# CARDIAC RHYTHM & HEART FAILURE

# **Product Performance Report**

Important Patient Management Information for Physicians

# 2019

2<sup>nd</sup> Edition – Issue 81

Medtronic

# **CRHF Product Performance Report**

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### 2019 2<sup>nd</sup> Edition Issue 81

Cutoff date for this edition is 31 July 2019 for Lead Study data and 8 November 2019 for all other data, unless otherwise stated.

### **Our Commitment to Quality**

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

The third tenet of the mission is all about quality:

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

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

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

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

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

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

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

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## Introduction

For 36 years, Medtronic has monitored performance via both returned product analysis and multicenter clinical studies.

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

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

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

#### **Survival Estimates**

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

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

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

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

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

#### **ICD Charge Times**

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

### Introduction continued

#### **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.

### Introduction continued

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

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

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

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

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

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

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

#### **Confidence Intervals**

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

#### Survival Curves in the Product Performance Report

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

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

A number of references are available for additional information on survival analysis using the Cutler-Ederer life table method<sup>1</sup> and for the Kaplan-Meier method.<sup>2</sup>

1

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

<sup>&</sup>lt;sup>2</sup> Klein, John P., Moeschberger, Melvin L. Survival Analysis Techniques for Censored and Truncated Data, New York: Springer-Verlag New York, Inc., 1997.

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

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

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

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

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

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

#### Definition of Malfunction

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

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

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

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

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

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

Normal Battery Depletion – The condition when:

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

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

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

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

#### Malfunction with Compromised Therapy Function

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

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

#### Malfunction without Compromised Therapy Function

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

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

#### **Expanded Malfunction Detail**

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

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

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

Battery – Findings linked to the battery and its components

Software/Firmware – Findings linked to software or firmware function

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

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

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

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

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

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

#### **Statistical Methods for Survival Analysis**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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



Excluding Normal Battery Depletion
Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 94 mo
Excluding NBD	1	0.997	0.993	0.989	0.988	0.987	0.987	0.987
Including NBD	0.994	0.98	0.924	0.797	0.557	0.242	0.131	0.083
Effective Sample Size	57731	52576	45650	35088	19814	6476	1857	149

D224TRK	Consulta C	RT-D		
US Market Release		Sep-08	Total Malfunctions	602
CE Approval Date			Therapy Function Not Compromised	571
Registered USA Impla	nts	65,980	Battery Malfunction	2
Estimated Active USA	Implants	11,655	Electrical Component	65
Normal Battery Deplet	ions	18,668	Electrical Interconnect	1
			Other Malfunction	1
			Poss Early Battery Depltn	496
			Software Malfunction	6
			Therapy Function Compromised	31
			Battery Malfunction	5
			Electrical Component	26



Excluding Normal Battery Depletion
Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 94 mo
Excluding NBD	1	0.997	0.993	0.989	0.988	0.987	0.987	0.987
Including NBD	0.994	0.98	0.924	0.797	0.557	0.242	0.131	0.083
Effective Sample Size	57731	52576	45650	35088	19814	6476	1857	149

### D234TRK Consulta CRT-D

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





Years	1	2	3	4	5	6	7	at 94 mo
Excluding NBD	1	0.997	0.993	0.989	0.988	0.987	0.987	0.987
Including NBD	0.994	0.98	0.924	0.797	0.557	0.242	0.131	0.083
Effective Sample Size	57731	52576	45650	35088	19814	6476	1857	149

#### D264TRM Maximo II CRT-D

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



Years After Implant

• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 95 mo
Excluding NBD	1	0.997	0.993	0.988	0.987	0.987	0.987	0.987
Including NBD	0.994	0.979	0.928	0.8	0.542	0.266	0.183	0.16
Effective Sample Size	12872	11616	10111	7710	4090	1449	607	118

#### D274TRK Concerto II CRT-D

US Market Release	Aug-0
CE Approval Date	
Registered USA Implants	30,17
Estimated Active USA Implants	6,038
Normal Battery Depletions	7,930

g-09	Total Malfunctions	186	
	Therapy Function Not Compromised	175	
,172	Battery Malfunction	1	
)38	Electrical Component	22	
930	Poss Early Battery Depltn	151	
	Software Malfunction	1	
	Therapy Function Compromised	11	
	Battery Malfunction	1	
	Electrical Component	10	



Excluding Normal	Battery Depletion	•	Including	Normal	Battery	

Years	1	2	3	4	5	6	7	8	at 100 mo
Excluding NBD	1	0.998	0.995	0.992	0.991	0.991	0.991	0.991	0.991
Including NBD	0.994	0.982	0.93	0.804	0.55	0.239	0.154	0.137	0.126
Effective Sample Size	25316	23132	20154	15380	8179	2615	1330	778	214





• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	at 81 mo
Excluding NBD	1	0.999	0.999	0.998	0.998	0.997	0.997
Including NBD	0.997	0.988	0.949	0.858	0.652	0.329	0.166
Effective Sample Size	55733	51314	45136	35680	21663	8131	455



Years	1	2	3	4	5	6	mo
Excluding NBD	1	0.999	0.999	0.998	0.998	0.997	0.997
Including NBD	0.997	0.988	0.949	0.858	0.652	0.329	0.166
Effective Sample Size	55733	51314	45136	35680	21663	8131	455



Years	1	2	3	4	5	6	mo
Excluding NBD	1	0.999	0.999	0.998	0.998	0.997	0.997
Including NBD	0.997	0.988	0.949	0.858	0.652	0.329	0.166
Effective Sample Size	55733	51314	45136	35680	21663	8131	455



Sample Size



Sample Size









Effective Sample Size













Sample Size



Effective Sample Size














Sample Size





Effective Sample Size







Years	1	2	3	at 44 mo
Excluding NBD	1	1	1	1
Including NBD	1	0.999	0.998	0.995
Effective Sample Size	45124	24823	7501	325



Years	1	2	3	4	5	6	7	8	9	10	at 125 mo
Excluding NBD	1	1	1	0.999	0.999	0.999	0.997	0.994	0.99	0.987	0.986
Including NBD	0.993	0.99	0.98	0.959	0.921	0.852	0.734	0.555	0.375	0.24	0.172
Effective Sample Size	30360	26002	22334	19088	15926	12180	8666	5587	3073	730	156

### C2TR01 Syncra CRT-P

US Market Release	Mar-11	Total Malfunctions	6
CE Approval Date	May-10	Therapy Function Not Compromised	6
Registered USA Implants	10,229	Other Malfunction	1
Estimated Active USA Implants	6,449	Poss Early Battery Depltn	5
Normal Battery Depletions	324	Therapy Function Compromised	0



Years	1	2	3	4	5	6	7	at 88 mo
Excluding NBD	1	1	1	1	0.999	0.999	0.999	0.999
Including NBD	1	0.999	0.996	0.983	0.962	0.925	0.835	0.72
Effective Sample Size	27149	24376	21413	17404	12619	6789	1726	255



Effective Sample Size









425

122



2909

425

122



Years	1	2	at 29 mo
Excluding NBD	1	1	1
Including NBD	1	0.999	0.999
Effective Sample Size	11353	2662	100



Years	1	2	at 29 mo
Excluding NBD	1	1	1
Including NBD	1	0.999	0.999
Effective Sample Size	11353	2662	100



2662

100



• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	at 155 mo
Excluding NBD	1	0.999	0.999	0.998	0.997	0.996	0.995	0.994	0.994	0.994	0.994	0.994	0.994
Including NBD	0.994	0.991	0.987	0.983	0.976	0.934	0.846	0.726	0.411	0.113	0.073	0.055	0.047
Effective Sample Size	16319	12600	10434	9306	8273	7178	5962	4734	2490	522	264	157	104

# 7230Cx Marquis VR

US Market Release	Dec-0
CE Approval Date	Apr-02
Registered USA Implants	18,337
Estimated Active USA Implants	1,132
Normal Battery Depletions	3,350

c-02	Total Malfunctions	54
-02	Therapy Function Not Compromised	30
337	Battery Malfunction	1
32	Electrical Component	14
50	Poss Early Battery Depltn	14
	Software Malfunction	1
	Therapy Function Compromised	24
	Battery Malfunction	15
	Electrical Component	9



• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	at 155 mo
Excluding NBD	1	0.999	0.999	0.998	0.997	0.996	0.995	0.994	0.994	0.994	0.994	0.994	0.994
Including NBD	0.994	0.991	0.987	0.983	0.976	0.934	0.846	0.726	0.411	0.113	0.073	0.055	0.047
Effective Sample Size	16319	12600	10434	9306	8273	7178	5962	4734	2490	522	264	157	104

# Marquis VR

7230E Marquis	VR		
US Market Release	Dec-02	Total Malfunctions	3
CE Approval Date	Aug-02	Therapy Function Not Compromised	1
Registered USA Implants	625	Electrical Component	1
Estimated Active USA Implants	35	Therapy Function Compromised	2
Normal Battery Depletions	75	Battery Malfunction	2



Years After Implant

• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	at 155 mo
Excluding NBD	1	0.999	0.999	0.998	0.997	0.996	0.995	0.994	0.994	0.994	0.994	0.994	0.994
Including NBD	0.994	0.991	0.987	0.983	0.976	0.934	0.846	0.726	0.411	0.113	0.073	0.055	0.047
Effective Sample Size	16319	12600	10434	9306	8273	7178	5962	4734	2490	522	264	157	104

#### Maximo VR 7232B

US Market Release	Oct-03	Total Malfunctions
CE Approval Date	Oct-04	Therapy Function Not Compromised
Registered USA Implants	170	
Estimated Active USA Implants	22	Therapy Function Compromised
Normal Battery Depletions	34	



Years	1	2	3	4	5	6	7	8	9	10	11	12	13	at 161 mo
Excluding NBD	1	0.999	0.999	0.999	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998
Including NBD	0.993	0.991	0.987	0.982	0.967	0.907	0.822	0.701	0.446	0.185	0.137	0.129	0.121	0.112
Effective Sample Size	37962	33964	30266	26674	23484	20403	17220	13744	8134	2797	1686	1216	599	131

7232Cx Max	imo VR		
US Market Release	Oct-03	Total Malfunctions	72
CE Approval Date	Oct-03	Therapy Function Not Compromised	57
Registered USA Implants	43,453	Electrical Component	28
Estimated Active USA Impla	ants 4,729	Other Malfunction	2
Normal Battery Depletions	10,217	Poss Early Battery Depltn	25
		Software Malfunction	2
		Therapy Function Compromised	15
		Electrical Component	12
		Electrical Interconnect	1
		Other Malfunction	1
		Poss Early Battery Depltn	1



• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	at 161 mo
Excluding NBD	1	0.999	0.999	0.999	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998
Including NBD	0.993	0.991	0.987	0.982	0.967	0.907	0.822	0.701	0.446	0.185	0.137	0.129	0.121	0.112
Effective Sample Size	37962	33964	30266	26674	23484	20403	17220	13744	8134	2797	1686	1216	599	131

7232E Maximo	/R		
US Market Release	Oct-03	Total Malfunctions	1
CE Approval Date	Oct-04	Therapy Function Not Compromised	0
Registered USA Implants	489		
Estimated Active USA Implants	61	Therapy Function Compromised	1
Normal Battery Depletions	86	Electrical Component	1





Years	1	2	3	4	5	6	7	8	9	10	11	12	13	at 161 mo
Excluding NBD	1	0.999	0.999	0.999	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998	0.998
Including NBD	0.993	0.991	0.987	0.982	0.967	0.907	0.822	0.701	0.446	0.185	0.137	0.129	0.121	0.112
Effective Sample Size	37962	33964	30266	26674	23484	20403	17220	13744	8134	2797	1686	1216	599	131







D154ATG Entrust A	Т		
US Market Release	Jun-05	Total Malfunctions	125
CE Approval Date	Feb-05	Therapy Function Not Compromised	109
Registered USA Implants	28,091	Electrical Component	30
Estimated Active USA Implants	904	Electrical Interconnect	1
Normal Battery Depletions	8,745	Other Malfunction	1
		Poss Early Battery Depltn	74
		Software Malfunction	3
		Therapy Function Compromised	16
		Electrical Component	16



Years	1	2	3	4	5	6	7	8	at 100 mo
Excluding NBD	1	0.999	0.998	0.996	0.994	0.994	0.993	0.993	0.993
Including NBD	0.992	0.989	0.983	0.969	0.896	0.694	0.359	0.064	0.016
Effective Sample Size	24758	22548	20183	17741	14622	10455	4861	734	183

D154AWG Virtuoso	DR		
US Market Release	May-06	Total Malfunctions	3,334
CE Approval Date		Therapy Function Not Compromised	3,282
Registered USA Implants	76,726	Battery Malfunction	9
Estimated Active USA Implants	9,724	Electrical Component	3,133
Normal Battery Depletions	21,014	Electrical Interconnect	2
		Other Malfunction	3
		Poss Early Battery Depltn	132
		Software Malfunction	3
		Therapy Function Compromised	52
		Battery Malfunction	3
		Electrical Component	45
		Other Malfunction	3
		Poss Early Battery Depltn	1



Excluding Normal Battery Depletion 
 Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	at 125 mo
Excluding NBD	1	0.999	0.999	0.994	0.971	0.969	0.969	0.968	0.968	0.968	0.967
Including NBD	0.994	0.991	0.987	0.972	0.889	0.697	0.43	0.231	0.112	0.065	0.054
Effective Sample Size	63126	57878	52707	47865	40635	29481	16331	7506	2982	1216	248



Excluding Normal Battery Depletion 
 Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	at 138 mo
Excluding NBD	0.999	0.999	0.998	0.997	0.994	0.991	0.988	0.987	0.986	0.983	0.974	0.97
Including NBD	0.993	0.989	0.986	0.981	0.971	0.914	0.839	0.751	0.597	0.357	0.129	0.045
Effective Sample Size	12523	11342	10133	8922	7844	6821	5808	4855	3500	1839	515	127

#### Medtronic CRHF Product Performance Report



Years	1	2	3	4	5	6	7	8	9	10	mo
Excluding NBD	1	0.999	0.999	0.994	0.971	0.969	0.969	0.968	0.968	0.968	0.967
Including NBD	0.994	0.991	0.987	0.972	0.889	0.697	0.43	0.231	0.112	0.065	0.054
Effective Sample Size	63126	57878	52707	47865	40635	29481	16331	7506	2982	1216	248





• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	at 133 mo
Excluding NBD	1	0.999	0.999	0.997	0.981	0.968	0.968	0.967	0.966	0.966	0.966	0.966
Including NBD	0.995	0.993	0.991	0.985	0.956	0.865	0.75	0.561	0.391	0.261	0.119	0.097
Effective Sample Size	28416	25901	23591	21569	19165	16021	12928	8902	5552	3197	402	208

## D204DRM Secura DR

**Normal Battery Depletions** 

US Market Release	Jan-12	Total Malfunctions	3
CE Approval Date		Therapy Function Not Compromised	1
Registered USA Implants	1,879	Other Malfunction	1
Estimated Active USA Implants	1,126	Therapy Function Compromised	2
Normal Battery Depletions	118	Electrical Component	2



Years	1	2	3	4	5	6	7	8	at 108 mo
Excluding NBD	1	0.999	0.999	0.998	0.998	0.997	0.997	0.995	0.995
Including NBD	0.996	0.993	0.99	0.981	0.954	0.881	0.707	0.398	0.158
Effective Sample Size	45126	42267	39685	36826	32972	26687	16845	6428	147



Years	1	2	3	4	5	6	7	8	9	at 116 mo
Excluding NBD	1	0.999	0.999	0.999	0.998	0.998	0.998	0.997	0.997	0.996
Including NBD	0.997	0.995	0.993	0.991	0.987	0.982	0.964	0.916	0.762	0.465
Effective Sample Size	18211	17005	16024	14931	13703	12426	10262	7348	2878	335

## D214DRM Secura DR

US Market Release Total Malfunctions 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	8	at 108 mo
Excluding NBD	1	0.999	0.999	0.998	0.998	0.997	0.997	0.995	0.995
Including NBD	0.996	0.993	0.99	0.981	0.954	0.881	0.707	0.398	0.158
Effective Sample Size	45126	42267	39685	36826	32972	26687	16845	6428	147



Years	1	2	3	4	5	6	7	8	9	at 116 mo
Excluding NBD	1	0.999	0.999	0.999	0.998	0.998	0.998	0.997	0.997	0.996
Including NBD	0.997	0.995	0.993	0.991	0.987	0.982	0.964	0.916	0.762	0.465
Effective Sample Size	18211	17005	16024	14931	13703	12426	10262	7348	2878	335

D224DRG Secu	ira DR		
US Market Release	Sep-08	Total Malfunctions	148
CE Approval Date		Therapy Function Not Compromised	115
Registered USA Implants	49,913	Battery Malfunction	14
Estimated Active USA Impla	nts 12,403	Electrical Component	38
Normal Battery Depletions	9,454	Other Malfunction	4
		Poss Early Battery Depltn	50
		Software Malfunction	9
		Therapy Function Compromised	33
		Battery Malfunction	17
		Electrical Component	13
		Other Malfunction	1
		Poss Early Battery Depltn	1
		Software Malfunction	1



• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	at 108 mo
Excluding NBD	1	0.999	0.999	0.998	0.998	0.997	0.997	0.995	0.995
Including NBD	0.996	0.993	0.99	0.981	0.954	0.881	0.707	0.398	0.158
Effective Sample Size	45126	42267	39685	36826	32972	26687	16845	6428	147

D224VRC	Secura VI	२		
US Market Release		Sep-08	Total Malfunctions	50
CE Approval Date			Therapy Function Not Compromised	35
Registered USA Impl	ants	20,045	Battery Malfunction	14
Estimated Active US	A Implants	8,159	Electrical Component	10
Normal Battery Deple	etions	1,284	Other Malfunction	1
			Poss Early Battery Depltn	8
			Software Malfunction	2
			Therapy Function Compromised	15
			Battery Malfunction	7
			Electrical Component	6
			Poss Early Battery Depltn	1
			Software Malfunction	1



Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	at 116 mo
Excluding NBD	1	0.999	0.999	0.999	0.998	0.998	0.998	0.997	0.997	0.996
Including NBD	0.997	0.995	0.993	0.991	0.987	0.982	0.964	0.916	0.762	0.465
Effective Sample Size	18211	17005	16024	14931	13703	12426	10262	7348	2878	335



Effective 18211 17005 16024 14931 13703 12426 10262 7348 2878 335

Sample Size



Years	1	2	3	4	5	6	7	8	9	mo
Excluding NBD	1	0.999	0.999	0.999	0.999	0.998	0.998	0.998	0.997	0.997
Including NBD	0.998	0.996	0.995	0.993	0.988	0.982	0.955	0.894	0.743	0.432
Effective Sample Size	11185	10486	9873	9182	8433	7631	6341	4419	1769	142



Years	1	2	3	4	5	6	7	8	at 106 mo
Excluding NBD	1	1	1	0.999	0.999	0.999	0.997	0.996	0.996
Including NBD	0.998	0.996	0.993	0.986	0.961	0.893	0.709	0.391	0.222
Effective Sample Size	19243	18070	17009	15804	14086	11327	7304	3109	253





Years	1	2	3	4	5	6	7	8	9	at 112 mo
Excluding NBD	1	1	1	0.999	0.999	0.998	0.998	0.997	0.997	0.997
Including NBD	0.997	0.997	0.995	0.994	0.99	0.986	0.97	0.927	0.806	0.674
Effective Sample Size	7758	7286	6877	6401	5907	5369	4770	3723	1068	215





Years	1	2	3	4	5	6	7	8	9	at 113 mo
Excluding NBD	1	1	0.999	0.998	0.997	0.997	0.996	0.994	0.994	0.994
Including NBD	0.997	0.994	0.991	0.983	0.955	0.875	0.722	0.496	0.328	0.29
Effective Sample Size	17491	16333	15352	14255	12753	10144	6153	2548	642	104



Excluding Normal Battery Depletion 
 Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	at 117 mo
Excluding NBD	1	0.999	0.999	0.999	0.999	0.998	0.998	0.998	0.997	0.997
Including NBD	0.998	0.996	0.995	0.993	0.988	0.982	0.955	0.894	0.743	0.432
Effective Sample Size	11185	10486	9873	9182	8433	7631	6341	4419	1769	142



Years After Implant

• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	at 106 mo
Excluding NBD	1	1	1	0.999	0.999	0.999	0.997	0.996	0.996
Including NBD	0.998	0.996	0.993	0.986	0.961	0.893	0.709	0.391	0.222
Effective Sample Size	19243	18070	17009	15804	14086	11327	7304	3109	253








Medtronic CRHF Product Performance Report	



• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	at 92 mo
Excluding NBD	1	1	0.999	0.999	0.999	0.999	0.998	0.998
Including NBD	0.998	0.997	0.995	0.99	0.974	0.919	0.793	0.442
Effective Sample Size	55263	51924	48716	45184	40680	32474	12027	356



Effective Sample Size





Sample Size



Sample Size



Sample Size











Sample Size



Effective Sample Size







Effective Sample Size











93





## DVFC3D4 Visia MRI AF S **US Market Release** Jan-16 **Total Malfunctions CE Approval Date** Oct-15 **Therapy Function Not Compromised Registered USA Implants** 326

315



**Therapy Function Compromised** 

• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	at 41 mo
Excluding NBD	1	1	1	1
Including NBD	1	0.999	0.999	0.999
Effective Sample Size	34890	19180	3980	163

## DVMB1D4 **Evera MRI XT**

**Estimated Active USA Implants** 

US Market Release	Sep-15	Total Malfunctions	8
CE Approval Date		Therapy Function Not Compromised	6
Registered USA Implants	10,611	Battery Malfunction	1
Estimated Active USA Implants	9,694	Electrical Component	3
Normal Battery Depletions	5	Other Malfunction	2
		Therapy Function Compromised	2
		Battery Malfunction	2



• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	at 71 mo
Excluding NBD	1	1	0.999	0.999	0.998	0.998
Including NBD	1	0.999	0.998	0.996	0.995	0.992
Effective Sample Size	53510	50194	45732	30600	13338	791



Sample Size





Sample Size



Excluding NBD	1	1	0.999	0.999	0.998	0.998
Including NBD	1	0.999	0.998	0.996	0.995	0.992
Effective Sample Size	53510	50194	45732	30600	13338	791









• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	at 131 mo
Excluding NBD	1	1	1	1	1	1	1	1	1	1	1
Including NBD	0.999	0.998	0.998	0.997	0.994	0.99	0.98	0.939	0.825	0.607	0.346
Effective Sample Size	406164	381018	352493	320552	288110	247800	203526	152893	93796	34888	994











Years	1	2	3	4	5	6	7	8	9	at 113 mo
Excluding NBD	1	1	1	1	1	1	1	1	1	1
Including NBD	0.998	0.997	0.995	0.992	0.986	0.975	0.945	0.851	0.534	0.053
Effective Sample Size	74379	65417	57710	49941	40411	30809	21579	12142	3134	148

## ADSR03 Adapta SR

US Market Release	Jul-06	Total Malfunctions
CE Approval Date	Sep-05	Therapy Function Not Compromised
Registered USA Implants	2,076	
Estimated Active USA Implants	933	Therapy Function Compromised
Normal Battery Depletions	126	





Years	1	2	3	4	5	6	7	8	9	at 113 mo
Excluding NBD	1	1	1	1	1	1	1	1	1	1
Including NBD	0.998	0.997	0.995	0.992	0.986	0.975	0.945	0.851	0.534	0.053
Effective Sample Size	74379	65417	57710	49941	40411	30809	21579	12142	3134	148

Medtronic CRHF Product Performance Report
#### ADSR06 Adapta SR **US Market Release** Jul-06 **Total Malfunctions** 2 **CE Approval Date** Sep-05 **Therapy Function Not Compromised** 2 **Registered USA Implants** 2,817 Electrical Component 2 **Estimated Active USA Implants** 1,178 **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 113 mo
Excluding NBD	1	1	1	1	1	1	1	1	1	1
Including NBD	0.998	0.997	0.995	0.992	0.986	0.975	0.945	0.851	0.534	0.053
Effective Sample Size	74379	65417	57710	49941	40411	30809	21579	12142	3134	148

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#### ADVDD01 Adapta VDD

US Market Release	Jul-06	Total Malfunctions
CE Approval Date	Sep-05	Therapy Function Not Compromised
Registered USA Implants	1,410	
Estimated Active USA Implants	695	Therapy Function Compromised
Normal Battery Depletions	81	
4000/		



• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	at 106 mo
Excluding NBD	1	1	1	1	1	1	1	1	1
Including NBD	1	1	1	1	1	0.974	0.864	0.622	0.524
Effective Sample Size	1220	1112	989	904	793	664	444	213	105

A	DR01 Attesta	a DR MRI		
CE Re Es	Market Release Approval Date gistered USA Implants timated Active USA Implant prmal Battery Depletions	Aug-17 Jun-17	Total Malfunctions Therapy Function Not Compromised Therapy Function Compromised	
Cumulative Survival P	100% 80% 60% 40% 20% 0%		0.#NAN Years After Implant	ATTESTA, DR, Survival Curve
Ir	Years xcluding NBD hcluding NBD Effective Sample Size	a L DR MRI	•	
CE Re Es	Market Release Approval Date gistered USA Implants timated Active USA Implant ormal Battery Depletions	Aug-17 Jun-17 1	Total Malfunctions Therapy Function Not Compromised Therapy Function Compromised	
Cumulative Survival P	100% - 80% - 60% - 40% - 20% - 0% -			ATDRL1, SPDRL1, Survival Curve
	0 %		0.#NAN Years After Implant	
	Years xcluding NBD ncluding NBD Effective Sample Size		•	





Effective Sample Size

P1501DR EnRhythi	n DR		
US Market Release	May-05	Total Malfunctions	15,061
CE Approval Date	Aug-04	Therapy Function Not Compromised	15,006
Registered USA Implants	109,806	Battery Malfunction	14,875
Estimated Active USA Implants	18,606	Electrical Component	59
Normal Battery Depletions	16,738	Electrical Interconnect	2
		Other Malfunction	1
		Poss Early Battery Depltn	69
		Therapy Function Compromised	55
		Battery Malfunction	6
		Electrical Component	38
		Electrical Interconnect	4
		Other Malfunction	5
		Poss Early Battery Depltn	2



#### • Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	at 124 mo
Excluding NBD	0.999	0.999	0.997	0.98	0.936	0.87	0.816	0.782	0.762	0.758	0.758
Including NBD	0.996	0.995	0.99	0.966	0.902	0.781	0.626	0.456	0.298	0.129	0.046
Effective Sample Size	94882	88574	82551	75550	65578	51539	37123	23752	12237	2854	590





Effective 74379 65417 57710 49941 40411 30809 Sample Size

21579

12142

3134





• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	at 176 mo
Excluding NBD	1	1	1	0.999	0.999	0.998	0.997	0.996	0.995	0.994	0.993	0.993	0.992	0.992	0.992
Including NBD	0.996	0.995	0.993	0.99	0.986	0.978	0.967	0.939	0.894	0.82	0.705	0.54	0.371	0.226	0.073
Effective Sample Size	87010	77034	68064	59823	52406	45829	39677	34247	29397	24438	18721	11432	5718	1925	135

### SDR303 Sigma 300 DR

US Market Release	Aug-99	Total M
CE Approval Date	Dec-98	Therap
Registered USA Implants	104,526	Elect
Estimated Active USA Implants	10,934	Elect
Normal Battery Depletions	10,761	Othe
		Poss
		Therap

288
62
9
51
1
1
226
7
218
1



• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	at 176 mo
Excluding NBD	1	1	1	0.999	0.999	0.998	0.997	0.996	0.995	0.994	0.993	0.993	0.992	0.992	0.992
Including NBD	0.996	0.995	0.993	0.99	0.986	0.978	0.967	0.939	0.894	0.82	0.705	0.54	0.371	0.226	0.073
Effective Sample Size	87010	77034	68064	59823	52406	45829	39677	34247	29397	24438	18721	11432	5718	1925	135



Years	1	2	3	4	5	6	7	8	9	10	11	at 144 mo
Excluding NBD	1	1	1	1	1	1	1	1	1	1	1	1
Including NBD	0.999	0.998	0.997	0.996	0.993	0.988	0.975	0.926	0.812	0.672	0.606	0.56
Effective Sample Size	125842	116585	108644	99269	88209	75810	62651	47272	29788	14551	4701	224



#### 



• Excluding Normal Battery Depletion • Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	at 119 mo
Excluding NBD	1	1	1	1	1	1	1	1	1	1
Including NBD	0.998	0.998	0.996	0.993	0.988	0.98	0.96	0.897	0.712	0.366
Effective Sample Size	87921	77584	68700	59630	49493	39202	29095	18385	7846	451

### SESR01 Sensia SR

US Market Release	Jul-06	Total Malfunctions	16
CE Approval Date	Sep-05	Therapy Function Not Compromised	12
Registered USA Implants	117,221	Electrical Component	7
Estimated Active USA Implants	58,050	Other Malfunction	1
Normal Battery Depletions	4,658	Poss Early Battery Depltn	4
		Therapy Function Compromised	4
		Electrical Component	3
		Electrical Interconnect	1



Excluding Normal Battery Depletion
 Including Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	at 119 mo
Excluding NBD	1	1	1	1	1	1	1	1	1	1
Including NBD	0.998	0.998	0.996	0.993	0.988	0.98	0.96	0.897	0.712	0.366
Effective Sample Size	87921	77584	68700	59630	49493	39202	29095	18385	7846	451















- Effective
- Sample Size

X2	2DR01	Astra XT	DR MRI	SureScan	
US	6 Market R	elease		Total Malfunctions	
CE	E Approval	I Date	Mar-17	Therapy Function Not Compromised	
		JSA Implants	2	The many from the modern many is a d	
		ctive USA Implants	2	Therapy Function Compromised	
NC		ery Depletions			
,:	100%				ASTRA, DR, Survival Curve
ival F	80% -				
Surv	60% -				
Cumulative Survival P	40% -				
nmu	20% -				
S	0%			0.#NAN	
				Years After Implant	
				•	
_	Years				
	xcluding NBD ncluding NBD				
	Effective Sample Size	9			
	oumple oize				
X2	2SR01	Astra XT	SR MRI	SureScan	
	SR01		SR MRI	SureScan Total Malfunctions	
US		elease	Mar-17		
US CE Re	6 Market R E Approval egistered L	elease I Date JSA Implants		Total Malfunctions Therapy Function Not Compromised	
US CE Re Es	Market R Approval gistered L timated A	celease I Date JSA Implants ctive USA Implants		Total Malfunctions	
US CE Re Es	Market R Approval gistered L timated A	elease I Date JSA Implants		Total Malfunctions Therapy Function Not Compromised	
US CE Re Es No	Market R Approval gistered L timated A	celease I Date JSA Implants ctive USA Implants		Total Malfunctions Therapy Function Not Compromised	ASTRA, SR, Survival Curve
US CE Re Es No	Market R Approval gistered L timated A prmal Batte	celease I Date JSA Implants ctive USA Implants		Total Malfunctions Therapy Function Not Compromised	ASTRA, SR, Survival Curve
US CE Re Es No	Market R Approval egistered L timated A prmal Batte	celease I Date JSA Implants ctive USA Implants		Total Malfunctions Therapy Function Not Compromised	ASTRA, SR, Survival Curve
US CE Re Es No	Market R Approval egistered L timated Ad ormal Batte 100%	celease I Date JSA Implants ctive USA Implants		Total Malfunctions Therapy Function Not Compromised	ASTRA, SR, Survival Curve
US CE Re Es No	Market R Approval egistered L timated Ad ormal Batte 100% 80% 60%	celease I Date JSA Implants ctive USA Implants		Total Malfunctions Therapy Function Not Compromised	ASTRA, SR, Survival Curve
US CE Re Es	Market R Approval egistered L timated Ad ormal Batte 100% - 80% - 60% - 40% -	celease I Date JSA Implants ctive USA Implants		Total Malfunctions Therapy Function Not Compromised Therapy Function Compromised	ASTRA, SR, Survival Curve
US CE Re Es No	Market R Approval gistered L timated A ormal Batte 100% 80% 60% 40% 20%	celease I Date JSA Implants ctive USA Implants		Total Malfunctions Therapy Function Not Compromised Therapy Function Compromised	ASTRA, SR, Survival Curve
US CE Re Es No	Market R Approval gistered L timated A ormal Batte 100% 80% 60% 40% 20%	celease I Date JSA Implants ctive USA Implants		Total Malfunctions Therapy Function Not Compromised Therapy Function Compromised	ASTRA, SR, Survival Curve
US CE Re Es No	Market R Approval gistered L timated A ormal Batte 100% 80% 60% 40% 20%	celease I Date JSA Implants ctive USA Implants		Total Malfunctions Therapy Function Not Compromised Therapy Function Compromised	ASTRA, SR, Survival Curve
Cumulative Survival P O B B C	Market R Approval gistered L timated Ad ormal Batte 100% 80% 60% 40% 20% 0%	elease I Date JSA Implants ctive USA Implants ery Depletions		Total Malfunctions Therapy Function Not Compromised Therapy Function Compromised 0.#NAN Years After Implant	ASTRA, SR, Survival Curve
Cumulative Survival P O S B 3 5	Market R Approval gistered L timated Ad ormal Batte 100% 80% 60% 40% 20% 0% Vears	elease I Date JSA Implants ctive USA Implants ery Depletions		Total Malfunctions Therapy Function Not Compromised Therapy Function Compromised 0.#NAN Years After Implant	ASTRA, SR, Survival Curve
Cumulative Survival P O S B 3 5	Market R Approval gistered L timated Ad ormal Batte 100% 80% 60% 40% 20% 0%	Release I Date JSA Implants ctive USA Implants ery Depletions		Total Malfunctions Therapy Function Not Compromised Therapy Function Compromised 0.#NAN Years After Implant	ASTRA, SR, Survival Curve

X3	DR01	Astra S D	R			
CE Re Es	S Market Release E Approval Date egistered USA Imp timated Active US ormal Battery Depl	SA Implants	Mar-17	Total Malfunctions Therapy Function Not Compromised Therapy Function Compromised		
Cumulative Survival P	100% - 80% - 60% - 20% - 0% -			0.#NAN Years After Implant	_ASTRA, DR,_Surviva	l Curve
II X3 US	Years xcluding NBD ncluding NBD Effective Sample Size	Astra S S		• Total Malfunctions		
Re Es	E Approval Date egistered USA Imp timated Active US prmal Battery Dep	SA Implants	Mar-17	Therapy Function Not Compromised Therapy Function Compromised	ASTRA CR. Curring	Curra
Cumulative Survival P	100% - 80% - 60% - 40% - 20% -				ASTRA, SR, Surviva	i Gurve
	0% -			0.#NAN Years After Implant		
	Years xcluding NBD ncluding NBD Effective Sample Size			-		

# **Method for Estimating Lead Performance**

#### Medtronic Cardiac Rhythm and Heart Failure (CRHF) has tracked lead survival for over 36 years with

#### its multicenter, global chronic lead studies.

#### Leads Performance Analysis

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

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

#### Shortfalls Of Using Returned Product And Complaints To Estimate Lead Performance

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

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

Lead survival probabilities are more appropriately determined through a prospective clinical surveillance study that includes active follow up with the patients. Although Medtronic monitors returned product analysis and complaints, these are not used to determine lead survival estimates.

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

#### **PAN Registry**

Medtronic has been monitoring the performance of its cardiac therapy products with a multicenter study since 1983 and has evaluated the performance of more than 131,000 leads, with data reported from countries around the world. Throughout this time period, Medtronic has continually worked to adapt systems and processes to more effectively monitor product performance following market release. The following summarizes current registry requirements.

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

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

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

Patients are eligible for enrollment if:

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

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

#### Lead Complications

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

All reported lead-related adverse events are classified by the reporting investigator and are adjudicated by an independent event adjudication committee<sup>1</sup>. 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-truncation<sup>2</sup>. 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.

383	0	Selec	tSecure	e									
	IS Market F				03Aug20	005		US Ret	urned Produc	t Analys	sis	US Acute Lead Observa	tions
С	E Approva	ıl			31Jan20			Conductor		Analys	24	Cardiac Perforation	15
F	Registered	USA Impla	nts		58,098			Crimp Wel			24	Conductor Fracture	2
E	Estimated A	Active USA	Implants		46,768			Insulation I			41	Extracardiac Stimulation	5
Fiz	xation Type	e			Fixed Sci	rew		Other	Sieacii		8	Failure To Capture	187
Pa	ace Sense	Polarity			Bipolar			Other			0	Failure To Sense	10/
St	teroid Indic	ator			Yes							Impedance Abnormal	2
												Insulation Breach	- 1
												Lead Dislodgement	218
												Oversensing	47
												Unspecified	2
Atria	al Place	ment										·	
Produ	uct Surve	illance R	egistry Re	esults			Qualif	ying Con	nplications		18		
		Enrolled ir			1,	163		Perforatio		1	Imp	pedance Abnormal	2
Cumul	ative Montl	hs of Follov	vup		57	,220	Conduc	ctor Fractur	e	2		ulation Breach	1
Numbe	er of Leads	Active in S	Study			517	Extraca	ardiac Stim	ulation	1	Lea	ad Dislodgement	4
							Failure	To Capture	e	4			
							Failure	To Sense		3			
10	00%												
<u>n</u>	90%												
Lead Survival	80%												
d SL	70%											Upper 95 Pct Confidence	
Lea	60%											Cumulative Survival Probability	
												Lower 95 Pct Confidence	
;	50% -r 0		20	4	0	60		80	100	12	0		
	•					nths After I	mplant						
Years	1	2	3	4	5	6	7	8	at 108 mo				
%	99.3%	99.1%	99.1%	98.9%	98.7%	98.5%	97.9%	97.2%	96.7%				
#	928	774	634	520	435	352	284	179	64				
His F	Placem	ent											
Produ	uct Surve	eillance R	egistry Re	esults			Qualif	vina Con	nplications		8		
		Enrolled in				537		To Capture		6	Lea	ad Dislodgement	1
		hs of Follov				799						ersensing	1
		Active in S				464					010	o contra la	
	00% -												
a	90%												
n Ś	80%											Upper 95 Pct Confidence	
Lead Survival	70%											Cumulative Survival Probability	
Leo	60%											Lower 95 Pct Confidence	
	50% -r			,									
,	0		20	4	0	60		80	100	12	0		
					Mor	nths After I	mplant						
Years	1	2	at 36 mo										
%	-	97.6%	97.6%										
#	-	108	68										

#### **Ventricular Placement**

Pro	duct Survei	illance R	egistry R	esults			Quali	fying Co	mplications		10	
Num	ber of Leads	Enrolled in	Study			888	Failure	e To Captur	е	4	Impedance Abnormal	1
Cum	ulative Month	s of Follow	vup		36	,818					Lead Dislodgement	4
Num	ber of Leads	Active in S	study			454					Other Complication	1
Lead Survival	100%		20	4		60 hths After In	mplant	80	100	12	<ul> <li>Upper 95 Pct Confidence</li> <li>Cumulative Survival Probabilit</li> <li>Lower 95 Pct Confidence</li> </ul>	у
Yea	<b>rs</b> 1	2	3	4	5	6	7	8	at 102 mo			
			98.8%	98.6%	98.6%	98.1%	98.1%	97.5%	97.5%			
	<b>%</b> 99.2%	99.0%	90.070	90.070	30.070	00.170			01.070			





	JS Market F	Release			23Jun20	02			urnod Dr		nalveic			te Lead Observ	ations
C	CE Approva				01Feb20					oduct A	-				ations
		USA Implar	nts		132,863			Conductor			10		Cardiac Pe		
	-	Active USA			80,244			Crimp Weld					Conductor		
	ixation Type		Inipianto		Tines			nsulation E	Breach		41			ac Stimulation	
	ace Sense				Bipolar		(	Other					Failure To		1
	teroid Indic				Yes								Failure To		
														e Abnormal	
													Insulation		
													Lead Dislo	0	1
													Oversensi	-	
													Unspecifie	id.	
	al Place														
		eillance R		esults		007		ying Com	plication	S	2				
		s Enrolled in	-			227	Failure	To Sense			1 Le	ad Dislodge	ement		1
		ths of Follow			24	,976									
umbe	er of Leads	s Active in S	study			98									
4	00% -														
Va	90% -														
	80% -											<ul> <li>Upper</li> </ul>	r 95 Pct Co	onfidence	
	70%											• Cumu	Iative Sur	vival Probability	
Ľ	60%											Lowe	r 95 Pct Co	onfidence	
	50%		1		1										
	0		50	10	00	150		200	25	D	300				
					Mor	nths After II	nplant								
ears		2	3	4	5	6	7	8	9	10	11	12	13	at 162 mo	
%		99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%			
	214	205											99.1%	99.1%	
#			198	183	167	158	148	135	126	114	106	93	<u>99.1%</u> 61	<u>99.1%</u> 54	
		Placem		183	167	158		135							
'ent	tricular		nent		167	158	148	135 ying Com	126	114					
'ent rodu	<b>tricular</b> uct Surve	Placem	n <mark>ent</mark> egistry R			158	148 Qualify		126	114	106 <b>10</b>	93	61		2
<b>'ent</b> rodu umbe	tricular uct Surve er of Leads	Placem	n <b>ent</b> egistry R n Study		1,		148 Qualify Conduc	ying Com	126 aplication	114	106 <b>10</b> 1 Im		61 bnormal		2
<b>'ent</b> rodu umbe umul	tricular uct Surve er of Leads lative Mont	Placem eillance Re s Enrolled in	egistry R Study		1, 67,	,168	148 Qualify Conduc	<b>ying Com</b> tor Fracture	126 aplication	114	106 <b>10</b> 1 Im 3 Ins	93 pedance Al	61 bnormal each		
<b>rodu</b> umbe umul	tricular uct Surve er of Leads lative Mont	Placem eillance Re s Enrolled in ths of Follow	egistry R Study		1, 67,	.168 .456	148 Qualify Conduc	<b>ying Com</b> tor Fracture	126 aplication	114	106 <b>10</b> 1 Im 3 Ins Le	93 pedance Al sulation Bre	61 bnormal each ement		1
<b>rodu</b> umbe umul umbe	tricular uct Surve er of Leads lative Monti er of Leads	Placem eillance R s Enrolled in ths of Follow s Active in S	egistry R Study		1, 67,	.168 .456	148 Qualify Conduc	<b>ying Com</b> tor Fracture	126 aplication	114	106 <b>10</b> 1 Im 3 Ins Le	93 pedance Al sulation Bre ad Dislodge	61 bnormal each ement		1 2
<b>rodu</b> umbe umul umbe	tricular uct Surve er of Leads lative Mont	Placem eillance R s Enrolled in ths of Follow s Active in S	egistry R Study		1, 67,	.168 .456	148 Qualify Conduc	<b>ying Com</b> tor Fracture	126 aplication	114	106 <b>10</b> 1 Im 3 Ins Le	93 pedance Al sulation Bre ad Dislodge	61 bnormal each ement		1 2
<b>ent</b> rodu umbe umul umbe	tricular uct Surve er of Leads lative Monti er of Leads	Placem eillance R s Enrolled in ths of Follow s Active in S	egistry R Study		1, 67,	.168 .456	148 Qualify Conduc	<b>ying Com</b> tor Fracture	126 aplication	114	106 <b>10</b> 1 Im 3 Ins Le	93 pedance Al sulation Bre ad Dislodge	61 bnormal each ement		1 2
<b>rodu</b> umbe umul umbe	tricular uct Surve er of Leads lative Mont er of Leads	Placem eillance R s Enrolled in ths of Follow s Active in S	egistry R Study		1, 67,	.168 .456	148 Qualify Conduc	<b>ying Com</b> tor Fracture	126 aplication	114	106 <b>10</b> 1 Im 3 Ins Le	93 pedance Al sulation Bre ad Dislodge her Complie	61 bnormal each ement cation	54	1 2
<b>ent</b> rodu umbe umul umbe	tricular uct Surve er of Leads lative Monti er of Leads 00% – 90% – 80% –	Placem eillance R s Enrolled in ths of Follow s Active in S	egistry R Study		1, 67,	.168 .456	148 Qualify Conduc	<b>ying Com</b> tor Fracture	126 aplication	114	106 <b>10</b> 1 Im 3 Ins Le	93 pedance Al sulation Bre ad Dislodge her Complie	61 bhormal each ement cation	54	1 2
	tricular uct Surve er of Leads lative Monti er of Leads 00% - 90% - 80% - 70% -	Placem eillance R s Enrolled in ths of Follow s Active in S	egistry R Study		1, 67,	.168 .456	148 Qualify Conduc	<b>ying Com</b> tor Fracture	126 aplication	114	106 <b>10</b> 1 Im 3 Ins Le	93 pedance Al sulation Bre ad Dislodge her Complie • Upper • Cumu	61 bnormal each ement cation r 95 Pct Co ilative Sur	54 onfidence vival Probability	1 2
1 1 1 1	tricular uct Surve er of Leads lative Monti er of Leads 00% - 90% - 80% - 70% - 60% -	Placem eillance R s Enrolled in ths of Follow s Active in S	egistry R Study		1, 67,	.168 .456	148 Qualify Conduc	<b>ying Com</b> tor Fracture	126 aplication	114	106 <b>10</b> 1 Im 3 Ins Le	93 pedance Al sulation Bre ad Dislodge her Complie • Upper • Cumu	61 bhormal each ement cation	54 onfidence vival Probability	1 2
1 1	tricular uct Surve er of Leads lative Monti er of Leads 00% - 90% - 80% - 70% - 60% - 50% -	Placem eillance R s Enrolled in ths of Follow s Active in S	egistry R n Study vup Study	lesults	1, 67,	.168 456 314	148 Qualify Conduc Failure	ying Com tor Fracture To Capture	126	114 S	106 <b>10</b> 1 Im 3 Ins Le Ot	93 pedance Al sulation Bre ad Dislodge her Complie • Upper • Cumu	61 bnormal each ement cation r 95 Pct Co ilative Sur	54 onfidence vival Probability	1 2
1 1 1 1	tricular uct Surve er of Leads lative Monti er of Leads 00% - 90% - 80% - 70% - 60% -	Placem eillance R s Enrolled in ths of Follow s Active in S	egistry R Study		1, 67,	.168 456 314	148 Qualify Conduc Failure	<b>ying Com</b> tor Fracture	126 aplication	114 S	106 <b>10</b> 1 Im 3 Ins Le	93 pedance Al sulation Bre ad Dislodge her Complie • Upper • Cumu	61 bnormal each ement cation r 95 Pct Co ilative Sur	54 onfidence vival Probability	1 2
1	tricular uct Surve er of Leads lative Monti er of Leads 00%	Placem eillance Re s Enrolled in ths of Follow s Active in S	egistry R a Study vup Study 50	esults	1, 67,	168 456 314 150 nths After In	148 Qualify Conduc Failure	ying Com tor Fracture To Capture 200	126	114 s	106 10 1 Im 3 Ins Le Ot 300	93 pedance Al sulation Bre ad Dislodge her Complie • Upper • Cumu • Lowe	61 bnormal each ement cation r 95 Pct Co ilative Surr r 95 Pct Co	54 onfidence vival Probability onfidence	1 2
1 1 1 1	tricular uct Surve er of Leads lative Monti er of Leads 00% - 90% - 80% - 70% - 60% - 50% - 0 1	Placem eillance R s Enrolled in ths of Follow s Active in S	egistry R n Study vup Study	lesults	1, 67,	.168 456 314	148 Qualify Conduc Failure	ying Com tor Fracture To Capture	126	114 S	106 <b>10</b> 1 Im 3 Ins Le Ot	93 pedance Al sulation Bre ad Dislodge her Complie • Upper • Cumu	61 bnormal each ement cation r 95 Pct Co ilative Sur	54 onfidence vival Probability onfidence	1 2

99.4%	99.3%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%	98.6%	98.6%	97.8%	97.8%
1,009	840	697	590	458	334	254	207	168	146	137	108	59

<b>407</b>	IS Market I	•		Novus	25Feb20	04		IIC Date	urned D-	oduct A	nalvele		LIS Acuto Load Oberry	vationa
	E Approva				14Jun20				urned Pr	oauct A			US Acute Lead Observ	
		USA Impla	nts		641,740			Conductor			97		Cardiac Perforation	142
		Active USA			448,094			Crimp Weld			1		Conductor Fracture	7
	xation Typ				Active Sc			nsulation E	Breach		140		Extracardiac Stimulation	19
	ace Sense				Bipolar		(	Other			20		Failure To Capture	177
	teroid Indic				Yes								Failure To Sense	77
													Impedance Abnormal	30
													Insulation Breach	1
													Lead Dislodgement	475
													Oversensing Unspecified	56 10
Atria	al Place	mont											Unspecified	
		eillance R	ogistry P	oculto			Qualify	ving Cor	plication	<b>c</b>	25			
		s Enrolled ir		esuits	0	798		Perforatio	plication	3			aab	0
		ths of Follov				,798		tor Fractur				sulation Bre ad Dislodge		2
		s Active in S				584		tor Fractur To Capture				ead Dislodge	ement	7
NULLINE			Judy		1			To Sense				versensing ther Complic	cation	1
							1 dilute	ro ocnise			0 0		Jation	I
1(	00%													
	90%													
2														
Sun	80%											<ul> <li>Upper</li> </ul>	95 Pct Confidence	
ead	70%											• Cumu	lative Survival Probability	
Ľ (	60%											• Lowe	r 95 Pct Confidence	
ł	50%		1			1		1	1					
	0		50	10		150		200	250	0	300			
		0	0			nths After II		2	2	10				
Years %	1 99.8%	2 99.7%	3 99.6%	4 99.5%	5 99.3%	6 98.9%	7 98.7%	8 98.7%	9 98.7%	10 98.7%	11 98.7%	at 138 mo 98.7%	-	
70 #		2,661	2,297	1,943	1,532	1,109	770	553	365	177	115	83	-	
	,	Placem		1,340	1,002	1,103	110	555	505	177	115	00		
		eillance R		esults				-	plication	S	11			
Numbe														
		s Enrolled ir				,654		tor Fractur				pedance Al		2
Cumul	ative Mont	ths of Follov	wup			,308	Extraca	rdiac Stimu	ulation		1 Le	ad Dislodge	ement	1
Cumul	ative Mont		wup				Extraca		ulation		1 Le		ement	
Cumul	ative Mont	ths of Follov	wup			,308	Extraca	rdiac Stimu	ulation		1 Le	ad Dislodge	ement	1
Cumula Numbe	ative Mont er of Leads	ths of Follov s Active in S	wup			,308	Extraca	rdiac Stimu	ulation		1 Le	ad Dislodge	ement	1
Cumula Numbe	ative Mont er of Leads 00%	ths of Follov s Active in S	wup			,308	Extraca	rdiac Stimu	ulation		1 Le	ad Dislodge	ement	1
Cumula Numbe	ative Mont er of Leads 00% 90%	ths of Follov s Active in S	wup			,308	Extraca	rdiac Stimu	ulation		1 Le	ad Dislodge	ement	1
Cumula Numbe	ative Mont er of Leads 00%	ths of Follov s Active in S	wup			,308	Extraca	rdiac Stimu	ulation		1 Le	ead Dislodge ther Complie	ement	1
Cumula Numbe	ative Mont er of Leads 00% 90%	ths of Follov s Active in S	wup			,308	Extraca	rdiac Stimu	ulation		1 Le	ead Dislodge ther Complia	ement cation	1
Cumula Numbe	ative Mont er of Leads 00%	ths of Follov s Active in S	wup			,308	Extraca	rdiac Stimu	ulation		1 Le	e Upper	ement cation	1
Cumula Nunvival	ative Mont er of Leads 00%	ths of Follov s Active in S	Study		95	308 470	Extraca Failure	rdiac Stimu To Capture	Jation		1 Le 5 Or	e Upper	ement cation 95 Pct Confidence lative Survival Probability	1
Cumula Nunvival	ative Mont er of Leads 00%	ths of Follov s Active in S	wup	10	95	308 470 150	Extraca Failure	rdiac Stimu	ulation	0	1 Le	e Upper	ement cation 95 Pct Confidence lative Survival Probability	1
Cead Survival	ative Mont er of Leads 90%	ths of Follov s Active in S	Study 50		95 00 Mor	308 470 150 nths After In	Extraca Failure	rdiac Stimu To Capture <b>200</b>	ulation		1 Le 5 Or 300	• Upper • Complicities - Complicities - Complicities - Complicities - Complicities - Complicities - Complex - Comple	ement cation 95 Pct Confidence lative Survival Probability r 95 Pct Confidence	1
Cumula Number 10 Pead Survivan	ative Mont er of Leads 90%	ths of Follov s Active in S	study 50 50 3	4	95 00 5	308 470 150 nths After In 6	Extraca Failure	rdiac Stimu To Capture <b>200</b> 8	ulation 250 9	10	1 Le 5 Or 300	• Upper • Upper • Cumu • Lower	ement cation 95 Pct Confidence lative Survival Probability r 95 Pct Confidence	1
Cead Survival	ative Mont er of Leads 00%	ths of Follov s Active in S	Study 50		95 00 Mor	308 470 150 nths After In	Extraca Failure	rdiac Stimu To Capture <b>200</b>	ulation		1 Le 5 Or 300	• Upper • Complicities - Complicities - Complicities - Complicities - Complicities - Complicities - Complex - Comple	ement cation 95 Pct Confidence lative Survival Probability r 95 Pct Confidence	1

Estima Fixation	ered USA Implants ated Active USA Implants	15Apr1998 185,510 63,403	Conductor F Crimp Weld	rned Product	-		
Estima Fixation	ted Active USA Implants	,			18	Cardiac Perforation	
Fixation		63,403			10	Conductor Fracture	
	Type	,	Insulation B		87	Extracardiac Stimulation	
Pace Se	пурс	Tines	Other		0.	Failure To Capture	3
1 400 00	ense Polarity	Bipolar	e u loi			Failure To Sense	
Steroid	Indicator	Yes				Impedance Abnormal	
						Insulation Breach	
						Lead Dislodgement	3
						Oversensing	
						Unspecified	
oduct S	urveillance Registry Resu	ılts	Qualifying Com	plications	21		
Imber of L	eads Enrolled in Study.	1,197	Conductor Fracture	•	3 Impe	dance Abnormal	1
imulative l	Months of Followup	68,706	Extracardiac Stimul	lation	1 Lead	Dislodgement	4
Imber of L	eads Active in Study	37	Failure To Capture		12		
100% 90% 80% 70% 60% 50%		100 150	200	250		<ul> <li>Upper 95 Pct Confidence</li> <li>Cumulative Survival Probability</li> <li>Lower 95 Pct Confidence</li> </ul>	
	0 50			250	300		
ars 1	1 2 3	Months After I 4 5 6	7 8	9 10	at 132 mo		

98.8%

950

%

#

98.7%

847

98.5%

754

98.1%

645

97.8%

523

97.4%

398

97.4%

325

97.4%

264

97.4%

215

97.4%

131

97.4%

CE Approval       01Feb2002         Registered USA Implants       92,847         Estimated Active USA Implants       60,592         Fixation Type       J-shape, tines         Pace Sense Polarity       Bipolar         Steroid Indicator       Yes         roduct Surveillance Registry Results       Qualifying Complications       10         umber of Leads Enrolled in Study       1,212         umber of Leads Active in Study       46,028         90%       -				Analysis	US Returned Product	23Jun2002	S Market Release
Estimated Active USA Implants       60,592       Insulation Breach       15       Extracardiac Stimulation         Fixation Type       J-shape, tines       Other       Failure To Capture       Failure To Capture         Pace Sense Polarity       Bipolar       Other       Failure To Sense       Insulation Breach       15       Extracardiac Stimulation         Steroid Indicator       Yes       Ves       Other       Failure To Sense       Insulation Breach       Lead Dislodgement       Oversensing       Unspecified         roduct Surveillance Registry Results       0       Conductor Fracture       2       Lead Dislodgement       Oversensing         umulative Months of Followup       46,028       Failure To Capture       1       Failure To Capture       7         90% -       80%       -       630       -       Upper 95 Pct Confidence          90% -       70% -       -       Cumulative Survival Probability        -       Upper 95 Pct Confidence			Cardiac Perforation	10	Conductor Fracture		
Fixation Type       J-shape, tines       Disulation Breach       15       Extracardiac Stimulation         Pace Sense Polarity       Bipolar       Other       Failure To Capture       Failure To Sense       Impedance Abnormal         Steroid Indicator       Yes       Qualifying Complications       10       Unspecified         oduct Surveillance Registry Results       Qualifying Complications       10       10         mulative Months of Followup       46,028       Failure To Capture       2       Lead Dislodgement       7         90%			Conductor Fracture		Crimp Weld Bond		-
Pace Sense Polarity       Bipolar         Steroid Indicator       Yes         Other       Failure To Sense         Impedance Abnormal       Insulation Breach         Lead Dislodgement       Oversensing         Unspecified       Unspecified         oduct Surveillance Registry Results       Qualifying Complications       10         mber of Leads Enrolled in Study       1,212       Conductor Fracture       2       Lead Dislodgement       7         mulative Months of Followup       46,028       Failure To Capture       1       7         90% -       630       630       • Upper 95 Pct Confidence       • Upper 95 Pct Confidence         80% -       -       • Cumulative Survival Probability       • Cumulative Survival Probability			Extracardiac Stimulation	15	Insulation Breach		
Steroid Indicator       Yes       Impedance Abnormal         Insulation Breach       Lead Dislodgement         Oversensing       Unspecified         oduct Surveillance Registry Results       Qualifying Complications       10         mber of Leads Enrolled in Study       1,212       Conductor Fracture       2       Lead Dislodgement       7         mulative Months of Followup       46,028       Failure To Capture       1       1       7         90%       -	6		Failure To Capture		Other	•	
Impedance Abnormal       Insulation Breach         Lead Dislodgement       Oversensing         Unspecified       Unspecified         mulative Months of Followup       46,028         mober of Leads Active in Study       630         100%       -         90%       -         80%       -         70%       -	2		Failure To Sense			1	,
oduct Surveillance Registry Results       Qualifying Complications       10         mber of Leads Enrolled in Study       1,212       Conductor Fracture       2       Lead Dislodgement       7         mulative Months of Followup       46,028       Failure To Capture       1       1       7         mber of Leads Active in Study       630       630       -<			Impedance Abnormal			Yes	eroid Indicator
Outcot Surveillance Registry Results       Qualifying Complications       10         mber of Leads Enrolled in Study       1,212       Conductor Fracture       2       Lead Dislodgement       7         mulative Months of Followup       46,028       Failure To Capture       1       1       1         100%       -			Insulation Breach				
Oduct Surveillance Registry Results       Qualifying Complications       10         Imber of Leads Enrolled in Study       1,212       Conductor Fracture       2       Lead Dislodgement       7         Imulative Months of Followup       46,028       Failure To Capture       1       1       7         Imber of Leads Active in Study       630       630       -       1       1       1       1         Imber of Leads Active in Study       630       630       -       -       0       - <t< td=""><td>16</td><td></td><td>Lead Dislodgement</td><td></td><td></td><td></td><td></td></t<>	16		Lead Dislodgement				
Oduct Surveillance Registry Results       Qualifying Complications       10         mber of Leads Enrolled in Study       1,212       Conductor Fracture       2       Lead Dislodgement       7         mulative Months of Followup       46,028       Failure To Capture       1       1       1         mber of Leads Active in Study       630       630       -<			Oversensing				
mber of Leads Enrolled in Study 1,212 Conductor Fracture 2 Lead Dislodgement 7   mulative Months of Followup 46,028 Failure To Capture 1   mber of Leads Active in Study 630 630			Unspecified				
mulative Months of Followup 46,028 Failure To Capture 1 mber of Leads Active in Study 630 100% - 90% - 80% - 70% -				10	Qualifying Complications	s	ct Surveillance Registry Resu
100% -   90% -   80% -   70% -   • Upper 95 Pct Confidence • Cumulative Survival Probability		7	vislodgement	2 Lead Di	Conductor Fracture	1,212	r of Leads Enrolled in Study
100%       -         90%       -         80%       -         70%       -				1	Failure To Capture	46,028	tive Months of Followup
90% - 80% - 70% - Cumulative Survival Probability						630	r of Leads Active in Study
<ul> <li>Opper 95 Pct Confidence</li> <li>Cumulative Survival Probability</li> </ul>							0% -
• Cumulative Survival Probability			••				
		ity					
• Lower 95 Pct Confidence			Lower 95 Pct Confidence	•			0% -
50%				120	90 100	40 00	
0 20 40 60 80 100 120 Months After Implant				120			0 20

99.2%

706

99.2%

931

%

#

99.0%

414

98.7%

286

98.7%

193

98.7%

102

98.7%

61

99.2%

4592 CapSure SP	Novus				
US Market Release	05Oct1998	US Returned Produ	ict Analysis	US Acute Lead Obser	vations
CE Approval Registered USA Implants Estimated Active USA Implants Fixation Type Pace Sense Polarity	15Apr1998 88,217 31,822 J-shape, tines Bipolar	Conductor Fracture Crimp Weld Bond Insulation Breach Other	9 30	Cardiac Perforation Conductor Fracture Extracardiac Stimulation Failure To Capture Failure To Sense	10
Steroid Indicator	Yes			Impedance Abnormal Insulation Breach Lead Dislodgement Oversensing Unspecified	1 37 2 2
Product Surveillance Registry Re	sults	Qualifying Complications	8		
Number of Leads Enrolled in Study Cumulative Months of Followup Number of Leads Active in Study	356 20,061 47	Failure To Capture Failure To Sense	5 Lead Disk 1	odgement	2
100% - 90% - 80% - 70% - 60% - 50% - 0 20	40 60	80 100 120	• C	pper 95 Pct Confidence umulative Survival Probability ower 95 Pct Confidence	

at 120 mo

96.0%

50

Months After Implant

7

97.0%

95

8

96.0%

81

9

96.0%

66

6

97.0%

121

1

97.7%

246

Years

%

#

2

97.7%

220

3

97.7%

195

4

97.7%

180

5

97.0%

U	CapSure Z Novus           US Market Release         03Jun1998							US Ret	urned Pr	oduct A	US Acute Lead Observations				ıs	
С	CE Approval 05Jun199					97		Conductor			15		Cardiac Pe	rforation		
F	Registered l	JSA Impla	nts		98,628			Crimp Wel			1		Conductor			
E	Estimated Active USA Implants 31,918							Insulation E			43		Extracardia		tion	
Fi	ixation Type	•			Tines		Other				40		Failure To			
Pa	ace Sense I	Polarity			Bipolar			Other					Failure To	·		
St	teroid Indica	ator			Yes								Impedance		1	
													Insulation E			
													Lead Dislo			
													Oversensir	•		
													Unspecified	d		
ria	al Place	mont														
				16 .			0			_	2					
			egistry R	esuits		100	···· / 5 ··· / ····									
	er of Leads				10	426	Failure	To Capture	3		1 Le	ead Dislodge	ement		1	
	lative Month				40	,141 49										
IIDe	er of Leads	Active in a	luuy			49										
1	00%															
	90%															
	80% - 70% - 60% -						Upper 95 Pct Confidence									
													Cumulative Survival Probability			
												Lower 95 Pct Confidence				
	50%															
	0		50	10	00	150		200	250	)	300					
					Мог	nths After I	mplant									
ars	1	2	3	4	5	6	7	8	9	10	11	12	13	14	at 174 mo	
%	99.5%	99.5%	99.5%	99.5%	99.5%	99.5%	99.5%	99.5%	99.5%	99.5%	99.5%	99.5%	99.5%	99.5%	99.5%	
#	412	392	359	323	290	252	219	185	152	128	107	92	74	62	55	
ent	tricular	Placen	nent													
odu	uct Surve	illance R	egistry R	esults			Qualif	ying Con	plication	s	11					
	er of Leads					987						mpedance Abnormal			1	
nul	lative Month	is of Follov	vup		34	,168	Failure						Lead Dislodgement			
mbe													5			
mbe	ər of Leads	Active in S	itudy			31										
1	00% -					_										
	90% -															
	80%											llnn	05 Dot 0-	nfidonos		
	70% -												95 Pct Co		hilith a	
													Ilative Surv		apility	
	60%										Lower 95 Pct Confidence					
	50%				)0	150		200 250				300				
						150		200	200	,	300					
	0		50				malart									
	0	6			Мог	nths After I	-	2	0	4.0		1.400				
	0	2 99.1%	3	4 98.4%			mplant 7 97.0%	8	9	10	11 96.3%	at 138 mo 96.3%	-			

**#** 483

00	S Market F				31Aug20	000					nalveic		110 4		hoom setters
CF	CE Approval 12Aug1999					US Returned Product Analysis									
			nts		2,627,90			Conductor			1,061		Cardiac Pe		
	Registered USA Implants2,627,903Estimated Active USA Implants1,755,185					Crimp Weld Bond					Conductor Fracture				
	Fixation Type Active Screw In					Insulation Breach 1, Other						Extracardia		ion	
	Pace Sense Polarity Bipolar					Other						Failure To			
	eroid Indic				Yes								Failure To		
010					100								Impedance		
													Insulation E		
													Lead Dislo		
													Oversensir	0	
													Unspecifie	d	
	I Place		a viator a D	e e vilte			Qualif	din n O an		_	74				
		eillance R		esuits	-	077		-	plication	5	74				
		Enrolled in				,277		Perforation				•			6
		hs of Follov				,281		tor Fractur							2
umber	r of Leads	Active in S	study		4	,294						0			26
									2			ersensing			3
40	0.00/						Fallure	To Sense			5 Oth	ner Complia	cation		4
	0%														
<b>8</b> [ <u>8</u>	0% -														
	0% -											• Upper	95 Pct Co	nfidence	
2 g	0% -											• Cumu	lative Surv	vival Proba	bility
6 ل	0% -												r 95 Pct Co		-
	0% -r					I									
2	0		50	10	00	150		200	25	0	300				
					Мог	nths After Ir	nplant								
ears _	1	2	3	4	5	6	7	8	9	10	11	12	13	14	at 180 mo
%_	99.6%	99.5%	99.4%	99.1%	98.8%	98.6%	98.4%	98.3%	98.3%	98.1%	98.0%	97.9%	97.9%	97.5%	97.5%
#	6,749	5,518	4,363	3,369	2,657	1,833	1,313	972	686	478	372	289	182	109	62
/entr	ricular	Placem	nent												
	of Sumo	illance R	egistry R	oculte			Qualif	ving Com	plication	s					
rodu	ci Surve	mber of Leads Enrolled in Study 2,986						ying con	phication		30				
				esuns	2	,986		Perforation		5		pedance At	onormal		4
umber	r of Leads		n Study	esuits	2 117		Cardiac	-	n		1 Im	oedance Al ad Dislodge			4
umber umula	r of Leads tive Montl	Enrolled in	n Study vup	esuits			Cardiac Conduc	Perforatio	n e	0	1 Im 6 Lea				
umber umula	r of Leads tive Montl	Enrolled in hs of Follov	n Study vup	esuits		,944	Cardiac Conduc Failure	Perforation tor Fracture	n e	5	1 Imp 6 Lea 12 Ov	ad Dislodge	ement		4
umber umula umber	r of Leads tive Montl r of Leads	Enrolled in hs of Follov Active in S	n Study vup	esuits		,944	Cardiac Conduc Failure	Perforation tor Fracture To Capture	n e	5	1 Imp 6 Lea 12 Ov	ad Dislodge ersensing	ement		4 1
umber umula umber <b>10</b>	r of Leads tive Montl r of Leads	Enrolled in hs of Follov Active in S	n Study vup	esuits		,944	Cardiac Conduc Failure	Perforation tor Fracture To Capture	n e		1 Imp 6 Lea 12 Ov	ad Dislodge ersensing	ement		4 1
umber umula umber 10	r of Leads tive Montl r of Leads 0%	Enrolled in hs of Follov Active in S	n Study vup	esuits		,944	Cardiac Conduc Failure	Perforation tor Fracture To Capture	n e		1 Imp 6 Lea 12 Ov	ad Dislodge ersensing	ement		4 1
umber umula umber 10	r of Leads tive Montl r of Leads	Enrolled in hs of Follov Active in S	n Study vup	esuits		,944	Cardiac Conduc Failure	Perforation tor Fracture To Capture	n e		1 Imp 6 Lea 12 Ov	ad Dislodge ersensing ner Complic	ement	nfidence	4 1
umber umula umber 10	r of Leads tive Montl r of Leads 0%	Enrolled in hs of Follov Active in S	n Study vup	esuits		,944	Cardiac Conduc Failure	Perforation tor Fracture To Capture	n e		1 Imp 6 Lea 12 Ov	ad Dislodge ersensing ner Complic	ement cation		4 1 1
umber umula umber 10 9 8 7	r of Leads tive Montl r of Leads 0%	Enrolled in hs of Follov Active in S	n Study vup	esuits		,944	Cardiac Conduc Failure	Perforation tor Fracture To Capture	n e		1 Imp 6 Lea 12 Ov	ad Dislodge ersensing ner Complia • Upper • Cumu	ement cation 95 Pct Co	vival Proba	4 1 1
umber umula umber 10 9 8 7 6	r of Leads tive Montl r of Leads 0%	Enrolled in hs of Follov Active in S	n Study vup			,944	Cardiac Conduc Failure	Perforation tor Fracture To Capture	n e		1 Imp 6 Lea 12 Ov	ad Dislodge ersensing ner Complia • Upper • Cumu	ement cation - 95 Pct Co lative Surv	vival Proba	4 1 1
umber umula umber 10 9 8 7 6	r of Leads tive Montl r of Leads 0%	Enrolled in hs of Follov Active in S	n Study vup	10	117	,944	Cardiac Conduc Failure	Perforation tor Fracture To Capture	n e		1 Imp 6 Lea 12 Ov	ad Dislodge ersensing ner Complia • Upper • Cumu	ement cation - 95 Pct Co lative Surv	vival Proba	4 1 1
umber umula umber 10 9 8 7 6	r of Leads tive Montl r of Leads 0%	Enrolled in hs of Follov Active in S	n Study vup Study		117	959	Cardiac Conduc Failure Failure	Perforation tor Fracture To Capture To Sense			1 Imj 6 Lea 12 Ov 1 Oth	ad Dislodge ersensing ner Complia • Upper • Cumu	ement cation - 95 Pct Co lative Surv	vival Proba	4 1 1
umber umula umber 10 9 8 7 6	r of Leads tive Montl r of Leads 0%	Enrolled in hs of Follov Active in S	n Study vup Study		117	959	Cardiac Conduc Failure Failure	Perforation tor Fracture To Capture To Sense			1 Imj 6 Lea 12 Ov 1 Oth	ad Dislodge ersensing ner Complia • Upper • Cumu	ement cation - 95 Pct Co lative Surv	vival Proba	4 1 1

508	6MRL	Caps	ureFix	Novus	MRL							
	S Market I	-			08Feb20	)11		US Retu	rned Product		US Acute Lead Obs	ervations
C	CE Approval 21Jan2009							-				
R	Registered USA Implants 208,592				Conductor Fracture				77 Cardiac Perforation Conductor Fracture	214 2		
E	Estimated Active USA Implants 181,314				Crimp Weld Bond							
Fix	Fixation Type Active Screw In						Insulation Br	eacn	1	137 Extracardiac Stimulation	18	
Pa	Pace Sense Polarity Bipolar						Other			11 Failure To Capture	142	
Ste	eroid Indic	ator			Yes						Failure To Sense	28
											Impedance Abnormal	9
											Insulation Breach	1
											Lead Dislodgement	309
											Oversensing	31
											Unspecified	
	I Place										40	
			Registry R	esults	-	100		fying Comp	Discations		19	
		s Enrolled in				,108		ctor Fracture			Lead Dislodgement	11
		ths of Follow				,921	Failure	To Capture		3	Oversensing	1
Numbe	er of Leads	s Active in S	Study		1	,504					Other Complication	1
10	00%											
	90%											
vival												
Sun	80%										<ul> <li>Upper 95 Pct Confidence</li> </ul>	
Lead Survival	70%										<ul> <li>Cumulative Survival Probabili</li> </ul>	ty
<u> </u>	60%										Lower 95 Pct Confidence	
Ę	50%		1		I	1		I	1			
	0		20	4	0	60		80	100	12	0	
						nths After I	•					
Years	1	2	3	4	5	6	7	at 90 mo				
% _	99.8%	99.6%	99.6%	99.4%	99.4%	98.9%	98.0%	98.0%				
#	2,670	2,244	1,867	1,415	656	216	116	58				
Vent	ricular	Placen	nent									
Produ	ict Surve	eillance R	Registry R	esults			Quali	fying Com	olications		17	
Numbe	er of Leads	s Enrolled in	n Study		3	,051	Condu	ctor Fracture		1	Impedance Abnormal	1
Cumula	umulative Months of Followup 126,806				Failure	To Capture		8	Lead Dislodgement	3		
Numbe	Imber of Leads Active in Study 1,477					Failure	To Sense		1	Oversensing	2	
											Other Complication	1
	200/											
	00%						_					
	90%											
Lead Survival	80%										Upper 95 Pct Confidence	
s pg	70%										Cumulative Survival Probabili	tv
J Le	60%										Lower 95 Pct Confidence	- 7
	50% -r-										• Lower of it dominance	
	0 20		20	40 60		60		80	100	12	0	
					Мог	nths After I	mplant					
Years	1	2	3	4	5	6	7	at 90 mo				
%	99.7%	99.7%	99.6%	99.6%	99.6%	99.3%	97.4%	97.4%				
#	2,644	2,221	1,853	1,408	646	211	116	60				
5092	CapSure SP Nov	us										
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US Marke	et Release	03Jun1998	US Returned Product A	Analysis	US Acute Lead Obser	vations						
CE Appro Registere	oval ed USA Implants	25Sep1997 140,126	Conductor Fracture	23	Cardiac Perforation Conductor Fracture	7						
Estimate Fixation T	d Active USA Implants	50,270 Tines	Crimp Weld Bond Insulation Breach	64	Extracardiac Stimulation	3						
Pace Sen	se Polarity	Bipolar	Other	1	Failure To Capture Failure To Sense	49 7						
Steroid Ind	dicator	Yes			Impedance Abnormal Insulation Breach Lead Dislodgement	1 3 72						
					Oversensing Unspecified	1						
Product Sur	veillance Registry Results		Qualifying Complications	10								
Number of Lea	ads Enrolled in Study	1,213	Extracardiac Stimulation	1 Impedane	ce Abnormal	1						
Cumulative Mo	onths of Followup	53,286	Failure To Capture	3 Lead Dis	odgement	5						
Number of Lea	ads Active in Study	34										
100% 												



US Market Release	03Jun1998	US Returned Product	Analysis	US Acute Lead Observa	ations
CE Approval	05Jun1997	Conductor Fracture	21	Cardiac Perforation	
Registered USA Implants	64,309	Crimp Weld Bond	21	Conductor Fracture	
Estimated Active USA Implants	23,000	Insulation Breach	37	Extracardiac Stimulation	
Fixation Type	Tines	Other	0.	Failure To Capture	
Pace Sense Polarity	Bipolar	e di ci		Failure To Sense	
Steroid Indicator	Yes			Impedance Abnormal	
				Insulation Breach	
				Lead Dislodgement	
				Oversensing	
				Unspecified	
oduct Surveillance Registry Resu	lts	Qualifying Complications	5	·	
mber of Leads Enrolled in Study	364	Failure To Capture		ice Abnormal	1
mulative Months of Followup	9,022	- 1		slodgement	1
1	- , -		Eoud Bit	Joagomont	
mber of Leads Active in Study	12		Oversen	sing	1
mber of Leads Active in Study 100% - 90% - 80% - 70% -	12		•	Jpper 95 Pct Confidence	1
100% - 90% - 80% -	12 40 60	80 100	• 1		1

**%** 100.0%

#

156

98.2%

119

97.2%

94

96.0%

82

96.0%

66

96.0%

54

96.0%

US Market Release	03Jun1998	US Returned Produc	t Analysis	US Acute Lead Observat	tions
CE Approval Registered USA Implants Estimated Active USA Implar Fixation Type Pace Sense Polarity Steroid Indicator	25Sep1997 36,927 ints 16,217 Tines Bipolar Yes	Conductor Fracture Crimp Weld Bond Insulation Breach Other	6	Cardiac Perforation Conductor Fracture Extracardiac Stimulation Failure To Capture Failure To Sense Impedance Abnormal Insulation Breach Lead Dislodgement Oversensing Unspecified	1 4 3 43 43 1
Product Surveillance Regist	ry Results	Qualifying Complications	5	Chopcollica	
Number of Leads Enrolled in Study	717	Failure To Capture	3 Lead Dis	lodgement	2
Cumulative Months of Followup	37,528				
Number of Leads Active in Study	40				
100%			• (	Jpper 95 Pct Confidence Cumulative Survival Probability .ower 95 Pct Confidence	

	Months After Implant											
Years	1	2	3	4	5	6	7	8	9	10	11	at 144 mo
%	99.6%	99.3%	99.3%	98.9%	98.9%	98.9%	98.9%	98.9%	98.9%	98.9%	98.9%	98.9%
#	536	445	360	306	250	185	152	134	114	99	84	57

5594 CapSure SP Nov	us				
US Market Release	25Jun2001	US Returned Product An	alysis	US Acute Lead Observation	ons
CE Approval	23Mar2001	Conductor Fracture	14	Cardiac Perforation	
Registered USA Implants	17,588	Crimp Weld Bond		Conductor Fracture	
Estimated Active USA Implants	9,097	Insulation Breach	16	Extracardiac Stimulation	
Fixation Type	Tines	Other		Failure To Capture	4
Pace Sense Polarity	Bipolar			Failure To Sense	
Steroid Indicator	Yes			Impedance Abnormal	
				Insulation Breach	
				Lead Dislodgement	14
				Oversensing	
				Unspecified	2
Product Surveillance Registry Results		Qualifying Complications	2		
Number of Leads Enrolled in Study	36	Conductor Fracture	1 Oversens	ing 1	I
Cumulative Months of Followup	3,249			5	
Number of Leads Active in Study	11				
100% -					
<u> </u>					
80%					
70% -				pper 95 Pct Confidence	
° □ 60% -				umulative Survival Probability ower 95 Pct Confidence	
			• L	ower 95 Pct Confidence	
50%	40 60	80 100	120		
·	Months After				
Years at 0 mo					
% 100.0%					

% 100.0% #

US Market Release	31Mar199	94		US Ret	urned Produc	t Analvs	is	US Acute Lead Ob	oservations	
CE Approval	01Jan199	93		Conductor			13	Cardiac Perforation		
Registered USA Implants	3,189			Crimp We			10	Conductor Fracture		
Estimated Active USA Implants	s 1,102			nsulation			1	Extracardiac Stimulatio	מר	
Fixation Type	Suture			Other	Breach			Failure To Capture	511	
Pace Sense Polarity	n/a		,	oulei				Failure To Sense		
Steroid Indicator	None							Impedance Abnormal		
								Insulation Breach		
								Lead Dislodgement		
								Oversensing		
								Unspecified		
oduct Surveillance Registry	Poculto		Qualify	ving Co	nplications		47	onspeomed		
imber of Leads Enrolled in Study		417		tor Fractu						
imulative Months of Followup	23,8					21 8		nce Abnormal on Breach	4	
Imber of Leads Active in Study	23,0	7	Failure To Capture		0	Overser		2 12		
								5		
100% -										
90% -										
80% -										
70% -								Upper 95 Pct Confidence		
								Cumulative Survival Probab	oility	
60% -							•	Lower 95 Pct Confidence		
50%	40	60		80	100	12	0			
· 20		ths After I	mplant		100	14	~			
<b>ars</b> 1 2 3	4 5	6	7	8	at 108 mo					
<b>%</b> 96.6% 94.6% 92.1%		84.5%	83.1%	83.1%	83.1%					

#

US Market Release	02Sep2004			UQ Assista Laged Obase iff
CE Approval	020602004	US Returned Produc	t Analysis	US Acute Lead Observations
Registered USA Implants	350	Conductor Fracture	5	Cardiac Perforation
Estimated Active USA Implants	111	Crimp Weld Bond		Conductor Fracture
Fixation Type	Tines	Insulation Breach		Extracardiac Stimulation
Pace Sense Polarity	True Bipolar/One Coil	Other		Failure To Capture
Steroid Indicator	Yes			Failure To Sense
	165			Impedance Abnormal
				Insulation Breach
				Lead Dislodgement
				Oversensing
				Unspecified
oduct Surveillance Registry Resul	lts			
mber of Leads Enrolled in Study	4			
mulative Months of Followup	287			
mber of Leads Active in Study	1			
100% - 90% - 80% - 70% -				<ul> <li>Upper 95 Pct Confidence</li> <li>Cumulative Survival Probability</li> </ul>
60% -				Lower 95 Pct Confidence
50%	40 60	80 100	120	

Medtronic CRHF Product Performance Report

% 100.0% #

6931 Sprint Fidelis					
US Market Release	02Sep2004	US Returned Product A	nalys	is US Acute Lead Observ	vations
CE Approval Registered USA Implants	8,057	Conductor Fracture	64	47 Cardiac Perforation	
Estimated Active USA Implants	1,969	Crimp Weld Bond Insulation Breach		Conductor Fracture 1 Extracardiac Stimulation	
Fixation Type	Active Screw In	Other		5 Failure To Capture	
Pace Sense Polarity	True Bipolar/One Coil			Failure To Sense	
Steroid Indicator	Yes			Impedance Abnormal	
				Insulation Breach	
				Lead Dislodgement	
				Oversensing	
				Unspecified	
Product Surveillance Registry Results		Qualifying Complications	!	58	
Number of Leads Enrolled in Study	310	Conductor Fracture	35	Impedance Abnormal	10
Cumulative Months of Followup	17,601	Failure To Capture	3	Lead Dislodgement	2
Number of Leads Active in Study	18	Failure To Sense	1	Oversensing	7
100% - 90% - 80% - 70% - 60% - 50% -				<ul> <li>Upper 95 Pct Confidence</li> <li>Cumulative Survival Probability</li> <li>Lower 95 Pct Confidence</li> </ul>	
0 20 4	0 60	80 100	120	)	

Months After Implant 6

74.3%

103

7

72.3%

67

at 90 mo

72.3%

51

1

98.2%

272

Years

%

#

2

96.2%

242

3

93.1%

214

4

88.3%

169

5

82.2%

6935 Sprint Quattro Sec	ure S					
US Market Release	01Nov2008	US Ret	urned Product	Analysis	US Acute Lead Observ	ations
CE Approval	31Mar2008	Conductor	Fracture	339	Cardiac Perforation	24
Registered USA Implants	60,635	Crimp Wel	d Bond		Conductor Fracture	2
Estimated Active USA Implants	47,415	Insulation	Breach	11	Extracardiac Stimulation	1
Fixation Type	Active Screw In	Other		41	Failure To Capture	27
Pace Sense Polarity	True Bipolar/One Coil				Failure To Sense	9
Steroid Indicator	Yes				Impedance Abnormal	24
					Insulation Breach	1
					Lead Dislodgement	57
					Oversensing	61
					Unspecified	5
Product Surveillance Registry Results		Qualifying Cor	nplications	46		
Number of Leads Enrolled in Study	2,712	Cardiac Perforation	on	1 Impedance	Abnormal	5
Cumulative Months of Followup	124,683	Conductor Fractu	re	17 Lead Disloc	lgement	7
Number of Leads Active in Study	918	Extracardiac Stim	ulation	1 Oversensin	g	7
		Failure To Captur	е	5 Unspecified		1
		Failure To Sense		1 Other Com	olication	1
100%						
<u> </u>						
early 50%						
p 70% -					er 95 Pct Confidence	
e 70% -					nulative Survival Probability	
- 60% -				• Lov	ver 95 Pct Confidence	
50%	0 60	80	100	100		
0 20 4	0 60 Months After Im		100	120		
<b>Years</b> 1 2 3 4	5 6	7 8	at 108 mo			
1         2         3         4           %         99.4%         99.2%         99.0%         98.6%	98.5% 98.0%	97.3% 96.6%	95.0%			
<b>#</b> 2,309 1,856 1,479 1,153	930 687	416 205	71			

US Market Release02Aug2012US Returned Product AnalysisUS Acute Lead ObservationsCE Approval12.U.2012Conductor Fracture318Conductor FractureCardiac Perforation104Registered USA Implants207.090Insulation Breach13Conductor Fracture7Extracardiac Stimulation19Pace Sense PolarityTrue Bipolar/One CollOther48Failure To Capture200Fixed on TypeActive Screw InOther48Failure To Capture200Fixed on TypeActive Screw InOther48Failure To Capture200Fixed on TypeActive Screw InOther48Failure To Capture10Product Surveillance Registry ResultsCardiac Perforation1Impedance Ahonormal35Number of Leads Enrolled in Study6,331Cardiac Perforation1Impedance Ahonormal3Conductor Fracture10Oversensing2290%90%90%90% <th>693</th> <th>85M</th> <th>Sprint</th> <th>t Quatti</th> <th>ro Seci</th> <th>ure S</th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th> <th></th>	693	85M	Sprint	t Quatti	ro Seci	ure S									
Registered USA Implants       221,049       Cinductor Fracture       318       Carduac Perforation       104         Estimated Active USA Implants       207,080       Fixation Type       Active Screw In       Cinductor Fracture       7         Pace Sense Polarity       True Bipolar/One Coil       True Bipolar/One Coil       0ther       48       Failure To Capture       200         Fixation Type       Yes       Yes       48       Failure To Capture       100         Product Surveillance Registry Results       Qualifying Complications       45         Number of Leads Active in Study       6,331       Carduac Perforation       1       Impedance Abnormal       3         Conductor Fracture       10       Oversensing       0       107       0       108         Number of Leads Active in Study       6,331       Cardiac Perforation       1       Impedance Abnormal       3         100%						•			US Retur	ned Produc	t Analy	sis	US Acute Lead Obse	rvations	
Estimated Active USA Implants207,09Conductor Practing7Pace Sense PolarityTrue Bipolar/One Coll13Extracardiac Stimulation19Pace Sense PolarityTrue Bipolar/One Coll0ther48Failure To Capture200Steroid IndicatorYes1Lead Dislodgement337Oversensing0ther1Implante Active Strewsing167Number of Leads Active in Study6,331Candiac Perforation1Implante Active Capture2Number of Leads Active in Study4,140Extracardiac Stimulation1Implante Prach2100%90%10Oversensing2100%0Oversensing2100%0Oversensing2100%0Oversensing2100%0Oversensing2100%0Oversensing2100%0Oversensing0100%0Oversensing0100%0Oversensing0100%0Oversensing0100%0Oversensing0100% <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Conductor Fr</td> <td>acture</td> <td>:</td> <td>318</td> <td>3 Cardiac Perforation</td> <td></td> <td>104</td>									Conductor Fr	acture	:	318	3 Cardiac Perforation		104
Fixation Type       Active Screw In       Insulation Breach       13       Extracardial Sumulation       19         Pace Sense Polarity       True Bipolar/One Coil       Other       48       Failure To Capture       200         Steroid Indicator       Yes       Yes       Image and the set of th		0				,			Crimp Weld E	Bond			Conductor Fracture		7
Pace Sense Polarity         True Bipolar/One Coll         Other         48         Failure 10 Capture         200           Steroid Indicator         Yes         Impedance Abnormal         55         Impedance Abnormal         53           Product Surveillance Registry Results         Qualifying Complications         45         Failure 10 Capture         337           Number of Leads Enrolled in Study         6,331         Cardiac Perforation         1         Impedance Abnormal         3           Number of Leads Enrolled in Study         4,140         Extracardiac Stimulation         1         Impedance Abnormal         3           Number of Leads Active in Study         4,140         Extracardiac Stimulation         1         Impedance Abnormal         3           90%         90%         4,140         Extracardiac Stimulation         1         Impedance Abnormal         3           90%         90%         90         80         100         120           90%         90%         90         80         100         120           90%         90.0%         90.0%         90.0%         90.0%         90.0%         90.0%         90.0%           90%         90.0%         90.0%         90.0%         90.0%         90.0%         90.0%				Implants					Insulation Bre	each		13	B Extracardiac Stimulation		19
Steroid Indicator       Yes       Failure To Sense       57         Impedance Abnormal       55         Insulation Breach       1         Lead Dislodgement       337         Oversensing       167         Umpedance Abnormal       167         Umpedince Registry Results       6,331         Cardiac Perforation       1         Number of Leads Enrolled in Study       6,331         Comulative Months of Followup       179,033         Number of Leads Active in Study       4,140         Extracardiac Stimulation       1         Failure To Capture       10         Oversensing       2         Failure To Sense       1         Order Complications       1         Failure To Capture       10         Oversensing       2         Failure To Sense       1         Other Complication       1         Oversensing       0         Oversensing       0         Failure To Sense       1         Other Complication       1         Steroid Indicator       1         Oversensing       0         Oversensing       0         Oversensing       0 <t< td=""><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td></td><td colspan="2">Other</td><td></td><td>48</td><td>B Failure To Capture</td><td></td><td>200</td></t<>									Other			48	B Failure To Capture		200
Cardiac Serveillance Registry Results         Qualifying Complications         45           Number of Leads Enrolled in Study         6,331         Cardiac Perforation         1         Impedance Abnormal         3           Number of Leads Enrolled in Study         6,331         Cardiac Perforation         1         Impedance Abnormal         3           Number of Leads Active in Study         4,341         Extracardiac Stimulation         1         Impedance Abnormal         3           Number of Leads Active in Study         4,140         Extracardiac Stimulation         1         Lead Dislodgement         13           Failure To Capture         10         Oversensing         2         -         -         -           90%         -         -         -         -         -         -         -           90%         -         -         -         -         -         -         -           90%         - <td></td> <td colspan="4"></td> <td>olar/One Coil</td> <td></td> <td></td> <td></td> <td></td> <td></td> <td>Failure To Sense</td> <td></td> <td>57</td>						olar/One Coil						Failure To Sense		57	
Product Surveillance Registry Results       Qualifying Complications       45         Number of Leads Enrolled in Study       6,331       Cardiac Perforation       1       Impedance Abnormal       3         Number of Leads Active in Study       4,140       Cardiac Perforation       1       Insulation Breach       2         90%       Failure To Capture       10       Oversensing       2       1         100%       Failure To Capture       10       Oversensing       2         90%       Failure To Sense       1       Other Complication       1         90%       Good       80       100       100       100         90%       90.5%       90.5%       90.5%       90.5%       90.5%	5	Steroid Indic	ator			Yes							Impedance Abnormal		55
Oversensing         Second Sec													Insulation Breach		1
Product Surveillance Registry Results       Qualifying Complications       45         Number of Leads Enrolled in Study       6,331       Cardiac Perforation       1       Impedance Abnormal       3         Number of Leads Active in Study       4,140       Conductor Fracture       10       Insulation Breach       2         Number of Leads Active in Study       4,140       Extracardiac Stimulation       1       Lead Dislodgement       13         Pailure To Capture       100%       Failure To Capture       10       Oversensing       2         90%       -       Failure To Sense       100 ther Complication       1         90%       -       -       -       -       -       -       -         90%       -													Lead Dislodgement		337
Product Surveillance Registry Results       Qualifying Complications       45         Number of Leads Enrolled in Study       6,331       Cardiac Perforation       1       Impedance Abnormal       3         Cumulative Months of Followup       179,033       Conductor Fracture       11       Insulation Breach       2         Number of Leads Active in Study       4,140       Extracardiac Stimulation       1       Lead Dislodgement       13         Pologe       Failure To Capture       10       Oversensing       2         90%       -       Failure To Sense       10/ther Complication       1         90%       -       -       -       -       -       -         90%       -       -       -       -       -       -       -         90%       -<													Oversensing		167
Number of Leads Enrolled in Study       6,331       Cardiac Perforation       1       Impedance Abnormal       3         Cumulative Months of Followup       179,033       Conductor Fracture       11       Insulation Breach       2         Number of Leads Active in Study       4,140       Extracardiac Stimulation       1       Lead Dislodgement       13         Pailure To Capture       10       Oversensing       2         Failure To Sense       1       Other Complication       1         90%       -       -       -       -         80%       -       -       -       -       -         70%       -       -       -       -       -         60%       -       -       -       -       -         50%       -       -       -       -       -         Wonths After Implant       100       120       -       -       -         Years       1       2       3       4       5       at 72 mo         %       99.6%       99.5%       99.2%       98.0%       98.0%													Unspecified		
Cumulative Months of Followup       179,033       Conductor Fracture       11       Insulation Breach       2         Number of Leads Active in Study       4,140       Extracardiac Stimulation       1       Lead Dislodgement       13         100%       Failure To Capture       10       Oversensing       2         90%       Failure To Sense       1       Other Complication       1         90%       Failure To Sense       1       Other Complication       1         90%       Gow       Failure To Sense       1       Other Complication       1         90%       Gow       Failure To Sense       1       Other Complication       1         90%       Gow       Failure To Sense       1       Other Complication       1         100%       Gow       Failure To Sense       1       Other Complication       1         100%       Gow       Gow       Failure To Sense       1       Other Complication       1         100%       Gow       Gow       Gow       Gow       Failure To Sense       100       Other Complication       1         100%       Gow       Gow       Gow       Gow       Failure To Sense       Lower 95 Pct Confidence       0	Prod	uct Surve	eillance R	Registry R	esults			Qual	ifying Comp	lications		45	5		
Number of Leads Active in Study       4,140       Extracardiac Stimulation       1       Lead Dislodgement       13         Failure To Capture       10       Oversensing       2         Failure To Sense       1       Other Complication       1         90%       -       -       -       -         90%       -       -       -       -         90%       -       -       -       -         90%       -       -       -       -         90%       -       -       -       -         90%       -       -       -       -         90%       -       -       -       -         60%       -       -       -       -         50%       -       -       -       -         00%       -       -       -       -         00%       -       -       -       -         50%       -       -       -       -         00%       -       -       -       -         1       2       3       4       5       at 72 mo         99.6%       99.5%       99.2%       99.0%	Numb	er of Leads	Enrolled in	n Study		6	,331	Cardia	ac Perforation		1	Ir	npedance Abnormal	3	
Failure To Capture       10       Oversensing       2         100%       -	Cumu	lative Mont	hs of Follo	wup		179	,033	Conductor Fracture		11	Ir	nsulation Breach	2		
Failure To Sense       1       Other Complication       1         90%       -	Numb	per of Leads	Active in S	Study		4	,140	Extracardiac Stimulation 1			L	ead Dislodgement	13		
100%       -								Failur	e To Capture		10	С	Oversensing	2	
90% - 80% - 70% - 70% - 50% - 50								Failur	e To Sense		1	С	Other Complication	1	
<ul> <li>80% -</li> <li>70% -</li> <li>60% -</li> <li>50% -</li> <li>20</li> <li>40</li> <li>60</li> <li>80</li> <li>100</li> <li>120</li> <li>Lower 95 Pct Confidence</li> <li>Cumulative Survival Probability</li> <li>Lower 95 Pct Confidence</li> <li>Months After Implant</li> </ul> Years 1 <ul> <li>2</li> <li>3</li> <li>4</li> <li>5</li> <li>at 72 mo</li> <li>99.6% 99.5% 99.2% 99.0% 98.9% 98.0%</li> </ul>	1	00%													
Solver 95 Pct Confidence         50%	ភ្	90% -													
Solver 95 Pct Confidence         50%	NZ	80%											- Upper 95 Pet Confidence		
Solver	d Si	70%													
50%       -	Lea													/	
0     20     40     60     80     100     120       Months After Implant       Years     1     2     3     4     5     at 72 mo       %     99.6%     99.2%     99.0%     98.9%     98.0%													Lower 55 FCt Conndence		
Months After Implant         Years       1       2       3       4       5       at 72 mo         99.6%       99.5%       99.2%       99.0%       98.9%       98.0%				20	4	0	60		80	100	12	20			
<b>%</b> 99.6% 99.5% 99.2% 99.0% 98.9% 98.0%		-			-	Мо	nths After Im	plant							
<b>%</b> 99.6% 99.5% 99.2% 99.0% 98.9% 98.0%	Years	<b>s</b> 1	2	3	4	5	at 72 mo								
			99.5%			98.9%									
$\mathbf{r}$ 7,100 0,000 2,100 1,110 702 00	#		3,565	2,193	1,110	432	69								

937A Transvene SV	/C-CS					
US Market Release	06Apr2001	US Ret	urned Product A	nalysis	US Acute Lead Ob	oservations
CE Approval		Conductor	Fracture	5	Cardiac Perforation	
Registered USA Implants	2,606	Crimp Wel	d Bond		Conductor Fracture	
Estimated Active USA Implants	1,554	Insulation	Breach		Extracardiac Stimulation	on
Fixation Type	Passive	Other			Failure To Capture	
Pace Sense Polarity	One Coil				Failure To Sense	
Steroid Indicator	None				Impedance Abnormal	
					Insulation Breach	
					Lead Dislodgement	
					Oversensing	
					Unspecified	
roduct Surveillance Registry Res	ults	Qualifying Con	nplications	14		
umber of Leads Enrolled in Study	122	Conductor Fractur	e	5 Impedan	ce Abnormal	1
umulative Months of Followup	13,652			Insulation	n Breach	2
umber of Leads Active in Study	11			Lead Dis	lodgement	1
				Unspecif	ied	4
				Other Co	omplication	1
100%						
- 90% - <b>^ ^ </b>						
80%					Inner 05 Bet Confidence	
80%					Jpper 95 Pct Confidence Cumulative Survival Probab	
60% -					ower 95 Pct Confidence.	onity
				• L	ower 95 Pct Confidence	
50%	100 150	200	250	300		
	Months Afte	Implant				
ears 1 2 3	4 5 6	7 8	9 at 114 mo			
<b>%</b> 99.1% 99.1% 99.1%	98.2% 95.3% 94.3%	93.1% 91.8%	89.0% 89.0%			
# 117 113 110	104 92 82	76 69	55 50			

US Market Release	13Dec2000	US Returned Product	Analysis	US Acute Lead Obse	rvations
CE Approval	05Nov1999	Conductor Fracture	203	Cardiac Perforation	
Registered USA Implants	44,719	Crimp Weld Bond	1	Conductor Fracture	2
Estimated Active USA Implants	18,781	Insulation Breach	4	Extracardiac Stimulation	
Fixation Type	Tines	Other	4	Failure To Capture	17
Pace Sense Polarity	True Bipolar/Two Coils			Failure To Sense	3
Steroid Indicator	Yes			Impedance Abnormal	10
				Insulation Breach	
				Lead Dislodgement	24
				Oversensing	18
				Unspecified	6
Product Surveillance Registry Results		Qualifying Complications	28		
lumber of Leads Enrolled in Study	618	Conductor Fracture	15 Impedan	ice Abnormal	4
umulative Months of Followup	33,100	Failure To Capture	4 Oversen	sing	3
lumber of Leads Active in Study	131	Failure To Sense	1 Unspeci	fied	1
100% -					
<u></u>					
<u>90%</u>					



- Upper 95 Pct Confidence
- Cumulative Survival Probability
- Lower 95 Pct Confidence

6946M Sprint Quattro				
US Market Release	05Jan2016	US Returned Product Analysis	US Acute Lead Observations	
CE Approval	12Sep2013		Cardiac Perforation	
Registered USA Implants	1,994		Conductor Fracture	
Estimated Active USA Implants	1,926		Extracardiac Stimulation	
Fixation Type	Tines		Failure To Capture	
Pace Sense Polarity	True Bipolar/Two Coils		Failure To Sense	
Steroid Indicator	Yes		Impedance Abnormal	
			Insulation Breach	
			Lead Dislodgement	5
			Oversensing	4
			Unspecified	



947 Sprin	t Quatt	ro Sec	ure										
US Market Release			12Nov20	001		US Retu	urned Pr	oduct A	nalysis		US Acut	e Lead C	bservations
CE Approval			04Oct20			Conductor	Fracture		1,147		Cardiac Pe	rforation	
Registered USA Impla			374,694			Crimp Weld	d Bond		4		Conductor	Fracture	
Estimated Active USA	Implants		195,023			Insulation E	Breach		94		Extracardia	ac Stimulat	ion
Fixation Type			Active Sc			Other			188		Failure To	Capture	
Pace Sense Polarity				olar/Two Coils	S						Failure To	Sense	
Steroid Indicator			Yes								Impedance	Abnormal	
											Insulation E	Breach	
											Lead Dislo	dgement	
											Oversensir	ng	
											Unspecifie	d	
oduct Surveillance F	Registry R	esults			Qualif	ying Com	plication	S	81				
mber of Leads Enrolled i	n Study		4	,436	Conduc	ctor Fractur	e		28 In	pedance Al	bnormal		12
mulative Months of Follo	wup		250	,575	Failure	To Capture	9		6 In	sulation Bre	ach		5
mber of Leads Active in S	Study		1,	,105	Failure	To Sense			2 Le	ead Dislodge	ement		5
									0	versensing			18
									U	nspecified			3
100%				_	_				0	ther Complie	cation		2
90% -													
80% -													
70% -											r 95 Pct Co		
											Iative Surv		bility
60% -										<ul> <li>Lowe</li> </ul>	r 95 Pct Co	nfidence	
50%	50	10	0	150		200	25	n	300				
U	50		-		nlant	200	20	0	300				
	0	4		nths After Im	-	0	0	10	4.4	40	10		
ears 1 2 % 99.5% 99.3%	3	4	5 98.2%	6 98.0%	7 97.6%	8 97.3%	9 96.8%	10 96.0%	11	12 94.9%	13	14	at 174 mo
	99.0%	98.7%							95.7%		94.9%	94.3%	93.5%
<b>#</b> 3,807 3,251	2,765	2,329	1,929	1,485	1,125	811	530	258	165	108	90	68	52

US Market Release	13Feb2012	US Returned Produc	ct Analysis	US Acute Lead Obs	ervations
CE Approval Registered USA Implants	12Mar2010 115,553	Conductor Fracture Crimp Weld Bond	145	Cardiac Perforation Conductor Fracture	:
Estimated Active USA Implants	103,417	Insulation Breach	13	Extracardiac Stimulation	
Fixation Type	Active Screw In	Other	23	Failure To Capture	9
Pace Sense Polarity	True Bipolar/Two Co	bils	20	Failure To Sense	:
Steroid Indicator	Yes			Impedance Abnormal	
				Insulation Breach	
				Lead Dislodgement	1
				Oversensing	
				Unspecified	
oduct Surveillance Registry Res	ults	Qualifying Complications	17		
mber of Leads Enrolled in Study	2,113	Conductor Fracture	9 Lead Dis	slodgement	1
mulative Months of Followup	91,022	Failure To Capture		omplication	1
mber of Leads Active in Study	954	Failure To Sense	2		
100%					
80% -			• (	Upper 95 Pct Confidence	
70% -			• (	Cumulative Survival Probabili	ty
60% -			• 1	Lower 95 Pct Confidence	
50%	I				
0 20	40 60	80 100	120		
	Months After I	mplant			
ars 1 2 3	4 5 6	at 78 mo			
		07.70/			
<b>%</b> 99.7% 99.5% 99.3% 9	99.3% 99.0% 99.0%	97.7%			

US Market Release		02Sep2004	US Retu	rned Product	Analysis	US Acute Lead Obse	rvations
CE Approval			Conductor F		206	Cardiac Perforation	
Registered USA Impla	ints	10,330	Crimp Weld		200	Conductor Fracture	
Estimated Active USA	Implants	2,838	Insulation Br		3	Extracardiac Stimulation	
Fixation Type		Tines	Other	each	4	Failure To Capture	
Pace Sense Polarity		True Bipolar/Two Coi	ls		4	Failure To Sense	
Steroid Indicator		Yes				Impedance Abnormal	
						Insulation Breach	
						Lead Dislodgement	
						Oversensing	
						Unspecified	
oduct Surveillance F	Registry Resu	Its	Qualifying Com	lications	4	Chopochica	
imber of Leads Enrolled i	• •	39	Conductor Fracture	licutionic	-	nce Abnormal	1
imulative Months of Follo	3	2,255			impeda		1
mber of Leads Active in		5					
	,						
100% -							
90% -							
80% -					•	Upper 95 Pct Confidence	
70% -					•	Cumulative Survival Probability	У
60% -					•	Lower 95 Pct Confidence	
	1		1	1			
50% -			80	100	120		
50%	20	40 60	00	100	120		

Medtronic CRHF Product Performance Report

6949	Sprint	t Fidelis	S											
US Marke	et Release			02Sep20	004		US Retu	urned Pro	duct A	Analys	is	US Acute Lead Obse	rvations	
CE Appro	val						Conductor	Fracture		7,8	09	Cardiac Perforation		10
Registere	ed USA Impla	nts		185,837			Crimp Weld	Bond		,-	3	Conductor Fracture		46
	d Active USA	Implants		42,737			Insulation E				37	Extracardiac Stimulation		
Fixation T				Active Sc			Other				97	Failure To Capture		32
Pace Sens	,			True Bipo	olar/Two Coi	s						Failure To Sense		19
Steroid Inc	dicator			Yes								Impedance Abnormal		19
												Insulation Breach		5
												Lead Dislodgement		22
												Oversensing		35
												Unspecified		25
Product Sur	veillance R	egistry R	esults			Quali	fying Com	plications	;		126	·		
Number of Lea	ds Enrolled ir	n Study			978	Condu	ctor Fracture	e		72	Impedance	e Abnormal	19	
Cumulative Mo	onths of Follow	wup		54	,827	Failure	To Capture	2		5	Insulation	Breach	2	
Number of Lea	ds Active in S	Study			90	Failure	To Sense			6	Lead Dislo	odgement	1	
											Oversensi	ng	20	
											Other Con	nplication	1	
100%														
<del>_</del> 90% -														
80% -														
S											• Up	oper 95 Pct Confidence		
- %07 gad				1							• Cı	Imulative Survival Probability	/	
<b>−</b> 60% −											• Lo	wer 95 Pct Confidence		
50% -r		-			1		1	1						
0		50	10		150		200	250		300	)			
				Mor	nths After Im	plant								
Years 1	2	3	4	5	6	7	8	9	10	at 126	mo			
<mark>%</mark> 98.5%	96.5%	93.4%	91.0%	88.2%	84.4%	81.5%	79.3%	78.5%	77.2%	73.1	%			
<b>#</b> 847	726	621	522	430	326	217	153	96	66	55				

US Market Release		11Jun	2001	US Retu	rned Product	Analysis	US Acute Lead Ob	servations
CE Approval		19Dec	1997	Conductor F		31	Cardiac Perforation	
Registered USA Im	plants	5,143		Crimp Weld		0.	Conductor Fracture	
Estimated Active US	SA Implants	2,817		Insulation B			Extracardiac Stimulation	ı
Fixation Type		Suture	on Anchor Sleev	ve Other			Failure To Capture	
Pace Sense Polarity		One Co	bil	0.1101			Failure To Sense	
Steroid Indicator		None					Impedance Abnormal	
							Insulation Breach	
							Lead Dislodgement	
							Oversensing	
							Unspecified	
oduct Surveillance	Registry Re	sults		Qualifying Com	plications	3	·	
nber of Leads Enrolle			53	Conductor Fracture		1 Impeda	nce Abnormal	2
nulative Months of Fo	llowup		2,262					
nber of Leads Active i	n Study		7					
4000/								
100% -								
90% -								
80% -						•	Upper 95 Pct Confidence	
70% -						•	Cumulative Survival Probabi	lity
60% -						•	Lower 95 Pct Confidence	-
50% -								
0	20	40	60	80	100	120		
		м	onths After Imp	lant				
ars at 0 mo % 100.0%								

US Market Release	28Aug2001	US Returned Product	t Analysis	US Acute Lead Observation	าร
CE Approval		Conductor Fracture	1	Cardiac Perforation	
Registered USA Implants	11,889	Crimp Weld Bond		Conductor Fracture	
Estimated Active USA Implants	1,677	Insulation Breach	1	Extracardiac Stimulation	
Fixation Type	Distal Continous Curve		2	Failure To Capture	
Pace Sense Polarity	Unipolar	Other	2	Failure To Sense	
Steroid Indicator	None			Impedance Abnormal	
				Insulation Breach	
				Lead Dislodgement	
				Oversensing	
				Unspecified	
	_		•	Unspecified	
duct Surveillance Registry Result		Qualifying Complications	3		
ber of Leads Enrolled in Study		Failure To Capture	3		
nulative Months of Followup	6,893				
ber of Leads Active in Study	7				
iber of Leads Active in Study	T				
	7				
100% -					
100% - 90% -					
100% -				Upper 95 Pct Confidence	
100% - 90% -				Upper 95 Pct Confidence Cumulative Survival Probability	
100% - 90% - 80% -			•		
100% - 90% - 80% - 70% - 60% -			•	Cumulative Survival Probability	
100% - 90% - 80% - 70% -	40 60	80 100	•	Cumulative Survival Probability	
100% - 90% - 80% - 70% - 60% - 50% -			•	Cumulative Survival Probability	

#

105

89

69

56

4193 Attain OTW						
US Market Release	03May2002	US Returned Product A	nalys	is US Acute Lead Ob	servations	
CE Approval	22Dec2000	Conductor Fracture	-	33 Cardiac Perforation		
Registered USA Implants	100,363	Crimp Weld Bond		Conductor Fracture		
Estimated Active USA Implants	22,002	Insulation Breach		29 Extracardiac Stimulatio	n	1
Fixation Type	Double Curve	Other		12 Failure To Capture		1
Pace Sense Polarity	Unipolar			Failure To Sense		
Steroid Indicator	Yes			Impedance Abnormal		
				Insulation Breach		
				Lead Dislodgement		4
				Oversensing		
				Unspecified		2
Product Surveillance Registry Results		Qualifying Complications	4	47		
Number of Leads Enrolled in Study	802	Conductor Fracture	1	Impedance Abnormal	2	
Cumulative Months of Followup	40,068	Extracardiac Stimulation	9	Lead Dislodgement	14	
Number of Leads Active in Study	65	Failure To Capture	18	Unspecified	3	
100% - 90% - 80% - 70% -				• Upper 95 Pct Confidence		
ଅ <b>70%</b> –				<ul> <li>Cumulative Survival Probability</li> </ul>	ility	
<u> </u>				Lower 95 Pct Confidence	-	

8

91.7%

145

120

at 120 mo

90.4%

63

9

91.1%

95

140

- Cumulative Survival Probability
- Lower 95 Pct Confidence

**50%** -r

0

1

96.0%

639

Years

%

#

20

3

94.4%

419

2

95.1%

496

40

4

94.1%

332

60

5

93.4%

264

Months After Implant

6

92.6%

216

80

7

92.2%

4194 Attain OTW					
US Market Release	24Aug2004	US Returned Produ	ct Analysis	US Acute Lead Observa	tions
CE Approval Registered USA Implants Estimated Active USA Implants Fixation Type Pace Sense Polarity Steroid Indicator	14Jul2003 114,795 50,180 Double Curve Bipolar Yes	Conductor Fracture Crimp Weld Bond Insulation Breach Other	37 140 2	Cardiac Perforation Conductor Fracture Extracardiac Stimulation Failure To Capture Failure To Sense Impedance Abnormal Insulation Breach Lead Dislodgement Oversensing Unspecified	2 2 49 42 5 5 157 2 2
Product Surveillance Registry R	Results	Qualifying Complications	65	Chiepeenieu	
Number of Leads Enrolled in Study	1,640	Conductor Fracture	2 Insulation	Breach	2
Cumulative Months of Followup	86,600	Extracardiac Stimulation	11 Lead Dis	lodgement	30
lumber of Leads Active in Study	333	Failure To Capture	19 Insulation	n Breach Esc	1
100% - 90% - 80% - 70% - 60% - 50% -			• C	lpper 95 Pct Confidence cumulative Survival Probability ower 95 Pct Confidence	
0 50	100 150	200 250	300		

					Mor	nths After I	mplant				
Years	1	2	3	4	5	6	7	8	9	10	at 132 mo
%	98.6%	97.4%	96.7%	96.1%	95.6%	94.4%	94.2%	93.4%	93.4%	93.0%	92.4%
#	1,377	1,155	969	803	667	496	340	245	153	99	61

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419	95 Atta	in StarFix									
	US Market Release		15Aug2008		US Retu	Irned Produc	ct Analy	sis	US Acute Lead Obs	ervation	s
	CE Approval		13May2005		Conductor F	Fracture		9	Cardiac Perforation		
	Registered USA Im	•	17,404		Crimp Weld	Bond			Conductor Fracture		
	Estimated Active U	SA Implants	10,662	Eine C	Insulation B	reach		3	Extracardiac Stimulation		29
	Fixation Type		Deployable Lobe	Fixation	Other			2	Failure To Capture		21
	Pace Sense Polarity		Unipolar						Failure To Sense		
5	Steroid Indicator		Yes						Impedance Abnormal		4
									Insulation Breach		
									Lead Dislodgement		29
									Oversensing		
									Unspecified		1
Prod	luct Surveillance	e Registry Res	ults	Qua	alifying Com	plications		36			
Numb	per of Leads Enrolle	ed in Study	1,486	Con	ductor Fracture	9	4	Imped	lance Abnormal	2	
Cumu	ulative Months of Fo	ollowup	75,048	Extra	acardiac Stimu	lation	13	Insula	tion Breach	5	
Numb	per of Leads Active	in Study	352	Failu	ure To Capture		7	Lead I	Dislodgement	5	
Lead Survival L	100% - 90% - 80% - 70% - 60% -						l 	•	<ul> <li>Upper 95 Pct Confidence</li> <li>Cumulative Survival Probabil</li> <li>Lower 95 Pct Confidence</li> </ul>	ity	
	50%	20	40 60		80	100	12				

Months After Implant

6

96.9%

415

7

96.4%

278

8

95.7%

153

at 108 mo

95.1%

62

1

99.2%

1,270

Years

%

#

2

98.6%

1,087

3

98.3%

922

4

97.8%

734

5

97.3%

US Market Release		15May2009			US Ret	urned Produ	ct Analysi	S US Acute Lead Ob	servations
CE Approval		24Jul2007			Conductor			24 Cardiac Perforation	
Registered USA Implants		68,976			Crimp Wel		2	Conductor Fracture	
Estimated Active USA Impla	nts	46,347			Insulation			2 Extracardiac Stimulatio	on
Fixation Type		Double Curve	è		Other	Dieach		9 Failure To Capture	
Pace Sense Polarity		Bipolar			Other			Failure To Sense	
Steroid Indicator		Yes						Impedance Abnormal	
								Insulation Breach	
								Lead Dislodgement	2
								0	2
								Oversensing	
								Unspecified	
oduct Surveillance Regist	-					nplications	8	33	
mber of Leads Enrolled in Stud	у	2,290			ctor Fractu			Impedance Abnormal	2
mulative Months of Followup		100,460		Extraca	rdiac Stim	ulation	14	Insulation Breach	1
mber of Leads Active in Study		445		Failure	To Captur	e	38	Lead Dislodgement	22
								Other Complication	3
100%									
90% -									
90% - 80% - 70% -									
70% -								<ul> <li>Upper 95 Pct Confidence</li> </ul>	
10/0								<ul> <li>Cumulative Survival Probab</li> </ul>	ility
60% -								<ul> <li>Lower 95 Pct Confidence</li> </ul>	
50% -	1					100			
0 20	40		60		80	100	120	1	
		Months	After In	nplant					
	3 4	5	6	7	8	at 102 mo			
	F0/ 0F 00/	95.4% 9	4.7%	94.3%	94.3%	94.3%			
%         98.0%         97.3%         96.           #         1,897         1,490         1,1			511	353	192	108			

US Market Release	01Apr2011	US Returned Product	Analysis	US Acute Lead Obser	vations
CE Approval	18Dec2009	Conductor Fracture	3	Cardiac Perforation	2
Registered USA Implants	34,672	Crimp Weld Bond	2	Conductor Fracture	1
Estimated Active USA Implants	27,553	Insulation Breach		Extracardiac Stimulation	61
Fixation Type	Double Curve	Other	4	Failure To Capture	30
Pace Sense Polarity	Dual Electrodes			Failure To Sense	
Steroid Indicator	Yes			Impedance Abnormal	10
				Insulation Breach	4
				Lead Dislodgement	115
				Oversensing	
				Unspecified	
Product Surveillance Registry Results		Qualifying Complications	35		
Number of Leads Enrolled in Study	1,456	Extracardiac Stimulation	12 Lead Dis	slodgement	13
Cumulative Months of Followup	57,484	Failure To Capture	9 Other Co	omplication	1
Number of Leads Active in Study	480				
100% - 90% - 80% - 70% - 60% - 50% - 50% - 20 4	0 60	80 100	• (	Jpper 95 Pct Confidence Cumulative Survival Probability .ower 95 Pct Confidence	
	Months After Im	plant			

97.6%

744

97.2%

611

97.9%

914

98.7%

1,150

%

#

96.4%

203

96.4%

56

96.7%

US Market Release	01Au	ıg2014	US Retur	ned Product A	nalvsis	US Acute Lead Ob	servations
CE Approval Registered USA Implants Estimated Active USA Impla	75,8 ants 70,6	22	Conductor Fra Crimp Weld B Insulation Bre	icture ond	3	Cardiac Perforation Conductor Fracture Extracardiac Stimulatio	on 17
Fixation Type Pace Sense Polarity Steroid Indicator	Doub Bipola Yes	ar	Other		15	Failure To Capture Failure To Sense Impedance Abnormal Insulation Breach Lead Dislodgement Oversensing	9 2 14
roduct Surveillance Regis			ualifying Compl xtracardiac Stimulat		16 4 Lead D	Unspecified	11
umulative Months of Followup umber of Leads Active in Study 100%		44,080 1,473			Other (	Complication	1
90% - 80% - 70% - 60% - 50% -			1	100	•	Upper 95 Pct Confidence Cumulative Survival Probab Lower 95 Pct Confidence	ility
0 20		60 Months After Impla	80 nt	100	120		
<b>%</b> 99.3% 98.9% 98	3         4         at 54           3.8%         98.8%         98.8           513         158         54						

US Market Release	31Mar2011	US Returned Produc	t Analysis	US Acute Lead Observa	ations
CE Approval Registered USA Implants Estimated Active USA Implants Fixation Type Pace Sense Polarity Steroid Indicator	18Dec2009 7,989 6,251 Tines Dual Electrodes Yes	Conductor Fracture Crimp Weld Bond Insulation Breach Other	5	Cardiac Perforation Conductor Fracture Extracardiac Stimulation Failure To Capture Failure To Sense Impedance Abnormal Insulation Breach Lead Dislodgement Oversensing	1 2 19 10 34
Product Surveillance Registry Result	s	Qualifying Complications	7	Unspecified	
lumber of Leads Enrolled in Study	465	Extracardiac Stimulation	1 Insulatio	on Breach	1
Cumulative Months of Followup	18,414	Failure To Capture	3 Lead Di	slodgement	2
lumber of Leads Active in Study	186				
100%					
80%					
p 70% -				Upper 95 Pct Confidence	
60%				Cumulative Survival Probability	
50%				Lower of I of Oomidence	
0 20	40 60	80 100	120		
	Months After I	mplant			

99.8%

366

Years

%

#

2

99.5%

288

3

98.4%

246

4

98.4%

194

5

98.4%

130

at 72 mo

98.4%

US Market Release	10Dec2014	US Returned Product	t Analysis	US Acute Lead Observati	ons
CE Approval	01Jan2013	Conductor Fracture	2	Cardiac Perforation	
Registered USA Implants	22,779	Crimp Weld Bond		Conductor Fracture	
Estimated Active USA Implants	21,522	Insulation Breach		Extracardiac Stimulation	6
Fixation Type	Tines	Other	3	Failure To Capture	3
Pace Sense Polarity	Bipolar		Ū	Failure To Sense	
Steroid Indicator	Yes			Impedance Abnormal	4
				Insulation Breach	
				Lead Dislodgement	2
				Oversensing	
				Unspecified	
roduct Surveillance Registry Resul	Its	Qualifying Complications	4		
umber of Leads Enrolled in Study	1.105	Failure To Capture	2 Lead Di	slodgement	2
umulative Months of Followup	15,459		- Lead Di	sougement	2
umber of Leads Active in Study	890				
100%				Upper 95 Pct Confidence Cumulative Survival Probability	
			•	Lower 95 Pct Confidence	
60% - 50% - 0 20	40 60	80 100	120		

**%** 99.8%

#

504

99.8%

234

99.1%

102

99.1%

4598 Attain Perform					
US Market Release	10Dec2014	US Returned I	Product Analys	is US Acute Lea	ad Observations
CE Approval	01Jan2013	Conductor Fracture		4 Cardiac Perforati	ion 8
Registered USA Implants	41,957	Crimp Weld Bond		Conductor Fracto	ure 1
Estimated Active USA Implants	39,704	Insulation Breach		Extracardiac Stin	mulation 69
Fixation Type	S-shape	Other		4 Failure To Captu	ire 37
Pace Sense Polarity	Quad Pole			Failure To Sense	3
Steroid Indicator	Yes			Impedance Abno	ormal 13
				Insulation Breach	n
				Lead Dislodgeme	ent 42
				Oversensing	1
				Unspecified	
Product Surveillance Registry Resu	ults	Qualifying Complication	ons 8	3	
Number of Leads Enrolled in Study	1,174	Extracardiac Stimulation	2	Lead Dislodgement	5
Cumulative Months of Followup	21,840	Failure To Sense	1		
Number of Leads Active in Study	902				
100%					
- <sup>π</sup> / <sub>0</sub> 90%					
80% - 70% -				<ul> <li>Upper 95 Pct Confider</li> </ul>	200
л д 70% -				Cumulative Survival P	
- 60% -				Lower 95 Pct Confide	-
50%				<ul> <li>Lower 35 F ct Connider</li> </ul>	
0 20	40 60	80 1	00 120	)	
	Months After	Implant			
Years 1 2 3 at	42 mo				
	12 110				

#

404

184

	06Sep1996	US Returned Produc	t Analysis	US Acute Lead Observe	ations
CE Approval	01Jan1993	Conductor Fracture	276	Cardiac Perforation	
Registered USA Implants	23,252	Crimp Weld Bond	1	Conductor Fracture	
Estimated Active USA Implants	8,363	Insulation Breach	62	Extracardiac Stimulation	
Fixation Type	Suture	Other		Failure To Capture	1
Pace Sense Polarity	Unipolar	0.00		Failure To Sense	
Steroid Indicator	Yes			Impedance Abnormal	1
				Insulation Breach	
				Lead Dislodgement	
				Oversensing	
				Unspecified	
oduct Surveillance Registry Resu	ilts	Qualifying Complications	16		
mber of Leads Enrolled in Study	233	Conductor Fracture	9 Insulatio	n Breach	1
mulative Months of Followup	7,305	Failure To Capture	3 Oversen	sing	2
mber of Leads Active in Study	6	Failure To Sense	1		
100% - 90% - 80% - 70% - 60% - 50% -			• (	Jpper 95 Pct Confidence Cumulative Survival Probability .ower 95 Pct Confidence	
0 20	40 60	80 100	120		
	Months After	Implant			

#

4968 Cap	Sure Ep	i									
US Market Release			16Sep19	999		US Retu	urned Pr	oduct A	nalysis	US Acute Lead	d Observations
CE Approval Registered USA Im Estimated Active U Fixation Type Pace Sense Polarity Steroid Indicator	SA Implants		21Apr19 48,928 30,033 Suture Bipolar Yes	98		Conductor Crimp Weld Insulation E Other	Fracture I Bond		102 52	Cardiac Perforation Conductor Fractur Extracardiac Stim Failure To Capture Failure To Sense Impedance Abnor Insulation Breach Lead Dislodgemen Oversensing	n re ulation e mal
Product Surveillance	e Registry R	esults			Qualif	ying Com	plication	s	93	Unspecified	
lumber of Leads Enrolle	d in Study		1,	,019	Conduc	tor Fracture	e		26 In	npedance Abnormal	5
Cumulative Months of Fo	llowup		58,	,381	Extraca	rdiac Stimu	lation		2 In	sulation Breach	3
lumber of Leads Active	in Study			244	Failure	To Capture	•		29 O	versensing	24
4000/					Failure	To Sense			3 O	ther Complication	1
100% - 90% - 80% - 70% - 60% - 50% - 0	50	10	00	150		200	250	)	300	<ul> <li>Upper 95 Pct Confidence</li> <li>Cumulative Survival Problem</li> <li>Lower 95 Pct Confidence</li> </ul>	obability
			Mor	nths After I	mplant						
<b>fears</b> 1 2	3	4	5	6	7	8	9	10	11	at 144 mo	
<b>%</b> 99.5% 97.5	% 96.0%	93.7%	92.5%	90.5%	88.6%	88.6%	83.9%	82.8%	78.6%	74.6%	
# 807 704	615	511	429	346	283	221	149	107	74	53	

US Market Release	03Dec1992	US Returned Product	Analysis	US Acute Lead Obse	rvations
CE Approval Registered USA Implants Estimated Active USA Implants Fixation Type Pace Sense Polarity Steroid Indicator	01Jan1993 54,075 16,726 Fixed Screw Unipolar None	Conductor Fracture Crimp Weld Bond Insulation Breach Other	25 2 1	Cardiac Perforation Conductor Fracture Extracardiac Stimulation Failure To Capture Failure To Sense Impedance Abnormal Insulation Breach Lead Dislodgement Oversensing	8
duct Surveillance Registry Result	ts	Qualifying Complications	31	Unspecified	
ber of Leads Enrolled in Study	446	Conductor Fracture	3 Impedan	ce Abnormal	1
nulative Months of Followup	13,488	Extracardiac Stimulation		lodgement	1
ber of Leads Active in Study	93	Failure To Capture	20 Oversen		2
100%		Failure To Sense	2 Other Co	omplication	1
90% - 80% - 70% - 60% - 50% - 0 20	40 60	80 100	• (	Jpper 95 Pct Confidence Cumulative Survival Probabilit .ower 95 Pct Confidence	У
	Months After In	nplant			
<b>rs</b> <u>1</u> 23	4 5 at 72 mo				

US Market Release	10Sep1998				
	•	US Returned Produc	t Analysis	US Acute Lead Observation	ns
CE Approval	15Apr1997	Conductor Fracture	8	Cardiac Perforation	
Registered USA Implants	10,307	Crimp Weld Bond		Conductor Fracture	
Estimated Active USA Implants	3,623	Insulation Breach	2	Extracardiac Stimulation	
Fixation Type	Tines	Other		Failure To Capture	
Pace Sense Polarity	Quadripolar			Failure To Sense	
Steroid Indicator	Yes			Impedance Abnormal	
				Insulation Breach	
				Lead Dislodgement	
				Oversensing	
				Unspecified	
duct Surveillance Registry Result	ts	Qualifying Complications	8		
nber of Leads Enrolled in Study	568	Conductor Fracture	3		
nulative Months of Followup	15,790	Failure To Capture	2		
nber of Leads Active in Study	4	Failure To Sense	3		
100% -					
90% -					
90% - 80% -				Upper 95 Pct Confidence	
90% -				Upper 95 Pct Confidence Cumulative Survival Probability	
90% - 80% -			•	••	
90% - 80% - 70% -			•	Cumulative Survival Probability	
90% - 80% - 70% - 60% -	40 60	80 100	•	Cumulative Survival Probability	
90% - 80% - 70% - 60% - 50% -	40 60 Months After		•	Cumulative 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.

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

Brand
Maximo VR
Maximo VR
Maximo VR

D144DRG, D154ATG, D154DRG				
Model Number	Brand			
D144DRG	Entrust Escudo			
D154ATG	Entrust AT			

D144VRC, D154VRC	
Model Number	Brand
D144VRC	Entrust Escudo
D154VRC	Entrust VR



D154VWC, D164VWC	
Model Number	Brand
D154VWC	Virtuoso VR
D164VWC	Virtuoso VR



Months (# of Devices)











Medtronic CRHF Product Performance Report

Months (# of Devices) Issue 81 2019 2nd Edition Online https://wwwp.medtronic.com/productperformance

### 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

#### D264VRM, D284VRC, D384VRx, D394<u>VRx</u>



#### 20 Seconds 10 T 5 000 (1.755 012 (1,634 (795) 072 (47) 096 (1) (096) (999) (501) 018 (1,47 024 (1,26 030 (1,10) 060 (302) 066 (134) 078 (14) 084 (2) 090 (1) 006 (1,81 036 042 048 054 Months (# of Devices)



Months (# of Devices)







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#### D274DRG, D294DRG

Model Number	Brand
D274DRG	Virtuoso II DR
D294DRG	Virtuoso II DR













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

D2/4VRC, D294VRC	
Model Number	Brand
D274VRC	Virtuoso II VR
D294VRC	Virtuoso II VR

**B** 

D314DRx	
Model Number	Brand
D314DRG	Protecta XT DR
D314DRM	Protecta XT DR



D314VRx



Medtronic CRHF Product Performance Report

Online https://wwwp.medtronic.com/productperformance

#### D334DRx, D364DRx

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

#### D334TRx, D364TRx Model Number Brand D334TRG Protecta CRT-D Protecta CRT-D D334TRM Protecta CRT-D D364TRG D364TRM Protecta CRT-D

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

Brand
Protecta XT DR
Protecta XT DR



Brand

D354VRx

D354VRG

D354VRM

Model Number

15 ≝ ≝ ≝ ≝ ≝ ≝ ∎ Seconds 01 5 (72) 054 (65) 066 (39) 000 (125) 006 (141) 012 (118) 018 (115) (91) 072 (25) 078 (15) 024 (100 (87) 060 (53)  $\overline{\mathbf{2}}$ 042 (81) 084 048 030 036 Months (# of Devices)





15 T Seconds Ŧ ∓ ╪ 5 024 (87) 066 (30) 000 (130) 048 (50) 072 (22) 012 (106 018 (97) 030 (73) 036 (68) 042 (65) 054 (46) 060 (44) 078 (13) (2) 084 000 Months (# of Devices)





Medtronic CRHF Product Performance Report

Months (# of Devices) Online https://wwwp.medtronic.com/productperformance
DDxxxxx, DF	र
Model Number	Brand
DDBB1D1	Evera XT
DDBB1D4	Evera XT
DDBB2D1	Evera XT
DDBB2D4	Evera XT
DDBC3D1	Evera S
DDBC3D4	Evera S
DDMB1D1	Evera MRI XT
DDMB1D4	Evera MRI XT
DDMB2D1	Evera MRI XT
DDMB2D4	Evera MRI XT
DDMC3D1	Evera MRI S
DDMC3D4	Evera MRI
DDMD3D4	Primo
DDME3D4	Mirro



Months (# of Devices)

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



Months (# of Devices)

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





# CFx Longevity Estimator Software Error

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

### Original Date of Advisory: October 2019

#### Affected Programmers & Remote Monitoring Software Apps

Affected Devices

2090 CareLink™ Programmer
29901 Encore™ Programmer
CareLink Network Application Software 2491
CareLink SmartSync™ Device Manager
MyCareLink Heart™ Mobile Application

Subset of the following devices: Claria MRI™/Amplia MRI™/Compia MRI™/Viva™/Brava™ CRT-Ds Visia AF™/ Visia AF MRI™/Evera™/ Evera MRI™/Primo MRI™/Mirro MRI™ ICDs Azure™/Astra™ IPGs Percepta™/Serena™/Solara™ CRT-Ps Micra™TPS

#### Advisory

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

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

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

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



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

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

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

#### **Patient Management Recommendations**

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

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

#### Until the software update becomes available:

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

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

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

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

We sincerely regret any difficulties this may cause you and your patients. Medtronic remains dedicated to patient safety and will continue to monitor device performance to ensure we meet your needs and those of your patients.

# Dual Chamber IPG Circuit Error

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

### Original Date of Advisory: January 2019

#### Product

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

#### Advisory

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

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

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

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

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

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

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

#### Patient Management Recommendations

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

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

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

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

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

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

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

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

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

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

#### Appendix A: Programming decision flow chart



#### Status Update - October 2019

• Medtronic received regulatory approval to distribute a software update to address the potential for a pacing pause in these devices (software models SW003 v8.2 for Adapta/Versa/Sensia; SW010 v8.2 for Relia; SW043 v8.2 for Attesta/Sphera; VSF20 v8.2 for Vitatron; and VSF21 v8.2 for Vitatron).

• Following receipt of the software update, pacemakers that were programmed to a pacing mode specifically to avoid a circuit error may be reprogrammed to any pacing mode. Once a device is updated, if the circuit error were to occur, the pacing cycle will automatically reset; this may be observed as a single dropped beat.

• As of October 9, 2019 153,000 devices remain active out of an original population of 156,957 devices world wide.

	,	Population	Current Malfunction Rate (confirmed malfunctions over total population)
156,957 Worldwide	35 Worldwide	153,000 Worldwide	0.02%Worldwide

# Potential Loss of Device Functionality Lower Risk Subset

### Amplia, Claria, Compia, and Viva CRT-D, and Evera and Visia ICD Original Date of Advisory: March 2018

#### Product

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

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

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

Table Device Calender

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

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

#### Patient Management Recommendations – Lower Risk Subset

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

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

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

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

#### **Status Update**

Within the 752 lower-risk devices, there have been zero confirmed failures (0%) through October 18, 2019. An estimated 522 devices remain active

		Active Population	Current Malfunction Rate (confirmed malfunctions over total population)
<b>752</b> Worldwide (all in USA, Puerto Rico or US Virgin Islands.)	0	522	0% Worldwide

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

<sup>III</sup>Birnie, D et al. Complications associated with defibrillation threshold testing: The Canadian experience. Heart Rhythm, Volume 5, Issue 3, Pages 387-390.

# Potential Loss of High Voltage and ATP Therapy

### EnTrust<sup>®</sup> and Escudo<sup>®</sup> VR/DR/AT ICDs

### Original Date of Advisory: June 2018

#### Product

All models of EnTrust and Escudo VR/DR/AT ICDs devices.

#### Advisory

EnTrust and Escudo implantable cardioverter defibrillators (ICDs) have the potential for loss of high voltage and antitachycardia pacing therapy as they near elective replacement indicator (ERI) voltage. Under certain circumstances, the device may display an immediate End of Life (EOL) Observation with no prior ERI alert. Though no ERI alert is triggered, there may not be enough remaining battery capacity to charge the high voltage circuits, resulting in an excessive charge time EOL Observation (refer to Image 1), leading to a loss of high voltage and anti-tachycardia pacing therapy. Bradycardia therapies will continue to operate as expected.

Through June 15, 2018, Medtronic confirmed 25 charge timeout events related to this issue, with no (0) patient deaths or complications. All events occurred during routine capacitor formation or in-clinic charge testing. Twenty-one (21) events occurred with no ERI alert; four (4) events followed an ERI alert. Time from implant to the devices experiencing the issue ranges from 7.9 - 11.7 years.

EnTrust and Escudo ICDs were last manufactured in 2010. Approximately 25,000 sold devices globally are in-scope of this advisory. As of June 2018, an estimated 2,770 of those devices remained actively implanted worldwide (209 confirmed as active in the U.S.). The rate of occurrence in remaining active devices is estimated to be 0.00098 in single chamber ICDs and 0.00005 in dual chamber devices.

#### **Patient Management Recommendations**

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

- Consider scheduling an in-office patient follow-up as soon as possible to assess the potential for this issue per the steps described below.
- Ensure the *Excessive Charge Time EOL...and the Low Battery Voltage ERI...* Patient Alerts have been programmed to "On-High" (Refer to Image 2).
- Instruct patients to contact your office if they hear device alert tones. Consider utilizing the "Demonstrate Tones..." function to ensure patients recognize the audible tone.
- If this issue has occurred, an "EOL: replace device immediately" Observation will be displayed on the QuickLook report. Schedule device replacement immediately.

Additionally, Medtronic recommends the following actions to help ensure patient safety and effective high voltage therapy remain as the device battery voltage approaches its 2.61V ERI threshold.

#### If Battery Voltage ≤ 2.64V:

Prophylactic device replacement should be strongly considered since the device is near its elective replacement and additional programming would provide only minimal additional months of service. For patients for whom it is determined that delaying replacement is clinically desirable, contact Medtronic Technical Services.

#### If Battery Voltage > 2.64V:

Step 1: If the Auto-Cap Formation Interval is set to "Auto", reprogram the value to "6" (Refer to Image 3).

Change from an "Auto" value to a fixed numeric value will ensure that an excessive charge time will trigger an audible patient alert.

Step 2: Conduct an in-clinic manual high voltage charge in "Tests - Charge/Dump" (Refer to Image 4a).

DO NOT Dump the Test Charge as it will dissipate on its own and allow for capacitor reformation to occur.

Step 3: Retrieve Data after the Test Charge (Refer to Image 4b)

- If Charge Time is less than 16 seconds, no further action is required. Continue with routine followup per clinic practice (recommend 3-month follow-up sessions per labeling).

- If Charge Time is 16 seconds or longer, or an "EOL" Observation is displayed, schedule device replacement immediately.

#### Status Update

As of October 15, 2019, there have been 31 confirmed events related to this issue. An estimated 800 remain active WW with less than 50 in the US.

#### PROGRAMMER OBSERVATION AND PROGRAMMING SCREENS

	Image 2 – Excessive Charge Time EOL Alert (Programming Screen)		
mage 1 - Excessive Charge Time EOL (Observation)	Patient Alart Setup		
OBSERVATIONS (5)	Sound tone for: Lead Impedance Out of Range	Alert Enable - Urgency On-High	
ATP and shock therapies will not be delivered: charge circuit inactive. Inform a Medtronic rep.     EOL: replace device immediately.     Patient Alert: charge time was > 30 sec.     Patient Alert: charge circuit timeout occurred.     Patient Activity less than 2 hr/day for 2 weeks.	Low Battery Voltage ERI Excessive Charge Time EOL Number of Shocks Delivered in an Episode All Therapies in a Zone Exhausted for an Episode. VF Detection OFF, 3 * VF or 3 * FVT Rx Off. Alert Time	On High On-High Off Off On High On High 09:10	
	Demonstrate Tones Undo Pending	ок	





## **Potential for Device Reset**

# Percepta<sup>™</sup> CRT-P MRI SureScan<sup>™</sup> and Percepta<sup>™</sup> Quad CRT-P MRI SureScan<sup>™</sup>

### Original Date of Advisory: June 2018

#### Product

All models of Percepta and Percepta Quad CRT-P devices.

#### Advisory

Percepta and Percepta Quad CRT-P devices have the potential for a device reset to occur due to a timing interaction between the EffectivCRT<sup>™</sup> Diagnostic and the Ventricular Safety Pacing feature (VSP). When an AP-VS interval measures 100-109ms during a short, nightly device check, a single reset is generated. This reset produces a non-programmable, wireless CareAlert<sup>™</sup>, but does not alter device therapy. If the device experiences more than five resets due to this timing sequence between in-clinic device interrogations, a full reset (sometimes referred to as a power on reset) will occur. By design, a full reset automatically reverts device operation to RV-only pacing at VVI/65 until the next programmer session is conducted – at which time the full reset condition can be cleared, and the device can be reprogrammed to its prior settings.

A Software update, Application SW040 Version 8.1, is available for installation onto all CareLink<sup>™</sup> Model 2090 and Encore<sup>™</sup> programmers to eliminate this issue. Once installed on a programmer, an in-clinic device interrogation will update the patient's device automatically to prevent this timing interaction from generating a reset. No changes to programmed device functionality will occur as a result of this device update.

No other Medtronic pacemaker, ICD, CRT-D or CRT-P device models are susceptible to this issue.

#### Status Update October 2019

A Software update, Application SW040 Version 8.1, was released in June 2018 as part of the original advisory notification. This software has been deployed onto Medtronic CareLink<sup>™</sup> Model 2090 and Encore<sup>™</sup> programmers to eliminate this issue. An in-clinic device interrogation will update the patient's device automatically to prevent this timing interaction from generating a reset. No changes to programmed device functionality will occur as a result of this device update.

 $If the {\it Patient}\, {\it Management}\, guidance\, provided below is\, followed, no\, additional resets\, due\, to\, this\, timing interaction will occur.$ 

#### **Patient Management Recommendations**

In consultation with the Independent Physician Quality Panel, Medtronic recommends the following actions:

- The updated Percepta CRT-P Application Software (SW040 Version 8.1) has been fully deployed worldwide onto Medtronic 2090 and Encore programmers.
- For a patient whose Percepta CRT-P device has experienced a Reset Alert or Observation:

Consider scheduling an in-clinic device interrogation as soon as possible for the patient's device to receive the automatic update.

• For a patient whose Percepta CRT-P device has not experienced a Reset Alert or Observation:

At their next scheduled in-clinic device interrogation, the patient's device will receive the automatic update.

#### How to verify a patient's device has received the software update:

- Ensure the programmer has been updated to Percepta Application Software "Version 8.1" by viewing the software installation history under the Programmer Icon; Refer to Image 1a and 1b.
- Interrogate the patient's device; Print the Parameters Report –Verify the Device ID listed at the bottom of the printout displays "Device Configuration ID: 1-0-0" or "Device Configuration ID: 1-1-0; Refer to Images 2a and 2b.
- If the Parameters Report does not display the new Device ID number, verify that the correct software application has already been installed (SW040 Version 8.1).
- If the programmer has not been updated, install Software Application SW040 Version 8.1 and re-interrogate the
  patient's device.
- If the programmer has been updated and the Device Configuration ID is not 1-0-0 or 1-1-0, the patient's device was unable to successfully receive the update. Contact Medtronic Technical Services for additional instructions.

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

#### **PROGRAMMER USER SCREENS**

		Data - Quick Look II		Last Se	ession: 28-Apr-2017
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## Potential Loss of Device Functionality

### Amplia, Claria, Compia, and Viva CRT-D, and Evera and Visia ICD Original Date of Advisory: January 2018

#### Product

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

#### Advisory

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

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

#### **Patient Management Recommendations**

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

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

#### **Status Update**

Within the 48 devices, there has been 1 confirmed failure (2.1%) through October 18,2019. An estimated 5 devices remain active.

	,	Population	Current Malfunction Rate (confirmed malfunctions over total population)
<b>48</b> Worldwide (all USA)	1	7	2.1% Worldwide

# 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.

#### Status Update October 2019

A software update, Application SW034 Version 8.2 was released in March 2017 to correct this issue. This software has been deployed onto Medtronic CareLink™ Model 2090 and Encore™ programmers. An in-clinic device interrogation with a programmer containing this software version will update the patient's device automatically. To prevent possible recurrence of the software issued described in the original advisory, the patient must continue to received device programming only from a programmer that has this software update. The loss of LV pacing issue will still occur if the specific programming sequence described in the original advisory letter is performed using a programmer that has not been updated with SW034 Software Version 8.2.

#### **Original 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 issuecan be corrected by re-programming the device. All tachyarrhythmiadetection and therapy features remain fully operational.

A software update is being developed to address this issue. Furtheinformation 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 issuecan only occur in devices that have been programmed from Managed VentricularPacing (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 overalloc currence rate of 0.38%. **Medtronic has not received any reports of patient injury related to this issue.** 

#### **Original 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.

#### Figure 1

m AdaptivCRT Adaptive 5 m V: Pacing LV->RV m Paced AV 130 ms Senued AV 106 ms	WardLV
xes Df uning Charging, 35J x 6 Df Jr J. Burst(3), 35J x 4	AdaptivCRT not running Device operating with RV only pacin
TWave, Noise	
22-Aug 8 days	Last Session Since Last Session 2016 to 30-Aug-2016 to 14-Sep-2010 15 days
% of Time Total V	
AS-VS AS-VP	< 0.1% <0.1% 77.9% 77.1%
AD-VS	<0.1%
AP.VP	22.1% 22.8%
Total V	•• 99,9% 99,9%
VSR Pa	ce < 0.1% C.1%
VS	< 0.1%
CRTP	cing
BI-V	D.ON D.ON
LV	0.0% 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<sup>™</sup> 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<sup>™</sup> (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<sup>™</sup>. 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<sup>™</sup> CRT-D and Evera<sup>™</sup> ICD Original Date of Advisory: August 2016

#### Product

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

#### Advisory

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

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

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

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

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

#### **Patient Management Recommendations**

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

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

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

• Physicians should consider device replacement.

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

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

#### Status Update

Within the 78 devices, there have been 10 confirmed failures (13%) through October 18,2019. Medtronic modeling predicts an additional three (3) failures may occur in the remaining active population. An estimated 30 devices remain active

Initial Affected Population		Estimated Remaining Active	Current Malfunction Rate (confirmed malfunctions over total population)	
78Worldwide	10 Worldwide	30 Worldwide	13% Worldwide	

## Potential High Battery Impedance InSync<sup>®</sup> III Model 8042 Original Date of Advisory: November 2015

#### Product

All InSync<sup>®</sup> 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 October 18, 2019, approximately 1,100 devices remain active worldwide, from an original implant population of 96,800. In the United States, 500 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)
<b>96,800</b> Worldwide ( <b>39,900</b> United States)	-	( <b>500</b> United States)	<b>0.17%</b> Worldwide ( <b>0.23%</b> 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 October 18, 2019, there have been 97 confirmed events. No patient deaths have been reported due to this issue. No reports have been made of a failure to deliver high voltage therapy.

Initial Affected Population	Number of Confirmed Advisory Related Events	Estimated Remaining Active Population	Current Malfunction Rate (confirmed malfunctions over total population)
<b>69,200</b> Worldwide ( <b>44,300</b> United States)	<b>97</b> Worldwide ( <b>74</b>	900 Worldwide (less than	<b>0.14%</b> Worldwide ( <b>0.17%</b>
	United States)	10 United States)	United States)

## **Potential Conductor Wire Fracture**

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

### Original Date of Advisory: October 2007

#### Product

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

#### Advisory

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

#### Patient Management Recommendations (Updated April 2011)

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

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

#### **Status Update**

As of October 15, 2019, of the initial implant population of 205,600 in the United States, approximately 47,000 remain implanted. According to Product Surveillance Registry results, lead survival is estimated to be 73.1% (+4.9/-4.6%) at 126 months. As the implanted population ages and the sample size increases for each time interval, the accuracy of the estimated survival probability will increase as shown by tighter confidence intervals.

Initial Affected Population	Number of Confirmed Advisory Related Events	Estimated Remaining Active Population
<b>279,500</b> Worldwide ( <b>205,600</b>	<b>7,200</b> Worldwide <b>(5,115</b>	<b>65,000</b> Worldwide
United States)	United States)	( <b>47,000</b> 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 For Premature Battery Depletion in a Subset of ICD and CRT-D Devices Gi VgYhcZ=78 UbX7FH! 8 8Yj ]Wg

#### 6UhhYfm9b\UbWa Ybhg=a d`Ya YbhYX

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

- <sup>†</sup> Claria MRI™/Amplia MRI™/Compia MRI™ CRT-Ds
- † Viva™/Brava™ CRT-Ds
- <sup>†</sup> Visia AF™/Visia AF MRI™ ICDs
- <sup>†</sup> Evera<sup>™</sup>/Evera MRI<sup>™</sup>/Primo MRI<sup>™</sup>/Mirro MRI<sup>™</sup> ICDs

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

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

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

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

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

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

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

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

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

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

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

#### **Additional Details**

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

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

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

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

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

Devices with higher use conditions (such as CRT-D devices) are less susceptible to the failure mode. This is because the free electrolyte element of the battery, which contributes to lithium plating, is consumed by the cathode more rapidly under high current conditions. Additionally, devices that reach RRT as expected, based on programmed settings and use conditions, are also not likely to experience lithium plating since the electrolyte is consumed as part of the normal discharge process of the battery. <sup>1</sup>Device models vary by geography; not all models are available in all geographies.

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

<sup>3</sup>Pokorney, SD, et. al. Novel mechanism of premature battery failure due to lithium cluster formation in implantable cardioverter defibrillators. Heart Rhythm 2014;11:2190-5.

<sup>4</sup>Hayashi, Y, et. al. A case of unexpected early battery depletion caused by lithium cluster formation in implantable cardioverterdefibrillator. J Cardiol Cases 2017;15:184-6.

#### Potential for no output/no telemetry condition in subset of IPG and CRT-P products due to ceramic capacitor leakage pathway Azure<sup>™</sup> and Astra<sup>™</sup> pacemakers, and Percepta<sup>™</sup>, Serena<sup>™</sup> and Solara<sup>™</sup> CRT-Pe pathway

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

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

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

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

Contact Medtronic Technical Services if you have concerns on a specific patient.

Brady Technical Services | rs.techservices@medtronic.com | 800-505-4636

#### STATUS UPDATE – OCTOBER 2019

As of October 17, 2019, there have been six additional confirmed events (for total of nine worldwide) associated with this failure mode. One of the additional confirmed events was reported as patient death.\* All events have occurred within two and ten months from the initial implant. The rate of occurrence based on accelerated test data and the additional six field failures is projected to be 0.006%.

Product manufactured as of June 1, 2019, utilizes a new low voltage capacitor; product manufactured prior to June 1, 2019, continues to perform within our reliability projections as established as part of the product development process.

\*Cause of death was reported as acute cerebrovascular accident, which occurred several days prior to hospital admission. Manner of death was

reported as natural; loss of pacing therapy could not be ruled out as a contributing factor.

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

#### 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.<sup>1</sup> When this occurs, for safety reasons the VCM algorithm will reprogram the output to 5 V, 1 ms until the subsequent VCM measurement.

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

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

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

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.

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

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.<sup>1-3</sup> Ultimately, the decision to replace an implanted lead involves medical judgment.
- <sup>1</sup> Hauser RG, Cannom D, Hayes DL, et al. Long-term structural failure of coaxial polyurethane implantable cardioverter defibrillator leads. *PACE*. June 2002;25(6):879-882.
- <sup>2</sup> Ellenbogen KA, Wood MA, Shepard RK, et al. Detection and management of an implantable cardioverter defibrillator lead failure: incidence and clinical implications. *J Am Coll Cardiol.* January 1, 2003;41(1):73-80.
- <sup>3</sup> Hauser RG, Kallinen LM, Almquist AK, Gornick CC, Katsiyiannis WT. Early failure of a small-diameter 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.

meinioranig			
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	

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

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

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

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

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

Brady Technical Services rs.techservices medtronic.com 800-505-4636

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

## Mailer Kits Available for Returning Product

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

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

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

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

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

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



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

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



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