CARDIAC RHYTHM & HEART FAILURE

Product Performance Report

Important Patient Management Information for Physicians

2017

First Edition – Issue 76



CRHF Product Performance Report

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Cutoff date for this edition is 31 January 2017 for Lead Study data and 3 February 2017 for all other data, unless otherwise stated.

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Our Commitment to Quality

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

The third tenet of the mission is all about quality:

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

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

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

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

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

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

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

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Tim Samsel Vice President, Quality and Regulatory Medtronic Cardiac Rhythm Heart Failure Medtronic, Inc.

Contact Information

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

US Technical Services Department

Phone: 1 (800) 723-4636 (Tachy) 1 (800) 505-4636 (Brady)

Fax: 1 (800) 824-2362

International Technical Centers

Europe (Heerlen NL) +31-45-566-8844 Japan (Tokyo) +81-3-6430-7026

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

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

Within the United States: Your Medtronic representative or CRHF Returned Product Analysis Laboratory Phone: 1 (800) 328-2518, ext. 44800 Email: crdm.returnedproduct@medtronic.com

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Introduction

For 33 years, Medtronic has monitored performance via both returned product analysis and multicenter clinical studies.

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

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

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

Survival Estimates

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

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

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

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

Survival estimates for leads are based on clinical observations recorded via Medtronic's PAN Registry. This multicenter clinical study is designed to record clinical observations representative of the total clinical experience. Therefore, the lead survival estimates include both lead hardware failure and lead-related medical complications, and do not differentiate a lead hardware failure from other clinical events such as exit block, perforation, dislodgement, or concurrent pulse generator failure.

The actuarial life table method is applied to the data collected for CRT, ICD, and IPG devices and leads to provide the survival estimates included in this report. A general introduction to understanding this method of survival analysis is given later in this introduction.

ICD Charge Times

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

Introduction continued

Advisory Summaries

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

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

Performance Notes

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

How You Can Help

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

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

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

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

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

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

Overview of Survival Analysis

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

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

Introduction continued

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

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

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

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

Confidence Intervals

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

Survival Curves in the Product Performance Report

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

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

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

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

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

Method for Estimating CRT, ICD, and IPG Device Performance

The performance of CRT, ICD, and IPG devices is expressed in terms of device survival estimates, where "survival" refers to the function of the device, not the survival of the patient. These survival estimates are intended to illustrate the probability that a device will survive for a given number of years without malfunction or battery depletion.

The survival estimates are determined from the analysis of Medtronic Cardiac Rhythm and Heart Failure (CRHF's) United States device registration data and US returned product analysis data. These data are presented graphically and numerically.

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

Categorization of Depleted and Malfunctioning Devices for Survival Analysis

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

Definition of Malfunction

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

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

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

Not all malfunctions expose the patient to a loss of therapy. Some malfunctions included in the following survival estimates may not have been detected at all by the physician or the patient. These malfunctions, however, are included in the survival estimates and provide important feedback to our product development organization.

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

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

Normal Battery Depletion – The condition when:

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

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

Medtronic CRHF establishes expected longevity by statistically characterizing the power consumed by the device and the power available from the device battery. This characterization is applied to a number of parameter configurations to derive a statistical mean longevity value and standard deviation for each parameter configuration. The statistical mean value minus three standard deviations is used as the expected longevity for determining if a battery depleted normally. The actual longevity achieved for any device while implanted will depend on the actual programmed parameters and patient factors, and may differ significantly from these estimates.

Malfunction with Compromised Therapy Function

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

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

Malfunction without Compromised Therapy Function

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

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

Expanded Malfunction Detail

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

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

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

Battery – Findings linked to the battery and its components

Software/Firmware – Findings linked to software or firmware function

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

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

Returned Product Analysis Process

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

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

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

Statistical Methods for Survival Analysis

Of the several different statistical methods available for survival analysis, the Standard Actuarial Method, with suspensions assumed distributed evenly within the intervals (Cutler-Ederer Method), is used to determine survival estimates for CRT, IPG and ICD devices. Implant times are calculated from the implant date to the earlier of the explant date or the cutoff date of the report. From this data an estimate of the probability of device survival is calculated at each monthly interval.

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

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

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

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

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

Sample Size and How the Population and Population Samples Are Defined

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

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

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

Methods Used to Adjust for Underreporting of Malfunction and Battery Depletion

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

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

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

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

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

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

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

Devices are at times removed from service for reasons other than device malfunction or battery depletion. Examples are devices removed from service due to non-device related patient mortality and devices removed due to changes in the patient's medical condition. Because an accurate estimate of device survival depends on an accurate estimate of the number of devices in service, it is important not to overstate the number of devices in service. Medtronic addresses this under reporting to ensure the number of devices in service is not overstated . Regular updates obtained from the Social Security Administration about deceased persons are used to update Medtronic's DART data about patients who have died but whose deaths had not been reported to Medtronic. In addition, the patient mortality rate derived from our DART system is monitored and compared to published mortality rates for comparable patient populations. If, during calculation of the survival curves, the patient mortality indicated by the data in DART is significantly different from published rates, an adjustment is applied to correct the difference. The correction factor for under reporting devices is also applied to account for devices that were removed and not reported or returned.





Years	1	2	3	4	5	6	at 81 mo
Excluding NBD	100.0%	99.7%	99.3%	98.9%	98.8%	98.7%	98.6%
Including NBD	99.5%	98.2%	92.7%	80.2%	57.8%	29.9%	15.4%
Effective Sample Size	58006	52865	45937	34764	19324	5527	338

D224TRK Consulta	CRT-D		
US Market Release	Sep-08	Total Malfunctions	597
CE Approval Date		Therapy Function Not Compromised	572
Registered USA Implants	65,985	Battery Malfunction	2
Estimated Active USA Implants	16,195	Electrical Component	66
Normal Battery Depletions	17,077	Electrical Interconnect	1
		Other Malfunction	1
		Poss Early Battery Depltn	496
		Software Malfunction	6
		Therapy Function Compromised	25
		Battery Malfunction	1



Electrical Component

24

Excluding Normal Battery Depletion
Including Normal Battery Depletion

Years	1	2	3	4	5	6	at 81 mo
Excluding NBD	100.0%	99.7%	99.3%	98.9%	98.8%	98.7%	98.6%
Including NBD	99.5%	98.2%	92.7%	80.2%	57.8%	29.9%	15.4%
Effective Sample Size	58006	52865	45937	34764	19324	5527	338

D234TRK Consulta CRT-D

US Market Release		Total Malfunctions
CE Approval Date	Mar-08	Therapy Function Not Compromised
Registered USA Implants	2	
Estimated Active USA Implants	1	Therapy Function Compromised
Normal Battery Depletions		





13

Years	1	2	3	4	5	6	at 81 mo
Excluding NBD	100.0%	99.7%	99.3%	98.9%	98.8%	98.7%	98.6%
Including NBD	99.5%	98.2%	92.7%	80.2%	57.8%	29.9%	15.4%
Effective Sample Size	58006	52865	45937	34764	19324	5527	338



Excluding Normal Battery Depletion
Including Normal Battery Depletion

Years	1	2	3	4	5	6	at 83 mo
Excluding NBD	100.0%	99.7%	99.4%	98.8%	98.7%	98.7%	98.7%
Including NBD	99.6%	98.1%	92.9%	80.4%	55.9%	31.6%	21.9%
Effective Sample Size	12932	11684	10181	7651	3938	1183	138

D274TRK Concerto II CRT-D

US Market Release	Aug-09	Total Malfuncti
CE Approval Date		Therapy Functi
Registered USA Implants	30,171	Battery Malfu
Estimated Active USA Implants	7,190	Electrical Con
Normal Battery Depletions	7,962	Poss Early Ba
		Software Malf
		Therapy Functi





Excluding Normal Battery Depletion
Including Normal Battery Depletion

Years	1	2	3	4	5	6	at 75 mo
Excluding NBD	100.0%	99.8%	99.5%	99.2%	99.1%	99.1%	99.1%
Including NBD	99.6%	98.4%	93.3%	80.6%	54.9%	23.2%	15.2%
Effective Sample Size	25419	23239	20262	15506	8411	1430	320



6 Years 1 2 3 4 5 mo Excluding NBD 100.0% 99.8% 99.5% 99.2% 99.1% 99.1% 99.1% Including NBD 99.6% 98.4% 93.3% 80.6% 54.9% 23.2% 15.2% 23239 20262 Effective 25419 15506 8411 1430 320 Sample Size



Excluding Normal Battery Depletion
Including Normal Battery Depletion

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5

Years After Implant

Years	1	2	3	4	5	at 63 mo
Excluding NBD	100.0%	99.9%	99.9%	99.8%	99.8%	99.8%
Including NBD	99.8%	99.0%	95.1%	87.0%	68.6%	51.1%
Effective Sample Size	56093	51626	44720	26725	3704	396

2

3

×,

0

10

9

6

1

8



Excluding Normal Battery Depletion
Including Normal Battery Depletion

Years	1	2	3	4	5	at 63 mo						
xcluding NBD	100.0%	99.9%	99.9%	99.8%	99.8%	99.8%						
ncluding NBD	99.8%	99.0%	95.1%	87.0%	68.6%	51.1%						
Effective Sample Size	56093	51626	44720	26725	3704	396						
334TRM		Prote	cta C	RT-D								
6 Market Re	lease			Nov-11	То	tal Malfu	nctions		3			
E Approval	Date				Th	erapy Fu	nction Not	Compromis	ed 3			
gistered U	SA Impla	ants		1,782		Electrical	Component	t	1			
timated Ac	tive USA	A Implai	nts	1,277		Poss Earl	y Battery D	epltn	2			
ormal Batte	ry Deple	tions		105	Th	erapy Fu	nction Con	npromised	0			
80% - 60% -							>					
40% -												
20% -												
0%			2	3	i	Å	5	6	í	8	9	10
						Year	s After Imp	plant				

Years	1	2	3	4	5	mo	
Excluding NBD	100.0%	99.9%	99.9%	99.8%	99.8%	99.8%	
Including NBD	99.8%	99.0%	95.1%	87.0%	68.6%	51.1%	
Effective Sample Size	56093	51626	44720	26725	3704	396	









99.8%

40549

99.9%

65282

98.3%

195

99.2%

13789

Including NBD

Effective

Sample Size

DTBA1Q1 Viva Qua	d XT		
US Market Release	Jul-14	Total Malfunctions	2
CE Approval Date		Therapy Function Not Compromised	2
Registered USA Implants	9,121	Electrical Component	1
Estimated Active USA Implants	8,518	Other Malfunction	1
Normal Battery Depletions	4	Therapy Function Compromised	0



Excluding Normal Battery Depletion
Including Normal Battery Depletion

Years	1	2	3	at 44 mo	
Excluding NBD	100.0%	100.0%	100.0%	100.0%	
Including NBD	100.0%	99.9%	99.5%	99.2%	
Effective Sample Size	24335	7359	632	177	
DTBA1QC		Viva (Quad	ХТ	

	M 7 (1		ļ.
US Market Release	Jul-14	Total Malfunctions	8
CE Approval Date		Therapy Function Not Compromised	8
Registered USA Implants	24,007	Electrical Component	8
Estimated Active USA Implants	22,981	Therapy Function Compromised	0
Normal Battery Depletions	10		



Years After Implant

Excluding Normal Battery Depletion
Including Normal Battery Depletion

Years	1	2	3	at 44 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	99.9%	99.5%	99.2%
Effective Sample Size	24335	7359	632	177



Years	1	2	3	at 44 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%
Including NBD	99.9%	99.8%	99.2%	98.3%
Effective Sample Size	65282	40549	13789	195



Years	1	2	3	at 44 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	99.9%	99.5%	99.2%
Effective Sample Size	24335	7359	632	177





Years	1	2	3	at 44 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%
Including NBD	99.9%	99.8%	99.2%	98.3%
Effective Sample Size	65282	40549	13789	195





Years After Implant

Excluding Normal Battery Depletion
Including Normal Battery Depletion

Years	1	2	3	at 44 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%
Including NBD	99.9%	99.8%	99.2%	98.3%
Effective Sample Size	65282	40549	13789	195

DTBB1QQ Viva Quad S

US Market Release	Jul-14	Total Malfunctions	3
CE Approval Date		Therapy Function Not Compromised	2
Registered USA Implants	4,099	Electrical Component	2
Estimated Active USA Implants	3,927	Therapy Function Compromised	1
Normal Battery Depletions	1	Electrical Component	1



Years After Implant

Excluding Normal Battery Depletion
Including Normal Battery Depletion

Years	1	2	3	at 44 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%
Including NBD	99.9%	99.8%	99.2%	98.3%
Effective Sample Size	65282	40549	13789	195



40549

13789

195

Effective

Sample Size

65282



Years	1	2	3	at 44 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%
Including NBD	99.9%	99.8%	99.2%	98.3%
Effective Sample Size	65282	40549	13789	195



Effective

Sample Size

65282

40549

13789

195



Years	1	2	3	at 44 mo
Excluding NBD	100.0%	-	100.0%	100.0%
Including NBD	100.0%	99.9%	99.5%	99.2%
Effective Sample Size	24335	7359	632	177







Effective Sample Size



296



Years mo Excluding NBD 100.0% Including NBD 100.0% Effective 111 Sample Size






Effective Sample Size



Effective Sample Size



Years mo Excluding NBD 100.0% Including NBD 100.0% Effective 111 Sample Size





Effective 296 Sample Size

CRT-P

42	InSync III				
6 Market Release		Feb-03	Total Malfunctions	77	
E Approval Date		Feb-01	Therapy Function Not Compromised	47	
gistered USA Imp	lants	39,511	Battery Malfunction	35	
timated Active US	A Implants	6,101	Electrical Component	2	
ormal Battery Depl	letions	4,697	Electrical Interconnect	3	
			Other Malfunction	5	
			Poss Early Battery Depltn	2	
			Therapy Function Compromised	30	
			Battery Malfunction	18	
			Electrical Interconnect	12	
80% -					8042, Survival Cu
60% -			/		



Years After Implant

Excluding Normal Battery Depletion Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	at 113 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.7%	99.4%	99.1%	99.1%
Including NBD	99.5%	99.2%	98.3%	96.2%	92.3%	85.2%	72.7%	51.4%	23.8%	8.5%
Effective Sample Size	30583	26216	22545	19277	16093	12321	7340	3319	778	138

C2TR01 Syncra CRT-P

US Market Release	Mar-11	Total Malfunctions	1
CE Approval Date	May-10	Therapy Function Not Compromised	1
Registered USA Implants	9,808	Other Malfunction	1
Estimated Active USA Implants	7,410	Therapy Function Compromised	0
Normal Battery Depletions	64		



Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	2	3	4	5	at 67 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	99.9%	99.7%	98.7%	97.1%	95.3%
Effective Sample Size	25825	20375	13907	7821	2754	312

21

CRT-P



CRT-P



Years	1	2	at 27 mo
Excluding NBD	100.0%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.9%
Effective Sample Size	3368	415	115



Years After Implant

Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	10	11	12	2	3	4	5	6	7	8	9	at 145 mo
Excluding NBD	100.0%	99.3%	99.3%	99.3%	99.9%	99.9%	99.8%	99.7%	99.6%	99.5%	99.4%	99.3%	99.3%
Including NBD	99.4%	99.1%	98.8%	98.4%	97.7%	93.6%	84.7%	72.7%	41.4%	12.1%	8.3%	6.9%	6.7%
Effective Sample Size	16509	12760	10567	9431	8388	7289	6059	4822	2559	586	328	138	102

7230Cx Marquis VR

US Market Release	Dec-02	Total Malfunctions
CE Approval Date	Apr-02	Therapy Function Not Compromised
Registered USA Implants	18,517	Battery Malfunction
Estimated Active USA Implants	1,230	Electrical Component
Normal Battery Depletions	3,416	Other Malfunction
		Poss Early Battery Depltn
		Software Malfunction
		Therapy Function Compromised



Battery Malfunction



Years	1	10	11	12	2	3	4	5	6	7	8	9	at 145 mo
Excluding NBD	100.0%	99.3%	99.3%	99.3%	99.9%	99.9%	99.8%	99.7%	99.6%	99.5%	99.4%	99.3%	99.3%
Including NBD	99.4%	99.1%	98.8%	98.4%	97.7%	93.6%	84.7%	72.7%	41.4%	12.1%	8.3%	6.9%	6.7%
Effective Sample Size	16509	12760	10567	9431	8388	7289	6059	4822	2559	586	328	138	102

45

57

31 1

14 1

14

1 **26**

17





Years After Implant

Excluding Normal Battery Depletion Including Normal Battery Depletion

Years	1	10	11	12	2	3	4	5	6	7	8	9	at 145 mo
Excluding NBD	100.0%	99.3%	99.3%	99.3%	99.9%	99.9%	99.8%	99.7%	99.6%	99.5%	99.4%	99.3%	99.3%
Including NBD	99.4%	99.1%	98.8%	98.4%	97.7%	93.6%	84.7%	72.7%	41.4%	12.1%	8.3%	6.9%	6.7%
Effective Sample Size	16509	12760	10567	9431	8388	7289	6059	4822	2559	586	328	138	102

7232B Maximo VR

US Market Release	Oct-03	Total Malfunctions
CE Approval Date	Oct-04	Therapy Function Not Compromised
Registered USA Implants	170	
Estimated Active USA Implants	35	Therapy Function Compromised
Normal Battery Depletions	31	



Years After Implant

Excluding Normal Battery Depletion Including Normal Battery Depletion

Years	1	10	11	2	3	4	5	6	7	8	9	at 135 mo
Excluding NBD	100.0%	99.8%	99.8%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.4%	99.2%	98.8%	98.3%	96.8%	90.9%	82.4%	70.4%	45.6%	19.1%	13.2%	12.4%
Effective Sample Size	38271	34245	30527	26918	23713	20612	17411	13927	8247	2683	642	233

7232Cx Maximo	VR		
US Market Release	Oct-03	Total Malfunctions	73
CE Approval Date	Oct-03	Therapy Function Not Compromised	58
Registered USA Implants	43,671	Electrical Component	28
Estimated Active USA Implants	5,491	Other Malfunction	3
Normal Battery Depletions	10,440	Poss Early Battery Depltn	25
		Software Malfunction	2
		Therapy Function Compromised	15
		Electrical Component	12
		Electrical Interconnect	1

Other Malfunction

1



Years After Implant



												at 135
Years	1	10	11	2	3	4	5	6	7	8	9	mo
Excluding NBD	100.0%	99.8%	99.8%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.4%	99.2%	98.8%	98.3%	96.8%	90.9%	82.4%	70.4%	45.6%	19.1%	13.2%	12.4%
Effective Sample Size	38271	34245	30527	26918	23713	20612	17411	13927	8247	2683	642	233

7232E Maximo	VR		
US Market Release	Oct-03	Total Malfunctions	1
CE Approval Date	Oct-04	Therapy Function Not Compromised	0
Registered USA Implants	490		
Estimated Active USA Implants	92	Therapy Function Compromised	1
Normal Battery Depletions	75	Electrical Component	1
1000			







												at 135
Years	1	10	11	2	3	4	5	6	7	8	9	mo
Excluding NBD	100.0%	99.8%	99.8%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.4%	99.2%	98.8%	98.3%	96.8%	90.9%	82.4%	70.4%	45.6%	19.1%	13.2%	12.4%
Effective Sample Size	38271	34245	30527	26918	23713	20612	17411	13927	8247	2683	642	233

7278 Maximo DR **US Market Release** Oct-03 **Total Malfunctions** 70 Oct-03 **Therapy Function Not Compromised CE Approval Date** 60 **Registered USA Implants** 37,642 **Electrical Component** 24 **Estimated Active USA Implants** 2,680 Other Malfunction 2 **Normal Battery Depletions** 10,809 Poss Early Battery Depltn 34 **Therapy Function Compromised** 10 **Electrical Component** 9 Poss Early Battery Depltn 1



Years After Implant

Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	at 100 mo
Excluding NBD	100.0%	99.9%	99.9%	99.8%	99.8%	99.8%	99.7%	99.7%	99.7%
Including NBD	99.2%	98.9%	98.3%	96.6%	88.0%	64.5%	32.4%	4.6%	1.0%
Effective Sample Size	32689	29143	26022	22811	18809	12486	5602	659	137

D144DRG Entrust Escudo





Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	at 111 mo
Excluding NBD	100.0%	99.9%	99.8%	99.7%	99.4%	99.4%	99.4%	99.3%	99.3%	99.3%
Including NBD	99.4%	99.1%	98.5%	97.1%	89.9%	70.3%	38.1%	11.1%	3.8%	3.0%
Effective Sample Size	24904	22703	20356	17939	14879	10821	5373	1363	243	130

Medtronic CRHF Product Performance Report



Years After Implant

Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	10	2	3	4	5	6	7	8	9	at 128 mo
Excluding NBD	99.9%	98.5%	99.9%	99.8%	99.7%	99.4%	99.1%	98.8%	98.7%	98.7%	98.4%
Including NBD	99.6%	99.3%	98.9%	98.5%	97.5%	92.1%	84.8%	76.2%	61.9%	40.7%	20.2%
Effective Sample Size	12679	11485	10268	9071	8007	7007	6006	5094	3700	1907	143

D154ATG Entrust AT

US Market Release	Jun-05	Total Malfunctions	125
US warket Release	Jun-05		123
CE Approval Date	Feb-05	Therapy Function Not Compromised	109
Registered USA Implants	28,151	Electrical Component	30
Estimated Active USA Implants	2,365	Electrical Interconnect	1
Normal Battery Depletions	8,990	Other Malfunction	1
		Poss Early Battery Depltn	74
		Software Malfunction	3
		Therapy Function Compromised	16
		Electrical Component	16



Excluding Normal Battery Depletion
 Including Normal Battery Depletion

										at 111
Years	1	2	3	4	5	6	7	8	9	mo
Excluding NBD	100.0%	99.9%	99.8%	99.7%	99.4%	99.4%	99.4%	99.3%	99.3%	99.3%
Including NBD	99.4%	99.1%	98.5%	97.1%	89.9%	70.3%	38.1%	11.1%	3.8%	3.0%
Effective Sample Size	24904	22703	20356	17939	14879	10821	5373	1363	243	130

D154AWG Virtuoso	DR		
US Market Release	May-06	Total Malfunctions	3,334
CE Approval Date		Therapy Function Not Compromised	3,291
Registered USA Implants	76,857	Battery Malfunction	8
Estimated Active USA Implants	12,965	Electrical Component	3,142
Normal Battery Depletions	20,560	Electrical Interconnect	2
		Other Malfunction	4
		Poss Early Battery Depltn	132
		Software Malfunction	3
		Therapy Function Compromised	43
		Electrical Component	40
		Other Malfunction	2



Poss Early Battery Depltn

1

Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	at 105 mo
Excluding NBD	100.0%	99.9%	99.9%	99.4%	97.1%	96.9%	96.9%	96.9%	96.8%
Including NBD	99.6%	99.3%	98.9%	97.4%	89.1%	69.8%	43.5%	23.6%	8.3%
Effective Sample Size	63436	58180	53019	48182	40953	29876	16947	5787	523

D154VRC Entrust VR **US Market Release** Jun-05 **Total Malfunctions** 119 **CE Approval Date** Feb-05 **Therapy Function Not Compromised** 92 **Registered USA Implants** 14,465 **Battery Malfunction** 12 **Estimated Active USA Implants** 2,949 **Electrical Component** 47 **Normal Battery Depletions** 2,754 Other Malfunction 9 Poss Early Battery Depltn 24 **Therapy Function Compromised** 27 Battery Malfunction 1 **Electrical Component** 25 Other Malfunction 1



Years After Implant

Excluding Normal Battery Depletion Including Normal Battery Depletion

											at 128
Years	1	10	2	3	4	5	6	7	8	9	mo
Excluding NBD	99.9%	98.5%	99.9%	99.8%	99.7%	99.4%	99.1%	98.8%	98.7%	98.7%	98.4%
Including NBD	99.6%	99.3%	98.9%	98.5%	97.5%	92.1%	84.8%	76.2%	61.9%	40.7%	20.2%
Effective Sample Size	12679	11485	10268	9071	8007	7007	6006	5094	3700	1907	143

D154VWC Virtuoso V	/R		
US Market Release	May-06	Total Malfunctions	686
CE Approval Date		Therapy Function Not Compromised	668
Registered USA Implants	33,145	Battery Malfunction	11
Estimated Active USA Implants	9,631	Electrical Component	637
Normal Battery Depletions	5,849	Electrical Interconnect	1
		Other Malfunction	4
		Poss Early Battery Depltn	15
		Therapy Function Compromised	18
		Battery Malfunction	1
		Electrical Component	17



Years After Implant



Years	1	2	3	4	5	6	7	8	9	at 112 mo
Excluding NBD	100.0%	99.9%	99.9%	99.7%	98.1%	96.9%	96.8%	96.7%	96.7%	96.7%
Including NBD	99.7%	99.5%	99.2%	98.7%	95.8%	86.6%	75.2%	56.0%	36.4%	24.9%
Effective Sample Size	28603	26086	23768	21742	19326	16187	13119	7344	1839	306

D164AWG Virtuoso DR

US Market Release		Total Malfunctions
CE Approval Date	Mar-06	Therapy Function Not Compromised
Registered USA Implants	10	
Estimated Active USA Implants	3	Therapy Function Compromised
Normal Battery Depletions	4	





									at 105
Years	1	2	3	4	5	6	7	8	mo
Excluding NBD	100.0%	99.9%	99.9%	99.4%	97.1%	96.9%	96.9%	96.9%	96.8%
Including NBD	99.6%	99.3%	98.9%	97.4%	89.1%	69.8%	43.5%	23.6%	8.3%
Effective Sample Size	63436	58180	53019	48182	40953	29876	16947	5787	523



US Market Release	Jan-12	Total Malfunctions	3
CE Approval Date		Therapy Function Not Compromised	1
Registered USA Implants	1,882	Other Malfunction	1
Estimated Active USA Implants	1,572	Therapy Function Compromised	2
Normal Battery Depletions	8	Electrical Component	2



Years After Implant



Years	1	2	3	4	5	6	7	at 93 mo	
Excluding NBD	100.0%	99.9%	99.9%	99.8%	99.8%	99.7%	99.7%	99.6%	
Including NBD	99.7%	99.5%	99.1%	98.2%	95.6%	88.9%	74.0%	33.9%	
Effective Sample Size	45339	42488	39845	35870	30102	19610	5673	120	



 CE Approval Date
 Jul-10
 Therapy Function Not Compromised

 Registered USA Implants
 1

 Estimated Active USA Implants
 Therapy Function Compromised

 Normal Battery Depletions
 SECURA, DR, Survival Curve





Years	1	2	3	4	5	6	7	at 93 mo
Excluding NBD	100.0%	99.9%	99.9%	99.8%	99.8%	99.7%	99.7%	99.6%
Including NBD	99.7%	99.5%	99.1%	98.2%	95.6%	88.9%	74.0%	33.9%
Effective Sample Size	45339	42488	39845	35870	30102	19610	5673	120



Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 96 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.7%
Including NBD	99.8%	99.6%	99.4%	99.1%	98.8%	98.2%	96.0%	91.2%
Effective Sample Size	18312	17108	16055	14130	11803	8411	3747	207

D224DRG Secura	I DR		
US Market Release	Sep-08	Total Malfunctions	120
CE Approval Date		Therapy Function Not Compromised	101
Registered USA Implants	49,895	Battery Malfunction	4
Estimated Active USA Implants	25,193	Electrical Component	33
Normal Battery Depletions	3,659	Other Malfunction	5
		Poss Early Battery Depltn	50
		Software Malfunction	9
		Therapy Function Compromised	19
		Battery Malfunction	4
		Electrical Component	13
		Poss Early Battery Depltn	1



Software Malfunction

1

Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 93 mo
Excluding NBD	100.0%	99.9%	99.9%	99.8%	99.8%	99.7%	99.7%	99.6%
Including NBD	99.7%	99.5%	99.1%	98.2%	95.6%	88.9%	74.0%	33.9%
Effective Sample Size	45339	42488	39845	35870	30102	19610	5673	120

US Market	Relea	Se			Sep-08	3 To	tal Malf	unction	s		37			
CE Approv					000 00					mpromised				
Registered			ants		20,060		Battery				12			
Estimated				nts	12,870		Electrical Component				8			
Normal Ba	ttery D	Deple	tions		230		Other Malfunction			1				
							Poss Early Battery Depltn			8				
							Software	e Malfun	ction		2			
						Th	erapy F	unction	Comp	omised	6			
							Electrica	al Comp	onent		5			
							Software	e Malfun	ction		1			
. 100% -	_			_		_		_			_	_	SECURA, VR	R, Survival Cur
80% -	- 1													
60% -														
80% - 60% - 40% - 20% -														
20% -														
0% -	0			2		_	6	5		6	-	8	9	10
	0		2			,					. e.	0		10
							Yea	ars Afte	r Impla	nt				
			Exclud	ing Nor	mal Bat	tery De	pletion	< Inc	luding	Normal Batt	ery Depl	etion		
Ya	ars	1	2	3	4	5	6	7	at 96 mo					
Excluding N		.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.7%					
Including N	BD 99	9.8%	99.6%	99.4%	99.1%	98.8%	98.2%	96.0%	91.2%					
Effect Sample S		8312	17108	16055	14130	11803	8411	3747	207					

D234DRG Secura DR

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



Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 93 mo
Excluding NBD	100.0%	99.9%	99.9%	99.8%	99.8%	99.7%	99.7%	99.6%
Including NBD	99.7%	99.5%	99.1%	98.2%	95.6%	88.9%	74.0%	33.9%
Effective Sample Size	45339	42488	39845	35870	30102	19610	5673	120







Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	2	3	4	5	6	at 84 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%
Including NBD	99.9%	99.7%	99.4%	98.8%	96.1%	89.7%	74.5%
Effective Sample Size	19335	18158	17093	15889	14046	8213	462

D274VRC Virtuoso I	I VR		
US Market Release	Aug-09	Total Malfunctions	12
CE Approval Date		Therapy Function Not Compromised	12
Registered USA Implants	9,118	Battery Malfunction	5
Estimated Active USA Implants	6,197	Electrical Component	4
Normal Battery Depletions	57	Poss Early Battery Depltn	2
		Software Malfunction	1
		Therapy Function Compromised	0







Years	1	2	3	4	5	6	at 84 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%
Including NBD	99.7%	99.7%	99.6%	99.4%	99.0%	98.6%	96.2%
Effective Sample Size	7792	7317	6907	6427	5848	3664	290

D284DRG Maximo II DR

US Market Release	Sep-08	Total Malfunctions	48
CE Approval Date	Mar-08	Therapy Function Not Compromised	42
Registered USA Implants	20,087	Battery Malfunction	1
Estimated Active USA Implants	9,897	Electrical Component	11
Normal Battery Depletions	1,726	Poss Early Battery Depltn	30
		Therapy Function Compromised	6
		Electrical Component	5
		Poss Early Battery Depltn	1
. 100% ¬			





Years	1	2	3	4	5	6	7	at 94 mo
Excluding NBD	100.0%	100.0%	99.9%	99.8%	99.7%	99.7%	99.7%	99.7%
Including NBD	99.8%	99.5%	99.2%	98.3%	95.6%	87.4%	71.9%	44.4%
Effective Sample Size	17577	16422	15422	13803	11374	7266	2593	166



Registered USA Implants Estimated Active USA Implants Normal Battery Depletions



Therapy Function Compromised

Excluding Normal Battery Depletion

 Including Normal Battery Depletion ٠

Years	1	2	3	4	5	6	at 84 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%
Including NBD	99.9%	99.7%	99.4%	98.8%	96.1%	89.7%	74.5%
Effective Sample Size	19335	18158	17093	15889	14046	8213	462





D314VRM Protecta XT VR May-12 **US Market Release Total Malfunctions** 3 **CE Approval Date Therapy Function Not Compromised** 2 **Registered USA Implants** 7,371 Electrical Component 2 **Estimated Active USA Implants** 6,182 **Therapy Function Compromised** 1 **Normal Battery Depletions** 9 Electrical Component 1



Years After Implant

Excluding Normal Battery Depletion Including Normal Battery Depletion

						at 65
Years	1	2	3	4	5	mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%
Including NBD	99.9%	99.9%	99.8%	99.6%	99.4%	99.3%
Effective Sample Size	26672	24853	22210	14266	3386	348

D334DRG Protecta DR

US Market Release CE Approval Date	Mar-11	Total Malfunctions Therapy Function Not Compromised
Registered USA Implants	10,691	Electrical Component
Estimated Active USA Implants	8,369	Poss Early Battery Depltn
Normal Battery Depletions	110	Therapy Function Compromised
		Electrical Component



Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	2	3	4	5	at 66 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%
Including NBD	99.9%	99.8%	99.5%	99.1%	97.2%	92.1%
Effective Sample Size	55724	52226	47430	31965	8496	541
















DDBB1D4 Ev	era XT		
US Market Release	Apr-13	Total Malfunctions	6
CE Approval Date		Therapy Function Not Compromised	4
Registered USA Implants	28,437	Electrical Component	2
Estimated Active USA Im	plants 26,439	Electrical Interconnect	1
Normal Battery Depletion	is 9	Other Malfunction	1
		Therapy Function Compromised	2
		Electrical Component	2



Years After Implant



				at 44
Years	1	2	3	mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	99.9%	99.8%	99.8%
Effective Sample Size	63542	35888	11840	175
DDBB2D1		Evera	a XT	

US Market Release		Total Malfunctions
CE Approval Date	Dec-12	Therapy Function Not Compromised
Registered USA Implants	1	
Estimated Active USA Implants		Therapy Function Compromised





Years After Implant



Years	1	2	3	at 44 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	99.9%	99.8%	99.8%
Effective Sample Size	63542	35888	11840	175





DDBC3D4	Evera S			
US Market Release		Apr-13	Total Malfunctions	2
CE Approval Date		Dec-13	Therapy Function Not Compromised	2
Registered USA Imp	lants	5,272	Battery Malfunction	1
Estimated Active US	SA Implants	4,854	Electrical Component	1
Normal Battery Depl	letions	3	Therapy Function Compromised	0

EVERA, DR, Survival Curve 100% Cumulative Survival P... 80% 60% 40% 20% 0% Ó 5 9 З 6 ٦ 8 2 10 ь Years After Implant

Excluding Normal Battery Depletion Including Normal Battery Depletion

Years	1	2	3	at 44 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	99.9%	99.8%	99.8%
Effective Sample Size	63542	35888	11840	175
DDMB1D1		Evera	MRI	XT

US Market Release CE Approval Date	Oct-16	Total Malfunctions Therapy Function Not Compromised
Registered USA Implants Estimated Active USA Implants	1,592 1,587	Therapy Function Compromised





Years After Implant

Years	1	2	3	at 44 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	99.9%	99.8%	99.8%
Effective Sample Size	63542	35888	11840	175

DDMB1D4 Evera MR	I XT		
US Market Release	Sep-15	Total Malfunctions	4
CE Approval Date		Therapy Function Not Compromised	4
Registered USA Implants	17,740	Electrical Component	3
Estimated Active USA Implants	17,344	Electrical Interconnect	1
Normal Battery Depletions	2	Therapy Function Compromised	0



Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	2	3	at 44 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	99.9%	99.8%	99.8%
Effective Sample Size	63542	35888	11840	175

DDMB2D4

)4	Evera	· \/'
	H VAra	· · · · · ·

US Market Release CE Approval Date	Mar-14	Total Malfunctions Therapy Function Not Compromised
Registered USA Implants		
Estimated Active USA Implants		Therapy Function Compromised
Normal Battery Depletions		



Years After Implant

Excluding Normal Battery Depletion

 Including Normal Battery Depletion

Years	1	2	3	at 44 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	99.9%	99.8%	99.8%
Effective Sample Size	63542	35888	11840	175







Years	1	2	3	at 44 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	99.9%	99.8%	99.8%
Effective Sample Size	63542	35888	11840	175



Years After Implant

Excluding Normal Battery Depletion Including Normal Battery Depletion

Years at 8 mo Excluding NBD 100.0% Including NBD 100.0% Effective 159 Sample Size



Including NBD100.0Effective159Sample Size

DVBB1D1	Evera XT				
US Market Release		Apr-13	Total Malfunctions	5	
CE Approval Date			Therapy Function Not Compromised	4	
Registered USA Imp	olants	15,634	Battery Malfunction	1	
Estimated Active US	SA Implants	14,395	Electrical Component	3	
Normal Battery Depl	letions	7	Therapy Function Compromised	1	
			Electrical Component	1	
100%]			_		EVERA, VR, Survival Curve



Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	2	3	at 44 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.8%	99.8%
Effective Sample Size	42777	22808	6724	112

Evera X1

DVBB1D4

US Market Release	Apr-13	Total Malfunctions	10
CE Approval Date		Therapy Function Not Compromised	10
Registered USA Implants	22,151	Battery Malfunction	3
Estimated Active USA Implants	20,563	Electrical Component	5
Normal Battery Depletions	6	Other Malfunction	2
		Therapy Function Compromised	0



Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	2	3	at 44 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.8%	99.8%
Effective Sample Size	42777	22808	6724	112



Effective

Sample Size

42777

22808

6724

112

DVBC3D1 **Evera S US Market Release Total Malfunctions** 1 Apr-13 **CE Approval Date** Dec-12 **Therapy Function Not Compromised** 1 **Registered USA Implants** 4,013 Electrical Component 1 **Estimated Active USA Implants** 3,724 **Therapy Function Compromised** 0 **Normal Battery Depletions**



Excluding Normal Battery Depletion * Including Normal Battery Depletion

Years	1	2	3	at 44 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.8%	99.8%
Effective Sample Size	42777	22808	6724	112

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DVBC3D4 Evera S

US Market Release	Apr-13	Total Malfunctions	1
CE Approval Date	Dec-12	Therapy Function Not Compromised	1
Registered USA Implants	5,163	Battery Malfunction	1
Estimated Active USA Implants	4,785	Therapy Function Compromised	0

Normal Battery Depletions



Years After Implant

Years	1	2	3	at 44 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.8%	99.8%
Effective Sample Size	42777	22808	6724	112



Effective 159 Sample Size



Years After Implant

Years	1	2	3	at 44 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.8%	99.8%
Effective Sample Size	42777	22808	6724	112



A2DR01 Advisa D	R MRI		
US Market Release	Jan-13	Total Malfunctions	21
CE Approval Date		Therapy Function Not Compromised	19
Registered USA Implants	231,452	Electrical Component	10
Estimated Active USA Implants	222,019	Electrical Interconnect	2
Normal Battery Depletions	11	Other Malfunction	1
		Poss Early Battery Depltn	4
		Software Malfunction	2
		Therapy Function Compromised	2

2



Electrical Component

Years After Implant



Years	1	2	3	4	at 60 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	100.0%	99.9%	99.9%	99.4%
Effective Sample Size	144625	69438	22514	916	119

A3DR01 Advisa DR MRI

US Market Release		Total Malfunctions	
CE Approval Date	Jun-09	Therapy Function Not Compromised	
Registered USA Implants	1		
Estimated Active USA Implants	0	Therapy Function Compromised	
Normal Battery Depletions	1		
L 100%			A3DR01, A5DR01, EN1DR01, Survival Curve



Excluding Normal Battery Depletion
 Including Normal Battery Depletion

86

Years	1	2	3	4	at 60 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	100.0%	99.9%	99.9%	99.4%
Effective Sample Size	144625	69438	22514	916	119

A3SR01 Advisa	SR MRI		
US Market Release	Mar-15	Total Malfunctions	2
CE Approval Date	Apr-14	Therapy Function Not Compromised	2
Registered USA Implants	14,342	Electrical Component	1
Estimated Active USA Implant	s 13,773	Poss Early Battery Depltn	1
Normal Battery Depletions		Therapy Function Compromised	0

A3SR01, ENSR01, Survival Curve



Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years Excluding NBD	1 100.0%	mo 100.0%	
Including NBD	100.0%	100.0%	
Effective Sample Size	4191	198	
A4DR01		Advisa	a D

A4DRUT AUVISA DI	Υ.		
US Market Release	Apr-11	Total Malfunctions	
CE Approval Date		Therapy Function Not Compromised	
Registered USA Implants	1,535		
Estimated Active USA Implants	1,312	Therapy Function Compromised	
Normal Battery Depletions	2		



Years After Implant



Years	1	2	3	4	at 60 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	100.0%	99.9%	99.9%	99.4%
Effective Sample Size	144625	69438	22514	916	119



Adapta DR ADDR01 **US Market Release** Jul-06 **Total Malfunctions** 76 **CE Approval Date** Sep-05 **Therapy Function Not Compromised** 51 **Registered USA Implants** 445,020 **Electrical Component** 49 **Estimated Active USA Implants** 303,849 Electrical Interconnect 1 **Normal Battery Depletions** 13,734 Other Malfunction 1 **Therapy Function Compromised** 25 **Electrical Component** 20

Electrical Interconnect

Other Malfunction

3

2



Years After Implant

Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	at 117 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.8%	99.7%	99.5%	98.9%	97.5%	89.5%	67.6%	31.8%
Effective Sample Size	391219	351238	305594	256863	207122	160306	111057	62859	20294	1041

ADDR03 Adapta DR

US Market Release	Jul-06	Total Malfunctions	2
CE Approval Date	Sep-05	Therapy Function Not Compromised	1
Registered USA Implants	4,239	Electrical Component	1
Estimated Active USA Implants	2,663	Therapy Function Compromised	1
Normal Battery Depletions	198	Electrical Component	1



Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	at 117 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.8%	99.7%	99.5%	98.9%	97.5%	89.5%	67.6%	31.8%
Effective Sample Size	391219	351238	305594	256863	207122	160306	111057	62859	20294	1041

Adapta DR ADDR06 **US Market Release** Jul-06 **Total Malfunctions** 1 **CE Approval Date** Sep-05 **Therapy Function Not Compromised** 1 **Registered USA Implants** 3,225 Electrical Component 1 **Estimated Active USA Implants** 1,646 **Therapy Function Compromised** 0



Years After Implant

Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	at 117 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.8%	99.7%	99.5%	98.9%	97.5%	89.5%	67.6%	31.8%
Effective Sample Size	391219	351238	305594	256863	207122	160306	111057	62859	20294	1041

ADDRL1 Adapta DR

US Market Release	Jul-06	Total Malfunctions	14
CE Approval Date	Sep-05	Therapy Function Not Compromised	10
Registered USA Implants	129,675	Electrical Component	9
Estimated Active USA Implants	107,361	Electrical Interconnect	1
Normal Battery Depletions	361	Therapy Function Compromised	4
		Electrical Component	1
		Electrical Interconnect	1
		Other Malfunction	2



Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	at 120 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	100.0%	99.9%	99.8%	99.7%	99.5%	99.1%	98.4%	96.1%	89.1%
Effective Sample Size	111924	95814	77635	59511	42086	27873	16006	7777	2763	182





Years After Implant

Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Year	's 1	2	3	4	5	6	7	8	at 102 mo				
Excluding NB	D 100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%				
Including NB	D 99.8%	99.6%	99.4%	98.8%	97.0%	88.4%	66.7%	41.9%	34.6%				
Effectiv Sample Siz		32879	27419	22084	17002	11403	5117	948	189				
DSR01		Adap	ta SR	2									
JS Market I	Release			Jul-06	То	tal Malf	unction	s		13			
E Approva	al Date			Sep-05	Th	erapy F	unction	Not Co	mpromise	d 7			
Registered	USA Impl	ants		89,163	163 Electrical Component								
Estimated A	Active US/	A Implai	nts	52,883	883 Electrical Interconnect								
ormal Bat	tery Deple	tions		2,228		Poss Ea	rly Batte	ery Depli	n	1			
							-		omised	6			
						Electrica		-		5			
						Electrica				1			
						LIEGUIGE		meet		I			
100% 7	_		_			_	_	_		ADSRO	1, ADSRO	3, ADSR06,	Survival Curv
80% -											-		
0070											1		
60% -											1		
40% -													
												1	
80% - 60% - 40% - 20% -												1	
		1	- 1 -						-	-	1	-	-
0% -													

Years After Implant

Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	at 104 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.7%	99.3%	98.6%	97.1%	92.6%	74.6%	15.1%
Effective Sample Size	71852	59394	46649	35517	25834	17933	10892	3948	174

0%

0



5 Years After Implant 1

9

10

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6

Excluding Normal Battery Depletion
 Including Normal Battery Depletion

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Years	1	2	3	4	5	6	7	8	at 104 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.7%	99.3%	98.6%	97.1%	92.6%	74.6%	15.1%
Effective Sample Size	71852	59394	46649	35517	25834	17933	10892	3948	174

3

2

ADSR06 Adapta SR

US Market Release	Jul-06	Total Malfunctions	2
CE Approval Date	Sep-05	Therapy Function Not Compromised	2
Registered USA Implants	2,681	Electrical Component	2
Estimated Active USA Implants	1,287	Therapy Function Compromised	0
Normal Battery Depletions	123		







Years	1	2	3	4	5	6	7	8	at 104 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.7%	99.3%	98.6%	97.1%	92.6%	74.6%	15.1%
Effective Sample Size	71852	59394	46649	35517	25834	17933	10892	3948	174

20% 0% Ó







Years	1	2	3	4	5	6	7	8	9	at 117 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.6%	99.5%	99.1%	98.2%	97.2%	95.8%	86.5%	62.3%	28.5%	5.3%
Effective Sample Size	6002	5549	5101	4635	4200	3759	3069	1976	777	138





E2D03 EnPuise US Market Release Feb-04 Total Malfunctions CE Approval Date Sep-03 Therapy Function Not Compromised Registered USA Implants Sep-03 Therapy Function Compromised Estimated Active USA Implants Therapy Function Compromised Normal Battery Depletions 3, E2DR01, E2DR03, E2DR06, Survival Curve



Years After Implant

27 20

> 18 1 1

7 1 3

3

Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	10	2	3	4	5	6	7	8	9	at 126 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%
Including NBD	99.5%	99.4%	99.2%	98.7%	97.8%	96.1%	90.1%	70.2%	38.5%	13.7%	5.9%
Effective Sample Size	87966	80833	73890	67344	60914	54678	47031	33381	15995	4628	881

E2DR01 EnPulse DR

US Market Release	Feb-04	Total Malfunctions
CE Approval Date	Sep-03	Therapy Function Not Compromised
Registered USA Implants	97,447	Electrical Component
Estimated Active USA Implants	11,656	Other Malfunction
Normal Battery Depletions	22,201	Poss Early Battery Depltn
		Therapy Function Compromised
		Battery Malfunction
		Electrical Component
		Electrical Interconnect



Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	10	2	3	4	5	6	7	8	9	at 126 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%
Including NBD	99.5%	99.4%	99.2%	98.7%	97.8%	96.1%	90.1%	70.2%	38.5%	13.7%	5.9%
Effective Sample Size	87966	80833	73890	67344	60914	54678	47031	33381	15995	4628	881



US Market Release	Feb-04	Total Malfunctions	2
CE Approval Date	Sep-03	Therapy Function Not Compromised	1
Registered USA Implants	1,624	Poss Early Battery Depltn	1
Estimated Active USA Implants	172	Therapy Function Compromised	1
Normal Battery Depletions	314	Electrical Interconnect	1





Years	1	10	2	3	4	5	6	7	8	9	at 126 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%
Including NBD	99.5%	99.4%	99.2%	98.7%	97.8%	96.1%	90.1%	70.2%	38.5%	13.7%	5.9%
Effective Sample Size	87966	80833	73890	67344	60914	54678	47031	33381	15995	4628	881





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Years	1	10	2	3	4	5	6	7	8	9	at 126 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%
Including NBD	100.0%	100.0%	100.0%	100.0%	100.0%	99.1%	96.9%	94.1%	88.8%	68.4%	55.4%
Effective Sample Size	523	489	455	414	372	334	295	259	227	160	105



Excluding Normal Battery Depletion
 Including Normal Battery Depletion

											at 126
Years	1	10	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%	100.0%
Including NBD	100.0%	100.0%	100.0%	100.0%	100.0%	99.1%	96.9%	94.1%	88.8%	68.4%	55.4%
Effective Sample Size	523	489	455	414	372	334	295	259	227	160	105

E2SR01 EnPulse SR

US Market Release	Dec-03	Total Malfunctions	4
CE Approval Date	Sep-03	Therapy Function Not Compromised	3
Registered USA Implants	22,701	Electrical Component	2
Estimated Active USA Implants	2,120	Poss Early Battery Depltn	1
Normal Battery Depletions	2,996	Therapy Function Compromised	1
		Other Malfunction	1



Years After Implant



										at 111
Years	1	2	3	4	5	6	7	8	9	mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.5%	99.3%	98.6%	97.5%	95.6%	91.2%	77.8%	45.7%	10.1%	2.7%
Effective Sample Size	19747	16790	14315	12200	10094	8203	5950	2851	441	134



Normal Battery Depletions







Years	1	2	3	4	5	6	7	8	9	at 111 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.5%	99.3%	98.6%	97.5%	95.6%	91.2%	77.8%	45.7%	10.1%	2.7%
Effective Sample Size	19747	16790	14315	12200	10094	8203	5950	2851	441	134

221



Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	2	3	4	5	6	at 84 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.4%	99.4%	99.4%	98.9%	97.6%	83.4%	42.9%
Effective Sample Size	554	500	450	400	351	275	103

EMDR01 EnRhythm MRI

US Market Release		Total Malfunctions	23
CE Approval Date	Sep-08	Therapy Function Not Compromised	23
Registered USA Implants	111	Battery Malfunction	23
Estimated Active USA Implants	25	Therapy Function Compromised	0
Normal Battery Depletions	12		



Years After Implant

Years	1	2	3	4	5	at 69 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%
Including NBD	100.0%	99.9%	99.9%	99.8%	99.6%	98.8%
Effective Sample Size	60049	56315	52432	41493	17177	1323



Issue 76 2017 1st Edition



Years	1	2	3	4	5	6	7	at 87 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.3%	99.3%	99.3%	98.2%	96.9%	94.7%	93.1%	91.4%
Effective Sample Size	256	227	195	173	153	130	108	100







Years After Implant

23

14 10

1 2 1

9

6

Excluding Normal Battery Depletion
 Including Normal Battery Depletion

											at 125
Years	1	10	2	3	4	5	6	7	8	9	mo
Excluding NBD	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%
Including NBD	99.5%	99.3%	99.0%	98.4%	97.4%	95.0%	85.9%	59.9%	27.5%	7.3%	2.0%
Effective Sample Size	109129	99802	90749	82082	73618	65173	53726	33247	12731	2554	519

KDR401 Kappa 400 DR

US Market Release	Jan-98	Total Malfunctions
CE Approval Date	Nov-96	Therapy Function Not Compromised
Registered USA Implants	39,352	Electrical Component
Estimated Active USA Implants	1,856	Electrical Interconnect
Normal Battery Depletions	7,238	Other Malfunction
		Poss Early Battery Depltn
		Therapy Function Compromised
		Electrical Component



									at 103
Years	1	2	3	4	5	6	7	8	mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%
Including NBD	99.6%	99.5%	99.2%	98.7%	97.4%	93.9%	78.2%	36.8%	1.4%
Effective Sample Size	41421	38325	35196	32191	28858	24936	18091	6472	563

Kappa 400 DR **KDR403 US Market Release** Jan-98 **Total Malfunctions** 6 **CE Approval Date** Nov-96 **Therapy Function Not Compromised** 2 **Registered USA Implants** 7,305 **Electrical Component** 1 **Estimated Active USA Implants** 533 Poss Early Battery Depltn 1 **Normal Battery Depletions** 1,193 **Therapy Function Compromised** 4 **Electrical Component** 1 Electrical Interconnect 3



Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	at 103 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%
Including NBD	99.6%	99.5%	99.2%	98.7%	97.4%	93.9%	78.2%	36.8%	1.4%
Effective Sample Size	41421	38325	35196	32191	28858	24936	18091	6472	563
KDR700		Kapp	a 700	DR					

US Market Release		Total Malfunctions
CE Approval Date		Therapy Function Not Compromised
Registered USA Implants	15	
Estimated Active USA Implants		Therapy Function Compromised
Normal Battery Depletions	4	



Years After Implant



										at 112
Years	1	2	3	4	5	6	7	8	9	mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%	99.9%	99.8%	99.7%	99.6%	99.4%	99.4%
Including NBD	99.4%	99.2%	98.8%	97.9%	96.2%	92.3%	80.1%	51.1%	14.9%	2.6%
Effective Sample Size	167645	152726	138235	123727	109556	94147	72300	38576	8048	1729
Kappa 700 DR

00 DR		
Jan-99	Total Malfunctions	699
Mar-98	Therapy Function Not Compromised	46
194,278	Battery Malfunction	1
11,072	Electrical Component	23
37,229	Electrical Interconnect	18
	Other Malfunction	1
	Poss Early Battery Depltn	3
	Jan-99 Mar-98 194,278 11,072	Jan-99Total MalfunctionsMar-98Therapy Function Not Compromised194,278Battery Malfunction11,072Electrical Component37,229Electrical Interconnect Other Malfunction

Therapy Function Compromised 653 **Electrical Component** 16 Electrical Interconnect 636 Poss Early Battery Depltn 1



Years After Implant

										at 112
Years	1	2	3	4	5	6	7	8	9	mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%	99.9%	99.8%	99.7%	99.6%	99.4%	99.4%
Including NBD	99.4%	99.2%	98.8%	97.9%	96.2%	92.3%	80.1%	51.1%	14.9%	2.6%
Effective Sample Size	167645	152726	138235	123727	109556	94147	72300	38576	8048	1729

Kappa 700 DR **KDR703 US Market Release** Feb-99 **Total Malfunctions** 34 **CE Approval Date** Mar-98 **Therapy Function Not Compromised** 4 **Registered USA Implants** 9,278 **Electrical Component** 3 **Estimated Active USA Implants** 544 Poss Early Battery Depltn 1 **Normal Battery Depletions** 1,543 **Therapy Function Compromised** 30 **Electrical Component** 1 **Electrical Interconnect** 29



Excluding Normal Battery Depletion Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	at 112 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%	99.9%	99.8%	99.7%	99.6%	99.4%	99.4%
Including NBD	99.4%	99.2%	98.8%	97.9%	96.2%	92.3%	80.1%	51.1%	14.9%	2.6%
Effective Sample Size	167645	152726	138235	123727	109556	94147	72300	38576	8048	1729

KDR706

Kappa 700 DR

US Market Release	Feb-99	Total Malfunctions	10
CE Approval Date	Mar-98	Therapy Function Not Compromised	1
Registered USA Implants	2,638	Electrical Interconnect	1
Estimated Active USA Implants	119	Therapy Function Compromised	9
Normal Battery Depletions	406	Electrical Interconnect	9



Years After Implant



										at 112
Years	1	2	3	4	5	6	7	8	9	mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%	99.9%	99.8%	99.7%	99.6%	99.4%	99.4%
Including NBD	99.4%	99.2%	98.8%	97.9%	96.2%	92.3%	80.1%	51.1%	14.9%	2.6%
Effective Sample Size	167645	152726	138235	123727	109556	94147	72300	38576	8048	1729

Kappa 700 DR **KDR721 US Market Release** Feb-99 **Total Malfunctions** 5 Mar-98 **Therapy Function Not Compromised** 1 **CE Approval Date Registered USA Implants** 9,828 **Electrical Component** 1 **Estimated Active USA Implants** 481 **Therapy Function Compromised** 4 **Normal Battery Depletions** 1,366 Electrical Interconnect 4



Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	2	3	4	5	6	at 79 mo
rears		-	0	-	0	0	ino
Excluding NBD	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%
Including NBD	99.8%	99.3%	98.0%	94.4%	83.7%	45.7%	8.9%
Effective Sample Size	8254	7241	6278	5251	3977	1530	237

KDR901 Kappa 900 DR **US Market Release** Jan-02 **Total Malfunctions CE Approval Date** Sep-01 **Therapy Function Not Compromised Registered USA Implants** 120,909 **Electrical Component Estimated Active USA Implants** 9,544 Electrical Interconnect **Normal Battery Depletions** 27,181 **Therapy Function Compromised Electrical Component** Electrical Interconnect



70

20

16

4

50

10

40

Years After Implant

Excluding Normal Battery Depletion
 Including Normal Battery Depletion

											at 125
Years	1	10	2	3	4	5	6	7	8	9	mo
Excluding NBD	100.0%	99.9%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%
Including NBD	99.5%	99.3%	99.0%	98.4%	97.4%	95.0%	85.9%	59.9%	27.5%	7.3%	2.0%
Effective Sample Size	109129	99802	90749	82082	73618	65173	53726	33247	12731	2554	519



Kappa 900 DR **KDR921 US Market Release** Jan-02 **Total Malfunctions** 4 **CE Approval Date** Sep-01 **Therapy Function Not Compromised** 1 **Registered USA Implants** 16,324 Electrical Component 1 **Estimated Active USA Implants** 911 **Therapy Function Compromised** 3 **Normal Battery Depletions** 2,910 Electrical Interconnect 3 KDR921, Survival Curve



Years After Implant

Years	1	2	3	4	5	6	at 82 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%
Including NBD	99.2%	98.4%	97.5%	94.4%	85.0%	48.2%	2.9%
Effective Sample Size	13656	12087	10613	9080	7142	3106	184

KSR401 Kappa 40	DO SR		
US Market Release	Feb-98	Total Malfunctions	4
CE Approval Date	Nov-96	Therapy Function Not Compromised	4
Registered USA Implants	11,785	Electrical Component	3
Estimated Active USA Implants	513	Poss Early Battery Depltn	1
Normal Battery Depletions	1,297	Therapy Function Compromised	0







Years	1	2	3	4	5	6	7	8	at 100 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.5%	99.1%	98.7%	97.6%	96.5%	92.7%	79.0%	35.8%	8.1%
Effective Sample Size	12153	10501	9014	7722	6470	5190	3595	1120	281



Excluding Normal Battery Depletion
 Including Normal Battery Depletion

22

3

1

1

1

19

2

Years	1	2	3	4	5	6	7	8	at 100 mo	
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Including NBD	99.5%	99.1%	98.7%	97.6%	96.5%	92.7%	79.0%	35.8%	8.1%	
Effective Sample Size	12153	10501	9014	7722	6470	5190	3595	1120	281	

Kappa 700 SR **KSR701 US Market Release** Jan-99 **Total Malfunctions CE Approval Date** Mar-98 **Therapy Function Not Compromised Registered USA Implants** 48,612 **Electrical Component Estimated Active USA Implants** 2,660 Electrical Interconnect **Normal Battery Depletions** 5,197 Poss Early Battery Depltn **Therapy Function Compromised Electrical Component**



Years	1	2	3	4	5	6	7	8	at 107 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%
Including NBD	99.5%	99.1%	98.3%	96.7%	93.6%	88.1%	74.0%	43.4%	2.1%
Effective Sample Size	43180	36556	30662	25557	20812	16332	11324	5108	280





Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	at 119 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%
Including NBD	99.4%	98.9%	98.5%	97.2%	95.5%	91.9%	80.0%	49.2%	16.7%	3.0%
Effective Sample Size	28635	24217	20635	17358	14465	11822	8728	4392	1109	111

KSR903 Kappa 900 SR

US Market Release	Jan-02	Total Malfunctions	1
CE Approval Date	Sep-01	Therapy Function Not Compromised	1
Registered USA Implants	1,381	Electrical Component	1
Estimated Active USA Implants	87	Therapy Function Compromised	0
Normal Battery Depletions	166		



Years After Implant

Excluding Normal Battery Depletion
 Including Normal Battery Depletion

										at 119
Years	1	2	3	4	5	6	7	8	9	mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%
Including NBD	99.4%	98.9%	98.5%	97.2%	95.5%	91.9%	80.0%	49.2%	16.7%	3.0%
Effective Sample Size	28635	24217	20635	17358	14465	11822	8728	4392	1109	111



1 **Years After Implant**

12

10

Excluding Normal Battery Depletion
 Including Normal Battery Depletion

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Years	1	2	3	4	5	6	7	8	9	at 119 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%
Including NBD	99.4%	98.9%	98.5%	97.2%	95.5%	91.9%	80.0%	49.2%	16.7%	3.0%
Effective Sample Size	28635	24217	20635	17358	14465	11822	8728	4392	1109	111

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KVDD901 Kappa 900 VDD

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US Market Release	Jan-02	Total Malfunctions
CE Approval Date	Sep-01	Therapy Function Not Compromised
Registered USA Implants	639	
Estimated Active USA Implants	57	Therapy Function Compromised
Normal Battery Depletions	85	



Years After Implant

Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	2	3	4	5	6	at 80 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	100.0%	100.0%	99.5%	98.3%	87.1%	48.0%
Effective Sample Size	532	480	429	375	330	241	131

P1501DR EnRhyt	nm DR		
US Market Release	May-05	Total Malfunctions	14,827
CE Approval Date	Aug-04	Therapy Function Not Compromised	14,772
Registered USA Implants	110,110	Battery Malfunction	14,645
Estimated Active USA Implants	27,431	Electrical Component	58
Normal Battery Depletions	12,998	Electrical Interconnect	2
		Other Malfunction	1
		Poss Early Battery Depltn	66
		Therapy Function Compromised	55
		Battery Malfunction	6
		Electrical Component	38
		Electrical Interconnect	4

Other Malfunction

5



Years	1	10	2	3	4	5	6	7	8	9	at 123 mo
Excluding NBD	99.9%	73.8%	99.9%	99.7%	98.0%	93.7%	87.0%	81.4%	77.2%	74.4%	73.8%
Including NBD	99.8%	99.7%	99.2%	96.8%	90.4%	78.6%	64.1%	47.7%	31.7%	13.2%	4.5%
Effective Sample Size	95556	89218	83172	76154	66149	51230	33982	19249	8949	1690	315





RESR01 Relia SR

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







									at 104
Years	1	2	3	4	5	6	7	8	mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.7%	99.3%	98.6%	97.1%	92.6%	74.6%	15.1%
Effective Sample Size	71852	59394	46649	35517	25834	17933	10892	3948	174



40% 20% 0%





Years After Implant



Years	1	10	11	12	13	14	2	3	4	5	6	7	8	9	at 175 mo
Excluding NBD	100.0%	99.4%	99.4%	99.3%	99.2%	99.2%	100.0%	100.0%	99.9%	99.9%	99.8%	99.7%	99.6%	99.5%	99.2%
Including NBD	99.7%	99.6%	99.4%	99.1%	98.7%	98.0%	96.8%	94.1%	89.7%	82.3%	70.8%	54.6%	39.5%	26.9%	16.6%
Effective Sample Size	88298	78253	69207	60878	53401	46768	40570	35095	30115	23984	17015	9831	4679	1315	148

Sigma 200 DR **SDR203 US Market Release** Aug-99 **Total Malfunctions** 41 **CE Approval Date** Dec-98 **Therapy Function Not Compromised** 10 **Registered USA Implants** 15,632 **Electrical Component** 1 **Estimated Active USA Implants** 1,354 **Electrical Interconnect** 9 **Normal Battery Depletions** 1,424 **Therapy Function Compromised** 31 **Electrical Component** 2 **Electrical Interconnect** 28 Other Malfunction 1 SDR203, SD203, Survival Curve 100%



Years After Implant

Years	1	10	11	12	13	2	3	4	5	6	7	8	9	at 167 mo
Excluding NBD	100.0%	99.4%	99.4%	99.2%	99.1%	100.0%	100.0%	100.0%	100.0%	100.0%	99.8%	99.6%	99.5%	99.1%
Including NBD	99.6%	99.5%	99.4%	99.0%	98.6%	97.6%	95.4%	91.9%	86.7%	78.0%	64.5%	47.2%	30.4%	17.6%
Effective Sample Size	12993	11524	10117	8937	7804	6770	5739	4826	4015	3183	2275	1303	586	130

SDR303 Sigma 30	0 DR		
US Market Release	Aug-99	Total Malfunctions	284
CE Approval Date	Dec-98	Therapy Function Not Compromised	60
Registered USA Implants	105,513	Electrical Component	9
Estimated Active USA Implants	14,567	Electrical Interconnect	49
Normal Battery Depletions	9,293	Other Malfunction	1
		Poss Early Battery Depltn	1
		Therapy Function Compromised	224
		Electrical Component	7
		Electrical Interconnect	216
		Other Malfunction	1
(1) where the second seco			CDD201



Years After Implant

Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	10	11	12	13	14	2	3	4	5	6	7	8	9	at 175 mo
Excluding NBD	100.0%	99.4%	99.4%	99.3%	99.2%	99.2%	100.0%	100.0%	99.9%	99.9%	99.8%	99.7%	99.6%	99.5%	99.2%
Including NBD	99.7%	99.6%	99.4%	99.1%	98.7%	98.0%	96.8%	94.1%	89.7%	82.3%	70.8%	54.6%	39.5%	26.9%	16.6%
Effective Sample Size	88298	78253	69207	60878	53401	46768	40570	35095	30115	23984	17015	9831	4679	1315	148

SDR306 Sigma 300 DR

			/
US Market Release	Aug-99	Total Malfunctions	5
CE Approval Date	Dec-98	Therapy Function Not Compromised	0
Registered USA Implants	1,209		
Estimated Active USA Implants	94	Therapy Function Compromised	5
Normal Battery Depletions	161	Electrical Interconnect	5



Excluding Normal Battery Depletion
 Including Normal Battery Depletion

															at 175
Years	1	10	11	12	13	14	2	3	4	5	6	7	8	9	mo
Excluding NBD	100.0%	99.4%	99.4%	99.3%	99.2%	99.2%	100.0%	100.0%	99.9%	99.9%	99.8%	99.7%	99.6%	99.5%	99.2%
Including NBD	99.7%	99.6%	99.4%	99.1%	98.7%	98.0%	96.8%	94.1%	89.7%	82.3%	70.8%	54.6%	39.5%	26.9%	16.6%
Effective Sample Size	88298	78253	69207	60878	53401	46768	40570	35095	30115	23984	17015	9831	4679	1315	148

SED01Sensia DUS Market ReleaseJul-06Total MalfunctionsCE Approval DateSep-05Therapy Function Not CompromisedRegistered USA Implants5Estimated Active USA Implants4Therapy Function Compromised



Excluding Normal Battery Depletion
 Including Normal Battery Depletion

										at 118
Years	1	2	3	4	5	6	7	8	9	mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.8%	99.7%	99.4%	98.7%	96.7%	86.9%	64.8%	34.1%
Effective Sample Size	125503	110302	94629	78931	63637	48522	33736	17948	5089	132

SEDR01 Sensia DR

US Market Release	Jul-06	Total Malfunctions	30
CE Approval Date	Sep-05	Therapy Function Not Compromised	16
Registered USA Implants	149,196	Electrical Component	14
Estimated Active USA Implants	87,013	Electrical Interconnect	1
Normal Battery Depletions	4,972	Other Malfunction	1
		Therapy Function Compromised	14
		Electrical Component	6
		Electrical Interconnect	3
		Other Malfunction	5



										at 118
Years	1	2	3	4	5	6	7	8	9	mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.8%	99.7%	99.4%	98.7%	96.7%	86.9%	64.8%	34.1%
Effective Sample Size	125503	110302	94629	78931	63637	48522	33736	17948	5089	132



SES01	Sensia S			
US Market Release		Jul-06	Total Malfunctions	
CE Approval Date		Sep-05	Therapy Function Not Compromised	
Registered USA Imp	olants	6		
Estimated Active US	SA Implants	1	Therapy Function Compromised	
Normal Battery Dep	letions			







Years	1	2	3	4	5	6	7	8	at 106 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.8%	99.7%	99.4%	99.0%	98.1%	95.0%	81.8%	21.6%
Effective Sample Size	86056	71707	57343	44466	32800	22622	13801	5426	170

SESR01 Sensia SR 11 **US Market Release** Jul-06 **Total Malfunctions CE Approval Date** Sep-05 **Therapy Function Not Compromised** 8 7 **Registered USA Implants** 114,036 **Electrical Component Estimated Active USA Implants** 63,871 Other Malfunction 1 **Normal Battery Depletions** 2,495 **Therapy Function Compromised** 3 Electrical Component 2 **Electrical Interconnect** 1



Years After Implant



Years	1	2	3	4	5	6	7	8	at 106 mo						
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%						
Including NBD	99.9%	99.8%	99.7%	99.4%	99.0%	98.1%	95.0%	81.8%	21.6%						
Effective Sample Size	86056	71707	57343	44466	32800	22622	13801	5426	170						
S103		Sigm	a 100	S											
JS Market Re	lease			Aug-99	То	tal Malf	unction	s							
E Approval	Date			Dec-98	Th	erapy F	unction	Not Co	mpromis	ed					
Registered U	SA Impla	ants		774											
Estimated Ac	tive USA	A Implar	nts	68	Th	erapy F	unction	Compr	omised						
ormal Batte	ry Deple	tions		34											
100%	_		-	-	_	-					S	S103,	SS106	, Surv	ival Curv
80% -						~									
60% -															
80% - 60% - 40% - 20% -															
20% -															
0%			-	-	- ni	1 1		1 1	-	1 1	 1	1	- í-		-

Years After Implant

Excluding Normal Battery Depletion
 Including Normal Battery Depletion

									at 103
Years	1	2	3	4	5	6	7	8	mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	100.0%	99.8%	99.8%	99.0%	99.0%	97.9%	96.4%	92.1%
Effective Sample Size	600	473	371	294	225	189	154	122	101





Years After Implant

Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	10	11	12	13	14	2	3	4	5	6	7	8	9	at 169 mo
Excluding NBD	100.0%	99.7%	99.6%	99.6%	99.6%	99.6%	100.0%	100.0%	100.0%	100.0%	99.9%	99.8%	99.7%	99.7%	99.6%
Including NBD	99.8%	99.6%	99.3%	98.9%	98.4%	97.6%	96.1%	93.5%	88.6%	80.5%	66.7%	50.7%	38.8%	26.4%	24.3%
Effective Sample Size	41049	33923	28101	23368	19477	16207	13478	11214	9119	6860	4409	2386	1139	193	141

SSR203 Sigma 200 SR

US Market Release CE Approval Date	Sep-99	Total Malfunctions Therapy Function Not Compromised	14 0
Registered USA Implants	12,119		Ū
Estimated Active USA Implants	855	Therapy Function Compromised	14
Normal Battery Depletions	667	Electrical Interconnect	14



Years After Implant

Years	1	10	11	12	13	2	3	4	5	6	7	8	9	at 158 mo
Excluding NBD	100.0%	99.6%	99.6%	99.6%	99.6%	100.0%	100.0%	100.0%	99.9%	99.8%	99.8%	99.7%	99.6%	99.6%
Including NBD	99.6%	99.4%	99.1%	98.8%	98.1%	96.9%	95.1%	91.9%	85.3%	74.7%	55.6%	36.9%	23.2%	19.3%
Effective Sample Size	9080	7460	6152	5106	4214	3485	2816	2324	1817	1337	826	396	148	108



0% 12 0 ø 10 15 1 13 A.B. 19 **Years After Implant**

Excluding Normal Battery Depletion Including Normal Battery Depletion

Years	1	10	11	12	13	14	2	3	4	5	6	7	8	9	at 169 mo
Excluding NBD	100.0%	99.7%	99.6%	99.6%	99.6%	99.6%	100.0%	100.0%	100.0%	100.0%	99.9%	99.8%	99.7%	99.7%	99.6%
Including NBD	99.8%	99.6%	99.3%	98.9%	98.4%	97.6%	96.1%	93.5%	88.6%	80.5%	66.7%	50.7%	38.8%	26.4%	24.3%
Effective Sample Size	41049	33923	28101	23368	19477	16207	13478	11214	9119	6860	4409	2386	1139	193	141

2

1

1

1

1

SSR306	Sigma	300
US Market Release		

US Market Release	Sep-99	Total Malfunctions
CE Approval Date	Dec-98	Therapy Function Not Compromised
Registered USA Implants	2,216	Electrical Component
Estimated Active USA Implants	165	Therapy Function Compromised
Normal Battery Depletions	154	Electrical Interconnect

SR



										_		_			at 169
Years	1	10	11	12	13	14	2	3	4	5	6	7	8	9	mo
Excluding NBD	100.0%	99.7%	99.6%	99.6%	99.6%	99.6%	100.0%	100.0%	100.0%	100.0%	99.9%	99.8%	99.7%	99.7%	99.6%
Including NBD	99.8%	99.6%	99.3%	98.9%	98.4%	97.6%	96.1%	93.5%	88.6%	80.5%	66.7%	50.7%	38.8%	26.4%	24.3%
Effective Sample Size	41049	33923	28101	23368	19477	16207	13478	11214	9119	6860	4409	2386	1139	193	141



Years After Implant

Excluding Normal Battery Depletion
 Including Normal Battery Depletion

									at 108
Years	1	2	3	4	5	6	7	8	mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	99.5%	99.5%
Including NBD	100.0%	100.0%	100.0%	100.0%	99.7%	98.6%	95.1%	89.1%	66.9%
Effective Sample Size	529	459	411	363	315	263	209	164	103

VEDR01 Versa DR

US Market Release	Jul-06	Total Malfunctions	17
CE Approval Date	Sep-05	Therapy Function Not Compromised	9
Registered USA Implants	114,861	Electrical Component	7
Estimated Active USA Implants	67,354	Electrical Interconnect	2
Normal Battery Depletions	5,129	Therapy Function Compromised	8
		Electrical Component	4
		Other Malfunction	4



										at 118
Years	1	2	3	4	5	6	7	8	9	mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.8%	99.7%	99.3%	98.6%	96.4%	86.0%	61.6%	28.0%
Effective Sample Size	96636	86514	75921	64990	53468	42216	30463	17472	5676	169

Method for Estimating Lead Performance

Medtronic Cardiac Rhythm and Heart Failure (CRHF) has tracked lead survival for over 32 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 95,000 leads, with data reported from countries around the world. Throughout this time period, Medtronic has continually worked to adapt systems and processes to more effectively monitor product performance following market release. The following summarizes current registry requirements.

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

To ensure a sufficiently large and representative source of data, participating clinical sites must meet prespecified selection criteria. Patients are enrolled upon implantation of a Medtronic Cardiac rhythm product. Every effort is made to ensure participants are representative of the range of clinical environments in which Medtronic cardiac rhythm products are used. Eligible products for enrollment include Medtronic marketreleased cardiac rhythm therapy products for which additional information to further characterize product performance following market release is desired. Number of enrollments is reviewed regularly to ensure adequate sample size is obtained for each individual product. Enrollment may be capped and follow-up discontinued when sufficient duration and precision is achieved to effectively characterize product survivability.

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

Patients are eligible for enrollment if:

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

Each site is require to inform Medtronic whenever a lead event has occurred, a lead is modified, or when a patient is no longer participating. Timely, accurate, and complete reporting and analysis of safety information for surveillance is crucial for the protection of patients, clinicians, and the sponsor Medtronic continually evaluates the quality and integrity of the data through a combination of on-site and centralized monitoring activities.

Lead Complications

Chronic lead performance is characterized by estimating lead related complication free survival probabilities. For analysis purposes, the complication criteria, which align with the AdvaMed 'Industry Guidance for Uniform Reporting of Clinical Performance of Cardiac Rhythm Management Pulse Generators and Leads', are defined below. These criteria do not, however, enable a lead integrity or "hardware" failure to be conclusively differentiated from other clinical events such as an undetected lead dislodgement, perforation, or concurrent pulse generator failure manifested as a sensing or capture problem.

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

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

Data Analysis Methods

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

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

On the following pages, each graph includes a survival curve for each lead model. The survival estimates is the probability that a lead is free of a product performance event at a given time point. For example, if a survival probability is 95% after 5 years of service, then the lead has a 5% chance of experiencing a lead-related complication in the first 5 years following implant.

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

The survival curves are statistical estimates. As sample size increases and performance experience accumulates, the estimation improves. Confidence intervals are provided as a way to indicate the degree of certainty of the estimates. Greenwood's formula is used to calculate the standard errors, and the log-log method is used to produce the 2-sided 95% confidence bounds.

Since the survival estimate can become very imprecise with small effective sample sizes, Medtronic truncates the survival curve when the number of leads entering an interval is less than 50 leads. When the number of leads entering an interval reaches 50, the next data point is added to the survival

curve. For those lead models that do not have sufficient sample size, a survival curve will not be presented.

Definition of Analysis Dataset

The survival estimates are derived from all device components successfully enrolled as of the data received cut-off date (e.g. date of data entry at a study site). The number of enrollments is listed for each lead model.

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

Criteria for Model Inclusion

Performance information for a model or model family will be published when more than 100 leads have been enrolled and no fewer than 50 leads followed for at least 6 months. Medtronic, at its discretion, may stop providing updated performance information on lead models that received original US market-release approval 20 or more years ago.

Returned Product Analysis Results

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

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

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

Conductor Fracture: Conductor malfunction with complete or intermittent loss of continuity that could interrupt current flow (e.g., fractured conductors), including those associated with clavicle flex fatigue or crush damage.

Insulation Breach: A malfunction of the insulation allowing inappropriate entry of body fluids or inappropriate current flow between the conductors, or between the conductor and the body. Examples include cuts, tears, depressions, abrasions, and material degradation.

Crimps/Welds/Bonds: Any malfunction in a conductor or lead body associated with a point of connection.

Other: Malfunctions of specific lead mechanical attributes, such as sensors, connectors, seal rings, or malfunction modes not included in the three categories above.

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

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

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

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

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

Information about the clinical experience in the first month of service is included in our reporting. The source for this information is Medtronic's complaint handling system database. The information is summarized in tables titled "US Reports of Acute Lead Observations."

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

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

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

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

Estimated Number of Implanted and Active Leads in the United States

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

Footnotes:

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

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

US Ma	arket R		tSecur	<u> </u>	Aug-05				ad Draider of	Anolusi		h a a m a 41
	oproval	CICASE			Jan-03				ned Product		US Acute Lead O	pservations
		JSA Impla	nts		28,018			Conductor Fra		12	Cardiac Perforation	
-		ctive USA			19,678			Insulation Brea	ach	29	Conductor Fracture	
Fixatio			mplanto		Fixed Sci	ew		Other		3	Failure To Capture	
Pace S					Bipolar						Failure To Sense	
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mulative	Month	s of Follov	vup		43	430	Conduc	ctor Fracture			ad Dislodgement	3
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50% -

Years at mo



Months After Implant

	US Market F	-	ure Se		Jun-02			US Retu	rned P	roduct A	nalvsis	US Acute Lead Observ	ations
	CE Approva	I			Feb-02			Conductor F			8	Cardiac Perforation	
	Registered	USA Impla	nts		110,136			Insulation B			34	Conductor Fracture	
	Estimated A	Active USA	Implants		62,324		I		reach		54	Extracardiac Stimulation	
F	Fixation Type	Э			Tines							Failure To Capture	
F	Pace Sense	Polarity			Bipolar							Failure To Sense	
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er roc uml	<pre>% 99.6% # 214 htricular duct Surve ber of Leads ulative Month</pre>	99.6% 205 Placem illance R Enrolled ir ns of Follov	99.6% 198 nent egistry R a Study vup	99.6% 179	99.6% 162 1	99.6% 154 ,108 ,235	99.6% 146 Qualify Conduc	99.6% 131 ying Com	99.6% 118 plication	99.6% 87	99.6% 60 1 Imp 2 Inst	edance Out of Range ulation Breach id Dislodgement	1
ہ er roc uml umi	99.6% # 214 ntricular duct Surve ber of Leads ulative Month ber of Leads	99.6% 205 Placem illance R Enrolled ir ns of Follov	99.6% 198 nent egistry R a Study vup	99.6% 179	99.6% 162 1	99.6% 154 ,108 ,235	99.6% 146 Qualify Conduc	99.6% 131 ying Com	99.6% 118 plication	99.6% 87	99.6% 60 1 Imp 2 Insu Lea	edance Out of Range ulation Breach id Dislodgement	1 2
9 er roc uml umi uml	99.6% # 214 214 htricular duct Surve ber of Leads ulative Month ber of Leads 100% ~	99.6% 205 Placem illance R Enrolled ir ns of Follov	99.6% 198 nent egistry R a Study vup	99.6% 179	99.6% 162 1	99.6% 154 ,108 ,235	99.6% 146 Qualify Conduc	99.6% 131 ying Com	99.6% 118 plication	99.6% 87	99.6% 60 1 Imp 2 Insu Lea	edance Out of Range ulation Breach id Dislodgement	1 2
9 er roc uml umi	99.6% # 214 ntricular duct Surve ber of Leads ulative Month ber of Leads 100% 90% -	99.6% 205 Placem illance R Enrolled ir ns of Follov	99.6% 198 nent egistry R a Study vup	99.6% 179	99.6% 162 1	99.6% 154 ,108 ,235	99.6% 146 Qualify Conduc	99.6% 131 ying Com	99.6% 118 plication	99.6% 87	99.6% 60 1 Imp 2 Insu Lea	edance Out of Range ulation Breach id Dislodgement	1 2
9 er roc uml umi uml	99.6% # 214 214 antricular duct Surve ber of Leads ulative Month ber of Leads 100% - 90% - 80% -	99.6% 205 Placem illance R Enrolled ir ns of Follov	99.6% 198 nent egistry R a Study vup	99.6% 179	99.6% 162 1	99.6% 154 ,108 ,235	99.6% 146 Qualify Conduc	99.6% 131 ying Com	99.6% 118 plication	99.6% 87	99.6% 60 1 Imp 2 Insu Lea	edance Out of Range ulation Breach id Dislodgement	1 2
9 er roc uml umi	99.6% # 214 ntricular duct Surve ber of Leads ulative Month ber of Leads 100% 90% 80% 70%	99.6% 205 Placem illance R Enrolled ir ns of Follov	99.6% 198 nent egistry R a Study vup	99.6% 179	99.6% 162 1	99.6% 154 ,108 ,235	99.6% 146 Qualify Conduc	99.6% 131 ying Com	99.6% 118 plication	99.6% 87	99.6% 60 1 Imp 2 Insu Lea	edance Out of Range ulation Breach ad Dislodgement er	1 2
9 er roc uml umi	99.6% # 214 214 antricular duct Surve ber of Leads ulative Month ber of Leads 100% - 90% - 80% -	99.6% 205 Placem illance R Enrolled ir ns of Follov	99.6% 198 nent egistry R a Study vup	99.6% 179	99.6% 162 1	99.6% 154 ,108 ,235	99.6% 146 Qualify Conduc	99.6% 131 ying Com	99.6% 118 plication	99.6% 87	99.6% 60 1 Imp 2 Insu Lea	Upper 95 Pct Confidence	1 2
9 er roc uml umi uml	99.6% # 214 ntricular duct Surve ber of Leads ulative Month ber of Leads 100% 90% 80% 70%	99.6% 205 Placem Fillance R Enrolled ir ns of Follov Active in S	99.6% 198 nent egistry R a Study vup Study	99.6% 179 Sesults	99.6% 162 1 55	99.6% 154 ,108 ,235 431	99.6% 146 Qualif Conduc Failure	99.6% 131 ying Com	99.6% 118 plication	99.6% 87 15	99.6% 60 1 Imp 2 Insu Lea Oth	edance Out of Range ulation Breach ad Dislodgement er Upper 95 Pct Confidence Cumulative Survival Probability	1 2
9 er oc iml imi	99.6% # 214 ntricular duct Surve ber of Leads ulative Month ber of Leads 100% 90% 90% 90% 90% 60%	99.6% 205 Placem Fillance R Enrolled ir ns of Follov Active in S	99.6% 198 nent egistry R a Study vup	99.6% 179	99.6% 162 1	99.6% 154 ,108 ,235 431	99.6% 146 Qualify Conduc	99.6% 131 ying Com	99.6% 118 plication	99.6% 87	99.6% 60 1 Imp 2 Insu Lea	edance Out of Range ulation Breach ad Dislodgement er Upper 95 Pct Confidence Cumulative Survival Probability	1 2
° roc uml umi umi	99.6% # 214 ntricular duct Surve ber of Leads ulative Month ber of Leads 100% 90% 90% 90% 90% 60% 50%	99.6% 205 Placem Fillance R Enrolled ir ns of Follov Active in S	99.6% 198 nent egistry R a Study vup Study	99.6% 179 Sesults	99.6% 162 1 55	99.6% 154 ,108 ,235 431	99.6% 146 Qualif Conduc Failure	99.6% 131 ying Com tor Fracture To Capture	99.6% 118 plication	99.6% 87 15	99.6% 60 1 Imp 2 Insu Lea Oth	edance Out of Range ulation Breach ad Dislodgement er Upper 95 Pct Confidence Cumulative Survival Probability	1 2
'er roc umi umi	99.6% # 214 ntricular duct Surve ber of Leads ulative Month ber of Leads 100% 90% 90% 90% 90% 90% 90% 90% 90% 0	99.6% 205 Placem Fillance R Enrolled ir ns of Follov Active in S	99.6% 198 nent egistry R a Study vup Study	99.6% 179 Sesults	99.6% 162 1 55	99.6% 154 ,108 ,235 431	99.6% 146 Qualif Conduc Failure	99.6% 131 ying Com tor Fracture To Capture	99.6% 118 plication	99.6% 87 15	99.6% 60 1 Imp 2 Insu Lea Oth	edance Out of Range ulation Breach ad Dislodgement er Upper 95 Pct Confidence Cumulative Survival Probability	1 2

#

		ureFix	110105									
	et Release			Feb-04			US Retu	Irned P	roduct An	alysis	US Acute Lead Obser	rvations
CE Appro				Jun-04			Conductor I	Fracture		76	Cardiac Perforation	
0	ed USA Impla			540,878			Crimp Weld	Bond		1	Conductor Fracture	
	d Active USA	Implants		369,150		1	Insulation B	Breach		90	Extracardiac Stimulation	
Fixation Ty				Active Sc	rew In		Other			21	Failure To Capture	
Pace Sens	,			Bipolar							Failure To Sense	
Steroid Inc	dicator			Yes							Impedance Abnormal	
											Insulation Breach	
											Lead Dislodgement	:
											Oversensing	
											Unspecified	
Atrial Plac	cement											
roduct Sur	veillance R	Registry R	esults			Qualif	ying Com	plicatio	ns		17	
umber of Lea	ids Enrolled i	n Study		3	143	Cardiac	Perforation	n		1 Insi	ulation Breach	2
umulative Mo	onths of Follow	wup		140	663	Conduc	tor Fracture	9		2 Lea	ad Dislodgement	5
umber of Lea	ids Active in S	Study		1,	592	Failure To Capture				3 Ove	ersensing	1
						Failure	To Sense			3		
1.0												
100%			_						-			
g 90% -												
80% -											 Upper 95 Pct Confidence 	
80% - 70% -											A 2 S S S S S S S S S S S S S S S S S S	
											 Cumulative Survival Propagative 	A
9 60% -											 Cumulative Survival Probability Lower 95 Pct Confidence 	
60% -										_	Lower 95 Pct Confidence	
ے 60% [–] 50% – 0		20	4	0	60		80	10	00	120		
50% -r		20	4		60 hths After Ir	nplant	80	10	00	120		
50% - 50% - 0	2	3	4	Mor 5	oths After In 6	7	80 8	9	at 114 mo	120		
60% - 50% -r 0 ears 1 % 99.8%	2 6 99.7%	3 99.6%	4 99.4%	Mor 5 99.3%	oths After In 6 99.0%	7 98.9%	8 98.9%	9 98.9%	at 114 mo 98.9%	120		
ears 1 % 99.8% # 2,629	2 6 99.7% 9 2,203	3 99.6% 1,752	4	Mor 5	oths After In 6	7	8	9	at 114 mo	120		
ears 1 % 99.8% # 2,629	2 6 99.7% 9 2,203	3 99.6% 1,752	4 99.4%	Mor 5 99.3%	oths After In 6 99.0%	7 98.9%	8 98.9%	9 98.9%	at 114 mo 98.9%	120		
ears 1 % 99.8% # 2,629	2 6 99.7% 9 2,203 ar Placen	3 99.6% 1,752 nent	4 99.4% 1,308	Mor 5 99.3%	oths After In 6 99.0%	7 98.9% 348	8 98.9%	9 98.9% 119	at 114 mo 98.9% 72	120		
ears 1 % 99.8% # 2,629 Yentricula	2 <u>99.7%</u> 2,203 ar Placent veillance F	3 99.6% 1,752 nent Registry R	4 99.4% 1,308	5 99.3% 952	oths After In 6 99.0%	7 98.9% 348 Qualif	8 98.9% 216	9 98.9% 119 plicatio	at 114 mo 98.9% 72		Lower 95 Pct Confidence	2
ears 1 % 99.8% # 2,629 /entricula	2 6 99.7% 9 2,203 ar Placen veillance F rds Enrolled in	3 99.6% 1,752 nent Registry R n Study	4 99.4% 1,308	Mor 5 99.3% 952 1,	6 99.0% 664	7 98.9% 348 Qualif	8 98.9% 216 ying Com	9 98.9% 119 aplicatio	at 114 mo 98.9% 72	1 Imp	Lower 95 Pct Confidence	
60% - 50% - 50% - 0 % 99.8% # 2,629 /entricula Product Sur Number of Lea Sumulative Mo	2 99.7% 2,203 ar Placen veillance R vds Enrolled in onths of Follow	3 99.6% 1,752 nent Registry R n Study wup	4 99.4% 1,308	Mor 5 99.3% 952 1, 80,	6 99.0% 664 507	7 98.9% 348 Qualify Conduct Extraca	8 98.9% 216 ying Com	9 98.9% 119 plicatio	at 114 mo 98.9% 72	1 Imp	Lower 95 Pct Confidence	2
50% - 50% - 0 Vears 1 % 99.8%	2 99.7% 2,203 ar Placen veillance R vds Enrolled in onths of Follow	3 99.6% 1,752 nent Registry R n Study wup	4 99.4% 1,308	Mor 5 99.3% 952 1, 80,	6 99.0% 664 507 506 506	7 98.9% 348 Qualify Conduct Extraca	8 98.9% 216 ying Com	9 98.9% 119 plicatio	at 114 mo 98.9% 72	1 Imp 1 Lea	Lower 95 Pct Confidence	2
60% - 50% - 50% - 0 % 99.8% # 2,629 /entricula Product Sur Number of Lea Sumulative Mo	2 99.7% 2,203 ar Placen veillance R vds Enrolled in onths of Follow	3 99.6% 1,752 nent Registry R n Study wup	4 99.4% 1,308	Mor 5 99.3% 952 1, 80,	6 99.0% 664 507 506 506	7 98.9% 348 Qualify Conduct Extraca	8 98.9% 216 ying Com	9 98.9% 119 plicatio	at 114 mo 98.9% 72	1 Imp 1 Lea	Lower 95 Pct Confidence	2
ears 1 % 99.8% # 2,629 Yentricula roduct Sur umber of Lea umulative Mo umber of Lea	2 99.7% 2,203 ar Placen veillance R vds Enrolled in onths of Follow	3 99.6% 1,752 nent Registry R n Study wup	4 99.4% 1,308	Mor 5 99.3% 952 1, 80,	6 99.0% 664 507 506 506	7 98.9% 348 Qualify Conduct Extraca	8 98.9% 216 ying Com	9 98.9% 119 plicatio	at 114 mo 98.9% 72	1 Imp 1 Lea	Lower 95 Pct Confidence	2
ears 1 % 99.8% # 2,629 Yentricula roduct Sur umber of Lea umulative Mo umber of Lea	2 99.7% 2,203 ar Placen veillance R vds Enrolled in onths of Follow	3 99.6% 1,752 nent Registry R n Study wup	4 99.4% 1,308	Mor 5 99.3% 952 1, 80,	6 99.0% 664 507 506 506	7 98.9% 348 Qualify Conduct Extraca	8 98.9% 216 ying Com	9 98.9% 119 plicatio	at 114 mo 98.9% 72	1 Imp 1 Lea	Lower 95 Pct Conflidence B bedance Out of Range ad Dislodgement	2
ears 1 % 99.8% # 2,629 Yentricula roduct Sur umber of Lea umulative Mo umber of Lea	2 99.7% 2,203 ar Placen veillance R vds Enrolled in onths of Follow	3 99.6% 1,752 nent Registry R n Study wup	4 99.4% 1,308	Mor 5 99.3% 952 1, 80,	6 99.0% 664 507 506 506	7 98.9% 348 Qualify Conduct Extraca	8 98.9% 216 ying Com	9 98.9% 119 plicatio	at 114 mo 98.9% 72	1 Imp 1 Lea	Lower 95 Pct Conflidence 8 bedance Out of Range ad Dislodgement Upper 95 Pct Conflidence	2
ears 1 % 99.8% # 2,629 /entricula roduct Sur umber of Lea umulative Mo umber of Lea 100%	2 99.7% 2,203 ar Placen veillance R vds Enrolled in onths of Follow	3 99.6% 1,752 nent Registry R n Study wup	4 99.4% 1,308	Mor 5 99.3% 952 1, 80,	6 99.0% 664 507 506 506	7 98.9% 348 Qualify Conduct Extraca	8 98.9% 216 ying Com	9 98.9% 119 plicatio	at 114 mo 98.9% 72	1 Imp 1 Lea	Lower 95 Pct Confidence 8 bedance Out of Range ad Dislodgement Upper 95 Pct Confidence Cumulative Survival Probability	2
1 1 1	2 99.7% 2,203 ar Placen veillance F ids Enrolled in onths of Follow ids Active in S	3 99.6% 1,752 nent Registry R n Study wup	4 99.4% 1,308	Mor 5 99.3% 952 1, 80,	6 99.0% 664 507 506 506	7 98.9% 348 Qualify Conduct Extraca	8 98.9% 216 ying Com	9 98.9% 119 plicatio	at 114 mo 98.9% 72	1 Imp 1 Lea	Lower 95 Pct Conflidence 8 bedance Out of Range ad Dislodgement Upper 95 Pct Conflidence	2
ears 1 % 99.8% # 2,629 /entricula roduct Sur umber of Lea umulative Mo umber of Lea 100% 90% - 80% - 50%	2 6 99.7% 9 2,203 ar Placen veillance F ads Enrolled in onths of Follow ads Active in S	3 99.6% 1,752 nent Registry R n Study wup Study	4 99.4% 1,308	Mor 5 99.3% 952 1, 80,	aths After Ir 6 99.0% 664 507 506 537	7 98.9% 348 Qualif Conduc Extraca Failure	8 98.9% 216 ying Com tor Fracture rdiac Stimu To Capture	9 98.9% 119 plicatio	at 114 mo 98.9% 72	1 Imp 1 Lea 3	Lower 95 Pct Confidence 8 bedance Out of Range ad Dislodgement Upper 95 Pct Confidence Cumulative Survival Probability	2
1 1 1	2 6 99.7% 9 2,203 ar Placen veillance F ads Enrolled in onths of Follow ads Active in S	3 99.6% 1,752 nent Registry R n Study wup	4 99.4% 1,308	Mor 5 99.3% 952 1, 80,	ths After Ir 6 99.0% 664 507 506 537	7 98.9% 348 Qualif Conduc Extraca Failure	8 98.9% 216 ying Com	9 98.9% 119 plicatio	at 114 mo 98.9% 72	1 Imp 1 Lea	Lower 95 Pct Confidence 8 bedance Out of Range ad Dislodgement Upper 95 Pct Confidence Cumulative Survival Probability	2
60% - 50% - 50% - 0 % 99.8% # 2,629 /entricula product Sur number of Lea number of Lea 100% - 90% - 80% - 70% - 60% - 50% -	2 6 99.7% 9 2,203 ar Placen veillance F ads Enrolled in onths of Follow ads Active in S	3 99.6% 1,752 nent Registry R n Study wup Study	4 99.4% 1,308	Mor 5 99.3% 952 1, 80,	aths After Ir 6 99.0% 664 507 506 537	7 98.9% 348 Qualif Conduc Extraca Failure	8 98.9% 216 ying Com tor Fracture rdiac Stimu To Capture	9 98.9% 119 plicatio	at 114 mo 98.9% 72	1 Imp 1 Lea 3	Lower 95 Pct Confidence 8 bedance Out of Range ad Dislodgement Upper 95 Pct Confidence Cumulative Survival Probability	2
ears 1 50% 50% 0 ears 1 % 99.8% # 2,629 forduct Sur umber of Lea umulative Mo umber of Lea 100% 90% 80% 60% 50% 0 0 0 0 0 0 0 0 0 0 0 0 0	2 99.7% 2,203 ar Placen veillance R ids Enrolled in onths of Follow ids Active in S	3 99.6% 1,752 nent Registry R n Study wup Study	4 99.4% 1,308 Sesuits	Mor 5 99.3% 952 1, 80, 50 Mor	ths After Ir 6 99.0% 664 507 506 537	7 98.9% 348 Qualify Conduc Extraca Failure	8 98.9% 216 ying Com tor Fracture rdiac Stimu To Capture	9 98.9% 119 e ilation	at 114 mo 98.9% 72 ns	1 Imp 1 Lea 3	Lower 95 Pct Confidence 8 bedance Out of Range ad Dislodgement Upper 95 Pct Confidence Cumulative Survival Probability	2

US Market				Sep-98			US Reti	urned Pro	oduct A	nalysis	US Acute Lead Obse	ervations
CE Approv	al			Apr-98			Conductor	Fracture		17	Cardiac Perforation	
Registered	USA Implant	S		186,941			Insulation E			66	Conductor Fracture	
Estimated	Active USA In	nplants		68,554			Other			2	Extracardiac Stimulation	
Fixation Typ	e			Tines							Failure To Capture	3
Pace Sense	Polarity			Bipolar							Impedance Abnormal	
Steroid Indi	cator			Yes							Insulation Breach	
											Lead Dislodgement	3
											Oversensing	
											Unspecified	
roduct Surv	eillance Re	gistry Re	esults			Quali	fying Com	plication	5		21	
umber of Lead	s Enrolled in S	Study		1	,187	Conductor Fracture				3 Im	pedance Out of Range	1
umulative Mon	ths of Followu	р		67	,221	Extracardiac Stimulation				1 Le	ad Dislodgement	4
lumber of Lead	s Active in Stu	ıdy			36	Failure	To Capture	;		12		
100% - 90% - 80% - 70% - 60% - 50% -		-			den		1			100	Upper 95 Pct Confidence Cumulative Survival Probabilit Lower 95 Pct Confidence	У
0		50	10		150		200	250		300		
				Mor	oths After I	mplant						
'ears 1	2	3	4	5	6	7	8	9	10	at 132 mc)	
% 98.8%	98.7%	98.5%	98.1%	97.8%	97.3%	97.3%	97.3%	97.3%	97.3%	97.3%		
/0 00.070												

ears	1	2	3	4	5	6	7	8	9	10	at 132 mo
%	98.8%	98.7%	98.5%	98.1%	97.8%	97.3%	97.3%	97.3%	97.3%	97.3%	97.3%
#	942	834	734	622	506	393	320	259	211	130	67

2

96.2%

419

Years

%

#

1

96.6%

493

3

95.0%

328

4

94.0%

276

5

93.2%

228

6

93.2%

173

7

91.4%

139

8

91.4%

105

9

90.4%

84

10

90.4%

63

at 126 mo

90.4%

51

US Market Release	Jan-97	US Returned Product	t Analysis	US Acute Lead Obs	servations
CE Approval		Conductor Fracture	10	Cardiac Perforation	
Registered USA Implants	69,467	Insulation Breach	113	Conductor Fracture	
Estimated Active USA Implants	15,184	Other	52	Failure To Capture	
Fixation Type	J-shape, screw in			Failure To Sense	
Pace Sense Polarity	Bipolar			Impedance Abnormal	
Steroid Indicator	Yes			Lead Dislodgement	
				Oversensing	
				Unspecified	
umber of Leads Enrolled in Study umulative Months of Followup umber of Leads Active in Study	671 32,022 9	Conductor Fracture Failure To Capture Failure To Sense	20 Lead Dis	ce Out of Range lodgement Judgment	3 9 1
100% -					

45	74	CapS	ure Se	nse										
	US Market R	lelease			Jun-02		[US Retur	ned Product	t Analysi	S	US Acute Lead Ob	servations	
	CE Approval				Feb-02			Conductor Fra		1		Conductor Fracture		
	Registered l	JSA Impla	nts		75,460		Ir	sulation Bre	ach	1	1	Extracardiac Stimulation	n	
	Estimated A	ctive USA	Implants		46,153							Failure To Capture		3
	Fixation Type	;			J-shape, ti	ines						Failure To Sense		1
	Pace Sense I	Polarity			Bipolar							Impedance Abnormal		
	Steroid Indicator			Yes							Lead Dislodgement		8	
												Oversensing		
												Unspecified		
											-	-		
	duct Surve			esults				ing Comp	lications		8			
	ber of Leads					962		or Fracture			ead Dislo	odgement	5	
	nulative Month				26,6	694 616	Failure T	o Capture		1				
INIVAI	100% - 90% - 80% -											oper 95 Pct Confidence Imulative Survival Probabi	ility	
Lead S	70% -										- 1 m	war DE Ret Confidence		
Lead S	60% -										• Lo	wer 95 Pct Confidence		
Lead S			20	4	0 Mont	60 ths After In		80	100	120		wer 95 Pct Confidence		
	60% - 50% -, 0	2	20	4				80	100	120		wer 95 Pct Confidence		
Fead Survival	60% - 50% -, 0	2 99.2%			Mont			80	100	120		wer 95 Pct Confidence		

Medtronic CRHF Product Performance Report

US Market Release	Oct-98	US Returned Produc	t Analysis	US Acute Lead Observ	vations
CE Approval	Apr-98	Conductor Fracture	8	Failure To Capture	1
Registered USA Implants	89,445	Insulation Breach	27	Failure To Sense	
Estimated Active USA Implants	34,502			Insulation Breach	
Fixation Type	J-shape, tines			Lead Dislodgement	3
Pace Sense Polarity	Bipolar			Oversensing	
Steroid Indicator	Yes			Unspecified	
roduct Surveillance Registry Resul umber of Leads Enrolled in Study umulative Months of Followup umber of Leads Active in Study	347 17,859 62	Qualifying Complications Failure To Capture Failure To Sense	4 Lead Dis 1	slodgement	2
4 0 0 2 /					
100%					
0001			=		
0001			=	Inner 95 Pct Confidence	
90% -	1			Jpper 95 Pct Confidence Cumulative Survival Probability	

Years	1	2	3	4	5	6	7	8	9	at 114 mo
%	97.6%	97.6%	97.6%	97.6%	96.9%	96.9%	96.9%	95.8%	95.8%	95.8%
#	231	201	168	151	124	107	86	74	63	55

Months After Implant

054 CapSure Z	Novus				
US Market Release	Jun-98	US Returned Produc	t Analysis	US Acute Lead Observations	
CE Approval	Jun-97	Conductor Fracture	14	Cardiac Perforation	2
Registered USA Implants	99,529	Crimp Weld Bond	1	Conductor Fracture	1
Estimated Active USA Implants	34,668	Insulation Breach	35	Failure To Capture	23
Fixation Type	Tines	Other	3	Impedance Abnormal	4
Pace Sense Polarity	Bipolar			Insulation Breach	1
Steroid Indicator	Yes			Lead Dislodgement	29
				Unspecified	9

Atrial Placement

Product Surveillance Registry Results	
Number of Leads Enrolled in Study	426
Cumulative Months of Followup	38,130
Number of Leads Active in Study	69

Qualifying Complications Failure To Capture

2 1 Lead Dislodgement

1



Ventricular Placement

Product Surveillance Registry Results

Number of Leads Enrolled in Study	984
Cumulative Months of Followup	33,036
Number of Leads Active in Study	37

Qualifying Complications

Failure To Capture	
Failure To Sense	

11

7	Impedance Out of Range	1
2	Lead Dislodgement	1


	68	CapS	ureFix											
	US Market F				Jan-97			US Retu	urned Pro	oduct An	alysis		US Acute Lead Observ	vations
	CE Approva	al						Conductor			47		Cardiac Perforation	
	Registered	USA Implar	nts		102,344			Crimp Weld			2		Conductor Fracture	
	Estimated A	Active USA	Implants		21,102			Insulation E			65		Failure To Capture	
F	Fixation Type	e			Active Sc	rew In		Other	, iouon		82		Failure To Sense	
F	Pace Sense	Polarity			Bipolar		·	ouloi			02		Impedance Abnormal	
ç	Steroid Indic	cator			Yes								Insulation Breach	
													Lead Dislodgement	
													Oversensing	
													Unspecified	
tri	ial Place	ement												
00	duct Surve	eillance R	egistry Re	esults			Qualif	ying Com	plication	5		8		
uml	ber of Leads	s Enrolled in	n Study			985	Failure	To Capture	:		3 Im	pedance C	Out of Range	1
Im	ulative Mont	ths of Follow	vup		27	,702					Ins	sulation Bre	each	1
umł	ber of Leads	s Active in S	Study			24					Lea	ad Dislodg	ement	2
											Ov	versensing		1
3	100%	_		1	_									
5	90% -													
	80% -											1000		
Š	70% -												r 95 Pct Confidence	
read outvival	60% -												ulative Survival Probability	
												< Lowe	er 95 Pct Confidence	
	50%													
	0		50	10	00	150		200	250		300			
	0		50	10		150 the After II	nolant	200	250	2	300			
ar		2			Mor	ths After I					300			
	s <u>1</u>	2	3	4	Mor 5	n ths After I 6	7	8	9	at 120 mo	300			
%	s 1 % 99.3%	99.3%	3 98.9%	4 98.9%	Mor 5 98.9%	6 98.9%	7 98.9%	8 96.2%	9 96.2%	at 120 mo 96.2%	300			
9 ;	s 1 % 99.3% # 364	99.3% 316	3 98.9% 265	4	Mor 5	n ths After I 6	7	8	9	at 120 mo	300			
ہ ; er	s 1 % 99.3% # 364 htricular	99.3% 316 • Placem	3 98.9% 265	4 98.9% 229	Mor 5 98.9%	6 98.9%	7 98.9% 129	8 96.2% 99	9 96.2% 66	at 120 mo 96.2% 56	300			
° er	s <u>1</u> % <u>99.3%</u> # 364 htricular duct Surve	99.3% 316 • Placem eillance R	3 98.9% 265 nent egistry Re	4 98.9% 229	Mor 5 98.9% 196	nths After In 6 98.9% 156	7 98.9% 129 Qualify	8 96.2% 99 ying Com	9 96.2% 66	at 120 mo 96.2% 56		9		
° er roc	1 99.3% # 364 ntricular duct Surve ber of Leads	99.3% 316 • Placem eillance R s Enrolled in	3 98.9% 265 nent egistry Ro	4 98.9% 229	Mor 5 98.9% 196	156 373	7 98.9% 129 Qualify Conduc	8 96.2% 99 ying Com	9 96.2% 66 aplications	at 120 mo 96.2% 56	1 Im	pedance C	Dut of Range	1
° er roc uml	s 1 % 99.3% # 364 htricular duct Surve ber of Leads ulative Mont	99.3% 316 • Placem eillance R s Enrolled in ths of Follow	3 98.9% 265 nent egistry Ro o Study vup	4 98.9% 229	Mor 5 98.9% 196	156 373 497	7 98.9% 129 Qualify Conduc Extraca	8 96.2% 99 ying Com tor Fracture rdiac Stimu	9 96.2% 66 aplications	at 120 mo 96.2% 56	1 Im 1 Ins	pedance C sulation Bre	each	1
° i roc uml uml	1 99.3% # 364 ntricular duct Surve ber of Leads	99.3% 316 • Placem eillance R s Enrolled in ths of Follow	3 98.9% 265 nent egistry Ro o Study vup	4 98.9% 229	Mor 5 98.9% 196	156 373	7 98.9% 129 Qualify Conduc Extraca	8 96.2% 99 ying Com	9 96.2% 66 aplications	at 120 mo 96.2% 56	1 Im 1 Ins	pedance C	each	-
° i roc umi umi	s 1 % 99.3% # 364 htricular duct Surve ber of Leads ulative Mont	99.3% 316 • Placem eillance R s Enrolled in ths of Follow	3 98.9% 265 nent egistry Ro o Study vup	4 98.9% 229	Mor 5 98.9% 196	156 373 497	7 98.9% 129 Qualify Conduc Extraca	8 96.2% 99 ying Com tor Fracture rdiac Stimu	9 96.2% 66 aplications	at 120 mo 96.2% 56	1 Im 1 Ins 2 Lea	pedance C sulation Bre	each	2
% i roc uml umi umi	s 1 % 99.3% # 364 htricular duct Surve ber of Leads ulative Monti ber of Leads	99.3% 316 • Placem eillance R s Enrolled in ths of Follow	3 98.9% 265 nent egistry Ro o Study vup	4 98.9% 229	Mor 5 98.9% 196	156 373 497	7 98.9% 129 Qualify Conduc Extraca	8 96.2% 99 ying Com tor Fracture rdiac Stimu	9 96.2% 66 aplications	at 120 mo 96.2% 56	1 Im 1 Ins 2 Lea	pedance C sulation Bre ad Dislodg	each	2
% i roc umi umi	s 1 % 99.3% # 364 htricular duct Surve ber of Leads ulative Month ber of Leads 100% ~	99.3% 316 • Placem eillance R s Enrolled in ths of Follow	3 98.9% 265 nent egistry Ro o Study vup	4 98.9% 229	Mor 5 98.9% 196	156 373 497	7 98.9% 129 Qualify Conduc Extraca	8 96.2% 99 ying Com tor Fracture rdiac Stimu	9 96.2% 66 aplications	at 120 mo 96.2% 56	1 Im 1 Ins 2 Lea	pedance C sulation Bre ad Dislodg	each	2
° i roc umi umi	s 1 % 99.3% # 364 htricular duct Surve ber of Leads ulative Monti ber of Leads 100%	99.3% 316 • Placem eillance R s Enrolled in ths of Follow	3 98.9% 265 nent egistry Ro o Study vup	4 98.9% 229	Mor 5 98.9% 196	156 373 497	7 98.9% 129 Qualify Conduc Extraca	8 96.2% 99 ying Com tor Fracture rdiac Stimu	9 96.2% 66 aplications	at 120 mo 96.2% 56	1 Im 1 Ins 2 Lea	pedance C sulation Bre ad Dislodg	each	2
° er roc umi umi	s 1 % 99.3% # 364 htricular duct Surve ber of Leads ulative Month ber of Leads 100% ~	99.3% 316 • Placem eillance R s Enrolled in ths of Follow	3 98.9% 265 nent egistry Ro o Study vup	4 98.9% 229	Mor 5 98.9% 196	156 373 497	7 98.9% 129 Qualify Conduc Extraca	8 96.2% 99 ying Com tor Fracture rdiac Stimu	9 96.2% 66 aplications	at 120 mo 96.2% 56	1 Im 1 Ins 2 Lea	pedance C sulation Bro ad Dislodg versensing	each	2
° i roc umi umi	s 1 % 99.3% # 364 htricular duct Surve ber of Leads ulative Monti ber of Leads 100%	99.3% 316 • Placem eillance R s Enrolled in ths of Follow	3 98.9% 265 nent egistry Ro o Study vup	4 98.9% 229	Mor 5 98.9% 196	156 373 497	7 98.9% 129 Qualify Conduc Extraca	8 96.2% 99 ying Com tor Fracture rdiac Stimu	9 96.2% 66 aplications	at 120 mo 96.2% 56	1 Im 1 Ins 2 Lea	pedance C sulation Bro ad Dislodg versensing	each iement	2 1 1
° i roc umi umi	s 1 % 99.3% # 364 htricular duct Surve ber of Leads ulative Month ber of Leads 100% - 90% - 80% - 70% -	99.3% 316 • Placem eillance R s Enrolled in ths of Follow	3 98.9% 265 nent egistry Ro o Study vup	4 98.9% 229	Mor 5 98.9% 196	156 373 497	7 98.9% 129 Qualify Conduc Extraca	8 96.2% 99 ying Com tor Fracture rdiac Stimu	9 96.2% 66 aplications	at 120 mo 96.2% 56	1 Im 1 Ins 2 Lea	pedance C sulation Bra ad Dislodg rersensing	each rement r 95 Pct Confidence ulative Survival Probability	2 1 1
° i roc umi umi umi	s 1 % 99.3% # 364 htricular duct Surve ber of Leads ulative Monti ber of Leads 100% - 90% - 80% - 70% - 60% -	99.3% 316 • Placem eillance R s Enrolled in ths of Follow	3 98.9% 265 nent egistry Ro o Study vup	4 98.9% 229	Mor 5 98.9% 196	156 373 497	7 98.9% 129 Qualify Conduc Extraca	8 96.2% 99 ying Com tor Fracture rdiac Stimu	9 96.2% 66 aplications	at 120 mo 96.2% 56	1 Im 1 Ins 2 Lea	pedance C sulation Bra ad Dislodg rersensing	each iement	2 1 1
° i roc umi umi umi	s 1 % 99.3% # 364 htricular duct Surve ber of Leads ulative Month ber of Leads 100% - 90% - 80% - 70% -	99.3% 316 • Placem eillance R s Enrolled in ths of Follow	3 98.9% 265 egistry Ro n Study vup Study	4 98.9% 229	Mor 5 98.9% 196 1, 33,	156 98.9% 156 373 497 35	7 98.9% 129 Qualify Conduc Extraca	8 96.2% 99 ying Com rdiac Stimu To Capture	9 96.2% 66 e illation	at 120 mo 96.2% 56	1 Im 1 Ins 2 Lea Ov	pedance C sulation Bra ad Dislodg rersensing	each rement r 95 Pct Confidence ulative Survival Probability	2 1 1
° i roc umi umi umi	s 1 % 99.3% # 364 htricular duct Surve ber of Leads ulative Monti ber of Leads 100% - 90% - 80% - 70% - 60% - 50% -	99.3% 316 • Placem eillance R s Enrolled in ths of Follow	3 98.9% 265 nent egistry Ro o Study vup	4 98.9% 229 esults	Mor 5 98.9% 196 1, 33, 33,	156 98.9% 156 373 497 35	7 98.9% 129 Qualify Conduc Extraca Failure	8 96.2% 99 ying Com tor Fracture rdiac Stimu	9 96.2% 66 aplications	at 120 mo 96.2% 56	1 Im 1 Ins 2 Lea	pedance C sulation Bra ad Dislodg rersensing	each rement r 95 Pct Confidence ulative Survival Probability	2 1 1
	s 1 % 99.3% # 364 htricular duct Surve ber of Leads ulative Month ber of Leads 100% - 90% - 80% - 70% - 60% - 50% - 0	99.3% 316 • Placem eillance R s Enrolled in ths of Follow s Active in S	3 98.9% 265 egistry Ro o Study vup Study	4 98.9% 229 esults	Mor 5 98.9% 196 1, 33, 33, 00 Mor	150 150 150	7 98.9% 129 Qualify Conduc Extraca Failure	8 96.2% 99 ying Com rdiac Stimu To Capture	9 96.2% 66 e allation	at 120 mo 96.2% 56	1 Im 1 Ins 2 Lea Ov	pedance C sulation Bra ad Dislodg versensing	each iement er 95 Pct Confidence ulative Survival Probability er 95 Pct Confidence	2 1 1
roc umi umi umi	s 1 % 99.3% # 364 htricular duct Surve ber of Leads ulative Month ber of Leads 100% - 90% - 80% - 70% - 60% - 50% - 0	99.3% 316 • Placem eillance R s Enrolled in ths of Follow	3 98.9% 265 nent egistry Ro n Study vup Study	4 98.9% 229 esults	Mor 5 98.9% 196 1, 33,	156 98.9% 156 373 497 35	7 98.9% 129 Qualify Conduc Extraca Failure	8 96.2% 99 ying Com rdiac Stimu To Capture	9 96.2% 66 e illation	at 120 mo 96.2% 56	1 Im 1 Ins 2 Lea Ov	pedance C sulation Bra ad Dislodg rersensing	each rement r 95 Pct Confidence ulative Survival Probability	2 1 1

507	72	Sure	-ix												
	US Market I	Release			Jun-98			US Reti	urned Pr	oduct A	nalvsis		US Acute	e Lead Observat	tions
	CE Approva	al			Sep-97			Conductor			3		Failure To (2
	Registered	USA Impla	ants		10,053			Insulation E			9		Lead Disloc	•	2
	Estimated /	Active USA	Implants		3,169				Jieden		5		Loud Diolog	gomon	-
F	Fixation Typ	e			Fixed Sci	rew									
F	Pace Sense	Polarity			Bipolar										
5	Steroid Indic	cator			Yes										
Proc	duct Surve	eillance F	Registry R	esults			Qualif	fying Com	plication	s		4			
Num	ber of Leads	s Enrolled i	n Study			517	Cardia	c Perforatio	n		1				
Cum	ulative Mont	ths of Follo	wup		23	,196	Failure	To Capture	9		2				
Num	ber of Leads	s Active in a	Study			13	Failure	To Sense			1				
Lead Survival	100% - 90% - 80% - 70% - 60% - 50% -		50	10	1	150		200	256	2	300	Cum	er 95 Pct Cor ulative Survi er 95 Pct Cor	ival Probability	
	0		50	n			ind.	200	250	,	300				
						oths After I									
Year	· · · · · · · · · · · · · · · · · · ·	2	3	4	5	6	7	8	9	10	11	12	at 150 mo	-	
%		99.7%	99.2%	99.2%	99.2%	99.2%	98.4%	98.4%	97.3%	97.3%	97.3%	97.3%	97.3%	-	
;	# 265	236	218	192	158	136	109	92	81	72	63	53	51		

US Market Release	eFix Novus	Aug-00			LIC Date		aduct A	nolvoia		118 4	to Load Obarra	ations
CE Approval		Aug-99				Irned Pro	Dauct A	-			te Lead Observ	/ations
Registered USA Implants		2,133,96	35		Conductor I	Fracture		750		Cardiac P		
Estimated Active USA Impl	lante	1,348,69			nsulation B	Ireach		749		Conductor	r Fracture	
Fixation Type	unto	Active Sc		•	Other			205		Extracardi	iac Stimulation	
Pace Sense Polarity		Bipolar								Failure To	Capture	
Steroid Indicator		Yes								Failure To		
		165								Impedanc	e Abnormal	
										Insulation	Breach	
										Lead Dislo	odgement	1,
										Oversensi	•	
										Unspecifie	ed	
trial Discoment												
trial Placement oduct Surveillance Regis	strv Results			Qualif	ving Com	plication			46			
Imber of Leads Enrolled in Stu		7	,272		Perforation		-		bedance O	ut of Rang		4
imulative Months of Followup	-,	275			tor Fracture				ulation Bre	-		4
imber of Leads Active in Study	/		,763		rdiac Stimu				ad Dislodge			15
			,		To Capture			8 Oth	-	omont		2
					To Sense				ersensing			2
100%				i anare	TO OCHOC			2 0/6	ersensing			2
90% -												
80% - 70% -									• Upper	95 Pct Co	onfidence	
70% -									. Cumu	lative Sur	vival Probability	
60% -											onfidence	
50%												
0 5	0 10	00	150		200	250	·. ·	300				
		Mor	ths After In	nplant								
ears 1 2	3 4	5	6	7	8	9	10	11	12	13	at 162 mo	
	9.4% 99.2%	98.9%	98.7%	98.6%	98.5%	98.5%	98.4%	98.4%	98.1%	98.1%	98.1%	
/0 00:070 00:070 03	3,021 2,123	1,652	1,236	922	721	570	414	266	150	81	59	
# 4,962 3,891 3	,021 2,120	1,002	1,200	022	121	010		200	100	01	00	
	4											
entricular Placemen									25			
, ,				Qualif	ying Com	plication	6					
entricular Placemen	stry Results	2,	,346		ying Com Perforation		6		edance O	ut of Rang	e	4
entricular Placemen oduct Surveillance Regis	stry Results		,346 ,740	Cardiac	-	n	6	1 Imp		-	e	4
entricular Placemen roduct Surveillance Regis umber of Leads Enrolled in Stu	stry Results ^{Idy}	96		Cardiac Conduc	Perforation	n e	6	1 Imp	oedance O ad Dislodge	-	e	
entricular Placemen roduct Surveillance Regis umber of Leads Enrolled in Stu umulative Months of Followup	stry Results ^{Idy}	96	,740	Cardiac Conduc Failure	Perforation tor Fracture	n e	5	1 Imp 4 Lea 10 Oth	oedance O ad Dislodge	-	e	
entricular Placemen roduct Surveillance Regis umber of Leads Enrolled in Stu umulative Months of Followup	stry Results ^{Idy}	96	,740	Cardiac Conduc Failure	Perforation tor Fracture To Capture	n e	5	1 Imp 4 Lea 10 Oth	oedance O ad Dislodge ner	-	e	3 1
entricular Placemen roduct Surveillance Regis umber of Leads Enrolled in Stu umulative Months of Followup	stry Results ^{Idy}	96	,740	Cardiac Conduc Failure	Perforation tor Fracture To Capture	n e	5	1 Imp 4 Lea 10 Oth	oedance O ad Dislodge ner	-	e	3 1
entricular Placemen roduct Surveillance Regis umber of Leads Enrolled in Stu umulative Months of Followup umber of Leads Active in Study	stry Results ^{Idy}	96	,740	Cardiac Conduc Failure	Perforation tor Fracture To Capture	n e	5	1 Imp 4 Lea 10 Oth	oedance O ad Dislodge ner	-	e	3 1
entricular Placemen roduct Surveillance Regis umber of Leads Enrolled in Stu umulative Months of Followup umber of Leads Active in Study	stry Results ^{Idy}	96	,740	Cardiac Conduc Failure	Perforation tor Fracture To Capture	n e	5	1 Imp 4 Lea 10 Oth	oedance O ad Dislodge ner	-	e	3 1
entricular Placemen roduct Surveillance Regis umber of Leads Enrolled in Stu umulative Months of Followup umber of Leads Active in Study	stry Results ^{Idy}	96	,740	Cardiac Conduc Failure	Perforation tor Fracture To Capture	n e	5	1 Imp 4 Lea 10 Oth	eedance O ad Dislodge eer ersensing	ement	onfidence	3 1
entricular Placemen roduct Surveillance Regis umber of Leads Enrolled in Stu umulative Months of Followup umber of Leads Active in Study 100% - 90% - 80% - 70% -	stry Results ^{Idy}	96	,740	Cardiac Conduc Failure	Perforation tor Fracture To Capture	n e	5	1 Imp 4 Lea 10 Oth	eedance O ad Dislodge eer ersensing	ement		3 1
entricular Placemen roduct Surveillance Regis umber of Leads Enrolled in Stu umulative Months of Followup umber of Leads Active in Study 100% - 90% - 80% -	stry Results ^{Idy}	96	,740	Cardiac Conduc Failure	Perforation tor Fracture To Capture	n e	5	1 Imp 4 Lea 10 Oth	eedance O ad Dislodge eer ersensing	ement r 95 Pct Co Ilative Sur	onfidence	3 1
entricular Placemen roduct Surveillance Regis umber of Leads Enrolled in Stu umulative Months of Followup umber of Leads Active in Study 100% - 90% - 80% - 70% - 50% -	stry Results Idy	96,	,740 645	Cardiac Conduc Failure	Perforation tor Fracture To Capture To Sense			1 Imp 4 Lea 10 Oth 1 Ove	eedance O ad Dislodge eer ersensing	ement r 95 Pct Co Ilative Sur	onfidence vival Probability	3 1
entricular Placemen roduct Surveillance Regis umber of Leads Enrolled in Stu- umulative Months of Followup umber of Leads Active in Study 100% - 90% - 80% - 70% - 60% -	stry Results Idy	96	,740	Cardiac Conduc Failure	Perforation tor Fracture To Capture	n e		1 Imp 4 Lea 10 Oth	eedance O ad Dislodge eer ersensing	ement r 95 Pct Co Ilative Sur	onfidence vival Probability	3 1

ears	1	2	3	4	5	6	1	8	9	10	11	12	at 156 mo	
%	99.5%	99.3%	99.2%	98.9%	98.9%	98.4%	98.1%	97.6%	97.0%	97.0%	96.5%	96.5%	95.5%	
#	1,653	1,337	1,021	683	557	457	362	292	231	187	145	93	53	

	Feb-11	US Returned Product	t Analysis	US Acute Lead Observ	ations
CE Approval	Jan-09		-	Cardiac Perforation	2
Registered USA Implants	208,438	Conductor Fracture	30	Conductor Fracture	2
Estimated Active USA Implants	187,092	Insulation Breach	77		
Fixation Type	Active Screw In	Other	12	Extracardiac Stimulation	
Pace Sense Polarity	Bipolar			Failure To Capture Failure To Sense	1
Steroid Indicator	Yes				
				Impedance Abnormal Insulation Breach	
				Lead Dislodgement	3
				Oversensing	
trial Placement					
oduct Surveillance Registry Result	te	Qualifying Complications	14		
umber of Leads Enrolled in Study	3,081	Conductor Fracture		deserved	10
Imper of Leads Enfolied in Study	110,182	Failure To Capture	2 Lead Dislo 1 Oversensi		10
Imulative Months of Followup Imber of Leads Active in Study	1,840		UVersensi	ng	1
Imper of Leads Active in Study	1,040				
100%					
90% -					
90% - 80% - 70% -			- Ur	per 95 Pct Confidence	
70% -				mulative Survival Probability	
60% -				wer 95 Pct Confidence	
50% -,				ust se r ét segundésé	
0 20	40 60	80 100	120		
	Months After	Implant			
ears 1 2 3	Months After	Implant			
	4 at 60 mo	Implant			
% 99.8% 99.6% 99.6% 99.	4 at 60 mo .5% 99.5%	Implant			
% 99.8% 99.6% 99.6% 99. # 2,662 2,273 1,748 90	4 at 60 mo	Implant			
% 99.8% 99.6% 99.	4 at 60 mo 5% 99.5% 63 87				
% 99.8% 99.6% 99.6% 99.4% # 2,662 2,273 1,748 90 entricular Placement 5000000000000000000000000000000000000	4 at 60 mo 5% 99.5% 63 87 ts	Qualifying Complications	10		
99.8% 99.6% 99.6% 99.4% # 2,662 2,273 1,748 94 entricular Placement 90 90 90 90 roduct Surveillance Registry Result 90 90 90 90	4 at 60 mo 5% 99.5% 63 87		10	e Out of Range	1
% 99.8% 99.6% 99.6% 99.4% # 2,662 2,273 1,748 90 entricular Placement 5000000000000000000000000000000000000	4 at 60 mo 5% 99.5% 63 87 ts	Qualifying Complications	10	•	1 3
99.8% 99.6% 99.6% 99.4% # 2,662 2,273 1,748 94 entricular Placement 90 90 90 90 roduct Surveillance Registry Result 90 90 90 90	4 at 60 mo .5% 99.5% 63 87 ts 3,034	Qualifying Complications Failure To Capture	10 5 Impedanc	•	
99.8% 99.6% 99.6% 99.4% # 2,662 2,273 1,748 94 entricular Placement 5 5 5 5 roduct Surveillance Registry Result 5 5 5 5 umber of Leads Enrolled in Study 5	4 at 60 mo .5% 99.5% 63 87 ts 3,034 109,440	Qualifying Complications Failure To Capture	10 5 Impedanc	•	
99.8% 99.6% 99.6% 99. # 2,662 2,273 1,748 99. entricular Placement Forduct Surveillance Registry Result 99. umber of Leads Enrolled in Study 99. 99. umulative Months of Followup 99. 99. umber of Leads Active in Study 99. 99.	4 at 60 mo .5% 99.5% 63 87 ts 3,034 109,440	Qualifying Complications Failure To Capture	10 5 Impedanc	•	
99.8% 99.6% 99.6% 99.4% # 2,662 2,273 1,748 94 entricular Placement 5 5 5 5 roduct Surveillance Registry Result 5 5 5 5 umber of Leads Enrolled in Study 5	4 at 60 mo .5% 99.5% 63 87 ts 3,034 109,440	Qualifying Complications Failure To Capture	10 5 Impedanc	•	
% 99.8% 99.6% 99.4% 99.4% # 2,662 2,273 1,748 94 entricular Placement Foduct Surveillance Registry Result roduct Surveillance Registry Result 94 umber of Leads Enrolled in Study 94 umber of Leads Active in Study 94 100% -	4 at 60 mo .5% 99.5% 63 87 ts 3,034 109,440	Qualifying Complications Failure To Capture	10 5 Impedanc	•	
% 99.8% 99.6% 99.4% 99.4% # 2,662 2,273 1,748 94 entricular Placement Foduct Surveillance Registry Result roduct Surveillance Registry Result 94 umber of Leads Enrolled in Study 94 umber of Leads Active in Study 94 100% -	4 at 60 mo .5% 99.5% 63 87 ts 3,034 109,440	Qualifying Complications Failure To Capture	10 5 Impedanc 1 Lead Disk	odgement	
% 99.8% 99.6% 99.4% 99.4% # 2,662 2,273 1,748 94 entricular Placement Foduct Surveillance Registry Result roduct Surveillance Registry Result 94 umber of Leads Enrolled in Study 94 umber of Leads Active in Study 94 100% -	4 at 60 mo .5% 99.5% 63 87 ts 3,034 109,440	Qualifying Complications Failure To Capture	10 5 Impedanc 1 Lead Disk	odgement	
99.8% 99.6% 99.6% 99.4% # 2,662 2,273 1,748 90 entricular Placement roduct Surveillance Registry Result 90 roduct Surveillance Registry Result 90 90 umber of Leads Enrolled in Study 90 90 umber of Leads Active in Study 90% 90% 90% - 80% - 70% - 90% -	4 at 60 mo .5% 99.5% 63 87 ts 3,034 109,440	Qualifying Complications Failure To Capture	10 5 Impedanc 1 Lead Disk	odgement oper 95 Pct Confidence umulative Survival Probability	
% 99.8% 99.6% 99.6% 99.4% # 2,662 2,273 1,748 99.6% entricular Placement Forduct Surveillance Registry Result 99.6% 99.6% imber of Leads Enrolled in Study 99.6% 99.6% 99.6% 99.6% imber of Leads Enrolled in Study 99.6% 99.6% 99.6% 99.6% 99.6% imber of Leads Active in Study 99.6%	4 at 60 mo .5% 99.5% 63 87 ts 3,034 109,440	Qualifying Complications Failure To Capture	10 5 Impedanc 1 Lead Disk	odgement	
% 99.8% 99.6% 99.6% 99.4% 99.	4 at 60 mo .5% 99.5% 63 87 ts 3,034 109,440 1,806	Qualifying Complications Failure To Capture Failure To Sense	10 5 Impedanc 1 Lead Disk	odgement oper 95 Pct Confidence umulative Survival Probability	
% 99.8% 99.6% 99.6% 99.4% # 2,662 2,273 1,748 99.6% entricular Placement Forduct Surveillance Registry Result 99.6% 99.6% imber of Leads Enrolled in Study 99.6% 99.6% 99.6% 99.6% imber of Leads Enrolled in Study 99.6% 99.6% 99.6% 99.6% 99.6% imber of Leads Active in Study 99.6%	4 at 60 mo .5% 99.5% 63 87 ts 3,034 109,440	Qualifying Complications Failure To Capture Failure To Sense 80	10 5 Impedanc 1 Lead Disk	odgement oper 95 Pct Confidence umulative Survival Probability	

2,650 2,258 1,730 952 86

5092 CapSure SP N	ovus				
US Market Release	Jun-98	US Returned Product	Analysis	US Acute Lead Obse	ervations
CE Approval	Sep-97	Conductor Fracture	20	Cardiac Perforation	
Registered USA Implants Estimated Active USA Implants	140,987 53,761	Insulation Breach	50	Conductor Fracture	
Fixation Type	Tines	Other	3	Extracardiac Stimulation	
Pace Sense Polarity	Bipolar			Failure To Capture Failure To Sense	4
Steroid Indicator	Yes			Impedance Abnormal	
				Insulation Breach	
				Lead Dislodgement	7
				Oversensing	
				Unspecified	
Product Surveillance Registry Resu	ilts	Qualifying Complications	10		
Number of Leads Enrolled in Study	1,207	Extracardiac Stimulation	1 Impedar	ice Out of Range	1
Cumulative Months of Followup	52,197	Failure To Capture	3 Lead Dis	slodgement	5
Number of Leads Active in Study	43				
100%					
g 90% -					



CapSure Z Novu	S				
JS Market Release	Jun-98	US Returned Product	Analysis	US Acute Lead Observ	ations
CE Approval	Jun-97	Conductor Fracture	14	Conductor Fracture	
Registered USA Implants	64,449	Insulation Breach	30	Failure To Capture	
Estimated Active USA Implants	24,800	Other	2	Failure To Sense	
ixation Type	Tines		_	Impedance Abnormal	
Pace Sense Polarity	Bipolar			Lead Dislodgement	
Steroid Indicator	Yes			Unspecified	
duct Surveillance Registry Results		Qualifying Complications	5		
ber of Leads Enrolled in Study	359	Failure To Capture	2 Impedan	ce Out of Range	1



8,572

9

1

1

Lead Dislodgement

Oversensing

Cumulative Months of Followup

Number of Leads Active in Study

	US Market F	Release			Jun-98			US Retu	rned Pro	oduct A	nalysis	US Acute Lead	Observations
	Estimated A	USA Implant Active USA In			Sep-97 37,160 17,268		1	Conductor F nsulation B Other			5 4 1	Cardiac Perforation Failure To Capture Failure To Sense	
	Fixation Typ Pace Sense Steroid Indic	Polarity			Tines Bipolar Yes							Lead Dislodgement Oversensing Unspecified	
Pro	duct Surve	eillance Re	gistry Re	sults			Qualify	ing Com	plications	5		5	
√um	ber of Leads	Enrolled in S	Study			707	Failure	To Capture			3 Le	ad Dislodgement	2
Cum	ulative Mont	hs of Followu	р		36,	123							
	100%					2							
Survival	80% -											Upper 95 Pct Confidence	
Lead Survival	80% - 70% - 60% -											Upper 95 Pct Confidence Cumulative Survival Prot Lower 95 Pct Confidence	pability
Lead Survival	80% - 70% -		50	10	0	150		200	250		300	Cumulative Survival Prot	pability
Lead Survival	80% - 70% - 60% - 50% -,		50	10		150 ths After In	nplant	200	250	s.	300	Cumulative Survival Prot	pability
	80% - 70% - 60% - 50% - 0	2	50 3	10			nplant 7	200	250 9	10	300	Cumulative Survival Prot	pability
Fead Survival	80% - 70% - 60% - 50% - 0	2 99.2%			Mon	ths After In						Cumulative Survival Prot Lower 95 Pct Confidence	pability

US Market Release	Jun-01	US Returned Proc	duct Analysis	US Acute Lead Observation	ons
CE Approval	Mar-01	Conductor Fracture	13	Failure To Capture	
Registered USA Implants	17,575	Insulation Breach	12	Lead Dislodgement	1
Estimated Active USA Implants	9,739		12	Unspecified	
Fixation Type	Tines				
Pace Sense Polarity	Bipolar				
Steroid Indicator	Yes				
oduct Surveillance Registry R	esults				
mber of Leads Enrolled in Study	28				
mulative Months of Followup	2,047				
	2,047				
mber of Leads Active in Study	9				
mber of Leads Active in Study 100% - 90% - 80% - 70% - 60% -	9			 Upper 95 Pct Confidence Cumulative Survival Probability Lower 95 Pct Confidence 	
nber of Leads Active in Study 100% - 90% - 80% - 70% - 60% -		80 100	120	Cumulative Survival Probability	

#

US	Market R	elease			Oct-98			US Retu	Irned Pro	oduct A	nalvsis		US Acute	Lead Observ	ations
CE	Approval							Conductor		0440171	13		Conductor F		
Reg	gistered L	JSA Impla	nts		25,368			Insulation E			21		Failure To C		
Est	imated A	ctive USA	Implants		5,365			Other	neach		12		Impedance		
Fixat	tion Type				Active Sc	rew In		Other			12		Lead Dislode		
Pace	e Sense F	Polarity			Bipolar								Leau Disiou	gement	
Ster	oid Indica	tor			Yes										
Product	t Survei	llance R	egistry R	esults			Qualif	ying Com	plication	s		14			
Number o	of Leads	Enrolled ir	n Study			848	Conduc	tor Fracture	Э		1 L	ead Dislodg	ement		3
Cumulati	ve Month	s of Follov	vup		43,	778	Failure	To Capture	1		1 0	versensing			6
Number o	of Leads	Active in S	Study			33	Failure	To Sense			3				
80 Surviva)% -)% -		50	10	10	150		200	250)	, 300	Cum	er 95 Pct Con ulative Survi er 95 Pct Con	val Probability	
50					Mon	ths After I	mplant								
50															
Years	1	2	3	4	5	6	7	8	9	10	11	12	at 156 mo		
Years		2 99.5% 527	3 98.2% 429	4 98.0% 347		6 98.0% 218	7 98.0% 188	8 98.0% 151	9 98.0% 125	10 98.0% 96	11 94.7% 80		at 156 mo 93.6% 52		

% 96.6%

% <u>100.0%</u>

#

344

94.5%

315

92.0%

269

90.9%

216

89.1%

185

84.4%

132

83.0%

99

83.0%

64

83.0%

55

US Market Release	Mar-94	US Returned Product	Analysis	US Acute Lead Obse	rvations	
CE Approval	Jan-93	Conductor Fracture	14	Cardiac Perforation		
Registered USA Implants	3,137	Insulation Breach	1	Conductor Fracture		
Estimated Active USA Implants	1,062			Failure To Capture		
Fixation Type	Suture			Failure To Sense		
Pace Sense Polarity	n/a			Impedance Abnormal		
Steroid Indicator	None			Oversensing		
Product Surveillance Registry Resul	Its	Qualifying Complications	47			
Number of Leads Enrolled in Study	415	Conductor Fracture		Out of Range	4	
Cumulative Months of Followup	23,685	Failure To Capture	8 Insulation B	0	2	
Number of Leads Active in Study	5	·	Oversensing		12	
100% - 90% - 80% - 70% - 60% -			Cun	er 95 Pct Confidence nulative Survival Probability rer 95 Pct Confidence		
90% - 80% - 70% - 60% - 50% -	40 50	80 100	• Cun • Low	nulative Survival Probability		
90% - 80% - 70% - 60% -	40 60 Months After	80 100	Cun	nulative Survival Probability		

US Market Release	Sep-04	US Returned Product	t Analysis	US Acute Lead Observation	IS
CE Approval		Conductor Fracture	5	Unspecified	-
Registered USA Implants	354	Sonductor Fracture	0		
Estimated Active USA Implants	123				
Fixation Type	Tines				
Pace Sense Polarity	True Bipolar/One Coil				
Steroid Indicator	Yes				
oduct Surveillance Registry Res	ults				
imber of Leads Enrolled in Study	4				
mulative Months of Followup	256				
imber of Leads Active in Study	1				
imber of Leads Active in Study	1				
100% ~	1				
100% -	1				
100% -	1		=	Unner 05 Bet Confidence	
100% -	1			Upper 95 Pct Confidence	
100% - 90% - 80% - 70% -	1		- •	Cumulative Survival Probability	
100% - 90% - 80% - 70% - 60% -	1		- •		
100% - 90% - 80% - 70% -	1 40 60	80 100	- •	Cumulative Survival Probability	

931	Sprin	t Fideli	S										
US Mark	ket Release			Sep-04			US Retu	Irned Produ	ct Analys	is	US Acute Le	ad Observations	
CE Appr							Conductor F	Fracture	6	27	Cardiac Perfora	tion	
Registe	red USA Impla	ints		8,075			Insulation B	reach		1	Conductor Frac	ture	
Estimate	ed Active USA	Implants		2,330			Other			5	Failure To Capt	ure	
Fixation	51			Active Sc	rew In						Failure To Sens		
Pace Ser	nse Polarity			True Bipo	olar/One C	lio					Lead Dislodgen	nent	
Steroid In	ndicator			Yes							Oversensing		
											Unspecified		
oduct Su	ırveillance F	Pogistry P	oculte			Qualif	iving Com	plications		59			
	ads Enrolled i		counto		308		ctor Fracture		36		e Out of Range	10	
	lonths of Follo				782		To Capture		3	Lead Dislo	0		
	ads Active in S			10	29		To Sense		1	Oversensi	0	2	
100% - 90% - 80% - 70% - 60% -							111			• CI	oper 95 Pct Confide Imulative Survival ower 95 Pct Confide	Probability	
50% -	0	20	4		60 hths After I	mplant	80	100	12	0			
ears 1	2	3	4	5	6	at 84 mo							
	% 95.8%	92.7%	87.9%	81.8%	73.8%	71.8%							
% 98.2	00.070	0					_						

6935 Sprint Quattro See	cure S				
US Market Release	Nov-08	US Returned Product	Analysis	US Acute Lead Obs	ervations
CE Approval	Mar-08	Conductor Fracture	213	Cardiac Perforation	2
Registered USA Implants	55,655	Insulation Breach	8	Conductor Fracture	
Estimated Active USA Implants	45,235	Other	40	Failure To Capture	2
Fixation Type	Active Screw In		10	Failure To Sense	
Pace Sense Polarity	True Bipolar/One Coil			Impedance Abnormal	1
Steroid Indicator	Yes			Insulation Breach	
				Lead Dislodgement	4
				Oversensing	4
				Unspecified	
Product Surveillance Registry Results		Qualifying Complications	3	4	
Number of Leads Enrolled in Study	2,529	Cardiac Perforation	1 Impe	edance Out of Range	2
Cumulative Months of Followup	93,525	Conductor Fracture	13 Lead	l Dislodgement	7
Number of Leads Active in Study	1,171	Extracardiac Stimulation	1 Othe	r	1
		Failure To Capture	2 Over	sensing	6
		Failure To Sense	1	·	
100%					
······································					
80% - 70% -				Statistics and statistics	
0 70% -				Upper 95 Pct Confidence	
				 Cumulative Survival Probabil 	ity
- 60% -				 Lower 95 Pct Confidence 	

70% -60% -20 40 60 80 100 120 Months After Implant at 78 mo Years 1 2 3 4 5 6 97.0% % 99.4% 99.2% 98.9% 98.5% 98.2% 97.6% 2,143 1,704 1,281 803 426 197 108

Medtronic CRHF Product Performance Report

- opp Cumulative Survival Probability
- Lower 95 Pct Confidence

Issue 76 2017 1st Edition http://wwwp.medtronic.com/productperformance/

ι	JS Market F	Release			Aug-12		US Retur	ned Produc	t Analvs	is	US Acute Lead C	bservations	s
C	CE Approva	I			Jul-12		Conductor Fr		-	84	Cardiac Perforation		5
F	Registered	USA Impla	nts		114,336		Insulation Bre			2	Conductor Fracture		
E	Estimated A	Active USA	Implants		108,393		Other	ach		9	Extracardiac Stimulat	tion	
F	ixation Type	е			Active Screw In		Other			3	Failure To Capture	1011	10
P	ace Sense	Polarity			True Bipolar/One Coi						Failure To Sense		1
S	teroid Indica	ator			Yes						Impedance Abnormal	I	2
											Insulation Breach	1	2
											Lead Dislodgement		15
											Oversensing		7
											Oversensing		1
rod	uct Surve	illance R	egistry R	esults		Qual	ifying Comp	lications		19			
umb	er of Leads	Enrolled in	Study		4,616	Cardia	ac Perforation		1	Impedan	ce Out of Range	1	
umu	lative Month	ns of Follov	vup		63,880	Cond	uctor Fracture		4	Insulation	n Breach	1	
umb	er of Leads	Active in S	study		3,804	Failur	e To Capture		4	Lead Dis	lodgement	7	
										Oversen	sing	1	
1	00%	_	_		() () () () () () () () () ()								
-	90% -												
PNA	80% -												
ก										- 1	pper 95 Pct Confidence		
ead	70% -									• 0	Cumulative Survival Proba	bility	
-	60% -									• L	ower 95 Pct Confidence		
	50%		- 1	7		_			1				
	0		20	40	60		80	100	12	0			
					Months After Im	plant							
'ears	1	2	3	at 42 mo									
%	99.6%	99.4%	99.1%	99.1%									
#	2,280	997	276	89									

ι	US Market R	Release			Apr-01			US Retu	urned Pro	duct A	nalys	is US Acute Lead Observ	vations	
(CE Approval	I						Conductor				5 Conductor Fracture		
	Registered I	USA Impla	nts		2,297			Conductor	ridotare			Unspecified		
	Estimated A	Active USA	Implants		1,351									
F	ixation Type	Э			Passive									
F	Pace Sense	Polarity			One Coil									
S	Steroid Indica	ator			None									
'rod	uct Surve	illance R	egistry R	esults			Quali	fying Corr	plications			48		
lumb	er of Leads	Enrolled in	n Study			972	Condu	ctor Fracture	е		16	Impedance Out of Range	3	
Cumu	lative Month	ns of Follow	wup		54	,349	Extrac	ardiac Stimu	ulation		4	Insulation Breach	2	
lumb	er of Leads	Active in S	Study			10	Failure	To Capture	;		6	Lead Dislodgement	1	
							Failure	To Sense			1	Other	1	
												Oversensing	10	
1	100%		_									Unspecified	4	
-	90% -			~										
N	80% -													
Lead Survival	70% -											 Upper 95 Pct Confidence 		
ä												 Cumulative Survival Probability 		
e	60% -											 Lower 95 Pct Confidence 		
Le	50%		50	31	00	150	_	200	250		200			
Le	0		50	The second secon	10 A.		1.000	200	250		300	,		
Le						oths After I								
		2	3	4	5	6	7	8	9	10	at 126			
Years	·					94.9%	93.9%	93.4%	92.2%	91.1%	91.19	0/		
	6 98.4%	97.5% 693	97.2% 579	96.7% 487	95.4% 386	310	217	168	109	71	56			

99.1%

311

%

#

99.1%

241

98.1%

184

97.5%

140

96.7%

113

96.7%

93

96.7%

72

96.7%

63

96.7%

51

6942 Sprint					
US Market Release	Jul-97	US Returned Pro	oduct Analysis	US Acute Lead Observat	tions
CE Approval		Conductor Fracture	16	Conductor Fracture	
Registered USA Implants	17,673	Crimp Weld Bond	1	Failure To Capture	
Estimated Active USA Implants	3,952	Insulation Breach	26	Impedance Abnormal	
Fixation Type	Tines	Other	4	Lead Dislodgement	
Pace Sense Polarity	Integrated Bipolar/T	Two Coils		Oversensing	
Steroid Indicator	Yes			Unspecified	
Product Surveillance Registry Result	S	Qualifying Complications	s 7		
lumber of Leads Enrolled in Study	364	Conductor Fracture	1 Lead Dislo	dgement	1
umulative Months of Followup	19,474	Failure To Sense	1 Oversensi	ng	3
lumber of Leads Active in Study	14		Unspecifie	d	1
100%			_		
- Anna	_		=		
- Anna			=		
-			ALC: NO	per 95 Pct Confidence	
90% - 80% - 70% -			• CI	mulative Survival Probability	
90% - 80% - 70% - 60% -			• CI		
90% - 80% - 70% - 60% - 50% -	40 50	80 100	• Ci • Lo	mulative Survival Probability	
90% - 80% - 70% - 60% -	40 60 Months After I	, 80 100 Implant	• Ci • Lo	mulative Survival Probability	

6943		Sprint														
USN	Market R	lelease			Oct-97			US Ret	urned Pr	oduct A	nalys	is	US Acu	te Lead Obsei	rvations	
CE A	Approval							Conductor			-		Cardiac P	erforation		1
Regi	istered l	JSA Impla	nts		20,581			Crimp Weld					Failure To			1
Estir	mated A	ctive USA	Implants		4,720			Insulation E			1		Failure To			1
Fixati	ion Type	;			Active Sc	rew In		Other					Impedanc	e Abnormal		2
Pace	Sense	Polarity			True Bipo	olar/One Co	il						Insulation			1
Stero	oid Indica	ator			Yes								Oversensi			1
Product	Surve	illance R	egistry R	esults			Quali	fying Con	nolication	s		111				
Number of				counto	1	.340		ictor Fractur		-	31	Impedance O	ut of Rang		9	
Cumulativ			,			,454		e To Capture				Insulation Bre	0		2	
Number of					50	110		e To Sense	-			Lead Dislodge			2	
	10000											Other			2	
												Oversensing			44	
1009	%											Unspecified			3	
0.00				_	1							2			÷	
N						-	-									
SUS SUS	% -						1					• Upper	95 Pct Co	onfidence		
pg 70%	% -						-					 Cumu 	lative Sur	vival Probability	1	
- 60°	% -											- Lowe	r 95 Pct C	onfidence		
50	%	_	ů.			1		1								
	0		50	10	0	150		200	25	0	300)				
					Mor	nths After In	nplant									
Years	1	2	3	4	5	6	7	8	9	10	11	12	13	at 168 mo		
	98.5%	97.7%	96.5%	95.4%	93.3%	91.4%	90.2%	89.2%	86.2%	85.9%	82.69		79.9%	76.8%		
# ^	1,161	978	853	702	584	477	395	325	271	215	180	137	88	52		

l	JS Market F	•	t Quatti		Dec-00			US Roturn	ed Product	Analysi	e	US Acute Lead Observ	ations
C	CE Approva	ıl			Nov-99					-			alions
	Registered		nts		44,757			Conductor Fra		16	4	Conductor Fracture	
I	Estimated A	Active USA	Implants		20,263			Crimp Weld Bo			1	Failure To Capture Failure To Sense	
F	ixation Type	е			Tines			Insulation Brea	acn		4	Impedance Abnormal	
Ρ	ace Sense	Polarity			True Bipo	lar/Two Co	ils	Other			6	1	
S	teroid Indica	ator			Yes							Lead Dislodgement Oversensing	
												Unspecified	
												Unspecified	
rod	uct Surve	illance R	Registry R	esults			Quali	fying Compl	cations		21		
umb	er of Leads	Enrolled ir	n Study			600	Condu	ctor Fracture		12	mpedance (Out of Range	3
umu	lative Month	hs of Follov	wup		26	607	Failure	To Capture		2	Oversensing		2
umb	er of Leads	Active in S	Study			201	Failure	To Sense		1	Jnspecified		1
	00% - 90% - 80% -						=	ł			• Cum	er 95 Pct Confidence ulative Survival Probability er 95 Pct Confidence	
	70% - 60% -					-							
		_	20	4	0	60	1.7	80	100	120			
Lead St	60% - 50%	-	20	4		60 ths After In	nplant	80	100	120			
	60% - 50%	2	20 3	4			nplant 7	80 at 90 mo	100	120			
	60% - 50%	2 99.8%			Mor	ths After In			100	120			

	5	Sprin	ι												
I	JS Market	Release			Sep-97			US Ret	urned Pr	oduct A	nalysis	\$	US Acut	e Lead C	bservations
(CE Approv	/al						Conductor			147		Cardiac Pe	erforation	
	Registere	d USA Impla	ants		42,695			Crimp Weld			1		Conductor	Fracture	
	Estimated	Active USA	Implants		9,565			Insulation E			46	5	Extracardia	ac Stimulat	ion
F	ixation Ty	ре			Active Sc	rew In		Other			6		Failure To		
P	ace Sens	e Polarity			Integrate	d Bipolar/T	wo Coils	o unon				-	Failure To		
S	teroid Ind	icator			Yes								Impedance	Abnorma	
													Insulation I		
													Lead Dislo	dgement	
													Oversensir		
													Unspecifie	d	
Prod	uct Surv	veillance F	Registry R	Results			Quali	fying Con	nplication	s		45			
		ds Enrolled i			1	,199		ctor Fractur			11 Ir	mpedance O	ut of Range	è	7
		nths of Follo			67	,766	Extrac	ardiac Stimu	ulation			Oversensing	at of Flange	•	19
		ds Active in				81	Failure	To Capture	9			Inspecified			1
			,				Failure	To Sense			4				
1	00%	_	_												
-	90% -			-		-	-								
Lead Survival	80% -				-	_									
l Su	70% -												r 95 Pct Co		
eac													Ilative Surv		bility
	60% -											 Lowe 	r 95 Pct Co	nfidence	
	50%		1			1	_	1			1				
	0		50	10		150		200	25)	300				
						nths After I									
Years	-	2	3	4	5	6	7	8	9	10	11	12	13	14	at 174 mo
%	99.4%	98.6% 832	98.1% 658	97.5% 521	96.5% 403	95.7% 313	95.0% 273	93.9% 229	92.5% 186	91.5% 155	90.3% 133	89.6% 118	88.9% 94	87.0% 64	85.9% 53

ease	Jan-16			
	Jan-10	US Returned Product Analysis	US Acute Lead Observations	
	Sep-13		Lead Dislodgement	
SA Implants	228		õ	
ive USA Implants	224		Oversensing	
	Tines			
larity	True Bipolar/Two Coils			
r	Yes			
	ve USA Implants larity	A Implants 228 ve USA Implants 224 Tines larity True Bipolar/Two Coils	A Implants 228 ve USA Implants 224 Tines larity True Bipolar/Two Coils	A Implants 228 Oversensing ve USA Implants 224 Times larity True Bipolar/Two Coils True Bipolar/Two Coils



US Marke	et Release			Nov-01			US Retr	urned Pr	oduct A	nalvsis	S	US Acute	Lead Observ	ations	
CE Appro	oval			Oct-01			Conductor			850		Cardiac Perf			28
Register	ed USA Impla	nts		373,104			Crimp Weld				4	Conductor F			2
Estimate	d Active USA	Implants		207,968			Insulation E			79		Extracardiac			2
Fixation T	уре			Active Sc	rew In		Other	breach		215	-	Failure To C			7
Pace Sen	se Polarity			True Bipo	olar/Two Co	oils	Other			213	0	Failure To S			3
Steroid In	dicator			Yes								Impedance A			5
												Insulation Br			5
												Lead Dislode	, ,		11
												Oversensing			
												Unspecified			2
roduct Sur	veillance R	egistry R	esults			Quali	fying Corr	plication	s		64				
umber of Lea	ads Enrolled in	n Study		4	,131	Condu	ctor Fractur	e		22 li	mpedance (Out of Range		10	
umulative Mo	onths of Follow	vup		204	,747	Failure	To Capture	9		3 li	nsulation Br	each		5	
umber of Lea	ads Active in S	Study		1	,419	Failure	To Sense			2 L	ead Dislod	ement		5	
											Oversensing			15	
											Jnspecified			2	
100% -					_										
- 90% -															
>															
80% -											• Uppe	er 95 Pct Con	fidence		
70% -											Cum	ulative Surviv	al Probability		
¹ 60% -											. Low	er 95 Pct Con	fidence		
50% -		1	1		1										
0)	50	10	00	150		200	25)	300					
				Mor	ths After In	nplant									
ears 1	2	3	4	5	6	7	8	9	10	11	12	at 156 mo			
<mark>%</mark> 99.5%	6 99.3%	99.1%	98.7%	98.3%	98.0%	97.4%	97.1%	96.6%	96.1%	95.7%	94.7%	94.7%			
# 3,506	6 2,977	2,470	1,945	1,491	1,004	577	369	294	205	150	81	50			

US Market Release	Feb-12	US Returned Produce	ct Analysis	US Acute Lead Observati	ions
CE Approval	Mar-10	Conductor Fracture	49	Cardiac Perforation	23
Registered USA Implants	87,514	Insulation Breach	5	Conductor Fracture	(
Estimated Active USA Implants	79,905	Other	11	Extracardiac Stimulation	1(
Fixation Type	Active Screw In			Failure To Capture	7.
Pace Sense Polarity	True Bipolar/Two Coil	S		Failure To Sense	20
Steroid Indicator	Yes			Impedance Abnormal	19
				Lead Dislodgement	12
				Oversensing	44
				-	
roduct Surveillance Registry Res		Qualifying Complications	9		
umber of Leads Enrolled in Study	1,960	Conductor Fracture	2 Other		1
umulative Months of Followup	58,044	Failure To Capture	4		
umber of Leads Active in Study	1,225	Failure To Sense	2		
100%					
100%					
			-	Upper 95 Pct Confidence	
				Upper 95 Pct Confidence Cumulative Survival Probability	
90% - 80% -			• •		
90% - 80% - 70% -	7 7	T. k	• •	Cumulative Survival Probability	
90% - 80% - 70% - 60% -	, , 40 60	80 100	• •	Cumulative Survival Probability	
90% - 80% - 70% - 60% - 50% -	40 60 Months After Im		• 1	Cumulative Survival Probability	

US Market Release	Sep-04	LIS Boturnod Brody		US Acute Lead Obse	anyations
CE Approval	cop co	US Returned Produ	-		ervations
Registered USA Implants	10,373	Conductor Fracture	192	Conductor Fracture	
Estimated Active USA Implants	3,332	Insulation Breach	3	Failure To Capture	
Fixation Type	Tines	Other	2	Lead Dislodgement	
		2 cilo		Oversensing	
Pace Sense Polarity	True Bipolar/Two C	JOIIS		Unspecified	
Steroid Indicator	Yes				
roduct Surveillance Registry Res	sults	Qualifying Complications	4		
umber of Leads Enrolled in Study	39	Conductor Fracture	3 Impeda	nce Out of Range	1
umulative Months of Followup	2,050			5	
umbor of Loodo Activo in Study	8				
umber of Leads Active III Study	0				
umber of Leaus Active III Study	0				
annuel of Leads Active III Study	0				
100% ~	0				
100% -	0				
100% -	0				
100% -	0			Upper 95 Pct Confidence	
90% - 80% - 70% -	0			Upper 95 Pct Confidence Cumulative Survival Probabilit	У
100% -	0			28 State 1 Sta	У
100% - 90% - 80% - 70% - 60% - 50% -				Cumulative Survival Probabilit	У
100% - 90% - 80% - 70% - 60% -	°	80 100		Cumulative Survival Probabilit	У

% 100.0% #

1,551 1,226

898

245

US Market Rel	ease		Sep-04			US Retu	Irned P	roduct An	alvsi	S	US Acute Lead Observ	ations	
CE Approval						Conductor			7,50		Cardiac Perforation		10
Registered US	A Implants		186,704			Crimp Welc			,	3	Conductor Fracture		4
Estimated Acti	ve USA Implants	i	50,440			Insulation E				6	Failure To Capture		3
Fixation Type			Active Sc	crew In		Other	leach			0	Failure To Sense		1
Pace Sense Po	larity		True Bipo	olar/Two Co	ils	Other			'	0	Impedance Abnormal		1
Steroid Indicato	r		Yes								Insulation Breach		
											Lead Dislodgement		2
											Oversensing		3
											Unspecified		2
											Unspecified		2
oduct Surveill	ance Registry	Results			Quali	fying Com	plicatio	ns		105			
umber of Leads Er	nrolled in Study			954	Condu	ctor Fracture	Э		58	Impedance	Out of Range	18	
umulative Months	of Followup		50	,198	Failure	To Capture	•		4	Insulation E	Breach	2	
umber of Leads Ad	ctive in Study			167	Failure	To Sense			6	Lead Disloc	lgement	1	
										Other		1	
										Oversensin	g	15	
100%	_	-									-		
90% -				-									
80% -				_			-						
							-	_		• Upp	per 95 Pct Confidence		
70% -										• Cur	nulative Survival Probability		
60% -										- Lov	ver 95 Pct Confidence		
50%	3			-1	_	.1			-				
0	20	40	0	60		80	10	00	120				
			Mor	nths After In	nplant								
ears 1	2 3	4	5	6	7	8	9	at 114 mo					
% 98.5%	96.5% 93.3%	90.9%	88.3%	84.9%	81.9%	79.6%	79.2%	78.6%					
# 825	701 590	466	380	296	200	137	79	61					

03	S Market Release	Jun-01		US Retu	rned Product	Analvsis	US Acute Lead Ob	oservations
CE	E Approval	Dec-97		Conductor F		28	Cardiac Perforation	
R	Registered USA Implants	4,689		Conductor	acture	20	Failure To Capture	
E	stimated Active USA Implants	2,567					Impedance Abnormal	
Fix	kation Type	Suture on Anchor	Sleeve				Lead Dislodgement	
Pa	ace Sense Polarity	One Coil					Loud Diolodyomonic	
Ste	eroid Indicator	None						
rodu	ict Surveillance Registry Resul	ts	Qua	alifying Comp	lications	2		
lumbe	er of Leads Enrolled in Study	46	Con	ductor Fracture		1 Impeda	nce Out of Range	1
umula	ative Months of Followup	1,781					, i i i i i i i i i i i i i i i i i i i	
lumbe	er of Leads Active in Study	9						
- 10	00% -							
ead Survival	80% - 80% - 70% - 60% -					- •	Upper 95 Pct Confidence Cumulative Survival Probab Lower 95 Pct Confidence	bility
Lead Survival	80% - 70% - 60% - 50% -	- x - x		a.	Æ	;	Cumulative Survival Probab	bility
Lead Survival	80% - 70% - 80% -	40 60		80	100	- •	Cumulative Survival Probab	bility
Lead Survival	80% - 70% - 60% - 50% -	40 60 Months After	Implant	80	100	;	Cumulative Survival Probab	bility
Lead Survival	80% - 70% - 60% - 50% -	- ż – z		x		;	Cumulative Survival Probab	oility

Medtronic CRHF Product Performance Report



	US Market				May-02			US Retur	ned I	Product An	alysi	S	US Acute Lead Obse	rvations	
	CE Approv				Dec-00		(Conductor Fr	acture		7	0	Extracardiac Stimulation		18
	Registered	I USA Implant	S		100,806		I	nsulation Bre	each		1	9	Failure To Capture		1
	Estimated	Active USA In	nplants		24,503		(Other			4	6	Lead Dislodgement		4
	Fixation Typ	be			Double Cu	rve							Oversensing		
	Pace Sense	e Polarity			Unipolar								Unspecified		:
	Steroid Indi	cator			Yes										
Pro	duct Surv	eillance Re	gistry Re	sults			Qualify	ying Comp	licatio	ons		41			
Num	ber of Lead	s Enrolled in S	Study		7	83	Conduc	tor Fracture			1	ead Dislodg	gement	13	
Cun	ulative Mon	ths of Followu	р		36,8	96	Extraca	rdiac Stimula	ation		9	Jnspecified		3	
N I	boroflood					~~					4.5				
vun		s Active in Stu	ıdy		1	00	Failure	To Capture			15				
	100% 90% -	s Active in Stu	ıdy		1	00	Failure	To Capture	-	=	15				
	100%	s Active in Stu	Idy		1	00	Failure	To Capture	-	-	15	• Uppe	er 95 Pct Confidence		
	100% 90% -	s Active in Stu	Jdy		1		Failure	To Capture	-		15		er 95 Pct Confidence ulative Survival Probability	,	
Lead Survival	100%	s Active in Stu	ш		1	00	Failure	To Capture		=	15	• Cum		().	
	100% - 90% - 80% - 70% -	2		40	1		Failure	To Capture		120	15	• Cum	ulative Survival Probability	·	
	100%			40	60	hs After I	ģ			120		• Cum	ulative Survival Probability		

93.4%

237

92.6%

194

92.6%

158

94.2%

299

96.1%

618

#

95.2%

474

94.4%

391

92.0%

125

92.0%

85

91.2%

57

Years

%

#

1,252

%

#

98.6%

1,320

97.5%

1,078

96.7%

849

96.2%

629

95.5%

480

94.3%

319

94.0%

197

93.1%

126

93.1%

77

92.3%

60

US Market Release	Aug-04	US Returned Produc	t Analysis	US Acute Lead Observ	vations
CE Approval Registered USA Implants Estimated Active USA Implants Fixation Type Pace Sense Polarity Steroid Indicator	Jul-03 114,686 54,551 Double Curve Bipolar Yes	Conductor Fracture Insulation Breach Other	24 101 7	Cardiac Perforation Conductor Fracture Extracardiac Stimulation Failure To Capture Impedance Abnormal Lead Dislodgement Oversensing Unspecified	2 2 48 42 8 145 2 5
Product Surveillance Registry Resu Number of Leads Enrolled in Study Cumulative Months of Followup Number of Leads Active in Study	lts 1,588 70,727 560	Qualifying Complications Conductor Fracture Extracardiac Stimulation Failure To Capture		n Breach n Breach ESC slodgement	2 1 28
100% - 90% - 80% - 70% - 60% - 50% - 0 20	40 60 Months After I	80 100 mplant	• •	Upper 95 Pct Confidence Cumülative Survival Probability Lower 95 Pct Confidence	

US Market Release	Aug-08		US Returned Produc	t Analys	sis	US Acute Lead Observ	vations	
CE Approval	May-05		Conductor Fracture	-	7	Extracardiac Stimulation		30
Registered USA Implants	17,298		Insulation Breach		2	Failure To Capture		20
Estimated Active USA Implants	11,432		Other		4	Impedance Abnormal		4
Fixation Type	Deployable Lobe F	ixation	o u loi			Lead Dislodgement		30
Pace Sense Polarity	Unipolar					Unspecified		-
Steroid Indicator	Yes							
roduct Surveillance Registry Results		Qua	alifying Complications		27			
umber of Leads Enrolled in Study	1,479	Cone	ductor Fracture	2	Impedance	ce Out of Range	1	
umulative Months of Followup	61,305	Extra	acardiac Stimulation	10	Insulation	Breach	5	
lumber of Leads Active in Study	561	Failu	ire To Capture	4	Lead Disl	odgement	5	
100%								
- %0% -								
90% - 80% - 70% -					- 0	pper 95 Pct Confidence		
2 70% -						umulative Survival Probability		
60% -						ower 95 Pct Confidence		

60% -50% -20 40 60 80 120 0 100 Months After Implant 1 2 3 4 5 6 at 84 mo 99.2% 98.6% 98.4% 98.1% 97.6% 96.9% 96.4%

190

61

- Cumulative Survival Probability
- Lower 95 Pct Confidence

845

591

377

1,050

419	6	Attain	Ability											
ι	JS Market F	Release			May-09			US Retur	ned Produc	t Analys	sis	US Acute Lead C	bservations	
	CE Approva				Jul-07			Conductor Fra	acture		19	Cardiac Perforation		
	Registered				66,561			Other			12	Conductor Fracture		
	Estimated A	Active USA	Implants		47,256							Extracardiac Stimulat	tion	8
	ixation Type				Double C	urve						Failure To Capture		5
	ace Sense	,			Bipolar							Failure To Sense		
S	teroid Indica	ator			Yes							Impedance Abnormal	I	
												Insulation Breach		
												Lead Dislodgement		19
												Oversensing		
												Unspecified		
	_													
	uct Surve			esults				ying Comp	lications		69			
	er of Leads					,207		tor Fracture		3		e Out of Range	1	
	lative Month					,618		rdiac Stimula	tion	13	Insulation		1	
lumb	er of Leads	Active in S	Study			696	Failure	To Capture		28	Lead Dislo	odgement	21	
											Other		2	
	00%				Conc.	_		-						
æ	90% -													
Lead Survival	80% -										• 01	oper 95 Pct Confidence		
spa	70% -											imulative Survival Proba	bility	
Le	60% -											ower 95 Pct Confidence	identity.	
	50%											Wei 30 Fet Collidence		
	0		20	4	0	60	1.7	80	100	12	0			
	1.0		-	1		ths After	implant							
'ears	; 1	2	3	4	5	6	at 78 mo							
ears		97.2%	96.7%	96.1%	96.0%	95.2%	94.5%	-						
	1,801	1,386	1,038	750	574	194	82	-						

Attain Ability Plus 4296

US Market Release	Apr-11
CE Approval	Dec-09
Registered USA Implants	33,000
Estimated Active USA Implants	27,772
Fixation Type	Double Curve
Pace Sense Polarity	Dual Electrodes
Steroid Indicator	Yes

Product Surveillance Registry Results

Number of Leads Enrolled in Study	1,415
Cumulative Months of Followup	38,866
Number of Leads Active in Study	732

Qualifying Complications

Conductor Fracture

Crimp Weld Bond

Other

US Returned Product Analysis

Qualifying Complications		30
Extracardiac Stimulation	11	Lead Dislodgement
Failure To Capture	7	Other

2

2

3



US Acute Lead Observations

2

56

25

8

4

113

11

1

Cardiac Perforation

Failure To Capture

Insulation Breach

Lead Dislodgement

Impedance Abnormal

Extracardiac Stimulation

% 99.0%

#

446

98.4%

59

US Market Release	Aug-14	US Returned	Product Analys	is	US Acute Lead Observation	ations
CE Approval	Jan-13	Conductor Fractur	e	1 (Cardiac Perforation	:
Registered USA Implants	35,222	Other		11 (Conductor Fracture	
Estimated Active USA Implants	33,478			E	Extracardiac Stimulation	8
Fixation Type	Double Curve			F	Failure To Capture	4
Pace Sense Polarity	Bipolar				mpedance Abnormal	1
Steroid Indicator	Yes				ead Dislodgement	64
Product Surveillance Registry Resi	ults	Qualifying Complication	tions	9		
lumber of Leads Enrolled in Study	1,133	Extracardiac Stimulation		Lead Dislodge	ment	8
Cumulative Months of Followup	11,455					
lumber of Leads Active in Study	969					
100%						
-						
-						
-				- Upper	95 Pct Confidence	
-					95 Pct Confidence ative Survival Probability	
90% - 80% -				Cumul		
90% - 80% - 70% -			100 120	Cumul	ative Survival Probability	

	US Market Release		Ma	r-11	US	Returned Produc	t Analysis	US Acute Lead Of	bservations
	CE Approval		Dee	c-09		uctor Fracture	5	Cardiac Perforation	
	Registered USA Impla	ants	7,1	150	Other		1	Conductor Fracture	
	Estimated Active USA	Implants	5,8	390	Stici			Extracardiac Stimulatio	on 1
I	Fixation Type		Tine	es				Failure To Capture	
	Pace Sense Polarity		Dua	al Electrodes				Lead Dislodgement	3
	Steroid Indicator		Yes						·
roo	duct Surveillance F	Registry Re	esults		Qualifying	Complications	4		
um	ber of Leads Enrolled i	n Study		429	Failure To C	apture	3 Lead D	vislodgement	1
um	ulative Months of Follo	wup		12,052					
	ber of Leads Active in 1	Study		234					
	ber of Leads Active in 100%	Study		234				Upper 95 Pct Confidence Cumulative Survival Probat Lower 95 Pct Confidence	bility
	100% - 90% - 80% - 70% -	Study	1	234		1		Cumulative Survival Probat	sility
	100% - 90% - 80% - 70% - 60% -	Study	40	, 60	80	100		Cumulative Survival Probat	bility
	100% - 90% - 80% - 70% - 60% - 50% -	1	40			100	; ;	Cumulative Survival Probat	bility
	100% - 90% - 80% - 70% - 60% - 50% -, 0	1	40 at 48 mo	, 60		100	; ;	Cumulative Survival Probat	bility
ear only all	100% - 90% - 80% - 70% - 60% - 50% -, 0	20		, 60		100	; ;	Cumulative Survival Probat	əility

	US Market Release	Dec-14		US Retu	rned Product	Analysis	US Acute Lead Observati	ions
	CE Approval	Jan-13		Other		3	Cardiac Perforation	
	Registered USA Implants	7,246					Extracardiac Stimulation	2
	Estimated Active USA Implants	6,943					Failure To Capture	1
	Fixation Type	Tines					Impedance Abnormal	
	Pace Sense Polarity	Bipolar					Lead Dislodgement	
	Steroid Indicator	Yes						
roc	duct Surveillance Registry Res	ults						
uml	ber of Leads Enrolled in Study	2	286					
um	ulative Months of Followup	0.4						
unit	ulative months of Followup	2,2	482					
	ber of Leads Active in Study		482 251					
uml	ber of Leads Active in Study 100%						 Upper 95 Pct Confidence Cumulative Survival Probability Lower 95 Pct Confidence 	
uml	100%			80	100	120	Cumulative Survival Probability	
uml	ber of Leads Active in Study 100%	, 40	251	80	100	120	Cumulative Survival Probability	

	US Mark	ket Release	Dec-14	US Returned Pro	duct Analysis	US Acute Lead Observ	ations
	CE Appro	roval	Jan-13	Conductor Fracture	1	Cardiac Perforation	3
	•	red USA Implants	14,460	Other	1	Conductor Fracture	1
	Estimate	ed Active USA Implants	13,919			Extracardiac Stimulation	27
	51		Canted			Failure To Capture	ç
Pace Sense Polarity Steroid Indicator		nse Polarity	Quad Pole			Impedance Abnormal	4
		ndicator	Yes			Lead Dislodgement	2
						Oversensing	
ro	duct Su	rveillance Registry Res	ults	Qualifying Complications	3		
um	ber of Lea	ads Enrolled in Study	472	Failure To Sense	1 Lead Dis	slodgement	2
um	umulative Months of Followup		3,818			5	
lum	ber of Lea	ads Active in Study	421				
		,	1 27				
	100% - 90% - 80% - 70% - 60% -		T ₂ 1			Upper 95 Pct Confidence Cumulative Survival Probability Lower 95 Pct Confidence	
Lead Survival	100% - 90% - 80% - 70% - 60% -		ý	80 100	;;	Cumulative Survival Probability	
	100% - 90% - 80% - 70% - 60% -		, 40 60	80 100	;;	Cumulative Survival Probability	
Lead Survival	100% - 90% - 80% - 70% - 60% - 50% -	0 20	ý		;;	Cumulative Survival Probability	
eau survival	100% - 90% - 80% - 70% - 60% -	0 20 mo	, 40 60		;;	Cumulative Survival Probability	

Epi/Myocardial Leads

2

96.7%

110

Years

%

#

1

98.6%

129

50% -

3

95.6%

90

at 48 mo

89.3%

64

US Market Release	Sep-96	US Returned Product	Analysis	US Acute Lead Ob	servations
CE Approval	Jan-93	Conductor Fracture	228	Conductor Fracture	
Registered USA Implants	22,649	Crimp Weld Bond	1	Failure To Capture	
Estimated Active USA Implants	8,745	Insulation Breach	47	Failure To Sense	
Fixation Type	Suture			Impedance Abnormal	
Pace Sense Polarity	Unipolar			Oversensing	
Steroid Indicator	Yes			Unspecified	
roduct Surveillance Registry Resul	lts	Qualifying Complications	14		
umber of Leads Enrolled in Study	231	Conductor Fracture	7 Insulation	n Breach	1
umulative Months of Followup	7,048	Failure To Capture	3 Oversens	sing	2
lumber of Leads Active in Study	6	Failure To Sense	1		
100% -					
80% - 70% - 60% -			• •	Upper 95 Pct Confidence Cumulative Survival Probab ower 95 Pct Confidence	ility
80% - 70% -	40 60	80 100	• •	Cumulative Survival Probab	llity

US Market Release	Sep-99	US Returned Product	t Analys	is US	Acute Lead Obser	vations	
CE Approval	Apr-98	Conductor Fracture		70 Car	diac Perforation		1
Registered USA Implants	40,068	Insulation Breach		42 Cor	ductor Fracture		2
Estimated Active USA Implants	24,330	Other			acardiac Stimulation		2
Fixation Type	Suture			Fail	ure To Capture		30
Pace Sense Polarity	Bipolar				ure To Sense		2
Steroid Indicator	Yes			Imp	edance Abnormal		5
					Ilation Breach		1
				Lea	d Dislodgement		6
				Ove	ersensing		13
Product Surveillance Registry Resul	Its	Qualifying Complications		74			
	lts 923	Qualifying Complications Conductor Fracture	19	74 Impedance Out of	fRange	4	
lumber of Leads Enrolled in Study			19 2		8	4	
Number of Leads Enrolled in Study Cumulative Months of Followup	923	Conductor Fracture		Impedance Out of	8		
Number of Leads Enrolled in Study Cumulative Months of Followup	923 49,857	Conductor Fracture Extracardiac Stimulation	2	Impedance Out of Insulation Breach	8		
Number of Leads Enrolled in Study Cumulative Months of Followup Number of Leads Active in Study	923 49,857	Conductor Fracture Extracardiac Stimulation Failure To Capture	2 26	Impedance Out of Insulation Breach Other	8	3 1	
Number of Leads Enrolled in Study Cumulative Months of Followup Number of Leads Active in Study	923 49,857	Conductor Fracture Extracardiac Stimulation Failure To Capture	2 26	Impedance Out of Insulation Breach Other	8	3 1	
Number of Leads Enrolled in Study Cumulative Months of Followup Number of Leads Active in Study	923 49,857	Conductor Fracture Extracardiac Stimulation Failure To Capture	2 26	Impedance Out of Insulation Breach Other	8	3 1	
Number of Leads Enrolled in Study Cumulative Months of Followup Number of Leads Active in Study	923 49,857	Conductor Fracture Extracardiac Stimulation Failure To Capture	2 26	Impedance Out of Insulation Breach Other Oversensing	8	3 1	
90% -	923 49,857	Conductor Fracture Extracardiac Stimulation Failure To Capture	2 26	Impedance Out of Insulation Breach Other Oversensing		3 1	

0 50 100 150 200 250 300 Months After Implant 3 5 6 7 at 138 mo Years 1 2 4 8 9 10 11 83.9% 96.2% 89.4% 99.5% 97.5% 94.5% 91.5% 89.4% 82.3% 78.7% 77.4% 93.3% % # 727 645 549 450 363 285 222 169 108 68 55 50

Epi/Myocardial Leads

US Market Release	Dec-92	US Returned Pr	oduct Analysis	US Acute Lead Observations		
CE Approval Jan-93		Conductor Fracture	20	Cardiac Perforation		
Registered USA Implants	51,065	Insulation Breach	2	Extracardiac Stimulation	6	
Estimated Active USA Implants	15,771		_	Failure To Capture	55	
Fixation Type	Fixed Screw			Failure To Sense	3	
Pace Sense Polarity	Unipolar			Impedance Abnormal	6	
Steroid Indicator	None			Unspecified		
Product Surveillance Registry R	esults	Qualifying Complication	s 25			
Number of Leads Enrolled in Study	408	Conductor Fracture	1 Impedanc	e Out of Range	1	
Cumulative Months of Followup			18 Lead Disk			
Number of Leads Active in Study	105	Failure To Sense	2 Oversensi	ng	2	
100% - 90% - 80% - 70% - 60% - 50% -			• ci	oper 95 Pct Confidence Imulative Survival Probability ower 95 Pct Confidence	r.	
0 20	40 60	80 100	120			
	Months After	Implant				
Years 1 2 3	4 at 60 mo					
% 95.4% 92.2% 89.6%	89.6% 88.1%					
# 193 141 103	72 52					

VDD Single Pass Lead

	88	CapSu		0-2									
US Market Release Sep-98 CE Approval Apr-97				US Retur	ned Product	Analysis		US Acute Lead Observation	/ations				
				(Conductor Fracture				Extracardiac Stimulation				
	Registered I				9,906		1	Insulation Bre	each	2		Failure To Capture	
	Estimated A		Implants		3,433							Failure To Sense	
Fixation Type Tines									Lead Dislodgement				
Pace Sense Polarity Quadripolar		lar											
S	Steroid Indica	ator			Yes								
٥rod	luct Surve	illance Re	egistry R	esults			Qualify	ying Comp	lications		8		
Numb	lumber of Leads Enrolled in Study 566			566	Conduc	tor Fracture		3					
Cumu	Cumulative Months of Followup 15,656		656	Failure To Capture				2					
Jumb	per of Leads	Active in St	tudy			3	Failura	To Sense		3			
						0	Fallure	To Sense		5			
1	100%					5	Failure			3	• cu	per 95 Pct Confidence mulative Survival Probability wer 95 Pct Confidence	
	90% - 80% - 70% -		20	40		60	Failure	80	100	120	• cu	mulative Survival Probability	
1	90% - 80% - 70% - 60% - 50% -		20	40				E.	100		• cu	mulative Survival Probability	
1	90% - 80% - 70% - 60% - 50% - 0	2	20	40		60		E.	100		• cu	mulative Survival Probability	
Lead Survival	90% - 80% - 70% - 60% - 50% - 0	2 99.3%			Mor	, 60 nths After I	mplant	E.	100		• cu	mulative Survival Probability	

ICD and CRT-D Charge Time Performance

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

Introduction

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

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

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

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

7232

7232B

7232Cx

7232E

7278

7278

Model Number

Model Number

7230							
Model Number	Brand						
7230B	Marquis VR						
7230Cx	Marquis VR						
7230E	Marquis VR						

Brand

Brand

Maximo DR

Maximo VR

Maximo VR

Maximo VR

15 -	HH	HH	HH	Ŧ	HH	HH	HH	HH	I	HI	I	I	I	I	I	I	I		I	1
5	000 (188)	006 (146)	012 (137)	018 (98)	024 (91)	030 (86)	036 (71)	042 (77)	048 (70)	054 (72)	060 (58)	066 (53)	072 (48)	078 (41)	084 (40)	(15) 060	096 (25)	102 (19)	108 (8)	714(1)











D144DRG, D154ATG, D154DRG

Model Number	Brand
D144DRG	Entrust Escudo
D154ATG	Entrust AT



D154AWG, D164A	NG

Model Number	Brand
D154AWG	Virtuoso DR
D164AWG	Virtuoso DR

Medtronic CRHF Product Performance Report

D154VWC, D164VWC				
Model Number	Brand			
D154VWC	Virtuoso VR			
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

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

D264TRM, D284TRK, D384TRx, D394TRx

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

Medtronic CRHF Product Performance Report



Months (# of Devices)





Months (# of Devices)







D264VRM, D284VRC, D384VRx, D394VRx

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, D294TRKModel NumberBrandD274TRKConcerto II CRT-DD294TRKConcerto 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

BA		
$D3^{\prime}$	14	КХ

Model Number	Brand
D314TRG	Protecta XT CRT-D
D314TRM	Protecta XT CRT-D

D314VRx	
Model Number	Brand
D314VRG	Protecta XT VR
D314VRM	Protecta XT VR

Months (# of Devices)



Months (# of Devices)





000 (86) 006 (102): 012 (87) 018 (80) 024 (66) 030 (65) 036 (58) 042 (47) 048 (25) 054 (4) 060 (1) Months (# of Devices)





D334DRx, D364DRx

Brand
Protecta DR
Protecta DR
Protecta DR
Protecta DR

D334TRx, D364TRx				
Brand				
Protecta CRT-D				

D334VRx, D364VRx					
Model Number	Brand				
D334VRG	Protecta VR				
D334VRM	Protecta VR				
D364VRG	Protecta VR				
D364VRM	Protecta VR				





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





	Dxxxxx,	DD	
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Model Number	Brand
DDBB1D1	Evera XT
DDBB1D4	Evera XT
DDBB2D1	Evera XT
DDBB2D4	Evera XT
DDBC3D1	Evera S
DDBC3D4	Evera S
DDMB1D1	Evera MRI XT
DDMB1D4	Evera MRI XT
DDMB2D4	Evera MRI XT
DDMC3D1	Evera MRI S
DDMC3D4	Evera MRI

DTxxxxx, CF	RT-D
Model Number	Brand
DTBA1D1	Viva XT
DTBA1D4	Viva XT
DTBA1Q1	Viva Quad XT
DTBA1QQ	Viva Quad XT
DTBA2D1	Viva XT
DTBA2D4	Viva XT
DTBA2Q1	Viva Quad XT
DTBA2QQ	Viva Quad XT
DTBB1D1	Viva S
DTBB1D4	Viva S
DTBB1Q1	Viva Quad S
DTBB1QQ	Viva Quad S
DTBB2D1	Viva S
DTBB2D4	Viva S
DTBB2QQ	Viva Quad S
DTBC2D1	Brava
DTBC2D4	Brava
DTBC2Q1	Brava Quad
DTBC2QQ	Brava Quad
DTBX1QQ	Viva Quad C
DTBX2QQ	Viva Quad C
DTMA1D1	Claria MRI
DTMA1D4	Claria MRI
DTMA1Q1	Claria MRI
DTMA1QQ	Claria MRI
DTMA2D1	Claria MRI
DTMA2D4	Claria MRI
DTMA2Q1	Claria MRI
DTMA2QQ	Claria MRI
DTMB1D1	Amplia MRI
DTMB1D4	Amplia MRI
DTMB1Q1	Amplia MRI
DTMB1QQ	Amplia MRI
DTMB2D1	Amplia MRI
DTMB2D4	Amplia MRI
DTMB2Q1	Amplia MRI
DTMB2QQ	Amplia MRI
DTMC1D1	Compia MRI
DTMC1QQ	Compia MRI
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				
DVFB1D4	Visia MRI AF				
DVFB2D4	Visia MRI AF XT				
DVFC3D4	Visia MRI AF S				
DVMB1D4	Evera MRI XT				
DVMB2D4	Evera MRI XT				
DVMC3D4	Evera MRI S				



Potential Loss of Left Ventricle Pacing Due to Software Issue

All models of Claria MRI CRT-D SureScan and Amplia MRI CRT-D SureScan devices.

Original Date of Advisory: December 2016

Product

All models of Claria MRI CRT-D SureScan and Amplia MRI CRT-D SureScan devices.

Advisory

Due to a device software issue, a loss of Left Ventricle (LV) pacing occurs following a specific device programming sequence. If it occurs, this issue can be corrected by re-programming the device. All tachyarrhythmia detection and therapy features remain fully operational.

A software update is being developed to address this issue. Further information will be communicated once the software update receives applicable regulatory approvals.

All models of Claria MRI and Amplia MRI devices are included in the affected population. This issue can only occur in devices that have been programmed from Managed Ventricular Pacing (MVP) mode to a pacing mode with AdaptivCRT enabled.

When a patient with AdaptivCRT enabled (shipped setting) is subsequently programmed to MVP mode and then reprogrammed back to DDD or DDDR, AdaptivCRT is not re-enabled. When this programming sequence occurs, LV pacing is not delivered, despite parameters indicating AdaptivCRT is enabled. This will result in RV only pacing, which may be undesirable for the patient. LV pacing will remain disabled until a specific programming sequence is manually completed; refer to the Patient Management section below for details.

Through 10 November 2016, two events have been reported to Medtronic related to this issue. A review of available data revealed an overall occurrence rate of 0.38%. Medtronic has not received any reports of patient injury related to this issue.

Patient Management Recommendations

After consultation with Medtronic's Independent Physician Quality Panel, Medtronic offers the following options for managing patients with a device that may be susceptible to the AdaptivCRT/MVP interaction.

Until the software update has been approved and the affected device models receive the update, follow the programming recommendations provided below. These recommendations also apply to any new device implants.

1. At the patient's next scheduled CareLink transmission or in-office follow-up, identify if the patient's device is operating with AdaptivCRT enabled and loss of LV-pacing. Continue this practice for all subsequent device evaluations until the software update has been implemented.

Using CareLink or Programmer interrogation session reports:

- If the CRT setting is currently programmed to Adaptive Bi-V and LV or Adaptive Bi-V (Figure 1), review rate histogram CRT Pacing percentages (CRT Pacing: Bi-V and LV).
- If Bi-V and LV pacing percentages Since Last Session are both near 0%, then the device has encountered the programming sequence and has lost LV pacing; proceed to step 2.

Advisories

Figure 1

Mode Mode Switch	DDD 171 bpm	Lower Rate Upper Track Upper Sensor	60 bpm 130 bpm 120 bpm	AdaptivCRT V: Pacing Paced AV Sensed AV	Adaptive BeV and LV LV->RV 130 ms 100 ms		
Detection AT/AF VF FVT VT Enhancements	Monitor On OEF On	Rates >171 bpm >200 bpm 167-200 bpm	All Rx Off Burst(3), Burs				CRT not running operating with RV only pacing
Clinical Status			Aug-2016			_	1
Treated VF FVT (Off) VT			0		Prior to Last Session 22-Aug-2016 to 30-Aug-201 8 days	6	Since Last Session 30-Aug-2016 to 14-Sep-2016 15 days
AT/AF (Monitor)			u .	% of Time	Total VP	99.9%	99.9%
Monitored	-				AS-VS	< 0.1%	< 0.1%
					AS-VP	77.9%	77.1%
					AP-VS	< 0.1%	< 0.1%
					AP.VP	22.1%	22.8%
					Total VP*	99.9%	99.9%
					VSR Pace	< 0.1%	0.1%
					VS	< 0.1%	0.5%
					CRT Pacing		1
					BI-V	D.0%	0.0%
					LV	0.0%	

2. For patients identified with loss of LV pacing:

Perform the following programming steps to restore the device to its expected operating state with AdaptivCRT enabled:

- Select the CRT parameter window, select Nonadaptive CRT, and select PROGRAM.
- Select the CRT parameter window, select the desired AdaptivCRT setting (Adaptive Bi-V and LV or Adaptive Bi-V), and select PROGRAM.

Until the software update is available, follow the programming steps above to avoid the loss of LV pacing.

As part of the software update previously mentioned, Medtronic will also address an unrelated transient mode switch behavior that may occur in MRI Quadripolar CRT-D device models (Claria MRI, Amplia MRI and Compia MRI). The mode switch behavior is unrelated to ventricular tachyarrhythmia detection and therapies. This behavior only occurs when a VectorExpress[™] Test is started, but then aborts due to a fast or unstable rate, or due to a manual user abort (i.e., manually selecting STOP Test). Under these scenarios, the device remains in the transient mode switch state until any of the following occur:

- An automatic Atrial Capture Management[™] (ACM) pacing threshold search,
- An automatic delivery of any ATP or shock therapy, or
- An in-office follow-up activity, such as a pacing parameter programming or conducting one of the following inoffice tests: Sensing, Threshold, Underlying Rhythm, or CardioSync[™]. A "Test Started" indication is sufficient
 to clear the transient state.

Through 10 November 2016, Medtronic has not received any field reports or complaints of this transient mode switch behavior

If you have any questions, please contact your local Medtronic Representative or Medtronic Technical Services at 800-723-4636.

Potential Rapid Battery Depletion Due To Circuit Component Viva™ CRT-D and Evera™ ICD

Original Date of Advisory: August 2016

Product

A specific subset of 78 Viva CRT-D and Evera ICD may experience rapid battery depletion due to a low resistance path developing within a circuit component. You may use the "Search for Information by Serial Number" tool on home page of this web site to determine if a specific device is affected.

Advisory

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

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

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

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

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

Patient Management Recommendations

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

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

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

• Physicians should consider device replacement.

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

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

Advisories

- Review transmissions for any signs of this issue (e.g., one or more electrical resets, or notification that a device alert has occurred).
- Each transmission will decrease battery longevity by approximately one day.

Status Update

Within the 78 devices, there have been ten (10) confirmed failures (13%) through March 6, 2017. Medtronic modeling predicts an additional three(3) failures may occur in the remaining active population. An estimated 38 devices remain active

	2	Population	Current Malfunction Rate (confirmed malfunctions over total population)
78 Worldwide	10 Worldwide	38 Worldwide	13% Worldwide
Premature RRT alert in some LINQ devices Reveal LINQ Model LNQ11 Original Date of Advisory: February 2016

Product

All Reveal LINQ[™] Insertable Cardiac Monitor (ICM)

Advisory

Medtronic has identified an issue with the sensitivity of an algorithm used in the Reveal LINQ ICM that may prematurely trigger the Recommended Replacement Time (RRT) alert in some devices. As of February 12, 2016, Medtronic had observed an occurrence rate of 0.45% of devices experiencing this issue. Battery capacity is not affected and the device will continue to support data collection and manual data transmissions. As stated in Reveal LINQ labeling, the typical device will experience an average of 3 years longevity (refer to the device labelling for the corresponding use conditions). As part of the normal behavior of the device, 30 days after RRT status is reached, Reveal LINQ devices will display an End of Service (EOS) status at which time the device disables automatic wireless alerts and transmissions. Thereafter, patients will still be able to send remote manual transmissions allowing clinics to receive alerts and stored device data. Due to the design of the RRT algorithm, devices are not susceptible to this issue until 200 days (6.5 months) post-implant. As of February 12, 2016 the earliest reported occurrence of RRT is 7.3 months post-implant, with median implant to RRT duration of 16.5 months.

Medtronic has obtained the necessary regulatory approvals to begin applying a software update to prevent and correct this issue in the field. Once installed, this software update will reset RRT & End of Service (EOS) status and re-enable wireless transmissions for devices that have experienced premature RRT /EOS. The update will also prevent the occurrence of premature RRT alerts due to this issue.

How do clinics apply this update to Reveal LINQ ICMs?

During the course of their follow-up care, patients' devices can receive the update via a programmer interrogation. Clinics with Reveal LINQ ICM patients will be contacted by Medtronic with instructions on how to install the update via the CareLink[™] 2090 or Encore[™] Programmer. Once programmers are updated, clinics will be provided further direction by their Medtronic Representative to contact patients who have experienced a premature RRT/EOS status in order to apply the update to individual Reveal LINQ ICMs. For new implants, the updated software will automatically be loaded on the Reveal LINQ ICM during interrogation of the device using a programmer that has previously been loaded with the new software.

As of December, 2016, patients also have the ability to receive this update via their MyCareLink™ Monitor, without the need to come into a clinic. Once the update has been installed on patients' MyCareLink Monitor, the monitor itself will automatically apply the update to their Reveal LINQ ICM. If your patient's Reveal LINQ ICM is at RRT / EOS, instruct them to complete the following activities to order to receive the update as quickly as possible:

1. Unplug the MyCareLink Patient Monitor from the wall outlet, wait 10 seconds, and then plug it back in.

2. Leave your MyCareLink Patient Monitor plugged in and untouched for 24 hours to allow software updates to be successfully installed.

3. After 24 hours have elapsed, complete a manual transmission using your MyCareLink Patient Monitor.

How can I get more information on this update?

Additional information, including direction on how to apply this update, can be found at <u>MedtronicDiagnostics.com/us/linq-software-update</u> or by contacting your Medtronic Representative. Medtronic Diagnostic Patient Services is available to assist patients at 800-929-4043. If you have any questions, or if we can be of further assistance, please contact your local Medtronic Representative or Medtronic Diagnostic Technical Services at 800-929-4043.

Potential High Battery Impedance InSync[®] III Model 8042 Original Date of Advisory: November 2015

Product

All InSync[®] III Model 8042 Pacemakers

Advisory

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

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

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

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

Patient Management Recommendations (As of November 2015)

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

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

Status Update

As of March 6, 2017, approximately 13,000 devices remain active worldwide, from an original implant population of 96,800. In the United States, 5,200 active devices remain. Our modeling predicts an estimated failure rate between 0.16% and 0.6% for the remaining active devices. Due to the unpredictable nature of this issue, it is not possible to identify which devices might fail or when they might fail. The issue cannot be mitigated by programming changes or increasing patient follow-up frequency. InSync III CRT-pacemakers are no longer distributed.

Initial Affected Population	Number of Confirmed Advisory Related Events	Estimated Remaining Active	Current Malfunction Rate (confirmed malfunctions over total population)
96,800 Worldwide (39,900 United States)	114 Worldwide (62 United States)	13,000 Worldwide (5,200 United States)	0.12% Worldwide (0.15% United States)

Potential Rapid Battery Depletion

EnTrust® VR/DR/AT ICDs

Original Date of Advisory: March 2012

Product

All EnTrust ICDs.

Advisory

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

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

Medtronic has identified the cause of these occurrences to be an internal battery short that develops as the battery capacity is consumed. The Physician Letter is available at <u>http://www.medtronic.com/product-advisories/entrust/physician/index.htm</u>

Patient Management Recommendations (As of March 2012)

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

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

Status Update

As of March 6, 2017, there have been 96 confirmed events. No patient deaths have been reported due to this issue. No reports have been made of a failure to deliver high voltage therapy.

Initial Affected Population	Lestimated Remaining Active	Current Malfunction Rate (confirmed malfunctions over total population)
69,200 Worldwide (44,300 United States)	5,800 Worldwide (3,600 United States)	0.14% Worldwide (0.17% United States)

Low Battery Voltage Displayed at Device Interrogation

EnRhythm and EnRhythm MRI Pacemakers Original Date of Advisory: February 2010

Product

All EnRhythm and EnRhythm MRI pacemakers.

Original Advisory Information (February 2010)

Two specific battery issues with EnRhythm pacemakers were identified. The risks to patients for both issue have been addressed by a Medtronic software update. The Physician Letter is available at <u>http://www.medtronic.com/enrhythm-advisory/physician.html</u>

First Issue

In February 2010, Medtronic had received 62 reports (out of approximately 110,000 devices worldwide) indicating that the battery voltage at device interrogation was lower than the battery voltage that is tracked by the device to provide data for the elective replacement indicator (ERI) notification.

Medtronic's investigation found that none of these reports resulted in loss of therapy. Importantly, the original ERI notification, which uses the nightly battery voltage measurement, was unaffected and accurate. Medtronic identified the root cause as higher than expected battery impedance.

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

Second Issue

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

Software Update (As of October 2010)

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

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

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

Updated Performance Information (as of August 2011)

We now have access to battery impedance and ERI performance on more than 5000 EnRhythm devices that have received the EnRhythm software update. Our modeling based on these data shows that approximately 6-10% of devices will reach ERI within 5 years post-implant. Consistent with our previous communications, we continue to expect average device longevity to be reduced by approximately 10-15%, with the expected average longevity remaining at 8.5 to 10.5 years, depending on device settings.¹

Updated Patient Management Recommendations (as of August 2011)

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

- Performing a device follow-up within 90 days after the software download to identify devices that triggered ERI shortly after the software update. Subsequent follow up can be performed per standard practice. During programmer interrogation of a device at ERI, there is a slight possibility a transient drop in pacing amplitude could occur. If this is noted, either remove the programmer head or temporarily program to a higher output voltage.
- If an unanticipated ERI/EOL is declared, it is likely due to battery impedance. In such cases, additional battery
 capacity remains and can support device function at ERI parameters for at least one year. However, when ERI or EOL
 (typically 90 days after ERI) declaration is seen, schedule device replacement.

Status Update

First Issue

Included in the August 2011 Performance Update was information about the projected percentage of devices that would encounter an early ERI due to unexpected high battery impedance. As of March 6, 2017, the percentage of devices that encountered ERI due to battery impedance has not exceeded the rate of 6-10% within 5 years of post-implant as communicated with our August 2011 Performance Update. Only devices using the updated software can trigger ERI due to impedance. Over 98% of the remaining active population is over 5 years post- implant.

Initial Affected Population	Number of Confirmed ERIs due to impedance	Number of Confirmed ERIs due to impedance within 5 years post- implant	Estimated ERI rate due to impedance within 5 years post- implant ²	Confirmed events of loss of therapy due to battery impedance	Estimated Remaining Active Population
All EnRhythm pacemakers (146,500 Worldwide)	17,801 Worldwide	5,898	6.4%	0	36,500 Worldwide

Second Issue

Initial Affected Population	Due to Increased	Estimated Remaining Active Population
All EnRhythm pacemakers (146,500 Worldwide)	0 Worldwide	36,500 Worldwide

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

² Accounts for underreporting of impedance ERIs based on the fraction of replaced devices in the U.S. registration system that are subsequently returned.

Potential Conductor Wire Fracture

6930, 6931, 6948, 6949 Sprint Fidelis Defibrillation Leads

Original Date of Advisory: October 2007

Product

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

Advisory

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

Patient Management Recommendations (Updated April 2011)

The Lead Integrity Alert (LIA) provides three days advance notice prior to inappropriate therapy to 76% of patients with lead fractures¹. As a result, we strongly recommend that all Sprint Fidelis patients who have the ability to upgrade to Lead Integrity Alert do so promptly. Also ensure that high voltage lead impedance alerts (maximum of 100 ohms) are programmed. When a lead fracture is suspected or confirmed, immediate patient attention is strongly recommended. Physicians should inform their patients to seek medical attention without delay if they experience unexpected shocks.

- If a Fidelis lead fracture of any type has occurred, we recommend implanting a new high voltage lead with or without extraction of the Fidelis lead.
- In patients with normal device function and no manifestation of lead fracture, no action is recommended. The risk of prophylactic intervention appears to be greater than serious injury resulting from lead fracture even for pacemaker dependent patients, except in select individual patient circumstances as determined by the physician.
- In the event of a device change-out or upgrade procedure, with no manifestation of lead fracture, consider the patient age and lead model data above, as well as patient life expectancy, co-morbidities, ease of extraction related to implant time, patient preference, etc., for the following options:
 - o Leave a properly performing lead intact.
 - o Implant a new ICD lead without extraction of the existing lead.
 - Carefully consider all factors before prophylactic placement of a pace-sense lead. Data shows an increased risk of high voltage conductor fracture if a pace-sense conductor fracture has previously occurred. This data is available at http://www.medtronic.com/us-en/healthcare-professionals/products/product-performance/sprint-fidelis-11-2015-update.html
 - Individual patient circumstances may warrant extracting and implanting a new ICD lead. If warranted, Medtronic's Independent Physician Quality Panel recommends the lead extraction procedure be performed by a physician with extensive lead extraction experience.²

Status Update

As of March 9, 2017, of the initial implant population of 205,600 in the United States, approximately 56,300 remain implanted. According to Product Surveillance Registry results, lead survival is estimated to be 78.6% (+4.0/-3.9%) at 114 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		Estimated Remaining Active Population
	, .,	76,500 Worldwide (56,300 United States)

Footnotes:

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

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

Potential Separation of Interconnect Wires (2005)

Sigma Implantable Pulse Generators

Original Date of Advisory: November 2005

Product

A specific subset of Sigma series pacemakers may fail due to separation of interconnect wires from the hybrid circuit. You may use the "Search forDevice Information" tool at <u>http://wwwp.medtronic.com/</u> <u>productperformance/</u> to determine if a specific device is affected.

Advisory

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

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

No provocative testing can predict which devices may fail.

Patient Management Recommendations

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

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

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

Status Update

Patient management recommendations remain unchanged. As of March 6, 2017, 850 devices out of approximately 40,000 devices worldwide have been confirmed as having experienced interconnect wire separation.

Four hundred eighty-four(484) of the Sigma devices (1.1%) were returned with information indicating a problem with the patient's pacing system prior to explant. The remaining 366 Sigma devices (0.90%) were returned with no information indicating a potential malfunction while implanted or with insufficient information to determine the state of the device at explant. Lacking definite information indicating proper operation until explant, these remaining devices are conservatively categorized as having experienced interconnect wire separation while implanted.

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

Out of the initial advisory population of 40,000 worldwide, less then 300 remain active worldwide.

Initial Affected Population	Number of Confirmed Advisory Related Events	Estimated Remaining Active Population	Current Malfunction Rate (confirmed malfunctions over total population)	Predicted Malfunction Rate Over the Remaining Life of the Devices Still Implanted
40,000 Implanted Worldwide (est.) (9,900 United States)	484 Worldwide (98 United States) with information indicating a clinical presentation. An additional 366 Worldwide (67 US) without information indicating a clinical presentation or with insufficient information to determine the state of the device at explant.	less than 300 worldwide	1.1% Worldwide (1.0% United States)	3.9%

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

Purpose of this Information

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

Background

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

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

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

Example 1 – Programmer Software Detects Measurement Lock-up ERI



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

Reset Method for Kappa and EnPulse

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

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





Clinical Management of VCM near Elective Replacement

Background

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

Device Longevity and VCM Behavior

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

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

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

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

Table: IPG Therapy Parameter Changes at ERI

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

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

Follow-Up Considerations

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

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

Medtronic CRHF Product Performance Report

General Follow-Up and Replacement of ICD Leads

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

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

Follow-Up of Chronically Implanted Leads

The frequency of follow-up for ICD patients will depend on a number of factors including the patient's medical condition, ICD system implant time, hospital/clinic followup practice, and Medicare guidelines.

In all cases, it is important to assess the functionality of the ICD system and the integrity. For newly implanted leads, it is beneficial to establish a baseline of chronic performance parameters once the lead has stabilized, generally within 6 to 12 months after implant. These performance parameters should include pacing and sensing thresholds and impedance. During routine patient follow-up, these procedures can be used to evaluate lead integrity.

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

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

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

General Criteria for Lead Replacement

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

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

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

Clinical Management of High-Voltage Lead System Oversensing

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

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

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

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

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

Tests and Observations for Clinical Assessment of Chronic Pacing Leads

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

Mailer Kits Available for Returning Product

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

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

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

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

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

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



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

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

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