



Cardiac Rhythm Disease Management

Product Performance Report

Important Patient Management Information for Physicians

2012

Second Edition – Issue 67

A Message from the Vice President

Dear Customer,

At Medtronic, product quality and reliability have been and will continue to be a priority. For over 29 years, Medtronic has compiled and produced product performance reports with one primary goal, to provide you with the product information you need to best care for your patients.

Our commitment to you is best expressed in Medtronic's mission: "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." To this end, we continually explore new ways to expand, improve, and learn from our product performance systems and measures.

Our quality goals cannot be reached alone. We welcome your collaboration, insight, and recommendations. Please contact our Technical Services Department at 1 (800) 723-4636 with your feedback comments and any questions.

Your participation and assistance in returning explanted products are also critical. Returned products are tested and evaluated so that we can fully measure the performance of our devices. Please refer to the instructions on the next page for assistance in returning products to the Medtronic CRDM Returned Product Analysis Laboratory.

As we constantly strive to exceed your expectations, we thank you for your dedication to improving and saving the lives of those suffering from cardiac rhythm disorders.

With appreciation and warm regards,

Tim Samsel

Vice President, Quality and Regulatory

Medtronic Cardiac Rhythm Disease Management

Medtronic, Inc.

Contact Information

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

US Technical Services Department

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

1 (800) 505-4636 (Brady)

Fax: 1 (800) 824-2362

www.medtronic.com/corporate/contact.jsp

International Technical Centers

Europe (Heerlen NL) +31-45-566-8844 Japan (Tokyo) +81-3-5753-4116

For questions related to this CRDM Product Performance Report, please call US Technical Services at the number above, or write to:

Jia Guo, Ph.D. Medtronic, Inc. 8200 Coral Sea Street NE MVN61 Mounds View, MN 55112 USA

Email: jia.guo@medtronic.com

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

Outside the United States:

Your Medtronic representative or international technical center at the number above.

Within the United States:

Your Medtronic representative or

CRDM Returned Product Analysis Laboratory

Phone: 1 (800) 328-2518, ext. 44800 Email: crdm.returnedproduct@medtronic.com

Editorial Staff

Independent Physician Quality Panel

Steven J. Compton, MD, Anchorage, AK John P. DiMarco, MD, PhD, Charlottesville, VA Kevin Hackett, MD, Columbus, OH R. Hardwin Mead, MD, Palo Alto, CA N.A. Mark Estes, MD, Boston, MA

Editor

Tim Samsel, Vice President, CRDM Quality and Regulatory

Authors

Jia Guo, Ph.D. Senior Statistician, Customer Quality Engineering Services, CRDM Becky DeBus, Senior Principal Clinical IT Developer, Medtronic Clinical Research Institute

Acknowledgement

Sherice Nelson, *Communications Specialist, Marketing Communications*Christine Altenhofen-Sonner, *Graphic Production, CRDM*Carol Spooner, *Proofreader, CRDM*

Trademarks of Medtronic, Inc.

Adapta® InSync II Marquis™ Advisa® InSync III Marquis™ Advisa DR MRI™ InSync Maximo® AT500® InSync II Protect™ Attain® InSync III Attain Ability® Protect™ Attain StarFix® InSync Sentry® CapSure® Intrinsic® CapSure Sense® Jewel® CapSureFix® Kappa® CapSureFix Novus™ Legend® Capture Marquis® Management® Maximo® CareLink® Medtronic Concerto® CareAlert® Consulta® Medtronic EnPulse® CareLink® EnRhythm® Micro Jewel EnRhythm MRI™ Micro Minix Ensura MRI™ Minix EnTrust® Minuet EnTrust MRI™ MVP® $GEM^{\tiny{\circledR}}$ Onyx® InSync® Patient Alert™ InSync ICD® Preva InSync Marquis™ Prevail®

Quick Look™ Relia™ Revo MRI® Secura® SelectSecure® Sensia® Sensing Assurance Sigma® Spectraflex Sprint® Sprint Fidelis® Sprint Quattro® Sprint Quattro Secure® Sprint Quattro Secure S® SureFix® Syncra™

Target Tip®

Tenax

Thera®-i

Versa®

Transvene

Virtuoso®

Prodigy

Protecta®

CRDM Product Performance Report

Introduction 1
Method for Estimating CRT, ICD, and IPG Device Performance 6

CRT Cardiac Resynchronization Therapy 10

CRT Survival Summary 17 CRT Reference Chart 20

ICD Implantable Cardioverter Defibrillators 22

ICD Survival Summary 34 ICD Reference Chart 38 ICD Connector Styles 40

IPG Implantable Pulse Generators 41

IPG Survival Summary 64 IPG Reference Chart 71

Leads

Method for Estimating Lead Performance 74

Left-Heart Leads 79

Lead Survival Summary 83 US Returned Product Analysis Summary 83 US Reports of Acute Lead Observations 83 Reference Chart 84

Defibrillation Leads 85

Lead Survival Summary 93 US Returned Product Analysis Summary 94 US Reports of Acute Lead Observations 94 Reference Chart 95

Pacing Leads 96

Lead Survival Summary 119
US Returned Product Analysis Summary 122
US Reports of Acute Lead Observations 123
Reference Chart 124

Epi/Myocardial Pacing Leads 126

Lead Survival Summary 128 US Returned Product Analysis Summary 129 US Reports of Acute Lead Observations 129 Reference Chart 129

VDD Single Pass Pacing Leads 130

Lead Survival Summary 131
US Returned Product Analysis Summary 131
US Reports of Acute Lead Observations 131
Reference Chart 131

ICD and CRT-D Charge Time Performance 132

Advisories 140

(in order of communication date, from most recent to oldest)

Performance Notes 150

Dual Chamber Pacemakers with Measurement Lock-up ERI Kappa 600, 700, 800, 900, EnPulse, Adapta, Versa, Sensia, Relia, and Vitatron Models E50A1, E60A1, and G70A1 150 Helix Retraction of the Sprint Quattro Secure S 6935 and Sprint Quattro Secure 6947 151

Potential Malfunction of CRT, ICD, and IPG Products due to Anomalies in MOSFET Integrated Circuit Technology 152

Clinical Management of VCM near Elective Replacement 153
Ensuring the Accuracy of Battery Longevity Estimates 154
AT500 Pacing System Follow-Up Protocol 155
Insertion of the Lead into the Device 156
GEM II DR/VR and GEM III DR/VR/AT ICD Battery Discharge Behavior 157
General Follow-Up and Replacement of ICD Leads 158
Clinical Management of High-Voltage Lead System Oversensing 159
Tests and Observations for Clinical Assessment of Chronic Pacing Leads 160

2012 Second Edition Issue 67

Date cutoff for this edition is August 6, 2012

This report is available online at www.medtronic.com/CRDM ProductPerformance

Introduction

All product performance reports are not created equal. For 29 years, Medtronic has monitored performance via both returned product analysis and multicenter clinical studies.

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

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

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

Survival Estimates

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

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

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

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

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

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

ICD Charge Times

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

Advisory Summaries

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

Performance Notes

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

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.

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, and leads to Medtronic's CRDM Returned Product Analysis Lab. These mailers are sized to accommodate the devices and leads from a single patient or clinical event and are designed to meet US postal regulations for mailing biohazard materials.

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

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

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

We continually strive to improve this CRDM 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 of this report.

Overview of Survival Analysis

Medtronic uses the Cutler-Ederer actuarial life table method to estimate the length of time over which devices and leads 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 IPGs and ICDs, the events can be normal battery depletion or a device malfunction. For leads, the events are complications as defined in the study protocol.

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

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

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

An Example

The following example describes the survival analysis method used to establish the survival probability estimates for Medtronic CRDM devices and leads. The example is intended to provide an overview of the analysis process. The definitions of malfunctions and complications, and other details specific to calculating device and lead survival estimates, are provided in the articles Method for Estimating CRT, ICD, and IPG Device Performance (page 6) and Method for Estimating Lead Performance (page 74).

This simple example describes the survival analysis method used to establish the survival probability estimates for Medtronic CRDM devices and leads.

Figure 1

Implant times for devices of 16 patients. Gray bars with a yellow X indicate devices removed from service due to an event. Blue bars indicate suspended devices.

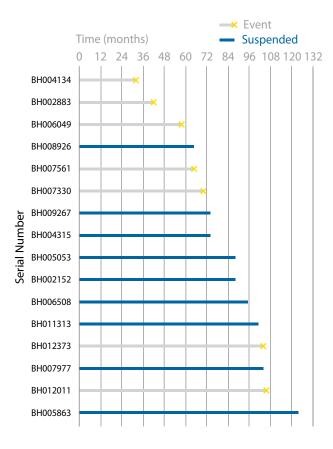


Figure 1 illustrates 16 patients who have implanted devices. The first patient's device (serial number BH004134) operated within performance limits for 32 months. At that time an event occurred. The fourth patient's device (serial number BH008926) did not have an event but is suspended, perhaps because it was still in service at the time of the analysis. This patient had 66 months of implant experience. In this example, Figure 1 shows that seven of the 16 devices suffered events, and nine are suspended.

The first step in the life table method is to divide the implant time into intervals of a specific length. This example will use 12-month intervals. The number of devices entered, suspended, and removed due to an event are counted and summarized, as shown in Table 1. For the first two intervals, all 16 devices survived and none were removed. In the interval (24-36 months), device BH004134 was removed due to an event. Therefore the table entries show that 16 entered the interval, none were suspended, and one was removed due to an event.

For the interval from 36-48 months, only 15 devices entered the interval and one was removed for an event. The remaining intervals are examined and the data entered in columns A, B, and C in like manner. The rest of the columns are filled in using calculations on the data in columns A, B, and C.

The Effective Sample Size (D) is the number of devices with full opportunity to experience a qualifying event in the interval. This is computed by subtracting one half the number suspended in the interval from the number that entered the interval. This calculation more accurately reflects the number of devices that could have experienced a qualifying event than simply using the number that entered the interval. Using the number of devices that enter an interval overestimates the sample size because the suspended devices do not complete the interval. Ignoring the suspended devices underestimates the sample size because suspended devices are not credited with their full service time. Using one half the number of suspended devices effectively splits the difference.

The next column in the table is the *Proportion with Event* (E). This is the proportion of devices that had an event in the interval. It is calculated by dividing the *Number of Events* (C) by the *Effective Sample Size* (D). The number can be interpreted as the estimated rate at which events occur in the time interval.

The Interval Survival Probability (F) is the estimate of probability of surviving to the end of the interval assuming the device was working at the beginning of the interval. It is calculated as 1 minus the Proportion with Event (E). This number can be interpreted as the estimated rate at which events do not occur in the time interval.

The Cumulative Survival Probabilities (G) from the last column of the life table can be plotted versus time intervals in the first column to give a survival curve. Figure 2 shows the survival curve for the data shown in Table 1.

Table 1 Life Table for Figure 1

	Α	В	C	D	E	F	G
Interval in Months	Number Entered	Number Suspended	Number of Events	Effective Sample Size	Proportion with Event	Interval Survival Probability	Cumulative Survival Probability
0	16	0	0	16	0.000	1.000	1.000
0-12	16	0	0	16	0.000	1.000	1.000
12-24	16	0	0	16	0.000	1.000	1.000
24-36	16	0	1	16	0.063	0.938	0.938
36-48	15	0	1	15	0.067	0.933	0.875
48-60	14	0	1	14	0.071	0.929	0.813
60-72	13	1	2	12.5	0.160	0.840	0.683
72-84	10	2	0	9	0.000	1.000	0.683
84-96	8	3	0	6.5	0.000	1.000	0.683
96-108	5	2	2	4	0.500	0.500	0.341
108-120	1	0	0	1	0.000	1.000	0.341
120-132	1	1	0	0.5	0.000	1.000	0.341

Definitions:

A	B	C	D	E	F	G
Number	Number	Number	Effective	Proportion	Interval	Cumulative
Number Entered Number of devices active at the start of the interval	Number Suspended Number of devices removed from service for reasons other than an event	Number of Events Number of units removed from service due to an event	Effective Sample Size Number of units with full opportunity to experience a qualifying event in the interval. Computed by subtracting one half the Number Suspended from the Number Entered.	Proportion with Event Proportion of devices that had an event in the interval. Computed by dividing the Number of Events by the Effective Sample Size.	Interval Survival Probability The probability of surviving to the end of the interval, assuming the device was working at the beginning of the interval. Computed as 1 minus the Proportion With Event.	

Cumulative Survival Probability (G) is the estimate of the unconditional probability of surviving to the end of the interval. It is computed by multiplying the Interval Survival Probability (F) by the previous interval's Cumulative Survival Probability. The probability of surviving to 132 months in the example is estimated for the table to be 0.341, or 34.1%.

The *Cumulative Survival Probabilities* (G) of the life table can be plotted versus time intervals in the first column to give a survival curve. Figure 2 shows the survival curve for the data in Table 1.

Cumulative Survival Probability (% 100 90 80 70 60 40 30 12 0 24 36 48 60 72 84 96 108 120 Time (months) 24 48 60 72 96 108 0 12 36 84 120 132 93.8 87.5 81.3 68.3 68.3 68.3 34.1 34.1 100 100 100 34.1 16 16 15 12.5 0.5 16 16 **Effective Sample Size**

Figure 2 Survival Curve for Data Given in Table 1

Confidence Intervals

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

Survival Curves in the Product Performance Report

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

Although the report provides tabular data in one-year intervals, the curves are actually computed and plotted using 1-month intervals (for CRT, ICD, and IPG devices) or 3-month intervals (for leads).

A number of references are available for additional information on survival analysis using the Cutler-Ederer life table method.¹

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

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 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 with neither malfunction nor battery depletion.

The survival estimates are determined from the analysis of Medtronic CRDM's United States device registration data and US returned product analysis data. These data are presented graphically and numerically.

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

Categorization of Depleted and Malfunctioning Devices for Survival Analysis

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

Definition of Malfunction

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

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

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

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

To provide insight into the nature of malfunctions, each malfunction is categorized as Malfunction with Compromised Therapy Function or Malfunction without Compromised Therapy Function. A summary of these malfunctions is presented for the most recently market-released models.

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.

Medtronic CRDM establishes expected longevity by statistically characterizing the power consumed by the device and the power available from the device battery. This characterization is applied to a number of parameter configurations to derive a statistical mean longevity value and standard deviation for each parameter configuration. The statistical mean value minus three standard deviations is used as the expected longevity for determining if a battery depleted normally.

The Standard Actuarial Method is used to estimate IPG and ICD survival. This product performance report has been prepared in accordance with International Standard ISO 5841-2:2000(E).

For reference purposes, the following pages include estimated longevities for each model. The actual longevity achieved for any device while implanted will depend on the actual programmed parameters and patient factors, and may differ significantly from these estimates.

Malfunction with Compromised Therapy Function

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

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

Malfunction without Compromised Therapy Function

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

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

Expanded Malfunction Detail

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

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

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

Battery - Findings linked to the battery and its components

Software/Firmware - Findings linked to software or firmware function

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

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

Returned Product Analysis Process

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

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

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

Medtronic CRDM adjusts all-cause survival estimates to account for underreporting. While this lowers our all-cause survival estimates, we feel it gives a more accurate perspective on real performance.

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 estimates of IPG and ICD survival. This method is commonly used by medical researchers and clinicians.

Implant times are calculated from the implant date to the earlier of the explant date or the cutoff date of the report. From this data an estimate of the probability of device survival is calculated at each monthly interval.

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

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

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

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

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

The survival curves are statistical estimates. As 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 corresponding 95% confidence intervals for the standard errors, and the complementary log-log method is used to produce the confidence bounds.

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 CRDM for analysis, these numbers underestimate the true number of malfunctions and battery depletions. To more accurately estimate the all-cause device survival probabilities, the number of malfunctions and battery depletions used to plot each interval of the all-cause survival curves is adjusted (multiplied) by a factor that is based on an estimate of the magnitude of underreporting. The magnitude of underreporting is estimated by analyzing experience in Medtronic's Device And Registrant Tracking (DART) system.

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

continued

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

Note that devices of patients who have expired do not factor into the calculation of the correction. It is possible some proportion of these device 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.

To ensure the number of devices in service is not overstated, Medtronic addresses this underreporting in two ways. Regular updates obtained from the Social Security Administration about deceased persons is used to update Medtronic's DART data about patients who have died but whose deaths had not been reported to Medtronic. In addition, the patient mortality rate derived from our DART system is monitored and compared to published mortality rates for comparable patient populations. If, during calculation of the survival curves, the patient mortality indicated by the data in DART is significantly different from published rates, an adjustment is applied to correct the difference.

7299 InSync Sentry

Product Characteristics

9 insync	Sentry							Product	Characteri	STICS	
JS Market Releas	e	Apr-05	Malfund	ctions (US)		17	7	NBD Code			VVED
Registered US Im	plants	31,100	Therap	y Function No	t Compromise	e d 16	57	Serial Num	nber Prefix		PRK
Stimated Active	US Implants	2,520	Ele	ctrical Compo	nent	1	7	Max Delive	ered Energy		35 J
Normal Battery D	epletions (US)	9,413	So	ftware/Firmwa	re		2	Estimated	Longevity		See page 2
Advisories		None	e Po	ssible Early Bat	tery Depletion	14	17				
			Ot	her			1				
			Thera	y Function Co	mpromised	1	0				
			Ele	ectrical Compo	nent	1	0				
100											
90											
80											
70											
60											
50											
40											
30											
20											
10					1						
				4	_		_				10
U Vears A	fter Implant	2 3 ——— Evcl	,	4 nal Battery [5 Sanlation	6 Incl	/ udin	8 a Normal	Battery De) pletion	10
ı cais A		1		1			uum	y Normai	battery De	pietion	1
	1 yr	2 yr	3 yr	4 yr	5 yr	at 61 mo					
%	- 100.0	99.9	99.7	99.2	99.0	98.9					

13.9

1,680

5.5

880

7304 InSync Maximo

99.8

Effective Sample Size

27,200

98.3

23,800

92.1

19,000

72.4

11,900

%

									=
JS Market Release		Apr		functions (US)		104	NBD Code		VVED
Registered US Implar	nts	19,0	000 Th	erapy Function	Not Compromi	sed 100	Serial Nun	nber Prefix	PRL
Estimated Active US	Implants	2,	410	Battery		1	Max Deliv	ered Energy	35 J
Normal Battery Depl	etions (US)	4,	959	Electrical Com	ponent	13	Estimated	Longevity	See page 2
Advisories		No	one	Possible Early	Battery Depletio	n 86			
			Th	erapy Function	Compromised	4			
				Electrical Com	ponent	4			
100									
90									
80									
70									
60									
50									
40					\				
30					1				
20					· ·				
10					1				
0									
0	1	2	3	4	5	6 7	8	9	10
Years Afte	r Implant	—— E	xcluding N	ormal Batter	y Depletion	Includ	ling Normal	Battery Depleti	on
	1 yr	2 yr	3 yr	4 yr	5 yr	at 61 mo			
%	100.0	99.9	99.6	99.2	99.1	99.1			
%	99.8	98.4	92.7	74.7	17.6	8.0			
#	16,600	14,500	11,500	7,110	880	510			

DDDR

See page 21

PIN



8040 InSync

US Market Release Aug-01 Malfunctions (US) 34 NBG Code **Therapy Function Not Compromised** Registered US Implants 15,300 Serial Number Prefix 24 **Estimated Active US Implants** 1,520 **Electrical Component** 4 **Estimated Longevity** Normal Battery Depletions (US) 1,285 **Electrical Interconnect** 16

Product Characteristics

Advisories		N	one	Possible Early	Battery Depletion	on	3			
				Other			1			
			TI	nerapy Function	Compromised		10			
				Electrical Inte	rconnect		10			
100										
90										
80										
70										
60										
50										
40										
30										
20										
ı	1	1	3	1	5	6	7	8	9	10
0	I	2	5	4	5	6	/	Ö	9	10
Years	After Implant	E	xcluding N	lormal Batter	y Depletion	Ir	ncluding Nor	mal Battery	Depletion	
	1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7yr	8 yr	9 yr	at 116 mo
%	- 100.0	100.0	99.9	99.8	99.7	99.6	99.5	99.5	99.5	99.4

8042 InSync III

% #

US Market Release Feb-03 Registered US Implants 39,500 **Estimated Active US Implants** 15,900 Normal Battery Depletions (US) 1,532 Advisories None

99.9

Effective Sample Size

12.100

99.7

9,960

98.2

7,990

19,500

13,900

96.0

6,280

Product Characteristics NBG Code

73.5

2,570

58.1

1,560

Serial Number Prefix

Estimated Longevity

38.4

760

22.4

150

DDDR

See page 21

PKF

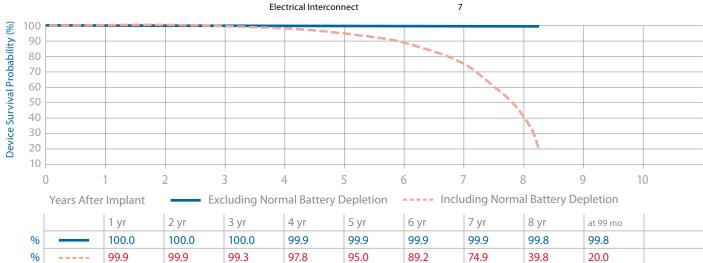
83.9

3,650

Malfunctions (US)	20
Therapy Function Not Compromised	10
Electrical Component	6
Electrical Interconnect	1
Possible Early Battery Depletion	1
Other	2
Therapy Function Compromised	10
Electrical Component	3

91.1

4,900



9,440

5,710

2,810

27,100

32,800

Effective Sample Size

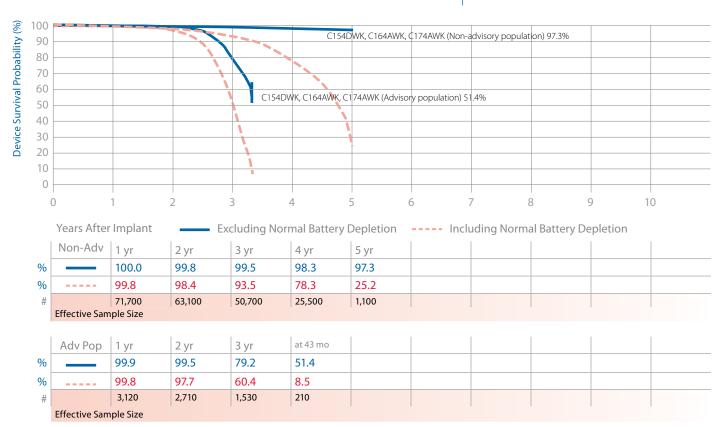
130

630



C154DWK, C164AWK, C174AWK Concerto

	(N)	(A)		(N)	(A)		
US Market Release	May-06	May-06	Malfunctions (US)	968	1,297	NBD Code	DDED
Registered US Implants	81,400	3,538	Therapy Function Not Compromised	932	1,282	Serial Number Prefix	PVU, PVT, PVR
Estimated Active US Implants	34,600	210	Electrical Component	316	1,278	Max Delivered Energy	35 J
Normal Battery Depletions (US)	10,053	259	Electrical Interconnect	2	0	Estimated Longevity	See page 20
Advisories: See page 143 – 2009 Po	tential		Software/Firmware	3	0		
Reduced Device Longevity			Possible Early Battery Depletion	608	4	(N) = Non-advisory population	
Performance Note: See page 152 –			Other Malfunction	3	0	(A) = Advisory population	
Anomalies in MOSFET Integrated Circuit Technology			Therapy Function Compromised	36	15		
			Electrical Component	34	14		
			Electrical Interconnect	2	1		



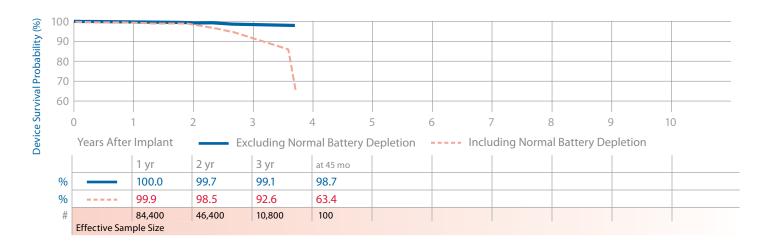


D224TRK, D234TRK Consulta CRT-D

US Market Release	Sep-08	Malfunctions (US)	276
Registered US Implants	61,000	Therapy Function Not Compromised	269
Estimated Active US Implants	48,200	Electrical Component	14
Normal Battery Depletions (US)	920	Software/Firmware	5
Advisories	None	Possible Early Battery Depletion	249
		Electrical Interconnect	1
		Therapy Function Compromised	7
		Electrical Component	7

Product Characteristics

NBI	O Code	DDED
Ser	ial Number Prefix	PUD
Ma	x Delivered Energy	35 J
Esti	mated Longevity	See page 20

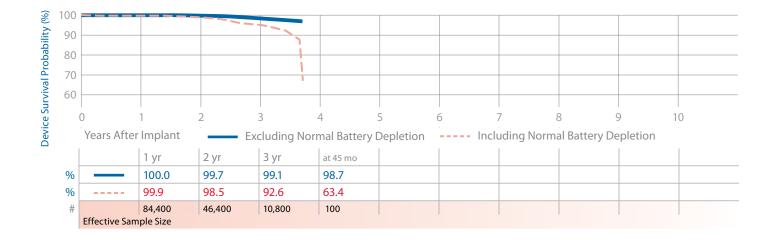


D274TRK, D294TRK Concerto II CRT-D

US Market Release	Aug-09	Malfunctions (US)	43
Registered US Implants	30,100	Therapy Function Not Compromised	41
Estimated Active US Implants	25,000	Electrical Component	3
Normal Battery Depletions (US)	183	Possible Early Battery Depletion	37
		Software/Firmware	1
Advisories	None	Therapy Function Compromised	2

Product Characteristics

43	NBD Code	DDED
41	Serial Number Prefix	PZV
3	Max Delivered Energy	35 J
37	Estimated Longevity	See page 20
1		
2		
2		



Electrical Component



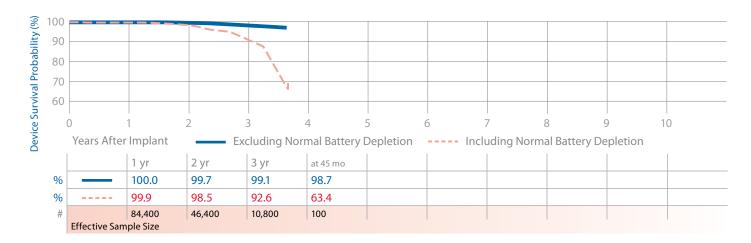
D284TRK Maximo II CRT-D

Malfunctions (US)	64	NBD Code

US Market Release Sep-0)8
Registered US Implants 13,80	00
Estimated Active US Implants 10,70	00
Normal Battery Depletions (US) 24	18
Advisories Non	ıe

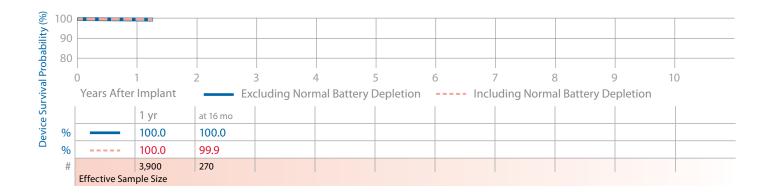
Malfunctions (US)	64
Therapy Function Not Compromised	62
Electrical Component	3
Possible Early Battery Depletion	59
Therapy Function Compromised	2
Electrical Component	2

Product Characteristics	
NBD Code	DDED
Serial Number Prefix	PZP
Max Delivered Energy	35 J
Estimated Longevity	See page 20



D314TRG, D354TRG Protecta XT CRT-D

, , , , , , , , , , , , , , , , , , , ,		_			
US Market Release	Mar-11	Malfunctions (US)	1	NBD Code	DDED
Registered US Implants	21,000	Therapy Function Not Compromised	1	Serial Number Prefix	PFS
Estimated Active US Implants	20,100	Electrical Component	1	Max Delivered Energy	35J
Normal Battery Depletions (US)	3	Therapy Function Compromised	0	Estimated Longevity	See page 20
Advisories	None				

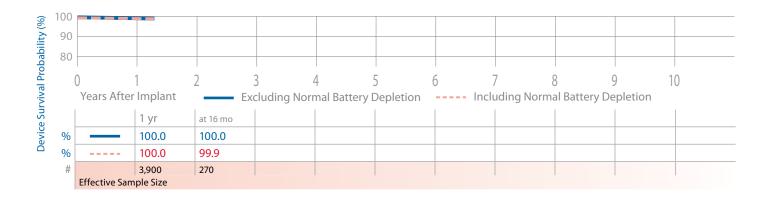




D334TRG, D364TRG Protecta CRT-D

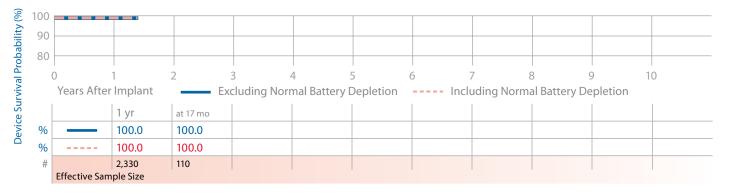
Product Characteristics

US Market Release	Mar-11	Malfunctions (US)	0	NBD Code	DDED
Registered US Implants	4,010	Therapy Function Not Compromised	0	Serial Number Prefix	PSO
Estimated Active US Implants	3,840	Therapy Function Compromised	0	Max Delivered Energy	35J
Normal Battery Depletions (US)	0			Estimated Longevity	See page 20
Advisories	None				



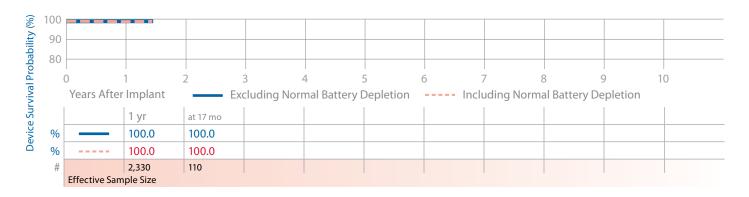
C2TR01 Syncra CRT-P

US Market Release	Mar-11	Malfunctions (US)	0	NBG Code	OOED
Registered US Implants	4,300	Therapy Function Not Compromised	0	Serial Number Prefix	PZX
Estimated Active US Implants	3,970	Therapy Function Compromised	0	Max Delivered Energy	NA
Normal Battery Depletions (US)	0			Estimated Longevity	See page 21
Advisories	None				



C3TR01, C4TR01 Consulta CRT-P

US Market Release	Mar-11	Malfunctions (US)	0	NBG Code	OAED
Registered US Implants	4,400	Therapy Function Not Compromised	0	Serial Number Prefix	PVX
Estimated Active US Implants	4,100	Therapy Function Compromised	0	Max Delivered Energy	NA
Normal Battery Depletions (US)	1			Estimated Longevity	See page 21
Advisories	None				





Device Survival Summary (95% Confidence Interval)
The following table shows CRT device survival estimates with 95% confidence intervals. Estimates are shown both with and without normal battery depletions included.

Device Survival Probability (%)	
Malfunctions (US)	ı

nesyncinoiii	zati	OII III	лару, с	JOHUHU	ieu						
	10 yr					99.4 +0.2/-0.3 at 116 mo	22.4 +2.2/-2.2 at 116 mo				
	9 yr					99.5	38.4 +1.9/-1.9	99.8 +0.1/-0.2 at 99 mo	20.0 +3.0/-2.8 at 99 mo		
	8 yr					99.5	58.1	99.8	39.8 +2.0/-2.0		
	7 yr					99.5	73.5	99.9	74.9 +1.1/-1.2		
	6 yr	98.9 +0.2/-0.2 at 61 mo	5.5 +0.5/-0.5 at 61 mo	99.1 +0.2/-0.2 at 61 mo	8.0 +0.9/-0.9 at 61 mo	99.6	83.9	99.9	89.2		
	5 yr	99.0	13.9 +0.7/-0.7	99.1	17.6 +1.1/-1.1	99.7	91.1	99.9	95.0	97.3 +0.2/-0.2	25.2 +1.3/-1.2
	4 yr	99.2 +0.1/-0.1	72.4 +0.6/-0.7	99.2	74.7	99.8	96.0 +0.4/-0.5	99.9	97.8 +0.2/-0.2	98.3 +0.1/-0.1	78.3
ant	3 yr	99.7	92.1 +0.3/-0.4	99.6 +0.1/-0.1	92.7 +0.4/-0.5	99.9 +0.0/-0.1	98.2 +0.3/-0.3	100.0	99.3	99.5 +0.1/-0.1	93.5
fter Imp	2 yr	99.9 +0.0/-0.1	98.3 +0.2/-0.2	99.9	98.4 +0.2/-0.2	100.0	99.7	100.0	99.9	99.8 +0.0/-0.0	98.4
Years A	1 yr	100.0	99.8 +0.0/-0.1	100.0	99.8 +0.1/-0.1	100.0	99.9	100.0	99.9	100.0	99.8
		Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion
Įŧ	toT	177		104		34		20		896	
ction Not	un	167 =		100 =		24 =	1	10 =		932 =	
pəsimorqu	uo⊃	10 +		4		+ 01		+ +		+ 36	
mal Battery (2U) anoiteld	Nor Dep	9,413		4,959		1,285		1,532		10,053	n MOSFET
SU 9vi	itοΑ	2,500		2,410		1,520		15,900		34,600	Anomalies i
istered mplants	NS I Bəy	31,100		19,000		15,300		39,500		81,400	nce note on logy
Narket sase	eleR NS N	Apr-05		Apr-05		Aug-01		Feb-03		May-06	– Performal rcuit Techno
	Family	InSync Sentry		InSync Maximo		InSync		In Sync III		Concerto	See page 152 – Performance note on Anomalies in MOSFET Integrated Circuit Technology
. :		7299		7304		8040		8042		C154DWK, C164AWK, C174AWK (Non- advisory population)	
	Market sase istered mplants (US) mal Battery elants (US) mal Battery sapy Function appromised ction Not crion Not crion Not crion Mot mpromised appromised approximately approxi	US Market Registered US Implants Hormal Battery Mormal Battery Mormal Battery Therapy Function Therapy Function Therapy Function Not Compromised Therapy Total Total	Family US Registered Solution Apr-05 31,100 2,500 9,413 10 + 167 = 177 Relations Depletion Depletion	Family US General Sattery Sent Apr-05 31,100 2,500 9,413 10 + 167 = 177 Normal Battery Depletion Normal Battery Normal Battery Normal Battery Normal Battery Normal Battery Normal Battery Normal Normal Battery Normal	Family Solid Series (25) (10 months) and the compromised Sentry Series (25) (10 months) (1	Family See Compromised String Senting Compromised Senting Compromised Senting Compromised Senting Compromised Sentry Compromised Sentry	The Family See Paper P	Family Selection of the control of t	Family Selection Sentity Selection Sentity Selection Sentity Selection Sentity Selection Sentity Selection Sentity Sen	Parally Selection Parally Selection Parally Parally	Femily Scheles

Device Survival Summary continued

									I			
	9 V.F											
	8 VF											
	7 V.F											
	6 yr											
	5 yr				2 2	m o	2.0	m -	N -			
ity (%)	4 yr	51.4 +2.2/-2.2 at 43 mo	8.5 +1.5/-1.4 at 43 mo		98.7 +0.2/-0.2 at 45 mo	63.4 +6.1/-6.8 at 45 mo	98.7 +0.2/-0.2 at 45 mo	63.4 +6.1/-6.8 at 45 mo	98.7 +0.2/-0.2 at 45 mo	63.4 +6.1/-6.8 at 45 mo		
robabili	ınt 3 yr	79.2 +1.6/-1.7	60.4		99.1	92.6 +0.3/-0.4	99.1 +0.1/-0.1	92.6 +0.3/-0.4	99.1 +0.1/-0.1	92.6 +0.3/-0.4		
Device Survival Probability (%)	ter Impla 2 yr	99.5	97.7		99.7	98.5 +0.1/-0.1	99.7 +0.0/-0.0	98.5 +0.1/-0.1	99.7 +0.0/-0.0	98.5	100.0 +0.0/-0.0 at 16 mo	99.9 +0.1/-0.2 at 16 mo
Device S	Years After Implant 1 yr 2 yr 3 y	0.2	99.8		100.0+0.0/-0.0	99.9	100.0+0.0/-0.0	99.9	100.0+0.0/-0.0	99.9	100.0+0.0/-0.0	100.0
E												
		Excluding Normal Battery Depletion	Including Normal Battery Depletion		Excluding Normal Battery Depletion	Including Normal Battery Depletion						
	lstoT	1,297			276		43		64		-	
JS)	Compromised	II			II		II		II		II	
ions (I	Therapy Function Not Compromised	1,282			269		4		62		-	
Malfunctions (US)	Therapy Function Compromised	+ +++++++++++++++++++++++++++++++++++++			+ _		7 +		2 +		0	
Ma	Тһегару											
	Normal Battery Depletions (US)	259	pec	MOSFET	920		183		248		m	
	Estimated SU svitoA Implants	210	ntial Reduc	iomalies ir	48,200		25,000		10,700		20,100	
	Registered US Implants	3,540	Advisories: <u>See page 143</u> –2009 Potential Reduced Device Longevity	See page 152 – Performance note on Anomalies in MOSFET Integrated Circuit Technology	61,000		30,100		13,800		21,000	
			143-2	mance r nnology								
	US Market Release	May-06	ee page vity	– Perfori cuit Tech	Sep-08		Aug-09		Sep-08		Mar-11	
	<u>~</u>	Concerto	sories: Si	See page 152 – Performance n Integrated Circuit Technology	Consulta CRT-D		Concerto II CRT-D		Maximo II CRT-D		Protecta XT CRT-D	
	Family		Advit	See F Integ	Con CRT-		Con CRT-		Max CRT-		Protec CRT-D	
	Model Number	C154DWK, C164AWK, C174AWK (Advisory population)			D224TRK D234TRK		D274TRK, D294TRK		D284TRK		D314TRG D354TRG	

		9 yr						
		8 yr						
		7 yr						
		6 yr						
(%)		4yr 5yr						
obability	.	3 yr						
Device Survival Probability (%)	Years After Implant	2 yr	100.0 +0.0/-0.0 at 16 mo	99.9 +0.1/-0.2 at 16 mo	100.0 +0.0/-0.0 at 17 mo	100.0 +0.0/-0.0 at 17 mo	100.0 +0.0/-0.0 at 17 mo	100.0 +0.0/-0.0 at 17 mo
Device Su	Years Aft	1 yr	100.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0	100.0	100.0
F								
			Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion
			z	ž	ž	ž	ž	8
	ls:	τοT	0	ž	ŭ O	ž	ŏ	No
ons (US)	nction Not mpromised	rui IoD		ž		ž		Na
Malfunctions (US)	mpromised	Full The Tura IoD	0	ž	0	ž	0	No
Malfunctions (US)	nction mpromised erapy nction Not mpromised	The Fur Coi The Fur Fur Coi	0 = 0 +	ž	0 = 0 +	Ň	0	No
Malfunctions (US)	pletions (US) reapy mpromised my erapy retion Not motion Not	Act Mo Dep The Fun Con The Fun Con	0	N	0 = 0 + 0	N	0	No
Malfunctions (US)	rive US plants rmal Battery pletions (US) arapy nction mpromised erapy promised promised	Est Aci Mo Mo Mo Mo Mo Mo Mo Mo Mo Mo Mo Mo Mo	0 = 0 + 0	N	0 = 0 + 0	N	0 + 0 = 0	No
Malfunctions (US)	Implants imated tive US plants rmal Battery pletions (US) rerapy myromised myromised retion Not oction Not myromised	Reign	3,840 0 + 0 = 0	N	3,970 0 0 + 0 = 0	N	4,100 1 0 + 0 = 0	No.
Malfunctions (US)	gistered imated tive US plants plattery pletions (US) pletions (US) prespy promised mpromised prapy	Reign	4,010 $3,840$ 0 0 $+$ 0 $=$ 0	N	4,300 $3,970$ 0 0 $+ 0 = 0$	N	4,400 $4,100$ 1 0 $+$ 0 $=$ 0	ON STATE OF THE ST

Reference Chart

The longevity estimates provided are mean values calculated for the parameters given. The actual longevity achieved for any device while implanted will depend on the actual programmed parameters and patient factors, and may differ significantly

					E:	stimated	d Longe	vity	Elective Replacement			
	Family				**					(ERI)***		End of
Model Number		Connector Style	Volume/ Mass*	Delivered Energy	Charging Frequency	100% Pacing‡	50% Pacing‡	15% Pacing‡	100% Sensing	Battery Voltage	Charge Time	Life (EOL) Battery Voltage
7299	InSync Sentry	DR+LV true	40 cc 78 g	35 J	Monthly Quarterly Semiannual	3.3 4.5 5.0	3.8 5.3 6.0	4.1 6.2 7.1	4.3 6.6 7.7	≤ 2.62 V	> 16 second charge time	3 months after ERI
7304	InSync Maximo	DR+LV true	40 cc 78 g	35 J	Monthly Quarterly Semiannual	3.3 4.5 5.0	3.8 5.3 6.0	4.1 6.2 7.1	4.3 6.6 7.7	≤ 2.62 V	> 16 second charge time	3 months after ERI

				Estimated Longevity Recommended Replacement (RRT								
Model Number	Family	Connector Style	Volume/ Mass*	Delivered Energy	Charging Frequency**	100% Pacing‡	50% Pacing‡	15% Pacing‡	100% Sensing	Battery Voltage	Charge Time	End of Service (EOS)
C154DWK, C164AWK, C174AWK	Concerto	DR+LV true	38 cc 68 g	35 J	Monthly Quarterly Semiannual	3.8 5.5 6.3	4.3 6.8 8.0	4.8 8.0 9.8	5.0 8.8 10.9	≤ 2.62 V	_	3 month after RRT or > 16-second charge time
D224TRK	Consulta CRT-D	DR+LV true	38 cc/ 68 g	35 J	Monthly Quarterly Semiannual	3.2 4.4 4.8	3.8 5.5 6.2	4.4 6.8 7.9	4.7 7.5 9.0	≤ 2.63 V	_	3 month after RRT or > 16-second charge time
D274TRK D294TRK	Concerto II	DR+LV true	38 cc/ 68 g	35 J	Monthly Quarterly Semiannual	3.2 4.4 4.8	3.8 5.5 6.2	4.4 6.8 7.9	4.7 7.5 9.0	≤ 2.63 V	_	3 month after RRT or > 16-second charge time
D284TRK	Maximo II CRT-D	DR+LV true	38 cc/ 68 g	35 J	Monthly Quarterly Semiannual	3.2 4.4 4.8	3.8 5.5 6.2	4.4 6.8 7.9	4.7 7.5 9.0	≤ 2.63 V	_	3 month after RRT or > 16-second charge time
D314TRG, D354TRG	Protecta XT CRT-D	CRT-D	38 cc/ 68 g	35 J	Monthly Quarterly Semiannual	3.2 4.4 4.8	3.8 5.5 6.2	4.4 6.8 7.9	4.7 7.5 9.0	≤ 2.63 V	_	3 month after RRT
D334TRG, D364TRG	Protecta CRT-D	CRT-D	38 cc/ 68 g	35 J	Monthly Quarterly Semiannual	3.2 4.4 4.8	3.8 5.5 6.2	4.4 6.8 7.9	4.7 7.5 9.0	≤ 2.63 V	_	3 month after RRT

^{*} Volume and mass differ by connector style.

^{**} A full charge is a full energy therapeutic shock or capacitor reformation.

^{***} The minimum time between ERI and EOL (or RRT and EOS) is 3 months (100% pacing, two charges per month).

[‡] Pacing mode is DDD for CRT models. Parameter settings; lower rate at 60 ppm, sensing rate at 70 bpm, (A, RV, LV) 3.0 V amplitude, 0.4 ms pulse width, and 510-ohm pace load per applicable channel. CRT models with shared biventricular pacing; InSync Marquis 7277 (LV impedance set to 510 ohms), InSync ICD 7272 (RV amplitude set to 4.0 V).

Reference Chart

The longevity estimates provided are mean values calculated for the parameters given. 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.

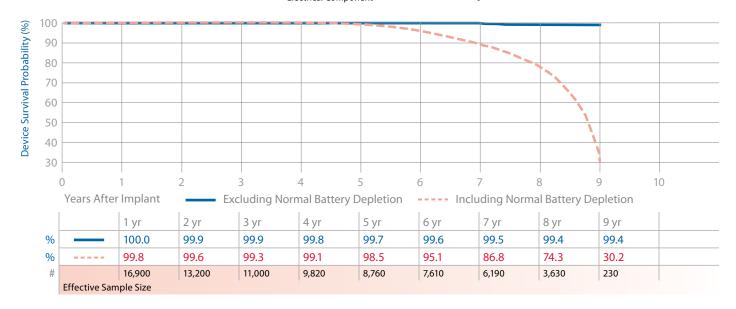
		Estimated Loi	ngevity		
Model Number	Family	Amplitude Setting	500 Lead Ω	1,000 Lead Ω	Elective Replacement Time Indicators
8040	InSync	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	11.9 8.9 6.6	13.7 11.4 9.1	*
8042	InSync III	Low 2.5 V (A, RV, LV) Nominal 3.5 V (A, RV, LV) High 5.0 V (A, RV, LV)	8.3 5.9 4.1	9.9 7.8 6.0	*
C2TR01	Syncra CRT-P	Low 2.5 V (A, RV) Normal 3.5 V (A, RV) High 5.0 V (A, RV)	8.7 6.0 3.3	10.7 8.2 5.1	*
C3TR01 C4TR01	Consulta CRT-P	Low 2.5 V (A, RV) Normal 3.5 V (A, RV) High 5.0 V (A, RV)	8.7 6.0 3.3	10.7 8.2 5.1	*

^{*}Telemetry indication. Rate and mode change to 65 ppm and VVI respectively (VOO/65 with magnet).

7230Cx, B, E Marquis VR

Dec-02	Malfunctions (US)	58
19,400	Therapy Function Not Compromised	29
4,500	Electrical Component	12
1,697	Battery (1 malfunction related to advisory)	1
	Software/Firmware	1
	Possible Early Battery Depletion	14
	Other	1
	Therapy Function Compromised	29
	Battery (19 malfunctions related to advisory)	20
	Electrical Component	9
	19,400 4,500	19,400 Therapy Function Not Compromised 4,500 Electrical Component 1,697 Battery (1 malfunction related to advisory) Software/Firmware Possible Early Battery Depletion Other Therapy Function Compromised Battery (19 malfunctions related to advisory)

	Product Characteristics	
	NBD Code	VVEV
1	Serial Number Prefix	PKD, PLW, PLY
	Max Delivered Energy	30 J
	Estimated Longevity	See page 37



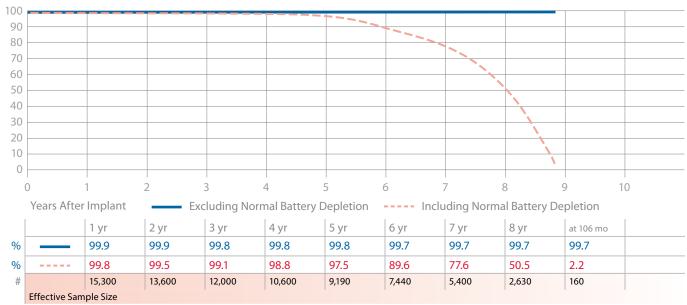


Device Survival Probability (%)

7231Cx GEM III VR

Product Characteristics

US Market Release	Dec-00	Malfunctions (US)	37	NBD Code	VVEV
Registered US Implants	17,500	Therapy Function Not Compromised	27	Serial Number Prefix	PJL
Estimated Active US Implants	2,100	Battery	1	Max Delivered Energy	30 J
Normal Battery Depletions (US)	3,510	Electrical Component	22	Estimated Longevity	See page 37
Performance Note: See page 157 –		Possible Early Battery Depletion	4		
Performance note on ICD Battery Discharge Behavior		Therapy Function Compromised	10		
		Battery	1		
		Electrical Component	9		



7232B, Cx, E Maximo VR

Product Characteristics

JZD, CA, L IVIC	IXIIIIO VII							FIOUUC	et Characte	1130103	
US Market Release		Oct-03	Malfunctio	ons (US)			65	NBD Cod	de		VVEV
Registered US Implant	ts	44,300	Therapy	Function No	ot Compromis	ed	50	Serial Nu	ımber Prefix		PRN, PVF, PVG
Estimated Active US Ir	mplants	20,200	Electrical Component				23	Max Deli	ivered Energy		35 J
Normal Battery Deple	tions (US)	2,190	Possible Early Battery Depletion			1	23	Estimate	ed Longevity		See page 37
Advisories: See page	a 140 – 2005 Poten	ntial	Othe			4					
Premature Battery De	itiai	Therapy		15							
Battery Short		Electi	rical Compo	nent		13					
			Elect	rical Intercor	nnect		1				
			Possi	ble Early Bat	tery Depletion	1	1				
100					_	_					
90											
80											
70											
60											
0	1 2	3	4		5	6	7		8	9	10
90 80 70 60 Years After	Implant -	Exclud	ding Norma	l Battery [Depletion	In	cludin	g Norma	al Battery D	epletion	
;	1 yr 2	yr 3	yr 4	yr	5 yr	6 yr	7 y	r	at 95 mo		
%	100.0 99	9.9	9.9 9	9.9	99.8	99.8	99.	.8	99.8		
%	99.9	9.8 99	9.6 9	9.3	98.1	91.5	82.	.8	58.5		
#	39,700 35	5,600 31	,700 2	7,500	22,800	16,500	7,58	30	170		

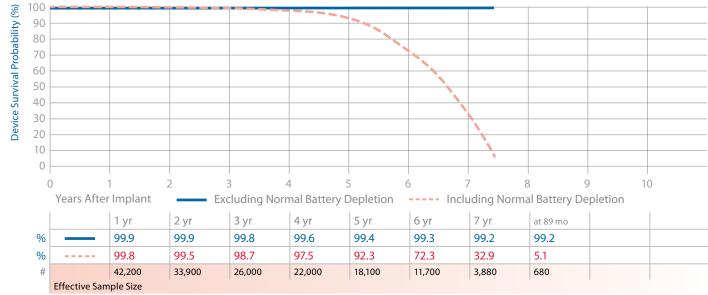
Effective Sample Size



7274 Marquis DR

Product Characteristics

US Market Release	Mar-02	Malfunctions (US)	190	NBD Code	VVED
Registered US Implants	48,300	Therapy Function Not Compromised	83	Serial Number Prefix	PKC
Estimated Active US Implants	3,100	Battery (3 malfunctions related to advisory)	5	Max Delivered Energy	30 J
Normal Battery Depletions (US)	8,692	Electrical Component	27	Estimated Longevity	See page 37
Advisories: See page 149 – 2005 Potentia	I	Possible Early Battery Depletion	51		
Premature Battery Depletion Due to Battery Short		Therapy Function Compromised	107		
·		Battery (73 malfunctions related to advisory)	80		
		Electrical Component	27		
3 100 4 5 1 1 1 1 1 1 1 1 1 1					



7278 Maximo DR

US Ma	rket Release		(Oct-03	Malfun	ctions (US)			61	NBD Cod	le		VVED
Regist	tered US Implan	nts	3	37,600	Thera	py Function N	ot Compromise	ed	51	Serial Nu	ımber Prefix		PRM
Estima	ated Active US I	mplants		9,200	Electrical Component				20	Max Deli	ivered Energy		35 J
Norm	al Battery Deple	etions (US)		7,105 Possible Early Battery Depletion					29	Estimate	d Longevity		See page 3
Advisories: See page 149 – 2005 Potentia					O	her			2				
Premature Battery Depletion Due to Battery Short					Thera	py Function Co	mpromised		10				
				Electrical Component					9				
100					Po	ssible Early Bat	tery Depletion		1				
90													
80													
70													
60													
50													
40													
30									+				
20									1				
10													
0		+	+				-	-					
	O Vears After	1	2	3				6	7	} 			10
	Years After	1				nal Battery [_	al Battery De	pietion	1
		1 yr	2 yr	3 yı	•	4 yr	5 yr	6 yr	7)	/r	at 85 mo		
%		100.0	99.9	99.9	9	99.8	99.8	99.8	99	.8	99.8		
%		99.9	99.7	99.	3	97.9	90.5	67.4	24	.6	16.0		
#	E((.: 6	33,700	30,100	26,8	00	23,000	17,900	10,000	1,5	30	830		
	Effective San	nple Size											



7288 Intrinsic **Product Characteristics**

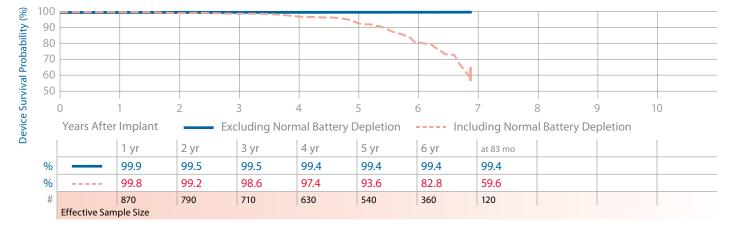
	1 yr	Z y1	J yı	- yı	J 91	7.	1,),	'	
	4	2 yr	3 yr	4 yr	5 yr	6 yr	7 yı	r	
Years Afte	r Implant	E	kcluding N	ormal Batter	y Depletion	In	cluding	g Normal Battery Depletion	
0	1	2	3	4	5	6	7	8 9	10
							1		
							1		
				Electrical Com	ponent		/		
			The		•		7		
		Other							
				Possible Early	Battery Depleti	on	33		
ories		No	one	Software/Firmware			1		
al Battery Depl	etions (US)	6,4	146	Electrical Component			23	Estimated Longevity	See page
ated Active US I	mplants	7,9	900	Battery			2	Max Delivered Energy	35 J
ered US Implar	nts	30,6	500 Th	erapy Function	Not Comprom	ised	60	Serial Number Prefix	PUB
	ered US Implar ited Active US I al Battery Deple ories	ered US Implants Ited Active US Implants Il Battery Depletions (US) Pries	ered US Implants 30,6 Ited Active US Implants 7,9 Il Battery Depletions (US) 6,4 Pries No	ered US Implants 30,600 The red Active US Implants 7,900 all Battery Depletions (US) 6,446 pries None	Active US Implants 7,900 Battery Battery Depletions (US) 6,446 Flectrical Com Possible Early Other Therapy Function Electrical Com 2 3 4	ared US Implants and Active US Implants all Battery Depletions (US) all Battery Depletions (US) by Indian Series And Active US Implants all Battery Depletions (US) by Indian Series And Active US Implants 7,900 Battery Electrical Component Software/Firmware Possible Early Battery Depletion Other Therapy Function Compromised Electrical Component Therapy Function Compromised Electrical Component Therapy Function Compromised Electrical Component Therapy Function Compromised Electrical Component	areed US Implants 30,600 Therapy Function Not Compromised Battery Battery Depletions (US) Battery Depletions (US) Battery Depletions Battery Depletions Battery Depletions Battery Depletions Battery Depletions Battery Depletion Battery Depletion Battery Depletion Battery Depletion Battery Depletion Battery Depletion Battery Battery Depletion Battery Depletion Battery Depletion Battery Battery Battery Depletion Battery Battery Battery Depletion Battery Battery Battery Depletion Battery Battery Battery Battery Depletion Battery Bat	areed US Implants 30,600 Therapy Function Not Compromised 60 atted Active US Implants 7,900 Battery 2 all Battery Depletions (US) 6,446 Electrical Component 23 pries None Software/Firmware 1 Possible Early Battery Depletion 33 Other 1 Therapy Function Compromised 7 Electrical Component 7	ered US Implants 30,600 Therapy Function Not Compromised 60 Serial Number Prefix Inted Active US Implants 7,900 Battery 2 Max Delivered Energy 2 Interes None Software/Firmware 1 Possible Early Battery Depletion 33 Other 1 Therapy Function Compromised 7 Electrical Component 7

7290Cx Onyx

US Market Release Mar-04 Registered US Implants 950 Estimated Active US Implants 330 Normal Battery Depletions (US) 130 Advisories None

Product Characteristics

Malfunctions (US)	5	NBD Code	VVEV
Therapy Function Not Compromised	4	Serial Number Prefix	PRP
Electrical Component	3	Max Delivered Energy	30 J
Possible Early Battery Depletion	1	Estimated Longevity	See page 37
Therapy Function Compromised	1		

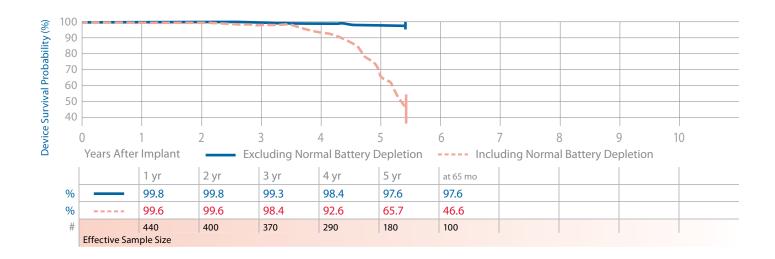


Electrical Component



D153ATG, D153DRG EnTrust

US Market Release	Jun-05	Malfunctions (US)	8	NBD Code		DDED, VVED
Registered US Implants	460	Therapy Function Not Compromised	7	Serial Number Prefix	F	PNR
Estimated Active US Implants	77	Possible Early Battery Depletion	7	Max Delivered Energy	3	30 J
Normal Battery Depletions (US)	153	Therapy Function Compromised	1	Estimated Longevity	9	See page 38
Advisories: See page 140 – 2012 Potential Rapid Battery Depletion		Electrical Component	1			

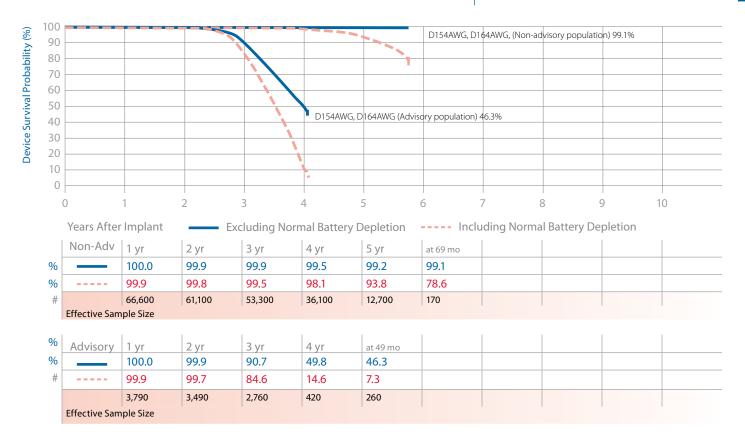


54ATG, D154DR	G EnTrust							Product Charac	cteristics	
US Market Release		Jun-05	Malfund	ctions (US)			120	NBD Code		DDED
Registered US Implants		28,200	Therap	y Function No	ot Compromis	ed	107	Serial Number Pref	ix	PNR
Estimated Active US Implants 11,600			ectrical Compo malfunctions i	nent related to adviso	ory)	28	Max Delivered Ene	rgy	35 J	
Normal Battery Depletion	s (US)	3,141	Ele	ectrical Interco	nnect		1	Estimated Longevi	ty	See page
<mark>Advisories: </mark> See page 14	<u>0</u> – 2012		So	ftware/Firmwa	ire		3			
Potential Rapid Battery De	al Rapid Battery Depletion Possible Early Battery Depletion (1 malfunction related to advisory)					75				
			Therap	y Function Co	mpromised		13			
				ectrical Compo	nent ated to advisor		13			
90 80 70 60 50										
0 1	2	3		4	5	6	7	8	9	10
Years After Im	plant —	E xclu	uding Norn	nal Battery I	Depletion	Ind	ludin	g Normal Battery	/ Depletion	
1	yr 2 yr	3	3 yr	4 yr	5 yr	6 yr	at 7	9 mo		
% 10	0.0 99.9	9	99.8	99.7	99.4	99.4	99	4		
% 99	99.7	g	99.3	98.1	91.0	71.0	40	.7		
# 25	,800 23,60	0 2	21,200	18,500	13,900	6,920	430			
Effective Sample	Size									



D154AWG, D164AWG Virtuoso DR

	(N)	(A)		(N)	(A)		
US Market Release	May-06		Malfunctions (US)	329	1,870	NBD Code	DDED
Registered US Implants	72,600	4,100	Therapy Function Not Compromised	304	1,858	Serial Number Prefix	PVV, PUL
Estimated Active US Implants	48,600	300	Electrical Component	194	1,857	Max Delivered Energy	35 J
Normal Battery Depletions (US)	1,179	91	Electrical Interconnect	1	0	Estimated Longevity	See page 38
Advisories: See page 143 – 2009 Potential			Possible Early Battery Depletion	107	0		
Reduced Device Longevity			Software Malfunction	1	0		
Performance Note: See page 15	2		Other	1	1		
 Anomalies in MOSFET Integrated Technology 	Circuit		Therapy Function Compromised	25	12		
			Electrical Component	24	12		
			Possible Early Battery Depletion	1	0		

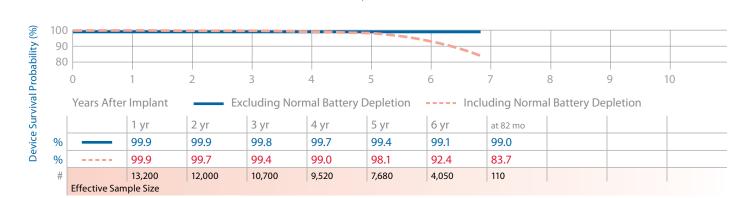




D154VRC EnTrust VR

US Market Release	Jun-05	Malfunctions (US)	81
Registered US Implants	14,500	Therapy Function Not Compromised	71
Estimated Active US Implants	7,700	Battery (2 malfunctions related to advisory)	2
Normal Battery Depletions (US)	345	Electrical Component (31 malfunctions related to advisory)	44
Advisories: See page 140 – 2012 Potential Rapid Battery Depletion		Possible Early Battery Depletion (3 malfunctions related to advisory)	24
		Other	1
		Therapy Function Compromised	10
		Electrical Component (2 malfunctions	10

Product Characteristics	
NBD Code	VVEV
Serial Number Prefix	PNT
Max Delivered Energy	35 J
Estimated Longevity	See page 38



related to advisory)

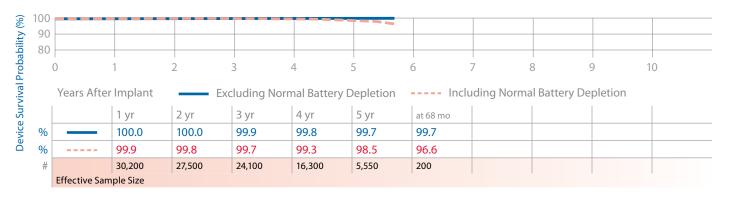
D154VWC, D164VWC Virtuoso VR

US Market Release May-06 Registered US Implants 33,100 **Estimated Active US Implants** 22,600 Normal Battery Depletions (US) 115 Advisories: See page 143 – 2009 Potential Reduced Device Longevity Performance Note: See page 152- Anomalies in MOSFET Integrated Circuit Technology

Malfunctions (US)	69
Therapy Function Not Compromised	56
Electrical Component (4 malfunctions related to advisory)	43
Electrical Interconnect	1
Possible Early Battery Depletion	11
Other	1
Therapy Function Compromised	13
Electrical Component	13

NBD Code VVEV

Serial Number Prefix	PUN, PUP
Max Delivered Energy	35 J
Estimated Longevity	See page 38





D224DRG, D234DRG Secura DR

US Market Release	Sep-08
Registered US Implants	47,000
Estimated Active US Implants	40,600
Normal Battery Depletions (US)	94
Advisories	None

Malfunctions (US)	31
Therapy Function Not Compromised	24
Electrical Component	7
Possible Early Battery Depletion	8
Software/Firmware	9
Therapy Function Compromised	7

Electrical Component Software/Firmware

Product Characteristics

NBD Code	DDED
Serial Number Prefix	PUG
Max Delivered Energy	35 J
Estimated Longevity	See page 38



100											
100											
90											
80				1							
C) 1		2	3	4	5	5	7 8	3 9) 1	0
	Years After I	mplant 1 yr	Exc	luding Norm 3 yr	al Battery D	epletion •	Inclu	ding Normal	Battery Dep	letion	
%		100.0	100.0	99.9	99.9						
%		99.9	99.7	99.4	98.9						
#		72,900	41,500	12,400	110						
	Effective Sam	ple Size									

D224VRC, D234VRC Secura VR

Product Characteristics

IS Market Release	Sep	o-08 N	Malfunctions (US)			12	NBD Code		VVEV
egistered US Implants	18	,600	Therapy Function Not Compromised		d	8	Serial Number Prefix		PUX
stimated Active US Implants	16	,100	Electrical Component			2	Max Delivered Energy		35 J
Iormal Battery Depletions (U	S)	21	Possible Early Battery Depletion			4	Estimated Longevity		See page 3
dvisories	N	one	Software/Firmw	/are		2			
			Therapy Function C	Compromised		4			
			Electrical Comp	onent		3			
			Software/Firmw	are .		1			
0 1	2	3	4	5	6	7	8	9	10
Years After Impla			ı	Depletion	In	cludir 	ng Normal Battery Do	epletion	ı
1 yr	2 yr	3 yr	at 46 mo						
% 100.0		99.9	99.9						
% 99.9	99.8	99.5	99.4						
# 31,800	18,500	5,880	290						

Effective Sample Size



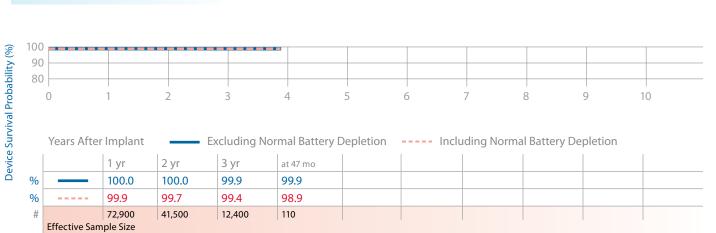
D274DRG, D294DRG Virtuoso II DR

Product Characteristics

VVED PZT 35 J

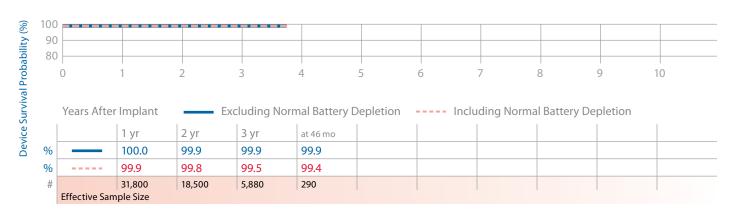
See page 38

US Market Release	Aug-09	Malfunctions (US)	1	NBD Code
Registered US Implants	22,100	Therapy Function Not Compromised	0	Serial Number Prefix
Estimated Active US Implants	19,500	Therapy Function Compromised	1	Max Delivered Energy
Normal Battery Depletions (US)	12	Electrical Component	1	Estimated Longevity
Advisories	None			



D274VRC, D294VRC Virtuoso II VR

US Market Release	Aug-09	Malfunctions (US)	2	NBD Code	VVEV
Registered US Implants	9,100	Therapy Function Not Compromised	2	Serial Number Prefix	PZR
Estimated Active US Implants	8,100	Electrical Component	1	Max Delivered Energy	35 J
Normal Battery Depletions (US)	6	Software Malfunction	1	Estimated Longevity	See page 38
Advisories	None	Therapy Function Compromised	0		

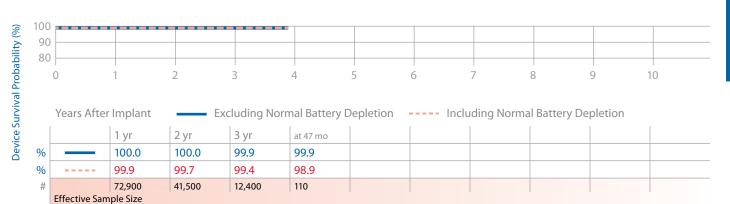




D284DRG Maximo II DR

Product Characteristics

US Market Release	Sep-08	Malfunctions (US)	7	NBD Code	VVED
Registered US Implants	18,300	Therapy Function Not Compromised	4	Serial Number Prefix	PZM
Estimated Active US Implants	15,700	Electrical Component	2	Max Delivered Energy	35 J
Normal Battery Depletions (US)	31	Possible Early Battery Depletion	2	Estimated Longevity	See page 38
Advisories	None	Therapy Function Compromised	3		
		Electrical Component	3		



D284VRC Maximo II VR

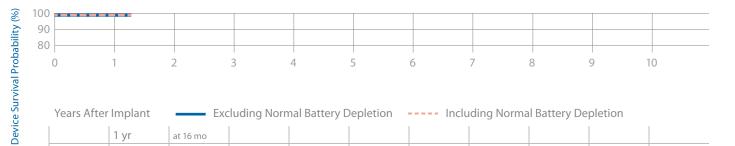
US Market Release		Sep-08	8 Malfi	unctions (US)			8	NBD Code		VVEV
Registered US Implar	nts	11,700) The	rapy Function N	lot Comproi	nised	5	Serial Number P	refix	PZN
Estimated Active US	Implants	10,100)	Electrical Comp	onent		2	Max Delivered E	nergy	35 J
Normal Battery Deple	etions (US)	20)	Possible Early B	attery Deple	tion	1	Estimated Longe	evity	See page 3
Advisories		None	:	Software Malfu	nction		2			
			The	rapy Function (Compromise	d	3			
				Electrical Comp	onent		2			
				Software/Firmv	/are		1			
90 80 0	1	2	3	4	5	6	7	8	9	10
100 90 80 0 Years Afte	r Implant 1 yr 100.0	Exc 2 yr 99.9	luding No 3 yr 99.9	at 46 mo	Depletion		ncludin	ng Normal Batte	ery Depletion	1
0/6										
%	99.9	99.9 99.8 18,500	99.5 5,880	99.4						

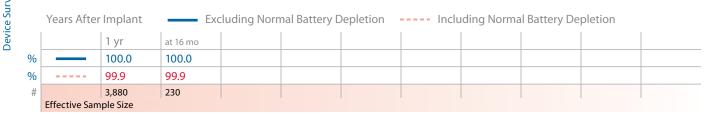


D314DRG, D354DRG Protecta XT DR

Product Characteristics

US Market Release	Mar-11	Malfunctions (US)		NBD Code	DDED
Registered US Implants	17,400	Therapy Function Not Compromised	0	Serial Number Prefix	PSK
Estimated Active US Implants	16,900	Therapy Function Compromised	0	Max Delivered Energy	35 J
Normal Battery Depletions (US)	6	Electrical Component	0	Estimated Longevity	See page 38
Advisories	None	Software/Firmware	0		

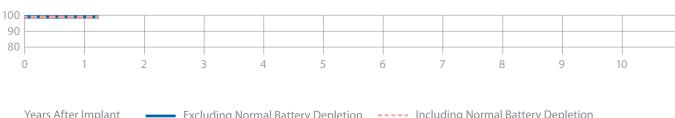




D314VRG, D354VRG Protecta XT VR

Product Characteristics

US Market Release	Mar-11	Malfunctions (US)	2	NBD Code	VVEV
Registered US Implants	7,500	Therapy Function Not Compromised	1	Serial Number Prefix	PSA
Estimated Active US Implants	7,300	Electrical Component	1	Max Delivered Energy	35 J
Normal Battery Depletions (US)	4	Therapy Function Compromised	1	Estimated Longevity	See page 3
Advisories	None	Electrical Component	1		



	rears Arter	πηριαπτ	LXC	luding Norn	iai battery L	repletion	IIICIC	iding Norma	ii battery De	pietion	
		1 yr	at 16 mo								
%		100.0	100.0								
%		99.9	99.9								
#		1,480	110								
	Effective Sam	ple Size									

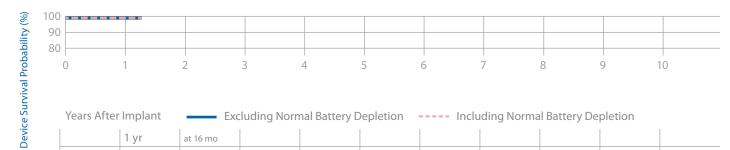
Device Survival Probability (%)

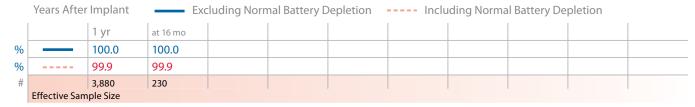


D334DRG, D364DRG Protecta DR

Product Characteristics

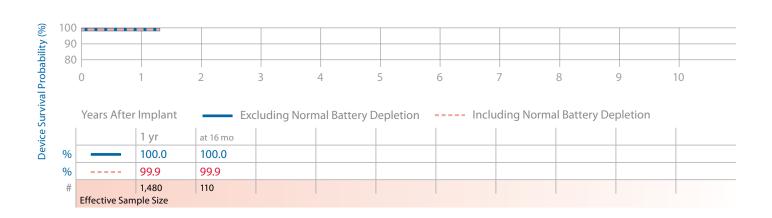
US Market Release	Mar-11	Malfunctions (US)	2	NBD Code	DDED
Registered US Implants	5,600	Therapy Function Not Compromised	2	Serial Number Prefix	PSP
Estimated Active US Implants	5,400	Electrical Component	2	Max Delivered Energy	35 J
Normal Battery Depletions (US)	0	Therapy Function Compromised	0	Estimated Longevity	See page 38
Advisories	None				





D334VRG, D364VRG Protecta VR

US Market Release	Mar-11	Malfunctions (US)	0	NBD Code	VVEV
Registered US Implants	3,300	Therapy Function Not Compromised	0	Serial Number Prefix	PSX
Estimated Active US Implants	3,200	Therapy Function Compromised	0	Max Delivered Energy	35 J
Normal Battery Depletions (US)	0			Estimated Longevity	See page 38
Advisories	None				





Device Survival Summary (95% Confidence Interval)

The following table shows ICD device survival estimates with 95% confidence intervals. Estimates are shown both with and without normal battery depletions included.

			Malfunctions (US)		Device S	Device Survival Probability (%)	obability	(%)					
istered mplants mated SU svi	stable	mal Battery (CU) snoiteld	repy oction promised srspy oction Not npromised		Years Afi	Years After Implant	+						
USU Esti	dwj		Cor The		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr
19,400 4,500	00	1,697	29 + 29 = 58	Excluding Normal Battery Depletion	100.0+0.0/-0.0	99.9	99.9	99.8 +0.1/-0.1	99.7 +0.1/-0.1	99.6 +0.1/-0.1	99.5 +0.1/-0.2	99.4 +0.1/-0.2	99.4 +0.2/-0.2
Advisories: <u>See page 149</u> – 2005 Potential Premature Battery Depletion <u>Due to Battery</u> Short	emature Ba	ittery	(19) + (1) (20) (advisory-related subset)	Including Normal Battery Depletion	99.8 +0.1/-0.1	99.6	99.3	99.1 +0.1/-0.2	98.5 +0.2/-0.2	95.1	86.8	74.3 +1.0/-1.1	30.2 +2.8/-2.7
17,500 2,100		3,510	10 + 27 = 37	Excluding Normal Battery Depletion	99.9	99.9	99.8 +0.1/-0.1	99.8 +0.1/-0.1	99.8 +0.1/-0.1	99.7 +0.1/-0.1	99.7 +0.1/-0.1	99.7	99.7 +0.1/-0.1 at 106 mo
See page 157 – Performance note on ICD Battery Discharge Behavior	tery			Including Normal Battery Depletion	99.8 +0.1/-0.1	99.5	9 9.1 +0.1/-0.2	98.8	97.5 +0.3/-0.3	89.6 +0.6/-0.6	77.6	50.5	2.2 +0.8/-0.6 at 106 mo
44,300 20,200		2,190	15 + 50 = 65	Excluding Normal Battery Depletion	100.0	99.9	99.9	99.9 +0.0/-0.1	99.8 +0.0/-0.1	99.8	99.8	99.8 +0.0/-0.1 at 95 mo	
Advisories: <u>See page 149</u> – 2005 Potential Premature Battery Depletion Due to Battery Short	emature Bat	tery	$\frac{(0)}{(advisory-related subset)}$	Including Normal Battery Depletion	99.9	99.8 +0.0/-0.1	99.6	99.3	98.1 +0.2/-0.2	91.5	82.8 +0.6/-0.6	58.5 +3.7/-3.9 at 95 mo	
48,300 3,100 8,		8,692	107 + 83 = 190	Excluding Normal Battery Depletion	99.9	99.9	99.8	99.6	99.4 +0.1/-0.1	99.3 +0.1/-0.1	99.2 +0.1/-0.1	99.2 +0.1/-0.1 at 89 mo	
Advisories: See page 149 – 2005 Potential Premature Battery Depletion Due to Battery Short	emature Batte	Ž	(73) + (3) = (76) (advisory-related subset)	Including Normal Battery Depletion	99.8	99.5	98.7 +0.1/-0.1	97.5 +0.2/-0.2	92.3 +0.3/-0.4	72.3 +0.7/-0.7	32.9 +0.8/-0.8	5.1 +0.6/-0.5 at 89 mo	
37,600 9,200 7,		7,105	10 + 51 = 61	Excluding Normal Battery Depletion	100.0 +0.0/-0.0	99.9	99.9	99.8 +0.0/-0.1	99.8 +0.0/-0.1	99.8	99.8	99.8 +0.1/-0.1 at 85 mo	
Advisories: See page 149 – 2005 Potential Premature Battery Depletion Due to Battery Short	emature Batt	ery	$\frac{(0)}{(advisory-related subset)}$	Including Normal Battery Depletion	99.9	99.7 +0.1/-0.1	99.3	97.9 +0.2/-0.2	90.5 +0.4/-0.4	67.4 +0.7/-0.7	24.6 +1.0/-1.0	16.0 +1.0/-1.0 at 85 mo	
30,600 7,900 6		6,446	29 = 09 + 2	Excluding Normal Battery Depletion	100.0	99.9	99.9	99.8	99.7 +0.1/-0.1	99.7 +0.1/-0.1	99.7 +0.1/-0.1		
					99.9	99.7 +0.1/-0.1	99.3	98.4 +0.2/-0.2	90.9	70.7 +0.7/-0.7	12.1		
950 330		130	+ + + = 5		99.9	99.5	99.5	99.4 +0.4/-0.9	99.4 +0.4/-0.9	99.4 +0.4/-0.9	99.4 +0.4/-0.9 at 83 mo		
				Including Normal Battery Depletion	99.8	99.2	98.6	97.4 +0.9/-1.4	93.6	82.8 +2.9/-3.5	59.6 +5.1/-5.5 at 83 mo		

ice 5	Device Survival Summary continued	Summar	y contir	pant	E	Malfur	Malfunctions			Device 5	Device Survival Probability (%)	robability	(%)					
7		Market ease	beretei estas lants	bətem ZU əvi stnslo	rmal Battery snoitelo	erapy oction npromised	erapy oction Not npromised	ls		Years Af	Years After Implant)t						
Number	Family	NS Bel	SN Beg	tэА		The run Too	The Tur	тоТ		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr
D153ATG, D153DRG	EnTrust	Jun-05	460	77	153	1	+ 7 =	∞	Excluding Normal Battery Depletion	99.8 +0.2/-1.6	99.8	99.3 +0.5/-1.6	98.4 +0.9/-2.0	97.6 +1.2/-2.4	97.6 +1.2/-2.4 at 65 mo			
	Advisories: Se Depletion	Advisories: See page 140 –2012 Potential Rapid Battery Depletion	–2012 Poter	ntial Rapid Ba	attery				Including Normal Battery Depletion	99.6	99.6 +0.3/-1.2	98.4 +0.9/-1.9	92.6 +2.3/-3.3	65.7 +5.3/-5.9	46.6 +6.2/-6.5 at 65 mo			
D154ATG, D154DRG	EnTrust	Jun-05	28,200	11,600	3,141	55	+ 107 +	. 120	Excluding Normal Battery Depletion	100.0	99.9	99.8 +0.0/-0.1	99.7	99.4 +0.1/-0.1	99.4	99.4 +0.1/-0.1 at 79 mo		
	Advisories: Se Depletion	Advisories: See page 140 – 2012 Potential Rapid Battery Depletion	– 2012 Pote	ntial Rapid B	attery	(1) (advise	$\frac{(1)}{(1)} + \frac{(11)}{(11)} = \frac{(12)}{(11)}$ $\frac{(12)}{(11)} + \frac{(11)}{(11)} = \frac{(12)}{(11)}$: (12) ubset)	Including Normal Battery Depletion	99.9	99.7 +0.1/-0.1	99.3 +0.1/-0.1	98.1 +0.2/-0.2	91.0	71.0	40.7 +2.2/-2.2 at 79 mo		
D154AWG D164AWG (Non-advisory population)	Virtuoso DR	May-06	72,600	48,600	1,179	25	+ 304 =	329	Excluding Normal Battery Depletion	100.0	99.9	99.9	99.5	99.2	99.1 +0.1/-0.1 at 69 mo			
									Including Normal Battery Depletion	99.9	99.8	99.5	98.1	93.8 +0.3/-0.3	78.6 +2.8/-3.2 at 69 mo			
D154AWG D164AWG (Advisory population)	Virtuoso DR	May-06	4,100	300	91	12	+ 1,858 =	1,870	Excluding Normal Battery Depletion	100.0	99.9 +0.1/-0.2	90.7	49.8 +1.9/-1.9	46.3 +1.9/-1.9 at 49 mo				
	Advisories: Se Longevity	Advisories: See page 143 – 2009 Potential Reduced Device Longevity	- 2009 Pote	intial Reduce	d Device				Including Normal Battery Depletion	99.9 +0.1/-0.1	99.7 +0.1/-0.3	84.6 +1.2/-1.3	14.6	7.3 +1.2/-1.1 at 49 mo				
	See page 152 Integrated Cir	See page 152 – Performance note on Anomalies in MOSFET Integrated Circuit Technology	e note on Ai Jy	nomalies in l	MOSFET													
D154VRC	EnTrust VR	Jun-05	14,500	7,700	345	10	+ 71 =	81	Excluding Normal Battery Depletion	99.9	99.9	99.8	99.7	99.4 +0.1/-0.2	99.1	99.0 +0.3/-0.5 at 82 mo		
	Advisories: Se Depletion	Advisories: <u>See page 140</u> – 2012 Potential Rapid Battery Depletion	– 2012 Potel	ntial Rapid B	attery	(2) (advise	(2) + (36) = (38) (advisory-related subset)	: (38) ubset)	Including Normal Battery Depletion	99.9 +0.0/-0.1	99.7 +0.1/-0.1	99,4 +0.1/-0.1	99.0	98.1 +0.3/-0.3	92.4 +0.6/-0.7	83.7 +2.4/-2.8 at 82 mo		
D154VWC D164VWC (Non-advisory population)	Virtuoso VR	May-06	33,100	22,600	115	<u>E</u>	= 95 +	69	Excluding Normal Battery Depletion	100.0	100.0	99.9	99.8 +0.1/-0.1	99.7	99.7 +0.1/-0.1 at 68 mo			
	Advisories: Se Longevity	Advisories: See page 143 – 2009 Potential Reduced Device Longevity	- 2009 Pote	intial Reduce	d Device	(0) (advise	(0) + (4) = (4) (advisory-related subset)	: (4) ubset)	Including Normal Battery Depletion	99.9	99.8	99.7	99.3	98.5	96.6 +0.8/-1.0 at 68 mo			
	See page 152 Integrated Cir	See page 152 – Performance note on Anomalies in MOSFET Integrated Circuit Technology	e note on A	nomalies in l	MOSFET													

C	D

	_	8 yr												
	_	7 yr												
	_	6 yr												
		5 yr												
(%)		4 yr	99.9 +0.0/-0.0 at 47 mo	98.9 +0.2/-0.3 at 47 mo	99.9 +0.0/-0.1 at 46 mo	99.4 +0.1/-0.2 at 46 mo	99.9 +0.0/-0.0 at 47 mo	98.9 +0.2/-0.3 at 47 mo	99.9 +0.0/-0.1 at 46 mo	99.4 +0.1/-0.2 at 46 mo	99.9 +0.0/-0.0 at 47 mo	98.9 +0.2/-0.3 at 47 mo	99.9 +0.0/-0.1 at 46 mo	99.4 +0.1/-0.2 at 46 mo
Device Survival Probability (%)	± ,	3 yr	99.9	99.4 +0.1/-0.1	99.9	99.5 +0.1/-0.1	99.9	99,4	99.9	99.5 +0.1/-0.1	99.9	99.4 +0.1/-0.1	99.9	99.5
urvival P	Years After Implant	2 yr	100.0	99.7	99.9	99.8	100.0	99.7	99.9	99.8	100.0	99.7	99.9	99.8
Device S	Years Afi	1 yr	100.0	99.9	100.0	99.9	100.0	99.9	100.0	99.9	100.0	99.9	100.0	99.9
E			Excluding Normal Battery Depletion	Including Normal Battery Depletion										
1														
	let	юТ	31		12		-		7		7		80	
ions	nction Not mpromised	Fu Co	24 = 31		8 = 12		0 = 1		2 = 2		7 = 7		2 = 8	
Malfunctions	mpromised	Co Th Fu Co	II		II		II		II		Ш		Ш	
Malfunctions	ompromised erapy nction Not mpromised	17 60 17 17 17 17 10	+ 24 =		Ⅱ ∞ +		0 +		+ 2		+ 4		+	
Malfunctions	erapy notion mpromised mpromised erapy notion Not morion Special	Aci No No Th Fu Co Co Co Co	7 + 24 =		4 + 8 		+ 0 +		0 + 5		+ + + + + + + + + + + + + + + + + + + +		3 + 2	
Malfunctions	tive US plants promal Battery spletions nction nction npromised nction Not nction Not	Est Aci Mo Th Th Tu Th Tu Th Tu Th Tu	94 7 + 24 =		21 4 + 8 =		12 1 + 0 =		0 + 5		31 + 4 =		20 3 + 5 =	
Malfunctions	timated tive US plants plants prections specifications erapy mortion Mot erapy erapy mortion Mot erapy	Rei US Est Acc Im No Th Fu Co Th Fu Co	40,600 94 7 + 24 =		16,100 21 4 + 8 =		19,500 12 1 + 0 =		8,100 6 0 + 2 =		15,700 31 3 + 4 =		10,100 20 3 + 5 =	
Malfunctions	gistered implants timeded tive US plants plants pletions erapy nction nmpromised erapy nction nortion Not erapy	Rei US Est Acc Im No Th Fu Co Th Fu Co	47,000 40,600 94 7 + 24 =		18,600 16,100 21 4 + 8 =		22,100 19,500 12 1 + 0 =		9,100 8,100 6 0 + 2 =		18,300 15,700 31 3 + 4 =		11,700 10,100 20 3 + 5 =	



Device Survival Summary continued

		8 yr								
		7 yr								
		6 yr								
		5 yr								
.y (%)		4 yr								
robabilit	ant	3 yr								
Device Survival Probability (%)	Years After Implant	2 yr	100.0 +0.0/-0.0 at 16 mo	99.9 +0.0/-0.0 at 16 mo	100.0 +0.0/-0.0 at 16 mo	99.9 +0.0/-0.1 at 16 mo	100.0 +0.0/-0.0 at 16 mo	99.9 +0.0/-0.0 at 16 mo	100.0 +0.0/-0.0 at 16 mo	99.9 +0.0/-0.1 at 16 mo
Device.	Years At	1 yr	100.0	99.9	100.0	99.9 +0.0/-0.1	100.0	99.9	100.0	99.9 +0.0/-0.1
			Excluding Normal Battery Depletion	Including Normal Battery Depletion						
1										
	la	toT	0		2		2		0	
SL	ubromised	ιος	П		1 = 2		Ш		Ш	
nctions	rapy sction Not npromised	The ToD								
Malfunctions	ubromised	The The The The ToO	0		 -		2		0	
Malfunctions	nction npromised rapy retion Not retion sed	The Fun Con The The Too	0 +		 -		+ 2		 0 +	
Malfunctions	repy repy retion repy repy retion Not npromised	Actifum Mon	0 +		+ -		0 + 5		0 + 0	
Malfunctions	ive US inlants mal Battery srapy ction iction promised promised srapy oction Not myromised	Esti Acti Imp Mon Mon Dep The Con The The Con	= 0 + 0 9		+ +		0 + 5 =		0 + 0	
Malfunctions	mated ive US mal Battery sirens irapy ction promised promised regon Myromised	Regular Regula	16,900 6 0 + 0 =		7,300 4 1 + 1 =		5,400 0 0 + 2 =		3,200 0 + 0 =	
Malfunctions	istered mplants mated ive US ive US inlants mal Battery sletions sletions crition repy crition iction for inlants iction for inlants iction for inlants iction for inlants for	Regular Regula	17,400 16,900 6 0 + 0 =		7,500 7,300 4 1 + 1 =		5,600 5,400 0 0 + 2 =		3,300 3,200 0 + 0 =	



Reference Chart

The longevity estimates provided are mean values calculated for the parameters given. 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.

					Estimated Longevity Electi				Elective	Replacement		
					**						RI)***	End of
Model Number	Family	Connector Style	Volume/ Mass*	Delivered Energy	Charging Frequency**	100% Pacing‡	50% Pacing‡	15% Pacing‡	100% Sensing	Battery Voltage	Charge Time	Life (EOL) Battery Voltage
7230	Marquis VR	B, Cx, E	36 cc 75 g	30 J	Monthly Quarterly Semiannual	4.9 7.3 8.5	5.2 8.0 9.3	5.4 8.5 10.0	5.5 8.7 10.4	≤ 2.62 V	> 16-second charge time	3 months after ERI
7231Cx	GEM III VR	Cx	39 cc 77 g	30 J	Monthly Quarterly Semiannual	4.3 6.0 6.6	4.7 6.8 7.5	5.0 7.4 8.5	5.2 7.8 8.9	≤ 2.55 V	_	≤ 2.40 V
7232	Maximo VR	B, Cx, E	39 cc 76 g	35 J	Monthly Quarterly Semiannual	4.4 7.0 8.2	4.7 7.5 9.0	4.8 8.0 9.7	4.9 8.3 10.0	≤ 2.62 V	> 16-second charge time	3 months after ERI
7274	Marquis DR	DR+LV	36 cc 75 g	30 J	Monthly Quarterly Semiannual	4.0 5.6 6.2	4.4 6.4 7.2	4.8 7.1 8.1	4.9 7.5 8.6	≤ 2.62 V	> 16-second charge time	3 months after ERI
7278	Maximo DR	DR	39 cc 77 g	35 J	Monthly Quarterly Semiannual	3.7 5.3 6.0	4.1 6.1 7.0	4.3 6.8 8.0	4.5 7.1 8.5	≤ 2.62 V	> 16-second charge time	3 months after ERI
7288	Intrinsic	DR	38 cc 76 g	35 J	Monthly Quarterly Semiannual	3.7 5.3 6.0	4.1 6.1 7.0	4.3 6.8 8.0	4.5 7.1 8.5	≤ 2.62 V	> 16-second charge time	3 months after ERI
7290Cx	Onyx	Сх	39 cc 77 g	30 J	Monthly Quarterly Semiannual	3.8 5.0 5.4	4.1 5.6 6.1	4.3 6.2 6.7	4.5 6.4 7.0	≤ 2.55 V		≤ 2.40 V

^{*} Volume and mass differ by connector style.

^{**} A full charge is a full energy therapeutic shock or capacitor reformation.

^{***} The minimum time between ERI and EOL is 3 months (100% pacing, two charges per month).

[‡] Pacing mode is VVI for single chamber models and DDD for dual chamber and CRT models. Parameter settings; lower rate at 60 ppm, sensing rate at 70 bpm, (A, RV, LV) 3.0 V amplitude, 0.4 ms pulse width, and 510-ohm pace load per applicable channel. CRT models with shared biventricular pacing; InSync Marquis 7277 (LV impedance set to 510 ohms), InSync ICD 7272 (RV amplitude set to 4.0 V).

[§] For Model 7271 and 7227 devices, if charge time exceeds 30 seconds, the device is at EOL. Immediate replacement is recommended. If three consecutive charge cycles exceed 30 seconds, the "charge circuit inactive" indicator is tripped and all therapies except emergency VVI pacing are disabled.



Referenc	e Chart cor	ntinued				stimate	d Longe	vity		Recomr Replac (RRT	ement	
Model Number	Family	Connector Style	Volume/ Mass*	Delivered Energy	Charging Frequency**	100% Pacing‡	50% Pacing‡	15% Pacing‡	100% Sensing	Battery Voltage	Charge Time	End of Service (EOS)
D153ATG, D153DRG	EnTrust	DR	33 cc 63 g	30 J	Monthly Quarterly Semiannual	3.5 4.8 5.3	3.8 5.4 6.1	4.1 6.0 6.9	4.2 6.3 7.2	≤ 2.61 V	_	3 months after RRT or > 16-second charge time
D154ATG, D154DRG	EnTrust	DR	35 cc 68 g	35 J	Monthly Quarterly Semiannual	3.8 5.5 6.1	4.2 6.1 7.0	4.4 6.8 7.9	4.6 7.0 8.3	≤ 2.61 V	_	3 months after RRT or > 16-second charge time
D154AWG, D164AWG	Virtuoso DR	DR	37 cc 68 g	35 J	Monthly Quarterly Semiannual	4.1 6.3 7.3	4.5 7.3 8.7	4.8 8.3 10.1	5.0 8.8 11.0	≤ 2.62 V	_	3 months after RRT or > 16-second charge time
D154VRC	EnTrust VR	Сх	35 cc 68 g	35 J	Monthly Quarterly Semiannual	4.8 7.5 9.0	5.0 8.3 10.0	5.2 8.8 10.7	5.3 9.0 11.0	≤ 2.61 V	_	3 months after RRT or > 16-second charge time
D154VWC, D164VWC	Virtuoso	Сх	37 cc 68 g	35 J	Monthly Quarterly Semiannual	4.8 8.1 10.0	5.1 9.0 11.2	5.3 9.6 12.3	5.4 10.0 12.9	≤ 2.62 V	_	3 months after RRT or > 16-second charge time
D224DRG, D234DRG	Secura DR	DR	37 cc 68 g	35 J	Monthly Quarterly Semiannual	3.6 5.1 5.7	4.1 6.1 7.0	4.5 7.0 8.3	4.7 7.5 9.0	≤ 2.63 V	_	3 months after RRT or > 16-second charge time
D224VRC, D234VRC	Secura VR	Сх	37 cc 68 g	35 J	Monthly Quarterly Semiannual	4.3 6.7 7.8	4.7 7.7 8.9	4.9 8.1 9.8	5.0 8.4 10.3	≤ 2.63 V	_	3 months after RRT or > 19-second charge time
D274DRG, D294DRG	Virtuoso II DR	DR	37 cc 68 g	35 J	Monthly Quarterly Semiannual	3.6 5.1 5.7	4.1 6.0 7.0	4.5 7.0 8.3	4.7 7.5 9.0	≤ 2.63 V	_	3 months after RRT or > 16-second charge time
D274VRC, D294VRC	Virtuoso II VR	Сх	37 cc 68 g	35 J	Monthly Quarterly Semiannual	4.3 6.7 7.8	4.7 7.5 8.9	4.9 8.1 9.8,	5.0 8.4 10.3	≤ 2.63 V	_	3 months after RRT or > 19-second charge time
D284DRG	Maximo II DR	DR	37 cc 68 g	35 J	Monthly Quarterly Semiannual	3.6 5.1 5.7	4.1 6.1 7.0	4.5 7.0 8.2	4.6 7.5 9.0	≤ 2.63 V	_	3 months after RRT or > 16-second charge time
D284VRC	Maximo II VR	Сх	37 cc 68 g	35 J	Monthly Quarterly Semiannual	4.3 6.6 7.7	4.6 7.4 8.8	4.9 8.1 9.7	5.0 8.4 10.2	≤ 2.63 V	_	3 months after RRT or > 19-second charge time
D314DRG, D354DRG	Protecta XT DR	DR	37 cc 68 g	35 J	Monthly Quarterly Semiannual	3.6 5.1 5.7	4.1 6.0 7.0	4.5 7.0 8.3	4.7 7.5 9.0	≤ 2.63 V	_	3 months after RRT
D314VRG, D354VRG	Protecta XT VR	Cx	37 cc 68 g	35 J	Monthly Quarterly Semiannual	4.3 6.7 7.8	4.7 7.5 8.9	4.9 8.1 9.8	5.0 8.4 10.3	≤ 2.63 V	_	3 months after RRT
D334DRG, D364DRG	Protecta DR	DR	37 cc 68 g	35 J	Monthly Quarterly Semiannual	3.6 5.1 5.7	4.1 6.0 7.0	4.5 7.0 8.3	4.7 7.5 9.0	≤ 2.63 V	_	3 months after RRT
D334VRG, D364VRG	Protecta VR	Сх	37 cc 68 g	35 J	Monthly Quarterly Semiannual	4.3 6.7 7.8	4.7 7.5 8.9	4.9 8.1 9.8	5.0 8.4 10.3	≤ 2.63 V	-	3 months after RRT

^{*} Volume and mass differ by connector style.

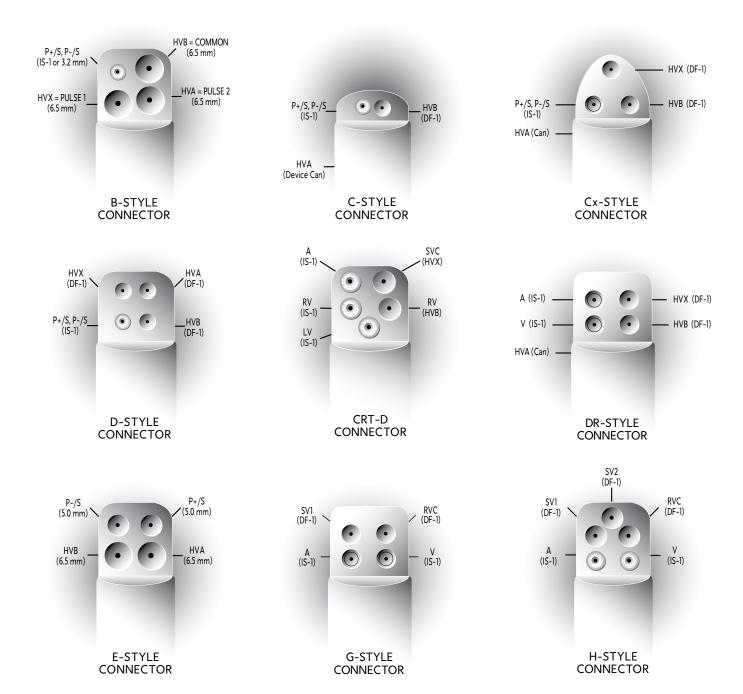
^{**} A full charge is a full energy therapeutic shock or capacitor reformation.

^{***} The minimum time between RRT and EOS is 3 months (100% pacing, two charges per month).

[‡] Pacing mode is VVI for single chamber models and DDD for dual chamber models. Parameter settings; lower rate at 60 ppm, sensing rate at 70 bpm, (A, RV, LV) 3.0 V amplitude, 0.4 ms pulse width, and 510-ohm pace load per applicable channel.



ICD Connector Styles

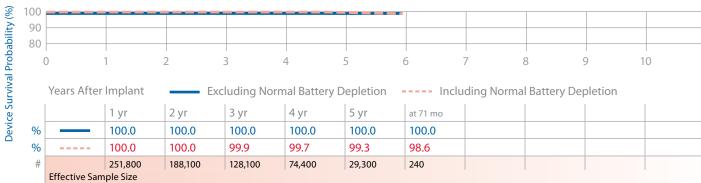




Adapta DR ADDR01, ADDR03, ADDR06, ADD01

Product Characteristics

US Market Release	Jul-06	Malfunctions (US)	53	NBG Code	DDDR, DDD
Registered US Implants	316,000	Therapy Function Not Compromised	34	Serial Number Prefix	PWB, PWD,
Estimated Active US Implants	260,900	Electrical Component	33		PWC, PWF, NWB, NWC,
Normal Battery Depletions (US)	277	Electrical Interconnect	1		NWD, NWF
Performance Note: See page 150 –		Therapy Function Compromised	19	Estimated Longevity	See page 71
Performance note on Dual Chamber Pace with Measurement Lock-up ERI	emakers	Electrical Component	18		
		Electrical Interconnect	1		



Adapta DR ADDRL1

S Market	t Release		Jul-0	6 Malfu	nctions (US)			6	NBG Code		DDDR
egistere	d US Implant	S	63,10	0 Ther	apy Function	Not Comprom	ised	5	Serial Number Pref	ix	PWE, NWE
stimated	Active US In	nplants	57,00	O E	Electrical Comp	onent		5			
lormal Ba	attery Deplet	ions (US)	1	4 Ther	apy Function	Compromised		1	Estimated Longevity		See page 7
erformar		e page 150 – Dual Chamber urement Lock-I	ap ERI	E	Electrical Interd	connect		1			
100 -											
80 -		 	2	3	4	5	6	7	8	9	10
Y	ears After				rmal Battery 4 yr 100.0			cludin	g Normal Battery		
%		100.0	100.0	99.9	99.7	99.6	99.6				
. –				99.9 15,200	99.7	99.6 1,770	99.6 180				

Pacemakers with Measurement Lock-up ERI

Adapta DR ADDRS1

Product Characteristics

US Market Release	Jul-06	Malfunctions (US)	5	NBG Code	DDDR
Registered US Implants	30,500	Therapy Function Not Compromised	3	Serial Number Prefix	PWA, NWA
Estimated Active US Implants	23,100	Electrical Component	2		
Normal Battery Depletions (US)	168	Possible Early Battery Depletion	1	Estimated Longevity	See page 71
		Therapy Function Compromised	2		
Performance Note: <u>See page 150</u> – Performance note on Dual Chamber		Electrical Component	2		

Device Survival Probability (%) 100 90 80 10 Years After Implant Excluding Normal Battery Depletion ---- Including Normal Battery Depletion 1 yr 2 yr 3 yr 4 yr 5 yr at 68 mo 100.0 % 100.0 100.0 100.0 100.0 100.0 % 100.0 99.9 99.6 98.8 94.5 85.2 22,900 16,400 160 10,500 5,740 2,040 **Effective Sample Size**

Adapta SR ADSR01, ADSR03, ADSR06

IS Market Release	Jul-0	06 Malf	unctions (US)			7	NBG Code	SSI	R		
egistered US Implants	58,90	00 The	rapy Function	Not Compromi	sed	3	Serial Number Prefix		/N, NWM, NWI		
stimated Active US Implants	41,30	00	Electrical Comp	oonent		2		PW	P, PWM, PWN		
Iormal Battery Depletions (US)	11	10	Possible Early Battery Depletion		Possible Early Battery Depletion		n	1	Estimated Longevity	Sec	e page 71
dvisories	Nor	ne The	Therapy Function Compromised			4					
			Electrical Comp	ponent		3					
			Electrical Interd	connect		1					
100					-						
	2	3	4	5	6	7	8	9	10		
90	Exc	cluding No	4 ormal Battery	5	6	/	8 g Normal Battery D		10		
90 80 0 1 Years After Implant 1 yr	2 yr	cluding No	ormal Battery	5 y Depletion 5 yr	6 Inc	/			10		
90 80 0 1 Years After Implant	Exc	cluding No	ormal Battery	5 y Depletion	6 Inc	/			10		



Adapta VDD ADVDD01

Product Characteristics

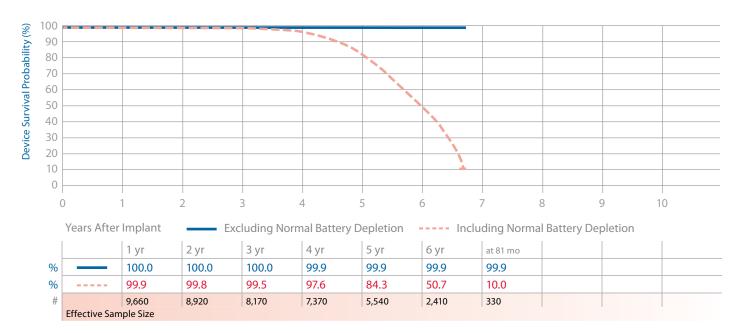
US Market Release	Jul-06	Malfunctions (US)		C	NBG	Code		VDD
legistered US Implants	940	Therapy Function	Not Compromised	C) Seri	al Number Pre	efix	PWG, NWG
stimated Active US Implants	710	Therapy Function (Compromised	C	Esti	mated Longe	vity	See page
Normal Battery Depletions (US)	0							
Performance Note: <u>See page 150</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI								
100								
90								
90 80 2	3	4	5 6	7		8	9	10
80 0 1 2 Years After Implant		g Normal Battery	Depletion -	7 Inclu	ding No	8 rmal Batter	9 ry Depletion	10
80 2	Excludin	g Normal Battery		7 Inclu	ding No			
80 0 1 2 Years After Implant 2 yr	Excludin 3 yr .0 100.	g Normal Battery 4 yr 0 100.0	Depletion -	7 Inclu	ding No			

Advisa DR / DR MRI+C82 A4DR01, A5DR01, A3DR01 Ensura MRI EN1DR01

JS Market Release	Apr-11	Malfunctions (US)		0	NBG Code		OAE - DDDR OOE - DDDR
Registered US Implants	490	Therapy Function Not Compr	omised	0	Serial Number Pro	efix	PZK, PZJ, PZ PZW
Estimated Active US Implants	480	Therapy Function Compromis	sed	0	Estimated Longe	vity	See page 7
Normal Battery Depletions (US)	0						
Performance Note: <u>See page 150</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up	ERI						
100							
80							
0 1 2	3	4 5	6	7	8	9 10)
Years After Implant	Exclud	ing Normal Battery Depletio	on Ind	:ludin	g Normal Batte	ry Depletion	
% 100.0							
% 100.0							
# 110							
Effective Sample Size							

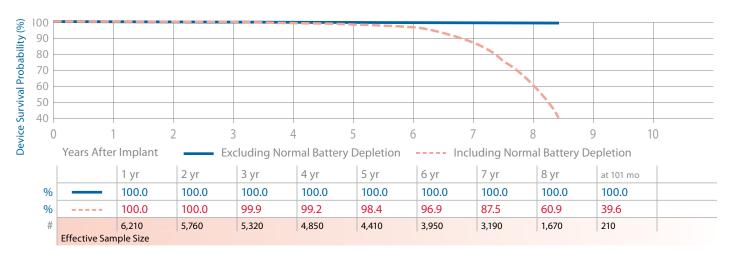
AT500 AT501, 7253 **Product Characteristics**

US Market Release	Mar-03	Malfunctions (US)	9	NBG Code	DDDRP
Registered US Implants	10,800	Therapy Function Not Compromised	4	Serial Number Prefix	IJF
Estimated Active US Implants	950	Electrical Component	1	Estimated Longevity	See page 71
Normal Battery Depletions (US)	2,771	Possible Early Battery Depletion	3		
Performance Note: See page 155 –		Therapy Function Compromised	5		
Performance note on AT500 Pacing System Follow-Up Protocol		Electrical Component	3		
		Electrical Interconnect	1		
		Possible Early Battery Depletion	1		



EnPulse DR E1DR01, E1DR03, E1DR06

US Market Release	Dec-03	Malfunctions (US)	1	NBG Code	DDDR
Registered US Implants	6,830	Therapy Function Not Compromised	1	Serial Number Prefix	PRA, PRB, PRE
Estimated Active US Implants	2,110	Electrical Component	1	Estimated Longevity	See page 71
Normal Battery Depletions (US)	843	Therapy Function Compromised	0		
Performance Note: <u>See page 150</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI					





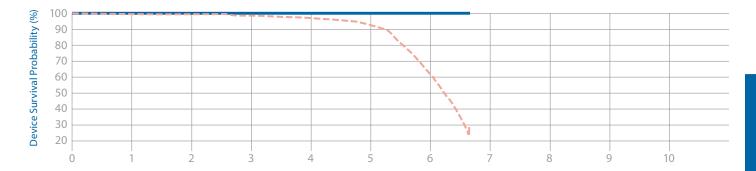
EnPulse DR E1DR21

US Market Release	Dec-03
Registered US Implants	1,850
Estimated Active US Implants	160
Normal Battery Depletions (US)	361

Performance Note: See page 150 -Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI

Product Characteristics

Malfunctions (US)	0	NBG Code	DDDR
Therapy Function Not Compromised	0	Serial Number Prefix	PPT
Therapy Function Compromised	0	Estimated Longevity	See page 71



	Years After Implant		Excluding Normal Battery Depletion Including Normal Battery Depl						oletion		
		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	at 80 mo			
%		100.0	100.0	100.0	100.0	100.0	100.0	100.0			
%		100.0	99.6	98.9	96.7	92.5	63.3	25.5			
#		1,640	1,480	1,320	1,160	970	480	120			
	Effective Sam	ple Size									

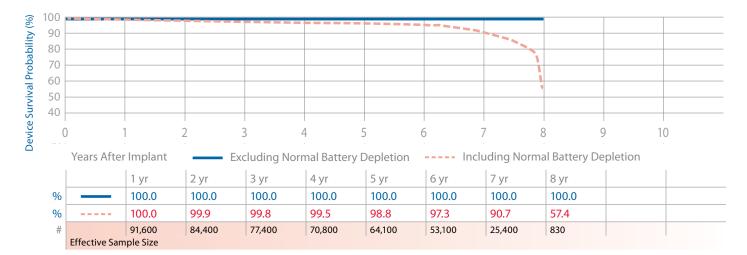
EnPulse 2 DR E2DR01, E2DR03, E2DR06, E2D01, E2D03

US Market Release	Feb-04
Registered US Implants	100,700
Estimated Active US Implants	50,700
Normal Battery Depletions (US)	3,505
Performance Note: See page 150 –	

Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI

Malfunctions (US)	23
Therapy Function Not Compromised	17
Electrical Component	15
Electrical Interconnect	2
Therapy Function Compromised	6
Battery	1
Electrical Component	3
Electrical Interconnect	2

NBG Code	DDDR
Serial Number Prefix	PNB, PNC, PNH
Estimated Longevity	See page 71



EnPulse 2 DR E2DR21

Product Characteristics

JS Mark	et Release		Feb-0	4 Mal	Malfunctions (US)				NBG Code	DDDR
egister	red US Implan	ts	12,20	0 Th	Therapy Function Not Compromised			0	Serial Number Prefix	PMU
stimate	ed Active US II	mplants	2,83	0 Th	erapy Function	Compromised		1	Estimated Longevity	See page
Normal	Battery Deple	tions (US)	1,62	1	Electrical Com	ponent		1		
erform		e page 150 – Dual Chamber surement Lock	-up ERI							
100 -										
90 -										
80 -										
70 -										
60 -							1			
50 -										
40										
30 –							1			
20										
10 -										
0	1	:	l I 2 3		4	5	6	7	8 9	10
	Years After	Implant	— Exc	luding N	ormal Batter	y Depletion	Ir	ncludin	g Normal Battery Depl	etion
		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	at 8	31 mo	
%		100.0	100.0	100.0	100.0	100.0	100.0	10	0.0	
%		99.9	99.7	99.2	97.7	91.7	68.5	19.	.0	
#		10,600	9,530	8,540	7,470	6,120	3,130	180		

EnPulse 2 DR E2DR31, E2DR33

Effective Sample Size

US Ma	US Market Release			Malfun	Malfunctions (US)			0	NBG Cod	Code		DDDR
Regist	ered US Implan	ts	580) Thera	py Function No	t Compromise	d	0	Serial Nu	mber Prefix		PNL, PNM
Estima	ated Active US Ir	mplants	410) Thera	Therapy Function Compromised			0	Estimate	d Longevity	See page 71	
Norma	al Battery Deple	tions (US)	(5								
Perfor	mance Note: <u>Se</u> mance note on l nakers with Meas	Dual Chamber	up ERI									
≝	100 90 80 0 1 2		2 :	3	4	5	6	7	8	3	9	10
vival	Years After	Implant	— Ехс	luding Norr	mal Battery [Depletion	Incl	udin	g Norma	l Battery De	pletion	
e Sur		1 yr	2 yr	3 yr	4 yr	5 yr	буг	7 y	r	at 86 mo		
evic %		100.0	100.0	100.0	100.0	100.0	100.0	100	0.0	100.0		
□ _%		100.0	100.0	100.0	100.0	100.0	99.0	96.	5	96.5		
#	Effective Sam	560 ple Size	530	500	470	430	360	130		110		

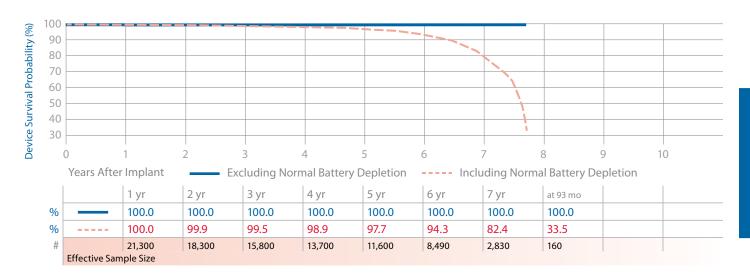


EnPulse 2 SR E2SR01, E2SR03, E2SR06

US Market Release	Dec-03	Malfunctions (US)	4
Registered US Implants	25,500	Therapy Function Not Compromised	3
Estimated Active US Implants	8,260	Electrical Component	2
Normal Battery Depletions (US)	954	Possible Early Battery Depletion	1
Advisories	None	Therapy Function Compromised	1
		Other	1

Product Characteristics

NBG Code	SSIR
Serial Number Prefix	PMW, PMY, PNA
Estimated Longevity	See page 71

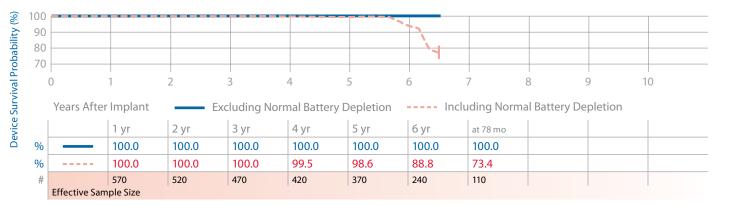


EnPulse 2 VDD E2VDD01

Product Characteristics

US Market Release	Dec-03	Malfunctions (US)	0	NBG Code	VDD
	640	Therapy Function Not Compromised	0	Serial Number Prefix	PMV
Registered US Implants		','			
Estimated Active US Implants	230	Therapy Function Compromised	0	Estimated Longevity	See page 71
Normal Battery Depletions (US)	54				

Performance Note: See page 150 -Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI

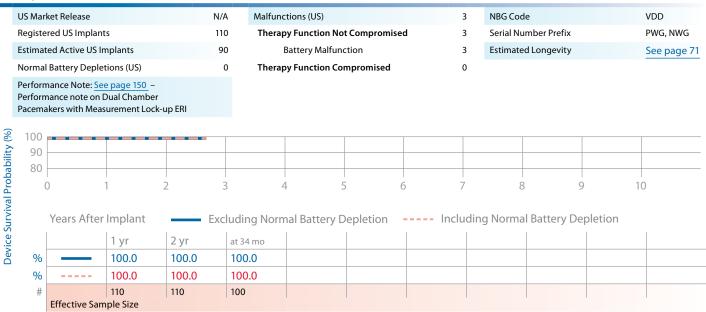


EnRhythm DR P1501DR

Product Characteristics

		nple Size								
#		100,800	86,500	70,200	54,600	38,500	17,800	1,210		
%		100.0	99.9	99.7	98.2	92.4	76.4	62.3		
%		100.0	100.0	99.9	99.2	96.5	89.3	86.5		
		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	at 81 mo		
	Years After	r Implant	Exc	cluding No	ormal Batter	y Depletion	Ind	cluding Norma	l Battery Depletion	
0		l	2 3	3	4	5	6	7 8	9	10
60							*1			
70										
80 -										
90 -										
100 =										
					Possible Ear	y Battery Deple	tion	2		
					Electrical Int	•		3		
					Electrical Co	mponent		37		
	-				Battery			5		
	rmance Note: ET Integrated		 Anomalies in ology 	The	erapy Function			47		
	' '		9		Electrical Int	,,		2		
	ries: See pag				Possible Earl	y Battery Deple	tion (1 malfunc	tion 51		
vormal	Battery Deple	etions (US)	60	17	to advisory)	mponent (1 mai	runction related	d 23		
	ed Active US I	•	72,20		•	malfunctions re	•		Estimated Longevity	See page
	red US Implan		110,00		• •	Not Compromi		4,570	Serial Number Prefix	PNP

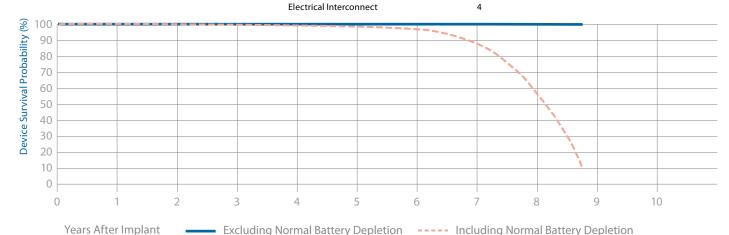
EnRhythm MRI EMDR01





Kappa 400 DR KDR401, KDR403

• •					
US Market Release	Jan-98	Malfunctions (US)	25	NBG Code	DDD/RO
Registered US Implants	46,800	Therapy Function Not Compromised	14	Serial Number Prefix	PER, PET
Estimated Active US Implants	4,520	Electrical Component	10	Estimated Longevity	See page 72
Normal Battery Depletions (US)	7,785	Electrical Interconnect	1		
Advisories	None	Possible Early Battery Depletion	2		
		Other	1		
		Therapy Function Compromised	11		
		Electrical Component	7		
		et all the control of			



						- cp.cc.o		9	. Dutter, De	0.00.0	
		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	at 105 mo	
%		100.0	100.0	100.0	100.0	99.9	99.9	99.9	99.9	99.9	
%		99.8	99.8	99.6	99.4	98.9	97.1	87.8	56.6	10.8	
#		42,500	39,300	36,100	33,000	29,700	25,900	19,500	8,450	890	
	Effective Sample Size										

Kappa 400 SR KSR401, KSR403

Product Characteristics

S Market Relea	SA	Feb-98	Malfund	ctions (US)			5	NBG Cod	lo.		SSIR	
Registered US Implants 15,400			. ,			4		ımber Prefix		PEU, PGD		
stimated Active	-	1,600	•	ectrical Compo	•	u	3		d Longevity			
	•	,		•				Estimate	d Longevity		See page 1	
•	Depletions (US)	1,490		-	tery Depletion		1					
dvisories		None	-	y Function Co	-		1					
			Ele	ectrical Intercor	nect		1					
100					+					T		
90												
80												
70							-					
60												
50												
40												
30												
20									``			
10										1		
0												
0	1	2 3	4	4	5	6	7		8	9	10	
Years A	After Implant	Exclud	ding Norn	nal Battery [Depletion	Inclu	uding	g Norma	l Battery De	pletion		
	1 yr	2 yr 3 y	yr	4 yr	5 yr	6 yr	7 y	r	8 yr	9 yr	at 109 mo	
%	- 100.0	100.0 10	0.0	100.0	100.0	100.0	100) N	100.0	100.0	100.0	

98.5

7,330

96.7

6,080

90.3

4,550

Kappa 700 D кD701, кD703, кD706

Effective Sample Size

99.8

13,000

99.7

11,400

99.5

9,860

99.0

8,570

%

Product Characteristics

63.7

2,130

15.9

190

9.6 100

. le le e.	7 0 0 1.0	,	,								
US Mai	rket Release		Jan-99	9 Malfui	nctions (US)			0	NBG Code		DDD
Registe	Registered US Implants 310				310 Therapy Function Not Compromised				Serial Number Pre	fix	PHK, PHM, PHL
Estima	ted Active US I	mplants	67	7 Thera	apy Function Co	ompromised		0	Estimated Longev	ity	See page 72
Norma	l Battery Deple	tions (US)	18	3							
	ories: See page ation of Intercor		otential								
Perform	mance Note: Some same same same same same same same sa	Dual Chamber	up ERI								
(g) 100 (g) 90											
80											
0) 1		2 3		4	5	6	7	8	9	10
90 80 90 % % %	Years After	Implant	— Exc	luding Nor	mal Battery	Depletion	Ind	cludin	g Normal Batter	y Depletion	
3 1		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 y	r 8 yr		
%		100.0	100.0	100.0	100.0	100.0	100.0	100	0.0 100.0		
5 %		100.0	100.0	100.0	99.0	97.8	95.4	94.	.2 86.4		
#		270	240	210	190	180	160	140	110		
	Effective Sam	ple Size									

Jan-99

206,300

26,800

33,681



US Market Release

Registered US Implants

Estimated Active US Implants

Normal Battery Depletions (US)

with Measurement Lock-up ERI

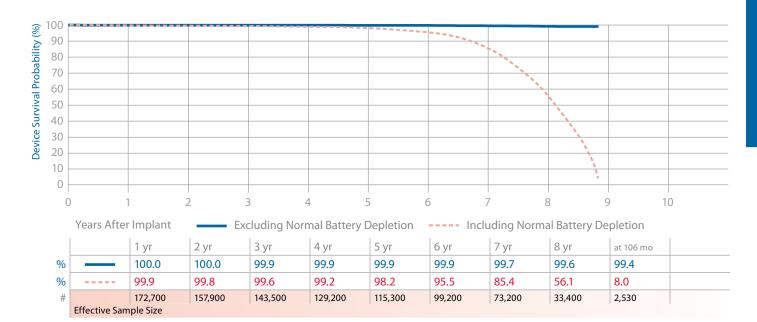
Advisories: See page 144 – 2009 Potential Separation of Interconnect Wires Performance Note: See page 150 -Performance note on Dual Chamber Pacemakers

Kappa 700 DR KDR701, KDR703, KDR706

Malfunctions (US)	740
Therapy Function Not Compromised	52
Battery	1
Electrical Component	27
Electrical Interconnect	17
Possible Early Battery Depletion	4
Other	3
Therapy Function Compromised	688
Electrical Component	17
Electrical Interconnect (275 malfunctions related to advisory)	670
Possible Early Battery Depletion	1

Product Characteristics

NBG Code	DDD/RO
Serial Number Prefix	PGU, PGY, PGW
Estimated Longevity	See page 72



Kappa 700 DR KDR721

Product Characteristics

US Market Release	Feb-99
Registered US Implants	9,800
Estimated Active US Implants	770
Normal Battery Depletions (US)	1,346

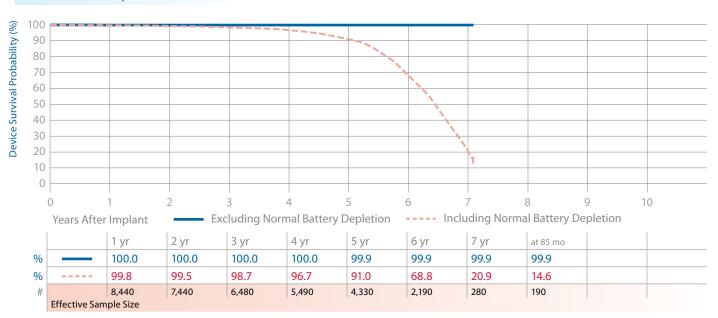
Advisories: See page 144 – 2009 Potential

Separation of Interconnect Wires

Performance Note: See page 150 -Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI

Malfunctions (US)	5			
Therapy Function Not Compromised	1			
Electrical Component	1			
Therapy Function Compromised				
Electrical Interconnect	4			





Jan-99

55,300

6,480

4,961



US Market Release

Registered US Implants

Estimated Active US Implants

Normal Battery Depletions (US)

Kappa 700 SR KSR701, KSR703, KSR706

Advisories: See page 144 – 2009 Potential Separation of Interconnect Wires

Malfunctions (US)	28
Therapy Function Not Compromised	4
Electrical Component	2
Electrical Interconnect	1
Possible Early Battery Depletion	1
Therapy Function Compromised	24
Electrical Component	4

Electrical Interconnect

(17 malfunctions related to advisory)

Product Characteristics

20

NBG Code	SSIR
Serial Number Prefix	PHT, PHW, PHU
Estimated Longevity	See page 72

90											
30 -								`			
70											
50											
50											
10											
30											
20									\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \		
10									`		
0		1	2	3	4	5	6	7	8	9	10
	Years After	r Implant	E	excluding No	ormal Battery I	Depletion	Inc	luding Norm	al Battery De	epletion	
		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	
%		100.0	100.0	100.0	100.0	100.0	100.0	99.9	99.9	99.8	
%		99.9	99.8	99.4	98.7	97.2	93.5	83.3	56.4	4.6	
		45,500	39,000	33,100	28,100	23,500	18,700	12,600	5,660	170	

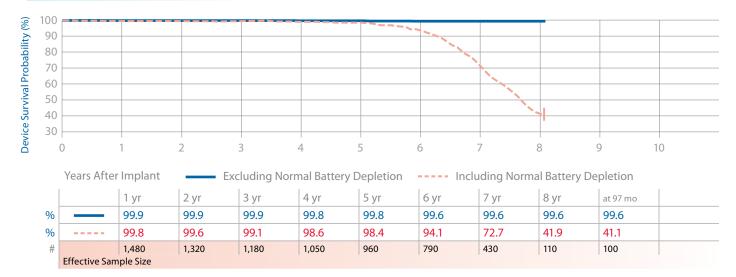
Kappa 700 VDD KVDD701

Product Characteristics

US Market Release	Jan-99	Malfunctions (US)	4	NBG Code	VDD/RO
Registered US Implants	1,690	Therapy Function Not Compromised	0	Serial Number Prefix	PHP
Estimated Active US Implants	210	Therapy Function Compromised	4	Estimated Longevity	See page 72
Normal Battery Depletions (US)	172	Electrical Interconnect	4		

Separation of Interconnect Wires Performance Note: See page 150 -Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI

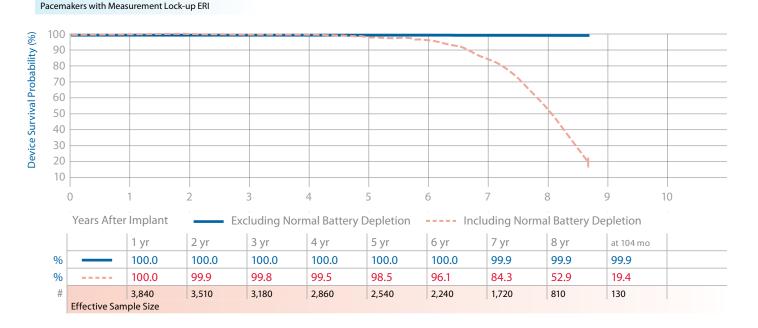
Advisories: See page 144 – 2009 Potential



Kappa 800 DR KDR801, KDR803

Performance note on Dual Chamber

11 /					
US Market Release	Jan-02	Malfunctions (US)	3	NBG Code	DDD/RO
Registered US Implants	4,280	Therapy Function Not Compromised	0	Serial Number Prefix	PKW, PKY
Estimated Active US Implants	670	Therapy Function Compromised	3	Estimated Longevity	See page 72
Normal Battery Depletions (US)	687	Electrical Interconnect	3		
Performance Note: See page 150 -					





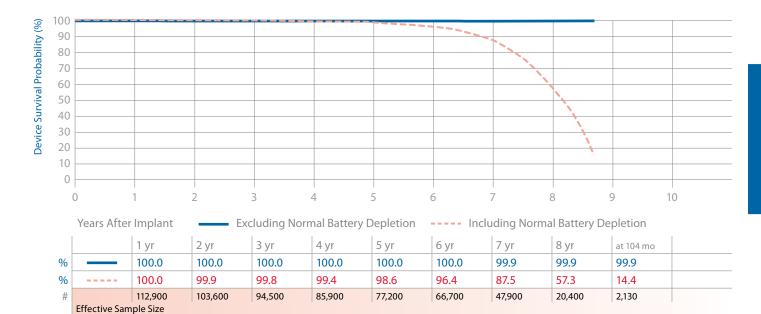
Kappa 900 DR KDR901, KDR903, KDR906

US Market Release	Jan-02	Malfunctions (US)	74
Registered US Implants	125,400	Therapy Function Not Compromised	21
Estimated Active US Implants	31,600	Electrical Component	16
Normal Battery Depletions (US)	17,156	Electrical Interconnect	4
Advisories	None	Other	1
		Therapy Function Compromised	53
		Electrical Component	11

Product Characteristics

42

NBG Code	DDR/RO
Serial Number Prefix	PKM, PKN, PKP
Estimated Longevity	See page 72



Electrical Interconnect

Jan-02

37,000

7,080

2,836

US Market Release

Registered US Implants

Estimated Active US Implants

Normal Battery Depletions (US)

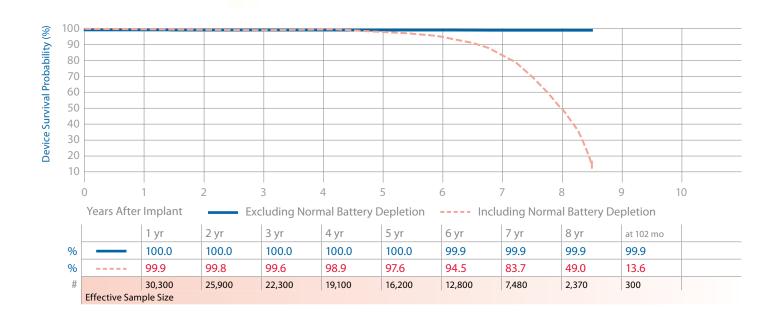
Advisories: See page 144 – 2009 Potential Separation of Interconnect Wires

Kappa 900 SR KSR901, KSR903, KSR906

Malfunctions (US)	17
Therapy Function Not Compromised	8
Electrical Component	7
Possible Early Battery Depletion	1
Therapy Function Compromised	9
Electrical Interconnect (8 malfunctions related to advisory)	9

Product Characteristics

NBG Code	SSIR
Serial Number Prefix	PLF, PLG, PLH
Estimated Longevity	See page 72



anna 900 VDD KVDD001

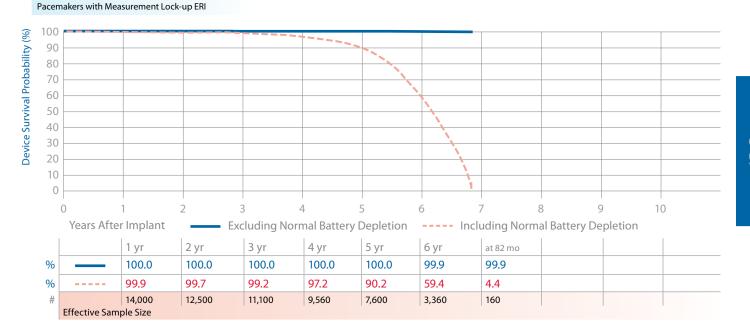
appa	900 VDD	KVDD901							Product Cha	racteristics	
US Mar	rket Release		Jan-0	2 Malfui	nctions (US)			2	NBG Code		VDD
Registe	ered US Implan	ts	65	0 Thera	apy Function	Not Compromi	sed	2	Serial Number P	refix	PLE
Estima	ted Active US I	mplants	7	5 S	oftware/Firm\	ware Malfunctio	on	1	Estimated Long	evity	See page 72
Norma	l Battery Deple	tions (US)	8	0 C	ther			1			
	ories: See pago ial Separation o	e 144 – 2009 of Interconnect	Wires	Thera	apy Function	Compromised		0			
Perforn	mance Note: <u>Se</u> mance note on akers with Mea		up ERI								
<u>§</u> 100			T								
90											
90 80 70							1				
o 70							1	1			
50								Y			
5	0	1	2	3	4	5	6	7	8	9	10
)evic	Years After	Implant	- Exc	luding Nor	mal Battery	/ Depletion	In	ncludin	g Normal Batt	ery Depletion	
_		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	at 8	3 mo		
%		100.0	100.0	100.0	100.0	100.0	99.6	99.	6		
%		100.0	100.0	100.0	99.0	97.9	90.8	55.	4		
#		550	500	450	390	350	270	110			
	Effective Sam	ple Size									



Kappa 920 DR KDR921

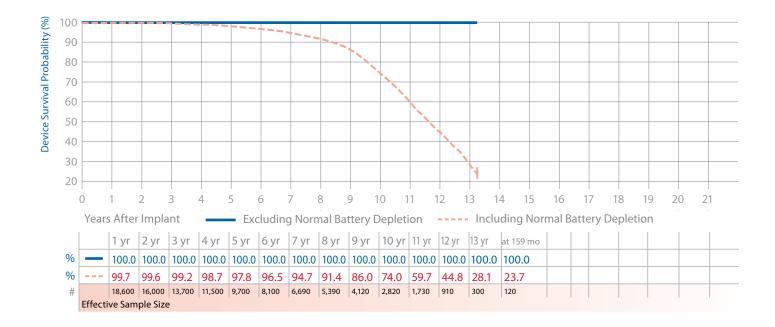
Performance note on Dual Chamber

US Market Release	Jan-02	Malfunctions (US)	4	NBG Code	DDD/RO
Registered US Implants	16,300	Therapy Function Not Compromised	1	Serial Number Prefix	PKR
Estimated Active US Implants	1,650	Electrical Component	1		
Normal Battery Depletions (US)	2,719	Therapy Function Compromised	3	Estimated Longevity	See page 72
Advisories: See page 144 – 2009 Potential Separation of Interconnect Wires		Electrical Interconnect (3 malfunctions related to advisory)	3		
Performance Note: See page 150 –					

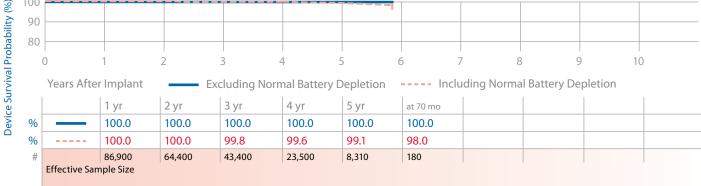


Prodigy SR 8158, 8160, 8161, 8162

US Market Release	Oct-95	Malfunctions (US)	4	NBG Code	SSIR
Registered US Implants	22,300	Therapy Function Not Compromised	2	Serial Number Prefix	PEM, PED, PEE,
Estimated Active US Implants	2,270	Battery Malfunction	1		PEF
		Possible Early Battery Depletion	1		
Normal Battery Depletions (US)	1,382	Therapy Function Compromised	2	Estimated Longevity	See page 72
Advisories	None	Electrical Component	1		
		Electrical Interconnect	1		



Se	nsia DR SEDR01, SED01					Product Characteri	stics
	US Market Release	Jul-06	Malfunctions (US)		14	NBG Code	DDD, DDDR
	Registered US Implants	111,300	Therapy Function No	t Compromised	9	Serial Number Prefix	PWL, PWK,
	Estimated Active US Implants	84,900	Electrical Compor	nent	9		NWL, NWK
	Normal Battery Depletions (US)	118	Therapy Function Co	mpromised	5	Estimated Longevity	See page 72
	Performance Note: See page 150 – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ER		Electrical Compor	nent	5		
ility (%)	90						

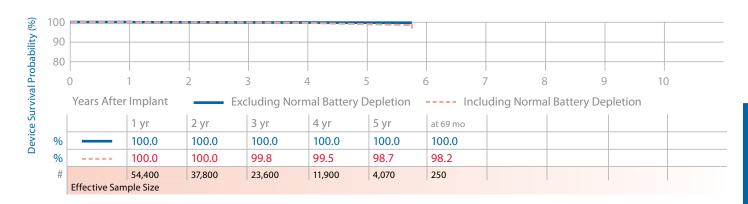




Sensia SR SESR01, SES01

Product Characteristics

US Market Release	Jul-06	Malfunctions (US)	5	NBG Code	SSIR, SSI
Registered US Implants	76,100	Therapy Function Not Compromised	4	Serial Number Prefix	PWR, PWS,
Estimated Active US Implants	53,300	Electrical Component	4		NWR, NWS
Normal Battery Depletions (US)	92	Therapy Function Compromised	1	Estimated Longevity	See page 72
Advisories	None	Electrical Interconnect	1		

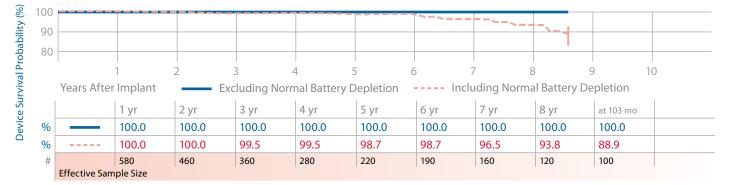


Sigma 100 S SS103, SS106

Product Characteristics

US Market Release	Aug-99	Malfunctions (US)	0	NBG Code	SSI
Registered US Implants	790	Therapy Function Not Compromised	0	Serial Number Prefix	PJG, PJH
Estimated Active US Implants	95	Therapy Function Compromised	0	Estimated Longevity	See page 72
Normal Battery Depletions (US)	22				

Advisories: See page 148 – 2005 Potential Separation of Interconnect Wires

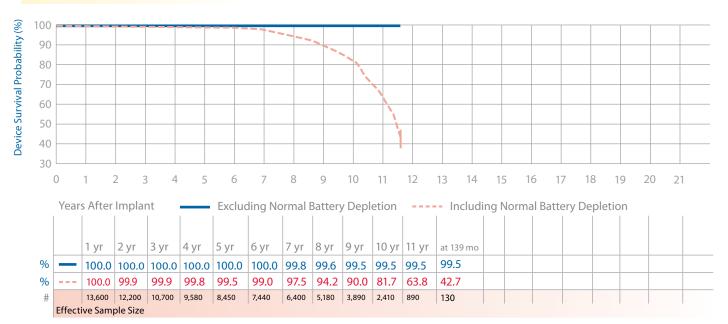


Sigma 200 DR SDR203

Product Characteristics

US Market Release	Aug-99	Malfunctions (US)	32
Registered US Implants	15,800	Therapy Function Not Compromised	10
Estimated Active US Implants	3,600	Electrical Component	1
Normal Battery Depletions (US)	694	Electrical Interconnect	9
Advisories: See page 148 – 2005 Potential		Therapy Function Compromised	22
Separation of Interconnect Wires;		Electrical Component	1
See also page 144 – 2009 Potent of Interconnect Wires	ial Separation	Electrical Interconnect (20 malfunctions related to advisory)	21





US Market Release	Sep-99	Malfunctions (US)	11	NBG Code	SSIR
Registered US Implants	12,100	Therapy Function Not Compromised	0	Serial Number Prefix	PJG
Estimated Active US Implants	1,950	Therapy Function Compromised	11	Estimated Longevity	See page 7
Normal Battery Depletions (US)	341	Electrical Interconnect (11 malfunctions related to advisory)	11		
Advisories: See page 148 – 2005 Pote Separation of Interconnect Wires; See a page 144 – 2009 Potential Separation of Interconnect Wires	also				
100					
90					
80					
70					
70					

9 yr

99.7

91.6

99.7

83.5

1,260 550

10 yr 11 yr at 141 mo

99.7

49.0

120

99.7

67.3

7 yr 8 yr

99.8

95.2

3,320 2,700 1,970

99.8

97.1

100.0

99.9

7,950

1 yr

100.0

99.9

9,560

Effective Sample Size

%

%

3 yr

99.8

100.0 100.0 99.9

99.7

5 yr

99.2

5,610 4,720 4,010

6 yr

99.9

98.6



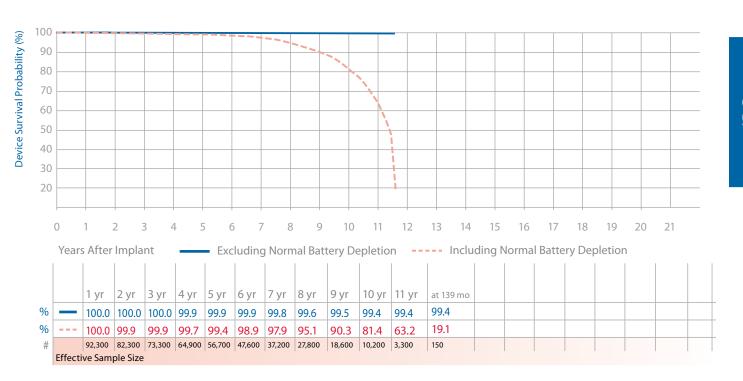
Sigma 300 DR SDR303, SDR306

US Market Release	Aug-99				
Registered US Implants	106,700				
Estimated Active US Implants	32,100				
Normal Battery Depletions (US)	3,237				
Advisories: See page 148 2005 Potential					

Advisories: See page 148 – 2005 Potential Separation of Interconnect Wires; See also page 144 – 2009 Potential Separation of Interconnect Wires

Malfunctions (US)	226
Therapy Function Not Compromised	45
Electrical Component	6
Electrical Interconnect (5 malfunctions related to advisory)	38
Possible Early Battery Depletion	1
Therapy Function Compromised	181
Electrical Component	7
Electrical Interconnect (157 malfunctions related to advisory)	174

5	NBG Code	DDD/RO
5	Serial Number Prefix	PJD, PJE
5	Estimated Longevity	See page 73
3		



Sigma 300 SR SSR303, SSR306

Product Characteristics

5 Mark	et Release			Αι	ug-99	Malfu	nctions	(US)				50	NBG Co	de			SSIR	
egister	ed US Imp	ants		5	4,100	Ther	apy Fun	ction N	ot Comp	oromised		9	Serial N	umber l	Prefix		PJG, PJ	Н
stimate	ed Active U	IS Implants		1	1,500	E	lectrica	l Compo	nent			1	Estimat	ed Long	gevity		See p	age 7
ormal l	Battery De	pletions (U	S)		1,060		lectrical elated to			malfunct	ions	7						
		age 148 –				(Other					1						
•		connect W Potential Se				Ther	apy Fun	ction C	omprom	nised		41						
	nect Wires		paration	OI		E	lectrica	l Compo	nent			3						
							lectrical 37 malfu			o advisory)	38						
100																		
90																		
80																		
70																		
60					_					1								
50 -										1								
40																		

Sigma 300 VDD svDD303

Effective Sample Size

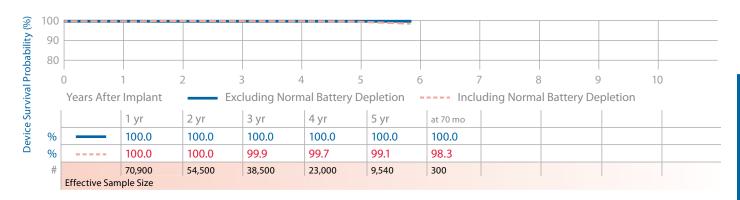
	Effective Sa	mpla Ciza									
#		550	480	430	380	340	290	230	180	110	100
%		100.0	100.0	100.0	100.0	99.4	98.1	94.2	89.6	72.4	66.7
%		100.0	100.0	100.0	100.0	100.0	100.0	100.0	99.5	99.5	99.5
		1 yr	2 yr	3 yr	4 yr	5 yr	буг	7 yr	8 yr	9 yr	at 109 m
	Years Afte	er Implant	E	Excluding N	ormal Battery	Depletion	Inc	cluding N	lormal Battery	Depletion	
	0	1	2	3	4	5	6	7	8	9	10
50	0										
60	0										
70	0										
80	0										
90	0										
100	0										
		onnect wires									
	ories: See pag	ge 148 – 2005	Potential								
orma	l Battery Dep	letions (US)		59	Electrical Interc	onnect		1			
tima	ted Active US	Implants		89 Th	erapy Function	Compromised		1 Es	timated Longevit	у	See page
giste	ered US Impla	nts		640 T h	erapy Function	Not Compromis	ed	0 Se	erial Number Prefix	<	PJD
s Mar	rket Release		Sep	o-99 Ma	functions (US)			1 N	3G Code		VDDD



Versa DR VEDR01

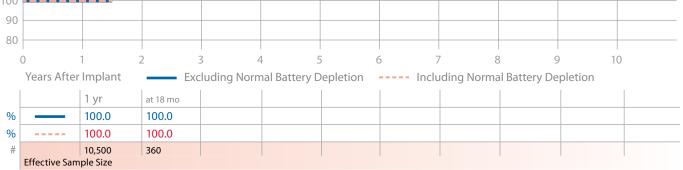
Product Characteristics

US Market Release	Jul-06	Malfunctions (US)	8	NBG Code	DDDR
Registered US Implants	88,500	Therapy Function Not Compromised	6	Serial Number Prefix	PWH, NWH
Estimated Active US Implants	68,100	Electrical Component	5	Estimated Longevity	See page 73
Normal Battery Depletions (US)	112	Electrical Interconnect	1		
Performance Note: <u>See page 150</u> –		Therapy Function Compromised	2		
Performance note on Dual Chamber Pacemakers with Measurement Lock-up E	RI	Electrical Component	2		



Revo MRI SureScan RVDR01

evo mini surescan nvon	101				FIOU	uct Character	istics	
US Market Release	Feb-11	Malfunctions (US)		2	NBG C	ode		DDDRP
Registered US Implants	36,500	Therapy Function	Not Compromised	d 1	Serial	Number Prefix		PTN
Estimated Active US Implants	35,600	Electrical Com	ponent	1	Estima	ited Longevity		See page 73
Normal Battery Depletions (US)	0	Therapy Function	Compromised	1				
Advisories	None	Electrical Com	ponent	1				
% 100 80 80 80 80 80 80 80 80 80 80 80 80 8								
	2 3	4	5 6	7		8	9 10)
Years After Implant	Exclud	ing Normal Batter	y Depletion	Inclu	ding Norn	nal Battery De	epletion	
ns e 2	at 18 mo							
<u>100.0</u>	100.0							
0/0 100.0	100.0							





Device Survival Summary (95% Confidence Interval)

The following table shows IPG device survival estimates with 95% confidence intervals. Estimates are shown both with and without normal battery depletions included.

Device Survival Probability (%)

	IIIcinaea.				- [Malfunctions (US	(cu) suc			Device	Device survival Probability (%)	Probab	IIIty (%)							
λlin	del mber	Market ease	bistered Implants	bətemi ZU əvi: stnslo	rmal Battery (2U) snoitely	erapy nction mpromised	erapy nction Not mpromised	je:		Years A	Years After Implant	lant	-				-	-		
Fan	oM inM	NS NS	SO Seg	‡>Α		The run ToO	ıny	юТ		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr 7	7 yr 8	8 yr	9 yr	10 yr	11 yr
Adapta DR	ADDR01, ADDR03, ADDR06, ADD01	90-Inf	316,000	260,900	277	+ +++++++++++++++++++++++++++++++++++++	34 =	53	Excluding Normal Battery Depletion	100.0	100.0+0.0/-0.0	100.0	100.0+0.0/-0.0	100.0+0.0/-0.0	100.0 +0.0/-0.0 at 71 mo					
	See page Pacemake	See page 150 – Performance note on Dual Pacemakers with Measurement Lock-up ERI	rmance not surement L	See page 150 – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	amber				Including Normal Battery Depletion	100.0	100.0	99.9	99.7	99.3	98.6 +0.2/-0.2 at 71 mo					
Adapta DR	ADDRL1	90-Inf	63,100	57,000	41	+	2	9	Excluding Normal Battery Depletion	100.0	100.0	100.0	100.0	100.0	100.0 +0.0/-0.0 at 68 mo					
	See page Pacemake	<u>See page 150</u> – Performance note on Dual Pacemakers with Measurement Lock-up ERI	rmance not surement L	<u>See page 150</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	amber				Including Normal Battery Depletion	100.0	100.0	+0.0/-0.1	99.7	99.6 +0.1/-0.2	99.6 +0.1/-0.2 at 68 mo					
Adapta DR	ADDRS1	90-Inf	30,500	23,100	168	2 +	н к	2	Excluding Normal Battery Depletion	100.0	100.0	100.0	100.0	100.0+0.0/-0.0	100.0 +0.0/-0.0 at 68 mo					
	See page Pacemake	See page 150 – Performance note on Dual Pacemakers with Measurement Lock-up ERI	rmance not surement L	<u>See page 150</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	amber				Including Normal Battery Depletion	100.0	99.9 +0.0/-0.1	99.6	98.8 +0.2/-0.3 +	94.5 +0.7/-0.8	85.2 +2.3/-2.7 at 68 mo					
Adapta SR	ADSR01, ADSR03, ADSR06	90-Inf	58,900	41,300	110	4	II E	7	Excluding Normal Battery Depletion	100.0	100.0+0.0/-0.0	100.0	100.0+	100.0+	100.0 +0.0/-0.0 at 70 mo					
									Including Normal Battery Depletion	100.0	99.9	99.7 +0.1/-0.1	99.3	98.3	97.2 +0.5/-0.6 at 70 mo					
Adapta VDD	ADVDD01 Jul-06	90-Inf	940	710	0	+ 0	0	0	Excluding Normal Battery Depletion	100.0	100.0	100.0	100.0	100.0 +0.0/-0.0 at 58 mo						
	See page Pacemake	See page 150 – Performance note on Dual Pacemakers with Measurement Lock-up ERI	rmance not surement L	See page 150 – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	amber				Including Normal Battery Depletion	100.0	100.0	100.0	100.0 + 0.0/-0.0	100.0 +0.0/-0.0 at 58 mo						
Advisa DR MRI+C82	A3DR01, A4DR01, A5DR01, EN1DR01	Apr-11	490	480	0	+ 0	0	0	Excluding Normal Battery Depletion	100.0 +0.0/-0.0 at 7 mo										
	See page Pacemaker	See page 150 – Performance note on Dual Pacemakers with Measurement Lock-up ERI	ormance not surement L	<u>See page 150</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	amber				Including Normal Battery Depletion	100.0 +0.0/-0.0 at 7 mo										
AT500	AT501, 7253	Mar-03	10,800	950	2,771	+	4	6	Excluding Normal Battery Depletion	100.0	100.0	100.0	99.9	99.9	99.9 +0.1/-0.1	99.9 +0.1/-0.1 at 81 mo				
	See page System Fo	155 – Perfor Ilow-Up Prc	mance note	See page 155 – Performance note on AT500 Pacing System Follow-Up Protocol	acing				Including Normal Battery Depletion	99.9	99.8	99.5	97.6	84.3	50.7 +1.3/-1.3	10.0 +1.2/-1.1 at 81 mo				

Device Survival Summary continued

lət	nber Narket sase	istered mplants	bətsm 2U əv stnsi	mal Battery (SU) snoitel	rapy Function npromised	rapy ction Not npromised	Įŧ		Years A.	Years After Implant	lant	-	-	-	-	-	-	-	
ms4	I SN		itɔA		uoɔ	un	toT		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr
EnPulse DR E1D E1D E1D E1D	E1DR01, Dec-03 E1DR03, E1DR06	6,830	2,110	843	+	-	-	Excluding Normal Battery Depletion	100.0	100.0	100.0	100.0	100.0+0.0/-0.0	100.0	100.0	100.0+0.0/-0.0	100.0 +0.0/-0.0 at 101 mo		
See	<u>See page 150</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	formance not asurement Lo	ote on Dual Cha ock-up ERI	amber				Including Normal Battery Depletion	100.0	100.0	99.9 +0.1/-0.1	99.2	98.4 +0.3/-0.4	96.9 +0.5/-0.5	87.5 +1.0/-1.1	60.9	39.6 +2.7/-2.7 at 101 mo		
EnPulse DR E1D	E1DR21 Dec-03	1,850	160	361	+	0	0	Excluding Normal Battery Depletion	100.0	100.0	100.0	100.0	100.0+0.0/-0.0	100.0	100.0 +0.0/-0.0 at 80 mo				
See Pac	<u>See page 150</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	formance not asurement Lα	ite on Dual Chε .ock-up ERI	amber				Including Normal Battery Depletion	100.0	99.6	98.9	9 6.7 +0.8/-1.1	92.5	63.3 +3.1/-3.3	25.5 +3.8/-3.7 at 80 mo				
EnPulse 2 E2DR02 DR E2DR02 E2DR04 E2D01, E2D03	E2DR01, Feb-04 E2DR03, E2DR06, E2D01, E2D03	100,700	50,700	3,505	+	17 =	23	Excluding Normal Battery Depletion	100.0	100.0	100.0	100.0	100.0+0.0/-0.0	100.0+0.0/-0.0	100.0+0.0/-0.0	100.0 +0.0/-0.0 at 96 mo			
See Pac	<u>See page 150</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	formance not asurement Lα	ote on Dual Cha ock-up ERI	amber				Including Normal Battery Depletion	100.0	99.9	99.8	99.5	98.8 +0.1/-0.1	97.3 97.1+0.1/-0.1	90.7 +0.3/-0.3	57.4 +1.8/-1.9 at 96 mo			
EnPulse 2 E2E DR	E2DR21 Feb-04	12,200	2,830	1,621	+	0	-	Excluding Normal Battery Depletion	100.0	100.0	100.0	100.0	100.0+0.0/-0.0	100.0+0.0/-0.0	100.0 +0.0/-0.0 at 81 mo				
See Pac	<u>See page 150</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	formance not asurement Lα	ote on Dual Cha ock-up ERI	amber				Including Normal Battery Depletion	99.9	99.7 +0.1/-0.1	99.2	97.7	91.7 + 0.6/-0.7	68.5	19.0 +2.6/-2.5 at 81 mo				
EnPulse 2 E2C DR E2C	E2DR31, Feb-04 E2DR33	280	410	9	+	0	0	Excluding Normal Battery Depletion	100.0	100.0	100.0	100.0	100.0+0.0/-0.0	100.0	100.0	100.0 +0.0/-0.0 at 86 mo			
See Pac	<u>See page 150</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	formance not asurement Lo	ote on Dual Cha ock-up ERI	amber				Including Normal Battery Depletion	100.0	100.0	100.0	100.0	100.0	99.0	96.5 941.8/-3.8	9 6.5 +1.8/-3.8 at 86 mo			
EnPulse 2 E2S SR E2S	E2SR01, Dec-03 E2SR03, E2SR06	25,500	8,260	954	+	_{اا}	4	Excluding Normal Battery Depletion	100.0	100.0	100.0	100.0	100.0+0.0/-0.0	100.0	100.0	100.0 +0.0/-0.0 at 93 mo			
								Including Normal Battery Depletion	100.0	99.9	99.5	98.9	97.7 +0.2/-0.3	94.3 +0.4/-0.4	82.4 +1.0/-1.0	33.5 +4.1/-4.1 at 93 mo			

continued

Device Survival Summary continued

					E	Malfunctions (US)	E	Device	Device Survival Probability (%)	l Probak	oility (%)							
Λlin	del nber	Market ease	listered Implants	bətami SU əvi stnafo	rmal Battery (2U) anoitelo	yesey Iction promised repy iction Not mpromised		Years A	Years After Implant	lant								
ns7	oM inM		SN Beg	ĵэА		Fur Cor The		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr
EnPulse 2 VDD	E2VDD01	Dec-03	640	230	54	0 = 0 + 0	Excluding Normal Battery Depletion	100.0	100.0	100.0	100.0	100.0	100.0 +0.0/-0.0 at 78 mo					
	See page Pacemake	<u>See page 150</u> – Performance note on Dual (Pacemakers with Measurement Lock-up ERI	ormance nc surement L	See page 150 – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	hamber		Including Normal Battery Depletion	100.0	100.0	100.0	99.5	88.8 +3.1/-4.2	73.4 +5.5/-6.6 at 78 mo					
EnRhythm DR	P1501DR	May-05	110,000	72,200	209	47 + 4,570 = 4,617	Excluding Normal Battery Depletion	100.0	100.0	99.9	99.2	96.5	89.3	86.5 +0.4/-0.4 at 81 mo				
	See page at Device	141 – 2010 l Interrogatio	Low Batter on Advisori	See page 141 – 2010 Low Battery Voltage Displayed at Device Interrogation Advisories:	played	(0) + (202) = 202 (advisory-related subset)	Including Normal Battery Depletion	100.0	99.9	99.7	98.2 +0.1/-0.1	92.4	76.4 +0.4/-0.5	62.3 +1.0/-1.0 at 81 mo				
	See page MOSFET I	See page 152 – Performance note on ar MOSFET Integrated Circuit Technology	rmance no ircuit Techı	See page 152 – Performance note on anomalies in MOSFET Integrated Circuit Technology	lies in													
EnRhythm MRI	EMDR01	N/A	110	06	0	» « » « » « » « » « » « » « » « » « » «	Excluding Normal Battery Depletion	100.0	100.0	100.0 +0.0/-0.0 at 34 mo								
	See page Pacemake	See page 150 – Performance note on Dual ' Pacemakers with Measurement Lock- up ERI	ormance nc surement L	See page 150 – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	hamber		Including Normal Battery Depletion	100.0	100.0	100.0 +0.0/-0.0 at 34 mo								
Kappa 400 DR	KDR401, KDR403	Jan-98	46,800	4,520	7,785	11 + 14 = 25	Excluding Normal Battery Depletion	100.0	100.0	100.0	100.0	99.9	99.9	99.9	99.9	99.9 +0.0/-0.0 at 105 mo		
	See page Pacemake	<u>See page 150</u> – Performance note on Dual (Pacemakers with Measurement Lock-up ERI	ormance nc surement L	<u>See page 150</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	hamber		Including Normal Battery Depletion	99.8	99.8	99.6	99,4	98.9	97.1	87.8 +0.4/-0.4	56.6	10.8 +0.8/-0.7 at 105 mo		
Kappa 400 SR	KSR401, KSR403	Feb-98	15,400	1,600	1,490	1 + 4 = 5	Excluding Normal Battery Depletion	100.0	100.0	100.0	100.0	100.0	100.0	100.0+0.0/-0.0	100.0	100.0 +0.0/-0.0 at 109 mo		
							Including Normal Battery Depletion	99.8	99.7	99.5 +0.1/-0.1	99.0	98.5	96.7 +0.4/-0.4	90.3 (+0.7/-0.8	63.7	9.6 +2.0/-1.8 at 109 mo		
Kappa 700 DR	KD701, KD703, KD706	Jan-99	310	29	18	0	Excluding Normal Battery Depletion	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0 +0.0/-0.0 at 96 mo			
	See page Interconn	144 – 2009 I lect Wires	Potential S	See page 144 – 2009 Potential Separation of Interconnect Wires		$\frac{(0)}{(advisory-related subset)} = (0)$	Including Normal Battery Depletion	100.0	100.0	100.0	99.0	97.8	95.4	94.2 +2.7/-4.8 +	86.4 +4.7/-6.9 at 96 mo			
	See page Pacemake	<u>See page 159</u> – Performance note on Dual ¹ Pacemakers with Measurement Lock-up ERI	surement L	See page 159 – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	hamber													

Device Survival Summary continued

		10 yr 11 yr	c		0											. 0	0
		9 yr	99.4 +0.1/-0.1 at 106 mo	8.0 +0.4/-0.4	at 106 m					99.8	4.6 +1.1/-0.9		99.6 +0.2/-0.6 at 97 mo	41.1 +4.7/-4.8 at 97 mo		99.9 +0.1/-0.4 at 104 mo	19.4 +2.7/-2.5 at 104 mo
		8 yr	99.6	56.1 +0.4/-0.4			99.9 +0.1/-0.1 at 85 mo	14.6 +2.0/-1.9 at 85 mo		99.9	56.4 +0.9/-0.9		99.6 +0.2/-0.6	41.9		99.9	52.9 +2.3/-2.4
		7 yr	99.7	85.4 +0.2/-0.2			99.9	20.9 +2.0/-1.9		99.9	83.3 +0.5/-0.5		99.6 +0.2/-0.6	72.7 +3.1/-3.5		99.9	84.3 +1.5/-1.6
		6 yr	99.9	95.5			99.9	68.8 +1.4/-1.5		100.0	93.5		99.6 +0.2/-0.6	94.1 +1.3/-1.7		100.0	96.1 +0.7/-0.8
		5 yr	99.9	98.2			99.9	91.0		100.0	97.2 +0.2/-0.2		99.8	98.4 +0.6/-0.9		100.0	98.5 +0.4/-0.5
lity (%)		4 yr	99.9	99.2			100.0	9 6.7 +0.4/-0.5		100.0	98.7 +0.1/-0.1		99.8	98.6 +0.5/-0.8		100.0	99.5 +0.2/-0.3
Device Survival Probability (%)	lant	3 yr	99.9	99.6			100.0	98.7 +0.2/-0.3		100.0	99.4 +0.1/-0.1		99.9 +0.1/-0.3	99.1		100.0	99.8
Survival	Years After Implant	2 yr	100.0	99.8			100.0	99.5		100.0	99.8		99.9 +0.1/-0.3	99.6 +0.2/-0.5		100.0	99.9
Device	Years A	1 yr	100.0	99.9			100.0	99.8		100.0	99.9		99.9	99.8		100.0	100.0 +0.0/-0.0
			Excluding Normal Battery Depletion	Including Normal Battery	Depletion		Excluding Normal Battery Depletion	Including Normal Battery Depletion		Excluding Normal Battery Depletion	Including Normal Battery	Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion		Excluding Normal Battery Depletion	Including Normal Battery Depletion
Malfunctions	yespy nction mpromised repy ction Not ction Mot mpromised	94T ⊓u٦	688 + 52 = 740	(275) + (0) = (275)	(advisory-related subset)		+ + + 5	(0) + (0) = (0) (advisory-related subset)		24 + 4 = 28	(17) + (0) = (17)	(advisory-related subset)	4 = 0 + 4	$\frac{(0 + (0) = (0)}{\text{advisory-related subset}}$		e	
ь	mal Battery sletions		33,681	ect			1,346	ect		4,961	ect	•	172			687	
	bətsm 2U əvi stnslı	tэА	26,800	of Interconne		l Chamber I	770	ofInterconn	l Chamber I	6,480	of Interconn		210	of	l Chamber I	029	Chamber
	stnalqm	I SN	206,300	aration		te on Dua ock-up ER	008'6	paration	ote on Dua Lock-up ER	55,300	Separation		1,690	eparation	ite on Dua .ock-up ER	4,280	note on Dua t Lock-up ER
	benetei	ред	, ,	Sep		5 7		S	ب ح					Ň	ر 1		
	Market sase istered	Rele	Jan-99	9 Potential Sep		rformance no easurement l	Feb-99	9 Potential Se	rformance n easurement	Jan-99	9 Potential		Jan-99	ا9 Potential Se s	rformance no easurement l	Jan-02	rformance r easuremen
	esse jistered	Bele NS I		See page 144–2009 Potential Separation of Interconnect Wires		See page 150 – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI		See page 144 – 2009 Potential Separation of Interconnect Wires	See page 150 – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	Kappa 700 KSR701, KSR703, Jan-99 SR	See page 144 – 2009 Potential Separation of Interconnect Wires		KVDD701 Jan-99	See page 144 – 2009 Potential Separation of Interconnect Wires	See page 150 – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	Kappa 800 KDR801, KDR803 Jan-02 DR	See page 150 – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI

continued

continued
Summary
=
rvival
Sur
evice
evice

ٰ و	Implantak		ulse Ge	enerato	ors, con	tinued		ı		I			ı		ı		I	
		12 yr																
		11 yr											100.0 +0.0/-0.0 at 159 mo	23.7 +2.3/-2.2 at 159 mo				
		10 yr											100.0	44.8 +1.8/-1.8				
		9 yr	99.9 +0.0/-0.0 at 104 mo	14.4 +0.6/-0.6 at 104 mo	99.9 +0.1/-0.1 at 102 mo	13.6 +1.6/-1.5 at 102 mo							100.0	74.0 +1.2/-1.2				
		8 yr	99.9 +0.0/-0.0 at 104 mo	57.3 +0.5/-0.5	99.9	49.0							100.0	91.4				
		7 yr	99.9	87.5 +0.3/-0.3	99.9	83.7		99.6 +0.3/-1.9 at 83 mo	55.4 +6.4/-6.9 at 83 mo	99.9 +0.0/-0.1 at 82 mo	4.4 +1.2/-1.0 at 82 mo		100.0	94.7 +0.4/-0.5				
		6 yr	100.0	96.4	99.9	94.5 +0.3/-0.4		99.6 +0.3/-1.9	90.8	99.9	59.4 +1.2/-1.2		100.0	96.5 +0.3/-0.4	100.0 +0.0/-0.0 at 70 mo	98.0 +0.5/-0.7 at 70 mo	100.0 +0.0/-0.0 at 69 mo	98.2 +0.3/-0.4 at 69 mo
		5 yr	100.0	98.6 +0.1/-0.1	100.0	97.6 +0.2/-0.2		100.0	97.9 +1.1/-2.1	100.0	90.2 +0.6/-0.6		100.0	97.8 +0.2/-0.3	100.0	99.1	100.0+0.0/-0.0	98.7
bility (%		4 yr	100.0	99.4 +0.0/-0.1	100.0	98.9		100.0	99.0	100.0	97.2 +0.3/-0.3		100.0	98.7 +0.2/-0.2	100.0	99.6 +0.1/-0.1	100.0	99.5
Device Survival Probability (%)	plant	3 yr	100.0	99.8	100.0 +0.0/-0.0	99.6 +0.1/-0.1		100.0 +0.0/-0.0	100.0	100.0 +0.0/-0.0	99.2 +0.1/-0.2		100.0 +0.0/-0.0	99.2 +0.1/-0.1	100.0 +0.0/-0.0	99.8	100.0 +0.0/-0.0	99.8
Surviva	Years After Implant	2 yr		99.9	100.0	99.8 +0.0/-0.1		100.0 +0.0/-0.0	100.0	100.0 +0.0/-0.0	99.7 +0.1/-0.1		100.0	99.6 +0.1/-0.1	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0
Device	Years ,	1 yr	100.0	100.0 +0.0/-0.0	100.0	99.9		100.0 +0.0/-0.	100.0	100.0	99.9		100.0 +0.0/-0.0	99.7 +0.1/-0.1	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0
			Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion		Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion		Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion
50	pesimorq		= 74		- 17	ed subset)		= 2		4	d subset)		4		= 14		5	
Malfunctions	apy tion Not		+ 21		∞ +	(8) + (0) (advisory-related		+		+	(3) + (0) (advisory-related		+ 2		+		+	
Malfur	apy tion promised	Ther Func MoD	53		6	(8) (adviso		0		м	(3) (advisor		2		2		-	
	nal Battery etions		17,156		2,836	oaration	mber	80	oaration	2,719	oaration	mber	1,382		118	mber	92	
	bətsı SU ə stne	nits∃ vitoA slqml	31,600		7,080	otential Se _l	on Dual Cha k-up ERI	75	otential Se _l	1,650	otential Se _l	on Dual Cha k-up ERI	2,270		84,900	on Dual Cha k-up ERI	53,300	
	stered stablants	sigəЯ nl SU	125,400		37,000	44 – 2009 F	ance note	650	44 – 2009 F	16,300	44 – 2009 F	ance note ement Loc	22,300		111,300	ance note ement Loc	76,100	
	arket 1se	Seles NS M	Jan-02		Jan-02	see page 14	_ – Perform vith Measur	Jan-02	see page 1.	Jan-02	see page 14	_ – Perform vith Measur	Oct-95		Jul-06	_ – Perform vith Measur	90-Inr	
		mnN booM	KDR901, KDR903, KDR906		KSR901, KSR903, KSR906	Advisories: <u>See page 144</u> – 2009 Potential Separation of Interconnect Wires	See page 150 – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	KVDD901	Advisories: <u>See page 144</u> – 2009 Potential Separation of Interconnect Wires	KDR921	Advisories: <u>See page 144</u> – 2009 Potential Separation of Interconnect Wires	See page 150 – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	8158, 8160, 8161, 8162		SEDR01, SED01	See page 150 – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	SESR01, SES01	
	۸	ims7	Kappa 900 DR		Kappa 900 SR			Kappa 900 VDD		Kappa 920 DR			Prodigy SR		Sensia DR		Sensia SR	

Device Survival Summary continued

Data as of August 6, 2012

		yr 10 yr 11 yr 12 yr	100.0 100.0 +0.0/-0.0 et 103 mo	93.8 88.9 +2.7/-4.7 +4.1/-6.4 at 103 mo	99.6 99.5 99.5 +0.1/-0.2 +0.1/-0.2 at 139 mo	94.2 81.7 42.7 +0.5/-0.6 +1.1/-1.2 at 139 mo	99.8 99.7 99.7 +0.1/-0.2 +0.1/-0.2 at 141 mo	95.2 83.5 49.0 +0.6/-0.7 +1.5/-1.6 +4.2/-4.3 at 141 mo	996 994 994 +0.1/-0.1 +0.1/-0.1 +0.1/-0.1 at 139 mo	95.1 81.4 19.1 +0.2/-0.2 +0.5/-0.6 +3.6/-3.4 at 139 mo	99.7 99.7 99.7 99.7 +0.1/-0.1 at 139 mo	94.9 81.5 44.5 +0.4/-0.4 +0.9/-1.0 +3.7/-3.7 at 139 mo
		7 yr 8 yr	100.0 100 +0.0/-0.0	96.5 93.8 +1.8/-3.5 +2.7/-4	99.8 99.6	97.5 +0.3/-0.4 +0.5/-	99.8 99.8 +0.1/-0.2	97.1 +0.5/-0.5	99.8 +0.0/-0.0 +0.1/-	97.9 95.	99.8 +0.1/-0.1 +0.1/-	97.3 94.9
		6 yr 7	100.0	98.7	100.0 9	99.0	99.9	98.6 +0.3/-0.4	99.9	98.9	99.9	98.6
(9)		5 yr	100.0	98.7	100.0 +0.0/-0.0	99.5	99.9	99.2	99.9	99.4	100.0 +0.0/-0.0	99.2
Device Survival Probability (%)		4 yr	100.0	99.5	100.0	99.8	100.0	99.7 +0.1/-0.1	99.9	99.7	100.0	99.6
/al Prob	nplant	3 yr	100.0	99.5	100.0	99.9 +0.0/-0.1	100.0	99.8	100.0	99.9	100.0	99.8
ce Surviv	Years After Implant	2 yr	100.0	100.0 +0.0/-0.0	100.0	99.9	100.0	99.9	100.0	99.9	100.0	99.9
Devic	Years	1 yr	100.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0	99.9	100.0	100.0	100.0 +0.0/-0.0	100.0
ı			Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion	Excluding Normal Battery Depletion	Including Normal Battery Depletion
			2	ž	ž	8	ž	Š	N _o	8	Ñ	8
Malfunctions	yerey notion apromised retion Not mpromised al	The Tur	0 0 + 0	(0) + (0) = (0) (advisory-related subset)	22 + 10 = 32 No	$\frac{(20)}{No} + (0) = (20)$ (advisory-related subset)	11 + 0 = 11	$\frac{(11)}{NQ} + \frac{(0)}{(advisory-related subset)}$	181 + 45 = 226 No	(157) + (5) = (162) No (advisory-related subset)	41 + 9 = 50 No.	(37) + (2) = (39) No (advisory-related subset)
	erapy Action Not Mpromised	Act Imp Mon Mon The To To To Tun To Oor	0 = 0 +	$\frac{(0)}{(advisory-related subset)}$	3,600 694 22 + 10 = 32	ation $\frac{(20)}{(20)} + (0) = (20)$ $\frac{(20)}{(20)}$	1,950 341 11 + 0 = 11	ation $(11) + (0) = (11)$ (advisory-related subset)	32,100 3,237 181 + 45 = 226	ation $(157) + (5) = (162)$ (advisory-related subset)	11,500 1,060 41 + 9 = 50	ation $(37) + (2) = (39)$ (advisory-related subset)
	gistered implants imated ive US shorts ive US shorts in a lattery shorts in a lattery in a latter in a latte	Reld Nos Mor Mor Mor Mor Mor Mor Mor Mor Mor Mor	790 95 22 0 + 0 = 0	$\frac{48}{48}$ – 2005 Potential Separation (0) + (0) = (0) (advisory-related subset)	3,600 694 22 + 10 = 32	ation $\frac{(20)}{(20)} + (0) = (20)$ $\frac{(20)}{(20)}$	12,100 1,950 341 11 + 0 = 11	ation $(11) + (0) = (11)$ (advisory-related subset)	32,100 3,237 181 + 45 = 226	ation $(157) + (5) = (162)$ (advisory-related subset)	54,100 11,500 1,060 41 + 9 = 50	ation $(37) + (2) = (39)$ (advisory-related subset)
	instered implants in a seed in a see	Region of the control	95 22 0 + 0 = 0	(0) = (0) y-related subset)	694 22 + 10 = 32	(0) = (20) y-related subset)	1,950 341 11 + 0 = 11	(0) = (11) y-related subset)	3,237 181 + 45 = 226	_	11,500 1,060 41 + 9 = 50	+ (2) = (39) isory-related subset)

continued

Device Survival Summary continued

	100.0 100.0 +0.0/-0.0 at 18 mo
Excluding Normal Battery Depletion	Including Normal Battery Depletion
2 Excluding Normal Battery Depletion	Including Normal Battery Depletion
Nora	Including Normal Battery Depletion
2 Norm	Including Normal Battery Depletion
2 Norm	Including Normal Battery Depletion
1 = 2 Norm	Including Normal Battery Depletion
1 = 2 Norm	Including Normal Battery Depletion
1 + 1 = 2 Norm	Including Normal Battery Depletion
0 1 + 1 = 2 Norm	Including Normal Battery Depletion
35,600 0 1 + 1 = 2 Norm	Including Normal Battery Depletion
36,500 35,600 0 1 + 1 = 2 Norm	Including Normal Battery Depletion



Reference Chart

The longevity estimates provided are mean values calculated for the parameters given. The longevity estimates shown here assume a lower rate of 60 ppm, 100% pacing, and pulse width of 0.4 ms unless noted otherwise. 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. The elective replacement time is indicated via telemetry indication, and rate and mode change to 65 ppm and VVI respectively (VOO/65 with magnet), unless noted otherwise.

		Estimated L	ongevity		
Family	Model Number	Amplitude Setting	500 Lead Ω	1000 Lead Ω	Elective Replacement Indicators
Adapta DR	ADDR01, ADDR03, ADDR06, ADD01	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	7.4 6.0 4.5	8.2 7.4 6.0	**
Adapta DR	ADDRS1	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	5.5 4.3 3.2	6.1 5.4 4.4	**
Adapta DR	ADDRL1	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	9.0 7.3 5.4	10.0 8.9 7.2	**
Adapta SR	ADSR01, ADSR03, ADSR06	Low 2.5 V (RV) Nominal 3.5 V (RV) High 5.0 V (RV)	7.4 6.5 5.1	7.9 7.5 6.3	**
Adapta VDD	ADVDD01	Low 2.5 V (RV) Nominal 3.5 V (RV) High 5.0 V (RV)	6.2 5.5 4.4	6.5 6.2 5.4	**
AT500	AT501, 7253	Low 2.0 V (A, RV) Nominal 3.0 V (A, RV) High 5.0 V (A, RV)	7.7 5.8 3.7	8.3 7.0 5.2	Telemetry indication. Pacing mode and rate (magnet and non-magnet) as programmed.
Advisa DR	A4DR01, A5DR01	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	5.5 4.3 3.2	6.1 5.4 4.4	**
Advisa DR MRI+C82	A3DR01	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	5.4 4.3 3.0	6.0 5.4 4.2	**
EnPulse DR	E1DR01, E1DR03, E1DR06	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	7.5 6.2 4.4	8.5 7.6 5.9	**
EnPulse DR	E1DR21	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	5.4 4.3 3.0	6.0 5.4 4.2	**
EnPulse 2 DR	E2DR01, E2DR03, E2DR06, E2D01, E2D03	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	7.5 6.2 4.4	8.5 7.6 5.9	**
EnPulse 2 DR	E2DR21	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	5.4 4.3 3.0	6.0 5.4 4.2	**
EnPulse 2 DR	E2DR31, E2DR33	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	9.0 7.4 5.2	10.1 9.1 7.1	**
EnPulse 2 SR	E2SR01, E2SR03, E2SR06	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	7.2 6.3 4.8	7.7 7.3 6.1	**
EnPulse 2 VDD	E2VDD01	Low 2.5 V (RV) Nominal 3.5 V (RV) High 5.0 V (RV)	6.1 5.5 4.3	6.5 6.2 5.4	**
EnRhythm DR	P1501DR	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	9.7 7.3 4.9	11.2 9.4 7.1	**
EnRhythm MRI	EMDR01	Low 2.5 V (RV) Nominal 3.5 V (RV) High 5.0 V (RV)	6.1 5.5 4.3	6.5 6.2 5.4	**

^{**}Telemetry indication. Rate and mode change to 65 ppm and VVI respectively (VOO/65 with magnet).

continued



Reference Chart continued

Model

KDR906

KDR921

KSR901,

KSR903,

KSR906

8158,

8160,

8161, 8162

SEDR01,

SESR01,

SES01

SS103,

SS106

SED01

KVDD901

Low 2.5 V (A, RV)

High 5.0 V (A, RV)

Low 2.5 V (RV) Nominal 3.5 V (RV) High 5.0 V (RV)

Low 2.5 V (RV) Nominal 3.5 V (RV)

Low 2.5 V (RV) Nominal 3.5 V (RV) High 5.0 V (RV)

Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)

Low 2.5 V (RV) Nominal 3.5 V (RV) High 5.0 V (RV)

Low 2.5 V (RV) Nominal 3.5 V (RV)

High 5.0 V (RV)

High 5.0 V (RV)

Nominal 3.5 V (A, RV)

Kappa 920 DR

Kappa 900 SR

Kappa 900 VDD

Prodigy SR

Sensia DR

Sensia SR

Sigma 100 S

Family	Model Number	Amplitude Setting	500 Lead Ω	1000 Lead Ω	Elective Replacement Indicators
Ensura MRI	EN1DR01	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	5.5 4.3 3.2	6.1 5.4 4.4	**
Kappa 400 DR	KDR401, KDR403	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	7.8 6.4 5.1	8.5 7.5 6.5	**
Kappa 400 SR	KSR401, KSR403	Low 2.5 V (RV) Nominal 3.5 V (RV) High 5.0 V (RV)	7.9 6.9 5.8	8.4 7.7 7.0	**
Kappa 700 D	KD701, KD703, KD706	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	7.7 6.3 4.4	8.6 7.7 6.0	**
Kappa 700 DR	KDR701, KDR703, KDR706	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	7.7 6.3 4.4	8.6 7.7 6.0	**
Kappa 700 DR	KDR721	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	5.5 4.4 3.0	6.1 5.5 4.2	**
Kappa 700 SR	KSR701, KSR703, KSR706	Low 2.5 V (RV) Nominal 3.5 V (RV) High 5.0 V (RV)	7.4 6.5 4.9	7.9 7.5 6.2	**
Kappa 700 VDD	KVDD701	Low 2.5 V (RV) Nominal 3.5 V (RV) High 5.0 V (RV)	6.2 5.6 4.4	6.6 6.3 5.3	**
Kappa 800 DR	KDR801, KDR803	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	7.7 6.3 4.4	8.6 7.7 6.0	**
Kappa 900 DR	KDR901, KDR903, KDR906	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	7.7 6.3 4.4	8.6 7.7 6.0	**

5.5

3.0

7.3

6.4

4.9

6.2

5.6

4.4

9.8

8.0

6.4

7.4

6.0 4.5

7.4

6.5

5.1

10.1

8.2

6.1

5.5

4.3

7.9

7.4

6.1

6.6

6.3

5.4

10.7

8.1

8.2 7.4 6.0

7.9 7.5 6.3

11.1

9.8

**

**

**

Estimated Longevity

500

1000

^{**}Telemetry indication. Rate and mode change to $65~\mathrm{ppm}$ and VVI respectively (VOO/ $65~\mathrm{with}$ magnet).



Reference Chart continued

Estimated Longevity

			,		
Family	Model Number	Amplitude Setting	500 Lead Ω	1000 Lead Ω	Elective Replacement Indicators
Sigma 200 DR	SDR203	Low 2.5 V (RV) Nominal 3.5 V (RV) High 5.0 V (RV)	10.1 8.2 6.4	11.1 9.8 8.4	**
Sigma 200 SR	SSR203	Low 2.5 V (RV) Nominal 3.5 V (RV) High 5.0 V (RV)	10.1 8.2 6.4	11.1 9.8 8.4	**
Sigma 300 DR	SDR303, SDR306	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	10.1 7.5 5.5	11.7 9.6 7.8	**
Sigma 300 SR	SSR303, SSR306	Low 2.5 V (RV) Nominal 3.5 V (RV) High 5.0 V (RV)	10.1 8.2 6.4	11.1 9.8 8.4	**
Sigma 300 VDD	SVDD303	Low 2.5 V (RV) Nominal 3.5 V (RV) High 5.0 V (RV)	8.9 7.3 5.8	9.7 8.6 7.4	**
Versa DR	VEDR01	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	7.4 6.0 4.5	8.2 7.4 6.0	**
Revo MRI SureScan	RVDR01	Low 2.5 V (A, RV) Nominal 3.5 V (A, RV) High 5.0 V (A, RV)	9.7 7.3 4.9	11.2 9.4 7.1	**

 $[\]ensuremath{^{**}}\text{Telemetry}$ indication. Rate and mode change to 65 ppm and VVI respectively (VOO/65 with magnet).

Method for Estimating Lead Performance

Medtronic CRDM has tracked lead survival for over 29 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, 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**

All 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. 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.

Thus, lead survival probabilities are more appropriately determined through a 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 tracks lead survival through its Product Surveillance Registry. The registry is designed to record clinical observations representative of the total clinical experience. Therefore, the lead survival estimates include both lead hardware failure and lead-related medical complications, and do not differentiate a lead hardware failure from other clinical events such as exit block, perforation, dislodgement, or concurrent pulse generator failure. The lead need not be returned to Medtronic.

Product Surveillance Registry (PSR)

Medtronic has been monitoring the performance of its cardiac therapy products with a multicenter study since 1983 and has evaluated the performance of more than 95,000 leads, with data reported from countries around the world. Throughout this time period, Medtronic has continually worked to adapt systems and processes to more effectively monitor product performance following market release. The following summarizes current registry requirements.

Medtronic's global Product Surveillance Registry 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 marketreleased cardiac therapy products. Product-related adverse events, indicating the status of the product, are collected to measure survival probabilities. The data gathered may also be used to support the design and development of investigational plans for 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. The number of participants is regularly reviewed to ensure the necessary capacity to meet Medtronic's ongoing prospective post-market surveillance needs is available. 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. Enrollment may be capped at a product when the number enrolled ensures sufficient precision to effectively characterize product survivability.

continued

The Standard Actuarial Method is used to determine estimates of lead survival.

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:

- They are intended to be implanted or are within 30 days post-implant of a Medtronic marketreleased lead connected to a market-released CRT, ICD, or IPG device, and the lead is used for a pacing, sensing, or defibrillation application, or
- They participated in a qualifying investigational study of a Medtronic cardiac therapy 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 must inform Medtronic whenever a lead complication has occurred or when a patient is no longer participating. Chronic product performance is analyzed as a function of time using the survival analysis method.

Medtronic continually evaluates the quality and integrity of the data through a combination of on-site and centralized monitoring activities.

Lead Complications

The data presented characterizes chronic lead performance by estimating lead-related complicationfree 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, exit block, 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.¹ A leadrelated complication is considered to have occurred if a clinical observation occurs more than 30 days after implant, is adjudicated with at least one of the following event classifications and at least one of the following clinical actions is made. Events with an onset date 30 days or less after the implant are considered procedure-related and therefore not included as chronic lead-related complications.

Event Classifications

- Failure to capture
- Failure to sense/undersensing
- Oversensing
- 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)
- Insulation breach
- Conductor fracture, confirmed electrically, visually or radiographically
- Extracardiac stimulation
- Cardiac perforation
- · Lead dislodgement

Clinical Actions

- · Lead surgically abandoned/capped
- Lead electrically abandoned
- Lead explanted
- Lead replaced
- · Lead conductor taken out of service (polarity reprogrammed to remove defective conductor, e.g., bipolar to unipolar)

continued

¹During the evolution of PSR, 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.

- Lead use continued based on medical judgment despite a known clinical performance issue
- Other lead-related surgery performed (e.g., lead mechanical alteration or unsuccessful repositioning)

Note: Successful lead repositioning is not a qualifying action.

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.

Survival times are calculated from the implant date to the earliest of the complication date, out-of-service date (for example, subject leaves the study or the lead is no longer being used) or the last follow-up date. If a lead experiences more than one complication, the first is used to calculate survival time; although all complications associated with a lead are included in the summary tables.

Of the several different statistical methods available for survival analysis, the Standard Actuarial Method, with suspensions assumed distributed across the intervals (Cutler-Ederer Method), is used to determine estimates of lead survival.

On the following pages, each graph includes a survival curve where events include qualifying lead-related complications. This survival estimate is a good representation of the probability a lead will survive a period of time without a lead-related complication. 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.

Although tabular data is provided in 1-year intervals, the curves are actually computed and plotted using 3-month intervals.

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 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 cutoff date. The number of enrollments is listed for each lead model.

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

Criteria for Model Inclusion

Performance information for a model or model family will be published when more than 100 leads have been enrolled and no fewer than 50 leads followed for at least 6 months. Models will continue to be published for at least 20 years as long as Medtronic estimates at least 500 leads remain active in the United States, based on estimated US implants.

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.

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.

Returned Product Analysis Results

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

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

- Conductor Fracture: Conductor malfunction with complete or intermittent loss of continuity that could interrupt current flow (e.g., fractured conductors), including those associated with clavicle flex fatigue or crush damage.
- Insulation Breach: A malfunction of the insulation allowing inappropriate entry of body fluids or inappropriate current flow between the conductors, or between the conductor and the body. Examples include cuts, tears, depressions, abrasions, and material degradation.
- Crimps/Welds/Bonds: Any malfunction in a conductor or lead body associated with a point of connection.
- Other: Malfunctions of specific lead mechanical attributes, such as sensors, connectors, seal rings, or malfunction modes not included in the three categories above.

A lead subject to a safety advisory is not considered to have malfunctioned unless it has been returned to Medtronic CRDM 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 from the United States.

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 longterm 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 this report. 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." To be included in this summary of observations, a lead must first be successfully implanted and registered in Medtronic's Device and Registrant Tracking system.

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 report are drawn from the "FDA Guidance for Submission of Research and Marketing Applications for Permanent Pacemaker Leads and for Pacemaker Lead Adapter 510(k) Submissions." The categories are:

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

9. Extracardiac Stimulation

10. Unspecified

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

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

Estimated Number of Implanted and Active Leads in the United States

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

Some lead models do not have a survival curve presented in this report. These lead models do not have a survival curve because they have insufficient sample size in the Product Surveillance Registry. Returned Product Analysis results for these models are included here for reference and comparison.

Left-Heart Leads

2187 Attain LV

Product Characteristics

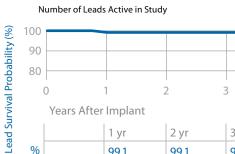
US Market Release	Aug-01	Serial Number Prefix	LEY	US Returned Product Analysis
Registered US Implants	11,900	Type and/or Fixation	Transvenous, Left Ventricular Cardiac Vein, Distal Continuous Curve	Conductor Fracture 0 Crimp/Weld/Bond 0
Estimated Active US Implants	2,800	Polarity	Unipolar	Insulation Breach 0
Advisories	None	Steroid	No	Other 1

Product Surveillance Registry Results

Qualifying Complications 1 Total

Failure to Capture

134 Number of Leads Enrolled in Study 6,587 Cumulative Months of Follow-Up 17





	Years After	Implant							
		1 yr	2 yr	3 yr	4 yr	at 54 mo			
%		99.1	99.1	99.1	99.1	99.1			
#		109	92	71	57	51			
	Effective Samp	ole Size							

2188 Attain CS

Product Characteristics

	US Market Release	Aug-01	Serial Number Pref	fix LEB		US Returned Product Ana	alysis
	Registered US Implants	1,800	Type and/or Fixation	on Transvenous, Coronar Cardiac Vein, Canted	y Sinus/	Conductor Fracture Crimp/Weld/Bond	1 0
	Estimated Active US Implants	300	Polarity	Bipolar		Insulation Breach	0
	Advisories	None	Steroid	No		Other	0
Produ	ıct Surveillance Registry Results		(Qualifying Complications	1 Total		
	Number of Leads Enrolled in Study	15	5	Extra Cardiac Stimulation	1		
	Cumulative Months of Follow-Up	487	7				
	Number of Leads Active in Study	()				
§ 10	00						
<u> </u>	Survival estimate not available due	to insufficient	sample size				
abili							
Probability	30						
ival P	0 1 2	3	4	5 6	7 8	9 10	



% #

4193 Attain OTW

Product Characteristics

	US Market Release	May-02	Serial Number Prefix	BAA		US Returned Product Ana	alysis
	Registered US Implants	100,600	Type and/or Fixation	Transvenous, Left Ver Distal Double Curve	ntricular Cardiac Vein,	Conductor Fracture Crimp/Weld/Bond	49 0
	Estimated Active US Implants	36,200	Polarity	Unipolar		Insulation Breach	6
	Advisories	None	Steroid	Yes		Other	8
Produ	ct Surveillance Registry Results		Qua	lifying Complications	37 Total		
Produ	ct Surveillance Registry Results Number of Leads Enrolled in Study	675		alifying Complications Lead Dislodgement	37 Total	Unspecified Clinical Failure	3
Produ		675 29,740	<u> </u>	, , ,		Unspecified Clinical Failure Extra Cardiac Stimulation	3



4194 Attain OTW

Product Characteristics

US I	Market Release	Aug-04	Serial Number Prefix	LFG		US Returned Product Ana	alysis
Reg	gistered US Implants	105,400	Type and/or Fixation	Transvenous, Left Ve Cardiac Vein, Distal D		Conductor Fracture Crimp/Weld/Bond	1
Esti	imated Active US Implants	64,100	Polarity	Bipolar		Insulation Breach	4
Adv	visories	None	Steroid	Yes		Other	
luct Su	urveillance Registry Results		Qua	lifying Complications	28 Total		
Nun	mber of Leads Enrolled in Study	1,220		Lead Dislodgement	14	Extra Cardiac Stimulation	
Cumulative Months of Follow-Up		31,426		Failure to Capture	7		
					_		
Nun	mber of Leads Active in Study	788		Insulation (ESC)	1		
Nun	mber of Leads Active in Study	788		Insulation (ESC) lation (not further defined)	1 2		
Nun	mber of Leads Active in Study	788			-		
	mber of Leads Active in Study	788			-		
90	mber of Leads Active in Study	788			-		
90 -			Insul	lation (not further defined)	2		
90	mber of Leads Active in Study	3	Insul		-	3 9 10	
90 -			Insul	lation (not further defined)	2	3 9 10	
90 -	1 2	3	Insul	lation (not further defined)	2	9 10	
90 -	1 2 Years After Implant	3	Insul 4 /r 4 yr	lation (not further defined)	2	9 10	

4195 Attain StarFix

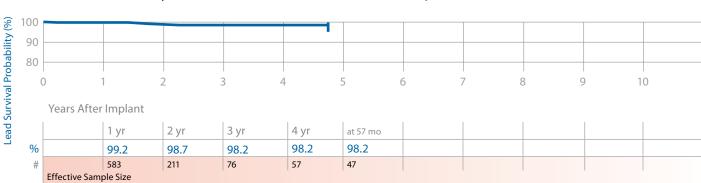
Product Characteristics

US Market Release	Aug-08	Serial Number Prefix	AAD	US Returned Product Analysis
Registered US Implants	13,600	Type and/or Fixation	Transvenous, Left Ventricular Cardiac Vein, Deployable Lobe Fixation	Conductor Fracture 1 Crimp/Weld/Bond 0
Estimated Active US Implants	10,900	Polarity	Unipolar	Insulation Breach 1
Advisories	None	Steroid	Yes	Other 7

Product Surveillance Registry Results

Qualifying Complications 10 Total





4196 Attain Ability

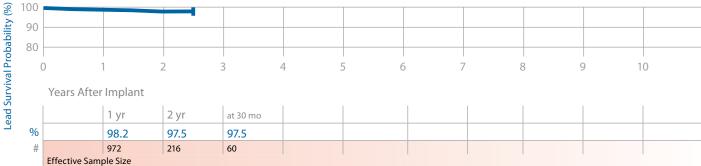
Product Characteristics

US Market Release	May-09	Serial Number Prefix	PVI	US Returned Product Analysis
Registered US Implants	43,600	Type and/or Fixation	Transvenous, Left Ventricular Cardiac Vein, Preformed Body, Double Curve	Conductor Fracture 4 Crimp/Weld/Bond 0
Estimated Active US Implants	36,700	Polarity	Bipolar	Insulation Breach 0
Advisories	None	Steroid	Yes	Other 2

Product Surveillance Registry Results

Qualifying Complications 32 Total

Number of Leads Enrolled in Study	1,869	Lead Dislodgement	14
Cumulative Months of Follow-Up	27,241	Failure to Capture	8
Number of Leads Active in Study	1,415	Extra Cardiac Stimulation	10



4296 Attain Ability Plus

Product Characteristics

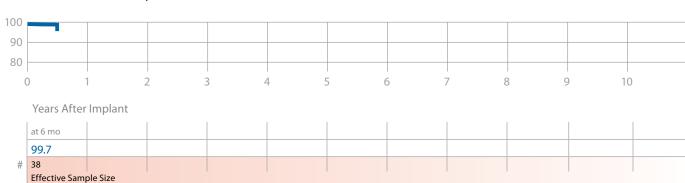
US Market Release	Apr-11	Serial Number Prefix	RRA	US Returned Product Analysis
Registered US Implants	7,400	Type and/or Fixation	Transvenous, Left Ventricular Cardiac Vein, Distal Double Curve	Conductor Fracture 0 Crimp/Weld/Bond 0
Estimated Active US Implants	7,000	Polarity	Bipolar	Insulation Breach 0
Advisories	None	Steroid	Yes	Other 0



Lead Survival Probability (%)

Qualifying Complications 1 Total Lead Dislodgement

Number of Leads Enrolled in Study	446
Cumulative Months of Follow-Up	2,647
Number of Leads Active in Study	426



4396 Attain Ability Straight

Product Characteristics

	US Market Release	Mar-11	Serial Number Prefix	x RAE		US Returned Product Ana	alysis
	Registered US Implants	1,900	Type and/or Fixation	n Transvenous, Left Ven Tines	tricular Cardiac Vein,	Conductor Fracture Crimp/Weld/Bond	0
	Estimated Active US Implants	1,700	Polarity	Bipolar		Insulation Breach	0
	Advisories	None	Steroid	Yes		Other	0
Produ	ct Surveillance Registry Results		Q	Qualifying Complications	0 Total		
	Number of Leads Enrolled in Study	119)	Lead Dislodgement	0		
	Cumulative Months of Follow-Up	850)	Failure to Capture	0		
	Number of Leads Active in Study	112	12 Extra Cardiac Stimulation		0		
② 10	00						
9	Survival estimate not available du	e to insufficier	nt sample size				
abili	30						
rob							
ла Р	0 1 2	3	4	5 6	7 8	9 10	
urvi	Years After Implant						
S pg							
, řě	%						
	#						
	Effective Sample Size		1				

Lead Survival Summary (95% Confidence Interval)

		Se		Study		ths of dy	Device	Survival	Probabil	lity (%)						
		t Relea	olled	ivein	g tions	/e Mor o in St	Years After Implant									
Model Number	Family	US Market Release	Leads Enrolled	Leads Active in Study	Qualifying Complications	Cumulative Months of Follow-Up in Study	1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr
2187	Attain LV	Aug-01	134	17	1	6,587	99.1 +0.8/-5.1	99.1 +0.8/-5.1	99.1 +0.8/-5.1	99.1 +0.8/-5.1	99.1 +0.8/-5.1 at 54 mo					
2188	Attain CS	Aug-01	15	0	1	487	100.0 at 0 mo									
4193	Attain OTW	May-02	675	134	37	29,740	95.9 +1.3/-1.8	95.0 +1.4/-2.1	94.3 +1.6/-2.3	94.3 +1.6/-2.3	94.3 +1.6/-2.3	93.2 +2.0/-2.7	93.2 +2.0/-2.7	91.9 +2.9/-4.3 at 93 mo		
4194	Attain OTW	Aug-04	1,220	788	28	31,426	98.7 +0.5/-0.9	97.5 +0.8/-1.3	97.5 +0.8/-1.3	97.1 +1/-1.5	96.3 +1.6/-2.7	93.7 +3.1/-5.6 at 69 mo				
4195	Attain StarFix	Aug-08	1,153	954	10	18,764	99.2 +0.4/-0.9	98.7 +0.6/-1.4	98.2 +0.9/-1.9	98.2 +0.9/-1.9	98.2 +0.9/-1.9 at 57 mo					
4196	Attain Ability	May-09	1,869	1,415	32	27,241	98.2 +0.6/-0.8	97.5 +0.8/-1.3	97.5 +0.8/-1.3 at 30 mo							
4296	Attain Ability Plus	Apr-11	446	426	1	2,647	99.7 +0.3/-2 at 6 mo									
4396	Attain Ability Straight	Mar-11	119	112	0	850	100.0 at 0 mo									

US Returned Product Analysis Summary

Source: Product Surveillance Registry Data as of August 6, 2012

Model Number	Family	US Market Release	Estimated US Implants	Estimated US Active	Conductor Fracture	Crimp/Weld/ Bond	Insulation Breach	Other
2187	Attain LV	Aug-01	11,900	2,800	0	0	0	1
2188	Attain CS	Aug-01	1,800	300	1	0	0	0
4193	Attain OTW	May-02	100,600	36,200	49	0	6	8
4194	Attain OTW	Aug-04	105,400	64,100	11	0	46	6
4195	Attain StarFix	Aug-08	13,600	10,900	1	0	1	7
4196	Attain Ability	May-09	43,600	36,700	4	0	0	2
4296	Attain Ability Plus	Apr-11	7,400	7,000	0	0	0	0
4396	Attain Ability Straight	Mar-11	1,900	1,700	0	0	0	0

Source: Returned Product Analysis Data as of August 6, 2012

US Reports of Acute Lead Observations

Model Number	Family	Estimated US Implants	Cardiac Perforation	Conductor Fracture		Failure to Capture	Oversensing	Failure to Sense		Impedance Abnormal	Extracardiac Stimulation	Unspecified
2187	Attain LV	11,900	0	0	9	4	0	1	0	0	1	0
2188	Attain CS	1,800	0	0	2	0	0	0	0	0	0	0
4193	Attain OTW	100,600	0	0	45	11	1	0	0	0	15	2
4194	Attain OTW	105,400	1	2	103	25	1	0	1	7	32	3
4195	Attain StarFix	13,600	1	0	22	9	0	0	0	1	20	1
4196	Attain Ability	43,600	1	2	103	32	1	0	1	6	44	3
4296	Attain Ability Plus	7,400	0	0	24	4	0	0	1	0	5	0
4396	Attain Ability Straight	1,900	0	1	11	2	0	0	0	0	3	0

Report Cutoff Date: August 6, 2012

Reference Chart

Model Number	Family	Туре	Insulation	Conductor Material	Tip Electrode	Connector Type
2187	Attain LV	Transvenous Cardiac Vein Preformed Body	Polyurethane (55D)	MP35N	Platinized Platinum	IS-1 UNI
2188	Attain CS	Transvenous Cardiac Vein Preformed Body	Polyurethane (55D)	MP35N	Platinized Platinum	IS-1 BI
4193	Attain OTW	Transvenous Cardiac Vein Preformed Body	Polyurethane (55D)	MP35N	Platinized Platinum	IS-1 UNI
4194	Attain OTW	Transvenous Cardiac Vein Preformed Body	Polyurethane (55D)/ Silicone (4719)	MP35N	Platinum Alloy	IS-1 BI
4195	Attain StarFix	Transvenous Cardiac Vein Deployable Lobes	Polyurethane (55D)	MP35N	Platinum Alloy	IS-1 UNI
4196	Attain Ability	Transvenous Cardiac Vein Preformed Body	Polyurethane (outer) SI-polyimide (inner)	Ag-core- MP35N	Platinum iridium alloy with titanium nitride coating	IS-1 BI
4296	Attain Ability Plus	Transvenous Cardiac Vein Distal Double Curve	Polyurethane (outer) Silicone (inner)	Ag-core- MP35N	Platinum iridium alloy with titanium nitride coating	IS-1 BI
4396	Attain Ability Straight	Transvenous Cardiac Vein Tines	Polyurethane (outer) Silicone (inner)	Ag-core- MP35N	Platinum iridium alloy with titanium nitride coating	IS-1 BI

Defibrillation Leads

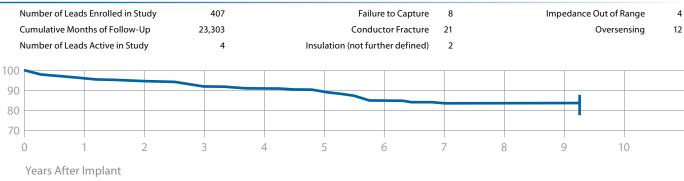
6721, 6921 Epicardial Patch

Product Characteristics

US Market Release	Feb-93	Serial Number Prefix	TBH, TBG, TBB, TAD, TAC, or TAB	US Returned Product Analysis
Registered US Implants	8,800	Type and/or Fixation	Epicardial Defib Patch, Suture	Conductor Fracture 68
Estimated Active US Implants	1,400	Polarity	Defib Electrode only	Crimp/Weld/Bond 1
Advisories	None	Steroid	No	Insulation Breach 9
				Other 0

Product Surveillance Registry Results

Qualifying Complications 47 Total



	Effective Same	ole Size									
#		330	301	256	209	176	132	95	66	56	50
%		96.5	95.0	92.7	91.9	90.0	85.1	83.7	83.7	83.7	83.7
		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	at 111 mo
	rears After I	mpiant									

6930 Sprint Fidelis

Lead Survival Probability (%)

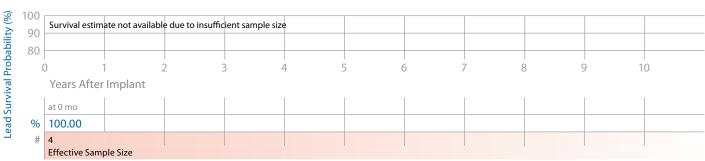
Product Characteristics

US Market Release	Sep-04	Serial Number Pref	i _X LFK	US Returned Product Analy	⁄sis
Registered US Impla	ants 400	Type and/or Fixation	Transvenous, Vent, Defib and Pace/Sense, Tines	Conductor Fracture	3
Estimated Active US	Implants 200	Polarity	True Bipolar/One Coil	Crimp/Weld/Bond	0
Advisories:		Steroid	Yes	Insulation Breach	0
See page 146 – 20 Wire Fracture	07 Potential Conductor			Other	0

Product Surveillance Registry Results

Qualifying Complications 0 Total

Number of Leads Enrolled in Study	4
Cumulative Months of Follow-Up	160
Number of Leads Active in Study	2



6931 Sprint Fidelis

Product Characteristics

US Market Release	Sep-04	Serial Number Prefix	LFL	US Retu	rned Product An	alysis
Registered US Implants	8,100	Type and/or Fixation	Transvenous, Vent, Defib and Pace/Sense, Screw-in		onductor Fracture	486
Estimated Active US Implants	3,900	Polarity	True Bipolar/One Coil		Crimp/Weld/Bond	0
Advisories		Steroid	Yes		Insulation Breach	0
See page 146 – 2007 Potential C Wire Fracture	onductor				Other	5

Product Surveillance Registry Results

Qualifying Complications 30 Total

Number of Leads Enrolled in Study	294	Lead Dislodgement	2	Impedance Out of Range	6
Cumulative Months of Follow-Up	11,948	Failure to Capture	3	Oversensing	4
Number of Leads Active in Study	139	Conductor Fracture	13	Other	1
		Failure to Sense	1		



6932 Sprint

Product Characteristics

US Market Release	Aug-96	Serial Number Prefix	TCA	US Returned Product Analys	sis
Registered US Implants	14,900	Type and/or Fixation	Transvenous, Vent, Defib and Pace/Sense, Tines	Conductor Fracture	22
Estimated Active US Implants	4,400	Polarity	True Bipolar/One Coil	Crimp/Weld/Bond	0
Advisories	None	Steroid	Yes	Insulation Breach	23
				Other	3

Product Surveillance Registry Results

Qualifying Complications 10 Total

Number of Leads Enrolled in Study	412	Failure to Capture	2	Extra Cardiac Stimulation	1
Cumulative Months of Follow-Up	25,299	Failure to Sense	2	Oversensing	4
Number of Leads Active in Study	43	Impedance Out of Range	1		



Data as of August 6, 2012

6933, 6937, 6937A, 6963 SVC/CS **Product Characteristics**

US Market Release Dec		Serial Number Prefix	TAT, TBU, TDB, TAF	US Returned Product Analysis
Registered US Implants	16,300	Type and/or Fixation	Transvenous CS or SVC Defib	Conductor Fracture 168
Estimated Active US Implants	2,600	Polarity	One Coil	Crimp/Weld/Bond 0
Advisories	None	Steroid	No	Insulation Breach 32
				Other 3

Product Surveillance Registry Results

Qualifying Complications 47 Total 966 Number of Leads Enrolled in Study Lead Dislodgement Impedance Out of Range 3 Cumulative Months of Follow-Up 54,409 **Unspecified Clinical Failure** 4 Failure to Capture 6 Number of Leads Active in Study 15 **Conductor Fracture** 16 Extra Cardiac Stimulation 4 Failure to Sense Oversensing 10 Insulation (not further defined)



0			. , .	-).	J .	. , .	J.	·).	1).	·).	-).			at 130 1110					
Lea	%		98.4	97.5	97.2	96.7	95.4	94.9	93.9	93.4	92.2	91.2	91.2	91.2					
	#		809	677	566	470	381	298	213	163	108	76	57	50					
		Effecti	ve Samı	ole Size															

6935 Sprint Quattro Secure

Product Characteristics

US Market Release	Nov-08	Serial Number Prefix	TAU	US Returned Product Analysis
Registered US Implants	35,600	Type and/or Fixation	Transvenous, Vent, Defib and Pace/Sense, Screw-in	Conductor Fracture 31
Estimated Active US Implants 32,600		Polarity	True Bipolar/One Coil	Crimp/Weld/Bond 0
Advisories	None	Steroid	Yes	Insulation Breach 0
Performance Note: See page 151 Helix Retraction of the Sprint Qua S 6935 and Sprint Quattro Secure	attro Secure			Other 8

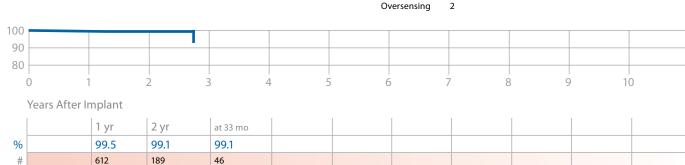
Product Surveillance Registry Results

Effective Sample Size

Lead Survival Probability (%)

Qualifying Complications 6 Total

Number of Leads Enrolled in Study	1,673	Lead Dislodgement	2
Cumulative Months of Follow-Up	18,307	Conductor Fracture	1
Number of Leads Active in Study	1,468	Failure to Sense	1



6936, 6966 Transvene

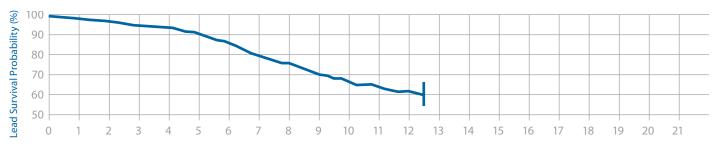
Product Characteristics

US Market Release	Dec-93	Serial Number Prefix	TAV, TAL	US Returned Product Analysi				
Registered US Implants	23,600	Type and/or Fixation	Transvenous, Vent, Defib and Pace/Sense, Screw-in	Conductor Fracture	177			
Estimated Active US Implants 2,300		Polarity	True Bipolar/One Coil	Crimp/Weld/Bond	0			
Advisories	None	Steroid	No	Insulation Breach	346			
				Other	7			

Product Surveillance Registry Results

Qualifying Complications 187 Total

Number of Leads Enrolled in Study	1,349	Failure to Capture	15	Impedance Out of Range	7
Cumulative Months of Follow-Up	75,161	Conductor Fracture	21	Unspecified Clinical Failure	5
Number of Leads Active in Study	15	Failure to Sense	7	Extra Cardiac Stimulation	6
		Insulation (not further defined)	14	Oversensing	112



Years After Implant

		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr	12 yr	at 150 mo				
%		98.2	97.0	95.2	94.3	91.1	86.8	79.8	75.9	70.2	65.8	63.6	61.8	59.5				
#		1,140	956	807	659	530	414	284	210	142	104	75	56	49				
	Effecti	ve Sami	ole Size															

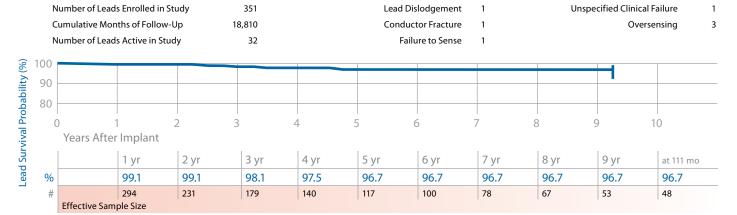
6942 Sprint

Product Characteristics

US Market Release	Jul-97	Serial Number Prefix	TCB	US Returned Product Analysis
Registered US Implants	17,700	Type and/or Fixation	Transvenous, Vent, Defib and Pace/Sense, Tines	Conductor Fracture 14
Estimated Active US Implants	5,500	Polarity	Integrated Bipolar/Two Coils	Crimp/Weld/Bond 1
Advisories	None	Steroid	Yes	Insulation Breach 22
				Other 2

Product Surveillance Registry Results

Qualifying Complications 7 Total



6943 Sprint

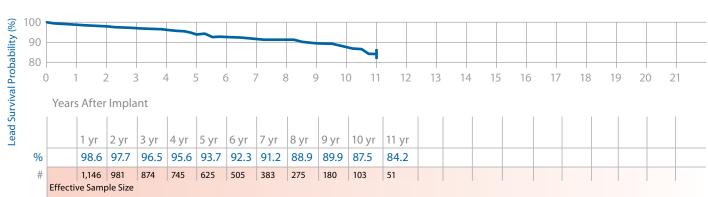
Product Characteristics

US Market Release	Oct-97	Serial Number Prefix	TCE	US Returned Product Ana	alysis
Registered US Implants	20,700	Type and/or Fixation	Transvenous, Vent, Defib and Pace/Sense, Screw-in	Conductor Fracture	68
Estimated Active US Implants	6,500	Polarity	True Bipolar/One Coil	Crimp/Weld/Bond	1
Advisories	None	Steroid	Yes	Insulation Breach	28
				Other	3

Product Surveillance Registry Results

Qualifying Complications 87 Total

Nui	mber of Leads Enrolled in Study	1,311	Lead Dislodgement	1	Insulation (not further defined)	1
Cur	nulative Months of Follow-Up	80,287	Failure to Capture	8	Impedance Out of Range	8
Nui	nber of Leads Active in Study	234	Conductor Fracture	20	Unspecified Clinical Failure	3
			Failure to Sense	6	Oversensing	39
					Other	1



6944 Sprint Quattro

Product Characteristics

497

115

84

US Market Release	Dec-00	Serial Number Prefix	TDC	US Returned Product Ana	alysis
Registered US Implants	40,500	Type and/or Fixation	Transvenous, Vent, Defib and Pace/Sense, Tines	Conductor Fracture	89
Estimated Active US Implants	21,500	Polarity	True Bipolar/Two Coils	Crimp/Weld/Bond	1
Advisories	None	Steroid	Yes	Insulation Breach	2
				Other	1

Product Surveillance Registry Results

Lead Survival Probability (%)

Number of Leads Enrolled in Study

306

Effective Sample Size

Qualifying Complications 5 Total

Failure to Sense

57

50

	Cumulative Months of Follow-Up Number of Leads Active in Study			14,338 299		•	nce Out of Range d Clinical Failure Oversensing	e 1	1 1 2					
100 90 80								1						
(Years After	। 1 r Implant	2	3	4	5	6	7	8	9	10			
%		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	at 81						

64

180

6945 Sprint

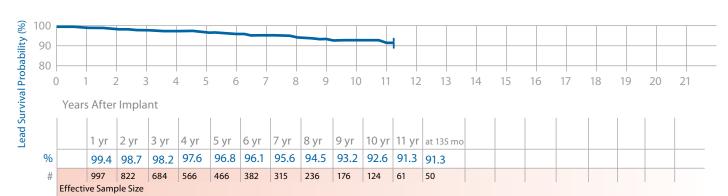
Product Characteristics

US Market Release	Sep-97	Serial Number Prefix	TDA	US Returned Product Ar	nalysis
Registered US Implants	42,600	Type and/or Fixation	Transvenous, Vent, Defib and Pace/Sense, Screw-in	Conductor Fracture	120
Estimated Active US Implants	13,100	Polarity	Integrated Bipolar/Two Coils	Crimp/Weld/Bond	1
Advisories	None	Steroid	Yes	Insulation Breach	34
				Other	7

Product Surveillance Registry Results

Qualifying Complications 38 Total

Number of Leads Enrolled in Study	1,155	Failure to Capture	2	Unspecified Clinical Failure	1
Cumulative Months of Follow-Up	66,595	Conductor Fracture	7	Extra Cardiac Stimulation	1
Number of Leads Active in Study	133	Failure to Sense	4	Oversensing	17
		Impedance Out of Range	5	FRL	1



6947 Sprint Quattro Secure

Product Characteristics

US Market Release	Nov-01	Serial Number Prefix	TDG	US Returned Product Analysis
Registered US Implants	351,900	Type and/or Fixation	Transvenous, Vent, Defib and Pace/Sense, Screw-in	Conductor Fracture 378
Estimated Active US Implants	242,000	Polarity	True Bipolar/Two Coils	Crimp/Weld/Bond 4
Advisories	None	Steroid	Yes	Insulation Breach 26
Performance Note: See page 151 Helix Retraction of the Sprint Qu S 6935and Sprint Quattro Secure	attro Secure			Other 65

Product Surveillance Registry Results

Qualifying Complications 35 Total

7	Impedance Out of Range	3	Lead Dislodgement	2,709	Number of Leads Enrolled in Study
2	Unspecified Clinical Failure	1	Failure to Capture	106,663	Cumulative Months of Follow-Up
11	Oversensing	6	Conductor Fracture	1,285	Number of Leads Active in Study
		2	Failure to Sense		

Insulation (not further defined)



Years After Implant

www.medtronic.com/CRDMProductPerformance

		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	
%		99.5	99.2	98.9	98.5	98.1	97.7	97.2	96.7	96.0	
#		2,364	1,6795	963	733	579	425	280	152	53	
	Effective Samp	ple Size									

6948 Sprint Fidelis

Product Characteristics

US Market Release	Sep-04	Serial Number Prefix	LFH	US Returned Product Ana	alysis
Registered US Implants	10,400	Type and/or Fixation	Transvenous, Vent, Defib and Pace/Sense, Tines	Conductor Fracture	132
Estimated Active US Implants	5,200	Polarity	True Bipolar/Two Coils	Crimp/Weld/Bond	0
Advisories		Steroid	Yes	Insulation Breach	2
See page 146 – 2007 Potential Co Wire Fracture	onductor			Other	1

Product Surveillance Registry Results

Qualifying Complications 0 Total

Number of Leads Enrolled in Study 30 Cumulative Months of Follow-Up 1,305 Number of Leads Active in Study 18



6949 Sprint Fidelis

Product Characteristics

US Market Release	Sep-04	Serial Number Prefix	LFJ	US Returned Product Ar	nalysis
Registered US Implants	186,600	Type and/or Fixation	Transvenous, Vent, Defib and Pace/Sense, Screw-in	Conductor Fracture	5,686
Estimated Active US Implants	84,900	Polarity	True Bipolar/Two Coils	Crimp/Weld/Bond	2
Advisories		Steroid	Yes	Insulation Breach	14
See page 146 – 2007 Potential Co Wire Fracture	onductor			Other	73

Product Surveillance Registry Results

Qualifying Complications 66 Total

1	Insulation (not further defined)	1	Lead Dislodgement	793	Number of Leads Enrolled in Study
12	Impedance Out of Range	2	Failure to Capture	35,096	Cumulative Months of Follow-Up
1	Unspecified Clinical Failure	31	Conductor Fracture	282	Number of Leads Active in Study
14	Oversensing	3	Failure to Sense		
1	Other				



9

10

6996 Sub-Q Lead

Product Characteristics

US Market Release	Jun-01	Serial Number Prefix	TCR	US Returned Product Ana	lysis
Registered US Implants	3,600	Type and/or Fixation	Subcutaneous Defib Coil, Suture	Conductor Fracture	17
Estimated Active US Implants	2,100	Polarity	One Defib Coil	Crimp/Weld/Bond	0
Advisories	None	Steroid	No	Insulation Breach	0
				Other	0

uct	Surveillance	Registry Re	sults			Qualifyi	ng Comp	olications	1 Total			
N	lumber of Lead	s Enrolled in Stu	udy	34			Conduc	tor Fracture	1			
C	umulative Mor	ths of Follow-U	Jp	984								
N	lumber of Lead	s Active in Stud	у	16								
00 90	Survival estima	ate not available	due to insuffi	cient sample s	ize							
80)	1 2	2	3	4	5	(5	7	8	9	10
	Years After	Implant										
%	100.0											
	32											

		et Release	rolled	ybut2 ni svit:	gr snoits	ive Months y-Up in Study	Device Years A	Device Survival Pro Years Affer Implant	Device Survival Probability (%) Years Affer Implant	ty (%)									
Model Number	Ylim e ∃		u3 sbsəd	reads Ac	Qualifyin Complica		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	10 yr	12 yr	14 yr	16 yr	18 yr
6721, 6921	Epicardial Patch	Feb-93	407	4	47	23,303	96.5 +1.5/-2.4	95 .0 +1.8/-2.8	92.7 +2.3/-3.4	91.9 +2.5/-3.5	90.0	85.1 +3.9/-5.2	83.7 +4.2/-5.6	83.7 +4.2/-5.6	83.7 +4.2/-5.6 at 111 mo				
6930	Sprint Fidelis	Sep-04	4	2	0	160	100.0 at 0 mo												
	Advisories: See page 146 – 2007 Potential Conductor Wire Fracture	- 2007 Potential	Conduct	or Wire Fra	cture														
6931	Sprint Fidelis	Sep-04	294	139	30	11,948	98.2	95.8 +1.9/-3.2	92.6 +2.7/-4.2	89.3	87.5 +4.0/-5.7								
	Advisories: See page 146 – 2007 Potential Conductor Wire Fracture	- 2007 Potential	Conduct	or Wire Fra	acture						at 54 mo								
6932	Sprint	Aug-96	412	43	10	25,299	99.2 +0.5/-1.7	98.3 +0.9/-2.0	98.3 +0.9/-2.0	98.3 +0.9/-2.0	97.8 +1.2/-2.5	97.8 +1.2/-2.5	97.8 +1.2/-2.5	96.8 +1.8/-3.7	96.8 +1.8/-3.7	93.5 +3.6/-7.7 at 135 mo			
6933, 6937, 6937A, 6963	SVC/CS	Dec-93	996	15	47	54,409	98.4 +0.7/-1.0	97.5 +0.9/-1.3	97.2 +0.9/-1.4	96.7	95.4	94.9	93.9	93.4	91.2 +2.8/-4.1	91.2 +2.8/-4.1 at 138 mo			
6935	Sprint Quattro Secure Nov-08 1,673 1,468 6 See page 151 – Performance note on Helix Retraction 6935 and 6947	Nov-08 ce note on Helix	1,673 x Retractio	1,468 on 6935 an	6 Id 6947	18,307	99.5 +0.3/-0.7	99.1 +0.5/-1.2	99.1 +0.5/-1.2 at 33 mo										
6936, 6966	Transvene	Dec-93	1,349	15	187	75,161	98.2 +0.6/-1	97.0 +0.8/-1.2	95.2 +1.2/-1.4	94.3 +1.3/-1.6	91.1	86.8 +2.3/-2.8	79.8 +3.1/-3.6	75.9	65.8 +4.9/-5.5	61.8 +5.6/-6.2	59.5 +6.2/-6.8 at 150 mo		
6942	Sprint	Jul-97	351	32	7	18,810	99.1 +0.6/-1.9	99.1 +0.6/-1.9	98.1 +1.1/-2.7	97.5	96.7	96.7 +1.8/-3.7	96.7 +1.8/-3.7	96.7 +1.8/-3.7	96.7 +1.8/-3.7 at 111 mo				
6943	Sprint	Oct-97	1,311	234	87	80,287	98.6 +0.5/-0.9	97.7 +0.7/-1.1	96.5 +1.0/-1.2	95.6 +1.1/-1.5	93.7	92.3 +1.6/-2.1	91.2 +1.8/-2.2	90.8 +1.8/-2.4	87.5 +2.9/-3.7	84.2 +4.2/-5.6 at 11 yr			
6944	Sprint Quattro	Dec-00	497	299	2	14,338	100.0 +0.0/-0.0	100.0 +0.0/-0.0	99.2 +0.7/-4.6	97.3 +1.8/-5.4	94.9 +3.0/-6.8	94.9 +3.0/-6.8	94.9 +3.0/-6.8 at 81 mo						
6945	Sprint	Sep-97	1,155	133	38	66,595	99.4 +0.4/-0.6	98.7 +0.5/-1.0	98.2 +0.7/-1.1	97.6 +0.8/-1.3	96.8 +1.1/-1.6	96.1 +1.3/-1.8	95.6 +1.4/-2.0	94.5 +1.7/-2.4	92.6 +2.3/-3.2	91.3 +3.0/-4.4 at 135 mo			
6947	Sprint Quattro Secure	aro Secure Nov-01 2,709 1,285 35 – Performance note on Helix Retraction 6935 and 6947	2,709 ix Retracti	1,285 on 6935 ar		106,663	99.5 +0.2/-0.4	99.2 +0.3/-0.4	98.9 +0.4/-0.6	98.5	98.1 +0.7/-1.0	97.7 +0.8/-1.1	97.2 +1.0/-1.5	96.7	96.0 +1.6/-2.5 at 9 yr				
6948	Sprint Fidelis Sep-04 30 18 0 Advisories: See page 146 – 2007 Potential Conductor Wire Fracture	Sep-04 - <mark>2007 Potential</mark>	30 Conduct	18 or Wire Fra	0 acture	1,305	100.0 at 0 mo												
6949	Sprint Fidelis	Sep-04	793	282	99	35,096	98.7 +0.6/-1.2	96.8 +1.0/-1.6	94.2 +1.6/-2.1	92.4 +1.8/-2.5	90.3	84.8 +3.8/-5.0	82.2 +4.8/-6.3 at 75 mo						
	Advisories: See page 146 – 2007 Potential Conductor Wire Fracture	- 2007 Potential	Conduct	or Wire Fra	cture														
9669	Sub-Q Lead	Jun-01	34	91	-	984	100.0 at 0 mo												

Lead Survival Summary (95% Confidence Interval)

US Returned Product Analysis Summary

Model Number	Family	US Market Release	Estimated US Implants	Estimated US Active	Conductor Fracture	Insulation Breach	Crimp/ Weld/Bond	Other
6721, 6921	Epicardial Patch	Feb-93	8,800	1,400	68	9	1	0
6930	Sprint Fidelis	Sep-04	400	200	3	0	0	0
6931	Sprint Fidelis	Sep-04	8,100	3,900	486	0	0	5
6932	Sprint	Aug-96	14,900	4,400	22	23	0	3
6933, 6937, 6937A, 6963	SVC/CS	Dec-93	16,300	2,600	168	32	0	3
6935	Sprint Quattro Secure	Nov-08	35,600	32,600	31	0	0	8
6936, 6966	Transvene	Dec-93	23,600	2,300	177	346	0	7
6942	Sprint	Jul-97	17,700	5,500	14	22	1	2
6943	Sprint	Oct-97	20,700	6,500	68	28	1	3
6944	Sprint Quattro	Dec-00	40,500	21,500	89	2	1	1
6945	Sprint	Sep-97	42,600	13,100	120	34	1	7
6947	Sprint Quattro Secure	Nov-01	351,900	242,000	378	26	4	65
6948	Sprint Fidelis	Sep-04	10,400	5,200	132	2	0	1
6949	Sprint Fidelis	Sep-04	186,600	84,900	5,686	14	2	73
6996	Sub-Q Lead	Jun-01	3,600	2,100	17	0	0	0

Source: Returned Product Analysis Data as of August 6, 2012

US Reports of Acute Lead Observations

Model Number	Family	Estimated US Implants	Cardiac Perforation	Conductor Fracture	Lead Dislodgement	Failure to Capture	Oversensing	Failure to Sense		Impedance Abnormal	Extracardiac Stimulation	Unspecified
6721, 6921	Epicardial Patch	8,800	1	1	0	0	1	1	2	5	0	6
6930	Sprint Fidelis	400	0	0	0	0	0	0	0	0	0	1
6931	Sprint Fidelis	8,100	1	2	1	1	3	1	0	0	0	0
6932	Sprint	14,900	0	0	4	2	0	2	0	1	0	2
6933, 6937, 6937A, 6963	SVC/CS	16,300	0	0	1	2	1	0	1	0	0	5
6935	Sprint Quattro Secure	35,600	10	3	25	18	23	8	1	14	1	4
6936, 6966	Transvene	23,600	5	2	1	5	3	4	1	1	0	4
6942	Sprint	17,700	0	1	1	4	1	0	0	3	0	2
6943	Sprint	20,700	1	0	0	1	1	1	1	2	0	0
6944	Sprint Quattro	40,500	0	3	15	12	13	3	0	6	1	6
6945	Sprint	42,600	0	1	4	7	9	1	2	1	1	1
6947	Sprint Quattro Secure	351,900	25	19	103	73	108	30	4	65	3	20
6948	Sprint Fidelis	10,400	0	1	7	7	2	0	0	0	0	2
6949	Sprint Fidelis	186,600	9	41	23	30	29	22	6	17	0	19
6996	SubQ	3,600	0	0	1	0.	1	0	0	3	0	0

Report Cutoff Date: August 6, 2012

Reference Chart

			Pin Conf	iguration			
Model Number	Family	Туре	Pace/Sense	High Voltage	Lead Body Diameter	Insulation, Lead Body	Fixation, Steroid
6721	Epicardial Patch	Epi Patch	_	DF-1	S, M, L	Silicone, Single Lumen	Suture
6921	Epicardial Patch	Epi Patch	_	6.5 mm	S, M, L	Silicone, Single Lumen	Suture
6930	Sprint Fidelis	Endo RV True Bipolar Sensing	IS-1	DF-1	6.6 Fr	Silicone with Polyurethane Overlay, Multilumen	Passive, Steroid
6931	Sprint Fidelis	Endo RV True Bipolar Sensing	IS-1	DF-1	6.6 Fr	Silicone with Polyurethane Overlay, Multilumen	Active, Steroid
6932	Sprint	Endo RV True Bipolar Sensing	IS-1	DF-1	7.8 Fr	Silicone, Multilumen	Passive, Steroid
6933	SVC/CS	Endo SVC/CS Coil	_	DF-1	7 Fr	Silicone, Single Lumen	Passive
6935	Sprint Quattro Secure	Endo RV True Bipolar Sensing	IS-1	DF-1	8.6 Fr	Silicone with Polyurethane Overlay, Multilumen	Active, Steroid
6937	SVC/CS	Endo SVC Coil	_	DF-1	5.5 Fr	Silicone, Single Lumen	Passive
6937A	SVC/CS	Endo SVC Coil	_	DF-1	7.5 Fr	Silicone with Polyurethane Overlay, Single Lumen	Passive
6942	Sprint	Endo RV/SVC Integrated Bipolar Sensing	IS-1	2 DF-1	7.8 Fr	Silicone, Multilumen	Passive, Steroid
6943	Sprint	Endo RV True Bipolar Sensing	IS-1	DF-1	7.8 Fr	Silicone, Multilumen	Active, Steroid
6944	Sprint Quattro	Endo RV/SVC True Bipolar Sensing	IS-1	2 DF-1	8.2 Fr	Silicone with Polyurethane Overlay, Multilumen	Passive, Steroid
6945	Sprint	Endo RV/SVC Integrated Bipolar Sensing	IS-1	2 DF-1	7.8 Fr	Silicone, Multilumen	Active, Steroid
6947	Sprint Quattro Secure	Endo RV/SVC True Bipolar Sensing	IS-1	2 DF-1	8.6 Fr	Silicone with Polyurethane Overlay, Multilumen	Active, Steroid
6948	Sprint Fidelis	Endo RV/SVC True Bipolar Sensing	IS-1	2 DF-1	6.6 Fr	Silicone with Polyurethane Overlay, Multilumen	Passive, Steroid
6949	Sprint Fidelis	Endo RV/SVC True Bipolar Sensing	IS-1	2 DF-1	6.6 Fr	Silicone with Polyurethane Overlay, Multilumen	Active, Steroid
6963	SVC/CS	Endo SVC/CS Coil	_	6.5 mm	7 Fr	Silicone, Single Lumen	Passive
6966	Transvene	Endo RV True Bipolar Sensing	3.2 mm L.P.	6.5 mm	10 Fr	Polyurethane, Coaxial	Active
6996	Sub-Q Lead	SQ Coil	_	DF-1	7.5 Fr	Silicone, Single Lumen	Passive

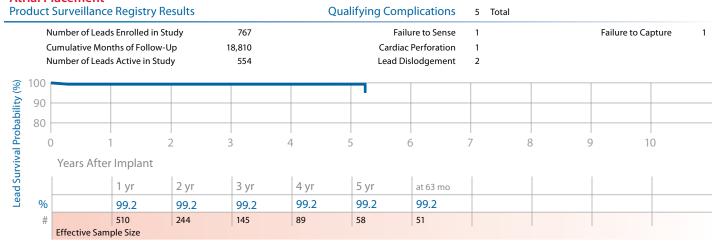
Pacing Leads

3830 SelectSecure

Product Characteristics

US Market Release	Aug-05	Serial Number Prefix	LFF	US Returned Product Ana	alysis
Registered US Implants	41,500	Type and/or Fixation	Transvenous, V or A, Screw-in	Conductor Fracture	3
Estimated Active US Implants	32,300	Polarity	Bipolar	Crimp/Weld/Bond	0
Advisories	None	Steroid	Yes	Insulation Breach	10
				Other	3

Atrial Placement



Ventricular Placement

Lead Survival Probability (%)

Product Surveillance Registry Results

Effective Sample Size



Number of Leads Enrolled in Study	474	Impedance Out of Range	1
Cumulative Months of Follow-Up	13,626	Lead Dislodgement	1
Number of Leads Active in Study	311		



4023 CapSure SP

Product Characteristics

US Market Release	Aug-91	Serial Number Prefix	LAK	US Returned Product Analysis
Registered US Implants	41,100	Type and/or Fixation	Transvenous, Vent, Tines	Conductor Fracture 16
Estimated Active US Implants	7,500	Polarity	Unipolar	Crimp/Weld/Bond 0
Advisories	None	Steroid	Yes	Insulation Breach 4
				Other 2

Product Surveillance Registry Results

Qualifying Complications 23 Total

Number of Leads Enrolled in Study	1,158	Lead Dislodgment	2	Impedance Out of Range	2
Cumulative Months of Follow-Up	73,940	Failure to Capture	16	Extra Cardiac Stimulation	1
Number of Leads Active in Study	201	Insulation (not further defined)	1	Conductor Fracture	1



4024 CapSure SP

Lead Survival Probability (%)

Product Characteristics

US Market Release	Oct-91	Serial Number Prefix	LAJ	US Returned Product Analysis	,
Registered US Implants	221,300	Type and/or Fixation	Transvenous, Vent, Tines	Conductor Fracture 2	29
Estimated Active US Implants	42,600	Polarity	Bipolar	Crimp/Weld/Bond	0
Advisories	None	Steroid	Yes	Insulation Breach 16	58
				Other	8

Product Surveillance Registry Results

Qualifying Complications 4 Total

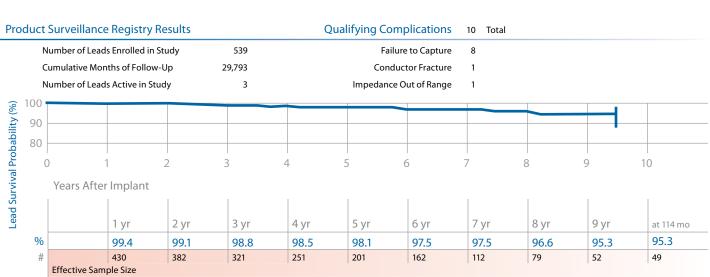
Number of Leads Enrolled in Study	1,215	Failure to Capture	3
Cumulative Months of Follow-Up	50,913	Insulation (not further defined)	1
Number of Leads Active in Study	14		



4033 CapSure Z

Product Characteristics

US Market Release	Not US released	Serial Number Prefix	LCA	US Returned Product Analysis
Registered US Implants	NA	Type and/or Fixation	Transvenous, Vent, Tines	Conductor Fracture 0
Estimated Active US Implants	NA	Polarity	Unipolar	Crimp/Weld/Bond 0
Advisories	None	Steroid	Yes	Insulation Breach 0
				Other 0



4067 CapSureFix

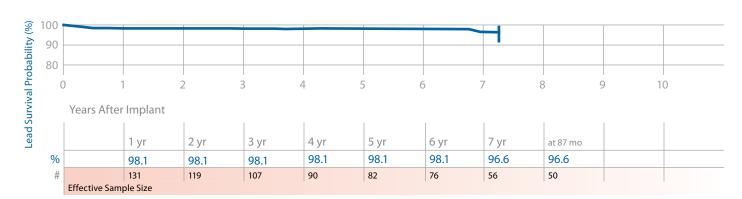
Product Characteristics

US Market Release	Jan-97	Serial Number Prefix	LCV	US Returned Product Analysis
Registered US Implants	1,000	Type and/or Fixation	Transvenous, V or A, Screw-in	Conductor Fracture 1
Estimated Active US Implants	200	Polarity	Unipolar	Crimp/Weld/Bond 0
Advisories	None	Steroid	Yes	Insulation Breach 0
				Other 0

Product Surveillance Registry Results

Qualifying Complications 8 Total

Number of Leads Enrolled in Study	171	Failure to Capture	6
Cumulative Months of Follow-Up	11,284	Impedance Out of Range	1
Number of Leads Active in Study	42	Oversensing	1



4068 CapSureFix

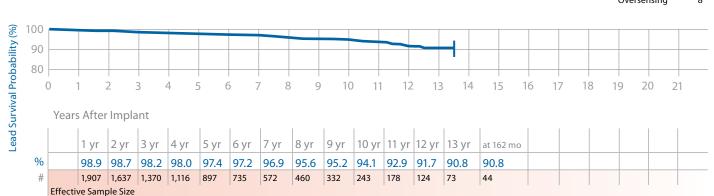
Product Characteristics

US Market Release	Mar-96	Serial Number Prefix	LCE	US Returned Product Ana	lysis
Registered US Implants	248,700	Type and/or Fixation	Transvenous, V or A, Screw-in	Conductor Fracture	47
Estimated Active US Implants	62,500	Polarity	Bipolar	Crimp/Weld/Bond	0
Advisories	None	Steroid	Yes	Insulation Breach	154
				Other	5

Atrial Placement

Product Surveillance Registry Results Qualifying Complications 70 Total

2	Insulation (ESC)	8	Lead Dislodgement	2,413	Number of Leads Enrolled in Study
2	Insulation (MIO)	22	Failure to Capture	132,198	Cumulative Months of Follow-Up
8	Impedance Out of Range	2	Conductor Fracture	290	Number of Leads Active in Study
3	Unspecified Clinical Failure	11	Failure to Sense		
2	Extra Cardiac Stimulation	2	Insulation (not further defined)		
8	Oversensing				



Ventricular Placement

Product Surveillance Registry Results Qualifying Complications 46 Total

					,							,5											
	Number of Leads Enrolled in Study 1,799					Failure to Capture					ıre 21		Impedance Out of Range				9						
	C	umulat	ive Mor	nths of F	ollow-U	Jр	9	4,898				(Conduct	or Fractu	ıre 3			Unspecified Clinical Failure			e	2	
	N	lumber	of Lead	s Active	in Stuc	ly		170					Failu	re to Sen	ise 3			E	ktra Car	diac Sti	mulatio	n	2
											Insul	lation (n	ot furth	er define	ed) 1					Ove	ersensin	g	5
(%)	100					-				1		T	T										
	90													4									
robability	80													<u> </u>									
Prob)	1	2	3	4	5	6	7	8	9 1	0 1	1 1	1 1 2 13	14	15	16	17	18	19	20	21	
rvival		Year	s Afte	Impla	ant																		
Su			1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr	12 yr	at 147 mo								
Lead	%		99.3	98.7	98.7	98.2	97.8	97.2	96.0	95.4	94.2	94.2	94.2	91.2	91.2								



4073 CapSure Sense

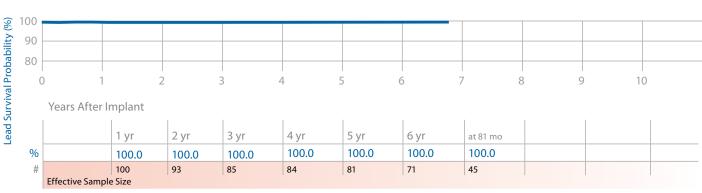
Product Characteristics

US Market Release	Jun-02	Serial Number Prefix	BBF	US Returned Product Analysis
Registered US Implants	700	Type and/or Fixation	Transvenous, Vent, Tines	Conductor Fracture 0
Estimated Active US Implants	400	Polarity	Unipolar	Crimp/Weld/Bond 0
Advisories	None	Steroid	Yes	Insulation Breach 0
				Other 0

Product Surveillance Registry Results

Qualifying Complications 0 Total

Number of Leads Enrolled in Study 102 Cumulative Months of Follow-Up 7,380 Number of Leads Active in Study 71

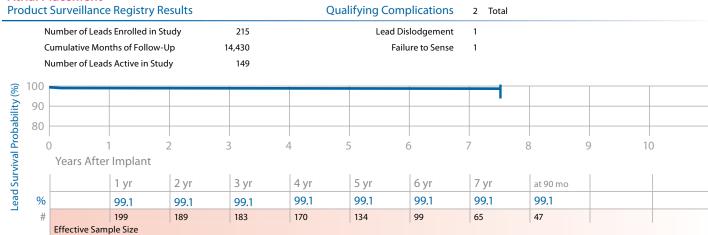


4074 CapSure Sense

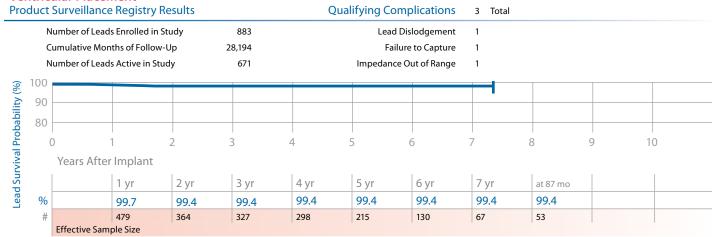
Product Characteristics

US Market Release	Jun-02	Serial Number Prefix	BBD	US Returned Product Analysis
Registered US Implants	176,800	Type and/or Fixation	Transvenous, Vent, Tines	Conductor Fracture 1
Estimated Active US Implants	110,600	Polarity	Bipolar	Crimp/Weld/Bond 0
Advisories	None	Steroid	Yes	Insulation Breach 18
				Other 1

Atrial Placement



Ventricular Placement



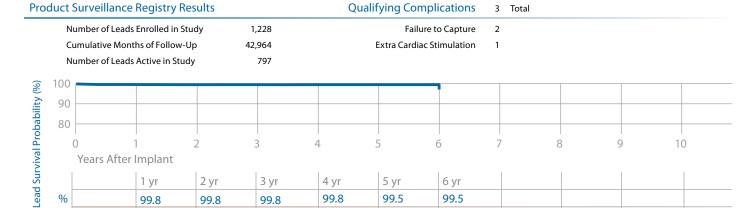
4076 CapSureFix Novus

Product Characteristics

US Market Release	Feb-04	Serial Number Prefix	BBL	US Returned Product Ana	t Analysis	
Registered US Implants	806,700	Type and/or Fixation	Transvenous, V or A, Screw-in	Conductor Fracture	29	
Estimated Active US Implants	619,600	Polarity	Bipolar	Crimp/Weld/Bond	1	
Advisories	None	Steroid	Yes	Insulation Breach	23	
				Other	17	

duct	Surveillance	Registry Res	sults		Qı	ualifying Co	mplications	6 Total			
N	Number of Leads Enrolled in Study			1,661		Lead Dislodgement					
C	Cumulative Mor	ths of Follow-Up	р	53,265		Fail	ure to Capture	1			
N	lumber of Lead	s Active in Study	y	1,106		F	ailure to Sense	1			
					In	sulation (not fu	rther defined)	1			
100											
100											
100 90											
90 80	0	1 2	2	3	4	5	6	7	8	9	10
90 80	0 Years After		2	3	4	5	6	7	8	9	10
90 80			2 2 yr	3 3 yr	4 4 yr	5 5 yr	6 6 yr	7	8	9	10
90 80		Implant	_		1		1	7	8	9	10

Ventricular Placement



162

58

1,076

Effective Sample Size

733

455

318

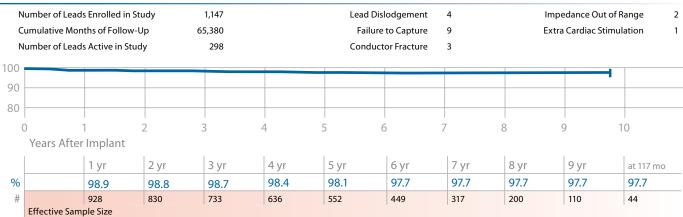
4092 CapSure SP Novus

Product Characteristics

US Market Release	Sep-98	Serial Number Prefix	LEP	US Returned Product Analysis
Registered US Implants	174,700	Type and/or Fixation	Transvenous, Vent, Tines	Conductor Fracture 8
Estimated Active US Implants	80,000	Polarity	Bipolar	Crimp/Weld/Bond 0
Advisories	None	Steroid	Yes	Insulation Breach 39
				Other 2

Product Surveillance Registry Results

Qualifying Complications 19 Total



4523 CapSure SP

Lead Survival Probability (%)

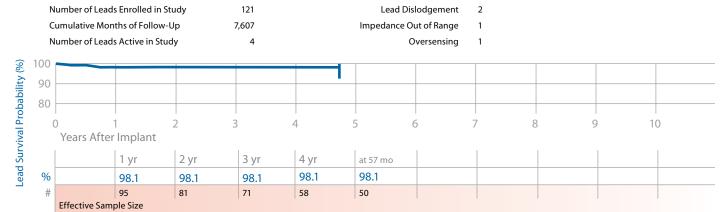
Product Characteristics

US Market Release	Aug-91	Serial Number Prefix	ZE	US Returned Product Ana	lysis
Registered US Implants	11,200	Type and/or Fixation	Transvenous, Atrial-J, Tines	Conductor Fracture	1
Estimated Active US Implants	2,400	Polarity	Unipolar	Crimp/Weld/Bond	0
Advisories	None	Steroid	Yes	Insulation Breach	2
				Other	1

Product Surveillance Registry Results

Qualifying Complications 4

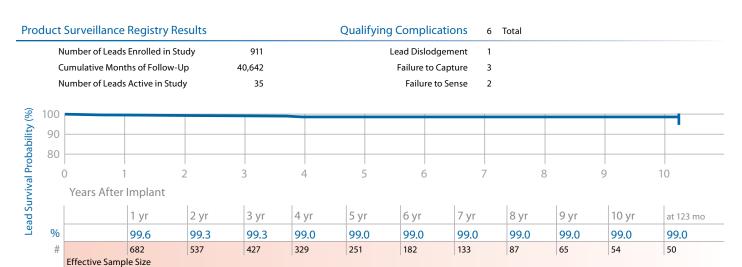
Total



4524 CapSure SP

Product Characteristics

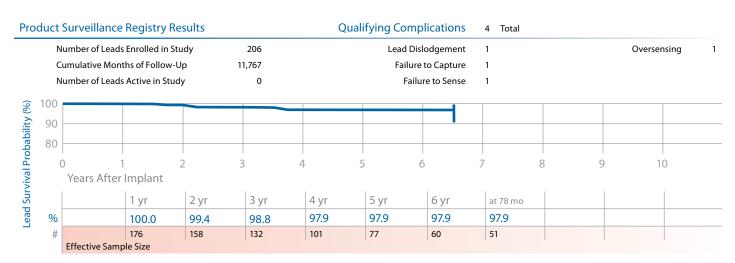
US Market Release	Oct-91	Serial Number Prefix	LAR	US Returned Product Analysis
Registered US Implants	101,300	Type and/or Fixation	Transvenous, Atrial-J, Tines	Conductor Fracture 1
Estimated Active US Implants	24,300	Polarity	Bipolar	Crimp/Weld/Bond 0
Advisories	None	Steroid	Yes	Insulation Breach 59
				Other 3



4533 CapSure Z

Product Characteristics

US Market Release	Not US released	Serial Number Prefix	LCB	US Returned Product Analysis					
Registered US Implants	NA	Type and/or Fixation	Transvenous, Atrial-J, Tines	Conductor Fracture	0				
Estimated Active US Implants	NA	Polarity	Unipolar	Crimp/Weld/Bond	0				
Advisories	None	Steroid	Yes	Insulation Breach	0				
				Other	0				



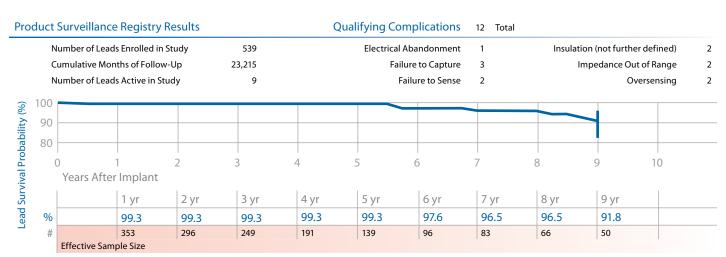
2

Pacing Leads continued

4558M Screw-In

Product Characteristics

US Market Release	Nov-94	Serial Number Prefix	LDC	US Returned Product Analysis
Registered US Implants	19,900	Type and/or Fixation	Transvenous, Atrial-J, Screw-in	Conductor Fracture 1
Estimated Active US Implants	4,000	Polarity	Bipolar	Crimp/Weld/Bond 0
Advisories	None	Steroid	No	Insulation Breach 18
				Other 0



4568 CapSureFix

Product Characteristics

656

32,029

US Market Release	Jan-97	Serial Number Prefix	LDD	US Returned Product Analysis
Registered US Implants	69,500	Type and/or Fixation	Transvenous, Atrial-J, Screw-in	Conductor Fracture 3
Estimated Active US Implants	23,300	Polarity	Bipolar	Crimp/Weld/Bond 0
Advisories	None	Steroid	Yes	Insulation Breach 73
				Other 1

Product Surveillance Registry Results

Number of Leads Enrolled in Study

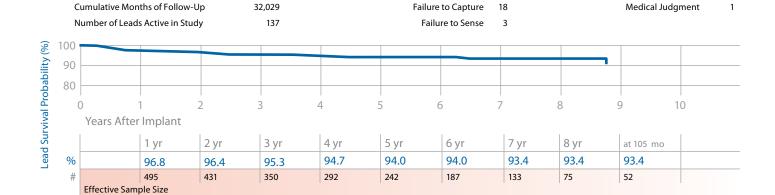
Cumulative Months of Follow-Up

Qualifying Complications 33 Total Lead Dislodgement

Failure to Capture

9

18



Impedance Out of Range

4574 CapSure Sense

Product Characteristics

US Market Release	Jun-02	Serial Number Prefix	BBE	US Returned Product Analysis
Registered US Implants	58,600	Type and/or Fixation Transvenous, Atrial-J, Tines		Conductor Fracture 5
Estimated Active US Implants	39,500	Polarity	Bipolar	Crimp/Weld/Bond 0
Advisories	None	Steroid	Yes	Insulation Breach 3
				Other 0



4592 CapSure SP Novus

Effective Sample Size

106

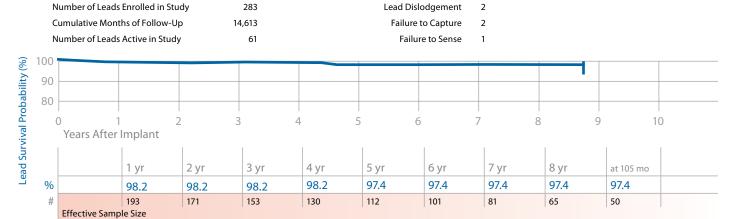
53

Product Characteristics

US Market Release	Oct-98	Serial Number Prefix	LER	US Returned Product Analysis
Registered US Implants	84,600	Type and/or Fixation	Transvenous, Atrial-J, Tines	Conductor Fracture 6
Estimated Active US Implants	40,900	Polarity	Bipolar	Crimp/Weld/Bond 0
Advisories	None	Steroid	Yes	Insulation Breach 14
				Other 1

Product Surveillance Registry Results

Qualifying Complications 5 Total



5023, 5023M CapSure SP

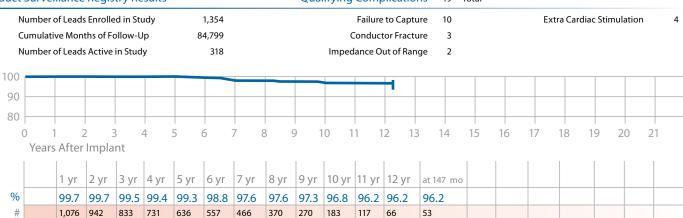
Product Characteristics

US Market Release	Nov-88	Serial Number Prefix SX or LAS		US Returned Product Analysis
Registered US Implants	9,800	Type and/or Fixation	Transvenous, Vent, Tines	Conductor Fracture 5
Estimated Active US Implants	s 2,100	Polarity	Unipolar	Crimp/Weld/Bond 0
Advisories	None	Steroid	Yes	Insulation Breach 0
				Other 0



Lead Survival Probability (%)

Qualifying Complications Total 19



5024, 5024M CapSure SP

Effective Sample Size

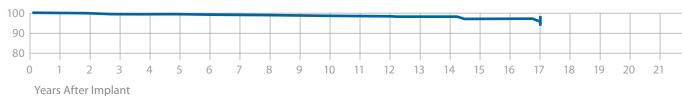
Product Characteristics

US Market Release	Mar-90	Serial Number Prefix	SY or LAT	US Returned Product Analysis
Registered US Implants	200,700	Type and/or Fixation	Transvenous, Vent, Tines	Conductor Fracture 52
Estimated Active US Implants	43,600	Polarity	Bipolar	Crimp/Weld/Bond 1
Advisories	None	Steroid	Yes	Insulation Breach 56
				Other 9

Product Surveillance Registry Results

Qualifying Complications 56 Total

Number of Leads Enrolled in Study	8,153	Lead Dislodgement	6	Impedance Out of Range	3
Cumulative Months of Follow-Up	442,698	Failure to Capture	27	Unspecified Clinical Failure	1
Number of Leads Active in Study	285	Conductor Fracture	3	Extra Cardiac Stimulation	2
		Failure to Sense	2	Oversensing	4
		Insulation (not further defined)	5	Other	2
		Insulation (ESC)	1		





Lead Survival Probability (%)

		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr	12 yr	13 yr	14 yr	15 yr	16 yr	17 yr		
%		99.6	99.6	99.5	99.4	99.3	99.3	99.1	99.0	98.9	98.8	98.5	98.5	98.3	98.3	97.3	97.3	95.7		
#		6,128	5,277	4,477	3,747	3,113	2,460	1,927	1,457	1,101	829	625	454	332	232	152	90	49		
	Effecti	ve Samp	ole Size																	

5033 CapSure Z

Lead Survival Probability (%)

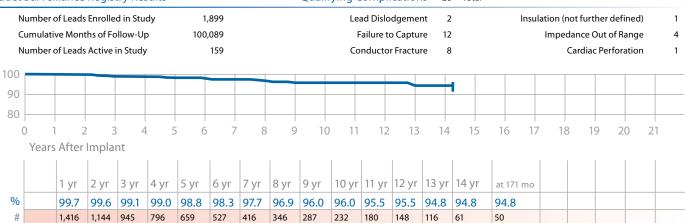
Product Characteristics

US Market Release	Feb-96	Serial Number Prefix	LDK	US Returned Product Analysis
Registered US Implants	2,300	Type and/or Fixation	Transvenous, Vent, Tines	Conductor Fracture 1
Estimated Active US Implants	500	Polarity	Unipolar	Crimp/Weld/Bond 0
Advisories	None	Steroid	Yes	Insulation Breach 0
				Other 0

Product Surveillance Registry Results

Effective Sample Size

Qualifying Complications 28 Total



5034 CapSure Z

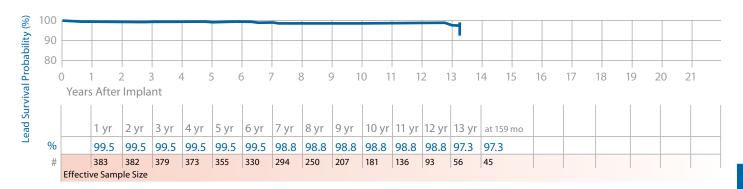
Product Characteristics

US Market Release	Feb-96	Serial Number Prefix	LDF	US Returned Product Analysis
Registered US Implants	112,000	Type and/or Fixation	Transvenous, Vent, Tines	Conductor Fracture 12
Estimated Active US Implants	25,400	Polarity	Bipolar	Crimp/Weld/Bond 0
Advisories	None	Steroid	Yes	Insulation Breach 12
				Other 3

Atrial Placement

Product Surveillance Registry Results Qualifying Complications 5 Total Number of Leads Enrolled in Study 386 Failure to Capture 2 Impedance Out of Range

Cumulative Months of Follow-Up 44,171 **Conductor Fracture** 1 Number of Leads Active in Study 133 Failure to Sense



Ventricular Placement

rodu	ıct S	urveilla	ance	Regis	try Re	sults					Qι	ıalifyir	ng Co	ompl	icatio	ns	11	Total							
	Nu	mber of	Leads	Enrolle	ed in Stu	ıdy		1,209	Lead Dislodgement							ent	1					Fa	Failure to Sense		
	Cu	mulative	Mont	hs of Fo	ollow-U	р	4	4,429	Failure to Capture					ure	7										
	Nu	mber of	Leads	Active	in Stud	y		14					Con	ducto	r Fractu	ıre	1								
o 10	00 =																								
>	90 -									4															
2																									
	80																								
-	0	1	2	2	3	4	5	6	7	8	9	10	11	1	2 ′	13	14	15	5 1	6	17	18	19	20	21
		Years A	After	Impla	nt																				
5																									
מפר																									
		1	yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr															
	%	9	9.7	99.4	99.1	98.8	98.8	98.8	98.1	96.6															
	#	88	86	671	507	340	211	127	77	50															
	E	ffective	Samp	le Size																					

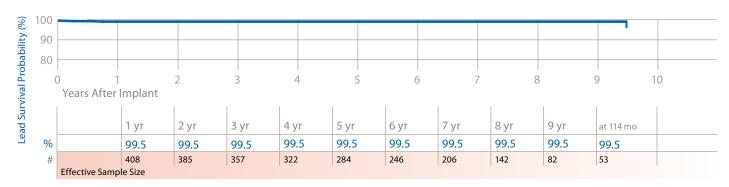
5054 CapSure Z Novus

Product Characteristics

US Market Release	Jun-98	Serial Number Prefix	LEH	US Returned Product Analysis
Registered US Implants	190,100	Type and/or Fixation	Transvenous, Vent, Tines	Conductor Fracture 10
Estimated Active US Implants	82,300	Polarity	Bipolar	Crimp/Weld/Bond 1
Advisories	None	Steroid	Yes	Insulation Breach 24
				Other 3

Atrial Placement

Product Surveillance Registry Results		Qualifying Complications	2 Total
Number of Leads Enrolled in Study	424	Lead Dislodgement	1
Cumulative Months of Follow-Up	32,713	Failure to Capture	1
Number of Leads Active in Study	159		



Ventricular Placement

t Surveillance	Registry Res	ults		Qı	ualifying Cor	mplications	9 Total				
Number of Leads Enrolled in Study Cumulative Months of Follow-Up Number of Leads Active in Study			967 38,660 99		Failu	ure to Capture	1 6 1	Impedance Out of Range			
									-		
-	Implant	I	3	4	5	6	7	8	9	10	
	1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	at 114 mo	
	99.5	99.4	99.4	99.1	99.1	97.9	97.9	97.9	97.9	97.9	
	656	513	387	318	273	198	153	112	68	52	
	Number of Leads Cumulative Mont Number of Leads	Number of Leads Enrolled in Stud Cumulative Months of Follow-Up Number of Leads Active in Study 0 1 2 Years After Implant 1 yr 99.5	Cumulative Months of Follow-Up Number of Leads Active in Study 0 1 2 Years After Implant 1 yr 2 yr 99.5 99.4	Number of Leads Enrolled in Study 967 Cumulative Months of Follow-Up 38,660 Number of Leads Active in Study 99 0 1 2 3 Years After Implant 1 yr 2 yr 3 yr 99.5 99.4 99.4	Number of Leads Enrolled in Study 967 Cumulative Months of Follow-Up 38,660 Number of Leads Active in Study 99 0 1 2 3 4 Years After Implant 1 yr 2 yr 3 yr 4 yr 99.5 99.4 99.4 99.1	Number of Leads Enrolled in Study 967 Lead Cumulative Months of Follow-Up 38,660 Fails Number of Leads Active in Study 99 Fails O 1 2 3 4 5 Years After Implant 2 yr 3 yr 4 yr 5 yr 99.5 99.4 99.4 99.1 99.1	Number of Leads Enrolled in Study 967 Lead Dislodgement Cumulative Months of Follow-Up 38,660 Failure to Capture Number of Leads Active in Study 99 Failure to Sense 0 1 2 3 4 5 6 Years After Implant 1 yr 2 yr 3 yr 4 yr 5 yr 6 yr 99.5 99.4 99.4 99.1 99.1 97.9	Number of Leads Enrolled in Study 967 Cumulative Months of Follow-Up 38,660 Number of Leads Active in Study 99 Failure to Capture 6 Number of Leads Active in Study 99 Failure to Sense 1 0 1 2 3 4 5 6 7 Years After Implant 1 yr 2 yr 3 yr 4 yr 5 yr 6 yr 7 yr 99.5 99.4 99.4 99.1 99.1 97.9 97.9	Number of Leads Enrolled in Study 967 Lead Dislodgement 1 Cumulative Months of Follow-Up 38,660 Failure to Capture 6 Number of Leads Active in Study 99 Failure to Sense 1	Number of Leads Enrolled in Study 967 Lead Dislodgement 1 Impedance Out Cumulative Months of Follow-Up 38,660 Failure to Capture 6 Number of Leads Active in Study 99 Failure to Sense 1 0 1 2 3 4 5 6 7 8 9 Years After Implant 1 yr 2 yr 3 yr 4 yr 5 yr 6 yr 7 yr 8 yr 9 yr 99.5 99.4 99.4 99.1 99.1 97.9 97.9 97.9 97.9	

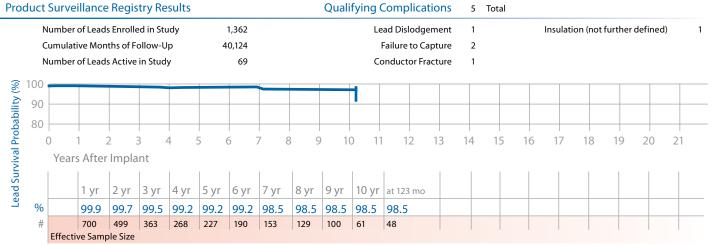
5068 CapSureFix

Product Characteristics

US Market Release	Jan-97	Serial Number Prefix	LDJ	US Returned Product Ana	ılysis
Registered US Implants	205,600	Type and/or Fixation	Transvenous, V or A, Screw-in	Conductor Fracture	36
Estimated Active US Implants	60,000	Polarity	Bipolar	Crimp/Weld/Bond	2
Advisories	None	Steroid	Yes	Insulation Breach	55
				Other	4

																					Other	4
		lacen Surve	nent illance	Regis	stry Re	sults					Quali	fying (Complica	tions	6	Total						
	Number of Leads Enrolled in Study					ıdy	968					Le	ad Dislodge	ement	1			I	mpedar	nce Out	of Range	e 1
	Cumulative Months of Follow-Up			р	3	3,925	Failure to Capture					pture	2				Overse			g 1		
	N	lumber	of Lead	s Active	in Stud	y		33			Insula	ition (no	t further de	fined)	1							
(9)	100																					
ty (9	90											<u> </u>										
abilli	80																					
rob		0 .	1 .) :	3 4	1	1 5 <i>(</i>	5	1 1 7 8	9	10	ا 11	12	13	14	15	16	17	18	19	20	21
al P		_	s After			т.		,	, .	, ,	′ 10) 11	12	13	17	15	10	17	10	10	20	21
Σ̈́		rears	Aitei	ппріа	1111		ı		ı	ı		ı					1	ı			ı	
Lead Survival Probability (%)			1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	at 123 mo									
Leac	%		99.6	99.6	99.3	99.3	99.3	99.3	99.3	97.6	97.6	97.6	97.6									
	#		553	425	322	254	211	160	131	104	78	61	54									
		Effectiv	ve Samp		_									'						1	ĺ	

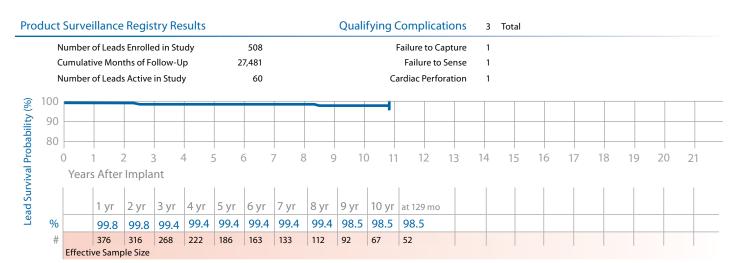
Ventricular Placement



5072 SureFix

Product Characteristics

US Market Release	Jun-98	Serial Number Prefix	LEM	US Returned Product Analysis
Registered US Implants	9,900	Type and/or Fixation	Transvenous, V or A, Screw-in	Conductor Fracture
Estimated Active US Implants	4,200	Polarity	Bipolar	Crimp/Weld/Bond
Advisories	None	Steroid	Yes	Insulation Breach
				Other



5076 CapSureFix Novus

Product Characteristics

US Market Release	Aug-00	Serial Number Prefix	PJN	US Returned Product Ana	alysis
Registered US Implants	2,910,000	Type and/or Fixation	Transvenous, V or A, Screw-in	Conductor Fracture	368
Estimated Active US Implants	1,843,200	Polarity	Bipolar	Crimp/Weld/Bond	0
Advisories	None	Steroid	Yes	Insulation Breach	387
				Other	111

Atrial Placement

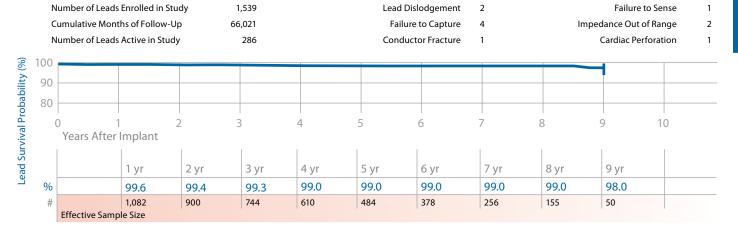
Prod	duct	Surveillance	Registry Re	sults			Qualifying Cor	mplications	21 Total				
	١	Number of Leads	Enrolled in Stu	ıdy	2,740		Lead	Dislodgement	5	Im	pedance Out o	of Range 3	
	(Cumulative Mont	hs of Follow-U	р	133,294		Fail	ure to Capture	5	Ex	Extra Cardiac Stimulation		
	Number of Leads Active in Study		у	697		Cond	uctor Fracture	1		Oversensing			
							Fa	ailure to Sense	1		Cardiac Per	foration 1	
							Insulation (not fu	rther defined)	1				
Lead Survival Probability (%)	100 90											1	
iii q													
eqo.	80												
P.		0 1		2	3	4	5	6	7	8	9	10	
rviva		Years After	Implant										
ad Su			1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	at 117 mo	
Le	%		99.6	99.6	99.3	99.1	99.1	98.9	98.9	98.7	98.7	98.7	
	#		2 079	1 775	1 514	1 309	1.084	796	528	314	138	65	

Ventricular Placement

Product Surveillance Registry Results

Effective Sample Size

Qualifying Complications 11 Total



5086MRI CapSureFix Novus

Product Characteristics

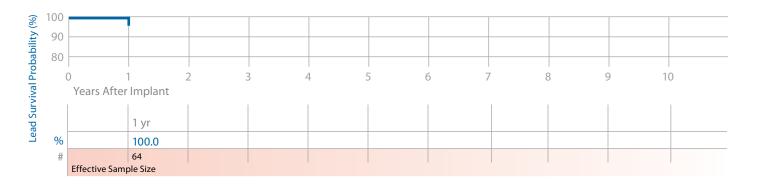
US Market Release	Feb-11	Serial Number Prefix	LFP	US Returned Product Analy	ysis
Registered US Implants	72,500	Type and/or Fixation	Transvenous, A or V, Screw-in	Conductor Fracture	1
Estimated Active US Implants	70,600	Polarity	Bipolar	Crimp/Weld/Bond	
Advisories	None	Steroid	Yes	Insulation Breach	2
				Other	4

Product Surveillance Registry Results

Number of Leads Enrolled in Study 3,444 7,869 Cumulative Months of Follow-Up 3,291 Number of Leads Active in Study

Qualifying Complications Total

Failure to Capture



5092 CapSure SP Novus

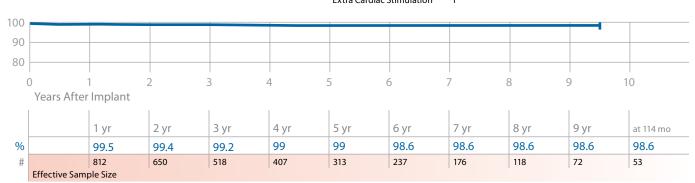
Product Characteristics

US Market Release	Jun-98	Serial Number Prefix	LET	US Returned Product Analy	sis
Registered US Implants	130,500	Type and/or Fixation	Transvenous, Vent, Tines	Conductor Fracture	9
Estimated Active US Implants	60,000	Polarity	Bipolar	Crimp/Weld/Bond	0
Advisories	None	Steroid	Yes	Insulation Breach	35
				Other	1

Product Surveillance Registry Results

Qualifying Complications 9 Total

Number of Leads Enrolled in Study	1,172	Lead Dislodgement	5
Cumulative Months of Follow-Up	47,390	Failure to Capture	2
Number of Leads Active in Study	138	Impedance Out of Range	1
		Extra Cardiac Stimulation	1



Lead Survival Probability (%)

5524, 5524M CapSure SP

Product Characteristics

US Market Release	Mar-90	Serial Number Prefix	XV or LAV	US Returned Product Analysis
Registered US Implants	60,300	Type and/or Fixation	Transvenous, Atrial-J, Tines	Conductor Fracture 11
Estimated Active US Implants	16,200	Polarity	Bipolar	Crimp/Weld/Bond 1
Advisories	None	Steroid	Yes	Insulation Breach 11
				Other 2

Product Surveillance Registry Results

Qualifying Complications 39 Total

Number of Leads Enrolled in Study	4,496	Lead Dislodgement	4	Insulation (not further defined)	1
Cumulative Months of Follow-Up	253,812	Failure to Capture	23	Impedance Out of Range	1
Number of Leads Active in Study	259	Conductor Fracture	1	Oversensing	4
		Failure to Sense	4	Other	1



5534 CapSure Z

Lead Survival Probability (%)

Product Characteristics

US Market Release	Feb-96	Serial Number Prefix	LDG	L	JS Returned Product Ana	alysis
Registered US Implants	26,200	Type and/or Fixation	Transvenous, Atrial-J, Tines	_	Conductor Fracture	3
Estimated Active US Implants	7,000	Polarity	Bipolar		Crimp/Weld/Bond	0
Advisories	None	Steroid	Yes		Insulation Breach	5
					Other	2

Product Surveillance Registry Results

Qualifying Complications 6 Total

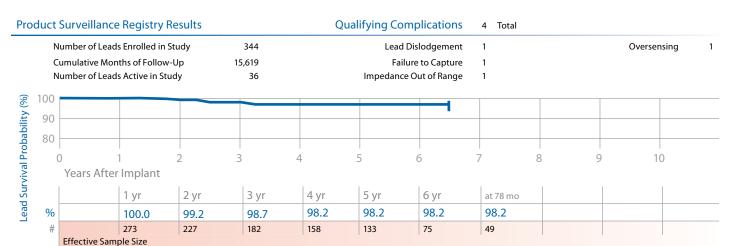
Number of Leads Enrolled in Study	264	Failure to Capture	5
Cumulative Months of Follow-Up	12,971	Impedance Out of Range	1
Number of Leads Active in Study	6		



5554 CapSure Z Novus

Product Characteristics

US Market Release		Jun-98	Serial Number Prefix	LEJ	US Returned Product And	alysis
Registered US Impl	lants	61,400	Type and/or Fixation	Transvenous, Atrial-J, Tines	Conductor Fracture	9
Estimated Active U	S Implants	29,200	Polarity	Bipolar	Crimp/Weld/Bond	0
Advisories		None	Steroid	Yes	Insulation Breach	19
					Other	1



5568 CapSureFix

Product Characteristics

1,053

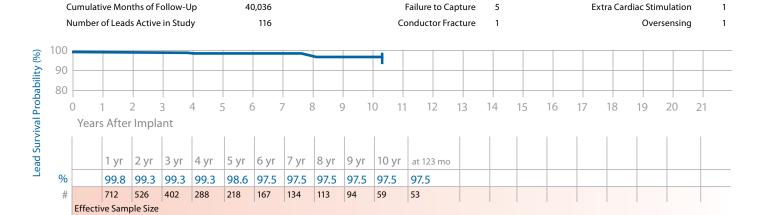
US Market Release	Jan-97	Serial Number Prefix	LDN	US Returned Product Analy	'sis
Registered US Implants	89,000	Type and/or Fixation	Transvenous, Atrial-J, Screw-in	Conductor Fracture	10
Estimated Active US Implants	49,900	Polarity	Bipolar	Crimp/Weld/Bond	0
Advisories	None	Steroid	Yes	Insulation Breach	27
				Other	7

Product Surveillance Registry Results

Number of Leads Enrolled in Study

Qualifying Complications 11 Total Lead Dislodgement

1



Failure to Sense

2

5592 CapSure SP Novus

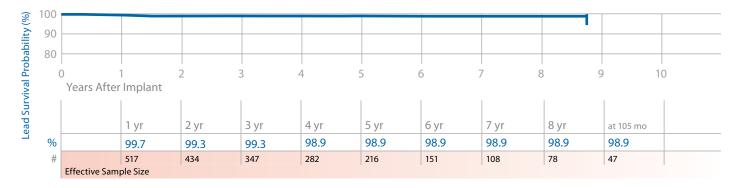
Product Characteristics

US Market Release	Jun-98	Serial Number Prefix	LEU	US Returned Product Analys	sis
Registered US Implants	33,800	Type and/or Fixation	Transvenous, Atrial-J, Tines	Conductor Fracture	4
Estimated Active US Implants	18,700	Polarity	Bipolar	Crimp/Weld/Bond	0
Advisories	None	Steroid	Yes	Insulation Breach	4
				Other	0

Product Surveillance Registry Results

Qualifying Complications 5 Total





5594 CapSure SP Novus

Product Characteristics

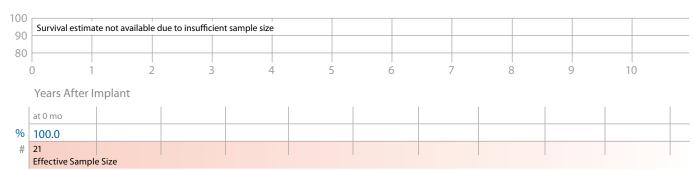
US Market Release	Jun-01	Serial Number Prefix	LFD	US Returned Product Analysis
Registered US Implants	15,300	Type and/or Fixation	Transvenous, Atrial-J, Tines	Conductor Fracture 4
Estimated Active US Implants	10,000	Polarity	Bipolar	Crimp/Weld/Bond 0
Advisories	None	Steroid	Yes	Insulation Breach 7
				Other 1

Product Surveillance Registry Results

Lead Survival Probability (%)

Qualifying Complications 0 Total

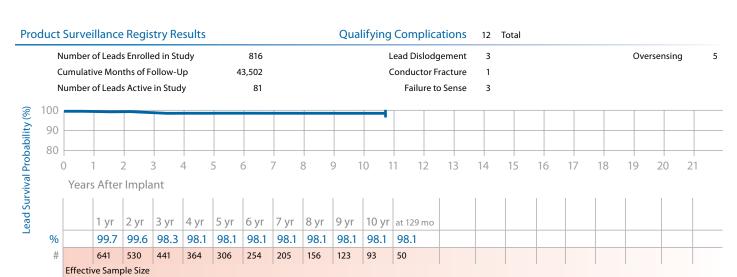
Number of Leads Enrolled in Study 21 Cumulative Months of Follow-Up 1,486 Number of Leads Active in Study 11



6940 CapSureFix

Product Characteristics

US Market Release	Oct-98	Serial Number Prefix	TCP	US Returned Product Analysis
Registered US Implants	25,300	Type and/or Fixation	Transvenous, Atrial-J, Screw-in	Conductor Fracture 12
Estimated Active US Implants	7,400	Polarity	Bipolar	Crimp/Weld/Bond 0
Advisories	None	Steroid	Yes	Insulation Breach 17
				Other 1



		20 yr														
		yr 20														
		18														
		16 yr														
		14 yr			95.4 +1.7/-2.7 at 159 mo				90.8 +2.8/-3.8 at 162 mo	91.2 +3.6/-5.8 at 147 mo						
		12 yr			95.4 +1.7/-2.7				91.7 +2.4/-3.4	91.2						
		10 yr			95.9 +1.5/-2.3	98.8 +1.0/-5.0 at 117 mo	95.3 +2.5/-5.1 at 114 mo		94.1 +1.6/-2.1	94.2 +1.8/-2.5						97.7 +0.8/-1.4 at 117 mo
		8 yr			96.9	99.8 +0.1/-0.7	96.6	96.6 +2.2/-6.4 at 87 mo	95.6 +1.1/-1.5	95.4		99.1 +0.7/-2.8 at 90 mo	99.4 +0.4/-1.2 at 87 mo			97.7
		7 yr			97.2 +1.1/-1.8	99.8 +0.1/-0.7	97.5 +1.3/-2.7	96.6 +2.2/-6.4	96.9 +0.8/-1.1	96 .0 +1.2/-1.7	100.0 at 81 mo	99.1 +0.7/-2.8	99.4 +0.4/-1.2			97.7
		6 yr	99.2 +0.5/-1.0 at 63 mo	99.8 +0.2/-1.5 at 66 mo	98.1 +0.8/-1.3	99.8 +0.1/-0.7	97.5 +1.3/-2.7	98.1 +1.3/-3.9	97.2 +0.7/-1.0	97.2 +0.8/-1.3	100.0	99.1 +0.7/-2.8	99.4 +0.4/-1.2	99.6 +0.2/-0.5	99.5 +0.4/-1.4	97.7
	ant	5 yr	99.2 +0.5/-1.0	99.8 +0.2/-1.5	98.5 +0.7/-1.1	99.8 +0.1/-0.7	98.1 +1.0/-2.2	98.1 +1.3/-3.9	97.4 +0.7/-0.9	97.8 +0.7/-1.1	100.0	99.1 +0.7/-2.8	99.4	99.6 +0.2/-0.5	99.5 +0.4/-1.4	98.1
ity (%)		4 yr	99.2 +0.5/-1.0	99.8 +0.2/-1.5	98.5 +0.7/-1.1	99.8 +0.1/-0.7	98.5 +0.8/-1.9	98.1 +1.3/-3.9	98.0+0.5/-0.8	98.2 +0.6/-1	100.0	99.1	99.4	99.6	99.8 +0.2/-0.5	98.4 +0.6/-1.1
Probabil		3 yr	99.2 +0.5/-1.0	99.8 +0.2/-1.5	98.7 +0.6/-1.1	99.8 +0.1/-0.7	98.8 +0.7/-1.6	98.1 +1.3/-3.9	98.2 +0.5/-0.7	98.7 +0.5/-0.7	100.0	99.1 +0.7/-2.8	99.4 +0.4/-1.2	99.6 +0.2/-0.5	99.8 +0.2/-0.5	98.7
Device Survival Probability (%)	ars After Implant	2 yr	99.2 +0.5/-1.0	99.8 +0.2/-1.5	99.2 +0.4/-0.9	99.8 +0.1/-0.7	99.1 +0.6/-1.5	98.1 +1.3/-3.9	98.7 +0.4/-0.6	98.7 +0.5/-0.7	100.0	99.1 +0.7/-2.8	99.4 +0.4/-1.2	99.6 +0.2/-0.5	99.8 +0.2/-0.5	98.8
Device	Years A	1 yr	99.2 +0.5/-1.0	99.8 +0.2/-1.5	99.8 +0.2/-0.6	99.9 +0.1/-0.5	99.4 +0.4/-1.4	98.1 +1.3/-3.9	98.9 +0.4/-0.5	99.3 +0.3/-0.6	100.0	99.1 +0.7/-2.8	99.7 +0.2/-1.0	99.8 +0.1/-0.5	99.8 +0.2/-0.5	98.9
Months ybut2 ni q			18,810	13,626	73,940	50,913	29,793	11,284	132,198	94,898	7,380	14,430	28,194	53,265	42,964	65,380
su		TilauQ qmoD	5	7	23	4	10	∞	02	46	0	2	ю	9	m	19
Yput2 ni s			554	311	201	41	က	42	290	170	17	149	671	1,106	797	298
pə	Enroll	resqs	767	474	1,158	1,215	539	171	2,413	1,799	102	215	883	1,661	1,228	1,147
elease	rket R	₆ M 2U	Aug-05	Aug-05	Aug-91	Oct-91	Not US released	Jan-97	Mar-96	Mar-96	Jun-02	Jun-02	Jun-02	Feb-04	Feb-04	Sep-98
	oer	Chaml	Atrial	Vent	Vent	Vent	Vent	A or V	Atrial	Vent	Vent	Atrial	Vent	Atrial	Vent	Vent
	,	(lime7	SelectSecure	SelectSecure	CapSure SP	CapSure SP	CapSure Z	CapSureFix	CapSureFix	CapSureFix	CapSure Sense	CapSure Sense	CapSure Sense	CapSureFix Novus	CapSureFix Novus	CapSure SP Novus
		qwnN qwnM	3830	3830	4023	4024	4033	4067	4068	4068	4073	4074	4074	4076	4076	4092

Lead Survival Summary (95% Confidence Interval)

Pac	ing	Le	ad	S co	ntinue	d														
			20 yr																	
			18 yr									95.7 +2.4/-5.5 at 17 yr								
			16 yr									97.3 +1.2/-1.9	94.8 +1.9/-3.1 at 171 mo							
											96.2 +1.6/-2.7 at 147 mo	98.3 +0.6/-0.9	94.8 +1.9/-3.1	97.3 +1.9/-5.9 at 159 mo						
		-	12 yr		99.0 +0.6/-1.2 at 123 mo						96.2 +1.6/-2.7	98.5 +0.5/-0.7	95.5 +1.6/-2.4	98.8 +0.8/-1.9						
		-	10 yr		99.0		91.8 +4.3/-8.8 at 9 yr	93.4 +2.1/-2.9 at 105 mo		97.4 +1.5/-3.8 at 105 mo	96.8 +1.3/-2.1	98.8 +0.3/-0.6	96 .0 +1.4/-2.1	98.8 +0.8/-1.9		99.5 +0.4/-1.4 at 114 mo	97.9 +1.1/-2.4 at 114 mo			
					99.0		96.5 +2.1/-5.2	93.4 +2.1/-2.9		97.4 +1.5/-3.8	97.6 +1.0/-1.6	99.0	96.9	98.8 +0.8/-1.9	96.6 +2.1/-5.7	99.5	97.9			
		•	7 yr		99.0	97.9 +1.4/-4.2 at 78 mo	96.5 +2.1/-5.2	93.4 +2.1/-2.9		97.4	97.6	99.1 +0.3/-0.3	97.7 +0.9/-1.3	98.8 +0.8/-1.9	98.1 +1.1/-2.8	99.5	97.9			
			6 yr		99.0	97.9	97.6 +1.6/-4.2	94 .0 +1.8/-2.6		97.4 +1.5/-3.8	98.8 +0.5/-1.2	99.3 +0.2/-0.3	98.3 +0.7/-1.2	99.5 +0.4/-1.6	98.8 +0.6/-1.1	99.5	97.9			
			5 yr	98.1 +1.4/-5.3 at 57 mo	99.0	97.9	99.3 +0.5/-1.4	94.0 +1.8/-2.6		97.4 +1.5/-3.8	99.3	99.3 +0.2/-0.2	98.8 +0.5/-0.9	99.5 +0.4/-1.6	98.8 +0.6/-1.1	99.5 +0.4/-1.4	99.1			
	ity (%)		4 yr	98.1 +1.4/-5.3	99.0	97.9 +1.4/-4.2	99.3 +0.5/-1.4	94.7 +1.6/-2.5		98.2 +1.1/-3.0	99.4 +0.3/-0.7	99.4 +0.2/-0.2	99.0	99.5 +0.4/-1.6	98.8 +0.6/-1.1	99.5 +0.4/-1.4	99.1			
	Probabil	Survival Probabi fter Implant	Device Survival Probability (%) Years After Implant	3 yr	98.1 +1.4/-5.3	99.3 +0.4/-1.0	98.8 +0.9/-3.6	99.3 +0.5/-1.4	95.3 +1.5/-2.2		98.2 +1.1/-3.0	99.5	99.5 +0.1/-0.3	99.1	99.5 +0.4/-1.6	99.1 +0.4/-1.0	99.5 +0.4/-1.4	99.4		
	Survival			After Impl	After Impla	After Implai	After Impla	2 yr	98.1 +1.4/-5.3	99.3	99.4	99.3 +0.5/-1.4	96.4 +1.3/-1.9	99.7 +0.3/-1.9 at 21 mo	98.2 +1.1/-3.0	99.7	99.6 +0.1/-0.2	99.6	99.5	99.4 +0.3/-0.8
	Device	Years A	1 yr	98.1 +1.4/-5.3	99.6 +0.3/-0.7	100.0	99.3 +0.5/-1.4	96.8 +1.2/-1.8	99.7 +0.3/-1.9	98.2 +1.1/-3.0	99.7	99.6 +0.1/-0.2	99.7 +0.2/-0.4	99.5 +0.4/-1.6	99.7 +0.2/-0.6	99.5 +0.4/-1.4	99.5			
	Months o in Study			7,607	40,642	11,767	23,215	32,029	3,959	14,613	84,799	442,698	100,089	44,171	44,429	32,713	38,660			
pa	su		TilauQ IqmoD	4	9	4	12	33	-	2	19	56	28	ī	=	7	0			
ontinu	باه کژسط	evitoA	speəq	4	35	0	6	137	348	61	318	285	159	133	41	159	66			
ary o	pə	Enroll	speə7	121	911	206	539	929	417	283	1,354	8,153	1,899	386	1,209	424	296			
mmr	elease	rket R	_B M 2U	Aug-91	Oct-91	Not US released	Nov-94	Jan-97	Jun-02	Oct-98	Nov-88	Mar-90	Feb-96	Feb-96	Feb-96	Jun-98	Jun-98			
val St		þer	Chaml	Atrial	Atrial	Atrial	Atrial	Atrial	Atrial	Atrial	Vent	Vent	Vent	Atrial	Vent	Atrial	Vent			
Lead Survival Summary continued		,	Vlime7	CapSure SP	CapSure SP	CapSure Z	Screw-In	CapSureFix	CapSure Sense	CapSure SP Novus	CapSure SP	CapSure SP	CapSure Z	CapSure Z	CapSure Z	CapSure Z Novus	CapSure Z Novus			
		er I	laboM dmuM	4523	4524	4533	4558M	4568	4574	4592	5023, 5023M	5024, 5024M	5033	5034	5034	5054	5054			

Pa	acing	j L	ea	ds	contin	ued											
			20 yr														
			18 yr														
			16 yr								97.6 +0.7/-1.2 at 186 mo						
			14 yr								97.6 +0.7/-1.2						
			12 yr	97.6 +1.6/-4.2 at 123 mo	98.5 +1/.0-2.5 at 123 mo	98.5 +1.1/-4.1 at 129 mo					97.6 +0.7/-1.2			97.5 +1.3/-2.8 at 123 mo			98.1 +0.9/-1.6 at 129 mo
			10 yr	97.6 +1.6/-4.2	98.5 +1.0/-2.5	98.5 +1.1/-4.1	98.7 +0.5/-0.9 at 117 mo	98.0 +1.3/-3.7 at 108 mo		98.6 +0.7/-1.6 at 114 mo	97.7 +0.8/-1.0			97.5 +1.3/-2.8	98.9 +0.7/-1.6 at 105 mo		98.1 +0.9/-1.6
			8 yr	97.6 +1.6/-4.2	98.5 +1.0/-2.5	99.4	98.7 +0.5/-0.9	99.0+0.5/-0.9		98.6 +0.7/-1.6	98.4 +0.5/-0.7			97.5 +1.3/-2.8	98.9		98.1 +0.9/-1.6
			7 yr	99.3 +0.5/-1.2	98.5 +1.0/-2.5	99.4 +0.5/-1.7	98.9 +0.4/-0.7	99.0		98.6 +0.7/-1.6	98.9 +0.4/-0.5	97.1 +1.6/-3.5 at 78 mo	98.2 +1.1/-3.0 at 78 mo	97.5 +1.3/-2.8	98.9 +0.7/-1.6		98.1 +0.9/-1.6
			6 yr	99.3 +0.5/-1.2	99.2 +0.5/-1.6	99.4 +0.5/-1.7	98.9 +0.4/-0.7	99.0		98.6 +0.7/-1.6	99.2 +0.2/-0.5	97.1 +1.6/-3.5	98.2 +1.1/-3.0	97.5 +1.3/-2.8	98.9 +0.7/-1.6		98.1 +0.9/-1.6
			5 yr	99.3 +0.5/-1.2	99.2 +0.5/-1.6	99.4 +0.5/-1.7	99.1 +0.3/-0.6	99.0		99.0	99.2 +0.3/-0.4	97.1	98.2 +1.1/-3.0	98.6 +0.8/-1.9	98.9 +0.7/-1.6		98.1 +0.9/-1.6
	lity (%)		4 yr	99.3 +0.5/-1.2	99.2 +0.5/-1.6	99.4 +0.5/-1.7	99.1 +0.3/-0.6	99.0		99.0	99.3 +0.3/-0.4	97.1	98.2 +1.1/-3.0	99.3 +0.4/-0.9	98.9 +0.7/-1.6		98.1 +0.9/-1.6
	Device Survival Probability (%)	lant	3 yr	99.3 +0.5/-1.2	99.5 +0.3/-1.2	99.4 +0.5/-1.7	99.3 +0.3/-0.4	99.3		99.2	99.5	97.8 +1.3/-3.0	98.7 +0.9/-2.6	99.3 +0.4/-0.9	99.3 +0.4/-1.3		98.3 +0.8/-1.5
	Survival	fter Implant	2 yr	99.6	99.7 +0.2/-0.9	99.8 +0.2/-1.4	99.6 +0.2/-0.4	99.4 +0.3/-0.6		99.4 +0.3/-0.8	99.7 +0.1/-0.2	97.8 +1.3/-3.0	99.2 +0.6/-2.4	99.3 +0.4/-0.9	99.3 +0.4/-1.3		99.6 +0.3/-1.0
	Device	Years Af	1 yr	99.6 +0.3/-0.9	99.9	99.8 +0.2/-1.4	99.6 +0.2/-0.3	99.6	100.0	99.5 +0.3/-0.7	99.7 +0.2/-0.2	98.3 +1.1/-2.7	100.0	99.8 +0.1/-0.7	99.7 +0.2/-1.1	100.0 at 0 mo	99.7 +0.2/-0.8
	Months in Study			33,925	40,124	27,481	133,294	66,021	7,869	47,390	253,812	12,971	15,619	40,036	30,739	1,486	43,502
eo	su		JilsuQ qmoD	9	5	m	21	Ξ	-	6	39	9	4	11	5	0	12
ontinu	in Study ما	evitoA	reads	33	69	09	269	286	3,291	138	259	9	36	116	116	Ξ	81
Ծ ∑	pə	Enroll	reads	896	1,362	508	2,740	1,539	3,444	1,172	4,496	264	344	1,053	672	21	816
m M	elease	rket R	_B M SU	Jan-97	Jan-97	Jun-98	Aug-00	Aug-00	Feb-11	Jun-98	Mar-90	Feb-96	Jun-98	Jan-97	Jun-98	Jun-01	Oct-98
al su		þer	Chaml	Atrial	Vent	A or V	Atrial	Vent	A or V	Vent	Atrial	Atrial	Atrial	Atrial	Atrial	Atrial	Atrial
Lead Survival Summary continued		,	(lime7	CapSureFix	CapSureFix	SureFix	CapSureFix Novus	CapSureFix Novus	CapSureFix Novus	CapSure SP Novus	CapSure SP	CapSure Z	CapSure Z Novus	CapSureFix	CapSure SP Novus	CapSure SP Novus	CapSureFix
_			laboM dmuM	2068	2068	5072	5076	5076	5086MRI	5092	5524, 5524M	5534	5554	5568	5592	5594	6940

US Returned Product Analysis Summary

Model Number	Family	US Market Release	Estimated US Implants	Estimated US Active	Conductor Fracture	Insulation Breach	Crimp/ Weld/Bond	Other
3830	SelectSecure	Aug-05	41,500	32,300	3	10	0	3
4023	CapSure SP	Aug-91	41,100	7,500	16	4	0	2
4024	CapSure SP	Oct-91	221,300	42,600	29	168	0	8
4033	CapSure Z	Not US released	0	0	0	0	0	0
4067	CapSureFix	Jan-97	1,000	200	1	0	0	0
4068	CapSureFix	Mar-96	248,700	62,500	47	154	0	5
4073	CapSure Sense	Jun-02	700	400	1	18	0	1
4074	CapSure Sense	Jun-02	176,800	110,600	1	18	0	1
4076	CapSureFix Novus	Feb-04	806,700	619,600	29	23	1	17
4092	CapSure SP Novus	Sep-98	174,700	80,000	8	39	0	2
4523	CapSure SP	Aug-91	11,200	2,400	1	2	0	1
4524	CapSure SP	Oct-91	101,300	24,300	1	59	0	3
4533	CapSure Z	Not US released	NA	NA	0	0	0	0
4558M	Screw-in	Nov-94	19,900	4,000	1	18	0	0
4568	CapSureFix	Jan-97	69,500	22,300	3	73	0	1
4574	CapSure Sense	Jun-02	58,600	39,500	5	3	0	0
4592	CapSure SP Novus	Oct-98	84,600	40,900	6	14	0	1
5023, 5023M	CapSure SP	Nov-88	9,800	2,100	5	0	0	0
5024, 5024M	CapSure SP	Mar-90	200,700	43,600	52	56	1	9
5033	CapSure Z	Feb-96	2,300	500	1	0	0	0
5034	CapSure Z	Feb-96	112,000	25,400	12	12	0	3
5054	CapSure Z Novus	Jun-98	190,100	82,300	10	24	1	3
5068	CapSureFix	Jan-97	205,600	60,000	36	55	2	4
5072	SureFix	Jun-98	9,900	4,200	2	6	0	0
5076	CapSureFix Novus	Aug-00	2,910,000	1,843,200	368	387	0	111
5086MRI	CapSureFix Novus MRI	Feb-11	72,500	70,600	1	2	0	4
5092	CapSure SP Novus	Jun-98	130,500	60,000	9	35	0	1
5524, 5524M	CapSure SP	Mar-90	60,300	16,200	11	11	1	2
5534	CapSure Z	Feb-96	26,200	7,000	3	5	0	2
5554	CapSure Z Novus	Jun-98	61,400	29,200	9	19	0	1
5568	CapSureFix	Jan-97	89,000	49,900	10	27	0	7
5592	CapSure SP Novus	Jun-98	33,800	18,700	4	4	0	0
5594	CapSure SP Novus	Jun-01	15,300	10,000	4	7	0	1
5940	CapSureFix	Oct-98	25,300	7,400	12	17	0	1

Source: Returned Product Analysis Data as of August 6, 2012

US Reports of Acute Lead Observations

Model Number	Family	Estimated US Implants	Cardiac Perforation	Conductor Fracture	Lead Dislodgement	Failure to Capture	Oversensing	Failure to Sense	Insulation Breach	Extracardiac Stimulation	Impedance Abnormal	Unspecified
3830	SelectSecure	41,500	6	1	26	14	1	1	1	1	0	2
4023	CapSure SP	41,100	0	1	3	4	1	1	3	1	0	2
4024	CapSure SP	221,300	12	11	50	109	0	15	1	2	7	21
4033	CapSure Z	NA	0	0	0	0	0	0	0	0	0	0
4067	CapSureFix	1,000	1	0	0	0	0	0	0	0	0	0
4068	CapSureFix	248,700	4	3	31	25	0	5	1	1	4	4
4073	CapSure Sense	700	0	0	0	0	0	0	0	0	0	0
4074	CapSure Sense	176,800	10	1	29	28	1	1	0	0	3	3
4076	CapSureFix Novus	806,700	44	4	150	74	10	21	1	10	9	9
4092	CapSure SP Novus	174,700	2	4	23	26	0	1	1	0	3	2
4523	CapSure SP	11,200	0	0	2	2	0	1	0	0	0	0
4524	CapSure SP	101,300	0	2	24	17	0	4	2	0	1	14
4533	CapSure Z	NA	0	0	0	0	0	0	0	0	0	0
4558M	Screw-in	19,900	2	0	2	2	0	1	0	1	2	1
4568	CapSureFix	69,500	3	1	4	7	0	1	0	0	3	1
4574	CapSure Sense	58,600	0	2	32	14	1	4	0	0	0	4
4592	CapSure SP Novus	84,600	0	0	30	7	2	1	0	0	0	2
5023, 5023M	CapSure SP	9,800	0	1	2	0	0	0	0	0	0	0
5024, 5024M	CapSure SP	200,700	10	9	33	50	1	9	6	3	3	14
5033	CapSure Z	2,300	0	0	1	0	0	0	0	0	0	0
5034	CapSure Z	112,000	3	3	16	32	0	3	2	0	0	12
5054	CapSure Z Novus	190,100	2	2	18	21	0	0	1	0	2	8
5068	CapSureFix	205,600	13	4	22	34	1	5	1	0	1	6
5072	SureFix	9,900	0	0	2	1	0	0	0	0	0	1
5076	CapSureFix Novus	2,910,000	151	10	532	235	29	40	9	15	15	31
5086MRI	CapsureFix Novus	72,500	115	2	144	67	9	21	3	10	4	5
5092	CapSure SP Novus	130,500	5	1	43	31	1	6	4	3	0	9
5524, 5524M	CapSure SP	60,300	1	3	20	13	0	9	2	0	0	10
5534	CapSure Z	26,200	0	0	6	3	0	2	0	2	0	4
5554	CapSure Z Novus	61,400	0	1	33	25	0	2	0	0	0	3
5568	CapSureFix	89,000	8	0	30	18	2	5	1	1	1	5
5592	CapSure SP Novus	33,800	0	0	24	4	0	2	0	0	0	2
5594	CapSure SP Novus	15,300	0	1	7	3	0	0	0	0	0	2
6940	CapSureFix	25,300	0	1	6	1	0	0	0	0	1	0

Report Cutoff Date: August 6, 2012

Reference Chart

Model Number	Family	Туре	Insulation	Conductor Material	Tip Electrode	Connector Type
3830	SelectSecure	Transvenous V or A Screw-In	Polyurethane/Silicone (55D,4719)	MP35N 5 Filars/ Cable	1.8 mm Helix/Steroid	IS-1 BI
4023	CapSure SP	Transvenous Ventricular Tines	Polyurethane (55D)	MP35N 4 Filars	Porous Platinized/ Steroid	IS-1 UNI
4024	CapSure SP	Transvenous Ventricular Tines	Polyurethane (55D)	MP35N 4/5 Filars	Porous Platinized/ Steroid	IS-1 BI
4033	CapSure Z	Transvenous Ventricular Tines	Polyurethane (55D)	MP35N 2 Filars	CapSure Z Platinized/Steroid	IS-1 UNI
4067	CapSureFix	Transvenous V or A Screw-In	Polyurethane (80A)	MP35N 3 Filars	1.8 mm Helix/Steroid	IS-1 UNI
4068	CapSureFix	Transvenous V or A Screw-In	Polyurethane (80A/55D)	MP35N 4/3 Filars	1.8 mm Helix/Steroid	IS-1 BI
4073	CapSure Sense	Transvenous Ventricular Tines	Polyurethane (55D)	MP35N 5 Filars	TiN Coated Platinum Iridium/Steroid	IS-1 UNI
4074	CapSure Sense	Transvenous Ventricular Tines	Polyurethane/Silicone (55D, 4719)	MP35N 5/5 Filars	TiN Coated Platinum Iridium/ Steroid	IS-1 BI
4076	CapSureFix Novus	Transvenous V or A Screw-In	Polyurethane/Silicone (55D, 4719)	MP35N 4/6 Filars	TiN Coated Platinum Alloy/Steroid	IS-1 BI
4092	CapSure SP Novus	Transvenous Ventricular Tines	Polyurethane/Silicone (55D/4719)	MP35N 6/4 Filars	Porous Platinized/ Steroid	IS-1 BI
4523	CapSure SP	Transvenous Atrial-J Tines	Polyurethane (55D)	MP35N 2 Filars	Porous Platinized/ Steroid	IS-1 UNI
4524	CapSure SP	Transvenous Atrial-J Tines	Polyurethane (55D)	MP35N 4/5 Filars	Porous Platinized/ Steroid	IS-1 BI
4533	CapSure Z	Transvenous Atrial-J Tines	Polyurethane (55D)	MP35N 2 Filars	CapSure Z Platinized/Steroid	IS-1 UNI
4558M	Screw-In	Transvenous Atrial-J Screw-In	Polyurethane (80A/55D)	MP35N 6/3 Filars	1.8 mm Helix/Steroid	IS-1 BI
4568	CapSureFix	Transvenous Atrial-J Screw-In	Polyurethane (80A/55D)	MP35N 6/3 Filars	1.8 mm Helix/Steroid	IS-1 BI
4574	CapSure Sense	Transvenous Atrial -J Tines	Polyurethane/Silicone (55D,4719)	MP35N 5/5 Filars	TiN Coated Platinum Iridium	IS-1 BI
4592	CapSure SP Novus	Transvenous Atrial-J Tines	Polyurethane/Silicone (55D/4719)	MP35N 6/3 Filars	Porous Platinized/ Steroid	IS-1 BI
5023, 5023M	CapSure SP	Transvenous Ventricular Tines	Silicone	MP35N 4 Filars	Porous Platinized/ Steroid	5 mm (5023) IS-1 UNI (5023M)
5024, 5024M	CapSure SP	Transvenous Ventricular Tines	Silicone	MP35N 4/5 Filars	Porous Platinized/ Steroid	3.2 mm Low Profile (5024) IS-1 BI (5024M)
5033	CapSure Z	Transvenous Ventricular Tines	Silicone	MP35N 4 Filars	CapSure Z Platinized/Steroid	IS-1 UNI
5034	CapSure Z	Transvenous Ventricular Tines	Silicone	MP35N 4/5 Filars	CapSure Z Platinized/Steroid	IS-1 BI
5054	CapSure Z Novus	Transvenous Ventricular Tines	Silicone (4719)	MP35N 5/5 Filars	CapSure Z Porous/Platinized/ Steroid	IS-1 BI
5068	CapSureFix	Transvenous V or A Screw-In	Silicone	MP35N 4/3 Filars	1.8 mm Helix/Steroid	IS-1 BI
5072	SureFix	Transvenous V or A Screw-In	Silicone	MP35N 4/5 Filars	1.8 mm Helix/Steroid	IS-1 BI
5076	CapSureFix Novus	Transvenous V or A Screw-In	Silicone (4719)	MP35N 4/6 Filars	Porous Platinized/ Steroid	IS-1 BI
5086MRI	CapsureFix Novus	Transvenous A or V Screw-in	Silicone	MP35N	Titanium nitride coated platinum alloy	IS-1 BI
5092	CapSure SP Novus	Transvenous Ventricular Tines	Silicone (4719)	MP35N 5/5 Filars	Porous Platinized/ Steroid	IS-1 BI
5524, 5524M	CapSure SP	Transvenous Atrial-J Tines	Silicone	MP35N 6/5 Filars	Porous Platinized/ Steroid	3.2 mm Low Profile (5524) IS-1 BI (5524M)

continued

Reference Chart continued

Model Number	Family	Туре	Insulation	Conductor Material	Tip Electrode	Connector Type
5534	CapSure Z	Transvenous Atrial-J Tines	Silicone	MP35N 4/5 Filars	CapSure Z Platinized/Steroid	IS-1 BI
5554	CapSure Z Novus	Transvenous Atrial-J Tines	Silicone (4719)	MP35N 6/5 Filars	CapSure Z Porous Platinized/ Steroid	IS-1 BI
5568	CapSureFix	Transvenous Atrial-J Screw-In	Silicone	MP35N 6/3 Filars	1.8 mm Helix/Steroid	IS-1 BI
5592	CapSure SP Novus	Transvenous Atrial-J Tines	Silicone (4719)	MP35N 6/5 Filars	Porous Platinized/ Steroid	IS-1 BI
5594	CapSure SP Novus	Transvenous Atrial-J Tines	Silicone (4719)	MP35N 6/5 Filars	Platinized Platinum/ Steroid	IS-1 BI
6940	CapSureFix	Transvenous Atrial-J Screw-In	Silicone	MP35N 3/6 Filars	Platinum Alloy	IS-1 BI

Epi/Myocardial Pacing Leads

4951, 4951M Spectraflex

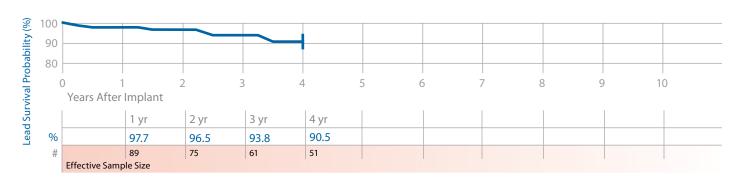
Product Characteristics

US Market Release	Oct-81	Serial Number Prefix	TF or LBJ	US Returned Product Anal	lysis
Registered US Implants	11,700	Type and/or Fixation	Myocardial Stab-in, V or A, Peds	Conductor Fracture	37
Estimated Active US Implants	2,500	Polarity	Unipolar	Crimp/Weld/Bond	0
Advisories	None	Steroid	No	Insulation Breach	8
				Other	6

Product Surveillance Registry Results

Qualifying Complications 14 Total

1	Insulation (not further defined)	7	Failure to Capture	179	Number of Leads Enrolled in Study
1	Insulation (ESC)	1	Conductor Fracture	5,953	Cumulative Months of Follow-Up
1	Impedance Out of Range	3	Failure to Sense	4	Number of Leads Active in Study



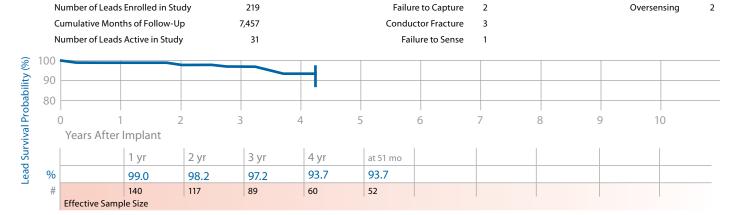
4965 CapSure Epi

Product Characteristics

US Market Release	Sep-96	Serial Number Prefix	LBT	US Returned Product Analysis
Registered US Implants	20,400	Type and/or Fixation	Epicardial Suture-On V or A	Conductor Fracture 148
Estimated Active US Implants	9,300	Polarity	Unipolar	Crimp/Weld/Bond 1
Advisories	None	Steroid	Yes	Insulation Breach 33
				Other 0

Product Surveillance Registry Results

Qualifying Complications 8 Total



Epi/Myocardial Pacing Leads continued

4968 CapSure Epi

Product Characteristics

US Market Release	Sep-99	Serial Number Prefix	LEN	US Returned Product Anal	ysis
Registered US Implants	25,900	Type and/or Fixation	Epicardial Suture-On V or A	Conductor Fracture	25
Estimated Active US Implants	16,000	Polarity	Bipolar	Crimp/Weld/Bond	0
Advisories	None	Steroid	Yes	Insulation Breach	10
				Other	1

Product Surveillance Registry Results

Qualifying Complications Total

2	Insulation (not further defined)	1	ES	790	Number of Leads Enrolled in Study
5	Impedance Out of Range	18	Failure to Capture	36,955	Cumulative Months of Follow-Up
6	Oversensing	10	Conductor Fracture	375	Number of Leads Active in Study
1	Extra Cardiac Stimulation	3	Failure to Sense		
1	Other				



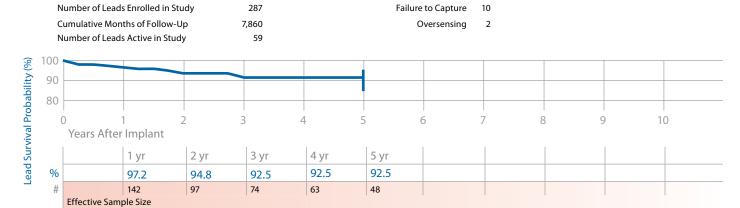
5071 Screw-in

Product Characteristics

US Market Release	Dec-92	Serial Number Prefix	LAQ	US Returned Product Analysis
Registered US Implants	42,900	Type and/or Fixation	Myocardial Screw-in Vent.	Conductor Fracture 13
Estimated Active US Implants	14,700	Polarity	Unipolar	Crimp/Weld/Bond 0
Advisories	None	Steroid	No	Insulation Breach 2
				Other 0

Product Surveillance Registry Results

Qualifying Complications 12 Total



er Impla er Impla 2 yr 2 yr 96.5 42.2/-5.8 98.2 1-12/-4.0 97.6 11.0/-1.6	nt 3 yr 3 yr 93.8 +3.5/.7.5 97.2 +1.8/-4.8 1.3/-1.9 96.3 +1.3/-1.9	- C 4 w		o;	7 yr 91.7 +2.5/-3.4	8 yr 91.7 +2.5/-3.4	88.6 43.8/5.4 at 111 mo	12 yr	out2 ni a sno sno	Activo gniy licatic	Leads Qualify Coffolia 1 yr 2 yr 3 yr 4 yr 5 yr 6 yr 7 yr 8 yr 10 yr	Oct-81 179 4 14 5,953 977 96.5 93.8 90.5 4.8/-9.1	Sep-96 219 31 8 7,457 99.0 98.2 97.2 93.7 93.7 433/-70 41.8/-4.8 43.3/-70 at 51 mo		Dec-92 287 59 12 7,860 97.2 94.8 92.5 92.5 92.5 92.5 83.5/-6.3 +3.5/-6.3 +3.5/-6.3
% % % % % % % % % % % % % % % % % % %	Complications 8 4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Complications Conference Survival Probability Years After Implant 14 5,953 97.7 96.5 93.8 7.457 99.0 98.2 97.2 8 7,457 99.0 98.2 97.2 12 7,860 97.2 94.8 92.5 12 7,860 97.2 94.8 92.5	Confine Months Device Survival Probability (%) Years After Implant 14 5,953 97.7 96.5 93.8 90.5 11.6/4.8 12.7.5.8 13.5/7.5 14.8/-9.1 8 7,457 99.0 98.2 97.2 99.7 49.7.6 90.0 98.2 97.2 93.7 12 7,860 97.2 94.8 97.6 96.3 94.3 11.8/-4.8 11.8/-4.8 13.8/-6.3 13.5/-6.3 13.5/-6.3	Months Mo	Months Mo	Months of the part	Months of the policy of the po	Montrice Survival Probability (%) Device Survival Probability (%) The fight of th				179	219	790	287
21	21	Complications Countlative Months Confer I yr 2 yr 3 yr 14 5,953 97.7 99.0 98.2 97.2 97.2 97.2 97.2 97.2 97.2 97.2 97	Device Survival Probability (%) Cumulative Device Survival Probability (%) Years After Implant 14 5,953 97.7 96.5 93.8 90.5 +1.6/-4.8 +2.2/-5.8 +3.5/-7.5 +4.8/-9.1 +1.6/-4.8 +2.2/-5.8 +3.5/-7.5 +4.8/-9.1 +1.6/-4.0 +1.2/-4.0 +1.8/-4.8 +3.3/-7.0 99.0 98.2 97.2 93.7 +1.8/-4.8 +3.3/-7.0 99.0 97.2 94.8 97.6 96.3 94.3 +1.8/-2.4 +1.6/-4.0 97.6 96.3 94.3 +1.8/-2.4 +1.6/-3.4 +2.5/-6.3 +3.5/-6.3 +3.5/-6.3	Device Survival Probability (%) The Signature Survival Probability (%) Device Survival Probability (%) The Signature Surviv	Device Survival Probability (%) The Signature of the side of the	Device Survival Probability (%) The first of the limplant A 5,953 97.7	Device Survival Probability (%) The Signature of the sig	Monfere Monfere Survival Probability (%) 14 5,953 97.7 8 96.5 93.8 90.5 11.6/4.8 11.2/4.0 11.2 7,860 97.2 94.8 92.5 11.2 7,860 97.2 94.8 92.5 11.6/4.8 13.6/6.3 13.6		vitɔA	speə7	179	219	790	287
Device S Years Aft 1 yr 197.7 11.6/-4.8 99.0 99.4 10.4/-0.9 97.2 11.6/-3.4	Device Survival P Years After Impla 1 yr 2 yr 97.7 96.5 11.6/-4.8 +2.2/-5.8 99.0 98.2 1-2/-4.0 99.4 97.6 1-3/-4.0 97.2 94.8 1-1.6/-3.4 +2.6/-4.8	Device Survival Probability Fears After Implant 1 yr	Device Survival Probability (%) Fears After Implant 1 yr	Device Survival Probability (%) Fears After Implant 1 yr	Device Survival Probability (%) Fears After Implant 1 yr	Device Survival Probability (%) Fears After Implant 1 yr	Device Survival Probability (%) Fears After Implant 1 yr	Device Survival Probability (%) fears After Implant 1 yr 2 yr 3 yr 4 yr 5 yr 7 yr 8 yr 7.7 96.5 93.8 90.5 8 yr 90.5 1.6/-4.8 42.2/-5.8 43.5/-7.5 44.8/-9.1 8 yr 8 yr 9.0 98.2 97.2 93.7 93.7 93.7 9.0 98.2 97.3 93.7 91.7 91.7 9.0 98.2 96.3 94.3 93.3 92.9 91.7 91.7 9.4 97.6 96.3 94.3 93.3 92.9 91.7 91.7 16/-3.4 42.6/-4.8 43.5/-6.3 43.5/-6.3 42.5/-3.4 42.5/-3.4 42.5/-3.4	Months	licatio lative	dmo⊃		7,457	36,955	7,860
	er Impla 2 yr 2 yr 96.5 7.27-5.8 7.27-6 1.27-4.0 97.6 1.07-1.6	er Implant 2 yr 3 yr 96.5 93.8 4.27-5.8 43.57.5 98.2 41.87-4.8 97.6 96.3 41.07-16 41.37-19 94.8 92.5 42.67-4.8 43.57-6.3	- C 4 E	5 yr 1 93.7 0 +3.3/7,0 at51 mo 93.3 4 +2.0/-2.8 3 +3.5/-6.3	5 yr 6 yr 1 93.7 93.7 93.3 93.3 92.9 4 +2.0/-2.8 13.5/-6.3	5 yr 6 yr 1 93.7 1 +3.3.70 41.3.70 41.0.29 4 +2.0.28 4 +2.0.28 3 +3.5/6.3	5 yr 6 yr 7 yr 1 1 93.7 5 433.70 433.70 4151 mo 4151 mo 41.07-28 42.07-28 43.57-6.3	5 yr 6 yr 7 yr 8 yr 1 93.7 93.7 4.33.70 4.2.0.28 4.2.0.28 4.2.0.28 91.7 92.5 3 +3.5/-6.3	Device S	Years Aft			99.0 +0.7/-3.0	9.4 0.4/-0.9	97.2 +1.6/-3.4
5 yr 6 yr 7 yr 8 yr 10 yr 12 yr 12 yr 33.7,0 a 451 mo 42.0/2.8 +2.1/2.9 +2.5/3.4 +2.5/3.4 +3.8/5.4 at 111 mo 43.5/6.3	5 yr 6 yr 7 yr 8 yr 10 yr 12 yr 12 yr 33.7,0 a 451 mo 42.0/2.8 +2.1/2.9 +2.5/3.4 +2.5/3.4 +3.8/5.4 at 111 mo 43.5/6.3	6 yr 7 yr 8 yr 10 yr 12 yr 22.9 91.7 88.6 +2.5/-3.4 +2.5/-3.4 +3.8/-5.4 at i'il mo	7 yr 8 yr 10 yr 12 yr 12 yr 91.7 88.6 91.7 88.	8 yr 10 yr 12 yr 91.7 88.6 4 +2.5/3.4 #1111 mo	10 yr 12 yr 88.6 +3.8/-5.4 at 111 mo	12 yr	12 yr				14 yr				
5 yr 6 yr 7 yr 8 yr 10 yr 12 yr 12 yr 33.7,0 a 451 mo 42.0/2.8 +2.1/2.9 +2.5/3.4 +2.5/3.4 +3.8/5.4 at 111 mo 43.5/6.3	5 yr 6 yr 7 yr 8 yr 10 yr 12 yr 12 yr 33.7,0 a 451 mo 42.0/2.8 +2.1/2.9 +2.5/3.4 +2.5/3.4 +3.8/5.4 at 111 mo 43.5/6.3	6 yr 7 yr 8 yr 10 yr 12 yr 22.9 91.7 88.6 +2.5/-3.4 +2.5/-3.4 +3.8/-5.4 at i'il mo	7 yr 8 yr 10 yr 12 yr 12 yr 91.7 88.6 91.7 88.	8 yr 10 yr 12 yr 91.7 88.6 4 +2.5/3.4 #1111 mo	10 yr 12 yr 88.6 +3.8/-5.4 at 111 mo	12 yr	12 yr	14 yr			16 yr				

Epi/Myocardial Pacing Leads continued

US Returned Product Analysis Summary

Model Number	Family	US Market Release	Estimated US Implants	Estimated US Active	Conductor Fracture	Insulation Breach	Crimp/ Weld/Bond	Other
4951, 4951M	Spectraflex	Oct-81	11,700	2,500	37	8	0	6
4965	CapSure Epi	Sep-96	20,400	9,300	148	33	1	0
4968	CapSure Epi	Sep-99	25,900	16,000	25	10	0	1
5071	Screw-in	Dec-92	42,900	14,700	13	2	0	0

Source: Returned Product Analysis Data as of August 6, 2012

US Reports of Acute Lead Observations

Model Number	Family	Estimated US Implants	Cardiac Perforation	Conductor Fracture	Lead Dislodgement	Failure to Capture	Oversensing	Failure To Sense	Impedance Abnormal	Extracardiac Stimulation
4951, 4951M	Spectraflex	11,700	0	1	0	8	0	0	0	0
4965	CapSure Epi	20,400	0	1	0	5	0	4	3	0
4968	CapSure Epi	25,900	1	0	3	11	2	0	1	0
5071	Screw-in	42,900	1	0	1	27	0	0	2	3

Model Number	Family	Estimated US Implants	Insulation Breach	Unspecified
4951, 4951M	Spectraflex	11,700	0	1
4965	CapSure Epi	20,400	0	3
4968	CapSure Epi	25,900	1	0
5071	Screw-in	42,900	0	1

Report Cutoff Date: Data as of August 6, 2012

Reference Chart

Model Number	Family	Туре	Insulation	Conductor Material	Tip Electrode	Connector Type
4951, 4951M	Spectraflex	Myocardial Stab-In V or A/Peds	Polyurethane (80A)	MP35N 4 Filars	Barb	5 mm (4951) IS-1 UNI (4951M)
4965	CapSure Epi	Epicardial Suture V or A	Silicone	MP35N 5 Filars	Porous Platinized/ Steroid	IS-1 UNI
4968	CapSure Epi	Epicardial Suture V or A	Silicone	MP35N 5 Filars	Porous Platinized/ Steroid	IS-1 B1
5071	Screw-in	Myocardial Screw-In Ventricular	Silicone	MP35N Multifilars	2-Turn Helix	IS-1 UNI

VDD Single Pass Pacing Leads

5032 CapSure VDD

Lead Survival Probability (%)

Product Characteristics

US Market Release	e	Mar-96	Serial Number Prefix	LCL, LCN, LCM	US Returned Product Analysis
Registered US Imp	olants	5,400	Type and/or Fixation	Transvenous, Atr-Vent, Tines	Conductor Fracture 7
Estimated Active	US Implants	1,200	Polarity	Quadripolar	Crimp/Weld/Bond 0
Advisories		None	Steroid	Yes	Insulation Breach 7
					Other 0

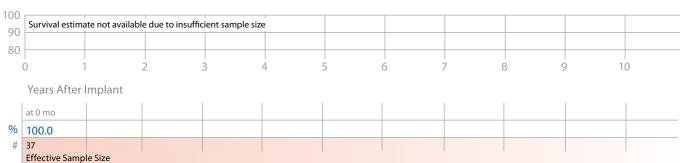
Product Surveillance Registry Results

Qualifying Complications 1 Total

Failure to Sense

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

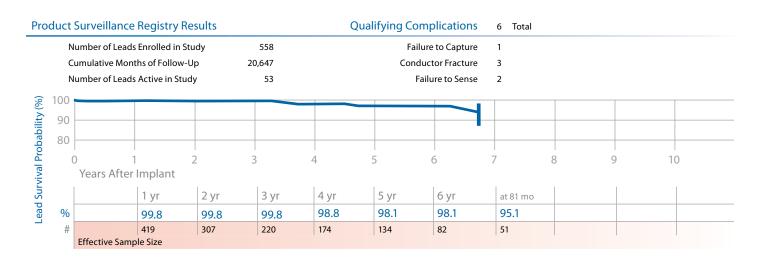




5038 CapSure VDD-2

Product Characteristics

US Market Release	Sep-98	Serial Number Prefix	LEE, LEG, or LEF	US Returned Product Analysis
Registered US Implants	9,000	Type and/or Fixation	Transvenous, Atr-Vent., Tines	Conductor Fracture 4
Estimated Active US Implants	3,500	Polarity	Quadripolar	Crimp/Weld/Bond 0
Advisories	None	Steroid	Yes	Insulation Breach 1
				Other 0



VDD Single Pass Pacing Leads continued

Lead Survival Summary (95% Confidence Interval)

ā		US Market Release	Enrolled	Active in Study	Qualifying Complications	Cumulative Months of Follow-Up in Study		Survival fter Impl		ty (%)						
Model Numbe	Family	US Mai	Leads En	Leads	Qualif	Cumul	1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr
5032	CapSure VDD	Mar-96	38	0	1	1,683	100.0 at 0 mo									
5038	CapSure VDD-2	Sep-98	558	53	6	20,647	99.8 +0.2/-1.4	99.8 +0.2/-1.4	99.8 +0.2/-1.4	98.8 +0.8/-2.8	98.1 +1.2/-3.2	98.1 +1.2/-3.2	95.1 +3.0/-7.3 at 81 mo			

Source: Product Surveillance Registry Data as of August 6, 2012

US Returned Product Analysis Summary

Model Number	Family	US Market Release	Estimated US Implants	Estimated US Active	Conductor Fracture	Crimp/Weld/ Bond	Insulation Breach	Other
5032	CapSure VDD	Mar-96	5,400	1,200	7	0	7	0
5038	CapSure VDD-2	Sep-98	9,000	3,500	4	0	1	0

Source: Returned Product Analysis Data as of August 6, 2012

US Reports of Acute Lead Observations

Model Number	Family	Estimated US Implants	Lead Dislodgement	Failure to Capture	Failure to Sense	Extracardiac Stimulation
5032	CapSure VDD	5,400	1	3	1	0
5038	CapSure VDD-2	9,000	1	1	0	1

Report Cutoff Date: August 6, 2012

Reference Chart

Model Number	Family	Туре	Insulation	Conductor Material	Tip Electrode	Connector Type
5032	CapSure VDD	Transvenous V and A Tines	Silicone	MP35N 5/6/1 Filars	Porous Platinized/ Steroid	Atr. IS-1 BI, Vent. IS-1 BI
5038	CapSure VDD-2	Transvenous V and A Tines	Silicone	MP35N	Porous Platinized/ Steroid	Atr. IS-1 BI, Vent. IS-1 BI

ICD and CRT-D Charge Time Performance

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

Introduction

Information on charge time performance of Medtronic products is presented in this section of the CRDM 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 System Longevity Study. 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.

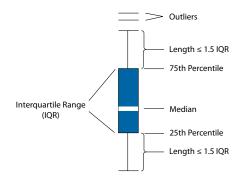
Data from over 20,000 devices contribute to the charge time data in this report. By tracking and reporting this charge time data, Medtronic is able to ascertain the actual performance of its charging circuitry. The insight gained through this information is applied to Medtronic's ongoing efforts to provide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

Data Presentation

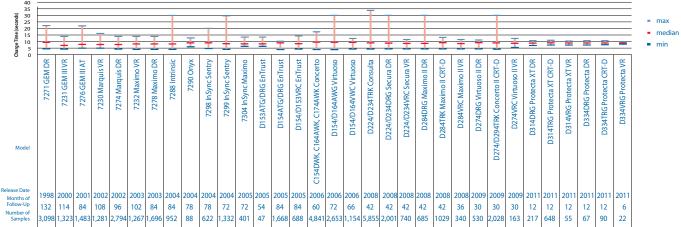
Charge time data for ICD and CRT-D models are presented using boxplots at 6-month intervals. The shaded box on the plots represents the middle half of the data - the Interquartile Range (IQR). The white line in the middle of each box is the median charge time. The top of the box representing the IQR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

Results

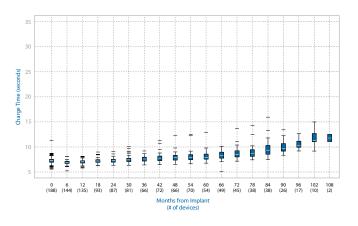
The graph below shows the overall maximums, minimums, and medians for Medtronic ICD and CRT-D products, beginning with the 7271 GEM DR.



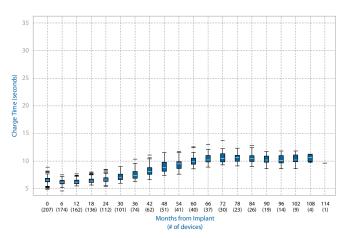




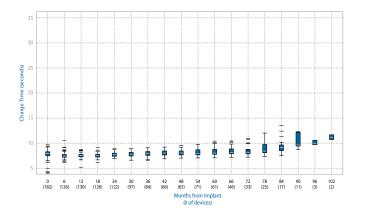
7230 Marquis VR Charge Time



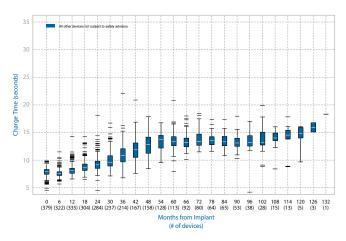
7231 GEM III VR Charge Time



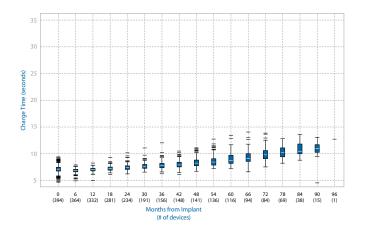
7232 Maximo VR Charge Time



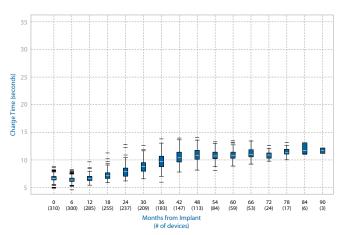
7271 GEM DR Charge Time



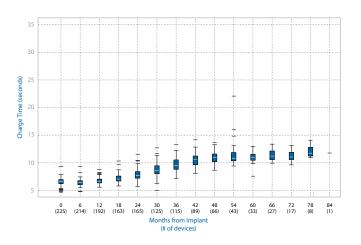
7274 Marquis DR Charge Time



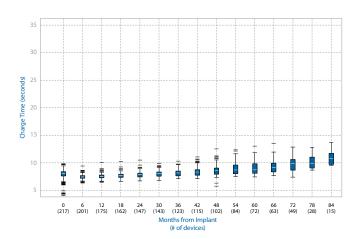
7275 GEM III DR Charge Time



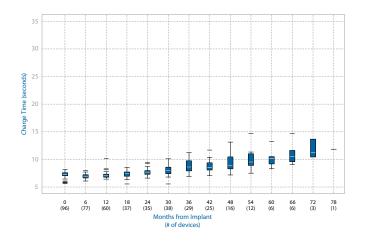
7276 GEM III AT Charge Time



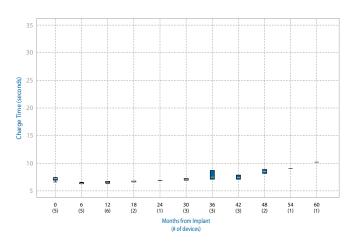
7278 Maximo DR Charge Time



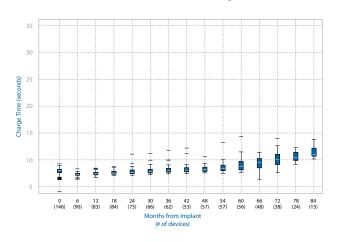
7279 InSync III Marquis Charge Time



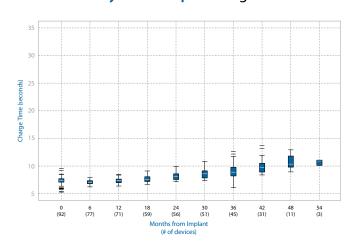
7285 InSync III Protect Charge Time



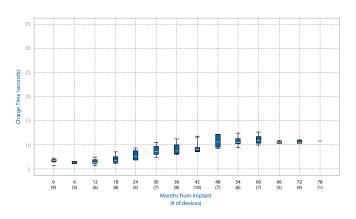
7288 Intrinsic Charge Time



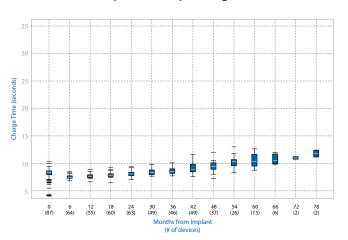
7289 InSync II Marquis Charge Time



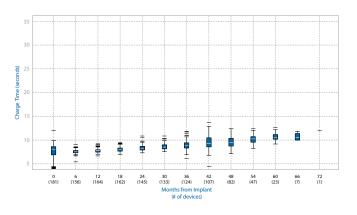
7290 Onyx Charge Time



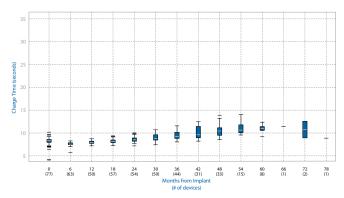
7297 InSync Sentry Charge Time



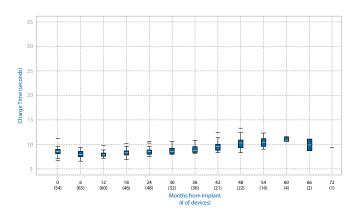
7299 InSync Sentry Charge Time



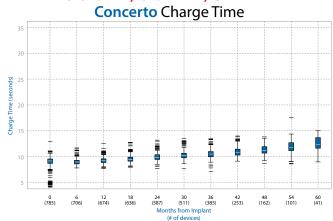
7303 InSync Maximo Charge Time



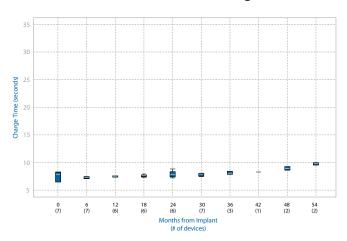
7304 InSync Maximo Charge Time



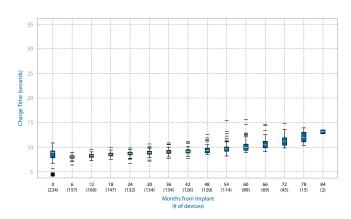
C154DWK, C164AWK, C174AWK



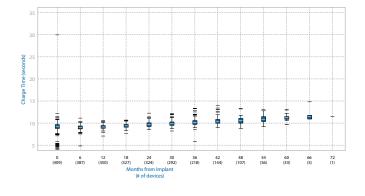
D153ATG/DRG EnTrust Charge Time



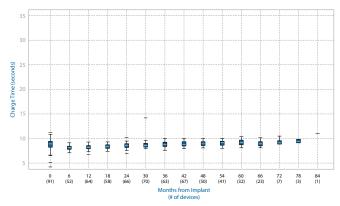
D154ATG/DRG EnTrust Charge Time



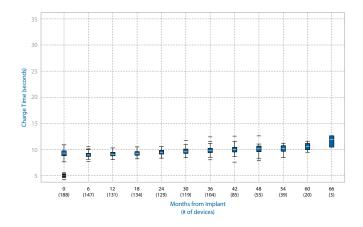
D154AWG/164 Virtuoso Charge Time



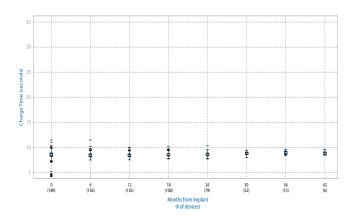
D154VRC EnTrust Charge Time



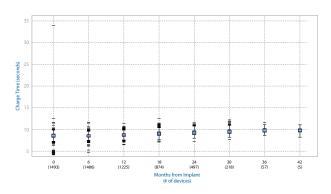
D154VWC/164 Virtuoso Charge Time



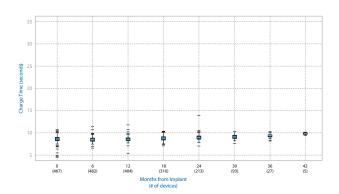
D224VRC/234 Secura VR Charge Time



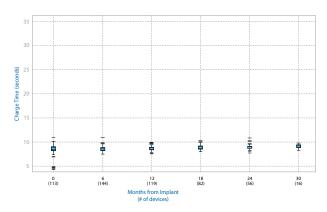
D224TRK/234 Consulta Charge Time



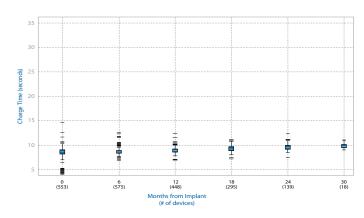
D224DRG/234 Secura DR Charge Time



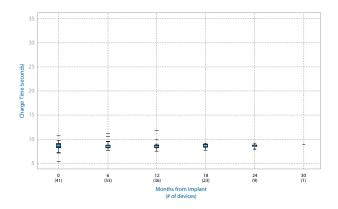
D274DRG Virtuoso II DR Charge Time



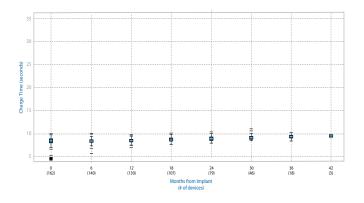
D274TRK/294 Concerto II CRT-D Charge Time



D274VRC Virtuoso II VR Charge Time

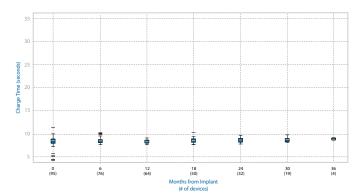


D284DRG Maximo II DR Charge Time

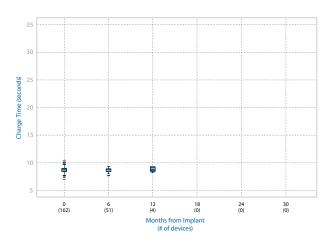


D284TRK Maximo II CRT-D Charge Time

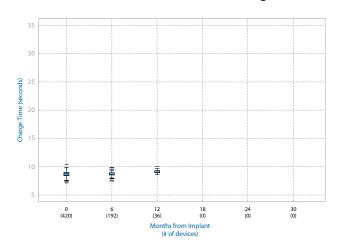
D284VRC Maximo II VR Charge Time



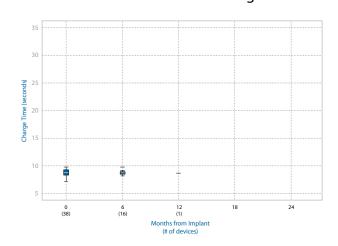
D314DRG Protecta XT DR Charge Time



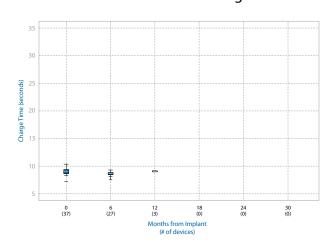
D314TRG Protecta XT CRT-D Charge Time



D314VRG Protecta XT VR Charge Time

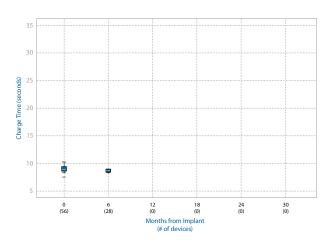


D334DRG Protecta DR Charge Time

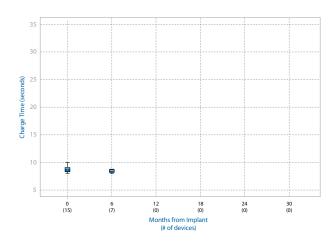


ICD and CRT-D Charge Time Performance continued

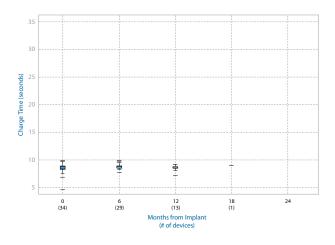
D334TRG Protecta CRT-D Charge Time



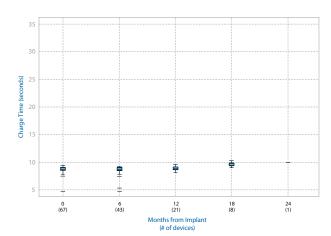
D334VRG Protecta VR Charge Time



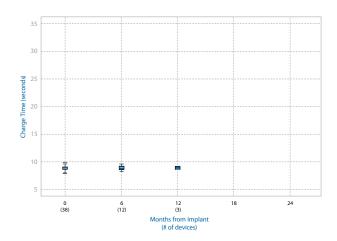
D354DRG Protecta XT DR Charge Time



D354TRG Protecta XT CRT-D Charge Time



D354VRG Protecta XT VR Charge Time



Advisories

EnTrust ICDs

Original Date of Advisory: March 2012

Potential Rapid Battery Depletion

Product

All EnTrust ICDs.

Advisory

A small percentage of EnTrust ICDs may not meet expected longevity or provide at least three months of device operation between the Elective Replacement Indicator (ERI) and End of Life (EOL) due to a morerapid-than-expected drop in battery voltage. An estimated 39,000 EnTrust ICDs are currently implanted worldwide. No patient deaths or serious injuries have been reported as a result of this issue.

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

Medtronic has identified the cause of these occurrences to be an internal battery short that develops as the battery capacity is consumed. The exact sequence of events and use conditions that lead to the battery short is still being investigated.

Patient Management Recommendations (As of March 2012)

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

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

Status Update

As of August 15, 2012, there have been 69 confirmed events. No patient deaths have been reported due to this issue. No reports have been made of a failure to deliver high voltage therapy.

Initial Affected Population	Number of Confirmed Advisory Related Events	Estimated Remaining Active Population	Current Malfunction Rate (Confirmed Malfunctions over total population)
69,000 Worldwide (43,200 United States)	69 Worldwide (53 United States)	30,600 Worldwide (19,400 United States)	0.10% Worldwide (0.12% United States)

Advisories continued

EnRhythm Pacemakers

Original Date of Advisory: February 2010

Low Battery Voltage Displayed at Device Interrogation

Product

All EnRhythm pacemakers.

Advisory

Two specific battery issues with EnRhythm pacemakers have been identified and both are addressed by a Medtronic software update.

First Issue

As of February 2010, Medtronic had received 62 reports (out of approximately 110,000 devices worldwide) indicating that the battery voltage at device interrogation was lower than the battery voltage that is tracked by the device to provide data for the elective replacement indicator (ERI) notification. The lower voltage measurement caused confusion and occasionally resulted in unnecessary explants.

Medtronic's investigation has shown that none of these reports resulted in loss of therapy. Importantly, the ERI notification, which uses the nightly battery measurement, is unaffected and accurate. Medtronic has identified the root cause as higher than expected battery resistance.

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

Second Issue

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

Software Update (As of October 2010)

The battery issues described above and subsequent software update are summarized in the table below. When a device receives the software update, if battery impedance is greater than the new ERI threshold, ERI will be triggered shortly thereafter. Therefore, clinicians may observe an ERI/EOL indicator at the next patient follow-up. When ERI is triggered by battery impedance, additional battery capacity remains and can support device function at ERI parameters for at least one

year. Medtronic is not aware of any reports of loss of therapy due to this issue.

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

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

Updated Performance Information (as of August 2011)

We now have access to battery impedance and ERI performance on more than 5,000 EnRhythm devices that have received the EnRhythm software update. Our modeling based on these data shows that approximately 6-10% of devices will reach ERI within 5 years post-implant. Consistent with our previous communications, we continue to expect average device longevity to be reduced by approximately 10-15%, with the expected average longevity remaining at 8.5 to 10.5 years, depending on device settings.1

Updated Patient Management Recommendations (as of August 2011)

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

Performing a device follow-up within 90 days after the software download to identify devices that triggered ERI shortly after the software update. Subsequent follow-up can be performed per standard practice. During programmer interrogation of a device at ERI, there is a slight possibility a transient drop in pacing amplitude could occur. If this is noted, either remove the programmer head or temporarily program to a higher output voltage.

continued



EnRhythm Pacemakers

Original Date of Advisory: February 2010

Low Battery Voltage Displayed at Device Interrogation, continued

If an unanticipated ERI/EOL is declared, it is likely due to battery impedance. In such cases, additional battery capacity remains and can support device function at ERI parameters for at least one year. However, when ERI or EOL (typically 90 days after ERI) declaration is seen, schedule device replacement.

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

Status Update

As of September 10, 2012, 354 devices out of approximately 146,500 devices worldwide have been confirmed as having exhibited an advisory event related to the original advisory, in which higher than expected battery impedance caused a drop in battery voltage at interrogation. Approximately 96,100 remain implanted.

Initial Affected Population	Number of Confirmed Advisory Related Events	Estimated Remaining Active Population	Current Malfunction Rate (confirmed malfunctions over total population)	The software update eliminates any potential future risk of the two battery issues described above by changing the ERI criteria.
All EnRhythm pacemakers (146,500 Worldwide)	354 Worldwide	96,100 Worldwide	0.24%	

Included in the August 2011 Performance Update was information about the projected percentage of devices that would encounter an early ERI due to unexpected high battery impedance. As of September 10, 2012, percentage of devices that have encountered ERI due to battery impedance has not exceeded the rate of 6-10% within 5 years post-implant as communicated with our August 2011 Performance Update.

Initial Affected	Number of Confirmed	Estimated Remaining	Only devices using the updated software can trigger ERI due to impedance.
Population	Advisory Related Events	Active Population	
All EnRhythm pacemakers (146,500 Worldwide)	5,570 Worldwide	96,100 Worldwide	



Concerto CRT-D and Virtuoso ICD

Original Date of Advisory: September 2009

Potential Reduced Device Longevity

Product

A subset of Concerto CRT-D and Virtuoso ICD devices may not meet expected device longevity. Go to www.medtronic.com/CRDMProductPerformance to determine if a specific device is affected.

Advisory

A subset of Concerto CRT-D and Virtuoso ICD devices may not meet expected device longevity due to gradually increasing current drain caused by low voltage capacitor degradation. This issue may present in the affected devices as reaching the Recommended Replacement Time (RRT) earlier than projected. This issue does not compromise device functionality or affect therapy delivery.

Based on information from returned devices, Medtronic expects that affected devices will continue to provide at least 3 months of normal device function between RRT and End of Service (EOS) as described in device labeling.

A total of 8,900 devices worldwide are affected by this advisory. An estimated 6,300 of these devices were active at the time of the original advisory communication.

Concerto and Virtuoso devices in the affected subset were manufactured primarily in 2006 and can be traced to a specific subset of low voltage capacitors.

Patient Management Recommendations

After consultation with Medtronic's Independent Physician Quality Panel, Medtronic offers the following recommendations for patients with devices in the affected subset:

Physicians should continue routine follow-up sessions at least every 3 months in accordance with product labeling.

Physicians should verify that the Low Battery Voltage RRT alert is programmed to "On-High." This provides an audible, alternating tone when the device reaches RRT. These devices are shipped with this alert programmed nominally to "On-High."

Physicians may consider monitoring patients through CareLink. The CareLink home monitor can be used to automatically notify the clinician when the device reaches RRT.

Status Update

As of August 14 2012, 3,678 devices out of approximately 8,900 devices in this subset worldwide have been confirmed as having exhibited this capacitor degradation. Out of the initial advisory population of 8,900 worldwide, less than 500 remain implanted worldwide.

Initial Affected Population	Number of Confirmed Advisory Related Events	Estimated Remaining Active Population	Current Malfunction Rate (Confirmed Malfunctions over total population)
8,900 Implanted Worldwide (7,000 United States)	3,678 Worldwide (3,163 United States)	< 500 Worldwide (< 500 United States)	41% Worldwide (45% United States)



Kappa 600/700/900 Pacemakers Sigma 100/200/300 Pacemakers

Original Date of Advisory: May 2009

Potential Separation of Interconnect Wires (2009)

Product

A specific subset of Kappa and Sigma series pacemakers may fail due to separation of interconnect wires from the hybrid circuit. Go to www.medtronic.com/CRDMProductPerformance to determine if a specific device is affected.

Advisory Population

Specific subsets of Kappa and Sigma series pacemakers may fail at a higher than expected rate due to separation of wires that connect the electronic circuit to other pacemaker components (e.g., battery, connector). This may present clinically as loss of rate response, premature battery depletion, loss of telemetry, or no output.

Some patients, whose devices experience a wire separation resulting in a loss of pacing output, will experience a return of bradycardia symptoms (e.g., fainting or lightheadedness). In rare cases involving pacemaker dependent patients, loss of pacing output may result in death or serious injury.

Since 1997, there have been over 1.7 million Kappa and Sigma devices implanted worldwide. At the time of the original advisory communication, an estimated 15,200 Kappa and 6,100 Sigma devices affected by the advisory remained implanted and active. These devices were manufactured primarily between November 2000 and November 2002. Most of these devices have been implanted in patients for five years or longer and may be nearing normal elective replacement time.

There is no provocative testing that can predict which specific devices may fail, and no device programming can mitigate this issue if it occurs.

Patient Management Recommendations

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

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

Status Update

Advisory Population

Patient management recommendations remain unchanged. As of August 15, 2012, Medtronic has observed 458 Kappa devices and 288 Sigma devices with this failure mechanism from the Kappa and new Sigma device subsets. This represents 0.79% (Kappa) and 1.93% (Sigma) of the original affected implant population.

Four hundred twenty-one (421) of the Kappa devices (0.72%) and 223 of the Sigma devices (1.50%) were returned with information indicating a problem with the patient's pacing system prior to explant. The remaining 37 Kappa devices (0.06%) and 65 Sigma devices (0.44%) were returned with no information indicating a potential malfunction while implanted or with insufficient information to determine the state of the device at explant. Lacking definite information indicating proper operation until explant, these remaining devices are conservatively categorized as having experienced interconnect wire separation while implanted.

As of May 2009, our modeling predicts failure rates due to this issue of 1.1% (Kappa) and 4.8% (Sigma) over the remaining lifetime of those pacemakers still in service at that time.

Out of the initial advisory population of 58,300 Kappa devices and 14,900 Sigma devices worldwide, less than 500 Kappa devices remain implanted worldwide and 2,700 Sigma devices remain implanted worldwide. Of these, 700 Sigma devices are in the United States.

Continued Vigilance

Included in the advisory communication was information about an additional subset of Kappa devices where we have observed a much lower rate of occurrence of this issue. Approximately 16,000 devices of this subset remain active. We have observed a failure rate of approximately 0.094% in this subset and our May 2009 modeling predicts a failure rate of 0.12% over the remaining device life of those pacemakers still in service at that time. After review with our Independent Physician Quality Panel, we do not recommend any specific actions for this group of devices. We will continue to monitor performance and inform you if any specific patient management recommendations are warranted.

continued



Kappa 600/700/900 Pacemakers

Sigma 100/200/300 Pacemakers Original Date of Advisory: May 2009

Potential Separation of Interconnect Wires, continued

Initial Affected Population	Number of Confirmed Advisory Related Events	Estimated Remaining Active Population	Current Malfunction Rate (Confirmed and Unconfirmed Malfunctions over total population)	Predicted Malfunction Rate Over the Remaining Life of the Devices Still Implanted Population
Kappa Pacemakers				
58,300 Implanted Worldwide (est.) (17,600 United States)	421 Worldwide (221 United States) with information indicating a clinical presentation. An additional 37 worldwide (25 US) without information indicating a clinical presentation or with insufficient information to determine the state of the device at explant.	< 500 Worldwide (< 500 United States)	0.79% Worldwide 1.40% (United States)	1.1%
Sigma Pacemakers				
14,900 Implanted Worldwide (est.) (3,700 United States)	223 Worldwide (46 United States) with information indicating a clinical presentation. An additional 65 worldwide (16 US) without information indicating a clinical presentation or with insufficient information to determine the state of the device at explant.	2,700 Worldwide (700 United States)	1.93% Worldwide 1.68% (United States)	4.8%

6930, 6931, 6948, 6949 Sprint Fidelis Defibrillation Leads

Original Date of Advisory: October 2007

Potential Conductor Wire Fracture

Product

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

Advisory

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

Patient Management Recommendations (Updated April 2011)

The Lead Integrity Alert (LIA) provides three days advance notice prior to inappropriate therapy to 76% of patients with lead fractures.1 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

- Carefully consider all factors before prophylactic placement of a pace-sense lead. Data shows an increased risk of high voltage conductor fracture if a pace-sense conductor fracture has previously occurred. This data is available at www.medtronic.com/fidelis
- Individual patient circumstances may warrant extracting and implanting a new ICD lead. If warranted, Medtronic's Independent Physician Quality Panel recommends the lead extraction procedure be performed by a physician with extensive lead extraction experience.2

Status Update

As of February 1, 2012, of the initial implant population of 205,600 in the United States, approximately 94,100 remain implanted. According to System Longevity Study results, lead survival is estimated to be 82.2% (+4.8/-6.3) at 75 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.

- ¹ Swerdlow C, Gunderson B, Ousdigian K, et al. Downloadable Algorithm to Reduce Inappropriate Shocks Caused by Fractures of Implantable Cardioverter-Defibrillator Leads, Circulation. November 2008;118:2122-2129.
- ² Wilkoff B, Love C, Byrd C, et al. Transvenous Lead Extraction: Heart Rhythm Society Expert Consensus on Facilities, Training, Indications, and Patient Management. Heart Rhythm. July 2009;6:1085-1104.

continued



6930, 6931, 6948, 6949 Sprint Fidelis Defibrillation Leads

Original Date of Advisory: October 2007

Potential Conductor Wire Fracture, continued

Keeping Physicians Informed

The most recent Sprint Fidelis lead performance information, including survival curves, physician letters, and subpopulation data, can be found at www.medtronic.com/fidelis and will be updated semi-annually. Medtronic's website also has a selected list of peerreviewed publications related to Fidelis lead performance and extraction. Medtronic is committed to answering your questions and keeping you informed. If you have any questions or concerns, please contact your Medtronic Representative or Medtronic Technical Services at 1 (800) 723-4636 (US).

Initial Affected Population	Number of Confirmed Advisory Related Events	Estimated Remaining Active Population	Additional information about the Sprint Fidelis lead is available at: www.medtronic.com/fidelis.
279,500 Worldwide (205,600 United States)	5,743 Worldwide (3,997 United States)	128,000 Worldwide (94,100 United States)	



Sigma Implantable Pulse Generators

Original Date of Advisory: November 2005

Potential Separation of Interconnect Wires (2005)

Product

A specific subset of Sigma series pacemakers may fail due to separation of interconnect wires from the hybrid circuit. Go to www.medtronic.com/CRDMProductPerformance to determine if a specific device is affected.

Advisory

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

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

No provocative testing can predict which devices may fail.

Patient Management Recommendations

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

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

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

Status Update

Patient management recommendations remain unchanged. As of August 14, 2012, 763 devices out of approximately 40,000 devices worldwide have been confirmed as having experienced interconnect wire separation.

Three hundred seventy-four (405) of the Sigma devices (1.01%) were returned with information indicating a problem with the patient's pacing system prior to explant. The remaining 358 Sigma devices (0.90%) were returned with no information indicating a potential malfunction while implanted or with insufficient information to determine the state of the device at explant. Lacking definite information indicating proper operation until explant, these remaining devices are conservatively categorized as having experienced interconnect wire separation while implanted.

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

Out of the initial advisory population of 40,000 worldwide, approximately 7,700 remain implanted. Approximately 1,800 of these are in the United States.

Initial Affected Population	Number of Confirmed Advisory Related Events	Estimated Remaining Active Population	Current Malfunction Rate (Confirmed and Unconfirmed Malfunctions over total population)	Predicted Malfunction Rate Over the Remaining Life of the Devices Still in Service as of May 2009
40,000 Implanted Worldwide (est.) (9,900 United States)	405 Worldwide (79 United States) with information indicating a clinical presentation.An additional 358 Worldwide (63 US) without information indicating a clinical presentation or with insufficient information to determine the state of the device at explant.	7,700 Worldwide (1,800 United States)	1.91% Worldwide 1.43% (United States)	3.9%



7274 Marquis DR 7230 Marquis VR 7278 Maximo DR 7232 Maximo VR

7277 InSync Marguis 7289 InSync II Marquis

7279 InSync III Marquis 7285 InSync III Protect

Original Date of Advisory: February 2005

Potential Premature Battery Depletion Due to Battery Short

Product

The specific subset of Marquis family ICD and CRT-D devices having batteries manufactured prior to December 2003 is affected. Devices manufactured with batteries produced after December 2003 are not affected. Go to www.medtronic.com/CRDMProductPerformance to determine if a specific device is affected.

Advisory

Medtronic Marquis family of ICD and CRT-D devices having batteries manufactured prior to December 2003 may experience rapid battery depletion due to a specific internal battery short mechanism. Battery design changes were implemented in December 2003 that eliminate the possibility of this internal shorting mechanism.

Highly accelerated bench testing indicated the rate of this shorting mechanism may increase as the battery is depleted. As of February 2005, the rate of shorting was approximately 1 in 10,000 (0.01%); bench test data indicated the rate may increase to between 0.2% and 1.5% over the second half of device life.

No provocative testing can predict which of these devices will experience this issue. Once a short occurs, battery depletion can take place within a few hours to a few days. After depletion the device ceases to function. It is also possible that as the battery depletes quickly, patients may experience temporary warmth in the area surrounding the ICD.

Patient Management Recommendations

We recommend you consider the following patient management options:

· Conduct quarterly (i.e., every 3 months) follow-up procedures

- Inform patients that should they experience warmth in the area surrounding the ICD to seek follow-up care promptly
- Program Low Battery Voltage ERI Patient Alert to "On-High." This will result in an audible, alternating tone in the limited circumstances where a battery depletes slowly over a number of days. Data indicates most shorts will occur rapidly and will not be detected by this feature.
- Provide a hand-held magnet to patients to check device status and program the Low Battery Voltage ERI Patient Alert to "On-High." Device operation may be monitored periodically (e.g., daily) by patients placing the magnet over the device for 1-2 seconds. If the device is functional, a steady tone will sound for approximately 20 seconds. If no tone is heard, follow-up care should be sought promptly.

Status Update

The Marquis Family device performance related to the battery shorting mechanism continues to be within Medtronic's engineering projections. As of August 15, 2012, 192 Marquis Family devices have been confirmed as having this internal battery shorting mechanism. One hundred fifteen (115) of these devices were returned from the United States.

Out of the initial advisory population of 87,000 worldwide, approximately 4,500 remain implanted. Approximately 3,900 of these are in the United States.

The Patient Management Recommendations set forth in the advisory remain unchanged.

Initial Affected Population	Number of Confirmed Advisory Related Events	Estimated Remaining Active Population	Current Malfunction Rate (Confirmed Malfunctions over total population)	Predicted Malfunction Rate Over the Remaining Life of the Devices Still Implanted Population
87,000 Implanted Worldwide (76,000 United States)	192 Worldwide (115 United States)	4,500 Worldwide (3,900 United States)	0.22% Worldwide (0.15% United States)	Consistent with Medtronic projections, the observed rate of shorting may increase to between 0.2% and 1.5% over the second half of device life.

Performance Notes

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

Purpose of this Information

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

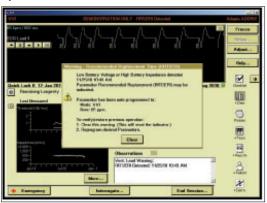
Background

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

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

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

Example 1 - Programmer Software Detects Measurement Lock-up ERI



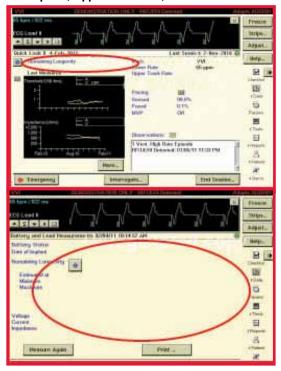
lock-up ERI, the programmer software recognizes the issue and guides the clinician to clear the ERI (Example 1). Following an ERI reset, the device parameters should be reviewed and reprogrammed to clinician specifications.

Reset Method for Kappa and EnPulse

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

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

Example 2 - Programmer Screens for Measurement Lock-up ERI (Kappa and EnPulse)



Helix Retraction of the Sprint Quattro Secure S 6935 and Sprint Quattro Secure 6947

Purpose of this Information

This performance note is intended to provide guidance regarding retraction of the helix of Sprint Quattro Model 6935 or 6947 leads.

Background

In certain cases, over-retraction of the helix, during initial implant or subsequent repositioning, may result in the inability to extend the helix. This does not impact acute or chronic performance of successfully implanted leads.

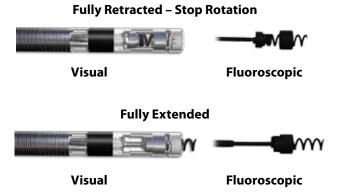
The root cause is over-retraction of the helix mechanism beyond the retraction stop, resulting in the inability to extend the helix in a subsequent attempt.

Recommendations

Consistent with the Technical Manual, the following steps can be used to mitigate this issue.

- Fluoroscopy should be used to confirm when the helix is fully retracted.
- Rotation of fixation tool should be stopped once full helix retraction is visually verified.
- If helix is unable to extend, replace with a new lead and report the issue to Medtronic.

Retraction Stop



Potential Malfunction of CRT, ICD, and IPG Products due to Anomalies in MOSFET Integrated Circuit Technology

Medtronic has detected a specific pattern of MOSFET IC malfunctions in its Concerto, Virtuoso and EnRhythm family of devices. As of July 2009, Medtronic has confirmed twenty-eight (28) malfunctions related to this pattern out of 115,000 EnRhythm and 233,000 Concerto/Virtuoso products distributed worldwide. Reliability analysis of this pattern shows the probability of occurrence decreases with time and over 90% of the malfunctions related to the pattern had occurred within the first twelve months after implant. With process improvements in place, Medtronic expects few additional malfunctions related to this pattern.

The pattern involves metal-oxide-semiconductor fieldeffect transistors (MOSFET). A MOSFET is an electronic circuit used to amplify or switch electronic signals. MOSFETs have been used in the electronics industries for decades and MOSFET technology is the most widely used type of integrated circuit. Medtronic uses this technology in the circuitry of its CRT, ICD, and IPG products. Each product contains thousands of MOSFETs in its electronic circuitry.

Each MOSFET depends on a layer of insulating material to electrically isolate its components. The integrity of this insulating layer is important to the operation of the MOSFET. Variation in the thickness of the insulating layer can cause the MOSFET to operate in an undesirable manner. Process variations for electronic circuits can affect the integrity of the insulating material, and can lead to MOSFET malfunction. Medtronic's quality system strives to control process variation and detect undesired anomalies that are characteristic of all MOSFET manufacturing. In addition, Medtronic's post-market vigilance activities monitor malfunctions and may implement screening and testing improvements when a pattern of related malfunctions is identified.

The pattern with the Concerto, Virtuoso and EnRhythm models has presented clinically as high lead impedance, sensing difficulty, loss of pacing therapy and/or early battery depletion due to higher than normal battery drain. The degree of battery drain varies case by case, such that the time from the onset to battery depletion has ranged from several days to several months. If not detected by normal patient follow-up procedures, the use of patient alerts or CareLink remote monitoring, the battery will fully deplete, leaving the patient without therapy.

As of March 2009, Medtronic has implemented additional electrical screening and stress tests to address this specific pattern for products being sold.

Since these rates of malfunction are low and the probability of occurrence decreases with time, Medtronic recommends physicians continue following patients in accordance with standard practice.

Clinical Management of VCM near Elective Replacement

Background

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

Device Longevity and VCM Behavior

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

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

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

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

Table: IPG Therapy Parameter Changes at ERI

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

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

Follow-Up Considerations

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

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

Ensuring the Accuracy of Battery Longevity Estimates

Purpose of This Information

This article is intended to help the clinician understand how Medtronic estimates CRT-D, ICD, and IPG device longevity and Medtronic's performance against these estimates.

Device Longevity and Battery Depletion

The device service life ends when the usable battery capacity is depleted. The time to battery depletion depends on three factors:

- The amount of electrical energy expended in providing therapy to the patient
- The amount of energy consumed by the electronic circuitry to perform the functions of the device (e.g., operating the microprocessor, telemetry, memory, and charging component)
- The energy capacity of the battery

Medtronic has developed a statistical model for device longevity that accounts for each of these factors, and has validated the model with real time clinical performance. During the development of its products, Medtronic engineers characterize device longevity using this model. Testing begins during development and continues after market release to ensure the accuracy of device longevity estimates.

Using Survival Curves to Assess Longevity

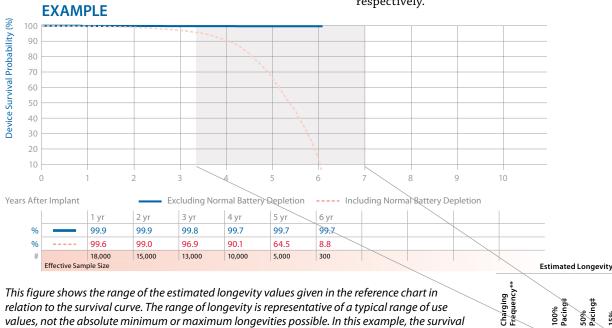
The survival curves in the Product Performance Report represent the composite experience of thousands of devices over a wide range of programming options and patient use conditions. While the curves are useful for understanding the overall performance of a population of devices, they cannot be used to accurately predict the longevity of a specific device in a specific patient. To get a longevity prediction for a specific device, the longevity model must be used. The model is available by contacting Medtronic's Technical Services Department.

Because the survival curves are an aggregate result, the Reference pages in the Product Performance Report include several longevity estimates for a range of use conditions. These longevity estimates are mean values calculated for the parameters given. This range of longevity estimates can be compared to the survival curve including normal battery depletion to assess the overall clinical performance of a device model against the original longevity estimates.

If most of a device model's population is being used at nominal parameters and conditions, the time at which the survival curve including normal battery depletion equals 50% should approximate the midpoint in the range of longevity estimates.

If devices tend to be used at conditions that consume more or less energy than nominal, then the time at which the survival curve equals 50% should tend toward the lower or higher end of the range of longevity estimates, respectively.

Monthly Quarterly



values, not the absolute minimum or maximum longevities possible. In this example, the survival curve including normal battery depletion is approaching 50% at approximately the mid-point of

the range of longevity values.

5.8

5.0

AT500 Pacing System Follow-Up Protocol

Purpose of This Information

This article is intended to provide clinical guidance regarding follow-up practice and patient management when the AT500 battery voltage approaches the Elective Replacement Indicator (ERI) level of 2.6 volts.

Background

Many AT500 pacing systems are now reaching their ERI voltage level (2.6 volts). This is expected since the battery used has an approximate longevity of 5-6 years under normal conditions (100% DDD pacing, 3 volts, 0.4 ms).

Technical Services has received reports of battery voltage levels below end of life (EOL of 2.2 volts) where EGM prestorage is programmed ON, or higher outputs and/or pacing rates are necessary. It is important for physicians and allied professionals to understand battery depletion characteristics between ERI and EOL so that they, in turn, can understand how this affects management of follow-up visits for the AT500 as this device nears the end of its expected longevity.

AT500 Battery and Longevity Information

In contrast to other IPGs, the AT500 does not change its mode, stimulation rate, or any other parameter when the battery voltage drops below the ERI level of 2.6 volts (with or without magnet applied). The Threshold Margin Test (TMT) is also not available.

Therefore, it is not possible to perform transtelephonic assessment of AT500 battery status. This must be done during an in-clinic follow-up session. A warning will be displayed on the Quick Look screen at the beginning of a programmer (follow-up) session when the ERI battery level

occurs. The measured battery voltage will also appear on the programmer display and on printouts.

Battery depletion curves are shown in Figure 1, with special focus on device longevity when programming EGM prestorage ON or OFF.

Medtronic's review of ongoing AT500 battery life test data matches our original longevity modeling and so meets our expectations. However, when using longer durations between follow-up periods (> 3 months), clinicians should consider the following in setting their remaining longevity expectations.

- Enabling the "EGM Pre-storage On" capability will increase current and reduce device longevity by approximately
 9 days for each month pre-storage is ON
- Longevity decreases with an increase in pacing rate, an increase in pacing amplitude or pulse width, a decrease in pacing impedance, a higher ratio of paced to sensed events, or extended use of the Atrial Preference Pacing, EGM prestorage, or Holter Telemetry features

Recommendations

Follow-up frequency should always be accelerated as devices reach ERI voltage levels to ensure device explant/replacement occurs prior to end of life voltage levels. With the wide variety of follow-up schedules being used, Medtronic recommends a 3-month follow-up frequency for the AT500 pacing systems. This is particularly important for patients in whom EGM prestorage is programmed ON, or higher outputs and/or pacing rates are necessary.

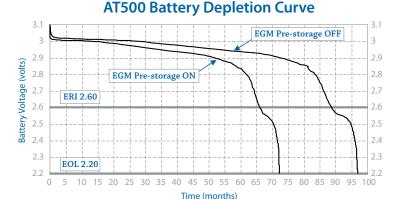


Figure 1

AT500 battery depletion curve for common parameter settings of DDDR, LR 70 ppm, UR 120 ppm, 100% pacing, Atrial – 2 V, 0.4 ms, 600 ohms, Ventricle – 2 V, 0.6 ms, 900 ohms, and EGM Pre-storage ON versus OFF.

Insertion of the Lead into the Device

The implantable system consists of a pulse generator and at least one lead. The system operation depends on proper electrical and mechanical operation. With the advent of internationally recognized connector standards, the challenge of ensuring proper mechanical fit between the lead and device connectors has been simplified, although the international connector standard does not address all aspects of the procedure for connecting a lead to the device.

If the lead connector is not fully installed, oversensing may result as described in the connector problems section of the performance note, "Clinical Management of High Voltage Lead System Oversensing."

Performing the following steps can be used for each lead connection during the implant procedure:

1 Insert the torque wrench into the appropriate setscrew. For easier lead insertion, insert the lead closest to the device first.

- 2 Look down the connector port to verify that the port is not obstructed. If the port is obstructed, retract the setscrew to clear the bore. Take care not to disengage the setscrew from the connector block.
- 3 Push the lead into the connector port until the lead pin is clearly visible beyond the setscrew block.
- 4 Hold the lead in position while tightening the setscrew until the torque wrench clicks.
- **5** Tug gently on the lead to confirm a secure fit.

Current publications may provide additional information on implant procedures used by others, e.g., radiographic evaluation of the terminal pin beyond the terminal post.1

¹ Pickett RA III, Saavedra P, Ali MF, Darbar D, Rottman JN. Implantable cardioverter-defibrillator malfunction due to mechanical failure of the header connection. J Cardiovasc Electrophysiol. September 2004;15(9):1095-1099.

Lead prior to insertion Connector module before lead insertion Tip of lead Ring of lead inside extends past connector ring the setscrew block Cross-section of connector module after lead fully installed Setscrew block X-ray image of connector module after lead fully

installed

GEM II DR/VR and GEM III DR/VR/AT ICD Battery Discharge Behavior

Medtronic manufactured and utilized a unique lithium/silver vanadium oxide battery in the GEM II/III family of ICDs. This battery has a distinctive voltage discharge with two regions of constant voltage at 3.2 volts and 2.6 volts.

The battery discharge curve (see curve below) is characterized by a significant decrease in the battery voltage approaching middle of life (MOL), followed by a plateau (MOL to ERI) where the battery voltage remains around 2.6 volts. The transition to the plateau could be easily misinterpreted as the battery rapidly approaches ERI, which occurs at 2.55 volts, when the battery may in fact have several years remaining until ERI.

It is important to understand that this battery voltage decrease in the GEM II/III family of ICDs is a normal

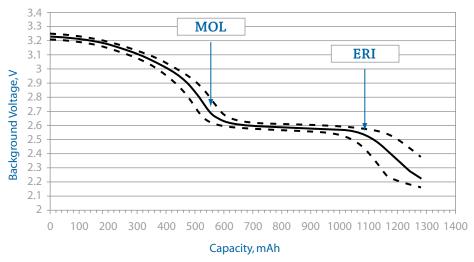
characteristic of the battery function in these devices and should not create a need for additional follow-up or monitoring.

As a general rule of thumb, the longevity from implant to MOL = MOL to ERI.

The design of the battery in subsequently released models has been modified to present a more linear battery discharge curve.

If you are concerned about early ERI in your patient's device, you can utilize the battery trend measurements stored in the save-to-disk file, which can be accessed and interpreted through the Medtronic Technical Services at 1 (800) 723-4636.

GEM II/III Battery Discharge Curve



General Follow-Up and Replacement of ICD Leads

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

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

Follow-Up of Chronically Implanted Leads

The frequency of follow-up for ICD patients will depend on a number of factors including the patient's medical condition, ICD system implant time, hospital/clinic follow-up practice, and Medicare guidelines. In all cases, it is important to assess the functionality of the ICD system and the integrity. For newly implanted leads, it is beneficial to establish a baseline of chronic performance parameters once the lead has stabilized, generally within 6 to 12 months after implant. These performance parameters should include pacing and sensing thresholds and impedance. During routine patient follow-up, these procedures can be used to evaluate lead

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

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

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

General Criteria for Lead Replacement

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

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

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

Clinical Management of High-Voltage Lead System Oversensing

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

Inappropriate sensing can occur when an ICD system classifies events of non-cardiac origin as QRS/VF events, or senses and counts T and far-field P waves as ventricular depolarizations. This is often referred to as "oversensing," and may result in delivery of inappropriate high-voltage therapies. This is due, in part, to the desire to err on the side of delivering lifesaving high voltage therapy rather than withholding

it. Thus, an ICD system that is experiencing oversensing issues will continue to deliver therapeutic shocks as required, but may also subject the patient to unnecessary shocks.

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

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

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

Tests and Observations for Clinical Assessment of Chronic Pacing Leads

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

UC201205198a EN © Medtronic, Inc. 2012. Minneapolis, MN. All Rights Reserved. Printed in USA. 12/2012

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 CRDM 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.

CRDM Returned Product Analysis Laboratory

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

Email: crdm.returnedproduct@medtronic.com



www.medtronic.com

World Headquarters

Medtronic, Inc. 710 Medtronic Parkway Minneapolis, MN 55432-5604 USA

Tel: (763) 514-4000 Fax: (763) 514-4879

Medtronic USA, Inc.
Toll-free: 1 (800) 328-2518
(24-hour technical support for physicians and medical professionals)

Europe

Medtronic International Trading Sàrl Route du Molliau 31 CH-1131 Tolochenaz Switzerland

Tel: (41 21) 802 7000 Fax: (41 21) 802 7900

Canada

Medtronic of Canada Ltd. 6733 Kitimat Road Mississauga, Ontario L5N 1W3

Tel: (905) 826-6020

Fax: (905) 826-6620 Toll-free: 1 (800) 268-5346

Asia Pacific

Medtronic International, Ltd.
16/F Manulife Plaza
The Lee Gardens, 33 Hysan Avenue
Causeway Bay
Hong Kong
Tel: (852) 2891 4456

Fax: (852) 2891 4456 enquiryap@medtronic.com

Latin America

Medtronic USA, Inc. Doral Corporate Center II 3750 NW 87th Avenue Suite 700 Miami. FL 33178

USA

Tel: (305) 500-9328 Fax: (786) 709-4244

