# CARDIAC RHYTHM MANAGEMENT

# **Product Performance Report**

Important Patient Management Information for Physicians



1<sup>st</sup> Edition – Issue 90



# **CRM Product Performance Report**

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Study data and 09 April 2024
for all other data, unless

otherwise stated.

2024

# **Our Commitment to Quality**

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

The third tenet of the mission is all about quality:

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

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

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

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

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

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

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

# **Contact Information**

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

US Technical Services Department	International Technical Centers
tshelp@medtronic.com	Europe, the Middle East and Africa (Heerlen NL)
Phone:	Please contact local Medtronic Representative.
1 (800) 723-4636 (Tachy)	Japan (Tokyo)
1 (800) 505-4636 (Brady)	Please contact local Medtronic Representative.
Fax:	Australia-New Zealand
1 (800) 824-2362	au.crdmtechservices@medtronic.com
US Instrumental Technical Services	For questions related to returning explanted
1 (800) 638-1991	product or returning product that shows signs of malfunction, please contact:
	Outside the United States:
	Your Medtronic representative or international technical center at the number above.
Editorial Staff	Within the United States:
Editor	Your Medtronic representative or
Carrie Schleis, Vice President, CRM Quality	CRM Returned Product Analysis Laboratory
	Phone: 1 (800) 328-2518, ext. 44800
	crdm.returnedproduct@medtronic.com

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# Introduction

For 40 years, Medtronic has monitored performance via both returned product analysis and multicenter clinical studies.

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

This Product Performance Report has been prepared in accordance with International Standard ISO 5841-2:2000(E). As Transcatheter Pacing Systems (TPS) combine the pacing functions of an IPG with the therapy delivery functions of an implantable lead into a single device implanted inside the heart, TPS is subject to complications similar to pacing leads and malfunctions or battery depletion events similar to an implanted pulse generator (IPG). The TPS performance report has been developed to align with these guidelines to the extent possible due to the unique difference between TPS compared to a typical implantable device or lead.

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

## **Survival Estimates**

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

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

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

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

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

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

# Introduction continued

# **ICD Charge Times**

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

# **Customer Communications - Advisory Summaries**

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

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

## **Customer Communications - Performance Notes**

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

## **Customer Communications - Product Education Briefs**

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

## How You Can Help

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

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

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

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

# Introduction continued

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

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

## **Overview of Survival Analysis**

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

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

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

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

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

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

# **Confidence Intervals**

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

## Survival Curves in the Product Performance Report

Since the survival estimate can become very imprecise with small effective sample sizes, Medtronic truncates the survival curve when the effective sample size is less than 100 for CRTs, ICDs, and IPGs, and when the number entered is less than 50 for leads. The survival charts in the Product Performance Report show the effective sample size for

# Introduction continued

each year interval where Medtronic has experience. When the effective sample size reaches 100 for CRTs, ICDs, and IPGs or when the number entered reaches 50 for leads, the next data point is added to the survival curve.

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

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

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

<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.

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

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

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

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

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

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

#### **Definition of Malfunction**

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

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

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

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

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

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

Normal Battery Depletion – The condition when:

(a) a device is returned with no associated complaint and the device has reached its elective replacement indicator(s) with implant time that meets or exceeds the nominal (50 percentile) predicted longevity at default (labeled) settings

Or

(b) a device is returned and the device has reached its elective replacement indicator(s) with implant time exceeding 80% of the expected longevity calculated using the available device setting information

Or

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

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

## Malfunction with Compromised Therapy Function

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

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

## Malfunction without Compromised Therapy Function

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

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

## **Expanded Malfunction Detail**

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

Battery - Findings linked to the battery and its components

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

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

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

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

Software/Firmware – Findings linked to software or firmware function

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

## **Returned Product Analysis Process**

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

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

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

## **Statistical Methods for Survival Analysis**

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

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

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

Since the survival estimate can become very imprecise with small effective sample sizes, Medtronic truncates the survival curve when the effective sample size is less than 100 for CRT, ICD, and IPG devices. The survival charts in the

Product Performance Report show the effective sample size for each year interval where we have experience. When the effective sample size reaches 100, the next data point is added to the survival curve.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Devices are at times removed from service for reasons other than device malfunction or battery depletion. Examples are devices removed from service due to non-device related patient mortality and devices removed due to changes in the patient's medical condition. Because an accurate estimate of device survival depends on an accurate estimate of the number of devices in service, it is important not to overstate the number of devices in service.

Medtronic addresses this under reporting to ensure the number of devices in service is not overstated. Regular updates obtained from third party sources such as the Social Security Administration are used to update Medtronic's DTrak data about patients who have died but whose deaths had not been reported to Medtronic. In addition, the patient mortality rate derived from our DTrak system is monitored and compared to published mortality rates for comparable patient populations. If, during calculation of the survival curves, the patient mortality indicated by the data in DTrak is significantly different from published rates, an adjustment is applied to correct the difference. The correction factor is also applied to account for devices that were removed and not reported or returned.

D224TRK Consulta	CRT-D		
US Market Release	15Sep2008	Total Malfunctions (USA)	604
CE Approval Date		Therapy Function Not Compromised	575
Registered USA Implants	65,131	Battery	2
Estimated Active USA Implants	5,007	Electrical Component	69
Normal Battery Depletions	18,962	Electrical Interconnect	1
		Possible Early Battery Depletion	496
		Software/Firmware	6
		Other	1
		Therapy Function Compromised	29
		Battery	5
		Electrical Component	24



Including Normal Battery Depletion
Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	at 161 mo
Excluding NBD	100.0%	99.7%	99.3%	98.8%	98.7%	98.5%	98.4%	98.4%	98.4%	98.4%	98.3%	98.3%	98.3%	98.3%
Including NBD	99.7%	98.4%	93.3%	81.4%	59.0%	29.9%	20.3%	18.3%	17.6%	17.0%	16.6%	16.4%	15.9%	15.5%
Effective Sample Size	56119	50208	42861	33048	19357	7459	4041	3291	2930	2683	2302	1651	781	103









Years After Implant

Including Normal Battery Depletion Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	at 139 mo
Excluding NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%
Including NBD	99.8%	98.9%	95.1%	86.5%	66.6%	35.2%	23.6%	21.7%	20.9%	20.7%	20.4%	20.2%
Effective Sample Size	54158	48931	42283	33508	21043	8884	4864	4021	3607	3259	1977	168

DTBA1D1

US Market Release	29Jan2013	٦
CE Approval Date		٦
Registered USA Implants	110,563	
Estimated Active USA Implants	28,918	
Normal Battery Depletions	14,782	

Viva XT

Total Malfunctions (USA)	71
Therapy Function Not Compromised	46
Battery	10
Electrical Component	32
Possible Early Battery Depletion	1
Other	3
Therapy Function Compromised	25
Battery	19
Device-Related Current Pathway	2
Electrical Component	4



Including Normal Battery Depletion
Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	at 113 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.7%	98.8%	96.4%	91.6%	82.6%	68.3%	49.9%	33.0%	15.6%
Effective Sample Size	86427	78571	71233	62988	53101	41389	27023	11762	2422	126



Sample Size



Years	1	2	3	4	5	6	7	8	at 103 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.8%	99.3%	98.1%	94.4%	85.4%	70.2%	47.4%	26.7%
Effective Sample Size	33771	31343	28906	25963	22291	17429	11584	4607	474







Years After Implant

23

18

9

6 2

Including Normal Battery Depletion
Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	at 103 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.8%	99.3%	98.1%	94.4%	85.4%	70.2%	47.4%	26.7%
Effective Sample Size	33771	31343	28906	25963	22291	17429	11584	4607	474
DTBB1D1		Viva S	S						

# DTBB1D1

US Market Release	29Jan2013	Total Malfunctions (USA)
CE Approval Date		Therapy Function Not Compromised
Registered USA Implants	27,550	Battery
Estimated Active USA Implants	5,937	Electrical Component
Normal Battery Depletions	4,563	Possible Early Battery Depletion
		Other
		Therapy Function Compromised
		Battery
		Electrical Component



Including Normal Battery Depletion
Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	at 113 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.7%	98.8%	96.4%	91.6%	82.6%	68.3%	49.9%	33.0%	15.6%
Effective Sample Size	86427	78571	71233	62988	53101	41389	27023	11762	2422	126





Including Normal Battery Depletion Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	at 113 mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.8%	99.8%	99.8%
Including NBD	99.9%	99.7%	98.8%	96.4%	91.6%	82.6%	68.3%	49.9%	33.0%	15.6%
Effective Sample Size	86427	78571	71233	62988	53101	41389	27023	11762	2422	126













Sample Size



Sample Size







Years	1	2	3	4	5	6	7	at 92 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.6%	98.4%	96.0%	90.7%	79.8%	59.3%
Effective Sample Size	112334	94166	77983	58748	38332	20535	6405	321







								at 86
Years	1	2	3	4	5	6	7	mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%
Including NBD	99.9%	99.8%	98.8%	96.2%	92.8%	87.4%	75.7%	70.1%
Effective Sample Size	41181	32660	25538	18283	12090	5757	756	226




Medtronic CRM Product	Performance Report
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Years	1	2	3	mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.5%	98.0%
Effective Sample Size	41320	22983	6831	190



Tears		2	5	mo
Excluding NBD	100.0%	100.0%	99.9%	99.9%
Including NBD	100.0%	99.9%	99.5%	98.0%
Effective	41320	22983	6831	190
Sample Size				











Years	1	2	3	4	5	6	7	8	9	10	mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%	99.9%
Including NBD	99.9%	99.8%	99.5%	98.0%	95.5%	91.2%	84.5%	74.1%	60.2%	43.1%	31.0%
Effective Sample Size	26186	23390	20951	18301	15665	13084	10292	6908	3651	958	218





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Years	1	2	3	4	5	6	at 77 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.9%
Including NBD	99.9%	99.9%	99.3%	97.5%	93.8%	89.2%	85.7%
Effective Sample Size	16874	12537	8719	5361	2581	555	107









Effective Sample Size

Medtronic CRM Product Performance Report





Years	1	2	3	4	5	6	at 81 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	99.9%	99.9%
Including NBD	100.0%	100.0%	99.8%	99.2%	98.1%	96.2%	94.8%
Effective Sample Size	56447	42374	29881	19174	10506	3616	111



Years	1	2	3	4	5	6	7	8	9	10	11	12	13	at 166 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.7%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%
Including NBD	99.8%	99.6%	99.3%	99.0%	98.6%	98.0%	96.2%	91.1%	77.0%	54.5%	46.4%	44.7%	43.6%	43.2%
Effective Sample Size	17638	16329	15176	14071	12958	11843	10611	8579	5562	2881	1954	1441	890	158

D224DRG Secura D	R		
US Market Release	15Sep2008	Total Malfunctions (USA)	152
CE Approval Date		Therapy Function Not Compromised	114
Registered USA Implants	49,638	Battery	14
Estimated Active USA Implants	5,358	Electrical Component	38
Normal Battery Depletions	10,337	Possible Early Battery Depletion	50
		Software/Firmware	8
		Other	4
		Therapy Function Compromised	38
		Battery	21
		Electrical Component	13
		Possible Early Battery Depletion	1
		Software/Firmware	2
		Other	1
100% ]			SECURA, DR, Survival Curve



Including Normal Battery Depletion
Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	at 160 mo
Excluding NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.7%	99.6%	99.4%	99.4%	99.4%	99.4%	99.4%	99.4%	99.4%
Including NBD	99.7%	99.4%	99.0%	98.0%	95.2%	87.9%	70.0%	38.4%	23.3%	21.3%	20.5%	20.1%	19.7%	19.2%
Effective Sample Size	44542	41188	38108	34986	31060	25094	16336	6726	3268	2720	2276	1737	855	195





Years After Implant

Including Normal Battery Depletion
Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	at 169 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%	99.9%	99.8%	99.7%	99.7%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%	99.6%
Including NBD	99.8%	99.6%	99.4%	99.2%	98.8%	98.1%	95.3%	89.3%	75.3%	54.6%	46.1%	45.0%	44.6%	44.2%	44.2%
Effective Sample Size	10871	10124	9422	8722	8029	7336	6492	5259	3414	1859	1285	982	621	150	104

## D284DRG

US Market Release	17Sep2008
CE Approval Date	14Mar2008
Registered USA Implants	19,956
Estimated Active USA Implants	2,350
Normal Battery Depletions	3,647

Maximo II DR

Total Malfunctions (USA)	71
Therapy Function Not Compromised	54
Battery	7
Electrical Component	15
Possible Early Battery Depletion	30
Other	2
Therapy Function Compromised	17
Battery	11
Electrical Component	5
Possible Early Battery Depletion	1



Including Normal Battery Depletion
Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	12	13	at 168 mo
Excluding NBD	100.0%	100.0%	99.9%	99.8%	99.7%	99.7%	99.5%	99.3%	99.3%	99.3%	99.3%	99.2%	99.2%	99.2%
Including NBD	99.9%	99.6%	99.3%	98.4%	95.6%	87.6%	71.7%	48.4%	35.0%	32.9%	32.2%	31.8%	31.4%	31.0%
Effective Sample Size	17237	15935	14784	13617	12098	9585	5995	2815	1732	1494	1302	1038	636	101





Including Normal Battery Depletion
Excluding Normal Battery Depletion

Years	1	2	3	4	5	6	7	8	9	10	11	at 141 mo
Excluding NBD	100.0%	99.9%	99.9%	99.9%	99.9%	99.8%	99.7%	99.7%	99.6%	99.6%	99.6%	99.6%
Including NBD	99.8%	99.7%	99.5%	99.0%	97.2%	91.3%	77.6%	52.9%	38.9%	37.3%	36.8%	36.1%
Effective Sample Size	54186	50303	46255	42263	37894	31014	20482	9364	5256	4478	2782	122

















Years	1	2	3	4	5	6	7	8	9	10	11	at 139 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.9%	99.8%	99.8%	99.7%	99.7%	99.7%	99.7%
Including NBD	99.9%	99.9%	99.7%	99.5%	99.2%	98.8%	97.4%	92.9%	79.7%	56.8%	48.1%	45.8%
Effective Sample Size	25804	23984	22243	20574	19021	17447	15688	13081	8453	4069	1831	170

SI	/larket	arket Release 03Apr2013				)13	Total Malfunctions (USA)																	
E /	Approv	al Da	ite							Therapy Function Not Compromised														
Reg	stered	USA	Im	plants	5		82	,209		E	Batter	у						28						
sti	nated	Activ	e U	SA In	nplan	ts	39	,936		C	Device	e-Rela	ted C	urrer	t Path	nway		1						
lor	nal Bat	ttery	Dep	letio	ns		2,7	'37				ical Co	•					15						
										S	Softwa	are/Fir	mwa	re				1						
											Other							2						
												Func	tion	Com	oromi	sed		35						
											Batter	5						30						
										Device-Related Current Pathway					1									
												ical Co	•					2						
												ical Int	ercor	nnect				1						
										C	Other							1						
1	100% -																			EVE	RA, DF	R, Sur	vival C	Cur
	80% -											~												
												)												
	60% -	-																						
	40% -	_																						
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	0% -		1	2	-		5		-	-		-		-			-	-	-	-	-	-	_	
		0	1	.7	3	De	5	6	1	8	9	10	11	12	13	1A	15	46	17	18	19	20	21	
											Yea	rs Afte	er Im	plant										

Years	1	2	3	4	5	6	7	8	9	10	at 124 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%	99.7%	99.7%	99.7%	99.7%
Including NBD	99.9%	99.9%	99.8%	99.7%	99.5%	99.0%	97.7%	94.7%	89.5%	76.7%	62.1%
Effective Sample Size	215979	193111	172133	146486	117228	88287	61023	36887	18488	4254	657



Medtronic CRM Product Performance Report
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Effective

Sample Size



Years	1	2	3	4	5	6	7	8	9	10	at 124 mo	
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%	99.7%	99.7%	99.7%	99.7%	
Including NBD	99.9%	99.9%	99.8%	99.7%	99.5%	99.0%	97.7%	94.7%	89.5%	76.7%	62.1%	
Effective Sample Size	215979	193111	172133	146486	117228	88287	61023	36887	18488	4254	657	





Years	1	2	3	4	5	6	7	8	9	10	at 124 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.8%	99.7%	99.7%	99.7%	99.7%
Including NBD	99.9%	99.9%	99.8%	99.7%	99.5%	99.0%	97.7%	94.7%	89.5%	76.7%	62.1%
Effective Sample Size	215979	193111	172133	146486	117228	88287	61023	36887	18488	4254	657



Medtronic CRM Product Performance Report







Years	1	2	3	at 45 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	99.9%	99.9%	99.9%
Effective Sample Size	24487	13947	4335	178





Years	1	2	3	4	5	6	7	at 91 mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.7%	99.7%
Including NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.4%	99.3%	99.3%
Effective Sample Size	75541	65615	55858	44490	31426	18553	6309	457



Years	1	2	3	4	5	6	7	mo
Excluding NBD	100.0%	100.0%	100.0%	99.9%	99.9%	99.8%	99.7%	99.7%
Including NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.4%	99.3%	99.3%
Effective Sample Size	75541	65615	55858	44490	31426	18553	6309	457









											at 124	
Years	1	2	3	4	5	6	7	8	9	10	mo	
Excluding NBD	100.0%	100.0%	99.9%	99.8%	99.8%	99.6%	99.6%	99.5%	99.4%	99.3%	99.3%	
Including NBD	100.0%	99.9%	99.7%	99.6%	99.4%	99.1%	98.9%	98.7%	98.3%	97.7%	97.5%	
Effective Sample Size	52431	48794	45402	42247	39173	36002	33070	26184	13541	3207	436	























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Years	1	2	3	4	5	6	7	8	9	mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.4%	98.9%	95.9%	87.6%	55.5%
Effective Sample Size	308538	290678	273742	256730	237337	215434	151447	83731	27980	1468







Years	1	2	3	4	5	6	7	8	9	10	11	12	13	at 165 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	99.9%	99.9%	99.8%	99.6%	99.3%	98.8%	97.9%	94.9%	87.4%	74.0%	60.0%	44.6%	30.4%	10.0%
Effective Sample Size	393188	365289	338762	312876	288852	264644	237966	204738	161786	112637	69401	34152	11220	215



														at 165	
Years	1	2	3	4	5	6	7	8	9	10	11	12	13	mo	
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	
Including NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.5%	99.2%	99.0%	98.5%	97.1%	93.6%	88.0%	84.8%	83.6%	
Effective	119781	112791	106132	99515	92196	84470	76032	65784	54529	42101	28866	16203	6218	529	
Sample Size															
















Years	1	2	3	4	5	6	7	8	9	at 116 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	99.9%	99.9%	99.8%	99.7%	99.4%	98.9%	95.9%	87.6%	55.5%
Effective Sample Size	308538	290678	273742	256730	237337	215434	151447	83731	27980	1468



















Years	1	2	3	4	5	6	at 76 mo
Excluding NBD	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%	100.0%
Including NBD	100.0%	100.0%	99.9%	99.8%	99.5%	99.2%	99.2%
Effective Sample Size	546679	400761	275773	172250	82477	10614	151





cluding NBD	100.0%	100.0%	99.9%	99.8%	99.5%	
Effective Sample Size	546679	400761	275773	172250	82477	

10614

151







# Method for Estimating Transcatheter Pacing Performance

### **Micra TPS Performance Analysis**

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

The performance report information is determined from the analysis of Medtronic Cardiac Rhythm Management (CRM) United States registration, complaint and CareLink<sup>™</sup> network data. A TPS model or model family will be included in this report when it has accumulated at least 10,000 implant months and will remain in the report as long as at least 500 devices remain active in the CareLink<sup>™</sup> population.

### Shortfalls of using returned products to Estimate Micra TPS Performance

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

### The CareLink<sup>™</sup> Network

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

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

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

### Definition of Qualifying Complication or Malfunction

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

### Methods for Estimating Transcatheter Pacing Performance continued

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

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

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

### Normal Battery Depletion

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

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

### Statistical and Data Analysis Methods

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

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

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

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

### Methods for Estimating Transcatheter Pacing Performance continued

Because the de-identified information pulled from the CareLink<sup>™</sup> network allows for assessment of all devices that were taken out of service there are no adjustments done for underreporting of malfunctions or battery depletion.

### Definition of Analysis Dataset

To be included in the US survival analysis dataset, the product must have been successfully implanted and on the CareLink<sup>™</sup> network for at least 30 days.

### **US Reports of Acute Observations**

In the first weeks following implantation, physiologic responses and performance can vary until long-term stability is attained. Acute performance may be subject to a number of factors, including patient-specific anatomy, clinical conditions and/or varying implant conditions/techniques. After a period of time, the implant and performance stabilizes. It is for this reason that the CareLink<sup>™</sup> analysis, which is intended to measure long-term performance, do not include complications that occur within the first 30 days after implant.

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

Each Event Report received by Medtronic's complaint handling system is assigned one or more Reason for Report codes based on the information received. The Reason for Report codes have been grouped into Acute Observation categories. The categories are:

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

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

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

### US Reports of the Day of Implant Observations

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

### Methods for Estimating Transcatheter Pacing Performance continued

Each Event Report received by Medtronic's complaint handling system is assigned one or more Reason for Report codes based on the information received. The Reason for Report codes have been grouped into Day of Implant Observation categories. The categories are:

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

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

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

MC1VR01 Micr	a VR				
US Market Release	06Apr2016	CareLink Population		CareLink Qualifying Malfund	tions/Complication
CE Approval Date	14Apr2015	Enrolled	45,764	Cardiac Perforation	7
Registered USA Implants	72,237	Active	31,467	Dislodgements	2
		Cumulative Follow-Up Months Normal Battery Depletions	1,335,166 254	Elevated Pacing Threshold	41
		Normal Ballery Depletions	204	Failure to Capture	8
				Premature Battery Depletion	12



*Acute Observations (N =	72,237)
Cardiac Perforation	21
Dislodgement	22
Elevated Pacing Threshold	165
Failure to Capture	80
Failure to Sense	17

*Day of Implant	t Observations	(N = 72,237)
-----------------	----------------	--------------

21	Cardiac Perforation	290
22	Dislodgement	172
165	Elevated Pacing Threshold	261
80	Failure to Capture	129
17	Failure to Sense	72

The rate of perforation for commercially released Micra VR devices continues to perform acceptably within levels observed within the post-approval clinical study registry. Overall, clinical studies have demonstrated a reduction in the risk of major complications of 63% through 12 months<sup>1</sup> and 57% through 36 months<sup>2</sup> relative to transvenous pacing systems.

<sup>1.</sup> El-Chami et al. Heart Rhythm 2018 15(12): 1800-1807.
 <sup>2.</sup> Piccini et al. Heart Rhythm 2020 17(5 Supplement) D-PO02-089

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

MC1AVR1 Mic	ra AV				
US Market Release	15Jan2020	CareLink Population		CareLink Qualifying Malfun	ctions/Complications
CE Approval Date	31Mar2020	Enrolled	30,661	Dislodgements	3
Registered USA Implants	49,171	Active	25,240	Elevated Pacing Threshold	11
		Cumulative Follow-Up Months	547,387	Failure to Capture	6
		Normal Battery Depletions	67		•





Years	1	2	3	at 47 mo
Excluding NBD	99.9%	99.9%	99.8%	99.8%
Including NBD	99.9%	99.7%	99.1%	97.9%
Effective Sample Size	20071	9583	3049	157

#### \*Acute Observations (N = 49,171)

Cardiac Perforation	13
Dislodgement	28
Elevated Pacing Threshold	88
Failure to Capture	42
Failure to Sense	119

### \*Day of Implant Observations (N = 49,171)

Cardiac Perforation	255
Dislodgement	83
Elevated Pacing Threshold	137
Failure to Capture	76
Failure to Sense	37

The rate of perforation for commercially released Micra AV devices continues to perform acceptably within levels observed within the post-approval clinical study registry. Overall, predicate clinical studies for Micra VR have demonstrated a reduction in the risk of major complications of 63% through 12 months<sup>1</sup> and 57% through 36 months<sup>2</sup> relative to transvenous pacing systems.

<sup>1.</sup> El-Chami et al. Heart Rhythm 2018 15(12): 1800-1807.

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

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

Premature Battery Depletion 6

## Method for Estimating Lead Performance

Medtronic Cardiac Rhythm Management (CRM) has tracked lead survival for over 40 years with its multicenter, global chronic lead studies.

### Leads Performance Analysis

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

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

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

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

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

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

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

### **PAN Registry**

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

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

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

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

Patients are eligible for enrollment if:

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

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

### Lead Complications

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

All reported lead-related adverse events are classified by the reporting investigator and are adjudicated by an independent event adjudication 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**

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

### **Returned Product Analysis Results**

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

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

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

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

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

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

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

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

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

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

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

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

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

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

- Cardiac Perforation
- Conductor Fracture
- Lead Dislodgement
- Failure to Capture
- Oversensing
- Failure to Sense
- Insulation Breach
- Impedance Abnormal
- Extracardiac Stimulation
- Unspecified

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

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

### Estimated Number of Implanted and Active Leads in the United States

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

#### Footnotes:

<sup>1</sup>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.

<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.

8830		Sele	ctSec	cure												
US	Market	Release				03Aug20	05		US	Retur	ned Pro	oduct	Analys	sis	US Acute Lead Observa	ations
	Approv					31Jan20	03		Cond	luctor Fra	acture			39	Cardiac Perforation	
ě i						213,132			Insula	ation Bre	ach			90	Conductor Fracture	
		Active US	A Implan	ts		182,541			Crim	o/Weld/B	ond			0	Extra Cardiac Stimulation	
	ation Ty					Fixed Sc	rew		Other	r				14	Failure to Capture	Ę
		e Polarity				Bipolar									Failure to Sense	
Ste	roid Ind	icator				Yes									Impedance Out of Range	
															Insulation Breach	
															Lead Dislodgement	7
															Oversensing Unspecified Clinical Failure	
Atrial	Plac	ement														
roduc	t Surv	eillance	Regist	ry Resu	lts			Qu	alifying	Comp	lications	5		19		
umber	of Lead	s Enrolleo	l in Study	,		1,	827	Car	diac Perf	oration			1	Impeda	ance Out of Range	2
umber	of Lead	s Active ir	n Study				703	Cor	nductor F	racture			3	Insulati	ion (not further defined)	1
umulat	ive Mor	ths of Fol	low-Up			88,	926	Ext	ra Cardia	c Stimula	ation		1	Lead D	Dislodgement	4
								Fail	ure to Ca	apture			4	Other		0
								Fail	ure to Se	ense			3			
100	)%				-	_		- 2								
96 Survival 90 Survival	5% -					~		-								
90	)% -														Upper 95 Pct Confidence	
Ead	-0/														Cumulative Survival Probability	
- 00	5% -														Lower 95 Pct Confidence	
80	)% -r 0		50		100		150	i.	200	i.	250	r.	30	0		
	100					Mor	ths After	Implant								
Years	1	2	3	4	5	6	7	8	9	10	11	12	13	at 162 mo		
%	99.6%	99.3%	99.3%	99.2%	99.1%	98.9%	98.4%	97.8%	97.5%	96.7%	96.7%	96.7%	96.7%	96.7%	, D	
#	1,394	1,083	887	678	536	444	366	315	268	219	192	152	77	53		
lis B	undle	Place	ment													
roduc	t Surv	eillance	Regist	ry Resu	lts			Qu	alifying	Comp	lications	6		44		
umber	of Lead	s Enrolled	l in Study	,		1,	490	Fail	ure to Ca	apture			33	Impeda	ance Out of Range	0
umber	of Lead	s Active ir	n Study				957	Fail	ure to Se	ense			3		Dislodgement	5
umulat	ive Mor	ths of Fol	low-Up			45,	837							Overse	ensing	1
														Other		2
100	)%				-			_	_							
10 Mai	5% -							_	_							
90	)% -							L	-						Upper 95 Pct Confidence	
96 ONIVIAL	5%														Cumulative Survival Probability	
															Lower 95 Pct Confidence	
80	)% -r 0		20		40		60		80		100	6	12	0		
						Mor	ths After	Implant								
Years	1	2	3	4	5	6	at 78 mo									
**************************************	98.2%	97.3%	97.0%	96.0%	94.8%	93.7%	93.7%									
,0																

576 308 143 79 61

**#** 1,158 884

#### **Ventricular Placement**

### Product Surveillance Registry Results

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

### **Qualifying Complications**

Failure to Capture

### 23

12	Impedance Out of Range	2
	Lead Dislodgement	8
	Other	1



2,575

1,626

82,642

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

407	4		Cap	Sure	Sense	e															
ι	JS M	arket F	Release				23Jun20	02		US	Retur	ned Pro	duct	Analys	is	US	S Acute	Lead O	bservat	tions	
(	CE Ap	prova	1				01Feb20	02			luctor Fra			-	15	Car	diac Per	foration			34
F	Regis	tered l	JSA Impl	lants			154,996			Insula	ation Bre	ach			59	Cor	nductor F	racture			2
E	stim	ated A	ctive US	A Implant	s		74,234			Crim	o/Weld/B	ond			0	Ext	ra Cardia	ic Stimula	ation		3
		on Typ					Tines			Othe	r				0	Fail	lure to Ca	apture			190
			Polarity				Bipolar									Fail	lure to Se	ense			17
	Steroi	d Indic	cator				Yes									Imp	edance (	Out of Ra	inge		9
																	d Dislod				208
Atri	al P	lace	ment													Ove	ersensing	]			9
Prod	ucts	Surve	illance	Registr	y Resul	lts			Qu	alifying	Comp	lications			2						
				in Study	-			227		ure to Ca				0	Impedar	nce Out o	f Range			0	
Numb	er of	Leads	Active in	n Study				60	Fail	ure to Se	ense			1	Lead Dis					1	
Cumu	lative	Month	hs of Foll	ow-Up			29,	505							Other	Ū				0	
1	00%	• - E																			
/al	95%	, _																			
Lead Survival																Jpper 95	Pct Con	fidence			
s pr	90%	,																val Proba	bility		
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		0		50		100		150		200		250		30	0						
							Mon	ths After	Implant												
Yea	rs	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	at 204 mo			
	% 9	9.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%	99.1%			
	#	214	205	198	183	167	158	148	136	126	117	110	107	99	95	88	77	56			
Ven	tric	ular	Place	ment																	
Prod	uct \$	Surve	illance	Registr	y Resul	lts			Qu	alifying	Comp	lications	;		12						
Numb	er of	Leads	Enrolled	in Study			1,	193	Cor	ductor F	racture			1	Impedar	nce Out o	f Range			2	
Numb	er of	Leads	Active in	n Study				158	Fail	ure to Ca	apture			4	Insulatio	n (not fur	ther defi	ned)		2	
Cumu	lative	Month	hs of Foll	ow-Up			80,	631							Lead Dis	slodgeme	ent			2	
															Other					1	
1	00%						-		-												
al	95%	,																			
Lead Survival																Jpper 95	Pct Con	fidence			
s pr	90%	,																val Proba	bility		
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	80%																	indeniee			
	0070	0		50		100		150		200		250		30	0						
							Mon	ths After	Implant												
		1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	at 204			
Yea																		mo			
		9.5%	99.3%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%	99.2%	98.8%	98.8%	97.5%	97.5%		96.7%	96.7%	96.7%			
	#	1,029	880	739	633	488	395	338	294	258	212	175	153	125	117	111	88	58			

4076 CapSureFix Novus												
US Market Release	25Feb2004	US	S Retur	ned Pro	oduct /	Analys	sis	US	S Acute	Lead C	Observa	tions
CE Approval	14Jun2004	Con	ductor Fr	acture		- 1	30	Car	diac Per	foration		261
Registered USA Implants	819,485	Insu	lation Bre	each		2	22	Cor	nductor F	racture		11
Estimated Active USA Implants	474,265	Crin	np/Weld/E	Bond			2	Ext	ra Cardia	c Stimul	ation	27
Fixation Type	Active Screw In	Oth	er				23	Fai	lure to Ca	apture		396
Pace Sense Polarity	Bipolar							Fai	lure to Se	ense		288
Steroid Indicator	Yes							Imp	edance	Out of Ra	ange	76
								Insi	ulation B	reach		2
								Lea	d Dislod	gement		913
								Ove	ersensing	J		150
								Uns	specified	Clinical I	Failure	10
Atrial Placement												
Product Surveillance Registry Results		Qualifyin	g Comp	lications	5		38					
Number of Leads Enrolled in Study	4,928	Cardiac Pe	rforation			2	Impedar	nce Out o	f Range			0
Number of Leads Active in Study	1,759	Conductor	Fracture			3	Insulatio		3			
Cumulative Months of Follow-Up	281,736	Failure to C				9	Lead Dis	slodgeme	ent			14
		Failure to S	ense			3	Oversen	nsing				2
							Other					2
100% -												
<u>ज</u> 95% –		~										
95% - 90% - 85% -								Upper 95	Pct Con	fidence		
ad 0								Cumulati			ability	
<u> </u>							• 1	Lower 95	Pct Con	fidence		
80%	0 45		0	0.50		20	0					
0 50 10	0 15 Months Afte		0	250		30	0					
1 2 3 4 5	6 7	8 9	10	11	12	13	14	15	16	at 198		
Years										mo	_	
%         99.7%         99.6%         99.6%         99.5%         99.4%					98.5%	98.2%		97.2%	97.2%	97.2%	_	
<b>#</b> 3,517 3,022 2,647 2,298 1,916	5 1,650 1,451	1,266 1,064	846	615	459	341	210	141	89	63		
Ventricular Placement												
Product Surveillance Registry Results	1 770	Qualifyin		lications	6		14					
Number of Leads Enrolled in Study	1,770	Conductor					Impedar					2
Number of Leads Active in Study	318	Extra Cardi		ation		-	Lead Dis	slodgeme	ent			1
Cumulative Months of Follow-Up	119,246	Failure to C Failure to S				6 1	Other					2
		i allute to c	001150			1						
100%	_											
ॡ 95% -	-											
20/0		L										
95% - 90% - 85% -								Upper 95				
85% -								Cumulati			ability	
								Lower 95	Pct Con	ndence		
80%	0 15	20	0	250	9	30	0					
	Months After											
1 2 3 4 5	6 7	8 9	10	11	12	13	14	15	at 192			
Years				0.000				0.0	mo			
<b>%</b> 99.7% 99.7% 99.7% 99.6% 99.3%	6 99.3% 99.0%	99.0% 98.8%	98.5%	98.5%	98.5%	98.1%	98.1%	98.1%	96.7%			
# 1,451 1,296 1,145 985 785	672 564	485 421	350	283	228	191	131	91	59			

4092 CapSure SP Nov	/us				
US Market Release	17Sep1998	US Returned Product	Analysis	US Acute Lead Obse	rvations
CE Approval	15Apr1998	Conductor Fracture	21	Cardiac Perforation	4
Registered USA Implants	186,242	Insulation Breach	99	Conductor Fracture	4
Estimated Active USA Implants	36,298	Crimp/Weld/Bond	0	Extra Cardiac Stimulation	1
Fixation Type	Tines	Other	0	Failure to Capture	35
Pace Sense Polarity	Bipolar			Impedance Out of Range	2
Steroid Indicator	Yes			Insulation Breach	1
				Lead Dislodgement	35
				Oversensing	1
				Unspecified Clinical Failur	e 1
Product Surveillance Registry Results		Qualifying Complications	21		
Number of Leads Enrolled in Study	1,202	Conductor Fracture	3 Impe	dance Out of Range	1
Number of Leads Active in Study	12	Extra Cardiac Stimulation	1 Lead	Dislodgement	4
Cumulative Months of Follow-Up	70,183	Failure to Capture	12 Othe	- r	0



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

4574 CapSure Sens	e				
US Market Release	23Jun2002	US Returned Product	Analysis	US Acute Lead Obser	vations
CE Approval	01Feb2002	Conductor Fracture	14	Cardiac Perforation	4
Registered USA Implants	119,697	Insulation Breach	26	Conductor Fracture	1
Estimated Active USA Implants	67,629	Crimp/Weld/Bond	0	Extra Cardiac Stimulation	1
Fixation Type	J-shape, tines	Other	0	Failure to Capture	167
Pace Sense Polarity	Bipolar			Failure to Sense	83
Steroid Indicator	Yes			Impedance Out of Range	11
				Lead Dislodgement	279
				Oversensing	17
				Unspecified Clinical Failure	e 4
Product Surveillance Registry Resu	Its	Qualifying Complications	15		
Number of Leads Enrolled in Study	1,738	Conductor Fracture	2 Imped	ance Out of Range	0
Number of Leads Active in Study	710	Failure to Capture	6 Lead D	Dislodgement	7
Cumulative Months of Follow-Up	80,145		Other		0
100% -					
<u>95%</u> –					
95% - 90% -				Upper 95 Pct Confidence	
ead				Cumulative Survival Probability	

Lower 95 Pct Confidence

00	0% -r 0		50		100		150		200		250	6	300
						Mon	ths After	Implant					
Years	1	2	3	4	5	6	7	8	9	10	11	at 144 mo	
%	99.2%	99.2%	99.1%	99.0%	98.8%	98.6%	98.6%	98.6%	98.6%	98.6%	98.6%	98.6%	
#	1,308	995	785	640	514	429	363	291	215	152	96	53	

#### **CapSure SP Novus** 4592

US Market Release	05Oct1998	US Returned Product	Analysis	US Acute Lead C	Observations
CE Approval	15Apr1998	Conductor Fracture	17	Failure to Capture	
Registered USA Implants	89,801	Insulation Breach	34	Failure to Sense	
Estimated Active USA Implants	19,779	Crimp/Weld/Bond	0	Insulation Breach	
Fixation Type	J-shape, tines	Other	0	Lead Dislodgement	
Pace Sense Polarity	Bipolar			Oversensing	
Steroid Indicator	Yes			Unspecified Clinical F	ailure
Product Surveillance Registry Results		Qualifying Complications	9		
Number of Leads Enrolled in Study	369	Failure to Capture	4 Impedan	ce Out of Range	0
Number of Leads Active in Study	30	Failure to Sense	1 Lead Dis	lodgement	3
Cumulative Months of Follow-Up	22,842		Other		1

- 100% Lead Survival 95% 90% 85% 80% -0 50 100 200 250 300 150 Months After Implant 2 3 4 5 6 7 8 9 10 11 12 13 at 162 1 Years mo **%** 97.7% 97.7% 97.7% 97.7% 97.0% 97.0% 97.0% 96.1% 96.1% 96.1% 96.1% 96.1% 96.1% 96.1% # 204 182 167 158 134 126 109 105 99 87 82 78 57 51
  - Upper 95 Pct Confidence

Cumulative Survival Probability

2

Lower 95 Pct Confidence

50	54		Cap	Sure 2	ΖΝοι	/us															
		arket	Release				03Jun19	98		US	Retur	ned Pro	oduct	Analys	sis	U	S Acute	Lead C	Observa	ations	
	CE Ap						05Jun19	97		Cond	luctor Fra	acture			16	Car	rdiac Per	foration			2
	-		USA Impl				100,058			Insula	ation Bre	ach			47	Cor	nductor F	racture			2
	Estima		Active US	A Implant	S		18,414 Tines				p/Weld/B	ond			1		lure to Ca	•			23
			e Polarity				Bipolar			Othe	r				0			Out of Ra	ange		4
	Steroi						Yes										ulation Bi ad Dislod				1 30
																		Clinical F	ailure		9
			ement																		
			eillance	-	-	lts						lications	5		3						
			s Enrolled					425	Fail	lure to Ca	apture			2	Impedar					0	
			s Active ir ths of Foll				10	27 117								slodgeme	ent			1	
Cum	ulative	WON		low-op			42,	117							Other					0	
Lead Survival	95%	, –																			
I Su	90%	, -														Upper 95					
Lead	85%	,																val Proba	ability		
																Lower 95	Pct Con	fidence			
	80%	0		50		100		150	6	200	)	250	6	30	0						
							Mon	ths After	Implant												
Ye	ars	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	at 198 mo			
	% 9	9.5%	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%	99.5%	99.5%	_		
		411	391	358	322	289	252	219	185	152	128	107	92	74	64	58	51	50			
			r Place		_																
			eillance	-	-	Its		000				lications	5	7	13	<u> </u>					
			s Enrolled s Active ir					992 14		lure to Ca lure to Se					Impedar					1	
			ths of Foll	,			35	754	Fai		ense			2	Lead Dis Other	sloageme	ent			1 2	
o uni				on op			,								Other					Z	
	100%	- <b>T</b>			-																
ival	95%	. –		98-80 1	~																
Lead Survival	90%															Upper 95	Pct Con	fidence			
ead																Cumulati	ve Survi	val Proba	ability		
Ľ	85%															Lower 95	Pct Con	fidence			
	80%	0		50		100		150	6	200	ĩ	250	1.	30	0						
				00		100		ths After				200		00							
		1	2	3	4	5	6	7	8	9	10	11	at 144								
Ye	ars												mo								
		0.000	00.404	00.00/	00.404	00.404	07.00/	07.00/	00.404	00.404	00.404	00.404	00.404								

%	99.3%	99.1%	98.8%	98.4%	98.4%	97.0%	97.0%	96.4%	96.4%	96.4%	96.4%	96.4%
#	474	391	304	264	230	192	167	144	114	94	72	54

	t Release				31Aug20	00		US	Returr	ned Pro	oduct	Analys	sis	US	S Acute	Lead C	bserva	tions		
CE Approv					12Aug19				uctor Fra			-	510		diac Per				680	
	d USA Impl	ants			3,351,05				ation Brea			,	510		nductor F			Ι,	33	
Estimated			s		1,888,45				o/Weld/B			1,0	4			ac Stimula	ation		114	
Fixation Ty	уре	-			Active Sc	rew In		Other		ond			205		lure to Ca				539	
Pace Sens	se Polarity				Bipolar			Other				4	.00		lure to Se				600	
Steroid Ind	licator				Yes											Out of Ra	ange		426	
															ulation B		5		16	
															d Dislod			5,	366	
														Ove	ersensing	]			885	
														Uns	specified	Clinical F	ailure		26	
rial Plac	ement																			
oduct Surv	/eillance	Registr	y Resu	lts			Qu	alifying	Compl	ications	S		116							
nber of Lead						795	Car	diac Perf	oration				Impedan					13		
nber of Lead					5,	639		nductor F				13	Insulatio	n (not fur	ther defi	ned)		3		
nulative Mor	ths of Foll	ow-Up			638,	304		ra Cardia		ation		3		-	ent		42			
								ure to Ca	-			18	Oversen	sing				3		
10051							Fail	ure to Se	ense			11	Other					8		
100%						_		_		_										
95%										7										
90% -													• 1	Jpper 95	Pct Con	fidence				
85% -													- (	Cumulati	ve Survi	val Proba	ability			
													• 1	ower 95	Pct Con	fidence				
80% -r- 0		50		100		150		200		250		30	0							
				100	Mon		Implant			200		00								
ears	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	at: n	
<b>%</b> 99.6%		99.3%	99.1%		98.6%	98.5%	98.3%	98.3%	98.2%	98.2%	98.0%	97.7%		97.1%	97.1%	96.8%	96.8%	96.8%	96.	
<b>#</b> 8,936		6,049	5,075	4,232	3,558	2,922	2,292	1,845	1,489	1,139	911	710	547	437	358	266	175	108	6	
ntricula	r Place	ment																		
duct Surv		-	-	lts				alifying		ications	5		37							
nber of Lead						408		diac Perf					Impedan					4		
nber of Lead						686		nductor F					Insulatio	`		ned)		1		
	ths of Follo	ow-Up			166,	524		ure to Ca	-				Lead Dis		ent			5		
nulative Mor							Fall	ure to Se	ense			1	Oversen	sing				2		
nulative Mor													Other					2		
						-			_											
100% -							<u> </u>		_											
													<ul> <li>Upper 95 Pct Confidence</li> </ul>							
100% -													<ul> <li>Cumulative Survival Probability</li> </ul>							
100% 95% 90%																	ability			
100%													• 1	ower 95			ionity.			
100% 95% 90%		50		100		150		200		250	E.	30		ower 95.			, only			
100% 95% 90% 85% 80%		50		100	Mon	1 150 ths After	Implant	200		250	l)	30		ower 95.			in the second			
100% 95% 85% 80% 0		<b>50</b> 3	4	1 <b>00</b> 5	<b>Mon</b> 6				10	<b>250</b>	12	<b>30</b> 13		<b>.ower 95</b> 15			18	at 222		
100% 95% 90% 85% 80% 0	2		4			ths After	Implant						<b>0</b> 14		Pct Con	fidence	1	at 222 mo 95.4%		

508	6MR	RI	Caps	sureF	ix No	vus I	/IRI										
I	JS Mark	ket R	elease				08Feb20	11		US	Return	ned Pro	oduct Ar	nalysis	s US Acute Lead Observ	ations	
(	CE Appr	oval					21Jan20	09		Cond	uctor Fra	icture		- 11(	6 Cardiac Perforation		212
	0		ISA Impla				207,808			Insula	ation Brea	ach		209	9 Conductor Fracture		4
			ctive USA	A Implant	S		126,857			Crim	o/Weld/B	ond		(	) Extra Cardiac Stimulation		18
	-ixation						Active So	rew In		Other	r			1:			143
	Pace Sei Steroid Ii						Bipolar Yes								Failure to Sense		29
		nuici	ator				103								Impedance Out of Range		9
															Insulation Breach Lead Dislodgement		2 313
															Oversensing		313
Atri	al Pla	ce	ment												e rei een ing		0.
				Registr	y Resul	lts			Qu	alifying	Compl	ications	6	2	1		
			Enrolled	-	-		3,	139		ductor F				3	mpedance Out of Range	0	
Numb	er of Le	ads	Active in	Study			1,	316	Fail	ure to Ca	apture			3 L	ead Dislodgement	12	
Cumu	lative M	onth	s of Follo	ow-Up			145,	486						(	Oversensing	2	
														(	Other	1	
6																	
	00% -		_				=	=									
vival	95% -	<u>.</u>															
Lead Survival	90% -	-													<ul> <li>Upper 95 Pct Confidence</li> </ul>		
Lead	85% -														Cumulative Survival Probability     Lower 95 Pct Confidence		
	80% -														- Lower 33 Fet Gommence		
		0		50		100		150		200		250		300			
							Mon	ths After	Implant	nplant							
Yea	1		2	3	4	5	6	7	8	9	10	11	at 138 mo				
100	<b>%</b> 99.8	8%	99.6%	99.6%	99.4%	99.3%	98.9%	98.4%	98.4%	98.4%	98.0%	98.0%	98.0%				
	# 2,5	28	2,201	1,877	1,461	766	452	397	347	312	252	128	75				
Ven	tricul	ar	Place	ment													
Prod	uct Su	rvei	illance	Registr	y Resul	lts			Qu	alifying	Compl	ications	;	2	0		
Numb	er of Le	ads	Enrolled	in Study	-		3,	071		ductor F				3	mpedance Out of Range	2	
Numb	er of Le	ads	Active in	Study			1,	290	Fail	ure to Ca	pture			8 L	.ead Dislodgement	3	
Cumu	lative M	onth	s of Follo	ow-Up			143,	033	Fail	ure to Se	ense			1 (	Dversensing	2	
														0	Other	1	
	00% -																
	19191919				-			F									
Lead Survival	95% -																
l Sur	90% -														<ul> <li>Upper 95 Pct Confidence</li> </ul>		
Lead	85% -														Cumulative Survival Probability		
(1777)															Lower 95 Pct Confidence		
	80% -	0		50		100		150		200		250	8	300			
								ths After	Implant								
Yea	1		2	3	4	5	6	7	8	9	10	11	at 138				
Tea	ars % 99.7	7%	99.7%	99.6%	99.6%	99.6%	99.3%	98.3%	98.0%	98.0%	98.0%	98.0%	mo 97.2%				
	# 2,5		2,183	1,850	1,427	735	423	375	330	295	242	125	75				
5092	Ca	oSure	SP	Novus													
---------------	---------------	-----------	----------	---------	---------	-----------	-------	------------	------------	----------	---------	--------	--------------	---------------------------------	----------	----	
US Ma	arket Release	e			03Jun19	98		US	Retur	ned Pro	oduct A	Analys	is	US Acute Lead Obse	rvations		
CE Ap	proval				25Sep19	97		Cond	luctor Fra	acture			28	Cardiac Perforation		7	
Regist	ered USA Im	plants			141,703			Insula	ation Bre	ach			72	Conductor Fracture		3	
Estima	ated Active U	SA Impla	ants		29,233			Crim	o/Weld/B	ond			0	Extra Cardiac Stimulation		3	
Fixatio	on Type				Tines			Othe	r				1	Failure to Capture		49	
Pace S	Sense Polari	ty			Bipolar									Failure to Sense		7	
Steroio	d Indicator				Yes									Impedance Out of Range		1	
														Insulation Breach		3	
														Lead Dislodgement		72	
														Oversensing		1	
														Unspecified Clinical Failure	e	8	
Product S	Surveillanc	e Regis	stry Res	sults			Qu	alifying	Compl	ications	5		10				
Number of L	Leads Enroll	ed in Stu	dy		1,	218	Ext	ra Cardia	c Stimula	ation		1	Impeda	ince Out of Range	1		
Number of L	Leads Active	in Study				15	Fai	lure to Ca	apture			3	Lead D	islodgement	5		
Cumulative	Months of F	ollow-Up			54,	677							Other		0		
100%	-				_		_										
<u>14</u> 95%	·						-										
ead Survival	-													Upper 95 Pct Confidence			
Lead 85%	012													Cumulative Survival Probability	6		
_ 00%	_													Lower 95 Pct Confidence			
80%			_	100		1 = 0			2	0.50							
	0	5	J	100		150		200		250		30	U				
						ths After											
Years	1 2	3	4	5	6	7	8	9	10	11	12	13	at 162 mo	_			
% 99	9.5% 99.39	6 99.29	6 98.9	% 98.9%	98.6%	98.6%	98.6%	98.6%	98.6%	97.8%	97.8%	97.8%	97.8%				

#### CapSure Z Novus

# 

US Market Release	03Jun1998	US Returned Product	Analysis	US Acute Lead Obs	servations	
CE Approval	05Jun1997	Conductor Fracture	24	Conductor Fracture		1
Registered USA Implants	64,867	Insulation Breach	43	Failure to Capture		31
Estimated Active USA Implants	14,345	Crimp/Weld/Bond	0	Failure to Sense		2
Fixation Type	Tines	Other	0	Impedance Out of Rang	е	1
Pace Sense Polarity	Bipolar			Lead Dislodgement		39
Steroid Indicator	Yes			Unspecified Clinical Fail	ure	3
Product Surveillance Registry Results		Qualifying Complications	5			
lumber of Leads Enrolled in Study	370	Failure to Capture	2 Impedar	nce Out of Range	1	
lumber of Leads Active in Study	9		Lead Di	slodgement	1	
Cumulative Months of Follow-Up	9,444		Overser	ising	1	
			Other		0	



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

5592 CapSure SP No	vus				
US Market Release	03Jun1998	US Returned Product	Analysis	US Acute Lead Obser	vations
CE Approval	25Sep1997	Conductor Fracture	7	Cardiac Perforation	1
Registered USA Implants	37,335	Insulation Breach	7	Failure to Capture	4
Estimated Active USA Implants	9,875	Crimp/Weld/Bond	0	Failure to Sense	3
Fixation Type	Tines	Other	0	Lead Dislodgement	43
Pace Sense Polarity	Bipolar			Oversensing	1
Steroid Indicator	Yes			Unspecified Clinical Failure	1
Product Surveillance Registry Result	s	Qualifying Complications	5		
Number of Leads Enrolled in Study	722	Failure to Capture	3 Imped	ance Out of Range	0
Number of Leads Active in Study	32		Lead D	Dislodgement	2
Cumulative Months of Follow-Up	39,639		Other		0



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

US Market Release	25Jun2001	US Returned	<b>Product Analy</b>	sis	US Acute Lead Observ	ations
CE Approval	23Mar2001	Conductor Fractur	e	16	Failure to Capture	
Registered USA Implants	17,611	Insulation Breach		18	Lead Dislodgement	
Estimated Active USA Implants	5,509	Crimp/Weld/Bond		0	Unspecified Clinical Failure	
Fixation Type	Tines	Other		0		
Pace Sense Polarity	Bipolar					
Steroid Indicator	Yes					
roduct Surveillance Registry Resul	ts	Qualifying Complicat	tions	3		
umber of Leads Enrolled in Study	43	Conductor Fracture	1	Impedance	Out of Range	0
umber of Leads Active in Study	11	Failure to Capture	0	Insulation (n	ot further defined)	1
umulative Months of Follow-Up	4,639			Oversensing	]	1
				Other		0
100% - 95% - 90% - 85% - 80% - 0 20	40 60	80	100 12	<ul><li>Cum</li><li>Low</li></ul>	er 95 Pct Confidence nulative Survival Probability rer 95 Pct Confidence	
at 0 mo           %           ######	Months After	Impiant				

- - -

6721	Epicardial Patch						
US Mark	et Release	31Mar1994	US Returned Product	t Analys	sis	US Acute Lead Obser	vations
CE Appr	oval	01Jan1993	Conductor Fracture		15	Cardiac Perforation	1
Register	ed USA Implants	3,419	Insulation Breach		1	Conductor Fracture	2
Estimate	d Active USA Implants	862	Crimp/Weld/Bond		0	Failure to Capture	4
Fixation	Туре	Suture	Other		0	Failure to Sense	2
Pace Se	nse Polarity	n/a				Impedance Out of Range	23
Steroid I	ndicator	None				Oversensing	1
Product Su	rveillance Registry Results		Qualifying Complications		51		
Number of Le	ads Enrolled in Study	417	Conductor Fracture	21	Impedance O	ut of Range	4
Number of Le	ads Active in Study	6	Failure to Capture	8	Insulation (no	t further defined)	2
Cumulative M	onths of Follow-Up	24,176			Other		16



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





69	35	Spri	nt Qu	attro	Secu	re S											
	US Marke	t Release				01Nov20	08		US	Retur	ned Pro	oduct /	Analys	sis	US Acute Lead Ob	servation	s
	CE Appro Registere Estimated Fixation T	val d USA Imp Active US ype se Polarity	A Implant	ts		31Mar20 67,801 39,612 Active So	08	Coil	Conc	luctor Fra ation Bre p/Weld/B	acture ach	Souct /	-	81 13 0 44	Cardiac Perforation Conductor Fracture Extra Cardiac Stimulation Failure to Capture Failure to Sense Impedance Out of Rango Insulation Breach	on	<b>s</b> 30 3 2 39 15 30 1
															Lead Dislodgement Oversensing Unspecified Clinical Fai	ilure	68 68 5
Pro	duct Sur	veillance	Registr	y Resu	lts			Q	ualifying	Compl	lications	S		68			
Num	ber of Lea	ds Enrolled	d in Study			3,	006	Ca	rdiac Per	foration			1	Impeda	ince Out of Range	8	
Num	ber of Lea	ds Active ir	n Study				671	Co	nductor F	racture			25	Lead D	islodgement	8	
Cum	ulative Mo	nths of Fol	low-Up			168,	788	Ex	tra Cardia	c Stimula	ation		1	Overse	nsing	9	
								Fa	ilure to Ca	apture			8	Other		6	
Lead Survival	100% 95% - 90% - 85% -							Fa	ilure to Se	ense			1	:	ified Clinical Failure Upper 95 Pct Confidence Cumulative Survival Probabi Lower 95 Pct Confidence	1 ility	
	n- %08 0		50		100		150	6	200	)	250	0	30	0			
			- •			Mon	ths After		10102	5			50	7.)			
Ye	ars	2	3	4	5	6	7	8	9	10	11	12	13	at 162 mo	_		
	% 99.5°			98.7%	98.5%	98.1%	97.6% 817	96.8% 695		94.8% 470	94.5%	94.2% 178	92.8% 90	92.8% 60			
	<b>#</b> 2,44	3 1,997	1,639	1,342	1,139	980	817	695	587	470	316	1/8	90	60			

US	Market F	Release				02Aug20	12		US	Returne	d Product	Analys	is	US Acute Lead O	bservations	\$
CE	Approva	al				12Jul201	2		Cond	luctor Fract	ure	7	85	Cardiac Perforation		19
Re	gistered l	USA Impl	ants		:	390,619			Insula	ation Breac	า		35	Conductor Fracture		2
Est	imated A	ctive US	A Implant	S	:	320,954			Crim	o/Weld/Bon	d		2	Extra Cardiac Stimula	ition	3
Fix	ation Typ	be				Active So	crew In		Othe	r		1	02	Failure to Capture		4
Pa	ce Sense	Polarity				True Bipo	olar/One	Coil						Failure to Sense		1
Ste	roid India	cator				Yes								Impedance Out of Ra	nge	1;
														Insulation Breach		
														Lead Dislodgement		66
														Oversensing		35
oduc	t Surve	eillance	Reaistr	v Resu	lts			Qu	alifving	Complic	ations		111	Ū		
		Enrolled				9.	745		diac Perf			2	Impedance	e Out of Range	10	
umber	of Leads	Active in	Study			4,	568	Cor	ductor F	racture		50	•	(not further defined)	3	
		hs of Foll				396,		Exti	a Cardia	c Stimulatio	n	1		odgement	20	
			·					Fail	ure to Ca	apture		14	Oversens	8	5	
									ure to Se			1	Other		4	
100	0%													ed Clinical Failure	1	
9 9 8	5% -															
90	0% -												• U	pper 95 Pct Confidence		
													• C	umulative Survival Proba	bility	
i 8:	5% -												• L	ower 95 Pct Confidence		
80	0%				1											
	0		20		40	60	)	80		100	120	14	D			
						Mon	ths After	Implant								
Years	1	2	3	4	5	6	7	8	9	at 120 mo						
%	99.7%	99.5%	99.2%	99.0%	98.6%	98.2%	97.7%	97.3%	96.8%	96.8%						
#	7,128	5,483	4,436	3,648	2,963	2,343	1,589	846	390	126						

### 6937A Transvene SVC-CS

US Market Release	06Apr2001
CE Approval	
Registered USA Implants	3,077
Estimated Active USA Implants	1,593
Fixation Type	Passive
Pace Sense Polarity	One Coil
Steroid Indicator	None
Product Surveillance Registry Results	
Number of Leads Enrolled in Study	126

### Number of Leads Enrolled in Study Number of Leads Active in Study Cumulative Months of Follow-Up



**US Returned Product Analysis** 

### Qualifying Complications

Conductor Fracture Failure to Capture

Other



Conductor Fracture	3
Impedance Out of Range	2
Lead Dislodgement	1
Oversensing	2
Unspecified Clinical Failure	2

### 16

6

0

0

0

6	Impedance Out of Range	2
0	Insulation (not further defined)	2
	Lead Dislodgement	1
	Other	1
	Unspecified Clinical Failure	4



7

14,412

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

#### 6944 Sprint Quattro **US Acute Lead Observations** US Market Release 13Dec2000 **US Returned Product Analysis** CE Approval 05Nov1999 Conductor Fracture 2 Conductor Fracture 234 Registered USA Implants 44,864 Failure to Capture 17 Insulation Breach 4 Estimated Active USA Implants 11,897 Failure to Sense Crimp/Weld/Bond 1 3 Fixation Type Tines Other 4 Impedance Out of Range 10 True Bipolar/Two Coils Pace Sense Polarity Lead Dislodgement 24 Steroid Indicator Yes Oversensing 18 Unspecified Clinical Failure 6 **Qualifying Complications Product Surveillance Registry Results** 34 Number of Leads Enrolled in Study Conductor Fracture 640 18 Impedance Out of Range 6 Number of Leads Active in Study 76 Failure to Capture 4 Oversensing 3 Cumulative Months of Follow-Up 38.347 Failure to Sense 1 Other 1 Unspecified Clinical Failure 1 100% 90% Lead Survival 80% Upper 95 Pct Confidence 70% Cumulative Survival Probability 60% Lower 95 Pct Confidence 50% 0 50 100 150 200 250 300 **Months After Implant**

#### 6946M Sprint Quattro

2

99.8%

418

Years

% # 502

######

3

99.2%

352

4

97.3%

290

5

94.8%

228

6

91.7%

191

7

91.1%

165

8

90.6%

146

9

89.9%

132

10

89.9%

116

11

89.1%

103

12

88.2%

83

at 156

mo

85.9%

59

- US Market Release **CE** Approval Registered USA Implants Estimated Active USA Implants Fixation Type Pace Sense Polarity Steroid Indicator
- 05Jan2016 12Sep2013 4,243 3,674 Tines True Bipolar/Two Coils

Yes

### **US Returned Product Analysis**

### **US Acute Lead Observations**

Cardiac Perforation	1
Failure to Capture	5
Failure to Sense	2
Impedance Out of Range	1
Lead Dislodgement	8
Oversensing	6







US Market Release	02Sep2004	US Returned Produ	ct Analysis	US Acute Lead OI	oservations
CE Approval		Conductor Fracture	218	Conductor Fracture	
Registered USA Implants	10,381	Insulation Breach	3	Failure to Capture	
Estimated Active USA Implants	1,640	Crimp/Weld/Bond	0	Lead Dislodgement	
Fixation Type	Tines	Other	6	Oversensing	
Pace Sense Polarity	True Bipolar/Two (	Coils		Unspecified Clinical Fa	ailure
Steroid Indicator	Yes				
Product Surveillance Registry Results		Qualifying Complications	5		
Number of Leads Enrolled in Study	40	Conductor Fracture	4 Impedan	ce Out of Range	1
Number of Leads Active in Study	2	Failure to Capture	0 Other		0
Cumulative Months of Follow-Up	2,314				
100% -					
<u>ছ</u> 95% -					
95% - 90% - 85% -				Jpper 95 Pct Confidence	
				Cumulative Survival Probat ower 95 Pct Confidence.	pility
80% -	40 60	80 100	120		

at 0

mo

Years

% ######

#

6949	S	prin	t Fide	elis																	
US Mark	ket Rele	ease				02Sep20	04		US	Retur	ned Pro	oduct /	Analys	sis	US Acute	Lead Observ	vations				
US Market Release CE Approval Registered USA Implants Estimated Active USA Implants Fixation Type Pace Sense Polarity Steroid Indicator				186,211 24,186 Active Sc		Coils	Conc Insul Crim	Crimp/Weld/Bond					Cardiac Perforation Conductor Fracture Failure to Capture Failure to Sense Impedance Out of Range Insulation Breach			10 51 31 19 20 5 22					
															Lead Dislodg Oversensing			37			
															0	Clinical Failure		24			
Product Su	ırveilla	ance l	Registr	y Resul	ts			Qu	alifying	Compl	ications	5		135							
Number of Le	ads En	rolled	in Study				986	Cor	nductor F	racture			77	Impedar	nce Out of Range		19				
Number of Le	ads Act	tive in	Study				30	Failure to Capture 5 Insulation (not further defined)					ied)	2							
Cumulative M	Cumulative Months of Follow-Up				57,	902	Fail	ure to Se	e to Sense 6			6	Lead Dislodgement			1					
														Overser	ising		21				
														Other			3				
- %000 - %00 - %00 - %00 - %00 - %00 - %00								_						•	fied Clinical Failure Upper 95 Pct Conf Cumulative Surviv Lower 95 Pct Conf	ïdence al Probability	1				
50% -															Lower 35 Fut Com	nuence					
	0		50		100		150		200		250		30	0							
						Mon	ths After	Implant													
1 Years	1	2	3	4	5	6	7	8	9	10	11	12	13	14	at 180 mo						
% 98.		6.5%	93.4%	91.0%	88.2%	84.5%	81.6%	79.0%	78.0%	76.6%	70.9%	68.5%	66.2%	63.5%	63.5%						
# 71	19 6	626	532	458	392	343	281	236	187	152	125	96	79	65	55						

LIS Market Dalagaa	11 hum 2001	US Deturned Dreduct	Analyse		US Aguta Logd Obeom	rationa	
US Market Release	11Jun2001	US Returned Product	Analys	SIS	US Acute Lead Observations		
CE Approval	19Dec1997	Conductor Fracture		37	Cardiac Perforation	1	
Registered USA Implants	5,747	Insulation Breach	0 0		Failure to Capture	1	
Estimated Active USA Implants	2,595	Crimp/Weld/Bond			Impedance Out of Range	18	
Fixation Type	Suture on Anchor Sleeve	Other		0	Insulation Breach	1	
51					Lead Dislodgement	3	
Pace Sense Polarity	One Coil				Oversensing	1	
Steroid Indicator	None				5		
Product Surveillance Registry Results		Qualifying Complications		4			
Number of Leads Enrolled in Study	55	Conductor Fracture	1	Impedance	Out of Range	3	
Number of Leads Active in Study	3	Failure to Capture	0	Other		0	
Cumulative Months of Follow-Up	2,577						





4193	Attain OTW	
US Marl	03Ma	
CE App	oval	22De
Register	ed USA Implants	100,6

3

98.0%

65

1

Years

% 99.1%

# 101 2

98.0%

85

at 48

mo

98.0%

52

duct Surveillance Registry Results					
Steroid Indicator	Yes				
Pace Sense Polarity	Unipolar				
Fixation Type	Double Curve				
Estimated Active USA Implants	12,199				
Registered USA Implants	100,664				
CE Approval	22Dec2000				
US Market Release	03May2002				

Product Surveillance Registry Results
Number of Leads Enrolled in Study
Number of Leads Active in Study
Cumulative Months of Follow-Up

### **US Returned Product Analysis Conductor Fracture** Insulation Breach Crimp/Weld/Bond Other

### **Qualifying Complications**



SIS	US Acute Lead Observations	5
91	Extra Cardiac Stimulation	18
31	Failure to Capture	11
0	Lead Dislodgement	45
15	Oversensing	1
	Unspecified Clinical Failure	2
52		

US Agute Load Observations

2

16

0

3



805

20

42,539

Months After Implant

Upper 95 Pct Confidence

1 Impedance Out of Range

Unspecified Clinical Failure

Lead Dislodgement

10

20 Other

- Cumulative Survival Probability
- Lower 95 Pct Confidence

419	4		Attai	n OT	VV														
ι	JS Ma	arket R	Release			:	24Aug20	04		US	Return	ned Pro	oduct /	Analys	sis	US	Acute Lead Observ	ations	
(	CE Ap	proval					14Jul200	3		Cond	luctor Fra	acture			48 Cardiac Perforation				2
F	Regist	ered L	JSA Imp	lants			114,258			Insula	ation Bre	ach		1	66	Con	ductor Fracture		3
E	Estima	ated A	ctive US	A Implant	s	:	28,634			Crim	o/Weld/B	ond			0	Extr	a Cardiac Stimulation		49
F	ixatio	n Typ	е			I	Double C	urve		Othe	r				2	Failu	ure to Capture		42
F	Pace S	Sense	Polarity			I	Bipolar									Impe	edance Out of Range		9
ŝ	Steroic	d Indic	ator				Yes									Lead	d Dislodgement		153
																Ove	rsensing		2
																Uns	pecified Clinical Failure		4
Prod	uct S	urve	illance	Registr	y Resu	lts			Qu	alifying	Compl	ications	5		68				
Numb	er of L	_eads	Enrolled	in Study	-		1,	654	4 Conductor Fracture					2	<sup>2</sup> Impedance Out of Range 0				
Numb	er of L	_eads	Active ir	study				156	Extra Cardiac Stimulation 1					11				1	
Cumu	lative	Month	ns of Foll	ow-Up			99,	897	Failure to Capture				22	Insulation (not further defined)			2		
	·													Lead Dis	lodgemer	'nt	30		
															Other	0		0	
1	00%	-	-																
-	0.50/				-	-													
viva	95%				-			-											
Lead Survival	90%	-							<u> </u>						• (	Jpper 95	Pct Confidence		
ead							-						- (	Cumulativ	e Survival Probability				
_	03 /0														• 1	ower 95	Pct Confidence		
	80%	0		50		100		150	8	200	1	250		30	0				
		Ŭ		00		100	Mon	0,000	Implant	100.00		200		00					
		1	2	2	4	5		7	8	9	10	11	12	13	14	at 180			
Yea	rs	I	2	3	4	5	6	1	0	9	10		12	13	14	mo			
	% 98	8.6%	97.4%	96.7%	96.1%	95.6%	94.3%	94.1%	93.5%	93.5%	93.3%	92.9%	92.9%	92.9%	91.3%	91.3%			
	<b>#</b> 1	,238	1,045	897	769	697	617	504	429	365	310	239	178	126	84	58			

#### 4195 Attain StarFix

US Market Release	15Aug2008
CE Approval	13May2005
Registered USA Implants	17,444
Estimated Active USA Implants	6,250
Fixation Type	Deployable Lobe Fixation
Pace Sense Polarity	Unipolar
Steroid Indicator	Yes
Product Surveillance Registry Results	
Number of Leads Enrolled in Study	1,486

Number of Leads Enrolled in Study	1,486
Number of Leads Active in Study	137
Cumulative Months of Follow-Up	87,698

US Returned	Product Analysi	S
-------------	-----------------	---

Conductor Fracture
Insulation Breach
Crimp/Weld/Bond
Other

### **Qualifying Complications**

Conductor Fracture
Extra Cardiac Stimulation
Failure to Capture

### 2

10 3 0

#### **US Acute Lead Observations**

Extra Cardiac Stimulation	30
Failure to Capture	21
Impedance Out of Range	4
Lead Dislodgement	30
Unspecified Clinical Failure	1

45	
Impedance Out of Range	2
Insulation (not further defined)	6
Lead Dislodgement	5
Other	1
	Impedance Out of Range Insulation (not further defined) Lead Dislodgement



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

4196		Attai	n Abil	lity													
US M	larket R	elease				15May20	09		US	Retur	ned Pro	duct /	Analys	is	US Acute Lead Obse	rvations	
CE Ap	pproval				:	24Jul200	7		Cond	uctor Fra	acture			26	Cardiac Perforation		3
Regis	stered U	ISA Impl	ants			68,956			Insula	ation Bre	ach			2	Conductor Fracture		2
Estima	ated Ac	tive USA	A Implant	S	:	27,779			Crim	/Weld/B	ond			0	Extra Cardiac Stimulation		98
Fixatio	on Type	e			l	Double C	Curve		Other					9	Failure to Capture		67
		Polarity			I	Bipolar									Failure to Sense		1
Steroi	id Indica	ator				Yes									Impedance Out of Range		12
															Insulation Breach		1
															Lead Dislodgement		227
															Oversensing		1
															Unspecified Clinical Failure	e	2
Product \$	Survei	illance	Registr	y Resul	ts			Qu	alifying	Compl	ications	•		87			
Number of	Number of Leads Enrolled in Study 2,323		Cor	Conductor Fracture 3			3	Impedance C	Out of Range	2							
Number of	Leads	Active in	Study				219	Ext	ra Cardia	c Stimula	ation		17	Insulation (no	ot further defined)	1	
Cumulative	e Month	s of Follo	ow-Up			119,	377	Fail	ure to Ca	pture			37	Lead Dislodg	jement	23	
														Other		4	
4000/	,																
100%	0 -																
<u>w</u> 95%	6 -																
95% Pead Survival														<ul> <li>Uppe</li> </ul>	er 95 Pct Confidence		
ad ad	0														ulative Survival Probability		
<u>۵</u> 85%	6 -														er 95 Pct Confidence		
80%	6																
	0		50		100		150		200		250		30	0			
Months After Implant																	
Years	1	2	3	4	5	6	7	8	9	10	11	12	at 156 mo				
% 9	98.0%	97.3%	96.6%	95.9%	95.7%	95.2%	94.8%	94.2%	93.9%	93.6%	93.6%	93.1%	93.1%				
# ~	1,887	1,499	1,192	964	792	636	495	410	339	262	194	134	51				

#### 4296 **Attain Ability Plus** US Market Release 01Apr2011 **US Returned Product Analysis US Acute Lead Observations** CE Approval 18Dec2009 Cardiac Perforation 2 Conductor Fracture 4 Registered USA Implants 35,176 Conductor Fracture 1 Insulation Breach 0 Estimated Active USA Implants 17,245 Crimp/Weld/Bond 2 Extra Cardiac Stimulation 63 Double Curve Fixation Type Other 4 Failure to Capture 36 Pace Sense Polarity Dual Electrodes Impedance Out of Range 11 Steroid Indicator Yes Insulation Breach 4 Lead Dislodgement 120 **Product Surveillance Registry Results Qualifying Complications** 35 Number of Leads Enrolled in Study 1,471 1

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

Extra Cardiac Stimulation	
Failure to Capture	

12	Impedance Out of Range	0
9	Lead Dislodgement	13
	Other	1



244

77.394

### Upper 95 Pct Confidence

- Cumulative Survival Probability
- Lower 95 Pct Confidence

#### Attain Performa 4298 US Market Release 01Aug2014 **US Returned Product Analysis US Acute Lead Observations** 01Jan2013 **CE** Approval Cardiac Perforation 7 Conductor Fracture 7 Registered USA Implants 118,671 Conductor Fracture Insulation Breach 0 1 Estimated Active USA Implants 91,583 Extra Cardiac Stimulation 233 Crimp/Weld/Bond 0 Fixation Type Double Curve Other 27 Failure to Capture 168 Pace Sense Polarity Quadripolar Failure to Sense 1 Steroid Indicator Yes Impedance Out of Range 44 Lead Dislodgement 256 **Product Surveillance Registry Results Qualifying Complications** 28 Extra Cardiac Stimulation Number of Leads Enrolled in Study 2 262 5 Impedance Out of Range 0 Number of Leads Active in Study 850 Failure to Capture 5 Lead Dislodgement 15 Cumulative Months of Follow-Up 107.609 Other 3



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

#### Attain Ability Straight 4396 31Mar2011 US Market Release **US Returned Product Analysis US Acute Lead Observations** CE Approval 18Dec2009 Cardiac Perforation 1 Conductor Fracture 5 Registered USA Implants 8,398 Conductor Fracture 2 Insulation Breach 1 Estimated Active USA Implants 4,369 Extra Cardiac Stimulation Crimp/Weld/Bond 0 21 Fixation Type Tines Other 0 Failure to Capture 14 Pace Sense Polarity **Dual Electrodes** Lead Dislodgement 35 Steroid Indicator Yes **Product Surveillance Registry Results Qualifying Complications** 10 Number of Leads Enrolled in Study 483 Extra Cardiac Stimulation Impedance Out of Range 1 0 Number of Leads Active in Study 86 Failure to Capture 4 Insulation (not further defined) 1 25,655 Cumulative Months of Follow-Up Lead Dislodgement 4 Other 0



#### Upper 95 Pct Confidence

- Cumulative Survival Probability
- Lower 95 Pct Confidence

US Market Release	10Dec2014	US Returned Product	Analysis	US Acute Lead OI	oservations
CE Approval	01Jan2013	Conductor Fracture	4	Cardiac Perforation	
Registered USA Implants	40,945	Insulation Breach	0	Conductor Fracture	
Estimated Active USA Implants	32,644	Crimp/Weld/Bond	0	Extra Cardiac Stimulat	ion 1
Fixation Type	Tines	Other	7	Failure to Capture	
Pace Sense Polarity	Quadripolar			Impedance Out of Ran	ge
Steroid Indicator	Yes			Lead Dislodgement	
Product Surveillance Registry Res	ults	Qualifying Complications	17		
Number of Leads Enrolled in Study	2,085	Extra Cardiac Stimulation	1 In	pedance Out of Range	1
Number of Leads Active in Study	1,135	Failure to Capture	7 Le	ead Dislodgement	8
Cumulative Months of Follow-Up	71,485		0	ther	0



Upper 95 Pct Confidence

- Cumulative Survival Probability
- Lower 95 Pct Confidence

4598 Attain Performa S					
US Market Release	10Dec2014	US Returned Product	Analysis	US Acute Lead Obs	ervations
CE Approval	01Jan2013	Conductor Fracture	6	Cardiac Perforation	11
Registered USA Implants	75,744	Insulation Breach	0	Conductor Fracture	2
Estimated Active USA Implants	61,223	Crimp/Weld/Bond	0	Extra Cardiac Stimulation	า 138
Fixation Type	S-shape	Other	14	Failure to Capture	100
Pace Sense Polarity	Quadripolar			Impedance Out of Range	e 36
Steroid Indicator	Yes			Lead Dislodgement	86
				Oversensing	1
Product Surveillance Registry Results		Qualifying Complications	17		
Number of Leads Enrolled in Study	1,375	Extra Cardiac Stimulation	3 Impeda	nce Out of Range	0
Number of Leads Active in Study	538	Failure to Capture	1 Lead D	islodgement	12
Cumulative Months of Follow-Up	61,197	Failure to Sense	1 Other		0



•	Upper 95 Pct Confidence
	<b>Cumulative Survival Probability</b>

Lower 95 Pct Confidence

4798 Attain Stability Qua	ad				
US Market Release	03Jun2019	US Returned Product A	Analys	is US Acute Lead Obse	rvations
CE Approval	24Apr2017	Conductor Fracture		1 Cardiac Perforation	7
Registered USA Implants	49,098	Insulation Breach		0 Conductor Fracture	2
Estimated Active USA Implants	45,864	Crimp/Weld/Bond		0 Extra Cardiac Stimulation	88
	Non-electrically Active	Other		14 Failure to Capture	99
Fixation Type	Side Fixation			Impedance Out of Range	37
Pace Sense Polarity	Quadripolar			Lead Dislodgement	101
Steroid Indicator	Yes			Oversensing	1
Product Surveillance Registry Results		Qualifying Complications	(	6	
Number of Leads Enrolled in Study	1,357	Conductor Fracture	1	Impedance Out of Range	0
Number of Leads Active in Study	969	Extra Cardiac Stimulation	2	Lead Dislodgement	2
Cumulative Months of Follow-Up	23,538	Failure to Capture	1	Other	0



4965 CapSure Epi					
US Market Release	06Sep1996	US Returned Product	t Analys	is US Acute Lead Ol	oservations
CE Approval	01Jan1993	Conductor Fracture	29	28 Cardiac Perforation	1
Registered USA Implants	24,263	Insulation Breach	(	64 Conductor Fracture	1
Estimated Active USA Implants	6,865	Crimp/Weld/Bond		1 Failure to Capture	11
Fixation Type	Suture	Other		0 Failure to Sense	8
Pace Sense Polarity	Unipolar			Impedance Out of Ran	nge 21
Steroid Indicator	Yes			Oversensing	2
				Unspecified Clinical Fa	ailure 3
Product Surveillance Registry Result	s	Qualifying Complications		18	
Number of Leads Enrolled in Study	234	Conductor Fracture	10	Impedance Out of Range	0
Number of Leads Active in Study	3	Failure to Capture	4	Insulation (not further defined)	1
Cumulative Months of Follow-Up	7,500	Failure to Sense	1	Oversensing	2
				Other	0
100% -					
<u>ल</u> 90% -					
80% -	~~~			Upper 95 Pct Confidence	
80%				<ul> <li>Cumulative Survival Probat</li> </ul>	pility
<u>ه</u> 60% –				Lower 95 Pct Confidence	2010 <b>-</b> 1

80

100

120

50% 0

Years

% 97.9%

# 118 20

3

94.0%

82

at 48

mo

85.6%

60

2

95.1%

100

2

1

Years

% 99.4%

# 824 40

60

Months After Implant



3 5 6 7 8 9 12 at 180 4 10 11 13 14 mo 96.0% 94.3% 93.1% 91.1% 89.3% 85.0% 77.9% 72.3% 71.3% 97.5% 89.1% 83.9% 80.6% 75.1% 53 742 662 572 509 434 384 321 239 198 162 122 88 69 Medtronic CRM Product Performance Report 159

Months After Implant

Issue 90 2024 1st Edition Online https://wwwp.medtronic.com/productperformance





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

### Introduction

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

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

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

Charge time data for ICD and CRT-D models are presented using boxplots at 6-month intervals. The shaded box on the plots represents the middle half of the data – the Interquartile Range (IQR. The white line in the middle of each box is the median charge time. The top of the box representing the IQR is the third quartile or the 75th percentile (i.e., 75% of all charge times fall below this line, whereas the bottom of the box represents the first quartile or the 25<sup>th</sup> 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.

D204DRM, D D224DRG, D		
Model Number	Brand	
D224DRG	Secura DR	



## D204TRM, D214TRM, **D224TRK, D234TRK**

Model Number	Brand
D224TRK	Consulta CRT-D





20 Seconds 15 Ŧ 10 + 5 000 (199) 036 (95) 066 (39) 072 (31) 006 (182) 084 (21) (6) 060 (2) 118 (158 024 (134 030 (108 042 (78) 048 (73) 054 (60) 060 (45) 078 (26) 3 960 102 Months (# of Devices)





## D204VRM, D214VRM, **D224VRC, D234VRC**

Brand
Secura VR
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
D284TRK	Maximo II CRT-D
D394TRG	Egida CRT-D



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

163

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

Model Number	Brand	<del>පි</del> 1	5											-						
D294VRC	Virtuoso II VR	1 Seconds	<b>°</b>										Ξ				_	_	-	-
		sec 1	0 =	<b>T</b> =	- I	<b>H</b> 3	-	Ŧ	Ŧ	<b>=</b>	<u> </u>	ĒĒ	- 1	-	-	-				
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			5 (45)	(55)	(44)	(35)	(20)	(18)	(16)	(16)	(15)	(14)	(10)	E	(3)	(3)	( <u>1</u>	£	(J	(L)
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Months (# of Devices) Issue 90 2024 Ist Edition Online https://wwwp.medtronic.com/productperformance

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



D354DRx	
Model Number	Brand
D354DRG	Protecta XT DR
D354DRM	Protecta XT DR



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

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

DR
r Brand
Evera XT
Evera XT
Evera XT
Evera XT
Evera S
Evera S
Evera MRI XT
Evera MRI S
Evera MRI
Primo
Primo
Mirro Medtror
Mirro







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



Months (# of Devices)

DVxxxx, VF	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
DVME3D1	Mirro
DVME3D4	Mirro



Months (# of Devices)

## LINQ II ICM Potential for Amplified Noise

## LINQ II Insertable Cardiac Monitoring Systems

Original Date of Communication: November 2023

### **ORIGINAL COMMUNICATION - NOVEMBER 2023**

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

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

### PATIENT MANAGEMENT RECOMMENDATIONS:

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

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

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

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

## Cobalt<sup>™</sup> XT, Cobalt and Crome<sup>™</sup> ICDs and CRT-Ds

Original Date of Communication: May 2023

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

### **STATUS UPDATE - APRIL 2024**

As of 13 March 2024, Medtronic has identified 36 devices (representing 0.0036% of devices distributed worldwide) that experienced the issue described in the communication. No permanent harms or deaths have been attributed to this issue. When programmed B>AX, the occurrence rate remains in line with the historic non-advisory population as described in the original communication. To support the patient management recommendations in the May 2023 communication, Medtronic reviewed more than 680,000 shock events that occurred in over 228,000 unique devices.

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

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



### **ORIGINAL COMMUNICATION - MAY 2023**

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

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

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

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

### PATIENT MANAGEMENT RECOMMENDATIONS:

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

- Prophylactic device replacement is NOT recommended.
  - The risk of mortality for patients after reprogramming is 0.001% at 9 years and is less than the risk of patient mortality due to complications associated with device replacement (0.032% - 0.043%<sup>1,2,3</sup>).
- Program all HV therapy pathways B>AX in all therapy zones to minimize the risk for this issue.
  - Note: Using "Get Medtronic Nominals" will require manual reprogramming of Rx5 and Rx6 to B>AX for all ventricular therapies.
  - For patients remotely followed via CareLink, your Medtronic representative will provide a report to assist with identifying patients who may have one or more HV therapy pathways programmed AX>B. You may contact your local representative to obtain an updated copy of the report at any time.
- Prioritize reprogramming patients who have both a history of HV therapy <u>and</u> Rx1 programmed AX>B.
  - Rx1 provides the greatest statistical likelihood to resolve an arrhythmia, and therefore it is important to minimize risk of a reduced- or no-energy HV therapy in the first sequence.
- For remaining patients with AX>B programming in any HV therapy sequence, schedule the next follow-up for in-clinic reprogramming, with the appropriate discretion, to minimize potential for reduced- or no-energy HV therapies to occur.
- Per standard practice, check tachyarrhythmia episodes to determine effectiveness of therapies that have been delivered.
  - Instruct patients to contact the clinic if they receive HV therapy or hear an audible tone coming from their device.
  - Verify delivered energy is consistent with programmed energy in the Episode Summary. Note: The image below highlights an episode experiencing intermittent reduced HV therapies (red boxes).

Episode Summ	ary				
Initial Type		VF (spont	laneous)		
Duration		27 sec			and the second
A/V Max Rate		Unknown	/231 bpm		Delivered Energy
V. Median		231 bpm	(260 ms)		-
Activity at onset	Active, Sensor = 118 bpm				
Last Therapy		VF Rx3: 0	Defib, Succes	sful	
Therapies	Delivered	Charge	Ohms	Energy	
VF Rx 1 Burst	During Charg	ing			43 \$245.07
VF Rx 1 Defib	0.7 J	9.97 sec	<20 ohms	0.0 - 35 J	 Programmed Energ
VF Rx 2 Defib	0.3 J	0.77 sec	<20 ohms	33 - 35 J	
VF Rx 3 Defib	35.7 J	0.49 sec	93 ohms	33 · 35 J	
Termination					

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

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

### **ISSUE DETAILS:**

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

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

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

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

Through 10 April 2023, 27 devices with glassed feedthroughs have been identified as experiencing a reduced or noenergy HV therapy (0.003% out of 816,000 distributed devices). Of these, 26 were in devices with an AX>B delivered pathway. Based on an analysis of patients with a glassed feedthrough device and with a history of HV therapy, the observed rate for this issue is 0.03%. See Table 1 below for projected rates of occurrence and risk for harm.

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

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

Рори	lation	Projected event rate (one or more reduced- or no-energy HV therapies in an episode)	Mortality risk of this issue, considering the probability a sequence of six HV therapies fails to terminate an arrhythmia 0.004% @ 5 years* 0.08% @ 5 years*	
Glassed feedthrough devices with current field programming (~816,000 devices)	Overall Population of Devices	0.02% @ 5 years*		
	For Patients with History of HV Therapy	0.48% @ 5 years*		
Glassed feedthrough devices after all HV pathways reprogrammed B>AX	Overall Population of Devices	0.005% @ 9 years**	0.001% @ 9 years**	
	For Patients with History of HV Therapy	0.04% @ 9 years**	0.01% @ 9 years**	
Historical devices dating back to 2012 (~651,000 devices)	Overall Population of Devices	0.006% @ 9years**	0.001% @ 9years**	
	For Patients with History of HV Therapy	0.05% @ 9 years**	0.01% @ 9 years**	

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

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

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

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

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

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

For Cobalt/Crome ICD and CRT-D devices:

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

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

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

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

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

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

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

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

Original Date of Communication: May 2023

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

### STATUS UPDATE – APRIL 2024

As of 13 March 2024, Medtronic has identified 36 devices (representing 0.0036% of devices distributed worldwide) that experienced the issue described in the communication. No permanent harms or deaths have been attributed to this issue. When programmed B>AX, the occurrence rate remains in line with the historic non-advisory population as described in the original communication. To support the recommendations in the May 2023 communication, Medtronic reviewed more than 680,000 shock events that occurred in over 228,000 unique devices.

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

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



### **ORIGINAL COMMUNICATION - MAY 2023**

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

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

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

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

### PATIENT MANAGEMENT RECOMMENDATIONS:

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

- Prophylactic device replacement is NOT recommended.
  - The risk of mortality for patients after reprogramming is 0.001% at 9 years and is less than the risk of patient mortality due to complications associated with device replacement (0.032% - 0.043%<sup>1,2,3</sup>).
- Program all HV therapy pathways B>AX in all therapy zones to minimize the risk for this issue.
  - Note: Using "Get Medtronic Nominals" will require manual reprogramming of Rx5 and Rx6 to B>AX for all ventricular therapies.
  - For patients remotely followed via CareLink, your Medtronic representative will provide a report to assist with identifying patients who may have one or more HV therapy pathways programmed AX>B. You may contact your local representative to obtain an updated copy of the report at any time.
- Prioritize reprogramming patients who have both a history of HV therapy <u>and</u> Rx1 programmed AX>B.
  - Rx1 provides the greatest statistical likelihood to resolve an arrhythmia, and therefore it is important to minimize risk of a reduced- or no-energy HV therapy in the first sequence.
- For remaining patients with AX>B programming in any HV therapy sequence, schedule the next follow-up for in-clinic reprogramming, with the appropriate discretion, to minimize potential for reduced- or no-energy HV therapies to occur.
- Per standard practice, check tachyarrhythmia episodes to determine effectiveness of therapies that have been delivered.
  - Instruct patients to contact the clinic if they receive HV therapy or hear an audible tone coming from their device.
  - Verify delivered energy is consistent with programmed energy in the Episode Summary. Note: The image below highlights an episode experiencing intermittent reduced HV therapies (red boxes).

Episode Summ	ary				
Initial Type		VF (spont	laneous)		
Duration		27 sec			and the second
A/V Max Rate		Unknown	/231 bpm		Delivered Energy
V. Median		231 bpm	(260 ms)		-
Activity at onset	Active, Sensor = 118 bpm				
Last Therapy		VF Rx3: 0	Defib, Succes	sful	
Therapies	Delivered	Charge	Ohms	Energy	
VF Rx 1 Burst	During Charg	ing			43 \$245.07
VF Rx 1 Defib	0.7 J	9.97 sec	<20 ohms	0.0 - 35 J	 Programmed Energ
VF Rx 2 Defib	0.3 J	0.77 sec	<20 ohms	33 - 35 J	
VF Rx 3 Defib	35.7 J	0.49 sec	93 ohms	33 - 35 J	
Termination					

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

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

### **ISSUE DETAILS:**

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

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

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

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

TABLE 1: Comparison of projected event rates and risk of catastrophic harm, with and with
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Рори	lation	Projected event rate (one or more reduced- or no-energy HV therapies in an episode)	Mortality risk of this issue, considering the probability a sequence of six HV therapies fails to terminate an arrhythmia
Glassed feedthrough devices with current	Overall Population of Devices	0.02% @ 5 years*	0.004% @ 5 years*
field programming (~816,000 devices)	For Patients with History of HV Therapy	0.48% @ 5 years*	0.08% @ 5 years*
Glassed feedthrough devices after all HV pathways reprogrammed B>AX	Overall Population of Devices	0.005% @ 9 years**	0.001% @ 9 years**
	For Patients with History of HV Therapy	0.04% @ 9 years**	0.01% @ 9 years**
Historical devices dating back to 2012 (~651,000 devices)	Overall Population of Devices	0.006% @ 9years**	0.001% @ 9years**
	For Patients with History of HV Therapy	0.05% @ 9 years**	0.01% @ 9 years**

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

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

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

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

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

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

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

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

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

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

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

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

### Product Education Brief: Alert Threshold for Lead Impedances

### Azure<sup>™</sup> and Astra<sup>™</sup> pacemakers, and Percepta<sup>™</sup>, Serena<sup>™</sup> and Solara<sup>™</sup> CRT-P

### Original Date of Communication: April 2023

#### Overview

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

#### **Details regarding CareAlerts and impedance measurements**

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

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



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

Date/Time	Event		Threshold
01-Jul-2020 03:00:00	*A. Unipolar lead impedanc	190 ohms.	200 ohms

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

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

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

#### **Patient Management**

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

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

### Cobalt<sup>™</sup> XT, Cobalt<sup>™</sup> and Crome<sup>™</sup> ICDs and CRT-Ds

### Original Date of Communication: June 2022

### **STATUS UPDATE - APRIL 2024**

Manufacturing updates may increase device programming options. Contact Medtronic Technical Services for details.

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

Through 20 March 2024, Medtronic has confirmed 136 devices (representing 0.08% of devices distributed worldwide) have experienced a second-phase SCP event. In all events, ~79% of the programmed shock energy was delivered. No events have occurred in devices programmed B>AX that have the August 2022 software update. No permanent harms or deaths have been directly attributed to this issue.

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

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

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

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

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

#### **ORIGINAL COMMUNICATION - JUNE 2022**

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

#### **ISSUE SUMMARY:**

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

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

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

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

\*Medtronic data on file; May 2022.

 While 0.03% has been observed to date, Medtronic projects 0.18%\*\* of the ~80,000 distributed devices may experience a second-phase SCP event within 24 months of service life, when considering the probability for these SCP events increases over time, and the likelihood a patient will need HV therapy during that time.

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For the population of patients who received HV therapy, the observed rate was 0.77%.
When projecting for this population, the chance of encountering a second-phase SCP event is ~5.0%\*\* at 24 months.

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

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

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

### PATIENT MANAGEMENT RECOMMENDATIONS AND CONSIDERATIONS:

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

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

- Prophylactic device replacement is NOT recommended.
- Remote monitoring with normal frequency of follow-up per clinic protocol, with patients' next follow-up scheduled in-clinic to allow for device reprogramming (if necessary):
  - Programming all HV therapies to 40J with a B>AX pathway and Active Can/SVC Coil set with Active Can enabled across all therapy zones.
- Contact Medtronic Technical Services (1-800-723-4636) or your local representative if an *RV Defib Lead Impedance Alert* reporting zero (0) ohms is observed – as this is an indicator that an SCP event was detected during HV therapy.
  - Importantly, if the delivered energy during the episode is ~79% of the programmed energy AND the SCP alert indicates an RV Defib Lead impedance alert reporting exactly zero (0) ohms, this is an indication of a second-phase SCP event (as described in this letter) and not a lead issue.

 Consider device replacement only after observing and confirming the cause of an SCP event with a Medtronic representative, with the understanding a device has an ~81% probability of delivering subsequent reduced-energy shocks, and with the understanding an update for implanted devices is anticipated to be available beginning <third quarter/fourth quarter> of calendar year 2022.

Note: The software update will require an additional in-clinic follow-up in order for it to be installed into a patient's device. The update will ensure the full shock energy is delivered in the presence of a secondary, low-level current pathway in the HV circuitry.

 After an SCP event, pacing, sensing, episode detection, and anti-tachycardia pacing (ATP) therapies are not impacted; additionally, HV charging, battery longevity and Bluetooth telemetry are not impacted.

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

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

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

# Software Update Available to Correct Potential for SmartSync Telemetry Error

CareLink SmartSync<sup>™</sup> Device Manager supporting Cobalt<sup>™</sup> and Crome<sup>™</sup> ICDs and CRT-Ds

Original Date of Communication: April 2022

#### **STATUS UPDATE - APRIL 2024**

As of 03 April 2024, Medtronic has received 217 reports of the SmartSync Telemetry Error in Cobalt and Crome devices. No serious adverse events or permanent harms have been reported.

#### **ORIGINAL COMMUNICATION – APRIL 2022**

Medtronic is notifying health care professionals of **a software update for CareLink SmartSync™ Device Managers** (SmartSync) that will address a telemetry error that may occur with Medtronic Cobalt<sup>™</sup> and Crome<sup>™</sup> implantable cardioverter defibrillators (ICDs) and cardiac resynchronization therapy defibrillators (CRT-Ds). Specifically, **software application D00U005 version 6.0.3 will deploy an update** to implanted devices that will correct the potential for temporary suspension of some device features (details below) due to a telemetry error involving inductive (non-Bluetooth) telemetry. As of 22 March 2022, 0.3% of devices have experienced this issue. No serious adverse events or permanent harms have been reported due to this error.

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

#### Details:

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

- Battery voltage measurements
- Capture Management™

- Atrial Lead Position Check™
- AdaptivCRT<sup>™</sup>, EffectivCRT<sup>™</sup> diagnostic, and EffectivCRT<sup>™</sup> During AF
- Wavelet<sup>™</sup> template management
- Battery conditioning charges

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

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

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

#### Patient Management Recommendations:

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

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

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

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

#### **APPENDIX A**

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

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



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

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

Medtronic H	ONE TRANSMISSI	ONS MANAGE MY PATIENTS	HANAGE MY CLINIC	LHSIOUS
Active Transmissions	Reports List.   Export Sta	tus   Summary Reports   Advances	t Search   Transmission Schedule	
Pecing Summary				
Made				
Mode 4	000			
Pocing Details	Atrial	RV		
Senativity	0.30 mV	0.30 mN		
Sense Polarity	Bipolar	Ripplar		-
Refractory/Blanking				
PVAB (eterval	150 ms			
PVAB Mathod	Partial			
A. Blank Post AS	100 ma			
V. Blank Post VS	120 ma			
Additional Features				
Rate Drop Response	OR OR			
MRI Surelican	Off			
Device Information				

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

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

## How do I update my SmartSync<sup>™</sup> application software for the issue described in the April/May 2022 communication?

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

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



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

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

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

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

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





### Procedure Education Brief: Micra TPS Implant

### **Micra TPS devices**

Original Date of Communication: November 2021

### Overview

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

#### **Micra IFU and Implant Procedure Training**

The Micra IFU is available on the Medtronic electronic manuals website

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

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

### Micra Safety and Effectiveness Data

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

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

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

Data from our Global Complaint Handling database suggests that the Micra rate of perforation is 0.6% and the rate of perforation related death is 0.13% out of over 100,000 implants worldwide. The Micra real-world perforation rate is in-line with, or lower than, the perforation rate observed in pre-market or post-market clinical studies<sup>1</sup>.

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

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

Recent publications from the Micra CED Study in July 2021<sup>4</sup> and November 2021<sup>5</sup> based on 5,746 Micra patients and 9,622 with contemporaneously implanted transvenous single-chamber pacing patients show that at time of implant, Micra patients tend to be sicker than the transvenous single-chamber pacemaker population. Micra patients have a higher comorbidity burden as measured by the Charlson comorbidity index (5.1 vs 4.6, P<0.001) and a higher rate of end stage renal disease (12.0% vs 2.3%, P<0.001)<sup>4</sup>. Acute and longer-term outcomes reported in these publications are shown in the table below.

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

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

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

- <sup>4</sup> Piccini et al. *JAMA Cardiology* 2021; 6(10): 1187-1195.
- <sup>5</sup> El-Chami et al. *EHJ* 2021; ePub ahead of print

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

<sup>&</sup>lt;sup>2</sup> Reynolds et al. *NEJM* 2016; 374(6): 533-541.

<sup>&</sup>lt;sup>3</sup> El-Chami et al. *Heart Rhythm* 2018; 15(12): 1800-1807.

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

### Reveal LINQ with TruRhythm Insertable Cardiac Monitoring Systems

Original Date of Communication: June 2021

### **STATUS UPDATE - APRIL 2024**

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

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

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

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

### Patient Management Recommendations:

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

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

#### **ORIGINAL COMMUNICATION - JUNE 2021**

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

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

### **ISSUE DESCRIPTION**

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

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

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

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

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

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

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

#### PATIENT MANAGEMENT RECOMMENDATIONS

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

#### Identifying if an electrical reset has occurred:

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

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

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

#### Patients with a confirmed partial electrical reset:

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

#### FUTURE SOFTWARE UPDATE AVAILABILITY

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

#### **APPENDIX A**

#### Reveal LINQ<sup>™</sup> with TruRhythm<sup>™</sup> Insertable Cardiac Monitoring Systems

Brady & Pause Detections Disabled Following Partial Electrical Reset

Software Update Available

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

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

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

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

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Model	Software Ve	Preferences
Reveal LINQ Reveal LINQ - Read From Media Reveal Plus 9526 Reveal XT / Reveal DX Reveal XT / Reveal DX - Read From Disk	8.3 8.3 7.0 7.1 7.1	Time and Date Artifact Detection Software
Update History Update Name	Time of U	Demonstrations Programmer Profile SessionSync Status
		SessionSync Network Configuration Remote View Network Configuration
Install from Medtronic Instal	from Media	Network Configuration Other Software

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

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

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

Paramete	ers				
Symptom	Four 7.5 mit	n Episodes			
Carolina Contra	Detection	Interval (Rate)	Duration		
Tachy	or	340 ms (176 bpm)	16 beats		
Brady	Off	2000 ms (30 bpm)	4 beats		
Pause	Off		3 sec		
AT/AF D	tection				
And in case of the local division of the loc	tection Off				
Sensing					
Sensitivity		0.035 mV (	35 µV)		
Blank affe		300 ms			
Sensing T	hreshold Deca	y Delay 200 ms			
Device D	ata Collectio	n			
	r Monitoring	Suspected AF	112		
Device Da		26-Aug-2021 06	044		
	Transmission T				
	ata Priority ta Collection	Pause, Tachy, E	scady		
Device Da	as conection	On			
Device In	formation				
Device			EAL LING LNG11	RLA511585S	Implanted: 23-Mar-2021
Device Co	infiguration ID:	0-0-0-1			
History					
and a second					

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

### LINQ II Insertable Cardiac Monitoring Systems

Original Date of Communication: June 2021

### **STATUS UPDATE - APRIL 2024**

Medtronic released a software update in August 2023 to address this issue in LINQ II ICMs manufactured from July 2020 to June 2021. The update is available through SmartSync App 3.12.4 or higher.

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

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

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

### **ORIGINAL COMMUNICATION - JUNE 2021**

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

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

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

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#### **ISSUE DESCRIPTION**

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

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

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

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

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

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

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

#### PATIENT MANAGEMENT RECOMMENDATIONS

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

#### Identifying if an electrical reset has occurred:

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

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

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

#### Patients with a confirmed partial electrical reset:

- Medtronic medical staff, in consultation with our Independent Physician Quality Panel, recommends against device replacement for patients being monitoring for Tachy or AT/AF; continue normal patient follow-up.
- When monitoring for Brady, Pause, or PVC events, device replacement may be appropriate. Consider the following before device replacement:

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- It is important to note that the Patient Assistant (Patient Activator) will continue to manually mark symptoms even after a partial electrical reset. Patient-activated recordings are not impacted by this issue.
- o If replacement is desirable, consider Reveal LINQ with TruRhythm<sup>™</sup> or alternative ICM. While Reveal LINQ devices are also are susceptible to this issue (see correction notice, Reveal LINQ<sup>™</sup> with TruRhythm<sup>™</sup> Insertable Cardiac Monitoring Systems Brady & Pause Detections Disabled Following Partial Electrical Reset), the observed rate is 0.049% for Reveal LINQ with TruRhythm ICMs compared to 0.21% for LINQ II ICMs.

**Note**: Implanted Reveal LINQ with TruRhythm ICMs have the ability to receive a future software update to correct this issue, which will be implemented via the Model 2090 and Encore<sup>™</sup> programmers, and is anticipated to be available in the U.S. late calendar year 2021.

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

### Unipolar Longevity Estimation Software Error

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

Original Date of Communication: April 2021

### **STATUS UPDATE - APRIL 2024**

Through 25 March 2024, Medtronic has received 34 complaints from clinicians related to this issue. No permanent patient harms have been reported due to this issue.

### **ORIGINAL COMMUNICATION - APRIL 2021**

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

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

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

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

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

Table 1: Software updates by device family and programmer

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

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

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

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

### Subset of ICDs and CRT-Ds

Original Date of Communication: February 2021

### **STATUS UPDATE - APRIL 2024**

As of 18 March 2024, approximately 167,713 devices susceptible to this issue are estimated to still be active worldwide. Observed rate of occurrence is 0.16% and projected rate for the affected population of devices remains 0.22%. Devices with higher pacing outputs and high pacing percentages (e.g., CRT-D devices) have the lowest probability of occurrence (refer to Appendix A of the original communication for further details – see below). No permanent patient harms have been reported due to this issue.

### **ORIGINAL COMMUNICATION – FEBRUARY 2021**

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

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

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

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

#### **Patient Management Guidance**

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

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

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

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

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

#### **APPENDIX A**

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

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

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



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

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

#### Key Points:

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

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

# Performance Note: 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-P

### Original Date of Communication: May 2019

### **STATUS UPDATE - APRIL 2024**

As of 19 March 2024, there have been a total of 29 confirmed events worldwide associated with this failure mode. No additional deaths, beyond the two deaths previously disclosed\*, have been reported since the October 2020 update. Confirmed events included reports of no output, premature depletion and electrical reset that reverted to VVI 65 operation. The range of events have occurred between 2 and 53 months post-implant.

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

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

\*Assessment for cause of death determined loss of pacing therapy could not be ruled out as a contributing factor.

### **ORIGINAL COMMUNICATION - MAY 2019**

Medtronic has identified a rare but potentially serious failure mode in a population of Azure<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

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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

### Potential Conductor Wire Fracture

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

Original Date of Communication: October 2007

### **STATUS UPDATE - APRIL 2024**

As of April 4, 2024, of the initial implant population of 205,600 in the United States, approximately 27,000 remain implanted. According to Product Surveillance Registry results, lead survival is estimated to be 63.5% (+6.6/-6.0%) at 180 months. As the implanted population ages and the sample size increases for each time interval, the accuracy of the estimated survival probability will increase as shown by tighter confidence intervals.

Initial Affected Population	Number of Confirmed Advisory Related Events	Estimated Remaining Active Population
<b>279,500</b> Worldwide ( <b>205,600</b> United States)	<b>7,329</b> Worldwide <b>(5,261</b> United States)	<b>37,000</b> Worldwide ( <b>27,000</b> United States)

### **ORIGINAL COMMUNICATION - OCTOBER 2007**

#### PRODUCT

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

#### ADVISORY

There are two primary locations where chronic conductor fractures have occurred on Sprint Fidelis leads: 1) the distal portion of the lead, affecting the anode (ring electrode) and 2) near the anchoring sleeve tie-down, predominantly affecting the cathode (helix tip electrode), and occasionally the high voltage conductor. These two locations account for approximately 90% of the chronic fractures identified in Returned Product Analysis (RPA). The remaining 10% of chronic fractures occurred in the DF-1 connector leg and the proximal portion of the RV coil. High voltage conductor fractures (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:
  - Leave a properly performing lead intact.
  - 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 <u>here.</u>
  - 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>

#### 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.

### Legacy Models

Medtronic, at its discretion, may stop providing updated performance information on models in alignment with the inclusion criteria defined in the methods for estimating. Listed below are the final product performance reports for legacy models.

#### GENERATORS

#### Cardiac Resynchronization Therapy (CRT) Defibrillators

Product Name	Model	Final Issue
Cardia CRT-D	D384TRG	2023 2nd Edition (Issue 89)
Concerto CRT-D	C154DWK	2016 1st Edition (Issue 74)
Concerto CRT-D	C164AWK	2016 1st Edition (Issue 74)
Concerto CRT-D	C174AWK	2016 1st Edition (Issue 74)
Concerto II CRT-D	D274TRK	2023 2nd Edition (Issue 89)
Concerto II CRT-D	D294TRK	2023 2nd Edition (Issue 89)
Consulta CRT-D	D204TRM	2023 2nd Edition (Issue 89)
Consulta CRT-D	D214TRM	2023 2nd Edition (Issue 89)
Consulta CRT-D	D234TRK	2023 2nd Edition (Issue 89)
InSync II Marquis	7289	2012 1st Edition (Issue 66)
InSync Maximo	7303	2012 1st Edition (Issue 66)
InSync Maximo	7304	2016 1st Edition (Issue 74)
InSync Sentry	7297	2012 1st Edition (Issue 66)
InSync Sentry	7299	2016 1st Edition (Issue 74)
Maximo II CRT-D	D264TRM	2023 2nd Edition (Issue 89)
Protecta CRT-D	D334TRG	2023 2nd Edition (Issue 89)
Protecta CRT-D	D334TRM	2023 2nd Edition (Issue 89)
Protecta XT CRT-D	D314TRM	2023 2nd Edition (Issue 89)

#### Cardiac Resynchronization Therapy (CRT) Pacemakers

Product Name	Model	Final Issue
InSync	8040	2016 1st Edition (Issue 74)
InSync III	8042	2023 2nd Edition (Issue 89)

#### Implantable Cardioverter Defibrillators (ICDs)

Model	Final Issue
D153ATG	2019 2nd Edition (Issue 81)
D154ATG	2019 2nd Edition (Issue 81)
D153DRG	2019 2nd Edition (Issue 81)
D154DRG	2019 2nd Edition (Issue 81)
D144DRG	2019 2nd Edition (Issue 81)
D144VRC	2019 2nd Edition (Issue 81)
	D153ATG D154ATG D153DRG D154DRG D144DRG

### Implantable Cardioverter Defibrillators (ICDs) continued

Product Name	Model	Final Issue
Entrust VR	D153VRC	2019 2nd Edition (Issue 81)
Entrust VR	D154VRC	2019 2nd Edition (Issue 81)
GEM	7227B	2011 1st Edition (Issue 64)
GEM	7227Cx	2011 1st Edition (Issue 64)
GEM	7227D	2011 1st Edition (Issue 64)
GEM	7227E	2011 1st Edition (Issue 64)
GEM DR	7271	2011 1st Edition (Issue 64)
GEM III DR	7275	2012 1st Edition (Issue 66)
GEM III VR	7231Cx	2016 1st Edition (Issue 74)
Intrinsic	7288	2016 1st Edition (Issue 74)
Marquis DR	7274	2016 1st Edition (Issue 74)
Marquis VR	7230B	2019 2nd Edition (Issue 81)
Marquis VR	7230Cx	2019 2nd Edition (Issue 81)
Marquis VR	7230E	2019 2nd Edition (Issue 81)
Maximo DR	7278	2017 1st Edition (Issue 76)
Maximo VR	7232B	2019 2nd Edition (Issue 81)
Maximo VR	7232Cx	2023 2nd Edition (Issue 89)
Maximo VR	7232E	2019 2nd Edition (Issue 81)
Onyx	7290Cx	2013 1st Edition (Issue 68)
Protecta DR	D334DRG	2023 2nd Edition (Issue 89)
Protecta DR	D334DRM	2023 2nd Edition (Issue 89)
Protecta VR	D334VRG	2023 2nd Edition (Issue 89)
Protecta VR	D334VRM	2023 2nd Edition (Issue 89)
Secura DR	D204DRM	2023 2nd Edition (Issue 89)
Secura DR	D214DRM	2023 2nd Edition (Issue 89)
Secura DR	D234DRG	2023 2nd Edition (Issue 89)
Secura VR	D204VRM	2023 2nd Edition (Issue 89)
Secura VR	D224VRC	2023 2nd Edition (Issue 89)
Virtuoso DR	D154AWG	2019 2nd Edition (Issue 81)
Virtuoso DR	D164AWG	2023 2nd Edition (Issue 89)
Virtuoso II DR	D274DRG	2023 2nd Edition (Issue 89)
Virtuoso II DR	D294DRG	2023 2nd Edition (Issue 89)
Virtuoso II VR	D274VRC	2023 2nd Edition (Issue 89)
Virtuoso VR	D154VWC	2019 2nd Edition (Issue 81)
Virtuoso VR	D164VWC	2023 2nd Edition (Issue 89)

### Implantable Pulse Generators (IPGs)

Product Name	Model	Final Issue
Advisa DR	A4DR01	2019 1st Edition (Issue 80)
AT500	AT501	2013 1st Edition (Issue 68)
EnPulse	E2D01	2017 2nd Edition (Issue 77)

### Implantable Pulse Generators (IPGs) continued

Product Name	Model	Final Issue
EnPulse	E2D03	2017 2nd Edition (Issue 77)
EnPulse DR	E1DR01	2017 2nd Edition (Issue 77)
EnPulse DR	E1DR03	2017 2nd Edition (Issue 77)
EnPulse DR	E1DR06	2017 2nd Edition (Issue 77)
EnPulse DR	E1DR21	2017 2nd Edition (Issue 77)
EnPulse DR	E2DR01	2017 2nd Edition (Issue 77)
EnPulse DR	E2DR03	2017 2nd Edition (Issue 77)
EnPulse DR	E2DR06	2017 2nd Edition (Issue 77)
EnPulse DR	E2DR21	2017 2nd Edition (Issue 77)
EnPulse DR	E2DR31	2017 2nd Edition (Issue 77)
EnPulse DR	E2DR33	2017 2nd Edition (Issue 77)
EnPulse SR	E2SR01	2017 2nd Edition (Issue 77)
EnPulse SR	E2SR03	2017 2nd Edition (Issue 77)
EnPulse SR	E2SR06	2017 2nd Edition (Issue 77)
EnPulse VDD	E2VDD01	2017 2nd Edition (Issue 77)
EnRhythm DR	P1501DR	2023 2nd Edition (Issue 89)
EnRhythm MRI	EMDR01	2017 1st Edition (Issue 76)
Kappa 400 DR	KDR401	2017 1st Edition (Issue 76)
Kappa 400 DR	KDR403	2017 1st Edition (Issue 76)
Kappa 400 SR	KSR401	2017 1st Edition (Issue 76)
Kappa 400 SR	KSR403	2017 1st Edition (Issue 76)
Kappa 600 DR	KDR601	2012 1st Edition (Issue 66)
Kappa 600 DR	KDR603	2012 1st Edition (Issue 66)
Kappa 600 DR	KDR606	2012 1st Edition (Issue 66)
Kappa 600 DR	KDR651	2012 1st Edition (Issue 66)
Kappa 600 DR	KDR653	2012 1st Edition (Issue 66)
Kappa 700 DR	KD700	2017 1st Edition (Issue 76)
Kappa 700 DR	KD701	2017 1st Edition (Issue 76)
Kappa 700 DR	KD703	2017 1st Edition (Issue 76)
Kappa 700 DR	KD706	2017 1st Edition (Issue 76)
Kappa 700 DR	KDR700	2017 1st Edition (Issue 76)
Kappa 700 DR	KDR701	2017 1st Edition (Issue 76)
Kappa 700 DR	KDR703	2017 1st Edition (Issue 76)
Kappa 700 DR	KDR706	2017 1st Edition (Issue 76)
Kappa 700 DR	KDR721	2017 1st Edition (Issue 76)
Kappa 700 SR	KSR700	2016 2nd Edition (Issue 75)
Kappa 700 SR	KSR701	2017 1st Edition (Issue 76)
Kappa 700 SR	KSR703	2017 1st Edition (Issue 76)
Kappa 700 SR	KSR706	2017 1st Edition (Issue 76)
Kappa 700 VDD	KVDD701	2012 2nd Edition (Issue 67)
Kappa 800 DR	KDR801	2013 1st Edition (Issue 68)
Kappa 800 DR	KDR803	2013 1st Edition (Issue 68)

### Implantable Pulse Generators (IPGs) continued

Product Name	Model	Final Issue
Kappa 900 D	KD901	2017 1st Edition (Issue 76)
Kappa 900 D	KD903	2017 1st Edition (Issue 76)
Kappa 900 D	KD906	2017 1st Edition (Issue 76)
Kappa 900 DR	KDR901	2017 1st Edition (Issue 76)
Kappa 900 DR	KDR903	2017 1st Edition (Issue 76)
Kappa 900 DR	KDR906	2017 1st Edition (Issue 76)
Kappa 900 DR	KDR921	2017 1st Edition (Issue 76)
Kappa 900 SR	KSR901	2017 1st Edition (Issue 76)
Kappa 900 SR	KSR903	2017 1st Edition (Issue 76)
Kappa 900 SR	KSR906	2017 1st Edition (Issue 76)
Kappa 900 VDD	KVDD901	2017 1st Edition (Issue 76)
Legend II	8424	2012 1st Edition (Issue 66)
Legend II	8426	2012 1st Edition (Issue 66)
Legend II	8427	2012 1st Edition (Issue 66)
Minix	8340	2012 1st Edition (Issue 66)
Minix	8341	2012 1st Edition (Issue 66)
Minix	8341M	2012 1st Edition (Issue 66)
Minix	8342	2012 1st Edition (Issue 66)
Minix ST	8330	2012 1st Edition (Issue 66)
Minix ST	8331	2012 1st Edition (Issue 66)
Minix ST	8331M	2012 1st Edition (Issue 66)
Minuet	7107	2012 1st Edition (Issue 66)
Minuet	7108	2012 1st Edition (Issue 66)
Preva DR	7088	2012 1st Edition (Issue 66)
Preva DR	7089	2012 1st Edition (Issue 66)
Preva SR	8088	2012 1st Edition (Issue 66)
Preva SR	8089	2012 1st Edition (Issue 66)
Prevail S	8085	2012 1st Edition (Issue 66)
Prevail S	8086	2012 1st Edition (Issue 66)
Prodigy DR	7860	2012 1st Edition (Issue 66)
Prodigy DR	7861	2012 1st Edition (Issue 66)
Prodigy DR	7862	2012 1st Edition (Issue 66)
Prodigy SR	8158	2013 1st Edition (Issue 68)
Prodigy SR	8160	2013 1st Edition (Issue 68)
Prodigy SR	8161	2013 1st Edition (Issue 68)
Prodigy SR	8162	2013 1st Edition (Issue 68)
Sigma 100 S	SS103	2017 2nd Edition (Issue 77)
Sigma 100 S	SS106	2017 2nd Edition (Issue 77)
Sigma 200 D	SD203	2017 2nd Edition (Issue 77)
Sigma 200 DR	SDR203	2017 2nd Edition (Issue 77)
Sigma 200 S	SS203	2017 2nd Edition (Issue 77)
Sigma 200 SR	SSR203	2017 2nd Edition (Issue 77)

### Implantable Pulse Generators (IPGs) continued

Product Name	Model	Final Issue
Sigma 300 D	SD303	2023 2nd Edition (Issue 89)
Sigma 300 DR	SDR303	2023 2nd Edition (Issue 89)
Sigma 300 DR	SDR306	2019 2nd Edition (Issue 81)
Sigma 300 S	SS303	2023 2nd Edition (Issue 89)
Sigma 300 SR	SSR303	2023 2nd Edition (Issue 89)
Sigma 300 SR	SSR306	2019 2nd Edition (Issue 81)
Sigma 300 VDD	SVDD303	2019 2nd Edition (Issue 81)
Thera-i DR	7960i	2012 1st Edition (Issue 66)
Thera-i DR	7961i	2012 1st Edition (Issue 66)
Thera-i DR	7962i	2012 1st Edition (Issue 66)
Thera-i SR	8960i	2012 1st Edition (Issue 66)
Thera-i SR	8961i	2012 1st Edition (Issue 66)
Thera-i SR	8962i	2012 1st Edition (Issue 66)
Thera-i VDD	8968i	2012 1st Edition (Issue 66)

### LEADS

### Pacing Leads

Product Name	Model	Final Issue
CapSure Sense	4073	2023 2nd Edition (Issue 89)
CapSure SP	4023	2012 2nd Edition (Issue 67)
CapSure SP	4024	2016 1st Edition (Issue 74)
CapSure SP	4523	2012 2nd Edition (Issue 67)
CapSure SP	4524	2016 1st Edition (Issue 74)
CapSure SP	5023	2012 2nd Edition (Issue 67)
CapSure SP	5023M	2012 2nd Edition (Issue 67)
CapSure SP	5024	2013 1st Edition (Issue 68)
CapSure SP	5024M	2013 1st Edition (Issue 68)
CapSure SP	5524	2013 1st Edition (Issue 68)
CapSure SP	5524M	2013 1st Edition (Issue 68)
CapSure Z	4033	2012 2nd Edition (Issue 67)
CapSure Z	4533	2012 2nd Edition (Issue 67)
CapSure Z	5033	2016 1st Edition (Issue 74)
CapSure Z	5034	2016 1st Edition (Issue 74)
CapSure Z	5534	2016 1st Edition (Issue 74)
CapSureFix	4067	2012 2nd Edition (Issue 67)
CapSureFix	4068	2016 1st Edition (Issue 74)
CapSureFix	4568	2017 2nd Edition (Issue 77)
CapSureFix	5068	2017 1st Edition (Issue 76)
CapSureFix	5568	2016 1st Edition (Issue 74)

### Pacing Leads continued

Product Name	Model	Final Issue
CapSureFix	6940	2018 1st Edition (Issue 78)
Screw-In	4558M	2016 1st Edition (Issue 74)
SureFix	5072	2018 1st Edition (Issue 78)

### **Defibrillation Leads**

Product Name	Model	Final Issue
Epicardial Patch	6921	2013 1st Edition (Issue 68)
Sprint	6932	2016 1st Edition (Issue 74)
Sprint	6942	2017 1st Edition (Issue 76)
Sprint	6943	2017 2nd Edition (Issue 77)
Sprint	6945	2017 2nd Edition (Issue 77)
Sub-Q	6999	2012 1st Edition (Issue 66)
Sub-Q Patch	6939	2012 1st Edition (Issue 66)
SVC/CS	6963	2013 1st Edition (Issue 68)
Transvene	6936	2013 1st Edition (Issue 68)
Transvene	6966	2013 1st Edition (Issue 68)
Transvene SVC	6937	2016 1st Edition (Issue 74)
Transvene SVC-CS	6933	2016 1st Edition (Issue 74)

#### Left Heart Pacing Leads

Product Name	Model	Final Issue
Attain CS	2188	2012 2nd Edition (Issue 67)

### Epicardial/Myocardial Pacing Leads

Product Name	Model	Final Issue
Spectraflex	4951	2013 1st Edition (Issue 68)
Spectraflex	4951M	2013 1st Edition (Issue 68)

### VDD Single Pass Pacing Leads

Product Name	Model	Final Issue
CapSure VDD	5032	2016 1st Edition (Issue 74)

### **Mailer Kits Available for Returning Product**

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

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

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

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

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

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

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



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

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

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