Abbott

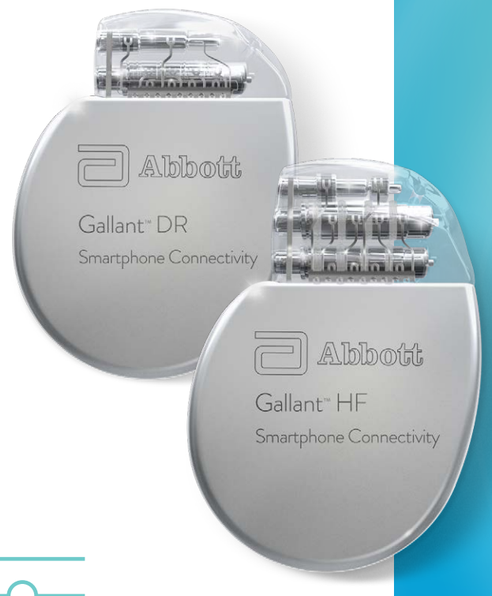
BUILT TO DELIVER **PATIENT-CENTRIC OUTCOMES**

ICD and CRT-D Solutions designed to provide personalized therapy to meet **unique patient needs.**

PATIENT-CENTRIC OUTCOMES

BUILT FOR **INNOVATION**

Your purpose is to maintain a healthy rhythm for your patients. This mission drives Abbott's innovations not only in ICDs and CRT-Ds, but also in the development of our exclusive algorithms that are helping to improve the quality of your patients' lives.



Abbott's Exclusive Algorithms

Improve response rate with SyncAV™ CRT Technology

Deliver improved electrical synchrony and narrower QRS[1,2].

Decrease time to treatment with VF Therapy Assurance[3]

It's Abbott's unique discriminator that allows you to achieve enhanced detection and treatment of challenging ventricular arrhythmias.

Safer management of care[4] with DeFT Response™ Technology

It's the industry's most flexible option for management of DFTs. Lower DFTs[4] and customize the matching of shock waveform to your patients' cellular response time.

MR

1.5T AND 3T MRI READY SOLUTIONS*

NO WAITING FOR MRI SCANS

- Full-body scans
- Allows for programming of an **MRI timeout**
- Ensures **no loss of CRT benefit** for the patient

ONLY FROM **ABBOTT**

PATIENT-CENTRIC OUTCOMES

BUILT FOR **RESULTS**

At Abbott, our hearts are in the right place.
We are centered squarely at the intersection
of meaningful innovation and proven results.

Longer Patient Survival with SyncAV™ CRT Technology

100% of patients

in a study published by the JAHA were shown to have a **narrower QRS duration** when SyncAV™ CRT technology was optimized[2]

QRS narrowing after CRT implantation is associated with over **2x lower mortality rate** in patients with LBBB[5] (left bundle branch block)

Other Patient Impact

34% **reduction** in all-cause hospitalization readmissions[6]

30% **reduction** in cumulative heart failure hospitalizations[6]

23% **reduction** ($1,135) in 2-year cost[6]

$4,031 **lifetime savings** per CRT patient[6]

41%
reduction
in heart failure readmissions[6]

ONLY FROM **ABBOTT**

Enhanced Detection and Treatment with VF Therapy Assurance[7]

86% of patients

who received HV therapy due to VFTA **who would have been otherwise untreated** for potentially life-threatening arrhythmias

>800 patients

annually with challenging arrhythmias **could have their lives saved** because of VF Therapy Assurance.[3]

Safer Management of Care with DeFT Response™ Technology[4]

100% success

in preserving a 10J safety margin with **DeFT Response™ Technology** vs. 83% achievement of 10J safety margin in fixed-tilt group of patients with competitive devices.[4]

PATIENT-CENTRIC OUTCOMES

BUILT FOR **PATIENT IMPACT**

We share your purpose to achieve better patient outcomes and change the course of heart failure. It is the reason Abbott continues to pioneer accurate, responsive, safer ICDs and CRT-Ds.

Restore quality of life with SyncAV™ CRT Technology

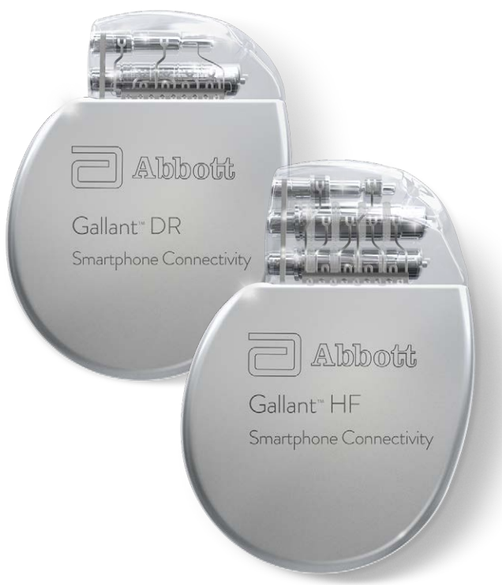
Dynamically adjusts AV delays based on the patient's intrinsic conduction to encourage patient-tailored biventrical pacing.

VF Therapy Assurance can make a life-changing difference

Every patient deserves access to transformative therapy. VF Therapy Assurance is designed to seamlessly integrate into your patients' day-to-day lives.

DeFT Response™ Technology delivers the power of customization

Non-invasive programming options make it possible to rapidly optimize therapy performance to each patient's unique needs.



ONLY FROM **ABBOTT**

RESULTS
INNOVATION
BUILT FOR **PATIENT IMPACT**

FOR MORE INFORMATION ON ABBOTT ICD AND CRT-D SOLUTIONS VISIT CARDIOVASCULAR.ABBOTT/BUILTFORPATIENTS

Rx Only
Intended Use: The Implantable Cardioverter Defibrillator (ICD) and Cardiac Resynchronization Therapy Defibrillator (CRT-D) devices are intended to provide ventricular antitachycardiapacing and ventricular cardioversion/defibrillation. The CRT-D devices are also intended to resynchronize the right and left ventricles.
The myMerlinPulse™ mobile application is intended for use by people who have an Abbott Medical implanted heart device and access to a mobile device. The app provides remote monitoring capability of the implanted heart device by transmitting information from the patient's implanted heart device to the patient's healthcare provider.

Indications: The ICD and CRT-D devices are indicated for automated treatment of life-threatening ventricular arrhythmias. CRT-D devices are also indicated to treat symptoms in patients who have congestive heart failure with ventricular dyssynchrony. In addition, dual chamber ICD and CRT-D devices with the AT/AF detection algorithm are indicated in patients with atrial tachyarrhythmias or those patients who are at significant risk of developing atrial tachyarrhythmias.
MR Conditional ICDs and CRT-Ds are conditionally safe for use in the MRI environment when used in a complete MR Conditional system and according to instructions in the MRI-Ready Systems manual. Scanning under different conditions may result in severe patient injury, death or device malfunction.
The myMerlinPulse™ mobile application is indicated for use by patients with supported Abbott Medical implanted heart devices.

Contraindications: Contraindications for use of the pulse generator system include ventricular tachyarrhythmias resulting from transient or correctable factors such as drug toxicity, electrolyte imbalance, or acute myocardial infarction.
The myMerlinPulse™ mobile application is contraindicated for use with any implanted medical device other than supported Abbott Medical implanted heart devices.

Adverse Events: Possible adverse events associated with the implantation of the pulse generator system include the following: Arrhythmia (for example, accelerated or induced), Bradycardia, Cardiac or venous perforation, Cardiac tamponade, Cardiogenic shock, Death, Discomfort, Embolism, Endocarditis, Erosion, Exacerbation of heart failure, Excessive fibrotic tissue growth, Extracardiac stimulation (phrenic nerve, diaphragm, pectoral muscle), Extrusion, Fluid accumulation within the device pocket, Formation of hematomas, cysts, or seromas, Heart block, Hemorrhage, Hemothorax, Hypersensitivity, including local tissue reaction or allergic reaction, Infection,Keloid formation, Myocardial damage, Nerve damage, Occlusion/Thrombus, Pericardial effusion, Pericarditis, Pneumothorax, Pulmonary edema, Syncope, Thrombosis, Valve damage. Complications reported with direct subclavian venipuncture include pneumothorax, hemothorax, laceration of the subclavian artery, arteriovenous fistula, neural damage, thoracic duct injury, cannulation of other vessels, massive hemorrhage and rarely, death. Among the psychological effects of device implantation are imagined pulsing, depression, dependency, fear of premature battery depletion, device malfunction, inappropriate pulsing, shocking while conscious, or losing pulse capability. Possible adverse device effects include complications due to the following: , Abnormal battery depletion, Conductor fracture, Device-programmer communication failure, Elevated or rise in defibrillation/cardioversion threshold, Inability to defibrillate or pace, Inability to interrogate or program due to programmer or device malfunction, Incomplete lead connection with pulse generator, Inhibited therapy includingdefibrillation and pacing, Inappropriate therapy (for example, shocks and antitachycardiapacing [ATP] where applicable, pacing), Interruption of function due to electrical or magnetic interference, Intolerance to high rate pacing (for example dyspnea or discomfort), Lead abrasion, Lead fracture, Lead insulation damage, Lead migration or lead dislodgement, Loss of device functionality due to component failure, Pulse generator migration, Rise in DFT threshold, Rise in pacing threshold and exit block, Shunting of energy from defibrillation paddles, System failure due to ionizing radiation. Additionally, potential adverse events associated with the implantation of a coronary venous lead system include the following: Allergic reaction to contrast media, Breakage or failure of implant instruments, Prolonged exposure to fluoroscopic radiation, Renal failure from contrast media used to visualize coronary veins. Refer to the User's Manual for detailed intended use, indications, contraindications, warnings, precautions and potential adverse events.
No potential adverse events have been identified with use of the myMerlinPulse™ mobile application.

* For additional information about specific MR Conditional ICDs and leads, including scan parameters, warnings, precautions, adverse conditions to MRI scanning, and potential adverse events, please refer to the Abbott MRI Ready Systems Manual at medical.abbott/manuals.

References:

1. Wisnoskey BJ, Cranke G, Cantillon DJ, and Varma N. "Feasibility of Device-Based Electrical Optimization via Application of the Negative AV Hysteresis Algorithm during Cardiac Resynchronization Therapy (CRT)." Heart Rhythm. 2016; 13 (5S): S443.
2. Varma N, O'Donnell D, Bassiouny M, et al. Programming cardiac resynchronization therapy for electrical synchrony: reaching beyond left bundle branch block and left ventricular activation delay. J Am Heart Assoc. 2018;7:e007489. http://jaha.ahajournals.org/content/7/3/e007489. Accessed April 17, 2018.
3. Data on file. 60101422 Internal Validation Report. Total 2019 global high-voltage implants, all manufacturers, estimated to be 440,434 units (Source: Abbott Market Research).
4. Gabriels J, Budzikowski AS, Kassotis JT. Defibrillation waveform duration adjustment increases the proportion of acceptable defibrillation thresholds in patients implanted with single-coil defibrillation leads. Cardiology. 2013;124(2):71-75.
5. Jastrzebski M, Baranchuk A, Fijorek K, Kisiel R, Kukla P, Sondej T, Czarnecka D. Cardiac resynchronization therapy-induced acute shortening of QRS duration predicts long-term mortality only in patients with left bundle branch block. Europace. 2019 Feb 1;21(2):281-289. doi: 10.1093/europace/euy254. PMID: 30403774.
6. Varma, N., Hu, Y., Connolly, A. T., Thibault, B., Singh, B., Mont, L., ... & Zareba, W. (2021). Gain in real-world cardiac resynchronization therapy efficacy with SyncAV dynamic optimization: Heart failure hospitalizations and costs. Heart Rhythm.
7. Based on over 560,000 episodes (20,000 patients). Performance of VF Therapy Assurance Feature. Abbott Clinical Summary.

Scan this QR code to learn more at cardiovascular.abbott/builtforpatients

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