



# Cardiac Rhythm Disease Management

## **Product Performance Report**

Important Patient Management Information for Physicians



This report is available online at www.medtronic.com/CRDMProductPerformance

### 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

### For questions related to this CRDM Product

**Performance Report,** please call US Technical Services at the number above, or write to:

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### 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

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### **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

### 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

Epi/Myocardial Pacing Leads 126

VDD Single Pass Pacing Leads 130

US Returned Product Analysis Summary 129 US Reports of Acute Lead Observations 129

US Returned Product Analysis Summary 131 US Reports of Acute Lead Observations 131

Lead Survival Summary 128

Lead Survival Summary 131

Reference Chart 129

Reference Chart 131

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### 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.

### Introduction continued

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.

	А	В	с	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

### Table 1Life Table for Figure 1

#### Definitions:

A	<mark>B</mark>	C	D	E	F	G
Number	Number	Number	Effective	Proportion	Interval	Cumulative
Entered	Suspended	of Events	Sample Size	with Event	Survival	Survival
Number of devic active at the star of the interval		Number of units removed from service due to an event	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 of devices that had an event in the interval. Computed by dividing the Number of Events by the Effective Sample Size.	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.	Probability The overall probability of surviving to the end of the interval. Computed by multiplying the Interval Survival Probability by the previous interval's Cumulative Survival Probability.

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.



#### Survival Curve for Data Given in Table 1 Figure 2

### **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.<sup>1</sup>

<sup>&</sup>lt;sup>1</sup> 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.

continued

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.

continued

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 system. 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 nondevice 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

US Market Release	Apr-05	Malfunctions (US)	177	NBD Code	VVED
Registered US Implants	31,100	Therapy Function Not Compromised	167	Serial Number Prefix	PRK
Estimated Active US Implants	2,520	Electrical Component	17	Max Delivered Energy	35 J
Normal Battery Depletions (US)	9,413	Software/Firmware	2	Estimated Longevity	See page 2
Advisories	None	Possible Early Battery Depletion	147		
		Other	1		
		Therapy Function Compromised	10		



#### 7304 InSvnc Maximo

JS Market Release	Apr		lfunctions (US)			104	NBD Code		VVED
Registered US Implants	19,0	000 Tł	nerapy Functior	Not Comprom	ised	100	Serial Number Pro	efix	PRL
stimated Active US Implants	2,4	410	Battery			1	Max Delivered En	ergy	35 J
Normal Battery Depletions (US)	4,9	959	Electrical Com	nponent		13	Estimated Longe	vity	See page 2
Advisories	No	one	Possible Early	Battery Depleti	on	86			
		Tł	nerapy Functior	Compromised		4			
			Electrical Com	nponent		4			
100									
90									
80									
70									
60									
50									
40									
30									
20									
10				1					
0									
0 1	2	3	4	5	6	7	8	9	10
Years After Implan	t Ex	cluding N	lormal Battei	y Depletion	Ir	ncludi	ng Normal Batte	ry Depletio	n
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				

### 10 Medtronic CRDM Product Performance Report www.medtronic.com/CRDMProductPerformance



### 8042 InSync III

US Market Release	Feb-03	Malfunctions (US)	20	NBG Code	DDDR
Registered US Implants	39,500	Therapy Function Not Compromised	10	Serial Number Prefix	PKF
Estimated Active US Implants	15,900	Electrical Component	6	Estimated Longevity	See page 21
Normal Battery Depletions (US)	1,532	Electrical Interconnect	1		
Advisories	None	Possible Early Battery Depletion	1		
		Other	2		
		Therapy Function Compromised	10		
		Electrical Component	3		
		Electrical Interconnect	7		



Source: Medtronic Device Registration and Returned Product Analysis Data as of August 6, 2012

### 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 N	ot Compromised	932	1,282	Serial Number Prefix		PVU, PVT, PVR
Estimated Active US Implants	34,600	210	Electrical Compo	onent	316	1,278	Max Delivered Energy		35 J
Normal Battery Depletions (US)	10,053	259	Electrical Interco	nnect	2	0	Estimated Longevity		See page 20
Advisories: See page 143 – 2009 F	otential		Software/Firmwa	are	3	0			
Reduced Device Longevity			Possible Early Ba	ttery Depletion	608	4	(N) = Non-advisory pop	oulation	
Performance Note: See page 152	-		Other Malfunctio	on	3	0	(A) = Advisory populati	on	
Anomalies in MOSFET Integrated Circuit Technology			Therapy Function Co	ompromised	36	15			
57			Electrical Compo	onent	34	14			
			Electrical Interco	nnect	2	1			
100				_				1	
90			C154	DWK, C164AWK, C17	4AWK (Nor	n-advisor	y population) 97.3%		
80									
70									
60			C154DWK, C164AWK, C	174AWK (Advisory p	opulation)	51.4%			
50									
30		Ì	1						
20									
10		1							
0									
0 1	2	3	4	5 6		7	8	9	10
								1	
Years After Implant		Excludin	ig Normal Battery	Depletion	Ind	luding	Normal Battery De	epletion	
Non-Adv <sub>1 yr</sub>	2 yr	3 yr	4 yr	5 yr					
% 100.0	99.8	99.5	98.3	97.3					
% 99.8	98.4	93.5	78.3	25.2					
# 71,700 Effective Sample Size	63,100	50,70	0 25,500	1,100					

	Adv Pop	1 yr	2 yr	3 yr	at 43 mo				
%		99.9	99.5	79.2	51.4				
%		99.8	97.7	60.4	8.5				
#		3,120	2,710	1,530	210				
	Effective Sample Size								

### D224TRK, D234TRK Consulta CRT-D

US Market Release	Sep-08	Malfunctions (US)	276	NBD Code	DDED
Registered US Implants	61,000	Therapy Function Not Compromised	269	Serial Number Prefix	PUD
Estimated Active US Implants	48,200	Electrical Component	14	Max Delivered Energy	35 J
Normal Battery Depletions (US)	920	Software/Firmware	5	Estimated Longevity	See page 20
Advisories	None	Possible Early Battery Depletion	249		
		Electrical Interconnect	1		

Therapy Function Compromised Electrical Component



### D274TRK, D294TRK Concerto II CRT-D

		-		·····	
US Market Release	Aug-09	Malfunctions (US)	43	NBD Code	DDED
Registered US Implants	30,100	Therapy Function Not Compromised	41	Serial Number Prefix	PZV
Estimated Active US Implants	25,000	Electrical Component	3	Max Delivered Energy	35 J
Normal Battery Depletions (US)	183	Possible Early Battery Depletion	37	Estimated Longevity	See page 2
		Software/Firmware	1		
Advisories	None	Therapy Function Compromised	2		
		Electrical Component	2		



**Product Characteristics** 

**Product Characteristics** 

7

7

### **D284TRK Maximo II CRT-D**

US Market Release	Sep-08	Malfunctions (US)
Registered US Implants	13,800	Therapy Function Not Compromised
Estimated Active US Implants	10,700	Electrical Component
Normal Battery Depletions (US)	248	Possible Early Battery Depletion
Advisories	None	Therapy Function Compromised
		Electrical Component

### **Product Characteristics**

2

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



### D314TRG, D354TRG Protecta XT CRT-D

#### **Product Characteristics** US Market Release Malfunctions (US) NBD Code DDED Mar-11 1 **Registered US Implants** 21,000 PFS **Therapy Function Not Compromised** Serial Number Prefix 1 Estimated Active US Implants 20,100 Electrical Component Max Delivered Energy 35J 1 Normal Battery Depletions (US) 3 **Therapy Function Compromised** 0 **Estimated Longevity** See page 20 Advisories None Device Survival Probability (%) 100 90 80 2 3 4 5 6 8 9 10 7 Years After Implant Excluding Normal Battery Depletion ----- Including Normal Battery Depletion 1 yr at 16 mo 100.0 100.0 % % 99.9 100.0 # 3,900 270

Effective Sample Size

US Market Release	Mar-1	1 Malfun	ctions (US)		0	NBD Code		DDED
Registered US Implants	4,01	0 Thera	py Function Not Compror	nised	0	Serial Number Pre	efix	PSO
Estimated Active US Implar	its 3,84	0 Thera	py Function Compromise	d	0	Max Delivered Ene	35J	
Normal Battery Depletions	(US)	0				Estimated Longev	/ity	See page 2
Advisories	Non	e						
100								
100								
100 90 80								
100 90 80 0 1	2	3	4 5	6	7	8	9	10
100 90 80 0 1 Years After Imp	lant Ex	3 cluding Nori	4 5 mal Battery Depletion	0	7 ncludin	8 Ig Normal Batter	~	
100 90 80 0 1 Years After Imp	I	3 cluding Nor	4 5 mal Battery Depletion	0	7 ncludin	0	~	
0 1 Years After Imp	at 16 mo	3 cluding Norr	4 5 mal Battery Depletion	0	7 ncludin	0	~	

C2TR01 Syncra CRT-P

3,900

2,330

**Effective Sample Size** 

110

**Effective Sample Size** 

270

#

#

US Market Release	Mar-11	Malfunctions (US)	0	NBG Cod	e		OOED
Registered US Implants	4,300	Therapy Function Not Compromi	sed 0	Serial Nu	mber Prefix		PZX
Estimated Active US Implants	3,970	Therapy Function Compromised	0	Max Deliv	vered Energy		NA
Normal Battery Depletions (US)	0			Estimated	d Longevity		See page 2
Advisories	None						
90							
80							
80 0 1 2	3	4 5	6 7	8	3	9 1	10
	0	4 5 ding Normal Battery Depletion	-	0	l Battery De		10
0 1 2 Years After Implant	0		-	0			10
0 1 2 Years After Implant	Exclud		-	0			  0 

**Product Characteristics** 

CRT

### C3TR01, C4TR01 Consulta CRT-P

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

100											
90											
90 80											
	0	1	2	3 4	4	5	6	7 8	3	9 1	0
	Years After	Implant	Exe	cluding Norr	mal Battery [	Depletion	Inclu	uding Norma	al Battery De	epletion	
		1 yr	at 17 mo								
%		100.0	100.0								
%		100.0	100.0								
#		2,330	110								

**Product Characteristics** 

OAED

PVX

NA

See page 21

CRT	Cardiac	nesynemon											
			10 yr					99.4 +0.2/-0.3 at 116 mo	<b>22.4</b> +2.2/-2.2 at 116 mo				
cluded.			9 yr					99.5 +0.2/-0.3	38.4 +1.9/-1.9	99.8 +0.1/-0.2 at 99 mo	<b>20.0</b> +3.0/-2.8 at 99 mo		
etions in			8 yr					99.5 +0.1/-0.2	<b>58.1</b> +1.6/-1.6	99.8 +0.1/-0.2	<b>39.8</b> +2.0/-2.0		
tery depl			7 yr					99.5 +0.1/-0.2	73.5 +1.3/-1.3	99.9 +0.1/-0.1	74.9 +1.1/-1.2		
rmal batt			6 yr	98.9 +0.2/-0.2 at 61 mo	<b>5.5</b> +0.5/-0.5 at 61 mo	<b>99.1</b> +0.2/-0.2 at 61 mo	8.0 +0.9/-0.9 at 61 mo	99.6 +0.1/-0.2	83.9 +0.9/-1.0	99.9 +0.0/-0.1	89.2 +0.6/-0.7		
thout no			5 yr	99.0 +0.1/-0.2	<b>13.9</b> +0.7/-0.7	99.1 +0.2/-0.2	17.6 +1.1/-1.1	99.7 +0.1/-0.2	91.1 +0.7/-0.7	9.9 +0.0/-0.0	95.0 +0.4/-0.4	97.3 +0.2/-0.2	25.2 +1.3/-1.2
h and wi	ty (%)		4 yr	99.2 +0.1/-0.1	72.4 +0.6/-0.7	99.2 +0.2/-0.2	74.7 +0.8/-0.8	99.8 +0.1/-0.1	<b>96.0</b> +0.4/-0.5	9.9 +0.0/-0.0	97.8 +0.2/-0.2	98.3 +0.1/-0.1	78.3 +0.4/-0.4
both wit	robabili	nt	3 yr	99.7 +0.1/-0.1	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 +0.0/-0.0	<b>99.3</b> +0.1/-0.1	99.5 +0.1/-0.1	93.5 +0.2/-0.2
e shown	Device Survival Probability (%)	Years After Implant	2 yr	<b>99.9</b> +0.0/-0.1	98.3 +0.2/-0.2	99.9 +0.0/-0.1	<b>98.4</b> +0.2/-0.2	100.0 +0.0/-0.0	<b>99.7</b> +0.1/-0.1	100.0 +0.0/-0.0	<b>99.9</b> +0.0/-0.1	99.8 +0.0/-0.0	<b>98.4</b> +0.1/-0.1
imates ar	Device S	Years Afi	1 yr	<b>100.0</b> +0.0/-0.0	99.8 +0.0/-0.1	100.0 +0.0/-0.0	<b>99.8</b> +0.1/-0.1	100.0 +0.0/-0.0	99.9 +0.0/-0.1	100.0 +0.0/-0.0	<b>99.9</b> +0.0/-0.0	100.0 +0.0/-0.0	99.8 +0.0/-0.0
ervals. Est	ł			Excluding Ial Battery Depletion	Including Ial Battery Depletion	Excluding al Battery Depletion	Including al Battery Depletion	luding Battery oletion	Including Ial Battery Depletion	luding 3attery oletion	Including al Battery Depletion	Excluding al Battery Depletion	Including Ial Battery Depletion
e inte				Excluding Normal Battery Depletion	Including Normal Battery Depletion								
nfidence inte		Įŧ	stoT	177 Exe Normal E	Inc Normal E Del	104 Exc Normal B Dep	Inc Normal B Dep	34 Exc Normal E	Inc Normal I De	20 Exe Normal E	Inc Normal E Dep	968 Ex Normall De	In Normal De
l) 195% confidence intervals. Estimates are shown both with and without normal battery depletions included.	ions (US)	ction Not hpromised	noJ	= 177 Norm	Inc Normal E Dee	= 104	Incl Normal B Dep		Inc Normal I Del		Inc Normal E Dep		In Normal I De
	alfunctions (US)	npromised rapy ction Not dromised	no) nui no)	+ 167 = 177 Norm	Inc Normal E Der	+ 100 = 104	Inc Normal B Dep	+ 24 = 34	In Normal I De	+ 10 = 20	Inc Normal E Deel	+ 932 = 968	In Normal
	Malfunctions (US)	lettions (US) rapy Function npromised ction Not ction Not	no) nu a f a d a d a d a d a d a d a d	10 + 167 = 177 Norm	NormalE	100 = 104	Ind Normal B Dep	10 + 24 = 34	- Normal I	10 + 10 = 20	Inc Inc Normal E	36 + 932 = 968	N
	Malfunctions (US)	lants məl Bəttery nietions (US) rəpy Function opromised rəpy rəpimised	lmp Imp Imp Imp Imp Imp Imp Imp Imp	9,413 10 + 167 = 177 Norm	NormalE	4,959 4 + 100 = 104	Ind Normal B Dep	1,285 10 + 24 = 34	- Normall De	1,532 10 + 10 = 20	- NormalE - Det	10,053 36 + 932 = 968	N
	Malfunctions (US)	mplants we US ve US mal Battery hetions (US) npromised rapy rapy rapy npromised	US II 20 Estii Mori Dep The Com The Com	2,500 9,413 10 + 167 = 177 Norm	NormalE	2,410 4,959 4 + 100 = 104	Ind Normal B Dep	1,520 1,285 10 + 24 = 34	Inc. Inc. Normall - Normall De	15,900 1,532 10 + 10 = 20	- NormalE - Det	34,600 10,053 36 + 932 = 968	N
	Malfunctions (US)	sase mplants ve US ve US lants mal Battery lattors (US) mpromised npromised rapy rapy	Rele Reg USI Estin Acti Mori Dep Dep The Com	31,100 2,500 9,413 10 + 167 = 177 Norm	Normal E Normal E Dei	19,000 2,410 4,959 4 + 100 = 104	Ind Normal B Dep	15,300 1,520 1,285 10 + 24 = 34	Inc. Inc. Normall - Normall De	39,500 15,900 1,532 10 + 10 = 20	- NormalE - Det	81,400 34,600 10,053 36 + 932 = 968	N
Device Survival Summary (95% Confidence Interval) The following table shows CRT device survival estimates with 95% confidence int	Malfunctions (US)	istered mplants ve US ve US lants mal Battery hetions (US) npromised rapy rapy rapy	Rele Reg USI Estin Acti Mori Dep Dep The Com	2,500 9,413 10 + 167 = 177 Norm	Normal E Dei	2,410 4,959 4 + 100 = 104	Ind Ind Normal B Normal B Dep	1,520 1,285 10 + 24 = 34	Inc. Inc. Normall - Normall De	15,900 1,532 10 + 10 = 20	- NormalE - Det	34,600 10,053 36 + 932 = 968	See page 152 – Performance note on Anomalies in MOSFET Integrated Circuit Technology De De

Source: Medtronic Device Registration and Returned Product Analysis Data as of August 6, 2012

Medtronic CRDM Product Performance Report 17 www.medtronic.com/CRDMProductPerformance

	_	9 yr										
		α λι										
		o yr										
		JK c										
(%)		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	<b>63.4</b> +6.1/-6.8 at 45 mo	98.7 +0.2/-0.2 at 45 mo	<b>63.4</b> +6.1/-6.8 at 45 mo	98.7 +0.2/-0.2 at 45 mo	<b>63.4</b> +6.1/-6.8 at 45 mo		
Device Survival Probability (%)	ant	3 yr 79.2 +1.6/-1.7	<b>60.4</b> +1.9/-2.0		99.1 +0.1/-0.1	92.6 +0.3/-0.4	99.1 +0.1/-0.1	92.6 +0.3/-0.4	<b>99.1</b> +0.1/-0.1	92.6 +0.3/-0.4		
Survival	Years After Implant	2 yr 99.5 +0.2/-0.4	97.7 +0.5/-0.6		99.7 +0.0/-0.0	<b>98.5</b> +0.1/-0.1	99.7 +0.0/-0.0	98.5 +0.1/-0.1	<b>99.7</b> +0.0/-0.0	98.5 +0.1/-0.1	100.0 +0.0/-0.0 at 16 mo	99.9 +0.1/-0.2 at 16 mo
Device	Years A	99.9 +0.1/-0.2	<b>99.8</b> +0.1/-0.2		<b>100.0</b> +0.0/-0.0	<b>9.99</b> +0.0/-0.0	100.0 +0.0/-0.0	<b>9.99</b> +0.0/0.0+	<b>100.0</b> +0.0/-0.0	<b>99.9</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0
		Excluding Normal Battery Depletion	Including Normal Battery Depletion		Excluding Normal Battery Depletion	Including Normal Battery Depletion						
	leto	1,297			276		43		64		-	
is (US)		= 1,29			П		41 = 43		II			
unctions (US)	ompromised herapy unction Not ompromised otal	+ 1,282 = 1,29			+ 269 =		+ 4		+ 62		+	
Malfunctions (US)	herapy unction Not ompromised	5 + 1,282 = 1,29			269 =		41 =		62 =		-	
Malfunctions (US)	unction herapy unction Not ompromised	259 15 + 1,282 = 1,29	ced be	n MOSFET	+ 269 =		+ 4		+ 62		+	
Malfunctions (US)	Pepletions (US) herapy unction herapy unction Not unction Not ompromised	259 15 + 1,282 = 1,29	ential Reduced	Anomalies in MOSFET	7 + 269 =		2 + 41 =		10,700 248 2 + 62 =		0 + -	
Malfunctions (US)	nplants ompromised herapy unction ompromised unction ompromised unction ompromised	15 + 1,282 = 1,29	– 2009 Potential Reduced	e note on Anomalies in MOSFET igy	920 7 + 269 =		183 2 + 41 =		248 2 + 62 =		м 0 + 1 =	
Malfunctions (US)	IS Implants stimated ictive US hepletions (US) herapy unction unction unction unction inction	ay-06 3,540 210 259 15 + 1,282 = 1,29	e page 143–2009 Potential Reduced ity	Performance note on Anomalies in MOSFET uit Technology	48,200 920 7 + 269 =		25,000 183 2 + 41 =		10,700 248 2 + 62 =		20,100 3 0 + 1 =	
Malfunctions (US)	JS Market Glease Gejstered JS Implants stimated fromal Battery herapy unction frompromised nortion frompromised	ay-06 3,540 210 259 15 + 1,282 = 1,29	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 48,200 <u>920</u> 7 + 269 =		30,100 25,000 183 2 + 41 =		13,800 10,700 248 2 + 62 =		21,000 20,100 3 0 + 1 =	



		9 yr						
		8 yr						
		7 yr						
		6 yr						
()		r 5 yr						
ability (%		. 4 yr						
Device Survival Probability (%)	nplant	3 yr	0.0- 0.0	-0.2 mo	0 0.0 mo.	0.0 0.0	0 0.0 mo	0.0 10.0
e Survi	Years After Implant	2 yr	0 100.0 +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	<b>100.0</b> +0.0/-0.0 at 17 mo
Devic	Years	1 yr	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	100.0 +0.0/-0.0	<b>100.0</b> +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
	le	тоt	0		0		0	
ons (US)	rapy rotion Not bezimorqm	n 🛛	 0		 0		 0	
Aalfunctions (US)	srapy notion mpromised	nu Coi	+		+		+ 0	
Σ	rmal Battery (SU) snoiteld	Del	0		0		-	
	bətemi SU əvi: ətnslc	†>A	3,840		3,970		4,100	
			10		4,300		4,400	
	ease yistered		4,010		4			
	Market gistered tinplants	l9Я Beg	Mar-11 4,0		Mar-11 4		Mar-11	
	ease gistered	l9Я Beg					Consulta Mar-11 CRT-P	

### Source: Medtronic Device Registration and Returned Product Analysis Data as of August 6, 2012

Device Survival Summary continued

### **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.

					E	stimated	d Longev	vity		Elective	Replacement	
					y**						ERI)***	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
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

					Es	timated	Longe	vity			mmended	
					ng :ncy**	#	#	#	D	•	nent (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 Lo	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

#### US Market Release NBD Code VVEV Dec-02 Malfunctions (US) 58 **Registered US Implants** 19,400 **Therapy Function Not Compromised** 29 Serial Number Prefix PKD, PLW, PLY Estimated Active US Implants 4,500 **Electrical Component** 12 Max Delivered Energy 30 J Normal Battery Depletions (US) 1,697 Battery (1 malfunction related to advisory) 1 Estimated Longevity See page 37 Software/Firmware Advisories: See page 149 – 2005 Potential 1 Premature Battery Depletion Due to Possible Early Battery Depletion 14 Battery Short Other 1 **Therapy Function Compromised** 29 Battery (19 malfunctions related to advisory) 20 **Electrical Component** 9 100 Device Survival Probability (%) 90 -80 70 60 50 40 30 0 2 8 9 10 3 4 5 6 Years After Implant Excluding Normal Battery Depletion ----- Including Normal Battery Depletion 2 yr 3 yr 4 yr 5 yr бyr 7 yr 8 yr 9 yr 1 yr 99.9 99.9 % 100.0 99.8 99.7 99.6 99.5 99.4 99.4 % 99.8 99.6 99.3 99.1 98.5 95.1 86.8 74.3 30.2 # 7,610 13,200 11,000 3,630 230 16,900 9,820 8,760 6,190 **Effective Sample Size**

### 7231Cx GEM III VR



### 7232B, Cx, E Maximo VR

US Ma	rket Release		Oct-	03	Malfunct	tions (US)			65	NBD Cod	le		VVEV
	ered US Implant	s	44,3			. ,	ot Compromise		50		imber Prefix		PRN, PVF, PVG
	ated Active US Ir		20,2			ctrical Compo	•		23		vered Energy		35 J
		•				•							
Norma	al Battery Deple	tions (US)	2,1	90			tery Depletion		23	Estimate	d Longevity		See page 37
Advis	ories: See page	2 149 – 2005 Pot	tential		Oth	ner			4				
	ture Battery De	pletion Due to			Therap	y Function Co	mpromised		15				
Batter	y Short				Eleo	ctrical Compo	nent		13				
					Eleo	ctrical Intercor	nnect		1				
					Pos	sible Early Bat	tery Depletion		1				
100													
§ 100													
90 90													
08 Dabil										-			
<b>do</b> 70													
00 val P										1			
Irvi	0	1 2	2	3	4		5	6	7	8	3	9	10
Device Survival Probability (%) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	Years After	Implant	Ex	cluding	g Norm	al Battery D	Depletion	Inc	ludin	g Norma	l Battery D	epletion	
Dev		1 yr	2 yr	3 yr		4 yr	5 yr	бyr	7 y	r	at 95 mo		
%		100.0	99.9	99.9		99.9	99.8	99.8	99.	.8	99.8		
%		99.9	99.8	99.6		99.3	98.1	91.5	82.	.8	58.5		
#		39,700	35,600	31,700		27,500	22,800	16,500	7,58	30	170		
	Effective Sam	ple Size											

**Product Characteristics** 

**Product Characteristics** 

Source: Medtronic Device Registration and Returned Product Analysis Data as of August 6, 2012

### 7274 Marquis DR

#### US Market Release 190 NBD Code VVED Mar-02 Malfunctions (US) **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** Estimated Longevity 27 See page 37 Advisories: See page 149 – 2005 Potential Possible Early Battery Depletion 51 Premature Battery Depletion Due to **Therapy Function Compromised** 107 **Battery Short** Battery (73 malfunctions related to advisory) 80 **Electrical Component** 27 100 Device Survival Probability (%) 90 80 70 60 50 40 30 20 10 0 10 0 2 3 4 5 6 8 9 Years After Implant ----- Including Normal Battery Depletion **Excluding Normal Battery Depletion** бyr 1 yr 2 yr 3 yr 4 yr 5 yr 7 yr at 89 mo % 99.9 99.9 99.8 99.6 99.4 99.3 99.2 99.2 % 99.8 99.5 98.7 97.5 92.3 72.3 32.9 5.1 ...... # 42,200 33,900 26,000 22,000 18,100 11,700 3,880 680

### 7278 Maximo DR

Effective Sample Size

### Product Characteristics

**Product Characteristics** 

JS Market Re	elease			Oct-03	Malfun	ctions (US)			61	NBD Coo	de		VVED
egistered U	S Implan	ts		37,600	Thera	apy Function N	lot Compromis	ed	51	Serial Nu	umber Prefix		PRM
stimated Ac	tive US Ir	nplants		9,200	El	ectrical Compo	onent		20	Max Del	ivered Energy		35 J
lormal Batte	ery Deple	tions (US)		7,105	Po	ossible Early Ba	ttery Depletion		29	Estimate	ed Longevity		See page
dvisories: S	See page	e 149 – 2005 Po	otential		0	ther			2				
		pletion Due to			Thera	py Function C	ompromised		10				
attery Short	t					ectrical Compo	•		9				
							ttery Depletion		1				
100													
90													
80													
70									_				
60									_				
50									_				
40													
30													
20									-				
10									_				
0													
0	1		2	3		4	0	6	7		0	9	10
Year	rs After	Implant		<ul> <li>Exclud</li> </ul>	ing Nori	mal Battery	Depletion	Inc	ludin	g Norma	al Battery De	pletion	
		1 yr	2 yr	3 )	/r	4 yr	5 yr	6 yr	7 y	r	at 85 mo		
% -		100.0	99.9	99		99.8	99.8	99.8	99		99.8		
%		99.9	99.7	99	.3	97.9	90.5	67.4	24		16.0		
#		33,700	30,100		800	23,000	17,900	10,000	1,5		830		
	tive Sam		50,100	20,		_3,000		.0,000	1,5		000		1

24 Medtronic CRDM Product Performance Report www.medtronic.com/CRDMProductPerformance



### 7290Cx Onvx

7290C	x Onyx								Product Char	acteristics		
US Ma	arket Release		Mar	-04	Aalfunctions (US)			5	NBD Code		VVEV	
Regis	Registered US Implants			950	Therapy Function Not Compromised			4	Serial Number Pr	efix	PRP	
Estim	ated Active US I	mplants		330	Electrical Component Possible Early Battery Depletion			3	Max Delivered Er	nergy	30 J	
Norm	al Battery Deple	etions (US)		130				1	Estimated Longe	vity	See page 37	
Advis	ories		N	one	Therapy Function	Compromised		1				
					Electrical Component 1			1				
<b>—</b> 100	<u></u>											
8 IUU > 00	90											
bilit 80							`\					
eqo 70												
J 60	)											
	)											
e Sui	0	1	2	3	4	5	6	7	8	9	10	
Device Survival Probability (%) 0.0 2.0 8.0 0.0 2.0 8.0 0.0 100	Years After	r Implant	<b>—</b> E	xcluding	Normal Batter	y Depletion	Ir	ncludir	ng Normal Batte	ry Depletion	1	
		1 yr	2 yr	3 yr	4 yr	5 yr	бyr	ata	83 mo			
%		99.9	99.5	99.5	99.4	99.4	99.4	99	.4			
%		99.8	99.2	98.6	97.4	93.6	82.8	59	.6			
#		870	790	710	630	540	360	120	D			
	Effective Sam	nple Size										

### 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	PNR
Estimated Active US Implants	77	Possible Early Battery Depletion	7	Max Delivered Energy	30 J
Normal Battery Depletions (US)	153	Therapy Function Compromised	1	Estimated Longevity	See page 38
Advisories: See page 140 – 2012 Potential Rapid Battery Depletion		Electrical Component	1		



### D154ATG, D154DRG EnTrust

		050			Troduct characteristics	
	US Market Release	Jun-05	Malfunctions (US)	120	NBD Code	DDED
	Registered US Implants	28,200	Therapy Function Not Compromised	107	Serial Number Prefix	PNR
	Estimated Active US Implants	11,600	Electrical Component (10 malfunctions related to advisory)	28	Max Delivered Energy	35 J
	Normal Battery Depletions (US)	3,141	Electrical Interconnect	1	Estimated Longevity	See page 38
	Advisories: See page 140 – 2012		Software/Firmware	3		
	Potential Rapid Battery Depletion		Possible Early Battery Depletion (1 malfunction related to advisory)	75		
			Therapy Function Compromised	13		
			Electrical Component (1 malfunction related to advisory)	13		
(%)	100			_		
ر 4	\$ 90					
hility	80					



26 Medtronic CRDM Product Performance Report www.medtronic.com/CRDMProductPerformance

**Effective Sample Size** 

**Product Characteristics** 

### D154AWG, D164AWG Virtuoso DR

	(N)	(A)		(N)	(A)		
US Market Release	May-06		Malfunctions (US)	329	1,870	NBD Code	
Registered US Implants	72,600	4,100	Therapy Function Not Compromised	304	1,858	Serial Number Prefix	
Estimated Active US Implants	48,600	300	Electrical Component	194	1,857	Max Delivered Energy	y
Normal Battery Depletions (US)	1,179	91	Electrical Interconnect	1	0	Estimated Longevity	
Advisories: See page 143 – 2009	Potential		Possible Early Battery Depletion	107	0		
Reduced Device Longevity			Software Malfunction	1	0		
Performance Note: See page 152	2		Other	1	1		
<ul> <li>Anomalies in MOSFET Integrated</li> <li>Technology</li> </ul>	Circuit		Therapy Function Compromised	25	12		
			Electrical Component	24	12		
			Possible Early Battery Depletion	1	0		
					I		
100				D154AWG [	0164AWG	, (Non-advisory populatio	n) 99 1%
90				0101/00,0	710 // 010	, (Norr advisory populate	5117 5 5.170
80					_		
70							
60 50							



Effective Sample Size

A)		
370	NBD Code	DDED
358	Serial Number Prefix	PVV, PUL
357	Max Delivered Energy	35 J
0	Estimated Longevity	See page 38
0		
0		
1		
12		
12		
0		

### D154VRC EnTrust VR

US Market Release	Jun-05
Registered US Implants	14,500
Estimated Active US Implants	7,700
Normal Battery Depletions (US)	345

Advisories: See page 140 – 2012 Potential Rapid Battery Depletion

Malfunctions (US)	81						
Therapy Function Not Compromised							
Battery (2 malfunctions related to advisory)	2						
Electrical Component (31 malfunctions related to advisory)	44						
Possible Early Battery Depletion (3 malfunctions related to advisory)	24						
Other	1						
Therapy Function Compromised	10						
Electrical Component (2 malfunctions related to advisory)	10						

### **Product Characteristics**

**Product Characteristics** 

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

(%	100											
5	90											
£.									,			
ab	80											
rob		0	1	2	3	4	5	б	7	8	9	10
vival F		Years After	Implant	—— E>	cluding No	rmal Battery	Depletion	Inc	luding Norn	nal Battery [	Depletion	

Sur			1 yr	2 yr	3 yr	4 yr	5 yr	бyr	at 82 mo		
vice	%		99.9	99.9	99.8	99.7	99.4	99.1	99.0		
De	%		99.9	99.7	99.4	99.0	98.1	92.4	83.7		
	#		13,200	12,000	10,700	9,520	7,680	4,050	110		
		Effective Sam	ple Size								

### D154VWC, D164VWC Virtuoso VR

US Market Release	May-06	Malfunctions (US)	69	NBD Code	VVEV
Registered US Implants	33,100	Therapy Function Not Compromised	56	Serial Number Prefix	PUN, PUP
Estimated Active US Implants 22,600		Electrical Component (4 malfunctions related to advisory)	43	Max Delivered Energy	35 J
Normal Battery Depletions (US)	115	Electrical Interconnect	1	Estimated Longevity	See page 38
Advisories: See page 143–2009	Detential	Possible Early Battery Depletion	11		
Reduced Device Longevity	Fotential	Other	1		
		Therapy Function Compromised	13		
Performance Note: See page 152 MOSFET Integrated Circuit Techno		Electrical Component	13		



### D224DRG, D234DRG Secura DR

US Market Release	Sep-08	Malfunctions (US)	31	NBD Code	DDED
Registered US Implants	47,000	Therapy Function Not Compromised	24	Serial Number Prefix	PUG
Estimated Active US Implants	40,600	Electrical Component	7	Max Delivered Energy	35 J
Normal Battery Depletions (US)	94	Possible Early Battery Depletion	8	Estimated Longevity	See page 38
Advisories	None	Software/Firmware	9		
		Therapy Function Compromised	7		
		Electrical Component	6		

Software/Firmware

**Product Characteristics** 

1

100 90											
80											
(	0 1	1	2	3	4	5	6	7	8	9	10
	Years After I	mplant 1 yr	Ex 2 yr	cluding Nor 3 yr	rmal Battery	Depletion		Including N	lormal Batte	ry Depletior	n 
%	Years After I		1	-	1	Depletion		Including N	lormal Batte	ry Depletion	n
	Years After I	1 yr	2 yr	3 yr	at 47 mo	Depletion		Including N	lormal Batte	ry Depletior	n

C

Effective Sample Size

24VRC, D234VRC Sec	ura VR					Product	t Charac	teristics	
US Market Release	Sep-08	Malfunctions (US)			12	NBD Code Serial Number Prefix Max Delivered Energy		VVEV	
Registered US Implants	18,600	Therapy Function Not Compromised			8			PUX	
Estimated Active US Implants	16,100	Electrical Component			2			35 J	
Normal Battery Depletions (US)	21	Possible Early Battery Depletion			4	Estimated Longevity			See page 3
Advisories	None	Software/Firmware			2				
		Therapy Function Compromised							
		Electrical Co	omponent		3				
		Software/Fi	rmware		1				
100 90 80 0 1 Years After Implant	2 3	4 ding Normal Batt	5 ery Depletion	6 Ir	7 ncludir		Battery	9 Depletior	10
1 yr	2 yr 3	yr at 46 m	o						
% 100.0	99.9 99	9.9 99.9							
% 99.9	99.8 99	9.5 99.4							
# 31,800 Effective Sample Size	18,500 5,8	380 290	İ						

### D274DRG, D294DRG Virtuoso II DR

US Market Release	Aug-09	Malfunctions (US)	1	NBD Code	VVED
Registered US Implants	22,100	Therapy Function Not Compromised	0	Serial Number Prefix	PZT
Estimated Active US Implants	19,500	Therapy Function Compromised	1	Max Delivered Energy	35 J
Normal Battery Depletions (US)	12	Electrical Component	1	Estimated Longevity	See page 38
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		



**Product Characteristics**
# D284DRG Maximo II DR

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		

**Product Characteristics** 

**Product Characteristics** 



<u>,</u>			l yr	2 yr	3 yr	at 47 mo			
Dev	%		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						

# D284VRC Maximo II VR

JS Ma	rket Release		Sep	-08	Malfunctions (US)		8	3	NBD Code		VVEV
legist	ered US Implant	s	11,	700	Therapy Function N	lot Compromised	5	5	Serial Number Pre	fix	PZN
stima	ited Active US In	nplants	10,	100	Electrical Comp	onent	2	2	Max Delivered Ene	ergy	35 J
Vorma	al Battery Deplet	tions (US)		20	Possible Early B	attery Depletion	1	I	Estimated Longev	vity	See page 3
Adviso	ories		No	one	Software Malfu	nction	2	2			
					Therapy Function C	ompromised	3	3			
					Electrical Comp	onent	2	2			
					Software/Firmw	are	1	I			
100 90											
	)	1	2	3	4	5 6		7	8	9	10
90	)	1 Implant	2 E	3 xcludin				7 ding	8 Normal Batter		
90	0	1 Implant 1 yr	2 E E	3 xcludin 3 yr	4 g Normal Battery at 46 mo			7 ding			
90 80	0	1 Implant 1 yr 100.0	2 2 2 yr 99.9	3 xcludin 3 yr 99.9	4 g Normal Battery at 46 mo 99.9			7 ding			
90	0	1 Implant 1 yr	2 E E	3 xcludin 3 yr	4 g Normal Battery at 46 mo 99.9			7 ding			

# D314DRG, D354DRG Protecta XT DR

Registered US Implants17,400Therapy Function Not Compromised0Serial Number PrefixPSKEstimated Active US Implants16,900Therapy Function Compromised0Max Delivered Energy35 JNormal Battery Depletions (US)6Electrical Component0Estimated LongevitySee page 38AdvisoriesNoneSoftware/Firmware0Estimated LongevitySee page 38	US Market Release	Mar-11	Malfunctions (US)		NBD Code	DDED
Normal Battery Depletions (US)     6     Electrical Component     0     Estimated Longevity     See page 34	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
Advisories None Software/Firmware 0	Normal Battery Depletions (US)	6	Electrical Component	0	Estimated Longevity	See page 38
	Advisories	None	Software/Firmware	0		



De		1 yr	at 16 mo				
%		100.0	100.0				
%		99.9	99.9				
#		3,880	230				
	Effective Sam	ple Size					

# D314VRG, D354VRG Protecta XT VR

US Mar	ket Release		Mar-1	1 Malfur	nctions (US)			2	NBD Code		VVEV
Registe	ered US Implant	ts	7,50	0 Thera	apy Functio	on Not Compr	omised	1	Serial Number P	refix	PSA
Estima	ted Active US Ir	mplants	7,30	0 E	lectrical Co	mponent		1	Max Delivered E	nergy	35 J
Norma	l Battery Deple	tions (US)		4 Thera	apy Functio	on Compromi	sed	1	Estimated Long	evity	See page 3
Adviso	ries		Non	e E	lectrical Co	mponent		1			
100											
90											
80	I			_							
	0	1	2	3	4	5	6	7	8	9	10
	Years After	Implant	Exc	luding Nor	mal Batte	ery Depleti	on	Includin	g Normal Batte	ery Depletior	1
		1 yr	at 16 mo								
%		100.0	100.0								
%		99.9	99.9								
#		1,480	110								
	Effective Sam	ple Size									

**Product Characteristics** 

<b>D</b> 3	34D	RG, D364	DRG Pro	otecta DR						Product	Characteri	stics	
	US Ma	rket Release		Mar-1	1 Mali	unctions (US)	)		2	NBD Code	2		DDED
	Regist	ered US Implan	ts	5,60	0 <b>Th</b>	erapy Functio	on Not Compro	mised	2	Serial Nur	nber Prefix		PSP
	Estima	ited Active US I	mplants	5,40	0	Electrical Co	mponent		2	Max Deliv	ered Energy		35 J
	Norma	al Battery Deple	tions (US)		0 <b>Th</b>	erapy Functio	on Compromis	ed	0	Estimated	Longevity		See page 38
	Adviso	ories		Non	e								
Device Survival Probability (%)	100 90 80	)	1	2	3	4	5	6	7	8	}	9	10
Device Surviv		Years After	1 yr	at 16 mo	luding No	ormal Batte	ery Depletic	n	Includir	ng Normal	Battery De	pletion	
	%		100.0	100.0									
	%		99.9	99.9									

#### D334VRG, D364VRG Protecta VR

3,880

**Effective Sample Size** 

230

#

DB	334VF	RG, D364	VRG Pro	tecta VR						Product Char	acteristics		
	US Mar	rket Release		Mar-1	I Malfu	nctions (US)			0	NBD Code		VVEV	
	Registe	ered US Implant	S	3,300	) Ther	apy Function	Not Compro	omised	0	Serial Number Pr	efix	PSX	
	Estima	ted Active US In	nplants	3,200	) Ther	apy Function	Compromis	ed	0	Max Delivered Er	nergy	35 J	
	Norma	l Battery Deple	tions (US)	(	)					Estimated Longe	vity	See page 38	
	Adviso	ries		None	2								
(%) vilitor	100 500 80	)											
roh do	2	0	1	2	3	4	5	6	7	8	9	10	
Davica Survival Probability (%)		Years After	1 yr	at 16 mo	luding Nor	rmal Batter	y Depletio	n	Includin	g Normal Batte	ry Depletior	۱ 	
6	5 %		100.0	100.0									

1,480 Effective Sample Size

-----

99.9

99.9

110

%

#

 $\Box$ 

# Implantable Cardioverter Defibrillators, continued

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.

Device Survival Probability (%)

Malfunctions (US)

		9 yr	<b>99.4</b> +0.2/-0.2	30.2 +2.8/-2.7	99.7 +0.1/-0.1 at 106 mo	<b>2.2</b> +0.8/-0.6 at 106 mo										
		8 yr 9	99.4 +0.1/-0.2	74.3 3 +1.0/-1.1 +1	99.7 +0.1/-0.1	50.5 2 ++	99.8 +0.0/-0.1 at 95 mo	<b>58.5</b> +3.7/-3.9 at 95 mo	99.2 +0.1/-0.1 at 89 mo	<b>5.1</b> +0.6/-0.5 at 89 mo	<b>99.8</b> +0.1/-0.1 at 85 mo	<b>16.0</b> +1.0/-1.0 at 85 mo				
		7 yr	99.5 +0.1/-0.2	86.8 +0.7/-0.8	99.7 +0.1/-0.1	77.6 +0.9/-0.9	99.8 +0.0/-0.1	82.8 +0.6/-0.6	99.2 +0.1/-0.1	<b>32.9</b> +0.8/-0.8	<b>99.8</b> +0.1/-0.1	<b>24.6</b> +1.0/-1.0	<b>99.7</b> +0.1/-0.1	<b>12.1</b> +1.1/-1.1	<b>99.4</b> +0.4/-0.9 at 83 mo	<b>59.6</b> +5.1/-5.5
		6 yr	99.6 +0.1/-0.1	<b>95.1</b> +0.4/-0.5	99.7 +0.1/-0.1	<b>89.6</b> +0.6/-0.6	99.8 +0.0/-0.1	<b>91.5</b> +0.4/-0.4	99.3 +0.1/-0.1	72.3 +0.7/-0.7	99.8 +0.1/-0.1	<b>67.4</b> +0.7/-0.7	<b>99.7</b> +0.1/-0.1	70.7 +0.7/-0.7	99.4 +0.4/-0.9	82.8 +2.9/-3.5
		5 yr	99.7 +0.1/-0.1	<b>98.5</b> +0.2/-0.2	99.8 +0.1/-0.1	97.5 +0.3/-0.3	99.8 +0.0/-0.1	<b>98.1</b> +0.2/-0.2	99.4 +0.1/-0.1	<b>92.3</b> +0.3/-0.4	<b>99.8</b> +0.0/-0.1	<b>90.5</b> +0.4/-0.4	<b>99.7</b> +0.1/-0.1	<b>90.9</b> +0.4/-0.4	<b>99.4</b> +0.4/-0.9	93.6 +1.6/-2.2
		4 yr	99.8 +0.1/-0.1	<b>99.1</b> +0.1/-0.2	99.8 +0.1/-0.1	<b>98.8</b> +0.2/-0.2	99.9 +0.0/-0.1	<b>99.3</b> +0.1/0.1	99.6 +0.1/-0.1	97.5 +0.2/-0.2	<b>99.8</b> +0.0/-0.1	<b>97.9</b> +0.2/-0.2	<b>99.8</b> +0.0/-0.1	<b>98.4</b> +0.2/-0.2	<b>99.4</b> +0.4/-0.9	97.4 +0.9/-1.4
`	int	3 yr	99.9 +0.0/-0.1	<b>99.3</b> +0.1/-0.1	99.8 +0.1/-0.1	<b>99.1</b> +0.1/-0.2	9.9 +0.0/0.0	<b>99.6</b> +0.1/-0.1	99.8 +0.0/-0.1	<b>98.7</b> +0.1/-0.1	<b>9.9</b> +0.0/-0.0	<b>99.3</b> +0.1/-0.1	<b>9.99</b> +0.0/0.0+	<b>99.3</b> +0.1/-0.1	99.5 +0.3/-0.8	<b>98.6</b> +0.6/-1.1
	Years After Implant	2 yr	99.9 +0.0/-0.1	<b>99.6</b> +0.1/-0.1	<b>99.9</b> +0.0/-0.1	<b>99.5</b> +0.1/-0.1	9.9 +0.0/-0.0	<b>99.8</b> +0.0/-0.1	9.99 +0.0/-0.0	<b>99.5</b> +0.1/-0.1	<b>99.9</b> +0.0/-0.0	<b>99.7</b> +0.1/-0.1	<b>9.99</b> +0.0/-0.0+	<b>99.7</b> +0.1/-0.1	<b>99.5</b> +0.3/-0.8	<b>99.2</b> +0.4/-0.9
	Years Af	1 yr	100.0 +0.0/-0.0	99.8 +0.1/-0.1	9.99 +0.0/-0.0	99.8 +0.1/-0.1	100.0 +0.0/-0.0	9.99 +0.0/-0.0	<b>99.9</b> +0.0/-0.0	<b>99.8</b> +0.0/-0.0	100.0 +0.0/-0.0	<b>99.9</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>9.99</b> +0.0/-0.0+	99.9 +0.1/-0.8	<b>99.8</b> +0.1/-0.6
			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
	vesty stopy sepy detion votion detion	n NT NUT	29 + 29 = 58	(19) + (1) (20) (advisory-related subset)	10 + 27 = 37		<b>15</b> + 50 = 65	(0) + (0) = (0) (advisory-related subset)	107 + 83 = 190	(73) + (3) = (76) (advisory-related subset)	10 + 51 = 61	(0) + (0) = (0) (advisory-related subset)	7 + 60 = 67		1 + 4 = 5	
1	rmal Battery (2U) znoitely		1,697	Battery	3,510		2,190	e Battery	8,692	e Battery	7,105	e Battery	6,446		130	
	bətemi ZU əvi: ztnelc	t)A 🛛	4,500	ial Premature	2,100	D Battery	20,200	tial Prematur	3,100	tial Prematur	9,200	tial Prematur	2,900		330	
	jistered Implants	SU Səß	19,400	- 2005 Potent Short	17,500	ce note on lC	44,300	- 2005 Poten Short	48,300	- 2005 Poten Short	37,600	- 2005 Poten Short	30,600		950	
	tearket ease	ləa SU	Dec-02	e page 149 - e to Battery 5	Dec-00	– Performan Javior	Oct-03	e to Battery 5	Mar-02	e to Battery S	Oct-03	e to Battery S	Jun-04		Mar-04	
		Family	Marquis VR	Advisories: <u>See page 149</u> – 2005 Potential Premature Battery Depletion Due to Battery Short	GEM III VR	<u>See page 157</u> – Performance note on ICD Battery Discharge Behavior	Maximo VR	Advisories: <u>See page 149</u> – 2005 Potential Premature Battery Depletion Due to Battery Short	Marquis DR	Advisories: <u>See page</u> 149 – 2005 Potential Premature Battery Depletion <u>Due to Battery</u> Short	Maximo DR	Advisories: <u>See page</u> 149 – 2005 Potential Premature Battery Depletion <u>Due to Battery</u> Short	Intrinsic		Onyx	
															7290Cx	

34 Medtronic CRDM Product Performance Report www.medtronic.com/CRDMProductPerformance

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Device Survival Probability (%)

Malfunctions

	Device July Ival Julillial y				F		2		E			•						
-		tex 926	istered stnslqm	bətem 2U əv stnsl	letions letions	rapy ction dpromised rapy	ction Not npromised	le		Years Aft	Years After Implant	ıt						
Model Number	Family	ələA V SU	I SN ნəუ	Acti		ədT no⊃ nu⁴		5toT		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	+	7 =	8	Excluding Normal Battery Depletion	<b>99.8</b> +0.2/-1.6	99.8 +0.2/-1.6	99.3 +0.5/-1.6	98.4 +0.9/-2.0	97.6 +1.2/-2.4	<b>97.6</b> +1.2/-2.4 at 65 mo			
	Advisories: <u>Se</u> Depletion	Advisories: <u>See page 140</u> –2012 Potential Rapid Battery Depletion	-2012 Poten	ıtial Rapid Ba	ttery				Including Normal Battery Depletion	<b>99.6</b> +0.3/-1.2	99.6 +0.3/-1.2	<b>98.4</b> +0.9/-1.9	92.6 +2.3/-3.3	<b>65.7</b> +5.3/-5.9	<b>46.6</b> +6.2/-6.5 at 65 mo			
D154ATG, D154DRG	EnTrust	Jun-05	28,200	11,600	3,141	<del>ل</del> ا +	107 =	120	Excluding Normal Battery Depletion	100.0 +0.0/-0.0	99.9 +0.0/-0.0	99.8 +0.0/-0.1	99.7 +0.1/-0.1	99.4 +0.1/-0.1	<b>99.4</b> +0.1/-0.1	<b>99.4</b> +0.1/-0.1 at 79 mo		
	Advisories: Se Depletion	Advisories: <u>See page 140</u> – 2012 Potential Rapid Battery Depletion	- 2012 Poter	ntial Rapid B	attery	<ul><li>(1) + (11) = (12</li><li>(advisory-related subset)</li></ul>	(11) = elated subs	-	Including Normal Battery Depletion	<b>99.9</b> +0.0/-0.1	<b>99.7</b> +0.1/-0.1	<b>99.3</b> +0.1/-0.1	<b>98.1</b> +0.2/-0.2	<b>91.0</b> +0.4/-0.4	<b>71.0</b> +0.8/-0.8	<b>40.7</b> +2.2/-2.2 at 79 mo		
D154AWG D164AWG (Non-advisory population)	Virtuoso DR	May-06	72,600	48,600	1,179		304 =	329	Excluding Normal Battery Depletion	<b>100.0</b> +0.0/-0.0	9.99 +0.0/-0.0	9.99 +0.0/-0.0	9 <b>9.5</b> +0.1/-0.1	99.2 +0.1/-0.1	<b>99.1</b> +0.1/-0.1 at 69 mo			
									Including Normal Battery Depletion	<b>99.9</b> +0.0/-0.0	<b>99.8</b> +0.0/-0.0	<b>99.5</b> +0.1/-0.1	<b>98.1</b> +0.1/-0.1	<b>93.8</b> +0.3/-0.3	<b>78.6</b> +2.8/-3.2 at 69 mo			
D154AWG D164AWG (Advisory population)	Virtuoso DR	May-06	4,100	300	91	12 +	1,858 = 1	1,870	Excluding Normal Battery Depletion	<b>100.0</b> +0.0/-0.0	9999 +0.1/-0.2	90.7 +1.0/-1.1	<b>49.8</b> +1.9/-1.9	<b>46.3</b> +1.9/-1.9 at 49 mo				
	Advisories: <u>Se</u> Longevity	<mark>Advisories: <u>See page</u> 143 –</mark> 2009 Potential Reduced Device Longevity	- 2009 Potei	ntial Reduce	d Device				Including Normal Battery Depletion	<b>99.9</b> +0.1/-0.1	99.7 +0.1/-0.3	8 <b>4.6</b> +1.2/-1.3	<b>14.6</b> +1.5/-1.4	<b>7.3</b> +1.2/-1.1 at 49 mo				
	See page 152 Integrated Circ	See page 152 – Performance note on Anomalies in MOSFET Integrated Circuit Technology	e note on Ar Jy	nomalies in N	AOSFET													
D154VRC	EnTrust VR	Jun-05	14,500	7,700	345	10 +	71 =	81	Excluding Normal Battery Depletion	<b>9.9</b> .0 +0.0/-0.0	99.9 +0.0/-0.1	99.8 +0.1/-0.1	<b>99.7</b> +0.1/-0.1	<b>99.4</b> +0.1/-0.2	<b>99.1</b> +0.2/-0.2	<b>99.0</b> +0.3/-0.5 at 82 mo		
	Advisories: <u>Se</u> Depletion	<mark>Advisories: <u>See page 140</u> – 2012 Potential Rapid Battery Depletion</mark>	- 2012 Poter	ntial Rapid Bč	attery	(2) + (36) = (38 (advisory-related subset)	(36) = elated subs	-	Including Normal Battery Depletion	<b>99.9</b> +0.0/-0.1	<b>99.7</b> +0.1/-0.1	<b>99.4</b> +0.1/-0.1	<b>99.0</b> +0.2/-0.2	<b>98.1</b> +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	<del>с</del> +	56 =	69	Excluding Normal Battery Depletion	100.0 +0.0/-0.0	100.0 +0.0/-0.0	99,9 +0.0/-0.0	99.8 +0.1/-0.1	99.7 +0.1/-0.1	99.7 +0.1/-0.1 at 68 mo			
	Advisories: <u>Se</u> Longevity	<b>Advisories: <u>See page 143</u> – 2009 Potential Reduced Device</b> Longevity	- 2009 Potei	ntial Reduce	d Device	<ul> <li>(0) + (4) = (4)</li> <li>(advisory-related subset)</li> </ul>	(4) = elated subs		Including Normal Battery Depletion	<b>99.9</b> +0.0/-0.0	<b>99.8</b> +0.0/-0.1	<b>99.7</b> +0.1/-0.1	99.3 +0.1/-0.1	<b>98.5</b> +0.2/-0.2	<b>96.6</b> +0.8/-1.0 at 68 mo			
	See page 152 Integrated Circ	See page 152 – Performance note on Anomalies in MOSFET Integrated Circuit Technology	e note on Ar Jy	nomalies in A	AOSFET													

continued

		8 yr												
		7 yr												
		6 yr												
		5 yr												
(%)		4 yr	<b>99.9</b> +0.0/-0.0 at 47 mo	<b>98.9</b> +0.2/-0.3 at 47 mo	<b>99.9</b> +0.0/-0.1 at 46 mo	<b>99.4</b> +0.1/-0.2 at 46 mo	<b>99.9</b> +0.0/-0.0 at 47 mo	<b>98.9</b> +0.2/-0.3 at 47 mo	<b>99.9</b> +0.0/-0.1 at 46 mo	<b>99.4</b> +0.1/-0.2 at 46 mo	<b>99.9</b> +0.0/-0.0 at 47 mo	<b>98.9</b> +0.2/-0.3 at 47 mo	<b>99.9</b> +0.0/-0.1 at 46 mo	<b>99.4</b> +0.1/-0.2 at 46 mo
robability	nt	3 yr	9.99 +0.0/-0.0	<b>99.4</b> +0.1/-0.1	99.9 +0.0/-0.1	99.5 +0.1/-0.1	9.99.9 +0.0/-0.0	<b>99.4</b> +0.1/-0.1	99.9 +0.0/-0.1	<b>99.5</b> +0.1/-0.1	9.99 +0.0/-0.0	<b>99.4</b> +0.1/-0.1	99.9 +0.0/-0.1	<b>99.5</b> +0.1/-0.1
Device Survival Probability (%)	Years After Implant	2 yr	<b>100.0</b> +0.0/-0.0	<b>99.7</b> +0.0/-0.0	<b>9.9</b> .9 +0.0/-0.0	<b>99.8</b> +0.1/-0.1	<b>100.0</b> +0.0/-0.0	<b>99.7</b> +0.0/-0.0	<b>9.9</b> .0+0.0+	<b>99.8</b> +0.1/-0.1	<b>100.0</b> +0.0/-0.0	<b>99.7</b> +0.0/-0.0	<b>9.9</b> .0 +0.0/-0.0	<b>99.8</b> +0.1/-0.1
Device S	Years Af	1 yr	<b>100.0</b> +0.0/-0.0	<b>99.9</b> +0.0/-0.0										
Ľ			Excluding Normal Battery Depletion	Including Normal Battery Depletion										
	le	тоt	31		12		-		7		7		8	
ions	rapy iction Not bezimorqn	nu Fun Cor	24 =		Ш 80		= 0		2 =		4		5 II	
Malfunctions	rapy Iction npromised	run Cor	+		4 +		+		+		+ m		+ M	
t	mal Battery snoisons	10N Dep	94		21		12							
	stnale								9		31		20	
	bətsm SU əvi ətaclı	ţэА	40,600		16,100		19,500		8,100 6		15,700 31		10,100 20	
	SU 9vi	I 2U Esti Fot	47,000 40,600		18,600 16,100		22,100 19,500							
	stnalqm bətam ive US	Relo Esti Act							8,100		15,700		10,100	
	esse jistered Implants ive US	Relo Esti Act	47,000		18,600		22,100		9,100 8,100		18,300 15,700		11,700 10,100	

36 Medtronic CRDM Product Performance Report www.medtronic.com/CRDMProductPerformance

		L								
		8 yr								
		7 yr								
		6 yr								
		5 yr								
(%)		4 yr								
obability	Ţ	3 yr								
Device Survival Probability (%)	Years After Implant	2 yr	<b>100.0</b> +0.0/-0.0 at 16 mo	<b>99.9</b> +0.0/-0.0 at 16 mo	<b>100.0</b> +0.0/-0.0 at 16 mo	<b>99.9</b> +0.0/-0.1 at 16 mo	<b>100.0</b> +0.0/-0.0 at 16 mo	<b>99.9</b> +0.0/-0.0 at 16 mo	<b>100.0</b> +0.0/-0.0 at 16 mo	<b>99.9</b> +0.0/-0.1 at 16 mo
Device S	Years Aft	1 yr	100.0 +0.0/-0.0	<b>99.9</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>99.9</b> +0.0/-0.1	<b>100.0</b> +0.0/-0.0	<b>99.9</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>99.9</b> +0.0/-0.1
E			Excluding Normal Battery Depletion	Including Normal Battery Depletion						
	le	тоt	0		7		7		0	
S	yqara toN noitor b92imorqm	ru7 Coi	= 0		"		2		Ш 0	
Malfunctions	erapy mpromised		+		+		+		+	
Malfu	erapy otion	n T	0		-		0		0	
	rmal Battery sinons		9		4		0		0	
	bətemi SU əvi stnalo	ţЪА	16,900		7,300		5,400		3,200	
	yistered Implants	SU Seg	17,400		7,500		5,600		3,300	
	Market ease		Mar-11		Mar-11		Mar-11		Mar-11	
			(TDR		XTVR		a DR		a VR	
		Family	Protecta XT DR		Protecta XT VR		Protecta DR		Protecta VR	

Device Survival Summary continued

 $\underline{\Box}$ 

## **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							Elective Replacement				
					**						ERI)***	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	Cx	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		$\leq$ 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).

<sup>‡</sup> 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.

#### Reference Chart continued

ererene	e Chart cor	lunuea							Replac (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)
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 of > 16-secon 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 of > 16-secon 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 of > 16-secon 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 of > 16-secon 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 of > 16-secon 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 of > 16-secon 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 of > 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 of > 16-secon 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 of > 19-secon 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 of > 16-secon 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 o > 19-secon 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	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

**Estimated Longevity** 

Recommended

\* 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.

Source: Medtronic Device Registration and Returned Product Analysis Data as of August 6, 2012

# **ICD Connector Styles**



#### Adapta DR ADDR01, ADDR03, ADDR06, ADD01

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		

**Product Characteristics** 

**Product Characteristics** 



nrv		Years After	Implant	Excluding Normal Battery Depletion     Including Normal Battery Depletion								
ce S			1 yr	2 yr	3 yr	4 yr	5 yr	at 71 mo				
Jevi	%		100.0	100.0	100.0	100.0	100.0	100.0				
	%		100.0	100.0	99.9	99.7	99.3	98.6				
	#		251,800	188,100	128,100	74,400	29,300	240				
		Effective Sam	ple Size									

## Adapta DR ADDRL1

Registered US Implants63,100Therapy Function Not Compromised5Serial Number PrefixEstimated Active US Implants57,000Electrical Component55Normal Battery Depletions (US)14Therapy Function Compromised1Estimated LongevityPerformance Note: See page 150 - Performance on Dual Chamber Pacemakers with Measurement Lock-up ERIS1Electrical Interconnect	
Estimated Active US Implants       57,000       Electrical Component       5         Normal Battery Depletions (US)       14       Therapy Function Compromised       1       Estimated Longevity         Performance Note: See page 150 - Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI       1       Electrical Interconnect       1         Image: Second S	DDDR
Normal Battery Depletions (US)14Therapy Function Compromised1Estimated LongevityPerformance Note: See page 150 - Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERIElectrical Interconnect1	PWE, NWE
Performance Note: See page 150 -     Electrical Interconnect     1       Performance note on Dual Chamber     1       Pacemakers with Measurement Lock-up ERI	
Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	See page 7 <sup>°</sup>
100       90       10       90       90       10       90       90       10       90       90       10       90       10       90       10       90       10       90       10       90       10       90       10       90       10       90       10       90       10       90       10       90       10       90       10       90       10       90       10       90       10       90       10 <t< td=""><td></td></t<>	
80     0     1     2     3     4     5     6     7     8     9     1       Vears After Implant      Excluding Normal Battery Depletion      Including Normal Battery Depletion       1     yr     2     yr     3     yr     4     yr     5     yr     at 68 mo	
0       1       2       3       4       5       6       7       8       9       1         Years After Implant — Excluding Normal Battery Depletion         1       yr       2       yr       4       yr       5       yr       at 68 mo       1	
Years After Implant       Excluding Normal Battery Depletion        Including Normal Battery Depletion         1 yr       2 yr       3 yr       4 yr       5 yr       at 68 mo	C
Diagonal   1 yr   2 yr   3 yr   4 yr   5 yr   at 68 mo	
<u>~</u> % <u>—</u> 100.0 100.0 100.0 100.0 100.0 100.0 100.0	
%          100.0         100.0         99.9         99.7         99.6         99.6	
# 44,100 27,900 15,200 6,680 1,770 180	

44,100 # Effective Sample Size

## Adapta DR ADDRS1

#### US Market Release Jul-06 Malfunctions (US) 5 NBG Code DDDR PWA, NWA **Registered US Implants** 30,500 **Therapy Function Not Compromised** 3 Serial Number Prefix 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 Electrical Component Performance Note: See page 150 -2 Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI /al Probability (%) 100 90 ٦ 80 0 2 3 4 5 6 7 8 9 10

urviva		Years After	Implant	Exc	cluding Norr	mal Battery [	Depletion	Inclu	iding Norma	l Battery De	pletion	
ce S			1 yr	2 yr	3 yr	4 yr	5 yr	at 68 mo				
Devi	%		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	10,500	5,740	2,040	160				
Effective Sample Size												

# Adapta SR ADSR01, ADSR03, ADSR06

Adapt	a SR adsr	01, ADSR03	, ADSR06						Product Characteri	stics
US Ma	arket Release		Jul-06	6 Malfun	ctions (US)			7	NBG Code	SSIR
Regist	tered US Implan	ts	58,900	D Thera	Therapy Function Not Compromised			3	Serial Number Prefix	NWN, NWM, NWP,
Estim	ated Active US Ir	mplants	41,300	D Ele	ectrical Compo	onent		2		PWP, PWM, PWN
Norm	al Battery Deple	tions (US)	110	D Po	ossible Early Ba	ttery Depletio	n	1	Estimated Longevity	See page 71
Advis	ories		None	e <b>Thera</b>	Therapy Function Compromised					
				Ele	ectrical Compo	onent				
				Ele	ectrical Interco	onnect		1		
<u>.</u>	000	1	2	3	4	5	6	7	8 9	0 10
Survival	Years After			luding Norr			1	cludin	g Normal Battery De	oletion
vice		1 yr	2 yr	3 yr	4 yr	5 yr	at 70 mo			
		100.0	100.0	100.0	100.0	100.0	100.0			
%		100.0	99.9	99.7	99.3	98.3	97.2			
#		42,800	30,400	19,900	11,000	4,050	100			
	Effective San	ipie Size								

US Mar	rket Release		Jul-0	6 Malfu	nctions (US)			0	NBG Code	VDD	
Registe	ered US Implant	ts	94	0 Ther	apy Function N	lot Compromi	sed	0	Serial Number F	PWG, NWG	
Estima	ited Active US Ir	mplants	71	0 Ther	apy Function C	Compromised		0	Estimated Long	jevity	See page 7
Norma	al Battery Deple	tions (US)		0							
Perform	mance Note: <u>Se</u> mance note on I akers with Meas	Dual Chamber	up ERI								
90 80											
90											
90 80	0 Years After	1 Implant	~	3 cluding Nor	4 mal Battery	5 Depletion at 58 mo	6 	7 Includin	g Normal Batt	9 ery Depletio	10 n
90 80			Exc	cluding Nor	mal Battery	Depletion	-	7 Includin	-	-	
90 80		1 yr	2 yr	cluding Nor	mal Battery	Depletion at 58 mo	-	7 7 Includin	-	-	

Effective Sample Size

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

	US Mar	ket Release	Apr-11	Malfunctions (US)				0	NBG Code			OAE - DDDR OOE - DDDR	
	Registe	ered US Implant	S	490	Therapy F	unction No	ot Compromis	ed	0	Serial Number Prefix			PZK, PZJ, PZL, PZW
	Estimat	ted Active US In	nplants	480	Therapy F	unction Co	mpromised		0	Estimate	ed Longevity		See page 71
	Norma	l Battery Deplet	tions (US)	0									
	Perforn	nance Note: <u>See</u> nance note on E akers with Meas	Dual Chamber	ıp ERI									
ability (%)	100 90 80												
robi	(	0 1	1 2	3	4	5	; (	5	7	8	ç	9 10	
Device Survival Probability	% %	Years After	Implant at 7 mo 100.0 100.0	Excludi	ng Normal	Battery [	Depletion	Ind	cludin	g Norma	al Battery D	Depletion	
	#		110										
		Effective Sam	ple Size										

Mar-03

10,800

950

2,771

Malfunctions (US)

**Therapy Function Not Compromised** 

Possible Early Battery Depletion

Possible Early Battery Depletion

**Electrical Component** 

**Therapy Function Compromised** 

**Electrical Component** 

Electrical Interconnect

#### AT500 AT501, 7253 US Market Release

**Registered US Implants** 

Estimated Active US Implants

Normal Battery Depletions (US)

Performance Note: See page 155 -

Performance note on AT500 Pacing System Follow-Up Protocol

#### **Product Characteristics**

1

1

1

1

0

9	NBG Code	DDDRP
4	Serial Number Prefix	IJF
1	Estimated Longevity	See page 71
3		
5		
3		
1		
1		



		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	at 81 mo		
%		100.0	100.0	100.0	99.9	99.9	99.9	99.9		
%		99.9	99.8	99.5	97.6	84.3	50.7	10.0		
#		9,660	8,920	8,170	7,370	5,540	2,410	330		
	Effective Sam	nla Siza								

Effective Sample Size

#### EnPulse DR E1DR01, E1DR03, E1DR06

US Market Release	Dec-03
Registered US Implants	6,830
Estimated Active US Implants	2,110
Normal Battery Depletions (US)	843
Performance Note: <u>See page 150</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	

Malfunctions (US) **Therapy Function Not Compromised Electrical Component Therapy Function Compromised** 

NBG Code	DDDR
Serial Number Prefix	PRA, PRB, PRE
Estimated Longevity	See page 71



#### EnPulse DR E1DR21

#### **Product Characteristics** US Market Release NBG Code DDDR Dec-03 Malfunctions (US) 0 **Registered US Implants** 1,850 **Therapy Function Not Compromised** 0 Serial Number Prefix PPT **Estimated Active US Implants** 160 **Therapy Function Compromised** 0 **Estimated Longevity** See page 71 Normal Battery Depletions (US) 361 Performance Note: See page 150 -

Performance note on Dual Chamber

Pacemakers with Measurement Lock-up ERI



	Years After Implant		Exc	luding Norm	nal Battery D	epletion	Including Normal Battery Depletion				
		1 yr	2 yr	3 yr	4 yr	5 yr	бyr	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 Sample Size										

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

	-				
US Market Release	Feb-04	Malfunctions (US)	23	NBG Code	DDDR
Registered US Implants	100,700	Therapy Function Not Compromised	17	Serial Number Prefix	PNB, PNC, PNF
Estimated Active US Implants	50,700	Electrical Component	15		
Normal Battery Depletions (US)	3,505	Electrical Interconnect	2	Estimated Longevity	See page 71
Performance Note: See page 150 –		Therapy Function Compromised	6		
Performance note on Dual Chamber Pacemakers with Measurement Lock-up ER		Battery	1		
Facemakers with Measurement Lock-up En		Electrical Component	3		
		Electrical Interconnect	2		



Source: Medtronic Device Registration and Returned Product Analysis Data as of August 6, 2012



#### EnPulse 2 DR E2DR31, E2DR33

US Market Release	Feb-04	Malfunctions (US)	0	NBG Code	DDDR
Registered US Implants	580	Therapy Function Not Compromised	0	Serial Number Prefix	PNL, PNM
Estimated Active US Implants	410	Therapy Function Compromised	0	Estimated Longevity	See page 7
Normal Battery Depletions (US)	6				

Normal Battery Depletions (US) Performance Note: <u>See page 150</u> – Performance note on Dual Chamber

Pacemakers with Measurement Lock-up ERI

evice Survival Probability (%)



e Su			1 yr	2 yr	3 yr	4 yr	5 yr	бyr	7 yr	at 86 mo		
evic	%		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0		
Δ	%		100.0	100.0	100.0	100.0	100.0	99.0	96.5	96.5		
	#		560	530	500	470	430	360	130	110		
		Effective Sample Size										

### EnPulse 2 SR E2SR01, E2SR03, E2SR06

US Market Release	Dec-03	Malfunctions (US)	4	NBG Code	SSIR
Registered US Implants	25,500	Therapy Function Not Compromised	3	Serial Number Prefix	PMW, PMY,
Estimated Active US Implants	8,260	Electrical Component	2		PNA
Normal Battery Depletions (US)	954	Possible Early Battery Depletion	1	Estimated Longevity	See page 71
Advisories	None	Therapy Function Compromised	1		
		Other	1		



#### EnPulse 2 VDD E2VDD01

#

US Market Release	Dec-03	Malfunctions (US)	0	NBG Code	VDD
Registered US Implants	640	Therapy Function Not Compromised	0	Serial Number Prefix	PMV
Estimated Active US Implants	230	Therapy Function Compromised	0	Estimated Longevity	See page 71
Normal Battery Depletions (US	) 54				
Performance Note: See page 1 Performance note on Dual Chai Pacemakers with Measurement	mber				
§ 100					
Atilia 80			<u>`</u>		

#### **Device Survival Prob** 70 0 2 3 5 8 9 10 4 6 7 ----- Including Normal Battery Depletion Years After Implant Excluding Normal Battery Depletion 3 yr 4 yr 5 yr 1 yr 2 yr 6 yr at 78 mo 100.0 100.0 100.0 % 100.0 100.0 100.0 100.0 100.0 100.0 100.0 99.5 98.6 % 88.8 73.4

370

240

110

**Product Characteristics** 

**Product Characteristics** 

0	NBG Code	VDD
0	Serial Number Prefix	PMV
0	Estimated Longevity	See page 71

PG

520

470

420

570

Effective Sample Size

# EnRhythm DR P1501DR

#### **Product Characteristics**

US Market Release May	5 Malfunctions (US)	4,617	NBG Code	DDDRP
Registered US Implants 110,0	0 Therapy Function Not Compromised	4,570	Serial Number Prefix	PNP
Estimated Active US Implants 72,2	0 Battery (200 malfunctions related to advisory)	4,494	Estimated Longevity	See page 71
Normal Battery Depletions (US)	7 Electrical Component (1 malfunction related to advisory)	23		
Advisories: See page 141 – 2010 Low Battery Voltage Displayed at Device Interrogation	Possible Early Battery Depletion (1 malfunction related to advisory)	51		
Performance Note: See page 152 – Anomalies in	Electrical Interconnect	2		
MOSFET Integrated Circuit Technology	Therapy Function Compromised	47		
	Battery	5		
	Electrical Component	37		
	Electrical Interconnect	3		
	Possible Early Battery Depletion	2		



#### EnRhythm MRI EMDR01

									TTOQUEE CI	iuructeristic.	,
US Mar	ket Release		N	I/A Malfur	nctions (US)			3	NBG Code		VDD
Registe	ered US Implant	ts	1	10 Thera	Therapy Function Not Compromised				Serial Numbe	r Prefix	PWG, NWG
Estimat	ted Active US Ir	mplants		90	Battery Malfu	nction		3	Estimated Lor	ngevity	See page 71
Norma	Normal Battery Depletions (US)				py Function C	ompromised	I	0			
Perform	nance Note: <u>Se</u> nance note on I akers with Meas	Dual Chamber	up ERI								
8 100 100											
80											
	0	1	2	3	4	5	6	7	8	9	10
001 (%) 000 (%	Years After	1 yr	2 yr	at 34 mo	mal Battery	Depletion		Includin	g Normal Ba	ttery Deplet	ion
		100.0	100.0	100.0							
%		100.0	100.0	100.0							
#	F((	110	110	100							
	Effective Sam	iple Size									

2

3

# Kappa 400 DR KDR401, KDR403

Device Survival Probability (%)

0

1

#### 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 Estimated Longevity 4,520 **Electrical Component** 10 See page 72 Normal Battery Depletions (US) 7,785 **Electrical Interconnect** 1 Advisories 2 None Possible Early Battery Depletion Other 1 **Therapy Function Compromised** 11 **Electrical Component** 7 Electrical Interconnect 4 100 90 80 70 60 50 40 30 20 10 0

**Product Characteristics** 

	Years After Implant		Exc	luding Norn	nal Battery D	)epletion	Including Normal Battery Depletion				
		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										

6

7

8

9

10

5

4

Feb-98

15,400

1,600

1,490

Malfunctions (US)

**Therapy Function Not Compromised** 

Possible Early Battery Depletion

**Electrical Component** 

#### Kappa 400 SR KSR401, KSR403

US Market Release

**Registered US Implants** 

Estimated Active US Implants

Normal Battery Depletions (US)

#### **Product Characteristics**

5

4

3

1

NBG Code	SSIR
Serial Number Prefix	PEU, PGD
Estimated Longevity	See page 72



#### Kappa 700 D KD701, KD703, KD706

Ka	рра	700 D KC	701, KD703	, KD706						Product	Character	ristics	
	US Ma	rket Release		Jan-	99 Ma	lfunctions (US)			0	NBG Code			DDD
	Registe	ered US Implan	ts	3	10 Tł	nerapy Function	Not Comprom	ised	0	Serial Num	oer Prefix		PHK, PHM, PHL
	Estima	ted Active US I	mplants		67 Tł	7 Therapy Function Compromised			0	Estimated L	ongevity		See page 72
	Norma	al Battery Deple	tions (US)		18								
	<b>Adviso</b> Separa	ories: <u>See page 144</u> – 2009 Potential ation of Interconnect Wires											
	Perfor	mance Note: <u>S</u> mance note on akers with Mea		up ERI									
ability (%)	100 90 80												
Device Survival Probability (%)	C	) Years After	l mplant		3 cluding N   3 yr	4 lormal Battery   4 yr	5 y Depletion 5 yr	6 Ine   6 yr	7 cludin   7 y	8 g Normal E			10
e S	%		-		-	-	-	-	-				
Jevi	% 0/		100.0	100.0	100.0	100.0	100.0	100.0	100		00.0		
	70		100.0	100.0	100.0	99.0	97.8	95.4	94.		6.4		
	#	Effective Sam	270 ple Size	240	210	190	180	160	140	)   1 <sup>.</sup>	10		

# Kappa 700 DR KDR701, KDR703, KDR706

Device Survival Probability (%)

#

172,700

Effective Sample Size

157,900

143,500

129,200

115,300

99,200

73,200

	US Mar	ket Release		Jan-9	9 Mali	unctions (US)		74	0 NBG Cod	de		
	Registe	ered US Implant	ts	206,30	0 <b>Th</b>	erapy Function No	ot Compromise	<b>d</b> 5	2 Serial Nu	umber Prefix		
	Estimat	ted Active US Ir	nplants	26,80	0	Battery			1			
	Normal	l Battery Deple	tions (US)	33,68	1	Electrical Compo	nent	2	7 Estimate	ed Longevity		
	Separat Perforr Perforn	tion of Intercor mance Note: Se	ee page 150 – Dual Chamber P		The	Electrical Intercor Possible Early Bat Other erapy Function Co	tery Depletion		4 3			
						Electrical Compo	nent	1	7			
						Electrical Intercor		67	0			
						(275 malfunctions Possible Early Bat			1			
_	100 =											
Device Survival Probability (%)	90											
oilit	80 -											
oba	70 -											
E P	60											
viva	50 -											
Sur	40											
/ice	30 -											
ص	20 -											
	10 -									1		
	0											
	0	1	2	3	8	4	5 6	5 7	7 8	3 9	)	
		Years After	Implant	Exc	luding N	ormal Battery [	Depletion	Inclu	uding Norma	al Battery De	pletion	
			1 yr	2 yr	3 yr	4 yr	5 yr	бyr	7 yr	8 yr	at 106 mo	
	%		100.0	100.0	99.9	99.9	99.9	99.9	99.7	99.6	99.4	
	%		99.9	99.8	99.6	99.2	98.2	95.5	85.4	56.1	8.0	

#### **Product Characteristics**

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

33,400

2,530

10



# Kappa 700 DR KDR721

Ka	рра 700 DR ковтора 700 DR ковтора 700 DR ковтора и комперияти и комперияти и комперияти и комперияти и комперияти и				Product Characteristics	
	US Market Release	Feb-99	Malfunctions (US)	5	NBG Code	DDD/RO
	Registered US Implants	9,800	Therapy Function Not Compromised	1	Serial Number Prefix	PGR
	Estimated Active US Implants	770	Electrical Component	1	Estimated Longevity	See page 72
	Normal Battery Depletions (US)	1,346	Therapy Function Compromised	4		
	Advisories: See page 144 – 2009 Potential Separation of Interconnect Wires		Electrical Interconnect	4		

Performance Note: See page 150 -

**Effective Sample Size** 

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



#### Kappa 700 SR KSR701, KSR703, KSR706

Device Survival Probability (%)

#### **US Market Release** Jan-99 Malfunctions (US) 28 NBG Code SSIR **Registered US Implants** 55,300 **Therapy Function Not Compromised** 4 Serial Number Prefix PHT, PHW, PHU Estimated Active US Implants 6,480 **Electrical Component** 2 Normal Battery Depletions (US) 4,961 **Electrical Interconnect** 1 **Estimated Longevity** See page 72 Advisories: See page 144 – 2009 Potential Separation of Interconnect Wires Possible Early Battery Depletion 1 **Therapy Function Compromised** 24 Electrical Component 4 20 **Electrical Interconnect** (17 malfunctions related to advisory) 100 90 80 70 60 50 40 30 20 10 0 2 3 4 5 6 8 9 10 Years After Implant Excluding Normal Battery Depletion ----- Including Normal Battery Depletion 1 yr 2 yr 3 yr 4 yr 5 yr бyr 7 yr 8 yr 9 yr 100.0 100.0 100.0 99.8 % 100.0 100.0 100.0 99.9 99.9 99.9 99.8 99.4 98.7 % 97.2 93.5 83.3 56.4 4.6 39,000 33,100 28,100 23,500 18,700 12,600 170 # 45,500 5,660 **Effective Sample Size**

## Kappa 700 VDD KVDD701

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		
Advisories: See page 144 – 2009 Potentia Separation of Interconnect Wires	I				
Performance Note: <u>See page 150</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI					
(% 100					

V (9	90							-				
÷.	80											
ab												
do 1	70											
P	60											
ivo	50											
nr	40											
eS										1		
vic	30		1				1					
De	(	0	1 2	2 3	3 4	4	5 (	б	7 8	3 9	9 10	0

Years After Implant

Excluding Normal Battery Depletion
 Including Normal Battery Depletion

**Product Characteristics** 

**Product Characteristics** 

		1 yr	2 yr	3 yr	4 yr	5 yr	бyr	7 yr	8 yr	at 97 mo	
%		99.9	99.9	99.9	99.8	99.8	99.6	99.6	99.6	99.6	
%		99.8	99.6	99.1	98.6	98.4	94.1	72.7	41.9	41.1	
#		1,480	1,320	1,180	1,050	960	790	430	110	100	
	Effective Sample Size										

#### Kappa 800 DR KDR801, KDR803

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 -Performance note on Dual Chamber

Pacemakers with Measurement Lock-up ERI





**Effective Sample Size** 

#### Kappa 900 DR KDR901, KDR903, KDR906

US Market Release	Jan-02	Malfunctions (US)	74	NBG Code	DDR/RO
Registered US Implants	125,400	Therapy Function Not Compromised	21	Serial Number Prefix	PKM, PKN, PKP
Estimated Active US Implants	31,600	Electrical Component	16		
Normal Battery Depletions (US)	17,156	Electrical Interconnect	4	Estimated Longevity	See page 72
Advisories	None	Other	1		
		Therapy Function Compromised	53		

Electrical Component

Electrical Interconnect

**Product Characteristics** 

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Device Survival Probability (%)

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					- N	
) 						

Years After Implant \_\_\_\_\_ Excluding Normal Battery Depletion \_\_\_\_\_ Including Normal Battery Depletion

		1 yr	2 yr	3 yr	4 yr	5 yr	бyr	7 yr	8 yr	at 104 mo	
%		100.0	100.0	100.0	100.0	100.0	100.0	99.9	99.9	99.9	
%		100.0	99.9	99.8	99.4	98.6	96.4	87.5	57.3	14.4	
#		112,900	103,600	94,500	85,900	77,200	66,700	47,900	20,400	2,130	
	Effective Sample Size										

#### Kappa 900 SR KSR901, KSR903, KSR906

US Marke	et Release	Jan-02
Registere	ed US Implants	37,000
Estimate	d Active US Implants	7,080
Normal B	attery Depletions (US)	2,836
	es: <u>See page 144</u> – 2009 Separation of Interconne	

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

#### **Product Characteristics**

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



		1 yr	2 yr	3 yr	4 yr	5 yr	бyr	7 yr	8 yr	at 102 mo
%		100.0	100.0	100.0	100.0	100.0	99.9	99.9	99.9	99.9
%		99.9	99.8	99.6	98.9	97.6	94.5	83.7	49.0	13.6
#		30,300	25,900	22,300	19,100	16,200	12,800	7,480	2,370	300
	Effective Sam	ple Size								

#### Карра 900 VDD кvDD901

#### **US Market Release** Jan-02 Malfunctions (US) 2 NBG Code VDD **Registered US Implants** 650 **Therapy Function Not Compromised** 2 Serial Number Prefix PLE Estimated Longevity Estimated Active US Implants 75 Software/Firmware Malfunction 1 See page 72 Normal Battery Depletions (US) Other 80 1 **Therapy Function Compromised** 0 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 Device Survival Probability (%) 100 90 80 70 60 50 0 2 3 4 5 7 8 9 10 6 Years After Implant Excluding Normal Battery Depletion ----- Including Normal Battery Depletion 3 yr 1 yr 2 yr 4 yr 5 yr бyr at 83 mo 100.0 100.0 100.0 100.0 99.6 99.6 % 100.0 % 100.0 100.0 100.0 99.0 97.9 90.8 55.4 # 500 450 350 110 550 390 270 **Effective Sample Size**

# Kappa 920 DR KDR921

**Registered US Implants** 

Estimated Active US Implants

Normal Battery Depletions (US)

Advisories: See page 144 – 2009

US Market Release

#### Product Characteristics

Jan-02	Malfunctions (US)	4	NBG Code	DDD/RO
16,300	Therapy Function Not Compromised	1	Serial Number Prefix	PKR
1,650	Electrical Component	1		
2,719	Therapy Function Compromised	3	Estimated Longevity	See page 72
	Electrical Interconnect (3 malfunctions related to advisory)	3		

Potential Separation of Interconnect Wires Performance Note: <u>See page 150</u> –

Performance note on Dual Chamber

Pacemakers with Measurement Lock-up ERI

	00												
2	90												
8	80												
-	70							<u>``</u>					
	60												
L	50								<u>\</u>				
2	40								<u> </u>				
-	30								<u> </u>				
-	20												
	10												
	0								1				
	0	1		2	3	4	5	6		7	8	9	10
	Year	rs After Ir	nplant		Excludin	g Normal Ba	tterv Deple	tion	Inclu	ıdina Norm	al Battery D	epletion	

		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	at 82 mo		
%		100.0	100.0	100.0	100.0	100.0	99.9	99.9		
%		99.9	99.7	99.2	97.2	90.2	59.4	4.4		
#		14,000	12,500	11,100	9,560	7,600	3,360	160		
	Effective Sam	ole Size								

## Prodigy SR 8158, 8160, 8161, 8162

US Market Release	Oct-95	Malfunctions (US)	4	NBG Code
Registered US Implants	22,300	Therapy Function Not Compromised	2	Serial Number Pret
Estimated Active US Implants	2,270	Battery Malfunction Possible Early Battery Depletion	1 1	
Normal Battery Depletions (US)	1,382	Therapy Function Compromised	2	Estimated Longevi
Advisories	None	Electrical Component	1	
		Electrical Interconnect	1	

NBG Code	SSIR
Serial Number Prefix	PEM, PED, PEE, PEF
Estimated Longevity	See page 72



nsia DR SEDR01, SED01				Product Characteristics	
US Market Release	Jul-06	Malfunctions (US)	14	NBG Code	DDD, DDDR
Registered US Implants	111,300	Therapy Function Not Compromised	9	Serial Number Prefix	PWL, PWK,
Estimated Active US Implants	84,900	Electrical Component	9		NWL, NWK
Normal Battery Depletions (US)	118	Therapy Function Compromised	5	Estimated Longevity	See page 7
Performance Note: <u>See page 150</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ER		Electrical Component	5		



nsia 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 7
Advisories	None	Electrical Interconnect	1		



#### Sigma 100 S 55103, 55106

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US Market Release	Aug-99
Registered US Implants	790
Estimated Active US Implants	95
Normal Battery Depletions (US)	22
Advisories: See page 148 – 2005 Potentia	I

Separation of Interconnect Wires

# Malfunctions (US) 0 NBG C Therapy Function Not Compromised 0 Serial Therapy Function Compromised 0 Estimation

NBG Code	:	SS

0	NBG Code	SSI
0	Serial Number Prefix	PJG, PJH
0	Estimated Longevity	See page 72

90										
30									-	
		1	2	3	4	5	6	7	8	9 10
	Years After	r Implant	E>	cluding Nor	mal Battery	Depletion	Inc	luding Nori	nal Battery I	Depletion
1		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 vr	8 yr	at 103 mo
		I YI	y	- ).	/	- ).	U yı	/ yı	O yr	
%		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
% %		-				-	-			
		100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0

## Sigma 200 DR SDR203

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

#### Product Characteristics

NBG Code	DDD/RO
Serial Number Prefix	PJD
Estimated Longevity	See page 73



#### Sigma 200 SR SSR203, SS203

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 73
Normal Battery Depletions (US)	341	Electrical Interconnect (11 malfunctions related to advisory)	11		
Advisories: See page 148 – 2005 P Separation of Interconnect Wires; Se					



## 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 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

#### **Product Characteristics**

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



# Sigma 300 SR SSR303, SSR306

#### **Product Characteristics**

S Mai	rket Rele	ease			A	ug-99	Malfu	nctions	(US)				50	NBG Code	2			9	SIR	
Registered US Implants Estimated Active US Implants						54,100	Ther	apy Fun	ction N	ot Com	promised		9	Serial Nur	nber Pr	efix		F	YG, PJH	
						1,500	E	lectrica	al Component				1	Estimated Longevity				9	See page 73	
orma	l Batter	y Deplet	ions (US	)		1,060	,060 Electrical Interconnect (2 malfunctions related to advisory)				tions	7								
dvisc	ories: <mark>Se</mark>	ee page	<u>148</u> – 2	005 Pote	ntial		(	Other					1							
		Intercon					Ther	apy Fun	ction C	ompron	nised		41							
	144 – 20 onnect V	009 Pote Vires	ential Sep	paration	of		E	lectrica	l Compo	onent			3							
							F	lectrica	Interco	onnect			38							
											o advisory	1)								
100		_																		
90																				
80																				
70																				
60									_	_										
50											i.									
40	0 Years	1 2 s After			5	6 Exclud	7 ling No	8 rmal Ba	-		11 12 ion -		14 ncluding	15 16 Normal				20	21	
		1 yr	2 yr	3 yr	4 yr	5 yr	бyr	7 yr	8 yr	9 yr	10 yr	11 yr	at 139 mo			ļ				
%		100.0	100.0	100.0	100.0	100.0	99.9	99.8	99.7	99.7	99.7	99.7	99.7							
%		100.0	99.9	99.8	99.6	99.2	98.6	97.3	94.9	90.2	81.5	66.3	44.5							
#		43,100	36,100	30,300	25 500	21,100	16,500	12,500	9,060	5,840	3,210	1,130	150							

#### Sigma 300 VDD svDD303

Si	gma 300 VDD svDD303				Product Characteristics	
	US Market Release	Sep-99	Malfunctions (US)	1	NBG Code	VDDD
	Registered US Implants	640	Therapy Function Not Compromised	0	Serial Number Prefix	PJD
	Estimated Active US Implants	89	Therapy Function Compromised	1	Estimated Longevity	See page 73
	Normal Battery Depletions (US)	59	Electrical Interconnect	1		
	Advisories: See page 148 – 2005 Potential Separation of Interconnect Wires					

Device Survival Probability (%)



Years After Implant

Excluding Normal Battery Depletion
 Including Normal Battery Depletion

		1 yr	2 yr	3 yr	4 yr	5 yr	бyr	7 yr	8 yr	9 yr	at 109 mo
%		100.0	100.0	100.0	100.0	100.0	100.0	100.0	99.5	99.5	99.5
%		100.0	100.0	100.0	100.0	99.4	98.1	94.2	89.6	72.4	66.7
#		550	480	430	380	340	290	230	180	110	100
	Effective Sam	ple Size									

/ersa 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: See page 150 –		Therapy Function Compromised	2		
Performance note on Dual Chamber Pacemakers with Measurement Lock-up	ERI	Electrical Component	2		



#### **Revo MRI SureScan RVDR01**

Revo N	/IRI SureS	can RVDR0	1						Produc	t Character	istics	
Regist Estim	arket Release tered US Implan ated Active US II al Battery Deple ories	mplants	Feb-11 36,500 35,600 0 None	Therap Ele Therap	tions (US) <b>y Function No</b> ctrical Compor <b>y Function Co</b> ctrical Compor	nent mpromised		2 1 1 1 1		le Imber Prefix d Longevity		DDDRP PTN See page 73
Device Survival Probability (%) 8 % 9 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0	1	2 3			-	6	7	8			10
evice Surviv %	Years After	1 mplant 1 yr 100.0	at 18 mo	uding Norm	nal Battery D	Depletion	Incl	uding	g Norma	l Battery De	epletion	
ے م #		100.0 10,500 ple Size	100.0 360									

Device Survival Summary (95% Confidence Interval) The following table shows IPG device survival estimates with 95%.

	included				included. Malfu	Malfur	nctions (US)	(US)		nctions (US) Device Survival Probability (%)	Devic	Device Survival Probability (%)	al Proba	bility (%					- -		
۸lir	del nber	tearket ease	listered stnalqm	bətem ive US stnele	yrətteal lam (2U) znoitəlu	icapy iction	rapy rapy	iction Not besimorqn	le		Years	Years After Implant	plant								
nei	ooM nuN	eleg I SU	I SN ნəყ	†>A		un-	әч⊥		tot		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr
Adapta DR	ADDR01, ADDR03, ADDR06, ADDR06,	Jul-06	316,000	260,900	277	19	+ 34		53	Excluding Normal Battery Depletion	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0 at 71 mo					
	See page Pacemake	150 – Pei ers with M	formance n easurement	<u>See page 150</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	Chamber I					Including Normal Battery Depletion	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>99.9</b> +0.0/-0.0	<b>99.7</b> +0.0/-0.0	<b>99.3</b> +0.1/-0.1	<b>98.6</b> +0.2/-0.2 at 71 mo					
Adapta DR	ADDRL1	Jul-06	63,100	57,000	14	-	+	Ш	9	Excluding Normal Battery Depletion	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	100.0 +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0 at 68 mo					
	See page Pacemake	<u>150</u> – Pei ers with M	formance n easurement	<u>See page 150</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	Chamber I					Including Normal Battery Depletion	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>99.9</b> +0.0/-0.1	<b>99.7</b> +0.1/-0.1	<b>99.6</b> +0.1/-0.2	<b>99.6</b> +0.1/-0.2 at 68 mo					
Adapta DR	ADDRS1	Jul-06	30,500	23,100	168	2	κ +	Ш	2	Excluding Normal Battery Depletion	<b>100.0</b> +0.0/-0.0	100.0 +0.0/-0.0	<b>100.0</b> +0.0/-0.0	100.0 +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0 at 68 mo					
	See page Pacemake	<u>150</u> – Pei ers with M	formance n easurement	<u>See page 150</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	Chamber I					Including Normal Battery Depletion	<b>100.0</b> +0.0/-0.0	<b>99.9</b> +0.0/-0.1	<b>99.6</b> +0.1/-0.1	<b>98.8</b> +0.2/-0.3	<b>94.5</b> +0.7/-0.8	<b>85.2</b> +2.3/-2.7 at 68 mo					
Adapta SR	ADSR01, ADSR03, ADSR06	Jul-06	58,900	41,300	110	4	∾ +	II	7	Excluding Normal Battery Depletion	100.0 +0.0/-0.0	<b>100.0</b> +0.0/-0.0	100.0 +0.0/-0.0	<b>100.0</b> +0.0/-0.0	100.0 +0.0/-0.0	<b>100.0</b> +0.0/-0.0 at 70 mo					
										Including Normal Battery Depletion	<b>100.0</b> +0.0/-0.0	<b>9.9.9</b> +0.0/-0.0	<b>99.7</b> +0.1/-0.1	<b>99.3</b> +0.1/-0.1	<b>98.3</b> +0.3/-0.3	<b>97.2</b> +0.5/-0.6 at 70 mo					
Adapta VDD	ADVDD01	1 Jul-06	940	710	0	0	0 +	Ш	0	Excluding Normal Battery Depletion	<b>100.0</b> +0.0/-0.0	100.0 +0.0/-0.0	<b>100.0</b> +0.0/-0.0	100.0 +0.0/-0.0	<b>100.0</b> +0.0/-0.0 at 58 mo						
	See page 150 Pacemakers w	ı È	formance n easurement	<u>See page 150</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	Chamber I					Including Normal Battery Depletion	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0 at 58 mo						
Advisa DR MRI+C82	A3DR01, A4DR01, A5DR01, EN1DR01	Apr-11	490	480	0	0	0 +	П	0	Excluding Normal Battery Depletion	100.0 +0.0/-0.0 at 7 mo										
	See page Pacemake	<u>150</u> – Pel ers with M	formance n easurement	<u>See page 150</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	Chamber I					Including Normal Battery Depletion	<b>100.0</b> +0.0/-0.0 at 7 mo										
AT500	AT501, 7253	Mar-03	10,800	950	2,771	2	+ 4	Ш	6	Excluding Normal Battery Depletion	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>99.9</b> +0.1/-0.1	99.9 +0.1/-0.1	<b>99.9</b> +0.1/-0.1	<b>99.9</b> +0.1/-0.1 at 81 mo				
	<u>System Fo</u>	155 – Perl ollow-Up I	ormance no Protocol	See page 155 – Performance note on AT500 Pacing System Follow-Up Protocol	0 Pacing					Including Normal Battery Depletion	<b>99.9</b> +0.0/-0.1	<b>99.8</b> +0.1/-0.1	<b>99.5</b> +0.1/-0.2	<b>97.6</b> +0.3/-0.4	<b>84.3</b> +0.8/-0.9	<b>50.7</b> +1.3/-1.3	<b>10.0</b> +1.2/-1.1 at 81 mo				

64 Medtronic CRDM Product Performance Report www.medtronic.com/CRDMProductPerformance continued

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	Vlime1	EnP	DR	
Source: Medtron Data as of Augus	9	ration and Returned	Product Analysis	

Medtronic CRDM Product Performance Report	65
www.medtronic.com/CRDMProductPerformance	

continued

						Malfunc	nctions (US)	()		Device	Device Survival Probability (%)	l Probab	ility (%)							
			plants tered	SU 🤅	al Battery (CU) snoit	py Function promised	toN noi besimore			Years A	Years After Implant	lant								
	amuN JmuN	selea SM 2U	ml 2U ml 2U	mits∃ evitoA elqml	Deple Norm	Thera Comp Thera	pung	letoT		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr
EnPulse DR	E1DR01, E1DR03, E1DR06	Dec-03	6,830	2,110	843	+	н —	-	Excluding Normal Battery Depletion	<b>100.0</b> +0.0/-0.0	100.0 +0.0/-0.0	100.0+0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0 at 101 mo		
	<mark>See page</mark> Pacemake	<u>See page 150</u> – Performance note on Dual Pacemakers with Measurement Lock-up ERI	rmance not surement Lc	<u>See page 150</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock- up ERI	amber				Including Normal Battery Depletion	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>99.9</b> +0.1/-0.1	<b>99.2</b> +0.2/-0.3	<b>98.4</b> +0.3/-0.4	<b>96.9</b> +0.5/-0.5	87.5 +1.0/-1.1	60.9 +1.7/-1.7	<b>39.6</b> +2.7/-2.7 at 101 mo		
EnPulse DR	E1DR21	Dec-03	1,850	160	361	+ 0	Ш О	0	Excluding Normal Battery Depletion	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0 at 80 mo				
	<mark>See page</mark> Pacemake	<u>See page 150</u> – Performance note on Dual ( Pacemakers with Measurement Lock- up ERI	rmance not surement Lc	<u>See page 150</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	amber				Including Normal Battery Depletion	<b>100.0</b> +0.0/-0.0	<b>99.6</b> +0.2/-0.5	<b>98.9</b> +0.4/-0.7	<b>96.7</b> +0.8/-1.1	92.5 +1.4/-1.7	<b>63.3</b> +3.1/-3.3	<b>25.5</b> +3.8/-3.7 at 80 mo				
EnPulse 2 DR	E2DR01, E2DR03, E2DR06, E2D01, E2D03	Feb-04	100,700	50,700	3,505	+ v	17 =	23	Excluding Normal Battery Depletion	100.0 +0.0/-0.0	100.0 +0.0/-0.0	<b>100.0</b> +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	<b>100.0</b> +0.0/-0.0 at 96 mo			
	<mark>See page</mark> Pacemake	<u>See page 150</u> – Performance note on Dual Pacemakers with Measurement Lock- up ERI	rmance not surement Lc	<u>See page 150</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	amber				Including Normal Battery Depletion	<b>100.0</b> +0.0/-0.0	<b>9.99</b> +0.0/-0.0	<b>99.8</b> +0.0/-0.0	<b>99.5</b> +0.0/-0.1	<b>98.8</b> +0.1/-0.1	97.3 +0.1/-0.1	90.7 +0.3/-0.3	<b>57.4</b> +1.8/-1.9 at 96 mo			
EnPulse 2 DR	E2DR21	Feb-04	12,200	2,830	1,621	+	" 0	-	Excluding Normal Battery Depletion	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0 at 81 mo				
	<mark>See page</mark> Pacemake	<u>See page 150</u> – Performance note on Dual Pacemakers with Measurement Lock-up ERI	rmance not surement Lc	<u>See page 150</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock- up ERI	amber				Including Normal Battery Depletion	<b>99.9</b> +0.0/-0.1	<b>99.7</b> +0.1/-0.1	<b>99.2</b> +0.2/-0.2	97.7 +0.3/-0.3	91.7 +0.6/-0.7	68.5 +1.2/-1.2	<b>19.0</b> +2.6/-2.5 at 81 mo				
EnPulse 2 DR	E2DR31, E2DR33	Feb-04	580	410	9	+ 0	= 0	0	Excluding Normal Battery Depletion	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	<b>100.0</b> +0.0/-0.0	100.0 +0.0/-0.0	<b>100.0</b> +0.0/-0.0 at 86 mo			
	<mark>See page</mark> Pacemake	<u>See page 150</u> – Performance note on Dual Pacemakers with Measurement Lock-up ER	rmance not surement Lc	<u>See page 150</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	amber				Including Normal Battery Depletion	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>99.0</b> +0.6/-1.7	96.5 +1.8/-3.8	<b>96.5</b> +1.8/-3.8 at 86 mo			
EnPulse 2 SR	E2SR01, E2SR03, E2SR06	Dec-03	25,500	8,260	954	+ 	။ က	4	Excluding Normal Battery Depletion	100.0 +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	100.0 +0.0/-0.0	<b>100.0</b> +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0	100.0 +0.0/-0.0 at 93 mo			
									Including Normal Battery Depletion	<b>100.0</b> +0.0/-0.0	<b>99.9</b> +0.0/-0.1	<b>99.5</b> +0.1/-0.1	<b>98.9</b> +0.2/-0.2	97.7 +0.2/-0.3	<b>94.3</b> +0.4/-0.4	82.4 +1.0/-1.0	<b>33.5</b> +4.1/-4.1 at 93 mo			

	r   7 vr   8 vr   9 vr   10 vr   11 vr		73.4 +5.5/6.6 at 78 mo	89.3 86.5 +0.3/-0.3 +0.4/-0.4 at 81 mo	76.4 62.3 +0.4/-0.5 +1.0/-1.0 at 81 mo				99.9 99.9 99.9 99.9 99.9 99.9 +0.0/-0.0 +0.0/-0.0 at 105 mo	97.1 87.8 56.6 10.8 +0.2/-0.2 +0.4/-0.4 +0.7/-0.7 +0.8/-0.7 at 105 mo	100.0 100.0 100.0 100.0 100.0 +0.0/-0.0 +0.0/-0.0 at 109 mo	$\begin{array}{cccccccccccccccccccccccccccccccccccc$	100.0 100.0 100.0 100.0 +0.0/-0.0 +0.0/-0.0 at 96 mo	95.4 94.2 86.4 +2.3/-4.4 +2.7/-4.8 +4.7/-6.9 at 96 mo	
(9)	5 vr	<b>100.0</b> +0.0/-0.0	88.8 +3.1/-4.2	96.5 +0.2/-0.2	<b>92.4</b> +0.2/-0.2				<b>99.9</b> +0.0/-0.0	<b>98.9</b> +0.1/-0.1	<b>100.0</b> +0.0/-0.0	<b>98.5</b> +0.2/-0.3	100.0 +0.0/-0.0	97.8 +1.4/-3.5	
obability (9	tr   4 vr	0	100.0 99.5 +0.0/-0.0 +0.4/-1.3	99.9 99.2 +0.0/-0.0 +0.1/-0.1	99.7 +0.0/-0.0 +0.1/-0.1		100.0 +0.0/-0.0 at 34 mo	<b>100.0</b> +0.0/-0.0 at 34 mo	100.0 100.0 +0.0/-0.0	99.6 99.4 +0.1/-0.1 +0.1/-0.1	100.0 100.0 +0.0/-0.0	99.5 99.0 +0.1/-0.1 +0.2/-0.2	100.0 +0.0/-0.0 +0.0/-0.0	100.0 99.0 +0.8/-3.2	
Device Survival Probability (%)	Years After Implant 1 vr   2 vr   3 vr	0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>9.9</b> +0.0/-0.0		<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	99.8 99.6 +0.0/-0.0 +0.1/-(	100.0 +0.0/-0.0 +0.0/-0.0	99.7 +0.1/-0.1	100.0 +0.0/-0.0	<b>100.0</b> +0.0/-0.0	
Device	Years /	• +	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0		<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>99.8</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>99.8</b> +0.1/-0.1	100.0 +0.0/-0.0	<b>100.0</b> +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	Excluding Normal Battery Depletion	Including Normal Battery Depletion	
Malfunctions (US)	Therapy Function Compromised Function Vot Compromised Total	0 = 0 + 0		47 + 4,570 = 4,617	(0) + (202) = 202 (advisory-related subset)		8 + 0		11 + 14 = 25		1 + 4 = 5		0 = 0 + 0	(0) + (0) = (0) (advisory-related subset)	
E	Registered US Implants Estimated Active US Implants Depletions (US)	640 230 <mark>5</mark> 4	<u>See page 150</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	5 110,000 72,200 <mark>607</mark>	See page 141 – 2010 Low Battery Voltage Displayed at Device Interrogation Advisories:	<u>See page 152</u> – Performance note on anomalies in MOSFET Integrated Circuit Technology	110 90 0	See page 150 – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	46,800 4,520 7,785	<u>See page 150</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	15,400 1,600 1,490		310 67 18	See page 144 – 2009 Potential Separation of Interconnect Wires	<u>See page 159</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI
	Model Number US Market Release	E2VDD01 Dec-03	<mark>See page 150</mark> – Per Pacemakers with Me	P1501DR May-05	<u>See page 141</u> – 2010 Low Battery V at Device Interrogation Advisories:	<mark>See page 152</mark> – Per MOSFET Integrated	EMDR01 N/A	<u>See page 150</u> – Pei Pacemakers with Mi	KDR401, Jan-98 KDR403	See page 150 – Pei Pacemakers with Mi	KSR401, Feb-98 KSR403		KD701, Jan-99 KD703, KD706	See page 144 – 2009 Interconnect Wires	See page 159 – Pei Pacemakers with Mi
	VlimeT	EnPulse 2 B VDD		EnRhythm F DR			EnRhythm R MRI		Kappa 400 DR		Kappa 400 SR		Kappa 700 DR		

66 Medtronic CRDM Product Performance Report www.medtronic.com/CRDMProductPerformance

Device Survival Summary continued

#### Source: Medtronic Device Registration and Returned Product Analysis Data as of August 6, 2012
## **IPG** Implantable Pulse Generators, continued

Device Survival Summary continued

						Malfunctions	tions			Device	Survival	Device Survival Probability (%)	lity (%)							
ij۸	ıper lel	farket ase	istered stnslqm	bəter SU əv stnsi	lantery letions	rapy ction berimored	rapy ction Not berimorq	ľ		Years A	Years After Implant	lant								
	nuN	ələЯ N SU	၊ SN ၆ခ႘	itoA		no⊃ nu٦ ədT	unj	stoT		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr
Kappa 700 DR	KDR701, KDR703, KDR706	Jan-99	206,300	26,800	33,681	+ 688 +	. 52 =	740	Excluding Normal Battery Depletion	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	9.99.9 +0.0/-0.0	<b>99.9</b> +0.0/-0.0	<b>99.9</b> +0.0/-0.0	<b>99.9</b> +0.0/-0.0	99.7 +0.0/-0.0	99.6 +0.0/-0.0	<b>99.4</b> +0.1/-0.1 at 106 mo		
	See page 144– 2009 Potential Separation of Interconnect Wires	Potential S	eparation	of Interconn	ect	(275) +	= (0)	(275)	Including Normal Battery	<b>9.99</b> +0.0/-0.0	<b>99.8</b> +0.0/-0.0	<b>9.9.6</b> +0.0/-0.0	<b>99.2</b> +0.0/-0.0	98.2 +0.1/-0.1	95.5 +0.1/-0.1	<b>85.4</b> +0.2/-0.2	<b>56.1</b> +0.4/-0.4	8.0 +0.4/-0.4		
						(advisory	ory-related subset)		Depletion									at 106 mo		
	See page 150 - Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	formance n	ote on Dua Lock-up ER	l Chamber I																
Kappa 700 DR	KDR721	Feb-99	9,800	770	1,346	4 +	-	ے۔ س	Excluding Normal Battery Depletion	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	99.9 +0.1/-0.1	<b>99.9</b> +0.1/-0.1	<b>99.9</b> +0.1/-0.1	99.9 +0.1/-0.1 at 85 mo			
	See page 144 – 2009 Potential Separation of Interconnect Wires	Potential 9	Separation	of Interconn	lect	(0) + (advisory-	<ul><li>(0) + (0) = (0)</li><li>(advisory-related subset)</li></ul>		Including Normal Battery Depletion	<b>99.8</b> +0.1/-0.1	<b>99.5</b> +0.1/-0.2	98.7 +0.2/-0.3	96.7 +0.4/-0.5	<b>91.0</b> +0.7/-0.8	68.8 +1.4/-1.5	<b>20.9</b> +2.0/-1.9	<b>14.6</b> +2.0/-1.9 at 85 mo			
	See page 150 - Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	formance n	ote on Dua Lock-up ER	l Chamber I																
Kappa 700 SR	KSR701, KSR703, KSR706	Jan-99	55,300	6,480	4,961	24 +	4	28	Excluding Normal Battery Depletion	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>99.9</b> +0.0/-0.0	<b>99.9</b> +0.0/-0.1	<b>99.8</b> +0.1/-0.1		
	See page 144 – 2009 Potential Separation of Interconnect Wires	Potential S	Separation	of Interconn	ect	(17) +	= (0)	(17)	Including Normal Battery	<b>9.99</b> +0.0/-0.0	<b>99.8</b> +0.0/-0.0	<b>99.4</b> +0.1/-0.1	<b>98.7</b> +0.1/-0.1	<b>97.2</b> +0.2/-0.2	<b>93.5</b> +0.3/-0.3	<b>83.3</b> +0.5/-0.5	<b>56.4</b> +0.9/-0.9	<b>4.6</b> +1.1/-0.9		
						(advisory	ory-related subset)	set)	Depretion											
Kappa 700 VDD	KVDD701	Jan-99	1,690	210	172	4 +	= 0	4	Excluding Normal Battery Depletion	<b>99.9</b> +0.1/-0.3	99.9 +0.1/-0.3	99.9 +0.1/-0.3	<b>99.8</b> +0.1/-0.4	99.8 +0.1/-0.4	<b>99.6</b> +0.2/-0.6	<b>99.6</b> +0.2/-0.6	99.6 +0.2/-0.6	<b>99.6</b> +0.2/-0.6 at 97 mo		
	<u>See page 144</u> – 2009 Potential Separation of Interconnect Wires	Potential 9	Separation	of		(0 + (advisory-	<ul><li>(0 + (0) = (0)</li><li>(advisory-related subset)</li></ul>		Including Normal Battery Depletion	<b>99.8</b> +0.1/-0.5	<b>99.6</b> +0.2/-0.5	<b>99.1</b> +0.4/-0.7	<b>98.6</b> +0.5/-0.8	<b>98.4</b> +0.6/-0.9	<b>94.1</b> +1.3/-1.7	72.7 +3.1/-3.5	<b>41.9</b> +4.7/-4.7	<b>41.1</b> +4.7/-4.8 at 97 mo		
	See page 150 – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	formance n	ote on Dua Lock-up ER	l Chamber I																
Kappa 800 DR	KDR801, KDR803	Jan-02	4,280	670	687	+ m		m	Excluding Normal Battery Depletion	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	100.0 +0.0/-0.0	99.9 +0.1/-0.4	<b>99.9</b> +0.1/-0.4	<b>99.9</b> +0.1/-0.4 at 104 mo		
	See page 150 – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	formance n	ote on Dua Lock-up ER	l Chamber I					Including Normal Battery Depletion	<b>100.0</b> +0.0/-0.0	<b>99.9</b> +0.1/-0.2	<b>99.8</b> +0.1/-0.2	<b>99.5</b> +0.2/-0.3	98.5 +0.4/-0.5	<b>96.1</b> +0.7/-0.8	<b>84.3</b> +1.5/-1.6	<b>52.9</b> +2.3/-2.4	<b>19.4</b> +2.7/-2.5 at 104 mo		

Source: Medtronic Device Registration and Returned Product Analysis Data as of August 6, 2012

#### Medtronic CRDM Product Performance Report 67 www.medtronic.com/CRDMProductPerformance

Ddl

continued

continued
Summary
Survival
Device

oility (%		4 yr	<b>100.0</b> +0.0/-0.0	<b>99.4</b> +0.0/-0.1	100.0 +0.0/-0.	<mark>98.9</mark> +0.1/-0.1		<b>100.0</b> +0.0/-0.0	<b>99.0</b> +0.6/-1.6
al Probal	olant	3 yr	100.0 +0.0/-0.0	<b>99.8</b> +0.0/-0.0	100.0 +0.0/-0.0	<b>99.6</b> +0.1/-0.1		100.0 +0.0/-0.0	<b>100.0</b> +0.0/-0.0
Surviva	After Im <sub>I</sub>	2 yr	100.0 +0.0/-0.0	<b>99.9</b> +0.0/-0.0	100.0 +0.0/-0.0	<b>99.8</b> +0.0/-0.1		100.0 +0.0/-0.0	<b>100.0</b> +0.0/-0.0
Device	Years /	1 yr	100.0 +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>9.9.9</b> +0.0/0.0+		<b>100.0</b> +0.0/-0.	<b>100.0</b> +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
	le	tot	74		17	(8) bset)		5	
tions	rapy stion Not npromised	an The	- 21 =		ш ∞	- (0) = -related sub		- 2 =	
Malfuno	rapy stion stion	nu7 nu7	23		о т	(8) + (advisory-		•	
	mal Battery vletions	Nor Dep	17,156		2,836	paration	amber	80	paration
	SU 9v	toA	31,600		7,080	<sup>o</sup> otential Se	on Dual Chá k-up ERI	75	<sup>o</sup> otential Se
	istered aplants	I SN ნəუ	125,400		37,000	1 <u>44</u> – 2009 I	nance note rement Loc	650	see page 144 – 2009 Potential Separation set Wires
	Varket 9269	eles USU	Jan-02		Jan-02	See page 1 ect Wires	<u>)</u> – Perforn with Measu	Jan-02	See page 1 ect Wires
	Malfunctions Device Survival Probability (%	istered mplants mated bettons mated mpromised	Compromised Total	-02 Release Registered Poppletions 125,400 31,600 T/156 125,400 31,600 Mortion Compromised Function Not Function Not Function Not Function Sed Function Not Function Not Funct	J-02     Releasee       1,02     Inplants       1,156     Interapy       1,157     Interapy	Malfunctions       37,000     7,000       37,000     7,080       2,080     2,083       9     +       8     =       17,156     53       4     Therapy Function Not Compromised       37,000     7,080       2,080     2,083       9     +       8     =       17,156     53       4     Therapy Function Not Compromised       9     +       8     =       1     =       1     =       1     =       1     =       1     Normal Battery Forulting       0     Pepletion       0     Depletion       0     Depletion       0     Depletion	Malfunctions     Registered       37,000     7,000     31,600     17,156     53     +     1       37,000     7,080     2,836     17,156     53     +     21     =       37,000     7,080     2,836     9     +     8     =     1       1141 - 2009 Potential Separation     80     +     10     Normal Battery       1010     7,080     2,836     9     +     8     =     1       1011     1014     1     1     74     Normal Battery     Normal Battery       101     1,1156     53     +     21     =     74       101     8     +     1     101al     Normal Battery       101     8     +     1     Normal Battery       101     8     +     1     Normal Battery       101     8     +     1     Normal Battery       101     1     1     1     101al       11     1     1     1     1	Malfunctions Malfunctions Malfunctions a signature a signature a signature b spletion b spletio	Malfunctions Malfunctions 53 + 21 6 Compromised 6 Compromised 6 Compromised 6 Compromised 6 Compromised 6 Compromised 7 Function Not 6 Compromised 7 Compromised 8 + 2 8 + 21 = 74 7 Compromised 8 Compromised 9 Compromised 8 Compromised 8 Compromised 8 Compromised 8 Compromised 8 Compromised 8 Compromised 8 Compromised 8 Compromised 8 Compromised 9 Compro

Implantable Pulse Generators, continued

#### 12 yr **100.0** +0.0/-0.0 at 159 mo **23.7** +2.3/-2.2 at 159 mo 11 yr **100.0** +0.0/-0.0 **44.8** +1.8/-1.8 10 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** +0.0/-0.0 **74.0** +1.2/-1.2 9 yr 99.9 +0.0/-0.0 at 104 mo **91.4** +0.6/-0.6 **100.0** +0.0/-0.0 **57.3** +0.5/-0.5 **49.0** +1.2/-1.3 99.9 +0.0/-0.1 8 yr **94.7** +0.4/-0.5 9.99 +0.0/-0.0+ 87.5 +0.3/-0.3 83.7 +0.7/-0.7 **99.6** +0.3/-1.9 at 83 mo **100.0** +0.0/-0.0 99.9 +0.0/-0.1 +6.4/-6.9 **99.9** +0.0/-0.1 at 82 mo **4.4** +1.2/-1.0 at 82 mo at 83 mo 7 yr 55.4 **94.5** +0.3/-0.4 **96.5** +0.3/-0.4 **100.0** +0.0/-0.0 99.9 +0.0/-0.0 99.6 +0.3/-1.9 **100.0** +0.0/-0.0 **59.4** +1.2/-1.2 **96.4** +0.1/-0.1 90.8 +2.7/-3.7 99.9 +0.0/-0.1 **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 6 yr **97.8** +0.2/-0.3 100.0+0.0 **100.0** +0.0/-0.0 **97.6** +0.2/-0.2 100.0 +0.0/-0.0 90.2 +0.6/-0.6 **100.0** +0.0/-0.0 **100.0** +0.0/-0.0 **100.0** +0.0/-0.0 **100.0** +0.0/-0.0 **98.7** +0.2/-0.3 **98.6** +0.1/-0.1 97.9 +1.1/-2.1 **99.1** +0.1/-0.1 5 yr 97.2 +0.3/-0.3 98.7 +0.2/-0.2 100.0 +0.0/-0.0 **100.0** +0.0/-0.0 100.0 +0.0/-0.0 **100.0** +0.0/-0.0 **99.6** +0.1/-0.1 **99.5** +0.1/-0.1 **99.8** +0.0/-0.0 **100.0** +0.0/-0.0 **100.0** +0.0/-0.0 **99.2** +0.1/-0.2 **100.0** +0.0/-0.0 **100.0** +0.0/-0.0 **99.2** +0.1/-0.1 **99.8** +0.0/-0.1 **100.0** +0.0/-0.0 **100.0** +0.0/-0.0 **100.0** +0.0/-0.0 100.0 +0.0/-0.0 **100.0** +0.0/-0.0 99.7 +0.1/-0.1 **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** +0.0/-0.0 **100.0** +0.0/-0.0 100.0 +0.0/-0.0 **100.0** +0.0/-0.0 99.9 +0.0/-0.1 **99.7** +0.1/-0.1 Excluding Normal Battery Depletion Including Normal Battery Depletion Excluding Normal Battery Depletion Including Normal Battery Depletion Excluding Normal Battery Depletion Including Normal Battery Excluding Normal Battery Depletion Including Normal Battery Depletion Depletion m (advisory-related subset) 4 Ь 4 4 П Ш Ш Ш Ш ē -2 6 4 + + + + + m $\widehat{\mathbb{C}}$ 2 Ś 2,719 1,382 Advisories: See page 144 – 2009 Potential Separation of Interconnect Wires 118 22 See page 150 - Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI See page 150 – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI 84,900 53,300 2,270 1,650 111,300 22,300 76,100 16,300 Oct-95 Jan-02 Jul-06 Jul-06 Advisories: Set of Interconnect Advisories: Ser of Interconnect See page 150 Pacemakers w 8158, 8160, 8161, 8162 **KVDD901** KDR901, KDR903, KDR906 SEDR01, SED01 KSR901, KSR903, KSR906 SESR01, SES01 **KDR921** Number Model Kappa 900 VDD Kappa 920 DR Kappa 900 SR Kappa 900 DR **Prodigy SR** Sensia DR Sensia SR Ylime7

68 Medtronic CRDM Product Performance Report www.medtronic.com/CRDMProductPerformance

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		10 yr   11 yr   12 yr	100.0 +0.0/-0.0 at 103 mo	88.9 +4.1/-6.4 at 103 mo	99,5 99,5	81.7 42.7 +1.1/-1.2 +3.6/-3.7 at 139 mo	99.7 99.7 99.7 +0.1/-0.2 +0.1/-0.2 at 141 mo	83.5 49.0 +1.5/-1.6 +4.2/-4.3 at 141 mo	99,4 99,4 +0.1/-0.1 +0.1/-0.1 at 139 mo	81.4 19.1 +0.5/-0.6 +3.6/-3.4 at 139 mo	99.7 99.7	81.5 44.5 +0.9/-1.0 +3.7/-3.7 at 139 mo
		8 yr   10	100.0 100 +0.0/-0.0 +0.0 at 1	93.8 88.9 +2.7/-4.7 at 103 at 103	99.6 99.5 +0.1/-0	94.2 81.7 +0.5/-0.6 +1.1/-	99.8 99.7 +0.1/-	95.2 83.5 +0.6/-0.7 +1.5/-1	99.6 99.4 +0.1/-(	95.1 81. +0.2/-0.2 +0.1	99.7 +0.1/-0.1 +0.1/-	94.9 81. +0.4/-0.4 +0.9
		7 yr   8	100.0 +0.0/-0.0	96.5 9 +1.8/-3.5 +	99.8 +0.1/-0.1	97.5 +0.3/-0.4 +	99.8 +0.1/-0.2	97.1 +0.5/-0.5	99.8 +0.0/-0.0	97.9 +0.1/-0.1	99.8 +0.1/-0.1	97.3 +0.2/-0.3
		6 yr	100.0 +0.0/-0.0	98.7 +0.8/-2.3	<b>100.0</b> +0.0/-0.0	<b>99.0</b> +0.2/-0.2	99.9 +0.1/-0.2	98.6 +0.3/-0.4	<b>99.9</b> +0.0/-0.0	<b>98.9</b> +0.1/-0.1	9999 +0.0/-0.0	98.6 +0.1/-0.2
(9)		5 yr	100.0 +0.0/-0.0	<b>98.7</b> +0.8/-2.3	100.0 +0.0/-0.0	<b>99.5</b> +0.1/-0.2	99.9 +0.0/-0.1	<b>99.2</b> +0.2/-0.3	99.9 +0.0/-0.0	<b>99.4</b> +0.1/-0.1	100.0 +0.0/-0.0	<b>99.2</b> +0.1/-0.1
Device Survival Probability (%)		4 yr	<b>100.0</b> +0.0/-0.0	<b>99.5</b> +0.4/-1.3	100.0 +0.0/-0.0	<b>99.8</b> +0.1/-0.1	100.0 +0.0/-0.0	<b>99.7</b> +0.1/-0.1	99.9 +0.0/-0.0	<b>99.7</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	99.6 +0.1/-0.1
al Proba	plant	3 yr	<b>100.0</b> +0.0/-0.0	<b>99.5</b> +0.4/-1.3	<b>100.0</b> +0.0/-0.0	<b>99.9</b> +0.0/-0.1	<b>100.0</b> +0.0/-0.0	<b>99.8</b> +0.1/-0.1	<b>100.0</b> +0.0/-0.0	<b>9.99</b> .0+0.0-0.0	<b>100.0</b> +0.0/-0.0	<b>99.8</b> +0.0/-0.1
e Surviv	Years After Implant	2 yr	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>99.9</b> +0.0/-0.1	<b>100.0</b> +0.0/-0.0	<b>99.9</b> +0.1/-0.1	<b>100.0</b> +0.0/-0.0	<b>999</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>99.9</b> +0.0/-0.0
Devic	Years	1 yr	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>99.9</b> +0.0/-0.1	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	100.0 +0.0/-0.0
			ding tery tion	ing ery ion	ing ery ion	ling tery tion	ling tery tion	ling tery tion	ling tery tion	ery	ery ion	ery ery ion
			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	srapy iction promised rotion Not rotion Not all al	au Fun	0 + 0 = 0 Excluc Normal Bat Deple	(0)     +     (0)     =     Includ       Normal Batt     Normal Batt       (advisory-related subset)     Deplet	22 + 10 = 32 Exclud Normal Batt	(20) + (0) = (20)Includ(advisory-related subset)Deplet	11 + 0 = 11 Excluc Normal Bat	(11) + (0) = (11)Incluc(advisory-related subset)Deplei	181     +     45     =     226     Exclud battering ba	(157)+(5)=(162)Includi(advisory-related subset)Deplet	41 + 9 = 50 Exclud Normal Batt Deplet	(37)+(2)=(39)Indud(37)+(22)Normal BattNormal Batt(advisory-related subset)Deplet
Malfunctions	rapy srapy defion Not besimorqn	Acti Imp JoD The The The The The The	0 = 0 +	(0)     +     (0)     =     (0)       Norm     (advisory-related subset)     1	3,600 694 22 + 10 = 32 Norm	ation (20) + (0) = (20) Norm (advisory-related subset)	1,950 341 11 + 0 = 11 Norm	(11) + (0) = (11) (advisory-related subset)	32,100 3,237 181 + 45 = 226	ation (157) + (5) = (162) Norm (advisory-related subset)	11,500 1,060 41 + 9 = 50 Norm	tion (37) + (2) = (39) Norm.
Malfunctions	ijistered inplants ive US plants pretions pretio	Reg Lost Mor Dep Fun Con Con Fun Fun Con Con Con	790 95 22 0 + 0 = 0	48 - 2005 Potential Separation     (0) + (0) = (0)       Norm       (advisory-related subset)	15,800 3,600 694 22 + 10 = 32 Norm	ation (20) + (0) = (20) Norm (advisory-related subset)	12,100 1,950 341 11 + 0 = 11 Norm	(11) + (0) = (11) (advisory-related subset)	106,700 32,100 3,237 181 + 45 = 226	ation (157) + (5) = (162) Norm (advisory-related subset)	54,100 11,500 1,060 41 + 9 = 50 Norm	tion (37) + (2) = (39) Norm.
Malfunctions	Implants ive US plants plattery plattery plattery promised promised promised	Rejo Regulation Action Action Dep The Fun Con The Fun Con Con	Aug-99 790 95 22 0 + 0 = 0	48 - 2005 Potential Separation     (0) + (0) = (0)       Norm       (advisory-related subset)	Aug-99 15,800 3,600 694 22 + 10 = 32 Norm	ation (20) + (0) = (20) Norm (advisory-related subset)	3, Sep-99 12,100 1,950 341 11 + 0 = 11 Norm	(11) + (0) = (11) (advisory-related subset)	Aug-99 106,700 32,100 3,237 181 + 45 = 226	ation (157) + (5) = (162) Norm (advisory-related subset)	Aug-99 54,100 11,500 1,060 41 + 9 = 50 Norm	tion (37) + (2) = (39) Norm.
Malfunctions	mber parket platts mpromised platts mpro	USI Reg Dep Dep The Fun Cor The Fun Cor	790 95 22 0 + 0 = 0	Norm	15,800 3,600 694 22 + 10 = 32 Norm	Norm	12,100 1,950 341 11 + 0 = 11 Norm	Norm	106,700 32,100 3,237 181 + 45 = 226	Norm	54,100 11,500 1,060 41 + 9 = 50 Norm	+ (2) = (39) horminisory-related subset)

Source: Medtronic Device Registration and Returned Product Analysis Data as of August 6, 2012

Medtronic CRDM Product Performance Report 69 www.medtronic.com/CRDMProductPerformance

continued

# **IPG** Implantable Pulse Generators, continued

		11 yr 12 yr						
		10 yr   1						
		9 yr	<b>99.5</b> +0.4/-2.4 at 109 mo	<b>66.7</b> +6.5/-7.6 at 109 mo				
		8 yr	99.5 +0.4/-2.4	<b>89.6</b> +3.2/-4.5				
		7 yr	<b>100.0</b> +0.0/-0.0	<b>94.2</b> +2.2/-3.5				
		6 yr	<b>100.0</b> +0.0/-0.0	<b>98.1</b> +1.0/-2.2	<b>100.0</b> +0.0/-0.0 at 70 mo	<b>98.3</b> +0.4/-0.5 at 70 mo		
()		5 yr	<b>100.0</b> +0.0/-0.0	<b>99.4</b> +0.4/-1.6	<b>100.0</b> +0.0/-0.0	<b>99.1</b> +0.1/-0.1		
bility (%		4 yr	100.0 +0.0/-0.0	<b>100.0</b> +0.0/-0.0	100.0 +0.0/-0.0	<b>99.7</b> +0.1/-0.1		
al Proba	plant	3 yr	100.0 +0.0/-0.0	100.0 100.0 100.0 100.0 +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>99.9</b> +0.0/-0.0		
Device Survival Probability (%)	Years After Implant	2 yr	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0 at 18 mo	<b>100.0</b> +0.0/-0.0
Device	Years /	1 yr	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +0.0/-0.0	<b>100.0</b> +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
	-	tot	-	= (1)	∞ II	subset)	= 7	
Malfunctions	rapy stion Not npromised	un⊣	0+	0+	9 +	(advisory-related subset)	<del>-</del> +	
Malfur	rrapy oction mpromised	un	-	(1)	7	(advisor)	-	
	mal Battery vietions	Nor Dep	59	ration	112	amber	0	
	bətem SU əvi stnslı	itoA	89	Advisories: <u>See page 148</u> – 2005 Potential Separation of Interconnect Wires	68,100	<u>See page 150</u> – Performance note on Dual Chamber Pacemakers with Measurement Lock-up ERI	35,600	
	istered aplants		640	<u>48</u> - 2005 F	88,500	mance not urement L	36,500	
	Narket 9269		Sep-99	See page 1 <sup>,</sup> nect Wires	Jul-06	<u>See page 150</u> – Performance note on Dual Pacemakers with Measurement Lock-up ERI	Feb-11	
	nber del	ooM nuN	SVDD303	Advisories: <u>See page</u> 1 of Interconnect Wires	VEDR01	See page 1. Pacemaker:	RVDR01	
	Viir	ne7	Sigma 300 VDD		Versa DR		Revo MRI SureScan	

70 Medtronic CRDM Product Performance Report www.medtronic.com/CRDMProductPerformance

### **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

		Estimated Lo	ongevity		
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	**
Kappa 920 DR	KDR921	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 4.3	**
Kappa 900 SR	KSR901, KSR903, KSR906	Low 2.5 V (RV) Nominal 3.5 V (RV) High 5.0 V (RV)	7.3 6.4 4.9	7.9 7.4 6.1	**
Kappa 900 VDD	KVDD901	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 5.4	**
Prodigy SR	8158, 8160, 8161, 8162	Low 2.5 V (RV) Nominal 3.5 V (RV) High 5.0 V (RV)	9.8 8.0 6.4	10.7 9.5 8.1	**
Sensia DR	SEDR01, SED01	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	**
Sensia SR	SESR01, SES01	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	**
Sigma 100 S	SS103, SS106	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	**

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

continued

### Reference Chart continued

		Estimated Lo	ongevity			
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	**	

## **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 market-released 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.<sup>1</sup> 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

<sup>1</sup>During 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



### 2188 Attain CS

#### **Product Characteristics**

US Market Release	Aug-01	Serial Number Prefix	LEB	US Returned Product Ana	lysis
Registered US Implants	1,800	Type and/or Fixation	Transvenous, Coronary Sinus/ Cardiac Vein, Canted	Conductor Fracture Crimp/Weld/Bond	1 0
stimated Active US Implants	300	Polarity	Bipolar	Insulation Breach	0
dvisories	None	Steroid	No	Other	0

duct Surveillance Registry Results		Qualifying Complication	S 1 Total		
Number of Leads Enrolled in Study	15	Extra Cardiac Stimulatio	n 1		
Cumulative Months of Follow-Up	487				
Number of Leads Active in Study	0				
100 Survival estimate not available due to	insufficient sample size				
80					
0 1 2	3 4	5 6	7 8	3 9	10
Years After Implant	1 1		I	I	1 1
~					
%					
# Effective Sample Size					

95	Attain O											
	US Market Rele	ease	Ma	/-02	Serial Number Pref	ix BAA			US	Returned	d Product Ana	alysis
	Registered US	Implants	100,	600	Type and/or Fixatio		venous, Left Ve Double Curve	ntricular Cardia	c Vein,		tor Fracture Weld/Bond	49 0
	Estimated Acti	ve US Implants	36	200	Polarity	Unipo	olar			Insula	tion Breach	6
	Advisories		Ν	one	Steroid	Yes					Other	8
odu	ct Surveillan	ce Registry R	esults		(	Qualifying Cor	mplications	37 Total				
	Number of Lea	ds Enrolled in S	tudy	675		Lead	Dislodgement	14	ι	Jnspecified	Clinical Failure	3
	Cumulative Mo	onths of Follow-	Up	29,740		Fail	ure to Capture	12		Extra Cardi	ac Stimulation	7
		onths of Follow- Ids Active in Stu	•	29,740 134			ure to Capture uctor Fracture	12 1		Extra Cardi	ac Stimulation	7
10			•							Extra Cardi	ac Stimulation	7
	Number of Lea		•							Extra Cardi	ac Stimulation	7
ç	Number of Lea		•							Extra Cardi	ac Stimulation	7
ç	Number of Lea		•		4				8	Extra Cardi	ac Stimulation	7
ç	Number of Lea		dy	134	4	Cond	uctor Fracture		8			7
ç	Number of Lea	ds Active in Stu	dy	134		Cond	uctor Fracture		8 at 93 m	9		7
2	Number of Lea	ds Active in Stu	dy	134 	r 4 yr	Cond	uctor Fracture	1	-	9		7

### 4194 Attain OTW

### Product Characteristics

	US Market Release	Aug-04	Serial Number Prefix	LFG		US F	Returned Pro	oduct Ana	alysis
	Registered US Implants	105,400	Type and/or Fixation	Transvenous, Left Ve Cardiac Vein, Distal			Conductor Fi Crimp/Weld		1
	Estimated Active US Implants	64,100	Polarity	Bipolar			Insulation	Breach	4
	Advisories	None	Steroid	Yes				Other	
du	ct Surveillance Registry Resu	ults	Qua	alifying Complications	28 Total				
	Number of Leads Enrolled in Study	y 1,22	0	Lead Dislodgement	14	E	xtra Cardiac Sti	imulation	
	Cumulative Months of Follow-Up	31,42	6	Failure to Capture	7				
	Number of Leads Active in Study	78	8	Insulation (ESC)	1				
			Insu	ulation (not further defined)	2				
10(	0		Insu	ulation (not further defined)	2				
10(			Insu	ulation (not further defined)	2				
9(	0			llation (not further defined)	2				
	0								
9(	0	3	4	Jlation (not further defined)	2	8	9	10	
9(	0	3				8	9	10	
9(	0 0 1 2 Years After Implant					8	9	10	
9( 8(	0 0 0 0 1 2 Years After Implant	2 yr 3	4	5 6		8	9	10	
9( 8(	0 0 1 2 Years After Implant % 98.7	2 yr 3	4 yr 4 yr 7.5 97.1	5 6 5 yr at 69 mo		8	9	10	

	US Market Release		Aug-08	Serial Number Prefi	ix AAD		US Returned Product Ana	alvsi
	Registered US Implants		13,600	Type and/or Fixatio		entricular Cardiac Vein, xation	Conductor Fracture Crimp/Weld/Bond	119.51
	Estimated Active US Implan	ts	10,900	Polarity	Unipolar		Insulation Breach	
	Advisories		None	Steroid	Yes		Other	1
odu	ct Surveillance Registry	Results		C	Qualifying Complications	5 10 Total		
	Number of Leads Enrolled ir	n Study	1,153		Lead Dislodgemen	t 3	Insulation (not further defined)	
	Cumulative Months of Follow-Up		18,764		Conductor Fracture	e 1	Extra Cardiac Stimulation	
	Number of Leads Active in Study		18,764 954		Conductor Fracture Failure to Capture		Extra Cardiac Stimulation	4
10	Number of Leads Active in S						Extra Cardiac Stimulation	
10 9 8	Number of Leads Active in S						Extra Cardiac Stimulation	
10 9 8	Number of Leads Active in S						Extra Cardiac Stimulation	
10 9 8	Number of Leads Active in S	itudy	954		Failure to Capture	2 1		
10 9 8	Number of Leads Active in S	itudy	954	4	Failure to Capture	2 1		
9	Number of Leads Active in S	2	3	4 r 4 yr	Failure to Capture	2 1		

	US Market Releas	e	May-09	Serial Number P	refix P	VI			US Returned	Product Ap	alvcie
	Registered US Im		43,600	Type and/or Fixa	ation Ti	ransvenous, Left reformed Body, I		diac Vein,	Conducto	r Fracture	4 4 0
	Estimated Active	US Implants	36,700	Polarity	В	Bipolar			Crimp/Weld/Bond Insulation Breach		c
	Advisories		None	Steroid	Y	es			Other		
roduc	ct Surveillance	Registry Resu	lts		Qualifying	Complicatior	15 32 Total				
	Number of Leads	Enrolled in Study	, 1,86	9	L	ead Dislodgeme	nt 14				
	Cumulative Mont	ths of Follow-Up	27,24	1		Failure to Captu	re 8				
	Number of Leads	Active in Study	1,41	5	Extra C	ardiac Stimulatio	on 10				
چ اور	0										
2 90	0		-								
IO C	0										
80 X	-	2	3	4	5	6	7	8	9	10	
8027 80	80 0 1 2		0		9	0	,	0	2	10	
VIVAI Prob		Implant									
3 Survival Prob	0 1 Years After		I	I		I	1	1		I	
-ead Survival Probi 8	Years After	1 yr 2	yr at	30 mo							
Lead Survival Pro	Years After	1 yr 2 98.2 9	yr at 7.5 97 16 60	.5							

	5 Attain Ability Plus		Product Characte	eristics			
	US Market Release	Apr-11	Serial Number Prefix	RRA		US Returned Product Ana	alysis
	Registered US Implants	7,400	Type and/or Fixation	Transvenous, Left Ver Distal Double Curve	ntricular Cardiac Vein,	Conductor Fracture Crimp/Weld/Bond	0
	Estimated Active US Implants	7,000	Polarity	Bipolar		Insulation Breach	0
	Advisories	None	Steroid	Yes		Other	C
odu	ict Surveillance Registry Re	sults	Qu	ualifying Complications	1 Total		
	Number of Leads Enrolled in Stu Cumulative Months of Follow-U Number of Leads Active in Stud	p 2,64	7	Lead Dislodgement	1		
10 q	20						
_							
8	30						
8		2 3	4	5 6	7 8	9 10	
8		2 3	4	5 6	7 8	9 10	
8	0 1 2	2 3	4	5 6	7 8	9 10	
10 9 8	0 1 Z	2 3	4	5 6	7 8	9 10	

	US Market Release	Mar-11	Serial Number F	refix	RAE		US Returned Product Ar	nalysis
	Registered US Implants	1,900	Type and/or Fix	ation	Transvenous, Left Ve Tines	entricular Cardiac Vein,	Conductor Fracture Crimp/Weld/Bond	(
	Estimated Active US Implants	1,700	Polarity		Bipolar		Insulation Breach	0
	Advisories	None	Steroid		Yes		Other	C
odu	ct Surveillance Registry Results		Qualifyi	ng Complications	0 Total			
	Number of Leads Enrolled in Study	11	9		Lead Dislodgement	0		
	Cumulative Months of Follow-Up	85	D		Failure to Capture	0		
	Number of Leads Active in Study	11:	2	Ext	ra Cardiac Stimulation	0		
10	0.0							
	Survival estimate not available due	e to insufficie	nt sample size					
	00							
	30							
ŏ	0 1 2	3	4	5	6	7 8	9 10	
ŏ								
ŏ	Years After Implant							
ŏ	Years After Implant							
	Years After Implant							

### Lead Survival Summary (95% Confidence Interval)

		ISE		Study		iths of udy	Device	Survival	Probabil	lity (%)						
		t Relea	rolled	tive in S	g itions	ve Mor p in Stu	Years A	fter Imp	lant							
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**

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

Source: Product Surveillance Registry

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		•	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**

### .

		F 1 00			, TBB, TAD, TAC,	or TAP				1.1.1
US Market		Feb-93	Serial Number Pref				05	S Returned P		
Registered	US Implants	8,800	Type and/or Fixatio		ll Defib Patch, S	uture		Conducto	or Fracture	6
Estimated <i>i</i>	Active US Implants	1,400	Polarity	Defib Ele	ctrode only			Crimp/V	Veld/Bond	
Advisories		None	Steroid	No				Insulati	ion Breach	
									Other	
uct Surveill	ance Registry Resul	S		Qualifying C	omplication	S 47 Total				
Number of	Leads Enrolled in Study		407	Fa	ailure to Captur	e 8		Impedance O	ut of Range	
Cumulative	Months of Follow-Up	23,	303	Сог	nductor Fractur	e 21		C	Oversensing	
	Months of Follow-Up Leads Active in Study	23,	303 4		nductor Fractur further defined			C	Oversensing	
Number of		23,						C	Oversensing	
Number of		23,							Oversensing	
Number of		23,							Oversensing	
Number of		23,							Dversensing	
Number of		23,							Dversensing	

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

### 6930 Sprint Fidelis

**Product Characteristics** 

US Market Release	Sep-04	Serial Number Prefix	LFK	US Returned Product Ana	alysis
Registered US Implants	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 – 2007 Potential Co Wire Fracture	onductor			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 robability (%) 100 Survival estimate not available due to insufficient sample size 90 80 10 0 8 9 2 2 Δ 6 1 7

<b>D</b>	`	0		~ ~	<i></i>	9	0	/	0	2	10
/ival		Years After	r Implant								
Sun		at 0 mo									
ead	%	100.00									
Ľ	#	4									
		Effective Sam	ple Size								

	US Market Release	Se	ep-04	Serial Nur	nber Prefix	LFL			US Returned	Product An	alysis
	Registered US Implants		8,100	Type and/	or Fixation	Transvenous, Vent Pace/Sense, Screw			Conduc	ctor Fracture	48
	Estimated Active US Impl	ants	3,900	Polarity		True Bipolar/One C			Crimp	/Weld/Bond	
	Advisories			Steroid		Yes			Insul	ation Breach	
	See page 146 – 2007 Po Wire Fracture	tential Conduct	or							Other	
luc	ct Surveillance Regist	ry Results			Qua	lifying Complicatio	ns 30 Total				
	Number of Leads Enrolle	l in Study	2	294		Lead Dislodgem	ent 2		Impedance O	ut of Range	6
	Cumulative Months of Fo	low-Un	11,9	248		Failure to Capt	ure 3		Impedance Out of Range Oversensing Other		
		ion op		740		i unure to cupt	are b				
	Number of Leads Active i	•		139		Conductor Fract				5	4 1
	Number of Leads Active i	•					ure 13			5	
		•				Conductor Fract	ure 13			5	
	0	•				Conductor Fract	ure 13			5	
100	0	•				Conductor Fract	ure 13			5	
10( 9(	0	•			4	Conductor Fract	ure 13	8	9	5	
10( 9(	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	n Study			4	Conductor Fract Failure to Ser	ure 13	8		Other	
10( 9(		n Study	3		4 4 yr	Conductor Fract Failure to Ser	ure 13	8		Other	
10( 9(	0 0 0 0 1 Years After Implar	2	3	139		Conductor Fract Failure to Ser	ure 13	8		Other	

6932 Sprint

#### **Product Characteristics**

US Market Release	Aug-96	Serial Number Prefix	TCA	US Returned Product Ana	alysis
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 Other	23 3

		er of Leads Enrolled in Study 412 lative Months of Follow-Up 25,299			·				E	xtra Car		nulatio rsensin									
	nber of Le			•		43				Imp	oedanc	e Out o	of Range								
100 -																					
90 -											$\searrow$										
80																					
90 - 90 - 90 - 90 - 90 - 90 - 90 - 90 -	1	2	3	4	5	6	7	8	9	10	11	12	13	14	15	16	17	18	19	20	21
0																					
-	ears Af	ter Imp	lant																		

#### Years After Implant 2 yr 4 yr 5 yr 6 yr 7 yr 8 yr 9 yr 10 yr | 11 yr 3 yr at 135 mo 1 yr % 98.3 98.3 99.2 98.3 97.8 97.8 97.8 96.8 96.8 96.8 93.5 93.5 # 356 297 240 199 161 129 110 95 82 68 51 49 **Effective Sample Size**

86 Medtronic CRDM Product Performance Report www.medtronic.com/CRDMProductPerformance

33,	<b>6937</b>	, 693	7A, 6	5963	SVC	C/CS	P	roduct	Chara	acteris	tics										
ι	JS Marke	et Relea	se		[	Dec-93	Se	rial Nur	nber Pre	efix	TAT	, TBU, TI	OB, TAF				US Re	eturne	d Proc	duct A	nalysi
F	Registere	ed US In	nplants			16,300	Ту	pe and/	or Fixat	ion	Tra	nsvenou	is CS or SVC	Defib				Cond	uctor Fr	acture	16
E	Estimate	d Active	e US Imp	olants		2,600	Po	larity			On	e Coil						Crim	np/Weld	l/Bond	
A	Advisorie	es				None	St	eroid			No						Insulation Breach	3			
																	Other				
duct	Surve	illance	Regis	stry Re	esults					Qual	ifying	Comp	lications	47	Total						
1	Number	of Lead	s Enrolle	ed in St	udy		966				L	ead Disl	odgement	1			In	npedan	ce Out o	of Range	•
C	Cumulati	ive Mon	ths of F	ollow-L	Jp	54	1,409					Failure	to Capture	6			Unspecified Clinical Failure Extra Cardiac Stimulation		•		
1	Number	of Lead	s Active	in Stud	ly		15				C	onduct	or Fracture	16					I		
												Failu	re to Sense	1					Over	rsensing	1
										Insul	ation (n	ot furth	er defined)	2							
100																					
90	)																				
80	)																				
	0	1	2	3	4	5	6	7	8	9	10	11 1	2 13	14	15	16	17	18	19	20	21
	Years	After I	mplar	nt																	
		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	11 yr	at 138 mo								
%		98.4	97.5	97.2	96.7	95.4	94.9	-		-	91.2	91.2	91.2								
#		809	677	566	470	381	298	213	163	108	76	57	50								
	Effectiv	ve Sam	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: <u>See page 151</u> Helix Retraction of the Sprint Qua S 6935 and Sprint Quattro Secure	attro Secure			Other 8

#### Product Surveillance Registry Results **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 Failure to Sense 1,468 1 Oversensing 2 Lead Survival Probability (%) 100 90 80 0 2 3 4 5 6 7 8 9 10 Years After Implant 1 yr 2 yr at 33 mo 99.1 99.5 99.1 % # 612 189 46 **Effective Sample Size**

Leads



6942 Sprint

#### **Product Characteristics**

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

roduc	t Surveillanc	urveillance Registry Results				ualifying Co	mplications	7 Total					
	Number of Leac			351			Dislodgement		Un	specified Clinio			
	Cumulative Mor Number of Leac		•	18,810 32			ductor Fracture Failure to Sense			Ove			
§ 100													
90													
80	)												
Ē	0	1	2	3	4	5	б	7	8	9	10		
90 80 80	Years Afte	r Implant											
Inc r		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	at 111 mo		
й %	b	99.1	99.1	98.1	97.5	96.7	96.7	96.7	96.7	96.7	96.7		
#	ŧ	294	231	179	140	117	100	78	67	53	48		
	Effective Sam	ple Size											

Other

2



6944	Sprint	Quattro
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#### **Product Characteristics**

•					
US Market Release	Dec-00	Serial Number Prefix	TDC	US Returned Product Ana	lysis
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





### 6947 Sprint Quattro Secure

#### **Product Characteristics**

US Market Release	Nov-01	Serial Number Prefix	TDG	US Returned Product Ana	alysis
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 Quattr	o Secure			Other	65

S 6935and Sprint Quattro Secure 6947

	e Out of Range	Impedance		3	ad Dislodgemen	L		2,709	olled in Study	nber of Leads Enro	Nur
	Clinical Failure	Unspecified (		1	ailure to Capture			106,663	of Follow-Up	nulative Months of	Cun
1	Oversensing				1,285	ive in Study	nber of Leads Activ	Nur			
				2	Failure to Sense						
				3	further defined	Insulation (n					
											00
											90 -
											80
	10	9	8	7	6	5	4	3	2	1	0

Š												
ead			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 Sam	ple Size									

l	US Market Release	Sep-04	Serial Number Prefix	LFH		US Returned Product Ana	alysis
F	Registered US Implants	10,400	Type and/or Fixation	Transvenous, Vent, Defi Tines	b and Pace/Sense,	Conductor Fracture	13
E	Estimated Active US Implants	5,200	Polarity	True Bipolar/Two Coils		Crimp/Weld/Bond	
1	Advisories		Steroid	Yes		Insulation Breach	
	<mark>See page 146</mark> – 2007 Potential Co Wire Fracture	nductor				Other	
luct	t Surveillance Registry Resul	ts	Q	ualifying Complications	0 Total		
1	Number of Leads Enrolled in Study		30				
	Cumulative Months of Follow-Up	1 3	205				
(	cumulative months of Follow-Op	1,-	305				
1	Number of Leads Active in Study	1,-	18				
<b>ו</b> 100	Number of Leads Active in Study		18				
<b>ו</b> 100 90	Number of Leads Active in Study		18				
ז 100 90 80	Number of Leads Active in Study		18	5 6	7 8	9 10	
ז 100 90 80	Number of Leads Active in Study	ue to insufficie	18 ent sample size	5 6	7 8	9 10	
ז 100 90 80	Survival estimate not available de la service not available de la ser	ue to insufficie	18 ent sample size	5 6	7 8	9 10	
ז 100 90 80	Number of Leads Active in Study Survival estimate not available de 0 1 2 Years After Implant	ue to insufficie	18 ent sample size	5 6	7 8	9 10	

### 6949 Sprint Fidelis

#### **Product Characteristics**

US Market Release	Sep-04	Serial Number Prefix	LFJ	<b>US Returned Product Ar</b>	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
dvisories		Steroid	Yes	Insulation Breach	14
see page 146 – 2007 Potential Co Vire 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				



U.	JS Market Release	Jun-01	Serial Number Prefix	TCR		US Returned Product A	nalysis
	Registered US Implants	3,600	Type and/or Fixation		l, Suture	Conductor Fracture	anary si.
	estimated Active US Implants	2,100	Polarity	One Defib Coil		Crimp/Weld/Bond	
	Advisories	None	Steroid	No		Insulation Breach	
						Other	
luct	Surveillance Registry Resu	ts	(	Qualifying Complications	1 Total		
N	Number of Leads Enrolled in Study		34	Conductor Fracture	1		
С	Cumulative Months of Follow-Up		984				
N	Number of Leads Active in Study		16				
100 г			1				
	Survival estimate not available du	e to insufficie	nt sample size				
90	Survival estimate not available du	e to insufficie	nt sample size				
90 80				5 6	7 8	9 10	
90	0 1 2	e to insufficien	4	5 6	7 8	9 10	
90 80				5 6	7 8	9 10	
90 80	2 1 2 Years After Implant			5 6	7 8	9 10	

		əssələ	pə	(but2 ni	su		Device (	survival f	Device Survival Probability (%)	ty (%)									
el el	ij۸	arket Re	lis Enrollo	əvitoA el	puiyii pitsoilq	l əvitalu qU-wollo	Years Al	Years After Implant	ant										
muN boM	imeA	W SN	peəJ	peəJ			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 +2.9/-4.0	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 Potenti	ial Conduct	tor Wire Fr	acture														
6931	Sprint Fidelis	Sep-04	294	139	30	11,948	98.2 +1.0/-2.5	95.8 +1.9/-3.2	92.6 +2.7/-4.2	89.3 +3.4/-5.0	87.5 +4.0/-5.7								
	Advisories: See page 146 – 2007 Potential Conductor Wire Fracture	2007 Potenti	ial Conduct	tor Wire Fr	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	966	15	47	54,409	98.4 +0.7/-1.0	97.5 +0.9/-1.3	97.2 +0.9/-1.4	96.7 +1.0/-1.6	95.4 +1.4/-2.0	94.9 +1.5/-2.1	93.9 +1.7/-2.5	93.4 +1.9/-2.7	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 e note on He	1,673 elix Retracti	1,468 ion 6935 ar	6 1d 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 +1.8/-2.1	86.8 +2.3/-2.8	79.8 +3.1/-3.6	75.9 +3.5/-4.0	65.8 +4.9/-5.5	61.8 +5.6/-6.2	59.5 +6.2/-6.8 at 150 mo		
6942	Sprint	70-lul	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 +1.4/-3.1	96.7 +1.8/-3.7	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 +1.4/-1.8	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	5	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 Nov-01 2,709 1,285 35 See page 151 – Performance note on Helix Retraction 6935 and 6947	Nov-01 e note on He	2,709 elix Retracti	1,285 ion 6935 ar	-	106,663	99.5 +0.2/-0.4	99.2 +0.3/-0.4	98.9 +0.4/-0.6	98.5 +0.6/-0.7	98.1 +0.7/-1.0	97.7 +0.8/-1.1	97.2 +1.0/-1.5	96.7 +1.2/-2.0	96 .0 +1.6/-2.5 at 9 yr				
6948	Sprint Fidelis	Sep-04	30	18	0	1,305	100.0 at 0 mo												
	Advisories: See page 146 – 2007 Potential Conductor Wire Fracture	2007 Potenti	ial Conduct	tor Wire Fr	acture														
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 +2.3/-2.9	84.8 +3.8/-5.0	82.2 +4.8/-6.3						
	Advisories: <u>See page 146</u> – 2007 Potential Conductor Wire Fracture	2007 Potenti	ial Conduct	tor Wire Fr	acture								at 75 mo						
9669	Sub-Q Lead	Jun-01	34	16	-	984	100.0 at 0 mo												

Lead Survival Summary (95% Confidence Interval)

Source: Medtronic Device Registration and Returned Product Analysis Data as of August 6, 2012 Medtronic CRDM Product Performance Report 93 www.medtronic.com/CRDMProductPerformance

Leads

### **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	Insulation Breach	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 Cont	figuration			
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

			Product	characterist	.1C5							
	US Market Release	Aug-05	Serial Nun	nber Prefix	LFF				US Retu	urned Produ	ict Anal	lysis
	Registered US Implants	41,500	Type and/	or Fixation	Transvenou	us, V or A, Scre	w-in			Conductor Frac	ture	3
	Estimated Active US Implants	32,300	Polarity		Bipolar					Crimp/Weld/B	Bond	0
	Advisories	None	Steroid		Yes					Insulation Bre	each	10
										0	ther	3
	Placement											
roduc	t Surveillance Registry Result	ts		Qual	ifying Comp	lications	5 Total					
	Number of Leads Enrolled in Study		767		Failu	ire to Sense	1			Failure to C	apture	1
	Cumulative Months of Follow-Up	10										
	cumulative months of rollow-op	10,0	810		Cardiac	Perforation	1					
	Number of Leads Active in Study		810 554			Perforation lodgement	1 2					
<b>2</b> 100	Number of Leads Active in Study						1 2					
ू १ १०(	Number of Leads Active in Study						1 2					
§ 100 A 1 90	Number of Leads Active in Study						1 2					
001 %) 00 %) 08 000	Number of Leads Active in Study						1 2					
robability (%) 96 80	Number of Leads Active in Study		554		Lead Dis	lodgement	1 2	0			10	
al Probability (%) 06 001 (%)	Number of Leads Active in Study		554	4	Lead Dis	lodgement	1 2 7	8		9	10	
rvival Probability (%) 06 001 001 001	Number of Leads Active in Study		554	4	Lead Dis	lodgement	1 2 7	8		9	10	
1Survival Probability (%) 06 (%)	Number of Leads Active in Study	3	554	1	Lead Dis	lodgement	1 2 7 7	8		9	10	
ead Survival Probability (%)	Number of Leads Active in Study		554 3 yr	4 yr	Lead Dis	at 63 mo	1 2 7	8		9	10	
Lead Survival Probability (9 )6 )6	Number of Leads Active in Study O O O O O O O O O O O O O O O O O O O	/r 3 .2 9	554	1	Lead Dis	lodgement	1 2 7 7	8		9	10	

#### **Ventricular Placement**

	Number of Lead	ls Enrolled in Stu	ıdy	474		Impeda	nce Out of Range	1			
	Cumulative Mor	nths of Follow-U	р	13,626		Lea	d Dislodgement	1			
	Number of Leac	ls Active in Study	y	311							
100											
90	0										
80	0										
	0	1 2	-	3	4	5	6	7	8	9	10
	Years Afte	r Implant									
		1 yr	2 yr	3 yr	4 yr	5 yr	at 66 mo				

ead			1 yr	2 yr	3 yr	4 yr	5 yr	at 66 mo		
Le	%		99.8	99.8	99.8	99.8	99.8	99.8		
	#		334	182	128	87	62	50		
		Effective Sam	ple Size							



### 4024 CapSure SP

#### Product Characteristics

80 %	0 1 2 Years After Implant 1 yr 2 y 9 99.9 99	.8 9	9.8 9	4 yr 99.8	5 yr 99.8 323	6 yr 99.8 229	7 7 yr 99.8 167	8 8 yr 99.8	9 9 yr 98.8 63	10 at 117 m 98.8 52
	0 1 2 Years After Implant					-				at 117 m
	0 1 2	3	4	5	5 6	5	7	8	9	10
		3	4	5	5 6	5	7	8	9	10
80	)									
90										
00										
١	Number of Leads Active in Study		14							
	Cumulative Months of Follow-Up	50,9		Insula	ation (not furth	-	1			
	Number of Leads Enrolled in Study		215	Quu		to Capture	3			
uct	t Surveillance Registry Resul	ts		Qual	ifying Comp	lications	4 Total			
,	Advisories	None	Steroid		105				Insulation	Other
	Advisories	42,600 None	Polarity Steroid		Bipolar Yes				Crimp/Wel	
	Estimated Active US Implants			Fixation		ıs, Vent, Tines			Conductor F	
E	Registered US Implants Estimated Active US Implants	221,300	Type and/or							

#### 4033 CapSure Z **Product Characteristics** LCA Not US US Market Release Serial Number Prefix **US Returned Product Analysis** released Transvenous, Vent, Tines NA **Registered US Implants** Type and/or Fixation **Conductor Fracture** 0 NA Unipolar Estimated Active US Implants Polarity Crimp/Weld/Bond 0 Yes Advisories Steroid Insulation Breach 0 None Other 0 Product Surveillance Registry Results **Qualifying Complications** 10 Total Number of Leads Enrolled in Study 539 Failure to Capture 8 Cumulative Months of Follow-Up 29,793 **Conductor Fracture** 1 Number of Leads Active in Study Impedance Out of Range 3 1 100 Lead Survival Probability (%) 90 80 0 1 2 3 4 5 6 7 8 9 10 Years After Implant 2 yr 3 yr 4 yr 5 yr бyr 7 yr 8 yr 9 yr 1 yr at 114 mo % 99.4 95.3 99.1 98.8 98.5 98.1 97.5 97.5 96.6 95.3 # 430 382 321 251 201 162 112 79 52 49 Effective Sample Size

### 4067 CapSureFix

Product Characteristics

	JS Market Release	Jan-97	Serial Number P		A. C	-	rned Product Ana	
	Registered US Implants	1,000	Type and/or Fixa		or A, Screw-In		Conductor Fracture	
	stimated Active US Implants	200	Polarity	Unipolar			Crimp/Weld/Bond	(
A	Advisories	None	Steroid	Yes			Insulation Breach	
							Other	
duct	Surveillance Registry Results	;		Qualifying Complica	tions 8 Total			
Ν	Number of Leads Enrolled in Study		171	Failure to Ca	apture 6			
C	Cumulative Months of Follow-Up	11,2	284	Impedance Out of	Range 1			
N	Number of Leads Active in Study		42	Overse	ensing 1			
100 90	Number of Leads Active in Study		42		ensing 1			
100 90 80	Number of Leads Active in Study	3	42	5 6	7	8 9	9 10	
100 90 80		3				8 9	9 10	
100 90 80				5 6	7	8 9 at 87 mo	9 10	
100 90 80	0 1 2 Years After Implant		4	5 6 5 yr 6 y	7 7 /r 7 yr		9 10	
100 90 80 (	0 1 2 Years After Implant	·	4 3 yr 4 yr	5 6 5 yr 6 y	7 7 /r 7 yr	at 87 mo	9 10	

Registered US Implants       248,700       Type and/or Fixation       Transvenous, V or A, Screw-in       Conductor Fracture         Estimated Active US Implants       62,500       Polarity       Bipolar       Crimp/Weld/Bond         Advisories       None       Steroid       Yes       Insulation Breach         other       Other       Other       Other         tial Placement       Qualifying Complications       70       Total         Number of Leads Enrolled in Study       2,413       Lead Dislodgement       8       Insulation (ESC)         Cumulative Months of Follow-Up       132,198       Failure to Capture       22       Insulation (MIO)	248,700       Type and/or Fixation       Transvenous, V or A, Screw-in       Conductor Fracture       Conductor Fracture         dvisories       None       Steroid       Yes       Insulation Breach       Other         accement         Surveillance Registry Results       Qualifying Complications       70       Total         Insulation Reach       Other         accement         Surveillance Registry Results       Qualifying Complications       70       Total         Insulation (MIO)         Insulation (MIO)         Insulation (NIO)         Insulation (NIO)         Insulation (NIO)         Insulation (Not further defined)       2         Insulation (Not further defined)       2         Insulation (Not further defined)       2       Insulation         O       1       2       3       4       5       6       7       8       9       10       11       12       13       14       15       16       17       18       19       20       21         Years After Implant         Years After Implant<		US Marl	ket Relea	se			Mar-96	Sei	rial Num	ber Pret	fix	LCE						US Re	eturne	d Prod	luct Ana	lys
Advisories None Steroid Yes Insulation Breach Other al Placement duct Surveillance Registry Results Qualifying Complications 70 Total Number of Leads Enrolled in Study 2,413 Lead Dislodgement 8 Insulation (ESC) Cumulative Months of Follow-Up 132,198 Failure to Capture 22 Insulation (MIO) Number of Leads Active in Study 290 Conductor Fracture 2 Impedance Out of Range Failure to Sense 11 Unspecified Clinical Failure Insulation (not further defined) 2 Extra Cardiac Stimulation Oversensing 100 90 90 90 90 90 90 90 90 90	Avisories       None       Steroid       Yes       Insulation Breach Other         accement       Surveillance Registry Results       Qualifying Complications       70       Total         umber of Leads Enrolled in Study       2,413       Lead Dislodgement       8       Insulation (ESC)         umulative Months of Follow-Up       132,198       Failure to Capture       22       Impedance Out of Range         umber of Leads Active in Study       2,90       Conductor Fracture       2       Impedance Out of Range         Insulation (not further defined)       2       Extra Cardiac Stimulation       Oversensing         0       1       2       3       4       5       6       7       8       9       10       11       12       13       14       15       16       17       18       19       20       21         Years After Implant         1       1       1       1       11       12       13       14       15       16       17       18       19       20       21         Years After Implant         Years After Implant         1       1       2       3       4       5       6       7.2       96.9	I	Registe	red US In	nplants		2	48,700	Тур	be and/o	or Fixatio	on	Tran	svenou	s, V or A	, Screw-i							
Interview       Number of Leads       Number of Leads       Environment       Other         Number of Leads       Enrolled in Study       2,413       Lead Dislodgement       8       Insulation (ESC)         Cumulative Months of Follow-Up       132,198       Failure to Capture       22       Insulation (MIO)         Number of Leads       Active in Study       290       Conductor Fracture       2       Impedance Out of Range         Failure to Sense       11       Unspecified Clinical Failure       10       Dispecified Clinical Failure         Insulation (not further defined)       2       Extra Cardiac Stimulation       Oversensing         00       1       2       3       4       5       6       7       8       9       10       11       12       13       14       15       16       17       18       19       20         Years After Implant	Instruction       Instruction       Other         Other         Complications       70       Total         Insulation (SC)         Insulation (MIO)         Insulation (Not further defined)       2       Insulation (MIO)         Insulation (Inot further defined)       2       Insulation (MIO)         Insulation (not further defined)       2       Insulation (MIO)         Insulation (Inot further defined)       2       Insulation (MIO)         Other is a structure       2       Insulation (MIO)         Insulation (Inot further defined)       2       Insulation (MIO)         Other is a structure       Insulation (Inot further defined)       2         Insulation (Inot further defined)       2		Estimat	ed Active	e US Imp	olants		62,500	Ро	larity				olar						Crin	np/Weld	/Bond	
And Placement Suct Surveillance Registry Results          Number of Leads Enrolled in Study       2,413       Lead Dislodgement       8       Insulation (ESC)         Cumulative Months of Follow-Up       132,198       Failure to Capture       22       Insulation (MIO)         Number of Leads Active in Study       290       Conductor Fracture       2       Impedance Out of Range         Failure to Sense       11       Unspecified Clinical Failure       1       Unspecified Clinical Failure         Insulation (not further defined)       2       Extra Cardiac Stimulation       Oversensing         100       0       1       2       3       4       5       6       7       8       9       10       11       12       13       14       15       16       17       18       19       20         Years After Implant	Accement           Qualifying Complications of ortal           umber of Leads Enrolled in Study         2,413         Lead Dislodgement         8         Insulation (ESC)           Insulation (Study         2,413         Lead Dislodgement         8         Insulation (MO)           Insulation (Study         2,90         Conductor Fracture         2         Insulation (MO)           Insulation (not further defined)         2         Extra Cardiac Stimulation           Insulation (not further defined)         2         Extra Cardiac Stimulation           O         1         2         3         4         5         6         7         8         9         10         11         12         13         14         15         16         17         18         19         20         21           Years After Implant           1         10         10         10         10         13         14         15         16         17         18         19         20         21           Years After Implant           1         10         10         10         10         10         10		Advisor	ies				None	Ste	roid		Yes											
Cluct Surveillance Registry Results       Qualifying Complications       70       Total         Number of Leads Enrolled in Study       2,413       Lead Dislodgement       8       Insulation (ESC)         Cumulative Months of Follow-Up       132,198       Failure to Capture       22       Insulation (MIO)         Number of Leads Active in Study       290       Conductor Fracture       2       Impedance Out of Range         Failure to Sense       11       Unspecified Clinical Failure       10       Extra Cardiac Stimulation         0       0       1       2       3       4       5       6       7       8       9       10       11       12       13       14       15       16       17       18       19       20         Years After Implant	Surveillance Registry Results       Qualifying Complications       70       Total         Imper of Leads Enrolled in Study       2,413       Lead Dislodgement       8       Insulation (BC)         Jumulative Months of Follow-Up       132,198       Lead Dislodgement       8       Insulation (MIO)         Jumulative Months of Follow-Up       132,198       Lead Dislodgement       8       Insulation (MIO)         Jumulative Months of Follow-Up       132,198       Conductor Fracture       2       Insulation (MIO)         Jumped of Leads Active in Study       290       Conductor Fracture       2       Insulation (MIO)         Jumped of Leads Active in Study       290       Conductor Fracture       2       Insulation (MIO)         Jumped of Leads Active in Study       290       Conductor Fracture       2       Insulation (MIO)         Jumped of Leads Active in Study       Jumped of Leads Active Insulation (MIO)         Jumped of Leads Active Insulation (Int Internet de Insulation (Int Internet de Insulation (Internet de Insulation (Internet de Insulation (Internet de Insulation Internet de Insulation Internet de Insulation																					Other	
Number of Leads Enrolled in Study 2,413 Cumulative Months of Follow-Up 132,198 Number of Leads Active in Study 290 Conductor Fracture 2 Failure to Sense 11 Unspecified Clinical Failure Insulation (NIO) Number of Leads Active in Study 290 Conductor Fracture 2 Impedance Out of Range Failure to Sense 11 Unspecified Clinical Failure Insulation (not further defined) 2 Extra Cardiac Stimulation Oversensing 0 0 1 2 Years After Implant	umber of Leads Enrolled in Study       2,413       Lead Dislodgement       8       Insulation (ESC)         umulative Months of Follow-Up       132,198       Failure to Capture       22       Insulation (MIO)         umber of Leads Active in Study       290       Conductor Fracture       2       Impedance Out of Range         Failure to Sense       11       Unspecified Clinical Failure       1				- Reais	strv Re	sults					Ouali	fvina	Comp	licatio	ons 70	) Tota						
Number of Leads Active in Study 290 Conductor Fracture 2 Failure to Sense 11 Unspecified Clinical Failure Insulation (not further defined) 2 Extra Cardiac Stimulation Oversensing 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 Years After Implant	umber of Leads Active in Study       290       Conductor Fracture 2 Failure to Sense 11 Insulation (not further defined)       Impedance Out of Range Unspecified Clinical Failure Extra Cardiac Stimulation Oversensing         Impedance Out of Range Failure to Sense 11 Insulation (not further defined)       Impedance Out of Range Unspecified Clinical Failure         Impedance Out of Range Insulation (not further defined)       Impedance Out of Range Unspecified Clinical Failure         Impedance Out of Range Insulation (not further defined)       Impedance Out of Range Unspecified Clinical Failure         Impedance Out of Range Insulation (not further defined)       Impedance Out of Range Unspecified Clinical Failure         Impedance Out of Range Insulation (not further defined)       Impedance Out of Range Unspecified Clinical Failure         Impedance Out of Range Insulation (not further defined)       Impedance Out of Range Unspecified Clinical Failure         Impedance Out of Range Insulation (not further defined)       Impedance Out of Range Insulation (not further defined)         Impedance Out of Range Insulation (not further defined)       Impedance Out of Range Insulation (not further defined)         Impedance Out of Range Insulation (not further defined)       Impedance Out of Range         Impedance Out of Range					-			2,413												Insulatio	on (ESC)	
Failure to Sense 11 Unspecified Clinical Failure Insulation (not further defined) 2 Extra Cardiac Stimulation Oversensing	Failure to Sense       1       Unspecified Clinical Failure         Insulation (not further defined)       2       Insulation       Insulation (not further defined)       2       Insulation       Insul		Cumula	tive Mor	ths of F	ollow-U	р	13	2,198					Failure	to Capt	ure 22	2				Insulatio	on (MIO)	
Insulation (not further defined) 2 Extra Cardiac Stimulation Diversensing 100 90 90 90 90 90 90 90 90 90	Insulation (not further define)       2       Extra Cardiac Stimulation Oversensing         Image: Strate Str	I	Numbe	r of Lead	s Active	in Stud	у		290				C	onduct	or Fract	ure 2	2		Ir	npedan	ice Out c	of Range	
Oversensing	Versensing         Versensing         Versensing													Failu	re to Se	nse 11	l		Un	specifie	d Clinica	l Failure	
100 90 80 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 Years After Implant	1       2       3       4       5       6       7       8       9       10       11       12       13       14       15       16       17       18       19       20       21         Years After Implant       1       3       4       5       6       7       8       9       10       11       12       13       14       15       16       17       18       19       20       21         Years After Implant       1											Insula	ation (no	ot furth	er defin	ed) 2	2		E	xtra Car	diac Stin	nulation	
90 80 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 Years After Implant	Years After Implant       2 yr       3 yr       4 yr       5 yr       6 yr       7 yr       8 yr       9 yr       10 yr       11 yr       12 yr       13 yr       at 162 mo       at 162 mo </th <th></th> <th>Over</th> <th>rsensing</th> <th></th>																				Over	rsensing	
90 80 0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 Years After Implant	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       13 yr       at 162 mo       Implant       Implant <thimplant< th=""></thimplant<>	100						1	1	1													
80       -	Years After Implant       2 yr       3 yr       4 yr       5 yr       6 yr       7 yr       8 yr       9 yr       10 yr       11 yr       12 yr       13 yr       at 162 mo       Implant       Implant </td <td></td>																						
0 1 2 3 4 5 6 7 8 9 10 11 12 13 14 15 16 17 18 19 20 Years After Implant	Years After Implant       2 yr       3 yr       4 yr       5 yr       6 yr       7 yr       8 yr       9 yr       10 yr       11 yr       12 yr       13 yr       at 162 mo       Implant       Implant </td <td></td>																						
Years After Implant	Years After Implant       2 yr       3 yr       4 yr       5 yr       6 yr       7 yr       8 yr       9 yr       10 yr       11 yr       12 yr       13 yr       at 162 mo       at 162 mo </th <th>80</th> <th>1</th> <th></th>	80	1																				
%         98.9         98.7         98.2         98.0         97.4         97.2         96.9         95.6         95.2         94.1         92.9         91.7         90.8         90.8	<b>1,907 1,637 1,370 1,116 897 735 572 460 332 243 178 124 73 44 </b>	%	,		-	-											-	mo					
	Effective Sample Size	#	:	1,907				897		572		332	243	178		73	44						
Effective Sample Size			Effect	ive Sam	ole Size																		
				Placer	nent									_	liestie								
				eillance	Regis	stry Re	sults					Quali	fying	Comp	licatio	ons 46	5 Tota						
	Surveillance Registry Results Qualifying Complications 46 Total	luct	t Surve		-				1,799			Quali							Ir	npedan	ice Out c	of Range	
luct Surveillance Registry Results Qualifying Complications 46 Total	Surveillance Registry Results     Qualifying Complications     46     Total       umber of Leads Enrolled in Study     1,799     Failure to Capture     21     Impedance Out of Range	luct	t Surve Numbe	r of Lead	s Enrolle	ed in Stu	udy					Quali		Failure	to Capt	ure 21				-		-	
duct Surveillance Registry ResultsQualifying Complications46TotalNumber of Leads Enrolled in Study1,799Failure to Capture21Impedance Out of RangeCumulative Months of Follow-Up94,898Conductor Fracture3Unspecified Clinical FailureNumber of Leads Active in Study170Failure to Sense3Extra Cardiac Stimulation	Surveillance Registry ResultsQualifying Complications46Totalumber of Leads Enrolled in Study1,799Failure to Capture21Impedance Out of Rangeumulative Months of Follow-Up94,898Conductor Fracture3Unspecified Clinical Failureumber of Leads Active in Study170Failure to Sense3Extra Cardiac Stimulation	luct	t Surve Numbe Cumula	r of Lead tive Mor	s Enrolle oths of F	ed in Stu ollow-U	udy Ip		4,898				C	Failure onduct Failu	to Capt or Fract re to Se	ure 21 ure 3 nse 3	3		Un	specifie	d Clinica diac Stin	l Failure nulation	
Juct Surveillance Registry Results       Qualifying Complications       46       Total         Number of Leads Enrolled in Study       1,799       Failure to Capture       21       Impedance Out of Range         Cumulative Months of Follow-Up       94,898       Conductor Fracture       3       Unspecified Clinical Failure	Surveillance Registry ResultsQualifying Complications46Totalumber of Leads Enrolled in Study1,799Failure to Capture21Impedance Out of Rangeumulative Months of Follow-Up94,898Conductor Fracture3Unspecified Clinical Failureumber of Leads Active in Study170Failure to Sense3Extra Cardiac Stimulation	luct	t Surve Numbe Cumula	r of Lead tive Mor	s Enrolle oths of F	ed in Stu ollow-U	udy Ip		4,898				C	Failure onduct Failu	to Capt or Fract re to Se	ure 21 ure 3 nse 3	3		Un	specifie	d Clinica diac Stin	l Failure nulation	
duct Surveillance Registry Results       Qualifying Complications       46       Total         Number of Leads Enrolled in Study       1,799       Failure to Capture       21       Impedance Out of Range         Cumulative Months of Follow-Up       94,898       Conductor Fracture       3       Unspecified Clinical Failure         Number of Leads Active in Study       170       Failure to Sense       3       Extra Cardiac Stimulation         Insulation (not further defined)       1       Oversensing	Surveillance Registry ResultsQualifying Complications46Totalumber of Leads Enrolled in Study1,799Failure to Capture21Impedance Out of Rangeumulative Months of Follow-Up94,898Conductor Fracture3Unspecified Clinical Failureumber of Leads Active in Study170Failure to Sense3Extra Cardiac Stimulation	luct	t Surve Numbe Cumula Numbe	r of Lead tive Mor	s Enrolle oths of F	ed in Stu ollow-U	udy Ip		4,898				C	Failure onduct Failu	to Capt or Fract re to Se	ure 21 ure 3 nse 3	3		Un	specifie	d Clinica diac Stin	l Failure nulation	
duct Surveillance Registry Results       Qualifying Complications       46       Total         Number of Leads Enrolled in Study       1,799       Failure to Capture       21       Impedance Out of Range         Cumulative Months of Follow-Up       94,898       Conductor Fracture       3       Unspecified Clinical Failure         Number of Leads Active in Study       170       Failure to Sense       3       Extra Cardiac Stimulation         Insulation (not further defined)       1       Oversensing	Surveillance Registry ResultsQualifying Complications46Totalumber of Leads Enrolled in Study1,799Failure to Capture21Impedance Out of Rangeumulative Months of Follow-Up94,898Conductor Fracture3Unspecified Clinical Failureumber of Leads Active in Study170Failure to Sense3Extra Cardiac Stimulation	luct	t Surve Numbe Cumula Numbe	r of Lead tive Mor	s Enrolle oths of F	ed in Stu ollow-U	udy Ip		4,898				C	Failure onduct Failu	to Capt or Fract re to Se	ure 21 ure 3 nse 3	3		Un	specifie	d Clinica diac Stin	l Failure nulation	
Juct Surveillance Registry Results       Qualifying Complications       46       Total         Number of Leads Enrolled in Study       1,799       Failure to Capture       21       Impedance Out of Range         Cumulative Months of Follow-Up       94,898       Conductor Fracture       3       Unspecified Clinical Failure         Number of Leads Active in Study       170       Failure to Sense       3       Extra Cardiac Stimulation         Insulation (not further defined)       1       Oversensing	Surveillance Registry ResultsQualifying Complications46Totalumber of Leads Enrolled in Study1,799Failure to Capture21Impedance Out of Rangeumulative Months of Follow-Up94,898Conductor Fracture3Unspecified Clinical Failureumber of Leads Active in Study170Failure to Sense3Extra Cardiac Stimulation	100 90	t Surve Numbe Cumula Numbe	r of Lead tive Mor	s Enrolle oths of F	ed in Stu ollow-U	udy Ip		4,898				C	Failure onduct Failu	to Capt or Fract re to Se	ure 21 ure 3 nse 3	3		Un	specifie	d Clinica diac Stin	l Failure nulation	
Number of Leads Enrolled in Study       1,799       Failure to Capture       21       Impedance Out of Range         Cumulative Months of Follow-Up       94,898       Conductor Fracture       3       Unspecified Clinical Failure         Number of Leads Active in Study       170       Failure to Sense       3       Extra Cardiac Stimulation         Insulation (not further defined)       1       Oversensing         0       9	Surveillance Registry Results       Qualifying Complications       46       Total         umber of Leads Enrolled in Study       1,799       Failure to Capture       21       Impedance Out of Range         umber of Leads Enrolled in Study       94,898       Conductor Fracture       3       Unspecified Clinical Failure         umber of Leads Active in Study       170       Failure to Sense       3       Extra Cardiac Stimulation         Insulation (not further defined)       1       Oversensing       Oversensing	100 90 80	t Surve Numbe Cumula Numbe	r of Lead tive Mor r of Lead	is Enrolle	ed in Stu ollow-U in Stud	udy  p y	94	4,898	7 5		Insula	C ation (no	Failure onduct Failu ot furth	to Capt or Fract re to Se er defin	ure 21 ure 3 nse 3 ed) 1	3		Un: E:	specifie xtra Car	d Clinica diac Stin Over	Il Failure nulation rsensing	1
Juct Surveillance Registry Results       Qualifying Complications       46       Total         Number of Leads Enrolled in Study       1,799       Failure to Capture       21       Impedance Out of Range         Cumulative Months of Follow-Up       94,898       Conductor Fracture       3       Unspecified Clinical Failure         Number of Leads Active in Study       170       Failure to Sense       3       Extra Cardiac Stimulation         Insulation (not further defined)       1       Oversensing	Surveillance Registry Results       Qualifying Complications       46       Total         umber of Leads Enrolled in Study       1,799       Failure to Capture       21       Impedance Out of Range         umber of Leads Enrolled in Study       1,799       94,898       Conductor Fracture       3       Unspecified Clinical Failure         umber of Leads Active in Study       170       Failure to Sense       3       Extra Cardiac Stimulation         Insulation (not further defined)       1       Oversensing         0       1       2       3       4       5       6       7       8       9       10       11       12       13       14       15       16       17       18       19       20       21	100 90 80	t Surve Numbe Cumula Numbe	r of Lead tive Mor r of Lead	s Enrolle aths of F s Active	ed in Stu ollow-U in Stud	udy  p y	94	4,898	7 8	3 9	Insula	C ation (no	Failure onduct Failu ot furth	to Capt or Fract re to Se er defin	ure 21 ure 3 nse 3 ed) 1	3		Un: E:	specifie xtra Car	d Clinica diac Stin Over	Il Failure nulation rsensing	21
Luct Surveillance Registry Results       Qualifying Complications       46       Total         Number of Leads Enrolled in Study       1,799       Failure to Capture       21       Impedance Out of Range         Cumulative Months of Follow-Up       94,898       Conductor Fracture       3       Unspecified Clinical Failure         Number of Leads Active in Study       170       Failure to Sense       3       Extra Cardiac Stimulation         Insulation (not further defined)       1       Oversensing       0       0       1       2       3       4       5       6       7       8       9       10       11       12       13       14       15       16       17       18       19       20         Years After Implant	Surveillance Registry Results       Qualifying Complications       46       Total         umber of Leads Enrolled in Study       1,799       Failure to Capture       21       Impedance Out of Range         umber of Leads Enrolled in Study       94,898       Conductor Fracture       3       Unspecified Clinical Failure         umber of Leads Active in Study       170       Failure to Sense       3       Extra Cardiac Stimulation         Insulation (not further defined)       1       Oversensing         0       1       2       3       4       5       6       7       8       9       10       11       12       13       14       15       16       17       18       19       20       21         Years After Implant	luct 100 90	t Surve Numbe Cumula Numbe	r of Lead tive Mor r of Lead	s Enrolle nths of F s Active	ed in Stu ollow-U in Stud	udy Ip y	94	4,898 170			Insula	C ation (no	Failure onduct Failu ot furtho	to Capt or Fract re to Se er defin	ure 2 ure 3 ed) 1 3 14	15		Un: E:	specifie xtra Car	d Clinica diac Stin Over	Il Failure nulation rsensing	21
Auct Surveillance Registry Results          Qualifying Complications       46       Total         Number of Leads Enrolled in Study       1,799       Failure to Capture       21       Impedance Out of Range         Cumulative Months of Follow-Up       94,898       Conductor Fracture       3       Unspecified Clinical Failure         Number of Leads Active in Study       170       Failure to Sense       3       Extra Cardiac Stimulation         Insulation (not further defined)       1       Oversensing       Oversensing         0       1       2       3       4       5       6       7       8       9       10       11       12       13       14       15       16       17       18       19       20	Surveillance Registry Results       Qualifying Complications       46       Total         umber of Leads Enrolled in Study       1,799       Failure to Capture       21       Impedance Out of Range         umber of Leads Active in Study       170       Failure to Sense       3       Unspecified Clinical Failure         umber of Leads Active in Study       170       Failure to Sense       3       Extra Cardiac Stimulation         Insulation (not further defined)       1       Oversensing         0       1       2       3       4       5       6       7       8       9       10       11       12       13       14       15       16       17       18       19       20       21         Years After Implant       1       Y       3       Y       4       Y       5       Y       8       Y       9       Y       10       Y       14       147       mode       14	100 90 80	t Surve Numbe Cumula Numbe 0 Year	r of Lead tive Mor r of Lead 1 rs After 1 yr	s Enrolle hths of F- s Active 2 : r Impla 2 yr	ed in Stud ollow-U in Stud 3 3 4 1 1 3 3 yr	udy lp y 4 4 yr	94 5 ( 5 yr	4,898 170 5 6 yr	7 yr	8 yr	Insula 9 10	Cation (no	Failure onduct Failu ot furtho	to Capt or Fract re to Se er defin 2 1. 2 1.	ure 2 ure 3 nse 3 ed) 7 3 14	15		Un: E:	specifie xtra Car	d Clinica diac Stin Over	Il Failure nulation rsensing	21

189

684 539

398

282

123 71

51

47

 1,426
 1,218
 1,031
 831

 Effective Sample Size

#

### 4073 CapSure Sense

**Product Characteristics** 

US Market Release	Jun-02	Serial Number Prefix	BBF	US Returned Product Analysis	5
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 C	)

Other 0

duc	t Survei	llance Registry F	Results		Q	ualifying Co							
	Number of Leads Enrolled in Study Cumulative Months of Follow-Up Number of Leads Active in Study			102 7,380 71	7,380								
100	)												
90													
80													
	0	1	2	3	4	5	б	7	8	9	10		
	Years	After Implant											
		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	at 81 mo					
9	6	100.0	100.0	100.0	100.0	100.0	100.0	100.0					
-	#	100	93	85	84	81	71	45					
	Effectiv	e Sample Size											

#### 4074 CapSure Sense **Product Characteristics** Jun-02 BBD US Market Release Serial Number Prefix **US Returned Product Analysis Registered US Implants** 176,800 **Conductor Fracture** Type and/or Fixation Transvenous, Vent, Tines 1 **Estimated Active US Implants** 110,600 Polarity Bipolar Crimp/Weld/Bond 0 Advisories Steroid Yes Insulation Breach 18 None Other 1 **Atrial Placement** Product Surveillance Registry Results **Qualifying Complications** 2 Total Number of Leads Enrolled in Study 215 Lead Dislodgement 1 Cumulative Months of Follow-Up 14,430 Failure to Sense 1 Number of Leads Active in Study 149 Lead Survival Probability (%) 100 90 80 0 2 3 4 5 6 7 8 9 10 Years After Implant 1 yr 2 yr 3 yr 4 yr 5 yr 6 yr 7 yr at 90 mo % 99.1 99.1 99.1 99.1 99.1 99.1 99.1 99.1 # 199 189 183 170 134 99 65 47 **Effective Sample Size**

#### **Ventricular Placement**

Prod	uct	Surveillance	e Registry Re	esults		Q	ualifying Co	mplications	3 Total			
	Number of Leads Enrolled in Study Cumulative Months of Follow-Up Number of Leads Active in Study			lb	883 28,194 671		Fai	Dislodgement lure to Capture e Out of Range	1 1 1			
(%)	00											
lity (	90								-			
babi	80											
l Pro		0	1	2	3	4	5	6	7	8	9	10
Lead Survival Probability		Years After	r Implant									
d Sui			1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	at 87 mo		
Lea	%		99.7	99.4	99.4	99.4	99.4	99.4	99.4	99.4		
	#		479	364	327	298	215	130	67	53		
		Effective Sam	ple Size									

	JS Market Relea	se	Feb-0	4 Serial N	umber Prefix	BBL			US	<b>Returned</b> F	Product Ana	lys
F	Registered US In	nplants	806,70	0 Type an	d/or Fixation	Transvend	ous, V or A, Scre	ew-in			or Fracture	
F	Estimated Active	e US Implants	619,60	0 Polarity		Bipolar				Crimp/\	Veld/Bond	
A	Advisories		Non	e Steroid		Yes				Insulat	ion Breach	
											Other	
	Placement Surveillance	Registry R	osults		00	alifying Com	nlications	6 Total				
				1 6 6 1	Qu			3				
	Number of Lead Cumulative Mon		-	1,661 53,265			islodgement re to Capture	3				
	Number of Lead			1,106			lure to Sense	1				
	Number of Leau	S ACTIVE III STU	uy	1,100	Inc	ulation (not furt		1				
							,					
100												
90												
80												
	0	1	2	3	4	5	6	7	8	9	10	
	Years After	Implant										
		1 yr	2 yr	3 yr	4 yr	5 yr	бyr					
%		99.8	99.6	99.6	99.6	99.6	99.6					
#		1,455	951	497	305	147	53					
	Effective Sam	ple Size										
					0	alifying Com	plications	3 Total				
luct	Surveillance				Qu							
luct N	Surveillance	s Enrolled in St	tudy	1,228	Qu	Failur	re to Capture	2				
luct N	Surveillance Number of Lead Cumulative Mon	s Enrolled in Statut	tudy Up	42,964	Qu		re to Capture					
luct N	Surveillance	s Enrolled in Statut	tudy Up		Qu	Failur	re to Capture	2				
luct N	Surveillance Number of Lead Cumulative Mon Number of Lead	s Enrolled in Statut	tudy Up	42,964		Failur	re to Capture	2				
N N N	Surveillance	s Enrolled in Statut	tudy Up	42,964		Failur	re to Capture	2				
luct r c 100 90	Surveillance	s Enrolled in Statut	tudy Up	42,964		Failur	re to Capture	2				
luct N C N 100	Surveillance	s Enrolled in Statut	tudy Up dy	42,964 797		Failur Extra Cardiao	re to Capture Stimulation	2 1			10	
luct r c 100 90	Surveillance	s Enrolled in Si ths of Follow- s Active in Stu	tudy Up	42,964	4	Failur	re to Capture	2	8	9	10	
uct r c 100 90	Surveillance	s Enrolled in Si ths of Follow- s Active in Stur	tudy Up dy 2	42,964 797	4	Failur Extra Cardiao	c Stimulation	2 1	8	9	10	
luct € 100 90 80	Surveillance	s Enrolled in Si ths of Follow- s Active in Stu- s Active in Stu- l 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	tudy Up dy 2 2 yr	42,964 797 3 3 3 yr	4 4 4 yr	Failur Extra Cardiao	e to Capture Stimulation 6 6 yr	2 1	8	9	10	
uct C N 100 90	Surveillance Number of Lead Cumulative Mon Number of Lead O Years After	s Enrolled in Si ths of Follow- s Active in Stur	tudy Up dy 2	42,964 797	4	Failur Extra Cardiao	c Stimulation	2 1	8	9	10	
### 4092 CapSure SP Novus

**Product Characteristics** 

US Market Release	Sep-98	Serial Number Prefix	LEP	US Returned Product An	alysis
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

Proc	duc	t Surveillance	e Registry Re	esults		Qu	alifying Com	plications	19 Total			
		Number of Lead			1,147			slodgement	4		mpedance Out	5
		Cumulative Mor Number of Lead		•	65,380 298			e to Capture tor Fracture	9 3	E	xtra Cardiac Sti	imulation i
(%)	100	)										1
oility	9(	)										
obab	80	)										
al Pro		0	1	2	3	4	5	6	7	8	9	10
-ead Survival Probability		Years After	r Implant									
d Su			1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	at 117 mo
Lea	%		98.9	98.8	98.7	98.4	98.1	97.7	97.7	97.7	97.7	97.7
	ł	ŧ	928	830	733	636	552	449	317	200	110	44
		Effective Sam	ple Size									

### 4523 CapSure SP

US Market Release	Aug-91	Serial Number Prefix	ZE	US Returned Product Analy	/sis
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

Pro	duct	Surveillance	e Registry Re	esults		C	Qualifying Co	mplications	4 Tota	l		
	N	lumber of Lead	s Enrolled in St	udy	121		Lead	Dislodgement	2			
	C	umulative Mor	nths of Follow-U	Jp	7,607		Impedanc	e Out of Range	1			
	N	lumber of Lead	s Active in Stud	ły	4			Oversensing	1			
(%)	100											
	90											
Survival Probability	80											
Pro	(	0	1	2	3	4	5	6	7	8	9	10
vival		Years After	r Implant									
l Sur			1 yr	2 yr	3 yr	4 yr	at 57 mo					
Lead	%		98.1	98.1	98.1	98.1	98.1					
_	#		95	81	71	58	50					
		Effective Sam	ple Size									

452	4 CapS	ure SP		Pro	duct Charad	cteristics						
	US Marke	t Release	Oct-9	91 Seria	al Number Pref	ix L	AR			US Re	turned Prod	duct Analysis
	Registere	d US Implants	101,30	0 Туре	e and/or Fixatio	on T	ransvenous, At	rial-J, Tines			Conductor Fr	acture 1
	Estimated	d Active US Implants	s 24,30	00 Pola	rity	В	lipolar				Crimp/Weld	l/Bond (
	Advisorie	es	Nor	ne Stere	oid	Y	'es				Insulation	
												Other 3
Prod	uct Survei	llance Registry	Results			Qualifyir	ng Complica	tions 6	Total			
	Number	of Leads Enrolled in	Study	911			Lead Dislodg	ement 1				
	Cumulati	ve Months of Follow	v-Up	40,642			Failure to C	apture 3				
	Number o	of Leads Active in St	udy	35			Failure to	Sense 2				
<b>(</b> 9 1	00											
ž	90											
abil	80											
rob		-					_					
/al F	0	1	2	3	4	5	6	7	8	3	9	10
vivir	Years	After Implant										
ad Su		1 yr	2 yr	3 yr	4 yr	5 yr	бyr	7 yr	8 yr	9 yr	10 yr	at 123 mo
Le	%	99.6	99.3	99.3	99.0	99.0	99.0	99.0	99.0	99.0	99.0	99.0
	#	682	537	427	329	251	182	133	87	65	54	50
	Effectiv	e Sample Size										

### 4533 CapSure Z

US Market Release	Not US released	Serial Number Prefix	LCB	US Returned Product Anal	ysis
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
lvisories	None	Steroid	Yes	Insulation Breach	0
				Other	0

uuci	Surveillance	negistiyne	Suits		Q	uaniying co	mplications	4 Total				
Ν	lumber of Leads	Enrolled in Stu	ıdy	206		Lead	Dislodgement	1			Oversensing	
C	umulative Mont	hs of Follow-U	р	11,767		Fai	lure to Capture	1				
Ν	lumber of Leads	Active in Study	у	0		F	ailure to Sense	1				
100												
90												
80												
00												
(	D 1	4	2	3	4	5	6	7	8	9	10	
	Years After I	mplant										
		1 yr	2 yr	3 yr	4 yr	5 yr	бyr	at 78 mo				
%		100.0	99.4	98.8	97.9	97.9	97.9	97.9				
#		176	158	132	101	77	60	51				
	Effective Samp	le Size										

#### 4558M Screw-In **Product Characteristics** US Market Release Nov-94 Serial Number Prefix LDC **US Returned Product Analysis** 19,900 Transvenous, Atrial-J, Screw-in **Registered US Implants Conductor Fracture** Type and/or Fixation 1 Estimated Active US Implants 4,000 Polarity Bipolar Crimp/Weld/Bond 0 Advisories Steroid No Insulation Breach 18 None 0 Other Product Surveillance Registry Results **Qualifying Complications** 12 Total 539 Number of Leads Enrolled in Study **Electrical Abandonment** 1 Insulation (not further defined) 2 Cumulative Months of Follow-Up 23,215 Failure to Capture 3 Impedance Out of Range 2 Number of Leads Active in Study 9 2 Oversensing 2 Failure to Sense 100 Lead Survival Probability (%) 90 80 0 2 3 4 5 6 7 8 9 10 Years After Implant 3 yr 5 yr 6 yr 7 yr 8 yr 9 yr 1 yr 2 yr 4 yr % 99.3 99.3 99.3 97.6 96.5 96.5 91.8 99.3 99.3 # 353 296 249 191 139 96 83 66 50 Effective Sample Size

#### 1569 CanSuraEiv

456	8 (	CapSureFix			Product	Characteris	stics						
	U	S Market Release		Jan-97	Serial Nun	nber Prefix	LDD			US F	Returned Proc	luct Anal	lysis
	Re	egistered US Implar	nts	69,500	Type and/	or Fixation	Transver	ous, Atrial-J, Sci	rew-in		Conductor Fra	acture	3
	Es	timated Active US	Implants	23,300	Polarity		Bipolar				Crimp/Weld	/Bond	0
	A	dvisories		None	Steroid		Yes				Insulation E	Breach	73
												Other	1
Produ	uct	Surveillance Re	gistry Result	S		Qua	alifying Con	nplications	33 Total				
	N	umber of Leads Enr	olled in Study	é	56		Lead [	Dislodgement	9		Impedance Out o	of Range	2
	Cı	umulative Months o	of Follow-Up	32,0	)29		Failu	ire to Capture	18		Medical Ju	dgment	1
	N	umber of Leads Act	ive in Study		137		Fa	ilure to Sense	3			-	
8 10	00												
lity	90												
Lead Survival Probability (%)	80												
Pro	C	) 1	2	3		4	5	6	7	8	9	10	
viva		Years After Im	plant										
d Sur		1 y	/r 2 y	r 3	8 yr	4 yr	5 yr	6 yr	7 yr	8 yr	at 105 mo		
Lea	%	96	.8 96.	4 9	95.3	94.7	94.0	94.0	93.4	93.4	93.4		
_	#	495	i 431	3	50	292	242	187	133	75	52		
		Effective Sample S	ize										

Leads

#### 4574 CapSure Sense **Product Characteristics** US Market Release Jun-02 Serial Number Prefix BBE **US Returned Product Analysis** 58,600 Transvenous, Atrial-J, Tines **Registered US Implants Conductor Fracture** Type and/or Fixation 5 Estimated Active US Implants 39,500 Polarity Bipolar Crimp/Weld/Bond 0 Advisories Steroid Yes Insulation Breach 3 None Other 0 Product Surveillance Registry Results **Qualifying Complications** 1 Total 417 Lead Dislodgment Number of Leads Enrolled in Study 1 Cumulative Months of Follow-Up 3,959 Number of Leads Active in Study 348 100 Lead Survival Probability (%) 90 80 Years After Implant 1 yr at 21 mo % 99.7 99.7 # 106 53 **Effective Sample Size**

#### 4592 CapSure SP Novus

	<b>US Market Release</b>	e	Oct-98	Serial Nu	ımber Prefix	LER			US Re	turned Product /	Analysis
	Registered US Im	plants	84,600	Type and	d/or Fixation	Transvenou	ıs, Atrial-J, Tin	es		Conductor Fracture	
	Estimated Active	US Implants	40,900	Polarity		Bipolar				Crimp/Weld/Bond	
,	Advisories		None	Steroid		Yes				Insulation Breach	
										Other	
duc	t Surveillance	Registry Res	sults		Qua	lifying Comp	lications	5 Total			
	Number of Leads			283		Lead Dis	lodgement	2			
(	Cumulative Mont	hs of Follow-Up	o 14	4,613		Failure	to Capture	2			
ſ	Number of Leads	Active in Study	,	61		Failu	re to Sense	1			
100											
100											
90	)										
90 80											
		2		3	4	5 6	5	7	8	9 10	
	)		2 3	2	4	5 6	5	7	8	9 10	
	0 1		: 3	}	4	5 6	5	7	8	9 10	
	0 1				4 4 yr	5 6	6 yr	7 7 7 yr	8 8 yr	9 10	
	0 1 Years After	Implant	2 yr 98.2	3 yr 98.2							
80	0 1 Years After	Implant 1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	at 105 mo	

### 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	2,100	Polarity	Unipolar	Crimp/Weld/Bond 0
Advisories	None	Steroid	Yes	Insulation Breach 0
				Other 0



#### 5024, 5024M CapSure SP

**Effective Sample Size** 

US Mar	ket Relea	se			Mar-90	Seri	al Numl	oer Prefix	x	SY or						US R	eturne	d Pro	duct A	Analys
Registe	ered US In	nplants		2	00,700	Тур	e and/o	r Fixatior	n	Trans	venous	, Vent, T	ines				Cond	uctor F	racture	
Estimat	ted Active	e US Imp	olants		43,600	Pola	arity			Bipol	ar						Crin	np/Wel	d/Bond	
Adviso	ries				None	Ster	roid			Yes							Ins	ulation	Breach	
																			Other	
duct Surv	eillance	Regis	try Re	sults					Qualif	<sup>f</sup> ying C	Compl	icatior	<b>1S</b> 50	5 Tota	al					
Numbe	er of Lead	s Enrolle	ed in Stu	ıdy	8	3,153				Le	ad Dislo	dgeme	nt (	5			Impeda	nce Ou	it of Rar	nge
Cumula	ative Mor	ths of F	ollow-U	р	442	,698				F	ailure t	o Captu	re 2	7		U	Inspecifi	ed Clin	ical Fail	ure
Numbe	er of Lead	s Active	in Stud	у		285				Co	nducto	r Fractu	re :	3			Extra Ca	rdiac S	timulati	ion
											Failure	e to Sen	se 2	2				0	versensi	ing
									Insulat	tion (no	t furthe	r define	d) :	5					Otl	her
											Insula	tion (ES	C)	1						
100														-		-1				
90																				
80																				
0	1	2 3	3 4	4 5	56	5 7	' 8	9	10	11	12	13	14	15	16	17	18	19	20	21
Voo	rs After	Impla	nt																	
iea	IS AItei			1				1							1	1		1	1	
	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			
	I yi	/	-																	
%	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			

	S Market R	ماهمده			Feb-96	Seria	al Numh	oer Prefi	iv	LDK							oturna	od Pro	duct A	nal
	egistered l		ate		2,300			r Fixatio			venous,	Vent. T	ines			05 1		ductor F		liaiy
	stimated A				500	Pola		FIXALIO	11	Unip		, vent, i	ines					mp/Wel		
		ctive US	mpiants	·		Ster	,			Yes	olar							sulation		
A	dvisories				None	Ster	010			103							ins	sulation		
																			Other	
uct	Surveilla	nce Re	gistry l	Results					Qualit	fying (	Compli	cation	IS 28	Total						
N	umber of L	eads En	olled in	Study	1	,899				Le	ad Dislo	dgemei	nt 2			Insulati	ion (not	t further	r defined	d)
С	umulative	Months	of Follow	-Up	100	,089				F	ailure to	o Captu	re 12			h	mpeda	nce Out	of Rang	e
N	umber of L	eads Ac	ive in St <sup>.</sup>	udv		159				Co	nducto	r Fractu	re 8				Ca	irdiac Pe	erforatio	n
100																				
90																				
80																				
00									10		10	10		4.5			10	10		
	) 1	2	3	4	5 6	5 7	8	9	10	) []]	12	13	14	15	16	17	18	19	20	21
(		fter Im	plant																	
	Years A			1																
	Years A						7 yr	8 yr	9 yr	10 vr	11 yr	12 vr	13 yr	14 yr	at 171	mo				
		vr 2	/r 3 v	r 4 vr	5 vr	6 vr	1 / VI					/ /								
(	1	yr 2				6 yr	-		-	06.0	05.5	05.5	010	010	010					
	1	9.7 99	yr 3 y 9.6 99	.1 99.0	-	6 yr 98.3 527	97.7 416	96.9 346	96.0 287	96.0 232	<b>95.5</b> 180	<b>95.5</b> 148	94.8 116	94.8 61	94.8 50					



%

#

99.7

886

**Effective Sample Size** 

99.4

671

99.1

507

98.8

340

98.8 98.8

127

211

98.1

77

96.6

50

### 5054 CapSure Z Novus

**Product Characteristics** 

US Market Release	Jun-98	Serial Number Prefix	LEH	US Returned Product Ana	lysis
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 159 100 obability (%) 90 80

Pr	(	D 1		2	3	4	5	6	7	8	3	9	10
iva		Years After	Implant										
urv													
ead Si			1 yr	2 yr	3 yr	4 yr	5 yr	бyr	7 yr	8 yr	9 yr	at 114 mo	
Le	%		99.5	99.5	99.5	99.5	99.5	99.5	99.5	99.5	99.5	99.5	
	#		408	385	357	322	284	246	206	142	82	53	
		Effective Samp	le Size										

#### Ventricular Placement

oduct	Surveillance	Registry Re	esults		Q	ualifying Co	mplications	9 Total			
	lumber of Leads Cumulative Mont			967 38,660			Dislodgement ure to Capture	1 6	I	mpedance Out	of Range
Ν	lumber of Leads	Active in Stud	dy	99		F	ailure to Sense	1			
100											
90 80											
	0 1		2	3	4	5	6	7	8	9	10
	Years After	Implant				2			0	-	
		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	at 114 mo
90 80		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
	Effective Samp	ole Size									

ι	JS Mark	et Relea	se			Jan-97	Ser	ial Num	ber Pref	ix	LDJ						US R	eturne	ed Pro	duct A	nalysi
F	Register	ed US Im	plants		2	05,600	Тур	e and/c	or Fixatio	on	Trans	svenous, V	or A, Sc	rew-in					ductor F		
E	Estimate	d Active	US Imp	lants		60,000	Pol	arity			Bipo	lar						Crii	np/Wel	d/Bond	
/	Advisori	es				None	Ste	roid			Yes							Ins	sulation	Breach	
																				Other	
al P	lacer	nent																			
luct	Surve	illance	Regis	try Re	sults					Quali	fying (	Complica	ations	6	Total						
1	Number	of Lead	s Enrolle	ed in Stu	ıdy		968				Le	ad Dislod	gement	1			I	mpeda	nce Out	of Rang	e
(	Cumulat	ive Mon	ths of Fo	ollow-U	р	33	3,925					Failure to O	Capture	2					Ove	ersensin	g
1	Number	of Lead	S Active	in Stud	у		33			Insula	ation (no	t further d	efined)	1							
100																					
90																					
80																					
		1 .			4	- /		7 (	3 9		0 11	12	12	14	15	10	17	10	10	20	21
	0		2 3	-	4 !	5 6		7 8	5 5	) 10	JII	12	13	14	15	16	17	18	19	20	21
	Year	s After	Impla	nt																	
		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	10 yr	at 123 mo									
		99.6	99.6	99.3	99.3	99.3	99.3	99.3	97.6	97.6	97.6	97.6									
%																					

#### Ventricular Placement





	US Market Relea	ise	Aug-0	0 Serial N	Number Prefix	PJN			US Ret	urned Produ	uct Analys
	Registered US In	nplants	2,910,00	0 Type ai	nd/or Fixation	Transver	nous, V or A, Scre	w-in		Conductor Frac	
	Estimated Active	e US Implants	1,843,20	0 Polarity	у	Bipolar				Crimp/Weld/	Bond
	Advisories		Non	e Steroid	l	Yes			Insulation Bread		each
										C	other
	Placement	a Registry Re	culte		0	alifying Con	nnlications	21 Total			
					Qu	, ,					_
	Number of Lead			2,740			Dislodgement	5		pedance Out of	5
	Cumulative Mor Number of Lead		•	133,294 697			ure to Capture uctor Fracture	5 1	Ext	ra Cardiac Stimi	ensing
	Number of Lead	is Active in Stud	у	697			ilure to Sense	1		Cardiac Perfo	5
						ra ulation (not fui		1		Cardiac Perio	bration
4.0	0				1115	ulation (not ful	(ther defined)	I			
10 9											
8											
0	0	1	2	3	4	5	6	 7	8	9	10
	Years After		2	2	4	J	0	/	0	9	10
		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	at 117 n
			99.6	99.3	99.1	99.1	98.9	98.9	98.7	98.7	98.7
9	6	99.6	99.0	22.5							

#### **Ventricular Placement**

Produ	ict S	Surveillance	Registry Re	sults		Q	ualifying Co	mplications	11 Total				
		umber of Leads		,	1,539			l Dislodgement	2			to Sense	1
		umulative Mont			66,021			lure to Capture	4	In	npedance Out o		2
	INI	umber of Leads	Active in Study	/	286		Con	ductor Fracture	I		Cardiac Per	Toration	
8 10	00										-		
Survival Probability (%)	90												
3 20	80												
Ч	C	) 1		2	3	4	5	6	7	8	9	10	
VIVa		Years After	Implant										
Sur													
Lead			1 yr	2 yr	3 yr	4 yr	5 yr	бyr	7 yr	8 yr	9 yr		
Ĭ	%		99.6	99.4	99.3	99.0	99.0	99.0	99.0	99.0	98.0		
	#		1,082	900	744	610	484	378	256	155	50		
		Effective Samp	ole Size										

ι	US Market Release	Feb-11	Serial Nu	mber Prefix	LFP			<b>US</b> Retur	ned Product Ana	alys
F	Registered US Implants	72,500	Type and	l/or Fixation	Transvenous, A or	V, Screw-in			onductor Fracture	Ť.
E	Estimated Active US Implants	70,600	Polarity		Bipolar			(	Crimp/Weld/Bond	
/	Advisories	None	Steroid		Yes				Insulation Breach	
									Other	
duct	t Surveillance Registry Results			Quali	fying Complicati	ons 1 Tota	al			
1	Number of Leads Enrolled in Study	3,4	444		Failure to Cap	ture 1				
(	Cumulative Months of Follow-Up	70	869							
	culturative months of rollow-op	7,0	509							
	Number of Leads Active in Study		291							
	•									
1	Number of Leads Active in Study									
<b>ו</b> 100	Number of Leads Active in Study									
1	Number of Leads Active in Study									
<b>ו</b> 100	Number of Leads Active in Study									
100 90 80	Number of Leads Active in Study	3,:		4 5	6	7		9	10	
100 90 80	Number of Leads Active in Study			4 5	6	7	8	9	10	
100 90 80	Number of Leads Active in Study	3,:		4 5	6	7	8	9	10	
100 90 80	Number of Leads Active in Study	3,:		4 5	6	7	8	9	10	
100 90 80	Number of Leads Active in Study	3,:		4 5	6	7	8	9	10	
100 90 80	Number of Leads Active in Study	3,:		4 5	6	7	8	9	10	

5092	CapSure	SP	Novus

#### **Product Characteristics**

-				
US Market Release	Jun-98	Serial Number Prefix	LET	US Returned Product Analysis
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

Produ	uct	Surveillance	e Registry Re	esults		C	Qualifying Co	omplications	9 Total			
	Ν	lumber of Lead	s Enrolled in St	udy	1,172		Lead	d Dislodgement	5			
	C	Cumulative Mon	ths of Follow-U	Jp	47,390		Fa	ilure to Capture	2			
	Ν	lumber of Lead	s Active in Stud	ly	138		Impedan	ce Out of Range	1			
							Extra Caro	diac Stimulation	1			
<mark>%</mark> 1	00											
ility	90											
bab	80											
Pro	(	0	1	2	3	4	5	6	7	8	9	10
vival		Years After	Implant									
Lead Survival Probability (%)			1	2.1	2	4.5.00	<b>_</b>	C. M.	7.00	0.54%	0.14	
eac			1 yr	2 yr	3 yr	4 yr	5 yr	бyr	7 yr	8 yr	9 yr	at 114 mo
_	%		99.5	99.4	99.2	99	99	98.6	98.6	98.6	98.6	98.6
	#		812	650	518	407	313	237	176	118	72	53

Effective Sample Size

#### 5524, 5524M CapSure SP **Product Characteristics** US Market Release Mar-90 Serial Number Prefix XV or LAV **US Returned Product Analysis** 60,300 Transvenous, Atrial-J, Tines **Registered US Implants** Type and/or Fixation **Conductor Fracture** 11 Estimated Active US Implants 16,200 Polarity Bipolar Crimp/Weld/Bond 1 Yes Advisories None Steroid Insulation Breach 11 Other 2 Product Surveillance Registry Results **Qualifying Complications** Total 39 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 1 100 Lead Survival Probability (%) 90 80 0 2 3 4 5 6 8 9 10 11 12 13 14 15 16 17 18 19 20 21 Years After Implant 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 1 yr 2 yr at 186 mo % 99.2 98.1 97.6 97.6 97.6 99.7 99.7 99.5 99.3 99.2 98.9 98.4 97.7 97.6 97.6 97.6 # 57 3,438 2,964 2,540 2,134 1,779 1,416 1,119 860 683 546 410 298 218 148 86 **Effective Sample Size**

#### 5534 CapSure Z

#### Product Characteristics

US Market Release	Feb-96	Serial Number Prefix	LDG	US Returned Product Analysis
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 0 0



### 5554 CapSure Z Novus

**Product Characteristics** 

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



### 5568 CapSureFix

05 Mark	et Release			Jan-97	Ser	ial Num	ber Pret	fix	LDN						US R	eturne	d Pro	duct A	nalysi
Register	ed US Implan	ts		89,000	Тур	e and/o	or Fixatio	on	Trar	isvenous, Atr	ial-J, Scr	rew-ir	ı			Conc	luctor F	racture	
Estimate	d Active US I	nplants		49,900	Pol	arity			Bipo	olar						Crir	np/Weld	d/Bond	
Advisori	es			None	Ste	roid			Yes							Ins	ulation	Breach	
																		Other	
oduct Surve	illance Reg	jistry Re	esults					Qual	ifying	Complicat	ions	11	Total						
Number	of Leads Enr	olled in St	udy		1,053				L	ead Dislodge	ment	1					Failure	to Sens	e
Cumulat	ive Months o	Follow-U	Jp	40	0,036					Failure to Ca	pture	5			E	xtra Cai	diac Sti	mulatio	n
Number	of Leads Act	ve in Stud	ły		116				C	onductor Fra	cture	1					Ove	ersensin	g
100																			
100									-1										
00																			
90																			
90 80																			
90 80 0	1 2	3	4	5 6	5 7	7 8	3 9	9 1	0 1	1 12	13	14	15	16	17	18	19	20	21
90 80 0 Year	1 2 s After Imp	0	4	5 6	5 7	7 8	3 9	9 1	0 1	1 12	13	14	15	16	17	18	19	20	21
90 80 0 Year	1 2 s After Imp	0	4	5 6	5 7	7 8	3 9	 9 1 	0 1	1 12	13	14	15	16	17	18	19	20	21
90 80 0 Year	1 2 s After Imp	lant	4 yr	5 6 5 yr	6 yr	7 { 7 yr	3 9 8 yr	9 1 9 yr	0 1	1 12	13	14	15	16	17	18	19	20	21
80		ant 3 yr								1 12 at 123 mo 97.5	13	14	15	16	17	18	19	20	21

### 5592 CapSure SP Novus

**Product Characteristics** 

116

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

**Qualifying Complications** 

Lead Dislodgement

Failure to Capture

5 Total

2

3

Product Surveillance Registry Results 672 Number of Leads Enrolled in Study Cumulative Months of Follow-Up 30,739

Number of Leads Active in Study



#### 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

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

#### **Qualifying Complications** 0 Total





1																
		20 yr														
		18 yr														
		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 +3.6/-5.8						
		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 +1.2/-1.8	99.8 +0.1/-0.7	96.6 +1.8/-3.9	96.6 +2.2/-6.4 at 87 mo	95.6 +1.1/-1.5	95.4 +1.4/-1.9		99.1 +0.7/-2.8 at 90 mo	99.4 +0.4/-1.2 at 87 mo			97.7 +0.8/-1.4
		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 +0.8/-1.4
		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 +0.8/-1.4
		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 +0.4/-1.2	99.6 +0.2/-0.5	99.5 +0.4/-1.4	98.1 +0.7/-1.2
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 +0.7/-2.8	99.4 +0.4/-1.2	99.6 +0.2/-0.5	99.8 +0.2/-0.5	98.4 +0.6/-1.1
Probabili	ant	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 +0.5/-1.0
Device Survival Probability (%)	Years 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 +0.5/-0.9
Device 9	Years Af	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 +0.5/-0.9
sdtnoM γbut2 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
	oiteoi	filenØ IqmoD	Ŋ	2	23	4	10	œ	02	46	0	2	ε	Q	ε	19
γbut2 ni ع			554	311	201	14	ε	42	290	170	71	149	671	1,106	797	298
pəj	Enroll	sbeəJ	767	474	1,158	1,215	539	171	2,413	1,799	102	215	883	1,661	1,228	1,147
əseələ	rket R	₽W SU	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
	Jêr	lmsdጋ	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
urce <sup>,</sup> Medti		ləboM dmuN	3830	3830	4023	4024	4033	4067	4068	4068	4073	4074	4074	4076	4076	duct Per

Source: Medtronic Device Registration and Returned Product Analysis Data as of August 6, 2012

		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				
		14 yr								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 +0.6/-1.2		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
		8 yr		99.0 +0.6/-1.2		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 +0.3/-0.4	96.9 +1.1/-1.7	98.8 +0.8/-1.9	96.6 +2.1/-5.7	99.5 +0.4/-1.4	97.9 +1.1/-2.4
		7 yr		99 .0 +0.6/-1.2	97.9 +1.4/-4.2 at 78 mo	96.5 +2.1/-5.2	93.4 +2.1/-2.9		97.4 +1.5/-3.8	97.6 +1.0/-1.6	99.1 +0.3/-0.3	97.7 +0.9/-1.3	98.8 +0.8/-1.9	98.1 +1.1/-2.8	99.5 +0.4/-1.4	97.9 +1.1/-2.4
		6 yr		99 .0 +0.6/-1.2	97.9 +1.4/-4.2	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 +0.4/-1.4	97.9 +1.1/-2.4
		5 yr	98.1 +1.4/-5.3 at 57 mo	99 .0 +0.6/-1.2	97.9 +1.4/-4.2	99.3 +0.5/-1.4	94.0 +1.8/-2.6		97.4 +1.5/-3.8	99.3 +0.4/-0.9	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 +0.5/-1.2
ity (%)		4 yr	98.1 +1.4/-5.3	99 .0 +0.6/-1.2	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 +0.5/-0.7	99.5 +0.4/-1.6	98.8 +0.6/-1.1	99.5 +0.4/-1.4	99.1 +0.5/-1.2
Probabil	ant	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 +0.3/-0.6	99.5 +0.1/-0.3	99.1 +0.4/-0.7	99.5 +0.4/-1.6	99.1 +0.4/-1.0	99.5 +0.4/-1.4	99.4 +0.3/-0.9
Device Survival Probability (%)	ears After Implant	2 yr	98.1 +1.4/-5.3	99.3 +0.4/-1.0	99.4 +0.5/-3.5	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 +0.2/-0.6	99.6 +0.1/-0.2	99.6 +0.2/-0.4	99.5 +0.4/-1.6	99.4 +0.3/-0.8	99.5 +0.4/-1.4	99.4 +0.3/-0.9
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 +0.2/-0.5	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 +0.3/-0.8
yin Study Month			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
	oitecil		4	9	4	12	33	-	ъ	19	56 4	28	Ŋ	1	7	6
γbut2 ni e	∍vit⊃A	speəJ	4	35	0	6	137	348	61	318	285	159	133	14	159	66
pəj	Enroll	speəl	121	911	206	539	656	417	283	1,354	8,153	1,899	386	1,209	424	967
əseələ	rket R	eM 2U	Aug-91	Oct-91	Not US released	Nov-94	Jan-97	Jun-02	Oct-98	Nov-88 1	Mar-90	Feb-96	Feb-96	Feb-96	98-un	96-unf
	þer	լաքվշ	Atrial	Atrial	Atrial	Atrial	Atrial	Atrial	Atrial	Vent	Vent	Vent	Atrial	Vent	Atrial	Vent
	,	(lime7	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
		ləboM dmuN	4523	4524	4533	4558M	4568	4574	4592	5023, 5023M	5024, 5024M	5033	5034	5034	5054	5054

Lead Survival Summary continued

120 Medtronic CRDM Product Performance Report www.medtronic.com/CRDMProductPerformance

~		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 +0.5/-1.7	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 +0.7/-1.6		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 +0.5/-0.9		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 +0.5/-0.9		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 +0.5/-0.9		99.0 +0.5/-1.2	99.2 +0.3/-0.4	97.1 +1.6/-3.5	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 +0.5/-0.9		99.0 +0.5/-1.2	99.3 +0.3/-0.4	97.1 +1.6/-3.5	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 (%)	ant	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 +0.4/-0.7		99.2 +0.4/-0.9	99.5 +0.2/-0.3	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	ears After Implant	2 yr	99.6 +0.3/-0.9	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 A	1 yr	99.6 +0.3/-0.9	99.9 +0.1/-0.8	99.8 +0.2/-1.4	99.6 +0.2/-0.3	99.6 +0.2/-0.5	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
yin Study Months			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
su		Qualifi IqmoD	Q	2	m	21	1	-	6	39	9	4	1	5	0	12
γbut2 ni e	əvitəA	speəl	33	69	60	697	286	3,291	138	259	9	36	116	116	1	81
pə	Enroll	sbeəJ	968	1,362	508	2,740	1,539	3,444	1,172	4,496	264	344	1,053	672	21	816
əseələ	rket R	₽₽₩ 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
	) GEL	dmedD	Atrial	Vent	A or V	Atrial	Vent	A or V	Vent	Atrial	Atrial	Atrial	Atrial	Atrial	Atrial	Atrial
		γlime٦	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
		ləboM dmuN	5068	<b>2068</b>	5072	5076	5076	5086MRI	5092	5524, 5524M	5534	5554	5568	5592	5594	69 Product [

Leads

Source: Medtronic Device Registration and Returned Product Analysis 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	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		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 Bl (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

•					
US Market Release	Oct-81	Serial Number Prefix	TF or LBJ	US Returned Product Ana	alysis
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	t Surveillance	Registry Re	esults			Qualifyi	ng Comp	lications	14	Total				
I	Number of Leads Enrolled in Study 179					Failure to Capture			7	7 Insulation (not further defined)			efined)	1
(	Cumulative Mon	ths of Follow-l	Jp	5,953			Conduct	or Fracture	1			Insulatio	n (ESC)	1
I	Number of Leads	Active in Stuc	ły	4			Failu	re to Sense	3		Impo	edance Out of	Range	1
€ 100											1	1		
Lead Survival Probability (%) 0 0 0 0 00					-				_					
08 00														
I Pi	0 1		2	3	4	5	6	)	7	8	3	9	10	
rviva	Years After	Implant												
d Su		1 yr	2 yr	3 yr	4 yr									
% Fea		97.7	96.5	93.8	90.5									
#		89	75	61	51									
	Effective Sample Size													

4965	CapSure E	pi		Produc	t Characteris	tics						
	US Market Releas	e	Sep-96	Serial Nu	mber Prefix	LBT			U	S Returned F	Product Ana	lysis
	Registered US Im	plants	20,400	Type and	/or Fixation	Epicardia	l Suture-On V or A			Conducto	or Fracture	148
	Estimated Active	US Implants	9,300	Polarity		Unipolar			Crimp/Weld/Bond			1
	Advisories		None	Steroid		Yes				Insulat	ion Breach	33
											Other	0
Produ	ct Surveillance	Registry Res	ults		Qua	lifying Com	plications	8 Total				
	Number of Leads	Enrolled in Stud	ły	219		Failu	re to Capture	2			Oversensing	2
	Cumulative Months of Follow-Up 7,4					Condu	ctor Fracture	3				
	Number of Leads	Active in Study		31		Fai	lure to Sense	1				
ত্ব 10	)()											
<u>ې</u>	0											
abil					1.1							
go	30											
al Pi	0 1	2	3		4	5	6	7	8	9	10	
viv	Years After	Implant										
l Sur		1 yr	2 yr	3 yr	4 yr	at 51 mo						
-eac	%	99.0	98.2	97.2	93.7	93.7						
_	#	140	117	89	60	52						
	Effective Samp	le Size										

## Epi/Myocardial Pacing Leads continued

	US Market Relea	ase	Sep-99	Serial I	Number Prefix	LEN			US Re	turned Prod	uct Anal	vsis
	Registered US I	mplants	25,900	Туре а	nd/or Fixation	Epicardi	al Suture-On V c	or A		Conductor Fra		
	Estimated Activ	e US Implants	16,000	Polarit	y	Bipolar				Crimp/Weld/	Bond	
	Advisories		None	Steroio	d	Yes				Insulation B	reach	
										C	Other	
duc	t Surveillanc	e Registry R	esults		Qua	alifying Co	nplications	47 Total				
	Number of Lead	ds Enrolled in S	tudy	790			ES	1	Insulatio	on (not further d	efined)	
	Cumulative Months of Follow-Up 36,9					Fail	ure to Capture	18	Impedance Out of Range			
	Number of Lead	ds Active in Stu	dy	375		Cond	uctor Fracture	10		Overs	sensing	
					Failure to Sense 3				Ex	tra Cardiac Stim	ulation	
											Other	
100	)											
90												
80	) (									-		
	0	1	2 3	3	4	5	б	7	8	9	10	
	Years Afte	r Implant	2	,	-	5	0	1	0	2	10	
		1 yr	2 yr	3 yr	4 yr	5 yr	6 yr	7 yr	8 yr	9 yr	at 111	mo
		99.4	97.6	96.3	94.3	93.3	92.9	91.7	91.7	88.6	88.6	
%	0	33.4	57.0									

#### 5071 Screw-in

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

Prod	Product Surveillance Registry Results Qual							nplications	12 Total			
	Number of Leads Enrolled in Study Cumulative Months of Follow-Up Number of Leads Active in Study			p	287 7,860 59			re to Capture Oversensing	10 2			
e)	00 90											
robab	80								_			
vival P	(	0 Years After	1 2 Implant		3	4	5	6	7	8	9	10
Sur			1 yr	2 yr	3 yr	4 yr	5 yr					
ead	%		97.2	94.8	92.5	92.5	92.5					
	#		142	97	74	63	48					
	Effective Sample Size											

### Epi/Myocardial Pacing Leads continued

(95% Confidence Interval)
Summary
Survival
Lead

		r   14 yr   16 yr				
		12 yr				
		10 yr			88.6 +3.8/-5.4 at 111 mo	
		8 yr			91.7 +2.5/-3.4	
		7 yr			91.7 +2.5/-3.4	
		6 yr			92.9 +2.1/-2.9	
		5 yr		93.7 +3.3/-7.0 at 51 mo	93.3 +2.0/-2.8	92.5 +3.5/-6.3
ty (%)		4 yr	90.5 +4.8/-9.1	93.7 +3.3/-7.0	94.3 +1.8/-2.4	92.5 +3.5/-6.3
Probabili	ant	3 yr	93.8 +3.5/-7.5	97.2 +1.8/-4.8	96.3 +1.3/-1.9	92.5 +3.5/-6.3
Device Survival Probability (%)	Years After Implant	2 yr	96.5 +2.2/-5.8	98.2 +1.2/-4.0	97.6 +1.0/-1.6	94.8 +2.6/-4.8
Device 5	Years Af	1 yr	97.7 +1.6/-4.8	99.0 +0.7/-3.0	99.4 +0.4/-0.9	7,860 97.2 +1.6/-3.4
sdtnoM Months			5,953	7,457	36,955	7,860
su		rilen IqmoD	14	œ	47	12
ېin Study	əvitəA	sbeəJ	4	31	375	59
pə	Iloın∃	sbsəJ	179	219	062	287
əseələ	rket R	₽W SU	Oct-81	Sep-96	Sep-99	Dec-92
		γlime٦	Spectraflex	CapSure Epi	CapSure Epi	Screw -in
		ləboM İdmuN	4951, 4951M	4965	4968	5071

128 Medtronic CRDM Product Performance Report www.medtronic.com/CRDMProductPerformance

## 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**



5038	CapSure	VDD-2

-				
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

duc	t Surveillance	Registry Re	sults		Q	ualifying Co	mplications	6 Total			
	Number of Leads	Enrolled in Stu	ıdy	558		Fa	lure to Capture	1			
	Cumulative Months of Follow-Up			20,647     Conductor Fracture       53     Failure to Sense			3	3			
	Number of Leads Active in Study		Failure to Sense				2				
100											
90	)										
80	)										
	0 1	-	2	3	4	5	6	7	8	9	10
	Years After	Implant									
		1 yr	2 yr	3 yr	4 yr	5 yr	бyr	at 81 mo			
%		99.8	99.8	99.8	98.8	98.1	98.1	95.1			
#	E	419	307	220	174	134	82	51			
	Effective Samp			-20				12.		1	1

### VDD Single Pass Pacing Leads continued

Lead Survival Summary (95% Confidence Interval)



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 Cu	toff 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 Bl, Vent. IS-1 Bl
5038	CapSure VDD-2	Transvenous V and A Tines	Silicone	MP35N	Porous Platinized/ Steroid	Atr. IS-1 Bl, Vent. IS-1 Bl

Leads

### 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.





#### Medtronic CRT-D and ICD Charge Time Performance

#### ds) ine. Charge İ Ĥ 10 ļ, Ĩ ŧ Ē ŧ Ī Ē Ē Ŧ 0 6 12 18 24 30 36 (188) (144) (135) (93) (87) (81) (66) 42 48 54 60 66 72 78 84 90 96 102 108 (72) (66) (70) (54) (49) (45) (38) (38) (26) (17) (10) (2) Months from Implant (# of devices)

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



134 Medtronic CRDM Product Performance Report www.medtronic.com/CRDMProductPerformance

### 7289 InSync II Marquis Charge Time



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

#### <del>ଅ</del> Time Charge Ē 12 (6) 18 (8) 42 (10) 48 (7) 54 (6) 72 (4) 78 (1) 0 (9) 6 (5) 24 (5) 30 (7) 36 (8) 60 (7) 66 (5) Months from Implant (# of devices)

7290 Onyx Charge Time

#### 7297 InSync Sentry Charge Time



7299 InSync Sentry Charge Time



7303 InSync Maximo Charge Time





### C154DWK, C164AWK, C174AWK Concerto Charge Time





36 42 48 54 60 (134) (126) (120) (114) (89)

Months from Implant

(# of devices)

66 72 78 84 (69) (45) (15) (2)

0 6 12 (224) (157) (160)

18 24 30 (147) (132) (134)

D154AWG/164 Virtuoso Charge Time



D154VRC EnTrust Charge Time



D154VWC/164 Virtuoso Charge Time



136 Medtronic CRDM Product Performance Report www.medtronic.com/CRDMProductPerformance

#### D224VRC/234 Secura VR Charge Time



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

### D154ATG/DRG EnTrust 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





D314DRG Protecta XT DR Charge Time



D314TRG Protecta XT CRT-D Charge Time



D314VRG Protecta XT VR Charge Time



D334DRG Protecta DR Charge Time



138 Medtronic CRDM Product Performance Report www.medtronic.com/CRDMProductPerformance
# ICD and CRT-D Charge Time Performance continued

## D334TRG Protecta CRT-D Charge Time





## D354DRG Protecta XT DR Charge Time



## D354VRG Protecta XT VR Charge Time



D354TRG Protecta XT CRT-D Charge Time



## D334VRG Protecta 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)
<b>69,000</b> Worldwide	69 Worldwide	30,600 Worldwide	0.10% Worldwide
( <b>43,200</b> United States)	(53 United States)	(19,400 United States)	(0.12% United States)

**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.<sup>1</sup>

# 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.

<sup>1</sup> 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 ( <b>146,500</b> 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	

### Potential Reduced Device Longevity

#### Product

A subset of Concerto CRT-D and Virtuoso ICD devices may not meet expected device longevity. Go to <u>www.medtronic.</u> <u>com/CRDMProductPerformance</u> 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 ( <b>7,000</b> United States)	<b>3,678</b> Worldwide ( <b>3,163</b> United States)	< 500 Worldwide (< 500 United States)	41% Worldwide (45% United States)

**Concerto CRT-D and Virtuoso ICD** Original Date of Advisory: September 2009

#### 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 <u>www.medtronic.com/CRDMProductPerformance</u> 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)	<b>421</b> Worldwide ( <b>221</b> United States) with information indicating a clinical presentation. An additional <b>37</b> worldwide ( <b>25</b> 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.) ( <b>3,700</b> United States)	<b>223</b> Worldwide ( <b>46</b> United States) with information indicating a clinical presentation. An additional <b>65</b> worldwide ( <b>16</b> US) without information indicating a clinical presentation or with insufficient information to determine the state of the device at explant.	<b>2,700</b> Worldwide ( <b>700</b> 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.<sup>1</sup> As a result, we strongly recommend that all Sprint Fidelis patients who have the ability to upgrade to Lead Integrity Alert do so promptly. Also ensure that high voltage lead impedance alerts (maximum of 100 ohms) are programmed. When a lead fracture is suspected or confirmed, immediate patient attention is strongly recommended. Physicians should inform their patients to seek medical attention without delay if they experience unexpected shocks

- If a Fidelis lead fracture of any type has occurred, we recommend implanting a new high voltage lead with or without extraction of the Fidelis lead.
- In patients with normal device function and no manifestation of lead fracture, no action is recommended. The risk of prophylactic intervention appears to be greater than serious injury resulting from lead fracture even for pacemaker dependent patients, except in select individual patient circumstances as determined by the physician.
- In the event of a device change-out or upgrade procedure, with no manifestation of lead fracture, consider the patient age and lead model data above, as well as patient life expectancy, co-morbidities, ease of extraction related to implant time, patient preference, etc., for the following options:
  - Leave a properly performing lead intact.
  - Implant a new ICD lead without extraction of the existing lead.

- Carefully consider all factors before prophylactic placement of a pace-sense lead. Data shows an increased risk of high voltage conductor fracture if a pace-sense conductor fracture has previously occurred. This data is available 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.<sup>2</sup>

#### **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.

- <sup>1</sup> 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.
- <sup>2</sup> 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.
<b>279,500</b> Worldwide	5,743 Worldwide	<b>128,000</b> Worldwide	
( <b>205,600</b> United States)	(3,997 United States)	( <b>94,100</b> 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 <u>www.medtronic.com/CRDMProductPerformance</u> to determine if a specific device is affected.

#### Advisory

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

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

No provocative testing can predict which devices may fail.

#### **Patient Management Recommendations**

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

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

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

#### Status Update

**Patient management recommendations remain unchanged.** As of 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.	<b>7,700</b> Worldwide ( <b>1,800</b> United States)	1.91% Worldwide 1.43% (United States)	3.9%

7274 Marquis DR 7278 Maximo DR 7230 Marguis VR

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 ( <b>76,000</b> United States)	<b>192</b> Worldwide ( <b>115</b> United States)	<b>4,500</b> Worldwide ( <b>3,900</b> United States)	0.22% Worldwide (0.15% United States)	Consistent with Medtronic projections, the observed rate of shorting may increase to between <b>0.2%</b> and <b>1.5%</b> 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.





## 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.

#### **Fully Retracted – Stop Rotation**



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

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

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

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

T-1-1-	IDC TI	D		
Table:	IPG I nera	oy Paramet	er Changes	ατ ΕΚΙ

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

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

#### **Follow-Up Considerations**

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

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

## **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.

Quarterly

Semiannual

4.2

4.5

5.0



#### EXAMPLE

www.medtronic.com/CRDMProductPerformance

6.3 (7.0

5.8

6.5

## 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.



### AT500 Battery Depletion Curve

#### 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.<sup>1</sup>

<sup>1</sup> 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.



### 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 integrity.

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

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

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

#### **General Criteria for Lead Replacement**

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

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

- Pacing and sensing thresholds should be evaluated for the potential to maintain acceptable levels
- Pacing impedance should be measured. Bear in mind that pacing impedance below 250 ohms results in excessive battery current drain, which may seriously compromise ICD longevity, regardless of lead integrity.
- The physical appearance of the lead should be examined for insulation cracks, breaches, or other indications of lead wear or degradation
- Medtronic System Longevity Study data should be referenced. Actuarial survival of the lead and the observed lead failure mechanisms are specific factors to consider. Use of a new lead should be considered if failure mechanisms suggest an increased time dependency as suggested in the shape of performance curve for the specific lead model.
- Current publications may provide additional information on the clinical management of leads.<sup>1-3</sup> Ultimately, the decision to replace an implanted lead involves medical judgment.
- <sup>1</sup> Hauser RG, Cannom D, Hayes DL, et al. Long-term structural failure of coaxial polyurethane implantable cardioverter defibrillator leads. *PACE*. June 2002;25(6):879-882.
- <sup>2</sup> Ellenbogen KA, Wood MA, Shepard RK, et al. Detection and management of an implantable cardioverter defibrillator lead failure: incidence and clinical implications. *J Am Coll Cardiol.* January 1, 2003;41(1):73-80.
- <sup>3</sup> Hauser RG, Kallinen LM, Almquist AK, Gornick CC, Katsiyiannis WT. Early failure of a small-diameter 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	Dislodgement. Perforation. Electrolyte Imbalance. Improper IPG/Lead Connection	Increase or Decrease Increase or Decrease
Pacing Thresholds (Telemetered/Programmed or Measured Invasively)	Sudden and Significant Increase, Especially in Bipolar System	Sudden and Significant Increase	Dislodgement. Exit Block. Infarct at Electrode Site. Perforation. Improper IPG/Lead Connection	Increase Increase Increase
Electrograms (Telemetered or Measured Invasively)	Sudden and Significant Decrease in Amplitudes and/or Slew Rates for P and/or R Waves	Sudden and Significant Decrease or Disappearance of Amplitudes and/or Slew Rates for P and/or R Waves	Dislodgement. Perforation Infarct at Electrode Site Electrolyte Imbalance Improper IPG/Lead Connection	Decrease Decrease .Decrease
Waveform Analysis (Oscillographs of Pacer Artifact from ECG Electrodes)	Sudden Increase in Ratios of Leading-Edge Voltages to Trailing-Edge Voltages (i.e., over 25% increase)	Intermittent or No Pacer Artifacts (Even in Asynchronous Mode)	Improper IPG/Lead Connection	Intermittent or No Pacer Artifacts (Even in Asynchronous Mode)
Radiographs (Post-Implant, Recent, Current)	Not Discernible	Visual Observation of Conductor/Connector/ Electrode Fracture (Sometimes Discernible)	Dislodgement or Perforation. Improper IPG/Lead Connection.	Sometimes Discernible
Visual Inspection (Invasive)	Insulation Breach and/or Degradation, or Ligature Cut-Through	Not Easily Discernible	Connector Defect or Connector Pulled Apart. Improper IPG/ Lead Connection.	Sometimes Discernible
Pectoral Muscle Stimulation	Sudden Onset, Especially in Bipolar System		Connector Defect in Bipolar or Unipolar. Hypersensitivity to Unipolar Pulse Generator Can. Anti-Stim Coating or Protection Deficient.	
Phrenic Nerve/ Diaphragmatic Stimulation	Sudden Onset in Bipolar or Unipolar Systems		Perforation or Displacement of Atrial Lead (Phrenic Nerve)	
Pacemaker ECG Stimulus Artifact Size and Morphology Change (May Not Be Possible with Digital ECG)	Sudden Onset and Significant Change, Especially in Bipolar System (Increase in Size)	Sudden Changes, Usually a Decrease in Size	Perforation or Dislodgement. Connector Defect. Improper IPG/ Lead Connection.	Sometimes Discernible
Oversensing (Intermittent or Continuous)	Sudden Onset, Especially in Bipolar Systems		Physical Contact between the Electrode(s) on the Lead and that of Another Lead. Inappropriate IPG Parameter Setting. Improper IPG/Lead Connection.	Sometimes Discernible
Undersensing (Intermittent or Continuous)	Sudden Onset in Either Unipolar or Bipolar Systems	Sudden Onset in Either Unipolar or Bipolar Systems	Dislodgement or Perforation. Infarct at Electrode Site. Electrolyte Imbalance. Inappropriate IPG Parameter Setting. Improper IPG/Lead Connection.	Sometimes Discernible
Loss of Capture	See "Pacing Thresholds" Above	See "Pacing Thresholds" Above	See "Pacing Thresholds" Above	

## Mailer Kits Available for Returning Product

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

Mailer kits with prepaid US postage are available for use within the United States to send CRT, ICD, IPG, and leads to Medtronic's 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



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