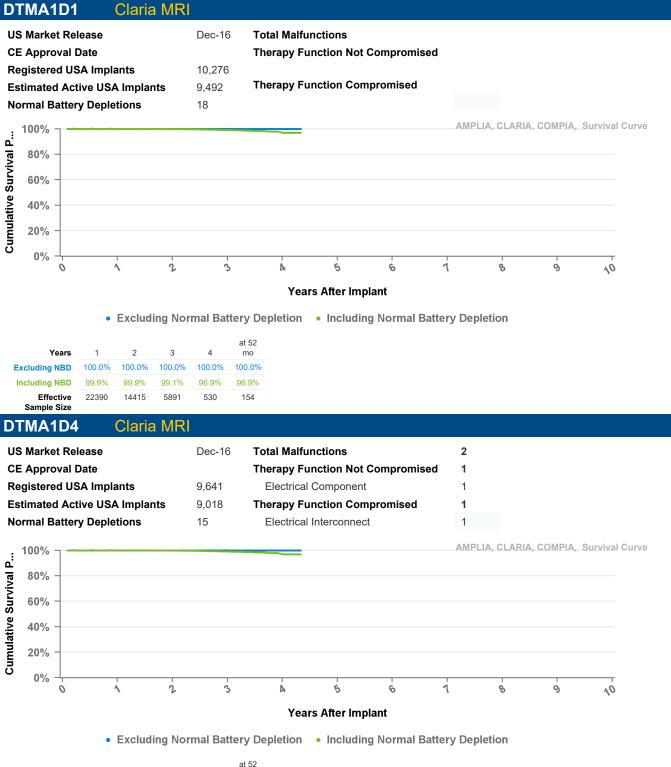


Effective Sample Size

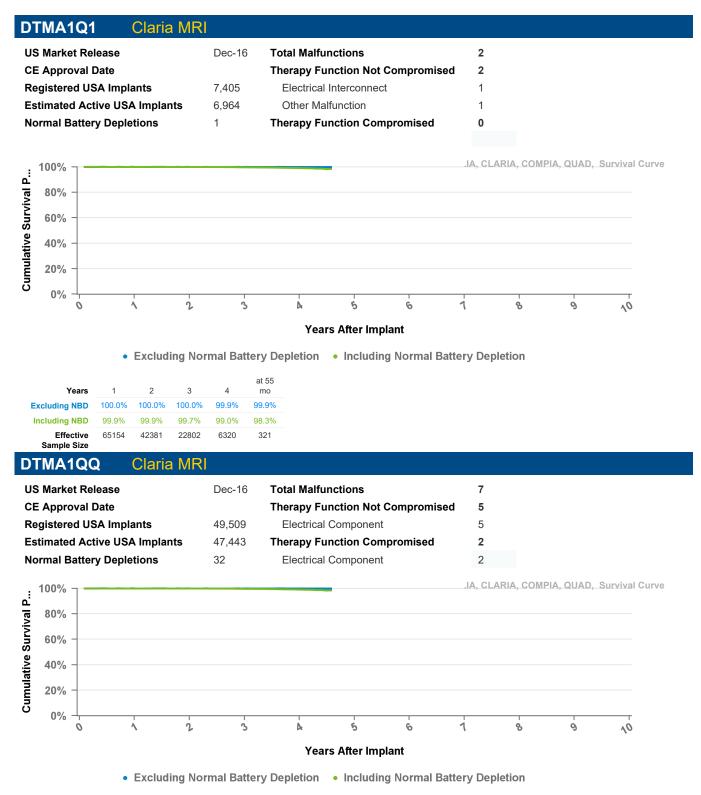


Effective Sample Size

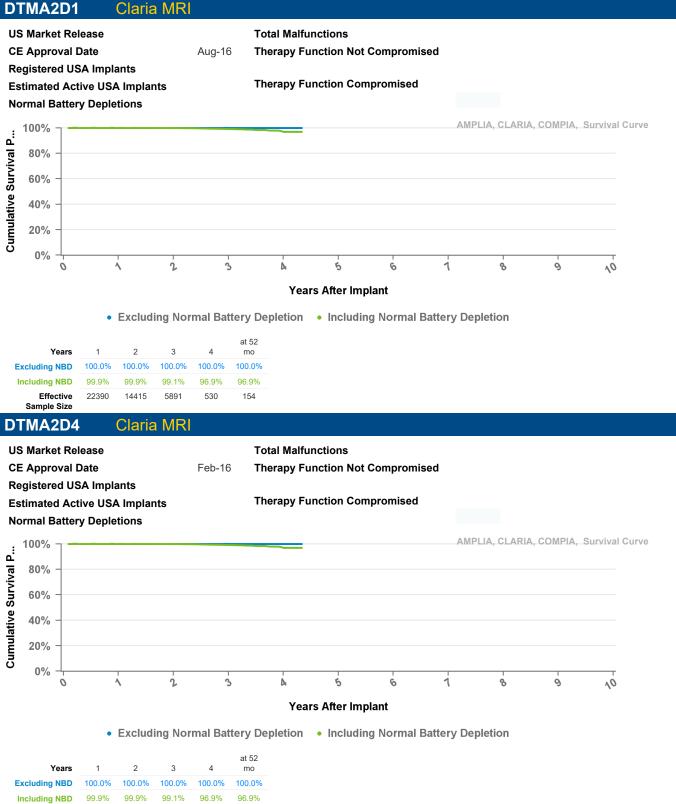




Years	1	2	3	4	at 52 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.1%	96.9%	96.9%
Effective Sample Size	22390	14415	5891	530	154



Years	1	2	3	4	at 55 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%
Including NBD	99.9%	99.9%	99.7%	99.0%	98.3%
Effective Sample Size	65154	42381	22802	6320	321

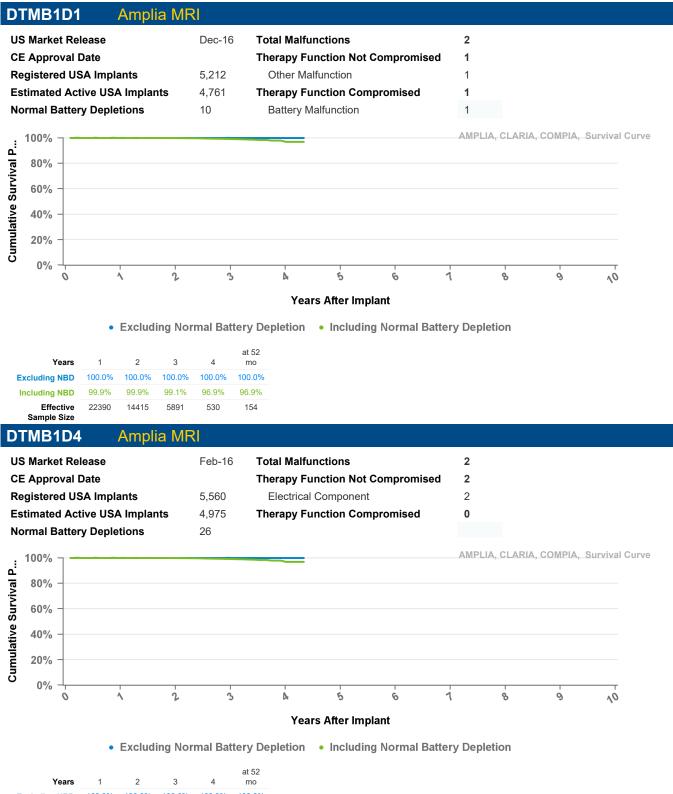


Effective 22390 14415 5891 530 154

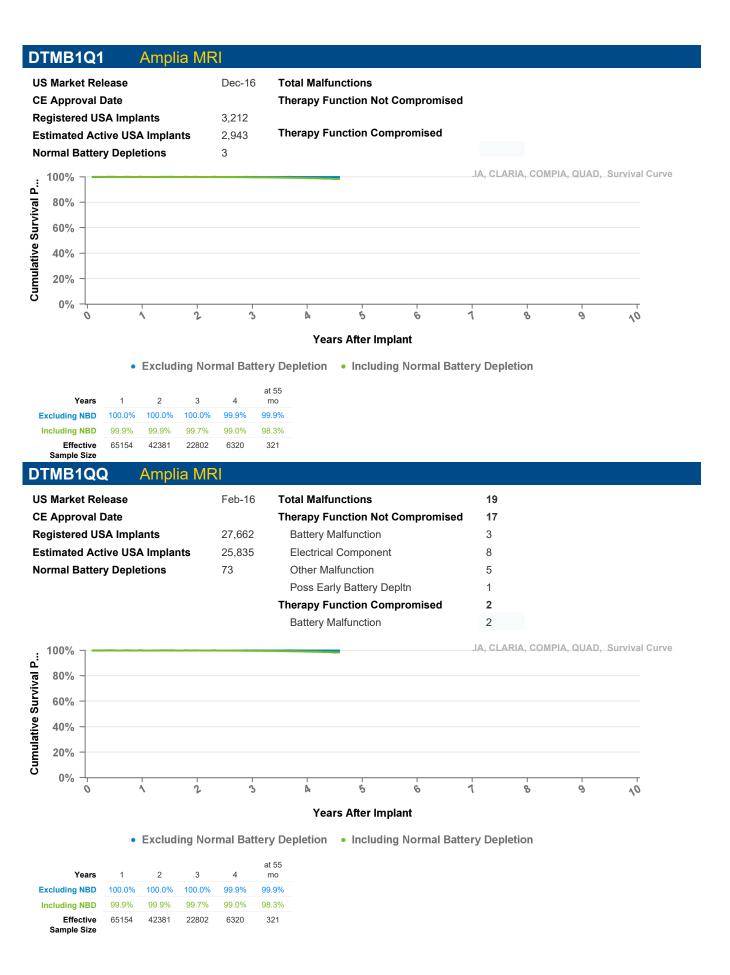
Sample Size

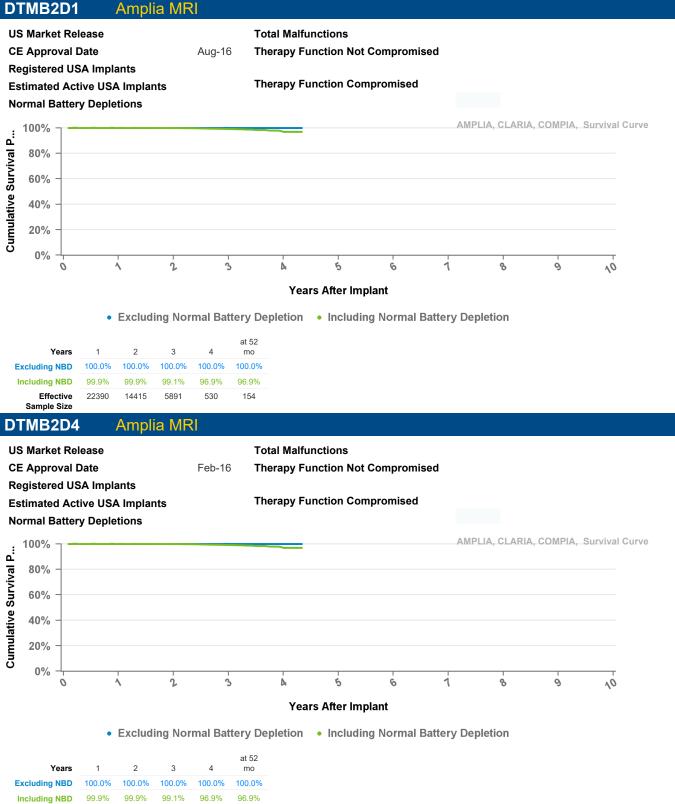


Effective Sample Size



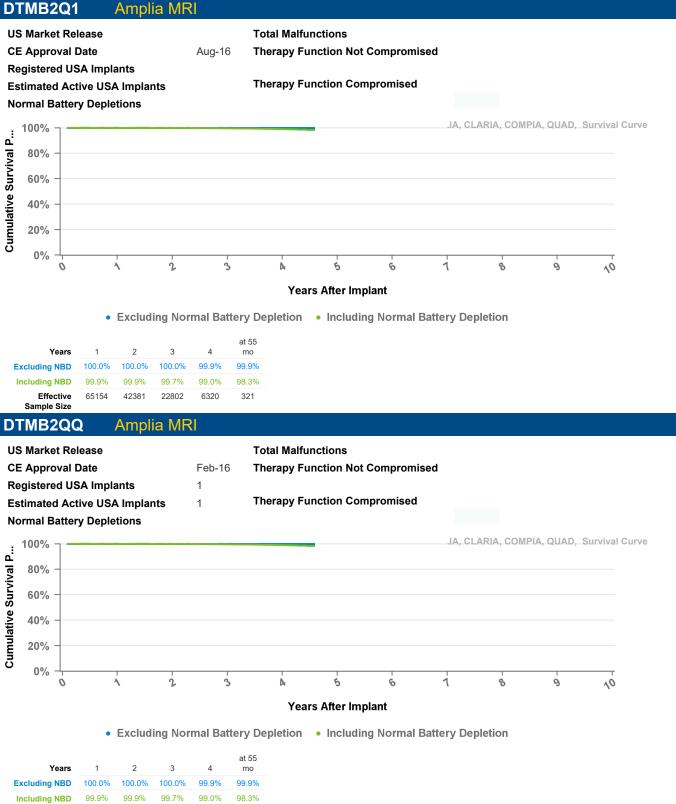
					at 52
Years	1	2	3	4	mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.1%	96.9%	96.9%
Effective Sample Size	22390	14415	5891	530	154





5891

530



 Effective
 65154
 42381
 22802
 6320
 321

Sample Size

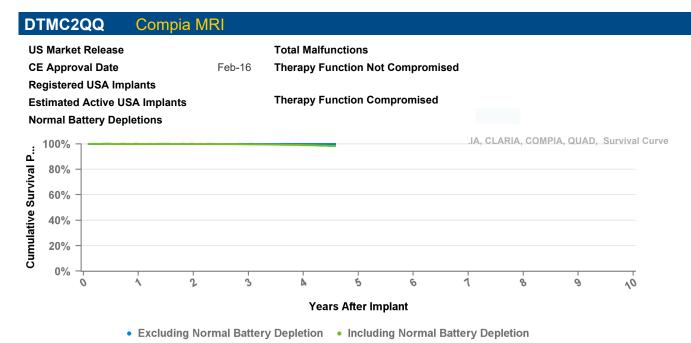


Years	1	2	3	4	mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%
Including NBD	99.9%	99.9%	99.7%	99.0%	98.3%
Effective Sample Size	65154	42381	22802	6320	321

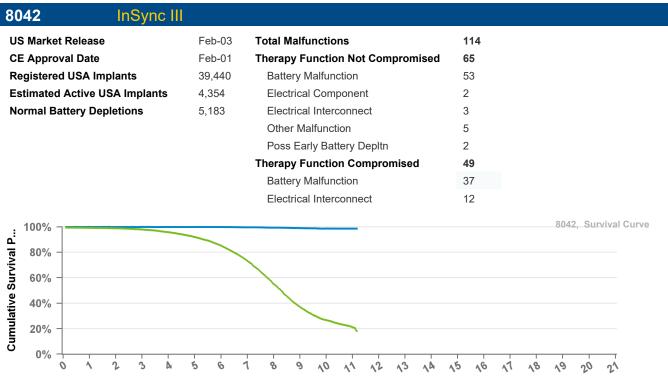


Effective 22390 14415 5891

530



Years	1	2	3	4	at 55 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%
Including NBD	99.9%	99.9%	99.7%	99.0%	98.3%
Effective Sample Size	65154	42381	22802	6320	321

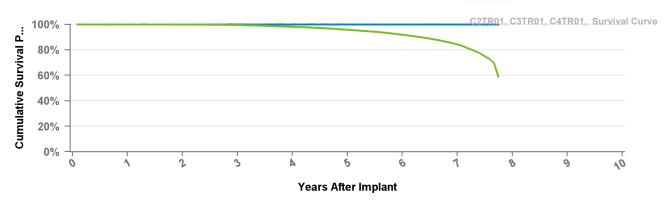




Years	1	2	3	4	5	6	7	8	9	10	11	at 134 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.7%	99.4%	99.0%	98.7%	98.6%	98.6%
Including NBD	99.2%	98.9%	98.0%	95.8%	92.0%	85.2%	73.2%	55.2%	37.1%	26.7%	21.1%	18.1%
Effective Sample Size	30288	25920	22239	18994	15837	12106	8593	5517	3109	1799	326	136

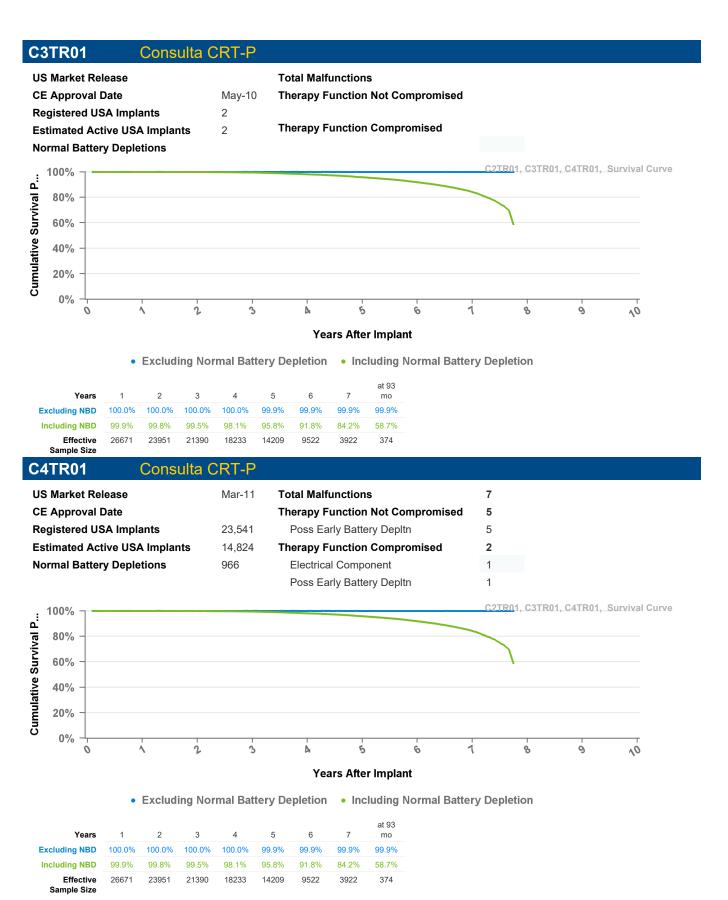
C2TR01 Syncra CRT-P

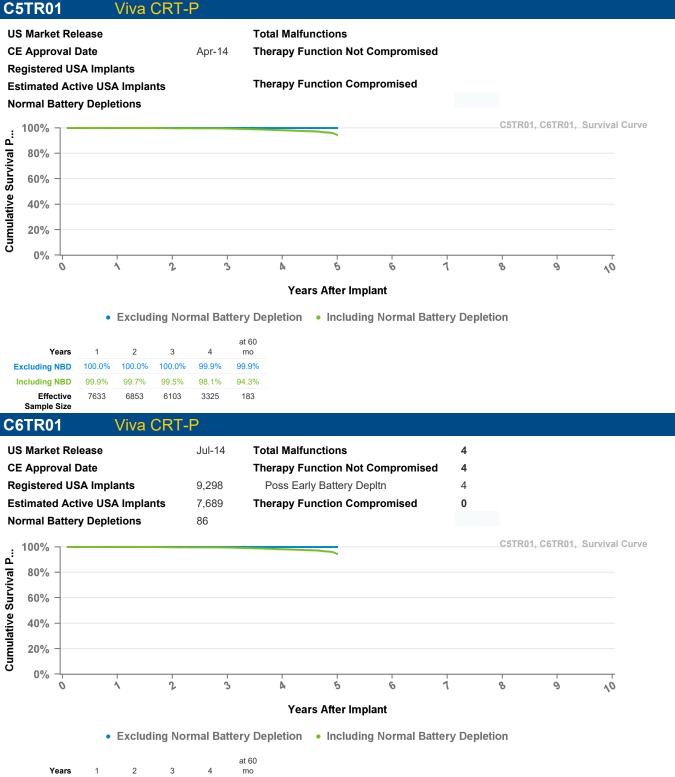
US Market Release	Mar-11	Total Malfunctions	6
CE Approval Date	May-10	Therapy Function Not Compromised	6
Registered USA Implants	10,230	Other Malfunction	1
Estimated Active USA Implants	5,608	Poss Early Battery Depltn	5
Normal Battery Depletions	508	Therapy Function Compromised	0



• Excluding Normal Battery Depletion • Including Normal Battery Depletion

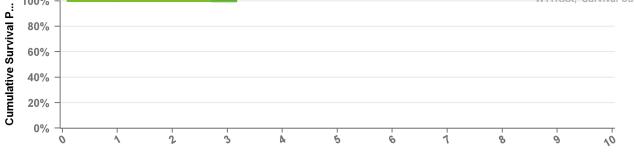
Years	1	2	3	4	5	6	7	at 93 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%
Including NBD	99.9%	99.8%	99.5%	98.1%	95.8%	91.8%	84.2%	58.7%
Effective Sample Size	26671	23951	21390	18233	14209	9522	3922	374





Years	1	2	3	4	mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%
Including NBD	99.9%	99.7%	99.5%	98.1%	94.3%
Effective Sample Size	7633	6853	6103	3325	183

W1TR01 Percepta CRTP MRI **US Market Release Total Malfunctions** 2 May-17 **Therapy Function Not Compromised** 1 **CE Approval Date Registered USA Implants** 6,100 Other Malfunction 1 **Estimated Active USA Implants** 5,754 **Therapy Function Compromised** 1 **Normal Battery Depletions** 2 Electrical Component 1 100% W1TRXX, Survival Curve



Years After Implant

1

1

1

0

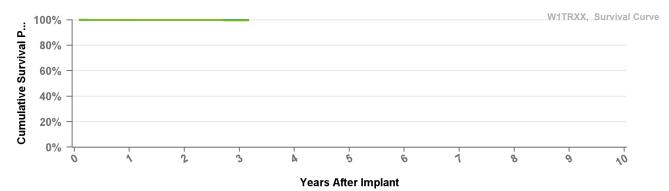
• Excluding Normal Battery Depletion • Including Normal Battery Depletion

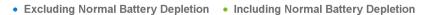
Years	1	2	3	at 38 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.6%	99.6%
Effective Sample Size	5760	2514	304	124

W1TR02

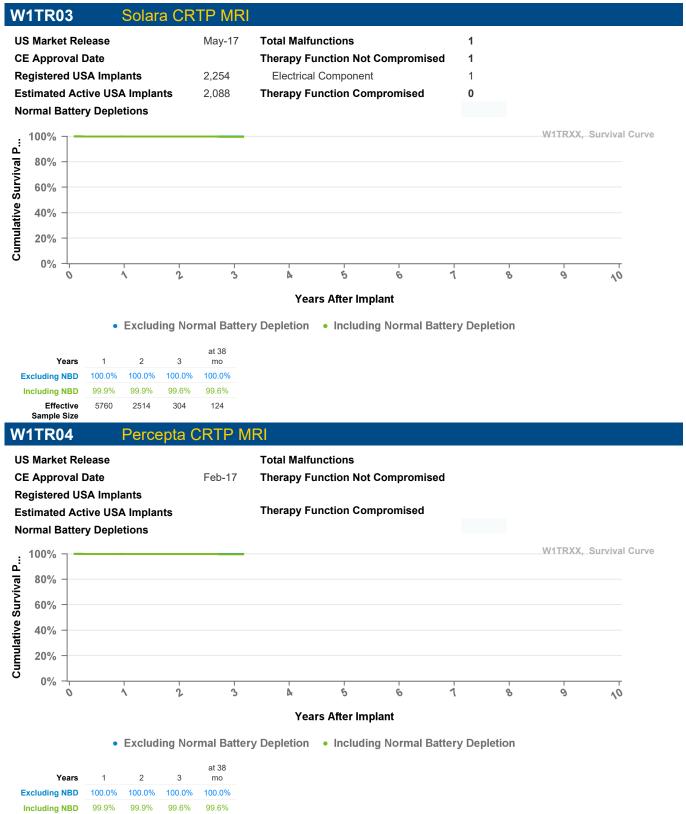
US Market Release	May-17	Total Malfunctions
CE Approval Date		Therapy Function Not Compromised
Registered USA Implants	1,357	Other Malfunction
Estimated Active USA Implants	1,263	Therapy Function Compromised
Normal Battery Depletions	1	

Serena CRTP MRI





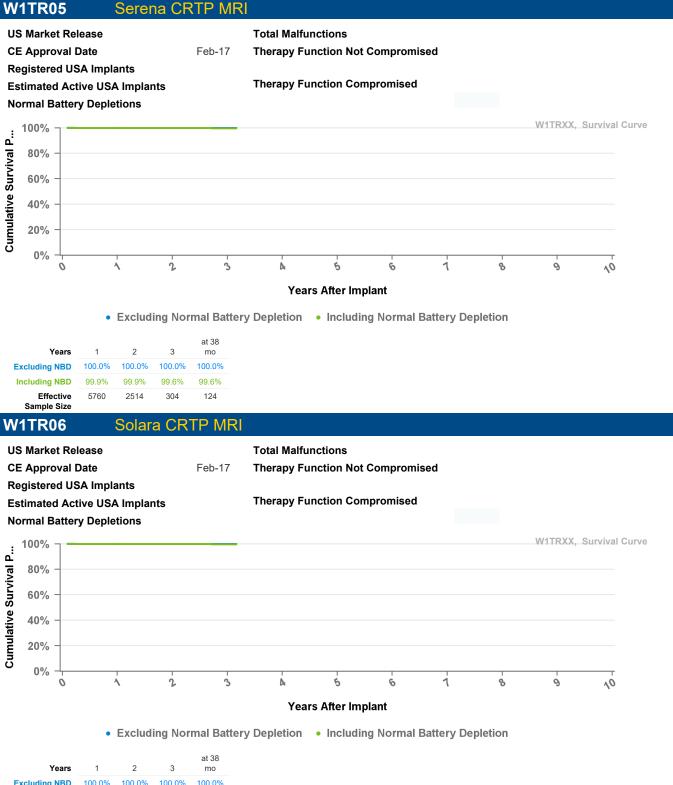




5760

2514

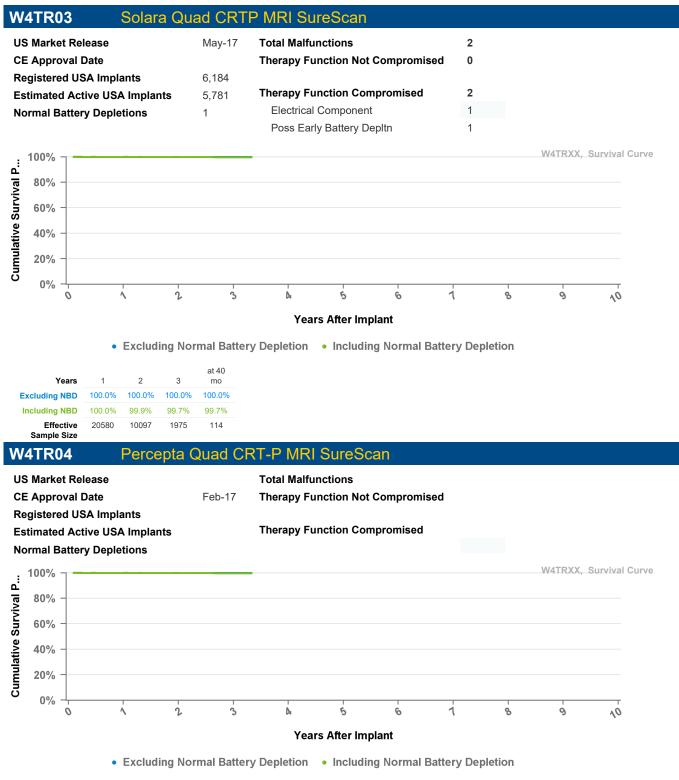
304



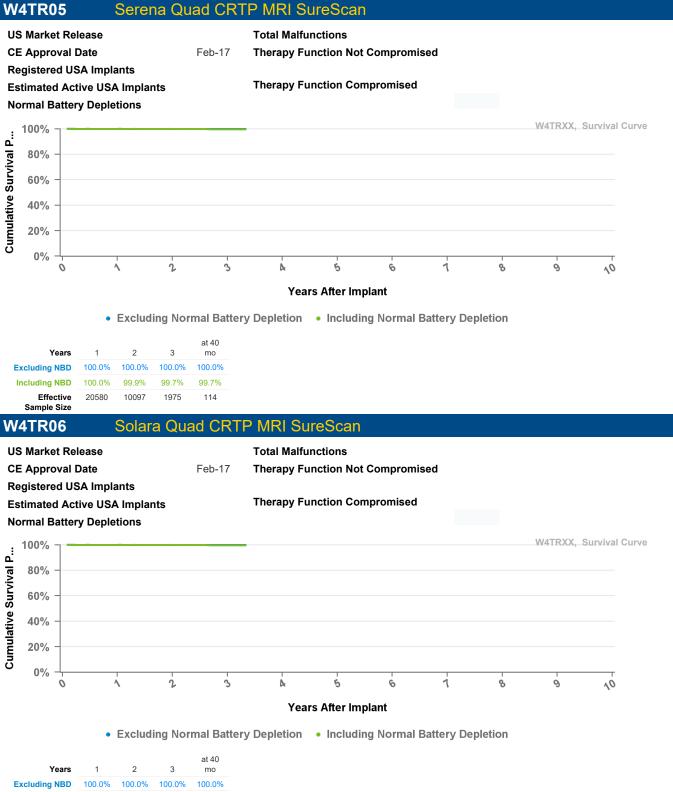
Years	1	2	3	mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.6%	99.6%
Effective Sample Size	5760	2514	304	124



Years	1	2	3	at 40 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	99.9%	99.7%	99.7%
Effective Sample Size	20580	10097	1975	114

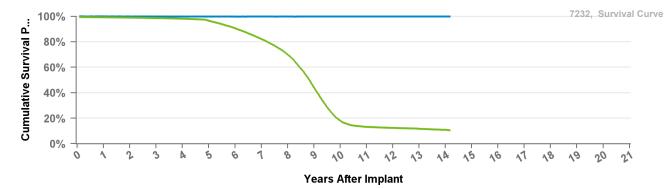


Years	1	2	3	at 40 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	99.9%	99.7%	99.7%
Effective Sample Size	20580	10097	1975	114



Excluding NBD	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	99.9%	99.7%	99.7%
Effective Sample Size	20580	10097	1975	114

7232Cx	/laximo VR		
US Market Release	Oct-03	Total Malfunctions	72
CE Approval Date	Oct-03	Therapy Function Not Compromised	57
Registered USA Implar	nts 43,490	Electrical Component	28
Estimated Active USA	Implants 4,549	Other Malfunction	2
Normal Battery Depleti	ons 10,284	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

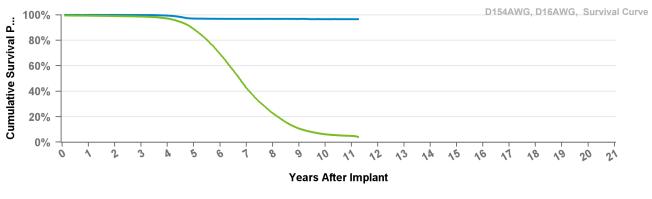


• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	at 170 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%	99.8%
Including NBD	99.3%	99.0%	98.6%	98.2%	96.6%	90.6%	82.1%	69.9%	44.3%	18.0%	13.3%	12.4%	11.7%	10.9%	10.5%
Effective Sample Size	37910	33905	30200	26602	23407	20325	17148	13677	8062	2735	1656	1295	919	304	127

D164AWG Virtuoso DR

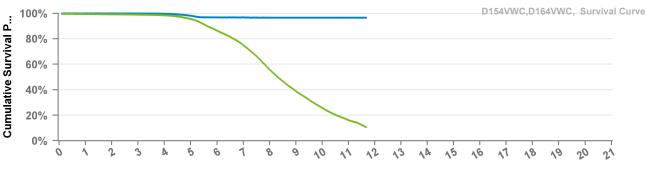
US Market Release		Total Malfunctions
CE Approval Date	Mar-06	Therapy Function Not Compromised
Registered USA Implants	10	
Estimated Active USA Implants	3	Therapy Function Compromised
Normal Battery Depletions	3	





Years	1	2	3	4	5	6	7	8	9	10	11	at 135 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%	96.7%
Including NBD	99.4%	99.1%	98.7%	97.1%	88.8%	69.5%	42.7%	22.7%	10.7%	6.2%	5.0%	4.1%
Effective Sample Size	62983	57728	52553	47696	40476	29339	16198	7380	2892	1318	639	134





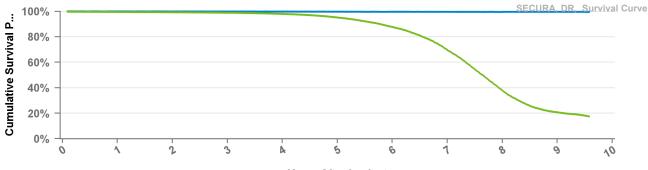
4

Excluding Normal Battery Depletion
 Including Normal Battery Depletion

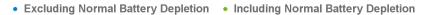
Years	1	2	3	4	5	6	7	8	9	10	11	at 140 mo
Excluding NBD	100.0%	99.9%	99.9%	99.7%	98.1%	96.8%	96.8%	96.6%	96.6%	96.6%	96.6%	96.6%
Including NBD	99.5%	99.2%	99.0%	98.5%	95.6%	86.4%	74.8%	55.8%	38.8%	25.7%	16.1%	10.6%
Effective Sample Size	28341	25818	23500	21476	19078	15942	12853	8833	5507	3235	1634	250

D204DRM Secura DR

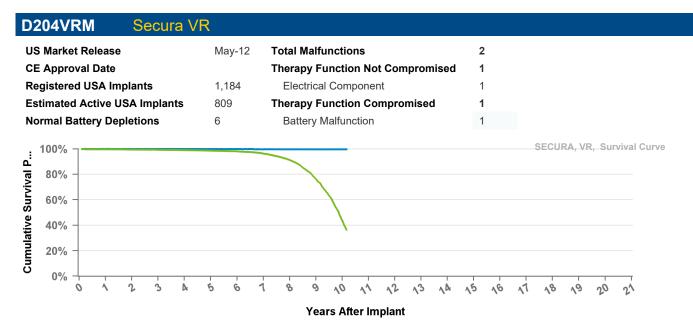
US Market Release	Jan-12	Total Malfunctions
CE Approval Date		Therapy Function Not Compromised
Registered USA Implants	1,879	Other Malfunction
Estimated Active USA Implants	786	Therapy Function Compromised
Normal Battery Depletions	233	Battery Malfunction
		Electrical Component



Years After Implant



Years	1	2	3	4	5	6	7	8	9	at 115 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%	87.7%	69.6%	37.8%	20.7%	17.4%
Effective Sample Size	44696	41812	39249	36416	32590	26312	16979	6468	2058	404



• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	at 122 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.7%	99.6%	99.6%	99.6%
Including NBD	99.7%	99.5%	99.3%	99.0%	98.6%	98.1%	96.2%	91.2%	76.4%	43.8%	36.5%
Effective Sample Size	17912	16706	15718	14644	13440	12196	10777	7948	4358	651	244

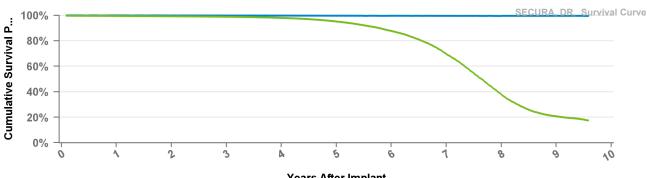
Jul-10

1

D214DRM Secura DR

US Market Release CE Approval Date Registered USA Implants Estimated Active USA Implants Total Malfunctions Therapy Function Not Compromised Therapy Function Compromised

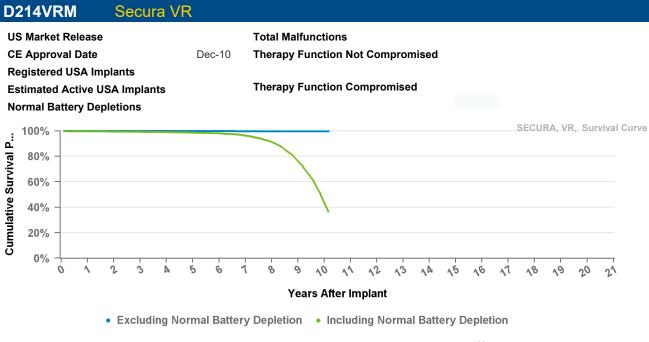
Normal Battery Depletions



Years After Implant

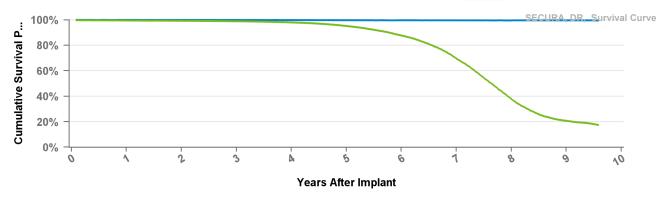


Years	1	2	3	4	5	6	7	8	9	at 115 mo
Excluding NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.7%	99.6%	99.5%	99.5%	99.5%
Including NBD	99.5%	99.3%	98.9%	98.0%	95.2%	87.7%	69.6%	37.8%	20.7%	17.4%
Effective Sample Size	44696	41812	39249	36416	32590	26312	16979	6468	2058	404



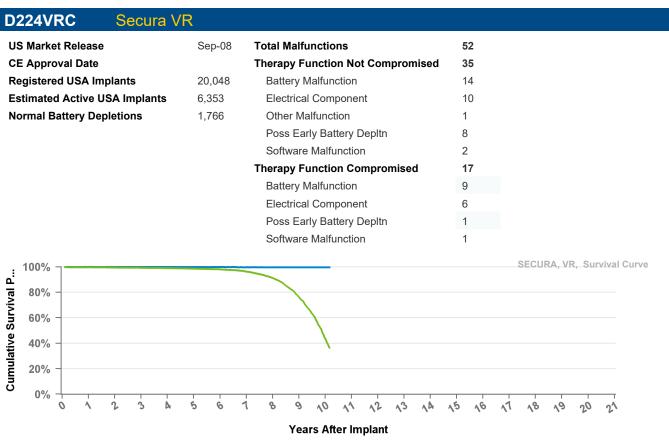
Years	1	2	3	4	5	6	7	8	9	10	at 122 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.7%	99.6%	99.6%	99.6%
Including NBD	99.7%	99.5%	99.3%	99.0%	98.6%	98.1%	96.2%	91.2%	76.4%	43.8%	36.5%
Effective Sample Size	17912	16706	15718	14644	13440	12196	10777	7948	4358	651	244

D224DRG Se	cura DR		
US Market Release	Sep-08	Total Malfunctions	151
CE Approval Date		Therapy Function Not Compromised	115
Registered USA Implants	49,915	Battery Malfunction	14
Estimated Active USA Im	plants 10,893	Electrical Component	38
Normal Battery Depletion	s 9,979	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



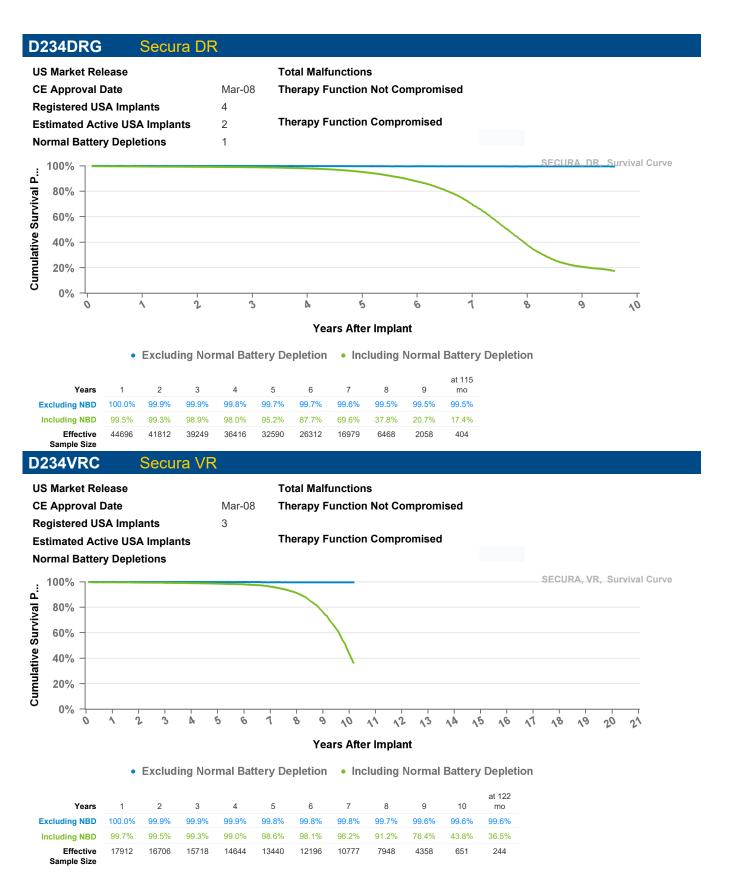
• Excluding Normal Battery Depletion • Including Normal Battery Depletion

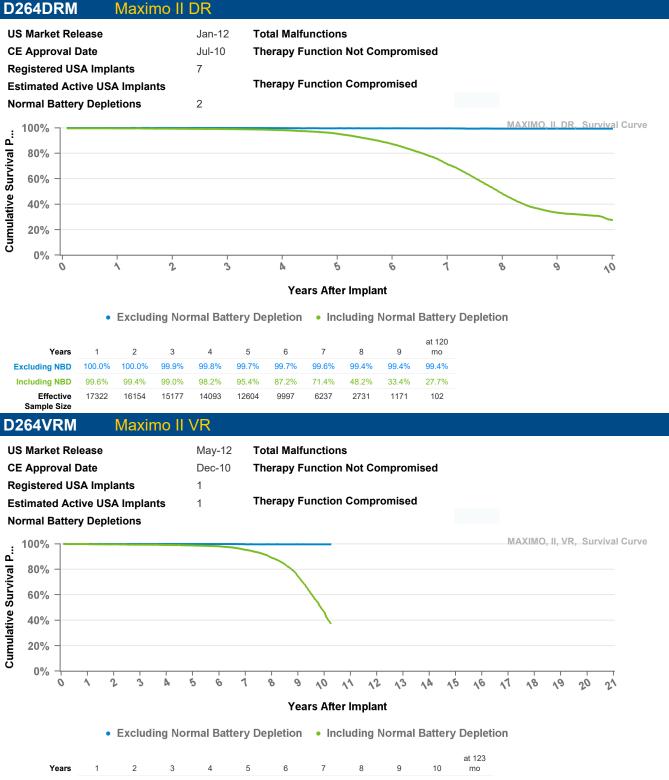
Years	1	2	3	4	5	6	7	8	9	at 115 mo
Excluding NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.7%	99.6%	99.5%	99.5%	99.5%
Including NBD	99.5%	99.3%	98.9%	98.0%	95.2%	87.7%	69.6%	37.8%	20.7%	17.4%
Effective Sample Size	44696	41812	39249	36416	32590	26312	16979	6468	2058	404



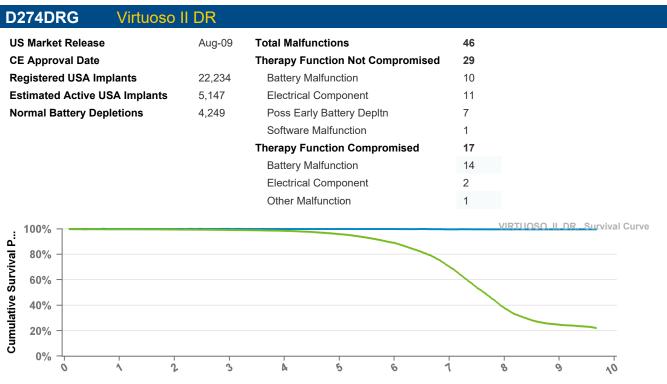
• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	at 122 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.7%	99.6%	99.6%	99.6%
Including NBD	99.7%	99.5%	99.3%	99.0%	98.6%	98.1%	96.2%	91.2%	76.4%	43.8%	36.5%
Effective Sample Size	17912	16706	15718	14644	13440	12196	10777	7948	4358	651	244





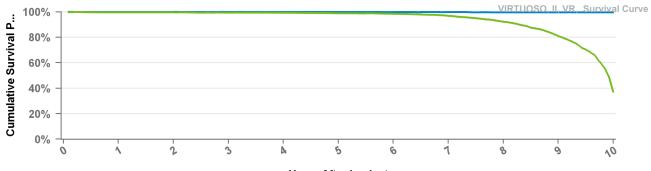
Years	1	2	3	4	5	6	7	8	9	10	mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%	99.9%	99.8%	99.8%	99.7%	99.7%	99.6%	99.6%
Including NBD	99.8%	99.6%	99.4%	99.2%	98.8%	98.1%	95.3%	89.1%	74.6%	46.7%	37.6%
Effective Sample Size	11020	10322	9706	9023	8291	7509	6546	4887	2615	494	167



Excluding Normal Battery Depletion Including Normal Battery Depletion

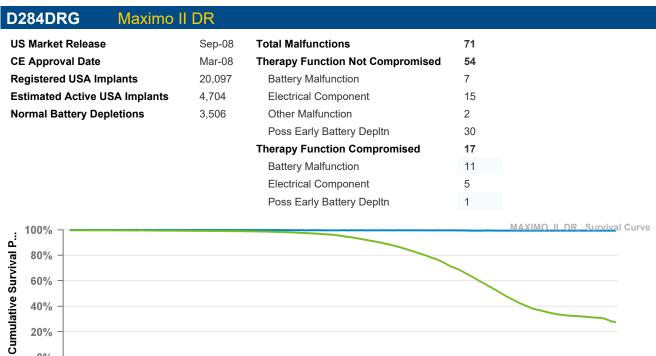
Years	1	2	3	4	5	6	7	8	9	at 116 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.7%	99.6%	99.6%	99.6%
Including NBD	99.7%	99.5%	99.1%	98.5%	95.9%	89.0%	70.2%	37.8%	24.7%	22.1%
Effective Sample Size	19039	17868	16815	15621	13916	11174	7165	3097	1423	115

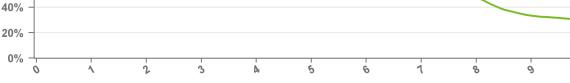
D274VRC Virtuoso I	I VR		
US Market Release	Aug-09	Total Malfunctions	20
CE Approval Date		Therapy Function Not Compromised	13
Registered USA Implants	9,127	Battery Malfunction	6
Estimated Active USA Implants	3,046	Electrical Component	4
Normal Battery Depletions	674	Poss Early Battery Depltn	2
		Software Malfunction	1
		Therapy Function Compromised	7
		Battery Malfunction	6
		Electrical Component	1



Excluding Normal Battery Depletion
 Including Normal Battery Depletion

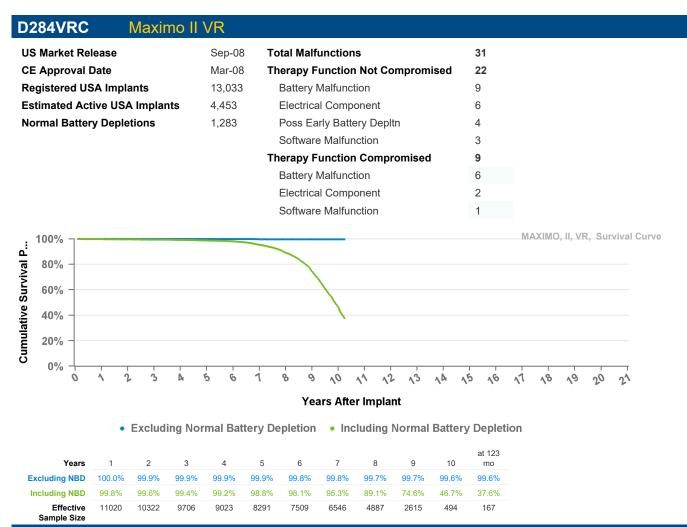
Years	1	2	3	4	5	6	7	8	9	at 120 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%	99.7%	99.7%	99.6%
Including NBD	99.6%	99.6%	99.4%	99.3%	98.9%	98.5%	96.9%	92.2%	80.9%	37.2%
Effective Sample Size	7630	7157	6749	6283	5797	5269	4677	3824	2360	124



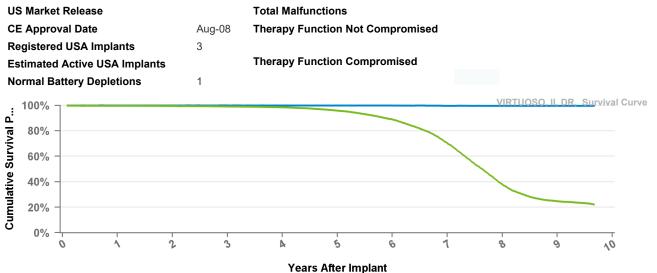


Excluding Normal Battery Depletion Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	at 120 mo
Excluding NBD	100.0%	100.0%	99.9%	99.8%	99.7%	99.7%	99.6%	99.4%	99.4%	99.4%
Including NBD	99.6%	99.4%	99.0%	98.2%	95.4%	87.2%	71.4%	48.2%	33.4%	27.7%
Effective Sample Size	17322	16154	15177	14093	12604	9997	6237	2731	1171	102

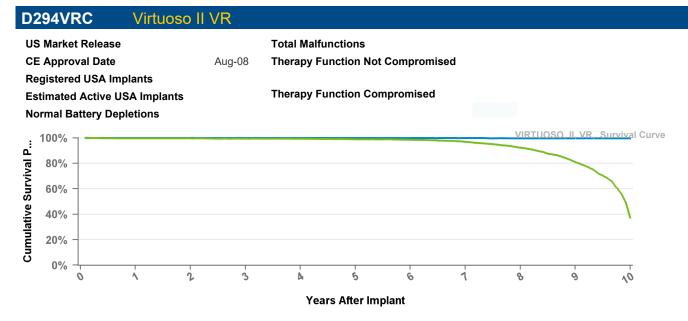






• Excluding Normal Battery Depletion • Including Normal Battery Depletion

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%	99.9%	99.7%	99.6%	99.6%	99.6%
Including NBD	99.7%	99.5%	99.1%	98.5%	95.9%	89.0%	70.2%	37.8%	24.7%	22.1%
Effective Sample Size	19039	17868	16815	15621	13916	11174	7165	3097	1423	115

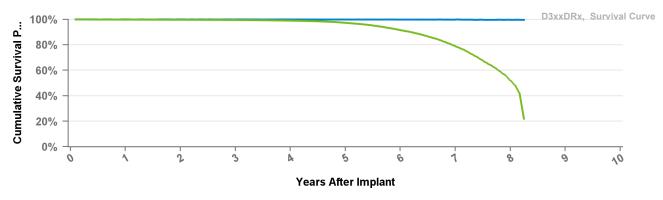


• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	at 120 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%	99.7%	99.7%	99.6%
Including NBD	99.6%	99.6%	99.4%	99.3%	98.9%	98.5%	96.9%	92.2%	80.9%	37.2%
Effective Sample Size	7630	7157	6749	6283	5797	5269	4677	3824	2360	124

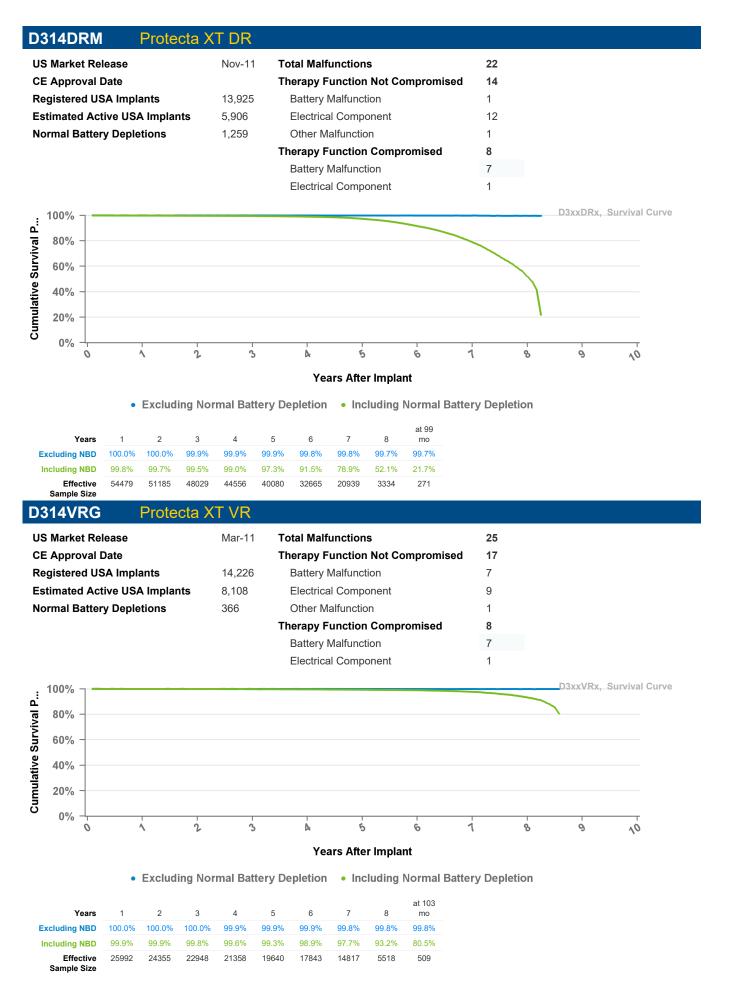
D314DRG Protecta XT DR

US Market Release	Mar-11	Total Malfunctions	71
CE Approval Date		Therapy Function Not Compromised	39
Registered USA Implants	34,845	Battery Malfunction	7
Estimated Active USA Implants	12,032	Electrical Component	26
Normal Battery Depletions	3,673	Electrical Interconnect	1
		Other Malfunction	1
		Poss Early Battery Depltn	4
		Therapy Function Compromised	32
		Battery Malfunction	25
		Electrical Component	7



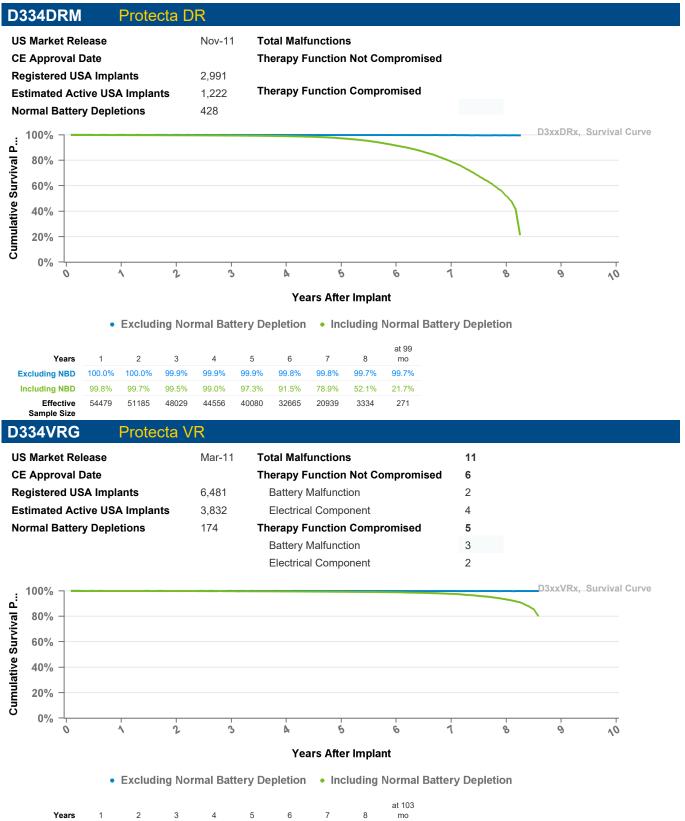
• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	at 99 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.7%	99.7%
Including NBD	99.8%	99.7%	99.5%	99.0%	97.3%	91.5%	78.9%	52.1%	21.7%
Effective Sample Size	54479	51185	48029	44556	40080	32665	20939	3334	271



Medtronic CRHF Product Performance Report





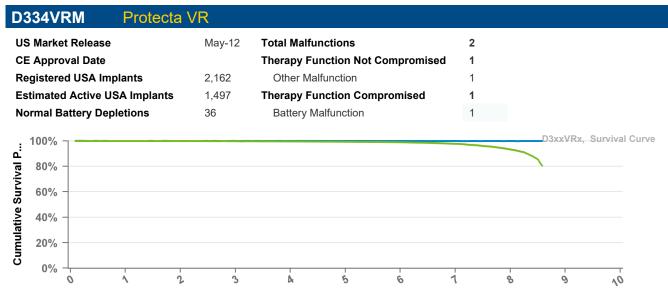
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	
Including NBD	99.9%	99.9%	99.8%	99.6%	99.3%	98.9%	97.7%	
Effective Sample Size	25992	24355	22948	21358	19640	17843	14817	

99.8%

93.2%

5518

99.8% 80.5%

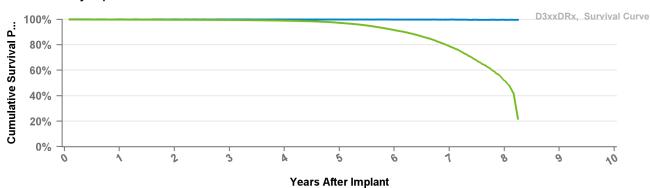


• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	at 103 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	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%	93.2%	80.5%
Effective Sample Size	25992	24355	22948	21358	19640	17843	14817	5518	509

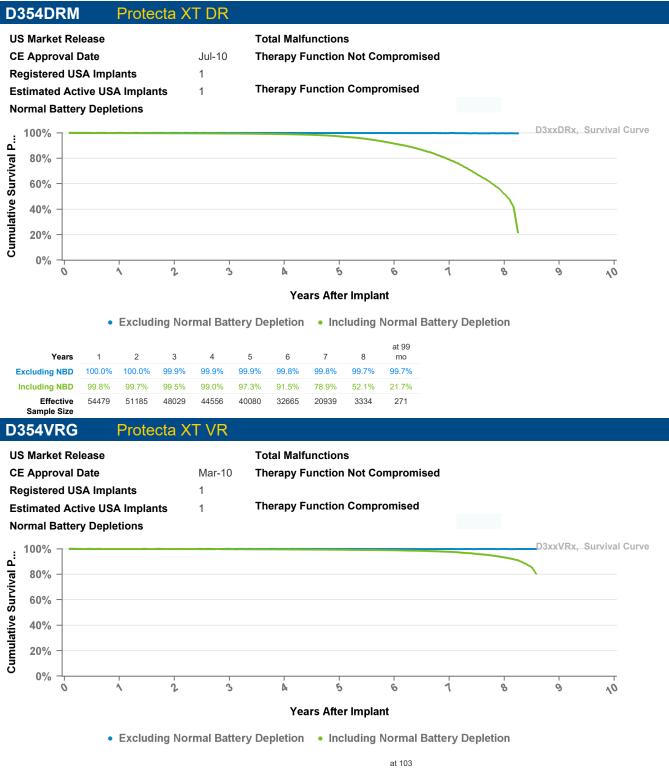
D354DRG Protecta XT DR

US Market Release		Total Malfunctions
CE Approval Date	Mar-10	Therapy Function Not Compromised
Registered USA Implants	4	
Estimated Active USA Implants	2	Therapy Function Compromised
Normal Battery Depletions		

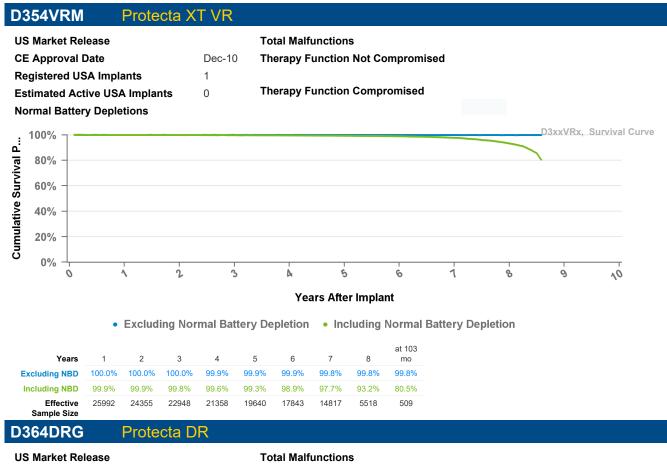


• Excluding Normal Battery Depletion • Including Normal Battery Depletion

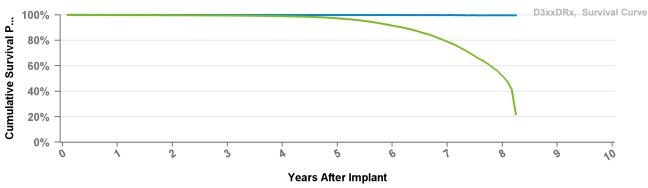
Years	1	2	3	4	5	6	7	8	at 99 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.7%	99.7%
Including NBD	99.8%	99.7%	99.5%	99.0%	97.3%	91.5%	78.9%	52.1%	21.7%
Effective Sample Size	54479	51185	48029	44556	40080	32665	20939	3334	271



Years	1	2	3	4	5	6	7	8	at 103 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	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%	93.2%	80.5%
Effective Sample Size	25992	24355	22948	21358	19640	17843	14817	5518	509

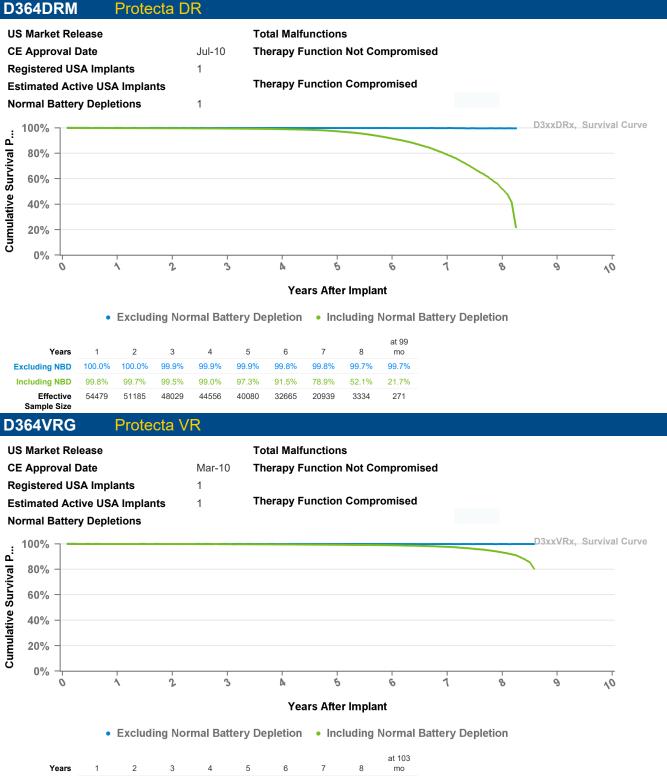


CE Approval Date	Mar-10	Therapy Function Not Compromised
Registered USA Implants	3	
Estimated Active USA Implants	2	Therapy Function Compromised
Normal Battery Depletions		



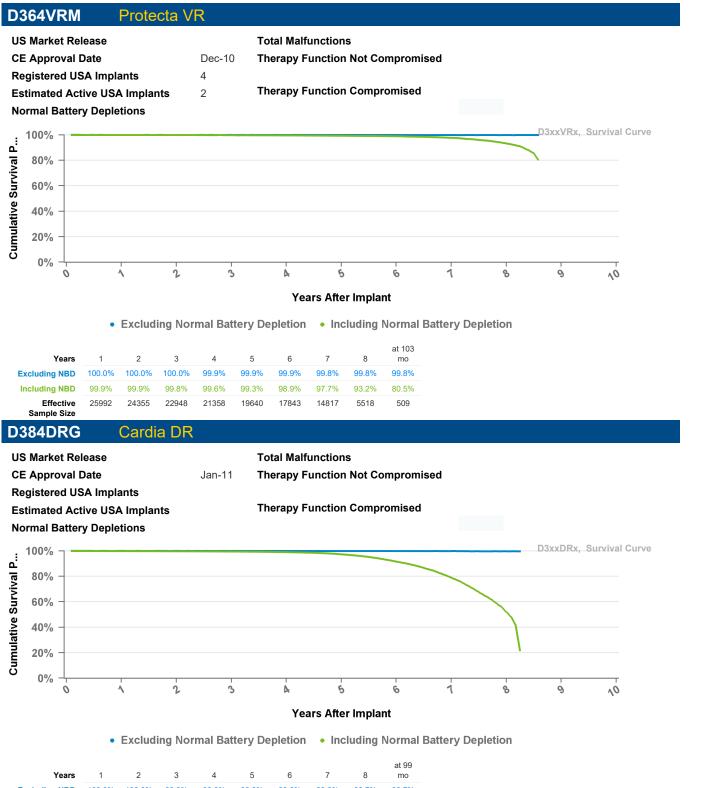
Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	at 99 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.7%	99.7%
Including NBD	99.8%	99.7%	99.5%	99.0%	97.3%	91.5%	78.9%	52.1%	21.7%
Effective Sample Size	54479	51185	48029	44556	40080	32665	20939	3334	271

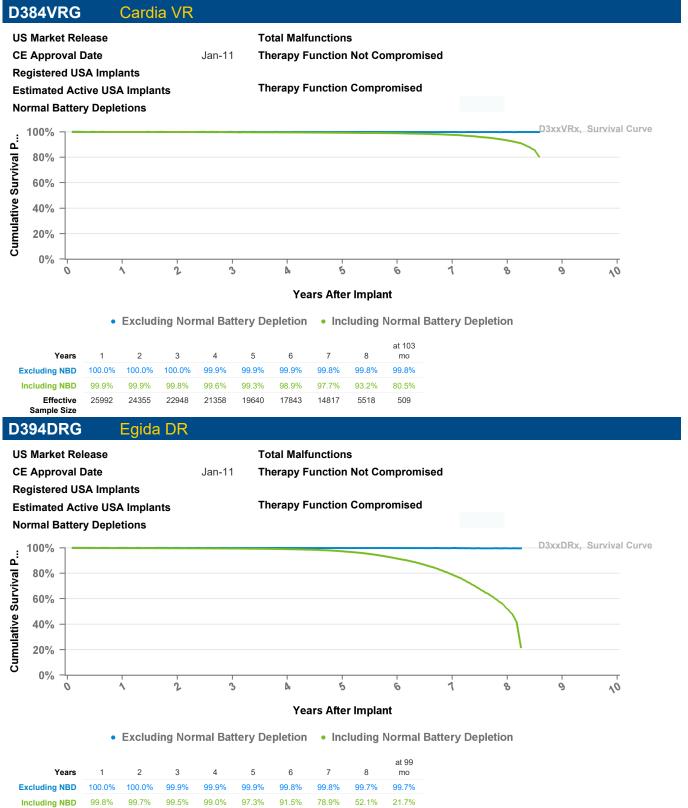


Years	1	2	3	4	5	6	7	8	mo	
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	
Including NBD	99.9%	99.9%	99.8%	99.6%	99.3%	98.9%	97.7%	93.2%	80.5%	
Effective Sample Size	25992	24355	22948	21358	19640	17843	14817	5518	509	

Medtronic CRHF Product Performance Report

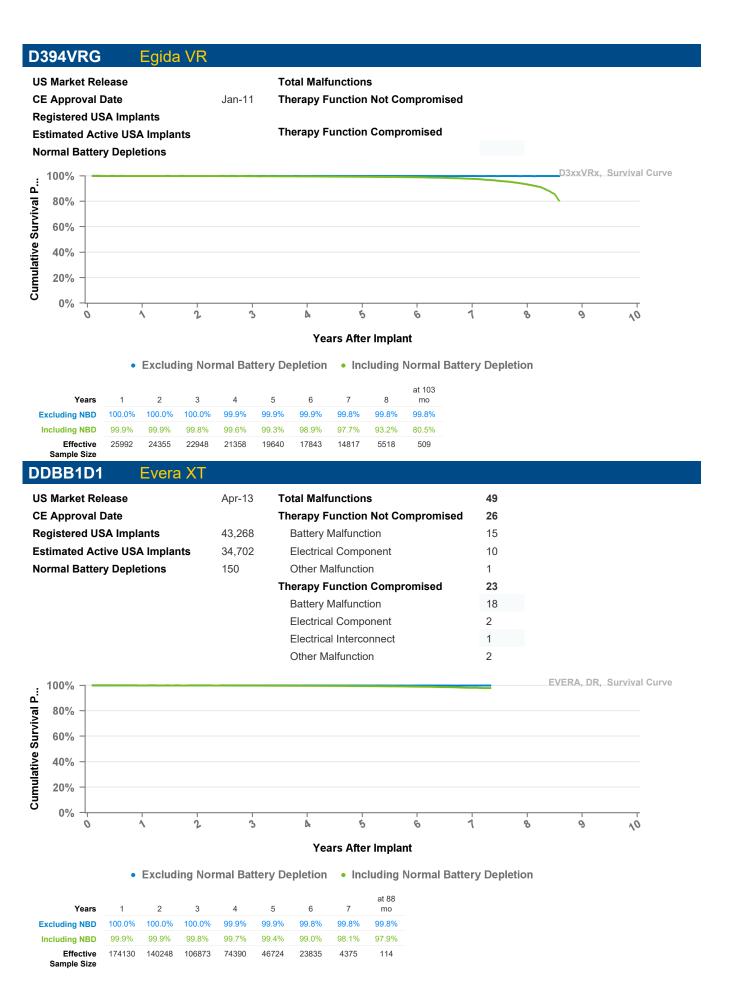


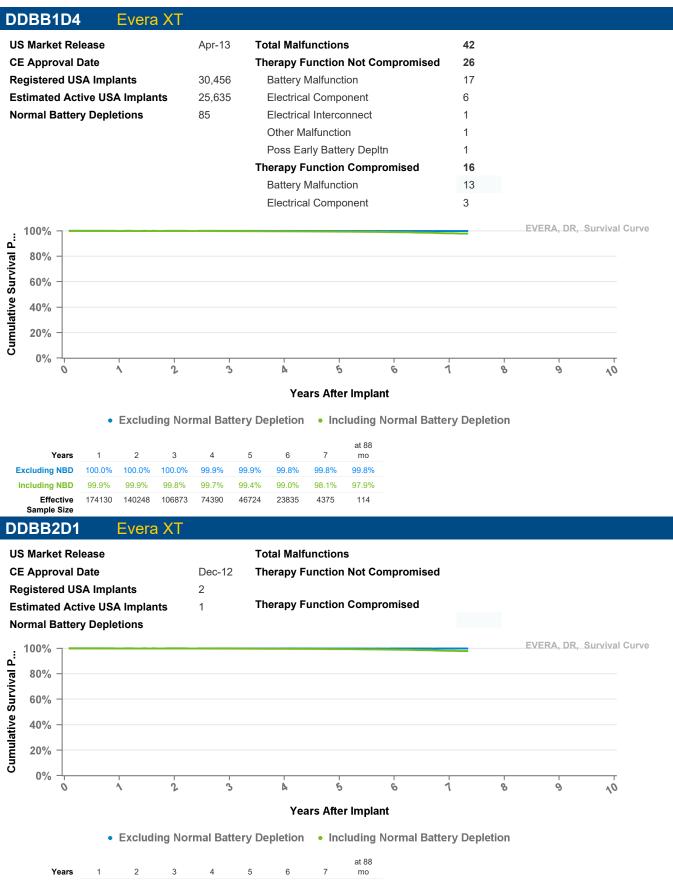
Years	1	2	3	4	5	6	7	8	mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.7%	99.7%
Including NBD	99.8%	99.7%	99.5%	99.0%	97.3%	91.5%	78.9%	52.1%	21.7%
Effective Sample Size	54479	51185	48029	44556	40080	32665	20939	3334	271



Effective 54479 51185 48029 44556 40080 32665 20939 3334

Sample Size

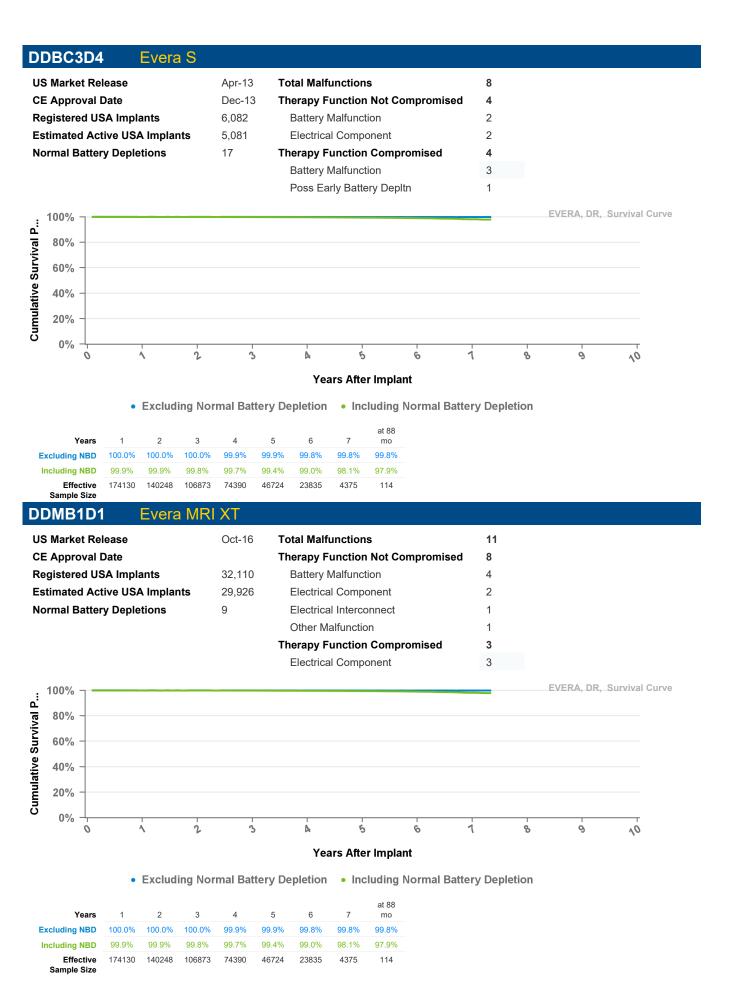


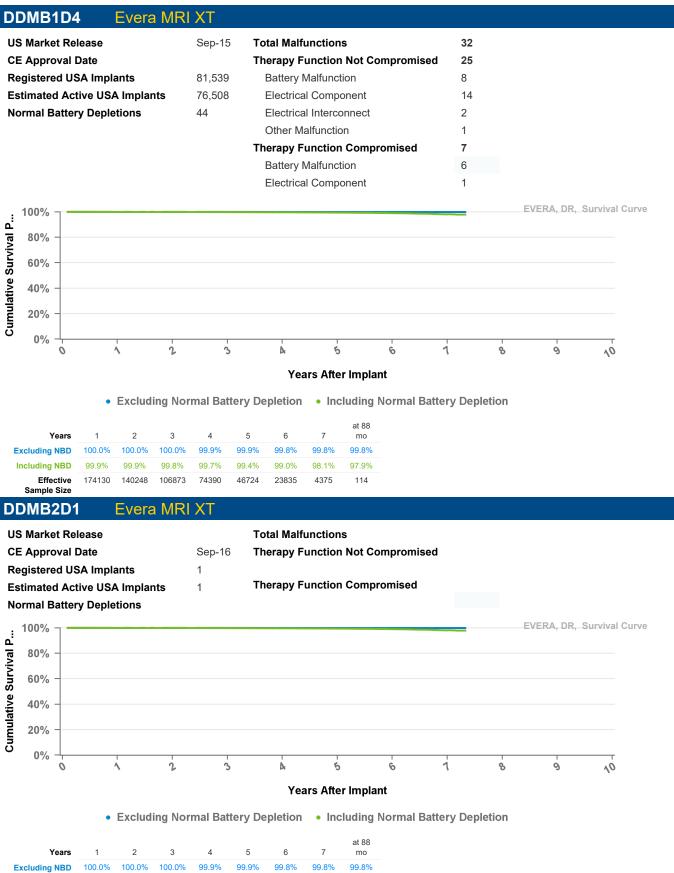


Years	1	2	3	4	5	6	7	mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.9%	99.8%	99.7%	99.4%	99.0%	98.1%	97.9%
Effective Sample Size	174130	140248	106873	74390	46724	23835	4375	114

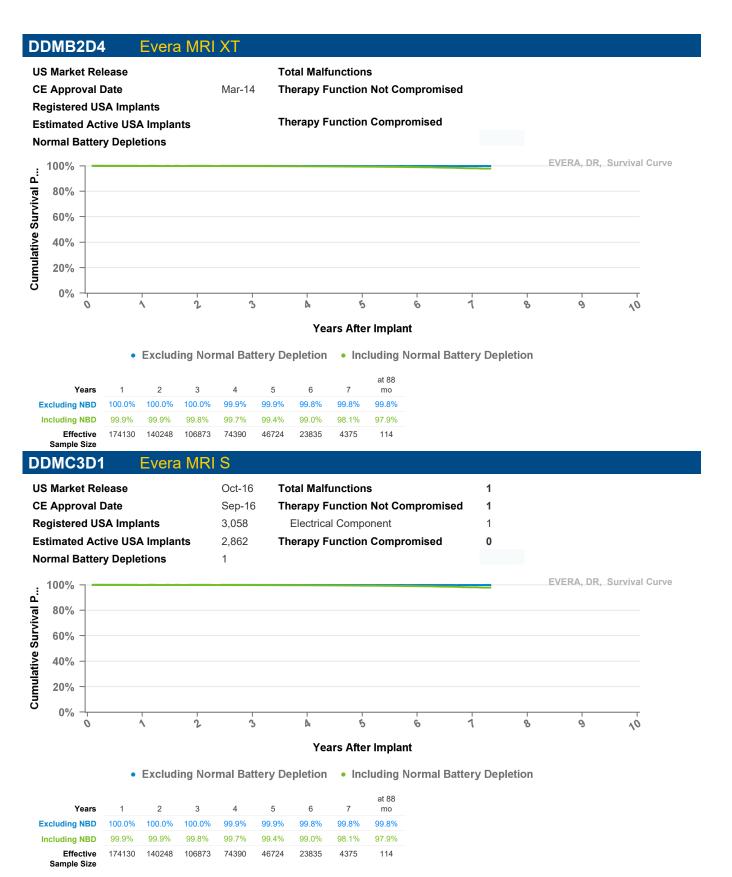


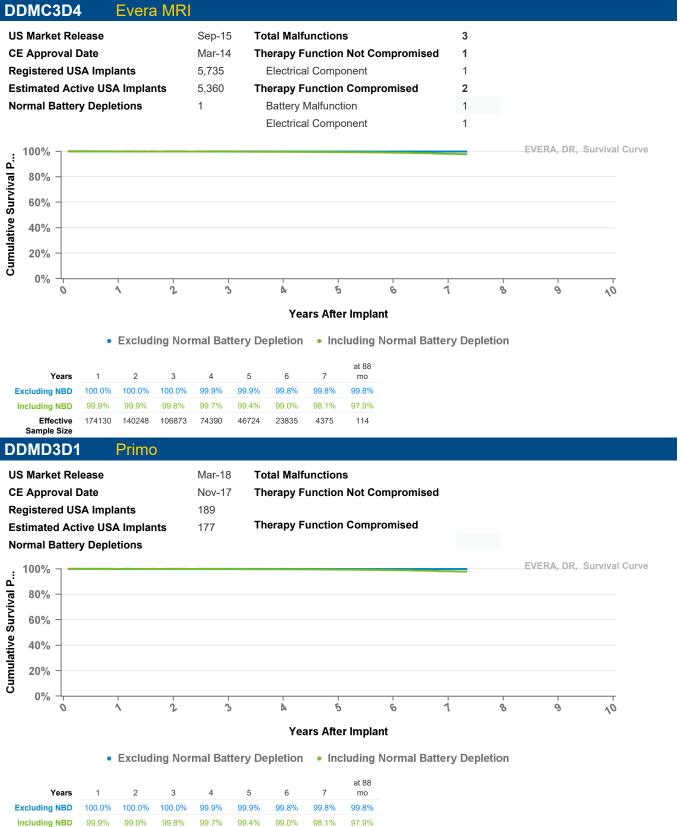
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.9%	99.8%	99.7%	99.4%	99.0%	98.1%	97.9%
Effective Sample Size	174130	140248	106873	74390	46724	23835	4375	114





97.9%

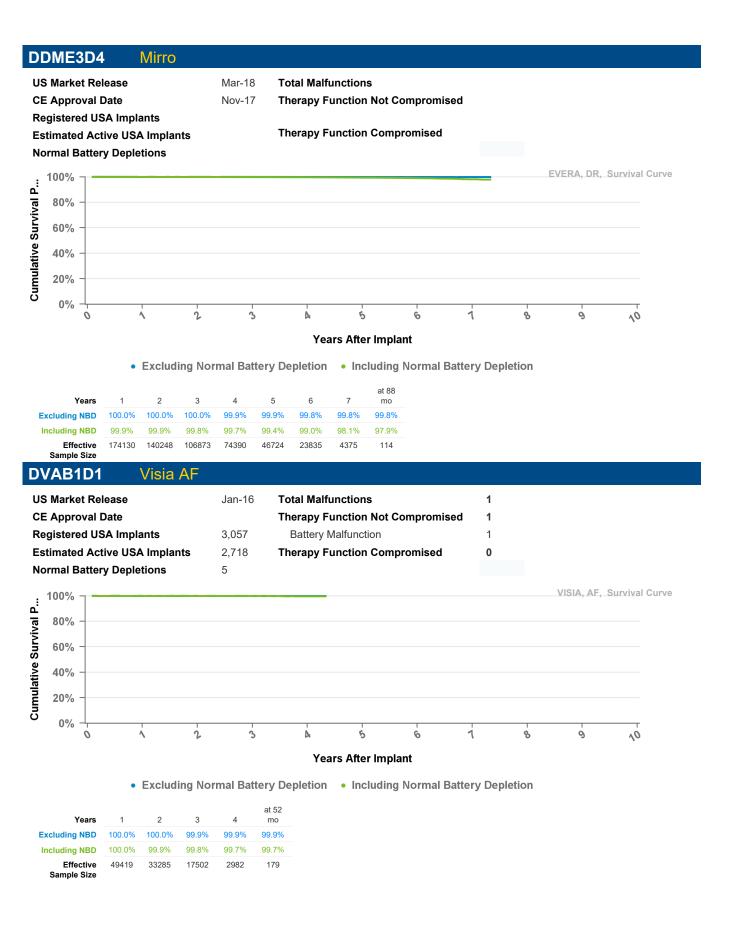


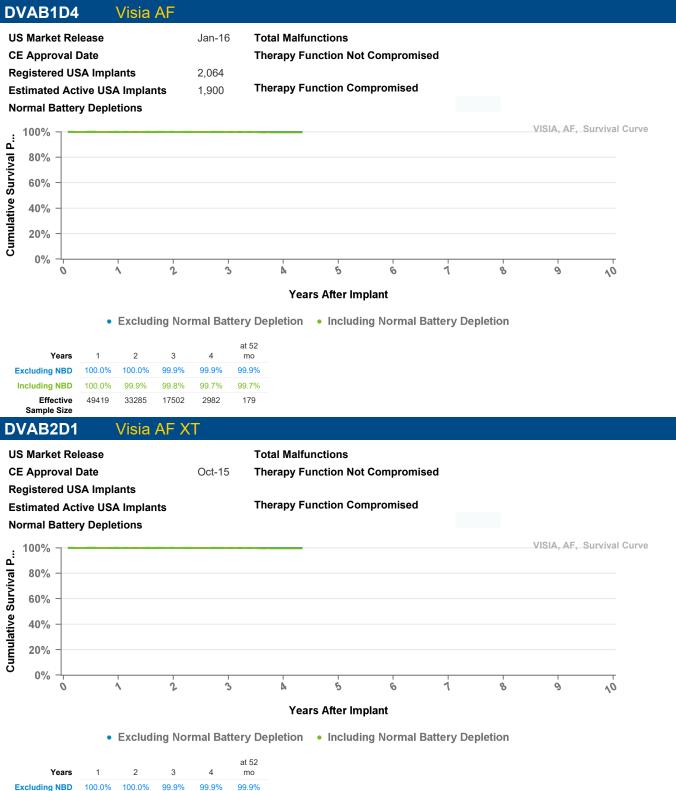


Including NBD 99.9% 99.9% 99.8% 99.7% 99.4% 99.0% 98.1% 23835 Effective 174130 140248 106873 74390 46724 4375 Sample Size

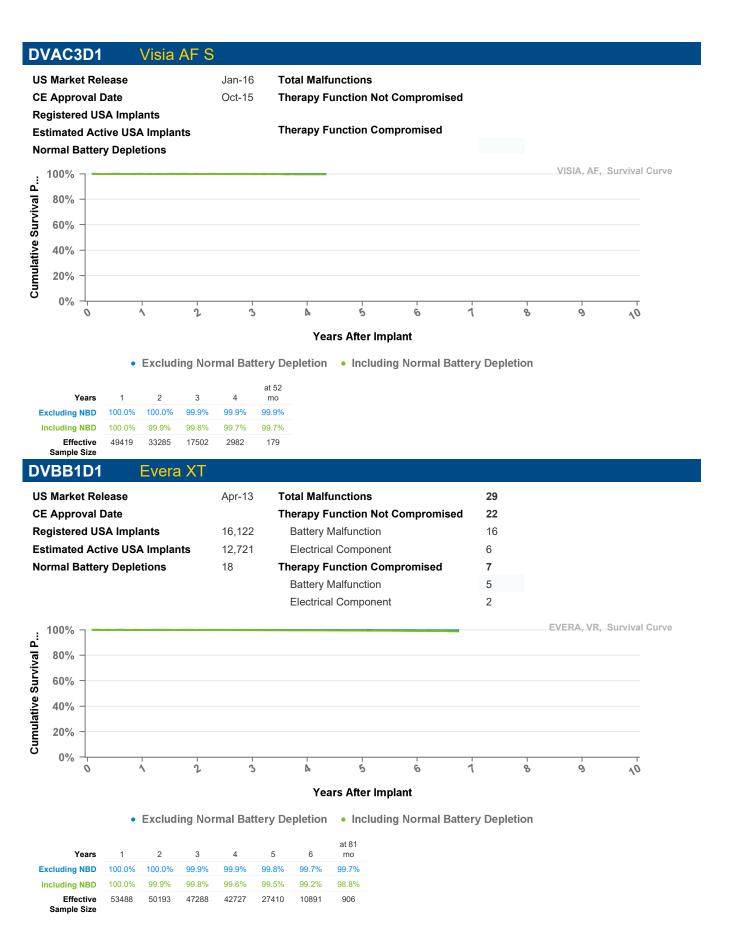


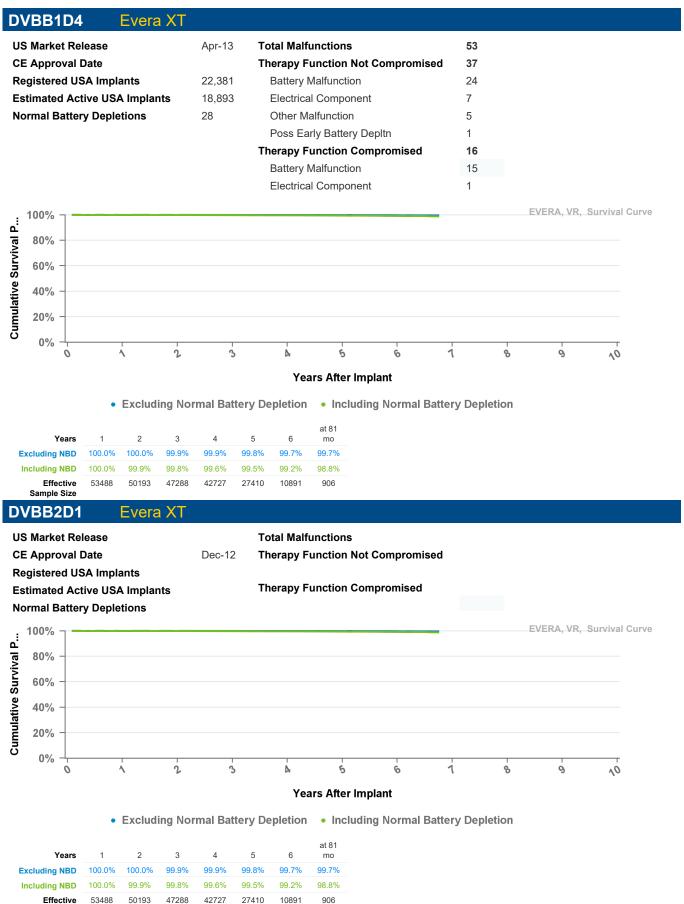
Sample Size



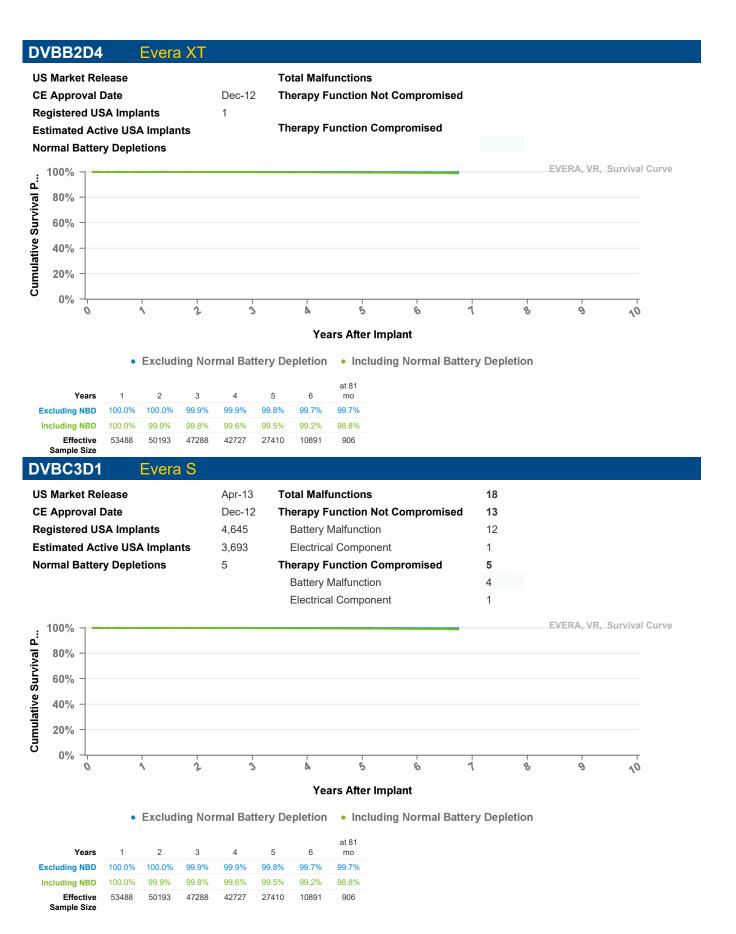


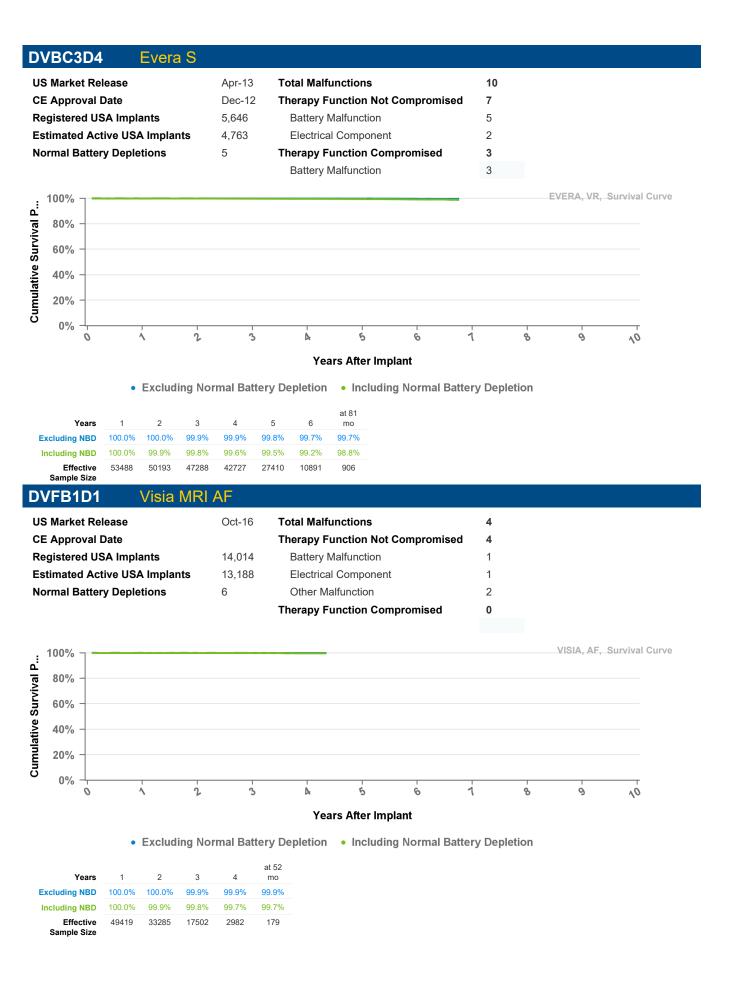
Years	1	2	3	4	mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.8%	99.7%	99.7%
Effective Sample Size	49419	33285	17502	2982	179

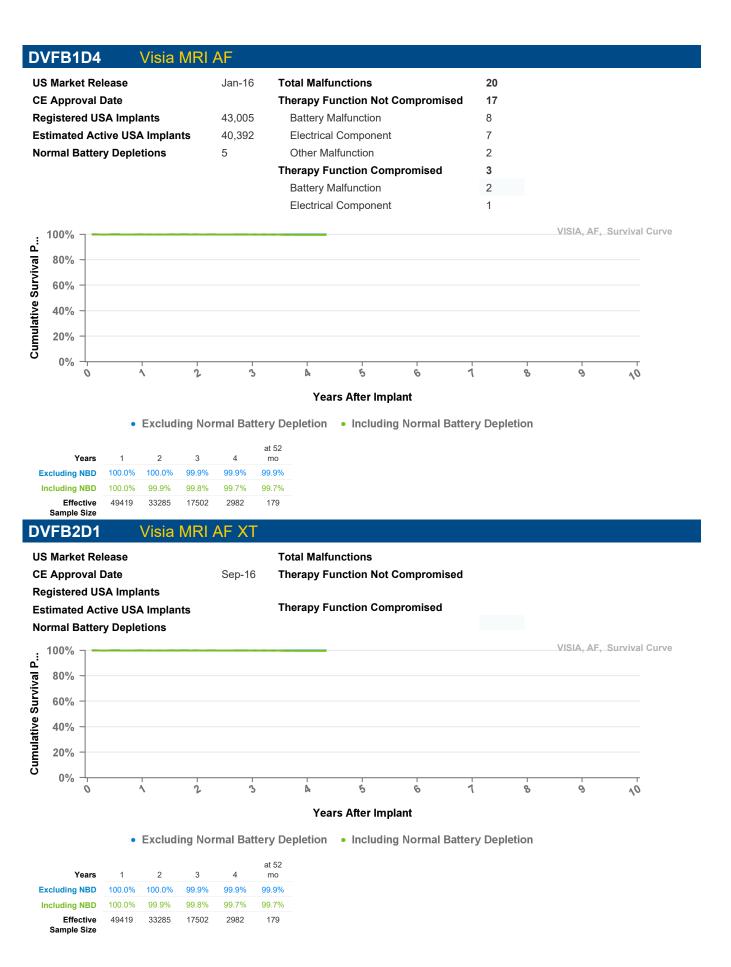


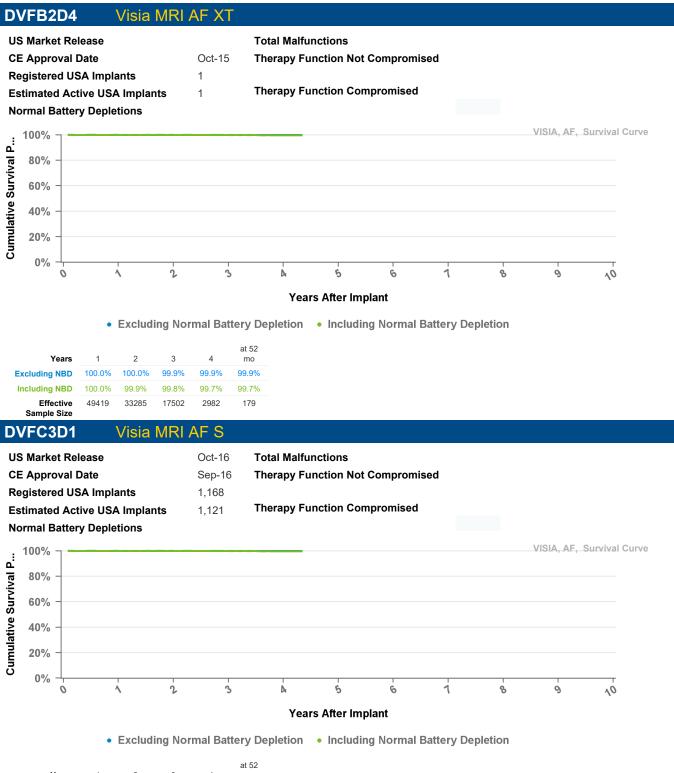


Sample Size





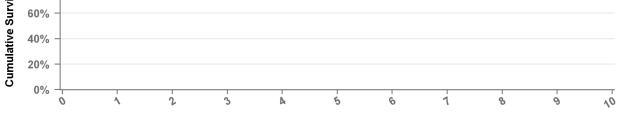




Years	1	2	3	4	at 52 mo	
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	
Including NBD	100.0%	99.9%	99.8%	99.7%	99.7%	
Effective Sample Size	49419	33285	17502	2982	179	

DVFC3D4 Visia MRI AF S US Market Release Jan-16 Total Malfunctions

US Market Release	Jan-16	Total Malfunctions	1	
CE Approval Date	Oct-15	Therapy Function Not Compromised	1	
Registered USA Implants	2,534	Battery Malfunction	1	
Estimated Active USA Implants	2,414	Therapy Function Compromised	0	
Normal Battery Depletions	2			
100%				VISIA, AF, Survival Curve
ixal %08				



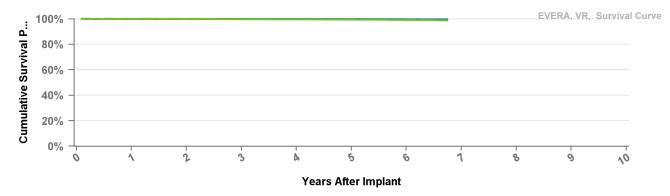
Years After Implant

• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	at 52 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.8%	99.7%	99.7%
Effective Sample Size	49419	33285	17502	2982	179

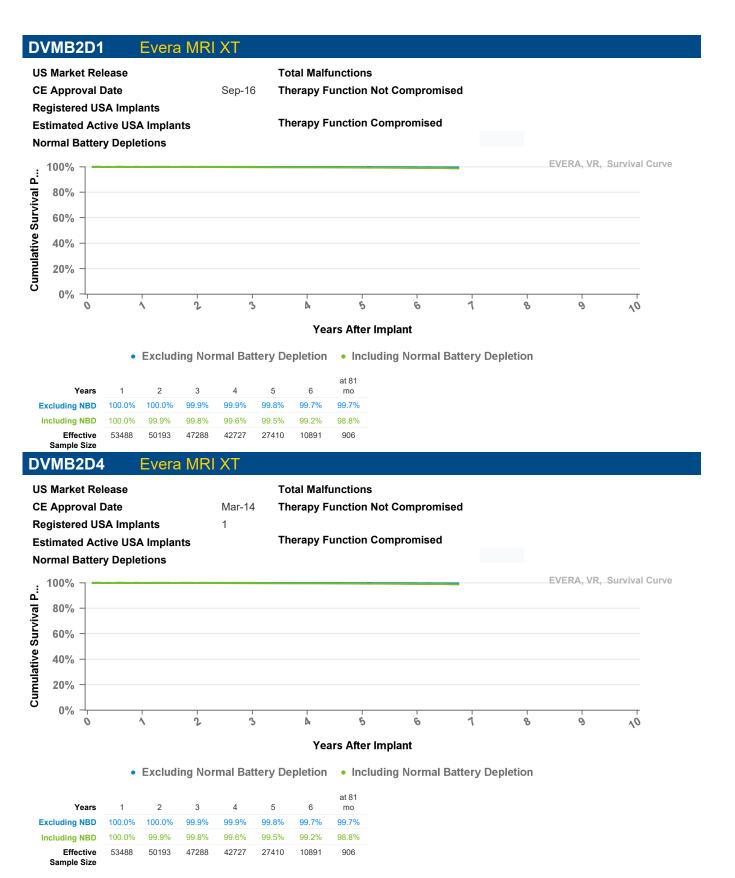
DVMB1D4 Evera MRI XT

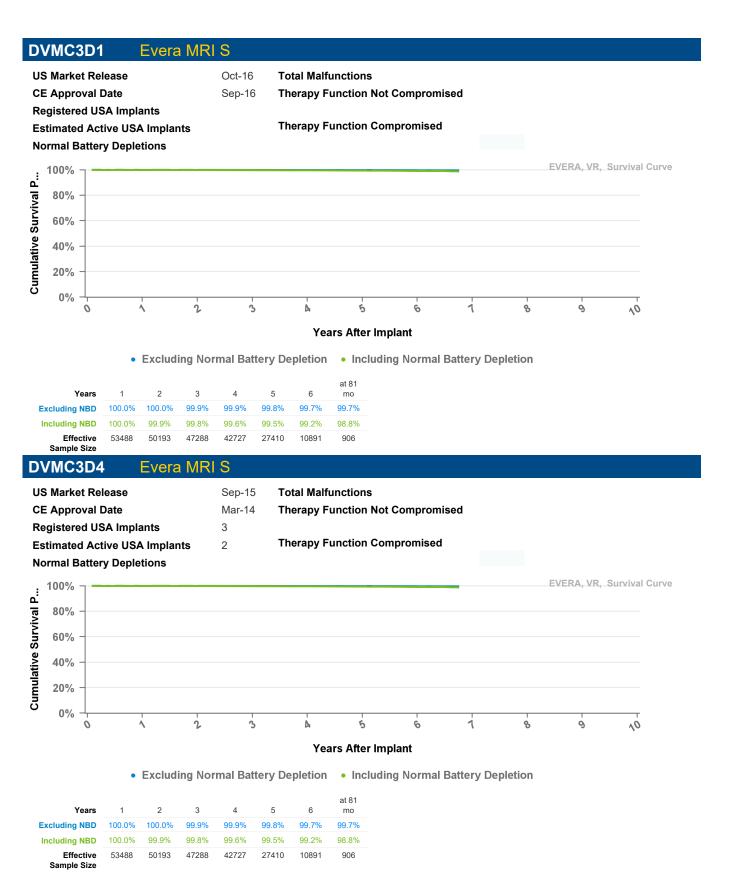
US Market Release	Sep-15	Total Malfunctions	10
CE Approval Date		Therapy Function Not Compromised	7
Registered USA Implants	10,625	Battery Malfunction	2
Estimated Active USA Implants	9,501	Electrical Component	3
Normal Battery Depletions	7	Other Malfunction	2
		Therapy Function Compromised	3
		Battery Malfunction	3

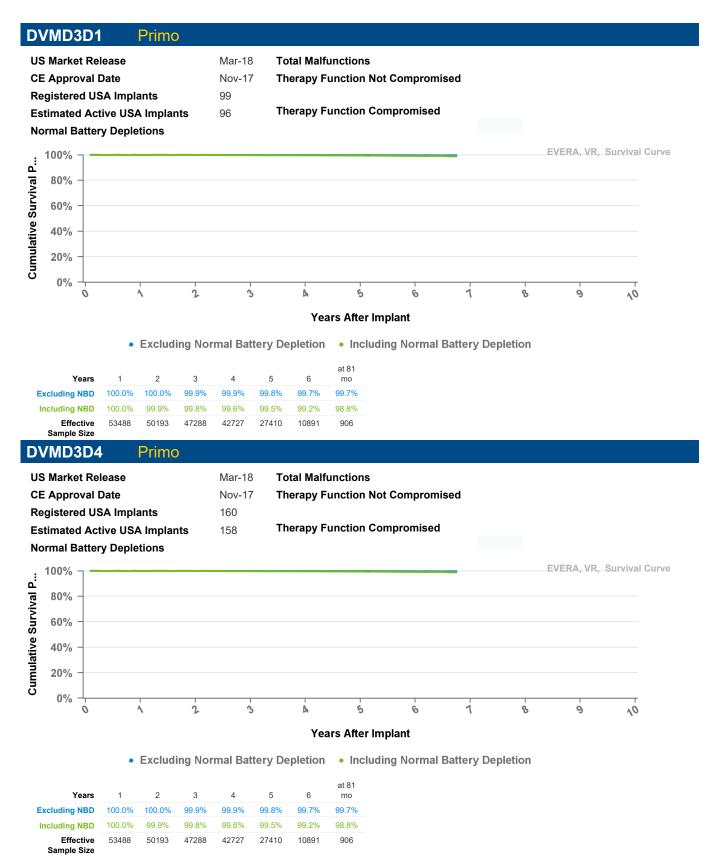


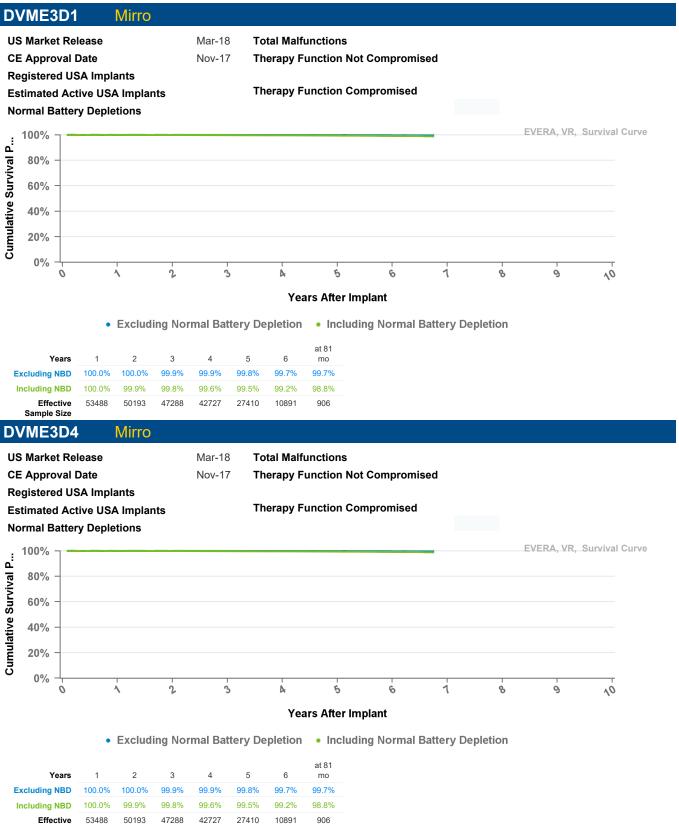
Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	2	3	4	5	6	at 81 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.8%	99.7%	99.7%
Including NBD	100.0%	99.9%	99.8%	99.6%	99.5%	99.2%	98.8%
Effective Sample Size	53488	50193	47288	42727	27410	10891	906

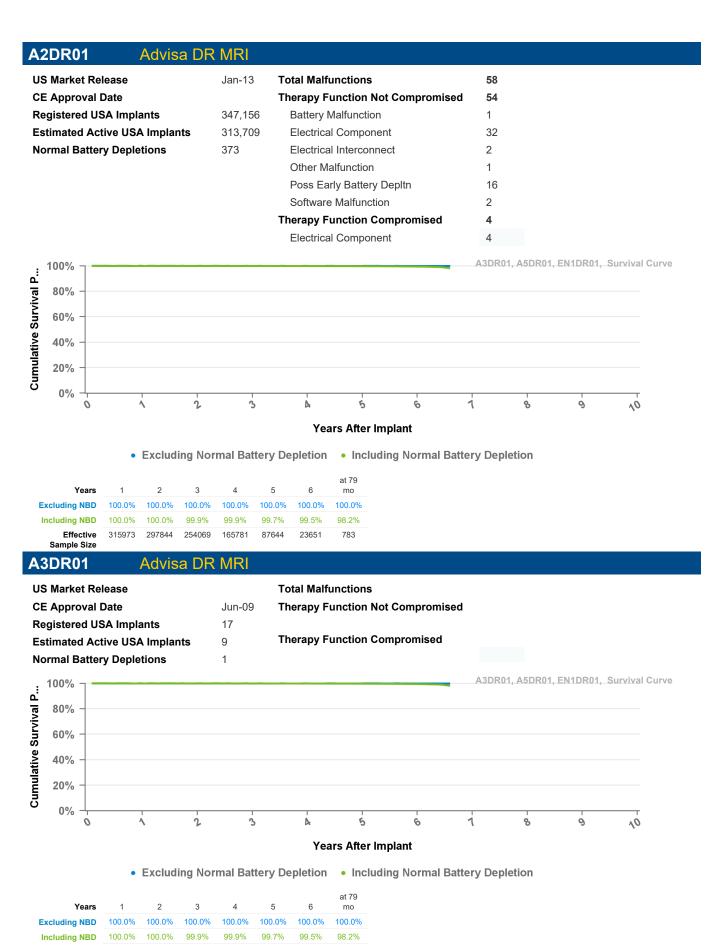




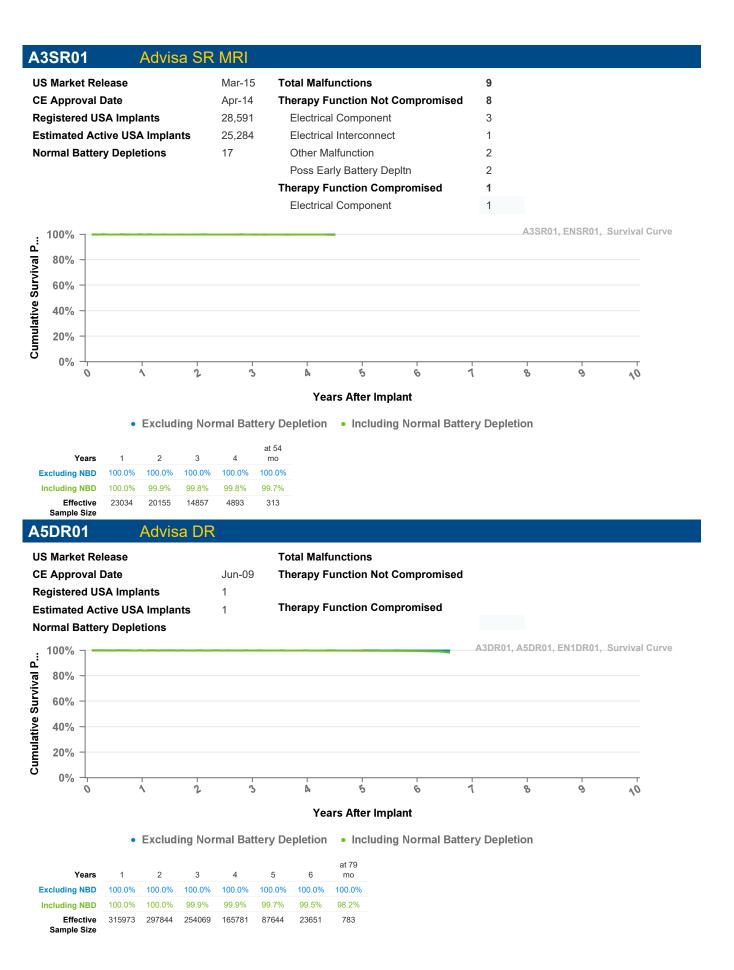


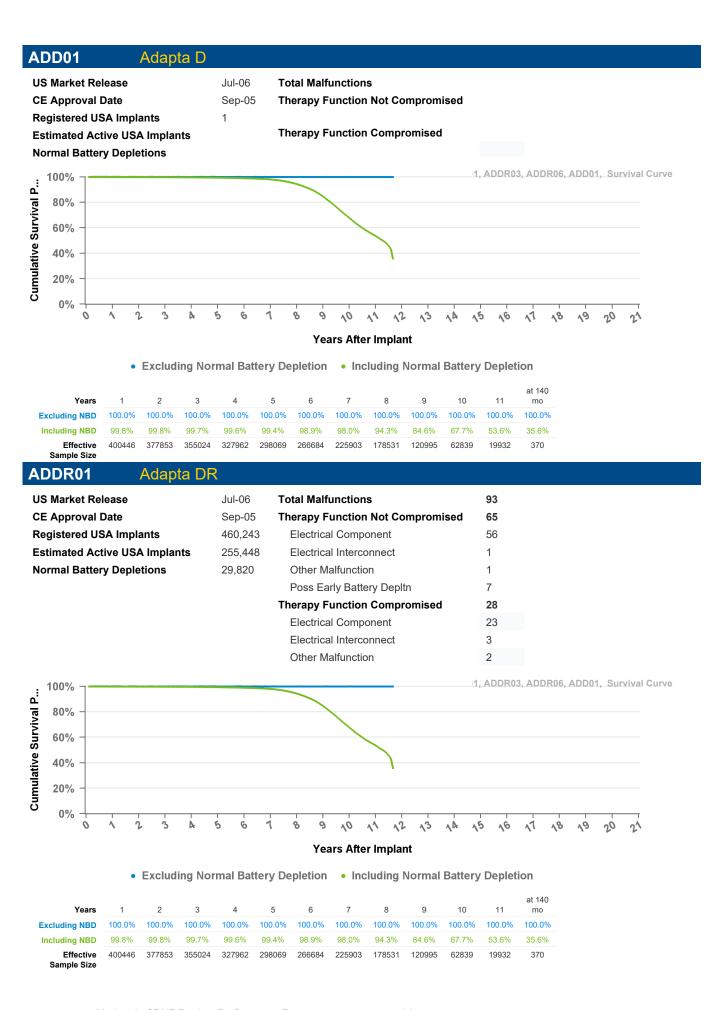


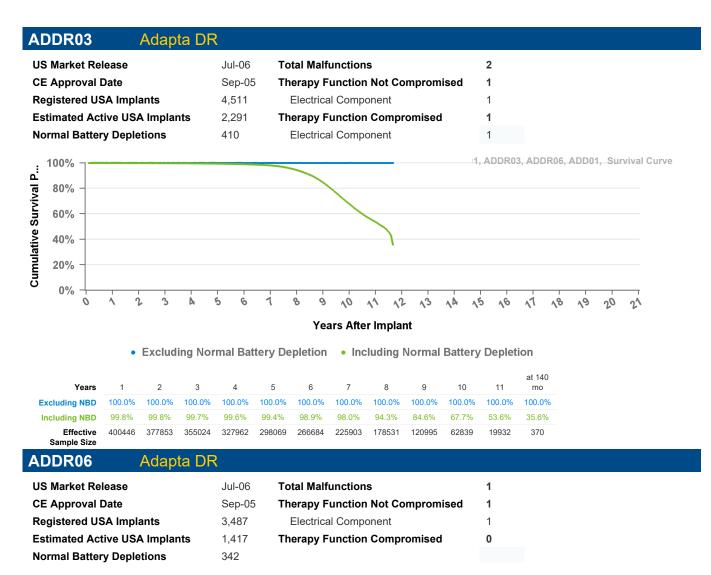
Sample Size

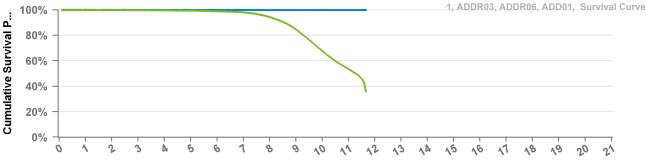


Effective Sample Size	315973	297844	254069	165781	87644	23651	783









Years After Implant

• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	at 140 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	99.8%	99.8%	99.7%	99.6%	99.4%	98.9%	98.0%	94.3%	84.6%	67.7%	53.6%	35.6%
Effective Sample Size	400446	377853	355024	327962	298069	266684	225903	178531	120995	62839	19932	370

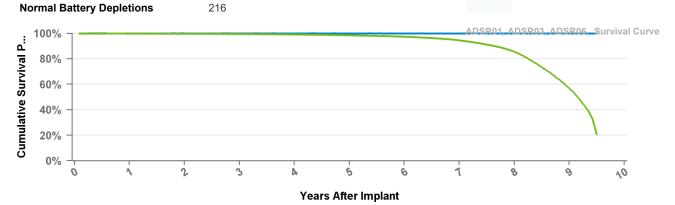




• Excluding Normal Battery Depletion • Including Normal Battery Depletion

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%	85.5%	56.6%	20.8%
Effective Sample Size	73578	64702	57261	49709	42373	33271	23784	14074	4293	415

ADSR06 Adapta SR **US Market Release** Jul-06 **Total Malfunctions** 2 Sep-05 **Therapy Function Not Compromised** 2 **CE Approval Date Registered USA Implants** 2,854 Electrical Component 2 **Estimated Active USA Implants** 1,109 **Therapy Function Compromised** 0

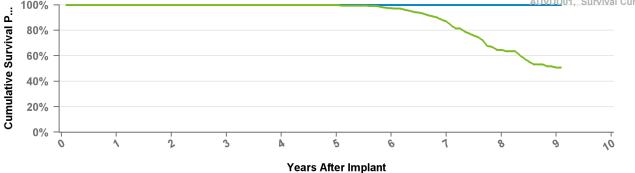


Excluding Normal Battery Depletion
 Including Normal Battery Depletion

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%	85.5%	56.6%	20.8%
Effective Sample Size	73578	64702	57261	49709	42373	33271	23784	14074	4293	415

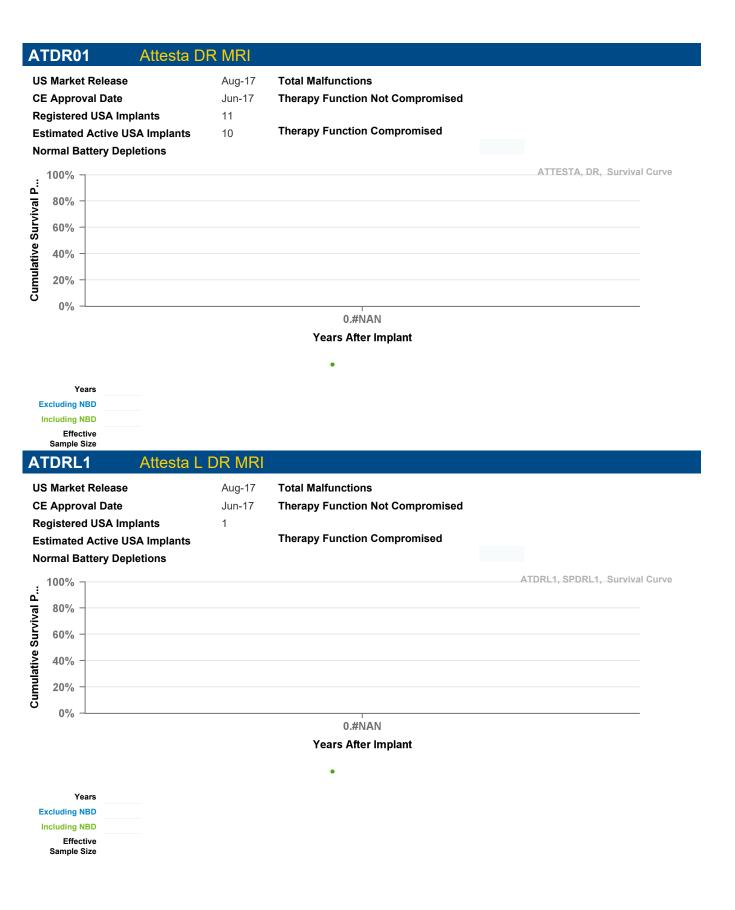
ADVDD01 Adapta VDD

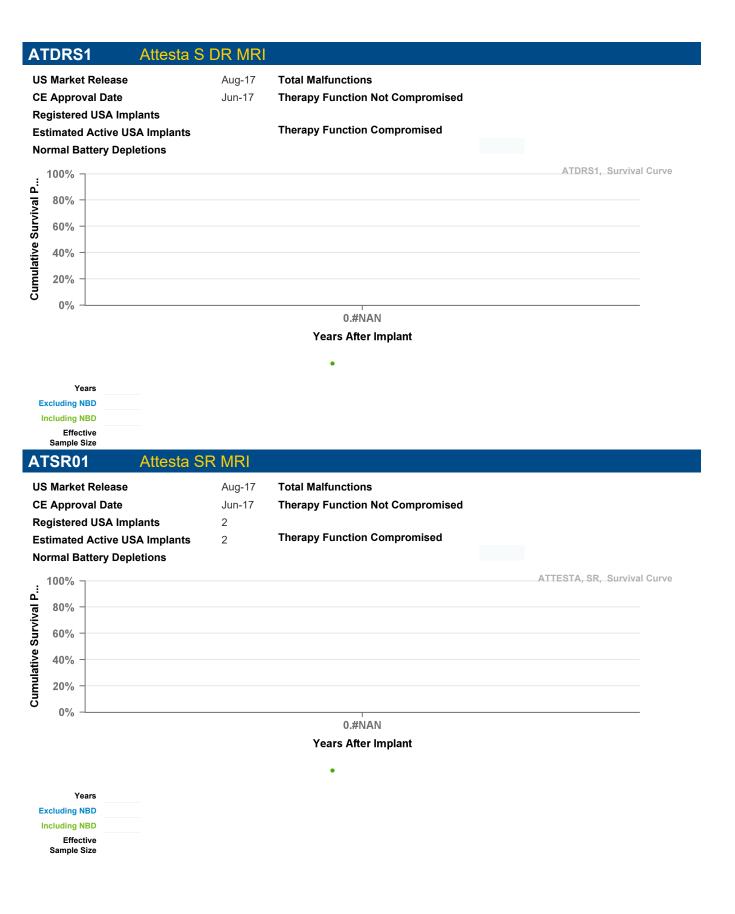
US Market Release	Jul-06	Total Malfunctions
CE Approval Date	Sep-05	Therapy Function Not Compromised
Registered USA Implants	1,421	
Estimated Active USA Implants	648	Therapy Function Compromised
Normal Battery Depletions	94	
4000/		

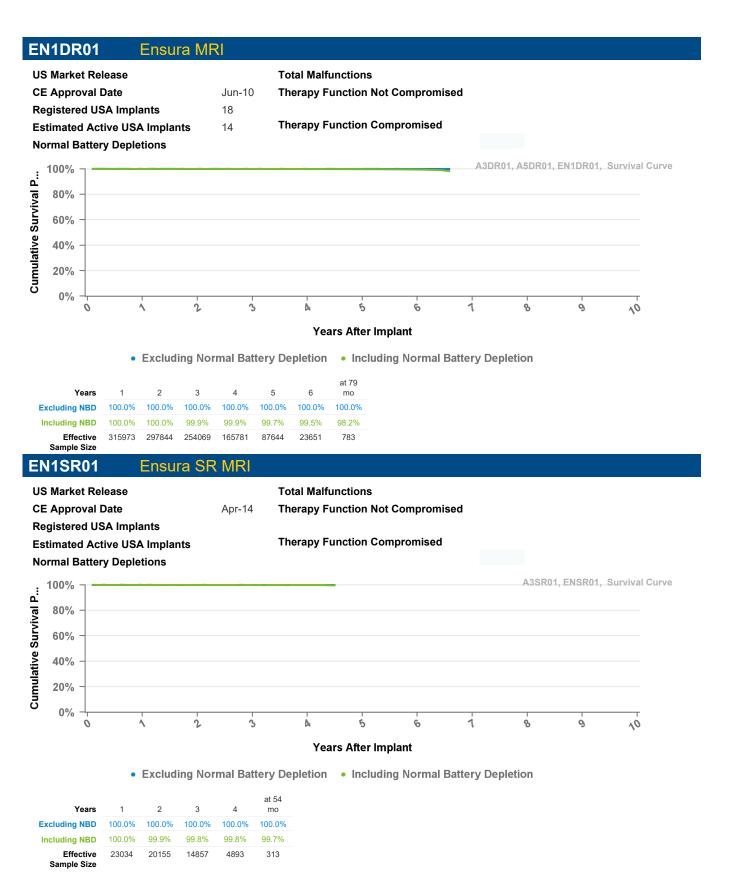




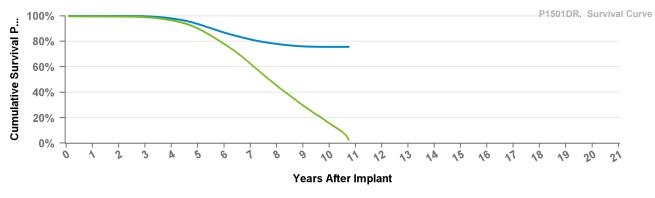
Years	1	2	3	4	5	6	7	8	9	at 109 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	100.0%	100.0%	100.0%	100.0%	97.3%	87.0%	64.7%	50.7%	50.7%
Effective Sample Size	1223	1144	1017	921	826	703	513	248	111	100





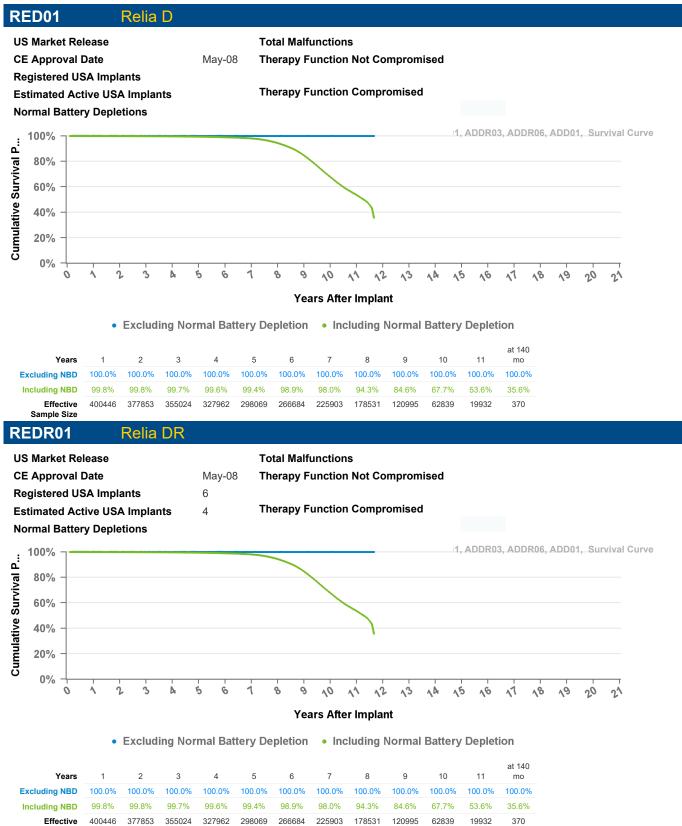


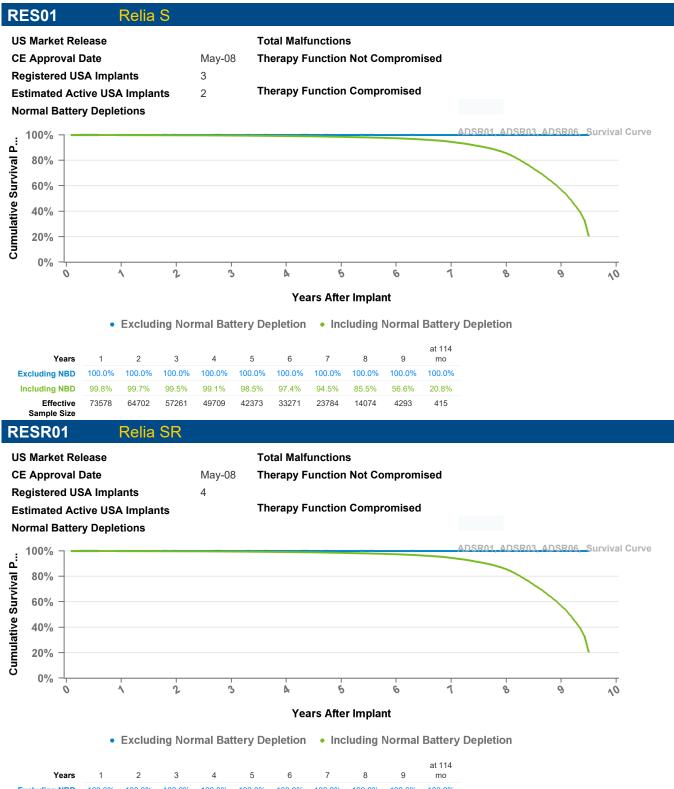
P1501DR EnRhy	thm DR		
US Market Release	May-05	Total Malfunctions	15,074
CE Approval Date	Aug-04	Therapy Function Not Compromised	15,019
Registered USA Implants	109,829	Battery Malfunction	14,888
Estimated Active USA Implants	1 7,101	Electrical Component	59
Normal Battery Depletions	17,172	Electrical 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



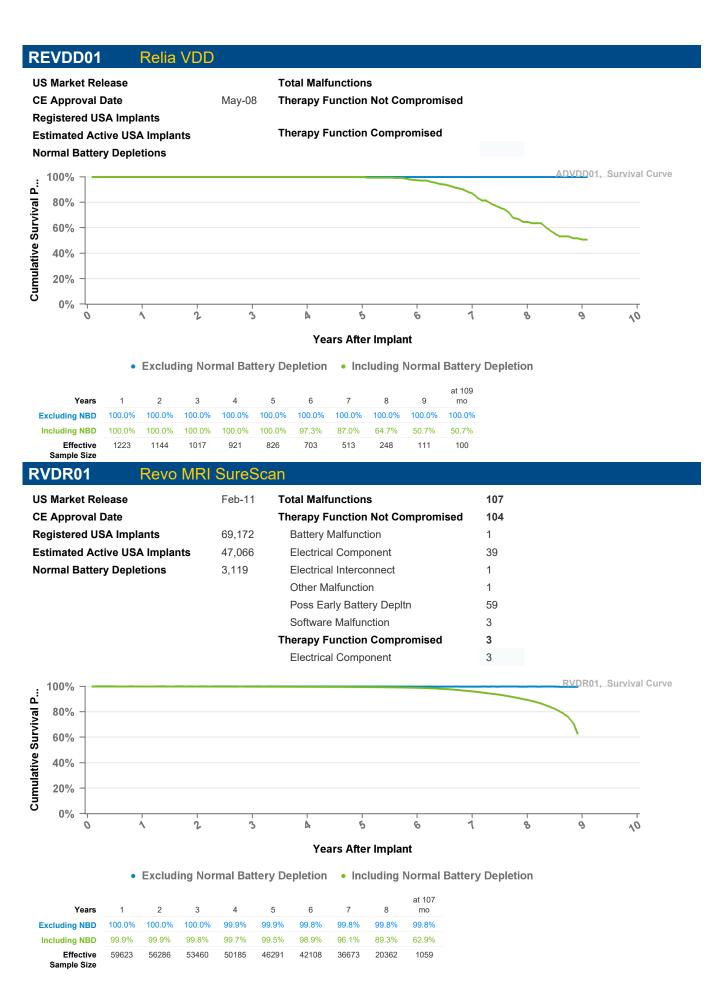
• Excluding Normal Battery Depletion • Including Normal Battery Depletion

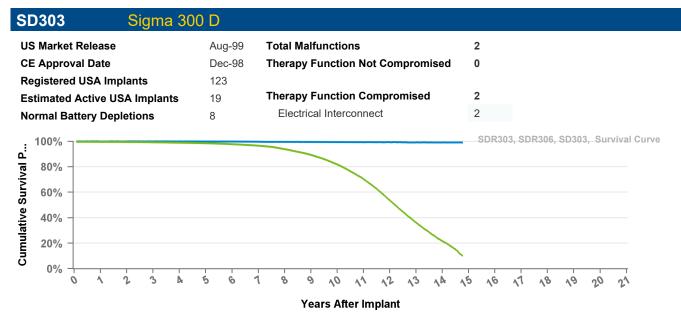
Years	1	2	3	4	5	6	7	8	9	10	at 129 mo
Excluding NBD	99.9%	99.9%	99.7%	98.0%	93.6%	86.9%	81.5%	78.0%	76.0%	75.6%	75.6%
Including NBD	99.6%	99.5%	99.0%	96.5%	90.1%	77.9%	62.4%	45.3%	29.6%	15.6%	2.7%
Effective Sample Size	94470	88156	82115	75107	65154	51147	36780	23442	13337	4914	272





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%	85.5%	56.6%	20.8%
Effective Sample Size	73578	64702	57261	49709	42373	33271	23784	14074	4293	415





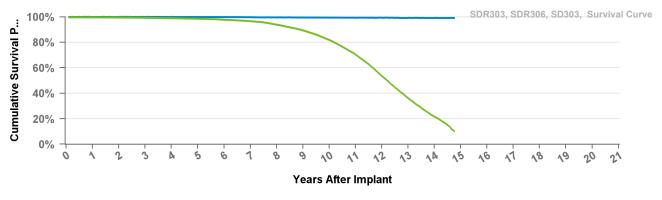
• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	at 177 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%	98.5%	97.8%	96.6%	93.9%	89.3%	81.8%	70.3%	53.5%	36.2%	21.6%	10.2%
Effective Sample Size	86857	76874	67893	59639	52212	45631	39470	34029	29165	24192	18498	11250	5524	2154	241

SDR303 Sigma 300 DR

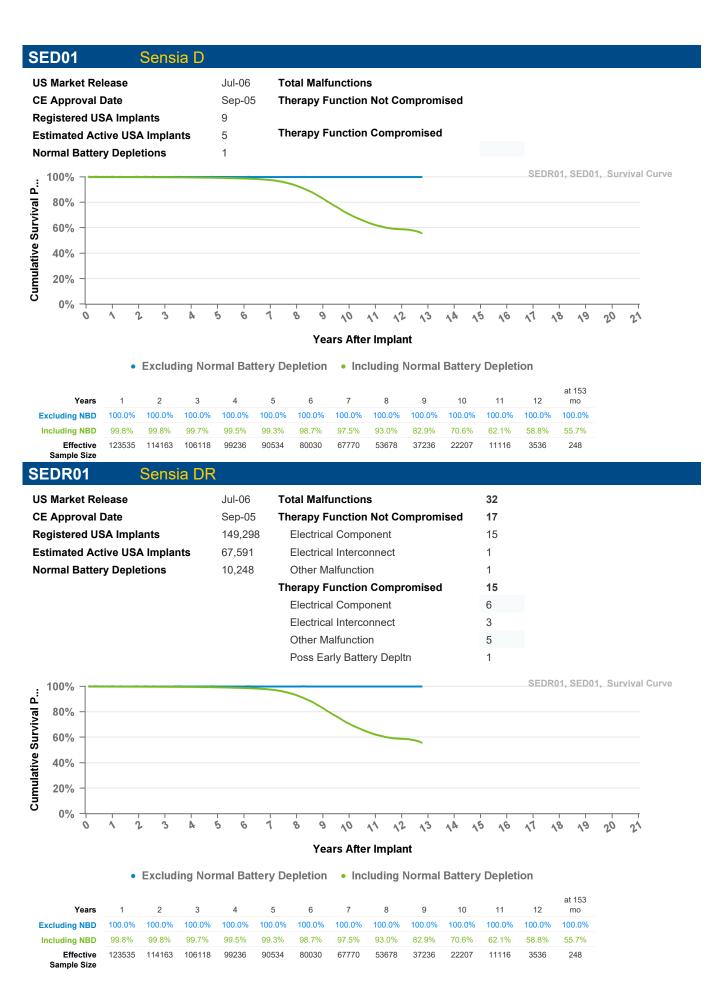
US Market Release	Aug-99
CE Approval Date	Dec-98
Registered USA Implants	104,543
Estimated Active USA Implants	10,253
Normal Battery Depletions	11,000

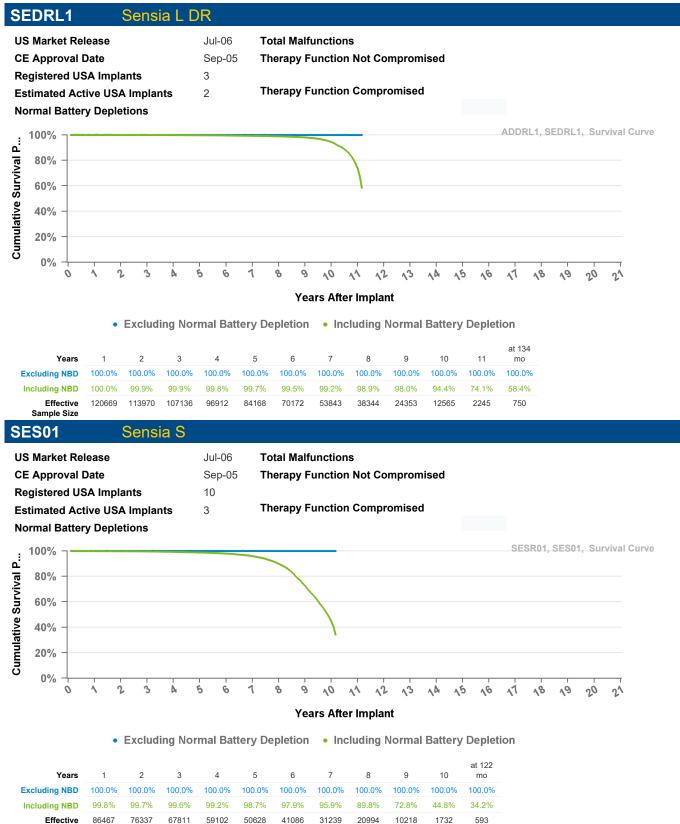
Total Malfunctions	288
Therapy Function Not Compromised	62
Electrical Component	9
Electrical Interconnect	51
Other Malfunction	1
Poss Early Battery Depltn	1
Therapy Function Compromised	226
Electrical Component	7
Electrical Interconnect	218
Other Malfunction	1



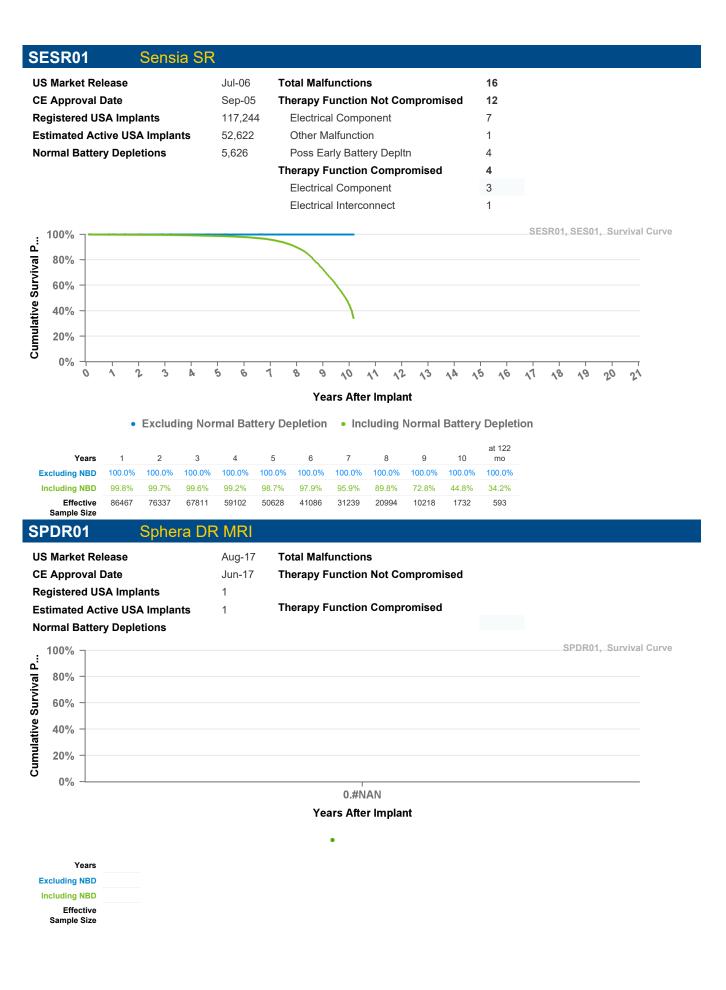
• Excluding Normal Battery Depletion • Including Normal Battery Depletion

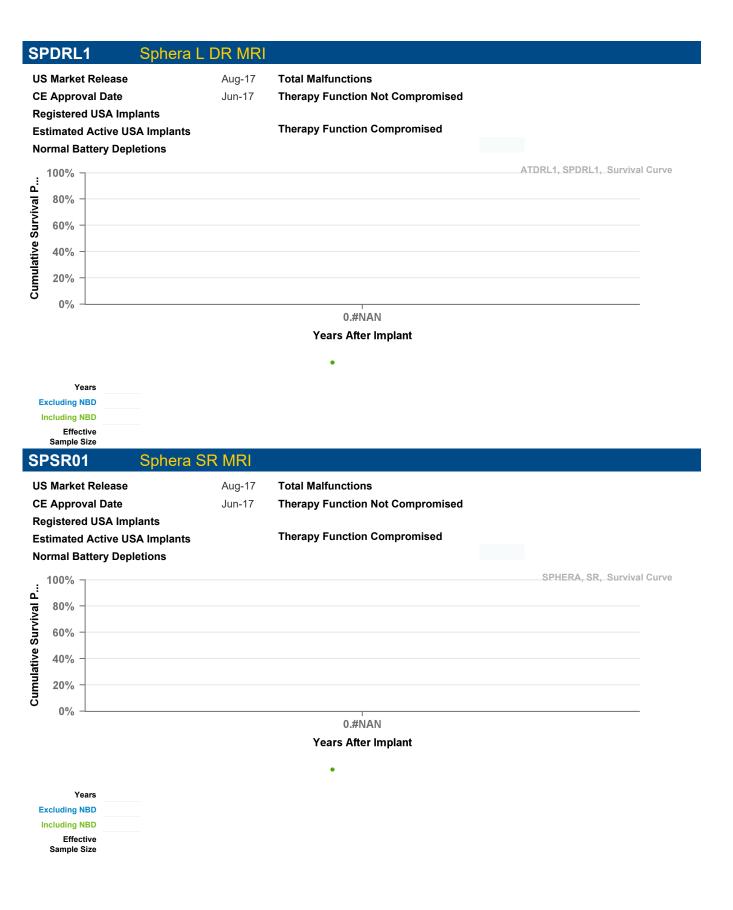
Years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	at 177 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.7%	99.6%	99.5%	99.4%	99.3%	99.3%	99.2%	99.2%	99.2%
Including NBD	99.6%	99.5%	99.3%	99.0%	98.5%	97.8%	96.6%	93.9%	89.3%	81.8%	70.3%	53.5%	36.2%	21.6%	10.2%
Effective Sample Size	86857	76874	67893	59639	52212	45631	39470	34029	29165	24192	18498	11250	5524	2154	241

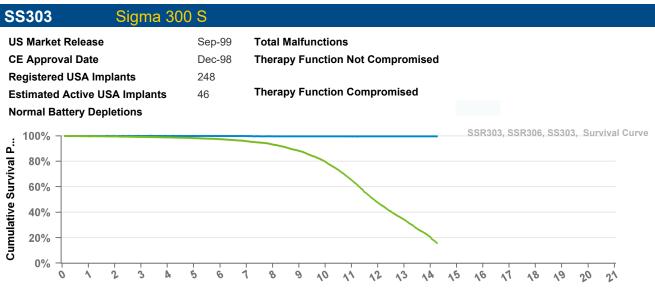




Effective Sample Size







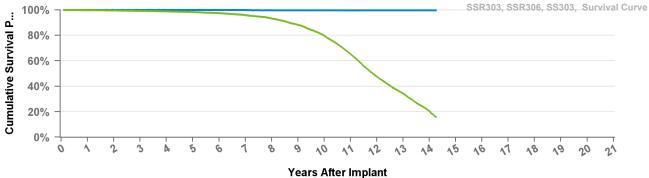
Years After Implant

• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	at 171 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	99.7%	99.5%	99.2%	98.8%	98.3%	97.4%	95.8%	93.2%	88.2%	79.7%	65.2%	47.6%	34.2%	20.5%	15.7%
Effective Sample Size	40516	33425	27628	22928	19050	15806	13106	10867	8818	6765	4593	2576	1355	360	121

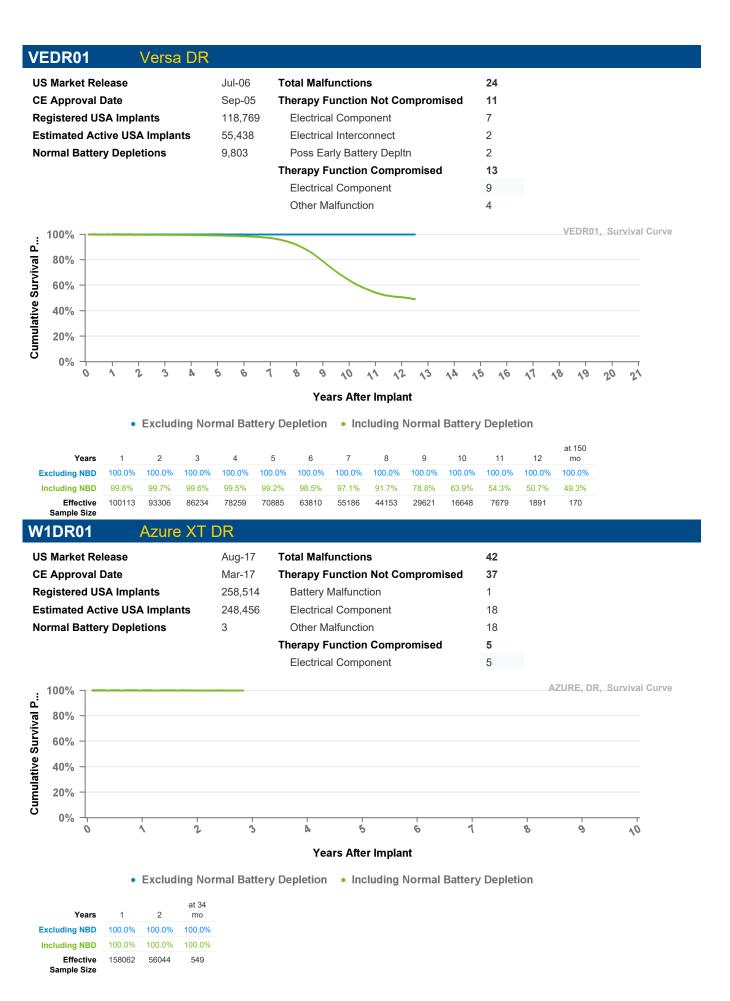
Sigma 300 SR **SSR303**

US Market Release	Aug-99	Total Malfunctions	58
CE Approval Date	Dec-98	Therapy Function Not Compromised	11
Registered USA Implants	51,247	Electrical Interconnect	10
Estimated Active USA Implants	3,980	Other Malfunction	1
Normal Battery Depletions	3,031	Therapy Function Compromised	47
		Electrical Component	3
		Electrical Interconnect	44



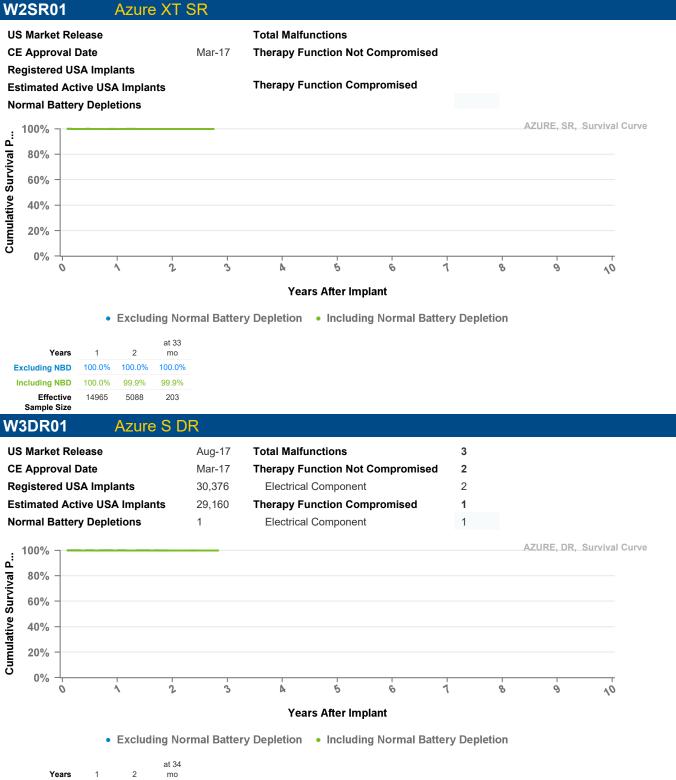
• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	at 171 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	99.7%	99.5%	99.2%	98.8%	98.3%	97.4%	95.8%	93.2%	88.2%	79.7%	65.2%	47.6%	34.2%	20.5%	15.7%
Effective Sample Size	40516	33425	27628	22928	19050	15806	13106	10867	8818	6765	4593	2576	1355	360	121

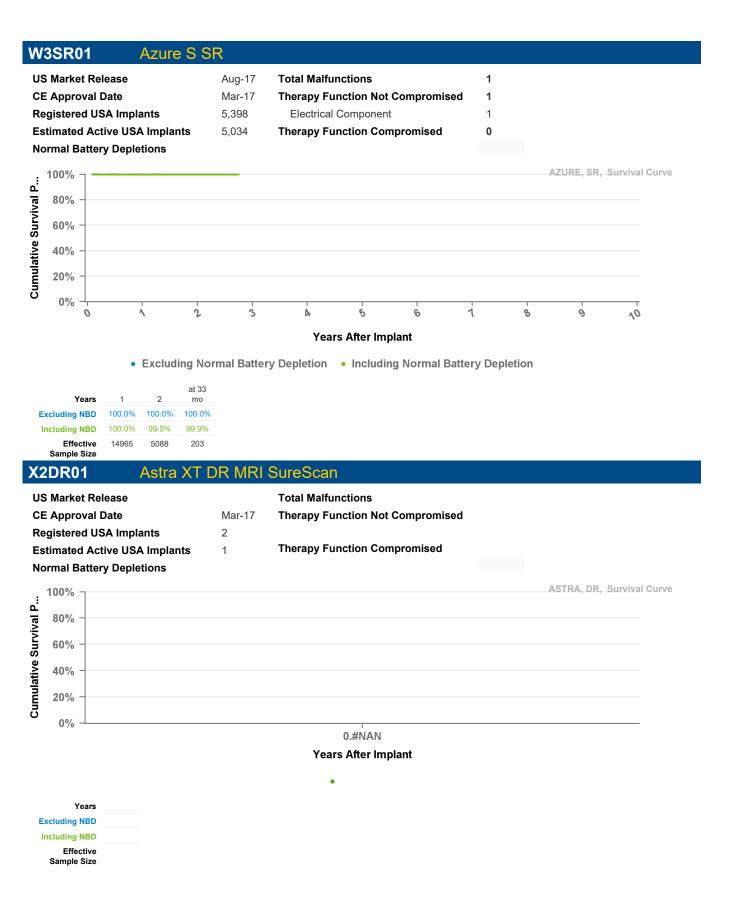




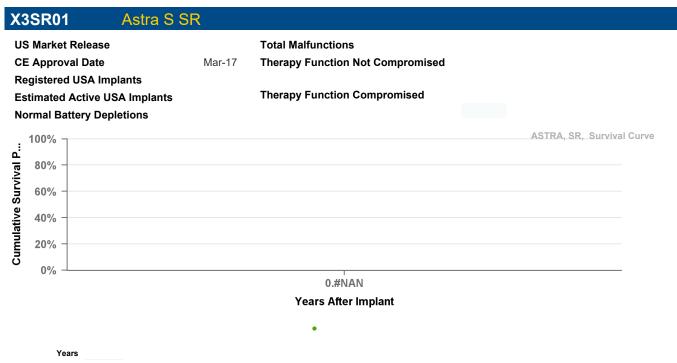
Years	1	2	at 34 mo
Excluding NBD	100.0%	100.0%	100.0%
Including NBD	100.0%	100.0%	100.0%
Effective Sample Size	158062	56044	549



Years	1	2	mo
Excluding NBD	100.0%	100.0%	100.0%
Including NBD	100.0%	100.0%	100.0%
Effective Sample Size	158062	56044	549



XZ	SR01	Astra XT	SR MRI	SureScan		
US	Market Releas	e		Total Malfunctions		
CE	Approval Date	•	Mar-17	Therapy Function Not Compromised		
	gistered USA lı					
	timated Active	-		Therapy Function Compromised		
No	rmal Battery D	epletions				
:	100%				ASTRA, SR, Survival	Curve
val P	80% -					
Cumulative Survival P	60% -					
ative (40% -					
lum	20%					
บี	0%					
				0.#NAN		
				Years After Implant		
				•		
	Years					
E	cluding NBD					
h	ncluding NBD					
	Effective Sample Size					
X3	DR01	Astra S E	DR			
	Market Releas			Total Malfunctions		
US		e	Mar-17	Total Malfunctions Therapy Function Not Compromised		
US CE Re	Market Releas Approval Date gistered USA I	e mplants		Therapy Function Not Compromised		
US CE Re Es	Market Releas Approval Date gistered USA I timated Active	e mplants USA Implants				
US CE Re Es	Market Releas Approval Date gistered USA I	e mplants USA Implants		Therapy Function Not Compromised		
US CE Re Es No	Market Releas Approval Date gistered USA I timated Active	e mplants USA Implants		Therapy Function Not Compromised	ASTRA, DR, Survival	Curve
US CE Re Es No	Market Releas Approval Date gistered USA In timated Active rmal Battery Do	e mplants USA Implants		Therapy Function Not Compromised	ASTRA, DR, Survival	Curve
US CE Re Es No	Market Releas Approval Date gistered USA In timated Active rmal Battery Do	e mplants USA Implants		Therapy Function Not Compromised	ASTRA, DR, Survival	Curve
US CE Re Es No	Market Releas Approval Date gistered USA In timated Active rmal Battery Do 100% 80%	e mplants USA Implants		Therapy Function Not Compromised	ASTRA, DR, Survival	Curve
US CE Re Es No	Market Releas Approval Date gistered USA In timated Active rmal Battery Do 100% 80% 60%	e mplants USA Implants		Therapy Function Not Compromised	ASTRA, DR, Survival	Curve
US CE Re Es No	Market Releas Approval Date gistered USA In timated Active rmal Battery Do 100% 80% 60% 40%	e mplants USA Implants		Therapy Function Not Compromised Therapy Function Compromised	ASTRA, DR, Survival	Curve
US CE Re Es No	Market Releas Approval Date gistered USA In timated Active rmal Battery Da 100% 80% 60% 40% 20%	e mplants USA Implants		Therapy Function Not Compromised Therapy Function Compromised	ASTRA, DR, Survival	Curve
US CE Re Es No	Market Releas Approval Date gistered USA In timated Active rmal Battery Da 100% 80% 60% 40% 20%	e mplants USA Implants		Therapy Function Not Compromised Therapy Function Compromised 0.#NAN Years After Implant	ASTRA, DR, Survival	Curve
US CE Re Es No	Market Releas Approval Date gistered USA In timated Active rmal Battery Da 100% 80% 60% 40% 20%	e mplants USA Implants		Therapy Function Not Compromised Therapy Function Compromised	ASTRA, DR, _Survival	Curve
Cumulative Survival P O B B C	Market Releas Approval Date gistered USA In timated Active rmal Battery Do 100% 80% 60% 40% 20% 0%	e mplants USA Implants		Therapy Function Not Compromised Therapy Function Compromised 0.#NAN Years After Implant	ASTRA, DR, Survival	Curve
Cumulative Survival P O B B C	Market Releas Approval Date gistered USA In timated Active mal Battery Do 100% 80% 60% 40% 20% 0%	e mplants USA Implants		Therapy Function Not Compromised Therapy Function Compromised 0.#NAN Years After Implant	ASTRA, DR, Survival	Curve
Cumulative Survival P O B B C	Market Releas Approval Date gistered USA In timated Active rmal Battery Do 100% 80% 60% 40% 20% 0%	e mplants USA Implants		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.

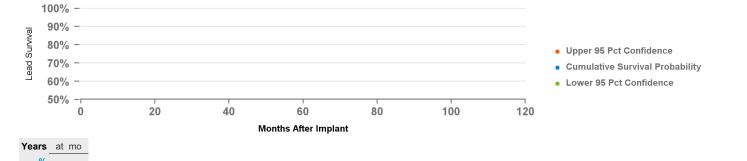
2: Klein, John P., Moeschberger, Melvin L. Survival Analysis Techniques for Censored and Truncated Data, New York: Springer-Verlag New York, Inc., 1997.

830		Sel	ectSe	ecure										
US M	larket	Release				03Aug	2005		U	S Retu	rned Produ	uct Analys	sis US Acute Lead Ot	oservations
CE Ap	• •					31Jan2	2003			nductor F			27 Cardiac Perforation	
•		d USA In				73,220				mp Weld			Conductor Fracture	
Estim	nated	Active L	SA Impl	ants		59,86				ulation B			45 Extracardiac Stimulation	on
Fixatio	on Ty	ре				Fixed S	crew		Oth				8 Failure To Capture	
Pace S	Sense	e Polarity	1			Bipolar			04				Failure To Sense	
Steroid	id Indi	cator				Yes							Impedance Abnormal	
													Insulation Breach	
													Lead Dislodgement	
													Oversensing	
													Unspecified	
trial P	Plac	emen	t											
roduct	Surv	eillanc	e Regis	stry Res	ults			c	Qualifyir	ng Com	plications		19	
umber of	Lead	ls Enrolle	ed in Stu	dy			1,266	C	Cardiac Pe	erforatior	1	1	Impedance Abnormal	2
umulative	e Mor	ths of Fe	ollowup			6	3,202	C	Conductor	Fracture	2	3	Insulation Breach	1
umber of	Lead	ls Active	in Study				551	E	xtracardi	ac Stimu	lation	1	Lead Dislodgement	4
								F	ailure To	Capture		4		
								F	ailure To	Sense		3		
100%	/0			_										
- 90%	/ ₀													
80% 80%														
													 Upper 95 Pct Confidence 	
70%													 Cumulative Survival Probab 	oility
60%	6												 Lower 95 Pct Confidence 	
50%											1		-	
	0		50	0	10		1:		20	00	250	30	0	
ears ´	1	2	3	4	5	6	7	ter Impla 8	9	10	at 126 mo			
	.4%	99.2%	99.2%	99.0%	98.8%	98.6%	98.0%	97.4%	97.0%	95.2%	95.2%			
	61	781	673	540	458	386	324	279	178	74	59			
is Bur					100	000	02.	2.0						
roduct					ults			c	Qualifyir	ng Com	plications		18	
umber of	Lead	ls Enrolle	ed in Stu	dy			841	F	ailure To	Capture		14	Lead Dislodgement	2
umulative				5		1	2,014		ailure To	-		1		1
umber of							695						e recenning	
			,											
	/													
4000/														
100%	/o													
0.00/	•												Upper 95 Pct Confidence	
0.00/													Cumulative Survival Probab	oility
0.00/	/0												Lower 95 Pct Confidence	
90% 80% 70%	/o — /o —													
90% 80% 70% 60%	/6 — /6 — /6 —												• Lower 35 Pet Commence	
90% 80% 70%	/6 — /6 — /6 —		20	0	4()	6	0	8	0	100	12		
90% 80% 70% 60%	/6 /6 /6		20)	4(0 ter Impla		0	100	12		
90% 80% 70% 60% 50%	/6 /6 /6	2	2 () at 48 n						0	100	12		

Ventricular Placement

Produ	uct Surv	veillanc	e Regis	try Res	ults			C	ualifyir	ng Complica	ations		14	
Numbe	er of Lead	ls Enrolle	ed in Stud	ły			1,118	F	ailure To	Capture		7	Impedance Abnormal	1
Cumul	lative Mor	nths of Fo	ollowup			4	1,812						Lead Dislodgement	5
Numbe	er of Lead	ls Active	in Study				607						Other Complication	1
Lead Survival	00% 90% 80% 70% 60% 50% 0)	4	0	6	0	8	0	100	12	 Upper 95 Pct Confidence Cumulative Survival Probability Lower 95 Pct Confidence 	
						M	onths Aff	er Impla	nt					
Years	1	2	3	4	5	6	7	8	9	at 114 mo				
Years %		2 98.7%	3 98.5%	4 98.3%	5 98.3%	6 97.5%	7 97.5%	8 96.9%	9 96.9%	at 114 mo 96.9%				

073 CapSure Sense			
US Market Release	23Jun2002	US Returned Product Analysis	US Acute Lead Observations
CE Approval	01Feb2002	,	
Registered USA Implants	771		
Estimated Active USA Implants	235		
Fixation Type	Tines		
Pace Sense Polarity	Unipolar		
Steroid Indicator	Yes		



Re Es Fix. Pao Ste	stimated cation Ty ce Sens eroid Ind I Plac ct Surv r of Leac ative Mor	d USA Im I Active U pe e Polarity icator eemen /eillanc ds Enrolle hths of Fo	t e Regis	try Res dy	ults	01Feb2 139,43 83,168 Bipolar Yes	39		Co Cri Ins Oth	nductor F imp Weld ulation B her	Fracture Bond reach		t Analy	12 46 2	Cardii Condi Extrac Failur Failur Impeo Insula Lead Overs	Acute Lead Observ ac Perforation uctor Fracture cardiac Stimulation e To Capture e To Sense dance Abnormal tion Breach Dislodgement sensing ecified	1
Es Fix Pac Ste	stimated cation Ty ce Sens eroid Ind I Plac ct Surv r of Leac ative Mor r of Leac	Active U pe e Polarity icator eemen /eillanc ds Enrolle hths of Fo ds Active	t e Regis ed in Stuc	try Res dy	ults	83,168 Tines Bipolar Yes	227 66,032		Cri Ins Oth	mp Weld sulation B her ng Com	Bond	ns	1	46 2	Condu Extrac Failur Failur Imped Insula Lead Overs Unspe	uctor Fracture cardiac Stimulation e To Capture e To Sense dance Abnormal tion Breach Dislodgement eensing ecified	1
Fix. Pad Ste	I Plac of Surv r of Leac tr of Leac	pe e Polarity icator eemen veillanc ds Enrolle nths of Fo ds Active	t e Regis ed in Stuc ollowup	try Res dy	ults	Tines Bipolar Yes	227 66,032		Ins Oth Qualifyin	ng Com	reach	ns	1	2	Extrac Failur Failur Imped Insula Lead Overs Unspo	cardiac Stimulation e To Capture e To Sense dance Abnormal tion Breach Dislodgement ensing ecified	1
Pac Ste	ce Sens eroid Ind I Plac ct Surv r of Leac ative Mor r of Leac	e Polarity icator eemen veillanc ds Enrolle nths of Fo ds Active	t e Regis ed in Stud	dy	ults	Bipolar Yes	6,032		Oti Qualifyin	ng Com		ns	1	2	Failur Failur Impeo Insula Lead Overs Unspo	e To Capture e To Sense lance Abnormal tion Breach Dislodgement eensing ecified	1
Ster tria mber mula	I Plac ct Surv r of Leac ative Mor r of Leac	eemen reillanc ds Enrolle nths of Fo ds Active	t e Regis ed in Stud	dy	ults	Yes	6,032		Qualifyiı	ng Com	plicatio	ns	1		Failur Impeo Insula Lead Overs Unspe	e To Sense lance Abnormal tion Breach Dislodgement eersing ecified	1
tria mber mula mber	I Plac ct Surv r of Leac ative Mor r of Leac	emen veillanc ds Enrolle nths of Fo ds Active	e Regis ed in Stud ollowup	dy	ults		6,032			-	plicatio	ns	1		Imped Insula Lead Overs Unspe	lance Abnormal tion Breach Dislodgement eensing ecified	1
r odu imber imula imber	ct Surv r of Lead ative Mor r of Lead	veillanc ds Enrolle nths of Fo ds Active	e Regis ed in Stud ollowup	dy	ults	2	6,032			-	plicatio	ns	1		Insula Lead Overs Unspe	tion Breach Dislodgement eensing ecified	1
r odu imber imula imber	ct Surv r of Lead ative Mor r of Lead	veillanc ds Enrolle nths of Fo ds Active	e Regis ed in Stud ollowup	dy	ults	2	6,032			-	plicatio	ns	1		Lead Overs Unspe	Dislodgement vensing ecified	1
r odu imber imula imber	ct Surv r of Lead ative Mor r of Lead	veillanc ds Enrolle nths of Fo ds Active	e Regis ed in Stud ollowup	dy	ults	2	6,032			-	plicatio	ns	1		Overs Unspe	ecified	1
odu mber mula mber	ct Surv r of Lead ative Mor r of Lead	veillanc ds Enrolle nths of Fo ds Active	e Regis ed in Stud ollowup	dy	ults	2	6,032			-	plicatio	ns	1		Unspe	ecified	1
r odu imber imula imber	ct Surv r of Lead ative Mor r of Lead	veillanc ds Enrolle nths of Fo ds Active	e Regis ed in Stud ollowup	dy	ults	2	6,032			-	plicatio	ns	1				1
odu mber mula mber	ct Surv r of Lead ative Mor r of Lead	veillanc ds Enrolle nths of Fo ds Active	e Regis ed in Stud ollowup	dy	ults	2	6,032			-	plicatio	ns	1		Dislodgement		1
mber mula mber	r of Lead ative Mor r of Lead	ds Enrolle nths of Fo ds Active	ed in Stud	dy	ults	2	6,032			-	plicatio	ns	1		Dislodaement		1
mula mber	ative Mor r of Leac	nths of Fo	ollowup			2	6,032	F	ailure To	Sense			1	Lead	Dislodgement		1
mber	r of Lead	ds Active				2							1	2000			
			in Study				94										
10	0%																
10	0%																
10	0% -																
9	0%																
8	80%															-4 O	
7	'0%															ct Confidence	
	60%															Survival Probability	
														•	Lower 95 P	ct Confidence	
5	50% -⊢ 0		50)	10	0	15	50	2	00	2	50	3()0			
	Ū			-	10		onths Aff				_						
	1	2	2	4	F			-		10	11	10	10	14	at 171 ma		
ars_	1	2	3	4	5	6	7	8	9	10	11	12	13	14	at 174 mo		
% 	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%		
#	214	205	198	183	167	158	148	136	127	117	106	103	86	59	51		
enti	ricula	r Plac	ement	t													
odu	ct Surv	/eillanc	e Regis	try Res	ults			C	Qualifyiı	n <mark>g Com</mark>	plicatio	ns		11			
mbei	r of Lead	ds Enrolle	ed in Stud	dy			1,177	C	Conductor	r Fracture	•		1	Imped	ance Abnorm	al	2
mula	ative Mor	nths of Fo	ollowup			7	0,949	F	ailure To	Capture			3	Insula	tion Breach		2
mbei	r of Lead	ds Active	in Study				288							Lead	Dislodgement		2
															Complication		1
10	0%																
0	0%																
8	80%													•	Upper 95 P	ct Confidence	
7	'0%													•	Cumulative	Survival Probability	
6	60%													•	Lower 95 P	ct Confidence	
5	50%									1		1		I			
-	0		50)	10	0	15	50	2	00	2	50	30	00			
						M	onths Afi	ter Impla	nt								
ars	1	2	3	4	5	6	7	8	9	10	11	12	13	14	at 174 mo		

Medtronic CRHF Product Performance Report

461 371

1,010 838 697

407	76	Ca	oSure	Fix N	lovus	}										
	US Marke	t Release	e			25Feb2	2004		U	S Retu	Irned F	roduc	t Analys	is	US Acute Lead Observ	ations
	CE Appro	val				14Jun2	2004			nductor I			-	06	Cardiac Perforation	164
	Registere	d USA In	nplants			678,89	98			mp Weld				1	Conductor Fracture	10
	Estimated	d Active L	JSA Impl	ants		464,63	30			ulation E			1	62	Extracardiac Stimulation	23
F	Fixation Ty	/pe				Active \$	Screw In		Ot					20	Failure To Capture	220
F	Pace Sens	e Polarit	у			Bipolar			01					20	Failure To Sense	91
5	Steroid Inc	licator				Yes									Impedance Abnormal	37
															Insulation Breach	1
															Lead Dislodgement	583
															Oversensing	76
															Unspecified	10
Atri	ial Plac	emen	t												- 1	
Proc	luct Sur	veillanc	e Regis	stry Res	sults			C	Qualifyiı	ng Com	plicatio	ns		29		
	per of Lea						3,958		Cardiac P	-			1	Insulation E	Breach	2
Cum	ulative Mo	nths of F	ollowup			21	5,523	C	Conductor	Fracture	Э		2	Lead Dislo	dgement	8
	per of Lea						1,538		ailure To					Oversensir		1
			,						ailure To					Other Com	0	2
	100%															
_	90%															
Lead Survival	80%															
Sur														• Up	per 95 Pct Confidence	
ead	70%													• Cu	mulative Survival Probability	
	60% -													• Lov	wer 95 Pct Confidence	
	50% -r		1				1			1		1				
	0		50	0	10		15			00	2	50	30	0		
Year	s 1	2	0	4	5		onths Aft	-	ant 9	40	4.4	12	40	at 162 mo		
	6 99.8%	∠ 99.7%	3 99.6%	4 99.5%	5 99.3%	6 98.9%	98.7%	8 98.6%	98.6%	10 98.6%	11 98.3%	98.3%	13 98.3%	98.3%		
	# 2,934	2,531	2,243	1,967	1,667	1,399	1,082	841	661	467	283	167	92	66		
	ntricula	,	,	,	1,007	1,000	1,002	041	001	407	200	107	52	00		
	luct Sur		-	-	sults				Qualifyi	-		ns		11		
	per of Lea			dy			1,684		Conductor				1	Impedance		2
	ulative Mo					10	1,093	E	Extracardi	ac Stimu	lation		1	Lead Dislo		1
Num	per of Lea	ds Active	in Study				444	F	ailure To	Capture			5	Other Com	plication	1
	100%							_								
	90%							C								
vival																
Lead Survival	80% -													• Up	per 95 Pct Confidence	
ead	70%													• Cu	mulative Survival Probability	
Ĺ	60% -													• Lov	wer 95 Pct Confidence	
	50% -		1				1			1		1	1	_		
	0		50	0	10		15 onths Aft			00	2	50	30	D		
Year	s 1	2	3	4	5	6	7	er impia 8	9 9	10	11	12	at 156 m	0		
	6 99.7%	99.7%	99.7%	99.6%	99.4%	99.4%	99.0%	99.0%	98.8%	98.8%	98.8%	98.8%	97.6%	-		
				888	723	623	484	406	340	254	169	116	66			
;	# 1,359	1,174	1.042													

US Market Release	17Sep1998	US Returned Produc	t Analysis	US Acute Lead Obs	ervations
CE Approval Registered USA Implants Estimated Active USA Implants Fixation Type Pace Sense Polarity Steroid Indicator	15Apr1998 185,538 60,015 Tines Bipolar Yes	Conductor Fracture Crimp Weld Bond Insulation Breach Other	19 91	Cardiac Perforation Conductor Fracture Extracardiac Stimulation Failure To Capture Failure To Sense Impedance Abnormal Insulation Breach Lead Dislodgement	ervations
				Oversensing Unspecified	
oduct Surveillance Registry Resu	llts	Qualifying Complications	21	·	
mber of Leads Enrolled in Study	1,200	Conductor Fracture	3 Impeda	nce Abnormal	1
mulative Months of Followup	69,410	Extracardiac Stimulation	1 Lead Di	islodgement	4
100%					
				Upper 95 Pct Confidence	
70% - 60% -				Cumulative Survival Probabili Lower 95 Pct Confidence	ty
50%	100 150	200 250	300		
	Months After	Implant			
ars 1 2 3 4	5 6 7	8 9 10 11 at 144	mo		
% 98.8% 98.7% 98.5% 98.1%	97.8% 97.4% 97.4% 9	7.4% 97.4% 97.4% 97.4% 97.4	%		

US Market Release	23Jun2002	US Returned Produ	ict Analysis	US Acute Lead Observat	ions
CE Approval	01Feb2002	Conductor Fracture	11	Cardiac Perforation	
Registered USA Implants	98,359	Crimp Weld Bond		Conductor Fracture	
Estimated Active USA Implants	63,677	Insulation Breach	17	Extracardiac Stimulation	
Fixation Type	J-shape, tines	Other		Failure To Capture	8
Pace Sense Polarity	Bipolar			Failure To Sense	3
Steroid Indicator	Yes			Impedance Abnormal	
				Insulation Breach	
				Lead Dislodgement	18
				Oversensing	
				Unspecified	
roduct Surveillance Registry Result	s	Qualifying Complications	11	·	
umber of Leads Enrolled in Study	1,276	Conductor Fracture	2 Lead Di	slodgement	7
umulative Months of Followup	53,137	Failure To Capture	2	5	
umber of Leads Active in Study	612				
100%					
100%				Upper 95 Pct Confidence	
100%				Upper 95 Pct Confidence Cumulative Survival Probability	
100% - 90% - 80% - 70% -			•	Cumulative Survival Probability	
100%			•		
100% - 90% - 80% - 70% -		80 100	•	Cumulative Survival Probability	
100% - 90% - 80% - 70% - 60% - 50% -	40 60	80 100	•	Cumulative Survival Probability	
100% - 90% - 80% - 70% - 60% - 50% -		80 100	•	Cumulative Survival Probability	

#

592 CapSure SP Novu	JS				
US Market Release	05Oct1998	US Returned Product	Analysis	US Acute Lead Obse	ervations
CE Approval	15Apr1998	Conductor Fracture	10	Cardiac Perforation	
Registered USA Implants	88,230	Crimp Weld Bond		Conductor Fracture	
Estimated Active USA Implants	30,299	Insulation Breach	30	Extracardiac Stimulation	
Fixation Type	J-shape, tines	Other		Failure To Capture	1
Pace Sense Polarity	Bipolar			Failure To Sense	
Steroid Indicator	Yes			Impedance Abnormal	
				Insulation Breach	
				Lead Dislodgement	3
				Oversensing	
				Unspecified	
roduct Surveillance Registry Results		Qualifying Complications	9		
lumber of Leads Enrolled in Study	358	Failure To Capture	5 Lead Di	slodgement	2
umulative Months of Followup	20,603	Failure To Sense	1 Other C	omplication	1
lumber of Leads Active in Study	37				
100% -			-		
90% -					
80% - 70% -			•	Upper 95 Pct Confidence	
70% –				Cumulative Survival Probabilit	v
00%				Lower 95 Pct Confidence	-

96.0%

Months After Implant

96.0%

97.0%

96.0%

96.0%

94.5%

at 150 mo

94.5%

50% -r

97.7%

Years

%

#

97.7%

97.7%

97.0%

97.7%

97.0%

ear	s 1	2	3	4	5	6	7	8	9	10	11	at 144 n	no				
		0	0		-	0	-	0	0	10							
	0		50	J	10		1년 onths Aff	50 ter Impla		00	2	00	30	0			
	50%		 		1	0	4	0		00	~	0		0			
ĩ	60%													•	Lower 95 P	ct Confidence	
	70%														Cumulative	Survival Probability	
	80%														Upper 95 P	ct Confidence	
Ň	90%																
	100%																
ml	ber of Lead	ts Active	in Study				26										
	ulative Mor					3	4,468	F	ailure To	Sense			2	Lead	Dislodgement		1
	ber of Lead			dy			988		ailure To						lance Abnorm		1
00	duct Surv	veillanc	e Regis	try Res	ults					-	plicatio	ns		11			
ər	ntricula	r Plac	emen	t													
	# 411	391	358	322	289	252	219	186	153	129	108	93	75	64	54	-	
	6 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%	99.5%	99.5%		
ar	s 1	2	3	4	5	6	7	8	9	10	11	12	13	14	at 180 mo		
	0		C	J	10			ou ter Impla		00	2:	0	30	0			
	50% -r 0		5(10	0	15	50	21	00	2	50	30	0			
	60%													•	Lower 95 P	ct Confidence	
	70%															Survival Probability	
														•		ct Confidence	
	90 % 80%																
	90%																
	100%																
	ber of Lead					-	44										
	ber of Lead ulative Mor			JY		Л	426	F	allule 10	Capture			1	Lead	Dislodgement		1
	duct Surv		-		uits		426		-	-	plicatio	ns	4	2	Distant		4
	ial Plac			4 m + D -				_	and the st		alla - ti			•			
															Unsp	ecified	
																ensing	
																Dislodgement	
																tion Breach	
	Steroid Ind	Icator				Yes									Impe	lance Abnormal	
	Pace Sens		/			Bipolar									Failur	e To Sense	
	-ixation Ty					Tines			Oth	her					Failur	e To Capture	
	Estimated		JSA Impl	ants		30,334	1			ulation B				43	Extra	cardiac Stimulation	
	Registere	d USA In	nplants			98,908	3			mp Weld				1		uctor Fracture	
	CE Approv	/al				05Jun′	1997			nductor F	rned P		·	15		Acute Lead Observ	

	76	Cap	Sure		lovus													
	US Marke	t Release	•			31Aug	2000		U	S Retu	rned P	roduct	t Analys	sis		US Acut	e Lead Obser	vations
	CE Approv					12Aug	1999		Co	nductor F	racture		1,1	146	C	Cardiac Pe	erforation	1,2
	Registere		-			2,777,				mp Weld			.,		C	Conductor	Fracture	
	Estimated		ISA Impla	ants		1,841,			Ins	ulation B	reach		1,2	223	E	Extracardia	ac Stimulation	ç
	Fixation Ty						Screw In		Oth	ner				185	F	ailure To	Capture	1,51
	Pace Sens		/			Bipolar									F	ailure To	Sense	63
5	Steroid Ind	licator				Yes									li	mpedance	Abnormal	19
															li	nsulation l	Breach	
															L	ead Dislo.	dgement	3,75
															C	Oversensir	ng	47
															ι	Jnspecifie	d	2
\tri	ial Plac	emen	t															
roc	duct Surv	veillanc	e Reais	trv Res	ults			C	ualifyir	na Com	olicatio	ns		86				
	ber of Lead		-	-			9,874		ardiac Pe	-		-	2		ance Ab	normal		7
	ulative Mo			-			6,886	С	onductor	Fracture				-	tion Brea			3
lumł	ber of Lead	ds Active	in Study				4,321	E	xtracardia	ac Stimu	ation		3	Lead [Dislodge	ment		31
								E	ailure To	Capture				Overs				4
								F	ailure To	Sense					Complica	ation		5
	100%	_								_								
_	90%																	
Lead Survival	80%																	
Sur														•	Upper	95 Pct Co	nfidence	
ead	70%													•	Cumul	ative Surv	vival Probability	
	60%													•	Lower	95 Pct Co	nfidence	
	50% -		1		1	-	1											
	0		50)	10		15	0	20	00	2	0	30	0				
'ear	- 4					M	onths Aff	er Impla	nt									
	r s 1	2	3	4	5	M	onths Aft	er Impla 8	nt 9	10	11	12	13	14	15	16	at 204 mo	
%	s 1 % 99.6%	2 99.5%	3 99.4%	4 99.1%	5 98.8%			-		10 98.1%	11 98.0%	12 97.7%	13 97.6%	14 97.3%	15 97.3%	16 97.3%	at 204 mo 97.3%	
	·					6	7	8	9									
1	% 99.6%	99.5% 5,407	99.4% 4,548	99.1% 3,605	98.8%	6 98.6%	7 98.4%	8 98.2%	9 98.2%	98.1%	98.0%	97.7%	97.6%	97.3%	97.3%	97.3%	97.3%	
r /en	% 99.6% # 6,521	99.5% 5,407 ar Plac	99.4% 4,548 ement	99.1% 3,605	98.8% 2,869	6 98.6%	7 98.4%	8 98.2% 1,489	9 98.2%	98.1% 999	98.0% 805	97.7% 644	97.6%	97.3%	97.3%	97.3%	97.3%	
i /en Proc	% 99.6% # 6,521	99.5% 5,407 ar Plac veillanc	99.4% 4,548 ement e Regis	99.1% 3,605 t try Res	98.8% 2,869	6 98.6% 2,366	7 98.4%	8 98.2% 1,489	9 98.2% 1,239	98.1% 999	98.0% 805	97.7% 644	97.6% 489	97.3% 330 31	97.3%	97.3% 132	97.3%	4
i /en ?roc	6,521 # 6,521	99.5% 5,407 ar Plac veillanc ds Enrolle	99.4% 4,548 ement e Regis ed in Stud	99.1% 3,605 t try Res	98.8% 2,869	6 98.6% 2,366	7 98.4% 1,872	8 98.2% 1,489	9 98.2% 1,239	98.1% 999 ng Com	98.0% 805 plicatio	97.7% 644	97.6% 489 1	97.3% 330 31 Imped	97.3% 206 ance Ab	97.3% 132	97.3%	4
roc lumb	 99.6% 99.6% 6,521 tricula duct Survice ber of Lead 	99.5% 5,407 ar Plac veillanc ds Enrolle nths of Fo	99.4% 4,548 ement e Regis ed in Stud pllowup	99.1% 3,605 t try Res	98.8% 2,869	6 98.6% 2,366	7 98.4% 1,872 3,108	8 98.2% 1,489	9 98.2% 1,239 Qualifyir ardiac Pe	98.1% 999 ng Com Fracture	98.0% 805 plicatio	97.7% 644	97.6% 489 1 6	97.3% 330 31 Imped	97.3% 206 ance Ab Dislodge	97.3% 132	97.3%	
roc lumb	99.6% # 6,521 htricula duct Surv ber of Lead ulative Mon	99.5% 5,407 ar Plac veillanc ds Enrolle nths of Fo	99.4% 4,548 ement e Regis ed in Stud pllowup	99.1% 3,605 t try Res	98.8% 2,869	6 98.6% 2,366	7 98.4% 1,872 3,108 9,553	8 98.2% 1,489 C C C C	9 98.2% 1,239 Qualifyir ardiac Pe	98.1% 999 ag Com erforation Fracture Capture	98.0% 805 plicatio	97.7% 644	97.6% 489 1 6 12	97.3% 330 31 Imped Lead [Overse	97.3% 206 ance Ab Dislodge	97.3% 132 normal ment	97.3%	5
roc lumt	99.6% # 6,521 htricula duct Surv ber of Lead ulative Mon	99.5% 5,407 ar Plac veillanc ds Enrolle nths of Fo	99.4% 4,548 ement e Regis ed in Stud pllowup	99.1% 3,605 t try Res	98.8% 2,869	6 98.6% 2,366	7 98.4% 1,872 3,108 9,553	8 98.2% 1,489 C C C C	9 98.2% 1,239 ardiac Pe onductor ailure To	98.1% 999 ag Com erforation Fracture Capture	98.0% 805 plicatio	97.7% 644	97.6% 489 1 6 12	97.3% 330 31 Imped Lead [Overse	97.3% 206 ance Ab Dislodger ensing	97.3% 132 normal ment	97.3%	5 1
roc lumb umt	99.6% # 6,521 htricula duct Surv ber of Lead ulative Mon	99.5% 5,407 IT Plac veillanc ds Enrolle nths of Fo ds Active	99.4% 4,548 ement e Regis ed in Stude bllowup in Study	99.1% 3,605 t try Res	98.8% 2,869	6 98.6% 2,366	7 98.4% 1,872 3,108 9,553	8 98.2% 1,489 C C C C	9 98.2% 1,239 ardiac Pe onductor ailure To	98.1% 999 ag Com erforation Fracture Capture	98.0% 805 plicatio	97.7% 644	97.6% 489 1 6 12	97.3% 330 31 Imped Lead [Overse	97.3% 206 ance Ab Dislodger ensing	97.3% 132 normal ment	97.3%	5 1
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i Proc lumt umt	99.6% 99.6% 6,521 tricula duct Surv ber of Lead ulative Mode ber of Lead 100% 90% 80% 70%	99.5% 5,407 IT Plac veillanc ds Enrolle nths of Fo ds Active	99.4% 4,548 ement e Regis ed in Stude bllowup in Study	99.1% 3,605 t try Res	98.8% 2,869	6 98.6% 2,366	7 98.4% 1,872 3,108 9,553	8 98.2% 1,489 C C C C	9 98.2% 1,239 ardiac Pe onductor ailure To	98.1% 999 ag Com erforation Fracture Capture	98.0% 805 plicatio	97.7% 644	97.6% 489 1 6 12	97.3% 330 31 Imped Lead I Overse Other	97.3% 206 ance Ab Dislodger ensing Complica Upper Cumul	97.3% 132 normal ment ation 95 Pct Co ative Surv	97.3% 69 nfidence rival Probability	5 1
i Proc lumt umt	99.6% # 6,521 triculation ber of Lead ulative Molection ber of Lead 100% 90% 80% 70% 60%	99.5% 5,407 IT Plac veillanc ds Enrolle nths of Fo ds Active	99.4% 4,548 ement e Regis ed in Stude bllowup in Study	99.1% 3,605 t try Res	98.8% 2,869	6 98.6% 2,366	7 98.4% 1,872 3,108 9,553	8 98.2% 1,489 C C C C	9 98.2% 1,239 ardiac Pe onductor ailure To	98.1% 999 ag Com erforation Fracture Capture	98.0% 805 plicatio	97.7% 644	97.6% 489 1 6 12	97.3% 330 31 Imped Lead I Overse Other	97.3% 206 ance Ab Dislodger ensing Complica Upper Cumul	97.3% 132 normal ment ation 95 Pct Co	97.3% 69 nfidence rival Probability	5 1
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	99.6% # 6,521 ntricula duct Survers ber of Lead ulative Monitor ber of Lead 100% 90% - 80% - 60% 50% - 0	99.5% 5,407 IT Plac veillanc ds Enrolle nths of Fe ds Active	99.4% 4,548 emeni e Regis ed in Study in Study	99.1% 3,605 t try Res dy	98.8% 2,869 sults	6 98.6% 2,366 12	7 98.4% 1,872 3,108 9,553 934	8 98.2% 1,489 C C C C F F	9 98.2% 1,239 Aualifyir ardiac Pe onductor ailure To ailure To	98.1% 999 ag Com Fracture Capture Sense	98.0% 805	97.7% 644 ns	97.6% 489 1 6 12 1	97.3% 330 31 Imped Lead I Overse Other	97.3% 206 ance Ab Dislodger ensing Complica Upper Cumul	97.3% 132 normal ment ation 95 Pct Co ative Surv	97.3% 69 nfidence rival Probability nfidence	5 1
read Survival	99.6% # 6,521 ntricula duct Survers ber of Lead ulative Monitor ber of Lead 100% 90% - 80% - 60% 50% - 0	99.5% 5,407 verillanc ds Enrolle nths of Fe ds Active	99.4% 4,548 ement e Regis ed in Study in Study	99.1% 3,605 t try Res dy	98.8% 2,869 sults	6 98.6% 2,366 12	7 98.4% 1,872 3,108 9,553 934	8 98.2% 1,489 C C C C C F F	9 98.2% 1,239 ardiac Pe onductor ailure To ailure To 20	98.1% 999 or Com Fracture Capture Sense	98.0% 805 plicatio	97.7% 644 ns	97.6% 489 1 6 12 1	97.3% 330 31 Imped Lead I Overse Other	97.3% 206 ance Ab Dislodge ensing Complica Upper Cumul Lower	97.3% 132 normal ment ation 95 Pct Co ative Surv 95 Pct Co	97.3% 69 nfidence rival Probability nfidence	5 1

US Relations Oper Percent 2 (2 A proposed) Estimated Active USA Implants Estimated Active USA Implants Estimated Active USA Implants Paties Sense Polarity Bioriel Indicator US Returned Product Analysis Conductor Fracture Insulation Branch US Acute Lead Observation Conductor Fracture Insulation Branch Product Surveillance Registry Results Number of Lands Excluse in Study Starty 132,521 Number of Lands Active in Study Users 132,521 Number of Lands Active in Study Users 133,527 Number of Lands Active in Study Users	5086MRI CapsureFix Novu	s MRI					
CE Approval 21Jan2009 Register USA Implants 172,653 Fixation Type Active Scew in Probate mask Active USA Implants 172,653 Fixation Type Active Scew in Probate mask Pathing Bipdart Steroid Indicator Yes Charling Complications 20 Conduct Surveillance Registry Results Qualifying Complications 20 Unter of Leads Enrolled in Study 3,117 Conductor Fracture 3 Lead Dialodgement 11 Product Surveillance Registry Results Qualifying Complications 20 Other Complication 11 Unter of Leads Active in Study 3,117 Conductor Fracture 3 Lead Dialodgement 11 Tomulative Monthe of Followup 132,521 Failure To Capture 3 Other Complication 1 100% - - - - - - - - 80% - 80 100 120 - - - - - - - - - - - - - - -	US Market Release	08Feb2011	US Returned Pro	duct Analysis	US Acute Lead Observ	vations	
Registered USA Implants 228.834 Estimated Advice USA Implants 172.659 Fixation Type Active Screw In Pace Sense Polarity Bipolar Steriod Inductor Yes Trotation Type Active Screw In Other Other 100% Yes Totation Type Active Screw In Device Same Polarity Bipolar Steriod Inductor Yes Totation Type Active Screw In Other 11 Failure To Capture Failure To Sense Insulation Mersch Unspecified Unspecified Structure 100% 50.807 0 20 00% 0 00% 0 00% 0 00% 0 00% 0 00% 0 00% 0 00% 0 00% 0 00% 0 00% 0 00% 0 00% 0		21Jan2009		-	Cardiac Perforation	2	
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mulative Months of Followup 132,521 Failure To Capture 3 Oversensing 2 00% 0 00% 0		2 117				4.4	
Imber of Leads Active in Study 1,450 Other Complication 1 100%							
100% -	1		Fallure to Capture				
90% -	Imper of Leads Active in Study	1,450		Oti	her Complication	1	
90% -							
 80%	100%						
 80%	90% -						
60% -	000/						
60% -	80% -				 Upper 95 Pct Confidence 		
60% -	70% -				Cumulative Survival Probability		
0 20 40 60 80 100 120 Months After Implant Sars 1 2 3 4 5 6 7 at 96 mo % 99.8% 99.6% 99.4% 99.3%	60% -				Lower 95 Pct Confidence		
Souths After Implant Souths After Implant ***********************************	50%	1	I I	1			
tears 1 2 3 4 5 6 7 at 96 mo % 99.8% 99.6% 99.4% 99.3% 98.3% 98.3% 98.3% # 2,535 2,208 1,883 1,465 758 418 268 124 Ventricular Placement Qualifying Complications 20 umber of Leads Enrolled in Study 3,057 Conductor Fracture 2 Impedance Abnormal 2 umber of Leads Active in Study 1,432 Failure To Capture 9 Lead Dislodgement 3 90%	0 20			120			
% 99.8% 99.6% 99.4% 99.3% 98.3% 90.3% 90.3% 90.3% 90.		Months After	Implant				
# 2,535 2,208 1,883 1,465 758 418 268 124 Fentricular Placement roduct Surveillance Registry Results Qualifying Complications 20 umber of Leads Enrolled in Study 3,057 Conductor Fracture 2 Impedance Abnormal 2 umulative Months of Followup 130,875 Failure To Capture 9 Lead Dislodgement 3 umber of Leads Active in Study 1,432 Failure To Sense 1 Oversensing 2 00% 0 0% 0 0 0 0 0 0 00% 0 0 0 0 0 0 0 0 00% 0 0 0 0 0 0 0 0 00% 0 0 0 0 0 0 0 0 00% 0 0 0 0 0 0 0 0 00% 0 20 40 60 80 100 120 <td colspa<="" td=""><td></td><td>6 7</td><td>at 96 mo</td><td></td><td></td><td></td></td>	<td></td> <td>6 7</td> <td>at 96 mo</td> <td></td> <td></td> <td></td>		6 7	at 96 mo			
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umber of Leads Active in Study 130,875 Failure To Capture 9 Lead Dislodgement 3 100% - Failure To Sense 1 Oversensing 2 90% - 80% - -	roduct Surveillance Registry Results		Qualifying Complications	20			
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00% - 00% - 0 0 0 0 0 0 0 0 0 0 0 0 0 100 100 100 100 0 0 0 0 0 0 0 100 120 0 0 100 120	umulative Months of Followup	130,875	Failure To Capture	9 Lea	ad Dislodgement	3	
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50% - -							
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50% - -	700/						
50% - -	70% -				Cumulative Survival Probability		
0 20 40 60 80 100 120 Months After Implant ears 1 2 3 4 5 6 7 at 96 mo 5 7 at 96 mo 80 100 120 </td <td>60% -</td> <td></td> <td></td> <td></td> <td>Lower 95 Pct Confidence</td> <td></td>	60% -				Lower 95 Pct Confidence		
Months After Implant ears 1 2 3 4 5 6 7 at 96 mo		40 00	00 100	400			
pars 1 2 3 4 5 6 7 at 96 mo	0 20			120			
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	% 99.7% 99.7% 99.6% 99.6% 99.6%	% 99.1% 97.9%	97.3%				

5092 CapSure SP Nov	vus				
US Market Release	03Jun1998	US Returned Product A	Analysis	US Acute Lead Obser	vations
CE Approval	25Sep1997	Conductor Fracture	24	Cardiac Perforation	7
Registered USA Implants	140,174	Crimp Weld Bond		Conductor Fracture	2
Estimated Active USA Implants	47,796	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 Impedan	ice Abnormal	1
Cumulative Months of Followup	53,615	Failure To Capture	3 Lead Dis	slodgement	5
Number of Leads Active in Study	30				
100%		=			
80% -			• (Jpper 95 Pct Confidence	
80% - 80% - 70% - 70% - 70% - 70%				Cumulative Survival Probability	
<u> </u>				ower 95 Pct Confidence	

4	50% -r 0		50)	10	0	15	0	20	0	2	50	3	1 00
						M	onths Aft	er Impla	nt					
Years	1	2	3	4	5	6	7	8	9	10	11	12	13	at 162 mo
%	99.5%	99.3%	99.2%	98.9%	98.9%	98.6%	98.6%	98.6%	98.6%	98.6%	97.8%	97.8%	97.8%	97.8%
#	814	652	517	420	333	262	213	170	145	129	106	80	55	51

5554 CapSure Z No					
US Market Release	03Jun1998	US Returned Produc	t Analysis	US Acute Lead Observ	vations
CE Approval	05Jun1997	Conductor Fracture	21	Cardiac Perforation	
Registered USA Implants	64,448	Crimp Weld Bond		Conductor Fracture	
Estimated Active USA Implants	21,895	Insulation Breach	39	Extracardiac Stimulation	
Fixation Type	Tines	Other		Failure To Capture	3
Pace Sense Polarity	Bipolar			Failure To Sense	
Steroid Indicator	Yes			Impedance Abnormal	
				Insulation Breach	
				Lead Dislodgement	3
				Oversensing	
				Unspecified	
Product Surveillance Registry Resu	ults	Qualifying Complications	5		
lumber of Leads Enrolled in Study	364	Failure To Capture	2 Impedan	ice Abnormal	1
cumulative Months of Followup	9,143		Lead Dis	slodgement	1
lumber of Leads Active in Study	9		Oversen	sing	1
100% - 90% - 80% - 70% - 60% - 50% -	40 60	80 100	• (Jpper 95 Pct Confidence Cumulative Survival Probability Lower 95 Pct Confidence	
0 20		100	120		
0 20		Implant			
0 20 Years 1 2 3 4	Months After				

#

US Market Release	03Jun1998	US Returned Product Analysis		US Acute Lead Observations	
CE Approval Registered USA Implants Estimated Active USA Implants Fixation Type Pace Sense Polarity Steroid Indicator	25Sep1997 36,938 15,431 Tines Bipolar Yes	Conductor Fracture Crimp Weld Bond Insulation Breach Other	6	Cardiac Perforation Conductor Fracture Extracardiac Stimulation Failure To Capture Failure To Sense Impedance Abnormal Insulation Breach Lead Dislodgement Oversensing	43
				Unspecified	1
roduct Surveillance Registry Res	ults	Qualifying Complications	5	Unspecified	1
roduct Surveillance Registry Res umber of Leads Enrolled in Study	ults 718	Qualifying Complications Failure To Capture			1
umber of Leads Enrolled in Study umulative Months of Followup					1
umber of Leads Enrolled in Study	718				2

98.9%

98.9%

98.9%

98.9%

at 150 mo

98.9%

98.9%

99.3%

% 99.6%

Years

#

99.3%

98.9%

98.9%

Months After Implant

98.9%

98.9%

5594 CapSure SP Nov US Market Release	25Jun2001	LIS Poturnod Product	Analysis	LIS Aguto Lood Observe	tiono
CE Approval	23Mar2001	US Returned Product	Analysis	US Acute Lead Observa	tions
Registered USA Implants	17,590	Conductor Fracture Crimp Weld Bond	15	Conductor Fracture	
Estimated Active USA Implants	8,607	Insulation Breach	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
Product Surveillance Registry Results		Qualifying Complications	3		
Number of Leads Enrolled in Study	39	Conductor Fracture	1 Insulation	Breach	1
Cumulative Months of Followup	3,628		Oversens	sing	1
Number of Leads Active in Study	12				
100% - 90% - 80% - 70% - 60% - 50% - 50% -	40 60	80 100	• C	pper 95 Pct Confidence umulative Survival Probability ower 95 Pct Confidence	
0 20	40 Months Afte		120		

% 100.0% **#** 0

CE Approval 01Jan1993 Conductor Fracture 14 Cardiac Perforation Registered USA Implants 3,260 Crimp Weld Bond Conductor Fracture 14 Cardiac Perforation Estimated Active USA Implants 1,107 Insulation Breach 1 Extracardiac Stimulation Pace Sense Polarity n/a Other Failure To Capture Failure To Capture Steroid Indicator None Other Failure To Sense Impedance Abnormal Insulation Breach Lead Dislodgement Oversensing Unspecified odduct Surveillance Registry Results Qualifying Complications 47 mider of Leads Enrolled in Study 23,972 Failure To Capture 8 moder of Leads Active in Study 7 7 Oversensing 1 100%	US Market Release	31Mar1994	US Returned Prod	uct Analysis	US Acute Lead Obser	vations
Estimated Active USA Implants 1,107 Fixation Type Suture Pace Sense Polarity None Steroid Indicator None Char Veid Bond Insulation Breach 1 Cher Failure To Capture Failure To Capture Failure To Sense Impedance Abnormal Insulation Breach Lead Dislodgement Oversensing Unspecified Oversensing 12 Dualifying Complications 47 Conductor Fracture 21 Impedance Abnormal 4 Failure To Capture 8 Insulation Breach 2 Oversensing 12 100% 90% 100% 110% 120% 100%			Conductor Fracture	14	Cardiac Perforation	
Fixation Type Suture Other Extracadula C Simulation Pace Sense Polarity n/a Other Failure To Capture Failure To Sense Steroid Indicator None Unpedance Abnormal Insulation Breach Insulation Breach Impedance Abnormal Steroid Indicator None Qualifying Complications 47 Oduct Surveillance Registry Results Qualifying Complications 47 Mulative Months of Followup 23,972 Failure To Capture 8 Insulation Breach 2 100% 0 7 Oversensing 1 Upper 95 Pct Confidence 90% 0 20 40 60 80 100 100	• ·		Crimp Weld Bond		Conductor Fracture	
Pace Sense Polarity n/a Steroid Indicator None Failure To Capture Failure To Sense [Impedance Abnormal Insulation Breach Lead Dislodgement] Oversensing Unspecified Unspecified Unspecified 10 Study 4117 mulative Months of Followup 23,972 mber of Leads Active in Study 7 417 100%	•		Insulation Breach	1	Extracardiac Stimulation	
Steroid Indicator None Failure 10 Sense Steroid Indicator None Impedance Abnormal Insulation Breach Lead Dislodgement Oversensing Unspecified Doduct Surveillance Registry Results Qualifying Complications 47 mulative Months of Followup 23.972 Failure To Capture 8 Insulation Breach 2 Oversensing 1 Unspecified 2 Oversensing 1 Insulation Breach 2 Oversensing 1 Insulation Breach 2 Oversensing 1 100% 7 90% - 100% - 90% - 100% - 100% - 100% - 100% - 100% - 100% - 100% - 100% - 100% - 100% - 100% - 100% - </td <td></td> <td></td> <td>Other</td> <td></td> <td>Failure To Capture</td> <td></td>			Other		Failure To Capture	
Impedance Abnormal Insulation Breach Lead Dislodgement Oversensing Unspecified	,				Failure To Sense	
Lead Dislodgement Oversensing Unspecified Unspecified Unspecified Unspecified Unspecified Unspecified Unspecified 47 Conductor Fracture 21 Impedance Abnormal 4 Insulation Breach 2 Oversensing 12	Steroid Indicator	None			Impedance Abnormal	
Outct Surveillance Registry Results Qualifying Complications 47 mber of Leads Enrolled in Study 417 Conductor Fracture 21 Impedance Abnormal 4 mulative Months of Followup 23,972 Pailure To Capture 8 Insulation Breach 2 mber of Leads Active in Study 7 7 Conductor Fracture 21 Impedance Abnormal 4 100%					Insulation Breach	
Oduct Surveillance Registry ResultsQualifying Complications47mutative Months of Followup23,972Conductor Fracture21Impedance Abnormal4Failure To Capture8Insulation Breach200%Oversensing12100%90%-					Lead Dislodgement	
Oudict Surveillance Registry ResultsQualifying Complications47mber of Leads Enrolled in Study417Conductor Fracture21Impedance Abnormal4mulative Months of Followup23,972Failure To Capture8Insulation Breach2mber of Leads Active in Study7Oversensing12					Oversensing	
Index of Leads Enrolled in Study417 23,972Conductor Fracture21 Failure To CaptureImpedance Abnormal4 Insulation Breach2 2 Oversensing12100% 9					Unspecified	
nulative Months of Followup 23,972 Failure To Capture 8 Insulation Breach 2 nber of Leads Active in Study 7 Powersensing 12 100% - 90% - 80% - 70% - 60% - 50% - 50% - 20 40 60 80 100 120	oduct Surveillance Registry Results		Qualifying Complications	47		
nber of Leads Active in Study 7 Oversensing 12	nber of Leads Enrolled in Study	417	Conductor Fracture	21 Impedan	ce Abnormal	4
100% -	nulative Months of Followup	23,972	Failure To Capture	8 Insulation	n Breach	2
90% - . <td>nber of Leads Active in Study</td> <td>7</td> <td></td> <td>Oversens</td> <td>sing</td> <td>12</td>	nber of Leads Active in Study	7		Oversens	sing	12
0 20 40 60 80 100 120	100% -					
Months After Implant	90% - 80% - 70% - 60% -			• C	umulative Survival Probability	
	90% - 80% - 70% - 60% - 50% -	40 60	80 100	• C	umulative Survival Probability	

56

319 272 219 186 133 99

348

US Market Release	02Sep2004	US Returned Produc	t Analysis	US Acute Lead Observations
CE Approval		Conductor Fracture	5	Cardiac Perforation
Registered USA Implants	350	Crimp Weld Bond	0	Conductor Fracture
Estimated Active USA Implants	107	Insulation Breach		Extracardiac Stimulation
Fixation Type	Tines	Other		Failure To Capture
Pace Sense Polarity	True Bipolar/One Coil	Oulor		Failure To Sense
Steroid Indicator	Yes			Impedance Abnormal
				Insulation Breach
				Lead Dislodgement
				Oversensing
				Unspecified
oduct Surveillance Registry Resul	lts			·
· · · · · · · · · · · · · · · · · · ·				
mber of Leads Enrolled in Study	4			
mber of Leads Enrolled in Study mulative Months of Followup	4 293			
mulative Months of Followup	4 293 1			
	293			
mulative Months of Followup	293			
mulative Months of Followup	293			
nulative Months of Followup mber of Leads Active in Study	293			
nulative Months of Followup mber of Leads Active in Study 100% - 90% -	293			
nulative Months of Followup mber of Leads Active in Study 100% – 90% – 80% –	293			• Upper 95 Pct Confidence
nulative Months of Followup mber of Leads Active in Study 100% - 90% - 80% - 70% -	293			 Upper 95 Pct Confidence Cumulative Survival Probability
nulative Months of Followup mber of Leads Active in Study 100% – 90% – 80% –	293			
mulative Months of Followup mber of Leads Active in Study 100% 90% - 90% - 70% - 50% -	293 1			Cumulative Survival Probability
nulative Months of Followup mber of Leads Active in Study 100% - 90% - 80% - 70% - 60% -	293	80 100	120	Cumulative Survival Probability

% 100.0%
0

31 Sprint Fidelis	02Sep2004	US Poturnod Product	Analysis	US Acute Lead Observa	tione
CE Approval	020092001	US Returned Product	-		nions
Registered USA Implants	8,060	Conductor Fracture	652	Cardiac Perforation	
Estimated Active USA Implants	1,876	Crimp Weld Bond		Conductor Fracture	
Fixation Type	Active Screw In	Insulation Breach	1	Extracardiac Stimulation	
Pace Sense Polarity	True Bipolar/One Coil	Other	5	Failure To Capture	
Steroid Indicator	Yes			Failure To Sense	
				Impedance Abnormal	
				Insulation Breach	
				Lead Dislodgement	
				Oversensing	
			-	Unspecified	
oduct Surveillance Registry Results		Qualifying Complications	58		
nber of Leads Enrolled in Study	311	Conductor Fracture			10
nulative Months of Followup	17,815	Failure To Capture	3 Lead Dis	lodgement	2
nber of Leads Active in Study	14	Failure To Sense	1 Oversens	sing	7
100% - 90% - 80% - 70% - 60% -			• C	lpper 95 Pct Confidence cumulative Survival Probability ower 95 Pct Confidence	
	1 1	I I			
50%					
	10 60	80 100	120		

#

% 98.2%

261

96.2%

232

93.1%

204

88.3% 82.2%

138

167

74.3%

104

72.3%

70

72.3%

6935 Sprint Quattro	Secure S					
US Market Release			ned Product Analysis US Acute Lead C		Observations	
CE Approval Registered USA Implants Estimated Active USA Implants	31Mar2008 62,149 46,413	Conductor Fracture Crimp Weld Bond	371	Cardiac Perforation Conductor Fracture	20	
Fixation Type	Active Screw In	Insulation Breach	12	Extracardiac Stimulation		
Pace Sense Polarity	True Bipolar/One Coi	Other	41	Failure To Capture	2	
Steroid Indicator	Yes			Failure To Sense	1:	
				Impedance Abnormal	2	
				Insulation Breach		
				Lead Dislodgement	6	
				Oversensing	6	
				Unspecified	1	
roduct Surveillance Registry Resu		Qualifying Complications	53			
umber of Leads Enrolled in Study	2,760	Cardiac Perforation		nce Abnormal	7	
umulative Months of Followup	135,868	Conductor Fracture		slodgement	7	
lumber of Leads Active in Study	864	Extracardiac Stimulation	1 Overser	0	7	
		Failure To Capture	6 Unspeci		1	
		Failure To Sense	1 Other C	omplication	2	
100%						
و 90% –						
80%				Upper 95 Pct Confidence		
g 70% –				Cumulative Survival Probability	,	
[₩] 60% -				Lower 95 Pct Confidence	,	
50% -						
0 20	40 60	80 100 120	140			
	Months After In	plant				
fears 1 2 3 4	5 6 7 8	9 at 120 mo				
% 99.5% 99.2% 98.9% 98.6%	98.4% 98.0% 97.3% 96.	6% 95.0% 95.0%				
# 2,274 1,865 1,516 1,219	1,029 874 652 38	3 220 78				

6935M Sprint Quattro	Secure S				
US Market Release	02Aug2012	US Returned Produc	t Analysis	US Acute Lead Obse	ervations
CE Approval	12Jul2012	Conductor Fracture	391	Cardiac Perforation	123
Registered USA Implants	254,918	Crimp Weld Bond		Conductor Fracture	11
Estimated Active USA Implants	235,866	Insulation Breach	17	Extracardiac Stimulation	22
Fixation Type	Active Screw In	Other	64	64 Failure To Capture	
Pace Sense Polarity	True Bipolar/One Coil			Failure To Sense	72
Steroid Indicator	Yes			Impedance Abnormal	71
				Insulation Breach	2
				Lead Dislodgement	419
				Oversensing	203
				Unspecified	
Product Surveillance Registry Resu	lts	Qualifying Complications	62		
Number of Leads Enrolled in Study	6,768	Cardiac Perforation	1 Impedance	e Abnormal	5
Cumulative Months of Followup	227,023	Conductor Fracture	19 Insulation	Breach	2
Number of Leads Active in Study	4,044	Extracardiac Stimulation	1 Lead Dislo	dgement	15
		Failure To Capture	13 Oversensi	ng	2
		Failure To Sense	1 Unspecifie	d	1
100%			Other Con	nplication	2
<u>a</u> 90% –					
80%				ner OF Det Confidence	
้ 70% -				per 95 Pct Confidence Imulative Survival Probabilit	
- 60% -				wer 95 Pct Confidence	У
			• L0	wer 95 Pct Confidence	
50%	40 60	80 100	120		
· 20	Months After Im		120		
Years 1 2 3 4	5 6 at 84 mo				
% 99.6% 99.5% 99.2% 98.9%	98.4% 98.0% 98.0%				
# 5,238 4,125 3,152 1,952	1,007 403 52				

37A Transvene SVC					_
	06Apr2001	US Returned Produc	ct Analysis	US Acute Lead Obs	ervations
CE Approval	0.000	Conductor Fracture	5	Cardiac Perforation	
Registered USA Implants	2,688	Crimp Weld Bond		Conductor Fracture	
Estimated Active USA Implants	1,577	Insulation Breach		Extracardiac Stimulation	
Fixation Type	Passive	Other		Failure To Capture	
Pace Sense Polarity	One Coil			Failure To Sense	
Steroid Indicator	None			Impedance Abnormal	
				Insulation Breach	
				Lead Dislodgement	
				Oversensing	
				Unspecified	
duct Surveillance Registry Resul	Its	Qualifying Complications	14		
ber of Leads Enrolled in Study	122	Conductor Fracture	5 Impedar	ice Abnormal	1
nulative Months of Followup	13,760			n Breach	2
ber of Leads Active in Study	9		Lead Dis	slodgement	1
			Unspeci	fied	4
			Other Co	omplication	1
100%					
90% -					
80% -					
			• (Jpper 95 Pct Confidence	
70% -			• (Cumulative Survival Probabil	ity
60% -			• 1	ower 95 Pct Confidence	
50%	1	I I			
0 50	100 150	200 250	300		
	Months After	Implant			
rs 1 2 3 4	5 6 7	8 9 at 114 mo			
% 99.1% 99.1% 99.1% 98.2% 9	95.4% 94.3% 93.2%	91.9% 89.1% 89.1%			
# 115 113 109 103	91 82 75	69 56 51			

6944 <mark>5</mark>	Sprint Quatt	ro				
US Market Rel	ease	13Dec2000	US Returned Prod	uct Analysis	US Acute Lead Obse	ervations
CE Approval Registered US Estimated Acti Fixation Type	SA Implants ive USA Implants	05Nov1999 44,787 17,965 Tines	Conductor Fracture Crimp Weld Bond Insulation Breach	209 1 5	Cardiac Perforation Conductor Fracture Extracardiac Stimulation	
Pace Sense Po Steroid Indicato	,	True Bipolar/Two Coils Yes	Other	4	Failure To Capture Failure To Sense Impedance Abnormal Insulation Breach Lead Dislodgement Oversensing Unspecified	
Product Surveill	ance Registry R	esults	Qualifying Complications	29		
Number of Leads Ei Cumulative Months	,	621 34,575	Conductor Fracture Failure To Capture	16 Impedan 4 Oversen	ce Abnormal sing	4
Number of Leads A	ctive in Study	113	Failure To Sense	1 Unspecif	0	1
100%				1	Jpper 95 Pct Confidence	

90.7%

at 132 mo

89.2%

99.2%

100.0%

Years

%

#

99.8%

95.1%

97.3%

91.9%

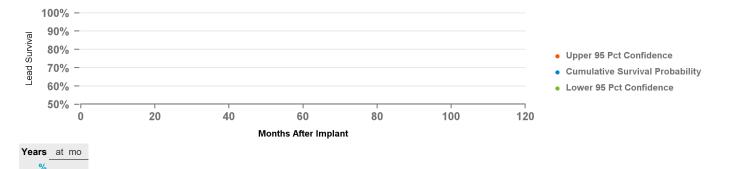
Months After Implant

91.3%

90.7%

90.7%

IS Market Release	05Jan2016	US Returned Product Analysis	US Acute Lead Observations	
E Approval	12Sep2013		Cardiac Perforation	
Registered USA Implants	2,468		Conductor Fracture	
Estimated Active USA Implants	2,360		Extracardiac Stimulation	
ation Type e Sense Polarity	Tines		Failure To Capture	
ace Sense Polarity	True Bipolar/Two Coils		Failure To Sense	
teroid Indicator	Yes		Impedance Abnormal	
			Insulation Breach	
			Lead Dislodgement	
			Oversensing	
			Unspecified	



6947 Sprint Quattro Secu	ure											_
US Market Release	12Nov2001	U	S Retu	rned P	Product	t Analy	sis		US Acu	te Lead Obse	rvations	
CE Approval	04Oct2001	Co	nductor Fi	racture		1,	238	C	Cardiac P	erforation		29
Registered USA Implants	375,413	Cri	mp Weld I	Bond			4	C	Conductor	r Fracture		26
Estimated Active USA Implants	185,409	Ins	ulation Br	each			98	E	xtracardi	iac Stimulation		2
Fixation Type	Active Screw In	Oth	ner				190	F	ailure To	Capture		82
Pace Sense Polarity	True Bipolar/Two Coils	;						F	ailure To	Sense		34
Steroid Indicator	Yes							h	npedanc	e Abnormal		59
								h	nsulation	Breach		4
								L	ead Dislo	odgement		123
								C	Oversensi	ing		140
								ι	Inspecifie	ed		20
Product Surveillance Registry Results		Qualifyir	ng Comp	olicatio	ons		91					
Number of Leads Enrolled in Study	4,458	Conductor	⁻ Fracture			33	Imped	ance Ab	normal		13	
Cumulative Months of Followup	263,968	Failure To	Capture			7	Insula	tion Brea	ch		5	
Number of Leads Active in Study	965	Failure To	Sense			2	Lead I	Dislodge	nent		5	
							Overs	ensing			19	
							Unspe	ecified			3	
100%							Other	Complica	ation		4	
												
<u>\$</u> 80% -										C 1		
м М										onfidence		
										vival Probability	/	
00%							•	Lower	95 Pct C	onfidence		
50%	0 150	2(00	2	50	30	0					
0 30 10	Months After Imp			2		50						
Years 1 2 3 4 5	6 7 8	9	10	11	12	13	14	15	16	at 198 mo		
% 99.5% 99.3% 99.0% 98.7% 98.2%	97.9% 97.5% 97.0%	% 96.6%	96.0%	95.6%	95.0%	95.0%	94.4%	93.7%	90.5%	90.5%		
# 3,273 2,875 2,519 2,223 1,976	1,728 1,456 1,24	0 976	699	436	256	197	166	132	84	64		

6947M Sprint Quattro Sec	ure				
US Market Release	13Feb2012	US Returned Product A	nalysis	US Acute Lead Obser	vations
CE Approval	12Mar2010	Conductor Fracture	173	Cardiac Perforation	33
Registered USA Implants	121,904	Crimp Weld Bond		Conductor Fracture	9
Estimated Active USA Implants	106,264	Insulation Breach	12	Extracardiac Stimulation	11
Fixation Type	Active Screw In	Other	30	Failure To Capture	99
Pace Sense Polarity	True Bipolar/Two Coils			Failure To Sense	37
Steroid Indicator	Yes			Impedance Abnormal	28
				Insulation Breach	
				Lead Dislodgement	208
				Oversensing	74
				Unspecified	
Product Surveillance Registry Results		Qualifying Complications	17		
Number of Leads Enrolled in Study	2,166	Conductor Fracture	9 Lead Dislo	odgement	1
Cumulative Months of Followup	102,428	Failure To Capture	4 Other Cor	nplication	1
Number of Leads Active in Study	851	Failure To Sense	2		
100%					
00%					
80% - 70% -					
S 20% -			• Up	oper 95 Pct Confidence	
Pg 70% -			• Ci	Imulative Survival Probability	
- 60% -			• Lo	ower 95 Pct Confidence	
50%	I I				
0 20 4	0 60	80 100	120		
	Months After Imp	blant			
Years 1 2 3 4 5	6 7 at 90) mo			
% 99.7% 99.5% 99.3% 99.3% 99.0%	99.0% 98.5% 98.	5%			
# 1,730 1,459 1,288 1,074 886	706 382 16	57			

S948 Sprint Fidelis					
US Market Release	02Sep2004	US Returned Produ	ict Analysis	US Acute Lead Observ	vations
CE Approval		Conductor Fracture	210	Cardiac Perforation	
Registered USA Implants	10,343	Crimp Weld Bond		Conductor Fracture	
Estimated Active USA Implants	2,699	Insulation Breach	3	Extracardiac Stimulation	
Fixation Type	Tines	Other	4	Failure To Capture	
Pace Sense Polarity	True Bipolar/Two Co	ils		Failure To Sense	
Steroid Indicator	Yes			Impedance Abnormal	
				Insulation Breach	
				Lead Dislodgement	
				Oversensing	
				Unspecified	
roduct Surveillance Registry Resu	lts	Qualifying Complications	4		
umber of Leads Enrolled in Study	39	Conductor Fracture	3 Impedar	nce Abnormal	1
umulative Months of Followup	2,298				
umber of Leads Active in Study	4				
100% -					
					
80% -					
p 70% -				Upper 95 Pct Confidence	
0				Cumulative Survival Probability	
60% -			•	Lower 95 Pct Confidence	
50% - 20	40 60	80 100	120		
0 20			120		
	Months After In	nplant			
ears at 0 mo					
% 100.0%					

6949 Sprint Fidelis						
US Market Release	02Sep2004	US Retu	rned Produc	t Analysis	US Acute Lead Obse	rvations
CE Approval		Conductor I	racture	7,983	Cardiac Perforation	10
Registered USA Implants	186,160	Crimp Weld	Bond	3	Conductor Fracture	48
Estimated Active USA Implants	40,652	Insulation B	reach	37	Extracardiac Stimulation	
71	Active Screw In	Other		104	Failure To Capture	32
	True Bipolar/Two Coils				Failure To Sense	19
Steroid Indicator	Yes				Impedance Abnormal	19
					Insulation Breach	5
					Lead Dislodgement	22
					Oversensing	35
					Unspecified	25
Product Surveillance Registry Results		Qualifying Com	plications	129		
Number of Leads Enrolled in Study	980	Conductor Fracture	•	73 Impedan	ce Abnormal	19
Cumulative Months of Followup	55,832	Failure To Capture		5 Insulation	n Breach	2
Number of Leads Active in Study	73	Failure To Sense		6 Lead Dis	lodgement	1
				Oversens	sing	21
				Other Co	mplication	2
100% -						
80% - 80% - 70\% - 70\% -						
g 70% -	- Change				pper 95 Pct Confidence	
					umulative Survival Probability	/
- 60% -				• L	ower 95 Pct Confidence	
50%	450	202	050			
0 50 100		200	250	300		
Years 1 2 3 4 5	Months After Impl	9 10	11 12	at 156 mo		
Years 1 2 3 4 5 % 98.5% 96.5% 93.4% 91.0% 88.2%	6 7 8 84.4% 81.5% 79.3%		71.5% 69.0%	66.7%		
# 717 624 530 456 390	342 280 236	188 153	126 94	65		

996 Sub-Q Lead	11Jun2001			d Dreduct (LIC Asuta Load Obs	a mustic ma
CE Approval	19Dec1997		US Returne		-	US Acute Lead Obs	
Registered USA Implants	5,275		Conductor Fract		33	Cardiac Perforation	
Estimated Active USA Implants	2,841		Crimp Weld Bon			Conductor Fracture	
Fixation Type	Suture on Anchor SI	eeve	Insulation Breac	า		Extracardiac Stimulation	
Pace Sense Polarity	One Coil	0010	Other			Failure To Capture	
Steroid Indicator	None					Failure To Sense	
	None					Impedance Abnormal	1
						Insulation Breach	
						Lead Dislodgement	
						Oversensing	
						Unspecified	
oduct Surveillance Registry Results		Qua	lifying Complic	ations	3		
mber of Leads Enrolled in Study	53	Conductor Fracture			1 Impe	edance Abnormal	2
mulative Months of Followup	2,338						
mber of Leads Active in Study	6						
100% -							
90% -							
90% - 80% - 70% -						Upper 95 Pct Confidence	
70% -						Cumulative Survival Probabili	4×2
60% -						Lower 95 Pct Confidence	ty
						• Lower 35 r ct connuence	
50%	40 60		80	100	120		
	Months After I	mnlant					
ars at 0 mo	Months After I	mplant					

US Market Release	28Aug2001	US Returned	Product Analys	S US Acute Lead Observations
CE Approval Registered USA Implants Estimated Active USA Implants	11,925 1,617	Conductor Fracture Crimp Weld Bond	2	1 Cardiac Perforation Conductor Fracture
Fixation Type Pace Sense Polarity	Distal Continous Curve	Insulation Breach Other		3 Extracardiac Stimulation 2 Failure To Capture
Steroid Indicator	None			Failure To Sense Impedance Abnormal Insulation Breach
				Lead Dislodgement Oversensing Unspecified
oduct Surveillance Registry Results		Qualifying Complicati	ions	
nber of Leads Enrolled in Study nulative Months of Followup nber of Leads Active in Study	140 6,989 6	Failure To Capture	3	
90% -				
80% - 70% - 60% -				 Upper 95 Pct Confidence Cumulative Survival Probability Lower 95 Pct Confidence
	T	1		
50%	40 60	80	100 120	

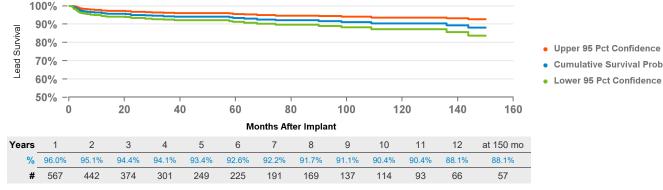
52

#

101

85

4193 Attain OTW					
US Market Release	03May2002	US Returned Product	t Analysis	US Acute Lead Obse	rvations
CE Approval	22Dec2000	Conductor Fracture	88	Cardiac Perforation	
Registered USA Implants	100,523	Crimp Weld Bond		Conductor Fracture	
Estimated Active USA Implants	21,119	Insulation Breach	31	Extracardiac Stimulation	18
Fixation Type	Double Curve	Other	12	Failure To Capture	11
Pace Sense Polarity	Unipolar	Calor	12	Failure To Sense	
Steroid Indicator	Yes			Impedance Abnormal	
				Insulation Breach	
				Lead Dislodgement	45
				Oversensing	1
				Unspecified	2
Product Surveillance Registry Results		Qualifying Complications	49	-	
Number of Leads Enrolled in Study	803	Conductor Fracture	1 Impedance	e Abnormal	2
Cumulative Months of Followup	40,834	Extracardiac Stimulation		odgement	14
Number of Leads Active in Study	49	Failure To Capture	19 Unspecifi		3
100%					



- Cumulative Survival Probability
- Lower 95 Pct Confidence

4194 Attain OTW					
US Market Release	24Aug2004	US Returned Produ	ct Analysis	US Acute Lead Observation	ations
CE Approval Registered USA Implants Estimated Active USA Implants Fixation Type Pace Sense Polarity Steroid Indicator	14Jul2003 114,938 47,538 Double Curve Bipolar Yes	Conductor Fracture Crimp Weld Bond Insulation Breach Other	44 151 2	Cardiac Perforation Conductor Fracture Extracardiac Stimulation Failure To Capture Failure To Sense Impedance Abnormal Insulation Breach Lead Dislodgement Oversensing Unspecified	4 4 4 15 15
Product Surveillance Registry Resu	ılts	Qualifying Complications	65	Unspecified	-
Number of Leads Enrolled in Study	1,645	Conductor Fracture	2 Insulation	Breach	2
Cumulative Months of Followup	90,692	Extracardiac Stimulation	11 Lead Dis	odgement	30
lumber of Leads Active in Study	288	Failure To Capture	19 Insulatior	n Breach Esc	1
100% - 90% - 80% - 70% - 60% - 50% - 50% -		200 250	• C	pper 95 Pct Confidence rumulative Survival Probability ower 95 Pct Confidence	

Years	1	2	3	4	5	6	7	8	9	10	11	12	at 156 mo
%	98.6%	97.4%	96.7%	96.1%	95.6%	94.4%	94.2%	93.5%	93.5%	93.2%	92.7%	92.7%	92.7%
#	1,237	1,045	896	767	693	605	467	366	283	202	143	81	54

Months After Implant

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4195	Attain	n Sta	arFix												
US Market	Release				15Aug	2008		U	S Returne	d Product	Analys	sis	US Acute Lead Ob	oservations	
CE Approv					13May			Co	nductor Fractu	ire		10	Cardiac Perforation		
0	I USA Impla				17,420			Cri	mp Weld Bond	ł			Conductor Fracture		
	Active USA	Impla	ints		10,015				ulation Breach	1		3	Extracardiac Stimulation	on	29
Fixation Typ							e Fixation	Oth	ner			2	Failure To Capture		21
Pace Sense					Unipola	r							Failure To Sense		
Steroid Indi	cator				Yes								Impedance Abnormal		4
													Insulation Breach		
													Lead Dislodgement		29
													Oversensing		
													Unspecified		1
Product Surv	eillance F	Regis	try Res	ults			Q	ualifyir	ng Complica	tions		39			
Number of Lead	s Enrolled i	n Stuc	ly			1,486	C	onductor	Fracture		4	Impedance	Abnormal	2	
Cumulative Mon	ths of Follo	wup			7	8,948	E	xtracardi	ac Stimulation		14	Insulation I	Breach	5	
Number of Lead	s Active in S	Study				301	Fa	ailure To	Capture		8	Lead Dislo	dgement	5	
												Other Com	plication	1	
100%															
_ 90%															
80%															
ເດ												• Up	per 95 Pct Confidence		
70% –												• Cu	mulative Survival Probab	oility	
60% -												• Lo	wer 95 Pct Confidence		
50%		-				1			1	1	1				
0		20		40	(60	80		100	120	14	0			
					M	onths Aft	er Impla	nt							
Years 1	2	3	4	5	6	7	8	9	at 120 mo						
% 99.2%		8.2%	97.7%	97.3%	96.9%	96.4%	95.5%	95.1%	95.1%						
# 1,244	1,073 9	924	740	608	483	347	233	138	58						

US Market Release	15May2009	US Returned Produc	t Analysis	US Acute Lead Observ	vations
CE Approval	24Jul2007	Conductor Fracture	24	Cardiac Perforation	ations
Registered USA Implants	69,379	Crimp Weld Bond	24	Conductor Fracture	
Estimated Active USA Implants	43,846	Insulation Breach	2	Extracardiac Stimulation	g
Fixation Type	Double Curve			Failure To Capture	6
Pace Sense Polarity	Bipolar	Other	9	Failure To Sense	C
Steroid Indicator	Yes				
				Impedance Abnormal	1
				Insulation Breach	04
				Lead Dislodgement	21
				Oversensing	
				Unspecified	
oduct Surveillance Registry Resu	ults	Qualifying Complications	86		
mber of Leads Enrolled in Study	2,299	Conductor Fracture	3 Impedar	ice Abnormal	2
mulative Months of Followup	105,677	Extracardiac Stimulation	14 Insulatio	n Breach	1
mber of Leads Active in Study	397	Failure To Capture	39 Lead Dis	slodgement	23
			Other Co	omplication	4
100%					
0.08/					
30 /6					
80% -			•	Jpper 95 Pct Confidence	
70% -			•	Cumulative Survival Probability	
90% - 80% - 70% - 60% -			• 1	ower 95 Pct Confidence	
60% -					
		1			
50%	40 60	80 100	120		
50%	40 60 Months After		120		
50%			120		
50% - 20	Months After 5 6 7	Implant	120		

	01Apr2011	US Returned Produc	t Analysis	US Acute Lead Observ	ations
CE Approval Registered USA Implants Estimated Active USA Implants Fixation Type Pace Sense Polarity Steroid Indicator	18Dec2009 34,783 26,074 Double Curve Dual Electrodes Yes	Conductor Fracture Crimp Weld Bond Insulation Breach Other	3 2 4	Cardiac Perforation Conductor Fracture Extracardiac Stimulation Failure To Capture Failure To Sense Impedance Abnormal Insulation Breach Lead Dislodgement Oversensing	6 3 1 11
oduct Surveillance Registry Result	ts	Qualifying Complications	35	Unspecified	
nber of Leads Enrolled in Study	1,459	Extracardiac Stimulation		slodgement	13
nulative Months of Followup	62,973	Failure To Capture		omplication	1
nber of Leads Active in Study	415				
100%					
80% -			• 1	Upper 95 Pct Confidence	
70% -			•	Cumulative Survival Probability	
60% -			•	Lower 95 Pct Confidence	
50%	1 1	1 1			
0 20	40 60	80 100	120		
	Months After I	mplant			

1,150 924 751 630 519 377 184 102

CE Approval 01Jan2013 Conductor Fracture 5 Cardiac Perforation Conductor Fracture Estimated Active USA Implants 86,244 Crimp Weld Bond Extracardiac Stimulation 16 Fixation Type Double Curve Double Curve Other 18 Failure To Capture 10 Pace Sense Polarity Bipolar Steroid Indicator Yes 10 Failure To Capture 12 Product Surveillance Registry Results Qualifying Complications 17 12 Other Complication 12 Stroid Indicator 1,336 1,336 100 120 12 0ther Complication 1 Mumber of Leads Active in Study 2,110 Extracardiac Stimulation 4 Lead Dislodgement 12 90%	US Market Release	01Aug2014	US Returned Product	Analysis	US Acute Lead Obser	vations
Registered USA Implants 86,244 Crimp Weld Bond Conductor Fracture Estimated Active USA Implants 78,936 Insulation Breach Extracardiac Stimulation 18 Fixation Type Double Curve Other 18 Failure To Capture 10 Steroid Indicator Yes Ves 11 12 12 12 100 100 120 Verse Stroid Indicator Yes Outer 18 Crimp Weld Bond Conductor Fracture Extracardiac Stimulation 16 Product Surveillance Registry Results Unspecified Other 18 Failure To Capture 10 Vumber of Leads Enrolled in Study 2,110 Extracardiac Stimulation 4 Lead Dislodgement 12 00% 0 1,103 0ther Complication 1 12 00% 0 80% 0 100 120 0ther Stroid Indicator 12 00% 0 0 100 120 0ther Complication 1 12 00% 0 0 100 120 0ther Stroid Indicator 120 0ther Stroid	CE Approval	01Jan2013				(
Estimated Active USA Implants 78,936 Insulation Breach Extracardiac Stimulation 18 Piace Sense Polarity Bipolar Other 18 Failure To Capture 10 Steroid Indicator Yes Other 18 Failure To Sense Implantation 10 Product Surveillance Registry Results Qualifying Complications 17 Implantation 12 Other 0 ther Complication 17 Extracardiac Stimulation 4 Lead Dislodgement 12 Other Complication 1 1 Other Complication 1 1 100% - - - - - - 90% - - - - - - 90% - - - - - - - 90% - <td< td=""><td>Registered USA Implants</td><td>86,244</td><td></td><td>5</td><td></td><td></td></td<>	Registered USA Implants	86,244		5		
Fixation Type Double Curve Pace Sense Polarity Bipolar Steroid Indicator Yes Other 18 Failure To Capture 10 Failure To Sense Impedance Abnormal 2 Insulation Breach Lead Dislodgement 18 Product Surveillance Registry Results Qualifying Complications 17 Sumber of Leads Enrolled in Study 2,110 Extracardiac Stimulation 4 Lead Dislodgement 12 Other 00% -<	Estimated Active USA Implants	78,936				18
Pace Sense Polarity Bipolar Steroid Indicator Yes Steroid Indicator Yes Failure To Sense Impedance Abnormal Lead Dislodgement 12 Unspecified Unspecified Unspecified 12 12 12 12 12 12 12 12 12 12	Fixation Type	Double Curve		18		10
Steroid Indicator Yes Impedance Abnormal 2 Insulation Breach Lead Dislodgement 18 Insulation Breach Lead Dislodgement 18 Oversensing Unspecified Unspecified Product Surveillance Registry Results Qualifying Complications 17 Number of Leads Enrolled in Study 2,110 Extracardiac Stimulation 4 Lead Dislodgement 12 Cumulative Months of Followup 61,103 Other Complication 1 1 Number of Leads Active in Study 1,336 - - - - 90% - - - - - - - 90% - - - - - - - - 90% -	Pace Sense Polarity	Bipolar	ouloi	10		
Insulation Breach Lead Dislodgement 18 Oversensing Unspecified Product Surveillance Registry Results Qualifying Complications 17 Number of Leads Enrolled in Study 2,110 Extracardiac Stimulation 4 Lead Dislodgement 12 Other Complications 17 Number of Leads Active in Study 1,336 Other Complication 1 100% - - 0 Other Complication 1 90% - </td <td>Steroid Indicator</td> <td>Yes</td> <td></td> <td></td> <td></td> <td>2</td>	Steroid Indicator	Yes				2
Product Surveillance Registry Results Number of Leads Enrolled in Study 2,110 Cumulative Months of Followup 61,103 Number of Leads Active in Study 1,336 100%					•	
Oversensing Unspecified Product Surveillance Registry Results Qualifying Complications 17 Number of Leads Enrolled in Study 2,110 Extracardiac Stimulation 4 Lead Dislodgement 12 Cumulative Months of Followup 61,103 Other Complication 1 Number of Leads Active in Study 1,336 Other Complication 1 100% - - - - - 90% - - - - - - 80% - - - - - - - - 90% - <					Lead Dislodgement	18
Product Surveillance Registry Results Number of Leads Enrolled in Study 2,110 Cumulative Months of Followup 61,103 Number of Leads Active in Study 1,336 100%					<u> </u>	
Number of Leads Enrolled in Study 2,110 Cumulative Months of Followup 61,103 Number of Leads Active in Study 1,336 100%					Unspecified	
Number of Leads Enrolled in Study 2,110 Extracardiac Stimulation 4 Lead Dislodgement 12 Cumulative Months of Followup 61,103 Number of Leads Active in Study 1,336 100% - 90% - 80% - 70% - 50% - 50% - 1 2 3 4 at 60 mo Years 1 2 3 4 at 60 mo	Product Surveillance Registry Resul	ts	Qualifying Complications	17	·	
Cumulative Months of Followup 61,103 Number of Leads Active in Study 1,336 0 ther Complication 1 0 ther Complic	Number of Leads Enrolled in Study			4 Lead Dis	lodaement	12
Number of Leads Active in Study 1,336 100% - 90% - 80% - 70% - 60% - 50% - 0 20 40 60 80 100 1 2 3 4 at 60 mo	Cumulative Months of Followup	61,103			0	1
90% - 80% - 70% - 60% - 50% - 0 20 40 60 80 100 1 2 3 4 at 60 mo	Number of Leads Active in Study	1,336			1	
80% - 70% - 60% - 50% - 0 20 40 60 80 100 120 Months After Implant Years 1 2 3 4 at 60 mo	100%					
• Lower 95 Pct Confidence 50%	<u>w</u> 90% -					
• Lower 95 Pct Confidence 50%	80% -				Inner 95 Pct Confidence	
• Lower 95 Pct Confidence 50%	0 p 70% -					
50% - 40 60 80 100 120 Months After Implant					-	
0 20 40 60 80 100 120 Months After Implant Years 1 2 3 4 at 60 mo				•	ower 35 f ct oonndence	
Years 1 2 3 4 at 60 mo			80 100	120		
lears 1 2 3 4 at 60 mo		Months After	Implant			
	(ears 1 2 3 4 a					
	% 99.3% 99.0% 98.9% 98.9%	98.9%				

1,603 1,105 775 460

4396 Attain Ability S	traight				
US Market Release	31Mar2011	US Returned Product	Analysis	US Acute Lead Obser	vations
CE Approval Registered USA Implants Estimated Active USA Implants Fixation Type Pace Sense Polarity Steroid Indicator	18Dec2009 8,157 6,111 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	1 2 20 10 34
Product Surveillance Registry Resu	ults	Qualifying Complications	7	Unspecified	
Number of Leads Enrolled in Study	467	Extracardiac Stimulation	1 Insulatio	n Breach	1
Cumulative Months of Followup	20,453	Failure To Capture	3 Lead Dis	slodgement	2
Number of Leads Active in Study	160				
100% - 90% - 80% - 70% - 60% - 50% -	2		• (Jpper 95 Pct Confidence Cumulative Survival Probability Lower 95 Pct Confidence	
0 20	40 60	80 100	120		
	Months After I	mplant			

1

370

% 99.8%

Years

#

2

99.5%

293

3

98.4%

253

4

98.4%

215

5

98.4%

171

6

98.4%

110

at 84 mo

98.4%

US Market Release	10Dec2014	US Returned Product	Analysis	US Acute Lead Observa	tions
CE Approval	01Jan2013	Conductor Fracture	2	Cardiac Perforation	
Registered USA Implants	27,306	Crimp Weld Bond		Conductor Fracture	
Estimated Active USA Implants	25,351	Insulation Breach		Extracardiac Stimulation	
Fixation Type	Tines	Other	5	Failure To Capture	
Pace Sense Polarity	Bipolar			Failure To Sense	
Steroid Indicator	Yes			Impedance Abnormal	
				Insulation Breach	
				Lead Dislodgement	:
				Oversensing	
				Unspecified	
oduct Surveillance Registry Resul	Its	Qualifying Complications	8		
webser of Londo Frendland in Obudu	4 077		0		
umber of Leads Enrolled in Study	1,377	Failure To Capture	3 Impeda	nce Abnormal	1
	1,377 25,935	Failure To Capture		nce Abnormal slodgement	1 4
umber of Leads Enrolled in Study umulative Months of Followup umber of Leads Active in Study	, -	Failure To Capture			

% 99.7% 99.7% 99.0% 99.0%

447 210 102

802

#

97.7%

US Market Release	10Dec2014	US Returned Produc	t Analysis	US Acute Lead Observa	tions
CE Approval Registered USA Implants Estimated Active USA Implants Fixation Type Pace Sense Polarity Steroid Indicator	01Jan2013 49,758 46,375 S-shape Quad Pole Yes	Conductor Fracture Crimp Weld Bond Insulation Breach Other	7	Cardiac Perforation Conductor Fracture Extracardiac Stimulation Failure To Capture Failure To Sense Impedance Abnormal Insulation Breach Lead Dislodgement Oversensing	5 1 83 46 16 51 51
Product Surveillance Registry Results		Qualifying Complications	12	Unspecified	
Number of Leads Enrolled in Study	1,247	Extracardiac Stimulation		slodgement	9
Cumulative Months of Followup	31,812	Failure To Sense	1		0
Number of Leads Active in Study	825				
100%				Upper 95 Pct Confidence	
0 70% -				Cumulative Survival Probability	
<u>م</u> 60% –				Lower 95 Pct Confidence	
50%					
0 20	40 60	80 100	120		
	Months After	mplant			
Years 1 2 3 4 at	54 mo				
% 99.3% 98.9% 98.9% 98.5% 9	8.5%				

586

353

168

US Market Release	06Sep1996	US Returned Produ	ct Analysis	US Acute Lead Observ	ations
CE Approval	01Jan1993	Conductor Fracture	286	Cardiac Perforation	
Registered USA Implants	23,466	Crimp Weld Bond	1	Conductor Fracture	
Estimated Active USA Implants	8,162	Insulation Breach	63	Extracardiac Stimulation	
Fixation Type	Suture	Other	00	Failure To Capture	1
Pace Sense Polarity	Unipolar	Guior		Failure To Sense	Į
Steroid Indicator	Yes			Impedance Abnormal	10
				Insulation Breach	
				Lead Dislodgement	
				Oversensing	
				Unspecified	;
roduct Surveillance Registry Results	i	Qualifying Complications	17	- 1	
umber of Leads Enrolled in Study	234	Conductor Fracture	10 Insulation	n Breach	1
umulative Months of Followup	7,389	Failure To Capture	3 Oversens	sing	2
umber of Leads Active in Study	6	Failure To Sense	1	0	
100% - 90% - 80% - 70% - 60% - 50% -			• 0	Ipper 95 Pct Confidence Cumulative Survival Probability ower 95 Pct Confidence	
0 20	40 60	80 100	120		
	Months After	lucula ut			

101

83

68	•	oSure	Ebi													
US Marke		9			16Sep			U	S Retu	rned P	roduct	Analys	is	US Acute Lead Ob	servations	\$
CE Appro					21Apr1			Co	nductor F	racture		1	09	Cardiac Perforation		
Registere					51,723			Cri	mp Weld	Bond				Conductor Fracture		
Estimated		JSA Impla	ants		31,246			Ins	ulation B	reach			56	Extracardiac Stimulation	n	
Fixation Ty					Suture			Oth	ner				1	Failure To Capture		(
Pace Sens	se Polarity	/			Bipolar									Failure To Sense		
Steroid Inc	dicator				Yes									Impedance Abnormal		
														Insulation Breach		
														Lead Dislodgement		
														Oversensing		
														Unspecified		
duct Sur	veillanc	e Regis	try Res	ults			C	ualifyir	ng Com	plicatio	ns	9	95	·		
nber of Lea	ids Enrolle	ed in Stu	dy			1,027	C	onductor	Fracture			24	Impe	dance Abnormal	5	
nulative Mo	onths of Fe	ollowup			6	1,494	E	xtracardi	ac Stimu	ation				ation Breach	4	
nber of Lea	ds Active	in Study				221	F	ailure To	Capture			29	Lead	Dislodgement	1	
							F	ailure To	Sense			3	Overs	sensing	25	
													Other	r Complication	2	
100%																
90% -				_												
80%																
						Server and the server of the s								 Upper 95 Pct Confidence 		
70%						م ر								 Cumulative Survival Probabi 	lity	
60% -														Lower 95 Pct Confidence		
50% -r									1		1					
0)	50)	10	0	15	50	20	00	2	50	300)			
					Me	onths Afl	er Impla	nt								
irs 1	2	3	4	5	6	7	8	9	10	11	12	at 150 m	0			
% 99.5%	97.6%	96.1%	94.3%	93.2%	91.0%	89.1%	89.1%	84.5%	83.5%	79.9%	75.4%	72.0%				
# 799	716	619	529	452	367	316	266	186	138	100	74	61				

US Market Release	03Dec1992	US Returned Produc	ct Analysis	US Acute Lead Obse	ervations
CE Approval Registered USA Implants Estimated Active USA Implants Fixation Type Pace Sense Polarity Steroid Indicator	01Jan1993 54,914 16,433 Fixed Screw Unipolar None	Conductor Fracture Crimp Weld Bond Insulation Breach Other	27 27 1	US Acute Lead Obse Cardiac Perforation Conductor Fracture Extracardiac Stimulation Failure To Capture Failure To Sense Impedance Abnormal Insulation Breach Lead Dislodgement Oversensing	ervations
				Unspecified	
oduct Surveillance Registry Resul		Qualifying Complications	32		
mber of Leads Enrolled in Study	453	Conductor Fracture		nce Abnormal	1
mulative Months of Followup	14,668	Extracardiac Stimulation	1 Lead Di	slodgement	2
mber of Leads Active in Study	92	Failure To Capture	20 Overser	5	2
100% - 90% -		Failure To Sense	2 Other C	omplication	I
80% -			•	Upper 95 Pct Confidence	
90% 80% 70%			•	Cumulative Survival Probabilit	ty
60% -			•	Lower 95 Pct Confidence	-
50%					
0 20	40 60	80 100	120		
	Months After	Implant			
ars 1 2 3 4	5 6 at 84 mo				
% 95.1% 92.2% 90.3% 90.3% 8	8.7% 86.7% 85.2%				

US Market Release	10Sep1998	US Returned Product	Analysis	US Acute Lead Observation	ns
CE Approval	15Apr1997	Conductor Fracture	8	Cardiac Perforation	
Registered USA Implants	10,367	Crimp Weld Bond		Conductor Fracture	
Estimated Active USA Implants	3,523	Insulation Breach	2	Extracardiac Stimulation	
Fixation Type	Tines	Other		Failure To Capture	
Pace Sense Polarity	Quadripolar			Failure To Sense	
Steroid Indicator	Yes			Impedance Abnormal	
				Insulation Breach	
				Lead Dislodgement	
				Oversensing	
				Unspecified	
oduct Surveillance Registry Results		Qualifying Complications	8		
mber of Leads Enrolled in Study	568	Conductor Fracture	3		
mulative Months of Followup	15,833	Failure To Capture	2		
nber of Leads Active in Study	3	Failure To Sense	3		
100% - 90% -					
100% - 90% - 80% -					
00%				Upper 95 Pct Confidence	
90% - 80% - 70% -			•	Cumulative Survival Probability	
90% - 80% - 70% - 60% -			•		
90% - 80% - 70% - 60% - 50% -	40 60		•	Cumulative Survival Probability	
90% - 80% - 70% - 60% -	40 60 Months After	80 100	•	Cumulative Survival Probability	

218 160 132 104

78

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.

7232

Model Number	Brand
7232Cx	Maximo VR

D154AWG, D164AWG

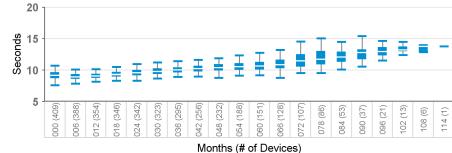
Brand

Virtuoso DR

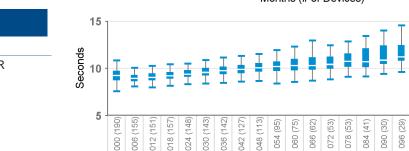
Model Number

D164AWG

15	1																				
Seconds	I	H	HH	Ħ	Ŧ	Ī	I	I	Ţ	Ţ	Ţ		Ī		⊤	Ţ	Ţ	Ţ	Ĭ	Ī	-
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 (38)	084 (37)	090 (32)	096 (24)	102 (21)	108 (13)	114 (5)	120 (1)
								Ν	Nont	ths (# of	Dev	ices)							







Months (# of Devices)

z -

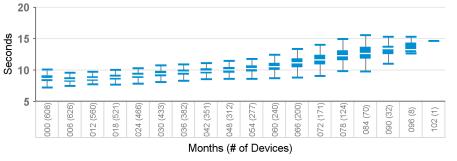
132 (1)

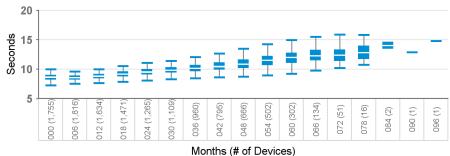
120 (7) 126 (4)

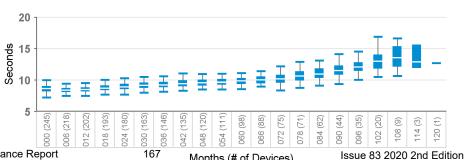
ļ

108 (18) 114 (14)

102 (20)







D204DRM, D214DRM, D224DRG, D234DRG

Model Number	Brand
D204DRM	Secura DR
D214DRM	Secura DR
D224DRG	Secura DR
D234DRG	Secura DR
DZ34DKG	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, <u>D234VRC</u>

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

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D264DRG, D284DRG, D384DRx, D394<u>DRx</u>

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

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006 (153) 012 (141) 018 (125) 024 (112) 030 (104)

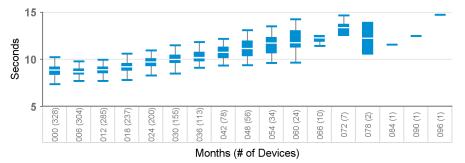
036 (88) 042 (83)

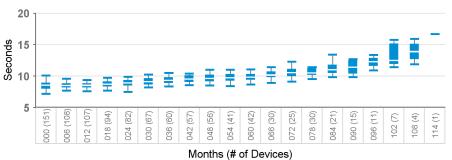
Seconds 10

D274TRK, D294TRK							
Model Number	Brand						
D274TRK	Concerto II CRT-D						
D294TRK	Concerto II CRT-D						

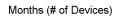
15 Ţ ╤╤<u>╤</u>╤<u></u>╤ Seconds Ţ Ŧ Ŧ 5 (62) 042 (78) 048 (73) 054 (60) 066 (39) 072 (31) 000 (199) 006 (182) 030 (108) 060 (45) 078 (26) 096 (1) 102 (1) 024 (134 084 (19) (7) 060 012 (169 018 (158 036

Months (# of Devices)







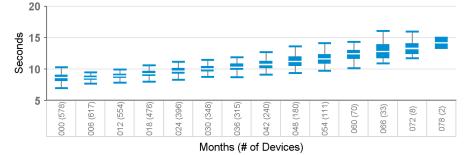


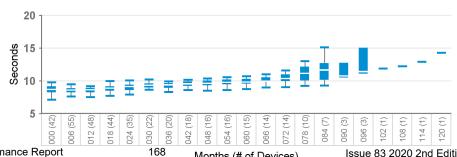
054 (64) 060 (47) 066 (40) 072 (34) 078 (24) 084 (15) 108 (1)

096 (3) 102 (1)

(8) 060

048 (68)





D274VRC, D294VRCModel NumberBrandD274VRCVirtuoso II VRD294VRCVirtuoso II VR

Medtronic CRHF Product Performance Report

Months (# of Devices) Issue 83 2020 2nd Edition Online https://wwwp.medtronic.com/productperformance

D314DRx

D314VRx

D314VRG

D314VRM

Model Number

Model Number

D334DRG

D334DRM

D364DRG

D364DRM

Model Number

D334TRG

D334TRM

D364TRG

D364TRM

D334DRx, D364DRx

D334TRx, D364TRx

Model Number	Brand
D314DRG	Protecta XT DR
D314DRM	Protecta XT DR

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Seconds 10											_	Т	Ι	Т			-	
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D314TRx	
Model Number	Brand
D314TRG	Protecta XT CRT-D
D314TRM	Protecta XT CRT-D

Brand

Brand

Brand

Protecta DR

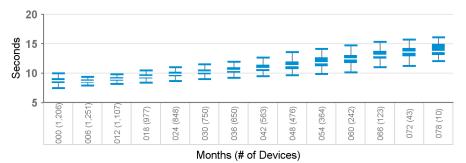
Protecta DR

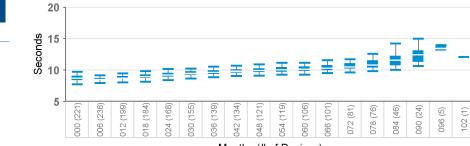
Protecta DR

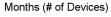
Protecta DR

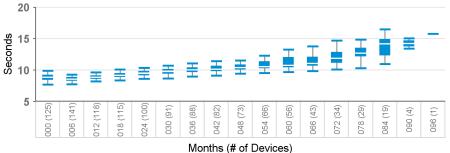
Protecta XT VR

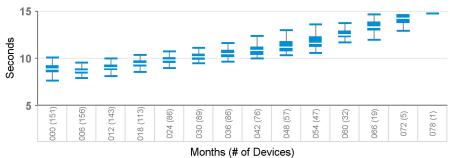
Protecta XT VR

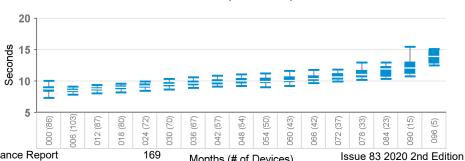






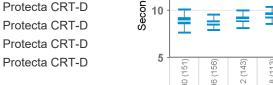






D334VRx, D364VRx Model Number Brand

woder Number	Dranu
D334VRG	Protecta VR
D334VRM	Protecta VR
D364VRG	Protecta VR
D364VRM	Protecta VR



Medtronic CRHF Product Performance Report

Months (# of Devices) Online https://wwwp.medtronic.com/productperformance

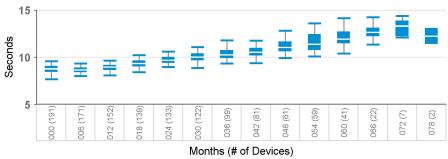
D354DRx

Model Number	Brand
D354DRG	Protecta XT DR
D354DRM	Protecta XT DR

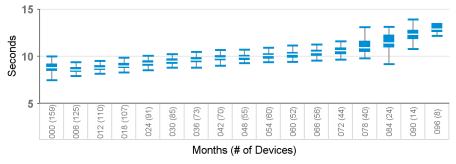
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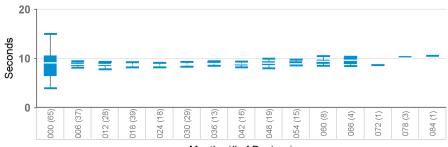
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							Montl	ns (#	of De	vices))					

D354TRx	
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





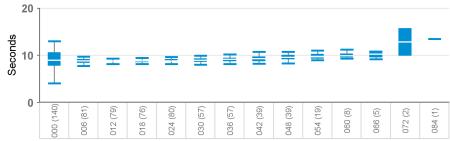
Model NumberBrandDDBB1D1Evera

DDxxxxx, DR

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
DDME3D1	Mirro
DDME3D4	Mirro

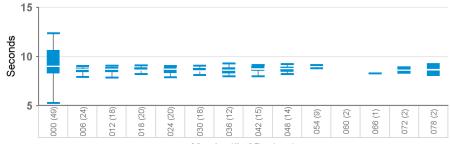
Months (# of Devices)

DTxxxxx, 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)

DVxxxx, VF	२
Model Number	Brand
DVAB1D1	Visia AF
DVAB1D4	Visia AF
DVAB2D1	Visia AF XT
DVAC3D1	Visia AF S
DVBB1D1	Evera XT
DVBB1D4	Evera XT
DVBB2D1	Evera XT
DVBB2D4	Evera XT
DVBC3D1	Evera S
DVBC3D4	Evera S
DVFB1D1	Visia MRI AF
DVFB1D4	Visia MRI AF
DVFB2D1	Visia MRI AF XT
DVFB2D4	Visia MRI AF XT
DVFC3D1	Visia MRI AF S
DVFC3D4	Visia MRI AF S
DVMB1D4	Evera MRI XT
DVMB2D1	Evera MRI XT
DVMB2D4	Evera MRI XT
DVMC3D1	Evera MRI S
DVMC3D4	Evera MRI S
DVMD3D1	Primo
DVMD3D4	Primo
DVME3D1	Mirro
DVME3D4	Mirro



Months (# of Devices)

Device Programming Information - Setting VF ATP During Charging Therapy

Cobalt[™] XT, Cobalt and Crome[™] ICDs and CRT-Ds

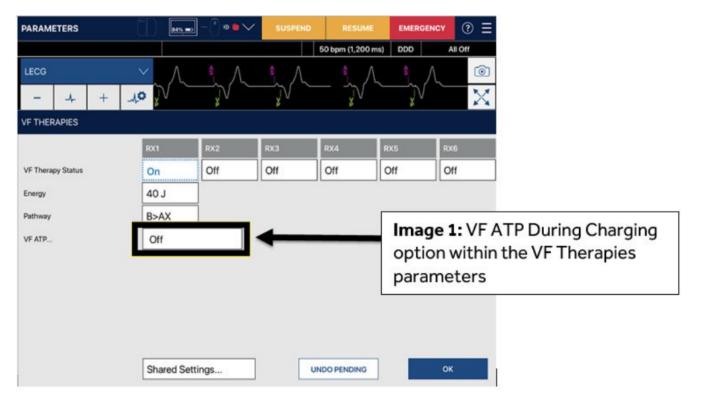
Original Date of Communication: September 2020

This communication provides information about the programming of Ventricular Fibrillation Antitachycardia Pacing (VF ATP) During Charging. When enabled, VF ATP During Charging allows the device to simultaneously deliver ATP therapy while charging to deliver a high-voltage VF therapy, if needed.

For Cobalt and Crome ICD and CRT-D devices, clinicians should confirm that the VF ATP parameterhas been set to the desired value. Depending on pre-implant programming sequences, the VF ATP parametermay not be automatically enabled and may require manual programming (see Image 1 below). In prior generations of Medtronic devices, the VF ATP parameter was automatically enabled with all VF therapies.

As of 21-Sept-2020, Medtronic has received one (1) complaint (out of 3,237 devices sold worldwide) related to this issue. No serious adverse events have been reported.

These devices will deliver all programmed high-voltage therapies as expected, regardless of the VF ATP parameter setting. Likewise, all device functions will operate as programmed. If the VF ATP is not enabled, there is risk for a high-voltage therapy to be applied for a Fast VT arrhythmia in the VF detection zone, which could have been treated with ATP During Charging.



Clinician Actions

We realize that each patient requires unique clinical considerations. With deference to those considerations, Medtronic recommends physicians follow normal clinical practices, including:

- At implant, as described in labeling, confirm the appropriate selection has been programmed for the VF ATP parameter.

- At routine follow-up, confirm that the VF ATP parameter is programmed to the desired setting for each patient.

CFx Longevity Estimator Software Error - Software Updates Available June 2020

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

Original Date of Communication: June 2020

STATUS UPDATE - OCTOBER 1, 2020

CareLink™ Network update (version CLN18) has been released to correct the CFx longevity estimator error in all CareLink transmissions for the Phase 2 devices listed below.

The first phase of CareLink Network updates occurred in June 2020 and corrected the longevity estimation display error for the following device models.

- Azure[™]/Astra[™] pacemakers
- Percepta[™]/Serena[™]/Solara[™] CRT-Ps
- Visia AF™/Visia AF MRI™ ICDs
- Amplia MRI[™]/Claria MRI[™]/Compia MRI[™] CRT-Ds

As of September 2020, the second phase of CareLink[™] Network updates have been deployed worldwide, and accurate longevity estimates are now being displayed through CareLink for the following device models:

- Viva[™]/Brava[™] CRT-D
- Evera™/Evera MRI™/Primo MRI™/Mirro MRI™ ICDs
- Micra[™] VR TPS

Model 2090 and Encore Programmer software updates to correct the longevity estimation display error for the Phase 2 devices listed above are currently under submission with worldwide regulatory bodies. Once these programmer software updates are approved, Medtronic employees will update Model 2090 and Encore programmers in affected accounts. These programmer updates will then conclude all activities associated with the October 2019 advisory. Devices included in this second phase of updates are not currently supported by Medtronic SmartSync[™] Device Manager.

Important Note: Until all programmers are updated, a difference in displayed longevity estimates between programmers and the CareLink Network may be observed. If you have questions regarding the accuracy of any longevity estimate, please contact Medtronic Technical Services.

ORIGINAL COMMUNICATION - JUNE 2020

This communication provides notice on the availability of software updates that will correct the issue disclosed in a communication sent in October 2019. The original communication described the potential for Medtronic programmers and remote monitoring systems to display an inaccurate longevity estimate for a well-defined subset of approximately 53,100 implanted cardiac devices worldwide; and that prophylactic device replacement is not recommended, as device functionality and the RRT indicator are not impacted by the inaccurate longevity estimate.

Two phases of software releases will be required to address the issue (refer to Table 1 below). Device families listed under Phase 1 are receiving the software update at this time. Device families listed under Phase 2 will be addressed in future software releases, anticipated to be approved in late calendar year 2020.

Phase 1 – June 2020 Azure™/Astra™ (SW030) v 8.1 Serena™/ Solara™/ Percepta™ (SW040) v 8.3 Visia AF™/ Visia AF™ MRI (SW035) v 8.2 Claria™/ Amplia™/ Compia™ (SW034) v 8.4 (US) **Table 1:**Device family updates by phases Phase 2 – Late 2020

Viva™/Brava™/ Evera Evera™ MRI/ Primo™ MRI/ Mirro™ MRI Micra™ VR TPS

As of 5 June 2020, the Medtronic CareLink[™] Network has been updated, and longevity estimates displayed through CareLink for devices in Phase 1 will reflect the correct longevity estimate. Azure IPG and Percepta/Serena/Solara CRT-P patients remotely monitored via the MyCareLink Heart[™] mobile app will automatically receive an updated longevity estimate on their mobile app with their next scheduled transmission, or within 92 days, whichever comes first.

Actions for devices in Phase 1

The Independent Physician Quality Panel recommends routine follow up in accordance with standard practice for these devices, as RRT function is normal and the battery longevity is unaffected. There is no need to schedule patients to come in outside of their planned, scheduled visits due to this issue. The corrective fix is implemented in programmers, CareLink, and other systems which display device longevity. The patient's device does not require an update. Follow the steps below as applicable to your clinic or hospital. A local Medtronic Representative can assist in updating Model 2090/Encore programmers and SmartSync Device Managers in your facilities.

• Model 2090 and Encore[™] Programmers

These programmers will require new software to be installed to correct the displayed longevity estimator error. The software applications and version are listed in Table 1 above and can be installed via Medtronic Software Distribution Network (SDN) or via secure USB.

• SmartSync[™] Device Managers

These tablet-based programmers will require a software update to be installed via the internet - refer to Appendix A (below) for detailed instructions on how to download and install the updated application software.

Completion of programmer updates may be delayed due to COVID 19 pandemic-related facility restrictions. Based on your facility's needs and accessibility, Medtronic Representative or authorized personnel will work with your facility as requested to complete the updates. Customers with Paceart systems should contact their support team to ensure the latest device update is applied.

Note: Once a programmer is updated, the correct longevity estimate will display at the patient's next regularly scheduled clinic visit. Until all SmartSync Device Managers and Model 2090 and Encore programmers are updated, a difference in longevity estimates between programmers and CareLink Network-displayed longevitymay be observed.

Recommendations for devices in Phase 2

Continue to follow the patient management recommendations from the October 2019 communication (excerpted below) for the subset of patients within the affected population who are not included in the Phase 1 software updates.

Patient Management Recommendations (October 2019)

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 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.

APPENDIX A – UPDATING SMARTSYNC™ DEVICE MANAGER

Until all SmartSync Device Managers and Model 2090 and Encore programmers are updated, you may observe a difference in longevity estimates between these programmers and CareLink-displayed longevity.

Updating Medtronic SmartSync[™] Device Managers:

1) Connect tablet to internet and open the SmartSync App

The SmartSync App automatically checks for available updates each time it is opened.

2) If your tablet does not contain the most recent software, you will automatically receive a notification that a new version of the SmartSync App is available (3.2.01):

• If pop-up messages appear with the option to "cancel" or to "update", select "update".

o **Medtronic Managed Tablets: I**f the App closes, find the Medtronic App Catalog, and s**kect "Install"** to initiate the download.

o **Customer Owned Tablets: I**f the App closes, navigate to the AirWatch App Catalog or App Store and **select "Install" t**o initiate the download.

• If you do not receive a notification that a new version of the SmartSync App is available, skip to Step 3.

3) Once you confirm the newest version of the SmartSync App is on your tablet, re-open the SmartSync App.

• The app will automatically provide pop-up notifications informing you if there are new versions of device software applications that must be installed (see table below).

o Select CONTINUE for each pop-up window that appears. If you do not receive any pop-up notifications when you open the SmartSync App, then your tablet contains the most recent versions of all available software.

Device Family	SmartSync Application SW Version
Azure™/Astra™ DR and SR	D00U003, Version 3.2.02
Percepta™/Serena™/Solara™	D00U004, Version 3.2.02

SmartSync Device Manager Telemetry Issue – Software Updates Available June 2020

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

Original Date of Communication: June 2020

STATUS UPDATE – OCTOBER 2020

As of 14 Oct 2020, Medtronic has received thirty (30) complaints due to this issue. No adverse events or patient harm have been reported.

As described in the original advisory communication (June 2020), updates are available for the CareLink SmartSync Device Manager to address this issue. The SmartSync Device Manager software version 3.2.01 update can be obtained by connecting the tablet to the internet and requesting all application downloads. The software update will modify the SmartSync Device Manager to prevent this issue from occurring; no patient actions are required. A local Medtronic Representative can assist or advise your staff on the SmartSync update process as needed

ORIGINAL COMMUNICATION – JUNE 2020

This communication provides notice on software updates available for CareLink SmartSync[™] Device Managers supporting Medtronic Azure[™] pacemakers, and Percepta[™], Serena[™], Solara[™] cardiac resynchronization therapy pacemakers (CRT-P).

This update addresses a rare communication sequence during the first device interrogation with a SmartSync Device Manager that may result in the temporary suspension of some device features (i.e., battery measurements, Capture Management[™], Atrial Lead Position Check[™], EffectivCRT[™] algorithms, and AdaptivCRT[™]). This rare interaction results in temporary suspension of automatic threshold testing and output adjustments, and suspension of auto-optimization of CRT therapy. The issue is unlikely to result in clinical impact to the patient, and features are restored upon next programmer device interrogation or presence of a magnet.

As of 8 May 2020, Medtronic has received sixteen (16) complaints due to this issue. The predicted rate of occurrence for this issue is 0.03% on first interrogation of an Azure, Percepta, Serena, or Solara device with a SmartSync programmer. No adverse events or patient harm have been reported. Based on consultation with the Independent Physician Quality Panel and considering that the issue is unlikely to result in clinical impact to the patient, routine patient follow-up in accordance with standard practice is recommended.

Updates are available for the CareLink SmartSync Device Manager to address this issue. The SmartSync Device Manager software version 3.2.01 update can be obtained by connecting the tablet to the internet and requesting all application downloads. The software update will modify the SmartSync Device Manager to prevent this issue from occurring; no patient actions are required.

A local Medtronic Representative can assist or advise your staff on the SmartSync update process as needed.

Azure S DR Atrial Lead Position Check (ALPC) Incorrectly Enabled – Software Update Available June 2020

Subset of Azure[™] S DR pacemakers

Original Date of Communication: June 2020

STATUS UPDATE - OCTOBER 2020

As of 14 Oct 2020, there have been eight (8) complaints reported due to the ALPC feature being enabled and over 45,000 devices distributed. No serious adverse events or patient harm have been reported.

ORIGINAL COMMUNICATION – JUNE 2020

This communication provides notice on a software update available for a subset of Azure™ S DR pacemakers manufactured prior to February 2020 to addresses an issue in which the Atrial Lead Position Check (ALPC) was incorrectly enabled in a subset of this device model. ALPC is intended to operate as an optional feature in device models that offer atrial anti-tachy pacing therapies (ATP). Model Azure S DR does not offer atrial ATP. This update will ensure that ALPC is inactivated in all Azure S DR devices. Device therapies and battery performance are not affected by this issue.

As of 11 May 2020, there have been seven (7) complaints reported due to the ALPC feature being enabled and over 45,000 devices distributed. ALPC has the potential to pace at the programmed pacing rate for approximately 5 minutes at high output during its nightly assessment. No serious adverse events or patient harm have been reported.

Currently, updates are available for CareLink SmartSync™ Device Manager for this issue. The SmartSync Device Manager may receive software version 3.2.01 update by connecting the tablet to the internet. As of 4 June 2020, software application SW030 version 8.1 will be available via Medtronic Software Distribution Network (SDN) for Model 2090 and Encore programmers. In mid-June 2020, software application SW030 version 8.1 will be available via secure USB for Model 2090 and Encore programmers.

Completion of programmer updates may be delayed due to COVID 19 pandemic-related facility restrictions. Based on your facility's needs and accessibility, a Medtronic Representative or authorized personnel will assist with installing software on programmers in your account. Once a programmer is updated, the ALPC feature will be automatically inactivated at the patient's next regularly scheduled interrogation if the device is in scope of this issue. There is no need to schedule patients to come in outside of their planned, scheduled visits due to this issue.

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 versions 8.3 and 8.4
CareLink™ 29901 Programmer with Software Application SW034 versions 8.3 and 8.4

STATUS UPDATE – OCTOBER 2020

Medtronic has identified two versions of software that are susceptible to the one-time partial reset during programming interrogation – software applications SW034 version 8.3 and version 8.4. As documented in the original communication (March 2020), the risk for a partial reset on first interrogation with a programmer is approximately 2%. As of October 27, 2020, there are 313 complaints received due to this issue and 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

STATUS UPDATE – OCTOBER 2020

Through 28 October 2020, the rate of premature battery depletions due to this issue is 0.07%. We have received 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 productperformance.medtronic.com.

Note: Medtronic has determined that the original posting of this Performance Note incorrectly included the Primo MRI and Mirro MRI ICD device models. These device models are not in scope of this communication as all devices manufactured under these model names were manufactured with the enhanced battery design.

ORIGINAL COMMUNICATION - NOVEMBER 2019

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-Dmodels 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 batter portinues to perform within projected estimates. There have been no reports of permanent harm to patients as a result of this sue.

Under rare circumstances, a small percentage of ICD and CRT-D devices manufactured prior **t***b* 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 rapidily his occurs, the device maynot 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 evice life; typically1-4 years afterimplant. Note, there have been no reports of this issue occurring after RRT has triggered under normal condition 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: <u>https://</u>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/

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.

 1 Device 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.

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 – OCTOBER 2020

As of October 5, 2020, there have been 312 total complaints received related to the software displaying a lower-thanexpected longevity estimate. Within the 312 complaints reported, no patient harm was reported and four (4) devices were prematurely explanted after observing an inaccurate longevity estimate.

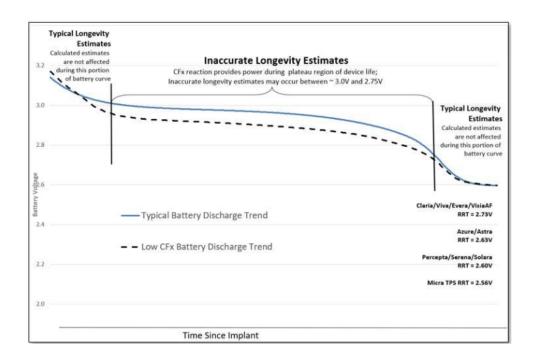
ORIGINAL ADVISORY – OCTOBER 2019

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

STATUS UPDATE - OCTOBER 2020

As of October 14, 2020, there have been a total of 14 confirmed events worldwide associated with this failure mode. One additional death has been reported since the original May 2019 publication of this issue. The confirmed event included a report of loss of pacing therapy*.

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: <u>https://wwwp.medtronic.com/productperformance/</u>

*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.

ORIGINAL 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

Dual Chamber IPG Circuit Error

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

Date of Advisory: January 2019

STATUS UPDATE - OCTOBER 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 October 9, 2020, 86,000 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	36 Worldwide	86,000 Worldwide	0.02% Worldwide

ORIGINAL COMMUNICATION - 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 circuit error 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 atrial-sensing, may experience a circuit error that affects device functionality. See Table 1 for modes that are susceptible to this circuit error. 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 initiate a session with a programmer, initiate a session with a CareLink[™] remote monitor, or respond to a magnet. Single chamber and dual chamber pacing modes that do not sense atrial activity 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 clinically apparent 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

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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%) *.

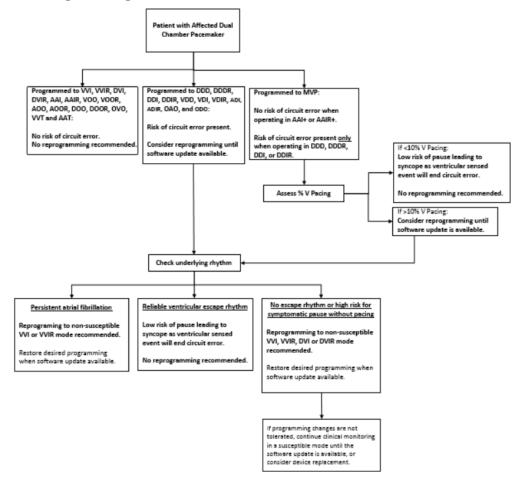
o If a patient reports symptoms consistent with a pacing pause, and you would like assistance assessing whether a patient had a pause due to this issue, contact your Medtronic representative.

• 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



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

STATUS UPDATE - OCTOBER 2020

Within the 752 lower-risk devices, there have been zero confirmed failures (0%) through October 12, 2020. An estimated 498 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	498	0% Worldwide

ORIGINAL COMMUNICATION - 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 identifywhich 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 48 Implanted Higher-Risk Devices	March 2018 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 high-voltage charges	0.18% of these devices are projected to fail during the first two high-voltage charges
Medtronic communicated a recommendation to strongly consider prophylactic replacement in these devices.	Patient management recommendations follow below.

Table – Device Subsets

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%)[i],[ii].

• 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.

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

• 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

STATUS UPDATE - OCTOBER 2020

Within the 48 devices, there has been 1 confirmed failure (2.1%) through October 12,2020. An estimated 3 devices remain active.

	,	Population	Current Malfunction Rate (confirmed malfunctions over total population)
48 Worldwide (all USA)	1	3	2.1% Worldwide

ORIGINAL COMMUNICATION - 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 high-voltage cycle testing to battery depletion in 23% of these devices, with failure observed within the first two (2) high-voltage 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.

Potential Rapid Battery Depletion Due To Circuit Component

Viva[™] CRT-D and Evera[™] ICD

Original Date of Advisory: August 2016

STATUS UPDATE - OCTOBER 2020

Within the 78 devices, there have been 10 confirmed failures (13%) through October 12,2020. Medtronic modeling predicts an additional three (3) failures may occur in the remaining active population. An estimated 26 devices remain active.

Initial Attected Population		Estimated Remaining Active	Current Malfunction Rate (confirmed malfunctions over total population)
78 Worldwide	10 Worldwide	26 Worldwide	13% Worldwide

ORIGINAL COMMUNICATION - 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 alertsand CareAlerts™ may not reliably notify the patient or clinician, due to this issue.

Reported complications have included shortness of breath, pocketheating, 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 patientalert 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 alertsfor "LowBatteryVoltage RRT" to "On-High". It 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 alertsbe 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 unsuccessful the patient should be brought into the clinic for immediate follow-upas this maybe 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 transmissionwill decrease battery longevity by approximately one day

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 <u>http://www.medtronic.com/insync-iii-crt-p</u>

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 - OCTOBER 2020

As of October 15, 2020, approximately 700 devices remain active worldwide, from an original implant population of 96,800. In the United States, 300 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	Current Malfunction Rate (confirmed malfunctions over total population)
96,800 Worldwide	171 Worldwide (95	700 Worldwide	0.18% Worldwide
(39,900 United States)	United States)	(300 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 - OCTOBER 2020

As of October 15, 2020, of the initial implant population of 205,600 in the United States, approximately 45,000 remain implanted. According to Product Surveillance Registry results, lead survival is estimated to be 66.6% (+6.0/-5.5%) at 156 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	7,270 Worldwide	62,000 Worldwide
United States)	(5,188 United States)	(45,000 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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