CARDIAC RHYTHM MANAGEMENT

Product Performance Report

Important Patient Management Information for Physicians

2023

2nd Edition – Issue 89



CRM 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.

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 CRM 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 CRM 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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---------------------------------	-----------

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For questions related to returning explanted product or returning product that shows signs of

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Outside the United States:

Your Medtronic representative or international

technical center at the number above.

Within the United States:

Your Medtronic representative or

CRM Returned Product Analysis Laboratory

Phone: 1 (800) 328-2518, ext. 44800

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Introduction

For 40 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). As Transcatheter Pacing Systems (TPS) combine the pacing functions of an IPG with the therapy delivery functions of an implantable lead into a single device implanted inside the heart, TPS is subject to complications similar to pacing leads and malfunctions or battery depletion events similar to an implanted pulse generator (IPG). The TPS performance report has been developed to align with these guidelines to the extent possible due to the unique difference between TPS compared to a typical implantable device or lead.

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.

Transcatheter Pacing Systems are monitored differently. Transcatheter pacing systems (TPS) combine the pacing functions of an IPG with the therapy delivery functions of an implantable lead into a single device implanted inside the heart. To account for the shortfalls of returned product analysis due to a very small percentage of devices being returned, a study of de-identified product data on the Medtronic CareLink™ network is used. The number of devices enrolled and transmitting actively enables a population large enough to give a representative volume of normal battery depletions and to provide insight into the complications that may occur after the device was successfully implanted. TPS survival estimates include both product failures and device-related medical complications and do not differentiate product failures from these complications such as perforation, dislodgement or elevated pacing thresholds.

Introduction continued

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.

Customer Communications - Advisory Summaries

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

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

Customer Communications - Performance Notes

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

Customer Communications - Product Education Briefs

These communications are educational in nature and typically elaborate on information found in the Instructions for Use (IFU) or other approved labeling materials. A product education brief typically serves to clarify information found in labeling that may be misunderstood or misinterpreted by physicians or healthcare professionals. Product education briefs do not provide new patient management guidance, but may be used to reinforce existing recommendations already discussed in the IFU.

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 Management (CRM) 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.

Introduction continued

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 CRM 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.

Overview of Survival Analysis

Medtronic uses the Cutler-Ederer actuarial life table method for devices, standard actuarial method for TPS 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 TPS, the population is the de-identified devices on the Medtronic CareLinkTM network.

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. For TPS, the events are complications or malfunctions as defined in the methods for estimating.

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

Introduction continued

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), the TPS curves are actually computed and plotted using the standard actuarial method and 1-month intervals, 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 $method^1$ and for the Kaplan-Meier $method^2$

¹Lee, Elisa T. (2003) Statistical Methods for Survival Data Analysis – 3rd Edition (Wiley Series in Probability and Statistics).

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

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 Management (CRM's) United States device registration data and United States returned product analysis data. These data are presented graphically and numerically.

Note: During preparation of the Issue 88 CRM PPR release, a display error with the population of the malfunctions table was identified that resulted in historical overcounting in Issue 87 and prior of some confirmed malfunctions displayed in these tables. This overcounting did not affect the survival curves. The overcounting has been corrected with the Issue 88 release.

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 analyzed in the CRM 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

In alignment with industry guidance, Medtronic CRM considers a device as having malfunctioned when the device is removed from service and the analysis shows that any parameter was outside the performance limits established by Medtronic while in service.

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 found, through analysis, to 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. All 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

Or

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

Medtronic CRM 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. 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 or may be 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:

Battery – Findings linked to the battery and its components

Device-Related Current Pathway – Findings confirmed through device or device memory returns linked to reduced or no energy shocks and other effects (e.g., 50% drop in daily pacing lead impedance measurements not due to a lead issue)

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.

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.

Software/Firmware – Findings linked to software or firmware function

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 or device memory data 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 CRM 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 (labeled as "Including Normal Battery Depletion"). 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 (labeled as "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 CRM 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 Registration Tracking Application (DTrak) with data from Returned Product Analysis.

The DTrak system is an important element of Medtronic's Quality System. The DTrak 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 DTrak 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 DTrak 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.

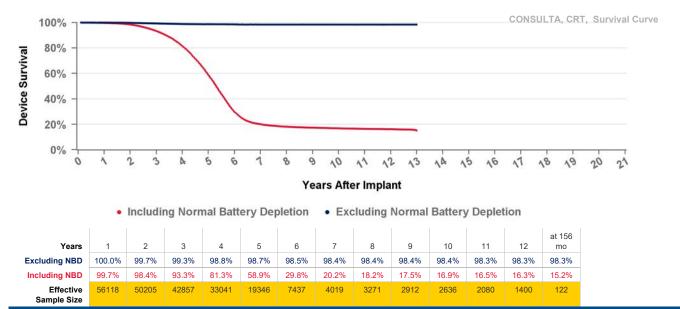
Adjustments to Registered Implants to Compensate for Unreported Devices Removed from Service

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 third party sources such as the Social Security Administration are used to update Medtronic's DTrak data about patients who have died but whose deaths had not been reported to Medtronic. In addition, the patient mortality rate derived from our DTrak 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 DTrak is significantly different from published rates, an adjustment is applied to correct the difference. The correction factor is also applied to account for devices that were removed and not reported or returned.

D204TRM Consulta CRT-D

US Market Release	09Jan2012	Total Malfunctions (USA)	3
CE Approval Date		Therapy Function Not Compromised	3
Registered USA Implants	2,048	Battery	1
Estimated Active USA Implants	259	Electrical Component	1
Normal Battery Depletions	722	Possible Early Battery Depletion	1
		Therapy Function Compromised	0



D214TRM Consulta CRT-D

US Market Release

CE Approval Date 22Jul2010

Registered USA Implants

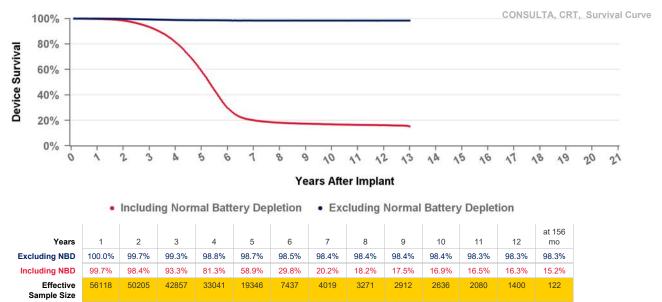
Estimated Active USA Implants

Normal Battery Depletions

Total Malfunctions (USA)

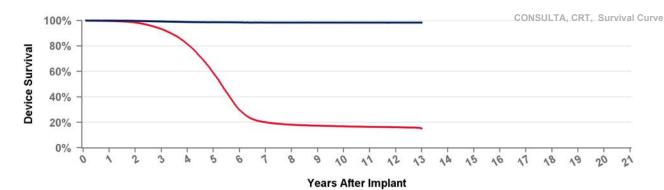
Therapy Function Not Compromised

Therapy Function Compromised



D224TRK Consulta CRT-D

US Market Release	15Sep2008	Total Malfunctions (USA)	604
CE Approval Date		Therapy Function Not Compromised	573
Registered USA Implants	65,130	Battery	2
Estimated Active USA Implants	5,026	Electrical Component	67
Normal Battery Depletions	18,955	Electrical Interconnect	1
		Possible Early Battery Depletion	496
		Software/Firmware	6
		Other	1
		Therapy Function Compromised	31
		Battery	5
		Electrical Component	26



. Excluding Normal Battery Depletion

 Including Normal Battery Depletion at 156 2 10 12 Years mo 100.0% 99.7% 99.3% 98.7% 98.3% **Excluding NBD** 98.8% 98.5% 98.4% 98.4% 98.4% 98.4% 98.3% 98.3% Including NBD 17.5% 99.7% 98.4% 93.3% 81.3% 58.9% 29.8% 20.2% 18.2% 16.9% 16.5% 16.3% 15.2% Effective 56118 50205 42857 33041 19346 7437 1400 122 4019 3271 2912 2636 2080 Sample Size

D234TRK

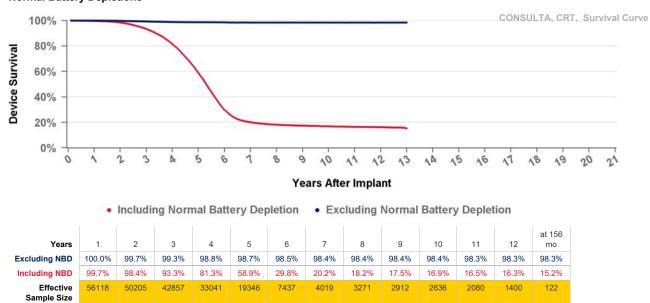
Consulta CRT-D

US Market Release Total Malfunctions (USA)

CE Approval Date 14Mar2008 Therapy Function Not Compromised

Registered USA Implants 2

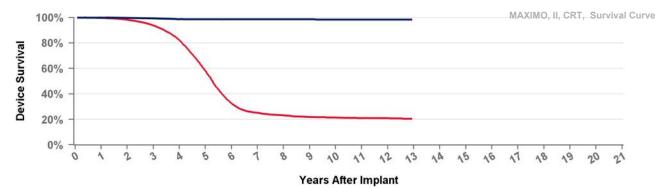
Therapy Function Compromised Estimated Active USA Implants 1



D264TRM Maximo II CRT-D

09Jan2012	Total Malfunctions (USA)	1
22Jul2010	Therapy Function Not Compromised	1
15	Other	1
2	Therapy Function Compromised	0
	22Jul2010 15	15 Other

Normal Battery Depletions 5

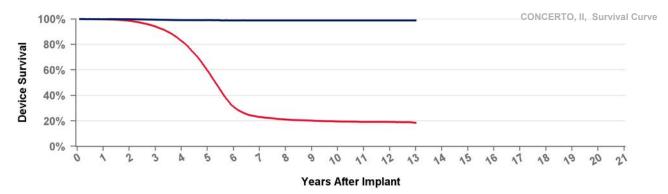


• Including Normal Battery Depletion • Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	at 155 mo
Excluding NBD	100.0%	99.7%	99.3%	98.7%	98.6%	98.5%	98.5%	98.5%	98.5%	98.5%	98.5%	98.5%	98.5%
Including NBD	99.7%	98.3%	93.7%	82.1%	58.2%	32.5%	25.2%	23.2%	21.9%	21.5%	21.1%	20.9%	20.6%
Effective Sample Size	12499	11085	9499	7256	3992	1658	1088	912	797	730	583	373	120

D274TRK Concerto II CRT-D

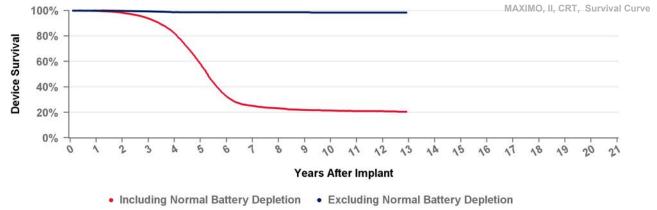
US Market Release	15Aug2009	Total Malfunctions (USA)	187
CE Approval Date		Therapy Function Not Compromised	176
Registered USA Implants	30,190	Battery	1
Estimated Active USA Implants	2,595	Electrical Component	22
Normal Battery Depletions	8,021	Possible Early Battery Depletion	152
		Software/Firmware	1
		Therapy Function Compromised	11
		Battery	1
		Electrical Component	10



Years	1	2	3	4	5	6	7	8	9	10	11	12	at 156 mo
Excluding NBD	100.0%	99.8%	99.5%	99.1%	99.1%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%	99.0%
Including NBD	99.8%	98.6%	94.1%	82.7%	59.6%	31.0%	23.1%	21.1%	20.3%	19.6%	19.3%	19.3%	18.5%
Effective Sample Size	25088	22503	19399	14878	8270	3133	1911	1580	1404	1281	1168	965	117

Maximo II CRT-D **D284TRK**

US Market Release	17Sep2008	Total Malfunctions (USA)	135
CE Approval Date	14Mar2008	Therapy Function Not Compromised	130
Registered USA Implants	14,990	Electrical Component	6
Estimated Active USA Implants	1,340	Possible Early Battery Depletion	124
Normal Battery Depletions	4,084	Therapy Function Compromised	5
		Electrical Component	5



at 155 12 Years 5 6 10 11 mo 100.0% 99.7% 99.3% 98.6% 98.5% 98.5% 98.5% 98.5% 98.5% 98.5% 98.5% 98.5% **Excluding NBD** 98.7% Including NBD 99.7% 98.3% 93.7% 82 1% 58.2% 32.5% 25.2% 23 2% 21.9% 21.5% 21.1% 20.9% 20.6% Effective 12499 11085 9499 7256 3992 1658 1088 912 797 730 583 373 120

Sample Size D294TRK

CRT-D Concerto II

US Market Release

CE Approval Date

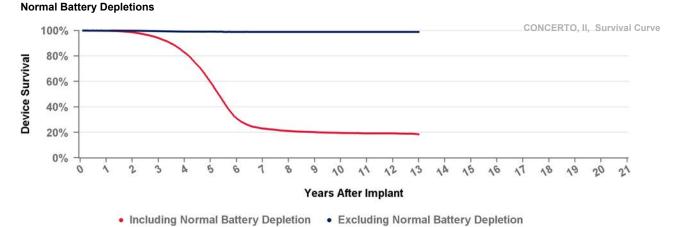
Registered USA Implants

Estimated Active USA Implants

Total Malfunctions (USA)

20Aug2008 Therapy Function Not Compromised

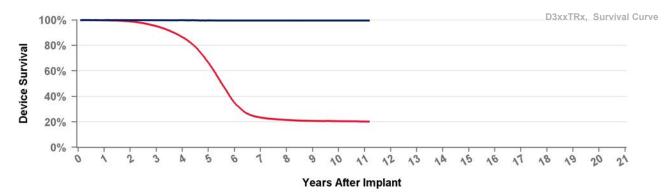
Therapy Function Compromised





D314TRG Protecta XT CRT-D

US Market Release	25Mar2011	Total Malfunctions (USA)	94
CE Approval Date		Therapy Function Not Compromised	75
Registered USA Implants	41,865	Battery	8
Estimated Active USA Implants	4,685	Electrical Component	40
Normal Battery Depletions	10,517	Possible Early Battery Depletion	25
		Other	2
		Therapy Function Compromised	19
		Battery	11
		Electrical Component	8

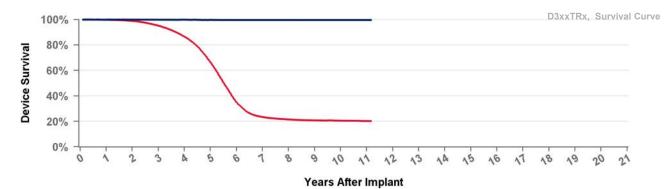


	Including Normal Battery	y Depletion	•	Excluding	Normal	Battery	Depletion
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Years	1	2	3	4	5	6	7	8	9	10	11	at 134 mo
Excluding NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%
Including NBD	99.8%	98.9%	95.1%	86.5%	66.6%	35.1%	23.5%	21.5%	20.8%	20.6%	20.3%	20.3%
Effective Sample Size	54159	48931	42283	33506	21031	8867	4841	4000	3578	3088	693	192

Protecta XT CRT-D **D314TRM**

US Market Release	09Nov2011	Total Malfunctions (USA)	20
CE Approval Date		Therapy Function Not Compromised	17
Registered USA Implants	12,197	Battery	4
Estimated Active USA Implants	1,463	Electrical Component	8
Normal Battery Depletions	3,512	Possible Early Battery Depletion	5
		Therapy Function Compromised	3
		Battery	1
		Electrical Component	2

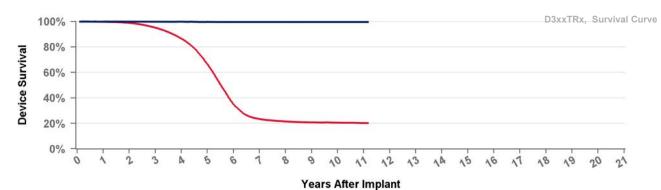


Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	at 134 mo
Excluding NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%
Including NBD	99.8%	98.9%	95.1%	86.5%	66.6%	35.1%	23.5%	21.5%	20.8%	20.6%	20.3%	20.3%
Effective Sample Size	54159	48931	42283	33506	21031	8867	4841	4000	3578	3088	693	192

D334TRG Protecta CRT-D

US Market Release	25Mar2011	Total Malfunctions (USA)	14
CE Approval Date		Therapy Function Not Compromised	11
Registered USA Implants	8,103	Electrical Component	8
Estimated Active USA Implants	980	Possible Early Battery Depletion	3
Normal Battery Depletions	2,169	Therapy Function Compromised	3
		Battery	1
		Electrical Component	1
		Electrical Interconnect	1

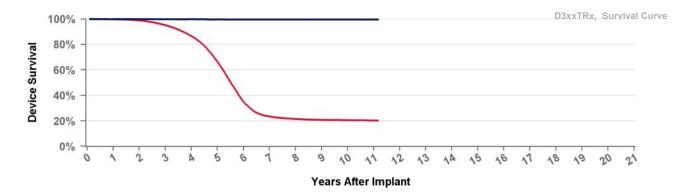


• Including Normal Battery Depletion • Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	at 134 mo
Excluding NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%
Including NBD	99.8%	98.9%	95.1%	86.5%	66.6%	35.1%	23.5%	21.5%	20.8%	20.6%	20.3%	20.3%
Effective Sample Size	54159	48931	42283	33506	21031	8867	4841	4000	3578	3088	693	192

D334TRM Protecta CRT-D

US Market Release	09Nov2011	Total Malfunctions (USA)	8
CE Approval Date		Therapy Function Not Compromised	6
Registered USA Implants	1,785	Battery	3
Estimated Active USA Implants	248	Electrical Component	1
Normal Battery Depletions	572	Possible Early Battery Depletion	2
		Therapy Function Compromised	2
		Battery	2





												at 10-1	
Years	1	2	3	4	5	6	7	8	9	10	11	mo	
Excluding NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%	
Including NBD	99.8%	98.9%	95.1%	86.5%	66.6%	35.1%	23.5%	21.5%	20.8%	20.6%	20.3%	20.3%	
Effective	54159	48931	42283	33506	21031	8867	4841	4000	3578	3088	693	192	ı
Sample Size													1

D354TRG

Protecta XT CRT-D

US Market Release

CE Approval Date

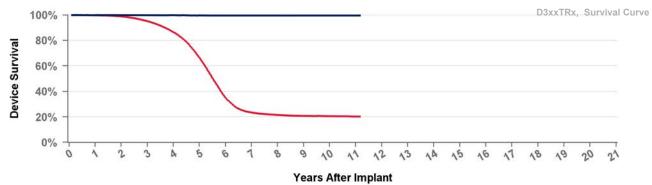
Registered USA Implants
Estimated Active USA Implants

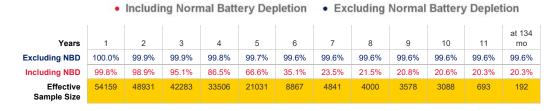
Normal Battery Depletions

Total Malfunctions (USA)

25Mar2010 Therapy Function Not Compromised

Therapy Function Compromised





D354TRM Protecta XT CRT-D

US Market Release

Total Malfunctions (USA)

15Jul2010

CE Approval Date

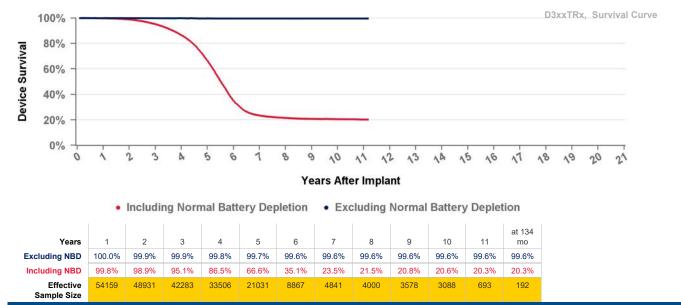
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



D364TRG

Protecta CRT-D

US Market Release

Total Malfunctions (USA)

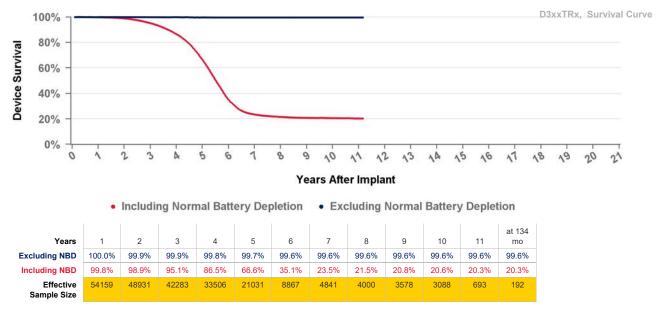
CE Approval Date

25Mar2010 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised



D364TRM Protecta CRT-D

US Market Release

Total Malfunctions (USA)

15Jul2010

CE Approval Date

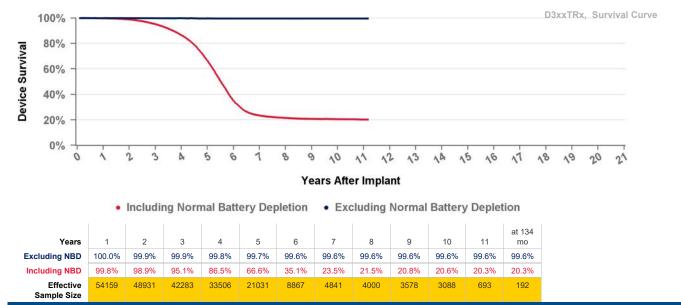
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



D384TRG

Cardia CRT-D

US Market Release

Total Malfunctions (USA)

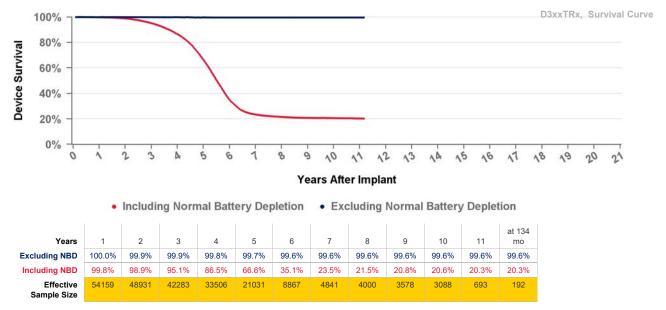
CE Approval Date

12Jan2011 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised



D394TRG Egida CRT-D

US Market Release

Total Malfunctions (USA)

CE Approval Date

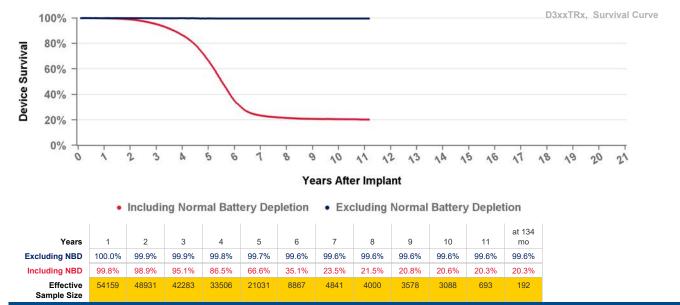
12Jan2011 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

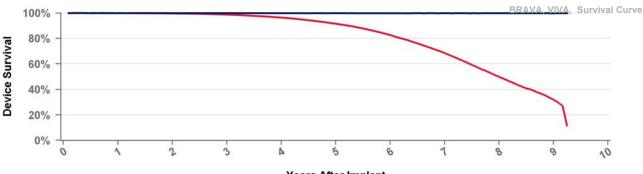
Normal Battery Depletions



DTBA1D1

Viva XT

US Market Release	29Jan2013	Total Malfunctions (USA)	70
CE Approval Date		Therapy Function Not Compromised	46
Registered USA Implants	110,569	Battery	10
Estimated Active USA Implants	31,345	Electrical Component	32
Normal Battery Depletions	13,926	Possible Early Battery Depletion	1
		Other	3
		Therapy Function Compromised	24
		Battery	19
		Device-Related Current Pathway	1
		Electrical Component	4



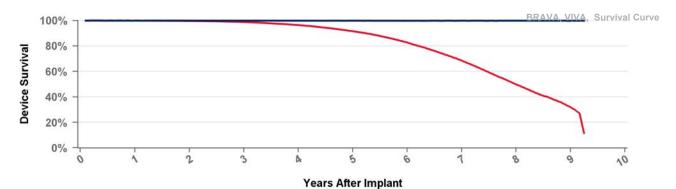
Years After Implant

	Including	Normal	Battery	Depletion		Excluding	Normal	Battery	Depletion	1
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Years	1	2	3	4	5	6	7	8	9	at 111 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.7%	98.8%	96.4%	91.6%	82.7%	68.5%	49.8%	31.9%	11.4%
Effective Sample Size	86452	78598	71240	62984	53108	40787	25472	10097	1689	122

DTBA1D4 Viva XT

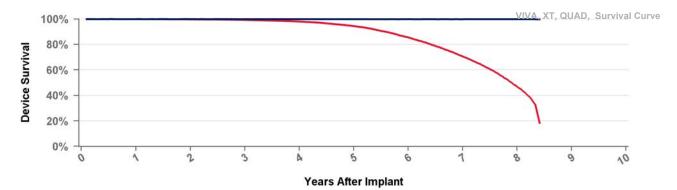
US Market Release	29Jan2013	Total Malfunctions (USA)	33
CE Approval Date		Therapy Function Not Compromised	24
Registered USA Implants	37,782	Battery	6
Estimated Active USA Implants	9,801	Electrical Component	15
Normal Battery Depletions	6,142	Possible Early Battery Depletion	3
		Therapy Function Compromised	9
		Battery	6
		Electrical Component	3



Years	1	2	3	4	5	6	7	8	9	at 111 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.7%	98.8%	96.4%	91.6%	82.7%	68.5%	49.8%	31.9%	11.4%
Effective Sample Size	86452	78598	71240	62984	53108	40787	25472	10097	1689	122

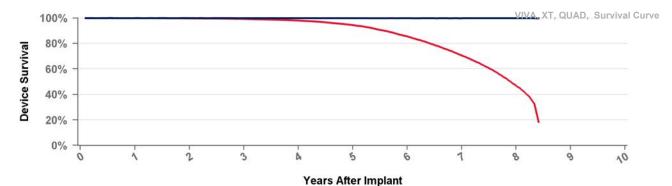
DTBA1Q1 Viva Quad XT

US Market Release	03Jul2014	Total Malfunctions (USA)	14
CE Approval Date		Therapy Function Not Compromised	9
Registered USA Implants	21,350	Battery	3
Estimated Active USA Implants	6,737	Electrical Component	4
Normal Battery Depletions	2,532	Possible Early Battery Depletion	1
		Other	1
		Therapy Function Compromised	5
		Battery	4
		Electrical Component	1



Years	1	2	3	4	5	6	7	8	at 101 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.8%	99.3%	98.0%	94.5%	85.6%	70.6%	46.8%	18.3%
Effective Sample Size	33775	31347	28908	25957	22290	17402	11139	3093	188

DTBA1QQ Viva Quad XT 03Jul2014 **US Market Release Total Malfunctions (USA)** 47 **Therapy Function Not Compromised CE Approval Date** 35 **Registered USA Implants** 53,405 Battery 11 **Estimated Active USA Implants** 18,073 19 **Electrical Component Normal Battery Depletions** 7,570 **Electrical Interconnect** 1 Possible Early Battery Depletion 3 1 **Therapy Function Compromised** 12 9 Battery **Electrical Component** 3



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	at 101 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.8%	99.3%	98.0%	94.5%	85.6%	70.6%	46.8%	18.3%
Effective Sample Size	33775	31347	28908	25957	22290	17402	11139	3093	188

DTBA2D1 Viva XT

US Market Release

Total Malfunctions (USA)

CE Approval Date

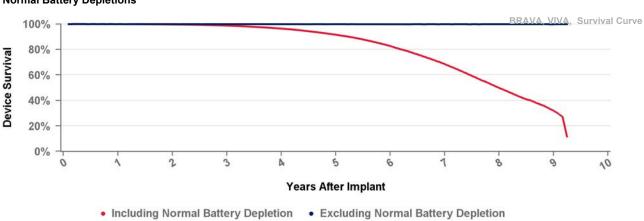
29Aug2016 Therapy Function Not Compromised

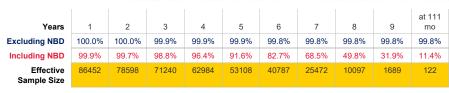
Registered USA Implants

Estimated Active USA Implants

Normal Battery Depletions

Therapy Function Compromised





DTBA2D4

Viva XT

US Market Release

Total Malfunctions (USA)

CE Approval Date

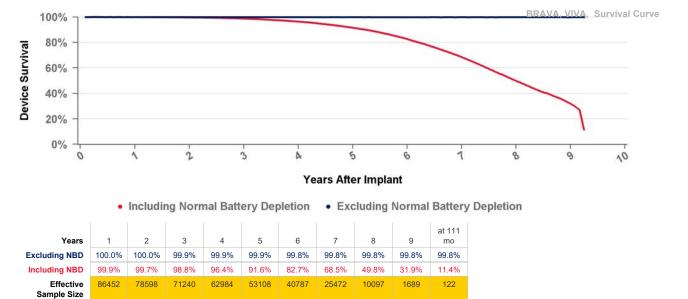
08Aug2012 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



DTBA2Q1

Viva Quad XT

US Market Release

Total Malfunctions (USA)

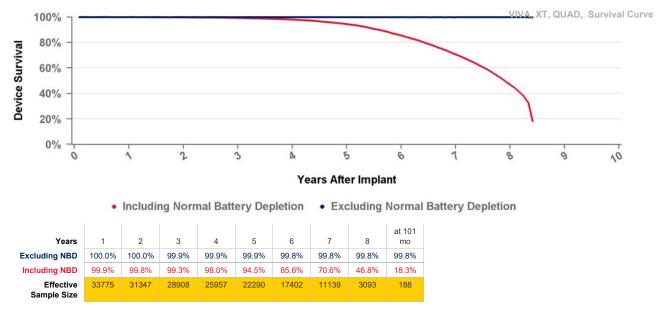
CE Approval Date

12Sep2013 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised



DTBA2QQ Viva Quad XT

US Market Release

Total Malfunctions (USA)

CE Approval Date

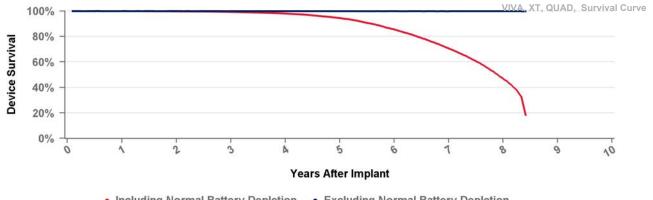
08Aug2012 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



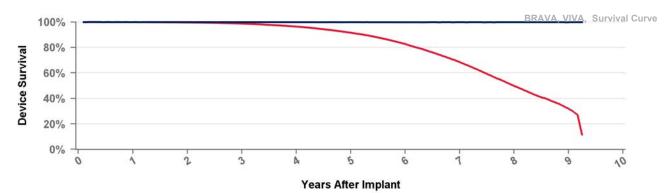
• Including Normal Battery Depletion • Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	at 101 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.8%	99.3%	98.0%	94.5%	85.6%	70.6%	46.8%	18.3%
Effective Sample Size	33775	31347	28908	25957	22290	17402	11139	3093	188

DTBB1D1

Viva S

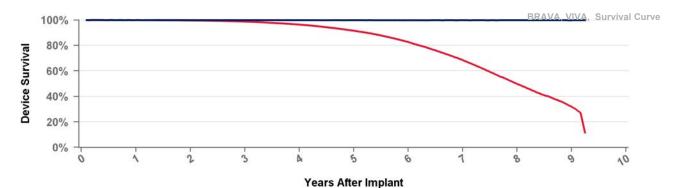
US Market Release	29Jan2013	Total Malfunctions (USA)	22
CE Approval Date		Therapy Function Not Compromised	17
Registered USA Implants	27,550	Battery	9
Estimated Active USA Implants	6,347	Electrical Component	5
Normal Battery Depletions	4,341	Possible Early Battery Depletion	2
		Other	1
		Therapy Function Compromised	5
		Battery	4
		Electrical Component	1



Years	1	2	3	4	5	6	7	8	9	at 111 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.7%	98.8%	96.4%	91.6%	82.7%	68.5%	49.8%	31.9%	11.4%
Effective Sample Size	86452	78598	71240	62984	53108	40787	25472	10097	1689	122

DTBB1D4 Viva S

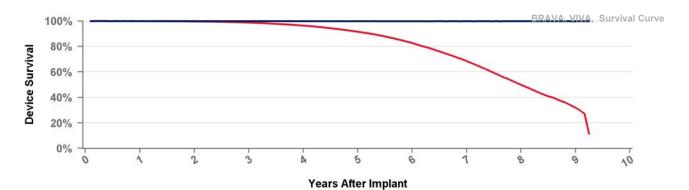
US Market Release	29Jan2013	Total Malfunctions (USA)	9
CE Approval Date		Therapy Function Not Compromised	6
Registered USA Implants	8,836	Battery	3
Estimated Active USA Implants	2,082	Electrical Component	2
Normal Battery Depletions	1,536	Other	1
		Therapy Function Compromised	3
		Battery	3



Years	1	2	3	4	5	6	7	8	9	at 111 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.7%	98.8%	96.4%	91.6%	82.7%	68.5%	49.8%	31.9%	11.4%
Effective Sample Size	86452	78598	71240	62984	53108	40787	25472	10097	1689	122

DTBB1Q1 Viva Quad S

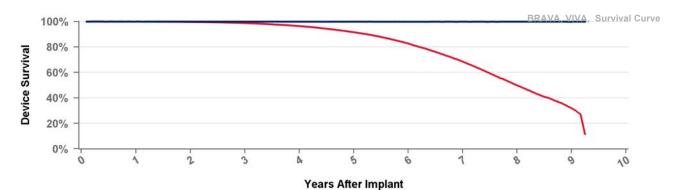
US Market Release	03Jul2014	Total Malfunctions (USA)	2
CE Approval Date		Therapy Function Not Compromised	2
Registered USA Implants	4,539	Battery	1
Estimated Active USA Implants	1,372	Electrical Component	1
Normal Battery Depletions	683	Therapy Function Compromised	0



Years	1	2	3	4	5	6	7	8	9	at 111 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.7%	98.8%	96.4%	91.6%	82.7%	68.5%	49.8%	31.9%	11.4%
Effective Sample Size	86452	78598	71240	62984	53108	40787	25472	10097	1689	122

Viva Quad S DTBB1QQ

US Market Release	03Jul2014	Total Malfunctions (USA)	9
CE Approval Date		Therapy Function Not Compromised	7
Registered USA Implants	9,869	Battery	1
Estimated Active USA Implants	3,125	Electrical Component	3
Normal Battery Depletions	1,704	Possible Early Battery Depletion	2
		Other	1
		Therapy Function Compromised	2
		Electrical Component	2



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	at 111 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.7%	98.8%	96.4%	91.6%	82.7%	68.5%	49.8%	31.9%	11.4%
Effective Sample Size	86452	78598	71240	62984	53108	40787	25472	10097	1689	122

DTBB2D1

Viva S

US Market Release

Total Malfunctions (USA)

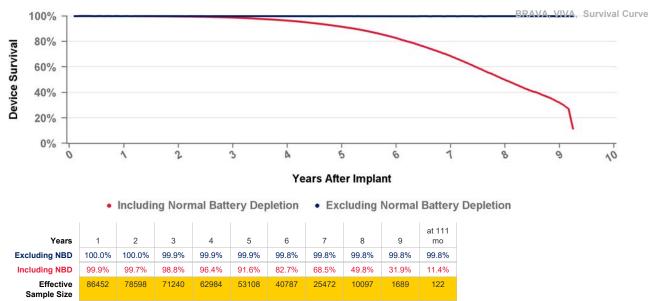
CE Approval Date

08Aug2012 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised



DTBB2D4

Viva S

US Market Release

Total Malfunctions (USA)

CE Approval Date

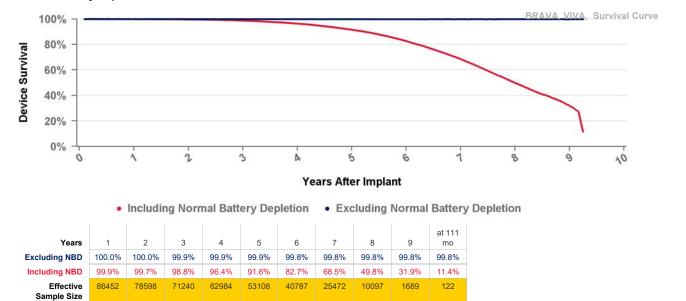
08Aug2012 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



DTBB2QQ

Viva Quad S

US Market Release

Total Malfunctions (USA)

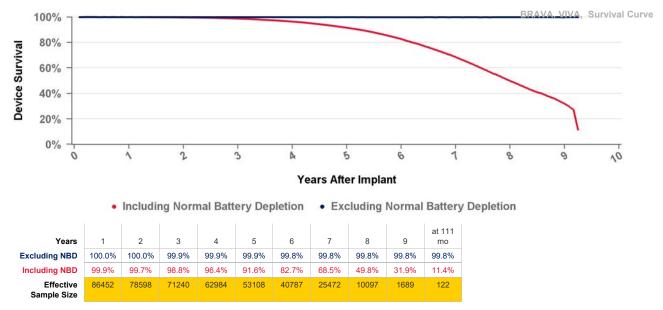
CE Approval Date

08Aug2012 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised



DTBC2D1

Brava

US Market Release

Total Malfunctions (USA)

CE Approval Date

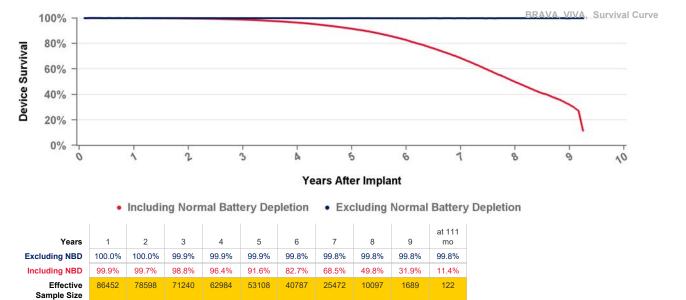
08Aug2012 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



DTBC2D4

Brava

US Market Release

Total Malfunctions (USA)

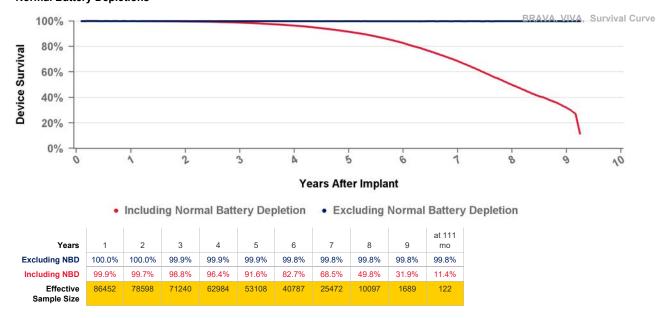
CE Approval Date

08Aug2012 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised



DTBC2Q1 Brava Quad

US Market Release

Total Malfunctions (USA)

CE Approval Date

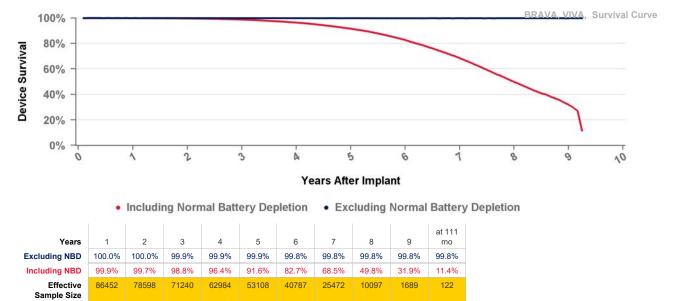
12Sep2013 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



DTBC2QQ

Brava Quad

US Market Release

Total Malfunctions (USA)

CE Approval Date

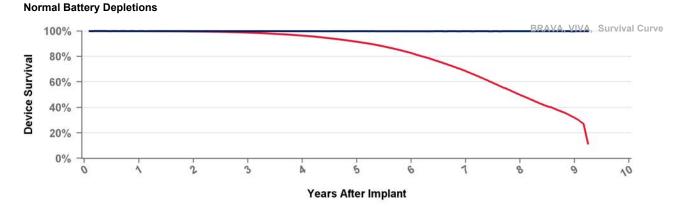
08Aug2012 Therapy Function Not Compromised

Registered USA Implants

2

Estimated Active USA Implants

Therapy Function Compromised

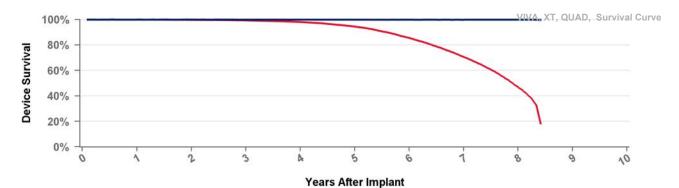


Including Normal Battery Depletion
 Excluding Normal Battery Depletion

			•							
Years	1	2	3	4	5	6	7	8	9	at 111 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.7%	98.8%	96.4%	91.6%	82.7%	68.5%	49.8%	31.9%	11.4%
Effective Sample Size	86452	78598	71240	62984	53108	40787	25472	10097	1689	122

DTBX1QQ Viva Quad C

US Market Release	03Jul2014	Total Malfunctions (USA)	1
CE Approval Date		Therapy Function Not Compromised	1
Registered USA Implants	1,276	Electrical Component	1
Estimated Active USA Implants	144	Therapy Function Compromised	0
Normal Battery Depletions	382		



• Including Normal Battery Depletion • Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	at 101 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.8%	99.3%	98.0%	94.5%	85.6%	70.6%	46.8%	18.3%
Effective Sample Size	33775	31347	28908	25957	22290	17402	11139	3093	188

DTBX2QQ

Viva Quad C

US Market Release 03Jul2014 **CE Approval Date**

Registered USA Implants

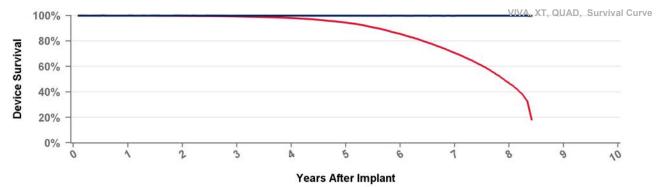
Estimated Active USA Implants

Normal Battery Depletions

Total Malfunctions (USA)

Therapy Function Not Compromised

Therapy Function Compromised

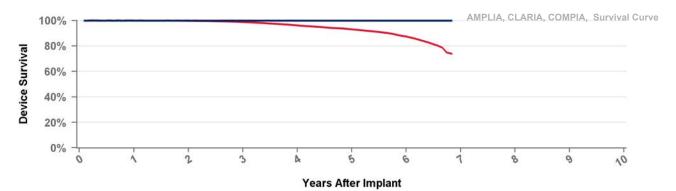


• Including Normal Battery Depletion • Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	at 101 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.8%	99.3%	98.0%	94.5%	85.6%	70.6%	46.8%	18.3%
Effective Sample Size	33775	31347	28908	25957	22290	17402	11139	3093	188

DTMA1D1 Claria MRI

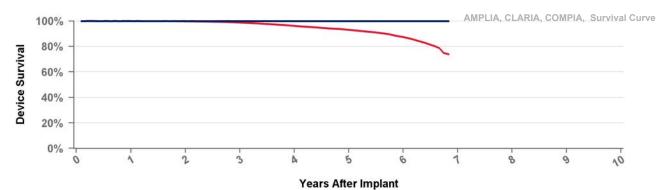
US Market Release	05Dec2016	Total Malfunctions (USA)	8
CE Approval Date		Therapy Function Not Compromised	7
Registered USA Implants	19,106	Battery	4
Estimated Active USA Implants	14,451	Electrical Component	1
Normal Battery Depletions	372	Electrical Interconnect	1
		Other	1
		Therapy Function Compromised	1
		Battery	1



Years	1	2	3	4	5	6	at 82 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%
Including NBD	99.9%	99.8%	98.8%	96.2%	93.1%	87.5%	73.8%
Effective Sample Size	38781	30076	23261	16152	9916	3626	141

DTMA1D4 Claria MRI

US Market Release	05Dec2016	Total Malfunctions (USA)	11
CE Approval Date		Therapy Function Not Compromised	5
Registered USA Implants	17,506	Battery	1
Estimated Active USA Implants	13,939	Electrical Component	4
Normal Battery Depletions	306	Therapy Function Compromised	6
		Battery	1
		Device-Related Current Pathway	2
		Electrical Component	2
		Electrical Interconnect	1

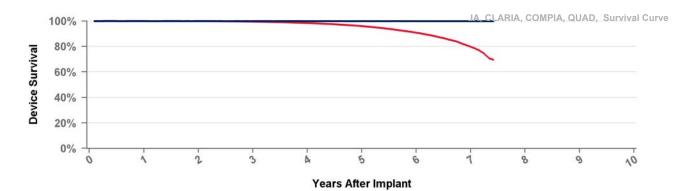


Including Normal Battery Depletion Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	at 82 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%
Including NBD	99.9%	99.8%	98.8%	96.2%	93.1%	87.5%	73.8%
Effective Sample Size	38781	30076	23261	16152	9916	3626	141

DTMA1Q1 Claria MRI

US Market Release	05Dec2016	Total Malfunctions (USA)	3
CE Approval Date		Therapy Function Not Compromised	3
Registered USA Implants	12,912	Electrical Interconnect	1
Estimated Active USA Implants	10,148	Possible Early Battery Depletion	1
Normal Battery Depletions	186	Other	1
		Therapy Function Compromised	0



• Including Normal Battery Depletion • Excluding Normal Battery Depletion

								at 89
Years	1	2	3	4	5	6	7	mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.5%	98.4%	96.0%	90.8%	79.8%	69.6%
Effective Sample Size	108018	88495	72908	51737	31929	15717	3364	305

DTMA1QQ Claria MRI **US Market Release** 05Dec2016 Total Malfunctions (USA) 28 **Therapy Function Not Compromised CE Approval Date** 18 **Registered USA Implants** 1 81,766 Battery **Estimated Active USA Implants** 67,903 11 **Electrical Component Normal Battery Depletions Electrical Interconnect** 1 1,011 Possible Early Battery Depletion 1 Software/Firmware 1 Other 3 **Therapy Function Compromised** 10 Device-Related Current Pathway 4 **Electrical Component** 6 CLARIA, COMPIA, QUAD, Survival Curve 100% 80% Device Survival 60% 40% 20% 0% 3 5 6 1 2 10 Years After Implant · Including Normal Battery Depletion . Excluding Normal Battery Depletion at 89 2 Years mo **Excluding NBD** 100.0% 100.0% 100.0% 99.9% 99.9% 99.9% 99.9% 99.9% 100.0% Including NBD 99.9% 99.5% 98.4% 96.0% 90.8% 79.8% 69.6%

Sample Size DTMA2D1

Claria MRI

72908

51737

31929

15717

88495

US Market Release

Effective

Total Malfunctions (USA)

3364

305

CE Approval Date

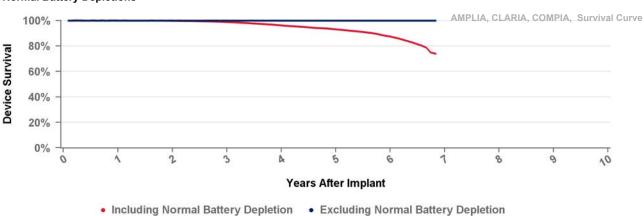
29Aug2016 Therapy Function Not Compromised

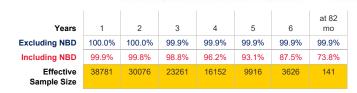
Registered USA Implants

Estimated Active USA Implants

108018

Therapy Function Compromised





DTMA2D4

Claria MRI

US Market Release

Total Malfunctions (USA)

CE Approval Date

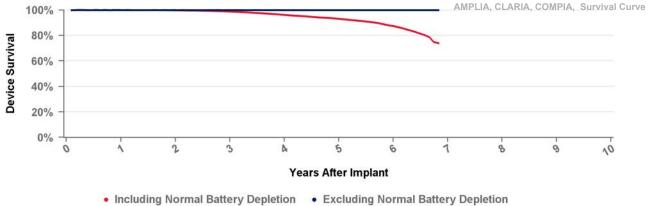
19Feb2016 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



Years	1	2	3	4	5	6	at 82 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%
Including NBD	99.9%	99.8%	98.8%	96.2%	93.1%	87.5%	73.8%
Effective Sample Size	38781	30076	23261	16152	9916	3626	141

DTMA2Q1

Claria MRI

US Market Release

Total Malfunctions (USA)

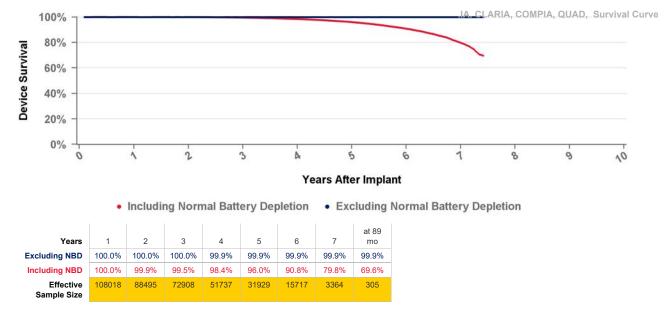
CE Approval Date

29Aug2016 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised



DTMA2QQ Claria MRI

US Market Release

Total Malfunctions (USA)

CE Approval Date

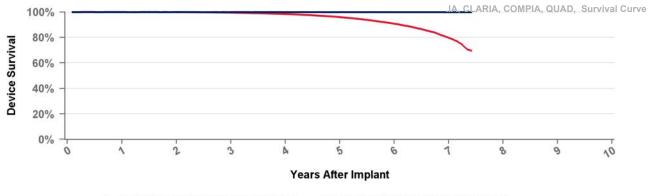
19Feb2016 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



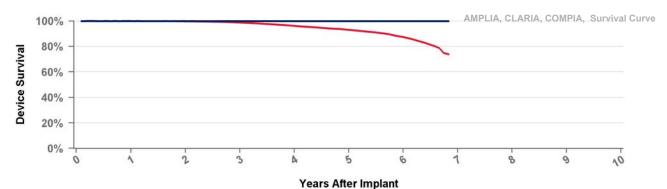
• Including Normal Battery Depletion • Excluding Normal Battery Depletion

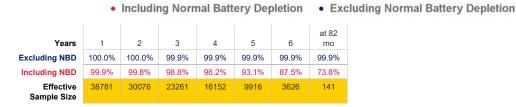
Years	1	2	3	4	5	6	7	at 89 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.5%	98.4%	96.0%	90.8%	79.8%	69.6%
Effective Sample Size	108018	88495	72908	51737	31929	15717	3364	305

DTMB1D1

Amplia MRI

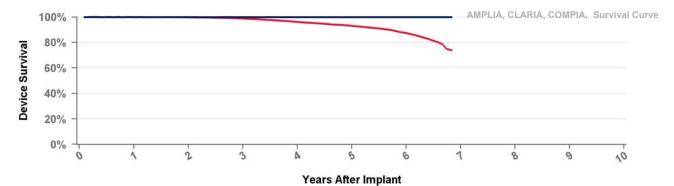
US Market Release	05Dec2016	Total Malfunctions (USA)	5
CE Approval Date		Therapy Function Not Compromised	4
Registered USA Implants	9,142	Battery	1
Estimated Active USA Implants	6,093	Electrical Component	2
Normal Battery Depletions	282	Other	1
		Therapy Function Compromised	1
		Battery	1





DTMB1D4 Amplia MRI

US Market Release	01Feb2016	Total Malfunctions (USA)	3
CE Approval Date		Therapy Function Not Compromised	2
Registered USA Implants	9,770	Electrical Component	2
Estimated Active USA Implants	6,027	Therapy Function Compromised	1
Normal Battery Depletions	416	Possible Early Battery Depletion	1

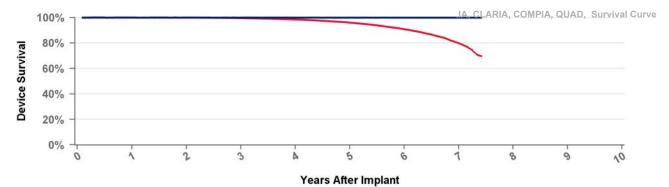


• Including Normal Battery Depletion • Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	at 82 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%
Including NBD	99.9%	99.8%	98.8%	96.2%	93.1%	87.5%	73.8%
Effective Sample Size	38781	30076	23261	16152	9916	3626	141

DTMB1Q1 Amplia MRI

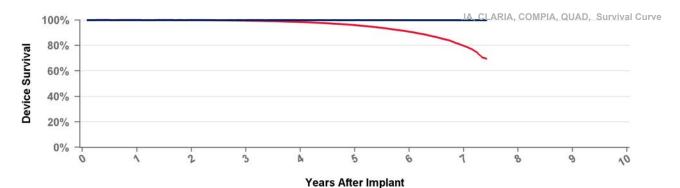
US Market Release	05Dec2016	Total Malfunctions (USA)	2
CE Approval Date		Therapy Function Not Compromised	1
Registered USA Implants	5,873	Battery	1
Estimated Active USA Implants	4,086	Therapy Function Compromised	1
Normal Battery Depletions	151	Battery	1



Years	1	2	3	4	5	6	7	at 89 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.5%	98.4%	96.0%	90.8%	79.8%	69.6%
Effective Sample Size	108018	88495	72908	51737	31929	15717	3364	305

DTMB1QQ **Amplia MRI**

US Market Release	01Feb2016	Total Malfunctions (USA)	37
CE Approval Date		Therapy Function Not Compromised	28
Registered USA Implants	49,187	Battery	12
Estimated Active USA Implants	31,780	Electrical Component	10
Normal Battery Depletions	2,188	Possible Early Battery Depletion	3
		Other	3
		Therapy Function Compromised	9
		Battery	8
		Device-Related Current Pathway	1



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 89 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.5%	98.4%	96.0%	90.8%	79.8%	69.6%
Effective Sample Size	108018	88495	72908	51737	31929	15717	3364	305

Amplia MRI DTMB2D1

US Market Release

Total Malfunctions (USA)

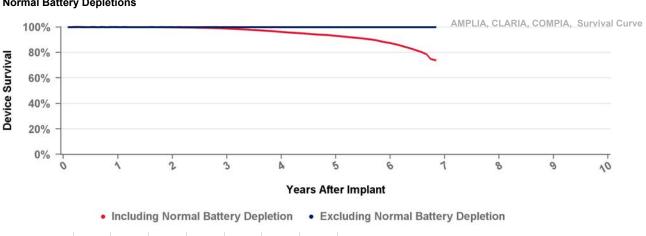
CE Approval Date

29Aug2016 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised



Years	1	2	3	4	5	6	at 82 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%
Including NBD	99.9%	99.8%	98.8%	96.2%	93.1%	87.5%	73.8%
Effective Sample Size	38781	30076	23261	16152	9916	3626	141

DTMB2D4 Amplia MRI

US Market Release

Total Malfunctions (USA)

CE Approval Date

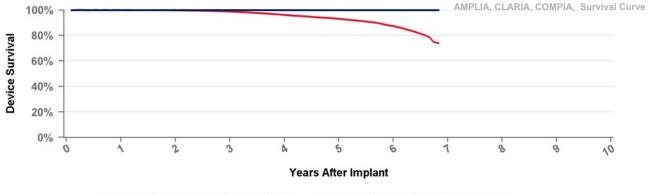
19Feb2016 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



Including Normal Battery Depletion

Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	at 82 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%
Including NBD	99.9%	99.8%	98.8%	96.2%	93.1%	87.5%	73.8%
Effective Sample Size	38781	30076	23261	16152	9916	3626	141

DTMB2Q1

Amplia MRI

US Market Release

Total Malfunctions (USA)

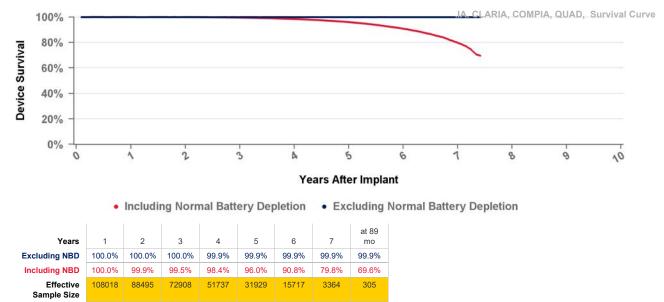
CE Approval Date

29Aug2016 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised



DTMB2QQ Amplia MRI

US Market Release

Total Malfunctions (USA)

CE Approval Date

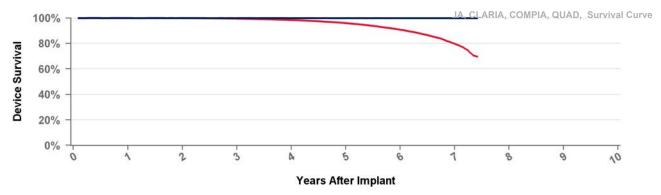
19Feb2016 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions

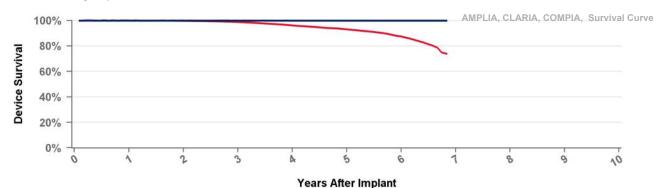


Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 89 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.5%	98.4%	96.0%	90.8%	79.8%	69.6%
Effective Sample Size	108018	88495	72908	51737	31929	15717	3364	305

DTMC1D1 Compia MRI

US Market Release 05Dec2016 Total Malfunctions (USA) 1 **Therapy Function Not Compromised CE Approval Date** 0 **Registered USA Implants** 1,371 **Therapy Function Compromised** 1 **Estimated Active USA Implants** 979 **Device-Related Current Pathway** 1 **Normal Battery Depletions** 42



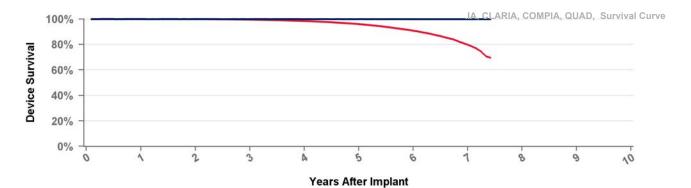
at 82 Years 2 3 5 6 mo **Excluding NBD** 100.0% 100.0% 99.9% 99.9% 99.9% 99.9% 99.9% Including NBD 99.9% 99.8% 98.8% 96.2% 93.1% 87.5% 73.8% **Effective** Sample Size

Including Normal Battery Depletion

. Excluding Normal Battery Depletion

DTMC1QQ Compia MRI

US Market Release	01Feb2016	Total Malfunctions (USA)	3
CE Approval Date		Therapy Function Not Compromised	3
Registered USA Implants	6,438	Battery	1
Estimated Active USA Implants	4,531	Electrical Component	2
Normal Battery Depletions	313	Therapy Function Compromised	0



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 89 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.5%	98.4%	96.0%	90.8%	79.8%	69.6%
Effective Sample Size	108018	88495	72908	51737	31929	15717	3364	305

DTMC2D1 Compia MRI

US Market Release

Total Malfunctions (USA)

CE Approval Date

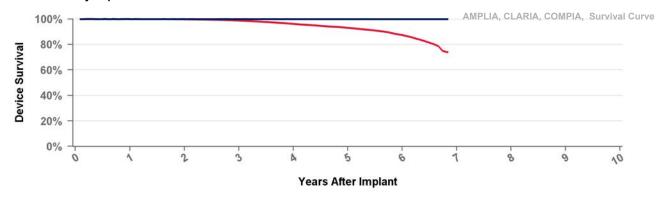
29Aug2016 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



Years	1	2	3	4	5	6	at 82 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%
Including NBD	99.9%	99.8%	98.8%	96.2%	93.1%	87.5%	73.8%
Effective Sample Size	38781	30076	23261	16152	9916	3626	141

DTMC2D4 Compia MRI

US Market Release

Total Malfunctions (USA)

CE Approval Date

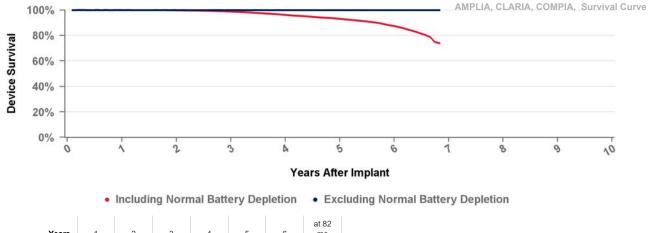
19Feb2016 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



Years 2 3 5 6 mo **Excluding NBD** 100.0% 100.0% 99.9% 99.9% 99.9% 99.9% 99.9% 99.8% 73.8% Including NBD 96.2% 93.1% 87.5% Effective 30076 16152 9916 3626 141 Sample Size

DTMC2QQ

Compia MRI

US Market Release

Total Malfunctions (USA)

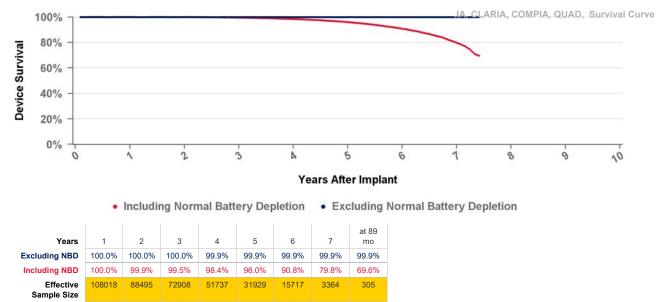
CE Approval Date

19Feb2016 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

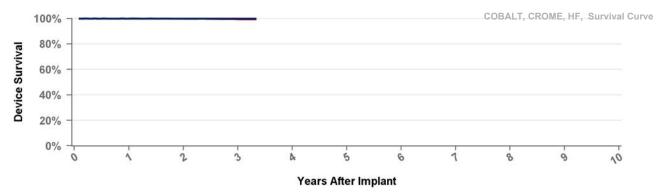
Therapy Function Compromised



DTPA2D1 Cobalt XT HF

US Market Release23Apr2020Total Malfunctions (USA)1CE Approval Date18Dec2019Therapy Function Not Compromised1Registered USA Implants6,538Other1Estimated Active USA Implants6,237Therapy Function Compromised0

Normal Battery Depletions 4

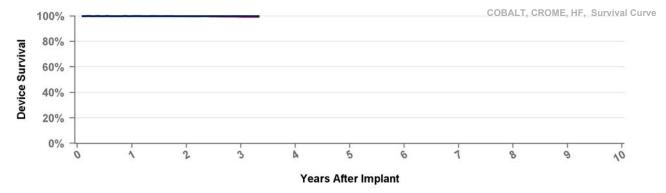


Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	at 40 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.8%	99.4%	99.4%
Effective Sample Size	32483	17430	1827	170

DTPA2D4 Cobalt XT HF

US Market Release	23Apr2020	Total Malfunctions (USA)	2
CE Approval Date	18Dec2019	Therapy Function Not Compromised	1
Registered USA Implants	7,526	Electrical Interconnect	1
Estimated Active USA Implants	7,182	Therapy Function Compromised	1
Normal Battery Depletions	4	Electrical Interconnect	1

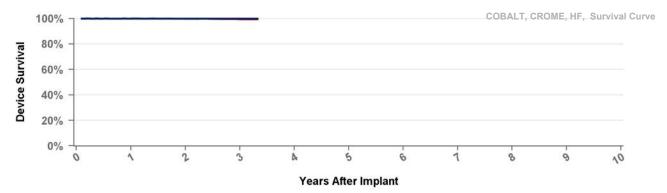


Years	1	2	3	at 40 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.8%	99.4%	99.4%
Effective Sample Size	32483	17430	1827	170

DTPA2Q1 Cobalt XT HF Quad

US Market Release23Apr2020Total Malfunctions (USA)1CE Approval Date18Dec2019Therapy Function Not Compromised1Registered USA Implants4,388Software/Firmware1Estimated Active USA Implants4,162Therapy Function Compromised0

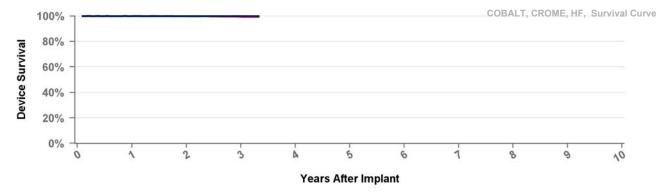
Normal Battery Depletions 4



Years	1	2	3	at 40 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.8%	99.4%	99.4%
Effective Sample Size	32483	17430	1827	170

DTPA2QQ Cobalt XT HF Quad

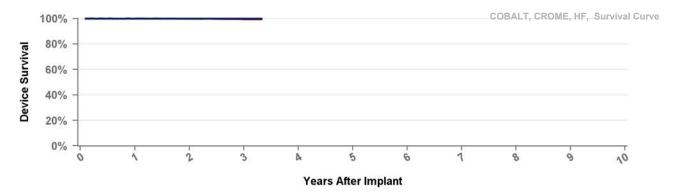
US Market Release	23Apr2020	Total Malfunctions (USA)	3
CE Approval Date	18Dec2019	Therapy Function Not Compromised	2
Registered USA Implants	41,866	Electrical Component	1
Estimated Active USA Implants	40,470	Software/Firmware	1
Normal Battery Depletions	4	Therapy Function Compromised	1
		Electrical Component	1



Years	1	2	3	at 40 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.8%	99.4%	99.4%
Effective Sample Size	32483	17430	1827	170

DTPB2D1 Cobalt HF

US Market Release	23Apr2020	Total Malfunctions (USA)	3
CE Approval Date	18Dec2019	Therapy Function Not Compromised	1
Registered USA Implants	6,325	Electrical Component	1
Estimated Active USA Implants	5,857	Therapy Function Compromised	2
Normal Battery Depletions	6	Electrical Component	1
		Electrical Interconnect	1



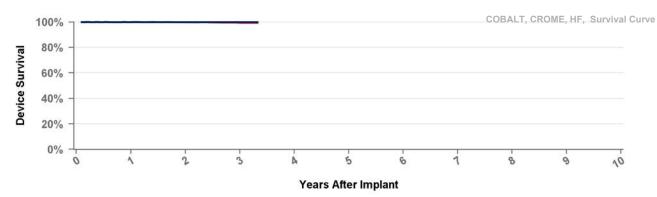
• Including Normal Battery Depletion • Excluding Normal Battery Depletion

Years	1	2	3	at 40 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.8%	99.4%	99.4%
Effective Sample Size	32483	17430	1827	170

DTPB2D4

Cobalt HF

US Market Release	23Apr2020	Total Malfunctions (USA)	5
CE Approval Date	18Dec2019	Therapy Function Not Compromised	4
Registered USA Implants	6,318	Electrical Interconnect	3
Estimated Active USA Implants	5,934	Software/Firmware	1
Normal Battery Depletions	4	Therapy Function Compromised	1
		Electrical Component	1



Years	1	2	3	at 40 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.8%	99.4%	99.4%
Effective Sample Size	32483	17430	1827	170

DTPB2Q1 Cobalt HF Quad

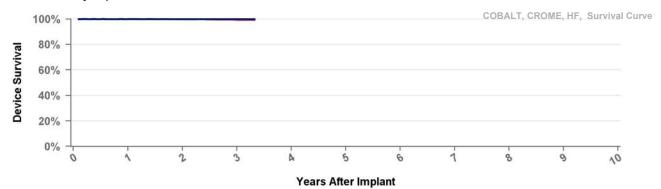
US Market Release 23Apr2020 Total Malfunctions (USA)

CE Approval Date 18Dec2019 Therapy Function Not Compromised

Registered USA Implants 4,178

Estimated Active USA Implants 3,878 Therapy Function Compromised

Normal Battery Depletions 2



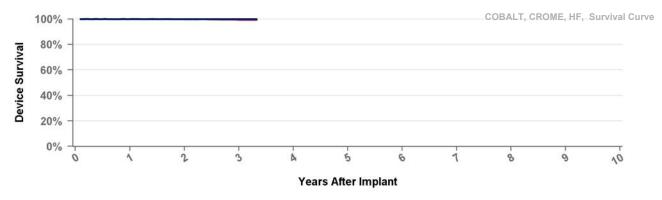
Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	at 40 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.8%	99.4%	99.4%
Effective Sample Size	32483	17430	1827	170

DTPB2QQ Cobalt HF Quad

US Market Release	23Apr2020	Total Malfunctions (USA)	9
CE Approval Date	18Dec2019	Therapy Function Not Compromised	3
Registered USA Implants	32,825	Electrical Component	1
Estimated Active USA Implants	31,186	Electrical Interconnect	1
Normal Battery Depletions	14	Other	1
		Therapy Function Compromised	6
		Electrical Component	3

Electrical Interconnect 3



Years	1	2	3	at 40 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.8%	99.4%	99.4%
Effective Sample Size	32483	17430	1827	170

DTPC2D1 Crome HF

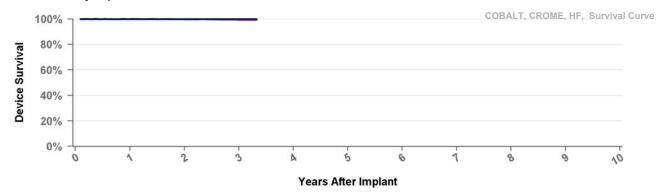
US Market Release 23Apr2020 Total Malfunctions (USA)

CE Approval Date 18Dec2019 Therapy Function Not Compromised

Registered USA Implants 498

Estimated Active USA Implants 450 Therapy Function Compromised

Normal Battery Depletions



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	at 40 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.8%	99.4%	99.4%
Effective Sample Size	32483	17430	1827	170

DTPC2D4

Crome HF

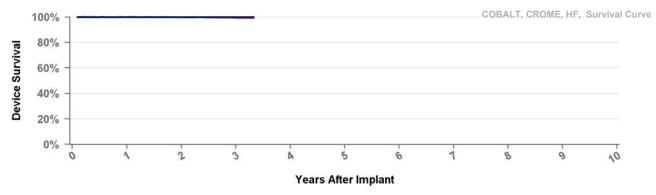
US Market Release 23Apr2020 Total Malfunctions (USA)

CE Approval Date 18Dec2019 Therapy Function Not Compromised

Registered USA Implants 480

Estimated Active USA Implants 446 Therapy Function Compromised

Normal Battery Depletions 4



Years	1	2	3	at 40 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.8%	99.4%	99.4%
Effective Sample Size	32483	17430	1827	170

DTPC2Q1 Crome HF Quad

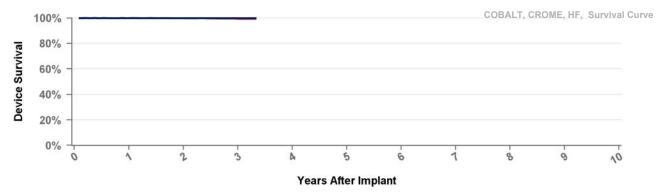
US Market Release 23Apr2020 Total Malfunctions (USA)

CE Approval Date 18Dec2019 Therapy Function Not Compromised

Registered USA Implants 225

Estimated Active USA Implants 211 Therapy Function Compromised

Normal Battery Depletions



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	at 40 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.8%	99.4%	99.4%
Effective Sample Size	32483	17430	1827	170

DTPC2QQ

Crome HF Quad

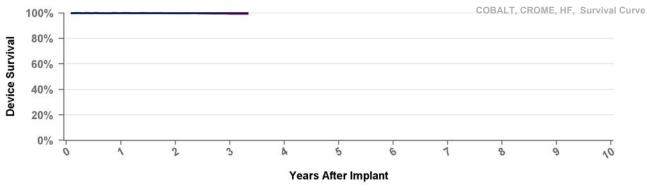
US Market Release 23Apr2020 Total Malfunctions (USA)

CE Approval Date 18Dec2019 Therapy Function Not Compromised

Registered USA Implants 2,209

Estimated Active USA Implants 2,097 Therapy Function Compromised

Normal Battery Depletions 2



Years	1	2	3	at 40 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.8%	99.4%	99.4%
Effective Sample Size	32483	17430	1827	170

8042 InSync III **US Market Release** 25Feb2003 Total Malfunctions (USA) **CE Approval Date** 07Feb2001 Therapy Function Not Compromised **Registered USA Implants** Battery 39,276 **Estimated Active USA Implants**

1,871 **Electrical Component** 2 **Normal Battery Depletions** 5,251 **Electrical Interconnect** 3

> Possible Early Battery Depletion 2 5

116

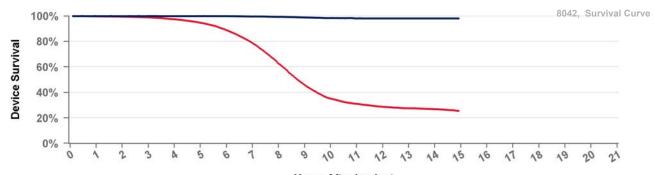
67

55

Therapy Function Compromised

49 Battery 37

Electrical Interconnect 12



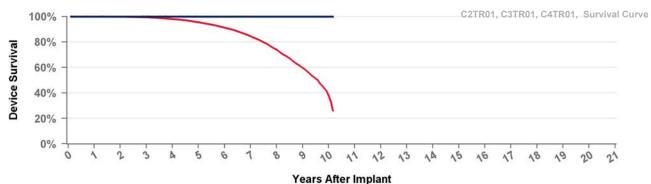
Years After Implant

• Including Normal Battery Depletion • Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	at 179 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.7%	99.3%	98.9%	98.5%	98.2%	98.2%	98.2%	98.2%	98.2%
Including NBD	99.8%	99.5%	99.0%	97.5%	94.7%	88.9%	78.6%	62.6%	45.8%	35.2%	31.0%	28.7%	27.6%	26.9%	25.7%
Effective	30381	26391	22925	19730	16594	12739	9043	5910	3411	2145	1614	1276	1010	489	102
Sample Size															

C2TR01 Syncra CRT-P

US Market Release	22Mar2011	Total Malfunctions (USA)	7
CE Approval Date	11May2010	Therapy Function Not Compromised	6
Registered USA Implants	10,236	Possible Early Battery Depletion	5
Estimated Active USA Implants	2,304	Other	1
Normal Battery Depletions	939	Therapy Function Compromised	1
		Possible Early Battery Depletion	1



 Including Normal Battery Depletion 	Excluding Normal Battery Depletion
--	------------------------------------

Years	1	2	3	4	5	6	7	8	9	10	at 122 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%
Including NBD	99.9%	99.8%	99.5%	98.0%	95.5%	91.2%	84.5%	74.0%	59.6%	38.1%	26.1%
Effective Sample Size	26187	23392	20953	18305	15669	13080	9989	6352	3141	474	146

C3TR01

Consulta CRT-P

US Market Release

Total Malfunctions (USA)

CE Approval Date

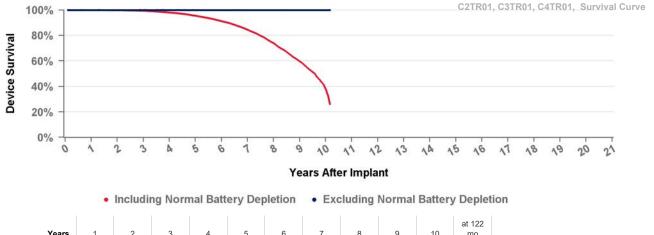
11May2010 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions

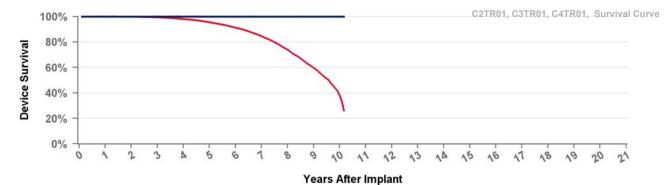


Years 2 3 6 8 9 10 mo **Excluding NBD** 100.0% 100.0% 100.0% 100.0% 99.9% 99.9% 99.9% 99.9% 99.9% 99.9% 99.9% 99.8% 98.0% 74.0% 38.1% 26.1% Including NBD 91.2% Effective 15669 13080 9989 6352 3141 474 146 Sample Size

C4TR01

Consulta CRT-P

US Market Release	22Mar2011	Total Malfunctions (USA)	8
CE Approval Date		Therapy Function Not Compromised	5
Registered USA Implants	23,407	Possible Early Battery Depletion	5
Estimated Active USA Implants	6,085	Therapy Function Compromised	3
Normal Battery Depletions	2,101	Electrical Component	2
		Possible Farly Battery Depletion	1



. Excluding Normal Battery Depletion Including Normal Battery Depletion at 122 Years 2 3 5 6 8 9 10 mo 99.9% 99.9% 99.9% 99.9% **Excluding NBD** 100.0% 100.0% 100.0% 100.0% 99.9% 99.9% 99.9% Including NBD 26.1% 99.9% 99.8% 99.5% 98.0% 95.5% 91.2% 84.5% 74.0% 59.6% 38.1% **Effective** 26187 23392 20953 18305 15669 13080 9989 6352 3141 474 146 Sample Size

C5TR01 Viva CRT-P

US Market Release

Total Malfunctions (USA)

CE Approval Date

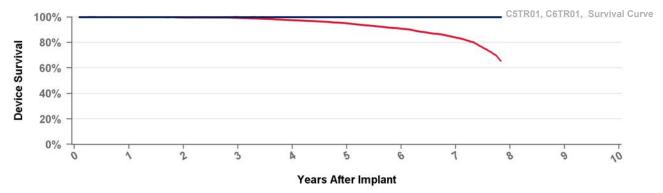
04Apr2014 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



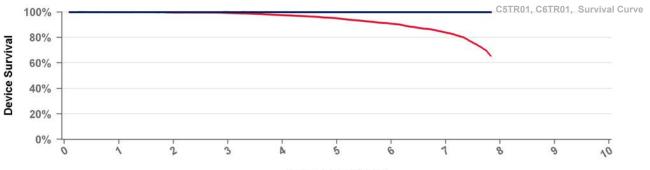
• Including Normal Battery Depletion • Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 94 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.8%
Including NBD	99.9%	99.7%	99.3%	97.5%	95.1%	90.9%	83.9%	65.6%
Effective Sample Size	7369	6608	5922	5151	4410	3628	1757	126

C6TR01

Viva CRT-P

US Market Release	09Jul2014	Total Malfunctions (USA)	6
CE Approval Date		Therapy Function Not Compromised	6
Registered USA Implants	9,198	Electrical Component	1
Estimated Active USA Implants	4,196	Possible Early Battery Depletion	5
Normal Battery Depletions	477	Therapy Function Compromised	0

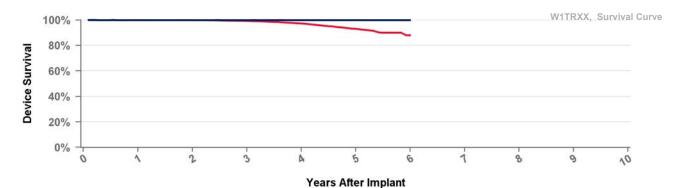


Years After Implant

Years	1	2	3	4	5	6	7	at 94 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.8%
Including NBD	99.9%	99.7%	99.3%	97.5%	95.1%	90.9%	83.9%	65.6%
Effective Sample Size	7369	6608	5922	5151	4410	3628	1757	126

Percepta CRTP MRI

US Market Release	06May2017	Total Malfunctions (USA)	5
CE Approval Date		Therapy Function Not Compromised	3
Registered USA Implants	14,723	Electrical Component	1
Estimated Active USA Implants	12,491	Possible Early Battery Depletion	1
Normal Battery Depletions	93	Other	1
		Therapy Function Compromised	2
		Electrical Component	2

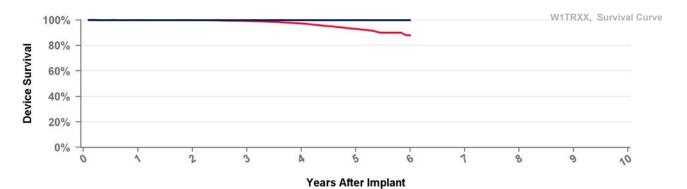


Years	1	2	3	4	5	at 72 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%
Including NBD	99.9%	99.9%	99.3%	97.3%	93.1%	88.1%
Effective Sample Size	15243	11140	7442	4310	1722	128

W1TR02

Serena CRTP MRI

			_
US Market Release	06May201	7 Total Malfunctions (USA)	3
CE Approval Date		Therapy Function Not Compromised	3
Registered USA Implants	2,844	Electrical Component	2
Estimated Active USA Implants	2,338	Other	1
Normal Battery Depletions	29	Therapy Function Compromised	0

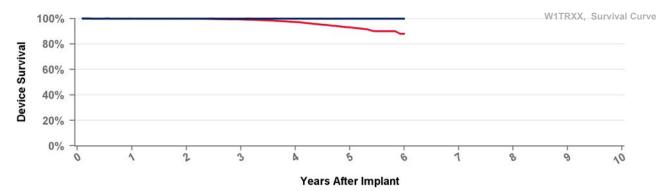


Years	1	2	3	4	5	at 72 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%
Including NBD	99.9%	99.9%	99.3%	97.3%	93.1%	88.1%
Effective Sample Size	15243	11140	7442	4310	1722	128

W1TR03 Solara CRTP MRI

US Market Release06May2017Total Malfunctions (USA)1CE Approval DateTherapy Function Not Compromised1Registered USA Implants3,707Electrical Component1Estimated Active USA Implants2,888Therapy Function Compromised0

Normal Battery Depletions 55



Including Normal Battery Depletion

Excluding Normal Battery Depletion

Years	1	2	3	4	5	at 72 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%
Including NBD	99.9%	99.9%	99.3%	97.3%	93.1%	88.1%
Effective Sample Size	15243	11140	7442	4310	1722	128

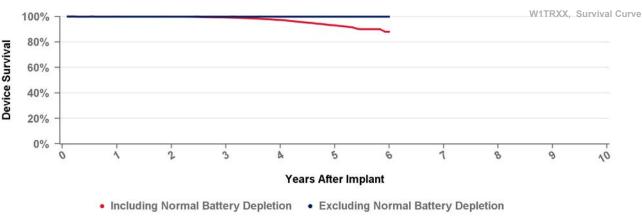
W1TR04 Percepta CRTP MRI

US Market Release Total Malfunctions (USA)

CE Approval Date 10Feb2017 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants Therapy Function Compromised



Years	1	2	3	4	5	at 72 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%
Including NBD	99.9%	99.9%	99.3%	97.3%	93.1%	88.1%
Effective Sample Size	15243	11140	7442	4310	1722	128

Serena CRTP MRI **W1TR05**

US Market Release

Total Malfunctions (USA)

CE Approval Date

10Feb2017 Therapy Function Not Compromised

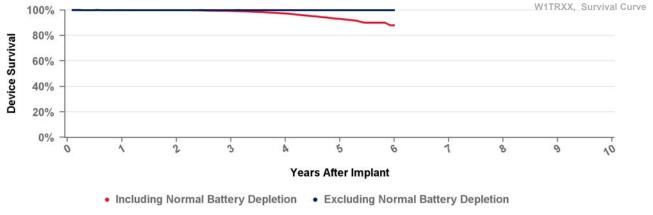
Registered USA Implants

1

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



at 72 Years 2 3 4 5 mo **Excluding NBD** 100.0% 100.0% 100.0% 99.9% 99.9% 99.9% 99.9% 99.3% 97.3% 88.1% 93.1% 11140 7442 1722 128

Including NBD Effective Sample Size

W1TR06

Solara CRTP MRI

US Market Release

Total Malfunctions (USA)

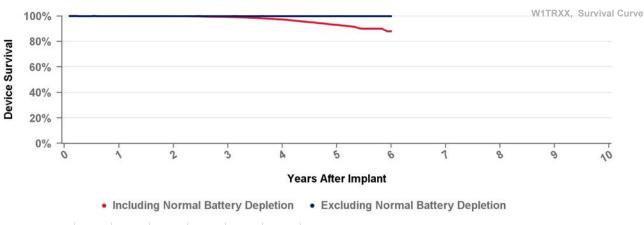
CE Approval Date

10Feb2017 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

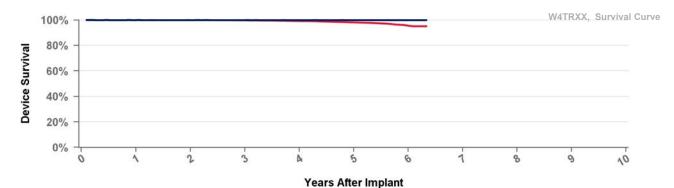
Therapy Function Compromised



Years	1	2	3	4	5	at 72 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%
Including NBD	99.9%	99.9%	99.3%	97.3%	93.1%	88.1%
Effective Sample Size	15243	11140	7442	4310	1722	128

W4TR01 Percepta Quad CRTP MRI SureScan

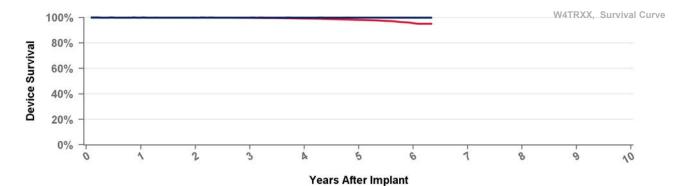
US Market Release	06May2017	Total Malfunctions (USA)	11
CE Approval Date		Therapy Function Not Compromised	10
Registered USA Implants	52,784	Electrical Component	8
Estimated Active USA Implants	45,229	Possible Early Battery Depletion	1
Normal Battery Depletions	143	Other	1
		Therapy Function Compromised	1
		Electrical Component	1



Years	1	2	3	4	5	6	at 76 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	100.0%	99.8%	99.2%	98.2%	95.6%	95.1%
Effective Sample Size	51537	37746	25573	15839	7540	1521	128

W4TR02 Serena Quad CRTP MRI SureScan

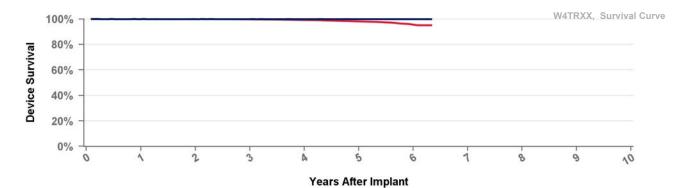
US Market Release 06May2017 Total Malfunctions (USA) 1
CE Approval Date Therapy Function Not Compromised 1
Registered USA Implants 7,724 Electrical Component 1
Estimated Active USA Implants 6,366 Therapy Function Compromised 0
Normal Battery Depletions 27



	•	Includi	ng Norn	nal Batt	ery Dep	• Exc	luding Normal Battery Depletion	
Years	1	2	3	4	5	6	at 76 mo	
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Including NBD	100.0%	100.0%	99.8%	99.2%	98.2%	95.6%	95.1%	
Effective Sample Size	51537	37746	25573	15839	7540	1521	128	

W4TR03 Solara Quad CRTP MRI SureScan

US Market Release	06May2017	Total Malfunctions (USA)	3
CE Approval Date		Therapy Function Not Compromised	0
Registered USA Implants	9,903		
Estimated Active USA Implants	7,873	Therapy Function Compromised	3
Normal Battery Depletions	36	Electrical Component	2
		Possible Early Battery Depletion	1



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	at 76 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	100.0%	99.8%	99.2%	98.2%	95.6%	95.1%
Effective	51537	37746	25573	15839	7540	1521	128

W4TR04

Percepta Quad CRT-P MRI SureScan

US Market Release

Total Malfunctions (USA)

CE Approval Date

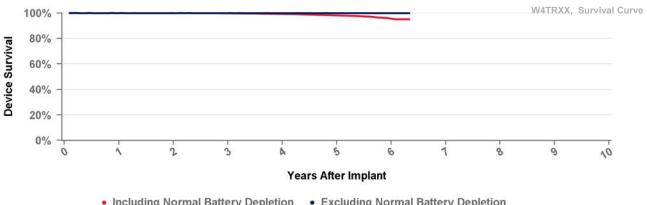
10Feb2017 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



Years	1	2	3	4	5	6	at 76 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	100.0%	99.8%	99.2%	98.2%	95.6%	95.1%
Effective Sample Size	51537	37746	25573	15839	7540	1521	128

W4TR05

Serena Quad CRTP MRI SureScan

US Market Release

Total Malfunctions (USA)

CE Approval Date

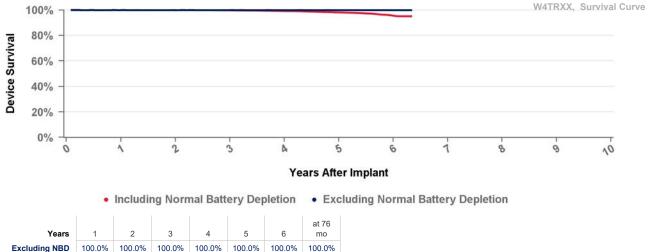
10Feb2017 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



Inclu Sa

Itais	'		3	4	J	U	1110
uding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
uding NBD	100.0%	100.0%	99.8%	99.2%	98.2%	95.6%	95.1%
Effective ample Size	51537	37746	25573	15839	7540	1521	128

W4TR06

Solara Quad CRTP MRI SureScan

US Market Release

Total Malfunctions (USA)

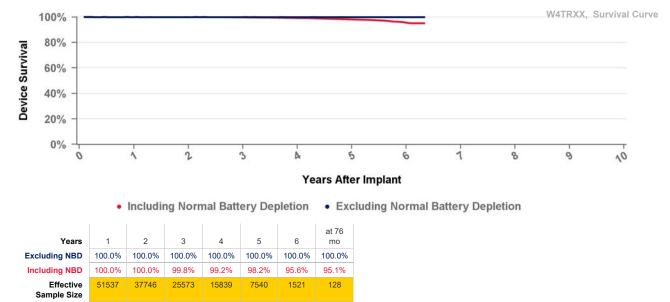
CE Approval Date

10Feb2017 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised



7232Cx Maximo VR **US Market Release** 06Oct2003 Total Malfunctions (USA) 73 **CE Approval Date** 28Oct2003 Therapy Function Not Compromised 58 **Registered USA Implants** 43,623 **Electrical Component** 29 **Estimated Active USA Implants** 2.750 Possible Early Battery Depletion 25 **Normal Battery Depletions** 10,395 Software/Firmware 2 2 Other **Therapy Function Compromised** 15 **Electrical Component** 12 **Electrical Interconnect** 1 Possible Early Battery Depletion 1 Other 1 7232, Survival Curve 100% 80% Device Survival 60% 40% 20% 0% 10 Years After Implant · Including Normal Battery Depletion . Excluding Normal Battery Depletion at 208 10 12 17 Years 13 15 16 mo **Excluding NBD** 100.0% 100.0% 99.9% 99.9% 99.9% 99.9% 99.8% 99.8% 99.7% 99.7% 99.7% 99.7% 99.7% 99.6% 99.6% 99.6% 99.6% 99.6%

Sample Size D164AWG

Effective

Including NBD

Virtuoso DR

99.3%

31911

99.7%

35189

US Market Release Total Malfunctions (USA)

98.9%

28429

CE Approval Date 07Mar2006 Therapy Function Not Compromised

97.5%

25002

92.7%

21613

85.8%

18239

75.4%

14653

52.4%

9037

27.3%

3706

22.4%

2514

21.2%

2013

20.1%

1574

19.4%

1226

18.4%

932

17.6%

645

16.6%

308

16.0%

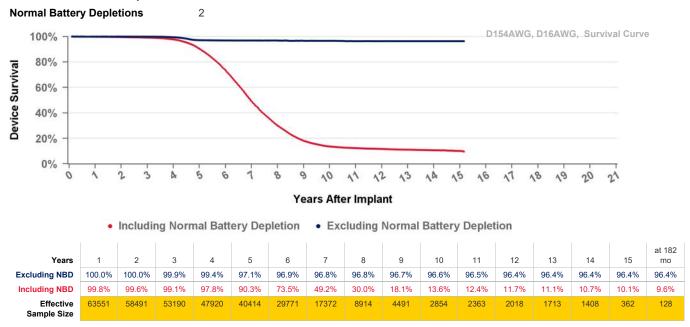
113

Registered USA Implants 3

99.8%

38514

Estimated Active USA Implants Therapy Function Compromised



D164VWC Virtuoso VR

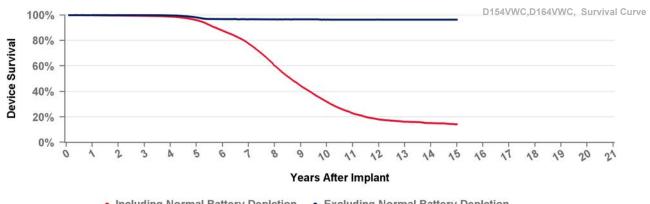
US Market Release Total Malfunctions (USA)

CE Approval Date 07Mar2006 Therapy Function Not Compromised

Registered USA Implants 1

Estimated Active USA Implants 1 Therapy Function Compromised

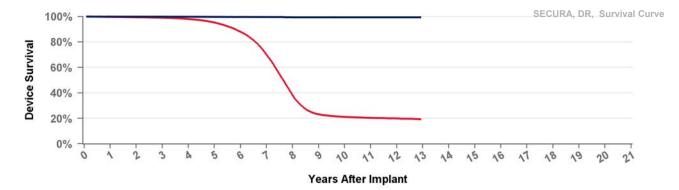
Normal Battery Depletions



Years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	at 180 mo
Excluding NBD	100.0%	100.0%	99.9%	99.7%	98.1%	96.8%	96.7%	96.6%	96.5%	96.5%	96.4%	96.4%	96.4%	96.4%	96.3%
Including NBD	99.8%	99.6%	99.3%	98.8%	96.0%	87.7%	77.5%	60.3%	44.4%	31.9%	22.8%	18.0%	16.3%	15.2%	14.2%
Effective	28535	26124	23730	21531	19161	16195	13286	9329	6103	3950	2478	1605	1153	849	126
Sample Size															

D204DRM Secura DR

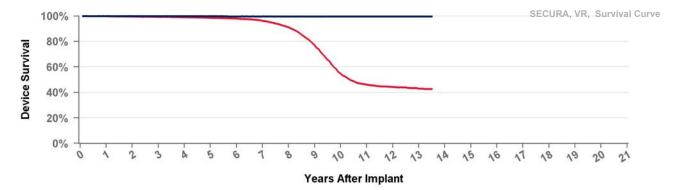
US Market Release 09Jan2012 Total Malfunctions (USA) 5 **Therapy Function Not Compromised CE Approval Date** 1 **Registered USA Implants** Other 1 1,850 **Estimated Active USA Implants** 315 **Therapy Function Compromised** 4 **Normal Battery Depletions** 321 Battery 2 2 **Electrical Component**



Years	1	2	3	4	5	6	7	8	9	10	11	12	at 155 mo
Excluding NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.7%	99.6%	99.4%	99.4%	99.4%	99.4%	99.4%	99.4%
Including NBD	99.7%	99.4%	99.0%	98.0%	95.3%	87.9%	70.0%	38.4%	23.2%	21.2%	20.4%	20.0%	19.3%
Effective Sample Size	44540	41185	38105	34983	31058	25091	16332	6719	3259	2658	2088	1503	193

D204VRM Secura VR

US Market Release	02May2012	2 Total Malfunctions (USA)	3
CE Approval Date		Therapy Function Not Compromised	1
Registered USA Implants	1,152	Electrical Component	1
Estimated Active USA Implants	292	Therapy Function Compromised	2
Normal Battery Depletions	90	Battery	2



• Including Normal Battery Depletion • Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	at 162 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.7%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%
Including NBD	99.8%	99.6%	99.3%	99.0%	98.6%	98.0%	96.2%	91.1%	77.1%	54.5%	46.1%	44.3%	42.9%	42.6%
Effective Sample Size	17640	16331	15178	14073	12961	11846	10616	8586	5565	2829	1791	1271	519	108

D214DRM

Secura DR

US Market Release

Total Malfunctions (USA)

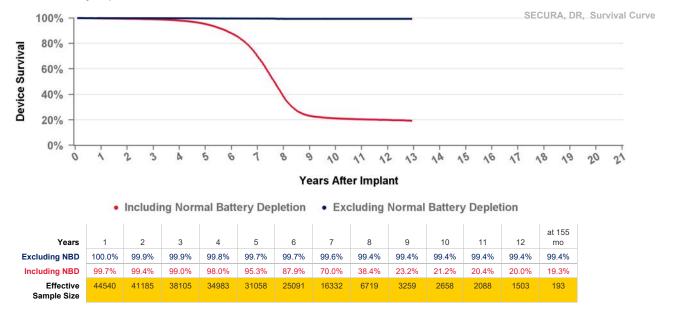
CE Approval Date

22Jul2010 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised



D214VRM

Secura VR

US Market Release

Total Malfunctions (USA)

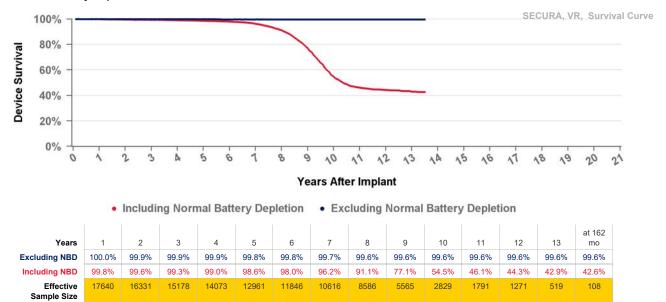
CE Approval Date

17Dec2010 Therapy Function Not Compromised

Registered USA Implants

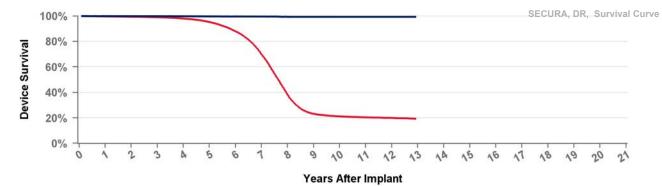
Estimated Active USA Implants

Therapy Function Compromised



D224DRG Secura DR

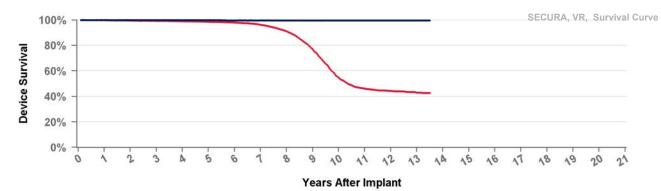
US Market Release	15Sep2008	Total Malfunctions (USA)	152
CE Approval Date		Therapy Function Not Compromised	115
Registered USA Implants	49,639	Battery	14
Estimated Active USA Implants	5,377	Electrical Component	38
Normal Battery Depletions	10,323	Possible Early Battery Depletion	50
		Software/Firmware	9
		Other	4
		Therapy Function Compromised	37
		Battery	21
		Electrical Component	13
		Possible Early Battery Depletion	1
		Software/Firmware	1
		Other	1



Years	1	2	3	4	5	6	7	8	9	10	11	12	at 155 mo
Excluding NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.7%	99.6%	99.4%	99.4%	99.4%	99.4%	99.4%	99.4%
Including NBD	99.7%	99.4%	99.0%	98.0%	95.3%	87.9%	70.0%	38.4%	23.2%	21.2%	20.4%	20.0%	19.3%
Effective Sample Size	44540	41185	38105	34983	31058	25091	16332	6719	3259	2658	2088	1503	193

D224VRC Secura VR

US Market Release	15Sep2008	Total Malfunctions (USA)	52
CE Approval Date		Therapy Function Not Compromised	35
Registered USA Implants	19,673	Battery	14
Estimated Active USA Implants	2,963	Electrical Component	10
Normal Battery Depletions	2,152	Possible Early Battery Depletion	8
		Software/Firmware	2
		Other	1
		Therapy Function Compromised	17
		Battery	9
		Electrical Component	6
		Possible Early Battery Depletion	1
		Software/Firmware	1



Years	1	2	3	4	5	6	7	8	9	10	11	12	13	at 162 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.7%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%
Including NBD	99.8%	99.6%	99.3%	99.0%	98.6%	98.0%	96.2%	91.1%	77.1%	54.5%	46.1%	44.3%	42.9%	42.6%
Effective Sample Size	17640	16331	15178	14073	12961	11846	10616	8586	5565	2829	1791	1271	519	108

D234DRG S

Secura DR

US Market Release

Total Malfunctions (USA)

CE Approval Date

14Mar2008 Therapy Function Not Compromised

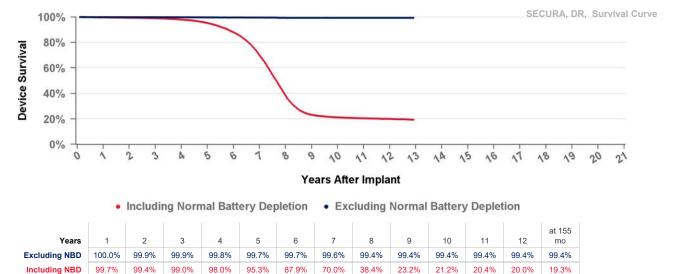
Registered USA Implants

2

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



Sample Size
D234VRC

Secura VR

38105

34983

31058

25091

41185

US Market Release

Effective

Total Malfunctions (USA)

16332

CE Approval Date

14Mar2008 Therapy Function Not Compromised

6719

2658

3259

2088

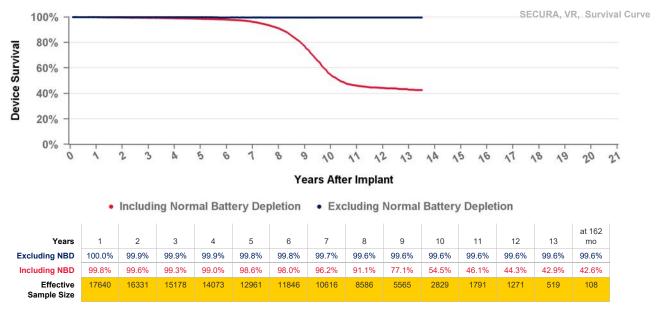
1503

193

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised



D264DRM Maximo II DR

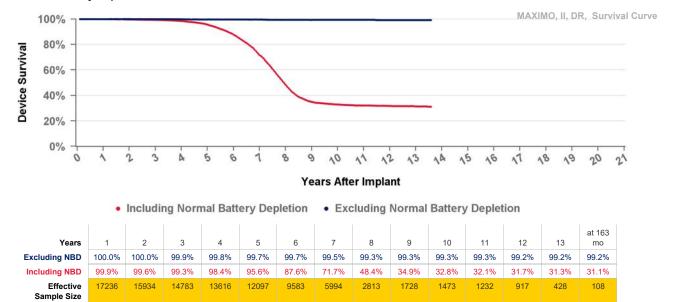
US Market Release 09Jan2012 Total Malfunctions (USA)

CE Approval Date 22Jul2010 Therapy Function Not Compromised

Registered USA Implants 6

Estimated Active USA Implants Therapy Function Compromised

Normal Battery Depletions 2



D264VRM

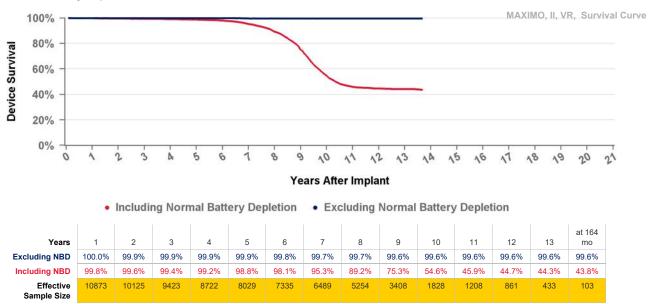
Maximo II VR

US Market Release 02May2012 Total Malfunctions (USA)

CE Approval Date 17Dec2010 Therapy Function Not Compromised

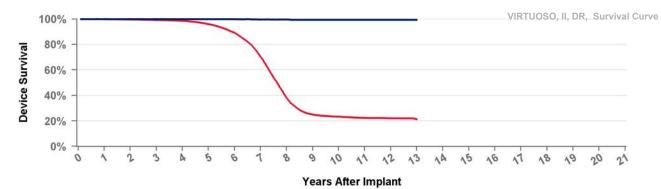
Registered USA Implants

Estimated Active USA Implants Therapy Function Compromised



D274DRG Virtuoso II DR

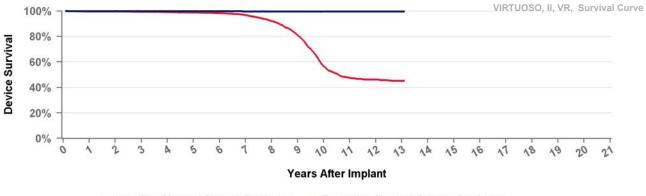
US Market Release	15Aug2009	Total Malfunctions (USA)	47
CE Approval Date		Therapy Function Not Compromised	29
Registered USA Implants	22,251	Battery	10
Estimated Active USA Implants	2,561	Electrical Component	11
Normal Battery Depletions	4,322	Possible Early Battery Depletion	7
		Software/Firmware	1
		Therapy Function Compromised	18
		Battery	15
		Electrical Component	2
		Other	1



Years	1	2	3	4	5	6	7	8	9	10	11	12	at 156 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.7%	99.5%	99.5%	99.5%	99.5%	99.5%	99.5%
Including NBD	99.9%	99.7%	99.2%	98.6%	96.0%	89.2%	70.5%	38.2%	25.0%	23.4%	22.4%	22.1%	21.3%
Effective Sample Size	19000	17629	16324	14964	13153	10488	6731	2932	1546	1312	1177	978	102

D274VRC Virtuoso II VR

US Market Release	15Aug2009	Total Malfunctions (USA)	21
CE Approval Date		Therapy Function Not Compromised	13
Registered USA Implants	9,131	Battery	6
Estimated Active USA Implants	1,351	Electrical Component	4
Normal Battery Depletions	887	Possible Early Battery Depletion	2
		Software/Firmware	1
		Therapy Function Compromised	8
		Battery	7
		Electrical Component	1

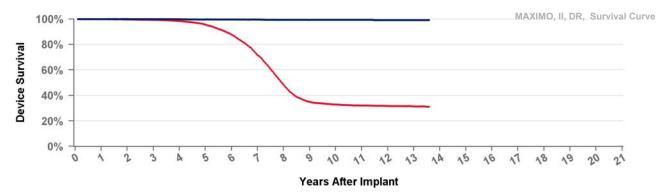


 Including Normal Battery Depletion 	 Excluding Normal Battery Depletion
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Years	1	2	3	4	5	6	7	8	9	10	11	12	13	at 157 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.7%	99.7%	99.7%	99.5%	99.5%	99.5%	99.5%	99.5%
Including NBD	99.7%	99.7%	99.4%	99.2%	98.8%	98.3%	96.8%	92.0%	80.8%	56.7%	47.6%	46.2%	45.3%	45.3%
Effective Sample Size	7678	7160	6653	6136	5663	5130	4569	3747	2497	1295	885	687	182	130

D284DRG Maximo II DR

US Market Release	17Sep2008	Total Malfunctions (USA)	71
CE Approval Date	14Mar2008	Therapy Function Not Compromised	54
Registered USA Implants	19,956	Battery	7
Estimated Active USA Implants	2,363	Electrical Component	15
Normal Battery Depletions	3,640	Possible Early Battery Depletion	30
		Other	2
		Therapy Function Compromised	17
		Battery	11
		Electrical Component	5
		Possible Early Battery Depletion	1

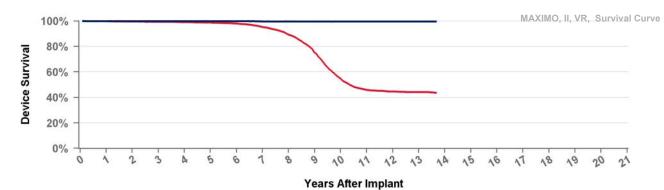


	Including Normal Battery Depletion	Excluding Normal Battery Depletion	
•	ilicidullid Nottilal Battery Depletion	Excluding Normal Battery Depletion	

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	at 163 mo
Excluding NBD	100.0%	100.0%	99.9%	99.8%	99.7%	99.7%	99.5%	99.3%	99.3%	99.3%	99.3%	99.2%	99.2%	99.2%
Including NBD	99.9%	99.6%	99.3%	98.4%	95.6%	87.6%	71.7%	48.4%	34.9%	32.8%	32.1%	31.7%	31.3%	31.1%
Effective Sample Size	17236	15934	14783	13616	12097	9583	5994	2813	1728	1473	1232	917	428	108

D284VRC Maximo II VR

US Market Release	17Sep2008	Total Malfunctions (USA)	32
CE Approval Date	14Mar2008	Therapy Function Not Compromised	23
Registered USA Implants	12,861	Battery	10
Estimated Active USA Implants	2,097	Electrical Component	6
Normal Battery Depletions	1,612	Possible Early Battery Depletion	4
		Software/Firmware	3
		Therapy Function Compromised	9
		Battery	6
		Electrical Component	2
		Software/Firmware	1



• Including Normal Battery Depletion • Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	at 164
Excluding NBD	100.0%	99.9%	99.9%	99.9%	99.9%	99.8%	99.7%	99.7%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%
Including NBD	99.8%	99.6%	99.4%	99.2%	98.8%	98.1%	95.3%	89.2%	75.3%	54.6%	45.9%	44.7%	44.3%	43.8%
3														
Effective Sample Size	10873	10125	9423	8722	8029	7335	6489	5254	3408	1828	1208	861	433	103

D294DRG

Virtuoso II DR

US Market Release

Total Malfunctions (USA)

CE Approval Date

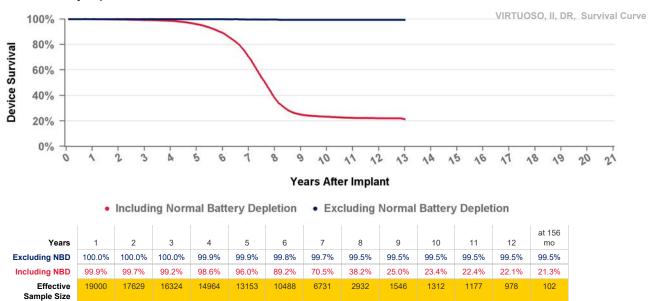
20Aug2008 Therapy Function Not Compromised

Registered USA Implants

2

Estimated Active USA Implants

Therapy Function Compromised



D294VRC Virtuoso II VR

US Market Release

Total Malfunctions (USA)

CE Approval Date

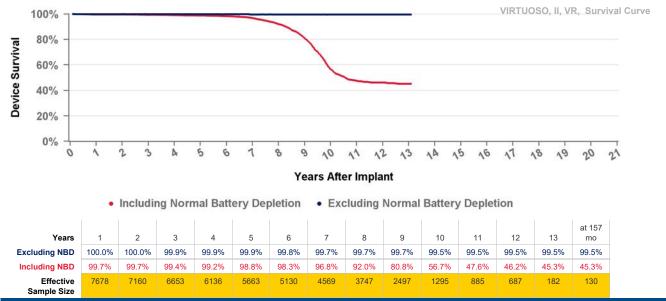
20Aug2008 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

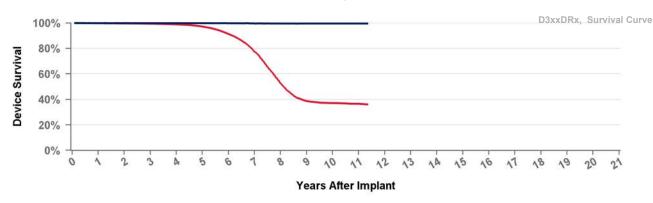
Therapy Function Compromised

Normal Battery Depletions



D314DRG Protecta XT DR

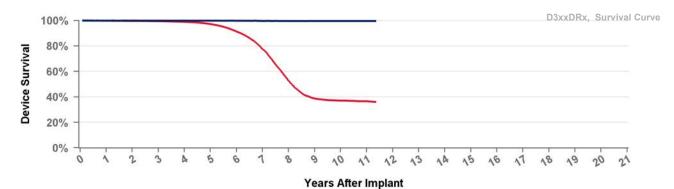
US Market Release	25Mar2011	Total Malfunctions (USA)	77
CE Approval Date		Therapy Function Not Compromised	40
Registered USA Implants	34,745	Battery	8
Estimated Active USA Implants	4,672	Electrical Component	26
Normal Battery Depletions	4,544	Electrical Interconnect	1
		Possible Early Battery Depletion	4
		Other	1
		Therapy Function Compromised	37
		Battery	30
		Electrical Component	7



	•	Includii	ng Norn	nal Batt	ery Dep	oletion	• Exc	cluding	Normal	Battery	/ Deplet	ion
Years	1	2	3	4	5	6	7	8	9	10	11	at 136 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%	99.9%	99.8%	99.7%	99.7%	99.6%	99.6%	99.6%	99.6%
Including NBD	99.8%	99.7%	99.5%	99.0%	97.2%	91.3%	77.6%	52.8%	38.7%	37.1%	36.5%	36.2%
Effective Sample Size	54184	50301	46252	42263	37893	31012	20451	9299	5158	4196	1292	127

D314DRM Protecta XT DR

US Market Release	09Nov2011	Total Malfunctions (USA)	25
CE Approval Date		Therapy Function Not Compromised	17
Registered USA Implants	13,914	Battery	3
Estimated Active USA Implants	2,215	Electrical Component	12
Normal Battery Depletions	1,924	Other	2
		Therapy Function Compromised	8
		Battery	7
		Electrical Component	1

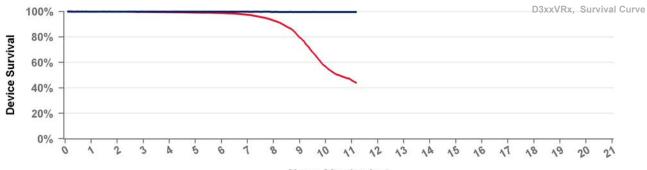


Including Normal Battery Depletion Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	at 136 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%	99.9%	99.8%	99.7%	99.7%	99.6%	99.6%	99.6%	99.6%
Including NBD	99.8%	99.7%	99.5%	99.0%	97.2%	91.3%	77.6%	52.8%	38.7%	37.1%	36.5%	36.2%
Effective Sample Size	54184	50301	46252	42263	37893	31012	20451	9299	5158	4196	1292	127

D314VRG Protecta XT VR

US Market Release	25Mar2011	Total Malfunctions (USA)	31
CE Approval Date		Therapy Function Not Compromised	21
Registered USA Implants	14,092	Battery	11
Estimated Active USA Implants	2,807	Electrical Component	9
Normal Battery Depletions	1,218	Other	1
		Therapy Function Compromised	10
		Battery	9
		Electrical Component	1



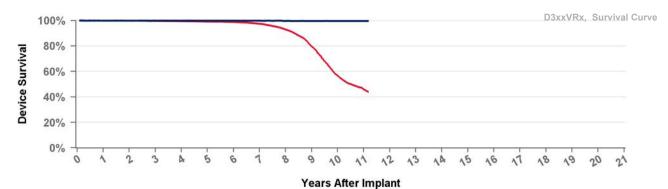
Years After Implant

• Including Normal Battery Depletion • Excluding Normal Battery Depletion

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%	99.8%	99.8%	99.7%	99.7%	99.7%	99.7%
Including NBD	99.9%	99.9%	99.7%	99.5%	99.2%	98.8%	97.4%	92.9%	79.7%	56.6%	45.9%	44.0%
Effective Sample Size	25804	23985	22243	20574	19021	17446	15686	13055	8322	3796	670	231

Protecta XT VR **D314VRM**

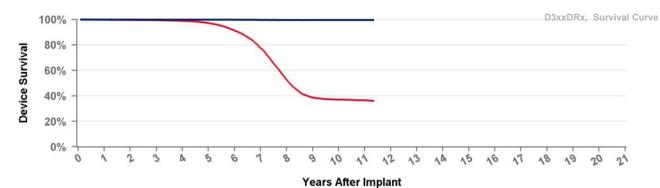
US Market Release	02May2012	Total Malfunctions (USA)	8
CE Approval Date		Therapy Function Not Compromised	4
Registered USA Implants	7,334	Battery	1
Estimated Active USA Implants	1,660	Electrical Component	2
Normal Battery Depletions	708	Possible Early Battery Depletion	1
		Therapy Function Compromised	4
		Battery	2
		Electrical Component	2



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%	99.8%	99.8%	99.7%	99.7%	99.7%	99.7%
Including NBD	99.9%	99.9%	99.7%	99.5%	99.2%	98.8%	97.4%	92.9%	79.7%	56.6%	45.9%	44.0%
Effective Sample Size	25804	23985	22243	20574	19021	17446	15686	13055	8322	3796	670	231

D334DRG Protecta DR

US Market Release	25Mar2011	Total Malfunctions (USA)	20
CE Approval Date		Therapy Function Not Compromised	9
Registered USA Implants	10,704	Battery	2
Estimated Active USA Implants	1,436	Electrical Component	6
Normal Battery Depletions	1,836	Possible Early Battery Depletion	1
		Therapy Function Compromised	11
		Battery	8
		Electrical Component	3



• Including Normal Battery Depletion • Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	at 136 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%	99.9%	99.8%	99.7%	99.7%	99.6%	99.6%	99.6%	99.6%
Including NBD	99.8%	99.7%	99.5%	99.0%	97.2%	91.3%	77.6%	52.8%	38.7%	37.1%	36.5%	36.2%
Effective Sample Size	54184	50301	46252	42263	37893	31012	20451	9299	5158	4196	1292	127

D334DRM Protecta DR **US Market Release** 09Nov2011 Total Malfunctions (USA) 1 **Therapy Function Not Compromised** 0 **CE Approval Date Registered USA Implants** 2,997 **Therapy Function Compromised** 1 **Estimated Active USA Implants** 500 Battery 1 **Normal Battery Depletions** 577 D3xxDRx, Survival Curve 100% 80% **Device Survival** 60% 40% 20% Years After Implant . Excluding Normal Battery Depletion Including Normal Battery Depletion at 136 Years 2 6 8 10 11 mo 99.9% 99.8% 99.6% 99.6% 99.6% 99.6% **Excluding NBD** 100.0% 99.9% 99.9% 99.9% 99.7% 99.7%

D334VRG Protecta VR

99.8%

54184

99.7%

50301

99.5%

99.0%

Including NBD

Sample Size

Effective

US Market Release	25Mar2011	Total Malfunctions (USA)	12
CE Approval Date		Therapy Function Not Compromised	6
Registered USA Implants	6,488	Battery	2
Estimated Active USA Implants	1,497	Electrical Component	4
Normal Battery Depletions	654	Therapy Function Compromised	6
		Battery	4
		Electrical Component	2

97.2%

37893

91.3%

31012

77.6%

20451

52.8%

38.7%

5158

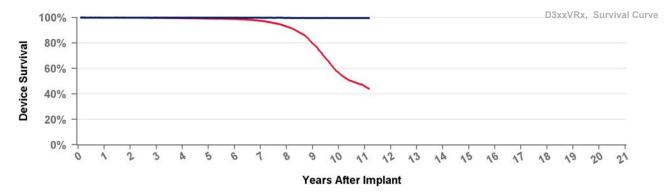
37.1%

36.5%

1292

36.2%

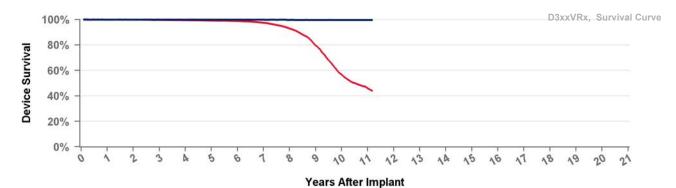
127



	•	Includii	ng Norn	nal Batt	ery Dep	oletion	• Exc	luding	Normal	Battery	/ Deplet	ion
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%	99.8%	99.8%	99.7%	99.7%	99.7%	99.7%
Including NBD	99.9%	99.9%	99.7%	99.5%	99.2%	98.8%	97.4%	92.9%	79.7%	56.6%	45.9%	44.0%
Effective Sample Size	25804	23985	22243	20574	19021	17446	15686	13055	8322	3796	670	231

D334VRM Protecta VR

US Market Release	02May2012	Total Malfunctions (USA)	4
CE Approval Date		Therapy Function Not Compromised	2
Registered USA Implants	2,167	Battery	1
Estimated Active USA Implants	539	Other	1
Normal Battery Depletions	234	Therapy Function Compromised	2
		Battery	2



• Including Normal Battery Depletion • Excluding Normal Battery Depletion

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%	99.8%	99.8%	99.7%	99.7%	99.7%	99.7%
Including NBD	99.9%	99.9%	99.7%	99.5%	99.2%	98.8%	97.4%	92.9%	79.7%	56.6%	45.9%	44.0%
Effective	25804	23985	22243	20574	19021	17446	15686	13055	8322	3796	670	231
Sample Size												

D354DRG

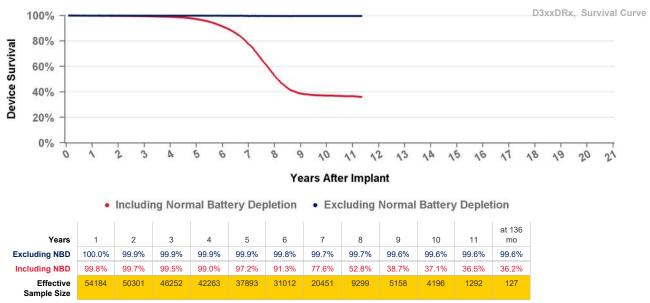
Protecta XT DR

US Market Release Total Malfunctions (USA)

CE Approval Date 25Mar2010 Therapy Function Not Compromised

Registered USA Implants 2

Estimated Active USA Implants Therapy Function Compromised



D354DRM Protecta XT DR

US Market Release

Total Malfunctions (USA)

CE Approval Date

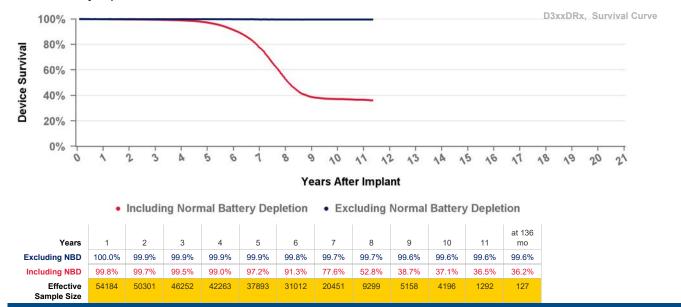
15Jul2010 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



D354VRG

Protecta XT VR

US Market Release

Total Malfunctions (USA)

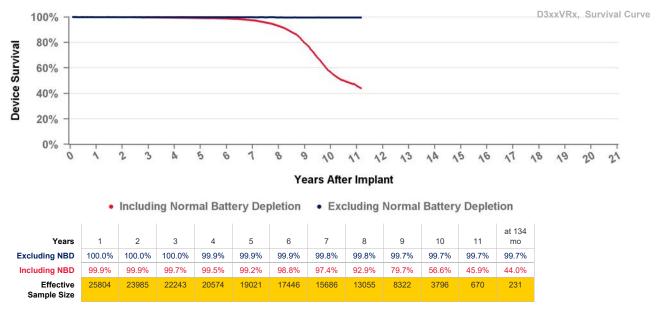
CE Approval Date

25Mar2010 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised



D354VRM Protecta XT VR

US Market Release

Total Malfunctions (USA)

CE Approval Date

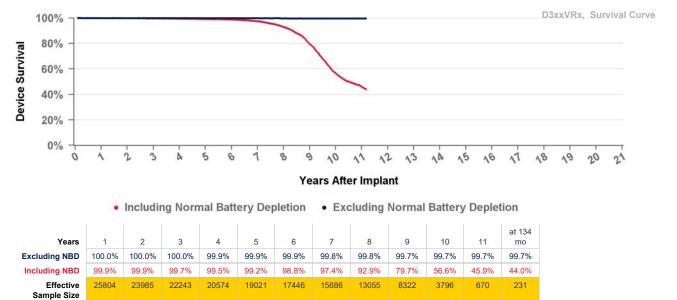
17Dec2010 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



D364DRG

Protecta DR

US Market Release

Total Malfunctions (USA)

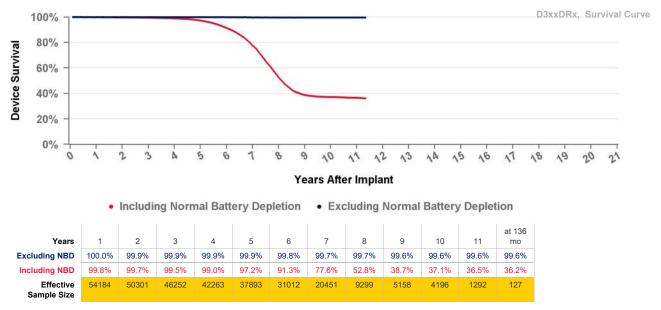
CE Approval Date

25Mar2010 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised



D364DRM

Protecta DR

US Market Release

Total Malfunctions (USA)

CE Approval Date

15Jul2010

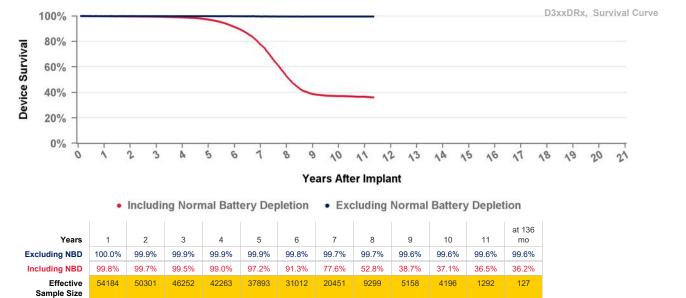
Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



D364VRG

Protecta VR

US Market Release

Total Malfunctions (USA)

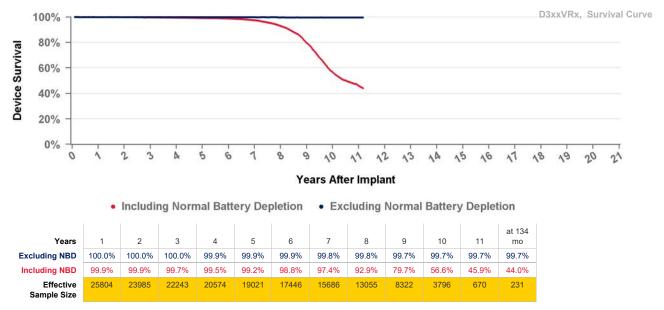
CE Approval Date

25Mar2010 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised



D364VRM Protecta VR

US Market Release

Total Malfunctions (USA)

CE Approval Date

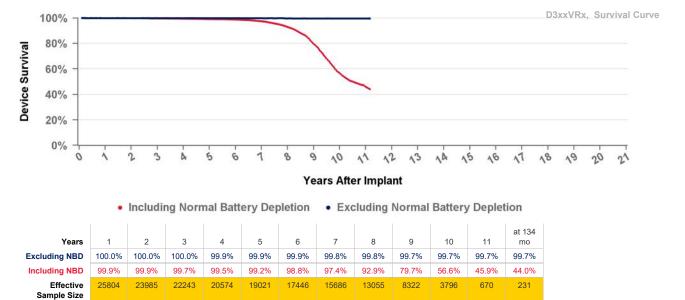
17Dec2010 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



D384DRG

Cardia DR

US Market Release

Total Malfunctions (USA)

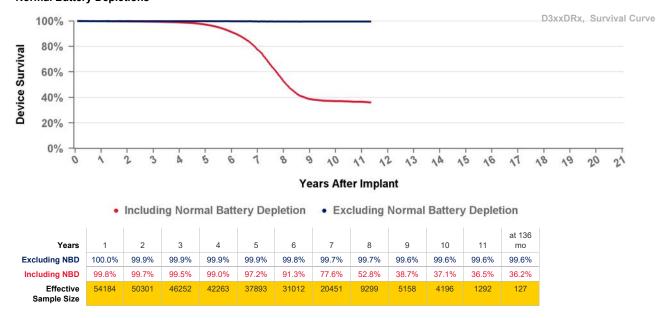
CE Approval Date

12Jan2011 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised



D384VRG

Cardia VR

US Market Release

Total Malfunctions (USA)

CE Approval Date

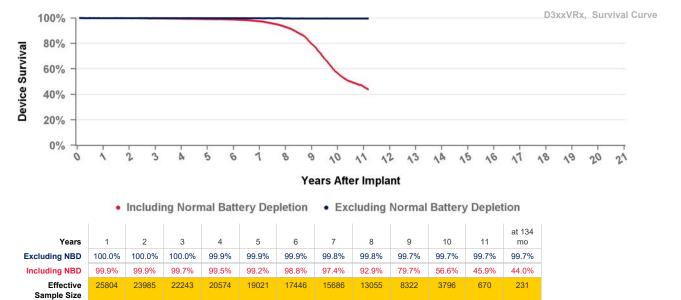
12Jan2011 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



D394DRG

Egida DR

US Market Release

Total Malfunctions (USA)

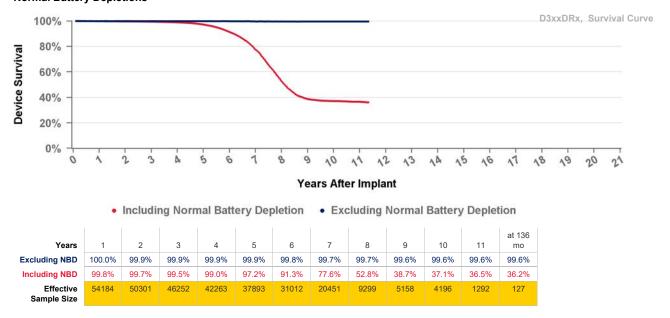
CE Approval Date

12Jan2011 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised



D394VRG Egida VR

US Market Release

Total Malfunctions (USA)

CE Approval Date

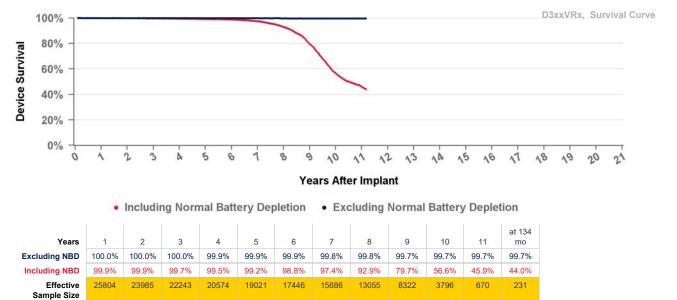
12Jan2011 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

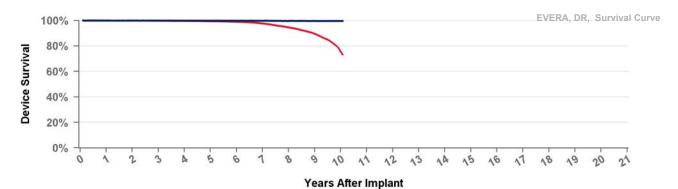
Therapy Function Compromised

Normal Battery Depletions



DDBB1D1 Evera XT

US Market Release	03Apr2013	Total Malfunctions (USA)	79
CE Approval Date		Therapy Function Not Compromised	46
Registered USA Implants	82,211	Battery	28
Estimated Active USA Implants	42,056	Electrical Component	15
Normal Battery Depletions	2,200	Software/Firmware	1
		Other	2
		Therapy Function Compromised	33
		Battery	29
		Electrical Component	2
		Electrical Interconnect	1
		Other	1



Including Normal Battery Depletion . Excluding Normal Battery Depletion at 121 2 6 10 Years mo **Excluding NBD** 100.0% 100.0% 100.0% 99.9% 99.9% 99.8% 99.8% 99.7% 99.7% 99.7% 99.7% Including NBD 99.9% 99.5% 99.0% 97.7% 94.6% 89.6% 75.8% 73.1% 99.9% 99.8% 99.7% Effective 188891 167116 138203 107861 79132 52506 30455 14116 1518 763 Sample Size

Evera XT DDBB1D4 **US Market Release** 72 03Apr2013 **Total Malfunctions (USA)** 42 **CE Approval Date Therapy Function Not Compromised Registered USA Implants** 59,387 Battery 31 **Estimated Active USA Implants** 7 30,735 **Electrical Component Normal Battery Depletions Electrical Interconnect** 2 1,668 Possible Early Battery Depletion 1 1 **Therapy Function Compromised** 30 Battery 22 Device-Related Current Pathway 4 **Electrical Component** 4 EVERA, DR, Survival Curve 100% 80% Device Survival 60% 40% 20% 0% 10 Years After Implant · Including Normal Battery Depletion . Excluding Normal Battery Depletion at 121 2 10 Years mo **Excluding NBD** 100.0% 100.0% 100.0% 99.9% 99.9% 99.8% 99.8% 99.7% 99.7% 99.7% 99.7% Including NBD 99.9% 99.9% 99.8% 99.7% 99.5% 99.0% 97.7% 94.6% 89.6% 75.8% 73.1% Effective 212786 188891 167116 138203 107861 79132 52506 30455 14116 1518 763 Sample Size

DDBB2D1 Evera XT

US Market Release

Total Malfunctions (USA)

CE Approval Date

Effective

Sample Size

17Dec2012 Therapy Function Not Compromised

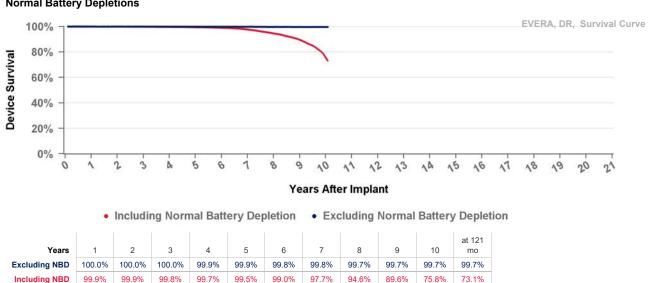
Registered USA Implants

2

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



167116

138203

107861

79132

52506

188891

212786

14116

1518

763

30455

DDBB2D4 Evera XT

US Market Release

Total Malfunctions (USA)

CE Approval Date

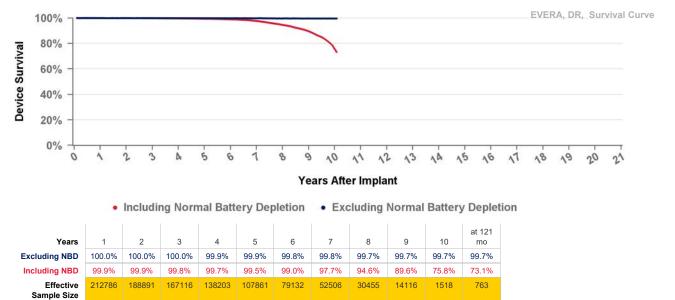
17Dec2012 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

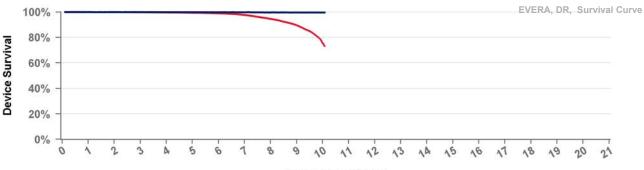
Therapy Function Compromised

Normal Battery Depletions



DDBC3D1 Evera S

US Market Release 03Apr2013 Total Malfunctions (USA) 18 **CE Approval Date** 17Dec2012 Therapy Function Not Compromised 9 **Registered USA Implants** 7 15,930 Battery **Estimated Active USA Implants** 7,997 **Electrical Component** 2 **Normal Battery Depletions** 540 **Therapy Function Compromised** 9 Battery 6 **Device-Related Current Pathway** 1 2 **Electrical Component**



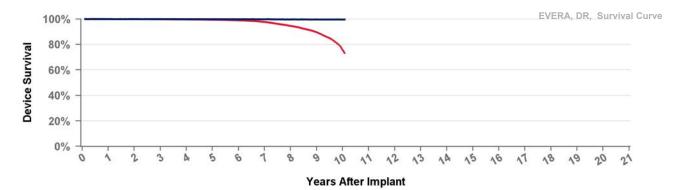
Years After Implant

Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	at 121 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%	99.7%	99.7%	99.7%	99.7%
Including NBD	99.9%	99.9%	99.8%	99.7%	99.5%	99.0%	97.7%	94.6%	89.6%	75.8%	73.1%
Effective	212786	188891	167116	138203	107861	79132	52506	30455	14116	1518	763
Sample Size											

DDBC3D4 Evera S

US Market Release	03Apr2013	Total Malfunctions (USA)	13
CE Approval Date	17Dec2013	Therapy Function Not Compromised	5
Registered USA Implants	11,810	Battery	3
Estimated Active USA Implants	6,211	Electrical Component	2
Normal Battery Depletions	354	Therapy Function Compromised	8
		Battery	5
		Device-Related Current Pathway	1
		Electrical Component	1
		Possible Farly Battery Depletion	1

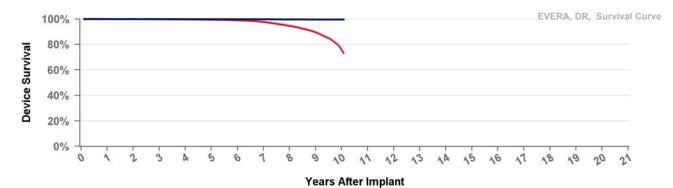


Including Normal Battery	Depletion	Excluding	Normal	Battery	Depletion

Years	1	2	3	4	5	6	7	8	9	10	at 121 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%	99.7%	99.7%	99.7%	99.7%
Including NBD	99.9%	99.9%	99.8%	99.7%	99.5%	99.0%	97.7%	94.6%	89.6%	75.8%	73.1%
Effective Sample Size	212786	188891	167116	138203	107861	79132	52506	30455	14116	1518	763

DDMB1D1 Evera MRI XT

US Market Release	12Oct2016	Total Malfunctions (USA)	37
CE Approval Date		Therapy Function Not Compromised	20
Registered USA Implants	45,768	Battery	12
Estimated Active USA Implants	35,757	Electrical Component	6
Normal Battery Depletions	89	Electrical Interconnect	1
		Other	1
		Therapy Function Compromised	17
		Battery	6
		Device-Related Current Pathway	5
		Electrical Component	6

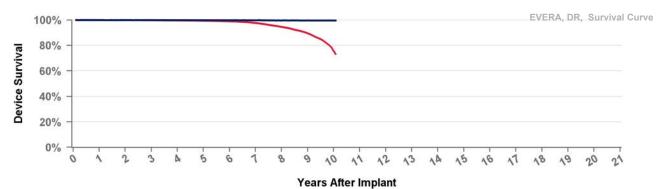


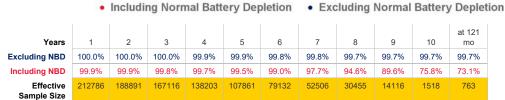
• Including Normal Battery Depletion • Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	at 121 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%	99.7%	99.7%	99.7%	99.7%
Including NBD	99.9%	99.9%	99.8%	99.7%	99.5%	99.0%	97.7%	94.6%	89.6%	75.8%	73.1%
Effective Sample Size	212786	188891	167116	138203	107861	79132	52506	30455	14116	1518	763

Evera MRI XT DDMB1D4

US Market Release	11Sep2015	Total Malfunctions (USA)	88
CE Approval Date		Therapy Function Not Compromised	53
Registered USA Implants	137,457	Battery	24
Estimated Active USA Implants	108,425	Electrical Component	23
Normal Battery Depletions	371	Electrical Interconnect	4
		Other	2
		Therapy Function Compromised	35
		Battery	23
		Device-Related Current Pathway	9
		Electrical Component	3





DDMB2D1

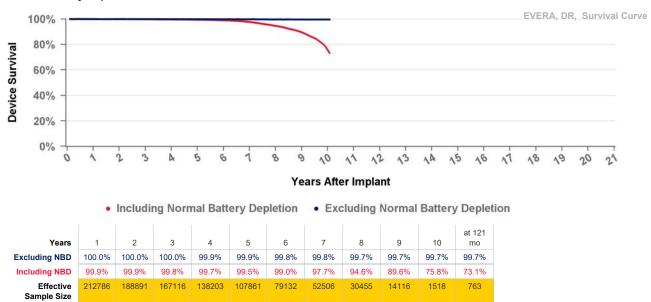
Evera MRI

US Market Release Total Malfunctions (USA)

CE Approval Date 05Sep2016 Therapy Function Not Compromised

Registered USA Implants

Therapy Function Compromised Estimated Active USA Implants



DDMB2D4 Evera MRI XT

US Market Release

Total Malfunctions (USA)

CE Approval Date

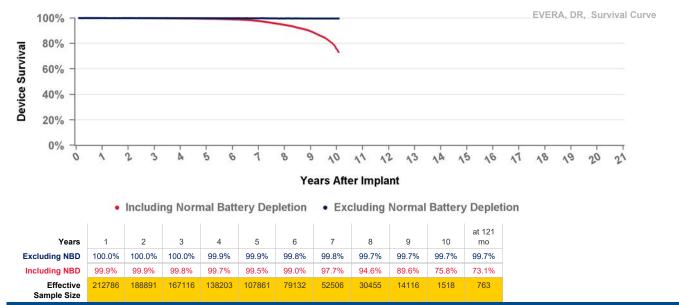
31Mar2014 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

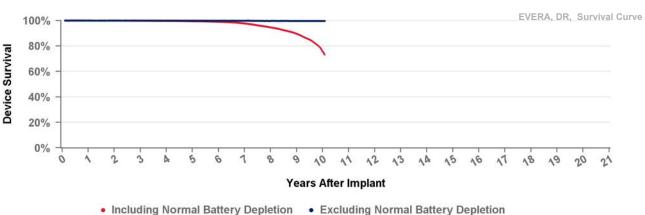
Therapy Function Compromised

Normal Battery Depletions



DDMC3D1 Evera MRIS

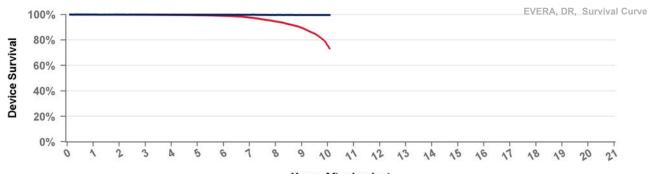
12Oct2016 Total Malfunctions (USA) **US Market Release** 3 **CE Approval Date** 05Sep2016 Therapy Function Not Compromised 3 **Registered USA Implants** 1 4,073 Battery **Estimated Active USA Implants Electrical Component** 3,157 1 **Normal Battery Depletions** 10 Other **Therapy Function Compromised** 0



			•								
Years	1	2	3	4	5	6	7	8	9	10	at 121 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%	99.7%	99.7%	99.7%	99.7%
Including NBD	99.9%	99.9%	99.8%	99.7%	99.5%	99.0%	97.7%	94.6%	89.6%	75.8%	73.1%
Effective Sample Size	212786	188891	167116	138203	107861	79132	52506	30455	14116	1518	763

DDMC3D4 Evera MRI

US Market Release	11Sep2015	Total Malfunctions (USA)	8
CE Approval Date	31Mar2014	Therapy Function Not Compromised	4
Registered USA Implants	9,169	Battery	3
Estimated Active USA Implants	7,168	Electrical Component	1
Normal Battery Depletions	18	Therapy Function Compromised	4
		Battery	1
		Device-Related Current Pathway	2
		Flectrical Component	1



Years After Implant

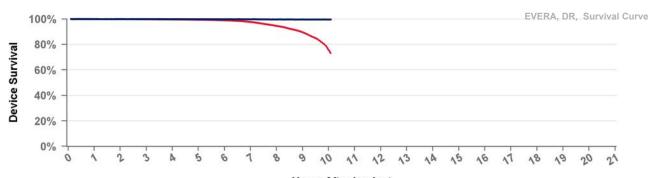
Incl	luding N	ormal	Battery	Depletio	on •	Excludi	ng Nor	mal Bat	tery Depletion	n

Years	1	2	3	4	5	6	7	8	9	10	at 121 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%	99.7%	99.7%	99.7%	99.7%
Including NBD	99.9%	99.9%	99.8%	99.7%	99.5%	99.0%	97.7%	94.6%	89.6%	75.8%	73.1%
Effective Sample Size	212786	188891	167116	138203	107861	79132	52506	30455	14116	1518	763

DDMD3D1 Primo

Normal Battery Depletions

US Market Release01Mar2018Total Malfunctions (USA)1CE Approval Date10Nov2017Therapy Function Not Compromised1Registered USA Implants422Electrical Component1Estimated Active USA Implants377Therapy Function Compromised0



Years After Implant

• Including Normal Battery Depletion • Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	at 121 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%	99.7%	99.7%	99.7%	99.7%
Including NBD	99.9%	99.9%	99.8%	99.7%	99.5%	99.0%	97.7%	94.6%	89.6%	75.8%	73.1%
Effective Sample Size	212786	188891	167116	138203	107861	79132	52506	30455	14116	1518	763

DDMD3D4 Primo

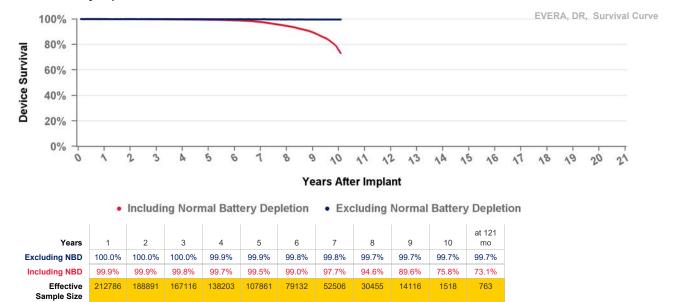
US Market Release 01Mar2018 Total Malfunctions (USA)

CE Approval Date 10Nov2017 Therapy Function Not Compromised

Registered USA Implants 1,335

Estimated Active USA Implants 1,230 Therapy Function Compromised

Normal Battery Depletions 1



DDME3D1

Mirro

US Market Release

01Mar2018 Total Malfunctions (USA)

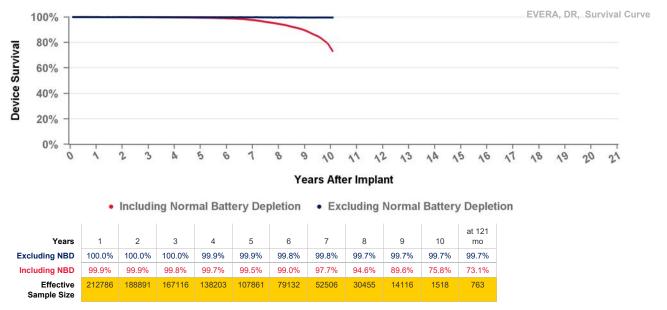
CE Approval Date

10Nov2017 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised



DDME3D4

Mirro

US Market Release

01Mar2018 Total Malfunctions (USA)

CE Approval Date

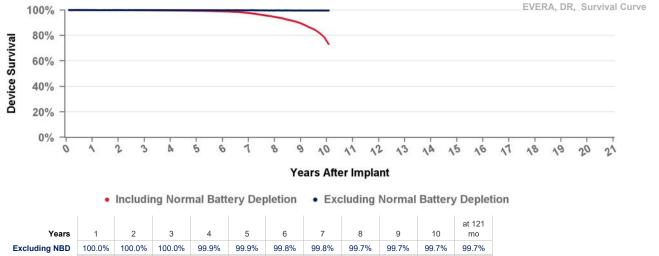
10Nov2017 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



Including NB Effectiv Sample Siz

ars	1	2	3	4	5	6	7	8	9	10	at 121 mo	
BD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%	99.7%	99.7%	99.7%	99.7%	
BD	99.9%	99.9%	99.8%	99.7%	99.5%	99.0%	97.7%	94.6%	89.6%	75.8%	73.1%	
ive	212786	188891	167116	138203	107861	79132	52506	30455	14116	1518	763	l
ize												ı

DDPA2D1

Cobalt XT

US Market Release 23Apr2020 Total Malfunctions (USA) **CE Approval Date**

18Dec2019 Therapy Function Not Compromised

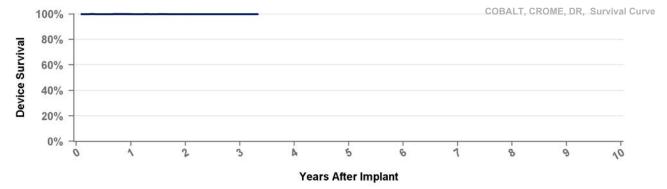
Registered USA Implants

4,173 3,996

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

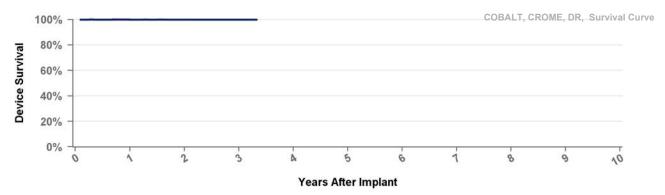
Years
Excluding NBD
Including NBD
Effective
Sample Size

s	1	2	3	at 40 mo
D	100.0%	100.0%	100.0%	100.0%
D	99.9%	99.9%	99.9%	99.9%
е	19386	10576	1202	153
е				

DDPA2D4 Cobalt XT

US Market Release23Apr2020Total Malfunctions (USA)1CE Approval Date18Dec2019Therapy Function Not Compromised1Registered USA Implants34,591Electrical Component1Estimated Active USA Implants33,234Therapy Function Compromised0

Normal Battery Depletions 4



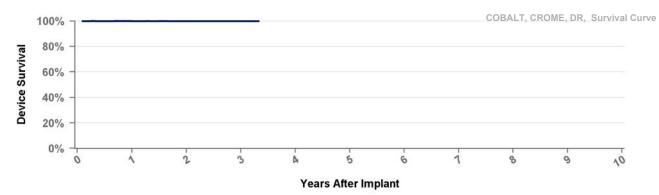
Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	at 40 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.9%	99.9%
Effective Sample Size	19386	10576	1202	153

DDPB3D1

Cobalt

US Market Release	23Apr2020	Total Malfunctions (USA)	2
CE Approval Date	18Dec2019	Therapy Function Not Compromised	1
Registered USA Implants	3,719	Battery	1
Estimated Active USA Implants	3,485	Therapy Function Compromised	1
Normal Battery Depletions		Device-Related Current Pathway	1

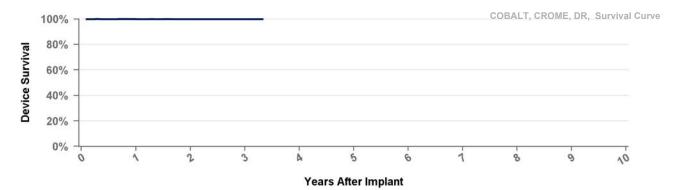


• Including Normal Battery Depletion • Excluding Normal Battery Depletion

Years	1	2	3	at 40 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.9%	99.9%
Effective Sample Size	19386	10576	1202	153

DDPB3D4 Cobalt

US Market Release 23Apr2020 Total Malfunctions (USA) 6 18Dec2019 Therapy Function Not Compromised **CE Approval Date** 3 **Registered USA Implants** 22,101 **Electrical Component** 1 **Estimated Active USA Implants** 20.744 Other 2 **Normal Battery Depletions** 2 **Therapy Function Compromised** 3 **Electrical Component** 1 2 **Electrical Interconnect**



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	at 40 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.9%	99.9%
Effective Sample Size	19386	10576	1202	153

DDPC3D1

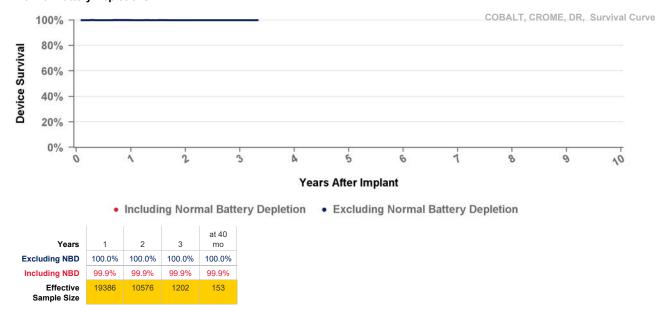
Crome

US Market Release 23Apr2020 Total Malfunctions (USA)

CE Approval Date 18Dec2019 Therapy Function Not Compromised

Registered USA Implants 257

Estimated Active USA Implants 235 Therapy Function Compromised



DDPC3D4

Crome

US Market Release

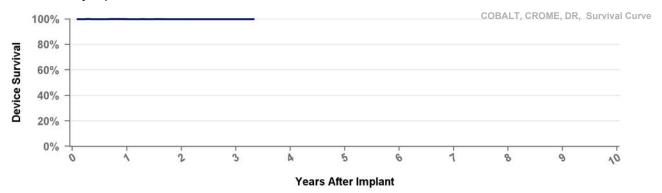
23Apr2020 Total Malfunctions (USA)

18Dec2019 Therapy Function Not Compromised **CE Approval Date**

Registered USA Implants 1,492

Therapy Function Compromised Estimated Active USA Implants 1,408

Normal Battery Depletions



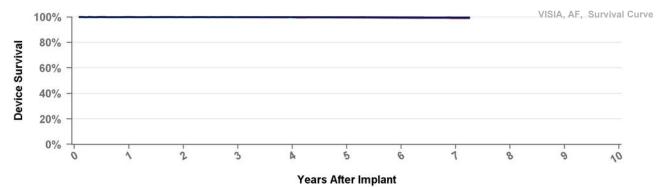
• Including Normal Battery Depletion • Excluding Normal Battery Depletion

Years	1	2	3	at 40 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.9%	99.9%
Effective Sample Size	19386	10576	1202	153

DVAB1D1

Visia AF

US Market Release	19Jan2016	Total Malfunctions (USA)	7
CE Approval Date		Therapy Function Not Compromised	5
Registered USA Implants	5,079	Battery	5
Estimated Active USA Implants	3,457	Therapy Function Compromised	2
Normal Battery Depletions	13	Battery	2

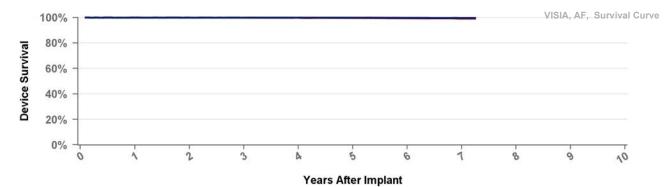


Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 87 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.7%	99.7%
Including NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.4%	99.3%	99.3%
Effective Sample Size	73922	63000	53111	40359	26873	14115	2503	475

DVAB1D4 Visia AF

US Market Release	19Jan2016	Total Malfunctions (USA)	5
CE Approval Date		Therapy Function Not Compromised	2
Registered USA Implants	3,462	Battery	2
Estimated Active USA Implants	2,449	Therapy Function Compromised	3
Normal Battery Depletions		Battery	2
		Device-Related Current Pathway	1



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 87 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.7%	99.7%
Including NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.4%	99.3%	99.3%
Effective	73922	63000	53111	40359	26873	14115	2503	475

DVAB2D1 Visia AF XT

US Market Release

Total Malfunctions (USA)

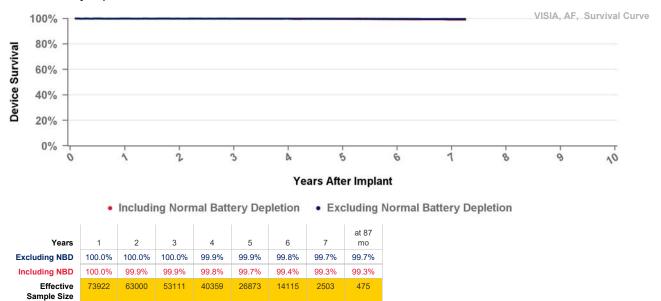
CE Approval Date

19Oct2015 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised



DVAC3D1

Visia AF S

US Market Release

19Jan2016 Total Malfunctions (USA)

CE Approval Date

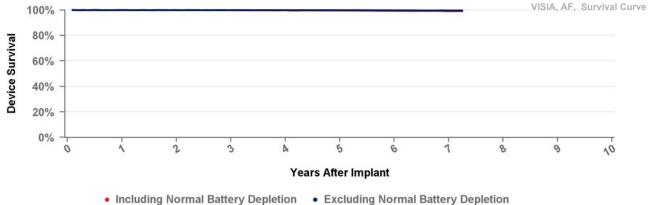
19Oct2015 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

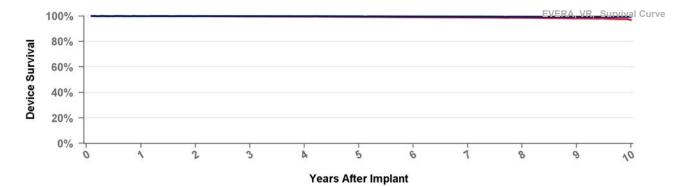
Normal Battery Depletions



Years	1	2	3	4	5	6	7	at 87 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.7%	99.7%
Including NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.4%	99.3%	99.3%
Effective Sample Size	73922	63000	53111	40359	26873	14115	2503	475

DVBB1D1 **Evera XT**

03Apr2013 Total Malfunctions (USA) 71 **US Market Release Therapy Function Not Compromised CE Approval Date** 51 **Registered USA Implants** 32,233 Battery 44 **Estimated Active USA Implants Electrical Component** 18,111 7 **Normal Battery Depletions** 70 **Therapy Function Compromised** 20 Battery 16 **Device-Related Current Pathway** 1 **Electrical Component** 3

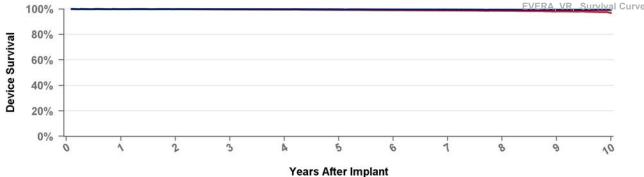


at 120 Years 2 3 5 6 8 9 mo Excluding NBD 100.0% 100.0% 99.9% 99.8% 99.8% 99.6% 99.6% 99.5% 99.4% 99.3% Including NBD 99.6% 98.2% 96.9% 100.0% 99.9% 99.7% 99.4% 99.1% 98.9% 98.7% **Effective** 52410 48789 45352 42218 39145 35975 32330 21288 9285 256 Sample Size

· Including Normal Battery Depletion

· Excluding Normal Battery Depletion

DVBB1D4 **Evera XT US Market Release** 03Apr2013 Total Malfunctions (USA) 89 **Therapy Function Not Compromised CE Approval Date** 58 **Registered USA Implants** 43,927 Battery 43 **Estimated Active USA Implants** 9 26,720 **Electrical Component Normal Battery Depletions** 120 Possible Early Battery Depletion 2 Other 4 **Therapy Function Compromised** 31 Battery 26 **Device-Related Current Pathway** 4 **Electrical Component** 1 EVERA, VR, Survival Curve 100% 80%



Including Normal Battery Depletion
 Excluding 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%	99.8%	99.6%	99.6%	99.5%	99.4%	99.3%
Including NBD	100.0%	99.9%	99.7%	99.6%	99.4%	99.1%	98.9%	98.7%	98.2%	96.9%
Effective Sample Size	52410	48789	45352	42218	39145	35975	32330	21288	9285	256

DVBB2D1 **Evera XT**

US Market Release

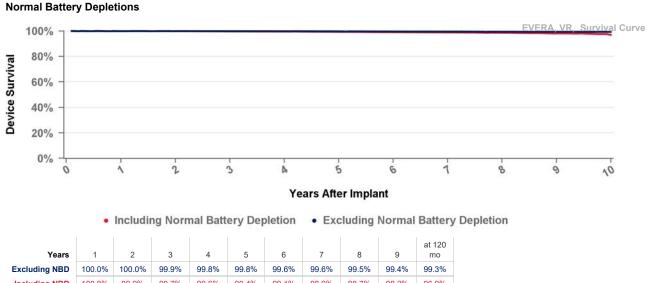
Total Malfunctions (USA) 17Dec2012 Therapy Function Not Compromised

CE Approval Date

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised



DVBB2D4 Evera XT

US Market Release

Total Malfunctions (USA)

CE Approval Date

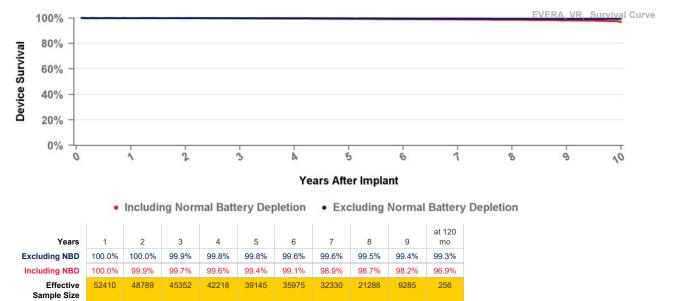
17Dec2012 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

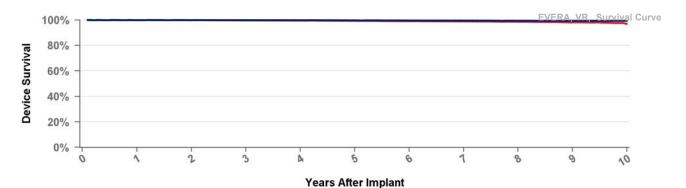
Therapy Function Compromised

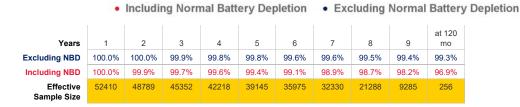
Normal Battery Depletions



DVBC3D1 Evera S

03Apr2013 Total Malfunctions (USA) **US Market Release** 26 17Dec2012 Therapy Function Not Compromised **CE Approval Date** 17 **Registered USA Implants** 8,961 Battery 15 **Estimated Active USA Implants** 5,218 **Electrical Component** 2 **Normal Battery Depletions** 18 **Therapy Function Compromised** 9 8 Battery **Electrical Component** 1





DVBC3D4 Evera S **US Market Release** 03Apr2013 Total Malfunctions (USA) 19 17Dec2012 Therapy Function Not Compromised **CE Approval Date** 12 **Registered USA Implants** 9 11,103 Battery **Estimated Active USA Implants** 6,988 3 **Electrical Component Normal Battery Depletions Therapy Function Compromised** 7 24 Battery 5 Device-Related Current Pathway 2 EVERA, VR, Survival Curve 100% 80% Device Survival 60% 40% 20% 0% 1 2 3 5 6 01 Years After Implant · Including Normal Battery Depletion . Excluding Normal Battery Depletion at 120 2 Years 3 5 6 8 mo 100.0% 100.0% 99.9% 99.8% 99.8% 99.6% 99.6% 99.5% 99.4% 99.3% **Excluding NBD** 100.0% 96.9% Including NBD 99.9% 99.7% 99.6% 99.4% 99.1% 98.9% 98.7% 98.2% Effective 52410 48789 45352 42218 256 39145 35975 32330 21288 9285 Sample Size DVFB1D1 Visia MRI AF **US Market Release** 12Oct2016 Total Malfunctions (USA) 17 **CE Approval Date Therapy Function Not Compromised** 10 **Registered USA Implants** 21,301 Battery 6 **Estimated Active USA Implants** 17,422 **Electrical Component** 3 **Normal Battery Depletions** 12 Other 1 **Therapy Function Compromised** 7 2 Battery 2 **Device-Related Current Pathway Electrical Component** 3 VISIA, AF, Survival Curve 100% 80% Device Survival 60% 40% 20% 2 3 5 6 1 8 0 10 Years After Implant Including Normal Battery Depletion . Excluding Normal Battery Depletion at 87 6 2 3 5 Years mo

100.0%

99.9%

99.9%

99.8%

Excluding NBD

Including NBD

Sample Size

Effective

100.0%

100.0%

100.0%

99.9%

99.9%

99.7%

26873

99.8%

99.4%

99.7%

99.3%

2503

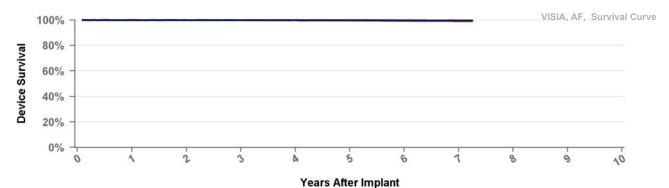
99.7%

99.3%

475

DVFB1D4 Visia MRI AF

US Market Release	19Jan2016	Total Malfunctions (USA)	62
CE Approval Date		Therapy Function Not Compromised	38
Registered USA Implants	70,944	Battery	29
Estimated Active USA Implants	57,264	Electrical Component	8
Normal Battery Depletions	24	Other	1
		Therapy Function Compromised	24
		Battery	14
		Device-Related Current Pathway	7
		Electrical Component	3



Including Normal Battery Depletion Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 87 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.7%	99.7%
Including NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.4%	99.3%	99.3%
Effective Sample Size	73922	63000	53111	40359	26873	14115	2503	475

DVFB2D1

Visia MRI AF XT

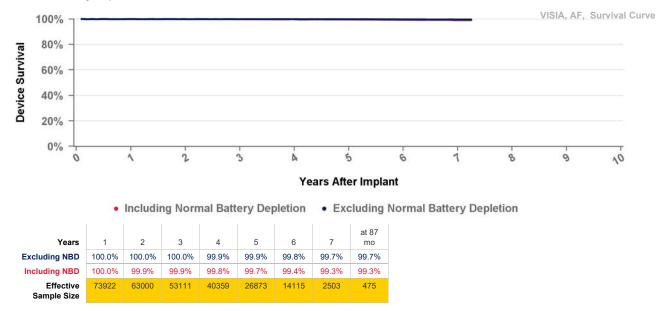
US Market Release Total Malfunctions (USA)

CE Approval Date 05Sep2016 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised



DVFB2D4 Visia MRI AF XT

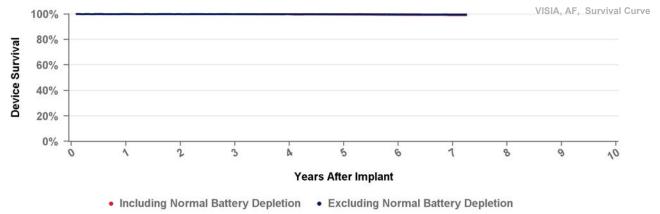
US Market Release Total Malfunctions (USA)

19Oct2015 Therapy Function Not Compromised **CE Approval Date**

Registered USA Implants 2

Therapy Function Compromised Estimated Active USA Implants 1

Normal Battery Depletions



Including NBI Effective Sample Size

Year **Excluding NB**

rs	1	2	3	4	5	6	7	mo
BD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.7%	99.7%
BD	100.0%	99.9%	99.9%	99.8%	99.7%	99.4%	99.3%	99.3%
ve	73922	63000	53111	40359	26873	14115	2503	475
ze								

DVFC3D1

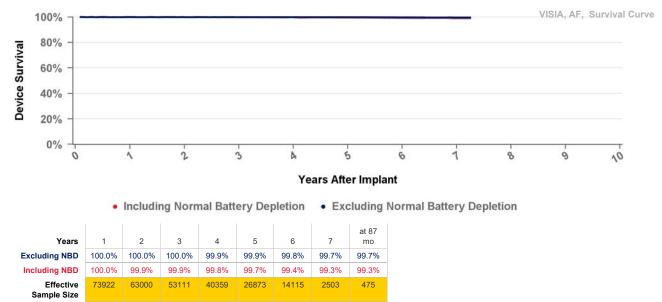
Visia MRI AF S

US Market Release 12Oct2016 Total Malfunctions (USA)

05Sep2016 Therapy Function Not Compromised **CE Approval Date**

Registered USA Implants 1,700

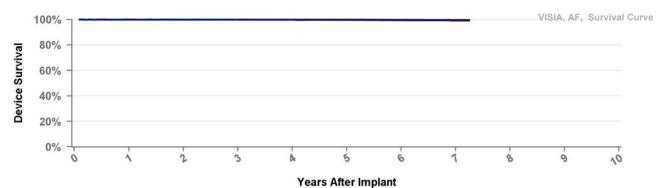
Therapy Function Compromised Estimated Active USA Implants 1,442



DVFC3D4 Visia MRI AF S

US Market Release19Jan2016Total Malfunctions (USA)4CE Approval Date19Oct2015Therapy Function Not Compromised4Registered USA Implants4,111Battery4Estimated Active USA Implants3,471Therapy Function Compromised0

Normal Battery Depletions 5

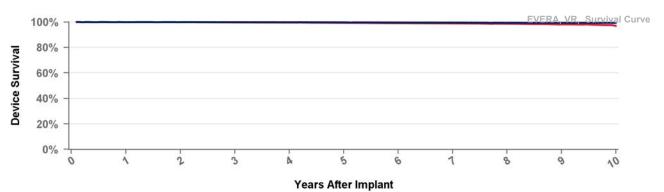


Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 87 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.7%	99.7%
Including NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.4%	99.3%	99.3%
Effective Sample Size	73922	63000	53111	40359	26873	14115	2503	475

DVMB1D4 Evera MRI XT

US Market Release	11Sep2015	Total Malfunctions (USA)	34
CE Approval Date		Therapy Function Not Compromised	16
Registered USA Implants	20,552	Battery	12
Estimated Active USA Implants	13,967	Electrical Component	3
Normal Battery Depletions	14	Other	1
		Therapy Function Compromised	18
		Battery	14
		Device-Related Current Pathway	4



• Including Normal Battery Depletion • Excluding 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%	99.8%	99.6%	99.6%	99.5%	99.4%	99.3%
Including NBD	100.0%	99.9%	99.7%	99.6%	99.4%	99.1%	98.9%	98.7%	98.2%	96.9%
Effective Sample Size	52410	48789	45352	42218	39145	35975	32330	21288	9285	256

DVMB2D1 Eve

Evera MRI XT

US Market Release

Total Malfunctions (USA)

CE Approval Date

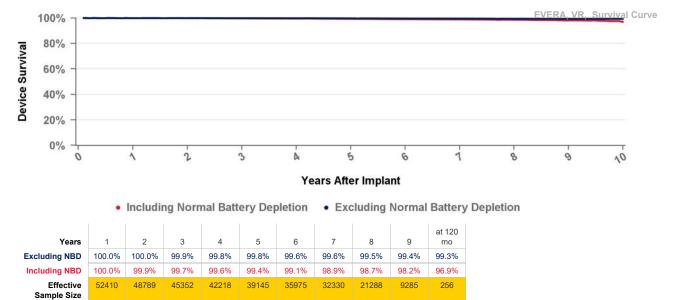
05Sep2016 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



DVMB2D4

Evera MRI XT

US Market Release

Total Malfunctions (USA)

CE Approval Date

31Mar2014 Therapy Function Not Compromised

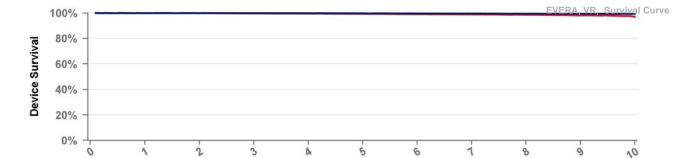
Registered USA Implants

Normal Battery Depletions

2

Estimated Active USA Implants

Therapy Function Compromised



Years After Implant



Excluding NBD Including NBD Effective Sample Size

Years 2 3 5 6 8 9 100.0% 100.0% 99.9% 99.8% 99.8% 99.6% 99.6% 99.5% 99.4% 99.3% 98.2% 96.9% 99.9% 99.6% 99.4% 99.1% 98.7% 48789 42218 39145 35975 9285 256 45352 32330 21288

DVMC3D1 Evera MRI S

US Market Release

12Oct2016 Total Malfunctions (USA)

CE Approval Date

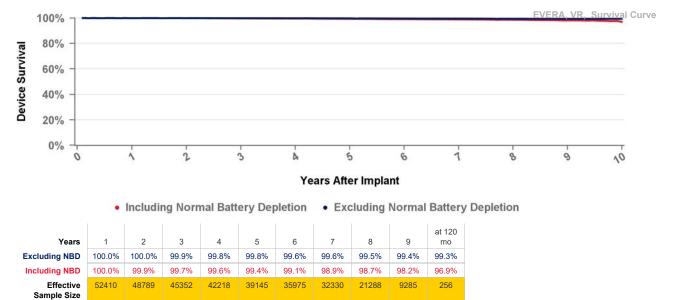
05Sep2016 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



DVMC3D4

Evera MRI S

US Market Release

11Sep2015 Total Malfunctions (USA)

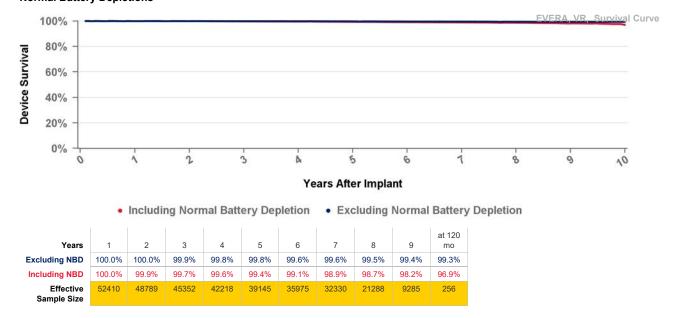
CE Approval Date

31Mar2014 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised



DVMD3D1 Primo

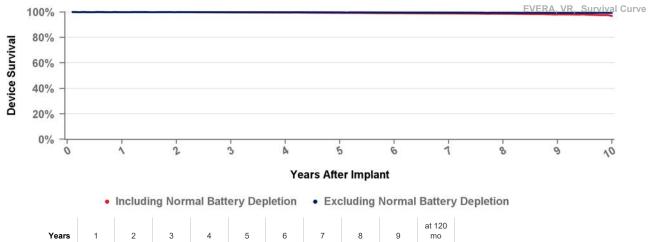
US Market Release 01Mar2018 Total Malfunctions (USA)

CE Approval Date 10Nov2017 Therapy Function Not Compromised

Registered USA Implants 266

Estimated Active USA Implants 240 Therapy Function Compromised

Normal Battery Depletions



Years	1	2	3	4	5	6	7	8	9	at 120 mo
Excluding NBD	100.0%	100.0%	99.9%	99.8%	99.8%	99.6%	99.6%	99.5%	99.4%	99.3%
Including NBD	100.0%	99.9%	99.7%	99.6%	99.4%	99.1%	98.9%	98.7%	98.2%	96.9%
Effective Sample Size	52410	48789	45352	42218	39145	35975	32330	21288	9285	256

DVMD3D4

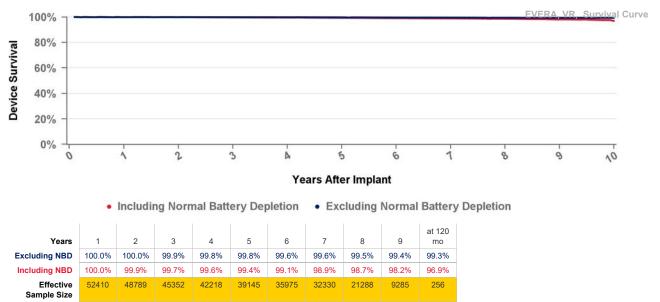
Primo

US Market Release 01Mar2018 Total Malfunctions (USA)

CE Approval Date 10Nov2017 Therapy Function Not Compromised

Registered USA Implants 569

Estimated Active USA Implants 526 Therapy Function Compromised



DVME3D1

Mirro

US Market Release

01Mar2018 Total Malfunctions (USA)

CE Approval Date

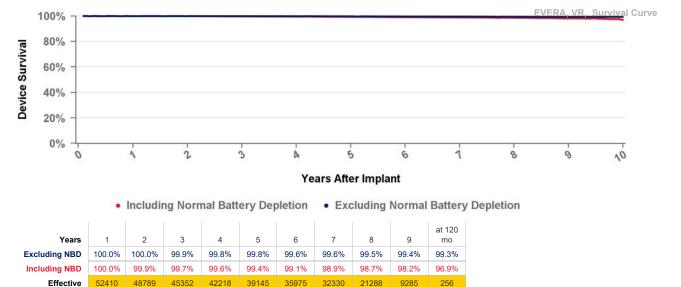
101

Registered USA Implants
Estimated Active USA Implants

10Nov2017 Therapy Function Not Compromised

Therapy Function Compromised

Normal Battery Depletions



Sample Size
DVME3D4

Mirro

US Market Release

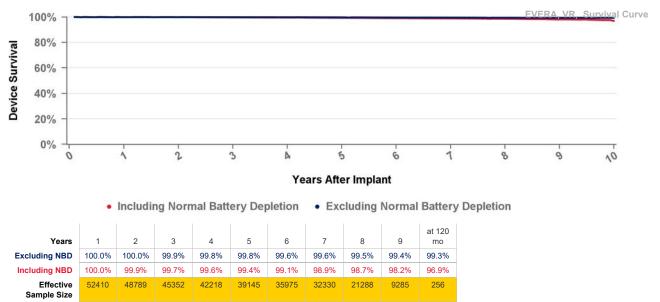
01Mar2018 Total Malfunctions (USA)

CE Approval Date 10Nov2017 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised



DVPA2D1 Cobalt XT

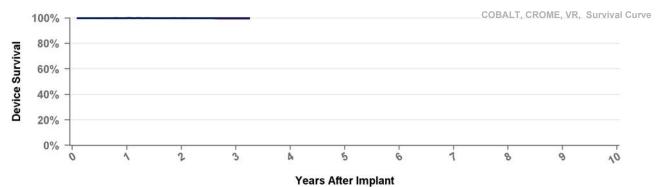
US Market Release 23Apr2020 Total Malfunctions (USA)

CE Approval Date 18Dec2019 Therapy Function Not Compromised

Registered USA Implants 2,510

Estimated Active USA Implants 2,382 Therapy Function Compromised

Normal Battery Depletions 2



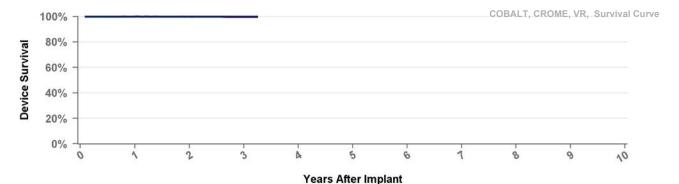
Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	at 39 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.7%	99.7%
Effective Sample Size	9986	5740	669	177

DVPA2D4 Cobalt XT

US Market Release 23Apr2020 Total Malfunctions (USA) 1
CE Approval Date 18Dec2019 Therapy Function Not Compromised 0
Registered USA Implants 14,671

Estimated Active USA Implants 14,048 Therapy Function Compromised 1
Normal Battery Depletions Device-Related Current Pathway 1



• Including Normal Battery Depletion • Excluding Normal Battery Depletion

Years	1	2	3	at 39 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.7%	99.7%
Effective Sample Size	9986	5740	669	177

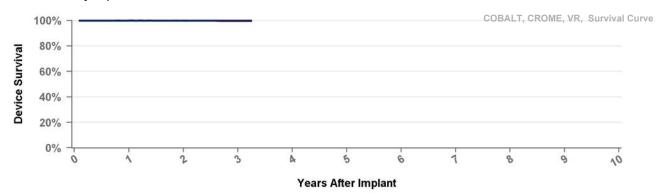
DVPB3D1 Cobalt

US Market Release 23Apr2020 Total Malfunctions (USA) 2 18Dec2019 Therapy Function Not Compromised 0 **CE Approval Date**

Registered USA Implants 3,078

2 **Therapy Function Compromised Estimated Active USA Implants** 2,860 2

Electrical Interconnect Normal Battery Depletions



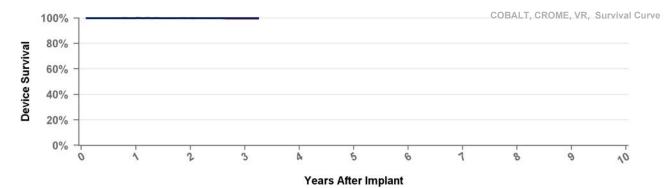
Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	at 39 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.7%	99.7%
Effective Sample Size	9986	5740	669	177

DVPB3D4

Cobalt

US Market Release	23Apr2020	Total Malfunctions (USA)	4
CE Approval Date	18Dec2019	Therapy Function Not Compromised	1
Registered USA Implants	9,804	Other	1
Estimated Active USA Implants	9,217	Therapy Function Compromised	3
Normal Battery Depletions		Device-Related Current Pathway	2
		Electrical Interconnect	1



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	at 39 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.7%	99.7%
Effective Sample Size	9986	5740	669	177

DVPC3D1

Crome

US Market Release

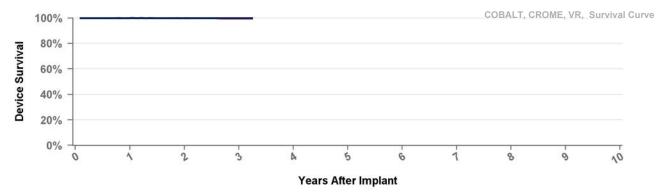
23Apr2020 Total Malfunctions (USA)

18Dec2019 Therapy Function Not Compromised **CE Approval Date**

Registered USA Implants 254

Therapy Function Compromised Estimated Active USA Implants 240

Normal Battery Depletions



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	at 39 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.7%	99.7%
Effective Sample Size	9986	5740	669	177

DVPC3D4

Crome

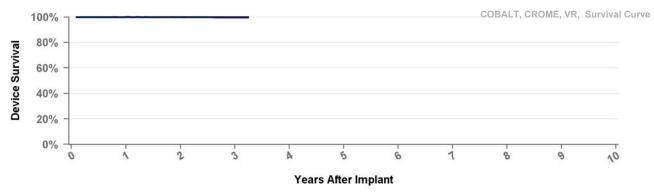
US Market Release 23Apr2020 Total Malfunctions (USA)

18Dec2019 Therapy Function Not Compromised **CE Approval Date**

Registered USA Implants 811

Therapy Function Compromised Estimated Active USA Implants 761

Normal Battery Depletions

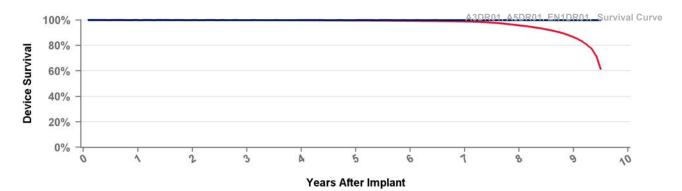


Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	at 39 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.7%	99.7%
Effective Sample Size	9986	5740	669	177

A2DR01 Advisa DR MRI

US Market Release	15Jan2013	Total Malfunctions (USA)	75
CE Approval Date		Therapy Function Not Compromised	70
Registered USA Implants	344,410	Battery	1
Estimated Active USA Implants	224,819	Electrical Component	35
Normal Battery Depletions	5,168	Electrical Interconnect	4
		Possible Early Battery Depletion	21
		Software/Firmware	6
		Other	3
		Therapy Function Compromised	5
		Electrical Component	5



· Excluding Normal Battery Depletion

17042

66515

at 114 5 mo 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 99.9% 99.8% 61.6% 99.9% 99.7% 99.4% 98.9% 95.8% 86.5% 290819 129775 1608

201097

236935

Including NBD 100.0% Effective 308694 Sample Size

Excluding NBD

A3DR01

Years

Advisa DR MRI

273543

US Market Release Total Malfunctions (USA)

· Including Normal Battery Depletion

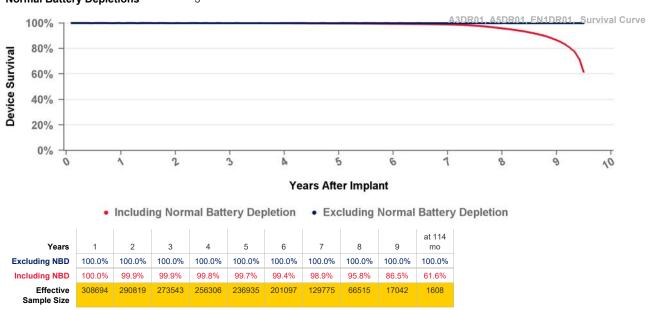
256306

CE Approval Date 02Jun2009 **Therapy Function Not Compromised**

Registered USA Implants 19

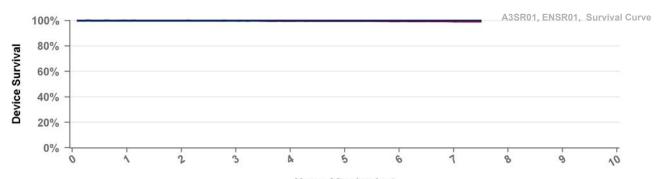
Therapy Function Compromised 3 **Estimated Active USA Implants**

3 **Normal Battery Depletions**



A3SR01 Advisa SR MRI

US Market Release	19Mar2015	Total Malfunctions (USA)	9
CE Approval Date	24Apr2014	Therapy Function Not Compromised	8
Registered USA Implants	28,081	Electrical Component	3
Estimated Active USA Implants	16,033	Electrical Interconnect	1
Normal Battery Depletions	45	Possible Early Battery Depletion	2
		Other	2
		Therapy Function Compromised	1
		Electrical Component	1



Years After Implant

Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 90 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.8%	99.7%	99.6%	99.5%	99.2%	99.2%
Effective Sample Size	22054	19406	17207	15022	12897	9606	3250	417

A5DR01

Advisa DR

US Market Release

Total Malfunctions (USA)

CE Approval Date

Effective

Sample Size

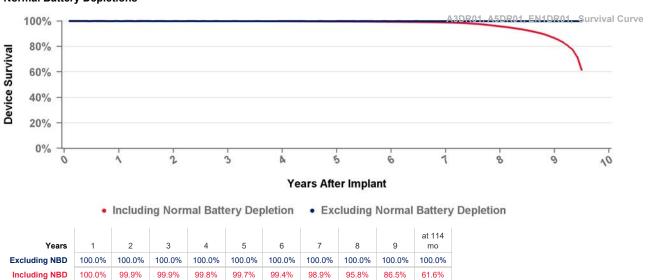
02Jun2009 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



129775

66515

273543

256306

290819

236935

201097

17042

1608

ADD01 Adapta D

US Market Release

Total Malfunctions (USA) 17Jul2006

CE Approval Date

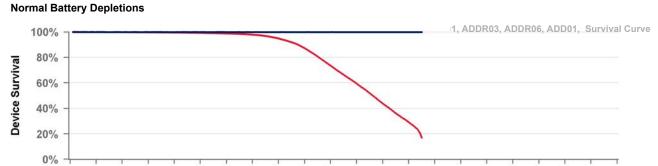
20Sep2005 Therapy Function Not Compromised

Registered USA Implants

1

Estimated Active USA Implants

Therapy Function Compromised



Years After Implant

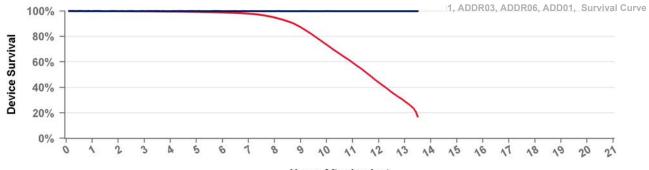
Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	at 162 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%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.8%	99.6%	99.4%	98.9%	97.9%	94.9%	87.2%	73.5%	59.4%	43.8%	29.0%	17.1%
Effective Sample Size	393196	365311	338692	312687	288595	263716	235296	200861	157429	106364	63561	29901	8351	732

ADDR01

Adapta DR

US Market Release	17Jul2006	Total Malfunctions (USA)	94
CE Approval Date	20Sep2005	Therapy Function Not Compromised	66
Registered USA Implants	454,869	Electrical Component	58
Estimated Active USA Implants	128,123	Electrical Interconnect	1
Normal Battery Depletions	47,233	Possible Early Battery Depletion	6
		Other	1
		Therapy Function Compromised	28
		Electrical Component	23
		Electrical Interconnect	3
		Other	2



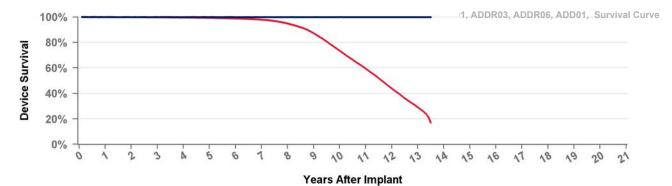
Years After Implant

Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	at 162 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%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.8%	99.6%	99.4%	98.9%	97.9%	94.9%	87.2%	73.5%	59.4%	43.8%	29.0%	17.1%
Effective Sample Size	393196	365311	338692	312687	288595	263716	235296	200861	157429	106364	63561	29901	8351	732

ADDR03 Adapta DR

US Market Release	17Jul2006	Total Malfunctions (USA)	2
CE Approval Date	20Sep2005	Therapy Function Not Compromised	1
Registered USA Implants	4,536	Electrical Component	1
Estimated Active USA Implants	1,339	Therapy Function Compromised	1
Normal Battery Depletions	576	Electrical Component	1



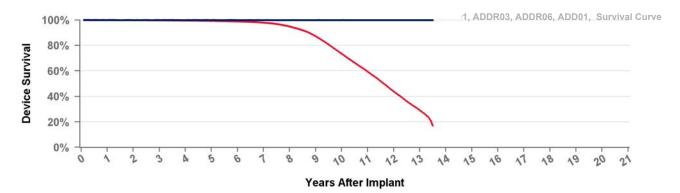
• Including Normal Battery Depletion • Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	at 162 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%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.8%	99.6%	99.4%	98.9%	97.9%	94.9%	87.2%	73.5%	59.4%	43.8%	29.0%	17.1%
Effective Sample Size	393196	365311	338692	312687	288595	263716	235296	200861	157429	106364	63561	29901	8351	732

ADDR06

Adapta DR

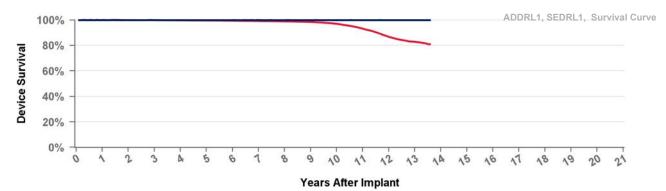
US Market Release	17Jul2006	Total Malfunctions (USA)	1
CE Approval Date	20Sep2005	Therapy Function Not Compromised	1
Registered USA Implants	3,607	Electrical Component	1
Estimated Active USA Implants	874	Therapy Function Compromised	0
Normal Battery Depletions	419		



· Including Normal Battery Depletion . Excluding Normal Battery Depletion at 162 Years 10 12 13 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% 100.0% 100.0% Including NBD 17.1% 99.9% 99.9% 99.8% 99.6% 99.4% 98.9% 97.9% 94.9% 87.2% 73.5% 59.4% 43.8% 29.0% Effective 365311 338692 288595 263716 235296 157429 106364 8351 393196 312687 200861 63561 29901 732 Sample Size

ADDRL1 Adapta L DR

US Market Release	17Jul2006	Total Malfunctions (USA)	24
CE Approval Date	20Sep2005	Therapy Function Not Compromised	17
Registered USA Implants	138,603	Electrical Component	13
Estimated Active USA Implants	68,781	Electrical Interconnect	1
Normal Battery Depletions	2,862	Possible Early Battery Depletion	2
		Software/Firmware	1
		Therapy Function Compromised	7
		Electrical Component	4
		Electrical Interconnect	1
		Other	2

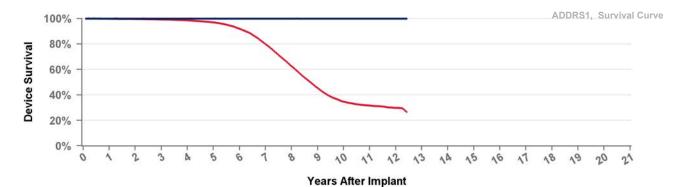


• Including Normal Battery Depletion • Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	at 163 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%	100.0%	100.0%
Including NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.5%	99.2%	98.9%	98.5%	97.0%	93.2%	86.7%	82.9%	81.0%
Effective Sample Size	119802	112808	106115	99459	92141	84246	74731	63708	52209	39095	25913	13841	4671	446

ADDRS1 Adapta S DR

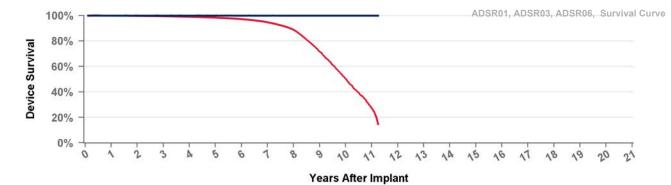
US Market Release	17Jul2006	Total Malfunctions (USA)	15
CE Approval Date	20Sep2005	Therapy Function Not Compromised	9
Registered USA Implants	49,301	Electrical Component	5
Estimated Active USA Implants	10,261	Possible Early Battery Depletion	3
Normal Battery Depletions	6,411	Other	1
		Therapy Function Compromised	6
		Electrical Component	4
		Other	2



Years	1	2	3	4	5	6	7	8	9	10	11	12	at 149 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%	100.0%
Including NBD	99.8%	99.6%	99.3%	98.6%	96.9%	91.9%	79.8%	62.4%	45.4%	34.7%	31.7%	29.8%	26.5%
Effective	40111	36089	32321	28769	25335	21093	15478	9837	5483	2752	1525	504	145

ADSR01 Adapta SR

US Market Release	17Jul2006	Total Malfunctions (USA)	18
CE Approval Date	20Sep2005	Therapy Function Not Compromised	12
Registered USA Implants	91,659	Electrical Component	7
Estimated Active USA Implants	20,032	Electrical Interconnect	1
Normal Battery Depletions	6,021	Possible Early Battery Depletion	4
		Therapy Function Compromised	6
		Electrical Component	5
		Electrical Interconnect	1



• Including Normal Battery Depletion • Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	at 135 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.7%	99.5%	99.0%	98.3%	97.2%	94.7%	88.7%	71.7%	50.5%	27.5%	14.6%
Effective Sample Size	72024	62938	55043	47920	41117	34801	28762	21871	12930	5487	876	116

ADSR03 Adapta SR

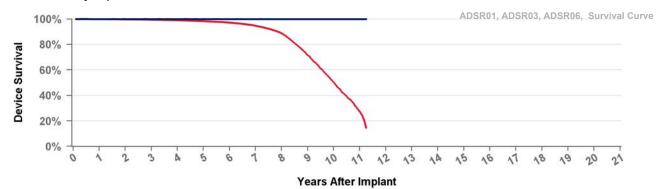
US Market Release 17Jul2006 **Total Malfunctions (USA)**

20Sep2005 Therapy Function Not Compromised **CE Approval Date**

Registered USA Implants 2,116

Therapy Function Compromised Estimated Active USA Implants 444

Normal Battery Depletions 193



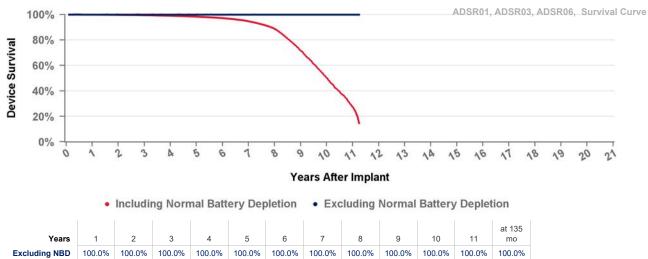
· Including Normal Battery Depletion . Excluding Normal Battery Depletion

Years 2 3 6 8 9 10 11 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% 50.5% 14.6% Including NBD 99.7% 99.0% 98.3% 97.2% 88.7% 27.5% Effective 55043 47920 41117 34801 28762 21871 12930 5487 876 116 Sample Size

ADSR06 Adapta SR

US Market Release Total Malfunctions (USA) 2 17Jul2006 2 **CE Approval Date** 20Sep2005 Therapy Function Not Compromised **Registered USA Implants** 2 2,891 **Electrical Component Estimated Active USA Implants** 612 **Therapy Function Compromised** 0

Normal Battery Depletions 265



Years	1	2	3	4	5	6	7	8	9	10	11	at 135 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.7%	99.5%	99.0%	98.3%	97.2%	94.7%	88.7%	71.7%	50.5%	27.5%	14.6%
Effective Sample Size	72024	62938	55043	47920	41117	34801	28762	21871	12930	5487	876	116

at 135

ADVDD01 Adapta VDD

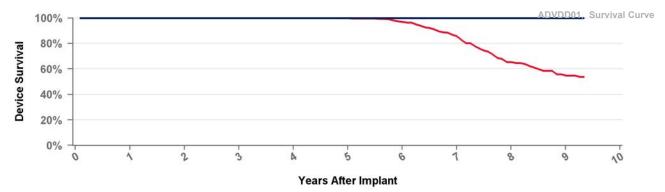
US Market Release 17Jul2006 Total Malfunctions (USA)

CE Approval Date 20Sep2005 Therapy Function Not Compromised

Registered USA Implants 855

Estimated Active USA Implants 218 Therapy Function Compromised

Normal Battery Depletions 95



. Excluding Normal Battery Depletion

115

101

at 112 Years 2 3 4 5 6 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% 100.0% 100.0% 100.0% 100.0% 100.0% 97.0% 85.7% 65.4% 54.9% 53.8%

404

311

182

466

Including NBD

Effective
Sample Size

ATDR01

Attesta DR MRI

US Market Release 03Aug2017 Total Malfunctions (USA)

· Including Normal Battery Depletion

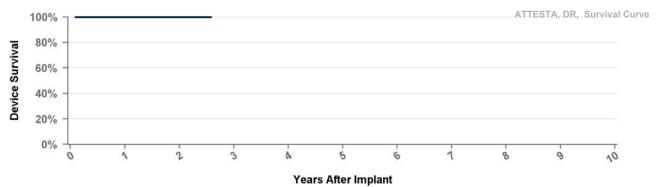
CE Approval Date 16Jun2017 Therapy Function Not Compromised

Registered USA Implants 1,687

643

Estimated Active USA Implants 1,644 Therapy Function Compromised

Normal Battery Depletions



• Including Normal Battery Depletion • Excluding Normal Battery Depletion

Years	1	2	at 31 mo
Excluding NBD	100.0%	100.0%	100.0%
Including NBD	100.0%	100.0%	100.0%
Effective Sample Size	1058	414	104

ATDRL1 Attesta L DR MRI

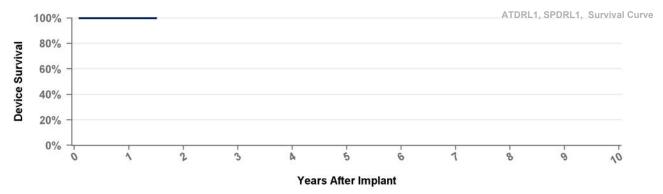
US Market Release 03Aug2017 Total Malfunctions (USA)

CE Approval Date 16Jun2017 Therapy Function Not Compromised

Registered USA Implants 238

Estimated Active USA Implants 231 Therapy Function Compromised

Normal Battery Depletions



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	at 18 mo
Excluding NBD	100.0%	100.0%
Including NBD	100.0%	100.0%
Effective Sample Size	159	106

ATDRS1

Attesta S DR MRI

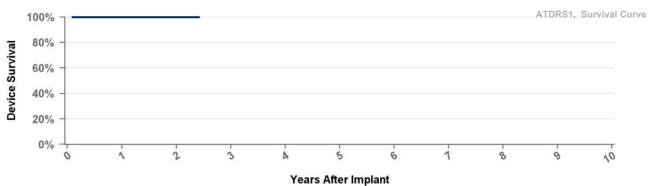
US Market Release 03Aug2017 Total Malfunctions (USA)

CE Approval Date 16Jun2017 Therapy Function Not Compromised

Registered USA Implants 1,028

Estimated Active USA Implants 958 Therapy Function Compromised

Normal Battery Depletions



• Including Normal Battery Depletion • Excluding Normal Battery Depletion

			at 29
Years	1	2	mo
Excluding NBD	100.0%	100.0%	100.0%
Including NBD	100.0%	100.0%	100.0%
Effective Sample Size	652	242	105

ATSR01 Attesta SR MRI

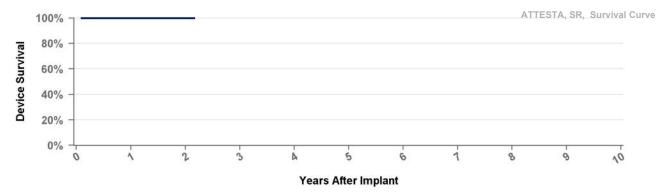
US Market Release 03Aug2017 Total Malfunctions (USA)

CE Approval Date 16Jun2017 Therapy Function Not Compromised

Registered USA Implants 866

Estimated Active USA Implants 674 Therapy Function Compromised

Normal Battery Depletions



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	at 26 mo
Excluding NBD	100.0%	100.0%	100.0%
Including NBD	100.0%	100.0%	100.0%
Effective Sample Size	408	158	110

EN1DR01

Ensura MRI

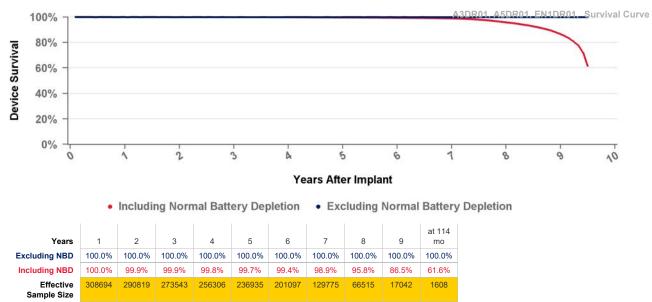
US Market Release Total Malfunctions (USA)

CE Approval Date 23Jun2010 Therapy Function Not Compromised

Registered USA Implants 4

Estimated Active USA Implants 2 Therapy Function Compromised

Normal Battery Depletions



EN1SR01 Ensura

Ensura SR MRI

US Market Release

Total Malfunctions (USA)

CE Approval Date

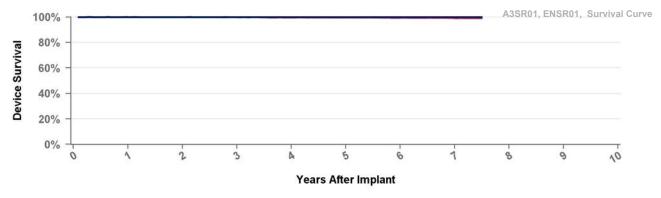
24Apr2014 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



• Including Normal Battery Depletion • Excluding Normal Battery Depletion

3250

Years	1	2	3	4	5	6	7	at 90 mo
ng NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
ng NBD	99.9%	99.9%	99.8%	99.7%	99.6%	99.5%	99.2%	99.2%

Including NBD

Effective
Sample Size

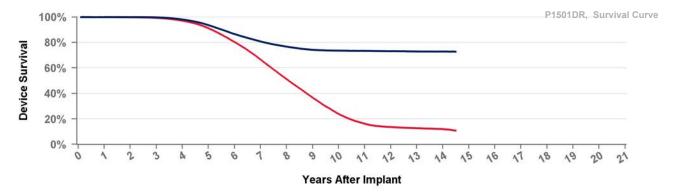
19406

17207

Excluding N

P1501DR EnRhythm DR

US Market Release	05May2005	Total Malfunctions (USA)	15,168
CE Approval Date	13Aug2004	Therapy Function Not Compromised	15,113
Registered USA Implants	109,982	Battery	14,982
Estimated Active USA Implants	7,702	Electrical Component	59
Normal Battery Depletions	17,538	Electrical Interconnect	2
		Possible Early Battery Depletion	69
		Other	1
		Therapy Function Compromised	55
		Battery	6
		Electrical Component	38
		Electrical Interconnect	4
		Possible Early Battery Depletion	2
		Other	5



	Including Normal Batte	ry Depletion		Excluding	Normal	Battery	Depletion
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															at 174
Years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	mo
Excluding NBD	100.0%	100.0%	99.7%	98.1%	93.6%	86.6%	80.8%	76.7%	74.2%	73.6%	73.4%	73.3%	73.0%	72.9%	72.8%
Including NBD	99.9%	99.8%	99.3%	97.1%	91.1%	80.3%	66.5%	51.2%	36.6%	23.8%	16.2%	13.6%	12.7%	12.0%	10.8%
Effective Sample Size	94969	88744	82391	74749	64545	51290	37804	25073	15196	8340	4733	3146	2037	796	155

RED01 Relia D

US Market Release

Total Malfunctions (USA)

CE Approval Date

07May2008 Therapy Function Not Compromised

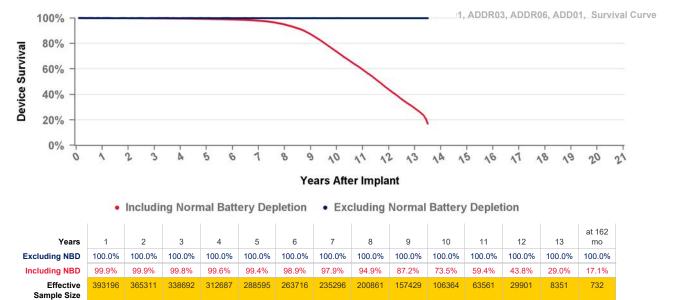
Registered USA Implants

1

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



REDR01

Relia DR

US Market Release

Total Malfunctions (USA)

CE Approval Date

07May2008 Therapy Function Not Compromised

Registered USA Implants

6 2

1

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	at 162 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%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.8%	99.6%	99.4%	98.9%	97.9%	94.9%	87.2%	73.5%	59.4%	43.8%	29.0%	17.1%
Effective	393196	365311	338692	312687	288595	263716	235296	200861	157429	106364	63561	29901	8351	732
Sample Size														

Including Normal Battery Depletion
 Excluding Normal Battery Depletion

RES01 Relia S

US Market Release

Total Malfunctions (USA)

CE Approval Date

07May2008 Therapy Function Not Compromised

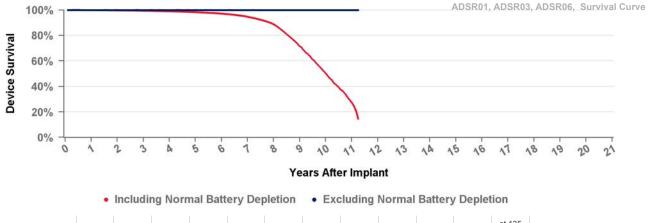
Registered USA Implants

2 1

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



at 135 Years 2 3 6 8 9 10 11 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% 50.5% 14.6% 99.7% 99.0% 98.3% 97.2% 88.7% 62938 55043 47920 41117 34801 28762 21871 12930 5487 876 116

Including NBD Effective Sample Size

RESR01

Relia SR

6

US Market Release

Total Malfunctions (USA)

CE Approval Date

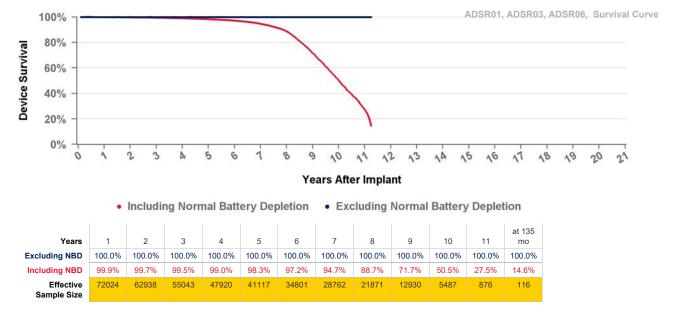
07May2008 Therapy Function Not Compromised

Registered USA Implants

Therapy Function Compromised

Normal Battery Depletions

Estimated Active USA Implants



REVDD01 Relia VDD

US Market Release

Total Malfunctions (USA)

CE Approval Date

07May2008 Therapy Function Not Compromised

Registered USA Implants

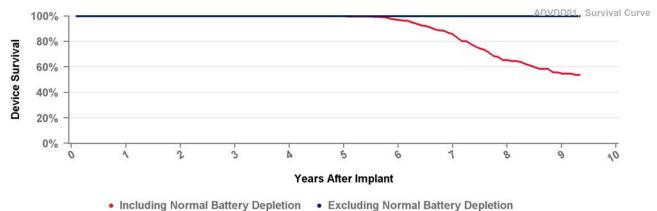
1

Estimated Active USA Implants

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Therapy Function Compromised

Normal Battery Depletions



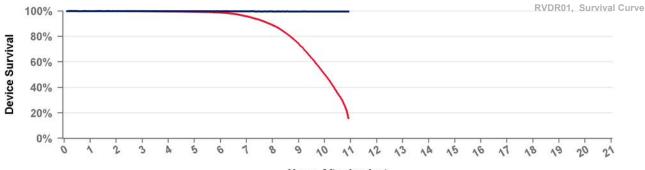
instanting from a participal of a participal o

										at 112
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	100.0%	100.0%	100.0%	100.0%	100.0%	97.0%	85.7%	65.4%	54.9%	53.8%
Effective	703	643	579	522	466	404	311	182	115	101
Sample Size										

RVDR01

Revo MRI SureScan

US Market Release	08Feb2011	Total Malfunctions (USA)	111
CE Approval Date		Therapy Function Not Compromised	108
Registered USA Implants	69,111	Battery	1
Estimated Active USA Implants	16,421	Electrical Component	40
Normal Battery Depletions	10,830	Electrical Interconnect	1
		Possible Early Battery Depletion	61
		Software/Firmware	4
		Other	1
		Therapy Function Compromised	3
		Electrical Component	3



Years After Implant

at 131 2 10 Years 3 5 6 8 mo 99.7% **Excluding NBD** 100.0% 100.0% 99.9% 99.9% 99.9% 99.8% 99.8% 99.8% 99.7% 99.7% Including NBD 99.9% 74.3% 15.7% 100.0% 99.8% 99.7% 99.4% 98.8% 95.9% 88.9% 50.4% Effective 56143 53128 49961 46262 42242 37409 30948 22048 11388 934 59304 Sample Size

· Including Normal Battery Depletion

. Excluding Normal Battery Depletion

SD303 Sigma 300 D **US Market Release** 2 26Aug1999 Total Malfunctions (USA) **CE Approval Date** 17Dec1998 Therapy Function Not Compromised 0 **Registered USA Implants** 124 **Therapy Function Compromised** 2 **Estimated Active USA Implants** 18 2 **Electrical Interconnect Normal Battery Depletions** 7 SDR303, SDR306, SD303, Survival Curve 100% 80% Device Survival 60% 40% 20% Years After Implant Including Normal Battery Depletion . Excluding Normal Battery Depletion at 206 Years 6 8 10 11 12 13 14 15 16 17 mo **Excluding NBD** 100.0% 100.0% 100.0% 100.0% 99.9% 99.9% 99.8% 99.6% 99.5% 99.5% 99.3% 99.3% 99.2% 99.0% 99.0% 99.0% 99.0% 99.0% Including NBD 99.9% 99.8% 99.7% 99.5% 99.2% 98.6% 97.7% 95.8% 92.6% 86.7% 76.8% 62.2% 47.0% 34.0% 24.5% 17.6% 13.8% 13.0% Effective 86426 77419 69083 61255 53949 47362 41019 35253 29923 24493 18934 12556 7115 3701 951 232 125 Sample Size **SDR303** Sigma 300 DR **US Market Release** 26Aug1999 Total Malfunctions (USA) 288 **CE Approval Date** 17Dec1998 Therapy Function Not Compromised 62 **Registered USA Implants** 105,692 **Electrical Component** 9 **Estimated Active USA Implants** 4,822 **Electrical Interconnect** 51 **Normal Battery Depletions** Possible Early Battery Depletion 11,378 1 1 **Therapy Function Compromised** 226 **Electrical Component** 7 **Electrical Interconnect** 218 Other 1 SDR303, SDR306, SD303, Survival Curve 100% 80% Device Survival 60% 40% 20% 0% Years After Implant · Including Normal Battery Depletion · Excluding Normal Battery Depletion at 206 Years 2 3 5 6 9 10 11 12 13 14 15 16 17 100.0% 100.0% 100.0% 100.0% 99.9% 99.9% 99.8% 99.6% 99.5% 99.5% 99.3% 99.3% 99.2% 99.0% 99.0% 99.0% 99.0% 99.0% **Excluding NBD** 47.0% Including NBD 99.8% 99.5% 99.2% 98.6% 97.7% 95.8% 92.6% 86.7% 76.8% 62.2% 34.0% 24.5% 17.6% 13.8% 13.0%

69083

61255

53949

47362

41019

77419

86426

Effective

Sample Size

29923

24493

18934

12556

35253

3701

1886

951

232

125

7115

SED01 Sensia D **US Market Release** 17Jul2006 **Total Malfunctions (USA) CE Approval Date** 20Sep2005 Therapy Function Not Compromised **Registered USA Implants** 5 **Therapy Function Compromised Estimated Active USA Implants** 1 **Normal Battery Depletions** 1 SEDR01, SED01, Survival Curve 100% 80% Device Survival 60% 40% 20% 0% 10 Years After Implant · Including Normal Battery Depletion . Excluding Normal Battery Depletion at 179 Years 2 3 6 8 9 10 11 12 13 14 **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% 100.0% 100.0% 100.0% Including NBD 99.9% 99.9% 99.6% 99.2% 98.6% 93.2% 84.0% 71.3% 58.1% 47.2% 41.3% 39.2% 38.5% Effective 109033 98382 88748 80022 72221 64926 54917 41774 28948 18360 2580 168 10649 5778 Sample Size SEDR01 Sensia DR **US Market Release** 17Jul2006 **Total Malfunctions (USA)** 33 17 **CE Approval Date** 20Sep2005 Therapy Function Not Compromised **Registered USA Implants** 149,401 **Electrical Component** 15 **Estimated Active USA Implants Electrical Interconnect** 31,023 1 15,622 **Normal Battery Depletions** Other 1 **Therapy Function Compromised** 16 **Electrical Component** 6 **Electrical Interconnect** 3 Possible Early Battery Depletion 1 Other 6 SEDR01, SED01, Survival Curve 100% 80% Device Survival 60% 40% 20% 0% Years After Implant · Including Normal Battery Depletion . Excluding Normal Battery Depletion at 179 Years 3 6 8 10 11 12 13 14 mo 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% **Excluding NBD** 38.5% Including NBD 99.9% 99.8% 99.6% 98.6% 97.3% 93.2% 84.0% 71.3% 58.1% 47.2% 41.3% 39.2% 99.9% 99.2%

98382

88748

80022

72221

64926

109033

120560

Effective

Sample Size

41774

28948

18360

10649

54917

2580

168

5778

SEDRL1 Sensia L DR

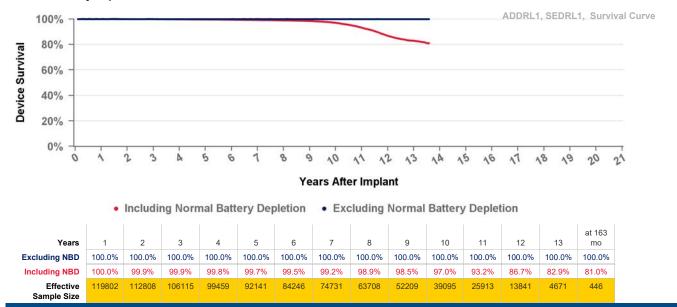
US Market Release 17Jul2006 Total Malfunctions (USA)

CE Approval Date 20Sep2005 Therapy Function Not Compromised

Registered USA Implants 4

Estimated Active USA Implants 1 Therapy Function Compromised

Normal Battery Depletions



SES01

Sensia S

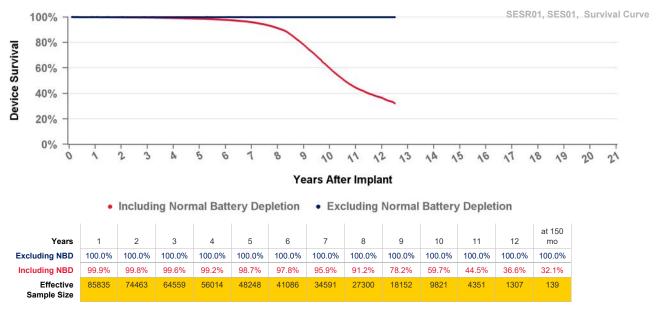
US Market Release 17Jul2006 Total Malfunctions (USA)

CE Approval Date 20Sep2005 Therapy Function Not Compromised

Registered USA Implants 4

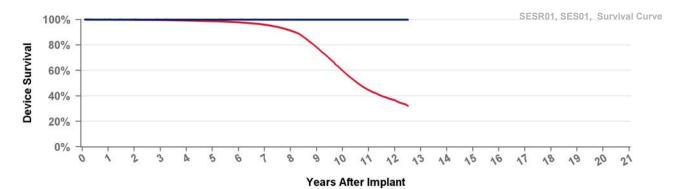
Estimated Active USA Implants 1 Therapy Function Compromised

Normal Battery Depletions



SESR01 Sensia SR

US Market Release	17Jul2006	Total Malfunctions (USA)	17
CE Approval Date	20Sep2005	Therapy Function Not Compromised	13
Registered USA Implants	117,369	Electrical Component	7
Estimated Active USA Implants	22,566	Possible Early Battery Depletion	4
Normal Battery Depletions	8,294	Other	2
		Therapy Function Compromised	4
		Electrical Component	3
		Flectrical Interconnect	1



 Including Normal Battery Depletion . Excluding Normal Battery Depletion at 150 6 10 12 8 mo 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 100.0% 99.2% 97.8% 59.7% 32.1% 99.9% 99.8% 99.6% 98.7% 95.9% 91.2% 78.2% 44.5% 36.6% 85835 74463 64559 56014 48248 41086 34591 27300 18152 9821 4351 1307 139

Including NBD

Effective
Sample Size

SPDR01

Excluding NBD

Years

Sphera DR MRI

US Market Release 03Aug2017 Total Malfunctions (USA)

CE Approval Date 16Jun2017 Therapy Function Not Compromised

Registered USA Implants

Normal Battery Depletions

Estimated Active USA Implants

Therapy Function Compromised



0.#NAN Years After Implant

Years

Excluding NBD

Including NBD

Effective
Sample Size

20%

Sphera L DR MRI SPDRL1

1

US Market Release

03Aug2017 Total Malfunctions (USA)

CE Approval Date

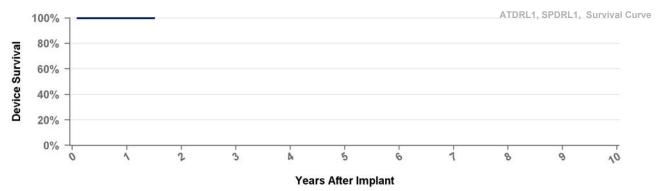
16Jun2017 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	at 18 mo
Excluding NBD	100.0%	100.0%
Including NBD	100.0%	100.0%
Effective Sample Size	159	106

SPSR01 Sphera SR MRI

US Market Release

03Aug2017 Total Malfunctions (USA)

CE Approval Date

16Jun2017 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



Years **Excluding NBD** Including NBD Effective Sample Size

SS303 Sigma 300 S

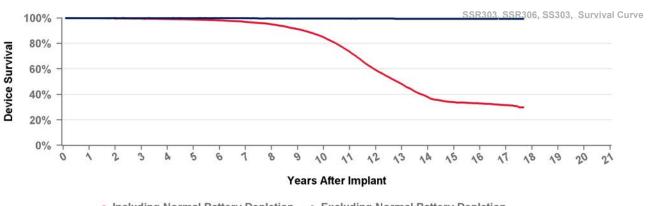
US Market Release 15Sep1999 Total Malfunctions (USA)

CE Approval Date 17Dec1998 Therapy Function Not Compromised

Registered USA Implants 165

Estimated Active USA Implants 12 Therapy Function Compromised

Normal Battery Depletions



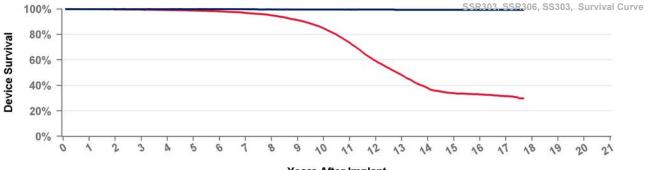
Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	Ω	0	10	11	12	13	1.4	15	16	17	at 212 mo
ieais	'		3	4	J	U	,	0	9	10	1.1	12	13	14	13	10	17	1110
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.7%	99.7%	99.6%	99.6%	99.5%	99.5%	99.5%	99.5%	99.5%	99.4%	99.4%
Including NBD	99.9%	99.7%	99.5%	99.2%	98.8%	98.2%	97.0%	95.0%	91.2%	84.8%	73.4%	59.1%	48.1%	37.9%	34.0%	32.9%	31.6%	29.9%
Effective	39857	33377	27863	23281	19397	16067	13264	10926	8873	7005	5091	3263	2032	1190	788	575	340	110
Sample Size																		

SSR303 Sigma 300 SR

US Market Release	30Aug1999	Total Malfunctions (USA)	58
CE Approval Date	17Dec1998	Therapy Function Not Compromised	12
Registered USA Implants	51,767	Electrical Interconnect	10
Estimated Active USA Implants	1,807	Software/Firmware	1
Normal Battery Depletions	3,121	Other	1
		Therapy Function Compromised	46
		Electrical Component	3

Electrical Interconnect 43



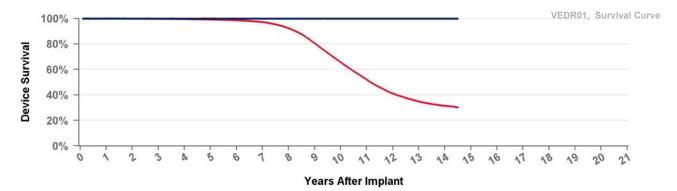
Years After Implant

Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	at 212 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.7%	99.7%	99.6%	99.6%	99.5%	99.5%	99.5%	99.5%	99.5%	99.4%	99.4%
Including NBD	99.9%	99.7%	99.5%	99.2%	98.8%	98.2%	97.0%	95.0%	91.2%	84.8%	73.4%	59.1%	48.1%	37.9%	34.0%	32.9%	31.6%	29.9%
Effective Sample Size	39857	33377	27863	23281	19397	16067	13264	10926	8873	7005	5091	3263	2032	1190	788	575	340	110

VEDR01 Versa DR

US Market Release	17Jul2006	Total Malfunctions (USA)	25
CE Approval Date	20Sep2005	Therapy Function Not Compromised	11
Registered USA Implants	118,952	Electrical Component	7
Estimated Active USA Implants	25,736	Electrical Interconnect	2
Normal Battery Depletions	13,789	Possible Early Battery Depletion	2
		Therapy Function Compromised	14
		Electrical Component	10
		Other	4

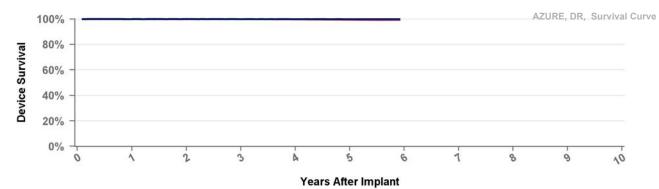


	Including Normal	Battery Depletion		Excluding	Normal	Battery	Depletion
--	------------------	--------------------------	--	-----------	--------	---------	-----------

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	at 174 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%	100.0%	100.0%	100.0%
Including NBD	100.0%	99.9%	99.8%	99.6%	99.2%	98.6%	97.2%	92.3%	80.6%	65.6%	52.0%	41.1%	34.7%	31.5%	30.5%
Effective Sample Size	98680	90185	82094	74713	67947	61263	53347	44159	32486	21650	13238	7273	3678	1228	248

Azure XT DR **W1DR01**

US Market Release	16Aug2017	Total Malfunctions (USA)	112
CE Approval Date	02Mar2017	Therapy Function Not Compromised	99
Registered USA Implants	623,926	Battery	3
Estimated Active USA Implants	562,890	Electrical Component	54
Normal Battery Depletions	339	Possible Early Battery Depletion	2
		Software/Firmware	20
		Other	20
		Therapy Function Compromised	13
		Battery	2
		Electrical Component	11



• Including Normal Battery Depletion • Excluding Normal Battery Depletion

Years	1	2	3	4	5	at 71 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	100.0%	99.9%	99.8%	99.5%	99.3%
Effective Sample Size	491226	352544	232747	136943	49863	112

Azure XT SR **W1SR01**

US Market Release 16Aug2017 Total Malfunctions (USA) 9 02Mar2017 Therapy Function Not Compromised **CE Approval Date** 8 50,025 **Registered USA Implants** 1 Battery **Estimated Active USA Implants** 41,455 4 **Electrical Component Normal Battery Depletions** 13 Software/Firmware 1 Other 2 **Therapy Function Compromised** 1 **Electrical Component** 1

AZURE, SR, Survival Curve 100% 80% Device Survival 60% 40% 20% 0% Years After Implant

Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	at 69 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	100.0%	99.9%	99.9%	99.8%	99.5%
Effective Sample Size	43364	30988	20185	11384	3919	246

W2DR01

Azure XT DR

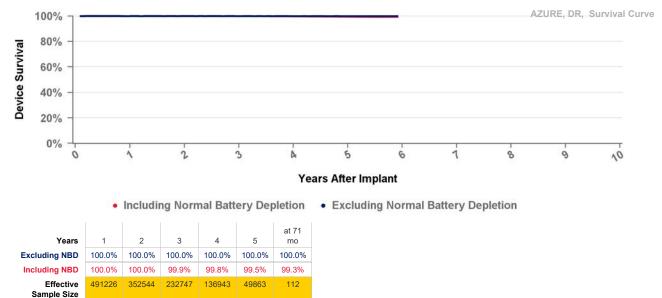
US Market Release Total Malfunctions (USA)

02Mar2017 Therapy Function Not Compromised **CE Approval Date**

Registered USA Implants 2

Therapy Function Compromised 2 **Estimated Active USA Implants**

Normal Battery Depletions



W2SR01

Azure XT SR

US Market Release

Total Malfunctions (USA)

CE Approval Date

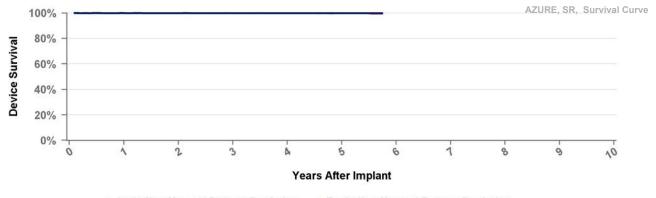
02Mar2017 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



Including Normal Battery Depletion

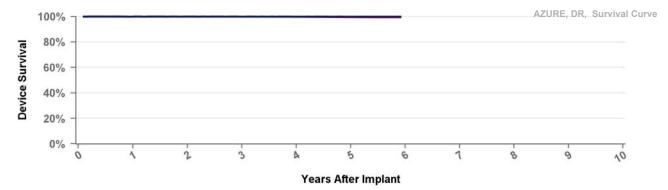
Excluding Normal Battery Depletion

Years	1	2	3	4	5	at 69 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	100.0%	99.9%	99.9%	99.8%	99.5%
Effective Sample Size	43364	30988	20185	11384	3919	246

W3DR01

Azure S DR

US Market Release 16Aug2017 Total Malfunctions (USA) 9 02Mar2017 Therapy Function Not Compromised **CE Approval Date** 8 **Registered USA Implants Electrical Component** 6 57,921 **Estimated Active USA Implants** 51,269 Software/Firmware 2 **Normal Battery Depletions** 64 **Therapy Function Compromised** 1 **Electrical Component** 1



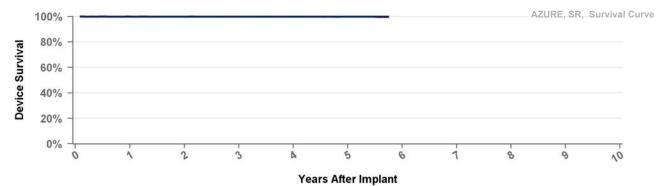
Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	at 71 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	100.0%	99.9%	99.8%	99.5%	99.3%
Effective Sample Size	491226	352544	232747	136943	49863	112

W3SR01 Azure S SR

US Market Release 16Aug2017 Total Malfunctions (USA) 1 02Mar2017 Therapy Function Not Compromised 1 **CE Approval Date Registered USA Implants** 11,566 **Electrical Component Estimated Active USA Implants** 9,618 **Therapy Function Compromised** 0

Normal Battery Depletions



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	4	5	at 69 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	100.0%	99.9%	99.9%	99.8%	99.5%
Effective Sample Size	43364	30988	20185	11384	3919	246

X2DR01

Astra XT DR MRI SureScan

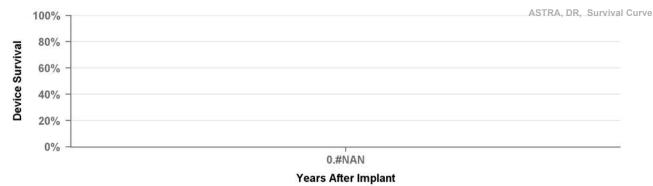
US Market Release Total Malfunctions (USA)

CE Approval Date 02Mar2017 Therapy Function Not Compromised

Registered USA Implants

Therapy Function Compromised Estimated Active USA Implants

Normal Battery Depletions

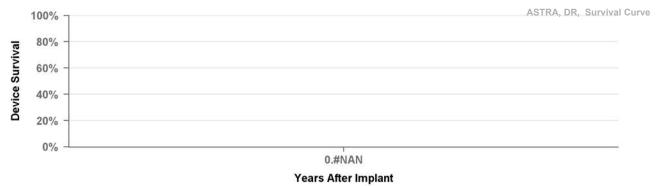




X2SR01 Astra XT SR MRI SureScan **US Market Release Total Malfunctions (USA)** 02Mar2017 Therapy Function Not Compromised **CE Approval Date Registered USA Implants Therapy Function Compromised Estimated Active USA Implants Normal Battery Depletions** ASTRA, SR, Survival Curve 100% 80% Device Survival 60% 40% 20% 0% 0.#NAN **Years After Implant** Years **Excluding NBD** Including NBD Effective Sample Size Astra S DR **X3DR01 US Market Release Total Malfunctions (USA) CE Approval Date** 02Mar2017 Therapy Function Not Compromised

Registered USA Implants Therapy Function Compromised Estimated Active USA Implants

Normal Battery Depletions





X3SR01 Astra S SR

US Market Release

Total Malfunctions (USA)

CE Approval Date

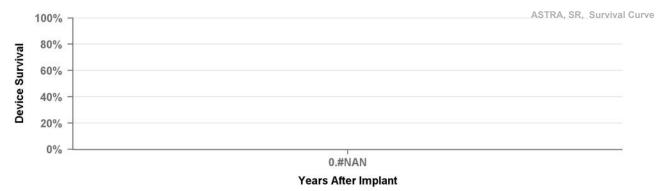
02Mar2017 Therapy Function Not Compromised

Registered USA Implants

Estimated Active USA Implants

Therapy Function Compromised

Normal Battery Depletions



Years

Excluding NBD

Including NBD

Effective
Sample Size

Method for Estimating Transcatheter Pacing Performance

Micra TPS Performance Analysis

Transcatheter pacing systems (TPS) combine the pacing functions of an IPG with the therapy delivery functions of an implantable lead into a single device implanted inside the heart. Therefore, TPS is subject to complications similar to pacing leads (e.g. cardiac perforation) and malfunctions or battery depletion events similar to an implanted pulse generator (IPG). Although both transvenous systems and Micra IPG experience similar system level major complications, Micra has been shown to reduce the likelihood of major complications at a system level in postapproval registry data.

The performance report information is determined from the analysis of Medtronic Cardiac Rhythm Management (CRM) United States registration, complaint and CareLinkTM network data. A TPS 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 in the CareLinkTM population.

Shortfalls of using returned products to Estimate Micra TPS Performance

Micra TPS devices 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 failure mechanisms, this data cannot be used by itself for determining the survival probability because only a small fraction of Micra devices are explanted and returned to Medtronic for analysis. Some devices are programmed off due to an adverse event, however, they are often not retrieved/ explanted. The devices that are retrieved and returned cannot be assumed to be statistically representative of the performance of the total population for a given model. For this same reason, devices that meet their expected longevity are also not expected to be returned to Medtronic CRM.

The CareLink™ Network

To account for the shortfalls of returned product analysis, a study of de-identified product data on the Medtronic CareLinkTM network is used. The number of devices enrolled and transmitting actively enables a population large enough to give a representative volume of normal battery depletions and to provide insight into the complications that may occur after the device was successfully implanted. As the intent of the product performance report is to provide visibility to long-term device performance, the devices reviewed from the CareLinkTM Network have been implanted for at least 30 days.

Categorization of Micra TPS Qualifying Complications or Malfunctions for Survival Analysis on CareLink™

For survival estimation, complication and premature battery depletion data from Medtronic's Complaint Handling System is adjudicated and subsequently cross-referenced with an assessment of device performance from the Medtronic CareLink™ network to categorize if the device is 1) functioning normally, 2) has reached normal battery depletion, or 3) has experienced a qualifying malfunction or complication. This categorization is combined with the CareLink™ data for the total number of implants and implant durations to create survival estimates for the likelihood of experiencing a qualifying complication or malfunction, and normal battery depletion. Ultimately, the data is summarized in two survival curves, one with only qualifying complications or malfunctions and the other including normal battery depletion.

Definition of Qualifying Complication or Malfunction

A longevity analysis is completed for all de-identified devices followed on CareLink™ that have reached the Recommended Replacement Time (RRT), to identify devices that experienced possible early battery depletion. These are findings where the actual reported implant time is less than 80% of the expected longevity calculated using the available device diagnostic information.

Methods for Estimating Transcatheter Pacing Performance continued

Additionally, all reported Micra TPS complaints are adjudicated by subject matter experts and medical safety personnel for inclusion as a product performance event given available information. These product performance events are then cross-referenced with the CareLink™ population for inclusion in the survival analysis.

Product Performance events include, but are not limited to, these that occur 30 days after the implant procedure:

- Premature Battery Depletion
- Cardiac Perforation
- Dislodgement
- Failure to Capture
- Elevated Pacing Threshold

Normal Battery Depletion

A longevity analysis is completed for all devices followed on CareLinkTM that are at or within 6 months of RRT to identify devices were taken out of service due to normal battery depletion. The population that is within six months of RRT is assessed against the expected longevity of the product. Normal Battery Depletion is defined as the condition when the device has reached its elective replacement indicator(s) with implant time exceeding 80% of the expected longevity calculated using the available device diagnostic information.

Medtronic CRM 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. 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.

Statistical and Data Analysis Methods

The performance 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 a chronic device-related complication.

Active surveillance normally begins at the time of implant and continues until a product performance or censoring event occurs. Of the several different statistical methods available for survival analysis, PPR survival analysis is estimated using the Standard Actuarial Method, with suspensions assumed distributed evenly within the intervals (Cutler-Ederer Method), and incorporated data from these retrospectively enrolled devices. Thus, in some cases sample sizes may fluctuate from one time interval to the next interval.

The survival estimates is the probability that a device is free of a product performance event or normal battery depletion at a given time point. For example, if a survival probability is 95% after 5 years of service, then the device has a 5% chance of experiencing a related complication or battery depletion in the first 5 years following implant.

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 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.

Methods for Estimating Transcatheter Pacing Performance continued

Because the de-identified information pulled from the CareLink $^{\text{TM}}$ network allows for assessment of all devices that were taken out of service there are no adjustments done for underreporting of malfunctions or battery depletion.

Definition of Analysis Dataset

To be included in the US survival analysis dataset, the product must have been successfully implanted and on the $CareLink^{TM}$ network for at least 30 days.

US Reports of Acute Observations

In the first weeks following implantation, physiologic responses and performance can vary until long-term stability is attained. Acute 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 performance stabilizes. It is for this reason that the CareLinkTM analysis, which is intended to measure long-term performance, do not include complications that occur within the first 30 days after implant.

Acute performance information, defined as the first month after implant, but not including the day of the implant procedure, is included in our reporting. The source of this information is the Medtronic complaint handling system database that includes events reported to Medtronic. This information is summarized in tables titled "Acute 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 Observation categories. The categories are:

- Cardiac Perforation
- Dislodgement
- Failure to Capture
- Failure to Sense
- Elevated Pacing Threshold

Although multiple observations are possible for any given Micra, only one observation is reported per device. The observation reported is the observation highest on the list. For example, if an Event Report includes observations for both Cardiac Perforation and Elevated Pacing Thresholds, Cardiac Perforation is reported.

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

US Reports of the Day of Implant Observations

Due to the procedural differences with Micra products compared to transvenous leads and IPGs, information about the clinical experience on the day of implant is included in our reporting. The source of this information is the Medtronic complaint handling system database that includes events reported to Medtronic which may be related to either the Micra device or the delivery system. The information is summarized in tables titled "Day of Implant Observations."

Methods for Estimating Transcatheter Pacing Performance continued

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 Day of Implant Observation categories. The categories are:

- Cardiac Perforation
- Dislodgement
- Failure to Capture
- Failure to Sense
- Elevated Pacing Threshold

Although multiple observations are possible for any given Micra, only one observation is reported per device. The observation reported is the observation highest on the list. For example, if an Event Report includes observations for both Cardiac Perforation and Elevated Pacing Thresholds, Cardiac Perforation is reported.

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

MC1VR01 Micra VR

US Market Release 06Apr2016 **CE Approval Date** 14Apr2015 Registered USA Implants 70,177

CareLink Population Enrolled 43,159 Active 30,856

Cumulative Follow-Up Months

Normal Battery Depletions

CareLink Qualifying Malfunctions/Complications

10

Cardiac Perforation 2 Dislodgements 38 **Elevated Pacing Threshold** 7 Failure to Capture



1,166,218

210

Years After Implant

Including Normal Battery Depletion		Excluding Normal	Battery	Depletion
------------------------------------	--	-------------------------	---------	-----------

							at 77
Years	1	2	3	4	5	6	mo
Excluding NBD	99.9%	99.9%	99.8%	99.8%	99.7%	99.7%	99.7%
Including NBD	99.9%	99.7%	99.3%	98.9%	97.9%	95.2%	93.7%
Effective Sample Size	33311	22381	13628	7081	2599	455	128

*Acute Observations (N = 70,177)

20%

*Day of Implant Observations (N = 70,177)

Cardiac Perforation	21	Cardiac Perforation	284
Dislodgement	21	Dislodgement	163
Elevated Pacing Threshold	156	Elevated Pacing Threshold	250
Failure to Capture	76	Failure to Capture	120
Failure to Sense	15	Failure to Sense	71

The rate of perforation for commercially released Micra VR devices continues to perform acceptably within levels observed within the post-approval clinical study registry. Overall, clinical studies have demonstrated a reduction in the risk of major complications of 63% through 12 months1 and 57% through 36 months2 relative to transvenous pacing systems.

^{1.} El-Chami et al. Heart Rhythm 2018 15(12): 1800-1807.

² Piccini et al. Heart Rhythm 2020 17(5 Supplement) D-PO02-089

^{*} Data in these tables is sourced direct from the MDT complaint handling database summarizing observations reported to Medtronic relative to the registered US implant population.

MC1AVR1 Micra AV

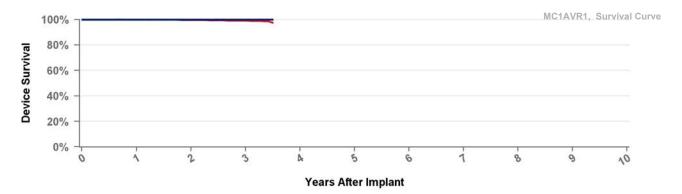
US Market Release 15Jan2020
CE Approval Date 31Mar2020
Registered USA Implants 45,911

CareLink Population

Enrolled 26,855
Active 22,885
Cumulative Follow-Up Months 414,692
Normal Battery Depletions 41

CareLink Qualifying Malfunctions/Complications

Dislodgements 3
Elevated Pacing Threshold 9
Failure to Capture 5
Premature Battery Depletion 6



Including Normal Battery Depletion
 Excluding Normal Battery Depletion

Years	1	2	3	at 42 mo
Excluding NBD	99.9%	99.9%	99.8%	99.8%
Including NBD	99.9%	99.7%	99.1%	97.4%
Effective Sample Size	15827	6552	1245	109

*Acute Observations (N = 45,911)

*Day of Implant Observations (N = 45,911) Cardiac Perforation 248

Cardiac Perforation	13	Cardiac Perioration	248
Dislodgement	27	Dislodgement	76
Elevated Pacing Threshold	83	Elevated Pacing Threshold	128
Failure to Capture	35	Failure to Capture	67
Failure to Sense	108	Failure to Sense	35

The rate of perforation for commercially released Micra AV devices continues to perform acceptably within levels observed within the post-approval clinical study registry. Overall, predicate clinical studies for Micra VR have demonstrated a reduction in the risk of major complications of 63% through 12 months¹ and 57% through 36 months² relative to transvenous pacing systems.

^{1.} El-Chami et al. Heart Rhythm 2018 15(12): 1800-1807.

^{2.} Piccini et al. Heart Rhythm 2020 17(5 Supplement) D-PO02-089

^{*} Data in these tables is sourced direct from the MDT complaint handling database summarizing observations reported to Medtronic relative to the registered US implant population.

Method for Estimating Lead Performance

Medtronic Cardiac Rhythm Management (CRM) has tracked lead survival for over 40 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 pre-specified 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 market-released 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 has been implanted with a Medtronic market-released 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 required 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

Survival probabilities and the associated study 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 CRM 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 are 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 CRM 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:

- Cardiac Perforation
- Conductor Fracture
- Lead Dislodgement
- Failure to Capture
- Oversensing
- Failure to Sense
- Insulation Breach
- Impedance Abnormal
- Extracardiac Stimulation
- 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 Registration Tracking Application (DTrak).

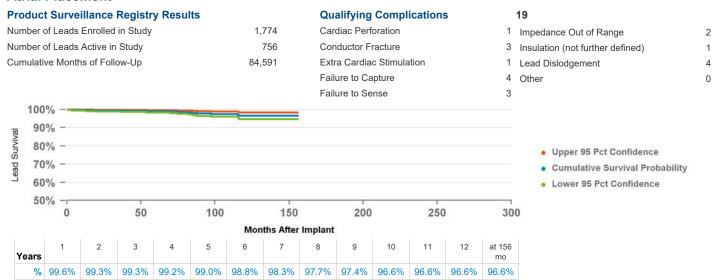
Footnotes:

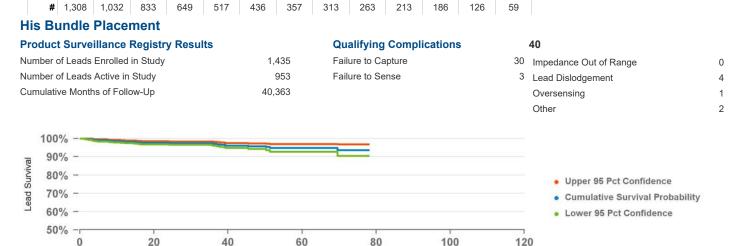
¹During the evolution of SLS, event adjudication was transitioned from a Medtronic technical review committee to an independent event adjudication committee in 2011. Data analyses include adjudication using both methods.

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

3830 SelectSecure US Market Release **US Acute Lead Observations** 03Aug2005 **US Returned Product Analysis** CE Approval 31Jan2003 Cardiac Perforation 62 Conductor Fracture Registered USA Implants 184,124 Conductor Fracture 5 Insulation Breach 82 Estimated Active USA Implants 155,562 Extra Cardiac Stimulation Crimp/Weld/Bond 0 10 Fixation Type Fixed Screw Other 13 Failure to Capture 530 Pace Sense Polarity Bipolar Failure to Sense 74 Steroid Indicator Yes Impedance Out of Range 39 2 Insulation Breach Lead Dislodgement 635 Oversensing 106 Unspecified Clinical Failure 2

Atrial Placement





						Mon	ths After	Implant
Years	1	2	3	4	5	6	at 78 mo	
%	98.3%	97.5%	97.1%	95.8%	94.8%	93.6%	93.6%	
#	1,092	773	479	240	106	64	51	

Ventricular Placement

Product Surveillance Registry Results

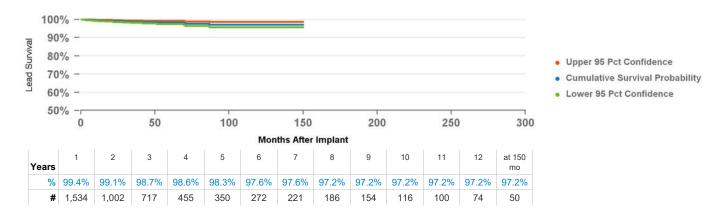
Number of Leads Enrolled in Study2,524Number of Leads Active in Study1,695Cumulative Months of Follow-Up73,178

Qualifying Complications

Failure to Capture

22

11	Impedance Out of Range	2
	Lead Dislodgement	8
	Othor	1

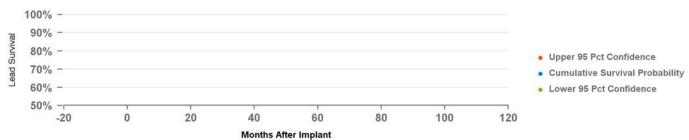


4073 CapSure Sense

US Market Release 23Jun2002
CE Approval 01Feb2002
Registered USA Implants 769
Estimated Active USA Implants 131
Fixation Type Tines
Pace Sense Polarity Unipolar
Steroid Indicator Yes

US Returned Product Analysis

US Acute Lead Observations



Years	at mo
%	

4074 CapSure Sense

US Market Release 23Jun2002		US Returned Product	US Acute Lead Observations		
CE Approval 01Feb2002		Conductor Fracture	14	Cardiac Perforation	33
Registered USA Implants	152,971	Insulation Breach	57	Conductor Fracture	2
Estimated Active USA Implants 72,703 Fixation Type Tines		Crimp/Weld/Bond	0	Extra Cardiac Stimulation	3
		Other	0	Failure to Capture	183
Pace Sense Polarity	Bipolar			Failure to Sense	15
Steroid Indicator	Yes			Impedance Out of Range	6
				Lead Dislodgement	204
				Oversensing	8

Atrial Placement

Product Surveillance Registry Results Qualifying Complications

Number of Leads Enrolled in Study	227	Failure to Capture	0	Impedance Out of Range	0
Number of Leads Active in Study	61	Failure to Sense	1	Lead Dislodgement	1
Cumulative Months of Follow-Up	29,196			Other	0



Ventricular Placement

Product Surveillance Registry Results

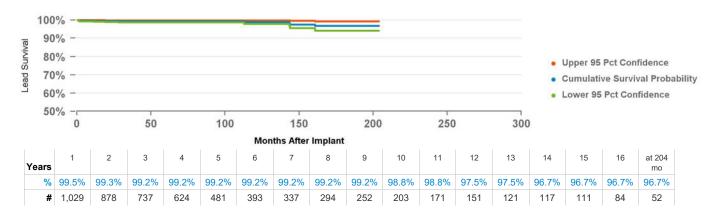
Number of Leads Enrolled in Study	1,193
Number of Leads Active in Study	167
Cumulative Months of Follow-Up	79,817

Qualifying Complications

Conductor Fracture
Failure to Capture

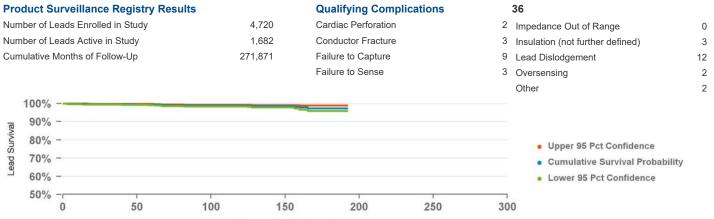
12

1	Impedance Out of Range	2
4	Insulation (not further defined)	2
	Lead Dislodgement	2
	Other	1



4076 CapSureFix Novus **US Acute Lead Observations** US Market Release 25Feb2004 **US Returned Product Analysis** CE Approval 14Jun2004 Cardiac Perforation 245 Conductor Fracture Registered USA Implants 801,663 Conductor Fracture 11 Insulation Breach 217 Estimated Active USA Implants 459,590 Extra Cardiac Stimulation Crimp/Weld/Bond 2 27 Fixation Type Active Screw In Other 23 Failure to Capture 370 Pace Sense Polarity Bipolar Failure to Sense 258 Steroid Indicator Yes Impedance Out of Range 68 Insulation Breach 2 Lead Dislodgement 875 Oversensing 140 Unspecified Clinical Failure 10

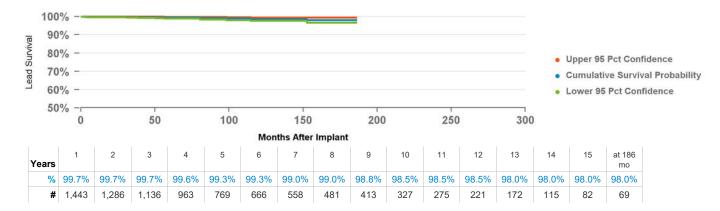
Atrial Placement



						Mon	ths After	Implant									
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	at 192	
Years																mo	
%	99.7%	99.6%	99.6%	99.5%	99.4%	99.0%	98.9%	98.8%	98.8%	98.8%	98.5%	98.5%	98.5%	97.3%	97.3%	97.3%	
#	3,400	2,963	2,583	2,216	1,879	1,628	1,433	1,230	1,022	787	576	426	301	184	118	64	

Ventricular Placement

Product Surveillance Registry Results		Qualifying Complications	14	
Number of Leads Enrolled in Study	1,760	Conductor Fracture	1 Impedance Out of Range	2
Number of Leads Active in Study	351	Extra Cardiac Stimulation	1 Lead Dislodgement	1
Cumulative Months of Follow-Up	116,900	Failure to Capture	6 Other	2
		Failure to Sense	1	



4092 CapSure SP Novus

US Market Release 17Sep1998		ep1998 US Returned Product		US Acute Lead Observations	
CE Approval 15Apr1998		Conductor Fracture	21	Cardiac Perforation	4
Registered USA Implants	186,236	Insulation Breach	99	Conductor Fracture	4
Estimated Active USA Implants	36,444	Crimp/Weld/Bond	0	Extra Cardiac Stimulation	1
Fixation Type	Tines	Other	0	Failure to Capture	35
Pace Sense Polarity	Bipolar			Impedance Out of Range	2
Steroid Indicator	Yes			Insulation Breach	1
				Lead Dislodgement	35
				Oversensing	1
				Unspecified Clinical Failure	1

Product Surveillance Registry Results

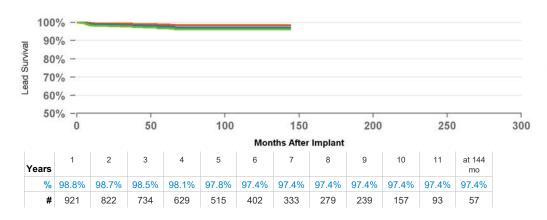
Number of Leads Enrolled in Study	1,202
Number of Leads Active in Study	13
Cumulative Months of Follow-Up	70,144

Qualifying Complications

Conductor Fracture
Extra Cardiac Stimulation
Failure to Capture

21

3	Impedance Out of Range	1
1	Lead Dislodgement	4
12	Other	0



Upper 95 Pct Confidence

Cumulative Survival Probability

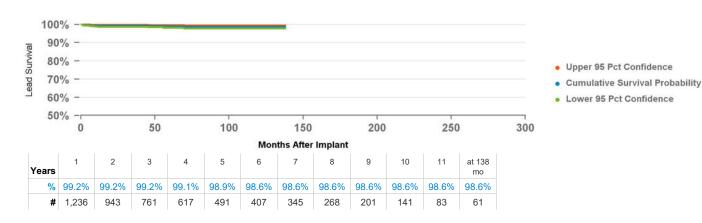
Lower 95 Pct Confidence

4574 CapSure Sense US Market Release 23Jun2002 **US Returned Product Analysis US Acute Lead Observations** CE Approval 01Feb2002 Cardiac Perforation Conductor Fracture 4 Registered USA Implants 116,713 Conductor Fracture 1 Insulation Breach 25 Estimated Active USA Implants 65,087 Crimp/Weld/Bond 0 Extra Cardiac Stimulation 1 Fixation Type J-shape, tines Other 0 Failure to Capture 146 Pace Sense Polarity Bipolar Failure to Sense 80 Steroid Indicator Yes Impedance Out of Range 10 267 Lead Dislodgement Oversensing 16 Unspecified Clinical Failure 4 **Product Surveillance Registry Results Qualifying Complications** 14

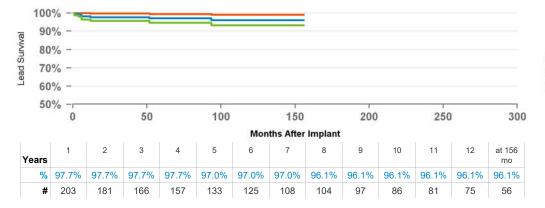
Number of Leads Enrolled in Study 1.700 Number of Leads Active in Study 713 Cumulative Months of Follow-Up 76,336

Conductor Fracture Failure to Capture

2 Impedance Out of Range 0 5 Lead Dislodgement 7 Other 0



CapSure SP Novus 4592 US Market Release 05Oct1998 **US Returned Product Analysis US Acute Lead Observations** CE Approval 15Apr1998 Failure to Capture 10 Conductor Fracture 17 Registered USA Implants 89,798 Insulation Breach Failure to Sense 2 34 Estimated Active USA Implants 19.854 Insulation Breach 1 Crimp/Weld/Bond 0 Fixation Type J-shape, tines Other 0 Lead Dislodgement 37 Pace Sense Polarity Bipolar Oversensing 2 Steroid Indicator Yes Unspecified Clinical Failure 2 **Product Surveillance Registry Results Qualifying Complications** 9 Number of Leads Enrolled in Study 366 Failure to Capture 4 Impedance Out of Range 0 Number of Leads Active in Study 27 Failure to Sense 1 Lead Dislodgement 3 Cumulative Months of Follow-Up 22,549 Other



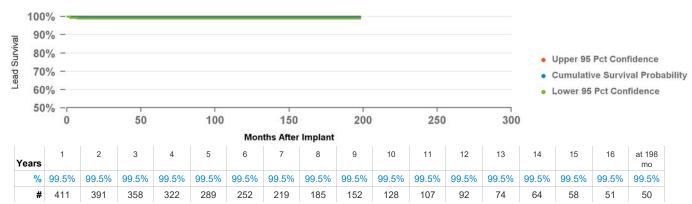
- Cumulative Survival Probability
- Lower 95 Pct Confidence

5054 CapSure Z Novus US Market Release **US Acute Lead Observations** 03Jun1998 **US Returned Product Analysis** CE Approval 05Jun1997 2 Cardiac Perforation Conductor Fracture Registered USA Implants 100,058 Conductor Fracture 2 Insulation Breach 46 Estimated Active USA Implants 18,503 Crimp/Weld/Bond 1 Failure to Capture 23 Fixation Type Tines Other 0 Impedance Out of Range 4 Pace Sense Polarity Bipolar Insulation Breach 1 Steroid Indicator Yes

Atrial Placement

Product Surveillance Registry Results Qualifying Complications 3 Number of Leads Enrolled in Study 425 Failure to Capture

2 Impedance Out of Range 0 Number of Leads Active in Study 28 Lead Dislodgement Cumulative Months of Follow-Up 41,984 Other 0



Ventricular Placement

Product Surveillance Registry Results

Number of Leads Enrolled in Study 991 Number of Leads Active in Study 18 Cumulative Months of Follow-Up 35,502

Qualifying Complications

Failure to Capture Failure to Sense

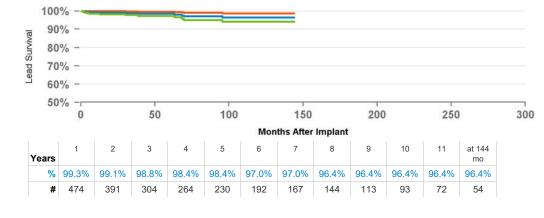
13

Impedance Out of Range Lead Dislodgement 1 2 Other

Lead Dislodgement

Unspecified Clinical Failure

30



- Cumulative Survival Probability
- Lower 95 Pct Confidence

5076 CapSureFix Novus US Market Release 31Aug2000 **US Returned Product Analysis** CE Approval Registered USA Imp

CE Approval	12Aug1999	Conductor Fracture	1,465
Registered USA Implants	3,285,505	Insulation Breach	1,574
Estimated Active USA Implants	1,836,408	Crimp/Weld/Bond	4
Fixation Type	Active Screw In	Other	205
Pace Sense Polarity	Bipolar		

Yes

US Acute Lead Observations Cardiac Perforation 1,621 Conductor Fracture 32 Extra Cardiac Stimulation 114 Failure to Capture 2,387 Failure to Sense 1,452 Impedance Out of Range 400 Insulation Breach 15

5,159

800

26

Lead Dislodgement

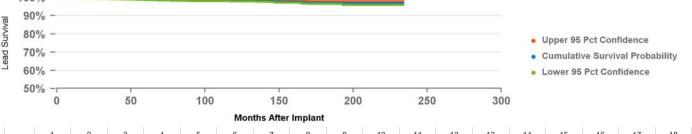
Unspecified Clinical Failure

Oversensing

Atrial Placement

Steroid Indicator

Product Surveillance Registry Results		Qualifying Complications		111	
Number of Leads Enrolled in Study	13,115	Cardiac Perforation	2	Impedance Out of Range	11
Number of Leads Active in Study	5,396	Conductor Fracture	13	Insulation (not further defined)	3
Cumulative Months of Follow-Up	608,439	Extra Cardiac Stimulation	3	Lead Dislodgement	41
		Failure to Capture	17	Oversensing	3
		Failure to Sense	10	Other	8
100% -					



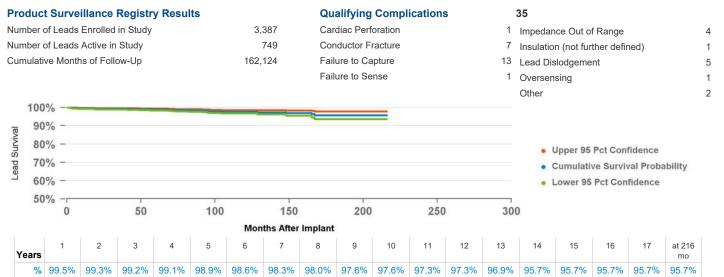
	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	at 234	
Years																				mo	
%	99.6%	99.5%	99.3%	99.1%	98.8%	98.7%	98.5%	98.3%	98.3%	98.3%	98.2%	98.0%	97.7%	97.4%	97.2%	97.2%	96.9%	96.9%	96.9%	96.9%	
#	8.441	6.914	5.877	4.888	4.079	3.412	2.727	2.173	1.773	1.382	1.086	874	673	521	420	335	223	142	84	65	

Ventricular Placement

2,222 1,886

1,560

1,244



996

827

688

579

498

405

325

257

186

152

128

109

77

5086MRI CapsureFix Novus MRI

US Market Release	08Feb2011	US Returned Produc	ct Analysis
CE Approval	21Jan2009	Conductor Fracture	112
Registered USA Implants	207,801	Insulation Breach	206
Estimated Active USA Implants	127,629	Crimp/Weld/Bond	0
Fixation Type	Active Screw In	Other	12
Pace Sense Polarity	Bipolar		
Steroid Indicator	Yes		

US Acute Lead Observations

Cardiac Perforation	212
Conductor Fracture	4
Extra Cardiac Stimulation	18
Failure to Capture	144
Failure to Sense	29
Impedance Out of Range	9
Insulation Breach	2
Lead Dislodgement	312
Oversensing	31

Atrial Placement

Product Surveillance Registry Results

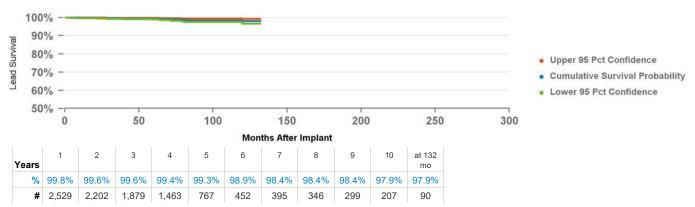
Number of Leads Enrolled in Study	3,139
Number of Leads Active in Study	1,332
Cumulative Months of Follow-Up	144,064

Qualifying Complications

Conductor Fracture Failure to Capture

21

3	Impedance Out of Range	0
3	Lead Dislodgement	12
	Oversensing	2
	Other	1



Ventricular Placement

Product Surveillance Registry Results

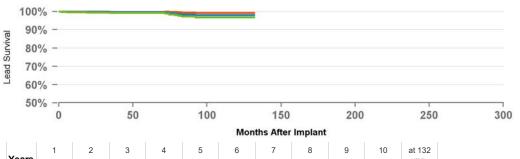
Number of Leads Enrolled in Study Number of Leads Active in Study Cumulative Months of Follow-Up 141,807

Qualifying Complications

Conductor Fracture Failure to Capture Failure to Sense

21

4	Impedance Out of Range	2
8	Lead Dislodgement	3
1	Oversensing	2
	Other	1



3,073

1,312

	Months After Implant											
	1	2	3	4	5	6	7	8	9	10	at 132	
Years											mo	
%	99.7%	99.7%	99.6%	99.6%	99.6%	99.3%	98.3%	98.0%	98.0%	98.0%	98.0%	
#	2.528	2.184	1.852	1.429	736	423	375	328	285	203	92	

Upper 95 Pct Confidence

5092 CapSu	re SP Novus						
US Market Release		03Jun1998	US Returne	d Product Anal	ysis	US Acute Lead Observa	ations
CE Approval		25Sep1997	Conductor Fract	ure	27	7 Cardiac Perforation	7
Registered USA Implant	3	141,703	Insulation Breac	h	72	2 Conductor Fracture	3
Estimated Active USA In	plants	29,378	Crimp/Weld/Bon	d	() Extra Cardiac Stimulation	3
Fixation Type		Tines	Other		1	1 Failure to Capture	49
Pace Sense Polarity	I	Bipolar				Failure to Sense	7
Steroid Indicator	,	Yes				Impedance Out of Range	1
						Insulation Breach	3
						Lead Dislodgement	72
						Oversensing	1
						Unspecified Clinical Failure	8
Product Surveillance Re	gistry Results		Qualifying Complic	ations	10	0	
Number of Leads Enrolled in	Study	1,216	Extra Cardiac Stimulation	on	1 Ir	mpedance Out of Range	1
Number of Leads Active in St	udy	16	Failure to Capture		3 L	ead Dislodgement	5
Cumulative Months of Follow-	Up	54,564			C	Other	0
100% - 90% - 80% - 70% - 60% - 50% -						 Upper 95 Pct Confidence Cumulative Survival Probability Lower 95 Pct Confidence 	
0	50 100	150	200	250	300		

10

98.6%

133

97.8%

109

12

97.8%

81

97.8%

56

at 162

mo

97.8%

52

Months After Implant

98.6%

218

98.6%

265

98.6%

173

98.6%

149

5

98.9%

335

Years

% 99.5%

814

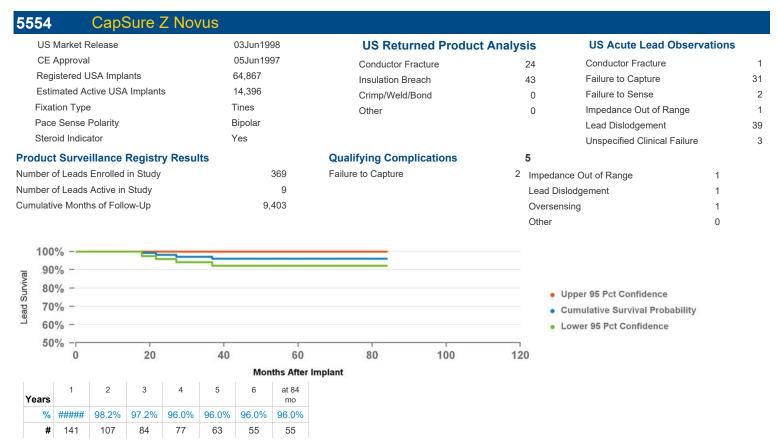
99.3%

652

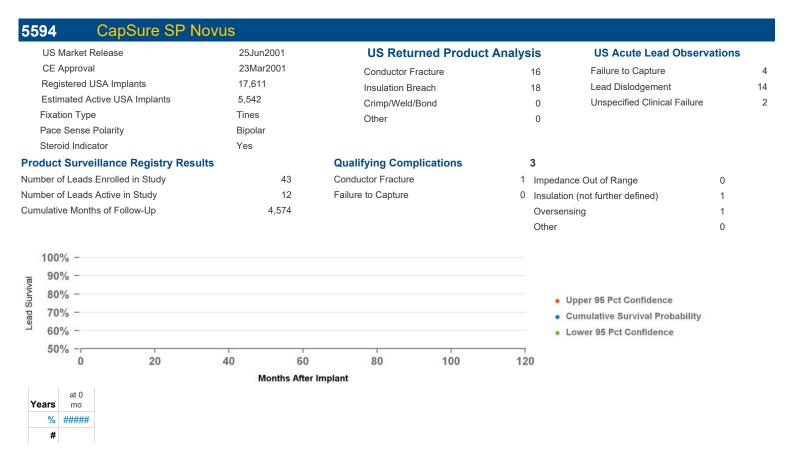
99.2%

517

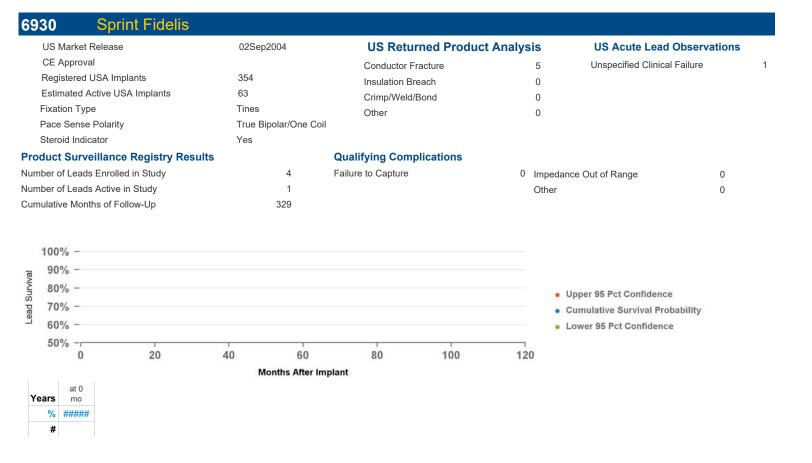
98.9%



5592 CapSure SP Novus US Market Release 03Jun1998 **US Returned Product Analysis US Acute Lead Observations** CE Approval 25Sep1997 Cardiac Perforation Conductor Fracture 1 Registered USA Implants 37,335 Failure to Capture 4 Insulation Breach 7 Estimated Active USA Implants 9,926 Crimp/Weld/Bond 0 Failure to Sense 3 Fixation Type Tines Other 0 Lead Dislodgement 43 Pace Sense Polarity Bipolar Oversensing 1 Steroid Indicator Yes Unspecified Clinical Failure 1 **Product Surveillance Registry Results** 5 **Qualifying Complications** Number of Leads Enrolled in Study Failure to Capture 722 3 Impedance Out of Range 0 Number of Leads Active in Study 36 Lead Dislodgement 2 Cumulative Months of Follow-Up 39,413 Other 0 100% -90% -80% Upper 95 Pct Confidence 70% Cumulative Survival Probability 60% Lower 95 Pct Confidence 50% 50 100 250 300 150 200 Months After Implant 2 3 4 5 6 7 8 9 10 11 12 at 156 Years mo 98.9% % 99.6% 99.3% 99.3% 98.9% 98.9% 98.9% 98.9% 98.9% 98.9% 98.9% 98.9% 98.9% # 523 432 351 299 249 197 169 154 131 97 51



6721 **Epicardial Patch** US Market Release **US Acute Lead Observations** 31Mar1994 **US Returned Product Analysis** CE Approval 01Jan1993 Cardiac Perforation Conductor Fracture 1 Registered USA Implants 3,408 Conductor Fracture 2 Insulation Breach 1 Estimated Active USA Implants 862 Crimp/Weld/Bond 0 Failure to Capture 4 Fixation Type Suture Other 0 Failure to Sense 2 Pace Sense Polarity n/a Impedance Out of Range 22 Steroid Indicator None Oversensing 1 **Product Surveillance Registry Results Qualifying Complications** 51 Number of Leads Enrolled in Study 417 Conductor Fracture 21 Impedance Out of Range 4 Number of Leads Active in Study 6 Failure to Capture Insulation (not further defined) 2 Cumulative Months of Follow-Up 24,142 Other 16 100% 90% 80% Upper 95 Pct Confidence 70% Cumulative Survival Probability 60% Lower 95 Pct Confidence 50% 20 40 100 60 80 120 Months After Implant 2 3 4 5 6 7 at 108 Years mo 91.0% 83.3% % 96.6% 94.6% 92 1% 89.3% 84 7% 83.3% 83.3%



347

319

273

221

190

101

CE Approval		02Sep2004	US Re	eturned Product	t Analys	sis	US Acute Lead C	bservations	š
	I			tor Fracture	_	668	Cardiac Perforation		1
Registered L	JSA Implants	8,081		n Breach		1	Conductor Fracture		2
Estimated A	ctive USA Implants	1,182		/eld/Bond		0	Failure to Capture		1
Fixation Type	e	Active Screw I		. 0.0, 20.10		5	Failure to Sense		
Pace Sense	Polarity	True Bipolar/O				3	Lead Dislodgement		
Steroid Indica	ator	Yes					Oversensing		3
							Unspecified Clinical F	Failure	1
Product Surve	illance Registry Res	sults	Qualifying Co	omplications		59	onspecified offinion i	allare	•
	Enrolled in Study	311	Conductor Frac	•	36		e Out of Range	10	
lumber of Leads	,	9	Failure to Captu		3		•		
cumulative Month	•	18,038	Failure to Capit		1	Lead Disk	0	2	
umulative Mont	is of Follow-Op	10,036	railule to Selisi	e	1	Oversensi Other	ng	7	
90% - 90% - 80% - 70% - 60% - 50% -						• Cı	oper 95 Pct Confidence Imulative Survival Proba ower 95 Pct Confidence	ability	
0	20	40	60 80	100	12	0			
		Months /	After Implant						

% 98.2%

261

232

204

88.3%

166

82.2%

137

104

72.3%

70

72.3%

Sprint Quattro Secure S 6935 US Market Release 01Nov2008 **US Returned Product Analysis US Acute Lead Observations** CE Approval 31Mar2008 Cardiac Perforation 29 Conductor Fracture Registered USA Implants 67,061 Conductor Fracture 3 Insulation Breach 13 Estimated Active USA Implants 39,156 Extra Cardiac Stimulation 2 Crimp/Weld/Bond 0 Fixation Type Active Screw In Other 44 Failure to Capture 35 True Bipolar/One Coil Pace Sense Polarity Failure to Sense 15 Steroid Indicator Yes Impedance Out of Range 28 Insulation Breach 1 68 Lead Dislodgement Oversensing 67 Unspecified Clinical Failure 5 **Product Surveillance Registry Results Qualifying Complications** 67 Number of Leads Enrolled in Study Cardiac Perforation 2,977 1 Impedance Out of Range 9 Number of Leads Active in Study 720 Conductor Fracture 24 Lead Dislodgement 8 Cumulative Months of Follow-Up 164,563 Extra Cardiac Stimulation Oversensing 9 Failure to Capture Other 6 Failure to Sense Unspecified Clinical Failure 1 100% 90% 80% - Upper 95 Pct Confidence 70% - Cumulative Survival Probability 60% Lower 95 Pct Confidence 50 100 150 200 250 300 **Months After Implant** 5 10 12 at 156 11 mo 98.9% 98.6% 95.9% **%** 99.5% 99.3% 98.5% 98.1% 97.5% 96.8% 94.7% 94.3% 93.9% 93.3%

2,415

1,976

1,626

1,330

1,125

968

807

678

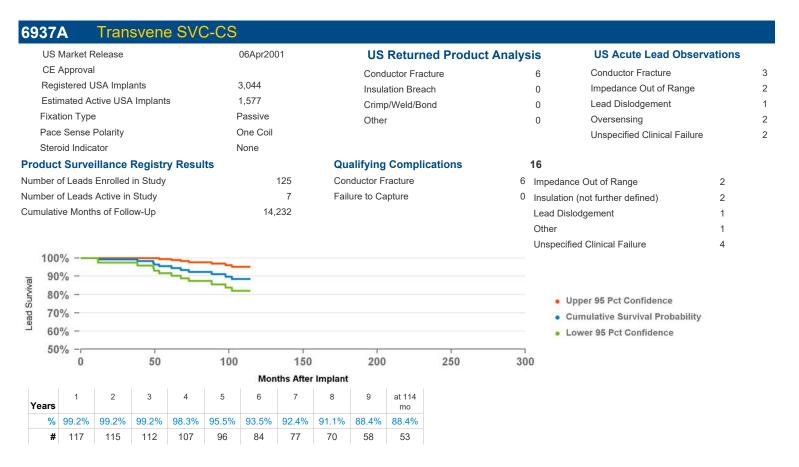
571

432

248

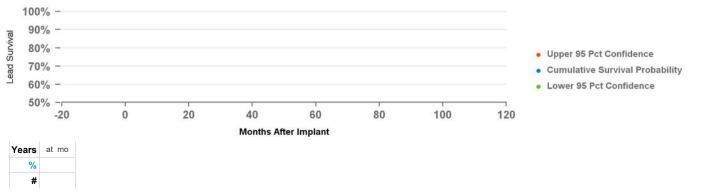
143

6935M Sprint Quattro Secure S US Market Release 02Aug2012 **US Returned Product Analysis US Acute Lead Observations** CE Approval 12Jul2012 Cardiac Perforation Conductor Fracture 183 Registered USA Implants 373,555 Conductor Fracture 21 Insulation Breach 35 Estimated Active USA Implants 306,381 Crimp/Weld/Bond 1 Extra Cardiac Stimulation 31 Fixation Type Active Screw In Other 99 Failure to Capture 422 Pace Sense Polarity True Bipolar/One Coil Failure to Sense 146 Steroid Indicator Yes Impedance Out of Range 126 Insulation Breach 3 Lead Dislodgement 633 Oversensing 327 **Product Surveillance Registry Results Qualifying Complications** 102 Number of Leads Enrolled in Study 9.312 Cardiac Perforation Impedance Out of Range 9 Number of Leads Active in Study 4,439 Conductor Fracture Insulation (not further defined) 3 Cumulative Months of Follow-Up 371,545 Extra Cardiac Stimulation Lead Dislodgement 19 Failure to Capture 15 Oversensing 5 Failure to Sense 1 Other 3 100% -Unspecified Clinical Failure 1 90% 80% Upper 95 Pct Confidence 70% Cumulative Survival Probability 60% Lower 95 Pct Confidence 50% 20 40 60 80 100 120 Months After Implant at 114 3 5 9 Years mo % 99.6% 99.5% 99 2% 98.9% 98.6% 98 2% 97 7% 97.4% 97.0% 97.0% 6,732 5,312 4,334 3,508 2,833 2,131 1.302 634 259 139



694	44		Sprir	nt Qua	attro													
	US N	1arket F	Release				13Dec20	00		US	Return	ned Pro	duct A	Analys	sis	US Acute Lead Observ	ations	
	CE A	pproval	l				05Nov19	99		Cond	uctor Fra	cture		2	233	Conductor Fracture		2
	Regis	stered L	JSA Impla	ants		4	14,864			Insula	ation Bre	ach			4	Failure to Capture		17
	Estin	ated A	ctive USA	\ Implant	s		11,989			Crim	o/Weld/B	ond			1	Failure to Sense		3
1	Fixati	on Type	•			٦	ines			Other					4	Impedance Out of Range		10
- 1	Pace	Sense I	Polarity			٦	rue Bipo	lar/Two (Coils							Lead Dislodgement		24
;	Stero	id Indica	ator			١	es/									Oversensing		18
																Unspecified Clinical Failure		6
Pro	duct	Surve	illance	Registr	y Resu	lts			Qu	alifying	Compl	ications	•		34			
Num	ber o	f Leads	Enrolled	in Study				638	Cor	ductor F	racture			17	Impedance O	ut of Range	7	
Num	ber o	f Leads	Active in	Study				81	Fail	ure to Ca	pture			4	Oversensing	-	3	
Cum	ulativ	e Month	ns of Follo	ow-Up			38,	025	Fail	ure to Se	nse			1	Other		1	
															Unspecified C	linical Failure	1	
	1009	/																
	909	177		-			_											
ival	1000/00	200					_											
Lead Survival	809	/ ₀ –													Upper	95 Pct Confidence		
gad	709	/ ₀ -													• Cumu	lative Survival Probability		
٣	609	/o -													• Lower	95 Pct Confidence		
	509	/ ₀ -r				-		1.		- 1		T						
		0		50		100		150		200		250		30	0			
							Mon	ths After	Implant									
Ye	ars	1	2	3	4	5	6	7	8	9	10	11	12	at 156 mo				
	%	#####	99.8%	99.2%	97.3%	94.8%	91.7%	91.1%	90.6%	89.9%	89.9%	89.0%	88.1%	85.7%				
	#	502	418	352	290	228	191	165	145	132	115	101	79	53				



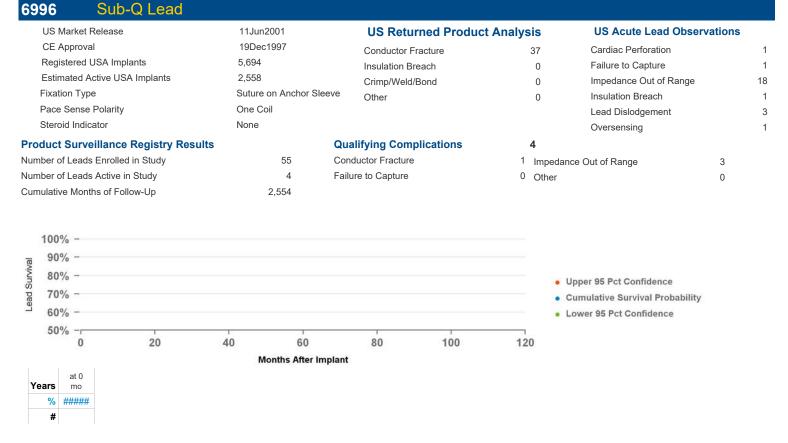


6947		Sprir	nt Qua	attro :	Secu	re														
US	Market R	Release				12Nov20	01		US	Return	ned Pro	oduct /	Analys	is	US	S Acute	Lead O	bserva	tions	
CE	Approval	I				04Oct20	01		Cond	uctor Fra	cture		1.3	98	Car	rdiac Perf	foration			29
Reg	gistered U	JSA Impl	ants		;	375,502			Insula	ation Bre	ach		1	03	Cor	nductor F	racture			26
Esti	imated Ad	ctive USA	A Implant	S		126,103			Crim	o/Weld/B	ond			4	Ext	ra Cardia	c Stimula	ation		2
Fixa	ition Type	Э			A	Active Sc	rew In		Othe	r			1	97	Fail	lure to Ca	apture			83
Pac	e Sense I	Polarity			٦	Γrue Bipo	lar/Two (Coils							Fail	lure to Se	ense			36
Ster	oid Indica	ator)	⁄es									Imp	edance (Out of Ra	inge		61
															Insi	ulation Br	each			4
															Lea	ad Dislod	gement		1	124
															Ove	ersensing	J		1	141
															Uns	specified	Clinical F	ailure		20
Produc	t Surve	illance	Registr	y Resu	lts			Qu	alifying	Compl	ications	5		102						
Number	of Leads	Enrolled	in Study			4,	568	Car	diac Perf	oration			1	Impedar	nce Out o	f Range			13	
Number	of Leads	Active in	Study				618	Con	ductor F	racture			39	Insulatio	n (not fur	ther defir	ned)		6	
Cumulati	ive Month	ns of Foll	ow-Up			294,	892	Fail	ure to Ca	pture			8	Lead Dis	slodgeme	ent			5	
								Fail	ure to Se	ense			2	Overser	sing				21	
														Other					4	
100)%													Unspeci	fied Clinic	cal Failur	е		3	
- 90)% -								1	-										
2 80)% -																			
ns 70)% -															Pct Con				
9																	val Proba	bility		
- 60)% -													•	Lower 95	Pct Con	fidence			
50)% 0		50		100		150		200		250		30	0						
	U		50		100		9,3,5		1000012		250		30	U						
		1 -						Implant												
Years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	at 228 mo	
%	99.5%	99.3%	99.0%	98.7%	98.2%	97.9%	97.5%	97.1%	96.7%	96.1%	95.8%	95.4%	94.9%	94.3%	93.9%	91.5%	91.5%	90.7%	88.2%	
#	3,297	2,899	2,546	2,255	2,022	1,782	1,533	1,372	1,223	1,049	861	638	456	280	177	139	117	98	59	

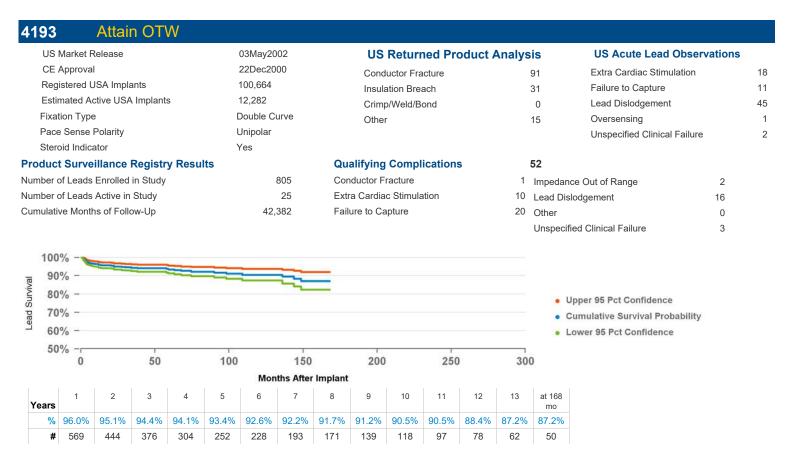
6947	M	Sprir	nt Qua	attro :	Secui	е									
US	Market F	Release				13Feb20	12		US	Return	ned Produ	uct Analys	sis	US Acute Lead Ol	oservations
CE	Approva	I				12Mar20	10		Cond	uctor Fra	acture	2	248	Cardiac Perforation	4
Reg	gistered L	JSA Impl	ants			135,943			Insula	ation Bre	ach		15	Conductor Fracture	
Est	imated A	ctive USA	A Implant	s	Ç	93,778			Crimi	o/Weld/B	ond		1	Extra Cardiac Stimulat	tion
Fixa	ation Type	Э			A	Active Sc	rew In		Othe	r			37	Failure to Capture	1.
Pac	e Sense	Polarity			Т	rue Bipo	lar/Two 0	Coils						Failure to Sense	4
Ste	roid Indica	ator			١	es								Impedance Out of Ran	nge :
														Insulation Breach	
														Lead Dislodgement	23
														Oversensing	8
Produc	ct Surve	illance	Registr	y Resul	lts			Qu	alifying	Compl	ications		28	· ·	
Number	of Leads	Enrolled	in Study			2,	378	Co	nductor F	racture		15	Impe	dance Out of Range	1
Number	of Leads	Active in	Study				693	Fai	lure to Ca	pture		4		l Dislodgement	1
Cumulat	tive Month	ns of Foll	ow-Up			128,	937	Fai	lure to Se	ense		4		sensing	2
													Othe	o .	1
100	0%														
0.0	0% -														
20	0% -														
ns s	70.00.70													 Upper 95 Pct Confidence 	
eac	0% -													 Cumulative Survival Probab 	oility
- 60	0% -													 Lower 95 Pct Confidence 	
50	0%		50		100		450		200	}	250	20	0		
	0		50		100		150		200		250	30	U		
							ths After	1							
Years	1	2	3	4	5	6	7	8	9	10	at 126 mo				
%	99.7%	99.5%	99.4%	99.4%	99.0%	98.9%	98.1%	97.8%	97.3%	97.1%	97.1%				
#	1,834	1,547	1,363	1,157	1,002	838	697	575	453	222	94				



6949 Sprint Fidelis												
US Market Release	02Sep2004		US	Returr	ned Pro	oduct A	Analys	is	US	S Acute Lead Obs	ervations	
CE Approval			Condu	uctor Fra	cture		8,1	57	Car	diac Perforation		10
Registered USA Implants	186,212		Insula	tion Brea	ach			37	Cor	nductor Fracture		51
Estimated Active USA Implants	24,351		Crimp	/Weld/Bo	ond			3	Fail	ure to Capture		31
Fixation Type	Active Screw In		Other				1	19	Fail	ure to Sense		19
Pace Sense Polarity	True Bipolar/Two	Coils							Imp	edance Out of Range	е	20
Steroid Indicator	Yes								Insu	ulation Breach		5
									Lea	d Dislodgement		22
									Ove	ersensing		37
									Uns	specified Clinical Fail	ure	24
Product Surveillance Registry Results		Qua	alifying	Compl	ications	S		135				
Number of Leads Enrolled in Study	986	Cond	ductor Fr	acture			77	Impedar	19			
Number of Leads Active in Study	35	Failu	ire to Cap	pture			5	Insulatio	n (not fur	2		
Cumulative Months of Follow-Up	57,726	Failu	ire to Ser	nse			6	Lead Dis	slodgeme	ent	1	
								Oversen	sing		21	
								Other			3	
100% -								Unspeci	fied Clinic	cal Failure	1	
90% -												
80% - 70% -												
g 70% -										Pct Confidence		
Lead	The same of							 Cumulative Survival Probability 				
60% -								• 1	Lower 95	Pct Confidence		
50% - 50	100 150		200		250	· · · · · · · · · · · · · · · · · · ·	300	0				
0 50			200		250		300	U				
	Months After				l							
Years 1 2 3 4	6 7	8	9	10	11	12	13	14	at 180 mo			
% 98.6% 96.5% 93.4% 91.0% 88.	2% 84.5% 81.6%	79.0%	78.0%	76.6%	70.9%	68.5%	66.2%	63.5%	63.5%			
# 719 626 532 458 39	92 343 281	236	187	152	125	96	79	65	54			



2187 Attain LV US Market Release **US Acute Lead Observations** 28Aug2001 **US Returned Product Analysis** CE Approval Extra Cardiac Stimulation Conductor Fracture 1 Registered USA Implants 11,921 Failure to Capture 3 Insulation Breach 3 Estimated Active USA Implants 986 Crimp/Weld/Bond 0 Failure to Sense 1 Fixation Type Distal Continous Curve Other 3 Lead Dislodgement 9 Pace Sense Polarity Unipolar Steroid Indicator None **Product Surveillance Registry Results Qualifying Complications** 3 Number of Leads Enrolled in Study 140 Failure to Capture 3 Impedance Out of Range 0 Number of Leads Active in Study 5 0 Other Cumulative Months of Follow-Up 7,196 100% 90% 80% Upper 95 Pct Confidence 70% Cumulative Survival Probability 60% - Lower 95 Pct Confidence 50% 20 40 60 80 100 120 Months After Implant 3 at 48 2 Years mo % 99.1% 98.0% 98.0% 98.0% # 101 85 65 52



41	94		Attai	n OT\	W														
	US	Market F	Release				24Aug20	04		US	Return	ned Pro	oduct A	Analys	is	US	S Acute Lead Observ	ations	
	CE	Approva	I				14Jul200	3		Cond	uctor Fra	cture			48	Car	diac Perforation		2
	Reg	istered L	JSA Impla	ants		,	114,259			Insula	ation Bre	ach		1	65	Cor	nductor Fracture		2
	Estir	mated A	ctive USA	\ Implant	s	2	28,808			Crimp	o/Weld/B	ond			0	Ext	ra Cardiac Stimulation		49
	Fixat	tion Type	€				ouble Co	ırve		Other	r				2	Fail	ure to Capture		42
	Pace	Sense	Polarity			E	Bipolar									Imp	edance Out of Range		9
	Ster	oid Indica	ator			Υ	'es									Lea	nd Dislodgement		153
																Ove	ersensing		2
																Uns	specified Clinical Failure		4
Pro	duc	t Surve	illance	Registr	y Resu	lts			Qı	ıalifying	Compl	ications	8	(68				
Nur	nber o	of Leads	Enrolled	in Study			1,0	655	Co	nductor F	racture			2	Impedar	nce Out o	f Range	0	
Nur	nber o	of Leads	Active in	Study				186	Ex	tra Cardia	c Stimula	ation		11	Insulatio	n (ESC)		1	
Cur	nulati	ve Month	ns of Follo	ow-Up			98,	354	Fa	ilure to Ca	pture			22	Insulatio	n (not fur	ther defined)	2	
															Lead Dis	slodgeme	ent	30	
															Other			0	
	100	%																	
<u>—</u>	90	% -							=										
Lead Survival	80	% -																	
Su		% -															Pct Confidence		
eac																	ve Survival Probability		
-		% -													•	Lower 95	Pct Confidence		
	50	% - 0		50		100		150	į.	200		250	v	300	2				
		U		30		100	Man	9,30,50				230	5.	300	,				
						1 _		ths After				l			l	1			
Y	ears	1	2	3	4	5	6	7	8	9	10	11	12	13	14	at 174 mo			
	%	98.6%	97.4%	96.7%	96.1%	95.6%	94.3%	94.1%	93.5%	93.5%	93.3%	92.9%	92.9%	92.9%	91.1%	91.1%			
	#	1,238	1,046	898	770	698	616	505	428	358	296	231	161	115	78	60			



4196 Attain Ability

US Market Release	15May2009
CE Approval	24Jul2007
Registered USA Implants	68,859
Estimated Active USA Implants	27,862
Fixation Type	Double Curve
Pace Sense Polarity	Bipolar
Steroid Indicator	Yes

US Returned Product Analysis

Conductor Fracture	26
Insulation Breach	2
Crimp/Weld/Bond	0
Other	9

US Acute Lead Observations

Cardiac Perforation	3
Conductor Fracture	2
Extra Cardiac Stimulation	98
Failure to Capture	66
Failure to Sense	1
Impedance Out of Range	12
Insulation Breach	1
Lead Dislodgement	228
Oversensing	1
Unspecified Clinical Failure	2

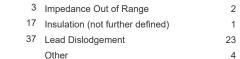
Product Surveillance Registry Results

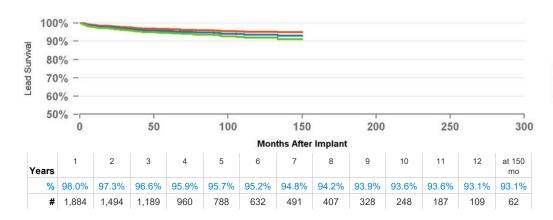
Number of Leads Enrolled in Study	2,319
Number of Leads Active in Study	233
Cumulative Months of Follow-Up	117,864

Qualifying Complications

Conductor Fracture
Extra Cardiac Stimulation
Failure to Capture

87





Upper 95 Pct Confidence

- Cumulative Survival Probability
- Lower 95 Pct Confidence

4296		Attai	n Abi	lity Plu	JS											
US Ma	arket R	Release				01Apr20	11		US	Retur	ned Produc	t Analys	sis	US Acute Lead Obser	rvations	•
CE Ap	proval					18Dec20	009		Conc	luctor Fr	acture		4	Cardiac Perforation		2
Regist	tered U	ISA Impl	ants		(35,126			Insul	ation Bre	each		0	Conductor Fracture		1
Estima	ated Ac	ctive US	A Implant	S		17,320			Crim	o/Weld/E	3ond		2	Extra Cardiac Stimulation		63
Fixatio	n Type	;				Double C	urve		Othe	r			4	Failure to Capture		36
Pace S	Sense F	Polarity				Dual Elec	ctrodes							Impedance Out of Range		11
Steroid	d Indica	ator			}	es/es								Insulation Breach		4
														Lead Dislodgement		119
Product S	Surve	illance	Registi	y Result	s			Qı	ualifying	Comp	lications		35			
Number of I	Leads	Enrolled	l in Study			1	,470	Ex	tra Cardia	c Stimul	ation	12	lm	pedance Out of Range	0	
Number of I	Leads	Active in	Study				264	Fa	ilure to Ca	apture		9		ad Dislodgement	13	
Cumulative	Month	ns of Fol	low-Up			75	,878						Oth	ner	1	
100% 90% 80% 70% 60% 50%	, - , - , -								200			30	0	Upper 95 Pct Confidence Cumulative Survival Probability Lower 95 Pct Confidence	6	
						Mor	nths After	Implan	t							
Years	1	2	3	4	5	6	7	8	9	10	at 126 mo					



98.7%

1,162

97.9%

939

772

97.4%

655

96.9%

550

96.7%

465

96.7%

400

96.4%

321

96.4%

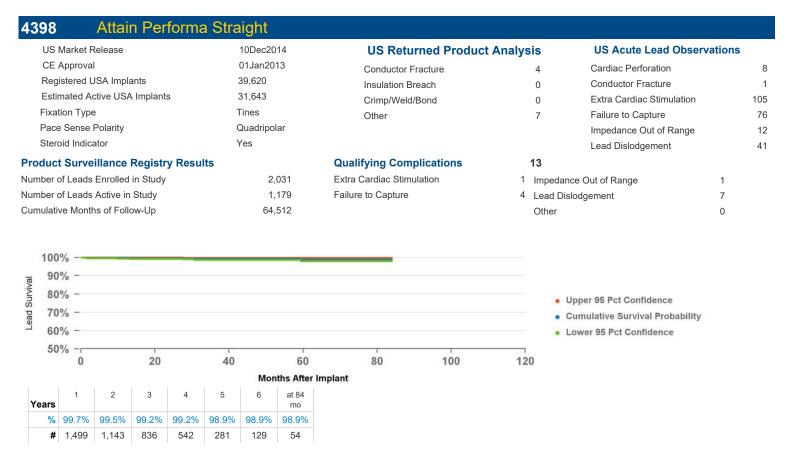
236

96.4%

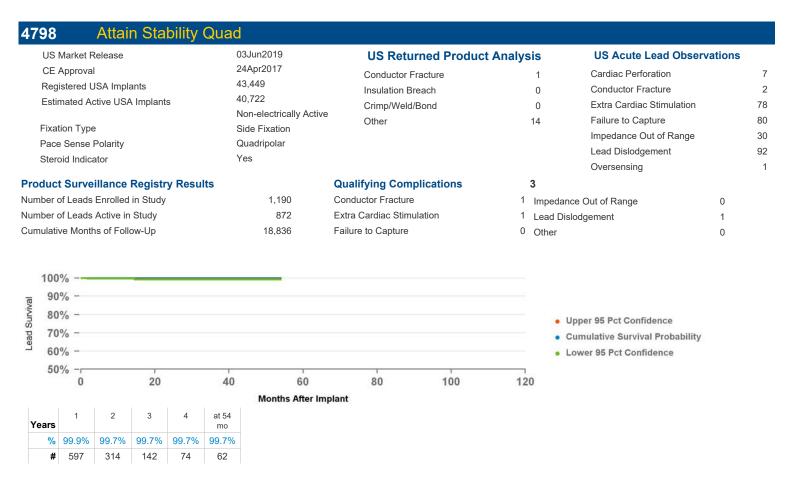
115

96.4%

439	96		Attai	n Abi	lity St	raigh	t									
	US I	∕larket F	Release			;	31Mar20	11		US	Returned Produ	uct Analys	si	is US Acute Lead Obser	vations	
	CE A	Approva	I				18Dec20	09		Cond	uctor Fracture			5 Cardiac Perforation		1
	Regi	stered L	JSA Impl	ants		8	3,366			Insula	tion Breach			1 Conductor Fracture		2
				A Implant	S		4,363			Crimp	/Weld/Bond			0 Extra Cardiac Stimulation		21
		ion Type					ines			Other				0 Failure to Capture		13
			Polarity				Oual Elec	trodes						Lead Dislodgement		35
		id Indica					es/es									
				•	y Resu	lts					Complications			10		
				in Study				483			Stimulation	1		Impedance Out of Range	0	
			Active in	,				99	Fail	lure to Ca	pture	4		Insulation (not further defined)	1	
Cum	ulativ	e Month	ns of Foll	ow-Up			25,	054						Lead Dislodgement	4	
														Other	0	
9	100	0/			-							_				
		% -														
Lead Survival																
Sur		% -												 Upper 95 Pct Confidence 		
ead	70	% -												 Cumulative Survival Probability 		
_	60	% -												 Lower 95 Pct Confidence 		
	50	%		1				1			oks	1				
		0		20		40		60		80	100	12	20	l,		
								ths After								
Ye	ars	1	2	3	4	5	6	7	8	at 108 mo						
	%	99.8%	99.2%	98.2%	98.2%	97.7%	97.7%	97.7%	97.7%	97.7%						
	#	381	306	266	231	195	152	120	100	71						



4598		Allai	n Per	OHIII	J									
US Market Release 10De			10Dec20	14		US Retu	irned Product	t Analys	is	US Acute Lead Ob	oservations			
CE Ar	pproval					01Jan2013			Conductor I	Fracture		6	Cardiac Perforation	
Regist	tered U	SA Impl	ants		7	73,022			Insulation B	reach		0	Conductor Fracture	
Estima	ated Ac	tive USA	A Implants	3		59,049		Crimp/Weld/Bond			0	Extra Cardiac Stimulat	ion 1	
Fixatio	on Type				5	S-shape			Other			12	Failure to Capture	
Pace S	Sense F	Polarity			(Quadripo	lar						Impedance Out of Ran	ige
Steroid	d Indica	itor)	'es							Lead Dislodgement	
													Oversensing	
Product S	Survei	illance	Registr	y Resul	ts			Qual	lifying Com	plications		17		
Number of	Leads	Enrolled	in Study			1,	1,364 Extra Cardiac Stimulation		3	Impedar	ice Out of Range	0		
Number of	Number of Leads Active in Study			560	Failure to Capture		1	1 Lead Dislodgement		12				
Cumulative	e Month	s of Foll	ow-Up			57,	890	Failure to Sense 1			Other	-	0	
100% 90% 80% 70%	% - % -								-				Jpper 95 Pct Confidence	.114.
60% -										Cumulative Survival Probab	oility			
0.0000000												• 1	ower 95 Pct Confidence	
50%			20		40		60		80	100	12	0		
	0		20		40	77 2-2 7-27	20000	*	00	100	12	U		
						Mor	ths After	Implant						



99.2%

1,126

99.0%

950

98.9%

782

98.6%

602

98.5%

383

98.5%

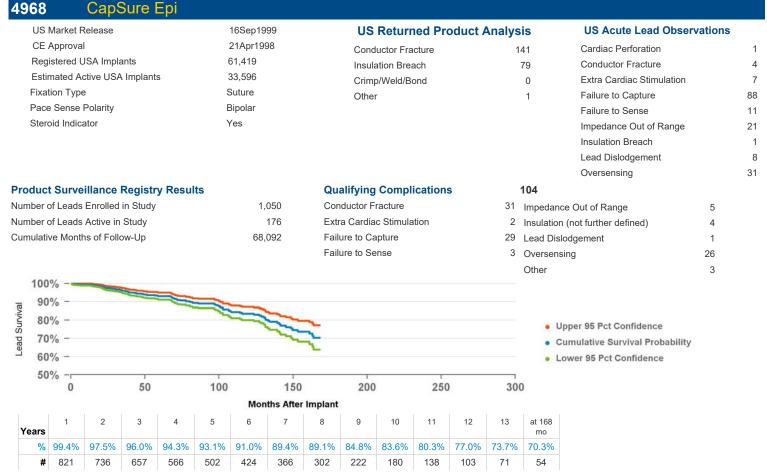
220

98.5%

105

97.0%

4965	Ca	Sure	Epi								
US Market Release				06Sep1996		US Returned Product Analysis			s US Acute Lead Observations		i
CE Approval				01Jan1993		Conductor F	racture	29	6 Cardiac Perforation		1
Regist	tered USA Im	plants		24,219		Insulation Br	each	6	4 Conductor Fracture		1
Estima	ated Active U	SA Implar	nts	6,901		Crimp/Weld/	Bond		1 Failure to Capture		11
Fixatio	n Type			Suture		Other			0 Failure to Sense		8
Pace S	Sense Polarit	/		Unipolar					Impedance Out of Rang	je	21
Steroid	d Indicator			Yes					Oversensing		2
									Unspecified Clinical Fai	lure	3
Product S	Surveilland	e Regis	try Result	S	(Qualifying Com	olications	1	7		
Number of I	Leads Enroll	ed in Stud	ly	234	. (Conductor Fracture		10	Impedance Out of Range	0	
Number of I	Leads Active	in Study		3	F	ailure to Capture		3	Insulation (not further defined)	1	
Cumulative	Months of F	ollow-Up		7,569	F	ailure to Sense		1 (Oversensing	2	
								(Other	0	
100% 90% 80% 70% 60% 50%	, - , - , -	20		40	60	80	100	120	 Upper 95 Pct Confidence Cumulative Survival Probabi Lower 95 Pct Confidence 	lity	
				Months	After Impla	ant					
Years	1 2	3	at 48 mo								
% 9	95.89	6 94.8%	6 86.4%								
#	119 101	83	61								



5071 Screw-in **US Returned Product Analysis** US Market Release 03Dec1992 **US Acute Lead Observations** CE Approval 01Jan1993 Cardiac Perforation 2 Conductor Fracture Registered USA Implants 57,216 2 Extra Cardiac Stimulation 6 Insulation Breach Estimated Active USA Implants 12,453 Failure to Capture Crimp/Weld/Bond 0 108 Fixation Type Fixed Screw Other 1 Failure to Sense 4 Pace Sense Polarity Unipolar Impedance Out of Range 14 Steroid Indicator None Lead Dislodgement 2 Oversensing 2 Unspecified Clinical Failure 1 **Product Surveillance Registry Results Qualifying Complications** 37 Number of Leads Enrolled in Study 470 Conductor Fracture 5 Impedance Out of Range 3 Number of Leads Active in Study 64 Extra Cardiac Stimulation Lead Dislodgement 3 Cumulative Months of Follow-Up Failure to Capture Oversensing 17,254 2 Failure to Sense 2 Other 100% 90% 80% - Upper 95 Pct Confidence 70% Cumulative Survival Probability 60% Lower 95 Pct Confidence 50% 20 40 60 80 100 120 **Months After Implant** 5 at 90

95.2%

235

92.1%

184

90.4%

158

90.4%

142

89.0%

121

87.4%

93

86.3%

72

84.8%

CapSure VDD-2 5038 **US Returned Product Analysis** US Market Release 10Sep1998 **US Acute Lead Observations** CE Approval 15Apr1997 Extra Cardiac Stimulation 1 Conductor Fracture Registered USA Implants 9,635 Insulation Breach 3 Failure to Capture 3 2,208 Estimated Active USA Implants Failure to Sense 2 Crimp/Weld/Bond 0 Fixation Type Tines Other 0 Lead Dislodgement 7 Pace Sense Polarity Quadripolar Oversensing 2 Steroid Indicator Yes **Product Surveillance Registry Results Qualifying Complications** 8 Number of Leads Enrolled in Study 570 Conductor Fracture 3 Impedance Out of Range 0 Failure to Capture Number of Leads Active in Study 3 2 Other 0 Cumulative Months of Follow-Up 15,889 Failure to Sense 3 100% -90% 80% Upper 95 Pct Confidence 70% Cumulative Survival Probability 60% - Lower 95 Pct Confidence 50% 20 40 60 80 100 120 **Months After Implant** at 84 2 3 4 5 6 Years mo

94.1%

56

%

288

99.7%

99.3%

218

99.3%

160

97.9%

132

97.1%

105

97.1%

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 CRM 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.

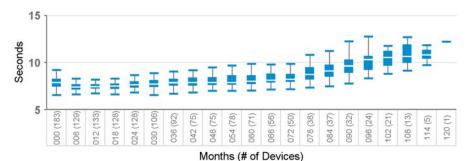
Data from over 20,000 devices contribute to the charge time data in this report. By tracking and reporting this charge time data, Medtronic is able to ascertain the actual performance of its charging circuitry. The insight gained through this information is applied to Medtronic's ongoing efforts to provide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

ICD and CRT-D Charge Time Performance

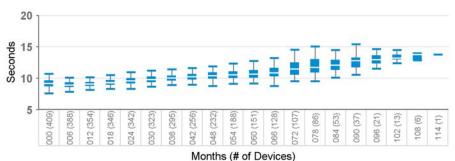
7232

Model Number	Brand
7232Cx	Maximo VR



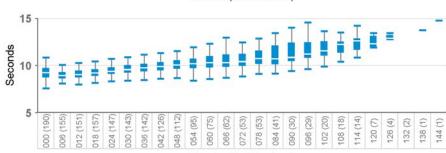
D154AWG, D164AWG

Model Number	Brand
D164AWG	Virtuoso DR



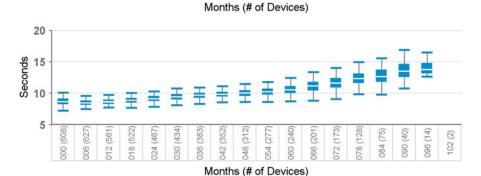
D154VWC, D164VWC

Model Number	Brand
D164VWC	Virtuoso VR



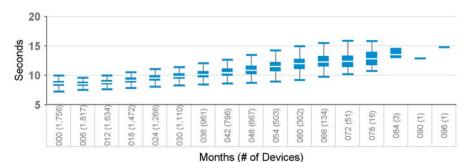
D204DRM, D214DRM, D224DRG, D234DRG

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



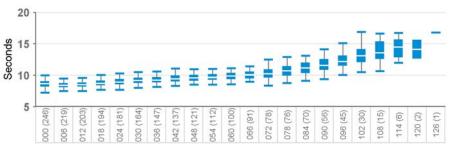
D204TRM, D214TRM, D224TRK, D234TRK

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



D204VRM, D214VRM, D224VRC, D234VRC

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



D264DRG, D284DRG, D384DRx, D394DRx

Brand
Maximo II DR
Maximo II DR
Cardia DR
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, D394<u>VRx</u>

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

D274DRG, D294DRG

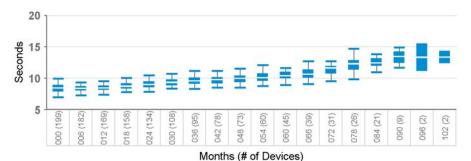
Model Number	Brand
D274DRG	Virtuoso II DR
D294DRG	Virtuoso II DR

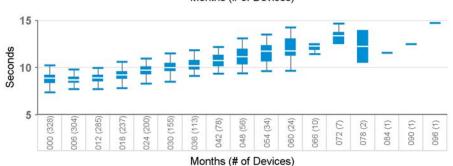
D274TRK, D294TRK

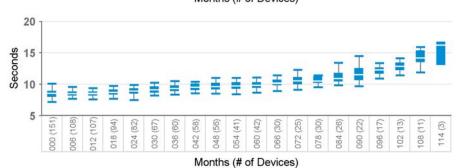
Model Number	Brand
D274TRK	Concerto II CRT-D
D294TRK	Concerto II CRT-D

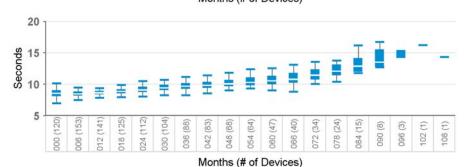
D274VRC, D294VRC

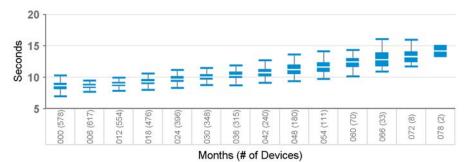
Model Number	Brand
D274VRC	Virtuoso II VR
D294VRC	Virtuoso II VR

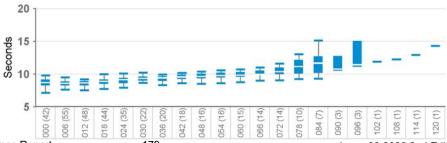






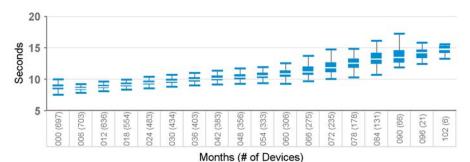






D314DRx

Model Number	Brand
D314DRG	Protecta XT DR
D314DRM	Protecta XT DR



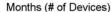
D314TRx

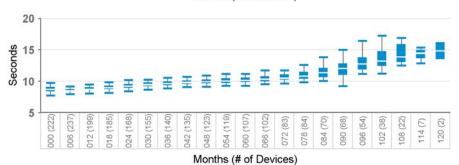
Model Multipel	Dianu
D314TRG	Protecta XT CRT-D
D314TRM	Protecta XT CRT-D



D314VRx

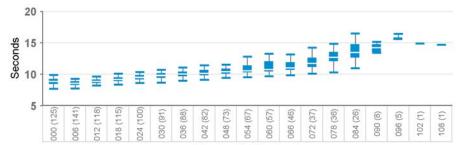
Model Number	Brand
D314VRG	Protecta XT VR
D2141/DM	Drotooto VT VD





D334DRx, D364DRx

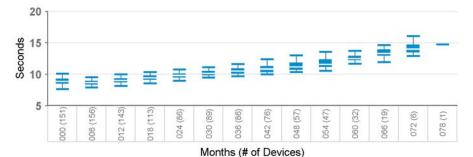
Model Number	Brand
D334DRG	Protecta DR
D334DRM	Protecta DR
D364DRG	Protecta DR
D364DRM	Protecta DR



D334TRx, D364TRx

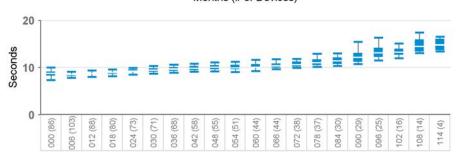
Model Number	Brand
D334TRG	Protecta CRT-D
D334TRM	Protecta CRT-D
D364TRG	Protecta CRT-D
D364TRM	Protecta CRT-D

Months (# of Devices)



D334VRx, D364VRx

Model Number	Brand
D334VRG	Protecta VR
D334VRM	Protecta VR
D364VRG	Protecta VR
D364VRM	Protecta VR



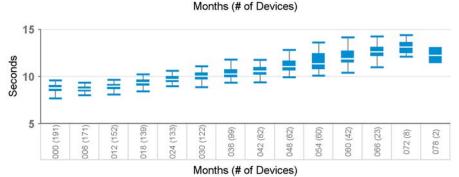
D354DRx Model Number Brand D354DRG Protecta XT DR

Protecta XT DR

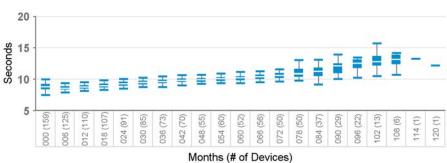
D354DRM

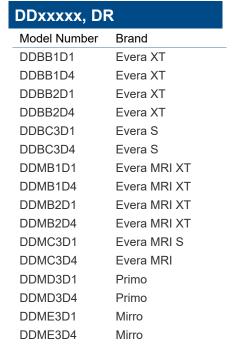
20 -																	
Sp 15 -												_	Т	I	_	Ξ	_
Seconds 10 -	∄	Ξ	Ξ	≡	±	≣	=	₹	≣	₹	=	=		I	=		
5	000 (130)	006 (103)	012 (106)	018 (97)	024 (87)	030 (73)	036 (68)	042 (65)	048 (50)	054 (46)	060 (45)	066 (32)	072 (26)	078 (20)	084 (14)	(9) 060	(1) 960

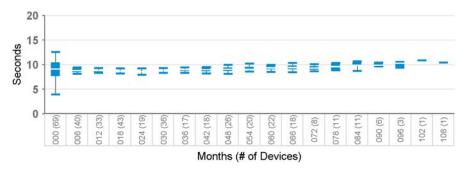
D354TRx							
Model Number	Brand						
D354TRG	Protecta XT CRT-D						
D354TRM	Protecta XT CRT-D						



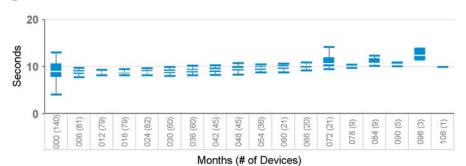
Model Number Brand D354VRG Protecta XT VR D354VRM Protecta XT VR



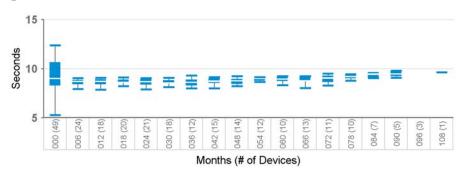




DTxxxxx, CR	T-D
Model Number	Brand
DTBA1D1	Viva XT
DTBA1D4	Viva XT
DTBA1Q1	Viva Quad XT
DTBA1QQ	Viva Quad XT
DTBA2D1	Viva XT
DTBA2D4	Viva XT
DTBA2Q1	Viva Quad XT
DTBA2QQ	Viva Quad XT
DTBB1D1	Viva S
DTBB1D4	Viva S
DTBB1Q1	Viva Quad S
DTBB1QQ	Viva Quad S
DTBB2D1	Viva S
DTBB2D4	Viva S
DTBB2QQ	Viva Quad 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



DVxxxxx, VR	
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



LINQ II ICM Potential for Amplified Noise

LINQ II Insertable Cardiac Monitoring Systems

Original Date of Communication: November 2023

ORIGINAL COMMUNICATION - NOVEMBER 2023

This notice is to inform risk managers/healthcare professionals that a population of LINQ II ICMs underwent a manufacturing process that may allow for moisture to impact electrode performance. This may create the potential for amplified noise and/or overall signal reduction of the ICM, which may interfere with intended recordings of heart rhythms. This noise pattern is different from occasional noise due to device position/migration, patient activity, or external electromagnetic interference.

As of 25 August 2023, Medtronic has analyzed and confirmed 7 returned devices that have exhibited these characteristics, with zero (0) reports of serious harm due to this issue. The potential for this behavior is limited to a population of 30,074 devices manufactured prior to September 2022. A small number of potentially unused LINQ II devices manufactured before September 2022 were requested to be returned to Medtronic. Based on an analysis of this specific population transmitting on CareLink, Medtronic estimates this issue has the potential to occur in 1.26% of these devices over a period of 4.5 years. If this occurs, potential harms include delayed medical intervention, missed diagnosis, and/or early device replacement.

PATIENT MANAGEMENT RECOMMENDATIONS:

In consultation with our Independent Physician Quality Panel (IPQP), Medtronic emphasizes continued care of patients implanted with an ICM in scope of this communication as per the existing device labeling.

- Encourage enrollment in and regular transmissions to CareLink.
 - Medtronic will apply recurring algorithmic searches on CareLink for the noise pattern and notify the clinician if present. The information used to identify this pattern is not visible to the clinician through CareLink. No further action is required for patients regularly transmitting to CareLink.
- For patients not followed in CareLink:
 - Consider whether enrolling in CareLink is an option, per HRS/EHRA/APHRS/LAHRS guidance.¹
 Ongoing CareLink monitoring will reduce the potential for episodes caused by amplified noise to overwrite true episodes before they are reviewed.
 - o If noise interferes with the ability to assess the patient's rhythm or reason for monitoring, contact Medtronic Technical Services for assistance (dxhelp@medtronic.com or 1-800-929-4043).
- If the ICM is no longer in use, no further action is necessary.

¹Ferrick A, et. al. (2023). 2023 HRS/EHRA/APHRS/LAHRS expert consensus statement on practical management of the remote device clinic. Heart Rhythm, 20(9), e92-e144.

Increased Potential for Reduced Energy or No Energy Delivered During HV Therapy When Programmed AX>B (2023)

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

Original Date of Communication: May 2023

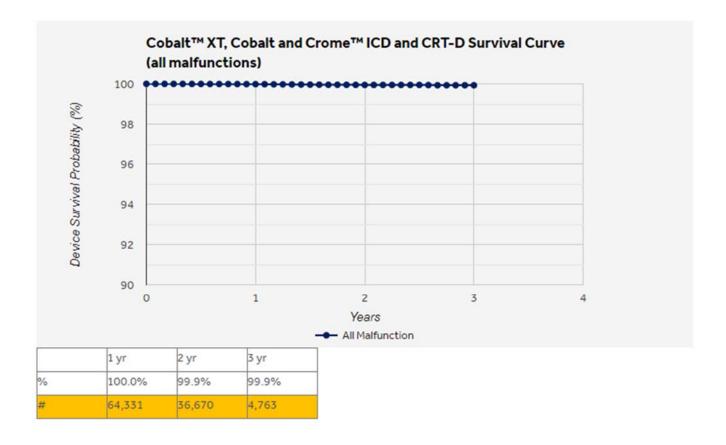
Devices managed with an updated SmartSync tablet (device application software 8.1.0 or higher) are no longer in scope of the May 2023 communication.

STATUS UPDATE - NOVEMBER 2023

As of 14 November 2023, Medtronic has identified 32 devices (representing 0.003% of devices distributed worldwide) that experienced the issue described in the communication. No permanent harms or deaths have been attributed to this issue. When programmed B>AX, the occurrence rate remains in line with the historic non-advisory population as described in the original communication. To support the patient management recommendations in the May 2023 communication, Medtronic reviewed more than 680,000 shock events that occurred in over 228,000 unique devices.

Medtronic is releasing a software update that aligns SmartSync tablets with the programming recommendations. This update is available in the United States and Europe and will be made available in other geographies and on other programming platforms pending regulatory approvals. Devices managed with an updated SmartSync tablet (device application software 8.1.0 or higher) are no longer in scope of the May 2023 communication.

The overall reliability of these devices remains high. The graph below shows device survival probability inclusive of all confirmed malfunctions.



ORIGINAL COMMUNICATION - MAY 2023

This communication advises physicians of a rare potential for reduced- or no-energy output during high voltage (HV) therapy (typically 0-12J) in implantable cardioverter defibrillators (ICDs) and cardiac resynchronization therapy defibrillators (CRT-Ds) manufactured with a specific (glassed) feedthrough, including currently available ICDs and CRT-Ds. Through 10 April 2023, Medtronic has identified 27 devices from approximately 816,000 devices (representing 0.003%) distributed worldwide that have experienced a reduced- or no-energy HV therapy due to the issue described in this letter. There have been no deaths due to this issue in the glassed feedthrough device population.

With current field programming, devices with a glassed feedthrough may experience increased potential (projected to be 0.02% at 5 years) for reduced- or no-energy output during HV therapy. In some cases, a persistent 50% drop in all pacing lead impedances may be displayed; lead function, however, is not affected. See Issue Details below for further information on root cause, projected rates, risks, and potential harms.

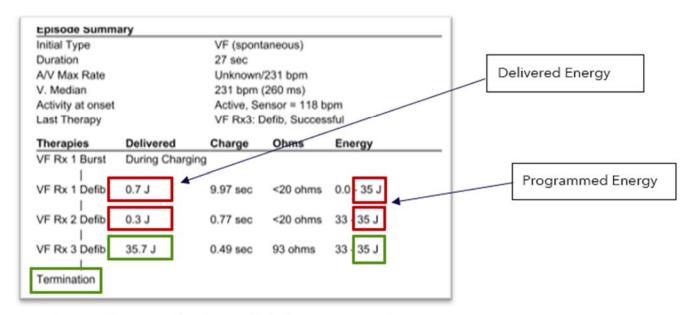
A broader analysis was conducted to determine the incidence of device related reduced- or no-energy HV therapy events outside of the above population, with implants dating back to 2012. Using these historical observed events, projected rates for this population of devices is 0.002% at five (5) years and 0.006% at nine (9) years. This analysis identified two deaths from the historical population in which there was evidence suggesting a device-related reduced- or no-energy HV therapy occurred.

Should this issue occur, pacing, sensing, episode detection, anti-tachycardia pacing (ATP) therapies, battery longevity, and telemetry remain functional. When devices in the glassed feedthrough population are programmed exclusively in the B>AX configuration, the potential for a reduced- or no-energy HV therapy is 0.002% at five (5) years and 0.005% at nine (9) years, comparable to historical device performance.

PATIENT MANAGEMENT RECOMMENDATIONS:

Medtronic recognizes that each patient requires unique clinical considerations. Based on internal investigation and external consultation with our Independent Physician Quality Panel (IPQP), Medtronic provides the following quidance:

- Prophylactic device replacement is NOT recommended.
 - o The risk of mortality for patients after reprogramming is 0.001% at 9 years and is less than the risk of patient mortality due to complications associated with device replacement $(0.032\% 0.043\%^{1.2.3})$.
- Program all HV therapy pathways B>AX in all therapy zones to minimize the risk for this issue.
 - Note: Using "Get Medtronic Nominals" will require manual reprogramming of Rx5 and Rx6 to B>AX for all ventricular therapies.
 - For patients remotely followed via CareLink, your Medtronic representative will provide a report to assist with identifying patients who may have one or more HV therapy pathways programmed AX>B. You may contact your local representative to obtain an updated copy of the report at any time.
- Prioritize reprogramming patients who have both a history of HV therapy <u>and</u> Rx1 programmed AX>B.
 - o Rx1 provides the greatest statistical likelihood to resolve an arrhythmia, and therefore it is important to minimize risk of a reduced- or no-energy HV therapy in the first sequence.
- For remaining patients with AX>B programming in any HV therapy sequence, schedule the next follow-up for in-clinic reprogramming, with the appropriate discretion, to minimize potential for reduced- or no-energy HV therapies to occur.
- Per standard practice, check tachyarrhythmia episodes to determine effectiveness of therapies that have been delivered.
 - o Instruct patients to contact the clinic if they receive HV therapy or hear an audible tone coming from their device.
 - Verify delivered energy is consistent with programmed energy in the Episode Summary.
 Note: The image below highlights an episode experiencing intermittent reduced HV therapies (red boxes).



Example screen illustrating reduced-energy shocks for an Evera XT DR device.

- After an SCP event, pacing, sensing, episode detection, and anti-tachycardia pacing (ATP) therapies are not impacted; additionally, HV charging, battery longevity and Bluetooth telemetry are not impacted.
- Contact Medtronic Technical Services (1-800-929-4043) or your local representative if one of the following is observed as these may be an indication of either a device or lead-related issue:
 - Reduced- or no-energy HV therapy is displayed in Episode Text (regardless of programmed pathway)
 - A persistent drop of approximately 50% in RA, RV and LV pacing lead impedance measurements as this may be an indication of increased potential for a future reduced- or no-energy therapy.

ISSUE DETAILS:

There is an increased potential for a reduced- or no-energy HV therapy in the AX>B configuration when all the following conditions are met:

- The device has a glassed feedthrough (manufactured after July 2017).
- There is significant separation of the layers of insulation materials in the feedthrough components of the device header.
- An unintended current pathway forms within the void created by the insulation separation, capable of conducting high levels of current during HV therapy.

When an unintended current pathway is detected during HV therapy, the Short Circuit Protection (SCP) feature may trigger (see Appendix A). This behavior can be intermittent; both full-energy and reduced-energy HV therapies within the same episode have been observed. SCP events may also be lead related; for both lead-related and device-related unintended current pathways, the defibrillation waveform is truncated early in the energy delivery sequence, resulting in reduced or no energy being delivered (~0-12J).

RATES OF OCCURRENCE FOR DEVICE-RELATED REDUCED- or NO-ENERGY HV THERAPY:

Through 10 April 2023, 27 devices with glassed feedthroughs have been identified as experiencing a reduced or no-energy HV therapy (0.003% out of 816,000 distributed devices). Of these, 26 were in devices with an AX>B delivered pathway. Based on an analysis of patients with a glassed feedthrough device and with a history of HV therapy, the observed rate for this issue is 0.03%. See Table 1 below for projected rates of occurrence and risk for harm.

Potential harms related to reduced- or no-energy HV therapy include failure to terminate an arrhythmia, which could lead to death, as well as complications associated with device replacement and/or unnecessary lead replacement if the reduced- or no-energy HV therapy is erroneously attributed to a lead failure.

TABLE 1: Comparison of projected event rates and risk of catastrophic harm, with and without reprogramming

Рори	ilation	Projected event rate (one or more reduced- or no-energy HV therapies in an episode)	Mortality risk of this issue, considering the probability a sequence of six HV therapies fails to terminate an arrhythmia		
Glassed feedthrough devices with current	Overall Population of Devices	0.02% @ 5 years*	0.004% @ 5 years*		
field programming (~816,000 devices)	For Patients with History of HV Therapy	0.48% @ 5 years*	0.08% @ 5 years*		
Glassed feedthrough	Overall Population of Devices	0.005% @ 9 years**	0.001% @ 9 years**		
pathways reprogrammed B>AX	For Patients with History of HV Therapy	0.04% @ 9 years**	0.01% @ 9 years**		
Historical devices	Overall Population of Devices	0.006% @ 9years**	0.001% @ 9years**		
(~651,000 devices)	For Patients with History of HV Therapy	0.05% @ 9 years**	0.01% @ 9 years**		

^{*} A timeframe of 5 years is used for this projection given the average implant duration of the devices in scope of this communication is approximately 4 years and allowing for adequate time for reprogramming.

Medtronic is updating Instructions for Use, HV therapy nominals and the programmer interfaces for these device models to be consistent with information in this letter. Medtronic will release additional information once the necessary regulatory approvals have been received, as applicable in the local region.

APPENDIX A - ADDITIONAL DETAILS ON SHORT CIRCUIT PROTECTION (SCP)

^{**} A time frame of 9 years is used based on the weighted average for device longevity for ICDs and CRTDs.

Short Circuit Protection (SCP) is a safety feature that can only occur during high voltage (HV) therapy. SCP is designed to truncate energy delivery to protect the device when an unintended current pathway is detected during a shock. An SCP event can occur when an unintended current pathway develops either in the lead or in the device.

Contact Medtronic for additional guidance if you believe an SCP event occurred.

Programming all high voltage delivery pathways to B>AX will minimize the effect of an unintended current pathway in the device header (e.g., feedthrough), thereby minimizing the potential for an SCP event. Comparing the programmed energy to the delivered energy in the Episode Text for a treated episode can be used to identify SCP events. The lead impedance in the Episode Text will also display <20 ohms. Refer to the sections below on how to identify if an SCP event has occurred.

For Cobalt/Crome ICD and CRT-D devices:

Identifying SCP events during high voltage (HV) therapy delivery: When an SCP event has occurred, the device will issue an RV Defibrillation Lead Impedance CareAlert. Audible and wireless alerts are issued, if enabled. These devices are shipped with alerts enabled and are nominally active once implant detection completes.

A CareAlert will occur simultaneous with HV therapy delivery and will specifically report "RV Defib Lead Impedance 0 Ω " with the same time stamp as the therapy delivery. The alert condition is displayed in the CareAlert Events log (Data >> CareAlert Events). The Quick Look Observations will also display "Alert: RV defib lead impedance warning on Mmm/DD/YYYY." SCP events are not reflected in the long-term lead impedance trends.

Following an SCP event in devices with both the SVC Coil and Active Can enabled, the device will turn off the SVC coil. If the SCP event is caused by a lead integrity issue involving the SVC coil, turning off the SVC coil can allow any subsequent shocks to be delivered using the RV Coil -to- Active Can vector. The programmed therapy parameters will indicate the SVC Coil has been automatically disabled. The SVC coil will remain off until it is turned back on by the clinician.

If an SCP event occurs during a manual shock delivery, there will be no episode data. For manual shock deliveries, review the shock impedance and the delivered energy from the Last High Voltage Therapy section on the Battery and Lead Measurement screen of the programmer.

¹Tarakji KG, et al. Antibacterial Envelope to Prevent Cardiac Implantable Device Infection. The New England Journal of Medicine. 2019; 380(20):1895-1905.

²Medtronic Data on File. MDT2260884-CRHF CIED Infection Report; Agile: MDT2260884, Version 2.0, 11/02/2015. ³Birnie D, et al. Complications associated with defibrillation threshold testing: The Canadian experience. Heart Rhythm. 2008; 5(3):387-90.

Increased Potential for Reduced Energy or No Energy Delivered During HV Therapy When Programmed AX>B (2023)

Claria, Amplia, Compia, Viva, Brava, Visia AF, Evera, Primo, Mirro ICDs & CRT-Ds

Original Date of Communication: May 2023

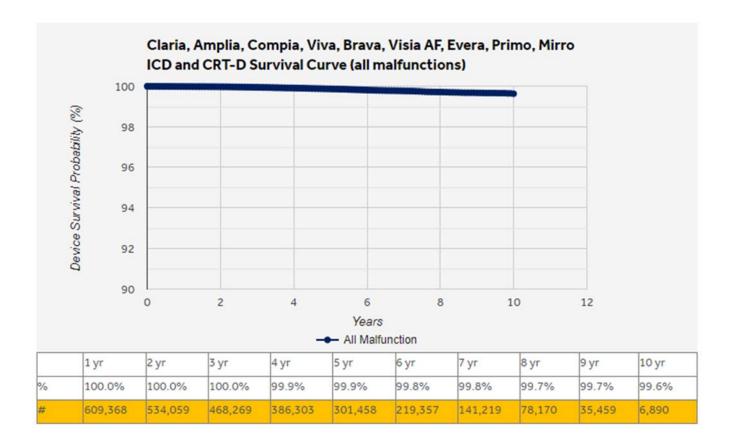
Devices managed with an updated SmartSync tablet (device application software 2.1.0 or higher) are no longer in scope of the May 2023 communication.

STATUS UPDATE - NOVEMBER 2023

As of 14 November 2023, Medtronic has identified 32 devices (representing 0.003% of devices distributed worldwide) that experienced the issue described in the communication. No permanent harms or deaths have been attributed to this issue. When programmed B>AX, the occurrence rate remains in line with the historic non-advisory population as described in the original communication. To support the recommendations in the May 2023 communication, Medtronic reviewed more than 680,000 shock events that occurred in over 228,000 unique devices.

Medtronic is releasing a software update that aligns SmartSync tablets with the programming recommendations. This update is available in the United States and Europe and will be made available in other geographies, and on other programming platforms, pending regulatory approvals. Devices managed with an updated SmartSync tablet (device application software 2.1.0 or higher) are no longer in scope of the May 2023 communication.

The overall reliability of these devices remains high. The graph below shows device survival probability inclusive of all confirmed malfunctions.



ORIGINAL COMMUNICATION - MAY 2023

This communication advises physicians of a rare potential for reduced- or no-energy output during high voltage (HV) therapy (typically 0-12J) in implantable cardioverter defibrillators (ICDs) and cardiac resynchronization therapy defibrillators (CRT-Ds) manufactured with a specific (glassed) feedthrough, including currently available ICDs and CRT-Ds. Through 10 April 2023, Medtronic has identified 27 devices from approximately 816,000 devices (representing 0.003%) distributed worldwide that have experienced a reduced- or no-energy HV therapy due to the issue described in this letter. There have been no deaths due to this issue in the glassed feedthrough device population.

With current field programming, devices with a glassed feedthrough may experience increased potential (projected to be 0.02% at 5 years) for reduced- or no-energy output during HV therapy. In some cases, a persistent 50% drop in all pacing lead impedances may be displayed; lead function, however, is not affected. See Issue Details below for further information on root cause, projected rates, risks, and potential harms.

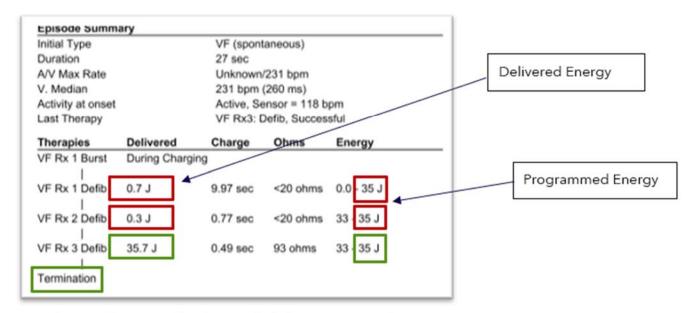
A broader analysis was conducted to determine the incidence of device related reduced- or no-energy HV therapy events outside of the above population, with implants dating back to 2012. Using these historical observed events, projected rates for this population of devices is 0.002% at five (5) years and 0.006% at nine (9) years. This analysis identified two deaths from the historical population in which there was evidence suggesting a device-related reduced- or no-energy HV therapy occurred.

Should this issue occur, pacing, sensing, episode detection, anti-tachycardia pacing (ATP) therapies, battery longevity, and telemetry remain functional. When devices in the glassed feedthrough population are programmed exclusively in the B>AX configuration, the potential for a reduced- or no-energy HV therapy is 0.002% at five (5) years and 0.005% at nine (9) years, comparable to historical device performance.

PATIENT MANAGEMENT RECOMMENDATIONS:

Medtronic recognizes that each patient requires unique clinical considerations. Based on internal investigation and external consultation with our Independent Physician Quality Panel (IPQP), Medtronic provides the following quidance:

- Prophylactic device replacement is NOT recommended.
 - o The risk of mortality for patients after reprogramming is 0.001% at 9 years and is less than the risk of patient mortality due to complications associated with device replacement $(0.032\% 0.043\%^{1.2.3})$.
- Program all HV therapy pathways B>AX in all therapy zones to minimize the risk for this issue.
 - Note: Using "Get Medtronic Nominals" will require manual reprogramming of Rx5 and Rx6 to B>AX for all ventricular therapies.
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 Note: The image below highlights an episode experiencing intermittent reduced HV therapies (red boxes).



Example screen illustrating reduced-energy shocks for an Evera XT DR device.

- After an SCP event, pacing, sensing, episode detection, and anti-tachycardia pacing (ATP) therapies are not impacted; additionally, HV charging, battery longevity and Bluetooth telemetry are not impacted.
- Contact Medtronic Technical Services (1-800-929-4043) or your local representative if one of the following is observed as these may be an indication of either a device or lead-related issue:
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 - A persistent drop of approximately 50% in RA, RV and LV pacing lead impedance measurements as this may be an indication of increased potential for a future reduced- or no-energy therapy.

ISSUE DETAILS:

There is an increased potential for a reduced- or no-energy HV therapy in the AX>B configuration when all the following conditions are met:

- The device has a glassed feedthrough (manufactured after July 2017).
- There is significant separation of the layers of insulation materials in the feedthrough components of the device header.
- An unintended current pathway forms within the void created by the insulation separation, capable of conducting high levels of current during HV therapy.

When an unintended current pathway is detected during HV therapy, the Short Circuit Protection (SCP) feature may trigger (see Appendix A). This behavior can be intermittent; both full-energy and reduced-energy HV therapies within the same episode have been observed. SCP events may also be lead related; for both lead-related and device-related unintended current pathways, the defibrillation waveform is truncated early in the energy delivery sequence, resulting in reduced or no energy being delivered (~0-12J).

RATES OF OCCURRENCE FOR DEVICE-RELATED REDUCED- or NO-ENERGY HV THERAPY:

Through 10 April 2023, 27 devices with glassed feedthroughs have been identified as experiencing a reduced or no-energy HV therapy (0.003% out of 816,000 distributed devices). Of these, 26 were in devices with an AX>B delivered pathway. Based on an analysis of patients with a glassed feedthrough device and with a history of HV therapy, the observed rate for this issue is 0.03%. See Table 1 below for projected rates of occurrence and risk for harm. Potential harms related to reduced- or no-energy HV therapy include failure to terminate an arrhythmia, which could lead to death, as well as complications associated with device replacement and/or unnecessary lead replacement if the reduced- or no-energy HV therapy is erroneously attributed to a lead failure.

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Historical devices	Overall Population of Devices	0.006% @ 9years**	0.001% @ 9years**		
(~651,000 devices)	For Patients with History of HV Therapy	0.05% @ 9 years**	0.01% @ 9 years**		

^{*} A timeframe of 5 years is used for this projection given the average implant duration of the devices in scope of this communication is approximately 4 years and allowing for adequate time for reprogramming.

Medtronic is updating Instructions for Use, HV therapy nominals and the programmer interfaces for these device models to be consistent with information in this letter. Medtronic will release additional information once the necessary regulatory approvals have been received, as applicable in the local region.

APPENDIX A - ADDITIONAL DETAILS ON SHORT CIRCUIT PROTECTION (SCP)

^{**} A time frame of 9 years is used based on the weighted average for device longevity for ICDs and CRTDs.

Short Circuit Protection (SCP) is a safety feature that can only occur during high voltage (HV) therapy. SCP is designed to truncate energy delivery to protect the device when an unintended current pathway is detected during a shock. An SCP event can occur when an unintended current pathway develops either in the lead or in the device.

Contact Medtronic for additional guidance if you believe an SCP event occurred.

Programming all high voltage delivery pathways to B>AX will minimize the effect of an unintended current pathway in the device header (e.g., feedthrough), thereby minimizing the potential for an SCP event. Comparing the programmed energy to the delivered energy in the Episode Text for a treated episode can be used to identify SCP events. The lead impedance in the Episode Text will also display <20 ohms. Refer to the sections below on how to identify if an SCP event has occurred.

For Evera/Visia AF/Primo/Mirro ICDs and Viva/Brava/Claria/Amplia/Compia CRT-D devices:

Identifying SCP events: For episodes in which a high voltage therapy was delivered, if there is a significantly reduced-energy or no-energy shock delivered, the device may have experienced an SCP event. In each stored episode, delivered energy is displayed in the Episode Text and on the Interval Plot. If an SCP event occurred, this text may indicate that a lower energy was delivered and <20 ohm impedance value. Note: there is currently no available SCP alert in this family of devices.

Clinicians can consider enabling the device audible alert and/or CareAlert for "Number of Shocks Delivered in an Episode," with "N = 1." Turning this alert "ON" may help ensure the patient and/or clinic is made aware when a HV therapy is delivered by the device.

If an SCP event occurs during a manual shock delivery, there will be no episode data. For manual shock deliveries, review the shock impedance and the delivered energy from the Last High Voltage Therapy section on the Battery and Lead Measurement screen of the programmer.

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Product Education Brief: Alert Threshold for Lead Impedances

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

Original Date of Communication: April 2023

Overview

This Product Education Brief describes a lead impedance alert behavior in Medtronic Azure[™], Astra[™], Percepta[™], Serena[™], and Solara[™] devices that may be observed when the pacing lead impedance displayed is slightly above the programmed lower alert threshold.

Details regarding CareAlerts and impedance measurements

In Azure, Astra, Percepta, Serena, and Solara devices, a CareAlert may be triggered when the lead impedance displayed is slightly above the programmed lower alert threshold.

See Figure 1 and 2 for an example case where the lower threshold for a lead impedance alert is programmed at 200 ohms. In the Lead Impedance Trend (Figure 1) the precise measured impedance value is 209 ohms; and yet in the CareAlert display (Figure 2) an alert was triggered indicating the impedance crossed the 200 ohm impedance threshold, and suggesting the impedance is 190 ohms. This scenario can happen due to the range of impedance values used for alert monitoring. In this scenario, the devices are functioning within design specifications and tolerances.

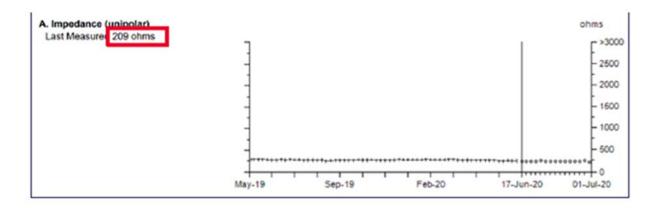


Figure 1-Lead Impedance Trend showing precise impedance values over time



Figure 2 - CareAlert triggered showing 190 ohms impedance value with a 200 ohm alert threshold

While most leads are programmed to pace bipolar, every night the device will assess all lead impedance vectors. Unipolar measurements tend to be lower than bipolar measurements in the same system. Therefore, the nightly unipolar lead impedance measurement will likely be closer to the programmed lower alert threshold than the bipolar measurement.

The impedance value range for alerts is never higher than the measured impedance, so all impedance values that are below the programmed threshold will generate an alert as programmed.

Patient Management

Clinicians should continue to follow patients per their standard clinical practice when a CareAlert triggers for lead impedances. Impedance alerts are designed to prompt the clinician to review impedances in the Lead Impedance Trend Log. The Lead Impedance Trend records precise lead impedance measurements over time. These historic impedance measurements provide evidence as to whether the impedance is stable and functioning as designed (albeit near the programmed threshold); or unstable and necessitating further assessment and/or close monitoring. Note: If impedance values reported in the Lead Impedance Trend indicate impedances are below the programmed lower threshold, then the lead should be assessed for possible insulation breach per standard clinical practice.

Potential for Intermittent-Reduced-Energy Shock Due To Short Circuit Protection Event (2022)

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

Original Date of Communication: June 2022

STATUS UPDATE - NOVEMBER 2023

As of 10 August 2022, a software release is now available for CareLink™ SmartSync™ Device Managers (SmartSync). Once a SmartSync tablet has been updated with software application D00U005 version 7.1.1 (or higher), the programmer will deploy a device update to Cobalt and Crome implantable cardioverter defibrillators (ICDs) and cardiac resynchronization therapy defibrillators (CRT-Ds) to prevent the potential for an intermittent, second-phase Short Circuit Protection (SCP) event during high-voltage (HV) therapy delivery. This software update was previously announced as part of an advisory communication Medtronic issued in June 2022 (see original communication posted below).

Through 14 November 2023, Medtronic has confirmed 128 devices (representing 0.08% of devices distributed worldwide) have experienced a second-phase SCP event. In all events, ~79% of the programmed shock energy was delivered. No events have occurred in devices programmed B>AX that have the August 2022 software update. No permanent harms or deaths have been directly attributed to this issue.

Medtronic representatives are available to work with clinicians to ensure all SmartSync tablets in their facility(s) are updated with application software D00U005 version 7.1.1 (or higher). The software can be installed by connecting each SmartSync tablet to the internet, opening the SmartSync App and accepting the on-screen prompts.

As disclosed in the June 2022 patient management recommendations, patients will require an in-clinic visit for the update to be installed into their device via interrogation with an updated SmartSync tablet. Once installed, the update will allow devices to deliver the full programmed shock energy. Programming B>AX pathway and Active Can enabled is still required. On-screen messaging will reinforce these programming recommendations.

Clinicians can identify if a patient's device has successfully received the update by viewing the displayed Configuration ID and confirming the first number in the sequence is as indicated below:

- 11-1-0 or higher for Cobalt/Crome VR devices
- 10-1-0 or higher for Cobalt/Crome DR and CRT-D devices

The Device Configuration ID can be found under the "Device Information" section of the SmartSync Parameters Report, or for CareLink patients, under the Transmission Details page by selecting < More Reports > 'Parameters.'

ORIGINAL COMMUNICATION - JUNE 2022

This communication provides notice of the potential for reduced shock energy (~79% of programmed energy) during high-voltage (HV) therapy for Cobalt and Crome implantable cardioverter defibrillators (ICDs) and cardiac resynchronization therapy defibrillators (CRT-Ds). Through 03 June 2022, Medtronic has identified 27 devices (0.03% of devices distributed worldwide) that have experienced a reduced-energy shock, which is accompanied by a Short Circuit Protection (SCP) alert. Medtronic has not received any reports of permanent harm or death due to this issue. Medtronic has submitted a device software update to address this issue and anticipates it will be available for download into implanted devices
beginning third/fourth quarter of calendar year 2022>, pending regulatory approvals.

ISSUE SUMMARY:

Short Circuit Protection (SCP) alerts trigger during HV therapy during the first- or second-phase of the HV biphasic waveform delivery. This communication focuses on second-phase SCP events that are the result of a secondary, low-level current pathway detected in the HV circuitry.

- A second-phase SCP event will deliver approximately 79% of programmed energy as a monophasic waveform.
- **Defibrillation efficacy is reduced by ~1%** for this type of SCP event when HV therapy is programmed to 40J, considering cumulative success across the full series of shocks (Rx1 through Rx6).

Based on analysis of peer-reviewed literature as well as CareLink data on shock efficacy from more than 279,000 episodes*, termination success rates for 32J (~79% of 40J), monophasic shocks versus 40J biphasic shocks are estimated in Table 1. Termination success may vary depending on individual patient risk factors and medication use.

TABLE 1

	Normal Operation	Second-phase SCP
	(40J, Biphasic delivery)	(32J, Monophasic delivery)
Estimated First Shock	89%	85%
Success* (in VF Zone)		
Estimated Cumulative	99%	98%
Success Shocks 1-6*		

^{*}Medtronic data on file; May 2022.

- While 0.03% has been observed to date, Medtronic projects 0.18%** of the ~80,000 distributed devices
 may experience a second-phase SCP event within 24 months of service life, when considering the
 probability for these SCP events increases over time, and the likelihood a patient will need HV therapy
 during that time.
 - For the population of patients who received HV therapy, the observed rate was 0.77%.
 When projecting for this population, the chance of encountering a second-phase SCP event is ~5.0%** at 24 months.

**The above projections are based on calculations without the planned device software update. Once installed, this update, in addition to the programming recommendations, will resolve occurrences of second-phase SCP events.

Potential harms related to a second-phase SCP event include failure to terminate the arrhythmia due to reduced-delivered-energy, a theoretical risk of proarrhythmia, and complications associated with device replacement, including unnecessary lead replacement due to misinterpretation of the SCP alert.

- While not observed clinically, Medtronic estimates the risk for proarrhythmia is 0.002% in the AX>B configuration, and improbable in the B>AX configuration (less than 0.00004%), with Active Can pathway enabled. These risks may be higher when Active Can is disabled.
- The overall risk for patient mortality due to this issue is estimated to be 0.002% at 24 months when
 combining the likelihood a patient will need therapy with the probability an arrhythmia fails to terminate
 after six sequences of 32J monophasic shocks.
 - Comparatively, the risk of patient mortality due to complications associated with device replacement is 0.032% - 0.043%^{1,2,3}

PATIENT MANAGEMENT RECOMMENDATIONS AND CONSIDERATIONS:

SCP events are evident to the patient and clinician. Devices will issue an audible tone and, for patients enrolled in CareLink, a wireless CareAlert will report RV Defib lead impedance 0 ohms.

Medtronic recognizes that each patient requires unique clinical considerations. Based on internal investigation and external consultation with our Independent Physician Quality Panel (IPQP), Medtronic recommends:

- Prophylactic device replacement is NOT recommended.
- Remote monitoring with normal frequency of follow-up per clinic protocol, with patients' next follow-up scheduled in-clinic to allow for device reprogramming (if necessary):
 - Programming all HV therapies to 40J with a B>AX pathway and Active Can/SVC Coil set with Active Can enabled across all therapy zones.
- Contact Medtronic Technical Services (1-800-723-4636) or your local representative if an *RV Defib Lead Impedance Alert* reporting zero (0) ohms is observed as this is an indicator that an SCP event was detected during HV therapy.
 - o Importantly, if the delivered energy during the episode is ~79% of the programmed energy AND the SCP alert indicates an RV Defib Lead impedance alert reporting exactly zero (0) ohms, this is an indication of a second-phase SCP event (as described in this letter) and not a lead issue.
 - Consider device replacement only after observing and confirming the cause of an SCP event with a Medtronic representative, with the understanding a device has an ~81% probability of delivering subsequent reduced-energy shocks, and with the understanding an update for implanted devices is anticipated to be available beginning <third quarter/fourth quarter> of calendar year 2022.

- Note: The software update will require an additional in-clinic follow-up in order for it to be installed into a patient's device. The update will ensure the full shock energy is delivered in the presence of a secondary, low-level current pathway in the HV circuitry.
- After an SCP event, pacing, sensing, episode detection, and anti-tachycardia pacing (ATP) therapies are not impacted; additionally, HV charging, battery longevity and Bluetooth telemetry are not impacted.

¹ Tarakji KG, et al. Antibacterial Envelope to Prevent Cardiac Implantable Device Infection. The New England Journal of Medicine. 2019; 380(20):1895-1905.

² Medtronic Data on File. MDT2260884-CRHF CIED Infection Report; Agile: MDT2260884, Version 2.0, 11/02/2015.

³ Birnie D, et al. Complications associated with defibrillation threshold testing: The Canadian experience. Heart Rhythm. 2008; 5(3):387-90.

Software Update Available to Correct Potential for SmartSync Telemetry Error

CareLink SmartSync™ Device Manager supporting Cobalt™ and Crome™ ICDs and CRT-Ds

Original Date of Communication: April 2022

STATUS UPDATE - NOVEMBER 2023

As of 26 October 2023, Medtronic has received 215 reports of the SmartSync Telemetry Error in Cobalt and Crome devices. No serious adverse events or permanent harms have been reported.

ORIGINAL COMMUNICATION - APRIL 2022

Medtronic is notifying health care professionals of a software update for CareLink SmartSync™ Device

Managers (SmartSync) that will address a telemetry error that may occur with Medtronic Cobalt™ and Crome™ implantable cardioverter defibrillators (ICDs) and cardiac resynchronization therapy defibrillators (CRT-Ds).

Specifically, software application D00U005 version 6.0.3 will deploy an update to implanted devices that will correct the potential for temporary suspension of some device features (details below) due to a telemetry error involving inductive (non-Bluetooth) telemetry. As of 22 March 2022, 0.3% of devices have experienced this issue. No serious adverse events or permanent harms have been reported due to this error.

Medtronic representatives will work with you to ensure all SmartSync tablets in your facility are updated with application software D00U005 version 6.0.3 or higher. Once the software has been installed on a tablet, a patient's device will automatically receive an update (to prevent the telemetry error) during their next SmartSync session.

Details:

Some Cobalt and Crome devices may encounter a persistent "session-active" flag following the use of inductive telemetry. The persistent session-active flag is the result of a telemetry connection error that can occur when intermittent or disrupted signals manifest while communicating with the device at the end of the telemetry session. Inductive telemetry with a Cobalt/Crome device typically occurs during device interrogation with a CareLink ExpressTM Mobile reader head. A persistent session-active flag will result in temporary suspension of the following features (if available in the device) until the flag is cleared:

- Battery voltage measurements
- Capture Management™

- Atrial Lead Position Check™
- AdaptivCRT™, EffectivCRT™ diagnostic, and EffectivCRT™ During AF
- Wavelet[™] template management
- Battery conditioning charges

Potential risks include loss of pacing or inadequate CRT support, and/or loss of Recommended Replacement Time (RRT) indicator.

When battery measurements are suspended for more than seven days, the longevity estimator cannot calculate a value and the estimator will display a grey bar with "???." Longevity estimates will be unavailable for approximately 82 weeks. A device that experiences a persistent session-active flag can be manually cleared via a specific sequence of steps, using a non-Bluetooth SmartSync telemetry session. Contact Medtronic Technical Services at 800-723-4636 for further instruction. After the persistent flag is manually cleared, the above features will automatically be restored. Remaining longevity estimates will resume approximately 82 weeks after the date the flag is cleared. The issue is unlikely to result in clinical impact to the patient given the features listed above can be restored with an inclinic SmartSync programmer session.

Devices manufactured after July 2021 have already received the software update and are not susceptible to the described behavior. Refer to Appendix A (below) for details on how to identify which Cobalt/Crome devices have already received the update.

Patient Management Recommendations:

We realize that each patient requires unique clinical considerations. In consultation with our Independent Physician Quality Panel (IPQP), Medtronic recommends continuing normal follow-up frequency per local clinic protocol.

Once the software is installed on a SmartSync tablet, please follow these recommendations:

- Patients routinely seen in the clinic will automatically receive the update during their next interrogation
 using an updated SmartSync tablet (D00U005 version 6.0.3 or higher). No additional programming of the
 device is required.
- Patients followed remotely who do not have regularly scheduled in-clinic sessions should have their
 next follow-up session conducted in clinic using an updated SmartSync tablet (D00U005 version 6.0.3 or
 higher). No additional programming of the device is required.

Note: If a patient's device displays a grey longevity estimator bar with "???," the device may have a persistent session-active flag. Contact Medtronic Technical Services at 800-723-4636 for assistance.

APPENDIX A

How to Confirm a Patient's Device Has Received the Update?

Each device will display a Device Configuration ID after interrogation by an updated SmartSync tablet, or after transmitting to CareLink. The Device Configuration ID can be found via the Parameters Report as noted below:

For SmartSync - the following is available from the Parameters Report PDF file.

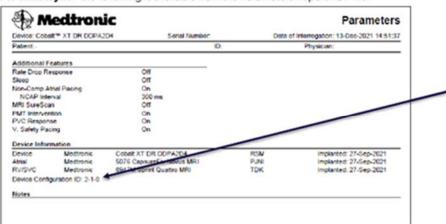


Image: Sample SmartSync-generated Parameters Report showing updated Device Configuration ID.

For CareLink - the following is available from the Transmission Details page by selecting 'More Reports' >

'Parameters.'

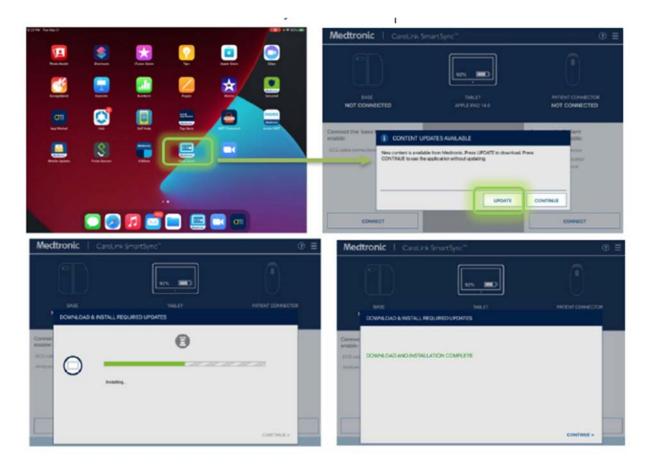


Image: Sample CareLink Parameters Report showing updated Device Configuration ID.

How do I update my SmartSync[™] application software for the issue described in the April/May 2022 communication?

On any tablet, you can update to the most recent version for all applications resident on that tablet by simply connecting to the internet and either automatically discover if new software is available by launching the SmartSync App (see images below), OR manually discover if new software is available by navigating to the Software Information

screen and perform "Check for Updates." Contact your local Medtronic representative or Medtronic Technical Services at 800-638-1991 if you need assistance.



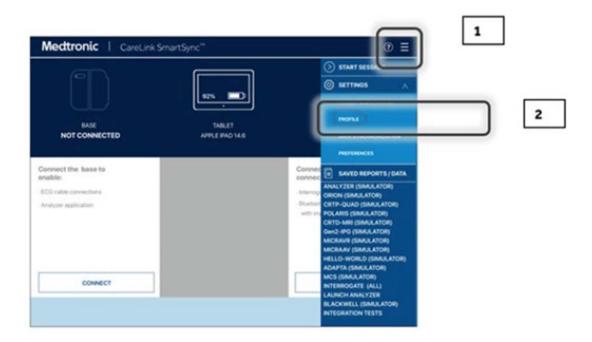
How do I confirm if a SmartSync tablet has already been installed with the updated software?

On any tablet, you can confirm the application software version for any device family by:

- 1. Selecting the MENU in the upper right corner of the SmartSync App [1]
- 2. Selecting PROFILE [2]
- 3. Selecting the SOFTWARE tab and scrolling through the SOFTWARE INFO list [3]

If the software update for this issue has already been installed, you will see the following versions listed:

- The Common/Platform application version is 3.6.4 (or higher)
- is 6.0.3 (or higher)





3 - Updated application versions

Procedure Education Brief: Micra TPS Implant

Micra TPS devices

Original Date of Communication: November 2021

Overview

This Medtronic Procedure Education Brief provides a reminder of specific implant procedure safety recommendations included in the current labeling for Micra™ VR and Micra™ AV Transcatheter Pacing System (TPS) specifically from the Micra Instructions for Use (IFU) and the Micra implanter training program. Following instructions provided in the IFU and implanter training can reduce the risk of cardiac perforation, especially considerations for delivery system steering, repositioning the device, and patient selection.

Micra IFU and Implant Procedure Training

The Micra IFU is available on the Medtronic electronic manuals website (https://manuals.medtronic.com/manuals/main/region). Implanter training material for implanters who have attended training, and been certified to implant Micra TPS, can be found on the Medtronic Academy website. These instructional materials provide recommendations that limit implant complications such as:

- patient selection considerations to minimize perforation risk
- steering the delivery system with the use of fluoroscopy
- identifying implant location at the right ventricular septum with the use of contrast-enhanced fluoroscopy
- confirming position on the septum with contrast-enhanced fluoroscopy prior to deployment
- considerations for repositioning the device
- ensuring attending staff are prepared to manage pericardial effusion and tamponade, including immediate access to echocardiography equipment and availability of a pericardiocentesis kit
- recognizing clinical signs and symptoms of pericardial effusion and tamponade in order to minimize clinical response time
- preparedness for cardiac surgical intervention

Micra Safety and Effectiveness Data

On 17 November 2021, the US FDA posted a Letter to Healthcare Providers (*Leadless Pacing Systems: Risk of Major Complications Related to Cardiac Perforation During Implantation - Letter to Health Care Providers*) reminding physicians about the rare but possible risk of cardiac perforations associated with leadless pacemaker implantation. They reiterated the specific recommendations from Medtronic Micra implant training and IFU (reviewed above). This communication can be found here: https://www.fda.gov/medical-devices/letters-health-care-providers/leadless-pacing-systems-risk-major-complications-related-cardiac-perforation-during-implantation.

While regulatory agencies and Micra implanters are aware that cardiac perforation is a known risk, the FDA Letter to Healthcare Providers included data for which implanters may be seeking additional context. The letter indicated that

risk of cardiac perforation between transvenous pacing implants and Micra implants are similar, and that Micra implant complication rates are within expectations. The letter also indicated that in some scenarios, when a perforation occurs with a Micra implant procedure, the severity of the perforation complications can be higher than when a perforation occurs with a transvenous implant procedure.

Data from our Global Complaint Handling database suggests that the Micra rate of perforation is 0.6% and the rate of perforation related death is 0.13% out of over 100,000 implants worldwide. The Micra real-world perforation rate is in-line with, or lower than, the perforation rate observed in pre-market or post-market clinical studies¹.

Since Micra received pre-market approval in 2016, Medtronic has continuously monitored its safety and effectiveness. Multiple studies have shown that Micra has a high rate of implant success (exceeding 99%)^{2,3}. Additionally, in the global Micra Investigational Device Exemption (IDE) Trial, Micra has been shown to reduce the risk for major complications compared to transvenous implants (through 12-months) by 48%², and in the global Micra Post Approval Registry by 63%³.

Medtronic is further assessing the outcomes of Micra in the Micra Coverage with Evidence Development (CED) Study, which is a continuously enrolling, observational, cohort study evaluating complications, utilization, and outcomes of Micra.

Recent publications from the Micra CED Study in July 2021⁴ and November 2021⁵ based on 5,746 Micra patients and 9,622 with contemporaneously implanted transvenous single-chamber pacing patients show that at time of implant, Micra patients tend to be sicker than the transvenous single-chamber pacemaker population. Micra patients have a higher comorbidity burden as measured by the Charlson comorbidity index (5.1 vs 4.6, P<0.001) and a higher rate of end stage renal disease (12.0% vs 2.3%, P<0.001)⁴. Acute and longer-term outcomes reported in these publications are shown in the table below.

Measure	Unadjusted Results	Results Adjusted for Patient Medical History		
	(Micra vs Transvenous-VVI)	(Micra vs Transvenous-VVI)		
Acute (30-day) device-related complications including dislodgement, infection, pocket complications ⁴	1.4% vs 2.6% (P<0.001)	1.4% vs 2.5% (P<0.001)		
Total acute (30-day) complications ⁴	8.4% vs 7.3%(P=0.02)	7.7% vs 7.4% (P=0.49)		
Cardiac perforation/effusion4	0.8% vs 0.4% (P<0.001)	0.8% vs 0.4% (P<0.001)		
30-day all-cause mortality⁵	4.4% vs 3.8% (P=0.10)	4.0% vs 4.4% (P=0.60)		

2-year reintervention rate ⁵	3.0% vs 4.8% (P=0.006)	3.1% vs 4.9% (P=0.003)
2-year chronic complications⁵	4.9% vs 6.5% (P<0.001)	4.6% vs 6.5% (P<0.001)
2-year all-cause mortality⁵	34.0% vs 31.6% (P=0.002)	31.4% vs 32.5% (P=0.37)

Medtronic monitors and evaluates product performance and publishes device performance data on our product performance website http://productperformance.medtronic.com. In addition, Medtronic continues to collaborate with physicians and regulatory agencies to improve patient outcomes and clinical experience as part of our dedication to patient safety and product effectiveness.

¹ Micra IDE: 1.8% (13/726), Micra post-approval registry 0.8% (15/1811), Micra Coverage with Evidence Development 0.8% (47/5746)

² Reynolds et al. *NEJM* 2016; 374(6): 533-541.

³ El-Chami et al. *Heart Rhythm* 2018; 15(12): 1800-1807.

⁴ Piccini et al. *JAMA Cardiology* 2021; 6(10): 1187-1195.

⁵ El-Chami et al. *EHJ* 2021; ePub ahead of print

LINQ II - Brady, Pause and PVC Detections Disabled Following Electrical Reset

LINQ II Insertable Cardiac Monitoring Systems

Original Date of Communication: June 2021

STATUS UPDATE - NOVEMBER 2023

Medtronic implemented a manufacturing update to all newly manufactured LINQ II ICMs released into distribution to prevent a partial electrical reset from disabling Brady, Pause and PVC event detection.

Updated LINQ II ICMs can be identified, before being implanted, by the GTIN that is printed under the barcode on the box. The new U.S. LINQ II GTIN ends with "002."

As a reminder, unused LINQ II devices manufactured prior to June 2021 were requested to be returned to Medtronic per the Original advisory (dated June 2021) – these devices cannot be updated in the field and will continue to be susceptible to the issue.

ORIGINAL COMMUNICATION - JUNE 2021

This notice is to inform you that LINQ II insertable cardiac monitors (ICMs) that undergo a partial electrical reset appear to be programmed "ON," but are no longer able to detect and report Brady, Pause and PVC events to clinicians. Medtronic estimates that 0.21% of LINQ II ICMs have experienced a partial electrical reset resulting in the inability to detect Brady, Pause and PVC events. While there is a potential for underreporting due to lack of awareness that an electrical reset has occurred, there have been zero (0) serious or permanent harms or deaths reported as a result of this issue. After a partial electrical reset, these Brady, Pause and PVC episode types will not be reported to the clinician.

- A correction for currently implanted LINQ II ICMs is not available.
- We are requesting that hospitals quarantine all LINQ II ICMs on hospital shelves. Physicians should cease
 implanting any remaining LINQ II ICMs that may remain in shelf stock and return any unused product to
 Medtronic.
- There will be an update for future manufactured LINQ II ICMs, which is anticipated to be available in the U.S. July 2021.

This letter contains a description of the information known to date and patient management recommendations.

ISSUE DESCRIPTION

Medtronic has identified that LINQ II ICMs that undergo a partial electrical reset appear to be programmed "ON," but are no longer able to detect and report Brady, Pause, and PVC events. A partial electrical reset is normal behavior that can occur when the device detects a possible issue with the device software. However, an error in the partial electrical reset implementation is causing this unintended behavior.

All LINQ II ICM devices currently in distribution are susceptible to this issue. Through 10 May 2021, Medtronic has received 37 complaints related to an electrical reset. The projected rate of a LINQ II ICM experiencing a partial electrical reset that results in the inability to detect Brady, Pause, and PVC events is 0.73% at 36 months. Complaint data suggests the majority of electrical resets were associated with Electromagnetic Interference (EMI) due to cardioversion or electrocautery. Potential harms include those associated with the risk of a delayed medical intervention or missed diagnosis for Brady, Pause, and/or PVC events, and an explant procedure.

If a partial electrical reset occurs, CareLink™ and Reveal LINQ™ Mobile Manager (LMM) will continue to indicate that detection parameters are "ON;" however, Brady, Pause, and PVC events will not be automatically collected. The Patient Assistant (Patient Activator) will continue to function to manually trigger ECG collection, store the tracing and mark symptoms.

Tachy and AT/AF detections are not affected by a partial electrical reset.

HOSPITAL RISK MANAGER ACTIONS (U.S. CUSTOMERS ONLY)

Medtronic is requesting customers with affected product on hand to take the following actions:

- 1. Identify and quarantine all unused affected Medtronic LINQ II ICMs.
- Return all unused affected product in your inventory to Medtronic. Contact Medtronic Customer Service
 at 1-800-848-9300 to initiate a product return. Your local Medtronic Representative can assist you as
 necessary in initiating the return of this product.
- Please share this notification with the Cardiology and cardiac monitoring departments,
 Pacemaker/Device Clinic leadership, and physicians who implant or manage patients with LINQ II insertable cardiac monitors (ICMs).
- 4. Complete the enclosed Confirmation Form and email to RS.CFQFCA@medtronic.com

PATIENT MANAGEMENT RECOMMENDATIONS

If an electrical reset has never occurred, all detection criteria are being monitored and recorded as programmed. Continue with normal follow-up per local clinic protocols for these patients.

Identifying if an electrical reset has occurred:

For patients who are actively followed on CareLink in the U.S: During our investigation of this issue, we identified patients whose device showed evidence of a partial electrical reset as of 10 May 2021. For those clinicians with identified patients, a supplemental letter was provided. If you have not received a supplemental letter, then none of your patients who are actively transmitting on CareLink were identified as having a recorded electrical reset event during our investigation.

All patients, including those on CareLink, should be carefully monitored for reports of an electrical reset condition. Follow instructions below.

- During in person or remote follow-up: If a device experiences an electrical reset, clinicians will be
 informed via programmer pop-up or CareLink display message. Actively monitor for these notifications
 at each patient follow-up, and contact Medtronic Technical Services should you receive an alert. Note:
 Once cleared, electrical reset notifications are no longer accessible.
- **Retroactively:** Review the Brady lifetime episode counter from the most recent session report (CareLink or in-office). If a report is not available, consider scheduling a follow-up for each patient being monitored for Brady, Pause or PVC events. Review the Brady lifetime episode counter:
 - o If the lifetime count for Brady is non-zero, a partial electrical reset has **not** occurred.
 - If the lifetime count for Brady is zero, and the Brady detection parameter indicates it is "ON," a partial electrical reset <u>may</u> have occurred. Contact Medtronic Technical Services for assistance by emailing RS.LINQElectricalResetFCA@medtronic.com (U.S.) OR calling 1-800-929-4043 (U.S.).

Patients with a confirmed partial electrical reset:

- Medtronic medical staff, in consultation with our Independent Physician Quality Panel, recommends
 against device replacement for patients being monitoring for Tachy or AT/AF; continue normal patient
 follow-up.
- When monitoring for Brady, Pause, or PVC events, device replacement may be appropriate. Consider the following before device replacement:
 - It is important to note that the Patient Assistant (Patient Activator) will continue to manually mark symptoms even after a partial electrical reset. Patient-activated recordings are not impacted by this issue.
 - o If replacement is desirable, consider Reveal LINQ with TruRhythm[™] or alternative ICM. While Reveal LINQ devices are also are susceptible to this issue (see correction notice, Reveal LINQ[™] with TruRhythm[™] Insertable Cardiac Monitoring Systems Brady & Pause Detections Disabled Following Partial Electrical Reset), the observed rate is 0.049% for Reveal LINQ with TruRhythm ICMs compared to 0.21% for LINQ II ICMs.

Note: Implanted Reveal LINQ with TruRhythm ICMs have the ability to receive a future

software update to correct this issue, which will be implemented via the Model 2090 and $Encore^{TM}$ programmers, and is anticipated to be available in the U.S. late calendar year 2021.

- Future manufactured LINQ II devices will have a correction for this issue implemented during manufacturing pending regulatory approval of the corrective fix, but initial supply may be limited.
- As a reminder, per the LINQ II ICM's Instructions for Use, contact Medtronic anytime an electrical reset occurs.

Reveal LINQ with TruRhythm - Brady & Pause Detections Disabled Following Electrical Reset

Reveal LINQ with TruRhythm Insertable Cardiac Monitoring Systems

Original Date of Communication: June 2021

STATUS UPDATE - NOVEMBER 2023

This advisory is being addressed via a software update. Medtronic CareLink (2090) and Encore (29901) Programmer software, SW026 version 8.3, is available to correct a low rate of occurrence issue with Reveal LINQ ICMs (0.049%) where Brady and Pause detections are disabled following a partial electrical reset.

Reveal LINQ ICMs $\underline{\text{that are interrogated in-office with an updated 2090 or Encore programmer}}$ are no longer susceptible to this issue. This corrective fix to the device cannot be delivered with the Reveal LINQ $^{\text{TM}}$ Mobile Manager (LMM). Until the update is installed, future partial electrical resets may disable Brady and/or Pause detections as described in the June 2021 communication.

Note: The immediate availability of the software release is specific to countries that follow FDA approval, or that do not require software to be regulated. Release timing may differ for other geographies including those that require CE Mark approval. Check with your local Medtronic representative to determine if the software update is available in your region.

Please work with your local Medtronic Representative to update all 2090 and Encore device programmers. In addition, Medtronic requests you follow the below patient management recommendations:

Patient Management Recommendations:

- Reveal LINQ ICMs with <u>a confirmed partial electrical reset</u> will receive the corrective fix for this issue immediately by the device clinician completing the following steps:
 - Interrogate the ICM with an updated 2090 or Encore programmer (software application SW026 version 8.3). The corrective fix is automatically installed during initial interrogation. To confirm an ICM has successfully received the update, refer to Appendix A.
 - 2. Per the Instructions for Use (IFU), following any electrical reset, verify ICM parameters are set appropriately for the patient and reprogram if necessary.
- For Reveal LINQ ICMs that have <u>not</u> experienced a partial electrical reset, an update will occur during the
 next in-clinic visit in which an updated Model 2090 or Encore programmer installed with software
 application SW026 version 8.3 (or higher) is used to interrogate the ICM. Partial electrical resets will
 disable Brady and/or Pause detections as described in the June 2021 communication until the update is
 installed on to the patient's ICM.

- For patients who are actively followed on CareLink, continue routine monitoring for CareAlerts and verify notification settings for electrical resets.
- Per the IFU, notify your Medtronic representative if an electrical reset occurs. If a partial
 electrical reset is confirmed, the patient's ICM will require reprogramming.
- o During the programmer session, the corrective fix will be installed automatically.

ORIGINAL COMMUNICATION - JUNE 2021

This notice is to inform you that Reveal LINQ with TruRhythm ICMs that undergo a partial electrical reset appear to be programmed "ON," but are no longer able to detect and report Brady and Pause events to clinicians. Medtronic estimates that 0.049% of Reveal LINQ with TruRhythm ICMs have experienced a partial electrical reset resulting in the inability to detect Brady and Pause events. While there is a potential for underreporting due to lack of awareness that an electrical reset has occurred, there have been zero (0) serious or permanent harms or deaths reported as a result of this issue. After a partial electrical reset, these Brady and Pause episode types will not be reported to the clinician.

- Currently implanted/distributed Reveal LINQ with TruRhythm ICMs will receive a future software update to correct this issue delivered via the Model 2090 and Encore™ programmers. The corrective fix is anticipated to be available late calendar year 2021 (U.S.). Availability of the software will be communicated once Medtronic has obtained the necessary regulatory approvals.
- There will be an update for future manufactured Reveal LINQ with TruRhythm ICMs, which is anticipated to be available in the U.S. October 2021. Medtronic will inform physicians once this manufacturing update is implemented into newly manufactured Reveal LINQ with TruRhythm ICMs.

ISSUE DESCRIPTION

Medtronic has identified that Reveal LINQ with TruRhythm ICMs that undergo a partial electrical reset appear to be programmed "ON," but are no longer able to detect and report Brady and Pause events. A partial electrical reset is normal behavior that can occur when the device detects a possible issue with the device software. However, an error in the partial electrical reset implementation is causing this unintended behavior.

All Reveal LINQ with TruRhythm ICMs currently in distribution are susceptible to this issue. Through 10 May 2021, Medtronic has received 87 complaints related to an electrical reset. The projected rate of a Reveal LINQ with TruRhythm ICM experiencing a partial electrical reset that results in the inability to detect Brady and Pause events is 0.056% at 36 months. Complaint data suggests the majority of electrical resets were associated with Electromagnetic Interference (EMI) due to cardioversion or electrocautery. Potential harms include those associated with the risk of a delayed medical intervention or missed diagnosis for Brady and Pause events, and an explant procedure.

If a partial electrical reset occurs, CareLink™, Model 2090 and Encore programmer software and Reveal LINQ™ Mobile Manager (LMM) will continue to indicate that detection parameters are "ON;" however, Brady and Pause

events will not be automatically collected. The Patient Assistant (Patient Activator) will continue to function to manually trigger ECG collection, store the tracing, and mark symptoms.

Tachy and AT/AF detections are not affected by a partial electrical reset.

HOSPITAL RISK MANAGER ACTIONS (U.S. CUSTOMERS ONLY)

- Please share this notification with the Cardiology and cardiac monitoring departments,
 Pacemaker/Device Clinic leadership, and physicians who implant or manage patients with LINQ II insertable cardiac monitors (ICMs).
- 2. Complete the enclosed Confirmation Form and email to RS.CFQFCA@medtronic.com

PATIENT MANAGEMENT RECOMMENDATIONS

If an electrical reset has never occurred, all detection criteria are being monitored and recorded as programmed. Continue with normal follow-up per local clinic protocols for these patients.

Identifying if an electrical reset has occurred:

For patients who are actively followed on CareLink in the U.S: During our investigation of this issue, we identified patients whose device showed evidence of a partial electrical reset as of 10 May 2021. For those clinicians with identified patients, a supplemental letter was provided. If you have not received a supplemental letter, then none of your patients who are actively transmitting on CareLink were identified as having a recorded electrical reset event during our investigation.

All patients, including those on CareLink, should be carefully monitored for reports of an electrical reset condition. Follow instructions below.

- During in person or remote follow-up: If a device experiences an electrical reset, clinicians will be
 informed via programmer pop-up or CareLink display message. Actively monitor for these notifications
 at each patient follow-up, and contact Medtronic Technical Services should you receive an alert. Note:
 Once cleared, electrical reset notifications are no longer accessible.
- **Retroactively:** Review the Brady lifetime episode counter from the most recent session report (CareLink or in-office). If a report is not available, consider scheduling a follow-up for each patient being monitored for Brady or Pause events. Review the Brady lifetime episode counter:
 - o If the lifetime count for Brady is non-zero, a partial electrical reset has <u>not</u> occurred.
 - o If the lifetime count for Brady is zero, and the Brady detection parameter indicates it is "ON," a partial electrical reset <u>may</u> have occurred. Contact Medtronic Technical Services for assistance by emailing RS.LINQElectricalResetFCA@medtronic.com (U.S.) OR calling 1-800-929-4043 (U.S.).

Patients with a confirmed partial electrical reset:

- Medtronic medical staff, in consultation with our Independent Physician Quality Panel, recommends
 against device replacement for patients being monitoring for Tachy or AT/AF; continue normal patient
 follow-up.
- When monitoring for Brady or Pause events, it is important to note that the Patient Assistant (Patient Activator) will continue to manually mark symptoms even after a partial electrical reset. Patient-activated recordings are not impacted by this issue. If patients require monitoring for Brady and/or Pause events, and it is not acceptable to wait for the software update to become available (see details below), consider device replacement. Recognize that exposure to EMI could introduce this issue for new device implants that occur before the manufacturing update is implemented anticipated in the U.S. in October 2021.
- As a reminder, per the Reveal LINQ with TruRhythm ICM's Instructions for Use, contact Medtronic anytime an electrical reset occurs.

FUTURE SOFTWARE UPDATE AVAILABILITY

Medtronic is developing a programmer-delivered software update to correct this issue for Reveal LINQ with TruRhythm ICMs currently implanted or in distribution. Anticipated availability in the U.S. is late calendar year 2021; Medtronic representatives will inform you of the availability and work with you to install the software onto clinic and hospital 2090 and Encore programmers. LMM application software will be unable to deliver the software update for this issue. In order for patients with Reveal LINQ with TruRhythm ICMs to receive the update, the device will need to be interrogated with an updated 2090 or Encore programmer.

APPENDIX A

Reveal LINQ™ with TruRhythm™ Insertable Cardiac Monitoring Systems

Brady & Pause Detections Disabled Following Partial Electrical Reset

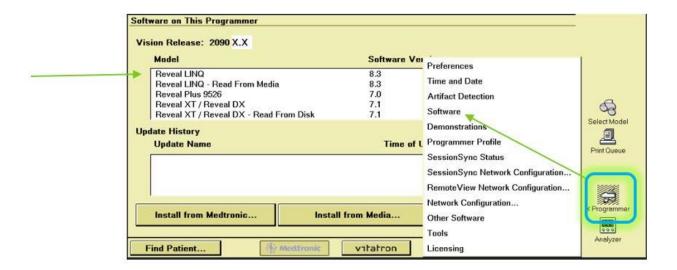
Software Update Available

How do I update my Model 2090 and Encore programmers with the Reveal LINQ with TruRhythm software described in the November 2021 communication)?

Software update SW026 version 8.3 can be installed onto all Model 2090 or Encore programmers through either the Medtronic Software Distribution Network (SDN) or via a USB. Medtronic representatives will work with you to install the software.

How do I confirm if a Model 2090 or Encore programmer has already been installed with the updated software (SW026 v8.3)?

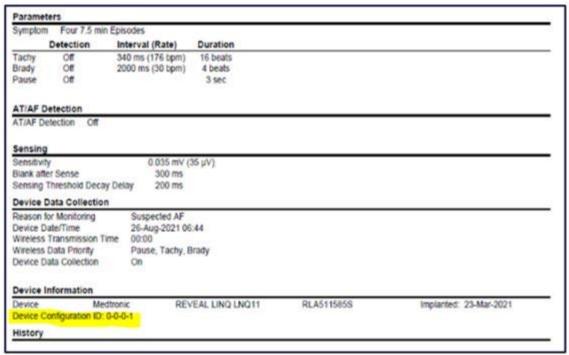
From the *Find Patient* screen on the programmer, Tap the Programmer Icon, select "Software," and scroll through the list of installed applications to find Reveal LINQ Software Version 8.3.



How do I confirm if a patient's Reveal LINQ ICM has received the software update?

Clinicians can confirm if a patient's ICM has received the software update by verifying the Device Configuration ID via a 2090 or Encore programmer (LMM will not display the Configuration ID). To locate the Device Configuration ID, enter a follow-up session and Print the Parameters Report. All Reveal LINQ ICMs that have received the software update will have their Configuration ID ending in a "1" (e.g. X-X-X-1).

NOTE: The Reveal LINQ Device Configuration ID can be viewed on CareLink beginning January 2022 after a manual transmission is completed by the patient.



Unipolar Longevity Estimation Software Error

Azure/Astra DR and SR Pacemakers and Percepta/Serena/Solara CRT-Ps

Original Date of Communication: April 2021

STATUS UPDATE - NOVEMBER 2023

Through 26 October 2023, Medtronic has received 34 complaints from clinicians related to this issue. No permanent patient harms have been reported due to this issue.

ORIGINAL COMMUNICATION - APRIL 2021

This notice is to inform you of the availability of software updates to address a potential inaccurate longevity estimate that may occur with the AzureTM and AstraTM family of pacemakers (IPGs) and the PerceptaTM, SerenaTM, SolaraTM family of cardiac resynchronization therapy pacemakers (CRT-Ps). A longevity estimation error may occur in the early years of device life when a unipolar pacing vector is programmed in the right atrial (RA) lead and/or the right ventricular (RV) lead. No other device features or therapies are impacted. For devices programmed to bipolar pacing in both the RA and RV chambers, the longevity estimates are not affected by this issue.

Through 05 March 2021, Medtronic has received 13 complaints from clinicians related to this issue. No permanent patient harms have been reported due to this issue. If the software update is not applied to the programmer, confusion regarding device longevity could lead to a missed RRT alert and a potential delayed intervention. Battery performance is not affected by this programmer display error. RRT will alert appropriately, and if patients are followed per standard clinical practice, the risk to patients is minimal.

The longevity estimation error associated with unipolar pacing configurations occurs only in the first half of the device life (prior to 50% depletion of the battery). During this phase, the estimator algorithm utilizes lead impedance as an input. When a unipolar pacing configuration is programmed, the algorithm incorrectly uses the bipolar lead impedance as input (rather than the appropriate unipolar pacing lead impedance). As a result, the algorithm will overestimate the remaining longevity during this phase. At all times, RRT, Elective Replacement Indication, and End of Service will accurately display on programmers – even if the software update has not yet been installed.

Software updates are now available for Medtronic model 2090, Model 29901 Encore programmers, and SmartSync to correct this programmer display issue (see Table 1 below).

Medtronic 2090 and Encore Programmer Software Update	Medtronic SmartSync Software Update	
Azure™/Astra™ (SW030) v 8.2	Azure™/Astra™ (D00U003) v 4.0	
Percepta™/Serena™/ Solara™ (SW040) v 8.4	Percepta™/Serena™/ Solara™ (D00U004) v 4.0	

Table 1: Software updates by device family and programmer

As of 26 March 2021, Medtronic CareLink network has been updated and will display correct longevity estimates for devices affected by this issue. Azure IPG and Percepta/Serena/Solara CRT-P patients remotely monitored via the MyCareLink Heart $^{\text{TM}}$ mobile app will automatically receive an updated longevity estimate on their mobile app with their next scheduled transmission or within 92 days of their last longevity update, whichever occurs first.

No change in patient management is necessary. Per labeling, the RRT notification can be used to identify when device replacement should be scheduled. There is no need to schedule patients to come in before their next regularly scheduled follow-up visit. The corrective fix for this error is implemented in programmers and the CareLink network. The patient's implanted device does not require an update.

Based on your facility's needs and accessibility, a Medtronic Representative or authorized personnel will assist with installing software on programmers in your account. Until all SmartSync and Model 2090 and Encore programmers are updated, a difference in longevity estimates may be displayed between programmers and the CareLink network due to this software error.

Potential for Shortened RRT-to-EOS in Subset of ICDs and CRT-Ds

Subset of ICDs and CRT-Ds

Original Date of Communication: February 2021

STATUS UPDATE - NOVEMBER 2023

As of 11 October 2023, approximately 187,728 devices susceptible to this issue are estimated to still be active worldwide. Observed rate of occurrence is 0.15% and projected rate for the affected population of devices remains 0.22%. Devices with higher pacing outputs and high pacing percentages (e.g., CRT-D devices) have the lowest probability of occurrence (refer to Appendix A of the original communication for further details – see below). No permanent patient harms have been reported due to this issue.

ORIGINAL COMMUNICATION - FEBRUARY 2021

In February 2021, Medtronic informed physicians of a potential issue for a subset of Implantable Cardioverter Defibrillators (ICDs) and Cardiac Resynchronization Therapy Defibrillators (CRT-Ds). Medtronic has identified that a small percentage of implanted cardiac devices, from a well-defined subset, may experience a shortened Recommended Replacement Time (RRT) to End of Service (EOS) interval following an earlier-than-expected RRT observation. The subset of ICDs and CRT-Ds affected by this issue were last implanted in February 2019 and manufactured with a specific battery design that is no longer being distributed.

We have received no reports of permanent harm to patients as a result of this issue.

Approximately 339,900 devices susceptible to this issue are estimated to still be active worldwide. Through 4 January 2021, confirmed events (observed rate 0.07%) have involved a rapid drop in battery voltage ranging from days to months, with unexpected RRT as one of the primary reported observations. For those devices in which RRT triggered earlier than expected, the median time from RRT to the EOS observation was 14 days. In a small number of the cases, no output/no telemetry was reported prior to device replacement. Medtronic projects approximately 0.22% of the affected device population may experience this issue during their service life.

The rapid depletion is caused by a latent shorting mechanism involving lithium plating, resulting from a thermal gradient between the anode and cathode components of the battery. **Devices with higher pacing outputs and high pacing percentages (e.g. CRT-D devices) have the <u>lowest probability of occurrence (refer to Appendix A – see below)</u>. Conversely, devices with low current drain (evidenced by a longer overall service time from implant to RRT) have a higher probability of experiencing this issue. Importantly, the probability of this issue developing is constant after approximately three years of service time.**

Patient Management Guidance

We realize that each patient requires unique clinical considerations. In consultation with our Independent Physician Quality Panel (IPQP), Medtronic **recommends** the following:

- Continue normal follow-up per local clinical protocol.
 - o Recognize that patients who require significant pacing support and high voltage therapy have the lowest risk for this issue See Appendix A for additional details.
 - o Where possible, take advantage of the CareLink™ home monitoring system and the wireless low battery voltage CareAlert.
 - The low battery voltage audible alert is shipped On with high-urgency tones; Remind
 patients to contact their clinic if they hear an audible alert, particularly since patients may be
 opting to delay clinic visits due to COVID-19 guidance.
 - o Inform a Medtronic Representative of any unexpected device behaviors.
 - Be aware that the inability to interrogate the device, or to transmit data, may be an indicator that the device has experienced this issue.
- If unexpected RRT is observed, prompt replacement of the device should occur commensurate with the underlying clinical situation of the patient:
 - For non-pacing dependent patients or for primary prevention ICD patients, replacement within 1 week of an unexpected RRT notification is recommended.
 - o For pacing dependent patients, immediate replacement is recommended following an unexpected RRT notification.

Note: For all patients, this issue can also manifest as an unexpected change in the remaining longevity estimate that cannot be attributed to programming changes, or changes in use conditions.

Medtronic medical staff in consultation with the IPQP <u>recommends against prophylactic replacement</u> due to the low rate of occurrence and the low potential for permanent harm when prompt replacement occurs in response to an unexpected RRT.

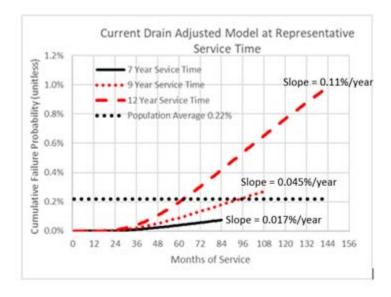
Patients and clinicians may determine if a specific device is affected by looking up the serial number on Medtronic's Product Performance website: http://wwwp.medtronic.com/productperformance/

APPENDIX A

The table below provides a comparison of sample use conditions and their associated, projected service time (Implant to Recommended Replacement Time), along with their cumulative and per-year risk of encountering rapid depletion due to a latent shorting mechanism in the battery. Devices with higher pacing outputs and high pacing percentages have the lowest probability of occurrence. There have been no reports of permanent harm to patients as a result of this issue.

Probability (Risk per Year) of Rapid Depletion due to this Issue as a Function of Service Time

Projected Service Time * (based on sample programmed settings and use conditions)	Projected Risk per Year & Total Cumulative Risk at end of service time++	Notes/Example
12-year service time	0.11% per year, 0.98% cumulative	VR ICD patient with 0% pacing and no shocks delivered
10.25-year service time	0.070% per year, 0.50% cumulative	VR ICD patient with 50% pacing history and two (2) or fewer shocks per year
9-year service time	0.045% per year, 0.27% cumulative	DR ICD patient with little-to-no pacing history (e.g. 10%AP, 25%VP, and two (2) or fewer shocks per year)
8.25-year service time	0.033% per year, 0.18% cumulative	DR ICD patient with complete heart block (10% AP and 100% VP, and two (2) or fewer shocks per year)
7-year service time	0.017% per year, 0.075% cumulative	CRT-D patient with 15% AP, 90% RVP, 100% LVP, and two (2) or fewer shocks per year
* Assumes current drain remains stable throughout life of device (i.e.	++ Per annum risk of issue becomes constant after approximately 3 years	A output = 1.5V, 0.4ms, 500 ohms
No change in remaining longevity due to reprogramming or changes in use conditions)	of service time. Cumulative risk = early risk plus annual risk over the projected service time.	RV output = 2.0V, 0.4ms, 500 ohms
		LV output = 2.5V, 0.4ms, 500 ohms
		Average pacing rate = 75 bpm



Cumulative Probability is the expected risk for a device to experience this issue between implant and end of service. When risk is evaluated for a device that has reached a service life beyond 3 years, the remaining risk can be estimated based on the yearly risk value shown.

The Population Average (0.22%) is the cumulative probability for the full subset of devices susceptible to this issue. This value takes into account expected longevity and patient mortality. Not all devices with projected service time of 12 years will be in service all 12 years.

Key Points:

Slope of the curve reflects the risk per year based on sample service times of 7, 9, and 12 years.

Slope (risk per year) is constant after approximately 3 years of service time.

CFx Longevity Estimator Software Error - Software Updates Available June 2020

Subset of IPG, ICD, CRT-P, CRT-D, and Micra TPS devices - June 2020

Original Date of Communication: June 2020

STATUS UPDATE - NOVEMBER 2023

This advisory has been addressed through release of several new software updates. The complete list of software applications available are listed in the table below. Medtronic representatives will work with local clinic and hospital staff to update programmers. Once a programmer has been updated with the version of software indicated in the table (or higher), the correct longevity estimate for the affected devices will be displayed.

Note that as of September 2020 the Medtronic CareLink Network was updated for this advisory. All longevity estimates displayed on CareLink reflect accurate estimates (based on programmed settings and use conditions recorded by the device).

Phase 1 – June 2020	Phase 2 – January 2021
Azure™/Astra™ (SW030) v 8.1	Viva™/Brava™/ Evera (SW016) v8.4
Serena™/ Solara™/ Percepta™ (SW040) v 8.3	Evera [™] MRI/ Primo [™] MRI/ Mirro [™] MRI(SW033)
Visia AF™/ Visia AF™ MRI (SW035) v 8.2	v8.5
Claria [™] / Amplia [™] / Compia [™] (SW034) v 8.4 (US	Micra [™] VR TPS (SW033) v8.2
Only)	Claria [™] / Amplia [™] / Compia [™] (SW034) v 8.5

Table 1:Device family updates by phases

Note: The availability of software releases is specific to countries that follow FDA and CE Mark approvals. Release timing may differ for other geographies. Check with your local Medtronic representative.

As of October 11, 2023, there have been 826 total complaints received related to the software displaying a lower-than-expected longevity estimate. Within the 826 complaints reported, no patient harm was reported, and 25 devices were prematurely explanted after observing an inaccurate longevity estimate.

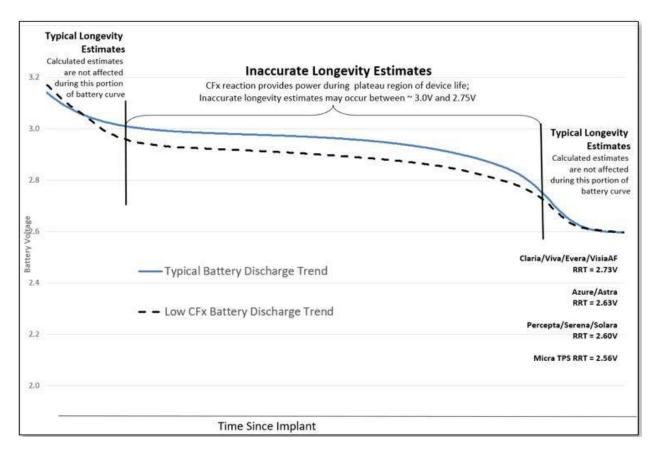
ORIGINAL COMMUNICATION - JUNE 2020

In 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.



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 longevity may be observed.

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".

- Medtronic Managed Tablets: If the App closes, find the Medtronic App Catalog, and select "Install" to initiate the download.
- Customer Owned Tablets: If the App closes, navigate to the AirWatch App Catalog or App Store and select "Install" to 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).
 - 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

Performance Note: Potential for no output/no telemetry condition in subset of IPG and CRT-P products due to ceramic capacitor leakage pathway

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

Original Date of Communication: May 2019

STATUS UPDATE - NOVEMBER 2023

As of 11 October 2023, there have been a total of 29 confirmed events worldwide associated with this failure mode. No additional deaths, beyond the two deaths previously disclosed*, have been reported since the October 2020 update. Confirmed events included reports of no output, premature depletion and electrical reset that reverted to VVI 65 operation. The range of events have occurred between 2 and 53 months post-implant.

Medtronic's ongoing monitoring of these failures have allowed us to improve long-term modeling projections for future device failures. The overall projected lifetime rate of occurrence for the remaining active devices manufactured with the original low voltage capacitor is projected to be 0.025%.

All products in distribution are unaffected. The specific low voltage capacitor susceptible to this issue was last used in manufacturing 01 June 2019. Patient management recommendations remain unchanged from the original posting (refer to the May 2019 text below).

*Assessment for cause of death determined 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 \sim 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 CareAlertTM (shipped ON), together with remote monitoring via CareLinkTM home monitor or the MyCareLink HeartTM 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

Potential Conductor Wire Fracture

6930, 6931, 6948, 6949 Sprint Fidelis Defibrillation Leads

Original Date of Communication: October 2007

STATUS UPDATE - NOVEMBER 2023

As of October 11, 2023, of the initial implant population of 205,600 in the United States, approximately 27,000 remain implanted. According to Product Surveillance Registry results, lead survival is estimated to be 63.5% (+6.6/-6.0%) at 180 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 United States)	7,327 Worldwide (5,259 United States)	37,000 Worldwide (27,000 United States)

ORIGINAL COMMUNICATION - 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:
 - 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 here.
 - 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

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 CRM 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.

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

For questions related to returning explanted product from outside the United States, please contact your local Medtronic Representative.



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(24-hour technical support for physicians

and medical professionals)

medtronic.com

